- Queensland Health
- Mater Health Service

Performance Dashboard



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PERFORMANCE DOMAINS - Escalation KPIs

They will be reported in the August report

SAFE	TY AND QUALITY	TARGET	Data as at	
E1	Never Events	0		Data currently unavailable
E2	Hospital acquired 3rd and 4th stage pressure injuries	5% of 2010-11		for these indicators
E3	Healthcare-associated Staphylococcus aureus (including MRSA) bacteraemia	20% of 2010-11		
ACCI	ESS	TARGET	Data as at	
ACCI	National Emergency Access Target (NEAT):	TARGET	Data as at	68.0%
E4	% of ED attendances who depart within 4 hours of their arrival in ED	70%	July	00.070
E5	Emergency Department: % seen within recommended timeframe:			
E5.1	Category 1: within 2 minutes	100%	July	100.0%
F5 2	Category 2: within 10 minutes	80%	luly	82 39/

Category 1: within 2 minutes	100%	July	100.0%
Category 2: within 10 minutes	80%	July	82.3%
Category 3: within 30 minutes	75%	July	71.2%
Category 4: within 60 minutes	70%	July	65.9%
Category 5: within 120 minutes	70%	July	76.2%
Patient Off Stretcher Time (POST): < 30 mins (%)	90%	June	
Elective Surgery: % treated within clinically recommended timeframe:		/	
Category 1: within 30 days	89%	July	96,5%
Category 2: within 90 days	81%	July	89.1%
Category 3: within 365 days	91%	July	99.7%
Elective Surgery: Number of patients waiting more than the clinically recommended:		(
Category 1: within 30 days	0	July	7 / -
Category 2: within 90 days	0	July	89
	Category 2: within 10 minutes Category 3: within 30 minutes Category 4: within 60 minutes Category 5: within 120 minutes Patient Off Stretcher Time (POST): < 30 mins (%) Elective Surgery: % treated within clinically recommended timeframe: Category 1: within 30 days Category 2: within 90 days Category 3: within 365 days Elective Surgery: Number of patients waiting more than the clinically recommended: Category 1: within 30 days	Category 2: within 10 minutes 80% Category 3: within 30 minutes 75% Category 4: within 60 minutes 70% Category 5: within 120 minutes 70% Patient Off Stretcher Time (POST): < 30 mins (%) 90% Elective Surgery: % treated within clinically recommended timeframe: Category 1: within 30 days 89% Category 2: within 90 days 81% Category 3: within 365 days 91% Elective Surgery: Number of patients waiting more than the clinically recommended: Category 1: within 30 days 0	Category 2: within 10 minutes Category 3: within 30 minutes Category 4: within 60 minutes Category 5: within 120 minutes 70% July Patient Off Stretcher Time (POST): < 30 mins (%) Elective Surgery: % treated within clinically recommended timeframe: Category 1: within 30 days Category 2: within 90 days Category 3: within 90 days Elective Surgery: Number of patients waiting more than the clinically recommended: Category 1: within 30 days Otherwise Surgery: Number of patients waiting more than the clinically recommended: Category 1: within 30 days Otherwise Surgery: Number of patients waiting more than the clinically recommended:

E8.3	Category 3: within 365 days	0	July	0 -
E9	Activity: variance between Purchased ABF activity and YTD Actual ABF activity:	0% to	\wedge	
E9.1	Inpatients	 +/-1%	// ^	Data is currently unavailable
E9.2	Outpatients	\/ /	/ //	for these activity indicators

E9.3 ED

E9.4 Mental Health E9.5 Critical Care

E9.6 SNAP

EFFICIENCY AND FINANCIAL PERFORMANCE	TARGET Data as at	\$ Deficit / -\$ Surplus
E10 YTD Operating Position	Balanced July	
E11 Full-year Forecast Operating Position	Balanced July	
E12 Own Source Revenue Budget	Balanced July	
E13 YTD average FTE (MOHRI Occupied FTE)	- July	

CLOS	ING THE GAP	TARGET	Data as at
E14	Achievement of Closing the Gap escalation indicators	0 'Red' esc. KPIs	Data currently unavailable for these indicators
E14.1	Estimated level completion of Indigenous status - specifically the reporting of 'not stated' on admission	< 1%	
E14.2	Rate of community follow up within 1/-7 days following discharge from an acute mental health inpatient unit; Aboriginal and Torres Strait Islander consumer specific	55%	
E14.3	Proportion of Aboriginal and Torres Strait Islander patients who discharged themselves against medical advice	ds	
E14.4	% of Aboriginal and Torres Strait Islander Cultural Practice Program participants by facility	ds	

MENTAL HEA	ALTH AND ALCOHOL AND OTHER DRUG TREATMENT SERVICES	TARGET	Data as at
escala E15.1 Ambu E15.2 Ambu E15.3 Exten	evement of Mental Health & Alcohol and Other Drug Treatment Services ation indicators ulatory Service Contacts ulatory Service Contacts: Duration (hours) ided treatment facility and psychiatric hospital beds (Accrued patient days in funded mental health facilities)	> 67% 'Green' esc. KPIs 100% 100% 95%	Data currently unavailable for these indicators
E15.5 Numb	re of ATODS Client Intake per of dedicated hospital alcohol and other drugs withdrawal beds (MNHHS only) icant variation in number of dedicated residential alcohol and other drugs lrawal beds (CHQ only)	< 2 weeks n/a n/a	

Legend: YTD Result compared to previous reporting period:

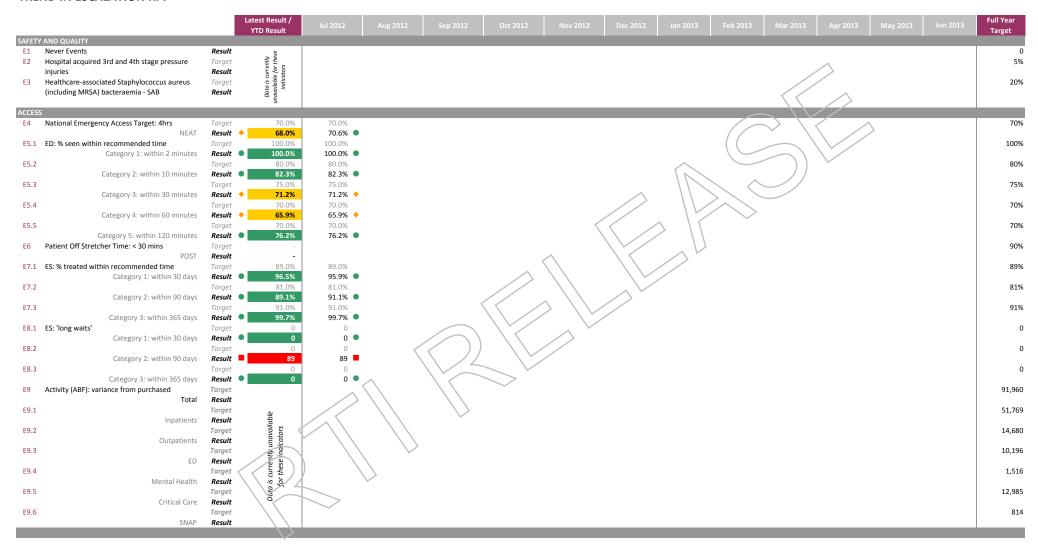
Favourable **↑** Stable **•** Unfavourable **↓**

ACTION PLAN

Month Raised			Further information required	Agreed Actions	Responsibility	Progress Report
n/a	n/a	n/a	n/a	n/a	n/a	n/a



TREND IN ESCALATION KPI



TREND IN ESCALATION KPI



EMERGENCY DEPARTMENTS - Year to date Performance against the National Emergency Access Target (NEAT) and Waiting Times

NEAT by departure status group

Departure Status *	Total Attendances	NEAT	% NEAT
Non-admitted	5,535	4,705	85%
Admitted	1,457	262	18%
Total	7,370	5,206	71%

^{*} Does not include dead on arrival, died in ED, did not wait and transferred to another hospital

NEAT by top 5 poorest admitting ward, and % of consults requested within 120 minutes

Admitting Ward	Admissions	NEAT	% consults < 120
1 facility-ward	n/a	n/a	n/a
2 facility-ward	n/a	n/a	n/a
3 facility-ward	n/a	n/a	n/a
4 facility-ward	n/a	n/a	n/a
5 facility-ward	n/a	n/a	n/a
Total of all admissions	n/a		

NEAT by top 5 poorest admitting specialty, and % of consults requested within 120 minutes

J .		,	\	
	Admissions	NEAT	% consults < 1	20
	n/a	n/a	n/	'a
	n/a	n/a	\	'a
	n/a	n/a	n/	'a
	n/a	n/a	n/	'a
	n/a	n/a	<i>></i> n/	'a
	n/a			
		n/a n/a n/a n/a n/a	n/a n/a n/a n/a n/a n/a n/a n/a n/a	n/a n/a n/ n/a n/a n/ n/a n/a n/ n/a n/a n/ n/a n/a n/

WAITING TIMES

Volume and waiting time performance by triage category

	Category 1	Category 2	Category 3	Category 4	Category 5	All Categories
Attendances	42	532	2,297	4,251	248	7,370
# seen in time	42	438	1,636	2,801	189	5,106
% seen in time	100.0%	82 3%	71.2%	65.9%	76.2%	69.3%
Median Wait	0	4)) 18	42	45	28

Volume and waiting time performance by top 5 diagnosis, category 3 and 4

	Categ	gory 3	Category 4		
Diagnosis	Attendances	% seen in time	Attendances	% seen in time	
1 J06.9 - Upper Respiratory Tract Infection	96	63.5%	355	63.1%	
2 B34.9 - Viral Infection	96	63.5%	296	63.5%	
Abdomer	67	77.6%	116	62.1%	
4 J45 9 - Asthma - Acute	134	79.1%	26	69.2%	
5 Z53.2 - Did Not Wait	10	20.0%	124	42.7%	

ELECTIVE SURGERY

Patients waiting by surgical specialty, 'long waits' and maximum waiting time in days (max)

		Category 1			Category 2			Category 3		Total
Specialty	Waiting	'long wait'	Max (days)	Waiting	'long wait'	Max (days)	Waiting	'long wait'	Max (days)	Waiting
Cardiothoracic	0	0	0	0	0	0	0	0	0	0
ENT	0	0	0	0	0	0	0	0	0	0
General	0	0	0	0	0	0	0	0	0	0
Gynaecology	0	0	0	0	0	0	0	0	0	0
Neurosurgery	0	0	0	0	0	0	0	0	0	0
Ophthalmology	0	0	0	0	0	0	0	0	0	0
Orthopaedic	0	0	0	0	0	0	0	0	0	0
Plastic & Recons	0	0	0	0	0	0	0	0	0	0
Urology	0	0	0	0	0	0	0	0	0	0
Vascular	0	0	0	0	0	0	0	0	0	0
Total	0	0		0	0		0	0		0

Categorisation vs order treated summary by surgical specialty

	Number	Allo	cated Categ	ory	A	ctually treate	ed
Specialty	treated	Category 1	Category 2	Category 3	< 30 days	< 90 days	< 365 days
Cardiothoracic	0	0%	0%	0%	0%	0%	0%
ENT	0	0%	0%	0%	0%	0%	0%
General	0	0%	0%	0%	0%	0%	0%
Gynaecology	0	0%	0%	0%	0%	0%	0%
Neurosurgery	0	0%	0%	0%	0%	0%	0%
Ophthalmology	0	0%	0%	0%	0%	0%	0%
Orthopaedic	0	0%	0%	0%	0%	0%	0%
Plastic & Recons	0	0%	0%	0%	0%	0%	0%
Urology	0	0%	0%	0%	0%	0%	0%
Vascular	0	0%	0%	0%	0%	0%	0%
Total	0						

Achievable maximum wait by surgical specialty

	Number	Max Wait -	Max Wait -	#Waiting >	'long wait'
Specialty	Waiting	Actual	Achievable ¹	Achievable Max ²	capacity 3
Cardiothoracic	0	0	0	0	0%
ENT	0	0	0	0	0%
General	0	0	0	0>	0%
Gynaecology	0	0	0	0	0%
Neurosurgery	0	0	0	0	0%
Ophthalmology	0	0	/ /0	0	0%
Orthopaedic	0	0	0	0	0%
Plastic & Recons	0	0	0	0	0%
Urology	0	0	0	0	0%
Vascular	0	0	0	0	0%
Total	0			0	

Notes:

- 1. Waiting time of the longest waiting patient at the census date, if 60% of category 3 patients had been broadly treated in order
- 2. Number of longest waiting patients, at the census date, that would have been treated already if the reduced maximum wait was achieved
- 3. Percentage of all surgical capacity must be delegated to the longest waiting patients in order to achieve the reduced maximum wait

SPOTLIGHT SPECIALTY - Orthopaedic Surgery

Orthopaedic Surgery by hospital – patients waiting, 'long waits' and maximum waiting time in days (max)

	Category 1			Category 2			Category 3			
Hospital	Waiting	Long-wait	Max (days)	Waiting	Long-wait	Max (days)	Waiting	Long-wait	Max (days)	Waiting
facility 1	0	0	0	0	0	0	0	0	0	0
facility 2	0	0	0	0	0	0	0	0	0	0
facility 3	0	0	0	0	0	0	0	0	0	0
facility 4	0	0	0	(0)	9	0	0	0	0	0
Total	0	0		6	0		0	0		0

Orthopaedic Surgery by hospital - categorisation vs order treated summary

		Number	\ \ Allo	cated Cate	gory	Ac	tually treat	ed
	Hospital	Treated	Category 1	Category 2	Category 3	< 30 days	< 90 days	< 365 days
1	facility 1	0	0%	0%	0%	0%	0%	0%
\	facility 2	0	0%	0%	0%	0%	0%	0%
	facility 3	0	0%	0%	0%	0%	0%	0%
	facility 4	0	0%	0%	0%	0%	0%	0%
\	Tota!	0						

Orthopaedic Surgery by hospital –achievable maximum wait

Hospital	Number Waiting	Max Wait - Actual	Max Wait - Achievable ¹	# Waiting > Achievable Max ²	'long wait' capacity ³
facility 1	0	0	0	0	0%
facility 2	0	0	0	0	0%
facility 3	0	0	0	0	0%
facility 4	0	0	0	0	0%
Total	0			0	

ESCALATION KPI LIST

			Attainment Score	
KPI No.	Escalation KPIs	Green	Amber	Red
Safety	and Quality	Target		
1	Never events	0	n/a	> 0
2	Hospital acquired 3rd and 4th stage Pressure Injuries	5.0% of 2010-11 actuals	> 5.0% - 25.0% of 2010-11 actuals	> 25.0% of 2010-11 actuals
3	Healthcare-associated Staphylococcus aureus (incl. MRSA) bacteraemia	20.0% of 2010-11 actuals	> 20.0% - 40.0% of 2010-11 actuals	> 40.0% of 2010-11 actuals
Access		Target		
4	National Emergency Access Target (NEAT): % of ED attendances who depart	2012: > 70.0%	2012: 69.9% - 65.0%	2012: < 65.0%
	within 4 hours of their arrival in ED			
		2013: > 77.0%	2013: 76.9% - 70.0%	2013: < 70.0%
5	Emergency Department: % seen within recommended timeframe:	80% of all categories		
	Category 1: within 2 minutes	Cat. 1: 100%	Cat. 1: 99.9% - 90.0%	Cat. 1: < 90.0%
	Category 2: within 10 minutes	Cat. 2: > 80.0%	Cat. 2: 79.9% - 70.0%	Cat. 2: < 70.0%
	Category 3: within 30 minutes	Cat. 3: > 75.0%	Cat. 3: 74.9% - 65.0%	Cat. 3: < 65.0%
	Category 4: within 60 minutes	Cat. 4: > 70.0%	Cat. 4: 69.9% - 60.0%	Cat. 4: < 60.0%
	Category 5: within 120 minutes	Cat. 5: > 70.0%	Cat. 5: 69.9% 60.0%	Cat. 5: < 60.0%
6	Patient Off Stretcher Time (POST): < 30 mins (%)	>= 90.0%	< 90.0% - 85.0%	< 85.0%
7	Elective Surgery: % treated within the clinically recommended timeframe for	2012	2012	2012
	their category (Noticeal Floating Surgery Torget (Part 1))	Cot 1, 80 00/	Cat. 1:-88.9% - 85.0%	Cot 1, 4 95 00/
	(National Elective Surgery Target (Part 1))	Cat. 1: 89.0% Cat. 2: 81.0%	Cat. 2: 80.9% /8.0%	Cat. 1: < 85.0% Cat. 2: < 78.0%
		Cat. 2: 81.0% Cat. 3: 91.0%	Cat. 3: 90.9% 87.0%	Cat. 2: < 78.0% Cat. 3: < 87.0%
		2013	2013	2013
		Cat. 1: 100%	Cat. 1: 99.9% - 96.0%	Cat. 1: < 96.0%
		Cat. 1: 100%	Cat. 2: 86.9% - 83.0%	Cat. 1: < 90.0%
		Cat. 2: 87.0%	Cat. 3: 93.3% - 90.0%	Cat. 2: < 83.0%
0	Elective Surgery: Number of patients waiting more than the clinically	0 for all categories	HHS specific	HHS specific
8	recommended timeframe for their category:	o for all categories	nns specific	ппэ ѕреспіс
	Category 1: within 30 days	Cat. 1: 0	Cat. 1: > 0% - 5.0%	Cat. 1: > 5.0%
	Category 2: within 90 days	Cat. 2: 0	Cat. 2: > 0% - 5.0%	Cat. 2: > 5.0%
	Category 3: within 365 days	Cat. 3: 0	Cat. 3: > 0% - 5.0%	Cat. 3: > 5.0%
9	Activity: variance between purchased ABF activity and YTD recorded ABF	0% to +/-1%	Within tolerance as per detail in Schedule	> tolerance as per detail in Schedule
	activity, by Service Group (Inpatients, Outpatients, ED, Mental Health, Critical		3 (part C) contained in the Service	(part C) contained in the Service
	Care and SNAP)		Agreement	Agreement
fficier	ncy and Financial Performance	Target		
10	YTD Operating position	Balanced or surplus	0 – 1.0% unfavourable variance to budget	> 1.0% unfavourable variance to budg
11	Full year Forecast Operating position	Balanced or surplus	0 – 1.0% unfavourable variance to budget	> 1.0% unfavourable variance to budg
:11	(Agreed position between System Manager and HSS)	balanced of surplus	0 – 1.0% dillavourable variance to budget	21.0% dillavodrable variance to budg
12	Own Source Revenue Budget	Balanced or surplus	0 – 1.0% unfavourable variance to budget	> 1.0% unfavourable variance to budg
12	own source nevertae sauget		2 India amarourable variance to bauget	1 110% dimarodrable variance to badg
13	YTD average FTE (MOHRI head count)	HHS specific as per detail in Schedule 3	0 – 1.0% unfavourable variance to budget	> 1.0% unfavourable variance to budg
		(part B) contained in the Service		
		Agreement		
_	the Gap	Target		
14	Performance domain target:	0 escalation KPI red	1 escalation KPI red in any quarter	> = 2 escalation KPIs red in any quarte
	Achievement of Closing the Gap escalation indicators contained within Schedule 8 of the Service Agreement.	and > = 2 escalation KPI green in any	or > = 3 escalation KPIs amber in any	or 1 escalation KPI red for > = 2
111	CTG KPI 1 – Estimated level of completion of Indigenous status – specifically the	quarter 'Not stated' is < = 1%	quarter 'Not stated' is	consecutive quarters 'Not stated' is
14.1	reporting of 'not 'stated' on admission	Not stated is < = 1%		
			> previous quarter but not meeting target	> = previous quarter
14.2	CTG KPI 2 – Percentage of in-scope separations of Aboriginal and Torres Strait	> = 55% of in-scope separations of	54.9% - 50.0% of in-scope separations	< 50.0% of in-scope separations
	Islander consumers from the HHS's acute mental health inpatient unit(s) for	Aboriginal and Torres Strait Islander		
	which a community ambulatory service contact, in which the consumer	consumers		
	participated (in person or via videoconfe/ence), was recorded in one to seven days immediately following that separation			
	*			
14.3	CTG KPI 3 – The proportion of Aboriginal and Torres Strait Islander patients who discharged themselves against medical advice (DAMA)	< = HHS quarterly target (as per detail in Schedule 8 contained in the Service	> previous quarter result but not meeting quarterly target	> previous quarter target
	willo discharged themselves against medical advice (DAIVIA)	Agreement)	quarterly target	
14.4	CTG KPI 4 – Percentage of Aboriginal and Torres Strait Islander Cultural Practice	> = HHS quarterly target (as per detail in	> = 50.0% of quarterly target but not	< 50.0% of quarterly target
17.7		, , , , , , , , , , , , , , , , , , , ,		, , , , , ,
	Program participants by facility	Schedule 8 contained in the Service	achieving quarterly target	
	Program participants by facility (based on staff numbers at beginning of financial year)	Schedule 8 contained in the Service Agreement)	achieving quarterly target	
/lenta			achieving quarterly target	
	(based on staff numbers at beginning of financial year)	Agreement)	achieving quarterly target Achieve target in 67% - 50% of the	Achieve target in less than 50% of th
	(based on staff numbers at beginning of financial year) Health and Alcohol and Other Orugs Performance domain target: Achievement of Mental Health & Alcohol and Other Drug Treatment Services	Agreement) Target		Achieve target in less than 50% of th escalation indicators
	(based on staff numbers at beginning of financial year) Health and Alcohol and Other Drugs Performance domain target:	Agreement) Target Achieve target (listed below) in greater	Achieve target in 67% - 50% of the	
	(based on staff numbers at beginning of financial year) Health and Alcohol and Other Orugs Performance domain target: Achievement of Mental Health & Alcohol and Other Drug Treatment Services escalation indicators contained within Schedule 9 of the Service Agreement.	Agreement) Target Achieve target (listed below) in greater	Achieve target in 67% - 50% of the	
15	(based on staff numbers at beginning of financial year) Health and Alcohol and Other Orugs Performance domain target: Achievement of Mental Health & Alcohol and Other Drug Treatment Services escalation indicators contained within Schedule 9 of the Service Agreement. Listed below (where applicable):	Agreement) Target Achieve target (listed below) in greater than 67% of the escalation indicators	Achieve target in 67% - 50% of the escalation indicators	escalation indicators
15	(based on staff numbers at beginning of financial year) Health and Alcohol and Other Orugs Performance domain target: Achievement of Mental Health & Alcohol and Other Drug Treatment Services escalation indicators contained within Schedule 9 of the Service Agreement. Listed below (where applicable): - Ambulatory service contacts	Agreement) Target Achieve target (listed below) in greater than 67% of the escalation indicators 100% of ambulatory service targets	Achieve target in 67% - 50% of the escalation indicators 99.9% - 95.0%	escalation indicators < 95.0%
15.1	(based on staff numbers at beginning of financial year) Health and Alcohol and Other Orugs Performance domain target: Achievement of Mental Health & Alcohol and Other Drug Treatment Services escalation indicators contained within Schedule 9 of the Service Agreement. Listed below (where applicable): - Ambulatory service contacts - Ambulatory service contacts: Duration	Agreement) Target Achieve target (listed below) in greater than 67% of the escalation indicators 100% of ambulatory service targets	Achieve target in 67% - 50% of the escalation indicators 99.9% - 95.0% 99.9% - 95.0%	escalation indicators < 95.0% < 95.0%
15.1 15.2	(based on staff numbers at beginning of financial year) Health and Alcohol and Other Drugs Performance domain target: Achievement of Mental Health & Alcohol and Other Drug Treatment Services escalation indicators contained within Schedule 9 of the Service Agreement. Listed below (where applicable): - Ambulatory service contacts - Ambulatory service contacts: Duration - Extended treatment facility and psychiatric hospital beds (Accrued patient	Agreement) Target Achieve target (listed below) in greater than 67% of the escalation indicators 100% of ambulatory service targets 100% of ambulatory service targets > = 95% of accrued patient day target	Achieve target in 67% - 50% of the escalation indicators 99.9% - 95.0%	escalation indicators < 95.0%
15.1 15.2 15.3	(based on staff numbers at beginning of financial year) Health and Alcohol and Other Drugs Performance domain target: Achievement of Mental Health & Alcohol and Other Drug Treatment Services escalation indicators contained within Schedule 9 of the Service Agreement. Listed below (where applicable): Ambulatory service contacts Ambulatory service contacts: Duration Extended treatment facility and psychiatric hospital beds (Accrued patient days in block funded mental health facilities)	Agreement) Target Achieve target (listed below) in greater than 67% of the escalation indicators 100% of ambulatory service targets 100% of ambulatory service targets > = 95% of accrued patient day target delivered	Achieve target in 67% - 50% of the escalation indicators 99.9% - 95.0% 99.9% - 95.0% 94.9 - 90.0%	escalation indicators < 95.0% < 95.0% < 90.0%
15.1 15.2 15.3	(based on staff numbers at beginning of financial year) Health and Alcohol and Other Drugs Performance domain target: Achievement of Mental Health & Alcohol and Other Drug Treatment Services escalation indicators contained within Schedule 9 of the Service Agreement. Listed below (where applicable): - Ambulatory service contacts - Ambulatory service contacts: Duration - Extended treatment facility and psychiatric hospital beds (Accrued patient days in block funded mental health facilities) - Closure of ATODS Client intake	Agreement) Target Achieve target (listed below) in greater than 67% of the escalation indicators 100% of ambulatory service targets 100% of ambulatory service targets > = 95% of accrued patient day target delivered Closure period < 2 weeks	Achieve target in 67% - 50% of the escalation indicators 99.9% - 95.0% 99.9% - 95.0% 94.9 - 90.0% 2 - 3 weeks	escalation indicators < 95.0% < 95.0% < 90.0% > 3 weeks
Menta 15 15.1 15.2 15.3 15.4 15.5 15.6	(based on staff numbers at beginning of financial year) Health and Alcohol and Other Drugs Performance domain target: Achievement of Mental Health & Alcohol and Other Drug Treatment Services escalation indicators contained within Schedule 9 of the Service Agreement. Listed below (where applicable): Ambulatory service contacts Ambulatory service contacts: Duration Extended treatment facility and psychiatric hospital beds (Accrued patient days in block funded mental health facilities)	Agreement) Target Achieve target (listed below) in greater than 67% of the escalation indicators 100% of ambulatory service targets 100% of ambulatory service targets > = 95% of accrued patient day target delivered	Achieve target in 67% - 50% of the escalation indicators 99.9% - 95.0% 99.9% - 95.0% 94.9 - 90.0%	< 95.0% < 95.0% < 90.0%

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Supporting Analysis

5 ACCESS

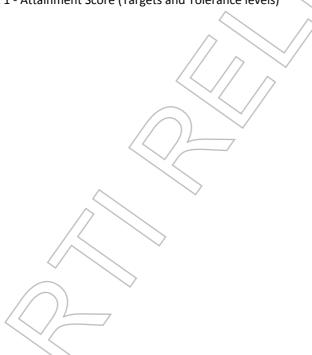
- **5.1** Emergency Departments
- **5.2** Elective Surgery
- 5.3 Activity ABF and Non-ABF Performance

6 EFFICIENCY AND FINANCIAL PERFORMANCE

- **6.1** Financial Performance
- 6.2 Own Source Revenue

Appendices

7 Appendix 1 - Attainment Score (Targets and Tolerance levels)



PERFORMANCE DOMAINS - Escalation KPIs

YTD Result

SAFE	TY AND QUALITY	TARGET	Data as at	
E1 E2	Never Events Hospital acquired 3rd and 4th stage pressure injuries	0 5% of 2010-11	Data currently unavailable for these indicators	
E3	Healthcare-associated Staphylococcus aureus (including MRSA) bacteraemia	20% of 2010-11	•	

ACCES	s * d	enotes calendar year result	t TARGET	Data as at		
E4	National Emergency Access Target (NEAT): * % of ED attendances who depart within 4 hours of their	arrival in ED	70%	August	73.6% ←	
E5	Emergency Department: % seen within recommended time	neframe:				
E5.1	Category 1: within 2 minutes		100%	August	109.0% ←	
E5.2	Category 2: within 10 minutes		80%	August	81/2%	
E5.3	Category 3: within 30 minutes		75%	August	68.0%	
E5.4	Category 4: within 60 minutes		70%	August	64.7%	
E5.5	Category 5: within 120 minutes		70%	August	80.1%	
E6	Patient Off Stretcher Time (POST): < 30 mins (%)		90%	July	87.8%	
E7	Elective Surgery: % treated within clinically recommended	d timeframe: *				
E7.1	Category 1: within 30 days		89%	August	96.3%	
E7.2	Category 2: within 90 days		81%	August	89.2%	
E7.3	Category 3: within 365 days		91%	August	99.6%	
E8	Elective Surgery: Number of patients waiting more than the	he clinically recommended:	(
E8.1	Category 1: within 30 days		0	August	0 ←	
E8.2	Category 2: within 90 days		0	August		104 U
E8.3	Category 3: within 365 days		// 0	August	0 ←	
E9	Activity: variance between Purchased ABF activity and YTI	D Actual ABF activity:	0%/to	luly		
E9.1	Inpatients		+/1-1/%	^		
E9.2	Outpatients		data not available	his month	-	-
E9.3	ED		- excluded from To	tal target	-	-
E9.4	Mental Health		\ \ \ /			
E9.5	Critical Care		^			
E9.6	Sub and Non-Acute Patients					

EFFICI	ENCY AND FINANCIAL PERFORMANCE				TARGET	Data as at		\$ Deficit / - \$ Surplus
F10	VTD Operating Position			\wedge	Balanced	A	\$ 0.0 M ←	
E10	YTD Operating Position	/ '	\checkmark /		Balanced	August	\$ 0.0 M ←	
E11	Full-year Forecast Operating Position			//	Balanced	August	\$ 0.0 M ←	
E12	Own Source Revenue Target - YTD Variance				Balanced	August	\$ 0.0 M ←	
E13	YTD average FTE (MOHRI Occupied FTE) - Variance to target))			0	August	0 ←	

CLOSIN	G THE GAP	TARGET	Data as at
E14 A	Achievement of Closing the Gap escalation indicators	0 'Red' esc. KPIs	Data currently unavailable for these indicators
	estimated level completion of Indigenous status - specifically the reporting of 'not	< 1%	joi triese materiors
E14.2 F	rtated' on admission Rate of community follow up within 1 -7 days following discharge from an acute mental health inpatient unit; Aboriginal and Torres Strait Islander consumer specific	55%	
	Proportion of Aboriginal and Torres Strait Islander patients who discharged	ds	
E14.4 9	hemselves against medical advice 6 of Aboriginal and Torres Strait Islander Cultural Practice Program participants by acility	ds	

MENTAL HEALTH AND ALCOHOL AND OTHER DRUG TREATMENT SERVICES	TARGET	Data as at
E15 Achievement of Mental Health & Alcohol and Other Drug Treatment Services escalation indicators E15.1 Ambulatory Service Contacts E15.2 Ambulatory Service Contacts: Duration (hours) E15.3 Extended treatment facility and psychiatric hospital beds (Accrued patient days in block funded mental health facilities)	> 67% 'Green' esc. KPIs 100% 100% 95%	Data currently unavailable for these indicators
E15.4 Closure of ATODS Client Intake E15.5 Number of dedicated hospital alcohol and other drugs withdrawal beds (MNHHS only) E15.6 Significant variation in number of dedicated residential alcohol and other drugs withdrawal beds (CHQ only)	< 2 weeks n/a n/a	

			Latest Result / YTD Result	Jul 2012	Aug 2012	Sep 2012	Oct 2012	Nov 2012	Dec 2012	Jan 2013	Feb 2013	Mar 2013	Apr 2013	May 2013	Jun 2013	Full Year Target
SAFETY A	AND QUALITY															
E1	Never Events	Result	. se													0
E2	Hospital acquired 3rd and 4th stage pressure	Target	ntly s the													5%
	injuries	Result	e for													
E3	Healthcare-associated Staphylococcus aureus	Target	ilabl ndic									//				20%
	(including MRSA) bacteraemia - SAB	Result	Data is currently navailable for thes indicators										\			
ACCESS	* denotes calendar year result		5										<u> </u>			
E4	National Emergency Access Target: 4hrs *	Target	70.0%	70.0%	70.0%											70%
L4	NEAT	Result	73.6%	75.3%	73.6%											70%
E5.1	ED: % seen within recommended time	Target	100.0%	100.0%	100.0%								///			100%
E3.1	Category 1: within 2 minutes	Result	100.0%	100.0%	100.0%					((100%
E5.2	Category 1. Within 2 minutes_	Target	80.0%	80.0%	80.0%					— <u> </u>		\rightarrow				80%
E3.2	Category 2: within 10 minutes	Result	81.2%	82.3%	80.1%					\)) ~				80%
E5.3	Category 2: within 10 minutes_	Target	75.0%	75.0%	75.0%											75%
E5.5	Catagorius 20 militario 20 militario								\							/5%
55.4	Category 3: within 30 minutes _	Result		71.2% 🗸	64.7% ′				\wedge	$+\rightarrow$						700/
E5.4		Target	70.0%	70.0%	70.0%				// \							70%
	Category 4: within 60 minutes _	Result	64.7%	65.9% -	63.6% 🗸					1	<u> </u>					700/
E5.5		Target	70.0%	70.0%	70.0%					1 [70%
	Category 5: within 120 minutes_	Result	80.1%	76.2%	83.7%				-/-/-							
E6	Patient Off Stretcher Time: < 30 mins	Target	90.0%	90.0%				//	//	1)						90%
	POST_	Result	⊿ 87.8%	87.8% 📙					$\langle \rangle$							
E7.1	ES: % treated within recommended time *	Target	89.0%	89.0%	89.0%			\								89%
	Category 1: within 30 days_	Result	96.3%	95.9%	94.8%		\rightarrow	\								
E7.2		Target	81.0%	81.0%	81.0%			()								81%
	Category 2: within 90 days_	Result	89.2%	91.1%	89.8%				1 -							
E7.3		Target	91.0%	91.0%	91.0%											91%
	Category 3: within 365 days_	Result	99.6%	99.7%	98.9%											
E8.1	ES: 'long waits'	Target	0	0	0	\										0
	Category 1: within 30 days_	Result	0	0	0											
E8.2		Target	0	0	D											0
	Category 2: within 90 days	Result	104	89 ′	104											1
E8.3		Target	0	0	0											0
	Category 3: within 365 days	Result	0	0	0											1
E9	Activity (ABF): ** excluding Outpatients and ED **	Target	0.0	0.0		11										91,959.7
	Total	Result	5,999.3	5,999.3												1
E9.1	_	Target	0.0	#N/A												51,768.5
	Inpatients	Result	4,474.9	4,474.9												1
E9.2		Target	0,0	0.0	11											14,680.1
	Outpatients	Result	\ <u>\</u>	\\.												1
E9.3	· –	Target	0.0	0.0												10,195.6
	Emergency Department	Result		//												
E9.4		Target/	0.0	0.0												1,515.5
23.1	Mental Health	Result	96.1	96.1												1,515.5
E9.5		Target	100	0.0												12,985.4
23.3	Critical Care	Result	1,374.0	1,374.0												12,303.4
E9.6	Sittled care	Target	0.0	0.0												814.2
25.0	Sub and Non-Acute Patients	Result	54.3	54.3												014.2
	Sub and Non Acate rations	nesun	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	J4.5												1

			Latest Result / YTD Result	Jul 2012	Aug 2012	Sep 2012	Oct 2012	Nov 2012	Dec 2012	Jan 2013	Feb 2013	Mar 2013	Apr 2013	May 2013	Jun 2013	Full Year Target
FEEICIEN	CY AND FINANCIAL PERFORMANCE	\$ F	Deficit / - \$ Surplus						_	_						14.841
E10	YTD Operating Position	Target	\$0	\$0	\$0											\$0
220	The operating resident	Result	\$0	\$0	\$0											,
		Variance	\$0	\$0	\$0											
E11	Full-year Forecast Operating Position	Target	\$0	\$0	\$0							-/-/-				\$0
	(Agreed position by HHS)	Result	\$0	\$0	\$0											, ,
	(Agreed position by 11115)	Variance	\$0	\$0	\$0								>			
E12	Own Source Revenue Budget	Budget	\$0	\$0	\$0						_	\rightarrow				
	(User Charges only)	Result	\$0	\$0	\$0								_			
	(Osci charges only)	Variance	\$0	\$0	\$0											\$0
E13	YTD average FTE (MOHRI Occupied FTE)	Target	70	0	0					- ((0
213	TTD average TTE (MOTHA Occupied TTE)	Result	o o	0	0					()		1 / /				
		Variance	0	0	0											
		variance	· ·	•	•											
CLOSING	THE GAP								\							
E14	Achievement of Closing the Gap escalation		_						^ \	1//						
	indicators	Result	ilable s						// \							
E14.1	Indigenous status - reporting of 'not stated' on	Target	ailc Is								$\langle \rangle$					1%
	admission	Result	atc								•					
E14.2	Community follow up (within 1 - 7 days) post	Target	a is currently unavaila for these indicators							\ \						55%
	mental health discharge	Result	entl					//	//	\						
E14.3	Patients who discharged themselves against	Target	urre thes													ds
	medical advice (DAMA)	Result	is a							-						
E14.4	Aboriginal and Torres Strait Islander Cultural	Target	Data f													ds
	Practice Program participants	Result	ğ					()								
MENTAL	HEALTH & ALCOHOL AND OTHER DRUG TREATM	IENT SERVICE	S													
E15	Achievement of Mental Health & ATODS	2.00														
	escalation indicators	Result						\ ' /								
E15.1	Ambulatory service contacts	Target					\									100%
	,	Result	əle													
E15.2	Ambulatory service contacts: Duration (hours)	Target	ailable			())										100%
	, , (Result	ava		//		\ \ \ /									
E15.3	Accrued patient days in block funded mental	Target	a is currently unavaila for these indicators													95%
	health facilities	Result	ıtly inc		\		_>									
E15.4	Closure of ATODS Client Intake	Target	ese	~ \			~									2
		Result	r th		/ /	//										
E15.5	Dedicated hospital alcohol & other drugs	Target	fo.													n/a
	withdrawal beds - Metro North HHS only	Result	Data J		//	~										","
E15.6	Dedicated residential alcohol & other drugs	Target	- ()		//											n/a
225.0	withdrawal beds - Mater HS & Children's HQ only	Result	~	//	//											,u
			<))		>											

Note: ED and Outpatient data is not available this month - Activity Total excludes both groups

as at 17 September 2012

Also note that no targets have uploaded by the HHS at this time

Weighted Activity Units - WAU	2011-12 FY Actual	2012-13	2011-12 YTD Actual	2012-13 YT	TD Astro-1	YTD Va	riance	ĺ	Weighted Activit			2011-12 FY Actual	2012-13	2011-12 YTD Actual	2012-13 YTD	Anturi	/ariance	
Activity	FT Actual	91,618	FID Actual	Target	Actual	Actual	%		Emergency Depa Presentation Type			FT ACLUAI	Purchaseu	FID Actual	Target Actual	Actual	%	
Non ABF	93,118	342	7,876	breakdowr	n is not availab	le this month - see n	ote		Cat 1 (Admitted		ed)	117	116	12	_	- 1	_	_
Total Activity ** excluding ED & Outp	93,118	91,960	7,876	-	5,999	5,999	_		Cat 2 (Admitted			1,305	1,200	107	-	-	-	-
									Cat 3 (Admitted	d and Discharge	ed)	4,123	4,228	366	-	-	-	-
Inpatients									Cat 4 (Admitted			4,643	4,496	391	- ^	-	-	-
Service Related Group (SRG)									Cat 5 (Admitted	d and Discharge	ed)	162	155	12		-	-	-
01 Cardiology	876	953	79	-	89	89	-		Did Not Wait			-	-	-		-	-	-
02 Interventional Cardiology	186 220	146 232	21 21	-	14 19	14 19	-		Died	T		3	1	0			-	-
03 Dermatology 04 Endocrinology	978	1,019	98	-	87	87	-		Emergency Services Emergency Department			10,352	10,196	888		>	-	-
05 Gastroenterology	524	933	40	-	32	32	_		Lineigency Depo	rement rotal		10,332	10,130	000		1		
06 Diagnostic GI Endoscopy	812	790	74	-	64	64	_		Sub and Non-Act	ite Patients								
07 Haematology	647	940	64	-	53	53	-		Bed Type					///		//		_
08 Immunology & Infections	1,087	1,086	98	-	97	97	-		GEM			-	-	((-		/	-	-
09 Medical Oncology	634	590	50	-	44	44	-		MAINT			298	190	31		14 1		-
10 Chemotherapy & Radiotherapy	48	167	3	-	2	2	-		PALLIATIVE			280	370	12	1 1	21 2		-
11 Neurology	1,375 365	1,492	112 27	-	135	135 29	-		REHAB SNAP Total			155 733	254	12		19 1 54 5		-
12 Renal Medicine 13 Renal Dialysis	5	411	2/	-	29	29	-		SNAP Total			/33	814	55		54 5	4	-
14 Respiratory Medicine	3,049	3,827	292	-	293	293	_		Mental Health									
15 Rheumatology	241	255	21	-	18	18	_		Activity Type									
16 Non Subspecialty Medicine	1,824	1,125	166	-	146	146	-		Designated Bed	l (Per Diem Acti	ivity)	1,267	1,405	129	-	80 8	0	-
17 Breast Surgery	791	721	72	-	94	94	-		39 Psychiatry -			119	\ \ 111	12	-	16 1	6	-
18 Cardiothoracic Surgery	1,771	1,996	124	-	176	176	-		Mental Health T	otal	11/	1,386	1,516	129	-	96 9	6	-
19 Colorectal Surgery	1,240	1,235	112	-	66	66	=											_
20 Upper GIT Surgery	725	876	75	-	63	63	-		Outpatients	/	/ /							
21 Head & Neck Surgery	321 766	344 1,437	27	-	29	29 81	-		Clinic Type		/ /	3,607	3,165	297	- #RE	er i		
22 Neurosurgery 23 Dentistry	352	483	64 30		81 28	28	-		Medical Surgical	/ /		3,990	3,225	317	- #RE		-	-
24 Ear, Nose & Throat	1,834	1,843	186	_	176	176	_		Allied Health			1,958	1,603	156	- #RE		_	_
25 Orthopaedics	5,707	5,150	528	-	514	514	_		Pre-Admission			322	67	29	- #RE		-	_
26 Ophthalmology	1,030	1,091	104	-	93	93	-		Paediatric	. //		328	331	25	- #RE	F!	-	-
27 Plastic & Reconstructive Surgery	1,487	1,465	117	-	113	113	-	_ \	Neonata!			-	-	-	- #RE			-
28 Urology	2,340	2,292	197	-	175	175		_ / /	Maternity			2,553	1,911	188	- #RE	1		-
29 Vascular Surgery	553	646	50	-	50	50))	Alcohol & Drug			-	-	-	- #RE			-
30 Non Subspecialty Surgery	3,600 103	3,000	270	-	269 8	269 8	< -))	Chemotherapy			380		-	- #RE - #RE			-
31 Transplantation 32 Extensive Burns	103	70 33	25 0	-	0	0		/	Clinical Haemat Clinical Measur			380	333 13	26	- #RE	i		-
33 Tracheostomy & ECMO	1,258	817	177	-	76	. 76			Community He			-	- 13	_	- #RE			-
34 Gynaecology	2,670	2,600	231	-	267	267	\ <		Cystic Fibrosis			131	137	11	- #RE		-	_
35 Obstetrics	7,743	7,924	585	-	676	676	\-\		Diagnostic Imag	ging					- #RE		-	-
36 Qualified Neonate	3,561	3,639	288	- /	366	366	-/		Dialysis	-		-	70	-	- #RE	F!		-
38 Drug & Alcohol	106	141	10	-/	6	\ \ 6	- `	V'	District Nursing	Services		-	-	-	- #RE			-
41 Unallocated	187		8		29	29	-		Endoscopy			-	-	-	- #RE			-
Inpatient Total	51,021	51,769	4,445		1,475	4,475	-		Interventional			-	-	-	- #RE			-
Critical Care								1	Medical Oncolo Pain Managem			3,910	3,577	287	- #RE - #RE			-
Bed Type									Pain Managem Pharmacy	EIIL		-	-	-	- #RE - #RE			-
Coronary Care	384	462	25)).	26	26	_		Primary Care			-	-	-	- #RE			-
Intensive Care	1,491	1,350	105	// -	106	106	-		Psychiatry			-	-	-	- #RE			-
Neonatal Intensive Care	4,040	4,684	296	/	636	636	-		Radiation Onco	logy		-	-	-	- #RE	F!	-	-
Paediatric Intensive Care	3,295	3,659	274		> 326	326	-		Renal Medicine			220	203	14	- #RE	!		-
Special Care Nursery	2,839	2,831	293		279	279	-		Sub Acute			-	-	-	- #RE			-
Critical Care Total	12,049	12,985	991	-	1,374	1,374	-		Transplants			-	-	- 4	- #RE			-
									Wound Manage	ement		29	44	4	- #RE			-
Red values indicate the Top 5 greatest po	sitive variance to	target							Other Outpatient Total			17,427	14,680	1,356	- #RE - # R E		-	-
Blue values indicate the Top 5 greatest no									outputient lotal			11,721	14,000	1,330	- #/\	;		
Target phasing	Jul 2012	Aug 2012	Sep 2012	Oct 2012 N	lov 2012	Dec 2012	Jan 2013	Feb 2013	Mar 2013	Apr 2013	May 2013	Jun 2013						
Inpatients	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%						
Critical Care	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%						
Emergency Department	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%						
Sub and Non-Acute Patients	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%						
Mental Health	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%						
Outpatients Total Activity Target	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%						

0.0%

0.0%

Total Activity Target

0.0%

0.0%

2012-13 YEAR TO DATE OPERATING POSITION Target (-Surplus/Deficit) Actual (-Surplus/Deficit) Variance (-Favourable/Unfavourable) YEAR TO DATE EXPENDITURE - TOTAL YTD % YTD Target Actual Variance (-Favourable/Unfavourable) FULL YEAR FORECAST OPERATING POSITION HHS forecast (-Surplus/Deficit) -Improvement / Deterioration from prior month MOHRI FULL TIME EQUIVALENT Target full year average Actual year to date average Variance (-Favourable/Unfavourable) All Paypoints Managerial and Clerical Medical incl VMOs Nursing Operational Trade and Artisans Professional and Technical YEAR TO DATE EXPENDITURE - STAFF TRAVEL * Actual Prior Year -Improvement / Deterioration from prior year * July 2012 reporting included Total Travel expenditure, however from August 2012 on. only Staff Travel expenditure will be reported. YEAR TO DATE EXPENDITURE - ADVERTISING Actual Prior Year -Improvement / Deterioration from prior year YEAR TO DATE EXPENDITURE - CONSULTANCY Actual Prior Year -Improvement / Deterioration from prior year

YEAR TO DATE EXPENDITURE - QBUILD

Actual

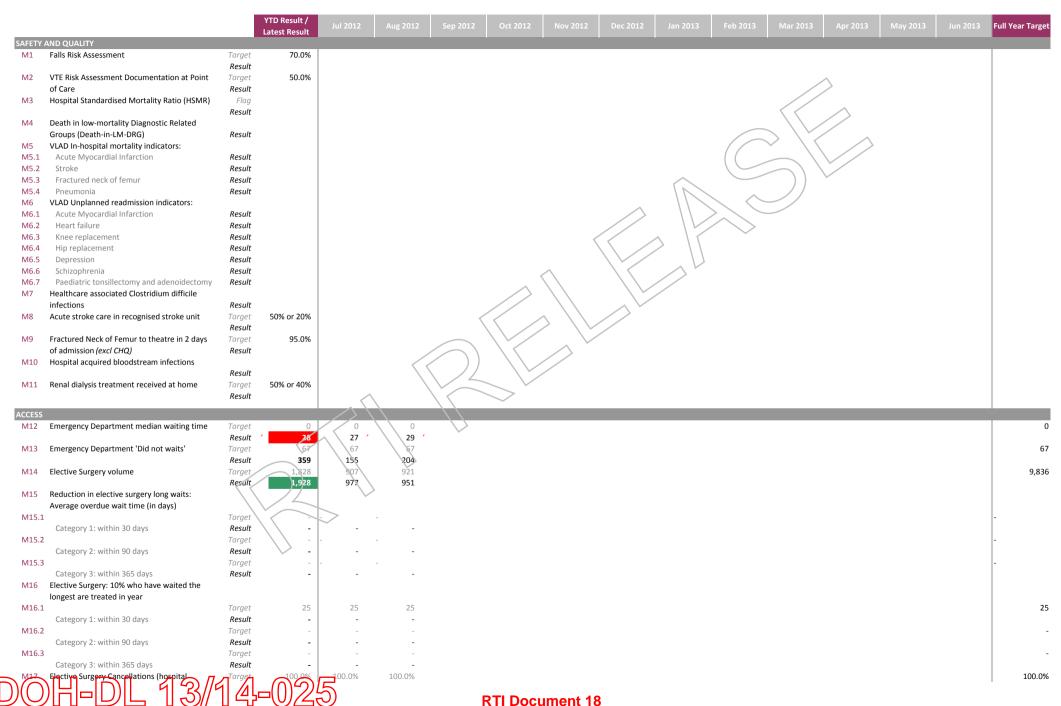
Prior Year

-Improvement / Deterioration from prior year

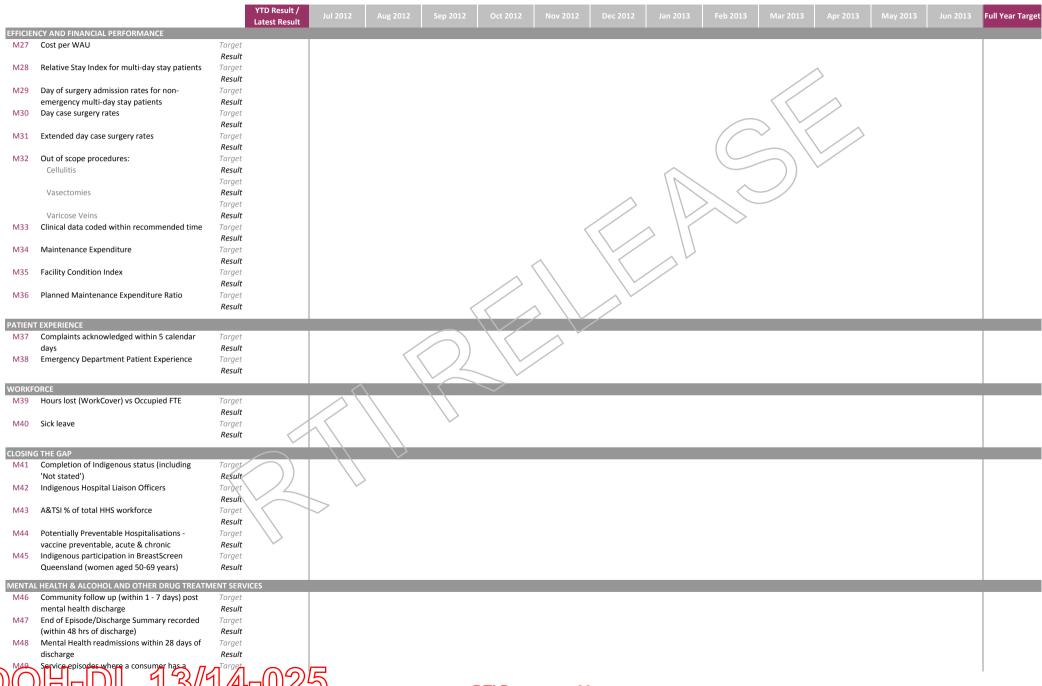
Revenue Group		Jul-12		Sep-12									YTD	+/- on 11/12 YTD (\$)	+/- on 11/12 YTD (%)
User Charges	Actual													(,,	(**)
	Budget <i>Variance</i>											^			
Other Revenue	Actual														
	Budget											\wedge			
	Variance										$\langle \ \ \rangle$				
Total OSR	Actual										\rightarrow				
	Budget <i>Variance</i>														
	Full Year Budget														
	Full Year Forecast								1						
	Full Year Variance							<u></u>		<u> </u>					
Stretch Target #1									≥ 11						
		Jul-12		Sep-12									YTD	Private OBDs +/- on 10/11 YTD	KPI +/- on 10/11 YTD
Insurance Not Used (OBDs	5)							1							
Insurance Used (OBDs)							_ \\								
Insurance Used % Actual Insurance Used % Target						\	$>$ \setminus \setminus								
Variance to Target															
-												1			
Stretch Target #2															
Private Outpatients		Jul-12		Sep-12		Nov-12							YTD	Private OOS +/- on 10/11 YTD	KPI +/- on 10/11 YTD
Public (OOS)				7/											
Billed (OOS)						~						İ			
Billing % Actual Billing %Target												İ			
Variance to Target												İ			
-					>							i			
			/_	<u> </u>											
				\rightarrow											

ESCALATION KPI LIST

DI NI-			Attainment Score	
r i NO.	Escalation KPIs	Green	Amber	Red
afety	and Quality	Target		
1	Never events	0	n/a	> 0
2	Hospital acquired 3rd and 4th stage Pressure Injuries	5.0% of 2010-11 actuals	> 5.0% - 25.0% of 2010-11 actuals	> 25.0% of 2010-11 actuals
	Healthcare-associated Staphylococcus aureus (incl. MRSA) bacteraemia	20.0% of 2010-11 actuals	> 20.0% - 40.0% of 2010-11 actuals	> 40.0% of 2010-11 actuals
			2 20.0% 40.0% 01 2010 11 actuals	> 40.0% of 2010 11 actuals
cess		Target		
ŀ	National Emergency Access Target (NEAT): % of ED attendances who depart	2012: > 70.0%	2012: 69.9% - 65.0%	2012: < 65.0%
	within 4 hours of their arrival in ED			
		2013: > 77.0%	2013: 76.9% - 70.0%	2013: < 70.0%
5	Emergency Department: % seen within recommended timeframe:	80% of all categories		
	Category 1: within 2 minutes	Cat. 1: 100%	Cat. 1: 99.9% - 90.0%	Cat. 1: < 90.0%
	Category 2: within 10 minutes	Cat. 2: > 80.0%	Cat. 2: 79.9% - 70.0%	Cat. 2: < 70.0%
	Category 3: within 30 minutes	Cat. 3: > 75.0%	Cat. 3: 74.9% - 65.0%	Cat. 3: < 65.0%
	Category 4: within 60 minutes	Cat. 4: > 70.0%	Cat. 4: 69.9% - 60.0%	Cat. 4: < 60.0%
	Category 5: within 120 minutes	Cat. 5: > 70.0%	Cat. 5: 69.9% 60.0%	Cat. 5: < 60.0%
,	Patient Off Stretcher Time (POST): < 30 mins (%)	> = 90.0%	< 90.0% - 85.0%	< 85.0%
,	Elective Surgery: % treated within the clinically recommended timeframe for	2012	2012	2012
	their category			/ /
	(National Elective Surgery Target (Part 1))	Cat. 1: 89.0%	Cat. 1: 68.3% - 85.0%	Cat. 1: < 85.0%
		Cat. 2: 81.0%	Cat. 2: 80.9% /8.0%	Cat. 2: < 78.0%
		Cat. 3: 91.0%	Cat. 3: 90.9% 87.0%	Cat. 3: < 87.0%
		2013	2013	2013
		Cat. 1: 100%	Cat. 1: 99.9% - 96.0%	Cat. 1: < 96.0%
		Cat. 2: 87.0%	Cat. 2: 86.9% - 83.0%	Cat. 2: < 83.0%
		Cat. 3: 94.0%	Cat. 3: 93.9% - 90.0%	Cat. 3: < 90.0%
3	Elective Surgery: Number of patients waiting more than the clinically	0 for all categories	HHS specific	HHS specific
	recommended timeframe for their category:	_		
	Category 1: within 30 days	Cat. 1: 0	Cat. 1: > 0% - 5.0%	Cat. 1: > 5.0%
	Category 2: within 90 days	Cat. 2: 0	Cat. 2: > 0% - 5.0%	Cat. 2: > 5.0%
	Category 3: within 365 days	Cat. 3: 0	Cat. 3: > 0% - 5.0%	Cat. 3: > 5.0%
	Activity: variance between purchased ABF activity and YTD recorded ABF	(/ /	Within tolerance as per detail in Schedule	> tolerance as per detail in Schedule
)	activity, by Service Group (Inpatients, Outpatients, ED, Mental Health, Critical	0% to +/-1%	3 (part C) contained in the Service	(part C) contained in the Service
	Care and SNAP)		Agreement	Agreement
	· .		Agreement	Agreement
ficiei	ncy and Financial Performance	Target	V.	
LO	YTD Operating position	Balanced or surplus	0 – 1.0% unfavourable variance to budget	> 1.0% unfavourable variance to bud
l1	Full year Forecast Operating position	Balanced or surplus	0 – 1.0% unfavourable variance to budget	> 1.0% unfavourable variance to bud
	(Agreed position between System Manager and HSS)			
12	Own Source Revenue Budget	Balanced or surplus	0 – 1.0% unfavourable variance to budget	> 1.0% unfavourable variance to bud
	•			
13	YTD average FTE (MOHRI head count)	HHS specific as per detail in Schedule 3	0 – 1.0% unfavourable variance to budget	> 1.0% unfavourable variance to budg
		(part 8) contained in the Service		
		Agreement		
osing	the Gap			
	the Gap Performance domain target:	Agreement 'Target	1 escalation KPI red in any quarter	> = 2 escalation KPIs red in any quar
	Performance domain target:	Agreement Target 0 escalation KPI red	1 escalation KPI red in any quarter or > = 3 escalation KPIs amber in any	
	Performance domain target: Achievement of Closing the Gap escalation indicators contained within	7arget 0 escalation KPI red and >= 2 escalation KPI green in any	or > = 3 escalation KPIs amber in any	or 1 escalation KPI red for > = 2
.4	Performance domain target: Achievement of Closing the Gap escalation indicators contained within Schedule 8 of the Service Agreement.	Varget O escalation KPI red and >= 2 escalation KPI green in any quarter	or >= 3 escalation KPIs amber in any quarter	or 1 escalation KPI red for > = 2 consecutive quarters
.4	Performance domain target: Achievement of Closing the Gap escalation indicators contained within Schedule 8 of the Service Agreement. CTG KPI 1 – Estimated level of completion of Indigenous status – specifically	7arget 0 escalation KPI red and >= 2 escalation KPI green in any	or >= 3 escalation KPIs amber in any quarter 'Not stated' is	or 1 escalation KPI red for > = 2 consecutive quarters 'Not stated' is
14	Performance domain target: Achievement of Closing the Gap escalation indicators contained within Schedule 8 of the Service Agreement.	Varget O escalation KPI red and >= 2 escalation KPI green in any quarter	or >= 3 escalation KPIs amber in any quarter	or 1 escalation KPI red for > = 2 consecutive quarters
14.1	Performance domain target: Achievement of Closing the Gap escalation indicators contained within Schedule 8 of the Service Agreement. CTG KPI 1 – Estimated level of completion of Indigenous status – specifically the reporting of 'not 'stated' on admission	Agreement Target O escalation KPI red and >= 2 escalation KPI green in any quarter 'Not stated' is <= 1%	or >= 3 escalation KPIs amber in any quarter 'Not stated' is > previous quarter but not meeting target	or 1 escalation KPI red for > = 2 consecutive quarters 'Not stated' is > = previous quarter
14.1	Performance domain target: Achievement of Closing the Gap escalation indicators contained within Schedule 8 of the Service Agreement. CTG KPI 1 – Estimated level of completion of Indigenous status – specifically the reporting of 'not 'stated' on admission CTG KPI 2 – Percentage of in-scope separations of Aboriginal and Torres Strait	Agreement Varget O escalation KPI red and >= 2 escalation KPI green in any quarter 'Not stated' is < = 1% >= 55% of in-scope separations of	or >= 3 escalation KPIs amber in any quarter 'Not stated' is	or 1 escalation KPI red for > = 2 consecutive quarters 'Not stated' is
14.1	Performance domain target: Achievement of Closing the Gap escalation indicators contained within Schedule 8 of the Service Agreement. CTG KPI 1 – Estimated level of completion of Indigenous status – specifically the reporting of 'not 'stated' on admission CTG KPI 2 – Percentage of in-scope separations of Aboriginal and Torres Strait Islander consumers from the HHS's acute mental health inpatient unit(s) for	Agreement Target O escalation KPI red and >= 2 escalation KPI green in any quarter 'Not stated' is <= 1% >= 55% of in-scope separations of Aboriginal and Torres Strait Islander	or >= 3 escalation KPIs amber in any quarter 'Not stated' is > previous quarter but not meeting target	or 1 escalation KPI red for > = 2 consecutive quarters 'Not stated' is > = previous quarter
14.1	Performance domain target: Achievement of Closing the Gap escalation indicators contained within Schedule 8 of the Service Agreement. CTG KPI 1 – Estimated level of completion of Indigenous status – specifically the reporting of 'not 'stated' on admission CTG KPI 2 – Percentage of in-scope separations of Aboriginal and Torres Strait Islander consumers from the HHS's acute mental health inpatient unit(s) for which a community ambulatory service contact, in which the consumer	Agreement Target O escalation KPI red and >= 2 escalation KPI green in any quarter 'Not stated' is < = 1% >= 55% of in-scope separations of	or >= 3 escalation KPIs amber in any quarter 'Not stated' is > previous quarter but not meeting target	or 1 escalation KPI red for >= 2 consecutive quarters 'Not stated' is >= previous quarter
14.1	Performance domain target: Achievement of Closing the Gap escalation indicators contained within Schedule 8 of the Service Agreement. CTG KPI 1 – Estimated level of completion of Indigenous status – specifically the reporting of 'not 'stated' on admission CTG KPI 2 – Percentage of in-scope separations of Aboriginal and Torres Strait Islander consumers from the HHS's acute mental health inpatient unit(s) for which a community ambulatory service contact, in which the consumer participated (in person or via videoconference), was recorded in one to seven	Agreement Target O escalation KPI red and >= 2 escalation KPI green in any quarter 'Not stated' is <= 1% >= 55% of in-scope separations of Aboriginal and Torres Strait Islander	or >= 3 escalation KPIs amber in any quarter 'Not stated' is > previous quarter but not meeting target	or 1 escalation KPI red for >= 2 consecutive quarters 'Not stated' is >= previous quarter
14.1 14.2	Performance domain target: Achievement of Closing the Gap escalation indicators contained within Schedule 8 of the Service Agreement. CTG KPI 1 – Estimated level of completion of Indigenous status – specifically the reporting of 'not 'stated' on admission CTG KPI 2 – Percentage of in-scope separations of Aboriginal and Torres Strait Islander consumers from the HHS's acute mental health inpatient unit(s) for which a community ambulatory service contact, in which the consumer participated (in person or via videoconference), was recorded in one to seven days immediately following that separation	Agreement 'Target O escalation KPI red and >= 2 escalation KPI green in any quarter 'Not stated' is <= 1% >= 55% of in-scope separations of Aboriginal and Torres Strait Islander consumers	or > = 3 escalation KPIs amber in any quarter 'Not stated' is > previous quarter but not meeting target 54.9% - 50.0% of in-scope separations	or 1 escalation KPI red for >= 2 consecutive quarters 'Not stated' is >= previous quarter < 50.0% of in-scope separations
14.1	Performance domain target: Achievement of Closing the Gap escalation indicators contained within Schedule 8 of the Service Agreement. CTG KPI 1 – Estimated level of completion of Indigenous status – specifically the reporting of 'not 'stated' on admission CTG KPI 2 – Percentage of in-scope separations of Aboriginal and Torres Strait Islander consumers from the HHS's acute mental health inpatient unit(s) for which a community ambulatory service contact, in which the consumer participated (in person or via videoconference), was recorded in one to seven days immediately following that separation CTG KPI 3 – The proportion of Aboriginal and Torres Strait Islander patients	Agreement Varget O escalation KPI red and >= 2 escalation KPI green in any quarter 'Not stated' is <= 1% >= 55% of in-scope separations of Aboriginal and Torres Strait Islander consumers <= HHS quarterly target (as per detail in	or >= 3 escalation KPIs amber in any quarter 'Not stated' is > previous quarter but not meeting target 54.9% - 50.0% of in-scope separations > previous quarter result but not meeting	or 1 escalation KPI red for >= 2 consecutive quarters 'Not stated' is >= previous quarter
14.1 14.2	Performance domain target: Achievement of Closing the Gap escalation indicators contained within Schedule 8 of the Service Agreement. CTG KPI 1 – Estimated level of completion of Indigenous status – specifically the reporting of 'not 'stated' on admission CTG KPI 2 – Percentage of in-scope separations of Aboriginal and Torres Strait Islander consumers from the HHS's acute mental health inpatient unit(s) for which a community ambulatory service contact, in which the consumer participated (in person or via videoconference), was recorded in one to seven days immediately following that separation	Agreement Target O escalation KPI red and >= 2 escalation KPI green in any quarter 'Not stated' is <= 1% >= 55% of in-scope separations of Aboriginal and Torres Strait Islander consumers <= HHS quarterly target (as per detail in Schedule 8 contained in the Service	or > = 3 escalation KPIs amber in any quarter 'Not stated' is > previous quarter but not meeting target 54.9% - 50.0% of in-scope separations	or 1 escalation KPI red for > = 2 consecutive quarters 'Not stated' is > = previous quarter < 50.0% of in-scope separations
14.1 14.2 14.3	Performance domain target: Achievement of Closing the Gap escalation indicators contained within Schedule 8 of the Service Agreement. CTG KPI 1 – Estimated level of completion of Indigenous status – specifically the reporting of 'not 'stated' on admission CTG KPI 2 – Percentage of in-scope separations of Aboriginal and Torres Strait Islander consumers from the HHS's acute mental health inpatient unit(s) for which a community ambulatory service contact, in which the consumer participated (in person or via videoconference), was recorded in one to seven days immediately following that separation CTG KPI 3 – The proportion of Aboriginal and Torres Strait Islander patients who discharged themselves against medical advice (DAMA)	Agreement Target O escalation KPI red and >= 2 escalation KPI green in any quarter 'Not stated' is <= 1% >= 55% of in-scope separations of Aboriginal and Torres Strait Islander consumers <= HHS quarterly target (as per detail in Schedule 8 contained in the Service Agreement)	or >= 3 escalation KPIs amber in any quarter 'Not stated' is > previous quarter but not meeting target 54.9% - 50.0% of in-scope separations > previous quarter result but not meeting quarterly target	or 1 escalation KPI red for >= 2 consecutive quarters 'Not stated' is >= previous quarter < 50.0% of in-scope separations > previous quarter target
14.1	Performance domain target: Achievement of Closing the Gap escalation indicators contained within Schedule 8 of the Service Agreement. CTG KPI 1 – Estimated level of completion of Indigenous status – specifically the reporting of 'not 'stated' on admission CTG KPI 2 – Percentage of in-scope separations of Aboriginal and Torres Strait Islander consumers from the HHS's acute mental health inpatient unit(s) for which a community ambulatory service confact, in which the consumer participated (in person or via videoconference), was recorded in one to seven days immediately following that separation CTG KPI 3 – The proportion of Aboriginal and Torres Strait Islander patients who discharged themselves against medical advice (DAMA)	7arget O escalation KPI red and >= 2 escalation KPI green in any quarter 'Not stated' is <= 1% >= 55% of in-scope separations of Aboriginal and Torres Strait Islander consumers <= HHS quarterly target (as per detail in Schedule 8 contained in the Service Agreement) >= HHS quarterly target (as per detail in	or >= 3 escalation KPIs amber in any quarter 'Not stated' is > previous quarter but not meeting target 54.9% - 50.0% of in-scope separations > previous quarter result but not meeting quarterly target >= 50.0% of quarterly target but not	or 1 escalation KPI red for > = 2 consecutive quarters 'Not stated' is > = previous quarter < 50.0% of in-scope separations
14.1	Performance domain target: Achievement of Closing the Gap escalation indicators contained within Schedule 8 of the Service Agreement. CTG KPI 1 – Estimated level of completion of Indigenous status – specifically the reporting of 'not 'stated' on admission CTG KPI 2 – Percentage of in-scope separations of Aboriginal and Torres Strait Islander consumers from the HHS's acute mental health inpatient unit(s) for which a community ambulatory service contact, in which the consumer participated (in person or via videoconference), was recorded in one to seven days immediately following that separation CTG KPI 3 – The proportion of Aboriginal and Torres Strait Islander patients who discharged themselves against medical advice (DAMA) CTG KPI 4 – Percentage of Aboriginal and Torres Strait Islander Cultural Practice Program participants by facility	Agreement Target O escalation KPI red and >= 2 escalation KPI green in any quarter 'Not stated' is <= 1% >= 55% of in-scope separations of Aboriginal and Torres Strait Islander consumers <= HHS quarterly target (as per detail in Schedule 8 contained in the Service Agreement) >= HHS quarterly target (as per detail in Schedule 8 contained in the Service	or >= 3 escalation KPIs amber in any quarter 'Not stated' is > previous quarter but not meeting target 54.9% - 50.0% of in-scope separations > previous quarter result but not meeting quarterly target	or 1 escalation KPI red for > = 2 consecutive quarters 'Not stated' is > = previous quarter < 50.0% of in-scope separations > previous quarter target
4.1	Performance domain target: Achievement of Closing the Gap escalation indicators contained within Schedule 8 of the Service Agreement. CTG KPI 1 – Estimated level of completion of Indigenous status – specifically the reporting of 'not 'stated' on admission CTG KPI 2 – Percentage of in-scope separations of Aboriginal and Torres Strait Islander consumers from the HHS's acute mental health inpatient unit(s) for which a community ambulatory service confact, in which the consumer participated (in person or via videoconference), was recorded in one to seven days immediately following that separation CTG KPI 3 – The proportion of Aboriginal and Torres Strait Islander patients who discharged themselves against medical advice (DAMA)	7arget O escalation KPI red and >= 2 escalation KPI green in any quarter 'Not stated' is <= 1% >= 55% of in-scope separations of Aboriginal and Torres Strait Islander consumers <= HHS quarterly target (as per detail in Schedule 8 contained in the Service Agreement) >= HHS quarterly target (as per detail in	or >= 3 escalation KPIs amber in any quarter 'Not stated' is > previous quarter but not meeting target 54.9% - 50.0% of in-scope separations > previous quarter result but not meeting quarterly target >= 50.0% of quarterly target but not	or 1 escalation KPI red for > = 2 consecutive quarters 'Not stated' is > = previous quarter < 50.0% of in-scope separations > previous quarter target
4.1	Performance domain target: Achievement of Closing the Gap escalation indicators contained within Schedule 8 of the Service Agreement. CTG KPI 1 – Estimated level of completion of Indigenous status – specifically the reporting of 'not 'stated' on admission CTG KPI 2 – Percentage of in-scope separations of Aboriginal and Torres Strait Islander consumers from the HHS's acute mental health inpatient unit(s) for which a community ambulatory service contact, in which the consumer participated (in person or via videoconference), was recorded in one to seven days immediately following that separation CTG KPI 3 – The proportion of Aboriginal and Torres Strait Islander patients who discharged themselves against medical advice (DAMA) CTG KPI 4 – Percentage of Aboriginal and Torres Strait Islander Cultural Practice Program participants by facility	Agreement Target O escalation KPI red and >= 2 escalation KPI green in any quarter 'Not stated' is <= 1% >= 55% of in-scope separations of Aboriginal and Torres Strait Islander consumers <= HHS quarterly target (as per detail in Schedule 8 contained in the Service Agreement) >= HHS quarterly target (as per detail in Schedule 8 contained in the Service	or >= 3 escalation KPIs amber in any quarter 'Not stated' is > previous quarter but not meeting target 54.9% - 50.0% of in-scope separations > previous quarter result but not meeting quarterly target >= 50.0% of quarterly target but not	or 1 escalation KPI red for > = 2 consecutive quarters 'Not stated' is > = previous quarter < 50.0% of in-scope separations > previous quarter target
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14.1 14.1 14.2	Performance domain target: Achievement of Closing the Gap escalation indicators contained within Schedule 8 of the Service Agreement. CTG KPI 1 – Estimated level of completion of Indigenous status – specifically the reporting of 'not 'stated' on admission CTG KPI 2 – Percentage of in-scope separations of Aboriginal and Torres Strait Islander consumers from the HHS's acute mental health inpatient unit(s) for which a community ambulatory service contact, in which the consumer participated (in person or via videoconference), was recorded in one to seven days immediately following that separation CTG KPI 3 – The proportion of Aboriginal and Torres Strait Islander patients who discharged themselves against medical advice (DAMA) CTG KPI 4 – Percentage of Aboriginal and Torres Strait Islander Cultural Practice Program participants by facility (based on staff numbers at beginning of financial year) I Health and Alcohol and Other Drugs Performance domain target: Achievement of Mental Health & Alcohol and Other Drug Treatment Services	Agreement Target O escalation KPI red and >= 2 escalation KPI green in any quarter 'Not stated' is <= 1% >= 55% of in-scope separations of Aboriginal and Torres Strait Islander consumers <= HHS quarterly target (as per detail in Schedule 8 contained in the Service Agreement) >= HHS quarterly target (as per detail in Schedule 8 contained in the Service Agreement) Target Achieve target (listed below) in greater	or > = 3 escalation KPIs amber in any quarter 'Not stated' is > previous quarter but not meeting target 54.9% - 50.0% of in-scope separations > previous quarter result but not meeting quarterly target > = 50.0% of quarterly target but not achieving quarterly target Achieve target in 67% - 50% of the	or 1 escalation KPI red for > = 2 consecutive quarters 'Not stated' is > = previous quarter < 50.0% of in-scope separations > previous quarter target < 50.0% of quarterly target
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14.1 14.2 14.3 14.4 15	Performance domain target: Achievement of Closing the Gap escalation indicators contained within Schedule 8 of the Service Agreement. CTG KPI 1 – Estimated level of completion of Indigenous status – specifically the reporting of 'not 'stated' on admission CTG KPI 2 – Percentage of in-scope separations of Aboriginal and Torres Strait Islander consumers from the HHS's acute mental health inpatient unit(s) for which a community ambulatory service contact, in which the consumer participated (in person or via videoconference), was recorded in one to seven days immediately following that separation CTG KPI 3 – The proportion of Aboriginal and Torres Strait Islander patients who discharged themselves against medical advice (DAMA) CTG KPI 4 – Percentage of Aboriginal and Torres Strait Islander Cultural Practice Program participants by facility (based on staff numbers at beginning of financial year) I Health and Alcohol and Other Drugs Performance domain target: Achievement of Mental Health & Alcohol and Other Drug Treatment Services escalation indicators contained within Schedule 9 of the Service Agreement. Listed below (where applicable):	Varget O escalation KPI red and >= 2 escalation KPI green in any quarter 'Not stated' is <= 1% >= 55% of in-scope separations of Aboriginal and Torres Strait Islander consumers <= HHS quarterly target (as per detail in Schedule 8 contained in the Service Agreement) >= HHS quarterly target (as per detail in Schedule 8 contained in the Service Agreement) Target Achieve target (listed below) in greater than 67% of the escalation indicators	or > = 3 escalation KPIs amber in any quarter 'Not stated' is > previous quarter but not meeting target 54.9% - 50.0% of in-scope separations > previous quarter result but not meeting quarterly target > = 50.0% of quarterly target but not achieving quarterly target Achieve target in 67% - 50% of the escalation indicators	or 1 escalation KPI red for > = 2 consecutive quarters 'Not stated' is > = previous quarter < 50.0% of in-scope separations > previous quarter target < 50.0% of quarterly target Achieve target in less than 50% of the escalation indicators
14.1 14.2 14.3 14.4 15.1 15.1	Performance domain target: Achievement of Closing the Gap escalation indicators contained within Schedule 8 of the Service Agreement. CTG KPI 1 – Estimated level of completion of Indigenous status – specifically the reporting of 'not 'stated' on admission CTG KPI 2 – Percentage of in-scope separations of Aboriginal and Torres Strait Islander consumers from the HHS's acute mental health inpatient unit(s) for which a community ambulatory service contact, in which the consumer participated (in person or via videoconference), was recorded in one to seven days immediately following that separation CTG KPI 3 – The proportion of Aboriginal and Torres Strait Islander patients who discharged themselves against medical advice (DAMA) CTG KPI 4 – Percentage of Aboriginal and Torres Strait Islander Patients who discharged themselves against medical advice (DAMA) CTG KPI 4 – Percentage of Aboriginal and Torres Strait Islander Cultural Practice Program participants by facility (based on staff numbers at beginning of financial year) I Health and Alcohol and Other Drugs Performance domain target: Achievement of Mental Health & Alcohol and Other Drug Treatment Services escalation indicators contained within Schedule 9 of the Service Agreement. Listed below (where applicable): - Ambulatory service contacts - Ambulatory service contacts: Duration - Extended treatment facility and psychiatric hospital beds (Accrued patient	7arget O escalation KPI red and >= 2 escalation KPI green in any quarter 'Not stated' is <= 1% >= 55% of in-scope separations of Aboriginal and Torres Strait Islander consumers <= HHS quarterly target (as per detail in Schedule 8 contained in the Service Agreement) >= HHS quarterly target (as per detail in Schedule 8 contained in the Service Agreement) Target Achieve target (listed below) in greater than 67% of the escalation indicators 100% of ambulatory service targets 100% of ambulatory service targets >= 95% of accrued patient day target	or > = 3 escalation KPIs amber in any quarter 'Not stated' is > previous quarter but not meeting target 54.9% - 50.0% of in-scope separations > previous quarter result but not meeting quarterly target > = 50.0% of quarterly target but not achieving quarterly target Achieve target in 67% - 50% of the escalation indicators	or 1 escalation KPI red for > = 2 consecutive quarters 'Not stated' is > = previous quarter < 50.0% of in-scope separations > previous quarter target < 50.0% of quarterly target Achieve target in less than 50% of the escalation indicators
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			TD Result / atest Result	Jul 2012	Au	g 2012	Sep 2012	Oct 2012	Nov 2012	Dec 2012	Jan 2013	Feb 2013	Mar 2013	Apr 2013	May 2013	Jun 2013	Full Year Target
	initiated)	Result ##	#N/A	#N/A #	# #N	/A ##	##	##	##	##	##	##	##	##	##	##	
M18	Elective Surgery median waiting time	Target	0.95	0.95													0.95
		Result '	35	35	,												
M19	Pre-operative elective bed days	Target	-	-		-								^			-
		Result	-	-		-								<i>></i>			
M20	Provision of appropriate surgical services at	Target	-	-		-											-
	Rural Hub Hospitals	Result	-	-		-											
M21	Categorisation of new case outpatient	Target	-	-	-												-
	referrals (within 5 days of referral)	Result ##	#N/A	#N/A #	# #N	/A ##	##	##	##	##	##	##	\ \ ##	##	##	##	
M22	Category 1 Outpatients: waiting in time	Target	n/a	n/a	n/a								~				n/a
		Result ##	#N/A	#N/A #	# #N	/A ##	##	##	##	##	##	((##	##	##	##	##	
M23	Ambulatory Care access (Outpatient ratio)	Target		0.0		0.0											0
		Result	-	-		-))	~			
		Target									11/						
	Clinic 2	Result									11/						
		Target									\\\	>_ \					
	Clinic 3	Result															
M24	Inpatient separations undertaken as Hospital	Target	0	0		0			<		1 15						0
	in the Home (HITH)	Result	-	-		-			`		_ \\						
M25	Cancer care pathway - waiting times for	Target	n/a	n/a		n/a											n/a
	cancer care	Result	-	-		-											
M26	Telehealth Non-admitted Occasions of Service	Target	n/a	n/a		n/a			//								n/a
		Result	-	-		-											



			YTD Result / Latest Result	Jul 2012	Aug 2012	Sep 2012	Oct 2012	Nov 2012	Dec 2012	Jan 2013	Feb 2013	Mar 2013	Apr 2013	May 2013	Jun 2013	Full Year Target
	nominated General Practitioner	Result														
M50	Change in consumers' clinical outcomes	Target														
		Result														
M51	Service episodes where a consumer is	Target											^			
	secluded at least once	Result														
M52	Occasions where required clinical outcome	Target														
	measure(s) were recorded	Result														
M53	Specialised ATODS service contacts by	Target										. \ \ /				
	program by agency	Result) \ ' <				
M54	Specialised ATODS service contacts by	Target										~ //				
	treatment type by agency	Result														
M55	ATOD-IS mandatory data items entered	Target														
		Result))				
M56	Variation in source of referrals for alcohol and	Target								11/	_					
	drug diversion programs	Result								11						
M57	Variation in source of referrals for children's	Target Result														
M58	residential diversion programs Variation in number of specialist sessions	Target							//	. \ \						
IVID8	delivered by Dovetail	Result						<		>						
M59	Variation in number of specialist sessions	Target								\\						
14133	delivered by InSight	Result						_	\ "							
	delivered by moight	nesuit					4									

EMERGENCY DEPARTMENTS

National Emergency Access Target (NEAT) - calendar year to date performance

NEAT by departure status group	NEAT by top 5 admitting wards by volume, and % of consults requested within 120 minutes (excludes NEAT performance >40%)
Departure Status * Total NEAT % NEAT Attendances	Admitting Ward Admissions NEAT % consults < 120
Non-admitted	120
Admitted	
Total	
* Does not include dead on arrival, died in ED, did not wait and transferred to another hospital	
	Total of all admissions #DIV/0!
NEAT by hospital and departure status group	NEAT by top 5 admitting specialty by volume, and % of consults requested within 120 minutes (excludes NEAT performance >40%) % consults <
Hospital Non-admitted Admitted % NEAT	Admitting Specialty Admissions NEAT 70 Consums 120
	Total of all admissions #DIV/0!
WAITING TIMES	
WAITING TIMES - monthly performance	
Volume and waiting time performance by triage category	
Category 1 Category 2 Category 3 Category 4	Category 5 Categories
Attendances	
# seen in time	
% seen in time Median Wait (minutes)	
Wedan Wat (mindes)	
Volume and waiting time performance by top 5 diagnosis, category 3 and 4	
Diagnosis Category 3 Category 4 Attendances % seen in time Attendances % seen in time	
	Information provided by Clinical Access and Redesign Unit
	Data source: Emergency Department Information System (EDIS), data is preliminary and subject to change.

DOH-DL 13/14-025

ELECTIVE SURGERY

Patients waiting by surgical specialty, 'long waits' and maximum waiting time in days (max)

Specialty		Category 1			Category 2			Category 3		Total
Specialty	Waiting	'long wait'	Max (days)	Waiting	'long wait'	Max (days)	Waiting	'long wait'	Max (days)	Waiting
Cardiothoracic										
ENT										
General										
Gynaecology										
Neurosurgery										
Opthalmology				İ						
Orthopaedic										
Other										
Plastic & Recons										
Urology										
Vascular										
Total				İ						

Categorisation vs order treated summary by surgical specialty

Cardiothoracic						
ENT						
General						
Gynaecology						
Neuro						
Ophthalmology			İ			
Orthopaedic						
Other						
Plastic & Recons						
Urology					/	
Vascular						
Total						
Achievable maximum	wait by cu	raical specialty		<	^	
Acmevable maximum	Number	Max Wait -	Max Wait -	# Waiting >	'long wait'	
Specialty	Waiting	Actual	Achievable ¹	Achievable Max ²	capacity 3	
Cardiothoracic			7 terme value			
ENT						
General						
Gynaecology						
Neuro						
Ophthalmology				14		
Orthopaedic						
Orthopaedic Other						

Total Notes:

Plastic & Recons Urology Vascular

- 1. Waiting time of the longest waiting patient at the census date, if 60% of category 3 patients had been broadly treated in order
- 2. Number of longest waiting patients, at the census date, that would have been treated already if the reduced maximum wait was achieved
- 3. Percentage of all surgical capacity must be delegated to the longest waiting patients in order to achieve the reduced maximum wait

SPOTLIGHT SPECIALTY - Orthopaedic Surgery

Orthopaedic Surgery by hospital – pa	tients waiting	, 'long waits' and	maximum waiting tir	ne in days (max)		
Hospital		itegory 1	Category 2		Category 3	Total
	Waiting L	ong-wait Max (days)	Waiting Long-wait	Max (days) Waiting	Long-wait Max (days)	Waiting
				1 1 1		
				1		
Total	0	0	5 0	0	0	0
Orthopaedic Surgery by hospital – ca	togorisation w	s order treated su				
	Number	Allocated Cate		tually treated	I	
Hospital		ategory 1 Category 2	Categoly 3 < 30 days	90 days < 365 days		
Total	10		//			
Statewide result – categorisation vs o	order treated s	summary				
Specialty	Number	Allocated Cate	egory Ac	ctually treated		
	Treated	ategory 1 Category 2	Category 3 < 30 days	< 90 days < 365 days		
Orthopaedic	\\		ļ			
Orthopoedic Surgery by hospital –ach	nievable maxir	num wait				
Hospital	Number	Max Wait -	Max Wait -	# Waiting >	'long wait'	
	Waiting	Actual	Achievable ¹	Achievable Max ²	capacity ³	
Total	0			:		
•						

Information provided by Clinical Access and Redesign Unit Data source: HBCIS Elective Admissions Module (EAM), data is preliminary and subject to change.

CASEMIX CHANGE - Year on year comparison

			Potential		
	YTD S	2011-12 to 20 eps		WAUs	Casemix
Inpatient	Actual	%	Actual	 %	Change
Service Related Group (SRG)	rictaar	70	7101001	,,	
Breast Surgery	_	0.0%	_	0.0%	0.0%
Cardiology	_	0.0%	-	0.0%	0.0%
Cardiothoracic Surgery	_	0.0%	-	0.0%	0.0%
Chemotherapy & Radiotherapy	_	0.0%	_	0.0%	0.0%
Colorectal Surgery	_	0.0%	_	0.0%	0.0%
Dentistry	_	0.0%	-	0.0%	0.0%
Dermatology	_	0.0%	-	0.0%	0.0%
Diagnostic GI Endoscopy	_	0.0%	-	0.0%	0.0%
Drug & Alcohol	_	0.0%	_	0.0%	0.0%
Ear, Nose & Throat	_	0.0%	_	0.0%	0.0%
Endocrinology	-	0.0%	-	0.0%	0.0%
Extensive Burns	-	0.0%	_	0.0%	0.0%
Gastroenterology	_	0.0%	_	0.0%	0.0%
Gynaecology	_	0.0%	_	0.0%	0.0%
Haematology	_	0.0%	_	0.0%	0.0%
Head & Neck Surgery	_	0.0%	-	0.0%	0.0%
Immunology & Infections	_	0.0%	_	0.0%	0.0%
Interventional Cardiology	_	0.0%	_	0.0%	0.0%
Medical Oncology	_	0.0%	-	0.0%	0.0%
Neurology	_	0.0%	-	0.0%	0.0%
Neurosurgery	_	0.0%	-	0.0%	0.0%
Non Subspecialty Medicine	_	0.0%	_	0.0%	0.0%
Non Subspecialty Surgery	_	0.0%	-	0.0%	0.0%
Obstetrics	_	0.0%	-	0.0%	0.0%
Ophthalmology	_	0.0%	-	0.0%	0.0%
Orthopaedics	_	0.0%	_	0.0%	0.0%
Plastic & Reconstructive Surgery	_	0.0%	-	0.0%	0.0%
Psychiatry - Acute	_	0.0%	_	0.0%	0.0%
Qualified Neonate	_	0.0%	_	0.0%	0.0%
Rehabilitation	_	0.0%	-	0.0%	0.0%
Renal Dialysis	_	0.0%	-	0.0%	0.0%
Renal Medicine	_	0.0%	-	0.0%	0.0%
Respiratory Medicine	_	0.0%	_	0.0%	0.0%
Rheumatology	-	0.0%	-	0.0%	0.0%
Tracheostomy & ECMO	_	0.0%	-	0.0%	0.0%
Transplantation	-	0.0%	-	0.0%	0.0%
Upper GIT Surgery	-	0.0%	_	0.0%	0.0%
Urology	-	0.0%	_	0.0%	0.0%
Vascular Surgery	-	0.0%	-	9.0%	0.0%
Unallocated	-	0.0%	_	0.0%	0.0%
Total	-	0.0%	-	0.0%	0.0%

AMBULATORY CARE - Review to New ratio

Weighted Activi	ty Units - WAU	2010-11	2011-12	2012-13	2012-13		Ratio - WAUs	
Outpatient		Actual	Actual	Purchased	YTD	2010-11	2011-12 YT	D 2012-13
Clinic Type								
Medical	New	757	1,002	785	#REF!			
	Review	2,707	2,605	2,380	#REF!	3.6	2.6	-
Surgical	New	-	-	#N/A	#REF!			
	Review	-	-	#N/A	#REF!	-/		-
Allied Health	New	779	731	804	#REF!			
	Review	1,030	1,227	799	#REF!	1.3	1.7	-
Pre-Admission	New	1	2	1	#REF!			
	Review	88	320	66	#REF!	71.1	197.1	
Paediatric	New	146	110	147	#REF!	✓		
	Review	198	218	184	#REF!	1.4	2.0	/ -
Neonatal	New	-	-	-	#REF!			
	Review	-	-	-	#REF!		-	-
Maternity	New	570	515	482	#KEF!))		
•	Review	1,745	2,038	1,429	#REF!	3.1	4.0	-
Alcohol & Drug	New	, -	-	11//	#REF!			
	Review	-		11 -/	#REF!		-	-
Sub Acute	New		// .		#REF!			
	Review		/ .		#REF!	_	_	_
Clinical Measurement	New	12/		13	#REF!			
Cililical Measurement	Review	7. /		\ \\	#REF!			
Wound Management	New	\3		/ /3	#REF!			
Woulid Management	Review	48	27	41	#REF!	14.4	14.8	
Dain Management		40	21	41		14.4	14.0	-
Pain Management	New	- \	\ \		#REF!			
	Review	-		-	#REF!	-	-	-
Cystic Fibrosis	New:	-	\	-	#REF!			
	Review	135	131	137	#REF!	-	-	-
Transplants	New:			-	#REF!			
	Review		-	-	#REF!	-	-	-
Endoscopy	New	-	-	-	#REF!			
	Review	-	-	-	#REF!	-	-	-
Interventional Cardiology	New	-	-	-	#REF!			
	Review	-	-	-	#REF!	-	-	-
Renal Medicine	New	30	33	32	#REF!			
	Review	162	187	171	#REF!	5.3	5.7	-
Dialysis	New	-	-	-	#REF!			
	Review	-	-	-	#REF!	-	-	-
Chemotherapy	New	-	-	#N/A	#REF!			
	Review	-	-	#N/A	#REF!	-	-	-
Medical Oncology	New	85	82	86	#REF!			
	Review	2,986	3,828	3,491	#REF!	35.2	46.8	-
Radiation Oncology	New	-	-	-	#REF!			
	Review	-	-	-	#REF!	-	-	-
Clinical Haematology	New	24	33	35	#REF!			
	Review	241	348	298	#REF!	9.9	10.6	-
Pharmacy	New	-	-	-	#REF!			
,	Review	-	-	-	#REF!	-	-	-
Community Health Services	New	_	-	-	#REF!			
,	Review	_	-	_	#REF!	-	_	-
District Nursing Services	New	_	_	-	#REF!			
	Review	_	_	_	#REF!	_	_	_
Diagnostic Imaging	New	_	_	_	#REF!			
Diagnostic imaging	Review	_	_	_	#REF!	_	_	_
Psychiatry	New	_	_	_	#REF!			
i Sycinati y	Review	-	- -	-	#REF!	_	_	_
Primary Care	New	-	-	-	#REF!	-	=	-
rimary care	<i>New</i> Review	-	-	-				
Other		-	-	-	#REF!	-	-	-
Other	New	-	-	-	#REF!			
	Review				#REF!	-		-
Total	New	2,409	2,508	#N/A	#REF!			
	Review	9,341	10,929	#N/A	#REF!			
	Other	3,641	3,990	#N/A	#REF!			
	Total	15,391	17,427	14,680	-	3.9	4.4	-



- Queensland Health
- Mater Health Service

Performance Dashboard



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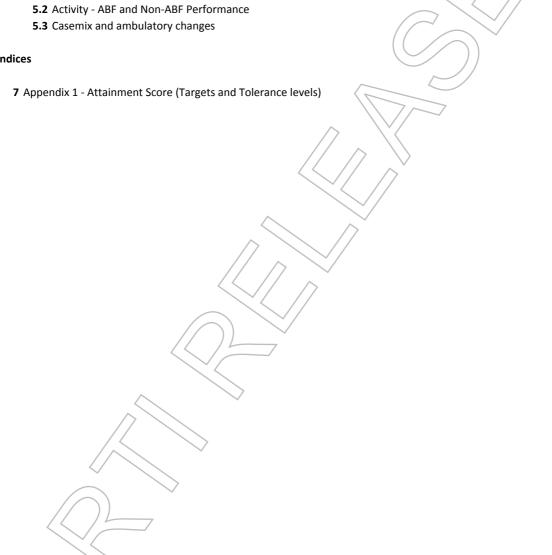
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Supporting Analysis

5 ACCESS

5.1 Emergency Departments

Appendices



YTD Result / Latest Result **PERFORMANCE DOMAINS - Escalation KPIs** SAFETY AND QUALITY TARGET E1 0 **Never Events** Data currently unavailable E2 Hospital acquired 3rd and 4th stage pressure injuries (FY Target is 5% of 2010-11) FY Target: 0 August Healthcare-associated Staphylococcus aureus (including MRSA) bacteraemia F3 20% of 2010-11 Data currently unavailable * denotes calendar year result Data as at F4 National Emergency Access Target (NEAT): * 70% 73.8% September % of ED attendances who depart within 4 hours of their arrival in ED F5 Emergency Department: % seen within recommended timeframe: F5.1 Category 1: within 2 minutes 100% E5.2 Category 2: within 10 minutes 80% E5.3 Category 3: within 30 minutes September E5.4 Category 4: within 60 minutes 70% September E5.5 Category 5: within 120 minutes 70% eptember E6 Patient Off Stretcher Time (POST): < 30 mins (%) 90% August E7 Elective Surgery: % treated within clinically recommended timeframe: * E7.1 Category 1: within 30 days 89% September E7.2 Category 2: within 90 days 81% 90.2% September E7.3 Category 3: within 365 days 91% September 99.6% E9 Activity: variance between Purchased activity and YTD activity: ** as at 22 October 2012 0% to August +/-1% F9.1 Inpatients F9.2 Outpatients E9.3 ED # result does not include CSO ED data F9.4 Mental Health E9.5 Critical Care E9.6 Sub and Non-Acute Patients Data as at E14 Achievement of Closing the Gap escalation indicators 0 'Red esc. KPIs Data currently unavailable E14.1 Estimated level completion of Indigenous status - specifically the reporting of 'not for these indicators < 1% stated' on admission - will be provided in November report Rate of community follow up within 1 -7 days following discharge from an acute E14.2 55% mental health inpatient unit; Aboriginal and Torres Strait islander consumer Proportion of Aboriginal and Torres Strait Islander patients who discharged E14.3 ds themselves against medical advice % of Aboriginal and Torres Strait Islander Cultural Practice Program participants by E14.4 ds MENTAL HEALTH AND ALCOHOL AND OTHER DRUG TREATMENT SERVICES Data as at E15 Achievement of Mental Health & Alcohol and Other Drug Treatment Services Data currently unavailable > 67% 'Green esc. KPIs escalation indicators for these indicators

Legend: Latest/YTD Result compared to previous reporting period: Favourable ★ Stable • Unfavourable ↓

100%

100%

95%

< 2 weeks

n/a

n/a

Extended treatment facility and psychiatric hospital beds (Accrued patient days in

Number of dedicated hospital alcohol and other drugs withdrawal beds (MNHHS only)

Significant variation in number of dedicated residential alcohol and other drugs

E15.1

E15.2

E15.3

E15.4

F15.5

E15.6

Ambulatory Service Contacts

withdrawal beds (CHQ only)

block funded mental health facilities)
Closure of ATODS Client Intake

Ambulatory Service Contacts: Duration (hours)

TREND IN ESCALATION KPI

Data source: Decision Support System (DSS) as at 15 October 2012

			Latest Result / YTD Result	Jul 2012	Aug 2012	Sep 2012	Oct 2012 Nov 2012	Dec 2012	Jan 2013	Feb 2013	Mar 2013	Apr 2013	May 2013	Jun 2013	Full Year Target
SAFETY A	AND QUALITY	E1 & E2 data	a is currently unavai	lable											
E1	Never Events	Result	-	-	-	-								ļ	0
E2	Hospital acquired 3rd and 4th stage pressure		0											ļ	0
	injuries (FY Target is 5% of 2010-11 actuals)	Result	• 1	0	1									ļ	1
E3	Healthcare-associated Staphylococcus aureus	Target	-	-	-	-								ļ	20%
	(including MRSA) bacteraemia - SAB	Result	-	-	-	-						>			
ACCESS	* denotes calendar year result														
E4	National Emergency Access Target: 4hrs *	Target	70.0%	70.0%	70.0%	70.0%									70%
	NEAT_	Result		75.3%	73.6%	75.3%									
E5.1	ED: % seen within recommended time	Target	100.0%	100.0%	100.0%	100.0%			((ļ	100%
	Category 1: within 2 minutes_	Result		100.0%	97.7% 🔷	84.2%					\rightarrow				
E5.2		Target	80.0%	80.0%	80.0%	80.0%))			ļ	80%
	Category 2: within 10 minutes_	Result		82.3%	80.1%	81.1%									
E5.3		Target	75.0%	75.0%	75.0%	75.0%		_ \						ļ	75%
	Category 3: within 30 minutes_	Result		71.2% 💠	64.7%	69.8% •		\rightarrow	+	$\overline{}$					
E5.4		Target	70.0%	70.0%	70.0%	70.0%				>				ļ	70%
	Category 4: within 60 minutes_	Result		65.9% •	63.6% •	71.1%		/	1	~					700/
E5.5	Cotonomic Francishing 420 minutes	Target Result	70.0%	70.0% 76.2%	70.0% 83.7%	70.0% 91.2%	/ '		\ \					ļ	70%
E6	Category 5: within 120 minutes_ Patient Off Stretcher Time: < 30 mins	Target	90.0%	90.0%	90.0%	91.2%									90%
EU	POST	Result		87.8%	88.7% •			\						ļ	90%
E7.1	ES: % treated within recommended time *	Target	89.0%	89.0%	89.0%	89.0%		+							89%
E7.1	Category 1: within 30 days	Result		95.9%	94.8%	99.0%								ļ	85%
E7.2	Category 1. Within 30 days_	Target	81.0%	81.0%	81.0%	81.0%									81%
27.2	Category 2: within 90 days	Result		91.1%	89.8%	97.8%								ļ	0170
E7.3	category 2. Within 50 days_	Target	91.0%	91.0%	91.0%	91.0%	\rightarrow	/							91%
	Category 3: within 365 days	Result		99.7%	98.9%	99.7%								ļ	
E8.1	ES: 'long waits'	Target	0	0	0	0									0
	Category 1: within 30 days	Result	0	0 •	0	0								ļ	1
E8.2		Target	0	0	0	//0									0
	Category 2: within 90 days	Result	84	89 📕	104	84.								ļ	1
E8.3	_	Target	0	0	0	2	>								0
	Category 3: within 365 days_	Result		0	0 •	0	<u> </u>								
E9	Activity (ABF): ** as at 22 October 2012	Target	0.0		-										91,959.7
	Total_	Result	14,567.5	7,250.1	7,317.4										
E9.1		Target	0.0	-	-	~								ļ	51,768.5
	Inpatients_	Result	8,631.5	4,237.9	4,393.5										
E9.2		Target	0.0	\.\-	/ .) -									ļ	14,680.1
	Outpatients_	Result	3,080,8	1,487.4	1,593.4										
E9.3	# ED result does not include CSO ED data	Target	0.0	_/. /	_									ļ	10,195.6
50.4	Emergency Department_	Result	0.0	0.0	0.0										1.515.5
E9.4	Mar e Lee del	Target \	0,0	05.1	-									l	1,515.5
F0 F	Mental Health_	Result	348.9	96.1	252.8										12.095.4
E9.5	Critical Care	Target Result	2,364.5	1,374.4	990.2										12,985.4
E9.6	Critical Care_	Target	2,364.5 0.0	1,374.4	990.2										814.2
E3.0	Sub and Non-Acute Patients	Result	141.8	54.3	87.5										014.2
	Sub and Non-Acute Patients	nesuit	V-71.0	J4.3	67.5									l	1

TREND IN ESCALATION KPI

Data source: Decision Support System (DSS) as at 15 October 2012

	D III ESCALATION KIT													,	(200) as at 2	
			Latest Result / YTD Result	Jul 2012	Aug 2012	Sep 2012	Oct 2012	Nov 2012	Dec 2012	Jan 2013	Feb 2013	Mar 2013	Apr 2013	May 2013	Jun 2013	Full Year Target
CLOSING	THE GAP															
E14 E14.1	Achievement of Closing the Gap escalation indicators Indigenous status - reporting of 'not stated' on admission - June 2012 result	Target Result	unavailable Icators													1%
E14.2	Community follow up (within 1 - 7 days) post mental health discharge	Target Result											>			55%
E14.3	Patients who discharged themselves against medical advice (DAMA)	Target Result	is currently or these inc													ds
E14.4	Aboriginal and Torres Strait Islander Cultural Practice Program participants	Target Result	Data is for													ds
MENTAL	HEALTH & ALCOHOL AND OTHER DRUG TREATM	ENT SERVI	CES													
E15	Achievement of Mental Health & ATODS								\ 1							
545.4	escalation indicators	Result							^							1000/
E15.1	Ambulatory service contacts	Target Result	ajc						// \							100%
E15.2	Ambulatory service contacts: Duration (hours)	Target	available ıtors								>					100%
		Result	nav cato							\ \						
E15.3	Accrued patient days in block funded mental health facilities	Target Result	ntly u e indi					//	//	/ /						95%
E15.4	Closure of ATODS Client Intake	Target	r is currently unavail for these indicators							1						2
		Result	is cu or th				~ \ \	'								
E15.5	Dedicated hospital alcohol & other drugs	Target	Data ,					, \								n/a
F15.6	withdrawal beds - Metro North HHS only Dedicated residential alcohol & other drugs	Result Target	Q						2 "							n/a
213.0	withdrawal beds - Mater HS & Children's HQ only	Result														.,,
		_								_	_	_	_	_	_	
								\rightarrow								
						V_										
					\		\supset									
							-									
					/ /											

EMERGENCY DEPARTMENTS

National Emergency Access Target (NEAT) - calendar year to date performance

NEAT by departure status group

Departure Status *	Total Attendances	NEAT	% NEAT	August 2012 YTD NEAT %
Non-admitted	45,010	37,862	84.1%	83.9%
Admitted	13,203	2,425	18.4%	18.1%
Total	58,213	40,287	69.2%	68.8%

^{*} Does not include dead on arrival, died in ED, did not wait and transferred to another hospital

NEAT by hospital and departure status group

Hospital	Non-admitted	Admitted	% NEAT	August 2012 YTD NEAT %
Mater Adult Public Hospital	80%	15%	63.6%	62.8%
Mater Children's Public Hospital	87%	22%	73.7%	73.6%

NEAT by top 5 admitting wards by volume, and % of consults requested within 120 minutes (excludes NEAT performance >40%)

Admitting Ward	Admissions NEAT % consults < 120

Total of all admissions

NEAT by top 5 admitting specialty by volume, and % of consults requested within 120 minutes (excludes NEAT performance >40%)

Admitting Specialty			Admissions	NEAT	% consults < 120	
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Total of all admissions

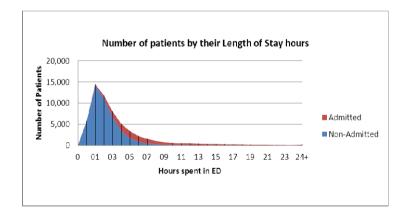
WAITING TIMES - monthly performance

Volume and waiting time performance by triage category

	Category 1	Category 2	Category 3	Category 4	Category 5	All Categories
Attendances	19	429	1,970	3,920	260	6,598
# seen in time	16	348	1,375	2,789	237	4,765
% seen in time	84.2%	81.1%	69.8%	71.1%	91.2%	72.2%
Median Wait (minutes)	0	/) <u>}</u> ı	18	35	24	24

Volume and waiting time performance by top 5 diagnosis, category 3 and 4

Standard	Cate	gory 3	Category 4			
Diagnosis	Attendances	% seen in time	Attendances	% seen in time		
B34.9 Viral Infection	90	54.4%	249	47.5%		
J06.9 Upper Respiratory Tract Infection	59	55.9%	194	47.4%		
A08.4 Viral Gastroenteritis	45	64.4%	183	52.6%		
Z53.2 Did Not Wait	8	50.0%	133	39.7%		
R10.3 Pain Localised To Oth Parts Low Abdomen	37	75.7%	96	49.6%		



Information provided by Clinical Access and Redesign Unit Data source: Emergency Department Information System (EDIS), data is preliminary and subject to change.

ACTIVITY (ABF AND NON-ABF) YTD PERFORMANCE - August 2012

ACTIVITY (ABF AND NO	N-ADI J I	ID I LIKI	OINIVIAIN		Hugust 20 that no tai		ıploaded b	y the HHS a	ıt this time	,						Data	a source: Decision Su	upport Syste	m (DSS) as at 22	October 2012
Weighted Activity Units - WAU	2011-12	2012-13	2011-12	2012-1		YTD Varianc	•	2011-12 to 20			Weighted Activity Units - WAU	2011-12	2012-13	2011-12	2012-13		YTD Variance to		2011-12 to 201	
Activity	FY Actual	Purchased	YTD Actual	DSS Target	Actual	Actual	%	Actual	%		Emergency Department	FY Actual	Purchased	YTD Actual	DSS Target	Actual	Actual	%	Actual	%
ABF	-	91,617.7	-	-	-	-	-	-	-		Presentation Type				3 actual does not incl	ude CSO ED data		1		
Non ABF Total Activity	90,473.4	342.0 91,959.7	15,901.4 15,901.4	-	14,567.5 14,567.5	14,567.5 14,567.5	-	-1,333.9 -1,333.9	-8.4% -8.4%		Cat 1 (Admitted and Discharged) Cat 2 (Admitted and Discharged)	116.8 1.304.6	116.0 1.199.8	23.6 229.0	_		-		-23.6 -229.0	-100.0% -100.0%
Total Activity	30,473.4	31,333.7	13,301.4	-	14,307.3	14,507.5	- 1	-1,333.3	-0.470		Cat 3 (Admitted and Discharged)	4,123.5	4,228.0	737.9	-	_	_	_	-737.9	-100.0%
Inpatients		** Note: DS:	S loaded FY targ	et does not mat	ch 2012-13 Purc	hased WAU					Cat 4 (Admitted and Discharged)	4,642.8	4,496.3	822.3	-	-	=	-	-822.3	-100.0%
Service Related Group (SRG)											Cat 5 (Admitted and Discharged)	161.5	154.7	23.9	-		-	-	-23.9	-100.0%
01 Cardiology	865.4	952.7	165.8	-	153.4	153.4	-	-12.4	-7.5%		Did Not Wait	-	-	-	-	/-/-	<i>></i> -	-	-	-
02 Interventional Cardiology	135.6	146.0	31.4	-	22.1	22.1	-	-9.3	-29.6%		Died	3.0	0.9	0.9	-		-	-	-0.9	-100.0%
03 Dermatology	220.4 998.7	231.9	42.6	-	38.1	38.1 190.2	-	-4.5	-10.5% -2.9%		Emergency Services Treated	10.252.2	0.0	1 027 5	-<			-	1 027 5	-100.0%
04 Endocrinology 05 Gastroenterology	522.7	1,018.8 932.8	195.9 90.9	-	190.2 75.0	75.0	-	-5.7 -15.9	-2.9%		Emergency Department Total	10,352.2	10,195.6	1,837.5	- /		/ / :	- 1	-1,837.5	-100.0%
06 Diagnostic GI Endoscopy	791.9	790.1	128.2	-	160.8	160.8	-	32.7	25.5%		Sub and Non-Acute Patients		** Note: DSS	loaded FY tar	et does not matc	h 2012-13 Purc	nased WAU			
07 Haematology	635.9	939.6	137.2	-	94.4	94.4	-	-42.8	-31.2%		Bed Type									
08 Immunology & Infections	1,070.6	1,086.1	191.7	-	186.3	186.3	-	-5.4	-2.8%		GEM	-	-	(/-	-	/-/		-	-	-
09 Medical Oncology	635.9	589.9	105.8	-	79.0	79.0	-	-26.9	-25.4%		MAINT	297.6	190.3	78 5	-	34.2	34.2	-	-44.3	-56.4%
10 Chemotherapy & Radiotherapy	48.4	167.2	4.6	-	3.1	3.1	-	-1.6	-34.3%		PALLIATIVE	280.1	369.9	20.3		56.0	56.0	-	35.7	176.4%
11 Neurology 12 Renal Medicine	1,357.8 368.1	1,491.7	227.7 47.7	-	260.9	260.9 60.6	-	33.3	14.6%		REHAB SNAP Total	154.0 731.7	254.0 814.2	25.5 124.3	-	51.6 141.8	51.6 141.8	-	26.1 17.6	102.6% 14.1%
13 Renal Dialysis	4.6	411.2	47.7	-	60.6	60.6	-	13.0	27.2%		SNAP Iotal	/31./	814.2	124.3		141.8	141.8	-	17.6	14.1%
14 Respiratory Medicine	3,032.4	3,827.5	581.5	_	629.1	629.1	-	47.7	8.2%		Mental Health		** Note: DSS	loaded FY targ	et does not mate	n 2012-13 Purc	hased WAU			
15 Rheumatology	240.5	254.8	39.2	-	33.7	33.7	-	-5.5	-14.0%		Activity Type			1						
16 Non Subspecialty Medicine	1,805.4	1,124.5	327.8	-	292.1	292.1	-	-35.7	-10.9%		Designated Bed (Per Diem Activity)	1,266.1	1,401.6	269.0	-	320.6	320.6	-	51.5	19.2%
17 Breast Surgery	785.4	721.1	160.6	-	179.1	179.1	-	18.6	11.6%		39 Psychiatry - Acute	118.9	110,9	17.3	-	28.3	28.3	-	11.1	64.1%
18 Cardiothoracic Surgery	1,060.3	1,995.9	89.7	-	266.1	266.1	-	176.4	196.6%		Mental Health Total	1,385.0	1,5 15.5	286.3	-	348.9	348.9	-	62.6	21.9%
19 Colorectal Surgery	1,214.1	1,234.8	243.4	-	153.3	153.3	-	-90.2	-37.0%											
20 Upper GIT Surgery	712.5 189.1	875.7 344.4	140.5 49.3	-	126.2 26.7	126.2 26.7	-	-14.3 -22.6	-10.2% -45.9%		Outpatients Clinic Type		** Note: DSS	loaded FY targ	et does not matc	h 2012-13 Purc	hased WAU			
21 Head & Neck Surgery 22 Neurosurgery	760.2	1,436.5	135.5	_	146.9	26.7 146.9	-	-22.6 11.3	-45.9% 8.4%		Clinic Type Medical	3,606.7	3,164,7	629.1	_	695.5	695.5	_ 1	66.4	10.6%
23 Dentistry	348.4	483.4	54.5	_	56.6	56.6	_	2.0	3.7%		Surgical	3,990.1	3,225.4	672.1	_	704.4	704.4		32.3	4.8%
24 Ear, Nose & Throat	1,822.3	1,842.8	363.4	-	358.6	358.6	-	-4.7	-1.3%		Allied Health	1,958.2	1,602.7	335.1	-	329.8	329.8	-	-5.3	-1.6%
25 Orthopaedics	5,455.5	5,150.1	1,122.3	-	952.0	952.0	-	-170.3	-15.2%		Pre-Admission	321.6	67.1	61.8	-	52.0	52.0	-	-9.7	-15.8%
26 Ophthalmology	1,017.8	1,091.1	210.8	-	191.9	191.9	-	-18.9	-9.0%		Paediatric	327.5	331.0	53.5	-	93.3	93.3	-	39.8	74.4%
27 Plastic & Reconstructive Surgery	1,448.2	1,465.2	221.2	-	237.3	237.3	-	16.1	7.3%		Neonatal	-	-	-	-	1.3	1.3	-	1.3	-
28 Urology	2,231.0	2,291.5	356.2	-	333.5	333.5	-	-22.6	-6.4%		Maternity	2,552.8	1,911.5	399.4	-	153.6	153.6	-	-245.8	-61.5%
29 Vascular Surgery	541.0 2,946.4	646.3	83.0	-	112.3	112.3	-	29.3	35.4%	\	Alcohol & Drug	-	-	-	-	624.6	624.6	-	624.6	-
30 Non Subspecialty Surgery 31 Transplantation	102.6	3,000.2 70.4	530.2 25.3	-	498.8 8.0	498.8 8.0	-	-31. <i>N</i>	-5.5% -68.4%) /	Chemotherapy Clinical Haematology	380.4	333.4	53.9	-	624.6 17.8	624.6 17.8	-	624.6 -36.0	-66.9%
32 Extensive Burns	8.1	33.0	0.2	_	0.1	0.1	_	-0.1	-52.0%	/	Clinical Measurement	380.4	12.9	- 33.5	-	67.6	67.6		67.6	-00.976
33 Tracheostomy & ECMO	1,233.7	816.7	316.5	-	187.7	187.7	-	-123.9	-40.7%		Community Health Services	-	-	_	-	-	-	-	-	-
34 Gynaecology	2,663.4	2,600.4	472.2	_	530.8	530.8	-	58.6	12.4%		Cystic Fibrosis	130.9	136.8	22.9	-	24.4	24.4	-	1.5	6.5%
35 Obstetrics	7,404.8	7,924.2	1,123.7	-	1,314.4	1,314.4	$\langle \rangle$	190.7	17.0%		Diagnostic Imaging	-	-	-	-	-	-	-	-	-
36 Qualified Neonate	3,405.0	3,638.9	517.9	-	583.1	583.4	\ \ -	65.2	12.6%		Dialysis	150.6	70.1	18.2	-	26.0	26.0	-	7.8	42.9%
38 Drug & Alcohol	103.2	140.9	17.4	-	16.5	16.5	/ /-	-0.9	-5.4%		District Nursing Services	-	-	-	-		-	-		-
41 Unallocated Inpatient Total	190.2 48,377.2	51,768.5	20.0 8,571.8	-	72.7 8,631.5	72.7 8,631.5	/ /	52.7 59.6	263.4% 0.7%		Endoscopy Interventional Cardiology	-	-	-	-	63.6	63.6	-	63.6	-
inpatient rotal	40,377.2	31,700.3	0,3/1.0		0,031.3	0,031.3	/-	39.0	0.776		Medical Oncology	3,909.9	3,577.0	637.5	_	169.4	169.4		-468.2	-73.4%
Critical Care		** Note: DS:	S loaded FY targ	et does not mate	ch 2012-13 Pure	chased WAU					Pain Management	-	-	-	-	-	-	-	-	-
Bed Type					$\overline{}$			$\overline{}$			Pharmacy	-	-	-	-	-	-	-	-	-
Coronary Care	384.9	462.0	59.8		69.9	69.9	-	10.1	16.9%		Primary Care	-	-	-	-	-	-	-	-	-
Intensive Care	1,490.7	1,349.9	347.4	//-	237.4	287.4	-	-60.0	-17.3%		Psychiatry	-	-	-	-	-	-	-	-	-
Neonatal Intensive Care	4,040.2	4,683.8	741.4		889.2	889.2	\ <i>\</i>	147.8	19.9%		Radiation Oncology	-	-	-	-	-	-	-	-	-
Paediatric Intensive Care Special Care Nursery	3,294.9 2,838.7	3,658.9 2,830.7	569.7 437.6		622.7 495.3	622.7 495.3	-	53.1 57.7	9.3% 13.2%		Renal Medicine Sub Acute	220.1	203.1	34.5	-	45.9 10.1	45.9 10.1	-	11.3 10.1	32.8%
Critical Care Total	12,049.4	12,985.4	2,155.9	\ \ /	2,364.5	495.3	-	208.6	9.7%		Transplants	-	-	-	_	10.1	10.1		10.1	-
Citical care rotal	12,045.4	12,303.4	2,133.3	//	2,304.3	~	- 1	200.0	3.770		Wound Management	29.0	44.5	7.7	-	1.5	1.5		-6.2	-80.5%
Red values indicate the Top 5 greatest posi	tive variance to ta	arget recorded i	in DSS	//	\						Other	-	-	-	-	-	-	-		-
Blue values indicate the Top 5 greatest neg	ative variance to	target recorded	l in DSS	\							Outpatient Total	17,577.8	14,680.1	2,925.6	-	3,080.8	3,080.8	-	155.1	5.3%
				\											•					
												2012-13	HHS FY Target							
Monthly target phasing - loaded to DSS	Jul 2012	Aug 2012	Sep 2012	Oct 2012	Nov 2012	Dec 2012	Jan 2013	Feb 2013	Mar 2013	Apr 2013	May 2013 Jun 2013	Purchased	loaded to DSS	to Purchased	lanata.					
Inpatients Critical Caro	-	-		-	-	-	-	-	-	-		51,768.5	-		Inpatients Critical Caro					
Critical Care Emergency Department	-	-	[-	-	-	-	-	-	-		12,985.4 10,195.6	-	-12,985.4 -10,195.6	Critical Care Emergency Dep	artment				
Sub and Non-Acute Patients	-		:	-	-	-	-	-	-	-		814.2	-	-10,195.6	Sub and Non-A					
Mental Health	-	-		-	-	-	-	-	-	-		1,515.5	-	-1,515.5	Mental Health					
Outpatients	-	-	-	-	-	-	-	-	-	-		14,680.1	-	-14,680.1	Outpatients					
Total Activity Target		-		-		-		-				91,959.4	-	-91,959.4	Total Activity T	arget				

CASEMIX CHANGE - Year on year comparison August 2012

Data source: Decision Support System (DSS) as at 22 October 2012

		2011-12 to 20	12-13 Change		Potential	WAUs notional variance	
	YTI) Seps	YTD	WAUs	Casemix	WAUs notic	onal variance
Inpatients	Actual		Actual		Change	Volume	Casemix related
Service Related Group (SRG)						,	
01 Cardiology	-36	-11.7%	-12.4	-7.5%	4.2%	-8.6	-3.9
02 Interventional Cardiology	-4	-10.3%	-9.3	-29.6%	-19.3%	-6.4	-2.9
03 Dermatology	13	19.4%	-4.5	-10.5%	-29.9%	-3.1	-1.4
04 Endocrinology	-5	-2.9%	-5.7	-2.9%	0.0%	-3.9	-1.8
05 Gastroenterology	-47	-22.6%	-15.9	-17.5%	5.1%	-11.0	-4.9
06 Diagnostic GI Endoscopy	32	18.7%	32.7	25.5%	6.8%	22.5	10.1
07 Haematology	-16	-10.4%	-42.8	-31.2%	-20.8%	-29.5	-13.3
08 Immunology & Infections	-24	-9.5%	-5.4	-2.8%	6.7%	-3.7	-1.7
09 Medical Oncology	1	0.9%	-26.9	-25.4%	-26.3%	-18.5	-8.3
10 Chemotherapy & Radiotherapy	-5	-38.5%	-1.6	-34.3%	4.2%	-1.1	-0.5
11 Neurology	11	3.9%	33.3	14.6%	10.7%	22.9	10.3
12 Renal Medicine	27	35.5%	13.0	27.2%	-8.3%	9.0	4.0
13 Renal Dialysis	-	-	-	-	-	0.0	0.0
14 Respiratory Medicine	-54	-9.2%	47.7	8.2%	17.4%	32.9	14.8
15 Rheumatology	-25	-25.3%	-5.5	-14.0%	11.3%	-3.8	-1.7
16 Non Subspecialty Medicine	-99	-13.1%	-35.7	-10.9%	2.2%	-24.6	-11.1
17 Breast Surgery	14	12.8%	18.6	11.6%	-1.3%	12.8	5.8
18 Cardiothoracic Surgery	17	121.4%	176.4	196.6%	75.2%	121.7	54.7
19 Colorectal Surgery	-9	-11.4%	-90.2	-37.0%	-25.6%	-62.2	-28.0
20 Upper GIT Surgery	-	-	-14.3	-10.2%	-10.2%	-9.8	-4.4
21 Head & Neck Surgery	-9	-31.0%	-22.6	-45.9%	-14.9%	-15.6	-7.0
22 Neurosurgery	-31	-20.1%	11.3	8.4%	28.5%	7.8	3.5
23 Dentistry	-5	-5.8%	2.0	3.7%	9.6%	1.4	0.6
24 Ear, Nose & Throat	-20	-3.2%	-4.7	-1.3%	1.9%	-3.3	-1.5
25 Orthopaedics	-41	-6.6%	-170.3	-15.2%	-8.6%	-117.5	-52.3
26 Ophthalmology	-22	-8.1%	-18.9	-9.0%	-0.9%	-13.0	-5.9
27 Plastic & Reconstructive Surgery	-5	-2.3%	16.1	7.3%	9.6%	11.1	5.0
28 Urology	-41	-12.0%	-22.6	-6.4%	5.6%	-15.6	-7.0
29 Vascular Surgery	5	11.1%	29.3	35.4%	24.2%	20.2	/ /9.1
30 Non Subspecialty Surgery	-80	-12.7%	-31.4	-5.9%	6.7%	-21.7	-9.7
31 Transplantation	-2	-66.7%	-17.3	-68.4%	-1.7%	-11.9	-5.4
32 Extensive Burns	-	-	-0.1	-52.0%	-52.0%	-0.1	0.0
33 Tracheostomy & ECMO	-9	-30.0%	-128.9	-40.7%	-10.7%	-88.9	-39.9
34 Gynaecology	9	2.2%	58.6	12.4%	10.2%	40.4	18.2
35 Obstetrics	157	15.3%	190.7	17.0%	1.7%	131.6	59.1
36 Qualified Neonate	91	9.8%	65.2	12.6%	2.7%	45.0	20.2
38 Drug & Alcohol	-16	-25.8%	-0.9	-5.4%	20.4%	-0.6	-0.3
41 Unallocated	39	23.1%	52.7	263.4%	240.3%	36.4	16.3
Inpatient Total *	-189	-1.9%	59.6	0.7%	2.6%	41.1	18.5

Red values indicate a negative growth in Seps and a positive growth in WAU Blue values indicate a positive growth in Seps and a negative growth in WAU

AMBULATORY CARE - Review to New ratio - August 2012

Data source: Decision Support System (DSS) as at 22 October 201											
Weighted Activity Uni	ts - WAU	2010-11	2011-12	2012-13	2012-13	R2	2N Ratio - WA	Js			
Outpatients		Actual	Actual	Purchased	YTD	2010-11	2011-12	2012-13 YTD			
Clinic Type											
Medical	New	757.4	1,001.9	785.2	170.9						
	Review	2,707.4	2,604.8	2,379.6	524.6	3.6	2.6	3.1			
Surgical	New	941.4	1,109.7	992.0	160.6						
	Review	2,699.5	2,880.4	2,233.3	543.8	2.9	2.6	3.4			
Allied Health	New	779.2	731.3	803.9	130.6						
	Review Other	1,029.5	1,226.9	798.8	199.2	1.3	1.7	1.5			
Pre-Admission	New	1.2	1.6	1.3	0.6						
TTC Admission	Review	88.0	319.9	65.8	51,4	71.1	197.1	82.9			
Paediatric	New	146.0	109.3	147.3	27.5						
	Review	198.1	217.6	183.7	65.8	1.4	2.0	2.4			
Neonatal	New		-)]-	1.2						
	Review	11/		_//-	0.1	-	-	0.1			
Maternity	New	569.6	514.6	482.0	29.5						
	Review	1,745.5	2,038.2	1,429.4	124.1	3.1	4.0	4.2			
Alcohol & Drug	New	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	<u></u>	-	-						
	Review Other	/ [-	-	-	-	-	-	-			
Sub Acute	New	- / / :			2.2						
Sub Acute	Review	~ V-	_	_	7.9	_	_	3.6			
1 / [Other	· .	-	-	-						
Clinical Measurement	New	12.3	-	12.9	3.1						
	Review	-	-	-	64.5	-	-	20.6			
Wound Management	New	3.4	1.8	3.4	0.0						
	Review	48.1	27.2	41.1	1.5	14.4	14.8	42.2			
Pain Management	New	-	-	-	-						
	Review	-	-	-	-	-	-	-			
Cystic Fibrosis	New										
francisco de la constante	Review	135.2	130.9	136.8	24.4	-	-	-			
Transplants	<i>New</i> Review	-	-	-	-	_					
Endoscopy	New				50.1						
Епиозсору	Review	_	-	_	13.5	-		0.3			
Interventional Cardiology	New	-	-	-	-						
0,	Review	-	-	-	-	-	-	-			
	Other	-	-	-	-						
Renal Medicine	New	30.5	32.7	31.9	5.9						
	Review	162.3	187.4	171.2	39.9	5.3	5.7	6.7			
Dialysis	New			-							
	Review	70.1	150.6	- 70.4	26.0	-	-	-			
Ch th	Other	-	-	70.1	-						
Chemotherapy	<i>New</i> Review	-	-	-	4.6 620.0			135.3			
Medical Oncology	New	84.8	81.8	85.6	15.6	-		155.5			
Wicalcal Officology	Review	2,985.5	3,828.1	3,491.5	153.8	35.2	46.8	9.8			
Radiation Oncology	New	-	-		-						
0,	Review	-	-	-	-	-	-	-			
Clinical Haematology	New	24.5	32.7	35.1	3.5						
	Review	241.3	347.7	298.2	14.4	9.9	10.6	4.1			
Primary Care	New	-	-	-	-						
	Review	-	-	-	-	-	-	-			
Other	New	-	-	-	-						
	Review	-	-	-	-	-	-	-			
Tatal	Other	2 250 2	2 640 0	2 200 =	-						
Total	New	3,350.2	3,618.0	3,380.7	606.1	2.0	2.0	4.4			
	Review Other	12,110.6	13,959.9	11,229.3 70.1	2,474.7	3.6	3.9	4.1			
	Total	15,460.8	17,577.8	14,680.1	3,080.8						
	iotai	13,400.0	17,377.0	14,000.1	3,000.0						

^{*} Inpatient total excludes 39 Psychiatry - Acute and 40 Rehabilitation

ESCALATION KPI LIST

		Attainment Score							
KPI No.	Escalation KPIs	Green	Amber	Red					
Safety	and Quality	Target							
E1	Never events	0	n/a	> 0					
E2	Hospital acquired 3rd and 4th stage Pressure Injuries	5.0% of 2010-11 actuals	> 5.0% - 25.0% of 2010-11 actuals	> 25.0% of 2010-11 actuals					
E3	Healthcare-associated Staphylococcus aureus (incl. MRSA) bacteraemia	20.0% of 2010-11 actuals	> 20.0% - 40.0% of 2010-11 actuals	> 40.0% of 2010-11 actuals					
Access		Target							
E4	National Emergency Access Target (NEAT): % of ED attendances who depart	2012: > 70.0%	2012: 69.9% - 65.0%	2012: < 65.0%					
	within 4 hours of their arrival in ED								
		2013: > 77.0%	2013: 76.9% - 70.0%	2013: < 70.0%					
E5	Emergency Department: % seen within recommended timeframe:	80% of all categories							
	Category 1: within 2 minutes	Cat. 1: 100%	Cat. 1: 99.9% - 90.0%	Cat. 1: < 90.0%					
	Category 2: within 10 minutes	Cat. 2: > 80.0%	Cat. 2: 79.9% - 70.0%	Cat. 2: < 70.0%					
	Category 3: within 30 minutes	Cat. 3: > 75.0%	Cat. 3: 74.9% - 65.0%	Cat. 3: < 65.0%					
	Category 4: within 60 minutes	Cat. 4: > 70.0%	Cat. 4: 69.9% - 60.0%	Cat. 4: < 60.0%					
	Category 5: within 120 minutes	Cat. 5: > 70.0%	Cat. 5: 69.9% 60.0%	Cat. 5: < 60.0%					
E6	Patient Off Stretcher Time (POST): < 30 mins (%)	>= 90.0%	< 90.0% - 85.0%	< 85.0%					
E7	Elective Surgery: % treated within the clinically recommended timeframe for	2012	2012	2012					
	their category								
	(National Elective Surgery Target (Part 1))	Cat. 1: 89.0%	Cat. 1: 88.9% - 85.0%	Cat. 1: < 85.0%					
		Cat. 2: 81.0%	Cat. 2: 80.9% /8.0%	Cat. 2: < 78.0%					
		Cat. 3: 91.0%	Cat. 3: 90.9% 87.0%	Cat. 3: < 87.0%					
		2013	2013	2013					
		Cat. 1: 100%	Cat. 1: 99.9% - 96.0%	Cat. 1: < 96.0%					
		Cat. 2: 87.0%	Cat. 2: 86.9% - 83.0%	Cat. 2: < 83.0%					
		Cat. 3: 94.0%	Cat. 3: 93.9% - 90.0%	Cat. 3: < 90.0%					
E8	Elective Surgery: Number of patients waiting more than the clinically	0 for all categories	/HHS specific	HHS specific					
	recommended timeframe for their category:	_							
	Category 1: within 30 days	Cat. 1: 0	Cat. 1: > 0% - 5.0%	Cat. 1: > 5.0%					
	Category 2: within 90 days	Cat. 2: 0	Cat. 2: > 0% - 5.0%	Cat. 2: > 5.0%					
	Category 3: within 365 days	Cat. 3: 0	Cat. 3: > 0% - 5.0%	Cat. 3: > 5.0%					
E9	Activity: variance between purchased ABF activity and YTD recorded ABF	0% to +/-1%	Within tolerance as per detail in Schedule	> tolerance as per detail in Schedule 3					
	activity, by Service Group (Inpatients, Outpatients, ED, Mental Health, Critical		3 (part C) contained in the Service	(part C) contained in the Service					
	Care and SNAP)		Agreement	Agreement					
Efficien	ncy and Financial Performance	Target	V						
E10	YTD Operating position	Balanced or surplus	0 – 1.0% unfavourable variance to budget	> 1.0% unfavourable variance to budget					
F44	Full year Farenest Operating position	Polonood obsumble	0 1 00/ unfoucurable variance to budget	> 1.00/ unforceurable verience to budget					
E11	Full year Forecast Operating position	Balanced or surplus	0 – 1.0% unfavourable variance to budget	> 1.0% untavourable variance to budget					
	(Agreed position between System Manager and HSS)		2 124 5 11 1						
E12	Own Source Revenue Budget	Balanced or surplus	0 – 1.0% unfavourable variance to budget	> 1.0% untavourable variance to budget					
E13	YTD average FTE (MOHRI head count)	HHS specific as per detail in Schedule 3	0 – 1.0% unfavourable variance to budget	> 1.0% unfavourable variance to budget					
E13	The average the (world nead count)	(part B) contained in the Service	5 1.0% unitavourable variance to bauget	2 1.078 dillavodrable variance to badget					
		Agreement							
Closing	the Gap	Target							
E14	Performance domain target:	0 escalation KPI red	1 escalation KPI red in any quarter	> = 2 escalation KPIs red in any quarter					
	Achievement of Closing the Gap escalation indicators contained within	and > = 2 escalation KPI green in any	or > = 3 escalation KPIs amber in any	or 1 escalation KPI red for > = 2					
	Schedule 8 of the Service Agreement.	quarter	quarter	consecutive quarters					
E14.1	CTG KPI 1 – Estimated level of completion of Indigenous status – specifically the	'Not stated' is < = 1%	'Not stated' is	'Not stated' is					
	reporting of 'not 'stated' on admission		> previous quarter but not meeting target	> = previous quarter					
E14.2	CTG KPI 2 – Percentage of in-scope separations of Aboriginal and Torres Strait	> = 55% of in-scope separations of	54.9% - 50.0% of in-scope separations	< 50.0% of in-scope separations					
	Islander consumers from the HHS's acute mental health inpatient unit(s) for which a community ambulatory service contact, in which the consumer	Aboriginal and Torres Strait Islander							
	participated (in person or via videoconference), was recorded in one to seven	consumers							
	days immediately following that separation								
E14.3	CTG KPI 3 – The proportion of Aboriginal and Torres Strait Islander patients	< = HHS quarterly target (as per detail in	> previous quarter result but not meeting	> previous quarter target					
E14.5	who discharged themselves against medical advice (DAMA)	Schedule 8 contained in the Service	quarterly target	> previous quarter target					
		Agreement)							
E14.4	CTG KPI 4 – Percentage of Aboriginal and Torres Strait Islander Cultural Practice	> = HHS quarterly target (as per detail in	> = 50.0% of quarterly target but not	< 50.0% of quarterly target					
	Program participants by facility	Schedule 8 contained in the Service	achieving quarterly target						
	(based on staff numbers at beginning of financial year)	Agreement)							
Menta									
E4.E	l Health and Alcohol and Other Drugs	Target							
E15	Health and Alcohol and Other Orugs Performance domain target:	Achieve target (listed below) in greater	Achieve target in 67% - 50% of the	Achieve target in less than 50% of the					
E12	Performance domain target: Achievement of Mental Health & Alcohol and Other Drug Treatment Services		Achieve target in 67% - 50% of the escalation indicators	Achieve target in less than 50% of the escalation indicators					
E15	Performance domain target:	Achieve target (listed below) in greater							
E12	Performance domain target: Achievement of Mental Health & Alcohol and Other Drug Treatment Services escalation indicators contained within Schedule 9 of the Service Agreement.	Achieve target (listed below) in greater							
E12	Performance domain target: Achievement of Mental Health & Alcohol and Other Drug Treatment Services escalation indicators contained within Schedule 9 of the Service Agreement. Listed below (where applicable):	Achieve target (listed below) in greater than 67% of the escalation indicators	escalation indicators	escalation indicators					
E15.1	Performance domain target: Achievement of Mental Health & Alcohol and Other Drug Treatment Services escalation indicators contained within Schedule 9 of the Service Agreement.	Achieve target (listed below) in greater	escalation indicators 99.9% - 95.0%	escalation indicators < 95.0%					
	Performance domain target: Achievement of Mental Health & Alcohol and Other Drug Treatment Services escalation indicators contained within Schedule 9 of the Service Agreement. Listed below (where applicable):	Achieve target (listed below) in greater than 67% of the escalation indicators	escalation indicators	escalation indicators					
E15.1	Performance domain target: Achievement of Mental Health & Alcohol and Other Drug Treatment Services escalation indicators contained within Schedule 9 of the Service Agreement. Listed below (where applicable): - Ambulatory service contacts - Ambulatory service contacts: Duration - Extended treatment facility and psychiatric hospital beds (Accrued patient	Achieve target (listed below) in greater than 67% of the escalation indicators 100% of ambulatory service targets 100% of ambulatory service targets >= 95% of accrued patient day target	escalation indicators 99.9% - 95.0%	escalation indicators < 95.0%					
E15.1 E15.2	Performance domain target: Achievement of Mental Health & Alcohol and Other Drug Treatment Services escalation indicators contained within Schedule 9 of the Service Agreement. Listed below (where applicable): - Ambulatory service contacts - Ambulatory service contacts: Duration - Extended treatment facility and psychiatric hospital beds (Accrued patient days in block funded mental health facilities)	Achieve target (listed below) in greater than 67% of the escalation indicators 100% of ambulatory service targets 100% of ambulatory service targets >= 95% of accrued patient day target delivered	99.9% - 95.0% 99.9% - 95.0% 99.9% - 90.0%	< 95.0% < 95.0% < 90.0%					
E15.1 E15.2	Performance domain target: Achievement of Mental Health & Alcohol and Other Drug Treatment Services escalation indicators contained within Schedule 9 of the Service Agreement. Listed below (where applicable): - Ambulatory service contacts - Ambulatory service contacts: Duration - Extended treatment facility and psychiatric hospital beds (Accrued patient days in block funded mental health facilities) - Closure of ATODS Client intake	Achieve target (listed below) in greater than 67% of the escalation indicators 100% of ambulatory service targets 100% of ambulatory service targets >= 95% of accrued patient day target	escalation indicators 99.9% - 95.0% 99.9% - 95.0%	< 95.0% < 95.0% < 90.0% > 3 weeks					
E15.1 E15.2 E15.3	Performance domain target: Achievement of Mental Health & Alcohol and Other Drug Treatment Services escalation indicators contained within Schedule 9 of the Service Agreement. Listed below (where applicable): - Ambulatory service contacts - Ambulatory service contacts: Duration - Extended treatment facility and psychiatric hospital beds (Accrued patient days in block funded mental health facilities)	Achieve target (listed below) in greater than 67% of the escalation indicators 100% of ambulatory service targets 100% of ambulatory service targets >= 95% of accrued patient day target delivered	99.9% - 95.0% 99.9% - 95.0% 99.9% - 90.0%	< 95.0% < 95.0% < 90.0%					
E15.1 E15.2 E15.3	Performance domain target: Achievement of Mental Health & Alcohol and Other Drug Treatment Services escalation indicators contained within Schedule 9 of the Service Agreement. Listed below (where applicable): - Ambulatory service contacts - Ambulatory service contacts: Duration - Extended treatment facility and psychiatric hospital beds (Accrued patient days in block funded mental health facilities) - Closure of ATODS Client intake	Achieve target (listed below) in greater than 67% of the escalation indicators 100% of ambulatory service targets 100% of ambulatory service targets >= 95% of accrued patient day target delivered Closure period < 2 weeks	99.9% - 95.0% 99.9% - 95.0% 99.9% - 95.0% 94.9 - 90.0% 2 – 3 weeks	< 95.0% < 95.0% < 90.0% > 3 weeks					

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Supporting Analysis

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- **5.3** Casemix and ambulatory changes

Appendices

6 Appendix 1 - Attainment Score (Targets and Tolerance levels)



PERFORMANCE DOMAINS - Escalation KPIs

YTD Result / Latest Result

SAFETY	AND QUALITY	TARGET	Data as at	Data source: Decision Support System (DSS) as at 19 November 2012
E1 E2 E3	Never Events Hospital acquired 3rd and 4th stage pressure injuries (FY Target is 5% of 2010-11) Healthcare-associated Staphylococcus aureus (including MRSA) bacteraemia	0 FY Target : 0 20% of 2010-11	Data currently unavailable September Data currently unavailable	1 ←

	. , , , , , , , , , , , , , , , , , , ,				
ACCESS		** denotes calendar year result	TARGET	Data as at	Data source: Decision Support System (DSS) as at 19 November 201
E4	National Emergency Access Target (NEAT): ** % of ED attendances who depart within 4 hours	of their arrival in ED	70%	October	74,1%
E5	Emergency Department: % seen within recommen	ded timeframe:			/ />
E5.1	Category 1: within 2 minutes		100%	October	97.1%
E5.2	Category 2: within 10 minutes		80%	October	80.9%
E5.3	Category 3: within 30 minutes		75%	October	70.4%
E5.4	Category 4: within 60 minutes		70%	October	66.9%
E5.5	Category 5: within 120 minutes		70%	October	83.9%
E6	Patient Off Stretcher Time (POST): < 30 mins (%)		90%	September	89.3%
E7	Elective Surgery: % treated within clinically recomm	nended timeframe: **	(
E7.1	Category 1: within 30 days		89%	October	96.8%
E7.2	Category 2: within 90 days		81%	October	90.7%
E7.3	Category 3: within 365 days		91%	October	99.5% ∪
E8	Elective Surgery: Number of patients waiting more	than the clinically recommended:		\searrow	
E8.1	Category 1: within 30 days		\/ o /	October	0 ←
E8.2	Category 2: within 90 days			October	89 U
E8.3	Category 3: within 365 days	^	0	October	0 ←
E9	Activity: variance between Purchased activity and	TD activity:	9% to	September	22,510.6
E9.1	Inpatients		/+/-1%	1	13,338.6
E9.2	Outpatients				5,132.8
E9.3	ED (data is incomplete)		*		0.0
E9.4	Mental Health				493.4
E9.5	Critical Care				0.0
E9.6	Sub and Non-Acute Patients				210.5

 $\textbf{Legend:} \ \, \textbf{Latest/YTD Result compared to previous reporting period:} \qquad \textbf{Favourable} \ \cap \quad \textbf{Stable} \leftarrow \quad \textbf{Unfavourable} \ \cup \\$



TREND IN ESCALATION KPI

Data source: Decision Support System (DSS) as at 19 November 2012

			Latest Result / YTD Result	Jul 2012	Aug 201	12 Sep 2	012	Oct 2012	Nov 2012 Dec 2012	Jan 2013 Feb 2013	Mar 2013 Apr 2013	May 2013 Jun 2013	Full Year Target
SAFETY AND QUALITY E1 & E3 data is currently unavailable													
E1	Never Events	Result	-	-	-								0
E2		FY Target	0										0
	injuries (FY Target is 5% of 2010-11 actuals)	Result	1	0	1	(
E3	Healthcare-associated Staphylococcus aureus	Target	-										20%
	(including MRSA) bacteraemia - SAB	Result	-	Data for June-Dec	ember 2012 will b	be made available in May	013						
ACCESS	** denotes calendar year result												
E4	National Emergency Access Target: 4hrs **	Target	70.0%	70.0%	70.0%	70.0%		70.0%					70%
	NEAT	Result	74.1%	75.3%	73.6%	75.3%		76.6%			$\rangle \setminus \langle \rangle$		
E5.1	ED: % seen within recommended time	Target	100.0%	100.0%	100.0%	100.0%		100.0%					100%
	Category 1: within 2 minutes	Result	97.1%	100.0%	97.7%	84.2%	,	100.0%					
E5.2	,	Target	80.0%	80.0%	80.0%	80.0%		80.0%					80%
	Category 2: within 10 minutes	Result	80.9%	82.3%	80.1%	81.1%		80.2%))		
E5.3	3 ,	Target	75.0%	75.0%	75.0%	75.0%		75.0%	\ \		//		75%
	Category 3: within 30 minutes	Result	70.4%	71.2% 🚚	64.7%	69.8%	4	76.3%		1 // /			
E5.4	3 ,	Target	70.0%	70.0%	70.0%	70.0%		70.0%					70%
	Category 4: within 60 minutes	Result	66.9%	65.9% 🚚	63.6%	J 71.1%		67.3% 🜙					
E5.5	,	Target	70.0%	70.0%	70.0%	70.0%		70.0%		\ \			70%
	Category 5: within 120 minutes	Result	83.9%	76.2%	83.7%	91.2%		84.3%		\ \			
E6	Patient Off Stretcher Time: < 30 mins	Target	90.0%	90.0%	90.0%	90.0%		_					90%
	POST	Result	89.3%	87.8% 🚨	88.7%	J 91.7%							
E7.1	ES: % treated within recommended time **	Target	89.0%	89.0%	89.0%	89.0%		89.0%					89%
	Category 1: within 30 days	Result	96.8%	95.9%	94.8%	99.0%		99.1%					
E7.2		Target	81.0%	81.0%	81.0%	81.0%		81.0%					81%
	Category 2: within 90 days	Result	90.7%	91.1%	89.8%	97.8%		94 2%					
E7.3		Target	91.0%	91.0%	91.0%	91.0%		91.0%					91%
	Category 3: within 365 days	Result	99.5%	99.7%	98.9%	99.7%		98.8%					
E8.1	ES: 'long waits'	Target	0	0	0			0					0
	Category 1: within 30 days	Result	0	0	0		/ / /	0					
E8.2		Target	0	0	0		_ \	0					0
	Category 2: within 90 days	Result	89	89 ′	104	, 84		89 ′					
E8.3		Target	0	0	0	// (0					0
	Category 3: within 365 days	Result	0	0	0	// (0					
E9	Activity (ABF):	Target	-	//	/ -/								91,960
	Total	Result	22,510.6	7,689.0	7,683.4	7,138.3							
E9.1		Target	-	-\ \	-								51,769
	Inpatients	Result	13,338.6	4,485.4	4,553.4	4,299.9							
E9.2		Target	/	- '	-	¥ .							14,680
	Outpatients	Result	5,132.8	1,678.8	1,800.2	1,653.7							
E9.3	(ED CSO data incomplet)	Target		// .:	-								10,196
	Emergency Department	Result	0.6	0.0	0.0	0.0							
E9.4		Target	\		-								1,516
F0 5	Mental Health	Result	193.4	96.1	252.8	144.5							42.00-
E9.5	0.000	Target	2 225	1 274 2		071							12,985
E0.6	Critical Care	Result	3,335.3	1,374.3	989.5	971.5							944
E9.6	Sub and Non-Acute Patients	Target Result	210.5	54.3	87.5	68.7							814
	Sub and Non-Acute Patients	Kesuit	210.5	34.3	67.5	68.7							

EMERGENCY DEPARTMENTS

National Emergency Access Target (NEAT) - calendar year to date performance

NEAT by departure status group

Departure Status *	Total Attendances	NEAT	% NEAT	September 2012 YTD NEAT %
Non-admitted	49,890	42,026	84.2%	84.1%
Admitted	14,673	2,798	19.1%	18.4%
Total	64,563	44,824	69.4%	69.2%

^{*} Does not include dead on arrival, died in ED, did not wait and transferred to another hospital

NEAT by hospital and departure status group

Hospital	Non-admitted	Admitted	% NEAT	September 2012 YTD NEAT %
Mater Adult Public Hospital	80%	16%	64.2%	63.6%
Mater Children's Public Hospital	87%	22%	73.6%	73.7%

NEAT by top 5 admitting wards by volume, and % of consults requested within 120 minutes (excludes NEAT performance >40%)

Admitting Ward	Admissions NEA7 % consults < 120
n/a	

NEAT by top 5 admitting specialty by volume, and % of consults requested within 120 minutes (excludes NEAT performance >40%)

Admitting Specialty	Admissions	NEAT	% consults < 120
n/a			

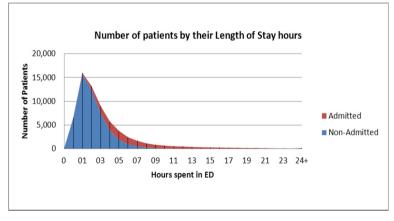
WAITING TIMES - monthly performance

Volume and waiting time performance by triage category

	Category 1	Category 2	Category 3	Category 4	Category 5	All Categories
Attendances	33	550	1,978	3,890	229	6,680
# seen in time	33	441	1,510	2,617	193	4,794
% seen in time	100.0%	80.2%	76.3%	67.3%	84.3%	71.8%
Median Wait (minutes)	0	/) <u>}</u>	15	40	33	24

Volume and waiting time performance by top 5 diagnosis, category 3 and 4

	- mag, 1		7			
Diagnosis	Cate	gory 3	Category 4			
Diagnosis	Attendances	% seen in time	Attendances	% seen in time		
B34.9 Viral Infection	55	65.5%	221	52.2%		
J06.9 Upper Respiratory Tract Infection	55	58.2%	164	42.0%		
A08.4 Viral Gastroenteritis	40	67.5%	143	53.6%		
R10.3 Pain Localised To Oth Parts Low Abdomen	55	81.8%	88	32.9%		
S00.9 Superficial Injury Of Head Part Nos	42	78.6%	91	51.1%		



Information provided by Clinical Access and Redesign Unit

Data source: Emergency Department Information System (EDIS), data is preliminary and subject to change.

ACTIVITY (ABF AND NO	N-ΔRF) YT	D PERFO	RMANCI	F- 9	Septemb	er 2012														
·				Targets have r	not been uplo	aded by the HHS at ti											e: Decision Supp			
Weighted Activity Units - WAU Activity	2011-12 FY Actual	2012-13 Purchased	2011-12 YTD Actual	2012-13 DSS Target	YTD Actual	YTD Variance to Ta	arget	2011-12 to 2012 Actual	2-13 Change ∞		Weighted Activity Units - WAU Emergency Department	2011-12 FY Actual	2012-13	2011-12 YTD Actual	2012- DSS Target	-13 YTD	YTD Variance t	to Target	2011-12 to 201	2-13 Change
ABF	-	91,617.7	-	-	-	-	-	-	-		Presentation Type	netaan	* 201		oes not include		Actual	70	Actual	70
Non ABF	93,121.4	342.0	24,320.6	-	22,510.6	22,510.6	-	-1,810.0	-7.4%		Cat 1 (Admitted and Discharged)	116.8	116.0	34.3	-	-	-	-	-34.3	-100.0%
Total Activity	93,121.4	91,959.7	24,320.6	-	22,510.6	22,510.6	-	-1,810.0	-7.4%		Cat 2 (Admitted and Discharged) Cat 3 (Admitted and Discharged)	1,304.6 4,123.5	1,199.8 4,228.0	340.5 1,105.6	-	-	-	-	-340.5 -1,105.6	-100.0% -100.0%
Inpatients											Cat 4 (Admitted and Discharged)	4,642.8	4,496.3	1,189.6		-	-	-	-1,189.6	-100.0%
Service Related Group (SRG)											Cat 5 (Admitted and Discharged)	161.5	154.7	37.0	-	-	-	-	-37.0	-100.0%
01 Cardiology	875.0	952.7	237.1	-	229.4	229.4	-	-7.7	-3.3%		Did Not Wait	-	-	-	<u> </u>	· -	-	-	-	-
02 Interventional Cardiology 03 Dermatology	186.2 220.2	146.0 231.9	85.5 59.6	_	34.6 55.7	34.6 55.7	-	-50.9 -3.9	-59.6% -6.5%		Died Emergency Services Treated	3.0	0.9 0.0	1.3		-	-	-	-1.3	-100.0%
04 Endocrinology	977.7	1,018.8	287.5	_	289.8	289.8	-	2.3	0.8%		Emergency Department Total	10,352.2	10,195.6	2,708.2		∕	-	-	-2,708.2	-100.0%
05 Gastroenterology	524.5	932.8	133.2	-	116.6	116.6	-	-16.5	-12.4%				'							
06 Diagnostic GI Endoscopy	813.3	790.1	191.7	-	219.9	219.9	-	28.2	14.7%		Sub and Non-Acute Patients						_			
07 Haematology 08 Immunology & Infections	647.0 1,086.9	939.6 1,086.1	203.4 273.2	-	140.9 267.2	140.9 267.2	-	-62.5 -6.0	-30.7% -2.2%		Bed Type GEM	_					>	_ 1		_
09 Medical Oncology	633.8	589.9	171.0	_	126.0	126.0	-	-45.0	-26.3%		MAINT	297.6	190.3	39.7	/-	69.6	69.6	-	-30.1	-30.2%
10 Chemotherapy & Radiotherapy	48.4	167.2	8.5	-	7.3	7.3	-	-1.2	-14.3%		PALLIATIVE	280.1	369.9	32.5	// -/	68.4	68.4	-	36.0	110.8%
11 Neurology	1,375.2	1,491.7	352.7	-	391.5	391.5	-	38.9	11.0%		REHAB	154.0	254.0	42.0)) -	72.5	72.5	-	30.5	72.8%
12 Renal Medicine 13 Renal Dialysis	365.3 4.6	411.2	75.6	_	96.0	96.0	-	20.4	27.0%		SNAP Total	731.7	814.2	174.2	// -	210.5	210.5	-	36.4	20.9%
14 Respiratory Medicine	3,048.8	3,827.5	892.8	_	879.7	879.7	_	-13.0	-1.5%		Mental Health									
15 Rheumatology	241.3	254.8	57.8	-	57.2	57.2	-	-0.5	-0.9%		Activity Type									
16 Non Subspecialty Medicine	1,824.8	1,124.5	510.2	-	452.3	452.3	-	-57.9	-11.3%		Designated Bed (Per Diem Activity)	1,259.2	1,404.6	428.7	-	452.9	452.9	-	24.2	5.6%
17 Breast Surgery 18 Cardiothoracic Surgery	792.9 1,770.6	721.1 1,995.9	231.6 434.8	-	233.1 558.1	233.1 558.1	-	1.5 123.3	0.6% 28.4%		39 Psychiatry - Acute Mental Health Total	118.9 1,388.1	110.9 1,515.5	29.1 457.8	-	40.5 493.4	40.5 493.4	-	11.4 35.6	39.0% 7.8%
19 Colorectal Surgery	1,770.6	1,234.8	355.1	_	261.2	261.2	-	-93.9	-26.4%		Wental Health Total	1,300.1	1,515.5	437.0	-	493.4	493.4	-	33.0	7.0%
20 Upper GIT Surgery	728.8	875.7	224.8	-	188.7	188.7	-	-36.1	-16.0%		Outpatients									
21 Head & Neck Surgery	318.8	344.4	82.7	-	92.8	92.8	-	10.1	12.2%		Clinic Type									
22 Neurosurgery	766.4	1,436.5 483.4	211.0 84.7	-	220.5 85.6	220.5 85.6	-	9.5 0.9	4.5% 1.0%		Medical Surgical	3,606.7 3,990.1	3,164.7	959.2	-	1,092.5 1.014.3	1,092.5	-	133.3 -6.4	13.9% -0.6%
23 Dentistry 24 Ear, Nose & Throat	351.7 1,833.1	1,842.8	502.9	_	504.9	504.9	-	2.0	0.4%	//	Allied Health	1,958.2	3,225.4 1,602.7	1,020.7 500.2	_	490.2	1,014.3 490.2		-6.4 -10.0	-0.6%
25 Orthopaedics	5,705.4	5,150.1	1,694.3	_	1,436.6	1,436.6	-	-257.7	-15.2%		Pre-Admission	321.6	67.1	89.8	_	74.2	74.2	-	-15.6	-17.4%
26 Ophthalmology	1,030.5	1,091.1	317.0	-	267.6	267.6	-	-49.4	-15.6%		Paediatric	327.5	331.0	75.2	-	126.5	126.5	-	51.3	68.1%
27 Plastic & Reconstructive Surgery	1,493.6	1,465.2	348.8	-	394.2	394.2	-	45.4	13.0%	\ //	Neonatal	-			-	1.9	1.9	-	1.9	-
28 Urology 29 Vascular Surgery	2,342.5 554.2	2,291.5 646.3	612.6 134.5	-	524.4 156.9	524.4 156.9	-	-88.1 22.4	-14.4% 16.7%		Maternity Alcohol'& Drug	2,552.8	1,911.5	615.1	_	774.7	774.7	-	159.6	26.0%
30 Non Subspecialty Surgery	3,599.0	3,000.2	941.2	_	872.4	872.4	_	68.7	7.3%		Chemotherapy	_	-	_	_	928.1	928.1	-	928.1	-
31 Transplantation	102.6	70.4	25.3	-	24.0	24.0	-<	-1.3	5.1%		Clinical Haematology	380.4	333.4	88.7	-	29.9	29.9	-	-58.8	-66.3%
32 Extensive Burns	8.1	33.0	0.2	-	11.1	11.1	-	10.8	4509.9%		Clinical Measurement	-	12.9	-	-	97.1	97.1	-	97.1	-
33 Tracheostomy & ECMO 34 Gynaecology	1,257.7 2,666.9	816.7 2,600.4	427.2 707.5	_	238.6 779.5	238.6 779.5	-	-189.6 72.0	-44.1% 10.2%	\ \ \	Community Health Services Cystic Fibrosis	130.9	136.8	36.7	_	34.4	34.4	-	-2.3	-6.4%
35 Obstetrics	7,741.7	7,924.2	1,783.9	_	2,068.6	2,063.6	_	284.7	16.0%	/	Diagnostic Imaging	-	-	-	_	-	-	_	2.5	-
36 Qualified Neonate	3,552.8	3,638.9	819.8	-	890.8	890.8	-	71,1	8.7%		Dialysis	150.6	70.1	31.2	-	38.9	38.9	-	7.8	25.0%
38 Drug & Alcohol	105.6	140.9	33.7	-	29.0	29.0	-	-4.7	-14.0%		District Nursing Services	=	-	-	-	-		-		-
41 Unallocated Inpatient Total	186.9 51,022.2	51,768.5	38.2 13,551.6	-	135.5 13,338.6	135.5 13,338.6	\ -	97.3 - 213.0	254.9% - 1.6%		Endoscopy Interventional Cardiology	-	-	-	-	94.2	94.2	-	94.2	-
inpatient rotal	31,022.2	31,700.3	13,331.0		13,350.0	13,330.0		-213.0	-1.0/0		Medical Oncology	3,909.9	3,577.0	942.1	_	255.2	255.2	-	-686.8	-72.9%
Critical Care								>			Pain Management	-	-	-	-	-	-	-	-	-
Bed Type		1			\						Pharmacy	-	-	-	-	-	-	-	-	-
Coronary Care Intensive Care	1,490.7	462.0 1,349.9	476.9	-)	389.8	389.8	-	-87.1	-18.3%		Primary Care Psychiatry	-	-	-	-	-	-	-	-	-
Neonatal Intensive Care	4,040.2	4,683.8	1,014.2	\	1,234.1	1,234.1	-	220.0	21.7%		Radiation Oncology		-			-	-	-		
Paediatric Intensive Care	3,294.9	3,658.9	802.4		829.2	829.2	-	26.7	3.3%		Renal Medicine	220.1	203.1	51.0	-	65.5	65.5	-	14.5	28.4%
Special Care Nursery	2,838.7	2,830.7	627.6	-	786.7	786.7	-	159.1	25.4%		Sub Acute	-	-	-	-	12.8	12.8	-	12.8	-
Critical Care Total	12,049.4	12,985.4	3,007.0	-	3,335.3	-	-	328.3	10.9%		Transplants	-		-	-	-	-	-	-	-
Red values indicate the Top 5 greatest	positive variance	to target recor	ded in DSS								Wound Management Other	29.0	44.5	12.0	_	2.4	2.4	-	-9.6	-80.0%
Blue values indicate the Top 5 greatest		-									Outpatient Total	17,577.8	14,680.1	4,421.8	-	5,132.8	5,132.8	-	711.0	16.1%
Monthly target phacing Joaded to DSS	Jul 2012	Aug 2012	Sep 2012	Oct 2012	Nov 2012	Dec 2012 les	201 .2 —	Foh 2012	Mar 2012	Apr.2012	May 2013 Jun 2013	2012-13 Purchased	HHS FY Target	Variance]					
Inpatients	Jul 2012	Aug 2012	Sep 2012	Ott 2012	MOA 5015.	Dec 2012 Jan .	- 2013	Feb 2013	-Wiai 2013 -	—Apr 2013	- Juli 2013	51,768.5	loaded to DSS	-51,768.5	Inpatients					
Critical Care	-	-	-		=	-	-	=	-	-		12,985.4	-	-12,985.4	Critical Care					
Emergency Department	-	-	-		-	-	-	-	-	-		10,195.6	-	-10,195.6	Emergency De					
Sub and Non-Acute Patients	-	-	-		-	-	-	-	-	-		814.2	-	-814.2		Acute Patients				
Mental Health Outpatients	-	-	-		-	-	-	-	-	-		1,515.5 14.680.1		-1,515.5 -14.680.1	Mental Health Outpatients	n				
Total Activity Target		-			-	-	-	-	-	-		91,959.4			Total Activity	Target				
,												,555.4	-	,555.4	. otal Activity	. 3. 80.				

CASEMIX CHANGE - Year on year comparison - September 2012

Data source: Decision Support System (DSS) as at 19 November 2012

		2011-12 to 20	12-13 Change		Potential	WAUs notio	nal variance
	YTD	Seps	YTD	WAUs	Casemix	Mal	Casemix
Inpatients	Actual	%	Actual		Change	Volume	related
Service Related Group (SRG)							
01 Cardiology	-42	-9.6%	-7.7	-3.3%	6.3%	-5.3	-2.4
02 Interventional Cardiology	-5	-8.1%	-50.9	-59.6%	-51.5%	-35.1	-15.8
03 Dermatology	11	11.1%	-3.9	-6.5%	-17.6%	-2.7	-1.2
04 Endocrinology	-13	-5.3%	2.3	0.8%	6.1%	1.6	0.7
05 Gastroenterology	-57	-18.7%	-16.5	-12.4%	6.3%	-11.4	-5.1
06 Diagnostic GI Endoscopy	25	9.6%	28.2	14.7%	5.1%	19.4	8.7
07 Haematology	-32	-14.0%	-62.5	-30.7%	-16.7%	-43.1	-19.4
08 Immunology & Infections	-24	-6.7%	-6.0	-2.2%	4.5%	-4.1	-1.9
09 Medical Oncology	-27	-15.0%	-45.0	-26.3%	-11.3%	-31.1	-14.0
10 Chemotherapy & Radiotherapy	-4	-17.4%	-1.2	-14.3%	3.1%	-0.8	-0.4
11 Neurology	12	2.8%	38.9	11.0%	8.2%	26.8	12.0
12 Renal Medicine	37	31.4%	20.4	27.0%	-4.3%	14.1	6.3
13 Renal Dialysis	-	-	_	-	-	0.0	0.0
14 Respiratory Medicine	-87	-10.1%	-13.0	-1.5%	8.6%	-9.0	-4.0
15 Rheumatology	-27	-18.6%	-0.5	-0.9%	17.7%	-0.4	-0.2
16 Non Subspecialty Medicine	-142	-12.3%	-57.9	-11.3%	1.0%	-39.9	-17.9
17 Breast Surgery	8	5.2%	1.5	0.6%	-4.5%	1.0	0.5
18 Cardiothoracic Surgery	6	10.3%	123.3	28.4%	18.0%	85.1	38.2
19 Colorectal Surgery	-2	-1.9%	-93.9	-26.4%	-24.6%	-64.8	-29.1
20 Upper GIT Surgery	-7	-5.1%	-36.1	-16.0%	-10.9%	-24.9	-11.2
21 Head & Neck Surgery	8	17.0%	10.1	12.2%	-4.8%	7.0	3.1
22 Neurosurgery	-19	-9.2%	9.5	4.5%	13.7%	6.6	2.9
23 Dentistry	-5	-3.8%	0.9	1.0%	4.8%	0.6	0.3
24 Ear, Nose & Throat	-63	-7.1%	2.0	0.4%	7.5%	1.4	0.6
25 Orthopaedics	-97	-10.3%	-257.7	-15.2%	-4.9%	-177.8	-79.9
26 Ophthalmology	-61	-15.2%	-49.4	-15.6%	-0.4%	-34.1	-15.3
27 Plastic & Reconstructive Surgery	-3	-0.9%	45.4	13.0%	13.9%	31.3	14.1
28 Urology	-71	-13.2%	-88.1	-14.4%	-1.2%	-60.8	27.3
29 Vascular Surgery	4	6.1%	22.4	16.7%	10.6%	15.5	6.9
30 Non Subspecialty Surgery	-127	-12.2%	-68.7	-7.3%	4.9%	-17.4	-21/3
31 Transplantation	-	-	-1.3	-5.1%	-5.1%	-0.9	-0.4
32 Extensive Burns	3	300.0%	10.8	4509.9%	4209.9%	7.5	3.4
33 Tracheostomy & ECMO	-14	-34.1%	-188.6	-44.1%	-10.0%	-130.1	-58.5
34 Gynaecology	-11	-1.8%	72.0	10.2%	11.9%	49.7	22.3
35 Obstetrics	208	12.9%	284.7	16.0%	3.1%	196.5	88.3
36 Qualified Neonate	166	11.6%	71.1	8.7%	-3.0%	49.0	22.0
38 Drug & Alcohol	-39	-34.2%	-4.7	-14.0%	20.3%	-3.2	-1.5
41 Unallocated	16	114.3%	97.3	254.9%	140.6%	67.1	30.2
Inpatient Total *	-475	-3.4%	-213.0	-1.6%	1.9%	-147.0	-66.0
•					1 1		

Red values indicate a **negative** growth in Seps and a **positive** growth in WAU Blue values indicate a **positive** growth in Seps and a **negative** growth in WAU AMBULATORY CARE - Review to New ratio - September 2012

Weighted Activity Ur	nits - WAU	2010-11	2011-12	2012-13	2012-13	<u>R2</u>	N Ratio - WAUs	
Outpatients		Actual	Actual	Purchased	YTD	2010-11	2011-12 2	012-13
Clinic Type								
Medical	New	757.4	1,001.9	785.2	266.3	I		
Wedical	Review	2,707.4	2,604.8	2,379.6	826.2	3.6	2.6	
Surgical	New	941.4	1,109.7	992.0	235.3	5.0	2.0	
Surgicul	Review	2,699.5	2,880.4	2,233.3	779.0	2.9	2.6	
Allied Health	New	779.2	731.3	803.9	195.5	2.3	2.0	
	Review	1,029.5	1,226.9	798.8	294.7	1.3	1.7	
	Other			/ /./	// .			
Pre-Admission	New	1.2	2.6	1.3	1.2			
	Review	88.0	319.9	65.8	73.0	71.1	197.1	5
Paediatric	New	146.0	109.9	147.3	3,3.2			
	Review	198.1	217.6	183.7	93.3	1.4	2.0	
Neonatal	New		-)-)	1.7			
	Review	11/		/_	0.2	-	-	
Maternity	New	569.6	514.6	482.0	139.0			
	Review	1,745.5	2,038.2	1,429.4	635.8	3.1	4.0	
Alcohol & Drug	New			-	-			
	Review	\	<u></u>	-	-	-	-	
	Other	- / /-	-	-	-			
Sub Acute	New	\ \	-	-	3.1			
1	Review		-	-	9.7	-	-	
(a) 111	Other		-	-	-			
Clinical Measurement	New	12.3	-	12.9	4.6			
Wound Management	Review New	3.4	1.8	3.4	92.5 0.0	-	-	2
would Management	Review	48.1	27.2	41.1	2.4	14.4	14.8	6
Pain Management	New	40.1	27.2	41.1	- 2.4	14.4	14.0	
Palli Manageshevit	Review	_			_			
Cystic Fibrosis	New					_		
Cystic Fibrosis	Review	135.2	130.9	136.8	34.4	_	_	
Transplants	New	-	130.5	-	34.4			
/ isplants	Review	_	_	_	-	_	_	
Endoscopy	New	-	-	-	74.7			
.,	Review	-	-	-	19.5	_	-	
Interventional Cardiology	New	-	-	-	-			
	Review	-	-	-	-	-	-	
	Other	-	-	-	-			
Renal Medicine	New	30.5	32.7	31.9	8.7			
	Review	162.3	187.4	171.2	56.8	5.3	5.7	
Dialysis	New	-	-	-	-			
	Review	70.1	150.6	-	38.9	-	-	
	Other	-	-	70.1	-			
Chemotherapy	New	-	-	-	11.1			
	Review	-	-	-	917.0	-	-	8
Medical Oncology	New	84.8	81.8	85.6	23.8			
	Review	2,985.5	3,828.1	3,491.5	231.4	35.2	46.8	
Radiation Oncology	New	-	-	-	-			
	Review	-	-	-		-	-	
Clinical Haematology	New	24.5	32.7	35.1	7.0			
Drimany Care	Review	241.3	347.7	298.2	22.8	9.9	10.6	
Primary Care	New	-	-	-	-			
Other	Review New	-	-	-	-	-	-	
other		-	-	-	-			
	Review Other	-	-	-	-	_	-	
Total	New	3,350.2	3,618.0	3,380.7	1,005.2		All clinics	
IUlai	Review	12,110.6	13,959.9	11,229.3	4,127.5	3.6	3.9	
	Other	12,110.0	13,333.5	70.1	4,127.3		s as per Purchasing	
	Total	15,460.8	17,577.8	14,680.1	5,132.8	2.7	2.8	
	ivial	13,400.0	11,311.6	1-1,000.1	3,134.8	2.7	2.0	

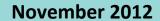
^{*} Inpatient total excludes 39 Psychiatry - Acute and 40 Rehabilitation

ESCALATION KPI LIST

			Attainment Score	
PI No.	Escalation KPIs	Green	Amber	Red
afety	and Quality	Target		
L	Never events	0	n/a	> 0
2	Hospital acquired 3rd and 4th stage Pressure Injuries	5.0% of 2010-11 actuals	> 5.0% - 25.0% of 2010-11 actuals	> 25.0% of 2010-11 actuals
3	Healthcare-associated Staphylococcus aureus (incl. MRSA) bacteraemia	20.0% of 2010-11 actuals	> 20.0% - 40.0% of 2010-11 actuals	> 40.0% of 2010-11 actuals
cess		Target		
ļ	National Emergency Access Target (NEAT): % of ED attendances who depart	2012: > 70.0%	2012: 69.9% - 65.0%	2012: < 65.0%
•	within 4 hours of their arrival in ED			
		2013: > 77.0%	2013: 76.9% - 70.0%	2013: < 70.0%
_	Emergency Department: % seen within recommended timeframe:	80% of all categories		
5	Category 1: within 2 minutes	Cat. 1: 100%	Cat. 1: 99.9% - 90.0%	Cat. 1: < 90.0%
	Category 2: within 10 minutes	Cat. 2: > 80.0%	Cat. 2: 79.9% - 70.0%	Cat. 1: < 70.0%
	Category 3: within 30 minutes	Cat. 3: > 75.0%	Cat. 3: 74.9% - 65.0%	Cat. 3: < 65.0%
	Category 4: within 60 minutes	Cat. 4: > 70.0%	Cat. 4: 69.9% - 60.0%	Cat. 4: < 60.0%
	Category 5: within 120 minutes	Cat. 5: > 70.0%	Cat. 5: 69.9% 60.0%	Cat. 5: < 60.0%
5	Patient Off Stretcher Time (POST): < 30 mins (%)	> = 90.0%	< 90.0% - 85.0%	< 85.0%
7	Elective Surgery: % treated within the clinically recommended timeframe for	2012	2012	2012
	their category		Cat. 1: 88.9% - 85.0%	
	(National Elective Surgery Target (Part 1))	Cat. 1: 89.0%	7	Cat. 1: < 85.0%
		Cat. 2: 81.0%	Cat. 2: 80.9% /8.0%	Cat. 2: < 78.0%
		Cat. 3: 91.0%	Cat. 3: 90.9% 87.0%	Cat. 3: < 87.0%
		2013	2013	2013
		Cat. 1: 100%	Cat. 1: 99.9% - 96 0%	Cat. 1: < 96.0%
		Cat. 2: 87.0%	Cat. 2: 86.9% - 83.0%	Cat. 2: < 83.0%
		Cat. 3: 94.0%	Cat. 3: 93.3% - 90.0%	Cat. 3: < 90.0%
3	Elective Surgery: Number of patients waiting more than the clinically	0 for all categories	HHS specific	HHS specific
	recommended timeframe for their category:	\wedge		
	Category 1: within 30 days	Cat. 1: 0	Cat. 1: > 0% - 5.0%	Cat. 1: > 5.0%
	Category 2: within 90 days	Cat. 2: 0	Cat. 2: > 0% - 5.0%	Cat. 2: > 5.0%
	Category 3: within 365 days	Cat. 3: 0	Cat. 3: > 0% - 5.0%	Cat. 3: > 5.0%
9	Activity: variance between purchased ABF activity and YTD recorded ABF	0% to +/-1%	Within tolerance as per detail in Schedule	> tolerance as per detail in Schedule
	activity, by Service Group (Inpatients, Outpatients, ED, Mental Health, Critical	\'\	3 (part C) contained in the Service	(part C) contained in the Service
	Care and SNAP)		Agreement	Agreement
fficie	ncy and Financial Performance	Target		
10	YTD Operating position	Balanced or surplus	0 – 1.0% unfavourable variance to budget	> 1.0% unfavourable variance to budg
11	Full year Forecast Operating position	Balanced or surplus	0 – 1.0% unfavourable variance to budget	> 1.0% unfavourable variance to budg
	(Agreed position between System Manager and HSS)			
12	Own Source Revenue Target	Balanced or surplus	0 – 1.0% unfavourable variance to budget	> 1.0% unfavourable variance to budg
	<u> </u>			
13	YTD average FTE (MOHRI head count)	HHS specific as per detail in Schedule 3	0 – 1.0% unfavourable variance to budget	> 1.0% unfavourable variance to budg
		(part B) contained in the Service Agreement		
losing	g the Gap	Target		
		. /		
14	Performance domain target:	0 escalation KPI red	1 escalation KPI red in any quarter	
14	Achievement of Closing the Gap escalation indicators contained within	and > = 2 escalation KPI green in any	or > = 3 escalation KPIs amber in any	or 1 escalation KPI red for > = 2
	Achievement of Closing the Gap escalation indicators contained within Schedule 8 of the Service Agreement.	and > = 2 escalation KPI green in any quarter	or >= 3 escalation KPIs amber in any quarter	or 1 escalation KPI red for > = 2 consecutive quarters
	Achievement of Closing the Gap escalation indicators contained within Schedule 8 of the Service Agreement. CTG KPI 1 – Estimated level of completion of Indigenous status – specifically	and > = 2 escalation KPI green in any	or >= 3 escalation KPIs amber in any quarter 'Not stated' is	or 1 escalation KPI red for > = 2 consecutive quarters 'Not stated' is
	Achievement of Closing the Gap escalation indicators contained within Schedule 8 of the Service Agreement.	and > = 2 escalation KPI green in any quarter	or >= 3 escalation KPIs amber in any quarter	or 1 escalation KPI red for > = 2 consecutive quarters
14.1	Achievement of Closing the Gap escalation indicators contained within Schedule 8 of the Service Agreement. CTG KPI 1 – Estimated level of completion of Indigenous status – specifically the reporting of 'not 'stated' on admission	and > = 2 escalation KPI green in any quarter 'Not stated' is < = 1%	or >= 3 escalation KPIs amber in any quarter 'Not stated' is > previous quarter but not meeting target	or 1 escalation KPI red for >= 2 consecutive quarters 'Not stated' is >= previous quarter
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14.1 14.2 14.3 14.4	Achievement of Closing the Gap escalation indicators contained within Schedule 8 of the Service Agreement. CTG KPI 1 – Estimated level of completion of Indigenous status – specifically the reporting of 'not 'stated' on admission CTG KPI 2 – Percentage of in-scope separations of Aboriginal and Torres Strait Islander consumers from the HHG's acute mental health inpatient unit(s) for which a community ambulatory service contact, in which the consumer participated (in person or via videoconference), was recorded in one to seven days immediately following that separation CTG KPI 3 – The proportion of Aboriginal and Torres Strait Islander patients who discharged themselves against medical advice (DAMA) CTG KPI 4 – Percentage of Aboriginal and Torres Strait Islander Cultural Practice Program participants by facility	and > = 2 escalation KPI green in any quarter 'Not stated' is < = 1% > = 55% of in-scope separations of Aboriginal and Torres Strait Islander consumers < = HHS quarterly target (as per detail in Schedule 8 contained in the Service Agreement) > = HHS quarterly target (as per detail in Schedule 8 contained in the Service	or >= 3 escalation KPIs amber in any quarter 'Not stated' is > previous quarter but not meeting target 54.9% - 50.0% of in-scope separations > previous quarter result but not meeting quarterly target >= 50.0% of quarterly target but not	or 1 escalation KPI red for >= 2 consecutive quarters 'Not stated' is >= previous quarter < 50.0% of in-scope separations > previous quarter target < 50.0% of quarterly target
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14.1 14.2 14.3	Achievement of Closing the Gap escalation indicators contained within Schedule 8 of the Service Agreement. CTG KPI 1 – Estimated level of completion of Indigenous status – specifically the reporting of 'not 'stated' on admission CTG KPI 2 – Percentage of in-scope separations of Aboriginal and Torres Strait Islander consumers from the HHS's acute mental health inpatient unit(s) for which a community ambulatory service contact, in which the consumer participated (in person or via videoconference), was recorded in one to seven days immediately following that separation CTG KPI 3 – The proportion of Aboriginal and Torres Strait Islander patients who discharged themselves against medical advice (DAMA) CTG KPI 4 – Percentage of Aboriginal and Torres Strait Islander Cultural Practice Program participants by facility (based on staff numbers at beginning of financial year) I Health and Alcohol and Other Drugs Performance domain target: Achievement of Mental Health & Alcohol and Other Drug Treatment Services	and > = 2 escalation KPI green in any quarter 'Not stated' is < = 1% > = 55% of in-scope separations of Aboriginal and Torres Strait Islander consumers < = HHS quarterly target (as per detail in Schedule 8 contained in the Service Agreement) > = HHS quarterly target (as per detail in Schedule 8 contained in the Service Agreement) Target Achieve target (listed below) in greater	or > = 3 escalation KPIs amber in any quarter 'Not stated' is > previous quarter but not meeting target 54.9% - 50.0% of in-scope separations > previous quarter result but not meeting quarterly target > = 50.0% of quarterly target but not achieving quarterly target Achieve target in 67% - 50% of the	or 1 escalation KPI red for > = 2 consecutive quarters 'Not stated' is > = previous quarter < 50.0% of in-scope separations > previous quarter target < 50.0% of quarterly target Achieve target in less than 50% of the
14.1 14.2 14.3 14.4	Achievement of Closing the Gap escalation indicators contained within Schedule 8 of the Service Agreement. CTG KPI 1 – Estimated level of completion of Indigenous status – specifically the reporting of 'not 'stated' on admission CTG KPI 2 – Percentage of in-scope separations of Aboriginal and Torres Strait Islander consumers from the HHS's acute mental health inpatient unit(s) for which a community ambulatory service contact, in which the consumer participated (in person or via videoconference), was recorded in one to seven days immediately following that separation CTG KPI 3 – The proportion of Aboriginal and Torres Strait Islander patients who discharged themselves against medical advice (DAMA) CTG KPI 4 – Percentage of Aboriginal and Torres Strait Islander Cultural Practice Program participants by facility (based on staff numbers at beginning of financial year) I Health and Alcohol and Other Drugs Performance domain target: Achievement of Mental Health & Alcohol and Other Drug Treatment Services	and > = 2 escalation KPI green in any quarter 'Not stated' is < = 1% > = 55% of in-scope separations of Aboriginal and Torres Strait Islander consumers < = HHS quarterly target (as per detail in Schedule 8 contained in the Service Agreement) > = HHS quarterly target (as per detail in Schedule 8 contained in the Service Agreement) Target Achieve target (listed below) in greater	or > = 3 escalation KPIs amber in any quarter 'Not stated' is > previous quarter but not meeting target 54.9% - 50.0% of in-scope separations > previous quarter result but not meeting quarterly target > = 50.0% of quarterly target but not achieving quarterly target Achieve target in 67% - 50% of the	or 1 escalation KPI red for > = 2 consecutive quarters 'Not stated' is > = previous quarter < 50.0% of in-scope separations > previous quarter target < 50.0% of quarterly target Achieve target in less than 50% of the
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14.1 14.2 14.3 14.4 16enta 15	Achievement of Closing the Gap escalation indicators contained within Schedule 8 of the Service Agreement. CTG KPI 1 – Estimated level of completion of Indigenous status – specifically the reporting of 'not 'stated' on admission CTG KPI 2 – Percentage of in-scope separations of Aboriginal and Torres Strait Islander consumers from the HHS's acute mental health inpatient unit(s) for which a community ambulatory service contact, in which the consumer participated (in person or via videoconference), was recorded in one to seven days immediately following that separation CTG KPI 3 – The proportion of Aboriginal and Torres Strait Islander patients who discharged themselves against medical advice (DAMA) CTG KPI 4 – Percentage of Aboriginal and Torres Strait Islander Cultural Practice Program participants by facility (based on staff numbers at beginning of financial year) I Health and Alcohol and Other Drugs Performance domain target: Achievement of Mental Health & Alcohol and Other Drug Treatment Services escalation indicators contained within Schedule 9 of the Service Agreement. Listed below (where applicable): - Ambulatory service contacts - Ambulatory service contacts: Duration - Extended treatment facility and psychiatric hospital beds (Accrued patient	and > = 2 escalation KPI green in any quarter 'Not stated' is < = 1% > = 55% of in-scope separations of Aboriginal and Torres Strait Islander consumers < = HHS quarterly target (as per detail in Schedule 8 contained in the Service Agreement) > = HHS quarterly target (as per detail in Schedule 8 contained in the Service Agreement) Target Achieve target (listed below) in greater than 67% of the escalation indicators	or > = 3 escalation KPIs amber in any quarter 'Not stated' is > previous quarter but not meeting target 54.9% - 50.0% of in-scope separations > previous quarter result but not meeting quarterly target > = 50.0% of quarterly target but not achieving quarterly target Achieve target in 67% - 50% of the escalation indicators	or 1 escalation KPI red for > = 2 consecutive quarters 'Not stated' is > = previous quarter < 50.0% of in-scope separations > previous quarter target < 50.0% of quarterly target Achieve target in less than 50% of the escalation indicators
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14.1 14.2 14.3 14.4 Menta 15 15.1 15.2 15.3 15.4	Achievement of Closing the Gap escalation indicators contained within Schedule 8 of the Service Agreement. CTG KPI 1 – Estimated level of completion of Indigenous status – specifically the reporting of 'not 'stated' on admission CTG KPI 2 – Percentage of in-scope separations of Aboriginal and Torres Strait Islander consumers from the HHS's acute mental health inpatient unit(s) for which a community ambulatory service contact, in which the consumer participated (in person or via videoconference), was recorded in one to seven days immediately following that separation CTG KPI 3 – The proportion of Aboriginal and Torres Strait Islander patients who discharged themselves against medical advice (DAMA) CTG KPI 4 – Percentage of Aboriginal and Torres Strait Islander Cultural Practice Program participants by facility (based on staff numbers at beginning of financial year) I Health and Alcohol and Other Drugs Performance domain target: Achievement of Mental Health & Alcohol and Other Drug Treatment Services escalation indicators contained within Schedule 9 of the Service Agreement. Listed below (where applicable): - Ambulatory service contacts - Ambulatory service contacts: Duration - Extended treatment facility and psychiatric hospital beds (Accrued patient days in block funded mental health facilities) - Closure of ATODS Client intake	and > = 2 escalation KPI green in any quarter 'Not stated' is < = 1% > = 55% of in-scope separations of Aboriginal and Torres Strait Islander consumers < = HHS quarterly target (as per detail in Schedule 8 contained in the Service Agreement) > = HHS quarterly target (as per detail in Schedule 8 contained in the Service Agreement) Target Achieve target (listed below) in greater than 67% of the escalation indicators 100% of ambulatory service targets 100% of ambulatory service targets > = 95% of accrued patient day target delivered Closure period < 2 weeks	or >= 3 escalation KPIs amber in any quarter 'Not stated' is > previous quarter but not meeting target 54.9% - 50.0% of in-scope separations > previous quarter result but not meeting quarterly target > = 50.0% of quarterly target but not achieving quarterly target Achieve target in 67% - 50% of the escalation indicators 99.9% - 95.0% 99.9% - 95.0% 94.9 - 90.0% 2 - 3 weeks	or 1 escalation KPI red for > = 2 consecutive quarters 'Not stated' is > = previous quarter < 50.0% of in-scope separations > previous quarter target < 50.0% of quarterly target Achieve target in less than 50% of the escalation indicators < 95.0% < 95.0% < 90.0% > 3 weeks
114.1 114.1 114.2 114.3 114.4 115.1 115.1 115.1 115.2 115.3 115.4 115.5 115.6	Achievement of Closing the Gap escalation indicators contained within Schedule 8 of the Service Agreement. CTG KPI 1 – Estimated level of completion of Indigenous status – specifically the reporting of 'not 'stated' on admission CTG KPI 2 – Percentage of in-scope separations of Aboriginal and Torres Strait Islander consumers from the HHS's acute mental health inpatient unit(s) for which a community ambulatory service contact, in which the consumer participated (in person or via videoconference), was recorded in one to seven days immediately following that separation CTG KPI 3 – The proportion of Aboriginal and Torres Strait Islander patients who discharged themselves against medical advice (DAMA) CTG KPI 4 – Percentage of Aboriginal and Torres Strait Islander Cultural Practice Program participants by facility (based on staff numbers at beginning of financial year) I Health and Alcohol and Other Drugs Performance domain target: Achievement of Mental Health & Alcohol and Other Drug Treatment Services escalation indicators contained within Schedule 9 of the Service Agreement. Listed below (where applicable): - Ambulatory service contacts - Ambulatory service contacts: Duration - Extended treatment facility and psychiatric hospital beds (Accrued patient days in block funded mental health facilities)	and > = 2 escalation KPI green in any quarter 'Not stated' is < = 1% > = 55% of in-scope separations of Aboriginal and Torres Strait Islander consumers < = HHS quarterly target (as per detail in Schedule 8 contained in the Service Agreement) > = HHS quarterly target (as per detail in Schedule 8 contained in the Service Agreement) Target Achieve target (listed below) in greater than 67% of the escalation indicators 100% of ambulatory service targets 100% of ambulatory service targets > = 95% of accrued patient day target delivered	or >= 3 escalation KPIs amber in any quarter 'Not stated' is > previous quarter but not meeting target 54.9% - 50.0% of in-scope separations > previous quarter result but not meeting quarterly target > = 50.0% of quarterly target but not achieving quarterly target Achieve target in 67% - 50% of the escalation indicators 99.9% - 95.0% 99.9% - 95.0% 94.9 - 90.0%	consecutive quarters 'Not stated' is > = previous quarter < 50.0% of in-scope separations > previous quarter target < 50.0% of quarterly target Achieve target in less than 50% of the escalation indicators < 95.0% < 95.0% < 90.0%

TREND IN MONITORING KPI

			YTD Result /	Jul 2012	Aug 2012	Sep 2012	Oct 2012	Nov 2012	Dec 2012	Jan 2013	Feb 2013	Mar 2013	Apr 2013	May 2013	Jun 2013	Full Year
ACCESS			Latest Result													Target
M12	Emergency Department median waiting time	Target	20	20	20	20	20									20
		Result	[′] 26	27 '	28 ′	27 ′	26 '									
M13	Emergency Department 'Did not waits'	Target	0.0%	0.0%	0.0%	0.0%	0.0%									0%
		Result	2.4%	2.1% 🚚	2.8% 📙	2.6% 🚚	2.0% 📙									
M14	Elective Surgery volume	Target	3,665	907	921	911	926									9,836
		Result	3,744	977	951	828 🚚	988									
M15.1	Reduction in elective surgery long waits:	Target	0			0	0					_	//			0
	Category 1: within 30 days	Result	-			-	-					> / v				
M15.2		Target	67			67	67							•		67
	Category 2: within 90 days	Result	-			-	-									
M15.3		Target	61			61	61			^						61
	Category 3: within 365 days	Result	-			-	-									
M16	ES: 10% longest wait are treated in year	Target	100.0%		100.0%	100.0%	100.0%									100%
	% of cohort patients removed	Result	-		-	-	-				\rightarrow					
M18	Elective Surgery median waiting time	Target	25	25	25	25				1 \	$// \setminus \rangle$					25
		Result	′ 30	35 ′	29 ′	29 ′			$-\!\!\!/-\!\!\!\!/$	1						
M19	Pre-operative elective bed days	Target	-								\					-
	Dravisian of appropriate consists arrives at	Result	-						-	\rightarrow	١					
M20	Provision of appropriate surgical services at Rural Hub Hospitals	Target	-						//							-
1422	·	Result	2.3	2.2	2.2	2.2		-+-								2.3
M23	Ambulatory Care access Outpatient ratio (Review to New)	Target Result	3.2	2.3 3.1	2.3 3.3	2.3 3.2										2.3
M24	Hospital in the Home (HITH) seperations - may	Target	1.5%	1.5%	1.5%	1.5%	-//-	$\overline{}$	\longrightarrow							1.5%
10124	include facilities not listed/approved in QHAPDC Manual	Result	′ 0.1%	0.1%	0.1%	0.0%			\ //							1.5%
M25	Cancer care pathway - waiting times for cancer	Target	0.170	0.170	0.170	0.070	$\overline{}$		/							
14123	care	Result	_	Indicator to be a	defined - Needs t	o clign to the Natio	onal Performance	and Accountabili	tv Framework rea	uirements						
M26	Telehealth Non-admitted Occasions of Service	Target		maicutor to be t	icjined Needs t	Silligite the Hulle	, c., o., dance		cy i rame work req	an emenes						n/a
		Result	_	Data currently u	ınavailable		_ \									","
				,												
	CY AND FINANCIAL PERFORMANCE	Townst														
M28	Relative Stay Index for multi-day stay patients	Target	-			//										
M29	Day of surgery admission rates for non-	Result			-++	$\overline{}$										
IVIZ9	emergency multi-day stay patients	Target Result	_<		//											
M30	Day case surgery rates	Target														
IVIOU	Day case sargery rates	Result		//	\											
M31	Extended day case surgery rates	Target	//	$\overline{}$												
51	Extended day case surgery rates	Result	\\ /_/													
M32	Out of scope procedures:	Target	1	0	0	0										0
	Varicose Veins	Result	19	3	11	5										
	Vasectomies	Result	\\-	-		-										
	Laser refraction	Result	/	_	-	=										
M33	Clinical data coded within recommended time	Target	100.0%	100.0%	100.0%	100.0%										100%
		Result	100.0%	100.0%	100.0%	100.0%										



- Queensland Health
- Mater Health Service

Performance Dashboard



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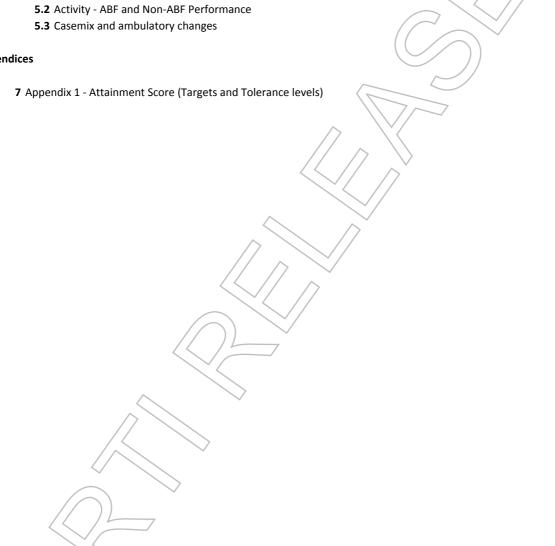
- 1 Cover
- 2 Contents
- 3 Performance Snapshot
- 4 Trend in Escalation KPI

Supporting Analysis

5 ACCESS

5.1 Emergency Departments

Appendices



YTD Result / Latest Result **PERFORMANCE DOMAINS - Escalation KPIs** SAFETY AND QUALITY Data as at E1 **Never Events** 0 Data currently unavailable E2 Hospital acquired 3rd and 4th stage pressure injuries (FY Target is 5% of 2010-11) FY Target: 0 October 1 E3 Healthcare-associated Staphylococcus aureus (including MRSA) bacteraemia 20% of 2010-11 Data currently unavailable ** denotes calendar year result Data as at E4 National Emergency Access Target (NEAT): ** 74.5% 70% November % of ED attendances who depart within 4 hours of their arrival in ED Emergency Department: % seen within recommended timeframe: F5 F5.1 97.7% Category 1: within 2 minutes 100% E5.2 Category 2: within 10 minutes 80% E5.3 Category 3: within 30 minutes 71.4% November 66.5% E5.4 Category 4: within 60 minutes 70% Novembe E5.5 Category 5: within 120 minutes 70% November E6 Patient Off Stretcher Time (POST): < 30 mins (%) 90% October E7 Elective Surgery: % treated within clinically recommended timeframe: ** E7.1 89% November Category 1: within 30 days 97.5% Category 2: within 90 days E7.2 81% November 89.5% E7.3 Category 3: within 365 days 91% 99.4% Nevember E8 Elective Surgery: Number of patients waiting more than the clinically recommended: E8.1 Category 1: within 30 days 0 November F8.2 Category 2: within 90 days November E8.3 Category 3: within 365 days November F9 Activity: variance between Purchased activity and YTD activity: October +/-1% E9.1 Inpatients E9.2 Outpatients E9.3 FD E9.4 Mental Health E9.5 Critical Care E9.6 Sub and Non-Acute Patients Legend: Latest/YTD Result compared to previous reporting period: Favourable 1 Stable -Unfavourable 4

TREND IN ESCALATION KPI

Data source: Decision Support System (DSS) as at 9 January 2013

			Latest Result / YTD Result	Jul 2012	Aug 20:	12 Sep 20	012 Oct	2012	Nov 2012	Dec 2012 Jan 2013	Feb 2013 M	ar 2013 Apr 2013	May 2013 Jun 2013	Full Year Target
SAFETY A	AND QUALITY	1 & E3 date	a is currently unavail	lable										
E1	Never Events	Result	-	-	-	-		-						0
E2	Hospital acquired 3rd and 4th stage pressure	FY Target	0											0
	injuries (FY Target is 5% of 2010-11 actuals)	Result	1	0	1	0		0						
E3	Healthcare-associated Staphylococcus aureus	Target	-									//		20%
	(including MRSA) bacteraemia - SAB	Result	-	Data for June-Decen	ber 2012 will b	e made available in May 20	13							
ACCESS	**													
E4	** denotes calendar year result National Emergency Access Target: 4hrs **	Towns	70.0%	70.0%	70.0%	70.0%		70.0%	70.0%					70%
E4	NEAT	Target Result		75.3%	73.6%	• 75.3%		76.6%	79.0%			\ \		70%
FF 4			100.0%	100.0%	100.0%	100.0%		00.0%	100.0%	/		$\wedge \wedge / / / / / / / / / / / / / / / / / /$		100%
E5.1	ED: % seen within recommended time	Target		100.0%	97.7%	◆ 84.2%		00.0%	100.0%					100%
	Category 1: within 2 minutes	Result												2004
E5.2	0.1	Target	80.0% • 81.3%	80.0%	80.0% 80.1%	80.0% • 81.1%		80.0% 80.2%	80.0%) ~		80%
E5.3	Category 2: within 10 minutes	Result		82.3%					83.0%	1//				750/
E5.3	0.1	Target	75.0%	75.0%	75.0% 64.7%	75.0% 69.8%		75.0%	75.0%					75%
	Category 3: within 30 minutes	Result		71.2% •				76.3%	75.7%	\ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\				700/
E5.4		Target	70.0%	70.0%	70.0%	70.0% • 71.1%		70.0%	70.0%					70%
	Category 4: within 60 minutes	Result		65.9% •	63.6%		-	57.3% 🔸	65.0%		~			700/
E5.5		Target	70.0%	70.0%	70.0%	70.0%		70.0%	70.0%					70%
	Category 5: within 120 minutes	Result		76.2%	83.7%	91.2%		34.3%	86.8% •					
E6	Patient Off Stretcher Time: < 30 mins	Target	90.0%	90.0%	90.0%	90.0%		90.0%						90%
	POST	Result		87.8% 🔸	88.7%	♦ 91.7%		94.4%		_//				
E7.1	ES: % treated within recommended time **	Target	89.0%	89.0%	89.0%	89.0%	/ >	39\0%\	89.0%	//				89%
	Category 1: within 30 days	Result		95.9%	94.8%	99.0%		99.1%	98.1%					
E7.2		Target	81.0%	81.0%	81.0%	81.0%		31.0%	81.0%					81%
	Category 2: within 90 days	Result		91.1%	89.8%	97.8%		94.2%	\$9.3% •					
E7.3		Target	91.0%	91.0%	91.0%	91.0%		91.0%	91.0%					91%
	Category 3: within 365 days	Result		99.7%	98.9%	99.7%	9	98.8%	99.2%					
E8.1	ES: 'long waits'	Target	0	0	0	0	- \ \ /	0	0					0
	Category 1: within 30 days	Result	-	0 •	0	9	• \\	0	0 •					
E8.2		Target	0	0 _	0	_ \ \		0	0					0
	Category 2: within 90 days	Result		89 📕	104	84		89 📕	118					
E8.3		Target	0	0	0	\\ 0		0	0					0
	Category 3: within 365 days	Result	_	0	0	• 0	•	0 •	0 •					
E9	Activity (WAU):	Target	0.0	/·/		\ <u>\</u> -		-						94,069
	Total	Result	30,046.6	7,691.6	7,684.2	7,161.7	7,	509.1						
E9.1		Target	0.0		-\	-		-						51,851
	Inpatients	Result	17,726.6	4,483.3	4,552.0	4,311.4	4,:	379.9						
E9.2		Target	0.0	- /	-	-		-						16,216
	Outpatients	Result	7,908.4	1,683.6	1,802.4	1,656.5	1,	866.0						
E9.3		Target	0.0	// -	-	-		-						10,572
	Emergency Department	Result	0.0	0.0	0.0	0.0		0.0						
E9.4		Target	0.0		-	-		-						1,588
	Mental Health	Result	601.6	96.1	252.8	144.5		108.2						
E9.5		Target	/-/	-	-	-		-						13,036
	Critical Care	Result	4,434.8	1,374.3	989.5	980.6	1,0	090.4						
E9.6		Target	0.0	-	-	-		-						805
	Sub and Non-Acute Patients	Result	275.2	54.3	87.5	68.7		64.6						

EMERGENCY DEPARTMENTS

National Emergency Access Target (NEAT) - calendar year to date performance

NEAT by departure status group

Departure Status *	Total Attendances	NEAT	% NEAT	Oct 2012 YTD NEAT %
Non-admitted	54,635	46,152	84.5%	84.2%
Admitted	16,185	3,193	19.7%	19.1%
Total	70,820	49,345	69.7%	69.4%

^{*} Does not include dead on arrival, died in ED, did not wait and transferred to another hospital

NEAT by hospital and departure status group

Hospital	Non-admitted	Admitted	% NEAT	Oct 2012 YTD NEAT %
Mater Adult Public Hospital	81%	17%	65.0%	64.2%
Mater Children's Public Hospital	87%	22%	73.4%	73.6%

NEAT by top 5 admitting wards by volume, and % of consults requested within 120 minutes (excludes NEAT performance >40%)

Admitting Ward	Admissions NEAT % consults < 120
n/a	
Total of all admissions	0.0%

NEAT by top 5 admitting specialty by volume, and % of consults requested within 120 minutes (excludes NEAT performance >40%)

Admitting Specialty		Admissions	NEAT	% consults < 120	
n/2 A					

Total of all admissions

0.0%

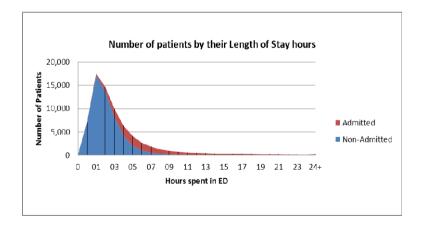
WAITING TIMES - monthly performance

Volume and waiting time performance by triage category

	Category 1	Category 2	Category 3	Category 4	Category 5	All
		1	<u> </u>	/ /		Categories
Attendances	35	499	1,934	3,834	311	6,613
# seen in time	35	414	1,464	2,493	270	4,676
% seen in time	100.0%	83.0%	75.7%	65.0%	86.8%	70.7%
Median Wait (minutes)	0) }	15	40	38	26

Volume and waiting time performance by top 5 diagnosis, category 3 and 4

volume and waiting time performance by top 3 and may 10015, vategory 3 and 4									
Diagnosis	Cate	gory 3	Category 4						
Diagilusis	Attendances	% seen in time	Attendances	% seen in time					
B34.9 Viral Infection	48	79.2%	210	46.5%					
A08.4 Viral Gastroenteritis	51	68.6%	162	47.4%					
J06.9 Upper Respiratory Tract Infection	39	64.1%	112	38.4%					
Z53.2 Did Not Wait	6	66.7%	136	49.3%					
R10.3 Pain Localised To Oth Parts Low Abdomen	38	76.3%	100	44.2%					



Information provided by Clinical Access and Redesign Unit

Data source: Emergency Department Information System (EDIS), data is preliminary and subject to change.

ACTIVITY (ABF AND NON-ABF) YTD PERFORMANCE - October 2012

				Targets have	not been uplo	aded by the HHS a	t this tim	ie								Data se	ource: Decision S	upport Syster	m (DSS) as at 9	January 2013
Weighted Activity Units - WAU	2011-12	2012-13	2011-12	2012-1	3 YTD	YTD Variance to	Target	2011-12 to 201	2-13 Change		Weighted Activity Units - WAU	2011-12	2012-13	2011-12		13 YTD	YTD Variance	to Target	2011-12 to 201	2-13 Change
Activity	FY Actual	Purchased	YTD Actual	DSS Target	Actual	Actual	%	Actual	%		Emergency Department	FY Actual	Purchased	YTD Actual	DSS Target	Actual	Actual	%	Actual	%
ABF	=	91,617.7	-	-	-	-	-	-	-		Presentation Type					* 2012-13 YTD	Actual includes a	adjusted ED d		
Non ABF	93,121.7	342.0	32,062.4	-	30,046.6	30,046.6	-	,	-6.3%		Cat 1 (Admitted and Discharged)	116.8	125.8	44.9	-	-	-	-	-44.9	-100.0%
Total Activity	93,121.7	91,959.7	32,062.4	-	30,046.6	30,046.6	-	-2,015.8	-6.3%		Cat 2 (Admitted and Discharged)	1,304.6	1,374.9	441.2	-	-	=	-	-441.2	-100.0%
In making to							_				Cat 3 (Admitted and Discharged)	4,123.5	4,321.4	1,445.2	-	-	-	-	-1,445.2	-100.0%
Inpatients											Cat 4 (Admitted and Discharged)	4,642.8	4,590.8	1,569.2	-	-	-	-	-1,569.2	-100.0%
Service Related Group (SRG)	075.0	000.0	308.7		294.8	294.8		12.0	-4.5%		Cat 5 (Admitted and Discharged)	161.5	158.1	50.0		1	-	-	-50.0	-100.0%
01 Cardiology	875.0	909.6 194.5	99.3	-	51.0	51.0	-		-4.5% -48.6%		Did Not Wait Died	- 20	-	1.2	//	-	-	-	12	-100.0%
02 Interventional Cardiology 03 Dermatology	186.2 220.2	219.6	73.0	-	72.1	72.1	-	-46.3	-48.6%		Emergency Services Treated	3.0	0.9	1.3	//-	-	-	-	-1.3	-100.0%
04 Endocrinology	977.7	963.5	376.7	-	353.2	353.2	-	-23.5	-6.3%		Emergency Department Total	10,352.2	10,571.9	3,551.8			-		-3,551.8	-100.0%
05 Gastroenterology	524.5	563.7	183.7		155.1	155.1		-23.5	-15.6%		Emergency Department Total	10,332.2	10,371.9	3,331.0	\\\	//	-	- 1	-3,331.6	-100.0%
06 Diagnostic GI Endoscopy	813.3	903.4	273.1	_	293.2	293.2		20.1	7.4%		Sub and Non-Acute Patients									
07 Haematology	647.0	549.4	247.9	_	169.8	169.8	_	-78.1	-31.5%		Bed Type									
08 Immunology & Infections	1,087.3	1,098.0	361.5	_	346.0	346.0	_	-15.5	-4.3%		GEM	_	_ / /	· ·	/ /				_	_
09 Medical Oncology	633.8	666.4	227.2	_	175.7	175.7	_	-51.5	-22.7%		MAINT	297.6	188.2	112.4	/- /-	40.5	90.5	_	-22.0	-19.5%
10 Chemotherapy & Radiotherapy	48.4	55.7	11.5	_	12.2	12.2	_	0.7	6.1%		PALLIATIVE	280.1	251.5	79.0	- / /	93.6	93.6	_	14.6	18.5%
11 Neurology	1,375.2	1,407.3	478.5	_	525.5	525.5	-	46.9	9.8%		REHAB	154.0	365.6	58.1)) -	91.1	91.1	-	33.0	56.7%
12 Renal Medicine	365.3	320.5	102.2	_	125.6	125.6	_	23.3	22.8%		SNAP Total	731.7	805.3	249.5	// .	275.2	275.2	_	25.6	10.3%
13 Renal Dialysis	4.6	4.6	0.4	_				-0.4	-100.0%			11/			//					
14 Respiratory Medicine	3,048.8	2,898.1	1,143.1	_	1,108.7	1,108.7	_	-34.4	-3.0%		Mental Health									
15 Rheumatology	241.3	231.6	82.7	_	82.3	82.3		-0.4	-0.4%		Activity Type									
16 Non Subspecialty Medicine	1,824.8	1,882.4	652.7	_	599.4	599.4	_	-53.2	-8.2%		Designated Bed (Per Diem Activity)	1,259.2	1,404.6	502.4	_	549.0	549.0	-	46.6	9.3%
17 Breast Surgery	792.9	928.3	288.2	_	311.5	311.5	_	23.2	8.1%		39 Psychiatry - Acute	118.9	183.9	32.3	_	52.6	52.6	_	20.3	63.0%
18 Cardiothoracic Surgery	1,770.6	1,739.6	630.6	_	768.8	768.8	_	138.2	21.9%		Mental Health Total	1,388.1	1,588.5	534.6	_	601.6	601.6	_	67.0	12.5%
19 Colorectal Surgery	1,239.6	1,232.1	438.2	_	367.7	367.7	_	-70.5	-16.1%			-,,-	_,							
20 Upper GIT Surgery	728.8	753.3	273.5	_	265.4	265.4		-8.1	-3.0%		Outpatients	. \								
21 Head & Neck Surgery	318.8	349.6	121.6	_	119.2	119.2		-2.4	-2.0%		Clinic Type									
22 Neurosurgery	766.4	777.9	252.7	_	295.5	295.5		42.8	16.9%		Medical	3,606.7	3,353.1	1,292.0	_	1,512.8	1,512.8	-	220.8	17.1%
23 Dentistry	351.7	354.6	118.7	_	124.4	124.4		5.8	4.8%		Surgical	3,990.1	3,729.9	1,380.0	_	1,372.1	1,372.1	_	-7.8	-0.6%
24 Ear, Nose & Throat	1,833.1	1,864.9	660.4	_	700.4	700.4	_	40.0	6.0%	//	Allied Health	1,958.2	1,828.8	678.3	_	669.0	669.0	_	-9.3	-1.4%
25 Orthopaedics	5,705.4	5,810.9	2,197.2	_	1,923.2	1,923.2	_	-273.9	-12.5%		Pre-Admission	321.6	60.5	121.0	_	101.8	101.8	-	-19.3	-15.9%
26 Ophthalmology	1,030.5	1,105.7	394.8	_	369.3	369.3	_	-25.5	-6.5%		Paediatric	327.5	295.6	104.3	_	171.5	171.5	_	67.2	64.5%
27 Plastic & Reconstructive Surgery	1,493.6	1,695.8	517.0	_	528.4	528.4		11.4	2.2%		Neonatal	-			_	2.9	2.9	_	2.9	-
28 Urology	2,342.5	2,086.3	786.4	_	696.4	696.4		-90.0	-11.5%	\//	Maternity	2,552.8	2,777.7	824.4	_	1,036.5	1,036.5	_	212.0	25.7%
29 Vascular Surgery	554.2	685.4	173.8	_	211.4	211.4		37.5	21.6%		Alcohol & Drug	-,	-,	-	_	-	-	_		
30 Non Subspecialty Surgery	3,599.0	3,508.0	1,298.0	_	1,164.1	1,164.1		-233.9	-10.3%	\ \	Chemotherapy	-	-	_	_	1,295.7	1,295.7	-	1,295.7	_
31 Transplantation	102.6	101.6	34.6	_	33.3	33.3	2	-1.3	3.7%		Clinical Haematology	380.4	655.1	118.0	_	42.1	42.1	_	-76.0	-64.4%
32 Extensive Burns	8.1	5.9	0.5	_	11.2	11.2	-	10.7	2277.2%	1	Clinical Measurement	-	35.4	-	-	132.5	132.5	-	132.5	-
33 Tracheostomy & ECMO	1,257.7	1,298.7	531.2	_	321.0	321.0	-	-210.3	-39.6%		Community Health Services	-	-	_	-	-	-	-	-	-
34 Gynaecology	2,666.9	2,719.2	935.3	_	995.9	995.9	-	60.6	6.5%	>	Cystic Fibrosis	130.9	186.1	52.2	_	46.3	46.3	-	-5.9	-11.4%
35 Obstetrics	7,741.7	8,065.4	2,420.5	_	2,763.0	2,763.0	-	342.5	14.2%		Diagnostic Imaging	-	-	_	_	-	-	-	-	-
36 Qualified Neonate	3,552.6	3,773.9	998.6	_	1,213.1	1,213.1	_	214.4	21.5%		Dialysis	150.6	80.0	44.1	-	49.3	49.3	-	5.2	11.8%
38 Drug & Alcohol	105.6	125.8	42.4	-	38,5	38.5	-	-4.0	-9.4%		District Nursing Services	-	=	-	-	-	=	-	-	-
41 Unallocated	186.9	-	42.0	-	140.3	140.3	\ -	98.3	234.1%		Endoscopy	-	=	-	-	130.0	130.0	-	130.0	-
Inpatient Total	51,022.4	51,851.2	17,778.7	-	17,726.6	17,726.6	. \ -	-52.1	-0.3%		Interventional Cardiology	-	=	-	-	-	=	-	-	-
							/ /				Medical Oncology	3,909.9	3,028.5	1,261.7	_	333.9	333.9	-	-927.8	-73.5%
Critical Care								<i>\</i>			Pain Management				-	-	=	-	-	-
Bed Type					\						Pharmacy	-	-	-	-	-	-	-	-	-
Coronary Care	384.9	456.0	122.3		122.2	122.2	-	-0.0	-0.0%		Primary Care	-	-	-	-	-	-	-	-	-
Intensive Care	1,490.7	1,330.2	638.1	_)	510.3	510.3	-	-127.7	-20.0%		Psychiatry	-	-	-	-	-	-	-	-	-
Neonatal Intensive Care	4,040.2	4,656.0	1,192.8	\	1,596.7	1,596.7	-	403.9	33.9%		Radiation Oncology	-	-	-	-	-	-	-	-	-
Paediatric Intensive Care	3,294.9	3,705.5	1,253.4		1,093.4	1,093.4	-	-160.0	-12.8%		Renal Medicine	220.1	153.7	69.0	-	85.9	85.9	-	16.9	24.5%
Special Care Nursery	2,838.7	2,888.6	778.6	1	1,112.1	> 1,112.1	-	333.5	42.8%		Sub Acute	-	-	-	-	22.2	22.2	-	22.2	-
Critical Care Total	12,049.4	13,036.3	3,985.2	-	4,434.8	-	-	449.6	11.3%		Transplants	-	-	-	-	-	-	-	-	-
											Wound Management	29.0	31.7	17.5	-	3.9	3.9	-	-13.6	-77.8%
Red values indicate the Top 5 greatest	positive variance	to target reco	rded in DSS								Other	-	-	-	-	-	-	-	-	-
Blue values indicate the Top 5 greates	t negative variance	e to target rec	orded in DSS								Outpatient Total	17,577.8	16,216.0	5,962.5	-	7,008.4	7,008.4	-	1,046.0	17.5%
	-	_																		
												2012-13	HHS FY Target	Variance	1					
Monthly target phasing - loaded to DSS	Jul 2012	Aug 2012	Sep 2012	Oct 2012	Nov 2012	Dec 2012 Ja	n 2013	Feb 2013	Mar 2013	Apr 2013	May 2013 Jun 2013	Purchased	loaded to DSS		I					
Inpatients	-	-	-	-	-	-	-	-	-	-		51,851.2	-	-51,851.2	Inpatients	I				
Critical Care	=	-	-		-	-	-	=	-	-		13,036.3		-13,036.3	Critical Care					
Emergency Department	=	-	-	-	-	=	-	=	-	-		10,571.9	-	-10,571.9	Emergency De	epartment				
Sub and Non-Acute Patients	_		_	-	_	_	-	_	-	-		805.3	-	-805.3		Acute Patients				
Mental Health	=	-	-		-	-	-	=	-	-		1,588.5		-1,588.5	Mental Health					
Outpatients	=	-	-		-	-	-	=	-	-		16,216.0			Outpatients	l				
Total Activity Target	-			-		-		-	-			94,069.1	-		Total Activity	Target				

CASEMIX CHANGE - Year on year comparison - October 2012

Data source: Decision Support System (DSS) as at 9 January 2013

		2011-12 to 20	12-13 Change		Potential	WALIS notic	onal variance
	VTI	D Seps		WAUs	Casemix	***************************************	
					Change	Volume	Casemix
Inpatients	Actual	%	Actual	%	Change		related
Service Related Group (SRG)					ı	1	
01 Cardiology	-34	-6.1%	-13.8	-4.5%	1.6%	-9.5	-4.3
02 Interventional Cardiology	-7	-8.1%	-48.3	-48.6%	-40.5%	-33.3	-15.0
03 Dermatology	20	15.2%	-0.9	-1.2%	-16.4%	-0.6	-0.3
04 Endocrinology	-32	-9.8%	-23.5	-6.3%	3.6%	-16.2	-7.3
05 Gastroenterology	-58	-14.3%	-28.6	-15.6%	-1.3%	-19.7	-8.9
06 Diagnostic GI Endoscopy	46	13.1%	20.1	7.4%	-5.7%	13.9	6.2
07 Haematology	-36	-12.5%	-78.1	-31.5%	-19.0%	-53.9	-24.2
08 Immunology & Infections	-46	-9.6%	-15.5	-4.3%	5.3%	-10.7	-4.8
09 Medical Oncology	-35	-14.5%	-51.5	-22.7%	-8.2%	-35.6	-16.0
10 Chemotherapy & Radiotherapy	1	3.2%	0.7	6.1%	2.8%	0.5	0.2
11 Neurology	11	1.9%	46.9	9.8%	7.9%	32.4	14.5
12 Renal Medicine	35	21.9%	23.3	22.8%	0.9%	16.1	7.2
13 Renal Dialysis	-1	-100.0%	-0.4	-100.0%	0.0%	-0.2	-0.1
14 Respiratory Medicine	-72	-6.7%	-34.4	-3.0%	3.7%	-23.8	-10.7
15 Rheumatology	-30	-15.2%	-0.4	-0.4%	14.7%	-0.2	-0.1
16 Non Subspecialty Medicine	-98	-6.7%	-53.2	-8.2%	-1.5%	-36.7	-16.5
17 Breast Surgery	17	8.7%	23.2	8.1%	-0.7%	16.0	7.2
18 Cardiothoracic Surgery	2	2.4%	138.2	21.9%	19.5%	95.3	42.8
19 Colorectal Surgery	4	2.9%	-70.5	-16.1%	-19.0%	-48.7	-21.9
20 Upper GIT Surgery	2	1.2%	-8.1	-3.0%	-4.1%	-5.6	-2.5
21 Head & Neck Surgery	-2	-2.8%	-2.4	-2.0%	0.8%	-1.7	-0.8
22 Neurosurgery	12	4.5%	42.8	16.9%	12.5%	29.5	13.3
23 Dentistry	3	1.7%	5.8	4.8%	3.2%	4.0	1.8
24 Ear, Nose & Throat	-80	-6.8%	40.0	6.0%	12.8%	27.6	12.4
25 Orthopaedics	-80	-6.5%	-273.9	-12.5%	-5.9%	-189.0	-84.9
26 Ophthalmology	-43	-8.4%	-25.5	-6.5%	2.0%	-17.6	-7.9
27 Plastic & Reconstructive Surgery	-33	-7.6%	11.4	2.2%	9.8%	7.9	3.5
28 Urology	-71	-10.0%	-90.0	-11.5%	-1.5%	-62.1	27.9
29 Vascular Surgery	9	11.0%	37.5	21.6%	10.6%	25.9	11.6
30 Non Subspecialty Surgery	-202	-14.1%	-133.9	-10.3%	3.8%	-92.4	-41/5
31 Transplantation	-	-	-1.3	-3.7%	-3.7%	-0.9	-0.4
32 Extensive Burns	2	66.7%	10.7	2277.2%	2210.6%	7.4	3.3
33 Tracheostomy & ECMO	-12	-24.5%	-210.3	-39.6%	-15.1%	-145.1	-65.2
34 Gynaecology	15	1.9%	60.6	6.5%	4.6%	41.8	18.8
35 Obstetrics	250	11.4%	342.5	14.2%	2.7%	236,4	106.2
36 Qualified Neonate	219	11.4%	214.4	21.5%	10.1%	148.0	66.5
38 Drug & Alcohol	-37	-25.3%	-4.0	-9.4%	16.0%	-2.7	-1.2
41 Unallocated	16	100.0%	98.3	234.1%	134.1%	67.8	30.5
Inpatient Total *	-345	-1.8%	-52.1	-0.3%	1.5%	35.9	-16.1
P	3.3	3/0		1.3/	1 1 2.370	7.515	

Red values indicate a **negative** growth in Seps and a **positive** growth in WAU Blue values indicate a **positive** growth in Seps and a **negative** growth in WAU

AMBULATORY CARE - Review to New ratio - October 2012

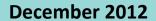
Data source: Decision Support System (DSS) as at 9 January 2013

					Data source: De	cision Support Sy	rstem (DSS) as at	9 January 20
Weighted Activity Un	nits - WAU	2010-11	2011-12	2012-13	2012-13	R	2N Ratio - WAU	
Outpatients		Actual	Actual	Purchased	YTD	2010-11	2011-12	2012-13 Y
Clinic Type								
Medical	New	757.4	1,001.9	1,150.3	360.6			
	Review	2,707.4	2,604.8	2,202.7	1,152.2	3.6	2.6	3.
Surgical	New	941.4	1,109.7	1,356.4	313.2			
-	Review	2,699.5	2,880.4	2,3/3.5	1,059.0	2.9	2.6	3
Allied Health	New	779.2	731.3	838.7	267.3			
	Review	1,029.5	1,226.9	990.1	401.2	1.3	1.7	1
	Other	-	-	1.1		4		
Pre-Admission	New	1.2	2.6	1.3	2.0			
	Review	88.0	319.9	59.2	99.8	71.1	197.1	49
Paediatric	New	146.0	109.9	167.5	45.2			
	Review	198.1	217.6	128.0	126.3	1.4	2.0	2
Neonatal	New		-)-)	2.7			
	Review	11/		/	0.2	-	-	C
Maternity	New	569.6	514.6	686.9	184.9			
	Review	1,745.4	2,038.2	2,090.8	851.5	3.1	4.0	4
Alcohol & Drug	New			-	-			
	Review	\	V.	-	-	-	-	
	Other	\ \-	-	-	-			
Sub Acute	New	\ \	-	-	4.8			
\ \ \	Review		-	-	17.4	-	-	3
1	Other	<u> </u>	-	-	-			
Clinical Measurement	New	12.3	-	35.4	6.2			
	Review	<u> </u>	-	-	126.3	-	-	20
Wound Management	New	3.4	1.8	1.2	0.1			
	Review	48.1	27.2	30.5	3.7	14.4	14.8	27
Pain Management	New	-	-	-	-			
\ ' /	Review	-	-	-	-	-	-	
Cystic Fibrosis	New	-	-	-	-			
	Review	135.2	130.9	186.1	46.3	-	-	
Transplants	New	-	-	-	-			
	Review	-	-	-	-	-	-	
Endoscopy	New	-	-	-	102.8			
	Review	-	-	-	27.2	-	-	(
Interventional Cardiology	New	-	-	-	-			
	Review	-	-	-	-	-	-	
	Other	-			-			
Renal Medicine	New	30.5	32.7	25.0	12.1			
	Review	162.3	187.4	128.6	73.8	5.3	5.7	- 6
Dialysis	New		-	-				
	Review	70.1	150.6	80.0	49.3	-	-	
a l	Other	-	-	70.1	-			
Chemotherapy	New	-	-	-	19.1			_
Marilland Oraci	Review	-	-	-	1,276.6	-	-	66
Medical Oncology	New	84.8	81.8	66.1	31.0			
De distinct Occupies	Review	2,985.5	3,828.1	2,962.4	302.9	35.2	46.8	9
Radiation Oncology	New	-	-	-	-			
Clinian Hannett II	Review				- 10.0	-	-	
Clinical Haematology	New	24.5	32.7	44.5	10.6	0.0	10.0	
Drimany Caro	Review	241.3	347.7	610.5	31.5	9.9	10.6	3
Primary Care	New	-	-	-	-			
Other	Review	-	-	-		-	-	
Other	New	-	-	-	-			
	Review	-	-	-	-	-	-	
otal	Other	2 250 2	2 610 0	4 272 5	1 202 2		All clinics	
otai	New	3,350.2	3,618.0	4,373.5	1,363.2	2.0		
	Review	12,110.6	13,959.9	11,842.5	5,645.2	3.6	3.9	ina Initiativ
	Other Total	15 460 0	17 577 0	16 316 0	7 000 4		cs as per Purchas	
		15,460.8	17,577.8	16,216.0	7,008.4	2.7	2.8	3
pased on 2012-13 purchased	,			2.0				

^{*} Inpatient total excludes 39 Psychiatry - Acute and 40 Rehabilitation

ESCALATION KPI LIST

			Attainment Score					
KPI No.	Escalation KPIs	Green	Amber	Red				
Safety	and Quality	Target						
E1	Never events	0	n/a	> 0				
E2	Hospital acquired 3rd and 4th stage Pressure Injuries	5.0% of 2010-11 actuals	> 5.0% - 25.0% of 2010-11 actuals	> 25.0% of 2010-11 actuals				
E3	Healthcare-associated Staphylococcus aureus (incl. MRSA) bacteraemia	20.0% of 2010-11 actuals	> 20.0% - 40.0% of 2010-11 actuals	> 40.0% of 2010-11 actuals				
Access		Target						
E4	National Emergency Access Target (NEAT): % of ED attendances who depart	2012: > 70.0%	2012: 69.9% - 65.0%	2012: < 65.0%				
	within 4 hours of their arrival in ED							
		2013: > 77.0%	2013: 76.9% - 70.0%	2013: < 70.0%				
E5	Emergency Department: % seen within recommended timeframe:	80% of all categories						
LJ	Category 1: within 2 minutes	Cat. 1: 100%	Cat. 1: 99.9% - 90.0%	Cat. 1: < 90.0%				
	Category 2: within 10 minutes	Cat. 2: > 80.0%	Cat. 2: 79.9% - 70.0%	Cat. 2: < 70.0%				
	Category 3: within 30 minutes	Cat. 3: > 75.0%	Cat. 3: 74.9% - 65.0%	Cat. 3: < 65.0%				
	Category 4: within 60 minutes	Cat. 4: > 70.0%	Cat. 4: 69.9% - 60.0%	Cat. 4: < 60.0%				
	Category 5: within 120 minutes	Cat. 5: > 70.0%	Cat. 5: 69.9% 60.0%	Cat. 5: < 60.0%				
F.C	Patient Off Stretcher Time (POST): < 30 mins (%)	>= 90.0%	< 90.0% - 85.0%	< 85.0%				
-	Elective Surgery: % treated within the clinically recommended timeframe for	2012	2012	2012				
E7	their category	2012	2012	2012				
	(National Elective Surgery Target (Part 1))	Cat. 1: 89.0%	Cat. 1: 88.9% - 85.0%	Cat. 1: < 85.0%				
		Cat. 2: 81.0%	Cat. 2: 80.9% /8.0%	Cat. 2: < 78.0%				
		Cat. 3: 91.0%	Cat. 3: 90.9% 87.0%	Cat. 3: < 87.0%				
		2013	2013	2013				
		Cat. 1: 100%	Cat. 1: 99.9% - 96.0%	Cat. 1: < 96.0%				
		Cat. 1: 100%	Cat. 2: 86.9% - 83.0%	Cat. 1: < 90.0%				
		Cat. 3: 94.0%	Cat. 3: 93.9% - 90.0%	Cat. 3: < 90.0%				
FO	Elective Surgery: Number of patients waiting more than the clinically	0 for all categories	HHS specific	HHS specific				
E8	recommended timeframe for their category:	o for all categories	nns specific	nns specific				
	Category 1: within 30 days	Cat. 1: 0	Cat. 1: > 0% - 5.0%	Cat. 1: > 5.0%				
	Category 2: within 90 days	Cat. 2: 0	Cat. 2: > 0% - 5.0%	Cat. 2: > 5.0%				
	Category 3: within 365 days	Cat. 3: 0	Cat. 3: > 0% - 5.0%	Cat. 3: > 5.0%				
E9	Activity: variance between purchased ABF activity and YTD recorded ABF	0% to +/-1%	Within tolerance as per detail in Schedule	> tolerance as per detail in Schedule 3				
	activity, by Service Group (Inpatients, Outpatients, ED, Mental Health, Critical	0,710 1/17	3 (part C) contained in the Service	(part C) contained in the Service				
	Care and SNAP)		Agreement	Agreement				
Efficien	ncy and Financial Performance	Target						
E10	YTD Operating position	Balanced or surplus	0 – 1.0% unfavourable variance to budget	> 1.0% unfavourable variance to budget				
			_	_				
E11	Full year Forecast Operating position	Balanced or surplus	0 – 1.0% unfavourable variance to budget	> 1.0% unfavourable variance to budget				
	(Agreed position between System Manager and HSS)							
E12	Own Source Revenue Target	Balanced or surplus	0 – 1.0% unfavourable variance to budget	> 1.0% unfavourable variance to budget				
E13	YTD average FTE (MOHRI head count)	HHS specific as per detail in Schedule 3	0 – 1.0% unfavourable variance to budget	> 1.0% unfavourable variance to budget				
		(part 8) contained in the Service						
		Agreement						
Closing	the Gap	Target						
E14	Performance domain target:	0 escalation KPI red	1 escalation KPI red in any quarter	> = 2 escalation KPIs red in any quarter				
	Achievement of Closing the Gap escalation indicators contained within	and > = 2 escalation KPI green in any	or > = 3 escalation KPIs amber in any	or 1 escalation KPI red for > = 2				
	Schedule 8 of the Service Agreement.	quarter	quarter	consecutive quarters				
E14.1	CTG KPI 1 – Estimated level of completion of Indigenous status – specifically the reporting of 'not 'stated' on admission	'Not stated' is < = 1%	'Not stated' is	'Not stated' is				
	reporting or not stated on admission	,	> previous quarter but not meeting target	> = previous quarter				
F14.2	CTG KPI 2 – Percentage of in-scope separations of Aboriginal and Torres Strait	> = 55% of in-scope separations of	54.9% - 50.0% of in-scope separations	< 50.0% of in-scope separations				
E14.2	Islander consumers from the HHS's acute mental health inpatient unit(s) for	Aboriginal and Torres Strait Islander	34.5% - 30.0% of III-scope separations	< 30.0% of III-scope separations				
	which a community ambulatory service contact, in which the consumer	consumers						
	participated (in person or via videoconference), was recorded in one to seven							
	days immediately following that separation							
E14.3				> previous quarter target				
E14.5	CTG KPI 3 – The proportion of Aboriginal and Torres Strait Islander patients	< = HHS quarterly target (as per detail in	> previous quarter result but not meeting					
E14.3	CTG KPI 3 – The proportion of Aboriginal and Torres Strait Islander patients who discharged themselves against medical advice (DAMA)	Schedule 8 contained in the Service	> previous quarter result but not meeting quarterly target					
	who discharged themselves against medical advice (DAMA)	Schedule 8 contained in the Service Agreement)	quarterly target					
	who discharged themselves against medical advice (DAMA) CTG KPI 4 – Percentage of //bo/figinal and/To/res Strait Islander Cultural Practice	Schedule 8 contained in the Service Agreement) > = HHS quarterly target (as per detail in	quarterly target > = 50.0% of quarterly target but not	< 50.0% of quarterly target				
	who discharged themselves against medical advice (DAMA) CTG KPI 4 – Percentage of Aboriginal and Tokres Strait Islander Cultural Practice Program participants by facility	Schedule 8 contained in the Service Agreement) > = HHS quarterly target (as per detail in Schedule 8 contained in the Service	quarterly target	< 50.0% of quarterly target				
E14.4	who discharged themselves against medical advice (DAMA) CTG KPI 4 – Percentage of Aboriginal and Torres Strait Islander Cultural Practice Program participants by facility (based on staff numbers at beginning of financial year)	Schedule 8 contained in the Service Agreement) > = HHS quarterly target (as per detail in Schedule 8 contained in the Service Agreement)	quarterly target > = 50.0% of quarterly target but not	< 50.0% of quarterly target				
E14.4 Mental	who discharged themselves against medical advice (DAMA) CTG KPI 4 – Percentage of Aboriginal and Torres Strait Islander Cultural Practice Program participants by facility (based on staff numbers at beginning of financial year) I Health and Alcohol and Other Drugs	Schedule 8 contained in the Service Agreement) > = HHS quarterly target (as per detail in Schedule 8 contained in the Service Agreement) Target	quarterly target > = 50.0% of quarterly target but not achieving quarterly target					
E14.4	who discharged themselves against medical advice (DAMA) CTG KPI 4 – Percentage of Aboriginal and Torres Strait Islander Cultural Practice Program participants by facility (based on staff numbers at beginning of financial year) I Health and Alcohol and Other Drugs Performance domain target:	Schedule 8 contained in the Service Agreement) > = HHS quarterly target (as per detail in Schedule 8 contained in the Service Agreement) Target Achieve target (listed below) in greater	quarterly target > = 50.0% of quarterly target but not achieving quarterly target Achieve target in 67% - 50% of the	Achieve target in less than 50% of the				
E14.4 Mental	who discharged themselves against medical advice (DAMA) CTG KPI 4 – Percentage of Aboriginal and Tokres Strait Islander Cultural Practice Program participants by facility (based on staff numbers at beginning of financial year) Health and Alcohol and Other Drugs Performance domain target: Achievement of Mental Health & Alcohol and Other Drug Treatment Services	Schedule 8 contained in the Service Agreement) > = HHS quarterly target (as per detail in Schedule 8 contained in the Service Agreement) Target	quarterly target > = 50.0% of quarterly target but not achieving quarterly target					
E14.4 Mental	who discharged themselves against medical advice (DAMA) CTG KPI 4 – Percentage of Aboriginal and Torres Strait Islander Cultural Practice Program participants by facility (based on staff numbers at beginning of financial year) I Health and Alcohol and Other Drugs Performance domain target:	Schedule 8 contained in the Service Agreement) > = HHS quarterly target (as per detail in Schedule 8 contained in the Service Agreement) Target Achieve target (listed below) in greater	quarterly target > = 50.0% of quarterly target but not achieving quarterly target Achieve target in 67% - 50% of the	Achieve target in less than 50% of the				
E14.4 Mental	who discharged themselves against medical advice (DAMA) CTG KPI 4 – Percentage of Aboriginal and Tokres Strait Islander Cultural Practice Program participants by facility (based on staff numbers at beginning of financial year) Health and Alcohol and Other Drugs Performance domain target: Achievement of Mental Health & Alcohol and Other Drug Treatment Services escalation indicators contained within Schedule 9 of the Service Agreement.	Schedule 8 contained in the Service Agreement) > = HHS quarterly target (as per detail in Schedule 8 contained in the Service Agreement) Target Achieve target (listed below) in greater	quarterly target > = 50.0% of quarterly target but not achieving quarterly target Achieve target in 67% - 50% of the	Achieve target in less than 50% of the				
E14.4 Mentai E15	who discharged themselves against medical advice (DAMA) CTG KPI 4 – Percentage of Aboriginal and Tokres Strait Islander Cultural Practice Program participants by facility (based on staff numbers at beginning of financial year) I Health and Alcohol and Other Drugs Performance domain target: Achievement of Mental Health & Alcohol and Other Drug Treatment Services escalation indicators contained within Schedule 9 of the Service Agreement. Listed below (where applicable):	Schedule 8 contained in the Service Agreement) > = HHS quarterly target (as per detail in Schedule 8 contained in the Service Agreement) Target Achieve target (listed below) in greater than 67% of the escalation indicators	quarterly target > = 50.0% of quarterly target but not achieving quarterly target Achieve target in 67% - 50% of the escalation indicators	Achieve target in less than 50% of the escalation indicators				
E14.4 Mental E15	who discharged themselves against medical advice (DAMA) CTG KPI 4 – Percentage of Aboriginal and Torres Strait Islander Cultural Practice Program participants by facility (based on staff numbers at beginning of financial year) I Health and Alcohol and Other Prugs Performance domain target: Achievement of Mental Health & Alcohol and Other Drug Treatment Services escalation indicators contained within Schedule 9 of the Service Agreement. Listed below (where applicable): - Ambulatory service contacts	Schedule 8 contained in the Service Agreement) > = HHS quarterly target (as per detail in Schedule 8 contained in the Service Agreement) Target Achieve target (listed below) in greater than 67% of the escalation indicators	quarterly target > = 50.0% of quarterly target but not achieving quarterly target Achieve target in 67% - 50% of the escalation indicators 99.9% - 95.0%	Achieve target in less than 50% of the escalation indicators				
E14.4 Mental E15 E15.1 E15.2	who discharged themselves against medical advice (DAMA) CTG KPI 4 – Percentage of Aboriginal and Torres Strait Islander Cultural Practice Program participants by facility (based on staff numbers at beginning of financial year) Health and Alcohol and Other Drugs Performance domain target: Achievement of Mental Health & Alcohol and Other Drug Treatment Services escalation indicators contained within Schedule 9 of the Service Agreement. Listed below (where applicable): - Ambulatory service contacts - Ambulatory service contacts: Duration	Schedule 8 contained in the Service Agreement) > = HHS quarterly target (as per detail in Schedule 8 contained in the Service Agreement) Target Achieve target (listed below) in greater than 67% of the escalation indicators 100% of ambulatory service targets 100% of ambulatory service targets	quarterly target > = 50.0% of quarterly target but not achieving quarterly target Achieve target in 67% - 50% of the escalation indicators 99.9% - 95.0% 99.9% - 95.0%	Achieve target in less than 50% of the escalation indicators < 95.0% < 95.0%				
E14.4 Mental E15	who discharged themselves against medical advice (DAMA) CTG KPI 4 – Percentage of Aboriginal and Torres Strait Islander Cultural Practice Program participants by facility (based on staff numbers at beginning of financial year) I Health and Alcohol and Other Orugs Performance domain target: Achievement of Mental Health & Alcohol and Other Drug Treatment Services escalation indicators contained within Schedule 9 of the Service Agreement. Listed below (where applicable): - Ambulatory service contacts - Ambulatory service contacts: Duration - Extended treatment facility and psychiatric hospital beds (Accrued patient	Schedule 8 contained in the Service Agreement) > = HHS quarterly target (as per detail in Schedule 8 contained in the Service Agreement) Target Achieve target (listed below) in greater than 67% of the escalation indicators 100% of ambulatory service targets 100% of ambulatory service targets > = 95% of accrued patient day target	quarterly target > = 50.0% of quarterly target but not achieving quarterly target Achieve target in 67% - 50% of the escalation indicators 99.9% - 95.0%	Achieve target in less than 50% of the escalation indicators				
E14.4 Mental E15 E15.1 E15.2 E15.3	who discharged themselves against medical advice (DAMA) CTG KPI 4 – Percentage of Aboriginal and Torres Strait Islander Cultural Practice Program participants by facility (based on staff numbers at beginning of financial year) I Health and Alcohol and Other Orugs Performance domain target: Achievement of Mental Health & Alcohol and Other Drug Treatment Services escalation indicators contained within Schedule 9 of the Service Agreement. Listed below (where applicable): - Ambulatory service contacts - Ambulatory service contacts: Duration - Extended treatment facility and psychiatric hospital beds (Accrued patient days in block funded mental health facilities)	Schedule 8 contained in the Service Agreement) > = HHS quarterly target (as per detail in Schedule 8 contained in the Service Agreement) Target Achieve target (listed below) in greater than 67% of the escalation indicators 100% of ambulatory service targets 100% of ambulatory service targets > = 95% of accrued patient day target delivered	quarterly target > = 50.0% of quarterly target but not achieving quarterly target Achieve target in 67% - 50% of the escalation indicators 99.9% - 95.0% 99.9% - 95.0% 94.9 - 90.0%	Achieve target in less than 50% of the escalation indicators < 95.0% < 95.0% < 90.0%				
E14.4 Mental E15 E15.1 E15.2 E15.3 E15.4	who discharged themselves against medical advice (DAMA) CTG KPI 4 – Percentage of Aboriginal and Torres Strait Islander Cultural Practice Program participants by facility (based on staff numbers at beginning of financial year) I Health and Alcohol and Other Drugs Performance domain target: Achievement of Mental Health & Alcohol and Other Drug Treatment Services escalation indicators contained within Schedule 9 of the Service Agreement. Listed below (where applicable): - Ambulatory service contacts - Ambulatory service contacts: - Ambulatory service contacts: Duration - Extended treatment facility and psychiatric hospital beds (Accrued patient days in block funded mental health facilities) - Closure of ATODS Client intake	Schedule 8 contained in the Service Agreement) > = HHS quarterly target (as per detail in Schedule 8 contained in the Service Agreement) Target Achieve target (listed below) in greater than 67% of the escalation indicators 100% of ambulatory service targets 100% of ambulatory service targets > = 95% of accrued patient day target delivered Closure period < 2 weeks	quarterly target > = 50.0% of quarterly target but not achieving quarterly target Achieve target in 67% - 50% of the escalation indicators 99.9% - 95.0% 99.9% - 95.0% 94.9 - 90.0% 2 - 3 weeks	Achieve target in less than 50% of the escalation indicators < 95.0% < 95.0% < 90.0% > 3 weeks				
E14.4 Mental E15 E15.1 E15.2 E15.3	who discharged themselves against medical advice (DAMA) CTG KPI 4 – Percentage of Aboriginal and Torres Strait Islander Cultural Practice Program participants by facility (based on staff numbers at beginning of financial year) I Health and Alcohol and Other Orugs Performance domain target: Achievement of Mental Health & Alcohol and Other Drug Treatment Services escalation indicators contained within Schedule 9 of the Service Agreement. Listed below (where applicable): - Ambulatory service contacts - Ambulatory service contacts: Duration - Extended treatment facility and psychiatric hospital beds (Accrued patient days in block funded mental health facilities)	Schedule 8 contained in the Service Agreement) > = HHS quarterly target (as per detail in Schedule 8 contained in the Service Agreement) Target Achieve target (listed below) in greater than 67% of the escalation indicators 100% of ambulatory service targets 100% of ambulatory service targets > = 95% of accrued patient day target delivered	quarterly target > = 50.0% of quarterly target but not achieving quarterly target Achieve target in 67% - 50% of the escalation indicators 99.9% - 95.0% 99.9% - 95.0% 94.9 - 90.0%	Achieve target in less than 50% of the escalation indicators < 95.0% < 95.0% < 90.0%				



- Queensland Health
- Mater Health Service

Performance Dashboard



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- **5.1** Emergency Departments
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- **5.3** Casemix and ambulatory changes

Appendices

6 Appendix 1 - Attainment Score (Targets and Tolerance levels)



PERFORMANCE DOMAINS - Escalation KPIs

YTD Re	cult / L	atact I	Docult
7, 7(3)	SUIL / L	atesti	M-Marie III

SAFETY A	AND QUALITY	TARGET	Data as at	Data source: Decision Support System (DSS) as at 21 January 2013
E1 E2 E3	Never Events Hospital acquired 3rd and 4th stage pressure injuries (FY Target is 5% of 2010-11) Healthcare-associated Staphylococcus aureus (including MRSA) bacteraemia	0 FY Target : 0 20% of 2010-11	Data currently unavailable November Data currently unavailable	1 .
ACCESS	** denotes calendar year result	TARGET	Data as at	Data source: Decision Support System (DSS) as at 21 January 20
F4	National Emergency Access Target (NEAT) : **	70%	December 7/1.9%	

ACCESS		** denotes calendar year result	TARGET	Data as at	Data source: Decision Support System (DSS) as at 21 January 2013
E4	National Emergency Access Target (NEAT): ** % of ED attendances who depart within 4 hours	of their arrival in ED	70%	December	74,9%
E5	Emergency Department: % seen within recommen	ded timeframe:			// />
E5.1	Category 1: within 2 minutes		100%	December	98.0%
E5.2	Category 2: within 10 minutes		80%	December	82.2%
E5.3	Category 3: within 30 minutes		75%	December	72.7%
E5.4	Category 4: within 60 minutes		70%	Derember	67.4%
E5.5	Category 5: within 120 minutes		70%	December	85)2%
E6	Patient Off Stretcher Time (POST): < 30 mins (%)		90%	October	9 0,4% ↑
E7	Elective Surgery: % treated within clinically recomi	mended timeframe: **	(
E7.1	Category 1: within 30 days		89%	December	96.9%
E7.2	Category 2: within 90 days		81%	December	90.7%
E7.3	Category 3: within 365 days	//	91%	December	99.5%
E8	Elective Surgery: Number of patients waiting more	than the clinically recommended:		$\overline{}$	
E8.1	Category 1: within 30 days		// 0/	December	0 -
E8.2	Category 2: within 90 days		0/	December	100 🛊
E8.3	Category 3: within 365 days	^	0	December	0 -
E9	Activity: variance between Purchased activity and	YTD activity:	0% to	November	
E9.1	Inpatients		+/-1%		Targets have not been loaded
E9.2	Outpatients			;	at this stage
E9.3	ED (data manually adjusted to include CSO data this mont	h) // // ^	,		
E9.4	Mental Health				
E9.5	Critical Care				
E9.6	Sub and Non-Acute Patients				

Legend: Latest/YTD Result compared to previous reporting period: Favourable ★ Stable ■ Unfavourable ↓



TREND IN ESCALATION KPI

Data source: Decision Support System (DSS) as at 21 January 2013

	ND QUALITY	1 & F2 data	YTD Result is currently unavai	Jul 2012	Aug 2012	Sep 2012	Oct 2012	Nov 2012	Dec 2012	Jan 2013 Feb 2013	Mar 2013 Apr 2013	May 2013	Jun 2013	Full Year Target
LI	Never Events	Result	is currently unaval	_	_	-	_	_						0
E2		FY Target	0											0
	injuries (FY Target is 5% of 2010-11 actuals)	Result •	1	0	1	0	0	0						· ·
E3	Healthcare-associated Staphylococcus aureus	Target									//			20%
	(including MRSA) bacteraemia - SAB	Result	_	Data for June-Decemb	er 2012 will be m	nade available in May	2013							
				,		<u> </u>								
ACCESS	** denotes calendar year result		70.00/	70.00/	70.00/	70.00/	70.00/	70.00/	70.00/					700/
E4	National Emergency Access Target: 4hrs **	Target	70.0% 74.9 %	70.0% 75.3% •	70.0% 73.6%	70.0% 75.3%	70.0% 76.6%	70.0% 79.0%	70.0% 79.6%					70%
FF 1	NEAT	Result •									\ \			1000/
E5.1	ED: % seen within recommended time	Target Result	100.0% 98.0%	100.0% 100.0%	100.0% 97.7% •	100.0% 84.2%	100.0% 100.0%	100.0% 100.0%	100.0%					100%
E5.2	Category 1: within 2 minutes		80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%		′)			80%
E5.2	Category 2: within 10 minutes	Target Result		82.3%	80.1%	81.1%	80.2%	83.0%	87.0%					80%
E5.3	Category 2. Within 10 minutes	Target	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%					75%
63.3	Category 3: within 30 minutes	Result •	73.0%	71.2%	64.7%	69.8%	76.3%	75.7%	79.7%					/3/0
E5.4	Category 3. Within 30 minutes	Target	70.0%	70.0%	70.0%	70.0%	70.0%	70.0%	79.0%					70%
L3.4	Category 4: within 60 minutes	Result •		65.9% •	63.6%	71.1%	67.3% •	65.0%	72.1%					7070
E5.5	Category 4. Within 60 minutes	Target	70.0%	70.0%	70.0%	70.0%	70.0%	70.0%	70.0%					70%
LJ.J	Category 5: within 120 minutes	Result •		76.2%	83.7%	91.2%	84.3%	86.8%	27.7%					70%
E6	Patient Off Stretcher Time: < 30 mins	Target	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	57.75					90%
LU	POST	Result •		87.8%	88.7% •	91.7%	94.4%	94.6%						3070
E7.1	ES: % treated within recommended time **	Target	89.0%	89.0%	89.0%	89.0%	89.0%	89.0%	89.0%					89%
L7.1	Category 1: within 30 days	Result •		95.9%	94.8%	99.0%	99.1%	98.1%	96.9%					0370
E7.2	category 1. Within 30 days	Target	81.0%	81.0%	81.0%	81.0%	81.0%	81.0%	81.0%					81%
27.2	Category 2: within 90 days	Result •		91.1%	89.8%	97.8%	94.2%	89.3%	93.2%					01/0
E7.3	category 2. Within 30 days	Target	91.0%	91.0%	91.0%	91/0%	91.0%	91.0%	91.0%					91%
27.5	Category 3: within 365 days	Result •		99.7%	98.9%	99.7%	98.8%	99.2%	100.0%					3170
E8.1	ES: 'long waits'	Target	0	0 4	0	33.176	> 0	0	0					0
20.1	Category 1: within 30 days	Result •		0	0	0	0	0 •	0 •					ŭ
E8.2	category 11 minim 30 days	Target	0		0	0	0	0	0					0
	Category 2: within 90 days	Result =		89	104	84	89 ■	118	100					-
E8.3	category 2. Within 30 days	Target	8	0 0	0	0	0	0	0					0
	Category 3: within 365 days	Result •		0	0	0 •	0	0	0					ŭ
E9	Activity (WAU):	Target			\\ _{-}									94,069
	Total	Result	37,853.1	7,691.6	7,684.2	7,161.7	7,509.1	7,806.6						- 1,000
E9.1		Target	(((((.,,,,	-	-	-	-						51,851
	Inpatients	Result	22,366.4	4,483.3	4,552.0	4,311.4	4,379.9	4,639.8						,
E9.2		Target	/ /		-	-	-	-						16,216
	Outpatients	Result	8,859.2	1,683.6	1,802.4	1,656.5	1,866.0	1,850.8						
E9.3	(ED data contains manual adjustment)	Target	/ // -	-	-	-	-	-						10,572
	Emergency Department	Result	4,362.5	888.3	949.1	870.8	843.6	810.7						- /
E9.4	2 02 27 2,22	Target	-	-			-	-						1,588
-	Mental Health	Result	753.4	96.1	252.8	144.5	108.2	151.8						,
E9.5		Target	-	_	-	-	-	-						13,036
	Critical Care	Result	5,558.1	1,374.3	989.5	980.6	1,090.4	1,123.3						-,
E9.6		Target	-,,		-	-	-	,						805
	Sub and Non-Acute Patients	Result	315.9	54.3	87.5	68.7	64.6	40.7						

EMERGENCY DEPARTMENTS

National Emergency Access Target (NEAT) - calendar year to date performance

NEAT by departure status group

Departure Status *	Total Attendances	NEAT	% NEAT	Nov 2012 YTD NEAT %
Non-admitted	59,474	50,395	84.7%	84.5%
Admitted	17,726	3,634	20.5%	19.7%
Total	77,200	54,029	70.0%	69.7%

^{*} Does not include dead on arrival, died in ED, did not wait and transferred to another hospital

NEAT by hospital and departure status group

Hospital	Non-admitted	Admitted	% NEAT	Nov 2012 YTD NEAT %
Mater Adult Public Hospital	82%	19%	65.7%	65.0%
Mater Children's Public Hospital	87%	22%	73.5%	73.4%

NEAT by top 5 admitting wards by volume, and % of consults requested within 120 minutes (excludes NEAT performance >40%)

Admitting Ward	Admissions NEAT % consults < 120
n/a	

Total of all admissions

NEAT by top 5 admitting specialty by volume, and % of consults requested within 120 minutes (excludes NEAT performance >40%)

Admitting Specialty		Admissions	NEAT	% consults < 120
- 1-	1			

Total of all admissions

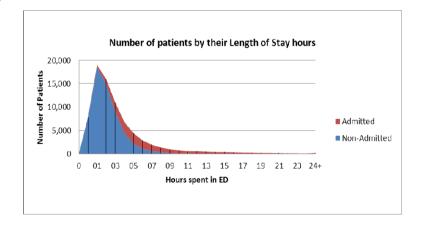
WAITING TIMES - monthly performance

Volume and waiting time performance by triage category

	Category 1	Category 2	Category 3	Category 4	Category 5	All
	Category 1	Category 2	category 5	Category 4	Category 5	Categories
Attendances	29	462	1,939	3,986	302	6,718
# seen in time	29	402	1,546	2,875	265	5,117
% seen in time	100.0%	87.0%	79.7%	72.1%	87.7%	76.2%
Median Wait (minutes)	0		13	33	27	22
Volume and waiting time performance	ov top 5 diaanosis. ca	tegory 3 and 4				

Volume and waitin	a tima narfarr	manca hu tan	E diagnocic	casaaan	· 2 and
voiuille ullu wullill	u ume pemon	HUHILE DV LOD .	o uluullosis.	cuteuo	, 5 ullu 4

Diagnasia	Cate	gory 3	Categ	gory 4	
Diagnosis	Attendances	% seen in time	Attendances	% seen in time	
B34.9 Viral Infection	48	68.8%	239	54.0%	
A08.4 Viral Gastroenteritis	37	75.7%	153	63.2%	
R10.3 Pain Localised To Oth Parts Low Abdomer	69	78.3%	105	38.5%	
J06.9 Upper Respiratory Tract Infection	27	55.6%	116	50.3%	
Z53.2 Did Not Wait	9	77.8%	116	36.8%	



Information provided by Clinical Access and Redesign Unit

Data source: Emergency Department Information System (EDIS), data is preliminary and subject to change.

ACTIVITY (ABF AND NON-ABF) YTD PERFORMANCE -November 2012 Targets have not been uploaded by the HHS at this time Data source: Decision Support System (DSS) as at 21 January 2013 Weighted Activity Units - WAU Weighted Activity Units - WAU * 2012-13 YTD Actual includes adjusted ED data 91.618 Presentation Type Non ABF 93,122 2,451 39,658 37,853 37,853 -1,805 -4 6% Cat 1 (Admitted and Discharged) 116.8 125.8 53.2 -100.0% -53.2 Total Activity 93.122 94.069 39.658 37.853 37.853 -1.805 -4.6% Cat 2 (Admitted and Discharged) 1.304.6 1.374.9 547.6 -547.6 -100.0% Cat 3 (Admitted and Discharged) 4,123.5 4,321.4 1,763.7 -1,763.7 -100.0% Cat 4 (Admitted and Discharged) 4,642.8 4,590.8 -1,933.6 -100.0% 1.933.6 Cat 5 (Admitted and Discharged) 161.5 158.1 63.0 -63.0 -100.0% Service Related Group (SRG) 01 Cardiology 875.0 909.6 387.5 380.3 380.3 -7.3 -1.9% Did Not Wait 144.0 194.5 73.4 66.1 66.1 -7.2 -9.9% 3.0 0.9 1.5 -1.5 -100.0% 1 263 7 620.9 723 4 723 4 102 5 16.5% 1.739.6 03 Cardiac Surgery Emergency Services Treated 04 Thoracic Surgery 662.1 333.6 286.7 286.7 -46.9 -14.1% **Emergency Department Total** 10,352.2 10,571.9 4,362.5 4,352.5 4,362.5 05 Dermatology 220.2 219.6 89.1 89.0 89.0 -0.1 -0.1% 06 Endocrinology 977.7 963.5 460.4 430.7 430.7 -29.7 -6.4% -11 8% 524 5 563.7 225.8 199 2 199 2 -26.6 07 Gastroenterology Bed Type 08 Diagnostic GI Endoscopy 813.3 903.4 347.2 370.0 370.0 22.8 6.6% GFM 108.6 647.0 294.1 222.1 222.1 -72.0 -24.5% MAINT 297.6 188.2 125.0 108.6 -16.4 -13.1% 09 Haematology 549.4 234.0 86.2 -6.5 -7.0% 280.1 251.5 94.5 105.8 105.8 11.3 12.0% 10 Haematological Surgery 92.7 86.2 PALLIATIVE 984 3 1 098 0 406.1 414 8 414 8 8.7 2 1% RFHAR 154.0 365 6 75.9 101 6 101 6 25.6 33.8% 11 Immunology & Infections 12 Medical Oncology 633.8 666.4 277.1 224.0 224.0 -53.1 -19.2% **SNAP Total** 731.7 295.4 315.9 315.9 20.6 7.0% 13 Chemotherapy & Radiotherapy 48.4 55.7 21.9 6.9 46.3% 15.0 21.9 1.540.5 1.407.3 649.2 729.8 729.8 80.5 12.4% 14 Neurology 15 Renal Medicine 365.3 145.0 152.0 4 8% 320 5 152 0 6.9 Activity Type 16 Renal Dialysis -0.4 -100.0% Designated Bed (Per Diem Activity) 1,269.2 1,404.6 680.7 680.7 66.1 10.8% 17 Respiratory Medicine 3 824 0 2 898 1 1 699 8 1 655 9 1 655 9 -43 9 -2.6% 42 Psychiatry - Acute 1189 183 9 48 N 72 7 72 7 24.7 51 4% 18 Rheumatology 241.3 231.6 106.1 104.3 104.3 -1.8 -1.7% Mental Health Total 1.388.1 1.588.5 662.7 753.4 753.4 90.8 13.7% 19 Non Subspecialty Medicine 1,070.6 1.882.4 183 5 1123 1183 -35.2 -7 3% 20 Breast Surgery 792.9 928.3 363.6 369.0 369.0 5.4 1.5% 21 Upper GIT Surgery 795.5 753.3 344 3 357.8 357.8 135 3 9% Clinic Type 566.1 456.9 456.9 -109.3 -19.3% Medical 3,606.7 3.353.1 1.633.0 1.929.9 296.9 18.2% 22 Colorectal Surgery 1.239.6 1.232.1 1.929.9 3 720 0 23 Head & Neck Surgery 318.8 3/06 160.3 1//0 8 1//0 8 -19.5 -12.2% Surgical 3.990.1 1 7// 0 1.745.1 1 7/15 1 0.2 0.0% 24 Neurosurgery 1,430.7 777.9 590.6 561.1 561.1 -29.5 -5.0% Allied Health 1,958.2 1,828.8 856.4 847.9 847 9 -8.5 -1.0% 25 Dental Surgery 481 9 354 6 205.0 220.2 220.2 15.2 7 4% Pre-Admission 321.6 60.5 151.8 128.6 128 6 -23.2 -15 3% 27 Ear, Nose & Throat 1,833.1 1,864.9 798.2 893.2 893.2 95.0 11.9% Paediatric 327.5 295.6 133.3 224.8 224.8 91.5 68.6% 28 Orthonaudics 5.041.2 5 810 0 2 386 0 2.303.0 2 303 0 -83 N Neonatal 3.5 35 3 0 29 Ophthalmology 999.5 1,105.7 467 3 456.5 456.5 -10.9 -2.3% Maternity 2,552.8 2,777.7 1,032.9 1,301.2 1,301.2 268.3 26.0% 30 Plastic & Reconstructive Surgery 1.389.0 1 695 8 5943 627.2 627.2 32.9 5.5% Alcohol'& Drug 2,342.5 2,086.3 966.9 879.5 879.5 87.4 9.0% Chemotherapy 1,616.4 1,616.4 1,616.4 31 Urology 32 Vascular Surgery 554.2 685.4 233.2 272.2 272.2 39.0 16.7% Clinical Haematology 380.4 655.1 151.6 52.0 52.0 -99.6 -65.7% 33 Non Subspecialty Surgery 3,270.3 3,508.0 1,440.3 1,450.8 1,450.8 0.7% Clinical Measurement 35.4 167.7 167.7 167.7 34 Gynaecology 2,700.9 2,719.2 1,177.6 1,308.3 1,308.3 130.8 11.1% Community Health Services 7,707.7 8,065.4 3,041.8 3,416.0 3,416.0 12.3% Cystic Fibrosis 130.9 186.1 65.8 57.3 57.3 -8.5 -12.9% 35 Obstetrics 36 Qualified Neonate 3.826.6 3.773.9 1.341.0 1.695.8 1.695.8 26.5% Diagnostic Imaging 38 Transplantation 102.6 101.6 53.0 33.3 33.3 -19.7 -37.2% Dialvsis 150.6 80.0 54.5 59.7 59.7 5.2 9.5% 39 Extensive Burn 8.1 5.0 2.5 14.0 11.6 468.7% District Nursing Services 40 Tracheostomy 991.2 1,298.7 479.6 249.0 249.0 -230.6 -48.1% 166.4 166.4 166.4 Endoscopy 41 Drug & Alcohol 122.0 125.8 62.4 57.2 -5.2 -8.3% Interventional Cardiology 43 Rehabilitation Medical Oncology 3.909.9 3.028.5 1,578.0 417.5 417.5 -1.160.5 -73.5% 44 Unallocated Pain Management 51.022.4 51.851.2 21.980.8 22.366.4 385.6 1.8% Inpatient Total 22.366.4 Pharmacv Primary Care Psychiatry Bed Type Radiation Oncology Coronary Care 384.9 456.0 154.8 146.7 146.7 -8.0 -5.2% Renal Medicine 220.1 153.7 89.2 107.5 107.5 18.3 20.5% Intensive Care 1,490.7 1,330.2 724.0 602.4 602.4 -121.6 -16.8% Sub Acute 29.5 29.5 29.5 4.040.2 4.656.0 1.545.1 2.017.p 2.017.6 472.5 30.6% Neonatal Intensive Care Transplants Paediatric Intensive Care 3,294.9 3,705.5 1,431.2 1,351.5 1,351.5 -79.7 -5.6% Wound Management 29.0 31.7 19.1 4.2 4.2 -14.9 -78.0% 2.838.7 2.888.6 990.9 1.439.9 1.439.9 449.0 45.3% Other Special Care Nursery **Critical Care Total** 12,049.4 13,036.3 4,845.9 5,558.1 712.2 14.7% 17,577.8 16,216.0 7,510.6 8,859.2 8,859.2 1,348.6 18.0% **Outpatient Tota** Red values indicate the Top 5 greatest positive variance to target recorded in DSS Blue values indicate the Top 5 greatest negative variance to target recorded in DSS Inpatients 51.851.2 -51.851.2 nnatients Critical Care 13,036.3 -13,036.3 ritical Care 10,571.9 -10,571.9 Emergency Department Emergency Department Sub and Non-Acute Patients 805.3 -805.3 Sub and Non-Acute Patient 1,588.5 -1,588.5 Mental Health Mental Health Outpatients 16,216.0 -16.216.0 Outpatients

Total Activity Target

94,069.1

-94.069.1

Total Activity Target

CASEMIX CHANGE - Year on year comparison - November 2012

Data source: Decision Support System (DSS) as at 21 January 2013

		2011-12 to 20	12-13 Change		Potential	WAUs notio	nal variance
	YTE) Seps	l YTD	WAUs	Casemix		Casemix
Inpatients	Actual		Actual	%	Change	Volume	related
Service Related Group (SRG)	Actuul	/0	Actual	/0			
01 Cardiology	-24	-3.5%	-7.3	-1.9%	1.6%	-5.0	-2.3
02 Interventional Cardiology	-6	-5.6%	-7.2	-9.9%	-4.3%	-5.0	-2.2
03 Cardiac Surgery	3	4.3%	102.5	16.5%	12.2%	70.7	31.8
04 Thoracic Surgery	-60	-21.2%	-46.9	-14.1%	7.1%	-32.4	-14.5
05 Dermatology	27	16.7%	-0.1	-0.1%	-16.7%	0.0	0.0
06 Endocrinology	-36	-9.0%	-29.7	-6.4%	2.6%	-20.5	-9.2
07 Gastroenterology	-32	-6.5%	-26.6	-11.8%	-5.2%	-18.3	-8.2
08 Diagnostic GI Endoscopy	66	15.1%	22.8	6.6%	-8.5%	15.7	7.1
09 Haematology	-43	-12.1%	-72.0	-24.5%	-12.4%	-49.7	-22.3
10 Haematological Surgery	-43	-17.1%	-6.5	-7.0%	10.2%	-4.5	-2.0
11 Immunology & Infections	-3	-0.7%	8.7	2.1%	2.8%	6.0	2.7
12 Medical Oncology	-35	-11.8%	-53.1	-19.2%	-7.4%	-36.6	-16.5
13 Chemotherapy & Radiotherapy	17	42.5%	6.9	46.3%	3.8%	4.8	2.1
14 Neurology	17	2.2%	80.5	12.4%	10.2%	55.6	25.0
15 Renal Medicine	27	12.7%	6.9	4.8%	-8.0%	4.8	2.1
16 Renal Dialysis	-1	-100.0%	-0.4	-100.0%	0.0%	-0.2	-0.1
17 Respiratory Medicine	-97	-5.8%	-43.9	-2.6%	3.2%	-30.3	-13.6
18 Rheumatology	-27	-11.2%	-1.8	-1.7%	9.5%	-1.2	-0.6
19 Non Subspecialty Medicine	-21	-1.7%	-35.2	-7.3%	-5.5%	-24.3	-10.9
20 Breast Surgery		1.770	5.4	1.5%	1.5%	3.7	1.7
21 Upper GIT Surgery	12	5.5%	13.5	3.9%	-1.6%	9.3	4.2
22 Colorectal Surgery	3	1.8%	-109.3	-19.3%	-21.1%	-75.4	-33.9
23 Head & Neck Surgery	-13	-13.7%	-19.5	-12.2%	1.5%	-13.5	-6.1
24 Neurosurgery	12	3.2%	-29.5	-5.0%	-8.2%	-20.3	-9.1
25 Dental Surgery	-2	-6.1%	164.8	297.2%	303.3%	113.7	51.1
26 Dentistry	19	8.3%	17.3	11.5%	3.2%	11.9	5.3
27 Ear, Nose & Throat	-55	-3.9%	95.0	11.9%	15.8%	65.5	29.4
28 Orthopaedics	-29	-2.0%	-83.0	-3.5%	-1.5%	-57.3	25.7
29 Ophthalmology	-30	-4.9%	-10.9	-2.3%	2.5%	-7.5	-3.4
30 Plastic & Reconstructive Surgery	-35	-6.8%	32.9	5.5%	12.4%	22.7	10.2
31 Urology	-61	-7.0%	-87.4	-9.0%	-2.0%	-60.3	-27.1
32 Vascular Surgery	8	7.5%	39.0	16.7%	9.2%	26.9	12.1
33 Non Subspecialty Surgery	-148	-8.1%	10.5	0.7%	8.8%	7.3	3.3
34 Gynaecology	95	9.7%	130.8	11.1%	1.4%	90.2	40.5
35 Obstetrics	249	9.1%	374.2	12.3%	3.2%	258.2	116.0
36 Qualified Neonate	237	9.8%	354.8	26.5%	16.7%	244.8	110.0
38 Transplantation	-2	-33.3%	-19.7	-37.2%	-3.8%	-13.6	-6.1
39 Extensive Burns	3	75.0%	11.6	468.7%	393.7%	8.0	3.6
40 Tracheostomy	-14	-30.4%	-230.€	-48.1%	-17.6%	-159.1	-71.5
41 Drug & Alcohol	-41	-22.3%	-5.2	-8.3%	14.0%	-3.6	-1.6
43 Rehabilitation	36	59.0%	//-	0.0%	-59.0%	0.0	0.0
44 Unallocated	-	-	K < -	0.0%	0.0%	0.0	0.0
Inpatient Total *	10	-0.1%	385.6	1.8%	1.8%	266.0	119.5
-			'\\				

Red values indicate a **negative** growth in Seps and a **positive** growth in WAU

Blue values indicate a **positive** growth in Seps and a **negative** growth in WAU

AMBULATORY CARE - Review to New ratio - November 2012

Data source: Decision S	unnort System (D	SSI ac at 21	lanuary 2013

Weighted Activity U	nits - WAU	2010-11	2011-12	2012-13	2012-13	R	2N Ratio - WAI	Js
Outpatients		Actual	Actual	Purchased	YTD	2010-11	2011-12	2012-13 Y
Clinic Type								
Medical	New	757.4	1,001.9	1,150.3	462.0			
Tredital.	Review	2,707.4	2,604.8	2,202.7	1,467.9	3.6	2.6	3
Surgical	New	941.4	1,109.7	1,356.4	402.1	5.0	2.0	
Sargical	Review	2,699.5	2,880.4	2,373.5	1,343.1	2.9	2.6	3
Allied Health	New	779.2	731.3	838.7	337.0	2.0	2.0	
, unca ricator	Review	1,029.5	1,226.9	990.1	540.9	1.3	1.7	1
	Other	-	1,220.5		,10.5	1.0	1.,	
Pre-Admission	New	1.2	2.6	1.3	2.0			
110710111331011	Review	88.0	319.9	59.2	126.6	71.1	197.1	63
Paediatric	New	146.0	109.9	167.5	60.9	7212	137.11	
racalactic	Review	198.1	217.6	128.0	163.9	1.4	2.0	2
Neonatal	New		-) -)	3.3	211	2.0	
Neonatai	Review	11	_	//	0.2	_	_	(
Maternity	New	569.6	514.6	686.9	232.4			
iviaternity	Review	1,745.4	2,038.2	2,090.8	1,068.8	3.1	4.0	
Alcohol & Drug		1,745.4	2,000.2	2,030.8	1,000.0	3.1	4.0	
Alcohol & Drug	New			-	-			
	Review Other	\ (-	-	_	-	
Sub Acute	New	- -			6.8			
Sub Acute	Review	\)	-	-	22.7			
_	Other		-	-	22.7	-	-	
Clinical Mascuroment	\rightarrow	12.3		35.4	9.2			
Clinical Measurement	New	12.3	-	35.4				1
Wound Management	Review: New	3.4	1.8	1.2	158.4 0.1	-	-	1.
would management	/ "			30.5		144	14.0	2
hair Maharamant	Review	48.1	27.2		4.1	14.4	14.8	
Pain Management	New	-	-	-				
Out to Fibered	Review		-		-	-	-	
Cystic Fibrosis	New		-	-				
Tran plants	Review	135.2	130.9	186.1	57.3	-	-	
Transplants	New	-	-	-	-			
r. d	Review				132.8	-	-	
Endoscopy	New	-	-	-				
	Review				33.7	-	-	
Interventional Cardiology	New	-	-	-	-			
	Review	-	-	-	-	-	-	
Renal Medicine	Other	30.5	- 22.7	25.0	15.0			
nendi ivieuicifie	New		<i>32.7</i> 187.4		92.5	5.3	5.7	
Dialysis	Review	162.3	187.4	128.6	92.5	5.3	5./	
Dialysis	New	70.1	150.0				_	
	Review	70.1	150.6	80.0	59.7	-	-	
Charactharan	Other	-	-	70.1	- 26.2			
Chemotherapy	New	-	-	-	26.3			_
Modical Operators	Review	- 040	- 01.0		1,590.1	-	-	6
Medical Oncology	New	84.8	81.8	66.1	35.1	25.2	40.0	_
Dadiation On the	Review	2,985.5	3,828.1	2,962.4	382.5	35.2	46.8	1
Radiation Oncology	New	-	-	-	-			
Clinical Hannest - Later	Review					-	-	
Clinical Haematology	New	24.5	32.7	44.5	12.6		40.5	
Daimana Cana	Review	241.3	347.7	610.5	39.4	9.9	10.6	
Primary Care	New	-	-	-	-			
Out	Review	-	-	-	-	-	-	
Other	New	-	-	-	-			
	Review	-	-	-	-	-	-	
	Other	-	-				AH -** *	
otal	New	3,350.2	3,618.0	4,373.5	1,737.7		All clinics	
	Review	12,110.6	13,959.9	11,842.5	7,121.5	3.6	3.9	
	Other	-	-	-	-	Excluding clin	ics as per Purcha	sıng Initiativ
	Total	15,460.8	17,577.8	16,216.0	8,859.2	2.7	2.8	

^{*} Inpatient total excludes 39 Psychiatry - Acute and 40 Rehabilitation

ESCALATION KPI LIST

			Attainment Score	
KPI No.	Escalation KPIs	Green	Amber	Red
Safety	and Quality	Target		
E1	Never events	0	n/a	> 0
E2	Hospital acquired 3rd and 4th stage Pressure Injuries	5.0% of 2010-11 actuals	> 5.0% - 25.0% of 2010-11 actuals	> 25.0% of 2010-11 actuals
E3	Healthcare-associated Staphylococcus aureus (incl. MRSA) bacteraemia	20.0% of 2010-11 actuals	> 20.0% - 40.0% of 2010-11 actuals	> 40.0% of 2010-11 actuals
Access		Target		
E4	National Emergency Access Target (NEAT): % of ED attendances who depart	2012: > 70.0%	2012: 69.9% - 65.0%	2012: < 65.0%
	within 4 hours of their arrival in ED			
		2013: > 77.0%	2013: 76.9% - 70.0%	2013: < 70.0%
E5	Emergency Department: % seen within recommended timeframe:	80% of all categories		
LJ	Category 1: within 2 minutes	Cat. 1: 100%	Cat. 1: 99.9% - 90.0%	Cat. 1: < 90.0%
	Category 2: within 10 minutes	Cat. 2: > 80.0%	Cat. 2: 79.9% - 70.0%	Cat. 2: < 70.0%
	Category 3: within 30 minutes	Cat. 3: > 75.0%	Cat. 3: 74.9% - 65.0%	Cat. 3: < 65.0%
	Category 4: within 60 minutes	Cat. 4: > 70.0%	Cat. 4: 69.9% - 60.0%	Cat. 4: < 60.0%
	Category 5: within 120 minutes	Cat. 5: > 70.0%	Cat. 5: 69.9% 60.0%	Cat. 5: < 60.0%
F.C	Patient Off Stretcher Time (POST): < 30 mins (%)	>= 90.0%	< 90.0% - 85.0%	< 85.0%
-	Elective Surgery: % treated within the clinically recommended timeframe for	2012	2012	2012
E7	their category	2012	2012	2012
	(National Elective Surgery Target (Part 1))	Cat. 1: 89.0%	Cat. 1: 88.9% - 85.0%	Cat. 1: < 85.0%
		Cat. 2: 81.0%	Cat. 2: 80.9% /8.0%	Cat. 2: < 78.0%
		Cat. 3: 91.0%	Cat. 3: 90.9% 87.0%	Cat. 3: < 87.0%
		2013	2013	2013
		Cat. 1: 100%	Cat. 1: 99.9% - 96.0%	Cat. 1: < 96.0%
		Cat. 1: 100%	Cat. 2: 86.9% - 83.0%	Cat. 1: < 90.0%
		Cat. 3: 94.0%	Cat. 3: 93.9% - 90.0%	Cat. 3: < 90.0%
FO	Elective Surgery: Number of patients waiting more than the clinically	0 for all categories	HHS specific	HHS specific
E8	recommended timeframe for their category:	o for all categories	nns specific	nns specific
	Category 1: within 30 days	Cat. 1: 0	Cat. 1: > 0% - 5.0%	Cat. 1: > 5.0%
	Category 2: within 90 days	Cat. 2: 0	Cat. 2: > 0% - 5.0%	Cat. 2: > 5.0%
	Category 3: within 365 days	Cat. 3: 0	Cat. 3: > 0% - 5.0%	Cat. 3: > 5.0%
E9	Activity: variance between purchased ABF activity and YTD recorded ABF	0% to +/-1%	Within tolerance as per detail in Schedule	> tolerance as per detail in Schedule 3
	activity, by Service Group (Inpatients, Outpatients, ED, Mental Health, Critical	0,710 1/17	3 (part C) contained in the Service	(part C) contained in the Service
	Care and SNAP)		Agreement	Agreement
Efficien	ncy and Financial Performance	Target		
E10	YTD Operating position	Balanced or surplus	0 – 1.0% unfavourable variance to budget	> 1.0% unfavourable variance to budget
			_	_
E11	Full year Forecast Operating position	Balanced or surplus	0 – 1.0% unfavourable variance to budget	> 1.0% unfavourable variance to budget
	(Agreed position between System Manager and HSS)			
E12	Own Source Revenue Target	Balanced or surplus	0 – 1.0% unfavourable variance to budget	> 1.0% unfavourable variance to budget
E13	YTD average FTE (MOHRI head count)	HHS specific as per detail in Schedule 3	0 – 1.0% unfavourable variance to budget	> 1.0% unfavourable variance to budget
		(part 8) contained in the Service		
		Agreement		
Closing	the Gap	Target		
E14	Performance domain target:	0 escalation KPI red	1 escalation KPI red in any quarter	> = 2 escalation KPIs red in any quarter
	Achievement of Closing the Gap escalation indicators contained within	and > = 2 escalation KPI green in any	or > = 3 escalation KPIs amber in any	or 1 escalation KPI red for > = 2
	Schedule 8 of the Service Agreement.	quarter	quarter	consecutive quarters
E14.1	CTG KPI 1 – Estimated level of completion of Indigenous status – specifically the reporting of 'not 'stated' on admission	'Not stated' is < = 1%	'Not stated' is	'Not stated' is
	reporting or not stated on admission	,	> previous quarter but not meeting target	> = previous quarter
F14.2	CTG KPI 2 – Percentage of in-scope separations of Aboriginal and Torres Strait	> = 55% of in-scope separations of	54.9% - 50.0% of in-scope separations	< 50.0% of in-scope separations
E14.2	Islander consumers from the HHS's acute mental health inpatient unit(s) for	Aboriginal and Torres Strait Islander	34.5% - 30.0% of III-scope separations	< 30.0% of III-scope separations
	which a community ambulatory service contact, in which the consumer	consumers		
	participated (in person or via videoconference), was recorded in one to seven			
	days immediately following that separation			
E14.3				> previous quarter target
E14.5	CTG KPI 3 – The proportion of Aboriginal and Torres Strait Islander patients	< = HHS quarterly target (as per detail in	> previous quarter result but not meeting	
E14.3	CTG KPI 3 – The proportion of Aboriginal and Torres Strait Islander patients who discharged themselves against medical advice (DAMA)	Schedule 8 contained in the Service	> previous quarter result but not meeting quarterly target	
	who discharged themselves against medical advice (DAMA)	Schedule 8 contained in the Service Agreement)	quarterly target	
	who discharged themselves against medical advice (DAMA) CTG KPI 4 – Percentage of //bo/figinal and/To/res Strait Islander Cultural Practice	Schedule 8 contained in the Service Agreement) > = HHS quarterly target (as per detail in	quarterly target > = 50.0% of quarterly target but not	< 50.0% of quarterly target
	who discharged themselves against medical advice (DAMA) CTG KPI 4 – Percentage of Aboriginal and Tokres Strait Islander Cultural Practice Program participants by facility	Schedule 8 contained in the Service Agreement) > = HHS quarterly target (as per detail in Schedule 8 contained in the Service	quarterly target	< 50.0% of quarterly target
E14.4	who discharged themselves against medical advice (DAMA) CTG KPI 4 – Percentage of Aboriginal and Torres Strait Islander Cultural Practice Program participants by facility (based on staff numbers at beginning of financial year)	Schedule 8 contained in the Service Agreement) > = HHS quarterly target (as per detail in Schedule 8 contained in the Service Agreement)	quarterly target > = 50.0% of quarterly target but not	< 50.0% of quarterly target
E14.4 Mental	who discharged themselves against medical advice (DAMA) CTG KPI 4 – Percentage of Aboriginal and Torres Strait Islander Cultural Practice Program participants by facility (based on staff numbers at beginning of financial year) I Health and Alcohol and Other Drugs	Schedule 8 contained in the Service Agreement) > = HHS quarterly target (as per detail in Schedule 8 contained in the Service Agreement) Target	quarterly target > = 50.0% of quarterly target but not achieving quarterly target	
E14.4	who discharged themselves against medical advice (DAMA) CTG KPI 4 – Percentage of Aboriginal and Torres Strait Islander Cultural Practice Program participants by facility (based on staff numbers at beginning of financial year) I Health and Alcohol and Other Drugs Performance domain target:	Schedule 8 contained in the Service Agreement) > = HHS quarterly target (as per detail in Schedule 8 contained in the Service Agreement) Target Achieve target (listed below) in greater	quarterly target > = 50.0% of quarterly target but not achieving quarterly target Achieve target in 67% - 50% of the	Achieve target in less than 50% of the
E14.4 Mental	who discharged themselves against medical advice (DAMA) CTG KPI 4 – Percentage of Aboriginal and Tokres Strait Islander Cultural Practice Program participants by facility (based on staff numbers at beginning of financial year) Health and Alcohol and Other Drugs Performance domain target: Achievement of Mental Health & Alcohol and Other Drug Treatment Services	Schedule 8 contained in the Service Agreement) > = HHS quarterly target (as per detail in Schedule 8 contained in the Service Agreement) Target	quarterly target > = 50.0% of quarterly target but not achieving quarterly target	
E14.4 Mental	who discharged themselves against medical advice (DAMA) CTG KPI 4 – Percentage of Aboriginal and Torres Strait Islander Cultural Practice Program participants by facility (based on staff numbers at beginning of financial year) I Health and Alcohol and Other Drugs Performance domain target:	Schedule 8 contained in the Service Agreement) > = HHS quarterly target (as per detail in Schedule 8 contained in the Service Agreement) Target Achieve target (listed below) in greater	quarterly target > = 50.0% of quarterly target but not achieving quarterly target Achieve target in 67% - 50% of the	Achieve target in less than 50% of the
E14.4 Mental	who discharged themselves against medical advice (DAMA) CTG KPI 4 – Percentage of Aboriginal and Tokres Strait Islander Cultural Practice Program participants by facility (based on staff numbers at beginning of financial year) Health and Alcohol and Other Drugs Performance domain target: Achievement of Mental Health & Alcohol and Other Drug Treatment Services escalation indicators contained within Schedule 9 of the Service Agreement.	Schedule 8 contained in the Service Agreement) > = HHS quarterly target (as per detail in Schedule 8 contained in the Service Agreement) Target Achieve target (listed below) in greater	quarterly target > = 50.0% of quarterly target but not achieving quarterly target Achieve target in 67% - 50% of the	Achieve target in less than 50% of the
E14.4 Mentai E15	who discharged themselves against medical advice (DAMA) CTG KPI 4 – Percentage of Aboriginal and Tokres Strait Islander Cultural Practice Program participants by facility (based on staff numbers at beginning of financial year) I Health and Alcohol and Other Drugs Performance domain target: Achievement of Mental Health & Alcohol and Other Drug Treatment Services escalation indicators contained within Schedule 9 of the Service Agreement. Listed below (where applicable):	Schedule 8 contained in the Service Agreement) > = HHS quarterly target (as per detail in Schedule 8 contained in the Service Agreement) Target Achieve target (listed below) in greater than 67% of the escalation indicators	quarterly target > = 50.0% of quarterly target but not achieving quarterly target Achieve target in 67% - 50% of the escalation indicators	Achieve target in less than 50% of the escalation indicators
E14.4 Mental E15	who discharged themselves against medical advice (DAMA) CTG KPI 4 – Percentage of Aboriginal and Torres Strait Islander Cultural Practice Program participants by facility (based on staff numbers at beginning of financial year) I Health and Alcohol and Other Prugs Performance domain target: Achievement of Mental Health & Alcohol and Other Drug Treatment Services escalation indicators contained within Schedule 9 of the Service Agreement. Listed below (where applicable): - Ambulatory service contacts	Schedule 8 contained in the Service Agreement) > = HHS quarterly target (as per detail in Schedule 8 contained in the Service Agreement) Target Achieve target (listed below) in greater than 67% of the escalation indicators	quarterly target > = 50.0% of quarterly target but not achieving quarterly target Achieve target in 67% - 50% of the escalation indicators 99.9% - 95.0%	Achieve target in less than 50% of the escalation indicators
E14.4 Mental E15 E15.1 E15.2	who discharged themselves against medical advice (DAMA) CTG KPI 4 – Percentage of Aboriginal and Torres Strait Islander Cultural Practice Program participants by facility (based on staff numbers at beginning of financial year) Health and Alcohol and Other Drugs Performance domain target: Achievement of Mental Health & Alcohol and Other Drug Treatment Services escalation indicators contained within Schedule 9 of the Service Agreement. Listed below (where applicable): - Ambulatory service contacts - Ambulatory service contacts: Duration	Schedule 8 contained in the Service Agreement) > = HHS quarterly target (as per detail in Schedule 8 contained in the Service Agreement) Target Achieve target (listed below) in greater than 67% of the escalation indicators 100% of ambulatory service targets 100% of ambulatory service targets	quarterly target > = 50.0% of quarterly target but not achieving quarterly target Achieve target in 67% - 50% of the escalation indicators 99.9% - 95.0% 99.9% - 95.0%	Achieve target in less than 50% of the escalation indicators < 95.0% < 95.0%
E14.4 Mental E15	who discharged themselves against medical advice (DAMA) CTG KPI 4 – Percentage of Aboriginal and Torres Strait Islander Cultural Practice Program participants by facility (based on staff numbers at beginning of financial year) I Health and Alcohol and Other Orugs Performance domain target: Achievement of Mental Health & Alcohol and Other Drug Treatment Services escalation indicators contained within Schedule 9 of the Service Agreement. Listed below (where applicable): - Ambulatory service contacts - Ambulatory service contacts: Duration - Extended treatment facility and psychiatric hospital beds (Accrued patient	Schedule 8 contained in the Service Agreement) > = HHS quarterly target (as per detail in Schedule 8 contained in the Service Agreement) Target Achieve target (listed below) in greater than 67% of the escalation indicators 100% of ambulatory service targets 100% of ambulatory service targets > = 95% of accrued patient day target	quarterly target > = 50.0% of quarterly target but not achieving quarterly target Achieve target in 67% - 50% of the escalation indicators 99.9% - 95.0%	Achieve target in less than 50% of the escalation indicators
E14.4 Mental E15 E15.1 E15.2 E15.3	who discharged themselves against medical advice (DAMA) CTG KPI 4 – Percentage of Aboriginal and Torres Strait Islander Cultural Practice Program participants by facility (based on staff numbers at beginning of financial year) I Health and Alcohol and Other Orugs Performance domain target: Achievement of Mental Health & Alcohol and Other Drug Treatment Services escalation indicators contained within Schedule 9 of the Service Agreement. Listed below (where applicable): - Ambulatory service contacts - Ambulatory service contacts: Duration - Extended treatment facility and psychiatric hospital beds (Accrued patient days in block funded mental health facilities)	Schedule 8 contained in the Service Agreement) > = HHS quarterly target (as per detail in Schedule 8 contained in the Service Agreement) Target Achieve target (listed below) in greater than 67% of the escalation indicators 100% of ambulatory service targets 100% of ambulatory service targets > = 95% of accrued patient day target delivered	quarterly target > = 50.0% of quarterly target but not achieving quarterly target Achieve target in 67% - 50% of the escalation indicators 99.9% - 95.0% 99.9% - 95.0% 94.9 - 90.0%	Achieve target in less than 50% of the escalation indicators < 95.0% < 95.0% < 90.0%
E14.4 Mental E15 E15.1 E15.2 E15.3 E15.4	who discharged themselves against medical advice (DAMA) CTG KPI 4 – Percentage of Aboriginal and Torres Strait Islander Cultural Practice Program participants by facility (based on staff numbers at beginning of financial year) I Health and Alcohol and Other Drugs Performance domain target: Achievement of Mental Health & Alcohol and Other Drug Treatment Services escalation indicators contained within Schedule 9 of the Service Agreement. Listed below (where applicable): - Ambulatory service contacts - Ambulatory service contacts: - Ambulatory service contacts: Duration - Extended treatment facility and psychiatric hospital beds (Accrued patient days in block funded mental health facilities) - Closure of ATODS Client intake	Schedule 8 contained in the Service Agreement) > = HHS quarterly target (as per detail in Schedule 8 contained in the Service Agreement) Target Achieve target (listed below) in greater than 67% of the escalation indicators 100% of ambulatory service targets 100% of ambulatory service targets > = 95% of accrued patient day target delivered Closure period < 2 weeks	quarterly target > = 50.0% of quarterly target but not achieving quarterly target Achieve target in 67% - 50% of the escalation indicators 99.9% - 95.0% 99.9% - 95.0% 94.9 - 90.0% 2 - 3 weeks	Achieve target in less than 50% of the escalation indicators < 95.0% < 95.0% < 90.0% > 3 weeks
E14.4 Mental E15 E15.1 E15.2 E15.3	who discharged themselves against medical advice (DAMA) CTG KPI 4 – Percentage of Aboriginal and Torres Strait Islander Cultural Practice Program participants by facility (based on staff numbers at beginning of financial year) I Health and Alcohol and Other Orugs Performance domain target: Achievement of Mental Health & Alcohol and Other Drug Treatment Services escalation indicators contained within Schedule 9 of the Service Agreement. Listed below (where applicable): - Ambulatory service contacts - Ambulatory service contacts: Duration - Extended treatment facility and psychiatric hospital beds (Accrued patient days in block funded mental health facilities)	Schedule 8 contained in the Service Agreement) > = HHS quarterly target (as per detail in Schedule 8 contained in the Service Agreement) Target Achieve target (listed below) in greater than 67% of the escalation indicators 100% of ambulatory service targets 100% of ambulatory service targets > = 95% of accrued patient day target delivered	quarterly target > = 50.0% of quarterly target but not achieving quarterly target Achieve target in 67% - 50% of the escalation indicators 99.9% - 95.0% 99.9% - 95.0% 94.9 - 90.0%	Achieve target in less than 50% of the escalation indicators < 95.0% < 95.0% < 90.0%

TREND IN MONITORING KPI

Manual Construction Parallel				YTD Result / Latest Result	Jul 2012	Aug 2012	Sep 2012	Oct 2012	Nov 2012	Dec 2012	Jan 2013	Feb 2013	Mar 2013	Apr 2013	May 2013	Jun 2013	Full Year
1906 1906	SAFETY A	AND QUALITY		Latest Result													Target
March Marc			Target	-													-
Mode Programme			_	_	Queensland Be	dside Audit is cond	ducted October-No	vember 2012 with	statewide results	available in Marcl	h 2013						
Office Property Company Comp	M2	VTE Risk Assessment Documentation at Point		-	.,												-
Mode Death in the winor and special production Flags Second Groups Death in the winor and special productions Flags Second Groups Death in the winor and special productions Flags Second Groups Death in the winor and special productions Flags Second Groups Death in the winor and special productions Flags Second Groups Death in the winor and special productions Flags Second Groups Death in the winor and special production Flags Second Groups Gro				_	Queensland Be	dside Audit is cond	ducted October-No	vember 2012 with	statewide results	available in Marcl	h 2013						
March Decident D	M3	Hospital Standardised Mortality Ratio (HSMR)												/			
Company Department Annology Annology Annology Annology Company			Flag	green													-
MAD in Apolytanian ordinary rorteators: Fig. 1	M4	Death in low-mortality Diagnostic Related												//			
Mode March		Groups (Death-in-LM-DRG) - June 2012 result	Result	0.00									> \ \				-
Miles Secretary Secretar	M5	VLAD In-hospital mortality indicators:	Flag	green			green								>		
Mode of Part Mode	M5.1	Acute Myocardial Infarction	Result	0			0					((
Mode Personnel Result	M5.2	Stroke	Result	• 0			0										
Mail And Deplaned readmission indicators: Fig. Cests Fig. Fi	M5.3	Fractured neck of femur	Result	• 0			0))				
Mo. Acute Whocardial infraction Result 0 0 0 0 0 0 0 0 0	M5.4	Pneumonia	Result	0			0 •										
Mod. Hoart tailure	M6	VLAD Unplanned readmission indicators:	Flag	green			green					>//					
M6.4 Hip replacement	M6.1	Acute Myocardial Infarction	Result	• 0			0										
Mode Hip replacement Result	M6.2	Heart failure	Result				0				1/						
M6.5 Depression Result -	M6.3	Knee replacement	Result	• 0			0				>						
M6.5 Schizophrenia Result - - - -	M6.4	Hip replacement	Result	• 0			0				\)					
M6.7 Paeditaric tonsillectomy and adenoidectomy Result 0	M6.5	Depression	Result	-			-										
Healthcare associated Clostridium difficile infections Result -	M6.6	Schizophrenia	Result	-			-				//						
Infections Result Property	M6.7	Paediatric tonsillectomy and adenoidectomy	Result	• 0			0 •	/>									
M8 Acute stroke care in recognised stroke unit Target -	M7																
Result		infections	Result	-													
Fractured Neck of Femur to theatre in 2 days of admission (excl CHQ) Result -	M8	Acute stroke care in recognised stroke unit	Target	-													-
M10 Hospital acquired bloodstream infections Result -			Result	-				\ \ \									
M10 Hospital acquired bloodstream infections Result -	M9			-) \ \									-
Result Foundation Foundat			Result	-				/ \ \ \									
M11 Renal dialysis treatment received at home Target S0.0% S	M10	Hospital acquired bloodstream infections															
ACCESS M12 Emergency Department median waiting time Target Result 25 27 28 27 26 26 25 25 25 25 25 27 28 27 28 27 26 26 25 25 25 25 25 25						A	1.5										
M12 Emergency Department median waiting time Result 1	M11	Renal dialysis treatment received at home	_			1 1	\ \										50%
M12 Emergency Department median waiting time Target Result 20			Result	100.0%	100.5%	100.0%	100.0%	100.0%	100.0%								
Result 25 27 28 27 26 26 25	ACCESS																
M13 Emergency Department 'Did not waits' Target Result 0.0% 2.4% 2.4% 2.5% 2.6% 2.0% 2.4% 2.5% 2.5% 2.6% 2.0% 2.4% 2.5% 2.5% 2.6% 2.0% 2.4% 2.5% 2.6% 2.0% 2.4% 2.5% 2.6% 2.0% 2.4% 2.5% 2.6% 2.0% 2.4% 2.5% 2.6% 2.0% 2.4% 2.5% 2.6% 2.0% 2.4% 2.5% 2.6% 2.0% 2.4% 2.5% 2.6% 2.0% 2.4% 2.5% 2.6% 2.0% 2.4% 2.5% 2.6% 2.0% 2.4% 2.5% 2.6% 2.0% 2.4% 2.5% 2.6% 2.0% 2.4% 2.5% 2.6% 2.0% 2.4% 2.5% 2.6% 2.0% 2.4% 2.5% 2.6% 2.0% 2.6% 2.0% 2.4% 2.5% 2.6% 2.0% 2.6% 2.0% 2.6% 2.0% 2.6% 2.0% 2.6% 2.6% 2.0% 2.6% 2.6% 2.0% 2.6% 2.6% 2.0% 2.6% 2.6% 2.6% 2.6% 2.6% 2.6% 2.6% 2.6	M12	Emergency Department median waiting time	Target	20 <	20	20	20	20	20	20							20
Result 2.49; 2.19; 2.19; 2.89; 2.69; 2.09; 2.49; 2.19; 2.89; 2.69; 2.49; 2.59; 2.69; 2.59; <th></th> <th></th> <th>Result</th> <th>25</th> <th>27</th> <th>28</th> <th>27 =</th> <th>26</th> <th>26</th> <th>25 =</th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th>			Result	25	27	28	27 =	26	26	25 =							
M14 Elective Surgery volume Target 5,241/2 907 921 911 926 930 646 M15.1 Reduction in elective surgery long waits: Target 0 0 0 0 Category 1: within 30 days Result - - - - - M15.2 Target 67 67 67 67 67 Category 2: within 90 days Result - - - - - M15.3 Target 61 61 61 61 61 61 Category 3: within 365 days Result - - - - - -	M13	Emergency Department 'Did not waits'	Target	0.8%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%							0%
Result 5,493 97 951 828 988 910 754 M15.1 Reduction in elective surgery long waits: Target 0 0 0 0 Category 1: within 30 days Result - - - - - M15.2 Target 67 67 67 67 67 Category 2: within 90 days Result - - - - - M15.3 Target 61 61 61 61 61 Category 3: within 365 days Result - - - - -			Result	2.4%	2.1% 🔸	2.8% •	2.6% 🔸	2.0% 💠	2.4% 🔸	2.5% 🔸							
M15.1 Reduction in elective surgery long waits: Target 0 0 0 0 Category 1: within 30 days Result - - - - - - M15.2 Target 67 67 67 67 67 Category 2: within 90 days Result - - - - M15.3 Target 61 61 61 61 Category 3: within 365 days Result - - - -	M14	Elective Surgery volume	Target	\	907	921	911	926	930	646							9,836
Category 1: within 30 days			Result	5,408	977	951 •	828 🔸	988 •	910 🔸	754 •							
M15.2	M15.1	Reduction in elective surgery long waits:	Target	1 0			0	0	0	0							0
Category 2: within 90 days		Category 1: within 30 days	Result	\ \													
M15.3	M15.2		Target	67			67	67	67	67							67
Category 3: within 365 days Result		Category 2: within 90 days	Result	-			-	-	-	-							
	M15.3		Target	61			61	61	61	61							61
			Result	-			-	-	-	-							
M16 ES: 10% longest wait are treated in year Target 100.0% 100.0% 100.0% 100.0% 100.0%	M16	ES: 10% longest wait are treated in year	Target	100.0%		100.0%	100.0%	100.0%	100.0%	100.0%							100%
% of cohort patients removed Result -		% of cohort patients removed	Result	-		-	-	-	-	-							

Queensland Health

Mater Health Service

Performance Dashboard



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- 5.4 Casemix and ambulatory changes

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- 6.2 Own Source Revenue

Appendices

7 Appendix 1 - Attainment Score (Targets and Tolerance levels)

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PERFORMANCE DOMAINS - Escalation KPIs

YTD Result / Latest Result

SAFETY AND QUALITY	TARGET	Data as at	Data source: Decision Support System (DSS) as at 20 February 2013
E1 Never Events E2 Hospital acquired 3rd and 4th stage pressure injuries (FY Target is 5% of 2010-11) E3 Healthcare-associated Staphylococcus aureus (including MRSA) bacteraemia	0 FY Target : 0 20% of 2010-11	December Data currently unavailable	1 -

CCESS	** denotes cal	endar year result TARGET	Data as at	Data source: Decision Support System (DSS) as at 20 Febr
4	National Emergency Access Target (NEAT): ** % of ED attendances who depart within 4 hours of their arrival in	77% n ED	January	81.7% 1
5	Emergency Department: % seen within recommended timeframe:		//	/ // .
5.1	Category 1: within 2 minutes	100%	January	97.4%
5.2	Category 2: within 10 minutes	80%	January	83.0% 1
5.3	Category 3: within 30 minutes	75%	January	74.2%
5.4	Category 4: within 60 minutes	70%	January	69.0%
5.5	Category 5: within 120 minutes	70%	January	85)3%
5	Patient Off Stretcher Time (POST): < 30 mins (%)	90%	November	<u>191,2%</u> ↑
	Elective Surgery: % treated within clinically recommended timefra	me: **		
.1	Category 1: within 30 days	100%	January	98.7%
7.2	Category 2: within 90 days	87%	January	96.6%
.3	Category 3: within 365 days	94%	January	99.0%
	Elective Surgery: Number of patients waiting more than the clinica	lly recommended:	\sim	
8.1	Category 1: within 30 days	0	January	0 -
3.2	Category 2: within 90 days	9	January	142
.3	Category 3: within 365 days	0	January	0 -
	Activity: variance between Purchased activity and YTD activity:	9% to	December	
.1	Inpatients /	+/-1%	Т	argets have not been loaded by
.2	Outpatients	/ ^ \ <u>`</u> /	t	he HHS at this time
.3	ED	// ^ `		
.4	Mental Health	// //		
9.5	Critical Care			
9.6	Sub and Non-Acute Patients	~*/		

Legend: Latest/YTD Result compared to previous reporting period: Favourable **↑**

Favourable **↑** Stable **•** Unfavourable **↓**

TREND IN ESCALATION KPI

Data source: Decision Support System (DSS) as at 20 February 2013

			Latest Result / YTD Result	Jul 2012	Aug 2012	Sep 2012	Oct 2012	Nov 2012	Dec 2012	Jan 2013	Feb 2013 Mar 2013	Apr 2013 May 2013	Jun 2013 Full Year Target
SAFETY	AND QUALITY												
E1	Never Events	Result	0	-	-	-	-	-	-				C
E2	Hospital acquired 3rd and 4th stage pressure	FY Target	0										C
	injuries (FY Target is 5% of 2010-11 actuals)	Result	1	0	1	0	0	0	0				
E3	Healthcare-associated Staphylococcus aureus	Target											20%
	(including MRSA) bacteraemia - SAB	Result	-	Data for June-Decemi	ber 2012 will be m	ade available in Ma	y 2013						
				-									
ACCESS	•						== == (
E4	National Emergency Access Target: 4hrs **	Target	77.0%	70.0%	70.0%	70.0%	70.0%	70.0%	70.0%	77.0%			77%
	NEAT	Result		75.9%	74.3%	76.2%	78.0%	80.2%	80.9%	81 7%			
E5.1	ED: % seen within recommended time	Target	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%			100%
	Category 1: within 2 minutes	Result	97.4%	100.0%	97.7% 🔸	84.2%	100.0%	100.0%	100.0%	93.1% 🔸))		
E5.2		Target	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%			80%
	Category 2: within 10 minutes	Result	83.0%	82.2%	80.1%	81.1%	80.2%	83.0%	87.0%	88.5%			
E5.3		Target	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75:0%			75%
	Category 3: within 30 minutes	Result	74.2%	71.2% 🔸	64.7%	69.8% 🔸	76.3%	75.6%	79.8%	84.5%			
E5.4		Target	70.0%	70.0%	70.0%	70.0%	70.0%	70,0%	70:0%	70.0%			70%
	Category 4: within 60 minutes	Result	69.0%	65.9% 🔸	63.6% 🔸	71.1%	67.3% 🔸	65.0%	72.2%	78.9%			
E5.5	, , , , , , , , , , , , , , , , , , , ,	Target	70.0%	70.0%	70.0%	70.0%	70.0%	70.0%	70.0%	70.0%			70%
	Category 5: within 120 minutes	Result		76.2%	83.7%	91.2%	84.3%	86.8%	87.7%	86.1%			
E6	Patient Off Stretcher Time: < 30 mins	Target	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	00.170			90%
EU	POST	Result (87.8%	88.7%	91.7%	94.4%	94.6%	95.5%				30/0
								89.0%		400.00/			4000/
E7.1	ES: % treated within recommended time **	Target	100.0%	89.0%	89.0%	89.0%	89.0%		89.0%	100.0%			100%
	Category 1: within 30 days	Result	98.7%	95.9%	94.8%	99.0%	99.1%	98.1%	96.9%	98.7% 🔸			
E7.2		Target	87.0%	81.0%	81.0%	81.0%	81.0%	81.0%	81.0%	87.0%			87%
	Category 2: within 90 days	Result	96.6%	91.1%	89.8%	97.8%	94.2%	89.3%	93.2%	96.6%			
E7.3		Target	94.0%	91.0%	91.0%	/91/0%	91.0%	91.0%	91.0%	94.0%			94%
	Category 3: within 365 days	Result	99.0%	99.7%	98.9%	99.7%	98.8%	99.2%	100.0%	99.0%			
E8.1	ES: 'long waits'	Target	0	0	0	0	> 0	0	0	0			0
	Category 1: within 30 days	Result	0	0.0	0	0 •	0 •	0 •	0 •	0 •			
E8.2		Target	0	0 \	0	\ \ 0	0	0	0	0			0
	Category 2: within 90 days	Result	142	89	104	84	89 📕	118	100	142			
E8.3		Target	8	0	\ \ 0	0	0	0	0	0			0
	Category 3: within 365 days	Result		0	0	0 •	0 •	0	0 •	0 •			
E9	Activity (WAU):	Target		1	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	-	-						94,069
LJ	Total	Result /	49,745.2	8,578.9	8,633.5	8,032.8	8,347.8	8,616.6	7,535.7				54,005
FO 4	Total		49,743.2	0,376.9	0,033.3	0,032.0	0,347.0	0,010.0	7,333.7				F1 0F1
E9.1		Target	\			-		-	-				51,851
	Inpatients	Result	26,520.1	4,482.3	4,552.2	4,311.7	4,375.0	4,634.1	4,164.9				
E9.2		Target			-	-	-	-	-				16,216
	Outpatients	Result	10,212.9	1,683.6	1,802.4	1,656.5	1,866.0	1,850.8	1,353.7				
E9.3		Target	\ \ \ -	-	-	-	-	-	-				10,572
	Emergency Department	Result	5,171.9	888.3	949.1	870.8	843.6	810.7	809.4				
E9.4		Target	-	-	-	-	-	-	-				1,588
	Mental Health	Result	853.3	96.1	252.8	144.5	108.2	151.8	99.9				
E9.5		Target	_	_	-	-	_	_	-				13,036
	Critical Care	Result	6,636.3	1,374.3	989.5	980.6	1,090.4	1,127.1	1,074.4				
E9.6	Shirted edite	Target	-,		-		-,	-,	-,				805
_5.0	Sub and Non-Acute Patients	Result	350.7	54.3	87.5	68.7	64.6	42.1	33.4				303
	Sub and Non-Acute Patients	nesun	330.7	54.5	67.5	00.7	04.0	72.1	33.4				

EMERGENCY DEPARTMENTS

National Emergency Access Target (NEAT) - calendar year to date performance

NEAT by departure status group

Departure Status *	Total Attendances	NEAT	% NEAT	Dec 2012 YTD NEAT %
Non-admitted	4,636	4,136	89.2%	84.7%
Admitted	1,515	437	28.8%	20.5%
Total	6,151	4,573	74.3%	70.0%

^{*} Does not include dead on arrival, died in ED, did not wait and transferred to another hospital

NEAT by hospital and departure status group

Hospital	Non-admitted	Admitted	% NEAT	Dec 2012 YTD NEAT %
Mater Adult Public Hospital	90%	29%	73.5%	65.7%
Mater Children's Public Hospital	89%	29%	75.2%	73.5%

NEAT by top 5 admitting wards by volume, and % of consults requested within 120 minutes (excludes NEAT performance >40%)

Admitting Ward	Admissions NEAT % consults < 120
n/a	0 9.0% 0.0%
Total of all admissions	0.0%

NEAT by top 5 admitting specialty by volume, and % of consults requested within 120 minutes (excludes NEAT performance >40%)

Admitting Specialty	Admissions	NEAT	% consults < 120
n/a	0	0.0%	0.0%

Total of all admissions 0.0%

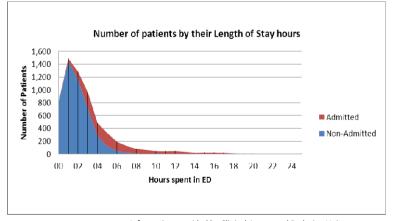
WAITING TIMES - monthly performance

Volume and waiting time performance by triage category

	Category 1	Category 2	Category 3	Category 4	Category 5	All Categories
Attendances	29	436	1,765	3,847	339	6,416
# seen in time	29	386	1,491	3,035	292	5,231
% seen in time	100.0%	88.5%	34.5%	78.9%	86.1%	81.5%
Median Wait (minutes)	0) }	12	26	44	18

Volume and waiting time performance by top 5 diagnosis, category 3 and 4

Diamosis	Cate	gory 3	Cate	gory 4
Diagnosis	Attendances	% seen in time	Attendances	% seen in time
B34.9 Viral Infection	45	75.6%	163	59.1%
R10.3 Pain Localised To Oth Parts Low Abdomer	49	89.8%	107	56.4%
A08.4 Viral Gastroenteritis	29	69.0%	122	58.3%
S00.9 Superficial Injury Of Head Part Nos	30	80.0%	97	63.8%
J06.9 Upper Respiratory Tract Infection	22	54.5%	82	52.9%



Information provided by Clinical Access and Redesign Unit

Data source: Emergency Department Information System (EDIS), data is preliminary and subject to change.

January 2013 **Mater Health Service**

ACTIVITY (ABF AND NON-ABF) YTD PERFORMANCE -December 2012

## Property of the control of the c					Targets have not b														rce: Decision Sup			
March Marc	Weighted Activity Units - WAU		2012-13					to Target		.2-13 Change			J		2012-13					to Target 2		2-13 Change
Mary Mary	Activity		Purchased 04.060		D33 Target At	cuai	Actual	%	Actual	% 6.0%		· · · ·	rand)		Purchased		DSS Target	Actual	Actual	%	Actual	100.0%
The stand Part Pa		95,122	94,009	40,955	- 4	3,743	49,743	-	2,010	0.0%							-	-	-			
Control Cont		93.122	94.069	46.935	- 4	9.745	49.745	-	2.810	6.0%							_	-	-	-		
Control Cont	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,	- 1,	,		-,	,.		_,								_	_	-	_		
Content control of Content Control of Content Control of Control	Inpatients	Service Relate	ed Group (SRG)								i	,	0 ,				-	-	-	-		-100.0%
Control Property Control Pro	01 Cardiology	875		449	-	447	447	-	-2	-0.4%			,				-/	-	-	-		-100.0%
OPERCINSTRUM 1985	02 Interventional Cardiology	144	195	84	-	75	75	-	-9	-10.4%	ES	Treated		-	-	-	<u>/-/</u>	5,172	5,172	-	5,172	-
Secretarion 19	03 Cardiac Surgery	1,264	1,740	706	-	885	885	-	179	25.4%	Eme	ergency Department Tot	al	10,352	10,572	5,172	//-	5,172	5,172	-	-0	-0.0%
Configuration Configuratii Configuration Configuration Configuration Configuration	04 Thoracic Surgery		-		-			-	-35									\triangle				
## Commercial Confessor 124 564 266 244 244 256 3.96 267 248 248 256 3.96 248 24					-			-	_							`						
Bis Biguards of Frozency 813 903 317 425 426 38 100	=:				-			-						-	-		\ \-	- [-	-	-	-
OF Seminology 1-96					-			-									\ (-		
10 Promotogical August 15 15 15 15 15 15 15 1					-			-									/ /			-	-	
International planetries 98 1,08 97 97 97 97 12 249 12 12 12 12 12 12 12 1	• • • • • • • • • • • • • • • • • • • •		549		-			-							1 1		1 1 1			-		
21 Media flowering 93			1 009		-						SINA	ir iotai		/32	205	365) <u>/</u>	351	351	-	-18	-4.8%
December Application Company C											Mer	ntal Health										
Montandright 1,460 1,407 788					_			_					Activity)	1.269	1.405	715	// .	772	772		57	8.0%
15 Per Marcines 350 221 122 124 124 124 2 1.1% Mercal Including 1.00		1.540			_			-	35			- '		1.1			/ .			-		
The Regularity Medicine 1,24 2,288 2,025 1,905 1,9					-			-									-			-		
19 Membershology 24 22 22 22 22 22 22 2				4	-	-	-	-	-4							>						
19 Mon Stageparlly Medicine 1,071 1,187 1,287 2,28 24 4 - 147 147 2 - 126 2 -	17 Respiratory Medicine	3,824	2,898	2,025	-	1,906	1,906	-	-119	-5.9%	Out	patients	^	\ \ \								
28 Pears Surgery 29 1 29 22 4 24 449 419 419 5 1 21/26 11 1 29 27 67 12 31 4 440 409 409 5 1 3 28 48 48 68 5 68 968 9 6 8 1 9 2.06 12 21 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	18 Rheumatology	241	232	122	-	122	122	-	-0	-0.1%	Me	edical			3,353		-			-	312	16.5%
21 Upper of Surgery 7, 78	19 Non Subspecialty Medicine	1,071	1,882	576	-	534	534	-	-42	-7.2%	Su	rgical \		3,990	3,730	2,022	-	1,999	1,999	-	-23	-1.1%
22 Colorental Surgery 1,240 1,242 077 537 537 1-40 20.07% Papelmer 328 296 160 2.56 256 256 95 59.5% 23.24 24.24 2					-			-									-			-		
23 Hoad River Surgery					-			-									-			-		
2 A Neurosurgery 2 A Neurosurgery 3					-			-						328	296	160	-	256	256	-		59.5%
25 Dentatisyrey 130 335 66 55 55 11 1,65% Chemohyringy	• ,				-			-						-	-	-	-	4	4	-	-	-
25 Demistry 352					-			-					1	2,553	2,778	1,236	-			-		24.3%
2 Fact Moreke Affront 1,333					-			-						200	-	105	-			-		-
28 Orthospecies 5,041 5,811 2,704 - 2,690 2,690 - 14 0,594 Cypit (Phones) 131 186 74 - 65 65 - 9 - 11.8% OF 11.5% OF 11.					-									380		185	-					-08.5%
29 Ophthalmology 1,000 1,106 539 538 538 7 1 0,2% DisVisy 15 80 68 60 60 60 60 60 60 60 60 60 60 60 60 60								-	114	_ \				131		7/						-11.8%
30 Plastic & Reconstructive Surgery 1,389 1,696 1,727 1,786 1,786 1,786 1,887 1,906 1,006					_			_	1								_			-	-	
31 Urology					_			-/	58	\ \					-	-	-	-	-	-		
32 Vascular Surgery 554 685 285 326 326				1,146	-		1,060	- \		/ /				-	-	-	-	194	194	-	194	-
34 Cynaccology 2,701 2,719 1,350 1,525 1,5	32 Vascular Surgery	554	685	285	-	326	326	-	//1	14.5%				-	-	-	-	-	-	-	-	-
33 Obstetrics 7,708 8,065 3,699 4,084 2,019 2,019 30,8 3,084 1,10 4% Pharmacy	33 Non Subspecialty Surgery	3,270	3,508	1,708	-	1,774	1,774	-	66	3.9%	> Me	edical Oncology		3,910	3,028	1,868	-	498	498	-	-1,370	-73.3%
38 Cupified Neonate 3,827 3,774 1,991 - 2,019	34 Gynaecology	2,701	2,719	1,350			1,525	-	175	13.0%		•		-	-	-	-	-	-	-	-	-
38 Transplantation 103 102 61 - 41 41 - 20 -32 3% Psychiatry								-						-	-	-	-	-	-	-	-	-
39 Extensive Burns					-	//		-				•		-	-	-	-	-	-	-	-	-
4d Drug & Alcohol 122 126 73 66 66 66 - 6 -8.8% Sub Acute 220 154 108 - 122 122 - 14 12.7% 41 Drug & Alcohol 122 126 73 66 66 66 - 6 -8.8% Sub Acute 34 34 - 34 - 34 - 44 Unallocated				61	. /	41		-						-	-	-	-	-	-	-	-	-
41 Unallocated				2	- </td <td>14</td> <td></td> <td>/ /-</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>-</td> <td></td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td>	14		/ /-						-		-	-	-	-	-	-	-
44 Unallocated					- ~			/ /						220	154	108	-			-		12.7%
Impatient Total S1,022 S1,851 25,937 C26,520		122	126	/3		00	/ / 00	\-	-0	-8.8%				-	-	-	-	34	34	-	34	-
Cirtical Care Coronary Care 385		51 022	51 851	25 927	, ,	6 520	26 520	-	583	2 2%		•		29	32	20	-	5	- 5		-15	-73.0%
Coronary Care 185	inputient rotal	31,022	31,031	23,357	()) '	0,320	20,520		303	2.2/0				-	- 32	-	_	-	-	_	-	75.070
Coronary Care 385 456 190 175 17515 -7.9% Intensive Care 1,491 1,330 820 - 698 698122 -14.9% Neonatal Intensive Care 4,040 4,656 1,876 - 2,489 2,489 - 613 32.7% Red values indicate the Top 5 greatest positive variance to target recorded in DSS Blue values indicate the Top 5 greatest negative variance to target recorded in DSS Blue values indicate the Top 5 greatest negative variance to target recorded in DSS Blue values indicate the Top 5 greatest negative variance to target recorded in DSS Blue values indicate the Top 5 greatest negative variance to target recorded in DSS Blue values indicate the Top 5 greatest negative variance to target recorded in DSS Critical Care Nursery 2,839 2,889 1,258 1,723 1,723 - 465 37.0% Critical Care 12,049 13,036 5,898 - 6,636 - 7,738 12.5% Monthly target phasing - loaded to DSS Jul 2012 Aug 2012 Sep 2012 Oct 2012 Nov 2012 Dec 2012 Jan 2013 Feb 2013 Mar 2013 Mar 2013 May 2013 Jun 2013 VTD Purchased loaded to DSS Inpatients Critical Care	Critical Care				1/4									17,578	16,216	8,786	-	10,213	10,213	-	1,427	16.2%
Intensive Care		385	456	190		175	175	-	-15	-7.9%	,	-		,	1	,						
Paediatric Intensive Care 3,295 3,705 1,753 1,550 1,550 1,550 1,550 - 203 -11.6% Special Care Nursery 2,839 2,889 1,258 1,723 1,723 - 465 37.0% Critical Care Total 12,049 13,036 5,898 - 6,636 - 738 12.5% Monthly target phasing - loaded to DSS Jul 2012 Aug 2012 Sep 2012 Oct 2012 Nov 2012 Dec 2012 Jan 2013 Feb 2013 Mar 2013 Apr 2013 May 2013 VTD Purchased loaded to DSS to Purchased linpatients Critical Care 13,036 13,036 Critical Care Emergency Department 10,572 10,572 Emergency Department Sub and Non-Acute Patients	Intensive Care	1,491	1,330	820	\ (- `	698	698	-	-122	-14.9%							Red value	s indicate the	e Top 5 greatest	oositive varian	ce to target red	corded in DSS
Special Care Nursery 2,839 2,889 1,258 1,723 1,723 1,723 - 465 37.0% Critical Care Total 12,049 13,036 5,898 - 6,636 - 738 12.5% Monthly target phasing - loaded to DSS Jul 2012 Aug 2012 Sep 2012 Oct 2012 Nov 2012 Dec 2012 Jan 2013 Feb 2013 Mar 2013 Apr 2013 May 2013 Jun 2013 YTD Purchased loaded to DSS by Purchased				1,876				-		32.7%							Blue values	indicate the	Top 5 greatest n	egative varian	ce to target red	corded in DSS
Critical Care Total 12,049 13,036 5,898 - 6,636 - 738 12.5% Monthly target phasing - loaded to DSS Jul 2012 Aug 2012 Sep 2012 Oct 2012 Nov 2012 Dec 2012 Jan 2013 Feb 2013 Mar 2013 Apr 2013 May 2013 Jun 2013 YTD Purchased loaded to DSS Purchased Loaded to DSS Purchased Loaded to DSS Purchased Loaded to DSS Loaded to DS	Paediatric Intensive Care	3,295	3,705	1,753	/ /-	1,550	1,550	-	-203	-11.6%												
Monthly target phasing - loaded to DSS							1,723	-														
Monthly target phasing - loaded to DSS	Critical Care Total	12,049	13,036	5,898	-	6,636	-	-	738	12.5%												
Inpatients	3.5. Abl. A	1.1 2012	Aug 2012	Con 2012	Ost 2012	2012	Don 2012	lan 2012	Fob 2012	Max 2012	A 11 2043	2012 L 2012	VID	2012-13 H	HS FY Target	Variance						
Critical Care	monthly target phasms housed to bas	Jul 2012	Aug 2012	Sep 2012	Oct 2012 Nov	2012	Dec 2012	Jan 2013	Feb 2013	Mar 2013	Apr 2013 M	ay 2013 Jun 2013	YID	rurchased E1 0E1	loaded to DSS	to Purchased	Innationts					
Emergency Department		-	-	-	-		-	-	-	-	-		-				•					
Sub and Non-Acute Patients - - - - - - - 805 - -805 Sub and Non-Acute Patients Mental Health - <		-	-	-	-	- 1	-	-	-	-	_		-		-			rtment				
Mental Health - <		-	-	-	-	-	-	-	-	-	-		-		-							
	Mental Health	-	-	-	=	-	-	-	-	-	-		-		-							
Total Activity Target		-	-	-	-	-	-	-	-	-	-		-		-							
	Total Activity Target	•	•	-	-		-	-	-	-	-		-	94,069	-	-94,069	Total Activity Tai	rget				

CASEMIX CHANGE - Year on year comparison - December 2012

Data source: Decision Support System (DSS) as at 20 February 2013

	2011-12 to 2012-13 Change				Potential	WAUs notion	WAUs notional variance	
	YTI	O Seps	YTD	WAUs	Casemix		Casemix	
Inpatients	Actual		Actual	%	Change	Volume	related	
Service Related Group (SRG)								
01 Cardiology	-7	-0.9%	-2	-0.4%	0.5%	-1	-0.5	
02 Interventional Cardiology	-10	-8.2%	-9	-10.4%	-2.3%	-6	-2.7	
03 Cardiac Surgery	13	16.7%	179	25.4%	8.7%	123	55.5	
04 Thoracic Surgery	-63	-20.3%	-35	-9.2%	11.1%	-24	-10.9	
05 Dermatology	34	18.2%	2	1.7%	-16.5%	1	0.5	
06 Endocrinology	-33	-7.2%	-41	-7.6%	-0.5%	-28	-12.7	
07 Gastroenterology	-20	-3.5%	-25	-9.5%	-6.1%	-18	-7.9	
08 Diagnostic GI Endoscopy	85	17.3%	39	10.0%	-7.4%	27	12.0	
09 Haematology	-37	-8.9%	-77	-22.4%	-13.6%	-53	-24.0	
10 Haematological Surgery	2	5.4%	30	32.1%	26.6%	21	9.4	
11 Immunology & Infections	-17	-3.1%	12	2.4%	5.5%	8	3.7	
12 Medical Oncology	-37	-10.5%	-49	-15.0%	-4.5%	-34	-15.3	
13 Chemotherapy & Radiotherapy	18	35.3%	8	40.5%	5.2%	5	2.4	
14 Neurology	9	1.0%	35	4.4%	3.4%	24	10.8	
15 Renal Medicine	24	9.2%	2	1.1%	-8.1%	1	0.6	
16 Renal Dialysis	-10	-100.0%	-4	-100.0%	0.0%	-2	-1.1	
17 Respiratory Medicine	-176	-8.8%	-119	-5.9%	2.9%	-82	-37.0	
18 Rheumatology	-22	-8.1%	-0	-0.1%	8.0%	-0	0.0	
19 Non Subspecialty Medicine	-8	-0.6%	-42	-7.2%	-6.7%	-29	-12.9	
20 Breast Surgery	-1	-0.3%	-5	-1.2%	-0.8%	-3	-1.5	
21 Upper GIT Surgery	17	6.8%	15	3.8%	-3.0%	10	4.7	
22 Colorectal Surgery	1	0.5%	-140	-20.7%	-21.1%	-97	-43.4	
23 Head & Neck Surgery	-12	-11.2%	-15	-8.7%	2.5%	-11	-4.8	
24 Neurosurgery	35	7.8%	-31	-4.5%	-12.3%	-21	-9.6	
25 Dental Surgery	-7	-17.9%	-11	-16.9%	1.0%	-8	-3.5	
26 Dentistry	20	7.6%	18	10.3%	2.7%	12	5.5	
27 Ear, Nose & Throat	-45	-2.8%	154	17.2%	20.0%	106) / 47.8	
28 Orthopaedics	-29	-1.7%	-14	-0.5%	1.2%	-9	-4.2	
29 Ophthalmology	-22	-3.1%	-1	-0.2%	2.9%	1	-0.3	
30 Plastic & Reconstructive Surgery	7	1.2%	58	8.0%	6.8%	40	18.1	
31 Urology	-57	-5.5%	-86	-7.5%	-2.0%	-60	-26.7	
32 Vascular Surgery	12	9.6%	41	14.5%	4.9%	28	12.8	
33 Non Subspecialty Surgery	-70	-3.3%	66	3.9%	7 2%	46	20.6	
34 Gynaecology	134	12.1%	175	13.0%	0.9%	121	54.2	
35 Obstetrics	256	7.7%	384	10.4%	2.7%	265	119.1	
36 Qualified Neonate	261	8.9%	328	19.4%	10.5%	226	101.7	
38 Transplantation	-2	-28.6%	-20	-32.3%	-3.7%	-14	-6.1	
39 Extensive Burns	4	100.0%	12	478.4%	378.4%	8	3.7	
40 Tracheostomy	-17	-30.9%	-242	-43.7%	12.8%	-167	-75.1	
41 Drug & Alcohol	-43	-19.3%	-6	-8.8%	10.5%	-4	-2.0	
44 Unallocated	-	-	1	0.0%	0.0%	-	0.0	
Inpatient Total *	187	0.7%	583	2.2%	1.5%	402	180.7	
			//					

Red values indicate a **negative** growth in Seps and a **positive** growth in WAU Blue values indicate a **positive** growth in Seps and a **negative** growth in WAU

AMBULATORY CARE - Review to New ratio - December 2012

				U	ata source: Decis	ion Support Syst	em (DSS) as at 2	0 February 20
Weighted Activity Unit	s - WAU	2010-11	2011-12	2012-13	2012-13	R	N Ratio - WA	Js
Outpatients		Actual	Actual	Purchased	YTD	2010-11	2011-12	2012-13 Y
Clinic Type								
Medical	New	757	1,002	1,150	515			
Wicalcai	Review	2,707	2,605	2,203	1,691	3.6	2.6	3.
Surgical	New	941	1,110	2,356	456	5.0	2.0	
Julgical	Review	2,699	2,880 <	2,374	1,543	2.9	2.6	3.
Allied Health	New	779	731	839	385	2.3	2.0	٥.
Allieu Health	Review	1,030	1,227	990	583	1.3	1.7	1.
	Other	1,030	1,22	. 556	363	1.3	1.7	1,
Pre-Admission	New	1/	2	1	3			
r re-Admission	Review	88	320	59	142	71.1	197.1	47
Paediatric	New	146	110	168	70	/1.1	157.1	47
Paeulatric	Review	198	218	128	70 186	1.4	2.0	2
Nesset	_					1.4	2.0	
Neonatal	New	///	<u> </u>	// -	4			
	Review	1			0	-	-	0
Maternity	New \	570	515	687	274			_
	Review	1,745	2,038	2,091	1,263	3.1	4.0	4
Sub Acute	New	\ (-	-	-	8			_
	Review	\ \ -	-	-	26	-	-	3
	Other	1 -	-	-	-			
Clinical Measurement	New	12	-	35	10			
	Review	-	-	-	179	-	-	18
Wound Management	New	3	2	1	0			
\ \ \	Review	48	27	30	5	14.4	14.8	37
Pain Management	New	-	-	-	-			
	Review	-	-	-	-	-	-	
Cystic Fibrusis	New	-	-	-	-			
, V	Review	135	131	186	65	-	-	
Transplants	New	-	-	-	-			
	Review	-	-	-	-	-	-	
Endoscopy	New	-	-	-	154			
	Review	-	-	-	40	-	-	0
Interventional Cardiology	New	-	-	-	-			
	Review	-	-	-	-	-	-	
	Other	-	_	_	-			
Renal Medicine	New	30	33	25	17			
	Review	162	187	129	104	5.3	5.7	6
Dialysis	New		-					
Diarysis	Review	70	151	80	60	_	_	
	Other	,,,	151	70	-			
Chemotherapy	New				27			
Chemotherapy	Review	_	_	_	1,846	_		69
Medical Oncology	New	85	82	66	42			- 03
ivieuicai Officology	Review	2,986	3,828	2,962	456	35.2	46.8	10
Radiation Openland				,		35.2	40.8	10
Radiation Oncology	New	-	-	-	-			
Clinical Haant-l	Review	- 24	- 22			-	-	
Clinical Haematology	New	24	33	45	13	0.0	10.5	_
2: 0	Review	241	348	611	45	9.9	10.6	3
Primary Care	New	-	-	-	-			
	Review	-	-	-	-	-	-	
Other	New	-	-	-	-			
	Review	-	-	-	-	-	-	
	Other	-	-	-	-			
Total .	New	3,350	3,618	4,374	1,978		All clinics	
	Review	12,111	13,960	11,842	8,235	3.6	3.9	4
	Other	-	-	-	-	Excluding clini	cs as per Purcho	sing Initiativ
	Total	15,461	17,578	16,216	10,213	2.7	2.8	3.

^{*} Inpatient total excludes 42 Psychiatry - Acute and 43 Rehabilitation

ESCALATION KPI LIST

			Attainment Score	
KPI No.	Escalation KPIs	Green	Amber	Red
Safety	and Quality	Target		
E1	Never events	0	n/a	> 0
E2	Hospital acquired 3rd and 4th stage Pressure Injuries	5.0% of 2010-11 actuals	> 5.0% - 25.0% of 2010-11 actuals	> 25.0% of 2010-11 actuals
E3	Healthcare-associated Staphylococcus aureus (incl. MRSA) bacteraemia	20.0% of 2010-11 actuals	> 20.0% - 40.0% of 2010-11 actuals	> 40.0% of 2010-11 actuals
Access		Target		
E4	National Emergency Access Target (NEAT): % of ED attendances who depart within 4 hours of their arrival in ED	2012: > 70.0%	2012: 69.9% - 65.0%	2012: < 65.0%
		2013: > 77.0%	2013: 76.9% - 70.0%	2013: < 70.0%
E5	Emergency Department: % seen within recommended timeframe:	80% of all categories		
	Category 1: within 2 minutes	Cat. 1: 100%	Cat. 1: 99.9% - 90.0%	Cat. 1: < 90.0%
	Category 2: within 10 minutes	Cat. 2: > 80.0%	Cat. 2: 79.9% - 70.0%	Cat. 2: < 70.0%
	Category 3: within 30 minutes	Cat. 3: > 75.0%	Cat. 3: 74.9% - 65.0%	Cat. 3: < 65.0%
	Category 4: within 60 minutes	Cat. 4: > 70.0%	Cat. 4: 69.9% - 60.0%	Cat. 4: < 60.0%
	Category 5: within 120 minutes	Cat. 5: > 70.0%	Cat. 5: 69.9% 60.0%	Cat. 5: < 60.0%
	Patient Off Stretcher Time (POST): < 30 mins (%)	>= 90.0%	< 90.0% - 85.0%	< 85.0%
E 7	Elective Surgery: % treated within the clinically recommended timeframe for	2012	2012	2012
	their category (National Elective Surgery Target (Part 1))	Cat. 1: 89.0%	Cat. 1: 68.9% - 85.0%	Cat. 1: < 85.0%
	(National Elective Surgery Target (Part 1))	Cat. 2: 81.0%	Cat. 2: 80.9% /8.0%	Cat. 1: < 83.0% Cat. 2: < 78.0%
		Cat. 3: 91.0%	Cat. 3: 90.9% 87.0%	Cat. 3: < 87.0%
		2013	2013	2013
		Cat. 1: 100%	Cat. 1: 99.9% - 96.9%	Cat. 1: < 96.0%
		Cat. 2: 87.0%	Cat. 2: 86.9% - 83.6%	Cat. 2: < 83.0%
		Cat. 3: 94.0%	Cat. 3: 93.3% - 90.0%	Cat. 3: < 90.0%
-0	Elective Surgery: Number of patients waiting more than the clinically	0 for all categories	HHS specific	HHS specific
8	recommended timeframe for their category:	o for all categories	This specific	This specific
	Category 1: within 30 days	Cat. 1: 0	Cat. 1: > 0% - 5.0%	Cat. 1: > 5.0%
	Category 2: within 90 days	Cat. 2: 0	Cat. 2: > 0% - 5.0%	Cat. 2: > 5.0%
	Category 3: within 365 days	Cat. 3: 0	Cat. 3: > 0% - 5.0%	Cat. 3: > 5.0%
	Activity: variance between purchased ABF activity and YTD recorded ABF activity, by Service Group (Inpatients, Outpatients, ED, Mental Health, Critical	0% to +/-1%	Within to erance as per detail in Schedule 3 (part C) contained in the Service	> tolerance as per detail in Schedule 3 (part C) contained in the Service
	Care and SNAP)		Agreement	Agreement
Efficien	cy and Financial Performance	Target		
10	YTD Operating position	Balanced or surplus	0 – 1.0% unfavourable variance to budget	> 1.0% unfavourable variance to budge
E11	Full year Forecast Operating position (Agreed position between System Manager and HSS)	Balanced or surplus	0 – 1.0% unfavourable variance to budget	> 1.0% unfavourable variance to budge
E12	Own Source Revenue Target	Balanced or surplus	0 – 1.0% unfavourable variance to budget	> 1.0% unfavourable variance to budge
E13	YTD average FTE (MOHRI head count)	HHS specific as per detail in Schedule 3 (part 8) contained in the Service	0 – 1.0% unfavourable variance to budget	> 1.0% unfavourable variance to budge
		Agreement		
Closing	the Gap	Target		
14	Performance domain target:	0 escalation KPI red	1 escalation KPI red in any quarter	> = 2 escalation KPIs red in any quarte
	Achievement of Closing the Gap escalation indicators contained within Schedule 8 of the Service Agreement.	and > = 2 escalation KPI green in any quarter	or > = 3 escalation KPIs amber in any quarter	or 1 escalation KPI red for > = 2 consecutive quarters
14.1	CTG KPI 1 – Estimated level of completion of Indigenous status – specifically the	'Not stated' is < = 1%	'Not stated' is	'Not stated' is
	reporting of 'not 'stated' on admission		> previous quarter but not meeting target	> = previous quarter
E14.2	CTG KPI 2 – Percentage of in-scope separations of Aboriginal and Torres Strait islander consumers from the HHS's acute mental health inpatient unit(s) for which a community ambulatory service contact, in which the consumer participated (in person or via videoconference), was recorded in one to seven days immediately following that separation	> = 55% of in-scope separations of Aboriginal and Torres Strait Islander consumers	54.9% - 50.0% of in-scope separations	< 50.0% of in-scope separations
14.3	CTG KPI 3 – The proportion of Aboriginal and Torres Strait Islander patients who discharged themselves against medical advice (DAMA)	< = HHS quarterly target (as per detail in Schedule 8 contained in the Service Agreement)	> previous quarter result but not meeting quarterly target	> previous quarter target
14.4	CTG KPI 4 – Percentage of Aboliginal and Torres Strait Islander Cultural Practice Program participants by facility	Schedule 8 contained in the Service	> = 50.0% of quarterly target but not achieving quarterly target	< 50.0% of quarterly target
	(based on staff numbers at beginning of financial year)	Agreement)		
Mental	Health and Alcohol and Other Drugs	Target		
15	Performance domain target: Achievement of Mental Health & Alcohol and Other Drug Treatment Services escalation indicators contained within Schedule 9 of the Service Agreement.	Achieve target (listed below) in greater than 67% of the escalation indicators	Achieve target in 67% - 50% of the escalation indicators	Achieve target in less than 50% of the escalation indicators
	Listed below (where applicable):			
15.1	- Ambulatory service contacts	100% of ambulatory service targets	99.9% - 95.0%	< 95.0%
15.2	- Ambulatory service contacts: Duration	100% of ambulatory service targets	99.9% - 95.0%	< 95.0%
15.3	- Extended treatment facility and psychiatric hospital beds (Accrued patient days in block funded mental health facilities)	> = 95% of accrued patient day target delivered	94.9 - 90.0%	< 90.0%
15.4	- Closure of ATODS Client intake	Closure period < 2 weeks	2 – 3 weeks	> 3 weeks
15.5	- Number of dedicated hospital alcohol and other drugs withdrawal beds	> 95.0% open	95.0% - 85.0%	< 85.0%
E15.6	- Significant variation in number of dedicated residential alcohol and other	> 95.0% open	95.0% - 85.0%	< 85.0%
	drugs withdrawal beds			

TREND IN MONITORING KPI

			/TD Result / .atest Result	Jul 2012	Aug 2012	Sep 2012	Oct 2012	Nov 2012	Dec 2012	Jan 2013	Feb 2013	Mar 2013	Apr 2013	May 2013	Jun 2013	Full Year Target
SAFFTY	AND QUALITY		atest nesult													Target
M3	Hospital Standardised Mortality Ratio															
1415	(HSMR)	Flag	green			green										
M4	Death in low-mortality Diagnostic Related	riug	green			green										
141-4	Groups (Death-in-LM-DRG)	Result	0.04			0.04							^			
M5	VLAD In-hospital mortality indicators:	Flag	green		green	0.04		green					/			
M5.1	Acute Myocardial Infarction	Result •	0	ļ	0			0					^			
M5.2	Stroke	Result •	0		0			0								
M5.3	Fractured neck of femur	Result •	0		0			0								
M5.4	Pneumonia	Result •	0		0			0				\checkmark				
M6	VLAD Unplanned readmission indicators:	Flag	-		green			green			-					
	· · · · · · · · · · · · · · · · · · ·	Result •	green 0	ļ	0			0					\ <u> </u>			
M6.1	Acute Myocardial Infarction				0			0								
M6.2	Heart failure Knee replacement	Result •	0		0			0		11/		//				
M6.3	'	Result •			0					11/						
M6.4	Hip replacement	Result •	0		0			0		\\	> / /					
M6.5	Depression	Result	-		-			-								
M6.6	Schizophrenia	Result	-		-			-		1/	_					
M6.7	Paediatric tonsillectomy and adenoidectomy	Result •	0		0			0 •		$\overline{}$						
M11	Renal dialysis treatment received at home	Target	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%							50%
		Result 🔸	0.0%	100.0% 🔸	100.0%	100.0%	100.0%	100.0%	0.0% 🔸							
ACCESS	** denotes calendar year result															
M12	Emergency Department median waiting time	Target	20	20	20	20	20	20	20	20						20
		Result 🔸	24	27	28	27	26	26	25	24 🔷						
M13	Emergency Department 'Did not waits'	Target	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%						0%
	3 1, 1, 1	Result 🔸	2.4%	2.1% 🔷	2.8% 🔸	2.6%	2.0%	2.4%	2.5% 🔸	1.9% 🔸						
M14	Elective Surgery volume	Target	5,687	907	921	911	926	930	646	446						9,836
	6. ,	Result •	_	977	951 💅	828	988	910 🔸	754	613						
M18	Elective Surgery median waiting time	Target	25	25	25	25	25	25	25							25
		Result =		35	29 📕	29	30.5	27.5	29							
M21	Categorisation of new case outpatient referrals	Target	100.0%	100.0% <	100.0%	100,0%	100.0%	100.0%	100.0%	100.0%						100%
		Result	-	100.070	1200.070	F00/070	-	-	-	-						10070
M22	Category 1 Outpatients: waiting in time	Target	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%						95%
14122	category 1 outputients. Waiting in time	Result	55.070	- 55	33.070	55.V/0	-	-	-	-						3370
M23	Ambulatory Care access Outpatient ratio	Target	2.0	2.0	2.0	2.0	2.0	2.0	2.0							2.0
14123	(Review to New)	Result	0.3	0.3	0.3	0.3	0.3	0.3	0.3							2.0
M24	Hospital in the Home (HITH) separations - may	Target /	1,5%	1.5%	1.5%	1.5%	1.5%	1.5%	1.5%							1.5%
11124	include facilities not listed/approved in QHAPDC Manual	Result Z		0.1%	0.1%	0.0%	0.1%	0.1%	0.2%							1.5%
		nesuit 2	0.1%)	0.170	0.170	0.076	U.170 d	U.170 =	0.270							
EFFICIEN	NCY AND FINANCIAL PERFORMANCE		\/ _													
M30	Day case surgery rates			$\overline{}$												
		Result	82.0%	79.2%	82.7%	79.9%	82.8%	84.3%	82.8%							
M31	Extended day case surgery rates															
		Result	91.9%	91.8%	92.9%	91.4%	91.4%	92.4%	91.0%							
M32	Out of scope procedures:	Target	0	0	0	0	0	0	0							0
	Varicose Veins	Result	41	3	11	5	7	8	7							
	Vasectomies	Result	-	-	-	-	-	-	-							
	Laser refraction	Result	14	2	5	2	1	3	1							
M33	Clinical data coded within recommended time	Target	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%							100%
		Result •	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%							

Mater Health Service Hospital & Health Service

Performance Dasboard

February 2013 Report



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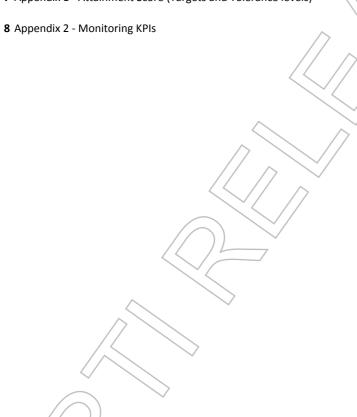
Supporting Analysis

5 ACCESS

- **5.1** Emergency Departments
- 5.2 Activity ABF and Non-ABF Performance
- 5.3 Casemix and ambulatory changes

Appendices

7 Appendix 1 - Attainment Score (Targets and Tolerance levels)



PERFORMANCE DOMAINS - Escalation KPIs

E8.1

E8.2

E8.3

E9

E9.1

E9.2

E9.3

E9.4

E9.5

E9.6

Category 1: within 30 days

Category 2: within 90 days

Category 3: within 365 days

Sub and Non-Acute Patients

Inpatients

ED

Outpatients

Mental Health

Critical Care

Activity: variance between Purchased activity and YTD activity:

VID	Result /		D 14
	RESULT /	11211251	KESIIII

Targets have not been loaded

at this time

SAFETY A	AND QUALITY	TARGET	Data as at	Data source: Decision Support System (DSS) as at 20 March 2013
E1	Never Events	0	0	
E2	Hospital acquired 3rd and 4th stage pressure injuries (FY Target is 5% of 2010-11)	FY Target : 0	December	1 -
E3	Healthcare-associated Staphylococcus aureus (including MRSA) bacteraemia	20% of 2010-11	Data currently unavailable	
ACCESS	** denotes calendar year result	TARGET	Data as at	Data source: Decision Support System (DSS) as at 20 March 2013
E4	National Emergency Access Target (NEAT): ** % of ED attendances who depart within 4 hours of their arrival in ED	77%	February 79,49	*
E5	Emergency Department: % seen within recommended timeframe:			//
E5.1	Category 1: within 2 minutes	100%	February	97.3%
E5.2	Category 2: within 10 minutes	80%	February 83.49	4
E5.3	Category 3: within 30 minutes	75%	February	74.7% 🛕
E5.4	Category 4: within 60 minutes	70%	February	69.8%
E5.5	Category 5: within 120 minutes	70%	February 84 99	6 •
E6	Patient Off Stretcher Time (POST): < 30 mins (%)	90%	January 91,99	% -
E7	Elective Surgery: % treated within clinically recommended timeframe: **	(
E7.1	Category 1: within 30 days	100%	February	98.4%
E7.2	Category 2: within 90 days	87%	February 94.59	% .
E7.3	Category 3: within 365 days	94%	February 99.39	^
E8	Elective Surgery: Number of patients waiting more than the clinically recommended:		^	

Legend: Latest/YTD Result compared to previous reporting period: Favourable ★ Stable ■ Unfavourable ↓

February

February

February

January

TREND IN ESCALATION KPI

Data source: Decision Support System (DSS) as at 20 March 2013

			Latest Result / YTD Result	Jul 2012	Aug 2012	Sep 2012	Oct 2012	Nov 2012	Dec 2012	Jan 2013	Feb 2013	Mar 2013 Apr 2013 May 2013	Jun 2013 Full Year Target
SAFETY A	AND QUALITY												
E1	Never Events	Result 🔍	0	-	-	-	-	-	-	-			(
E2		FY Target	0										
	injuries (FY Target is 5% of 2010-11 actuals)	Result 🔸	1	0	1	0	0	0	0				
E3	Healthcare-associated Staphylococcus aureus	Target	-										209
	(including MRSA) bacteraemia - SAB	Result	-	Data for June-Decemb	er 2012 will be made	available in May 2	013						
ACCESS	** denotes calendar year result												
E4	National Emergency Access Target: 4hrs **	Target	77.0%	70.0%	70.0%	70.0%	70.0%	70.0%	70.0%	77.0%	77.0%		77%
	NEAT	Result •		75.9%	74.3%	76.2%	78.0%	80.2%	80.9%	81.7%	76.9%		
E5.1	ED: % seen within recommended time	Target	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100,0%		1009
	Category 1: within 2 minutes	Result 🔸	97.3%	100.0%	97.7% 🔸	84.2%	100.0%	100.0%	100.0%	93.1% 🔸	96.8%		
E5.2		Target	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%		80%
	Category 2: within 10 minutes	Result 🌑	83.4%	82.2%	80.1%	81.1%	80.2%	83.0%	87.0%	88.5%	86.0%))	
E5.3		Target	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	\wedge $//$	75%
	Category 3: within 30 minutes	Result +	74.7%	71.2% •	64.7%	69.8% 🔸	76.3%	75.6%	79.8%	84.5%	79.0%		
E5.4		Target	70.0%	70.0%	70.0%	70.0%	70.0%	70.0%	70.0%	70.0%	70.0%		70%
23.1	Category 4: within 60 minutes	Result +	69.8%	65.9% •	63.6% •	71.1%	67.3% •	65.0% •	72.2%	78.9%	76.2%		, , ,
E5.5	category 4. Within 00 minutes	Target	70.0%	70.0%	70.0%	70.0%	70.0%	70.0%	70,0%	70.0%	70.0%	~	70%
E3.3	5 111 420 1								\ \	/ / \	\		/07
	Category 5: within 120 minutes	Result •		76.2% •	83.7%	91.2%	84.3%	86.8%	87.7%	86.1%	82.1%		
E6	Patient Off Stretcher Time: < 30 mins	Target	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%			90%
	POST	Result •		87.8% 🔸	88.7% 🔸	91.7%	94.4%	94.6%	95.5%	95.2%			
E7.1	ES: % treated within recommended time **	Target	100.0%	89.0%	89.0%	89.0%	89.0%	89.0%	89.0%	100.0%	100.0%		100%
	Category 1: within 30 days	Result 🔸	98.4%	95.9%	94.8%	99.0%	99.1%	98.1%	96.9%	98.7% 🔸	98.2%	•	
E7.2		Target	87.0%	81.0%	81.0%	81.0%	81.0%	81.0%	81.0%	87.0%	87.0%		879
	Category 2: within 90 days	Result •	94.5%	91.1%	89.8%	97.8%	94.2%	89.3%	93.2%	96.6%	92.7%		
E7.3		Target	94.0%	91.0%	91.0%	91.0%	91.0%	91.0%	91.0%	94.0%	94.0%		94%
	Category 3: within 365 days	Result •	99.3%	99.7%	98.9%	99.7%	98.8%	99.2%	100.0%	99.0%	99.5%		
E8.1	ES: 'long waits'	Target	0	0	0	-	100	0	0	0	0		(
20.1	Category 1: within 30 days	Result •		0 •	0 •	0			0 •	0 •	0		
E8.2	Category 1. Within 30 days		0	0				0	0	0	0		
E0.2	0.1	Target			0		_ ' \					_	
	Category 2: within 90 days	Result =	77	89 📕	104	84	89 -	118	100	142	77		
E8.3		Target	0	0	0	18	0	0	0	0	0		
	Category 3: within 365 days	Result •		0	0 •	0	0 •	0 •	0 •	0 •	0 •	<u> </u>	
E9	Activity (WAU):	Target	0.0	//	/ /-	1 /	-	-	-	-			94,069
	Total	Result	53,396.2	8.056.8	8,036.9	7,474.9	7,849.6	8,189.5	7,113.8	6,674.7			
E9.1		Target	0.0	/ / - \	\- \	-	-	-	-	-			51,85
	Inpatients	Result	30,297.5	4,483.0	4,552.7	4,315.3	4,380.7	4,649.2	4,174.1	3,742.6			
E9.2		Target	0.0	- '	- \)	_	_	_	-	-			16,216
	Outpatients	Result	11,653.7	1,683.6	1,802.4	1,656.5	1,866.0	1,850.8	1,353.7	1,440.7			
E9.3		Target	0.0)) '	\ \ \ .	,	,	,	,	, -			10,572
23.3	Emergency Department	Result	2,430.0	365.4	352.1	309.4	337.9	333.2	365.0	367.1			10,57.
E9.4	Emergency Department	Target	2,430.0	303.4	. 332.1	303.4	337.3	333.2	303.0	307.1			1,588
C9.4	84	_		00.4	252.0	1445	100.3	151.0	-	67.3			1,588
	Mental Health	Result	920,6	96.1	252.8	144.5	108.2	151.8	99.9	67.2			
E9.5		Target	/-/		-			-	-	-			13,030
	Critical Care	Result	7,684.0	1,374.3	989.5	980.6	1,092.2	1,162.4	1,087.7	997.4			
E9.6		Target	0.0	-	-	-	-	-	-	-			805
	Sub and Non-Acute Patients		410.3	54.3	87.5	68.7	64.6	42.1	33.4	59.7			

EMERGENCY DEPARTMENTS

National Emergency Access Target (NEAT) - calendar year to date performance

NEAT by departure status group

Departure Status *	Total Attendances	NEAT	% NEAT	Jan 2013 YTD NEAT %
Non-admitted	9,037	8,024	88.8%	89.2%
Admitted	2,764	1,617	58.5%	28.8%
Total	11,801	9,641	81.7%	74.3%

^{*} Does not include dead on arrival, died in ED, did not wait and transferred to another hospital

NEAT by hospital and departure status group

Hospital	Non-admitted	Admitted	% NEAT	Jan 2013 YTD NEAT %
Mater Adult Public Hospital	89%	59%	80.9%	73.5%
Mater Children's Public Hospital	89%	58%	82.5%	75.2%

NEAT by top 5 admitting wards by volume, and % of consults requested within 120 minutes (excludes NEAT performance >40%)

Admitting Ward	Admissions NEAT % consults < 120
n/a	0 0.0% 0.0%
Total of all admissions	0.0%

NEAT by top 5 admitting specialty by volume, and % of consults requested within 120 minutes (excludes NEAT performance >40%)

0.0%

Admitting Specialty	Admissions	NEAT	% consults < 120
n/a	0	0.0%	0.0%
0	0	0.0%	0.0%

Total of all admissions

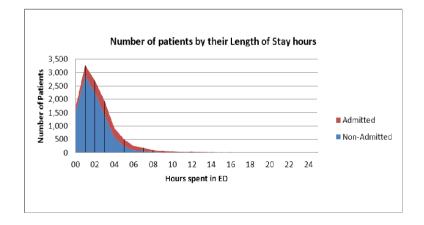
WAITING TIMES - monthly performance

Volume and waiting time performance by triage category

	Category 1	Category 2	Category 3	Category 4	Category 5	All
	Category 1	Category 2	category	category 4	Lattegory 3	Categories
Attendances	31	528	1,887	3,449	329	6,224
# seen in time	31	454	1,490	2,628	270	4,872
% seen in time	100.0%	86.0%	79.0%	76.2%	82.1%	78.3%
Median Wait (minutes)	0) }	14	29	31	20

Volume and waiting time performance by top 5 diagnosis, category 3 and 4

Diagnosis	Category 3		Category 4	
	Attendances	% seen in time	Attendances	% seen in time
B34.9 Viral Infection	51	78.4%	195	59.3%
R10.3 Pain Localised To Oth Parts Low Abdomer	68	76.5%	103	43.9%
A08.4 Viral Gastroenteritis	33	57.6%	113	53.4%
J06.9 Upper Respiratory Tract Infection	41	56.1%	76	43.6%
J45.9 Asthma - Acute	91	81.3%	12	9.7%



Information provided by Clinical Access and Redesign Unit

Data source: Emergency Department Information System (EDIS), data is preliminary and subject to change.

Mater Health Service February 2013

ACTIVITY (ABF AND NON-ABF) YTD PERFORMANCE -	January 2013
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ACTIVITY (ADF AND NO	N-ADI J I I	DILMO	INIVIAINCE		not been uplo	aded by the Hi	IS at this tim	e							Data so	ource: Decision S	upport Systen	n (DSS) as at 20) March 2013
Weighted Activity Units - WAU	2011-12	2012-13	2011-12	2012-1	3 YTD	YTD Varianc		2011-12 to 201	2-13 Change	Weighted Activity Units - WAU	2011-12	2012-13	2011-12	2012-13 Y		YTD Variance		2011-12 to 2012	
Activity	FY Actual	Purchased	YTD Actual	DSS Target	Actual	Actual	%	Actual	%	Emergency Department	FY Actual	Purchased	YTD Actual	DSS Target	Actual	Actual	%	Actual	%
ABF	93,122	94,069	53,435	-	53,396	53,396	-	-39	-0.1%	Cat 1 (Admitted and Discharged)	117	126	72	-	3	3	-	-68	-95.2%
Non ABF Total Activity	93,122	94,069	53,435	-	53,396	53,396	-	-39	-0.1%	Cat 2 (Admitted and Discharged) Cat 3 (Admitted and Discharged)	1,305 4,123	1,375 4,321	745 2,387	-	295 1,056	295 1,056	-	-451 -1,331	-60.5% -55.8%
Total Activity	93,122	34,003	33,433	-	33,330	33,390	-	-39	-0.1%	Cat 4 (Admitted and Discharged)	4,643	4,521	2,640	-	996	996	-	-1,644	-62.3%
Inpatients	Service Relat	ed Group (SRG	;)							Cat 5 (Admitted and Discharged)	162	158	94	_	79	79	-	-1,044	-16.6%
01 Cardiology	875	910	515	_	517	517		2	0.3%	Died	3	1	2	-/	1	1		-1	-50.5%
02 Interventional Cardiology	144	195	88	_	80	80	-	-9	-9.7%	ES Treated		-	-	/./	-	-	-	-	-
03 Cardiac Surgery	1,264	1,740	740	-	983	983	-	243	32.8%	Emergency Department Total	10,352	10,572	5,941	//-	2,430	2,430	-	-3,510	-59.1%
04 Thoracic Surgery	662	-	403	-	381	381	-	-22	-5.4%										
05 Dermatology	220	220	117	-	125	125	-	8	6.8%	Sub and Non-Acute Patients									
06 Endocrinology	978	963	596	-	595	595	-	-1	-0.1%	GEM	-		-	\ \-	- [-	-	-	-
07 Gastroenterology	524	564 903	304	-	292	292	-	-12	-3.9%	MAINT	298 280	188	173	\ (-	142	142	-	-30	-17.5%
08 Diagnostic GI Endoscopy 09 Haematology	813 647	903 549	431 401	-	470 294	470 294	-	38 -107	8.9% -26.7%	PALLIATIVE REHAB	280 154	252 366	141 196	11	141 126	141 126	-	1 20	0.5% 19.1%
10 Haematological Surgery	234	349	110	_	129	129	-	19	17.0%	SNAP Total	732	305	420	1.	410	410	-	- 9	-2.2%
11 Immunology & Infections	984	1,098	580	_	595	595	_	15	2.5%	SIVAF TOTAL	/32	603	4/4) <u></u>	410	410		-9	-2.2/0
12 Medical Oncology	634	666	369	_	335	335		-34	-9.1%	Mental Health				//					
13 Chemotherapy & Radiotherapy	48	56	21	_	36	36	_	15	70.0%	Designated Bed (Per Diem Activity)	1,269	1,405	773	-	836	836	-	63	8.1%
14 Neurology	1,540	1,407	946	-	956	956	-	10	1.0%	42 Psychiatry - Acute	119	184	66		84	84	-	18	27.3%
15 Renal Medicine	365	321	213	-	224	224	-	10	4.9%	Mental Health Total	1,388	1,588	840	-	921	921	-	81	9.6%
16 Renal Dialysis	5	5	4	-	-	-	-	-4	-100.0%										
17 Respiratory Medicine	3,824	2,898	2,213	-	2,109	2,109	-	-104	-4.7%	Outpatients									
18 Rheumatology	241	232	135	-	137	137	-	2	1.8%	Medical	3,607	3,353	2,059	-	2,438	2,438	-	380	18.4%
19 Non Subspecialty Medicine	1,071	1,882	648	-	622	622	-	-26	-4.0%	Surgical	3,990	3,730	2,239	-	2,251	2,251	-	12	0.6%
20 Breast Surgery 21 Upper GIT Surgery	793 796	928 753	460 449	-	475 456	475 456	-	15 7	3.2% 1.5%	Allied Health Pre-Admission	1,958 322	1,829 61	1,121 182	-	1,103 166	1,103 166	-	-18 -16	-1.6% -8.7%
22 Colorectal Surgery	1,240	1,232	736	_	640	640		-97	-13.1%	Paediatric	328	296	177	-	282	282		104	58.9%
23 Head & Neck Surgery	319	350	188	_	190	190	_	2	1.2%	Neonatal	- 320	230	- 1//	_	5	5	-	5	30.370
24 Neurosurgery	1,431	778	760	_	744	744	-	-16	-2.1%	Maternity	2,553	2,778	1,440	-	1,804	1,804	-	364	25.3%
25 Dental Surgery	130	355	75	_	56	56	-	-18	-24.4%	Chemotherapy	-	-	-	-	2,205	2,205	-	2,205	-
26 Dentistry	352	-	193	-	208	208	-	15	7.6%	Clinical Haematology	380	655	210	-	64	64	-	-146	-69.5%
27 Ear, Nose & Throat	1,833	1,865	987	-	1,166	1,166	-	179	18.1%	Clinical Measurement	-	35	-	-	207	207	-	207	-
28 Orthopaedics	5,041	5,811	2,982	-	3,058	3,058	-	76	2.6%	Cystic Fibrosis	131	186	81	-	71	71	-	-10	-12.8%
29 Ophthalmology	1,000	1,106	578	-	601	601	-	23	4.0%	Dialysis	151	80	83	-	68	68	-	-16	-18.8%
30 Plastic & Reconstructive Surger		1,696	804	-	874	874	~	69	3.6%	District Nursing Services	-	-	-	-	-	-	-	-	-
31 Urology 32 Vascular Surgery	2,342 554	2,086 685	1,300 322	-	1,202 353	1,202 353	-	-98 31	-7.6% 9.5%	Endoscopy Interventional Cardiology	-		-	-	213	213	-	213	-
33 Non Subspecialty Surgery	3,270	3,508	1,937	_	2,058	2,058		121	6.3%	Medical Oncology	3,910	3,028	2,189	-	590	590		-1,599	-73.1%
34 Gynaecology	2,701	2,719	1,469	_	1,711	1,711	_	242	16.5%	Pain Management	3,510		2,103	-	-	-	_	-	73.170
35 Obstetrics	7,708	8,065	4,364	_	4,784	4,784	\ .	420	9.6%	Pharmacy	-		-	-	-	-	-	-	-
36 Qualified Neonate	3,827	3,774	2,121	_	2,361	2,361	. \ -	240	11.3%	Primary Care	-		-	-	-	-	-	-	-
38 Transplantation	103	102	69	-	52	52	\ \ -	-17	-24.9%	Psychiatry	-	-	-	-	-	-	-	-	-
39 Extensive Burns	8	6	2	- ,	15	15	-	12	488.2%	Radiation Oncology	-	-	-	-	-	-	-	-	-
40 Tracheostomy	991	1,299	604	-	342	342	//	-262	-43.3%	Renal Medicine	220	154	120	-	141	141	-	21	17.4%
41 Drug & Alcohol	122	126	82		73	73	-	-9	-10.9%	Sub Acute	-	-	-	-	39	39	-	39	-
44 Unallocated	-	51.851	29.319		30,298	30,298	-	978	2 20/	Transplants	29	- 22	21	-	7	-	-	-14	-68.2%
Inpatient Total	51,022	51,851	29,319	-)	30,298	30,298	-	978	3.3%	Wound Management Other	29	32	21	-	/	,	-	-14	-68.2%
Critical Care										Outpatient Total	17,578	16,216	9,923	-	11,654	11,654	-	1,731	17.4%
Coronary Care	385	456	226		198	198		-28	-12.6%	outputient rotal	27,570	10,210	5,525		11,00	11,00		2,702	2,,,,,
Intensive Care	1,491	1,330	944	\	781	781	-	-163	-17.2%					Red values	indicate the	e Top 5 greatest	oositive varian	ce to target rec	orded in DSS
Neonatal Intensive Care	4,040	4,656	2,376	\ \ -	2,889	2,889	-	512	21.5%					Blue values	indicate the	Top 5 greatest n	egative varian	ce to target rec	orded in DSS
Paediatric Intensive Care	3,295	3,705	1,897	1 /	1,866	1,866	-	-31	-1.7%										
Special Care Nursery	2,839	2,889	1,549		1,951	1,951	-	401	25.9%										
Critical Care Total	12,049	13,036	6,993	-	7,684	-	-	691	9.9%	-									
Monthly target phasing - loaded to DSS	Jul 2012	Aug 2012	Sen 2012	Oct 2012	Nov 2012	Dec 2012	Jan 2013	Feb 2013	Mar 2013	Apr 2013 May 2013 Jun 2013 VTD	2012-13	HHS FY Target	Variance to Burchased						
Inpatients	Jul 2012 -	Aug 2012	3ep 2012 -	OCT 2012	NOV 2012	Dec 2012 -	Jan 2013	reb 2013	- Wal 2013	Apr 2013 May 2013 Jun 2013 YTD	51,851	- 108060 10 D22	-51,851	Inpatients					
Critical Care	-	-	-	-	-	-	_		-		13,036	-	-13,036	Critical Care					
Emergency Department	-	-	-	-	-	- [-		-		10,572	-	-10,572	Emergency Depar	tment				
Sub and Non-Acute Patients	-	-	-	-	-	- [-		-		805	-	-805	Sub and Non-Acut	e Patients				
Mental Health	-	-	-	-	-	-	-		-		1,588	-	-1,588	Mental Health					
Outpatients	-	-	-	-	-	-	-		-		16,216	-	-16,216	Outpatients					
Total Activity Target	•	-	-	-	-	-			-		94,069		-94,069	Total Activity Tar	get				

Mater Health Service February 2013

CASEMIX CHANGE - Year on year comparison - January 2013

Data source: Decision Support System (DSS) as at 20 March 2013

		2011-12 to 20	12-13 Change		Potential	WAUs notic	onal variance
	YTI) Seps	YTD	WAUs	Casemix	Malaura	Casemix
Inpatients	Actual		Actual		Change	Volume	related
Service Related Group (SRG)							
01 Cardiology	26	2.8%	2	0.3%	-2.4%	1	0.6
02 Interventional Cardiology	-13	-10.0%	-9	-9.7%	0.3%	-6	-2.7
03 Cardiac Surgery	18	22.0%	243	32.8%	10.8%	167	75.2
04 Thoracic Surgery	-62	-18.5%	-22	-5.4%	13.1%	-15	-6.8
05 Dermatology	39	17.6%	8	6.8%	-10.9%	5	2.5
06 Endocrinology	3	0.6%	-1	-0.1%	-0.7%	-1	-0.2
07 Gastroenterology	10	1.5%	-12	-3.9%	-5.4%	-8	-3.6
08 Diagnostic GI Endoscopy	84	15.4%	38	8.9%	-6.5%	26	11.9
09 Haematology	-46	-9.6%	-107	-26.7%	-17.1%	-74	-33.2
10 Haematological Surgery	-	-	19	17.0%	17.0%	13	5.8
11 Immunology & Infections	-11	-1.7%	15	2.5%	4.3%	10	4.6
12 Medical Oncology	-24	-6.0%	-34	-9.1%	-3.2%	-23	-10.5
13 Chemotherapy & Radiotherapy	36	64.3%	15	70.0%	5.7%	10	4.6
14 Neurology	-9	-0.8%	10	1.0%	1.8%	7	3.0
15 Renal Medicine	29	9.4%	10	4.9%	-4.5%	7	3.3
16 Renal Dialysis	-10	-100.0%	-4	-100.0%	0.0%	-2	-1.1
17 Respiratory Medicine	-182	-8.3%	-104	-4.7%	3.6%	-72	-32.4
18 Rheumatology	-15	-5.1%	2	1.8%	6.8%	2	0.7
19 Non Subspecialty Medicine	26	1.6%	-26	-4.0%	-5.6%	-18	-8.0
20 Breast Surgery	12	3.9%	15	3.2%	-0.7%	10	4.5
21 Upper GIT Surgery	15	5.3%	7	1.5%	-3.8%	5	2.1
22 Colorectal Surgery	15	6.7%	-97	-13.1%	-19.9%	-67	-30.0
23 Head & Neck Surgery	-4	-3.4%	2	1.2%	4.7%	2	0.7
24 Neurosurgery	45	8.5%	-16	-2.1%	-10.6%	-11	-4.8
25 Dental Surgery	-11	-25.0%	-18	-24.4%	0.6%	-13	-5.6
26 Dentistry	16	5.3%	15	7.6%	2.4%	10	4.6
27 Ear, Nose & Throat	-35	-2.0%	179	18.1%	20.1%	124) / 55.5
28 Orthopaedics	29	1.5%	76	2.6%	1.0%	53	23.7
29 Ophthalmology	-2	-0.3%	23	4.0%	4.3%	16	7.2
30 Plastic & Reconstructive Surgery	34	5.3%	69	8.6%	3.3%	48<	21.5
31 Urology	-55	-4.7%	-98	-7.6%	-2.8%	-68	-30.5
32 Vascular Surgery	11	7.9%	31	9.5%	1.6%	21	9.5
33 Non Subspecialty Surgery	-24	-1.0%	121	6.3%	7.2%	84	37.5
34 Gynaecology	183	14.9%	242	16.5%	1.5%	167	75.0
35 Obstetrics	279	7.2%	420	9.6%	2.5%	290	130.2
36 Qualified Neonate	254	7.3%	240	11.3%	4.1%	165	74.3
38 Transplantation	-2	-25.0%	-17	-24.9%	0.1%	-12	-5.4
39 Extensive Burns	5	125.0%	12	488.2%	363.2%	8	3.7
40 Tracheostomy	-21	-33.9%	-262	-43.3%	-9.4%	-181	-81.1
41 Drug & Alcohol	-53	-20.9%	-9	-10.9%	9.9%	-6	-2.8
44 Unallocated	-	-	1	0.0%	0.0%	-	0.0
Inpatient Total *	590	1.9%	978	5.3%	1.4%	675	303.3
			//				

Red values indicate a **negative** growth in Seps and a **positive** growth in WAU Blue values indicate a **positive** growth in Seps and a **negative** growth in WAU

AMBULATORY CARE - Review to New ratio - January 2013

Data source: Decision Support System (DSS) as at 20 March 20	
	13

					Data source: De	cision Support S	ystem (DSS) as a	t 20 March 201
Weighted Activity Unit	s - WAU	2010-11	2011-12	2012-13	2012-13	R	2N Ratio - WA	Us
Outpatients		Actual	Actual	Purchased	YTD	2010-11	2011-12	2012-13 YTI
Clinic Type								
Medical	New	757	1,002	1,150	573			
Wicaicai	Review	2,707	2,605	2,203	1,866	3.6	2.6	3.3
Surgical	New	941	1,110	2,356	513	5.0	2.0	5.5
Juigical	Review	2,699	2,880 <	2,374	1,738	2.9	2.6	3.4
Allied Health	New	779	731	839	445	2.3	2.0	5.4
Allieu Health	Review	1,030	1,227	990	658	1.3	1.7	1.5
	Other	1,030	1,22	1 330	038	1.5	1.7	1.5
Pre-Admission	New	1/	2	/ /	4			
r re-Admission	Review	88	320	59	162	71.1	197.1	39.1
Paediatric	New	146	110	168	77	/1.1	137.1	35.1
Paeulatric	Review	198	218	128	204	1.4	2.0	2.6
Manager	_	198	216			1.4	2.0	2.0
Neonatal	New	///	<u> </u>	// -	5			0.0
Matamita	Review	70	515		0	-		0.0
Maternity	New \	570		687	321	2.4		
//	Review	1,745	2,038	2,091	1,483	3.1	4.0	4.6
Sub Acute	New	\ (-	-	-	9			
	Review	\\ -	-	-	30	-	-	3.4
	Other	<u> </u>	-	-	-			
Clinical Measurement	New	12	-	35	10			
	Review	-	-	-	197	-	-	19.1
Wound Management	New	3	2	1	0			
\ \ \ \	Review	48	27	30	6	14.4	14.8	37.5
Pain Management	New	-	-	-	-			
	Review	-	-	-	-	-	-	
Cystic Fibrosis	New	-	-	-	-			
<u> </u>	Review	135	131	186	71	-	-	
Transplants	New	-	-	-	-			
	Review	-	-	-	-	-	-	
Endoscopy	New	-	-	-	167			
	Review	-	-	-	46	-	-	0.3
Interventional Cardiology	New	-	-	-	-			
	Review	-	-	-	-	-	-	
	Other	-	-	-	-			
Renal Medicine	New	30	33	25	19			
	Review	162	187	129	122	5.3	5.7	6.4
Dialysis	New	-	-	-	-			
	Review	70	151	80	68	-	-	
	Other	-	-	70	-			
Chemotherapy	New	-	-	-	29			
.,	Review	-	-	-	2,176	-	-	75.0
Medical Oncology	New	85	82	66	48			
	Review	2,986	3,828	2,962	542	35.2	46.8	11.2
Radiation Oncology	New	-		-	-	33.2	10.0	
nadiation oncology	Review	_	_	_	_	_	_	
Clinical Haematology	New	24	33	45	14			
Ccarriacinatology	Review	241	348	611	50	9.9	10.6	3.
Primary Care	New	- 241	- 346	- 011	-	9.9	10.0	3
i iiiiai y Care	Review	-		-	-	_		
Othor					-	-		
Other	New	-	-	-	-			
	Review		-	-	-	_	-	
'atal	Other		3.646	4 374	2 226		All clinics	
otal	New	3,350	3,618	4,374	2,236	2.5		
	Review	12,111	13,960	11,842	9,418	3.6	3.9	4.2
	Other			-			ics as per Purch	-
	Total	15,461	17,578	16,216	11,654	2.7	2.8	3.3

^{*} Inpatient total excludes 42 Psychiatry - Acute and 43 Rehabilitation

Mater Health Service February 2013

ESCALATION KPI LIST

			Attainment Score	
KPI No.	Escalation KPIs	Green	Amber	Red
Safety	and Quality	Target		
E1	Never events	0	n/a	> 0
E2	Hospital acquired 3rd and 4th stage Pressure Injuries	5.0% of 2010-11 actuals	> 5.0% - 25.0% of 2010-11 actuals	> 25.0% of 2010-11 actuals
E3	Healthcare-associated Staphylococcus aureus (incl. MRSA) bacteraemia	20.0% of 2010-11 actuals	> 20.0% - 40.0% of 2010-11 actuals	> 40.0% of 2010-11 actuals
Access E4	National Emergency Access Target (NEAT): % of ED attendances who depart within 4 hours of their arrival in ED	2012: > 70.0%	2012: 69.9% - 65.0%	2012: < 65.0%
		2013: > 77.0%	2013: 76.9% - 70.0%	2013: < 70.0%
E5	Emergency Department: % seen within recommended timeframe:	80% of all categories		
	Category 1: within 2 minutes	Cat. 1: 100%	Cat. 1: 99.9% - 90.0%	Cat. 1: < 90.0%
	Category 2: within 10 minutes	Cat. 2: > 80.0%	Cat. 2: 79.9% - 70.0%	Cat. 2: < 70.0%
	Category 3: within 30 minutes	Cat. 3: > 75.0%	Cat. 3: 74.9% - 65.0%	Cat. 3: < 65.0%
	Category 4: within 60 minutes	Cat. 4: > 70.0%	Cat. 4: 69.9% - 60.0%	Cat. 4: < 60.0%
	Category 5: within 120 minutes	Cat. 5: > 70.0%	Cat. 5: 69.9% 60.0%	Cat. 5: < 60.0%
E6	Patient Off Stretcher Time (POST): < 30 mins (%)	>= 90.0%	< 90.0% - 85.0%	< 85.0%
E7	Elective Surgery: % treated within the clinically recommended timeframe for their category	2012	2012	2012
	(National Elective Surgery Target (Part 1))	Cat. 1: 89.0%	Cat. 1: 88.9% - 85.0%	Cat. 1: < 85.0%
		Cat. 2: 81.0%	Cat. 2: 80.9% /8.0%	Cat. 2: < 78.0%
		Cat. 3: 91.0%	Cat. 3: 96.9% 87.0%	Cat. 3: < 87.0%
		2013	2013	2013
		Cat. 1: 100%	Cat. 1: 99.9% - 96.0%	Cat. 1: < 96.0%
		Cat. 2: 87.0%	Cat. 2: 86.9% - 83.0%	Cat. 2: < 83.0%
		Cat. 3: 94.0%	Cat. 3: 93.9% - 90.0%	Cat. 3: < 90.0%
E8	Elective Surgery: Number of patients waiting more than the clinically	0 for all categories	HHS specific	HHS specific
	recommended timeframe for their category: Category 1: within 30 days	Cat. 1: 0	Cat. 1: > 0% - 5.0%	Cat. 1: > 5.0%
	Category 2: within 90 days	Cat. 2: 0	Cat. 2: > 0% - 5.0%	Cat. 1: > 5.0%
	Category 3: within 36 days	Cat. 3: 0	Cat. 3: > 0% - 5.0%	Cat. 2: > 5.0%
E9	Activity: variance between purchased ABF activity and YTD recorded ABF	0% to +/-1%	Within tolerance as per detail in Schedule	> tolerance as per detail in Schedule 3
E9	activity, by Service Group (Inpatients, Outpatients, ED, Mental Health, Critical Care and SNAP)	0,60,41	3 (rart C) contained in the Service Agreement	(part C) contained in the Service Agreement
Efficien	ncy and Financial Performance	Target		
E10	YTD Operating position	Balanced or surplus	0 – 1.0% unfavourable variance to budget	> 1.0% unfavourable variance to budget
E11	Full year Forecast Operating position (Agreed position between System Manager and HSS)	Balanced or surplus	0 – 1.0% unfavourable variance to budget	> 1.0% unfavourable variance to budget
E12	Own Source Revenue Target	Balanced or surplus	0 – 1.0% unfavourable variance to budget	> 1.0% unfavourable variance to budget
E13	YTD average FTE (MOHRI head count)	HHS specific as per detail in Schedule 3 (part 8) contained in the Service Agreement	0 – 1.0% unfavourable variance to budget	> 1.0% unfavourable variance to budget
Closino	the Gap	Target		
E14	Performance domain target:	0 escalation KPI red	1 escalation KPI red in any quarter	> = 2 escalation KPIs red in any quarter
	Achievement of Closing the Gap escalation indicators contained within	and > = 2 escalation KPI green in any	or > = 3 escalation KPIs amber in any	or 1 escalation KPI red for > = 2
	Schedule 8 of the Service Agreement.	quarter	quarter	consecutive quarters
E14.1	CTG KPI 1 – Estimated level of completion of Indigenous status – specifically the reporting of 'not 'stated' on admission	'Not stated' is < = 1%	'Not stated' is > previous quarter but not meeting target	'Not stated' is > = previous quarter
E14.2	CTG KPI 2 – Percentage of in-scope separations of Aboriginal and Torres Strait Islander consumers from the HHS's acute mental health inpatient unit(s) for which a community ambulatory service contact, in which the consumer participated (in person or via videoconference), was recorded in one to seven days immediately following that separation	> = 55% of in-scope separations of Aboriginal and Torres Strait Islander consumers	54.9% - 50.0% of in-scope separations	< 50.0% of in-scope separations
E14.3	CTG KPI 3 – The proportion of Aboriginal and Torres Strait Islander patients who discharged themselves against medical advice (DAMA)	< = HHS quarterly target (as per detail in Schedule 8 contained in the Service Agreement)	> previous quarter result but not meeting quarterly target	> previous quarter target
E14.4	CTG KPI 4 – Percentage of Aboriginal and Torres Strait Islander Cultural Practice Program participants by facility	> = HHS quarterly target (as per detail in Schedule 8 contained in the Service Agreement)	> = 50.0% of quarterly target but not achieving quarterly target	< 50.0% of quarterly target
Mont	(based on staff numbers at beginning of financial year)			
Mental E15	Health and Alcohol and Other Drugs Performance domain target:	Target Achieve target (listed below) in greater	Achieve target in 67% - 50% of the	Achieve target in less than 50% of the
E13	Achievement of Mental Health & Alcohol and Other Drug Treatment Services escalation indicators contained within Schedule 9 of the Service Agreement.	than 67% of the escalation indicators	escalation indicators	escalation indicators
	Listed below (where applicable):	1000/ -f! ! !	00.004, 05.00	05.007
E15.1	- Ambulatory service contacts	100% of ambulatory service targets	99.9% - 95.0%	< 95.0%
E15.2	- Ambulatory service contacts: Duration	100% of ambulatory service targets	99.9% - 95.0%	< 95.0%
E15.3	 Extended treatment facility and psychiatric hospital beds (Accrued patient days in block funded mental health facilities) 	> = 95% of accrued patient day target delivered	94.9 - 90.0%	< 90.0%
E15.4	- Closure of ATODS Client intake	Closure period < 2 weeks	2 – 3 weeks	> 3 weeks
E15.5	- Number of dedicated hospital alcohol and other drugs withdrawal beds	> 95.0% open	95.0% - 85.0%	< 85.0%
E15.6	- Significant variation in number of dedicated residential alcohol and other	> 95.0% open	95.0% - 85.0%	< 85.0%
	drugs withdrawal beds			

TREND IN MONITORING KPI

March Part				YTD Result /	Jul 2012	Aug 2012	Sep 2012	Oct 2012	Nov 2012	Dec 2012	Jan 2013	Feb 2013	Mar 2013	Apr 2013	May 2013	Jun 2013	Full Year
March Part	CAFETY /	ND CHALITY		Latest Result													Target
Available Second			Taraet	70.0%					70.0%								70%
The Comment of Comme	IVII	Talls Nisk Assessment		70.078					70.076								70%
Care March	N/2	VTF Risk Assessment Documentation at Point of		50.0%					50.0%								50%
Potential Content Pote	IVIZ		_														30%
March Seath in Secretarity Cognesia: National Conference March Seath	M3	Hospital Standardised Mortality Ratio	nesun	-													
Mark Description Descrip	IVIS		Elaa	green			green							^			
Section Control Cont	M4	<u> </u>	riug	green			green						\rightarrow	\rightarrow			
Mode Mode	141-4		Result	0.04			0.04										_
March Production for formure Result 0	M5					green			green			-//	\checkmark	$\rightarrow \rightarrow$			
Strake Reput 0 0 0 0 0 0 0 0 0		· · · · · · · · · · · · · · · · · · ·	_	_		_						((
Mode March																	
Ministration Mini									-)) \				
Mo.									-		11/						
Mode Mode Andrew Mode Mo											-+-						
Mode Wear failure Mean		-	_	_		_			_		11/	$\langle \cdot \rangle$					
Mod Hip replacement Result No No No No No No No N										//							
Miles Policement Miles									4		7 11						
Mo. 6 Schispheria September Septem						0 -					\\						
MS-7 Pacelatic from lifetic moral and administic complex construction confliction and administic confliction and administration and administred confliction and administration and administration and administ				-		-											
Month Mont				_		_		<			//						
M11 Renal dialysis treatment received at home Target S0.0% Result 100.0%		'		0		0											
Access ** denotes calendar year result ** 100.0%					50.0%		50.0%	50.6%	/ 6 -	500%	50.0%						50%
Mile Elective Surgery within 30 days Category 2: within 30 days Category 3: within 30 days Category 3: within 30 days Category 3: within 30 days Category 3: within 30 days Category 3: within 30 days Category 3: within 30 days Category 3: within 30 days Category 3: within 30 days Category 3: within 30 days Category 3: within 30 days Category 3: within 30 days Category 3: within	IVITI	Renardiarysis treatment received at nome								/ 3							30%
M12 Emergency Department median waiting time Result 23 27 28 27 26 25 26 25 24 23 M13 Emergency Department 'Did not waits' Target 0.0%			Result	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	0.0%	100.0%						
Miss Result No. Company Co	ACCESS	** denotes calendar year result															
M13 Emergency Department* Uid not waits	M12	Emergency Department median waiting time	Target														20
M14 Elective Surgery volume			Result	23	27 =	28 💆	27	26	26 =	25 =	24 🔸	23 🔸					
M14 Elective Surgery volume	M13	Emergency Department 'Did not waits'	Target		0.0%			0.0%	0.0%	0.0%	0.0%	0.0%					0%
Result Category 1: within 30 days Result Farget Category 1: within 30 days Result Farget Category 1: within 30 days Result Farget Category 2: within 30 days Result Farget Category 3: within 30 days Result Farget Category 3: within 30 days Result Farget Category 3: within 30 days Result Farget Category 3: within 30 days Result Farget Category 3: within 30 days Result Farget Category 3: within 30 days Result Farget Category 3: within 30 days Result Farget Category 3: within 30 days Result Farget Category 3: within 30 days Result Farget Category 3: within 30 days Result Farget Category 4: within 30 days Result Farget Category 4: within 30 days Result Farget Category 4: within 30 days Result Farget Category 5: within 30 days Result Farget Category 4: within 30 days Result Farget Category 4: within 30 days Result Farget Category 4: within 30 days Result Farget Category 4: within 30 days Result Farget Category 4: within 30 days Category 5: within 30 days Category 4: within 30 days Category 4: within 30 days Category 5: within 30 days Category 5: within 30 days Category 4: within 30 days Category 5: wit			Result			2.8% 🔸											
M15.1 Reduction in elective surgery long waits: ** Target O O O O O O O O O	M14	Elective Surgery volume	Target					926	930	646	446						9,836
Category 1: within 30 days			Result	6,979	977	951 •		988 •	910 🔸	754 •	613 •	958 •					
M15.2 Category 2: within 90 days Result - - - - - - - - -	M15.1	Reduction in elective surgery long waits: **	Target	0			0	0	0	0							0
Category 2: within 90 days		Category 1: within 30 days	Result	-			-	-	-	-		tba					
M15.3 Category 3: within 365 days Result - - - - - - - - -	M15.2		Target	65			67	67	67	67							67
Category 3: within 365 days		Category 2: within 90 days	Result	-			-	-	-	-		tba					
M16 Est 10% longest wait are treated in year ** Target 100.0% 100	M15.3		Target	61	//		61	61	61	61							61
M17 Elective Surgery Cancellations (hospital initiated) Target 10.0%		Category 3: within 365 days	Result	() -)			-	-	-	-		tba					
M17 Elective Surgery Cancellations (hospital initiated) Target Result 10.0% 27.5 25 <t< td=""><td>M16</td><td>ES: 10% longest wait are treated in year **</td><td>Target</td><td>100.0%</td><td></td><td>100.0%</td><td>100.0%</td><td>100.0%</td><td>100.0%</td><td>100.0%</td><td></td><td></td><td></td><td></td><td></td><td></td><td>100%</td></t<>	M16	ES: 10% longest wait are treated in year **	Target	100.0%		100.0%	100.0%	100.0%	100.0%	100.0%							100%
M18 Elective Surgery median waiting time Target 25<		% of cohort patients removed	Result			-	-	-	-	-		tba					
M18 Elective Surgery median waiting time Target 25 25 25 25 25 25 25 2	M17	Elective Surgery Cancellations (hospital initiated)	Target	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%					10%
M21 Categorisation of new case outpatient referrals Target 100.0%			Result	-	-	-	-	-	-	-	-	-					
M21 Categorisation of new case outpatient referrals Target 100.0%	M18	Elective Surgery median waiting time	Target	25	25	25	25	25	25	25	25						25
M22 Category 1 Outpatients: waiting in time Target 95.0%			Result	31	35	29 📕	29 📕	30.5	27.5	29 📕	39 📕						
M22 Category 1 Outpatients: waiting in time Target 95.0%	M21	Categorisation of new case outpatient referrals	Target	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%					100%
M23 Ambulatory Care access Outpatient ratio Target 2.0			Result	-	<u>-</u>			-	-	<u>-</u>		-					
M23 Ambulatory Care access Outpatient ratio Target 2.0	M22	Category 1 Outpatients: waiting in time	Target	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%					95%
M24 Hospital in the Home (HITH) separations - may Target 1.5% 1.5% 1.5% 1.5% 1.5% 1.5% 1.5%			Result	-					-		-	-					
M24 Hospital in the Home (HITH) separations - may Target 1.5% 1.5% 1.5% 1.5% 1.5% 1.5% 1.5% 1.5%	M23	Ambulatory Care access Outpatient ratio	Target	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0						2.0
		(New to Review)	Result	0.3	0.3	0.3	0.3	0.3	0.3	0.3	0.3						
include facilities not listed/approved in QHAPDC Manual Result 0.1% 0.1% 0.1% 0.1% 0.1% 0.1% 0.1% 0.0% 0.1% 0.0% 0.0	M24		Target	1.5%	1.5%	1.5%	1.5%	1.5%	1.5%	1.5%	1.5%						1.5%
		include facilities not listed/approved in QHAPDC Manual	Result	0.1%	0.1%	0.1%	0.0%	0.1%	0.1%	0.2%	0.0%						

TREND IN MONITORING KPI

			TD Result /												Full Year
			atest Result												Target
M26	Telehealth Non-admitted Occasions of Service	Target	-	-	-	-	-	-	-	-					
		Result	-	-	-	-	-	-	-	-					
EFFICIEN	NCY AND FINANCIAL PERFORMANCE														
M27	Cost per WAU												1		
	For the in-scope ABF facilities	Result	-	-	-	-	=	-	=	-					
M30	Day case surgery rates												^		
		Result	81.9%	79.2%	82.7%	79.9%	82.8%	84.3%	82.8%	81.1%					
M31	Extended day case surgery rates														
		Result	86.6%	87.1%	87.9%	87.3%	84.9%	86.9%	85.8%	85.8%		\checkmark			
M32	Out of scope procedures:	Target	0	0	0	0	0	0	0	0					0
	Varicose Veins (F20Z)	Result	43	3	11	5	7	8	7	2					
	Vasectomies (M63Z)	Result	-	-	-	-	=	-	=	<u> </u>))			
	Laser refraction (C04Z)	Result	16	2	5	2	1	3	1	15	_	//			
M33	Clinical data coded within recommended time	Target	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%					100%
		Result	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100 0% 🏓	100.0%	/_ \				
M34	Maintenance Expenditure														-
		Result						•		7 11					
M35	Facility Condition Index														2% to 4%
		Result													
M36	Planned Maintenance Expenditure Ratio														60% to 70%
		Result													
DATIENT	T EXPERIENCE														
M37	Complaints acknowledged within 5 calendar	Target	100.0%			<	100.0%	100.0%	100.0%						100.0%
	days	Result	-				1,00.070	100.00	190.070	_	_				100.070
		court													
								\rightarrow							

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PERFORMANCE DOMAINS - Escalation KPIs

YTD Result / Latest Result

PERF	ORIVIANCE DOIVIAINS - Escalation KPIS			TIDK	esuit / L	atest Resu	ii.
SAFETY	AND QUALITY	TARGET	Data as at		Data sour	ce: Decision Support	System (DSS) as at 16 Apr
E1	Never Events	0		0			
2	Hospital acquired 3rd and 4th stage pressure injuries (FY Target is 5% of 2010-11)	FY Target : 0	February				
3	Healthcare-associated Staphylococcus aureus (including MRSA) bacteraemia	20% of 2010-11	Data currently	unavailable			
CCESS	** denotes calendar year result	TARGET	Data as at		Data sour	ce: Decision Support	System (DSS) as at 16 Apr
_				22.22/			.,,
4	National Emergency Access Target (NEAT): ** % of ED attendances who depart within 4 hours of their arrival in ED	77%	March	80.2%	U		
5	Emergency Department: % seen within recommended timeframe:			//			
5.1	Category 1: within 2 minutes	100%	March		_ / >	97.6%	
5.2	Category 2: within 10 minutes	80%	March	83.1%	/	^	
5.3	Category 3: within 30 minutes	75%	March		/	/14.3%	
5.4	Category 4: within 60 minutes	70%	March	_ / ′		/ 39.0%	
5.5	Category 5: within 120 minutes	70%	March	84.8%	W//		
6	Patient Off Stretcher Time (POST): < 30 mins (%)	90%	February	92.6%			
7	Elective Surgery: % treated within clinically recommended timeframe: **						
7.1	Category 1: within 30 days	100%	March		/	99.0%	
7.2	• •	87%	March	95.7%		33.070	
	Category 2: within 90 days	1					
7.3	Category 3: within 365 days	94%	March	99.6%	\cap		
3	Elective Surgery: Number of patients waiting more than the clinically recommended:	^	$\backslash \backslash /$				
3.1	Category 1: within 30 days	/) 0	March	0	←		
3.2	Category 2: within 90 days	// /%	March				79
3.3	Category 3: within 365 days	//0	March	0	←		
)	Activity: variance between Purchased activity and YTD activity:	0% to	February				
).1		+/-1%	rebrudry				
	Inpatients	//					
9.2	Outpatients						
9.3	ED	/>					
9.4	Mental Health						
9.5	Critical Care	~//					
9.6	Sub and Non-Acute Patients						
FFICIEN	ICY AND FINANCIAL PERFORMANCE \$ - Deficit / \$ Surplus	TARGET	Data as at	Infor	mation provided	by Finance Branch,	System Support Services E
10	YTD Operating Position	Balanced	March	\$ 11.36 M	\cap		
1	Full-year Forecast Operating Position	Balanced	March	\$ 0.00 M	←		
2	Own Source Revenue Target - YTD Variance	Balanced	March		_		\$-0.97 M
13	YTD average MOHRE FTE - Variance to target	1,837	March	-133			
	MOHRI March 2013 Target - fn ending 31-Mar-2013(20)	1,789	March	#N/A		#N/A	#N/A
				,			
OSINO	S THE GAP	TARGET	Data as at				
4	Achievement of Closing the Gap escalation indicators	0 'Red' esc. KPIs		#N/A		#N/A	#N/A
.4.1	Estimated level completion of indigenous status - specifically the reporting of 'not stated' on admission	< 1%	December				
4.2	Rate of community follow up within 1 -7 days following discharge from an acute mental health inpatient unit; Aboriginal and Torres Strait Islander consumer specific	55%	December				
4.3	Proportion of Aboriginal and Forres Strait Islander patients who discharged themselves against medical advice	-	December				
4.4	% of Aboriginal and Torres Strait Islander Cultural Practice Program participants by facility	-	December				
ENTA	. HEALTH AND ALCOHOL AND OTHER DRUG TREATMENT SERVICES	TARGET	Data as at				
.5	Achievement of Mental Health & Alcohol and Other Drug Treatment Services escalation indicators	> 67% 'Green' esc. KPIs					
5.1	Ambulatory Service Contacts	100%	December	-			
5.2	Ambulatory Service Contacts: Duration (hours)	100%	December	_			
15.3	Extended treatment facility and psychiatric hospital beds (Accrued patient days in	95%	n/a	_			
٥.٥	hlock funded mental health facilities)	93%	11/8	-			

< 2 weeks

n/a

n/a

December

n/a

n/a

n/a

Number of dedicated hospital alcohol and other drugs withdrawal beds (MNHHS only)

Significant variation in number of dedicated residential alcohol and other drugs

block funded mental health facilities)

Closure of ATODS Client Intake

withdrawal beds (CHQ only)

E15.4

E15.6

TREND IN ESCALATION KPI

Data source: Decision Support System (DSS) as at 16 April 2013

			Latest Result /								- 1			Full Year
			YTD Result	Jul 2012	Aug 2012	Sep 2012	Oct 2012	Nov 2012	Dec 2012	Jan 2013		Mar 2013	Apr 2013 May 2013 Jun 2013	Target
	AND QUALITY													
E1	Never Events	Result	0	-	-	-	-	-	-	-	-			
E2	Hospital acquired 3rd and 4th stage pressure injuries (FY Target is 5% of 2010-11 actuals)	FY Tgt Result	0	-	-	=	-	=	=	=	- /			
E3	Healthcare-associated Staphylococcus aureus (including MRSA) bacteraemia - SAB	Target Result	- -	Data for June-Decem	ber 2012 will be m	ade available in Ma	ay 2013							20
ACCESS	** denotes calendar year result													
E4	National Emergency Access Target: 4hrs **	Target	77.0%	70.0%	70.0%	70.0%	70.0%	70.0%	70.0%	77.0%	77.0%	77.0%	3	77
	NEAT	Result	80.2%	75.9%	74.3%	76.2%	78.0%	80.2%	80.9%	81.7%	80.0%	79.1%		
E5.1	ED: % seen within recommended time	Target	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		100
	Category 1: within 2 minutes	Result		100.0%	97.7%	84.2%	100.0%	100.0%	100.0%	93.1% 📙	96.8%	100.0%		
E5.2		Target	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	A 80.0%	80.0%		80
25.2	Category 2: within 10 minutes	_	83.1%	82.2%	80.1%	81.1%	80.2%	83.0%	87.0%	88.5%	86.0%	80.8%		
E5.3	category 2. Within 10 minutes	Target	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%		75
LJ.J	Category 3: within 30 minutes	_	→ 74.3%	71.2%	64.7%	69.8% 🚨	76.3%	75.6%	79.8%	84.5%	79.0%	71.3%		/ /
E5.4	Category 3. within 30 milliotes		70.0%	71.2% = 70.0%	70.0%	70.0%	70.0%	70.0%	79.8%	70.0%	79.0%	70.0%		70
E3.4	Category 4: within 60 minutes	Target Result	69.0%	65.9% <u>-</u>	63.6%	71.1%	67.3%	65.0%	72.2%	78.9%	76.2%	63.5% 🚽		"
E5.5	Category 4. Within 60 minutes		70.0%	70.0%	70.0%	70.0%		70.0%	70.0%	70.0%	70.2%	70.0%		70
E5.5	5 111 120 1	Target					70.0%							/
	Category 5: within 120 minutes	Result	84.8%	76.2%	83.7%	91.2%	84.3%	86.8%	87.7%	86.1%	82.1%	84.2%		-
E6	Patient Off Stretcher Time: < 30 mins	Target	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%			90
	POST	Result	92.6%	87.8% 🚨	88.7% 🚚	91.7%	94.4%	94.6%	95.5%	95.2%	94.1%			
E7.1	ES: % treated within recommended time **	Target	100.0%	89.0%	89.0%	89.0%	89.0%	89.0%	89.0%	100.0%	100.0%	100.0%		100
	Category 1: within 30 days	Result		95.9%	94.8%	99.0%	99.1%	98.1%	96.9%	98.7% 🚚	98.2% 👃	100.0%		
E7.2		Target	87.0%	81.0%	81.0%	81.0%	81.0%	81.0%	81.0%	87.0%	87.0%	87.0%		87
	Category 2: within 90 days	Result	95.7%	91.1%	89.8%	97.8%	94.2%	89.3%	93.2%	96.6%	92.7%	97.7%		
E7.3		Target	94.0%	91.0%	91.0%	91,0%	910%	91.0%	91.0%	94.0%	94.0%	94.0%		94
	Category 3: within 365 days	Result	99.6%	99.7%	98.9%	99.7%	98.8%	99.2%	100.0%	99.0%	99.5%	100.0%		
E8.1	ES: 'long waits'	Target	0	0	0	0	O	0	0	0	0	0		
	Category 1: within 30 days	Result	0	٩	0	\ \ 0	0	0	0	0	0	0		
E8.2		Target	0	0	0	\ \ 0	0	0	0	0	0	0		
	Category 2: within 90 days	Result	79	89 ′	104 ′	84 ′	89 ′	118 ′	100 ′	142 ′	77 ′	79 ′		
E8.3		Target	0	0	\ \ 0	0	0	0	0	0	0	0		
	Category 3: within 365 days	Result	0	\ \ a	/ /8	0	0	0	0	0	0	0		
TNT	Treated in turn	Target	60%	60%	60%	60%	60%	60%	60%	60%	60%	60%		60
		Result			_	-	-	_	-	=	_	_		
MWT	Maximum Wait Time (in days)				>									
	General			1										
	Category 1: within 30 days	Result	28											
	Category 2: within 90 days	Result	, 166											
	Category 3: within 365 days	Result	, 376											3
	Gynaecology	nesun	370											
	Category 1: within 30 days	Result	11											
	Category 2: within 90 days	Result	, 143											
	_ :		347											3
	Category 3: within 365 days	Result	347											3
	Ophthalmology	Dec. //	35											
	Category 1: within 30 days	Result	25											
	Category 2: within 90 days	Result	36											
	Category 3: within 365 days	Result	419											3

TREND IN ESCALATION KPI

Data source: Decision Support System (DSS) as at 16 April 2013

			Latest Result /											Full Year
			YTD Result											Target
	Orthopaedic													
	Category 1: within 30 days	Result	27											30
	Category 2: within 90 days	Result	146											90
	Category 3: within 365 days	Result	362											365
	Urology													
	Category 1: within 30 days	Result	33								//			30
	Category 2: within 90 days	Result	201										4	90
	Category 3: within 365 days	Result	243											365
E9	Activity (WAU):	Target	0.0	-	-	-	-	-	-	(- ((94,069
	Total	Result	64,914.1	8,644.0	8,622.4	8,006.6	8,378.9	8,708.4	7,602.0	7,103.5	7,848.4			
E9.1		Target	0.0	-	-	-	-	-	- ()		51,851
	Inpatients	Result	34,477.8	4,483.4	4,552.7	4,319.7	4,381.8	4,650.4	4,177.8	3,735.7	4,176.3	/		
E9.2		Target	0.0	-	-	-	-	-	_	11/				16,216
	Outpatients	Result	13,323.7	1,683.6	1,802.4	1,656.5	1,866.0	1,850.8	1,353.7	1,440.7	1,670.0			
E9.3		Target	0.0	-	-	-	-	-/	/	-	-			10,572
	Emergency Department	Result	6,906.9	952.2	937.5	836.6	866.1	850.8	849.5	802.7	811.4			
E9.4		Target	0.0	-	-	-	-	7		\ \ -	-			1,588
	Mental Health	Result	1,011.0	96.1	252.8	144.5	108.2	151.8	99.9	67.2	90.4			
E9.5		Target	0.0	-	-	-		-	\\	-	-			13,036
	Critical Care	Result	8,732.7	1,374.3	989.5	980.6	1,092.2	1,162.4	1,087.1	997.4	1,048.7			
E9.6		Target	0.0	-	-	-	// -	-		-	-			805
	Sub and Non-Acute Patients	Result	462.1	54.3	87.5	68.7	64.6	42.1	33.4	59.7	51.7			
woos	Oral Health	Target	-	-	-	- \	\ \ / /	\	-	-	-	-		0
	Weighted Occasions of Service	Result	-	-	-	_	-	-	-	-	-	-		
EFFICIEN	CY AND FINANCIAL PERFORMANCE	- \$ De	eficit / \$ Surplus		/									
E10	YTD Operating Position	Target	\$0	\$0	\$0	\$9	\$0	\$0	\$0	\$0	\$0	\$0		\$0
		Result	\$11,364,617	\$2,901,186	\$2,442,961	\$3,745,617	\$6,059,967	\$6,780,080	\$7,301,776	\$8,601,838	\$9,911,404	#########		
	Variance (Favourable / -Unfavo	ourable)	\$11,364,617	\$2,901,186	\$2,442,961	\$3,745,617	\$6,059,967	\$6,780,080	\$7,301,776	\$8,601,838	\$9,911,404	#########		
E11	Full-year Forecast Operating Position	Target	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0		\$0
	(Agreed position by HHS)	Result	\$0	\$0	\$0	\$0	\$5,242,998	\$0	\$0	\$0	\$0	\$0		
	Variance (Favourable / -Unfavo	ourable)	\$0	\$0	\$0	\$0	\$5,242,998	\$0	\$0	\$0	\$0	\$0		
E12	Own Source Revenue Target	Budget	\$13,843,376	\$1,210,297	\$1,790,272	\$1,666,095	\$1,538,032	\$1,587,086	\$1,741,885	\$1,388,428	\$1,542,811	\$1,378,470		
	(User Charges only)	Result	\$12,875,278	\$1,209,068	\$1,468,539	\$1,194,468	\$1,667,690	\$1,470,124	\$1,444,451	\$1,325,506	\$1,594,850	\$1,500,583		
	Variance (Favourable / -Unfavo	ourable)	\$968,098	-\$1,229	-\$321,734 <i>*</i>	-\$471,627 <i>′</i>	\$129,658	-\$116,962 ′	-\$297,434 ′	-\$62,922	\$52,039	\$122,113		
E13	YTD average FTE (MOHRI FTE)	Target	1,837	1,735	1,735	1,735	1,826	1,826	1,826	1,826	1,826	1,837		1,837
		Result	1,794	1,717	1,718	1,716	1,713	1,710	1,707	1,705	1,704	1,704		
	Variance (-Favourable / Unfavo	ourable)	-133	-18	-18	-19	-113	-116	-119	-121	-122	-133		
				\rightarrow										

INCIND IN ESCALATION RET											2414 551		support system (DSS) as	ut 10 April 20
		.atest Result / YTD Result	Jul 2012	Aug 2012	Sep 2012	Oct 2012	Nov 2012	Dec 2012	Jan 2013	Feb 2013	Mar 2013	Apr 2013	May 2013 Jun 201	Full Year Target
LOSING THE GAP		Data unavailat	ole for E14.2											
E14 Achievement of Closing the Gap escalation														
indicators	Result ##	#N/A			#N/A			#N/A						
E14.1 Indigenous status - reporting of 'not stated'	Target	1.0%			1.0%			1.0%			//			1
on admission	Result	-			-			-			/ _			
E14.2 Community follow up (within 1 - 7 days) post	Target	55.0%			55.0%			55.0%						55
mental health discharge	Result	-			-			-						
E14.3 Patients who discharged themselves against	Target	-			-			-						
medical advice (DAMA)	Result	-			-			-	((
E14.4 Aboriginal and Torres Strait Islander Cultural	Target	-			-			-						
Practice Program participants	Result	-			-			- /						
IENTAL HEALTH & ALCOHOL AND OTHER DRUG TREA	TMENT	Data unavailab	ole for E15.3, E15.5 &	& E15.6						///	/			
E15.1 Ambulatory service contacts	Target	100.0%			100.0%			100.0%	11 >/					100
	Result	-						//						
E15.2 Ambulatory service contacts: Duration	Target	100.0%			100.0%			100.0%		_				100
(hours)	Result	-					/ (\ \					
E15.3 Accrued patient days in block funded mental	Target	95.0%			95.0%			95.0%						95
health facilities	Result	-			-		\	_/	1					
E15.4 Closure of ATODS Client Intake	Target	2.0				4		2.0						
	Result	-						\ <u>'</u>						
					`									

EMERGENCY DEPARTMENTS

National Emergency Access Target (NEAT) - calendar year to date performance

NEAT by departure status group

Departure Status *	Total Attendances	NEAT	% NEAT	Feb 2013 YTD NEAT %
Non-admitted	8,396	7,482	89.1%	87.7%
Admitted	2,385	768	32.2%	31.3%
Total	10,781	8,250	76.5%	75.2%

^{*} Does not include dead on arrival, died in ED, did not wait and transferred to another hospital

NEAT by hospital and departure status group

Hospital	Non-admitted	Admitted	% NEAT	Feb 2013 YTD NEAT %
Mackay Base Hospital	89%	32%	76.5%	75.2%

NEAT by top 5 admitting wards by volume, and % of consults requested within 120 minutes (excludes NEAT performance >40%)

Admitting Ward		Admissions	NEAT	% consults < 120
MBH MBH - MEDICAL WARD		781	12.8%	45.1%
MBH MBH - SURGICAL WARD		402	27.1%	48.5%
MBH MBH - OBSERVATIONS	((187	2.7%	27.5%
MBH MBH - ORTHOPAEDIC WARD	^	132	28.0%	59.6%
MBH MBH - EMERGENCY DEPARTMENT	1	3 /	0.0%	0.0%
Total of all admissions		63.1%		

NEAT by top 5 admitting specialty by volume, and % of consults requested within 120 minutes (excludes NEAT performance >40%)

Admitting Specialty	Admissions	NEAT	% consults < 120
MBH MEDICINE	879	17.6%	49.9%
MBH SURGERY	400	33.3%	50.5%
MBH EMERGENCY MEDICINE	312	4.8%	28.1%
MBH ORTHOPAEDICS	183	36.1%	62.7%
MBH OBS AND GYNAE	1	0.0%	0.0%
Total of all admission	74.40/		

WAITING TIMES - monthly performance

Volume and waiting time performance by triage category

	Category 1	Category 2	Category 3	Category 4	Category 5	All Categories
Attendances	21	366	1,441	1,828	161	3,817
# seen in time	21	267	1,092	1,450	157	2,987
% seen in time	100.0%	73.0%	75.8%	79.3%	97.5%	78.3%
Median Wait (minutes)	0	<pre>) }</pre>	15	23	23	16

Volume and waiting time performance by top 5 diagnosis, category 3 and 4

3 1 3		· ·				
Diagnosis	Cate	gory 3	Category 4			
Diagnosis	Attendances	% seen in time	Attendances	% seen in time		
Z53.2 Did Not Wait	21	66.7%	65	39.5%		
B34.9 Viral Infection	43	83.7%	39	39.0%		
S61.9 Lacerated Hand Or Wrist	8	75.0%	55	66.7%		
S93.40 Ankle Sprain / Strain	8	75.0%	53	75.4%		
J06.9 Upper Respiratory Tract Infection	31	74.2%	29	36.7%		

chart goes here copy and paste from CARU file

Information provided by Clinical Access and Redesign Unit Data source: Emergency Department Information System (EDIS), data is preliminary and subject to change.

ELECTIVE SURGERY

Patients waiting by surgical specialty, 'long waits' and maximum waiting time in days (max)

Specialty	Category 1				Category 2			Category 3			
Specialty	Waiting	'long wait'	Max (days)	Waiting	'long wait'	Max (days)	Waiting	'long wait'	Max (days)	Waiting	
General	26	0	28	125	19	166	59	1	376	210	
Gynaecology	5	0	11	81	12	143	43	0	347	129	
Ophthalmology	6	0	25	1	0	36	72	8	419	79	
Orthopaedic	8	0	27	130	18	146	79	0	362	217	
Urology	8	1	33	32	18	201	5	0	243	45	
Total	53			369			258			680	

Categorisation vs order treated summary by surgical specialty

Specialty	Number	Allo	cated Cate	gory	Ac	tually treat	ed	NSW Comparison			
Specialty	treated	Category 1	Category 2	Category 3	< 30 days	< 90 days	< 365 days	Category 1	Category 2	Category 3	
General	103	45%	48%	8%	49%	9%	43%	17%	16%	67%	
Gynaecology	30	33%	63%	3%	33%	37%	30%	0%	77%	23%	
Ophthalmology	12	33%	8%	58%	33%	25%	42%	17%	0%	83%	
Orthopaedic	56	34%	61%	5%	34%	25%	41%	4%	2%	94%	
Urology	13	77%	23%	0%	62%	15%	23%	8%	46%	45%	
Total	214										

Achievable maximum wait by surgical specialty

Specialty	Number Waiting ¹	Max Wait - Actual ²	Number displaced by queue jumping ³	Max Wait - Achievable ⁴
General	168	13 months	6	9 months
Gynaecology	116	12 months	0	12 months
Ophthalmology	62	14 months	0	14 months
Orthopaedic	182	12 months	6	12 months
Urology	35	8 months	0	8 months
Total	563			

SPOTLIGHT SPECIALTY – General

General Surgery by hospital – patients waiting, 'long waits' and maximum waiting time in days (max)

Hospital	Category 1			Category 2				Total		
nospitai	Waiting	Long-wait	Max (days)	Waiting	Long-wait	Max (days)	Waiting	Long-wait	Max (days)	Waiting
Mackay Hospital	26	0	28	125	19	166	59	1	376	210
Total	26			125			59			210

General Surgery by hospital – categorisation vs order treated summary

denierar dargery by nospitar	ourego		ac. c.chic	a samme	,							
Hospital		Number	Allo	cated Categ	ory	Ac	tually treat	ed	NS	W Comparis	on	
позрітаї		Treated	Category 1	Category 2	Category 3	< 30 days	< 90 days	< 365 days	Category 1	Category 2	Category 3	
Mackay Hospital		103	45%	48%	8%	49%	9%	43%	17%	16%	67%	
Total		103										
		\ \										

Statewide result – categorisation vs order treated summary

Specialty		Number	Allo	Allocated Category		Actually treated			NSW Comparison		
	Specialty	Treated	Category 1	Category 2	Category 3	< 30 days	< 90 days	< 365 days	Category 1	Category 2	Category 3
	General Surgery	2,397	46%	47%	7%	55%	25%	21%	31%	24%	45%

General Surgery by hospital –achievable maximum wait

specialty	Number Waiting ¹	Max Wait - Actual ²	Number displaced by queue jumping ³	Max Wait - Achievable ⁴
Mackay Hospital	168	13 months	6	9.0 months
Total	168			

Notes

- 1. Number of patients waiting at the census date who were ready for care at the census date
- 2. Waiting time of the longest waiting patient at the census date who was ready for care at the census date
- 3. Projected number of patients waiting the longest at the census date, who were ready for care at the census date, that could have been treated already if patients were treated in-turn (60% within each category)
- **4.** Projected waiting time of the longest waiting patient at the census date, who was ready for care at the census date, if patients were treated in-turn (60% within each category)

Information provided by Clinical Access and Redesign Unit

Data source: HBCIS Elective Admissions Module (EAM), data is preliminary and subject to change.

ACTIVITY (ABF AND NON-ABF) YTD PERFORMAI
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February 2013

Data source: Decision Support System (DSS) as at 16 April 2013

				Targets have	not been uploo	aded by the HHS	at this time	?							E	mergency Serv	vices Treated data is now	eing captured agains	triage categories
Weighted Activity Units - WAU	2011-12	2012-13	2011-12	2012-13	3 YTD	YTD Variance	to Target	2011-12 to 20	12-13 Change	Ι.	Weighted Activity Units - WAU	2011-12	2012-13	2011-12	2012-13		YTD Variance to Tar	et 2011-12 to 2)12-13 Change
Activity	FY Actual	Purchased	YTD Actual	DSS Target	Actual	Actual	%	Actual	%		Emergency Department	FY Actual	Purchased	YTD Actual	DSS Target	Actual	Actual %	Actual	%
ABF	93,122	94,069	61,025	-	64,914	64,914	-	3,889	6.4%		Cat 1 (Admitted and Discharged)	117	126	79	-	90	90	- 12	14.6%
Non ABF			-	-			-				Cat 2 (Admitted and Discharged)	1,305	1,375	853	-	827	827	26	-3.0%
Total Activity	93,122	94,069	61,025	-	64,914	64,914	-	3,889	6.4%		Cat 3 (Admitted and Discharged)	4,123	4,321	2,728	-	2,605	2,605	123	-4.5%
											Cat 4 (Admitted and Discharged)	4,643	4,591	3,020	-	3,250	3,250	- 230	7.6%
Inpatients		ed Group (SRC						-		l	Cat 5 (Admitted and Discharged)	162	158	109	-	132	132	- 23	21.0%
01 Cardiology	875	910	585	-	593	593	-	9	1.5%		Died	3	1	3		2	2	1	-24.8%
02 Interventional Cardiology	144	195	99	-	93	93	-	-6	-5.7%		ES Treated	-	-		/ /		-		-
03 Cardiac Surgery	1,264	1,740	805	-	1,019	1,019	-	214	26.6%		Emergency Department Total	10,352	10,572	6,792	//-	6,907	6,907	- 115	1.7%
04 Thoracic Surgery	662	-	474	-	432	432	-	-42	-8.9%							Δ			
05 Dermatology	220	220	140	-	144	144	-	4	2.9%	1	Sub and Non-Acute Patients GEM								
06 Endocrinology	978	963	686	-	687	687	-	1	0.2%			200	400	400		149	149		- -17.7%
07 Gastroenterology 08 Diagnostic GI Endoscopy	524 813	564 903	355 503	-	329 553	329 553	-	-26 50	-7.3% 10.0%		MAINT PALLIATIVE	298 280	188 252	182 161	/ (162	162	32 - 1	0.5%
09 Haematology	647	549	451		335	335	-	-115	-25.6%		REHAB	154	366	115]	251	151	- 37	31.9%
10 Haematological Surgery	234	349	134	-	135	135	-	-115	0.6%		SNAP Total	732	305	457	1. /	462	462	- 5	1.2%
11 Immunology & Infections	984	1,098	678	_	683	683	-	5	0.7%		SNAP TOTAL	/32	603	43.) \rackslash	402	402	-	1.276
12 Medical Oncology	634	666	439		387	387		-51	-11.7%	1	Mental Health								
13 Chemotherapy & Radiotherapy	48	56	24		45	45	_	20	83.6%		Designated Bed (Per Diem Activity)	1,269	1,405	878		917	917	- 39	4.4%
14 Neurology	1,540	1,407	1,081	_	1,079	1,079		-2	-0.2%		42 Psychiatry - Acute	119	1,403	70		94	94	- 24	34.0%
15 Renal Medicine	365	321	243	_	250	250	-	7	2.8%		Mental Health Total	1,388	1,588	948	_	1,011	1,011	- 63	6.6%
16 Renal Dialysis	505	5	4	_	230	230	-	-4	-100.0%			1,300	-,,,,,,	> 340	_	1,011	1,011	. 03	J.076
17 Respiratory Medicine	3,824	2,898	2,507	_	2,360	2,360	_	-146	-5.8%	1	Outpatients								
18 Rheumatology	241	232	160	_	161	161	_	2	1.2%		Medical	3,607	3,353	2,382	_	2,829	2,829	- 447	18.8%
19 Non Subspecialty Medicine	1,071	1,882	726	_	726	726	_	0	0.0%		Surgical	3,990	3,730	2,592	_	2,572	2,572	20	-0.8%
20 Breast Surgery	793	928	508	_	550	550	_	42	8.3%		Allied Health	1,958	1,829	1,290	_	1,249	1,249	41	-3.2%
21 Upper GIT Surgery	796	753	532	_	519	519	_	-13	-2.4%		Pre-Admission	322	61	210	_	189	189	21	-10.0%
22 Colorectal Surgery	1,240	1,232	812	_	727	727	_	-86	-10.5%	_	Paediatric	328	296	207	_	321	321	- 114	55.2%
23 Head & Neck Surgery	319	350	212	_	220	220	_	8	3.7%		Neonatal	/			_	5	5	- 5	-
24 Neurosurgery	1,431	778	912	_	842	842	_	-70	-7.7%		Maternity	2,553	2,778	1,649	_	2,043	2,043	- 394	23.9%
25 Dental Surgery	130	355	84	_	68	68		-15	-18.3%		Chemotherapy	-		-	_	2,503	2,503	- 2,503	-
26 Dentistry	352	-	227	_	237	237	-	10	4.1%		Clinical Haematology	380	655	245	_	75	75	170	-69.5%
27 Ear, Nose & Throat	1,833	1,865	1,150	-	1,315	1,315	-	166	14.4%	\//	Clinical Measurement	-	35	-	-	234	234	- 234	-
28 Orthopaedics	5,041	5,811	3,342	-	3,523	3,523	_	180	5.4%		Cystic Fibrosis	131	186	91	-	83	83	8	-8.8%
29 Ophthalmology	1,000	1,106	657	-	709	709	-	52	7.9%		Dialysis	151	80	99	-	78	78	21	-21.1%
30 Plastic & Reconstructive Surgery	1,389	1,696	912	-	973	973	<	61	5.7%		District Nursing Services	-	-	-	-	-	-		-
31 Urology	2,342	2,086	1,520	-	1,423	1,423	- \	-97	-6.4%	\ \ \	Endoscopy	-	-	-	-	240	240	- 240	-
32 Vascular Surgery	554	685	357	-	372	372	-	26	4.4%		Interventional Cardiology	-	-	-	-	-	-		-
33 Non Subspecialty Surgery	3,270	3,508	2,219	-	2,381	2,381	-	162	7.3%		Medical Oncology	3,910	3,028	2,574	-	686	686	1,889	-73.4%
34 Gynaecology	2,701	2,719	1,711	-	1,971	1,971	-	261	15.2%	~	Pain Management	-	-	-	-	-	-		-
35 Obstetrics	7,708	8,065	5,028	-	5,411	5,411	-	383	7.6%		Pharmacy	-	-	-	-	-	-		-
36 Qualified Neonate	3,827	3,774	2,399	-	2,656	2,656	-	257	10.7%		Primary Care	-	-	-	-	-	-		-
38 Transplantation	103	102	69	-	52	52	- / /	-17	-24.9%		Psychiatry	-	-	-	-	-	-		-
39 Extensive Burns	8	6	2		15	15	\ \ -	12	488.2%		Radiation Oncology	-	-	-	-	-	-		-
40 Tracheostomy	991	1,299	640	-	417	417	//	-223	-34.8%		Renal Medicine	220	154	140	-	164	164	- 23	16.7%
41 Drug & Alcohol	122	126	92		84	84	/-/	-8	-8.4%		Sub Acute	-	-	-	-	45	45	- 45	-
44 Unallocated	-	-			-	-	-	-	-		Transplants	-	-	-	-	-	-		-
Inpatient Total	51,022	51,851	33,476	-)	34,478	34,478	-	1,001	3.0%		Wound Management	29	32	23	-	8	8	15	-65.8%
											Other	-	-	-	-	-	-		-
Critical Care											Outpatient Total	17,578	16,216	11,502	-	13,324	13,324	- 1,822	15.8%
Coronary Care	385	456	258	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	235	235	-	-23	-9.1%						2.3				
Intensive Care	1,491	1,330	1,019	//-	861	861	-	-158	-15.5%								e Top 5 greatest positiv		
Neonatal Intensive Care	4,040	4,656	2,653	//-	3,162	3,162	-	509	19.2%						Blue values	s indicate the	Top 5 greatest negative	variance to target	ecorded in DSS
Paediatric Intensive Care	3,295	3,705	2,149	1/	2,240	2,240	-	92	4.3%										
Special Care Nursery	2,839	2,889	1,770		2,234	2,234	-	464	26.2%										
Critical Care Total	12,049	13,036	7,850	-	8,733	8,733	-	883	11.2%			2012.12	IIIC EV T-	Maniana	1				
Barratili tarrest eleccione la de de BCC	Jul 2012	Aug 2012	Sep 2012	Oct 2012	Nov 2012	Dec 2012	Jan 2013	Feb 2012	Mar 2013	Apr 2013	May 2013 Jun 2013 YTD	2012-13 H	HHS FY Target	Variance					
Monthly target phasing - loaded to DSS Inpatients	Jul 2012	Aug 2012	Sep 2012	Oct 2012	MON SOTS	Dec 2012	Jan 2013	Feb 2013	War 2013	Apr 2013	May 2013 Jun 2013 YTD	- 51,851	loaded to DSS	-51,851	Inpatients				
Critical Care	-	-	-	-	-	-	-		-	-		13,036	-	-51,851	Critical Care				
Emergency Department	-	-	-	-	-	-	-		_	-		10,572	-	-10,572	Emergency Depa	rtment			
Sub and Non-Acute Patients	-	-	-	-	-	_	_			-		805	-		Sub and Non-Acu				
															and 11017 Acc	/ delents			

Mental Health

Total Activity Target

Outpatients

1,588

16,216

94,069

-1,588 Mental Health -16,216 Outpatients -94,069 Total Activity Target

ACTIVITY FORECAST

February 2013

	2012-13	2012-13	11.204.2	4 2042	S 2012		tuals	D 2042	1 2012	F-1- 2042		Forecas			2012-13	Variance	% Variance
	Purchased *	DSS Target			Sep 2012		Nov 2012			Feb 2013	Mar 2013	Apr 2013 N	/lay 2013 J	Jun 2013	Total	to Purch.	to Purch.
Breast Surgery	928	-	95	85	53	78	58	50	56	75	-	-	-		550	-378	-40.8%
Cardiac Surgery Cardiology	1,740 910	-	134 89	123 71	158 70	120 65	193 85	159 67	96 70	36 76	-			-	1,019 593	-721 -316	-41.4% -34.8%
Chemotherapy & Radiotherapy	56	-	2	1	4	5	10	5	9	9	-	-		-	45	-11	-19.2%
Colorectal Surgery	1,232	-	66	96	108	98	89	80	109	80	-	-	-	-	727	-505	-41.0%
Dental Surgery	355	-	42	37	37	49	56	23	21	41	-	-	-	-	305	-50	-14.0%
Dermatology	220	-	19	22	15	16 73	17 77	14 56	22 44	19	-	-	-	-	144 553	-75 -350	-34.3% -38.8%
Diagnostic GI Endoscopy Drug & Alcohol	903 126		63 9	101	56 14	11	10	9	7	83 11	-				84	-330	-33.2%
Ear, Nose & Throat	1,865	-	176	184	145	196	194	156	116	149	-	-	-	-	1,315	-550	-29.5%
Endocrinology	963	-	87	99	104	65	80	61	99	92	-	-	-	-	687	-276	-28.7%
Extensive Burns	6	-	0	0	11	0	3	0	0	0	-	-	-	-	15	9	146.5%
Gastroenterology	564	-	32	44	41	38	44	42	51	37	-	-	-	-	329	-234 -748	-41.6%
Gynaecology Haematological Surgery	2,719 0	-	271 5	258 33	260 25	230	290 12	217 39	187 4	258 6	-			-	1,971 135	135	-27.5%
Haematology	549	-	53	41	47	29	52	46	26	41	-	-^	-	-	335	-214	-39.0%
Head & Neck Surgery	350	-	29	33	31	26	22	20	29	30	-	<i>[-</i>]	-	-	220	-129	-37.0%
Immunology & Infections	1,098	-	89	80	74	73	99	95	85	88	-			-	683	-415	-37.8%
Interventional Cardiology	195	-	14	11	10	16	15	11	3	14	-	/-/-	_/>_	-	93	-101	-51.9%
Medical Oncology	666	-	44 142	36 140	45 139	50 155	50 154	57 103	54	51 123			/ /- -		387	-279	-41.9%
Neurology Neurosurgery	1,407 778	-	118	71	116	102	154	103	123 83	97		$\overline{}$	/ -	//-	1,079 842	-328 64	-23.3% 8.2%
Non Subspecialty Medicine	1,882	-	84	88	96	82	95	87	89	104	-		- /	// -	726	-1,157	-61.5%
Non Subspecialty Surgery	3,508	-	280	313	304	258	315	327	260	326					2,381	-1,126	-32.1%
Obstetrics	8,065	-	671	681	701	691	675	670	695	627		-		-	5,411	-2,654	-32.9%
Ophthalmology	1,106	-	91	104	69	96	97	82	62	107	7 -			-	709	-396	-35.9%
Orthopaedics Plastic & Reconstructive Surgery	5,811	-	482 101	487	382	460	488	391 157	369 90	463 99			1	-	3,523	-2,288 -723	-39.4% -42.6%
Plastic & Reconstructive Surgery Qualified Neonate	1,696 3,774	-	101 395	125 272	145 301	124 372	132 355	157 347	306	307		 }	 	-	973 2,656	-723 -1,118	-42.6% -29.6%
Renal Dialysis	5,774	-	0	0	0	0	0	0	0	0			/	-	2,030	-1,116	-100.0%
Renal Medicine	321	-	29	32	36	30	26	32	38	27	-/		-	-	250	-71	-22.1%
Respiratory Medicine	2,898	-	376	374	335	291	284	251	198	252			-	-	2,360	-538	-18.6%
Rheumatology	232	-	18	16	21	27	22	17	15	24		_	-	-	161	-70	-30.3%
Thoracic Surgery	1,299	-	45 39	66 113	52 18	52 67	72 18	54 58	41 30	50 75	7/		-	-	432 417	432 -882	-67.9%
Tracheostomy Transplantation	1,299	-	39 8	0	18	9	0	8	30	0	/ -	-	-	-	52	-882	-67.9%
Upper GIT Surgery	753	-	65	69	62	92	69	51/	47	63	-	-	-	-	519	-234	-48.8%
Urology	2,086	-	173	167	175	170	178	181	163	217	-	-	-	-	1,423	-664	-31.8%
Vascular Surgery	685	-	50	69	42	54	61	/54/	27	16	<u> </u>	-	-	-	372	-313	-45.7%
Inpatients	51,851	-	4,483	4,553	4,320	4,382	4,650	4,178	3,736	4,176	V -	-	-	-	34,478	-17,373	-33.5%
CCU	456	-	26	44	26	27	25	28	23	/37/	-	-	-	-	235	-221	-48.5%
ICU	1,330	-	106	178	105	121	92	96	83	80	-	-	-	-	861	-469	-35.2%
NICU	4,656	-	636	253	345	364	456	485	349	273	-	-	-	-	3,162	-1,494	-32.1%
PICU	3,705	-	326	299	204	264	262	195	315	375	-	-	-	-	2,240	-1,465	-39.5%
SCN Critical Care	2,889 13,036	-	279 1,374	216 989	300 981	316 1,092	328	284 1,088	227 997	284 1,049	-	-	-	-	2,234 8,733	-654 -4,304	-22.7% - 33.0 %
Cat 1 (Admitted and Discharged)	126	-	14	15	6	12	12	10	10	11	-	-	-	-	90	-35	-28.1%
Cat 2 (Admitted and Discharged) Cat 3 (Admitted and Discharged)	1,375 4,321	-	111 370	110 361	89 323	114 322	105 318	96 315	91 285	111 310	-	-	-	-	827 2,605	-548 -1,716	-39.8% -39.7%
Cat 4 (Admitted and Discharged)	4,521		442	436	403	404	397	412	396	360					3,250	-1,710	-29.2%
Cat 5 (Admitted and Discharged)	158	-	14	15	15	14	/19	. 17	20	19	-	-	-	-	132	-26	-16.5%
Did Not Wait	0	-	-	-	_<		// •	_/>-	-	-	-	-	-	-	0	0	
Died	1	-	0	0	0	0/	0	0	0	0	-	-	-	-	2	1	119.8%
Emergency Services Treated ³	0	-	-	-	-			<u> </u>	-	-	-	-	-	-	0	0	
Emergency Department	10,572	-	952	938	837	866	851	849	803	811	-	-	-	-	6,907	-3,665	-34.7%
GEM	0	-	-	-/	7-	- (-	-	-	-	-	-	-	0	0	
MAINT	188	-	13	2/1	36	21	18	9	25	6	-	-	-	-	149	-40	-21.0%
PALLIATIVE	252	-	21	35	12/	25	12	20	16	20	-	-	-	-	162	-89	-35.6%
REHAB Sub and Non-Acute Patients	366 805	-	20 54	31 88	69	19 65	12 42	33	19 60	25 52	-	-	-	-	151 462	-214 - 343	-58.6% -42.6%
		_															
Designated Bed (Per Diem Activity	1,405	-	80	240	132	96	132	91	64	80	-	-	-	-	917	-488	-34.7%
Psychiatry - Acute (SRG) Mental Health	184 1,588	-	16 96	12 253	12 145	12 108	20 152	9 100	67	10 90	-	-	-	-	94 1,011	-90 -577	-48.7% - 36.4%
Medical	3,353	-	351	380	371	411	417	276	232	391	-	-	-	-	2,829	-524	-15.6%
Surgical Allied Health	3,730 1,829	-/	329	376 167	310 160	358 179	373 179	254 120	252 135	320 147	-	-	-	-	2,572 1,249	-1,158 -579	-31.1% -31.7%
Pre-Admission	1,829	-/-	163 25	27	22	28	27	120	21	23	-		-	-	1,249	-579 129	-31.7% 212.9%
Paediatric	296	//	45	49	33	45	53	31	26	40	-	-	-	-	321	26	8.7%
Neonatal	0	[]-	1	1	1	1	1	1	1	0	-	-	-	-	5	5	
Maternity	2,778		242	282	251	262	265	236	267	239	-	-	-	-	2,043	-735	-26.5%
Sub Acute	0		5	5	3	9	7	4	6	6	-	-	-	-	45	45	
Clinical Measurement	35 32	\-	36 1	32	30	35 1	35 0	21	18	27	-	-	-	-	234	199 -24	561.7% -75.3%
Wound Management Pain Management		1	1	1		1	- 0	- 1	1	1	-	-	-	-	8	-24	-/5.3%
Cystic Fibrosis	136	16	13/	11	10	12	11	8	6	12	-	-	-	-	83	-103	-55.3%
Transplants	0			-	-	-	-	-	-	-	-	-	-	-	0	0	
Endoscopy	0	V / -	31	33	31	36	36	28	19	27	-	-	-	-	240	240	
Interventional Cardiology	0	\\ -	- 21	- 25	- 20	-	- 22	- 14	- 20	- 22	-	-	-	-	164	0	
Renal Medicine Dialysis	154 80	-	21	25 13	20 13	20 10	22 10	14 0	20 8	22 10	-			-	164 78	10 -2	-2.6%
Chemotherapy	0	-	318	306	304	368	321	256	332	298	-	-	-	-	2,503	2,503	-2.0%
Medical Oncology	3,028	-	83	87	86	79	84	80	92	96	-	-	-	-	686	-2,343	-77.4%
Radiation Oncology	0	-	-	-	-	-	-	-	-	-	-	-	-	-	0	0	
Clinical Haematology	655	-	9	9	12	12	10	6	6	11	-	-	-	-	75	-580	-88.6%
Primary Care	0	-	-	-	-	-	-	-	-	-	-	-	-	-	0	0	<u> </u>
Other	0		-	-	-						-	-	-	-	0	0	47.00
Outnatients	16 216		1 60/	1 202	1 656	1 966			1 441	1 670					12 224	רמס כ	
Outpatients Overall Activity	16,216 94,069	-	1,684 8,644	1,802 8,622	1,656 8,007	1,866 8,379	1,851 8,708	7,602	7,104	1,670 7,848	#N/A	#N/A	#N/A	#N/A	13,324 #N/A	-2,892 #N/A	-17.8%

- Notes:

 1 Purchased as at Window 1 2012-13

 2 Forecast as per HHS target phasing

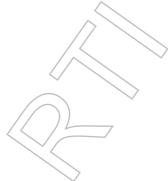
 3 The majority of Emergency Services Treated data is now being captured against triage categories & DNW

HHS FLOW

February 2013

			F	Residential HHS	*					
	Mater Health							Non-Qld	YTD WAU	% of Total
Inpatients	Service	Metro South	Metro North	Gold Coast	West Moreton	Sunshine Coast	Other HHS	residents	- Total	- HHS Residents
01 Cardiology	-	426	53	16	30	12	32	24	593	-
02 Interventional Cardiology	-	23	8	5	7	9	32	10	93	-
03 Cardiac Surgery	-	207	131	119	100	58	342	63	1,019	-
04 Thoracic Surgery	-	194	42	65	18	27	72	14	432	-
05 Dermatology	-	114	10	6	7	2	4	2	144	-
06 Endocrinology	-	459	62	34	63	5	38	26	687	-
07 Gastroenterology	-	259	25	11	17	0	7	10	329	-
08 Diagnostic GI Endoscopy	-	389	45	11	52	6	34	17	553	-
09 Haematology	-	243	24	9	32	2	15	11	335	-
10 Haematological Surgery	-	88	6	1	26	1	5	8	135	-
11 Immunology & Infections	-	485	68	12	61	5	/34/	19	683	-
12 Medical Oncology	-	237	21	12	33	2	62		387	-
13 Chemotherapy & Radiotherapy	-	25	2	3	2		//13	// 0	45	-
14 Neurology	-	764	115	31	72	5	60	33	1,079	-
15 Renal Medicine	-	137	25	17	2	0	60	/ / 9/	250	-
16 Renal Dialysis	-	-	-	-				\//-	-	-
17 Respiratory Medicine	-	1,589	187	104	202	30	160	88	2,360	-
18 Rheumatology	-	104	11	12	16	/ 3/	10	5	161	-
19 Non Subspecialty Medicine	_	525	57	15	52	(1	54	20	726	-
20 Breast Surgery	_	409	31	25	35	M	35) 1	550	-
21 Upper GIT Surgery	_	380	44	15	22	0	19	41	519	-
22 Colorectal Surgery	_	495	45	30	102	7	34	15	727	-
23 Head & Neck Surgery	_	149	22	2	20		22	6	220	-
24 Neurosurgery	_	334	96	55	83	23	152	98	842	-
25 Dental Surgery	_	33	7	5	10		10	3	68	-
26 Dentistry	_	194	16	3	/\14	0	7	2	237	-
27 Ear, Nose & Throat	_	875	99	72	/ /118	21	78	52	1,315	-
28 Orthopaedics	_	2,411	368	108	199	54	279	103	3,523	-
29 Ophthalmology	_	367	134	49	38	17	77	27	709	-
30 Plastic & Reconstructive Surgery	_	598	72	38	62/	/ / 15	153	35	973	_
31 Urology	_	523	57	43	65.	5	691	39	1,423	-
32 Vascular Surgery	_	281	19	5	6	/ / 5	43	13	372	-
33 Non Subspecialty Surgery	_	1,540	228	91	187	22	231	82	2,381	-
34 Gynaecology	_	1,390	153	42	139/	3	168	77	1,971	-
35 Obstetrics	_	4,577	236	71	304	1	157	66	5,411	-
36 Qualified Neonate	_	1,375	126	242	368	20	334	191	2,656	-
38 Transplantation	_	. 8	8/		\ \ / /		28		52	-
39 Extensive Burns	_	14	/- /	/ //o	\		-		15	-
40 Tracheostomy	_	188	52		^ 24	10	118	6	417	-
41 Drug & Alcohol	_	58	9	4	// 1		10	2	84	-
43 Rehabilitation	_	-		///	′ /		-	-	_	-
	1				/					
Inpatient Total	-	22,466	2,712	1,412	2,588	385	3,681	1,235	34,478	-
		/	1///							
Percentage of HHS Inpatient Total		67.6%	8.2%	4.2%	7.8%	1.2%	11.1%	3.7%		

Red values indicate the Top 5 SRG with the lowest number of the HHS's own residents treated
* Residential HHS has been mapped manually this month - HSC are to provide ASGS mapping in future months



CASEMIX CHANGE - Year on year comparison - February 2013

Data source:	Decision Sunn	ort System (DSS	as at 16 April 2013

		2011-12 to 20)12-13 Change	:	Potential	WAUs notic	nal variance
	YTI	O Seps	l YTD	WAUs	Casemix		Casemix
Inpatients	Actual		Actual		Change	Volume	related
Service Related Group (SRG)							
01 Cardiology	21	1.9%	9	1.5%	-0.5%	6	2.7
02 Interventional Cardiology	-20	-13.2%	-6	-5.7%	7.4%	-4	-1.8
03 Cardiac Surgery	13	14.3%	214	26.6%	12.3%	148	66.4
04 Thoracic Surgery	-54	-14.4%	-42	-8.9%	5.5%	-29	-13.0
05 Dermatology	26	9.8%	4	2.9%	-6.9%	3	1.3
06 Endocrinology	10	1.7%	1	0.2%	-1.5%	1	0.4
07 Gastroenterology	-31	-4.0%	-26	-7.3%	-3.3%	-18	-8.0
08 Diagnostic GI Endoscopy	96	15.0%	50	10.0%	-5.0%	35	15.5
09 Haematology	-43	-8.0%	-115	-25.6%	-17.6%	-80	-35.8
10 Haematological Surgery	-1	-2.1%	1	0.6%	2.7%	1	0.3
11 Immunology & Infections	-24	-3.3%	5	0.7%	4.0%	3	1.4
12 Medical Oncology	-42	-8.8%	-51	-11.7%	-2.8%	-35	-15.9
13 Chemotherapy & Radiotherapy	51	78.5%	20	83.6%	5.1%	14	6.3
14 Neurology	-38	-3.0%	-2	-0.2%	2.9%	-1	-0.6
15 Renal Medicine	23	6.5%	7	2.8%	-3.7%	5	2.1
16 Renal Dialysis	-10	-100.0%	-4	-100.0%	0.0%	-2	-1.1
17 Respiratory Medicine	-206	-8.1%	-146	-5.8%	2.3%	-101	-45.4
18 Rheumatology	-11	-3.2%	2	1.2%	4.4%	1	0.6
19 Non Subspecialty Medicine	76	4.2%	0	0.0%	-4.1%	0	0.0
20 Breast Surgery	26	7.5%	42	8.3%	0.8%	29	13.1
21 Upper GIT Surgery	5	1.5%	-13	-2.4%	-3.9%	-9	-4.0
22 Colorectal Surgery	16	6.4%	-86	-10.5%	-17.0%	-59	-26.6
23 Head & Neck Surgery	1	0.8%	8	3.7%	3.0%	5	2.5
24 Neurosurgery	35	5.7%	-70	-7.7%	-13.4%	-48	-21.8
25 Dental Surgery	-9	-18.4%	-15	-18.3%	0.1%	-11	-4.7
26 Dentistry	8	2.2%	10	4.4%	2.2%	7	3.1
27 Ear, Nose & Throat	-62	-3.1%	166	14.4%	17.5%	114) / 51.4
28 Orthopaedics	80	3.8%	180	5.4%	1.6%	124	55.8
29 Ophthalmology	27	3.1%	52	7.9%	4.8%	36	16.2
30 Plastic & Reconstructive Surgery	56	7.8%	61	6.7%	-1.2%	42	13.8
31 Urology	-42	-3.1%	-97	-6.4%	-3.3%	-67	-30.0
32 Vascular Surgery	-6	-3.6%	16	4.4%	8.0%	11	4.8
33 Non Subspecialty Surgery	-7	-0.2%	162	7.3%	7 6%	112	50.3
34 Gynaecology	164	11.4%	261	15.2%	3.8%	180	80.8
35 Obstetrics	257	5.8%	383	7.6%	1.8%	264	118.7
36 Qualified Neonate	243	6.1%	257	10.7%	4.7%	178	79.8
38 Transplantation	-2	-25.0%	-17	-24.9%	0.1%	-12	-5.4
39 Extensive Burns	5	125.0%	12	488.2%	363.2%	8	3.7
40 Tracheostomy	-16	-24.6%	-223	-34.8%	10.2%	-154	-69.1
41 Drug & Alcohol	-50	-17.6%	-8	-8.4%	9.2%	-5	-2.4
44 Unallocated	-	-	1	0.0%	0.0%	-	0.0
Inpatient Total *	565	1.7%	1,001	3.0%	1.3%	691	310.4
			//				

Red values indicate a **negative** growth in Seps and a **positive** growth in WAU
Blue values indicate a **positive** growth in Seps and a **negative** growth in WAU

AMBULATORY CARE - Review to New ratio - February 2013

Data source: Decisi	on Sunnort Syste	m (DSS) as at 1	6 Anril 20

					Data source: D	ecision Support	System (DSS) as	s at 16 April 2013
Weighted Activity Unit	s - WAU	2010-11	2011-12	2012-13	2012-13	R2	2N Ratio - WA	Us
Outpatients		Actual	Actual	Purchased	YTD	2010-11	2011-12	2012-13 YTD
Clinic Type								
Medical	New	<i>757</i>	1,002	1,150	659			
	Review	2,707	2,605	2,203	2,170	3.6	2.6	3.3
Surgical	New	941	1,110	2,356	584			
	Review	2,699	2,880 <	2,374	1,988	2.9	2.6	3.4
Allied Health	New	779	731	839	509			
	Review	1,030	1,227	990	740	1.3	1.7	1.5
	Other	-/		- / (-	/>-			
Pre-Admission	New	1/	2	/ /	4			
	Review	88	320	59	185	71.1	197.1	44.6
Paediatric	New	146	110	168	89		2.0	2.5
Necestal	Review	198	218	128	232	1.4	2.0	2.6
Neonatal	New Review	///		// -	5 0	_	_	0.0
Maternity	New	570	515	687	362	-		0.0
Materinty	Review	1,745	2,038	2,091	1,681	3.1	4.0	4.6
Sub Acute	New	2,745	2,036	2,031	1,001	3.1	4.0	4.0
Sub Acute	Review	\\ .		_	34			3.3
	Other	\\.	_	_	-			5.5
Clinical Measurement	New	12		35	11			
	Review	·	_	-	223	_	_	19.9
Wound Management	New	3	2	1	0			
\\\\	Review	48	27	30	7	14.4	14.8	21.7
Pain Management	New	-	-	-	-			
	Review	-	-	-	-	-	-	-
Cystic Fibrosis	New	-	-	-	-			
_	Review	135	131	186	83	-	-	-
Transplants	New	-	-	-	-			
	Review	-	-	-	-	-	-	-
Endoscopy	New	-	-	-	191			
	Review	-	-	-	49	-	-	0.3
Interventional Cardiology	New	-	-	-	-			
	Review	-	-	-	-	-	-	-
	Other	-	-	-	-			
Renal Medicine	New	30	33	25	23			
	Review	162	187	129	140	5.3	5.7	6.1
Dialysis	New	-		-				
	Review	70	151	80	78	-	-	-
Ch a sea a the a sea sea	Other	-	-	70				
Chemotherapy	New Review	-	-	-	32 2.471			77.0
Medical Oncology			82		2,471	-		//.0
wedical Officology	New Review	85 2,986	82 3,828	<i>66</i> 2,962	58 627	35.2	46.8	10.8
Radiation Oncology	New	2,980	3,020	2,302	- 627	33.2	40.8	10.8
dudion oncology	Review		-	-	-	_	_	_
Clinical Haematology	New	24	33	45	16			
	Review	241	348	611	59	9.9	10.6	3.8
Primary Care	New	-	-	-	-			
• -	Review		-	-	-	_		-
Other	New	-	-	-	-			
	Review	-	-	-	-	_		-
	Other	-						
Total	New	3,350	3,618	4,374	2,554		All clinics	
	Review	12,111	13,960	11,842	10,770	3.6	3.9	4.2
	Other	-	-	-	-	Excluding clin	ics as per Purch	asing Initiative
	Total	15,461	17,578	16,216	13,324	2.7	2.8	3.3

^{*} Inpatient total excludes 42 Psychiatry - Acute and 43 Rehabilitation

												illioi illation p	Tovided by Fillance B	rancii, system supp	ort Services Divisio
															2012-13
YEAR TO DATE OPERATING POSITION															
Target (Surplus / -Deficit)			528	2,423,882	1,010,829	447,151	-248,720	-78,155	-418,335	-1,053,271	-85,082				
Actual (Surplus / -Deficit)			2,901,186	2,442,961	3,745,617	6,059,967	6,780,080	7,301,776	8,601,838	9,911,404	11,364,617				
Variance (Favourable / -Unfavoural	ble)		2,900,659	19,079	2,734,788	5,612,815	7,028,800	7,379,931	9,020,173	10,964,676	11,449,699				
VEAR TO RATE EVERNING TOTAL															
YEAR TO DATE EXPENDITURE - TOTAL YTD %			7.7%	16.0%	23.7%	31.3%	39.5%	46.9%	54.4%	62.6%	70.9%	79.0%	87.5%	100.0%	
YTD Target			22,048,291	44,309,211	67,966,130	91,484,853	115,654,426	137,310,928	159,175,671	183,221,515	206,925.274	230,453,026	255,514,823	291,855,454	
Actual	hia \		22,048,819	44,581,793	65,629,772	88,213,396	111,414,155	132,599,033	154,436,574	176,210,328	199,474,990				
Variance (Favourable / -Unfavoural	·		-528	-272,582	2,336,358	3,271,457	4,240,271	4,711,895	4,739,097	7,011,187	7,450,285	//			
FULL YEAR FORECAST OPERATING POSITION	N										\sim	\leq			
HHS forecast (Surplus / -Deficit)			0	0	0	5,242,998	0	0	0	(0	0	\\//			
Improvement / - Deterioration from	prior month		na	0	0	5,242,998	-5,242,998	0	0	(6	- P				
MOHRI FULL TIME EQUIVALENT															March 2013
Target full year average			1,735	1,735	1,735	1,826	1,826	1,826	1,826	1,826	1,837		Ma	rch 2013 Target	1,789
Actual year to date average			1,717	1,718	1,716	1,713	1,710	1,707	1,705	1,704	1,704			31-Mar-2013(20)	#N/A
Variance (-Favourable / Unfavourab	ole)		-18	-18	-19	-113	-116	-119	-121	-122	-133	Varia	ance (-Favourable /		#N/A
YTD Average Actuals	FY 2011-12	27 June 2012							/		>				
All Paypoints	1,731	1,710	1,717	1,718	1,716	1,713	1,710	1,797	1,705	1,704	1,704				
Managerial and Clerical	311	302		299	299	299	299	299	298	297	297				
Medical incl VMOs	182	200		200	199	199	199	199	200	200	199				
Nursing	731	711		717	717	715	714	713	720	709	709				
Operational	302	291	296	298	297	296	295	295	295	296	296				
Trade and Artisans	6	6		6	6	6	6	6	6	6	6				
Professional and Technical	199	201		197	197	197	196	196	196	196	197				
									>						
YEAR TO DATE EXPENDITURE - EXTERNAL L	ABOUR														
Actual			1,527,025	604,568	886,629	1,451,297	1,769,348	2,061,633	2,293,946	2,782,266	3,145,116				
Prior Year			1,055,739	2,213,399	3,165,771	4,889,374	6,241,135	7,215,755	8,723,877	9,931,101	10,947,105				
Improvement / - Deterioration from	prior year		-471,287	1,608,831	2,279,142	3,438,076	4,471,787	5,154,121	6,429,931	7,148,835	7,801,989				
YEAR TO DATE EXPENDITURE - STAFF TRAV	'FI		_	_				_	_	_	_	_	_	_	_
Actual			66,177	111,730	176,141	206,754	306,362	302,651	284,717	431,233	370,082				
Prior Year			-104,095	269,239	417,300	601,869	741,773	729,598	963,136	1,200,867	1,360,517				
Improvement / - Deterioration from	nrior year		-104,093 - 170,272	157,509	241,159	395,115	435,412	426,947	678,418	769,634	990,435				
	• •		270,272	23,7,545	212,203	555,225	.55,.12	.20,5	070,120	705,001	330, .55				
YEAR TO DATE EXPENDITURE - ADVERTISIN	iG														
Actual			0	1,240	2,181	3,175	13,051	14,379	18,634	11,237	11,726				
Prior Year			-1,827	-1,285	-907	5,980	42,619	42,699	43,237	43,796	43,805				
Improvement / - Deterioration from	prior year		-1,827	-2,525	-3,089	2,805	29,568	28,320	24,604	32,559	32,079				
YEAR TO DATE EXPENDITURE - CONSULTAN	NCY														
Actual		17	// 0	0	0	0	0	0	0	0	0				
Prior Year		\	0	0	0	0	2,917	2,917	4,914	4,914	4,914				
Improvement / - Deterioration from	prior year		0	0	0	0	2,917	2,917	4,914	4,914	4,914				
YEAR TO DATE EXPENDITURE - TOTAL (Exte	ernal Labour, St <u>aff Ti</u>	ravel, Adver <u>tisin</u>	ng, Consultancy)	~											
Actual 2012/2013			1,892,307	717,538	1,064,951	1,661,227	2,088,761	2,378,663	2,597,297	3,224,736	3,526,925				
Prior Year			1,400,583	2,481,353	3,582,164	5,497,222	7,028,445	7,990,969	9,735,164	11,180,678	12,356,342				
Improvement / - Deterioration from	prior year		-491,724	1,763,815	2,517,213	3,835,996	4,939,684	5,612,305	7,137,867	7,955,942	8,829,417				
Percent of 2011/12 saved year to da	-	et = 15%) 1	-35.1%	71.1%	70.3%	69.8%	70.3%	70.2%	73.3%	71.2%	71.5%				
	(part fear targe														
YEAR TO DATE EXPENDITURE - QBUILD			2.00:	4 222	4.401	4 40*	4 404	40.074	40.07	40.500	40.500				
Actual 2012/2013			3,004	4,230	4,491	4,491	4,491	10,074	10,074	10,596	10,596				
Prior Year			751	5,143	6,062	10,141	13,587	13,784	14,185	11,008	19,288				
Improvement / - Deterioration from	prior year		-2,253	913	1,571	5,650	9,096	3,710	4,112	412	8,692				

¹ Required savings are 20%, however part year 2012/13 impact is 15%

Revenue Group	Surplus / (Deficit)	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	YTD	+/- on 11/12 YTD (\$)	+/- on 11/12 YTD (%)
User Charges	Actual	1,209,068	1,468,539	1,194,468	1,667,690	1,470,124	1,444,451	1,325,506	1,594,850	1,500,583				12,875,278	982,336	8%
	Budget	1,210,297	1,790,272	1,666,095	1,538,032	1,587,086	1,741,885	1,388,428	1,542,811	1,378,470				13,843,376		
	Variance	(1,229)	(321,734)	(471,627)	129,658	(116,962)	(297,434)	(62,922)	52,039	122,113				(968,098)		
Other Revenue	Actual	3,165	19,794	20,441	16,720	13,738	248,119	268,260	176,168	1,551,585				2,317,989	2,098,046	954%
	Budget	12,474	11,000	12,289	20,842	22,420	11,649	11,569	19,179	15,889				137,311		
	Variance	(9,309)	8,794	8,152	(4,122)	(8,682)	236,470	256,691	156,989	1,535,696				2,180,678		
Total OSR	Actual	1,212,232	1,488,332	1,214,908	1,684,410	1,483,863	1,692,571	1,593,766	1,771,017	3,052,168				15,193,268	3,080,382	25%
	Budget	1,222,771	1,801,272	1,678,384	1,558,874	1,609,506	1,753,534	1,399,997	1,561,990	1,394,359			_ \ \	13,980,687		
	Variance	(10,539)	(312,940)	(463,476)	125,536	(125,643)	(60,963)	193,769	209,027	1,657,809			~> \	1,212,581	\	
	Full Year Budget	18,647,167	18,647,167	18,647,167	18,647,167	18,647,167	18,647,167	18,647,167	18,647,167	18,647,167						
	Full Year Forecast	18,522,167	18,522,167	18,522,167	18,522,167	18,522,167	18,522,167	18,522,167	18,522,167	18,522,167		((
	Full Year Variance	-125,000	-125,000	-125,000	-125,000	-125,000	-125,000	-125,000	-125,000	-125,000						

Stretch Target #1

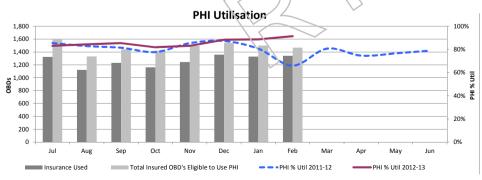
PHI Utilisation	Surplus / (Deficit)												YTD	Private OBDs +/- on 11/12 YTD	KPI +/- on 11/12 YTD
Insurance Not Use	d (OBDs)	1,324	1,124	1,233	1,163	1,245	1,360	1,330	1,341		1		10,120		
Insurance Used (O	BDs)	1,593	1,333	1,443	1,421	1,497	1,540	1,500	1,468	\ \ /			11,795		
Insurance Used %	Actual	83%	84%	85%	82%	83%	88%	89%	91%		()		86%		
Insurance Used %	Target	85%	85%	85%	85%	85%	85%	85%	85%				85%		
Variance to Target	t	(2%)	(1%)	0%	(3%)	(2%)	3%	4%	6%				1%		

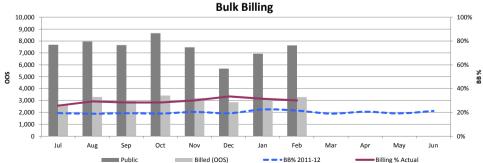
Stretch Target #2

Private Outpatients Surplus / (Deficit)	Jul-12	Aug-12	Sep-12	Oct-12		Dec-12	Jan-13		Ma:-13	Apr-13	May-13	Jun-13	YTD	Private OOS +/- on 11/12 YTD	KPI +/- on 11/12 YTD
Public (OOS)	7,694	7,965	7,666	8,660	7,474	5,693	6,942	7,639					59,733		
Billed (OOS)	2,678	3,307	3,023	3,423	3,211	2,867	3,176	3,286					24,971		
Billing % Actual	26%	29%	28%	28%	30%	33%	31%	30%					29%		
Billing %Target	45%	45%	45%	45%	45%	45%	45%	45%					45%		
Variance to Target	(19%)	(16%)	(17%)	(17%)	(15%)	(1/2%)	(14%)	(15%)					(16%)		

Notes:

1: HHS is forecasting a \$125k unfavourable variance to target. RSSU forecast a favourable variance of \$1.9m. It is important to note that \$1.4m in receipts for "Other Revenue" have been recognised in March 2013, which relate to external agency an





ESCALATION KPI LIST

			Attainment Score	
PI No.	Escalation KPIs	Green	Amber	Red
afety	and Quality	Target		
L	Never events	0	n/a	> 0
2	Hospital acquired 3rd and 4th stage Pressure Injuries	5.0% of 2010-11 actuals	> 5.0% - 25.0% of 2010-11 actuals	> 25.0% of 2010-11 actuals
3	Healthcare-associated Staphylococcus aureus (incl. MRSA) bacteraemia	20.0% of 2010-11 actuals	> 20.0% - 40.0% of 2010-11 actuals	> 40.0% of 2010-11 actuals
cess		Target		
ļ	National Emergency Access Target (NEAT): % of ED attendances who depart	2012: > 70.0%	2012: 69.9% - 65.0%	2012: < 65.0%
•	within 4 hours of their arrival in ED			
		2013: > 77.0%	2013: 76.9% - 70.0%	2013: < 70.0%
_	Emergency Department: % seen within recommended timeframe:	80% of all categories	2013.70.3% 70.0%	2013. 170.070
5		-	Cat. 1: 99.9% - 90.0%	Cat. 1: < 90.0%
	Category 1: within 2 minutes	Cat. 1: 100%		
	Category 2: within 10 minutes	Cat. 2: > 80.0%	Cat. 2: 79.9% - 70.0%	Cat. 2: < 70.0%
	Category 3: within 30 minutes	Cat. 3: > 75.0%	Cat. 3: 74.9% - 65.0%	Cat. 3: < 65.0%
	Category 4: within 60 minutes	Cat. 4: > 70.0%	Cat. 4: 69.9% - 60.0%	Cat. 4: < 60.0%
	Category 5: within 120 minutes	Cat. 5: > 70.0%	Cat. 5: 69.9% 60.0%	Cat. 5: < 60.0%
5	Patient Off Stretcher Time (POST): < 30 mins (%)	> = 90.0%	< 90.0% - 85.0%	< 85.0%
7	Elective Surgery: % treated within the clinically recommended timeframe for	2012	2012	2012
	their category			
	(National Elective Surgery Target (Part 1))	Cat. 1: 89.0%	Cat. 1: 68.9% - 85.0%	Cat. 1: < 85.0%
		Cat. 2: 81.0%	Ca1. 2: 80.9% 78.0%	Cat. 2: < 78.0%
		Cat. 3: 91.0%	Cat. 3: 90.9% 87.0%	Cat. 3: < 87.0%
		2013	2013	2013
		Cat. 1: 100%	Cat. 1: 99.9% - 96.9%	Cat. 1: < 96.0%
		Cat. 2: 87.0%	Cat. 2: 86.9% - 83.0%	Cat. 2: < 83.0%
		Cat. 3: 94.0%	Cat. 3: 93.9% - 90.0%	Cat. 3: < 90.0%
3	Elective Surgery: Number of patients waiting more than the clinically	0 for all categories	HHS specific	HHS specific
	recommended timeframe for their category:	^		
	Category 1: within 30 days	Cat. 1: 0	Cat. 1: > 0% - 5.0%	Cat. 1: > 5.0%
	Category 2: within 90 days	Cat. 2: 0	Cat. 2: > 0% - 5.0%	Cat. 2: > 5.0%
	Category 3: within 365 days	Cat. 3: 0	Cat. 3: > 0% - 5.0%	Cat. 3: > 5.0%
9	Activity: variance between purchased ABF activity and YTD recorded ABF	0% to +/-1%	Within tolerance as per detail in Schedule	> tolerance as per detail in Schedule
	activity, by Service Group (Inpatients, Outpatients, ED, Mental Health, Critical	\ \ \ \	3 (part C) contained in the Service	(part C) contained in the Service
	Care and SNAP)		Agreement	Agreement
fficie	ncy and Financial Performance	Target		
10	YTD Operating position	Balanced or surplus	0 – 1.0% unfavourable variance to budget	> 1.0% unfavourable variance to budg
11	Full year Forecast Operating position	Balanced or surplus	0 – 1.0% unfavourable variance to budget	> 1.0% unfavourable variance to budg
	(Agreed position between System Manager and HSS)			
12	Own Source Revenue Target	Balanced or surplus	0 – 1.0% unfavourable variance to budget	> 1.0% unfavourable variance to budg
13	YTD average FTE (MOHRI head count)	HHS specific as per detail in Schedule 3	0 – 1.0% unfavourable variance to budget	> 1.0% unfavourable variance to budg
		(part 8) contained in the Service		
		Agreement		
	g the Gap	Target		
L4	Performance domain target:	0 escalation KPI red	1 escalation KPI red in any quarter	> = 2 escalation KPIs red in any quart
	Achievement of Closing the Gap escalation indicators contained within	and > = 2 escalation KPI green in any	or > = 3 escalation KPIs amber in any	or 1 escalation KPI red for > = 2
	Schedule 8 of the Service Agreement.	quarter	quarter	consecutive quarters
14.1	CTG KPI 1 – Estimated level of completion of Indigenous status – specifically	'Not stated' is < = 1%	'Not stated' is	'Not stated' is
	the reporting of 'not 'stated' on admission	*	> previous quarter but not meeting target	> = previous quarter
14.2	CTG KPI 2 – Percentage of in-scope separations of Aboriginal and Torres Strait Islander consumers from the HHS's acute mental health inpatient unit(s) for	> = 55% of in-scope separations of Aboriginal and Torres Strait Islander	54.9% - 50.0% of in-scope separations	< 50.0% of in-scope separations
	which a community ambulatory service contact, in which the consumer			
		consumers		
	participated (in person or via videoconference), was recorded in one to seven days immediately following that separation	consumers		
142	participated (in person or via videoconference), was recorded in one to seven days immediately following that separation		Proving quarter result but not meeting	> provious quarter target
14.3	participated (in person or via videoconference), was recorded in one to seven days immediately following that separation CTG KPI 3 – The proportion of Aboriginal and Torres Strait Islander patients	< = HHS quarterly target (as per detail in	> previous quarter result but not meeting	> previous quarter target
14.3	participated (in person or via videoconference), was recorded in one to seven days immediately following that separation		> previous quarter result but not meeting quarterly target	> previous quarter target
	participated (in person or via videoconference), was recorded in one to seven days immediately following that separation CTG KPI 3 – The proportion of Aboriginal and Torres Strait Islander patients who discharged themselves against medical advice (DAMA)	< = HHS quarterly target (as per detail in Schedule 8 contained in the Service Agreement)	quarterly target	
	participated (in person or via videoconference), was recorded in one to seven days immediately following that separation CTG KPI 3 – The proportion of Aboriginal and Torres Strait Islander patients who discharged themselves against medical advice (DAMA) CTG KPI 4 – Percentage of Aboriginal and Torres Strait Islander Cultural Practice	< = HHS quarterly target (as per detail in Schedule 8 contained in the Service Agreement)	quarterly target > = 50.0% of quarterly target but not	> previous quarter target < 50.0% of quarterly target
	participated (in person or via videoconference), was recorded in one to seven days immediately following that separation CTG KPI 3 – The proportion of Aboriginal and Torres Strait Islander patients who discharged themselves against medical advice (DAMA) CTG KPI 4 – Percentage of Aboriginal and Torres Strait Islander Cultural Practice Program participants by facility	< = HHS quarterly target (as per detail in Schedule 8 contained in the Service Agreement) > = HHS quarterly target (as per detail in	quarterly target	
14.4	participated (in person or via videoconference), was recorded in one to seven days immediately following that separation CTG KPI 3 – The proportion of Aboriginal and Torres Strait Islander patients who discharged themselves against medical advice (DAMA) CTG KPI 4 – Percentage of Aboriginal and Torres Strait Islander Cultural Practice Program participants by facility (based on staff numbers at beginning of financial year)	< = HHS quarterly target (as per detail in Schedule 8 contained in the Service Agreement) > = HHS quarterly target (as per detail in Schedule 8 contained in the Service Agreement)	quarterly target > = 50.0% of quarterly target but not	
14.4 Ienta	participated (in person or via videoconference), was recorded in one to seven days immediately following that separation CTG KPI 3 – The proportion of Aboriginal and Torres Strait Islander patients who discharged themselves against medical advice (DAMA) CTG KPI 4 – Percentage of Aboriginal and Torres Strait Islander Cultural Practice Program participants by facility (based on staff numbers at beginning of financial year) Il Health and Alcohol and Other Drugs	<= HHS quarterly target (as per detail in Schedule 8 contained in the Service Agreement) >= HHS quarterly target (as per detail in Schedule 8 contained in the Service Agreement) Target	quarterly target > = 50.0% of quarterly target but not achieving quarterly target	< 50.0% of quarterly target
14.4 Ienta	participated (in person or via videoconference), was recorded in one to seven days immediately following that separation CTG KPI 3 – The proportion of Aboriginal and Torres Strait Islander patients who discharged themselves against medical advice (DAMA) CTG KPI 4 – Percentage of Aboriginal and Torres Strait Islander Cultural Practice Program participants by facility (based on staff numbers at beginning of financial year) Il Health and Alcohol and Other Drugs Performance domain target:	< = HHS quarterly target (as per detail in Schedule 8 contained in the Service Agreement) > = HHS quarterly target (as per detail in Schedule 8 contained in the Service Agreement) Target Achieve target (listed below) in greater	quarterly target > = 50.0% of quarterly target but not achieving quarterly target Achieve target in 67% - 50% of the	< 50.0% of quarterly target Achieve target in less than 50% of the
14.4 Ienta	participated (in person or via videoconference), was recorded in one to seven days immediately following that separation CTG KPI 3 – The proportion of Aboriginal and Torres Strait Islander patients who discharged themselves against medical advice (DAMA) CTG KPI 4 – Percentage of Aboriginal and Torres Strait Islander Cultural Practice Program participants by facility (based on staff numbers at beginning of financial year) I Health and Alcohol and Other Orugs Performance domain target: Achievement of Mental Health & Alcohol and Other Drug Treatment Services	<= HHS quarterly target (as per detail in Schedule 8 contained in the Service Agreement) >= HHS quarterly target (as per detail in Schedule 8 contained in the Service Agreement) Target	quarterly target > = 50.0% of quarterly target but not achieving quarterly target	< 50.0% of quarterly target
14.4 Ienta	participated (in person or via videoconference), was recorded in one to seven days immediately following that separation CTG KPI 3 – The proportion of Aboriginal and Torres Strait Islander patients who discharged themselves against medical advice (DAMA) CTG KPI 4 – Percentage of Aboriginal and Torres Strait Islander Cultural Practice Program participants by facility (based on staff numbers at beginning of financial year) Il Health and Alcohol and Other Drugs Performance domain target:	< = HHS quarterly target (as per detail in Schedule 8 contained in the Service Agreement) > = HHS quarterly target (as per detail in Schedule 8 contained in the Service Agreement) Target Achieve target (listed below) in greater	quarterly target > = 50.0% of quarterly target but not achieving quarterly target Achieve target in 67% - 50% of the	< 50.0% of quarterly target Achieve target in less than 50% of the
14.4 Ienta	participated (in person or via videoconference), was recorded in one to seven days immediately following that separation CTG KPI 3 – The proportion of Aboriginal and Torres Strait Islander patients who discharged themselves against medical advice (DAMA) CTG KPI 4 – Percentage of Aboriginal and Torres Strait Islander Cultural Practice Program participants by facility (based on staff numbers at beginning of financial year) Il Health and Alcohol and Other Drugs Performance domain target: Achievement of Mental Health & Alcohol and Other Drug Treatment Services escalation indicators contained within Schedule 9 of the Service Agreement.	< = HHS quarterly target (as per detail in Schedule 8 contained in the Service Agreement) > = HHS quarterly target (as per detail in Schedule 8 contained in the Service Agreement) Target Achieve target (listed below) in greater	quarterly target > = 50.0% of quarterly target but not achieving quarterly target Achieve target in 67% - 50% of the	< 50.0% of quarterly target Achieve target in less than 50% of the
14.4 <i>lenta</i> 15	participated (in person or via videoconference), was recorded in one to seven days immediately following that separation CTG KPI 3 – The proportion of Aboriginal and Torres Strait Islander patients who discharged themselves against medical advice (DAMA) CTG KPI 4 – Percentage of Aboriginal and Torres Strait Islander Cultural Practice Program participants by facility (based on staff numbers at beginning of financial year) Il Health and Alcohol and Other Drugs Performance domain target: Achievement of Mental Health & Alcohol and Other Drug Treatment Services escalation indicators contained within Schedule 9 of the Service Agreement. Listed below (where applicable):	< = HHS quarterly target (as per detail in Schedule 8 contained in the Service Agreement) > = HHS quarterly target (as per detail in Schedule 8 contained in the Service Agreement) Target Achieve target (listed below) in greater than 67% of the escalation indicators	quarterly target > = 50.0% of quarterly target but not achieving quarterly target Achieve target in 67% - 50% of the escalation indicators	< 50.0% of quarterly target Achieve target in less than 50% of the escalation indicators
14.4 <i>lenta</i> 15	participated (in person or via videoconference), was recorded in one to seven days immediately following that separation CTG KPI 3 – The proportion of Aboriginal and Torres Strait Islander patients who discharged themselves against medical advice (DAMA) CTG KPI 4 – Percentage of Aboriginal and Torres Strait Islander Cultural Practice Program participants by facility (based on staff numbers at beginning of financial year) I Health and Alcohol and Other Drugs Performance domain target: Achievement of Mental Health & Alcohol and Other Drug Treatment Services escalation indicators contained within Schedule 9 of the Service Agreement. Listed below (where applicable): - Ambulatory service contacts	< = HHS quarterly target (as per detail in Schedule 8 contained in the Service Agreement) > = HHS quarterly target (as per detail in Schedule 8 contained in the Service Agreement) Target Achieve target (listed below) in greater than 67% of the escalation indicators 100% of ambulatory service targets	quarterly target > = 50.0% of quarterly target but not achieving quarterly target Achieve target in 67% - 50% of the escalation indicators 99.9% - 95.0%	< 50.0% of quarterly target Achieve target in less than 50% of the escalation indicators
14.4 <i>lenta</i> 15	participated (in person or via videoconference), was recorded in one to seven days immediately following that separation CTG KPI 3 – The proportion of Aboriginal and Torres Strait Islander patients who discharged themselves against medical advice (DAMA) CTG KPI 4 – Percentage of Aboriginal and Torres Strait Islander Cultural Practice Program participants by facility (based on staff numbers at beginning of financial year) Il Health and Alcohol and Other Drugs Performance domain target: Achievement of Mental Health & Alcohol and Other Drug Treatment Services escalation indicators contained within Schedule 9 of the Service Agreement. Listed below (where applicable): - Ambulatory service contacts - Ambulatory service contacts: Duration	< = HHS quarterly target (as per detail in Schedule 8 contained in the Service Agreement) > = HHS quarterly target (as per detail in Schedule 8 contained in the Service Agreement) Target Achieve target (listed below) in greater than 67% of the escalation indicators 100% of ambulatory service targets 100% of ambulatory service targets	quarterly target > = 50.0% of quarterly target but not achieving quarterly target Achieve target in 67% - 50% of the escalation indicators 99.9% - 95.0% 99.9% - 95.0%	< 50.0% of quarterly target Achieve target in less than 50% of the escalation indicators < 95.0% < 95.0%
14.4 <i>lenta</i> 15 15.1	participated (in person or via videoconference), was recorded in one to seven days immediately following that separation CTG KPI 3 – The proportion of Aboriginal and Torres Strait Islander patients who discharged themselves against medical advice (DAMA) CTG KPI 4 – Percentage of Aboriginal and Torres Strait Islander Cultural Practice Program participants by facility (based on staff numbers at beginning of financial year) I Health and Alcohol and Other Drugs Performance domain target: Achievement of Mental Health & Alcohol and Other Drug Treatment Services escalation indicators contained within Schedule 9 of the Service Agreement. Listed below (where applicable): - Ambulatory service contacts - Ambulatory service contacts: Duration - Extended treatment facility and psychiatric hospital beds (Accrued patient	< = HHS quarterly target (as per detail in Schedule 8 contained in the Service Agreement) > = HHS quarterly target (as per detail in Schedule 8 contained in the Service Agreement) Target Achieve target (listed below) in greater than 67% of the escalation indicators 100% of ambulatory service targets 100% of ambulatory service targets > = 95% of accrued patient day target	quarterly target > = 50.0% of quarterly target but not achieving quarterly target Achieve target in 67% - 50% of the escalation indicators 99.9% - 95.0%	< 50.0% of quarterly target Achieve target in less than 50% of the escalation indicators < 95.0%
14.4 <i>lenta</i> 15 15.1	participated (in person or via videoconference), was recorded in one to seven days immediately following that separation CTG KPI 3 – The proportion of Aboriginal and Torres Strait Islander patients who discharged themselves against medical advice (DAMA) CTG KPI 4 – Percentage of Aboriginal and Torres Strait Islander Cultural Practice Program participants by facility (based on staff numbers at beginning of financial year) Il Health and Alcohol and Other Drugs Performance domain target: Achievement of Mental Health & Alcohol and Other Drug Treatment Services escalation indicators contained within Schedule 9 of the Service Agreement. Listed below (where applicable): - Ambulatory service contacts - Ambulatory service contacts: Duration	< = HHS quarterly target (as per detail in Schedule 8 contained in the Service Agreement) > = HHS quarterly target (as per detail in Schedule 8 contained in the Service Agreement) Target Achieve target (listed below) in greater than 67% of the escalation indicators 100% of ambulatory service targets 100% of ambulatory service targets	quarterly target > = 50.0% of quarterly target but not achieving quarterly target Achieve target in 67% - 50% of the escalation indicators 99.9% - 95.0% 99.9% - 95.0%	< 50.0% of quarterly target Achieve target in less than 50% of the escalation indicators < 95.0% < 95.0%
14.4 Menta 115 115.1 115.2 115.3	participated (in person or via videoconference), was recorded in one to seven days immediately following that separation CTG KPI 3 – The proportion of Aboriginal and Torres Strait Islander patients who discharged themselves against medical advice (DAMA) CTG KPI 4 – Percentage of Aboriginal and Torres Strait Islander Cultural Practice Program participants by facility (based on staff numbers at beginning of financial year) I Health and Alcohol and Other Drugs Performance domain target: Achievement of Mental Health & Alcohol and Other Drug Treatment Services escalation indicators contained within Schedule 9 of the Service Agreement. Listed below (where applicable): - Ambulatory service contacts - Ambulatory service contacts: Duration - Extended treatment facility and psychiatric hospital beds (Accrued patient	< = HHS quarterly target (as per detail in Schedule 8 contained in the Service Agreement) > = HHS quarterly target (as per detail in Schedule 8 contained in the Service Agreement) Target Achieve target (listed below) in greater than 67% of the escalation indicators 100% of ambulatory service targets 100% of ambulatory service targets > = 95% of accrued patient day target	quarterly target > = 50.0% of quarterly target but not achieving quarterly target Achieve target in 67% - 50% of the escalation indicators 99.9% - 95.0% 99.9% - 95.0%	< 50.0% of quarterly target Achieve target in less than 50% of the escalation indicators < 95.0% < 95.0%
Menta 115.1 115.2 115.3	participated (in person or via videoconference), was recorded in one to seven days immediately following that separation CTG KPI 3 – The proportion of Aboriginal and Torres Strait Islander patients who discharged themselves against medical advice (DAMA) CTG KPI 4 – Percentage of Aboriginal and Torres Strait Islander Cultural Practice Program participants by facility (based on staff numbers at beginning of financial year) I Health and Alcohol and Other Drugs Performance domain target: Achievement of Mental Health & Alcohol and Other Drug Treatment Services escalation indicators contained within Schedule 9 of the Service Agreement. Listed below (where applicable): - Ambulatory service contacts - Ambulatory service contacts: Duration - Extended treatment facility and psychiatric hospital beds (Accrued patient days in block funded mental health facilities)	< = HHS quarterly target (as per detail in Schedule 8 contained in the Service Agreement) > = HHS quarterly target (as per detail in Schedule 8 contained in the Service Agreement) Target Achieve target (listed below) in greater than 67% of the escalation indicators 100% of ambulatory service targets 100% of ambulatory service targets > = 95% of accrued patient day target delivered	quarterly target > = 50.0% of quarterly target but not achieving quarterly target Achieve target in 67% - 50% of the escalation indicators 99.9% - 95.0% 99.9% - 95.0% 94.9 - 90.0%	< 50.0% of quarterly target Achieve target in less than 50% of the escalation indicators < 95.0% < 95.0% < 90.0%
Menta 115.1 115.2 115.3 115.4 115.5 115.6	participated (in person or via videoconference), was recorded in one to seven days immediately following that separation CTG KPI 3 – The proportion of Aboriginal and Torres Strait Islander patients who discharged themselves against medical advice (DAMA) CTG KPI 4 – Percentage of Aboriginal and Torres Strait Islander Cultural Practice Program participants by facility (based on staff numbers at beginning of financial year) I Health and Alcohol and Other Drugs Performance domain target: Achievement of Mental Health & Alcohol and Other Drug Treatment Services escalation indicators contained within Schedule 9 of the Service Agreement. Listed below (where applicable): - Ambulatory service contacts - Ambulatory service contacts: Duration - Extended treatment facility and psychiatric hospital beds (Accrued patient days in block funded mental health facilities) - Closure of ATODS Client intake	< = HHS quarterly target (as per detail in Schedule 8 contained in the Service Agreement) > = HHS quarterly target (as per detail in Schedule 8 contained in the Service Agreement) Target Achieve target (listed below) in greater than 67% of the escalation indicators 100% of ambulatory service targets 100% of ambulatory service targets > = 95% of accrued patient day target delivered Closure period < 2 weeks	quarterly target > = 50.0% of quarterly target but not achieving quarterly target Achieve target in 67% - 50% of the escalation indicators 99.9% - 95.0% 99.9% - 95.0% 94.9 - 90.0% 2 - 3 weeks	< 50.0% of quarterly target Achieve target in less than 50% of the escalation indicators < 95.0% < 95.0% < 90.0% > 3 weeks

TREND IN MONITORING KPI

			YTD Result / Latest Result	Jul 2012		Sep 2012	Oct 2012	Nov 2012	Dec 2012	Jan 2013	Feb 2013		Apr 2013	May 2013	Jun 2013	Full Year Target
	AND QUALITY															
M1	Falls Risk Assessment	Target	70.0%					70.0%								70
		Result	-					-								
M2	VTE Risk Assessment Documentation at Point of Care	Target	50.0%					50.0%								50
	Hospital Standardised Mortality Ratio	Result	-					-					/			
M3	(HSMR)	51	240.00													
M4	Death in low-mortality Diagnostic Related	Flag	green			green							\rightarrow			
	Groups (Death-in-LM-DRG)	Result	0.00			0.04			0.00				/ ,			
M5	VLAD In-hospital mortality indicators:	Flag	green		green			green				~ //		>		
M5.1	Acute Myocardial Infarction	Result	0		0			0								
M5.2	Stroke	Result	0		0			0								
M5.3	Fractured neck of femur	Result	0		0			0))				
M5.4	Pneumonia	Result	0		0			0			\	_//				
M6	VLAD Unplanned readmission indicators:	Flag	green		green			green			/ /					
M6.1	Acute Myocardial Infarction	Result	0		0			0								
M6.2	Heart failure	Result	0		0			0	//	\ \ \ \						
M6.3	Knee replacement	Result	0		0			0		> \\						
M6.4	Hip replacement	Result	0		0			0								
M6.5	Depression	Result	-		-											
M6.6	Schizophrenia	Result	-		-			\ \ -		//						
M6.7	Paediatric tonsillectomy and adenoidectomy	Result	0		0			/ /0								
M11	Renal dialysis treatment received at home	Target	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%	50:0%	50.0%	50.0%					50
		Result	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	9.0% 📙	100.0%	100.0%					
ACCESS	** denotes calendar year result															
M12	Emergency Department median waiting time	Target	20	20	20	20	10	\$0	20	20	20	20				2
14112	Emergency Department median waiting time	Result	. 24	27 ′	28 🖊	27	26	26	25 ′	24 🔟	23 🚚	24 👃				-
M13	Emergency Department 'Did not waits'	Target	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	2-7 -				0
25	Emergency Department Dia not maio	Result	2.3%	2.1% 📙	2.8% 📙	2.6%	2.0%	2.4% 🚚	2.5% ┙	1.9% 👃	1.8% 📙					
M14	Elective Surgery volume	Target	7,456	907 <	921	911	926	930	646	446	751	1,018				9,83
		Result	7,917	977	951	828 🚨	988	910 🚨	754	613	958	938 🚚				,,,,,
M15.1	Reduction in elective surgery long waits: **	Target	0	-//	1/1	0	0	0	0							
1112312	Category 1: within 30 days	Result	_]			-	-	-	-			tba				
M15.2	= :	Target	65			67	67	67	67							6
1112312	Category 2: within 90 days	Result	-			-	- -	-	-			tba				
M15.3		Target	61	//		61	61	61	61							6
	Category 3: within 365 days	Result	\(\frac{1}{2}\)	/		-	-	-	-			tba				
	ES: 10% longest wait are treated in year **	Target	100.0%		100.0%	100.0%	100.0%	100.0%	100.0%							100
M16			100.000		-	-	-	-	-			tba				100
M16		\								10.0%	10.0%	10.0%				10
	% of cohort patients removed	Result	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%							
M16		Result Target	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	-	-	-				
M17	% of cohort patients removed Elective Surgery Cancellations (hospital initiated)	Result Target Result	\\ -	-	-	-	-	-	-	-	-					2
	% of cohort patients removed	Result Target Result Target	25	25	25	25	25	25	25	- 25	25					2
M17	% of cohort patients removed Elective Surgery Cancellations (hospital initiated) Elective Surgery median waiting time	Result Target Result Target Result	25	25 35 ′	25 29 ′	25 29 '	25 30.5 ′	- 25 27 →	25 29 ′	25 36 ′	25 28 ′	-				
M17	% of cohort patients removed Elective Surgery Cancellations (hospital initiated)	Result Target Result Target Result Target Result	25	25	25	25	25	25	25	- 25	25					100
M17 M18 M21	% of cohort patients removed Elective Surgery Cancellations (hospital initiated) Elective Surgery median waiting time Categorisation of new case outpatient referrals	Result Target Result Target Result Target Result Target Result	, 30 100.0%	25 35 ′ 100.0%	25 29 ′ 100.0%	25 29 ′ 100.0%	25 30.5 ′ 100.0%	25 27 J 100.0%	25 29 ′ 100.0%	25 36 ′ 100.0%	25 28 ′ 100.0%	100.0%				100
M17	% of cohort patients removed Elective Surgery Cancellations (hospital initiated) Elective Surgery median waiting time	Result Target Result Target Result Target Result Target Result Target	25	25 35 ′	25 29 ′ 100.0%	25 29 ′ 100.0%	25 30.5 ′ 100.0%	25 27 J 100.0%	25 29 ′ 100.0%	25 36 ′ 100.0%	25 28 ′	-				100
M17 M18 M21 M22	% of cohort patients removed Elective Surgery Cancellations (hospital initiated) Elective Surgery median waiting time Categorisation of new case outpatient referrals Category 1 Outpatients: waiting in time	Result Target Result Target Result Target Result Target Result Target Result	25 , 30 100.0% - 95.0%	25 35 ′ 100.0% - 95.0%	25 29 / 100.0% - 95.0%	25 29 ' 100.0% - 95.0%	25 30.5 / 100.0% - 95.0%	25 27 J 100.0% - 95.0%	25 29 ' 100.0% - 95.0%	25 36 ' 100.0% - 95.0%	25 28 ' 100.0% - 95.0%	100.0%				100
M17 M18 M21	% of cohort patients removed Elective Surgery Cancellations (hospital initiated) Elective Surgery median waiting time Categorisation of new case outpatient referrals Category 1 Outpatients: waiting in time Ambulatory Care access Outpatient ratio	Result Target Result Target Result Target Result Target Result Target Target Target Target	25 30 100.0% - 95.0% - 2.0	25 35 ' 100.0% - 95.0% - 2.0	25 29 ' 100.0% - 95.0% - 2.0	25 29 ′ 100.0% - 95.0% -	25 30.5 ′ 100.0% - 95.0% - 2.0	25 27 J 100.0% - 95.0% - 2.0	25 29 ' 100.0% - 95.0% - 2.0	25 36 ' 100.0% - 95.0% - 2.0	25 28 ' 100.0% - 95.0% -	100.0%				
M17 M18 M21 M22	% of cohort patients removed Elective Surgery Cancellations (hospital initiated) Elective Surgery median waiting time Categorisation of new case outpatient referrals Category 1 Outpatients: waiting in time	Result Target Result Target Result Target Result Target Result Target Result	25 , 30 100.0% - 95.0%	25 35 ′ 100.0% - 95.0%	25 29 / 100.0% - 95.0%	25 29 ' 100.0% - 95.0%	25 30.5 / 100.0% - 95.0%	25 27 J 100.0% - 95.0%	25 29 ' 100.0% - 95.0%	25 36 ' 100.0% - 95.0%	25 28 ' 100.0% - 95.0%	100.0%				100

TREND IN MONITORING KPI

			YTD Result / Latest Result												Full Year Target
M26	Telehealth Non-admitted Occasions of Service	Target	- 1	-	-	-	-	-	-	-	-				
		Result	-	-	-	-	-	-	-	-	-				
EFFICIEN	ICY AND FINANCIAL PERFORMANCE														
M27	Cost per WAU												^		
	For the in-scope ABF facilities	Result	-	-	-	-	-	-	-	-	-				
M30	Day case surgery rates														
		Result	82.3%	79.2%	82.7%	79.9%	82.8%	84.3%	82.8%	81.1%	85.1%				
M31	Extended day case surgery rates	Result	85.8%	87.1%	87.1%	86.0%	84.2%	86.3%	85.1%	85.9%	84.5%	2 //			
M32	Out of scope procedures:	Target	0	07.176	07.170	00.0%	04.2%	00.5%	03.170	05.9%	04.3%	<u> </u>	$\overline{}$		(
10152	Varicose Veins (F20Z)	Result	46	3	11	5	7	8	7	2	((3				
	Vasectomies (M63Z)	Result	-	-	- 11	-	-	-	,	2					
M33	Clinical data coded within recommended time	Target	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	\longrightarrow			100%
14133	cimical data codea within recommended time	Result	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	//			100%
M34	Maintenance Expenditure		200.070	100.070	100.070	100.070	200.070	100.070	200.07	100,0	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				-
		Result							_//_						
M35	Facility Condition Index														2% to 4%
		Result							$\overline{}$						
M36	Planned Maintenance Expenditure Ratio														60% to 70%
		Result								//					
PATIENT	EXPERIENCE														
M37	Complaints acknowledged within 5 calendar	Target	100.0%				100,0%	100.0%	100.0%						100.0%
	days	Result	-				< - ,	│- │	//-		-	-			
WORKF	DRCE														
M39	Hours lost (WorkCover) vs Occupied FTE	Target	0.35			0.35			0.35			0.35			0.35
		Result)	//							
M40	Sick leave	Target	3.50%	3.50%	3.50%	3.50%	3.50%	3.50%	3.50%	3.50%	3.50%	3.50%			3.5%
		Result				1									
					<u> </u>		<u> </u>							 	

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PERFORMANCE DOMAINS - Escalation KPIs

YTD Result / Latest Result

SAF	FETY AND QUALITY	TARGET	Data as at		Data source: Decision Support System (DSS) as at 20 May 2013
E1 E2	Never Events Hospital acquired 3rd and 4th stage pressure injuries - Quarter 3 Result (Jan - Mar)	0 FY Target : 0	March	0 0	
E3	Healthcare-associated Staphylococcus aureus (including MRSA) bacteraemia	20% of 2010-11	Data currenti	y unav	ailable

E4 National Emergency Access Target (NEAT): ** % of ED attendances who depart within 4 hours of their arrival in ED E5 Emergency Department: % seen within recommended timeframe: E5.1 Cotegory 1: within 2 minutes E5.2 Category 2: within 10 minutes E5.3 Category 3: within 30 minutes E5.4 Category 4: within 60 minutes E5.5 Category 5: within 120 minutes E6.9 Patient Off Stretcher Time (POST): < 30 mins (%) E7 Elective Surgery: % treated within clinically recommended timeframe: ** E7.1 Category 1: within 30 days E7.2 Category 2: within 365 days E8 Elective Surgery: Number of patients waiting more than the clinically recommended: E8.1 Category 2: within 30 days E8.2 Category 2: within 30 days E8.3 Category 3: within 30 days E9.4 Activity: variance between Purchased activity and YTD activity: E9.1 Inpatients E9.2 Outpatients E9.3 ED Whental Health E9.5 Critical Care	ACCESS		** denotes calendar year result	TARGET	Data as at		Data source: Decision Supp	ort System (DSS) as at 20 Ma	ay 2013
E5.1 Category 1: within 2 minutes E5.2 Category 2: within 10 minutes E5.3 Category 3: within 30 minutes E5.4 Category 4: within 60 minutes E5.5 Category 5: within 120 minutes E5.5 Category 5: within 120 minutes E6 Patient Off Stretcher Time (POST): < 30 mins (%) E7 Elective Surgery: % treated within clinically recommended timeframe: ** E7.1 Category 1: within 30 days E7.2 Category 2: within 90 days E7.3 Category 3: within 365 days E8 Elective Surgery: Number of patients waiting more than the clinically recommended: E8.1 Category 1: within 30 days E8.2 Category 2: within 90 days Category 2: within 90 days Category 2: within 30 days O April 99.5% April 99.5% April 99.5% April 99.5% April 0 ← April	E4	0, 0,	their arrival in ED	77%	April	79.8%	U		
E5.2 Category 2: within 10 minutes E5.3 Category 3: within 30 minutes E5.4 Category 4: within 60 minutes E5.5 Category 5: within 120 minutes E6.6 Patient Off Stretcher Time (POST): < 30 mins (%) E7 Elective Surgery: % treated within clinically recommended timeframe: ** E7.1 Category 1: within 30 days E7.2 Category 2: within 90 days E7.3 Category 3: within 365 days E8 Elective Surgery: Number of patients waiting more than the clinically recommended: E8.1 Category 1: within 30 days E8.2 Category 2: within 90 days E8.3 Category 2: within 90 days E9.4 Activity: variance between Purchased activity and YTD activity: E9.1 Inpatients E9.2 Outpatients E9.3 ED E9.4 Mental Health	E5	Emergency Department: % seen within recommende	ed timeframe:						
E5.3 Category 3: within 30 minutes E5.4 Category 4: within 60 minutes E5.5 Category 5: within 120 minutes E6 Patient Off Stretcher Time (POST): < 30 mins (%) E7 Elective Surgery: % treated within clinically recommended timeframe: ** E7.1 Category 1: within 30 days E7.2 Category 2: within 90 days E7.3 Category 2: within 365 days E8 Elective Surgery: Number of patients waiting more than the clinically recommended: E8.1 Category 1: within 30 days E8.2 Category 2: within 90 days E8.3 Category 3: within 365 days E9 Activity: variance between Purchased activity and YTD activity: E9.1 Inpatients E9.2 Outpatients E9.3 ED E9.4 Mental Health	E5.1	Category 1: within 2 minutes		100%	April		97.8%		
E5.4 Category 4: within 60 minutes E5.5 Category 5: within 120 minutes E6 Patient Off Stretcher Time (POST): < 30 mins (%) E7 Elective Surgery: % treated within clinically recommended timeframe: ** E7.1 Category 1: within 30 days E7.2 Category 2: within 90 days E7.3 Category 3: within 365 days E8 Elective Surgery: Number of patients waiting more than the clinically recommended: E8.1 Category 1: within 30 days E8.2 Category 2: within 90 days E8.3 Category 3: within 365 days D April 99.5% E8.4 Category 2: within 90 days E8.5 Category 3: within 365 days D April 0 ← April 0 ←	E5.2	Category 2: within 10 minutes		80%	April	82.7%			
E5.5 Category 5: within 120 minutes Patient Off Stretcher Time (POST): < 30 mins (%) Patient Off Stretcher Time (POST): < 30 mins (%) E1 Elective Surgery: % treated within clinically recommended timeframe: ** E7.1 Category 1: within 30 days E7.2 Category 2: within 90 days E7.3 Category 3: within 365 days E8 Elective Surgery: Number of patients waiting more than the clinically recommended: E8.1 Category 1: within 30 days E8.2 Category 2: within 90 days E8.3 Category 3: within 365 days O April O April O Category 3: within 365 days O April O March Inpatients D March Inpatients D March Ma	E5.3	Category 3: within 30 minutes		75%	April		74.4%		
E6 Patient Off Stretcher Time (POST): < 30 mins (%) E7 Elective Surgery: % treated within clinically recommended timeframe: ** E7.1 Category 1: within 30 days E7.2 Category 2: within 90 days E7.3 Category 3: within 365 days E8 Elective Surgery: Number of patients waiting more than the clinically recommended: E8.1 Category 1: within 30 days E8.2 Category 2: within 90 days E8.3 Category 3: within 90 days E9 Activity: variance between Purchased activity and YTD activity: E9.1 Inpatients E9.2 Outpatients E9.3 ED E9.4 Mental Health	E5.4	Category 4: within 60 minutes		70%	April	_ / (/ /38.8%		
E7.1 Category 1: within 30 days E7.2 Category 2: within 90 days E7.3 Category 3: within 365 days E8 Elective Surgery: Number of patients waiting more than the clinically recommended: E8.1 Category 1: within 30 days E8.2 Category 2: within 90 days E8.3 Category 3: within 365 days E9 Activity: variance between Purchased activity and YTD activity: E9.1 Inpatients E9.2 Outpatients E9.3 ED E9.4 Mental Health	E5.5	Category 5: within 120 minutes		70%	April	84.9%			
E7.1 Category 1: within 30 days E7.2 Category 2: within 90 days E7.3 Category 3: within 365 days E8 Elective Surgery: Number of patients waiting more than the clinically recommended: E8.1 Category 1: within 30 days E8.2 Category 2: within 90 days E8.3 Category 3: within 365 days O April E9.4 Activity: variance between Purchased activity and YTD activity: D99.5% P99.5% O April O April O W to March 1/1%	E6	Patient Off Stretcher Time (POST): < 30 mins (%)		90%	March	92.4%	U		
E7.2 Category 2: within 90 days E7.3 Category 3: within 365 days E8 Elective Surgery: Number of patients waiting more than the clinically recommended: E8.1 Category 1: within 30 days E8.2 Category 2: within 90 days E8.3 Category 3: within 365 days E9 Activity: variance between Purchased activity and YTD activity: E9.1 Inpatients E9.2 Outpatients E9.3 ED E9.4 Mental Health	E7	Elective Surgery: % treated within clinically recommo	ended timeframe: **			/))			
E7.3 Category 3: within 365 days E8 Elective Surgery: Number of patients waiting more than the clinically recommended: E8.1 Category 1: within 30 days E8.2 Category 2: within 90 days E8.3 Category 3: within 365 days O April E9 Activity: variance between Purchased activity and YTD activity: E9.1 Inpatients E9.2 Outpatients E9.3 ED E9.4 Mental Health	E7.1	Category 1: within 30 days		100%	April		99.2%		
E8 Elective Surgery: Number of patients waiting more than the clinically recommended: E8.1 Category 1: within 30 days E8.2 Category 2: within 90 days E8.3 Category 3: within 365 days O April O CHAPTIL O	E7.2	Category 2: within 90 days		87%	April	96.5%	\cap		
E8.1 Category 1: within 30 days E8.2 Category 2: within 90 days E8.3 Category 3: within 365 days Category 3: within 365 days Category 4: within 365 days O Apřil O C March Inpatients E9.1 Inpatients E9.2 Outpatients E9.3 ED E9.4 Mental Health	E7.3	Category 3: within 365 days		94%	April	99.5%	U		
E8.1 Category 1: within 30 days E8.2 Category 2: within 90 days E8.3 Category 3: within 365 days Category 3: within 365 days Category 4: within 365 days O Apřil O C March Inpatients E9.1 Inpatients E9.2 Outpatients E9.3 ED E9.4 Mental Health	F8	Flective Surgery: Number of patients waiting more t	han the clinically recommended:	//					
E8.2 Category 2: within 90 days E8.3 Category 3: within 365 days Category 3: within 365 days Category 3: within 365 days Category 3: within 365 days Category 3: within 365 days Category 3: within 365 days Category 3: within 365 days Category 3: within 365 days Category 3: within 365 days Category 3: within 365 days Category 3: within 365 days Category 3: within 90 days Category 3: within 90 days Category 3: within 90 days Category 3: within 90 days Category 3: within 90 days Category 3: within 90 days Category 3: within 90 days Category 4: within 90 days Category 4: within 90 days Category 4: within 90 days Category 4: within 90 days Category 4: within 90 days Category 5: within 90 days Category 4: within 90 days Category		0 / 1	nan the emiliany recommended.	\nearrow 0	April	0	_		
E8.3 Category 3: within 365 days E9 Activity: variance between Purchased activity and YTD activity: E9.1 Inpatients E9.2 Outpatients E9.3 ED E9.4 Mental Health		3 , ,	/	/ ^0	/ /		•	69	
E9.1 Inpatients E9.2 Outpatients E9.3 ED E9.4 Mental Health				//0	()	0	(-	03	
E9.1 Inpatients E9.2 Outpatients E9.3 ED E9.4 Mental Health	E9	Activity: variance between Purchased activity and YT	D activity:	/ _{0% to} /	March				
E9.3 ED E9.4 Mental Health	E9.1	Inpatients							
E9.4 Mental Health	E9.2	Outpatients	_	\'\					
	E9.3	ED		^					
E9.5 Critical Care	E9.4	Mental Health							
	E9.5	Critical Care		//					
E9.6 Sub and Non-Acute Patients	E9.6	Sub and Non-Acute Patients		/					

EFFICI	ENCY AND FINANCIAL PERFORMANCE	\$ - Deficit // \$ Surplus	TARGET	Data as at	Information provi	ded by Finance Branch,	System Support Services Division
E10	YTD Operating Position		Balanced	April	\$ 12.69 M		
E11	Full-year Forecast Operating Position		Balanced	April	\$ 0.00 M ←		
E12	Own Source Revenue Target - YTD Variance		Balanced	April			\$ -0.87 M
E13	YTD average MOHRE FTE - Variance to target		1,837	April	-132 ∪		
	MOHRI March 2013 Target - fn ending 31-Mar-202	13(20)	1,789	April	#N/A	#N/A	#N/A

CLOSIN	G THE GAP	TARGET	Data as at			
E14	Achievement of Closing the Gap escalation indicators	0 'Red' esc. KPIs		#N/A	#N/A	#N/A
E14.1	Estimated level completion of indigenous status - specifically the reporting of 'not stated' on admission	< 1%	March			
E14.2	Rate of community follow up within 1 -7 days following discharge from an acute mental health inpatient unit; Aboriginal and Torres Strait Islander consumer specific	55%	March			
E14.3	Proportion of Aboriginal and Torres Strait Islander patients who discharged themselves against medical advice	-	March			
E14.4	% of Aboriginal and Torres Strait Islander Cultural Practice Program participants by facility	-	March			

MENTA	L HEALTH AND ALCOHOL AND OTHER DRUG TREATMENT SERVICES	TARGET	Data as at	
E15	Achievement of Mental Health & Alcohol and Other Drug Treatment Services escalation indicators	> 67% 'Green' esc. KPIs		
E15.1	Ambulatory Service Contacts	100%	March	-
E15.2	Ambulatory Service Contacts: Duration (hours)	100%	March	-
E15.3	Extended treatment facility and psychiatric hospital beds (Accrued patient days in block funded mental health facilities)	95%	n/a	-
E15.4	Closure of ATODS Client Intake	< 2 weeks	March	-
E15.5	Number of dedicated hospital alcohol and other drugs withdrawal beds (MNHHS only)	n/a	n/a	n/a
E15.6	Significant variation in number of dedicated residential alcohol and other drugs withdrawal beds (CHQ only)	n/a	n/a	n/a

TREND IN ESCALATION KPI

Data source: Decision Support System (DSS) as at 20 May 2013

			Latest Result / YTD Result	Jul 2012											Full Year
SAFFT	Y AND QUALITY		TID Result												Target
E1	Never Events	Result	0	-	-	-	-	-	-	-	-	-			C
E2	Hospital acquired 3rd and 4th stage pressure		0												0
	injuries (FY Target is 5% of 2010-11 actuals)	Qtr3	0	-	-	-	-	-	-	-	-	-			
E3	Healthcare-associated Staphylococcus aureus	Target	-												20%
	(including MRSA) bacteraemia - SAB	Result	-	Data for June-Decem	ber 2012 will be ma	de available in May	2013						·		
ACCES	S ** denotes calendar year result	_											4		
E4	·	Target	77.0%	70.0%	70.0%	70.0%	70.0%	70.0%	70.0%	77.0%	77.0%	77.0%	77.0%		77%
		Result	79.8%	75.9%	74.3%	76.2%	78.0%	80.2%	80.9%	81.7%	80.0%	79.1%	78.8%		
E5.1	ED: % seen within recommended time	Target	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		100%
	Category 1: within 2 minutes	Result	97.8%	100.0%	97.7% 🚚	84.2%	100.0%	100.0%	100.0%	93.1%	96.8% 🚨	100.0%	100.0%		
E5.2	<i>5 ,</i>	Target	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%		80%
	Category 2: within 10 minutes	Result	82.7%	82.2%	80.1%	81.1%	80.2%	83.0%	87.0%	88.5%	85.0%	80.8%	80.1%		
E5.3	<i>5</i> ,	Target	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75,0%	75.0%	75.0%	75.0%		75%
	Category 3: within 30 minutes	_	74.4%	71.2% 📙	64.7%	69.8% 📙	76.3%	75.6%	79.8%	84.5%	79.0%	71.3%	75.0%		
E5.4		Target	70.0%	70.0%	70.0%	70.0%	70.0%	70.0%	70.0%	70.0%	70.0%	70.0%	70.0%		70%
2311	Category 4: within 60 minutes	Result	68.8%	65.9% 🚨	63.6% 🚚	71.1%	67.3% 🚚	65.0%	72.2%	78.9%	76.2%	63.5% 🚚	66.9% 🚚		, , ,
E5.5	category 4. Within 60 minutes	Target	70.0%	70.0%	70.0%	70.0%	70.0%	70.0%	70.0%	70.0%	70.0%	70.0%	70.0%		70%
LJ.J	Category 5: within 120 minutes	_	84.9%	76.2%	83.7%	91.2%	84.3%	86.8%	87.7%	86.1%	82.1%	84.2%	85.8%		70%
E6	Patient Off Stretcher Time: < 30 mins	Target	90.0%	90.0%	90.0%	90.0%	99.0%	90.0%	90.0%	90.0%	90.0%	90.0%	05.070		90%
EU		Result	92.4%	87.8%	88.7%	91.7%	94.4%	94.6%	95.5%	95.2%	94.1%	91.6%			3070
E7.1		Target	100.0%	89.0%	89.0%	89.0%	89.0%	89.0%	89.0%	100.0%	100.0%	100.0%	100.0%		100%
E7.1			99.2%	95.9%	94.8%	99.0%	99.1%	98.1%	96.9%	98.7%	98.2%	100.0%	100.0%		100%
F7.0	Category 1: within 30 days	Result													070
E7.2	0.1	Target	87.0%	81.0%	81.0%	81.0%	81,0%	81.0%	81.0%	87.0%	87.0%	87.0%	87.0%		87%
	Category 2: within 90 days		96.5%	91.1%	89.8%	97.8%	94.2%	89.3%	93.2%	96.6%	92.7%	97.7%	98.5%		
E7.3		Target	94.0%	91.0%	91.0%	91.0%	91.0%	91.0%	91.0%	94.0%	94.0%	94.0%	94.0%		94%
		Result	99.5%	99.7%	98.9%	99.7%	98.8%	99.2%	100.0%	99.0%	99.5%	100.0%	99.3%		_
E8.1	ES: 'long waits'	Target	0	0	0	\ (0	0	0	0	0	0	0	0		C
	Category 1: within 30 days	Result	0	0	0	\ \0	0	0	0	0	0	0	0		
E8.2		Target	0	8	//0	/ 9	0	0	0	0	0	0	0		C
	Category 2: within 90 days	Result	69	89 ′	104	84 '	89 ′	118 ′	100 ′	142 ′	77 ′	79 ′	69 ′		
E8.3		Target	0	0	/0/	0	0	0	0	0	0	0	0		C
		Result	0	0	0	0	0	0	0	0	0	0	0		
TNT	Treated in turn	Target	60%	60%	60%	60%	60%	60%	60%	60%	60%	60%	60%		60%
		Result		- \	-	-	-	-	-	-	-	-	-		
MWT	Maximum Wait Time (in days)														
	General														
	Category 1: within 30 days	Result	27												30
	Category 2: within 90 days	Result	90	1											90
	Category 3: within 365 days	Result	344												365
	Gynaecology		`												
	Category 1: within 30 days	Result	21												30
	Category 2: within 90 days	Result	127												90
	Category 3: within 365 days	Result	341												365
	Ophthalmology														
	Category 1: within 30 days	Result	0												30
	Category 2: within 90 days	Result	42												90
	Category 3: within 365 days	Result	259												365
															1

TREND IN ESCALATION KPI

Data source: Decision Support System (DSS) as at 20 May 2013

		_														
			Latest Result / YTD Result													Full Year
	Orthopaedic		TID Kesuit													Target
	Category 1: within 30 days	Pocult	19													30
	Category 1: within 30 days	Result	, 146													90
	Category 3: within 365 days		355													365
		Result	333									-//-				303
	Urology Category 1: within 30 days	Result	, 37										3			30
	Category 1: within 30 days Category 2: within 90 days		, 271													90
	,		271													365
	Category 3: within 365 days										// ·		//			
E9	Activity (WAU):	Target	0.0	9.644.0		8,004.3	8,368.0	8,710.0	7,602.7	7,103.5	7,850.3	8,913.0				94,069
50.4	Total	Result	73,819.3	8,644.0	8,623.5	8,004.3	8,308.0	8,710.0	7,602.7	7,103.5	7,850.3	8,913.0				E4 0E4
E9.1	la matina ta	Target	0.0	4 402 4	4 552 0	4 247 4	4 271 0	4.053.1	4 170 4	3,735.8	4 170 1	4,765.8				51,851
50.0	Inpatients		39,235.7	4,483.4	4,553.8	4,317.4	4,371.0	4,652.1	4,178.4	3,735.8	4,178.1	4,765.8				46.246
E9.2		Target	0.0	-		-	-	4.050.0		\.\>	1.570.0	4 704 0				16,216
50.0	Outpatients		15,054.7	1,683.6	1,802.4	1,656.5	1,866.0	1,850.8	1,353.7	1,440.7	1,670.0	1,731.0				40.572
E9.3		Target	0.0	-	-	-	-	-	// ^	\ 0.50 =	-	-				10,572
	Emergency Department		7,872.7	952.2	937.5	836.6	866.1	850.8	849.5	802.7	811.4	965.8				
E9.4		Target	0.0	-	-	-	-			_\	-	-				1,588
	Mental Health		1,133.6	96.1	252.8	144.5	108.2	151.8	99.9	67.2	90.4	122.6				
E9.5		Target	0.0	-	-	-	_	-	\\-		-	-				13,036
	Critical Care		9,997.2	1,374.3	989.5	980.6	1,092.2	1,162.4	1,087.7	997.4	1,048.7	1,264.5				
E9.6		Target	0.0	-	-	-	//-	-		-	-	-				805
	Sub and Non-Acute Patients		525.5	54.3	87.5	68.7	64.6	42.1	33.4	59.7	51.8	63.3				
WOOS	6 Oral Health	Target	-	-	-	-		/		-	-	-	-	-	-	0
	Weighted Occasions of Service	Result	-	-	-				-	-	-	-	-			
EFFICI	ENCY AND FINANCIAL PERFORMANCE	- \$ De	eficit / \$ Surplus													
E10	YTD Operating Position	Target	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0			\$0
		Result	\$12,685,205	\$2,901,186	\$2,442,961	\$3,745,617	\$6.059,967	\$6,780,080	\$7,301,776	\$8,601,838	\$9,911,404	\$11,364,617	\$12,685,205			
	Variance (Favourable / -Unfavo	urable)	\$12,685,205	\$2,901,186	\$2,442,961	\$3,745,617	\$6,059,967	\$6,780,080	\$7,301,776	\$8,601,838	\$9,911,404	\$11,364,617	\$12,685,205			
E11	Full-year Forecast Operating Position	Target	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0			\$0
	(Agreed position by HHS)	Result	\$0	\$0	\$0	so	\$5,242,998	\$0	\$0	\$0	\$0	\$0	\$0			
	Variance (Favourable / -Unfavo	urable)	\$0	\$0	\$0	Su	\$5,242,998	\$0	\$0	\$0	\$0	\$0	\$0			
E12	Own Source Revenue Target	Budget	\$15,063,359	\$1,220,297	\$1,790,272	\$1,666,095	\$1,538,032	\$1,587,086	\$1,741,885	\$1,388,428	\$1,542,811	\$1,378,470	\$1,219,983			
	(User Charges only)	Result	\$14,195,112	\$1,209,068	\$1,468,539	\$1,194,468	\$1,667,690	\$1,470,124	\$1,444,451	\$1,325,506	\$1,594,850	\$1,500,583	\$1,319,833			
	Variance (Favourable / -Unfavo		-\$868,247	-\$1,229	-\$321,734	-\$471,627	\$129,658	-\$116,962	-\$297,434	-\$62,922	\$52,039	\$122,113	\$99,850			
E13	YTD average FTE (MOHRI FTE)	Target	1,837	1,735	1,735	1,735	1,826	1,826	1,826	1,826	1,826	1,837	1,837			1,837
-	,	Result	1,705	1,717	1,718	1,716	1,713	1,710	1,707	1,705	1,704	1,704	1,705			,
	Variance (-Favourable / Unfavo		132	-18	-18	-19	-113	-116	-119	-121	-122	-133	-132			
											- 	_30	-			
				~												

			Latest Result / YTD Result	Jul 2012										Full Year Target
CLOSIN	IG THE GAP		Data unavaila	able for E14.2										
E14	Achievement of Closing the Gap escalation													
	indicators	Result #	# #N/A			#N/A		#N/A			#N/A		#N/A	
14.1	Indigenous status - reporting of 'not stated'	Target	1.0%			1.0%		1.0%			1.0%			19
	on admission	Result	-			-		-			// -	^		
14.2	Community follow up (within 1 - 7 days) post	Target	55.0%			55.0%		55.0%			55.0%			559
	mental health discharge	Result	-			-		-						
E14.3	Patients who discharged themselves against	Target	-			-		-			-			
	medical advice (DAMA)	Result	-			-		-			_ \ \ - >			
E14.4	Aboriginal and Torres Strait Islander Cultural	Target	-			-		-		1	1 1 -			
	Practice Program participants	Result	-			-		-)) \			
MENTA	AL HEALTH & ALCOHOL AND OTHER DRUG TRE	ATMENT	Data unavaila	able for E15.3, E15.5	& E15.6						/ /			
E15.1	Ambulatory service contacts	Target	100.0%			100.0%		100.0%	11/		100.0%			1009
		Result	-											
E15.2	Ambulatory service contacts: Duration	Target	100.0%			100.0%		100.0%			100.0%			100%
	(hours)	Result	-						.					
E15.3	Accrued patient days in block funded mental	Target	95.0%			95.0%		95.0%						95%
	health facilities	Result	-			-		\						
E15.4	Closure of ATODS Client Intake	Target	2.0				_	2.0	//					2.0
		Result	-					\\-						
								///						

EMERGENCY DEPARTMENTS

National Emergency Access Target (NEAT) - calendar year to date performance

NEAT by departure status group

Departure Status *	Total Attendances	NEAT	% NEAT	March 2013 YTD NEAT %
Non-admitted	11,291	10,088	89.3%	89.1%
Admitted	3,128	976	31.2%	32.2%
Total	14,419	11,064	76.7%	76.5%

^{*} Does not include dead on arrival, died in ED, did not wait and transferred to another hospital

NEAT by hospital and departure status group

Hospital	Non-admitted	Admitted	% NEAT	March 2013 YTD NEAT %
Mackay Base Hospital	89%	31%	76.7%	76.5%

NEAT by top 5 admitting wards by volume, and % of consults requested within 220 minutes (excludes NEAT performance >40%)

Admitting Ward	Admissions NEAT % consu	ults < 120
MBH MBH - MEDICAL WARD	1,053 13.2%	43.8%
MBH MBH - SURGICAL WARD	519 26.0%	49.1%
MBH MBH - OBSERVATIONS	239 3.8%	25.7%
MBH MBH - ORTHOPAEDIC WARD	172 27.9%	61.8%
MBH MBH - EMERGENCY DEPARTMENT	4 0.0%	0.0%
Total of all admissions	63.5%	

NEAT by top 5 admitting specialty by volume, and % of consults requested within 120 minutes (excludes NEAT performance >40%)

Admitting Specialty	Admissions	NEAT	% consults < 120
MBH MEDICINE	1,095	17.1%	47.9%
MBH SURGERY	535	30.8%	50.0%
MBH EMERGENCY MEDICINE	411	5.6%	24.6%
MBH ORTHOPAEDICS	249	35.3%	64.6%
MBH OBS AND GYNAE	1	0.0%	0.0%
Total of all admissions	73.2%		

WAITING TIMES - monthly performance

Volume and waiting time performance by triage category

	Category 1	Category 2	Category 3	Category 4	Category 5	All Categories
Attendances	31	360	1,386	1,748	173	3,698
# seen in time	30	266	1,008	1,362	170	2,836
% seen in time	96.8%	73.9%	72.7%	77.9%	98.3%	76.7%
Median Wait (minutes)	0	() }	17	28	23	19

Volume and waiting time performance by top 5 diagnosis, category 3 and 4

	Cate	gory 3	Category 4			
Diagnosis	Attendances	% seen in time	Attendances	% seen in time		
J06.9 Upper Respiratory Tract Infection	41	53.7%	46	41.4%		
Z53.2 Did Not Wait	10	50.0%	70	52.5%		
S33.7 Back Sprain / Strain	19	78.9%	49	58.8%		
S61.9 Lacerated Hand Or Wrist	11	72.7%	49	68.3%		
S93.40 Ankle Sprain / Strain	5	100.0%	50	69.1%		

chart goes here copy and paste from CARU file

Information provided by Clinical Access and Redesign Unit Data source: Emergency Department Information System (EDIS), data is preliminary and subject to change.

ELECTIVE SURGERY

Patients waiting by surgical specialty, 'long waits' and maximum waiting time in days (max)

Specialty		Category 1			Category 2			Category 3			
Specialty	Waiting	'long wait'	Max (days)	Waiting	'long wait'	Max (days)	Waiting	'long wait'	Max (days)	Waiting	
General	38	0	27	77	0	90	64	0	344	179	
Gynaecology	4	0	21	78	6	127	45	0	341	127	
Ophthalmology	1	0	0	1	0	42	33	0	259	35	
Orthopaedic	6	0	19	127	6	146	73	0	355	206	
Urology	9	3	37	35	23	271	5	0	273	49	
Total	58			318			220			596	

Categorisation vs order treated summary by surgical specialty

Specialty	Number	Allo	cated Cate	gory	Ac	tually treat	ed	NSW Comparison			
эрестатту	treated	Category 1	Category 2	Category 3	< 30 days	< 90 days	< 365 days	Category 1	Category 2	Category 3	
General	119	29%	61%	10%	35%	39%	26%	18%	15%	67%	
Gynaecology	39	18%	82%	0%	23%	59%	18%	0%	72%	28%	
Ophthalmology	6	67%	0%	33%	67%	0%	33%	0%	0%	100%	
Orthopaedic	56	23%	66%	11%	25%	43%	32%	2%	2%	96%	
Other	2	100%	0%	0%	50%	50%	0%	0%	50%	50%	
Total	222										

Achievable maximum wait by surgical specialty

Specialty	Number Waiting ¹	Max Wait - Actual ²	Number displaced by queue jumping ³	Max Wait - Achievable ⁴
General	161	12 months	31	4 months
Gynaecology	104	12 months	1.7	5 months
Ophthalmology	31	9 months	11	5 months
Orthopaedic	158	12 months	41	5 months
Urology	34	9 months	2	6 months
Total	488			

SPOTLIGHT SPECIALTY – General

General Surgery by hospital – patients waiting, 'long waits' and maximum waiting time in days (max)

Hospital	Category 1			Category 2				Total		
nospitai	Waiting	Long-wait	Max (days)	Waiting	Long-wait	Max (days)	Waiting	Long-wait	Max (days)	Waiting
Mackay Hospital	38	0	27	77	0	90	64	0	344	179
Total	38			77			64			179

General Surgery by hospital – categorisation vs order treated summary

General Surgery by hospital - catego	i isulioni vs o	ruer treute	u summuy						
Hospital	Number	Number Allocated Category		A	ctually treat	ted	NSW Comparison		
поѕрітаї	Treated	Category 1	Category 2 Category	3 < 30 days	< 90 days	< 365 days	Category 1	Category 2	Category 3
Mackay Hospital	119	29%	61% 10%	35%	39%	26%	18%	15%	67%
Total	119								
	\ \								

Statewide result – categorisation vs order treated summary

Specialty		\\		Number	Allocated Category			Actually treated			NSW Comparison		
	Specialty		. 🗸	Treated	Category 1	Category 2	Category 3	< 30 days	< 90 days	< 365 days	Category 1	Category 2	Category 3
	General Surgery			2,227	47%	44%	10%	53%	28%	19%	34%	21%	45%

General Surgery by hospital –achievable maximum wait

specialty	Number Waiting ¹	Max Wait - Actual ²	Number displaced by queue jumping ³	Max Wait - Achievable ⁴
Mackay Hospital	161	12 months	31	4 months
Total	161			

Notes

- 1. Number of patients waiting at the census date who were ready for care at the census date
- 2. Waiting time of the longest waiting patient at the census date who was ready for care at the census date
- 3. Projected number of patients waiting the longest at the census date, who were ready for care at the census date, that could have been treated already if patients were treated in-turn (60% within each category)
- **4.** Projected waiting time of the longest waiting patient at the census date, who was ready for care at the census date, if patients were treated in-turn (60% within each category)

Information provided by Clinical Access and Redesign Unit

Data source: HBCIS Elective Admissions Module (EAM), data is preliminary and subject to change.

March 2013

Data source: Decision Support System (DSS) as at 20 May 2013

ACTIVITY (ABF AND NOT	N-ABF) YT	D PERFO	KIVIANCE		March 20										Data	source: Decision Su	pport System (DS	S) as at 20	J May 2013
						ded by the HHS										vices Treated data is no			
Weighted Activity Units - WAU	2011-12	2012-13	2011-12	2012-1		YTD Variance	to Target	2011-12 to 20	12-13 Change	Weighted Activity Units - WAU	2011-12	2012-13	2011-12	2012-13		YTD Variance to T	arget 2011-12	to 2012-	13 Change
Activity	FY Actual	Purchased	YTD Actual	DSS Target	Actual	Actual	%	Actual	%	Emergency Department	FY Actual	Purchased	YTD Actual	DSS Target	Actual	Actual	% Actu	al	%
ABF	93,122	94,069	69,705	-	73,819	73,819	-	4,114	5.9%	Cat 1 (Admitted and Discharged)	117	126	86	-	101	101	-	15	17.5%
Non ABF	- 02 422	- 04.000	-	-	72.010	72.010	-	4 114	- - 00/	Cat 2 (Admitted and Discharged)	1,305	1,375	959	-	947	947		-12	-1.3%
Total Activity	93,122	94,069	69,705	-	73,819	73,819	-	4,114	5.9%	Cat 3 (Admitted and Discharged)	4,123	4,321	3,080	-	2,965	2,965		115	-3.7%
In a structure	Camilaa Balat	- d C (CBC	*1							Cat 4 (Admitted and Discharged)	4,643 162	4,591 158	3,441	-	3,706	3,706	-	265	7.7% 25.5%
Inpatients	Service Relat 875	ed Group (SRG	666		677	677		12	1.8%	Cat 5 (Admitted and Discharged) Died	162	158	120	-	151	151 2	-	31	
01 Cardiology 02 Interventional Cardiology	875 144	910 195	109	-	108	108	-	-1	-0.9%	ES Treated	3	1	3		2	2	-	-0	-16.5%
03 Cardiac Surgery	1,264	1,740	889	-	1,108	1,108	-	219	24.6%	Emergency Department Total	10,352	10,572	7,690		7,873	7,873	-	183	2.4%
04 Thoracic Surgery	662	1,740	552		472	472		-80	-14.4%	Emergency Department Total	10,332	10,372	7,030	//	7,073	7,073	- 1	103	2.4/0
05 Dermatology	220	220	170		160	160		-9	-5.6%	Sub and Non-Acute Patients			_						
06 Endocrinology	978	963	769	_	797	797	_	28	3.6%	GEM				1			-	-	_
07 Gastroenterology	524	564	395	_	382	382	_	-13	-3.3%	MAINT	298	188	207	\ '	169	169	_	-38	-18.3%
08 Diagnostic GI Endoscopy	813	903	591	_	630	630	_	39	6.6%	PALLIATIVE	280	252/	191	/ /	186	186	-	-6	-3.0%
09 Haematology	647	549	494	_	363	363	_	-132	-26.6%	REHAB	154	366	124	-	2/1	171	-	47	37.5%
10 Haematological Surgery	234	-	161	_	141	141	_	-20	-12.2%	SNAP Total	732	305	523	7,	525	525	-	3	0.6%
11 Immunology & Infections	984	1,098	761	_	791	791	_	30	4.0%		^	-		111 ~					
12 Medical Oncology	634	666	481	_	431	431	_	-50	-10.5%	Mental Health				//					
13 Chemotherapy & Radiotherapy	48	56	29	_	50	50	_	21	74.0%	Designated Bed (Per Diem Activity)	1,269	1,405	994	-	1,032	1,032	-	38	3.8%
14 Neurology	1,540	1,407	1,202	-	1,195	1,195	-	-7	-0.6%	42 Psychiatry - Acute	119	184	92	_	102	102	-	10	11.3%
15 Renal Medicine	365	321	271	-	275	275	-	4	1.3%	Mental Health Total	1,388	1,588	1,086	-	1,134	1,134	-	48	4.4%
16 Renal Dialysis	5	5	4	-	-	-	_	-4	-100.0%				>						
17 Respiratory Medicine	3,824	2,898	2,850	-	2,728	2,728	-	-122	-4.3%	Outpatients	\wedge 17		*						
18 Rheumatology	241	232	175	-	183	183	-	7	4.2%	Medical	3,607	3,353	2,718	-	3,204	3,204	-	486	17.9%
19 Non Subspecialty Medicine	1,071	1,882	819	-	810	810	-	-9	-1.1%	Surgical	3,990	3,730	2,948	-	2,913	2,913	-	-35	-1.2%
20 Breast Surgery	793	928	584	-	621	621	-	37	6.3%	Allied Health	1,958	1,829	1,472	-	1,412	1,412	-	-60	-4.1%
21 Upper GIT Surgery	796	753	616	-	591	591	-	-25	-4.1%	Pre-Admission	322	61	240	-	209	209	-	-31	-12.7%
22 Colorectal Surgery	1,240	1,232	942	-	818	818	-	-124	-13.2%	Paediatric	328	296	242	-	364	364	-	121	50.2%
23 Head & Neck Surgery	319	350	233	-	255	255	-	22	9.6%	Neonatal		-	-	-	6	6	-	6	-
24 Neurosurgery	1,431	778	1,063	-	937	937	-	-126	-11.8%	Maternity	2,553	2,778	1,876	-	2,307	2,307		431	23.0%
25 Dental Surgery	130	355	94	-	81	81	-	-13	-14.0%	Chemotherapy	-	-	-	-	2,803	2,803	- 2,	803	-
26 Dentistry	352	-	262	-	276	276	-	14	5.3%	Ciinical Haematology	380	655	278	-	84	84		194	-69.9%
27 Ear, Nose & Throat	1,833	1,865	1,355	-	1,498	1,498	-	143	10.5%	Clinical Measurement	-	35	-	-	268	268	-	268	-
28 Orthopaedics	5,041	5,811	3,813	-	3,980	3,980	-	167	4.4%	Cystic Fibrosis	131	186	103	-	93	93	-	-10	-9.5%
29 Ophthalmology	1,000	1,106	750	-	820	820	-	69	9.2%	Dialysis	151	80	114	-	91	91	-	-23	-20.2%
30 Plastic & Reconstructive Surgery		1,696	1,019	-	1,112	1,112	<	93	9.1%	District Nursing Services	-	-	-	-	-	-	-	-	-
31 Urology	2,342	2,086	1,718	-	1,619	1,619	- '	-99	-5.8%	Endoscopy	-	-	-	-	277	277	-	277	-
32 Vascular Surgery	554	685	403	-	419	419	-	16	4.0%	Interventional Cardiology	-	-	-	-	-	-	-	-	-
33 Non Subspecialty Surgery	3,270	3,508	2,470	-	2,724	2,724	-	254	10.3%	Medical Oncology	3,910	3,028	2,979	-	780	780	2,	200	-73.8%
34 Gynaecology	2,701	2,719	1,984	-	2,271	2,271	-	287	14.5%	Pain Management	-	-	-	-	-	-	-	-	-
35 Obstetrics	7,708	8,065	5,722	-	6,151	6,151	-	429	7.5%	Pharmacy	-	-	-	-	-	-	-	-	-
36 Qualified Neonate	3,827	3,774	2,840	-	3,084	3,084	_	244	8.6%	Primary Care	-	-	-	-	-	-	-	-	-
38 Transplantation	103	102	79	-	68	68	\ \ -	-11	-13.4%	Psychiatry	-	-	-	-	-	-	-	-	-
39 Extensive Burns	8	6	2		21	21	//-	18	749.0%	Radiation Oncology	-			-		-	-	-	
40 Tracheostomy	991	1,299	733	-	488	488	/ /	-245	-33.4%	Renal Medicine	220	154	157	-	185	185	-	28	17.6%
41 Drug & Alcohol	122	126	98		100	100	/-/	2	2.4%	Sub Acute	-	-	-	-	50	50	-	50	-
44 Unallocated			20.455		20.225	22.22	-	4 057	2.00/	Transplants	-	- 22	-	-	-	-	-	-	-
Inpatient Total	51,022	51,851	38,169)	39,236	39,236	-	1,067	2.8%	Wound Management	29	32	26	-	9	9	-	-17	-65.3%
Cuitical Cara										Other	17 570	16 216	12.154	-	15.055	15.055	-	-	14.49/
Coronary Care	385	456	287	V	264	264		-23	-8.0%	Outpatient Total	17,578	16,216	13,154	-	15,055	15,055	- 1,	901	14.4%
Coronary Care Intensive Care	1,491	1,330	1,155		970	970	-	-184	-8.0% -16.0%					Reduction	os indicate th	e Top 5 greatest posit	tive variance to to	raet reco	orded in DSS
Neonatal Intensive Care	4,040	4,656	3,085	//:	3,598	3,598		513	16.6%							Top 5 greatest posit			
Paediatric Intensive Care	3,295	3,705	2,441	//.	2,577	3,598 2,577	-	136	5.6%					Dide Value	.s muicate the	. Top 3 greatest flegal	uve variance to ta	inger recor	raca iii D33
Special Care Nursery	2,839	2,889	2,441	/ }	2,588	2,577	-	471	22.2%										
Critical Care Total	12,049	13,036	9,085	_	9,997	2,300 9,997	-	913	10.0%										
Circles Care Total	12,043	13,030	3,003	-	9,331	3,331	-	313	10.0%		2012-13	HHS FY Target	Variance	1					
Monthly target phasing - loaded to DSS	Jul 2012	Aug 2012	Sep 2012	Oct 2012	Nov 2012	Dec 2012	Jan 2013	Feb 2013	Mar 2013	Apr 2013 May 2013 Jun 2013 YTD	Purchased	loaded to DSS	to Purchased						
Inpatients			-	-	-	-	-	-			- 51,851	-	-51,851	Inpatients					
Critical Care	-	-	-	-	-	-	_	-	-		- 13,036	-	-13,036	Critical Care					
Emergency Department	-	-	-	-	-	-	-	-	-		- 10,572	-		Emergency Depa	artment				
Sub and Non-Acute Patients	-	-	-	-	-	-	-	-	-		- 805	-		Sub and Non-Ac					
Mental Health											1 500		1 500	Montal Health					

Mental Health Outpatients

Total Activity Target

1,588

16,216

94,069

-1,588 Mental Health

-94,069 Total Activity Target

-16,216 Outpatients

ACTIVITY FORECAST

March 2013

	2012-13 Purchased ¹	2012-13 DSS Target	Jul 2012	Aug 2012	Sep 2012	Oct 2012	Actuals Nov 2012	Dec 2012	Jan 2013	Feb 2013	Mar 2013		Forecast ² May 2013	Jun 2013	2012-13 Total	Variance to Purch.	% Variance to Purch.
Breast Surgery	928	-	95	85	53	78	58	50	56	75	71	-	-	-	621	-307	-33.1%
Cardiac Surgery	1,740	-	134	123	158	120	193	159	96	36	89	-	-	-	1,108	-632	-36.3%
Cardiology	910	-	89	71	70	65	85	67	70	76	84	-	-	-	677	-232	-25.5%
Chemotherapy & Radiotherapy	56 1,232	-	2 66	96	108	5 98	10 89	5 80	109	9 80	5 92	-	-	-	50 818	-6 -414	-10.3% -33.6%
Colorectal Surgery Dental Surgery	355	-	42	37	37	49	56	23	21	41	52	-	-	-	357	-414	0.6%
Dermatology	220	-	19	22	15	16	17	14	22	19	16	-	-	-	160	-59	-27.0%
Diagnostic GI Endoscopy	903	-	63	101	56	73	77	56	44	83	77	-	-	-	630	-274	-30.3%
Drug & Alcohol	126	-	9	13	14	11	10	9	7	11	16	-	-	-	100	-26	-20.5%
Ear, Nose & Throat	1,865 963	-	176 87	184 99	145 104	196 65	194 80	156 61	116 99	149 92	182 110				1,498 797	-367 -166	-19.7% -17.3%
Endocrinology Extensive Burns	6		0	0	11	0	3	0	0	0	6			-	21	15	255.8%
Gastroenterology	564	-	32	44	41	38	44	42	51	37	53	-	-	-	382	-181	-32.2%
Gynaecology	2,719	-	271	258	260	230	290	217	187	258	300	-	-	-	2,271	-448	-16.5%
Haematological Surgery	0	-	5	33	25	12	12	39	4	6	7	-	-	-	141	141	
Haematology	549 350	-	53 29	41 33	47 31	29 26	52 22	46 20	26 29	41 30	28 35		-	/>-	363 255	-187 -94	-34.0% -26.9%
Head & Neck Surgery Immunology & Infections	1,098	-	89	80	74	73	99	95	85	88	108		/	/ / :	791	-307	-28.0%
Interventional Cardiology	195	-	14	11	10	13	15	11	3	14	18	-		/ -	108	-86	-44.4%
Medical Oncology	666	-	44	37	41	50	50	57	54	51	46	-		-/	431	-236	-35.4%
Neurology	1,407	-	142	140	141	147	154	103	123	123	121	-	_<.		1,195	-212	-15.1%
Neurosurgery	778	-	118 84	71	116 96	102	154	101	83 89	97 104	95 84	-		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	937	159	20.5%
Non Subspecialty Medicine Non Subspecialty Surgery	1,882 3,508	-	280	88 313	304	82 258	96 315	87 327	260	327	342		<u> </u>	-	310 2,724	-1,073 -784	-57.0% -22.3%
Obstetrics	8,065	-	671	681	701	691	675	670	695	627	740	-/./	$\overline{}$		6,151	-1,914	-23.7%
Ophthalmology	1,106	-	91	104	69	96	97	82	62	107	110	<u> </u>		·	820	-286	-25.9%
Orthopaedics	5,811	-	482	487	382	460	488	391	370	463	457	(·	/:/	7.	3,980	-1,831	-31.5%
Plastic & Reconstructive Surgery	1,696	-	101	125	145	124	132	157	90	99	140	()	<u>//:</u>	-) -)	1,112	-583	-34.4%
Qualified Neonate Renal Dialysis	3,774	-	395 0	272	301	372 0	356 0	347	306	309	426 0			//	3,084	-690 -5	-18.3% -100.0%
Renal Medicine	321	-	29	32	36	30	26	32	38	27	25	-		- .	275	-46	-100.0%
Respiratory Medicine	2,898	-	376	374	335	291	284	252	198	252	366			-	2,728	-171	-5.9%
Rheumatology	232	-	18	16	21	27	22	17	15	24	21	_		-	183	-49	-21.2%
Thoracic Surgery	1 200	-	45	66	52	52	72	54	41	50	11	<u> </u>		-	472	472	62.451
Tracheostomy Transplantation	1,299 102	-	39 8	113	18 16	67 9	18	58 8	30 11	75	71	-//: -	-	-	488	-810 -34	-62.4% -33.0%
Upper GIT Surgery	753	-	65	69	62	92	69	51	47	63	71		-	-	591	-163	-21.6%
Urology	2,086	-	173	167	175	170	178	181	163	216	197	//-	-	-	1,619	-467	-22.4%
Vascular Surgery	685	-	50	69	42	54	61	54	27 /	16/	47	<u> </u>	-	-	419	-266	-38.9%
Inpatients	51,851	-	4,483	4,554	4,317	4,371	4,652	4,178	3,736	4,178	4,766	0	0	0	39,236	-12,616	-24.3%
CCU	456	-	26	44	26	27	25	28	23	37	29	/ -	-	-	264	-192	-42.1%
ICU	1,330	-	106	178	105	121	92	96	83	80	1/09		-	-	970	-360	-27.1%
NICU	4,656	-	636	253	345	364	456	485	349	273	436	-	-	-	3,598	-1,058	-22.7%
PICU SCN	3,705 2,889	-	326 279	299 216	204 300	264 316	262 328	195	315 227	375 284	336 354			-	2,577 2,588	-1,129 -300	-30.5% -10.4%
Critical Care	13,036		1,374	989	981	1,092	1,162	1,088	997	1,049	1,264		-	-	9,997	-3,039	-23.3%
	126		14	15	6	12	/12	10	10	11/	11				101	-25	-19.7%
Cat 1 (Admitted and Discharged) Cat 2 (Admitted and Discharged)	1,375	-	111	110	89	114	105	96	91	1/11	120			-	947	-428	-19.7%
Cat 3 (Admitted and Discharged)	4,321	-	370	361	323	322	3/18	215	285	310	361	-	-	-	2,965	-1,356	-31.4%
Cat 4 (Admitted and Discharged)	4,591	-	442	436	403	404	397	41/2	396	360	456	-	-	-	3,706	-885	-19.3%
Cat 5 (Admitted and Discharged)	158	-	14	15	15	14	19	17	20	19	19	-	-	-	151	-7	-4.5%
Did Not Wait Died	0	-	- 0	- 0	- 0	0	0	0	0	- 0	- 0		-	-	2	1	144.0%
Emergency Services Treated ³	0	-	-	-	-	-		-/	/ -	-	-	-	-	-	0	0	144.070
Emergency Department	10,572	-	952	938	837	866	851	849	803	811	966	0	0	0	7,873	-2,699	-25.5%
GEM	0	-	-	-	-/-/	$\overline{}$) .	$\overline{}$	-	-	-	-		-	0	0	
MAINT	188	-	13	21	3,6	2,1	18	9	25	6	20	-	-	-	169	-19	-10.1%
PALLIATIVE	252	-	21	35	12	25	12	20	16	20	23	-	-	-	186	-66	-26.2%
REHAB	366	-	20	31	21	19	12	5	19	25	19	-	-	-	171	-195	-53.3%
Sub and Non-Acute Patients	805	-	54	88	69	65	42	33	60	52	63	0	0	0	525	-280	-34.7%
Designated Bed (Per Diem Activity	1,405	-	80	240	132	96	132	91	64	80	115	-	-	-	1,032	-373	-26.6%
Psychiatry - Acute (SRG)	184	-	16	12	12	12	20	9	3	10	8	-	-	-	102	-82	-44.5%
Mental Health	1,588	-	96	253	145	108	152	100	67	90	123	0	0	0	1,134	-455	-28.6%
Medical	3,353	-	351	380	371	411	417	276	232	391	375	-	-	-	3,204	-149	-4.4%
Surgical	3,730	-	/329/	376	310	358	373	254		320	341	-	-	-	2,913	-817 -417	-21.9% -22.8%
IAllied Health	1.000		1/20	167	1EU		170		252						1.412	-41/	-22.8% 245.9%
Allied Health Pre-Admission	1,829 61	-	163 25	167 27	160 22	179	179 27	120 17	135 21	147	162	-	-	-	1,412 209	149	
Allied Health Pre-Admission Paediatric		-				179		120	135	147	162	-	-	- -		149 68	23.0%
Pre-Admission Paediatric Neonatal	61 296 0	-	25 45 1	27 49	22 33 1	179 28 45 1	27 53 1	120 17 31 1	135 21 26 1	147 23 40 0	162 20 42 1	-	-	-	209 364 6	68 6	23.0%
Pre-Admission Paediatric Neonatal Maternity	61 296 0 2,778		25 45	27 49 1 282	22 33	179 28 45	27 53	120 17 31	135 21 26	147 23 40	162 20 42	- - -	-	-	209 364 6 2,307	68 6 -470	
Pre-Admission Paediatric Neonatal Maternity Alcohol & Drug	61 296 0 2,778		25 45 1 242	27 49 1 282	22 33 1 251	179 28 45 1 262	27 53 1 265	120 17 31 1 236	135 21 26 1 267	147 23 40 0 239	162 20 42 1 264	-	-	-	209 364 6 2,307	68 6 -470 0	23.0%
Pre-Admission Paediatric Neonatal Maternity	61 296 0 2,778		25 45 1	27 49 1 282	22 33 1	179 28 45 1	27 53 1	120 17 31 1	135 21 26 1	147 23 40 0	162 20 42 1	- - -	-	-	209 364 6 2,307	68 6 -470	23.0%
Pre-Admission Paediatric Neonatal Maternity Alcohol & Drug Sub Acute	61 296 0 2,778 0		25 45 1 242 - 5	27 49 1 282 - 5	22 33 1 251 -	179 28 45 1 262 -	27 53 1 265 -	120 17 31 1 236	135 21 26 1 267 -	147 23 40 0 239 -	162 20 42 1 264	- - -	-	-	209 364 6 2,307 0 50	68 6 -470 0 50	-16.9%
Pre-Admission Paediatric Neonatal Maternity Alcohol & Drug Sub Acute Clinical Measurement Wound Management Pain Management	61 296 0 2,778 0 0 35 32		25 45 1 242 - 5 36 1	27 49 1 282 - 5 32 1	22 33 1 251 - 3 30 1	179 28 45 1 262 - 9 35 1	27 53 1 265 - 7 35 0	120 17 31 1 236 - 4 21	135 21 26 1 267 - 6 18 1	147 23 40 0 239 - 6 27 1	162 20 42 1 264 - 5 34			-	209 364 6 2,307 0 50 268 9	68 6 -470 0 50 233 -23	23.0% -16.9% 658.1% -71.9%
Pre-Admission Paediatric Neonatal Maternity Alcohol & Drug Sub Acute Clinical Measurement Wound Management Pain Management Cystic Fibrosis	61 296 0 2,778 0 0 35 32 0		25 45 1 242 - 5 36	27 49 1 282 5 5 32 1	22 33 1 251 - 3 3 30 1	179 28 45 1 262 - 9 35 1	27 53 1 265 - 7 35 0	120 17 31 1 236 - 4 21 1	135 21 26 1 267 - 6 18 1	147 23 40 0 239 - 6 27 1	162 20 42 1 264 - 5 34 1			-	209 364 6 2,307 0 50 268 9 0	68 6 -470 0 50 233 -23 0	-16.9% 658.1%
Pre-Admission Paediatric Neonatal Maternity Alcohol & Drug Sub Acute Clinical Measurement Wound Management Pain Management Cystic Fibrosis Transplants	61 296 0 2,778 0 0 35 32 0		25 45 1 242 - 5 36 1	27 49 1 282 5 32 1 	22 33 1 251 - 3 30 1 - 10	179 28 45 1 262 - 9 35 1	27 53 1 265 - 7 35 0	120 17 31 1 236 - 4 21 1	135 21 26 1 267 - 6 18 1	147 23 40 0 239 - 6 27 1	162 20 42 1 264 - 5 34 1				209 364 6 2,307 0 50 268 9 0	68 6 -470 0 50 233 -23 0 -93	23.0% -16.9% 658.1% -71.9%
Pre-Admission Paediatric Neonatal Maternity Alcohol & Drug Sub Acute Clinical Measurement Wound Management Pain Management Cystic Fibrosis	61 296 0 2,778 0 0 35 32 0		25 45 1 242 - 5 36 1	27 49 1 282 5 5 32 1	22 33 1 251 - 3 3 30 1	179 28 45 1 262 - 9 35 1	27 53 1 265 - 7 35 0	120 17 31 1 236 - 4 21 1	135 21 26 1 267 - 6 18 1	147 23 40 0 239 - 6 27 1	162 20 42 1 264 - 5 34 1			-	209 364 6 2,307 0 50 268 9 0	68 6 -470 0 50 233 -23 0	23.0% -16.9% 658.1% -71.9%
Pre-Admission Paediatric Neonatal Maternity Alcohol & Drug Sub Acute Clinical Measurement Wound Management Cystic Fibrosis Transplants Endoscopy	61 296 0 2,778 0 0 35 32 0 126 0 0		25 45 1 242 5 36 1 - 13 - 31 - 21	27 49 1 282 5 32 1 1 - 111 - 33	22 33 1 251 3 30 1 - 10 - 10 - 20	179 28 45 1 262 - 9 35 1 - 12 - 20	27 53 1 265 - 7 35 0 - 111 - 36	120 17 31 1 236 4 21 1 - - 8 8 - - - 21	135 21 26 1 267 - 6 18 1 1 - 6 - 19	147 23 40 0 239 6 27 1 1 27 27	162 20 42 1 264 - 5 34 1 - 10 - 37				209 364 6 2,307 0 50 268 9 0 93 0 277 0 185	68 6 -470 0 50 233 -23 0 93 0 277 0	23.0% -16.9% -658.1% -71.9% -49.8%
Pre-Admission Paediatric Neonatal Maternity Alcohol & Drug Sub Acute Clinical Measurement Wound Management Pain Management Cystic Fibrosis Transplants Endoscopy Interventional Cardiology Renal Medicine Dialysis	61 296 0 2,778 0 0 35 32 0 125 0 0 0 154		25 45 1 242 5 36 1 13 - 31 - 21 13	27 49 1 282 5 32 1 - - 111 - 33 - 25 13	22 33 1 251 3 3 30 1 - 10 - 2 20	179 28 45 1 262 9 35 1 12 - - 20 10	27 53 1 265 7 7 35 0 	120 17 31 1 236 4 21 1 - 8 8 - 28	135 21 26 1 267 - 6 18 1 1 - 6 - 2 0 7 2 8 1 2 8 7 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	147 23 40 0 239 6 27 1 12 - 27 22 10	162 20 42 1 264 5 34 1 10 - 2 22 13				209 364 6 2,307 0 50 268 9 0 93 0 277 0 185	68 6 -470 0 50 233 -23 0 -93 0 277 0 31	23.0% -16.9% 658.1% -71.9%
Pre-Admission Paediatric Neonatal Maternity Alcohol & Drug Sub Acute Clinical Measurement Wound Management Cystic Fibrosis Transplants Endoscopy Interventional Cardiology Renal Medicine Dialysis Chemotherapy	61 296 0 2,778 0 0 35 32 0 126 0 0 0 154 80		25 45 1 242 5 36 1 13 - 31 - 13 31 - 31 31 318	27 49 1 282 5 32 1 - 111 - 25 13 306	22 33 1 251 3 3 30 1 1 0 - 31 - 2 0 13 3 3 3 0 1 1 1 1 1 1 1 1 1 1 1 1 1	179 28 45 1 262 9 35 1 12 - 20 10 368	27 53 1 265 - 7 7 35 0 - 11 - 36 - 22 10	120 17 31 1 236 - 4 21 1 - 8 8 - 28 - 1 14	135 21 26 1 267 - 6 18 1 1 - 6 - 19 - 207 207 -	147 23 40 0 239 - 6 27 1 12 - 27 - 12 27 - 298	162 20 42 1 264 - 5 34 1 - 10 - 2 2 2 2 13 3 300				209 364 6 2,307 0 50 268 9 0 277 0 277 0 277 0	68 6 -470 0 50 233 -23 0 -93 0 277 0 311 111 2,803	23.0% -16.9% 658.1% -71.9% -49.8% 20.5% 14.0%
Pre-Admission Paediatric Neonatal Maternity Alcohol & Drug Sub Acute Clinical Measurement Wound Management Pain Management Pain Management Cystic Fibrosis Transplants Endoscopy Interventional Cardiology Renal Medicine Dialysis Chemotherapy Medical Oncology	61 296 0 2,778 0 0 0 35 37. 0 0 0 0 0 0 0 35 126 0 0 0 0 127 8 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		25 45 1 242 5 36 1 13 - 31 - 21 13	27 49 1 282 5 32 1 - - 111 - 33 - 25 13	22 33 1 251 3 3 30 1 - 10 - 2 20	179 28 45 1 262 9 35 1 12 - - 20 10	27 53 1 265 7 7 35 0 	120 17 31 1 236 4 21 1 - 8 8 - 28	135 21 26 1 267 - 6 18 1 1 - 6 - 2 0 7 2 8 1 2 8 7 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	147 23 40 0 239 6 27 1 12 - 27 22 10	162 20 42 1 264 5 34 1 10 - 2 22 13				209 364 6 2,307 0 50 268 9 0 93 0 277 0 185	68 6 -470 0 0 50 233 -23 0 0 -93 0 0 277 0 31 111 2,803 -2,249	23.0% -16.9% -658.1% -71.9% -49.8%
Pre-Admission Paediatric Neonatal Maternity Alcohol & Drug Sub Acute Clinical Measurement Wound Management Pain Management Cystic Fibrosis Transplants Endoscopy Interventional Cardiology Renal Medicine Dialysis Chemotherapy Medical Oncology Radiation Oncology	61 296 0 2,778 0 0 35 32 0 126 0 0 0 154 80		25 45 1 242 5 36 1 1 31 - 21 13 31 31 83	27 49 1 282 5 32 1 11 - 33 - 25 13 306 87	22 33 1 251 - 3 30 1 10 - 31 - 20 13 304 86	179 28 45 1 262 - 9 35 1 1 - 12 - 36 - 20 10 368 79	27 53 1 265 - 7 35 0 - 11 - 36 - 22 10 321	120 17 31 1 236 - 4 21 1 - 8 8 - 28 - - 4 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	135 21 26 1 267 - 6 18 1 1 - 6 - 19 - 207 207 - 18 1 207 207 207 207 207 207 207 207 207 207	147 23 40 0 0 239 - 6 6 27 1 - 12 - 27 - 22 10 298 96	162 20 42 1 264 - 5 34 1 10 - 37 - 22 22 13 300 94				209 364 6 2,307 0 50 268 9 0 93 0 277 0 185 91 2,803 780	68 6 -470 0 50 233 -23 0 -93 0 277 0 311 111 2,803	23.0% -16.9% -16.9% -658.1% -71.9% -49.8% -20.5% -14.0%
Pre-Admission Paediatric Neonatal Maternity Alcohol & Drug Sub Acute Guinical Measurement Wound Management Pain Management Pain Management Cystic Fibrosis Transplants Endoscopy Interventional Cardiology Renal Medicine Dialysis Chemotherapy Medical Oncology Radiation Oncology Clinical Haematology Pharmacy Useonatal	61 296 0 2,778 0 0 35 32 0 0 126 0 0 0 154 80 0 0 3,028 0		25 45 1 242 242 5 36 1 - 13 - 21 13 318 83	27 49 1 282 5 32 1 - 11 - 33 - 25 13 306 87	22 33 1 251 - 3 30 1 - 10 - 20 13 304 -	179 28 45 1 1 262 - 9 35 1 - 12 - 20 10 368 79	27 53 1 265 - 7 35 0 - 111 - 36 - 22 10 321	120 17 31 1 236 - 4 21 1 - 8 8 - - 14 0 256 - - - - - - - - - - - - - - - - - - -	135 21 26 1 267 - 6 18 1 - 6 - - 20 8 332	147 23 40 0 0 239 - 6 27 1 - 12 - 22 10 298	162 20 42 1 1 264 - - - - - 10 - - - - 10 - - - - 10 - - - -				209 364 6 2,307 0 50 268 9 0 3 0 277 0 185 91 2,803 780 0 0 4	68 6 -470 0 50 233 0 -93 0 277 0 31 111 2,803 -2,249 0	23.0% -16.9% -16.9% -658.1% -71.9% -49.8% -20.5% -14.0%
Pre-Admission Paediatric Neonatal Maternity Alcohol & Drug Sub Acute Clinical Measurement Wound Management Pain Management Cystic Fibrosis Transplants Endoscopy Interventional Cardiology Renal Medicine Dialysis Chemotherapy Medical Oncology Radiation Oncology Clinical Haematology Pharmacy Community Health Services	61 296 0 0 2,778 0 0 35 32 0 0 105 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		25 45 1 242 - 5 36 1 - 31 - 31 - 31 31 318 83 9	27 49 1 282 5 5 32 11 - 11 - 25 13 306 87 -	22 33 1 1 251 - 3 30 1 - 10 - 31 - 2 20 13 304 86	179 28 45 1 262 - 9 35 1 - 12 - 20 10 368 7 7 12	27 53 1 1 265 - 7 35 0 0 - 111 - 36 - 22 10 321	120 17 31 1 236 - 4 21 1 - - - 8 8 - - - - - - - - - - - - -	135 21 267 - 6 6 18 1 1 6 6 19 20 8 332 92 - 6	147 23 40 0 0 239 - 6 27 1 - 12 - 22 10 298	162 20 42 1 264 - 5 5 34 1 1 0 - 2 2 13 300 94 -				209 364 6 2,307 0 50 50 268 9 0 277 0 185 91 2,803 780 0 84 0 0	68 6 -470 0 -50 233 0 -93 0 -93 11 11 12,803 -2,249 0 -571 0 0	23.0% -16.9% -16.9% -658.1% -71.9% -49.8% -20.5% -14.0%
Pre-Admission Paediatric Neonatal Maternity Alcohol & Drug Sub Acute Clinical Measurement Wound Management Cystic Fibrosis Transplants Endoscopy Interventional Cardiology Renal Medicine Dialysis Chemotherapy Medical Oncology Radiation Oncology Clinical Haematology Pharmacy Community Health Services District Nursing Services	61 296 0 2,778 0 0 35 32 0 0 126 0 0 0 154 80 0 0 3,028 0		25 45 1 242 - 5 36 1 - 31 - 31 - 31 31 318 83 9	27 49 1 282 5 5 32 11 - 11 - 25 13 306 87 -	22 33 1 1 251 - 3 30 1 - 10 - 31 - 2 20 13 304 86	179 28 45 1 262 - 9 35 1 - 12 - 20 10 368 7 7 12	27 53 1 1 265 - 7 35 0 0 - 111 - 36 - 22 10 321	120 17 31 1 236 - 4 21 1 - - - 8 8 - - - - - - - - - - - - -	135 21 267 - 6 6 18 1 1 6 6 19 20 8 332 92 - 6	147 23 40 0 0 239 - 6 27 1 - 12 - 22 10 298	162 20 42 1 1 264 - - - - - 10 - - - - 10 - - - - 10 - - - -				209 364 6 2,307 0 50 268 9 0 3 0 277 0 185 91 2,803 780 0 0 4	68 6 -470 0 50 233 0 -93 0 277 0 31 111 2,803 -2,249 0	23.0% -16.9% -16.9% -658.1% -71.9% -49.8% -20.5% -14.0%
Pre-Admission Paediatric Neonatal Maternity Alcohol & Drug Sub Acute Clinical Measurement Wound Management Pain Management Cystic Fibrosis Transplants Endoscopy Interventional Cardiology Renal Medicine Dialysis Chemotherapy Medical Oncology Radiation Oncology Clinical Haematology Pharmacy Community Health Services District Nursing Services Diagnostic Imaging Psychiatry	61 296 0 2,778 0 0 35 37 0 0 0 0 0 0 0 0 3,028 80 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		25 45 1 242 - 5 36 1 - 13 - 21 13 318 83 - - - - - - - - - - - - -	27 49 1 1 282 3 3 1 - - 11 1 - - 3 3 3 - - 13 3 - - - -	22 33 1 251 - 3 3 30 1 - 10 - 20 20 3 31 1 - 20 13 3 304 86 - - -	179 28 45 1 262 - 9 35 1- 12 - 20 36 - 10 368 79 - 12	27 53 1 265 - 7 7 35 0 - 111 - 22 10 321 84 - 10	120 17 31 1 236 4 21 1 - - 8 8 - - 14 0 256 80 - - - - - - - - - - - - - - - - - -	135 21 26 1 267 6 18 1 - 6 20 8 332 92 - 6	147 23 40 0 0 239 6 27 1 12 - 12 27 10 298 96 - 11	162 20 42 21 264 5 34 1 10 - - 22 23 300 94 - - -				209 364 6 2,307 0 50 268 9 0 33 0 277 0 185 91 2,803 780 0 84 0 0 0 0	68 6 470 0 50 50 233 -23 0 0 -93 0 277 0 2,803 -2,11 11 2,803 -2,249 0 0 0 0 0 0 0	23.0% -16.9% -16.9% -658.1% -71.9% -49.8% -20.5% -14.0%
Pre-Admission Paediatric Neonatal Maternity Alcohol & Drug Sub Acute Clinical Measurement Wound Management Cystic Fibrosis Transplants Endoscopy Interventional Cardiology Renal Medicine Dialysis Chemotherapy Medical Oncology Radiation Oncology Clinical Haematology Pharmacy Community Health Services Diagnostic Imaging Psychiatry Primary Care	61 296 0 2,778 0 0 35 37. 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		25 45 1 242 	27 49 1 282 5 5 32 1 11 - 25 33 306 87 - -	22 33 1 1 251 - 3 3 30 1 1 - 10 - 20 13 1 - 20 13 3 04 86 - -	179 28 45 1 262 - 9 35 1 - 12 - 20 10 368 79 - 1	27 53 1 265 - 7 7 35 0 - 111 - 36 - 321 84 - 10	120 17 31 1 236 - 4 21 1 - 8 - - 28 8 - - 14 4 0 256 8 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	135 21 26 1 267 	147 23 40 0 239	162 20 42 1 264 				209 364 6 2,307 0 50 268 9 0 33 0 277 0 185 91 2,803 780 0 0 0 0 0 0 0	68 6 470 0 50 50 233 -23 0 -93 0 77 70 31 11 2,803 -2,249 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	23.0% -16.9% -16.9% -658.1% -71.9% -49.8% -20.5% -14.0%
Pre-Admission Paediatric Neonatal Maternity Alcohol & Drug Sub Acute Clinical Measurement Wound Management Pain Management Pain Management Cystic Fibrosis Transplants Endoscopy Interventional Cardiology Renal Medicine Dialysis Chemotherapy Medical Oncology Radiation Oncology Clinical Haematology Clinical Haematology Clinical Haematology Community Health Services District Nursing Services Diagnostic Imaging Psychiatry Primary Care Other	61 296 0 2,778 0 0 35 32 0 0 126 0 0 154 80 0 3,028 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		25 45 1 242 	27 49 1 282 5 32 1 1 1	22 33 1 1 251 - 3 3 3 3 0 1 1 0 - 2 0 13 1 3 1 - 2 0 1 3 1 1 - - - - - - - - - - - - - - - -	179 28 45 1 262 - 9 35 1 1 20 20 10 10 10 10 10 10 10 10 10 10 10 10 10	27 53 1 1 265 - 7 7 35 0 -	120 17 31 1 236 - 4 21 1 1 - 28 8 - 14 0 0 - 5 5 6 6 6 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	135 21 26 1 267 - 6 18 1 1 - 20 8 332 92 - - - - - - - - - - - - - - - - - -	147 23 40 0 239	162 20 41 264 5 34 11 10 37 22 13 300 94				209 364 6 2,307 0 50 268 9 0 3 0 277 0 185 91 2,803 780 0 84 0 0 0 0 0 0	68 6 6 470 0 50 50 233 -23 0 933 11 11 2,803 -2,249 0 -571 0 0 0 0 0 0 0 0	23.0% -16.9% -16.9% -58.1% -71.9% -49.8% -49.8% -49.8% -74.3% -74.3%
Pre-Admission Paediatric Neonatal Maternity Alcohol & Drug Sub Acute Clinical Measurement Wound Management Cystic Fibrosis Transplants Endoscopy Interventional Cardiology Renal Medicine Dialysis Chemotherapy Medical Oncology Radiation Oncology Clinical Haematology Pharmacy Community Health Services Diagnostic Imaging Psychiatry Primary Care	61 296 0 2,778 0 0 35 37. 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		25 45 1 242 - 5 36 1 - 13 - 21 13 318 83 - - - - - - - - - - - - -	27 49 1 282 5 5 32 1 11 - 25 33 306 87 - -	22 33 1 1 251 - 3 3 30 1 1 - 10 - 20 13 1 - 20 13 3 04 86 - -	179 28 45 1 262 - 9 35 1 - 12 - 20 10 368 79 - 1	27 53 1 265 - 7 7 35 0 - 111 - 36 - 321 84 - 10	120 17 31 1 236 - 4 21 1 - 8 - - 28 8 - - 14 4 0 256 8 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	135 21 26 1 267 	147 23 40 0 0 239 6 27 1 12 - 12 27 10 298 96 - 11	162 20 42 1 264 				209 364 6 2,307 0 50 268 9 0 33 0 277 0 185 91 2,803 780 0 0 0 0 0 0 0	68 6 470 0 50 50 233 -23 0 -93 0 77 70 31 11 2,803 -2,249 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	23.0% -16.9% 658.1% -71.9% -49.8% 20.5% 14.0%

- Notes:

 1 Purchased as at Window 1 2012-13

 2 Forecast as per HHS target phasing

 3 The majority of Emergency Services Treated data is now being captured against triage categories & DNW

HHS FLOW

March 2013

			F	Residential HHS	*					
Inpatients	Mater Health Service	Metro South	Metro North	Gold Coast	West Moreton	Sunshine Coast	Other HHS	Non-Qld residents	YTD WAU - Total	% of Total - HHS Residents
01 Cardiology		490	63	19	34	15	32	25	677	_
02 Interventional Cardiology		26	8	10	7	6	39	11	108	
03 Cardiac Surgery	_	213	131	119	108	63	400	75	1,108	
04 Thoracic Surgery	_	209	44	70	23	27	85	14	472	
05 Dermatology	_	127	10	70	8	2	5	3	160	_
06 Endocrinology	_	525	71	40	75	5	51	31	797	
07 Gastroenterology	_	300	28	11	24	0	7	11	382	
08 Diagnostic GI Endoscopy	_	444	54	11	58	6	39	17	630	
09 Haematology	_	265	25	9	33	2	15	12	363	
10 Haematological Surgery		98	6	1	22	1	5	8	141	
11 Immunology & Infections		578	73	13	67	5	35	21	791	-
=:	_	263	21	15	41	2	67	21	431	-
12 Medical Oncology	_	203	2	3	2	2	16	/ / 22	50	-
13 Chemotherapy & Radiotherapy	-	848	122	35	83	5	68	35		-
14 Neurology	-			22		0	65	13	1,195 275	-
15 Renal Medicine	-	146	26	-	3	U	03		2/5	-
16 Renal Dialysis	-				22.4	26	~	\ \ / /		-
17 Respiratory Medicine	-	1,838	215	116	234	38	183	103	2,728	-
18 Rheumatology	-	118	14	13	18	(1	11	6	183	-
19 Non Subspecialty Medicine	-	586	66	16	60	(2	58	21	810	-
20 Breast Surgery	-	462	34	28	44	M	37	3	621	-
21 Upper GIT Surgery	-	438	44	19	27	0	20/	41	591	-
22 Colorectal Surgery	-	567	52	38	102	7	37	16	818	-
23 Head & Neck Surgery	-	176	30	2	20	1	22	6	255	-
24 Neurosurgery	-	382	113	60	87	26	163	108	937	-
25 Dental Surgery	-	41	7	5	14		11	3	81	-
26 Dentistry	-	228	18	3	15	\	8	3	276	-
27 Ear, Nose & Throat	-	998	121	80	/ 126	21	96	56	1,498	-
28 Orthopaedics	-	2,740	397	135	224	61	309	114	3,980	-
29 Ophthalmology	-	430	153	53	45	21	86	32	820	-
30 Plastic & Reconstructive Surgery	-	673	86	50	70/	/ /17	166	51	1,112	-
31 Urology	-	596	69	46	M	5	787	42	1,619	-
32 Vascular Surgery	-	319	23	5	6	5	47	13	419	-
33 Non Subspecialty Surgery	-	1,757	249	103	203	29	292	92	2,724	-
34 Gynaecology	-	1,599	168	45	161	> 6	208	84	2,271	-
35 Obstetrics	-	5,186	270	83	350	1	182	80	6,151	-
36 Qualified Neonate	-	1,615	165	262	400	20	392	231	3,084	-
38 Transplantation	-	24	8/	8	\/		28		68	-
39 Extensive Burns	-	14	/-/	/ / / 0	~		6		21	-
40 Tracheostomy	-	201	66	33	/ 43	10	130	6	488	-
41 Drug & Alcohol	-	69	10	5	// 2		11	3	100	-
43 Rehabilitation	-	-					-	-	-	-
Inpatient Total	-	25,615	3,063	1,591	2,911	424	4,218	1,413	39,236	-
Percentage of HHS Inpatient Total		67.7%	8.1%	4.2%	7.7%	1.1%	11.2%	3.7%		

Red values indicate the Top 5 SRG with the lowest number of the HHS's own residents treated $\,$

 $[\]hbox{* Residential HHS has been mapped manually this month-HSC are to provide ASGS mapping in future months}$



CASEMIX CHANGE - Year on year comparison - March 2013

Data source: Decision Support System (DSS) as at 20 May 2013

		2011-12 to 20	12-13 Change		Potential	WAUs notion	nal variance
	YTD	Seps	YTD \	WAUs	Casemix	Malana	Casemix
Inpatients	Actual		Actual		Change	Volume	related
Service Related Group (SRG)							
01 Cardiology	42	3.4%	12	1.8%	-1.7%	8	3.6
02 Interventional Cardiology	-27	-15.5%	-1	-0.9%	14.6%	-1	-0.3
03 Cardiac Surgery	13	13.0%	219	24.6%	11.6%	151	67.9
04 Thoracic Surgery	-78	-18.2%	-80	-14.4%	3.7%	-55	-24.7
05 Dermatology	16	5.1%	-9	-5.6%	-10.7%	-7	-2.9
06 Endocrinology	14	2.1%	28	3.6%	1.5%	19	8.6
07 Gastroenterology	-14	-1.6%	-13	-3.3%	-1.6%	-9	-4.0
08 Diagnostic GI Endoscopy	76	10.0%	39	6.6%	-3.3%	27	12.1
09 Haematology	-65	-10.6%	-132	-26.6%	-16.1%	-91	-40.8
10 Haematological Surgery	-3	-5.5%	-20	-12.2%	-6.7%	-14	-6.1
11 Immunology & Infections	9	1.1%	30	4.0%	2.9%	21	9.4
12 Medical Oncology	-46	-8.7%	-50	-10.5%	-1.7%	-35	-15.6
13 Chemotherapy & Radiotherapy	53	69.7%	21	74.0%	4.3%	15	6.6
14 Neurology	-18	-1.3%	-7	-0.6%	0.7%	-5	-2.3
15 Renal Medicine	23	5.8%	4	1.3%	-4.5%	2	1.1
16 Renal Dialysis	-12	-100.0%	-4	-100.0%	0.0%	-3	-1.3
17 Respiratory Medicine	-151	-5.2%	-122	-4.3%	0.9%	-84	-38.0
18 Rheumatology	-1	-0.3%	7	4.2%	4.4%	5	2.3
19 Non Subspecialty Medicine	92	4.5%	-9	-1.1%	-5.5%	-6	-2.8
20 Breast Surgery	17	4.3%	37	6.3%	2.1%	25	11.4
21 Upper GIT Surgery	8	2.1%	-25	-4.1%	-6.2%	-17	-7.8
22 Colorectal Surgery	8	2.8%	-124	-13.2%	-15.9%	-86	-38.4
23 Head & Neck Surgery	6	4.2%	22	9.6%	5.4%	15	6.9
24 Neurosurgery	13	1.9%	-126	-11.8%	-13.7%	-87	-38.9
25 Dental Surgery	-7	-12.7%	-13	-14.0%	-1.3%	-9	-4.1
26 Dentistry	18	4.4%	14	5.3%	0.9%	10	4.3
27 Ear, Nose & Throat	-50	-2.2%	143	10.5%	12.7%	99) / 44.3
28 Orthopaedics	67	2.7%	167	4.4%	1.6%	115	51.7
29 Ophthalmology	49	5.0%	69	9.2%	4.2%	48	21.4
30 Plastic & Reconstructive Surgery	67	8.2%	93	9.1%	0.9%	64	28.9
31 Urology	-40	-2.6%	-99	-5.8%	-3.2%	-68	-30.7
32 Vascular Surgery	-9	-4.7%	16	4.0%	8.7%	11	5.0
33 Non Subspecialty Surgery	35	1.1%	254	10.3%	9.2%	176	78.9
34 Gynaecology	193	11.7%	287	14.5%	2.8%	198	89.0
35 Obstetrics	285	5.6%	429	7.5%	1.9%	296	133.1
36 Qualified Neonate	238	5.2%	244	8.6%	3.4%	169	75.7
38 Transplantation	-1	-11.1%	-11	-13.4%	-2.3%	-7	-3.3
39 Extensive Burns	6	150.0%	18	749.0%	599.0%	13	5.7
40 Tracheostomy	-17	-23.0%	-245/	-33.4%	10.4%	-169	-75.9
41 Drug & Alcohol	-29	-9.5%	2	2.4%	11.8%	2	0.7
44 Unallocated	-	-	1	0.0%	0.0%	-	0.0
Inpatient Total *	780	2.0%	1,067	2.8%	0.8%	736	330.8
-			. / /				

Red values indicate a **negative** growth in Seps and a **positive** growth in WAU Blue values indicate a **positive** growth in Seps and a **negative** growth in WAU

AMBULATORY CARE - Review to New ratio - March 2013

Data cource:	Desision	Cummert	Custom	IDCC) a	c at 20 M	~ 201

					Data source: [ecision Support	System (DSS) a	s at 20 May 2013
Weighted Activity Unit	s - WAU	2010-11	2011-12	2012-13	2012-13	R.	2N Ratio - WA	Us
Outpatients		Actual	Actual	Purchased	YTD	2010-11	2011-12	2012-13 YTD
Clinic Type								
Medical	New	757	1,002	1,150	748			
	Review	2,707	2,605	2,203	2,456	3.6	2.6	3.3
Surgical	New	941	1,110	2,356	662			
-	Review	2,699	2,880 <	2,374	2,250	2.9	2.6	3.4
Allied Health	New	779	731	839	577			
	Review	1,030	1,227	990	835	1.3	1.7	1.4
	Other	-/	<u> </u>	\	<u> </u>			
Pre-Admission	New	1/	2	1	4			
	Review	88	320	59	205	71.1	197.1	49.4
Paediatric	New	146	110	168	99			
	Review	198	218	128	264	1.4	2.0	2.7
Neonatal	New	· /	\ ·	// -	6			
	Review	1 / /	-		0	-	-	0.0
Maternity	New \	570	515	687	404			
	Review	1,745	2,038	2,091	1,904	3.1	4.0	4.7
Sub Acute	New	\ (-	-	-	11			
	Review	\ \ -	-	-	38	-	-	3.4
	Other	<u> </u>	-	-	-			
Clinical Measurement	New	12	-	35	13			
	Review	-	-	-	255	-	-	19.1
Wound Management	New	3	2	1	0			24.0
	Review	48	27	30	9	14.4	14.8	24.8
Pain Management	New	-	-	-	-			
0 1 51	Review	-	-	-	-	-		-
Cystic Fibrosis	New	-	- 424	-	- 02			
Transplants	Review New	135	131	186	93			
ransplants	Review				-			
Endoscopy	New				219			
Епиозсору	Review				58			0.3
Interventional Cardiology	New				-			0.5
interventional cardiology	Review	-	_	_	_	_	_	_
	Other	_	_	_	_			
Renal Medicine	New	30	33	25	26			
	Review	162	187	129	159	5.3	5.7	6.2
Dialysis	New	-	-	-	-			
•	Review	70	151	80	91	-	-	-
	Other	-	-	70	-			
Chemotherapy	New	-	-	-	37			
	Review	-	-	-	2,766	-	-	75.5
Medical Oncology	New	85	82	66	65			
	Review	2,986	3,828	2,962	714	35.2	46.8	10.9
Radiation Oncology	New	-	-	-	-			
	Review	-	-	-	-	-	-	-
Clinical Haematology	New	24	33	45	18			
	Review	241	348	611	66	9.9	10.6	3.7
Primary Care	New	-	-	-	-			
	Review	-	-	-	-	-	-	-
Other	New	-	-	-	-			
	Review	-	-	-	-	-	-	-
	Other	-	-	-	-			
Total	New	3,350	3,618	4,374	2,890		All clinics	
	Review	12,111	13,960	11,842	12,165	3.6	3.9	4.2
	Other	-	-	-	-		ics as per Purch	
	Total	15,461	17,578	16,216	15,055	2.7	2.8	3.3

^{*} Inpatient total excludes 42 Psychiatry - Acute and 43 Rehabilitation

														. ,	
			Jul 2012	Aug 2012	Sep 2012	Oct 2012	Nov 2012	Dec 2012	Jan 2013	Feb 2013	Mar 2013	Apr 2013	May 2013	Jun 2013	2012-13
YEAR TO DATE OPERATING POSITION															
Target (Surplus / -Deficit)			528	2,423,882	1,010,829	447,151	-248,720	-78,155	-418,335	-1,053,271	-85,082	0			
Actual (Surplus / -Deficit)			2,901,186	2,442,961	3,745,617	6,059,967	6,780,080	7,301,776	8,601,838	9,911,404	11,364,617	12,685,205			
Variance (Favourable / -Unfavoura	ble)		2,900,659	19,079	2,734,788	5,612,815	7,028,800	7,379,931	9,020,173	10,964,676	11,449,699	12,685,205			
YEAR TO DATE EXPENDITURE - TOTAL															
YTD %			7.7%	16.0%	23.7%	31.3%	39.5%	46.9%	54.4%	62.6%	70.9%	79.2%	89.3%	100.0%	
YTD Target			22,048,291	44,309,211	67,966,130	91,484,853	115,654,426	137,310,928	159,175,671	183,221,515	206,925.274	231,257,973	260,716,329	291,855,454	
Actual			22,048,819	44,581,793	65,629,772	88,213,396	111,414,155	132,599,033	154,436,574	176,210,328	199,474,990	222,025,848			
Variance (Favourable / -Unfavoura	ble)		-528	-272,582	2,336,358	3,271,457	4,240,271	4,711,895	4,739,097	7,011,187	7,450,285	9,232,125			
FULL YEAR FORECAST OPERATING POSITIO	N										\sim		\		
HHS forecast (Surplus / -Deficit)			0	0	0	5,242,998	0	0	0	/ p	0	0			
Improvement / - Deterioration from	prior month		na	0	0	5,242,998	-5,242,998	0	0	(0	Q	0			
MOHRI FULL TIME EQUIVALENT									^						March 2013
Target full year average			1,735	1,735	1,735	1,826	1,826	1,826	1,826	1,826	1,837	1,837			1,789
Actual year to date average			1,717	1,718	1,716	1,713	1,710	1,707	1,705	1,704	1,704	1,705			#N/A
Variance (-Favourable / Unfavourab	ble)		-18	-18	-19	-113	-116	-119	-121	-122	-133	-132			#N/A
YTD Average Actuals		27 June 2012												L	,
All Paypoints	1,731	1,710	1,717	1,718	1,716	1,713	1,710	1,797	1,705	1,704	1,704	1,705			
Managerial and Clerical	311	302	297	299	299	299	299	299	298	297	297	297			
Medical incl VMOs	182	200	202	200	199	199	199	199	200	200	199	199			
Nursing	731	711	717	717	717	715	714	713	720	709	709	709			
Operational	302	291	296	298	297	296	295	295	295	296	296	297			
Trade and Artisans	6	6	6	6	6	6	6	6	6	6	6	6			
Professional and Technical	199	201	198	197	197	197	196	196	196	196	197	197			
YEAR TO DATE EXPENDITURE - EXTERNAL L	ABOUR						/_/_								
Actual			370,845	604,568	886,629	1,451,297	1,769,348	2,061,633	2,293,946	2,782,266	3,145,116	3,534,262			
Prior Year			1,055,739	2,213,399	3,165,771	4,889,374	6,241,135	7,215,755	8,723,877	9,931,101	10,947,105	11,574,848			
Improvement / - Deterioration from	prior year		684,894	1,608,831	2,279,142	3,438,076	4,471,787	5,154,121	6,429,931	7,148,835	7,801,989	8,040,586			
YEAR TO DATE EXPENDITURE - STAFF TRAV	/EL 1														
Actual			66,177	111,730	176,141	190,321	306,362	302,651	284,717	431,233	535,210	664,109			
Prior Year			-104,095	286,684	434,913	619,481	761,236	749,061	982,598	1,238,876	1,398,526	1,408,474			
Improvement / - Deterioration from	prior year		-170,271	174,954	258,772	429,160	454,874	446,409	697,881	807,643	863,317	744,366			
YEAR TO DATE EXPENDITURE - ADVERTISIN															
Actual	iG .		0	1 240	2 101	3,175	13,051	14,379	18,634	11,237	11,726	17,197			
Prior Year			-1,827	1,240 -1,285	2,181 -907	5,980	42,619	14,379 42,699	18,634 43,237	43,796	43,805	17,197 44,245			
Improvement / - Deterioration from	nrior vear		-1,827 -1,827	-1,285 - 2,525	-3,089	2,805	42,619 29,568	42,699 28,320	43,237 24,604	43,796 32,559	43,805 32,079	44,245 27,048			
			2,027	5,323	3,003	2,003	25,500	20,323	2-7,00-7	32,333	32,073	27,048			
YEAR TO DATE EXPENDITURE - CONSULTAN	NCY														
Actual		//	// 0	0	0	0	0	0	0	0	0	0			
Prior Year	neine una-	\	0	0	0	0	2,917	2,917	4,914	4,914	4,914	0			
Improvement / - Deterioration from				0	0	0	2,917	2,917	4,914	4,914	4,914	0			
YEAR TO DATE EXPENDITURE - TOTAL (Exte	ernal Labour, Staff Tr	ravel, Advertising													
Actual 2012/2013			1,593,202	717,538	1,064,951	1,644,793	2,088,761	2,378,663	2,597,297	3,224,736	3,692,052	4,215,567			
Prior Year			949,817	2,498,798	3,599,776	5,514,835	7,047,907	8,010,431	9,754,627	11,218,687	12,394,350	13,027,567			
Improvement / - Deterioration from	prior year		-643,385	1,781,260	2,534,825	3,870,041	4,959,146	5,631,768	7,157,329	7,993,951	8,702,299	8,812,000			
Percent of 2011/12 saved year to da	ite (part year targe	t = 15%) ¹	-67.7%	71.3%	70.4%	70.2%	70.4%	70.3%	73.4%	71.3%	70.2%	67.6%			
YEAR TO DATE EXPENDITURE - QBUILD															
Actual 2012/2013			3,004	4,230	4,491	4,491	4,491	10,074	10,074	10,596	10,596	10,596			
Prior Year			751	5,143	6,062	10,141	13,587	13,784	14,185	11,008	19,288	23,237			
Improvement / - Deterioration from	prior year		-2,253	913	1,571	5,650	9,096	3,710	4,112	412	8,692	12,641			

¹ Due to a change in accounting treatment, some general ledger accounts have been remapped. This has resulted in a retrospective change in the amounts reported for Staff Travel YTD actuals. This change aligns the actuals being reported to the savings t

Revenue Group	Surplus / (Deficit)	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13		Jun-13	YTD	+/- on 11/12 +/- on 11/12 YTD (\$) YTD (%)
User Charges	Actual	1,209,068	1,468,539	1,194,468	1,667,690	1,470,124	1,444,451	1,325,506	1,594,850	1,500,583	1,319,833			14,195,112	
	Budget	1,210,297	1,790,272	1,666,095	1,538,032	1,587,086	1,741,885	1,388,428	1,542,811	1,378,470	1,219,983			15,063,359	
	Variance	(1,229)	(321,734)	(471,627)	129,658	(116,962)	(297,434)	(62,922)	52,039	122,113	99,850			(868,247)	
Other Revenue	Actual	3,165	19,794	20,441	16,720	13,738	248,119	268,260	176,168	1,551,585	369,681			2,687,670	
	Budget	12,474	11,000	12,289	20,842	22,420	11,649	11,569	19,179	15,889	16,897			154,208	
	Variance	(9,309)	8,794	8,152	(4,122)	(8,682)	236,470	256,691	156,989	1,535,696	352,784			2,533,462	
Total OSR	Actual	1,212,232	1,488,332	1,214,908	1,684,410	1,483,863	1,692,571	1,593,766	1,771,017	3,052,168	1,689,514			15,882,782	
	Budget	1,222,771	1,801,272	1,678,384	1,558,874	1,609,506	1,753,534	1,399,997	1,561,990	1,394,359	1,236,880		_ \ \	15,217,567	
	Variance	(10,539)	(312,940)	(463,476)	125,536	(125,643)	(60,963)	193,769	209,027	1,657,809	452,634		~> \	1,665,215	
	Full Year Budget	18,647,167	18,647,167	18,647,167	18,647,167	18,647,167	18,647,167	18,647,167	18,647,167	18,647,167	18,647,167				
	Full Year Forecast	18,522,167	18,522,167	18,522,167	18,522,167	18,522,167	18,522,167	18,522,167	18,522,167	18,522,167	18,522,167	((
	Full Year Variance	-125,000	-125,000	-125,000	-125,000	-125,000	-125,000	-125,000	-125,000	-125,000	-125,000				

Stretch Target #1

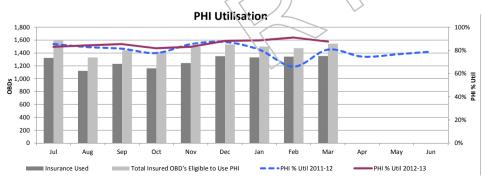
PHI Utilisation Surplus / (Deficit)	Jul-12	Aug-12	Sep-12	Oct-12							Way-13	YTD	Private OBDs +/- KPI +/- on on 11/12 YTD 11/12 YTD
Insurance Not Used (OBDs)	1,324	1,124	1,233	1,164	1,245	1,353	1,331	1,345	1,355	1		11,474	
Insurance Used (OBDs)	1,593	1,333	1,443	1,422	1,497	1,533	1,501	1,476	1,545	\rightarrow 11		13,343	
Insurance Used % Actual	83%	84%	85%	82%	83%	88%	89%	91%	88%	\ \ \		86%	
Insurance Used % Target	85%	85%	85%	85%	85%	85%	85%	85%	85%			85%	
Variance to Target	(2%)	(1%)	0%	(3%)	(2%)	3%	4%	6%	3%			1%	

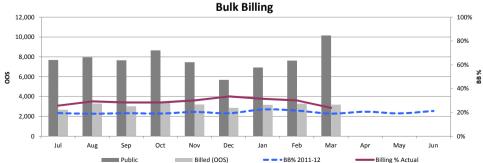
Stretch Target #2

Private Outpatients Surplus / (Deficit)	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feh-15	Ma:-13	May-13	Jun-13	YTD	Private OOS +/- on 11/12 YTD	KPI +/- on 11/12 YTD
Public (OOS)	7,694	7,965	7,666	8,660	7,474	5,693	6,942	7,639	10,160			69,893		
Billed (OOS)	2,678	3,307	3,023	3,423	3,211	2,867	3,176	3,286	3,190			28,161		
Billing % Actual	26%	29%	28%	28%	30%	33%	31%	30%	24%			29%		
Billing %Target	45%	45%	45%	45%	45%	45%	45%	45%	45%			45%		
Variance to Target	(19%)	(16%)	(17%)	(17%)	(15%)	(12%)	(14%)	(15%)	(21%)			(16%)		

Notes:

1: HHS is forecasting a \$125k unfavourable variance to target. RSSU forecast a favourable variance of \$2.06m. It is important to note that receipts for "Other Revenue" total \$2.7m YTD, of which \$1.8m relate to external agency and WorkCover salary





ESCALATION KPI LIST

(PI No.			Attainment Score			
	Escalation KPIs	Green	Amber	Red		
afety	and Quality	Target				
1	Never events	0	n/a	> 0		
2	Hospital acquired 3rd and 4th stage Pressure Injuries	5.0% of 2010-11 actuals	> 5.0% - 25.0% of 2010-11 actuals	> 25.0% of 2010-11 actuals		
3	Healthcare-associated Staphylococcus aureus (incl. MRSA) bacteraemia	20.0% of 2010-11 actuals	> 20.0% - 40.0% of 2010-11 actuals	> 40.0% of 2010-11 actuals		
ccess		Target				
4	National Emergency Access Target (NEAT): % of ED attendances who depart	2012: > 70.0%	2012: 69.9% - 65.0%	2012: < 65.0%		
•	within 4 hours of their arrival in ED					
		2013: > 77.0%	2013: 76.9% - 70.0%	2013: < 70.0%		
_	Emergency Department: % seen within recommended timeframe:	80% of all categories				
5	Category 1: within 2 minutes	Cat. 1: 100%	Cat. 1: 99.9% - 90.0%	Cat. 1: < 90.0%		
	Category 2: within 10 minutes	Cat. 2: > 80.0%	Cat. 2: 79.9% - 70.0%	Cat. 1: < 30.0%		
	Category 3: within 30 minutes	Cat. 3: > 75.0%	Cat. 3: 74.9% - 65.0%	Cat. 3: < 65.0%		
	Category 4: within 60 minutes	Cat. 4: > 70.0%	Cat. 4: 69.9% - 60.0%	Cat. 4: < 60.0%		
	Category 5: within 120 minutes	Cat. 5: > 70.0%	Cat. 5: 69.9% 60.0%	Cat. 5: < 60.0%		
6	Patient Off Stretcher Time (POST): < 30 mins (%)	>= 90.0%	< 90.0% - 85.0%	< 85.0%		
7	Elective Surgery: % treated within the clinically recommended timeframe for	2012	2012	2012		
	their category			//		
	(National Elective Surgery Target (Part 1))	Cat. 1: 89.0%	Cat. 1: 88.9% - 85.0%	Cat. 1: < 85.0%		
		Cat. 2: 81.0%	Cat. 2: 80.9% /8.0%	Cat. 2: < 78.0%		
		Cat. 3: 91.0%	Cat. 3: 90.9% - 87.0%	Cat. 3: < 87.0%		
		2013	2013	2013		
		Cat. 1: 100%	Cat. 1: 99.9% - 96.0%	Cat. 1: < 96.0%		
		Cat. 2: 87.0%	Cat. 2: 86.9% - 83.0%	Cat. 2: < 83.0%		
		Cat. 3: 94.0%	Cat. 3: 93.3% - 90.0%	Cat. 3: < 90.0%		
8	Elective Surgery: Number of patients waiting more than the clinically	0 for all categories	HHS specific	HHS specific		
_	recommended timeframe for their category:	^		p		
	Category 1: within 30 days	Cat. 1: 0	Cat. 1: > 0% - 5.0%	Cat. 1: > 5.0%		
	Category 2: within 90 days	Cat. 2: 0	Cat. 2: > 0% - 5.0%	Cat. 2: > 5.0%		
	Category 3: within 365 days	Cat. 3: 0	Cat. 3: > 0% - 5.0%	Cat. 3: > 5.0%		
	Activity: variance between purchased ABF activity and YTD recorded ABF	0% to +/-1%	Within tolerance as per detail in Schedule	> tolerance as per detail in Schedule		
9	activity, by Service Group (Inpatients, Outpatients, ED, Mental Health, Critical	076 to 17-176	3 (part C) contained in the Service	(part C) contained in the Service		
	Care and SNAP)		Agreement	Agreement		
fficier	cy and Financial Performance	Target	· /	-		
10	YTD Operating position	Balanced or surplus	0 – 1.0% unfavourable variance to budget	> 1.0% unfavourable variance to budg		
10	The operating position	Sugnet of Surplus	1.0% dimerodrable variance to budget	11070 dimarodiable randice to bad		
11	Full year Forecast Operating position	Balanced or surplus	0 – 1.0% unfavourable variance to budget	> 1.0% unfavourable variance to budg		
	(Agreed position between System Manager and HSS)		l			
12	Own Source Revenue Target	Balanced or surplus	0 – 1.0% unfavourable variance to budget	> 1.0% unfavourable variance to budg		
12	omi source nevenue rarget	Similar or surpris	o 1.0% amarourable variance to bauget	11070 dimerodrable randinee to bade		
13	YTD average FTE (MOHRI head count)	HHS specific as per detail in Schedule 3	0 – 1.0% unfavourable variance to budget	> 1.0% unfavourable variance to buds		
.13		(part B) contained in the Service	l			
		Agreement				
		/ /				
losina	the Gap	7arget				
	the Gap Performance domain target:		1 escalation KPI red in any quarter	> = 2 escalation KPIs red in any quart		
_	Performance domain target:	Target 0 escalation KPI red				
		Target	1 escalation KPI red in any quarter or >= 3 escalation KPIs amber in any quarter	>= 2 escalation KPIs red in any quart or 1 escalation KPI red for >= 2 consecutive quarters		
14	Performance domain target: Achievement of Closing the Gap escalation indicators contained within Schedule 8 of the Service Agreement.	O escalation KPI red and >= 2 escalation KPI green in any quarter	or >= 3 escalation KPIs amber in any quarter	or 1 escalation KPI red for > = 2 consecutive quarters		
14	Performance domain target: Achievement of Closing the Gap escalation indicators contained within	7arget 0 escalation KPI red and >= 2 escalation KPI green in any	or >= 3 escalation KPIs amber in any quarter 'Not stated' is	or 1 escalation KPI red for > = 2 consecutive quarters 'Not stated' is		
14	Performance domain target: Achievement of Closing the Gap escalation indicators contained within Schedule 8 of the Service Agreement. CTG KPI 1 – Estimated level of completion of Indigenous status – specifically	O escalation KPI red and >= 2 escalation KPI green in any quarter	or >= 3 escalation KPIs amber in any quarter	or 1 escalation KPI red for > = 2 consecutive quarters		
14.1	Performance domain target: Achievement of Closing the Gap escalation indicators contained within Schedule 8 of the Service Agreement. CTG KPI 1 – Estimated level of completion of Indigenous status – specifically the reporting of 'not 'stated' on admission	O escalation KPI red and >= 2 escalation KPI green in any quarter 'Not stated' is < = 1%	or >= 3 escalation KPIs amber in any quarter 'Not stated' is > previous quarter but not meeting target	or 1 escalation KPI red for >= 2 consecutive quarters 'Not stated' is >= previous quarter		
14.1	Performance domain target: Achievement of Closing the Gap escalation indicators contained within Schedule 8 of the Service Agreement. CTG KPI 1 – Estimated level of completion of Indigenous status – specifically	O escalation KPI red and >= 2 escalation KPI green in any quarter	or >= 3 escalation KPIs amber in any quarter 'Not stated' is	or 1 escalation KPI red for > = 2 consecutive quarters 'Not stated' is		
14.1	Performance domain target: Achievement of Closing the Gap escalation indicators contained within Schedule 8 of the Service Agreement. CTG KPI 1 – Estimated level of completion of Indigenous status – specifically the reporting of 'not 'stated' on admission CTG KPI 2 – Percentage of in-scope separations of Aboriginal and Torres Strait	O escalation KPI red and >= 2 escalation KPI green in any quarter 'Not stated' is <= 1% >= 55% of in-scope separations of	or >= 3 escalation KPIs amber in any quarter 'Not stated' is > previous quarter but not meeting target	or 1 escalation KPI red for >= 2 consecutive quarters 'Not stated' is >= previous quarter		
14.1	Performance domain target: Achievement of Closing the Gap escalation indicators contained within Schedule 8 of the Service Agreement. CTG KPI 1 – Estimated level of completion of Indigenous status – specifically the reporting of 'not 'stated' on admission CTG KPI 2 – Percentage of in-scope separations of Aboriginal and Torres Strait Islander consumers from the HHS's acute mental health inpatient unit(s) for which a community ambulatory service contact, in which the consumer participated (in person or via videoconference), was recorded in one to seven	O escalation KPI red and >= 2 escalation KPI green in any quarter 'Not stated' is <= 1% >= 55% of in-scope separations of Aboriginal and Torres Strait Islander	or >= 3 escalation KPIs amber in any quarter 'Not stated' is > previous quarter but not meeting target	or 1 escalation KPI red for >= 2 consecutive quarters 'Not stated' is >= previous quarter		
14.1	Performance domain target: Achievement of Closing the Gap escalation indicators contained within Schedule 8 of the Service Agreement. CTG KPI 1 – Estimated level of completion of Indigenous status – specifically the reporting of 'not 'stated' on admission CTG KPI 2 – Percentage of in-scope separations of Aboriginal and Torres Strait islander consumers from the HHS's acute mental health inpatient unit(s) for which a community ambulatory service contact, in which the consumer	O escalation KPI red and >= 2 escalation KPI green in any quarter 'Not stated' is <= 1% >= 55% of in-scope separations of Aboriginal and Torres Strait Islander	or >= 3 escalation KPIs amber in any quarter 'Not stated' is > previous quarter but not meeting target	or 1 escalation KPI red for >= 2 consecutive quarters 'Not stated' is >= previous quarter		
14.1 14.2	Performance domain target: Achievement of Closing the Gap escalation indicators contained within Schedule 8 of the Service Agreement. CTG KPI 1 – Estimated level of completion of Indigenous status – specifically the reporting of 'not 'stated' on admission CTG KPI 2 – Percentage of in-scope separations of Aboriginal and Torres Strait Islander consumers from the HHS's acute mental health inpatient unit(s) for which a community ambulatory service contact, in which the consumer participated (in person or via videoconference), was recorded in one to seven	O escalation KPI red and >= 2 escalation KPI green in any quarter 'Not stated' is <= 1% >= 55% of in-scope separations of Aboriginal and Torres Strait Islander	or >= 3 escalation KPIs amber in any quarter 'Not stated' is > previous quarter but not meeting target	or 1 escalation KPI red for > = 2 consecutive quarters 'Not stated' is > = previous quarter		
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TREND IN MONITORING KPI

			YTD Result / Latest Result		Aug 2012	Sep 2012		Nov 2012	Dec 2012	Jan 2013	Feb 2013	Mar 2013	Apr 2013	May 2013	Jun 2013	Full Year Target
	ND QUALITY															
M1	Falls Risk Assessment	Target	70%					70%								70
		Result	-					-								
M2	VTE Risk Assessment Documentation at Point of Care	Target Result	50% -					50% -					>			50
M3	Hospital Standardised Mortality Ratio															
	(HSMR)	Flag	green			green			green							
M4	Death in low-mortality Diagnostic Related Groups (Death-in-LM-DRG)	Result	0.02			0.04			0.00			0.02				
M5	VLAD In-hospital mortality indicators:	Flag	green		green			green			green					
M5.1	Acute Myocardial Infarction	Result	0		0			0			(0					
M5.2	Stroke	Result	0		0			0			0					
M5.3	Fractured neck of femur	Result	0		0			0			0))				
M5.4	Pneumonia	Result	0		0			0		11	0 ^					
M6	VLAD Unplanned readmission indicators:	Flag	green		green			green			green					
M6.1	Acute Myocardial Infarction	Result	0		0			0		\\/	0					
M6.2	Heart failure	Result	0		0			0	//	. \ /	0					
M6.3	Knee replacement	Result	0		0			0		> 11	0					
M6.4	Hip replacement	Result	0		0			0		\\	0					
M6.5	Depression	Result	-		-						-					
M6.6	Schizophrenia	Result	_		_					//	_					
M6.7	Paediatric tonsillectomy and adenoidectomy	Result	0		0			//0			0					
M11	Renal dialysis treatment received at home	Target	50.0%	50.0%	50.0%	50.0%	50.6%	50.0%	50.0%	50.0%	50.0%	50.0%				50
14111	nendi didiysis treatment received at nome	Result	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	9.0% 🚨	100.0%	100.0%	100.0%				
		nesun	100.070	100.070	100.070	100.070	100.070	100.0%	0.070	100.070	100.070	100.070				
ACCESS	** denotes calendar year result															
M12	Emergency Department median waiting time	Target	20	20	20	20	10	30	20	20	20	20	20			2
		Result	⊿ 24	27 ′	28 🖊	27)'	26 ′	26 ′	25 ′	24 🕹	23 📙	24 🕹	24 🚚			
M13	Emergency Department 'Did not waits'	Target	0.0%	0.0%	0.0%	0.0% _	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%			0
		Result	2.3%	2.1% 📙	2.8% 🚚	2.6%	2.0%	2.4% 🚚	2.5% 📙	1.9% 🚚	1.8% 🚚	2.3%	2.2% 🚚			
M14	Elective Surgery volume	Target	8,084	907	921	911	926	930	646	446	751	1,018	628			9,83
		Result	8,746	977	951	828 🚨	988	910 🚚	754	613	958	938 🚨	829			
M15.1	Reduction in elective surgery long waits: **	Target	0			0	0	0	0							
	Category 1: within 30 days	Result	-			-	-	-	-							
M15.2		Target	6天			67	67	67	67							(
	Category 2: within 90 days	Result	-			-	-	_	-							
M15.3		Target	61			61	61	61	61							- (
	Category 3: within 365 days	Result	/) <u>-</u>)			-	-	-	-							
M16	ES: 10% longest wait are treated in year **	Target	100.0%		100.0%	100.0%	100.0%	100.0%	100.0%							100
	% of cohort patients removed	Result			_	_	_	_	_							
M17	Elective Surgery Cancellations (hospital initiated)	Target	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%			10
		Result	\ \ \ -	_	_	-	-	_	-	-	_	_	-			
M18	Elective Surgery median waiting time	Target	25	25	25	25	25	25	25	25	25	25				1 2
20	, and the same of	Result	, 29	35 '	29 ′	29 ′	30.5	27 🕹	29 ′	36 ′	28 ′	27 📙				'
M21	Categorisation of new case outpatient referrals	Target	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%			100
1412.1	B	Result	-	-	-	-	-	-	-	-	-	-	-			
M22	Category 1 Outpatients: waiting in time	Target	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%			95
14122	category 1 outputients. Waiting in time	Result	55.070	93.0%	55.070	55.070	55.070	55.070	93.076	-	55.070	55.070	-			
	Ambulatory Care access Outpatient ratio	Target	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0				2
M23	Ambaiatory care access Outpatient ratio	ruryet	2.0		2.0		2.0	2.0								2
M23	(Pavious to Nava)	Parult	2.2	2 2	2 A	ວາ	າາ	ວ າ	2 5	2.1	2 /	2 A				
M23	(Review to New) Hospital in the Home (HITH) separations - may	Result Target	3.3 1.5%	3.2 1.5%	3.4 1.5%	3.2 1.5%	3.3 1.5%	3.2 1.5%	3.5 1.5%	3.1 1.5%	3.4 1.5%	3.4 1.5%				1.5

TREND IN MONITORING KPI

			YTD Result /	Jul 2012	Aug 2012	Sep 2012	Oct 2012	Nov 2012	Dec 2012	Jan 2013	Feb 2013	Mar 2013	Apr 2013	May 2013	Jun 2013	Full Year
1426	Talahashih Nagarahashin di Osassiana af Camira		Latest Result													Target
M26	Telehealth Non-admitted Occasions of Service	Target Result	-	-	-	-	-	_	-	-	-	_				
		nesure														
M27	NCY AND FINANCIAL PERFORMANCE Cost per WAU												^			
IVIZ7	For the in-scope ABF facilities	Result	_	_	_	_	_	_	_	_	_					
M30	Day case surgery rates	nesure										-//				
	,	Result	82.2%	79.2%	82.7%	79.9%	82.8%	84.3%	82.8%	81.1%	85.1%	81.0%				
M31	Extended day case surgery rates															
		Result	86.0%	87.1%	87.1%	86.0%	84.2%	86.3%	85.1%	85.9%	84.5%	87.5%				
M32	Out of scope procedures:	Target	0	0	0	0	0	0	0	0	((0	0				0
	Varicose Veins (F20Z)	Result	52	3	11	5	7	8	7	2	3	6				
	Vasectomies (M63Z)	Result	-	-	-	-	-	-	-) }				
M33	Clinical data coded within recommended time	Target	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%				100%
		Result	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%				
M34	Maintenance Expenditure	Result														-
M35	Facility Condition Index	nesult								1						2% to 4%
55	ruemey condition mack	Result								/ \\						270 to 170
M36	Planned Maintenance Expenditure Ratio								$\overline{}$							60% to 70%
	·	Result														
DATIENT	T EXPERIENCE									//						
M37	Complaints acknowledged within 5 calendar	Target	100.0%				100,8%	100.0%	100.0%	100.0%	100.0%	100.0%				100.0%
	days	Result	-				<u> </u>	<u> </u>	// <u>/</u>	-	-	-				
									//							
WORKF	ORCE Hours lost (WorkCover) vs Occupied FTE	Target	0.35			0.35			0.35			0.35				0.35
IVISS	Hours lost (Workcover) vs Occupied FTE	Result	0.33			0.55			0.33			0.33				0.33
M40	Sick leave	Target	3.50%	3.50%	3.50%	3.50%	3.50%	3.50%	3.50%	3.50%	3.50%	3.50%	3.50%			3.5%
		Result	0.00,1													
DAFAITA	L HEALTH & ALCOHOL AND OTHER DRUG TREATMEN						<u> </u>									
M46	Community follow up (within 1 - 7 days) post	Target	55.0%	55.0%	55.0%	55.0%	55.0%	55.0%	55.0%	55.0%	55.0%	55.0%				
14140	mental health discharge	Result	46.7%	31.3%	62.5%	38.9%	66.7%	48.1%	26.3%	-	-	-				
M47	End of Episode/Discharge Summary recorded	Target	35.0%	35.0%	35.0%	35.0%	35.0%	35.0%	35.0%	35.0%	35.0%	35.0%				
	(within 48 hrs of discharge)	Result	49.3%	0.0%	15.8%	20.0%	60.0%	51.5%	55.6%	75.0%	69.2%	75.0%				
M48	Mental Health readmissions within 28 days of	Target	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%					
	discharge	Result	9.1%	6.3%	12.5%	11.1%	8.3%	7.4%	10.0%	9.1%	-					
M50	Change in consumers' clinical outcomes															
	Acute Inpatient - Improvement	Result	75.0%	-	-	100.0%	33.3%	88.9%	77.8%	66.7%	75.0%	66.7%				
	Acute Inpatient - No significant change	Result	25.0%	$\overline{}$	-	0.0%	66.7%	11.1%	22.2%	33.3%	25.0%	33.3%				
	Acute Inpatient - Deteriorate	Result	0.0%	-	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%				
	Ambulatory Complete - Improvement	Result	52.7%	70.0%	50.0%	50.0%	42.1%	44.4%	50.0%	45.0%	60.0%	85.7%				
	Ambulatory Complete - No significant change	Result	41.3%	20.0%	45.0%	44.4%	42.1%	51.9%	45.8%	50.0%	33.3%	14.3%				
	Ambulatory Complete - Deteriorate	Result	6.0%	10.0%	5.0%	5.6%	15.8%	3.7%	4.2%	5.0%	6.7%	0.0%				
	Ambulatory Ongoing - Improvement	Result	41.8%	30.2%	48.7%	29.1%	41.8%	41.1%	40.5%	50.0%	44.8%	41.0%				
	Ambulatory Ongoing - No significant change	Result Result	44.0% 14.2%	53.5% 16.3%	35.5% 15.8%	40.0% 30.9%	48.1% 10.1%	49.5% 9.5%	45.6% 13.9%	41.7% 8.3%	38.8% 16.4%	44.3% 14.8%				
M51	Ambulatory Ongoing - Deteriorate Service episodes where a consumer is secluded	Target	10.0%	10.0%	10.0%	10.0%	10.1%	10.0%	10.0%	10.0%	10.0%	10.0%				
IVIJI	at least once	Result	7.4%	8.0%	0.0%	9.1%	2.7%	5.1%	6.7%	0.0%	3.3%					
M52	Occasions where required clinical outcome	Target	40.0%	40.0%	40.0%	40.0%	40.0%	40.0%	40.0%	40.0%	40.0%	40.0%				
	measure(s) were recorded	Result	44.9%	30.4%	46.5%	54.2%	50.4%	50.4%	49.1%	48.5%	36.9%	37.9%	I			

Mater Health Service Hospital & Health Service

Performance Dashboard

May 2013 Report



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Supporting Analysis

5 ACCESS

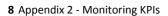
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- 6.1 Financial Performance
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7 Appendix 1 - Attainment Score (Targets and Tolerance levels)





PERFORMANCE DOMAINS - Escalation KPIs

Activity: variance between Purchased activity and YTD activity:

E9

E9.1

E9.2

E9.3

E9.4

E9.5

E9.6

Inpatients

ED

Outpatients

Mental Health

Sub and Non-Acute Patients

Critical Care

YTD Result / Latest Result

SAFETY	AND QUALITY	TARGET	Data as at	Data source: Decision Support System (DSS) as at 17 June 2013
E1	Never Events	0		0
E2	Hospital acquired 3rd and 4th stage pressure injuries - Quarter 3 Result (Jan - Mar)	FY Target : 0	April	0
E3	Healthcare-associated Staphylococcus aureus (including MRSA) bacteraemia	20% of 2010-11	Data currently u	navailable
ACCESS	** denotes calendar year result	TARGET	Data as at	Data source: Decision Support System (DSS) as at 17 June 2013
E4	National Emergency Access Target (NEAT): ** % of ED attendances who depart within 4 hours of their arrival in ED	77%	May	79,7%
E5	Emergency Department: % seen within recommended timeframe:			// //
E5.1	Category 1: within 2 minutes	100%	May	98.1%
E5.2	Category 2: within 10 minutes	80%	May	82.9%
E5.3	Category 3: within 30 minutes	75%	May	74.5%
E5.4	Category 4: within 60 minutes	70%	May	68.0%
E5.5	Category 5: within 120 minutes	70%	May	85)1%
E6	Patient Off Stretcher Time (POST): < 30 mins (%)	90%	April	92,1 1% ↑
E7	Elective Surgery: % treated within clinically recommended timeframe: **	(
E7.1	Category 1: within 30 days	100%	May	99.4%
E7.2	Category 2: within 90 days	87%	May	96.9%
E7.3	Category 3: within 365 days	94%	May	99.6%
E8	Elective Surgery: Number of patients waiting more than the clinically recommended:		_ \	
E8.1	Category 1: within 30 days	\/ o/	May	0 -
E8.2	Category 2: within 90 days	0	May	64
E8.3	Category 3: within 365 days	0	May	12 🔻

Legend: Latest/YTD Result compared to previous reporting period: Favourable ★ Stable ■ Unfavourable ↓

April

0% to

TREND IN ESCALATION KPI

Data source: Decision Support System (DSS) as at 17 June 2013

			Latest Result /	Jul 2012	Aug 2012									May 2013	Jun 2013 Full Year
SAFET	Y AND QUALITY		YTD Result												Target
E1	Never Events	Result	• 0	_	_		-		_	_			-		0
E2	Hospital acquired 3rd and 4th stage pressure		0												0
LZ	injuries (FY Target is 5% of 2010-11 actuals)	Qtr3		-	-	-	-	-	-	-	-	-	-		
E3	Healthcare-associated Staphylococcus aureu		-												20%
	(including MRSA) bacteraemia - SAB	Result	-	Data for June-Dece	mber 2012 will be ma	de available in May	2013								
ACCES	S ** denotes calendar year resul	1+													
E4	National Emergency Access Target: 4hrs **	Target	77.0%	70.0%	70.0%	70.0%	70.0%	70.0%	70.0%	77.0%	77.0%	77,0%	77.0%	77.0%	77%
L4	NEAT	_		75.9%	74.3%	76.2%	78.0%	80.2%	80.9%	81.7%	80.0%	79.1%	78.8%	79.2%	///0
E5.1	ED: % seen within recommended time	Target	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100%
23.1	Category 1: within 2 minutes		◆ 98.1%	100.0%	97.7% •	84.2%	100.0%	100.0%	100.0%	93.1%	96.8% •	100.0%	100.0%	100.0%	100%
E5.2	Category 1. Within 2 minutes	Target	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80%
LJ.2	Category 2: within 10 minutes	_	82.9%	82.2%	80.1%	81.1%	80.2%	83.0%	87.0%	88.5%	86.0%	80.8%	80.1%	83.8%	3070
E5.3	category 2. Within 10 minutes	Target	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75,0%	75.0%	75.0%	75.0%	75.0%	75%
25.5	Category 3: within 30 minutes	_	→ 74.5%	71.2% •	64.7%	69.8% •	76.3%	75.6%	79.8%	84.5%	79.0%	71.3%	75.0%	75.2%	7570
E5.4	category 3. Within 30 Hilliates	Target	70.0%	70.0%	70.0%	70.0%	70.0%	70.0%	70.0%	70.0%	70.0%	70.0%	70.0%	70.0%	70%
23.4	Category 4: within 60 minutes		♦ 68.0%	65.9% •	63.6%	71.1%	67.3%	65.0%	72.2%	78.9%	76.2%	63.5% •	66.9% •	60.8% •	70%
E5.5	Category 4. Within 00 minutes	Target	70.0%	70.0%	70.0%	70.0%	70.0%	70.0%	72.2%	70.0%	70.0%	70.0%	70.0%	70.0%	70%
25.5	Category 5: within 120 minutes	_		76.2%	83.7%	91.2%	84.3%	86.8%	87.7%	86.1%	82.1%	84.2%	85.8%	86.5%	7070
E6	Patient Off Stretcher Time: < 30 mins	Target	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	00.370	90%
LU	POST	_		87.8% •	88.7% •	91.7%	94.4%	94.6%	95.5%	95.2%	94.1%	91.6%	94.8%		30%
E7.1	ES: % treated within recommended time **	Target	100.0%	89.0%	89.0%	89.0%	89.0%	89.0%	89.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100%
L/.1	Category 1: within 30 days		◆ 99.4%	95.9%	94.8%	99.0%	99.1%	98.1%	96.9%	98.7% •	98.2% •	100.0%	100.0%	100.0%	100%
E7.2	Category 1. Within 30 days	Target	87.0%	81.0%	81.0%	81.0%	81.0%	81.0%	81.0%	87.0%	87.0%	87.0%	87.0%	87.0%	87%
L7.2	Category 2: within 90 days	_	96.9%	91.1%	89.8%	97.8%	94.2%	\$9.3%	93.2%	96.6%	92.7%	97.7%	98.5%	98.6%	07/0
E7.3	Category 2. Within 30 days	Target	94.0%	91.0%	91.0%	91.0%	91.0%	91.0%	91.0%	94.0%	94.0%	94.0%	94.0%	94.0%	94%
E7.3	Category 3: within 365 days			99.7%	98.9%	99.7%	98.8%	99.2%	100.0%	99.0%	99.5%	100.0%	99.3%	100.0%	34/0
E8.1	ES: 'long waits'	Target	0	99.776	38.3%	93.776	38.87	0	0	0	0	0	0	0	0
E0.1	Category 1: within 30 days		• 0	0 •	0	0	0	0 •	0 •	0 •	0 •	0 •	0	0 •	
E8.2	Category 1. Within 30 days	Target	0			100	0	0	0	0	0	0	0	0	0
L0.2	Category 2: within 90 days		64	89	104	84	89 ■	118	100	142	77 =	79 =	69 =	64 =	
E8.3	Category 2. Within 50 days	Target	04	03	104	0	0	0	0	0	0	0	0	0	0
L0.3	Category 3: within 365 days	_	♦ 12		, ,	0 •	0 •	0	0 •	0 •	0 •	0 •	0 •	12 💠	
TNT	Treated in turn	Target	60%	60%	60%	60%	60%	60%	60%	60%	60%	60%	60%	60%	60%
IINI	neated in turn	Result	90%	00%	- 00%	-	-	-	-	-	-	-	-	-	00%
E9	Activity (WAU):	Target	0.0	 	\										94.069
LJ	Total	_	82,018.3	8,645.8	8,626.8	8,010.1	8,370.6	8,719.3	7,603.2	7,113.4	7,854.3	8,914.6	8,160.1		34,003
E9.1	Total	Target	0.010.0	0,045.0	0,020.0	0,010.1	5,570.0	0,713.3	7,003.2	7,113.4	7,034.3	0,514.0	0,100.1		51,851
25.1	Inpatients	_	43,634.8	4,485.2	4,557.1	4,323.2	4,370.0	4,661.4	4,179.0	3,745.6	4,181.2	4,767.4	4,364.5		31,031
E9.2	inputerts	Target	0.0	4,403.2	4,557.1	-,525.2	-,570.0	-,001	-,175.0	5,745.0	-,101.2	-,,,,,,	-,504.5		16,216
L3.2	Outpatients	_	16,736.2	1,683.6	1,802.4	1,656.5	1,866.0	1,850.8	1,353.7	1,440.7	1,670.0	1,731.0	1,681.5		10,210
E9.3	Outputents	Target	0.0	1,003.0	1,002.4	1,030.3	1,000.0	1,030.0	1,333.7	1,440.7	1,070.0	1,731.0	1,001.5		10,572
L9.3	Emergency Department	_	8,785.0	952.2	937.5	836.6	866.1	850.8	849.5	802.7	811.4	965.8	912.4		10,372
E9.4	Emergency Department	Target	0.0	332.2	557.5	0.50.0	500.1	550.6	0 4 5.5	502.7	011.4	505.6	J12.4		1,588
L3.4	Mental Health	_	1,248.4	96.1	252.8	144.5	108.3	151.8	99.9	67.2	90.4	122.6	114.7		1,300
E9.5	iviental fleatti	Target	0.0	30.1	232.0	174.5	100.3	131.0	33.3	07.2	50.4	122.0	114./		13,036
LJ.J	Critical Care	_	10,999.1	1,374.3	989.5	980.6	1,092.2	1,162.4	1,087.7	997.4	1,048.7	1,264.5	1,001.9		15,036
E9.6	Citical Care	Target	0.0	1,3/4.3	505.5	500.0	1,032.2	1,102.4	1,007.7	557.4	1,040.7	1,204.3	1,001.5		805
E5.0	Sub and Non-Acute Patients	_	614.7	54.3	87.5	68.7	68.1	42.1	33.4	59.7	52.7	63.3	85.0		803
	Sub and Non-Acute Patients	nesun	014./	34.3	67.3	00.7	00.1	42.1	33.4	33.7	34.1	03.3	03.0		

EMERGENCY DEPARTMENTS

National Emergency Access Target (NEAT) - calendar year to date performance

NEAT by departure status group

Departure Status *	Total Attendances	NEAT	% NEAT	April 2013 YTD NEAT %
Non-admitted	24,483	21,592	88.2%	88.2%
Admitted	6,633	3,235	48.8%	54.1%
Total	31,116	24,827	79.8%	80.9%

^{*} Does not include dead on arrival, died in ED, did not wait and transferred to another hospital

NEAT by hospital and departure status group

Hospital	Non-admitted	Admitted	% NEAT	April 2013 YTD NEAT %
Mater Adult Public Hospital	88.4%	59.1%	80.1%	80.1%
Mater Children's Public Hospital	88.0%	31.5%	79.5%	81.6%

NEAT by top 5 admitting wards by volume, and % of consults requested within 120 minutes (excludes NEAT performance >40%)

Admitting Ward	Admissions NEAT % consults < 120
n/a	0 0.0%
Total of all admissions	 0.0%

NEAT by top 5 admitting specialty by volume, and % of consults requested within 120 minutes (excludes NEAT performance >40%)

0.0%

Admitting Specialty	Admissions	NEAT	% consults < 120
n/a	0	0.0%	0.0%

Total of all admissions

WAITING TIMES - monthly performance

Volume and waiting time performance by triage category

	Category 1	Category 2	Category 3	Category 4	Category 5	All Categories
Attendances	44	586	2,278	4,150	288	7,346
# seen in time	44	491	1,713	2,522	249	5,019
% seen in time	100.0%	83.3%	75.2%	60.8%	86.5%	68.3%
Median Wait (minutes)	0) }	15	47	36	27

Volume and waiting time performance by top 5 diagnosis, category 3 and 4

volume and waiting time performance by top 3 and grosss, category 3 and 4													
Diagnosis	Cate	gory 3	Category 4										
Diagnosis	Attendances	% seen in time	Attendances	% seen in time									
B34.9 Viral Infection	57	61.4%	253	35.2%									
J06.9 Upper Respiratory Tract Infection	59	64.4%	159	38.1%									
R10.3 Pain Localised To Oth Parts Low Abdomer	67	77.6%	99	32.5%									
A08.4 Viral Gastroenteritis	23	78.3%	134	49.7%									
S00.9 Superficial Injury Of Head Part Nos	47	66.0%	97	39.6%									

Number of patients by their Length of Stay hours

10,000
8,000
4,000
2,000
0 02 04 06 08 10 12 14 16 18 20 22 24

Hours spent in ED

Information provided by Clinical Access and Redesign Unit

Data source: Emergency Department Information System (EDIS), data is preliminary and subject to change.

ACTIVITY (ABF AND NON-ABF) YTD PERFORMANCE -April 2013

Data source: Decision Support System (DSS) as at 17 June 2013

Targets have not been uploaded by the HHS at this time Emergency Services Treated data is now being ca													otured against tri	iage categories						
Weighted Activity Units - WAU	2011-12	2012-13	2011-12	2012-1		YTD Variance		2011-12 to 20	12-13 Change		Weighted Activity Units - WAU	2011-12	2012-13	2011-12	2012-13	YTD	YTD Variance		2011-12 to 201	
Activity	FY Actual	Purchased	YTD Actual	DSS Target	Actual	Actual	%	Actual	%		Emergency Department	FY Actual	Purchased	YTD Actual	DSS Target	Actual	Actual	%	Actual	%
ABF	93,122	94,069	76,989	-	82,018	82,018	-	5,029	6.5%		Cat 1 (Admitted and Discharged)	117	126	93	-	113	113	-	19	20.5%
Non ABF	-	-	-	-	-	-	-	-	-		Cat 2 (Admitted and Discharged)	1,305	1,375	1,075	-	1,060	1,060	-	-15	-1.4%
Total Activity	93,122	94,069	76,989	-	82,018	82,018	-	5,029	6.5%		Cat 3 (Admitted and Discharged)	4,123	4,321	3,407	-	3,316	3,316	-	-91	-2.7%
											Cat 4 (Admitted and Discharged)	4,643	4,591	3,848	-	4,121	4,121	-	273	7.1%
Inpatients	Service Relat		i)		=				0.44/	l	Cat 5 (Admitted and Discharged)	162	158	136	-	173	173	-	36	26.6%
01 Cardiology	875	910 195	725 118	-	748 116	748 116	-	23 -2	3.1%		Died	3	1	3		3	3	-	0	0.0%
02 Interventional Cardiology 03 Cardiac Surgery	144 1,264	1,740	1,012	-	1,278	1,278	-	266	-2.1% 26.3%		ES Treated Emergency Department Total	10,352	10,572	8,562	///	8,785	8,785	-	223	2.6%
04 Thoracic Surgery	662	1,740	582	1	539	539		-44	-7.5%		Emergency Department Total	10,332	10,572	0,302	//	0,703	0,765	-	223	2.0%
05 Dermatology	220	220	185	_	180	180	_	-5	-2.7%		Sub and Non-Acute Patients									
06 Endocrinology	978	963	845	_	887	887	_	42	4.9%		GEM	-		<u> </u>			-	-	-	
07 Gastroenterology	524	564	438	_	427	427	_	-11	-2.6%		MAINT	298	188	22/	\ '_	212	212	_	-12	-5.5%
08 Diagnostic GI Endoscopy	813	903	656	_	689	689	_	33	5.0%		PALLIATIVE	280	252/	211	/ /	200	200	-	-11	-5.2%
09 Haematology	647	549	533	_	397	397	-	-136	-25.5%		REHAB	154	366	139	1.1	203	203	-	65	46.8%
10 Haematological Surgery	234	-	172	_	149	149	-	-23	-13.3%		SNAP Total	732	305	573	1 7.	615	615	-	42	7.2%
11 Immunology & Infections	984	1,098	831	-	906	906	-	75	9.0%)) \					
12 Medical Oncology	634	666	540	-	489	489	-	-51	-9.4%		Mental Health									
13 Chemotherapy & Radiotherapy	48	56	33	-	57	57	-	24	71.8%		Designated Bed (Per Diem Activity)	1,269	1,405	1,069	/ -	1,131	1,131	-	62	5.8%
14 Neurology	1,540	1,407	1,315	-	1,309	1,309	-	-6	-0.4%		42 Psychiatry - Acute	119	184	101	-	118	118	-	17	16.4%
15 Renal Medicine	365	321	299	-	300	300	-	1	0.3%		Mental Health Total	1,388	1,588	1,170	-	1,248	1,248	-	78	6.7%
16 Renal Dialysis	5	5	4	-	-	-	-	-4	-100.0%				$\overline{}$	<u> </u>						
17 Respiratory Medicine	3,824	2,898	3,115	-	3,086	3,086	-	-29	-0.9%		Outpatients	/ / /								
18 Rheumatology	241	232	196	-	210	210	-	13	6.8%		Medical	3,607	3,353	2,978	-	3,574	3,574	-	597	20.0%
19 Non Subspecialty Medicine	1,071	1,882	892	-	924	924	-	32	3.6%		Surgical	3,990	3,730	3,241	-	3,245	3,245	-	4	0.1%
20 Breast Surgery	793	928	651	-	716	716	-	65	9.9%		Allied Health	1,958	1,829	1,623	-	1,582	1,582	-	-41	-2.5%
21 Upper GIT Surgery	796	753	664	-	696	696	-	32	4.9%		Pre-Admission	322	61	264	-	231	231	-	-33	-12.4%
22 Colorectal Surgery	1,240	1,232	1,051	-	917	917	-	-134	-12.8%		Paediatric	328	296	267	-	395	395	-	128	47.9%
23 Head & Neck Surgery	319	350 778	262	-	283	283	-	21	8.1% -5.0%		Neonatal	2.552	2 770	2 102	-	3.500	3.500	-	6 464	- 22 10/
24 Neurosurgery 25 Dental Surgery	1,431 130	778 355	1,108 104	-	1,053 82	1,053 82	-	-55 - 21	-5.0% -20.7%		Maternity Chemotherapy	2,553	2,778	2,102	-	2,566 3,103	2,566 3,103	-	3,103	22.1%
	352	333	287	_	300	300		13	4.5%		Clinical Haematology	380	655	309	-	3,103 91	3,103 91	-	-218	-70.6%
26 Dentistry 27 Ear, Nose & Throat	1,833	1,865	1,477	_	1,649	1,649	-	172	11.6%	\ //	Clinical Measurement	360	35	309	_	300	300	-	300	-70.6%
28 Orthopaedics	5,041	5,811	4,225	1	4.472	4.472		747	5.9%		Cystic Fibrosis	131	186	113		104	104		-9	-8.1%
29 Ophthalmology	1,000	1,106	817	_	910	910	_	93	11.4%	\ (Dialysis	151	80	125	_	91	91	_	-33	-26.8%
30 Plastic & Reconstructive Surger		1,696	1,140	_	1,233	1,233	-	93	3.2%	\\\	District Nursing Services		-		_	-	-	_	-	
31 Urology	2,342	2,086	1,899	_	1,800	1,800	-	-99	-5.2%		Endoscopy	_		_	_	308	308	-	308	_
32 Vascular Surgery	554	685	455	_	484	484	-	29	6.4%		Interventional Cardiology	-	-	-	-		-	-	-	-
33 Non Subspecialty Surgery	3,270	3,508	2,720	_	2,963	2,963	_	243	8.9%	>	Medical Oncology	3,910	3,028	3,332	-	873	873	-	-2,459	-73.8%
34 Gynaecology	2,701	2,719	2,208	-	2,513	2,513	-	304	13.8%	~	Pain Management				-	-	-	-		-
35 Obstetrics	7,708	8,065	6,354	_	6,745	6,745	-	391	6.2%		Pharmacy	-	-	-	-	-	-	-	-	-
36 Qualified Neonate	3,827	3,774	3,143	-	3,362	3,362	-	220	7.0%		Primary Care	-	-	-	-	-	-	-	-	-
38 Transplantation	103	102	87	-	87	87	\ \ -	1	0.7%		Psychiatry	-	-	-	-	-	-	-	-	-
39 Extensive Burns	8	6	2	-	21	21	\ \ -	18	749.0%		Radiation Oncology	-	-	-	-	-	-	-	-	-
40 Tracheostomy	991	1,299	829	-	544	544	1/	-285	-34.4%		Renal Medicine	220	154	178	-	203	203	-	25	14.2%
41 Drug & Alcohol	122	126	103		114	114	\-	11	10.2%		Sub Acute	-	-	-	-	55	55	-	55	-
44 Unallocated	-	-			-	-	-	-	-		Transplants	-	-	-	-	-	-	-	-	-
Inpatient Total	51,022	51,851	42,079	-)	43,635	43,635	-	1,556	3.7%		Wound Management	29	32	27	-	9	9	-	-18	-65.5%
											Other				-			-		
Critical Care								_			Outpatient Total	17,578	16,216	14,558	-	16,736	16,736	-	2,179	15.0%
Coronary Care	385	456	313	\ '	306	306	-	-7	-2.1%						6.1.1	aanaan oo oo		and the second		
Intensive Care	1,491	1,330	1,250	//-	1,060	1,060	-	-189	-15.2%								e Top 5 greatest			
Neonatal Intensive Care	4,040	4,656	3,442	//-	4,018	4,018	-	576	16.7%						Blue value	s indicate the	Top 5 greatest	negative varian	ce to target rec	oraea in DSS
Paediatric Intensive Care	3,295 2,839	3,705 2,889	2,704 2,339	17	2,814 2,801	2,814 2,801	-	110 463	4.1% 19.8%											
Special Care Nursery Critical Care Total	2,839 12,049	2,889 13,036	2,339 10,047		2,801 10,999	2,801 10,999	-	952	19.8% 9.5%											
Citatal Care Total	12,049	13,030	10,047	-	10,999	10,999	-	952	9.5%			2012-13	HHS FY Target	Variance						
Monthly target phasing - loaded to DSS	Jul 2012	Aug 2012	Sep 2012	Oct 2012	Nov 2012	Dec 2012	Jan 2013	Feb 2013	Mar 2013	Apr 2013	May 2013 Jun 2013 YTD	Purchased	loaded to DSS	to Purchased						
Inpatients	- 701 2012		-	-	-	-	-	-	-	- ip: 2015		51,851	-	-51,851	Inpatients					
Critical Care	=	-	-	-	-	=	-	-	-	-		13,036	-		Critical Care					
Emorgoncy Donartment												10.572		10.572	Emorgoney Don	artmont				

Emergency Department

Mental Health

Total Activity Target

Outpatients

Sub and Non-Acute Patients

10,572

805

1,588

16,216

94,069

-10,572

-805

-1,588

-16,216

Emergency Department

Mental Health

Outpatients

-94,069 Total Activity Target

Sub and Non-Acute Patients

ACTIVITY FORECAST

April 2013

	2012-13	2012-13				I	Actu						Forec		2012-13	Variance	% Variance
	Purchased ¹	DSS Target		Aug 2012			Nov 2012				Mar 2013		May 2013	Jun 2013	Total	to Purch.	to Purch.
Breast Surgery Cardiac Surgery	928 1,740	-	95 134	85 123	53 158	78 120	58 193	50 159	56 103	75 36	71 89	94 164	72 128	72 128	859 1,534	-70 -206	-7.5% -11.8%
Cardiology	910	-	89	71	70	65	85	67	70	76	84	70	75	75	897	-12	-1.3%
Chemotherapy & Radiotherapy	56	-	2	1	4	5	10	5	9	9	5	7	6	6	69	13	23.2%
Colorectal Surgery Dental Surgery	1,232 355	-	66 42	96 37	108	98 49	89 56	80 23	109	80 41	92 52	99 25	92	92	1,100 382	-132 27	-10.7% 7.7%
Dermatology	220		19	22	15	16	17	14	22	19	16	19	18	18	216	-4	-1.8%
Diagnostic GI Endoscopy	903	-	63	101	56	73	77	56	44	83	77	59	69	69	827	-77	-8.5%
Drug & Alcohol Ear, Nose & Throat	126 1,865	-	9 176	13 184	14	11 196	10 194	9 156	7 116	11	16 183	14 149	11 165	11 165	137 1,978	11 114	8.7% 6.1%
Endocrinology	963		87	99	103	65	79	61	99	92	110	91	89	89	1,064	100	10.4%
Extensive Burns	6		0	0	11	0	3	0	0	0	6	0	2	2	25	19	326.9%
Gastroenterology	564 2,719	-	32 271	44 258	41 260	38 230	44 290	42 217	51 187	37 258	53 300	45 242	43 251	43 251	512 3,015	-51 296	-9.1% 10.9%
Gynaecology Haematological Surgery	2,719		5	33	250	12	12	39	4	258	7	8	15	15	179	179	10.9%
Haematology	549	-	53	41	47	29	52	46	26	41	28	35	40	40	477	-73	-13.2%
Head & Neck Surgery	350	-	29	33	31	26	22	20	29	30	35	28	28	28	340	-10	-2.9%
Immunology & Infections Interventional Cardiology	1,098 195	-	89 14	81 11	74 10	73 13	99	93 11	85	87 14	108	116	91 12	91	1,087 139	-11 -56	-1.0% -28.8%
Medical Oncology	666	-	44	37	41	50	50	57	54	51	46	58	49	49	587	-79	-11.9%
Neurology	1,407	-	142	140	141	147	154	103	123	125	121	112	131	131	1,571	164	11.7%
Neurosurgery Non Subspecialty Medicine	778 1,882	-	118 84	71 86	116 95	102	154 95	101 87	83 89	97 104	95 84	115 119	105 92	105	1,263 1,109	-773	62.4% -41.1%
Non Subspecialty Surgery	3,508	-	280	313	303	258	315	326	260	331	344	235	296	296	3,556	48	1.4%
Obstetrics	8,065	-	671	681	701	691	675	670	695	627	741	593	674	674	8,094	28	0.4%
Ophthalmology	1,106	-	91	104	69	96	97	82	62	107	110	91	91	91	1,093	-13	-1.2%
Orthopaedics Plastic & Reconstructive Surgery	5,811 1,696	-	482 101	488 125	382 145	460 124	488 132	394 157	370 90	464 99	457 140	488 1/21	447 125	123	5,367 1,480	-444 -216	-7.6% -12.7%
Qualified Neonate	3,774		395	272	301	372	362	346	309	309	425	272	336	336	4,035	261	6.9%
Renal Dialysis	5	-	0	0	0	0	0	0	0	0	0	10	0	0	0	-5	-100.0%
Renal Medicine	321	-	29	32	36	30	26	32	39	27	25	25	30	30/	360	40	12.4%
Respiratory Medicine Rheumatology	2,898 232	-	378 18	377 16	342 21	292 27	288	254 17	198 15	253 25	367 21	339 27	309	309 21	3,703 252	805 20	27.8% 8.7%
Thoracic Surgery	0		45	66	52	52	72	54	41	50	41	66	54	54	646	646	0.770
Tracheostomy	1,299	-	39	113	18	67	18	58	30	75	M	56	54	54	653	-646	-49.7%
Transplantation Upper GIT Surgery	102 753	-	8 65	69	16 62	9	69	8 51	11 47	63	16 71	195	9 /0	9 70	105 835	3 82	2.9% 10.9%
Urology	2,086		173	167	176	170	178	180	163	212	195	186	180	180	2,160	73	3.5%
Vascular Surgery	685	-	50	69	42	54	63	54	27	16	47	63	48	48	581	-104	-15.2%
Inpatients	51,851	-	4,485	4,557	4,323	4,370	4,661	4,179	3,746	4,181	4,767	4,365	4,325	4,325	52,285	434	0.8%
CCU	456	-	26	44	26	27	25	28	23	37	29	92	31	31	367	-89	-19.5%
ICU	1,330	-	106	178	105	121	92	96	83	80	109	90	106	106	1,272	-58	-4.4%
NICU PICU	4,656 3,705	-	636 326	253 299	345 204	364 264	456 262	485 195	349 315	273/ 375	436 336	420 238	402 281	402 281	4,821 3,377	165 -328	3.5% -8.9%
SCN	2,889		279	216	300	316	328	284	227	284	354	213	280	280	3,362	473	16.4%
Critical Care	13,036		1,374	989	981	1,092	1,162	1,088	997	1,049	1,264	1,002	1,100	1,100	13,199	163	1.2%
Cat 1 (Admitted and Discharged)	126		14	15	6	12	12	10	10	11	11	12	11	11	135	9	7.5%
Cat 2 (Admitted and Discharged)	1,375	-	111	110	89	114	105	96	91	111/	120	113	106	106	1,272	-103	-7.5%
Cat 3 (Admitted and Discharged)	4,321 4,591	-	370 442	361 436	323 403	322 404	318	315 412	285 396	310	361 456	350 415	332 412	332 412	3,979 4,945	-343 355	-7.9% 7.7%
Cat 4 (Admitted and Discharged) Cat 5 (Admitted and Discharged)	158		14	15	15	14	19	17	20	19	19	22	17	17	207	49	31.1%
Did Not Wait	0	-	-	-	-	-	//-		1	 	-	-	-	-	0	0	
Died	1	-	0	0	0	0	/ 0	13	0	V 0	0	0	0	0	3	2	250.7%
Emergency Services Treated ³ Emergency Department	0 10,572	-	952	938	837	866	851	849	803	811	966	912	879	879	0 10,542	- 30	-0.3%
	0	I .							//						0	0	
GEM MAINT	188		13	21	36	21	18	9	25	- 6	20	43	21	21	254	66	35.0%
PALLIATIVE	252	-	21	35	12	25	12	20	16	20	23	14	20	20	239	-12	-4.8%
REHAB	366	-	20 54	31 88	2/1 69/	68	12	33	19 60	26	19 63	28 85	20	20	244	-121	-33.2%
Sub and Non-Acute Patients	805		54	88	69/	- 68	42	33	60	53	63	85	61	61	738	-68	-8.4%
Designated Bed (Per Diem Activity)	1,405	-	80	240	132	96	132	91	64	80	115	99	113	113	1,357	-48	-3.4%
Psychiatry - Acute (SRG) Mental Health	184 1,588	-	16 96	12 253	145	108	20 152	9 100	67	10 90	8 123	16 115	12 125	12 125	141 1,498	-43 -90	-23.2% - 5.7%
Wental Hearth																	
Medical	3,353	-	351	380	371	411	417 373	276	232	391	375	370	357	357	4,289	936	27.9%
Surgical Allied Health	3,730 1,829	-	329 163	376 167	310 160	358 179	179	254 120	252 135	320 147	341 162	332 170	324 158	324 158	3,894 1,898	164 70	4.4% 3.8%
Pre-Admission	61	-	25	27	22	28	27	17	21	23	20	22	23	23	277	217	357.9%
Paediatric	296	-	45/	49	33	45	53	31	26	40	42	31	40	40	474	178	60.4%
Neonatal	0 2,778	-	242	1 292	25)	262	265	236	267	220	264	259	1 257	257	3,079	302	10.9%
Maternity Alcohol & Drug	2,778	-/	1	282	251	262	265	236	267	239	264	259	- 257	- 25/	3,079	302 0	
Sub Acute	0	-	3	5	3	9	7	4	6	6	5	5	5	5	66	66	
Clinical Measurement	35	\sim	36	32	30	35	35	21	18	27	34	32	30	30	360	325	918.3%
Wound Management Pain Management	32 0		1	1	1	1	- 0	1 -	1	1 -	1	0	1 -	1	11	-21 0	-64.7%
Cystic Fibrosis	186		13	11	10	12	11	8	6	12	10	10	10	10	125	-62	-33.1%
Transplants	0) -	-	-	-	-	-	-	-	-	-	-	-	0	0	
Endoscopy	0	V -/	31	33	31	36	36	28	19	27	37	30	31	31	369 0	369 0	
Interventional Cardiology Renal Medicine	154	\ /.,	21	25	20	20	22	14	20	22	22	18	20	20	244	90	58.6%
Dialysis	80	/ /·	13	13	13	10	10	0	8	10	13	0	9	9	109	29	36.8%
Chemotherapy	0	1	318	306	304	368	321	256	332	298	300	300	310	310	3,723	3,723	
Medical Oncology Radiation Oncology	3,028	-	83	87	86	79	84	80	92	96	94	93	87	87	1,047	-1,981 0	-65.4%
Clinical Haematology	655	<u> </u>	9	9	12	12	10	6	6	11	9	7	9	9	109	-546	-83.3%
Pharmacy	0	-	-	-	-	-	-	-	-	-	-	-	-	-	0	0	
Community Health Services District Nursing Services	0	-	-	-	-	-	-	-	-	-	-	-	-	-	0	0	
Diagnostic Imaging	0	-	-	-	-	-	-	-	-	-	-	-	-	-	0	0	
Psychiatry Primary Care	0	-	-	-	-	-	-	-	-	-	-	-	-	-	0	0	
Primary Care Other	0	-	-	-		-	-	-		-	-		-		0	0	
	16,216	-	1,684	1,802	1,656	1,866	1,851	1,354	1,441	1,670	1,731	1,682	1,674	1,674	20,083	3,867	23.8%
Outpatients																	
Outpatients Overall Activity	94,069		8,646	8,627	8,010	8,371	8,719	7,603	7,113	7,854	8,915	8,160	8,164	8,164	98,346	4,276	4.5%

- Notes:

 1 Purchased as at Window 1 2012-13
 2 Forecast as per HHS target phasing
 3 The majority of Emergency Services Treated data is now being captured against triage categories & DNW

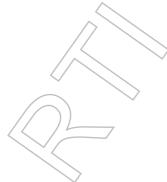
HHS FLOW

April 2013

			F	Residential HHS	*					
	Mater Health							Non-Qld	YTD WAU	% of Total
Inpatients	Service	Metro South	Metro North	Gold Coast	West Moreton	Sunshine Coast	Other HHS	residents	- Total	- HHS Residents
01 Cardiology	-	547	66	21	38	15	34	27	748	-
02 Interventional Cardiology	-	28	9	10	8	6	41	12	116	-
03 Cardiac Surgery	-	242	143	160	120	91	440	83	1,278	-
04 Thoracic Surgery	-	241	44	71	31	30	106	14	539	-
05 Dermatology	-	144	10	7	9	2	5	3	180	-
06 Endocrinology	-	589	75	43	80	5	62	34	887	-
07 Gastroenterology	-	339	30	12	25	0	8	13	427	-
08 Diagnostic GI Endoscopy	-	482	58	14	60	7	43	24	689	-
09 Haematology	-	294	27	10	34	2	17	14	397	-
10 Haematological Surgery	-	106	6	1	22	1	5	8	149	-
11 Immunology & Infections	-	670	82	17	73	5	40/	21	906	-
12 Medical Oncology	-	304	24	15	45	2	/ 7/6	/ 23	489	-
13 Chemotherapy & Radiotherapy	-	32	2	3	3		/ 18	/ 0	57	-
14 Neurology	-	934	134	37	91	5	69	40	1,309	-
15 Renal Medicine	-	161	26	23	3	0	71	/ 15/	300	-
16 Renal Dialysis	-	-	-	-					-	-
17 Respiratory Medicine	-	2,085	249	135	264	39	200	114	3,086	-
18 Rheumatology	-	135	16	15	20	/ 4/	14	7	210	-
19 Non Subspecialty Medicine	-	675	72	18	72	(1	62	22	924	-
20 Breast Surgery	-	531	37	35	49	19	41/	3	716	-
21 Upper GIT Surgery	-	517	54	19	38	2	23	42	696	-
22 Colorectal Surgery	-	628	65	44	117	7	02	16	917	-
23 Head & Neck Surgery	-	199	30	2	24	(22	6	283	-
24 Neurosurgery	-	415	123	67	110	26	186	126	1,053	-
25 Dental Surgery	-	41	7	5	14		13	3	82	-
26 Dentistry	-	247	19	3	/	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	8	5	300	-
27 Ear, Nose & Throat	-	1,104	131	92	/ 140	22	99	60	1,649	-
28 Orthopaedics	-	3,094	442	144	254	\65	347	127	4,472	-
29 Ophthalmology	-	473	169	60	/ 52	25	94	37	910	-
30 Plastic & Reconstructive Surgery	-	758	95	50	86/	//17	173	54	1,233	-
31 Urology	-	667	77	58	84	/ / 8	860	45	1,800	-
32 Vascular Surgery	-	362	26	7	20	5	52	13	484	-
33 Non Subspecialty Surgery	-	1,928	268	_ 114	211	30	317	95	2,963	-
34 Gynaecology	-	1,774	182	50	188/	13	227	78	2,513	-
35 Obstetrics	-	5,688	293	91	385	1	198	89	6,745	-
36 Qualified Neonate	-	1,760	177	283	449	20	426	247	3,362	-
38 Transplantation	-	35	8/				28	0	87	-
39 Extensive Burns	-	14	/- /	/ //0	~		6		21	-
40 Tracheostomy	-	201	66	33	/ 67	30	142	6	544	-
41 Drug & Alcohol	-	76	13	6	/ 2		14	3	114	-
43 Rehabilitation	-	-	-		/		-	-	-	-
Inpatient Total	_	28,522	3,357	1,791	3,303	506	4,626	1,530	43,635	_
inputiont total	_	20,322	// 3,37		3,303	550	7,020	1,550	-3,033	_
Percentage of HHS Inpatient Total		67.7%	8.0%	4.3%	7.8%	1.2%	11.0%	3.6%		

Red values indicate the Top 5 SRG with the lowest number of the HHS's own residents treated $\,$

 $^{{\}color{blue} *} \ \text{Residential HHS has been mapped manually this month-HSC are to provide ASGS mapping in future months}$



CASEMIX CHANGE - Year on year comparison - April 2013

Data source: Decision Support System (DSS) as at 17 June 2013

	2011-12 to 20)12-13 Change		Potential	WAUs notio	nal variance
	YTE	Seps	YTD	WAUs	Casemix		Casemix
Inpatients	Actual		Actual		Change	Volume	related
Service Related Group (SRG)							
01 Cardiology	94	7.1%	23	3.1%	-4.0%	16	7.0
02 Interventional Cardiology	-28	-14.8%	-2	-2.1%	12.8%	-2	-0.8
03 Cardiac Surgery	13	11.4%	266	26.3%	14.9%	183	82.4
04 Thoracic Surgery	-77	-16.7%	-44	-7.5%	9.2%	-30	-13.6
05 Dermatology	27	8.0%	-5	-2.7%	-10.7%	-3	-1.6
06 Endocrinology	20	2.7%	42	4.9%	2.2%	29	12.9
07 Gastroenterology	-5	-0.5%	-11	-2.6%	-2.0%	-8	-3.5
08 Diagnostic GI Endoscopy	88	10.5%	33	5.0%	-5.5%	23	10.2
09 Haematology	-51	-7.8%	-136	-25.5%	-17.7%	-94	-42.1
10 Haematological Surgery	-5	-8.5%	-23	-13.3%	-4.9%	-16	-7.1
11 Immunology & Infections	49	5.5%	75	9.0%	3.5%	52	23.2
12 Medical Oncology	-48	-8.1%	-51	-9.4%	-1.3%	-35	-15.8
13 Chemotherapy & Radiotherapy	60	68.2%	24	71.8%	3.7%	16	7.4
14 Neurology	-2	-0.1%	-6	-0.4%	-0.3%	-4	-1.8
15 Renal Medicine	27	6.3%	1	0.3%	-6.0%	1	0.3
16 Renal Dialysis	-12	-100.0%	-4	-100.0%	0.0%	-3	-1.3
17 Respiratory Medicine	-85	-2.6%	-29	-0.9%	1.7%	-20	-9.0
18 Rheumatology	11	2.7%	13	6.8%	4.1%	9	4.2
19 Non Subspecialty Medicine	202	9.0%	32	3.6%	-5.4%	22	9.9
20 Breast Surgery	33	7.4%	65	9.9%	2.5%	45	20.0
21 Upper GIT Surgery	27	6.5%	32	4.9%	-1.6%	22	10.0
22 Colorectal Surgery	13	4.1%	-134	-12.8%	-16.8%	-93	-41.6
23 Head & Neck Surgery	5	3.1%	21	8.1%	4.9%	15	6.5
24 Neurosurgery	42	5.5%	-55	-5.0%	-10.5%	-38	-17.1
25 Dental Surgery	-11	-18.3%	-33	-20.7%	-10.5%	-15	-6.7
· ,	-11 19	-16.5% 4.2%	13	-20.7% 4.5%	0.3%	3	4.0
26 Dentistry 27 Ear, Nose & Throat	-2	-0.1%	172	4.5% 11.6%	11.7%	119	53.3
The state of the s	90		247			171	/ /
28 Orthopaedics	90 84	3.3% 7.9%	93	5.9% 11.4%	2.5% 3.5%	64	76.6
29 Ophthalmology							28.8
30 Plastic & Reconstructive Surgery	63	6.9%	93	8.2%	1.3%	-68	29.0
31 Urology	-16	-0.9%	-99	-5.2%	-4.3%		-30.7
32 Vascular Surgery	-17	-7.8%	29	6.4%	14.2%	20	9.1
33 Non Subspecialty Surgery	12	0.3%	243	8.9%	8.6%	168	75.4
34 Gynaecology	214	11.7%	304	13.8%	2.1%	210	94.3
35 Obstetrics	288	5.1%	391	6.2%	1.0%	270	121.3
36 Qualified Neonate	217	4.2%	220	7.0%	2.7%	152	68.1
38 Transplantation	-	-	1	0.7%	0.7%	0	0.2
39 Extensive Burns	6	150.0%	18)	749.0%	599.0%	13	5.7
40 Tracheostomy	-21	-25.3%	-285	-34.4%	-9.1%	-197	-88.3
41 Drug & Alcohol	-9	-2.8%	11	10.2%	12.9%	7	3.3
44 Unallocated	-	-	1	0.0%	0.0%	-	0.0
Inpatient Total *	1,315	3.1%	1,556	3.7%	0.6%	1,074	482.4

Red values indicate a **negative** growth in Seps and a **positive** growth in WAU Blue values indicate a **positive** growth in Seps and a **negative** growth in WAU

AMBULATORY CARE - Review to New ratio - April 2013

Data source:	Decision	Sunnort	Syctom	DSSI ac	at 17	luna 201

Data source: Decision Support System (DSS) as at 17 June 2013											
Weighted Activity Unit	s - WAU	2010-11	2011-12	2012-13	2012-13	R:	2N Ratio - WA	Us			
Outpatients		Actual	Actual	Purchased	YTD	2010-11	2011-12	2012-13 YTD			
Clinic Type											
Medical	New	757	1,002	1,150	834						
Wicalcai	Review	2,707	2,605	2,203	2,740	3.6	2.6	3.3			
Surgical	New	941	1,110	2,356	746	3.0	2.0	3.3			
5416.641	Review	2,699	2,880 <	2,374	2,499	2.9	2.6	3.3			
Allied Health	New	779	731	839	645	2.3	2.0	5.5			
/ inica i realen	Review	1,030	1,227	990	937	1.3	1.7	1.5			
	Other	- /		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	<u> </u>	1.5		1.5			
Pre-Admission	New	1/	2	1	4						
	Review	88	320	59	227	71.1	197.1	54.6			
Paediatric	New	146	110	168	106	71.1	137.11	3			
	Review	198	218) 128	289	1.4	2.0	2.7			
Neonatal	New	/ ·		//	6						
	Review	///	(/ .	0	_	_	0.0			
Maternity	New	570	515	687	446						
	Review	1,745	2,038	2,091	2,120	3.1	4.0	4.7			
Sub Acute	New	-	-	-	12						
	Review	\\ -	_	_	42	_	_	3.4			
	Other	\\ -	_	_	-						
Clinical Measurement	New	12	-	35	15						
	Review	_	_	-	285	_	-	18.7			
Wound Management	New	3	2	1	0						
	Review	48	27	30	9	14.4	14.8	26.0			
Pain Management	New	-	-	-	-						
	Review	-	-	-	-	-	-	-			
Cystic Fibrusis	New	-	-	-	-						
4	Review	135	131	186	104	_	-	-			
Transplants	New	-	-	-	-						
	Review		-	-	-	-	-	-			
Endoscopy	New	-	-	-	240						
,	Review	_	_	_	68	_	-	0.3			
Interventional Cardiology	New	-	-	-	-						
5,	Review	-	-	-	-	-	-	-			
	Other	_	_	_	_						
Renal Medicine	New	30	33	25	28						
	Review	162	187	129	175	5.3	5.7	6.2			
Dialysis	New	-	-	-	-						
	Review	70	151	80	91	_	-	_			
	Other	_	_	70	-						
Chemotherapy	New	-	-	-	39						
, , , , , , , , , , , , , , , , , , ,	Review		-	-	3,064	-	-	78.7			
Medical Oncology	New	85	82	66	73						
	Review	2,986	3,828	2,962	800	35.2	46.8	10.9			
Radiation Oncology	New		-	-	-						
	Review		-	-	-	-	-	-			
Clinical Haematology	New	24	33	45	19						
57	Review	241	348	611	72	9.9	10.6	3.7			
Primary Care	New	-	-	-	-						
•	Review	-	-	-	-	_		-			
Other	New	-	-	-	-						
-	Review	_	-	-	-	_	-	-			
	Other	_	-	-	-						
Total	New	3,350	3,618	4,374	3,215		All clinics				
	Review	12,111	13,960	11,842	13,521	3.6	3.9	4.2			
	Other	-	-,-,-	-			ics as per Purch				
	Total	15,461	17,578	16,216	16,736	2.7	2.8	3.3			
		_5,.02	,5.5	_0,0	_0,.00			3.3			

^{*} Inpatient total excludes 42 Psychiatry - Acute and 43 Rehabilitation

ESCALATION KPI LIST

			Attainment Score	
KPI No.	Escalation KPIs	Green	Amber	Red
Safety	and Quality	Target		
E1	Never events	0	n/a	> 0
E2	Hospital acquired 3rd and 4th stage Pressure Injuries	5.0% of 2010-11 actuals	> 5.0% - 25.0% of 2010-11 actuals	> 25.0% of 2010-11 actuals
E3	Healthcare-associated Staphylococcus aureus (incl. MRSA) bacteraemia	20.0% of 2010-11 actuals	> 20.0% - 40.0% of 2010-11 actuals	> 40.0% of 2010-11 actuals
Access		Target		
E4	National Emergency Access Target (NEAT): % of ED attendances who depart	2012: > 70.0%	2012: 69.9% - 65.0%	2012: < 65.0%
	within 4 hours of their arrival in ED			
		2013: > 77.0%	2013: 76.9% - 70.0%	2013: < 70.0%
E5	Emergency Department: % seen within recommended timeframe:	80% of all categories		
LJ	Category 1: within 2 minutes	Cat. 1: 100%	Cat. 1: 99.9% - 90.0%	Cat. 1: < 90.0%
	Category 2: within 10 minutes	Cat. 2: > 80.0%	Cat. 2: 79.9% - 70.0%	Cat. 2: < 70.0%
	Category 3: within 30 minutes	Cat. 3: > 75.0%	Cat. 3: 74.9% - 65.0%	Cat. 3: < 65.0%
	Category 4: within 60 minutes	Cat. 4: > 70.0%	Cat. 4: 69.9% - 60.0%	Cat. 4: < 60.0%
	Category 5: within 120 minutes	Cat. 5: > 70.0%	Cat. 5: 69.9% 60.0%	Cat. 5: < 60.0%
F.C	Patient Off Stretcher Time (POST): < 30 mins (%)	>= 90.0%	< 90.0% - 85.0%	< 85.0%
-	Elective Surgery: % treated within the clinically recommended timeframe for	2012	2012	2012
E7	their category	2012	2012	2012
	(National Elective Surgery Target (Part 1))	Cat. 1: 89.0%	Cat. 1: 88.9% - 85.0%	Cat. 1: < 85.0%
		Cat. 2: 81.0%	Cat. 2: 80.9% /8.0%	Cat. 2: < 78.0%
		Cat. 3: 91.0%	Cat. 3: 90.9% 87.0%	Cat. 3: < 87.0%
		2013	2013	2013
		Cat. 1: 100%	Cat. 1: 99.9% - 96.0%	Cat. 1: < 96.0%
		Cat. 1: 100%	Cat. 2: 86.9% - 83.0%	Cat. 1: < 90.0%
		Cat. 3: 94.0%	Cat. 3: 93.9% - 90.0%	Cat. 3: < 90.0%
FO	Elective Surgery: Number of patients waiting more than the clinically	0 for all categories	HHS specific	HHS specific
E8	recommended timeframe for their category:	o for all categories	nns specific	nns specific
	Category 1: within 30 days	Cat. 1: 0	Cat. 1: > 0% - 5.0%	Cat. 1: > 5.0%
	Category 2: within 90 days	Cat. 2: 0	Cat. 2: > 0% - 5.0%	Cat. 2: > 5.0%
	Category 3: within 365 days	Cat. 3: 0	Cat. 3: > 0% - 5.0%	Cat. 3: > 5.0%
E9	Activity: variance between purchased ABF activity and YTD recorded ABF	0% to +/-1%	Within tolerance as per detail in Schedule	> tolerance as per detail in Schedule 3
	activity, by Service Group (Inpatients, Outpatients, ED, Mental Health, Critical	0,710 1/17	3 (part C) contained in the Service	(part C) contained in the Service
	Care and SNAP)		Agreement	Agreement
Efficien	ncy and Financial Performance	Target		
E10	YTD Operating position	Balanced or surplus	0 – 1.0% unfavourable variance to budget	> 1.0% unfavourable variance to budget
			_	_
E11	Full year Forecast Operating position	Balanced or surplus	0 – 1.0% unfavourable variance to budget	> 1.0% unfavourable variance to budget
	(Agreed position between System Manager and HSS)			
E12	Own Source Revenue Target	Balanced or surplus	0 – 1.0% unfavourable variance to budget	> 1.0% unfavourable variance to budget
E13	YTD average FTE (MOHRI head count)	HHS specific as per detail in Schedule 3	0 – 1.0% unfavourable variance to budget	> 1.0% unfavourable variance to budget
		(part 8) contained in the Service		
		Agreement		
Closing	the Gap	Target		
E14	Performance domain target:	0 escalation KPI red	1 escalation KPI red in any quarter	> = 2 escalation KPIs red in any quarter
	Achievement of Closing the Gap escalation indicators contained within	and > = 2 escalation KPI green in any	or > = 3 escalation KPIs amber in any	or 1 escalation KPI red for > = 2
	Schedule 8 of the Service Agreement.	quarter	quarter	consecutive quarters
E14.1	CTG KPI 1 – Estimated level of completion of Indigenous status – specifically the reporting of 'not 'stated' on admission	'Not stated' is < = 1%	'Not stated' is	'Not stated' is
	reporting of flot stated on admission	,	> previous quarter but not meeting target	> = previous quarter
F14.2	CTG KPI 2 – Percentage of in-scope separations of Aboriginal and Torres Strait	> = 55% of in-scope separations of	54.9% - 50.0% of in-scope separations	< 50.0% of in-scope separations
E14.2	Islander consumers from the HHS's acute mental health inpatient unit(s) for	Aboriginal and Torres Strait Islander	34.5% - 30.0% of III-scope separations	< 30.0% of III-scope separations
	which a community ambulatory service contact, in which the consumer	consumers		
	participated (in person or via videoconference), was recorded in one to seven			
	days immediately following that separation			
E14.3				> previous quarter target
E14.5	CTG KPI 3 – The proportion of Aboriginal and Torres Strait Islander patients	< = HHS quarterly target (as per detail in	> previous quarter result but not meeting	
E14.3	CTG KPI 3 – The proportion of Aboriginal and Torres Strait Islander patients who discharged themselves against medical advice (DAMA)	Schedule 8 contained in the Service	> previous quarter result but not meeting quarterly target	
	who discharged themselves against medical advice (DAMA)	Schedule 8 contained in the Service Agreement)	quarterly target	
	who discharged themselves against medical advice (DAMA) CTG KPI 4 – Percentage of //bo/figinal and/To/res Strait Islander Cultural Practice	Schedule 8 contained in the Service Agreement) > = HHS quarterly target (as per detail in	quarterly target > = 50.0% of quarterly target but not	< 50.0% of quarterly target
	who discharged themselves against medical advice (DAMA) CTG KPI 4 – Percentage of Aboriginal and Tokres Strait Islander Cultural Practice Program participants by facility	Schedule 8 contained in the Service Agreement) > = HHS quarterly target (as per detail in Schedule 8 contained in the Service	quarterly target	< 50.0% of quarterly target
E14.4	who discharged themselves against medical advice (DAMA) CTG KPI 4 – Percentage of Aboriginal and Torres Strait Islander Cultural Practice Program participants by facility (based on staff numbers at beginning of financial year)	Schedule 8 contained in the Service Agreement) > = HHS quarterly target (as per detail in Schedule 8 contained in the Service Agreement)	quarterly target > = 50.0% of quarterly target but not	< 50.0% of quarterly target
E14.4 Mental	who discharged themselves against medical advice (DAMA) CTG KPI 4 – Percentage of Aboriginal and Torres Strait Islander Cultural Practice Program participants by facility (based on staff numbers at beginning of financial year) I Health and Alcohol and Other Drugs	Schedule 8 contained in the Service Agreement) > = HHS quarterly target (as per detail in Schedule 8 contained in the Service Agreement) Target	quarterly target > = 50.0% of quarterly target but not achieving quarterly target	
E14.4	who discharged themselves against medical advice (DAMA) CTG KPI 4 – Percentage of Aboriginal and Torres Strait Islander Cultural Practice Program participants by facility (based on staff numbers at beginning of financial year) I Health and Alcohol and Other Pruss Performance domain target:	Schedule 8 contained in the Service Agreement) > = HHS quarterly target (as per detail in Schedule 8 contained in the Service Agreement) Target Achieve target (listed below) in greater	quarterly target > = 50.0% of quarterly target but not achieving quarterly target Achieve target in 67% - 50% of the	Achieve target in less than 50% of the
E14.4 Mental	who discharged themselves against medical advice (DAMA) CTG KPI 4 – Percentage of Aboriginal and Tokres Strait Islander Cultural Practice Program participants by facility (based on staff numbers at beginning of financial year) Health and Alcohol and Other Drugs Performance domain target: Achievement of Mental Health & Alcohol and Other Drug Treatment Services	Schedule 8 contained in the Service Agreement) > = HHS quarterly target (as per detail in Schedule 8 contained in the Service Agreement) Target	quarterly target > = 50.0% of quarterly target but not achieving quarterly target	
E14.4 Mental	who discharged themselves against medical advice (DAMA) CTG KPI 4 – Percentage of Aboriginal and Torres Strait Islander Cultural Practice Program participants by facility (based on staff numbers at beginning of financial year) I Health and Alcohol and Other Pruss Performance domain target:	Schedule 8 contained in the Service Agreement) > = HHS quarterly target (as per detail in Schedule 8 contained in the Service Agreement) Target Achieve target (listed below) in greater	quarterly target > = 50.0% of quarterly target but not achieving quarterly target Achieve target in 67% - 50% of the	Achieve target in less than 50% of the
E14.4 Mental	who discharged themselves against medical advice (DAMA) CTG KPI 4 – Percentage of Aboriginal and Tokres Strait Islander Cultural Practice Program participants by facility (based on staff numbers at beginning of financial year) Health and Alcohol and Other Drugs Performance domain target: Achievement of Mental Health & Alcohol and Other Drug Treatment Services escalation indicators contained within Schedule 9 of the Service Agreement.	Schedule 8 contained in the Service Agreement) > = HHS quarterly target (as per detail in Schedule 8 contained in the Service Agreement) Target Achieve target (listed below) in greater	quarterly target > = 50.0% of quarterly target but not achieving quarterly target Achieve target in 67% - 50% of the	Achieve target in less than 50% of the
E14.4 Mentai E15	who discharged themselves against medical advice (DAMA) CTG KPI 4 – Percentage of Aboriginal and Tokres Strait Islander Cultural Practice Program participants by facility (based on staff numbers at beginning of financial year) I Health and Alcohol and Other Drugs Performance domain target: Achievement of Mental Health & Alcohol and Other Drug Treatment Services escalation indicators contained within Schedule 9 of the Service Agreement. Listed below (where applicable):	Schedule 8 contained in the Service Agreement) > = HHS quarterly target (as per detail in Schedule 8 contained in the Service Agreement) Target Achieve target (listed below) in greater than 67% of the escalation indicators	quarterly target > = 50.0% of quarterly target but not achieving quarterly target Achieve target in 67% - 50% of the escalation indicators	Achieve target in less than 50% of the escalation indicators
E14.4 Mental E15	who discharged themselves against medical advice (DAMA) CTG KPI 4 – Percentage of Aboriginal and Torres Strait Islander Cultural Practice Program participants by facility (based on staff numbers at beginning of financial year) I Health and Alcohol and Other Prugs Performance domain target: Achievement of Mental Health & Alcohol and Other Drug Treatment Services escalation indicators contained within Schedule 9 of the Service Agreement. Listed below (where applicable): - Ambulatory service contacts	Schedule 8 contained in the Service Agreement) > = HHS quarterly target (as per detail in Schedule 8 contained in the Service Agreement) Target Achieve target (listed below) in greater than 67% of the escalation indicators	quarterly target > = 50.0% of quarterly target but not achieving quarterly target Achieve target in 67% - 50% of the escalation indicators 99.9% - 95.0%	Achieve target in less than 50% of the escalation indicators
E14.4 Mental E15 E15.1 E15.2	who discharged themselves against medical advice (DAMA) CTG KPI 4 – Percentage of Aboriginal and Torres Strait Islander Cultural Practice Program participants by facility (based on staff numbers at beginning of financial year) Health and Alcohol and Other Drugs Performance domain target: Achievement of Mental Health & Alcohol and Other Drug Treatment Services escalation indicators contained within Schedule 9 of the Service Agreement. Listed below (where applicable): - Ambulatory service contacts - Ambulatory service contacts: Duration	Schedule 8 contained in the Service Agreement) > = HHS quarterly target (as per detail in Schedule 8 contained in the Service Agreement) Target Achieve target (listed below) in greater than 67% of the escalation indicators 100% of ambulatory service targets 100% of ambulatory service targets	quarterly target > = 50.0% of quarterly target but not achieving quarterly target Achieve target in 67% - 50% of the escalation indicators 99.9% - 95.0% 99.9% - 95.0%	Achieve target in less than 50% of the escalation indicators < 95.0% < 95.0%
E14.4 Mental E15	who discharged themselves against medical advice (DAMA) CTG KPI 4 – Percentage of Aboriginal and Torres Strait Islander Cultural Practice Program participants by facility (based on staff numbers at beginning of financial year) I Health and Alcohol and Other Orugs Performance domain target: Achievement of Mental Health & Alcohol and Other Drug Treatment Services escalation indicators contained within Schedule 9 of the Service Agreement. Listed below (where applicable): - Ambulatory service contacts - Ambulatory service contacts: Duration - Extended treatment facility and psychiatric hospital beds (Accrued patient	Schedule 8 contained in the Service Agreement) > = HHS quarterly target (as per detail in Schedule 8 contained in the Service Agreement) Target Achieve target (listed below) in greater than 67% of the escalation indicators 100% of ambulatory service targets 100% of ambulatory service targets > = 95% of accrued patient day target	quarterly target > = 50.0% of quarterly target but not achieving quarterly target Achieve target in 67% - 50% of the escalation indicators 99.9% - 95.0%	Achieve target in less than 50% of the escalation indicators
E14.4 Mental E15 E15.1 E15.2 E15.3	who discharged themselves against medical advice (DAMA) CTG KPI 4 – Percentage of Aboriginal and Torres Strait Islander Cultural Practice Program participants by facility (based on staff numbers at beginning of financial year) I Health and Alcohol and Other Orugs Performance domain target: Achievement of Mental Health & Alcohol and Other Drug Treatment Services escalation indicators contained within Schedule 9 of the Service Agreement. Listed below (where applicable): - Ambulatory service contacts - Ambulatory service contacts: Duration - Extended treatment facility and psychiatric hospital beds (Accrued patient days in block funded mental health facilities)	Schedule 8 contained in the Service Agreement) > = HHS quarterly target (as per detail in Schedule 8 contained in the Service Agreement) Target Achieve target (listed below) in greater than 67% of the escalation indicators 100% of ambulatory service targets > = 95% of accrued patient day target delivered	quarterly target > = 50.0% of quarterly target but not achieving quarterly target Achieve target in 67% - 50% of the escalation indicators 99.9% - 95.0% 99.9% - 95.0% 94.9 - 90.0%	Achieve target in less than 50% of the escalation indicators < 95.0% < 95.0% < 90.0%
E14.4 Mental E15 E15.1 E15.2 E15.3 E15.4	who discharged themselves against medical advice (DAMA) CTG KPI 4 – Percentage of Aboriginal and Torres Strait Islander Cultural Practice Program participants by facility (based on staff numbers at beginning of financial year) I Health and Alcohol and Other Drugs Performance domain target: Achievement of Mental Health & Alcohol and Other Drug Treatment Services escalation indicators contained within Schedule 9 of the Service Agreement. Listed below (where applicable): - Ambulatory service contacts - Ambulatory service contacts: - Ambulatory service contacts: Duration - Extended treatment facility and psychiatric hospital beds (Accrued patient days in block funded mental health facilities) - Closure of ATODS Client intake	Schedule 8 contained in the Service Agreement) > = HHS quarterly target (as per detail in Schedule 8 contained in the Service Agreement) Target Achieve target (listed below) in greater than 67% of the escalation indicators 100% of ambulatory service targets 100% of ambulatory service targets > = 95% of accrued patient day target delivered Closure period < 2 weeks	quarterly target > = 50.0% of quarterly target but not achieving quarterly target Achieve target in 67% - 50% of the escalation indicators 99.9% - 95.0% 99.9% - 95.0% 94.9 - 90.0% 2 - 3 weeks	Achieve target in less than 50% of the escalation indicators < 95.0% < 95.0% < 90.0% > 3 weeks
E14.4 Mental E15 E15.1 E15.2 E15.3	who discharged themselves against medical advice (DAMA) CTG KPI 4 – Percentage of Aboriginal and Torres Strait Islander Cultural Practice Program participants by facility (based on staff numbers at beginning of financial year) I Health and Alcohol and Other Orugs Performance domain target: Achievement of Mental Health & Alcohol and Other Drug Treatment Services escalation indicators contained within Schedule 9 of the Service Agreement. Listed below (where applicable): - Ambulatory service contacts - Ambulatory service contacts: Duration - Extended treatment facility and psychiatric hospital beds (Accrued patient days in block funded mental health facilities)	Schedule 8 contained in the Service Agreement) > = HHS quarterly target (as per detail in Schedule 8 contained in the Service Agreement) Target Achieve target (listed below) in greater than 67% of the escalation indicators 100% of ambulatory service targets > = 95% of accrued patient day target delivered	quarterly target > = 50.0% of quarterly target but not achieving quarterly target Achieve target in 67% - 50% of the escalation indicators 99.9% - 95.0% 99.9% - 95.0% 94.9 - 90.0%	Achieve target in less than 50% of the escalation indicators < 95.0% < 95.0% < 90.0%

TREND IN MONITORING KPI

			YTD Result / Latest Result	Jul 2012	Aug 2012	Sep 2012	Oct 2012	Nov 2012	Dec 2012	Jan 2013	Feb 2013	Mar 2013	Apr 2013	May 2013	Jun 2013	Full Year Target
	AND QUALITY															
M1	Falls Risk Assessment	Target	70%					70%								709
	Version 10 10 10 10 10 10 10 10 10 10 10 10 10	Result	-					-								
M2	VTE Risk Assessment Documentation at Point of Care	Target Result	50%					50% -					\			509
M3	Hospital Standardised Mortality Ratio	пезин										//				
5	(HSMR)	Flag	green			green			green							
M4	Death in low-mortality Diagnostic Related Groups (Death-in-LM-DRG)	Result	0.02			0.04			0.00			0.02				
M5	VLAD In-hospital mortality indicators:	Flag	green		green			green			green					
M5.1	Acute Myocardial Infarction	Result	• 0		0			0			((0 •		\ //			
M5.2	Stroke	Result	• 0		0			0			0					
M5.3	Fractured neck of femur	Result	• 0		0			0			0))				
M5.4	Pneumonia	Result	• 0		0			0			0/0	_//				
M6	VLAD Unplanned readmission indicators:	Flag	green		green			green			green					
M6.1	Acute Myocardial Infarction	Result			0			0			0					
M6.2	Heart failure	Result	• 0		0			0	//	\ \ \ \	0					
M6.3	Knee replacement	Result	0		0			0		> \\	0					
M6.4	Hip replacement	Result	• 0		0			0		/ /	0					
M6.5	Depression	Result	-		-			<u> </u>			-					
M6.6	Schizophrenia	Result	-		-		^	-		//	-					
M6.7	Paediatric tonsillectomy and adenoidectomy	Result	• 0		0			/ /0 •			0					
M11	Renal dialysis treatment received at home	Target	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%			50%
		Result	0.0%	100.0% 🔸	100.0%	100.0%	100.0%	100.0%	0.0% ♦	100.0%	100.0%	100.0%	0.0% 🔸			
ACCESS	** denotes calendar year result	_														
M12	Emergency Department median waiting time	Target	20	20	20	20	20	20	20	20	20	20	20	20		20
			24	27	28 🗷	27	26	26	25	24 🔸	23 💠	24 🔸	24 💠	24 🔸		
M13	Emergency Department 'Did not waits'	Target	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%		0%
			2.2%	2.1% ◆	2.8% •	2.6%	2.0%	2.4% 🔷	2.5% 🔸	1.9% ♦	1.8% •	2.3%	2.2% 🔸	1.9% •		
M14	Elective Surgery volume	Target	8,976	907 <	921	911	926	930	646	446	751	1,018	628	892		9,836
		Result		977	951	828 •	988	910 🔸	754	613	958	938 🔸	829	1,019		,,,,,,
M15.1	Reduction in elective surgery long waits: **	Target	0		1//	(0)	0	0	0					,		0
	Category 1: within 30 days	Result	-			-	_	_	-							
M15.2		Target	68			67	67	67	67							67
	Category 2: within 90 days	Result				_	_	-	-							
M15.3		Target	61			61	61	61	61							61
	Category 3: within 365 days	Result	/)]			-	-	-	-							
M16	ES: 10% longest wait are treated in year **	Target	100.0%		100.0%	100.0%	100.0%	100.0%	100.0%							100%
	% of cohort patients removed	Result			_	_	=	-	-							
M17	Elective Surgery Cancellations (hospital initiated)	Target	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%		10%
		Result	\ \	_	-		-		-		-		-	-		
M18	Elective Surgery median waiting time	Target	25	25	25	25	25	25	25	25	25	25	25			25
		Result	30	35 ■	29	29	30.5	27 🔷	29 ■	36	28	27 🔸	35			
M21	Categorisation of new case outpatient referrals	Target	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		100%
		Result	-	_	-	-	-	-	-	-	-	-	-	-		
M22	Category 1 Outpatients: waiting in time	Target	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%		95%
		Result	-	-	-		-	-	-	-	-		-	-		
IVIZZ				2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0			2.0
	Ambulatory Care access Outpatient ratio	Taraet	2.0	2.0	2.0	2.0	2.0									
M23	Ambulatory Care access Outpatient ratio (Review to New)	Target Result	2.0 3.3	3.2	2.0 3.4	3.2	3.3	3.2	3.5	3.1	3.4	3.4	3.2			
	Ambulatory Care access Outpatient ratio (Review to New) Hospital in the Home (HITH) separations - may		2.0 3.3 1.5%													1.5%

TREND IN MONITORING KPI

			YTD Result / Latest Result	Jul 2012	Aug 2012	Sep 2012	Oct 2012	Nov 2012	Dec 2012	Jan 2013	Feb 2013	Mar 2013	Apr 2013	May 2013	Jun 2013	Full Year
M26	Telehealth Non-admitted Occasions of Service	Target	Latest Result	-	-	-	-	-	-	-	-	-	-			Target
WIZO	reference from dufficted occusions of service	Result	-	-	-	-	-	=	-	-	=	-	-			
EFFICIEN	CY AND FINANCIAL PERFORMANCE															
M27	Cost per WAU												1			
	For the in-scope ABF facilities	Result	-	-	-	-	-	-	-	-	-	//	<u> </u>			
M30	Day case surgery rates												^			
		Result	82.3%	79.2%	82.7%	80.0%	82.8%	84.3%	82.8%	81.1%	85.1%	81.0%	83.7%			
M31	Extended day case surgery rates												/ .			
		Result	85.9%	87.1%	87.1%	86.1%	84.2%	86.3%	85.1%	85.9%	84.5%	87.5%	85.4%			
M32	Out of scope procedures:	Target	0	0	0	0	0	0	0	0	((0	0//	0			
	Varicose Veins (F20Z)	Result	54	3	11	5	7	8	7	2	(3	6	2			
	Vasectomies (M63Z)	Result	-	-	-	-	-	-	-				<u> </u>			
M33	Clinical data coded within recommended time	Target	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%			100%
		Result	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%			
M34	Maintenance Expenditure															-
	- 40 - 20 - 10	Result							//	1						201
M35	Facility Condition Index							1		> \\						2% to 4%
1400	Discount Mariatanana Co	Result							+							C00/ t - 700/
M36	Planned Maintenance Expenditure Ratio															60% to 70%
		Result														
PATIENT	EXPERIENCE															
M37	Complaints acknowledged within 5 calendar	Target	100.0%				100,0%	100.0%	100:0%	100.0%	100.0%	100.0%	100.0%			100.0%
	days	Result	-			4	(<u> </u>	//-	-	-	-	-			
WORKFO	NPCE .															
M39	Hours lost (WorkCover) vs Occupied FTE	Target	0.35			0.35			0.35			0.35				0.35
11133	nours lost (workdorer) is occupied in	Result	0.55					//	0.55			0.55				0.55
M40	Sick leave	Target	3.50%	3.50%	3.50%	3.50%	3.50%	3.50%	3.50%	3.50%	3.50%	3.50%	3.50%	3.50%		3.5%
		Result														
							$\overline{}$									
	HEALTH & ALCOHOL AND OTHER DRUG TREATMEN		1		55.00/	7- 0/	EE 00/	== 00/	EE 00/	== 00/	55.00/	55.00/	EE 00/			
M46	Community follow up (within 1 - 7 days) post mental health discharge	Target	55.0%	55.0%	55.0%	55.0%	55.0%	55.0%	55.0%	55.0%	55.0%	55.0%	55.0%			
	<u> </u>	Result		31.3%	58.8%	40.0%	66.7%	48.1%	23.8%	-	-	-	-			
M47	End of Episode/Discharge Summary recorded (within 48 hrs of discharge)	Target	35.0%	35.0%	35.0%	35.0%	35.0%	35.0%	35.0%	35.0%	35.0%	35.0%	35.0%			
M48	Mental Health readmissions within 28 days of	Result		0.0%	15.8%	20.0%	60.0%	51.5%	55.6%	75.0%	69.2%	75.0%	70.0%			
IVI46	discharge	Target	14.0%	14.0% 6.3%	14.0% 11.8%	14.0% 15.0% •	14.0% 7.4%	14.0% 11.1% •	14.0% 13.6%	14.0% 8.3%	14.0% 13.0%	14.0% 7.7% •				
M50		Result	13.0%	0.5%	11.6%	15.0%	7.470	11.1%	15.0%	0.5%	15.0%	7.770				
IVISU	Change in consumers' clinical outcomes Acute Inpatient - Improvement	Basult	100.0%	_		100.0%	33.3%	88.9%	77.8%	66.7%	75.0%	66.7%	100.0%			
		Result Result	66.7%		-	0.0%	66.7%	11.1%	22.2%	33.3%	25.0%	33.3%	0.0%			
	Acute Inpatient - No significant change Acute Inpatient - Deteriorate		0.0%	<u></u>	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%			
	Ambulatory Complete - Improvement	Result Result	87.5%	70.0%	50.0%	50.0%	42.1%	44.4%	50.0%	45.0%	60.0%	85.7%	63.2%			
	Ambulatory Complete - Improvement Ambulatory Complete - No significant change	Result	51.9%	20.0%	45.0%	44.4%	42.1%	51.9%	45.8%	50.0%	33.3%	14.3%	36.8%			
	Ambulatory Complete - No significant change Ambulatory Complete - Deteriorate	Result	15.8%	10.0%	5.0%	5.6%	15.8%	3.7%	43.8%	5.0%	6.7%	0.0%	0.0%			
	Ambulatory Ongoing - Improvement	Result	50.0%	31.0%	50.0%	29.1%	43.0%	42.1%	40.5%	49.4%	45.6%	41.0%	49.2%			
	Ambulatory Ongoing - No significant change	Result	54.8%	54.8%	35.1%	40.0%	46.8%	48.4%	45.6%	42.4%	39.7%	44.3%	36.5%			
	Ambulatory Ongoing - No significant change Ambulatory Ongoing - Deteriorate	Result	30.9%	14.3%	14.9%	30.9%	10.1%	9.5%	13.9%	8.2%	14.7%	14.8%	14.3%			
M51	Service episodes where a consumer is secluded	Target	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%			
	at least once	Result		8.0%	0.0%	9.1%	2.7%	5.1%	3.3%	0.0%	0.0%	3.4%	-			
M52	Occasions where required clinical outcome	Target	40.0%	40.0%	40.0%	40.0%	40.0%	40.0%	40.0%	40.0%	40.0%	40.0%	40.0%			
	measure(s) were recorded	Result		30.4%	46.5%	54.2%	50.4%	50.6%	49.1%	48.8%	37.7% •	38.9% •	40.6%			
		court	J 11270	55	.0.5,0	3,	30	30.070	.3.2,0	10.070	3,0	30.370	.0.0,0			

Mater Health Service Hospital & Health Service

Performance Dashboard

June 2013 Report



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- 5.5 Casemix and ambulatory changes

Appendices

6 Appendix 1 - Attainment Score (Targets and Tolerance levels)

7 Appendix 2 - Monitoring KPIs



PERFORMANCE DOMAINS - Escalation KPIs SAFETY AND QUALITY E1 **Never Events** 0 0 E2 Hospital acquired 3rd and 4th stage pressure injuries - Quarter 3 Result (Jan - Mar) FY Target: 0 May E3 Healthcare-associated Staphylococcus aureus (including MRSA) bacteraemia 20% of 2010-11 Data currently unavailable ** denotes calendar year result Data as at E4 National Emergency Access Target (NEAT): ** 77% 79,7% June % of ED attendances who depart within 4 hours of their arrival in ED Emergency Department: % seen within recommended timeframe: F5 F5.1 98.3% Category 1: within 2 minutes 100% E5.2 Category 2: within 10 minutes 80% E5.3 Category 3: within 30 minutes 74.3% E5.4 67.8% Category 4: within 60 minutes 70% /une E5.5 Category 5: within 120 minutes 70% E6 Patient Off Stretcher Time (POST): < 30 mins (%) 90% E7 Elective Surgery: % treated within clinically recommended timeframe: ** E7.1 100% 99.5% Category 1: within 30 days June E7.2 Category 2: within 90 days 87% June 97.1% E7.3 Category 3: within 365 days 94% 99.7% E8 Elective Surgery: Number of patients waiting more than the clinically recommended: E8.1 Category 1: within 30 days 0 June Category 2: within 90 days F8.2 June E8.3 Category 3: within 365 days 50 👎 June F9 Activity: variance between Purchased activity and YTD activity: 0% to Mav +/-1% E9.1 Inpatients E9.2 Outpatients



E9.3

E9.4

E9.5

E9.6

FD

Mental Health

Sub and Non-Acute Patients

Critical Care

TREND IN ESCALATION KPI

Data source: Decision Support System (DSS) as at 11 July 2013

			Latest Result /													Full Year
			YTD Result													Target
SAFET	Y AND QUALITY															
E1	Never Events	Result		-	-	-	-	-	-	-	-	-	-	-		0
E2	Hospital acquired 3rd and 4th stage pressure injuries (FY Target is 5% of 2010-11 actuals)	FY Tgt Qtr3	0	-	-	-	-	-		-	-	-	-	-		0
E3	Healthcare-associated Staphylococcus aureus	Target	-									//				20%
	(including MRSA) bacteraemia - SAB	Result	-	Data for June-Dece	ember 2012 will be mad	de available in May	2013						>			
ACCES	** denotes calendar year resul	lt														
E4	National Emergency Access Target: 4hrs **	Target	77.0%	70.0%	70.0%	70.0%	70.0%	70.0%	70.0%	77.0%	77.0%	77:0%	77.0%	77.0%	77.0%	77%
	NEAT	Result	9.7%	75.9% •	74.3%	76.2%	78.0%	80.2%	80.9%	81.7%	80.0%	79.1%	78.8% •	79.2%	79.5%	
E5.1	ED: % seen within recommended time	Target	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100%
	Category 1: within 2 minutes	Result	98.3%	100.0%	97.7% 🔸	84.2%	100.0%	100.0%	100.0%	93.1% 🔸	96.8% 🔸	100.0%	100.0%	100.0%	100.0%	
E5.2		Target	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80%
	Category 2: within 10 minutes	Result	82.9%	82.2%	80.1%	81.1%	80.2%	83.0%	87.0%	88.5%	86.0%	80.8%	80.1%	83.8%	83.6%	
E5.3		Target	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75%
	Category 3: within 30 minutes	Result	74.3%	71.2% 🔸	64.7%	69.8% 🔸	76.3%	75.6%	79.8%	34.5%	79.0%	71.3% 🔷	75.0%	75.2%	72.4% 🔷	
E5.4		Target	70.0%	70.0%	70.0%	70.0%	70.0%	70.0%	70.0%	70.0%	70.0%	70.0%	70.0%	70.0%	70.0%	70%
	Category 4: within 60 minutes	Result	67.8%	65.9% ♦	63.6% 🔸	71.1%	67.3% 🔷	65.0% 🔸	72,2% 🕏	78.9%	76.2%	63.5% 🔸	66.9% 🔷	60.8% 🔸	65.3% 🔸	
E5.5		Target	70.0%	70.0%	70.0%	70.0%	70.0%	70.0%	70.0%	70.0%	70.0%	70.0%	70.0%	70.0%	70.0%	70%
	Category 5: within 120 minutes	Result	84.9%	76.2%	83.7%	91.2%	84.3%	86.8%	87.7%	36.1%	82.1%	84.2%	85.8%	86.5%	83.1%	
E6	Patient Off Stretcher Time: < 30 mins	Target	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%		90%
	POST	Result	92.6%	87.8% 🔸	88.7% 🔸	91.7%	94.4%	94.6%	95.5%	95.2%	94.1%	91.6%	94.8%	92.0%		
E7.1	ES: % treated within recommended time **	Target	100.0%	89.0%	89.0%	89.0%	89.0%	89.0%	89.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100%
	Category 1: within 30 days	Result	99.5%	95.9%	94.8%	99.0%	99.1%	98.1%	96.9%	98.7% 🔸	98.2% 🔸	100.0%	100.0%	100.0%	100.0%	
E7.2	,	Target	87.0%	81.0%	81.0%	81.0%	81,0%	81.0%	81.0%	87.0%	87.0%	87.0%	87.0%	87.0%	87.0%	87%
	Category 2: within 90 days		97.1%	91.1%		97.8%	94.2%	89.3%	93.2%	96.6%	92.7%	97.7%	98.5%	98.6%	98.3%	
E7.3		Target	94.0%	91.0%	91.0%	91.0%	91.0%	91.0%	91.0%	94.0%	94.0%	94.0%	94.0%	94.0%	94.0%	94%
27.5	Category 3: within 365 days			99.7%	98.9%	99.7%	98.8%	99.2%	100.0%	99.0%	99.5%	100.0%	99.3%	100.0%	100.0%	3 .,0
E8.1	ES: 'long waits'	Target	0	0	0	0	50.00	0	0	0	0	0	0	0	0	0
20.1	Category 1: within 30 days			0 •	_	0	0	0 •	0	0 •	0 •	0 •	0 •	0 •	0	ı
E8.2	category 1. Within 50 days	Target	0	0		/ /0	0	0	0	0	0	0	0	0	0	0
20.2	Category 2: within 90 days			89		84	89 ■	118	100	142	77	79	69	64	65 =	ı
E8.3	category 2. within 50 days	Target	0			04	0	0	0	0	0	0	0	0	0	0
20.5	Category 3: within 365 days		+ 50	0	0	0 •	0 •	0 •	0 •	0 •	0 •	0 •	0 •	12 🔸	50 💠	ı
TNT	Treated in turn	Target	60%	60%	60%	60%	60%	60%	60%	60%	60%	60%	60%	60%	60%	60%
1141	Treated III turii	Result	0070	-	00%	-	-	-	-	-	-	-	-	-	-	0070
E9	Activity (WAU):	Target	0.0		\ \ .										_	94,069
LJ		Result	91,245.1	8,658.2	8,628.2	8,015.6	8,373.4	8,721.0	7,602.7	7,120.8	7,866.5	8,915.4	8,184.2	9,159.0		34,003
E9.1	Total	Target	0.0	0,030.2	0,020.2	0,013.0	0,373.4	0,721.0	7,002.7	7,120.0	7,800.5	0,515.4	0,104.2	3,133.0		51,851
E3.1	Inpatients		48,573.4	4,487.5	4,558.5	4,324.2	4,370.3	4,663.1	4,178.5	3,750.1	4,193.4	4,768.1	4,368.7	4,910.8		31,631
E9.2	inpatients		40,573.9	4,467.5	4,556.5	4,324.2	4,370.3	4,003.1	4,176.5	3,730.1	4,195.4	4,700.1	4,306.7	4,910.6		16,216
E9.2	Outrationts	Target	10.000	1 602 6	1 002 4	1.050.5	1 000 0	1 050 0	1 252 7	1,440.7	1 670 0	1 721 0	1 601 5	1 022 7		10,210
	Outpatients		18,668.9	1,683.6	1,802.4	1,656.5	1,866.0	1,850.8	1,353.7	1,440.7	1,670.0	1,731.0	1,681.5	1,932.7		40.550
E9.3		Target	0.0													10,572
	Emergency Department		9,753.7	952.2	937.5	836.6	866.1	850.8	849.5	802.7	811.4	965.8	912.4	968.6		
E9.4		Target	0.0			-	-	-		_		-	-	-		1,588
	Mental Health		1,375.2	96.1	252.8	144.5	108.3	151.8	99.9	67.2	90.4	122.6	114.7	126.8		
E9.5		Target	0.0	-	-	-	-	-	-	-	-	-	-	-		13,036
	Critical Care		12,164.3	1,374.3	989.5	980.6	1,092.2	1,162.4	1,087.7	997.4	1,048.7	1,264.5	1,015.1	1,152.0		
E9.6		Target	0.0	-	-	-	-	-	-	-	-	-	-	-		805
	Sub and Non-Acute Patients	Result	709.7	64.5	87.5	73.1	70.5	42.1	33.4	62.7	52.7	63.3	91.8	68.2		

EMERGENCY DEPARTMENTS

National Emergency Access Target (NEAT) - calendar year to date performance

NEAT by departure status group

Departure Status *	Total Attendances	NEAT	% NEAT	May 2013 YTD NEAT %
Non-admitted	29,383	25,932	88.3%	88.2%
Admitted	7,875	3,826	48.6%	48.8%
Total	37,258	29,758	79.9%	79.8%

^{*} Does not include dead on arrival, died in ED, did not wait and transferred to another hospital

NEAT by hospital and departure status group

Hospital	Non-admitted	Admitted	% NEAT	May 2013 YTD NEAT %
Mater Adult Public Hospital	88%	58%	79.4%	80.1%
Mater Children's Public Hospital	89%	32%	80.3%	79.5%

NEAT by top 5 admitting wards by volume, and % of consults requested within 220 minutes (excludes NEAT performance >40%)

Admitting Ward	Admissions NEAT % consults < 120
n/a	
Total of all admissions	0.0%

NEAT by top 5 admitting specialty by volume, and % of consults requested within 120 minutes (excludes NEAT performance >40%)

Admitting Specialty		Admissions	NEAT	% consults < 120
n/2 A				

Total of all admissions

0.0%

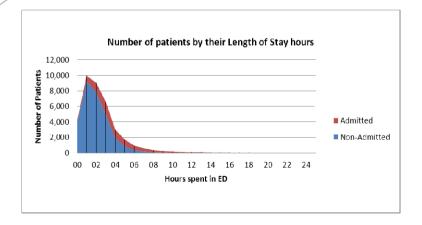
WAITING TIMES - monthly performance

Volume and waiting time performance by triage category

	Category 1	Category 2	Category 3	Category 4	Category 5	All Categories
Attendances	44	560	2,210	3,959	242	7,015
# seen in time	44	468	1,599	2,587	201	4,899
% seen in time	100.0%	83.6%	72.4%	65.3%	83.1%	69.8%
Median Wait (minutes)	0) }	18	42	45	27

Volume and waiting time performance by top 5 diagnosis, category 3 and 4

volume and waiting time performance by top 5 and gnosis, category 5 and 4										
Diagnosis	Category 3 Category 4									
Diagnosis	Attendances	% seen in time	Attendances	% seen in time						
B34.9 Viral Infection	105	64.8%	253	45.0%						
J06.9 Upper Respiratory Tract Infection	50	72.0%	160	49.0%						
R10.3 Pain Localised To Oth Parts Low Abdomen	56	73.2%	117	42.2%						
S00.9 Superficial Injury Of Head Part Nos	49	75.5%	110	53.5%						
A08.4 Viral Gastroenteritis	31	67.7%	118	53.7%						



Information provided by Clinical Access and Redesign Unit

Data source: Emergency Department Information System (EDIS), data is preliminary and subject to change.

ACTIVITY (ABF AND NON-ABF) YTD PERFORMANCE -May 2013 Data source: Decision Support System (DSS) as at 11 July 2013 Targets have not been uploaded by the HHS at this time Emergency Services Treated data is now being captured against triage categories Weighted Activity Units - WAU Weighted Activity Units - WAU 93.122 91.245 91.245 128 23.2% 94.069 85.314 5.931 7.0% Cat 1 (Admitted and Discharged) 117 126 104 128 24 Non ABF Cat 2 (Admitted and Discharged) 1.305 1.375 1.198 1.183 1.183 -16 -1.3% Total Activity 93,122 94,069 85,314 91,245 91,245 5,931 7.0% Cat 3 (Admitted and Discharged) 4,123 4,321 3,784 3,693 3.693 -91 -2.4% 4.643 4.591 4.256 4.557 4 557 300 7 1% Cat 4 (Admitted and Discharged) Cat 5 (Admitted and Discharged) 162 158 151 190 190 39 26.1% 01 Cardiology 875 910 805 824 824 19 2.3% Died 0.0% 3 3 3 02 Interventional Cardiology 1/1/1 127 127 FS Treated 195 13/ -6 -4 7% 03 Cardiac Surgery 1,264 1,740 1,166 1,340 1,340 174 14.9% **Emergency Department Total** 10,352 10,572 9,496 9,754 9,754 257 2.7% 04 Thoracic Surgery 662 608 580 580 -28 -4.6% 05 Dermatology 220 220 201 198 198 -3 -1 4% 978 963 903 1,001 1,001 98 10.8% 06 Endocrinology 524 564 489 475 475 -14 -2.8% MAINT 298 237 237 -37 -13.3% 07 Gastroenterology 252 242 08 Diagnostic GI Endoscopy 813 903 730 801 801 71 9.7% PALLIATIVE 280 226 226 -15 -6.3% 366 647 597 422 422 -175 -29 3% REHAR 154 246 246 103 71 7% 09 Haematology 549 143 10 Haematological Surgery 234 212 176 176 -36 -16.9% SNAP Total 732 659 710 710 51 7.7% 11 Immunology & Infections 984 1,098 902 969 969 67 7.5% 634 528 528 -68 666 596 -11.4% 12 Medical Oncology 67 13 Chemotherapy & Radiotherapy 41 67 26 64.2% Designated Bed (Per Diem Activity) 1.269 1.405 1.165 1.251 1.251 86 7.4% 1.540 1,407 1.425 1.479 1.479 54 3.8% 42 Psychiatry - Acute 184 124 124 12 10.6% 14 Neurology 1,388 588 1,277 1,375 15 Renal Medicine 365 1.375 7.7% 321 337 335 335 -2 -0.6% Mental Health Total 98 16 Renal Dialysis 100.0% -5 17 Respiratory Medicine 3.824 2.898 3.492 3,421 3.421 -71 -2.0% 18 Rheumatology 241 232 218 238 238 20 9.4% Medical 3,607 3,353 3,292 4,002 4.002 710 21.6% 1,071 1,882 987 1,036 1,036 49 5.0% 3,990 3,730 3,653 3,623 3,623 -30 -0.8% 19 Non Subspecialty Medicine Surgical 793 928 725 808 83 11.4% Allied Health 1,958 1,829 1,810 1,770 1,770 -40 -2.2% 20 Breast Surgery 808 21 Upper GIT Surgery 796 753 726 768 768 43 5.9% Pre-Admission 322 61 291 255 255 -36 -12.5% 1.240 1 149 1.016 -133 -11 5% Paediatric 328 448 148 49.4% 22 Colorectal Surgery 1.232 1.016 296 300 448 23 Head & Neck Surgery 319 350 289 311 311 22 7.7% Neonatal 24 Neurosurgery 1,431 778 1,237 1,155 1,155 -82 -6.6% Maternity 2,553 2,778 2,347 2,874 2,874 527 22.5% 130 355 119 94 94 -25 -21.0% Chemotherany 3 408 3.408 3 408 25 Dental Surgery 26 Dentistry 352 324 335 335 11 3.5% Clinical Haematology 380 655 346 104 104 -242 -69.9% 27 Ear, Nose & Throat 1,833 1,865 1,645 1,852 1,852 207 12.6% Clinical Measurement 35 339 339 339 Cystic Fibrosis 122 28 Orthopaedics 5.041 5.811 4 624 4 935 4 935 131 186 121 121 -1 -1.2% 29 Ophthalmology 1,000 1,106 905 1,016 1,016 112 12.4% Dialysis 151 80 138 99 99 -39 -28.1% 30 Plastic & Reconstructive Surgery 1,389 1,696 1,262 1,361 1,361 99 7.8% District Nursing Services -98 -4.6% 351 351 31 Urology 2,342 2.086 2.115 2,018 2,018 Endoscopy 351 554 685 533 533 9.3% 32 Vascular Surgery 488 Interventional Cardiology 3,270 3,508 3,005 3,028 3,639 973 -73.2% 33 Non Subspecialty Surgery 3,366 Medical Oncology 3,910 973 -2,665 34 Gynaecology 2.701 2,719 2.455 2.796 2,796 341 13.9% Pain Management 35 Obstetrics 7 708 8.065 7.019 7.520 7 520 501 7 1% Pharmacy 3,827 3,774 3,511 227 36 Qualified Neonate 3,738 6.5% Primary Care 38 Transplantation 103 102 103 87 -15 -15.0% Psychiatry 21 18 674 6% 39 Extensive Burns Radiation Oncology 40 Tracheostomy 991 1,299 912 702 702 -209 -23.0% Renal Medicine 220 154 202 225 225 23 11.6% 41 Drug & Alcohol 122 126 114 123 123 9 7.8% Sub Acute 60 60 60 AA Unallocated Transplants Inpatient Total 51,022 51,851 46,573 48,573 48,573 2,000 4.3% Wound Management 29 32 28 10 10 -18 -64.3% Other 16.168 18 669 15.5% Outpatient Total 17,578 16.216 385 456 348 346 346 -0.7% Coronary Care -2 Intensive Care 1,491 1,330 1,367 1,167 1,167 -200 -14.7% Red values indicate the Top 5 greatest positive variance to target recorded in DSS Neonatal Intensive Care 4.040 4.656 3.798 4.358 4.358 560 14.7% Blue values indicate the Top 5 greatest negative variance to target recorded in DSS Paediatric Intensive Care 3,295 3,705 3,054 3,195 3,195 141 4.6% 2,573 20.4% Special Care Nursery 2,839 2,889 3,099 3,099 525 **Critical Care Total** 12,049 13,036 11,141 12,164 12,164 1,024 9.2%

														2012-13	HHS FY Target	Variance	
Monthly target phasing - loaded to DSS	Jul 2012	Aug 2012	Sep 2012	Oct 2012	Nov 2012	Dec 2012	Jan 2013	Feb 2013	Mar 2013	Apr 2013	May 2013	Jun 2013	YTD	Purchased	loaded to DSS		
Inpatients	-	-	-	-	-	-	-	-	-	-	-	-	-	51,851	-	-51,851	Inpatients
Critical Care	-	-	-	-	-	-	-	-	-	-	-	-	-	13,036	-	-13,036	Critical Care
Emergency Department	-	=	=	=	-	-	=	=	-	-	-	-	-	10,572	-	-10,572	Emergency Department
Sub and Non-Acute Patients	-	-	-	-	-	-	-	-	-	-	-	-	-	805	-	-805	Sub and Non-Acute Patients
Mental Health	-	=	=	=	-	-	=	=	-	-	-	-	-	1,588	-	-1,588	Mental Health
Outpatients	-	=	=	=	-	-	=	=	-	-	-	-	-	16,216	-	-16,216	Outpatients
Total Activity Target	-	-	-	-	-	-	-	-	-	-	-	-	-	94,069	-	-94,069	Total Activity Target

ACTIVITY FORECAST

May 2013

Technology of the property of		2012-13 Purchased ¹	2012-13 DSS Target	Jul 2012	Aug 2012	Sep 2012	Oct 2012	Nov 2012	Actuals Dec 2012	Jan 2013	Feb 2013	Mar 2013	Apr 2013	May 2013	Forecast ⁴ Jun 2013	2012-13 Total	Variance to Purch.	% Variance to Purch.
Treatment of the Compon	Breast Surgery	928		95	85	53	78	58	50	56	75	71	94	92	72	808	-120	-13.0%
Second column	Cardiac Surgery						120				36			62	128			
Commercing Lag	Cardiology																	
Seed Seed Seed Seed Seed Seed Seed Seed																		
Separent Sep	Dental Surgery		-												-			
The service of the control of the co	Dermatology																	
Lack Seed Brook 1868 - 175																		
General Service G	Ear, Nose & Throat		-							116								
Sementaning Sale 32 63 64 38 64 65 32 72 33 60 60 64 62 69 92 92 92 92 92 92	Endocrinology																	
Separate 1988 1979 1979 1979 1989 1970 197																		
Teacher 1968 1.0	Gynaecology																	
Method Proceedings April 29 29 29 29 29 29 20 20	Haematological Surgery																	-
Second comment Comment	Haematology																	
Proceedings																		
Secondary 1,000 1,002 150	Interventional Cardiology		-															
December 1979	Medical Oncology														_/			
The continuar plane from the continuar plane of the continuar plane																		
Treatment 8,65	Non Subspecialty Medicine																	
Section	Non Subspecialty Surgery																	-
Temperature (MATE) 1. ACT 1	Obstetrics Onbthalmology																	
France and Company (1969) All 1969 1979																-		
Commentary 1979	Plastic & Reconstructive Surgery																	
The Membershere 1938 97 12 58 10 12 12 13 13 13 15 14 15 15 15 15 15 15 15 15 15 15 15 15 15	Qualified Neonate																	
Respectively, March 198 177 184 199 299 291 291 390 391 390 391 390 391 390 391 390 391 390 391 390 391 390 391	Renal Dialysis																	
The memeratory 232																		
Treatment (1.209 - 199 113 14 67 28 15 58 10 75 79 15 15 14 70 20 50 45.99 (1.200 119) Treatment (1.200 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Rheumatology															-		
Transportation 192	Thoracic Surgery	0		45	66	52	52	72	54	41	56	41	66	36	54	580		-
1,000	Tracheostomy																	
Description 1.50																		
Secondary Seco	Urology	2,086		173	167	176	170	178	180	163	212	196	187	217	180	2,018	-69	-3.3%
COL 456 32	Vascular Surgery																	
CUI 1,330	Inpatients	51,851	-	4,488	4,558	4,324	4,370	4,663	4,179	3,750	4,193	4,768	4,369	4,911	4,325	48,573	-3,278	-6.3%
NECLY (1976) - 1,506	ccu																	
PRIOR 1, 3,706 3,56 200 2014 764 320 195 315, 315 316 288 381 281 1,195 510 1,126																		
Scale 1,288	PICU																	
Table Monthed and Dischage(s) 1.26	SCN				216	300			284			354						
Care J (American and Discharger) 1.375 - 1111 1310 89 114 105 86 91 1111 132 120 101 131 122 100 1318 132 1409. Tale J (American discharger) 1.375 - 1.370 361 323 322 322 323 8135 25 310 381 350 377 332 3393 439 459 450 140 150 140 140 140 140 140 140 140 140 140 14	Critical Care	13,036	-	1,374	989	981	1,092	1,162	1,088	997	1,049	1,264	1,015	1,152	1,100	12,164	-872	-6.7%
Call Johnster and Discharged 4,322 - 370 361 323 322 318 315 285 370 361 350 377 332 3,699 623 34.595 Carl Johnster and Discharged 1,595 - 142 318 316 397 472 316 396 396 456 415 43.57 334 4.595 Carl Johnster and Discharged 1,595 - 142 151 151 14 157 17 20 79 19 22 18 17 190 32 20.685 Died Market 0	Cat 1 (Admitted and Discharged)																	
Cast e) Administration of Dischargerol 4,591 442 436 403 404 307 412 396 565 456 415 436 412 4,557 3-4 4.77 30 151 22 38 37 150 33 20.055 301	Cat 2 (Admitted and Discharged)																	
Carl S (Anthorste and Discharges) 158																		
Die Not Wilst Die Die Die Die Die Die Die Die Die Die																		
Emergency Department 10,972 932 938 837 866 851 859 869 811 966 912 959 879 9,754 418 7,775	Did Not Wait								<u>_</u>	1	_/				-			-
Emergency Department 10,972 938 837 866 851 849 800 811 966 912 969 879 9,784 431 7.776 GEM	Died			0	0	0	0	0	-/-/-	0	0	0	0		0			
MANNT				952	938	837	866	851		803	811	966	912		879			
MANT 188 - 13 21 36 -21 189 9 25 6 20 43 26 21 237 49 26.14 27 19 19 19 19 19 19 19 19 19 19 19 19 19								$\overline{}$	/ .	//.		-	-				0	<u> </u>
REHAB 806 - 31 31 31 25 22 12 0 19 33 18 20 2.66 1.120 32.7% both and Mon-Acute Patients 807 - 64 88 78 71 42 33 63 53 63 92 66 61 710 96 11.19% besignated Red Per Diem Activity) 1.405 - 80 240 132 95 132 91 64 80 115 99 120 113 1.251 -154 1.19% besignated Red Per Diem Activity) 1.848 - 16 12 12 12 12 20 9 3 10 8 16 7 12 124 46 0 32.4% Medical 3,358 - 96 253 145 188 152 100 67 90 123 115 127 125 1.375 -213 13.44% Medical 3,359 - 351 380 371 411 417 276 222 391 375 370 428 357 4,002 649 19.3% Surgical 3,370 - 329 376 310 358 373 254 252 320 341 332 378 324 3.623 1.07 2.9% Milled Health 1,829 - 163 167 160 179 179 120 115 147 162 170 188 158 1.770 49 32.2% Pere-Admission 61 25 27 22 28 27 17 21 23 20 22 24 23 255 194 321.2% Necessarian 1.684 1.892 1.1 1 1 1 1 1 1 0 1 0 0 1 0 0 1 7 7 7 1 Medical 3.780 0 - 4 1 1 1 1 1 1 1 1 0 1 0 0 1 0 0 1 7 7 7 1 Medical 3.780 0 - 5 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	MAINT			13	21	36	21	18	9	25	6	20	43	26	21			26.1%
Sub and Non-Acute Patients	PALLIATIVE		-	-					/	16	20							
Designated Bed (Per Diem Activity) 1.405 - 80 240 132 96 132 91 64 80 115 99 120 131 1,251 154 10.956 Psychistry - Acute (SRG) 184 - 16 12 12 2 2 20 9 3 10 8 16 7 12 124 4 60 32.245 Metal Health 1.588 - 96 253 145 128 152 100 67 90 123 115 127 125 1,375 213 13.45 Wetal Health 1.588 - 96 253 145 128 152 100 67 90 123 115 127 125 1,375 213 13.45 Wetal Health 1.589 - 161 3 30 371 41 41 41 27 276 222 391 375 370 428 357 30,002 649 19.35 Surgical 3,730 - 329 376 310 358 373 254 252 320 341 332 378 324 36.23 1-107 2.295 Welled Health 1.829 - 163 167 160 179 179 120 135 147 162 170 188 159 1,770 59 3.31 Pseediatric 256 - 45 49 33 45 53 31 26 40 42 31 53 40 448 152 51.55 Wetentall 0 0 - 1 1 1 1 1 1 1 1 0 1 1 0 0 1 1 0 0 1 7 7 7 Wetentall 0 0 - 1 1 1 1 1 1 1 1 0 1 1 0 1 1 0 0 1 1 7 7 7 Wetentall 0 0 - 1 1 1 1 1 1 1 1 1 0 1 1 0 1 1 0 0 1 1 0	REHAB																	
Psychiatry - Acute (SRG) 188 - 16 12 22 32 32 0 9 3 10 8 16 7 12 124 46 0 322 48 Mental Health 1,588 - 96 253 145 165 162 100 67 90 123 115 127 125 1,375 213 13.44 Mental Health 1,588 - 96 253 145 165 162 100 67 90 123 115 127 125 1,375 213 13.44 Mental Health 1,589 - 163 167 160 179 179 179 120 135 147 162 170 188 158 1,770 59 3.25 Melicel Health 1,829 - 163 167 160 179 179 120 135 147 162 170 188 158 1,770 59 3.25 Psediatric 256 - 45 49 33 45 53 31 26 40 42 31 53 40 448 152 151 40 Maternity 2,778 - 242 282 251 262 265 236 267 239 264 259 308 257 2,874 96 3.35 Maternity 2,778 - 242 282 251 262 265 236 267 239 264 259 308 257 2,874 96 3.35 Mound Management 35 36 32 30 35 35 35 21 18 27 34 32 39 30 339 304 880 255 Mound Management 32 - 1 1 1 1 1 0 1 1 1 1 1 1 1 1 1 1 1 1 1	Sub and Non-Acute Patients	803		04	00	//	- 7	42	7	63	33	03	32	00	01	/10	-50	-11.5%
Medical	Designated Bed (Per Diem Activity)		-	-			//											
Medical 3,353 - 351 380 371 411 417 276 232 391 375 370 428 357 4,002 649 19.3% Surgical 3,730 - 329 376 310 358 373 254 252 320 341 332 378 324 3,623 -107 2.9% Medical 1,829 - 163 167 150 179 179 179 179 139 135 147 162 170 188 158 158 1,770 -59 -2.2% The ediatric 296 - 45 49 33 45 53 31 26 40 42 31 53 40 448 152 51.5% Medical 1 1 1 1 1 1 1 0 1 1 0 1 0 1 0 1 7 7 7 Maternity 2,778 - 22 282 251 262 265 236 267 239 264 259 308 257 2,874 96 3.5% Maternity 2,778 - 22 282 251 262 265 236 267 239 264 259 308 257 2,874 96 3.5% Mound Management 3 35 36 32 30 35 35 35 21 18 27 34 32 39 30 333 3304 860 2% Mound Management 32 1 1 1 1 1 1 0 1 1 0 1 1 1 1 0 1 1 0 1 2 1 1 1 1			-															
Surgical 3,730 - 329 376 310 358 373 254 252 320 341 332 378 324 3,823 -107 2.9% Allied Health 1,829 - 163 167 160 179 179 120 135 147 162 170 188 158 1,770 59 -3.2% Pre-Admission 61 285 27 22 28 27 17 21 23 20 22 24 23 255 194 321.2% Pre-Admission 61 285 27 22 28 27 17 21 23 20 22 24 23 255 194 321.2% Pre-Admission 61 285 27 22 28 27 17 21 23 20 0 22 24 23 255 194 321.2% Pre-Admission 7 4 1 1 1 1 1 1 1 1 0 1 1 0 0 1 1 7 7 7 1 1 1 1	Wental Health	•		30		145	120		100		50	123				2,575		13.470
Allied Health 1,829	Medical																	
Pre-Admission 61																		
Paediatric	Pre-Admission																	
Maternity	Paediatric																	51.5%
Alcohol 8 Drug 0	Neonatal																	2.50/
Sub Acute 0 0 9 5 3 9 7 4 6 6 6 5 5 5 5 60 60 60 Clinical Measurement 32 - 1 1 1 1 1 0 1 1 1 1 1 0 1 1 1 1 1 0 1 1 1 1 1 0 2 2 68.8% Pain Management 0 0			- /	Z42		251	262			26/	239	264			257			
Wound Management 32 - 1 1 1 1 1 0 1 1 1 1 0 1 1 1 1 0 1 1 1 1 0 2 2 68.8% Pain Management 0	Sub Acute	0	-	/	5			7	4				5	5		60	60	-
Pain Management 0 0	Clinical Measurement		$\overline{\ }$															
Cystic Fibrosis 186 13 11 10 12 11 8 6 12 10 10 17 10 121 65 -35.0% Transplants 0				1	1	1	1 -	- 0		1	1 -	1 -	- 0	1	1			
Transplants 0 0	Cystic Fibrosis		/_:	13	11	10	12	11		6	12	10	10	17	10			
Interventional Cardiology	Transplants	0		-	-	-	-	-	-	-	-	-	-	-	-	0	0	-
Renal Medicine 154 - 21 25 20 20 22 14 20 22 22 18 22 20 225 72 46.6% Dialysis 80 - 13 13 13 10 10 0 8 10 13 0 8 9 99 19 23.7% Chemotherapy 0 318 306 304 368 321 256 332 298 300 300 305 310 34,008 34,008 Medical Oncology 3,028 83 87 86 79 84 80 92 96 94 93 101 87 973 -2.055 -67.9% Radiation Oncology 0	Endoscopy		/ -/	/											31			-
Dialysis 80 13 13 13 10 10 0 8 10 13 0 8 9 99 19 23.7% Chemotherapy 0 318 306 304 368 321 256 332 298 300 300 305 310 3.408 3.408 Medical Oncology 3,028 83 87 86 79 84 80 92 96 94 93 101 87 973 .2.055 6.79% Radiation Oncology 0			\ /·.												20			
Chemotherapy 0 318 306 304 368 321 256 332 298 300 300 305 310 3,408 3,408 Medical Oncology 3,028 83 87 86 79 84 80 92 96 94 93 101 87 973 2,055 67.9% Radiation Oncology 0	Dialysis		X/.			13												
Radiation Oncology 0 0	Chemotherapy	0	11	318	306	304	368	321	256		298	300	300	305				-
Clinical Haematology 655 - 9 9 12 12 10 6 6 11 9 7 13 9 104 -551 -84.1% Pharmacy 0 0 0 0	Medical Oncology		-	_											87			
Pharmacy 0 0 0 0 0 0 0															9			
District Mursing Services 0	Pharmacy	0	-	-		-	-	-	-	-	-	-	-	-	-	0	0	-
Diagnostic Imaging 0 - - - - - 0 0 - Primary Care 0 - - - - - - - 0 0 - Other 0 - - - - - - - 0 0 - Outpatients 16,216 - 1,684 1,802 1,656 1,866 1,851 1,354 1,441 1,670 1,731 1,682 1,933 1,674 18,669 2,453 15.1%				-							-				-			
Psychiatry 0	District Nursing Services Diagnostic Imaging			-						_ :								
Other 0	Psychiatry	0														0	0	-
Outpatients 16,216 - 1,684 1,802 1,656 1,866 1,851 1,354 1,441 1,670 1,731 1,682 1,933 1,674 18,669 2,453 15.1%	Primary Care Other			-	-	-	-	-	-	-	-	-	-		-			
	Outpatients			1,684	1,802	1,656	1,866	1,851	1,354	1,441	1,670	1,731	1,682		1,674			
Uverali Activity 94,009 - 8,658 8,628 8,016 8,373 8,721 7,603 7,121 7,867 8,915 8,184 9,159 8,164 91,245 -2,824 -3.0%				0.5	0.000		0.05-											
	Overall Activity	94,069		8,658	8,628	8,016	8,373	8,721	7,603	7,121	7,867	8,915	8,184	9,159	8,164	91,245	-2,824	-3.0%

- Notes:

 1 Purchased as at Window 1 2012-13
 2 Forecast as per HHS target phasing
 3 The majority of Emergency Services Treated data is now being captured against triage categories & DNW

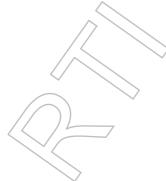
HHS FLOW

May 2013

			ı	Residential HHS	*					
Inpatients	Mater Health	Metro South	Metro North	Gold Coast	West Moreton	Sunshine Coast	Other HHS	Non-Qld	YTD WAU - Total	% of Total - HHS Residents
inpatients	Service	Well o South	Wetto North	dolu Coast	West Woreton	Sunstille Coast	Other HH3	residents	10141	Titis Residents
01 Cardiology	-	601	70	23	44	16	38	31	824	-
02 Interventional Cardiology	-	32	10	15	8	6	43	13	127	-
03 Cardiac Surgery	-	250	156	172	130	91	446	95	1,340	-
04 Thoracic Surgery	-	264	53	74	32	30	113	14	580	-
05 Dermatology	-	156	13	8	10	2	6	3	198	-
06 Endocrinology	-	663	86	48	95	6	65	38	1,001	-
07 Gastroenterology	-	376	35	13	28	0	9	14	475	-
08 Diagnostic GI Endoscopy	-	558	64	20	73	8	51	28	801	-
09 Haematology	-	310	29	10	35	2	18	18	422	-
10 Haematological Surgery	_	127	7	1	22	1	9	8	176	-
11 Immunology & Infections	_	714	84	17	83	5	/44/	22	969	-
12 Medical Oncology	-	332	26	16	47	2	/ 81		528	-
13 Chemotherapy & Radiotherapy	_	38	2	5	3		/ 19	// 1	67	-
14 Neurology	_	1,049	147	41	107	7	82	46	1,479	-
15 Renal Medicine	_	178	32	24	3	2	81	/ 15/	335	-
16 Renal Dialysis	_	-	-	_				//.	_	-
17 Respiratory Medicine	_	2,315	267	143	299	50	218	129	3,421	-
18 Rheumatology	_	158	16	18	21	/ 4/	14	7	238	-
19 Non Subspecialty Medicine	_	768	81	21	76	(2	66	21	1,036	_
20 Breast Surgery	_	602	42	39	58	21	43) 3	808	-
21 Upper GIT Surgery	_	559	62	23	52	5	. 23	45	768	_
22 Colorectal Surgery	_	715	72	44	117	7	42	20	1,016	_
23 Head & Neck Surgery	_	224	31	2	24		24	6	311	_
24 Neurosurgery	_	448	149	73	118	26	210	132	1,155	_
25 Dental Surgery	_	43	9	5	16		18	3	94	_
26 Dentistry	_	276	21	4	22	0	8	5	335	_
27 Ear, Nose & Throat	_	1,248	153	97	/ 150	24	108	72	1,852	-
28 Orthopaedics	_	3,409	483	156	283	80	390	134	4,935	_
29 Ophthalmology	_	530	191	65	5/	28	107	39	1,016	_
30 Plastic & Reconstructive Surgery	_	855	99	55	104/	17	175	56	1,361	_
31 Urology	_	758	88	62	94	13	954	49	2,018	_
32 Vascular Surgery	_	386	32	8	22	13	57	13	533	_
33 Non Subspecialty Surgery	_	2,224	297	130	240	31	348	95	3,366	_
34 Gynaecology		1,990	199	50	215/	16	241	85	2,796	_
35 Obstetrics	_	6,327	332	103	4/25	1	229	102	7,520	_
36 Qualified Neonate	_	1,981	213	313	500	20	456	256	3,738	_
38 Transplantation	_	35	8/	/17	3/0	20	28	0	87	_
39 Extensive Burns	_	14	/_		\		6	· ·	21	_
40 Tracheostomy		231	78	45	<u> </u>	42	213	27	702	_
41 Drug & Alcohol		84	13	6	// 2	42	14	4	123	-
43 Rehabilitation		-	13	\ \ \ '	// -		14	-	123	_
43 NEUROIIITATION	1	-			/		-	- 1		-
Inpatient Total	-	31,831	3,747	1,963	3,681	577	5,101	1,674	48,573	-
Percentage of HHS Inpatient Total		67.9%	8.0%	4.2%	7.8%	1.2%	10.9%	3.6%		

Red values indicate the Top 5 SRG with the lowest number of the HHS's own residents treated $\,$

^{*} Residential HHS has been mapped manually this month - HSC are to provide ASGS mapping in future months



CASEMIX CHANGE - Year on year comparison - May 2013

Data source: Decision Support System (DSS) as at 11 July 2013

	2011-12 to 20)12-13 Change		Potential	WAUs notion	nal variance
	YTE	Seps	YTD	WAUs	Casemix		Casemix
Inpatients	Actual		Actual		Change	Volume	related
Service Related Group (SRG)			,		,	,	
01 Cardiology	128	8.7%	19	2.3%	-6.4%	13	5.8
02 Interventional Cardiology	-36	-17.0%	-6	-4.7%	12.2%	-4	-2.0
03 Cardiac Surgery	5	3.9%	174	14.9%	11.1%	120	54.0
04 Thoracic Surgery	-76	-15.5%	-28	-4.6%	10.9%	-19	-8.6
05 Dermatology	33	8.9%	-3	-1.4%	-10.3%	-2	-0.9
06 Endocrinology	59	7.4%	98	10.8%	3.4%	67	30.3
07 Gastroenterology	16	1.5%	-14	-2.8%	-4.3%	-9	-4.2
08 Diagnostic GI Endoscopy	112	12.0%	71	9.7%	-2.3%	49	21.9
09 Haematology	-103	-13.4%	-175	-29.3%	-15.9%	-121	-54.2
10 Haematological Surgery	-5	-7.2%	-36	-16.9%	-9.7%	-25	-11.1
11 Immunology & Infections	51	5.3%	67	7.5%	2.2%	46	20.9
12 Medical Oncology	-71	-10.7%	-68	-11.4%	-0.8%	-47	-21.2
13 Chemotherapy & Radiotherapy	68	63.6%	26	64.2%	0.6%	18	8.2
14 Neurology	78	4.7%	54	3.8%	-0.9%	37	16.8
15 Renal Medicine	22	4.5%	-2	-0.6%	-5.1%	-1	-0.6
16 Renal Dialysis	-13	-100.0%	-5	-100.0%	0.0%	-3	-1.4
17 Respiratory Medicine	-69	-1.9%	-71	-2.0%	-0.1%	-49	-22.0
18 Rheumatology	33	7.4%	20	9.4%	2.0%	14	6.3
19 Non Subspecialty Medicine	269	10.9%	49	5.0%	-5.9%	34	15.3
20 Breast Surgery	41	8.2%	83	11.4%	3.3%	57	25.7
21 Upper GIT Surgery	27	5.9%	43	5.9%	0.0%	29	13.2
22 Colorectal Surgery	15	4.3%	-133	-11.5%	-15.8%	-91	-4/1.1
23 Head & Neck Surgery	9	5.2%	22	7.7%	2.5%	15	6.9
24 Neurosurgery	55	6.5%	-82	-6.6%	-13.2%	-57	-25.4
25 Dental Surgery	-14	-20.3%	-82	-21.0%	-0.7%	-17	- 23.4 -7.8
· ,	-14 14	-20.3% 2.7%	11	3.5%	0.8%	3	3.5
26 Dentistry 27 Ear, Nose & Throat	60	2.7%	207	12.6%	10.4%	143	64.1
*			310			214	/ /
28 Orthopaedics	136 116	4.5% 9.9%	112	6.7% 12.4%	2.2% 2.5%	214	96.2
29 Ophthalmology	70	9.9% 7.0%				68	34.7
30 Plastic & Reconstructive Surgery			99	7.8% -4.6%	0.8%	//	30.7 -30.3
31 Urology	-11	-0.6%	-98		/ / / / / / / / / / / / / / / / / / / /	-67	\
32 Vascular Surgery	-14	-5.9%	45	9.3%	15.2%	31	14.0
33 Non Subspecialty Surgery	61	1.6%	361	12.0%	10.4%	249	111.9
34 Gynaecology	239	11.7%	341	13.9%	2.2%	235	105.8
35 Obstetrics	360	5.8%	501	7.1%	1.3%	346	155.3
36 Qualified Neonate	256	4.5%	227	6.5%	2.0%	157	70.5
38 Transplantation	-2	-16.7%	-15	-15.0%	1.6%	-11	-4.8
39 Extensive Burns	5	83.3%	18)	674.6%	591.3%	13	5.7
40 Tracheostomy	-16	-17.6%	-209	-23.0%	-5.4%	-144	-64.9
41 Drug & Alcohol	-12	-3.4%	9	7.8%	11.2%	6	2.8
44 Unallocated	1	-		0.0%	0.0%	-	0.0
Inpatient Total *	1,897	4.0%	2,000	4.3%	0.3%	1,380	620.1

Red values indicate a negative growth in Seps and a positive growth in WAU Blue values indicate a positive growth in Seps and a negative growth in WAU

AMBULATORY CARE - Review to New ratio - May 2013

Weighted Activity Unit	c - M/AII	2010-11	2011-12	2012-13	2012-13	D.2	N Ratio - WAUs	
	s - WAU	2010-11 Actual	2011-12 Actual	2012-13 Purchased				040 40 10
Dutpatients		Actual	Actual	Fulcilaseu	YTD	2010-11	2011-12 2	012-13 YT
Clinic Type								
Medical	New	<i>757</i>	1,002	1,150	930			
	Review	2,707	2,605	2,203	3,071	3.6	2.6	3.
Surgical	New	941	1,110	1,356	836			
	Review	2,699	2,880 <	2,374	2,787	2.9	2.6	3.
Allied Health	New	779	731	839	721			
	Review	1,030	1,227	990	1,048	1.3	1.7	1
	Other			/ (-	<u> </u>			
Pre-Admission	New	1/	2	/ /	4			
	Review	88	320	59	251	71.1	197.1	60
Paediatric	New	146	110	168	120			_
	Review	198	218	128	328	1.4	2.0	2
Neonatal	New	///:	<u></u>	// -	7			
· · · · · · · · · · · · · · · · · · ·	Review	1			0	-	-	0
Maternity	New	570	515	687	500	2.4		
	Review	1,745	2,038	2,091	2,374	3.1	4.0	4
Sub Acute	New	\ (-	-	-	13			_
	Review	\\ -	-	-	47	-	-	3
	Other	\	-		-			
Clinical Measurement	New	12	-	35	17			
	Review	-	-	-	323	-	-	19
Wound Management	New	3	2	1	0			
\ \ \ \	Review	48	27	30	10	14.4	14.8	25
Pain Management	New	-	-	-	-			
	Review	-	-	-	-	-	-	
Cystic Fibrosis	New	-	-	-	-			
	Review	135	131	186	121	-	-	
Transplants	New	-	-	-	-			
	Review	-	-	-	-	-	-	
Endoscopy	New	-	-	-	275			
	Review	-	-	-	76	-	-	0
Interventional Cardiology	New	-	-	-	-			
	Review	-	-	-	-	-	-	
	Other	-	-	-	-			
Renal Medicine	New	30	33	25	31			
	Review	162	187	129	194	5.3	5.7	6
Dialysis	New	-	-	-	-			
	Review	70	151	80	99	-	-	
	Other	-	-	70	-			
Chemotherapy	New	-	-	-	45			
	Review	-	-	-	3,363	-	-	74
Medical Oncology	New	85	82	66	81			
	Review	2,986	3,828	2,962	893	35.2	46.8	11
Radiation Oncology	New	-	-	-	-			
	Review				-			
Clinical Haematology	New	24	33	45	24			
	Review	241	348	611	80	9.9	10.6	3
Primary Care	New	-	-	-	-			
	Review	-	-	-	-	-	-	
Other	New	-	-	-	-			
	Review	-	-	-	-	-	-	
	Other	-	-	-	-			
otal	New	3,350	3,618	4,374	3,604		All clinics	
	Review	12,111	13,960	11,842	15,065	3.6	3.9	4
	Other		· ·	-	-	Excluding clinic	cs as per Purchasir	g Initiativ
	Total	15,461	17,578	16,216	18,669	2.7	2.8	3

^{*} Inpatient total excludes 42 Psychiatry - Acute and 43 Rehabilitation

ESCALATION KPI LIST

			Attainment Score	
KPI No.	Escalation KPIs	Green	Amber	Red
Safety	and Quality	Target		
1	Never events	0	n/a	> 0
2	Hospital acquired 3rd and 4th stage Pressure Injuries	5.0% of 2010-11 actuals	> 5.0% - 25.0% of 2010-11 actuals	> 25.0% of 2010-11 actuals
3	Healthcare-associated Staphylococcus aureus (incl. MRSA) bacteraemia	20.0% of 2010-11 actuals	> 20.0% - 40.0% of 2010-11 actuals	> 40.0% of 2010-11 actuals
Access		Target		
4	National Emergency Access Target (NEAT): % of ED attendances who depart	2012: > 70.0%	2012: 69.9% - 65.0%	2012: < 65.0%
	within 4 hours of their arrival in ED			
		2013: > 77.0%	2013: 76.9% - 70.0%	2013: < 70.0%
5	Emergency Department: % seen within recommended timeframe:	80% of all categories		
	Category 1: within 2 minutes	Cat. 1: 100%	Cat. 1: 99.9% - 90.0%	Cat. 1: < 90.0%
	Category 2: within 10 minutes	Cat. 2: > 80.0%	Cat. 2: 79.9% - 70.0%	Cat. 2: < 70.0%
	Category 3: within 30 minutes	Cat. 3: > 75.0%	Cat. 3: 74.9% - 65.0%	Cat. 3: < 65.0%
	Category 4: within 60 minutes	Cat. 4: > 70.0%	Cat. 4: 69.9% - 60.0%	Cat. 4: < 60.0%
	Category 5: within 120 minutes	Cat. 5: > 70.0%	Cat. 5: 69.9% 60.0%	Cat. 5: < 60.0%
6	Patient Off Stretcher Time (POST): < 30 mins (%)	>= 90.0%	< 90.0% - 85.0%	< 85.0%
7	Elective Surgery: % treated within the clinically recommended timeframe for	2012	2012	2012
	their category			
	(National Elective Surgery Target (Part 1))	Cat. 1: 89.0%	Cat. 1: 88.9% - 85.0%	Cat. 1: < 85.0%
		Cat. 2: 81.0%	Cat. 2: 80.9% /8.0%	Cat. 2: < 78.0%
		Cat. 3: 91.0%	Cat. 3: 90.9% 87.0%	Cat. 3: < 87.0%
		2013	2013	2013
		Cat. 1: 100%	Cat. 1: 99.9% - 96.0%	Cat. 1: < 96.0%
		Cat. 2: 87.0%	Cat. 2: 86.9% - 83.0%	Cat. 2: < 83.0%
		Cat. 3: 94.0%	Cat. 3: 93.3% - 90.0%	Cat. 3: < 90.0%
8	Elective Surgery: Number of patients waiting more than the clinically	0 for all categories	HHS specific	HHS specific
	recommended timeframe for their category:	\wedge	\ \ \ /	
	Category 1: within 30 days	Cat. 1: 0	Cat. 1: > 0% - 5.0%	Cat. 1: > 5.0%
	Category 2: within 90 days	Cat. 2: 0	Cat. 2: > 0% - 5.0%	Cat. 2: > 5.0%
	Category 3: within 365 days	Cat. 3: 0	Cat. 3: > 0% - 5.0%	Cat. 3: > 5.0%
9	Activity: variance between purchased ABF activity and YTD recorded ABF activity, by Service Group (Inpatients, Outpatients, ED, Mental Health, Critical	0% to +/-1%	Within tolerance as per detail in Schedule 3 (part C) contained in the Service	> tolerance as per detail in Schedule (part C) contained in the Service
	Care and SNAP)		Agreement	Agreement
·ff:cion		Target		0 11
))iciei 10	yTD Operating position	Balanced or surplus	0 – 1.0% unfavourable variance to budget	> 1.0% unfavourable variance to budg
10	The operating position	Substitution surpris	o increasing tanding to badget	1 11070 dimensional variance to bade
11	Full year Forecast Operating position	Balanced or surplus	0 – 1.0% unfavourable variance to budget	> 1.0% unfavourable variance to budg
	(Agreed position between System Manager and HSS)			
12	Own Source Revenue Target	Balanced or surplus	0 – 1.0% unfavourable variance to budget	> 1.0% unfavourable variance to budg
	•			
13	YTD average FTE (MOHRI head count)	HHS specific as per detail in Schedule 3	0 – 1.0% unfavourable variance to budget	> 1.0% unfavourable variance to budg
		(part 8) contained in the Service		
		Agreement		
	the Gap	Target		
14	Performance domain target:	0 escalation KPI red	1 escalation KPI red in any quarter	> = 2 escalation KPIs red in any quart
	Achievement of Closing the Gap escalation indicators contained within Schedule 8 of the Service Agreement.	and > = 2 escalation KPI green in any quarter	or > = 3 escalation KPIs amber in any quarter	or 1 escalation KPI red for > = 2 consecutive quarters
14.1	CTG KPI 1 – Estimated level of completion of Indigenous status – specifically the		'Not stated' is	'Not stated' is
14.1	reporting of 'not 'stated' on admission	Not stated is v= 1/8	> previous quarter but not meeting target	> = previous quarter
				- previous quarter
14.2				
	CTG KPI 2 – Percentage of in-scope separations of Aboriginal and Torres Strait	> = 55% of in-scope separations of	54.9% - 50.0% of in-scope separations	< 50.0% of in-scope separations
	Islander consumers from the HHS's acute merital health inpatient unit(s) for	Aboriginal and Torres Strait Islander	54.9% - 50.0% of in-scope separations	< 50.0% of in-scope separations
	Islander consumers from the HHS's acute mental nealth inpatient unit(s) for which a community ambulatory service contact, in which the consumer		54.9% - 50.0% of in-scope separations	< 50.0% of in-scope separations
	Islander consumers from the HHS's acute mental health inpatient unit(s) for which a community ambulatory service contact, in which the consumer participated (in person or via videoconference), was recorded in one to seven	Aboriginal and Torres Strait Islander	54.9% - 50.0% of in-scope separations	< 50.0% of in-scope separations
465	Islander consumers from the HHS's acute mental health inpatient unit(s) for which a community ambulatory service confact, in which the consumer participated (in person or via videoconference), was recorded in one to seven days immediately following that separation	Aboriginal and Torres Strait Islander consumers		
14.3	Islander consumers from the HHS's acute mental health inpatient unit(s) for which a community ambulatory service confact, in which the consumer participated (in person or via videoconference), was recorded in one to seven days immediately following that separation CTG KPI 3 – The proportion of Aboriginal and Torres Strait Islander patients	Aboriginal and Torres Strait Islander consumers	> previous quarter result but not meeting	< 50.0% of in-scope separations > previous quarter target
14.3	Islander consumers from the HHS's acute mental health inpatient unit(s) for which a community ambulatory service confact, in which the consumer participated (in person or via videoconference), was recorded in one to seven days immediately following that separation	Aboriginal and Torres Strait Islander consumers		
	Islander consumers from the HHS's acute mental health inpatient unit(s) for which a community ambulatory service confact, in which the consumer participated (in person or via videoconference), was recorded in one to seven days immediately following that separation CTG KPI 3 – The proportion of Aboriginal and Torres Strait Islander patients	Aboriginal and Torres Strait Islander consumers < = HHS quarterly target (as per detail in Schedule 8 contained in the Service Agreement)	> previous quarter result but not meeting	
	Islander consumers from the HHS's acute mental health inpatient unit(s) for which a community ambulatory service contact, in which the consumer participated (in person or via videoconference), was recorded in one to seven days immediately following that separation CTG KPI 3 – The proportion of Aboriginal and Torres Strait Islander patients who discharged themselves against medical advice (DAMA)	Aboriginal and Torres Strait Islander consumers < = HHS quarterly target (as per detail in Schedule 8 contained in the Service Agreement)	> previous quarter result but not meeting quarterly target	> previous quarter target
	Islander consumers from the HHS's acute mental health inpatient unit(s) for which a community ambulatory service confact, in which the consumer participated (in person or via videoconference), was recorded in one to seven days immediately following that separation CTG KPI 3 – The proportion of Aboriginal and Torres Strait Islander patients who discharged themselves against medical advice (DAMA) CTG KPI 4 – Percentage of Aboriginal and Torres Strait Islander Cultural Practice	Aboriginal and Torres Strait Islander consumers < = HHS quarterly target (as per detail in Schedule 8 contained in the Service Agreement) > = HHS quarterly target (as per detail in	> previous quarter result but not meeting quarterly target >= 50.0% of quarterly target but not	> previous quarter target
14.4	Islander consumers from the HHS's acute mental health inpatient unit(s) for which a community ambulatory service confact, in which the consumer participated (in person or via videoconference), was recorded in one to seven days immediately following that separation CTG KPI 3 – The proportion of Aboriginal and Torres Strait Islander patients who discharged themselves against medical advice (DAMA) CTG KPI 4 – Percentage of Aboriginal and Torres Strait Islander Cultural Practice Program participants by facility	Aboriginal and Torres Strait Islander consumers < = HHS quarterly target (as per detail in Schedule 8 contained in the Service Agreement) > = HHS quarterly target (as per detail in Schedule 8 contained in the Service	> previous quarter result but not meeting quarterly target > = 50.0% of quarterly target but not	> previous quarter target
14.4 Nenta	Islander consumers from the HHS's acute mental health inpatient unit(s) for which a community ambulatory service confact, in which the consumer participated (in person or via videoconference), was recorded in one to seven days immediately following that separation CTG KPI 3 – The proportion of Aboriginal and Torres Strait Islander patients who discharged themselves against medical advice (DAMA) CTG KPI 4 – Percentage of Aboriginal and Torres Strait Islander Cultural Practice Program participants by facility (based on staff numbers at beginning of financial year)	Aboriginal and Torres Strait Islander consumers < = HHS quarterly target (as per detail in Schedule 8 contained in the Service Agreement) > = HHS quarterly target (as per detail in Schedule 8 contained in the Service Agreement)	> previous quarter result but not meeting quarterly target > = 50.0% of quarterly target but not	> previous quarter target < 50.0% of quarterly target
14.4 Nenta	Islander consumers from the HHS's acute mental health inpatient unit(s) for which a community ambulatory service confact, in which the consumer participated (in person or via videoconference), was recorded in one to seven days immediately following that separation CTG KPI 3 – The proportion of Aboriginal and Torres Strait Islander patients who discharged themselves against medical advice (DAMA) CTG KPI 4 – Percentage of Aboriginal and Torres Strait Islander Cultural Practice Program participants by facility (based on staff numbers at beginning of financial year) Health and Alcohol and Other Drugs Performance domain target: Achievement of Mental Health & Alcohol and Other Drug Treatment Services	Aboriginal and Torres Strait Islander consumers < = HHS quarterly target (as per detail in Schedule 8 contained in the Service Agreement) > = HHS quarterly target (as per detail in Schedule 8 contained in the Service Agreement) Target	> previous quarter result but not meeting quarterly target >= 50.0% of quarterly target but not achieving quarterly target	> previous quarter target < 50.0% of quarterly target
14.4 Aenta	Islander consumers from the HHS's acute mental health inpatient unit(s) for which a community ambulatory service contact, in which the consumer participated (in person or via videoconference), was recorded in one to seven days immediately following that separation CTG KPI 3 – The proportion of Aboriginal and Torres Strait Islander patients who discharged themselves against medical advice (DAMA) CTG KPI 4 – Percentage of Aboriginal and Torres Strait Islander Cultural Practice Program participants by facility (based on staff numbers at beginning of financial year) Health and Alcohol and Other Prugs Performance domain target:	Aboriginal and Torres Strait Islander consumers < = HHS quarterly target (as per detail in Schedule 8 contained in the Service Agreement) > = HHS quarterly target (as per detail in Schedule 8 contained in the Service Agreement) Target Achieve target (listed below) in greater	> previous quarter result but not meeting quarterly target > = 50.0% of quarterly target but not achieving quarterly target Achieve target in 67% - 50% of the	> previous quarter target < 50.0% of quarterly target Achieve target in less than 50% of th
14.4 Aenta	Islander consumers from the HHS's acute mental health inpatient unit(s) for which a community ambulatory service confact, in which the consumer participated (in person or via videoconference), was recorded in one to seven days immediately following that separation CTG KPI 3 – The proportion of Aboriginal and Torres Strait Islander patients who discharged themselves against medical advice (DAMA) CTG KPI 4 – Percentage of Aboriginal and Torres Strait Islander Cultural Practice Program participants by facility (based on staff numbers at beginning of financial year) Health and Alcohol and Other Drugs Performance domain target: Achievement of Mental Health & Alcohol and Other Drug Treatment Services escalation indicators contained within Schedule 9 of the Service Agreement.	Aboriginal and Torres Strait Islander consumers < = HHS quarterly target (as per detail in Schedule 8 contained in the Service Agreement) > = HHS quarterly target (as per detail in Schedule 8 contained in the Service Agreement) Target Achieve target (listed below) in greater	> previous quarter result but not meeting quarterly target > = 50.0% of quarterly target but not achieving quarterly target Achieve target in 67% - 50% of the	> previous quarter target < 50.0% of quarterly target Achieve target in less than 50% of th
14.4 <i>Menta</i> 15	Islander consumers from the HHS's acute mental health inpatient unit(s) for which a community ambulatory service confact, in which the consumer participated (in person or via videoconference), was recorded in one to seven days immediately following that separation CTG KPI 3 – The proportion of Aboriginal and Torres Strait Islander patients who discharged themselves against medical advice (DAMA) CTG KPI 4 – Percentage of Aboriginal and Torres Strait Islander Cultural Practice Program participants by facility (based on staff numbers at beginning of financial year) Health and Alcohol and Other Orugs Performance domain target: Achievement of Mental Health & Alcohol and Other Drug Treatment Services escalation indicators contained within Schedule 9 of the Service Agreement. Listed below (where applicable):	Aboriginal and Torres Strait Islander consumers < = HHS quarterly target (as per detail in Schedule 8 contained in the Service Agreement) > = HHS quarterly target (as per detail in Schedule 8 contained in the Service Agreement) Target Achieve target (listed below) in greater than 67% of the escalation indicators	> previous quarter result but not meeting quarterly target > = 50.0% of quarterly target but not achieving quarterly target Achieve target in 67% - 50% of the escalation indicators	> previous quarter target < 50.0% of quarterly target Achieve target in less than 50% of the escalation indicators
14.4 <i>Menta</i> 15	Islander consumers from the HHS's acute mental health inpatient unit(s) for which a community ambulatory service confact, in which the consumer participated (in person or via videoconference), was recorded in one to seven days immediately following that separation CTG KPI 3 – The proportion of Aboriginal and Torres Strait Islander patients who discharged themselves against medical advice (DAMA) CTG KPI 4 – Percentage of Aboriginal and Torres Strait Islander Cultural Practice Program participants by facility (based on staff numbers at beginning of financial year) Health and Alcohol and Other Drugs Performance domain target: Achievement of Mental Health & Alcohol and Other Drug Treatment Services escalation indicators contained within Schedule 9 of the Service Agreement. Listed below (where applicable): - Ambulatory service contacts	Aboriginal and Torres Strait Islander consumers < = HHS quarterly target (as per detail in Schedule 8 contained in the Service Agreement) > = HHS quarterly target (as per detail in Schedule 8 contained in the Service Agreement) Target Achieve target (listed below) in greater than 67% of the escalation indicators	> previous quarter result but not meeting quarterly target > = 50.0% of quarterly target but not achieving quarterly target Achieve target in 67% - 50% of the escalation indicators	> previous quarter target < 50.0% of quarterly target Achieve target in less than 50% of the escalation indicators
14.4 Menta 15	Islander consumers from the HHS's acute mental health inpatient unit(s) for which a community ambulatory service confact, in which the consumer participated (in person or via videoconference), was recorded in one to seven days immediately following that separation CTG KPI 3 – The proportion of Aboriginal and Torres Strait Islander patients who discharged themselves against medical advice (DAMA) CTG KPI 4 – Percentage of Aboriginal and Torres Strait Islander Cultural Practice Program participants by facility (based on staff numbers at beginning of financial year) Health and Alcohol and Other Drugs Performance domain target: Achievement of Mental Health & Alcohol and Other Drug Treatment Services escalation indicators contained within Schedule 9 of the Service Agreement. Listed below (where applicable): - Ambulatory service contacts: Duration	Aboriginal and Torres Strait Islander consumers < = HHS quarterly target (as per detail in Schedule 8 contained in the Service Agreement) > = HHS quarterly target (as per detail in Schedule 8 contained in the Service Agreement) Target Achieve target (listed below) in greater than 67% of the escalation indicators 100% of ambulatory service targets 100% of ambulatory service targets	> previous quarter result but not meeting quarterly target > = 50.0% of quarterly target but not achieving quarterly target Achieve target in 67% - 50% of the escalation indicators 99.9% - 95.0% 99.9% - 95.0%	> previous quarter target < 50.0% of quarterly target Achieve target in less than 50% of the escalation indicators < 95.0%
14.4 Menta 15 15.1 15.2	Islander consumers from the HHS's acute mental health inpatient unit(s) for which a community ambulatory service contact, in which the consumer participated (in person or via videoconference), was recorded in one to seven days immediately following that separation CTG KPI 3 – The proportion of Aboriginal and Torres Strait Islander patients who discharged themselves against medical advice (DAMA) CTG KPI 4 – Percentage of Aboriginal and Torres Strait Islander Cultural Practice Program participants by facility (based on staff numbers at beginning of financial year) Health and Alcohol and Other Orugs Performance domain target: Achievement of Mental Health & Alcohol and Other Drug Treatment Services escalation indicators contained within Schedule 9 of the Service Agreement. Listed below (where applicable): - Ambulatory service contacts - Ambulatory service contacts: Duration - Extended treatment facility and psychiatric hospital beds (Accrued patient	Aboriginal and Torres Strait Islander consumers < = HHS quarterly target (as per detail in Schedule 8 contained in the Service Agreement) > = HHS quarterly target (as per detail in Schedule 8 contained in the Service Agreement) Target Achieve target (listed below) in greater than 67% of the escalation indicators 100% of ambulatory service targets > = 95% of accrued patient day target	> previous quarter result but not meeting quarterly target > = 50.0% of quarterly target but not achieving quarterly target Achieve target in 67% - 50% of the escalation indicators	> previous quarter target < 50.0% of quarterly target Achieve target in less than 50% of the escalation indicators
14.4 Menta 15 15.1 15.2 15.3	Islander consumers from the HHS's acute mental health inpatient unit(s) for which a community ambulatory service contact, in which the consumer participated (in person or via videoconference), was recorded in one to seven days immediately following that separation CTG KPI 3 – The proportion of Aboriginal and Torres Strait Islander patients who discharged themselves against medical advice (DAMA) CTG KPI 4 – Percentage of Aboriginal and Torres Strait Islander Cultural Practice Program participants by facility (based on staff numbers at beginning of financial year) Health and Alcohol and Other Drugs Performance domain target: Achievement of Mental Health & Alcohol and Other Drug Treatment Services escalation indicators contained within Schedule 9 of the Service Agreement. Listed below (where applicable): - Ambulatory service contacts - Ambulatory service contacts: Duration - Extended treatment facility and psychiatric hospital beds (Accrued patient days in block funded mental health facilities)	Aboriginal and Torres Strait Islander consumers < = HHS quarterly target (as per detail in Schedule 8 contained in the Service Agreement) > = HHS quarterly target (as per detail in Schedule 8 contained in the Service Agreement) Target Achieve target (listed below) in greater than 67% of the escalation indicators 100% of ambulatory service targets > = 95% of accrued patient day target delivered	> previous quarter result but not meeting quarterly target > = 50.0% of quarterly target but not achieving quarterly target Achieve target in 67% - 50% of the escalation indicators 99.9% - 95.0% 99.9% - 95.0% 94.9 - 90.0%	> previous quarter target < 50.0% of quarterly target Achieve target in less than 50% of the escalation indicators < 95.0% < 95.0% < 90.0%
Menta: 15.1	Islander consumers from the HHS's acute mental health inpatient unit(s) for which a community ambulatory service contact, in which the consumer participated (in person or via videoconference), was recorded in one to seven days immediately following that separation CTG KPI 3 – The proportion of Aboriginal and Torres Strait Islander patients who discharged themselves against medical advice (DAMA) CTG KPI 4 – Percentage of Aboriginal and Torres Strait Islander Cultural Practice Program participants by facility (based on staff numbers at beginning of financial year) Health and Alcohol and Other Drugs Performance domain target: Achievement of Mental Health & Alcohol and Other Drug Treatment Services escalation indicators contained within Schedule 9 of the Service Agreement. Listed below (where applicable): - Ambulatory service contacts - Ambulatory service contacts: Duration - Extended treatment facility and psychiatric hospital beds (Accrued patient days in block funded mental health facilities) - Closure of ATODS Client intake	Aboriginal and Torres Strait Islander consumers < = HHS quarterly target (as per detail in Schedule 8 contained in the Service Agreement) > = HHS quarterly target (as per detail in Schedule 8 contained in the Service Agreement) Target Achieve target (listed below) in greater than 67% of the escalation indicators 100% of ambulatory service targets 100% of ambulatory service targets > = 95% of accrued patient day target delivered Closure period < 2 weeks	> previous quarter result but not meeting quarterly target > = 50.0% of quarterly target but not achieving quarterly target Achieve target in 67% - 50% of the escalation indicators 99.9% - 95.0% 99.9% - 95.0% 94.9 - 90.0% 2 - 3 weeks	> previous quarter target < 50.0% of quarterly target Achieve target in less than 50% of the escalation indicators < 95.0% < 95.0% < 90.0% > 3 weeks
Menta E15.1 E15.2 E15.3 E15.4 E15.5 E15.6	Islander consumers from the HHS's acute mental health inpatient unit(s) for which a community ambulatory service contact, in which the consumer participated (in person or via videoconference), was recorded in one to seven days immediately following that separation CTG KPI 3 – The proportion of Aboriginal and Torres Strait Islander patients who discharged themselves against medical advice (DAMA) CTG KPI 4 – Percentage of Aboriginal and Torres Strait Islander Cultural Practice Program participants by facility (based on staff numbers at beginning of financial year) Health and Alcohol and Other Drugs Performance domain target: Achievement of Mental Health & Alcohol and Other Drug Treatment Services escalation indicators contained within Schedule 9 of the Service Agreement. Listed below (where applicable): - Ambulatory service contacts - Ambulatory service contacts: Duration - Extended treatment facility and psychiatric hospital beds (Accrued patient days in block funded mental health facilities)	Aboriginal and Torres Strait Islander consumers < = HHS quarterly target (as per detail in Schedule 8 contained in the Service Agreement) > = HHS quarterly target (as per detail in Schedule 8 contained in the Service Agreement) Target Achieve target (listed below) in greater than 67% of the escalation indicators 100% of ambulatory service targets > = 95% of accrued patient day target delivered	> previous quarter result but not meeting quarterly target > = 50.0% of quarterly target but not achieving quarterly target Achieve target in 67% - 50% of the escalation indicators 99.9% - 95.0% 99.9% - 95.0% 94.9 - 90.0%	> previous quarter target < 50.0% of quarterly target Achieve target in less than 50% of the escalation indicators < 95.0% < 95.0% < 90.0%

TREND IN MONITORING KPI

			YTD Result /													Full Year
			Latest Result													Target
SAFETY A	AND QUALITY															
M1	Falls Risk Assessment	Target Result	70% -					70% -								70%
M2	VTE Risk Assessment Documentation at Point of Care	Target Result	50% -					50%					7			50%
M3	Hospital Standardised Mortality Ratio (HSMR)					21222			21222			_//				
M4	<u> </u>	Flag	green			green			green				\rightarrow			
	Death in low-mortality Diagnostic Related Groups (Death-in-LM-DRG)	Result	0.00			0.04			0.00			0.02				-
M5	VLAD In-hospital mortality indicators:	Flag	green		green			green			green	_ //				
M5.1	Acute Myocardial Infarction	Result			0			0			0					
M5.2	Stroke	Result			0			0			0					
M5.3	Fractured neck of femur	Result			0			0 •		1	0	//				
M5.4	Pneumonia	Result			0 •			0		-11	0	_/				
M6	VLAD Unplanned readmission indicators:	Flag	green		green			green		\\	green					
M6.1	Acute Myocardial Infarction	Result			0			0			0			-		
M6.2	Heart failure	Result			0			0		1/	0			-		
M6.3	Knee replacement	Result			0			0		/ \\	0			-		
M6.4	Hip replacement	Result			0			0 •			0			-		
M6.5	Depression	Result	-		-			<u> </u>			-			-		
M6.6	Schizophrenia	Result	-		-			0			0			-		
M6.7	Paediatric tonsillectomy and adenoidectomy	Result		F0.00/	0 •	FO 00/		/ 6 -	Fotos	F0.00/		F0.00/	FO 00/	-		F.00/
M11	Renal dialysis treatment received at home	Target	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%	50:0%	50.0%	50.0%	50.0%	50.0%	50.0%		50%
		Result	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	0.0% 🔸	100.0%	100.0%	100.0%	0.0% 🔸	100.0%		
ACCESS	** denotes calendar year result															
M12	Emergency Department median waiting time	Target	20	20	20	20	10	30	20	20	20	20	20	20	20	20
		Result	25	27 📕	28 💆	27 🔳	26 📕	26 📕	25 📕	24 🔷	23 🔸	24 🔸	24 🔸	24 🔷	25 📕	
M13	Emergency Department 'Did not waits'	Target	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0%
		Result	2.2%	2.1% 🔸	2.8% 🔷	2.6%	2.0%	2.4% 🔸	2.5% 🔷	1.9% 🔷	1.8% 🔸	2.3%	2.2% 🔸	1.9% 🔸	2.0% 🔷	
M14	Elective Surgery volume	Target	9,836	907 <	921	911	926	930	646	446	751	1,018	628	892	860	9,836
		Result	0 10,595	977	951 •	828 🔸	988 •	910 🔸	754 •	613 •	958 •	938 🔸	829 •	1,019 •	830 🔸	
M15.1	Reduction in elective surgery long waits: **	Target	0			0	0	0	0							0
	Category 1: within 30 days	Result	-/			-	-	-	-							
M15.2		Target	6X			67	67	67	67							67
	Category 2: within 90 days	Result				-	-	-	-							
M15.3		Target	61			61	61	61	61							61
	Category 3: within 365 days	Result	<u> </u>			-	-	-	-							
M16	ES: 10% longest wait are treated in year **	Target	100.0%		100.0%	100.0%	100.0%	100.0%	100.0%							100%
	% of cohort patients removed	Result	//		-	-	-	-	-							
M17	Elective Surgery Cancellations (hospital initiated)	Target	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10%
		Result	<u> </u>	-	-	-	-	-	-	-	-	-	-	-	-	
M18	Elective Surgery median waiting time	Target	25	25	25	25	25	25	25	25	25	25	25	25		25
		Result		35 =	29 =	29 📕	30.5	27 🔸	29 =	36 =	28 📕	27 🔷	35 =	31 =		
M21	Categorisation of new case outpatient referrals	Target	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100%
		Result	-	-	-	-	-	-	-	-	-	-	-	-	-	
M22	Category 1 Outpatients: waiting in time	Target	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95%
		Result	-	-	-	-	-	- 2.0	-	-	- 2.0	-	-	-	-	
M23	Ambulatory Care access Outpatient ratio	Target	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0		2.0
	(Review to New)	Result	3.3	3.2	3.4	3.2	3.3	3.2	3.5	3.1	3.4	3.4	3.2	3.3		
M24	Hospital in the Home (HITH) separations - may include facilities not listed/approved in QHAPDC Manual	Target	1.5%	1.5%	1.5%	1.5%	1.5%	1.5%	1.5%	1.5%	1.5%	1.5%	1.5%	1.5%		1.5%
		Result	0.2%	0.1%	0.1%	0.0%	0.1%	0.1%	0.2%	0.0%	0.4%	0.3%	0.6% 🔸	0.4%		1

TREND IN MONITORING KPI

M27 C	Telehealth Non-admitted Occasions of Service Y AND FINANCIAL PERFORMANCE Cost per WAU For the in-scope ABF facilities	Target Result	-	-												Target
M30 [Cost per WAU		-	-	-	-	-	-	-	- -	-	-	-	-		
M30 [Cost per WAU															
M30 [·												<u> </u>			
M31 E		Result	_	_	_	_	_	_	_	_	_		<i>_</i>	_		
M31 E	Day case surgery rates	nesure										-//				
	,	Result	82.6%	79.2%	82.7%	80.0%	82.8%	84.3%	82.8%	81.1%	85.1%	81.0%	83.7%	85.2%		
	Extended day case surgery rates															
M32 (Result	86.0%	87.1%	87.1%	86.1%	84.2%	86.3%	85.1%	85.9%	84.5%	87.8%	85.0%	86.2%		
	Out of scope procedures:	Target	0	0	0	0	0	0	0	0	1/0	0	18	0		0
	Varicose Veins (F20Z)	Result	61	3	11	5	7	8	7	2	((3	6	2	7		
	Vasectomies (M63Z)	Result		-		-	, -	-	-	<u>-</u>				, -		
M33 (Clinical data coded within recommended time	Target	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		100%
	Chinedi data codea Within recommended time	Result	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	109.0%	100.0%	100.0%		10070
M34	Maintenance Expenditure	nesure	100.070	100.070	100.070	100.070	100.070	100.070	100.070	100,0,0	3,00.070	100.070	100.070	100.070		_
	Thankenance Expenditure	Result														
M35 F	Facility Condition Index	nesun								1						2% to 4%
IVISS	Tacility Condition index	Result						`		> \\						270 10 470
M36	Planned Maintenance Expenditure Ratio	nesun							$\overline{}$							60% to 70%
IVISO	Flamed Maintenance Expenditure Natio	Result														00% 10 70%
		nesuit														
PATIENT EX	XPERIENCE						_/>		\							
	Complaints acknowledged within 5 calendar	Target	100.0%				100.0%	100.0%	100:0%	100.0%	100.0%	100.0%	100.0%	100.0%		100.0%
(days	Result	-			<	(- /	<u> </u>	//-	-	-	-	-	-		
WORKFOR	RCF															
	Hours lost (WorkCover) vs Occupied FTE	Target	0.35			0.35			0.35			0.35			0.35	0.35
		Result						//								
M40 S	Sick leave	Target	3.50%	3.50%	3.50%	3.50%	3.50%	3.50%	3.50%	3.50%	3.50%	3.50%	3.50%	3.50%	3.50%	3.5%
	Sickiedve	Result	3.3070	3.3070	3.30%	5.500	S.507/	3.3070	3.3070	3.3070	3.3070	3.3070	3.3070	3.3070	3.3070	3.370
					1	1	<u> </u>									
	HEALTH & ALCOHOL AND OTHER DRUG TREATMENT															
	Community follow up (within 1 - 7 days) post	Target	55.0%	55.0%	55.0%	55.0%	55.0%	55.0%	55.0%	55.0%	55.0%	55.0%	55.0%	55.0%		
	mental health discharge	Result		31.3%	58.8%	40.0%	66.7%	48.1%	22.7%	41.7%	52.2% 🔸	53.8% 🔸	-	-		
	End of Episode/Discharge Summary recorded	Target	35.0%	35.0%	35.0%	35.0%	35.0%	35.0%	35.0%	35.0%	35.0%	35.0%	35.0%	35.0%		
	(within 48 hrs of discharge)	Result		0.0%	15.8%	20.0%	60.0%	51.5%	55.6%	75.0%	69.2%	75.0%	70.0%	47.1%		
	Mental Health readmissions within 28 days of	Target	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%			
	discharge	Result	12.0%	6.3%	11.8%	15.0% 🔸	7.4%	11.1%	13.6%	8.3%	21.7%	7.7%	16.7% 🔸			
M50 (Change in consumers' clinical outcomes		ノノ	\	>											
	Acute Inpatient - Improvement	Result	75.6%		-	100.0%	33.3%	88.9%	77.8%	66.7%	75.0%	66.7%	100.0%	50.0%		
	Acute Inpatient - No significant change	Result	24.4%	√	-	0.0%	66.7%	11.1%	22.2%	33.3%	25.0%	33.3%	0.0%	50.0%		
	Acute Inpatient - Deteriorate	Result	0.0%	-	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%		
	Ambulatory Complete - Improvement	Result	55.0%	70.0%	50.0%	50.0%	42.1%	44.4%	50.0%	45.0%	60.0%	72.2%	65.0%	69.2%		
	Ambulatory Complete - No significant change	Result	4.0.0%	20.0%	45.0%	44.4%	42.1%	51.9%	45.8%	50.0%	33.3%	27.8%	35.0%	30.8%		
	Ambulatory Complete - Deteriorate	Result	5.0%	10.0%	5.0%	5.6%	15.8%	3.7%	4.2%	5.0%	6.7%	0.0%	0.0%	0.0%		
	Ambulatory Ongoing - Improvement	Result	41.7%	30.8%	48.6%	29.1%	41.8%	42.1%	39.2%	49.4%	45.6%	40.7%	49.2%	35.1%		
	Ambulatory Ongoing - No significant change	Result	43.2%	53.8%	36.5%	40.0%	48.1%	48.4%	46.8%	42.4%	39.7%	44.1%	36.5%	41.9%		
	Ambulatory Ongoing - Deteriorate	Result	15.2%	15.4%	14.9%	30.9%	10.1%	9.5%	13.9%	8.2%	14.7%	15.3%	14.3%	23.0%		
	Service episodes where a consumer is secluded	Target	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%		
	at least once	Result (7.4%	0.0%	8.0%	2.4%	5.1%	3.1%	0.0%	0.0%	2.9%	0.0%	0.0%		
	Occasions where required clinical outcome	Target	40.0%	40.0%	40.0%	40.0%	40.0%	40.0%	40.0%	40.0%	40.0%	40.0%	40.0%	40.0%		
r	measure(s) were recorded	Result (42.0%	30.4%	46.5%	54.6%	50.4%	50.6%	49.4%	48.8%	39.1% 🔸	39.3% 🔸	41.8%	26.0%		

Queensland Health – Mater Meeting

Agenda - 13 July 2012

Level 9 QHB Building 147-163 Charlotte Street

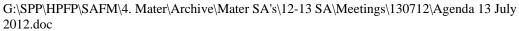
Attendees:

- Nick Steele
- Melissa Robinson

- Bronwyn Wheian
- Mish Hill
- Karen Bayntun

Item

- 1. Minutes of last meeting
- 2. Update on Matters arising
- 3. 2011/12 SLA Update
- 4. 2012/13 Interim Cash Flow
- 5. 2012/13 Contract



Queensland Health – Mater Meeting Minutes for 13 July 2012 Level 9 QHB Building 147-163 Charlotte Street

Attendees:

- Nick Steele (NS)
- Melissa Robinson (MR)
- Lachlan Mortimer (LM)

- Mish Hill (MH)
- Bronwyn Whelan (BW)
- Karen Bayntun (KB)

Itam	Discussion	Action	Drogress
Item	Discussion		Progress
1. Minutes of	Minutes distributed	Add items below to	Below
last meeting	19/6/12.	minutes and for action	
2. Update on	Nil	MR to provide any	QH unable to locate further detail.
Matters		historical	
arising		documentation that	
(Issues		QH may have	
Register)		available for complex	
		paediatric care and	
		steep services to	
		inform Mater SSG	
		work	Complete –
			The meeting between QH and Mater was held on Monday 30th
		MR to follow up with	July (Steve Parish and Mal Thatcher). Outcome was that Mater
		CIO on meeting re	would provide HSIA (QH ID)with a high level program plan of
		Mater access to asset	activities for the asset replacement program and identify which of
		replacement funds	those initiatives the \$420,000 would be contributing to. It was then
			further agreed that the funding would be aligned to the Data
			Centre Project that Mater are undertaking. Mater to provide to
			some high level documentation around the description, milestones
			, · · ·
			etc. Mater will then invoice HSIA for the agreed amount and

		LM to advise Mater what 'Other Adjustments' (\$301,369) are comprised of	e updated progress on the completion of the activity. Iter confirmed they have the required lower level ance documentation (ie business case) that they will an and hold and in the event the Department of HSIA visibility they will be provided. In and hold and in the event the Department of HSIA visibility they will be provided. In and attached workbook as below Mater on 26/7/2012
		final KPI Attribute list	
3. 2011/12 SLA Update	11/12 Final SLA activity and amount has been approved by Mater and QH CEO. The activity included in the 2011/12 Final SLA was adjusted due to calculation errors in the ED WAUs. NS requested MR review revised calculations.	MR to confirm QH agreement with adjustments made to final 2011/12 activity provided by Mater	ptè

4. 2012/13 Interim Cash Flow	Revision of the 2012/13 interim cash flow pending finalisation of 2012/13 SLA to be based on final 2011/12 SLA.	Following confirmation of final 2011/12 Activity, revised 2012/13 interim cashflow to be provided to Mater.	Complete. Revised cashflow to end of September 2012 has been agreed with Mater.
4. 2012/13 Contract	Metro North and Mater have differing perception on future NICU/PICU models and funding. Mater have provided their understanding and cost split. Metro North have advised differently. Discussion around progress of SSGs. ABF team requesting detailed costing information. NS confirmed this is QH expectation.	NS to draft letter to Mater with supporting workbook.	NS to confirm if any progress and next actions. Complete – letter and attached workbook sent to Mater on 26/7/2012

KB and BW raised that elements of the information requested were not available. BW asked if QH could confirm SSG direction and expectation.	To be detailed in letter and accompanying worksheets (as above)	Complete – letter and attached workbook sent to Mater on 26/7/2012
Discussion around non-ABF funding elements. QH confirmed that an indication of cost would be required. General ledger detail or cost centre reports sufficient. System		
generated reports. Threshold of \$1m and over requires supporting documentation. Mater requested this also be put in writing.	BW to meet with LM and MR and AH to work through urology funding and activity.	Meeting did not occur. Urology funding and calculation details have been included in letter and attached workbook sent to Mater on 26/7/2012
Urology – BW raised concerns	Include additional funding for and adjust	Complete – letter and attached workbook sent to Mater on

about inclusion of	WAUs to include.	26/7/2012
2011/12 funding in		
2012/13 ABF amount.		
ADF amount.		
Breast		
reconstruction		
surgery - BW had		
advised demand		
for breast		
reconstruction. Discussion of	To be detailed in letter	
increasing funding	and accompanying	
to provide 35	worksheets (as	Complete – letter and attached workbook sent to Mater on
breast	above)	26/7/2012
reconstructive		
cases in 2012/13	F: 1004040	
which would be paid at ABF price	Final 2012/13 amounts for Mater to	
+ SSG of approx	be confirmed	Complete – letter and attached workbook sent to Mater on
\$350,000	se commed	26/7/2012
, , , , , , , , , , , , , , , , , , ,		
BW requested		
detail on grants	To be detailed in letter	
and	and accompanying	Commission latter and attack advised by a late of the Material
contributions/PBAs in 2012/13 offer	worksheets (as	Complete – letter and attached workbook sent to Mater on 26/7/2012
III 2012/13 ONET	above)	20/1/2012
BW requested		
confirmation of	To be detailed in letter	
clinical education	and accompanying	

and training funding.	worksheets (as above)	Complete – letter and attached workbook sent to Mater on 26/7/2012
Impact of purchasing initiatives outlined and inclusion of 2% productivity dividend.		
Discussion around split across ABF and non ABF for EB and escalation and EB funding included in contract offer.		

Queensland Health – Mater Meeting

Agenda - 10 August 2012

Mater Health Services - Conference Room 2.3, Level 2 MCH, Woolloongabba

Attendees:

- Nick Steele
- Melissa Robinson
- Anna Herwig
- Helen Ceron
- Lachlan Mortimer
- Jane Partridge

- Bronwyn Whelan
- Mish Hill
- Karen Bayntun

Item

- 1. Minutes of last meeting
- 2. Update on Matters arising
- 3. Mater Contract Offer for 2012/13
 - i) ABF
 - Activity across 3 facilities
 - Funding across 3 facilities
 - Clinical Education costs
 - Other adjustments
 - Urology outreach
 - Growth
 - Breast reconstructions
 - ii) Site Specific Grants
 - iii) Non-ABF
 - Update on breakdown of Non-ABF expenditure
 - (iv) Funding adjustments
 - ÉB/Non Labour Escalation funding
 - 17 Infrastructure
 - Corporate Overheads
 - 2 % Productivity/Efficiency
 - Funding schedule (including own source revenue)
 - v) Purchasing initiatives
- Mater ABF efficient information 4.

Actions from Mater Meeting - Friday 10th August 2012

	Item Discussed	Party	Action	
1	Minutes	<u> </u>	QH unable to locate historical information on sleep	
_			services (SSG?) – Mater to look into costing for this	
			service	
2		QH	Remove PICU reference from previous minutes in	
_			section related to NICU/PICU meeting	
3			Meeting to be held week commencing 13/8/12 with	
J			Metro North regarding NICU – MR to confirm meeting	
			time	
4	Depreciation	QH	LM to provide estimate of depreciation based on	
•	Depresiation	ζ	similar sized HHSs.	
5	Depreciation	Mater	Mater to provide depreciation data to validate	
J	Depresiation	Macci	depreciation value to be added to contract	
6	Adult Cystic Fibrosis	QH	QH to review Metro North SSG applications and advise	
O	riddit Cystic i ibi osis	QII	if a site specific grant has been provided for Adult	
			Cystic Fibrosis and supply details.	
7	Teaching Training and	QH	Mater requested LM-to identify quantum of funding	
,	Research	ζii	provided for research in ABF and Non-ABF parts of the	
	Nescuren		other HitlS offers.	
8	QPCS (updated SSG)	QH	ABF team (QH) to review updated version of QPSC SSG	
O	Qi es (apaatea sse)	Qi.	with both funding and costing examples and advise.	
9	Labour Inflation - Leave	QH	QH/MR to check if re-valuation is included in the \$\$	
,	Provision	Q.	amount in the offer	
10	Labour Inflation	QH	LM to provide breakdown of streams and rates for	
10	Labour IIIIation	QII ^	Mater to respond	
11	Labour Inflation	Mater	Mater to provide breakdown of claim and \$\$\$ amount	
	Labour milation	Widte,	once streams and rates are received from QH	
12	Labour Inflation - BPIO	QH	LM to provide detail on inflation to help explain	
			variation in offer and BPIO	
13	2% Productivity	QH	LM to move 2% productivity calc to bottom of offer	
14	\$30 million shortfall	Both	Mater and QH to work to determine \$30M difference	
	from Offer (as per		between 11/12 Grant and the rebase of 11/12 offer, as	
	Mater Summary)		identified in Mater summary sheet (Mater mapping to	
	,,		current offer)	
15	Growth	Both	Meeting to be held Thursday 16/8/12 to discuss high	
			growth / pressure areas (MR/KB/BW/HC/AH)	
16	Activity Analysis	QH	QH to provide detailed breakdown of purchased	
	, ,,		activity.	
17	DSS Targets	Both	QH to provide interim 12-13 targets for Mater, send to	
			Mater for confirmation and once agreed talk with QH	
			Finance for loading in DSS	
18	OSR	Mater	Mater to provide OSR data on 91,036 WAUs to QH	
19	High Cost Drugs	QH	LM to provide comparative detail on high cost drugs	
		-	and component of high cost drugs in WAU price.	
20	ABF price	QH	LM to provide summary of calculation for WAU price of	
	·	-	\$4359	
21	Non ABF	QH	QH to confirm whether RCH is expecting an invoice for	
		•	EVOLVE from Mater	
22	SLA	QH	QH to send through Mater SLA for review	
23	Purchasing Initiatives	Both	Meeting to be held in approx 2 weeks with Jane to	
-		= = ***	discuss purchasing initiatives with Jane Partridge	

Actions from Mater Meeting - Growth Thursday 23 August 2012

Attendees: Helen Ceron (HC), Melissa Robinson (MR), Anna Herwig (AH), Melissa McCabe (Finance for Depreciation) Bronwyn Whelan (BW), Karen Bayntun (KB), Sharon Cooper (SC)

	<u>Item Discussed</u>	<u>Party</u>	<u>Action</u>	<u>Progress</u>
1.	Depreciation	QH	Melissa McCabe from QH will provide a summary to Mater on Return on Investment and formula used	Melissa McCabe to complete
2.	Growth	QH	QH to advise on what areas of growth are needed and areas to be reduced.	Nick/Helen to discuss 31 August meeting
3.	Growth	QH	MR to confirm with NS regarding discussion/meeting with Ewan Walpole regarding Metro South Oncology services	Helen to confirm with Nick
4.	Service Agreement and Growth	QH	Revised contract offer to be sent to Mater including growth areas for QH	Table at 31 August meeting
5.	Cystic Fibrosis and Inpatient Oncology	QH	QH to advise Mater on process for seeking additional funding (peer group or grant issue) for Cystic Fibrosis	
6.	Cystic Fibrosis and Inpatient Oncology	Mater	KB from Mater to send information on analysis Mater have on Cystic Fibrosis (approx. \$1m) and Inpatient Oncology (approx. \$2m) for additional funding	
7.	QPSC SSG	QH	QH to talk with ABF team to seek tighter timeframe on decision of grant for Mater (Helen/Ian Wright)	Email sent to Gerry Wyvill 29/3/12
8.	ЕВ	QH	QH to provide funding detail and business rules to Mater for EB funding	Funding detail sent 29/8/12 – business rules to come from Models and Costings week commencing 3 September
9.	ЕВ	QH	QH to confirm backpay element of EB payments for previous years will be paid to Mater outside of contract offer for 12/13	Confirm back pay for previous years will be in addition to the 12/13 contract
10.	ABF BPIOs	QH	QH to provide details on information required for ABF BPIO funding received for 2011/12.	Melissa to send on
11.	ABF BPIOs	Mater	Mater to provide detail on what ABF initiative funding was spent on in 11/12 as per above action	BW to respond once information received
12.	Activity Phasing & DSS Targets	QH	Activity phasing and DSS Targets to be finalised and sent to Mater once service agreement is finalised (otherwise would have to be reworked)	No action until offer finalised

13	Own Source Revenue (with regards to progress on previous action item Mater to provide OSR data on 91,036 WAUs to QH)	Mater	Mater to progress in providing a response to this action and advise QH	Mater
14.	ABF Price	QH	QH to investigate if can provide Mater with detail of \$4359. Mater is seeking details of prices breakdown of \$4359 in detail to get greater understanding of what is/is not included in the price. KB requested need at an account code level not cost centre.	Response to be provided (ABF team)
15.	Purchasing Initiatives	QH	Meeting time to be set up over next two weeks (e/end 31/8 or 7/9/12) BW, KB, SC, AH, HC and Jane Partridge, Lachlan Mortimer to discuss purchasing initiatives and issues.	Meeting scheduled 4 September
16.	Disaster Funding	QH	Mater has requested Disaster recovery money \$1.8m (non-recurrent for 11/12 and 12/13 only) be kept outside of grant monies as provided and reported through Disaster recover y (from floods) outside of QH but provided to Mater via QH grant.	Noted – Lachlan to confirm in Offer

DRAFT - Mater Health Services' Relationship Management Group Meeting Action record					
Time / Date / Location	12 June 2013 1.30pm – 2:30pm Office of Executive Director Adult's, Women's and Children's Health Services, Mater Children's Hospital				
Present	Department of Health (DoH) Nick Steele, Executive Director Healthcare Purchasing, Funding and Performance Management (ED HPFP) Mater Health Services (MHS) Sean Hubbard, Executive Director of Adult's, Women's and Children's Health Services (ED MHS) Bronwyn Whelan, Director of Business Services (DBS MHS) Karen Bayntun, Director of Health Planning and Performance (DHPP MHS) Apologies Helen Ceron, Senior Director, Service Agreement Framework and Management (SD SAFM) In attendance Chantal Casey and Louise Blatchford, Service Agreement Managers (minutes)				

AGENDA ITEM	ACTION	ACTION OFFICER							
2. ACTIONS ARIS	SING								
	Refer to action register for update.								
3&4. PERFORMA	3&4. PERFORMANCE DASHBOARD – April 2013								
	NEAT DoH noted that MHS are meeting NEAT target.								
	 ACTION: DoH advised MHS of NEAT target to apply from January 2014. NEST DoH noted that MHS met NEST 'treated within recommended time' targets for month. DoH and MHS agreed upon approach for Surgery Connect payment and activity for PAH's 'long wait' orthopaedic patients in June and July 2013. MHS reported they are reviewing Category 2 'long waits' to ensure that activity is not compromised by Surgery Connect activity. DoH advised of its preference that MHS clear 69 'long waits'. ACTION: DoH to advise MHS of required actions for June payment. ACTION: MHS to provide a trajectory to September for the reduction of Category 2 'long waits'. ACTIVITY MHS advised they expect to be 6% over activity as May was considered busy. 	ED HPFP ED MHS							
	 Discussion occurred regarding 1,500 critical care to be included in 2013-14 contract. MHS reported growth in outpatient activity from other HHSs and 								
	 Medicare ineligible patients not received elsewhere. MHS advised DoH they have received a letter from Medicare 								

AGENDA ITEM	ACTION	ACTION OFFICER
	regarding billing of imaging in ED (or patients who entered via ED) in 2011-12. MHS will discuss with Medicare and advise DoH of outcomes.	
	ACTION: MHS to advise DoH of number of breast reconstructions performed by 30 June.	ED MHS
	ACTION: DoH to include 35 breast reconstructions in 2013-14 contract offer.	ED HPFP
	ACTION: MHS to provide DoH with details of Medicare ineligible patients for DoH to compare to other HHS activity.	ED MHS
	ACTION: MHS to provide DoH with details of outpatients reportedly turned away from other HHSs for DoH to address with HHSs.	ED MHS
5. OTHER BUSIN	ESS	
	 DISASTER RECOVERY PROGRAM MHS advised of a potential issue with accruals for the Disaster Recovery Program. ACTION: MHS to provide DOH with a summary of issue for DoH to follow 	DBS MHS
	up with Finance Branch and Metro South HHS. 2013-14 CONTRACT OFFER ACTION: DoH to seek approval to continue payments to MHS in line with	ED HPFP
	2012-13 service agreement until 2013-14 service agreement is executed.	LUTIFIF
	ACTION: DoH to provide MHS with interim cash flow for July 2013.	ED HPFP
	ACTION: DoH to arrange service agreement negotiation meeting for 9:00am on 28 June 2013	ED HPFP
	ACTION: DoH to advise MHS additional activity to be purchased non-recurrently for Cochlear implants in 2013-14.	ED HPFP
	CANCER CARE CENTRE MHS reported that the Cancer Care Centre opened last week.	
	ADMINISTRATOR OF NATIONAL HEALTH FUNDING POOL	
	ACTION: DoH to include discussion of Administrator of National Health Funding Pool on agenda after 28 June 2013.	ED HPFP



2012-13 Service Agreement



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Introduction

Mater Misericordiae Health Services Brisbane and Queensland Health have a long established relationship around the funding of and provision of public health services. This relationship was formalised in 2002 when the 20 year Mater Hospital Funding Agreement was made and annual health services agreements commenced. In 2008, the special relationship was given a statutory framework with the commencement of the *Mater Public Health Services Act 2008*. The funding and services agreements and the Act provide a mechanism to detail the public health services, funding and performance measures that apply to the Mater.

More recently, as a result of the national and Queensland health reforms and effective 1 July 2012, Queensland Health has service agreements with each of the 17 Hospital and Health Services. Key elements of these service agreements include the hospital, health and other services to be provided; funding provided for the provision of these services; the Hospital and Health Service Performance Framework; key performance indicators; purchasing initiatives and agreement value.

The Mater and Queensland Health have agreed to align the Mater/Queensland Health service agreements with the service agreements that apply to Hospital and Health Services. This is the first of these agreements.

Fundamental to the success of this agreement is a continuing strong partnership between the Mater and its Board and Queensland Health. This partnership is supported through a Relationship Management Group whose members comprise representatives from both the Mater and Queensland Health and which provides a routine forum within which service issues and performance can be discussed.

Definitions

In this service agreement:

Amendment Proposal means the written notice of a proposed amendment to the terms of this service agreement by the Chief Executive Queensland Health or the Chief Executive Mater to the other party.

Amendment Window means the period within which amendment proposals are negotiated and resolved as specified in the section 'Amendments to this Service Agreement'.

Business Day means a day which is not a Saturday, Sunday or bank or public holiday in Brisbane.

Chair of Mater Health Services Board means the chairperson of the Mater Health Services Board of Directors.

Chief Executive QH means the chief executive of Queensland Health administering the *Hospital* and *Health Boards Act* 2011.

Chief Executive Mater means the chief executive officer of the Mater.

Day Case means a treatment/procedure undertaken where the patient is admitted and discharged on the same date.

Deed of Amendment means the Resolved Amendment Proposals.

GST Law means A New Tax System (Goods and Services Tax) Act 1999 (Cth) or any reenactment thereof as amended from time to time;

ABN, Adjustment Event, Adjustment Note, GST, Tax Invoice and Taxable Supply shall have the meanings attributed to these terms in the GST Law.

Mater means Mater Misericordiae Health Services Brisbane Ltd (ACN 096 708 922).

Mater Hospitals means the following hospitals located at South Brisbane and services provided throughout Queensland from these hospitals:

- Mater Adults Hospital,
- Mater Children's Hospital and
- Mater Mothers Hospital

Mater Service Agreement (Mater-SA) Contact Person means the position nominated by the Mater as the primary point of contact for all matters relating to this service agreement.

Mater Service Agreement means this service agreement including the schedules in annexures, as amended from time to time.

National Health Reform Agreement (NHRA) means the document titled "National Health Reform Agreement" made between the Council of Australian Governments (CoAG) in 2011.

Negotiation Period means a period of no less than ten business days (or such longer period agreed in writing between the parties) from the date an amendment proposal is received by the other party.

Notice of Dispute means the written notice of a dispute provided by the Chief Executive Queensland Health or Chief Executive Mater to the other party.

Queensland Health means the Department of Health, acting through the Chief Executive, Queensland Health.

Queensland Health-Service Agreement (QH-SA) Contact Person means the position nominated by Queensland Health as the primary point of contact for all matters relating to this service agreement.

Referral Notice means the referral of a dispute which cannot be resolved within 30 days for resolution through discussions between the Chief Executive Queensland Health and the Chief Executive Mater.

Relationship Management Group means the body which routinely reviews and discusses a range of aspects of the Mater and system wide performance in accordance with the accountabilities contained within this service agreement. The Relationship Management Group members comprise:

- the QH-SA Contact Person and the Mater-SA Contact Person;
- Executive Directors from the Finance, Clinical Redesign & Access Unit and Healthcare Purchasing areas; and
- Senior executive representatives nominated by the Mater, including the Chief Finance Officer, Chief Operating Officer, Director of Performance or equivalent.

Other terms are defined within each of the schedules of this service agreement.

Interpretation

Unless expressed to the contrary, in this service agreement:

- a) words in the singular include the plural and vice versa;
- b) any gender includes the other genders;
- c) / if a word or phrase is defined its other grammatical forms have corresponding meanings;
- d) "includes" and "including" are not terms of limitation;
- e) no rule of construction will apply to a clause to the disadvantage of a party merely because that party put forward the clause or would otherwise benefit from it;
- f) a reference to:
 - i. a party is a reference to a party to this service agreement;
 - ii. a person includes a partnership, joint venture, unincorporated association, corporation and a government or statutory body or authority; and
 - iii. a person includes the person's legal personal representatives, successors, assigns and persons substituted by novation;

- g) any legislation includes subordinate legislation under it and includes that legislation and subordinate legislation as modified or replaced;
- h) an obligation includes a warranty or representation and a reference to a failure to comply with an obligation includes a breach of warranty or representation; and
- i) headings do not affect the interpretation of this service agreement.

Objectives of the Agreement

This service agreement is designed to:

- Specify the hospital services (with respect to outcomes and outputs), other health services, teaching, research and other services funded by Queensland Health to be provided by the Mater.
- Specify the funding to be provided to the Mater for the provision of the services.
- Define the performance measures for the provision of the services.
- Specify the performance and other data to be provided by the Mater to the Chief Executive Queensland Health.
- Provide a platform for public accountability.
- Ensure state and commonwealth priorities, services, outputs and outcomes are achieved.

This service agreement outlines the services that Queensland Health will purchase during the 2012-2013 financial year.

Regulatory and Legislative Framework

The relationship between Queensland Health and the Mater is governed by the following framework:

- The <u>Mater Public Health Services Act 2008</u> this is the primary legislation that provides the statutory framework for Queensland Health and the Mater to enter into arrangements about the delivery of health services to public patients. Of particular importance are the guiding principles, as set out in s.4:
 - (a) Queensland Health and the Mater should use their best endeavours to ensure that public patient health services are funded and delivered in a way that serves the best interests of patients receiving the services;
 - (b) Queensland Health and the Mater should be committed to maintaining and enhancing a special relationship for giving effect to the arrangements;
 - (c) the philosophy underpinning the delivery of health services by the Mater hospitals should be acknowledged;
 - (d) the delivery of public patient health services by the Mater hospitals should be funded by the State in a way that is consistent with the funding of public sector health services;
 - (e) the Mater, and not Queensland Health, is responsible for the delivery of public patient health services by the Mater hospitals;
 - (f) Queensland Health and the Mater should cooperate in the development of Queensland Health's plan and key initiatives relating to the delivery of public patient health services by the Mater hospitals.
- Mater Hospital Funding Agreement 2002 this is a 20 year agreement outlining the general terms and conditions of the funding grant.
- The Private Health Facilities Act 1999 (PHFA) this is the Act under which the Mater hospitals are licensed to operate. The Mater has been issued a license to operate a private health facility known as Mater Misericordiae Health Services South Brisbane. The provision of funding from Queensland Health is dependent on compliance with this Act and the companion documentation (http://www.health.qld.gov.au/privatehealth/docs/phf_act_standards.pdf).

Strategic Context

Ensuring the provision of public health services across Queensland requires clear priorities, supportive leadership and staff who work together and across each level of the health system. The priorities for the Queensland public sector health system are defined in the Statement of Government Health Priorities.

Performance Management and Monitoring

The *Mater Public Health Services Act 2008* provides the legislative framework for the relationship between Queensland Health and Mater Health Services South Brisbane with regard to the delivery of public health services.

The *Mater Public Health Services Act 2008 (the Act)* and the Mater Hospital Funding Agreement (2002) both set out provisions in relation to monitoring of performance.

Part 2, section 6 of the Act enables the service agreement to include matters relating to:

- Initiatives, performance targets, priorities, strategies, undertakings and other measures relating to the delivery of services;
- Assessing the Mater performance against measures.
- Reporting by the Mater to the department about delivery of service.

Section 11, Performance Measurement, of the Mater Hospital Funding Agreement (2002) requires Queensland Health to:

- Assess and measure the performance of the Mater against undertakings, strategies and measures that apply to the Mater under this agreement.
- The Mater is not expected to meet any greater level of performance than that applicable generally to the delivery of public sector health service under the Act, measured against Queensland Health benchmarks.

This section of the service agreement sets out how Queensland Health and the Mater will meet their aforementioned obligations, including how performance will be monitored, reported and measured against the high level outcomes specified within this service agreement. It also sets out the system and processes that will be employed by Queensland Health to fulfil its responsibility as the overall manager of health system performance.

Roles and Responsibilities

Both Queensland Health and the Mater have a role to play in ensuring that performance expectations are met and that services meet the needs of the population. An overview of key responsibilities with regard to performance management is outlined in Table 1.

Table 1: Performance Management - Roles and Responsibilities

Queensland Health	Mater
Schedule and co-ordinate relationship management meetings and performance review meetings between Queensland Health and the Mater	Attend relationship management meetings and performance review meetings called by Queensland Health
Develop key performance indicators and associated targets and trigger points. Provide Performance Dashboard Reports	Provide performance data to Queensland Health
Provide performance data to the National Health Performance Authority (NHPA)	
Co-ordinate the negotiation of service agreements, including issuing proposals and development of service agreement documentation	Engage in service agreement negotiations and respond to proposals in a timely manner.
Provide a named Departmental point of contact for regarding their Service Agreement (negotiation and in year management).	Provide a named point of contact within the Mater regarding the Service Agreement (negotiation and in year management).
Provide a regular performance report to the Director-General (or delegate), including an assessment of performance-related risks facing the public health system.	Work closely with Queensland Health to sustain and improve service provision and engage in constructive performance discussions

Queensland Government Priorities and Performance Management Requirements

The Queensland Government Performance Management Framework (QGPMF) was developed following a number of reviews which highlighted the need for improved integration between planning, resourcing and performance reporting and better performance information.

All government agencies are required to undertake planning to ensure that their objectives align to the whole of government direction. The Mater will be consulted in planning activities and this will be undertaken in the context of the Queensland Government Statement of Government Health Priorities and the National Health Reform Agreement.

Queensland Health has a responsibility to ensure that all public health services funded by its department, including those services provided by the Mater through this service agreement, promote the government priorities.

Measuring Performance

Measuring, or monitoring performance is an essential part of any performance management process. Queensland Health uses KPIs to monitor the extent to which the Mater is delivering the key objectives as set out in this service agreement.

The KPIs are arranged under 7 performance domains. The first 4 domains listed below align to the sub-domains within the National Performance and Accountability Framework:

- Access
- Efficiency and financial performance
- Safety and quality
- Patient experience
- Workforce
- Mental Health and Alcohol and Other Drugs
- Aboriginal and Torres Strait Islander Health

KPIs are defined as either escalation KPIs or monitoring KPIs. Schedule 4 'Key Performance Indicators' of this service agreement sets out the target for each KPI:

- Targets (the level of performance achieved). Where possible these targets are linked to
 performance levels agreed to in national agreements such as the Australian Healthcare
 Agreement and National Partnership Agreements, or set out within the National Performance
 and Accountability Framework, or defined by the State Government.
- Trigger Points (used to ensure that any risks to performance against the specified targets are identified appropriately. Trigger points have been based on a traffic light methodology:

Green Performance is currently on target or better than target

Amber Performance is unfavourable to target but is within agreed tolerance levels

Red Performance is unfavourable to target and is outside the tolerance levels

National Performance Standards, Indicators and Targets

The key objective of the National Performance and Accountability Framework (NPAF) is to support a safe, high quality Australian Health system through improved transparency and accountability.

It applies to all Australian public health and hospital services, private hospitals and primary care services (through Medicare Locals).

The NHPA will be responsible for developing and producing reports on the performance of hospitals and healthcare services, including the MyHospitals website located at http://www.myhospitals.gov.au/. These reports will cover the National Access Target and National Access Guarantee, and any new national standards agreed by COAG.

The NPAF also includes a set of standardised national indicators which are designed to measure local health system performance and drive improved performance. The indicators span three domains of health service delivery which are further divided into sub-domains.

Relevant Key Performance Indicators (KPIs), such as NEAT (National Emergency Access Target) are included within this service agreement.

Performance Monitoring

The routine process will be for the Mater executives to participate in Relationship Management Group (RMG) meetings with Queensland Health executives. Relationship Management meetings will be held monthly. The frequency of meetings may be changed as required. Both parties will agree the Terms of Reference for Relationship Management meetings.

As part of the performance monitoring process Queensland Health will produce a monthly performance report against the key escalation KPIs.

If a performance issue is identified, Queensland Health, in consultation with the Mater, will consider the need for, and degree of, formal intervention required. A range of interventions or levers may be applied in response to a performance issue. They include:

- Requirement to investigate, report and account for a performance issue.
- Increased frequency of monitoring.
- Consider the need to escalate to a meeting with a higher level of executive (that is DDG or DG).

In addition to regular performance monitoring, the Mater may be requested to report progress against any relevant election commitments where part of the commitment has resulted in funding to the Mater.

Public Reporting of Performance Information

Through the National Health Reform Agreement, the Commonwealth and State and Territory Governments have committed to providing the public with information about the performance of their health and hospital services.

In Queensland information on the performance of the Mater public health services is made available to the public through http://www.health.qld.gov.au/hospitalperformance/.

Period of this Service Agreement

This service agreement commences on 1 July 2012 and expires on 30 June 2013.

In this service agreement, references to 2012-2013 are references to the period commencing on 1 July 2012 and ending on 30 June 2013.

The parties will enter negotiations for the next service agreement at least six months before the expiry of the existing service agreement (i.e. 31 December 2012) and commit to finalise the 2013-14 agreement by 31st May 2013.

Amendments to this Service Agreement

The parties agree this clause operates to the extent of any inconsistency with clause 19 - Variations to the Agreement in the Mater Hospital Funding Agreement.

Should either party wish to amend the terms of the service agreement, the party wishing to amend the agreement must give written notice of the proposed amendment to the other party (Amendment Proposal).

In order for Queensland Health to manage amendments across all service agreements and their effect on the delivery of public health in Queensland, amendment proposals will only be negotiated and finalised during set periods of time during the year (**Amendment Windows**). Whilst a party may submit an amendment proposal at any time, negotiation will only commence at the dates below for each amendment window;

- Amendment Window 3: 28 February 2013; and
- Amendment Window 4: 17 May 2013.

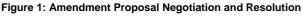
An amendment proposal is made by:

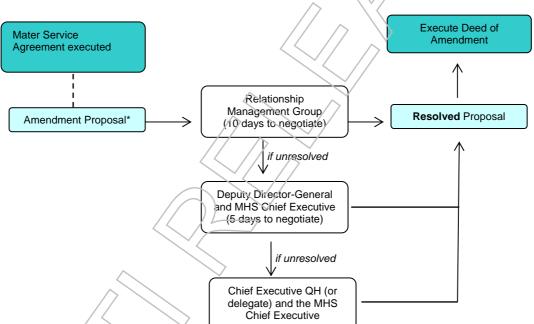
- The Chief Executive, Queensland Health (or delegate) signing and providing an amendment proposal to the Mater-SA Contact Person prior to the commencement of any amendment window.
- The Chief Executive, Mater signing and providing an amendment proposal to the QH-SA Contact Person prior to the commencement of any amendment window.

Subject to the terms of this agreement, any requests for amendment made outside these periods are not an amendment proposal for the purposes of this agreement and need not be considered by the other party. A party giving an amendment proposal must provide the other party with the following information:

- a) the reasons for the proposed amendment;
- b) the precise drafting for the proposed amendment;
- c) any information and documents relevant to the proposed amendment; and
- d) details and explanation of any financial or service delivery impact of the Amendment.

Negotiation and resolution of amendment proposals will be through a tiered process commencing with the Relationship Management Group and culminating if required with the Chief Executive QH and Mater Chief Executive, as illustrated in Figure 1 following.





^{*} If the Chief Executive QH considers that an Amendment Proposal (whether made by the Chief Executive QH or Mater) relates to an urgent matter, the Chief Executive QH (or delegate) may reduce the negotiation period.

The In-year Service Agreement Management Rules for 2012-2013 detailed in Schedule 2 'Healthcare Purchasing and Service Agreement Value' Part C to this service agreement describe the occasions when financial adjustments will be made as a result of variation in activity. Financial adjustments will be confirmed through the Relationship Management Group which will take account of any relevant matters identified in the analysis/reviews conducted. These adjustments will then be executed by means of an Amendment.

Amendment Proposals that are resolved will be documented in a deed of amendment (**Deed of Amendment**) to this service agreement and executed by the Chief Executive Queensland Health (or delegate) and the Chief Executive Mater by the following dates:

- Amendment Window 3: 31 March 2013; and
- Amendment Window 4: 14 June 2013.

Only upon execution of a Deed of Amendment by both the Chief Executive, Queensland Health (or delegate) and the Chief Executive, Mater will the amendments documented by that deed be deemed to be an amendment to this agreement.

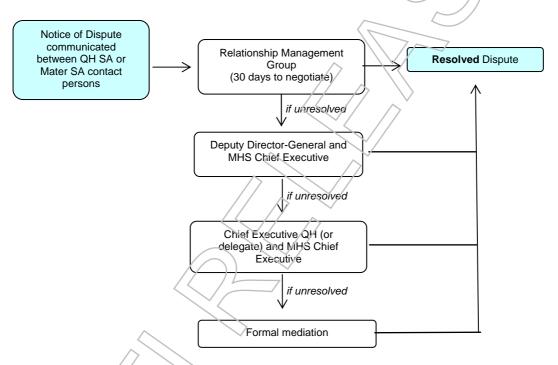
Dispute Resolution

The dispute resolution process is designed to resolve disputes which may arise between the parties to this service agreement in a final and binding manner. The parties agree that it is in both parties' interests to ensure that all disputes arising under this document are settled at the earliest possible opportunity.

The parties agree this clause operates to the extent of any inconsistency with clause 18 of the Mater Hospital Funding Agreement.

The resolution of disputes will be through a tiered process as set out in Figure 2. Escalation through the dispute resolution process should be implemented only as a means of last resort. At each stage of the dispute resolution process, the parties agree to cooperate and assist in respect of any requests for additional information or documentation.

Figure 2: Dispute Resolution Process



Should the process escalate to the mediation stage, the mediation will be conducted by a mediator that the parties agree upon. If the parties cannot agree, a mediator is to be appointed by the President of the Queensland Law Society. If mediation is unsuccessful the parties are at liberty to choose further methods of resolution including commercial arbitration if the issue is one capable of resolution.

The Notice of Dispute must be provided to the QH-SA Contact Person if the Notice of Dispute is being given by the Mater and to the Mater-SA Contact Person if the Notice of Dispute is being given by the Chief Executive QH.

The Notice of Dispute must contain the following information:

- a) a summary of the matter in dispute;
- b) an explanation of how the party giving the Notice of Dispute believes the dispute should be resolved and reasons to support that belief;
- c) any information or documents to support the Notice of Dispute; and
- d) a definition and explanation of any financial or service delivery impact of the dispute.

Resolution of a Dispute

Resolution of a dispute at any level is final. The resolution of the dispute is binding on the parties, but does not set a precedent to be adopted in similar disputes between other parties.

The parties agree that each dispute (including the existence and contents of each Notice of Dispute) and any exchange of information or documents between the parties in connection with the disputes is confidential and must not be disclosed to any third party without the prior written consent of the other party, other than if required by law and only to the extent required by law.

Continued Performance

Notwithstanding the existence of one or more disputes, the parties agree each will continue to perform and comply with this service agreement while the dispute resolution process is occurring.

Disputes between the Mater and a Hospital and Health Service

If a dispute arises between the Mater and a Hospital and Health Service (HHS) or HHSs, the Mater is to have regard to guidance that may be issued by Queensland Health from time to time in respect of the resolution of such disputes. If agreed by both parties the dispute can be referred to Queensland Health for dispute resolution.

Force Majeure

If a party (Affected Party) is prevented or hindered by Force Majeure from fully or partly complying with any obligation under this agreement, that obligation may (subject to the terms of this Force Majeure clause) be suspended, provided that if the Affected Party wishes to claim the benefit of this Force Majeure clause, it must:

- a) give prompt written notice of the Force Majeure to the other party of:
- the occurrence and nature of the Force Majeure;
- the anticipated duration of the Force Majeure;
- the effect the Force Majeure has had (if any) and the likely effect the Force Majeure will have on the performance of the Affected Party's obligations under this agreement; and
- any Disaster Management Plan that applies to the party in respect of the Force Majeure;
- b) use its best endeavours to resume fulfilling its obligations under this agreement as promptly as possible; and
- c) give written notice to the other party within 5 days of the cessation of the Force Majeure.

Neither party may terminate this agreement due to a Force Majeure event.

Mater Health Service Accountabilities

- Deliver public patient services in accordance with the requirements of this agreement.
- Apply the funding allocated by Queensland Health to provide services to public patients in a way that achieves the most efficient and effective use of the available resources.
- Expend specific funding allocations in accordance with the purpose for which they are provided unless otherwise negotiated with Queensland Health.
- Liaise with Queensland Health before initiating any capital and service enhancement projects or research funding submissions and philanthropic donations that impact upon public patient service provision at the Mater and have one-off or recurrent cost impacts for Queensland Health or the government.
- Ensure all public patient clinical service provision which the Mater wishes to sub-contract to another provider organisations/groups*, are submitted to Queensland Health for approval.
 * Excludes individual clinicians e.g. visiting medical officers and agreements with Health and Hospital Services.
- Ensure that Queensland Health is notified, prior to formal engagement, of all planned contracting of external providers by the Mater with Queensland Health funding.

- Comply with the relevant Queensland Health data management, reporting and performance monitoring systems and processes, in so far as it is appropriate for Mater to comply.
- Ensure all submissions, briefs and formal correspondence with Queensland Health are on time and directed via QH-SA Contact Person.

The Mater is also required to meet all of the accountabilities outlined in the attached schedules of this service agreement, as summarised in Table 2.

Table 2: Summary of Schedules

Schedule 1 Mater Health Service Profile	This schedule provides a high level profile of the Mater and details the services and facilities that the Mater will continue to provide from 1 July 2012
Schedule 2 Healthcare Purchasing and Service Agreement Value	This schedule provides an overview of the Purchasing Framework and details the services being purchased from the Mater.
Schedule 3 Funding Source and Schedule	This schedule outlines the payments to be made to the Mater during the term of the agreement.
Schedule 4 Key Performance Indicators	This schedule outlines the Key Performance Indicators and targets that the Mater will be required to meet during the financial year and which will form the basis of performance management and escalation processes.
Schedule 5 Closing the Gap Obligations	This schedule describes the accountabilities of the Mater with respect to the various state commitments to closing the gap in Indigenous health outcomes.
Schedule 6 Mental Health and Alcohol and Other Drugs Treatment Services	This schedule details the mental health services being purchased from the Mater and the associated performance measures to monitor the delivery of these services.

Queensland Health Accountabilities

- Ensure that the impacts that the changes within Queensland Health may have on public patient services provided by the Mater are taken into consideration.
- Ensure that the delivery of public health services by the Mater is included in the Queensland Health Activity Based Funding Model.
- Acknowledges, that in accordance with The Mater Public Health Services Act 2008, the Mater should be funded by Queensland Health in a way that is consistent with the funding of public health services.
- Ensure that the Mater is taken into consideration in relation to service development planning and allocation of growth.
- Co-ordinate all QH initiated correspondence between the Mater and Queensland Health.
- Monitor performance of the Mater in relation to public patient services and Queensland Health funded projects.

Indemnity

The parties agree this clause operates to the extent of any inconsistency with clause 14 - Indemnity in the Mater Hospital Funding Agreement. In this clause:

- Queensland Health Indemnified Group means Queensland Health, its directors, officers, employees and agents.
- Mater Indemnified Group means Mater, its directors, officers, employees and agents.

Queensland Health indemnifies the Mater Indemnified Group against all losses, claims, damages and liabilities (including to avoid doubt, any losses, claims, damages and liabilities claimed against a member of the Mater Indemnified Group by any third party), arising from:

- any bodily injury or death or damage to any tangible property, to the extent that it results from a negligent act or omission or a breach of this document by Queensland Health, any of the Queensland Health Employees, or any of Queensland Health's other personnel (including to avoid doubt, its officers and employees and any other person for whose acts or omissions Queensland Health is vicariously liable);
- b) any claim by a Queensland Health Employee relating to his/her employment with Queensland Health.

Mater indemnifies the Queensland Health Indemnified Group against all losses, claims, damages and liabilities (including to avoid doubt, any losses, claims, damages and liabilities claimed against a member of the Queensland Health Indemnified Group by any third party), arising from:

- a) any bodily injury or death or damage to any tangible property, to the extent that it results from a negligent act or omission or a breach of this document by Mater, any of its personnel (including to avoid doubt, its officers, employees, agents, contractors or any other person for whose acts or omissions Mater is vicariously liable).
- b) any claim by a Mater Employee relating to his/her employment with Mater.

A party's liability under an indemnity in this document is reduced to the extent that the other Party contributes to that liability through a breach of this document or an unlawful or negligent act or omission by the party or its personnel.

Privacy and Confidentiality

The parties agree this clause operates to the extent of any inconsistency with clause 8 - Information in the Mater Hospital Funding Agreement. In this clause confidential information means information disclosed by, or obtained from, one party (Discloser) to or by the other party (Recipient) that:

- a) is by its nature confidential;
- b) is designated by the Discloser as confidential; or
- c) the Recipient knows or ought reasonably know is confidential, and includes:
 - (i) all medical and other records created and kept by the Disclosure in relation to patients including patient data;
 - (ii) information relating to the business, affairs or financial position of the Discloser including information relating to the assets or liabilities of the Discloser and any other matter that does or may affect the financial position or reputation of the Discloser;
 - information relating to the internal management and structure of the Discloser, or the personnel, policies and strategies of the Discloser;
 - information of the Discloser to which the Recipient has access that has any actual or potential commercial value to the Discloser or to the person or corporation which supplied that information;
 - any information which may have come to a party's knowledge in the course of negotiations or otherwise (including after the date of this document) concerning the operations, dealings, transactions, contracts, commercial or financial arrangements or affairs or any other party which the other party has identified as confidential or which the first identified party ought reasonably know should be treated as confidential; and
 - (vi) information relating to the employees, contractors, customers or suppliers of the Discloser, and like information, including any personal or sensitive information of individuals,

but does not include any such information that is in the public domain other than through a breach of an obligation of confidentiality.

The Mater acknowledges its obligations under the Privacy Act 1988 (Cth). The Mater acknowledges that it will comply with parts 2 and 3 of Chapter 2 of the Information Privacy Act 2009 (Qld) in relation to public patients as if the Mater was Queensland Health.

The Mater will provide Queensland Health with access to the Medical Records of individual public patients, who receive/d Mater health services, where this is for the care or treatment of that individual patient by Queensland Health.

Each party must not make public or disclose Confidential Information of the other party and do not use such Confidential Information other than for the purposes of this document.

The obligations of the parties in respect of Confidential Information will not be taken to have been breached where the Confidential Information is legally required to be disclosed provided that the disclosing party notifies the other party as soon as possible of the proposed disclosure of that information.

The Mater must:

- where requested to do so by Queensland Health; or a)
- b) when the Mater has completed performance of its obligations under this document,

promptly return to Queensland Health, or destroy if requested to do so by Queensland Health, any material supplied by Queensland Health to the Mater, or created by the Mater for Queensland Health, containing any Confidential Information of Queensland Health.

Notwithstanding any other provisions of this clause, either party may disclose the terms of this document, and Confidential Information of the other party to its solicitors, auditors, insurers or accountants, provided that the party disclosing that Confidential Information must ensure that every person to whom disclosure is made pursuant to this clause uses the information disclosed solely for the purpose for which it was disclosed and treats the Confidential Information as confidential.

Legal Proceedings

Subject to any law, and for any demand, claim, action, liability or proceedings for an asset, contract, agreement or instrument that:

- is transferred to the Mater or
- is otherwise retained by the Department, b)

each party must (at its own cost):

- a) do all things;
- execute such documents; and b)
- share such information c)
- d) in its possession and control that are relevant to and which is reasonably necessary to enable the other party to institute or defend (as the case may be) any demand, claim, liability or legal proceeding for which it is responsible.



Execution

IMPORTANT

This Service Agreement may only be executed on behalf of the Mater by the Chief Executive Officer of the Mater and the Mater Misericordiae Health Services Brisbane Limited (MATER).

Executed as an agreement in Queensland.

Signed by Queensland Health in the presence of:))) (a) lin	oply Queensiand Health seal above this e)
Name of Chief Executive (print) (date) 12:12:12	// N	itness signature MANION UNLINANN ame of Witness (print) 12 12 12
Signed by Mater and the Mater Misericordiae Health Services Brisbane Limited (MATER) in the presence of:)) (ε	apply Mater and the Mater Misericordiae ealth Services Brisbane Limited
DR JOHN O'DOMNELL Name of Chief Executive (print)		MATER)seal above this line)
(date) (V		Blonwyn Whelan Vitness signature Bronwyn Whelan
		date) 6 −/2 − 20/2

Purpose

This schedule:

- Provides an overview of the Mater; and
- Sets out the services which the Mater is required to provide throughout the 2012-2013 financial
 year and which are funded in accordance with schedule 2 'Healthcare Purchasing and Service
 Agreement Value' of this service agreement.

By accepting the funding levels defined in Schedule 2, the Mater accepts responsibility for delivery of the associated programs and the reporting requirements to State and Commonwealth bodies as defined by Queensland Health.

Definitions

In this Schedule:

- Ambulatory Care The care provided to hospital patients who are not admitted to the hospital, such as patients of emergency departments and outpatient clinics. Can also be used to refer to care provided to patients of community-based (non-hospital) healthcare services.
- Clinical Services Capability Framework The Clinical Services Capability Framework for Public and Licensed Private Health Facilities v3.0 provides a standard set of minimum capability criteria for service delivery and planning. The Framework outlines the minimum service requirements, staffing, support services and risk considerations for both public and private health services to ensure safe and appropriately supported clinical service delivery. It applies to all public and private licensed facilities in Queensland.
- Clinical Support Service Clinical services, such as pharmacy, pathology, diagnostics and medical imaging, that support the delivery of inpatient, outpatient and ambulatory care.
- Community Service means services delivered outside of the hospital setting.
- Facility a physical or organisational structure that may operate a number of services of a similar or differing capability level.
- Inpatient Service a service provided under a hospital's formal admission process. This treatment and/or care is provided over a period of time and can occur in hospital and/or in the person's home (for hospital-in-the-home patients).
- Outpatient service services delivered to non-admitted non-emergency department patients in defined locations.
- Outreach services outreach services refers to a range of services with a number of sub groups as follows:
 - Mater outreaching visiting services to other (usually smaller) hospitals;
 - Mater outreaching services to community centres;
 - Mater and/or community centres outreaching services to patients homes.
- Primary Care First level healthcare provided by a range of healthcare professionals in socially appropriate and accessible ways and supported by integrated referral systems. It includes health promotion, illness prevention, care of the sick, advocacy and community development.
- Service a clinical service provided under the auspices of an organisation or facility.
- Statewide service services for the whole of Queensland provided from only one or two
 service bases within Queensland as self-sufficiency in these services cannot be maintained due
 to the inadequate volume of cases. The service may include a statewide regulatory,
 coordination and/or monitoring role.
- Super-speciality service services with a high level of clinical complexity. Includes the preand post-procedural care associated with highly specialised, high-cost, low-volume procedures. These services require a critical mass of highly specialised and often scarce clinical expertise.

 Telehealth - the use of telecommunications and information technology to provide access to health assessment, diagnosis, intervention, consultation, supervision and information across distance.

Hospital Services and Facilities

Facilities

The Mater is responsible for operating three (3) main hospital services for the purposes of this Service Agreement.

- Mater Adults Hospital
- Mater Children's Hospital

Mater Mothers Hospital

Clinical Services Provided

The hospital facilities listed above will continue to provide the following services:

Inpatient Services

- Breast Surgery
- Paediatric Cardiac Surgery
- Cardiology
- Chemotherapy
- Colorectal Surgery
- Paediatric Dental Surgery
- Dermatology
- Ear, Nose & Throat
- Endocrinology
- Gastroenterology
- Haematology
- Paediatric Psychiatry
- Respiratory Medicine
- Thoracic Surgery
- Urology
- Palliative Care
- Anaesthetic Services.
- Children's Services
- Gynaecology

Outpatient and Ambulatory Services

- Emergency Departments- Adults and Children's
- Adolescent Drug & Alcohol
- Allied Health (including psychology, audiology, physiotherapy, occupational therapy, social work and speech pathology)

- Medical Oncology
- Head and Neck Surgery
- Immunology & Infections
- Neurology
- Paediatric Neurosurgery
- General Medicine
- General Surgery
- Maternity
- Ophthalmology
- Orthopaedics
- Plastic & Reconstructive Surgery
- Adolescent Drug and Alcohol
- Renal no dialysis unit
- Rheumatology
- Paediatric Renal Transplantation
- Vascular Surgery
- Critical Care
- Pain Management
- Neonatology
- Diabetes
- Endocrinology
- Gastroenterology

- Older persons
- Infectious Diseases
- Cardiology
- Chemotherapy
- Child and Youth Mental Health
- Cystic Fibrosis
- Dermatology
- Haematology
- Renal
- Rheumatology
- Thoracic Medicine
- Gynaecology
- Paediatric Neurosurgery
- Oncology
- Paediatric Renal Transplantation
- Vascular Surgery

- Paediatric Medicine
- Immunology and Allergy
- Internal Medicine
- Neurology
- Maternity
- Pain Management
- Palliative Care
- Neonatal
- Paediatric Cardiac Surgery
- Ear Nose & Throat
- General Surgery
- Ophthalmology
- Paediatric Surgery
- Plastic & Reconstructive Surgery
- Urology

Statewide Services

The Mater has oversight responsibility for a number of Statewide services including:

- Queensland Paediatric Cardiac Services.
- Adult Urology Outreach Service to Toowoomba and Cairns
- Neonatal Intensive Care (with RBWH)
- Maternal Fetal Medicine (with RBWH)
- Paediatric Intensive Care Services (with RCH)

Primary Health and Community Services

Facilities

The Mater will deliver primary health and community services in the following settings and locations:

- Child Youth Mental Health Community Services
- Midwifery Outreach Program

Services Provided

A wide range of primary care and community services will be provided by the Mater, including:

- Child and Youth Mental Health
- Post-Acute Care
- Hospital in the Home

- Maternity
- Transition Care Program
- Refugee health

The 'Hospital Services and Facilities' and 'Primary Health and Community Services' listed above are not exhaustive and both parties agree to work collectively in 2012-2013 to refine the accuracy more accurately of identification of services that should be provided from non-ABF funding.

Pending the completion of this work the Mater should continue to provide services where special recurrent allocations have been made in prior years.

Interpreter Services

The Mater utilises external interpreter services where required under the service provision contract between Queensland Health and Statewide Interpreter service provider in accordance with its terms of the service level agreement for that service.

For the avoidance of doubt, the Mater is responsible for all payments due and owing for services it procures under the Service Provider Agreement.

Codefinder Software

The Mater sub-license 3M Codefinder software from Queensland Health. The Mater service agreement value has been adjusted in advance in relation to the cost of the licences to a value of \$124,589. However the Mater will be responsible for any amount owing for services which is above the deducted value.

Communicable Disease Control and Immunisation Services

Immunisation Services

The Mater will maintain or improve existing immunisation coverage through continuation of immunisation services as of 1 July 2012, including national immunisation program, opportunistic immunisation in healthcare facilities and special immunisation programs.

Communicable Disease Control

The Mater will continue to contribute to and support communicable disease prevention and control including ensuring timely notification of notifiable communicable diseases, provision of immunisation clinics as required for outbreaks/pandemics/emergency response, assistance with contact tracing and provision of prophylactic medications.

Sexual Health and Viral Hepatitis Services

The Mater will:

- Maintain existing liver clinical services including via telehealth where appropriate.
- Maintain support for state funded HIV, viral hepatitis and sexual health funded community based programs for at-risk populations including access to relevant resources.

Mental Health Facilities and Services

The Mater will provide an integrated acute and community mental health service, including both community and inpatient care. Specialised alcohol, tobacco and other drug treatment services (ATODS) will also be provided – for Child and Youth Mental Health Services only.

The key accountabilities and performance requirements placed on the Mater with regard to the continued delivery of specialised mental health and alcohol and other drug treatment services are specified in Schedule 6 'Mental Health and Alcohol and Other Drugs Treatment Services' of this service agreement.

Teaching, Training and Research

The Mater will provide the teaching, training and research programs for which funding is identified within Schedule 2 of this service agreement and as described below.

Four principles underpin the provision of teaching (generally referred to as clinical education and training) and research within and across Hospital and Health Services and the Mater:

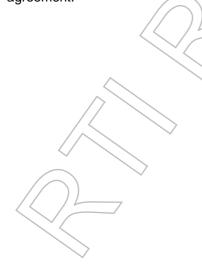
- Sustainability Clinical education and training and research programs are maintained and support investment in pre-entry clinical education and assist the development of a sustainable workforce.
- Consistency Clinical education and training of clinicians is managed in a consistent manner across Hospital and Health Services and the Mater to support transferability and flexibility.
- Efficiency Clinical education and training and research programs are managed in a way that promotes the efficient use of available resources within and across Hospital and Health Services and the Mater.
- Collaboration Hospital and Health Services and the Mater work together to promote appropriate clinical workforce distribution and meet community needs.

The Mater will continue to:

- Provide placements for:
 - medical students
 - nursing and midwifery students
 - pre-entry clinical placement for allied health students
 - _ interns
 - vocational medical trainees
 - first year nurses and midwives
- Participate in vocational medical rotational training schemes and facilitation of the movement of vocational trainees between the Mater and Hospital and Health Services.

In addition, the Health Practitioner (Queensland Health) Certified Agreement (No 2) 2011 (the HP agreement) requires the Mater to:

- Continue to support implementation of the health practitioner research positions provided under clause 52 of the HP agreement; and
- Continue to implement the models of care projects that are trialling advanced/extended scope of practice roles, use of support staff and integration of health services across the continuum. This includes the evaluation of these trials, quarterly reporting on the trials, renegotiation of trials, approval of successful models and the permanent implementation of these new approved roles/positions by or before 31 August 2013 as provided under clause 51.3 of the HP agreement.



Healthcare Purchasing and Service Agreement Value

Introduction

All elements relating to healthcare purchasing by Queensland Health from the Mater in 2012-2013 are detailed within this schedule.

The schedule has been structured as follows:

- PART A The 2012-2013 Healthcare Purchasing Framework: description of the seven purchasing intentions for 2012-2013.
- PART B Service Agreement Value: itemisation of the services to be purchased from the Mater in 2012-2013 including both the activity based funding components and the non-activity based funding components. A total service agreement value is provided within the Service Agreement offer table.
- PART C In-Year Service Agreement Management Rules for 2012-2013: description of the inyear service agreement management rules that will apply to all services purchased in 2012-2013.

Definitions

In this Schedule:

- Activity Based Funding (ABF) –The funding framework which is used to manage how public
 health care services are delivered across Queensland. The ABF framework applies to those
 Queensland Health (and the Mater) facilities which are operationally large enough and have the
 systems which are required to support the framework. The ABF framework allocates health
 funding to these hospitals based on the cost of health care services (referred to as 'activities')
 delivered.
- Activity Management Plan means a plan agreed between Queensland Health and the Mater which outlines the agreed approach to managing activity volumes to the levels or thresholds outlined within the Service Agreement Value.
- Block Funding means Funding for those services which are outside the scope of ABF.
- Day Case means a treatment/procedure undertaken where the patient is admitted and discharged on the same date.
- Diagnosis Related Group (DRG) is a broad classification system for grouping clinically similar patients together. Within the ABF model a cost weight is assigned which determines the relative level of payment.
- Extended Day Case means a treatment/procedure undertaken where the patient is admitted and discharged within a 23 hour period, including an overnight stay if necessary.
- Never events means serious, largely preventable patient safety incidents that should not occur
 if the available preventative measures have been implemented.
- Own Source Revenue (OSR) means, as per Section B13 of the National Healthcare Agreement, 'private patients, compensable patients and ineligible persons may be charged an amount for public hospital services as determined by the State and Territory'. The funding for these patients is called own source revenue and includes:
 - Medicare ineligible patients, such as overseas visitors (not covered under reciprocal agreements)
 - compensable patients with an alternate funding source, such as:
 - Workers Compensation insurers
 - motor vehicle accident insurers
 - personal injury insurers
 - Department of Defence
 - Department of Veterans' Affairs

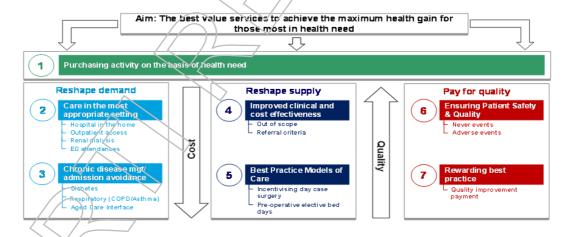
- Medicare eligible patients can be treated as public or private patients, therefore allowing their private health insurance to work for them. Private patient fees are also classed as OSR.
- Purchasing Intentions (PI) Specification means the document which details the aim, rationale and specification for each purchasing initiative.
- Purchasing Model means the calculation tool which applies the purchasing methodology. It
 comprises two modules; a 'growth module' which calculates the activity to be purchased and a
 'calculation module' which calculates and applies the impact of the purchasing adjustments.
- Quality Improvement Payment (QIP) means a non-recurrent payment due to the Mater for having met the goals set out in the QIP PI Specification.
- Service Agreement Value means the figure set out in Schedule 2 Part B as the expected annual Service Agreement value of the Services purchased by Queensland Health.
- **Tolerances** means the agreed variation from the agreed activity volumes outside of which an activity management plan would be required. For 2012-2013 this is +/- 2% overall or on any specific category.

PART A: The 2012-2013 Healthcare Purchasing Framework

Healthcare purchasing is the act of Queensland Health committing resources with the aim of improving health, reducing inequalities and enhancing patient experience. It is a key function of Queensland Health. Each financial year Queensland Health will consult the Mater about the Purchasing Intentions.

The purchasing framework is currently restricted to the 28 ABF facilities with the exception of 'Purchasing Activity on the Basis of Health Need', Own Source Revenue and the Quality Improvement Payment. All purchasing initiative calculations are based on available data for 2010-2011 actuals and/or actual in year (2012-2013) performance. The impact of each of these initiatives on the Mater is included within Part B (Service Agreement Value).

Figure 3: Healthcare Purchasing Framework 2012-2013



The Purchasing Model

The Purchasing Model is the calculation tool which applies the methodology. It comprises two modules; a 'growth module' which calculates the activity to be purchased and a 'calculation module' which calculates and applies the impact of the purchasing adjustments and generates the overall level of activity to be purchased. The output of the Model directly relates to the Service Agreement Value. The Model is maintained by Queensland Health and is reviewed on an annual basis.

Purchasing Intentions

Each of the sections of this Part A is a summary only of each of the seven Purchasing Intentions (PIs). More detail regarding each particular PI is set out in the corresponding PI Specification which Queensland Health has made available to the Mater. Specific calculations and budgets for each PI are determined by the Purchasing Model.

Resolving Inconsistencies

In the event of inconsistency between any of the following documents:

- · this service agreement,
- the Purchasing Model; and
- a PI Specification;

The document higher in the list above shall prevail solely to the extent of the inconsistency.

Purchasing Intention 1: Purchasing activity on the basis of health need

The Purchasing Model projects for 2012-2013 what levels and types of activity need to be purchased from the Mater on the basis of current projections within the Acute Inpatient Modelling tool, service planning benchmarks and known areas of under investment by QH, as supplied to Healthcare Purchasing.

The methodology follows an agreed set of principles, ('Principles for Setting Activity Targets' endorsed by the ABF Project Board on 11 November 2011), which takes account of existing service plans, targets a more 'equitable' distribution of funding and ensures sufficient activity is purchased to enable National Partnership Agreement targets to be delivered.

The projections incorporate specific initiatives, and are grouped into six activity categories as follows:

- Inpatients,
- Outpatients,
- Critical Care,
- Emergency Department,
- Sub-acute and Non-acute Patients, and
- Mental Health.

'Transitional costs' (i.e. lead in costs agreed by finance for major infrastructure developments) will be fully funded in the Purchasing Model in 2012-2013 but no allowance has been made for increased costs associated with running new buildings at less than capacity; that is, no top up payments to ABF prices will be made.

Purchasing Intention 2: Care in the most appropriate setting

2.1 Hospital in the Home

A target of 1.5% of all inpatient admissions to be managed within Hospital in the Home (HITH) has been set. Admissions to be converted from inpatient to HITH have been funded at 63% (based on nationwide review of HITH costs) of the inpatient tariff. This model assumes substitution of acute care.

The 2011/12 purchasing initiative was based on all non-complex cellulites being undertaken as HITH. In 2012/13, the financial adjustment has been revised before the 2012/13 adjustment is applied.

2.2 Outpatient Access

This initiative seeks to incentivise the Mater to recall patients to hospital outpatient appointments only when clinically necessary and to explore appropriate alternatives including discharging completely or discharging back to primary care. This is incentivised by reducing the purchased volume of the Mater Adults and Children's public and face to face outpatient review appointments

(excluding the clinic types of renal, transplants, cystic fibrosis and cancer treatments). The Mater Mother's was excluded and there was no reduction in relation to their outpatient appointments.

2.2 Renal

This initiative seeks to promote the delivery of more renal dialysis in the home by paying the home dialysis price at the level of best practice benchmarks of 50% of dialysis to be undertaken at the patient's home (40% in Northern Queensland). It has been refined to include all modality types and exclude inter-HHS activity.

2.3 Emergency Department Attendances

In order to deliver improved value, a nil payment is made for Emergency Department (ED) 'did not waits' in ABF facilities.

Purchasing Intention 3: Chronic disease management/admissions avoidance

One of the key initiatives, to improve clinical and cost effectiveness in the healthcare system is to manage chronic diseases outside the acute care setting and avoid admissions. In order to calculate the opportunity, this PI targets a clinically achievable reduction in admissions for non-complex diabetes (40% reduction), non-complex Chronic Obstructive Pulmonary Disease/ Asthma (25% reduction) and emergency medical admissions from the elderly (defined as 70 years and over - 5% reduction). The proposed avoided admissions are funded at a rate of 63% of the DRG cost weight.

Purchasing Intention 4: Improved clinical and cost effectiveness

4.1 Out of Scope

Activity associated with vasectomies, reversal of vasectomies and laser refraction in accordance with the 'Scope of Publicly Funded Services' policy are deemed to be out of scope and will not be purchased.

4.2 Referral Criteria

This initiative aims to ensure a consistent approach to the selection and prioritisation of those patients who would benefit most from certain procedures which are in high demand. The focus for 2012-2013 is varicose vein surgery, hip and knee replacements and cataracts.

There are two elements to the initiative:

- Reduce activity volume for varicose vein surgery based on undertaking surgery only in accordance with the referral criteria as defined in the policy 'Scope of Publicly Funded Services' (ie varicose veins are deemed to be not in scope except where there is a significant dysfunction or disability, or venous ulcers).
- The Health Service and Clinical Innovation (HSCI) to work with lead clinical groups to introduce referral criteria for orthopaedics (hip and knee replacements) and ophthalmology (cataracts) in order to ensure the most serious patients are seen and overall waiting times are reduced. There will be no financial adjustment for these issues.

Purchasing Intention 5: Best practice models of care

5.1 Incentivising Day Case Surgery

A range of DRGs will be funded as if they were either undertaken as a Day Case or an Extended Day Case, i.e. the value of the identified activity is adjusted to reflect the reduced costs of the shorter stay. DRG lists for Queensland have been identified based on the criteria that at least 50% of current activity in Queensland is undertaken on a same day or extended day basis. For the same day list the target is 90% of elective and 80% of the emergency activity to be undertaken as extended day.

For extended day the target is 90% for all elective activity and 50% for the emergency activity (only 3 DRGs included, Appendicectomy, Hernia, Laparoscopic Cholecystectomy and Obesity procedures).

The full list of DRGs is available in the PI Specification.

5.2 Pre-operative Elective Bed Days

The Mater funding has been reduced by a value equivalent to those elective surgery episodes where length of stay has been greater than trim point and pre-operative bed days were incurred; the maximum reduction will be the total number of pre-operative bed days.

Purchasing Intention 6: Ensuring patient safety

6.1 Never Events

Queensland Health has defined a list of six 'Never events' for which it will not pay in 2012-2013. Due to the infrequency of these events there has been no adjustment made to baseline service agreement values, however in-year adjustments will be made in accordance with the service agreement amendment process. No payments will be made for these events or any related follow up work.

Never events in 2012-2013 are:

- Haemolytic blood transfusion reaction resulting from blood type incompatibility;
- Death or likely permanent harm as a result of bed rail entrapment or entrapment in other bed accessories:
- Infants discharged to the wrong family;
- Death or neurological damage as a result of Intravascular gas embolism;
- Procedures involving the un-intended retention of instruments or other material after surgery and
- Procedures involving the wrong patient or body part resulting in death or major permanent loss of function.

6.2 Adverse Events

This initiative reduces payments to the Mater in the event of a hospital acquired bloodstream infection (\$10k reduction per event) and/or a stage 3 or 4 pressure injury (\$30k or \$50k reduction respectively per event). The reduced payments are based on international/national evidence of the additional hospital costs of patients who acquire these conditions.

Adjustments have been made to baseline Service Agreement Values based on 2010-2011 actuals data available at the time. This indicated two stage 3 pressure ulcer incidents and zero hospital acquired bloodstream infection. Progress in 2012-2013 will be monitored and if the level of incidence changes, corresponding financial adjustments will be made in accordance with the service agreement amendment process.

Purchasing Intention 7: Quality Improvement Payment

In order to incentivise improved performance and patient care an uplift on ABF funding is made for improved performance in three specific areas as follows:

- To achieve the 2013 National Elective Surgery targets (NEST) for patients seen within clinically recommended timescales as follows: Cat 1= 100%, Cat 2=87%, Cat 3 = 94%.
- To achieve a minimum of 95% of patients admitted as an emergency and clinically appropriate for operative repair of fractured neck of femur (#NoF) are taken to theatre within 2 days of admission.
- To achieve the 2013 National Emergency Access Target (NEAT) of 77% of all ED patients having a length of stay of 4hrs or less and that 90% of all ED ambulance patients are off stretcher within 30 minutes.

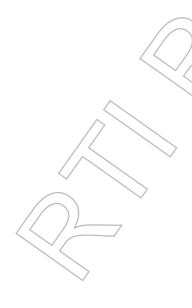
Payments are linked to each of the three areas, but for each one the target has to be achieved in full for payment to be made. Compliance will be assessed in December 2012, and if successful, the Mater will receive 40% of the payment. If the Mater is compliant for the full year (ie July 2012 – June 2013), the remaining amount will be paid in 2013-2014. However if the Mater is unable to achieve the performance targets for July – Dec 2012, but achieve the performance targets for Jan – June 2013 period, then they are eligible to receive the 60% part payment in 2013-2014.

PART B. Service Agreement Value

The Finance and Activity Schedules in the following tables provide an itemised description of the volume and value of services that will be purchased from the Mater in 2012-2013. Whilst the services are itemised by facility to allow for ease of calculation purposes, purchasing is at the Mater level.

The following provisions are to be noted:

- Funding for Enterprise Bargaining agreements has been provided as follows:
 - EB8 (administrative, operational, dental, technical and professional stream employees) at a rate of 3.0%
 - Building, Engineering and Maintenance Service employees at a rate of 3.0%
 - Medical Officers at a rate of 2.5%
 - Nurses and Midwives at a rate of 2.5%.
 - Health Practitioners at a rate of 2.5%
 - Visiting Medical Officers at a rate of 2.5%
 - Health Service Executives and Senior Officers at a rate of 2.5%.
- Funding for non-labour costs escalation has been provided at a rate of 3%.
- Productivity dividend of 2% has been applied to contract value.
- It is acknowledged by both parties that the spilt of non-ABF funding is provisional and will be further reviewed in 2012-2013 to ensure an accurate analysis informs the Service Agreement commencing 1 July 2013. As part of this analysis further work to identify special funding streams for specific outcomes will be identified. Should these outcomes not be specifically scheduled within this service agreement it does not mean that such outcomes should not be delivered by the Mater. During 2012-2013, Queensland Health will endeavour to provide the Mater with a split of the service agreement value between recurrent and non-recurrent funds to aid future planning.
- Mater acknowledges that the itemisation of non-ABF funding is a transitional arrangement and will be renegotiated when the Commonwealth ABF model is introduced more fully in 2013-14 and future years.



as at 30 November 2012							\$	4,359.49		\$ 4,173.72		
	Mater Adul WAU	its (M2)	Mater Child WAU		Mater Mol		Mater Tota	al (2012/13)	1	Mater Total (2011/12) WAU \$	1	Change In YoY WAU \$
Astinity Deced 5 - 5 -	TIAU	•	TIAU	\$	TIMU	\$	THAU		1	WAU \$	1	THAU \$
Activity Based Funding												
Purchased 2011/12 Inpatient IP	20.533	89,511,959	16,607	72,397,846	13,461	58,684,020	50,601	220,593,824	1	50,601 211,193,707	-	0 9,400,117
Critical Care CC Emergency Department ED	1,786 4,104	7,786,875 17,891,592	3,705 6,176	16,154,050 26,922,832	7,545	32,890,511 0	13,036 10,280	56,831,436 44,814,423		13,036 54,409,690 10,280 42,904,756		0 2,421,74 0 1,909,66
Mental Health MH Sub Acute SNAP	71 788	308,508 3,433,790	1,505	6,561,825 77,043	13	54,531 0	1,588 805	6,924,865 3,510,833		1,588 6,629,777 805 3,361,227		0 295,08 0 149,60
Outpatient OP Purchased 2011/12 Total		31,189,637 160,122,381	4,845 32,868	21,121,275 143,234,871	2,726 23.744	11,883,668 103,612,730	14,725 91,038	64,194,580 396,869,962		14,725 61,459,071 91,038 379,968,228		0 2,735,511 0 18,911,73
	04,400	100,122,001	02,000	140,204,071	20,144	100,012,700	61,006	000,000,002	1	61,006 070,000,220	1	0 10,011,70
Growth in Activity Inpatient IP	603	2,627,994	832	3,627,096	736	3,208,585	2,171	9,463,674	1		1	2,171 9,463,674
Critical Care CC Emergency Department ED	156	680,080	247	1,076,794			0 403	1,756,874	_		1	0 (403 1,756,874
Mental Health MH Sub Acute SNAP							0	0		7	}	0 0
Outpatient OP Growth In Activity Total	1,133 1,892	4,939,302 8,247,378	80 1,159	348,759 6,062,849	458 1,184	1,996,646 6,206,231	1,671 4,245	7,284,708 18,606,268	1/	2 0		1,671 7,284,70 4,245 18,605,25
Purchasing initiatives (2012/13) 4									7		1	
Outpatient Adjustment OP	-526	-2,293,092	-290	-1,262,660	0	0	-816	-3,555,752		-636 /-2,679,219		-180 -876,53
Hospital in the Home Adjustment IP	-412 -123	-1,796,685 -536,563	-95 -66	-415,808 -288,669	-61 0	-265,837 0	-568 -189	-2,478,331 -825,232		-41 /-172,689		-568 -2,478,33 -148 -652,54
Pre-Operational Bed Days Adjustment IP Emergency Department ED	-41 -83	-177,810 -363,914	-28	-122,352	0	0	-41 -112	-177,810 -486,205			1	-41 -177,81 -112 -486,26
Chronic Disease Management Adjustment IP Referral Criteria Adjustment IP	-33 -60	-142,060 -259,965	-64 0	-277,348 0	0	-431 0	-96 -60 /	-419,838 -259,965			1	-96 -419,830 -60 -259,960
Aged Acute Interface Adjustment IP Out of Scope Adjustment IP	-49 -2	-212,215 -8,719	0	0	0	-454 0	49/	-212,669 -8,710		-44 -185,166		-49 -212,669 42 176,441
Renal IP Ensuring Patient Safety & Quality IP	0	-30.000	0	-30.000	0	0	0	60,000		-361,655	1	0 (
Purchasing initiatives Total	-1,328	-6,821,023	-643	-2,396,836	-81	-268,722	-1,832	-8,484,582		-721 -3,398,733		-1,212 -5,085,84
Add-Back Non-Recurrent Purchasing Initiatives (201	11/12)								/			
Outpatient Adjustment (ASM) OP Adverse Events IP	430	1,812,054 361,659	175	737,497	31	129,668	636	2,679,219 361,659		636 2,679,219 0 361,659		0 0
PPH (Cellulitus) IP PPH (Velns) IP	44 41	185,166 172,689					41	185,166 172,689		44 185,166 41 172,685		0 0
Non-Recurrent Purchasing initiatives Total	616	2,631,668	176	737,497	31	129,868	721	3,388,730	1	721 3,398,733		0 0
D												1
Purchased 2012/13 Inpatient IP		89,695,449	17,214	75,013,116	14,136	61,675,882	51,851	226,334,448	1	50,601 211,193,708		1,250 15,140,740
Critical Care CC Emergency Department ED	4,177	7,786,875 18,207,758	3,705 6,395	16,154,050 27,877,274	7,545 0	32 //90,511 0	13,036	56,831,436 46,085,032		13,036 54,409,690 10,280 42,904,756		0 2,421,746 291 3,180,276
Mental Health MH Sub Acute SNAP	71	308,508 3,433,790	1,505	6,561,825 77,043	13	54,531 0	1,563	6,924,865 3,510,833		1,588 6,629,777 805 3,361,227		0 295,088 0 149,606
Outpatient OP	8,191	35,647,902	4,810	20,944,871	3,775	14,009,9/12	16,216	70,602,755		14,725 61,459,071		1,491 9,143,689
Purchased 2012/13 Total	35,514	166,080,282	33,647	148,828,181	2/,908	108,587,807	87,639	410,289,369	1	91,038 379,958,228]	3,033 30,331,141
Clinical Education & Training 14		8,689,841		3,940,780	_	5,227//18	//	13,788,037	1	13,768,037	1	0 0
Site Specific Grants Adult Cystic Fibrosis		970.976					//	970.976	┨	970.976		
Breast Reconstructions		354,916 2,194,539						354,916 2,194,539		354,916 2,194,539		
Oncology - Level 6 Service Palliative Care		164,023		$\overline{}$			V	164,023		164,023		t
Queensland Paedlatrics Cardiac Service (QPCS) 1				12,690,476		//		12,690,476		12,690,476	i	
Respiratory ECMO Research				057/354		-/-		657,354		657,354		
Retrieval Services - NICU Retrieval Services - PICU				680,000	_	374,000		374,000 680,000		374,000 680,000		
Statewide Paediatric Epilepsy Service Statewide Paediatric Sieep and Respiratory				783,662 1,220,000		\checkmark		783,662 1,220,000		783,662 1,220,000		
Unlinkable Diagnostics 11		861,142 2.848.551		820,472		486,390		2,168,004 2,848,551		2,168,004 2,848,551		
Urology Outreach (non-recurrent) 5 Site Specific Grants Total		7,384,147		18,251,884		880,390		25,108,601	1	26,108,601		
Transitional support to minimise move to ABF		2,833,005 *		2,388,144		1,629,317		7,000,000		7,000,000		
Additional Recurrent EB 11/12 (ABF) Transitional ABF (Inc additional EB)		1,901,015 ° 4,734,020		1,602,913 3,990,648		1,093,312 2,722,828		4,697,171 11,887,171	ł	7,000,000		4,697,171 4,897,171
Subtotal ABF Funding	35,514	173,808,090	33,647	171,411,573	24,908	115,391,541	94,069	460,861,079	1	91,036 425,832,767	87%	3,033 35,028,311
Subtotal ADI Tulluling	30,314	110,000,000	V / L	111,411,010	7	110,001,041	54,000	400,001,010	1	01,000 420,002,707	07.50	5,000 55,020,011
Non-Activity Based Funding			//		1							
Other Services			\ \ / /									
Adolescent Drug and Alcohol Withdrawal Service		253,009						253,009	1	253,009		
Child and Maternal Health Services			1	$\overline{}$		1,494,147		1,494,147		1,494,147	1	
(Healthy Hearing) Child Youth Mental Health ATSI Ed-Ling	_	124,000		/		-		124,000		124,000		
Project Chronic Disease Prevention		820,908						820,508		820,508		
Community Mental Health Including ADAWs		15,674,734						15,671,734		15,671,734		
Hospital In The Home / Post-Acute / Trans Care / CHIP	//	1,922,917						1,922,917		1,922,917		
Implementation of Multi-Cultural Policy Review		83,000						83,000		83,000		
Patient Transport / Transit		1,766,812						1,766,812		1,766,812		
Research Retugee Health	\checkmark	474,685						474,685		1,283,000		-808,319
Tied Grants & Contributions Link Other Services Total		22,729,784		0		1,484,147		1,670,099 24,280,911		1,670,099 26,089,226		-808,316
Other Adjustments												
IT Infrastructure and Operational		1,970,000						1,970,000	1	1,970,000		0
Capital Replacement (HTER & IT replacement \$400K)	/ /	3,900,000						3,900,000		3,900,000		0
Depreciation 2 Inflation (Non-ABF Only)		3,092,740 1,006,477		2,607,094 848,433		1,778,696 578,845		7,641,772 2,486,880		7,641,772	1	2,486,880
Overhead		5,728,110		4,828,638		3,294,350		14,153,443		14,153,443	3	
Non Recurrent Non Recurrent PBA 11-12 as per SLA									1	1,468,945		-1,468,949
Additional Items 12-13 13	\rightarrow	949,951						949,951		5,387,285	1	949,951 -5,387,289
IT - Corporate Overhead										2,000,000		-2,000,000
IT - Capital Codefinder 12/13										420,000 124,589		-420,000 -124,589
Balance High Cost Drugs (Prior Year) Difference in High Cost Drugs (as		500,737						500,737		463,677		37,060
negotiated) Inflation (Non-Recurrent) - EB Backpay and		212,940						212,940			-	212,94
Leave Revaluation		9,928,797						9,928,797			1	9,928,79
Other Adjustments Total		27,289,763		8,284,185		6,861,891		41,744,620	1	37,629,716		4,214,80
Subtotal Non ABF Funding		50,076,517		8,284,165		7,146,038		66,025,432	1	62,618,941	1396	3,406,490
Productivity Dividend (2%)		4,101,603		-3,467,488		-2,368,887		-9,917,938	1			-8,917,838
									1		1	
Total Contract of Offer	35,514 2	19,783,004	33,647 17	76,238,269	24,908 1	120,178,713	94,069	516,968,572	ı	91,036 488,451,708	J	3,033 28,516,864

¹ Queenstand Paediatric Cardiac Service (QPCS) (detailed costing review to be completed by end of March 2013).
2 Depreciation includes 81,970,000 for IT infrastructure and Operational and \$3,900,000 for Capital Replacement (HTRR 8.IT replacement \$400K)
3 Evoice (Community Mental Health) – \$1,840,700 is not included in the \$LA, as thinding its received via Colifornian Health Gueenstand
4 High Cost Drugs formed part of the 11/12 SLA and the cash which was paid across. High cost drugs are part of the 12/13 SLA. Funding for high convert to locally receipted CRR mid-year. This change does not change the value of the offer only the source of the funding.

Custling Improvement Payments (GiP) are not included in this offer. If the oritleria are achieved up to \$454.20 foould be payable based on performance between July and December 2012 and up to \$967,808 would be payable on performance between Jan 2013 and Jun 2013

Itemised Activity Schedule: Mater Public Hospitals

Inpatients	2012/13 Purchased
Service Related Group (SRG)	WAU
Breast Surgery	928
Cardiac Surgery	1,740
Cardiology	910
Chemotherapy & Radiotherapy	56
Colorectal Surgery	1,232
Dental Surgery	355
Dermatology	220
Diagnostic GI Endoscopy	903
Drug & Alcohol	126
Ear, Nose & Throat	1,865
Endocrinology	963
Extensive Burns	6
Gastroenterology	584
Gynaecology	2,719
Haematological Surgery	
Haematology	549
Head & Neck Surgery	350
Immunology & Infections	1,098
Interventional Cardiology	195
Medical Oncology	666
Neurology	1,407
Neurosurgery	778
Non Subspecialty Medicine	1,882
Non Subspecialty Surgery	3,508
Obstetrics	8,065
Ophthalmology	1,108
Orthopaedics	5,811
Plastic & Reconstructive Surgery	1,696
Qualified Neonate	3,774
Renal Dialysis	5
Renal Medicine	321
Respiratory Medicine	2,898
Rheumatology	232
Thoracic Surgery	
Tracheostomy	1,299
Transplantation	102
Upper GIT Surgery	753
Urology	2,086
Vascular Surgery	685
Inpatient Sub-Total	51,851

Critical Care	2012/13 Purchased
Bed Type	WAU
ccu	456
ICU	1,330
NICU	4,656
PICU	3,705
SCN	2,889
Critical Care Sub-Total	13 036

Emergency Department	2012/13 Purchased
Presentation Type	WAU
Cat 1 (Admitted and Discharged)	126
Cat 2 (Admitted and Discharged)	1,375
Cat 3 (Admitted and Discharged)	4,321
Cat 4 (Admitted and Discharged)	4,591
Cat 5 (Admitted and Discharged)	158
Did Not Wait	-
Died	1
Emergency Services Treated	-
Emergency Department Sub-Total	10.572

Sub and Non-Acute Patients	2012/13 Purchase
Bed Type	WAQ
GEM	1.
MAINT	188
PALLIATIVE	252
REHAB	366
SNAP Sub-Total	805

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Outpatients	2012/13 Purchased
Clinic Type	WAU
Medical	3,353
Surgical	/3,730
Allied Health	1,829
Pre-Admission	61
Paediatric /	296
Neonatal/	-
Maternity	2,778
Alcohol & Drug	-
Sub Acute	-
Clinical Measurement	35
Wound Management	32
Pain Management	-
Cystic Fibrosis	186
Transplants	-
Endoscopy	-
Interventional Cardiology	-
Renal Medicine	154
Dialysis	80
Chemotherapy	-
Medical Oncology	3,028
Radiation Oncology	-
Clinical Haematology	655
Pharmacy	-
Community Health Services	-
District Nursing Services	-
Diagnostic Imaging	-
Psychiatry	-
Primary Care	-
Other	-
Outpatient Sub-Total	16,216

	(Review)
WAU	WAU
1,150	2,203
1,356	2,374
839	990
1	59
168	128
	-
687	2,091
	-
	-
35	-
1	30
-	-
-	186
-	-
-	-
-	-
25	129
-	80
-	-
66	2,962
-	-
45	611
-	-
-	-
-	-
-	-
-	-
-	-
-	-
4,374	11,842

PART C. In-Year Service Agreement Management Rules for 2012-2013

Both Queensland Health and the Mater have a mutual responsibility to respond to the health needs of their populations. They will co-operate to ensure that activity targets are constructed, monitored and reviewed, in a manner which reflects the changing health needs of their populations, changes in the distribution profile of activity and casemix, the capacity to meet national and local requirements and standards, and any relevant innovative treatment or clinical practice recommended by advisory committees (e.g. a Clinical Network, Queensland Policy and Advisory Committee for New Technology) and endorsed by Queensland Health Executive Management Team/Queensland Health Integrated Policy and Planning Executive Committee.

The Mater will manage activity with the aim to achieve the requirements and performance standards identified in this service agreement and with the aim all services are provided to patients within the time limits set out (e.g. NEST and NEAT).

Where the Mater engages sub-contractors to provide particular services on their behalf the Mater remains accountable for the performance of the overall contract, and it is therefore important that relevant requirements are reflected in any subcontractor arrangements.

Queensland Health and the Mater will monitor actual activity against purchased levels, noting variations and work together to ensure delivery of purchased levels.

Service Agreement Monitoring, Reporting and Management

As stated in the Performance Management and Monitoring section of this agreement, the Relationship Management Group (RMG) reviews the management of this service agreement and aims to ensure that services are being delivered in accordance with this schedule. The RMG is also an opportunity for the Mater to raise issues relevant to the Mater area for consideration (e.g. proposed service developments, local capacity issues etc.).

A monthly performance report will be produced by Queensland Health for the Mater which will include:

- actual activity compared with purchased levels of activity at a service related group (SRG) level;
- any variance(s) from decided activity; and
- ad hoc performance information as required by Queensland Health to demonstrate compliance with KPIs as listed in Schedule 4 of this service agreement, activity relating to treatments which are outside the Scope of Publicly Funded Services, home dialysis rates etc.

This information will also be used in the verification and negotiation of any financial adjustments as set out in the section under 'Financial Adjustment for Variations in Activity'.

The Mater will also have a responsibility to actively monitor variances from purchased activity levels, and to engage with Queensland Health, via the QH-SA contact person, if the Mater forecasts:

- that there will be variances (which are likely to exceed decided tolerances) in performance of emergency department activity compared to the levels set out in the Service Agreement Value,
- that there will be variances (which are likely to exceed decided tolerances) in performance of overall activity.
- there will be variances in NEST performance against NEST target specified in the service agreement.
- an inability to achieve commitments linked to specifically allocated funding for oncology related activity and breast reconstruction surgery.

The Mater has a minimum requirement to provide the following information on a monthly basis to Queensland Health: actual, year-to-date and forecast (by month) information for activity.

Service Agreement Thresholds

The Service Agreement Value will specify a forecast threshold or tolerance for each type of activity to function as an early warning of where the actual level of demand varies from the forecast threshold, with the intent that any breach of the forecast threshold will be reviewed by the relevant parties without delay.

The tolerances are set for 2012-2013 at +/- 2% for overall value or on any specific category. These categories are;

- Inpatients,
- Outpatients,
- Critical Care.
- Emergency Department,
- Subacute, and
- Mental Health.

Tolerances, which if exceeded in any quarter, will require active management by both the Mater and Queensland Health to ensure identified variations are being addressed.

Activity Variation Management

If the Mater exceeds or does not meet the activity thresholds for the 6 categories listed above, then the Mater will undertake an analysis / review to identify possible causes of the variance and identify remedial actions or interventions to address the variations. The review should occur within one month of the variation being identified. The Mater may also be required to include specific locally-agreed trajectories and timescales for proposed action or interventions.

Queensland Health may also identify possible proposals or actions to assist in addressing any identified variations.

Financial Adjustment for Variations in Activity

Queensland Health may initiate a joint process with the Mater to determine whether any financial adjustment should be applied in relation to any activity which has been exceeded or has not met the activity threshold for the 6 categories listed above within the quarterly financial period.

This joint process will take account of any relevant matters identified in the analysis/reviews conducted, after which:

- for over performance i.e. where activity is above the contract Phase 15 WAU value as specified within the Service Agreement Schedule 2 (in one or more of the above categories of activity), it is at Queensland Health's discretion whether to make payment to the Mater in respect of the activity or part of the activity that caused the increased patient volumes or to which the activity relates.
- for under performance i.e. where activity is below the contract Phase 15 WAU value as specified within the Service Agreement Schedule 2 the following applies:
 - where under performance is within the agreed tolerance threshold of 2% for all categories - no financial adjustment will occur.
 - where under performance is greater than the agreed tolerance threshold of 2% then the following applies:
 - for the activity categories of Emergency Department, Critical Care, Mental Health and SNAP – no financial adjustment will occur.
 - for the activity categories of Acute Inpatient (51,716 WAUs) and Outpatient (16,216 WAUs) - Queensland Health retains discretion in so far as any financial adjustment being made. In determining whether a financial adjustment should be applied, QH will consider Mater's NEST performance.
 - in the case of failure to deliver on commitments linked to specific WAU target allocations (as listed below) it is at the discretion of Queensland Health whether to withdraw funding (noting that Mater cannot be penalised twice) when performance falls below the agreed tolerance of 2%. The specific allocations within this contract are:

- Oncology 3,684 Phase 15 WAUs within Outpatient Clinic Types "Chemotherapy", "Medical Oncology", "Radiation Oncology" and "Clinical Haematology".
- Breast Reconstruction Surgery 35 cases.
- The total Phase 15 WAU activity of 11,262 inpatient WAUs for the five long wait specialities of orthopaedics, plastic surgery, gastroenterology, ophthalmology and urology. In determining whether a financial adjustment should be applied, QH will consider Mater's NEST performance and any variation to non elective surgery activity within the listed SRGs.

Financial Adjustments for Quality

Never Events

On a quarterly basis, Queensland Health will make a financial adjustment if necessary to reflect the Mater's actual performance in relation to the number of never events.

Adverse Events

On a quarterly basis, Queensland Health will reconcile the actual number of adverse events compared with the forecast and may make a financial adjustment in line with the service agreement amendment process. In deciding whether to apply a financial adjustment Queensland Health will consider any information Mater provides and considers relevant to support a request for part or full exemption from the adjustment.

Quality Improvement Payment

QIP payments to providers are non-recurrent and are additional to actual Service Agreement Values. For 2012-2013, the financial value of the QIP scheme is calculated as 0.35% of the ABF component of the Mater's service agreement value.

The table below (Table 3) represents the potential additional revenue which the Mater could gain if the relevant targets are achieved.

During and at the end of each financial year, Queensland Health will make financial adjustments as necessary based on the Mater's performance in relation to the goals set out within the QIP.

Performance will be reconciled as at 31 December 2012 and part payment (40%) will be made at that point (30 days after activity data is finalised), with the remainder to be paid in the year following achievement i.e. 2013-2014. Payments are linked to each of the three QIP goals, but for each one the target has to be achieved in full for payment to be made. If the Mater is unable to achieve performance targets for July – Dec 2012, but achieve targets for Jan – June 2013 period, then they are eligible to receive the 60% part payment.

Table 3: Potential Additional Revenue

Procedural Performance						
	Jul –Dec 2012 (40% payable if targets received)	Jan 2013 – Jun 2013 (60% payable if targets received)	Total			
NEAT	276,517	\$414,775	\$691,292			
#NOF	\$92,172	\$138,258	\$230,430			
NEST	\$276,517	\$414,775	\$691,292			
Total QIP	\$645,206	\$967,808	\$1,613,014			

Purpose

This schedule details the sources of funding that this service agreement is based on and the manner in which these funds will be provided to the Service.

Funding Sources

The four main funding sources contributing to the Mater Service Agreement Value are;

- Commonwealth funding
- State funding
- Grants and Contributions
- Own Source Revenue (OSR)

The OSR purchasing initiative aims to increase the value of OSR generated by publicly funded health services. The initiative provides an incentive in the system to ensure that hospitals providing public health services can provide a higher level of activity for all the Mater populations by identifying all funding sources.

The following table (Table 4) provides a summary of the funding sources for the Mater and mirrors the total value of the Service Agreement included at Schedule 3 Part B above.

Table 4: Hospital and Health Service Funding Sources 2012-13

Funding Source	Value (\$)			
Pool Account – ABF Funding ¹				
State	263,238,235			
Commonwealth	132,448,339			
State Managed Fund – Block Funding ²				
State	12,877,693			
Commonwealth	5,389,264			
Locally Receipted Grants	-			
Locally Receipted Own Source Revenue	4,359,490*			
High Cost Drugs ³	4,284,900			
Queensland Health Grants	94,370,651			
TOTAL	\$ 516,968,572			

(*) Any additional Own Source Revenue generated by the Mater above this amount may be retained by the Mater and will not be considered to be a part of the value of this 2012/13 contract.

¹ Pool Account - ABF Funding includes: Inpatient; Critical Care; Emergency Department; Mental Health; and Outpatient each allocated a proportion of Other ABF Adjustments (less Clinical Education) and Site Specific Grants.

² State Managed Fund - Block Funding includes: Subacute; CSO Facilities; Primary Care Outpatient Centres; 29% of Community Mental Health (estimate of Hospital Auspiced); Tertiary Mental Health; Clinical Education and Research/Training.

³ High Cost Drugs will be locally receipted revenue

⁴ Queensland Health Grants represents funding by the Queensland Health for items not covered by the National Health Reform Agreement including such items as: Primary Health Care; Prevention, Promotion and Protection; and Depreciation.

Funds Disbursement

Following finalisation of the annual service agreement, Queensland Health will make adjustments to the cashflow payment schedule to reflect the changes to the Service Agreement Value from previous year. Formal notifications of changes to the cashflow will be sent to the Chief Executive Officer, Mater Health Services.

Payments (including GST) are made to the Mater in a manner consistent with the Commonwealth and State funding arrangements in place for Hospital and Health Services. The payment amounts and frequency are dependent upon the funding source. State payments are transferred fortnightly and Commonwealth payments are transferred monthly.

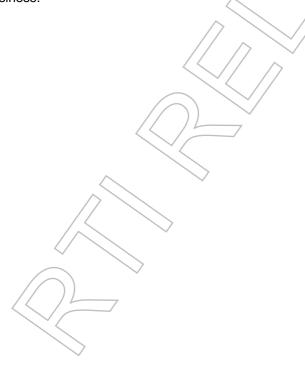
Goods and Services Tax (GST)

The Mater and Queensland Health agree that the amount of funds specified in this Agreement are GST exclusive.

The Mater agrees that if it is registered or required to be registered for GST purposes, the Taxable Supply will be subject to GST to the extent required by the GST Law.

If the Mater becomes liable to remit GST in respect of any Taxable Supply that Mater makes to Queensland Health in accordance with this Agreement, the amount otherwise payable by Queensland Health under this Agreement will be increased by the amount of the GST liability ("GST amount"). The GST amount will be payable by Queensland Health in the same manner and at the same time as the funds payable under this Agreement.

Any GST amount paid by Queensland Health to the Mater must be deposited into an approved financial institution account and the interest earned may only be used in accordance with approved business.



Purpose

This schedule outlines the Key Performance Indicators (KPIs) and their associated targets that the Mater will be required to meet during the 2012-2013 financial year.

Key Performance Indicators

The KPIs defined within this schedule are used to monitor the extent to which the Mater is delivering the high level objectives set out within this service agreement and to inform the performance category which is allocated to the Mater on a monthly basis.

The KPIs for 2012-13 have been listed in the following table and have been defined as either 'escalation' KPIs or 'monitoring' KPIs.

Escalation KPIs are critical system markers which operate as intervention triggers. This means that underperformance in an escalation KPI triggers immediate attention, analysis of the cause of the deviation, and consideration of the need for intervention. This provides an early warning system to enable appropriate intervention as a performance issue arises within critical performance areas.

Monitoring KPIs are used as supporting indicators to assist in providing context to escalation KPIs when triggered within a specific domain. Monitoring KPIs will be reported through similar processes as escalation KPIs, when data is made available.

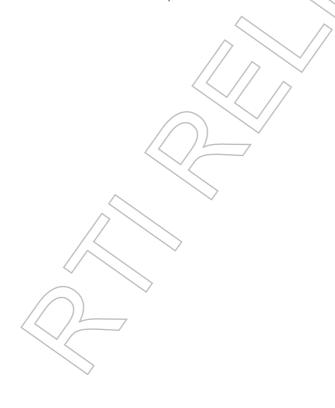


Table 44.1: Key Performance Indicators

KPI No.	Level	Key Performance Indicator (KPI)	Target	Link
SAFETY	AND QUALIT	Y	Target	Link
E1	Escalation	Never Events	0	2012-13 Purchasing Framework - Queensland Health National Safety and Quality Health Service Standards
E2	Escalation	Hospital acquired 3 rd and 4 th stage Pressure Injuries	5% of 2010-11 actuals	2012-13 Purchasing Framework - Queensland Health National Safety and Quality Health Service Standards
E3	Escalation	Healthcare-associated Staphylococcus aureus (including MRSA) bacteraemia	20% of 2010-11 actuals	National Performance and Accountability Framework National Healthcare Agreement (P139)
M1	Monitoring	Falls Risk Assessment	70% compliance	National Safety and Quality Health Service Standards
M2	Monitoring	VTE Risk Assessment Documentation at Point of Care	50%	Queensland Health Strategic Plan 2011- 2015 Health Quality and Complaints Commission, Surgical Safety Standard: Prevention of VTE
M3	Monitoring	Hospital Standardised Mortality Ratio (HSMR)	HSMR < 100 or HSMR not statistically significant to 100	National Performance and Accountability Framework
M4	Monitoring	Death in low-mortality Diagnostic Related Groups (DRGs)	Death in low-mortality DRG < 100 or Death in low-mortality DRG not statistically significant to 100	National Performance and Accountability Framework

KPI No.	Level	Key Performance Indicator (KPI)	Target	Link
M5	Monitoring	In hospital mortality rates of: Acute myocardial infarction; Heart failure; Stroke; Fractured neck of femur; Pneumonia.	Within control limits	National Performance and Accountability Framework Australian Commission on Safety and Quality in Health Care – National Core, hospital-based outcome indicators
M6	Monitoring	Unplanned hospital readmission rates for patients discharged following management of: Acute Myocardial Infarction; Heart failure; Knee replacement; Hip replacement; Depression; Schizophrenia; Paediatric tonsillectomy and adenoidectomy.	Within control limits	National Performance and Accountability Framework Australian Commission on Safety and Quality in Health Care – National Core, hospital-based outcome indicators
M7	Monitoring	Healthcare associated Clostridium difficile infections	ТВА	National Performance and Accountability Framework
M8	Monitoring	Acute stroke care in recognised stroke unit	50% of patients - with existing stroke unit 20% of patients - developing a stroke unit	2012-13 Purchasing Framework - Queensland Health
M9	Monitoring	Fractured Neck of Femur to theatre in 2 days of admission	95%	2012-13 Purchasing Framework - Queensland Health
M10	Monitoring	Hospital Acquired Bloodstream infections (all)	20% of 2011-11 actuals	2012-13 Purchasing Framework - Queensland Health
M11	Monitoring	Renal dialysis treatment received at home	50% (except North Qld: 40%)	2012-13 Purchasing Framework - Queensland Health
ACCESS	3		Target	Link

KPI No.	Level	Key Performance Indicator (KPI)	Target	Link
E4	Escalation	National Emergency Access Target (NEAT): % of ED attendances who depart within 4 hours of their arrival in ED	2012: 70% 2013: 77%	National Partnership Agreement on Improving Public Hospital Services Schedule C - National Emergency Access Target
E5	Escalation	Emergency Department: % seen within recommended timeframe: Category 1: within 2 minutes Category 2: within 10 minutes Category 3: within 30 minutes Category 4: within 60 minutes Category 5: within 120 minutes	80% of all categories Category 1: 100% Category 2: 80% Category 3: 75% Category 4: 70% Category 5: 70%	National Partnership Agreement: By 2012-13, 80 per cent of emergency department presentations are seen within clinically recommended triage times
E6	Escalation	Patient Off Stretcher Time (POST): < 30 mins (%)	90%	
E7	Escalation	Elective Surgery: % treated within the clinically recommended timeframe for their category: Category 1: within 30 days Category 2: within 90 days Category 3: within 365 days	2012: Category 1: 89.0% Category 2: 81.0% Category 3: 91.0% 2013: Category 1: 100% Category 2: 87.0% Category 3: 94.0%	National Partnership Agreement on Improving Public Hospital Services Schedule A – National Elective Surgery Target (Part 1)
E8	Escalation	Elective Surgery: Number of patients waiting more than the clinically recommended timeframe for their category: Category 1: within 30 days Category 2: within 90 days Category 3: within 365 days	0	Queensland Health Strategic Plan 2011-2015
E9	Escalation	Activity: variance between purchased ABF activity and YTD recorded ABF activity by category group (Inpatients, Outpatients, ED, Mental Health, Critical Care and SNAP)	0% to +/- 2%	2012-13 Purchasing Framework - Queensland Health
M12	Monitoring	Emergency Department: median waiting time	20 minutes	Queensland Health Strategic Plan 2011- 2015

KPI No.	Level	Key Performance Indicator (KPI)	Target	Link
M13	Monitoring	Emergency Department 'Did not wait's	0	2012-43 Purchasing Framework - Queensland Health
M14	Monitoring	Elective Surgery Volume	Maintain 2010-11 baseline actuals	National Partnership Agreement on Improving Public Hospital Services Schedule A – National Elective Surgery Target (Part 1)
M15	Monitoring	Reduction in elective surgery long waits: Average overdue wait time (in days) for those who have waited beyond the recommended time	2012: Category 1: 0 Category 2: 67 Category 3: 64 2013: Category 1: 0 Category 2: 45 Category 3: 41	National Partnership Agreement on Improving Public Hospital Services Schedule A – National Elective Surgery Target (Part 2)
M16	Monitoring	In each Elective Surgery Category, of the patients who have not had their procedure within the clinically recommended time, the 19% of patients who have waited the longest must have their procedure in each year. Category 1: within 30 days Category 2: within 90 days Category 3: within 365 days	The 10% who have waited the longest (per category)	National Partnership Agreement on Improving Public Hospital Services Schedule A – National Elective Surgery Target (Part 2)
M17	Monitoring	Elective Surgery Cancellations (hospital initiated)	10%	Queensland Health Patient Flow Strategy
M18	Monitoring	Elective Surgery: median waiting time	25 days	Queensland Health Strategic Plan 2011- 2015
M19	Monitoring	Pre-operative elective bed days	0	2012-13 Purchasing Framework - Queensland Health
M21	Monitoring	Categorisation of new case outpatient referrals (within 5 days of receipt of referral)	100%	Queensland Health Patient Flow Strategy
M22	Monitoring	Category 1 Outpatients: % waiting in time	95%	Queensland Health Patient Flow Strategy

KPI No.	Level	Key Performance Indicator (KPI)	Target	Link
M23	Monitoring	Ambulatory care access (Outpatient ratio)	As per purchased levels	2012-13 Purchasing Framework - Queensland Health
M24	Monitoring	Inpatient separations undertaken as Hospital in the Home (HITH)	1.5%	2012-13 Purchasing Framework - Queensland Health
M25	Monitoring	Cancer care pathway – waiting times for cancer care	ТВА	National Performance and Accountability Framework
M26	Monitoring	Telehealth Non-admitted Occasions of Service	Basetine in 2012-13	Queensland Health Strategic Plan 2011- 2015
EFFICIE	NCY AND FIN	NANCIAL PERFORMANCE	Target	Link
M28	Monitoring	Relative Stay Index for multi-day stay patients	тва	National Performance and Accountability Framework
M29	Monitoring	Day of surgery admission rates for non-emergency multi-day stay patients	ТВА	National Performance and Accountability Framework
M30	Monitoring	Day case surgery rates	90% achievement	2012-13 Purchasing Framework - Queensland Health
M31	Monitoring	Extended day case surgery rates	80% achievement	2012-13 Purchasing Framework - Queensland Health
M32	Monitoring	Out of scope procedures	0	2012-13 Purchasing Framework - Queensland Health
M33	Monitoring	Clinical data coded within recommended timeframe	100%	2012-13 Purchasing Framework - Queensland Health
PATIEN	T EXPERIENC	DE \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Target	Link
M37	Monitoring	Complaints acknowledged within 5 calendar days	80%	National Safety and Quality Health Service Standards
MENTAI	L HEALTH AN	ND ALCOHOL AND OTHER DRUG TREATMENT SERVICES	Target	Link

KPI No.	Level	Key Performance Indicator (KPI)	Target	Link
E15	Escalation	Achievement of Mental Health & Alcohol and Other Drug Treatment Services escalation indicators contained within Schedule 7 of the Service Agreement. Listed below (where applicable):	Achieve target (listed below) in greater than 67% of the escalation indicators	- Fourth National Mental Health Plan Queensland Plan for Mental Health Alcohol Management Reform Initiative 2011-12 Queensland Drug Action Plan National Drug Strategy 2010-2015.
E15.1		- Ambulatory service contacts	100% of ambulatory service targets	/
E15.2		- Ambulatory service contacts: Duration (hours)	100% of ambulatory service targets	
E15.4		- Closure of ATODS Client Intake	Closure period less than 2 weeks	
E15.5		- Number of dedicated hospital alcohol and other drugs withdrawal beds	95% open	
E15.6		- Significant variation in number of dedicated residential alcohol and other drugs withdrawal beds	95% open	
M46	Monitoring	Rate of community follow up within $1-7$ days following discharge from an acute mental health inpatient unit	55%	
M47	Monitoring	Proportion of inpatient service episodes where an End of Episode/Discharge Summary clinical note is recorded within 48 hours of discharge	35%	
M48	Monitoring	Proportion of readmissions to an acute mental health inpatient unit within 28 days of discharge	14%	
M49	Monitoring	Proportion of service episodes where a consumer has a nominated General Practitioner	30%	
M50	Monitoring	Change in consumers' clinical outcomes	Baseline in 2012-13	
M51	Monitoring	Proportion of service episodes where a consumer is secluded at least once	10%	
M52	Monitoring	Proportion of in-scope outcome collection occasions where required clinical outcome measure(s) were recorded	40%	
M53	Monitoring	Number of specialised alcohol and other drug treatment service contacts by program by agency	< 80% of same quarter previous year	
M54	Monitoring	Proportion of specialised alcohol and other drug treatment service contacts by treatment type by agency	< 20% change to same period previous year	

KPI No.	Level	Key Performance Indicator (KPI)	Target	Link
M57	Monitoring	Significant variation in source of referrals for children's alcohol and other drugs residential programs	< 20% change to historical rate	



Purpose

This schedule articulates the key accountabilities and performance responsibilities that are the contribution of the Mater to the overall effort for closing the gap in health outcomes for Aboriginal and Torres Strait Islander Queenslanders.

Indigenous-specific Funding Requirements

The continuing Government commitment to Close the Gap will require the Mater to at least maintain their current level of resources for Indigenous health care, and to put any new funding towards the priorities identified in *Making Tracks*.

Funding provided for specific initiatives and programs for improving Aboriginal and Torres Strait islander health outcomes is to remain quarantined and tied to the purpose for which it was allocated. Funded activities are identified in Table 6.1.

Indicators for Improved Aboriginal and Torres Strait Islander Health Outcomes

Table 6.1: Indigenous Specific Funding Summary

Project	Project Deliverables	Funding Allocation⁵	Funding Source
Component D: Queensland Aboriginal and Torres Strait Islander Maternity and Infant Health Care Program	Employ one FTE OO4 Aboriginal and Torres Strait Islander Maternal and Infant Care Health Worker [or similar] [Hospital Based] to provide high quality, women centred antenatal, postnatal and infant care services.	\$150,888	Closing the Gap: National Partnership Agreement on Indigenous Early Childhood Development Element 2 – Key Initiative2: Improving Aboriginal and Torres Strait Islander Queenslanders' Access to Maternity and Infant Care Health Care Services [Commonwealth Funding]

⁵ Funding for 2012-13, identified in Table 8.1, is subject to performance as per relevant project Memorandums of Understanding

Purpose

This schedule has been developed to outline the key accountabilities and performance responsibilities that are the contribution of the Mater Health Service to the continued delivery of specialised Mental Health and Alcohol and Other Drug Treatment Services (AODTS). The delivery of these services will continue to be in accordance with Queensland Government's formal commitments and strategic priorities as defined within the following national and statewide agreements:

- the Fourth National Mental Health Plan (4th NMHP),
- the Queensland Plan for Mental Health 2007-17 (QPMH),
- the 2011-12 Queensland Drug Action Plan (QDAP),
- the National Drug Strategy 2010-2015 (NDS), and
- the Ice Breaker Initiative (IBI).

Queensland Health is committed to ensuring that resources which are dedicated to mental health and AODTS and programs are maintained for intended purposes, and that identified key performance indicators are met.

Strategic Priorities for Mental Health and AODTS

The strategic priorities for mental health in Queensiand are drawn from the QPMH, the 4th NMHP, and the forthcoming Ten Year Roadmap for Mental Health. The five priority areas of the QPMH guide the reform of the mental health system and inform investment over a ten year period from 2007-2017. Benchmarks for specialised mental health service delivery are defined including 40 mental health inpatient beds and 70 community mental health positions per 100,000 population.

The strategic priorities for AODTS are in accordance with the Queensland Government's commitment to providing programs and services designed to build safe and healthy communities through minimising alcohol, tobacco and other drug related health, social and economic harms.

Strategic and service planning for the delivery of mental health and AODTS undertaken within the HHS in 2012-2013 should align with the principles, priorities and outcomes outlined in the QPMH, the 4th NMHP, the Ten Year Roadmap for Mental Health, the QDAP, the AMR and the NDS.

Services to be purchased

Activity Based Funding Activity

The Mater will provide inpatient mental health services in line with the volumes, price and quality requirements as outlined in Schedule 3 Part B of this Service Agreement.

Non-Activity Based Funding Activity

In addition to the above, the Non-ABF Activity component of Schedule 3 Part B contains block funding for a range of mental health and alcohol and other drug services. The Mater will undertake to expend these funds to ensure the delivery of the services and programs identified below.

Minimum Community and Mental Health Service Targets

- 23,783 ambulatory service contacts, equivalent to 23,053 hours, qualifying for collection in the Mental Health National Minimum Data Set (NMDS), Community Mental Health Collection (CMHC).
- Maintain the current staffing levels of the community mental health service and associated programs. This will include the maintenance of recurrently funded program areas and nonrecurrent initiatives, as detailed, including the:

- Homeless Health Outreach Program:
- Recovery and Resilience Program
- EdlinQ ATSI Statewide Program
- Mental Health Information Management Program
- Statewide Consultation-Liaison- Tertiary Based
- Statewide E- Child and Youth Mental Health Service

Minimum Specialised Alcohol and Other Drugs Treatment Service Targets

- Maintenance of existing state-wide residential adolescent drug and alcohol withdrawal service for young people aged 13-18 years.
- Maintenance of existing adolescent drug and alcohol outreach service for young people aged 13-18 years.

Performance Management

Key Performance Indicators

The Mater performance with respect to mental health and AODTS will be monitored and reported on a regular basis. The following "escalation" and "monitoring" Key Performance Indicators, as applicable to the Mater Health Service, will inform and provide context to any response or intervention with respect to performance management of these services:

Escalation Key Performance Indicators

- Ambulatory service contacts: 100% of ambulatory service targets.
- Ambulatory service contacts: 100% of ambulatory service duration (hours).
- Extended treatment facility and psychiatric hospital beds: 95% of accrued patient day target delivered.
- Closure of ATODS Client Intake: closure period <2 weeks.
- Number of dedicated residential alcohol and other drugs withdrawal beds: 95% open.

Monitoring Key Performance Indicators

- Rate of community follow up within 1-7 days following discharge from an acute mental health inpatient unit.
- Proportion of inpatient service episodes where an End of Episode/Discharge Summary clinical note is recorded within 48 hours of discharge.
- Proportion of readmissions to an acute mental health inpatient unit within 28 days of discharge.
- Proportion of service episodes where a consumer has a nominated General Practitioner.
- Change in consumers' clinical outcomes.
- Proportion of service episodes where a consumer is secluded at least once.
- Proportion of in-scope outcome collection occasions where required clinical outcome measure(s) were recorded.
- Significant variation in source of referrals for alcohol and drug residential programs.

Performance Reporting

Delivery of ABF related activity will be monitored through the processes and rules as described in Schedule 2 Part C.

Delivery of community mental health services will be assessed through the Community FTE Mental Health Collection, the Monthly Activity Collection, the Mental Health Establishments Collection, and annual service audits.

Delivery of specialised alcohol and other drug treatment services will be monitored through the annual Specialised Alcohol and Other Drugs FTE Collection, the Alcohol and Drug Treatment Services National Minimum Data Collection and the AOTDSAOTDS-IS Monthly Service Activity Report.

Department of Health

Mater Health Service

Report on Hospital & Health Service Performance

July 2013



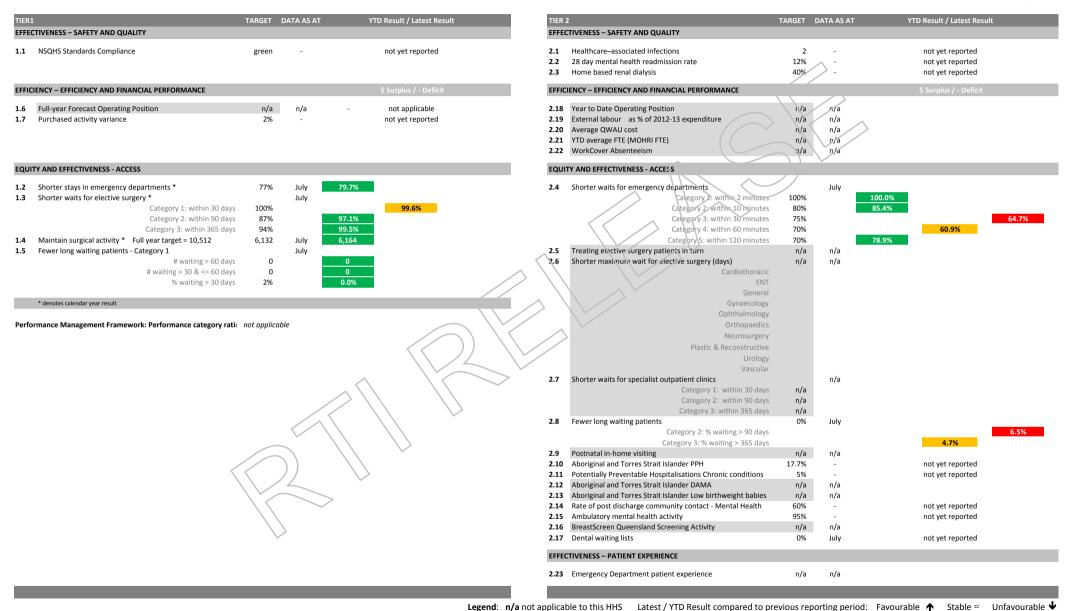
Great state. Great opportunity.



Mater Health Service July 2013

PERFORMANCE DOMAIN - KEY PERFORMANCE INDICATORS - SUMMARY PERFORMANCE

Data source: Decision Support System (DSS) 21 August 2013



Mater Health Service July 2013

KEY PERFORMANCE INDICATORS									Data source	: Decision Support	: System (DSS) 21	August 2013
	YTD / Latest	Jul 2013 Aug 2013	Sep 2013	Oct 2013 Nov 2013	Dec 2013	Jan 2014	Feb 2014	Mar 2014	Apr 2014	May 2014	Jun 2014	Target
	Result								·			2013-14
EQUITY AND EFFECTIVENESS - ACCESS	* denotes ca	lendar year result										
1.2 Shorter stays in emergency departments *		National Emergency Access T	arget (NEAT)					^				
Result	• 79.7%	79.7% •										77%
1.3 Shorter waits for elective surgery *		National Elective Surgery Tar	get (NEST)						^			
Category 1: within 30 days	99.6%	100.0%	, (···/									100%
Category 2: within 90 days		96.7%										87%
Category 3: within 365 days	99.5%	98.3% •										94%
1.4 Maintain surgical activity *		Elective surgery volume										
YTD Result	• 6,164	977 •										
YTD 2010 Volume		834				11/						
1.5 Fewer long waiting patients - Category 1	_	Number of category 1 elective	e surgery natients waiting m	nore than the clinically recomi	mended times	e for their category						
# waiting > 60 days	• 0	0 •	e surgery patients waiting in	note than the chilically recom	nended timerame	of their category						0
# waiting > 30 & <= 60 days		0 •				1						0
% waiting > 30 days	• 0.0%	0.0%										2%
2.4 Shorter waits for emergency departments		Emergency Department patie	nts seen within the clinically	y recommended tige								
Category 1: within 2 minutes	• 100.0%	100.0%	nts seen within the clinical	y recommended sine								100%
Category 2: within 10 minutes		85.4% •			/ /							80%
Category 3: within 30 minutes		64.7%										75%
Category 4: within 60 minutes	6 0.9%	60.9% 🔷										70%
Category 5: within 120 minutes	• 78.9%	78.9% •										70%
2.8 Fewer long waiting patients		Number of category 2 and 3	elective surgery patients wa	iting more than the clinically r	ecommended time	eframe for their cate	egory					
Category 2: # waiting > 90 days	55	55										
Category 2: % waiting > 90 days	6.5%	6.5%										2%
Category 3: # waiting > 365 days		82		$\overline{}$								
Category 3: % waiting > 365 days	4.7%	4.7%										2%
EFFICIENCY – EFFICIENCY AND FINANCIAL PERFORM	MANCE											
1.7 Purchased activity variance		Variance between YTD purch	ased activity (DSS loaded ta	rgets) and actual activity								
Total				.8,,								
Target	//-											-
Inpatient	-											
Target		14										-
Outpatient												
Target												-
Interventions and Procedures Target												_
Emergency Department	-											
Target	-											-
Subacute	-											
Target	-											-
Mental Health	-											
Target	-											-

Department of Health

Mater Health Service

Report on Hospital & Health Service Performance

August 2013

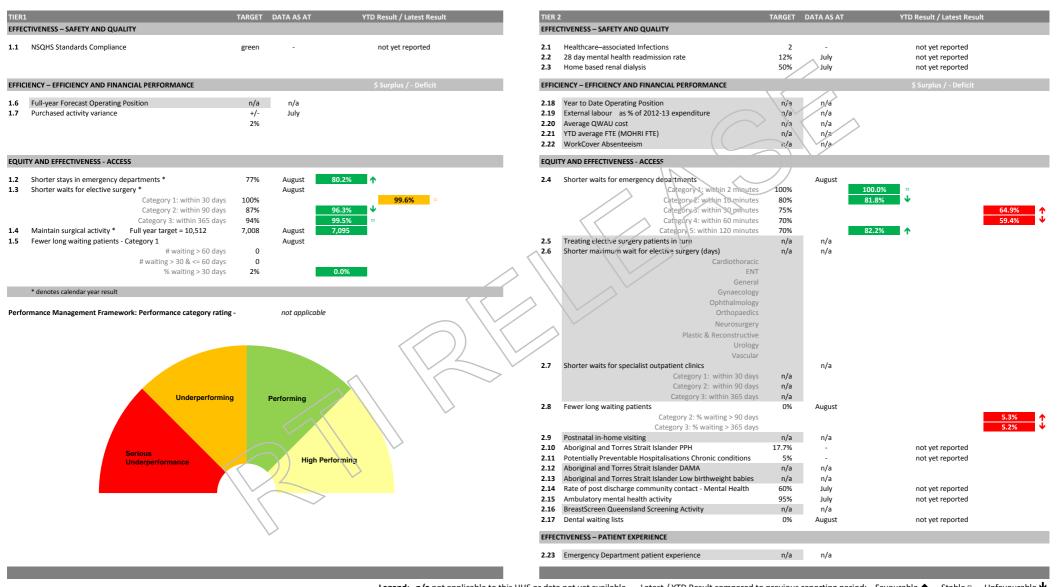


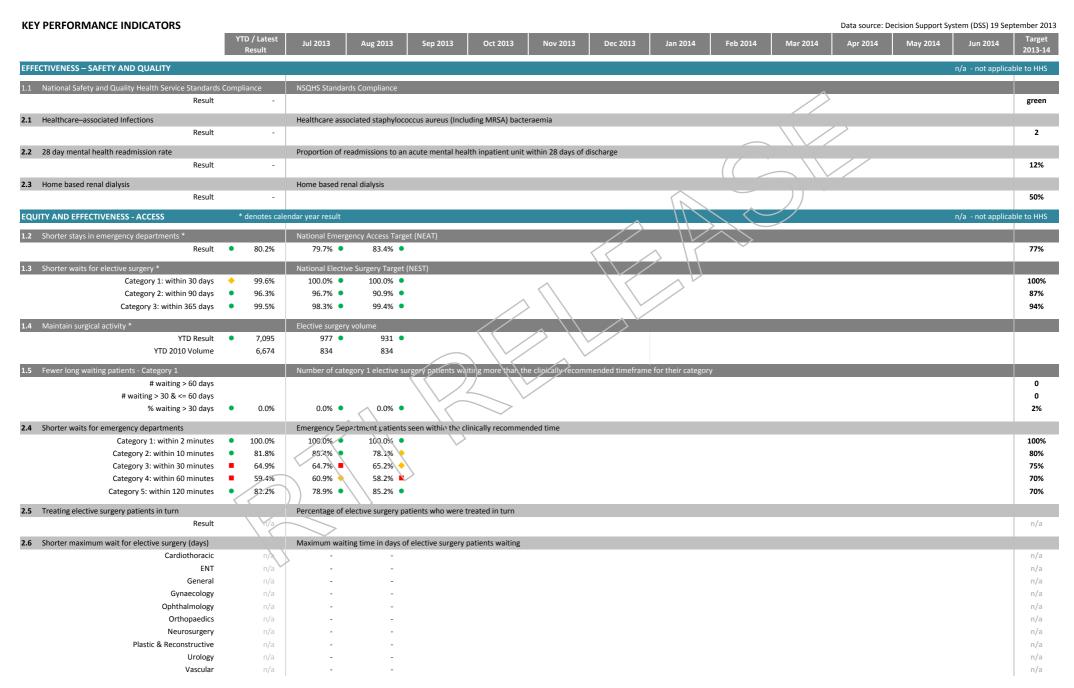
Great state. Great opportunity.



PERFORMANCE DOMAIN - KEY PERFORMANCE INDICATORS - SUMMARY PERFORMANCE

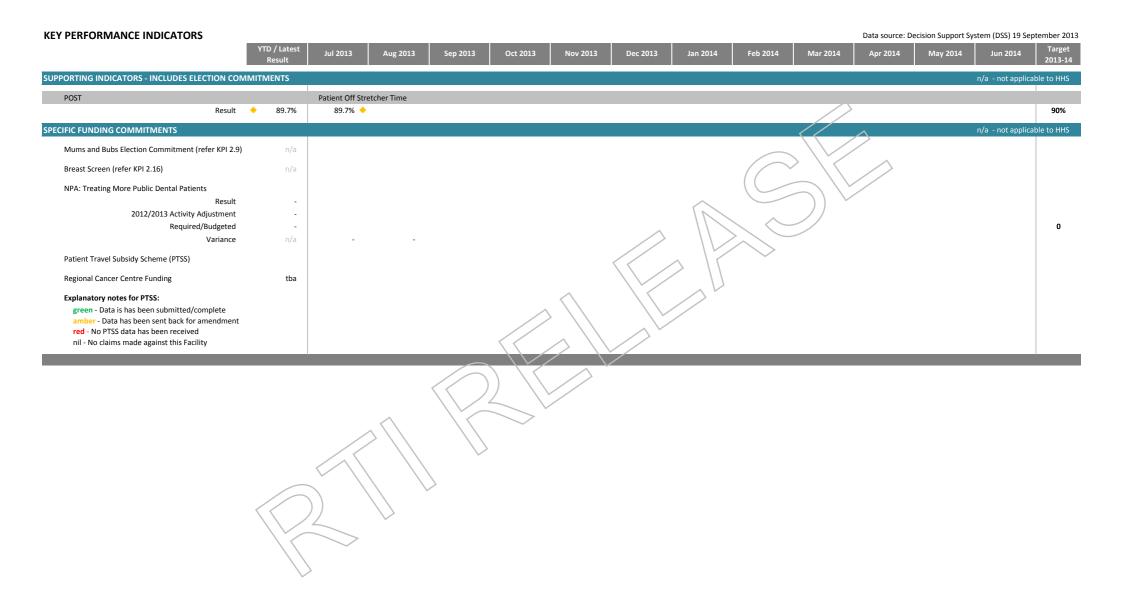
Data source: Decision Support System (DSS) 19 September 2013





KEY PERFORMANCE INDICATORS		Data source: Decision Support System (DSS) 19 Sept	ember 2013
	YTD / Latest Result	Jul 2013 Aug 2013 Sep 2013 Oct 2013 Nov 2013 Dec 2013 Jan 2014 Feb 2014 Mar 2014 Apr 2014 May 2014 Jun 2014	Target 2013-14
	Result		2013-14
2.7 Shorter waits for specialist outpatient clinics		Specialist outpatients waiting within the clinically recommended time	
Category 1: within 30 days	n/a		n/a
Category 2: within 90 days	n/a		n/a
Category 3: within 365 days	n/a		n/a
2.8 Fewer long waiting patients		Number of category 2 and 3 elective surgery patients waiting more than the clinically recommended timeframe for their category	
Category 2: # waiting > 90 days	41	55 41	
Category 2: % waiting > 90 days	5.3%	6.5% 5.3%	2%
Category 3: # waiting > 365 days	88	82 88	
Category 3: % waiting > 365 days	5.2%	4.7% ♦ 5.2% ■	2%
2.9 Postnatal in-home visiting		Enhanced maternal and child health service - post natal in-home visiting	
Result	n/a		n/a
YTD Target	-		
2.10 Aboriginal and Torres Strait Islander PPH		Aboriginal and Torres Strait Islander Potentially Preventable Hospitalisations	
Result	-		18%
2.11 Potentially Preventable Hospitalisations Chronic cond	litions	Potentially Preventable Hospitalisations - chronic conditions	
Result	-		5%
2.12 Aboriginal and Torres Strait Islander DAMA		Aboriginal and Torres Strait Islander patients who discharged themselves against medical advice (DAMA)	
Result	n/a		
Quarterly Target	n/a		
2.13 Aboriginal and Torres Strait Islander Low birthweight	babies	Low birthweight babies (weighing less than 2500 grams at birth) burn to Aboriginal and Torres Strait Islander women	
Result	n/a		n/a
2.14 Rate of post discharge community contact - Mental H	lealth	Rate of community follow up within 1 to 7 days following discharge from an acute mental health inpatient unit	
Result	-		60%
2.15 Ambulatory mental health activity		Progress towards duration of ambulatory mental health service contacts annual target	
Result	-		95%
2.16 BreastScreen Queensland Screening Activity		Propercion of the annual screening target achieved	
Result	n/a		
YTD Target	Ma		n/a
2.17 Dental waiting lists		Number of patients waiting more than the clinically recommended maximum time on the General Care dental waiting list	
Result	-		0%
# waiting > 2 years			

KEY PERFORMANCE INDICATORS										Data source: D	ecision Support S	ystem (DSS) 19 Sej	ptember 2013
	YTD / Latest Result	Jul 2013 Aug 2013	Sep 2013	Oct 2013	Nov 2013	Dec 2013	Jan 2014	Feb 2014	Mar 2014	Apr 2014	May 2014	Jun 2014	Target 2013-14
EFFICIENCY – EFFICIENCY AND FINANCIAL PERFORM	1ANCE											n/a - not applica	able to HHS
1.6 Full-year Forecast Operating Position	\$ Surplus / - Deficit	Full-year Forecast Operating P	osition \$ M										
Result	n/a									>			n/a
1.7 Purchased activity variance		Variance between YTD purcha	sed activity (DSS loa	ded targets) and a	ctual activity					^			
Total	6,457	6,457											
Target	-	-											-
Inpatient	5,323	5,323											
Target	-	-							$\overline{}$				-
Outpatient	0	0					^		\bigcirc				
Target	-	-							\longrightarrow				-
Interventions and Procedures	105	105						$\langle \ \langle \ \rangle$	//				
Target Emergency Department	817	817				\longrightarrow							-
Target	- 017	01/											_
Subacute		87				\leftarrow	3 15						-
Target	-	-											_
Mental Health		125											
Target	-	-											-
2.18 Year to Date Operating Position	\$ Surplus / - Deficit	Year to Date Operating Position	n \$ M										
Result	n/a				$\langle \rangle \rangle$								n/a
2.19 External labour		Expenditure on locum and age	ncy staff \$ M										
Result	n/a												n/a
2012-13 expenditure	n/a												
2.20 Average QWAU cost		Year to date average cost per	Queensland weighte	d activity unit (QW	/AU)								
Result	n/a												n/a
2.21 YTD average FTE (MOHRI FTE)		Minimum Obligatory Human F	esource Information	n (MOHRI) FTE - nu	mber of MOHRI F	TE year to date							
Result	n/a												n/a
2.22 WorkCover Absenteeism		Hours lost (WorkCover) vs Occ	upied FTE										
Result	n/a												n/a
EFFECTIVENESS – PATIENT EXPERIENCE												n/a - not applica	able to HHS
2.23 Emergency Department patient experience		Emergency Department patier	t experience survey	(EDPES)									
Result	M/a	\											n/a
													1



EMERGENCY DEPARTMENTS

- Monthly Performance

Data source: Clinical Access and Redesign Unit (CARU) 12 September 2013 Emergency Department Information System (EDIS), data is preliminary and subject to change.

NEAT by departure status group

Departure Status *	Total Attendances	NEAT	% NEAT
Non-admitted	5,500	4,959	90%
Admitted	1,794	1,170	65%
Total	7,721	6,428	83%

^{*} Does not include dead on arrival, died in ED, did not wait and transferred to another hospital

NEAT by hospital and departure status group

Hospital	Non- admitted	Admitted	Total
MATER ADULT PUBLIC HOSPITAL	91%	69%	84%
MATER CHILDREN'S PUBLIC HOSPITAL	90%	62%	83%

Volumes and waiting time performance by triage category

	Category 1	Category 2	Category 3	Category 4	Category 5	Total
Attendances	29	570	2,318	4,507	297	7,721
# seen in time	29	445	1,511	2,622	253	4,860
% seen in time	100%	78%	65%	58%	85%	63%
		(
NEAT Admitted	11	194	614	343	8	1,170
Total Admitted	24	313	931)) 507	19	1,794
# Did not wait	0	0	7	167	30	204
Median Wait time (minute	es) O	\ \ 5	21	49	44	32



ACTIVITY (ABF AND NON-ABF) YTD PERFORMANCE - as at July 2013

Data source: Decision Support System (DSS) 19 September 2013

Weighted Activity Units - QWAU	2042.44								
	2013-14 Purchased *	2013-1 DSS Target	4 YTD Actual	YTD Varian	ce to Target % change	Inter-H Resident	HS Flow % Non-resident	Full Yea	% variance to purchased
Overall Activity									
Inpatient	63,236	-	5,323	-		-	-	-	-
Interventions and Procedures	3,094	-	105	-	-	_	-	-	-
Emergency Department	10,374	-	817	_	-		-	-	-
Mental Health	2,009	_	125	_	-		_	-	-
Outpatient	14,639	_	0	_		_	_	_	-
SNAP	993	-	87	_	_	_	_	_	-
Total	94,345	_	6,457	_	-	_	_	-	-
				•			·		
Inpatient									
Breast Surgery	833	-	92	-	-	-	-	-	-
Cardiac Surgery	1,917	-	143	-	-	-	-	-	-
Cardiology	1,306	-	105	-	-	-	-	-	-
Colorectal Surgery	1,424	-	52	-	-	-	-	-	-
Dental Surgery	373	-	8	-	-	-	-	-	-
Dentistry	-	-	33	-	-	-	-	-	-
Dermatology	218	-	19	-	-	-	-	-	-
Drug & Alcohol	288	-	12	-	-	-	-	-	-
Ear, Nose & Throat	2,173	-	179	-	-	_	-	-	-
Endocrinology	900	-	63	_	-		-	-	-
Extensive Burns	9	-	2	_	_	_	_	_	_
Gastroenterology	665	-	57	_	_	_	_	_	_
Gynaecology	2,266	_	181	_	_	_	_	_	
Haematological Surgery	0	_	6			_	_		
Haematology	713		63						//
	338	-	19	-	-		-		/
Head & Neck Surgery	1,290	-	153	-	-	_	-	/	\
Immunology & Infections		-		-	-	_	- 1	_ `	
Medical Oncology	806	-	58	-	-	-		-) .	\ -
Neurology	1,564	-	195	-	-	-	//))-	//-
Neurosurgery	890	-	167	-	-	-	(-)	/ /-	
Non Subspecialty Medicine	2,143	-	105	-	-	-	/ /-	/ /:	. \-
Non Subspecialty Surgery	3,936	-	326	-	-	-	\ \		
Obstetrics	9,824	-	724	-	- <	· -	1- 1		
Ophthalmology	1,077	-	87	-		-	-/	-	-
Orthopaedics	5,608	-	513	-	//	\ \ -	- \	. \ -	-
Plastic & Reconstructive Surgery	1,735	-	96	-/	-	1 /	-	· -	-
Qualified Neonate	8,491	-	567	/-/	1 -	-	-	-	-
Renal Medicine	388	-	44	\ .	\ \-	1	-	-	-
Respiratory Medicine	4,263	-	495	-	/ -/		<i>→</i> .	-	-
Rheumatology	276	-	27	1.	\- \		-	-	-
Thoracic Surgery	0	- /	56)).	-\		_	-	-
Tracheostomy	3,653	- \	296	1//.	. \	<i>-</i>	_	_	
Transplantation	130	_	8	1	_	_	_	_	_
Upper GIT Surgery	850		99		> .		_	_	-
Urology	2,165	-	216		~ [-	- [-	-
Vascular Surgery	729	-	58	\	-	-	-	-	-
Inpatient Sub-Total	63,236		5,323		-	_		-	
F	,200		-,,0	1 4					
Interventions and Procedures									
Chemotherapy	1,454	-	10	-	-	-	-	-	-
Dialysis	113	-	0	-	-	-	-	-	-
Endoscopy	919		73	_	-	_	-	-	
Interventional Cardiology	609	-	23	_	-		-	-	
Radiation Oncology	0	-	-	_	-		-	-	-
Interventions and Procedures Sub-Total	3,094	-	105	-	-		-	-	-

	2013-14	2013-14	1 YTD	YTD Variand	ce to Target	Inter-H	IS Flow %	Full Yea	r Forecast
Weighted Activity Units - QWAU	Purchased *	DSS Target	Actual	Actual	% change	Resident	Non-resident	Actual	% variance
									to purchased
Emergency Department									
Cat 1 (Admitted and Discharged)	109	-	8	-	-	-	-	-	-
Cat 2 (Admitted and Discharged)	1,359	-	108	-	-	-	-	-	-
Cat 3 (Admitted and Discharged)	4,359	-	319	-	-	-	-	-	-
Cat 4 (Admitted and Discharged)	4,404	-	326	-	-	-	-	-	-
Cat 5 (Admitted and Discharged)	143	-			-	-	-	-	-
Died	0	-	1	->	-	-	-	-	-
Other ED	-		45	/-	-	-	-	-	-
Emergency Department Sub-Total	10,374		817	-		-	-	-	-
Mental Health									
Psychiatry - Acute	2,009	1	125	-	-	-	-	-	-
MH	0)-)	-	-	-	-	-	-
Mental Health Sub-Total	2,009	-	1/25	-	-	-	-	-	-
	$\neg \neg \neg \neg$	7							
Outpatient		•							
Allied Health	2,134	<i> </i> .	0	-	-	-	-	-	-
Burns	0		-	_	-	-	-	-	-
Clinical Measurement	\\376	-	0	_	-	-	-	-	-
Ear, Nose and throat (ENT)	355	_	-	_	_		_		-
Gastroenterology	665	-	_	_	_	_	_	_	_
Genetics	0	_	-	_	_		_		-
Maternity	3,648	-	0	_	_	_	_	_	_
Medical	2,947	-	0	_	_	_	_	_	_
Mursing	27	_		_	_	_	_	_	_
Oncology	1,622			_			_		_
Ophthalmolegy	1,077	_	_	_	_	_	_	_	_
Orthopaedics	5,608			_			_		_
Other Outpatient Treatments	19		0	_			_		_
Paediatric	223		0		_		_		_
Plastic and Reconstructive Surgery	258								
Pre-Admission	34	_		_	-	-	-	-	-
Primary Health Care	0		-	[-		-	
	67	-	0		-	-	-	-	-
Psychiatry Sub Acute	9	-	U	_	-	-	-	-	-
	844	-	0	_	-	-	-	-	-
Surgical		-	U	_	-	-	-	-	-
Transplants	0	-	-	_	-	-	-	-	-
Undefined	2.465	-	-	_	-	-	-	-	-
Urology	2,165	-	-	-	-	-	-	-	-
Outpatient Sub-Total	14,639	-	0	-	-	-	•	-	-
SNAP									
GEM	0	-	1	-	-	-	-	-	-
MAINT	182	-	23	-	-	-	-	-	-
PALLIATIVE	360	-	40	-	-	-	-	-	-
REHAB	451	-	24	-	-	-	-	-	-
SNAP Sub-Total	993	-	87	-	-	-	-	-	-

^{*} Purchased activity reported as per signed 2013/14 Service Agreement

2013/14-2015/16 SERVICE AGREEMENT - KEY PERFORMANCE INDICATORS

	- 2015/16 SERVICE AGREEMENT - KEY PERFORMANCE INDICATORS			
KPI Level	Key Performance Indicator (KPI)	Target	Strategic Link	Reporting Frequency
EFFECTIVEN	IESS – SAFETY AND QUALITY			
	National Safety and Quality Health Service Standards Compliance	All actions met	National Safety and Quality Health Service (NSQHS) Standards, Australian Commission on Safety and Quality in Healthcare Blueprint for Better Healthcare in Queensland Queensland Health Strategic Plan 2012-2016	Quarterly
2.1 Tier 2	Healthcare-associated infections	Rate is less than or equal to 2.0 per	National Performance and Accountability Framework	6 monthly
	Healthcare associated staphylococcus aureus (Including MRSA) bacteraemia	10,000 occupied bed days	National Healthcare Agreement Blueprint for Better Healthcare in Queensland	
2.2 Tier 2	28 day mental health readmission rate Proportion of readmissions to an acute mental health inpatient unit within 28 days of discharge	Less than or equal to 12%		Monthly
2.3 Tier 2	Home based renal dialysis	40% YTD (Cairns & Hinterland, Townsville, Mackay, Central	Queensland Statewide Renal Services Plan (2008 – 2017)	Monthly
		Queensland) 50% YTD (Darling Downs, Gold Coast, Metro North, Metro South, Sunshine Coast, Wide Bay)		
EQUITY AN	D EFFECTIVENESS - ACCESS			
1.2 Tier 1	Shorter stays in emergency departments	2013	National Performance and Accountability Framework	Monthly
	National Emergency Access Target (NEAT): % of patients who attended an emergency department (ED) who department		National Partnership Agreement on Improving Public Hospital Services Schedule C – National Emergency Access Target	
	within 4 hours of arrival	2014 83%	Blueprint for Better Healthcare in Queensland	
2.4 Tier 2	Shorter waits for emergency departments	83%	National Performance and Accountability Framework	Monthly
2.4 1101 2	Emergency department patients seen within the clinically recommended time:		National Partnership Agreement on Improving Public Hospital Services Schedule C – National Emergency Access Target	ivioniting
	Category 1: within 2 minutes	Category 1: 100%		
	· Category 2: within 10 minutes	Category 2. 80%		
	· Category 3: within 30 minutes	Category 3: 75%		
	Category 4: within 60 minutes	Category 4: 70%		
4.3 - 114	Category 5: within 120 minutes	Category 5: 70%	National Body and Assessed Assessed West Formands	5.6 4 le le c
1.3 Her 1	Shorter waits for elective surgery National Elective Surgery Target (NEST): % of patients receiving elective surgery who were treated within the	2013 Category 1: 100%	National Performance and Accountability Framework National Partnership Agreement on Improving Public Hospital Services Schedule A – National Elective Surgery Target	Monthly
	clinically recommended timeframe for their urgency category:	Category 2: 87%	Blueprint for Better Healthcare in Queensland	
	· Category 1: within 30 days	Category 3: 94%		
	· Category 2: within 90 days			
	· Category 3: within 365 days	2014		
		Category 1: 100%		
		Category 2: 94% Category 3: 97%		
	Maintain surgical activity Elective Surgery Volume	≥5% more than 2010 volume	National Partnership Agreement on Improving Public Hospital Services Schedule A – National Elective Surgery Target	Monthly
1.5 Tier 1	Fewer long waiting patients		National Partnership Agreement on Improving Public Hospital Services Schedule A – National Elective Surgery Target	Monthly
	Number of category 1 elective surgery patients waiting more than the clinically recommended timeframe for their category: Category 1: within 30 days	waiting longer than 60 days	Blueprint for Better Healthcare in Queensland	
2.5 Tier 2	Treating elective surgery patients in turn	60%	Blueprint for Better Healthcare in Queensland	Monthly
	% of elective surgery patients who were treated in turn		National Partnership Agreement on Improving Public Hospital Services Schedule A – National Elective Surgery Target	
2.6 Tier 2	Shorter maximum wait for elective surgery	365 days	Blueprint for Better Healthcare in Queensland	Monthly
	Maximum waiting time of elective surgery patients waiting		National Partnership Agreement on Improving Public Hospital Services Schedule A – National Elective Surgery Target	
	· Cardiothoracic			
	· ENT · General Surgery			
	· Gynaecology			
	· Ophthalmology			
	· Orthopaedics			
	Neurosurgery			
	Plastic & Reconstructive Surgery			
	· Urology			
	· Vascular Surgery			

2013/14-2015/16 SERVICE AGREEMENT - KEY PERFORMANCE INDICATORS

Processing Pro		2015/16 SERVICE AGREEMENT - KEY PERFORMANCE INDICATORS	-	la constant	
Special Configuration withing which the clinically recommended transfer.	No.	Key Performance Indicator (KPI)	Target	Strategic Link	Reporting Frequency
Clasgory 1: within 50 days Clasgory 2: within 50 days Clasgory 2: within 50 days Clasgory 2: within 50 days Clasgory 2: within 50 days Clasgory 2: within 50 days Clasgory 2: within 50 days Runter of clasgory 2 days device source youthers waiting must than the clinically recommended timeframe file Runter of clasgory 2: within 50 days Clasgory 2	2.7 Tier 2	Shorter waits for specialist outpatient clinics		Blueprint for Better Healthcare in Queensland	Monthly
Contemp 2 with 50 600 Cont		Specialist outpatients waiting within the clinically recommended time:			
Contemp 2 with 50 600 Cont		Category 1: within 30 days	Category 1: 95%		
Cargony 1 waters filed and present spectross. Security of the control of the			Category 2: 90%		
First Face free positions positions (patients) Number of lengthy 2 and 3 dischedue warrent present the clinically renomended timeritary for the present the clinically renomended timeritary for the present the clinically renomended timeritary for the present the clinically renomended timeritary for the present t			= :		
Rander of rate sizes y and section suggest patients washing more than the clinically recommended intention for the patients or sizes of the patients of the pa	2.8 Tier 2			National Partnership Agreement on Improving Public Hospital Services Schedule A – National Flective Surgery Target	Monthly
Peter Category 2, within 30 days Category			r		,
Part Content in the state of community fields up whith 150 days Content in home widths C					
Cottogs / 3 white 55 days Carpetory 3 white 55 days Carpetory 3 white 55 days Carpetory 3 white 55 days Carpetory 4 white Carp		= :	Category 2: 0 to < 2%		
Time Processed in home-working Enhanced material and child fed lastish service — post natal in home working Enhanced material and child fed lastish service — post natal in home working 1 Time Aboriganal and Tomes Strath laburdary potentially preventably hospitulastors 17.7 Aboriganal and Tomes Strath laburdary potentially preventably hospitulastors — 6 Time Aboriganal and Tomes Strath laburdary potentially preventably hospitulastors — 6 Time Aboriganal and Tomes Strath laburdary potentially resemble hospitulastors — 6 Time Aboriganal and Tomes Strath laburdary potentially with a control of the control of th					
February of national and contentional and collect states of controlling preventional to positional states of controlling preventional to positional states of controlling preventional to positional controlling preventional to positional controlling preventional to positional controlling preventional to positional controlling preventional to positional controlling preventional to positional controlling preventional to positional controlling preventional to positional controlling preventional controlling preventional to positional controlling preventional controlling preventional to positional controlling preventional 2.9 Tier 2			Rivenrint for Retter Healthcare in Oversland	Quarterly	
Accountability Framework Intel 2 Fortertailly preventable hospitalisations - chronic conditions 12 Tire 2 Aboriginal and Torres Strait bilander lock-large against medical advice (DAMA) Aboriginal and Torres Strait bilander lock-large against medical advice (DAMA) Aboriginal and Torres Strait bilander lock-large against medical advice (DAMA) Aboriginal and Torres Strait bilander lock-large against medical advice (DAMA) 13 Tire 2 Aboriginal and Torres Strait bilander lock-large against medical advice (DAMA) 14 Tire 2 State of personal properties of the propertie		Enhanced maternal and child health service – post natal in-home visiting			Quarterry
National Personalization Agriculture of Personalization (Counterly) The 12 Potentially preventiable hospitalisations - chronic conditions 12 Time 2 Aboriginal and Torres Strait blander descharge against medical advice (DAMA) Aboriginal and Torres Strait blander patients who ducharged themselves against medical advice (DAMA) Aboriginal and Torres Strait blander patients who ducharged themselves against medical advice (DAMA) The 13 Time 2 Aboriginal and Torres Strait blander beaters who ducharged themselves against medical advice (DAMA) The 14 Displace of the patients of the patie	2.1 Tier 2	Aboriginal and Torres Strait Islander potentially preventable hospitalisations	≤ 17.7		
11 Ter 2 Potentially greventable hospitalisations - chronic conditions 5 state everage National Performance and Accountability Framework Quarterly Target Aboriginal and Torres Strait Islander rational critical against and Torres Strait Islander patients who discharged themselves against medical advice (DAMA) Aboriginal and Torres Strait Islander patients who discharged themselves against medical advice (DAMA) Aboriginal and Torres Strait Islander patients who discharged themselves against medical advice (DAMA) Aboriginal and Torres Strait Islander patients who discharged themselves against medical advice (DAMA) Aboriginal and Torres Strait Islander patients who discharged themselves against medical advice (DAMA) Aboriginal and Torres Strait Islander two patients who discharged themselves against medical advice (DAMA) Aboriginal and Torres Strait Islander two britthweight bables Aboriginal and Torres Strait Islander two patients who has been patients and patients who has been patients and patients who has been patients and patients who has been patients and patients who has been patients and patients and patients who has been patients and patients who has been patients and patients and patients who has been patients and patients who has been patients and patients who has been patients and patients and patients who has been patients and patients who has been patients and patients who has been patients and patients who has been patients and patients who has been patients and patients who has been patients and patients and patients and patients and patients and patients who has been patients and					
12 Tier 2 Aborginal and Torres Strait blander discharge against medical advice (DAMA) Aborginal and Torres Strait blander patients who discharged themselves against medical advice (DAMA) Aborginal and Torres Strait blander patients who discharged themselves against medical advice (DAMA) Aborginal and Torres Strait blander patients who discharged themselves against medical advice (DAMA) Aborginal and Torres Strait blander patients who discharged themselves against medical advice (DAMA) Aborginal and Torres Strait blander patients who discharged themselves against medical advice (DAMA) Aborginal and Torres Strait blander patients who discharged themselves against medical advice (DAMA) Aborginal and Torres Strait blander patients who discharged themselves against medical advice (DAMA) Aborginal and Torres Strait blander patients who discharged themselves against medical advice (DAMA) Aborginal and Torres Strait blander patients who discharged themselves against medical advice (DAMA) Aborginal and Torres Strait blander women to the strain blander women t					
Aboriginal and Torres Strait Islander patients win discharged themselves against medical arbice (DMAI) Aboriginal and Torres Strait Islander Low birthweight bables Low birthweight bables (veliging less than 2500 gas better) born to Aboriginal and Torres Strait Islander Low birthweight bables Low birthweight bables (veliging less than 2500 gas birthy born to Aboriginal and Torres Strait Islander Low birthweight bables Low birthweight bables (veliging less than 2500 gas birthy born to Aboriginal and Torres Strait Islander Low birthweight bables Low birthweight bables (veliging less than 2500 gas birthy born to Aboriginal and Torres Strait Islander worn Low birthweight bables (veliging less than 2500 gas birthy born to Aboriginal and Torres Strait Islander worn Low birthweight bables (veliging less than 2500 gas birthy born to Aboriginal and Torres Strait Islander Low birthweight bables Low birthweight bables (veliging less than 2500 gas birthy born to Aboriginal and Torres Strait Islander Low birthweight bables Low birthweight bables (veliging less than 2500 gas birthy born to Aboriginal and Torres Strait Islander Low birthweight bables Low birthweight bables (veliging less than 2500 gas birthy born to Aboriginal and Torres Strait Islander Low birthweight bables Low birthweight bables (veliging less than 2500 gas birthy born to Aboriginal and Torres Strait Islander Low birthweight bables Low birthweight	2.11 Tier 2	Potentially preventable hospitalisations – chronic conditions	≤ state average		Quarterly
Abortion and Torres Strait Islander Low birthweight bables Abortion and Torres Strait Islander Low birthweight bables Annual Accountability Framework Annual Framework	2.12 Tier 2	Aboriginal and Torres Strait Islander discharge against medical advice	≤ HHS quarterly target		Quarterly
Making Tracks fowards coloring the gap in health outcomes for indigenous Queenslanders by 2033 – Policy and Accountability Framework Accountability Fram		Aboriginal and Torres Strait Islander patients who discharged themselves against medical advice (DAMA)		Chronic Disease Indigenous Health (Queensland Health Indigenous Health Funding Package)	
Second Second				National Partnership Agreement Closing the Gap in Indigenous Health Outcomes	
3 Test 2				Making Tracks: towards closing the gap in health outcomes for Indigenous Queenslanders by 2033 – Policy and	
Low birthweight babies keeighing lests than 2500g at birth) born to Aboriginal and Torres Strait Islander women Software Softw				Accountability Framework	
National Performance and Accountability Act 2009 Financial and Performance Management Standard 2009 Authority Financial and Performance Management Standard 2009 Authority Financial and Performance Management Standard 2009 Authority Financial and Performance Management Standard 2009 Authority Financial and Performance Management Standard 2009 Authority Financial and Performance Management Standard 2009 Authority Financial and Performance Management Standard 2009 Authority Financial and Performance Management Standard 2009 Authority Financial and Performance Management Standard 2009 Authority Financial and Performance Management Standard 2009 Authority Financial and Performance Management Standard 2009 Authority Financial And Performance Management Standard 2009 Authority Financial And Performance Management Standard 2009 Authority Financial And Performance Management Standard 2009 Authority Financial And Performance Management Standard 2009 Authority Financial And Performance Management Standard 2009 Authority Financial And Performance Management Standard 2009 Authority Financial And Performance Management Standard 2009 Authority Financial And Performance Management Standard 2009 Authority Financial And Performance Management Standard 2009 Authority Financial And Performance Management Standard 2009 Authority Financial And Performance Management Standard 2009 Authority Financial And Performance Management Standard 2009 Authority Financial And Performance Management Standard 2009 Authority Financial And Performance Management Standard 2009 Authority Financial And Performance Management Standard 2009 Authority Financial And Performance Management Standard 2009 Authority Financial And Performance Management Standard 2009 Authority Financial And Performance Management Standard 2009 Authority Financial And Performance And Accountability Financeority Monthly Act 2009 Authority Financial And Performance and Accountability Financeority Monthly Financial And Performance and Accountability Financeority Monthly Financial A	2.13 Tier 2	Aboriginal and Torres Strait Islander Low birthweight babies	≤ HHS quarterly target	National Indigenous Reform Agreement	Annual
National Performance and Accountability Act 2009 Financial Accountability Act 2009 Financial Accountability Paraework National Performance and Accountability Paraework National Performance and Accountability Paraework National Performance and Accountability Paraework National Performance and Accountability Paraework National Performance and Accountability Paraework National Performance and Accountability Paraework National Performance and Accountability Paraework National Performance and Accountability Paraework National Performance and Accountability Paraework National Performance and Accountability Paraework National Performance and Accountability Paraework National Performance and Accountability Paraework National Performance and Accountability Paraework National Performance and Accountability Act 2009 National Performance Avanagement Standard 2009 National Performance Avanagement Standard 2009 National Performance and Accountability Paraework National Performance and Accountability Paraework National Performance and Accountability Paraework National Performance Avanagement Standard 2009 National Performance and Accountability Paraework National Performance Avanagement Standard 2009 National Performance Avanagement Standard 2009 National Performance and Accountability Paraework National Performance and Accountability Paraework National Performance and Accountability Paraework National Performance and Accountability Paraework National Performance and Accountability Paraework National Performance and Accountability Paraework National Performance and Accountability Paraework National Performance and Accountability Paraework National Performance and Accountability Paraework National Performance and Accountability Paraework National Performance and Accountability Paraework National Performance and Accountability Paraework National Performance and Accountability Paraework National Performance and Accountability Paraework National Performance and Accountability Paraework Natio		Low birthweight babies (weighing less than 2500g at birth) born to Aboriginal and Torres Strait Islander women		National Partnership Agreement Early Childhood Development Agreement	
1 Test Ref of poot discharge community floor within 1 or 7 days following discharge from an acute mental health injantent with 1 Test Ref or community floor within 1 or 7 days following discharge from an acute mental health injantent with 1 Test Ref or community floor with within 1 days following discharge from an acute mental health injantent with 1 Test Ref or Community floor within 1 days following discharge from an acute mental health injantent with 1 Test Ref or Community floor within 1 days following discharge from an acute mental health injantent with 1 Test Ref or Community floor within 1 days following discharge from an acute mental health injantent with 1 Test Ref or Community floor within 1 days following discharge from an acute mental health injantent with 1 Test Ref or Community floor of ambulatory mental health scrivity Ref or Community floor of ambulatory mental health scrivity Ref or Community floor of ambulatory mental health scrivity Ref or Community floor of ambulatory mental health scrivity Ref or Community floor of ambulatory mental health scrivity Ref or Community floor of ambulatory mental health scrivity Ref or Community floor of ambulatory mental health scrivity Ref or Community floor of a patients wating more than the clinically recommended maximum time on the general gref gental wating its Ref or Surplus Ref or Surp					
Rate of community follow up within 1 to 7 days following discharge from an acute mental health inpatient unit Fire Parameter of Paramet	2.14 Tier 2	Rate of post discharge community contact	60%		
Society Test					Monthly
Progress towards duration of ambilitotry mental health service contacts annual target Progress towards duration of ambilitotry mental health service contacts annual target Proportion of the annual breast screening fathy Proportion of the fath and the clinically recommend of the fath and the formance and Accountability Framework Prinancial and Performance and Accountability Framework Prinancial a	2.15 Tier 2		100%		
Test PersistScreen Queensland screening activity 98% Monthly Persist Persi					
Proportion of the annual breast screening target achieved Tel 2 Dendering whiting last residual valuing lists Number of patients waiting more than the clinically recommended maximum time on the general vare dental waiting list residually like to the clinically recommended maximum time on the general vare dental waiting list residually like to the clinically recommended maximum time on the general vare dental waiting list residually like to the clinically recommended maximum time on the general vare dental patients which glass the clinically recommended maximum time on the general vare dental waiting list residual accountability fract 2009 Financial and Performance Management Standard 2009 National Performance Management Standard 2009 National Performance and Accountability Framework Balanced Financial and Performance and Accountability Framework 19 Tile 2 External Labour Septenditive on locum and agency staff Tel Purchased activity monitoring Metro South: 0% to 1-1% All other HHSs: 0% to 1-1% All other HHSs: 0% to 1-1% All other HHSs: 0% to 1-1% All other HHSs: 0% to 1-1% All other HHSs: 0% to 1-1% All other HHSs: 0% to 1-1% Average cost per Queensland weighted activity with (QWAU) 21 Tile 2 Average Cost per Queensland weighted activity with (QWAU) 22 Tile 2 Average Cost per Queensland weighted activity with (QWAU) 23 Tile 2 Tile 2 Average Cost per Queensland weighted activity with (QWAU) 24 Tile 2 Tile 3 Average Cost per Queensland weighted activity with (QWAU) 25 Tile 2 Tile 3 Average Cost per Queensland weighted activity with (QWAU) 26 Tile 2 Tile 3 Average Cost per Queensland weighted activity with (CWAU) 27 Tile 2 Tile 3 Average Cost per Queensland weighted activity with (QWAU) 28 Tile 2 Tile 3 Average Cost per Queensland weighted activity with (QWAU) 29 Tile 2 Tile 3 Average Cost per Queensland weighted activity with (QWAU) 20 Tile 3 Average Cost per Queensland weighted activity with (QWAU) 21 Tile 3 Average Cost per Queensland weighted activity with (QWAU) 22 Tile 3 Average Cost per Qu	2 16 Tier 2		98%	/	Monthly
17 Tar 2 Potal waiting lists National Partnership Agreement on Treating More Public Dental Patients Monthly waiting list waiting list waiting list waiting list waiting list Potal Partnership Agreement on Treating More Public Dental Patients Monthly waiting list	2.10 2				,
Number of patients waiting more than the clinically recommended maximum time on the general care dental waiting list waiti	2 17 Tier 2		0	National Partnership Agreement on Treating More Public Dental Patients	Monthly
waiting list FICE INCLOVE - EFFICIENCY AND FINANCIAL PERFORMANCE FIGURITY - EFFICIENCY - EFFIC	2.17 2			······································	,
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File Ter Full Year Forecast Operating Position Balanced of surplus Financial Accountability Act 2009 Financial and Performance Management Standard 2009 National Performance and Accountability Framework	EEEICIENICV	-			
Financial and Performance Management Standard 2009 National Performance and Accountability Framework National Perfor				T	
National Performance and Accountability Pramework Primarcial Accountability Pramework Primarcial and Performance and Accountability Act 2009 National Performance Advangagement Standard 2009 National Performance Advangagement Standard 2009 National Performance and Accountability Pramework	1.6 Tier 1		Balanced or surplus		Monthly
Balanced Financial Accountability Act 2009 Monthly Financial and Performance Management Standard 2009 National Performance Management Standard 2009 National Performance and Accountability Framework		(agreed position between Department of Health and HHS)			
Financial and Performance Management Standard 2009 National Performance and Accountability Framework 19 Ter 2 External Labour Expenditure on locum and agency staff 7 Ter 1 Purchased activity monitoring Metro North: 0% to +/-1% Variance between YTD purchased activity and actual activity Metro South: 0% to +/-1% All other HISS: 0% to +/-2% All other HISS: 0% to +/-2% All other HISS: 0% to +/-2% 10 Ter 2 TD MOHRI FTE MOHRI				·	
Size Size	2.18 Tier 2	Year to Date Operating Position	Balanced		Monthly
Ter 2 External Labour Expenditure on locum and agency staff Expenditure on locum and agency staff Purchased activity monitoring Metro North: 0% to +/-1% Metro South: 0% to +/-1% Metro South: 0% to +/-1% All other HHSS: 0% to 0+/-2% All other HHSS: 0% to 0+/					
Expenditure on locum and agency staff 7 Tier 1 Purchased activity monitoring Variance between YTD purchased activity and actual activity Variance between YTD purchased activity and actual activity Variance between YTD purchased activity and actual activity Variance between YTD purchased activity and actual activity Variance between YTD purchased activity and actual activity Variance between YTD purchased activity and actual activity Variance between YTD purchased activity and actual activity Variance between YTD purchased activity and actual activity Variance between YTD purchased activity and actual activity Variance between YTD purchased activity and actual activity Variance between YTD purchased activity and actual activity Variance between YTD purchased activity and actual activity Variance between YTD purchased activity and actual activity Variance between YTD purchased activity and actual activity Variance between YTD purchased activity and actual activity Variance between YTD purchased activity and actual activity Variance between YTD purchased activity and actual activity Variance between YTD purchased activity and actual activity Variance between YTD purchased activity on the Variance Variance between YTD purchased activity and actual activity Variance between YTD purchased activity on the Variance Variance Set				National Performance and Accountability Framework	
Metro North: 0% to +/-1% Metro South: 0% to +/-1% Metro South: 0% to +/-1% Metro South: 0% to +/-1% Metro South: 0% to +/-1% Metro South: 0% to +/-1% Metro South: 0% to +/-2% Metro South: 0% to	2.19 Tier 2		20% reduction on prior year		Monthly
Variance between YTD purchased activity and actual activity Metro South: 0% to +/-1% All other HHSs: 0% to +/-2% At or below the Queensland ABF price National Performance and Accountability Framework Monthly Average cost per Queensland weighted activity unit (QWAU) 1 Tier 2 YTD MOHRI FTE MOHRI	1 7 Tier 1		Metro North: 0% to +/-1%		Monthly
All other HHSs: 0% to 4/-2% A verage QWAU cost Average Cost per Queensland weighted activity unit (QWAU) 2	1., 110.1				ivionitiny
2 Tier 2 Average QWAU cost Average cost per Queensland weighted activity unit (QWAU) 1 Tier 2 MORRIFTE		Variance between 115 parenased activity and artifact the			
Average cost per Queensland weighted activity unit (QWAU) 21 Tie7 YID MOHRI FTE	2.2 Tior 2	Average OWALL cost		National Performance and Accountability Framouverk	Monthly
21 Tier 2 YTD MOHRI FTE _ number of MOHRI year to date 22 Tier 2 WorkCover absenteeism	2.2 1161 2		At of below the Queensiand ABF price	National Performance and Accountability Framework	iviolitiliy
MOHRI FTE – number of MOHRI year to date 22 Tier 2 WorkCover) vs Occupied FTE FFECTIVENUESS – PATIENT EXPERIENCE 23 Tier 2 Emergency Department patient experience survey (EDPES) Guestion 3: 60% Mohri FTE – number of MOHRI year to date 9.4 Question 3: 40% Question 3: 60%	2.21 Tion 2		LILIC en exific towart		B.d. mathle
22 Tier 2 WorkCover absenteeism	2.21 Her 2		HHS specific target		iviontniy
Hours lost (WorkCover) vs Occupied FTE FFECTIVENESS – PATIENT EXPERIENCE 23 Tier 2 Emergency department patient experience Question 1: 40% National Performance and Accountability Framework Annual Emergency Department patient experience survey (EDPES) Question 2: 40% Question 3: 60%	2 22 Tier 2		0.4		Quarterly
FECTIVENESS – PATIENT EXPERIENCE 23 Tier 2 Emergency department patient experience	2.22 1101 2		0.4		Quarterry
23 Tier 2 Emergency department patient experience Question 1: 40% National Performance and Accountability Framework Annual Emergency Department patient experience survey (EDPES) Question 2: 40% Question 3: 60%	FFFFCTIVEN	, , ,			
Emergency Department patient experience survey (EDPES) Question 2: 40% Question 3: 60%			Question 1: 40%	National Performance and Accountability Framework	Annual
Question 3: 60%	2.23 Her Z		•••••	National Performance and Accountability Framework	Annuai
	l .	Emergency Department patient experience survey (EDPES)			
Question 4: 90%	1				
			Question 4: 90%		

Department of Health

Mater Health Service

Report on Hospital & Health Service Performance

September 2013



Great state. Great opportunity.



PERFORMANCE DOMAIN - KEY PERFORMANCE INDICATORS - SUMMARY PERFORMANCE

Data source: Decision Support System (DSS) 15 October 2013

1	TARGET	DATA AS AT	/TD Result / Latest Result	TIER :	2	TARGET	DATA AS AT	YTD Result / Latest Result
CTIVENESS – SAFETY AND QUALITY				EFFEC	TIVENESS – SAFETY AND QUALITY			
NSQHS Standards Compliance	green	September	not yet reported	2.1 2.2 2.3	Healthcare—associated Infections 28 day mental health readmission rate Home based renal dialysis	2 12% 50%	September July August	not yet reported not yet reported
CIENCY – EFFICIENCY AND FINANCIAL PERFORMANCE			\$ Surplus / - Deficit		IENCY – EFFICIENCY AND FINANCIAL PERFORMANCE			\$ Surplus / - Deficit
Full year Faranak Organian Desition	- /-	n /n		2.10	Vacuta Data Organities Desition	/-	n/a	
Full-year Forecast Operating Position Purchased activity variance	n/a +/-	n/a August		2.18 2.19	Year to Date Operating Position External labour as % of 2011-12 expenditure	n/a n/a	n/a n/a	
r di di di ded dedivity variance	2%	7146430		2.20	Average QWAU cost	n/a	n/a	
				2.21	YTD average FTE (MOHRI FTE)	n/a	n/a	
				2.22	WorkCover Absenteeism (average hours lost)	n/a	n/a	
ITY AND EFFECTIVENESS - ACCESS				EQUI	TY AND EFFECTIVENESS - ACCESS			
Shorter stays in emergency departments *	77%	September 80.6%	↑	2.4	Shorter waits for emergency departments		September	
Shorter waits for elective surgery *		September			Category 1. within 2 minutes	100%		0.0%
Category 1: within 30 days	100%	<u></u> _	99.7%		Category 2: within 10 minutes	80%		79.8% Ψ
Category 2: within 90 days	87%	95.7%	<u> </u>		Category 3: within 30 minutes	75%		65.4% ↑
Category 3: within 365 days	94%	98.7%	Ψ		Category 4: within 60 minutes	70%		60.1%
Maintain surgical activity * Full year target = 10,512 Fewer long waiting patients - Category 1	7,884	September 8,010		2 5	Category 5: within 120 minutes Treating elective surgery patients in turn	70%		4.2%
# waiting > 60 days	0	September		2.5 2.6	Shorter maximum wait for elective surgery (days)	n/a n/a	n/a n/a	
# waiting > 30 & <= 60 days	0			2.0	Cardiothoracic	11, 4	117 G	
% waiting > 30 days	2%	0.0%			ENT			
					General			
* denotes calendar year result) //	Gynaecology			
					Ophthalmology			
ormance Management Framework: Performance category rating	-	not applicable			Orthopaedics			
					Neurosurgery Plastic & Reconstructive			
					Urology			
					Vascular			
				2.7	Shorter waits for specialist outpatient clinics		n/a	
					Category 1: within 30 days	n/a		
					Category 2: within 90 days	n/a		
Underperforming		Performing		2.0	Category 3: within 365 days	n/a		
				2.8	Fewer long waiting patients Category 2: % waiting > 90 days	0%	September	4.9%
					Category 3: % waiting > 365 days			5.3%
				2.9	Postnatal in-home visiting	n/a	n/a	5.0%
						17.7%	September	not yet reported
Serious Underperformance		High Performing		2.11	Potentially Preventable Hospitalisations Chronic conditions	5%	September	not yet reported
Silasi peliforniano		J J		2.12	Aboriginal and Torres Strait Islander DAMA	n/a	n/a	
				2.13	Aboriginal and Torres Strait Islander Low birthweight babies	n/a	n/a	
						60%	August	not yet reported
					Ambulatory mental health activity BreastScreen Queensland Screening Activity	95% n/a	August n/a	83.3%
					Dental waiting lists	0%	September	not yet reported
					TIVENESS – PATIENT EXPERIENCE		•	, , , , , ,
					Emergency Department patient experience	n/a	n/a	
				2.23		11/ 0	, 4	

Legend: n/a not applicable to this HHS or data not yet available Latest / YTD Result compared to previous reporting period: Favourable ↑ Stable □ Unfavourable ↓

KEY PERFORMANCE INDICATORS							Data source	: Decision Support	: System (DSS) 15	October 2013
YTD / Latest Result	Jul 2013 Aug 2013	Sep 2013 Oct 2013	Nov 2013 De	c 2013 Jan 2014	Feb 2014	Mar 2014	Apr 2014	May 2014	Jun 2014	Target 2013-14
EFFECTIVENESS – SAFETY AND QUALITY									n/a - not applic	cable to HHS
1.1 National Safety and Quality Health Service Standards Compliance	NSQHS Standards Compliance									
Result -		-								green
2.1 Healthcare—associated Infections	Healthcare associated staphylococ	cus aureus (Including MRSA) bac	cteraemia							
Result -										2
2.2 28 day mental health readmission rate	Proportion of readmissions to an a	cute mental health inpatient uni	it within 28 days of discharge							
Result ● 0.0%	0.0% •									12%
2.3 Home based renal dialysis	Home based renal dialysis									
Result -					\rightarrow					50%
EQUITY AND EFFECTIVENESS - ACCESS * denotes cale	endar year result								n/a - not applic	cable to HHS
1.2 Shorter stays in emergency departments *	National Emergency Access Target	(NEAT)								
Result • 80.6%	79.7% • 83.4% •	83.5% •								77%
1.3 Shorter waits for elective surgery *	National Elective Surgery Target (N	IEST)								
Category 1: within 30 days 🔸 99.7%	100.0% • 100.0% •	100.0% •		· \						100%
Category 2: within 90 days 95.7%	96.7% • 90.9% •	91.4% •								87%
Category 3: within 365 days 98.7%	98.3% • 99.4% •	92.7% 🔷								94%
1.4 Maintain surgical activity *	Elective surgery volume									
YTD Result ● 8,010	977 • 931 •	915								
YTD 2010 Volume 7,508	834 834	834								
1.5 Fewer long waiting patients - Category 1	Number of category 1 elective sur	gery patients waiting more than	the clinically recommended	timeframe for their categor	У					
# waiting > 60 days										0
# waiting > 30 & <= 60 days % waiting > 30 days ■ 0.0%	0.0% • 0.0% •	0.0%								2%
										270
2.4 Shorter waits for emergency departmentsCategory 1: within 2 minutes100.0%	Emergency Department patients s 100.0% 100.0%		nended time							100%
Category 1: within 2 minutes • 100.0% Category 2: within 10 minutes • 79.8%	100.0% • 100.0% • 78.1% • 78.1%	75.6%								80%
Category 3: within 30 minutes 65.4%	64.7% 65.2%	66.3% 🔷								75%
Category 4: within 60 minutes	60.9% • 58.2% ■	61.4% 🔷								70%
Category 5: within 120 minutes 84.2%	78.9% • 85.2% •	88.3% •								70%
2.5 Treating elective surgery patients in turn	Percentage of elective surgery pat	ients who were treated in turn								
Result n/a										n/a
2.6 Shorter maximum wait for elective surgery (days)	Maximum waiting time in days of	elective surgery patients waiting								
Cardiothoracic n/a		-								n/a
ENT n/a		-								n/a
General n/a		-								n/a
Gynaecology n/a		-								n/a
Ophthalmology n/a Orthopaedics n/a		-								n/a n/a
Neurosurgery n/a		-								n/a
Plastic & Reconstructive n/a		-								n/a

KEY PERFORMANCE INDICATORS

Jul 2013 Aug 2013 Oct 2013 Nov 2013 Dec 2013 Jan 2014 Feb 2014 Mar 2014 May 2014 Sep 2013 Apr 2014 Jun 2014 2013-14 Urology n/a n/a Vascular n/a n/a **2.7** Shorter waits for specialist outpatient clinics Specialist outpatients waiting within the clinically recommended time Category 1: within 30 days n/a n/a Category 2: within 90 days n/a n/a Category 3: within 365 days n/a n/a **2.8** Fewer long waiting patients Number of category 2 and 3 elective surgery patients waiting more than the clinically recommended timeframe for their category Category 2: # waiting > 90 days 38 6.5% 5.3% 4.9% 🔷 Category 2: % waiting > 90 days 4.9% 2% 85 82 88 85 Category 3: # waiting > 365 days Category 3: % waiting > 365 days 4.7% 🔷 5.2% 5.3% 5.3% 2% **2.9** Postnatal in-home visiting Enhanced maternal and child health service - post natal in-home visiting Result n/a n/a YTD Target n/a **2.10** Aboriginal and Torres Strait Islander PPH Aboriginal and Torres Strait Islander Potentially Preventable Hospitalisations 18% Result **2.11** Potentially Preventable Hospitalisations Chronic conditions Potentially Preventable Hospitalisations - chronic conditions 5% Aboriginal and Torres Strait Islander patients who discharged themselves against medical advice (DAMA) 2.12 Aboriginal and Torres Strait Islander DAMA n/a Result **Quarterly Target** n/a

Low birthweight babies (weighing less than 2500 grams at birth) born to Aboriginal and Torres Strait Islander women

Number of patients waiting more than the clinically recommended maximum time on the General Care dental waiting list

Rate of community follow up within 1 to 7 days following discharge from an acute mental health inpatient unit

Progress towards duration of ambulatory mental health service contacts annual target

78.5%

Proportion of the annual screening target achieved

2.13 Aboriginal and Torres Strait Islander Low birthweight babies

2.14 Rate of post discharge community contact - Mental Health

2.15 Ambulatory mental health activity

2.17 Dental waiting lists

2.16 BreastScreen Queensland Screening Activity

Result

Result

Result

Result

YTD Target

waiting > 2 years

Result **=**

n/a

83.3%

n/a

n/a

88.1%

Data source: Decision Support System (DSS) 15 October 2013

n/a

60%

95%

n/a

0%

KEY PERFORMANCE INDICATORS Data source: Decision Support System (DSS) 15 October 2013 Mar 2014 Jul 2013 Aug 2013 Sep 2013 Oct 2013 Nov 2013 Dec 2013 Jan 2014 Feb 2014 May 2014 Apr 2014 Jun 2014 EFFICIENCY – EFFICIENCY AND FINANCIAL PERFORMANCE n/a - not applicable to HHS **1.6** Full-year Forecast Operating Position \$ Surplus / - Deficit | Full-year Forecast Operating Position \$ M Result n/a **1.7** Purchased activity YTD purchased activity (DSS loaded targets) and actual activity 10,370 7,944 2,426 Total 0 0 Target 0 Inpatient 5,323 5,323 Target 1,334 1,315 Outpatient 2,649 0 0 Target 0 257 258 Interventions and Procedures 514 0 0 0 0 Target 1,672 817 855 **Emergency Department** Target 0 0 0 0 87 Subacute 87 0 0 Target 0 **Mental Health** 125 125 0 Target 0 **2.18** Year to Date Operating Position \$ Surplus / - Deficit Year to Date Operating Position \$ M Result n/a 2.19 External labour Expenditure on locum and agency staff \$ M Result n/a n/a 2011-12 expenditure n/a n/a 2.20 Average QWAU cost Year to date average cost per Queensland weighted activity unit (QWAU) Result n/a n/a 2.21 YTD average FTE (MOHRI FTE) Minimum Obligatory Human Resource Information (MOHRI) FTE - number of MOHRI FTE year to date Result n/a n/a 2.22 WorkCover Absenteeism (average hours lost) Hours lost (WorkCover) vs Occupied FTE Result n/a n/a

EFFECTIVENESS – PATIENT EXPERIENCE

2.23 Emergency Department patient experience

Result

n/a

Emergency Department patient experience survey (EDPES)

n/a - not applicable to HHS

n/a

KEY PERFORMANCE INDICATORS Data source: Decision Support System (DSS) 15 October 2013 YTD / Latest Jul 2013 Aug 2013 Sep 2013 Oct 2013 Nov 2013 Dec 2013 Jan 2014 Feb 2014 Mar 2014 May 2014 Apr 2014 Jun 2014 2013-14 SUPPORTING INDICATORS - INCLUDES ELECTION COMMITMENTS n/a - not applicable to HHS Patient Off Stretcher Time Result • 90.2% 90.7% 89.7% 🔷 90% SPECIFIC FUNDING COMMITMENTS n/a - not applicable to HHS Mums and Bubs Election Commitment (refer KPI 2.9) n/a Breast Screen (refer KPI 2.16) n/a NPA: Treating More Public Dental Patients Result 2012/2013 Activity Adjustment Required/Budgeted 0 Variance Actual n/a Variance n/a Patient Travel Subsidy Scheme (PTSS) Backlog Maintenance Total number of line items 2013/14 Number of line items (Planning) Number of line items (Tendering) Number of line items (In Progress) Number of Line items (Completed) Backlog reduction target 2013-14 (\$'000) Backlog reduction (\$'000) Assessment of progress Ratio of planned expenditure to total expenditure 15 **Cochlear Implants** 30 **Explanatory notes for PTSS:** green - Data has been submitted/complete amber - Data has been sent back for amendment red - No PTSS data has been received

nil - No claims made against this Facility

EMERGENCY DEPARTMENTS

- Monthly Performance

Data source: Clinical Access and Redesign Unit (CARU) 14 October 2013 Emergency Department Information System (EDIS), data is preliminary and subject to change.

NEAT by departure status group

Departure Status *	Total Attendances	NEAT	% NEAT
Non-admitted	5,271	4,805	91.2%
Admitted	1,665	1,038	62.3%
Total	7,293	6,084	83.4%

^{*} Does not include dead on arrival, died in ED, did not wait and transferred to another hospital

NEAT by hospital and departure status group

Hospital	Non- admitted	Admitted	Total
MATER ADULT PUBLIC HOSPITAL	93.6%	68.0%	86.4%
MATER CHILDREN'S PUBLIC HOSPITAL	89.4%	56.6%	81.0%

Volumes and waiting time performance by triage category

	Category 1	Category 2	Category 3	Category 4	Category 5	Total					
Attendances	32	550	2,182	4,246	283	7,293					
# seen in time	32	416	1,447	2,608	250	4,753					
% seen in time	100.0%	75.6%	66.3%	61.4%	88.3%	65.2%					
NEAT Admitted	21	171	535	306	5	1,038					
Total Admitted	31	285	880	462	7	1,665					
NEAT Admitted %	67.7%	60.0%	60.8%	66.2%	71.4%	62.3%					
# Did not wait	\\ 0	9	3	113	38	154					
Median Wait time (minutes)	\0	5	20	47	37	30					

ACTIVITY (ABF AND NON-ABF) YTD PERFORMANCE - as at August 2013

Data source: Decision Support System (DSS) 15 October 2013

	2013-14	2013-1	4 YTD	YTD Variance to Target		Inter-HHS Flow %		Full Year Forecast	
Weighted Activity Units - QWAU	Purchased *	DSS Target	Actual	Actual	% change	Resident	Non-resident	Actual	% variance to purchased
Overall Activity									
Inpatient	63,236	0	5,323	5,323	-	-	-	-	-
Interventions and Procedures	3,094	0	514	514	-	-	-	-	-
Emergency Department	10,374	0	1,672	1,672	-	-	-	-	-
Mental Health	2,009	0	125	125	-	-	-	-	-
Outpatient	14,639	0	2,649	2,649	-	-	-	-	-
SNAP	993	0	87	87	-	-	-	-	-
Total	94,345	-	10,370	-	-	-	-	-	-

npatient								
Breast Surgery	833	0	92	92	-	-	-	-
Cardiac Surgery	1,917	0	143	143	-	-	-	-
Cardiology	1,306	0	105	105	-	-	-	-
Colorectal Surgery	1,424	0	52	52	-	-	-	-
Dental Surgery	373	0	8	8	-	-	-	-
Dentistry	-	0	33	33	-	-	-	-
Dermatology	218	0	19	19	-	-	-	-
Drug & Alcohol	288	0	12	12	-	-	-	-
Ear, Nose & Throat	2,173	0	179	179	-	-	-	-
Endocrinology	900	0	63	63	-	-	-	-
Extensive Burns	9	0	2	2	-	-	-	-
Gastroenterology	665	0	57	57	-	-	-	-
Gynaecology	2,266	0	181	181	-	-	-	-
Haematological Surgery	0	0	6	6	-	-	-	-
Haematology	713	0	63	63	-	-	-	-
Head & Neck Surgery	338	0	19	19	-	-	-	-
Immunology & Infections	1,290	0	153	153	-	-	-	-
Medical Oncology	806	0	58	58	-	-	-	-
Neurology	1,564	0	195	195	-	-	-	(-()
Neurosurgery	890	0	167	167	-	-	-	-
Non Subspecialty Medicine	2,143	0	105	105	-	-		- \\
Non Subspecialty Surgery	3,936	0	326	326	-	-		\\ - \\\
Obstetrics	9,824	0	724	724	-	- <		\\ -
Ophthalmology	1,077	0	87	87	-		//	\>_
Orthopaedics	5,608	0	513	513	-	(-))	- \	-
Plastic & Reconstructive Surgery	1,735	0	96	96	-	\\-/_	-	-
Qualified Neonate	8,491	0	567	567	-	\-	→ .	-
Renal Medicine	388	0	44	44	-	-//	-	-
Respiratory Medicine	4,263	0	495	495	-	-	-	-
Rheumatology	276	0	27	27	-	-	-	-
Thoracic Surgery	0	0	56	56	-	-	-	-
Tracheostomy	3,653	0	296	296	-	-	-	-
Transplantation	130	0	8	8	-	-	-	-
Upper GIT Surgery	850	0	99	99	-	-	-	-
Urology	2,165	0	216	216	-	-	-	-
Vascular Surgery	729	0	58	58	-	-	-	-
npatient Sub-Total	63,236	0	5,323	5,323	-	-	-	-

Interventions and Procedures									
Chemotherapy	1,454	0	330	330	-	-	-	-	-
Dialysis	113	0	20	20	-	-	-	-	-
Endoscopy	919	0	142	142	-	-	-	-	-
Interventional Cardiology	609	0	23	23	-	-	-	-	-
Radiation Oncology	0	-	-	-	-	-	-	-	-
Interventions and Procedures Sub-Total	3,094	0	514	514	-	-	-	-	-

^{*} Purchased activity reported as per signed 2013/14 Service Agreement

	2013-14	2013-1	4 YTD	YTD Varian	ce to Target	Inter-HF	IS Flow %	Full Yea	r Forecast
Weighted Activity Units - QWAU	Purchased *	DSS Target	Actual	Actual	% change	Resident	Non-resident	Actual	% variance
									to purchased
Emergency Department									
Cat 1 (Admitted and Discharged)	109	0	16	16	-	-	-	-	-
Cat 2 (Admitted and Discharged)	1,359	0	211	211	-	-	-	-	-
Cat 3 (Admitted and Discharged)	4,359	0	633	633	-	-	-	-	-
Cat 4 (Admitted and Discharged)	4,404	0	694	694	-	-	-	-	-
Cat 5 (Admitted and Discharged)	143	0	23	23	-	-	-	-	-
Died	0	0	1	1	-	-	-	-	-
Other ED	-	0	94	94	-	-	-	-	-
Emergency Department Sub-Total	10,374	0	1,672	1,672	-	-	-	-	-
Mental Health									
Psychiatry - Acute	2,009	0	125	125	-	-	-	-	-
MH	0	_	-	_	-	-	-	_	-
Mental Health Sub-Total	2,009	0	125	125	-	-	-	_	-
Outpatient									
Allied Health	2,134	0	429	429	-	-	-	-	-
Burns	0	-	-	-	-	-	-	-	-
Clinical Measurement	376	0	83	83	-	-	-	-	-
Ear, Nose and throat (ENT)	355	0	52	52	-	-	-	-	-
Gastroenterology	665	0	109	109	-	-	-	-	-
Genetics	0	-	-	-	-	-	-	-	-
Maternity	3,648	0	617	617	-	-	-	-	-
Medical	2,947	0	626	626	-	-	-	-	-
Nursing	27	0	4	4	-	-	-	-	-
Oncology	1,622	0	105	105	-	-	-	-	-
Ophthalmology	1,077	0	72	72	-	-	-	-	-
Orthopaedics	5,608	0	136	136	-	-	-	-	-
Other Outpatient Treatments	19	0	5	5	-	-	-	-	-
Paediatric	223	0	46	46	-	-	-	-	-
Plastic and Reconstructive Surgery	258	0	43	43	-	-	-	-	-
Pre-Admission	34	0	32	32	-	-	-	-	-
Primary Health Care	0	-	-	-	-	-	-	-	-
Psychiatry	67	0	20	20	-	-	-	-	-
Sub Acute	9	0	10	10	-	-	-	-	-
Surgical	844	0	186	186	-	-	-	-	-
Transplants	0	-	-	-	-	-	-	-	-
Undefined	-	-	-	-	-	-	-	-	-
Urology	2,165	0	72	72	-	-	-	-	-
Outpatient Sub-Total	14,639	0	2,649	2,649	-	-	-	-	-
SNAP									
GEM	0	0	1	1	-	_	-	_	-
MAINT	182	0	23	23	-		-	-	-
PALLIATIVE	360	0	40	40	-	-	-	-	-
REHAB	451	0	24	24	-	-	-	-	-
SNAP Sub-Total	993	0	87	87	_	-	_	-	_
			0,					-	

2013/14- 2015/16 SERVICE AGREEMENT - KEY PERFORMANCE INDICATORS

D QUALITY and Quality Health Service Standards Compliance fated infections ated staphylococcus aureus (Including MRSA) bacteraemia alth readmission rate dmissions to an acute mental health inpatient unit within 28 days of discharge I dialysis	Rate is less than or equal to 2.0 per 10,000 occupied bed days Less than or equal to 12%	National Safety and Quality Health Service (NSQHS) Standards, Australian Commission on Safety and Quality in Healthcare Blueprint for Better Healthcare in Queensland Queensland Health Strategic Plan 2012-2016 National Performance and Accountability Framework National Healthcare Agreement Blueprint for Better Healthcare in Queensland	Reporting Frequency Quarterly 6 monthly
ated infections ated staphylococcus aureus (Including MRSA) bacteraemia alth readmission rate dmissions to an acute mental health inpatient unit within 28 days of discharge	Rate is less than or equal to 2.0 per 10,000 occupied bed days	Healthcare Blueprint for Better Healthcare in Queensland Queensland Health Strategic Plan 2012-2016 National Performance and Accountability Framework National Healthcare Agreement	
lated infections ated staphylococcus aureus (Including MRSA) bacteraemia alth readmission rate dmissions to an acute mental health inpatient unit within 28 days of discharge	Rate is less than or equal to 2.0 per 10,000 occupied bed days	Healthcare Blueprint for Better Healthcare in Queensland Queensland Health Strategic Plan 2012-2016 National Performance and Accountability Framework National Healthcare Agreement	
alth readmission rate dmissions to an acute mental health inpatient unit within 28 days of discharge	10,000 occupied bed days	National Performance and Accountability Framework National Healthcare Agreement	6 monthly
dmissions to an acute mental health inpatient unit within 28 days of discharge	Less than or equal to 12%		
			Monthly
	40% YTD (Cairns & Hinterland, Townsville, Mackay, Central Queensland) 50% YTD (Darling Downs, Gold Coast, Metro North, Metro South, Sunshine	Queensland Statewide Renal Services Plan (2008 – 2017)	Monthly
- ACCESS	Coast, wide Bay)		
	2013	National Performance and Accountability Framework	Monthly
cy Access Target (NEAT): % of patients who attended an emergency department (ED) who depart		National Partnership Agreement on Improving Public Hospital Services Schedule C – National Emergency Access Target Blueprint for Better Healthcare in Queensland	Wionthiy
tment patients seen within the clinically recommended time: within 2 minutes within 10 minutes within 30 minutes within 60 minutes	Category 1: 100% Category 2: 80% Category 3: 75% Category 4: 70% Category 5: 70%	National Performance and Accountability Framework National Partnership Agreement on Improving Public Hospital Services Schedule C – National Emergency Access Target	Monthly
elective surgery Surgery Target (NEST): % of patients receiving elective surgery who were treated within the ended timeframe for their urgency category: within 30 days within 90 days	2013 Category 1: 100% Category 2: 87% Category 3: 94% 2014 Category 1: 100% Category 2: 94%	National Performance and Accountability Framework National Partnership Agreement on Improving Public Hospital Services Schedule A – National Elective Surgery Target Blueprint for Better Healthcare in Queensland	Monthly
	≥5% more than 2010 volume	National Partnership Agreement on Improving Public Hospital Services Schedule A – National Elective Surgery Target	Monthly
ry 1 elective surgery patients waiting more than the clinically recommended timeframe for their	Category 1: 0 to ≤ 2% with no patients waiting longer than 60 days	National Partnership Agreement on Improving Public Hospital Services Schedule A – National Elective Surgery Target Blueprint for Better Healthcare in Queensland	Monthly
	60%	Blueprint for Better Healthcare in Queensland National Partnership Agreement on Improving Public Hospital Services Schedule A – National Elective Surgery Target	Monthly
wait for elective surgery time of elective surgery patients waiting cic gery y ogy cs ry	365 days	Blueprint for Better Healthcare in Queensland National Partnership Agreement on Improving Public Hospital Services Schedule A – National Elective Surgery Target	Monthly
	regency departments cy Access Target (NEAT): % of patients who attended an emergency department (ED) who depart arrival emergency departments tment patients seen within the clinically recommended time: within 2 minutes within 10 minutes within 60 minutes within 60 minutes within 60 minutes within 120 minutes elective surgery surgery Target (NEST): % of patients receiving elective surgery who were treated within the ended timeframe for their urgency category: within 30 days within 90 days within 90 days within 365 days activity folume g patients urgery patients in turn ery patients in turn ery patients who were treated in turn wait for elective surgery time of elective surgery patients waiting folic gery y togy constructive Surgery grery grery	mergency departments cy Access Target (NEAT): % of patients who attended an emergency department (ED) who depart 77% arrival 83% memergency departments trainent patients seen within the clinically recommended time: within 2 minutes within 10 minutes within 10 minutes within 10 minutes category 2: 80% within 100 minutes within 10 minutes category 3: 75% within 100 minutes category 7: 70% within 100 minutes category 7: 70% category 7: 70% mended timeframe for their urgency category: within 30 days within 30 days within 30 days within 30 days within 30 days within 30 days within 30 days within 30 days within 30 days within 30 days within 30 days within 30 days within 30 days within 30 days within 30 days within 30 days within 30 days category 2: 94% category 3: 94% category 3: 94% category 3: 94% category 1: 100% category 1: 100% category 2: 94% category 3: 94% category 3: 94% category 3: 95% cat	*** Access Superioris** ***Presence departments

2013/14- 2015/16 SERVICE AGREEMENT - KEY PERFORMANCE INDICATORS

2013/14	· 2015/16 SERVICE AGREEMENT - KEY PERFORMANCE INDICATORS			
KPI Level	Key Performance Indicator (KPI)	Target	Strategic Link	Reporting Frequency
2.7 Tier 2	Shorter waits for specialist outpatient clinics		Blueprint for Better Healthcare in Queensland	Monthly
	Specialist outpatients waiting within the clinically recommended time:			•
	Category 1: within 30 days	Category 1: 95%		
	· Category 2: within 90 days	Category 2: 90%		
	· Category 3: within 365 days	Category 3: 90%		
2.8 Tier 2	Fewer long waiting patients		National Partnership Agreement on Improving Public Hospital Services Schedule A – National Elective Surgery Target	Monthly
	Number of category 2 and 3 elective surgery patients waiting more than the clinically recommended timeframe for their category:		Blueprint for Better Healthcare in Queensland	,
	· Category 2: within 90 days	Category 2: 0 to ≤ 2%		
	· Category 3: within 365 days	Category 3: 0 to ≤ 2%		
2.9 Tier 2	Postnatal in-home visiting	HHS specific target	Blueprint for Better Healthcare in Queensland	Quarterly
2.5	Enhanced maternal and child health service – post natal in-home visiting	This speeme target	State printerior Better Freditional in Queenstand	Quarterry
2.1 Tier 2	Aboriginal and Torres Strait Islander potentially preventable hospitalisations	≤ 17.7	Making Tracks: toward closing the gap in health outcomes for Indigenous Queenslanders by 2033 Policy and Accountability Framework	
			National Healthcare Agreement	
2.11 Tier 2	Potentially preventable hospitalisations – chronic conditions	≤ state average	National Performance and Accountability Framework	Quarterly
2.12 Tier 2	Aboriginal and Torres Strait Islander discharge against medical advice	≤ HHS quarterly target	Aboriginal and Torres Strait Islander Health Performance Framework	Quarterly
	Aboriginal and Torres Strait Islander patients who discharged themselves against medical advice (DAMA)		Chronic Disease Indigenous Health (Queensland Health Indigenous Health Funding Package)	
			National Partnership Agreement Closing the Gap in Indigenous Health Outcomes	
			Making Tracks: towards closing the gap in health outcomes for Indigenous Queenslanders by 2033 – Policy and	
			Accountability Framework	
2 12 Tior 2	Aboriginal and Torres Strait Islander Low birthweight babies	≤ HHS quarterly target	National Indigenous Reform Agreement	Annual
2.15 Her 2		S nns quarterly target		Alliludi
	Low birthweight babies (weighing less than 2500g at birth) born to Aboriginal and Torres Strait Islander women		National Partnership Agreement Early Childhood Development Agreement National Healthcare Agreement	
2.14 Tier 2	Rate of post discharge community contact	60%	National Performance and Accountability Framework	
	Rate of community follow up within 1 to 7 days following discharge from an acute mental health inpatient unit			Monthly
2.15 Tier 2	Ambulatory mental health activity	100%		
	Progress towards duration of ambulatory mental health service contacts annual target			
2.16 Tier 2	BreastScreen Queensland screening activity	98%		Monthly
	Proportion of the annual breast screening target achieved			-
2.17 Tier 2	Dental waiting lists	0	National Partnership Agreement on Treating More Public Dental Patients	Monthly
	Number of patients waiting more than the clinically recommended maximum time on the general care deptal waiting list		Tational Factorian programme on the control of the	,
FFFICIENCY	- EFFICIENCY AND FINANCIAL PERFORMANCE			
		Dalanced or curplus	Financial Accountability Act 2000	Monthly
1.6 Her 1	Full Year Forecast Operating Position	Balanced or surplus	Financial Accountability Act 2009	Monthly
	(agreed position between Department of Health and HHS)		Financial and Performance Management Standard 2009	
			National Performance and Accountability Framework	
2.18 Tier 2	Year to Date Operating Position	Balanced	Financial Accountability Act 2009	Monthly
			Financial and Performance Management Standard 2009	
			National Performance and Accountability Framework	
2.19 Tier 2	External Labour	20% reduction on prior year		Monthly
	Expenditure on locum and agency staff	·		-
1.7 Tier 1	Purchased activity monitoring	Metro North: 0% to +/-1%		Monthly
1.7	Variance between YTD purchased activity and actual activity	Metro South: 0% to +/-1%		Wionting
	variance between 11D purchased activity and actual activity			
		All other HHSs: 0% to +/-2%		
2.2 Tier 2	Average QWAU cost	At or below the Queensland ABF price	National Performance and Accountability Framework	Monthly
	Average cost per Queensland weighted activity unit (QWAU)			
2.21 Tier 2	YTD MOHRI FTE	HHS specific target		Monthly
	MOHRI FTE – number of MOHRI year to date			
2.22 Tier 2	WorkCover absenteeism	0.4		Quarterly
	Hours lost (WorkCover) vs Occupied FTE			
EEEECTIVEN	IESS – PATIENT EXPERIENCE			
2.23 Tier 2	Emergency department patient experience	Question 1: 40%	National Performance and Accountability Framework	Annual
	Emergency Department patient experience survey (EDPES)	Question 2: 40%		
		Question 3: 60%		
		Question 4: 90%		

Department of Health

Mater Health Service

Report on Hospital & Health Service Performance

October 2013



Great state. Great opportunity.



INDEX

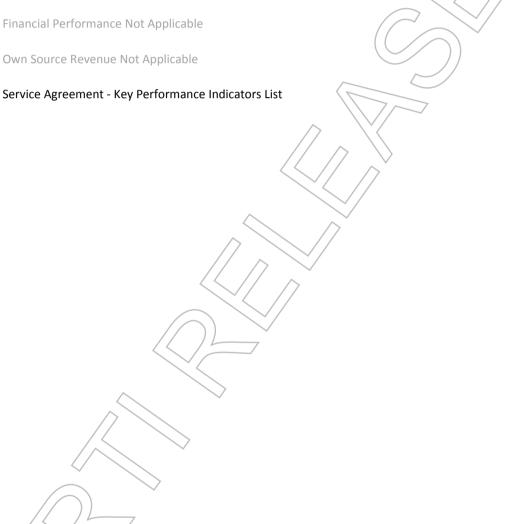
Performance Snapshot

Key Performance Indicators

Emergency Departments - Monthly Performance

Elective Surgery Not Applicable

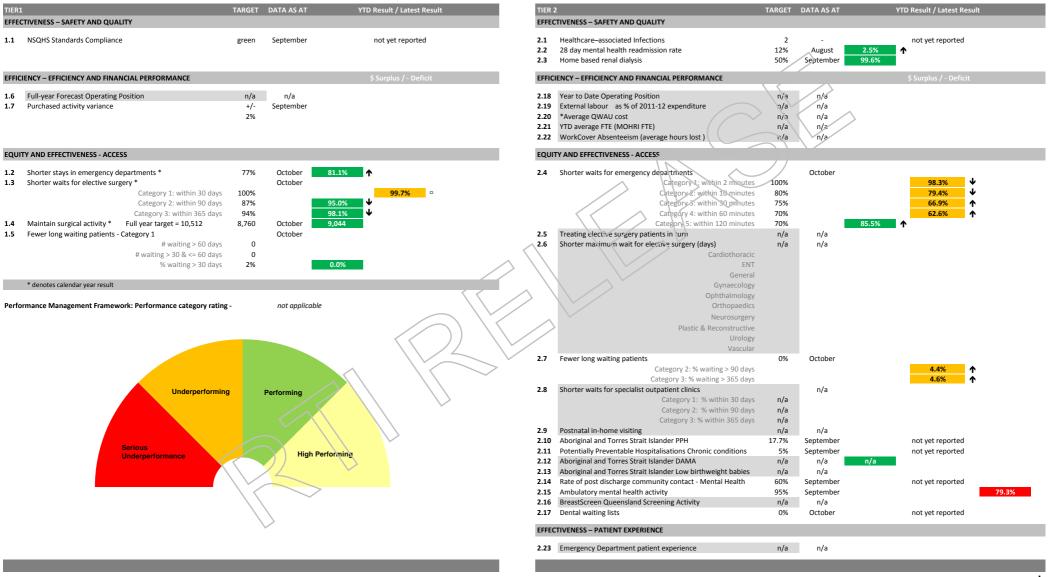
Activity (ABF and Non-ABF)



Mater Health Service October 2013

PERFORMANCE DOMAIN - KEY PERFORMANCE INDICATORS - SUMMARY PERFORMANCE

Data source: Decision Support System (DSS) 14 November 2013



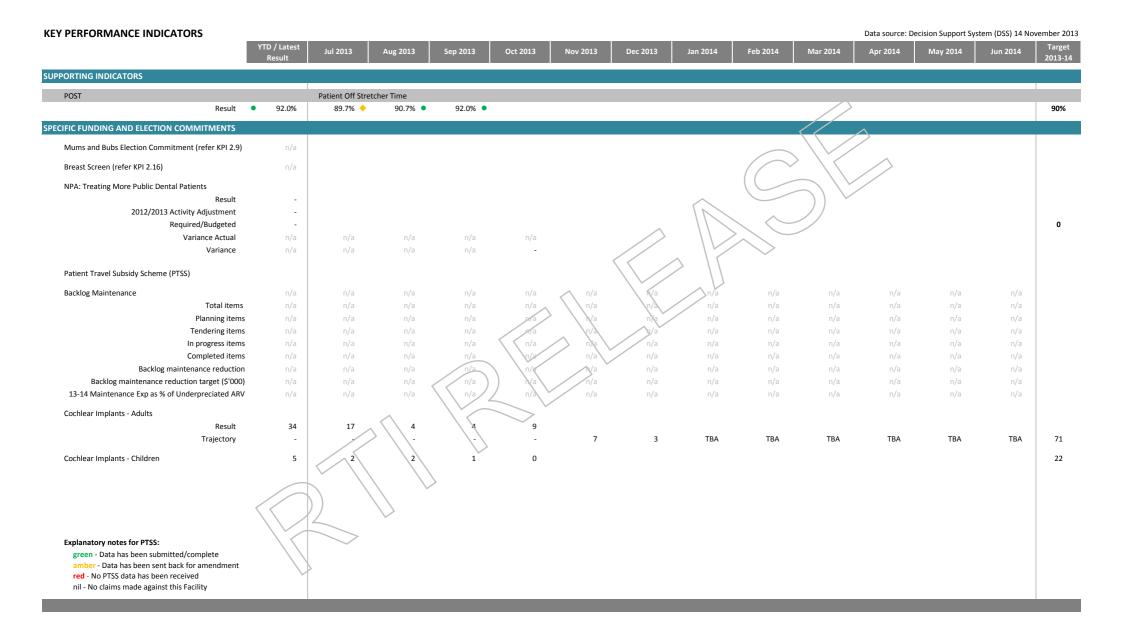
Legend: n/a not applicable to this HHS or data not yet available Latest / YTD Result compared to previous reporting period: Favourable ↑ Stable □ Unfavourable ↓

* Note: Costs for Enteral Nutrition are yet to be excluded from this indicator. Results may be slightly inflated for some HHSs this month.

KEY PERFORMANCE INDICATORS												Data source: D	ecision Support S	ystem (DSS) 14 No	vember 2013
	YTD / La		Jul 2013	Aug 2013	Sep 2013	Oct 2013	Nov 2013	Dec 2013	Jan 2014	Feb 2014	Mar 2014	Apr 2014	May 2014	Jun 2014	Target
	Resu	lt											,		2013-14
EFFECTIVENESS – SAFETY AND QUALITY															
1.1 National Safety and Quality Health Service Standards	Compliance		NSQHS Standa	rds Compliance											
Result		-			-							>			green
2.1 Healthcare—associated Infections			Healthcare ass	sociated staphyloco	ccus aureus (Incl	uding MRSA) hacte	eraemia								
Result		- 1	ricarricare ass	ociated stapinylocol	ccus uurcus (mer	ading imis/i, sact									2
22 20 1 11 11 11 11 11			D			total de la contraction de la	''L' 20 L (P. P. J							
2.2 28 day mental health readmission rate Result	• 2	.5%	0.0%	readmissions to an a	acute mentai nea	aith inpatient unit	within 28 days of	discharge							12%
		570									$\overline{}$	//			12/0
2.3 Home based renal dialysis			Home based re												
Result	• 99	0.6%	0.0%	98.9% •	0.0%				1	-					50%
EQUITY AND EFFECTIVENESS - ACCESS	* deno	tes caler	ndar year result								//				
1.2 Shorter stays in emergency departments *			National Emer	gency Access Targe	t (NEAT)										
Result	• 81	.1%	79.7%	83.4%	83.5%	86.4%									77%
1.3 Shorter waits for elective surgery *			National Flocti	ive Surgery Target (i	NECT)										
Category 1: within 30 days	99	0.7%	100.0%		100.0%	100.0%									100%
Category 2: within 90 days		5.0%	96.7%	90.9%	91.4%	89.6%									87%
Category 3: within 365 days	• 98	3.1%	98.3%	99.4%	92.7% 🔶	93.8%	//								94%
1.4 Maintain surgical activity *			Elective surger	ny volume											
YTD Result	• 9,	,044	977		915	1,034									
YTD 2010 Volume		343	834	834	834	834									
1.5 Fewer long waiting patients - Category 1			Number of cat	egory 1 elective sur	gery natients wa	niting more than th	e clipically recon	nmended timefram	e for their categor	V					
# waiting > 60 days			rvamber or eac	egory I creenic sur	Syry price to the	,		mienaca amenam	e for their eutegor	,					0
# waiting > 30 & <= 60 days						_ \									0
% waiting > 30 days	• 0	0.0%	0.0%	0.0%	0.9%	0.0%									2%
2.4 Shorter waits for emergency departments			Emergency De	partment patients s	seen within the c	linically recomme	nded time								
Category 1: within 2 minutes	9 8	3.3%	100.0%	100.0%	100.0%										100%
Category 2: within 10 minutes	• 79	0.4%	85.4%	78.1% 🔶	75.6% 🔷	77.7% 🔷									80%
Category 3: within 30 minutes		5.9%	64.7%	65.2%	66.3% 🔷										75%
Category 4: within 60 minutes		.5%	60.9% 🔷	58.2%	61.4% 🔷										70%
Category 5: within 120 minutes	85	.5%	78.9%	85.2%	88.3% •	89.9% •									70%
2.5 Treating elective surgery patients in turn			Percentage of	elective surgery par	tients who were	treated in turn									
Result	//	11/a													n/a
2.6 Shorter maximum wait for elective surgery (days)			Maximum wai	ting time in days of	elective surgery	patients waiting									
Cardiothoracic		n/8	-	-	-	-									n/a
ENT		n/a	-	-	-	-									n/a
General		n/a	-	-	-	-									n/a
Gynaecology Ophthalmology		n/a	-	-	-	-									n/a
Optinal mology Orthopaedics		n/a n/a	-	-	-	-									n/a n/a
Neurosurgery		n/a	-	-	-	-									n/a
Plastic & Reconstructive		n/a	-	-	-	-									n/a
Urology		n/a	-	-	-	-									n/a
Vascular		n/a	-	-	-	-									n/a

KEY PERFORMANCE INDICATORS												Data source: D	ecision Support Sy	stem (DSS) 14 N	ovember 2013
	Y	TD / Latest	Jul 2013	Aug 2013	Sep 2013	Oct 2013	Nov 2013	Dec 2013	Jan 2014	Feb 2014	Mar 2014	Apr 2014	May 2014	Jun 2014	Target
		Result													2013-14
2.7 Fewer long waiting patients			Number of cate	gory 2 and 3 elec	tive surgery patient	ts waiting more th	nan the clinically r	ecommended time	eframe for their c	ategory					
Category 2: # waiting > 90 days		29	55	41	38	29					_				
Category 2: % waiting > 90 days	•	4.4%	6.5%	5.3%	4.9% 🔷	4.4% 🔷						>			2%
Category 3: # waiting > 365 days		73	82	88	85	73									
Category 3: % waiting > 365 days	•	4.6%	4.7% 🔷	5.2%	5.3%	4.6% 🔷									2%
2.8 Shorter waits for specialist outpatient clinics			Specialist outpa	ntients waiting wi	ithin the clinically re	ecommended tim	e								
Category 1: % within 30 days		n/a													n/a
Category 1: # within 30 days		-									_ / /				
Category 2: % within 90 days		n/a													n/a
Category 2: # within 90 days		-))				
Category 3: % within 365 days		n/a								\	//				n/a
Category 3: # within 365 days		-								> / /					
2.9 Postnatal in-home visiting			Enhanced mater	rnal and child hea	alth service - post n	atal in-home visit	ing								
Result		n/a							7 / [n/a
YTD Target		n/a													
2.10 Aboriginal and Torres Strait Islander PPH			Aboriginal and T	orres Strait Islan	der Potentially Prev	ventable Hospitali	sations								
Result		-													18%
2.11 Potentially Preventable Hospitalisations Chronic con	ditions		Potentially Prev	entable Hospitali	sations - chronic co	onditions									
Result		-					$\langle \rangle$								5%
2.12 Aboriginal and Torres Strait Islander DAMA			Aboriginal and T	orres Strait Islan	der patients who di	ischarged themse	ives against medi	cai advice (DAMA)							
Result	•	n/a													
Quarterly Target		n/a													
2.13 Aboriginal and Torres Strait Islander Low birthweigh	t babie	S	Low birthweight	babies (weighin	g less than 2500 gra	ams at birth) born	to Aboriginal and	l Torres Strait Islan	der women						
Result		n/a													n/a
2.14 Rate of post discharge community contact - Mental	Health		Rate of commun	ity fellow up wit	thin 1 to 7 days follo	owing discharge fi	rom an acute mer	ital health inpatien	t unit						
Result		-													60%
2.15 Ambulatory mental health activity			Progress toward	ls duration of an	bulatory mental he	ealth service conta	acts annual target								
Result	•	79.3%	88.2%	79.8%	70.0%										95%
2.16 BreastScreen Queensland Screening Activity			Frongrion of th	e ar nual screeni	ng target achieved										
Result	<	n/a	/ /		ggev aceve										
YTD Target		n/a													n/a
2.17 Dental waiting lists			Number of patie	ents waiting more	e than the clinically	recommended m	aximum time on	the General Care d	lental waiting list						
Result		7-7	-	-	-	-	-	-	-	-	-	-	-	-	0%
# waiting > 2 years			>												

KEY PERFORMANCE INDICATORS											Data source: [ecision Support Sy	stem (DSS) 14 No	vember 2013
	YTD / Latest Result	Jul 2013	Aug 2013	Sep 2013	Oct 2013	Nov 2013	Dec 2013	Jan 2014	Feb 2014	Mar 2014	Apr 2014	May 2014	Jun 2014	Target 2013-14
EFFICIENCY – EFFICIENCY AND FINANCIAL PERFORM	IANCE													
1.6 Full-year Forecast Operating Position	\$ Surplus / - Deficit	Full-year Fore	cast Operating Pos	ition \$ M										
Result	n/a													n/a
1.7 Purchased activity		YTD purchase	d activity (DSS load	ed targets) and a	tual activity						^			
Total	23,430	7,949	7,901	7,580										
Target	0	0	0	0										0
Inpatient	15,526	5,327	5,174	5,026										
Target	0	0	0	0										0
Outpatient	3,920	1,334	1,315	1,271				^		\bigcirc				_
Target Interventions and Procedures	0	0	0	284				-		\longrightarrow				0
Target	907 <i>0</i>	258 0	365 <i>0</i>	0				11/	$\langle \cdot \rangle$	//				0
Emergency Department	2,484	817	855	812			$\longrightarrow \nearrow$		\rightarrow					-
Target	0	0	0	0										0
Subacute		88	74	48				> ++						
Target	0	0	0	0										0
Mental Health	382	125	118	139										
Target	0	0	0	0										0
2.18 Year to Date Operating Position	\$ Surplus / - Deficit	Year to Date 0	Operating Position	\$ M										
Result	n/a													n/a
2.19 External labour		Expenditure of	on locum and agend	y staff \$ M										
Result	n/a													n/a
2011-12 expenditure	n/a													n/a
2.20 Average QWAU cost		Year to date a	verage cost per Qu	eensland weighte	d activity unit (QV	VAU)								
Result	n/a													n/a
2.21 YTD average FTE (MOHRI FTE)		Minimum Ob	igatory Human Res	ource Information	n (MOHRI) FTE - nu	ımber of MOHRI F	TE year to date							
Result	n/a						,							n/a
2.22 WorkCover Absenteeism (average hours lost)		Hours lost (W	orkCover) vs Occur	ied FTE										
Result	n/a													n/a
EFFECTIVENESS – PATIENT EXPERIENCE														
2.23 Emergency Department patient experience		Emergency De	epartnient patient	experience survey	(EDPES)									
Result	M/a				,									n/a



EMERGENCY DEPARTMENTS

- Monthly Performance

Data source: Clinical Access and Redesign Unit (CARU) 12 November 2013 Emergency Department Information System (EDIS), data is preliminary and subject to change.

NEAT by departure status group

Departure Status *	Total Attendances	NEAT	% NEAT
Non-admitted	5,167	4,812	93.1%
Admitted	1,615	1,101	68.2%
Total	7,108	6,131	86.3%

^{*} Does not include dead on arrival, died in ED, did not wait and transferred to another hospital

NEAT by hospital and departure status group

Hospital	Non- admitted	Admitted	Total
MATER ADULT PUBLIC HOSPITAL	94.5%	70.3%	87.8%
MATER CHILDREN'S PUBLIC HOSPITAL	92.0%	66.0%	84.9%

Volumes and waiting time performance by triage category

	Category 1	Category 2	Category 3	Category 4	Category 5	Total
Attendances	25	470	2,147	4,209	257	7,108
# seen in time	23	365	1,540	2,956	231	5,115
% seen in time	92.0%	77.7%	71.7%	70.2%	89.9%	72.0%
		(
NEAT Admitted	14	155 \	574	353	5	1,101
Total Admitted	21	235	862)) 489	8	1,615
NEAT Admitted %	66.7%	66.0%	66.6%	72.2%	62.5%	68.2%
		11 > ^				
NEAT Non-admitted	0	158	1,028	3,413	213	4,812
Total Non-admitted	0	\ \ 182	1,174	3,590	221	5,167
NEAT Non-admitted %	-	86.8%	87.6%	95.1%	96.4%	93.1%
		> '				
# Did not wait	0	0	6	85	25	116
Median Wait time (minute	es) 0	5	17	35	26	24



ACTIVITY (ABF AND NON-ABF) YTD PERFORMANCE - as at September 2013

Data source:	Decision Sun	nort System (F)SS) 14 Noven	nher 20'

Weighted Activity Units - OWAU		•															
Portionate District Control		2013-14	2013-	14 YTD	YTD Variance to Target	Inter-HHS Flow %			2013-14	2013-1	4 YTD	YTD Varia	nce to Target	Inter-H	IS Flow %	Full Yea	
Property 1,000	Weighted Activity Units - QWAU	Purchased *	DSS Target	Actual	Actual % change	Resident Non-resident	Actual % variance	Weighted Activity Units - QWAU	Purchased *	DSS Target	Actual	Actual	% change	Resident	Non-resident	Actual	% to:
Secretarian Colored							to purchaseu										TO
International and Procedure 10,154 0 2937 377	•	62.226		45 526	45 526				100		20	3.0					
Interested Popular Note			_										-	-	-	-	
Marie Mari			_							1			-	-	-	-	
Description 14,639 0 1320 1350 1			-			-								-	-	-	
Space Spac			0											-	-	-	
Togget 1,345 2,340 			0			-							-	-	-	-	
Bread Surgery			0		210 -				0	1		N \	<u></u>	-	-	-	
Martial Health	Iotai	94,345	-	23,430					10 274	1			//:	-	-	-	
Secret Surgery 1,17	Inpatient							Emergency Department Sub-Total	10,374		2,404	(,40)					
Excitation Conference 1,137 0 312 312		833	0	235	235 -			Mental Health									
Cardiology		1,917	0	312	312 -			Psychiatry - Acute	2,009	b (382	382	V /-	-	-	-	
Concents Surgery 1,124	Cardiology	1,306	0	330	330 -			MH	0	1		<u> </u>	-	_	-	-	
Dentistry 173 0 3 6 56			0					Mental Health Sub-Total	2,009	0	382	332	-	_	-	_	
Detristry			0						11		A	77					
Demanstoory 218		-	0					Outpatient									
Drug & Anchol 288	'	218	0	61	61 -				2,134	0	649	649	-	-	-	-	
Sar, Nose & Trivoat			0					Burns	. / /	//_`		_	_	_	-	-	
Endocronloopy			0						. 376	0	130	130	_		-		
Extensive Burns 9 0 2 2			0						_	1			_	_	_	_	
Gestlectherology 655 0 1300 1300	=-		0						/	11			_		-		
Gynaecology		665	0						0			l	_	_	_	_	
Seamatological Surgery 0 0 44 44 44 44 44 44			0						3 648	0	901	901	_	_	_	_	
Haematology			0										_	_	_	_	
Head & Neck Surgery 338			1				/						_	_	_	_	
Immunology & Infections 1,290 0 392 392	=-		-				. /./	\ <u>-</u> \					_	_	_	_	
Medical Oncology			0				. //.	4.					_	_	_	_	
Neurology							. \ \ .						_	_	_	_	
Neurosurgery															-	_	
Non Subspecialty Medicine 2,143 0 298 298 298											•				-	_	
Non Subspecially Surgery 3,936			-										-	_	-	-	
Obstetrics			_			1 (1	1)) [-		-	-	
Ophthalmology 1,077 0 218 218 218			_				///			0	31	31					
Orthopaedics 5,608 0 1,388 1,388			_			\				0	22	22	-	_	-	-	
Plastic & Reconstructive Surgery			_							1			-		-	-	
Comparison Com	· ·		-				\\.			1			-		-	-	
Renal Medicine 388 0 147 147			_			<i>></i> \\		_		U	201	201	-	-	-	-	
Respiratory Medicine			-			\'\		*	U	_	-	-	-	_	-	-	
Rheumatology 276 0 75 75			-			// .	'-		2 165		100	100	-	-	-	-	
Thoracic Surgery 0 0 186 186			-			// .// .								_	-	-	
Tracheostomy 3,653 0 707 707 - - - - - - - - -						/ . / / .		Outpatient Sub-Total	14,639	U	3,920	3,920			-		
Transplantation 130 0 17 17			1			\\ · \\ ·		CNIAD									
Upper GIT Surgery 850 0 277 277						//											
Urology 2,165 0 548 548 -			_		/ /	1/)						1	-	-	-	-	
Vascular Surgery 729 0 161 161			-	\ \									-	-	-	-	
Interventional Cardiology 0 0 15,526 15,526			_		V								-	-		-	
Interventions and Procedures Chemotherapy 1,454 0 494	= :		1											-	-	-	
Chemotherapy 1,454 0 494 494 - - - - Dialysis 113 0 30 30 - - - - Endoscopy 919 0 305 305 - - - - Interventional Cardiology 609 0 77 77 - - - - Radiation Oncology 0 - - - - - - -	Inpatient Sub-Total	63,236	0	15,526	15,526 -			SNAP Sub-Total	993	0	210	210	-	-	-	-	
Chemotherapy 1,454 0 494 494	Interventions and Procedures																
Dialysis 113 0 30 30 - <t< td=""><td></td><td>1 454</td><td>0</td><td>494</td><td>494 -</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>		1 454	0	494	494 -												
Endoscopy 919 0 305 305			-				<u> </u>										
Interventional Cardiology 609 0 77 77 -			-														
Radiation Oncology 0			-				[
			0	//													
				-	007												
interrentions und i roccountes substitution in the substitution in	interventions and Procedures Sub-Total	3,094	U	907	907 -												

2013/14- 2015/16 SERVICE AGREEMENT - KEY PERFORMANCE INDICATORS

	- 2015/16 SERVICE AGREEMENT - KEY PERFORMANCE INDICATORS			
KPI Level	Key Performance Indicator (KPI)	Target	Strategic Link	Reporting Frequency
EFFECTIVE	IESS – SAFETY AND QUALITY			
	National Safety and Quality Health Service Standards Compliance	All actions met	National Safety and Quality Health Service (NSQHS) Standards, Australian Commission on Safety and Quality in Healthcare Blueprint for Better Healthcare in Queensland Queensland Health Strategic Plan 2012-2016	Quarterly
2.1 Tier 2	Healthcare-associated infections	Rate is less than or equal to 2.0 per	National Performance and Accountability Framework	6 monthly
	Healthcare associated staphylococcus aureus (Including MRSA) bacteraemia	10,000 occupied bed days	National Healthcare Agreement Blueprint for Better Healthcare in Queensland	
2.2 Tier 2	28 day mental health readmission rate Proportion of readmissions to an acute mental health inpatient unit within 28 days of discharge	Less than or equal to 12%		Monthly
2.3 Tier 2	Home based renal dialysis	40% YTD (Cairns & Hinterland, Townsville, Mackay, Central	Queensland Statewide Renal Services Plan (2008 – 2017)	Monthly
		Queensland) 50% YTD (Darling Downs, Gold Coast, Metro North, Metro South, Sunshine Coast, Wide Bay)		
EQUITY AN	D EFFECTIVENESS - ACCESS			
1.2 Tier 1	Shorter stays in emergency departments	2013	National Performance and Accountability Framework	Monthly
	National Emergency Access Target (NEAT): % of patients who attended an emergency department (ED) who department		National Partnership Agreement on Improving Public Hospital Services Schedule C – National Emergency Access Target	
	within 4 hours of arrival	2014 83%	Blueprint for Better Healthcare in Queensland	
2.4 Tier 2	Shorter waits for emergency departments	83%	National Performance and Accountability Framework	Monthly
2.4 1101 2	Emergency department patients seen within the clinically recommended time:		National Partnership Agreement on Improving Public Hospital Services Schedule C – National Emergency Access Target	ivioniting
	Category 1: within 2 minutes	Category 1: 100%		
	· Category 2: within 10 minutes	Category 2. 80%		
	· Category 3: within 30 minutes	Category 3: 75%		
	Category 4: within 60 minutes	Category 4: 70%		
4.3 - 114	Category 5: within 120 minutes	Category 5: 70%	National Body and Assessed Assessed West Formands	5.6 4 le le c
1.3 Her 1	Shorter waits for elective surgery National Elective Surgery Target (NEST): % of patients receiving elective surgery who were treated within the	2013 Category 1: 100%	National Performance and Accountability Framework National Partnership Agreement on Improving Public Hospital Services Schedule A – National Elective Surgery Target	Monthly
	clinically recommended timeframe for their urgency category:	Category 2: 87%	Blueprint for Better Healthcare in Queensland	
	· Category 1: within 30 days	Category 3: 94%		
	· Category 2: within 90 days			
	· Category 3: within 365 days	2014		
		Category 1: 100%		
		Category 2: 94% Category 3: 97%		
	Maintain surgical activity Elective Surgery Volume	≥5% more than 2010 volume	National Partnership Agreement on Improving Public Hospital Services Schedule A – National Elective Surgery Target	Monthly
1.5 Tier 1	Fewer long waiting patients		National Partnership Agreement on Improving Public Hospital Services Schedule A – National Elective Surgery Target	Monthly
	Number of category 1 elective surgery patients waiting more than the clinically recommended timeframe for their category: Category 1: within 30 days	waiting longer than 60 days	Blueprint for Better Healthcare in Queensland	
2.5 Tier 2	Treating elective surgery patients in turn	60%	Blueprint for Better Healthcare in Queensland	Monthly
	% of elective surgery patients who were treated in turn		National Partnership Agreement on Improving Public Hospital Services Schedule A – National Elective Surgery Target	
2.6 Tier 2	Shorter maximum wait for elective surgery	365 days	Blueprint for Better Healthcare in Queensland	Monthly
	Maximum waiting time of elective surgery patients waiting		National Partnership Agreement on Improving Public Hospital Services Schedule A – National Elective Surgery Target	
	· Cardiothoracic			
	· ENT · General Surgery			
	· Gynaecology			
	· Ophthalmology			
	· Orthopaedics			
	Neurosurgery			
	Plastic & Reconstructive Surgery			
	· Urology			
	· Vascular Surgery			

2013/14- 2015/16 SERVICE AGREEMENT - KEY PERFORMANCE INDICATORS

	- 2015/16 SERVICE AGREEMENT - KEY PERFORMANCE INDICATORS			
	Key Performance Indicator (KPI)	Target	Strategic Link	Reporting
No.				Frequency
2.7 Tier 2	Fewer long waiting patients		National Partnership Agreement on Improving Public Hospital Services Schedule A – National Elective Surgery Target	Monthly
	Number of category 2 and 3 elective surgery patients waiting more than the clinically recommended timeframe for	•	Blueprint for Better Healthcare in Queensland	
	their category:			
	· Category 2: within 90 days	Category 2: 0 to ≤ 2%		
	· Category 3: within 365 days	Category 3: 0 to ≤ 2%		
2.8 Tier 2	Shorter waits for specialist outpatient clinics		Blueprint for Better Healthcare in Queensland	Monthly
	Specialist outpatients waiting within the clinically recommended time:			
	· Category 1: within 30 days	Category 1: 95%		
	· Category 2: within 90 days	Category 2: 90%		
	· Category 3: within 365 days	Category 3: 90%		
2.9 Tier 2	Postnatal in-home visiting	HHS specific target	Blueprint for Better Healthcare in Queensland	Quarterly
	Enhanced maternal and child health service – post natal in-home visiting			
2.1 Tier 2	Aboriginal and Torres Strait Islander potentially preventable hospitalisations	≤ 17.7	Making Tracks: toward closing the gap in health outcomes for Indigenous Queenslanders by 2033 Policy and	
			Accountability Framework	
			National Healthcare Agreement	
	Potentially preventable hospitalisations – chronic conditions	≤ state average	National Performance and Accountability Framework	Quarterly
2.12 Tier 2	Aboriginal and Torres Strait Islander discharge against medical advice	≤ HHS quarterly target	Aboriginal and Torres Strait Islander Health Performance Framework	Quarterly
	Aboriginal and Torres Strait Islander patients who discharged themselves against medical advice (DAMA)		Chronic Disease Indigenous Health (Queensland Health Indigenous Health Funding Package)	
		,	National Partnership Agreement Closing the Gap in Indigenous Health Outcomes	
			Making Tracks: towards closing the gap in health outcomes for Indigenous Queenslanders by 2033 – Policy and	
			Accountability Framework	
2.13 Tier 2	Aboriginal and Torres Strait Islander Low birthweight babies	≤ HHS quarterly target	National Indigenous Reform Agreement	Annual
	Low birthweight babies (weighing less than 2500g at birth) born to Aboriginal and Torres Strait Islander women		National Partnership Agreement Early Childhood Development Agreement	
			National Healthcare Agreement	
2.14 Tier 2	Rate of post discharge community contact	60%	National Performance and Accountability Framework	
	Rate of community follow up within 1 to 7 days following discharge from an acute mental health inpatient unit			Monthly
2.15 Tier 2	Ambulatory mental health activity	100%		
	Progress towards duration of ambulatory mental health service contacts annual target		/ <u>/</u>	
2.16 Tier 2	BreastScreen Queensland screening activity	98%		Monthly
	Proportion of the annual breast screening target achieved			
2.17 Tier 2	Dental waiting lists	0)	National Partnership Agreement on Treating More Public Dental Patients	Monthly
	Number of patients waiting more than the clinically recommended maximum time on the general care dental			
	waiting list			
	- EFFICIENCY AND FINANCIAL PERFORMANCE			
1.6 Tier 1	Full Year Forecast Operating Position	Balanced or surplus	Financial Accountability Act 2009	Monthly
	(agreed position between Department of Health and HHS)		Financial and Performance Management Standard 2009	
			National Performance and Accountability Framework	
2.18 Tier 2	Year to Date Operating Position	Balanced	Financial Accountability Act 2009	Monthly
			Financial and Performance Management Standard 2009	
			National Performance and Accountability Framework	
2.19 Tier 2	External Labour	20% reduction on prior year		Monthly
	Expenditure on locum and agency staff			
1.7 Tier 1	Purchased activity monitoring	Metro North: 0% to +/-1%		Monthly
	Variance between YTD purchased activity and actual activity	Metro South: 0% to +/-1%		
		All other HHSs: 0% to +/-2%		
2.2 Tier 2	Average QWAU cost	At or below the Queensland ABF price	National Performance and Accountability Framework	Monthly
	Average cost per Queensland weighted activity unit (QWAU)			
2.21 Tier 2	YTD MOHRI FTE	HHS specific target		Monthly
	MOHRI FTE – number of MOHRI year to date			
2.22 Tier 2	WorkCover absenteeism	0.4		Quarterly
	Hours lost (WorkCover) vs Occupied FTE			
EFFECTIVEN	IESS – PATIENT EXPERIENCE			
2.23 Tier 2	Emergency department patient experience	Question 1: 40%	National Performance and Accountability Framework	Annual
	Emergency Department patient experience survey (EDPES)	Question 2: 40%		
		Question 3: 60%		
		Question 4: 90%		

Department of Health

Mater Health Service

Report on Hospital & Health Service Performance

November 2013



Great state. Great opportunity.



INDEX

Performance Snapshot

Key Performance Indicators

Emergency Departments - Monthly Performance

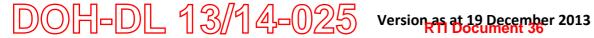
Elective Surgery Not Applicable

Activity (ABF and Non-ABF)

Financial Performance Not Applicable

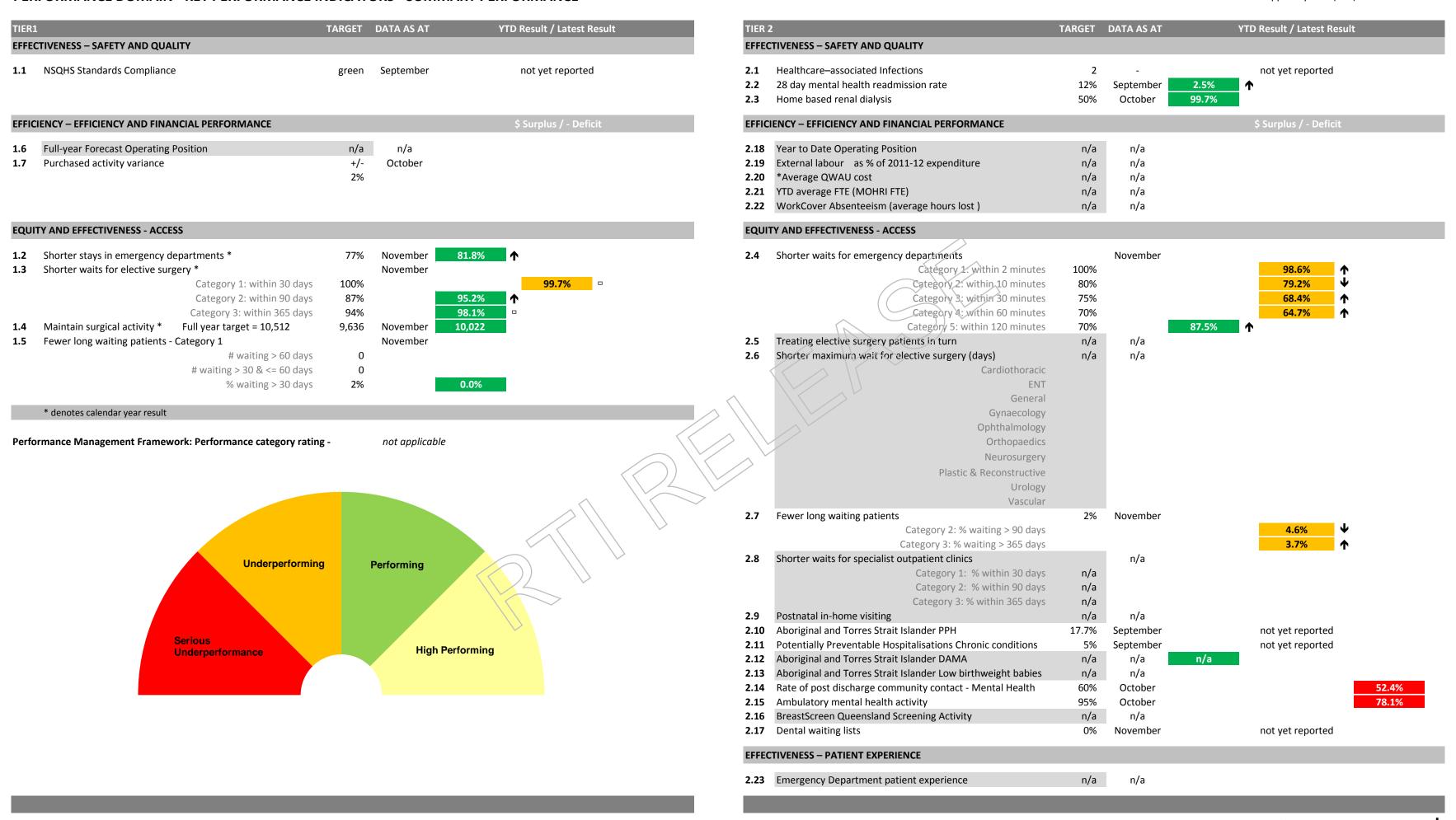
Own Source Revenue Not Applicable

Service Agreement - Key Performance Indicators List



PERFORMANCE DOMAIN - KEY PERFORMANCE INDICATORS - SUMMARY PERFORMANCE

Data source: Decision Support System (DSS) 16 December 2013



Legend: **n/a** not applicable to this HHS or data not yet available Latest / YTD Result compared to previous reporting period: Favourable ♠ Stable □ Unfavourable ♦ * **Note**: Costs for Enteral Nutrition are yet to be excluded from this indicator. Results may be slightly inflated for some HHSs this month.

Page 3 of 11

KEY PERFORMANCE INDICATORS											Data source: D	ecision Support Sy	rstem (DSS) 16 De	ecember 2013
	YTD / Lates Result	t Jul 2013	Aug 2013	Sep 2013	Oct 2013	Nov 2013	Dec 2013	Jan 2014	Feb 2014	Mar 2014	Apr 2014	May 2014	Jun 2014	Target 2013-14
EFFECTIVENESS – SAFETY AND QUALITY														
1.1 National Safety and Quality Health Service Standards Result	Compliance	NSQHS Standar	rds Compliance	_										green
														green
2.1 Healthcare—associated Infections		Healthcare asso	ociated staphylococ	cus aureus (Includ	ling MRSA) bactera	iemia								
Result		-												2
2.2 28 day mental health readmission rate			eadmissions to an a		h inpatient unit wi	thin 28 days of di	scharge							
Result	2.5	% 0.0% •	5.3%	0.0%										12%
2.3 Home based renal dialysis		Home based re	enal dialysis											
Result	99.7	0.0%	98.9% •	0.0%	0.0%									50%
EQUITY AND EFFECTIVENESS - ACCESS	* denotes	calendar year result												
1.2 Shorter stays in emergency departments *	_	National Emerg	gency Access Target	(NEAT)	_		_							
Result	• 81.8			83.5%	86.4%	88.4%	A		V					77%
1.3 Shorter waits for elective surgery *	_	National Flectiv	ve Surgery Target (N	JEST)	_				_	_	_	_	_	
Category 1: within 30 days	99.7			100.0%	100.0%	100.0%								100%
Category 2: within 90 days	95.2	% 96.7% •	90.9%	91.4%	89.6% •	97.1%								87%
Category 3: within 365 days	98.1	% 98.3% •	99.4%	92.7% 🔷	93.8% 🔷	98.1%								94%
1.4 Maintain surgical activity *		Elective surgery	y volume											
YTD Result	• 10,0	977 •	931 •	915 •	1,034	978								
YTD 2010 Volume	9,1	77 834	834	834	834	834								
1.5 Fewer long waiting patients - Category 1		Number of cate	egory 1 elective sur	gery patients wait	ing more than the	clinically recomm	ended timeframe	e for their category						
# waiting > 60 days														0
# waiting > 30 & <= 60 days	• 0.0	0.00/	0.00	0.000	0.00/	0.00/								0
% waiting > 30 days	• 0.0	% 0.0% •	0.0%	0.0%	0.0%	0.0%								2%
2.4 Shorter waits for emergency departments			partment patients so											
Category 1: within 2 minutes Category 2: within 10 minutes				75.6% •	92.0% \limits 77.7% \limits	100.0% • 78.2% •								100% 80%
Category 2: within 30 minutes				66.3%	71.7%	74.9%								75%
Category 4: within 60 minutes			· ·	61.4%	70.2%	73.0%								70%
Category 5: within 120 minutes	• 87.5	% 78.9% •	85.2%	88.3%	89.9%	94.8%								70%
2.5 Treating elective surgery patients in turn		Percentage of e	elective surgery pat	ients who were tro	eated in turn									
Result	n		0 , .											n/a
2.6 Shorter maximum wait for elective surgery (days)		Maximum wait	ing time in days of o	elective surgery na	atients waiting									
Cardiothoracic	n	/a -	-	-	-	-								n/a
ENT	n	/a -	-	-	-	-								n/a
General		/a -	-	-	-	-								n/a
Gynaecology	n		-	-	-	-								n/a
Ophthalmology Orthopaedics		/a	-	-	- -	-								n/a n/a
Neurosurgery		/a -	-	-	-	-								n/a
Plastic & Reconstructive	n	/a -	-	-	-	-								n/a

KEY PERFORMANCE INDICATORS											Data source:	Decision Support Sy	stem (DSS) 16 De	ecember 2013
	YTD / Latest Result	Jul 2013	Aug 2013	Sep 2013	Oct 2013	Nov 2013	Dec 2013	Jan 2014	Feb 2014	Mar 2014	Apr 2014	May 2014	Jun 2014	Target 2013-14
Urology	n/a	_	-	-	-	-								n/a
Vascular	n/a	-	-	-	-	-								n/a
2.7 Fewer long waiting patients		Number of cate	gory 2 and 3 electi	ve surgery patient	ts waiting more tha	n the clinically red	commended tim	eframe for their ca	tegory					
Category 2: # waiting > 90 days	29	55	41	38	29	29								
Category 2: % waiting > 90 days		6.5%	5.3%	4.9% 🔷	4.4% 🔷	4.6% 🔷								2%
Category 3: # waiting > 365 days	57 ♦ 3.7%	82 4.7% ♦	88 5.2% =	85 5.3% =	73 4.6% ♦	57 3.7% ♦								30/
Category 3: % waiting > 365 days	5.770					3.770								2%
2.8 Shorter waits for specialist outpatient clinics	n/a	Specialist outpa	tients waiting witl	hin the clinically re	ecommended time				^					70/0
Category 1: % within 30 days Category 1: # within 30 days	n/a n/a													n/a
Category 1: # waiting > 30 days	n/a													
Category 2: % within 90 days	n/a													n/a
Category 2: # within 90 days	n/a													
Category 2: # waiting > 90 days	n/a													
Category 3: % within 365 days	n/a													n/a
Category 3: # within 365 days	n/a													
Category 3: # waiting > 365 days	n/a													
2.9 Postnatal in-home visiting		Enhanced mater	rnal and child heal	th service - post na	atal in-home visitin	g								
Result	n/a													n/a
YTD Target	n/a													
2.10 Aboriginal and Torres Strait Islander PPH		Aboriginal and T	orres Strait Island	er Potentially Prev	entable Hospitalisa	ations								
Result	-													18%
2.11 Potentially Preventable Hospitalisations Chronic cond	litions	Potentially Preven	entable Hospitalisa	ations - chronic co	nditions									
Result	-													5%
2.12 Aboriginal and Torres Strait Islander DAMA		Aboriginal and T	orres Strait Island	er patients who di	scharged themselv	es against medica	l advice (DAMA)							
Result														
Quarterly Target	n/a			>										
2.13 Aboriginal and Torres Strait Islander Low birthweight	babies	Low birthweight	babies (weighing	less than 2500 gra	ams at birth) born t	o Aboriginal and 1	orres Strait Islar	nder women						
Result	n/a													n/a
2.14 Rate of post discharge community contact - Mental H	ealth	Rate of commun	nity follow up with	in 1 to 7 days follo	owing discharge fro	m an acute menta	al health inpatier	nt unit						
Result	52.4%	57.1% 🔷	52.9%	48.0%	0.0%									60%
2.15 Ambulatory mental health activity		Progress toward	ls duration of amb	ulatory mental he	alth service contac	ts annual target								
Result	78.1%	88.2%	79.8%	70.0%	74.2%									95%
2.16 BreastScreen Queensland Screening Activity		Proportion of the	e annual screening	g target achieved										
Result	n/a	1 Toportion or th	e amiaar sereemii,	5 target demered										
YTD Target	n/a													n/a
2.17 Dental waiting lists		Number of patie	ents waiting more	than the clinically	recommended ma	ximum time on th	e General Care	dental waiting list						
Result	-	-	-	-	-	-	-	-	-	-	-	-	-	0%
# waiting > 2 years														

KEY PERFORMANCE INDICATORS Data source: Decision Support System (DSS) 16 December 2013 Mar 2014 Jul 2013 Aug 2013 Sep 2013 Oct 2013 Nov 2013 Dec 2013 Jan 2014 Feb 2014 Apr 2014 May 2014 Jun 2014 2013-14 EFFICIENCY – EFFICIENCY AND FINANCIAL PERFORMANCE **1.6** Full-year Forecast Operating Position \$ Surplus / - Deficit | Full-year Forecast Operating Position \$ M Result n/a **1.7** Purchased activity YTD purchased activity (DSS loaded targets) and actual activity 31,578 7,907 7,582 8,140 Total 7,949 0 0 0 0 Target 0 Inpatient 20,882 5,327 5,180 5,026 5,349 Target 1,334 Outpatient 5,337 1,315 1,271 1,417 0 0 0 0 0 Target 0 365 284 1,255 258 349 **Interventions and Procedures** 0 0 0 0 0 0 Target 817 855 812 791 **Emergency Department** 3,275 Target 0 0 0 0 0 0 88 74 49 106 Subacute 317 0 0 0 0 Target 0 **Mental Health** 510 125 118 139 128 Target 0 **2.18** Year to Date Operating Position \$ Surplus / - Deficit Year to Date Operating Position \$ M Result n/a 2.19 External labour Expenditure on locum and agency staff \$ M Result n/a n/a 2011-12 expenditure n/a n/a 2.20 Average QWAU cost Year to date average cost per Queensland weighted activity unit (QWAU) Result n/a n/a 2.21 YTD average FTE (MOHRI FTE) Minimum Obligatory Human Resource Information (MOHRI) FTE - number of MOHRI FTE year to date Result n/a n/a 2.22 WorkCover Absenteeism (average hours lost) Hours lost (WorkCover) vs Occupied FTE Result n/a n/a EFFECTIVENESS – PATIENT EXPERIENCE 2.23 Emergency Department patient experience Emergency Department patient experience survey (EDPES)

Result

n/a

n/a

KEY PERFORMANCE INDICATORS Data source: Decision Support System (DSS) 16 December 2013 Mar 2014 Jul 2013 Aug 2013 Sep 2013 Oct 2013 Nov 2013 Dec 2013 Jan 2014 Feb 2014 Apr 2014 May 2014 Jun 2014 2013-14 **SUPPORTING INDICATORS** POST Patient Off Stretcher Time 91.5% 89.7% 🔷 90.7% 91.7% 94.0% Result 90% SPECIFIC FUNDING AND ELECTION COMMITMENTS Mums and Bubs Election Commitment (refer KPI 2.9) n/a Breast Screen (refer KPI 2.16) n/a NPA: Treating More Public Dental Patients Result 2012/2013 Activity Adjustment Required/Budgeted 0 Variance Actual n/a n/a n/a n/a n/a Variance n/a n/a n/a n/a Patient Travel Subsidy Scheme (PTSS) Backlog Maintenance n/a n/a n/a n/a n/a n/a n/a n/a n/a n/a n/a Total items n/a n/a n/a n/a n/a n/a n/a n/a n/a n/a n/a Planning items n/a n/a n/a n/a n/a n/a n/a n/a n/a n/a Tendering items n/a n/a n/a n/a n/a n/a n/a n/a n/a n/a n/a In progress items n/a n/a n/a n/a n/a n/a n/a n/a Completed items n/a n/a n/a n/a n/a n/a n/a n/a n/a n/a n/a Backlog maintenance reduction (\$'000) n/a n/a n/a n/a n/a n/a n/a n/a n/a n/a Backlog maintenance reduction target (\$'000) n/a n/a n/a n/a n/a n/a n/a n/a n/a n/a n/a 13-14 Maintenance Exp as % of Underpreciated ARV n/a n/a n/a n/a n/a n/a n/a n/a n/a n/a n/a Cochlear Implants - Adults Result 40 7 7 3 TBA TBA TBA TBA 71 Trajectory TBA TBA 0 0 Cochlear Implants - Children 5 16 **Explanatory notes for PTSS:** green - Data has been submitted/complete amber - Data has been sent back for amendment red - No PTSS data has been received nil - No claims made against this Facility

EMERGENCY DEPARTMENTS

- Monthly Performance

Data source: Clinical Access and Redesign Unit (CARU) 17 December 2013 Emergency Department Information System (EDIS), data is preliminary and subject to change.

NEAT by departure status group

Departure Status *	Total Attendances	NEAT	% NEAT
Non-admitted	5,125	4,856	94.8%
Admitted	1,640	1,161	70.8%
Total	7,027	6,203	88.3%

^{*} Does not include dead on arrival, died in ED, did not wait and transferred to another hospital

NEAT by hospital and departure status group

Hospital	Non- admitted	Admitted	Total
MATER ADULT PUBLIC HOSPITAL	96.1%	75.8%	90.3%
MATER CHILDREN'S PUBLIC HOSPITAL	93.6%	65.4%	86.5%

Volumes and waiting time performance by triage category

	Category 1	Category 2	Category 3	Category 4	Category 5	Total
Attendances	28	455	2,023	4,230	291	7,027
# seen in time	28	356	1,516	3,089	276	5,265
% seen in time	100.0%	78.2%	74.9%	73.0%	94.8%	74.9%
NEAT Admitted	12	184	605	356	4	1,161
Total Admitted	23	273	851	489	4	1,640
NEAT Admitted %	52.2%	67.4%	71.1%	72.8%	100.0%	70.8%
NEAT Non-admitted	2	137	996	3,465	256	4,856
Total Non-admitted	2	150	1,090	3,623	260	5,125
NEAT Non-admitted %	100.0%	91.3%	91.4%	95.6%	98.5%	94.8%
# Did not wait	0	0	4	83	27	114
Median Wait time (minutes)	0	5	15	33	22	23



ACTIVITY (ABF AND NON-ABF) YTD PERFORMANCE - as at October 2013

Data source: Decision Support System (DSS) 16 December 2013

	2013-14	2013-14 YTD		YTD Varian	ce to Target	Inter-HF	IS Flow %	Full Year Forecast	
Weighted Activity Units - QWAU	Purchased *	DSS Target	Actual	Actual	% change	Resident	Non-resident	Actual	% variance to purchased
Overall Activity									
Inpatient	63,236	0	20,882	20,882	-	-	-	-	-
Interventions and Procedures	3,094	0	1,255	1,255	-	-	-	-	-
Emergency Department	10,374	0	3,275	3,275	-	-	-	-	-
Mental Health	2,009	0	510	510	-	-	-	-	-
Outpatient	14,639	0	5,337	5,337	-	-	-	-	-
SNAP	993	0	317	317	-	-	-	-	-
Total	94,345	_	31,578	_	-	-	-	-	-

	- 1,-		,						
I A! A									
Inpatient	022		24.4	24.4					
Breast Surgery	833	0	314	314	-	-	-	-	
Cardiac Surgery	1,917	0	448	448	-	-	-	-	
Cardiology	1,306	0	441	441	-	-	-	-	
Colorectal Surgery	1,424	0	320	320	-	-	-	-	
Dental Surgery	373	0	48	48	-	-	-	-	
Dentistry	-	0	115	115	-	-	-	-	
Dermatology	218	0	83	83	-	-	-	-	
Drug & Alcohol	288	0	95	95	-	-	-	-	
Ear, Nose & Throat	2,173	0	757	757	-	-	-	-	
Endocrinology	900	0	303	303	-	-	-	-	
Extensive Burns	9	0	2	2	-	-	-	-	
Gastroenterology	665	0	242	242	-	-	-	-	
Gynaecology	2,266	0	769	769	-	-	-	-	
Haematological Surgery	0	0	53	53	-	-	-	-	
Haematology	713	0	175	175	-	-	-	-	
Head & Neck Surgery	338	0	122	122	-	-	-	-	
Immunology & Infections	1,290	0	495	495	-	-	-	-	
Medical Oncology	806	0	163	163	-	-	-	-//	
Neurology	1,564	0	597	597	-	-	-	<u>-</u>))
Neurosurgery	890	0	530	530	-	-	-	-\\	
Non Subspecialty Medicine	2,143	0	394	394	-	-		- \ \	
Non Subspecialty Surgery	3,936	0	1,274	1,274	-	-		-	>
Obstetrics	9,824	0	3,111	3,111	-	- <		\\ -	
Ophthalmology	1,077	0	294	294	-		//	\	
Orthopaedics	5,608	0	1,783	1,783	-	(-)	- \	-	
Plastic & Reconstructive Surgery	1,735	0	445	445	-	\\-/_	-	-	
Qualified Neonate	8,491	0	2,761	2,761	-	\-	✓.	-	
Renal Medicine	388	0	200	200	-	-//	-	-	
Respiratory Medicine	4,263	0	1,806	1,806	-	-	-	-	
Rheumatology	276	0	104	104	-	-	-	-	
Thoracic Surgery	0	0	261	261	-	-	-	-	
Tracheostomy	3,653	0	1,039	1,039	-	-	-	-	
Transplantation	130	0	33	33	-	-	-	-	
Upper GIT Surgery	850	0	365	365	-	-	-	-	
Urology	2,165	0	736	736	-	-	-	-	
Vascular Surgery	729	0	202	202	_	-	-	-	
Inpatient Sub-Total	63,236	0	20,882	20,882	_	_	_	_	

Interventions and Procedures									
Chemotherapy	1,454	0	686	686	-	-	-	-	-
Dialysis	113	0	44	44	-	-	-	-	-
Endoscopy	919	0	415	415	-	-	-	-	-
Interventional Cardiology	609	0	111	111	-	-	-	-	-
Radiation Oncology	0	-	-	-	-	-	-	-	-
Interventions and Procedures Sub-Total	3,094	0	1,255	1,255	-	_	-	-	-

	2013-14	2013-14	YTD	YTD Varian	ce to Target	Inter-HH	IS Flow %	Full Year	Forecast
Weighted Activity Units - QWAU	Purchased *	DSS Target	Actual	Actual	% change	Resident	Non-resident	Actual	% varian to purcha
mergency Department									
Cat 1 (Admitted and Discharged)	109	0	34	34	-	-	-	-	
Cat 2 (Admitted and Discharged)	1,359	0	389	389	-	-	-	-	
Cat 3 (Admitted and Discharged)	4,359	0	1,230	1,230	-	_	-	-	
Cat 4 (Admitted and Discharged)	4,404	0	1,395	1,395	-	_	-	-	
Cat 5 (Admitted and Discharged)	143	0	45	45	-	_	-	-	
Died ,	0	0	2	2	-	_	-	-	
Other ED	-	0	181	181	-	_	-	-	
mergency Department Sub-Total	10,374	0	3,275	3,275	-	-	-	-	
Anntal Haalth									
lental Health	2.000	0	F10	F10					
Psychiatry - Acute	2,009	0	510	510	-	-	-	-	
MH	0	-		-	-	-	-	-	
lental Health Sub-Total	2,009	0	510	510	-	-	-	-	
Outpatient									
Allied Health	2,134	0	888	888	-	-	-	-	
Burns	0	-	-	-	-	-	-	-	
Clinical Measurement	376	0	171	171	-	-	-	-	
Ear, Nose and throat (ENT)	355	0	113	113	-	-	-	-	
Gastroenterology	665	0	217	217	-	-	-	-	
Genetics	0	-	-	-	-	_	-	-	
Maternity	3,648	0	1,217	1,217	-	_	-	-	
Medical	2,947	0	1,254	1,254	-	_	_	_	
Nursing	27	0	9	9	_	_	_	_	
Oncology	1,622	0	243	243	_	_	_	_	
Ophthalmology	1,077	0	142	142	_	_	_	_	
Orthopaedics	5,608	0	264	264	_	_	_	_	
Other Outpatient Treatments	19	0	11	11	_	_	_	_	
Paediatric	223	0	99	99	_				
Plastic and Reconstructive Surgery	258	0	88	88	_	_		_	
Pre-Admission		_	79		-	-	-	-	
	34	0		79	-	-	-	-	
Primary Health Care	0	-	- 42	- 42	-	-	-	-	
Psychiatry	67	0	42	42	-	-	-	-	
Sub Acute	9	0	18	18	-	-	-	-	
Surgical	844	0	344	344	-	-	-	-	
Transplants	0	-	-	-	-	-	-	-	
Undefined	-	-	-	-	-	-	-	-	
Urology	2,165	0	139	139	-	-	-	-	
utpatient Sub-Total	14,639	0	5,337	5,337	-	-	-	-	
NAP									
GEM	0	0	15	15	-	-	-	-	
MAINT	182	0	75	75	-	_	-	-	
PALLIATIVE	360	0	70	70	-	_	-	-	
REHAB	451	0	157	157	-	_	_	_	
NAP Sub-Total	993	0	317	317	_		_		

2013/14- 2015/16 SERVICE AGREEMENT - KEY PERFORMANCE INDICATORS

2013/14	I- 2015/16 SERVICE AGREEMENT - KEY PERFORMANCE INDICATORS			
KPI Leve	El Key Performance Indicator (KPI)	Target	Strategic Link	Reporting Frequency
FFECTIVE	NESS – SAFETY AND QUALITY			
1 Tier:	National Safety and Quality Health Service Standards Compliance	All actions met	National Safety and Quality Health Service (NSQHS) Standards, Australian Commission on Safety and Quality in Healthcare Blueprint for Better Healthcare in Queensland Queensland Health Strategic Plan 2012-2016	Quarterly
2.1 Tier 2	Healthcare—associated infections Healthcare associated staphylococcus aureus (Including MRSA) bacteraemia	Rate is less than or equal to 2.0 per 10,000 occupied bed days	National Performance and Accountability Framework National Healthcare Agreement Blueprint for Better Healthcare in Queensland	6 monthly
.2 Tier 2	28 day mental health readmission rate Proportion of readmissions to an acute mental health inpatient unit within 28 days of discharge	Less than or equal to 12%		Monthly
2.3 Tier 2	Pome based renal dialysis	40% YTD (Cairns & Hinterland, Townsville, Mackay, Central Queensland) 50% YTD (Darling Downs, Gold Coast, Metro North, Metro South, Sunshine Coast, Wide Bay)	Queensland Statewide Renal Services Plan (2008 – 2017)	Monthly
EQUITY AI	ND EFFECTIVENESS - ACCESS	, , , , , , , , , , , , , , , , , , , ,		
	Shorter stays in emergency departments	2013 77% 2014 83%	National Performance and Accountability Framework National Partnership Agreement on Improving Public Hospital Services Schedule C – National Emergency Access Target Blueprint for Better Healthcare in Queensland	Monthly
2.4 Tier 2	Shorter waits for emergency departments Emergency department patients seen within the clinically recommended time: Category 1: within 2 minutes Category 2: within 10 minutes Category 3: within 30 minutes Category 4: within 60 minutes Category 5: within 120 minutes	Category 1: 100% Category 2: 80% Category 3: 75% Category 4: 70% Category 5: 70%	National Performance and Accountability Framework National Partnership Agreement on Improving Public Hospital Services Schedule C – National Emergency Access Target	Monthly
1.3 Tier :	Shorter waits for elective surgery National Elective Surgery Target (NEST): % of patients receiving elective surgery who were treated within the clinically recommended timeframe for their urgency category: Category 1: within 30 days Category 2: within 90 days Category 3: within 365 days	2013 Category 1: 100% Category 2: 87% Category 3: 94% 2014 Category 1: 100% Category 2: 94% Category 3: 97%	National Performance and Accountability Framework National Partnership Agreement on Improving Public Hospital Services Schedule A – National Elective Surgery Target Blueprint for Better Healthcare in Queensland	Monthly
1.4 Tier :	Maintain surgical activity Elective Surgery Volume	≥5% more than 2010 volume	National Partnership Agreement on Improving Public Hospital Services Schedule A – National Elective Surgery Target	Monthly
1.5 Tier :	Fewer long waiting patients Number of category 1 elective surgery patients waiting more than the clinically recommended timeframe for their category: Category 1: within 30 days	Category 1: 0 to ≤ 2% with no patients waiting longer than 60 days	National Partnership Agreement on Improving Public Hospital Services Schedule A – National Elective Surgery Target Blueprint for Better Healthcare in Queensland	Monthly
2.5 Tier 2	Treating elective surgery patients in turn% of elective surgery patients who were treated in turn	60%	Blueprint for Better Healthcare in Queensland National Partnership Agreement on Improving Public Hospital Services Schedule A – National Elective Surgery Target	Monthly
2.6 Tier 2	Shorter maximum wait for elective surgery Maximum waiting time of elective surgery patients waiting Cardiothoracic ENT General Surgery Gynaecology Ophthalmology Orthopaedics Neurosurgery Plastic & Reconstructive Surgery Urology	365 days	Blueprint for Better Healthcare in Queensland National Partnership Agreement on Improving Public Hospital Services Schedule A – National Elective Surgery Target	Monthly

2013/14- 2015/16 SERVICE AGREEMENT - KEY PERFORMANCE INDICATORS

2013/14-	2015/16 SERVICE AGREEMENT - KEY PERFORMANCE INDICATORS			
KPI Level	Key Performance Indicator (KPI)	Target	Strategic Link	Reporting Frequency
2.7 Tier 2	Fewer long waiting patients Number of category 2 and 3 elective surgery patients waiting more than the clinically recommended timeframe for their category:		National Partnership Agreement on Improving Public Hospital Services Schedule A – National Elective Surgery Target Blueprint for Better Healthcare in Queensland	Monthl
	· Category 2: within 90 days · Category 3: within 365 days	Category 2: 0 to \leq 2% Category 3: 0 to \leq 2%		
2.8 Tier 2	Shorter waits for specialist outpatient clinics Specialist outpatients waiting within the clinically recommended time:	Category 3. 0 to 2 270	Blueprint for Better Healthcare in Queensland	Monthl
	· Category 1: within 30 days	Category 1: 95%		
	Category 2: within 90 daysCategory 3: within 365 days	Category 2: 90% Category 3: 90%		
2.9 Tier 2	Postnatal in-home visiting	HHS specific target	Blueprint for Better Healthcare in Queensland	Quarterly
2.1 Tier 2	Enhanced maternal and child health service – post natal in-home visiting Aboriginal and Torres Strait Islander potentially preventable hospitalisations	≤ 17.7	Making Tracks: toward closing the gap in health outcomes for Indigenous Queenslanders by 2033 Policy and Accountability Framework	
7 11 Tier 2	Potentially preventable hospitalisations – chronic conditions	≤ state average	National Healthcare Agreement National Performance and Accountability Framework	Quarterly
	Aboriginal and Torres Strait Islander discharge against medical advice	≤ HHS quarterly target	Aboriginal and Torres Strait Islander Health Performance Framework	Quarterly
	Aboriginal and Torres Strait Islander patients who discharged themselves against medical advice (DAMA)		Chronic Disease Indigenous Health (Queensland Health Indigenous Health Funding Package) National Partnership Agreement Closing the Gap in Indigenous Health Outcomes Making Tracks: towards closing the gap in health outcomes for Indigenous Queenslanders by 2033 – Policy and Accountability Framework	
2.13 Tier 2	Aboriginal and Torres Strait Islander Low birthweight babies Low birthweight babies (weighing less than 2500g at birth) born to Aboriginal and Torres Strait Islander women	≤ HHS quarterly target	National Indigenous Reform Agreement National Partnership Agreement Early Childhood Development Agreement National Healthcare Agreement	Annua
2.14 Tier 2	Rate of post discharge community contact Rate of community follow up within 1 to 7 days following discharge from an acute mental health inpatient unit	60%	National Performance and Accountability Framework	Monthly
2.15 Tier 2	Ambulatory mental health activity	100%		
2.16 Tier 2	Progress towards duration of ambulatory mental health service contacts annual target BreastScreen Queensland screening activity	98%		Monthly
2.17 Tier 2	Proportion of the annual breast screening target achieved Dental waiting lists Number of patients waiting more than the clinically recommended maximum time on the general care dental waiting list	9	National Partnership Agreement on Treating More Public Dental Patients	Monthly
EFFICIENCY	- EFFICIENCY AND FINANCIAL PERFORMANCE			
	Full Year Forecast Operating Position (agreed position between Department of Health and HHS)	Balanced or surplus	Financial Accountability Act 2009 Financial and Performance Management Standard 2009 National Performance and Accountability Framework	Monthly
2.18 Tier 2	Year to Date Operating Position	Balanced	Financial Accountability Act 2009 Financial and Performance Management Standard 2009 National Performance and Accountability Framework	Monthly
2.19 Tier 2	External Labour Expenditure on locum and agency staff	20% reduction on prior year		Monthly
L.7 Tier 1	Purchased activity monitoring Variance between YTD purchased activity and actual activity	Metro North: 0% to +/-1% Metro South: 0% to +/-1%		Monthly
) 2 Tior 2	Average QWAU cost	All other HHSs: 0% to +/-2%	National Performance and Accountability Framework	Monthly
	Average cost per Queensland weighted activity unit (QWAU)	At or below the Queensiand ABF price	National Performance and Accountability Framework	ivionting
2.21 Tier 2	YTD MOHRI FTE MOHRI FTE – number of MOHRI year to date	HHS specific target		Monthly
2.22 Tier 2	WorkCover absenteeism	0.4		Quarterly
EFFECTIVEN	Hours lost (WorkCover) vs Occupied FTE ESS – PATIENT EXPERIENCE			
	Emergency Department patient experience survey (EDPES)	Question 1: 40% Question 2: 40% Question 3: 60%	National Performance and Accountability Framework	Annua
		Question 4: 90%		

Department of Health

Mater Health Service

Report on Hospital & Health Service Performance

December 2013



Queensland

Great state. Great opportunity.

Mater Health Service December 2013

INDEX

Performance Snapshot

Key Performance Indicators

Emergency Departments - Monthly Performance

Elective Surgery Not Applicable

Activity (ABF and Non-ABF)

Financial Performance Not Applicable

Own Source Revenue Not Applicable

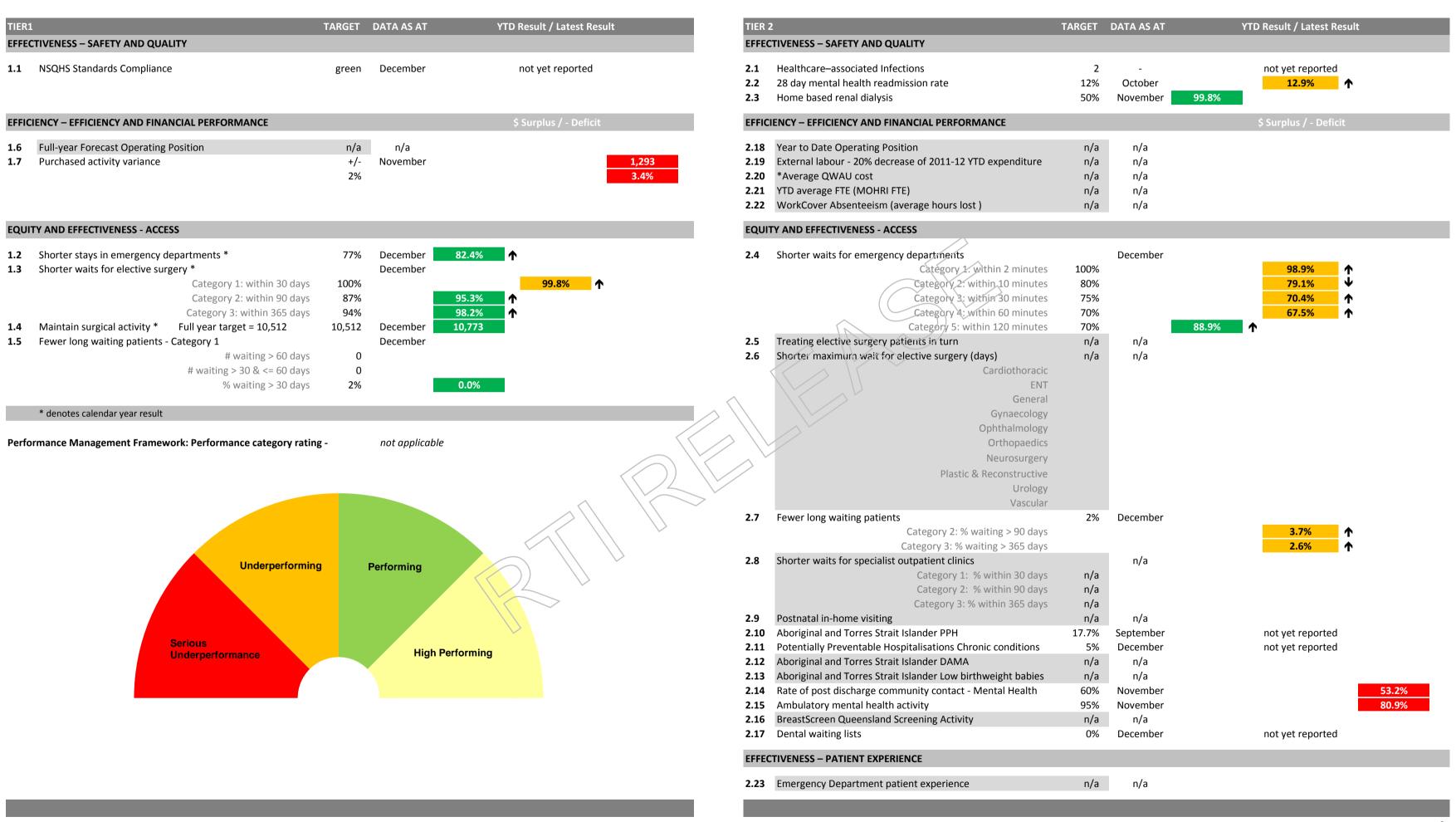
Service Agreement - Key Performance Indicators List



Mater Health Service December 2013

PERFORMANCE DOMAIN - KEY PERFORMANCE INDICATORS - SUMMARY PERFORMANCE

Data source: Decision Support System (DSS) 15 January 2014



Legend: n/a not applicable to this HHS or data not yet available Latest / YTD Result compared to previous reporting period: Favourable 🛧 Stable 🗆 Unfavourable 🖖 * Note: Costs for Enteral Nutrition are yet to be excluded from this indicator. Results may be slightly inflated for some HHSs this month.

Page 3 of 11 Version as at 24 January 2014

Mater Health Service December 2013

KEY PERFORMANCE INDICATORS											Data source	e: Decision Support	: System (DSS) 15	January 2014
	YTD / Latest Result	Jul 2013	Aug 2013	Sep 2013	Oct 2013	Nov 2013	Dec 2013	Jan 2014	Feb 2014	Mar 2014	Apr 2014	May 2014	Jun 2014	Target 2013-14
EFFECTIVENESS – SAFETY AND QUALITY														
	Camanlianas	NSQHS Standard	a Campulianaa											
1.1 National Safety and Quality Health Service Standards (Result	Compliance -	NSQHS Standard	s Compilance				-							green
				,, ,										8
2.1 Healthcare—associated Infections Result	-	Healthcare assoc	iated staphylococo	cus aureus (Includ	ling MRSA) bacterad	emia								2
2.2 28 day mental health readmission rate		Proportion of rea	admissions to an ac	cute mental healt	h inpatient unit wit	hin 28 days of disc	harge							
Result	12.9%	0.0%	5.9% •	34.6%	4.8%									12%
2.3 Home based renal dialysis		Home based rena	al dialysis						^					
Result	99.8%	0.0%	98.9%	0.0%	0.0%	0.0%			\wedge					50%
EQUITY AND EFFECTIVENESS - ACCESS	* denotes ca	lendar year result												
			nsy Assess True I	/NIF AT										
1.2 Shorter stays in emergency departments * Result	• 82.4%	79.7%	ncy Access Target 83.4%	(NEAT) 83.5% •	86.4%	88.4%	89.3%							77%
	021170				30.170	33.173	0,1,0,0							77,0
1.3 Shorter waits for elective surgery * Category 1: within 30 days	99.8%	National Elective 100.0%	Surgery Target (N 100.0%	100.0% •	100.0%	100.0%	100.0%	\searrow						100%
Category 1: within 50 days Category 2: within 90 days		96.7%	90.9%	91.4%	89.6%	97.1%	96.9%							87%
Category 3: within 365 days		98.3%	99.4%	92.7% 🔷	93.8%	98.1%	98.9%							94%
1.4 Maintain surgical activity *	_	Elective surgery v	/olume	_				_	_	_	_	_	_	
YTD Result	• 10,773	977	931 •	915 •	1,034	978	751							
YTD 2010 Volume	10,011	834	834	834	834	834	834							
1.5 Fewer long waiting patients - Category 1		Number of categ	ory 1 elective surg	gery patients wait	ing more than the c	clinically recomme	nded timeframe f	or their category						
# waiting > 60 days														0
# waiting > 30 & <= 60 days														0
% waiting > 30 days	• 0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%							2%
2.4 Shorter waits for emergency departments					nically recommende									
Category 1: within 2 minutes		100.0%	100.0%	100.0%	92.0% 🔷	100.0%	100.0%							100%
Category 2: within 10 minutes Category 3: within 30 minutes		85.4% • 64.7% =	78.1% • 65.2% •	75.6% ♦ 66.3% ♦	77.7% ♦ 71.7% ♦	78.2% \leftrightarrow 74.9% \leftrightarrow	78.4% • 82.4% •							80% 75%
Category 4: within 60 minutes		60.9%	58.2%	61.4%	70.2%	73.0%	82.3%							70%
Category 5: within 120 minutes		78.9%	85.2%	88.3%	89.9%	94.8%	95.4%							70%
2.5 Treating elective surgery patients in turn		Percentage of ele	ective surgery pation	ents who were tre	eated in turn									
Result	n/a	r creentage or cit	serive surgery paris	ents who were the	cated in turn									n/a
2.6 Shorter maximum wait for elective surgery (days)		Maximum waitin	g time in days of e	elective surgery pa	atients waiting									
Cardiothoracic	n/a	-	-	-	-	-	-							n/a
ENT	n/a	-	-	-	-	-	-							n/a
General	n/a	-	-	-	-	-	-							n/a
Gynaecology	n/a	-	-	-	-	-	-							n/a
Ophthalmology Orthopaedics	n/a n/a		- -	-	-	-	-							n/a n/a
Neurosurgery	n/a	-	-	-	-	-	-							n/a
Plastic & Reconstructive	n/a	-	-	-	-	-	-							n/a

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Mater Health Service December 2013

VEV DEDECORMANICE INDICATORS											Data	. Davisia a Communication	+ C+ (DCC) 45	
KEY PERFORMANCE INDICATORS	YTD / Latest	Jul 2013	Aug 2013	Sep 2013	Oct 2013	Nov 2013	Dec 2013	Jan 2014	Feb 2014	Mar 2014	Apr 2014	e: Decision Suppor May 2014	Jun 2014	Target
'	Result													2013-14
Urology	n/a		-	-	-	-	-							n/a
Vascular	n/a	-	-	-	-	-	-							n/a
2.7 Fewer long waiting patients		Number of categ	gory 2 and 3 electi	ve surgery patient	s waiting more tha	an the clinically rec	ommended timef	rame for their ca	tegory					
Category 2: # waiting > 90 days	25	55	41	38	29	29	25							
Category 2: % waiting > 90 days	> 3.7%	6.5%	5.3%	4.9% 🔷	4.4% 🔷	4.6% 🔷	3.7% 🔷							2%
Category 3: # waiting > 365 days	41	82	88	85	73	57	41							
Category 3: % waiting > 365 days	2.6%	4.7% 🔷	5.2%	5.3%	4.6% 🔷	3.7% 🔷	2.6% 🔷							2%
2.8 Shorter waits for specialist outpatient clinics		Specialist outpa	tients waiting with	nin the clinically re	commended time									
Category 1: % within 30 days	n/a								\rightarrow					n/a
Category 1: # within 30 days	n/a													
Category 1: # waiting > 30 days	n/a								//					
Category 2: % within 90 days	n/a													n/a
Category 2: # within 90 days	n/a													
Category 2: # waiting > 90 days	n/a								~					
Category 3: % within 365 days	n/a													n/a
Category 3: # within 365 days	n/a													
Category 3: # waiting > 365 days	n/a													
2.9 Postnatal in-home visiting		Enhanced mater	nal and child heal	th service - post na	atal in-home visitin	ng								
Result	n/a													n/a
YTD Target	n/a						>							
2.10 Aboriginal and Torres Strait Islander PPH		Aboriginal and T	orres Strait Islande	er Potentially Prev	rentable Hospitalisa	ations								
Result	-													18%
2.11 Potentially Preventable Hospitalisations Chronic condit	tions	Potentially Preve	entable Hospitalisa	ntions - chronic co	nditions									
Result	-													5%
2.12 Aboriginal and Torres Strait Islander DAMA		Aboriginal and T	orres Strait Islande	er patients who dis	scharged themselv	ves against medical	advice (DAMA)							
Result	• n/a						,							
Quarterly Target	n/a			>										
2.13 Aboriginal and Torres Strait Islander Low birthweight b	oabies	Low birthweight	babies (weighing	less than 2500 gra	ıms at birth) born t	to Aboriginal and T	orres Strait Island	er women						
Result	n/a													n/a

Mater Health Service December 2013

KEY PERFORMANCE INDICATORS Data source: Decision Support System (DSS) 15 January 2014 Jul 2013 Aug 2013 Sep 2013 Oct 2013 Nov 2013 Dec 2013 Jan 2014 Feb 2014 Mar 2014 Apr 2014 May 2014 Jun 2014 2013-14 EFFICIENCY – EFFICIENCY AND FINANCIAL PERFORMANCE \$ Surplus / - Deficit Full-year Forecast Operating Position \$ M **1.6** Full-year Forecast Operating Position Result n/a 1.7 Purchased activity YTD purchased activity (DSS loaded targets) and actual activity 7,874 7,642 8,196 7,565 Total **=** 39,364 8,087 38,071 7,614 7,614 7,614 7,614 7,614 91,370 Target Inpatient 25,761 5,327 5,180 5,036 5,348 4,870 Target 25,464 5,093 5,093 5,093 5,093 5,093 61,114 1,382 Outpatient 6,752 1,360 1,319 1,280 1,410 1,208 1,208 1,208 1,208 1,208 14,493 Target 6,039 328 393 366 Interventions and Procedures 1,781 370 325 4,121 1,717 343 343 343 343 343 Target 812 817 855 791 774 **Emergency Department** 4,049 Target 3,840 768 768 768 768 768 9,217 88 Subacute • 387 74 49 127 49 393 79 79 79 79 79 944 Target **Mental Health** 634 125 118 139 128 123 🎈 Target 617 123 123 123 123 123 1,480 **2.18** Year to Date Operating Position \$ Surplus / - Deficit Year to Date Operating Position \$ M Result n/a Expenditure on locum and agency staff \$ M 2.19 External labour Result n/a n/a 2011-12 expenditure n/a n/a 2.20 Average QWAU cost Year to date average cost per Queensland weighted activity unit (QWAU) Result n/a n/a 2.21 YTD average FTE (MOHRI FTE) Minimum Obligatory Human Resource Information (MOHRI) FTE - number of MOHRI FTE year to date n/a Result n/a 2.22 WorkCover Absenteeism (average hours lost) Hours lost (WorkCover) vs Occupied FTE Result n/a n/a **EFFECTIVENESS – PATIENT EXPERIENCE 2.23** Emergency Department patient experience Emergency Department patient experience survey (EDPES)

Result

n/a

n/a

Mater Health Service December 2013

KEY PERFORMANCE INDICATORS Data source: Decision Support System (DSS) 15 January 2014 Mar 2014 Jul 2013 Aug 2013 Sep 2013 Oct 2013 Nov 2013 Dec 2013 Jan 2014 Feb 2014 May 2014 Apr 2014 Jun 2014 2013-14 **SUPPORTING INDICATORS** POST Patient Off Stretcher Time Result 92.0% 89.7% 🔷 90.7% 91.7% 94.0% 93.8% 90% SPECIFIC FUNDING AND ELECTION COMMITMENTS Mums and Bubs Election Commitment (refer KPI 2.9) n/a Breast Screen (refer KPI 2.16) n/a NPA: Treating More Public Dental Patients Result 2012/2013 Activity Adjustment Required/Budgeted 0 Variance Actual n/a n/a n/a n/a n/a Variance n/a n/a n/a n/a Patient Travel Subsidy Scheme (PTSS) Backlog Maintenance n/a n/a n/a n/a n/a n/a n/a n/a n/a n/a Total items n/a n/a n/a n/a n/a n/a n/a n/a n/a n/a n/a Planning items n/a n/a n/a n/a n/a n/a n/a n/a n/a n/a Tendering items n/a n/a n/a n/a n/a n/a n/a n/a n/a n/a In progress items n/a n/a n/a n/a n/a n/a n/a n/a n/a Completed items n/a n/a n/a n/a n/a n/a n/a n/a n/a n/a n/a Backlog maintenance reduction (\$'000) n/a n/a n/a n/a n/a n/a n/a n/a n/a n/a Backlog maintenance reduction target (\$'000) n/a n/a n/a n/a n/a n/a n/a n/a n/a n/a n/a 13-14 Maintenance Exp as % of Underpreciated ARV n/a n/a n/a n/a n/a n/a n/a n/a n/a n/a n/a Cochlear Implants - Adults 43 4 Result 7 3 10 TBA Trajectory TBA TBA TBA TBA TBA 71 Cochlear Implants - Children 0 0 2 16 **Explanatory notes for PTSS:** green - Data has been submitted/complete amber - Data has been sent back for amendment

red - No PTSS data has been received nil - No claims made against this Facility Mater Health Service December 2013

EMERGENCY DEPARTMENTS

- Monthly Performance

Data source: Clinical Access and Redesign Unit (CARU) 10 January 2014 Emergency Department Information System (EDIS), data is preliminary and subject to change.

NEAT by departure status group

Departure Status *	Total Attendances	NEAT	% NEAT
Non-admitted	4,767	4,550	95.4%
Admitted	1,595	1,174	73.6%
Total	6,614	5,900	89.2%

^{*} Does not include dead on arrival, died in ED, did not wait and transferred to another hospital

NEAT by hospital and departure status group

Hospital	Non- admitted	Admitted	Total
MATER ADULT PUBLIC HOSPITAL	96.1%	77.2%	90.5%
MATER CHILDREN'S PUBLIC HOSPITAL	94.9%	69.8%	88.1%

Volumes and waiting time performance by triage category

c	ategory 1	Category 2	Category 3	Category 4	Category 5	Total
Attendances	35	444	1,889	3,940	306	6,614
# seen in time	35	348	1,556	3,244	292	5,475
% seen in time	100.0%	78.4%	82.4%	82.3%	95.4%	82.8%
NEAT Admitted	19	180	\$77	388	10	1,174
Total Admitted	28	248	801	506	12	1,595
NEAT Admitted %	67.9%	72.6%	72.0%	76.7%	83.3%	73.6%
NEAT Non-admitted	2	137	912	3,240	259	4,550
Total Non-admitted	\\3	154	998	3,344	268	4,767
NEAT Non-admitted %	66.7%	89.0%	91.4%	96.9%	96.6%	95.4%
# Did not wait	0	1	6	59	24	90
Median Wait time (minutes)	0	5	14	25	28	19

Mater Health Service

December 2013

ACTIVITY (ABF AND NON-ABF) YTD PERFORMANCE - as at

November 2013

Data source: Decision Support System (DSS) 15 January 2014

Full Year Forecast

	201	3-14	2013-1	4 YTD	YTD Varian	ce to Target	Inter-HE	IS Flow %	F	ull Year Foreca	ast
Weighted Activity Units - QWAU	201	J-14 	2013-1	.4110	TID Vallali	l larger	iiitei-iii		• `	Variance to	
weighted Activity Units - QWAU	Purchased *	DSS Target	DSS Target	Actual	Actual	% change	Resident	Non-resident	Actual	purchased	% variance to purchased
										(WAU)	i i
Overall Activity	,										
Inpatient	61,114	61,114	25,464	25,761	297	1.2%	-	-	61,620	506	0.8%
Interventions and Procedures	4,121	4,121	1,717	1,781	64	3.7%	-	-	4,268	147	3.6%
Emergency Department	9,217	9,217	3,840	4,049	209	5.4%	-	-	9,416	199	2.2%
Mental Health	1,480	1,480	617	634	17	2.7%	-	-	1,520	40	2.7%
Outpatient	14,493	14,493	6,039	6,752	713	11.8%	-	-	16,206	1,712	11.8%
SNAP	944	944	393	387	-6	-1.5%	-	-	900	-45	-4.7%
Total	91,370	91,370	38,071	39,364	1,293	3.4%	-	-	93,931	2,561	2.8%
Inpatient Project Surgery	762	762	317	367	49	15.5%	_		880	118	15.5%
Breast Surgery Cardiac Surgery	1,455	1,455	606	568	-39	-6.4%	_	-	1,362	-92	-6.4%
Cardiology	1,433	-	491	533	41	8.4%	_		1,302	99	8.4%
Colorectal Surgery		1,179	504	427	-77	-15.3%	_	-	-	-185	-15.3%
	1,210	1,210					_		1,025		
Dential Surgery	440	440	183	54 147	-130 147	-70.7%	_	-	129 147	-312 147	-70.7%
Dentistry	0	0 207	0 86			2F 60/	-	-			2F C0/
Dermatology	207	207		117	31	35.6%	-	-	281	74	35.6%
Drug & Alcohol	364	364	152	118	-34	-22.3%	-	-	283	-81	-22.3%
Ear, Nose & Throat	2,440	2,440	1,017	954	-62	-6.1%	-	-	2,291	-150	-6.1%
Endocrinology	865	865	360	384	24	6.7%	-	-	922	57	6.7%
Extensive Burns	31	31	13	2	-11	-87.0%	-	-	4	-27	-87.0%
Gastroenterology	606	606	252	290	37	14.8%	-	-	695	90	14.8%
Gynaecology	2,383	2,383	993	987	-6	-0.6%	-	-	2,368	-15	-0.6%
Haematological Surgery	217	217	90	95	5	5.5%	-	-	229	12	5.5%
Haematology	556	556	232	212	-20	-8.6%	-	-	508	-48	-8.6%
Head & Neck Surgery	323	323	134	153	18	13.6%	-	-	366	44	13.6%
Immunology & Infections	1,179	1,179	491	592	101	20.5%	-	-	1,421	242	20.5%
Medical Oncology	850	850	354	204	-150	-42.5%	-	-	489	-361	-42.5%
Neurology	1,728	1,728	720	741	21	3.0%	-	-	1,779	51	3.0%
Neurosurgery	1,402	1,402	584	665	81	13.9%	-	-	1,596	194	13.9%
Non Subspecialty Medicine	1,379	1,379	575	479	-95	-16.6%	-	-	1,151	-228	-16.6%
Non Subspecialty Surgery	4,062	4,062	1,693	1,594	-99	-5.8%	-	-	3,825	-237	-5.8%
Obstetrics	9,339	9,339	3,891	3,809	-82	-2.1%	-	-	9,142	-197	-2.1%
Ophthalmology	1,004	1,004	418	377	-41	-9.8%	-	-	905	-99) -9.8%
Orthopaedics	4,906	4,906	2,044	2,200	156	7.6%	-	-	5,280	373	7.6%
Plastic & Reconstructive Surgery	1,352	1,352	563	571	7	1.3%	-	-	1,370	18	1.3%
Qualified Neonate	8,591	8,591	3,579	3,514	-65	-1.8%	-	-	8,433	-157	-1.8%
Renal Medicine	409	409	170	255	85	49.7%	-	-	612	203	49.7%
Respiratory Medicine	5,063	5,063	2,110	2,067	-43	-2.0%	-	-	4,961	-1.02	-2.0%
Rheumatology	281	281	117	140	22	19.2%	-		335	54	19.2%
Thoracic Surgery	735	735	306	342	35	11.6%	-	\\ -\ <i>\</i>	821	85	11.6%
Tracheostomy	2,091	2,091	871	1,201	330	37.8%	-	\-	2,882	791	37.8%
Transplantation	93	93	39	33	-5	-13.8%	-	\-\	80	-13	-13.8%
Upper GIT Surgery	866	866	361	425	64	17.7%	-	-\}	1,019	153	17.7%
Urology	2,145	2,145	894	900	7	0.7%	-	-	2,161	16	0.7%
Vascular Surgery	605	605	252	247	-5	-2.0%	-	-	593	-12	-2.0%
Inpatient Sub-Total	61,114	61,114	25,464	25,761	297	1.2%	_		61,620	506	0.8%
Interventions and Procedures											
Chemotherapy	2,537	2,537	1,057	1,053	-4	-0.4%	-	-	2,527	-10	-0.4%
Dialysis	101	101	42	52	10	24.7%	-	-	126	25	24.7%
Endoscopy	1,039	1,039	433	531	98	22.7%	-	-	1,276	236	22.7%
Interventional Cardiology	444	444	185	140	-45	-24.2%	_	-	337	-107	-24.2%
	0	0	0	4	4	_	_	-	4	-	-
Radiation Oncology		J		•	·						

Weight of Assistantials Child										Variance to	
Weighted Activity Units - QWAU	Purchased *	DSS Target	DSS Target	Actual	Actual	% change	Resident	Non-resident	Actual	purchased	% variance to purchased
										(WAU)	to parenases
Emergency Department											
Cat 1 (Admitted and Discharged)	117	117	49	42	-7	-14.4%	-	-	100	-17	-14.4%
Cat 2 (Admitted and Discharged)	1,316	1,316	548	472	-77	-14.0%	-	-	1,132	-184	-14.0%
Cat 3 (Admitted and Discharged)	3,946	3,946	1,644	1,516	-128	-7.8%	-	-	3,639	-308	-7.8%
Cat 4 (Admitted and Discharged)	3,716	3,716	1,548	1,747	199	12.8%	-	-	4,193	477	12.8%
Cat 5 (Admitted and Discharged)	121	121	50	57	6	12.3%	-	-	136	15	12.3%
Died	0	0	0	2	2	-	-	-	2	-	-
Other ED	0	0	0	214	214	-	-	-	214	214	-
Emergency Department Sub-Total	9,217	9,217	3,840	4,049	209	5.4%	-	-	9,416	199	2.2%
Mental Health											
Psychiatry - Acute	1,480	1,480	617	634	17	2.7%	-	-	1,520	40	2.7%
MH	0	-	-	-	-	-	-	-	0	-	-
Mental Health Sub-Total	1,480	1,480	617	634	17	2.7%	-	-	1,520	40	2.7%
Outpatient											
Allied Health	2,078	2,078	866	1,114	248	28.7%	-	-	2,674	596	28.7%
Burns	0	-	-	-	-	-	-	-	0	-	-
Clinical Measurement	49	49	21	209	188	917.4%	-	-	501	452	917.4%
Ear, Nose and throat (ENT)	488	488	203	143	-60	-29.7%	-	-	343	-145	-29.7%
Gastroenterology	576	576	240	278	38	15.7%	-	-	667	91	15.7%
Genetics	0	_	-	-	-	-	-	-	0	-	-
Maternity	3,800	3,800	1,583	1,541	-42	-2.7%	-	-	3,699	-102	-2.7%
Medical	2,930	2,930	1,221	1,580	359	29.4%	-	-	3,791	861	29.4%
Nursing	35	35	14	10	-4	-28.0%	-	-	25	-10	-28.0%
Oncology	931	931	388	348	-40	-10.2%	-	-	836	-95	-10.2%
Ophthalmology	520	520	217	173	-44	-20.4%	-	-	414	-106	-20.4%
Orthopaedics	926	926	386	323	-63	-16.3%	-	-	775	-151	-16.3%
Other Outpatient Treatments	27	27	11	13	2	19.6%	-	-	32	5	19.6%
Paediatric	238	238	99	121	22	22.0%	-	-	290	52	22.0%
Plastic and Reconstructive Surgery	291	291	121	114	-8	-6.2%	-	-	273	-18	-6.2%
Pre-Admission	281	281	117	105	-12	-10.1%	-	-	253	-28	-10.1%
Primary Health Care	0	-	-	-	-	-	-	-	0	-	-
Psychiatry	67	67	28	53	25	88.9%	-	-	127	60	88.9%
Sub Acute	33	33	14	17	3	19.6%	-	-	40	7	19.6%
Surgical	830	830	346	437	91	26.3%	-	-	1,048	218	26.3%
Transplants	0	-	-	-	-	-	-	-	0	-	-
Undefined	0	-	-	-	-	-	-	-	0	0	-
Urology	392	392	163	174	10	6.4%	-	-	417	25	6.4%
Outpatient Sub-Total	14,493	14,493	6,039	6,752	713	11.8%	-	-	16,206	1,712	11.8%
CNAD											
SNAP				22	22				22		
GEM	172	0 173	0	22	22	12 50/	-	-	22	-	12 50/
MAINT	173	173	72	82	10	13.5%	_	-	197	23	13.5%
PALLIATIVE	264	264	110	108	-2 26	-1.7%	_	-	260	-4 or	-1.7%
REHAB	507	507	211	176	-36	-16.8%	_	-	422	-85	-16.8%
SNAP Sub-Total	944	944	393	387	-6	-1.5%	_	-	900	-45	-4.7%

2013-14

2013-14 YTD

YTD Variance to Target

The Emergency Department Purchased Activity sub-total includes "Emergency Services Treated". The activity is captured in the triage category for the presentation.

Mater Health Service December 2013

2013/14- 2015/16 SERVICE AGREEMENT - KEY PERFORMANCE INDICATORS

	- 2015/16 SERVICE AGREEMENT - KEY PERFORMANCE INDICATORS	T I		D
RPI Level No.	Key Performance Indicator (KPI)	Target	Strategic Link	Reporting Frequency
FFECTIVEN	IESS – SAFETY AND QUALITY			
.1 Tier 1	National Safety and Quality Health Service Standards Compliance	All actions met	National Safety and Quality Health Service (NSQHS) Standards, Australian Commission on Safety and Quality in Healthcare Blueprint for Better Healthcare in Queensland Queensland Health Strategic Plan 2012-2016	Quarterly
.1 Tier 2	Healthcare–associated infections Healthcare associated staphylococcus aureus (Including MRSA) bacteraemia	Rate is less than or equal to 2.0 per 10,000 occupied bed days	National Performance and Accountability Framework National Healthcare Agreement Blueprint for Better Healthcare in Queensland	6 monthly
2 Tier 2	28 day mental health readmission rate Proportion of readmissions to an acute mental health inpatient unit within 28 days of discharge	Less than or equal to 12%		Monthl
3 Tier 2	Home based renal dialysis	40% YTD (Cairns & Hinterland, Townsville, Mackay, Central Queensland) 50% YTD (Darling Downs, Gold Coast, Metro North, Metro South, Sunshine Coast, Wide Bay)	Queensland Statewide Renal Services Plan (2008 – 2017)	Monthly
Ουιτν ΔΝ	D EFFECTIVENESS - ACCESS	Coast, wide bay)		
-	Shorter stays in emergency departments National Emergency Access Target (NEAT): % of patients who attended an emergency department (ED) who depart within 4 hours of arrival	2013 77% 2014 83%	National Performance and Accountability Framework National Partnership Agreement on Improving Public Hospital Services Schedule C – National Emergency Access Target Blueprint for Better Healthcare in Queensland	Monthly
2.4 Tier 2	Shorter waits for emergency departments Emergency department patients seen within the clinically recommended time: Category 1: within 2 minutes Category 2: within 10 minutes Category 3: within 30 minutes Category 4: within 60 minutes Category 5: within 120 minutes	Category 1: 100% Category 2: 80% Category 3: 75% Category 4: 70% Category 5: 70%	National Performance and Accountability Framework National Partnership Agreement on Improving Public Hospital Services Schedule C – National Emergency Access Target	Monthly
1.3 Tier 1	Shorter waits for elective surgery National Elective Surgery Target (NEST): % of patients receiving elective surgery who were treated within the clinically recommended timeframe for their urgency category: Category 1: within 30 days Category 2: within 90 days Category 3: within 365 days	2013 Category 1: 100% Category 2: 87% Category 3: 94% 2014 Category 1: 100% Category 2: 94% Category 3: 97%	National Performance and Accountability Framework National Partnership Agreement on Improving Public Hospital Services Schedule A – National Elective Surgery Target Blueprint for Better Healthcare in Queensland	Monthly
1.4 Tier 1	Maintain surgical activity Elective Surgery Volume	≥5% more than 2010 volume	National Partnership Agreement on Improving Public Hospital Services Schedule A – National Elective Surgery Target	Monthly
1.5 Tier 1	Fewer long waiting patients Number of category 1 elective surgery patients waiting more than the clinically recommended timeframe for their category: Category 1: within 30 days	Category 1: 0 to ≤ 2% with no patients waiting longer than 60 days	National Partnership Agreement on Improving Public Hospital Services Schedule A – National Elective Surgery Target Blueprint for Better Healthcare in Queensland	Monthly
2.5 Tier 2	Treating elective surgery patients in turn % of elective surgery patients who were treated in turn	60%	Blueprint for Better Healthcare in Queensland National Partnership Agreement on Improving Public Hospital Services Schedule A – National Elective Surgery Target	Monthly
2.6 Tier 2	Shorter maximum wait for elective surgery Maximum waiting time of elective surgery patients waiting Cardiothoracic ENT General Surgery Gynaecology Ophthalmology Neurosurgery Plastic & Reconstructive Surgery Urology	365 days	Blueprint for Better Healthcare in Queensland National Partnership Agreement on Improving Public Hospital Services Schedule A – National Elective Surgery Target	Monthly

Mater Health Service December 2013

2013/14- 2015/16 SERVICE AGREEMENT - KEY PERFORMANCE INDICATORS

2013/14	- 2015/16 SERVICE AGREEMENT - KEY PERFORMANCE INDICATORS			
KPI Leve	Key Performance Indicator (KPI)	Target	Strategic Link	Reporting Frequency
2.7 Tier 2	Fewer long waiting patients Number of category 2 and 3 elective surgery patients waiting more than the clinically recommended timeframe for their category:		National Partnership Agreement on Improving Public Hospital Services Schedule A – National Elective Surgery Target Blueprint for Better Healthcare in Queensland	Monthly
	Category 2: within 90 days	Category 2: 0 to ≤ 2%		
	· Category 3: within 365 days	Category 3: 0 to ≤ 2%		
2.8 Tier 2	Shorter waits for specialist outpatient clinics		Blueprint for Better Healthcare in Queensland	Month
	Specialist outpatients waiting within the clinically recommended time:	Catagory 1: 05%		
	Category 1: within 30 daysCategory 2: within 90 days	Category 1: 95% Category 2: 90%		
	· Category 2: within 365 days	Category 3: 90%		
2.9 Tier 2	Postnatal in-home visiting	HHS specific target	Blueprint for Better Healthcare in Queensland	Quarterly
	Enhanced maternal and child health service – post natal in-home visiting			
2.1 Tier 2	Aboriginal and Torres Strait Islander potentially preventable hospitalisations	≤ 17.7	Making Tracks: toward closing the gap in health outcomes for Indigenous Queenslanders by 2033 Policy and Accountability Framework National Healthcare Agreement	
2.11 Tier 2	Potentially preventable hospitalisations – chronic conditions	≤ state average	National Performance and Accountability Framework	Quarterly
2.12 Tier 2	Aboriginal and Torres Strait Islander discharge against medical advice	≤ HHS quarterly target	Aboriginal and Torres Strait Islander Health Performance Framework	Quarterly
	Aboriginal and Torres Strait Islander patients who discharged themselves against medical advice (DAMA)		Chronic Disease Indigenous Health (Queensland Health Indigenous Health Funding Package)	
			National Partnership Agreement Closing the Gap in Indigenous Health Outcomes Making Tracks: towards closing the gap in health outcomes for Indigenous Queenslanders by 2033 – Policy and Accountability Framework	
2.13 Tier 2	Aboriginal and Torres Strait Islander Low birthweight babies	≤ HHS quarterly target	National Indigenous Reform Agreement	Annua
	Low birthweight babies (weighing less than 2500g at birth) born to Aboriginal and Torres Strait Islander women		National Partnership Agreement Early Childhood Development Agreement National Healthcare Agreement	
2.14 Tier 2	Rate of post discharge community contact	60%	National Performance and Accountability Framework	
2.45 5: 2	Rate of community follow up within 1 to 7 days following discharge from an acute mental health inpatient unit	1000/		Monthly
2.15 Her 2	Ambulatory mental health activity	100%		
2 16 Tier 2	Progress towards duration of ambulatory mental health service contacts annual target BreastScreen Queensland screening activity	98%		Monthly
2.10 1101 2	Proportion of the annual breast screening target achieved			Working
2.17 Tier 2	Dental waiting lists	0	National Partnership Agreement on Treating More Public Dental Patients	Monthly
	Number of patients waiting more than the clinically recommended maximum time on the general care deptal			•
	waiting list			
EFFICIENCY	' – EFFICIENCY AND FINANCIAL PERFORMANCE			
1.6 Tier 1	Full Year Forecast Operating Position	Balanced or surplus	Financial Accountability Act 2009	Monthly
	(agreed position between Department of Health and HHS)		Financial and Performance Management Standard 2009	
			National Performance and Accountability Framework	
2.18 Tier 2	Year to Date Operating Position	Balanced	Financial Accountability Act 2009	Monthly
			Financial and Performance Management Standard 2009 National Performance and Accountability Framework	
2 19 Tier 2	External Labour	20% reduction on prior year	National Performance and Accountability Framework	Monthly
2.19 1161 2	Expenditure on locum and agency staff	20% reduction on prior year		Wiontiny
1.7 Tier 1	Purchased activity monitoring	Metro North: 0% to +/-1%		Monthly
	Variance between YTD purchased activity and actual activity	Metro South: 0% to +/-1%		
		All other HHSs: 0% to +/-2%		
2.2 Tier 2	Average QWAU cost	At or below the Queensland ABF price	National Performance and Accountability Framework	Monthly
	Average cost per Queensland weighted activity unit (QWAU)			
2.21 Tier 2	YTD MOHRI FTE	HHS specific target		Monthly
2.22 Ting 2	MOHRI FTE – number of MOHRI year to date	0.4		O
2.22 Her 2	WorkCover absenteeism Hours lost (WorkCover) vs Occupied FTE	0.4		Quarterly
EFFECTIVE	NESS – PATIENT EXPERIENCE			
	Emergency department patient experience	Question 1: 40%	National Performance and Accountability Framework	Annua
2.23 1101 2	Emergency Department patient experience survey (EDPES)	Question 1: 40% Question 2: 40%	Hadional Ferrormance and Accountability Framework	Ailliud
	general patient experience survey (ED) Loj	Question 3: 60%		
		Question 4: 90%		



MATER HEALTH SERVICE

Thursday 11 July 2013 2:30pm – 3:30pm

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Mater Health Service Relationship Management Group Meeting

DATE	11 July 2013	11 July 2013					
TIME	2:30pm – 3:3	0pm					
VENUE	Office of Exec	cutive Director Mate	r Children's Hospital Raymond Terrace, South Brisbane				
	DoH	Nick Steele	Executive Director, Healthcare Purchasing, Funding and Performance Management				
		Helen Ceron	Senior Director, Service Agreement Framework and Management				
		Louise Blatchford	Principal Service Agreement Officer, Service Agreement Framework and Management (minutes)				
	Mater Health	Sean Hubbard	Executive Director, Mater Adult , Women's and Children's Health Services				
	Services	Bronwyn Whelan	Director of Business Services				
		Karen Bayntun	Director of Health Pianning and Performance				
		John O'Donnell	Chief Executive Officer, Mater Health Services				
APOLOGIES			/				

AGENDA ITEM	SPEAKER
1. INTRODUCTION	All
2. ACTIONS ARISING FROM PREVIOUS MEETING (refer action sheet)	
3. PERFORMANCE DASHBOARD - May	
4. PROGRESS REPORTING: ESCALATION KEY PERFORMANCE INDICATORS	DoH
Access	
National Emergency Access Target	
National Elective Surgery Target	
Efficiency and Financial Performance	
Activity levels	
5. OTHER BUSINESS	All
Administrator of the national health funding pool	ED HPFP

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DRAFT - Mater Health Services' Relationship Management Group Meeting Action record					
Time / Date / Location	12 June 2013 1.30pm – 2:30pm Office of Executive Director Adult's, Women's and Children's Health Services, Mater Children's Hospital				
Present	Department of Health (DoH) Nick Steele, Executive Director Healthcare Purchasing, Funding and Performance Management (ED HPFP) Mater Health Services (MHS) Sean Hubbard, Executive Director of Adult's, Women's and Children's Health Services (ED MHS) Bronwyn Whelan, Director of Business Services (DBS MHS) Karen Bayntun, Director of Health Planning and Performance (DHPP MHS) Apologies Helen Ceron, Senior Director, Service Agreement Framework and Management (SD SAFM) In attendance Chantal Casey and Louise Blatchford, Service Agreement Managers (minutes)				

AGENDA ITEM	ACTION	ACTION OFFICER
2. ACTIONS ARI	SING	×
	Refer to action register for update.	
3&4. PERFORM	ANCE DASHBOARD – April 2013	
	NEAT ■ DoH noted that MHS are meeting NEAT target.	
	 ACTION: DoH advised MHS of NEAT target to apply from January 2014. NEST DoH noted that MHS met NEST 'treated within recommended time' targets for month. DoH and MHS agreed upon approach for Surgery Connect payment and activity for PAH's 'long wait' orthopaedic patients in June and July 2013. MHS reported they are reviewing Category 2 'long waits' to ensure that activity is not compromised by Surgery Connect activity. DoH advised of its preference that MHS clear 69 'long waits'. ACTION: DoH to advise MHS of required actions for June payment. ACTION: MHS to provide a trajectory to September for the reduction of Category 2 'long waits'. ACTIVITY MHS advised they expect to be 6% over activity as May was considered busy. Discussion occurred regarding 1,500 critical care to be included in 2013-14 contract. MHS reported growth in outpatient activity from other HHSs and Medicare ineligible patients not received elsewhere. MHS advised DoH they have received a letter from Medicare 	ED HPFP ED MHS

AGENDA ITEM	ACTION	ACTION OFFICER
	regarding billing of imaging in ED (or patients who entered via ED) in 2011-12. MHS will discuss with Medicare and advise DoH of outcomes.	
	ACTION: MHS to advise DoH of number of breast reconstructions performed by 30 June.	ED MHS
	ACTION: DoH to include 35 breast reconstructions in 2013-14 contract offer.	ED HPFP
	ACTION: MHS to provide DoH with details of Medicare ineligible patients for DoH to compare to other HHS activity.	ED MHS
	ACTION: MHS to provide DoH with details of outpatients reportedly turned away from other HHSs for DoH to address with HHSs.	ED MHS
5. OTHER BUSIN	ESS	
	DISASTER RECOVERY PROGRAM MHS advised of a potential issue with accruals for the Disaster Recovery Program.	
	ACTION: MHS to provide DOH with a summary of issue for DoH to follow up with Finance Branch and Metro South HHS.	DBS MHS
	2013-14 CONTRACT OFFER ACTION: DoH to seek approval to continue payments to MHS in line with 2012-13 service agreement until 2013-14 service agreement is executed.	ED HPFP
	ACTION: DoH to provide MHS with interim cash flow for July 2013.	ED HPFP
	ACTION: DoH to arrange service agreement negotiation meeting for 9:00am on 28 June 2013	ED HPFP
	ACTION: DoH to advise MHS additional activity to be purchased non-recurrently for Cochlear implants in 2013-14.	ED HPFP
	CANCER CARE CENTRE MHS reported that the Cancer Care Centre opened last week. ADMINISTRATOR OF NATIONAL HEALTH FUNDING POOL ACTION: DoH to include discussion of Administrator of National Health	
	Funding Pool on agenda after 28 June 2013.	ED HPFP

Mater Health Service Action Items

			Mater Health Service Act	ion items		
Month Raised	Topic	Current status	Action	Responsibility	Ongoing Monitoring	Progress Update
6 May 2013 RMG	NEST Long Waits	Open	DoH to liaise with CARU regarding long waits data and possible inclusion in dashboard.	HPFP	RMG	16 May 2013: Email forwarded to Mater regarding information required to progress resolution. 12 June 2013: MHS advised that data is provided to CARU on census report. DoH to query inclusion of data on dashboard.
6 May 2013 RMG	NEST Long Waits	Open	MHS to inform DoH of what it estimates will be its 'long waits' at end of year.	Mater	RMG	
6 May 2013 RMG	Communication	Open	DoH to consider ways of improving communication between Qld Health and MHS.	HPFP	RMG	12-June 2013: DDG SPP to raise at DoH's EMT.
12 June 2013 RMG	NEAT	Open	DOH advised MHS of NEAT target to apply from January 2014.	ED HPFP	RMG	18 June 2013: SAFM advised DBS MHS of NEAT target from 1 January 2014. Recommend closure.
12 June 2013 RMG	June payment	Open	DoH to advise MHS of required actions for June payment.	ED HPFP	RMG	June 2013: \$A M advised DBS MHS of required actions for 2012-13 payments before 30 June 2013. Recommend closure.
12 June 2013 RMG	Trajectory	Open	MHS to provide a trajectory to September for the reduction of Category 2 'long waits'.	ED MHS	RMG	
12 June 2013 RMG	Breast Reconstructions	Open	MHS to advise DoH of number of breast reconstructions performed by 30 June.	ED MHS	RNG	30/06/13 update: MHS advised a total of 26 cases were treated in 2012- 13 & 9 cases not completed in 2012-13 will be completed in 2013-14 with no additional funding.
12 June 2013 RMG	Breast Reconstructions	Open	DoH to include 35 breast reconstructions in 2013-14 contract offer.	ED HPEP	RMG	July update: DoH has included 35 breast reconstructions in the 2013-14 contract offer.
12 June 2013 RMG	Medicare ineligible pts	Open	MHS to provide DoH with details of Medicare ineligible patients for DoH to compare to other HHS activity.	ED MHS	RMG	
12 June 2013 RMG	Outpatients	Open	MHS to provide DoH with details of outpatients reportedly turned away from other HHSs for DoH to address with HHSs.	ED MHS	RMG	
12 June 2013 RMG	Disaster Recovery Program	Open	MHS to provide DOH with a summary of issue for DOH to follow up with Finance Branch and Metro South HHS.	DBS MHS	RMG	20 June 2013: DBS MHS advised SAFM of issue and indicated MHS may seek assistance to resolve issue if not resolved directly between parties.
12 June 2013 RMG	2013-14 CONTRACT OFFER	Open	DoH to seek approval to continue payments to MHS in line with 2012-13 service agreement until 2013-14 service agreement is executed.	ED HPFP	RMG	28 June 2013: DG approval obtained for the continuation of payment in line with the 2012-13 service agreement.
12 June 2013 RMG	2013-14 CONTRACT OFFER	Open	DoH to provide MHS with interim cash flow for July 2013	ED HPFP	RMG	June update: DoH has provided MHS with an interim cash flow for July 2013.
12 June 2013 RMG	2013-14 CONTRACT OFFER	Open	DOH to arrange service agreement negotiation meeting for 9:00am on 28 June 2013.	ED HPFP	RMG	July update: The meeting has been rescheduled for 16/07/2013.
12 June 2013 RMG	2013-14 CONTRACT OFFER	Open	DoH to advise MHS additional activity to be purchased non-recurrently for Cochlear implants in 2013-14.	ED HPFP	RMG	
12 June 2013 RMG	ADMINISTRATOR OF NATIONAL HEALTH FUNDING POOL	Open	DoH to include discussion of Administrator of National Health Funding Pool on agenda after 28 June 2013.	ED HPFP	RMG	4 July 2013: Item included on agenda for RMG on 11 July 2013.

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Mater Health Service Hospital & Health Service

Performance Dashboard

May 2013 Report



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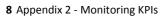
- **5.1** Emergency Departments
- 5.2 Elective Surgery
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- 6.1 Financial Performance
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Appendices

7 Appendix 1 - Attainment Score (Targets and Tolerance levels)





PERFORMANCE DOMAINS - Escalation KPIs

E9.5

E9.6

Critical Care

Sub and Non-Acute Patients

Resul		

SAFETY	AND QUALITY	TARGET	Data as at	Data source: Decision Support System (DSS) as at 17 Jun	ne 2013
E1	Never Events	0	0		
E2	Hospital acquired 3rd and 4th stage pressure injuries - Quarter 3 Result (Jan - Mar)	FY Target : 0	April 0		
E3	Healthcare-associated Staphylococcus aureus (including MRSA) bacteraemia	20% of 2010-11			
ACCESS	** denotes calendar year result	TARGET	Data as at	Data source: Decision Support System (DSS) as at 17 Jun	ne 2013
E4	National Emergency Access Target (NEAT): ** % of ED attendances who depart within 4 hours of their arrival in ED	77%	May 79.79	*	
E5	Emergency Department: % seen within recommended timeframe:			/>	
E5.1	Category 1: within 2 minutes	100%	May	98.1%	
E5.2	Category 2: within 10 minutes	80%	May 82.9	% 1 //	
E5.3	Category 3: within 30 minutes	75%	May	74.5%	
E5.4	Category 4: within 60 minutes	70%	May	68.0%	
E5.5	Category 5: within 120 minutes	70%	May 85 15	6 ↑	
E6	Patient Off Stretcher Time (POST): < 30 mins (%)	90%	April 52/19	% ↑	
E7	Elective Surgery: % treated within clinically recommended timeframe: **	(
E7.1	Category 1: within 30 days	100%	May	99.4%	
E7.2	Category 2: within 90 days	87%	May 96.99	% •	
E7.3	Category 3: within 365 days	94%	May 99.69	% ↑	
E8	Elective Surgery: Number of patients waiting more than the clinically recommended:	///	\searrow		
E8.1	Category 1: within 30 days	\/ o /	May	0 -	
E8.2	Category 2: within 90 days	9	May	64	1
E8.3	Category 3: within 365 days	0	May	12 🔱	.
E9	Activity: variance between Purchased activity and YTD activity:	9% to	April		
E9.1	Inpatients	+/-1%			
E9.2	Outpatients				
E9.3	ED // /	*			
E9.4	Mental Health				

Legend. Latest/YTD Result compared to previous reporting period: Favourable ★ Stable • Unfavourable ↓

TREND IN ESCALATION KPI

Data source: Decision Support System (DSS) as at 17 June 2013

			Latest Result /	Jul 2012	Aug 2012									May 2013	Jun 2013 Full Year
SAFET	Y AND QUALITY		YTD Result												Target
E1	Never Events	Result	• 0	_	_		-		_	_			-		0
E2	Hospital acquired 3rd and 4th stage pressure		0												0
LZ	injuries (FY Target is 5% of 2010-11 actuals)	Qtr3		-	-	-	-	-	-	-	-	-	-		
E3	Healthcare-associated Staphylococcus aureu		-												20%
	(including MRSA) bacteraemia - SAB	Result	-	Data for June-Dece	mber 2012 will be ma	de available in May	2013								
ACCES	S ** denotes calendar year resul	1+													
E4	National Emergency Access Target: 4hrs **	Target	77.0%	70.0%	70.0%	70.0%	70.0%	70.0%	70.0%	77.0%	77.0%	77,0%	77.0%	77.0%	77%
L4	NEAT	_		75.9%	74.3%	76.2%	78.0%	80.2%	80.9%	81.7%	80.0%	79.1%	78.8%	79.2%	///0
E5.1	ED: % seen within recommended time	Target	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100%
23.1	Category 1: within 2 minutes		◆ 98.1%	100.0%	97.7% •	84.2%	100.0%	100.0%	100.0%	93.1%	96.8% •	100.0%	100.0%	100.0%	100%
E5.2	Category 1. Within 2 minutes	Target	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80%
LJ.2	Category 2: within 10 minutes	_	82.9%	82.2%	80.1%	81.1%	80.2%	83.0%	87.0%	88.5%	86.0%	80.8%	80.1%	83.8%	3070
E5.3	category 2. Within 10 minutes	Target	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75,0%	75.0%	75.0%	75.0%	75.0%	75%
25.5	Category 3: within 30 minutes	_	→ 74.5%	71.2% •	64.7%	69.8% •	76.3%	75.6%	79.8%	84.5%	79.0%	71.3%	75.0%	75.2%	7570
E5.4	category 3. Within 30 Hilliates	Target	70.0%	70.0%	70.0%	70.0%	70.0%	70.0%	70.0%	70.0%	70.0%	70.0%	70.0%	70.0%	70%
23.4	Category 4: within 60 minutes		♦ 68.0%	65.9% •	63.6%	71.1%	67.3%	65.0%	72.2%	78.9%	76.2%	63.5% •	66.9% •	60.8% •	,0%
E5.5	Category 4. Within 00 minutes	Target	70.0%	70.0%	70.0%	70.0%	70.0%	70.0%	72.2%	70.0%	70.0%	70.0%	70.0%	70.0%	70%
25.5	Category 5: within 120 minutes	_		76.2%	83.7%	91.2%	84.3%	86.8%	87.7%	86.1%	82.1%	84.2%	85.8%	86.5%	7070
E6	Patient Off Stretcher Time: < 30 mins	Target	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	00.370	90%
LU	POST	_		87.8% •	88.7% •	91.7%	94.4%	94.6%	95.5%	95.2%	94.1%	91.6%	94.8%		30%
E7.1	ES: % treated within recommended time **	Target	100.0%	89.0%	89.0%	89.0%	89.0%	89.0%	89.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100%
L/.1	Category 1: within 30 days		◆ 99.4%	95.9%	94.8%	99.0%	99.1%	98.1%	96.9%	98.7% •	98.2% •	100.0%	100.0%	100.0%	100%
E7.2	Category 1. Within 30 days	Target	87.0%	81.0%	81.0%	81.0%	81.0%	81.0%	81.0%	87.0%	87.0%	87.0%	87.0%	87.0%	87%
L7.2	Category 2: within 90 days	_	96.9%	91.1%	89.8%	97.8%	94.2%	\$9.3%	93.2%	96.6%	92.7%	97.7%	98.5%	98.6%	07/0
E7.3	Category 2. Within 30 days	Target	94.0%	91.0%	91.0%	91.0%	91.0%	91.0%	91.0%	94.0%	94.0%	94.0%	94.0%	94.0%	94%
E7.3	Category 3: within 365 days			99.7%	98.9%	99.7%	98.8%	99.2%	100.0%	99.0%	99.5%	100.0%	99.3%	100.0%	34/0
E8.1	ES: 'long waits'	Target	0	99.776	38.3%	93.776	38.87	0	0	0	0	0	0	0	0
E0.1	Category 1: within 30 days		• 0	0 •	0	0	0	0 •	0 •	0 •	0 •	0 •	0	0 •	
E8.2	Category 1. Within 30 days	Target	0			100	0	0	0	0	0	0	0	0	0
L0.2	Category 2: within 90 days		64	89	104	84	89 ■	118	100	142	77 =	79 =	69 =	64 =	
E8.3	Category 2. Within 50 days	Target	04	03	104	0	0	0	0	0	0	0	0	0	0
L0.3	Category 3: within 365 days	_	♦ 12		, ,	0 •	0 •	0	0 •	0 •	0 •	0 •	0 •	12 💠	
TNT	Treated in turn	Target	60%	60%	60%	60%	60%	60%	60%	60%	60%	60%	60%	60%	60%
IINI	neated in turn	Result	90%	00%	- 00%	-	-	-	-	-	-	-	-	-	00%
E9	Activity (WAU):	Target	0.0	 	\										94.069
LJ	Total	_	82,018.3	8,645.8	8,626.8	8,010.1	8,370.6	8,719.3	7,603.2	7,113.4	7,854.3	8,914.6	8,160.1		34,003
E9.1	Total	Target	0.010.0	0,045.0	0,020.0	0,010.1	5,570.0	0,713.3	7,003.2	7,113.4	7,034.3	0,514.0	0,100.1		51,851
25.1	Inpatients	_	43,634.8	4,485.2	4,557.1	4,323.2	4,370.0	4,661.4	4,179.0	3,745.6	4,181.2	4,767.4	4,364.5		31,031
E9.2	inputerts	Target	0.0	4,405.2	4,557.1	-,525.2	-,570.0	-,001	-,175.0	5,745.0	-,101.2	-,,,,,,	-,504.5		16,216
L3.2	Outpatients	_	16,736.2	1,683.6	1,802.4	1,656.5	1,866.0	1,850.8	1,353.7	1,440.7	1,670.0	1,731.0	1,681.5		10,210
E9.3	Outputents	Target	0.0	1,003.0	1,002.4	1,030.3	1,000.0	1,030.0	1,333.7	1,440.7	1,070.0	1,731.0	1,001.5		10,572
L9.3	Emergency Department	_	8,785.0	952.2	937.5	836.6	866.1	850.8	849.5	802.7	811.4	965.8	912.4		10,372
E9.4	Emergency Department	Target	0.0	332.2		0.50.0	500.1	550.6	0 4 5.5	502.7	011.4	505.6	J12.4		1,588
L3.4	Mental Health	_	1,248.4	96.1	252.8	144.5	108.3	151.8	99.9	67.2	90.4	122.6	114.7		1,300
E9.5	iviental fleatti	Target	0.0	30.1	232.0	174.5	100.3	131.0	33.3	07.2	50.4	122.0	114./		13,036
LJ.J	Critical Care	_	10,999.1	1,374.3	989.5	980.6	1,092.2	1,162.4	1,087.7	997.4	1,048.7	1,264.5	1,001.9		15,036
E9.6	Citical Care	Target	0.0	1,3/4.3	505.5	500.0	1,032.2	1,102.4	1,007.7	557.4	1,040.7	1,204.3	1,001.5		805
E5.0	Sub and Non-Acute Patients	_	614.7	54.3	87.5	68.7	68.1	42.1	33.4	59.7	52.7	63.3	85.0		803
	Sub and Non-Acute Patients	nesun	014./	34.3	67.3	00.7	00.1	42.1	33.4	33.7	34.1	03.3	03.0		

EMERGENCY DEPARTMENTS

National Emergency Access Target (NEAT) - calendar year to date performance

NEAT by departure status group

Departure Status *	Total Attendances	NEAT	% NEAT	April 2013 YTD NEAT %
Non-admitted	24,483	21,592	88.2%	88.2%
Admitted	6,633	3,235	48.8%	54.1%
Total	31,116	24,827	79.8%	80.9%

^{*} Does not include dead on arrival, died in ED, did not wait and transferred to another hospital

NEAT by hospital and departure status group

Hospital	Non-admitted	Admitted	% NEAT	April 2013 YTD NEAT %
Mater Adult Public Hospital	88.4%	59.1%	80.1%	80.1%
Mater Children's Public Hospital	88.0%	31.5%	79.5%	81.6%

NEAT by top 5 admitting wards by volume, and % of consults requested within 420 minutes (excludes NEAT performance >40%)

Admitting Ward		Admissions	NEAT	% consults < 120
n/a		0	0.0%	0.0%
Total of all admissions	_	0.0%		

NEAT by top 5 admitting specialty by volume, and % of consults requested within 120 minutes (excludes NEAT performance >40%)

0.0%

Admitting Specialty		Admissions	NEAT	% consults < 120
n/a		0	0.0%	0.0%

Total of all admissions

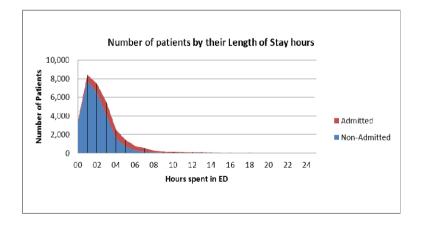
WAITING TIMES - monthly performance

Volume and waiting time performance by triage category

	Category 1	Category 2	Category 3	Category 4	Category 5	All Categories
Attendances	44	586	2,278	4,150	288	7,346
# seen in time	44	491	1,713	2,522	249	5,019
% seen in time	100.0%	83.3%	75.2%	60.8%	86.5%	68.3%
Median Wait (minutes)	0) }	15	47	36	27

Volume and waiting time performance by top 5 diagnosis, category 3 and 4

Diamasia	Cate	gory 3	Categ	gory 4
Diagnosis	Attendances	% seen in time	Attendances	% seen in time
B34.9 Viral Infection	57	61.4%	253	35.2%
J06.9 Upper Respiratory Tract Infection	59	64.4%	159	38.1%
R10.3 Pain Localised To Oth Parts Low Abdomer	67	77.6%	99	32.5%
A08.4 Viral Gastroenteritis	23	78.3%	134	49.7%
S00.9 Superficial Injury Of Head Part Nos	47	66.0%	97	39.6%



Information provided by Clinical Access and Redesign Unit

Data source: Emergency Department Information System (EDIS), data is preliminary and subject to change.

ACTIVITY (ABF AND NON-ABF) YTD PERFORMANCE -April 2013

Data source: Decision Support System (DSS) as at 17 June 2013

•	•			Targets have not	been upload	led by the HF	IS at this time									Emergency Serv	ices Treated data	is now being ca	tured against tri	iage categories
Weighted Activity Units - WAU	2011-12	2012-13	2011-12	2012-13 YTI	D	YTD Varianc	e to Target	2011-12 to 20	12-13 Change		Weighted Activity Units - WAU	2011-12	2012-13	2011-12	2012-13	YTD	YTD Variance	to Target	011-12 to 2012	2-13 Change
Activity	FY Actual	Purchased	YTD Actual	DSS Target A	Actual	Actual	%	Actual	%		Emergency Department	FY Actual	Purchased	YTD Actual	DSS Target	Actual	Actual	%	Actual	%
ABF	93,122	94,069	76,989	-	82,018	82,018	-	5,029	6.5%		Cat 1 (Admitted and Discharged)	117	126	93	-	113	113	-	19	20.5%
Non ABF	02.122	- 04.000	70.000	-	- 02.010	- 02.010	-	- 020	- C F0/		Cat 2 (Admitted and Discharged)	1,305	1,375	1,075	-	1,060	1,060	-	-15	-1.4%
Total Activity	93,122	94,069	76,989		82,018	82,018	-	5,029	6.5%		Cat 3 (Admitted and Discharged)	4,123	4,321	3,407	-	3,316	3,316	-	-91	-2.7%
Inpatients	Service Relat	ted Group (SRO	~1								Cat 4 (Admitted and Discharged) Cat 5 (Admitted and Discharged)	4,643 162	4,591 158	3,848 136	-	4,121 173	4,121 173	-	273	7.1% 26.6%
01 Cardiology	Service Rela	group (SRC 910	725	-	748	748	-	23	3.1%		Died	3		3	-	3	3	-	36 0	0.0%
02 Interventional Cardiology	144	195	118	_	116	116		-2 -2	-2.1%		ES Treated	3	1	3		3	3	-	-	0.0%
03 Cardiac Surgery	1,264	1,740	1,012	_	1,278	1,278	_	266	26.3%		Emergency Department Total	10,352	10,572	8,562		8,785	8,785	_	223	2.6%
04 Thoracic Surgery	662	1,740	582	_	539	539	_	-44	-7.5%		Emergency Department rotal	10,332	10,372	0,302		0,703	0,703		LLJ	2.070
05 Dermatology	220	220	185	_	180	180	_	-5	-2.7%		Sub and Non-Acute Patients									
06 Endocrinology	978	963	845	_	887	887	_	42	4.9%		GEM	-	-		1	-	-	-	-	-
07 Gastroenterology	524	564	438	_	427	427	_	-11	-2.6%		MAINT	298	188	22/4	\ '_	212	212	-	-12	-5.5%
08 Diagnostic GI Endoscopy	813	903	656	-	689	689	-	33	5.0%		PALLIATIVE	280	252/	211	/ /	200	200	-	-11	-5.2%
09 Haematology	647	549	533	-	397	397	-	-136	-25.5%		REHAB	154	366	139	- -	203	203	-	65	46.8%
10 Haematological Surgery	234	-	172	-	149	149	-	-23	-13.3%		SNAP Total	732	305	573	- / / .	615	615	-	42	7.2%
11 Immunology & Infections	984	1,098	831	-	906	906	-	75	9.0%)) \					
12 Medical Oncology	634	666	540	-	489	489	-	-51	-9.4%		Mental Health									
13 Chemotherapy & Radiotherapy	48	56	33	-	57	57	-	24	71.8%		Designated Bed (Per Diem Activity)	1,269	1,405	1,069	-	1,131	1,131	-	62	5.8%
14 Neurology	1,540	1,407	1,315	-	1,309	1,309	-	-6	-0.4%		42 Psychiatry - Acute	119	184	101	-	118	118	-	17	16.4%
15 Renal Medicine	365	321	299	-	300	300	-	1	0.3%		Mental Health Total	1,388	1,588	1,170	-	1,248	1,248	-	78	6.7%
16 Renal Dialysis	5	5	4	-	-	-	-	-4	-100.0%											
17 Respiratory Medicine	3,824	2,898	3,115	-	3,086	3,086	-	-29	-0.9%		Outpatients	1 1 7								
18 Rheumatology	241	232	196	-	210	210	-	13	6.8%		Medical	3,607	3,353	2,978	-	3,574	3,574	-	597	20.0%
19 Non Subspecialty Medicine	1,071	1,882	892	-	924	924	-	32	3.6%		Surgical	3,990	3,730	3,241	-	3,245	3,245	-	4	0.1%
20 Breast Surgery	793	928	651	-	716	716	-	65	9.9%		Allied Health	1,958	1,829	1,623	-	1,582	1,582	-	-41	-2.5%
21 Upper GIT Surgery	796	753	664	-	696	696	-	32	4.9%		Pre-Admission	322	61	264	-	231	231	-	-33	-12.4%
22 Colorectal Surgery	1,240	1,232	1,051	-	917	917	-	-134	-12.8%		Paedlatric	328	296	267	-	395	395	-	128	47.9%
23 Head & Neck Surgery	319	350	262	-	283	283	-	21	8.1%	//	Neonatal				-	6	6	-	6	·
24 Neurosurgery	1,431	778	1,108	-	1,053	1,053	-	-55	-5.0%		Maternity	2,553	2,778	2,102	-	2,566	2,566	-	464	22.1%
25 Dental Surgery	130	355	104	-	82	82	-	-21	-20.7%		Chemotherapy	-	-	-	-	3,103	3,103	-	3,103	-
26 Dentistry	352	4.005	287	-	300	300	-	13	4.5%		Clinical Haematology	380	655	309	-	91	91	-	-218	-70.6%
27 Ear, Nose & Throat	1,833	1,865	1,477	-	1,649	1,649	-	172	11.6%		Clinical Measurement	-	35	442	-	300	300	-	300	- 0.40/
28 Orthopaedics 29 Ophthalmology	5,041 1,000	5,811 1,106	4,225 817	-	4,472 910	4,472 910	-	247 93	5.9% 11.4%		Cystic Fibrosis Dialysis	131 151	186 80	113 125	-	104 91	104 91	-	-9 -33	-8.1% -26.8%
	1,389	1,696	1,140	-	1,233	1,233	-	93	3.2%			151	80	123	-	91	91	-	-33	-20.6%
30 Plastic & Reconstructive Surgery	2,342	2,086	1,140	-	1,800	1,800	1	-99	-5.2%		District Nursing Services Endoscopy	-	-	-	-	308	308	-	308	-
31 Urology 32 Vascular Surgery	2,342 554	685	455	_	484	484	- 1	29	6.4%		Interventional Cardiology	-	-	-	-	308	308	-	306	-
33 Non Subspecialty Surgery	3,270	3,508	2,720		2,963	2,963		243	8.9%		Medical Oncology	3,910	3,028	3,332		873	873		-2,459	-73.8%
34 Gynaecology	2,701	2,719	2,208	_	2,513	2,513	_	304	13.8%	/	Pain Management	3,510	5,020	5,552	_	-	-	_	2,433	75.070
35 Obstetrics	7,708	8,065	6,354	_	6,745	6 745	_	391	6.2%		Pharmacy	_	_	_	_	_	_	_	_	_
36 Qualified Neonate	3,827	3,774	3,143	_	3,362	3,362	\ .	220	7.0%		Primary Care	_	-	_	-	_	-	_	-	-
38 Transplantation	103	102	87	_	87	87	\ \ .	1	0.7%		Psychiatry	_	-	_	-	_	-	_	-	-
39 Extensive Burns	8	6	2	. /	21	21	\ \ -	18	749.0%		Radiation Oncology	_	_	_	_	-	_	-	-	_
40 Tracheostomy	991	1,299	829	. ~	544	544	//	-285	-34.4%		Renal Medicine	220	154	178	-	203	203	-	25	14.2%
41 Drug & Alcohol	122	126	103		114	114	/-/	11	10.2%		Sub Acute	-	-	-	-	55	55	-	55	-
44 Unallocated	-	-	-		-	\ \ -	-	-	-		Transplants	-	-	-	-	-	-	-	-	-
Inpatient Total	51,022	51,851	42,079	-)) .	43,635	43,635	-	1,556	3.7%		Wound Management	29	32	27	-	9	9	-	-18	-65.5%
											Other	-	-	-	-	-	-	-	-	-
Critical Care											Outpatient Total	17,578	16,216	14,558	-	16,736	16,736	-	2,179	15.0%
Coronary Care	385	456	313	\	306	306	-	-7	-2.1%											
Intensive Care	1,491	1,330	1,250	/ (-	1,060	1,060	-	-189	-15.2%								Top 5 greatest			
Neonatal Intensive Care	4,040	4,656	3,442	//-	4,018	4,018	-	576	16.7%						Blue value	es indicate the	Top 5 greatest i	negative varian	ce to target rec	orded in DSS
Paediatric Intensive Care	3,295	3,705	2,704	1 /	2,814	2,814	-	110	4.1%											
Special Care Nursery	2,839	2,889	2,339		2,801	2,801	-	463	19.8%											
Critical Care Total	12,049	13,036	10,047	-	10,999	10,999	-	952	9.5%											
												2012-13	HHS FY Target	Variance						
Monthly target phasing - loaded to DSS	Jul 2012	Aug 2012	Sep 2012	Oct 2012 No	ov 2012	Dec 2012	Jan 2013	Feb 2013	Mar 2013	Apr 2013	May 2013 Jun 2013 YTD	Purchased	loaded to DSS	to Purchased						
Inpatients	-	-	-	-	-	-	-	-	-	-		51,851	-	-51,851	Inpatients					

Critical Care

Mental Health

Total Activity Target

Outpatients

Emergency Department

Sub and Non-Acute Patients

13,036

10,572

805

1,588

16,216

94,069

-13,036 Critical Care

Emergency Department

Mental Health

Outpatients

-94,069 Total Activity Target

Sub and Non-Acute Patients

-10,572

-805

-1,588

-16,216

ACTIVITY FORECAST

April 2013

Cardiac Surgery 1,7 Cardiology 9 Chemotherapy & Radiotherapy 1,2 Colorectal Surgery 1,2 Dental Surgery 3 Dermatology 2 Diagnostic Gi Endoscopy 9 Drug & Alcohol 1 Endocrinology 9 Extensive Burns 1,8 Gastroenterology 5 Gynaecology 2,7 Haematological Surgery 1 Haematological Surgery 1 Haematology 6 Head & Neck Surgery 1 Interventional Cardiology 6 Medical Oncology 1,4 Neurosurgery 3,5 Obstetrics 8,0 Obstetrics 8,0 Obstetrics 8,0 Obstetrics 8,8 Obstetrics 8,8 Obstetrics 8,8 Obstetrics 8,8 Ophthalmology 1,1 Orthopaedics 5,8 Plastic & Reco	928 740 910 910 956 232 2355 963 963 66 6564 719 00 9549 9350 908 195 6666 407 7778 8882 508 665 8811 696 8811 696 8811 696 881 882 882 8888 8888 8888 8888 8888 8	SS Target	95 134 89 2 66 42 19 63 9 176 87 0 32 271 53 29 14 44 118 84 280 671 91 1395 149 482 101 395 173 395 4,485 26 106 636 326 279 1,374	85 123 85 123 71 1 96 37 22 101 13 184 99 0 44 258 33 41 13 37 140 71 86 313 681 104 488 125 272 0 32 377 66 113 0 69 4,557 44 178 44 178 45 279 299 216	\$\frac{59}{2012}\$ \$\frac{53}{158}\$ \$\frac{75}{158}\$ \$\frac{7}{15}\$ \$\frac{56}{56}\$ \$\frac{14}{146}\$ \$\frac{146}{103}\$ \$\frac{130}{25}\$ \$\frac{47}{31}\$ \$\frac{41}{141}\$ \$\frac{141}{141}\$ \$\frac{141}{156}\$ \$\frac{95}{303}\$ \$\frac{303}{701}\$ \$\frac{69}{382}\$ \$\frac{145}{301}\$ \$\frac{36}{36}\$ \$\frac{342}{211}\$ \$\frac{1176}{42}\$ \$\frac{42}{4,323}\$ \$\frac{26}{105}\$ \$\frac{345}{345}\$ \$\frac{204}{300}\$ \$\frac{991}{300}\$	78 120 59 98 49 16 73 11 196 65 65 65 73 13 13 50 147 102 81 1258 691 96 460 124 327 73 137 70 70 70 70 70 70 70 70 70 70 70 70 70	58 193 85 100 89 56 177 77 100 194 79 3 3 44 42 290 12 50 154 154 154 154 154 154 154 154 154 154	50 159 67 5 80 23 14 56 9 156 61 0 42 217 39 46 20 93 11 57 103 101 87 326 670 82 394 157 103 101 87 326 40 17 58 8 8 18 18 54 4,179 28 96 4815 96	56 103 70 9 109 21 22 44 7 116 99 0 1187 4 26 28 3 54 123 88 89 260 695 62 370 90 309 0 39 198 15 41 30 11 47 163 37 47 163 37 47 163 37 3746 23 349	75 36 76 9 80 41 19 83 11 149 92 0 37 258 6 41 30 87 14 46 99 30 37 255 0 63 212 16 4,181 37 80	71 89 84 5 92 52 16 77 16 183 310 6 73 33 300 7 8 35 108 18 18 46 121 19 5 84 344 741 110 425 0 25 367 21 14 72 16 4,767 4,767	94 164 70 7 7 99 14 149 109 14 169 169 169 17 169 17 17 18 18 18 18 18 18 18 18 18 18 18 18 18	72 128 75 6 92 . 18 69 91 165 92 43 251 15 40 91 12 28 91 121 40 92 296 674 91 127 336 0 30 30 92 21 54 9 0 180 48 48 4,325	72 128 75 6 92 - 188 69 11 165 89 2 43 251 15 40 28 91 12 296 674 91 313 105 92 296 674 91 447 123 336 300 300 300 300 300 300 300 300 30	70tal 859 1,534 897 69 1,100 382 216 827 137 1,978 1,064 25 512 3,015 179 477 340 1,087 1,978 1,571 1,263 1,109 3,5%6 6,094 1,0435 0 360 3,703 252 646 653 105 835 2,160 581 52,285	To Purch. -70	to Purch. -7.5% -1.18% -1.3% -2.3.2% -10.7% -7.7% -1.83% -8.5% -8.5% -9.1% -10.3% -9.1% -10.9% -1.0% -2.19% -1.0% -2.19% -1.0% -2.19% -1.0% -2.2.8% -2.2.8% -2.2.8% -2.2.8% -2.2.8% -2.2.8% -3.5% -3.5% -3.5% -3.5% -4.9.7% -2.9% -1.0.9% -1.
Cardiac Surgery 1,7 Cardiology 9 Colorectal Surgery 1,2 Dermatology 2,2 Dermatology 9 Dermatology 9 Dermatology 9 Drug & Alcohol 1 Ear, Nose & Throat 1,8 Endocrinology 9 Setensive Burns 6 Gastroenterology 5 Gynaecology 4,8 Haematological Surgery 3 Haematology 1,0 Interventional Cardiology 1 Medical Oncology 1,4 Neurosurgery 3,5 Obstertics 8,0 Ophthalmology 1,1 Orthopaedics 5,8 Plastic & Reconstructive Surgery 1,6 Qualified Neonate 3,7 Renal Medicine 3,8 Respiratory Medicine 2,8 Respiratory Medicine 2,8 Respiratory Medicine 2,8 Respiratory Medicine 2,9	740 740 740 740 740 756 756 757 757 757 757 757 757 757 757		89 2 66 42 19 176 63 87 0 32 271 5 5 33 29 89 14 44 142 118 84 280 671 482 101 395 0 29 378 18 45 45 47 48 48 48 48 48 48 48 48 48 48 48 48 48	123 71 196 37 122 101 13 184 99 0 44 258 33 41 33 41 11 37 140 71 86 81 104 488 125 272 0 32 377 16 66 69 4,557	158 70 4 108 37 15 56 14 146 103 11 11 11 11 11 11 11 11 11 11 11 11 11	120 65 98 49 16 73 11 196 65 0 38 230 12 29 26 73 13 50 147 102 81 258 691 124 372 0 0 0 124 372 0 0 125 65 65 73 38 65 65 65 65 65 65 65 65 65 65 65 65 65	193 85 10 89 56 17 77 10 194 290 12 22 29 91 14 50 154 95 315 675 97 488 22 26 288 22 27 29 99 182 183 184 185 185 185 185 185 185 185 185 185 185	159 67 5 80 23 14 56 9 156 61 0 42 217 39 46 20 31 11 57 103 101 87 326 670 82 394 157 346 0 32 254 157 346 0 32 254 17 54 58 8 51 180 54 4,179 28 96 485	103 70 9 109 21 22 44 7 7 116 99 0 51 187 4 26 29 85 3 54 123 83 89 90 0 39 90 39 198 15 41 41 47 3,746	36 76 9 80 41 19 83 11 149 92 0 7 258 6 41 30 87 144 51 145 97 104 331 627 107 464 99 309 0 0 7 27 253 25 50 75 0 63 212 16 4,181	89 84 5 92 52 16 77 16 183 110 6 183 300 7 28 35 108 46 121 109 457 140 425 0 25 367 21 41 71 16 71 16 71 175 47 4,767	164 70 7 7 99 95 19 19 19 149 91 149 91 45 242 8 8 58 8 112 28 28 28 28 116 6 56 56 56 56 56 66 56 56 66 56 56 66 56 5	128 75 6 92 - 18 69 11 18 69 111 165 89 2 2 43 251 15 15 10 28 112 49 12 49 12 12 12 12 12 12 12 12 12 12 12 12 12	128 75 6 92	1,534 897 69 1,100 382 216 827 137 1,978 1,064 255 512 3,015 179 477 340 1,087 139 587 1,571 1,263 1,109 3,556 6,094 1,480 4,035 0 360 3,703 3,703 3,703 3,703 3,506 653 1,09 835 2,160 581 5,2,285	-206 -12 -13 -132 -27 -4 -77 -11 -14 -100 -19 -51 -56 -79 -73 -10 -11 -56 -79 -73 -40 -485 -773 -40 -485 -773 -40 -485 -773 -73 -73 -73 -73 -73 -73 -73 -73 -7	-11.8% -1.3% -23.2% -10.7% -7.7% -1.8% -8.5% -8.7% -1.9% -10.9% -10.9% -13.2% -2.9% -11.9% -12.9% -11.9% -12.4% -12.4% -12.4% -12.4% -12.4% -12.5% -10.0% -1
Chemotherapy & Radiotherapy Colorectal Surgery Colorectal Surgery 3. Dermatology 2. Diagnostic GI Endoscopy 9. Drug & Alcohol 1. Ear, Nose & Throat Endocrinology Extensive Burns Gastroenterology Gynaecology 4. Haematology 1. Junioral Surgery Junioral	566 2332 3355 220 9903 1126 8865 865 66 6564 7719 0 0 5499 195 6666 4077 778 8882 508 665 106 8811 0 0 0 107 774 5 5 321 8882 232 0 0 0 2999 102 7753 8885 685 685 685 685 685 685		2 666 42 19 63 9 176 87 0 32 271 5 53 29 14 44 142 118 84 280 671 91 482 101 395 0 29 1378 18 45 46 47 47 48 48 48 49 48 49 48 40 48 40 48 40 48 40 48 40 48 40 48 40 48 40 48 40 48 40 48 40 48 48 48 48 48 48 48 48 48 48 48 48 48	1 96 37 22 101 13 184 99 0 44 4 258 33 81 11 33 7 140 71 86 313 681 104 488 125 272 0 6 32 113 0 6 6 6 6 6 6 6 9 4,557 44 178 253 299 216	4 108 37 15 56 144 146 103 11 1 1 1 16 1 16 1 16 1 16 1 16 1	5 98 49 16 73 11 196 65 6 0 38 230 12 29 26 73 13 13 15 20 147 102 81 147 102 81 258 691 124 372 0 292 27 57 9 170 58 4,370 27 121 364	10 89 56 17 77 77 10 194 79 3 44 290 12 52 22 29 14 154 154 154 155 95 315 675 97 488 132 0 0 266 288 22 27 288 29 188 198 198 198 198 198 198 19	5 80 23 14 56 9 156 61 0 42 217 39 46 20 1 10 1 87 326 670 82 254 58 8 51 180 54 4,179 28 6 485	9 109 109 21 22 44 7 116 99 0 51 187 4 26 29 85 3 123 83 89 260 695 62 370 90 0 39 198 15 41 11 47 30 163 27 3,746	9 80 41 19 83 11 149 92 258 6 41 130 87 14 155 97 104 464 99 309 0 27 253 255 6 6 6 107 464 41 92 107 108 109 109 109 109 109 109 109 109 109 109	5 92 52 16 777 16 183 110 6 53 3000 7 28 35 108 14 457 140 425 367 21 41 71 195 47 4,767	7 99 99 159 169 169 169 179 189 189 189 189 189 189 189 189 189 18	6 92 - 18 69 - 11 165 89 2 43 251 15 40 28 89 12 15 40 28 67 40 12 49 12 49 49 12 49 47 125 336 0 30 309 21 54 9 70 18 9 70 18 9 70 70 70 70 70 70 70 70 70 70 70 70 70	6 92 - 18 69 11 165 89 2 43 251 15 40 28 91 12 49 131 105 67 447 123 336 0 30 30 92 21 54 92 92 94 94 94 95 96 97 97 97 97 97 97 97 97 97 97 97 97 97	69 1,100 382 216 827 137 1,978 1,064 25 512 3,015 179 477 340 1,087 1,397 1,571 1,263 1,109 3,556 8,094 1,493 5,367 1,480 4,035 6 360 3,703 3,703 252 646 653 105 835 2,160 581 52,285	13 -132 -132 -27 -4 -77 -11 -114 -100 -19 -51 -296 -179 -73 -10 -11 -56 -79 -164 -485 -773 -48 -28 -89 -646 -33 -82 -73 -104 -444 -216 -55 -57 -73 -100 -11 -56 -646 -646 -646 -646 -646 -646 -646	23.2% -10.7% -1.8% -8.5% -1.8% -8.5% -1.9% -1.9.1% -1.9.9% -1.2.9% -1.1.9%
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Haematological Surgery	0 0 0 0 0 0 0 0 0 0		5 53 29 89 14 44 142 118 84 280 671 482 101 395 0 29 378 18 45 39 8 65 173 50 4,485 26 106 636 326 279 1,374	33 41 33 81 11 11 37 140 71 86 313 681 104 488 125 0 32 71 16 66 61 113 0 69 4,557 44 178 259 299	25 47 31 74 10 41 141 141 195 303 701 69 382 145 301 0 36 342 21 52 176 42 4,323 26 105 345 204 305	12 29 26 73 13 50 147 102 81 258 691 124 372 0 30 292 27 55 67 9 9 170 54 4,370 27 121 134	12 52 22 99 14 50 154 154 155 95 315 675 97 488 132 362 0 0 26 288 22 72 18 0 9 486 178 486 24 50 50 50 50 50 50 50 50 50 50 50 50 50	39 46 20 93 11 57 103 101 87 326 670 82 394 157 346 0 32 254 17 54 88 8 51 180 54 4,179 28	4 266 29 85 3 123 83 89 260 695 62 370 90 0 39 198 15 41 11 47 7 3,746 27 3,746	6 41 30 87 14 125 97 104 331 627 107 464 99 309 0 253 25 50 63 212 4,181	7 28 35 108 18 46 121 95 84 344 741 110 457 140 425 0 25 367 21 41 71 16 71 195 47 4,767	8 35 28 116 8 112 115 593 39 91 12 17 12 1 15 5 1 19 1 19 1 15 1 19 1 15 1 10 1 10	15 40 28 91 12 49 131 105 92 296 674 91 1447 125 336 0 30 9 21 54 54 9 70 10 10 10 10 10 10 10 10 10 10 10 10 10	15 40 28 91 12 49 131 105 52 296 674 91 447 123 336 0 30 30 21 54 9 9 180 180 180 180 180 180 180 180 180 180	179 477 340 1,087 139 587 1,571 1,263 1,109 3,5%6 8,094 1,093 5,367 1,480 0 360 3,703 252 646 653 105 835 2,160 581 52,285	179 -73 -100 -111 -56 -79 164 -485 -773 -48 -88 -88 -88 -89 -89 -73 -73 -73 -73 -73 -73 -73 -73 -73 -73	-13.2% -2.9% -1.0% -28.8% -11.9% -11.7% -62.4% -41.1% -1.4% -1.2% -7.6% -100.0% -12.7% -8.7% -49.7% -49.7% -49.7% -10.9% -15.2% -15.2% -19.5%
Haematology	549 350 988 195 195 666 407 778 8882 508 665 8811 696 51 5221 898 2322 0 0 102 775 3086 685 685 685 685 685 686 686 686 686 6		53 29 89 14 44 142 118 84 280 671 91 482 101 395 0 29 378 18 45 50 4,485 26 106 636 326 279 1,374	41 33 81 11 37 140 71 86 313 681 104 488 125 272 0 32 377 16 66 66 61 103 0 69 4,557 44 178 253 293 293 293 293 494 495 495 495 495 495 495 495	47 31 74 10 41 141 116 95 303 701 69 382 145 306 36 32 21 52 18 16 62 21 52 42 42 43 43 43 43 43 43 43 43 43 43	29 26 73 13 50 147 102 81 258 691 96 460 124 372 0 30 292 27 52 67 9 92 170 54 4,370	52 22 29 99 14 50 154 95 315 675 97 488 132 362 0 26 288 22 72 18 69 178 69 178 69 178 69 178 69 178 69 178 69 69 178 69 69 69 69 69 69 69 69 69 69 69 69 69	46 20 93 111 57 103 101 87 326 670 82 157 346 0 32 254 18 58 51 180 54 4,179 28 96 485	26 29 85 3 54 123 83 89 260 695 62 370 90 399 198 15 41 41 47 163 27 3,746	41 30 87 14 51 125 97 104 331 627 107 464 99 309 0 27 253 25 50 75 0 63 212 164 4181	28 35 108 46 121 95 84 741 110 457 140 425 0 25 367 21 41 71 16 71 195 47 47 476	35 28 116 8 58 112 115 119 235 593 61 272 272 339 277 66 56 19 105 186 488	40 28 91 12 49 121 105 92 296 674 91 125 336 0 30 30 21 54 9 44 9 10 40 40 40 40 40 40 40 40 40 40 40 40 40	40 28 91 12 49 131 105 92 296 674 91 123 336 0 309 309 21 54 54 9 70 180 48 48 4,325	477 340 1,087 139 587 1,571 1,263 1,109 3,556 2,094 1,043 3,60 1,480 4,035 0 360 3,703 3,703 252 646 653 105 835 2,160 581 52,266 581 52,286	.73 .10 .11 .56 .79 .164 .485 .773 .48 .28 .28 .28 .213 .444 .216 .55 .40 .606 .646 .3 .805 .73 .104 .444 .444 .444 .444 .444 .444 .444	-2.9% -1.0% -2.8.8% -11.9% -11.7% -6.2.4% -41.1% -1.2% -7.6.9% -10.0.0% -12.7% -2.8.8% -2.9% -3.5% -4.9.7% -3.5% -3.5% -15.2% -3.5% -4.4.4%
Head & Neck Surgery 3 3 3 3 3 3 3 3 3	350 998 998 998 998 998 998 998 998 998 99		29 89 14 44 142 118 84 280 671 91 482 101 395 0 29 378 18 45 39 8 65 173 50 4485 106 636 326 279 1,374	33 81 11 37 140 71 86 313 681 104 488 125 272 0 32 377 16 66 113 0 69 167 69 4,557 44 178 259 216	31 74 10 41 141 146 95 303 701 69 382 145 301 0 342 21 15 52 18 16 62 24 42 4,323 26 105 345 345 42 43 43 44 41 41 41 41 41 41 41 41 41	26 73 13 50 147 102 81 258 691 460 124 372 0 30 292 27 52 67 9 9 9 170 54 4,370	22 99 14 50 154 154 95 315 675 97 488 132 362 0 26 288 22 72 18 0 69 178 63 34,661 25 92 456 26 27 28 28 29 20 20 20 20 20 20 20 20 20 20	20 93 11 57 103 87 326 670 82 394 157 346 0 32 254 17 54 58 8 51 180 54 4,179 28 28 485	29 85 3 54 123 89 260 695 62 370 90 0 309 198 15 41 47 763 27 3,746 23	30 87 14 51 125 97 104 331 627 107 464 99 309 0 0 27 253 255 50 63 212 16 4,181	35 108 46 121 95 84 344 741 110 425 0 25 367 21 41 71 45 71 40 425 457 47 44,767	28 116 8 58 112 115 235 593 91 488 121 27 0 25 339 27 66 56 56 16 56 16 66 63 4,365	28 91 12 49 131 105 92 296 674 91 123 336 0 0 30 9 21 54 9 60 180 9 180 180 180 180 180 180 180 180 180 180	28 91 12 49 131 105 92 296 674 91 123 336 0 30 309 21 54 54 9 9 70 180 48 48 48 48 4325	340 1,087 139 587 1,571 1,263 1,109 3,556 7,093 1,093 1,093 1,480 4,035 0 360 3,703 252 646 653 105 835 2,160 581 52,285 2,260 1,272	-10 -11 -56 -79 -164 -485 -773 -48 -13 -444 -216 -261 -5 -5 -20 -646 -646 -646 -3 -3 -82 -73 -104 -104 -89 -58	-2.9% -1.0% -2.8.8% -11.9% -11.7% -6.2.4% -41.1% -1.2% -7.6.9% -10.0.0% -12.7% -2.8.8% -2.9% -3.5% -4.9.7% -3.5% -3.5% -15.2% -3.5% -4.4.4%
Immunology & Infections 1,0	195 666 407 778 8882 508 665 665 8811 696 774 5 321 898 232 0 102 7753 8086 685 685 685 685 3330 6566 686 8889		14 44 44 142 118 84 671 91 482 101 395 0 29 378 18 45 50 4,485 26 106 636 326 279 1,374	11 37 140 71 86 81 104 488 125 272 0 32 377 16 66 66 113 0 69 4,557 44 178 253 292 216	10 41 141 116 95 303 701 69 9 382 145 301 0 36 342 21 52 16 62 42 42 4,323 26 105 345 205 345 345 345 345 345 345 345 345 345 34	13 50 147 102 81 258 691 96 460 124 372 0 30 292 27 52 67 9 9 92 170 54 4,370 27 121 124 124 125 126 127 127 127 127 127 127 127 127	14 50 154 95 315 675 97 488 132 362 0 26 288 22 72 18 0 69 178 63 4,661	11 57 103 101 87 326 670 82 394 157 346 0 32 254 17 54 58 8 51 180 54 4,179 28 96	3 54 123 83 89 260 695 62 370 90 309 0 39 198 15 41 47 7 163 27 3,746	14 51 125 97 104 331 627 107 464 99 309 0 27 253 25 50 63 212 16 4,181	18 46 121 95 84 741 110 457 140 425 0 25 367 21 41 71 16 71 195 47 4,767	8 58 112 115 119 235 593 91 488 121 272 0 25 339 27 66 56 19 105 163 4,365	12 49 121 105 92 296 674 91 147 125 336 0 30 30 21 54 9 4 9 10 9 10 9 10 9 10 9 10 9 10 9 10	12 49 131 105 92 296 674 51 123 336 0 30 309 21 54 54 9 70 180 48 4,325	139 587 1,571 1,263 1,109 3,556 2,094 1,093 1,093 0 360 3,703 252 646 653 105 835 2,160 581 5,285	.56 .79 164 485 .773 48 28 28 .13 .4444 .216 .55 40 805 20 646 3 82 73 .104 434	-28.8% -11.9% -11.7% -62.4% -41.1% -1.4% -1.4% -1.2% -1.6.9% -100.0% -12.4% -27.8% -8.7% -49.7% -19.9% -15.2% -15.2% -19.5% -4.4.4%
Medical Oncology 6 Neurology 1,4 Neurology 1,4 Neurology 1,4 Neurosurgery 7 Non Subspecialty Medicine 1,8 Non Subspecialty Surgery 3,5 Obstetrics 8,0 Ophthalmology 1,1 Orthopaedics 1,6 Plastic & Reconstructive Surgery 1,6 Qualified Neonate 3,7 Renal Dialysis Respiratory Medicine Respiratory Medicine 2,8 Reheumatology 2 Thoracic Surgery 1,2 Transplantation 1,2 Urology 2,0 Urology 2,0 Vascular Surgery 6 Inpatients 51,8 CCU 4 ICU 1,3 NICU 4,6 PICU 3,7 SCN 2,8 Critical Care 13,0 Cat 1 (Admitted and Discharged) 1,3 Cat 2 (Admitted and Dis	6666 407 7778 882 882 508 605 6106 811 5 696 7774 5 002 999 102 2299 102 2299 102 255 885 885 885 885 885 885 8888		44 142 118 84 280 671 91 482 101 395 0 29 378 18 45 39 8 65 173 50 4,485 106 636 326 279	37 140 71 86 313 681 104 488 125 272 0 32 377 16 66 113 0 69 167 69 4,557 44 178 259 216	41 141 146 95 303 701 69 382 145 301 0 36 342 21 18 16 62 176 42 4,323 4,323 26 105 345 204 300	50 147 102 81 258 691 96 460 124 372 0 30 292 27 52 67 9 9 170 54 4,370 27 121 36 46 46 46 46 47 47 47 47 47 47 47 47 47 47	50 154 154 95 315 675 97 488 132 362 0 26 288 22 72 72 18 0 69 178 63 34,661 25 92 466 466 466 466 466 466 466 46	57 103 101 87 326 670 82 394 157 346 0 32 254 17 54 58 8 51 180 54 4,179	54 123 83 89 260 695 62 370 90 0 309 198 15 41 130 11 47 163 27 3,746	51 125 97 104 331 627 107 464 99 309 0 27 253 25 50 63 212 16 4,181	46 121 95 84 344 741 110 457 140 25 367 21 47 16 77 195 47 4,767	58 112 115 119 235 593 51 488 121 272 0 25 339 27 66 56 19 105 105 63 4365	49 121 105 92 296 674 91 447 123 336 0 30 30 21 54 9 70 48 48 48	49 131 105 92 296 674 447 123 336 30 30 30 30 21 54 54 9 70 180 48 4,325	587 1,571 1,263 1,109 3,556 8,094 1,093 1,093 1,367 1,480 4,035 0 360 3,703 252 646 653 105 835 2,160 581 52,285	-79 164 485 -773 48 -13 -444 -2116 261 -5 40 805 20 646 -646 -646 3 82 73 -104 49 -889 -58	-11.9% -11.7% -11.7% -12.7% -13.7% -14.1% -1.2% -7.6% -10.0% -12.7% -12.
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Neurosurgery 7 Non Subspecialty Medicine 1,8 Non Subspecialty Surgery 3,5 Obstetrics 8,0 Ophthalmology 1,1 Orthopaedics 5,8 Plastic & Reconstructive Surgery 1,6 Qualified Neonate 3,7 Renal Dialysis 3 Renal Dialysis 2,8 Renal Medicine 3 Respiratory Medicine 2,8 Rheumatology 2 Thoracic Surgery 7 Transplantation 1,2 Transplantation 1,2 Transplantation 1,2 Upper GIT Surgery 7 Upore GIT Surgery 6 Inpatients 51,8 ICCU 4 ICU 1,3 NICU 4,6 PICU 3,7 SCN 2,8 Critical Care 13,0 Cat 1 (Admitted and Discharged) 4,3 Cat 2 (Admitted and Discharged) 4,5	778 8882 508 508 605 606 811 696 774 5 321 321 9898 232 0 0 102 102 105 685 685 685 685 685 686 686 686 686 687 688		118 84 280 671 91 482 101 395 0 29 378 45 18 45 45 39 8 65 173 50 4,485 26 636 326 637 429 1,374	71 86 313 681 104 488 125 272 0 32 377 16 66 113 0 69 167 69 4,557 44 178 259 216	116 95 303 701 69 382 145 301 0 0 36 342 21 18 16 62 4,323 4,323 105 345 204 300	102 81 258 691 96 460 0 30 292 27 52 67 9 9 92 170 54 4,370	154 95 315 675 97 488 132 362 0 26 288 22 72 18 0 69 178 63 4,661	101 87 326 670 82 394 157 346 0 0 32 254 17 58 8 51 180 54 4,179	83 89 260 695 62 370 90 0 399 198 15 41 30 11 47 163 27 3,746	97 104 331 321 627 107 464 99 309 0 27 253 25 0 63 212 16 4,181	95 84 344 741 110 457 0 0 25 367 21 41 71 156 71 155 47 4,767	115 119 235 593 61 488 121 272 0 25 339 27 66 56 19 105 63 4,365	105 92 296 674 91 447 125 336 0 30 309 21 54 9 70 48 48 4,325	105 92 296 674 91 447 123 336 0 309 21 54 9 70 180 48 4,325	1,263 1,109 3,556 £,094 1,093 1,093 1,480 4,055 0 360 3,703 252 646 653 105 835 2,160 581 52,286	485 -773 488 28 -13 -484 -216 261 -55 40 805 20 646 -646 3 82 73 -104 434 -389 -58	62.4% -41.1% -1.4% -1.2% -7.6% -12.7% -6.9% -100.0% -12.4% -27.8% -8.7% -9.9% -10.5,2% -15.2% -15.2% -8.8% -15.2% -14.4%
Non Subspecialty Medicine 1,8 Non Subspecialty Surgery 3,5 Ophthalmology 1,1 Orthopaedics 5,8 Plastic & Reconstructive Surgery 1,6 Qualified Neonate 3,7 Renal Dialysis 2,8 Renal Medicine 2,8 Respiratory Medicine 2,8 Rebreamatology 2 Thoracic Surgery 1,2 Transplantation 1,2 Upology 2,0 Vascular Surgery 6 Inpatients 51,8 CCU 4 ICU 1,3 NICU 4,6 PICU 3,7 SCN 2,8 Critical Care 13,0 Cat 1 (Admitted and Discharged) 1,3 Cat 2 (Admitted and Discharged) 4,3 Cat 3 (Admitted and Discharged) 1 Cat 4 (Admitted and Discharged) 1 Cat 5 (Admitted and Discharged) 1 Cat 6 (Admitted and Discharged) 1 Did	508 665 665 666 811 696 6774 5 321 321 898 898 8222 0 0 102 7753 886 685 885 885 885 885 885 885		280 671 91 482 101 395 0 29 378 18 45 39 8 65 173 50 4,485 26 106 636 326 279	313 681 104 488 125 272 0 32 377 16 66 113 0 69 167 4,557 44 178 259 299 216	303 701 69 382 145 301 0 36 342 21 52 18 16 62 176 42 4,323 26 105 345 204 300	258 691 96 460 124 372 0 30 292 27 52 67 9 22 170 24 4,370 27 124 4,44 264	315 675 97 488 132 362 0 26 288 22 72 18 0 69 178 63 4,661	326 670 82 394 157 346 0 32 254 17 54 58 8 8 180 54 4,179	260 695 62 370 90 309 0 198 15 41 47 163 27 3,746	331 627 107 464 99 309 0 0 27 253 25 50 0 63 212 16 4,181	344 741 110 457 140 425 0 25 367 21 41 71 46 71 195 47 4,767	235 593 51 488 488 121 272 0 25 339 27 66 56 19) 105 4365	296 674 91 447 125 336 0 30 309 21 54 9 70 180 48 4,325	296 674 91 447 123 336 0 30 309 21 54 9 70 180 48 4,325	3,556 £,094 1,093 5,367 1,480 4,035 0 360 3,703 252 646 653 105 835 2,160 581 52,285	48 28 28 -133 -4444 -216 261 -55 40 805 20 646 -646 -646 3 3 82 73 -104 434	1.4% 0.4% -1.2% -7.6% -12.7% -100.0% 12.4% 27.8% 8.7% -49.7% -49.9% 10.9% -15.2% -0.8% -15.2% -0.8% -19.5% -4.4%
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Orthopaedics 5.8 Plastic & Reconstructive Surgery 1.6 Qualified Neonate 3,7 Renal Dialysis 3,7 Renal Medicine 2,8 Rheumatology 2 Thoracic Surgery 1,2 Transplantation 1 Upper GIT Surgery 7 Urology 2,0 Vascular Surgery 6 Inpatients 51,8 CCU 4,6 ICU 1,3 INICU 4,6 PICU 3,7 SCN 2,8 Critical Care 13,0 Cat 1 (Admitted and Discharged) 4,3 Cat 2 (Admitted and Discharged) 4,3 Cat 3 (Admitted and Discharged) 4,5 Cat 5 (Admitted and Discharged) 4,5 Cat 5 (Admitted and Discharged) 1,0 Cat 6 (Admitted and Discharged) 1,0 Cat 7 (Admitted and Discharged) 1,0 Cat 8 (Admitted and Discharged) 1,0 Cat 9 (Admitted and Discharged) 1,0	8811 696 7774 5 321 898 8232 0 0 2299 102 7753 886 6885 881		482 101 395 0 29 378 18 45 39 8 65 173 50 4,485 26 106 636 326 279 1,374	488 125 272 0 32 377 16 66 113 0 69 4,557 44 178 259 216	382 145 301 0 36 342 21 18 16 62 176 42 4,323 26 105 345 204 300	460 124 372 0 30 292 27 52 67 9 92 170 54 4,370 27 121 364 264	488 132 362 0 26 288 22 72 18 0 69 178 63 4,661 25 92 456	394 157 346 0 32 254 17 54 8 51 180 54 4,179 28 96 485	370 90 309 0 0 198 15 41 30 11 47 163 27 3,746	464 99 309 0 27 253 25 50 75 0 63 212 16 4,181	457 140 425 0 25 367 21 41 71 16 71 195 47	488 121 272 0 25 339 27 66 56 19 105 186 63 4,365	447 123 336 0 30 309 21 54 54 59 70 180 48 4,325	447 123 336 0 30 309 21 54 54 9 9 70 180 48 4,325	5,367 1,480 4,035 0 360 3,703 252 646 653 105 835 2,160 581 52,285	-444 -216 261 -55 40 805 20 646 646 33 82 73 -104 434	-7.6% -12.7% -6.9% -10.0% -12.4% -27.8% -8.7% -49.7% -49.7% -10.9% -3.5% -15.2% -0.8% -19.5% -4.4%
Plastic & Reconstructive Surgery 1,6	696 774 5 5 321 898 232 0 0 299 102 255 885 851		101 395 0 29 378 18 45 39 8 65 173 50 4,485 26 106 636 636 636 636 279 1,374	125 272 0 32 377 16 66 113 0 69 167 69 4,557 44 178 253 299 216	145 301 0 36 342 21 52 18 16 62 176 42 4,323 26 105 345 204 300	124 372 0 30 30 292 27 52 67 9 92 170 54 4,370 27 121 364 264	132 362 0 26 288 22 72 18 0 69 178 63 4,661 25 92 456 262	157 346 0 32 254 17 54 58 8 51 180 54 4,179 28 96	90 309 0 39 198 15 41 30 11 47 163 27 3,746	99 309 0 27 253 25 50 75 0 63 212 16 4,181	140 425 0 25 367 21 41 71 16 71 195 47 4,767	121 272 0 25 339 27 66 56 19 165 186 63 4,365	1/25 336 0 30 309 21 54 54 9 /0 180 48 4,325	123 336 0 30/ 309 21 54 54 9 70 180 48 4,325	1,480 4,035 0 360 3,703 252 646 653 105 835 2,160 581 52,285	-216 261 -5 40 805 20 646 -646 3 82 73 -104 434	-12.7% 6.9% -100.0% 12.4% 27.8% 8.7% -49.7% 2.9% 1.5.5% -15.2% 0.8%
Renal Dialysis 3.8 Renal Medicine 2.8 Respiratory Medicine 2.8 Rhesupiratory Medicine 2.2 Thoracic Surgery 1.2 Transplantation 1 Upper Gif Surgery 7 Urology 2.0 Vascular Surgery 6 inpatients 51.8 CCU 4.6 ICU 1.3 NICU 4.6 PICU 3.7 SCN 2.8 Critical Care 13.0 Cat 1 (Admitted and Discharged) 1.3 Cat 2 (Admitted and Discharged) 4.5 Cat 3 (Admitted and Discharged) 4.5 Cat 4 (Admitted and Discharged) 4.5 Cat 5 (Admitted and Discharged) 1.0 Did Not Walt 1 Died 1.0 GEM MAINT PALLIATIVE 2 REHAB 3 Sub and Non-Acute Patients 8 Designated Bed (Per Diem Activity) 1.4	5 321 321 321 321 321 321 321 321 321 321		0 29 378 18 45 39 8 65 173 50 4,485 26 106 636 326 279 1,374	0 32 377 16 66 66 113 0 69 167 69 4,557 44 178 253 299 216	0 36 342 21 52 18 16 62 176 42 4,323 26 105 345 204 300	0 30 292 27 52 67 9 92 170 54 4,370 27 121	0 26 288 22 72 18 0 69 178 63 4,661 25	0 32 254 17 54 58 8 51 180 54 4,179 28 96	0 39 198 15 41 30 11 47 163 27 3,746	0 27 253 25 50 75 0 63 212 16 4,181	0 25 367 21 41 71 16 71 195 47 4,767	0 25 339 27 66 56 19 105 186 63 4,365	0 30 309 21 54 54 9 70 180 48 4,325	0 30 309 21 54 54 9 70 180 48 4,325	0 360 3,703 252 646 653 105 835 2,160 581 52,285	-5 40 805 20 646 -646 3 82 73 -104 434	-100.0% 12.4% 27.8% 8.7% -49.7% 2.9% 10.9% 3.5% -15.2% 0.8%
Renal Medicine 3 Respiratory Medicine 2,8 Respiratory Medicine 2,8 Rheumatology 2 Thoracic Surgery 7 Transplantation 1,2 Transplantation 2,0 Upper Gif Surgery 6 Inpatients 51,8 Inpatients 4,0 ICU 1,3 NICU 4,6 PICU 3,7 SCN 2,8 Critical Care 13,0 Cat 1 (Admitted and Discharged) 1,3 Cat 2 (Admitted and Discharged) 4,3 Cat 3 (Admitted and Discharged) 4,3 Cat 4 (Admitted and Discharged) 1 Did Not Wait 0 Died 1 Emergency Services Treated ³ 1 Emergency Department 1 GEM 4,1 MAINT 1 PALLIATIVE 2 REHAB 3 Sub and Non-Acute Patients 8 Designat	321 898 232 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		29 378 18 45 39 8 65 173 50 4,485 26 106 636 326 279 1,374	32 377 16 66 113 0 69 167 69 4,557 44 178 253 299 216	36 342 21 52 18 16 62 176 42 4,323 26 105 345 204 300	30 292 27 52 67 9 92 170 54 4,370 27 121 364 264	26 288 22 72 18 0 69 178 63 4,661 25 92 456	32 254 17 54 58 8 51 180 54 4,179 28 96	39 198 15 41 30 11 47 163 27 3,746	27 253 25 50 75 0 63 212 16 4,181	25 367 21 41 71 16 71 195 47 4,767	25 339 27 66 56 19 105 186 63 4,365	30 309 21 54 54 9 70 180 48 4,325	30 309 21 54 54 9 70 180 48 4,325	360 3,703 252 646 653 105 835 2,160 581 52,285	40 805 20 646 -646 3 82 73 -104 434	12.4% 27.8% 8.7% 49.7% 2.9% 10.9% 3.5% -15.2% 0.8%
Respiratory Medicine 2.8 Rheumatology 2 Thoracic Surgery 1.2 Transplantation 1 Transplantation 1 Upper GIT Surgery 7 Urology 2,0 Vascular Surgery 6 Inpatients 51,8 CCU 4,6 ICU 1,3 NICU 4,6 PICU 3,7 SCN 2,8 Critical Care 13,0 Cat 1 (Admitted and Discharged) 1,3 Cat 2 (Admitted and Discharged) 1,3 Cat 3 (Admitted and Discharged) 4,5 Cat 5 (Admitted and Discharged) 1,5 Died Emergency Services Treated 3 Emergency Services Treated 3 Emergency Department 10,5 GEM MAINT 1 PALLATIVE 2 REHAB 3 Sub and Non-Acute Patients 8 Designated Bed (Per Diem Activity) 1,4 PSychiatry - Acute (SRG) 1	8898 232 0 0 232 0 0 2299 1002 2753 2086 6885 8851 2456 3330 6556 705 8889		378 18 45 39 8 65 173 50 4,485 26 106 636 326 279 1,374	377 16 66 113 0 69 167 69 4,557 44 178 253 299 216	342 21 52 18 16 62 176 42 4,323 26 105 345 204 300	292 27 52 67 9 92 170 54 4,370 27 121 364 264	288 22 72 18 0 69 178 63 4,661 25 92 456 262	254 17 54 58 8 51 180 54 4,179 28 96 485	198 15 41 30 11 47 163 27 3,746	253 25 50 75 0 63 212 16 4,181	367 21 41 71 16 71 195 47 4,767	339 27 66 56 19 105 186 63 4,365	309 21 54 54 9 70 180 48 4,325	309 21 54 54 9 70 180 48 4,325	3,703 252 646 653 105 835 2,160 581 52,285	805 20 646 -646 3 82 73 -104 434	27.8% 8.7% -49.7% 2.9% 10.9% 3.5% -15.2% 0.8%
Rheumatology	232 0 299 102 753 086 685 851 456 330 656 705 889	-	18 45 39 8 65 173 50 4,485 26 106 636 326 279 1,374	16 66 113 0 69 167 69 4,557 44 178 253 299 216	21 52 18 16 62 176 42 4,323 26 105 345 204 300	27 52 67 9 92 170 54 4,370 27 121 364 264	22 72 18 0 69 178 63 4,661 25 92 456	17 54 58 8 51 180 54 4,179 28 96 485	15 41 30 11 47 163 27 3,746	25 50 75 0 63 212 16 4,181	21 41 71 46 71 195 47 4,767	27 66 56 19 105 186 63 4,365	21 54 54 9 70 180 48 4,325	21 54 54 9 70 180 48 4,325	252 646 653 105 835 2,160 581 52,285 367 1,272	20 646 -646 3 82 73 -104 434	8.7% -49.7% 2.9% 10.9% 3.5% -15.2% 0.8%
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Transplantation 1 Upper Gif Surgery 7 Urology 2,0 Vascular Surgery 6 inpatients 51,8 CCU 1,3 ICU 1,3 NICU 4,6 PICU 3,7 SCN 2,8 Critical Care 13,0 Cat 1 (Admitted and Discharged) 1,3 Cat 2 (Admitted and Discharged) 4,3 Cat 3 (Admitted and Discharged) 4,5 Cat 4 (Admitted and Discharged) 1 Did Not Walt 0 Died 1 Emergency Services Treated 3 1 Emergency Department 10,5 GEM MAINT 1 PALLIATIVE 2 REHAB 3 Sub and Non-Acute Patients 8 Designated Bed (Per Diem Activity) 1,4 Psychiatry - Acute (SRG) 1 Mental Health 1,5 Medical 3,3 Surgical 3,1 <	102	-	8 65 173 50 4,485 26 106 636 326 279 1,374	0 69 167 69 4,557 44 178 253 299 216	16 62 176 42 4,323 26 105 345 204 300	9 92 170 54 4,370 27 121 364 264	0 69 178 63 4,661 25 92 456 262	8 51 180 54 4,179 28 96 485	11 47 163 27 3,746	0 63 212 16 4,181	16 71 195 47 4,767	19 105 186 63 4,365	9 /0 180 48 4,325	9 70 180 48 4,325	105 835 2,160 581 52,285 367 1,272	3 82 73 -104 434 -89 -58	2.9% 10.9% 3.5% -15.2% 0.8% -19.5% -4.4%
Upper GIT Surgery 7 Urology 2,0 Vascular Surgery 6,0 Inpatients 51,8 CCU 4,1 CU 1,3 NICU 4,6,6 PICU 3,7 SCN 2,8 Critical Care 13,0 Cat 1 (Admitted and Discharged) 1,3 Cat 2 (Admitted and Discharged) 4,3 Cat 3 (Admitted and Discharged) 4,3 Cat 3 (Admitted and Discharged) 4,3 Cat 3 (Admitted and Discharged) 1,3 Use 1,4	753 086 685 851 456 330 656 705 889	-	65 173 50 4,485 26 106 636 326 279 1,374	69 167 69 4,557 44 178 253 299 216	62 176 42 4,323 26 105 345 204 300	92 170 54 4,370 27 121 364 264	69 178 63 4,661 25 92 456 262	51 180 54 4,179 28 96 485	47 163 27 3,746 23 83	63 212 16 4,181	71 195 47 4,767	165 186 63 4,365	70 180 48 4,325	70 180 48 4,325	835 2,160 581 52,285 367 1,272	82 73 -104 434 -89 -58	10.9% 3.5% -15.2% 0.8% -19.5% -4.4%
Urology 2,0 Vascular Surgery 6 Impatients 51,8 CCU 4,1 ICU 1,3 ICU 4,6 PICU 3,7, SCN 2,8 Critical Care 13,0 Cat 1 (Admitted and Discharged) 1,3 Cat 2 (Admitted and Discharged) 4,3 Cat 3 (Admitted and Discharged) 4,5 Cat 5 (Admitted and Discharged) 4,5 Cat 5 (Admitted and Discharged) 1,3 Cat 6 (Admitted and Discharged) 1,3 Cat 6 (Admitted and Discharged) 1,3 Cat 6 (Admitted and Discharged) 1,3 Cat 6 (Admitted and Discharged) 1,3 Cat 6 (Admitted and Discharged) 1,3 Cat 6 (Admitted and Discharged) 1,3 Cat 6 (Admitted and Discharged) 1,3 Cat 6 (Admitted and Discharged) 1,3 Cat 6 (Admitted and Discharged) 1,3 Cat 6 (Admitted and Discharged) 1,3 Cat 6 (Admitted and Discharged) 1,3 Cat 6 (Admitted and Discharged) 1,3 Cat 6 (Admitted and Discharged) 1,3 Cat 6 (Admitted and Discharged) 1,3 Cat 6 (Admitted and Discharged) 1,3 Cat 7 (Admitted and Discharged) 1,3 Cat 7 (Admitted and Discharged) 1,3 Cat 7 (Admitted and Discharged) 1,3 Cat 8 (Admitted and Discharged) 1,3 Cat 8 (Admitted and Discharged) 1,3 Cat 8 (Admitted and Discharged) 1,3 Cat 8 (Admitted and Discharged) 1,3 Cat 8 (Admitted and Discharged) 1,3 Cat 9 (Admitted and Discharged) 1,3 Cat 9 (Admitted and Discharged) 1,3 Cat 9 (Admitted and Discharged) 1,3 Cat 9 (Admitted and Discharged) 1,3 Cat 9 (Admitted and Discharged) 1,3 Cat 9 (Admitted and Discharged) 1,3 Cat 9 (Admitted and Discharged) 1,3 Cat 1 (Admitted and Discharged) 1,3 Cat 1 (Admitted and Discharged) 1,3 Cat 1 (Admitted and Discharged) 1,3 Cat 1 (Admitted and Discharged) 1,3 Cat 1 (Admitted and Discharged) 1,3 Cat 1 (Admitted and Discharged) 1,3 Cat 1 (Admitted and Discharged) 1,3 Cat 1 (Admitted and Discharged) 1,3 Cat 1 (Admitted and Discharged) 1,3 Cat 1 (Admitted and Discharged) 1,3 Cat 1 (Admitted and Discharged) 1,3 Cat 1 (Admitted and Discharged) 1,3 Cat 1 (Admitted and Discharged) 1,3 Cat 1 (Admitted and Discharged) 1,3 Cat 1 (Admitted and Discharged) 1,3 Cat 1 (Admitted and Discharged) 1,3 Cat 1 (Admitted and Discharged) 1,3 Cat 1 (Admitted and Discharged) 1,3 Cat 1 (Admitted and Discharge	086 685 881 456 330 656 705 889	-	173 50 4,485 26 106 636 326 279 1,374	167 69 4,557 44 178 253 299 216	176 42 4,323 26 105 345 204 300	170 54 4,370 27 121 364 264	178 63 4,661 25 92 456 262	180 54 4,179 28 96 485	163 27 3,746 23 83	212 16 4,181	195 47 4,767	186 63 4,365	180 48 4,325	180 48 4,325	2,160 581 52,285 367 1,272	73 -104 434 -89 -58	3.5% -15.2% 0.8% -19.5% -4.4%
Vascular Surgery 6 Inpatients 51,8 CCU 4 ICU 13,3 NICU 4,6 PICU 3,7 SCN 2,8 Critical Care 13,0 Cat 1 (Admitted and Discharged) 1,3 Cat 2 Admitted and Discharged) 4,3 Cat 3 (Admitted and Discharged) 4,5 Cat 5 (Admitted and Discharged) 1 Did Not Wait 1 Died 1 Main 1 Died 1 MAINT 1 PALLIATIVE 2 REHAB 3 Sub and Non-Acute Patients 8 Designated Bed (Per Diem Activity) 1,4 Psychiatry - Acute (SRG) 1 Mental Health 1,5 Medical 3,3 Surgical 3,7 Allied Health 1,8	685 851 456 330 656 705 889		26 106 636 326 279 1,374	4,557 44 178 253 299 216	26 105 345 204 300	27 121 364 264	4,661 25 92 456 262	4,179 28 96 485	3,746 23 83	16 4,181 37	47 4,767	4,365	4,325	4,325	581 52,285 367 1,272	-89 -58	-19.5% -4.4%
CCU	456 330 656 705 889		26 106 636 326 279 1,374	44 178 253 299 216	26 105 345 204 300	27 121 364 264	25 92 456 262	28 96 485	23/	37/		42		31	367 1,272	-89 -58	-19.5% -4.4%
1,3 1,4 1,4 1,5 1,4 1,5 1,4 1,5	330 656 705 889	-	106 636 326 279 1,374	178 253 299 216	105 345 204 300	121 364 264	92 456 262	96 485	83		29		31		1,272	-58	-4.4%
NICU 4,6 PICU 3,7 SCN 2,8 Critical Care 13,0 Cat 1 (Admitted and Discharged) 1,3 Cat 2 (Admitted and Discharged) 4,3 Cat 3 (Admitted and Discharged) 4,3 Cat 4 (Admitted and Discharged) 4,3 Cat 5 (Admitted and Discharged) 4,5 Cat 5 (Admitted and Discharged) 1,0 Did Not Wait Died	656 705 889	-	636 326 279 1,374	253 299 216	345 204 300	364 264	456 262	485		80			31	106			
PICU 3,7	705 889	-	326 279 1,374	299 216	204 300	264	262		349		109	90	106				
2,8 2,8 13,0 13	889	-	279 1,374	216	300			195	315	273/ 375	436 336	420 238	402 281	402	4,821	165 -328	3.5%
Critical Care 13,0 Cat 1 (Admitted and Discharged) 1 Cat 2 (Admitted and Discharged) 4,3 Cat 3 (Admitted and Discharged) 4,3 Cat 4 (Admitted and Discharged) 4,5 Cat 5 (Admitted and Discharged) 1 Did Not Wait 1 Died 1 Emergency Services Treated 3 1 Emergency Department 10,5 GEM MAINT 1 PALLIATIVE 2 REHAB 3 Sub and Non-Acute Patients 8 Designated Bed (Per Diem Activity) 1,4 Psychiatry - Acute (SRG) 1 Mental Health 1,5 Medical 3,3 Surgical 3,7 Allied Health 1,8			1,374				328	284	227	284	354	238	281	281 280	3,377 3,362	473	-8.9% 16.4%
Cat 2 (Admitted and Discharged) 1,3 Cat 3 (Admitted and Discharged) 4,3 Cat 3 (Admitted and Discharged) 4,5 Cat 5 (Admitted and Discharged) 1 Did Not Walt 1 Died Emergency Services Treated ³ Emergency Department 10,5 GEM MAINIT 1 PALLIATIVE 2 REHAB 3 Sub and Non-Acute Patients 8 Designated Bed (Per Diem Activity) 1,4 Psychiatry - Acute (SRG) 1 Medical 3,3 Surgical 3,7 Allied Health 1,8		-			201	1,092	1,162	1,088	997	1,049	1,264	1,002	1,100	1,100	13,199	163	1.2%
Cat 2 (Admitted and Discharged) 1,3 Cat 3 (Admitted and Discharged) 4,3 Cat 3 (Admitted and Discharged) 4,5 Cat 5 (Admitted and Discharged) 1 Did Not Walt 1 Died Emergency Services Treated ³ Emergency Department 10,5 GEM MAINIT 1 PALLIATIVE 2 REHAB 3 Sub and Non-Acute Patients 8 Designated Bed (Per Diem Activity) 1,4 Psychiatry - Acute (SRG) 1 Medical 3,3 Surgical 3,7 Allied Health 1,8	126		14	15	6	12	12	_ 10	10	11	11	12	11	11	135	9	7.5%
Cat 3 (Admitted and Discharged) Cat 4 (Admitted and Discharged) 4,5 Cat 5 (Admitted and Discharged) Jid Not Wait Died Emergency Services Treated 3 Emergency Department 10,5 GEM MAINT 1 PALLIATIVE 2 REHAB 3 Sub and Non-Acute Patients Designated Bed (Per Diem Activity) Psychiatry - Acute (SRG) Mental Health 1,5 Medical 3,3 Surgical 3,7 Allied Health 1,8	375	-	111	110	89	114	105	26	91	111/	120	113	106	106	1,272	-103	-7.5%
Cat 5 (Admitted and Discharged) Did Not Walt Died Emergency Services Treated ³ Emergency Department 10,5 GEM MAINT PALLIATIVE REHAB 33 Sub and Non-Acute Patients Designated Bed (Per Diem Activity) Psychiatry - Acute (SRG) Mental Health 1,5 Medical 3,3,7 Allied Health 1,8	321	-	370	361	323	322	318	315	285	3/10	361	350	332	332	3,979	-343	-7.9%
Did Not Wait	591	-	442	436	403	404	397	412	396	360	456	415	412	412	4,945	355	7.7%
Died Emergency Services Treated ³ Emergency Department GEM MAINT 1 PALLIATIVE 2 REHAB 3 Sub and Non-Acute Patients 8 Designated Bed (Per Diem Activity) 1,4 Psychiatry - Acute (SRG) 1 Mental Health 1,5 Medical 3,3 Surgical 3,7 Allied Health 1,8	158	-	14	15	15	14	19/	17	20	19	19	22	17	17	207	49 0	31.1%
Emergency Services Treated 3 Emergency Department 10,5 GEM MAINT 1 MAINT 1 2 PALLATIVE 2 8 REHAB 3 3 Sub and Non-Acute Patients 8 9 Designated Bed (Per Diem Activity) 1,4 Psychiatry - Acute (SRG) 1 Mental Health 1,5 Medical 3,3 Surgical 3,7 Allied Health 1,8	1	-	0	0	0	0	0	18	0	0	0	0	0	0	3	2	250.7%
GEM MAINT	0	-	-	-	-		Z -	//-		-	-	-	-	-	0	0	-
MAINT 1 PALLIATIVE 2 REHAB 3 3 Sub and Non-Acute Patients 8	572	-	952	938	837	866	851	849	803	811	966	912	879	879	10,542	-30	-0.3%
PALIJATIVE 2 REHAB 3 Sub and Non-Acute Patients 8 Designated Bed (Per Diem Activity) 1,4 Psychiatry - Acute (SRG) 1 Mental Health 1,5 Medical 3,3 Surgical 3,7 Allied Health 1,8	0	-	-	-	-	-			/ / ·	-	-	-	-	-	0	0	-
REHAB 3 Sub and Non-Acute Patients 8 Designated Bed (Per Diem Activity) 1.4 Psychiatry - Acute (SRG) 1 Mental Health 1.5 Medical 3.3 Surgical 3.7 Allied Health 1.8	188	-	13	21	36	21	18	9	25	6	20	43	21	21	254	66	35.0%
Designated Bed (Per Diem Activity) 1,4	252 366	-	21	35 31	12 21	25 22	12	20	16 19	20	23 19	14 28	20	20	239 244	-12 -121	-4.8% -33.2%
Designated Bed (Per Diem Activity) 1,4	805	-	54	88	69/	68	42	33	60	53	63	85	61	61	738	-68	-8.4%
Psychiatry - Acute (SRG) 1 Mental Health 1,5 Medical 3,3 Surgical 3,7 Allied Health 1,8								7									
Mental Health 1,5 Medical 3,3 Surgical 3,7 Allied Health 1,8	405	-	80	240	132	96	132	91	64	80	115	99	113	113	1,357	-48	-3.4%
Medical 3,3 Surgical 3,7 Allied Health 1,8	184 588	-	16 96	12 253	145	108	20 152	9 100	67	10 90	8 123	16 115	12 125	12 125	141 1,498	-43 -90	-23.2% -5.7%
Surgical 3,7 Allied Health 1,8						1											-
Allied Health 1,8	353	-	351	380	371	411	417	276	232	391	375	370	357	357	4,289	936	27.9%
		-	329 163	376 167	310 160	358 179	373 179	254 120	252 135	320 147	341 162	332 170	324 158	324 158	3,894 1,898	164 70	4.4% 3.8%
	61	-	25	27	22	28	27	17	21	23	20	22	23	23	277	217	357.9%
Paediatric 2	296	-	45	49	33	45	53	31	26	40	42	31	40	40	474	178	60.4%
Neonatal	0	-	//1	1	1	1	1	1	1	0	1	0	1	1	8	8	-
	778		242	282	251	262	265	236	267	239	264	259	257	257	3,079	302	10.9%
Alcohol & Drug Sub Acute	0	-/	3	5	3	9	7	4	6	- 6	5	- 5	5	5	0 66	0 66	
Clinical Measurement	35	$\neg \triangleleft$	36	32	30	35	35	21	18	27	34	32	30	30	360	325	918.3%
	32	-	1	1	1	1	0	1	1	1	1	0	1	1	11	-21	-64.7%
Pain Management Cystic Fibrosis 1	0 186		13	11	10	12	- 11	- 8	- 6	12	10	10	10	10	0 125	-62	-33.1%
Transplants 1	0		15	-	-	-	-	-	-	-	-	-	-	-	0	-62	-33.1/0
Endoscopy	0	-)	31	33	31	36	36	28	19	27	37	30	31	31	369	369	-
Interventional Cardiology	0			_/ ·	-	-	-	-	-	-	-	-	-	-	0	0	
	4.14	\sim	21 13	25 13	20 13	20 10	10	14	20	22 10	22 13	18	20 9	20 9	244 109	90 29	58.6% 36.8%
Dialysis Chemotherapy	151	- (318	306	304	368	321	256	332	298	300	300	310	310	3,723	3,723	30.070
	80 0	1	83	87	86	79	84	80	92	96	94	93	87	87	1,047	-1,981	-65.4%
Radiation Oncology	80	-	V ·	-	-	-	-	-	-	-	-	-	-	-	0	0	-
0.	80 0 028 0		9	9	12	12	10	6	6	11	9	7	9	9	109	-546	-83.3%
Pharmacy Community Health Services	80 0 028 0 655	-	-	-	-	-	-	-	-	-	-		-	-	0	0	
District Nursing Services	80 0 028 0			-	-	-	-	-	-	-	-	-	-	-	0	0	
Diagnostic Imaging Psychiatry	80 0 028 0 655 0 0			-	-	-	-	-	-	-	-	-	-	-	0	0	· ·
Psychiatry Primary Care	80 0 028 0 0 655 0 0 0	-	-	-								-	-	-	0	0	
Other	80 0 028 0 655 0 0		-	-			-	-	-	-	-	-	-	-	0	0	-
Outpatients 16,2	80 0 028 0 655 0 0 0 0 0	- - - - - -	-	-	-		4 054	1,354	1,441	1,670	1 721	1,682	1,674	1,674	20,083	3,867	23.8%
Overall Activity 94,0	80 0 028 0 655 0 0 0 0 0		1,684	1,802	1,656	1,866	1,851	-,	-,		1,731		_,0, -	1,074	.,		

- Notes:

 1 Purchased as at Window 1 2012-13
 2 Forecast as per HHS target phasing
 3 The majority of Emergency Services Treated data is now being captured against triage categories & DNW

HHS FLOW

April 2013

			ı	Residential HHS	*					
Inpatients	Mater Health	Metro South	Metro North	Gold Coast	West Moreton	Sunshine Coast	Other HHS	Non-Qld	YTD WAU - Total	% of Total - HHS Residents
inpatients	Service	Wietro South	IVIEU O IVOI UI	doid coast	West Woreton	Julishine Coast	Other IIII5	residents		11115 11115
01 Cardiology	-	547	66	21	38	15	34	27	748	
02 Interventional Cardiology	-	28	9	10	8	6	41	12	116	-
03 Cardiac Surgery	-	242	143	160	120	91	440	83	1,278	-
04 Thoracic Surgery	-	241	44	71	31	30	106	14	539	-
05 Dermatology	-	144	10	7	9	2	5	3	180	-
06 Endocrinology	-	589	75	43	80	5	62	34	887	-
07 Gastroenterology	-	339	30	12	25	0	8	13	427	-
08 Diagnostic GI Endoscopy	-	482	58	14	60	7	43	24	689	-
09 Haematology	-	294	27	10	34	2	17	14	397	-
10 Haematological Surgery	-	106	6	1	22	1	5	8	149	-
11 Immunology & Infections	-	670	82	17	73	5	40/	21	906	-
12 Medical Oncology	-	304	24	15	45	2	76		489	-
13 Chemotherapy & Radiotherapy	-	32	2	3	3		/ 18	// 0	57	-
14 Neurology	-	934	134	37	91	5	69	40	1,309	-
15 Renal Medicine	-	161	26	23	3	0	71	/ 15/	300	-
16 Renal Dialysis	-	-	-	-					_	-
17 Respiratory Medicine	-	2,085	249	135	264	39	200	114	3,086	-
18 Rheumatology	-	135	16	15	20	/ 4/	14	7	210	-
19 Non Subspecialty Medicine	_	675	72	18	72	(1	62	22	924	-
20 Breast Surgery	_	531	37	35	49	19	41) 3	716	-
21 Upper GIT Surgery	_	517	54	19	38	2	. 23	42	696	-
22 Colorectal Surgery	_	628	65	44	117	7	01	16	917	-
23 Head & Neck Surgery	_	199	30	2	24	(22	6	283	-
24 Neurosurgery	_	415	123	67	110	26	186	126	1,053	-
25 Dental Surgery	_	41	7	5	14		13	3	82	-
26 Dentistry	_	247	19	3	/	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	8	5	300	-
27 Ear, Nose & Throat	_	1,104	131	92	/140	22	99	60	1,649	-
28 Orthopaedics	_	3,094	442	144	254	65	347	127	4,472	_
29 Ophthalmology	_	473	169	60	52	25	94	37	910	_
30 Plastic & Reconstructive Surgery	_	758	95	50	86/	/ //17	173	54	1,233	_
31 Urology	_	667	77	58	84	// 8	860	45	1,800	_
32 Vascular Surgery	_	362	26	7	20	/ / 5	52	13	484	_
33 Non Subspecialty Surgery	_	1,928	268	_ 114	211	30	317	95	2,963	_
34 Gynaecology	_	1,774	182	50	188/	13	227	78	2,513	-
35 Obstetrics	_	5,688	293	91	385	1	198	89	6,745	_
36 Qualified Neonate	_	1,760	177	283	449	20	426	247	3,362	-
38 Transplantation	_	35	8/	^17			28	0	87	-
39 Extensive Burns	_	14	/_ /_	/ //o	<u> </u>		6		21	-
40 Tracheostomy	_	201	66	33	<u> </u>	30	142	6	544	_
41 Drug & Alcohol	_	76	13	6	2		14	3	114	-
43 Rehabilitation	_	-		\\ /			-	-		_
	1				/				ı	
Inpatient Total	-	28,522	3,357	1,791	3,303	506	4,626	1,530	43,635	-
Percentage of HHS Inpatient Total		67.7%	8.0%	4.3%	7.8%	1.2%	11.0%	3.6%		

Red values indicate the Top 5 SRG with the lowest number of the HHS's own residents treated $\,$

^{*} Residential HHS has been mapped manually this month - HSC are to provide ASGS mapping in future months



CASEMIX CHANGE - Year on year comparison - April 2013

Data source: Decision Support System (DSS) as at 17 June 2013

	2011-12 to 20		12-13 Change		Potential	WAUs notiona	notional variance	
	YTE	Seps	YTD I	WAUs	Casemix		Casemix	
Inpatients	Actual	%	Actual	%	Change	Volume	related	
Service Related Group (SRG)								
01 Cardiology	94	7.1%	23	3.1%	-4.0%	16	7.0	
02 Interventional Cardiology	-28	-14.8%	-2	-2.1%	12.8%	-2	-0.8	
03 Cardiac Surgery	13	11.4%	266	26.3%	14.9%	183	82.4	
04 Thoracic Surgery	-77	-16.7%	-44	-7.5%	9.2%	-30	-13.6	
05 Dermatology	27	8.0%	-5	-2.7%	-10.7%	-3	-1.6	
06 Endocrinology	20	2.7%	42	4.9%	2.2%	29	12.9	
07 Gastroenterology	-5	-0.5%	-11	-2.6%	-2.0%	-8	-3.5	
08 Diagnostic GI Endoscopy	88	10.5%	33	5.0%	-5.5%	23	10.2	
09 Haematology	-51	-7.8%	-136	-25.5%	-17.7%	-94	-42.1	
10 Haematological Surgery	-5	-8.5%	-23	-13.3%	-4.9%	-16	-7.1	
11 Immunology & Infections	49	5.5%	75	9.0%	3.5%	52	23.2	
12 Medical Oncology	-48	-8.1%	-51	-9.4%	-1.3%	-35	-15.8	
13 Chemotherapy & Radiotherapy	60	68.2%	24	71.8%	3.7%	16	7.4	
14 Neurology	-2	-0.1%	-6	-0.4%	-0.3%	-4	-1.8	
15 Renal Medicine	27	6.3%	1	0.3%	-6.0%	1	0.3	
16 Renal Dialysis	-12	-100.0%	-4	-100.0%	0.0%	-3	-1.3	
17 Respiratory Medicine	-85	-2.6%	-29	-0.9%	1.7%	-20	-9.0	
18 Rheumatology	11	2.7%	13	6.8%	4.1%	9	4.2	
19 Non Subspecialty Medicine	202	9.0%	32	3.6%	-5.4%	22	9.9	
20 Breast Surgery	33	7.4%	65	9.9%	2.5%	45	20.0	
21 Upper GIT Surgery	27	6.5%	32	4.9%	-1.6%	22	10.0	
22 Colorectal Surgery	13	4.1%	-134	-12.8%	-16.8%	-93	-41.6	
23 Head & Neck Surgery	5	3.1%	21	8.1%	4.9%	15	6.5	
24 Neurosurgery	42	5.5%	-55	-5.0%	-10.5%	-38	-17.1	
25 Dental Surgery	-11	-18.3%	-21	-20.7%	-2.4%	-15	-6.7	
26 Dentistry	19	4.2%	13	4.5%	0.3%	8	4.0	
27 Ear, Nose & Throat	-2	-0.1%	172	11.6%	11.7%	119) 53.3	
28 Orthopaedics	90	3.3%	247	5.9%	2.5%	171	76.6	
29 Ophthalmology	84	7.9%	93	11.4%	3.5%	64	28.8	
30 Plastic & Reconstructive Surgery	63	6.9%	93	8.2%	1.3%	64	29.0	
31 Urology	-16	-0.9%	-99	-5.2%	-4.3%	-68	-30.7	
32 Vascular Surgery	-17	-7.8%	29	6.4%	14.2%	20	9.1	
33 Non Subspecialty Surgery	12	0.3%	243	8.9%	8.6%	168	75.4	
34 Gynaecology	214	11.7%	304	13.8%	2.1%	210	94.3	
35 Obstetrics	288	5.1%	391	6.2%	1.0%	270	121.3	
36 Qualified Neonate	217	4.2%	220	7.0%	2.7%	152	68.1	
38 Transplantation		-	1	0.7%	0.7%	0	0.2	
39 Extensive Burns	6	150.0%	18	749.0%	599.0%	13	5.7	
40 Tracheostomy	-21	-25.3%	-285	-34.4%	-9.1%	-197	-88.3	
41 Drug & Alcohol	-9	-2.8%	11	10.2%	12.9%	7	3.3	
44 Unallocated	-	2.370	\ \ \	0.0%	0.0%		0.0	
Inpatient Total *	1,315	3.1%	1.556	3.7%	0.6%	1,074	482.4	
patient lotal	1,313	3.1/0	1,550	3.770	3.370	1,074	702.4	

Red values indicate a negative growth in Seps and a positive growth in WAU Blue values indicate a positive growth in Seps and a negative growth in WAU

AMBULATORY CARE - Review to New ratio - April 2013

Data source: Decis	ion Sunnort	Systom IDSS	ac at 17 lun	~ 201

					Data source: D	ecision Support	System (DSS) as	at 17 June 201
Weighted Activity Unit	s - WAU	2010-11	2011-12	2012-13	2012-13	R2	2N Ratio - WA	Us
Outpatients		Actual	Actual	Purchased	YTD	2010-11	2011-12	2012-13 YTI
Clinic Type								
Medical	New	757	1,002	1,150	834			
	Review	2,707	2,605	2,203	2,740	3.6	2.6	3.3
Surgical	New	941	1,110	2,356	746			
	Review	2,699	2,880 <	2,374	2,499	2.9	2.6	3.3
Allied Health	New	779	731	839	645			
	Review	1,030	1,227	990	937	1.3	1.7	1.5
	Other	- /		\	<u> </u>			
Pre-Admission	New	1/	2	1	/ 4			
	Review	88	320	59	227	71.1	197.1	54.6
Paediatric	New	146	110	168	106			
	Review	198	218) 128	289	1.4	2.0	2.7
Neonatal	New	. //		// -	6			
	Review	1 / /		/ .	0	-	-	0.0
Maternity	New	570	515	687	446			
	Review	1,745	2,038	2,091	2,120	3.1	4.0	4.7
Sub Acute	New	-	-	-	12			
	Review	\\ -	-	-	42	-		3.4
	Other	\	-	-	-			
Clinical Measurement	New	12	-	35	15			
	Review	-	-	-	285	-	-	18.
Wound Management	New	3	2	1	0			
\	Review	48	27	30	9	14.4	14.8	26.0
Pain Management	New	-	-	-	-			
	Review	-	-	-	-	-	-	
Cystic Fibrosis	New	-	-	-	-			
, \	Review	135	131	186	104	-	-	
Transplants	New	-	-	-	-			
	Review	-	-	-	-	-	-	
Endoscopy	New	-	-	-	240			
	Review	-	-	-	68	-	-	0.3
Interventional Cardiology	New	-	-	-	-			
	Review	-	-	-	-	-	-	
	Other	-	-	-	-			
Renal Medicine	New	30	33	25	28			
	Review	162	187	129	175	5.3	5.7	6.2
Dialysis	New	-	-	-	-			
	Review	70	151	80	91	-	-	
	Other	-	-	70	-			
Chemotherapy	New	-	-	-	39			
	Review	-	-	-	3,064	-	-	78.
Medical Oncology	New	85	82	66	73			
	Review	2,986	3,828	2,962	800	35.2	46.8	10.9
Radiation Oncology	New	-	-	-	-			
	Review	-	-	-	-	-	-	
Clinical Haematology	New	24	33	45	19			
	Review	241	348	611	72	9.9	10.6	3.
Primary Care	New	-	-	-	-			
	Review			-	-			
Other	New	-	-	-	-			
	Review	-	-	-	-	-	-	
	Other	-	-	-	-			
otal	New	3,350	3,618	4,374	3,215		All clinics	
	Review	12,111	13,960	11,842	13,521	3.6	3.9	4.2
	Other	-	-	-	-	Excluding clini	ics as per Purch	asing Initiative

^{*} Inpatient total excludes 42 Psychiatry - Acute and 43 Rehabilitation

ESCALATION KPI LIST

			Attainment Score	
KPI No.	Escalation KPIs	Green	Amber	Red
Safety	and Quality	Target		
E1	Never events	0	n/a	> 0
E2	Hospital acquired 3rd and 4th stage Pressure Injuries	5.0% of 2010-11 actuals	> 5.0% - 25.0% of 2010-11 actuals	> 25.0% of 2010-11 actuals
E3	Healthcare-associated Staphylococcus aureus (incl. MRSA) bacteraemia	20.0% of 2010-11 actuals	> 20.0% - 40.0% of 2010-11 actuals	> 40.0% of 2010-11 actuals
Access		Target		
E4	National Emergency Access Target (NEAT): % of ED attendances who depart	2012: > 70.0%	2012: 69.9% - 65.0%	2012: < 65.0%
	within 4 hours of their arrival in ED			
		2013: > 77.0%	2013: 76.9% - 70.0%	2013: < 70.0%
E5	Emergency Department: % seen within recommended timeframe:	80% of all categories		
LJ	Category 1: within 2 minutes	Cat. 1: 100%	Cat. 1: 99.9% - 90.0%	Cat. 1: < 90.0%
	Category 2: within 10 minutes	Cat. 2: > 80.0%	Cat. 2: 79.9% - 70.0%	Cat. 2: < 70.0%
	Category 3: within 30 minutes	Cat. 3: > 75.0%	Cat. 3: 74.9% - 65.0%	Cat. 3: < 65.0%
	Category 4: within 60 minutes	Cat. 4: > 70.0%	Cat. 4: 69.9% - 60.0%	Cat. 4: < 60.0%
	Category 5: within 120 minutes	Cat. 5: > 70.0%	Cat. 5: 69.9% 60.0%	Cat. 5: < 60.0%
F.C	Patient Off Stretcher Time (POST): < 30 mins (%)	>= 90.0%	< 90.0% - 85.0%	< 85.0%
-	Elective Surgery: % treated within the clinically recommended timeframe for	2012	2012	2012
E7	their category	2012	2012	2012
	(National Elective Surgery Target (Part 1))	Cat. 1: 89.0%	Cat. 1: 88.9% - 85.0%	Cat. 1: < 85.0%
		Cat. 2: 81.0%	Cat. 2: 80.9% /8.0%	Cat. 2: < 78.0%
		Cat. 3: 91.0%	Cat. 3: 90.9% 87.0%	Cat. 3: < 87.0%
		2013	2013	2013
		Cat. 1: 100%	Cat. 1: 99.9% - 96.0%	Cat. 1: < 96.0%
		Cat. 1: 100%	Cat. 2: 86.9% - 83.0%	Cat. 1: < 90.0%
		Cat. 3: 94.0%	Cat. 3: 93.9% - 90.0%	Cat. 3: < 90.0%
FO	Elective Surgery: Number of patients waiting more than the clinically	0 for all categories	HHS specific	HHS specific
E8	recommended timeframe for their category:	o for all categories	nns specific	nns specific
	Category 1: within 30 days	Cat. 1: 0	Cat. 1: > 0% - 5.0%	Cat. 1: > 5.0%
	Category 2: within 90 days	Cat. 2: 0	Cat. 2: > 0% - 5.0%	Cat. 2: > 5.0%
	Category 3: within 365 days	Cat. 3: 0	Cat. 3: > 0% - 5.0%	Cat. 3: > 5.0%
E9	Activity: variance between purchased ABF activity and YTD recorded ABF	0% to +/-1%	Within tolerance as per detail in Schedule	> tolerance as per detail in Schedule 3
	activity, by Service Group (Inpatients, Outpatients, ED, Mental Health, Critical	0,710 1/17	3 (part C) contained in the Service	(part C) contained in the Service
	Care and SNAP)		Agreement	Agreement
Efficien	ncy and Financial Performance	Target		
E10	YTD Operating position	Balanced or surplus	0 – 1.0% unfavourable variance to budget	> 1.0% unfavourable variance to budget
			_	_
E11	Full year Forecast Operating position	Balanced or surplus	0 – 1.0% unfavourable variance to budget	> 1.0% unfavourable variance to budget
	(Agreed position between System Manager and HSS)			
E12	Own Source Revenue Target	Balanced or surplus	0 – 1.0% unfavourable variance to budget	> 1.0% unfavourable variance to budget
E13	YTD average FTE (MOHRI head count)	HHS specific as per detail in Schedule 3	0 – 1.0% unfavourable variance to budget	> 1.0% unfavourable variance to budget
		(part 8) contained in the Service		
		Agreement		
Closing	the Gap	Target		
E14	Performance domain target:	0 escalation KPI red	1 escalation KPI red in any quarter	> = 2 escalation KPIs red in any quarter
	Achievement of Closing the Gap escalation indicators contained within	and > = 2 escalation KPI green in any	or > = 3 escalation KPIs amber in any	or 1 escalation KPI red for > = 2
	Schedule 8 of the Service Agreement.	quarter	quarter	consecutive quarters
E14.1	CTG KPI 1 – Estimated level of completion of Indigenous status – specifically the reporting of 'not 'stated' on admission	'Not stated' is < = 1%	'Not stated' is	'Not stated' is
	reporting or not stated on admission	,	> previous quarter but not meeting target	> = previous quarter
F14.2	CTG KPI 2 – Percentage of in-scope separations of Aboriginal and Torres Strait	> = 55% of in-scope separations of	54.9% - 50.0% of in-scope separations	< 50.0% of in-scope separations
E14.2	Islander consumers from the HHS's acute mental health inpatient unit(s) for	Aboriginal and Torres Strait Islander	34.5% - 30.0% of III-scope separations	< 30.0% of III-scope separations
	which a community ambulatory service contact, in which the consumer	consumers		
	participated (in person or via videoconference), was recorded in one to seven			
	days immediately following that separation			
E14.3				> previous quarter target
E14.5	CTG KPI 3 – The proportion of Aboriginal and Torres Strait Islander patients	< = HHS quarterly target (as per detail in	> previous quarter result but not meeting	
E14.3	CTG KPI 3 – The proportion of Aboriginal and Torres Strait Islander patients who discharged themselves against medical advice (DAMA)	Schedule 8 contained in the Service	> previous quarter result but not meeting quarterly target	
	who discharged themselves against medical advice (DAMA)	Schedule 8 contained in the Service Agreement)	quarterly target	
	who discharged themselves against medical advice (DAMA) CTG KPI 4 – Percentage of //bo/figinal and/To/res Strait Islander Cultural Practice	Schedule 8 contained in the Service Agreement) > = HHS quarterly target (as per detail in	quarterly target > = 50.0% of quarterly target but not	< 50.0% of quarterly target
	who discharged themselves against medical advice (DAMA) CTG KPI 4 – Percentage of Aboriginal and Tokres Strait Islander Cultural Practice Program participants by facility	Schedule 8 contained in the Service Agreement) > = HHS quarterly target (as per detail in Schedule 8 contained in the Service	quarterly target	< 50.0% of quarterly target
E14.4	who discharged themselves against medical advice (DAMA) CTG KPI 4 – Percentage of Aboriginal and Torres Strait Islander Cultural Practice Program participants by facility (based on staff numbers at beginning of financial year)	Schedule 8 contained in the Service Agreement) > = HHS quarterly target (as per detail in Schedule 8 contained in the Service Agreement)	quarterly target > = 50.0% of quarterly target but not	< 50.0% of quarterly target
E14.4 Mental	who discharged themselves against medical advice (DAMA) CTG KPI 4 – Percentage of Aboriginal and Torres Strait Islander Cultural Practice Program participants by facility (based on staff numbers at beginning of financial year) I Health and Alcohol and Other Drugs	Schedule 8 contained in the Service Agreement) > = HHS quarterly target (as per detail in Schedule 8 contained in the Service Agreement) Target	quarterly target > = 50.0% of quarterly target but not achieving quarterly target	
E14.4	who discharged themselves against medical advice (DAMA) CTG KPI 4 – Percentage of Aboriginal and Torres Strait Islander Cultural Practice Program participants by facility (based on staff numbers at beginning of financial year) I Health and Alcohol and Other Drugs Performance domain target:	Schedule 8 contained in the Service Agreement) > = HHS quarterly target (as per detail in Schedule 8 contained in the Service Agreement) Target Achieve target (listed below) in greater	quarterly target > = 50.0% of quarterly target but not achieving quarterly target Achieve target in 67% - 50% of the	Achieve target in less than 50% of the
E14.4 Mental	who discharged themselves against medical advice (DAMA) CTG KPI 4 – Percentage of Aboriginal and Tokres Strait Islander Cultural Practice Program participants by facility (based on staff numbers at beginning of financial year) Health and Alcohol and Other Drugs Performance domain target: Achievement of Mental Health & Alcohol and Other Drug Treatment Services	Schedule 8 contained in the Service Agreement) > = HHS quarterly target (as per detail in Schedule 8 contained in the Service Agreement) Target	quarterly target > = 50.0% of quarterly target but not achieving quarterly target	
E14.4 Mental	who discharged themselves against medical advice (DAMA) CTG KPI 4 – Percentage of Aboriginal and Torres Strait Islander Cultural Practice Program participants by facility (based on staff numbers at beginning of financial year) I Health and Alcohol and Other Drugs Performance domain target:	Schedule 8 contained in the Service Agreement) > = HHS quarterly target (as per detail in Schedule 8 contained in the Service Agreement) Target Achieve target (listed below) in greater	quarterly target > = 50.0% of quarterly target but not achieving quarterly target Achieve target in 67% - 50% of the	Achieve target in less than 50% of the
E14.4 Mental	who discharged themselves against medical advice (DAMA) CTG KPI 4 – Percentage of Aboriginal and Tokres Strait Islander Cultural Practice Program participants by facility (based on staff numbers at beginning of financial year) Health and Alcohol and Other Drugs Performance domain target: Achievement of Mental Health & Alcohol and Other Drug Treatment Services escalation indicators contained within Schedule 9 of the Service Agreement.	Schedule 8 contained in the Service Agreement) > = HHS quarterly target (as per detail in Schedule 8 contained in the Service Agreement) Target Achieve target (listed below) in greater	quarterly target > = 50.0% of quarterly target but not achieving quarterly target Achieve target in 67% - 50% of the	Achieve target in less than 50% of the
E14.4 Mentai E15	who discharged themselves against medical advice (DAMA) CTG KPI 4 – Percentage of Aboriginal and Tokres Strait Islander Cultural Practice Program participants by facility (based on staff numbers at beginning of financial year) I Health and Alcohol and Other Drugs Performance domain target: Achievement of Mental Health & Alcohol and Other Drug Treatment Services escalation indicators contained within Schedule 9 of the Service Agreement. Listed below (where applicable):	Schedule 8 contained in the Service Agreement) > = HHS quarterly target (as per detail in Schedule 8 contained in the Service Agreement) Target Achieve target (listed below) in greater than 67% of the escalation indicators	quarterly target > = 50.0% of quarterly target but not achieving quarterly target Achieve target in 67% - 50% of the escalation indicators	Achieve target in less than 50% of the escalation indicators
E14.4 Mental E15	who discharged themselves against medical advice (DAMA) CTG KPI 4 – Percentage of Aboriginal and Torres Strait Islander Cultural Practice Program participants by facility (based on staff numbers at beginning of financial year) I Health and Alcohol and Other Prugs Performance domain target: Achievement of Mental Health & Alcohol and Other Drug Treatment Services escalation indicators contained within Schedule 9 of the Service Agreement. Listed below (where applicable): - Ambulatory service contacts	Schedule 8 contained in the Service Agreement) > = HHS quarterly target (as per detail in Schedule 8 contained in the Service Agreement) Target Achieve target (listed below) in greater than 67% of the escalation indicators	quarterly target > = 50.0% of quarterly target but not achieving quarterly target Achieve target in 67% - 50% of the escalation indicators 99.9% - 95.0%	Achieve target in less than 50% of the escalation indicators
E14.4 Mental E15 E15.1 E15.2	who discharged themselves against medical advice (DAMA) CTG KPI 4 – Percentage of Aboriginal and Torres Strait Islander Cultural Practice Program participants by facility (based on staff numbers at beginning of financial year) Health and Alcohol and Other Drugs Performance domain target: Achievement of Mental Health & Alcohol and Other Drug Treatment Services escalation indicators contained within Schedule 9 of the Service Agreement. Listed below (where applicable): - Ambulatory service contacts - Ambulatory service contacts: Duration	Schedule 8 contained in the Service Agreement) > = HHS quarterly target (as per detail in Schedule 8 contained in the Service Agreement) Target Achieve target (listed below) in greater than 67% of the escalation indicators 100% of ambulatory service targets 100% of ambulatory service targets	quarterly target > = 50.0% of quarterly target but not achieving quarterly target Achieve target in 67% - 50% of the escalation indicators 99.9% - 95.0% 99.9% - 95.0%	Achieve target in less than 50% of the escalation indicators < 95.0% < 95.0%
E14.4 Mental E15	who discharged themselves against medical advice (DAMA) CTG KPI 4 – Percentage of Aboriginal and Torres Strait Islander Cultural Practice Program participants by facility (based on staff numbers at beginning of financial year) I Health and Alcohol and Other Orugs Performance domain target: Achievement of Mental Health & Alcohol and Other Drug Treatment Services escalation indicators contained within Schedule 9 of the Service Agreement. Listed below (where applicable): - Ambulatory service contacts - Ambulatory service contacts: Duration - Extended treatment facility and psychiatric hospital beds (Accrued patient	Schedule 8 contained in the Service Agreement) > = HHS quarterly target (as per detail in Schedule 8 contained in the Service Agreement) Target Achieve target (listed below) in greater than 67% of the escalation indicators 100% of ambulatory service targets 100% of ambulatory service targets > = 95% of accrued patient day target	quarterly target > = 50.0% of quarterly target but not achieving quarterly target Achieve target in 67% - 50% of the escalation indicators 99.9% - 95.0%	Achieve target in less than 50% of the escalation indicators
E14.4 Mental E15 E15.1 E15.2 E15.3	who discharged themselves against medical advice (DAMA) CTG KPI 4 – Percentage of Aboriginal and Torres Strait Islander Cultural Practice Program participants by facility (based on staff numbers at beginning of financial year) I Health and Alcohol and Other Orugs Performance domain target: Achievement of Mental Health & Alcohol and Other Drug Treatment Services escalation indicators contained within Schedule 9 of the Service Agreement. Listed below (where applicable): - Ambulatory service contacts - Ambulatory service contacts: Duration - Extended treatment facility and psychiatric hospital beds (Accrued patient days in block funded mental health facilities)	Schedule 8 contained in the Service Agreement) > = HHS quarterly target (as per detail in Schedule 8 contained in the Service Agreement) Target Achieve target (listed below) in greater than 67% of the escalation indicators 100% of ambulatory service targets 100% of ambulatory service targets > = 95% of accrued patient day target delivered	quarterly target > = 50.0% of quarterly target but not achieving quarterly target Achieve target in 67% - 50% of the escalation indicators 99.9% - 95.0% 99.9% - 95.0% 94.9 - 90.0%	Achieve target in less than 50% of the escalation indicators < 95.0% < 95.0% < 90.0%
E14.4 Mental E15 E15.1 E15.2 E15.3 E15.4	who discharged themselves against medical advice (DAMA) CTG KPI 4 – Percentage of Aboriginal and Torres Strait Islander Cultural Practice Program participants by facility (based on staff numbers at beginning of financial year) I Health and Alcohol and Other Drugs Performance domain target: Achievement of Mental Health & Alcohol and Other Drug Treatment Services escalation indicators contained within Schedule 9 of the Service Agreement. Listed below (where applicable): - Ambulatory service contacts - Ambulatory service contacts: - Ambulatory service contacts: Duration - Extended treatment facility and psychiatric hospital beds (Accrued patient days in block funded mental health facilities) - Closure of ATODS Client intake	Schedule 8 contained in the Service Agreement) > = HHS quarterly target (as per detail in Schedule 8 contained in the Service Agreement) Target Achieve target (listed below) in greater than 67% of the escalation indicators 100% of ambulatory service targets 100% of ambulatory service targets > = 95% of accrued patient day target delivered Closure period < 2 weeks	quarterly target > = 50.0% of quarterly target but not achieving quarterly target Achieve target in 67% - 50% of the escalation indicators 99.9% - 95.0% 99.9% - 95.0% 94.9 - 90.0% 2 - 3 weeks	Achieve target in less than 50% of the escalation indicators < 95.0% < 95.0% < 90.0% > 3 weeks
E14.4 Mental E15 E15.1 E15.2 E15.3	who discharged themselves against medical advice (DAMA) CTG KPI 4 – Percentage of Aboriginal and Torres Strait Islander Cultural Practice Program participants by facility (based on staff numbers at beginning of financial year) I Health and Alcohol and Other Orugs Performance domain target: Achievement of Mental Health & Alcohol and Other Drug Treatment Services escalation indicators contained within Schedule 9 of the Service Agreement. Listed below (where applicable): - Ambulatory service contacts - Ambulatory service contacts: Duration - Extended treatment facility and psychiatric hospital beds (Accrued patient days in block funded mental health facilities)	Schedule 8 contained in the Service Agreement) > = HHS quarterly target (as per detail in Schedule 8 contained in the Service Agreement) Target Achieve target (listed below) in greater than 67% of the escalation indicators 100% of ambulatory service targets 100% of ambulatory service targets > = 95% of accrued patient day target delivered	quarterly target > = 50.0% of quarterly target but not achieving quarterly target Achieve target in 67% - 50% of the escalation indicators 99.9% - 95.0% 99.9% - 95.0% 94.9 - 90.0%	Achieve target in less than 50% of the escalation indicators < 95.0% < 95.0% < 90.0%

TREND IN MONITORING KPI

															- ""
			YTD Result / Latest Result	Jul 2012											Full Year Target
SAFETY A	AND QUALITY														
M1	Falls Risk Assessment	Target Result	70%					70% -							70%
M2	VTE Risk Assessment Documentation at Point of Care	Target Result	50%					50%					\		50%
M3	Hospital Standardised Mortality Ratio	Result						-				/			
	(HSMR)	Flag	green			green			green						
M4	Death in low-mortality Diagnostic Related Groups (Death-in-LM-DRG)	Result	0.02			0.04			0.00			\$0.0			-
M5	VLAD In-hospital mortality indicators:	Flag	green		green			green			green				
M5.1	Acute Myocardial Infarction	Result •	0		0			0		_	(0				
M5.2	Stroke	Result •	0		0 •			0 •			0	$\overline{}$			
M5.3	Fractured neck of femur	Result •	0		0 •			0			0))			
M5.4	Pneumonia	Result •	0		0			0 •		11/	0 🔍				
M6	VLAD Unplanned readmission indicators:	Flag	green		green			green			green				
M6.1	Acute Myocardial Infarction	Result •	0		0			0		\\/	0				
M6.2	Heart failure	Result •	0		0			0		. \ /	0				
M6.3	Knee replacement	Result •	0		0 •			0 •		> 11	0				
M6.4	Hip replacement	Result (0		0			0 •		\ \ \	0				
M6.5	Depression	Result	-		-						-				
M6.6	Schizophrenia	Result	-		-			[] -		//	_				
M6.7	Paediatric tonsillectomy and adenoidectomy	Result •	0		0 •			0			0				
M11	Renal dialysis treatment received at home	Target	50.0%	50.0%	50.0%	50.0%	50,6%	50.0%	50:0%	50.0%	50.0%	50.0%	50.0%		50%
		Result 4		100.0% •	100.0%	100.0%	100.0%	100.0%	9.0% ♦	100.0%	100.0%	100.0%	0.0% ♦		
								/	//						
ACCESS	** denotes calendar year result														
M12	Emergency Department median waiting time	Target	20	20	20	20	20_	20	20	20	20	20	20	20	20
		Result		27	28 💆	27	26	26	25 =	24 🔸	23 💠	24 🔸	24 🔸	24 🔸	
M13	Emergency Department 'Did not waits'	Target	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0%
		Result		2.1% 🔸	2.8% •	2.6%	2.0%	2.4% 🔸	2.5% 🔸	1.9% 🔸	1.8% 🔸	2.3%	2.2% 🔸	1.9% 🔸	
M14	Elective Surgery volume	Target	8,976	907	921	911	926	930	646	446	751	1,018	628	892	9,836
		Result •		977	951 •	828 🔸	988	910 🔸	754	613	958	938 🔸	829 •	1,019	
M15.1	Reduction in elective surgery long waits: **	Target	0			0	0	0	0						0
	Category 1: within 30 days	Result	-/			-	-	-	-						
M15.2		Target	6X			67	67	67	67						67
	Category 2: within 90 days	Result	_			-	-	-	-						
M15.3		Target	61	\ \		61	61	61	61						61
	Category 3: within 365 days	Result	<u> </u>			-	-	-	-						
M16	ES: 10% longest wait are treated in year **	Target	100.0%	L ,	100.0%	100.0%	100.0%	100.0%	100.0%						100%
	% of cohort patients removed	Result	Y		-	-	-	-	-						
M17	Elective Surgery Cancellations (hospital initiated)	Target	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10%
		Result	_ -	-	-	-	-	-	-	-	-	-	-	-	
M18	Elective Surgery median waiting time	Target	25	25	25	25	25	25	25	25	25	25	25		25
		Result	30	35 💻	29 📕	29 📕	30.5	27 🔸	29 📕	36 📕	28	27 🔸	35 📕		
M21	Categorisation of new case outpatient referrals	Target	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100%
		Result	-	-	-	-	-	-	-		-	-	-		
M22	Category 1 Outpatients: waiting in time	Target	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95%
		Result	-	-	-		-	-							
M23	Ambulatory Care access Outpatient ratio	Target	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0		2.0
	(Review to New)	Result	3.3	3.2	3.4	3.2	3.3	3.2	3.5	3.1	3.4	3.4	3.2		
M24	Hospital in the Home (HITH) separations - may	Target	1.5%	1.5%	1.5%	1.5%	1.5%	1.5%	1.5%	1.5%	1.5%	1.5%	1.5%		1.5%
	include facilities not listed/approved in QHAPDC Manual	Result	0.2%	0.1%	0.1%	0.0%	0.1%	0.1%	0.2%	0.0%	0.4%	0.3%	0.6% 🔸		

TREND IN MONITORING KPI

			YTD Result /	Jul 2012											Full Year
M26	Telehealth Non-admitted Occasions of Service	Target	Latest Result	_	_	_	_	_	_	-	_	-	_		Target
14120	reichedian Non damitted Occasions of Service	Result	-	-	-	-	-	-	-	-	-	-	-		
FEEICIEN	ICY AND FINANCIAL PERFORMANCE														
M27	Cost per WAU												^		
	For the in-scope ABF facilities	Result	_	_	_	_	_	_	_	_	_		<i>-</i>		
M30	Day case surgery rates											_//			
	, , ,	Result	82.3%	79.2%	82.7%	80.0%	82.8%	84.3%	82.8%	81.1%	85.1%	81.0%	83.7%		
M31	Extended day case surgery rates												/		
		Result	85.9%	87.1%	87.1%	86.1%	84.2%	86.3%	85.1%	85.9%	84.5%	87.5%	85.4%		
M32	Out of scope procedures:	Target	0	0	0	0	0	0	0	0	(0	0	15		0
	Varicose Veins (F20Z)	Result	54	3	11	5	7	8	7	2	(3	6	2		
	Vasectomies (M63Z)	Result	-	_	-	-	=	-	-	<u> </u>		_)) '	_		
M33	Clinical data coded within recommended time	Target	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		100%
		Result	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	109.0%	100.0%		
M34	Maintenance Expenditure														T -
		Result													
M35	Facility Condition Index							4		3 11	<u> </u>				2% to 4%
		Result								_ \ \					
M36	Planned Maintenance Expenditure Ratio							4							60% to 70%
		Result													
DATIENI	FANERICA	_													
M37	EXPERIENCE Complaints acknowledged within 5 calendar	Target	100.0%				100,0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		100.0%
IVIS7	days	Result	100.076			<	1000%	100.0%	100.070	100.076	100.0%	100.0%	100.076		100.076
		nesuit				`		/ (\							
WORKF															
M39	Hours lost (WorkCover) vs Occupied FTE	Target	0.35			0.35			0.35			0.35			0.35
		Result			$\overline{}$	$\langle - \rangle \rangle$									
M40	Sick leave	Target	3.50%	3.50%	3.50%	3.50%	3.50%	3.50%	3.50%	3.50%	3.50%	3.50%	3.50%	3.50%	3.5%
		Result			^	\	\\ \\ \\ \\ \\ \\ \								
MENTAL	. HEALTH & ALCOHOL AND OTHER DRUG TREATMEN	IT SERVICE	S												
M46	Community follow up (within 1 - 7 days) post	Target	55.0%	55.0%	55.0%	55.0%	55.0%	55.0%	55.0%	55.0%	55.0%	55.0%	55.0%		
	mental health discharge	Result	66.7%	31.3%	58.8%	40.0%	66.7%	48.1%	23.8%	-	-	-	-		
M47	End of Episode/Discharge Summary recorded	Target	35.0%	35.0%	35.0%	35.0%	35.0%	35.0%	35.0%	35.0%	35.0%	35.0%	35.0%		
	(within 48 hrs of discharge)	Result	75.0%	0.0% =	15.8%	20.0%	60.0%	51.5%	55.6%	75.0%	69.2%	75.0%	70.0%		
M48	Mental Health readmissions within 28 days of	Target	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%			
	discharge	Result	15.7%	6.3%	11.8%	15.0% 🔸	7.4%	11.1%	13.6%	8.3%	13.0%	7.7%			
M50	Change in consumers' clinical outcomes				>										
	Acute Inpatient - Improvement	Result	100.0%	-	-	100.0%	33.3%	88.9%	77.8%	66.7%	75.0%	66.7%	100.0%		
	Acute Inpatient - No significant change	Result	66.7%	-	-	0.0%	66.7%	11.1%	22.2%	33.3%	25.0%	33.3%	0.0%		
	Acute Inpatient - Deteriorate	Result	0.0%	-	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%		
	Ambulatory Complete - Improvement	Result	87.5%	70.0%	50.0%	50.0%	42.1%	44.4%	50.0%	45.0%	60.0%	85.7%	63.2%		
	Ambulatory Complete - No significant change	Result	54.9%	20.0%	45.0%	44.4%	42.1%	51.9%	45.8%	50.0%	33.3%	14.3%	36.8%		
	Ambulatory Complete - Deteriorate	Result	15.8%	10.0%	5.0%	5.6%	15.8%	3.7%	4.2%	5.0%	6.7%	0.0%	0.0%		
	Ambulatory Ongoing - Improvement	Result	50.0%	31.0%	50.0%	29.1%	43.0%	42.1%	40.5%	49.4%	45.6%	41.0%	49.2%		
	Ambulatory Ongoing - No significant change	Result	54.8%	54.8%	35.1%	40.0%	46.8%	48.4%	45.6%	42.4%	39.7%	44.3%	36.5%		
	Ambulatory Ongoing - Deteriorate	Result	30.9%	14.3%	14.9%	30.9%	10.1%	9.5%	13.9%	8.2%	14.7%	14.8%	14.3%		
M51	Service episodes where a consumer is secluded	Target	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%		
	at least once	Result	_	8.0%	0.0%	9.1%	2.7%	5.1%	3.3%	0.0%	0.0%	3.4%	-		
M52	Occasions where required clinical outcome	Target	40.0%	40.0%	40.0%	40.0%	40.0%	40.0%	40.0%	40.0%	40.0%	40.0%	40.0%		
	measure(s) were recorded	Result	54.2%	30.4%	46.5%	54.2%	50.4%	50.6%	49.1%	48.8%	37.7% 🔸	38.9% 🔸	40.6%		



MATER HEALTH SERVICE

Thursday 8 August 2013 1:30pm – 2:30pm

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Mater Health Service Relationship Management Group Meeting

DATE	9 August 201	0.4								
DATE	8 August 201	8 August 2013								
TIME	1:30pm – 2:3	30pm								
VENUE	Office of Exe	cutive Director Mate	r Children's Hospital Raymond Terrace, South Brisbane							
	DoH	Helen Ceron	Senior Director, Service Agreement Framework and Management							
		Louise Blatchford	Principal Service Agreement Officer, Service Agreement Framework and Management (minutes)							
	Mater Health	Sean Hubbard	Executive Director, Mater Adult , Women's and Children's Health Services							
	Services	Bronwyn Whelan	Director of Business Services							
		Karen Bayntun	Director of Health Planning and Performance							
APOLOGIES		Nick Steele Executive Director, Healthcare Purchasing, Funding and Performance Management								

AGENDA ITEM	SPEAKER
1. INTRODUCTION	All
2. ACTIONS ARISING FROM PREVIOUS MEETING (refer action sheet)	
3. PERFORMANCE DASHBOARD - June	
4. PROGRESS REPORTING: ESCALATION KEY PERFORMANCE INDICATORS	DoH
Access	
National Emergency Access Target	
National Elective Surgery Target	
Efficiency and Financial Performance	
Activity levels	
5. OTHER BUSINESS	All
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DRAFT - Mater Health Services' Relationship Management Group Meeting Action record									
Time / Date / Location	12 June 2013 1.30pm – 2:30pm Office of Executive Director Adult's, Women's and Children's Health Services, Mater Children's Hospital								
Present	Department of Health (DoH) Nick Steele, Executive Director Healthcare Purchasing, Funding and Performance Management (ED HPFP) Mater Health Services (MHS) Sean Hubbard, Executive Director of Adult's, Women's and Children's Health Services (ED MHS) Bronwyn Whelan, Director of Business Services (DBS MHS) Karen Bayntun, Director of Health Planning and Performance (DHPP MHS) Apologies Helen Ceron, Senior Director, Service Agreement Framework and Management (SD SAFM) In attendance Chantal Casey and Louise Blatchford, Service Agreement Managers (minutes)								

AGENDA ITEM	ACTION		ACTION OFFICER						
2. ACTIONS ARIS	SING		~						
	Refer to action register for update	e.							
3&4. PERFORM	ANCE DASHBOARD – April 2013								
	NEAT • DoH noted that MHS are mee	eting NEAT target.							
	 NEST DoH noted that MHS met NEST targets for month. DoH and MHS agreed upon a and activity for PAH's 'long word July 2013. MHS reported they are review that activity is not compromise. DoH advised of its preference. ACTION: DoH to advise MHS of reactions. ACTION: MHS to provide a traject Category 2 'long waits'. ACTIVITY 	AT target to apply from January 2014. ST 'treated within recommended time' pproach for Surgery Connect payment rait' orthopaedic patients in June and wing Category 2 'long waits' to ensure sed by Surgery Connect activity. e that MHS clear 69 'long waits'. equired actions for June payment. sory to September for the reduction of	ED HPFP ED MHS						
	2013-14 contract.MHS reported growth in output Medicare ineligible patients r	g 1,500 critical care to be included in patient activity from other HHSs and not received elsewhere. received a letter from Medicare							

AGENDA ITEM	ACTION	ACTION OFFICER
	regarding billing of imaging in ED (or patients who entered via ED) in 2011-12. MHS will discuss with Medicare and advise DoH of outcomes.	
	ACTION: MHS to advise DoH of number of breast reconstructions performed by 30 June.	ED MHS
	ACTION: DoH to include 35 breast reconstructions in 2013-14 contract offer.	ED HPFP
	ACTION: MHS to provide DoH with details of Medicare ineligible patients for DoH to compare to other HHS activity.	ED MHS
	ACTION: MHS to provide DoH with details of outpatients reportedly turned away from other HHSs for DoH to address with HHSs.	ED MHS
5. OTHER BUSIN	ESS	
	DISASTER RECOVERY PROGRAM MHS advised of a potential issue with accruals for the Disaster Recovery Program.	
	ACTION: MHS to provide DOH with a summary of issue for DoH to follow up with Finance Branch and Metro South HHS.	DBS MHS
	2013-14 CONTRACT OFFER ACTION: DoH to seek approval to continue payments to MHS in line with	ED HPFP
	2012-13 service agreement until 2013-14 service agreement is executed.	
	ACTION: DoH to provide MHS with interim cash flow for July 2013.	ED HPFP
	ACTION: DoH to arrange service agreement negotiation meeting for 9:00am on 28 June 2013	ED HPFP
	ACTION: DoH to advise MHS additional activity to be purchased non-recurrently for Cochlear implants in 2013-14.	ED HPFP
	CANCER CARE CENTRE MHS reported that the Cancer Care Centre opened last week.	
	ADMINISTRATOR OF NATIONAL HEALTH FUNDING POOL	
	ACTION: DoH to include discussion of Administrator of National Health Funding Pool on agenda after 28 June 2013.	ED HPFP

Mater Health Service Action Items

			Mater Health Service Act	1011 1101110		
Month Raised	Topic	Current status	Action	Responsibility	Ongoing Monitoring	Progress Update
6 May 2013 RMG	NEST Long Waits	Open	DoH to liaise with CARU regarding long waits data and possible inclusion	HPFP	RMG	16 May 2013: Email forwarded to Mater regarding information required
			in dashboard.			to progress resolution.
						12 June 2013: MHS advised that data is provided to CARU on census
						report. DoH to query inclusion of data on dashboard.
6 May 2013 RMG	NEST Long Waits	Open	MHS to inform DoH of what it estimates will be its 'long waits' at end of year.	Mater	RMG	
6 May 2013 RMG	Communication	Open	DoH to consider ways of improving communication between Qld Health and MHS.	HPFP	RMG	12-June 2013: DDG SPP to raise at DoH's EMT.
12 June 2013 RMG	NEAT	Open	DOH advised MHS of NEAT target to apply from January 2014.	ED HPFP	RMG	18 June 2013: SAFM advised DBS MHS of NEAT target from 1 January 2014. Recommend closure.
12 June 2013 RMG	June payment	Open	DoH to advise MHS of required actions for June payment.	ED HPFP	RMG	June 2013: \$A M advised DBS MHS of required actions for 2012-13 payments before 30 June 2013. Recommend closure.
12 June 2013 RMG	Trajectory	Open	MHS to provide a trajectory to September for the reduction of Category 2 'long waits'.	ED MHS	RMG	
12 June 2013 RMG	Breast	Open	MHS to advise DoH of number of breast reconstructions performed by	ED MAS	RMG	30/06/13 update: MHS advised a total of 26 cases were treated in 2012-
	Reconstructions		30 June.			13 & 9 cases not completed in 2012-13 will be completed in 2013-14 with no additional funding.
12 June 2013 RMG	Breast	Open	DoH to include 35 breast reconstructions in 2013-14 contract offer.	ED HPEP	RMG	July update: DoH has included 35 breast reconstructions in the 2013-14
	Reconstructions					contract offer.
12 June 2013 RMG	Medicare ineligible	Open	MHS to provide DoH with details of Medicare ineligible patients for DoH	ED MHS	RMG	
	pts		to compare to other HHS activity.			
12 June 2013 RMG	Outpatients	Open	MHS to provide DoH with details of outpatients reportedly turned away from other HHSs for DoH to address with HHSs.	ſ	RMG	
12 June 2013 RMG	Disaster Recovery	Open	MHS to provide DOH with a summary of issue for DoH to follow up with	DBS MHS	RMG	20 June 2013: DBS MHS advised SAFM of issue and indicated MHS may
	Program		Finance Branch and Metro South HHS.			seek assistance to resolve issue if not resolved directly between parties.
12 June 2013 RMG	2013-14 CONTRACT	Open	DoH to seek approval to continue payments to MHS in line with 2012-13	ED HPFP	RMG	28 June 2013: DG approval obtained for the continuation of payment in
	OFFER		service agreement until 2013-14 service agreement is executed.			line with the 2012-13 service agreement.
12 June 2013 RMG	2013-14 CONTRACT OFFER	Open	DoH to provide MHS with interim cash flow for July 2013	ED HPFP	RMG	June update: DoH has provided MHS with an interim cash flow for July 2013.
	OTTEN					1/08/13 update: DoH has provided MHS with an interim cash flow for August 2013.
12 June 2013 RMG	2013-14 CONTRACT	Open	DoH to arrange service agreement negotiation meeting for 9:00am on	ED HPFP	RMG	July update: The meeting has been rescheduled for 16/07/2013.
	OFFER		28 June 2013.			
12 June 2013 RMG	2013-14 CONTRACT	Open	DoH to advise MHS additional activity to be purchased non-recurrently	ED HPFP	RMG	
	OFFER		for Cochlear implants in 2013-14.			
12 June 2013 RMG	ADMINISTRATOR	Open	Don to include discussion of Administrator of National Health Funding	ED HPFP	RMG	4 July 2013: Item included on agenda for RMG on 11 July 2013.
	OF NATIONAL		Pool on agenda after 28 June 2013.			
	HEALTH FUNDING					
	POOL				<u> </u>	

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Mater Health Service Hospital & Health Service

Performance Dashboard

June 2013 Report



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7 Appendix 2 - Monitoring KPIs



PERFORMANCE DOMAINS - Escalation KPIs SAFETY AND QUALITY E1 **Never Events** 0 0 E2 Hospital acquired 3rd and 4th stage pressure injuries - Quarter 3 Result (Jan - Mar) FY Target: 0 May E3 Healthcare-associated Staphylococcus aureus (including MRSA) bacteraemia 20% of 2010-11 Data currently unavailable ** denotes calendar year result Data as at E4 National Emergency Access Target (NEAT): ** 77% 79,7% June % of ED attendances who depart within 4 hours of their arrival in ED Emergency Department: % seen within recommended timeframe: F5 F5.1 98.3% Category 1: within 2 minutes 100% E5.2 Category 2: within 10 minutes 80% E5.3 Category 3: within 30 minutes 74.3% E5.4 67.8% Category 4: within 60 minutes 70% /une E5.5 Category 5: within 120 minutes 70%

90%

100%

87%

94%

0

0% to

+/-1%

June

June

June

June

June

Mav

97.1%

99.7%

Legend: Latest/YTD Result compared to previous reporting period: Favourable ★ Stable • Unfavourable ↓

99.5%

50 👎



E6

E7

E7.1

E7.2

E7.3

E8

E8.1

F8.2

E8.3

F9

E9.1

E9.2

E9.3

E9.4

E9.5

E9.6

Patient Off Stretcher Time (POST): < 30 mins (%)

Category 1: within 30 days

Category 2: within 90 days

Category 3: within 365 days

Category 1: within 30 days

Category 2: within 90 days

Category 3: within 365 days

Sub and Non-Acute Patients

Inpatients

FD

Outpatients

Mental Health

Critical Care

Elective Surgery: % treated within clinically recommended timeframe: **

Activity: variance between Purchased activity and YTD activity:

Elective Surgery: Number of patients waiting more than the clinically recommended:

TREND IN ESCALATION KPI

Data source: Decision Support System (DSS) as at 11 July 2013

			Latest Result /													Full Year
			YTD Result												Jun 2013	Target
	Y AND QUALITY															
E1	Never Events	Result		-	-	-	-	-	-	-	-	-	-	-		0
E2	Hospital acquired 3rd and 4th stage pressure injuries (FY Target is 5% of 2010-11 actuals)	FY Tgt Qtr3	0	-	-	-	-	-		-	-		-	-		0
E3	Healthcare-associated Staphylococcus aureus	Target	-									//				20%
	(including MRSA) bacteraemia - SAB	Result	-	Data for June-Decen	nber 2012 will be mad	le available in Ma	2013						>			
ACCE	SS ** denotes calendar year resu	lt														
E4	National Emergency Access Target: 4hrs **	Target	77.0%	70.0%	70.0%	70.0%	70.0%	70.0%	70.0%	77.0%	77.0%	77:0%	77.0%	77.0%	77.0%	77%
	NEAT	Result	79.7%	75.9% •	74.3%	76.2%	78.0%	80.2%	80.9% •	81.7%	80.0%	79.1%	78.8% •	79.2%	79.5%	
E5.1	ED: % seen within recommended time	Target	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100%
	Category 1: within 2 minutes	Result	98.3%	100.0%	97.7% 🔷	84.2%	100.0%	100.0%	100.0%	93.1% 🔸	95.8% +	100.0%	100.0%	100.0%	100.0%	
E5.2		Target	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80%
	Category 2: within 10 minutes	Result	82.9%	82.2%	80.1%	81.1%	80.2%	83.0%	87.0%	88.5%	86.0%	80.8%	80.1%	83.8%	83.6%	
E5.3		Target	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75%
	Category 3: within 30 minutes	Result	74.3%	71.2% 🔸	64.7%	69.8% 🔸	76.3%	75.6%	79.8%	34.5%	79.0%	71.3% 🔷	75.0%	75.2%	72.4% 🔸	
E5.4		Target	70.0%	70.0%	70.0%	70.0%	70.0%	70.0%	70.0%	70.0%	70.0%	70.0%	70.0%	70.0%	70.0%	70%
	Category 4: within 60 minutes	Result	67.8%	65.9% 🔸	63.6% 🔷	71.1%	67.3% 🔷	65.0% 🔸	72.2% 🕏	78.9% •	76.2%	63.5% 🔷	66.9% 🔸	60.8% 🔸	65.3% 🔸	
E5.5		Target	70.0%	70.0%	70.0%	70.0%	70.0%	70.0%	70.0%	70.0%	70.0%	70.0%	70.0%	70.0%	70.0%	70%
	Category 5: within 120 minutes	Result	84.9%	76.2% •	83.7%	91.2%	84.3%	86.8%	87.7%	36.1%	82.1%	84.2%	85.8%	86.5%	83.1%	
E6	Patient Off Stretcher Time: < 30 mins	Target	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%		90%
	POST	Result	92.6%	87.8% 🔸	88.7% 🔷	91.7%	94.4%	94.6%	95.5%	95.2%	94.1%	91.6%	94.8%	92.0%		
E7.1	ES: % treated within recommended time **	Target	100.0%	89.0%	89.0%	89.0%	89.0%	89.0%	89.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100%
	Category 1: within 30 days	Result	99.5%	95.9% •	94.8%	99.0%	99.1%	98.1%	96.9% •	98.7% 🔸	98.2% 🔸	100.0%	100.0%	100.0%	100.0%	
E7.2		Target	87.0%	81.0%	81.0%	81.0%	81,0%	81.0%	81.0%	87.0%	87.0%	87.0%	87.0%	87.0%	87.0%	87%
	Category 2: within 90 days	Result	97.1%	91.1%	89.8%	97.8%	94.2%	39.3%	93.2%	96.6%	92.7%	97.7%	98.5%	98.6%	98.3%	
E7.3		Target	94.0%	91.0%	91.0%	91.0%	91.0%	91.0%	91.0%	94.0%	94.0%	94.0%	94.0%	94.0%	94.0%	94%
	Category 3: within 365 days	Result	99.7%	99.7%	98.9%	99.7%	98.8%	99.2%	100.0%	99.0%	99.5%	100.0%	99.3%	100.0%	100.0%	
E8.1	ES: 'long waits'	Target	0	0	0	0	\ \ \ \ \ \	0	0	0	0	0	0	0	0	0
	Category 1: within 30 days	Result	0	0 •	0 •	0	0	0 •	0 •	0 •	0 •	0 •	0 •	0 •	0 •	
E8.2		Target	0	0 /	0 //	/ /0	0	0	0	0	0	0	0	0	0	0
	Category 2: within 90 days	Result	65	89 📕	104 =	84 =	89 📕	118	100	142	77 📕	79 📕	69 📕	64	65 📕	
E8.3		Target	0	6	/ /0	0	0	0	0	0	0	0	0	0	0	0
	Category 3: within 365 days	Result	50	0	0	0 •	0 •	0 •	0 •	0 •	0 •	0 •	0 •	12 🔸	50 💠	
TNT	Treated in turn	Target	60%	60%	60%	60%	60%	60%	60%	60%	60%	60%	60%	60%	60%	60%
		Result	<u></u>	- \		-	-	-	-	-	-	-	-	-	-	
E9	Activity (WAU):	Target	0.0	- '	-	-	-	-	-	-	-	-	-	-		94,069
	Total	Result	91,245.1	8,658.2	8,628.2	8,015.6	8,373.4	8,721.0	7,602.7	7,120.8	7,866.5	8,915.4	8,184.2	9,159.0		
E9.1		Target	0.0		-	-	-	-	-	-	-	-	-	-		51,851
	Inpatients	Result	48,573.4	4,487.5	4,558.5	4,324.2	4,370.3	4,663.1	4,178.5	3,750.1	4,193.4	4,768.1	4,368.7	4,910.8		
E9.2		Target	0.0	-	-	-	-	-	-	-	-	-	-	-		16,216
	Outpatients	Result	18,668.9	1,683.6	1,802.4	1,656.5	1,866.0	1,850.8	1,353.7	1,440.7	1,670.0	1,731.0	1,681.5	1,932.7		
E9.3		Target	0.0	-	-	-	-	-	-	-	-	-	-	-		10,572
	Emergency Department	Result	9,753.7	952.2	937.5	836.6	866.1	850.8	849.5	802.7	811.4	965.8	912.4	968.6		
E9.4		Target	0.0	-	-	-	-	-	-	-	-	-	-	-		1,588
	Mental Health	Result	1,375.2	96.1	252.8	144.5	108.3	151.8	99.9	67.2	90.4	122.6	114.7	126.8		
E9.5		Target	0.0	-	-	-	-	-	-	-	-	-	-	-		13,036
	Critical Care	Result	12,164.3	1,374.3	989.5	980.6	1,092.2	1,162.4	1,087.7	997.4	1,048.7	1,264.5	1,015.1	1,152.0		
E9.6		Target	0.0	-	-	-	-	-	-	-	-	-	-	-		805
	Sub and Non-Acute Patients	Result	709.7	64.5	87.5	73.1	70.5	42.1	33.4	62.7	52.7	63.3	91.8	68.2		

EMERGENCY DEPARTMENTS

National Emergency Access Target (NEAT) - calendar year to date performance

NEAT by departure status group

Departure Status *	Total Attendances	NEAT	% NEAT	May 2013 YTD NEAT %
Non-admitted	29,383	25,932	88.3%	88.2%
Admitted	7,875	3,826	48.6%	48.8%
Total	37,258	29,758	79.9%	79.8%

^{*} Does not include dead on arrival, died in ED, did not wait and transferred to another hospital

NEAT by hospital and departure status group

Hospital	Non-admitted	Admitted	% NEAT	May 2013 YTD NEAT %
Mater Adult Public Hospital	88%	58%	79.4%	80.1%
Mater Children's Public Hospital	89%	32%	80.3%	79.5%

NEAT by top 5 admitting wards by volume, and % of consults requested within 120 minutes (excludes NEAT performance >40%)

Admitting Ward		Admissions	NEAT	% consults < 120
n/a				
Total of all admissions		0.0%		

NEAT by top 5 admitting specialty by volume, and % of consults requested within 120 minutes (excludes NEAT performance >40%)

Admitting Specialty		Admissions	NEAT	% consults < 120
n/a *				

Total of all admissions

0.0%

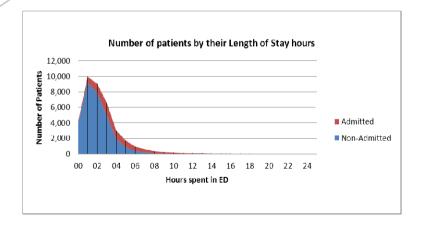
WAITING TIMES - monthly performance

Volume and waiting time performance by triage category

	Category 1	Category 2	Category 3	Category 4	Category 5	All Categories
Attendances	44	560	2,210	3,959	242	7,015
# seen in time	44	468	1,599	2,587	201	4,899
% seen in time	100.0%	83.6%	72.4%	65.3%	83.1%	69.8%
Median Wait (minutes)	0) }	18	42	45	27

Volume and waiting time performance by top 5 diagnosis, category 3 and 4

to a me to a more performance by top	, o a.a.goo.o, y						
Diagnosis	Cate	gory 3	Category 4				
Diagnosis	Attendances	% seen in time	Attendances	% seen in time			
B34.9 Viral Infection	105	64.8%	253	45.0%			
J06.9 Upper Respiratory Tract Infection	50	72.0%	160	49.0%			
R10.3 Pain Localised To Oth Parts Low Abdomer	56	73.2%	117	42.2%			
S00.9 Superficial Injury Of Head Part Nos	49	75.5%	110	53.5%			
A08.4 Viral Gastroenteritis	31	67.7%	118	53.7%			



Information provided by Clinical Access and Redesign Unit

Data source: Emergency Department Information System (EDIS), data is preliminary and subject to change.

ACTIVITY (ABF AND NON-ABF) YTD PERFORMANCE - May 2013

Data source: Decision Support System (DSS) as at 11 July 2013

ACTIVITY (ABF AND NOT	• 7.5. ,	D 1 LINI 0	· · · · · · · · · · · · · · · · · · ·		not been uplo	aded by the HHS	at this time	•									mergency Serv	ices Treated data	is now heing ca	ptured against tri	age categories
Weighted Activity Units - WAU	2011-12	2012-13	2011-12	2012-1		YTD Variance		2011-12 to 20	12-13 Change	Wei	eighted Activity Units - WAU		2011-12	2012-13	2011-12	2012-13		YTD Variance		2011-12 to 2012	
Activity	FY Actual	Purchased	YTD Actual	DSS Target	Actual	Actual		Actual		Eme	ergency Department		FY Actual	Purchased	YTD Actual	DSS Target	Actual	Actual		Actual	%
ABF	93,122	94,069	85,314	-	91,245	91,245	-	5,931	7.0%	Ca	at 1 (Admitted and Discharg	ged)	117	126	104	-	128	128	-	24	23.2%
Non ABF	-	-	-	-	-	-	-	-	-	Ca	at 2 (Admitted and Discharg	ged)	1,305	1,375	1,198	-	1,183	1,183	-	-16	-1.3%
Total Activity	93,122	94,069	85,314	_	91,245	91,245	-	5,931	7.0%	Ca	at 3 (Admitted and Discharg	ged)	4,123	4,321	3,784	-	3,693	3,693	-	-91	-2.4%
,		, , , , ,									at 4 (Admitted and Discharg		4,643	4,591	4,256	_	4,557	4,557	-	300	7.1%
Inpatients	Service Relat	ed Group (SRG)								at 5 (Admitted and Discharg		162	158	151	_	190	190	_	39	26.1%
01 Cardiology	875	910	805	_	824	824		19	2.3%		ied	5/	3	1	3	-/	3	3	_	0	0.0%
02 Interventional Cardiology	144	195	134	_	127	127	_	-6	-4.7%		S Treated		-	-	-	/./	-	-	_	-	-
03 Cardiac Surgery	1,264	1,740	1,166		1.340	1,340		174	14.9%		ergency Department Total		10,352	10,572	9,496		9,754	9,754	_	257	2.7%
04 Thoracic Surgery	662	1,740	608	_	580	580		-28	-4.6%	Liiii	leigency Department Total		10,332	10,372	3,430	//	3,734	3,734		237	2.776
	220	220		_	198	198	_		-1.4%	Sub	and Non-Acute Patients		_							_	
05 Dermatology	978		201	-			-	-3 98			EM										
06 Endocrinology		963	903	-	1,001	1,001	-		10.8%				-			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		-	-	-	-
07 Gastroenterology	524	564	489	-	475	475	-	-14	-2.8%		AINT		298	188	27/4	/ (-	237	237	-	-37	-13.3%
08 Diagnostic GI Endoscopy	813	903	730	-	801	801	-	71	9.7%		ALLIATIVE		280	252	242	/ /	226	226	-	-15	-6.3%
09 Haematology	647	549	597	-	422	422	-	-175	-29.3%		EHAB		154	366	143	1.1	246	246	-	103	71.7%
10 Haematological Surgery	234	-	212	-	176	176	-	-36	-16.9%	SNA	AP Total		732	305	659	/ / <i>/</i>	710	710	-	51	7.7%
11 Immunology & Infections	984	1,098	902	-	969	969	-	67	7.5%	_											
12 Medical Oncology	634	666	596	-	528	528	-	-68	-11.4%	Mei	ental Health		10/								
13 Chemotherapy & Radiotherapy	48	56	41	-	67	67	-	26	64.2%	De	esignated Bed (Per Diem Ac	ctivity)	1,269	1,405	1,165		1,251	1,251	-	86	7.4%
14 Neurology	1,540	1,407	1,425	-	1,479	1,479	-	54	3.8%	42	2 Psychiatry - Acute		119	184	112		124	124	-	12	10.6%
15 Renal Medicine	365	321	337	_	335	335	-	-2	-0.6%	Me	ental Health Total		1,388	1,588	1,277	-	1,375	1,375	-	98	7.7%
16 Renal Dialysis	5	5	5	_	-	-	_	-5	-100.0%						>			-			
17 Respiratory Medicine	3,824	2,898	3,492	_	3,421	3,421		-71	-2.0%	Out	tpatients	^	\ <								
18 Rheumatology	241	232	218	_	238	238		20	9.4%		ledical		3,607	3,353	3,292	-	4,002	4,002	-	710	21.6%
19 Non Subspecialty Medicine	1,071	1.882	987		1,036	1.036		49	5.0%		urgical		3,990	3,730	3,653		3,623	3.623	_	-30	-0.8%
, ,		928		_	808	808	_	83					1,958	1,829		-	1,770	1,770	-	-40	-2.2%
20 Breast Surgery	793 796	753	725 726	-	768	768	-	43	11.4% 5.9%		llied Health re-Admission		322	61	1,810 291	-	255	255	-	-40 -36	-2.2% -12.5%
21 Upper GIT Surgery				-			-					\ /				-			-		
22 Colorectal Surgery	1,240	1,232	1,149	-	1,016	1,016	-	-133	-11.5%		aediatric		328	296	300	-	448	448	-	148	49.4%
23 Head & Neck Surgery	319	350	289	-	311	311	-	22	7.7%		leonatal		-	-	-	-	7	7	-	7	-
24 Neurosurgery	1,431	778	1,237	-	1,155	1,155	-	-82	-6.6%		laternity		2,553	2,778	2,347	-	2,874	2,874	-	527	22.5%
25 Dental Surgery	130	355	119	-	94	94	-	-25	-21.0%		hemotherapy		-	-	-	-	3,408	3,408	-	3,408	-
26 Dentistry	352	-	324	-	335	335	-	11	3.5%		iinical Haematology		380	655	346	-	104	104	-	-242	-69.9%
27 Ear, Nose & Throat	1,833	1,865	1,645	-	1,852	1,852	-	207	12.6%	Cli	linical Measurement		-	35	-	-	339	339	-	339	-
28 Orthopaedics	5,041	5,811	4,624	-	4,935	4,935	-	310	6.7%	Cy	ystic Fibrosis		131	186	122	-	121	121	-	-1	-1.2%
29 Ophthalmology	1,000	1,106	905	-	1,016	1,016	-	212	12.4%	\ Dj	ialysis		151	80	138	-	99	99	-	-39	-28.1%
30 Plastic & Reconstructive Surgery	1,389	1,696	1,262	-	1,361	1,361	<	99	7.8%	Di	istrict Nursing Services		-	-	-	-	-	-	-	-	-
31 Urology	2,342	2,086	2,115	-	2,018	2,018	- \	-98	-4.6%		ndoscopy		-	-	-	-	351	351	-	351	-
32 Vascular Surgery	554	685	488	_	533	533	-	145	9.3%	In	nterventional Cardiology		-	-	-	-	-	-	-	-	-
33 Non Subspecialty Surgery	3.270	3.508	3.005	_	3,366	3.366		361	12.0%		1edical Oncology		3,910	3,028	3,639	_	973	973	-	-2,665	-73.2%
34 Gynaecology	2,701	2,719	2,455	_	2,796	2,796	_	341	13.9%		ain Management		-		-	_	_	_	_	-	-
35 Obstetrics	7,708	8,065	7,019	_	7,520	7.520	_	501	7.1%		harmacy		_	_	_	_	_	_	_	_	_
36 Qualified Neonate	3,827	3,774	3,511	_	3,738	3,738	\ .	227	6.5%		rimary Care		_	_	_		_		_		
38 Transplantation	103				87	87	. \		-15.0%		,										
39 Extensive Burns	103	102	103 3	_	21	21	///	-15 18	674.6%		sychiatry adiation Oncology		-	-	-	-		-	-	-	-
	001	1 200		_ ,	702		/ /.	-209					220	454	202	-	225	225	-	- 22	11.00/
40 Tracheostomy	991	1,299	912	_		702	//		-23.0%		enal Medicine		220	154	202	-			-	23	11.6%
41 Drug & Alcohol	122	126	114		123	123	\-	9	7.8%		ub Acute		-	-	-	-	60	60	-	60	-
44 Unallocated					\	/ 7.	-				ransplants					-			-		.
Inpatient Total	51,022	51,851	46,573	-)	48,573	43,573	-	2,000	4.3%		ound Management		29	32	28	-	10	10	-	-18	-64.3%
			/ /								ther		-	-	-	-	-	-	-	-	-
Critical Care				1/2						Out	tpatient Total		17,578	16,216	16,168	-	18,669	18,669	-	2,501	15.5%
Coronary Care	385	456	348		346	346	-	-2	-0.7%												
Intensive Care	1,491	1,330	1,367	//-	1,167	1,167	-	-200	-14.7%											nce to target rec	
Neonatal Intensive Care	4,040	4,656	3,798	-	4,358	4,358	-	560	14.7%							Blue value	s indicate the	Top 5 greatest	negative varia	nce to target rec	arded in DSS
Paediatric Intensive Care	3,295	3,705	3,054	1/	3,195	3,195	-	141	4.6%												
Special Care Nursery	2,839	2,889	2,573		3,099	3,099	-	525	20.4%												
Critical Care Total	12,049	13,036	11,141	-	12,164	12,164	-	1,024	9.2%			_									
													2012-13	HHS FY Target	Variance						
Monthly target phasing - loaded to DSS	Jul 2012	Aug 2012	Sep 2012	Oct 2012	Nov 2012	Dec 2012	Jan 2013	Feb 2013	Mar 2013	Apr 2013 M	May 2013 Jun 2013	YTD	Purchased	loaded to DSS	to Purchased						
Inpatients	-	-	-	-	-	-	-	-	-	-	-	-	51,851	-		Inpatients					
Critical Care	-	-	-	-	-	-	-	-	-	-		-	13,036	-		Critical Care					
Emergency Department	-	-	-	-	-	-	-	-	-	-		-	10,572	-		Emergency Depa					
Sub and Non-Acute Patients	-	-	-	-	-	-	-	-	-	-		-	805	-		Sub and Non-Acu	ute Patients				
Mental Health	Ξ	=	-	=	-	=	-	-	-	-		-	1,588	-		Mental Health					
Outpotionto													16 216		16 216	0					

Outpatients

Total Activity Target

16,216

-16,216 Outpatients
-94,069 Total Activity Target

ACTIVITY FORECAST

May 2013

Tourners post patterns of the control of the contro		2012-13 Purchased ¹	2012-13 DSS Target	Jul 2012	Aug 2012	Sep 2012	Oct 2012	Nov 2012	Actuals Dec 2012	Jan 2013	Feb 2013	Mar 2013	Apr 2013	May 2013	Forecast ⁴ 3 Jun 2013	2012-13 Total	Variance to Purch.	% Variance to Purch.
Content	Breast Surgery	928		95	85	53	78	58	50	56	75	71	94	92	72	808	-120	-13.0%
Section of the content of the cont			-	134	123	158	120		159		36	89	164	62	128	1	-400	
Content Cont	Cardiology		-															_
Section			-															
Permetty 19			- :												92			
Separate Separate 19			<u> </u>												18			
Second Column 196	Diagnostic GI Endoscopy	903	-	63	101	56	73	77	56	44	83	77	59	112	69	801	-102	-11.3%
Transcriptioner (1969) 10 20 20 10 10 10 10 10	Drug & Alcohol																	
Secretarises																		
Secretary 50 - 17 CS - 8 TS - 24 CS - 17 CS - 18 TS - 24 CS - 27 CS -			-															
Separation 799 721 722 720																		
Teacher 1968	Gynaecology		-					290						283				2.8%
Methods 1960	Haematological Surgery		-															
THE PROPERTY OF THE PROPERTY O			-													1		
Second content of the content of t			-															
Ministrations																		
The content of the																		
No. Confunction y 140000	Neurology		-	142		141				123			112					
No. Proceedings Proceeding Proceedin			-															
Conserver Book			-															
Commencing			-															
Consequency Same Same Consequency Same Consequency Same Consequency Same			<u> </u>															
France Laboration Configurary Annual Configuration Configurary Annual Configuration	Orthopaedics																	
Cause of Services (1794) 196 172 181 192 183 346 300 400 405 179 181 181 191			-															
Material Professor 1988 79 32 80 30 70 12 79 77 75 75 75 75 75 75	Qualified Neonate		-													1		
Processing	Renal Dialysis		-															_
Temperations			-															
Tracescription 0 - 60 50 52 22 77 54 41 50 79 60 50 55 550 500 500 40 Transporteristory 1,00 1,			<u> </u>												/			
Tree-Incomorny 1.299 39 133 18 67 28 58 30 77 25 58 38 6 700 20 20 4-509 Tree-Incomorny 1.290 18 30 156 9 0 18 11 0 10 10 17 17 17 18 18 18 19 10 10 10 17 17 18 18 18 19 10 10 10 10 10 10 10 10 10 10 10 10 10			H :															2.9%
Transportation 932 - 8 0 10 10 10 10 10 10 10 10 10 10 10 10 1			<u> </u>									\leftarrow						-45.9%
Use of Forgery 73-3																		
Value Valu	Upper GIT Surgery	753	-	65	69	62	92	69	51	47		71	195	/3	70	768	15	2.0%
programmers 9,585 - A,488	Urology		-								_/~_							
CEC 458 36 48 36 77 75 78 77 79 90 10 13 48 11 10 12 12 10 10 10 10																		
Column 1,330	Inpatients	51,851		4,488	4,558	4,324	4,370	4,663	4,179	3,750	4,193	4,768	4,369	4,911	4,325	48,573	-3,278	-6.3%
NECL 4,866 536 253 345 546 455 455 349 577 416 400 3131 400 4,878 730 4.00 730	CCU	456	-	26	44	26	27	25	28	/23	37/	29	42	40	31	346	-110	-24.2%
PICULATION 1976 - 126 299 204 204 204 205 155 315, 158 316 288 318 281 3,395 5-10 1138 C			-										,~					
Series (Series 1,3888 - 279 216 300 316 328 248 277 289 364 217 233 280 3,009 210 7.38 7.08 7.38																		
Control common 1,1000 1,10													/					
Call Jubines and Diocharged 328																		
Cat 2 (America and Dechaged) 1,375 111 110 89 114 105 96 91 1111 120 113 122 115 120 113 122 115 120 113 122 115 120 121 121 121 121 121 121 121 121 121																		
Carl J Almerte and Dischaged 6,321 - 370 861 823 822 318 115 285 310 810 300 377 832 3,889 4-29 4-25% Carl J Almerte and Dischaged 6,591 - 442 466 603 404 879 412 806 867 66 415 436 412 4,557 344 0.75 42 416 603 404 879 412 806 867 66 415 436 412 4,557 344 0.75 42 416 603 404 879 412 800 400 400 400 400 400 400 400 400 400																		
Lat 4 (Jameter and Dischargers) 4.591 4.42 4.88 4.03 4.04 4.07 4.																		
Carl S (Ambritted and Discharges) 158																		
Died	Cat 5 (Admitted and Discharged)									20								
Emergency Ceptatreent 10,772	Did Not Wait	0	-	-	-	-	-	//-		- /-	~ / .	-	-	-	-	0	0	
EMPSIGNOS PROPRIEMENT 10,0772 988 837 866 851 849 800 811 966 912 969 879 9,754 818 7.796 600 7.706	Died		-	0	0	0	0	0	-/-/-	0	V 0	0	0		0			
GEM			-	-	-	-					-	-	-		-			
MANIT 188	Emergency Department	10,572		952	938	837	800	831	849	805	811	900	912	909	8/9	9,/54	-010	-7.776
PALLATIVE	GEM		-	-	-	-	-	1	<u> </u>		-	-	-	-	-			
BESHAB SES - 31 31 31 55 22 12 55 22 26 19 33 18 20 246 -120 325 -1158																		_
Sub and Non-Acute Patients																		
Designated Bed (Per Diem Activity) 1,405 - 80 240 132 99 132 91 64 80 115 99 120 133 1,251 1.54 1.09 Psychiatry -cutre (SRG) 184 - 16 12 12 12 22 20 9 3 10 8 16 7 12 126 6.0 6.22 4.0 6.0 1.24 4.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6			- :															
Psychiatry - Acute (SRG) 184	Sub different reduce rations					-/-/-			7									
Medical							>/_											-10.9%
Medicial 3,353 - 351 380 371 411 417 276 232 391 375 370 428 357 4,002 649 19.3% Surgical 3,730 - 329 376 310 388 373 254 252 320 341 332 378 324 3,623 1-107 2-9% Alleidel Health 1,829 - 163 16^6 160 179 179 129 135 147 162 170 188 158 1.570 - 59 - 3.2% Pre-Admission 61 - 26^6 27 27 22 22 28 27 17 21 23 20 22 24 23 255 194 321.2% Pre-Admission 296 - 45 49 33 45 53 31 26 40 42 31 53 40 448 152 351.5% Neonatal 0 - 1 1 1 1 1 1 0 1 0 0 1 0 0 1 7 7 7 Maternity 2,778 - 222 252 252 252 262 265 26 267 299 264 299 308 257 2,874 96 3.5% Alcohol & Drug 0			-															-32.4%
Surgical 3,720 - 329 3,76 310 358 373 254 252 320 341 332 378 324 3,623 -107 2-9% Allied Health 1,829 - 163 167 160 179 179 120 135 147 162 170 188 158 1,770 39 -3.2% Allied Health 2,829 - 163 167 160 179 179 120 135 147 162 170 188 158 1,770 39 -3.2% Allied Health 2,829 - 163 167 167 179 120 135 147 162 170 188 158 1,770 39 -3.2% Allied Health 2,829 - 177 21 23 20 22 24 23 255 194 321.2% Allied Health 2,829 - 177 21 23 20 22 24 23 255 194 321.2% Allied Health 2,829 170 170 170 170 170 170 170 170 170 170	iviental Health	1,588		96	253	145	108	152	100	67	90	123	115	127	125	1,375	-213	-13.4%
Surgical 3,730 - 329 376 310 358 373 254 252 320 341 332 378 324 3,623 107 2-9% Allied Health 1829 - 163 167 160 179 179 179 120 135 147 162 170 188 158 1570 59 3,321 186 186 187 187 187 187 187 187 187 187 187 187	Medical	3,353		351	380	371	411	417	276	232	391	375	370	428	357	4,002	649	19.3%
Pre-Admission 61 - 26																		-2.9%
Paediatric 296						_												-3.2%
Neonatal																		
Maternity 2,778 - 242 282 25 262 265 236 267 239 264 259 308 257 2,874 96 3.5% Alchorlo & Drug 0																		51.5%
Alcohol & Orug O			<u> </u>															3.5%
Sub Acute 0 9 5 5 3 9 7 4 6 6 6 5 5 5 5 5 6 60 60 Clinical Measurement 32 3 36 32 30 35 35 21 18 27 34 32 39 30 339 304 860.2% Wound Management 32 2 - 1 1 1 1 1 0 1 1 1 1 0 1 1 1 1 0 0 1 1 1 1 1 0 0 22 6-88.8% Pain Management 0 0			-/				V	-							-			
Wound Management 32 - 1 1 1 1 0 1 1 1 1 0 1 1	Sub Acute	0	-															
Pain Management O	Clinical Measurement		<u> </u>		-	_												
Cystic Fibrosis 186 - 13 11 10 12 11 8 6 12 10 10 17 10 121 -65 -35.0% Transplants 0	Wound Management			1	1	1	1	0	1	1	1	1	0		1			-68.8%
Transplants 0 0				10	- 11	10	- 12	- 11	- 0	-	- 12	10	10		10			
Endoscopy f			/	-											10			
Interventional Cardiology 0			/ :)												31	-		1
Renal Medicine 154 - 21 25 20 20 22 14 20 22 22 18 22 20 225 72 46.6% bialysis 80 - 13 13 13 10 10 0 8 10 13 0 8 9 99 19 23.7% chemotherapy 0 318 306 304 368 321 256 332 298 300 300 305 310 3,408 34.08 Medical Oncology 3,028 83 87 86 79 84 80 92 96 94 93 101 87 973 -2,055 67.9% Radiation Oncology 0 0 0 0 0 Clinical Haematology 655 - 9 9 12 12 10 6 6 6 11 9 7 13 9 104 -551 84.1% Pharmacy 0 0 0 0 Community Health Services 0 0 0 0 District Nursing Services 0 0			_ /	/											-	1		
Chemotherapy 0 318 306 304 368 321 256 332 298 300 300 305 310 3,408 3,408 Medical Oncology 3,028 83 87 86 79 84 80 92 96 94 93 101 87 973 -2,055 67.9% Radiation Oncology 0	Renal Medicine		\/./															
Medical Oncology 3,028 83 87 86 79 84 80 92 96 94 93 101 87 973 -2,055 -67.9% Radiation Oncology 0 - - - - - - - - - - 0 0 0 0 0 0 0 0 0 0 0 0 - - - - - - - - - - - - - - 0 0 - <	Dialysis		V. (-															23.7%
Radiation Oncology 0	Chemotherapy		1,															67.6.
Clinical Haematology 655 - 9 9 12 12 10 6 6 11 9 7 13 9 104 -551 -84.1% Pharmacy 0 0 0 0 Community Health Services 0			- /	· /	87	86	79	84			96				87			
Pharmacy 0 0 0 0 Community Health Services 0			H :		- q	12	12	10			11				9			-
Community Health Services 0 0 0 Dibutrict Nursing Services 0 0 0 Dibutrict Nursing Services 0 0 Dibutrict Nursing Services 0	Pharmacy		<u> </u>	-	-	-	-	-			-							
Diagnostic Imaging 0 0 0 Primary Care 0	Community Health Services	0	-	-	-	-	-									0	0	
Psychiatry 0 0 0 Primary Care 0	District Nursing Services		-	-	-	-	-											
Primary Care 0 0 0 0 Other 0				-	-	-	-	-		-								
Other 0 - - - - - - - - - 0 0 Outpatients 16,216 - 1,684 1,802 1,656 1,866 1,851 1,354 1,441 1,670 1,731 1,682 1,933 1,674 18,669 2,453 15.1%			-	-	-	-	-	-	-	-	-	-	-	-		0	n	
Outpatients 16,216 - 1,684 1,802 1,656 1,866 1,851 1,354 1,441 1,670 1,731 1,682 1,933 1,674 18,669 2,453 15.1%	Psychiatry	0	-		-		-											
0.000 9.00 9.00 9.01 9.71 9.71 9.71 9.71 9.71 9.71 9.71 9.7		0	-		-		-							-		0	0	
	Psychiatry Primary Care	0 0 0	-	-	-	-	1,866	-	-	-	-	-	-	-	-	0	0	

- Notes:

 1 Purchased as at Window 1 2012-13

 2 Forecast as per HHS target phasing

 3 The majority of Emergency Services Treated data is now being captured against triage categories & DNW

HHS FLOW

May 2013

			ı	Residential HHS	*					
Inpatients	Mater Health	Metro South	Metro North	Gold Coast	West Moreton	Sunshine Coast	Other HHS	Non-Qld	YTD WAU - Total	% of Total - HHS Residents
inpatients	Service	Well o South	Wetto North	dolu Coast	West Woreton	Sunstille Coast	Other HH3	residents	10141	Titis Residents
01 Cardiology	-	601	70	23	44	16	38	31	824	-
02 Interventional Cardiology	-	32	10	15	8	6	43	13	127	-
03 Cardiac Surgery	-	250	156	172	130	91	446	95	1,340	-
04 Thoracic Surgery	-	264	53	74	32	30	113	14	580	-
05 Dermatology	-	156	13	8	10	2	6	3	198	-
06 Endocrinology	-	663	86	48	95	6	65	38	1,001	-
07 Gastroenterology	-	376	35	13	28	0	9	14	475	-
08 Diagnostic GI Endoscopy	-	558	64	20	73	8	51	28	801	-
09 Haematology	-	310	29	10	35	2	18	18	422	-
10 Haematological Surgery	_	127	7	1	22	1	9	8	176	-
11 Immunology & Infections	_	714	84	17	83	5	/44/	22	969	-
12 Medical Oncology	-	332	26	16	47	2	/ 81		528	-
13 Chemotherapy & Radiotherapy	_	38	2	5	3		/ 19	// 1	67	-
14 Neurology	_	1,049	147	41	107	7	82	46	1,479	-
15 Renal Medicine	_	178	32	24	3	2	81	/ 15/	335	-
16 Renal Dialysis	_	-	-	_				//.	_	-
17 Respiratory Medicine	_	2,315	267	143	299	50	218	129	3,421	-
18 Rheumatology	_	158	16	18	21	/ 4/	14	7	238	-
19 Non Subspecialty Medicine	_	768	81	21	76	(2	66	21	1,036	_
20 Breast Surgery	_	602	42	39	58	21	43) 3	808	-
21 Upper GIT Surgery	_	559	62	23	52	5	. 23	45	768	_
22 Colorectal Surgery	_	715	72	44	117	7	42	20	1,016	_
23 Head & Neck Surgery	_	224	31	2	24		24	6	311	_
24 Neurosurgery	_	448	149	73	118	26	210	132	1,155	_
25 Dental Surgery	_	43	9	5	16		18	3	94	_
26 Dentistry	_	276	21	4	22	0	8	5	335	_
27 Ear, Nose & Throat	_	1,248	153	97	150	24	108	72	1,852	-
28 Orthopaedics	_	3,409	483	156	283	80	390	134	4,935	_
29 Ophthalmology	_	530	191	65	5/	28	107	39	1,016	_
30 Plastic & Reconstructive Surgery	_	855	99	55	104/	17	175	56	1,361	_
31 Urology	_	758	88	62	94	13	954	49	2,018	_
32 Vascular Surgery	_	386	32	8	22	13	57	13	533	_
33 Non Subspecialty Surgery	_	2,224	297	130	240	31	348	95	3,366	_
34 Gynaecology		1,990	199	50	215/	16	241	85	2,796	_
35 Obstetrics	_	6,327	332	103	4/25	1	229	102	7,520	_
36 Qualified Neonate	_	1,981	213	313	500	20	456	256	3,738	_
38 Transplantation	_	35	8/	/17	3,0	20	28	0	87	_
39 Extensive Burns	_	14	/_		\		6	· ·	21	_
40 Tracheostomy		231	78	45	<u> </u>	42	213	27	702	_
41 Drug & Alcohol		84	13	6	// 2	42	14	4	123	-
43 Rehabilitation		-	13	\ \ \ '	// -		14	-	123	_
43 NEUROIIITATION	1	-			/		-	- 1		-
Inpatient Total	-	31,831	3,747	1,963	3,681	577	5,101	1,674	48,573	-
Percentage of HHS Inpatient Total		67.9%	8.0%	4.2%	7.8%	1.2%	10.9%	3.6%		

Red values indicate the Top 5 SRG with the lowest number of the HHS's own residents treated

^{*} Residential HHS has been mapped manually this month - HSC are to provide ASGS mapping in future months



CASEMIX CHANGE - Year on year comparison - May 2013

Data source: Decision Support System (DSS) as at 11 July 2013

		2011-12 to 20)12-13 Change		Potential	WAUs notion	nal variance
	YTE	Seps	YTD	WAUs	Casemix		Casemix
Inpatients	Actual		Actual		Change	Volume	related
Service Related Group (SRG)			,		,	,	
01 Cardiology	128	8.7%	19	2.3%	-6.4%	13	5.8
02 Interventional Cardiology	-36	-17.0%	-6	-4.7%	12.2%	-4	-2.0
03 Cardiac Surgery	5	3.9%	174	14.9%	11.1%	120	54.0
04 Thoracic Surgery	-76	-15.5%	-28	-4.6%	10.9%	-19	-8.6
05 Dermatology	33	8.9%	-3	-1.4%	-10.3%	-2	-0.9
06 Endocrinology	59	7.4%	98	10.8%	3.4%	67	30.3
07 Gastroenterology	16	1.5%	-14	-2.8%	-4.3%	-9	-4.2
08 Diagnostic GI Endoscopy	112	12.0%	71	9.7%	-2.3%	49	21.9
09 Haematology	-103	-13.4%	-175	-29.3%	-15.9%	-121	-54.2
10 Haematological Surgery	-5	-7.2%	-36	-16.9%	-9.7%	-25	-11.1
11 Immunology & Infections	51	5.3%	67	7.5%	2.2%	46	20.9
12 Medical Oncology	-71	-10.7%	-68	-11.4%	-0.8%	-47	-21.2
13 Chemotherapy & Radiotherapy	68	63.6%	26	64.2%	0.6%	18	8.2
14 Neurology	78	4.7%	54	3.8%	-0.9%	37	16.8
15 Renal Medicine	22	4.5%	-2	-0.6%	-5.1%	-1	-0.6
16 Renal Dialysis	-13	-100.0%	-5	-100.0%	0.0%	-3	-1.4
17 Respiratory Medicine	-69	-1.9%	-71	-2.0%	-0.1%	-49	-22.0
18 Rheumatology	33	7.4%	20	9.4%	2.0%	14	6.3
19 Non Subspecialty Medicine	269	10.9%	49	5.0%	-5.9%	34	15.3
20 Breast Surgery	41	8.2%	83	11.4%	3.3%	57	25.7
21 Upper GIT Surgery	27	5.9%	43	5.9%	0.0%	29	13.2
22 Colorectal Surgery	15	4.3%	-133	-11.5%	-15.8%	-91	-4/1.1
23 Head & Neck Surgery	9	5.2%	22	7.7%	2.5%	15	6.9
24 Neurosurgery	55	6.5%	-82	-6.6%	-13.2%	-57	-25.4
25 Dental Surgery	-14	-20.3%	-82	-21.0%	-0.7%	-17	- 23.4 -7.8
· ,	-14 14	-20.3% 2.7%	11	3.5%	0.8%	3	3.5
26 Dentistry 27 Ear, Nose & Throat	60	2.7%	207	12.6%	10.4%	143	64.1
*			310			214	/ /
28 Orthopaedics	136 116	4.5% 9.9%	112	6.7% 12.4%	2.2% 2.5%	214	96.2
29 Ophthalmology	70	9.9% 7.0%				68	34.7
30 Plastic & Reconstructive Surgery			99	7.8% -4.6%	0.8%	//	30.7 -30.3
31 Urology	-11	-0.6%	-98		/ / / / / / / / / / / / / / / / / / / /	-67	\
32 Vascular Surgery	-14	-5.9%	45	9.3%	15.2%	31	14.0
33 Non Subspecialty Surgery	61	1.6%	361	12.0%	10.4%	249	111.9
34 Gynaecology	239	11.7%	341	13.9%	2.2%	235	105.8
35 Obstetrics	360	5.8%	501	7.1%	1.3%	346	155.3
36 Qualified Neonate	256	4.5%	227	6.5%	2.0%	157	70.5
38 Transplantation	-2	-16.7%	-15	-15.0%	1.6%	-11	-4.8
39 Extensive Burns	5	83.3%	18)	674.6%	591.3%	13	5.7
40 Tracheostomy	-16	-17.6%	-209	-23.0%	-5.4%	-144	-64.9
41 Drug & Alcohol	-12	-3.4%	9	7.8%	11.2%	6	2.8
44 Unallocated	1	-		0.0%	0.0%	-	0.0
Inpatient Total *	1,897	4.0%	2,000	4.3%	0.3%	1,380	620.1

Red values indicate a negative growth in Seps and a positive growth in WAU Blue values indicate a positive growth in Seps and a negative growth in WAU

AMBULATORY CARE - Review to New ratio - May 2013

				, 2020			s . (ps=:	
				****		Decision Support		
Weighted Activity Uni	ts - WAU	2010-11	2011-12	2012-13	2012-13		N Ratio - WA	
Outpatients		Actual	Actual	Purchased	YTD	2010-11	2011-12	2012-13 YT
Clinic Type								
Medical	New	<i>757</i>	1,002	1,150	930			
	Review	2,707	2,605	2,203	3,071	3.6	2.6	3.3
Surgical	New	941	1,110	1,356	836			
All: List tol	Review	2,699	2,880	2,374	2,787	2.9	2.6	3.:
Allied Health	New	779	731	839 990	721 1,048	1.3	1.7	1.5
	Review Other	1,030	1,227	990	1,048	1.3	1./	1.3
Pre-Admission	New	1/	2	//	4			
TTC Admission	Review	88	320	59	251	71.1	197.1	60.
Paediatric	New	146	110	168	120	, 1.1	137.11	
	Review	198	218)) 128	328	1.4	2.0	2.
Neonatal	New	. /		// -	7			
	Review	1 / /		/ -	0	-	-	0.0
Maternity	New	570	515	687	500			
	Review	2,745	2,038	2,091	2,374	3.1	4.0	4.
Sub Acute	New	-	-	-	13			
	Review	\ \ -	-	-	47	-	-	3.
	Other	1 -	-	-	-			
Clinical Measurement	New	12	-	35	17			
	Review	-		-	323	-	-	19.:
Wound Management	New	3	2	1	0		440	25
Daily Managamant	Review New	48		30	10	14.4	14.8	25.0
Pain Management	Review	-	-	-	-	_		
Cystic Fibrosis	New							
Cystic Fibrosis	Review	135	131	186	121			
Transplants	New	- 133		-	-			
	Review	_	_	_	-	_	_	
Endoscopy	New	-	-	-	275			
	Review	-	-	-	76	-	-	0.3
Interventional Cardiology	New	-	-	-	-			
	Review	-	-	-	-	-	-	
	Other	-	-	-	-			
Renal Medicine	New	30	33	25	31			
	Review	162	187	129	194	5.3	5.7	6.3
Dialysis	New	-	-	-	-			
	Review	70	151	80	99	-	-	
Chamatharany	Other				-			
Chemotherapy	New Review	-	-	-	45 3,363			74.
Medical Oncology	New	85	82	66	3,303			74.1
iviedical Officology	Review	2,986	3,828	2,962	893	35.2	46.8	11.0
Radiation Oncology	New	2,380	3,828	2,302		33.2	40.0	11.0
nadiation Oncology	Review	_	_	_	_	_		
Clinical Haematology	New	24	33	45	24			
<u>.</u>	Review	241	348	611	80	9.9	10.6	3.4
Primary Care	New		-	-	-			
	Review	-			-		-	
Other	New	-	-	-	-			
	Review	-	-	-	-	-	-	
	Other	-	-	-	-			
Total	New	3,350	3,618	4,374	3,604		All clinics	
	Review	12,111	13,960	11,842	15,065	3.6	3.9	4.2
	Other	-	-	-	-	Excluding clinic	cs as per Purcho	ising Initiative

17,578

16,216

18,669

3.3

2.8

2.7

^{*} Inpatient total excludes 42 Psychiatry - Acute and 43 Rehabilitation

ESCALATION KPI LIST

		Attainment Score									
KPI No.	Escalation KPIs	Green	Amber	Red							
Safety	and Quality	Target									
E1	Never events	0	n/a	> 0							
E2	Hospital acquired 3rd and 4th stage Pressure Injuries	5.0% of 2010-11 actuals	> 5.0% - 25.0% of 2010-11 actuals	> 25.0% of 2010-11 actuals							
E3	Healthcare-associated Staphylococcus aureus (incl. MRSA) bacteraemia	20.0% of 2010-11 actuals	> 20.0% - 40.0% of 2010-11 actuals	> 40.0% of 2010-11 actuals							
Access		Target									
	National Emergency Access Target (NEAT): % of ED attendances who depart within 4 hours of their arrival in ED	2012: > 70.0%	2012: 69.9% - 65.0%	2012: < 65.0%							
		2013: > 77.0%	2013: 76.9% - 70.0%	2013: < 70.0%							
	Emergency Department: % seen within recommended timeframe:	80% of all categories	C-+ 1:00.0% 00.0%	C++ 4: +00.00/							
	Category 1: within 2 minutes Category 2: within 10 minutes	Cat. 1: 100% Cat. 2: > 80.0%	Cat. 1: 99.9% - 90.0% Cat. 2: 79.9% - 70.0%	Cat. 1: < 90.0% Cat. 2: < 70.0%							
	Category 3: within 30 minutes	Cat. 3: > 75.0%	Cat. 3: 74.9% - 65.0%	Cat. 3: < 65.0%							
	Category 4: within 50 minutes	Cat. 4: > 70.0%	Cat. 4: 69.9% - 60.0%	Cat. 4: < 60.0%							
	Category 5: within 120 minutes	Cat. 5: > 70.0%	Cat. 5: 69.9% 60.0%	Cat. 5: < 60.0%							
E6	Patient Off Stretcher Time (POST): < 30 mins (%)	>= 90.0%	< 90.0% - 85.0%	< 85.0%							
	Elective Surgery: % treated within the clinically recommended timeframe for	2012	2012	2012							
-/	their category	2012		//							
	(National Elective Surgery Target (Part 1))	Cat. 1: 89.0%	Cat. 1: 88.9% - 85.0%	Cat. 1: < 85.0%							
		Cat. 2: 81.0%	Cat. 2: 80.9% 78.0%	Cat. 2: < 78.0%							
		Cat. 3: 91.0%	Cat. 3: 90.9% 87.0%	Cat. 3: < 87.0%							
		2013	2013	2013							
		Cat. 1: 100%	Cat. 1: 99.9% - 96.6%	Cat. 1: < 96.0%							
		Cat. 2: 87.0%	Cat. 2: 86.9% - 83.0%	Cat. 2: < 83.0%							
		Cat. 3: 94.0%	Cat. 3: 93.9% - 90.0%	Cat. 3: < 90.0%							
8	Elective Surgery: Number of patients waiting more than the clinically	0 for all categories	HHS specific	HHS specific							
	recommended timeframe for their category:	\wedge									
	Category 1: within 30 days	Cat. 1: 0	Cat. 1: > 0% - 5.0%	Cat. 1: > 5.0%							
	Category 2: within 90 days	Cat. 2: 0	Cat. 2: > 0% - 5.0%	Cat. 2: > 5.0%							
	Category 3: within 365 days	Cat. 3: 0	Cat. 3: > 0% - 5.0%	Cat. 3: > 5.0%							
	Activity: variance between purchased ABF activity and YTD recorded ABF activity, by Service Group (Inpatients, Outpatients, ED, Mental Health, Critical Care and SNAP)	0% to +/-1%	Within tolerance as per detail in Schedule 3 (nart C) contained in the Service Agreement	> tolerance as per detail in Schedule 3 (part C) contained in the Service Agreement							
			/ Ng. ce.ment	7 greenene							
jjicien 10	cy and Financial Performance YTD Operating position	Target Balanced or surplus	0 – 1.0% unfavourable variance to budget	> 1.0% unfavourable variance to budge							
:10	TTD Operating position	belances of surplus	0 – 1.0% dillavourable variance to budget	2 1.0% dillavourable variance to budge							
	Full year Forecast Operating position (Agreed position between System Manager and HSS)	Balanced or surplus	0 – 1.0% unfavourable variance to budget	> 1.0% unfavourable variance to budge							
	Own Source Revenue Target	Balanced or surplus	0 – 1.0% unfavourable variance to budget	> 1.0% unfavourable variance to budge							
	-										
E13	YTD average FTE (MOHRI head count)	HHS specific as per détail in Schedule 3 (part B) contained in the Service Agreement	0 – 1.0% unfavourable variance to budget	> 1.0% unfavourable variance to budge							
Closina	the Gap	Target									
_	Performance domain target:	0 escalation KPI red	1 escalation KPI red in any quarter	> = 2 escalation KPIs red in any quarter							
	Achievement of Closing the Gap escalation indicators contained within	and > = 2 escalation KPI green in any	or > = 3 escalation KPIs amber in any	or 1 escalation KPI red for > = 2							
	Schedule 8 of the Service Agreement.	quarter	quarter	consecutive quarters							
E14.1	CTG KPI 1 – Estimated level of completion of Indigenous status – specifically the	'Not stated' is < = 1%	'Not stated' is	'Not stated' is							
	reporting of 'not 'stated' on admission	~	> previous quarter but not meeting target	> = previous quarter							
E14.2	CTG KPI 2 – Percentage of in-scope separations of Aboriginal and Torres Strait	> = 55% of in-scope separations of	54.9% - 50.0% of in-scope separations	< 50.0% of in-scope separations							
	Islander consumers from the HHS's acute merital health inpatient unit(s) for which a community ambulatory service contact, in which the consumer	Aboriginal and Torres Strait Islander consumers									
	participated (in person or via videoconference), was recorded in one to seven	consumers									
	days immediately following that separation										
E14.3	CTG KPI 3 – The proportion of Aboriginal and Torres Strait Islander patients	< = HHS quarterly target (as per detail in	> previous quarter result but not meeting	> previous quarter target							
14.5	who discharged themselves against medical advice (DAMA)	Schedule 8 contained in the Service	quarterly target	Frences desires respec							
		Agreement)									
	CTG KPI 4 – Percentage of Aboriginal and Torres Strait Islander Cultural Practice		> = 50.0% of quarterly target but not	< 50.0% of quarterly target							
	Program participants by facility	Schedule 8 contained in the Service Agreement)	achieving quarterly target								
	(based on staff numbers at beginning of financial year)										
	Health and Alcohol and Other Drugs	Target									
	Performance domain target:	Achieve target (listed below) in greater than 67% of the escalation indicators	Achieve target in 67% - 50% of the escalation indicators	Achieve target in less than 50% of the escalation indicators							
	Achievement of Mental Health & Alcohol and Other Drug Treatment Services escalation indicators contained within Schedule 9 of the Service Agreement.	dian 67% of the escalation materials	esculation materials	esculation indicators							
	Listed below (where applicable):										
15.1	- Ambulatory service contacts	100% of ambulatory service targets	99.9% - 95.0%	< 95.0%							
15.2	- Ambulatory service contacts: Duration	100% of ambulatory service targets	99.9% - 95.0%	< 95.0%							
15.3	- Extended treatment facility and psychiatric hospital beds (Accrued patient	> = 95% of accrued patient day target	94.9 - 90.0%	< 90.0%							
	days in block funded mental health facilities)	delivered									
15.4	- Closure of ATODS Client intake	Closure period < 2 weeks	2 – 3 weeks	> 3 weeks							
15.5	- Number of dedicated hospital alcohol and other drugs withdrawal beds	> 95.0% open	95.0% - 85.0%	< 85.0%							
E15.6	- Significant variation in number of dedicated residential alcohol and other	> 95.0% open	95.0% - 85.0%	< 85.0%							
	drugs withdrawal beds										

TREND IN MONITORING KPI

			YTD Result / Latest Result	Jul 2012	Aug 2012	Sep 2012	Oct 2012	Nov 2012	Dec 2012	Jan 2013	Feb 2013	Mar 2013	Apr 2013	May 2013	Jun 2013	Full Year Target
SAFFTY A	AND QUALITY		Latest Result					_								rarget
M1	Falls Risk Assessment	Target Result	70%					70%								70%
M2	VTE Risk Assessment Documentation at Point of Care	Target	50%					50%					\			50%
M3	Hospital Standardised Mortality Ratio	Result	-					-				/-	<u> </u>			
1415	(HSMR)	Flag	green			green			green							
M4	Death in low-mortality Diagnostic Related Groups (Death-in-LM-DRG)	Result	0.00			0.04			0.00			0.02				
M5	VLAD In-hospital mortality indicators:	Flag	green		green			green			green					
M5.1	Acute Myocardial Infarction	Result	0		0		_	0		_	0	_ / /				l
M5.2	Stroke	Result	• 0		0			0 •			0	$\overline{}$				l
M5.3	Fractured neck of femur	Result	• 0		0			0 •			0))				l
M5.4	Pneumonia	Result	• 0		0 •			0 •			0/0	_//_				
M6	VLAD Unplanned readmission indicators:	Flag	green		green			green			green					l
M6.1	Acute Myocardial Infarction	Result			0			0			0			-	l	1
M6.2	Heart failure	Result			0			0 •	// ,	1/	0			-		
M6.3	Knee replacement	Result	• 0		0			0 •		<i>></i> \\	0 •			-	l	1
M6.4	Hip replacement	Result	• 0		0			0 •			0 •			-	l	1
M6.5	Depression	Result	-		-			<u> </u>			-			-	l	1
M6.6	Schizophrenia	Result	-		-			-			-			-	l	1
M6.7	Paediatric tonsillectomy and adenoidectomy	Result	0		0 •		_//	0 •			0 •			-		
M11	Renal dialysis treatment received at home	Target	50.0%	50.0%	50.0%	50.0%	50.6%	50.0%	50:0%	50.0%	50.0%	50.0%	50.0%	50.0%	l	50%
		Result	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	0.0% ◆	100.0%	100.0%	100.0%	0.0% 🔸	100.0%	l	1
ACCESS	** denotes calendar year result															
M12	Emergency Department median waiting time	Target	20	20	20	20	10	\$0	20	20	20	20	20	20	20	20
	<i>5 ,</i> ,	Result		27	28 🗾	27	26	26	25	24 💠	23 🔸	24 🔸	24 🔸	24 🔸	25	1
M13	Emergency Department 'Did not waits'	Target	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0%
		Result	2.2%	2.1% 🔷	2.8% 🔷	2.6%	2.0%	2.4% 🔷	2.5% 💠	1.9% 🔷	1.8% 🔸	2.3%	2.2% 🔷	1.9% 🔸	2.0% 🔸	1
M14	Elective Surgery volume	Target	9,836	907 <	921	911	926	930	646	446	751	1,018	628	892	860	9,836
		Result	10,595	977	951	828 •	988	910 🔸	754	613 •	958	938 🔸	829 •	1,019	830 🔸	1
M15.1	Reduction in elective surgery long waits: **	Target	0			0	0	0	0							0
	Category 1: within 30 days	Result	- /			-	-	-	-						l	1
M15.2		Target	67			67	67	67	67						ļ	67
	Category 2: within 90 days	Result	_			-	-	-	-						ļ	l
M15.3		Target	61			61	61	61	61						ļ	61
	Category 3: within 365 days	Result	() -)			-	-	-	-						l	1
M16	ES: 10% longest wait are treated in year **	Target	100.0%	1	100.0%	100.0%	100.0%	100.0%	100.0%							100%
	% of cohort patients removed	Result			-	-	-	-	-							l
M17	Elective Surgery Cancellations (hospital initiated)	Target	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10%
		Result	-	-	-	-	-	-	-	-	-	-	-	-	-	1
M18	Elective Surgery median waiting time	Target	25	25	25	25	25	25	25	25	25	25	25	25		25
		Result	30	35 💻	29 📕	29 📕	30.5	27 🔷	29 📕	36 📕	28 📕	27 🔸	35 📕	31 📕		1
M21	Categorisation of new case outpatient referrals	Target	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100%
		Result	-	-	-	-	-	-	-		-	-	-		-	
M22	Category 1 Outpatients: waiting in time	Target	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95%
		Result	-	-	-	-	-	-			-		-		-	
M23	Ambulatory Care access Outpatient ratio	Target	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0		2.0
	(Review to New)	Result	3.3	3.2	3.4	3.2	3.3	3.2	3.5	3.1	3.4	3.4	3.2	3.3		
M24	Hospital in the Home (HITH) separations - may	Target	1.5%	1.5%	1.5%	1.5%	1.5%	1.5%	1.5%	1.5%	1.5%	1.5%	1.5%	1.5%		1.5%
	include facilities not listed/approved in QHAPDC Manual	Result	0.2%	0.1%	0.1%	0.0%	0.1%	0.1%	0.2%	0.0%	0.4%	0.3%	0.6% 🔸	0.4%		

TREND IN MONITORING KPI

			YTD Result / Latest Result	Jul 2012	Aug 2012	Sep 2012	Oct 2012	Nov 2012	Dec 2012	Jan 2013	Feb 2013	Mar 2013	Apr 2013	May 2013	Jun 2013	Full Year Target
M26	Telehealth Non-admitted Occasions of Service	Target Result	- -	-	-	-		-		-	-		-	-		
EEEICIEN	ICY AND FINANCIAL PERFORMANCE															
M27	Cost per WAU												^			$\overline{}$
	For the in-scope ABF facilities	Result	_	_	_	_	_	_	_	_	_		<i>_</i>	_		
M30	Day case surgery rates	nesure										-//				
	,	Result	82.6%	79.2%	82.7%	80.0%	82.8%	84.3%	82.8%	81.1%	85.1%	81.0%	83.7%	85.2%		
M31	Extended day case surgery rates															
	, .,	Result	86.0%	87.1%	87.1%	86.1%	84.2%	86.3%	85.1%	85.9%	84.5%	87.8%	85.0%	86.2%		
M32	Out of scope procedures:	Target	0	0	0	0	0	0	0	0	0	0	15	0		0
	Varicose Veins (F20Z)	Result	61	3	11	5	7	8	7	2		6	2	7		
	Vasectomies (M63Z)	Result	-	-	_	_	-	-	-	<u> </u>			_	_		
M33	Clinical data coded within recommended time	Target	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		100%
		Result	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	109.0%	100.0%	100.0%		
M34	Maintenance Expenditure	Result														-
M35	Facility Condition Index	nesult								1 / C						2% to 4%
IVISS	·	Result								<u> </u>						
M36	Planned Maintenance Expenditure Ratio	Result						\wedge								60% to 70%
	EVPENIENCE															
M37	EXPERIENCE Complaints acknowledged within 5 calendar	Townst	100.0%				100,0%	100.0%	109:0%	100.0%	100.0%	100.0%	100.0%	100.0%		100.0%
IVI37	days	Target Result	100.0%			4	-	100.0%	-	-	-	100.0%	100.0%	100.0%		100.0%
WORKFO	DRCE															
M39	Hours lost (WorkCover) vs Occupied FTE	Target Result	0.35			0.35			0.35			0.35			0.35	0.35
M40	Sick leave	Target	3.50%	3.50%	3.50%	3.50%	3.50%	3.50%	3.50%	3.50%	3.50%	3.50%	3.50%	3.50%	3.50%	3.5%
		Result			`											
MENTAL	. HEALTH & ALCOHOL AND OTHER DRUG TREATMEN	T SERVICE	S													
M46	Community follow up (within 1 - 7 days) post	Target	55.0%	55.0%	55.0%	55.0%	55.0%	55.0%	55.0%	55.0%	55.0%	55.0%	55.0%	55.0%		
	mental health discharge	Result	47.4%	31.3%	58.8%	40.0%	66.7%	48.1%	22.7%	41.7%	52.2% 🔸	53.8% 🔸	-	-		
M47	End of Episode/Discharge Summary recorded	Target	35.0%	35.0%	35.0%	35.0%	35.0%	35.0%	35.0%	35.0%	35.0%	35.0%	35.0%	35.0%		
	(within 48 hrs of discharge)	Result	50.7%	€ 0%	15.3%	20.0%	60.0%	51.5%	55.6%	75.0%	69.2%	75.0%	70.0%	47.1%		
M48	Mental Health readmissions within 28 days of	Target	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%			
	discharge	Result	12.0%	6.3%	11.8%	15.0% 🔸	7.4%	11.1%	13.6%	8.3%	21.7%	7.7%	16.7% 🔸			
M50	Change in consumers' clinical outcomes		$\langle $		>											
	Acute Inpatient - Improvement	Result	75.6%	- '	-	100.0%	33.3%	88.9%	77.8%	66.7%	75.0%	66.7%	100.0%	50.0%		
	Acute Inpatient - No significant change	Result	24.4%	<u> </u>	-	0.0%	66.7%	11.1%	22.2%	33.3%	25.0%	33.3%	0.0%	50.0%		
	Acute Inpatient - Deteriorate	Result	0.0%	-	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%		
	Ambulatory Complete - Improvement	Result	55.0%	70.0%	50.0%	50.0%	42.1%	44.4%	50.0%	45.0%	60.0%	72.2%	65.0%	69.2%		
	Ambulatory Complete - No significant change	Result	40.0%	20.0%	45.0%	44.4%	42.1%	51.9%	45.8%	50.0%	33.3%	27.8%	35.0%	30.8%		
	Ambulatory Complete - Deteriorate	Result	5.0%	10.0%	5.0%	5.6%	15.8%	3.7%	4.2%	5.0%	6.7%	0.0%	0.0%	0.0%		
	Ambulatory Ongoing - Improvement	Result	41.7%	30.8%	48.6%	29.1%	41.8%	42.1%	39.2%	49.4%	45.6%	40.7%	49.2%	35.1%		
	Ambulatory Ongoing - No significant change	Result	43.2%	53.8%	36.5%	40.0%	48.1%	48.4%	46.8%	42.4%	39.7%	44.1%	36.5%	41.9%		
	Ambulatory Ongoing - Deteriorate	Result	15.2%	15.4%	14.9%	30.9%	10.1%	9.5%	13.9%	8.2%	14.7%	15.3%	14.3%	23.0%		
M51	Service episodes where a consumer is secluded	Target	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%		
	at least once	Result		7.4%	0.0%	8.0%	2.4%	5.1%	3.1%	0.0%	0.0%	2.9%	0.0%	0.0%		
M52	Occasions where required clinical outcome measure(s) were recorded	Target Result	40.0% • 42.0%	40.0% 30.4%	40.0% 46.5%	40.0% 54.6%	40.0% 50.4%	40.0% 50.6%	40.0% 49.4%	40.0% 48.8%	40.0% 39.1% •	40.0% 39.3% •	40.0% 41.8%	40.0% 26.0%		
	•,	nesull	42.0%	30.4/0	40.5/0	34.0/0	30.4/0	30.076	43.470	40.0/0	33.1/0	33.3/0	41.0/0	20.070		



MATER HEALTH SERVICE

Thursday 12 September 2013 1:30pm – 2:30pm

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Mater Health Service Relationship Management Group Meeting

DATE	12 Septembe	12 September 2013						
TIME	1:30pm – 2:3	1:30pm – 2:30pm						
VENUE	Queensland	Queensland Health Building, Level 5, Conference Room 2						
	DoH	Helen Ceron	Senior Director, Service Agreement Framework and Management					
		Ellen Cumberland	Manager, Service Agreement Framework and Management (Secretariat)					
	Mater Health Services	Sean Hubbard	Executive Director, Nater Adult , Women's and Children's Health Services					
		Bronwyn Whelan	Director of Business Services					
		Karen Bayntun	Director of Health Planning and Performance					
APOLOGIES	Nick Steele Executive Director, Healthcare Purchasing, Funding and Performance Management							

AGENDA ITEM	SPEAKER
1. INTRODUCTION	All
■ Confirmation of Draft Minutes – 8 August 2013	
2. ACTIONS ARISING	All
■ See Table 1	
3. PERFORMANCE DASHBOARD / PROGRESS REPORTING	All
Access	
■ National Emergency Access Target	
National Elective Surgery Target	
■ Activity	
4. SPECIFIC FUNDING COMMITMENTS	DOH
■ Measuring performance against key priorities 2013-14	
5. OTHER BUSINESS	All
As applicable	

Enquiries to: Healthcare Purchasing, Funding and Performance Management Ph: (07) 3234 0001 | <a href="https://example.com/hep-nc



DRAFT - Ma	ater Health Services' Relationship Management Group Meeting
Time / Date / Location	8 August 2013 1.30pm – 2:30pm
	Mater Health Services, South Brisbane
Present	Department of Health (DoH) Helen Ceron, Senior Director, Service Agreement Framework and Management (SD SAFM)
	Louise Blatchford, Principal Service Agreement Officer Service Agreement Framework and Management (minutes) Mater Health Services (MHS) Bronwyn Whelan, Director of Business Services (DBS MHS) Mish Hill Chief Operating Officer (COO)
	Apologies
	Nick Steele, Executive Director Healthcare Purchasing, Funding and Performance Management (ED HPFP)
	Sean Hubbard, Executive Director of Adult's, Women's and Children's Health Services (ED MHS)
	Karen Bayntun, Director of Health Planning and Performance (DHPP MHS)

2. ACTIONS ARISI 3&4. PERFORMAN	NG Refer to action register for update.	ACTION OFFICER
3&4. PERFORMAN	Refer to action register for update.	
3&4. PERFORMAI		
	NCE DASHBOARD – June2013	
	 NEAT DoH noted that MHS is meeting NEAT target. NEST DoH noted that MHS met NEST 'treated within recommended time' targets for June. MHS reported an increase in Category 2 and Category 3'long waits' inpatients due to outpatient volume catch-up. MHS noted that the ES long waits by speciality had not been included in the dashboard. 	
	ACTION: DoH to review dashboard data to include MHS data by speciality. ACTION: Mater to provide trajectory for future outpatients	DoH DBS MHS
	MHS indicated that there were errors on the June Dashboard Activity Forecast (page 7) - DSS targets excluded, and forecast totals not added.	DoH
5. OTHER BUSINE	SS	
	 2013/13 QIP Summary MHS requested an updated QIP summary from DoH. ACTION: 2013/14 QIP Summary to be provided by DoH to MHS. MHS Cashflow for August and September 	DoH

G:\SPP\HPFP\SAFM\2. Generic\RMG_Perf Reviews\2. 2013\3. Sep\1.18 MHS RMG\2. MHS_RMG_Minutes_Draft_1308.doc

	1.000	
AGENDA ITEM	ACTION	ACTION OFFICER
	MHS requested confirmation of the continuation payments for August and September to MHS in line with 2012-13 service agreement until 2013-14 service agreement is executed.	
	ACTION: DoH to seek approval to continue payments to MHS in line with 2012-13 service agreement until 2013-14 service agreement is executed.	DoH
	2013-14 CONTRACT OFFER	
	MHS and DoH agreed that W3 and W4 adjustments to be incorporated in the 2013/14 service agreement.	
	Paediatric Endocrinology	
	MHS advised that a meeting with Children's was required to discuss a viable long term solution and a copy of a brief was provided.	
	ACTION: DoH to arrange a meeting with Mater and Children's to discuss Paediatric Endocrinology.	
	Cochlear	
	DoH advised that the methodology for calculating WAU value had been completed and would be provided to MHS.	DoH
	ACTION: DoH to provide methodology for calculating cochlear value to MHS.	
	Red mumber reporting	DoH
	MHS requested clarification on the requirement to provide bed days to DoH.	
	ACTION: DoH to provide clarification on the reporting requirement of MHS bed days.	DoH
	MHS requested a Queensland Health contact for 2014 G20 MHS planning	DoH
	ACTION: DoH to forward a G20 DoH contact to MHS for future planning	

Mater Health Service Action Items

			Mater Health Service Action ite	1110	
Month Raised	Topic	Current status	Action	Responsibility	Progress Update
6/05/13 RMG	Communication	Open	DoH to consider ways of improving communication between Qld Health and MHS.	HPFP	12/06/13 : DDG SPP to raise at DoH's EMT. 8/08/13 : no specific assigned correspondence box to date.
12/06/13 RMG	2013-14 CONTRACT OFFER	Open	DoH to provide MHS with interim cash flow for 2013	ED HPFP	June update: DoH has provided MHS with an interim cash flow for July 2013. 1/08/13 update: DoH has provided MHS with an interim cash flow for August 2013. 8/08/13: SAFM to confirm if DG brief covers Aug/Sep for continuation of cash flow payments.
8/08/13 RMG	NEST Long Waits	Open	MHS to inform DoH of what it estimates will be its 'long waits' at end of year.	Mater	
8/08/13 RMG	Dashboard	Open	SAFM to correct June dashboard errors regarding: 1. Inclusion of ES long waits by specialty 2. Activity Forecast (Page 7)- forecast Jun 2013 data not added to total column 3. DSS targets not included	DoH	16/08/13: SAFM emailed Mater explanations to 1, 2 & 3 re: data collection and transfer between MAH and DoH. Recommend closure.
8/08/13 RMG	2012/13 QIP Summary	Open	HPFP to provide 2012/13 QIP summary to Mater	рон	10/09/13: QIP Summary provided with September RMG papers. Recommend closure.
8/08/13 RMG	Other	Open	DoH to arrange a meeting with Mater and Children's to discuss Paediatric Endocrinology	DoH	10/09/13: In progress
8/08/13 RMG	Other	Open	DoH to provide methodology for calculating cochlear value to MHS.	DoH	10/09/13: Methodology provided to MHS via emails 2/8/13 and 26/8/13. Recommend closure.
8/08/13 RMG	Dashboard	Open	DoH to provide clarification on the reporting requirement of MHS bed days.	DoH	10/09/13: Manual provided with September RMG papers. MHS to confirm if this addresses their query. 2013-14 Monthly Activity Collection manual will be available shortly.
8/08/13 RMG	Other	Open	DoH to forward a G20 DoH contact to MHS for future planning.	DoH	10/19/13: DoH confirmed via email 9/8/13. MHS contact is Anna Olsen and DoH contact is Natalie King.



Department of Health

Mater Health Service

Report on Hospital & Health Service Performance

July 2013



Great state. Great opportunity.



Mater Health Service July 2013

PERFORMANCE DOMAIN - KEY PERFORMANCE INDICATORS - SUMMARY PERFORMANCE

Data source: Decision Support System (DSS) 21 August 2013



Mater Health Service July 2013

KEY PERFORMANCE INDICATORS										Data source	: Decision Suppor	t System (DSS) 21	L August 2013
	YTD / Latest	Jul 2013	Aug 2013 Sep 2013	Oct 2013	Nov 2013	Dec 2013	Jan 2014	Feb 2014	Mar 2014	Apr 2014	May 2014	Jun 2014	Target
	Result									, p	,		2013-14
EQUITY AND EFFECTIVENESS - ACCESS	* denotes cal	endar year result											
1.2 Shorter stays in emergency departments *		National Emerge	ency Access Target (NEAT)						^				
Result	• 79.7%	79.7% •											77%
1.3 Shorter waits for elective surgery *		National Flective	e Surgery Target (NEST)							^			
Category 1: within 30 days	99.6%	100.0%											100%
Category 2: within 90 days	• 97.1%	96.7%							\ \ \ /				87%
Category 3: within 365 days	• 99.5%	98.3% •											94%
1.4 Maintain surgical activity *		Elective surgery \	volume										
YTD Result	• 6,164	977 •											
YTD 2010 Volume	5,840	834					11/		//				
1.5 Fewer long waiting patients - Category 1		Number of categ	gory 1 elective surgery patients	waiting more than th	ne clinically recomi	mended timefram	for their category		/				
# waiting > 60 days	• 0	0 •											0
# waiting > 30 & <= 60 days		0 •					1/	•					0
% waiting > 30 days	• 0.0%	0.0%											2%
2.4 Shorter waits for emergency departments		Emergency Depa	artment patients seen within th	e clinically recomme	nded time								
Category 1: within 2 minutes	• 100.0%	100.0% •			1		//						100%
Category 2: within 10 minutes	• 85.4%	85.4% •											80%
Category 3: within 30 minutes		64.7%			~ \ \								75%
Category 4: within 60 minutes		60.9% •											70%
Category 5: within 120 minutes	78.9%	78.9% •				<u> </u>							70%
2.8 Fewer long waiting patients			gory 2 and 3 elective surgery pa	tien's waiting more t	than the clinically r	ecommended time	eframe for their cat	tegory					
Category 2: # waiting > 90 days	55 6. 5%	55 6.5%		/_ \									2%
Category 2: % waiting > 90 days Category 3: # waiting > 365 days	82	82											2%
Category 3: % waiting > 365 days		4.7%	~ (\ \ \ \ \	\									2%
EFFICIENCY – EFFICIENCY AND FINANCIAL PERFORM	IANCE			<u> </u>									
1.7 Purchased activity variance		Variance betwee	en YTD purchased activity (DSS	loaded targets) and a	ctual activity								
Total													
Target Inpatient	-//:		\\										-
Target		/_											_
Outpatient													
Target	/ /												-
Interventions and Procedures	\- \												
Target	- \	r .											-
Emergency Department	-												_
													
Target	-												_
Mental Health	-												
Target	-												-





MATER HEALTH SERVICES

Thursday 10 October 2013 1:30pm – 2:30pm





Mater Health Services Relationship Management Group Meeting

DATE	10 October 2013						
TIME	1:30pm – 2:3	1:30pm – 2:30pm					
VENUE	Conference F	Conference Room 2, Level 5, Queensland Health Building					
	DoH	Nick Steele	Executive Director, Healthcare Purchasing, Funding and Performance Management				
		Helen Ceron	Senior Director, Service Agreement Framework and Management				
		Ellen Cumberland	Manager, Service Agreement Framework and Management (Secretariat)				
	Mater Health Services	Sean Hubbard	Executive Director, Mater Adult , Women's and Children's Health Services				
		Bronwyn Whelan	Director of Business Services				
		Karen Bayntun	Director of Health Planning and Performance				

AGENDA ITEM		SPEAKER
1. INTRODUCTION		All
■ Confirmation of Draft Minutes – 12 September 2	2013	
2. ACTIONS ARISING		All
■ See Table 1	\wedge	
3. PERFORMANCE DASHBOARD / PROGRESS REPORTI	NG /	All
National Emergency Access Target		
National Elective Surgery Target		
■ Activity		
Specific Funding Commitments		
4. OTHER BUSINESS		All
As applicable		



	LTH SERVICES Management Group Meeting	ACTION MINUTES
Date	12 September 2013	
Time	1.30pm – 2:30pm	
Location	Conference Room 2, Level 5, Queenslar	nd Health Building
Present	Ellen Cumberland, Service Agreement M Management (Minutes) Mater Health Services (MHS) Bronwyn Whelan, Director of Business	ult's, Women's and Children's Health Services (ED MHS)
Apologies		re Purchasing, Funding and Performance Management

ITEM	ACTION	RESPONSIBLE
1.	INTRODUCTION	
	Minutes accepted without amendment.	
2.	ACTIONS ARISING	
	Communication SD SAFM to speak with CARU to ensure information is reaching Mater. Close action.	SD SAFM
	 2013/14 Contract Interim cash flow provided. Close action. Key issue for Mater is activity growth relative to funding growth. DOH to organise a meeting for late next week to progress negotiations. 	DOH
	 NEST long waits Current estimation is an increasing trajectory for long waits due to increased outpatient activity and maximum theatre capacity. MHS working on a model to improve precision around theatre capacity and incoming cases. MHS to provide further advice next month. 	MHS
	Dashboard errors • Email advice provided to Mater 16/08/13. Close action.	
4	OIP summary MHS query regarding BSI data. DBS MHS to email SD SAFM to clarify/resolve. Close action.	MHS
	Paediatric endocrinology • ED MHS to follow up with GMO CHQ (Sue McKee). Close action.	ED MHS
	 Cochlears Clarity/agreement reached on baseline. Update contract offer to reflect cochlear value, and close action. 	DOH

	Bed reporting • DOH confirmed that bed numbers still require reporting. Close action.	
	G20 contact Contact confirmed via email 9/8/13. Close action.	
3.	PERFORMANCE DASHBOARD/PROGRESS REPORTING	
3.	NEAT	
	Tracking well.	
	Bypass from Logan currently causing pressure.	
	NEST //	
	Tracking well.	\rightarrow
	Cat 2 long waits of concern, as discussed in Actions Arising.	
	KPIs	
	DOH and MHS agreed that KPIs not applicable to Mater will be shaded	
	grey in future dashboards.	
	DHPP MHS to liaise with CARU to ensure reporting against OPD waits.	DHPP MHS
	Other	
	Impact of Gold Coast transition expressed to be significant in coming	
	months.	
1.	SPECIFIC FUDNING COMMITMENTS	
	Will be a standing agenda item going forward.	
5.	OTHER BUSINESS	
	Special Care Nursery	
	July activity close to capacity.	
	 Springfield forward planning MHS requested for Springfield WAUs to be reflected in their contract. DOH flagged that discussion is required with Metro South and West Moreton first. Invite SD PPB (Cølleen Jen) to future RMG to provide update on Western corridor planning/activity. 	DOH
	Outrotion to slumos about a month	
	Outpatient volumes management Follow-up meeting scheduled for October.	
	Metro South HHS trialling pooled lists. DOH to update Mater regarding	DOH
	this.	5011
	DOH to forward GP letters to MHS.	DOH
	5 DON to forward of letters to firms.	
	Mater Children's reconfiguration	
	• Confirmation of \$20M capital spend figure sought. DOH to follow up	DOH
	Glenn Rashleigh correspondence and provide an update.	
	4/4	
	AYA	
	Professor Brett McDermott appointed 0.4 to AYA services.	
	Meeting with CE CHQ (Peter Steer), 21/09/13, to discuss AYA.	
	CHQ transition	
	DOH flagged the need to explore ways of sharing of information to	
	facilitate confidence in CHQ projections. Priority once 13/14 contract is	
	signed.	

Table 1: Action Items

HHS	Meeting	Month Raised	Action Description	Туре	Responsibility	Status	Comment
MHS	RMG	Aug-13	MHS to inform DOH of estimated long waits for end of year.	NEST	MHS	Open	MHS to provide advice at October RMG.
MHS	RMG	Sep-13	MHS to liaise with CARU to ensure reporting against OPD waits.	OPD	MHS	Open	
MHS	RMG	Sep-13	Invite SD PPB to a future RMG to provide an update on Western corridor planning.	Other	DOH	Open	Invite sent. SD PPB to participate in November meeting if available.
MHS	RMG	Sep-13	DOH to provide an update to MHS regarding trial of pooled outpatient lists at Metro South HHS.	OPD	DOH	Open	in progress. CARU emailed by ED SAFM 13/09.
MHS	RMG	Sep-13	DOH to forward GP template letter re: outpatient management/referrals to MHS.	OPD	DOH	Open	Complete. Emailed to DBS MHS on 3/10/13. Recommend closure.
MHS	RMG	Sep-13	DOH to provide an update on \$20M capital spend sought for MCH reconfiguration.	Finance	DOH	Open	MHS to provide particulars to Glenn Rashleigh, Chief Infrastructure Officer. Confirmed in letter to MHS CEO 4/10/13.



Department of Health

Mater Health Service

Report on Hospital & Health Service Performance

August 2013

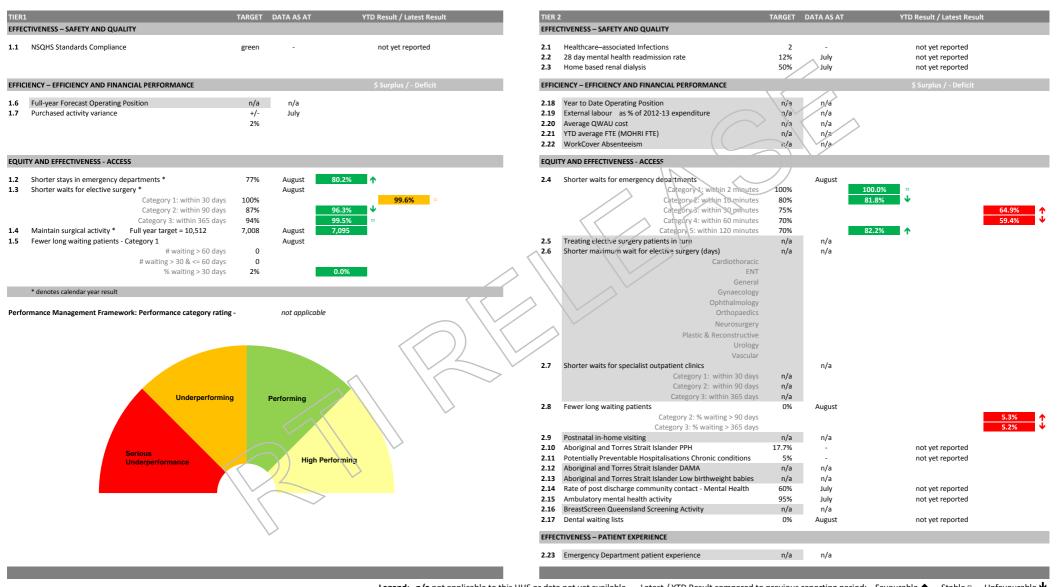


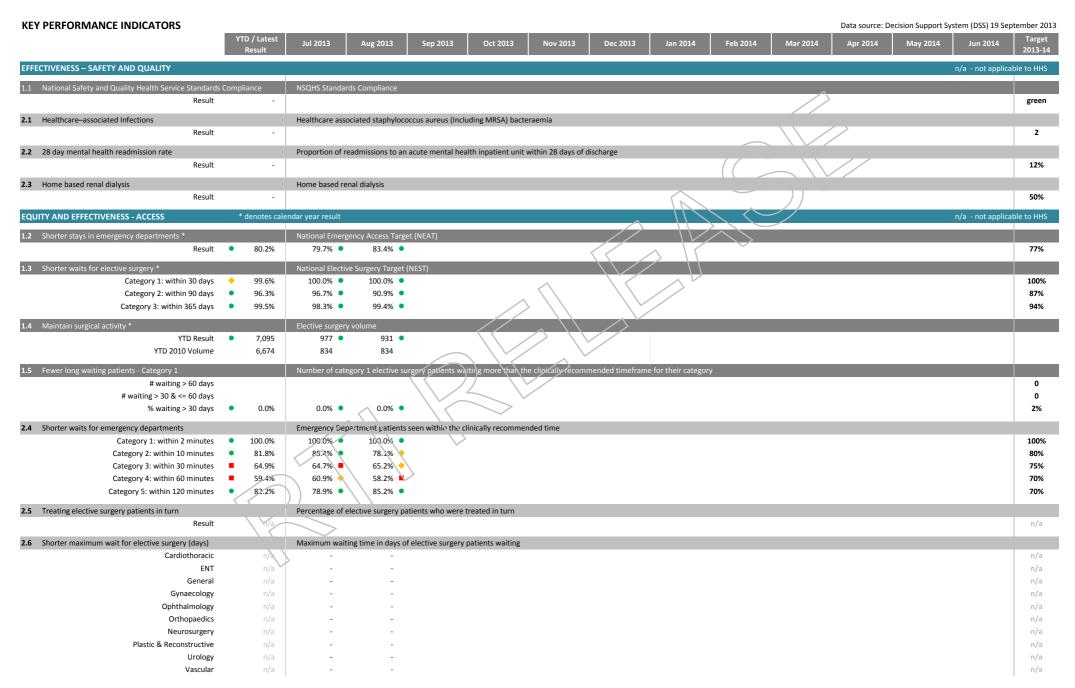
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PERFORMANCE DOMAIN - KEY PERFORMANCE INDICATORS - SUMMARY PERFORMANCE

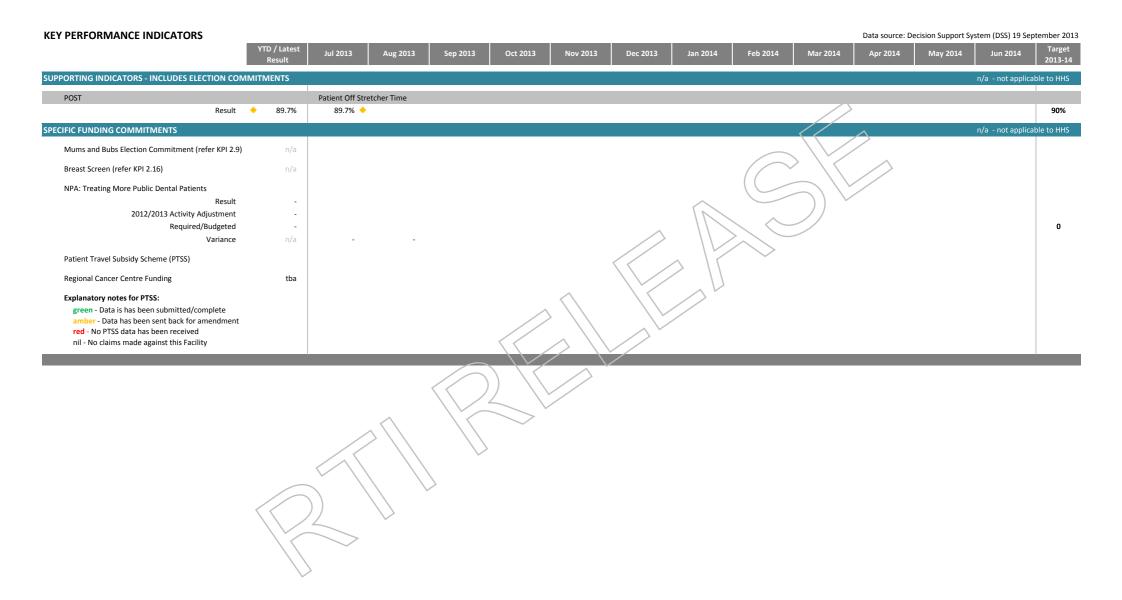
Data source: Decision Support System (DSS) 19 September 2013





KEY PERFORMANCE INDICATORS		Data source: Decision Support Sys	tem (DSS) 19 September 2013
	YTD / Latest Result	Jul 2013 Aug 2013 Sep 2013 Oct 2013 Nov 2013 Dec 2013 Jan 2014 Feb 2014 Mar 2014 Apr 2014 May 2014	Jun 2014 Target 2013-14
	Result		2013-14
2.7 Shorter waits for specialist outpatient clinics		Specialist outpatients waiting within the clinically recommended time	
Category 1: within 30 days	n/a		n/a
Category 2: within 90 days	n/a		n/a
Category 3: within 365 days	n/a		n/a
2.8 Fewer long waiting patients		Number of category 2 and 3 elective surgery patients waiting more than the clinically recommended timeframe for their category	
Category 2: # waiting > 90 days	41	55 41	
Category 2: % waiting > 90 days	5.3%	6.5% 5.3%	2%
Category 3: # waiting > 365 days	88	82 88	
Category 3: % waiting > 365 days	5.2%	4.7% ♦ 5.2% ■	2%
2.9 Postnatal in-home visiting		Enhanced maternal and child health service - post natal in-home visiting	
Result	n/a		n/a
YTD Target	-		
2.10 Aboriginal and Torres Strait Islander PPH		Aboriginal and Torres Strait Islander Potentially Preventable Hospitalisations	
Result	-		18%
2.11 Potentially Preventable Hospitalisations Chronic condition	ons	Potentially Preventable Hospitalisations - chronic conditions	
Result	-		5%
2.12 Aboriginal and Torres Strait Islander DAMA		Aboriginal and Torres Strait Islander patients who discharged themselves against medical advice (DAMA)	
Result	n/a		
Quarterly Target	n/a		
2.13 Aboriginal and Torres Strait Islander Low birthweight ba	bies	Low birthweight babies (weighing less than 2500 grams at birth) born to Aboriginal and Torres Strait Islander women	
Result	n/a		n/a
2.14 Rate of post discharge community contact - Mental Hea	ilth	Rate of community follow up within 1 to 7 days following discharge from an acute mental health inpatient unit	
Result	-		60%
2.15 Ambulatory mental health activity		Progress towards duration of ambulatory mental health service contacts annual target	
Result	-		95%
2.16 BreastScreen Queensland Screening Activity		Propertion of the annual screening target achieved	
Result	n/a		
YTD Target	Ma		n/a
2.17 Dental waiting lists		Number of patients waiting more than the clinically recommended maximum time on the General Care dental waiting list	
Result	\\ -/	Z . V	- 0%
# waiting > 2 years			

KEY PERFORMANCE INDICATORS		Data source: Decision Support	System (DSS) 19 September 2013
	YTD / Latest Result	Jul 2013 Aug 2013 Sep 2013 Oct 2013 Nov 2013 Dec 2013 Jan 2014 Feb 2014 Mar 2014 Apr 2014 May 2014	Jun 2014 Target 2013-14
EFFICIENCY – EFFICIENCY AND FINANCIAL PERFORM	ANCE		n/a - not applicable to HHS
1.6 Full-year Forecast Operating Position	\$ Surplus / - Deficit	Full-year Forecast Operating Position \$ M	
Result	n/a		n/a
1.7 Purchased activity variance		Variance between YTD purchased activity (DSS loaded targets) and actual activity	
Total	6,457	6,457	
Target Inpatient	5,323	5,323	
Target	5,323	3,323	_
Outpatient	0	0	
Target	-		-
Interventions and Procedures	105	105	
Target	-		-
Emergency Department	817	817	
	87	87	-
Target	-	-	_
Mental Health	125	125	
Target	-		-
2.18 Year to Date Operating Position	\$ Surplus / - Deficit	Year to Date Operating Position \$ M	
Result	n/a		n/a
2.19 External labour		Expenditure on locum and agency staff \$ M	
Result	n/a		n/a
2012-13 expenditure	n/a		
2.20 Average QWAU cost		Year to date average cost per Queencland weighted activity unit (QWAU)	
Result	n/a		n/a
2.21 YTD average FTE (MOHRI FTE)		Minimum Obligatory Human Resource Information (MOHRI) FTE - number of MOHRI FTE year to date	
Result	n/a		n/a
2.22 WorkCover Absenteeism		Houss los* (WorkCover) vs Occupied FTE	
Result	n/a		n/a
EFFECTIVENESS – PATIENT EXPERIENCE			n/a - not applicable to HHS
2.23 Emergency Department patient experience		Emergency Department patient experience survey (EDPES)	
Result	M/a		n/a



EMERGENCY DEPARTMENTS

- Monthly Performance

Data source: Clinical Access and Redesign Unit (CARU) 12 September 2013 Emergency Department Information System (EDIS), data is preliminary and subject to change.

NEAT by departure status group

Departure Status *	Total Attendances	NEAT	% NEAT
Non-admitted	5,500	4,959	90%
Admitted	1,794	1,170	65%
Total	7,721	6,428	83%

^{*} Does not include dead on arrival, died in ED, did not wait and transferred to another hospital

NEAT by hospital and departure status group

Hospital	Non- admitted	Admitted	Total
MATER ADULT PUBLIC HOSPITAL	91%	69%	84%
MATER CHILDREN'S PUBLIC HOSPITAL	90%	62%	83%

Volumes and waiting time performance by triage category

	Category 1	Category 2	Category 3	Category 4	Category 5	Total
Attendances	29	570	2,318	4,507	297	7,721
# seen in time	29	445	1,511	2,622	253	4,860
% seen in time	100%	78%	65%	58%	85%	63%
		(
NEAT Admitted	11	194	614	343	8	1,170
Total Admitted	24	313	931) 507	19	1,794
# Did not wait	0	0	7	167	30	204
Median Wait time (minut	es) 0	\ \ 5	21	49	44	32



ACTIVITY (ABF AND NON-ABF) YTD PERFORMANCE - as at July 2013

Data source: Decision Support System (DSS) 19 September 2013

ACTIVITY (ABF AND NON-ABF)	YID PERF	ORMANCE	- as at	July 2013	•				
	2013-14	2013-1	4 YTD	YTD Variar	ice to Target	Inter-H	HS Flow %	Full Yea	r Forecast
Weighted Activity Units - QWAU	Purchased *	DSS Target	Actual	Actual	% change	Resident	Non-resident	Actual	% variance to purchase
Overall Activity					·		·		
Inpatient	63,236	-	5,323	-	-	-	-	-	-
Interventions and Procedures	3,094	-	105	-	-	-	-	-	-
Emergency Department	10,374	-	817	-	-	-	-	-	-
Mental Health	2,009	-	125	-	-	-	-	-	-
Outpatient	14,639	-	0	-	-	-	-	-	-
SNAP	993	-	87	-	-	-	-	-	
Total	94,345	-	6,457	-	-	-	-	-	-
Inpatient									
Breast Surgery	833	_	92		-	_	-		
Cardiac Surgery	1,917	_	143	_	_	_	_	_	_
Cardiology	1,306	_	105	_	_	_	_	_	_
Colorectal Surgery	1,424	_	52	_	_	_	_	_	_
Dental Surgery	373		8				_	_	_
Dentistry	3/3	_	33	-	-		-	-	-
-	310	_			-	_	-	-	-
Dermatology	218	_	19	_	-	-	-	-	-
Drug & Alcohol	288	-	12	-	-	-	-	-	-
Ear, Nose & Throat	2,173	-	179	-	-	-	-	-	-
Endocrinology	900	-	63	-	-	-	-	-	-
Extensive Burns	9	-	2	-	-	-	-	-	-
Gastroenterology	665	-	57	-	-	-	-	-	-
Gynaecology	2,266	-	181	-	-	-	-	-	^-
Haematological Surgery	0	-	6	-	-	-	-	-	//
Haematology	713	-	63	-	-	-	-	/	// -
Head & Neck Surgery	338	-	19	-	-	-	-		-
Immunology & Infections	1,290	-	153	-	-	-	-	- \	· \
Medical Oncology	806	-	58	-	-	-	-	-	\ \ <u>/</u> .
Neurology	1,564	_	195	-	-	_	-/-	7)-	\ \ .
Neurosurgery	890	_	167	_	-		((-)).	//
Non Subspecialty Medicine	2,143	_	105	_	-		\ \ -	//-	\.
Non Subspecialty Surgery	3,936	_	326	_	_	_			\ \
Obstetrics	9,824	_	724	_		A .	_ <		<> .
Ophthalmology	1,077	_	87		_ \		7)	\ .	
Orthopaedics	5,608		513			\\.			
Plastic & Reconstructive Surgery	1,735		96						
Qualified Neonate	8,491	_	567		√ \ .	[-	-	_
		-			//-	/- /		-	-
Renal Medicine	388	-	44		/ /-			-	-
Respiratory Medicine	4,263	-	495		/-/	- '	-	-	-
Rheumatology	276	-	27)) .	- /- /	-	-	-	-
Thoracic Surgery	0		56)) -	- \		-	-	-
Tracheostomy	3,653	-	296	17.	- '	-	-	-	-
Transplantation	130	-	8			-	-	-	-
Upper GIT Surgery	850	-	99		✓ · · · · · · · · · · · · · · · · · · ·	-	-	-	-
Urology	2,165	-	216	-	-	-	-	-	-
Vascular Surgery	729	-	58	-	-	-	-	-	-
Inpatient Sub-Total	63,236	-	5,323	· -	-	-	-	-	-
Interventions and Procedures									
Chemotherapy	1,454		10	-		-	-	-	
Dialysis	113	_	0	_	_	_	_	_	_
Endoscopy	919	_	73	_	_	_	_	_	
Interventional Cardiology	609		23	-	-	-	_ [-	-
		_	23	_	-	_	[]	-	-
Radiation Oncology	0	_	405	_	-	-	-	-	_
Interventions and Procedures Sub-Total	3,094	-	105	-	-	-	-	-	-

	2013-14	2013-14	1 YTD	YTD Variand	ce to Target	Inter-H	IS Flow %	Full Yea	r Forecast
Weighted Activity Units - QWAU	Purchased *	DSS Target	Actual	Actual	% change	Resident	Non-resident	Actual	% variance
									to purchased
Emergency Department									
Cat 1 (Admitted and Discharged)	109	-	8	-	-	-	-	-	-
Cat 2 (Admitted and Discharged)	1,359	-	108	-	-	-	-	-	-
Cat 3 (Admitted and Discharged)	4,359	-	319	-	-	-	-	-	-
Cat 4 (Admitted and Discharged)	4,404	-	326	-	-	-	-	-	-
Cat 5 (Admitted and Discharged)	143	-			-	-	-	-	-
Died	0	-	1	->	-	-	-	-	-
Other ED	-		45	/-	-	-	-	-	-
Emergency Department Sub-Total	10,374		817	-		-	-	-	-
Mental Health									
Psychiatry - Acute	2,009	1	125	-	-	-	-	-	-
MH	0)-)	-	-	-	-	-	-
Mental Health Sub-Total	2,009	-	1/25	-	-	-	-	-	-
	$\neg \neg \neg \neg$	7							
Outpatient		•							
Allied Health	2,134	<i> </i> .	0	-	-	-	-	-	-
Burns	0		-	_	-	-	-	-	-
Clinical Measurement	\\376	-	0	_	-	-	-	-	-
Ear, Nose and throat (ENT)	355	-	-	_	_		_		-
Gastroenterology	665	-	_	_	_	_	_	_	_
Genetics	0	-	-	_	_		_		-
Maternity	3,648	-	0	_	_	_	_	_	_
Medical	2,947	-	0	_	_	_	_	_	_
Mursing	27	_		_	_	_	_	_	_
Oncology	1,622			_			_		_
Ophthalmolegy	1,077	_	_	_	_	_	_	_	_
Orthopaedics	5,608			_			_		_
Other Outpatient Treatments	19		0	_			_		_
Paediatric	223		0		_		_		_
Plastic and Reconstructive Surgery	258								
Pre-Admission	34	_		_	-	-	-	-	-
Primary Health Care	0		-	[-		-	
	67	-	0		-	-	-	-	-
Psychiatry Sub Acute	9	-	U	_	-	-	-	-	-
	844	-	0	_	-	-	-	-	-
Surgical		-	U	_	-	-	-	-	-
Transplants	0	-	-	_	-	-	-	-	-
Undefined	2.465	-	-	_	-	-	-	-	-
Urology	2,165	-	-	-	-	-	-	-	-
Outpatient Sub-Total	14,639	-	0	-	-	-	•	-	-
SNAP									
GEM	0	-	1	-	-	-	-	-	-
MAINT	182	-	23	-	-	-	-	-	-
PALLIATIVE	360	-	40	-	-	-	-	-	-
REHAB	451	-	24	-	-	-	-	-	-
SNAP Sub-Total	993	-	87	-	-	-	-	-	-

^{*} Purchased activity reported as per signed 2013/14 Service Agreement

2013/14- 2015/16 SERVICE AGREEMENT - KEY PERFORMANCE INDICATORS

	- 2015/16 SERVICE AGREEMENT - KEY PERFORMANCE INDICATORS			
KPI Level	Key Performance Indicator (KPI)	Target	Strategic Link	Reporting Frequency
EFFECTIVE	IESS – SAFETY AND QUALITY			
	National Safety and Quality Health Service Standards Compliance	All actions met	National Safety and Quality Health Service (NSQHS) Standards, Australian Commission on Safety and Quality in Healthcare Blueprint for Better Healthcare in Queensland Queensland Health Strategic Plan 2012-2016	Quarterly
2.1 Tier 2	Healthcare-associated infections	Rate is less than or equal to 2.0 per	National Performance and Accountability Framework	6 monthly
	Healthcare associated staphylococcus aureus (Including MRSA) bacteraemia	10,000 occupied bed days	National Healthcare Agreement Blueprint for Better Healthcare in Queensland	
2.2 Tier 2	28 day mental health readmission rate Proportion of readmissions to an acute mental health inpatient unit within 28 days of discharge	Less than or equal to 12%		Monthly
2.3 Tier 2	Home based renal dialysis	40% YTD (Cairns & Hinterland, Townsville, Mackay, Central	Queensland Statewide Renal Services Plan (2008 – 2017)	Monthly
		Queensland) 50% YTD (Darling Downs, Gold Coast, Metro North, Metro South, Sunshine Coast, Wide Bay)		
EQUITY AN	D EFFECTIVENESS - ACCESS			
1.2 Tier 1	Shorter stays in emergency departments	2013	National Performance and Accountability Framework	Monthly
	National Emergency Access Target (NEAT): % of patients who attended an emergency department (ED) who department		National Partnership Agreement on Improving Public Hospital Services Schedule C – National Emergency Access Target	
	within 4 hours of arrival	2014 83%	Blueprint for Better Healthcare in Queensland	
2.4 Tier 2	Shorter waits for emergency departments	83%	National Performance and Accountability Framework	Monthly
2.4 1101 2	Emergency department patients seen within the clinically recommended time:		National Partnership Agreement on Improving Public Hospital Services Schedule C – National Emergency Access Target	ivioniting
	Category 1: within 2 minutes	Category 1: 100%		
	· Category 2: within 10 minutes	Category 2. 80%		
	· Category 3: within 30 minutes	Category 3: 75%		
	Category 4: within 60 minutes	Category 4: 70%		
4.3 - 114	Category 5: within 120 minutes	Category 5: 70%	National Body and Assessed Assessed West Formands	5.6 4 le le c
1.3 Her 1	Shorter waits for elective surgery National Elective Surgery Target (NEST): % of patients receiving elective surgery who were treated within the	2013 Category 1: 100%	National Performance and Accountability Framework National Partnership Agreement on Improving Public Hospital Services Schedule A – National Elective Surgery Target	Monthly
	clinically recommended timeframe for their urgency category:	Category 2: 87%	Blueprint for Better Healthcare in Queensland	
	· Category 1: within 30 days	Category 3: 94%		
	· Category 2: within 90 days			
	· Category 3: within 365 days	2014		
		Category 1: 100%		
		Category 2: 94% Category 3: 97%		
	Maintain surgical activity Elective Surgery Volume	≥5% more than 2010 volume	National Partnership Agreement on Improving Public Hospital Services Schedule A – National Elective Surgery Target	Monthly
1.5 Tier 1	Fewer long waiting patients		National Partnership Agreement on Improving Public Hospital Services Schedule A – National Elective Surgery Target	Monthly
	Number of category 1 elective surgery patients waiting more than the clinically recommended timeframe for their category: Category 1: within 30 days	waiting longer than 60 days	Blueprint for Better Healthcare in Queensland	
2.5 Tier 2	Treating elective surgery patients in turn	60%	Blueprint for Better Healthcare in Queensland	Monthly
	% of elective surgery patients who were treated in turn		National Partnership Agreement on Improving Public Hospital Services Schedule A – National Elective Surgery Target	
2.6 Tier 2	Shorter maximum wait for elective surgery	365 days	Blueprint for Better Healthcare in Queensland	Monthly
	Maximum waiting time of elective surgery patients waiting		National Partnership Agreement on Improving Public Hospital Services Schedule A – National Elective Surgery Target	
	· Cardiothoracic			
	· ENT · General Surgery			
	· Gynaecology			
	· Ophthalmology			
	· Orthopaedics			
	Neurosurgery			
	Plastic & Reconstructive Surgery			
	· Urology			
	· Vascular Surgery			

2013/14- 2015/16 SERVICE AGREEMENT - KEY PERFORMANCE INDICATORS

2013/14-	2015/16 SERVICE AGREEMENT - RET PERFORMANCE INDICATORS			
KPI Level No.	Key Performance Indicator (KPI)	Target	Strategic Link	Reporting Frequency
2.7 Tier 2	Shorter waits for specialist outpatient clinics		Blueprint for Better Healthcare in Queensland	Monthly
	Specialist outpatients waiting within the clinically recommended time:			•
	· Category 1: within 30 days	Category 1: 95%		
	· Category 2: within 90 days	Category 2: 90%		
	· Category 3: within 365 days	Category 3: 90%		
2.8 Tier 2	Fewer long waiting patients		National Partnership Agreement on Improving Public Hospital Services Schedule A – National Elective Surgery Target	Monthly
2.0 11012	Number of category 2 and 3 elective surgery patients waiting more than the clinically recommended timeframe for their category:	r	Blueprint for Better Healthcare in Queensland	Wonting
	 Category 2: within 90 days Category 3: within 365 days 	Category 2: 0 to ≤ 2% Category 3: 0 to ≤ 2%		
2.9 Tier 2	Postnatal in-home visiting Enhanced maternal and child health service – post natal in-home visiting	HHS specific target	Blueprint for Better Healthcare in Queensland	Quarterly
	Aboriginal and Torres Strait Islander potentially preventable hospitalisations	≤17.7	Making Tracks: toward closing the gap in health outcomes for Indigenous Queenslanders by 2033 Policy and Accountability Framework National Healthcare Agreement	
	Potentially preventable hospitalisations – chronic conditions	≤ state average	National Performance and Accountability Framework	Quarterly
2.12 Tier 2	Aboriginal and Torres Strait Islander discharge against medical advice	≤ HHS quarterly target	Aboriginal and Torres Strait Islander Health Performance Framework	Quarterly
	Aboriginal and Torres Strait Islander patients who discharged themselves against medical advice (DAMA)		Chronic Disease Indigenous Health (Queensland Health Indigenous Health Funding Package) National Partnership Agreement Closing the Gap in Indigenous Health Outcomes Making Tracks: towards closing the gap in health outcomes for Indigenous Queenslanders by 2033 – Policy and	
			Accountability Framework	
2.13 Tier 2	Aboriginal and Torres Strait Islander Low birthweight babies	≤ HHS quarterly target	National Indigenous Reform Agreement	Annual
	Low birthweight babies (weighing less than 2500g at birth) born to Aboriginal and Torres Strait Islander women		National Partnership Agreement Early Childhood Development Agreement National Healthcare Agreement	
2.14 Tier 2	Rate of post discharge community contact	60%	National Performance and Accountability Framework	
	Rate of community follow up within 1 to 7 days following discharge from an acute mental health inpatient unit		, v	Monthly
2.15 Tier 2	Ambulatory mental health activity	109%		
	Progress towards duration of ambulatory mental health service contacts annual target		<i></i>	
	BreastScreen Queensland screening activity Proportion of the annual breast screening target achieved	98%		Monthly
2.17 Tier 2	Dental waiting lists Number of patients waiting more than the clinically recommended maximum time on the general care dental waiting list	0	National Partnership Agreement on Treating More Public Dental Patients	Monthly
FFFICIENCY -	– EFFICIENCY AND FINANCIAL PERFORMANCE			
	Full Year Forecast Operating Position	Balanced or surplus	Financial Accountability Act 2009	Monthly
1.6 Her 1	(agreed position between Department of Health and HHS)	balanceu or surpius	Financial and Performance Management Standard 2009 National Performance and Accountability Framework	Wonthly
2 18 Tier 2	Year to Date Operating Position	Balanced	Financial Accountability Act 2009	Monthly
2.16 Hei 2	real to Date Operating Position	Balanceu	Financial and Performance Management Standard 2009	iviolitilly
			<u>g</u>	
2.19 Tier 2	External Labour	20% reduction on prior year	National Performance and Accountability Framework	Monthly
1.7 Tior 1	Expenditure on locum and agency staff Purchased activity monitoring	Metro North: 0% to +/-1%		Monthly
1./ Her 1		•		Monthly
	Variance between YTD purchased activity and actual activity	Metro South: 0% to +/-1%		
2.2	Average OWALL post	All other HHSs: 0% to +/-2%	National Parformance and Associate hills. Framework	84
	Average QWAU cost Average cost per Queensland weighted activity unit (QWAU)		National Performance and Accountability Framework	Monthly
2.21 Tier 2	YTD MOHRI FTE MOHRI FTE – number of MOHRI year to date	HHS specific target		Monthly
2.22 Tier 2	WorkCover absenteeism Hours lost (WorkCover) vs Occupied FTE	0.4		Quarterly
FEEE/CTIVEN	ESS – PATIENT EXPERIENCE			
		0 11 4 4004	N C 10 (10 C 10 C 10 C 10 C 10 C 10 C 10	
2.23 Tier 2	Emergency department patient experience	Question 1: 40%	National Performance and Accountability Framework	Annual
	Emergency Department patient experience survey (EDPES)	Question 2: 40%		
		Question 3: 60%		
		Question 4: 90%		





MATER HEALTH SERVICES

Thursday 7 November 2013 1:30pm – 2:30pm





Mater Health Services Relationship Management Group Meeting

DATE	7 November 2013									
TIME	1:30pm –	1:30pm – 2:30pm								
VENUE	Conference	Conference Room 2, Level 5, Queensland Health Building								
ATTENDANCE	DoH	Nick Steele	Executive Director, Healthcare Purchasing, Funding and Performance Management							
		Helen Ceron	Senior Director, Service Agreement Framework and Management							
		Ellen Cumberland	Manager, Service Agreement Framework and Management (Secretariat)							
	Mater Health	Sean Hubbard	Executive Director, Mater Adult , Women's and Children's Health Services							
	Services	Bronwyn Whelan	Director of Business Services							
		Karen Bayntun	Director of Health Planning and Performance							
	Guests	Colleen Jen	Senior Director, Policy and Planning Branch							

AGENDA ITEM	SPEAKER
1. INTRODUCTION	All
■ Confirmation of Draft Minutes – 11 October 2013	
2. UPDATE	Colleen Jen
■ Western Corridor Planning	
3. ACTIONS ARISING	All
■ See Table 1	
4. PERFORMANCE DASHBOARD / PROGRESS REPORTING	All
■ National Emergency Access Target	
■ National Elective Surgery Target	
Activity	
Specific Funding Commitments	
5. OTHER BUSINESS	All
As applicable	



MATER HEALTH SERVICES		ACTION MINUTES			
Relationship	p Management Group Meeting				
Date Time	10 October 2013 1.30pm – 2:30pm				
Location	Teleconference				
Present	Department of Health (DoH) Nick Steele, Executive Director Healthcare Purchasing, Funding and Performance Management (ED HPFP)				
	Helen Ceron, Senior Director, Service Agreement Framework and Management (SD SAFM)				
	Ellen Cumberland, Service Agreement Manager, Service Agreement Framework and Management (Minutes)				
	Mater Health Services (MHS)				
	Sean Hubbard, Executive Director of Ad	ult's, Women's and Children's Health Services (ED MHS)			
	Karen Bayntun, Director of Health Planning and Performance (DHPP MHS)				
Apologies	Bronwyn Whelan, Director of Business Services (DBS MHS)				

ITEM	ACTION	RESPONSIBLE			
1.	INTRODUCTION				
	Minutes accepted without amendment.				
2.	ACTIONS ARISING				
	 Long Waits Estimate MHS anticipates an increase in long waits by December 2013. Standout areas include plastics, urology, and adult ENT. ED MHS to provide projected long waits, split by specialty. Projected increase reflective of increased demand. Continued outpatients pressure, with MHS taking on patients they know can't be seen in time. MHS strategies include: Auditing of lists. Improved categorisation practices. Potential increase to resourcing. Potential increase in theatre utilisation. MHS indicated theoretical capacity to do the work through a fee for service arrangement (insufficient medical capacity in normal hours to clear long waits). Discuss further once 2013/14 contract is signed. 	MHS			
<	Outpatient Waits MHS working with Data Services Unit to make Mater data visible. Requires a dedicated CARU resource to complete the work necessary.				
	 Western Corridor Planning SD PPB invited to November RMG to provide an update. 				
	Centralised Outpatients Trial • Awaiting CARU advice to provide MHS with an update.	CARU			
	GP Template Letters – Outpatient Management • Sent to DBS MHS on 3/10/13. Close action.				
	 \$20M capital for MCH Reconfiguration MHS CEO to provide details of proposed capital spend to Glenn Rashleigh. 	MHS			

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3.	PERFORMANCE DASHBOARD/PROGRESS REPORTING					
	NEAT					
	On target.					
	NEST					
	Main focus on clearing long waits by December.					
	ED MHS to provide further detail to DoH on how the 159 long waits could be cleared through extra funding for outside hours activity. ED MHS					
	Activity MHS advised that WAUs on dashboard are too high (pg 8). Held over to next meeting – look at year on year actuals trend for activity.					
	Specific Funding					
	MHS has forecast management of additional cochlear implant activity.					
4.	SPECIFIC FUNDING COMMITMENTS					
	Will be a standing agenda item going forward.					
5.	OTHER BUSINESS					
	2013/14 Contract					
	DoH to schedule a follow-up contract negotiation meeting. DoH					
	DoH to organise a meeting with DBS MHS to review/finalise contract wording. DoH					
	Special Care Nursery					
	 Monitor trending in SCN activity throughout the year. 					

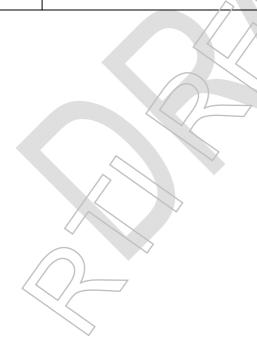


Table 1: Action Items

HHS	Meeting	Month Raised	Action Description	Туре	Responsibility	Status	Comment
MHS	RMG	Aug-13	MHS to inform DOH of estimated long waits for end of year.	NEST	MHS	Open	MHS to provide advice at October RMG. 10/10/13: Discussed at RMG. More detail to follow at November meeting. Recommend closure (covered in subsequent action below).
MHS	RMG	Sep-13	MHS to liaise with CARU to ensure reporting against OPD waits.	OPD	MHS	Open	10/19/13: MHS working with Data Services/CARU.
MHS	RMG	Sep-13	Invite SD PPB to a future RMG to provide an update on Western corridor planning.	Other	DOH	Open	Invite sent. SD PPB to participate in November meeting. Recommend closure.
MHS	RMG	Sep-13	DOH to provide an update to MHS regarding trial of pooled outpatient lists at Metro South HHS.	OPD	DOH	Open	23/10/13: Metro South (Sally Taranec) contact provided to MHS. MHS has made direct contact with Metro South. Recommend closure.
MHS	RMG	Sep-13	DOH to forward GP template letter re: outpatient management/referrals to MHS.	ØPØ	рон	Open	Complete. Emailed to DBS MHS on 3/10/13. Recommend closure.
MHS	RMG	Sep-13	DOH to provide an update on \$20M capital spend sought for MCH reconfiguration.	Finance	DOH	Open	MHS to provide particulars to Glenn Rashleigh, Chief Infrastructure Officer. Confirmed in letter to MHS CEO 4/10/13. 10/10/13: DoH awaiting advice from MHS CEO on details of the captial spend.
MHS	RMG	Oct-13	MHS to provide DoH with split by speciality for projected long waits.	NEST	MHS	Open	
MHS	RMG	Oct-13	MHS to provide further detail to DOH on how long waits could be cleared through funding for outside hours activity.	NEST	MHS	Open	
MHS	RMG	Oct-13	DoH to arrange follow-up contract negotiation meeting.	Contract	DoH	Open	Meeting scheduled for 21/10/13.
MHS	RMG	Oct-13	ED SAFM to arrange meeting with DBS MHS to review/finalise contract wording.	Contract	DoH	Open	25/10/13: met to discuss. 01/11/13: DoH finalising changes.

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Mater Health Service

Report on Hospital & Health Service Performance

September 2013



Great state. Great opportunity.



PERFORMANCE DOMAIN - KEY PERFORMANCE INDICATORS - SUMMARY PERFORMANCE

Data source: Decision Support System (DSS) 15 October 2013

R1	TARGET	DATA AS AT	TD Result / Latest Result	TIER	2	TARGET	DATA AS AT	YTD Result / Latest Result
ECTIVENESS – SAFETY AND QUALITY				EFFE	TIVENESS – SAFETY AND QUALITY			
NSQHS Standards Compliance	green	September	not yet reported	2.1 2.2 2.3	Healthcare—associated Infections 28 day mental health readmission rate Home based renal dialysis	2 12% 50%	September July August	not yet reported not yet reported
FICIENCY – EFFICIENCY AND FINANCIAL PERFORMANCE			\$ Surplus / - Deficit		IENCY – EFFICIENCY AND FINANCIAL PERFORMANCE	3070	, , , , , , , , , , , , , , , , , , , ,	\$ Surplus / - Deficit
			y surplus, Demoit					y surprus, Densie
Full-year Forecast Operating Position Purchased activity variance	n/a +/- 2%	n/a August		2.18 2.19 2.20 2.21 2.22	Year to Date Operating Position External labour as % of 2011-12 expenditure Average QWAU cost YTD average FTE (MOHRI FTE) WorkCover Absenteeism (average hours lost)	n/a n/a n/a n/a n/a	n/a n/a n/a n/a n/a	
UITY AND EFFECTIVENESS - ACCESS					TY AND EFFECTIVENESS - ACCESS	, -		
Shorter stays in emergency departments * Shorter waits for elective surgery * Category 1: within 30 days Category 2: within 90 days Category 3: within 365 days Maintain surgical activity * Full year target = 10,512 Fewer long waiting patients - Category 1 # waiting > 60 days # waiting > 30 & <= 60 days % waiting > 30 days	77% 100% 87% 94% 7,884 0 0	September September 95.7% 98.7% September September September 0.0%	↑ 99.7% ↑ ↓		Shorter waits for emergency departments Category 1: within 2 minutes Category 2: within 10 minutes Category 3: within 30 minutes Category 4: within 60 minutes Category 5: within 120 minutes Treating elective surgery patients in turn Shorter maximum wait for elective surgery (days) Cardiothoracic ENT	100% 80% 75% 70% 70% n/a n/a		79.8%
* denotes calendar year result ormance Management Framework: Performance category rating	-	not applicable			General Gynaecology Ophthalmology Orthopaedics Neurosurgery Plastic & Reconstructive Urology Vascular			
Underperforming		Performing		2.7	Shorter waits for specialist outpatient clinics Category 1: within 30 days Category 2: within 90 days Category 3: within 365 days Fewer long waiting patients Category 2: % waiting > 90 days Category 3: % waiting > 365 days	n/a n/a n/a 0%	n/a September	4.9% ↑ 5.3%
				2.9	Postnatal in-home visiting	n/a	n/a	
Serious Underperformance		High Performing		2.10 2.11 2.12 2.13	Aboriginal and Torres Strait Islander PPH Potentially Preventable Hospitalisations Chronic conditions Aboriginal and Torres Strait Islander DAMA Aboriginal and Torres Strait Islander Low birthweight babies	17.7% 5% n/a	September September n/a n/a	not yet reported not yet reported
				2.14 2.15 2.16	_	n/a 60% 95% n/a 0%	August August n/a September	not yet reported 83.3% not yet reported
						U/0	Э еркенноен	not yet reported
					TIVENESS – PATIENT EXPERIENCE			
				2.23	Emergency Department patient experience	n/a	n/a	

Legend: n/a not applicable to this HHS or data not yet available Latest / YTD Result compared to previous reporting period: Favourable ↑ Stable □ Unfavourable ↓

KEY PERFORMANCE INDICATORS											Data source	: Decision Suppor	t System (DSS) 15	October 2013
	YTD / Latest Result	Jul 2013	Aug 2013	Sep 2013	Oct 2013	Nov 2013	Dec 2013	Jan 2014	Feb 2014	Mar 2014	Apr 2014	May 2014	Jun 2014	Target 2013-14
EFFECTIVENESS – SAFETY AND QUALITY													n/a - not appli	cable to HHS
1.1 National Safety and Quality Health Service Standards O	Compliance	NSQHS Standards	s Compliance											
Result	-			-										green
2.1 Healthcare—associated Infections		Healthcare associ	iated staphylococcu	us aureus (Incluc	ding MRSA) bacte	raemia								
Result	-													2
2.2 28 day mental health readmission rate		Proportion of rea	dmissions to an acu	ute mental healt	th inpatient unit v	vithin 28 days of d	ischarge							
Result	• 0.0%	0.0%												12%
2.3 Home based renal dialysis		Home based rena	al dialysis						\Diamond					
Result	-								\wedge					50%
EQUITY AND EFFECTIVENESS - ACCESS	* denotes ca	lendar year result											n/a - not appli	cable to HHS
1.2 Shorter stays in emergency departments *		National Emerge	ncy Access Target (I	NEAT)										
Result	• 80.6%	79.7% •	83.4% •	83.5% •										77%
1.3 Shorter waits for elective surgery *		National Elective	Surgery Target (NE	EST)										
Category 1: within 30 days	99.7%	100.0%	100.0% •	100.0%										100%
Category 2: within 90 days		96.7%	90.9%	91.4%										87%
Category 3: within 365 days	98.7%	98.3% •	99.4%	92.7% 🔷										94%
1.4 Maintain surgical activity *		Elective surgery v	volume											
YTD Result	• 8,010	977	931 •	915										
YTD 2010 Volume	7,508	834	834	834	$\langle \rangle \rangle \setminus \langle \rangle$									
1.5 Fewer long waiting patients - Category 1		Number of catego	ory 1 elective surge	ery patients wait	ing more than th	e clinically recomn	nended timeframe	l for their category						
# waiting > 60 days														0
# waiting > 30 & <= 60 days														0
% waiting > 30 days	0.0%	0.0%	0.0%	0.0%										2%
2.4 Shorter waits for emergency departments		Emergency Depa	rtment patients see	en within the clir	nically recommen	ided time								
Category 1: within 2 minutes		100.0%	100.0%	100.0%										100%
Category 2: within 10 minutes		85.4%	78.1%	75.6% 🔷										80%
Category 3: within 30 minutes		64.7%	65.2% 🔶	66.3% 🔷										75%
Category 4: within 60 minutes		60.9%	58.2%	61.4%										70%
Category 5: within 120 minutes	84.2%	78.9% •	85.2% •	88.3%										70%
2.5 Treating elective surgery patients in turn		Percentage of ele	ective surgery patie	ents who were tr	eated in turn									
Result	n/a													n/a
2.6 Shorter maximum wait for elective surgery (days)		Maximum waitin	g time in days of el	lective surgery pa	atients waiting									
Cardiothoracic	n/a	-	-	-										n/a
ENT	n/a	-	-	-										n/a
General	n/a	-	-	-										n/a
Gynaecology	n/a	-	-	-										n/a
Ophthalmology	n/a	-	-	-										n/a
Orthopaedics	n/a	-	-	-										n/a
Neurosurgery Plastic & Reconstructive	n/a n/a	_	-	- -										n/a n/a
riastic & Reconstructive	11/ d	_	-	-										II/ d

KEY PERFORMANCE INDICATORS

Data source	:: Decision Suppor	t System (D22) 15 (Jctober	2013

	YTD / Latest Result	Jul 2013	Aug 2013	Sep 2013	Oct 2013	Nov 2013	Dec 2013	Jan 2014	Feb 2014	Mar 2014	Apr 2014	May 2014	Jun 2014	Target 2013-14
Urology	n/a	_	-	-										n/a
Vascular	n/a	-	-	-										n/a
2.7 Shorter waits for specialist outpatient clinics		Specialist outpa	ntients waiting witl	nin the clinically re	ecommended time	1								
Category 1: within 30 days	n/a													n/a
Category 2: within 90 days	n/a													n/a
Category 3: within 365 days	n/a													n/a
2.8 Fewer long waiting patients		Number of cates	gory 2 and 3 electi	ve surgery patien	ts waiting more th	an the clinically re	commended time	frame for their ca	tegory					
Category 2: # waiting > 90 days	38	55	41	38										
Category 2: % waiting > 90 days	4 .9%	6.5%	5.3%	4.9% 🔷										2%
Category 3: # waiting > 365 days	85	82	88	85					\wedge					
Category 3: % waiting > 365 days	5.3%	4.7% 🔷	5.2%	5.3%										2%
2.9 Postnatal in-home visiting		Enhanced mater	rnal and child heal	th service - post n	atal in-home visiti	ng								
Result	n/a													n/a
YTD Target	n/a													
2.10 Aboriginal and Torres Strait Islander PPH		Aboriginal and T	orres Strait Island	er Potentially Prev	ventable Hospitalis	sations								
Result	-													18%
2.11 Potentially Preventable Hospitalisations Chronic cond	litions	Potentially Preve	entable Hospitalisa	ations - chronic co	nditions									
Result	-		•				1							5%
2.12 Aboriginal and Torros Strait Islandor DAMA		Aboriginal and T	orres Strait Island	or nationts who d	scharged thanksi	use against modies	Ladvica (DAMA)							
2.12 Aboriginal and Torres Strait Islander DAMA Result	n/a	Aboriginal and 1	orres Strait Island	er patients who di	scharged themser	ves against medica	ii advice (DAIVIA)							
Quarterly Target	n/a													
quarterly ranger	11/ 4													
2.13 Aboriginal and Torres Strait Islander Low birthweight	babies	Low birthweight	babies (weighing		ams at birth) born	to Aboriginal and ⁻	Torres Strait Island	ler women						
Result	n/a													n/a
2.14 Rate of post discharge community contact - Mental H	lealth	Rate of commun	nity follow up with	in 1 to 7 days follo	owing discharge from	om an acute ment	al health inpatient	unit						
Result	-													60%
2.15 Ambulatory mental health activity		Progress toward	ls duration of amb	นlatory mental he	alth service conta	cts annual target								
Result	83.3%	88.1%	78.5%											95%
2.16 BreastScreen Queensland Screening Activity		Proportion of th	e annual screening	g target achieved										
Result	n/a	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		5 6										
YTD Target	n/a													n/a
		Number of settle	ants waiting man	than the clinically	rocommonded	avimum time and t	o Concrol Coro	ontal waiting list						
2.17 Dental waiting lists		Number of patie	ents waiting more	than the clinically	recommended ma	aximum time on th	ie General Care de	ental waiting list						00/
Result # waiting > 2 years	-	_	-	-	-	-	-	-	-	-	-	-	-	0%
# waiting / 2 years														

KEY PERFORMANCE INDICATORS

	Result	Jul 2013	Aug 2013	Sep 2013	Oct 2013	Nov 2013	Dec 2013	Jan 2014	Feb 2014	Mar 2014	Apr 2014	May 2014	Jun 2014	2013-14
EFFICIENCY – EFFICIENCY AND FINANCIAL PERFORMA	ANCE												n/a - not applic	able to HHS
1.6 Full-year Forecast Operating Position	\$ Surplus / - Deficit	Full-year Foreca	ast Operating Posit	ion \$ M										
Result	n/a	Tull-year Foreca	ast Operating Fosit	ועו כְּ ווטו										n/a
	.,													.,,
1.7 Purchased activity			activity (DSS loade	d targets) and ac	tual activity									
Total	10,370	7,944	2,426											_
Target	0	0	0											0
Inpatient	5,323	5,323	0											
Target	0	0	0						^					0
Outpatient Target	2,649	1,334 <i>0</i>	1,315 <i>0</i>											0
Interventions and Procedures	514	258	257					$\overline{}$	\rightarrow					
Target	0	0	0											0
Emergency Department	1,672	817	855											
Target	0	0	0											0
Subacute	87	87	0											
Target	0	0	0											0
Mental Health	125	125	0											
Target	0	0	0											0
2.18 Year to Date Operating Position	\$ Surplus / - Deficit	Year to Date Op	perating Position \$	M										
Result	n/a		-											n/a
2.19 External labour		Expenditure on	locum and agency	staff \$ M										
Result	n/a	Experience on	localli alla agelle,	Starr \$ IVI										n/a
2011-12 expenditure	n/a													n/a
2.20 Average QWAU cost	,	Year to date ave	erage cost per Que	erisland weighte	d activity unit (QW	AU)								
Result	n/a													n/a
2.21 YTD average FTE (MOHRI FTE)		Minimum Oblig	atory Human Reso	urce Information	n (MOHRI) FTE - nu	mber of MOHRI FT	E year to date							
Result	n/a			>										n/a
2.22 WorkCover Absenteeism (average hours lost)		Hours lost (Wor	rkCover) vs Occupie	ed FTE										
Result	n/a													n/a
EFFECTIVENESS – PATIENT EXPERIENCE													n/a - not applic	cable to HHS
2.23 Emergency Department patient experience		Fmergency Den	partment patient ex	nerience survey	(FDPFS)									
Result	n/a	Zineigency Bep	and the patient ex	tperience survey	(23) 23)									n/a
nesure	11/ 01													,

KEY PERFORMANCE INDICATORS Data source: Decision Support System (DSS) 15 October 2013 YTD / Latest Jul 2013 Aug 2013 Sep 2013 Oct 2013 Nov 2013 Dec 2013 Jan 2014 Feb 2014 Mar 2014 Apr 2014 May 2014 Jun 2014 SUPPORTING INDICATORS - INCLUDES ELECTION COMMITMENTS n/a - not applicable to HHS Patient Off Stretcher Time 90.2% 90.7% Result • 89.7% 🔷 90% SPECIFIC FUNDING COMMITMENTS n/a - not applicable to HHS Mums and Bubs Election Commitment (refer KPI 2.9) n/a Breast Screen (refer KPI 2.16) n/a NPA: Treating More Public Dental Patients Result 2012/2013 Activity Adjustment Required/Budgeted 0 Variance Actual n/a n/a n/a n/a Variance n/a n/a n/a n/a Patient Travel Subsidy Scheme (PTSS) Backlog Maintenance Total number of line items 2013/14 Number of line items (Planning) Number of line items (Tendering) Number of line items (In Progress) Number of Line items (Completed) Backlog reduction target 2013-14 (\$'000) Backlog reduction (\$'000) Assessment of progress Ratio of planned expenditure to total expenditure 18 **Cochlear Implants** 30 **Explanatory notes for PTSS:** green - Data has been submitted/complete amber - Data has been sent back for amendment

red - No PTSS data has been received nil - No claims made against this Facility

EMERGENCY DEPARTMENTS

- Monthly Performance

Data source: Clinical Access and Redesign Unit (CARU) 14 October 2013 Emergency Department Information System (EDIS), data is preliminary and subject to change.

NEAT by departure status group

Departure Status *	Total Attendances	NEAT	% NEAT
Non-admitted	5,271	4,805	91.2%
Admitted	1,665	1,038	62.3%
Total	7,293	6,084	83.4%

^{*} Does not include dead on arrival, died in ED, did not wait and transferred to another hospital

NEAT by hospital and departure status group

Hospital	Non- admitted	Admitted	Total
MATER ADULT PUBLIC HOSPITAL	93.6%	68.0%	86.4%
MATER CHILDREN'S PUBLIC HOSPITAL	89.4%	56.6%	81.0%

Volumes and waiting time performance by triage category

	Category 1	Category 2	Category 3	Category 4	Category 5	Total
Attendances	32	550	2,182	4,246	283	7,293
# seen in time	32	416	1,447	2,608	250	4,753
% seen in time	100.0%	75.6%	66.3%	61.4%	88.3%	65.2%
NEAT Admitted	21	171	535	306	5	1,038
Total Admitted	31	285	880	462	7	1,665
NEAT Admitted %	67.7%	60.0%	60.8%	66.2%	71.4%	62.3%
	A					
# Did not wait	\\ 0	9	3	113	38	154
Median Wait time (minutes)	\0	5	20	47	37	30

ACTIVITY (ABF AND NON-ABF) YTD PERFORMANCE - as at August 2013

Data	Daninian	C	C	/DCC\ 1	F Oatabau 2	1012
Data source:	Decision	Support	System	102211	5 October 2	W13

•	•								
	2013-14	2013-1	4 YTD	YTD Varian	ce to Target	Inter-HH	IS Flow %	Full Year Forecast	
Weighted Activity Units - QWAU	Purchased *	DSS Target	Actual	Actual	% change	Resident	Non-resident	Actual	% variance to purchase
Overall Activity									
Inpatient	63,236	0	5,323	5,323	-	-	-	-	
Interventions and Procedures	3,094	0	514	514	-	-	-	-	
Emergency Department	10,374	0	1,672	1,672	-	-	-	-	
Mental Health	2,009	0	125	125	-	-	-	-	
Outpatient	14,639	0	2,649	2,649	-	-	-	-	
SNAP	993	0	87	87	-	-	-	-	
Гotal	94,345	-	10,370	-	-	-	-	-	
Inpatient									
Breast Surgery	833	0	92	92	-	-	-	-	
Cardiac Surgery	1,917	0	143	143	-	-	-	-	
Cardiology	1,306	0	105	105	-	-	-	-	
Colorectal Surgery	1,424	0	52	52	-	-	-	-	

SNAP	993	0	87	87	-	-	-	-	-
Total	94,345	-	10,370	-	-	-	-	-	-
Inpatient									
Breast Surgery	833	0	92	92	-	-	-	-	-
Cardiac Surgery	1,917	0	143	143	-	-	-	-	-
Cardiology	1,306	0	105	105	-	-	-	-	-
Colorectal Surgery	1,424	0	52	52	-	-	-	-	-
Dental Surgery	373	0	8	8	-	-	-	-	-
Dentistry	-	0	33	33	-	-	-	-	-
Dermatology	218	0	19	19	-	-	-	-	-
Drug & Alcohol	288	0	12	12	-	-	-	-	-
Ear, Nose & Throat	2,173	0	179	179	-	-	-	-	-
Endocrinology	900	0	63	63	-	-	-	-	-
Extensive Burns	9	0	2	2	-	-	-	-	-
Gastroenterology	665	0	57	57	-	-	-	-	-
Gynaecology	2,266	0	181	181	-	-	-	-	-
Haematological Surgery	0	0	6	6	-	-	-	-	-
Haematology	713	0	63	63	-	-	-	-	-
Head & Neck Surgery	338	0	19	19	-	-	-	-	<u>/-</u> /
Immunology & Infections	1,290	0	153	153	-	-	-	-	/ /
Medical Oncology	806	0	58	58	-	-	-	-//	J 7
Neurology	1,564	0	195	195	-	-	-	<u> </u>)) -
Neurosurgery	890	0	167	167	-	-	-	-\\	
Non Subspecialty Medicine	2,143	0	105	105	-	-	- <	_ /	-
Non Subspecialty Surgery	3,936	0	326	326	-	-		- '	-
Obstetrics	9,824	0	724	724	-	- <		\\ -	-
Ophthalmology	1,077	0	87	87	-		7/	\>-	-
Orthopaedics	5,608	0	513	513	-	(-)	- \	-	-
Plastic & Reconstructive Surgery	1,735	0	96	96	-	\-	-	-	-
Qualified Neonate	8,491	0	567	567	-	\-	<u></u>	-	-
Renal Medicine	388	0	44	44	-	-\\	-	-	-
Respiratory Medicine	4,263	0	495	495	-	-	-	-	-
Rheumatology	276	0	27	27	-	-	-	-	-
Thoracic Surgery	0	0	56	56	-	-	-	-	-
Tracheostomy	3,653	0	296	296	-	-	-	-	-
Transplantation	130	0	8	8	-	-	-	-	-
Upper GIT Surgery	850	0	99	99	-	-	-	-	-
Urology	2,165	0	216	216	-	-	-	-	-
Manage Commany	720	0		50					

Interventions and Procedures									
Chemotherapy	1,454	0	330	330	-	-	-	-	-
Dialysis	113	0	20	20	-	-	-	-	-
Endoscopy	919	0	142	142	-	-	-	-	-
Interventional Cardiology	609	0	23	23	-	-	-	-	-
Radiation Oncology	0	-	-	-	-	-	-	-	-
Interventions and Procedures Sub-Total	3,094	0	514	514	-	-	-	-	-

58

5,323

58

5,323

729

63,236

Vascular Surgery

Inpatient Sub-Total

	2013-14	2013-14 YTD		YTD Varian	ce to Target	Inter-HH	IS Flow %	Full Year Forecast	
Weighted Activity Units - QWAU	Purchased *	DSS Target	Actual	Actual	% change	Resident	Non-resident	Actual	% variance
	T di ciidoca	D33 Target	Actual	Actual	70 change	Resident	Non resident	Actual	to purchased
Emergency Department									
Cat 1 (Admitted and Discharged)	109	0	16	16	-	-	-	-	-
Cat 2 (Admitted and Discharged)	1,359	0	211	211	-	-	-	-	-
Cat 3 (Admitted and Discharged)	4,359	0	633	633	-	-	-	-	-
Cat 4 (Admitted and Discharged)	4,404	0	694	694	-	-	-	-	-
Cat 5 (Admitted and Discharged)	143	0	23	23	-	-	-	-	-
Died	0	0	1	1	-	-	-	-	-
Other ED	-	0	94	94	-	-	-	-	-
Emergency Department Sub-Total	10,374	0	1,672	1,672	-	-	-	-	-
Mental Health									
Psychiatry - Acute	2,009	0	125	125	-		-		_
MH	0	_	-	-	_	_	_	_	_
Mental Health Sub-Total	2,009	0	125	125	_	_	_	_	_
Outpatient									
Allied Health	2,134	0	429	429	-	-	-	-	-
Burns	0	-	-	-	-	-	-	-	-
Clinical Measurement	376	0	83	83	-	-	-	-	-
Ear, Nose and throat (ENT)	355	0	52	52	-	-	-	-	-
Gastroenterology	665	0	109	109	-	-	-	-	-
Genetics	0	-	-	-	-	-	-	-	-
Maternity	3,648	0	617	617	-	-	-	-	-
Medical	2,947	0	626	626	-	-	-	-	-
Nursing	27	0	4	4	-	-	-	-	-
Oncology	1,622	0	105	105	-	-	-	-	-
Ophthalmology	1,077	0	72	72	-	-	-	-	-
Orthopaedics	5,608	0	136	136	-	-	-	-	-
Other Outpatient Treatments	19	0	5	5	-	-	-	-	-
Paediatric	223	0	46	46	-	-	-	-	-
Plastic and Reconstructive Surgery	258	0	43	43	-	-	-	-	-
Pre-Admission	34	0	32	32	-	-	-	-	-
Primary Health Care	0	-	-	-	-	-	-	-	-
Psychiatry	67	0	20	20	-	-	-	-	-
Sub Acute	9	0	10	10	-	-	-	-	-
Surgical	844	0	186	186	-	-	-	-	-
Transplants	0	-	-	-	-	-	-	-	-
Undefined	2.465	-	- 72	-	-	-	-	-	-
Urology Outpatient Sub-Total	2,165 14,639	0 0	72 2,649	72 2,649	-	-	-	-	-
Outpatient Sub-Total	14,033		2,049	2,049	-		-		
SNAP									
GEM	0	0	1	1	-	-	-	-	-
MAINT	182	0	23	23	-	-	-	-	-
PALLIATIVE	360	0	40	40	-	-	-	-	-
REHAB	451	0	24	24	-	-	-	-	-
SNAP Sub-Total	993	0	87	87	-	-	-	-	-

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Version as at 24 October 2013

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2013/14- 2015/16 SERVICE AGREEMENT - KEY PERFORMANCE INDICATORS

	2015/16 SERVICE AGREEMENT - KEY PERFORMANCE INDICATORS			
KPI Level No.	Key Performance Indicator (KPI)	Target	Strategic Link	Reporting Frequenc
FECTIVEN	IESS – SAFETY AND QUALITY			
1 Tier 1	National Safety and Quality Health Service Standards Compliance	All actions met	National Safety and Quality Health Service (NSQHS) Standards, Australian Commission on Safety and Quality in Healthcare Blueprint for Better Healthcare in Queensland Queensland Health Strategic Plan 2012-2016	Quarte
1 Tier 2	Healthcare—associated infections Healthcare associated staphylococcus aureus (Including MRSA) bacteraemia	Rate is less than or equal to 2.0 per 10,000 occupied bed days	National Performance and Accountability Framework National Healthcare Agreement Blueprint for Better Healthcare in Queensland	6 month
2 Tier 2	28 day mental health readmission rate Proportion of readmissions to an acute mental health inpatient unit within 28 days of discharge	Less than or equal to 12%		Month
3 Tier 2	Home based renal dialysis	40% YTD (Cairns & Hinterland, Townsville, Mackay, Central Queensland) 50% YTD (Darling Downs, Gold Coast, Metro North, Metro South, Sunshine Coast, Wide Bay)	Queensland Statewide Renal Services Plan (2008 – 2017)	Month
ΟΙ ΙΙΤΥ ΔΝΙ	D EFFECTIVENESS - ACCESS	Coast, wide bay)		
	Shorter stays in emergency departments National Emergency Access Target (NEAT): % of patients who attended an emergency department (ED) who depart within 4 hours of arrival	2013 : 77% 2014 83%	National Performance and Accountability Framework National Partnership Agreement on Improving Public Hospital Services Schedule C – National Emergency Access Target Blueprint for Better Healthcare in Queensland	Month
2.4 Tier 2	Shorter waits for emergency departments Emergency department patients seen within the clinically recommended time: Category 1: within 2 minutes Category 2: within 10 minutes Category 3: within 30 minutes Category 4: within 60 minutes Category 5: within 120 minutes	Category 1: 100% Category 2: 80% Category 3: 75% Category 4: 70% Category 5: 70%	National Performance and Accountability Framework National Partnership Agreement on Improving Public Hospital Services Schedule C – National Emergency Access Target	Month
.3 Tier 1	Shorter waits for elective surgery National Elective Surgery Target (NEST): % of patients receiving elective surgery who were treated within the clinically recommended timeframe for their urgency category: Category 1: within 30 days Category 2: within 90 days Category 3: within 365 days	2013 Category 1: 100% Category 2: 87% Category 3: 94% 2014 Category 1: 100% Category 2: 94% Category 3: 97%	National Performance and Accountability Framework National Partnership Agreement on Improving Public Hospital Services Schedule A – National Elective Surgery Target Blueprint for Better Healthcare in Queensland	Month
.4 Tier 1	Maintain surgical activity Elective Surgery Volume	≥5% more than 2010 volume	National Partnership Agreement on Improving Public Hospital Services Schedule A – National Elective Surgery Target	Month
.5 Tier 1	Fewer long waiting patients Number of category 1 elective surgery patients waiting more than the clinically recommended timeframe for their category: Category 1: within 30 days	Category 1: 0 to ≤ 2% with no patients waiting longer than 60 days	National Partnership Agreement on Improving Public Hospital Services Schedule A – National Elective Surgery Target Blueprint for Better Healthcare in Queensland	Month
2.5 Tier 2	Treating elective surgery patients in turn % of elective surgery patients who were treated in turn	60%	Blueprint for Better Healthcare in Queensland National Partnership Agreement on Improving Public Hospital Services Schedule A – National Elective Surgery Target	Month
.6 Tier 2	Shorter maximum wait for elective surgery Maximum waiting time of elective surgery patients waiting Cardiothoracic ENT General Surgery Gynaecology Ophthalmology Orthopaedics Neurosurgery	365 days	Blueprint for Better Healthcare in Queensland National Partnership Agreement on Improving Public Hospital Services Schedule A – National Elective Surgery Target	Month
	 Neurosurgery Plastic & Reconstructive Surgery Urology Vascular Surgery 			

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2013/14- 2015/16 SERVICE AGREEMENT - KEY PERFORMANCE INDICATORS

	- 2015/16 SERVICE AGREEMENT - KEY PERFORMANCE INDICATORS			_
KPI Level	Key Performance Indicator (KPI)	Target	Strategic Link	Reporting Frequency
2.7 Tier 2	Shorter waits for specialist outpatient clinics	·	Blueprint for Better Healthcare in Queensland	Monthly
	Specialist outpatients waiting within the clinically recommended time:			
	· Category 1: within 30 days	Category 1: 95%		
	· Category 2: within 90 days	Category 2: 90%		
	· Category 3: within 365 days	Category 3: 90%		
2.8 Tier 2	Fewer long waiting patients		National Partnership Agreement on Improving Public Hospital Services Schedule A – National Elective Surgery Target	Monthly
	Number of category 2 and 3 elective surgery patients waiting more than the clinically recommended timeframe for their category:	r	Blueprint for Better Healthcare in Queensland	
	Category 2: within 90 days	Category 2: 0 to ≤ 2%		
	· Category 3: within 365 days	Category 3: 0 to ≤ 2%		
2.9 Tier 2	Postnatal in-home visiting	HHS specific target	Blueprint for Better Healthcare in Queensland	Quarterly
	Enhanced maternal and child health service – post natal in-home visiting			
2.1 Tier 2	Aboriginal and Torres Strait Islander potentially preventable hospitalisations	≤ 17.7	Making Tracks: toward closing the gap in health outcomes for Indigenous Queenslanders by 2033 Policy and Accountability Framework	
2.44 Ting 2	Deboutelly growth lede to a stational advantage and dates.	detate access	National Healthcare Agreement	0
	Potentially preventable hospitalisations – chronic conditions Aboriginal and Torres Strait Islandor discharge against modical advise	≤ state average	National Performance and Accountability Framework Aboriginal and Torres Strait Islander Health Performance Framework	Quarterly
2.12 Her 2	Aboriginal and Torres Strait Islander discharge against medical advice Aboriginal and Torres Strait Islander patients who discharged themselves against medical advice (DAMA)	≤ HHS quarterly target	Aboriginal and Torres Strait Islander Health Performance Framework Chronic Disease Indigenous Health (Queensland Health Indigenous Health Funding Package)	Quarterly
	Aboriginal and Torres strait islander patients who discharged themselves against medical advice (DAIVIA)			
			National Partnership Agreement Closing the Gap in Indigenous Health Outcomes Making Tracks: towards closing the gap in health outcomes for Indigenous Queenslanders by 2033 – Policy and Accountability Framework	
2.13 Tier 2	Aboriginal and Torres Strait Islander Low birthweight babies	≤ HHS quarterly target	National Indigenous Reform Agreement	Annual
2.15 1161 2	Low birthweight babies (weighing less than 2500g at birth) born to Aboriginal and Torres Strait Islander women	21115 quarterly target	National Healthcare Agreement National Healthcare Agreement	Alliadi
2.14 Tier 2	Rate of post discharge community contact	60%	National Performance and Accountability Framework	
	Rate of community follow up within 1 to 7 days following discharge from an acute mental health inpatient unit			Monthly
2.15 Tier 2	Ambulatory mental health activity	100%		
	Progress towards duration of ambulatory mental health service contacts annual target			
2.16 Tier 2	BreastScreen Queensland screening activity Proportion of the annual breast screening target achieved	98%		Monthly
2.17 Tier 2	Dental waiting lists	0	National Partnership Agreement on Treating More Public Dental Patients	Monthly
	Number of patients waiting more than the clinically recommended maximum time on the general care dental waiting list			
EFFICIENCY	– EFFICIENCY AND FINANCIAL PERFORMANCE			
	Full Year Forecast Operating Position	Balanced or surplus	Financial Accountability Act 2009	Monthly
1.0	(agreed position between Department of Health and HHS)	Salaheed of salpids	Financial and Performance Management Standard 2009	y
	(ug) sau position satisfaction popularies visualities		National Performance and Accountability Framework	
2.18 Tier 2	Year to Date Operating Position	Balanced	Financial Accountability Act 2009	Monthly
	The to but operating to the operating to the operation of	24.4	Financial and Performance Management Standard 2009	,
			National Performance and Accountability Framework	
2.19 Tier 2	External Labour	20% reduction on prior year		Monthly
	Expenditure on locum and agency staff			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
1.7 Tier 1	Purchased activity monitoring	Metro North: 0% to +/-1%		Monthly
	Variance between YTD purchased activity and actual activity	Metro South: 0% to +/-1%		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	, , , , , , , , , , , , , , , , , , , ,	All other HHSs: 0% to +/-2%		
2.2 Tier 2	Average QWAU cost		National Performance and Accountability Framework	Monthly
	Average cost per Queensland weighted activity unit (QWAU)		, and the second second second second second second second second second second second second second second se	,
2.21 Tier 2	YTD MOHRI FTE	HHS specific target		Monthly
	MOHRI FTE – number of MOHRI year to date	, 5		,
2.22 Tier 2	WorkCover absenteeism	0.4		Quarterly
	Hours lost (WorkCover) vs Occupied FTE			. ,
EFFECTIVEN	NESS – PATIENT EXPERIENCE			
	Emergency department patient experience	Question 1: 40%	National Performance and Accountability Framework	Annual
	Emergency Department patient experience survey (EDPES)	Question 2: 40%		,
	- U,	Question 3: 60%		
		Question 4: 90%		

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Thursday 5th December2013 1:00pm – 2:00pm

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Mater Health Services Relationship Management Group Meeting

DATE	5 December	2013								
TIME	1:00pm – 2:0	0pm								
VENUE	Conference Room 2, Level 5, Queensland Health Building									
	DoH	Nick Steele	Executive Director, Healthcare Purchasing, Funding and Performance Management							
		Helen Ceron	Senior Director, Service Agreement Framework and Management							
		Ellen Cumberland	Manager, Service Agreement Framework and Management							
		Lyndsay Hardman	Manager, Service Agreement Framework and Management (Secretariat)							
	Mater Health	Sean Hubbard	Executive Director, Mater Adult , Women's and Children's Health Services							
	Services	Bronwyn Whelan	Director of Business Services							
		Karen Bayntun	Director of Health Planning and Performance							

AGENDA ITEM	SPEAKER
1. INTRODUCTION	All
■ Confirmation of Draft Minutes – 7 November 2013	
2. ACTIONS ARISING	All
■ See Table 1	
3. PERFORMANCE DASHBOARD / PROGRESS REPORTING	All
National Emergency Access Target	
National Elective Surgery Target	
■ Activity	
Specific Funding Commitments	
4. OTHER BUSINESS	All
As applicable	

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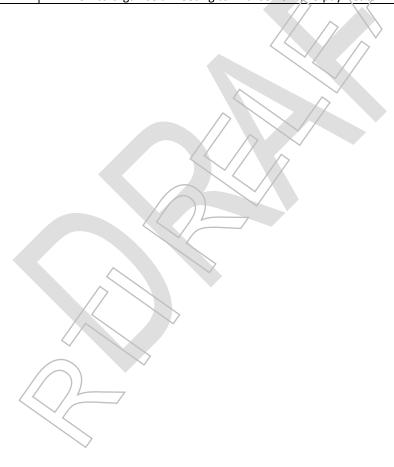


MATER HE	ALTH SERVICES ACTION MINUTES
Relationsh	ip Management Group Meeting
Date Time	7 November 2013 1.30pm – 2:30pm
Location	Level 2, Aubigny Place, Mater Health Services, South Brisbane
Present	Department of Health (DoH) Helen Ceron, Senior Director, Service Agreement Framework and Management (SD SAFM) Ellen Cumberland, Manager, Service Agreement Framework and Management (Secretariat)
	Mater Health Services (MHS) Bronwyn Whelan, Director of Business Services (DBS MHS) Karen Bayntun, Director of Health Planning and Performance (DHPP MHS)
	Guests Colleen Jen, Senior Director, Policy and Planning Branch, DoH
Apologies	Nick Steele, Executive Director Healthcare Purchasing, Funding and Performance Management (ED HPFP)
	Sean Hubbard, Executive Director of Adult's, Women's and Children's Health Services (ED MHS)

ITEM	ACTION	RESPONSIBLE
1.	INTRODUCTION	
	Minutes accepted without amendment.	
2.	UPDATE – WESTERN CORRIDOR PLANNING	
	 Noted recommendations from the Western Corridor planning project, which identified several options (infrastructure requirements) for meeting future health needs in the area. Preferred option, endorsed by HHS Boards, was combined greenfield development and staged expansion of Ipswich and Logan Hospitals. Discussion of next steps now underway to determine how to progress the preferred option through infrastructure planning. 	
3.	ACTIONS ARISING	
	 Provided to DoH by ED MHS. Close action. 	
	Centralised Outpatients Trial	
	MHS has made direct contact with Metro South HHS. Close action.	
	 GP Template Letters - Outpatient Management Letters provided to MHS, but further discussion required regarding management of outpatient volumes. DBS MHS to contact ED CARU directly. 	
<	 Capital for MCH Reconfiguration Details of proposed capital spend provided to Glenn Rashleigh. Remains a work in progress. 	
4.	PERFORMANCE DASHBOARD/PROGRESS REPORTING	
	 NEAT Performance above target. Noted emergency delays due to volumes at Mater Children's Hospital. 	
	 NEST Plastics is the primary source of long waits. Work needs to occur out-of-hours if long waits are to be addressed. MHS to provide an estimate of the cost and WAU associated with the 	DBS MHS

G:\SPP\HPFP\SAFM\2. Generic\RMG_Perf Reviews\2. 2013 - 2014\6. Dec 2013\1.18 MHS_RMG Review\2. MHS_RMG_Minutes_Draft_1311.doc Page 1 of 2

	 additional plastics activity needed to clear long waits. DoH to clarify why maximum waiting times are not showing by specialty stream in the monthly performance report. 	Secretariat
	Activity Noted quality issues with chemo data – activity appears to have decreased when, in actuality, it has not. MHS working to resolve.	
5.	OTHER BUSINESS	
	 Urology Noted that urology outreach volumes remain largely unchanged, despite return of activity to Darling Downs HHS. Reflects growth in activity for Far North Queensland referrals. 	^
	 Funding Pool MHS sought advice on the healthcare purchasing activity funding pool, and how to access. DoH to forward copy of written advice to MHS. 	Secretariat
	 QIP 2012/13 MHS owed final QIP payments for 2012/13, which could not be processed in AW1 due to the 2013/14 contract not being signed. DoH to organise a meeting to finalise 2012/13 payments. 	Secretariat



HHS	Meeting	Month Raised	Action Description	Responsibility	Status	Comment
MHS	RMG	Sep-13	DOH to provide an update on \$20M capital spend sought for MCH reconfiguration.	DOH	Open	MHS to provide particulars to Glenn Rashleigh, Chief Infrastructure Officer. Confirmed in letter to MHS CEO 4/10/13. 10/10/13: Dol-I awaiting advice from MHS CEO on details of the captial spend. 7/11/13: MHS confirmed that information has been provided to Glenn Rashleigh. Remains WIP.
MHS	RMG	Nov-13	MHS to provide DoH with a cost and WAU estimate for clearing of plastic long waits.	MHS	Open	8/11/13: Information received from DBS MHS. Recommend closure.
MHS	RMG	Nov-13	DoH to clarify why maximum waiting times do not appear in the monthly performance report by specialty.	БоН	Open	20/11/13: Email advice sent. Recommend closure.
MHS	RMG	Nov-13	DoH to forward copy of written advice toMHS regardign the healthcare purchasing activity funding pool.	DòH	Open	7/11/13: copy of letter sent to MHS. Recommend closure.
MHS	RMG	Nov-13	DoH to organise a meeting with MHS to finalise 2012/13 QIP payments.	Dof!	Open	20/11/13: Meeting held. Recommend closure.

Department of Health

Mater Health Service

Report on Hospital & Health Service Performance

October 2013



Great state. Great opportunity.

INDEX

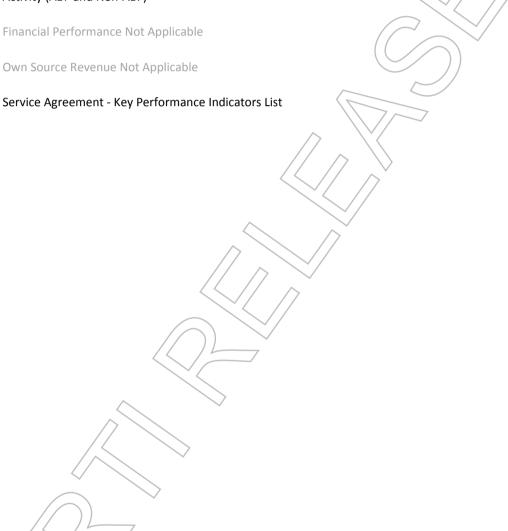
Performance Snapshot

Key Performance Indicators

Emergency Departments - Monthly Performance

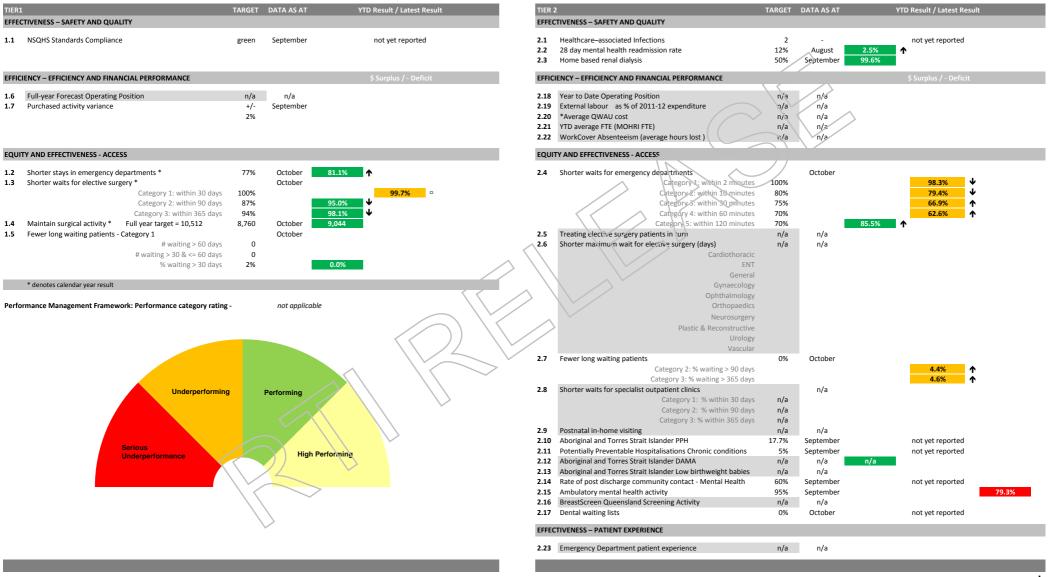
Elective Surgery Not Applicable

Activity (ABF and Non-ABF)



PERFORMANCE DOMAIN - KEY PERFORMANCE INDICATORS - SUMMARY PERFORMANCE

Data source: Decision Support System (DSS) 14 November 2013



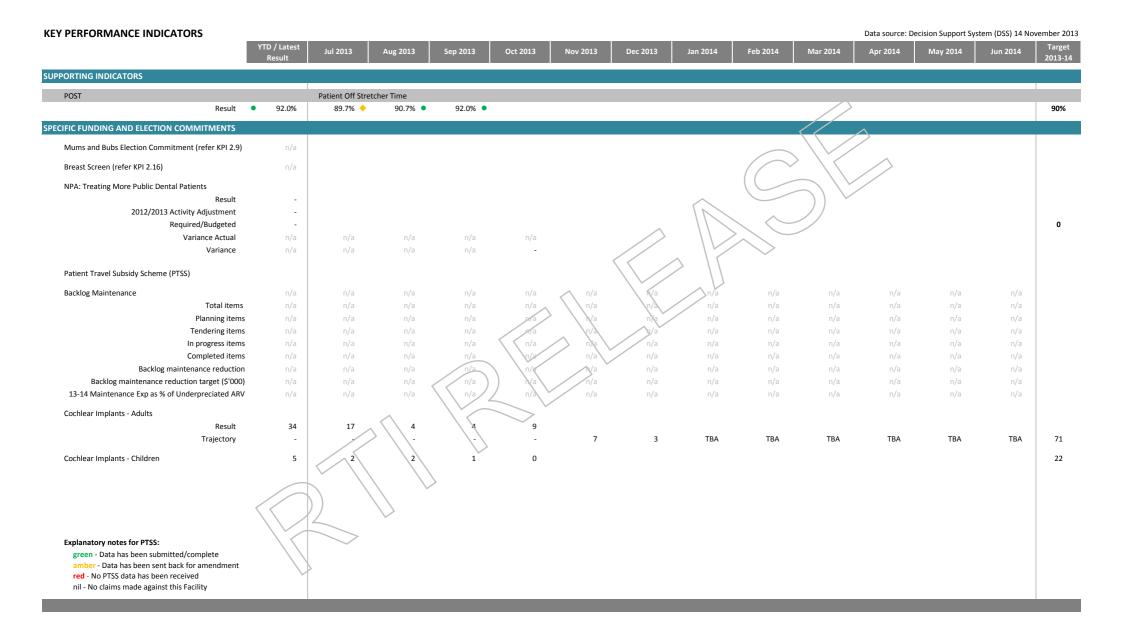
Legend: n/a not applicable to this HHS or data not yet available Latest / YTD Result compared to previous reporting period: Favourable ↑ Stable □ Unfavourable ↓

* Note: Costs for Enteral Nutrition are yet to be excluded from this indicator. Results may be slightly inflated for some HHSs this month.

KEY PERFORMANCE INDICATORS												Data source: D	ecision Support S	ystem (DSS) 14 No	vember 2013
NET I EM CHAPATOE METOLOGIC	YTD /	/ Latest	Jul 2013	Aug 2013	Sep 2013	Oct 2013	Nov 2013	Dec 2013	Jan 2014	Feb 2014	Mar 2014	Apr 2014	May 2014	Jun 2014	Target
	Re	sult	Jul 2010	7106 2020	0cp 2010	011 2020	1107 2020	3002013	Juli 2021			740-1011	, 2021	Jun 2021	2013-14
EFFECTIVENESS – SAFETY AND QUALITY															
1.1 National Safety and Quality Health Service Standards	s Complian	ice	NSQHS Standa	ards Compliance											
Result		-			-										green
2.1 Healthcare—associated Infections			Healthcare ass	sociated staphylococ	cus aureus (Inclu	uding MRSA) bacter	raemia								
Result		-													2
2.2 28 day mental health readmission rate			Proportion of	readmissions to an a	cute mental hea	Ith inpatient unit w	vithin 28 days of	discharge							
Result	•	2.5%	0.0%	5.3%	icate memai nea	inputient unit i		allocation ge		1/		///			12%
2.3 Home based renal dialysis			Home based re	anal dialysis											
Result	•	99.6%	0.0%	•	0.0%))				50%
EQUITY AND EFFECTIVENESS - ACCESS	* dei	notes cale	endar year result												
1.2 Shorter stays in emergency departments *				gency Access Target						\wedge					
Result	•	81.1%	79.7%	83.4%	83.5%	86.4%			1/	~					77%
1.3 Shorter waits for elective surgery *			National Electi	ive Surgery Target (N	NEST)										
Category 1: within 30 days		99.7%	100.0%		100.0%	100.0%									100%
Category 2: within 90 days		95.0%	96.7%		91.4%	89.6%			//						87%
Category 3: within 365 days	•	98.1%	98.3%	99.4%	92.7% 🔷	93.8%									94%
1.4 Maintain surgical activity *			Elective surge	ry volume			~ //								
YTD Result		9,044	977 •		915 •	1,034									
YTD 2010 Volume		8,343	834	834	834	834									
1.5 Fewer long waiting patients - Category 1			Number of cat	tegory 1 elective sur	gery patients wa	iting more than the	e clipically recom	nmended timefram	e for their category	/					
# waiting > 60 days				`		/ \ \									0
# waiting > 30 & <= 60 days % waiting > 30 days	•	0.0%	0.0%	0.09/	0.9%	0.0%									0 2%
		0.0%	0.0%	0.0%	0.5%	0.0%									270
2.4 Shorter waits for emergency departments				epartment patients s		•	ded time								
Category 1: within 2 minutes		98.3%	100.0%		100.0%	92.0% 🔷									100%
Category 2: within 10 minutes Category 3: within 30 minutes		79.4% 66.9%	85.4% • 64.7% •	78.1% ♦ 65.2% ♦	75.6% ♦ 66.3% ♦										80% 75%
Category 4: within 60 minutes		62.6%	60.9%	58.2%	61.4%	70.2%									70%
Category 5: within 120 minutes		85.5%	78.9%	85.2%	88.3%	89.9%									70%
2.5 Treating elective surgery patients in turn) Dorsontogo of	elective surgery pati	iants who ware t	rantad in turn									
2.5 Treating elective surgery patients in turn Result		VI/a	Percentage of	elective surgery pati	ients who were i	treated in turn									n/a
		1			1 0										,
2.6 Shorter maximum wait for elective surgery (days) Cardiothoracic		2	Maximum wai	ting time in days of	elective surgery	patients waiting									n/a
ENT		n/a n/a													n/a
General		n/a	_	-	-	-									n/a
Gynaecology		n/a	_	-	-	-									n/a
Ophthalmology		n/a		-	-	-									n/a
Orthopaedics		n/a	-	-	-	-									n/a
Neurosurgery		n/a	-	-	-	-									n/a
Plastic & Reconstructive		n/a	-	-	-	-									n/a
Urology		n/a	-	-	-	-									n/a
Vascular		n/a	-	-	-	-									n/a

KEY PERFORMANCE INDICATORS												Data source: I	Decision Support Syst	em (DSS) 14 Nover	mber 2013
		D / Latest Result	Jul 2013	Aug 2013	Sep 2013	Oct 2013	Nov 2013	Dec 2013	Jan 2014	Feb 2014	Mar 2014	Apr 2014	May 2014	Jun 2014	Target 2013-14
			N I C I .	2 12 1			dP		f f il						
2.7 Fewer long waiting patients		20	-		ve surgery patient		an the clinically re	commended time	trame for their o	category					
Category 2: # waiting > 90 days		29	55	41	38	29						\			20/
Category 2: % waiting > 90 days	•	4.4%	6.5%	5.3%	4.9% 🔷	4.4%									2%
Category 3: # waiting > 365 days		73	82	88	85	73						^			20/
Category 3: % waiting > 365 days	•	4.6%	4.7% 🔷	5.2%	5.3%	4.6% 🔷						//			2%
2.8 Shorter waits for specialist outpatient clinics			Specialist outpa	tients waiting with	nin the clinically re	commended time	!								
Category 1: % within 30 days		n/a									_				n/a
Category 1: # within 30 days		-													
Category 2: % within 90 days		n/a							^		$\overline{}$				n/a
Category 2: # within 90 days		-))				
Category 3: % within 365 days		n/a								\	//				n/a
Category 3: # within 365 days		-								>					
2.9 Postnatal in-home visiting			Enhanced mater	nal and child heal	th service - post n	atal in-home visiti	ng								
Result		n/a					,		7 1						n/a
YTD Target		n/a													
2.10 Aboriginal and Torres Strait Islander PPH			Aboriginal and To	orres Strait Islande	er Potentially Prev	entable Hospitalis	ations								
Result		-													18%
2.11 Potentially Preventable Hospitalisations Chronic conc	ditions		Potentially Preve	entable Hospitalisa	ations - chronic co	nditions									
Result		-	,					//							5%
2.12 Aboriginal and Torres Strait Islander DAMA			Aboriginal and To	orres Strait Islande	er patients who di	scharged themselv	ves against medic	ai advice (DAMA)							
Result	•	n/a	- C					, ,							
Quarterly Target		n/a					//								
2.13 Aboriginal and Torres Strait Islander Low birthweight	hahies		Low hirthweight	hahies (weighing	less then 2500 gra	uns at hirth) here:	to Ahoriginal and	Torres Strait Island	der women						
Result	Dubics	n/a	2011 Sil till Cigne	A CONTRACTOR OF THE CONTRACTOR	ics: their risco give	>	to / tooriginal and	Torres strate islant	aci women						n/a
2.14 Rate of post discharge community contact - Mental H	Health		Rate of commun	ty follow up with	in 1 to 7 days follo	wing discharge fro	om an acute ment	al health inpatient	t unit						60%
Result		-													60%
2.15 Ambulatory mental health activity			Progress toward	s duration of and	ulatory mental he	alth service contac	cts annual target								
Result		79.3%	88.2%	79.8%	70.0%										95%
2.16 BreastScreen Queensland Screening Activity			Proportion of the	e annual screening	g target achieved										
Result		n/a	7 7												
YTD Target		n/a	_	~											n/a
2.17 Dental waiting lists			Number of natie	nts waiting more	than the clinically	recommended ma	aximum time on tl	he General Care d	ental waiting list						
Result		1-1	-	-	-	-	-	-	-	-		-	-	_	0%
# waiting > 2 years															2,0
" "Sitting > 2 years		~													

KEY PERFORMANCE INDICATORS											Data source: [ecision Support Sy	stem (DSS) 14 No	vember 2013
	YTD / Latest Result	Jul 2013	Aug 2013	Sep 2013	Oct 2013	Nov 2013	Dec 2013	Jan 2014	Feb 2014	Mar 2014	Apr 2014	May 2014	Jun 2014	Target 2013-14
EFFICIENCY – EFFICIENCY AND FINANCIAL PERFORMA	ANCE													
1.6 Full-year Forecast Operating Position	\$ Surplus / - Deficit	Full-year Fore	cast Operating Pos	sition \$ M										
Result	n/a										·			n/a
1.7 Purchased activity		YTD purchase	d activity (DSS load	ded targets) and a	ctual activity						^			
Total	23,430	7,949	7,901	7,580										
Target	0	0	0	0										0
Inpatient	15,526	5,327	5,174	5,026										
Target	0	0	0	0										0
Outpatient	3,920	1,334	1,315	1,271						\neg				
Target	0	0	0	0										0
Interventions and Procedures	907	258	365	284					\	//				
Target	0	0	0	0			\rightarrow							0
Emergency Department	2,484	817	855	812										
Target	0	0	0	0			\leftarrow	$\sim \setminus \subset$						0
Subacute	210	88	74	48				/ \\						
Target	0	0	0	0			-							0
Mental Health <i>Target</i>	382 <i>0</i>	125 0	118 <i>0</i>	139 <i>0</i>										0
rurget	U	U	U	U										
2.18 Year to Date Operating Position	\$ Surplus / - Deficit	Year to Date (Operating Position	\$ M										
Result	n/a					\wedge								n/a
2.19 External labour		Expenditure of	on locum and agen	cy staff \$ M										
Result	n/a													n/a
2011-12 expenditure	n/a													n/a
2.20 Average QWAU cost		Year to date a	iverage cost per Qi	ueensland weighte	ed activity unit (QW	/AU)								
Result	n/a					,								n/a
2.21 YTD average FTE (MOHRI FTE)		Minimum Ob	igatory Human Re	source Informatio	n (MOHRI) FTE - nu	mber of MOHRI F	TF year to date							
Result	n/a				,		,							n/a
2.22 WorkCover Absenteeism (average hours lost)		House lost (W	orkCover) vs Occu	nied FTF										
Result	n/a	1101113 103 (11	0.10070.775 0000	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,										n/a
		,		<i>></i>										,.
EFFECTIVENESS – PATIENT EXPERIENCE														
2.23 Emergency Department patient experience		Emergency D	epartnient patient	experience survey	(EDPES)									
Result	M/a													n/a



EMERGENCY DEPARTMENTS

- Monthly Performance

Data source: Clinical Access and Redesign Unit (CARU) 12 November 2013 Emergency Department Information System (EDIS), data is preliminary and subject to change.

NEAT by departure status group

Departure Status *	Total Attendances	NEAT	% NEAT
Non-admitted	5,167	4,812	93.1%
Admitted	1,615	1,101	68.2%
Total	7,108	6,131	86.3%

^{*} Does not include dead on arrival, died in ED, did not wait and transferred to another hospital

NEAT by hospital and departure status group

Hospital	Non- admitted	Admitted	Total
MATER ADULT PUBLIC HOSPITAL	94.5%	70.3%	87.8%
MATER CHILDREN'S PUBLIC HOSPITAL	92.0%	66.0%	84.9%

Volumes and waiting time performance by triage category

	Category 1	Category 2	Category 3	Category 4	Category 5	Total
Attendances	25	470	2,147	4,209	257	7,108
# seen in time	23	365	1,540	2,956	231	5,115
% seen in time	92.0%	77.7%	71.7%	70.2%	89.9%	72.0%
		(
NEAT Admitted	14	155	574	353	5	1,101
Total Admitted	21	235	862)) 489	8	1,615
NEAT Admitted %	66.7%	66.0%	66.6%	72.2%	62.5%	68.2%
		11 > ^				
NEAT Non-admitted	0	258	1,028	3,413	213	4,812
Total Non-admitted	0	\ \ 182	1,174	3,590	221	5,167
NEAT Non-admitted %	-	86.8%	87.6%	95.1%	96.4%	93.1%
		\				
# Did not wait	0	0	6	85	25	116
Median Wait time (minute	es) 0	5	17	35	26	24



ACTIVITY (ABF AND NON-ABF) YTD PERFORMANCE - as at September 2013

Data source:	Docicion	Cupport	Custom	(DCC) 1	4 November	201

Weighted Activity Units - QWAU	2013-14	2013-1	4 YTD	YTD Variar	ice to Target	Inter-HH	S Flow %	Full Yea	r Forecast	Weighted Activity Units - QWAU	2013-1
reignized Activity Onlts - QWAO	Purchased *	DSS Target	Actual	Actual	% change	Resident	Non-resident	Actual	% variance to purchased	weighted Activity Offits - QWAO	Purchase
Overall Activity										Emergency Department	
Inpatient	63,236	0	15,526	15,526	-	-	-	-	-	Cat 1 (Admitted and Discharged)	109
Interventions and Procedures	3,094	0	907	907	_	_			-	Cat 2 (Admitted and Discharged)	1,35
Emergency Department	10,374	0	2,484	2,484	-	_	-	_	-	Cat 3 (Admitted and Discharged)	4,359
Mental Health	2,009	0	382	382	_	_			-	Cat 4 (Admitted and Discharged)	4,40
Outpatient	14,639	0	3,920	3,920	_	_			-	Cat 5 (Admitted and Discharged)	14
SNAP	993	0	210	210	_	_			-	Died	
Fotal	94,345	-	23,430	-	-	_	-	-	-	Other ED	
										Emergency Department Sub-Total	10,37
npatient	000		225	225							
Breast Surgery	833	0	235	235	-	-	-	-	-	Mental Health	
Cardiac Surgery	1,917	0	312	312	-	-	-	-	-	Psychiatry - Acute	2,00
Cardiology	1,306	0	330	330	-	-	-	-	-	MH	
Colorectal Surgery	1,424	0	248	248	-	-	-	-	-	Mental Health Sub-Total	2,00
Dental Surgery	373	0	36	36	-	-	-	-	-		
Dentistry	-	0	86	86	-	-	-	-	-	Outpatient	
Dermatology	218	0	61	61	-	-	-	-	-	Allied Health	2,13
Drug & Alcohol	288	0	66	66	-	-	-	-	-	Burns	1
Ear, Nose & Throat	2,173	0	531	531	-	-	-	-	-	Clinical Measurement	37
Endocrinology	900	0	224	224	-	-	-	-	-	Ear, Nose and throat (ENT)	35
Extensive Burns	9	0	2	2	-	-	-	-	-	Gastroenterology	66
Gastroenterology	665	0	190	190	-	-	-	-	-	Genetics	
Gynaecology	2,266	0	571	571	-	-	-	-	=	Maternity	3,64
Haematological Surgery	0	0	44	44	-	-	-	-	-	Medical	2,94
Haematology	713	0	141	141	-	-	-	-	-/	Nursing	
Head & Neck Surgery	338	0	75	75	-	-	-	-	<u>-/-</u> /	Oncology	1,62
Immunology & Infections	1,290	0	392	392	-	-	-	-	-	Ophthalmology	1,07
Medical Oncology	806	0	119	119	-	-	-	-	\ \ -	Orthopaedics	5,60
Neurology	1,564	0	461	461	-	-	-	_		Other Outpatient Treatments	1
Neurosurgery	890	0	403	403	-	-		(\- (Paediatric	22
Non Subspecialty Medicine	2,143	0	298	298	-	_		()) //	Plastic and Reconstructive Surgery	25
Non Subspecialty Surgery	3,936	0	921	921	-	_	\ <u>-</u> \		/ - \	Pre-Admission	3
Obstetrics	9,824	0	2,288	2,288	_	_	//	/./	\	Primary Health Care	
Ophthalmology	1,077	0	218	218	_	_	_\	V_		Psychiatry	6
Orthopaedics	5,608	0	1,388	1,388	_		_ \	(-		Sub Acute	
Plastic & Reconstructive Surgery	1,735	0	341	341		(/ /	-	\\	-	Surgical	84
Qualified Neonate	1,735 8,491	0	2,077	2,077	//	///		/ /	-	Transplants	84
Renal Medicine	388	0	2,077 147	147	//	/ /			-	Undefined	
		0				\	\ -	-	-		2.44
Respiratory Medicine	4,263	_	1,349	1,349	/ \ \	- /	\ \ -	-		Urology	2,16
Rheumatology	276	0	75	75	/- /	-	///-	-	-	Outpatient Sub-Total	14,63
Thoracic Surgery	0	0	186	186	-\	-	-	-	-	cuan.	
Tracheostomy	3,653	0	707	707	- \	/ / -	-	-	-	SNAP	
Transplantation	130	0	17	17)	-	/// .	-	-	-	GEM	
Upper GIT Surgery	850	0	277	277	-	· ·	-	-	-	MAINT	18
Urology	2,165	0	548	548		-	-	-	-	PALLIATIVE	36
Vascular Surgery	729	0	161	161	$\overline{}$	-	-	-	-	REHAB	45
npatient Sub-Total	63,236	0	15,526	15,526	<u> </u>		-		-	SNAP Sub-Total	99
nterventions and Procedures											
Chemotherapy	1,454	0	494	494	_	-	_		-		
Dialysis	113	0	30	30	-	_	_		_		
Endoscopy	919	0	305	305			_		_ [
Interventional Cardiology	609	0	305 77	77	-			1 .	-		
Radiation Oncology	0	U	//	"	-		-	Ī .	-		
• ,	-	-	-	00-	-	-	-	_	-		
Interventions and Procedures Sub-Total	3,094	0	907	907	-		-	-	-		

					Data so	urce: Decisior	n Support Systen	n (DSS) 14 N	ovember 20
	2013-14	2013-1	4 YTD	YTD Varian	ce to Target	Inter-Hi	HS Flow %	Full Yea	r Forecast
Weighted Activity Units - QWAU	Purchased *	DSS Target	Actual	Actual	% change	Resident	Non-resident	Actual	% varianc to purchas
Emergency Department									
Cat 1 (Admitted and Discharged)	109	0	26	26	-	-	-	-	-
Cat 2 (Admitted and Discharged)	1,359	0	308	308	-	-	-	-	
Cat 3 (Admitted and Discharged)	4,359	0	934	934		-	-	-	
Cat 4 (Admitted and Discharged)	4,404	0	1,044	1,044	· .	-	-	-	
Cat 5 (Admitted and Discharged)	143	0	34	34	_	_	-		
Died	0	0	1	1	^ ·	_	_	_	
Other ED	-	0	137	137		_	_		
Emergency Department Sub-Total	10,374	0	2,484	2,480					
inergency Department Sub-rotal	10,374		2,404	E,468		_			
Nental Health			\sim						
Psychiatry - Acute	2,009	b (382	382		_	-		
MH	2,003	1		302					
Mental Health Sub-Total	2,009	0	382	332					
vientai neattii 3ub-10tai	2,003	_ •	302	392	-				
Outpatient									
Allied Health	2,134	> 0	649	649	-	_		_	
Burns	2,13,4		043	049	-		-		
	376	0	130	130	-		-	-	
Clinical Measurement	\sim 1	1			-	-	-	-	
Ear, Nose and throat (ENT)	355	0	84	84	-	-	-	-	
Gastroenterology	665	0	163	163	-	-	-	-	
Genetics	0				-	-	-	-	
Maternity	3,648	0	901	901	-	-	-	-	
Medical	2,947	0	921	921	-	-	-	-	
Nursing	27	0	6	6	-	-	-	-	
Oncology	1,622	0	160	160	-	-	-	-	
Ophthalmology	1,077	0	107	107	-	-	-	-	
Orthopaedics	5,608	0	199	199	-	-	-	-	
Other Outpatient Treatments	19	0	7	7	-	-	-	-	
Paediacric	223	0	72	72	-	-	-	-	
Plastic and Reconstructive Surgery	258	0	64	64	-	-	-	-	
Pre-Admission	34	0	51	51	-	-	-	-	
Primary Health Care	0	-	-	-	-	-	-	-	
Psychiatry	67	0	32	32	-	-	-	-	
Sub Acute	9	0	13	13	-	-	-	-	
Surgical	844	0	261	261	-	-	-	-	
Transplants	0	-	-	-	-	-	-	-	
Undefined	-	-	-	-	-	-	-	-	
Urology	2,165	0	100	100	-	-	-	-	-
Outpatient Sub-Total	14,639	0	3,920	3,920	-		-		
SNAP									
GEM	0	0	5	5	-	-	-	-	
MAINT	182	0	53	53	-	-	-	-	
PALLIATIVE	360	0	67	67	-	_	-	-	

2013/14- 2015/16 SERVICE AGREEMENT - KEY PERFORMANCE INDICATORS

	- 2015/16 SERVICE AGREEMENT - KEY PERFORMANCE INDICATORS			
KPI Level	Key Performance Indicator (KPI)	Target	Strategic Link	Reporting Frequency
EFFECTIVE	IESS – SAFETY AND QUALITY			
	National Safety and Quality Health Service Standards Compliance	All actions met	National Safety and Quality Health Service (NSQHS) Standards, Australian Commission on Safety and Quality in Healthcare Blueprint for Better Healthcare in Queensland Queensland Health Strategic Plan 2012-2016	Quarterly
2.1 Tier 2	Healthcare-associated infections	Rate is less than or equal to 2.0 per	National Performance and Accountability Framework	6 monthly
	Healthcare associated staphylococcus aureus (Including MRSA) bacteraemia	10,000 occupied bed days	National Healthcare Agreement Blueprint for Better Healthcare in Queensland	
2.2 Tier 2	28 day mental health readmission rate Proportion of readmissions to an acute mental health inpatient unit within 28 days of discharge	Less than or equal to 12%		Monthly
2.3 Tier 2	Home based renal dialysis	40% YTD (Cairns & Hinterland, Townsville, Mackay, Central	Queensland Statewide Renal Services Plan (2008 – 2017)	Monthly
		Queensland) 50% YTD (Darling Downs, Gold Coast, Metro North, Metro South, Sunshine Coast, Wide Bay)		
EQUITY AN	D EFFECTIVENESS - ACCESS			
1.2 Tier 1	Shorter stays in emergency departments	2013	National Performance and Accountability Framework	Monthly
	National Emergency Access Target (NEAT): % of patients who attended an emergency department (ED) who department		National Partnership Agreement on Improving Public Hospital Services Schedule C – National Emergency Access Target	
	within 4 hours of arrival	2014 83%	Blueprint for Better Healthcare in Queensland	
2.4 Tier 2	Shorter waits for emergency departments	83%	National Performance and Accountability Framework	Monthly
2.4 1101 2	Emergency department patients seen within the clinically recommended time:		National Partnership Agreement on Improving Public Hospital Services Schedule C – National Emergency Access Target	ivioniting
	Category 1: within 2 minutes	Category 1: 100%		
	· Category 2: within 10 minutes	Category 2. 80%		
	· Category 3: within 30 minutes	Category 3: 75%		
	Category 4: within 60 minutes	Category 4: 70%		
4.3 - 114	Category 5: within 120 minutes	Category 5: 70%	National Body and Assessed Assessed West Formands	5.6 4 le le c
1.3 Her 1	Shorter waits for elective surgery National Elective Surgery Target (NEST): % of patients receiving elective surgery who were treated within the	2013 Category 1: 100%	National Performance and Accountability Framework National Partnership Agreement on Improving Public Hospital Services Schedule A – National Elective Surgery Target	Monthly
	clinically recommended timeframe for their urgency category:	Category 2: 87%	Blueprint for Better Healthcare in Queensland	
	· Category 1: within 30 days	Category 3: 94%		
	· Category 2: within 90 days			
	· Category 3: within 365 days	2014		
		Category 1: 100%		
		Category 2: 94% Category 3: 97%		
	Maintain surgical activity Elective Surgery Volume	≥5% more than 2010 volume	National Partnership Agreement on Improving Public Hospital Services Schedule A – National Elective Surgery Target	Monthly
1.5 Tier 1	Fewer long waiting patients		National Partnership Agreement on Improving Public Hospital Services Schedule A – National Elective Surgery Target	Monthly
	Number of category 1 elective surgery patients waiting more than the clinically recommended timeframe for their category: Category 1: within 30 days	waiting longer than 60 days	Blueprint for Better Healthcare in Queensland	
2.5 Tier 2	Treating elective surgery patients in turn	60%	Blueprint for Better Healthcare in Queensland	Monthly
	% of elective surgery patients who were treated in turn		National Partnership Agreement on Improving Public Hospital Services Schedule A – National Elective Surgery Target	
2.6 Tier 2	Shorter maximum wait for elective surgery	365 days	Blueprint for Better Healthcare in Queensland	Monthly
	Maximum waiting time of elective surgery patients waiting		National Partnership Agreement on Improving Public Hospital Services Schedule A – National Elective Surgery Target	
	· Cardiothoracic			
	· ENT · General Surgery			
	· Gynaecology			
	· Ophthalmology			
	· Orthopaedics			
	Neurosurgery			
	Plastic & Reconstructive Surgery			
	· Urology			
	· Vascular Surgery			

2013/14- 2015/16 SERVICE AGREEMENT - KEY PERFORMANCE INDICATORS

	2015/10 SERVICE AGREEMENT - RET PERFORMANCE INDICATORS			
KPI Level No.	Key Performance Indicator (KPI)	Target	Strategic Link	Reporting Frequency
2.7 Tier 2	Fewer long waiting patients		National Partnership Agreement on Improving Public Hospital Services Schedule A – National Elective Surgery Target	Monthly
	Number of category 2 and 3 elective surgery patients waiting more than the clinically recommended timeframe for	•	Blueprint for Better Healthcare in Queensland	
	their category:			
	· Category 2: within 90 days	Category 2: 0 to ≤ 2%		
	· Category 3: within 365 days	Category 3: 0 to ≤ 2%		
2.8 Tier 2	Shorter waits for specialist outpatient clinics		Blueprint for Better Healthcare in Queensland	Monthly
	Specialist outpatients waiting within the clinically recommended time:			•
	Category 1: within 30 days	Category 1: 95%		
	· Category 2: within 90 days	Category 2: 90%		
	· Category 3: within 365 days	Category 3: 90%		
2.9 Tier 2	Postnatal in-home visiting	HHS specific target	Blueprint for Better Healthcare in Queensland	Quarterly
	Enhanced maternal and child health service – post natal in-home visiting			•
2.1 Tier 2	Aboriginal and Torres Strait Islander potentially preventable hospitalisations	≤17.7	Making Tracks: toward closing the gap in health outcomes for Indigenous Queenslanders by 2033 Policy and	
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Accountability Framework	
			National Healthcare Agreement	
2.11 Tier 2	Potentially preventable hospitalisations – chronic conditions	≤ state average	National Performance and Accountability Framework	Quarterly
	Aboriginal and Torres Strait Islander discharge against medical advice	≤ HHS quarterly target	Aboriginal and Torres Strait Islander Health Performance Framework	Quarterly
	Aboriginal and Torres Strait Islander patients who discharged themselves against medical advice (DAMA)	, , , , , ,	Chronic Disease Indigenous Health (Queensland Health Indigenous Health Funding Package)	
			National Partnership Agreement Closing the Gap in Indigenous Health Outcomes	
			Making Tracks: towards closing the gap in health outcomes for Indigenous Queenslanders by 2033 – Policy and	
			Accountability Framework	
2.13 Tier 2	Aboriginal and Torres Strait Islander Low birthweight babies	≤ HHS quarterly target	National Indigenous Reform Agreement	Annual
2.13 2	Low birthweight babies (weighing less than 2500g at birth) born to Aboriginal and Torres Strait Islander women	= mio quarterry target	National Partnership Agreement Early Childhood Development Agreement	7
			National Healthcare Agreement	
2 14 Tier 2	Rate of post discharge community contact	60%	National Performance and Accountability Framework	
	Rate of community follow up within 1 to 7 days following discharge from an acute mental health inpatient unit			Monthly
2 15 Tier 2	Ambulatory mental health activity	109%		
2.13 2	Progress towards duration of ambulatory mental health service contacts annual target			
2 16 Tier 2	BreastScreen Queensland screening activity	98%	/	Monthly
2.10 2	Proportion of the annual breast screening target achieved			
2 17 Tier 2	Dental waiting lists	0	National Partnership Agreement on Treating More Public Dental Patients	Monthly
2.17 2	Number of patients waiting more than the clinically recommended maximum time on the general care dental			
	waiting list	7		
EEEICIENICV	- EFFICIENCY AND FINANCIAL PERFORMANCE			
		Palara Sharandar	Financial Accountability Act 2009	
1.6 Her 1	Full Year Forecast Operating Position	Balanced or surplus	•	Monthly
	(agreed position between Department of Health and HHS)		Financial and Performance Management Standard 2009	
2.40 Ti2	Venda Data Oceania Daritica	Palamand	National Performance and Accountability Framework	
2.18 Her 2	Year to Date Operating Position	Balanced	Financial Accountability Act 2009	Monthly
			Financial and Performance Management Standard 2009	
	H.I.	2001	National Performance and Accountability Framework	
2.19 Her 2	External Labour	20% reduction on prior year		Monthly
	Expenditure on locum and agency staff			
1.7 Tier 1	Purchased activity monitoring	Metro North: 0% to +/-1%		Monthly
	Variance between YTD purchased activity and actual activity	Metro South: 0% to +/-1%		
		All other HHSs: 0% to +/-2%		
2.2 Tier 2	Average QWAU cost	At or below the Queensland ABF price	National Performance and Accountability Framework	Monthly
	Average cost per Queensland weighted activity unit (QWAU)			
2.21 Tier 2	YTD MOHRI FTE	HHS specific target		Monthly
	MOHRI FTE – number of MOHRI year to date			
2.22 Tier 2	WorkCover absenteeism	0.4		Quarterly
	Hours lost (WorkCover) vs Occupied FTE			
	IESS – PATIENT EXPERIENCE			
2.23 Tier 2	Emergency department patient experience	Question 1: 40%	National Performance and Accountability Framework	Annual
1	Emergency Department patient experience survey (EDPES)	Question 2: 40%		
		Question 3: 60%		
		Question 4: 90%		

	ALTH SERVICES p Management Group Meeting	ACTION MINUTES		
Date Time	5 December 2013 1.00pm – 2:00pm			
Location	Conference Room 2, Level 5, Queensland Health Building			
Present	Ellen Cumberland, Manager, Service Ag Lyndsay Hardman, Manager, Service Ag Mater Health Services (MHS) Bronwyn Whelan, Director of Business Karen Bayntun, Director of Health Planr	, , , , , , , , , , , , , , , , , , , ,		
Apologies	Nick Steele, Executive Director Healthca (ED HPFP)	re Purchasing, Funding and Performance Management		

ITEM	ACTION	RESPONSIBLE
1.	INTRODUCTION	
	Minutes of previous meeting amended relating to, item 3 actions arising, GP template letters- Outpatient Management. Amended to read SD SADM to facilitate ED CARU to contact DBS MHS directly and not DBS to contact ED CARU. No other amendments were required.	SADM
2.	ACTIONS ARISING	
	DOH to provide an update on \$20m capital spend –ED MHS advised the DG was to speak to W. Glenn Rashleigh, HIB, to expedite.	
	MHS to provide DoH with cost and WAU estimate – for clearing plastic long waits – Action is completed and closed – agreed that the long waits will be counted as part of existing purchased activity.	
	DoH to clarify why maximum waiting times do not appear in the monthly performance report by specialty. Current systems don't capture patient level detail from MHS.	
	DoH to forward a copy of the written advice to MHS regarding healthcare purchasing activity funding pool- MHS are still waiting for the definition on high cost/low value DRG's. SADM to obtain time frame from CARU regarding the deployment of inf.syst so data can be reflected in dashboard.	SADM
	DoH to organise a meeting to finalise QIP payments – meeting has been held – action completed and closed.	
3.	PERFORMANCE DASHBOARD/PROGRESS REPORTING	
	NEAT	
	 No performance issues – good performance noted. ED Categories 1, 2 and 3 amber. Categories 4 and 5 green. 	
	 NEST Performance looking good on the whole – a couple of ambers for NEST Maintaining surgical activity is good however the detail at specialty level (2.6) on the dashboard is missing. Mater confirmed that the waiting list breakdown is sent through. MHS to send specialty summary level information for Elective surgery and Outpatients in advance of next 	

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	RMG meeting and thereafter until data flows through the info system.	MHS
	 Purchased activity (1.7) Target data is missing – Karen asked if someone could help load the activity numbers into DSS. SD SADM will speak to ABF team and advise Cochlear activity numbers are good ED patient experience – question was raised as to when this is happening. SD SADM to enquire as to when the annual survey is due to be carried out and advise MHS. 	SADM
4.	ANY OTHER BUSINESS (AOB)	
	Own source revenue – ED MHS requested that this be a standing agenda item going forward.	Secretariat
	DHPP MHS requested a copy of Megan Mercer's EMT brief and the IHPA draft pricing framework to be shared.	SADM
	Mater to identify what the grey areas are in removing the overheads.	
	Medical contracts –Mater is not under the same legal obligations therefore they are watching the current QH developments	
	Urology Outreach – Mater are proceeding with this on the assumption that adjustment will not happen. DoH to provide an update on Cairns progress towards urology self- sufficiency to assist with Mater planning.	SADM
	Endocrinology Outreach – Mater concerned about the lack of progress with future planning with QCH, SADM to follow up with CQH	SADM
	An issue with the information flow was raised as the data being pulled from QHealth is seems to be different from the actual activity being recorded. Different levels of activity are being quoted – linked to the CQH transfer. Need to identify and agree where the information sources are that are providing the data.	
	An independent review to be carried out in relation to Mater IT costs, MHS are currently developing ToR.	
	An update was provided with regard to the SLA – a copy of the latest version of the SLA and a 1 page summary was shared with the group.	
	A number of changes were identified and Ellen to issue revised SLA and summary sheet to Bronwyn. Milosh to send schedules	SADM
	Innovation fund: send advice to MHS regarding dates for each round.	SADM
	Mater is seeking clarity around the part payment definition of NEAT	SADM

Department of Health

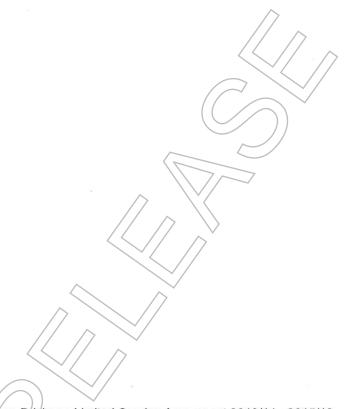
MATER MISERICORDIAE HEALTH SERVICES BRISBANE LIMITED

Service Agreement 2013/14 – 2015/16





Great state. Great opportunity.



Mater Misericordiae Health Services Brisbane Limited Service Agreement 2013/14 - 2015/16



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1. Introduction

- 1.1 Mater Misericordiae Health Services Brisbane (the Mater) and the State of Queensland acting through Queensland Health (Department of Health) have a long established relationship around the funding of and provision of public health services. This relationship was formalised in 2002 when the 20 year Mater Hospital Funding Agreement was made and annual health services agreements commenced. In 2008, the special relationship was given a statutory framework with the commencement of the Mater Public Health Services Act 2008 (the Act). The funding and services agreements and the Act provide a mechanism to detail the public health services, funding and performance measures that apply to the Mater.
- 1.2 The content and process for the preparation of this Mater Service Agreement is consistent with the requirements of the Act, the Mater Hospital Funding Agreement and aligns with the service agreements established for each of the 17 Hospital and Health Services. Key elements of this service agreement include the hospital, health and other services to be provided; funding provided for the provision of these services; purchased activity and key performance indicators.
- 1.3 Fundamental to the success of this Mater Service Agreement is a continuing strong partnership between the Mater and its Board and the Department of Health. This partnership is supported through the relationship management group whose members comprise representatives from both the Mater and the Department of Health and which provides the routine forum within which service issues and performance can be discussed.

2. Definitions

In this Mater Service Agreement:

Amendment Proposal means the written notice of a proposed amendment to the terms of this Mater Service Agreement by the Chief Executive of the Department of Health (or Deputy Director-General) or the Chief Executive, Mater to the other party,

Amendment Window means the period within which amendment proposals are negotiated and resolved as specified in clause 9;

Business Day means a day which is not a Saturday, Sunday or bank or public holiday in Brisbane; Chair of Mater Health Services Board means the chairperson of the Mater Health Services Board of Directors;

Chief Executive means the Chief Executive of the Department of Health administering the Hospital and Health Boards Act 2011;

Chief Executive Mater means the Chief Executive Officer of the Mater;

Deed of Amendment means the resolved amendment proposals;

Department of Health means Queensland Health, acting through the Chief Executive;

Department of Health-Service Agreement (DH-SA) Contact Person means the position nominated by the Department of Health as the primary point of contact for all matters relating to this Mater Service Agreement;

Force Majeure means an event:

- (a) which is outside of the reasonable control of the party claiming that the event has occurred; and
- the adverse effects of which could not have been prevented or mitigated against by that party by reasonable diligence or precautionary measures, and includes lightning, earthquake, fire, cyclone, flood, natural disasters, health pandemics, acts of terrorism, riots, civil disturbances, industrial disputes and strikes (other than strikes involving that party, its agents, employees or suppliers), war (declared or undeclared), revolution, or radioactive contamination;

GST Law means A New Tax System (Goods and Services Tax) Act 1999 (Cth) or any re-enactment thereof as amended from time to time; ABN, Adjustment Event, Adjustment Note, GST, Tax Invoice and Taxable Supply shall have the meanings attributed to these terms in the GST law;

Hospital and Health Services or HHS means statutory bodies established under the *Hospital and Health Boards Act 2011* that are the principal providers of public sector health services;

Mater means Mater Misericordiae Health Services Brisbane Ltd (ACN 096 708 922);

Mater Hospitals means the following hospitals located at South Brisbane and public health services provided throughout Queensland from these hospitals:

- (a) Mater Adult Hospital;
- (b) Mater Children's Hospital; and
- (c) Mater Mothers' Hospital;

Mater Service Agreement (Mater-SA) Contact Person means the position nominated by the Mater as the primary point of contact for all matters relating to this Mater Service Agreement;

Mater Service Agreement means this service agreement including the schedules in annexures, as amended from time to time;

National Health Reform Agreement (NHRA) means the document titled National Health Reform Agreement made between the Council of Australian Governments (CoAG) in 2011;

Negotiation Period means a period of no less than 15 business days (or such longer period agreed in writing between the parties) from the date an amendment proposal is received by the other party;

Notice of Dispute means the written notice of a dispute provided by the Chief Executive or the Chief Executive Mater to the other party;

Referral Notice means the referral of a dispute which cannot be resolved within 30 days for resolution through discussions between the Chief Executive and the Chief Executive Mater;

Relationship Management Group means the body which routinely reviews and discusses a range of aspects of Mater and system wide performance in accordance with the accountabilities contained within this Mater Service Agreement. The relationship management group members comprise:

- (a) the DH-SA Contact Person and the Mater-SA Contact Person;
- (b) Executive Directors from the Finance, Clinical Access and Redesign, and Healthcare Purchasing, Funding and Performance Management areas; and
- (c) Senior Executive representatives nominated by the Mater;

other terms are defined within each of the schedules of this Mater Service Agreement.

3. Interpretation

- 3.1 Unless expressed to the contrary, in this Mater Service Agreement:
 - (a) words in the singular include the plural and vice versa;
 - (b) any gender includes the other genders;
 - (c) if a word or phrase is defined its other grammatical forms have corresponding meanings;
 - (d) "includes" and "including" are not terms of limitation;
 - (e) no rule of construction will apply to a clause to the disadvantage of a party merely because that party put forward the clause or would otherwise benefit from it;
 - (f) a reference to:
 - (i) a party is a reference to a party to this Mater Service Agreement;
 - (ii) a person includes a partnership, joint venture, unincorporated association, corporation and a government or statutory body or authority; and
 - (iii) a person includes the person's legal personal representatives, successors, assigns and persons substituted by novation;
 - (g) any legislation includes subordinate legislation under it and includes that legislation and subordinate legislation as modified or replaced;
 - (h) an obligation includes a warranty or representation and a reference to a failure to comply with an obligation includes a breach of warranty or representation; and
 - (i) headings do not affect the interpretation of this Mater Service Agreement.

4. Objectives of the Agreement

- 4.1 This Mater Service Agreement is designed to:
 - specify the hospital services (with respect to outcomes and outputs), other health services, teaching, research and other services to be provided by the Mater;
 - (b) specify the funding to be provided to the Mater for the provision of the services;

Mater Service Agreement 2013/14 - 2015/16

- (c) define the performance measures for the provision of the services;
- specify the performance and other data to be provided by the Mater to the Chief Executive;
- (e) provide a platform for greater public accountability; and
- (f) facilitate the achievement of state and commonwealth priorities, services, outputs and outcomes.
- 4.2 This Mater Services Agreement outlines the services that the Department of Health will purchase from the Mater during the 2013/2014 financial year and provides an indication of purchased activity and funding for the out-years 2014/15 and 2015/16.

5. Regulatory and Legislative Framework

- 5.1 The relationship of the parties under this Mater Service Agreement is one of principal and contractor, and the Mater is not, by virtue of this Mater Service Agreement, in partnership or joint venture with the Department of Health and must not represent itself or allow itself to be represented as a partner or joint venturer, employee or agent of the Department of Health.
- 5.2 The Mater Public Health Services Act 2008 is the primary legislation that provides the statutory framework for the Department of Health and the Mater to enter into arrangements about the delivery of health services to public patients, the parties must comply with their respective obligations under the Mater Public Health Services Act 2008 whilst performing their respective duties under this Mater Service Agreement. Of particular importance are the guiding principles, as set out in section 4:
 - (a) the Department of Health and the Mater should use their best endeavours to ensure that public patient health services are funded and delivered in a way that serves the best interests of patients receiving the services;
 - (b) the Department of Health and the Mater should be committed to maintaining and enhancing a special relationship for giving effect to the arrangements;
 - (c) the philosophy underpinning the delivery of health services by the Mater hospitals should be acknowledged;
 - (d) the delivery of public patient health services by the Mater hospitals should be funded by the State in a way that is consistent with the funding of public sector health services;
 - (e) the Mater, and not the Department of Health, is responsible for the delivery of public patient health services by the Mater hospitals; and
 - (f) the Department of Health and the Mater should cooperate in the development of the Department of Health's plan and key initiatives relating to the delivery of public patient health services by the Mater Hospitals.
- 5.3 Mater Hospital Funding Agreement 2002 is a 20 year agreement outlining the general terms and conditions of the funding grant of which the payment for this Mater Service Agreement is generated from.
- 5.4 The Mater hospitals must remain licenced under the *Private Health Facilities Act 1999* (Qld) (PHFA) or equivalent. The Mater has been issued a license to operate a private health facility known as Mater Misericordiae Health Services South Brisbane. Payment by the Department of Health under this Mater Services agreement of the Mater Hospital Funding Agreement 2002 is dependent on compliance with the PHFA and companion documentation.

6. Strategic Context

- 6.1 Ensuring the provision of public health services across Queensland requires clear priorities, supportive leadership and staff who work together and across each level of the health system.
- 6.2 The priorities for the Queensland public sector health system are set out in the Health System Priorities for Queensland 2013/14 (available at www.health.qld.gov.au/hhsserviceagreement/docs/documents/sd1-priority_13-14.pdf). The health system priorities align with the themes and outcomes contained in the defined in the Blueprint for Better Healthcare in Queensland and the Department of Health's Strategic Plan 2012-2016 (2013 update).

Mater Service Agreement 2013/14 - 2015/16

7. Performance Management and Monitoring

- 7.1 At a state and national level, a number of agencies have a role in health system performance reporting. The Council of Australian Governments (COAG) Reform Council, the Australian Commission on Safety and Quality in Healthcare and the National Health Performance Authority are commonwealth agencies with health system performance reporting requirements. The Chief Executive of the Department of Health is responsible for providing reports to these agencies.
- 7.2 At the same time, the *Mater Public Health Services Act 2008* (Qld) (the Act) and the *Mater Hospital Funding Agreement (2002)* both set out provisions in relation to monitoring of performance.
- 7.3 Part 2, section 6 of the *Mater Public Health Services Act 2008* enables the service agreement to include matters relating to:
 - (a) initiatives, performance targets, priorities, strategies, undertakings and other measures relating to the delivery of services;
 - (b) assessing the Mater performance against measures; and
 - (c) reporting by the Mater to the Department of Health about delivery of service.
- 7.4 Section 11, Performance Measurement, of the Mater Hospital Funding Agreement (2002) requires the Department of Health to:
 - (a) assess and measure the performance of the Mater against undertakings, strategies and measures that apply to the Mater under this Mater Services Agreement; and
 - (b) the Mater is not expected to meet any greater level of performance than that applicable generally to the delivery of public sector health services under the Act, measured against the Department of Health's benchmarks.
- 7.5 Clauses 7A to 7F of this Mater Service Agreement set out how the Department of Health and the Mater will meet the above obligations, including how performance will be monitored, reported and measured against the high level outcomes specified in this Mater Service Agreement. It also sets out the system and processes that will be employed by the Department of Health to fulfil its responsibility as the overall manager of health system performance.

7A. Roles and Responsibilities

7A.1 Both the Department of Health and the Mater have a role to play in ensuring that performance expectations are met and that services meet the needs of the population. An overview of key responsibilities with regard to performance management is outlined in Table 1.

Table 1: Performance Management - Roles and Responsibilities

The Department	Mater
Schedule and co-ordinate relationship management meetings and performance review meetings between the Department of Fiealth and the Mater	Attend relationship management meetings and performance review meetings called by the Department of Health
Develop key performance indicators and associated targets and trigger points, provide performance dashboard reports	Provide performance data to the Department of Health
Provide performance data to the National Health Performance Authority (NHPA)	
Co-ordinate the negotiation of service agreements, including issuing proposals and development of service agreement documentation, and engage in service agreement negotiations and respond to proposals in a timely manner.	Engage in service agreement negotiations and respond to proposals in a timely manner.
Provide a named departmental point of contact for this Mater Services Agreement (negotiation and in year management).	Provide a named Mater point of contact for this Mater Service Agreement (negotiation and in year management).
Provide a regular performance report to the Chief	Work closely with the Department of Health

The Department	Mater
Executive (or delegate), including an assessment of performance-related risks facing the public health system.	to sustain and improve service provision and engage in constructive performance discussions

7B. Queensland Government Priorities and Performance Management Requirements

- 7B.1 The Queensland Government Performance Management Framework (QGPMF) was developed following a number of reviews which highlighted the need for improved integration between planning, resourcing and performance reporting and better performance information.
- 7B.2 All government agencies are required to undertake planning to ensure that their objectives align to the whole of government direction. The Mater will be consulted in planning activities and this will be undertaken in the context of the Queensland Government Statement of Government Health Priorities and the National Health Reform Agreement.
- 7B.3 The Department of Health has a responsibility to ensure that all public health services funded by the Department of Health, including those services provided by the Mater through this Mater Service Agreement, promote the government priorities.

7C. Measuring Performance

- 7C.1 Measuring and monitoring performance is an essential part of any performance management process. The Department of Health uses key performance indicators (KPIs) to monitor the extent to which the Mater is delivering the objectives and purchased activity set out in Schedule 3 of this Mater Service Agreement.
- 7C.2 The KPIs are arranged under four performance domains which align to the sub-domains within the National Performance and Accountability Framework:
 - (a) effectiveness Safety and Quality;
 - (b) equity and Effectiveness Access;
 - (c) efficiency Efficiency and Financial Performance; and
 - (d) effectiveness Patient experience.
- 7C.3 KPIs are defined as either Tier 1 or Tier 2 KPIs. Tier 1 KPIs are critical system markers which operate as intervention triggers, while Tier 2 KPIs are used as supporting indicators to assist in providing context to Tier 1 KPIs.
- 7C.4 The KPIs and targets against which the Mater's performance will be measured are detailed in Schedule 3 of this Mater Service Agreement. Where possible these targets are linked to performance levels agreed to in national agreements such as the Australian Healthcare Agreement and National Partnership Agreements, or set out within the National Performance and Accountability Framework, or defined by the Department of Health.

7D. National Performance Standards, Indicators and Targets

- 7D.1 The National Health Performance Authority is responsible for developing and producing reports on the performance of hospitals and healthcare services, including the MyHospitals website located at http://www.myhospitals.gov.au/. These reports cover the National Access Target and National Access Guarantee and any new national standards agreed by COAG.
- 7D.2 The National Performance and Accountability Framework (NPAF) underpins the National Health Performance Authority's performance reporting. The key objective of the NPAF is to support a safe, high quality Australian health system through improved transparency and accountability; it applies to all Australian public health and hospital services, private hospitals and primary care services (through Medicare Locals).
- 7D.3 The NPAF also includes a set of standardised national indicators which are designed to measure local health system performance and drive improved performance. The indicators span three domains of health service delivery which are further divided into sub-domains (as referred to above).

7E. Performance Monitoring

7E.1 The routine process will be for Mater executives to participate in relationship management group (RMG) meetings with department executives. RMG meetings will be held monthly. The frequency of meetings may be changed as required.

7E.2 As part of the performance monitoring process the Department of Health will produce a monthly performance report against the KPIs. The performance report is based on the following traffic light methodology:

Green	Performance is currently on target or better than target
Amber	Performance is unfavourable to target but is within agreed tolerance levels
Red	Performance is unfavourable to target and is outside the tolerance levels

- 7E.3 The traffic light tolerances for each KPI are included in attribute sheets available at http://www.health.qld.gov.au/hhsserviceagreement/docs/documents/13-14attribute-sheetsv2.pdf.
- 7E.4 If a performance issue is identified by either party, the parties will consult and consider the need for, and degree of, formal intervention required. A range of interventions or levers may be applied in response to a performance issue. They include:
 - (a) requirement to investigate, report and account for a performance issue;
 - (b) mutually agreed variation to this Agreement;
 - (c) increased frequency of monitoring; and
 - (d) consider the need to escalate to a meeting with a higher level of executive (that is DDG or Chief Executive and the Chief Executive Mater)
- 7E.5 In addition to regular performance monitoring, the Mater may be requested to report progress against any relevant election commitments where part of the commitment has resulted in funding being provided to the Mater.

7F. Public Reporting of Performance Information

- 7F.1 Through the National Health Reform Agreement, the Commonwealth and State and Territory Governments have committed to providing the public with information about the performance of their health and hospital services.
- 7F.2 In Queensland information on the performance of the Mater public health services is made available to the public through http://www.health.gld.gov.au/hospitalperformance/.

8. Period of this Service Agreement

- 8.1 This Mater Services Agreement commences on 1 July 2013 and expires on 30 June 2016. The service agreement framework is in place for three years in order to provide the Mater with a level of guidance regarding funding and purchased activity for the years 2014/15 and 2015/16. However, finance and activity schedules for the outer two years are indicative only.
- 8.2 In this Mater Service Agreement, references to 2013/2014 are references to the period commencing on 1 July 2013 and ending on 30 June 2014.
- 8.3 The parties will enter into negotiations to finalise funding and purchased activity for the 2014/15 and 2015/16 years six months before the end of the preceding year (i.e. 31 December 2013 and 31 December 2014).

9. Amendments of Service Agreement

- 9.1 The parties agree this clause prevails to the extent of any inconsistency with clause 19 'Variations to the Agreement' in the Mater Hospital Funding Agreement.
- 9.2 Should either party wish to amend the terms of this Mater Service Agreement, the party wishing to amend the agreement must give written notice of the proposed amendment to the other party (Amendment Proposal).
- 9.3 In order for the Department of Health to manage amendments across all service agreements and their effect on the delivery of public health services in Queensland, amendment proposals will be negotiated and finalised during set periods of time during the year (Amendment Windows). The parties recognise two types of amendments to this Mater Service Agreement:
 - (a) an amendment that only affects the value and/or purchased activity levels; and
 - (b) other amendments (e.g. a variation to the content of schedule 1).
- 9.4 While a party may submit an amendment proposal at any time, during 2013/14 negotiation will only commence at the dates below for each amendment window:

	Amendments to value and/or purchased activity	Other amendments		
Amendment window 1	28 February 2014	Not applicable		
Amendment window 2	16 May 2014	16 May 2014		

- 9.5 Amendment window dates for 2014/15 will be finalised as part of the negotiations for the 2014/15 funding and purchased activity.
- 9.6 An amendment proposal is made by:
 - (a) the Chief Executive or responsible Deputy Director-General signing and providing an amendment proposal to the Mater-SA Contact Person prior to the commencement of any amendment window; or
 - (b) the Chief Executive Mater signing and providing an amendment proposal to the DH-SA Contact Person prior to the commencement of any amendment window.
- 9.7 Subject to the terms of this Mater Service Agreement, any requests for amendment made outside these periods are not an amendment proposal for the purposes of this Mater Service Agreement and need not be considered by the other party. A party giving an amendment proposal must provide the other party with the following information:
 - (a) the reasons for the proposed amendment;
 - (b) the precise drafting for the proposed amendment;
 - (c) any information and documents relevant to the proposed amendment; and
 - (d) details and explanation of any financial, activity or service delivery impact of the amendment.
- 9.8 Negotiation and resolution of amendment proposals will be through a tiered process commencing with the relationship management group and culminating if required with the Chief Executive and Mater Chief Executive, as illustrated in Figure 1.



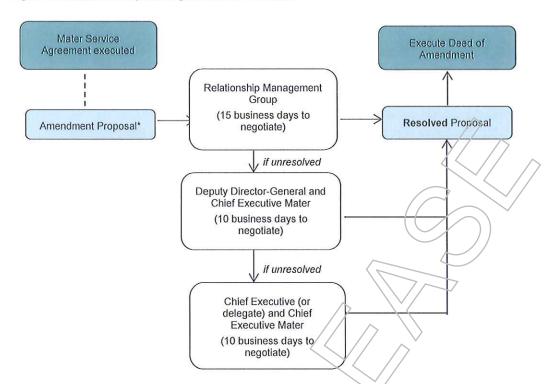


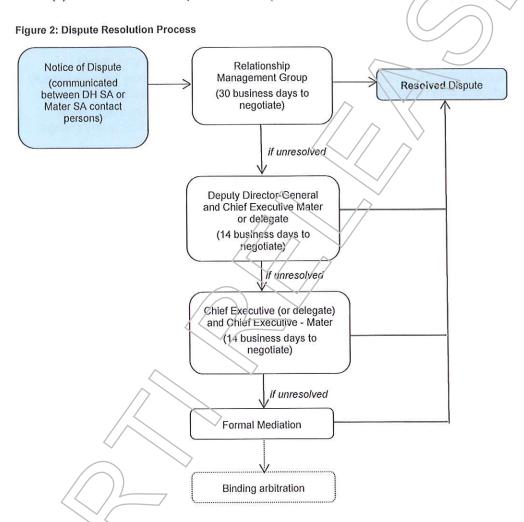
Figure 1: Amendment Proposal Negotiation and Resolution

- * If the Chief Executive considers that an amendment proposal (whether made by the Chief Executive / Deputy Director-General or a Health Service Chief Executive) relates to an urgent matter, the Chief Executive (or delegate) may reduce the negotiation period.
- 9.9 The in-year service agreement management rules for financial adjustments are detailed Schedule 2 'Purchased Activity and Funding' of this Mater Service Agreement and describe the occasions when financial adjustments will be made as a result of variation in activity or purchasing initiatives. Financial adjustments will be confirmed through the Relationship Management Group meetings which will take account of any relevant matters identified in the analysis or reviews conducted. These adjustments will then be executed by means of an amendment.
- 9.10 Amendment proposals that are resolved will be documented in a deed of amendment to this Mater Service Agreement and executed by the Chief Executive and the Chief Executive Mater.
- 9.11 Only upon execution of a deed of amendment by both the Chief Executive and the Chief Executive Mater will the amendments documented by that deed be deemed to be an amendment to this Mater Service Agreement.

10. Dispute Resolution

- 10.1 The dispute resolution process set out below is designed to resolve disputes which may arise between the parties to this Mater Service Agreement in a final and binding manner.
- 10.2 The parties agree this clause prevails to the extent of any inconsistency with clause 18 of the Mater Hospital Funding Agreement.
- 10.3 The resolution of disputes will be through a tiered process as set out in Figure 2. Escalation through the dispute resolution process should be implemented only as a means of last resort. At each stage of the dispute resolution process, the parties agree to cooperate and assist in respect of any requests for additional information or documentation.
- 10.4 Resolution of disputes with be through a tiered process commencing with the relationship management group and culminating if required with formal mediation, as illustrated in Figure 2 following. Use of the dispute resolution process set out in this section should only occur following the best endeavours of both parties to agree a resolution to an issue at the local level.

- 10.5 Other than disputes about amendments to this Mater Service Agreement (which are addressed under clause 9 "Amendment of Service Agreement" above), if a dispute arises in connection with this Mater Service Agreement (including in respect of interpretation of the terms of this Mater Service Agreement), then either party may give the other a written notice of dispute.
- 10.6 The notice of dispute must be provided to the DH-SA Contact Person if the notice of dispute is being given by the Mater and to the Mater-SA Contact Person if the notice of dispute is being given by the Department of Health.
- 10.7 The notice of dispute must contain the following information:
 - (a) a summary of the matter in dispute;
 - (b) an explanation of how the party giving the notice of dispute believes the dispute should be resolved and reasons to support that belief;
 - (c) any information or documents to support the notice of dispute; and
 - (d) a definition and explanation of any financial or service delivery impact of the dispute.



10.8 Should the process escalate to the mediation stage, the mediation will be conducted by a mediator that the parties agree upon. If the parties cannot agree, a mediator is to be appointed by the President of the Queensland Law Society. If mediation is unsuccessful the parties are at liberty to choose further methods of resolution including commercial arbitration if the issue is one capable of resolution.

10A. Resolution of a Dispute

10A.1 Resolution of a dispute at any level is final. The resolution of the dispute is binding on the parties, but does not set a precedent to be adopted in similar disputes between other parties.

10A.2 The parties agree that each dispute (including the existence and contents of each notice of dispute) and any exchange of information or documents between the parties in connection with the disputes is confidential and must not be disclosed to any third party without the prior written consent of the other party (which shall not be reasonably withheld), other than if required by law and only to the extent required by law.

10B. Continued Performance

10B.1 Notwithstanding the existence of one or more disputes, the Mater must continue to perform and comply with this Mater Service Agreement to the best of its abilities given the circumstances.

10C. Disputes arising between the Mater and Hospital and Health Services

- 10C.1 In the event of a dispute arising between the Mater and a HHS, the process set out in Figure 3 will be initiated. Resolution of Mater-HHS disputes will be through a tiered process, commencing with local resolution. If required (and both parties agree) the dispute can be referred to the Department of Health for resolution.
- 10C.2 Should the Mater or a HHS seek to escalate a dispute, it is expected that best endeavours (including Chair and Board involvement) to resolve the dispute between all parties at an informal and local level will have taken place.
- 10C.3 Management of Mater-HHS relationships should be informed by the following principles:
 - (a) the Mater and HHSs manage patients from the geographical area(s) they have historically served if it is within their clinical capability to do so as specified by the CSCF v3.1;
 - (b) where it is proposed that a service move from one HHS to the Mater (and vice versa) agreement between the respective Chief Executives will be secured prior to any change in patient flows. Once agreed, funding should follow the patient;
 - (c) the Mater or HHS should maintain (for both the base level of funding and growth) the proportion of out of Mater/HHS work undertaken unless as a result of agreed repatriation of patients;
 - (d) the Mater and HHSs agree to abide by the agreed dispute resolution process; and
 - (e) the Mater and HHSs agree to operate in a mariner which is consistent with the health system principles and objectives as set out in the National Health Reform Agreement and the Hospital and Health Boards Act (2011).

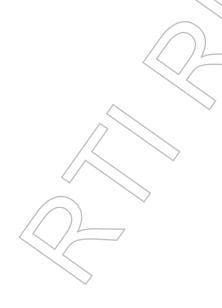
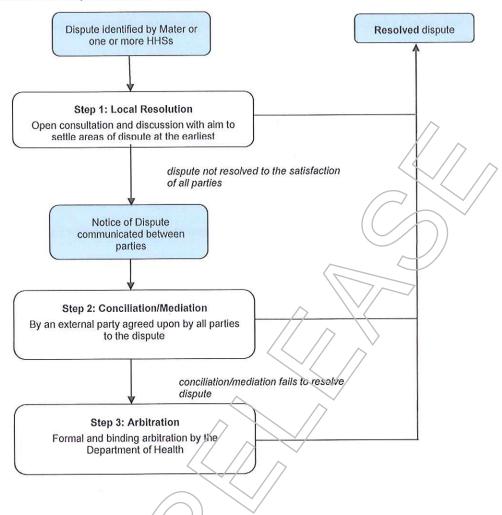


Figure 3: Inter-HHS Dispute Resolution Process



11. Force Majeure

- 11.1 If a party (Affected Party) is prevented or hindered by Force Majeure from fully or partly complying with any obligation under this Mater Service Agreement, that obligation may (subject to the terms of this Force Majeure clause 11) be suspended, provided that if the affected party wishes to claim the benefit of this Force Majeure clause 11, it must:
 - (a) give prompt written notice of the Force Majeure to the other party of:
 - (i) the occurrence and nature of the Force Majeure;
 - (ii) the anticipated duration of the Force Majeure;
 - the effect the Force Majeure has had (if any) and the likely effect the Force Majeure will have on the performance of the affected party's obligations under this Mater Service Agreement; and
 - (iv) any disaster management plan that applies to the party in respect of the Force Majeure;
 - use its best endeavours to resume fulfilling its obligations under this Mater Service Agreement as promptly as possible; and
 - (c) give written notice to the other party within 5 days of the cessation of the Force Majeure.
- 11.2 Neither party may terminate this Mater Service Agreement due to a Force Majeure Event.

12. Mater Health Service Accountabilities

- 12.1 Deliver public patient services in accordance with the requirements of this Mater Service Agreement.
- 12.2 Apply the funding allocated by the Department of Health to provide services to public patients in a way that achieves the most efficient and effective use of the available resources.
- 12.3 Expend specific funding allocations (Table 2.1) in accordance with the purpose for which they are provided unless otherwise negotiated with the Department of Health.
- 12.4 Liaise with the Department of Health before initiating any capital and service enhancement projects or research funding submissions and philanthropic donations that impact upon public patient service provision at the Mater and have one-off or recurrent cost impacts for the Department of Health or the government.
- Ensure all public patient clinical service provision which the Mater wishes to sub-contract to another provider organisations/groups*, are submitted to the Department of Health for approval (which shall not unreasonably be withheld).
 * Excludes individual clinicians e.g. visiting medical officers and agreements with Hospital and

Health Services.

- 12.6 Ensure that the Department of Health is notified, prior to formal engagement, of all planned contracting of external providers by the Mater with funding received under the Mater Funding Agreement 2002 or this Mater Service Agreement.
- 12.7 Comply with the relevant Department of Health data management, reporting and performance monitoring systems and processes, in so far as it is appropriate for Mater to comply.
- 12.8 Ensure all submissions, briefs and formal correspondence with the Department of Health are on time and directed via DH-SA Contact Person.
- 12.9 The Mater is required to maintain accreditation under the Australian Health Service Safety and Quality Accreditation Scheme.
- 12.10 For the purpose of accreditation, the performance of the Mater against the NSQHS Standards can only be assessed by accrediting agencies that are approved by the Australian Commission on Safety and Quality in Healthcare (ACSQHC).
- 12.11 The Australian Health Services Safety and Quality Accreditation (AHSSQA) Scheme requires approved accrediting agencies to notify regulators if a significant risk of patient harm is identified during an onsite visit to a health service organisation. The Mater is required to also notify DH-contact person if significant risk of patient harm is identified.
- 12.12 Failure to maintain accreditation will result in one or a combination of the following actions:
 - restrict specified practices/activities in areas/units or services of the Mater where the NSQHS Standards have not been met;
 - (b) suspend particular services at the Mater until the area/s of concern are resolved; and
 - (c) suspend all service delivery at the Mater for a period of time.
- 12.13 The Mater is also required to meet all of the accountabilities outlined in the attached schedules of this Mater Service Agreement, as summarised in Table 2.

Table 2: Summary of Service Agreement Schedules

Schedule 1 Mater Health Service Profile

This schedule provides a high level profile of the Mater and details the services and facilities that the Mater will continue to provide from 1 July 2013

Schedule 2
Purchased Activity and Funding

This schedule provides details the services being purchased, overview of the financial adjustments and the payments to be made to the Mater during the term of the Mater Service Agreement.

Schedule 3 Key Performance Indicators This schedule outlines the Key Performance Indicators and targets that the Mater will be required to meet during the financial year and which will form the basis of performance management and escalation processes.

13. Department of Health Accountabilities

- 13.1 Ensure that the impacts that the changes within the Department of Health may have on public patient services provided by the Mater are taken into consideration.
- 13.2 Ensure that the delivery of public health services by the Mater is included in the Department of Health's Activity Based Funding model.
- 13.3 Acknowledge that in accordance with the *Mater Public Health Services Act 2008*, the Mater should be funded by the Department of Health in a way that is consistent with the funding of public health services.
- 13.4 Ensure that the Mater is taken into consideration in relation to service development planning and allocation of growth.
- 13.5 Co-ordinate all Department of Health initiated correspondence between the Mater and the Department of Health.
- 13.6 Monitor performance of the Mater in relation to public patient services and the Department of Health funded projects.

14. Indemnity

- 14.1 The parties agree this clause prevails to the extent of any inconsistency with clause 14 Indemnity in the Mater Hospital Funding Agreement. In this clause:
 - Queensland Health Indemnified Group means the Department of Health, the Hospital and Health Services, their directors, officers, employees and agents;
 - Mater Indemnified Group means Mater, its directors, officers, employees and agents.
- 14.2 The Department of Health indemnifies the Mater Indemnified Group against all losses, claims, damages and liabilities (including to avoid doubt, any losses, claims, damages and liabilities claimed against a member of the Mater Indemnified Group by any third party), arising from:
 - (a) any bodily injury or death or damage to any tangible property, to the extent that it results from a negligent act or omission or a breach of this document by the Department of Health, any of the Department of Health employees, or any of the Department of Health's other personnel (including to avoid doubt, its officers and employees and any other person for whose acts or omissions the Department of Health is vicariously liable); and
 - (b) any claim by a Department of Health employee relating to his/her employment with the Department of Health
- 14.3 Mater indemnifies the Queensland Health Indemnified Group against all losses, claims, damages and liabilities (including to avoid doubt, any losses, claims, damages and liabilities claimed against a member of the Queensland Health Indemnified Group by any third party), arising from:
 - (a) any bodily injury or death or damage to any tangible property, to the extent that it results from a negligent act or omission or a breach of this document by Mater, any of its personnel (including to avoid doubt, its officers, employees, agents, contractors or any other person for whose acts or omissions Mater is vicariously liable); and
 - (b) any claim by a Mater employee relating to his/her employment with Mater.
- 14.4 A party's liability under an indemnity in this document is reduced to the extent that the other party contributes to that liability through a breach of this document or an unlawful or negligent act or omission by that party or its personnel.

15. Privacy and Confidentiality

- 15.1 The parties agree this clause prevails to the extent of any inconsistency with clause 8 Information in the Mater Hospital Funding Agreement 2002. In this clause confidential information means information disclosed by, or obtained from, one party (Discloser) to or by the other party (Recipient) that:
 - (a) is by its nature confidential;
 - (b) is designated by the Discloser as confidential; or
 - (c) the Recipient knows or ought reasonably know is confidential; and includes:

Mater Service Agreement 2013/14 - 2015/16

- all medical and other records created and kept by the Discloser in relation to patients including patient data;
- (ii) information relating to the business, affairs or financial position of the Discloser including information relating to the assets or liabilities of the Discloser and any other matter that does or may affect the financial position or reputation of the Discloser;
- (iii) information relating to the internal management and structure of the Discloser, or the personnel, policies and strategies of the Discloser;
- (iv) information of the Discloser to which the Recipient has access that has any actual or potential commercial value to the Discloser or to the person or corporation which supplied that information;
- (v) any information which may have come to a party's knowledge in the course of negotiations or otherwise (including after the date of this document) concerning the operations, dealings, transactions, contracts, commercial or financial arrangements or affairs or any other party which the other party has identified as confidential or which the first identified party ought reasonably know should be treated as confidential; and
- (vi) information relating to the employees, contractors, customers or suppliers of the Discloser, and like information, including any personal or sensitive information of individuals:

but does not include any such information that is in the public domain other than through a breach of an obligation of confidentiality.

- 15.2 The Mater acknowledges its obligations under the Privacy Act 1988 (Cth). The Mater acknowledges that it will comply with parts 2 and 3 of Chapter 2 of the Information Privacy Act 2009 (Qld) in relation to public patients as if the Mater was Queensland Health. Nothing in this Agreement shall be construed so as to require the Mater to act contrary to the Privacy Act 1988 (Clth).
- 15.3 The Mater will provide Queensland Health with access to the Medical Records of individual public patients, who receive/d Mater health services, where this is for the care or treatment of that individual patient by Queensland Health.
- 15.4 Each party must not make public or disclose Confidential Information of the other party and do not use such Confidential Information other than as required or authorised by law and for the purposes of the Department of Health providing public health services throughout Queensland.
- 15.5 The obligations of the parties in respect of Confidential Information will not be taken to have been breached where the Confidential Information is legally required to be disclosed provided that the disclosing party notifies the other party as soon as possible of the proposed disclosure of that information.
- 15.6 The Mater must: <
 - (a) where requested to do so by the Department of Health; or
 - (b) when the Mater has completed performance of its obligations under this document; promptly return to the Department of Health, or destroy if requested to do so by the Department of Health, any material supplied by the Department of Health to the Mater, or created by the Mater for the Department Health, containing any Confidential Information of the Department of Health. For the avoidance of doubt, a copy of all health information must be provided to the Department of Health upon request.
- 15.7 Notwithstanding any other provisions of this clause, either party may disclose the terms of this Mater Service Agreement, and Confidential Information of the other party to its solicitors, auditors, insurers or accountants, provided that the party disclosing that Confidential Information must ensure that every person to whom disclosure is made pursuant to this clause 15 uses the information disclosed solely for the purpose for which it was disclosed and treats the Confidential Information as confidential.

16. Transition to Queensland Children's Hospital

16.1 The Mater agrees to continue to work collaboratively with the Department of Health and the Children's Health Queensland (CHQ) Hospital and Health Service (HHS) to ensure the smooth

transition of paediatric services from Mater Children's Hospital to the Queensland Children's Hospital (QCH). This includes the timely provision of up-to-date information that the Mater can lawfully provide and that Department of Health and/or CHQ HHS would reasonably need access to for planning and budgeting purposes, and will be defined in a transition plan. The parties will agree to a transition plan by 28 February 2014 regarding the administrative arrangements behind the transfer of these services. The Department of Health and CHQ HHS agree not to use or disclose any Confidential Information supplied under this clause 16.1 for any reason other than the provision of public health care.

17. Legal Proceedings

- 17.1 Subject to any law, and for any demand, claim, action, liability or proceedings for an asset, contract, agreement or instrument that:
 - (a) is transferred to the Mater; or
 - (b) is otherwise retained by the Department; each party must (at its own cost):
 - (c) do all things;
 - (d) execute such documents; and
 - (e) share such information;

in its possession and control that is relevant to and which is reasonably necessary to enable the other party to institute or defend (as the case may be) any demand, claim, liability or legal proceeding for which it is responsible.



18. Execution	
Executed as an agreement in Queensland	
Signed by the Chief Executive,) Queensland Health in the presence of:)	
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134	Said Lugger
Witness signature	Signature of Chief Executive
AxEUE BriGARE HARY	Ian Maynard DRirector - General
Name of Witness (print)	Name of Chief Executive (print)
, ,	
1 9 DEC 2013	
(date)	
Signed by the Chief Executive, Mater in) the presence of:	
A10	// // Duncel
Witness signature	Signature of Chief Executive, Mater
	DR JOHN O'DONNELL
TIMA LOW	Name of Chief Executive, Mater (print)
Name of Witness (print)	
17. 0/ 2013 (date)	

Schedule 1 Mater Health Service Profile

1. Purpose

This schedule:

- (a) provides an overview of the Mater; and
- (b) sets out the services which the Mater is required to provide throughout the 2013/2014 financial year and which are funded in accordance with schedule 2 'Healthcare Purchasing and Service Agreement Value' of this Mater Service Agreement.

By accepting the funding levels defined in Schedule 2, the Mater accepts responsibility for delivery of the associated programs and the reporting requirements to State and Commonwealth bodies as defined by the Department of Health.

2. Definitions

In this schedule:

Ambulatory Care means the care provided to hospital patients who are not admitted to the hospital, such as patients of emergency departments and outpatient clinics. Can also be used to refer to care provided to patients of community-based (non-hospital) healthcare services.

Clinical Services Capability Framework means the Clinical Services Capability Framework for Public and Licensed Private Health Facilities v3.1 provides a standard set of minimum capability criteria for service delivery and planning. The Framework outlines the minimum service requirements, staffing, support services and risk considerations for both public and private health services to ensure safe and appropriately supported clinical service delivery. It applies to all public and private licensed facilities in Queensland.

Clinical Support Service means clinical services, such as pharmacy, pathology, diagnostics and medical imaging that support the delivery of inpatient, outpatient and ambulatory care;

Community Service means services delivered outside of the hospital setting.

Day Case means a treatment or procedure undertaken where the patient is admitted and discharged on the same date.

Eligible Population - (Oral Health Services) refers to the proportion of the population for whom publicly funded oral health services is to be provided and is defined by the following criteria:

- adults, and their dependents, who are Queensland residents, and where applicable, currently in receipt of benefits from at least one of the following concession cards:
 - Pensioner Concession Card issued by the Department of Veteran's Affairs;
 - Pensioner Concession Card issued by Centrelink;
 - Health Care Card (this includes Low Income Health Care Card Holders who are automatically eligible for services);
 - Commonwealth Seniors Health Card; or
 - Queensland Seniors Card;
- children who are Queensland residents and are four years of age or older and have not completed Year 10 of secondary school;
- children who are younger than four years of age or have completed Year 10 of secondary school if they are dependents of current concession card holders or hold a current concession card themselves; or
- other adults and children who meet specific eligibility criteria as defined in the Implementation Standard for Eligibility to Access Publicly Funded Oral Health Services.

Facility means a physical or organisational structure that may operate a number of services of a similar or differing capability level.

Inpatient Service means a service provided under a hospital's formal admission process. This treatment and/or care is provided over a period of time and can occur in hospital and/or in the person's home (for hospital-in-the-home patients).

Interventions and Procedures means services delivered to non-emergency department patients for specified services: chemotherapy, dialysis, endoscopy, interventional cardiology and radiation oncology.

Outpatient service means services delivered to non-admitted non-emergency department patients in defined locations.

Outreach services refers to a range of services with a number of sub groups as follows:

- hospitals outreaching visiting services to other (usually smaller) hospitals within the same HHS;
- hospitals outreach visiting services to other (usually smaller) hospitals outside of the HHS;
- hospitals outreaching services to community centres; and
- hospitals and/or community centres outreaching services to patients homes.

Primary Care means first level healthcare provided by a range of healthcare professionals in socially appropriate and accessible ways and supported by integrated referral systems. It includes health promotion, illness prevention, care of the sick, advocacy and community development.

Public health event of state significance means an event where the actual or potential impact extends beyond the community services by a particular Hospital and Health Service.

Public Health Services means programs that prevent illness and injury, promote health and wellbeing, create healthy and safe environments, reduce health inequalities and address factors in those communities whose health status is the lowest.

Service means a clinical service provided under the auspices of an organisation.

Statewide service means services for the whole of Queensland provided from only one or two service bases within Queensland as self-sufficiency in these services cannot be maintained due to the inadequate volume of cases. The service may include a statewide regulatory, coordination and/or monitoring role.

Super-speciality service means services with a high level of clinical complexity. Includes the pre- and post-procedural care associated with highly specialised, high-cost, low-volume procedures. These services require a critical mass of highly specialised and often scarce clinical expertise.

Telehealth means the delivery of health services and information using telecommunication technology, including:

- live interactive video and audio links for clinical consultations and education;
- store and forward systems to enable the capture of digital images, video, audio and clinical data stored on a computer and forwarded to another location to be studied and reported on by specialists:
- teleradiology to support remote reporting and provision of clinical advice associated with diagnostic images; and
- telehealth services and equipment for home monitoring of health.

Hospital Services and Facilities 3.

3.1 **Facilities**

- (a) The Mater is responsible for operating three main hospital services for the purposes of this Mater Service Agreement:
 - (i) Mater Adult Hospital;
 - (ii) Mater Mothers' Hospital; and
 - (iii) Mater Children's Hospital.

Clinical Services Provided

The hospital facilities listed above will continue to provide the following services:

3.2.1 Inpatient Services

- Adolescent Drug and Alcohol

Breast Surgery

Anaesthetic Services

Cardiology

Mater Service Agreement 2013/14 - 2015/16

- Chemotherapy
- Children's Services
- Colorectal Surgery
- Critical Care
- Dermatology
- Ear, Nose & Throat
- Endocrinology
- Gastroenterology
- General Medicine
- General Surgery
- Gynaecology
- Haematology
- Head and Neck Surgery
- Immunology & Infections
- Maternity
- Medical Oncology
- Neonatology

3,2,2 Outpatient and Ambulatory Services

- Adolescent Drug & Alcohol
- Allied Health (including psychology, audiology, physiotherapy, occupational therapy, social work and speech pathology)
- Cardiology
- Chemotherapy
- Child and Youth Mental Health
- Cystic Fibrosis
- Dermatology
- Diabetes
- Ear Nose & Throat
- Emergency Departments- Adults and Children's
- Endocrinology
- Gastrøenterology
- General Surgery
- Gynaecology
- / Haematology
- Immunology and Allergy
- Infectious Diseases

3.2.3 Interventions and Procedures

- Chemotherapy
- Dialysis
- Endoscopy

- Neurology
- Ophthalmology
- Orthopaedics
- Paediatric Cardiac Surgery
- Paediatric Dental Surgery
- Paediatric Neurosurgery
- Paediatric Psychiatry
- Paediatric Renal Transplantation
- Pain Management
- Palliative Care
- Plastic & Reconstructive Surgery
- Renal no dialysis unit
- Respiratory Medicine
- Rheumatology
- Thoracic Surgery
- Urology
- Vascular Surgery
- Internal Medicine
 - Maternity
- Neonatal
- Neurology
- Older persons
- Oncology
- Ophthalmology
- Paediatric Cardiac Surgery
- Paediatric Medicine
- Paediatric Neurosurgery
- Paediatric Renal Transplantation
- Paediatric Surgery
- Pain Management
- Palliative Care
- Plastic & Reconstructive Surgery
- Renal
- Rheumatology
- Thoracic Medicine
- Urology
- Vascular Surgery
- Paediatric cardiology interventional

3.2.4 Statewide Services

(a) The Mater has oversight responsibility for a number of Statewide services including but not limited to:

- (i) Adult Urology Outreach Service;
- (ii) Maternal Fetal Medicine (with RBWH);
- (iii) Neonatal Intensive Care (with RBWH);
- (iv) Paediatric Intensive Care Services (with RCH); and
- (v) Queensland Paediatric Cardiac Services.

3.2.5 Outreach Services

- (a) The Mater forms part of a referral network for specific HHSs. Where outreach services are currently provided the Mater will deliver these services in line with the following principles:
 - (i) historical agreements for the provision of outreach services will continue as agreed between HHSs;
 - (ii) funding will remain part of the Mater funding base;
 - (iii) activity should be recorded at the site where the service is being provided; and
 - (iv) the Department (in its function as system manager) will purchase outreach activity based on the utilisation of the ABF price when outreach services are delivered in an ABF facility.
- (b) In the event of a disagreement regarding the continued provision of outreach services:
 - proposed cessation of outreach services will be negotiated between the Mater and the relevant HHSs to mitigate any potential disadvantage or risks to either the Mater or HHS; and
 - (ii) redistribution of funding will be agreed between the Mater and HHSs and communicated to the Department to action through the service agreement amendment process and/or service contract negotiations.

3.2.6 Telehealth Services

(a) The Mater will maintain existing telehealth services delivered (provided and received) in the financial year 2012/13 via the continuation of current telehealth service delivery models. The Mater will grow the range and volume of telehealth services through substitution of existing face to face services and identification of new telehealth enabled models of care. Any decrease in the range or level of service must be agreed by both parties.

4. Primary Health and Community Services

4.1 Facilities

- (a) The Mater will deliver primary health and community services in the following settings and locations:
 - (i) Child Youth Mental Health Community Services; and
 - (ii) Midwifery Outreach Program.

4.2 Services Provided

- (a) A wide range of primary care and community services will be provided by the Mater, including:
 - (i) Child and Youth Mental Health;
 - (ii) Hospital in the Home;
 - (iii) Maternity;
 - (iv) Post-Acute Care;
 - (v) Refugee health; and
 - (vi) Transition Care Program.
- (b) The 'Hospital Services and Facilities' and 'Primary Health and Community Services' listed above are not exhaustive and both parties agree to work collectively in 2013/2014 to refine more accurately services that should be provided from non-ABF funding.

(c) Pending the completion of this work the Mater should continue to provide services where special recurrent allocations have been made in prior years.

4.2.1 Communicable Disease Control

- (a) The Mater will continue to contribute to and support communicable disease prevention and control including:
 - (i) ensuring timely notification of notifiable communicable diseases;
 - (ii) provision of immunisation clinics as required for outbreaks/pandemics/emergency response, assistance with contact tracing; and
 - (iii) provision of prophylactic medications.

4.2.2 Immunisation Services

- (a) The Mater will maintain or improve existing immunisation coverage through continuation of immunisation services, including:
 - (i) national immunisation program;
 - (ii) opportunistic immunisation in healthcare facilities; and
 - (iii) special immunisation programs.

4.2.3 Sexual Health and Viral Hepatitis Services

- (a) The Mater will:
 - (i) maintain existing liver clinical services including via telehealth where appropriate; and
 - (ii) maintain support for state funded HIV, viral hepatitis and sexual health funded community based programs for at-risk populations including access to relevant resources.

5. Mental Health Facilities and Services

- (a) The Mater will provide an integrated acute and community mental health service, including both community and inpatient care. Specialised alcohol, tobacco and other drug treatment services (ATODS) will also be provided for Child and Youth Mental Health Services only.
- (b) The key accountabilities and performance requirements placed on the Mater with regard to the continued delivery of specialised mental health and alcohol and other drug treatment services are specified in schedule 3 of this Mater Service Agreement.

6. Closing the Gap in Health Outcomes for Aboriginal and Torres Strait Islander People

- (a) Making Tracks towards Closing the Gap in Health Outcomes for Indigenous Queenslanders by 2033 (Making Tracks) articulates the Queensland Government's long-term strategy to close the health gap by 2033 and achieve sustainable health gains for Aboriginal and Torres Strait Islander people in Queensland.
- (b) To support the delivery of the Making Tracks priorities, the Mater has been funded in schedule 2 to provide the following services focused on the needs of Aboriginal and Torres Strait Islander people:
 - (i) child and maternal health services;
 - (ii) smoking and alcohol prevention activities;
 - (iii) sexual and reproductive health services;
 - (iv) indigenous cardiac and respiratory outreach services;
 - (v) indigenous hospital liaison services; and
 - (vi) indigenous cultural capability services.
- (c) To ensure that the Making Tracks commitments and goals are being met, the Department will report annually against the indicators set out in the Making Tracks Implementation Plans. This report will quantify both the Mater and the Queensland Government's progress towards closing the gap in health inequality for Indigenous Queenslanders.

7. Interpreter Services

- (a) The Mater utilises external interpreter services where required under the service provision contract between the Department of Health and Statewide Interpreter service provider in accordance with the terms of the agreement for that service.
- (b) For the avoidance of doubt, the Mater is responsible for all payments due and owing for services it procures under the agreement for Statewide Interpreter services.

8. Teaching, Training and Research

- (a) The Mater will provide the teaching, training and research programs for which funding is identified within schedule 2 of this Mater Service Agreement and as described below.
- (b) Four principles underpin the provision of teaching (generally referred to as clinical education and training) and research within and across Hospital and Health Services and the Mater:
 - Sustainability Clinical education and training and research programs are maintained and support investment in pre-entry clinical education and assist the development of a sustainable workforce;
 - (ii) Consistency Clinical education and training of clinicians is managed in a consistent manner across Hospital and Health Services and the Mater to support transferability and flexibility;
 - (iii) Efficiency Clinical education and training and research programs are managed in a way that promotes the efficient use of available resources within and across Hospital and Health Services and the Mater; and
 - (iv) Collaboration Hospital and Health Services and the Mater work together to promote appropriate clinical workforce distribution and meet community needs.

8.1 Clinical Education and Training

- (a) The Mater will continue to provide placements for:
 - (i) medical students;
 - (ii) nursing and midwifery students;
 - (iii) pre-entry clinical placement for allied health students;
 - (iv) interns;
 - (v) vocational medical trainees; and
 - (vi) first year nurses and midwives.
- (b) The Mater will continue to participate in vocational medical rotational training schemes and facilitation of the movement of vocational trainees between the Mater and Hospital and Health Services.
- (c) The Mater must comply (only in relation to points (i) and (ii) below) with the Health Practitioner (Queensland Health) Certified Agreement (No 2) 2011 (the HP agreement), as though it was a Hospital and Health Service, which requires Hospital and Health Services to:
 - continue to support development of allied health research capacity through continued implementation and retention of health practitioner research positions provided through the HP agreement; and
 - (ii) continue to implement the models of care projects that are trialling advanced/extended scope of practice roles, use of support staff and integration of health services across the continuum. This includes the evaluation of these trials, quarterly reporting on the trials, renegotiation of trials, approval of successful models and the permanent implementation of these new approved roles/positions by or before 31 August 2013 as provided under clause 51.3 of the HP agreement.

Schedule 2 Purchased Activity and Funding

1. Introduction

This schedule sets out:

- (a) the activity purchased by the Department from the Mater;
- (b) the funding provided for delivery of the purchased activity;
- (c) specific funding commitments; and
- (d) the sources of funding that this Mater Service Agreement is based on and the manner in which these funds will be provided to the Mater.

2. Definitions

In this schedule:

Activity Based Funding (ABF) means the funding framework which is used to manage how public health care services are delivered across Queensland. The ABF framework applies to those the Department of Health facilities which are operationally large enough and have the systems which are required to support the framework. The ABF framework allocates health funding to these hospitals based on the cost of health care services (referred to as 'activities') delivered. The framework promotes smarter health care choices and better care by placing greater focus on the value of the health care delivered for the amount of money spent.

Activity Management Plan means a plan agreed between the Department of Health and the HHS which outlines the agreed approach to managing activity volumes back to the levels or thresholds outlined within the Service Agreement Value.

Block Funding means funding for those services which are outside the scope of ABF.

Day Case means a treatment/procedure undertaken where the patient is admitted and discharged on the same date.

Diagnosis Related Group (DRG) means the broad classification system for grouping clinically similar patients together. Within the ABF model a cost weight is assigned which determines the relative level of payment.

Extended Day Case means a treatment/procedure undertaken where the patient is admitted and discharged within a 23 hour period, including an overnight stay if necessary.

Never events means serious, largely preventable patient safety incidents that should not occur if the available preventative measures have been implemented;

Locally Receipted Own Source Revenue (LROSR) means revenue generated or collected by, or on behalf of Mater staff or contractors, by the Mater in relation to:

- Eligible Persons a Medicare benefit payable in accordance with the Health Insurance Act 1973 for a professional service rendered in Australia to a patient; or benefits payable associated with accommodation fees as a result of patients election to be treated privately in the named facility;
- Ineligible Persons meaning any person who is not an Eligible Person who are not eligible to access Medicare, or
- Compensable Patients meaning Mater patients broadly falling into a category including but not limited to Motor Vehicle Accident patients, Workers Compensation patients and other third party patients claiming under any other legislation or entitlement and any patients claiming damages from third parties for injuries subsequently treated at the Mater.

Purchasing Intentions (PI) Specification means the document which details the aim, rationale and specification for each purchasing initiative.

Purchasing Model means the calculation tool which applies the purchasing methodology. It comprises two modules; a 'growth module' which calculates the activity to be purchased and a 'calculation module' which calculates and applies the impact of the purchasing adjustments.

Quality Improvement Payment (QIP) means a non-recurrent payment due to the Mater for having met the goals set out in the QIP PI Specification.

Service Agreement Value means the figure set out in Schedule 2 as the expected annual Service Agreement value of the Services purchased by the Department of Health.

Tolerances means the agreed variation from the agreed activity volumes outside of which an activity management plan would be required. For 2013/2014, this is +/-2% overall, or on any specific category.

3. Data reporting requirements

- 3.1 The Department of Health and the Mater will monitor actual activity against purchased levels, taking action as necessary to ensure delivery of purchased levels. This process will be governed by the performance measures described in this Mater Service Agreement.
- 3.2 A monthly performance report will be produced by the Department of Health for the Mater which will include:
 - (a) actual activity compared with purchased activity levels;
 - (b) any variance(s) from purchased activity; and
 - (c) performance information as required by the Department of Health to demonstrate the achievement of commitments linked to specifically allocated funding included in table 2.1 below
- 3.3 The Mater also has a responsibility to actively monitor variances from purchased activity levels, and will notify the Department of Health immediately via the DH-SA contact person as soon the Mater becomes aware that activity variances are likely to exceed agreed tolerances.
- 3.4 The Mater will also notify the Department of Health if the HHS forecasts an inability to achieve commitments linked to specifically allocated funding included in table 2.1 below.
- 3.5 The Mater has a minimum requirement, which will be subject to in-year' change, to provide the following information on a monthly basis to their DH-SA contact person: activity and NEAT and NEST trajectories where KPI targets are not being met.
- 3.6 The Mater will notify the Department of Health of deliberate changes to the consistent recording of activity within year that would result in activity moving between purchased activity types and levels, for example, activity moving from Inpatients to Outpatients.
- 3.7 Changes are to be agreed through the service agreement amendment process.

4. Specific Funding Commitments

4.1 As part of the 2013/14 Service Agreement Value, the additional services set out in table 2.1 below have been purchased where relevant by the Department from the Mater. These services will be the focus of detailed monitoring

Table 2.1: Specific Funding Commitments

Specific Funding	Description
Breast Reconstruction	\$326,673 site-specific grant (rolled over from 2012/13) for 9 remaining cases.
Cochlear implants	\$2,992,732 non-recurrent for additional cochlear implants to reduce the current wait list. This includes: \$2,241,700 for 60 additional adult and adolescent procedures (481.05 QWAU) above contract baseline.
	\$751,032 non-recurrent for 12 additional child procedures above contract baseline (includes inpatient and outpatient cost, and bilateral top-up for 9 patients).
	This is additional to the baseline activity of 21 adults/adolescents and 4 children.
Urology – redirection of funding from Darling Downs	\$1.128M non-recurrent to deliver additional activity for public patients.

4.2 Where funding has been provided for specific programs or commitments, the Department retains the right to withdraw funding if the program is not being delivered according to the program objective or is not being delivered in full.

Table 2.2a Finance and Activity Schedule

Finance and Activity Schedule	2012/1	3	2013		Change (12/13		2014/15 (Not Le		2015/16 (Not Legally Binding)		
HHS: Mater Public Hospitals	QWAU	\$	QWAU	\$	QWAU	\$	QWAU	\$	QWAU	\$	
at 12th December 2013	Price: \$	4,660.00	Price: \$	4,660.00			Price: S	4,660.00	Price: \$	4,660.0	
ctivity Based Funding											
ABF Activity	58,761	273,826,260	61,114	284,792,395	2,353	10,966,135	63,905	297,797,903	66,713	310,880,83	
Inpatient			14,493	67,538,749	3,310	15,423,658	14,993	69,868,749	14,993	69,868,74	
Outpatient	11,183	52,115,091					4,121	19,203,860	4,121	19,203,86	
Interventions and Procedures	3,529	16,445,140	4,121	19,203,860	592	2,758,720	9,217	42,951,149	9,217	42,951,14	
Emergency Department	9,217	42,951,149	9,217 944	42,951,149 4,400,664	118	551,504	1,280	5,963,302	1,615	7,525,9	
Sub Acute	826 1,480	3,849,160 6,896,800	1,480	6,896,800	110	331,304	1,686	7,859,522	1,871	8,717,4	
Mental Health	84,996	396,083,600	91,370	425,783,617	6,373	29,700,017	95 202	442,643,486	98,530	459,147,95	
Total	64,336	396,063,600	51,370	423,703,017	0,070	23,700,017		13,010,100			
Other ABF Adjustments	BARROTT BERNARD AND A	05 400 504		17,679,897		(7,426,604)	- Yes	17,679,897	-	17,679,8	
Site Specific Grants		25,106,501		15,139,898	-	1,371,861	+	15,139,898		15,139,8	
Clinical Education & Training		13,768,037 (60,000)		(535,000)		(475,000)	——————————————————————————————————————	(535,000)		(535,0	
Non-WAU Demand Management		(60,000)		(535,000)	- :	(4/3,000)	-:	(555,000)	-	(505,0	
Productivity Dividend		17,316,470		22,220,047		4 903,576		22,220,047		22,220,0	
Transitional and Other ABF Adjustments Total		56,131,009		54,504,842		(1,526,167)	The Contract	54,504,842		54,504,8	
12/13 ABF Control	•	452,214,609		34,504,642		(1,020,107)		54,004,042		0.,,000,,0	
Subtotal ABF Funding	84,996	452,214,609	91,370	480,288,459	6,373	28,073,850	95,202	498,148,327	98,530	513,652,80	
Provisional ABF Budget per QWAU:	5	5,320.39	\$	5,256.53	//-3	63.66					
Provisional Apri Budget per GVAC.	s.	4,863.03	\$	4,897.33							
an Astivity Board Funding		4,000.00									
on-Activity Based Funding											
Non-ABF											
Block Funded Facilities (IHPA Inscope)	*				- \			-	(/47		
Block Funded Facilities (IHPA Out of Scope)	-	*/	2	/.		_	-		1.	-	
Block (Private)	•				V						
Mental Health Facilities	•	-		$\langle \langle \cdot \rangle \rangle$							
Block Funded Transition			-	-							
Total	•	•	•		^		•	-			
Non-ABF - Block Funded Services			MO 1/03/03/03/03		5/201-100 100 100 100 100 100 100 100 100 1						
Community Health Care		2,733,611		2,739,645		6,034		2,739,645	S.E.	2,739,6	
Depreciation		7,641,772	11/2	11,397,442		3,755,670	-	11,397,442	*	11,397,4	
Grants & Subsidies		1,670,099	IV	1,487,167		(182,932)	-	1,487,167	. K a	1,487,1	
Intellect Disability Services		<u></u>		·		-	5.	-		1/2	
Interstate Patient (Payable to other states)		1.1		<u>u</u>		14	*	-))•	
Medical Aids & Appliances (MASS)						(0)			0.€		
Mental Health Community		15,671,734		13,813,458		(1,858,276)		13,813,458		13,813,4	
Offender Health Services		1 - 1		-	9=0						
Oral Health Services (Non-admitted)		-			-	-	-	-	-	To Produce A Control	
Patient Transport		1,766,812		1,766,812	•		#1	1,766,812	1.5	1,766,8	
Population Health - ATODS		\\.		-	•	•		1 0			
Population Health - Breast Screen				-							
Population Health - Other Services		820,508		820,508		•		820,508	-	820,5	
Pre-commissioning (Transition)		V-							•	4 404 4	
Primary Health Care		1,494,147		1,494,147		(#E)	#M	1,494,147		1,494,1	
Research		> •		₹.			-	-	•	17	
Residential Aged Care Facilities		-		-	3.5	3 8 2	150				
Specified Budget Items		124,000		124,000	-	/=		124,000		124,0	
Statewide Functions		-		-	78	(0.000.017)	-	00 507 000	-	40.050.4	
Other		33,846,023		23,856,707	-	(9,989,317)		32,507,600		40,856,4 74,499,6	
Total	enger er von se Pove	65,768,706		57,499,886		(8,268,821)	•	66,150,779	Contraction -	74,499,5	
Subtotal Non ABF Funding	•	65,768,706	•	57,499,886	20 1945 2 1955	(8,268,821)		66,150,779		74,499,6	
	0.4.000	547 000 04F	91,370	537,788,345	6,373	19,805,030	95,202	564,299,107	98,530	588,152,42	
Total Contract of Offer	84,996	517,983,315	31,310	337,700,343	0,373	19,003,030	35,202	504,255,101	30,000	000, 102, 11	

Depreciation includes \$1,970,000 for IT Infrastructure and Operational and \$3,900,000 for Capital Replacement (HTER & IT Replacement \$400k) in Non-ABF Other

	WAU	er Adults \$	WAU Mater 0	childrens S	WAU	r Mothers S	Mater Te WAU	otal (2013/14) \$
ctivity Based Funding								
Purchased 2012/13 (Ph 15) Inpatient	20,502	89,520,533	17,214	75,169,160	14,136	61,704,754	51,851	226.394.448
Outpatient	8,191	35,663,738	4,810	20.942.895	3,215	13,996,122	16,216	70,602,755
Interventions and Procedures	1.786	7.786.875	3.705	16,154,050	7,545	32,890,511	13,036	56,831,436
Emergency Department	4,177	18,207,758	6,395	27,877,274			10,571	46,085,032
Sub Acute	788	3,433,790	18	77,043			805	3,510,833
Mental Health	71	308,508	1,505	6,561,825	13	54,531	1,588	6,924,865
Purchased 2012/13 (Ph 15) Total	35,514	154,921,203	33,647	146,782,248	24,908	108,645,918	94,069	410 349,369
Addition of ABF inflation (labour and non labour)								
Inpatient		3,340,707		2,805,146		2,302,684		8,448,537
Outpatient		1,330,891		781,542		522,304		2,634,738
Interventions and Procedures		290,589		602,833		1,227,401		2,120,623
Emergency Department		679,473		1,040,318				1,719,791
Sub Acute		128,141		2,875				131,016
Mental Health		11,513	AND AND RED	244,873		2,035		258,421
ABF inflation (labour and non labour) 13-14		5,781,315	AND DESCRIPTION	5,477,587	and the same	4 054/24		15,213,326
Conversion between Phase 15 and QWAUs (Ph 16)	901	6,876,740	2.564	14.191.174	3,444	17,915,362	6.910	38,923,276
Inpatient Outpatient	-3,618	-15,683,392	2,564 -1,240	-5,085,064	3,444	-353,945	-5,033	-21.122.402
Interventions and Procedures	1,062	5,194,216	-3,024	-13,583,423	-7,545	-34,117,911	-9,507	-42,507,119
Emergency Department	76	931,678	-1,431	-5,785,352	11/2	- water a special	-1,354	-4,853,674
Sub Acute	20	202,761	0	4,549	111		21 /	207,310
Mental Health	-5	-12,763	-103	-271,466	1 -1	-2,256	-108	-286,485
Conversion between Phase 15 and QWAUs (Ph 16)	-1,563	-2,490,760	-3,233	10,529,583	4,277	-16,558,752	-9,072	-29,579,095
The state of the s		The Paris Value						
Purchased 2012/13 in QWAUs (Ph 16)					1			
Inpatient	21,403	99,737,980	19,778	92,165,480	17,580	81,922,800	58,761	273,826,260
Outpatient	4,573	21,311,238	3,571	16,639,573	3,040	14,164,480	11,183	52,115,091
Interventions and Procedures	2,848	13,271,680	681	3,473,460			3,529	16,445,140
Emergency Department	4,253	19,818,900	4,964	23,132,240			9,217	42,951,149
Sub Acute	808	3,764,692	18	84,468			826	3,849,160
Mental Health	66	207,058	1,402	6,535,232	12	54,310	1,480	6,896,800
Purchased 2012/13 in QWAUs (Ph 16)	33,951	158,211,767	30,414	141,730,253	20,631	96,141,690	84,996	396,083,600
	/				ĺ			
Growth in Activity	1,089	5,076,17	273	1,271,904	991	4,618,060	2,353	10,966,135
Inpatient	1,414	6,588,299	937	4,364,499	959	4,470,860	3,310	15,423,658
Outpatient	502		100	4,304,435	505	4,470,000	502	2,758,720
Interventions and Procedures Emergency Department	302	2,758,720					552	2,100,120
Sub Acute	118	551,504					118	551,504
Mental Health								
Growth in Activity Total	3,213	14,974,694	1,210	6,636,403	1,950	9,088,920	6,373	20,700,017
Purchased 2013/14 (Ph 16)	1							
	00.000		20.054	09 497 384	18,571	66,540,860	61,114	284,792,395
Inpatient	22,492	104,814,151 27,899,537	20,051 4,507	93,437,384	3,909		14,493	67,538,749
Outpatient	5,967	16,030,400	681	21,003,872 3,173,460	3,5/019	18,635,340	4,121	19,203,860
Interventions and Procedures		19.818.909	4.964	23,132,240			9,217	42,951,149
Emergency Department Sub Acute	4,253 026	4,316,196	18	84,468			944	4 400 664
Mental Health	66	307,258	1.402	6,535,232	12	54,310	1.480	6,896,800
Total ABF Activity (Ph 16)	37.164	173,186,451	31,624	147,366,656	22.682	106,230,510	91,370	425,783,617
Bull ABF ACTIVITY (FIT 10)	37,104	173,100,401	31,024	147,500,000	22,002	100,200,010	31,570	420,780,017
Clinical Education & Training	1	7,267,236	Data and the same of the same	4,333,443		3,549,219		15,139,898
						The Continue Facilities		
Site Specific Grants								
Adult Cystic Fibrosis								
Bilateral Implents for Children				181,536				181,536
Breast Reconstructions		440,055						440,055
Oncslogy - Level 6 Service								
Palliative Care		164,023						164,023
Queensland Pued atrics Cardiac Service (QPGS)				12,588,638				12,588,638
Respiratory ECMO								
Retrieval Services - NICU				200000000000000000000000000000000000000		374,000		374,000
Retneval Services - PICU				724,333				724,333
Statewide Paediatric Epilopsy Service				358,761				358,761
State wide Paediatric Sleep and Respiratory								
Unlinkable Diagnostics		2.848.551						2,848,551
Urology Outreach (non-recurrent)		3,452,629		13,853,268		374,000		17,679,897
Site Specific Crants Total		3,452,629		13,003,208		374,000		,075,097
Other ABF amounts								
Subtotal transitions amounts plus 12/13 and 13/14 savings requirements		2,192,481		7,833,775		10,010,688		20,036,944
Loading for PAH Orthopaedic Long Wait Activity	1	430.010						430,010
Annual leave revaluation		661.853		627,082		464,156		1,753,092
Adverse event penalty - Blood Stream Infections and Pressure Injuries		-535 000						-535,000
Other ABF Amounts		2,749,345	All particular and the same	8,460,857		10,474,844		21,685,047
		-1. 70/010				IIIIIIIII AAAA AAAA		-,,-,,-,
Subtotal ABF Funding	37,164	186,645,662	31,624	174,014,224	22,582	119,628,573	91,370	480,288,459
		18,503,620		29,251,141		9,745,125		57,499,886
								37,433,000
Subtotal Non ABF Funding		10,000,020		20,201,1-1		- 10 (CO) (CO)		

escription		ter Adults	Mater Childrens		Mater Mothers		Mater Total (2013/14)	
		\$		\$		\$		\$
Non-Activity Based Funding Block Funded Activities							_	
Community Health Care								
Adolescent Drug and Alcohol Withdrawal Service			\$	253,009			\$	253,009
High Cost Home Support (Paediatric)			\$	1,154,576			\$	1,154,576
Paediatric Post Acute care Implementation of Multi-Cultural Policy	72.7	CANAGAN	\$	768,341	_		\$	768,341
Review	\$	83,000					\$	83,000
Refugee Health	\$	474,685	\$	6,034	_		\$	474,685 6,034
Indigenous Early Childhood Community Health Care Total	\$	557,685	\$		\$		\$	2,739,645
Depreciation	\$	4,693,873	\$	3,969,548	\$	2,734,021	\$	11,397,442
Grants and Subsidies Golden Casket			\$	500,000	_		\$ /	500,000
Organ Donation	\$	85,952					\$	85,95/2
QISU SCAN/Child Safety			\$	424,760 220,000	_		\$	424 760
Allied Health Professorial Position	\$	139,387	Ĭ	220,000			\$	139,387
2 x ABF AO8 positions Codefinder 13/14	s	47,617	\$	40,518	\$	28,933	\$	117,068
Grants and Subsidies Total	\$		\$	1,185,278	\$	28,933		1,497,167
Mental Health Community							_	\rightarrow
Community Mental Health including ADAWs			\$	13,813,458			5	13,813,458
Grants-General Industry/Community Entities - Mental Health Disaster Recovery				~			/\$]].
Funding Mental Health Community Total	\$		\$	13,813,158	\$		\$	13,813,458
Patient Transport					1	7,	>	1,766,812
Patient Transport / Transit Patient Transport Total	\$	1,766,812 1,766,812	\$	100	3		\$	1,766,812
Population Health - Other Services			Ż	>	7			
Chronic Disease Prevention	\$	820,508	\angle				\$	820,50
Population Health - Other Services Total	\$	820,505	\$	1/	\$	1/2.	\$	820,50
Primary Health Care Child and Maternal Health Services		- (1	_	-/-		\rightarrow	0.00	900VC WW9
(Healthy Hearing)				'	5	1,494,147	\$	1,494,14
Primary Health Care Total	\$		\$	1/7:5	\$	1,494,147	\$	1,494,14
Specified Budget Items Child Youth Mental Health ATSI Ed-Ling	_		_	101.000	-		\$	124,00
Project	5		\$	124,000				124,00
Specified Budget Items Total Other	\$	1	\$	124,000	\$		\$	124,00
IT Infrastructure and Operational	\$	814,692	8	686,763	\$	468,545	\$	1,970,00
Capital Replacement (HTER & IT replacement \$400K)	\$,612,842	3	1,359,581	\$	927,577	\$	3,900,000
Inflation (Non-ABF Only)	5	1,929,146		1,631,456	\$	1,123,663	\$	4,684,26
Overhead Balance High Cost Drugs (Prior Year)	\$	5,979,/28/	\$	5,040,492	\$	3,438,888	\$	14,458,80
Difference in High Cost Drugs (as	1						\$	
negotiated) Inflation (Non-Recurrent) - EB Backpay and		$\stackrel{\sim}{-}$			\vdash		-	
Leave Revaluation		~					\$	•
Activity Based Funding		7			-		\$	
Minor Non ABF Adjustments Organ Transplant services/Organ and	_				1		\$	
Tissue Donation Activity Funding		251 157	_		-		\$	251,15
Annual leave revaluation MST 1.27 Transfer Funding for Healthy	\$	251,157	\vdash		\vdash		\$	
Hearing officer to Mater	\$	132,549	_		_			132,54
Clinical Services Redesign Project Nurse Practitioner, Mater correct additional	\$	30,000	-		-		\$	30,00
funding for 11/12 only.	\$	106,139					\$	106,13
Stroke Indigenous Early Childhood National		235,000			1000	00000000	\$	235,00
Partnership Agreement			_		\$	150,888	\$	150,88
Indigenous Health - Antenatal Models of Care - ENT - Audiological		106,732	-		\$	100,000	\$	100,00 106,73
Workforce Training - Allied Health	8	228,145			Τ		\$	228,14
Development Officer Subtotal Additional Items	\$	676,016	S		\$	250,888	-	926,90
Other Total	\$	11,425,830		8,718,291		6,209,561	\$	26,353,68
12/13 Final Quality Improvements NEAT Reward Funding	\$	207,388	\$	207,388	-		\$	414,77
Blood Stream Infecion (BSI)	-\$	140,000	Ť	201,000	-\$	20,000	-\$	160,00
Pressure Injury	\$	30,000					\$	30,00
12/13 Final Quality Improvements Total	\$	97,388	\$	207,388	-\$	20,000	\$	284,77
Additional Items 12-13	F		-		-		-	
W3 Adjustments GPLOs	\$	136,541					\$	136,54
CPIP Payment - January 2013	F		F		1		\$	
Refugee HS surplus clawback Mater Refugee Health non PBS meds	\$	15,000			1		\$	15,00
Outpatient BPIOs		111111111111111111111111111111111111111					\$	
Medical Trainee Scholarships Physiotherapy Clinical Education Funding			-		+		\$	-
SCAN funding			\$	000,03			\$	0,08
CPIP Payment November 2012 QIP Payment 12-13 first stage	\vdash		-		+		\$	
	1						\$	-
Sonographer training position	-							
Sonographer training position W4 Adjustment	F		F		+		S	
Sonographer training position	\$	151,541 19,786,592		80,000 30,279,923		10,446,662	\$	231,5 60,513,1

5. Funding Sources

- 5.1 The four main funding sources contributing to the Service Agreement Value are:
 - (a) Commonwealth funding;
 - (b) State funding;
 - (c) Grants and Contributions; and
 - (d) Locally Receipted Own Source Revenue (LROSR).
- 5.2 The following table (Table 2.3) provides a summary of the funding sources for the Mater and mirrors the total value of the Service Agreement included at schedule 2 above.

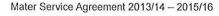
Table 2.3: Funding Sources 2013/14

Funding Source	Value (\$)
ABF Funding ¹	
State & Commonwealth – ABF Funding	480,288,459
Block Funding ²	•
State & Commonwealth – Block Funding	12,937,893
Locally Receipted Grants	\$ = 8
Locally Receipted High Cost Drugs	4,284,900
Locally Receipted Own Source Revenue	17,588,980
Department Grants ³	22,688,112
TOTAL	537,788,345



- 6.1 Following finalisation of this Mater Services Agreement, the Department of Health will make adjustments to the cashflow payment schedule to reflect the changes to the Service Agreement Value from previous year. Formal notifications of changes to the cashflow will be sent to the Chief Executive Officer, Mater Health Services.
- 6.2 Payments (including GST) are made to the Mater in a manner consistent with the Commonwealth and State funding arrangements in place for Hospital and Health Services. The payment amounts and frequency are dependent upon the funding source. State payments are transferred fortnightly and Commonwealth payments are transferred monthly.
- 7. Goods and Services Tax (GST)
- 7.1 The Mater and the Department of Health agree that the amount of funds specified in this Mater Service Agreement are GST exclusive.
- 7.2 The Mater agrees that if it is registered or required to be registered for GST purposes, the Taxable Supply will be subject to GST to the extent required by the GST Law.
- 7.3 If the Mater becomes liable to remit GST in respect of any Taxable Supply that Mater makes to the Department of Health in accordance with this Agreement, the amount otherwise payable by the Department of Health under this Agreement will be increased by the amount of the GST liability ("GST amount"). The GST amount will be payable by the Department of Health in the same manner and at the same time as the funds payable under this Agreement.

³ System Manager Grants represents funding by the System Manager for items not covered by the National Health Reform Agreement Including such items as: Primary Health Care; Prevention, Promotion and Protection; and Depreciation.



¹ Pool Account - ABF Funding Includes: Inpatient; Critical Care; Emergency Department; Mental Health; and Outpatient each allocated a proportion of Other ABF Adjustments (less Clinical Education) and Site Specific Grants.

² State Managed Fund - Block Funding Includes: Subacute; CSO Facilities; Primary Care Outpatient Centres; 29% of Community Mental Health (estimate of Hospital Auspiced); Tertiary Mental Health; Clinical Education and Research/Training.

- 7.4 Any GST amount paid by the Department of Health to the Mater must be deposited into an approved financial institution account and the interest earned may only be used in accordance with approved business.
- 8. Codefinder Software
- 8.1 The Mater sub-license 3M Codefinder software from the Department of Health. For 2013/14, the Mater's share of the Codefinder charges is \$133,113. This consists of:
 - (a) \$67,585 for the Mater Public Hospitals; and
 - (b) \$65,528 for the Mater Private Hospital Brisbane.

The Mater will be invoiced monthly by the Health Service Information Agency for these charges.

- 8.2 To help offset the Codefinder charges, the Mater has been provided with funding of \$117,068 in this Mater Service Agreement, This consists of:
 - (a) \$59,439 for the Mater Public Hospitals; and
 - (b) \$57,630 for the Mater Private Hospital Brisbane.

The Mater will be responsible for funding the \$8,146 shortfall from its existing budget.

9. Funding Adjustments

9.1 Financial Adjustment - Activity Targets

- (a) The Department of Health may initiate a joint process with the Mater to determine whether a financial adjustment should be applied in relation to any activity which has been breached within the relevant quarterly financial period. This process will take into account any relevant matters that have been identified in the review/analysis as well as the outcomes of the activity plan implemented to address the activity breach.
- (b) Financial adjustments will be based on the purchased activity levels specified in the finance and activity schedule appended to the service agreement including the activity levels purchased overall as well as for specific service streams including:
 - Inpatients;
 - Emergency Department;
 - Sub and Non-Acute;
 - Mental Health;
 - Interventions and procedures;
 - Outpatients;
 - Non-ABF block funded services; and
 - Commitments linked to specific funding allocations.
- (c) Activity will be monitored at the service stream and whole of contract levels. Providing the Mater meets all relevant KPIs and specific funding commitments, the Mater has the flexibility to transfer activity across service streams.
- (d) Table 2.4 below demonstrates the financial adjustment that may be applied when activity thresholds have been breached.



Table 2.4: Financial adjustments applied on breach of activity thresholds

Example of Breach	Description	Financial Adjustment
Over performance	Activity exceeds that specified in the service agreement value (Table 2.2 - all types of activity)	Purchasing contracts are capped and the Mater will not be paid for additional activity with the exception of activity within the scope of the in-year activity pool. The Department of Health retains the right to use its discretion to fund extra activity based on the outcomes of the review analysis.
Underperformance	Activity is below that specified within the finance and activity schedule (Table 2.2) but within the agreed quarterly tolerance threshold	No financial adjustment will occur, subject to Mater meeting the National Elective Surgery Target (KPI 1.3 and 2.6). If NEST targets have not been met, it is at the discretion of the Department of Health to withdraw allocated funding pro rata to the level of under delivery.
Underperformance	Activity is below that specified within the finance and activity schedule (Table 2.2) and outside of the agreed quarterly tolerance for: Inpatients; Sub and Non-Acute; Mental Health; Interventions and procedures; and Outpatients.	Following confirmation that the Mater has taken all reasonable steps to produce the required level of activity, the contracted activity and the related funding may be withdrawn pro rata total to the level of under delivery and reallocated, following advice from the Clinical Access and Redesign Unit, to an alternate provider that can undertake the activity.
Underperformance	Activity is below that specified within the finance and activity schedule (Table 2.2) and outside of the agreed tolerance for Emergency Department	There will be no withdrawal of funding.
Failure to deliver on commitments linked to specific funding allocations specified in the finance and activity schedule 2	Specific program funding National Partnership Agreements	It is at the discretion of the Department of Health to withdraw allocated funding pro rata to the level of under delivery, in accordance with the activity levels specified in the finance and activity schedule 2 of the service agreement.

9.2 Financial Adjustment - Other

9.2.1 Never Events

- (a) On an annual basis, the Department of Health will make a financial adjustment, if necessary, to reflect the HHSs/Mater's actual performance in relation to the number of never events.
- (b) Details of purchasing adjustments are available in Appendix 1.

9.2.3 Adverse Events

- (a) On a half yearly basis, the Department of Health will reconcile the actual number of adverse events compared with the forecast and make a financial adjustment in line with the service agreement amendment process.
- (b) Details of purchasing adjustments are available in Appendix 1.

9.2.4 Quality Improvement Payment (QIP)

(a) Payments are non-recurrent and are additional to the service agreement values. QIP payments link a reward payment to the achievement of improved performance in specific areas, as summarised in table 2.5 below.

Table 2.5: Quality Improvement Payment (QIP) Categories and Requirements

QIP Scheme	Summary of Requirements and Total Potential Value
Fractured neck of femur	A total of \$5million is available state-wide. This will be distributed to the Mater if successful based on Mater contract value as a proportion of total Queensland contracts.
National Emergency Access Target/ National Elective Surgery Target	NEST Part 1: Reward funding of \$5.3M is available state-wide split equally across Category 1, 2 and 3 for achievement of targets in these categories. NEST Part 2: Reward funding of \$5.3M available state-wide. NEAT: Reward funding of \$10.4M available state-wide.
Patient Experience in Emergency Department	A total of \$5million is available statewide. This will be distributed to the Mater if successful based on Mater contract value as a proportion of total Queensland contracts.
Pre-admission community contact prior to an acute Mental Health admission	\$24,560 for performance Jul-Dec 2013. \$24,560 for performance Jan-Jun 2014.
Stroke Unit Care	Incentive 1: Target 50%; Payment \$105,000



Schedule 3 Key Performance Indicators

1. Purpose

- (e) This schedule outlines the key performance indicators (KPIs) and their associated targets that the Mater will be required to meet during the 2013/2014 financial year.
- (f) It is not expected that significant changes to the KPIs will be made for the 2014/15 and 2015/16 financial years. However, should any changes to KPIs be required these will be agreed with the Mater through the service agreement amendment process prior to the commencement of each financial year.

2. Key Performance Indicators

- (g) The KPIs defined in this schedule are used to monitor the extent to which the Mater is delivering the high level objectives set out within this Mater Service Agreement. Attribute sheets for the KPIs is available at http://www.health.qld.gov.au/hhsserviceagreement/docs/documents/13-14attribute-sheetsv2.pdf
- (h) The KPIs for 2013/14 have been listed in the following table and have been defined as either 'Tier 1' KPIs or 'Tier 2' KPIs.



Table 3.1: 2013/14 Mater Health Service Key Performance Indicators

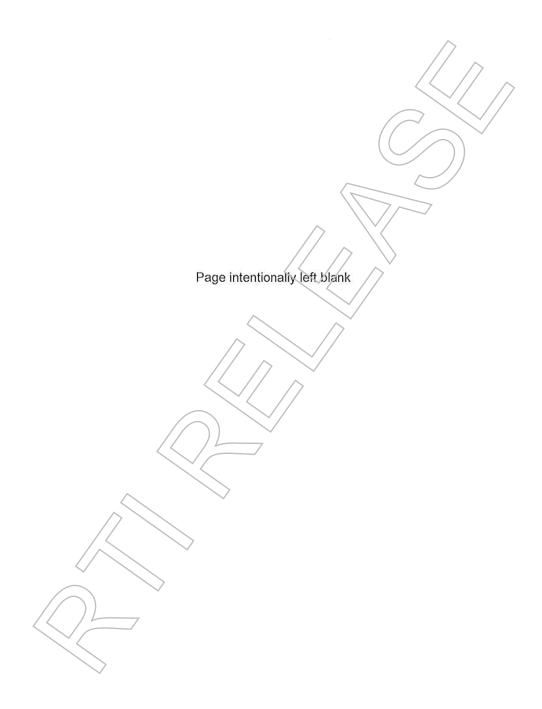
KPI No.	Level	Key Performance Indicator (KPI)	Target	Strategic Link
	CTIVENE	SS – SAFETY AND QUALITY		
1.1	Tier 1	National Safety and Quality Health Service Standards Compliance	All actions met	National Safety and Quality Health Service (NSQHS) Standards, Australian Commission on Safety and Quality in Healthcare Blueprint for Better Healthcare in Queensland Department of Health Strategic Plan 2012-2016
2.1	Tier 2	Healthcare—associated infections Healthcare associated staphylococcus aureus (Including MRSA) bacteraemia	Rate is less than or equal to 2.0 per 10,000 occupied bed days	National Performance and Accountability Framework National Healthcare Agreement Blueprint for Better Pealthcare in Queensland
2.2	Tier 2	28 day mental health readmission rate Proportion of readmissions to an acute mental health inpatient unit within 28 days of discharge	Less than or equal to 12%	
2.3	Tier 2	Home based renal dialysis	50% YTD	Queensland Statewide Renal Services Plan (2008 – 2017)
EQUI	TY AND E	FFECTIVENESS - ACCESS		
1.2	Tier 1	Shorter stays in emergency departments National Emergency Access Target (NEAT): % of patients who attended an emergency department (ED) who depart within 4 hours of arrival	2013: 77% 2014: 83%	National Performance and Accountability Framework National Partnership Agreement on Improving Public Hospital Services Schedule C – National Emergency Access Target Blueprint for Better Healthcare in Queensland
2.4	Tier 2	Shorter waits for emergency departments Emergency department patients seen within the clinically recommended time: Category 1: within 2 minutes Category 2: within 10 minutes Category 3: within 30 minutes Category 4: within 60 minutes Category 5: within 120 minutes	Category 1: 100% Category 2: 80% Category 3: 75% Category 4: 70% Category 5: 70%	National Performance and Accountability Framework National Partnership Agreement on Improving Public Hospital Services Schedule C – National Emergency Access Target
1.3	Tier 1	Shorter waits for elective surgery National Elective Surgery Target (NEST): % of patients receiving elective surgery who were treated within the clinically recommended timeframe for their urgency category: Category 1: within 30 days Category 2: within 90 days Category 3: within 365 days	2013: Category 1: 100% Category 2: 87% Category 3: 94% 2014: Category 1: 100% Category 2: 94% Category 3: 97%	National Performance and Accountability Framework National Partnership Agreement on Improving Public Hospital Services Schedule A – National Elective Surgery Target Blueprint for Better Healthcare in Queensland
1.4	Tier 1	Maintain surgical activity Elective Surgery Volume	≥5% more than 2010 volume	National Partnership Agreement on Improving Public Hospital Services Schedule A – National Elective Surgery Target
1.5	Tier 1	Fewer long waiting patients Elective surgery patients waiting more than the clinically recommended timeframe for their category: Category 1: within 30 days	Category 1: 0 to ≤ 2% with no patients waiting longer than 60 days	National Partnership Agreement on Improving Public Hospital Services Schedule A – National Elective Surgery Target Blueprint for Better Healthcare in Queensland

KPI No.	Level	Key Performance Indicator (KPI)	Target	Strategic Link
2.5	Tier 2	Treating elective surgery patients in turn % of elective surgery patients who were treated in turn	60%	Blueprint for Better Healthcare in Queensland National Partnership Agreement on Improving Public Hospital Services Schedule A – National Elective Surgery Target
2.6	Tier 2	Shorter maximum wait for elective surgery Maximum waiting time of elective surgery patients waiting (Note: report by speciality to be provided through the Dashboard) Cardiothoracic ENT General Surgery Gynaecology Ophthalmology Orthopaedics Neurosurgery Plastic & Reconstructive Surgery Urology Vascular Surgery	365 days	Blueprint for Better Healthcare in Queensland National Partnership Agreement on Improving Public Hospital Services Schedule A – National Elective Surgery Target
2.7	Tier 2	Fewer long waiting patients Elective surgery patients waiting more than the clinically recommended timeframe for their category: Category 2: within 90 days Category 3: within 365 days	Category 2: 0 to ≤ 2% Category 3: 0 to ≤ 2%	National Partnership Agreement on Improving Public Hospital Services Schedule A – National Elective Surgery Target Blueprint for Better Healthcare in Queensland
2.8	Tier 2	Shorter waits for specialist outpatient clinics Specialist outpatients waiting within the clinically recommended time: Category 1: within 30 days Category 2: within 90 days Category 3: within 365 days	Category 1: 95% Category 2: 90% Category 3: 90%	Blueprint for Better Healthcare in Queensland
2.11	Tier 2	Potentially preventable hospitalisations - chronic conditions	≤ state average	National Performance and Accountability Framework
2.12	Tier 2	Aboriginal and Torres Strait Islander discharge against medical advice Aboriginal and Torres Strait Islander patients who discharged themselves against medical advice (DAMA)	≤ HHS quarterly target	Aboriginal and Torres Strait Islander Health Performance Framework Chronic Disease Indigenous Health (Queensland Health Indigenous Health Funding Package) National Partnership Agreement Closing the Gap in Indigenous Health Outcomes Making Tracks: towards closing the gap in health outcomes for Indigenous Queenslanders by 2033 — Policy and Accountability Framework
2.14	Tier 2	Rate of post discharge community contact Rate of community follow up within 1 to 7 days following discharge from an acute mental health inpatient unit	60%	National Performance and Accountability Framework
2.15	Tier 2	Ambulatory mental health activity Progress towards duration of ambulatory mental health service contacts annual target	100%	Blueprint for Better Healthcare in Queensland Queensland Plan for Mental Health 2007-2017 Fourth National Mental Health Plan
EFFIC	CIENCY -	EFFICIENCY AND FINANCIAL PERFORMANCE		
1.7	Tier 1	Purchased activity monitoring Variance between YTD purchased activity and actual activity	0% to +/-2%	

KPI No.	Level	Key Performance Indicator (KPI)	Target	Strategic Link
EFFE	CTIVENE	SS - PATIENT EXPERIENCE		
2.23	Tier 2	Emergency department patient experience Emergency Department patient experience survey (EDPES)	Question 1: 40% Question 2: 40% Question 3: 60% Question 4: 90%	National Performance and Accountability Framework



Appendix 1 Adverse Events and Never Events Specification Sheets



Never Events

	Mevel Evellts
Aim:	To minimise those significant clinical risks to patients for which there are well known, effective preventative strategies.
Scope:	All ABF Facilities (including all Mater hospitals)
Rationale:	"Never events" are serious, largely preventable patient safety incidents. This initiative aims to send a clear message that patient safety and strong governance processes are paramount requirements in the provision of healthcare services in Queensland.
Potential benefits to patients:	Reduction in the occurrence of patient harm.
Potential benefits to the system:	 Maintains the principle that the purchaser, on behalf of the taxpayer, does not have to pay for poor quality care. Services will report and learn from these extremely serious incidents and strengthen their systems to prevent future occurrences.
Purchasing adjustment:	 There will be no payment for an episode of care that involves the following never events: Death or likely permanent harm as a result of haemolytic blood transfusion reaction resulting from ABO incompatibility. Excludes where ABO-incompatible blood components are deliberately transfused with appropriate management. Death or likely permanent harm as a result of bed rail entrapment or entrapment in other bed accessories (no exclusions). Infants discharged to the wrong family (no exclusions). Death or neurological damage as a result of intravascular Gas Embolism. Excludes air embolism that occurs during a surgical or medical procedure. Procedures involving the retention of instruments or other material after surgery i.e. largely preventable cases where hospital policy or procedure e.g. Surgical Safety Checklist, were not adhered to. Excludes where any relevant objects are found to be missing prior to the completion of the surgical intervention and may be within the patient, but where further action to locate and/or retrieve would be more damaging than retention, or impossible. This must be documented in the patient's chart and the patient informed. Procedures involving the wrong patient or body part resulting in death or major permanent loss of function. Excludes interventions where the wrong site is selected because of unknown/unexpected abnormalities in the patient's anatomy. Once the incident has been validated by the Patient Safety Unit, any payment for the episode in which the never event occurred will be withdrawn in the next service agreement window adjustment.
Definitions:	A "never event" is defined as serious, largely preventable patient safety incident that should not occur if the available preventative measures have been implemented.
Moxitoring:	Performance will be assessed at the end of each financial year and any funding adjustment applied retrospectively in accordance with the service agreement amendment process.
Data Source:	<u>♣</u> PRIME
References:	National Sentinel Events by the Australian Commission on Safety and Quality in Health Care http://www.safetyandquality.gov.au/ Queensland Health Patient Safety Reports: http://www.health.qld.gov.au/psq/reports/default.asp PRIME — Clinical Incident Reporting: http://qheps.health.qld.gov.au/psq/prime/ci/home.htm

Adverse Events: Healthcare-associated Blood Stream Infections

7.01.01.00	, onto i rioditirodi o doccoriato a Brook officiali illifoctione
Aim:	To incentivise Hospital and Health Services (HHSs) to minimise avoidable adverse events i.e. healthcare-associated blood stream infection (BSI).
Scope:	All ABF facilities which participated in the Centre for Healthcare Related Infection Surveillance and Prevention (CHRISP) full surveillance program in 2011/12.
Rationale:	Healthcare associated bloodstream infections are a serious cause of morbidity and mortality and many are potentially preventable. Evidence shows that a healthcare-associated BSI extends length of stay by 10 days (Al-Rawajfah et al. 2011, Burns et al 2010, Vrijens et al 2010). This purchasing initiative was developed in consultation with the CHRISP Expert Advisory Group (CEAG) as content experts including contributions from infectious disease physicians and infection control practitioners from Queensland public hospitals. The rationale for applying the adjustment was based on the following: A review of the current peer-reviewed literature. Alignment of existing infection surveillance and investigation processes in Queensland public hospitals. Alignment with the current iCare bundle to prevent healthcare associated intravascular device-related bloodstream infections. To raise the profile of BSIs on HHS Board agendas
Potential benefits to patients:	Minimise clinical risk, pain and loss of quality of life to patients due to avoidable adverse events.
Potential benefits to the system:	Technical efficiency. Allocative efficiency. Political - This initiative is about maintaining the principle that the purchaser on behalf of the taxpayer does not have to pay for poor quality care.
Purchasing adjustment:	A financial adjustment will be made for each healthcare-associated criterion 1 BSI that exceeds the lower quintile rate (for each facility's peer group listed below) of BSIs per 10,000 bed days. The financial adjustment represents the estimated additional length of stay cost of \$12,500. The adjustment in the 2013/14 service agreement will be made based on applying the methodology to 11/12 actuals however a reconciliation will later be made to reflect in-year actuals and the financial adjustment amended accordingly.
Definitions:	The financial adjustment applies only to Criterion 1 BSIs. These are defined as "isolation of one or more recognised bacterial or fungal pathogens from one or more blood cultures (e.g. Staphylococcus aureus, Pseudomonas aeruginosa, Escherichia coli, Klebsiella, Salmonella species, Candida albicans)".
	Note: Where mixed isolates are obtained with one being an accepted pathogen, the potential contaminant organism is to be disregarded.
4	Each bloodstream infection per organism is counted once per hospital stay. For subsequent positive blood cultures with the same organism, a period of 14 days without positive blood culture must occur between infection for that blood culture to be considered a new infection. If a patient has more than organism cultured, irrespective of the time period between positive cultures, then each of these will be counted.
	Inclusion criteria: The number of healthcare-associated inpatient and non-inpatient healthcare-associated bloodstream infections at a facility level. This includes one of the following: Inpatient overnight admission AND a positive result from a blood sample taken more than 48 hours after hospital admission (if the timeframe is less than 48 hours and there is compelling evidence that the infection was associated with device use e.g. intravascular device inserted in the emergency department, this should be classified as inpatient healthcare-associated). Inpatient overnight admission AND a positive result from a blood sample taken within 48

Occurred as a result of home-based health care provided by the hospital (e.g. home IV Document 208

hours of discharge.

treatment in an ambulatory care facility).

Inpatient same-day admission e.g. day only admission for endoscopy or haemodialysis

team).

Exclusion criteria include:

- Maternally-acquired bloodstream infections
- Patient with a positive blood culture that is deemed to be a contaminant
- Patient with a community-associated BSI
- Positive blood culture with the same organism(s) within 14 days of the first episode.
- Healthcare associated bloodstream infections attributable to other hospitals

Peer Groups

The approach taken to determine peer grouping was to categorise each hospital participating in the CHRISP full program into one of three levels. The levels were assigned based on the throughput of patients across a range of services in each hospital.

The data for categorisation were obtained from the Clinical Services Capability Framework version 3, Heath Statistics Centre activity data and information on the Queensland Health individual hospitals website. This classification was developed by the CHRISP statistician and was conducted as part of review of the methodology for peer grouping hospitals requested by CEAG in June 2011.

The services included were ICU, coronary care, oncology (including BMT), infectious diseases, renal/nephrology, cardiac surgery, burns/plastic surgery, neurosurgery, solid organ transplant, and acute spinal.

Within each of the hospital groups the lowest quintile rate was calculated, with the financial adjustment only applied to the number of criterion 1 BSIs over the lower quintile rate.

Peer Group 1	Peer Group 2	Peer Group 3	Peer Group 4
- Cairns Base Hospital	- Bundaberg Hospital	- Caboolture Hospital	- Childrens'
- Gold Coast Hospital	- Ipswich Hospital	- Gladstone Hospital	Hospital (*to be
- Mater Public Adults'	- Logan Hospital	- Hervey Bay Hospital	included from
Hospital	- Mackay Base	- Maryborough Hospital	14/15)
- Princess Alexandra	Hospital	- Mater Public Mothers'	
Hospital	- Nambour Hospital	Hospital	
- Royal Brisbane and	- Redcliffe Hospital	- QEII Hospital	
Women's Hospital	- Rockhampton	- Redland Hospital	
- The Prince Charles	Høspital /	- Mount Isa Base	
Hospital	- Toowcomba	Hospital	
- The Townsville Hospital	Hospital	b)	
Lower quintile rate	Lower quintile rate	Lower quintile rate	
Inpatient ON:3.43//	Inpatient ON:2.63	Inpatient ON:0.69	
Inpatient SD: 3.92	Inpatient SD: 0.26	Inpatient SD: 0.00	

Monitoring:

The following calculations will be undertaken to determine inpatient overnight rates for purchasing penalties:

- Facility inpatient BSIs per 10,000 overnight patient days for facility
- The lower quintile for inpatient rates will be determined for each of the three peer groups.
- The deviation of the facility inpatient rate from lower quintile value will be calculated and total inpatient count above lower quintile will be determined.

The same methodology will be used to calculate same-day patient rates using same-day patient days in the denominator.

Data Source:

Electronic Infection Control Assessment Technology (eICAT)

Queensland Hospitals Admitted Patient Data Collection (QHAPDC)

References:

Al-Rawajfah, O. M., J. B. Hewitt, F. Stetzer, and J. Cheema. 2011. Length of stay and charges associated with health care-acquired bloodstream infections. American journal of infection control.

Vrijens, F., F. Hulstaert, S. Van de Sande, S. Devriese, I. Morales, and Y. Parmentier. 2010. Hospital-acquired, laboratory-confirmed bloodstream infections: linking national surveillance data to clinical and financial hospital data to estimate increased length of stay and healthcare costs. J Hosp Infect 75 (3):158-62

CHRISP surveillance BSI http://www.health.qld.gov.au/chrisp/surveillance/SM09 S3.pdf

Adverse	Events: Hospital acquired pressure injuries	
Aim:	To incentivise Hospital and Health Services (HHSs) to minimise avoidable adverse events, specifically hospital acquired stage 3 and 4 pressure injuries (PI).	
Scope:	All ABF facilities (including Mater Public hospitals)	
Rationale:	Evidence demonstrates that a hospital acquired stage 3 or 4 pressure injury extends length of stay and incurs average costs ranging from \$50,000 to \$70,000 (Amlung et al. 1999, Lyder et al 2002, Allman 1998). The purchasing initiative has been developed in consultation with the Pressure Injury Prevention Collaborative (PIPC).	
Potential benefits to patients:	Minimise clinical risk, pain and loss of quality of life to patients due to avoidable adverse events.	
Potential benefits to the system:	 ▲ Technical efficiency. ▲ Allocative efficiency. ▲ This initiative is about maintaining the principle that the purchaser on behalf of the taxpayer should not have to pay for poor quality care. 	
Purchasing adjustment:	A reduction in payment for the number of episodes with preventable stage 3 pressure injury (\$30,000) and stage 4 pressure injury (\$50,000) occurring in the base year. This financial reduction will be applied to 2013/14 service agreements based on 2011/12 actual episodes involving the adverse event. The model assumes that 95% of hospital acquired pressure injuries are preventable (i.e 5%)	
	are unavoidable). Rather than attempting to differentiate between avoidable and unavoidable, the payment reductions applied already incorporate a 5% deduction.	
	▲ 13/14 performance will be reconciled in two stages as follows:	
	i) Mid year: Performance, based on separations for inpatients discharged between 1 July 2013 and 31 December 2013 compared to the equivalent period in 2011/12 (assessed in January 2014). A financial adjustment (reimbursement or further reduction) will then be made at the next service agreement amendment window.	
	ii) End of year: financial year end reconciliation will then be undertaken based on separations for inpatients discharged between 1 January 2014 and 30 June 2014 with the same period in 2011/12 (assessed in August 2014). Financial adjustment will then be made at the next service agreement amendment window in 2014/15.	
Definitions:	Any episodes with an ICD10-AM diagnosis code (principal or other) of L89.2 (Decubitus [pressure] ulcer, stage IV) which were not present on admission (onset type 2).	
Monitoring	**Trends will be monitored across all pressure injury stages including L89 and the 'present on admission' flag. Adjustments may be delayed for validation of any coding data anomalies.	
Data Source:	Queensland Health Admitted Patient Data Collection (QHAPDC) http://www.health.qld.gov.au/hic/manuals/12 13QHAPDC/12 13 QHAPDC Final.pdf	
References:	Allman RM, The Impact of Pressure Ulcers on Health Care Costs and Mortality. Adv. Wound Care. 1998 May-Jun; 11(3 Suppl.):2 Amlung SA, Miller WL, and Bosley LM, "The 1999 national Pressure Ulcer Prevalence survey: A benchmarking approach" Advances in Skin & Wound Care. November/December 2001:14(6):297-301. Lyder CH, et al A comprehensive program to prevent pressure ulcers in long-term care: Exploring costs and outcomes," Ostomy/Wound Management. April 2002; 48(4):52-62.	

Standard – Preventing and Managing Pressure Injuries.

Australian Commission on Safety and Quality in Health National Safety and Quality Health

http://www.safetyandquality.gov.au/wpcontent/uploads/2012/10/Standard8 Oct 2012 WEB.pdf

Adverse Event: Hospital acquired injury associated with administration of psychotropic medications

Aim:	To minimise avoidable injuries related to the administration of psychotropic medications.
Scope	All ABF facilities, including Mater.
Rationale:	 Medication errors can lead to serious consequences for mental health consumers, including death. The Department of Health places high priority on safety in the administration of psychotropic drugs In the 2011-12 financial year, 16 Queensland service episodes involved poisoning by psychotropic drugs (excluding self harm) which occurred at seven different hospitals.
Potential benefits to patients:	Reduction of the occurrence of patient harm as a result of a hospital intervention.
Potential benefits to the system:	 Robust monitoring and management procedures. Minimisation of clinical risk. Lower costs arising from reduced length of hospitalisation and appropriate use of medication. Organisations report and learn from these incidents and strengthen the systems for prevention in the future.
Purchasing adjustment:	A reduction in payment of \$10,000 for each episode above the baseline 2011-12 rate occurring in the 2013-14 financial year will be adjusted in the 2013-14 Service Agreements. Actual performance at a Hospital and Health Service (HHS) level will be reconciled in two stages as follows: i) Mid year (assessed in February 2014). Performance based on comparison of data for separations between 1 July and 31 December for years 2011 and 2013. A financial adjustmen (reimbursement for improvement or further reduction) will be made at the next service agreement amendment window. ii) End of year (assessed in August 2014): An end of financial year reconciliation will be undertaken based on comparison of data for separations between 1 January and 30 June for years 2012 and 2014. Financial adjustments, if indicated, will be made at the next service agreemen amendment window in 2014-15.
Definitions:	Inclusive of any separations within in-scope facilities where: - an 'other' diagnosis in the ICD-10 Category T43 (poisoning by psychotropic drugs, note elsewhere classified [T43.0 to T43.9 inclusive]) is recorded; and - the diagnosis was not "present on admission" (onset type of "2"); and the place of occurrence code indicates that the diagnosis was acquired in hospital (ICD code Y92,22 - Health Service Area). Exclusions: - the diagnosis is associated with intentional self harm (ICD Codes X60 to X84 inclusive).
Monitoring:	Formal assessment will occur twice yearly as outlined above. Performance against the intent will be monitored on a monthly basis, with information available through the Queensland Health Enterprise Reporting Service (QHERS) at: https://qhers.health.qld.gov.au .
Data Source:	Queensland Hospital Admitted Patient Data Collection (QHAPDC) http://www.health.qld.gov.au/hic/manuals/12 13QHAPDC/12 13 QHAPDC Final.pdf
Reference documents:	 Documentation in which polices, procedures and priorities for Mental Health services are outlined include: National Safety priories in mental health: a national plan for reducing harm National Standards for Mental Health Services Mental Health Services Policy: National Standards for Mental Health Services 2010, Implementation Standard for Safety (Standard # QH-IMP-365-2:2012). Queensland Hospital Admitted Patient Data Collection Manual - External cause and morphology sequencing , place of occurrence
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