

July 2012

Queensland Health

Mater Health Service

Performance Dashboard

RELEASED



Queensland
Government

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RTI RELEASE

PERFORMANCE DOMAINS - Escalation KPIs

YTD Result

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

ACCESS		TARGET	Data as at
E4	National Emergency Access Target (NEAT): % of ED attendances who depart within 4 hours of their arrival in ED	70%	July 68.0%
E5	Emergency Department: % seen within recommended timeframe:		
E5.1	Category 1: within 2 minutes	100%	July 100.0%
E5.2	Category 2: within 10 minutes	80%	July 82.3%
E5.3	Category 3: within 30 minutes	75%	July 71.2%
E5.4	Category 4: within 60 minutes	70%	July 65.9%
E5.5	Category 5: within 120 minutes	70%	July 76.2%
E6	Patient Off Stretcher Time (POST): < 30 mins (%)	90%	June
E7	Elective Surgery: % treated within clinically recommended timeframe:		
E7.1	Category 1: within 30 days	89%	July 96.5%
E7.2	Category 2: within 90 days	81%	July 89.1%
E7.3	Category 3: within 365 days	91%	July 99.7%
E8	Elective Surgery: Number of patients waiting more than the clinically recommended:		
E8.1	Category 1: within 30 days	0	July 0
E8.2	Category 2: within 90 days	0	July 89
E8.3	Category 3: within 365 days	0	July 0
E9	Activity: variance between Purchased ABF activity and YTD Actual ABF activity:	0% to +/-1%	Data is currently unavailable for these activity indicators
E9.1	Inpatients		
E9.2	Outpatients		
E9.3	ED		
E9.4	Mental Health		They will be reported in the August report
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	

CLOSING 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 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	Data currently unavailable for these indicators
E15.1	Ambulatory Service Contacts	100%	
E15.2	Ambulatory Service Contacts: Duration (hours)	100%	
E15.3	Extended treatment facility and psychiatric hospital beds (Accrued patient days in block funded mental health facilities)	95%	
E15.4	Closure of ATODS Client Intake	< 2 weeks	
E15.5	Number of dedicated hospital alcohol and other drugs withdrawal beds (MNHS only)	n/a	
E15.6	Significant variation in number of dedicated residential alcohol and other drugs withdrawal beds (CHQ only)	n/a	

Legend: YTD Result compared to previous reporting period: Favourable ↑ Stable ▫ Unfavourable ↓

ACTION PLAN

Month Raised	Area of underperformance	Current status	Further information required	Agreed Actions	Responsibility	Progress Report
n/a	n/a	n/a	n/a	n/a	n/a	n/a

RTI RELEASED

TREND IN ESCALATION KPI

		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
E2	Hospital acquired 3rd and 4th stage pressure injuries	Target													5%
E3	Healthcare-associated Staphylococcus aureus (including MRSA) bacteraemia - SAB	Target													20%
		Result													
			Data is currently unavailable for these indicators												
ACCESS															
E4	National Emergency Access Target: 4hrs	Target	70.0%	70.0%											70%
	NEAT	Result	68.0%	70.6%											
E5.1	ED: % seen within recommended time	Target	100.0%	100.0%											100%
	Category 1: within 2 minutes	Result	100.0%	100.0%											
E5.2		Target	80.0%	80.0%											80%
	Category 2: within 10 minutes	Result	82.3%	82.3%											
E5.3		Target	75.0%	75.0%											75%
	Category 3: within 30 minutes	Result	71.2%	71.2%											
E5.4		Target	70.0%	70.0%											70%
	Category 4: within 60 minutes	Result	65.9%	65.9%											
E5.5		Target	70.0%	70.0%											70%
	Category 5: within 120 minutes	Result	76.2%	76.2%											
E6	Patient Off Stretcher Time: < 30 mins	Target	-	-											90%
	POST	Result	-	-											
E7.1	ES: % treated within recommended time	Target	89.0%	89.0%											89%
	Category 1: within 30 days	Result	96.5%	95.9%											
E7.2		Target	81.0%	81.0%											81%
	Category 2: within 90 days	Result	89.1%	91.1%											
E7.3		Target	91.0%	91.0%											91%
	Category 3: within 365 days	Result	99.7%	99.7%											
E8.1	ES: 'long waits'	Target	0	0											0
	Category 1: within 30 days	Result	0	0											
E8.2		Target	0	0											0
	Category 2: within 90 days	Result	89	89											
E8.3		Target	0	0											0
	Category 3: within 365 days	Result	0	0											
E9	Activity (ABF): variance from purchased	Target													91,960
	Total	Result													
E9.1		Target													51,769
	Inpatients	Result													
E9.2		Target													14,680
	Outpatients	Result													
E9.3		Target													10,196
	ED	Result													
E9.4		Target													1,516
	Mental Health	Result													
E9.5		Target													12,985
	Critical Care	Result													
E9.6		Target													814
	SNAP	Result													

RELEASSEE

Data is currently unavailable for these indicators

TREND IN ESCALATION KPI

		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
EFFICIENCY AND FINANCIAL PERFORMANCE		\$ Deficit / -\$ Surplus													
E10	YTD Operating Position	Target Result Variance	\$0 #REF! #REF!	\$0 #REF! #REF!											
E11	Full-year Forecast Operating Position (Agreed position by HHS)	Target Result Variance	\$0 - -	\$0 #N/A #N/A											
E12	Own Source Revenue Budget (User Charges only)	Budget Result Variance	- #N/A #N/A												
E13	YTD average FTE (MOHRI Occupied FTE)	Target Result Variance	#REF! #REF! #REF!	#REF! #REF! #REF!											#REF!
CLOSING THE GAP															
E14	Achievement of Closing the Gap escalation indicators	Result													
E14.1	Indigenous status - reporting of 'not stated' on admission	Target Result													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													ds
E14.4	Aboriginal and Torres Strait Islander Cultural Practice Program participants	Target Result													ds
MENTAL HEALTH & ALCOHOL AND OTHER DRUG TREATMENT SERVICES															
E15	Achievement of Mental Health & ATODS escalation indicators	Result													
E15.1	Ambulatory service contacts	Target Result													100%
E15.2	Ambulatory service contacts: Duration (hours)	Target Result													100%
E15.3	Accrued patient days in block funded mental health facilities	Target Result													95%
E15.4	Closure of ATODS Client Intake	Target Result													2
E15.5	Dedicated hospital alcohol & other drugs withdrawal beds - Metro North HHS only	Target Result													n/a
E15.6	Dedicated residential alcohol & other drugs withdrawal beds - Mater HS & Children's HQ only	Target Result													n/a



Data is currently unavailable for these indicators

Data is currently unavailable for these indicators

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

Admitting Specialty	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		

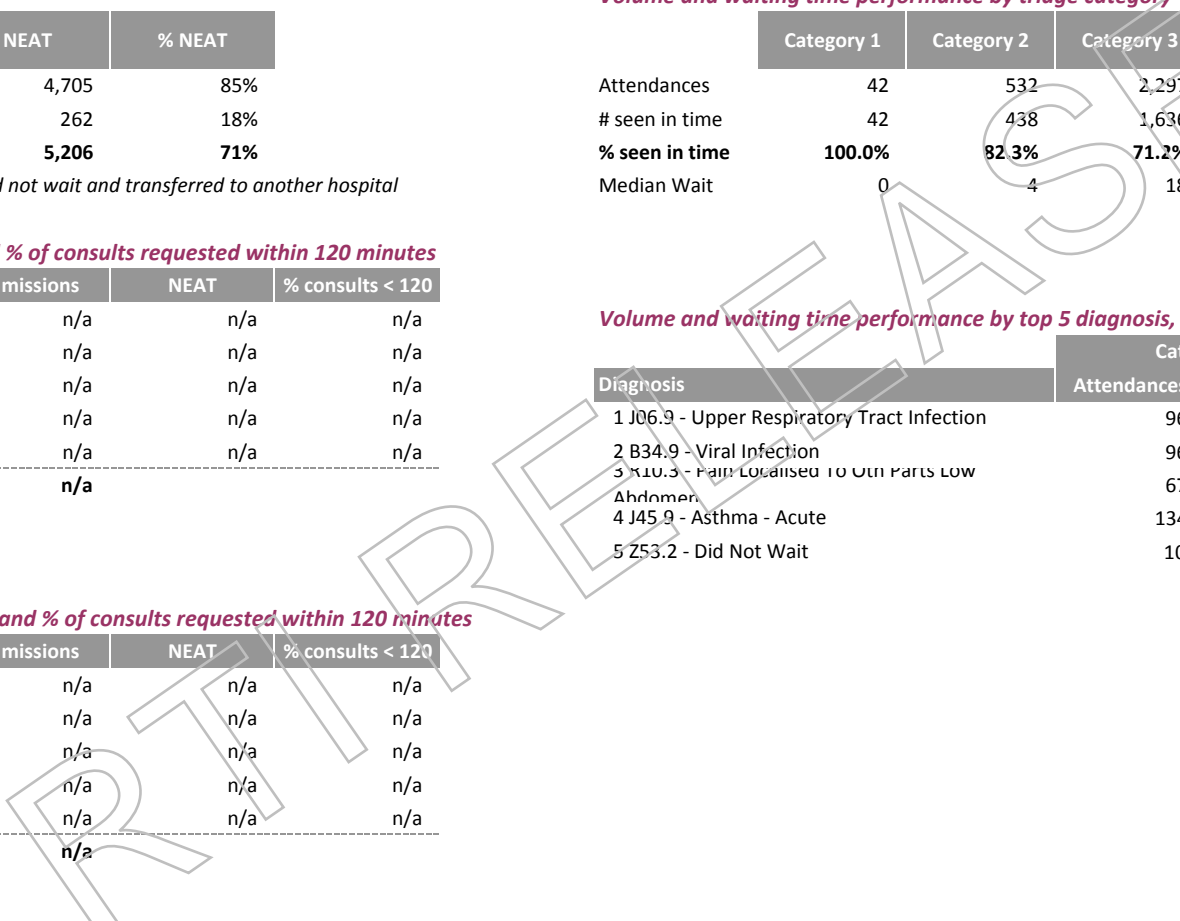
WAITING TIMES

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

Diagnosis	Category 3		Category 4	
	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%
3 R10.3 - Pain Localised to Other Parts Low Abdomen	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)

Specialty	Category 1			Category 2			Category 3			Total Waiting
	Waiting	'long wait'	Max (days)	Waiting	'long wait'	Max (days)	Waiting	'long wait'	Max (days)	
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

Specialty	Number treated	Allocated Category			Actually 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

Specialty	Number Waiting	Max Wait - Actual	Max Wait - Achievable ¹	# Waiting > Achievable Max ²	'long wait' 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)

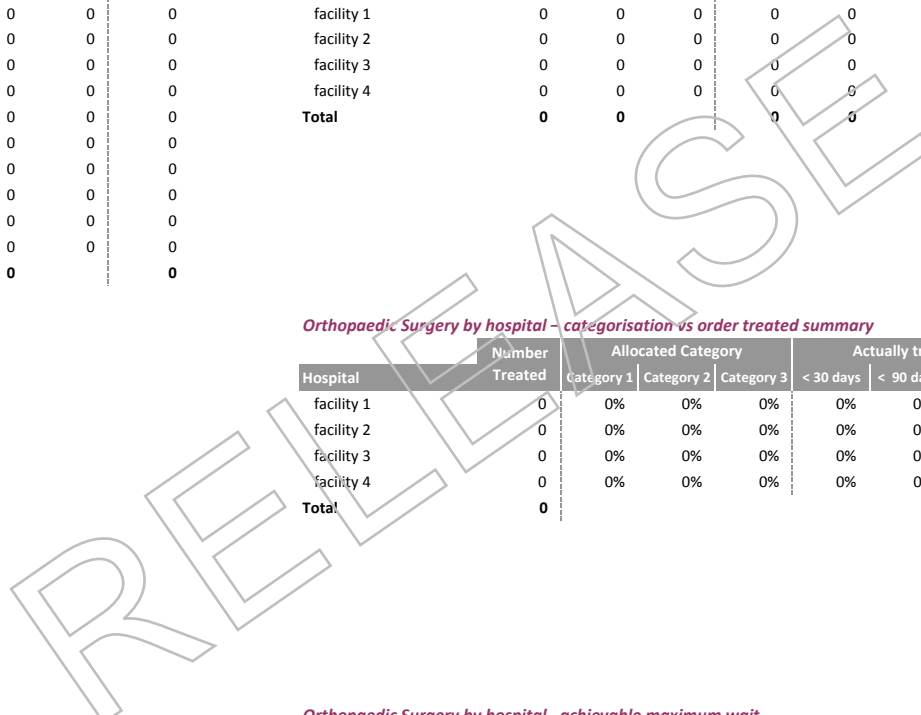
Hospital	Category 1			Category 2			Category 3			Total Waiting
	Waiting	Long-wait	Max (days)	Waiting	Long-wait	Max (days)	Waiting	Long-wait	Max (days)	
facility 1	0	0	0	0	0	0	0	0	0	0
facility 2	0	0	0	0	0	0	0	0	0	0
facility 3	0	0	0	0	0	0	0	0	0	0
facility 4	0	0	0	0	0	0	0	0	0	0
Total	0	0		0	0		0	0		0

Orthopaedic Surgery by hospital – categorisation vs order treated summary

Hospital	Number Treated	Allocated Category			Actually treated		
		Category 1	Category 2	Category 3	< 30 days	< 90 days	< 365 days
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%
Total	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

KPI No.	Escalation KPIs	Attainment Score		
		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% 2013: > 77.0%	2012: 69.9% - 65.0% 2013: 76.9% - 70.0%	2012: < 65.0% 2013: < 70.0%
E5	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 Cat. 1: 100% Cat. 2: > 80.0% Cat. 3: > 75.0% Cat. 4: > 70.0% Cat. 5: > 70.0%	Cat. 1: 99.9% - 90.0% Cat. 2: 79.9% - 70.0% Cat. 3: 74.9% - 65.0% Cat. 4: 69.9% - 60.0% Cat. 5: 69.9% - 60.0%	Cat. 1: < 90.0% Cat. 2: < 70.0% Cat. 3: < 65.0% Cat. 4: < 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 (National Elective Surgery Target (Part 1))	2012 Cat. 1: 89.0% Cat. 2: 81.0% Cat. 3: 91.0% 2013 Cat. 1: 100% Cat. 2: 87.0% Cat. 3: 94.0%	2012 Cat. 1: 68.9% - 85.0% Cat. 2: 80.9% - 78.0% Cat. 3: 90.9% - 87.0% 2013 Cat. 1: 99.9% - 96.0% Cat. 2: 86.9% - 83.0% Cat. 3: 93.9% - 90.0%	2012 Cat. 1: < 85.0% Cat. 2: < 78.0% Cat. 3: < 87.0% 2013 Cat. 1: < 96.0% Cat. 2: < 83.0% Cat. 3: < 90.0%
E8	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 for all categories Cat. 1: 0 Cat. 2: 0 Cat. 3: 0	HHS specific Cat. 1: > 0% - 5.0% Cat. 2: > 0% - 5.0% Cat. 3: > 0% - 5.0%	HHS specific Cat. 1: > 5.0% Cat. 2: > 5.0% Cat. 3: > 5.0%
E9	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 (part C) contained in the Service Agreement	> tolerance as per detail in Schedule 3 (part C) contained in the Service Agreement
Efficiency 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 Budget	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 B) contained in the Service Agreement	0 - 1.0% unfavourable variance to budget	> 1.0% unfavourable variance to budget
Closing the Gap		Target		
E14	Performance domain target: Achievement of Closing the Gap escalation indicators contained within Schedule 8 of the Service Agreement.	0 escalation KPI red and > = 2 escalation KPI green in any quarter	1 escalation KPI red in any quarter or > = 3 escalation KPIs amber in any quarter	> = 2 escalation KPIs red in any quarter or 1 escalation KPI red for > = 2 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 (based on staff numbers at beginning of financial year)	> = 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
Mental Health and Alcohol and Other Drugs		Target		
E15	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	Achieve target in 67% - 50% of the escalation indicators	Achieve target in less than 50% of the escalation indicators
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 drugs withdrawal beds	> 95.0% open	95.0% - 85.0%	< 85.0%

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- 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)

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PERFORMANCE DOMAINS - Escalation KPIs

YTD Result

SAFETY AND QUALITY		TARGET	Data as at
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E2	Hospital acquired 3rd and 4th stage pressure injuries	5% of 2010-11	
E3	Healthcare-associated Staphylococcus aureus (including MRSA) bacteraemia	20% of 2010-11	

ACCES		* denotes calendar year result	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 timeframe:			
E5.1	Category 1: within 2 minutes		100%	August 100.0% ←
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 timeframe: *			
E7.1	Category 1: within 30 days		89%	August 96.3% ↵
E7.2	Category 2: within 90 days		81%	August 89.7% ↵
E7.3	Category 3: within 365 days		91%	August 99.6% ↵
E8	Elective Surgery: Number of patients waiting more than the clinically recommended:			
E8.1	Category 1: within 30 days		0	August 0 ←
E8.2	Category 2: within 90 days		0	August 104 ↵
E8.3	Category 3: within 365 days		0	August 0 ←
E9	Activity: variance between Purchased ABF activity and YTD Actual ABF activity:		0% to +/-1%	
E9.1	Inpatients			
E9.2	Outpatients			
E9.3	ED			
E9.4	Mental Health			
E9.5	Critical Care			
E9.6	Sub and Non-Acute Patients			

EFFICIENCY AND FINANCIAL PERFORMANCE		TARGET	Data as at	\$ Deficit / - \$ Surplus
E10	YTD Operating Position	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 ←

CLOSING 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 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	Data currently unavailable for these indicators
E15.1	Ambulatory Service Contacts	100%	
E15.2	Ambulatory Service Contacts: Duration (hours)	100%	
E15.3	Extended treatment facility and psychiatric hospital beds (Accrued patient days in block funded mental health facilities)	95%	
E15.4	Closure of ATODS Client Intake	< 2 weeks	
E15.5	Number of dedicated hospital alcohol and other drugs withdrawal beds (MNHHS only)	n/a	
E15.6	Significant variation in number of dedicated residential alcohol and other drugs withdrawal beds (CHQ only)	n/a	

Legend: YTD Result compared to previous reporting period: Favourable ↵ Stable ← Unfavourable ↵

TREND IN ESCALATION KPI

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

Data source: Decision Support System (DSS) as at 18 September 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 AND QUALITY															
E1	Never Events	Result													0
E2	Hospital acquired 3rd and 4th stage pressure injuries	Target													5%
E3	Healthcare-associated Staphylococcus aureus (including MRSA) bacteraemia - SAB	Target													20%
		Result													
			Data is currently unavailable for these indicators												
ACCESS															
* denotes calendar year result															
E4	National Emergency Access Target: 4hrs *	Target	70.0%	70.0%	70.0%										70%
	NEAT	Result	73.6%	75.3%	73.6%										
E5.1	ED: % seen within recommended time	Target	100.0%	100.0%	100.0%										100%
	Category 1: within 2 minutes	Result	100.0%	100.0%	100.0%										
E5.2		Target	80.0%	80.0%	80.0%										80%
	Category 2: within 10 minutes	Result	81.2%	82.3%	80.1%										
E5.3		Target	75.0%	75.0%	75.0%										75%
	Category 3: within 30 minutes	Result	68.0%	71.2%	64.7%										
E5.4		Target	70.0%	70.0%	70.0%										70%
	Category 4: within 60 minutes	Result	64.7%	65.9%	63.6%										
E5.5		Target	70.0%	70.0%	70.0%										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%											90%
	POST	Result	87.8%	87.8%											
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%										
E7.2		Target	81.0%	81.0%	81.0%										81%
	Category 2: within 90 days	Result	89.2%	91.1%	89.8%										
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	0										0
	Category 2: within 90 days	Result	104	89	104										
E8.3		Target	0	0	0										0
	Category 3: within 365 days	Result	0	0	0										
E9	Activity (ABF): ** excluding Outpatients and ED **	Target	0.0	0.0											91,959.7
	Total	Result	5,999.3	5,999.3											
E9.1		Target	0.0	#N/A											51,768.5
	Inpatients	Result	4,474.9	4,474.9											
E9.2		Target	0.0	0.0											14,680.1
	Outpatients	Result	-	-											
E9.3		Target	0.0	0.0											10,195.6
	Emergency Department	Result	-	-											
E9.4		Target	0.0	0.0											1,515.5
	Mental Health	Result	96.1	96.1											
E9.5		Target	0.0	0.0											12,985.4
	Critical Care	Result	1,374.0	1,374.0											
E9.6		Target	0.0	0.0											814.2
	Sub and Non-Acute Patients	Result	54.3	54.3											

TREND IN ESCALATION KPI

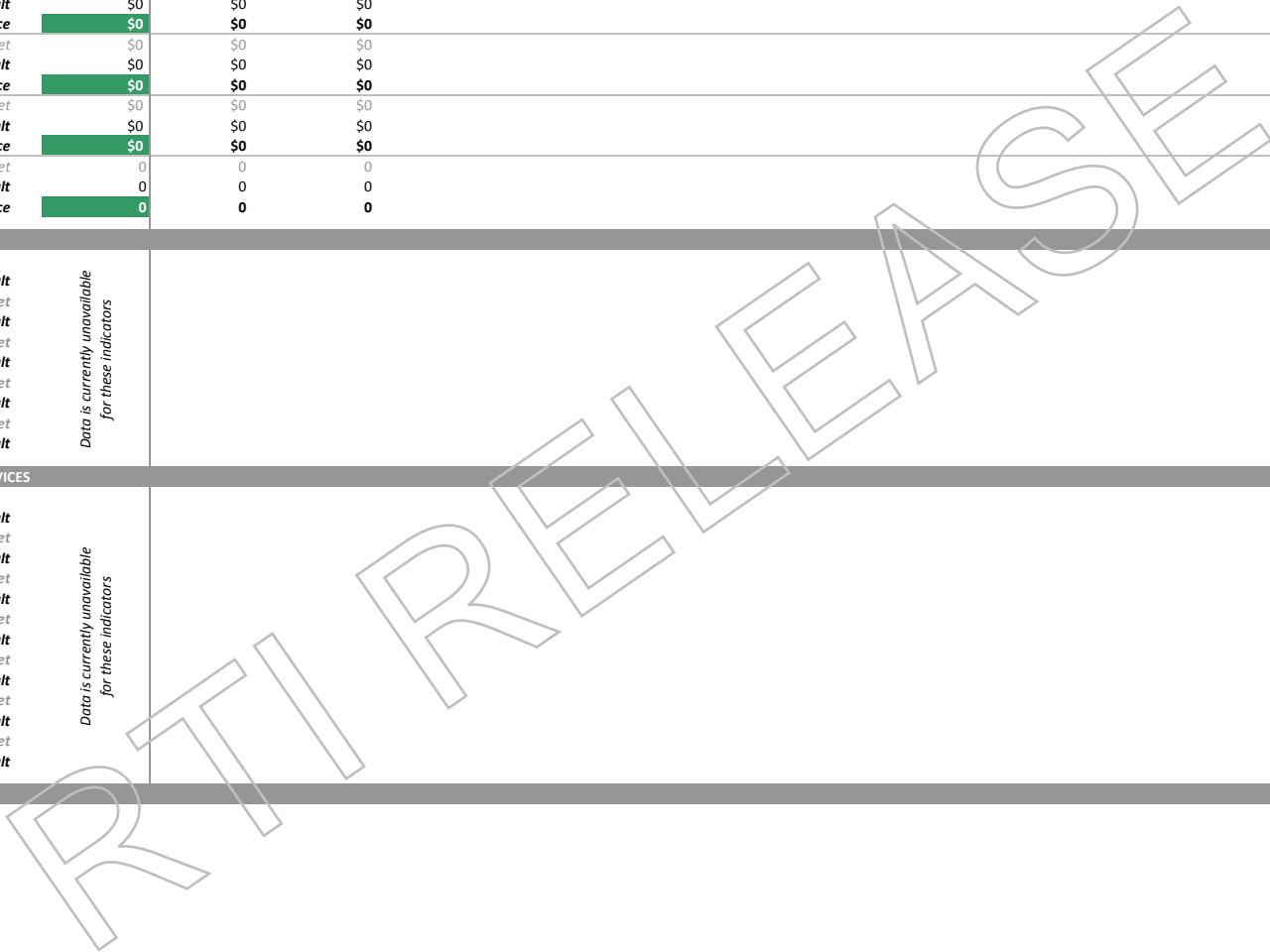
Note: ED and Outpatient data is not available this month - Activity Total excludes both groups

Data source: Decision Support System (DSS) as at 18 September 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
EFFICIENCY AND FINANCIAL PERFORMANCE		\$ Deficit / - \$ Surplus													
E10	YTD Operating Position	Target Result Variance	\$0 \$0 \$0	\$0 \$0 \$0											\$0
E11	Full-year Forecast Operating Position (Agreed position by HHS)	Target Result Variance	\$0 \$0 \$0	\$0 \$0 \$0											\$0
E12	Own Source Revenue Budget (User Charges only)	Budget Result Variance	\$0 \$0 \$0	\$0 \$0 \$0											\$0
E13	YTD average FTE (MOHRI Occupied FTE)	Target Result Variance	0 0 0	0 0 0											0
CLOSING THE GAP															
E14	Achievement of Closing the Gap escalation indicators	Result													
E14.1	Indigenous status - reporting of 'not stated' on admission	Target Result													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													ds
E14.4	Aboriginal and Torres Strait Islander Cultural Practice Program participants	Target Result													ds
MENTAL HEALTH & ALCOHOL AND OTHER DRUG TREATMENT SERVICES															
E15	Achievement of Mental Health & ATODS escalation indicators	Result													
E15.1	Ambulatory service contacts	Target Result													100%
E15.2	Ambulatory service contacts: Duration (hours)	Target Result													100%
E15.3	Accrued patient days in block funded mental health facilities	Target Result													95%
E15.4	Closure of ATODS Client Intake	Target Result													2
E15.5	Dedicated hospital alcohol & other drugs withdrawal beds - Metro North HHS only	Target Result													n/a
E15.6	Dedicated residential alcohol & other drugs withdrawal beds - Mater HS & Children's HQ only	Target Result													n/a

Data is currently unavailable for these indicators

Data is currently unavailable for these indicators



ACTIVITY (ABF AND NON-ABF) YTD PERFORMANCE -

July 2012

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		2012-13		2012-13 YTD		YTD Variance	
	FY Actual	Purchased	YTD Actual	Target	Actual	Actual	%	
Activity								
ABF	-	91,618	-	-	-	-	-	-
Non ABF	93,118	342	7,876	-	-	-	-	-
Total Activity ** excluding ED & Outp	93,118	91,960	7,876	-	5,999	5,999	-	-

Inpatients								
Service Related Group (SRG)								
01 Cardiology	876	953	79	-	89	89	-	-
02 Interventional Cardiology	186	146	21	-	14	14	-	-
03 Dermatology	220	232	21	-	19	19	-	-
04 Endocrinology	978	1,019	98	-	87	87	-	-
05 Gastroenterology	524	933	40	-	32	32	-	-
06 Diagnostic GI Endoscopy	812	790	74	-	64	64	-	-
07 Haematology	647	940	64	-	53	53	-	-
08 Immunology & Infections	1,087	1,086	98	-	97	97	-	-
09 Medical Oncology	634	590	50	-	44	44	-	-
10 Chemotherapy & Radiotherapy	48	167	3	-	2	2	-	-
11 Neurology	1,375	1,492	112	-	135	135	-	-
12 Renal Medicine	365	411	27	-	29	29	-	-
13 Renal Dialysis	5	-	-	-	-	-	-	-
14 Respiratory Medicine	3,049	3,827	292	-	293	293	-	-
15 Rheumatology	241	255	21	-	18	18	-	-
16 Non Subspecialty Medicine	1,824	1,125	166	-	146	146	-	-
17 Breast Surgery	791	721	72	-	94	94	-	-
18 Cardiothoracic Surgery	1,771	1,996	124	-	176	176	-	-
19 Colorectal Surgery	1,240	1,235	112	-	66	66	-	-
20 Upper GIT Surgery	725	876	75	-	63	63	-	-
21 Head & Neck Surgery	321	344	27	-	29	29	-	-
22 Neurosurgery	766	1,437	64	-	81	81	-	-
23 Dentistry	352	483	30	-	28	28	-	-
24 Ear, Nose & Throat	1,834	1,843	186	-	176	176	-	-
25 Orthopaedics	5,707	5,150	528	-	514	514	-	-
26 Ophthalmology	1,030	1,091	104	-	93	93	-	-
27 Plastic & Reconstructive Surgery	1,487	1,465	117	-	113	113	-	-
28 Urology	2,340	2,292	197	-	175	175	-	-
29 Vascular Surgery	553	646	50	-	50	50	-	-
30 Non Subspecialty Surgery	3,600	3,000	270	-	269	269	-	-
31 Transplantation	103	70	25	-	8	8	-	-
32 Extensive Burns	8	33	0	-	0	0	-	-
33 Tracheostomy & ECMO	1,258	817	177	-	76	76	-	-
34 Gynaecology	2,670	2,600	231	-	267	267	-	-
35 Obstetrics	7,743	7,924	585	-	676	676	-	-
36 Qualified Neonate	3,561	3,639	288	-	366	366	-	-
38 Drug & Alcohol	106	141	10	-	6	6	-	-
41 Unallocated	187	-	8	-	29	29	-	-
Inpatient Total	51,021	51,769	4,445	-	4,475	4,475	-	-

Critical Care								
Bed Type								
Coronary Care	384	462	25	-	26	26	-	-
Intensive Care	1,491	1,350	105	-	106	106	-	-
Neonatal Intensive Care	4,040	4,684	296	-	636	636	-	-
Paediatric Intensive Care	3,295	3,659	274	-	326	326	-	-
Special Care Nursery	2,839	2,831	293	-	279	279	-	-
Critical Care Total	12,049	12,985	994	-	1,374	1,374	-	-

Red values indicate the Top 5 greatest positive variance to target
Blue values indicate the Top 5 greatest negative variance to target

Target phasing	Jul 2012	Aug 2012	Sep 2012	Oct 2012	Nov 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	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%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

Weighted Activity Units - WAU	2011-12		2012-13		2012-13 YTD		Variance	
	FY Actual	Purchased	YTD Actual	Target	Actual	Actual	%	
Emergency Department								
Presentation Type								
Cat 1 (Admitted and Discharged)	117	116	12	-	-	-	-	-
Cat 2 (Admitted and Discharged)	1,305	1,200	107	-	-	-	-	-
Cat 3 (Admitted and Discharged)	4,123	4,228	366	-	-	-	-	-
Cat 4 (Admitted and Discharged)	4,643	4,496	391	-	-	-	-	-
Cat 5 (Admitted and Discharged)	162	155	12	-	-	-	-	-
Did Not Wait	-	-	-	-	-	-	-	-
Died	3	1	0	-	-	-	-	-
Emergency Services Treated	-	0	-	-	-	-	-	-
Emergency Department Total	10,352	10,196	888	-	-	-	-	-

Sub and Non-Acute Patients								
Bed Type								
GEM	-	-	-	-	-	-	-	-
MAINT	298	190	31	-	14	14	-	-
PALLIATIVE	280	370	12	-	21	21	-	-
REHAB	155	254	12	-	19	19	-	-
SNAP Total	733	814	55	-	54	54	-	-

Mental Health								
Activity Type								
Designated Bed (Per Diem Activity)	1,267	1,405	129	-	80	80	-	-
39 Psychiatry - Acute	119	111	12	-	16	16	-	-
Mental Health Total	1,386	1,516	129	-	96	96	-	-

Outpatients								
Clinic Type								
Medical	3,607	3,165	297	-	#REF!	-	-	-
Surgical	3,990	3,225	317	-	#REF!	-	-	-
Allied Health	1,958	1,603	156	-	#REF!	-	-	-
Pre-Admission	322	67	29	-	#REF!	-	-	-
Paediatric	328	331	25	-	#REF!	-	-	-
Neonatal	-	-	-	-	#REF!	-	-	-
Maternity	2,553	1,911	188	-	#REF!	-	-	-
Alcohol & Drug	-	-	-	-	#REF!	-	-	-
Chemotherapy	-	-	-	-	#REF!	-	-	-
Clinical Haematology	380	333	26	-	#REF!	-	-	-
Clinical Measurement	-	13	-	-	#REF!	-	-	-
Community Health Services	-	-	-	-	#REF!	-	-	-
Cystic Fibrosis	131	137	11	-	#REF!	-	-	-
Diagnostic Imaging	-	-	-	-	#REF!	-	-	-
Dialysis	-	70	-	-	#REF!	-	-	-
District Nursing Services	-	-	-	-	#REF!	-	-	-
Endoscopy	-	-	-	-	#REF!	-	-	-
Interventional Cardiology	-	-	-	-	#REF!	-	-	-
Medical Oncology	3,910	3,577	287	-	#REF!	-	-	-
Pain Management	-	-	-	-	#REF!	-	-	-
Pharmacy	-	-	-	-	#REF!	-	-	-
Primary Care	-	-	-	-	#REF!	-	-	-
Psychiatry	-	-	-	-	#REF!	-	-	-
Radiation Oncology	-	-	-	-	#REF!	-	-	-
Renal Medicine	220	203	14	-	#REF!	-	-	-
Sub Acute	-	-	-	-	#REF!	-	-	-
Transplants	-	-	-	-	#REF!	-	-	-
Wound Management	29	44	4	-	#REF!	-	-	-
Other	-	-	-	-	#REF!	-	-	-
Outpatient Total	17,427	14,680	1,356	-	#REF!	-	-	-

FINANCIAL PERFORMANCE

Information provided by Finance Branch, System Support Services Division

	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)													
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)													
YTD Average Actuals													
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													



OWN SOURCE REVENUE

Information provided by Statewide Own Source Revenue, System Support Services Division

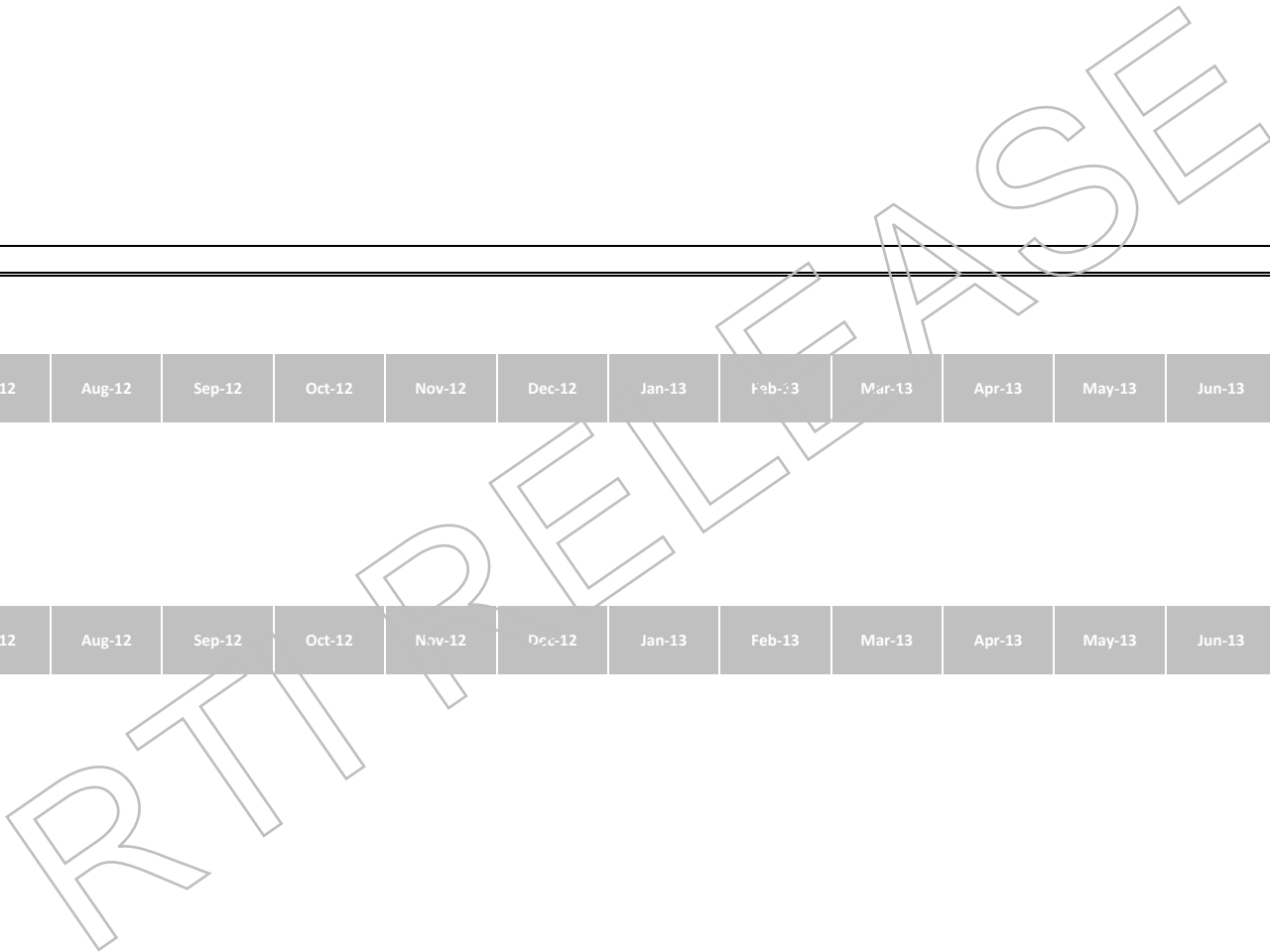
Revenue Group		Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	YTD	+/- on 11/12 YTD (\$)	+/- on 11/12 YTD (%)
User Charges	Actual															
	Budget															
	Variance															
Other Revenue	Actual															
	Budget															
	Variance															
Total OSR	Actual															
	Budget															
	Variance															
	Full Year Budget															
	Full Year Forecast															
Full Year Variance																

Stretch Target #1

PHI Utilisation		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	Private OBDs +/- on 10/11 YTD	KPI +/- on 10/11 YTD
Insurance Not Used (OBDs)																
Insurance Used (OBDs)																
Insurance Used % Actual																
Insurance Used % Target																
Variance to Target																

Stretch Target #2

Private Outpatients		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	Private OOS +/- on 10/11 YTD	KPI +/- on 10/11 YTD
Public (OOS)																
Billed (OOS)																
Billing % Actual																
Billing %Target																
Variance to Target																



ESCALATION KPI LIST

KPI No.	Escalation KPIs	Attainment Score		
		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% 2013: > 77.0%	2012: 69.9% - 65.0% 2013: 76.9% - 70.0%	2012: < 65.0% 2013: < 70.0%
E5	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 Cat. 1: 100% Cat. 2: > 80.0% Cat. 3: > 75.0% Cat. 4: > 70.0% Cat. 5: > 70.0%	Cat. 1: 99.9% - 90.0% Cat. 2: 79.9% - 70.0% Cat. 3: 74.9% - 65.0% Cat. 4: 69.9% - 60.0% Cat. 5: 69.9% - 60.0%	Cat. 1: < 90.0% Cat. 2: < 70.0% Cat. 3: < 65.0% Cat. 4: < 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 (National Elective Surgery Target (Part 1))	2012 Cat. 1: 89.0% Cat. 2: 81.0% Cat. 3: 91.0% 2013 Cat. 1: 100% Cat. 2: 87.0% Cat. 3: 94.0%	2012 Cat. 1: 68.9% - 85.0% Cat. 2: 80.9% - 78.0% Cat. 3: 90.9% - 87.0% 2013 Cat. 1: 99.9% - 96.0% Cat. 2: 86.9% - 83.0% Cat. 3: 93.9% - 90.0%	2012 Cat. 1: < 85.0% Cat. 2: < 78.0% Cat. 3: < 87.0% 2013 Cat. 1: < 96.0% Cat. 2: < 83.0% Cat. 3: < 90.0%
E8	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 for all categories Cat. 1: 0 Cat. 2: 0 Cat. 3: 0	HHS specific Cat. 1: > 0% - 5.0% Cat. 2: > 0% - 5.0% Cat. 3: > 0% - 5.0%	HHS specific Cat. 1: > 5.0% Cat. 2: > 5.0% Cat. 3: > 5.0%
E9	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 (part C) contained in the Service Agreement	> tolerance as per detail in Schedule 3 (part C) contained in the Service Agreement
Efficiency 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 Budget	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 B) contained in the Service Agreement	0 - 1.0% unfavourable variance to budget	> 1.0% unfavourable variance to budget
Closing the Gap		Target		
E14	Performance domain target: Achievement of Closing the Gap escalation indicators contained within Schedule 8 of the Service Agreement.	0 escalation KPI red and > = 2 escalation KPI green in any quarter	1 escalation KPI red in any quarter or > = 3 escalation KPIs amber in any quarter	> = 2 escalation KPIs red in any quarter or 1 escalation KPI red for > = 2 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 (based on staff numbers at beginning of financial year)	> = 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
Mental Health and Alcohol and Other Drugs		Target		
E15	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	Achieve target in 67% - 50% of the escalation indicators	Achieve target in less than 50% of the escalation indicators
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 drugs withdrawal beds	> 95.0% open	95.0% - 85.0%	< 85.0%

TREND IN MONITORING KPI

n/a - not applicable

			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
SAFETY AND QUALITY																
M1	Falls Risk Assessment	Target	70.0%													
		Result														
M2	VTE Risk Assessment Documentation at Point of Care	Target	50.0%													
		Result														
M3	Hospital Standardised Mortality Ratio (HSMR)	Flag														
		Result														
M4	Death in low-mortality Diagnostic Related Groups (Death-in-LM-DRG)	Result														
M5	VLAD In-hospital mortality indicators:															
M5.1	Acute Myocardial Infarction	Result														
M5.2	Stroke	Result														
M5.3	Fractured neck of femur	Result														
M5.4	Pneumonia	Result														
M6	VLAD Unplanned readmission indicators:															
M6.1	Acute Myocardial Infarction	Result														
M6.2	Heart failure	Result														
M6.3	Knee replacement	Result														
M6.4	Hip replacement	Result														
M6.5	Depression	Result														
M6.6	Schizophrenia	Result														
M6.7	Paediatric tonsillectomy and adenoidectomy	Result														
M7	Healthcare associated Clostridium difficile infections	Result														
M8	Acute stroke care in recognised stroke unit	Target	50% or 20%													
		Result														
M9	Fractured Neck of Femur to theatre in 2 days of admission (excl CHQ)	Target	95.0%													
		Result														
M10	Hospital acquired bloodstream infections	Result														
M11	Renal dialysis treatment received at home	Target	50% or 40%													
		Result														
ACCESS																
M12	Emergency Department median waiting time	Target	0	0	0											0
		Result	28	27	29											
M13	Emergency Department 'Did not waits'	Target	67	67	67											67
		Result	359	155	204											
M14	Elective Surgery volume	Target	1,828	907	921											9,836
		Result	1,928	977	951											
M15	Reduction in elective surgery long waits: Average overdue wait time (in days)															
M15.1	Category 1: within 30 days	Target	-	-	-											
		Result	-	-	-											
M15.2	Category 2: within 90 days	Target	-	-	-											
		Result	-	-	-											
M15.3	Category 3: within 365 days	Target	-	-	-											
		Result	-	-	-											
M16	Elective Surgery: 10% who have waited the longest are treated in year															
M16.1	Category 1: within 30 days	Target	25	25	25											25
		Result	-	-	-											
M16.2	Category 2: within 90 days	Target	-	-	-											-
		Result	-	-	-											
M16.3	Category 3: within 365 days	Target	-	-	-											-
		Result	-	-	-											
M17	Elective Surgery Cancellations (hospital)	Target	100.0%	100.0%	100.0%											100.0%
		Result														

PROTIP RELEASEEASE

DOH-DL 13/14-025

TREND IN MONITORING KPI

n/a - not applicable

		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
	initiated)	Result ##	#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	-	-											-
M20	Provision of appropriate surgical services at Rural Hub Hospitals	Target	-	-											-
		Result	-	-											-
M21	Categorisation of new case outpatient referrals (within 5 days of referral)	Target	-	-											-
M22	Category 1 Outpatients: waiting in time	Result ##	#N/A	#N/A	##	##	##	##	##	##	##	##	##	##	##
		Target	n/a	n/a											n/a
		Result ##	#N/A	#N/A	##	##	##	##	##	##	##	##	##	##	##
M23	Ambulatory Care access (Outpatient ratio)	Target		0.0	0.0										0
		Result	-	-	-										-
	Clinic 2	Target													
		Result													
	Clinic 3	Target													
		Result													
M24	Inpatient separations undertaken as Hospital in the Home (HITH)	Target	0	0	0										0
		Result	-	-	-										-
M25	Cancer care pathway - waiting times for cancer care	Target	n/a	n/a	n/a										n/a
		Result	-	-	-										-
M26	Telehealth Non-admitted Occasions of Service	Target	n/a	n/a	n/a										n/a
		Result	-	-	-										-

RTI RELEASED

TREND IN MONITORING KPI

n/a - not applicable

		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
EFFICIENCY AND FINANCIAL PERFORMANCE															
M27	Cost per WAU	Target Result													
M28	Relative Stay Index for multi-day stay patients	Target Result													
M29	Day of surgery admission rates for non-emergency multi-day stay patients	Target Result													
M30	Day case surgery rates	Target Result													
M31	Extended day case surgery rates	Target Result													
M32	Out of scope procedures: Cellulitis	Target Result													
	Vasectomies	Target Result													
	Varicose Veins	Target Result													
M33	Clinical data coded within recommended time	Target Result													
M34	Maintenance Expenditure	Target Result													
M35	Facility Condition Index	Target Result													
M36	Planned Maintenance Expenditure Ratio	Target Result													
PATIENT EXPERIENCE															
M37	Complaints acknowledged within 5 calendar days	Target Result													
M38	Emergency Department Patient Experience	Target Result													
WORKFORCE															
M39	Hours lost (WorkCover) vs Occupied FTE	Target Result													
M40	Sick leave	Target Result													
CLOSING THE GAP															
M41	Completion of Indigenous status (including 'Not stated')	Target Result													
M42	Indigenous Hospital Liaison Officers	Target Result													
M43	A&TSI % of total HHS workforce	Target Result													
M44	Potentially Preventable Hospitalisations - vaccine preventable, acute & chronic	Target Result													
M45	Indigenous participation in BreastScreen Queensland (women aged 50-69 years)	Target Result													
MENTAL HEALTH & ALCOHOL AND OTHER DRUG TREATMENT SERVICES															
M46	Community follow up (within 1 - 7 days) post mental health discharge	Target Result													
M47	End of Episode/Discharge Summary recorded (within 48 hrs of discharge)	Target Result													
M48	Mental Health readmissions within 28 days of discharge	Target Result													
M49	Service episodes where a consumer has a	Target													

RTI RELEASE

TREND IN MONITORING KPI

n/a - not applicable

		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
M50	nominated General Practitioner Change in consumers' clinical outcomes	Result Target													
M51	Service episodes where a consumer is secluded at least once	Result Target													
M52	Occasions where required clinical outcome measure(s) were recorded	Result Target													
M53	Specialised ATODS service contacts by program by agency	Result Target													
M54	Specialised ATODS service contacts by treatment type by agency	Result Target													
M55	ATOD-IS mandatory data items entered	Result Target													
M56	Variation in source of referrals for alcohol and drug diversion programs	Result Target													
M57	Variation in source of referrals for children's residential diversion programs	Result Target													
M58	Variation in number of specialist sessions delivered by Dovetail	Result Target													
M59	Variation in number of specialist sessions delivered by InSight	Result Target													

RTI RELEASE

EMERGENCY DEPARTMENTS

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

NEAT by departure status group

Departure Status *	Total Attendances	NEAT	% NEAT
--------------------	-------------------	------	--------

Non-admitted

Admitted

Total

* 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
----------	--------------	----------	--------

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

#DIV/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
---------------------	------------	------	------------------

Total of all admissions

#DIV/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

seen in time

% seen in time

Median Wait (minutes)

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.

ELECTIVE SURGERY

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

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

Categorisation vs order treated summary by surgical specialty

Specialty	Number treated	Allocated Category			Actually treated			NSW Comparison		
		Category 1	Category 2	Category 3	< 30 days	< 90 days	< 365 days	Category 1	Category 2	Category 3
Cardiothoracic										
ENT										
General										
Gynaecology										
Neuro										
Ophthalmology										
Orthopaedic										
Other										
Plastic & Recons										
Urology										
Vascular										
Total										

Achievable maximum wait by surgical specialty

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

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)

Hospital	Category 1			Category 2			Category 3			Total Waiting
	Waiting	Long-wait	Max (days)	Waiting	Long-wait	Max (days)	Waiting	Long-wait	Max (days)	
Total	0	0		0	0		0	0		0

Orthopaedic Surgery by hospital – categorisation vs order treated summary

Hospital	Number Treated	Allocated Category			Actually treated		
		Category 1	Category 2	Category 3	< 30 days	< 90 days	< 365 days
Total	0						

Statewide result – categorisation vs order treated summary

Specialty	Number Treated	Allocated Category			Actually treated		
		Category 1	Category 2	Category 3	< 30 days	< 90 days	< 365 days
Orthopaedic							

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
Total	0				

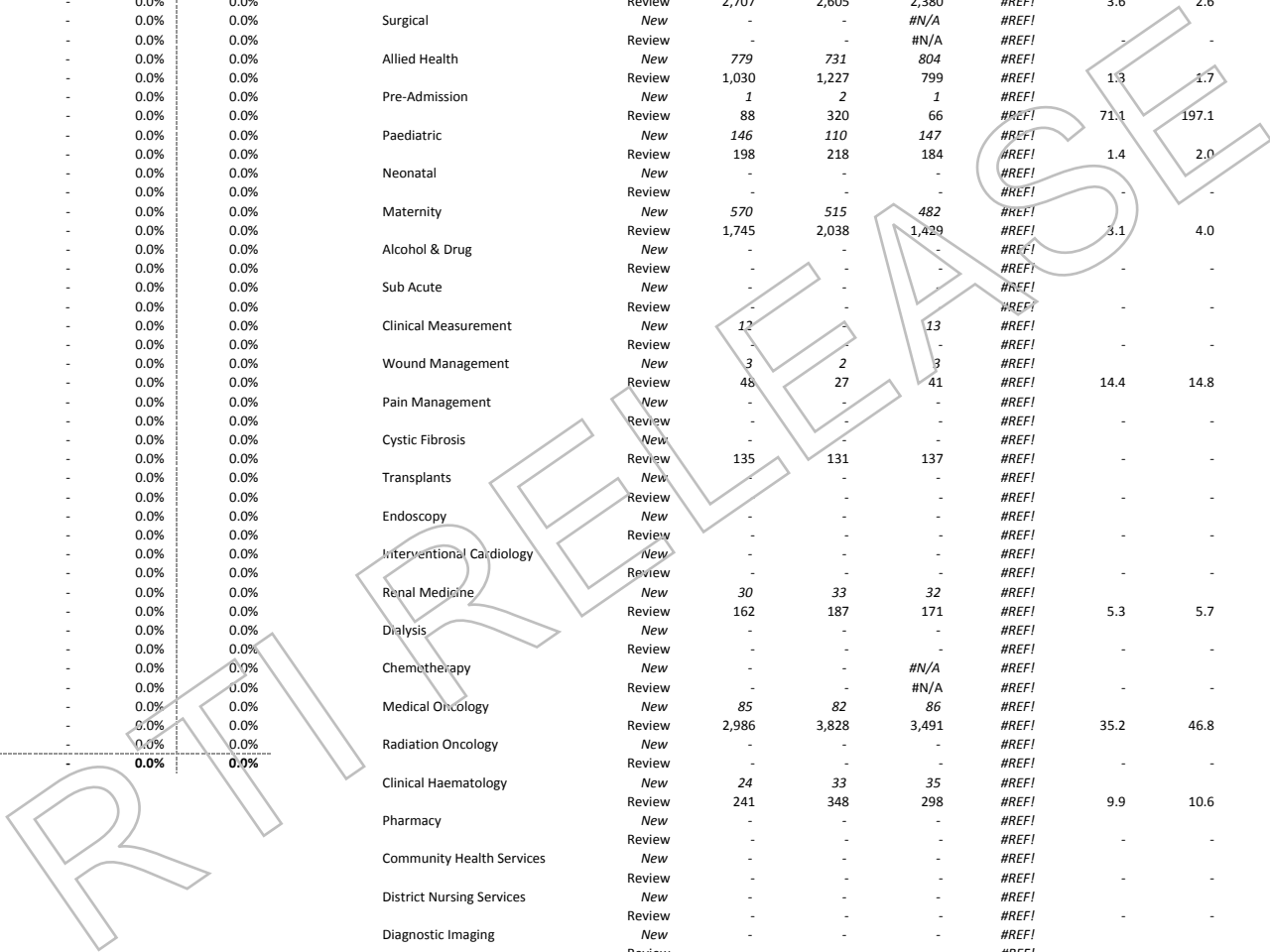
Information provided by Clinical Access and Redesign Unit
Data source: HBCIS Elective Admissions Module (EAM), data is preliminary and subject to change.

CASEMIX CHANGE - Year on year comparison

Inpatient	2011-12 to 2012-13 Change				Potential Casemix Change
	YTD Septs		YTD WAUs		
	Actual	%	Actual	%	
Service Related Group (SRG)					
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%	-	0.0%	0.0%
Unallocated	-	0.0%	-	0.0%	0.0%
Total	-	0.0%	-	0.0%	0.0%

AMBULATORY CARE - Review to New ratio

		Weighted Activity Units - WAU				R2N Ratio - WAUs		
Outpatient		2010-11 Actual	2011-12 Actual	2012-13 Purchased	2012-13 YTD	2010-11	2011-12	YTD 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	#REF!			
	Review	1,745	2,038	1,429	#REF!	3.1	4.0	-
Alcohol & Drug	New	-	-	-	#REF!			
	Review	-	-	-	#REF!			
Sub Acute	New	-	-	-	#REF!			
	Review	-	-	-	#REF!			
Clinical Measurement	New	12	-	13	#REF!			
	Review	-	-	-	#REF!			
Wound Management	New	3	2	3	#REF!			
	Review	48	27	41	#REF!	14.4	14.8	-
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!			
	Review	-	-	-	#REF!			
Psychiatry	New	-	-	-	#REF!			
	Review	-	-	-	#REF!			
Primary Care	New	-	-	-	#REF!			
	Review	-	-	-	#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

DRAFT RELEASE



Queensland
Government

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Appendices

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RTI RELEASES

PERFORMANCE DOMAINS - Escalation KPIs

YTD Result / Latest Result

SAFETY AND QUALITY		TARGET	Data as at	Data source: Decision Support System (DSS) as at 15 October 2012
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	August	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 15 October 2012
E4	National Emergency Access Target (NEAT) : * % of ED attendances who depart within 4 hours of their arrival in ED		70%	September 73.8% ↑	
E5	Emergency Department: % seen within recommended timeframe:				
E5.1	Category 1: within 2 minutes		100%	September 96.2% ↓	
E5.2	Category 2: within 10 minutes		80%	September 81.2% -	
E5.3	Category 3: within 30 minutes		75%	September 68.6% ↑	
E5.4	Category 4: within 60 minutes		70%	September 66.7% ↑	
E5.5	Category 5: within 120 minutes		70%	September 83.8% ↑	
E6	Patient Off Stretcher Time (POST): < 30 mins (%)		90%	August 88.2% ↑	
E7	Elective Surgery: % treated within clinically recommended timeframe: *				
E7.1	Category 1: within 30 days		89%	September 96.6% ↑	
E7.2	Category 2: within 90 days		81%	September 90.2% ↑	
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 +/-1%	August	
E9.1	Inpatients				
E9.2	Outpatients				
E9.3	ED # result does not include CSO ED data				
E9.4	Mental Health				
E9.5	Critical Care				
E9.6	Sub and Non-Acute Patients				

CLOSING THE GAP		TARGET	Data as at
E14	Achievement of Closing the Gap escalation indicators	0 'Red' esc. KPIs	Data currently unavailable for these indicators - will be provided in November report
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	

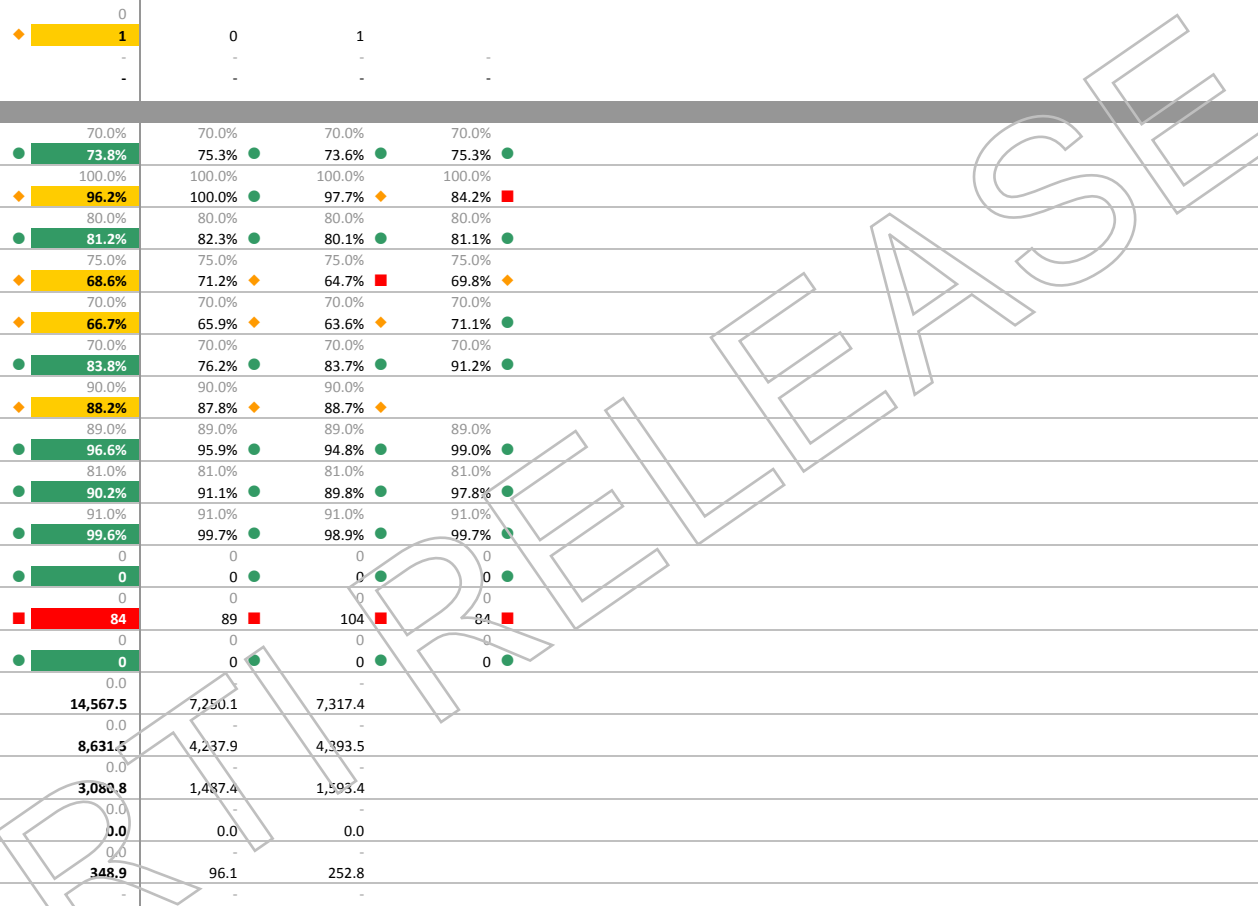
MENTAL HEALTH AND ALCOHOL AND OTHER DRUG TREATMENT SERVICES		TARGET	Data as at
E15	Achievement of Mental Health & Alcohol and Other Drug Treatment Services escalation indicators	> 67% 'Green' esc. KPIs	Data currently unavailable for these indicators
E15.1	Ambulatory Service Contacts	100%	
E15.2	Ambulatory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

Legend: Latest/YTD Result compared to previous reporting period: Favourable ↑ Stable = Unfavourable ↓

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 AND QUALITY															
<i>E1 & E2 data is currently unavailable</i>															
E1	Never Events	Result	-	-	-	-	-	-	-	-	-	-	-	-	0
E2	Hospital acquired 3rd and 4th stage pressure injuries (FY Target is 5% of 2010-11 actuals)	FY Target	0	-	-	-	-	-	-	-	-	-	-	-	0
E3	Healthcare-associated Staphylococcus aureus (including MRSA) bacteraemia - SAB	Result	1	1	-	-	-	-	-	-	-	-	-	-	20%
		Target	-	-	-	-	-	-	-	-	-	-	-	-	
		Result	-	-	-	-	-	-	-	-	-	-	-	-	
ACCESS															
<i>* denotes calendar year result</i>															
E4	National Emergency Access Target: 4hrs *	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%
		Result	73.8%	75.3%	73.6%	75.3%	73.6%	75.3%	73.6%	75.3%	73.6%	75.3%	73.6%	75.3%	
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%
	Category 1: within 2 minutes	Result	96.2%	100.0%	97.7%	84.2%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80%
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%
	Category 2: within 10 minutes	Result	81.2%	82.3%	80.1%	81.1%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80%
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%
	Category 3: within 30 minutes	Result	68.6%	71.2%	64.7%	69.8%	70.0%	70.0%	70.0%	70.0%	70.0%	70.0%	70.0%	70.0%	70%
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%
	Category 4: within 60 minutes	Result	66.7%	65.9%	63.6%	71.1%	70.0%	70.0%	70.0%	70.0%	70.0%	70.0%	70.0%	70.0%	70%
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%
	Category 5: within 120 minutes	Result	83.8%	76.2%	83.7%	91.2%	70.0%	70.0%	70.0%	70.0%	70.0%	70.0%	70.0%	70.0%	70%
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%
		Result	88.2%	87.8%	88.7%	88.7%	88.7%	88.7%	88.7%	88.7%	88.7%	88.7%	88.7%	88.7%	90%
E7.1	ES: % treated within recommended time *	Target	89.0%	89.0%	89.0%	89.0%	89.0%	89.0%	89.0%	89.0%	89.0%	89.0%	89.0%	89.0%	89%
	Category 1: within 30 days	Result	96.6%	95.9%	94.8%	99.0%	81.0%	81.0%	81.0%	81.0%	81.0%	81.0%	81.0%	81.0%	81%
E7.2		Target	81.0%	81.0%	81.0%	81.0%	81.0%	81.0%	81.0%	81.0%	81.0%	81.0%	81.0%	81.0%	81%
	Category 2: within 90 days	Result	90.2%	91.1%	89.8%	97.8%	91.0%	91.0%	91.0%	91.0%	91.0%	91.0%	91.0%	91.0%	91%
E7.3		Target	91.0%	91.0%	91.0%	91.0%	91.0%	91.0%	91.0%	91.0%	91.0%	91.0%	91.0%	91.0%	91%
	Category 3: within 365 days	Result	99.6%	99.7%	98.9%	99.7%	99.7%	99.7%	99.7%	99.7%	99.7%	99.7%	99.7%	99.7%	99%
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
	Category 2: within 90 days	Result	84	89	104	84	84	84	84	84	84	84	84	84	84
E8.3		Target	0	0	0	0	0	0	0	0	0	0	0	0	0
	Category 3: within 365 days	Result	0	0	0	0	0	0	0	0	0	0	0	0	0
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	-	-	-	-	-	-	-	-	-	-	-	51,768.5
	Inpatients	Result	8,631.5	4,237.9	4,393.5	-	-	-	-	-	-	-	-	-	-
E9.2		Target	0.0	-	-	-	-	-	-	-	-	-	-	-	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	-	-	-	-	-	-	-	-	-	-	-	10,195.6
	Emergency Department	Result	0.0	0.0	0.0	-	-	-	-	-	-	-	-	-	-
E9.4		Target	0.0	-	-	-	-	-	-	-	-	-	-	-	1,515.5
	Mental Health	Result	348.9	96.1	252.8	-	-	-	-	-	-	-	-	-	-
E9.5		Target	-	-	-	-	-	-	-	-	-	-	-	-	12,985.4
	Critical Care	Result	2,364.5	1,374.4	990.2	-	-	-	-	-	-	-	-	-	-
E9.6		Target	0.0	-	-	-	-	-	-	-	-	-	-	-	814.2
	Sub and Non-Acute Patients	Result	141.8	54.3	87.5	-	-	-	-	-	-	-	-	-	-



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
CLOSING THE GAP															
E14	Achievement of Closing the Gap escalation indicators														
E14.1	Indigenous status - reporting of 'not stated' on admission - <i>June 2012 result</i>	Target Result													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													ds
E14.4	Aboriginal and Torres Strait Islander Cultural Practice Program participants	Target Result													ds
MENTAL HEALTH & ALCOHOL AND OTHER DRUG TREATMENT SERVICES															
E15	Achievement of Mental Health & ATODS escalation indicators	Result Target													
E15.1	Ambulatory service contacts	Target Result													100%
E15.2	Ambulatory service contacts: Duration (hours)	Target Result													100%
E15.3	Accrued patient days in block funded mental health facilities	Target Result													95%
E15.4	Closure of ATODS Client Intake	Target Result													2
E15.5	Dedicated hospital alcohol & other drugs withdrawal beds - <i>Metro North HHS only</i>	Target Result													n/a
E15.6	Dedicated residential alcohol & other drugs withdrawal beds - <i>Mater HS & Children's HQ only</i>	Target Result													n/a

RTI RELEASE

RTI

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
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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

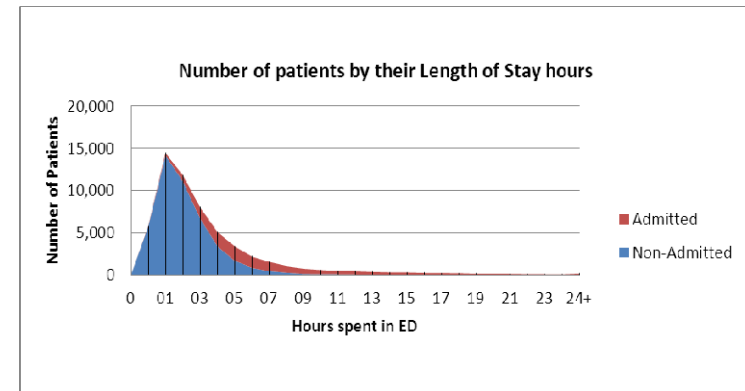
WAITING TIMES - monthly performance

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	4	18	35	24	24

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	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

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

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

Weighted Activity Units - WAU	2011-12 FY Actual	2012-13 Purchased	2011-12 YTD Actual	2012-13 YTD DSS Target	2012-13 YTD Actual	YTD Variance to Target	2011-12 to 2012-13 Change
Activity						Actual	%
ABF	-	91,617.7	-	-	-	-	-
Non ABF	-	342.0	15,901.4	-	14,567.5	14,567.5	-1,333.9
Total Activity	90,473.4	91,959.7	15,901.4	-	14,567.5	-	-1,333.9

Inpatients ** Note: DSS loaded FY target does not match 2012-13 Purchased WAU

Service Related Group (SRG)	2011-12 FY Actual	2012-13 Purchased	2011-12 YTD Actual	2012-13 YTD DSS Target	2012-13 YTD Actual	YTD Variance to Target	2011-12 to 2012-13 Change
01 Cardiology	865.4	952.7	165.8	-	153.4	153.4	-12.4
02 Interventional Cardiology	135.6	146.0	31.4	-	22.1	22.1	-9.3
03 Dermatology	220.4	231.9	42.6	-	38.1	38.1	-4.5
04 Endocrinology	998.7	1,018.8	195.9	-	190.2	190.2	-5.7
05 Gastroenterology	522.7	932.8	90.9	-	75.0	75.0	-15.9
06 Diagnostic GI Endoscopy	791.9	790.1	128.2	-	160.8	160.8	32.7
07 Haematology	635.9	939.6	137.2	-	94.4	94.4	-42.8
08 Immunology & Infections	1,070.6	1,086.1	191.7	-	186.3	186.3	-5.4
09 Medical Oncology	635.9	589.9	105.8	-	79.0	79.0	-26.9
10 Chemotherapy & Radiotherapy	48.4	167.2	4.6	-	3.1	3.1	-1.6
11 Neurology	1,357.8	1,491.7	227.7	-	260.9	260.9	33.3
12 Renal Medicine	368.1	411.2	47.7	-	60.6	60.6	13.0
13 Renal Dialysis	4.6	-	-	-	-	-	-
14 Respiratory Medicine	3,032.4	3,827.5	581.5	-	629.1	629.1	47.7
15 Rheumatology	240.5	254.8	39.2	-	33.7	33.7	-5.5
16 Non Subspecialty Medicine	1,805.4	1,124.5	327.8	-	292.1	292.1	-35.7
17 Breast Surgery	785.4	721.1	160.6	-	179.1	179.1	18.6
18 Cardiothoracic Surgery	1,060.3	1,995.9	89.7	-	176.4	176.4	176.4
19 Colorectal Surgery	1,214.1	1,234.8	243.4	-	153.3	153.3	-90.2
20 Upper GIT Surgery	712.5	875.7	140.5	-	126.2	126.2	-14.3
21 Head & Neck Surgery	189.1	344.4	49.3	-	26.7	26.7	-22.6
22 Neurosurgery	760.2	1,436.5	135.5	-	146.9	146.9	11.3
23 Dentistry	348.4	483.4	54.5	-	56.6	56.6	2.0
24 Ear, Nose & Throat	1,822.3	1,842.8	363.4	-	358.6	358.6	-4.7
25 Orthopaedics	5,455.5	5,150.1	1,122.3	-	952.0	952.0	-170.3
26 Ophthalmology	1,017.8	1,091.1	210.8	-	191.9	191.9	-18.9
27 Plastic & Reconstructive Surgery	1,448.2	1,465.2	221.2	-	237.3	237.3	16.1
28 Urology	2,231.0	2,291.5	356.2	-	333.5	333.5	-22.6
29 Vascular Surgery	541.0	646.3	83.0	-	112.3	112.3	29.3
30 Non Subspecialty Surgery	2,946.4	3,000.2	530.2	-	498.8	498.8	-31.4
31 Transplantation	102.6	70.4	25.3	-	8.0	8.0	-17.3
32 Extensive Burns	8.1	33.0	0.2	-	0.1	0.1	-0.1
33 Tracheostomy & ECMO	1,233.7	816.7	316.5	-	187.7	187.7	-128.9
34 Gynaecology	2,663.4	2,600.4	472.2	-	530.8	530.8	58.6
35 Obstetrics	7,404.8	7,924.2	1,123.7	-	1,314.4	1,314.4	190.7
36 Qualified Neonate	3,405.0	3,638.9	517.9	-	583.1	583.1	65.2
38 Drug & Alcohol	103.2	140.9	17.4	-	16.5	16.5	-0.9
41 Unallocated	190.2	-	20.0	-	72.7	72.7	52.7
Inpatient Total	48,377.2	51,768.5	8,571.8	-	8,631.5	8,631.5	59.6

Critical Care ** Note: DSS loaded FY target does not match 2012-13 Purchased WAU

Bed Type	2011-12 FY Actual	2012-13 Purchased	2011-12 YTD Actual	2012-13 YTD DSS Target	2012-13 YTD Actual	YTD Variance to Target	2011-12 to 2012-13 Change
Coronary Care	384.9	462.0	59.8	-	69.9	69.9	10.1
Intensive Care	1,490.7	1,349.9	347.4	-	237.4	237.4	-110.0
Neonatal Intensive Care	4,040.2	4,683.8	741.4	-	889.2	889.2	147.8
Paediatric Intensive Care	3,294.9	3,658.9	569.7	-	622.7	622.7	53.0
Special Care Nursery	2,838.7	2,830.7	437.6	-	495.3	495.3	57.7
Critical Care Total	12,049.4	12,985.4	2,155.9	-	2,364.5	-	208.6

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

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
Inpatients	-	-	-	-	-	-	-	-	-	-	-	-
Critical Care	-	-	-	-	-	-	-	-	-	-	-	-
Emergency Department	-	-	-	-	-	-	-	-	-	-	-	-
Sub and Non-Acute Patients	-	-	-	-	-	-	-	-	-	-	-	-
Mental Health	-	-	-	-	-	-	-	-	-	-	-	-
Outpatients	-	-	-	-	-	-	-	-	-	-	-	-
Total Activity Target	-	-	-	-	-	-	-	-	-	-	-	-

Weighted Activity Units - WAU	2011-12 FY Actual	2012-13 Purchased	2011-12 YTD Actual	2012-13 YTD DSS Target	2012-13 YTD Actual	YTD Variance to Target	2011-12 to 2012-13 Change
Emergency Department	116.8	116.0	23.6	-	-	-	-23.6
Presentation Type	1,304.6	1,199.8	229.0	-	-	-	-229.0
Cat 1 (Admitted and Discharged)	4,123.5	4,228.0	737.9	-	-	-	-737.9
Cat 2 (Admitted and Discharged)	4,642.8	4,496.3	822.3	-	-	-	-822.3
Cat 3 (Admitted and Discharged)	161.5	154.7	23.9	-	-	-	-23.9
Did Not Wait	-	-	-	-	-	-	-
Died	3.0	0.9	0.9	-	-	-	-0.9
Emergency Services Treated	-	0.0	-	-	-	-	-
Emergency Department Total	10,352.2	10,195.6	1,837.5	-	-	-	-1,837.5

Sub and Non-Acute Patients ** Note: DSS loaded FY target does not match 2012-13 Purchased WAU

Bed Type	2011-12 FY Actual	2012-13 Purchased	2011-12 YTD Actual	2012-13 YTD DSS Target	2012-13 YTD Actual	YTD Variance to Target	2011-12 to 2012-13 Change
GEM	-	-	-	-	-	-	-
MAINT	297.6	190.3	78.5	-	34.2	34.2	-44.3
PALLIATIVE	280.1	369.9	20.3	-	56.0	56.0	35.7
REHAB	154.0	254.0	25.5	-	51.6	51.6	26.1
SNAP Total	731.7	814.2	124.3	-	141.8	141.8	17.6

Mental Health ** Note: DSS loaded FY target does not match 2012-13 Purchased WAU

Activity Type	2011-12 FY Actual	2012-13 Purchased	2011-12 YTD Actual	2012-13 YTD DSS Target	2012-13 YTD Actual	YTD Variance to Target	2011-12 to 2012-13 Change
Designated Bed (Per Diem Activity)	1,266.1	1,401.6	269.0	-	320.6	320.6	51.5
39 Psychiatry - Acute	118.9	110.9	17.3	-	28.3	28.3	11.1
Mental Health Total	1,385.0	1,512.5	286.3	-	348.9	348.9	62.6

Outpatients ** Note: DSS loaded FY target does not match 2012-13 Purchased WAU

Clinic Type	2011-12 FY Actual	2012-13 Purchased	2011-12 YTD Actual	2012-13 YTD DSS Target	2012-13 YTD Actual	YTD Variance to Target	2011-12 to 2012-13 Change
Medical	3,606.7	3,164.7	629.1	-	695.5	695.5	66.4
Surgical	3,990.1	3,225.4	672.1	-	704.4	704.4	32.3
Allied Health	1,958.2	1,602.7	335.1	-	329.8	329.8	-5.3
Pre-Admission	321.6	67.1	61.8	-	52.0	52.0	-9.7
Paediatric	327.5	331.0	53.5	-	93.3	93.3	39.8
Neonatal	-	-	-	-	1.3	1.3	1.3
Maternity	2,552.8	1,911.5	399.4	-	153.6	153.6	-245.8
Alcohol & Drug	-	-	-	-	-	-	-
Chemotherapy	-	-	-	-	624.6	624.6	624.6
Clinical Haematology	380.4	333.4	53.9	-	17.8	17.8	-36.0
Clinical Measurement	-	-	-	-	67.6	67.6	67.6
Community Health Services	-	-	-	-	-	-	-
Cystic Fibrosis	130.9	136.8	22.9	-	24.4	24.4	1.5
Diagnostic Imaging	-	-	-	-	-	-	-
Dialysis	150.6	70.1	18.2	-	26.0	26.0	7.8
District Nursing Services	-	-	-	-	-	-	-
Endoscopy	-	-	-	-	63.6	63.6	63.6
Interventional Cardiology	-	-	-	-	-	-	-
Medical Oncology	3,909.9	3,577.0	637.5	-	169.4	169.4	-468.2
Pain Management	-	-	-	-	-	-	-
Pharmacy	-	-	-	-	-	-	-
Primary Care	-	-	-	-	-	-	-
Psychiatry	-	-	-	-	-	-	-
Radiation Oncology	-	-	-	-	-	-	-
Renal Medicine	220.1	203.1	34.5	-	45.9	45.9	11.3
Sub Acute	-	-	-	-	10.1	10.1	10.1
Transplants	-	-	-	-	-	-	-
Wound Management	29.0	44.5	7.7	-	1.5	1.5	-6.2
Other	-	-	-	-	-	-	-
Outpatient Total	17,577.8	14,680.1	2,925.6	-	3,080.8	3,080.8	155.1

2012-13 Purchased	HHS FY Target loaded to DSS	Variance to Purchased	
51,768.5	-	-51,768.5	Inpatients
12,985.4	-	-12,985.4	Critical Care
10,195.6	-	-10,195.6	Emergency Department
814.2	-	-814.2	Sub and Non-Acute Patients
1,515.5	-	-1,515.5	Mental Health
14,680.1	-	-14,680.1	Outpatients
91,959.4	-	-91,959.4	Total Activity Target

CASEMIX CHANGE - Year on year comparison August 2012

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

	2011-12 to 2012-13 Change		YTD WAUs		Potential Casemix Change	WAUs notional variance	
	YTD Seps Actual	%	Actual	%		Volume	Casemix related
Inpatients							
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%	-11.3	-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

* Inpatient total excludes 39 Psychiatry - Acute and 40 Rehabilitation

AMBULATORY CARE - Review to New ratio - August 2012

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

Outpatients	Weighted Activity Units - WAU				R2N Ratio - WAUs		
	2010-11 Actual	2011-12 Actual	2012-13 Purchased	2012-13 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 1,029.5	1,226.9	798.8	199.2	1.3	1.7	1.5
	Other -	-	-	-			
Pre-Admission	New 1.2	1.6	1.3	0.6			
	Review 88.0	319.9	65.8	51.1	71.1	197.1	82.9
Paediatric	New 146.0	109.9	147.3	27.5			
	Review 198.1	217.0	183.7	65.8	1.4	2.0	2.4
Neonatal	New -	-	-	1.2			
	Review -	-	-	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 -	-	-	-			
	Review -	-	-	-	-	-	-
	Other -	-	-	-			
Sub Acute	New -	-	-	2.2			
	Review -	-	-	7.9	-	-	3.6
	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 -	-	-	-			
	Review 135.2	130.9	136.8	24.4	-	-	-
Transplants	New -	-	-	-			
	Review -	-	-	-	-	-	-
Endoscopy	New -	-	-	50.1			
	Review -	-	-	13.5	-	-	0.3
Interventional Cardiology	New -	-	-	-			
	Review 40.4	-	-	-	-	-	-
	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	-	26.0	-	-	-
	Other -	-	70.1	-			
Chemotherapy	New -	-	-	4.6			
	Review -	-	-	620.0	-	-	135.3
Medical Oncology	New 84.8	81.8	85.6	15.6			
	Review 2,985.5	3,828.1	3,491.5	153.8	35.2	46.8	9.8
Radiation Oncology	New -	-	-	-			
	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 -	-	-	-	-	-	-
	Other -	-	-	-			
Total	New 3,350.2	3,618.0	3,380.7	606.1			
	Review 12,110.6	13,959.9	11,229.3	2,474.7	3.6	3.9	4.1
	Other -	-	70.1	-			
Total	15,460.8	17,577.8	14,680.1	3,080.8			

ESCALATION KPI LIST

KPI No.	Escalation KPIs	Attainment Score		
		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% 2013: > 77.0%	2012: 69.9% - 65.0% 2013: 76.9% - 70.0%	2012: < 65.0% 2013: < 70.0%
E5	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 Cat. 1: 100% Cat. 2: > 80.0% Cat. 3: > 75.0% Cat. 4: > 70.0% Cat. 5: > 70.0%	Cat. 1: 99.9% - 90.0% Cat. 2: 79.9% - 70.0% Cat. 3: 74.9% - 65.0% Cat. 4: 69.9% - 60.0% Cat. 5: 69.9% - 60.0%	Cat. 1: < 90.0% Cat. 2: < 70.0% Cat. 3: < 65.0% Cat. 4: < 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 (National Elective Surgery Target (Part 1))	2012 Cat. 1: 89.0% Cat. 2: 81.0% Cat. 3: 91.0% 2013 Cat. 1: 100% Cat. 2: 87.0% Cat. 3: 94.0%	2012 Cat. 1: 88.9% - 85.0% Cat. 2: 80.9% - 78.0% Cat. 3: 90.9% - 87.0% 2013 Cat. 1: 99.9% - 96.0% Cat. 2: 86.9% - 83.0% Cat. 3: 93.9% - 90.0%	2012 Cat. 1: < 85.0% Cat. 2: < 78.0% Cat. 3: < 87.0% 2013 Cat. 1: < 96.0% Cat. 2: < 83.0% Cat. 3: < 90.0%
E8	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 for all categories Cat. 1: 0 Cat. 2: 0 Cat. 3: 0	HHS specific Cat. 1: > 0% - 5.0% Cat. 2: > 0% - 5.0% Cat. 3: > 0% - 5.0%	HHS specific Cat. 1: > 5.0% Cat. 2: > 5.0% Cat. 3: > 5.0%
E9	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 (part C) contained in the Service Agreement	> tolerance as per detail in Schedule 3 (part C) contained in the Service Agreement
Efficiency 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 Budget	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 B) contained in the Service Agreement	0 - 1.0% unfavourable variance to budget	> 1.0% unfavourable variance to budget
Closing the Gap		Target		
E14	Performance domain target: Achievement of Closing the Gap escalation indicators contained within Schedule 8 of the Service Agreement.	0 escalation KPI red and > = 2 escalation KPI green in any quarter	1 escalation KPI red in any quarter or > = 3 escalation KPIs amber in any quarter	> = 2 escalation KPIs red in any quarter or 1 escalation KPI red for > = 2 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 (based on staff numbers at beginning of financial year)	> = 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
Mental Health and Alcohol and Other Drugs		Target		
E15	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	Achieve target in 67% - 50% of the escalation indicators	Achieve target in less than 50% of the escalation indicators
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 drugs withdrawal beds	> 95.0% open	95.0% - 85.0%	< 85.0%

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RTI RELEASES

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	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	September	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 19 November 2012
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 recommended 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 recommended 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:				
E8.1	Category 1: within 30 days		0	October 0 ←	
E8.2	Category 2: within 90 days		0	October	89 ↷
E8.3	Category 3: within 365 days		0	October 0 ←	
E9	Activity: variance between Purchased activity and YTD activity:		0% to +/-1%	September 22,510.6	
E9.1	Inpatients			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	

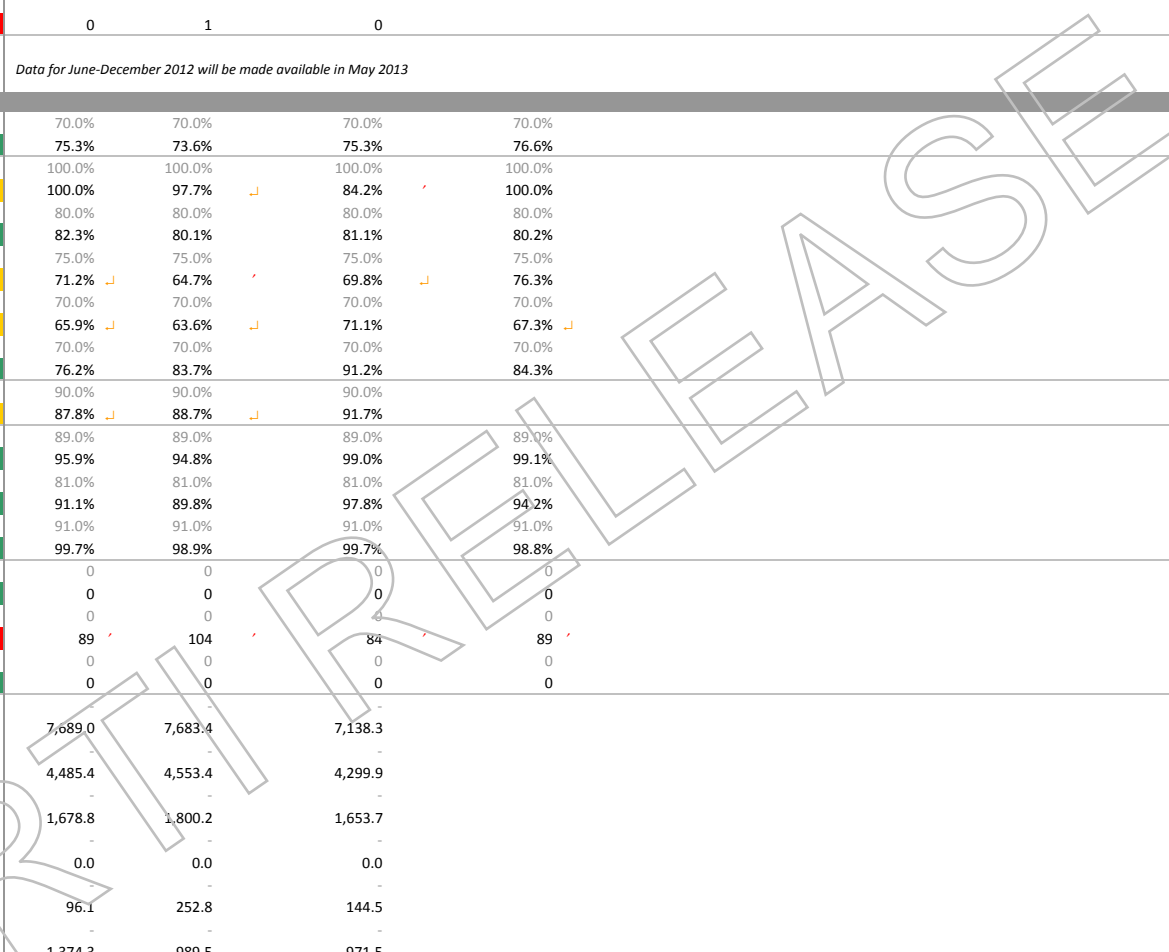
Legend: Latest/YTD Result compared to previous reporting period: Favourable ↷ Stable ← Unfavourable ↶

RETRACTED

TREND IN ESCALATION KPI

Data source: Decision Support System (DSS) as at 19 November 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 AND QUALITY															
<i>E1 & E3 data is currently unavailable</i>															
E1	Never Events	Result	-	-	-	-									0
E2	Hospital acquired 3rd and 4th stage pressure injuries (FY Target is 5% of 2010-11 actuals)	FY Target	0												0
		Result	1	0	1	0									
E3	Healthcare-associated Staphylococcus aureus (including MRSA) bacteraemia - SAB	Target	-												20%
		Result	-	<i>Data for June-December 2012 will be made available in May 2013</i>											
ACCESS															
<i>** denotes calendar year result</i>															
E4	National Emergency Access Target: 4hrs **	Target	70.0%	70.0%	70.0%	70.0%	70.0%								70%
		Result	74.1%	75.3%	73.6%	75.3%	76.6%								
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		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%	76.3%								
E5.4		Target	70.0%	70.0%	70.0%	70.0%	70.0%								70%
	Category 4: within 60 minutes	Result	66.9%	65.9%	63.6%	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%	90.0%								90%
		Result	89.3%	87.8%	88.7%	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								0
	Category 1: within 30 days	Result	0	0	0	0	0								
E8.2		Target	0	0	0	0	0								0
	Category 2: within 90 days	Result	89	89	104	84	89								
E8.3		Target	0	0	0	0	0								0
	Category 3: within 365 days	Result	0	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		Target	-												10,196
	Emergency Department	Result	0.0	0.0	0.0	0.0									
E9.4		Target	-												1,516
	Mental Health	Result	493.4	96.1	252.8	144.5									
E9.5		Target	-												12,985
	Critical Care	Result	3,335.3	1,374.3	989.5	971.5									
E9.6		Target	-												814
	Sub and Non-Acute Patients	Result	210.5	54.3	87.5	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	NEAT	% 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			

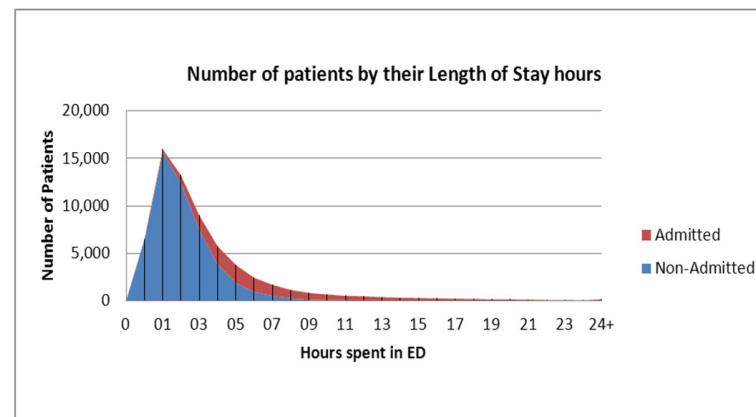
WAITING TIMES - monthly performance

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	4	15	40	33	24

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	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 NON-ABF) YTD PERFORMANCE - September 2012

Targets have not been updated by the HHS at this time

Weighted Activity Units - WAU		2011-12	2012-13	2011-12	2012-13 YTD	YTD Variance to Target	2011-12 to 2012-13	Change
Activity	FY Actual	Purchased	YTD Actual	DSS Target	Actual	%	Actual	%
ABF	-	91,617.7	-	-	-	-	-	-
Non ABF	93,121.4	342.0	24,320.6	-	22,510.6	22,510.6	-1,810.0	-7.4%
Total Activity	93,121.4	91,959.7	24,320.6	-	22,510.6	22,510.6	-1,810.0	-7.4%

Inpatients

Service Related Group (SRG)

Activity	2011-12 FY Actual	2012-13 Purchased	2011-12 YTD Actual	DSS Target	Actual	%	YTD Variance to Target	2011-12 to 2012-13 Change
01 Cardiology	875.0	952.7	237.1	-	229.4	229.4	-7.7	-3.3%
02 Interventional Cardiology	186.2	146.0	85.5	-	34.6	34.6	-50.9	-59.6%
03 Dermatology	220.2	231.9	59.6	-	55.7	55.7	-3.9	-6.5%
04 Endocrinology	977.7	1,018.8	287.5	-	289.8	289.8	2.3	0.8%
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%
07 Haematology	647.0	939.6	203.4	-	140.9	140.9	-62.5	-30.7%
08 Immunology & Infections	1,086.9	1,086.1	273.2	-	267.2	267.2	-6.0	-2.2%
09 Medical Oncology	633.8	589.9	171.0	-	126.0	126.0	-45.0	-26.3%
10 Chemotherapy & Radiotherapy	48.4	167.2	8.5	-	7.3	7.3	-1.2	-14.3%
11 Neurology	1,375.2	1,491.7	352.7	-	391.5	391.5	38.9	11.0%
12 Renal Medicine	365.3	411.2	75.6	-	96.0	96.0	20.4	27.0%
13 Renal Dialysis	4.6	-	-	-	-	-	-	-
14 Respiratory Medicine	3,048.8	3,827.5	892.8	-	879.7	879.7	-13.0	-1.5%
15 Rheumatology	241.3	254.8	57.8	-	57.2	57.2	-0.5	-0.9%
16 Non Subspecialty Medicine	1,824.8	1,124.5	510.2	-	452.3	452.3	-57.9	-11.3%
17 Breast Surgery	792.9	721.1	231.6	-	233.1	233.1	1.5	0.6%
18 Cardiothoracic Surgery	1,770.6	1,995.9	434.8	-	558.1	558.1	123.3	28.4%
19 Colorectal Surgery	1,239.6	1,234.8	355.1	-	261.2	261.2	-93.9	-26.4%
20 Upper GIT Surgery	728.8	875.7	224.8	-	188.7	188.7	-36.1	-16.0%
21 Head & Neck Surgery	318.8	344.4	82.7	-	92.8	92.8	10.1	12.2%
22 Neurosurgery	766.4	1,436.5	211.0	-	220.5	220.5	9.5	4.5%
23 Dentistry	351.7	483.4	84.7	-	85.6	85.6	0.9	1.0%
24 Ear, Nose & Throat	1,833.1	1,842.8	502.9	-	504.9	504.9	2.0	0.4%
25 Orthopaedics	5,705.4	5,150.1	1,694.3	-	1,436.6	1,436.6	-257.7	-15.2%
26 Ophthalmology	1,030.5	1,091.1	317.0	-	267.6	267.6	-49.4	-15.6%
27 Plastic & Reconstructive Surgery	1,493.6	1,465.2	348.8	-	394.2	394.2	45.4	13.0%
28 Urology	2,342.5	2,291.5	612.6	-	524.4	524.4	-88.1	-14.4%
29 Vascular Surgery	554.2	646.3	134.5	-	156.9	156.9	22.4	16.7%
30 Non Subspecialty Surgery	3,599.0	3,000.2	941.2	-	872.4	872.4	-68.7	-7.3%
31 Transplantation	102.6	70.4	25.3	-	24.0	24.0	-1.3	-5.1%
32 Extensive Burns	8.1	33.0	0.2	-	11.1	11.1	10.8	4509.9%
33 Tracheostomy & ECMO	1,257.7	816.7	427.2	-	238.6	238.6	-89.6	-44.1%
34 Gynaecology	2,666.9	2,600.4	707.5	-	779.5	779.5	72.0	10.2%
35 Obstetrics	7,741.7	7,924.2	1,783.9	-	2,068.6	2,068.6	284.7	16.0%
36 Qualified Neonate	3,552.8	3,638.9	819.8	-	890.8	890.8	71.0	8.7%
38 Drug & Alcohol	105.6	140.9	33.7	-	29.0	29.0	-4.7	-14.0%
41 Unallocated	186.9	-	38.2	-	135.5	135.5	97.3	254.9%
Inpatient Total	51,022.2	51,768.5	13,551.6	-	13,338.6	13,338.6	-213.0	-1.6%

Critical Care

Bed Type

Activity	2011-12 FY Actual	2012-13 Purchased	2011-12 YTD Actual	DSS Target	Actual	%	YTD Variance to Target	2011-12 to 2012-13 Change
Coronary Care	-	462.0	-	-	-	-	-	-
Intensive Care	1,490.7	1,349.9	476.9	-	389.8	389.8	-87.1	-18.3%
Neonatal Intensive Care	4,040.2	4,683.8	1,014.2	-	1,234.1	1,234.1	220.0	21.7%
Paediatric Intensive Care	3,294.9	3,658.9	802.4	-	829.2	829.2	26.7	3.3%
Special Care Nursery	2,838.7	2,830.7	627.6	-	786.7	786.7	159.1	25.4%
Critical Care Total	12,049.4	12,985.4	3,007.0	-	3,335.3	3,335.3	328.3	10.9%

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

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
Inpatients	-	-	-	-	-	-	-	-	-	-	-	-
Critical Care	-	-	-	-	-	-	-	-	-	-	-	-
Emergency Department	-	-	-	-	-	-	-	-	-	-	-	-
Sub and Non-Acute Patients	-	-	-	-	-	-	-	-	-	-	-	-
Mental Health	-	-	-	-	-	-	-	-	-	-	-	-
Outpatients	-	-	-	-	-	-	-	-	-	-	-	-
Total Activity Target	-	-	-	-	-	-	-	-	-	-	-	-

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

Weighted Activity Units - WAU		2011-12	2012-13	2011-12	2012-13 YTD	YTD Variance to Target	2011-12 to 2012-13	Change
Activity	FY Actual	Purchased	YTD Actual	DSS Target	Actual	%	Actual	%

Emergency Department		2011-12	2012-13	2011-12	2012-13 YTD	YTD Variance to Target	2011-12 to 2012-13	Change
Presentation Type	FY Actual	Purchased	YTD Actual	DSS Target	Actual	%	Actual	%
<i>* 2012-13 actual does not include CSO ED data</i>								
Cat 1 (Admitted and Discharged)	116.8	116.0	34.3	-	-	-	-34.3	-100.0%
Cat 2 (Admitted and Discharged)	1,304.6	1,199.8	340.5	-	-	-	-340.5	-100.0%
Cat 3 (Admitted and Discharged)	4,123.5	4,228.0	1,105.6	-	-	-	-1,105.6	-100.0%
Cat 4 (Admitted and Discharged)	4,642.8	4,496.3	1,189.6	-	-	-	-1,189.6	-100.0%
Cat 5 (Admitted and Discharged)	161.5	154.7	37.0	-	-	-	-37.0	-100.0%
Did Not Wait	-	-	-	-	-	-	-	-
Died	3.0	0.9	1.3	-	-	-	-1.3	-100.0%
Emergency Services Treated	-	0.0	-	-	-	-	-	-
Emergency Department Total	10,352.2	10,195.6	2,708.2	-	-	-	-2,708.2	-100.0%

Sub and Non-Acute Patients

Bed Type

Activity	2011-12 FY Actual	2012-13 Purchased	2011-12 YTD Actual	DSS Target	Actual	%	YTD Variance to Target	2011-12 to 2012-13 Change
GEM	-	-	-	-	-	-	-	-
MAINT	297.6	190.3	99.7	-	69.6	69.6	-30.1	-30.2%
PALLIATIVE	280.1	369.9	32.5	-	68.4	68.4	-36.0	110.8%
REHAB	154.0	254.0	42.0	-	72.5	72.5	30.5	72.8%
SNAP Total	731.7	814.2	174.2	-	210.5	210.5	36.4	20.9%

Mental Health

Activity Type

Activity	2011-12 FY Actual	2012-13 Purchased	2011-12 YTD Actual	DSS Target	Actual	%	YTD Variance to Target	2011-12 to 2012-13 Change
Designated Bed (Per Diem Activity)	1,259.2	1,404.6	428.7	-	452.9	452.9	24.2	5.6%
39 Psychiatry - Acute	118.9	110.9	29.1	-	40.5	40.5	11.4	39.0%
Mental Health Total	1,388.1	1,515.5	457.8	-	493.4	493.4	35.6	7.8%

Outpatients

Clinic Type

Activity	2011-12 FY Actual	2012-13 Purchased	2011-12 YTD Actual	DSS Target	Actual	%	YTD Variance to Target	2011-12 to 2012-13 Change
Medical	3,606.7	3,164.7	959.2	-	1,092.5	1,092.5	133.3	13.9%
Surgical	3,990.1	3,225.4	1,020.7	-	1,014.3	1,014.3	-6.4	-0.6%
Allied Health	1,958.2	1,602.7	500.2	-	490.2	490.2	-10.0	-2.0%
Pre-Admission	321.6	67.1	89.8	-	74.2	74.2	-15.6	-17.4%
Paediatric	327.5	331.0	75.2	-	126.5	126.5	51.3	68.1%
Neonatal	-	-	-	-	1.9	1.9	1.9	-
Maternity	2,552.8	1,911.5	615.1	-	774.7	774.7	159.6	26.0%
Alcohol & Drug	-	-	-	-	-	-	-	-
Chemotherapy	-	-	-	-	928.1	928.1	928.1	-
Clinical Haematology	380.4	333.4	88.7	-	29.9	29.9	-58.8	-66.3%
Clinical Measurement	-	12.9	-	-	97.1	97.1	97.1	-
Community Health Services	-	-	-	-	-	-	-	-
Cystic Fibrosis	130.9	136.8	36.7	-	34.4	34.4	-2.3	-6.4%
Diagnostic Imaging	-	-	-	-	-	-	-	-
Dialysis	150.6	70.1	31.2	-	38.9	38.9	7.8	25.0%
District Nursing Services	-	-	-	-	-	-	-	-
Endoscopy	-	-	-	-	94.2	94.2	94.2	-
Interventional Cardiology	-	-	-	-	-	-	-	-
Medical Oncology	3,909.9	3,577.0	942.1	-	255.2	255.2	-686.8	-72.9%
Pain Management	-	-	-	-	-	-	-	-
Pharmacy	-	-	-	-	-	-	-	-
Primary Care	-	-	-	-	-	-	-	-
Psychiatry	-	-	-	-	-	-	-	-
Radiation Oncology	-	-	-	-	-	-	-	-
Renal Medicine	220.1	203.1	51.0	-	65.5	65.5	14.5	28.4%
Sub Acute	-	-	-	-	12.8	12.8	12.8	-
Transplants	-	-	-	-	-	-	-	-
Wound Management	29.0	44.5	12.0	-	2.4	2.4	-9.6	-80.0%
Other	-	-	-	-	-	-	-	-
Outpatient Total	17,577.8	14,680.1	4,421.8	-	5,132.8	5,132.8	711.0	16.1%

2012-13 Purchased	HHS FY Target loaded to DSS	Variance to Purchased
51,768.5	-	-51,768.5
12,985.4	-	-12,985.4
10,195.6	-	-10,195.6
814.2	-	-814.2
1,515.5	-	-1,515.5
14,680.1	-	-14,680.1
91,959.4	-	-91,959.4

Inpatients	Critical Care	Emergency Department	Sub and Non-Acute Patients	Mental Health	Outpatients
13,551.6	3,007.0	2,708.2	210.5	493.4	5,132.8
Total Activity Target	-	-	-	-	-

CASEMIX CHANGE - Year on year comparison - September 2012

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

Inpatients	2011-12 to 2012-13 Change		YTD WAUs		Potential Casemix Change	WAUs notional variance	
	YTD Seps Actual	%	Actual	%		Volume	Casemix 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	9.7%	-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

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

* Inpatient total excludes 39 Psychiatry - Acute and 40 Rehabilitation

AMBULATORY CARE - Review to New ratio - September 2012

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

Outpatients	Weighted Activity Units - WAU	2010-11	2011-12	2012-13	2012-13	R2N Ratio - WAUs		
		Actual	Actual	Purchased	YTD	2010-11	2011-12	2012-13 YTD
Clinic Type								
Medical	New	757.4	1,001.9	785.2	266.3			
	Review	2,707.4	2,604.8	2,379.6	826.2	3.6	2.6	3.1
Surgical	New	941.4	1,109.7	992.0	235.3			
	Review	2,699.5	2,880.4	2,233.3	779.0	2.9	2.6	3.3
Allied Health	New	779.2	731.3	805.9	195.5			
	Review	1,029.5	1,226.9	798.8	294.7	1.3	1.7	1.5
	Other	-	-	-	-			
Pre-Admission	New	1.2	1.6	1.3	1.2			
	Review	88.0	319.9	65.8	73.0	71.1	197.1	58.8
Paediatric	New	146.0	109.9	147.3	33.2			
	Review	198.1	217.6	183.7	93.3	1.4	2.0	2.8
Neonatal	New	-	-	-	1.7			
	Review	-	-	-	0.2	-	-	0.1
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	4.6
Alcohol & Drug	New	-	-	-	-			
	Review	-	-	-	-	-	-	-
	Other	-	-	-	-			
Sub Acute	New	-	-	-	3.1			
	Review	-	-	-	9.7	-	-	3.2
	Other	-	-	-	-			
Clinical Measurement	New	12.3	-	12.9	4.6			
	Review	-	-	-	92.5	-	-	20.1
Wound Management	New	3.4	1.8	3.4	0.0			
	Review	48.1	27.2	41.1	2.4	14.4	14.8	68.8
Pain Management	New	-	-	-	-			
	Review	-	-	-	-	-	-	-
Cystic Fibrosis	New	-	-	-	-			
	Review	135.2	130.9	136.8	34.4	-	-	-
Transplants	New	-	-	-	-			
	Review	-	-	-	-	-	-	-
Endoscopy	New	-	-	-	74.7			
	Review	-	-	-	19.5	-	-	0.3
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	6.6
Dialysis	New	-	-	-	-			
	Review	70.1	150.6	-	38.9	-	-	-
	Other	-	-	70.1	-			
Chemotherapy	New	-	-	-	11.1			
	Review	-	-	-	917.0	-	-	82.8
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	9.7
Radiation Oncology	New	-	-	-	-			
	Review	-	-	-	-	-	-	-
Clinical Haematology	New	24.5	32.7	35.1	7.0			
	Review	241.3	347.7	298.2	22.8	9.9	10.6	3.3
Primary Care	New	-	-	-	-			
	Review	-	-	-	-	-	-	-
	Other	-	-	-	-			
	Review	-	-	-	-	-	-	-
	Other	-	-	-	-			
Total	New	3,350.2	3,618.0	3,380.7	1,005.2	All clinics		
	Review	12,110.6	13,959.9	11,229.3	4,127.5	3.6	3.9	4.1
	Other	-	-	70.1	-	Excluding clinics as per Purchasing Initiative		
	Total	15,460.8	17,577.8	14,680.1	5,132.8	2.7	2.8	3.2

Target based on 2012-13 purchased

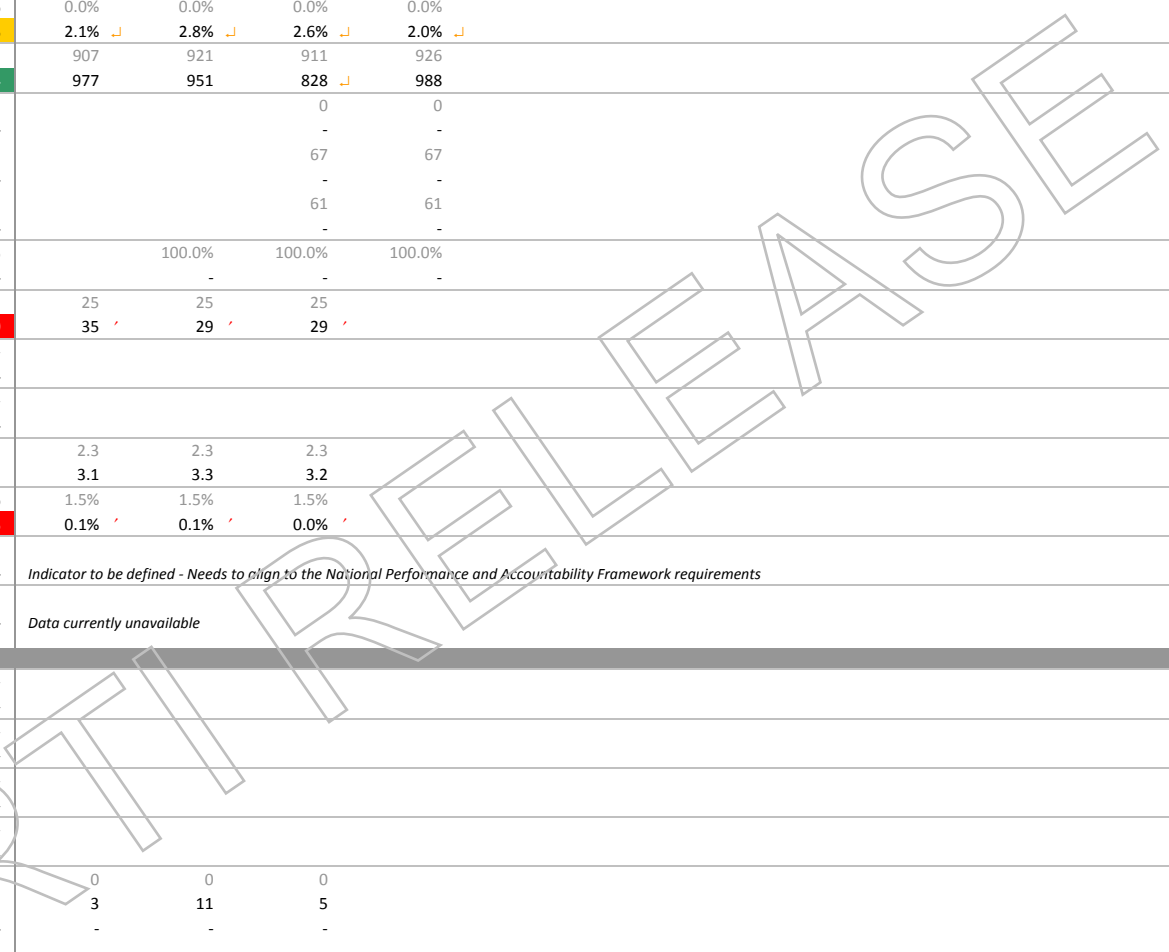
2.3

ESCALATION KPI LIST

KPI No.	Escalation KPIs	Attainment Score		
		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% 2013: > 77.0%	2012: 69.9% - 65.0% 2013: 76.9% - 70.0%	2012: < 65.0% 2013: < 70.0%
E5	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 Cat. 1: 100% Cat. 2: > 80.0% Cat. 3: > 75.0% Cat. 4: > 70.0% Cat. 5: > 70.0%	Cat. 1: 99.9% - 90.0% Cat. 2: 79.9% - 70.0% Cat. 3: 74.9% - 65.0% Cat. 4: 69.9% - 60.0% Cat. 5: 69.9% - 60.0%	Cat. 1: < 90.0% Cat. 2: < 70.0% Cat. 3: < 65.0% Cat. 4: < 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 (National Elective Surgery Target (Part 1))	2012 Cat. 1: 89.0% Cat. 2: 81.0% Cat. 3: 91.0% 2013 Cat. 1: 100% Cat. 2: 87.0% Cat. 3: 94.0%	2012 Cat. 1: 68.9% - 85.0% Cat. 2: 80.9% - 78.0% Cat. 3: 90.9% - 87.0% 2013 Cat. 1: 99.9% - 96.0% Cat. 2: 86.9% - 83.0% Cat. 3: 93.9% - 90.0%	2012 Cat. 1: < 85.0% Cat. 2: < 78.0% Cat. 3: < 87.0% 2013 Cat. 1: < 96.0% Cat. 2: < 83.0% Cat. 3: < 90.0%
E8	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 for all categories Cat. 1: 0 Cat. 2: 0 Cat. 3: 0	HHS specific Cat. 1: > 0% - 5.0% Cat. 2: > 0% - 5.0% Cat. 3: > 0% - 5.0%	HHS specific Cat. 1: > 5.0% Cat. 2: > 5.0% Cat. 3: > 5.0%
E9	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 (part C) contained in the Service Agreement	> tolerance as per detail in Schedule 3 (part C) contained in the Service Agreement
Efficiency 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 B) contained in the Service Agreement	0 - 1.0% unfavourable variance to budget	> 1.0% unfavourable variance to budget
Closing the Gap		Target		
E14	Performance domain target: Achievement of Closing the Gap escalation indicators contained within Schedule 8 of the Service Agreement.	0 escalation KPI red and > = 2 escalation KPI green in any quarter	1 escalation KPI red in any quarter or > = 3 escalation KPIs amber in any quarter	> = 2 escalation KPIs red in any quarter or 1 escalation KPI red for > = 2 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 (based on staff numbers at beginning of financial year)	> = 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
Mental Health and Alcohol and Other Drugs		Target		
E15	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	Achieve target in 67% - 50% of the escalation indicators	Achieve target in less than 50% of the escalation indicators
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 drugs withdrawal beds	> 95.0% open	95.0% - 85.0%	< 85.0%

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
ACCESS															
M12	Emergency Department median waiting time	Target	20	20	20	20									20
		Result	26	27	27	26									
M13	Emergency Department 'Did not waits'	Target	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	-			-	-								
M15.2	Category 2: within 90 days	Target	67			67	67								67
		Result	-			-	-								
M15.3	Category 3: within 365 days	Target	61			61	61								61
		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	-		-	-	-								
M18	Elective Surgery median waiting time	Target	25	25	25	25									25
		Result	30	35	29	29									
M19	Pre-operative elective bed days	Target	-												-
		Result	-												
M20	Provision of appropriate surgical services at Rural Hub Hospitals	Target	-												-
		Result	-												
M23	Ambulatory Care access Outpatient ratio	Target	2.3	2.3	2.3	2.3									2.3
	(Review to New)	Result	3.2	3.1	3.3	3.2									
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%
		Result	0.1%	0.1%	0.1%	0.0%									
M25	Cancer care pathway - waiting times for cancer care	Target	-	Indicator to be defined - Needs to align to the National Performance and Accountability Framework requirements											
		Result	-												
M26	Telehealth Non-admitted Occasions of Service	Target	-	Data currently unavailable											n/a
		Result	-												
EFFICIENCY AND FINANCIAL PERFORMANCE															
M28	Relative Stay Index for multi-day stay patients	Target	-												
		Result	-												
M29	Day of surgery admission rates for non-emergency multi-day stay patients	Target	-												
		Result	-												
M30	Day case surgery rates	Target	-												
		Result	-												
M31	Extended day case surgery rates	Target	-												
		Result	-												
M32	Out of scope procedures:	Target	0	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%									



November 2012

Queensland Health

Mater Health Service

Performance Dashboard

DRAFT RELEASE



Queensland
Government

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RTI RELEASES

PERFORMANCE DOMAINS - Escalation KPIs

YTD Result / Latest Result

SAFETY AND QUALITY		TARGET	Data as at	Data source: Decision Support System (DSS) as at 9 January 2013
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	

ACCESS		** denotes calendar year result	TARGET	Data as at	Data source: Decision Support System (DSS) as at 9 January 2013
E4	National Emergency Access Target (NEAT) : ** % of ED attendances who depart within 4 hours of their arrival in ED		70%	November 74.5% ↑	
E5	Emergency Department: % seen within recommended timeframe:				
E5.1	Category 1: within 2 minutes		100%	November 97.7% ↑	
E5.2	Category 2: within 10 minutes		80%	November 81.3% ↑	
E5.3	Category 3: within 30 minutes		75%	November 71.4% ↑	
E5.4	Category 4: within 60 minutes		70%	November 66.5% ↓	
E5.5	Category 5: within 120 minutes		70%	November 84.6% ↑	
E6	Patient Off Stretcher Time (POST): < 30 mins (%)		90%	October 90.4% ↑	
E7	Elective Surgery: % treated within clinically recommended timeframe: **				
E7.1	Category 1: within 30 days		89%	November 97.5% ↑	
E7.2	Category 2: within 90 days		81%	November 89.5% ↓	
E7.3	Category 3: within 365 days		91%	November 99.4% ↓	
E8	Elective Surgery: Number of patients waiting more than the clinically recommended:				
E8.1	Category 1: within 30 days		0	November 0 -	
E8.2	Category 2: within 90 days		0	November 118 ↓	
E8.3	Category 3: within 365 days		0	November 0 -	
E9	Activity: variance between Purchased activity and YTD activity:		0% to +/-1%	October	
E9.1	Inpatients				
E9.2	Outpatients				
E9.3	ED				
E9.4	Mental Health				
E9.5	Critical Care				
E9.6	Sub and Non-Acute Patients				

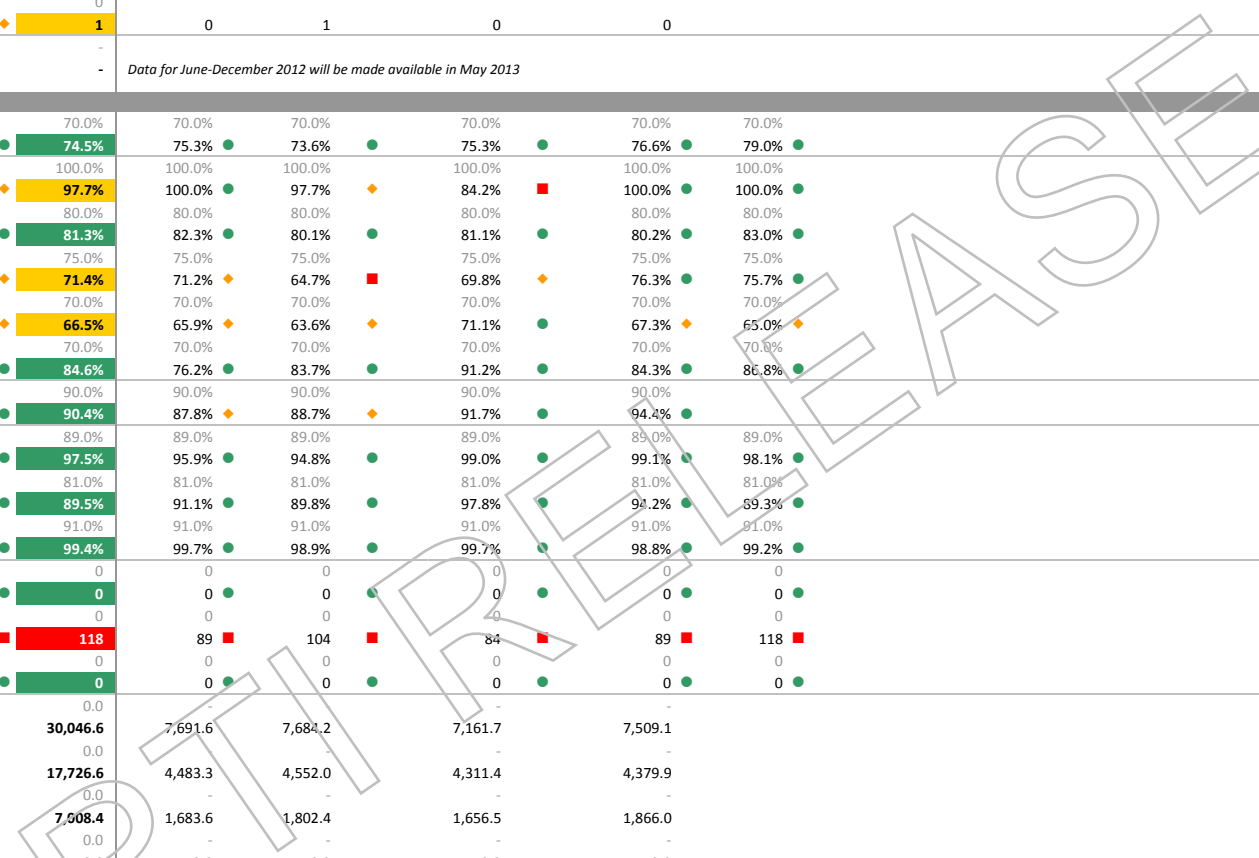
Legend: Latest/YTD Result compared to previous reporting period: Favourable ↑ Stable ▬ Unfavourable ↓

RTI

TREND IN ESCALATION KPI

Data source: Decision Support System (DSS) as at 9 January 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															
<i>E1 & E3 data is currently unavailable</i>															
E1	Never Events	Result	-	-	-	-	-	-	-	-	-	-	-	-	0
E2	Hospital acquired 3rd and 4th stage pressure injuries (FY Target is 5% of 2010-11 actuals)	FY Target	0	1	0	0									0
		Result	1												
E3	Healthcare-associated Staphylococcus aureus (including MRSA) bacteraemia - SAB	Target	-	-	-	-	-	-	-	-	-	-	-	-	20%
		Result	-	-	-	-	-	-	-	-	-	-	-	-	
<i>Data for June-December 2012 will be made available in May 2013</i>															
ACCESS															
<i>** denotes calendar year result</i>															
E4	National Emergency Access Target: 4hrs **	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%
	NEAT	Result	74.5%	75.3%	73.6%	75.3%	76.6%	79.0%							
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%
	Category 1: within 2 minutes	Result	97.7%	100.0%	97.7%	84.2%	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%
E5.3		Result	81.3%	82.3%	80.1%	81.1%	80.2%	83.0%							
E5.4		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%
E5.5		Result	71.4%	71.2%	64.7%	69.8%	76.3%	75.7%							
E5.6		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%
E5.7		Result	66.5%	65.9%	63.6%	71.1%	67.3%	65.0%							
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	90.4%	87.8%	88.7%	91.7%	94.4%								
E7.1	ES: % treated within recommended time **	Target	89.0%	89.0%	89.0%	89.0%	89.0%	89.0%	89.0%	89.0%	89.0%	89.0%	89.0%	89.0%	89%
	Category 1: within 30 days	Result	97.5%	95.9%	94.8%	99.0%	99.1%	98.1%							
E7.2		Target	81.0%	81.0%	81.0%	81.0%	81.0%	81.0%	81.0%	81.0%	81.0%	81.0%	81.0%	81.0%	81%
E7.3		Result	89.5%	91.1%	89.8%	97.8%	94.2%	89.3%							
E7.4		Target	91.0%	91.0%	91.0%	91.0%	91.0%	91.0%	91.0%	91.0%	91.0%	91.0%	91.0%	91.0%	91%
E7.5		Result	99.4%	99.7%	98.9%	99.7%	98.8%	99.2%							
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							
E8.2		Target	0	0	0	0	0	0	0	0	0	0	0	0	0
E8.3		Result	118	89	104	84	89	118							
E8.4		Target	0	0	0	0	0	0	0	0	0	0	0	0	0
E8.5		Result	0	0	0	0	0	0							
E9	Activity (WAU):	Target	0.0	-	-	-	-	-	-	-	-	-	-	-	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
E9.2	Inpatients	Result	17,726.6	4,483.3	4,552.0	4,311.4	4,379.9								16,216
E9.3		Target	0.0	-	-	-	-	-	-	-	-	-	-	-	10,572
E9.4	Emergency Department	Result	7,008.4	1,683.6	1,802.4	1,656.5	1,866.0								1,588
E9.5		Target	0.0	-	-	-	-	-	-	-	-	-	-	-	13,036
E9.6	Mental Health	Result	601.5	96.1	252.8	144.5	108.2								805
E9.7		Target	0.0	-	-	-	-	-	-	-	-	-	-	-	
E9.8	Critical Care	Result	4,434.8	1,374.3	989.5	980.6	1,090.4								
E9.9		Target	0.0	-	-	-	-	-	-	-	-	-	-	-	
E9.10	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/a			

Total of all admissions

0.0%

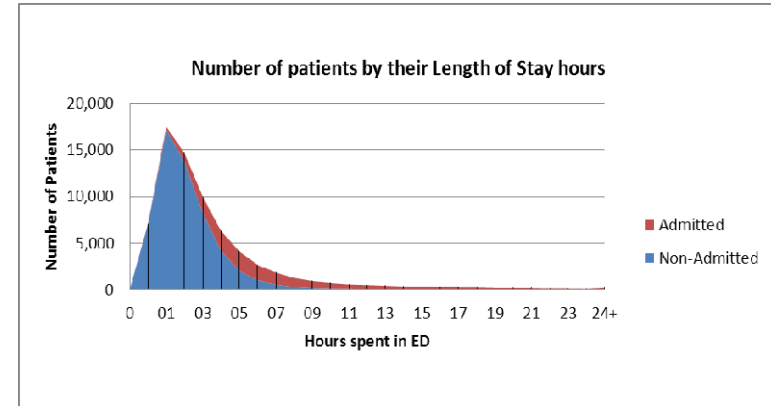
WAITING TIMES - monthly performance

Volume and waiting time performance by triage category

	Category 1	Category 2	Category 3	Category 4	Category 5	All Categories
Attendances	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	4	15	40	38	26

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	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 Abdomer	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 updated by the HHS at this time

Weighted Activity Units - WAU	2011-12	2012-13	2011-12	2012-13 YTD	YTD Variance to Target	2011-12 to 2012-13	Change
Activity	FY Actual	Purchased	YTD Actual	DSS Target	Actual	%	Actual
ABF	-	91,617.7	-	-	-	-	-
Non ABF	93,121.7	342.0	32,062.4	-	30,046.6	30,046.6	-2,015.8 -6.3%
Total Activity	93,121.7	91,959.7	32,062.4		30,046.6	30,046.6	-2,015.8 -6.3%

Inpatients							
Service Related Group (SRG)							
01 Cardiology	875.0	909.6	308.7	-	294.8	294.8	-13.8 -4.5%
02 Interventional Cardiology	186.2	194.5	99.3	-	51.0	51.0	-48.3 -48.6%
03 Dermatology	220.2	219.6	73.0	-	72.1	72.1	-0.9 -1.2%
04 Endocrinology	977.7	963.5	376.7	-	353.2	353.2	-23.5 -6.3%
05 Gastroenterology	524.5	563.7	183.7	-	155.1	155.1	-28.6 -15.6%
06 Diagnostic GI Endoscopy	813.3	903.4	273.1	-	293.2	293.2	20.1 7.4%
07 Haematology	647.0	549.4	247.9	-	169.8	169.8	-78.1 -31.5%
08 Immunology & Infections	1,087.3	1,098.0	361.5	-	346.0	346.0	-15.5 -4.3%
09 Medical Oncology	633.8	666.4	227.2	-	175.7	175.7	-51.5 -22.7%
10 Chemotherapy & Radiotherapy	48.4	55.7	11.5	-	12.2	12.2	0.7 6.1%
11 Neurology	1,375.2	1,407.3	478.5	-	525.5	525.5	46.9 9.8%
12 Renal Medicine	365.3	320.5	102.2	-	125.6	125.6	23.3 22.8%
13 Renal Dialysis	4.6	4.6	0.4	-	-	-	-0.4 -100.0%
14 Respiratory Medicine	3,048.8	2,898.1	1,143.1	-	1,108.7	1,108.7	-34.4 -3.0%
15 Rheumatology	241.3	231.6	82.7	-	82.3	82.3	-0.4 -0.4%
16 Non Subspecialty Medicine	1,824.8	1,882.4	652.7	-	599.4	599.4	-53.2 -8.2%
17 Breast Surgery	792.9	928.3	288.2	-	311.5	311.5	23.2 8.1%
18 Cardiothoracic Surgery	1,770.6	1,739.6	630.6	-	768.8	768.8	138.2 21.9%
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%
21 Head & Neck Surgery	318.8	349.6	121.6	-	119.2	119.2	-2.4 -2.0%
22 Neurosurgery	766.4	777.9	252.7	-	295.5	295.5	42.8 16.9%
23 Dentistry	351.7	354.6	118.7	-	124.4	124.4	5.8 4.8%
24 Ear, Nose & Throat	1,833.1	1,864.9	660.4	-	700.4	700.4	40.0 6.0%
25 Orthopaedics	5,705.4	5,810.9	2,197.2	-	1,923.2	1,923.2	-273.9 -12.5%
26 Ophthalmology	1,030.5	1,105.7	394.8	-	369.3	369.3	-25.5 -6.5%
27 Plastic & Reconstructive Surgery	1,493.6	1,695.8	517.0	-	528.4	528.4	11.4 2.2%
28 Urology	2,342.5	2,086.3	786.4	-	696.4	696.4	-90.0 -11.5%
29 Vascular Surgery	554.2	685.4	173.8	-	211.4	211.4	37.5 21.6%
30 Non Subspecialty Surgery	3,599.0	3,508.0	1,298.0	-	1,164.1	1,164.1	-133.9 -10.3%
31 Transplantation	102.6	101.6	34.6	-	33.3	33.3	-1.3 -3.7%
32 Extensive Burns	8.1	5.9	0.5	-	11.2	11.2	10.7 2277.2%
33 Tracheostomy & ECMO	1,257.7	1,298.7	531.2	-	321.0	321.0	-210.3 -39.6%
34 Gynaecology	2,666.9	2,719.2	935.3	-	995.9	995.9	60.6 6.5%
35 Obstetrics	7,741.7	8,065.4	2,420.5	-	2,763.0	2,763.0	342.5 14.2%
36 Qualified Neonate	3,552.6	3,773.9	998.6	-	1,213.1	1,213.1	214.4 21.5%
38 Drug & Alcohol	105.6	125.8	42.4	-	38.5	38.5	-4.0 -9.4%
41 Unallocated	186.9	-	42.0	-	140.3	140.3	98.3 234.1%
Inpatient Total	51,022.4	51,851.2	17,778.7		17,726.6	17,726.6	-52.1 -0.3%

Critical Care							
Bed Type							
Coronary Care	384.9	456.0	122.3	-	122.2	122.2	-0.0 -0.0%
Intensive Care	1,490.7	1,330.2	638.1	-	510.3	510.3	-127.7 -20.0%
Neonatal Intensive Care	4,040.2	4,656.0	1,192.8	-	1,596.7	1,596.7	403.9 33.9%
Paediatric Intensive Care	3,294.9	3,705.5	1,253.4	-	1,093.4	1,093.4	-160.0 -12.8%
Special Care Nursery	2,838.7	2,888.6	778.6	-	1,112.1	1,112.1	333.5 42.8%
Critical Care Total	12,049.4	13,036.3	3,985.2		4,434.8		449.6 11.3%

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

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
Inpatients	-	-	-	-	-	-	-	-	-	-	-	-
Critical Care	-	-	-	-	-	-	-	-	-	-	-	-
Emergency Department	-	-	-	-	-	-	-	-	-	-	-	-
Sub and Non-Acute Patients	-	-	-	-	-	-	-	-	-	-	-	-
Mental Health	-	-	-	-	-	-	-	-	-	-	-	-
Outpatients	-	-	-	-	-	-	-	-	-	-	-	-
Total Activity Target	-	-	-	-	-	-	-	-	-	-	-	-

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

Weighted Activity Units - WAU	2011-12	2012-13	2011-12	2012-13 YTD	YTD Variance to Target	2011-12 to 2012-13	Change	
Emergency Department	FY Actual	Purchased	YTD Actual	DSS Target	Actual	%	Actual	
Presentation Type								* 2012-13 YTD Actual includes adjusted ED data
Cat 1 (Admitted and Discharged)	116.8	125.8	44.9	-	-	-	-44.9 -100.0%	
Cat 2 (Admitted and Discharged)	1,304.6	1,374.9	441.2	-	-	-	-441.2 -100.0%	
Cat 3 (Admitted and Discharged)	4,123.5	4,321.4	1,445.2	-	-	-	-1,445.2 -100.0%	
Cat 4 (Admitted and Discharged)	4,642.8	4,590.8	1,569.2	-	-	-	-1,569.2 -100.0%	
Cat 5 (Admitted and Discharged)	161.5	158.1	50.0	-	-	-	-50.0 -100.0%	
Did Not Wait	-	-	-	-	-	-	-	
Died	3.0	0.9	1.3	-	-	-	-1.3 -100.0%	
Emergency Services Treated	-	-	-	-	-	-	-	
Emergency Department Total	10,352.2	10,571.9	3,551.8				-3,551.8 -100.0%	

Sub and Non-Acute Patients							
Bed Type							
GEM	-	-	-	-	-	-	-
MAINT	297.6	188.2	112.4	-	90.5	90.5	-22.0 -19.5%
PALLIATIVE	280.1	251.5	70.0	-	93.6	93.6	-14.6 18.5%
REHAB	154.0	365.6	58.1	-	91.1	91.1	-33.0 56.7%
SNAP Total	721.7	805.3	249.5		275.2	275.2	25.6 10.3%

Mental Health							
Activity Type							
Designated Bed (Per Diem Activity)	1,269.2	1,404.6	502.4	-	549.0	549.0	46.6 9.3%
39 Psychiatry - Acute	118.9	183.9	32.3	-	52.6	52.6	20.3 63.0%
Mental Health Total	1,388.1	1,588.5	534.6		601.6	601.6	67.0 12.5%

Outpatients							
Clinic Type							
Medical	3,606.7	3,353.1	1,292.0	-	1,512.8	1,512.8	220.8 17.1%
Surgical	3,990.1	3,729.9	1,380.0	-	1,372.1	1,372.1	-7.8 -0.6%
Allied Health	1,958.2	1,828.8	678.3	-	669.0	669.0	-9.3 -1.4%
Pre-Admission	321.6	60.5	121.0	-	101.8	101.8	-19.3 -15.9%
Paediatric	327.5	295.6	104.3	-	171.5	171.5	-67.2 64.5%
Neonatal	-	-	-	-	2.9	2.9	2.9
Maternity	2,552.8	2,777.7	824.4	-	1,036.5	1,036.5	212.0 25.7%
Alcohol & Drug	-	-	-	-	-	-	-
Chemotherapy	-	-	-	-	1,295.7	1,295.7	1,295.7
Clinical Haematology	380.4	655.1	118.0	-	42.1	42.1	-76.0 -64.4%
Clinical Measurement	-	35.4	-	-	132.5	132.5	132.5
Community Health Services	-	-	-	-	-	-	-
Cystic Fibrosis	130.9	186.1	52.2	-	46.3	46.3	-5.9 -11.4%
Diagnostic Imaging	-	-	-	-	-	-	-
Dialysis	150.6	80.0	44.1	-	49.3	49.3	5.2 11.8%
District Nursing Services	-	-	-	-	-	-	-
Endoscopy	-	-	-	-	130.0	130.0	130.0
Interventional Cardiology	-	-	-	-	-	-	-
Medical Oncology	3,909.9	3,028.5	1,261.7	-	333.9	333.9	-927.8 -73.5%
Pain Management	-	-	-	-	-	-	-
Pharmacy	-	-	-	-	-	-	-
Primary Care	-	-	-	-	-	-	-
Psychiatry	-	-	-	-	-	-	-
Radiation Oncology	-	-	-	-	-	-	-
Renal Medicine	220.1	153.7	69.0	-	85.9	85.9	16.9 24.5%
Sub Acute	-	-	-	-	22.2	22.2	22.2
Transplants	-	-	-	-	-	-	-
Wound Management	29.0	31.7	17.5	-	3.9	3.9	-13.6 -77.8%
Other	-	-	-	-	-	-	-
Outpatient Total	17,577.8	16,216.0	5,962.5		7,008.4	7,008.4	1,046.0 17.5%

2012-13 Purchased	HHS FY Target loaded to DSS	Variance to Purchased
51,851.2	-51,851.2	
13,036.3	-13,036.3	
10,571.9	-10,571.9	
805.3	-805.3	
1,588.5	-1,588.5	
16,216.0	-16,216.0	
94,069.1	-94,069.1	

Inpatients
Critical Care
Emergency Department
Sub and Non-Acute Patients
Mental Health
Outpatients
Total Activity Target

CASEMIX CHANGE - Year on year comparison - October 2012

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

Inpatients	2011-12 to 2012-13 Change		YTD WAUs		Potential Casemix Change	WAUs notional variance	
	YTD Seps Actual	%	Actual	%		Volume	Casemix related
Service Related Group (SRG)							
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	-6.0%	-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

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

* Inpatient total excludes 39 Psychiatry - Acute and 40 Rehabilitation

AMBULATORY CARE - Review to New ratio - October 2012

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

Outpatients	Weighted Activity Units - WAU	2010-11 Actual	2011-12 Actual	2012-13 Purchased	2012-13 YTD	R2N Ratio - WAUs		
						2010-11	2011-12	2012-13 YTD
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	3.2
Surgical	New	941.4	1,109.7	1,356.4	313.2			
	Review	2,699.5	2,880.4	2,373.5	1,059.0	2.9	2.6	3.4
Allied Health	New	779.2	731.3	836.7	267.3			
	Review	1,029.5	1,226.9	990.1	401.2	1.3	1.7	1.5
Other	New	-	-	-	-			
Pre-Admission	New	1.2	1.6	1.3	2.0			
	Review	88.0	319.9	59.2	96.8	71.1	197.1	49.7
Paediatric	New	146.0	109.9	167.6	45.2			
	Review	198.1	217.6	128.0	126.3	1.4	2.0	2.8
Neonatal	New	-	-	-	2.7			
	Review	-	-	-	0.2	-	-	0.1
Maternity	New	369.6	514.6	686.9	184.9			
	Review	1,745.4	2,038.2	2,090.8	851.5	3.1	4.0	4.6
Alcohol & Drug	New	-	-	-	-			
	Review	-	-	-	-	-	-	-
Other	New	-	-	-	-			
Sub Acute	New	-	-	-	4.8			
	Review	-	-	-	17.4	-	-	3.6
Other	New	-	-	-	-			
Clinical Measurement	New	12.3	-	35.4	6.2			
	Review	-	-	-	126.3	-	-	20.3
Wound Management	New	3.4	1.8	1.2	0.1			
	Review	48.1	27.2	30.5	3.7	14.4	14.8	27.0
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	-	-	0.3
Interventional Cardiology	New	-	-	-	-			
	Review	-	-	-	-	-	-	-
Other	New	-	-	-	-			
Renal Medicine	New	30.5	32.7	25.0	12.1			
	Review	162.3	187.4	128.6	73.8	5.3	5.7	6.1
Dialysis	New	-	-	-	-			
	Review	70.1	150.6	80.0	49.3	-	-	-
Other	New	-	-	70.1	-			
Chemotherapy	New	-	-	-	19.1			
	Review	-	-	-	1,276.6	-	-	66.9
Medical Oncology	New	84.8	81.8	66.1	31.0			
	Review	2,985.5	3,828.1	2,962.4	302.9	35.2	46.8	9.8
Radiation Oncology	New	-	-	-	-			
	Review	-	-	-	-	-	-	-
Clinical Haematology	New	24.5	32.7	44.5	10.6			
	Review	241.3	347.7	610.5	31.5	9.9	10.6	3.0
Primary Care	New	-	-	-	-			
	Review	-	-	-	-	-	-	-
Other	New	-	-	-	-			
	Review	-	-	-	-	-	-	-
Other	New	-	-	-	-			
	Review	-	-	-	-	-	-	-
Total	New	3,350.2	3,618.0	4,373.5	1,363.2	All clinics		
	Review	12,110.6	13,959.9	11,842.5	5,645.2	3.6	3.9	4.1
	Other	-	-	-	-	Excluding clinics as per Purchasing Initiative		
	Total	15,460.8	17,577.8	16,216.0	7,008.4	2.7	2.8	3.3

Target based on 2012-13 purchased

2.0

ESCALATION KPI LIST

KPI No.	Escalation KPIs	Attainment Score		
		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% 2013: > 77.0%	2012: 69.9% - 65.0% 2013: 76.9% - 70.0%	2012: < 65.0% 2013: < 70.0%
E5	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 Cat. 1: 100% Cat. 2: > 80.0% Cat. 3: > 75.0% Cat. 4: > 70.0% Cat. 5: > 70.0%	Cat. 1: 99.9% - 90.0% Cat. 2: 79.9% - 70.0% Cat. 3: 74.9% - 65.0% Cat. 4: 69.9% - 60.0% Cat. 5: 69.9% - 60.0%	Cat. 1: < 90.0% Cat. 2: < 70.0% Cat. 3: < 65.0% Cat. 4: < 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 (National Elective Surgery Target (Part 1))	2012 Cat. 1: 89.0% Cat. 2: 81.0% Cat. 3: 91.0% 2013 Cat. 1: 100% Cat. 2: 87.0% Cat. 3: 94.0%	2012 Cat. 1: 88.9% - 85.0% Cat. 2: 80.9% - 78.0% Cat. 3: 90.9% - 87.0% 2013 Cat. 1: 99.9% - 96.0% Cat. 2: 86.9% - 83.0% Cat. 3: 93.9% - 90.0%	2012 Cat. 1: < 85.0% Cat. 2: < 78.0% Cat. 3: < 87.0% 2013 Cat. 1: < 96.0% Cat. 2: < 83.0% Cat. 3: < 90.0%
E8	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 for all categories Cat. 1: 0 Cat. 2: 0 Cat. 3: 0	HHS specific Cat. 1: > 0% - 5.0% Cat. 2: > 0% - 5.0% Cat. 3: > 0% - 5.0%	HHS specific Cat. 1: > 5.0% Cat. 2: > 5.0% Cat. 3: > 5.0%
E9	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 (part C) contained in the Service Agreement	> tolerance as per detail in Schedule 3 (part C) contained in the Service Agreement
Efficiency 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 B) contained in the Service Agreement	0 - 1.0% unfavourable variance to budget	> 1.0% unfavourable variance to budget
Closing the Gap		Target		
E14	Performance domain target: Achievement of Closing the Gap escalation indicators contained within Schedule 8 of the Service Agreement.	0 escalation KPI red and > = 2 escalation KPI green in any quarter	1 escalation KPI red in any quarter or > = 3 escalation KPIs amber in any quarter	> = 2 escalation KPIs red in any quarter or 1 escalation KPI red for > = 2 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 (based on staff numbers at beginning of financial year)	> = 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
Mental Health and Alcohol and Other Drugs		Target		
E15	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	Achieve target in 67% - 50% of the escalation indicators	Achieve target in less than 50% of the escalation indicators
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 drugs withdrawal beds	> 95.0% open	95.0% - 85.0%	< 85.0%

December 2012

Queensland Health

Mater Health Service

Performance Dashboard

DRAFT RELEASE



Queensland
Government

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RTI RELEASES

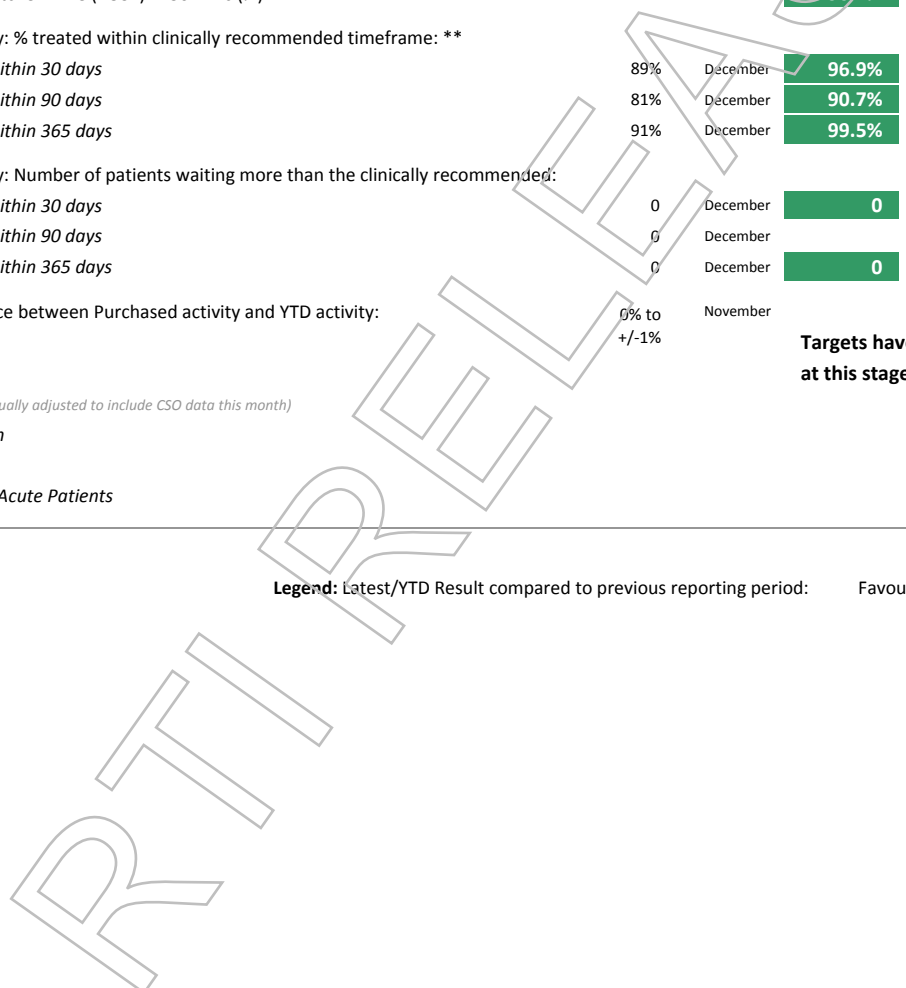
PERFORMANCE DOMAINS - Escalation KPIs

YTD Result / Latest Result

SAFETY AND QUALITY		TARGET	Data as at	Data source: Decision Support System (DSS) as at 21 January 2013
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	November	1 -
E3	Healthcare-associated Staphylococcus aureus (including MRSA) bacteraemia	20% of 2010-11	Data currently unavailable	

ACCESS		TARGET	Data as at	Data source: Decision Support System (DSS) as at 21 January 2013
** denotes calendar year result				
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 recommended 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%	December	67.4% ↑
E5.5	Category 5: within 120 minutes	70%	December	85.2% ↑
E6	Patient Off Stretcher Time (POST): < 30 mins (%)	90%	October	90.4% ↑
E7	Elective Surgery: % treated within clinically recommended 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:			
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 +/-1%	November	Targets have not been loaded at this stage
E9.1	Inpatients			
E9.2	Outpatients			
E9.3	ED (data manually adjusted to include CSO data this month)			
E9.4	Mental Health			
E9.5	Critical Care			
E9.6	Sub and Non-Acute Patients			

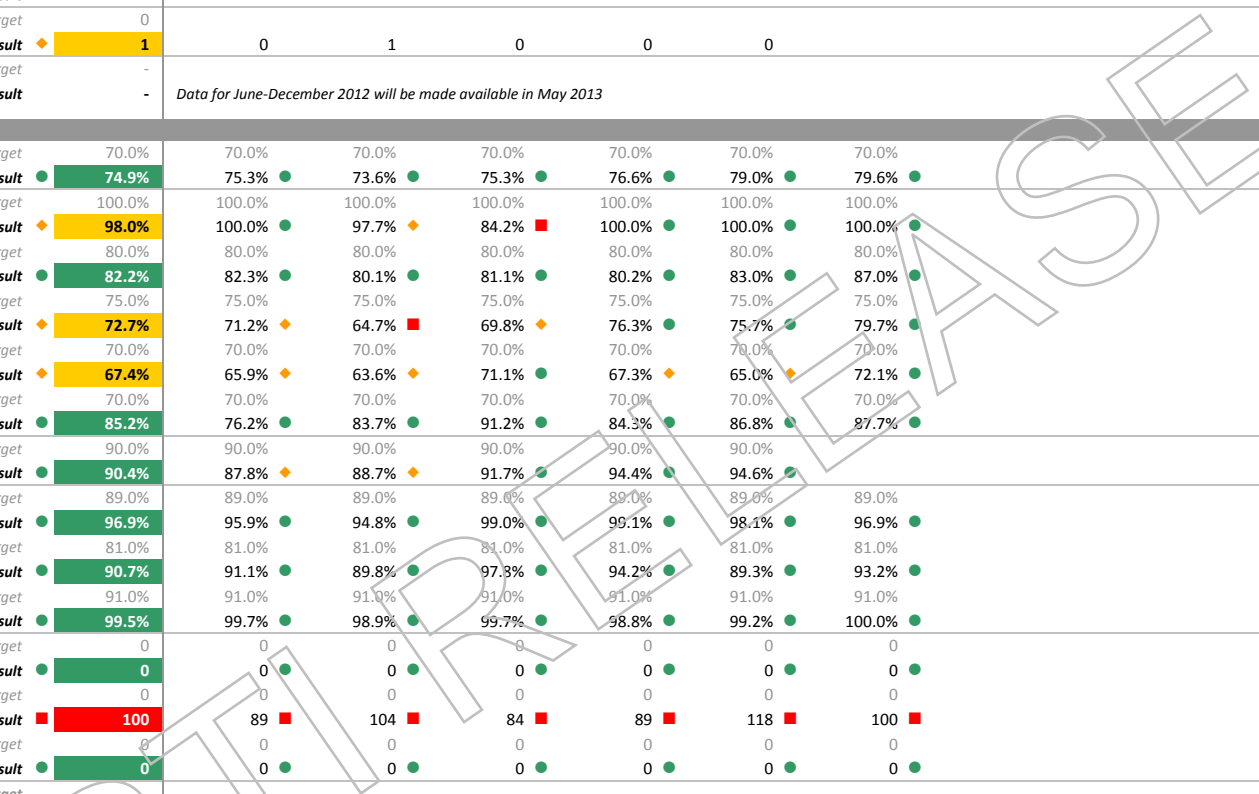
Legend: Latest/YTD Result compared to previous reporting period: Favourable ↑ Stable ▬ Unfavourable ↓



TREND IN ESCALATION KPI

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

		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															
<i>E1 & E3 data is currently unavailable</i>															
E1	Never Events	Result	-	-	-	-	-	-	-	-	-	-	-	-	0
E2	Hospital acquired 3rd and 4th stage pressure injuries (FY Target is 5% of 2010-11 actuals)	FY Target	0												0
		Result	1	0	1	0	0	0							
E3	Healthcare-associated Staphylococcus aureus (including MRSA) bacteraemia - SAB	Target	-												20%
		Result	-	<i>Data for June-December 2012 will be made available in May 2013</i>											
ACCESS															
<i>** denotes calendar year result</i>															
E4	National Emergency Access Target: 4hrs **	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%
	NEAT	Result	74.9%	75.3%	73.6%	75.3%	76.6%	79.0%	79.6%						
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%
	Category 1: within 2 minutes	Result	98.0%	100.0%	97.7%	84.2%	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%
	Category 2: within 10 minutes	Result	82.2%	82.3%	80.1%	81.1%	80.2%	83.0%	87.0%						
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%
	Category 3: within 30 minutes	Result	72.7%	71.2%	64.7%	69.8%	76.3%	75.7%	79.7%						
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%
	Category 4: within 60 minutes	Result	67.4%	65.9%	63.6%	71.1%	67.3%	65.0%	72.1%						
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%
	Category 5: within 120 minutes	Result	85.2%	76.2%	83.7%	91.2%	84.3%	86.8%	87.7%						
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	90.4%	87.8%	88.7%	91.7%	94.4%	94.6%							
E7.1	ES: % treated within recommended time **	Target	89.0%	89.0%	89.0%	89.0%	89.0%	89.0%	89.0%	89.0%	89.0%	89.0%	89.0%	89.0%	89%
	Category 1: within 30 days	Result	96.9%	95.9%	94.8%	99.0%	99.1%	98.1%	96.9%						
E7.2		Target	81.0%	81.0%	81.0%	81.0%	81.0%	81.0%	81.0%	81.0%	81.0%	81.0%	81.0%	81.0%	81%
	Category 2: within 90 days	Result	90.7%	91.1%	89.8%	97.3%	94.2%	89.3%	93.2%						
E7.3		Target	91.0%	91.0%	91.0%	91.0%	91.0%	91.0%	91.0%	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%	99.2%	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						
E8.2		Target	0	0	0	0	0	0	0	0	0	0	0	0	0
	Category 2: within 90 days	Result	100	89	104	84	89	118	100						
E8.3		Target	0	0	0	0	0	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	-	-	-	-	-	-	-	-	-	-	-	-	94,069
	Total	Result	37,853.1	7,691.6	7,684.2	7,161.7	7,509.1	7,806.6							
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		Target	-	-	-	-	-	-	-	-	-	-	-	-	10,572
	Emergency Department	Result	4,362.5	888.3	949.1	870.8	843.6	810.7							
E9.4		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
n/a			

Total of all admissions

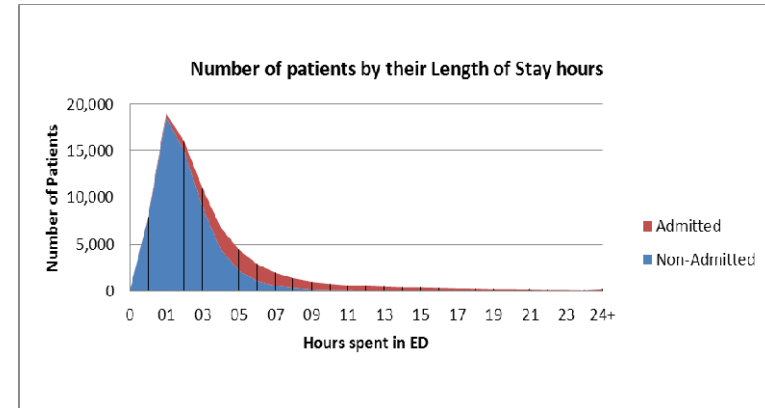
WAITING TIMES - monthly performance

Volume and waiting time performance by triage category

	Category 1	Category 2	Category 3	Category 4	Category 5	All Categories
Attendances	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	4	13	33	27	22

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	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 updated by the HHS at this time

Weighted Activity Units - WAU	2011-12		2012-13		YTD		Change	
	FY Actual	Purchased	YTD Actual	DSS Target	Actual	%	Actual	%
Activity								
ABF	-	91,618	-	-	-	-	-	-
Non ABF	93,122	2,451	39,658	-	37,853	37,853	-1,805	-4.6%
Total Activity	93,122	94,069	39,658	-	37,853	37,853	-1,805	-4.6%

Inpatients									
Service Related Group (SRG)									
	2011-12	2012-13	2011-12	2012-13	YTD	YTD	YTD	2011-12	2012-13
	FY Actual	Purchased	YTD Actual	DSS Target	Actual	%	Actual	%	Change
01 Cardiology	875.0	909.6	387.5	-	380.3	380.3	-7.3	-1.9%	
02 Interventional Cardiology	144.0	194.5	73.4	-	66.1	66.1	-7.2	-9.9%	
03 Cardiac Surgery	1,263.7	1,739.6	620.9	-	723.4	723.4	-102.5	-16.5%	
04 Thoracic Surgery	662.1	-	333.6	-	286.7	286.7	-46.9	-14.1%	
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%	
07 Gastroenterology	524.5	563.7	225.8	-	199.2	199.2	-26.6	-11.8%	
08 Diagnostic GI Endoscopy	813.3	903.4	347.2	-	370.0	370.0	22.8	6.6%	
09 Haematology	647.0	549.4	294.1	-	222.1	222.1	-72.0	-24.5%	
10 Haematological Surgery	234.0	-	92.7	-	86.2	86.2	-6.5	-7.0%	
11 Immunology & Infections	984.3	1,098.0	406.1	-	414.8	414.8	8.7	2.1%	
12 Medical Oncology	633.8	666.4	277.1	-	224.0	224.0	-53.1	-19.2%	
13 Chemotherapy & Radiotherapy	48.4	55.7	15.0	-	21.9	21.9	6.9	46.3%	
14 Neurology	1,540.5	1,407.3	649.2	-	729.8	729.8	80.5	12.4%	
15 Renal Medicine	365.3	320.5	145.0	-	152.0	152.0	6.9	4.8%	
16 Renal Dialysis	4.6	4.6	0.4	-	-	-	-0.4	-100.0%	
17 Respiratory Medicine	3,824.0	2,898.1	1,699.8	-	1,655.9	1,655.9	-43.9	-2.6%	
18 Rheumatology	241.3	231.6	106.1	-	104.3	104.3	-1.8	-1.7%	
19 Non Subspecialty Medicine	1,070.6	1,882.4	483.5	-	448.3	448.3	-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	13.5	3.9%	
22 Colorectal Surgery	1,239.6	1,232.1	566.1	-	456.9	456.9	-109.3	-19.3%	
23 Head & Neck Surgery	318.8	349.6	160.3	-	140.8	140.8	-19.5	-12.2%	
24 Neurosurgery	1,430.7	777.9	590.6	-	561.1	561.1	-29.5	-5.0%	
25 Dental Surgery	481.9	354.6	205.0	-	220.2	220.2	15.2	7.4%	
27 Ear, Nose & Throat	1,833.1	1,864.9	798.2	-	893.2	893.2	95.0	11.9%	
28 Orthopaedics	5,041.2	5,810.9	2,386.0	-	2,303.0	2,303.0	-83.0	-3.3%	
29 Ophthalmology	999.5	1,105.7	467.3	-	456.5	456.5	-10.9	-2.3%	
30 Plastic & Reconstructive Surgery	1,389.0	1,695.8	594.3	-	627.2	627.2	32.9	5.5%	
31 Urology	2,342.5	2,086.3	966.9	-	879.5	879.5	-87.4	-9.0%	
32 Vascular Surgery	554.2	685.4	233.2	-	272.2	272.2	39.0	16.7%	
33 Non Subspecialty Surgery	3,270.3	3,508.0	1,440.3	-	1,450.8	1,450.8	10.5	0.7%	
34 Gynaecology	2,700.9	2,719.2	1,177.6	-	1,308.3	1,308.3	130.8	11.1%	
35 Obstetrics	7,707.7	8,065.4	3,041.8	-	3,416.0	3,416.0	374.2	12.3%	
36 Qualified Neonate	3,826.6	3,773.9	1,341.0	-	1,695.8	1,695.8	354.8	26.5%	
38 Transplantation	102.6	101.6	53.0	-	33.3	33.3	-19.7	-37.2%	
39 Extensive Burns	8.1	5.9	2.5	-	14.0	14.0	11.6	468.7%	
40 Tracheostomy	991.2	1,298.7	479.6	-	249.0	249.0	-230.6	-48.1%	
41 Drug & Alcohol	122.0	125.8	62.4	-	57.2	57.2	-5.2	-8.3%	
43 Rehabilitation	-	-	-	-	-	-	-	-	
44 Unallocated	-	-	-	-	-	-	-	-	
Inpatient Total	51,022.4	51,851.2	21,980.8	-	22,366.4	22,366.4	385.6	1.8%	

Critical Care									
Bed Type									
	2011-12	2012-13	2011-12	2012-13	YTD	YTD	YTD	2011-12	2012-13
	FY Actual	Purchased	YTD Actual	DSS Target	Actual	%	Actual	%	Change
Coronary Care	384.9	456.0	154.8	-	146.7	146.7	-8.0	-5.2%	
Intensive Care	1,490.7	1,330.2	724.0	-	602.4	602.4	-121.6	-16.8%	
Neonatal Intensive Care	4,040.2	4,656.0	1,545.1	-	2,017.6	2,017.6	472.5	30.6%	
Paediatric Intensive Care	3,294.9	3,705.5	1,431.2	-	1,351.5	1,351.5	-79.7	-5.6%	
Special Care Nursery	2,838.7	2,888.6	990.9	-	1,439.9	1,439.9	449.0	45.3%	
Critical Care Total	12,049.4	13,036.3	4,845.9	-	5,558.1	5,558.1	712.2	14.7%	

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
Inpatients	-	-	-	-	-	-	-	-	-	-	-	-
Critical Care	-	-	-	-	-	-	-	-	-	-	-	-
Emergency Department	-	-	-	-	-	-	-	-	-	-	-	-
Sub and Non-Acute Patients	-	-	-	-	-	-	-	-	-	-	-	-
Mental Health	-	-	-	-	-	-	-	-	-	-	-	-
Outpatients	-	-	-	-	-	-	-	-	-	-	-	-
Total Activity Target	-	-	-	-	-	-	-	-	-	-	-	-

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

Weighted Activity Units - WAU	2011-12		2012-13		YTD		Change	
	FY Actual	Purchased	YTD Actual	DSS Target	Actual	%	Actual	%
Emergency Department								
Presentation Type								
Cat 1 (Admitted and Discharged)	116.8	125.8	53.2	-	-	-	-53.2	-100.0%
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	-	-	-	-1,933.6	-100.0%
Cat 5 (Admitted and Discharged)	161.5	158.1	63.0	-	-	-	-63.0	-100.0%
Died Not Wait	-	-	-	-	-	-	-	-
Did	3.0	0.9	1.5	-	-	-	-1.5	-100.0%
Emergency Services Treated	-	-	-	-	-	-	-	-
Emergency Department Total	10,352.2	10,571.9	4,362.5	-	4,362.5	4,362.5	-	-

Sub and Non-Acute Patients									
Bed Type									
	2011-12	2012-13	2011-12	2012-13	YTD	YTD	YTD	2011-12	2012-13
	FY Actual	Purchased	YTD Actual	DSS Target	Actual	%	Actual	%	Change
GEM	-	-	-	-	-	-	-	-	-
MAINT	297.6	188.1	125.0	-	108.6	108.6	-16.4	-13.1%	
PALLIATIVE	280.1	251.5	94.5	-	105.8	105.8	11.3	12.0%	
REHAB	154.0	365.6	75.9	-	101.6	101.6	25.6	33.8%	
SNAP Total	731.7	805.3	295.4	-	315.9	315.9	20.6	7.0%	

Mental Health									
Activity Type									
	2011-12	2012-13	2011-12	2012-13	YTD	YTD	YTD	2011-12	2012-13
	FY Actual	Purchased	YTD Actual	DSS Target	Actual	%	Actual	%	Change
Designated Bed (Per Diem Activity)	1,259.2	1,404.6	614.6	-	680.7	680.7	66.1	10.8%	
42 Psychiatry - Acute	118.9	183.9	48.0	-	72.7	72.7	24.7	51.4%	
Mental Health Total	1,381.1	1,588.5	662.7	-	753.4	753.4	90.8	13.7%	

Outpatients									
Clinic Type									
	2011-12	2012-13	2011-12	2012-13	YTD	YTD	YTD	2011-12	2012-13
	FY Actual	Purchased	YTD Actual	DSS Target	Actual	%	Actual	%	Change
Medical	3,606.7	3,353.1	1,633.0	-	1,929.9	1,929.9	296.9	18.2%	
Surgical	3,990.1	3,729.9	1,744.9	-	1,745.1	1,745.1	0.2	0.0%	
Allied Health	1,958.2	1,828.8	856.4	-	847.9	847.9	-8.5	-1.0%	
Pre-Admission	321.6	60.5	151.8	-	128.6	128.6	-23.2	-15.3%	
Paediatric	327.5	295.6	133.3	-	224.8	224.8	91.5	68.6%	
Neonatal	-	-	-	-	3.5	3.5	3.5	-	
Maternity	2,552.8	2,777.7	1,032.9	-	1,301.2	1,301.2	268.3	26.0%	
Alcohol & Drug	-	-	-	-	-	-	-	-	
Chemotherapy	-	-	-	-	1,616.4	1,616.4	1,616.4	-	
Clinical Haematology	380.4	655.1	151.6	-	52.0	52.0	-99.6	-65.7%	
Clinical Measurement	-	35.4	-	-	167.7	167.7	167.7	-	
Community Health Services	-	-	-	-	-	-	-	-	
Cystic Fibrosis	130.9	186.1	65.8	-	57.3	57.3	-8.5	-12.9%	
Diagnostic Imaging	-	-	-	-	-	-	-	-	
Dialysis	150.6	80.0	54.5	-	59.7	59.7	5.2	9.5%	
District Nursing Services	-	-	-	-	-	-	-	-	
Endoscopy	-	-	-	-	166.4	166.4	166.4	-	
Interventional Cardiology	-	-	-	-	-	-	-	-	
Medical Oncology	3,909.9	3,028.5	1,578.0	-	417.5	417.5	-1,160.5	-73.5%	
Pain Management	-	-	-	-	-	-	-	-	
Pharmacy	-	-	-	-	-	-	-	-	
Primary Care	-	-	-	-	-	-	-	-	
Psychiatry	-	-	-	-	-	-	-	-	
Radiation Oncology	-	-	-	-	-	-	-	-	
Renal Medicine	220.1	153.7	89.2	-	107.5	107.5	18.3	20.5%	
Sub Acute	-	-	-	-	29.5	29.5	29.5	-	
Transplants	-	-	-	-	-	-	-	-	
Wound Management	29.0	31.7	19.1	-	4.2	4.2	-14.9	-78.0%	
Other	-	-	-	-	-	-	-	-	
Outpatient Total	17,577.8	16,216.0	7,510.6	-	8,859.2	8,859.2	1,348.6	18.0%	

2012-13	HHS FY Target	Variance	Red values indicate the Top 5 greatest positive variance to target recorded in DSS
Purchased	loaded to DSS	to Purchased	Blue values indicate the Top 5 greatest negative variance to target recorded in DSS
51,851.2	-	-51,851.2	Inpatients
13,036.3	-	-13,036.3	Critical Care
10,571.9	-	-10,571.9	Emergency Department
805.3	-	-805.3	Sub and Non-Acute Patients
1,588.5	-	-1,588.5	Mental Health
16,216.0	-	-16,216.0	Outpatients
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 2012-13 Change		YTD WAUs		Potential Casemix Change	WAUs notional variance	
	YTD Seps Actual	%	Actual	%		Volume	Casemix related
Inpatients							
Service Related Group (SRG)							
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	-6	-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	-	-	5.4	1.5%	1.5%	3.7	1.7
21 Upper GI 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%	-230.6	-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	-	-	-	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

* Inpatient total excludes 39 Psychiatry - Acute and 40 Rehabilitation

AMBULATORY CARE - Review to New ratio - November 2012

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

Outpatients	Weighted Activity Units - WAU	2010-11	2011-12	2012-13	2012-13	R2N Ratio - WAUs		
		Actual	Actual	Purchased	YTD	2010-11	2011-12	2012-13 YTD
Clinic Type								
Medical	New	757.4	1,001.9	1,150.3	462.0			
	Review	2,707.4	2,604.8	2,202.7	1,467.9	3.6	2.6	3.2
Surgical	New	941.4	1,109.7	1,356.4	402.1			
	Review	2,699.5	2,880.4	2,373.5	1,343.1	2.9	2.6	3.3
Allied Health	New	779.2	731.3	836.7	337.0			
	Review	1,029.5	1,226.9	990.1	510.9	1.3	1.7	1.5
	Other	-	-	-	-			
Pre-Admission	New	1.2	1.6	1.3	2.0			
	Review	88.0	319.9	59.2	126.6	71.1	197.1	63.0
Paediatric	New	146.0	109.9	167.6	60.9			
	Review	198.1	217.6	128.0	163.9	1.4	2.0	2.7
Neonatal	New	-	-	-	3.3			
	Review	-	-	-	0.2	-	-	0.1
Maternity	New	369.6	514.6	686.9	232.4			
	Review	1,745.4	2,038.2	2,090.8	1,068.8	3.1	4.0	4.6
Alcohol & Drug	New	-	-	-	-			
	Review	-	-	-	-	-	-	-
	Other	-	-	-	-	-	-	-
Sub Acute	New	-	-	-	6.8			
	Review	-	-	-	22.7	-	-	3.3
	Other	-	-	-	-	-	-	-
Clinical Measurement	New	12.3	-	35.4	9.2			
	Review	-	-	-	158.4	-	-	17.1
Wound Management	New	3.4	1.8	1.2	0.1			
	Review	48.1	27.2	30.5	4.1	14.4	14.8	29.5
Pain Management	New	-	-	-	-			
	Review	-	-	-	-	-	-	-
Cystic Fibrosis	New	-	-	-	-			
	Review	135.2	130.9	186.1	57.3	-	-	-
Transplants	New	-	-	-	-			
	Review	-	-	-	-	-	-	-
Endoscopy	New	-	-	-	132.8			
	Review	-	-	-	33.7	-	-	0.3
Interventional Cardiology	New	-	-	-	-			
	Review	-	-	-	-	-	-	-
	Other	-	-	-	-	-	-	-
Renal Medicine	New	30.5	32.7	25.0	15.0			
	Review	162.3	187.4	128.6	92.5	5.3	5.7	6.2
Dialysis	New	-	-	-	-			
	Review	70.1	150.6	80.0	59.7	-	-	-
	Other	-	-	70.1	-	-	-	-
Chemotherapy	New	-	-	-	26.3			
	Review	-	-	-	1,590.1	-	-	60.4
Medical Oncology	New	84.8	81.8	66.1	35.1			
	Review	2,985.5	3,828.1	2,962.4	382.5	35.2	46.8	10.9
Radiation Oncology	New	-	-	-	-			
	Review	-	-	-	-	-	-	-
Clinical Haematology	New	24.5	32.7	44.5	12.6			
	Review	241.3	347.7	610.5	39.4	9.9	10.6	3.1
Primary Care	New	-	-	-	-			
	Review	-	-	-	-	-	-	-
	Other	-	-	-	-	-	-	-
Other	New	-	-	-	-			
	Review	-	-	-	-	-	-	-
	Other	-	-	-	-	-	-	-
Total	New	3,350.2	3,618.0	4,373.5	1,737.7			
	Review	12,110.6	13,959.9	11,842.5	7,121.5	3.6	3.9	4.1
	Other	-	-	-	-			
	Total	15,460.8	17,577.8	16,216.0	8,859.2	2.7	2.8	3.2
				2.0				

Target based on 2012-13 purchased

2.0

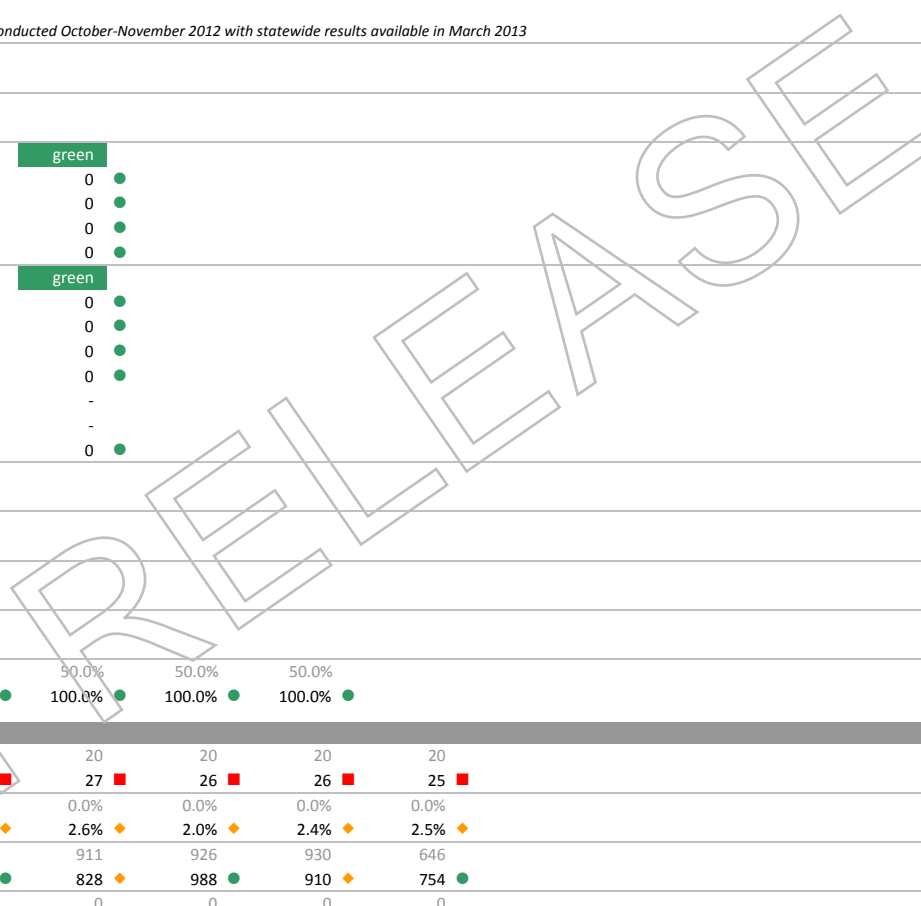
All clinics		
3.6	3.9	4.1
Excluding clinics as per Purchasing Initiative		
2.7	2.8	3.2

ESCALATION KPI LIST

KPI No.	Escalation KPIs	Attainment Score		
		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% 2013: > 77.0%	2012: 69.9% - 65.0% 2013: 76.9% - 70.0%	2012: < 65.0% 2013: < 70.0%
E5	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 Cat. 1: 100% Cat. 2: > 80.0% Cat. 3: > 75.0% Cat. 4: > 70.0% Cat. 5: > 70.0%	Cat. 1: 99.9% - 90.0% Cat. 2: 79.9% - 70.0% Cat. 3: 74.9% - 65.0% Cat. 4: 69.9% - 60.0% Cat. 5: 69.9% - 60.0%	Cat. 1: < 90.0% Cat. 2: < 70.0% Cat. 3: < 65.0% Cat. 4: < 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 (National Elective Surgery Target (Part 1))	2012 Cat. 1: 89.0% Cat. 2: 81.0% Cat. 3: 91.0% 2013 Cat. 1: 100% Cat. 2: 87.0% Cat. 3: 94.0%	2012 Cat. 1: 88.9% - 85.0% Cat. 2: 80.9% - 78.0% Cat. 3: 90.9% - 87.0% 2013 Cat. 1: 99.9% - 96.0% Cat. 2: 86.9% - 83.0% Cat. 3: 93.9% - 90.0%	2012 Cat. 1: < 85.0% Cat. 2: < 78.0% Cat. 3: < 87.0% 2013 Cat. 1: < 96.0% Cat. 2: < 83.0% Cat. 3: < 90.0%
E8	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 for all categories Cat. 1: 0 Cat. 2: 0 Cat. 3: 0	HHS specific Cat. 1: > 0% - 5.0% Cat. 2: > 0% - 5.0% Cat. 3: > 0% - 5.0%	HHS specific Cat. 1: > 5.0% Cat. 2: > 5.0% Cat. 3: > 5.0%
E9	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 (part C) contained in the Service Agreement	> tolerance as per detail in Schedule 3 (part C) contained in the Service Agreement
Efficiency 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 B) contained in the Service Agreement	0 - 1.0% unfavourable variance to budget	> 1.0% unfavourable variance to budget
Closing the Gap		Target		
E14	Performance domain target: Achievement of Closing the Gap escalation indicators contained within Schedule 8 of the Service Agreement.	0 escalation KPI red and > = 2 escalation KPI green in any quarter	1 escalation KPI red in any quarter or > = 3 escalation KPIs amber in any quarter	> = 2 escalation KPIs red in any quarter or 1 escalation KPI red for > = 2 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 (based on staff numbers at beginning of financial year)	> = 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
Mental Health and Alcohol and Other Drugs		Target		
E15	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	Achieve target in 67% - 50% of the escalation indicators	Achieve target in less than 50% of the escalation indicators
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 drugs withdrawal beds	> 95.0% open	95.0% - 85.0%	< 85.0%

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
SAFETY AND QUALITY																
M1	Falls Risk Assessment	Target	-													
		Result	-	Queensland Bedside Audit is conducted October-November 2012 with statewide results available in March 2013												
M2	VTE Risk Assessment Documentation at Point of Care	Target	-													
		Result	-	Queensland Bedside Audit is conducted October-November 2012 with statewide results available in March 2013												
M3	Hospital Standardised Mortality Ratio (HSMR) - June 2012 result	Flag	green													
M4	Death in low-mortality Diagnostic Related Groups (Death-in-LM-DRG) - June 2012 result	Result	0.00													
M5	VLAD In-hospital mortality indicators:	Flag	green			green										
M5.1	Acute Myocardial Infarction	Result	0			0										
M5.2	Stroke	Result	0			0										
M5.3	Fractured neck of femur	Result	0			0										
M5.4	Pneumonia	Result	0			0										
M6	VLAD Unplanned readmission indicators:	Flag	green			green										
M6.1	Acute Myocardial Infarction	Result	0			0										
M6.2	Heart failure	Result	0			0										
M6.3	Knee replacement	Result	0			0										
M6.4	Hip replacement	Result	0			0										
M6.5	Depression	Result	-			-										
M6.6	Schizophrenia	Result	-			-										
M6.7	Paediatric tonsillectomy and adenoidectomy	Result	0			0										
M7	Healthcare associated Clostridium difficile infections	Result	-													
M8	Acute stroke care in recognised stroke unit	Target	-													
		Result	-													
M9	Fractured Neck of Femur to theatre in 2 days of admission (excl CHQ)	Target	-													
		Result	-													
M10	Hospital acquired bloodstream infections	Result	-													
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%	50.0%	50%
		Result	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%	
ACCESS																
M12	Emergency Department median waiting time	Target	20	20	20	20	20	20	20	20	20	20	20	20	20	20
		Result	25	27	28	27	26	26	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	2.4%	2.1%	2.8%	2.6%	2.0%	2.4%	2.5%							
M14	Elective Surgery volume	Target	5,241	907	921	911	926	930	646							9,836
		Result	5,408	977	951	828	988	910	754							
M15.1	Reduction in elective surgery long waits:	Target	0			0	0	0	0							0
	Category 1: within 30 days	Result	-			-	-	-	-							
M15.2	Category 2: within 90 days	Target	67			67	67	67	67							67
		Result	-			-	-	-	-							
M15.3	Category 3: within 365 days	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%	100.0%							100%
	% of cohort patients removed	Result	-		-	-	-	-	-							



January 2013

Queensland Health

Mater Health Service

Performance Dashboard

DRAFT RELEASE



Queensland
Government

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RTI RELEASED

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	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		TARGET	Data as at	Data source: Decision Support System (DSS) as at 20 February 2013
** denotes calendar year result				
E4	National Emergency Access Target (NEAT) : ** % of ED attendances who depart within 4 hours of their arrival in ED	77%	January	81.7% ↑
E5	Emergency Department: % seen within recommended timeframe:			
E5.1	Category 1: within 2 minutes	100%	January	97.4% ↓
E5.2	Category 2: within 10 minutes	80%	January	83.0% ↑
E5.3	Category 3: within 30 minutes	75%	January	74.2% ↑
E5.4	Category 4: within 60 minutes	70%	January	69.0% ↑
E5.5	Category 5: within 120 minutes	70%	January	85.3% ↑
E6	Patient Off Stretcher Time (POST): < 30 mins (%)	90%	November	91.2% ↑
E7	Elective Surgery: % treated within clinically recommended timeframe: **			
E7.1	Category 1: within 30 days	100%	January	98.7% ↑
E7.2	Category 2: within 90 days	87%	January	96.6% ↑
E7.3	Category 3: within 365 days	94%	January	99.0% ↓
E8	Elective Surgery: Number of patients waiting more than the clinically recommended:			
E8.1	Category 1: within 30 days	0	January	0 -
E8.2	Category 2: within 90 days	0	January	142 ↓
E8.3	Category 3: within 365 days	0	January	0 -
E9	Activity: variance between Purchased activity and YTD activity:	0% to +/-1%	December	Targets have not been loaded by the HHS at this time
E9.1	Inpatients			
E9.2	Outpatients			
E9.3	ED			
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 ↓

RETRACTED

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	-	-	-	-	-	-	-	-	-	-	-	-	0
E2	Hospital acquired 3rd and 4th stage pressure injuries (FY Target is 5% of 2010-11 actuals)	FY Target Result	0 1	0	1	0	0	0	0	0	0	0	0	0	0	0
E3	Healthcare-associated Staphylococcus aureus (including MRSA) bacteraemia - SAB	Target Result	- -	Data for June-December 2012 will be made available in May 2013												20%
ACCESS ** denotes calendar year result																
E4	National Emergency Access Target: 4hrs **	Target Result	77.0% 81.7%	70.0%	70.0%	70.0%	70.0%	70.0%	70.0%	70.0%	77.0%	77.0%	77.0%	77.0%	77.0%	77%
E5.1	ED: % seen within recommended time	Target Result	100.0% 97.4%	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%
E5.2	Category 1: within 2 minutes	Target Result	80.0% 83.0%	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%
E5.3	Category 2: within 10 minutes	Target Result	75.0% 74.2%	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%
E5.4	Category 3: within 30 minutes	Target Result	70.0% 69.0%	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%
E5.5	Category 4: within 60 minutes	Target Result	70.0% 85.3%	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%
E6	Category 5: within 120 minutes	Target Result	70.0% 85.3%	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%
E6	Patient Off Stretcher Time: < 30 mins	Target Result	90.0% 91.2%	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%
E7.1	ES: % treated within recommended time **	Target Result	100.0% 98.7%	89.0%	89.0%	89.0%	89.0%	89.0%	89.0%	89.0%	89.0%	89.0%	100.0%	100.0%	100.0%	100%
E7.2	Category 1: within 30 days	Target Result	87.0% 96.6%	81.0%	81.0%	81.0%	81.0%	81.0%	81.0%	81.0%	81.0%	81.0%	81.0%	81.0%	81.0%	87%
E7.3	Category 2: within 90 days	Target Result	94.0% 99.0%	91.0%	89.8%	97.8%	94.2%	89.3%	93.2%	96.6%	99.0%	99.0%	99.0%	99.0%	99.0%	94%
E8.1	Category 3: within 365 days	Target Result	91.0% 99.0%	91.0%	91.0%	91.0%	91.0%	91.0%	91.0%	91.0%	91.0%	91.0%	91.0%	91.0%	91.0%	94%
E8.1	ES: 'long waits'	Target Result	0 0	0	0	0	0	0	0	0	0	0	0	0	0	0
E8.2	Category 1: within 30 days	Target Result	0 142	0	89	104	84	89	118	100	142	142	142	142	142	0
E8.3	Category 2: within 90 days	Target Result	0 0	0	0	0	0	0	0	0	0	0	0	0	0	0
E8.3	Category 3: within 365 days	Target Result	0 0	0	0	0	0	0	0	0	0	0	0	0	0	0
E9	Activity (WAU):	Target Result	- 49,743.2	-	8,578.9	8,633.5	8,032.8	8,347.8	8,616.6	7,535.7	-	-	-	-	-	94,069
E9.1	Total	Target Result	- 49,743.2	-	8,578.9	8,633.5	8,032.8	8,347.8	8,616.6	7,535.7	-	-	-	-	-	94,069
E9.2	Inpatients	Target Result	- 26,520.1	-	4,482.3	4,552.2	4,311.7	4,375.0	4,634.1	4,164.9	-	-	-	-	-	51,851
E9.3	Outpatients	Target Result	- 10,212.9	-	1,683.6	1,802.4	1,656.5	1,866.0	1,850.8	1,353.7	-	-	-	-	-	16,216
E9.4	Emergency Department	Target Result	- 5,171.9	-	888.3	949.1	870.8	843.6	810.7	809.4	-	-	-	-	-	10,572
E9.5	Mental Health	Target Result	- 853.3	-	96.1	252.8	144.5	108.2	151.8	99.9	-	-	-	-	-	1,588
E9.6	Critical Care	Target Result	- 6,636.3	-	1,374.3	989.5	980.6	1,090.4	1,127.1	1,074.4	-	-	-	-	-	13,036
E9.6	Sub and Non-Acute Patients	Target Result	- 350.7	-	54.3	87.5	68.7	64.6	42.1	33.4	-	-	-	-	-	805

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	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%)

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

Total of all admissions

0.0%

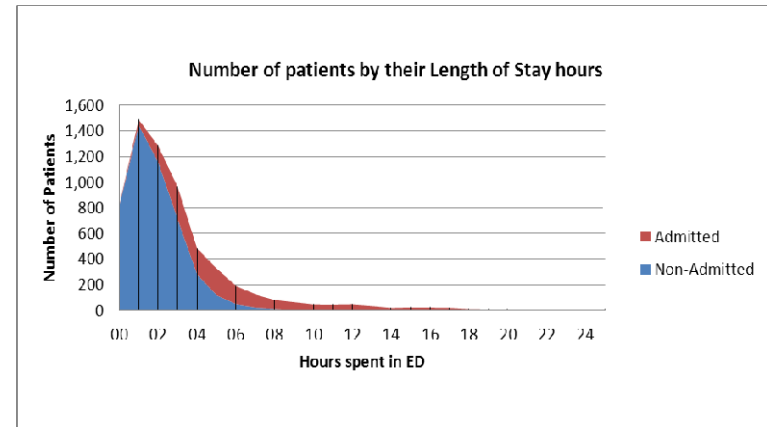
WAITING TIMES - monthly performance

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%	84.5%	78.9%	86.1%	81.5%
Median Wait (minutes)	0	4	12	26	44	18

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	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.

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

Targets have not been updated by the HHS at this time

Weighted Activity Units - WAU	2011-12		2012-13		2011-12 YTD		2012-13 YTD		YTD Variance to Target		2011-12 to 2012-13	
	FY Actual	Purchased	FY Actual	Purchased	DSS Target	Actual	DSS Target	Actual	%	Actual	%	
ABF	93,122	94,069	46,935			49,745	49,745	-		2,810	6.0%	
Non ABF	-	-	-			-	-	-		-	-	
Total Activity	93,122	94,069	46,935			49,745	49,745	-		2,810	6.0%	

Inpatients	Service Related Group (SRG)											
01 Cardiology	875	910	449	-	447	447	-	-2	-0.4%			
02 Interventional Cardiology	144	195	84	-	75	75	-	-9	-10.4%			
03 Cardiac Surgery	1,264	1,740	706	-	885	885	-	179	25.4%			
04 Thoracic Surgery	662	-	381	-	346	346	-	-35	-9.2%			
05 Dermatology	220	220	101	-	103	103	-	2	1.7%			
06 Endocrinology	978	963	536	-	495	495	-	-41	-7.6%			
07 Gastroenterology	524	564	266	-	241	241	-	-25	-9.5%			
08 Diagnostic GI Endoscopy	813	903	387	-	426	426	-	39	10.0%			
09 Haematology	647	549	345	-	268	268	-	-77	-22.4%			
10 Haematological Surgery	234	-	95	-	125	125	-	30	32.1%			
11 Immunology & Infections	984	1,098	497	-	509	509	-	12	2.4%			
12 Medical Oncology	634	666	330	-	280	280	-	-49	-15.0%			
13 Chemotherapy & Radiotherapy	48	56	19	-	27	27	-	8	40.5%			
14 Neurology	1,540	1,407	798	-	833	833	-	35	4.4%			
15 Renal Medicine	365	321	182	-	184	184	-	2	1.1%			
16 Renal Dialysis	5	5	4	-	-	-	-	-4	-100.0%			
17 Respiratory Medicine	3,824	2,898	2,025	-	1,906	1,906	-	-119	-5.9%			
18 Rheumatology	241	232	122	-	122	122	-	-0	-0.1%			
19 Non Subspecialty Medicine	1,071	1,882	576	-	534	534	-	-42	-7.2%			
20 Breast Surgery	793	928	424	-	419	419	-	-5	-1.2%			
21 Upper GI Surgery	796	753	394	-	409	409	-	15	3.8%			
22 Colorectal Surgery	1,240	1,232	677	-	537	537	-	-140	-20.7%			
23 Head & Neck Surgery	319	350	176	-	161	161	-	-15	-8.7%			
24 Neurosurgery	1,431	778	691	-	660	660	-	-31	-4.5%			
25 Dental Surgery	130	355	66	-	55	55	-	-11	-16.9%			
26 Dentistry	352	-	171	-	189	189	-	18	10.3%			
27 Ear, Nose & Throat	1,833	1,865	896	-	1,050	1,050	-	154	17.2%			
28 Orthopaedics	5,041	5,811	2,704	-	2,690	2,690	-	-14	-0.5%			
29 Ophthalmology	1,000	1,106	539	-	538	538	-	-1	-0.2%			
30 Plastic & Reconstructive Surgery	1,389	1,696	727	-	786	786	-	58	8.0%			
31 Urology	2,342	2,086	1,146	-	1,060	1,060	-	-86	-7.5%			
32 Vascular Surgery	554	685	285	-	326	326	-	41	14.3%			
33 Non Subspecialty Surgery	3,270	3,508	1,708	-	1,774	1,774	-	66	3.9%			
34 Gynaecology	2,701	2,719	1,350	-	1,525	1,525	-	175	13.0%			
35 Obstetrics	7,708	8,065	3,699	-	4,084	4,084	-	384	10.4%			
36 Qualified Neonate	3,827	3,774	1,691	-	2,019	2,019	-	328	19.4%			
38 Transplantation	103	102	61	-	41	41	-	-20	-32.3%			
39 Extensive Burns	8	6	2	-	14	14	-	12	478.4%			
40 Tracheostomy	991	1,299	555	-	312	312	-	-242	-43.7%			
41 Drug & Alcohol	122	126	73	-	66	66	-	-6	-8.8%			
44 Unallocated	-	-	-	-	-	-	-	-	-			
Inpatient Total	51,022	51,851	25,937	-	26,520	26,520	-	583	2.2%			

Critical Care												
Coronary Care	385	456	190	-	175	175	-	-15	-7.9%			
Intensive Care	1,491	1,330	820	-	698	698	-	-122	-14.9%			
Neonatal Intensive Care	4,040	4,656	1,876	-	2,489	2,489	-	613	32.7%			
Paediatric Intensive Care	3,295	3,705	1,753	-	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	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	2012-13 Purchased	HHS FY Target loaded to DSS	Variance to Purchased	
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

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

Weighted Activity Units - WAU	2011-12		2012-13		2011-12 YTD		2012-13 YTD		YTD Variance to Target		2011-12 to 2012-13	
Emergency Department	FY Actual	Purchased	FY Actual	Purchased	DSS Target	Actual	DSS Target	Actual	%	Actual	%	
Cat 1 (Admitted and Discharged)	117	126	62	-	-	-	-	-	-	-62	-100.0%	
Cat 2 (Admitted and Discharged)	1,305	1,375	654	-	-	-	-	-	-	-654	-100.0%	
Cat 3 (Admitted and Discharged)	4,123	4,321	2,088	-	-	-	-	-	-	-2,088	-100.0%	
Cat 4 (Admitted and Discharged)	4,643	4,591	2,288	-	-	-	-	-	-	-2,288	-100.0%	
Cat 5 (Admitted and Discharged)	162	158	78	-	-	-	-	-	-	-78	-100.0%	
Died	3	1	2	-	-	-	-	-	-	-2	-100.0%	
ES Treated	-	-	-	-	-	5,172	-	5,172	-	5,172	-	
Emergency Department Total	10,352	10,572	5,172	-	5,172	5,172	-	5,172	-	-0	-0.0%	

Sub and Non-Acute Patients																	
GEM	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
MAINT	298	186	159	-	118	118	-	-37	-23.8%								
PALLIATIVE	280	252	119	-	125	125	-	6	5.3%								
REHAB	154	366	95	-	107	107	-	13	13.6%								
SNAP Total	732	805	369	-	351	351	-	-18	-4.8%								

Mental Health												
Designated Bed (Per Diem Activity)	1,269	1,405	715	-	772	772	-	57	8.0%			
42 Psychiatry - Acute	119	184	59	-	81	81	-	23	38.5%			
Mental Health Total	1,388	1,588	774	-	853	853	-	80	10.3%			

Outpatients												
Medical	3,607	3,353	1,894	-	2,206	2,206	-	312	16.5%			
Surgical	3,990	3,730	2,022	-	1,999	1,999	-	-23	-1.1%			
Allied Health	1,958	1,829	988	-	968	968	-	-19	-2.0%			
Pre-Admission	322	61	164	-	145	145	-	-19	-11.4%			
Paediatric	328	296	160	-	256	256	-	95	59.5%			
Neonatal	-	-	-	-	4	4	-	4	-			
Maternity	2,553	2,778	1,236	-	1,537	1,537	-	301	24.3%			
Chemotherapy	-	-	-	-	1,873	1,873	-	1,873	-			
Clinical Haematology	380	655	185	-	58	58	-	-127	-68.5%			
Clinical Measurement	-	35	-	-	189	189	-	189	-			
Cystic Fibrosis	131	186	74	-	65	65	-	-9	-11.8%			
Dialysis	151	80	68	-	60	60	-	-8	-11.5%			
District Nursing Services	-	-	-	-	-	-	-	-	-			
Endoscopy	-	-	-	-	194	194	-	194	-			
Interventional Cardiology	-	-	-	-	-	-	-	-	-			
Medical Oncology	3,910	3,028	1,868	-	498	498	-	-1,370	-73.3%			
Pain Management	-	-	-	-	-	-	-	-	-			
Pharmacy	-	-	-	-	-	-	-	-	-			
Primary Care	-	-	-	-	-	-	-	-	-			
Psychiatry	-	-	-	-	-	-	-	-	-			
Radiation Oncology	-	-	-	-	-	-	-	-	-			
Renal Medicine	220	154	108	-	122	122	-	14	12.7%			
Sub Acute	-	-	-	-	34	34	-	34	-			
Transplants	-	-	-	-	-	-	-	-	-			
Wound Management	29	32	20	-	5	5	-	-15	-73.0%			
Other	-	-	-	-	-	-	-	-	-			
Outpatient Total	17,578	16,216	8,786	-	10,213	10,213	-	1,427	16.2%			

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

CASEMIX CHANGE - Year on year comparison - December 2012

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

Inpatients	2011-12 to 2012-13 Change				Potential Casemix Change	WAUs notional variance	
	YTD Seps		YTD WAUs			Volume	Casemix related
	Actual	%	Actual	%			
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	-45.4
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	-	-	-	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

* Inpatient total excludes 42 Psychiatry - Acute and 43 Rehabilitation

AMBULATORY CARE - Review to New ratio - December 2012

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

Outpatients	Weighted Activity Units - WAU	2010-11	2011-12	2012-13	2012-13	R2N Ratio - WAUs		
		Actual	Actual	Purchased	YTD	2010-11	2011-12	2012-13 YTD
Clinic Type								
Medical	<i>New</i>	757	1,002	1,150	515			
	<i>Review</i>	2,707	2,605	2,203	1,691	3.6	2.6	3.3
Surgical	<i>New</i>	941	1,110	1,356	456			
	<i>Review</i>	2,699	2,880	2,374	1,543	2.9	2.6	3.4
Allied Health	<i>New</i>	779	731	830	385			
	<i>Review</i>	1,030	1,227	990	583	1.3	1.7	1.5
	<i>Other</i>	-	-	-	-			
Pre-Admission	<i>New</i>	1	2	1	3			
	<i>Review</i>	88	320	59	142	71.1	197.1	47.5
Paediatric	<i>New</i>	146	110	162	70			
	<i>Review</i>	198	218	128	186	1.4	2.0	2.6
Neonatal	<i>New</i>	-	-	-	4			
	<i>Review</i>	-	-	-	0	-	-	0.0
Maternity	<i>New</i>	570	515	687	274			
	<i>Review</i>	1,745	2,038	2,091	1,263	3.1	4.0	4.6
Sub Acute	<i>New</i>	-	-	-	8			
	<i>Review</i>	-	-	-	26	-	-	3.4
	<i>Other</i>	-	-	-	-			
Clinical Measurement	<i>New</i>	12	-	35	10			
	<i>Review</i>	-	-	-	179	-	-	18.6
Wound Management	<i>New</i>	3	2	1	0			
	<i>Review</i>	48	27	30	5	14.4	14.8	37.9
Pain Management	<i>New</i>	-	-	-	-			
	<i>Review</i>	-	-	-	-	-	-	-
Cystic Fibrosis	<i>New</i>	-	-	-	-			
	<i>Review</i>	135	131	186	65	-	-	-
Transplants	<i>New</i>	-	-	-	-			
	<i>Review</i>	-	-	-	-	-	-	-
Endoscopy	<i>New</i>	-	-	-	154			
	<i>Review</i>	-	-	-	40	-	-	0.3
Interventional Cardiology	<i>New</i>	-	-	-	-			
	<i>Review</i>	-	-	-	-	-	-	-
	<i>Other</i>	-	-	-	-			
Renal Medicine	<i>New</i>	30	33	25	17			
	<i>Review</i>	162	187	129	104	5.3	5.7	6.1
Dialysis	<i>New</i>	-	-	-	-			
	<i>Review</i>	70	151	80	60	-	-	-
	<i>Other</i>	-	-	70	-			
Chemotherapy	<i>New</i>	-	-	-	27			
	<i>Review</i>	-	-	-	1,846	-	-	69.1
Medical Oncology	<i>New</i>	85	82	66	42			
	<i>Review</i>	2,986	3,828	2,962	456	35.2	46.8	10.9
Radiation Oncology	<i>New</i>	-	-	-	-			
	<i>Review</i>	-	-	-	-	-	-	-
Clinical Haematology	<i>New</i>	24	33	45	13			
	<i>Review</i>	241	348	611	45	9.9	10.6	3.3
Primary Care	<i>New</i>	-	-	-	-			
	<i>Review</i>	-	-	-	-	-	-	-
Other	<i>New</i>	-	-	-	-			
	<i>Review</i>	-	-	-	-	-	-	-
	<i>Other</i>	-	-	-	-			
Total	<i>New</i>	3,350	3,618	4,374	1,978	All clinics		
	<i>Review</i>	12,111	13,960	11,842	8,235	3.6	3.9	4.2
	<i>Other</i>	-	-	-	-	Excluding clinics as per Purchasing Initiative		
	Total	15,461	17,578	16,216	10,213	2.7	2.8	3.3

ESCALATION KPI LIST

KPI No.	Escalation KPIs	Attainment Score		
		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% 2013: > 77.0%	2012: 69.9% - 65.0% 2013: 76.9% - 70.0%	2012: < 65.0% 2013: < 70.0%
E5	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 Cat. 1: 100% Cat. 2: > 80.0% Cat. 3: > 75.0% Cat. 4: > 70.0% Cat. 5: > 70.0%	Cat. 1: 99.9% - 90.0% Cat. 2: 79.9% - 70.0% Cat. 3: 74.9% - 65.0% Cat. 4: 69.9% - 60.0% Cat. 5: 69.9% - 60.0%	Cat. 1: < 90.0% Cat. 2: < 70.0% Cat. 3: < 65.0% Cat. 4: < 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 (National Elective Surgery Target (Part 1))	2012 Cat. 1: 89.0% Cat. 2: 81.0% Cat. 3: 91.0% 2013 Cat. 1: 100% Cat. 2: 87.0% Cat. 3: 94.0%	2012 Cat. 1: 88.9% - 85.0% Cat. 2: 80.9% - 78.0% Cat. 3: 90.9% - 87.0% 2013 Cat. 1: 99.9% - 96.0% Cat. 2: 86.9% - 83.0% Cat. 3: 93.9% - 90.0%	2012 Cat. 1: < 85.0% Cat. 2: < 78.0% Cat. 3: < 87.0% 2013 Cat. 1: < 96.0% Cat. 2: < 83.0% Cat. 3: < 90.0%
E8	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 for all categories Cat. 1: 0 Cat. 2: 0 Cat. 3: 0	HHS specific Cat. 1: > 0% - 5.0% Cat. 2: > 0% - 5.0% Cat. 3: > 0% - 5.0%	HHS specific Cat. 1: > 5.0% Cat. 2: > 5.0% Cat. 3: > 5.0%
E9	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 (part C) contained in the Service Agreement	> tolerance as per detail in Schedule 3 (part C) contained in the Service Agreement
Efficiency 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 B) contained in the Service Agreement	0 - 1.0% unfavourable variance to budget	> 1.0% unfavourable variance to budget
Closing the Gap		Target		
E14	Performance domain target: Achievement of Closing the Gap escalation indicators contained within Schedule 8 of the Service Agreement.	0 escalation KPI red and > = 2 escalation KPI green in any quarter	1 escalation KPI red in any quarter or > = 3 escalation KPIs amber in any quarter	> = 2 escalation KPIs red in any quarter or 1 escalation KPI red for > = 2 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 (based on staff numbers at beginning of financial year)	> = 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
Mental Health and Alcohol and Other Drugs		Target		
E15	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	Achieve target in 67% - 50% of the escalation indicators	Achieve target in less than 50% of the escalation indicators
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 drugs withdrawal beds	> 95.0% open	95.0% - 85.0%	< 85.0%

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
SAFETY AND QUALITY															
M3	Hospital Standardised Mortality Ratio (HSMR)	Flag	green		green										-
M4	Death in low-mortality Diagnostic Related Groups (Death-in-LM-DRG)	Result	0.04		0.04										-
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%	50.0%	50.0%	50.0%	50%
		Result	0.0%	100.0%	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	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%	0.0%	0.0%	0.0%	0.0%	0%
		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
		Result	6,021	977	951	828	988	910	754	613					
M18	Elective Surgery median waiting time	Target	25	25	25	25	25	25	25	25					25
		Result	29	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%	100.0%	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	2.0
	(Review to New)	Result	0.3	0.3	0.3	0.3	0.3	0.3	0.3	0.3	0.3	0.3	0.3	0.3	
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	0.1%	0.1%	0.1%	0.0%	0.1%	0.1%	0.2%						
EFFICIENCY AND FINANCIAL PERFORMANCE															
M30	Day case surgery rates	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%	100.0%	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%	100.0%	



Mater Health Service Hospital & Health Service

Performance Dashboard

February 2013 Report

RETRACTED

Queensland Health



Queensland
Government

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RTI RELEASES

PERFORMANCE DOMAINS - Escalation KPIs

YTD Result / Latest Result

SAFETY 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	79.4% ↓
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	83.4% ↑
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	84.9% ↓
E6	Patient Off Stretcher Time (POST): < 30 mins (%)		90%	January	91.9% -
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	94.5% ↓
E7.3	Category 3: within 365 days		94%	February	99.3% ↑
E8	Elective Surgery: Number of patients waiting more than the clinically recommended:				
E8.1	Category 1: within 30 days		0	February	0 -
E8.2	Category 2: within 90 days		0	February	77 ↑
E8.3	Category 3: within 365 days		0	February	0 -
E9	Activity: variance between Purchased activity and YTD activity:		0% to +/-1%	January	Targets have not been loaded at this time
E9.1	Inpatients				
E9.2	Outpatients				
E9.3	ED				
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 ↓

RETRACTED

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 AND QUALITY															
E1	Never Events	Result ● 0	-	-	-	-	-	-	-	-	-	-	-	-	0
E2	Hospital acquired 3rd and 4th stage pressure injuries (FY Target is 5% of 2010-11 actuals)	FY Target Result ◆ 1	0	1	0	0	0	0	0	0	0	0	0	0	0
E3	Healthcare-associated Staphylococcus aureus (including MRSA) bacteraemia - SAB	Target - Result -	Data for June-December 2012 will be made available in May 2013												20%
ACCESS															
** denotes calendar year result															
E4	National Emergency Access Target: 4hrs **	Target 77.0% Result ● 79.4%	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		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%
E5.1	ED: % seen within recommended time	Target 100.0% Result ◆ 97.3%	100.0%	97.7%	84.2%	100.0%	100.0%	100.0%	100.0%	100.0%	93.1%	96.8%	96.8%	96.8%	100%
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%	80.0%	80%
E5.2	Category 2: within 10 minutes	Target 75.0% Result ● 83.4%	82.2%	80.1%	81.1%	80.2%	83.0%	87.0%	88.5%	86.0%	86.0%	86.0%	86.0%	86.0%	80%
E5.3	Category 3: within 30 minutes	Target 70.0% Result ◆ 74.7%	71.2%	64.7%	69.8%	76.3%	75.6%	79.8%	84.5%	79.0%	79.0%	79.0%	79.0%	79.0%	75%
E5.4	Category 4: within 60 minutes	Target 70.0% Result ◆ 69.8%	65.9%	63.6%	71.1%	67.3%	65.0%	72.2%	78.9%	76.2%	76.2%	76.2%	76.2%	76.2%	70%
E5.5	Category 5: within 120 minutes	Target 70.0% Result ● 84.9%	76.2%	83.7%	91.2%	84.3%	86.8%	87.7%	86.1%	82.1%	82.1%	82.1%	82.1%	82.1%	70%
E6	Patient Off Stretcher Time: < 30 mins	Target 90.0% Result ● 91.9%	90.0%	88.7%	91.7%	94.4%	94.6%	95.5%	95.2%	95.2%	95.2%	95.2%	95.2%	95.2%	90%
POST		Target 90.0%	90.0%	88.7%	91.7%	94.4%	94.6%	95.5%	95.2%	95.2%	95.2%	95.2%	95.2%	95.2%	90%
E7.1	ES: % treated within recommended time **	Target 100.0% Result ◆ 98.4%	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		Target 87.0% Result ● 94.5%	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%
E7.2	Category 2: within 90 days	Target 94.0% Result ● 99.3%	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%
E7.3	Category 3: within 365 days	Target 99.7% Result ● 99.7%	99.7%	98.9%	99.7%	98.8%	99.2%	100.0%	99.0%	99.5%	99.5%	99.5%	99.5%	99.5%	94%
E8.1	ES: 'long waits'	Target 0 Result ● 0	0	0	0	0	0	0	0	0	0	0	0	0	0
Category 1: within 30 days		Target 0 Result ● 0	0	0	0	0	0	0	0	0	0	0	0	0	0
E8.2	Category 2: within 90 days	Target 0 Result ■ 77	89	104	84	89	118	100	142	77	77	77	77	77	0
E8.3	Category 3: within 365 days	Target 0 Result ● 0	0	0	0	0	0	0	0	0	0	0	0	0	0
E9	Activity (WAU):	Target 0.0 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	6,674.7	6,674.7	6,674.7	6,674.7	6,674.7	94,069
Total		Target 0.0 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	3,742.6	3,742.6	3,742.6	3,742.6	3,742.6	51,851
E9.1	Inpatients	Target 0.0 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	1,440.7	1,440.7	1,440.7	1,440.7	1,440.7	16,216
E9.2	Outpatients	Target 0.0 Result 2,430.0	365.4	352.1	309.4	337.9	333.2	365.0	367.1	367.1	367.1	367.1	367.1	367.1	10,572
E9.3	Emergency Department	Target 0.0 Result 920.6	96.1	252.8	144.5	108.2	151.8	99.9	67.2	67.2	67.2	67.2	67.2	67.2	1,588
E9.4	Mental Health	Target 0.0 Result 7,684.0	1,374.3	989.5	980.6	1,092.2	1,162.4	1,087.7	997.4	997.4	997.4	997.4	997.4	997.4	13,036
E9.5	Critical Care	Target 0.0 Result 410.3	54.3	87.5	68.7	64.6	42.1	33.4	59.7	59.7	59.7	59.7	59.7	59.7	805
E9.6	Sub and Non-Acute Patients	Target 0.0 Result 410.3	54.3	87.5	68.7	64.6	42.1	33.4	59.7	59.7	59.7	59.7	59.7	59.7	805

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%)

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

Total of all admissions

0.0%

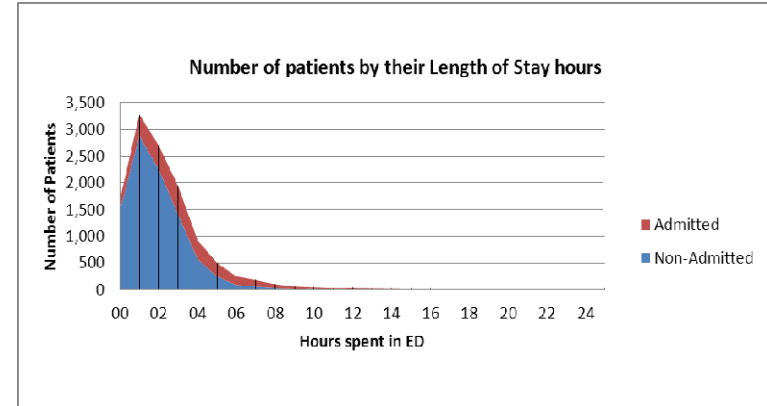
WAITING TIMES - monthly performance

Volume and waiting time performance by triage category

	Category 1	Category 2	Category 3	Category 4	Category 5	All Categories
Attendances	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	4	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.

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

Targets have not been updated by the HHS at this time

Weighted Activity Units - WAU	2011-12		2012-13		2011-12 YTD		2012-13 YTD		YTD Variance to Target		2011-12 to 2012-13 Change	
	FY Actual	Purchased	FY Actual	Purchased	DSS Target	Actual	DSS Target	Actual	%	Actual	%	
ABF	93,122	94,069	53,435	-	-	53,396	53,396	-	-	-39	-0.1%	
Non ABF	-	-	-	-	-	-	-	-	-	-	-	
Total Activity	93,122	94,069	53,435			53,396	53,396			-39	-0.1%	

Inpatients	Service Related Group (SRG)											
01 Cardiology	875	910	515	-	517	517	-	2	0.3%			
02 Interventional Cardiology	144	195	88	-	80	80	-	-9	-9.7%			
03 Cardiac Surgery	1,264	1,740	740	-	983	983	-	243	32.8%			
04 Thoracic Surgery	662	-	403	-	381	381	-	-22	-5.4%			
05 Dermatology	220	220	117	-	125	125	-	8	6.8%			
06 Endocrinology	978	963	596	-	595	595	-	-1	-0.1%			
07 Gastroenterology	524	564	304	-	292	292	-	-12	-3.9%			
08 Diagnostic GI Endoscopy	813	903	431	-	470	470	-	38	8.9%			
09 Haematology	647	549	401	-	294	294	-	-107	-26.7%			
10 Haematological Surgery	234	-	110	-	129	129	-	19	17.0%			
11 Immunology & Infections	984	1,098	580	-	595	595	-	15	2.5%			
12 Medical Oncology	634	666	369	-	335	335	-	-34	-9.1%			
13 Chemotherapy & Radiotherapy	48	56	21	-	36	36	-	15	70.0%			
14 Neurology	1,540	1,407	946	-	956	956	-	10	1.0%			
15 Renal Medicine	365	321	213	-	224	224	-	10	4.9%			
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%			
18 Rheumatology	241	232	135	-	137	137	-	2	1.8%			
19 Non Subspecialty Medicine	1,071	1,882	648	-	622	622	-	-26	-4.0%			
20 Breast Surgery	793	928	460	-	475	475	-	15	3.2%			
21 Upper GI Surgery	796	753	449	-	456	456	-	7	1.5%			
22 Colorectal Surgery	1,240	1,232	736	-	640	640	-	-97	-13.1%			
23 Head & Neck Surgery	319	350	188	-	190	190	-	2	1.2%			
24 Neurosurgery	1,431	778	760	-	744	744	-	-16	-2.1%			
25 Dental Surgery	130	355	75	-	56	56	-	-18	-24.4%			
26 Dentistry	352	-	193	-	208	208	-	15	7.6%			
27 Ear, Nose & Throat	1,833	1,865	987	-	1,166	1,166	-	179	18.1%			
28 Orthopaedics	5,041	5,811	2,982	-	3,058	3,058	-	76	2.6%			
29 Ophthalmology	1,000	1,106	578	-	601	601	-	23	4.0%			
30 Plastic & Reconstructive Surgery	1,389	1,696	804	-	874	874	-	69	3.6%			
31 Urology	2,342	2,086	1,300	-	1,202	1,202	-	-98	-7.6%			
32 Vascular Surgery	554	685	322	-	353	353	-	31	9.3%			
33 Non Subspecialty Surgery	3,270	3,508	1,937	-	2,058	2,058	-	121	6.9%			
34 Gynaecology	2,701	2,719	1,469	-	1,711	1,711	-	242	16.5%			
35 Obstetrics	7,708	8,065	4,364	-	4,784	4,784	-	420	9.6%			
36 Qualified Neonate	3,827	3,774	2,121	-	2,361	2,361	-	240	11.3%			
38 Transplantation	103	102	69	-	52	52	-	-17	-24.9%			
39 Extensive Burns	8	6	2	-	15	15	-	12	488.2%			
40 Tracheostomy	991	1,299	604	-	342	342	-	-262	-43.3%			
41 Drug & Alcohol	122	126	82	-	73	73	-	-9	-10.9%			
44 Unallocated	-	-	-	-	-	-	-	-	-			
Inpatient Total	51,022	51,851	29,319		30,298	30,298		978	3.3%			

Critical Care												
Coronary Care	385	456	226	-	198	198	-	-28	-12.6%			
Intensive Care	1,491	1,330	944	-	781	781	-	-163	-17.2%			
Neonatal Intensive Care	4,040	4,656	2,376	-	2,889	2,889	-	512	21.5%			
Paediatric Intensive Care	3,295	3,705	1,897	-	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	7,684		691	9.9%			

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

Weighted Activity Units - WAU	2011-12		2012-13		2011-12 YTD		2012-13 YTD		YTD Variance to Target		2011-12 to 2012-13 Change	
Emergency Department	FY Actual	Purchased	FY Actual	Purchased	DSS Target	Actual	DSS Target	Actual	%	Actual	%	
Cat 1 (Admitted and Discharged)	117	126	72	-	-	3	-	3	-	-68	-95.2%	
Cat 2 (Admitted and Discharged)	1,305	1,375	745	-	-	295	-	295	-	-451	-60.5%	
Cat 3 (Admitted and Discharged)	4,123	4,321	2,387	-	-	1,056	-	1,056	-	-1,331	-55.8%	
Cat 4 (Admitted and Discharged)	4,643	4,591	2,640	-	-	996	-	996	-	-1,644	-62.3%	
Cat 5 (Admitted and Discharged)	162	158	94	-	-	79	-	79	-	-16	-16.6%	
Died	3	1	2	-	-	1	-	1	-	-1	-50.5%	
ES Treated	-	-	-	-	-	-	-	-	-	-	-	
Emergency Department Total	10,352	10,572	5,941			2,430		2,430		-3,510	-59.1%	

Sub and Non-Acute Patients												
GEM	-	-	-	-	-	-	-	-	-	-	-	-
MAINT	298	186	173	-	-	142	-	142	-	-30	-17.5%	
PALLIATIVE	280	252	141	-	-	141	-	141	-	1	0.5%	
REHAB	154	366	106	-	-	126	-	126	-	20	19.1%	
SNAP Total	732	805	470			410		410		-9	-2.2%	

Mental Health												
Designated Bed (Per Diem Activity)	1,269	1,405	773	-	-	836	-	836	-	63	8.1%	
42 Psychiatry - Acute	119	184	66	-	-	84	-	84	-	18	27.3%	
Mental Health Total	1,388	1,588	840			921		921		81	9.6%	

Outpatients												
Medical	3,607	3,353	2,059	-	-	2,438	-	2,438	-	380	18.4%	
Surgical	3,990	3,730	2,239	-	-	2,251	-	2,251	-	12	0.6%	
Allied Health	1,958	1,829	1,121	-	-	1,103	-	1,103	-	-18	-1.6%	
Pre-Admission	322	61	182	-	-	166	-	166	-	-16	-8.7%	
Paediatric	328	296	177	-	-	282	-	282	-	104	58.9%	
Neonatal	-	-	-	-	-	5	-	5	-	5	-	
Maternity	2,553	2,778	1,440	-	-	1,804	-	1,804	-	364	25.3%	
Chemotherapy	-	-	-	-	-	2,205	-	2,205	-	2,205	-	
Clinical Haematology	380	655	210	-	-	64	-	64	-	-146	-69.5%	
Clinical Measurement	-	35	-	-	-	207	-	207	-	207	-	
Cystic Fibrosis	131	186	81	-	-	71	-	71	-	-10	-12.8%	
Dialysis	151	80	83	-	-	68	-	68	-	-16	-18.8%	
District Nursing Services	-	-	-	-	-	-	-	-	-	-	-	
Endoscopy	-	-	-	-	-	213	-	213	-	213	-	
Interventional Cardiology	-	-	-	-	-	-	-	-	-	-	-	
Medical Oncology	3,910	3,028	2,189	-	-	590	-	590	-	-1,599	-73.1%	
Pain Management	-	-	-	-	-	-	-	-	-	-	-	
Pharmacy	-	-	-	-	-	-	-	-	-	-	-	
Primary Care	-	-	-	-	-	-	-	-	-	-	-	
Psychiatry	-	-	-	-	-	-	-	-	-	-	-	
Radiation Oncology	-	-	-	-	-	-	-	-	-	-	-	
Renal Medicine	220	154	120	-	-	141	-	141	-	21	17.4%	
Sub Acute	-	-	-	-	-	39	-	39	-	39	-	
Transplants	-	-	-	-	-	-	-	-	-	-	-	
Wound Management	29	32	21	-	-	7	-	7	-	-14	-68.2%	
Other	-	-	-	-	-	-	-	-	-	-	-	
Outpatient Total	17,578	16,216	9,923			11,654		11,654		1,731	17.4%	

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

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	2012-13 Purchased	HHS FY Target loaded to DSS	Variance to Purchased	
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

CASEMIX CHANGE - Year on year comparison - January 2013

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

Inpatients	2011-12 to 2012-13 Change				Potential Casemix Change	WAUs notional variance	
	YTD Seps		YTD WAUs			Volume	Casemix related
	Actual	%	Actual	%			
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	-	-	-	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

* Inpatient total excludes 42 Psychiatry - Acute and 43 Rehabilitation

AMBULATORY CARE - Review to New ratio - January 2013

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

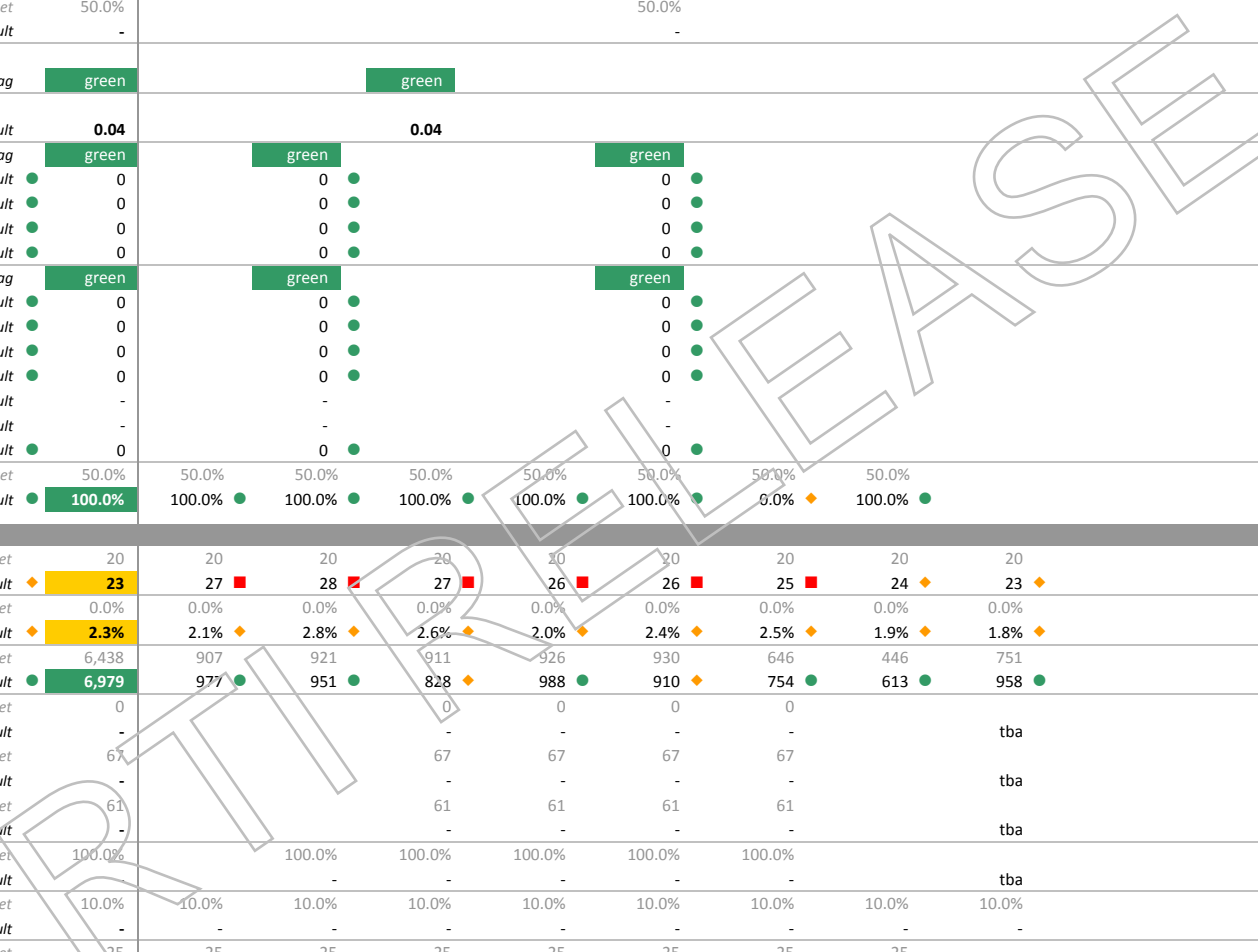
Outpatients	Weighted Activity Units - WAU	2010-11	2011-12	2012-13	2012-13	R2N Ratio - WAUs		
		Actual	Actual	Purchased	YTD	2010-11	2011-12	2012-13 YTD
Clinic Type								
Medical	New	757	1,002	1,150	573			
	Review	2,707	2,605	2,203	1,866	3.6	2.6	3.3
Surgical	New	941	1,110	1,356	513			
	Review	2,699	2,880	2,374	1,738	2.9	2.6	3.4
Allied Health	New	779	731	830	445			
	Review	1,030	1,227	990	658	1.3	1.7	1.5
	Other	-	-	-	-			
Pre-Admission	New	1	2	1	4			
	Review	88	320	59	162	71.1	197.1	39.1
Paediatric	New	146	110	162	77			
	Review	198	218	128	204	1.4	2.0	2.6
Neonatal	New	-	-	-	5			
	Review	-	-	-	0	-	-	0.0
Maternity	New	570	515	687	321			
	Review	1,745	2,038	2,091	1,483	3.1	4.0	4.6
Sub Acute	New	-	-	-	9			
	Review	-	-	-	30	-	-	3.4
	Other	-	-	-	-			
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	-	-	-	-			
	Review	135	131	186	71	-	-	-
Transplants	New	-	4.6	-	-			
	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	-	-	-	-			
	Review	-	-	-	-	-	-	-
Clinical Haematology	New	24	33	45	14			
	Review	241	348	611	50	9.9	10.6	3.5
Primary Care	New	-	-	-	-			
	Review	-	-	-	-	-	-	-
Other	New	-	-	-	-			
	Review	-	-	-	-	-	-	-
	Other	-	-	-	-			
Total	New	3,350	3,618	4,374	2,236	All clinics		
	Review	12,111	13,960	11,842	9,418	3.6	3.9	4.2
	Other	-	-	-	-	Excluding clinics as per Purchasing Initiative		
	Total	15,461	17,578	16,216	11,654	2.7	2.8	3.3

ESCALATION KPI LIST

KPI No.	Escalation KPIs	Attainment Score		
		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% 2013: > 77.0%	2012: 69.9% - 65.0% 2013: 76.9% - 70.0%	2012: < 65.0% 2013: < 70.0%
E5	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 Cat. 1: 100% Cat. 2: > 80.0% Cat. 3: > 75.0% Cat. 4: > 70.0% Cat. 5: > 70.0%	Cat. 1: 99.9% - 90.0% Cat. 2: 79.9% - 70.0% Cat. 3: 74.9% - 65.0% Cat. 4: 69.9% - 60.0% Cat. 5: 69.9% - 60.0%	Cat. 1: < 90.0% Cat. 2: < 70.0% Cat. 3: < 65.0% Cat. 4: < 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 (National Elective Surgery Target (Part 1))	2012 Cat. 1: 89.0% Cat. 2: 81.0% Cat. 3: 91.0% 2013 Cat. 1: 100% Cat. 2: 87.0% Cat. 3: 94.0%	2012 Cat. 1: 88.9% - 85.0% Cat. 2: 80.9% - 78.0% Cat. 3: 90.9% - 87.0% 2013 Cat. 1: 99.9% - 96.0% Cat. 2: 86.9% - 83.0% Cat. 3: 93.9% - 90.0%	2012 Cat. 1: < 85.0% Cat. 2: < 78.0% Cat. 3: < 87.0% 2013 Cat. 1: < 96.0% Cat. 2: < 83.0% Cat. 3: < 90.0%
E8	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 for all categories Cat. 1: 0 Cat. 2: 0 Cat. 3: 0	HHS specific Cat. 1: > 0% - 5.0% Cat. 2: > 0% - 5.0% Cat. 3: > 0% - 5.0%	HHS specific Cat. 1: > 5.0% Cat. 2: > 5.0% Cat. 3: > 5.0%
E9	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 (part C) contained in the Service Agreement	> tolerance as per detail in Schedule 3 (part C) contained in the Service Agreement
Efficiency 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 B) contained in the Service Agreement	0 - 1.0% unfavourable variance to budget	> 1.0% unfavourable variance to budget
Closing the Gap		Target		
E14	Performance domain target: Achievement of Closing the Gap escalation indicators contained within Schedule 8 of the Service Agreement.	0 escalation KPI red and > = 2 escalation KPI green in any quarter	1 escalation KPI red in any quarter or > = 3 escalation KPIs amber in any quarter	> = 2 escalation KPIs red in any quarter or 1 escalation KPI red for > = 2 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 (based on staff numbers at beginning of financial year)	> = 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
Mental Health and Alcohol and Other Drugs		Target		
E15	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	Achieve target in 67% - 50% of the escalation indicators	Achieve target in less than 50% of the escalation indicators
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 drugs withdrawal beds	> 95.0% open	95.0% - 85.0%	< 85.0%

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
SAFETY 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%
		Result	-					-								
M3	Hospital Standardised Mortality Ratio (HSMR)	Flag	green			green										-
M4	Death in low-mortality Diagnostic Related Groups (Death-in-LM-DRG)	Result	0.04			0.04										-
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%	50.0%	50.0%	50.0%	50.0%	50%
		Result	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	0.0%	100.0%						
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	20
		Result	23	27	28	27	26	26	25	24	23					
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	2.3%	2.1%	2.8%	2.6%	2.0%	2.4%	2.5%	1.9%	1.8%					
M14	Elective Surgery volume	Target	6,438	907	921	911	926	930	646	446	751					9,836
		Result	6,979	977	951	828	988	910	754	613	958					
M15.1	Reduction in elective surgery long waits: **	Target	0			0	0	0	0							0
	Category 1: within 30 days	Result	-			-	-	-	-							tba
M15.2	Category 2: within 90 days	Target	67			67	67	67	67							67
	Result	-			-	-	-	-	-							tba
M15.3	Category 3: within 365 days	Target	61			61	61	61	61							61
	Result	-			-	-	-	-	-							tba
M16	ES: 10% longest wait are treated in year **	Target	100.0%		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%						100%
	% of cohort patients removed	Result	-		-	-	-	-	-							tba
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	-	-	-	-	-	-	-	-	-	-	-	-	-	
M18	Elective Surgery median waiting time	Target	25	25	25	25	25	25	25	25	25	25	25	25	25	25
		Result	31	35	29	29	30.5	27.5	29	39						
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	2.0
	(New to Review)	Result	0.3	0.3	0.3	0.3	0.3	0.3	0.3	0.3	0.3	0.3	0.3	0.3	0.3	
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%	1.5%
		Result	0.1%	0.1%	0.1%	0.0%	0.1%	0.1%	0.2%	0.0%						



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
M26	Telehealth Non-admitted Occasions of Service	Target	-	-	-	-	-	-	-	-	-	-	-	-	
		Result	-	-	-	-	-	-	-	-	-	-	-	-	
EFFICIENCY AND FINANCIAL PERFORMANCE															
M27	Cost per WAU														
	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%					
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	-	-	-	-	-	-	-	-					
	Laser refraction (C04Z)	Result	16	2	5	2	1	3	1	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%
		Result	● 100.0%	● 100.0%	● 100.0%	● 100.0%	● 100.0%	● 100.0%	● 100.0%	● 100.0%					
M34	Maintenance Expenditure	Result													-
M35	Facility Condition Index	Result													2% to 4%
M36	Planned Maintenance Expenditure Ratio	Result													60% to 70%
PATIENT EXPERIENCE															
M37	Complaints acknowledged within 5 calendar days	Target	100.0%			100.0%	100.0%	100.0%							100.0%
		Result	-												

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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 16 April 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	February	
E3	Healthcare-associated Staphylococcus aureus (including MRSA) bacteraemia	20% of 2010-11	Data currently unavailable	

ACCESS		TARGET	Data as at	Data source: Decision Support System (DSS) as at 16 April 2013
E4	National Emergency Access Target (NEAT) : ** % of ED attendances who depart within 4 hours of their arrival in ED	77%	March 80.2%	
E5	Emergency Department: % seen within recommended timeframe:			
E5.1	Category 1: within 2 minutes	100%	March 97.6%	
E5.2	Category 2: within 10 minutes	80%	March 83.1%	
E5.3	Category 3: within 30 minutes	75%	March 74.3%	
E5.4	Category 4: within 60 minutes	70%	March 69.0%	
E5.5	Category 5: within 120 minutes	70%	March 84.8%	
E6	Patient Off Stretcher Time (POST): < 30 mins (%)	90%	February 92.6%	
E7	Elective Surgery: % treated within clinically recommended timeframe: **			
E7.1	Category 1: within 30 days	100%	March 99.0%	
E7.2	Category 2: within 90 days	87%	March 95.7%	
E7.3	Category 3: within 365 days	94%	March 99.6%	
E8	Elective Surgery: Number of patients waiting more than the clinically recommended:			
E8.1	Category 1: within 30 days	0	March 0	
E8.2	Category 2: within 90 days	0	March 79	
E8.3	Category 3: within 365 days	0	March 0	
E9	Activity: variance between Purchased activity and YTD activity:	0% to +/-1%	February	
E9.1	Inpatients			
E9.2	Outpatients			
E9.3	ED			
E9.4	Mental Health			
E9.5	Critical Care			
E9.6	Sub and Non-Acute Patients			

EFFICIENCY AND FINANCIAL PERFORMANCE		TARGET	Data as at	Information provided by Finance Branch, System Support Services Division
E10	YTD Operating Position	Balanced	March \$ 11.36 M	
E11	Full-year Forecast Operating Position	Balanced	March \$ 0.00 M	
E12	Own Source Revenue Target - YTD Variance	Balanced	March \$ -0.97 M	
E13	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

CLOSING 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%	December
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%	December
E14.3	Proportion of Aboriginal and Torres Strait Islander patients who discharged themselves against medical advice	-	December
E14.4	% of Aboriginal and Torres Strait Islander Cultural Practice Program participants by facility	-	December

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	> 67% 'Green' esc. KPIs	
E15.1	Ambulatory Service Contacts	100%	December -
E15.2	Ambulatory Service Contacts: Duration (hours)	100%	December -
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	December -
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

Legend: Latest/YTD Result compared to previous reporting period: Favourable ◯ Stable ← Unfavourable ◡

TREND IN ESCALATION KPI

Data source: Decision Support System (DSS) as at 16 April 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	-	-	-	-	-	-	-	-	-	-	-	0
E2	Hospital acquired 3rd and 4th stage pressure injuries (FY Target is 5% of 2010-11 actuals)	FY Tgt Result	0 -	-	-	-	-	-	-	-	-	-	-	-	0
E3	Healthcare-associated Staphylococcus aureus (including MRSA) bacteraemia - SAB	Target Result	- -	Data for June-December 2012 will be made available in May 2013											20%
ACCESS ** denotes calendar year result															
E4	National Emergency Access Target: 4hrs ** NEAT	Target Result	77.0% 80.2%	70.0%	70.0%	70.0%	70.0%	70.0%	70.0%	77.0%	77.0%	77.0%	77.0%	77.0%	77%
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%
	Category 1: within 2 minutes	Result	97.6%	100.0%	97.7%	84.2%	100.0%	100.0%	100.0%	93.1%	96.8%	100.0%	100.0%	100.0%	
E5.2	Category 2: within 10 minutes	Target Result	80.0% 83.1%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80%
E5.3	Category 3: within 30 minutes	Target Result	75.0% 74.3%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75%	
E5.4	Category 4: within 60 minutes	Target Result	70.0% 69.0%	70.0%	70.0%	70.0%	70.0%	70.0%	70.0%	70.0%	70.0%	70.0%	70.0%	70%	
E5.5	Category 5: within 120 minutes	Target Result	70.0% 84.8%	70.0%	70.0%	70.0%	70.0%	70.0%	70.0%	70.0%	70.0%	70.0%	70.0%	70%	
E6	Patient Off Stretcher Time: < 30 mins POST	Target Result	90.0% 92.6%	90.0%	87.8%	90.0%	91.7%	90.0%	94.4%	90.0%	95.5%	95.2%	94.1%	90%	
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%	
	Category 1: within 30 days	Result	99.0%	95.9%	94.8%	99.0%	99.1%	98.1%	96.9%	98.7%	98.2%	100.0%	100.0%		
E7.2	Category 2: within 90 days	Target Result	87.0% 95.7%	81.0%	81.0%	81.0%	81.0%	81.0%	81.0%	87.0%	87.0%	87.0%	87.0%	87%	
E7.3	Category 3: within 365 days	Target Result	94.0% 99.6%	91.0%	89.8%	97.8%	94.2%	89.3%	93.2%	96.6%	92.7%	97.7%	97.7%	94%	
E8.1	ES: 'long waits'	Target	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		
E8.2	Category 2: within 90 days	Target Result	0 79	89	104	84	89	118	100	142	77	79	79	0	
E8.3	Category 3: within 365 days	Target Result	0 0	0	0	0	0	0	0	0	0	0	0	0	
TNT	Treated in turn	Target Result	60% -	60%	60%	60%	60%	60%	60%	60%	60%	60%	60%	60%	60%
MWT Maximum Wait Time (in days)															
General															
	Category 1: within 30 days	Result	28												30
	Category 2: within 90 days	Result	166												90
	Category 3: within 365 days	Result	376												365
Gynaecology															
	Category 1: within 30 days	Result	11												30
	Category 2: within 90 days	Result	143												90
	Category 3: within 365 days	Result	347												365
Ophthalmology															
	Category 1: within 30 days	Result	25												30
	Category 2: within 90 days	Result	36												90
	Category 3: within 365 days	Result	419												365



TREND IN ESCALATION KPI

Data source: Decision Support System (DSS) as at 16 April 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
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												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	7,849.4				
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	-	-	-	-	-	-	-	-	-	-	-	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	-	-	-	-	-	-	-	-	-	-	-	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	1,087.7	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	-	-	-	-	-	-	-	-	-	-	-	-	
EFFICIENCY AND FINANCIAL PERFORMANCE - \$ Deficit / \$ Surplus															
E10	YTD Operating Position	Target	\$0	\$0	\$0	\$0	\$0	\$0	\$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 / -Unfavourable)	\$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 (Agreed position by HHS)	Target	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
		Result	\$0	\$0	\$0	\$0	\$5,242,998	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
		Variance (Favourable / -Unfavourable)	\$0	\$0	\$0	\$0	\$5,242,998	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
E12	Own Source Revenue Target (User Charges only)	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			
		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 / -Unfavourable)	-\$968,098	-\$1,229	-\$321,734	-\$471,627	\$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	1,704	1,717	1,718	1,716	1,713	1,710	1,707	1,705	1,704	1,704			
		Variance (-Favourable / Unfavourable)	-133	-18	-18	-19	-113	-116	-119	-121	-122	-133			

TREND IN ESCALATION KPI

Data source: Decision Support System (DSS) as at 16 April 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
CLOSING THE GAP		Data unavailable 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' on admission	<i>Target</i>	1.0%		1.0%			1.0%							1%
		Result	-		-			-							
E14.2	Community follow up (within 1 - 7 days) post mental health discharge	<i>Target</i>	55.0%		55.0%			55.0%							55%
		Result	-		-			-							
E14.3	Patients who discharged themselves against medical advice (DAMA)	<i>Target</i>	-		-			-							
		Result	-		-			-							
E14.4	Aboriginal and Torres Strait Islander Cultural Practice Program participants	<i>Target</i>	-		-			-							-
		Result	-		-			-							
MENTAL HEALTH & ALCOHOL AND OTHER DRUG TREATMENT		Data unavailable for E15.3, E15.5 & E15.6													
E15.1	Ambulatory service contacts	<i>Target</i>	100.0%		100.0%			100.0%							100%
		Result	-		-			-							
E15.2	Ambulatory service contacts: Duration (hours)	<i>Target</i>	100.0%		100.0%			100.0%							100%
		Result	-		-			-							
E15.3	Accrued patient days in block funded mental health facilities	<i>Target</i>	95.0%		95.0%			95.0%							95%
		Result	-		-			-							
E15.4	Closure of ATODS Client Intake	<i>Target</i>	2.0					2.0							2
		Result	-		-			-							

RTI RELEASE

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	3	0.0%	0.0%
Total of all admissions	65.1%		

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 admissions	74.4%		

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	7	15	23	23	16

chart goes here
copy and paste from CARU file

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
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%

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			Total Waiting
	Waiting	'long wait'	Max (days)	Waiting	'long wait'	Max (days)	Waiting	'long wait'	Max (days)	
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 treated	Allocated Category			Actually treated			NSW Comparison		
		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%	46%
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	0	12 months
Urology	35	8 months	0	8 months
Total	563			

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)

SPOTLIGHT SPECIALTY – General

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

Hospital	Category 1			Category 2			Category 3			Total Waiting
	Waiting	Long-wait	Max (days)	Waiting	Long-wait	Max (days)	Waiting	Long-wait	Max (days)	
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

Hospital	Number Treated	Allocated Category			Actually treated			NSW Comparison		
		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 Treated	Allocated Category			Actually treated			NSW Comparison		
		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			

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 PERFORMANCE - February 2013

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

Targets have not been updated by the HHS at this time

Emergency Services Treated data is now being captured against triage categories

Weighted Activity Units - WAU	2011-12		2012-13		2011-12		2012-13 YTD		YTD Variance to Target		2011-12 to 2012-13 Change	
	FY Actual	Purchased	YTD Actual	DSS Target	Actual	%	Actual	%	Actual	%	Actual	%
ABF	93,122	94,069	61,025	-	64,914	64,914	-	3,889	6.4%	-	-	-
Non ABF	-	-	-	-	-	-	-	-	-	-	-	-
Total Activity	93,122	94,069	61,025	-	64,914	64,914	-	3,889	6.4%	-	-	-

Inpatients	Service Related Group (SRG)											
01 Cardiology	875	910	585	-	593	593	-	9	1.5%	-	-	-
02 Interventional Cardiology	144	195	99	-	93	93	-	-6	-5.7%	-	-	-
03 Cardiac Surgery	1,264	1,740	805	-	1,019	1,019	-	214	26.6%	-	-	-
04 Thoracic Surgery	662	-	474	-	432	432	-	-42	-8.9%	-	-	-
05 Dermatology	220	220	140	-	144	144	-	4	2.9%	-	-	-
06 Endocrinology	978	963	686	-	687	687	-	1	0.2%	-	-	-
07 Gastroenterology	524	564	355	-	329	329	-	-26	-7.3%	-	-	-
08 Diagnostic GI Endoscopy	813	903	503	-	553	553	-	50	10.0%	-	-	-
09 Haematology	647	549	451	-	335	335	-	-115	-25.6%	-	-	-
10 Haematological Surgery	234	-	134	-	135	135	-	1	0.6%	-	-	-
11 Immunology & Infections	984	1,098	678	-	683	683	-	5	0.7%	-	-	-
12 Medical Oncology	634	666	439	-	387	387	-	-51	-11.7%	-	-	-
13 Chemotherapy & Radiotherapy	48	56	24	-	45	45	-	20	83.6%	-	-	-
14 Neurology	1,540	1,407	1,081	-	1,079	1,079	-	-2	-0.2%	-	-	-
15 Renal Medicine	365	321	243	-	250	250	-	7	2.8%	-	-	-
16 Renal Dialysis	5	5	4	-	-	-	-	-4	-100.0%	-	-	-
17 Respiratory Medicine	3,824	2,898	2,507	-	2,360	2,360	-	-146	-5.8%	-	-	-
18 Rheumatology	241	232	160	-	161	161	-	2	1.2%	-	-	-
19 Non Subspecialty Medicine	1,071	1,882	726	-	726	726	-	0	0.0%	-	-	-
20 Breast Surgery	793	928	508	-	550	550	-	42	8.3%	-	-	-
21 Upper GI Surgery	796	753	532	-	519	519	-	-13	-2.4%	-	-	-
22 Colorectal Surgery	1,240	1,232	812	-	727	727	-	-86	-10.5%	-	-	-
23 Head & Neck Surgery	319	350	212	-	220	220	-	8	3.7%	-	-	-
24 Neurosurgery	1,431	778	912	-	842	842	-	-70	-7.7%	-	-	-
25 Dental Surgery	130	355	84	-	68	68	-	-15	-18.3%	-	-	-
26 Dentistry	352	-	227	-	237	237	-	10	4.4%	-	-	-
27 Ear, Nose & Throat	1,833	1,865	1,150	-	1,315	1,315	-	166	14.4%	-	-	-
28 Orthopaedics	5,041	5,811	3,342	-	3,523	3,523	-	180	5.4%	-	-	-
29 Ophthalmology	1,000	1,106	657	-	709	709	-	52	7.9%	-	-	-
30 Plastic & Reconstructive Surgery	1,389	1,696	912	-	973	973	-	61	5.7%	-	-	-
31 Urology	2,342	2,086	1,520	-	1,423	1,423	-	-97	-6.4%	-	-	-
32 Vascular Surgery	554	685	357	-	372	372	-	16	4.4%	-	-	-
33 Non Subspecialty Surgery	3,270	3,508	2,219	-	2,381	2,381	-	162	7.3%	-	-	-
34 Gynaecology	2,701	2,719	1,711	-	1,971	1,971	-	261	15.2%	-	-	-
35 Obstetrics	7,708	8,065	5,028	-	5,411	5,411	-	383	7.6%	-	-	-
36 Qualified Neonate	3,827	3,774	2,399	-	2,656	2,656	-	257	10.7%	-	-	-
38 Transplantation	103	102	69	-	52	52	-	-17	-24.9%	-	-	-
39 Extensive Burns	8	6	2	-	15	15	-	12	488.2%	-	-	-
40 Tracheostomy	991	1,299	640	-	417	417	-	-223	-34.8%	-	-	-
41 Drug & Alcohol	122	126	92	-	84	84	-	-8	-8.4%	-	-	-
44 Unallocated	-	-	-	-	-	-	-	-	-	-	-	-
Inpatient Total	51,022	51,851	33,476	-	34,478	34,478	-	1,001	3.0%	-	-	-

Critical Care												
Coronary Care	385	456	258	-	235	235	-	-23	-9.1%	-	-	-
Intensive Care	1,491	1,330	1,019	-	861	861	-	-158	-15.5%	-	-	-
Neonatal Intensive Care	4,040	4,656	2,653	-	3,162	3,162	-	509	19.2%	-	-	-
Paediatric Intensive Care	3,295	3,705	2,149	-	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%	-	-	-

Weighted Activity Units - WAU	2011-12		2012-13		2011-12		2012-13 YTD		YTD Variance to Target		2011-12 to 2012-13 Change	
Emergency Department	FY Actual	Purchased	YTD Actual	DSS Target	Actual	%	Actual	%	Actual	%	Actual	%
Cat 1 (Admitted and Discharged)	117	126	79	-	90	90	-	12	14.6%	-	-	-
Cat 2 (Admitted and Discharged)	1,305	1,375	853	-	827	827	-	-26	-3.0%	-	-	-
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%	-	-	-
Cat 5 (Admitted and Discharged)	162	158	109	-	132	132	-	23	21.0%	-	-	-
Died	3	1	3	-	2	2	-	-1	-24.8%	-	-	-
ES Treated	-	-	-	-	-	-	-	-	-	-	-	-
Emergency Department Total	10,352	10,572	6,792	-	6,907	6,907	-	115	1.7%	-	-	-

Sub and Non-Acute Patients												
GEM	-	-	-	-	-	-	-	-	-	-	-	-
MAINT	298	186	181	-	149	149	-	-32	-17.7%	-	-	-
PALLIATIVE	280	252	161	-	162	162	-	1	0.5%	-	-	-
REHAB	154	366	115	-	151	151	-	37	31.9%	-	-	-
SNAP Total	732	805	457	-	462	462	-	5	1.2%	-	-	-

Mental Health												
Designated Bed (Per Diem Activity)	1,265	1,405	878	-	917	917	-	39	4.4%	-	-	-
42 Psychiatry - Acute	119	184	70	-	94	94	-	24	34.0%	-	-	-
Mental Health Total	1,388	1,588	948	-	1,011	1,011	-	63	6.6%	-	-	-

Outpatients												
Medical	3,607	3,353	2,382	-	2,829	2,829	-	447	18.8%	-	-	-
Surgical	3,990	3,730	2,592	-	2,572	2,572	-	-20	-0.8%	-	-	-
Allied Health	1,958	1,829	1,290	-	1,249	1,249	-	-41	-3.2%	-	-	-
Pre-Admission	322	61	210	-	189	189	-	-21	-10.0%	-	-	-
Paediatric	328	296	207	-	321	321	-	114	55.2%	-	-	-
Neonatal	-	-	-	-	5	5	-	5	-	-	-	-
Maternity	2,553	2,778	1,649	-	2,043	2,043	-	394	23.9%	-	-	-
Chemotherapy	-	-	-	-	2,503	2,503	-	2,503	-	-	-	-
Clinical Haematology	380	655	245	-	75	75	-	-170	-69.5%	-	-	-
Clinical Measurement	-	35	-	-	234	234	-	234	-	-	-	-
Cystic Fibrosis	131	186	91	-	83	83	-	-8	-8.8%	-	-	-
Dialysis	151	80	99	-	78	78	-	-21	-21.1%	-	-	-
District Nursing Services	-	-	-	-	-	-	-	-	-	-	-	-
Endoscopy	-	-	-	-	240	240	-	240	-	-	-	-
Interventional Cardiology	-	-	-	-	-	-	-	-	-	-	-	-
Medical Oncology	3,910	3,028	2,574	-	686	686	-	-1,889	-73.4%	-	-	-
Pain Management	-	-	-	-	-	-	-	-	-	-	-	-
Pharmacy	-	-	-	-	-	-	-	-	-	-	-	-
Primary Care	-	-	-	-	-	-	-	-	-	-	-	-
Psychiatry	-	-	-	-	-	-	-	-	-	-	-	-
Radiation Oncology	-	-	-	-	-	-	-	-	-	-	-	-
Renal Medicine	220	154	140	-	164	164	-	23	16.7%	-	-	-
Sub Acute	-	-	-	-	45	45	-	45	-	-	-	-
Transplants	-	-	-	-	-	-	-	-	-	-	-	-
Wound Management	29	32	23	-	8	8	-	-15	-65.8%	-	-	-
Other	-	-	-	-	-	-	-	-	-	-	-	-
Outpatient Total	17,578	16,216	11,502	-	13,324	13,324	-	1,822	15.8%	-	-	-

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

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	2012-13 Purchased	HHS FY Target loaded to DSS	Variance to Purchased	
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

February 2013

	2012-13 Purchased ¹	2012-13 DSS Target	Actuals								Forecast ²				2012-13 Total	Variance to Purch.	% Variance to Purch.
			Jul 2012	Aug 2012	Sep 2012	Oct 2012	Nov 2012	Dec 2012	Jan 2013	Feb 2013	Mar 2013	Apr 2013	May 2013	Jun 2013			
Breast Surgery	928	-	95	85	53	78	58	50	56	75	-	-	-	-	550	-378	-40.8%
Cardiac Surgery	1,740	-	134	123	158	120	193	159	96	36	-	-	-	-	1,019	-721	-41.4%
Cardiology	910	-	89	71	70	65	85	67	70	76	-	-	-	-	593	-316	-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	17	14	22	19	-	-	-	-	144	-75	-34.3%
Diagnostic GI Endoscopy	903	-	63	101	56	73	77	56	44	83	-	-	-	-	553	-350	-38.8%
Drug & Alcohol	126	-	9	13	14	11	10	9	7	11	-	-	-	-	84	-42	-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	-41.6%
Gynaecology	2,719	-	271	258	260	230	290	217	187	258	-	-	-	-	1,971	-748	-27.5%
Haematological Surgery	0	-	5	33	25	12	12	39	4	6	-	-	-	-	135	135	-
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	-	-	-	-	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	36	45	50	50	57	54	51	-	-	-	-	387	-279	-41.9%
Neurology	1,407	-	142	140	139	155	154	103	123	123	-	-	-	-	1,079	-328	-23.3%
Neurosurgery	778	-	118	71	116	102	154	101	83	97	-	-	-	-	842	64	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	-	-	-	-	709	-396	-35.9%
Orthopaedics	5,811	-	482	487	382	460	488	391	369	463	-	-	-	-	3,523	-2,288	-39.4%
Plastic & Reconstructive Surgery	1,696	-	101	125	145	124	132	157	90	99	-	-	-	-	973	-723	-42.6%
Qualified Neonate	3,774	-	395	272	301	372	355	347	306	307	-	-	-	-	2,656	-1,118	-29.6%
Renal Dialysis	5	-	0	0	0	0	0	0	0	0	-	-	-	-	0	-5	-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	0	-	45	66	52	52	72	54	41	50	-	-	-	-	432	432	-
Tracheostomy	1,299	-	39	113	18	67	18	58	30	75	-	-	-	-	417	-882	-67.9%
Transplantation	102	-	8	0	16	9	0	8	11	0	-	-	-	-	52	-50	-48.8%
Upper GIT Surgery	753	-	65	69	62	92	69	51	47	63	-	-	-	-	519	-234	-31.1%
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	-	-	-	-	372	-313	-45.7%
Inpatients	51,851	-	4,483	4,553	4,320	4,382	4,650	4,178	3,736	4,176	-	-	-	-	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	215	375	-	-	-	-	2,240	-1,465	-39.5%
SCN	2,889	-	279	216	300	316	328	284	227	284	-	-	-	-	2,234	-654	-22.7%
Critical Care	13,036	-	1,374	989	981	1,092	1,152	1,088	937	1,049	-	-	-	-	8,733	-4,303	-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)	1,375	-	111	110	89	114	105	96	91	111	-	-	-	-	827	-548	-39.8%
Cat 3 (Admitted and Discharged)	4,321	-	370	361	323	322	318	315	285	310	-	-	-	-	2,605	-1,716	-39.7%
Cat 4 (Admitted and Discharged)	4,591	-	442	436	403	404	397	412	396	360	-	-	-	-	3,250	-1,340	-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	-	-	-	-	-	-	-	-	-	-	-	-	-	0	0	-
Emergency Department	10,572	-	952	938	837	866	851	849	803	811	-	-	-	-	6,907	-3,665	-34.7%
GEM	0	-	-	-	-	-	-	-	-	-	-	-	-	-	0	0	-
MAINT	188	-	13	24	36	21	18	9	25	6	-	-	-	-	149	-40	-21.0%
PALLIATIVE	252	-	21	35	17	25	12	20	16	20	-	-	-	-	162	-89	-35.6%
REHAB	366	-	20	31	21	19	12	5	19	25	-	-	-	-	151	-214	-58.6%
Sub and Non-Acute Patients	805	-	54	88	65	69	42	33	60	52	-	-	-	-	462	-343	-42.6%
Designated Bed (Per Diem Activity)	1,405	-	80	240	132	96	132	91	64	80	-	-	-	-	917	-488	-34.7%
Psychiatry - Acute (SRG)	184	-	16	12	12	12	20	9	3	10	-	-	-	-	94	-90	-48.7%
Mental Health	1,588	-	96	253	145	108	152	100	67	90	-	-	-	-	1,011	-577	-36.4%
Medical	3,353	-	351	380	371	411	417	276	232	391	-	-	-	-	2,829	-524	-15.6%
Surgical	3,730	-	329	376	310	358	373	254	252	320	-	-	-	-	2,572	-1,158	-31.1%
Allied Health	1,829	-	163	167	160	179	179	120	135	147	-	-	-	-	1,249	-579	-31.7%
Pre-Admission	61	-	25	27	22	28	27	17	21	23	-	-	-	-	189	129	212.9%
Paediatric	296	-	45	49	33	45	53	31	26	40	-	-	-	-	321	26	8.7%
Neonatal	0	-	1	1	1	1	1	1	0	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	-	36	32	30	35	35	21	18	27	-	-	-	-	234	199	561.7%
Wound Management	32	-	1	1	1	1	0	1	1	1	-	-	-	-	8	-24	-75.3%
Pain Management	0	-	-	-	-	-	-	-	-	-	-	-	-	-	0	0	-
Cystic Fibrosis	146	-	13	11	10	12	11	8	6	12	-	-	-	-	83	-103	-55.3%
Transplants	0	-	-	-	-	-	-	-	-	-	-	-	-	-	0	0	-
Endoscopy	0	-	31	33	31	36	36	28	19	27	-	-	-	-	240	240	-
Interventional Cardiology	0	-	-	-	-	-	-	-	-	-	-	-	-	-	0	0	-
Renal Medicine	154	-	21	25	20	20	22	14	20	22	-	-	-	-	164	10	6.5%
Dialysis	80	-	13	13	13	10	10	0	8	10	-	-	-	-	78	-2	-2.6%
Chemotherapy	0	-	318	306	304	368	321	256	332	298	-	-	-	-	2,503	2,503	-
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	-
Other	0	-	-	-	-	-	-	-	-	-	-	-	-	-	0	0	-
Outpatients	16,216	-	1,684	1,802	1,656	1,866	1,851	1,354	1,441	1,670	-	-	-	-	13,324	-2,892	-17.8%
Overall Activity	94,069	-	8,644	8,622	8,007	8,379	8,708	7,602	7,104	7,848	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A

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

HHS FLOW

February 2013

Inpatients	Residential HHS *								YTD WAU - Total	% of Total - HHS Residents
	Mater Health Service	Metro South	Metro North	Gold Coast	West Moreton	Sunshine Coast	Other HHS	Non-Qld 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	20	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	2	54	20	726	-
20 Breast Surgery	-	409	31	25	35	14	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	33	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	8			28		52	-
39 Extensive Burns	-	14	-	0			-		15	-
40 Tracheostomy	-	188	52	21	24	10	118	6	417	-
41 Drug & Alcohol	-	58	9	4	1		10	2	84	-
43 Rehabilitation	-	-	-	-	-	-	-	-	-	-
Inpatient Total	-	22,466	2,712	1,412	2,588	385	3,681	1,235	34,478	-
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

RTI

CASEMIX CHANGE - Year on year comparison - February 2013

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

Inpatients	2011-12 to 2012-13 Change				Potential Casemix Change	WAUs notional variance	
	YTD Seps		YTD WAUs			Volume	Casemix related
	Actual	%	Actual	%			
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%	26	16.2
30 Plastic & Reconstructive Surgery	56	7.8%	61	6.7%	-1.2%	42	18.8
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	-	-	-	0.0%	0.0%	-	0.0
Inpatient Total *	565	1.7%	1,001	5.0%	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

* Inpatient total excludes 42 Psychiatry - Acute and 43 Rehabilitation

AMBULATORY CARE - Review to New ratio - February 2013

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

Weighted Activity Units - WAU		2010-11 Actual	2011-12 Actual	2012-13 Purchased	2012-13 YTD	R2N Ratio - WAUs		
						2010-11	2011-12	2012-13 YTD
Outpatients								
Clinic Type								
Medical	New	757	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	1,356	584			
	Review	2,699	2,880	2,374	1,988	2.9	2.6	3.4
Allied Health	New	779	731	830	509			
	Review	1,030	1,227	990	740	1.3	1.7	1.5
	Other	-	-	-	-			
Pre-Admission	New	1	2	1	4			
	Review	88	320	59	185	71.1	197.1	44.6
Paediatric	New	146	110	162	89			
	Review	198	218	128	232	1.4	2.0	2.6
Neonatal	New	-	-	-	5			
	Review	-	-	-	0	-	-	0.0
Maternity	New	570	515	687	362			
	Review	1,745	2,038	2,091	1,681	3.1	4.0	4.6
Sub Acute	New	-	-	-	10			
	Review	-	-	-	34	-	-	3.3
	Other	-	-	-	-			
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	-	-	-
	Other	-	-	70	-			
Chemotherapy	New	-	-	-	32			
	Review	-	-	-	2,471	-	-	77.0
Medical Oncology	New	85	82	66	58			
	Review	2,986	3,828	2,962	627	35.2	46.8	10.8
Radiation Oncology	New	-	-	-	-			
	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	-	-	-	-	<i>Excluding clinics as per Purchasing Initiative</i>		
	Total	15,461	17,578	16,216	13,324	2.7	2.8	3.3

FINANCIAL PERFORMANCE

Information provided by Finance Branch, System Support Services Division

	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				
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 / -Unfavourable)	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				
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	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 / -Unfavourable)	-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													
HHS forecast (Surplus / -Deficit)	0	0	0	5,242,998	0	0	0	0	0	0	0	0	
Improvement / - Deterioration from prior month	na	0	0	5,242,998	-5,242,998	0	0	0	0	0	0	0	
MOHRI FULL TIME EQUIVALENT													
Target full year average	1,735	1,735	1,735	1,826	1,826	1,826	1,826	1,826	1,837				March 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				Fortnight - 31-Mar-2013(20) #N/A
Variance (-Favourable / Unfavourable)	-18	-18	-19	-113	-116	-119	-121	-122	-133				Variance (-Favourable / Unfavourable) #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	1,707	1,705	1,704	1,704		
Managerial and Clerical	311	302	297	299	299	299	299	299	298	297	297		
Medical incl VMOs	182	200	202	200	199	199	199	199	200	200	199		
Nursing	731	711	717	717	715	714	713	710	709	709	709		
Operational	302	291	296	298	297	296	295	295	296	296	296		
Trade and Artisans	6	6	6	6	6	6	6	6	6	6	6		
Professional and Technical	199	201	198	197	197	196	196	196	196	196	197		
YEAR TO DATE EXPENDITURE - EXTERNAL LABOUR													
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	4,389,374	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	2,438,076	4,471,797	5,154,121	6,429,931	7,148,835	7,801,989				
YEAR TO DATE EXPENDITURE - STAFF TRAVEL													
Actual	66,177	111,730	176,141	206,754	306,362	302,651	284,717	431,233	370,082				
Prior Year	-104,095	269,235	417,300	601,869	741,773	729,598	963,136	1,200,867	1,360,517				
Improvement / - Deterioration from prior year	-170,272	157,509	241,159	395,115	435,412	426,947	678,418	769,634	990,435				
YEAR TO DATE EXPENDITURE - ADVERTISING													
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 - CONSULTANCY													
Actual	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 (External Labour, Staff Travel, Advertising, 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 date (part year target = 15%) ¹	-35.1%	71.1%	70.3%	69.8%	70.3%	70.2%	73.3%	71.2%	71.5%				
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				
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%

OWN SOURCE REVENUE

Information provided by Statewide Own Source Revenue, System Support Services Division

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

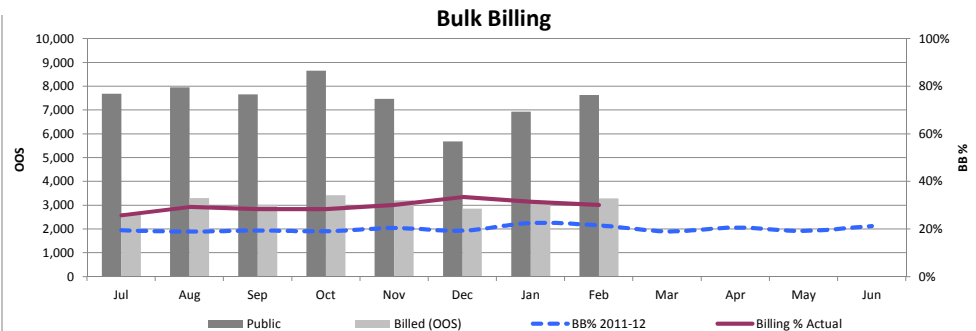
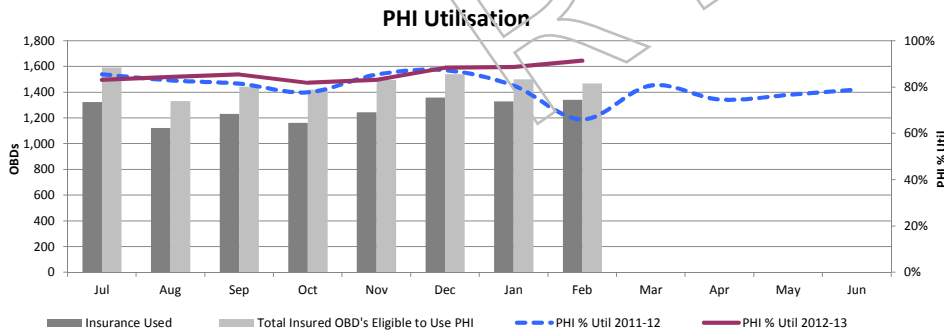
PHI Utilisation	Surplus / (Deficit)	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	YTD	Private OBDs +/- on 11/12 YTD	KPI +/- on 11/12 YTD
Insurance Not Used (OBDs)		1,324	1,124	1,233	1,163	1,245	1,360	1,330	1,341					10,120		
Insurance Used (OBDs)		1,593	1,333	1,443	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		(2%)	(1%)	0%	(3%)	(2%)	3%	4%	6%					1%		

Stretch Target #2

Private Outpatients	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	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	3,266					24,971		
Billing % Actual		26%	29%	28%	28%	30%	30%	31%	30%					29%		
Billing %Target		45%	45%	45%	45%	45%	45%	45%	45%					45%		
Variance to Target		(19%)	(16%)	(17%)	(17%)	(15%)	(12%)	(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

KPI No.	Escalation KPIs	Attainment Score		
		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% 2013: > 77.0%	2012: 69.9% - 65.0% 2013: 76.9% - 70.0%	2012: < 65.0% 2013: < 70.0%
E5	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 Cat. 1: 100% Cat. 2: > 80.0% Cat. 3: > 75.0% Cat. 4: > 70.0% Cat. 5: > 70.0%	Cat. 1: 99.9% - 90.0% Cat. 2: 79.9% - 70.0% Cat. 3: 74.9% - 65.0% Cat. 4: 69.9% - 60.0% Cat. 5: 69.9% - 60.0%	Cat. 1: < 90.0% Cat. 2: < 70.0% Cat. 3: < 65.0% Cat. 4: < 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 (National Elective Surgery Target (Part 1))	2012 Cat. 1: 89.0% Cat. 2: 81.0% Cat. 3: 91.0% 2013 Cat. 1: 100% Cat. 2: 87.0% Cat. 3: 94.0%	2012 Cat. 1: 68.9% - 85.0% Cat. 2: 80.9% - 78.0% Cat. 3: 90.9% - 87.0% 2013 Cat. 1: 99.9% - 96.0% Cat. 2: 86.9% - 83.0% Cat. 3: 93.9% - 90.0%	2012 Cat. 1: < 85.0% Cat. 2: < 78.0% Cat. 3: < 87.0% 2013 Cat. 1: < 96.0% Cat. 2: < 83.0% Cat. 3: < 90.0%
E8	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 for all categories Cat. 1: 0 Cat. 2: 0 Cat. 3: 0	HHS specific Cat. 1: > 0% - 5.0% Cat. 2: > 0% - 5.0% Cat. 3: > 0% - 5.0%	HHS specific Cat. 1: > 5.0% Cat. 2: > 5.0% Cat. 3: > 5.0%
E9	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 (part C) contained in the Service Agreement	> tolerance as per detail in Schedule 3 (part C) contained in the Service Agreement
Efficiency 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 B) contained in the Service Agreement	0 - 1.0% unfavourable variance to budget	> 1.0% unfavourable variance to budget
Closing the Gap		Target		
E14	Performance domain target: Achievement of Closing the Gap escalation indicators contained within Schedule 8 of the Service Agreement.	0 escalation KPI red and > = 2 escalation KPI green in any quarter	1 escalation KPI red in any quarter or > = 3 escalation KPIs amber in any quarter	> = 2 escalation KPIs red in any quarter or 1 escalation KPI red for > = 2 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 (based on staff numbers at beginning of financial year)	> = 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
Mental Health and Alcohol and Other Drugs		Target		
E15	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	Achieve target in 67% - 50% of the escalation indicators	Achieve target in less than 50% of the escalation indicators
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 drugs withdrawal beds	> 95.0% open	95.0% - 85.0%	< 85.0%

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
SAFETY 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%
		Result	-					-								
M3	Hospital Standardised Mortality Ratio (HSMR)	Flag	green			green										
M4	Death in low-mortality Diagnostic Related 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%	50.0%	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%					
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	20
		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%	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%					
M14	Elective Surgery volume	Target	7,456	907	921	911	926	930	646	446	751	1,018				9,836
		Result	7,917	977	951	828	988	910	754	613	958	938				
M15.1	Reduction in elective surgery long waits: **	Target	0		0		0	0	0							0
	Category 1: within 30 days	Result	-		-		-	-	-							tba
M15.2	Category 2: within 90 days	Target	67		67		67	67	67							67
	Category 3: within 365 days	Result	-		-		-	-	-							tba
M15.3	Category 3: within 365 days	Target	61		61		61	61	61							61
	Category 3: within 365 days	Result	-		-		-	-	-							tba
M16	ES: 10% longest wait are treated in year **	Target	100.0%		100.0%		100.0%	100.0%	100.0%							100%
	% of cohort patients removed	Result	-		-		-	-	-							tba
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	-	-	-	-	-	-	-	-	-	-	-	-	-	
M18	Elective Surgery median waiting time	Target	25	25	25	25	25	25	25	25	25	25	25	25	25	25
		Result	30	35	29	29	30.5	27	29	36	28					
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	2.0
	(New to Review)	Result	3.3	3.2	3.4	3.2	3.3	3.2	3.5	3.1	3.4					
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%	1.5%
		Result	0.1%	0.1%	0.1%	0.0%	0.1%	0.1%	0.2%	0.0%	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	-	-	-	-	-	-	-	-	-	-	-	-	
EFFICIENCY 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%				
M32	Out of scope procedures:	Target	0	0	0	0	0	0	0	0	0				0
	Varicose Veins (F20Z)	Result	46	3	11	5	7	8	7	2	3				
	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%
		Result	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	Result													2% to 4%
M36	Planned Maintenance Expenditure Ratio	Result													60% to 70%
PATIENT EXPERIENCE															
M37	Complaints acknowledged within 5 calendar days	Target	100.0%			100.0%	100.0%	100.0%							100.0%
		Result	-			-	-	-							
WORKFORCE															
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%				3.5%
		Result													

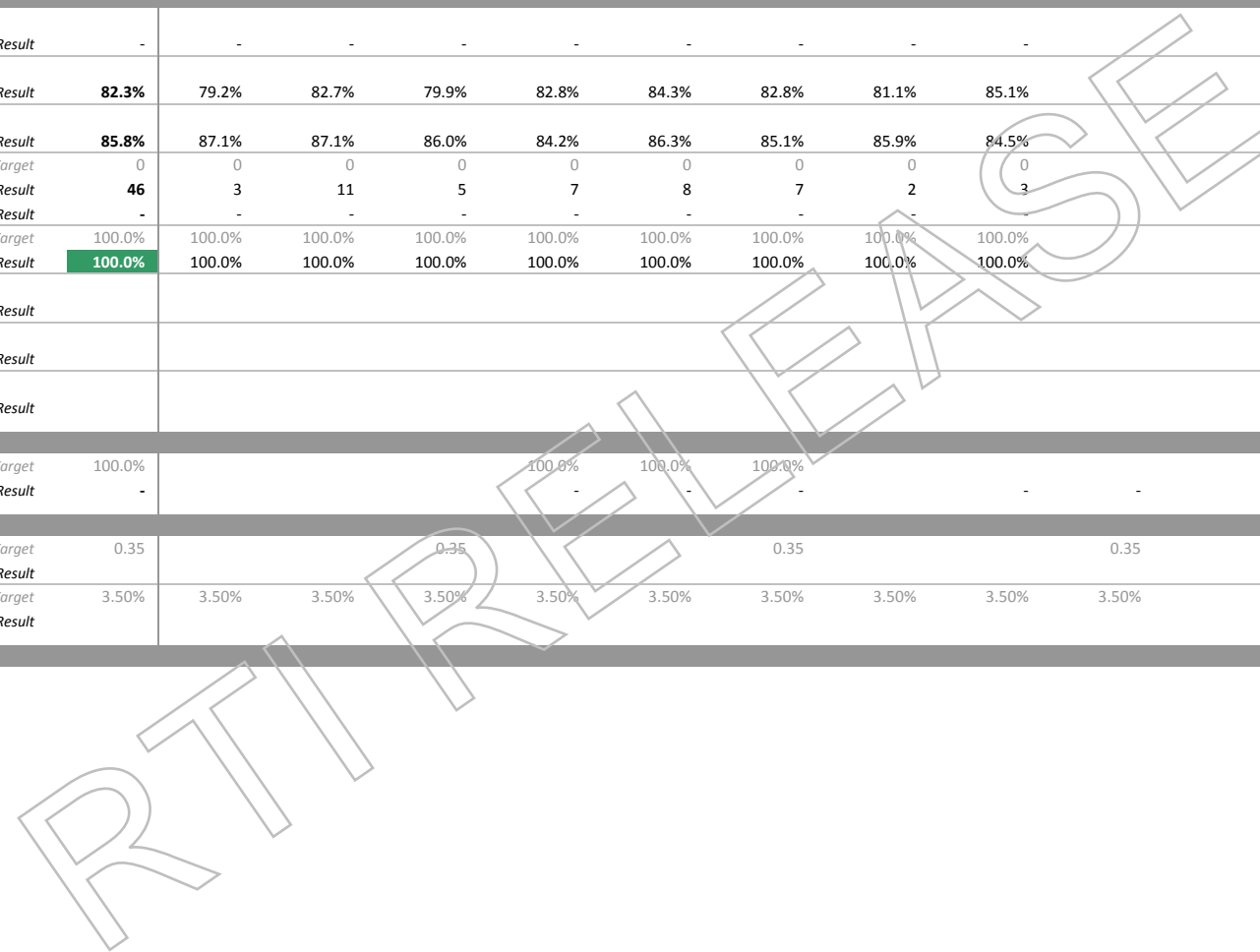


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RTI RELEASED

PERFORMANCE DOMAINS - Escalation KPIs

YTD Result / Latest Result

SAFETY AND QUALITY		TARGET	Data as at	
E1	Never Events	0		0
E2	Hospital acquired 3rd and 4th stage pressure injuries - Quarter 3 Result (Jan - Mar)	FY Target : 0	March	0
E3	Healthcare-associated Staphylococcus aureus (including MRSA) bacteraemia	20% of 2010-11	Data currently unavailable	

ACCESS		TARGET	Data as at	
** denotes calendar year result				
E4	National Emergency Access Target (NEAT) : ** % of ED attendances who depart within 4 hours of their arrival in ED	77%	April	79.8% ↷
E5	Emergency Department: % seen within recommended timeframe:			
E5.1	Category 1: within 2 minutes	100%	April	97.8% ↷
E5.2	Category 2: within 10 minutes	80%	April	82.7% ↷
E5.3	Category 3: within 30 minutes	75%	April	74.4% ↷
E5.4	Category 4: within 60 minutes	70%	April	68.8% ↷
E5.5	Category 5: within 120 minutes	70%	April	84.9% ↷
E6	Patient Off Stretcher Time (POST): < 30 mins (%)	90%	March	92.4% ↷
E7	Elective Surgery: % treated within clinically recommended timeframe: **			
E7.1	Category 1: within 30 days	100%	April	99.2% ↷
E7.2	Category 2: within 90 days	87%	April	96.5% ↷
E7.3	Category 3: within 365 days	94%	April	99.5% ↷
E8	Elective Surgery: Number of patients waiting more than the clinically recommended:			
E8.1	Category 1: within 30 days	0	April	0 ←
E8.2	Category 2: within 90 days	0	April	69 ↷
E8.3	Category 3: within 365 days	0	April	0 ←
E9	Activity: variance between Purchased activity and YTD activity:	0% to +/-1%	March	
E9.1	Inpatients			
E9.2	Outpatients			
E9.3	ED			
E9.4	Mental Health			
E9.5	Critical Care			
E9.6	Sub and Non-Acute Patients			

EFFICIENCY AND FINANCIAL PERFORMANCE		TARGET	Data as at	
\$ - Deficit / \$ Surplus				
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-2013(20)	1,789	April	#N/A #N/A #N/A

CLOSING 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		

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	> 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

Legend: Latest/YTD Result compared to previous reporting period: Favourable ↷ Stable ← Unfavourable ↶

TREND IN ESCALATION KPI

Data source: Decision Support System (DSS) as at 20 May 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	-	-	-	-	-	-	-	-	-	-	-	0
E2	Hospital acquired 3rd and 4th stage pressure injuries (FY Target is 5% of 2010-11 actuals)	FY Tgt	0	-	-	-	-	-	-	-	-	-	-	-	0
		Qtr3	0	-	-	-	-	-	-	-	-	-	-	-	
E3	Healthcare-associated Staphylococcus aureus (including MRSA) bacteraemia - SAB	Target	-	-	-	-	-	-	-	-	-	-	-	-	20%
		Result	-	Data for June-December 2012 will be made available in May 2013											
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%	77.0%	77.0%	77%
		NEAT	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%	100.0%	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		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%
		Category 2: within 10 minutes	Result	82.7%	82.2%	80.1%	81.1%	80.2%	83.0%	87.0%	88.5%	86.0%	80.8%	80.1%	
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%
		Category 3: within 30 minutes	Result	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%	70.0%	70%
		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		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%
		Category 5: within 120 minutes	Result	84.9%	76.2%	83.7%	91.2%	84.3%	86.8%	87.7%	86.1%	82.1%	84.2%	85.8%	
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	92.4%	87.8%	88.7%	91.7%	94.4%	94.6%	95.5%	95.2%	94.1%	91.6%		
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%
		Category 1: within 30 days	Result	99.2%	95.9%	94.8%	99.0%	99.1%	98.1%	96.9%	98.7%	98.2%	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%
		Category 2: within 90 days	Result	96.5%	91.1%	89.8%	97.8%	94.2%	93.3%	96.6%	92.7%	97.7%	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%	94.0%	94%
		Category 3: within 365 days	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	0	0
		Category 1: within 30 days	Result	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
		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	0	0
		Category 3: within 365 days	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%	60%
		Result	-	-	-	-	-	-	-	-	-	-	-	-	
MWT	Maximum Wait Time (in days)														
	General														
		Category 1: within 30 days	Result	27											30
		Category 2: within 90 days	Result	90											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

TREND IN ESCALATION KPI

Data source: Decision Support System (DSS) as at 20 May 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
Orthopaedic															
	Category 1: within 30 days	Result	19												30
	Category 2: within 90 days	Result	146												90
	Category 3: within 365 days	Result	355												365
Urology															
	Category 1: within 30 days	Result	37												30
	Category 2: within 90 days	Result	271												90
	Category 3: within 365 days	Result	273												365
E9	Activity (WAU):	Target	0.0	-	-	-	-	-	-	-	-	-	-	-	94,069
	Total	Result	73,819.3	8,644.0	8,623.5	8,004.3	8,368.0	8,710.0	7,602.7	7,103.5	7,850.3	8,913.0			
E9.1		Target	0.0	-	-	-	-	-	-	-	-	-	-	-	51,851
	Inpatients	Result	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			
E9.2		Target	0.0	-	-	-	-	-	-	-	-	-	-	-	16,216
	Outpatients	Result	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			
E9.3		Target	0.0	-	-	-	-	-	-	-	-	-	-	-	10,572
	Emergency Department	Result	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	Result	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	Result	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	Result	525.5	54.3	87.5	68.7	64.6	42.1	33.4	59.7	51.8	63.3			
WOOS	Oral Health	Target	-	-	-	-	-	-	-	-	-	-	-	-	0
	Weighted Occasions of Service	Result	-	-	-	-	-	-	-	-	-	-	-	-	
EFFICIENCY AND FINANCIAL PERFORMANCE - \$ Deficit / \$ Surplus															
E10	YTD Operating Position	Target	\$0	\$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 / -Unfavourable)	\$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 (Agreed position by HHS)	Target	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
		Result	\$0	\$0	\$0	\$0	\$5,242,998	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
		Variance (Favourable / -Unfavourable)	\$0	\$0	\$0	\$0	\$5,242,998	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
E12	Own Source Revenue Target (User Charges only)	Budget	\$15,063,359	\$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		
		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 / -Unfavourable)	-\$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 / Unfavourable)	-132	-18	-18	-19	-113	-116	-119	-121	-122	-133	-132		

TREND IN ESCALATION KPI

Data source: Decision Support System (DSS) as at 20 May 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
CLOSING THE GAP		Data unavailable for E14.2													
E14	Achievement of Closing the Gap escalation indicators	Result ##	#N/A		#N/A		#N/A		#N/A		#N/A		#N/A		
E14.1	Indigenous status - reporting of 'not stated' on admission	<i>Target</i>	1.0%		1.0%		1.0%		1.0%		1.0%		1.0%		1%
		Result	-		-		-		-		-		-		
E14.2	Community follow up (within 1 - 7 days) post mental health discharge	<i>Target</i>	55.0%		55.0%		55.0%		55.0%		55.0%		55.0%		55%
		Result	-		-		-		-		-		-		
E14.3	Patients who discharged themselves against medical advice (DAMA)	<i>Target</i>	-		-		-		-		-		-		-
		Result	-		-		-		-		-		-		-
E14.4	Aboriginal and Torres Strait Islander Cultural Practice Program participants	<i>Target</i>	-		-		-		-		-		-		-
		Result	-		-		-		-		-		-		-
MENTAL HEALTH & ALCOHOL AND OTHER DRUG TREATMENT		Data unavailable for E15.3, E15.5 & E15.6													
E15.1	Ambulatory service contacts	<i>Target</i>	100.0%		100.0%		100.0%		100.0%		100.0%		100.0%		100%
		Result	-		-		-		-		-		-		-
E15.2	Ambulatory service contacts: Duration (hours)	<i>Target</i>	100.0%		100.0%		100.0%		100.0%		100.0%		100.0%		100%
		Result	-		-		-		-		-		-		-
E15.3	Accrued patient days in block funded mental health facilities	<i>Target</i>	95.0%		95.0%		95.0%		95.0%		95.0%		95.0%		95%
		Result	-		-		-		-		-		-		-
E15.4	Closure of ATODS Client Intake	<i>Target</i>	2.0		2.0		2.0		2.0		2.0		2.0		2.0
		Result	-		-		-		-		-		-		-

RTI RELEASE

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 120 minutes (excludes NEAT performance >40%)

Admitting Ward	Admissions	NEAT	% consults < 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	7	17	28	23	19

chart goes here
copy and paste from CARU file

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
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%

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			Total Waiting
	Waiting	'long wait'	Max (days)	Waiting	'long wait'	Max (days)	Waiting	'long wait'	Max (days)	
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 treated	Allocated Category			Actually treated			NSW Comparison		
		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	17	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			

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)

SPOTLIGHT SPECIALTY – General

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

Hospital	Category 1			Category 2			Category 3			Total Waiting
	Waiting	Long-wait	Max (days)	Waiting	Long-wait	Max (days)	Waiting	Long-wait	Max (days)	
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

Hospital	Number Treated	Allocated Category			Actually treated			NSW Comparison		
		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 Treated	Allocated Category			Actually treated			NSW Comparison		
		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			

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 PERFORMANCE - March 2013

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

Targets have not been updated by the HHS at this time

Weighted Activity Units - WAU	2011-12		2012-13		2011-12		2012-13 YTD		YTD Variance to Target		2011-12 to 2012-13 Change	
	FY Actual	Purchased	YTD Actual	DSS Target	Actual	%	Actual	%	Actual	%	Actual	%
ABF	93,122	94,069	69,705	-	73,819	-	73,819	-	-	-	4,114	5.9%
Non ABF	-	-	-	-	-	-	-	-	-	-	-	-
Total Activity	93,122	94,069	69,705	-	73,819	-	73,819	-	-	-	4,114	5.9%

Inpatients	Service Related Group (SRG)											
01 Cardiology	875	910	666	-	677	677	-	12	1.8%			
02 Interventional Cardiology	144	195	109	-	108	108	-	-1	-0.9%			
03 Cardiac Surgery	1,264	1,740	889	-	1,108	1,108	-	219	24.6%			
04 Thoracic Surgery	662	-	552	-	472	472	-	-80	-14.4%			
05 Dermatology	220	220	170	-	160	160	-	-9	-5.6%			
06 Endocrinology	978	963	769	-	797	797	-	28	3.6%			
07 Gastroenterology	524	564	395	-	382	382	-	-13	-3.3%			
08 Diagnostic GI Endoscopy	813	903	591	-	630	630	-	39	6.6%			
09 Haematology	647	549	494	-	363	363	-	-132	-26.6%			
10 Haematological Surgery	234	-	161	-	141	141	-	-20	-12.2%			
11 Immunology & Infections	984	1,098	761	-	791	791	-	30	4.0%			
12 Medical Oncology	634	666	481	-	431	431	-	-50	-10.5%			
13 Chemotherapy & Radiotherapy	48	56	29	-	50	50	-	21	74.0%			
14 Neurology	1,540	1,407	1,202	-	1,195	1,195	-	-7	-0.6%			
15 Renal Medicine	365	321	271	-	275	275	-	4	1.3%			
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%			
18 Rheumatology	241	232	175	-	183	183	-	7	4.2%			
19 Non Subspecialty Medicine	1,071	1,882	819	-	810	810	-	-9	-1.3%			
20 Breast Surgery	793	928	584	-	621	621	-	37	6.3%			
21 Upper GI Surgery	796	753	616	-	591	591	-	-25	-4.1%			
22 Colorectal Surgery	1,240	1,232	942	-	818	818	-	-124	-13.2%			
23 Head & Neck Surgery	319	350	233	-	255	255	-	22	9.6%			
24 Neurosurgery	1,431	778	1,063	-	937	937	-	-126	-11.8%			
25 Dental Surgery	130	355	94	-	81	81	-	-13	-14.0%			
26 Dentistry	352	-	262	-	276	276	-	14	5.3%			
27 Ear, Nose & Throat	1,833	1,865	1,355	-	1,498	1,498	-	143	10.5%			
28 Orthopaedics	5,041	5,811	3,813	-	3,980	3,980	-	167	4.4%			
29 Ophthalmology	1,000	1,106	750	-	820	820	-	69	9.2%			
30 Plastic & Reconstructive Surgery	1,389	1,696	1,019	-	1,112	1,112	-	93	9.1%			
31 Urology	2,342	2,086	1,718	-	1,619	1,619	-	-99	-5.8%			
32 Vascular Surgery	554	685	403	-	419	419	-	16	4.0%			
33 Non Subspecialty Surgery	3,270	3,508	2,470	-	2,724	2,724	-	254	10.3%			
34 Gynaecology	2,701	2,719	1,984	-	2,271	2,271	-	287	14.5%			
35 Obstetrics	7,708	8,065	5,722	-	6,151	6,151	-	429	7.5%			
36 Qualified Neonate	3,827	3,774	2,840	-	3,084	3,084	-	244	8.6%			
38 Transplantation	103	102	79	-	68	68	-	-11	-13.4%			
39 Extensive Burns	8	6	2	-	21	21	-	18	749.0%			
40 Tracheostomy	991	1,299	733	-	488	488	-	-245	-33.4%			
41 Drug & Alcohol	122	126	98	-	100	100	-	2	2.4%			
44 Unallocated	-	-	-	-	-	-	-	-	-			
Inpatient Total	51,022	51,851	38,169	-	39,236	39,236	-	1,067	2.8%			

Critical Care												
Coronary Care	385	456	287	-	264	264	-	-23	-8.0%			
Intensive Care	1,491	1,330	1,155	-	970	970	-	-184	-16.0%			
Neonatal Intensive Care	4,040	4,656	3,085	-	3,598	3,598	-	513	16.6%			
Paediatric Intensive Care	3,295	3,705	2,441	-	2,577	2,577	-	136	5.6%			
Special Care Nursery	2,839	2,889	2,117	-	2,588	2,588	-	471	22.2%			
Critical Care Total	12,049	13,036	9,085	-	9,997	9,997	-	913	10.0%			

Weighted Activity Units - WAU	2011-12		2012-13		2011-12		2012-13 YTD		YTD Variance to Target		2011-12 to 2012-13 Change	
Emergency Department	FY Actual	Purchased	YTD Actual	DSS Target	Actual	%	Actual	%	Actual	%	Actual	%
Cat 1 (Admitted and Discharged)	117	126	86	-	101	101	-	-	15	17.5%		
Cat 2 (Admitted and Discharged)	1,305	1,375	959	-	947	947	-	-	-12	-1.3%		
Cat 3 (Admitted and Discharged)	4,123	4,321	3,080	-	2,965	2,965	-	-	-115	-3.7%		
Cat 4 (Admitted and Discharged)	4,643	4,591	3,441	-	3,706	3,706	-	-	265	7.7%		
Cat 5 (Admitted and Discharged)	162	158	120	-	151	151	-	-	31	25.5%		
Died	3	1	3	-	2	2	-	-	-0	-16.5%		
ES Treated	-	-	-	-	-	-	-	-	-	-	-	
Emergency Department Total	10,352	10,572	7,690	-	7,873	7,873	-	-	183	2.4%		

Sub and Non-Acute Patients												
GEM	-	-	-	-	-	-	-	-	-	-	-	-
MAINT	298	186	207	-	169	169	-	-	-38	-18.3%		
PALLIATIVE	280	252	191	-	186	186	-	-	-6	-3.0%		
REHAB	154	366	124	-	171	171	-	-	47	37.5%		
SNAP Total	732	805	523	-	525	525	-	-	3	0.6%		

Mental Health												
Designated Bed (Per Diem Activity)	1,265	1,405	994	-	1,032	1,032	-	-	38	3.8%		
42 Psychiatry - Acute	119	184	92	-	102	102	-	-	10	11.3%		
Mental Health Total	1,388	1,588	1,086	-	1,134	1,134	-	-	48	4.4%		

Outpatients												
Medical	3,607	3,353	2,718	-	3,204	3,204	-	-	486	17.9%		
Surgical	3,990	3,730	2,948	-	2,913	2,913	-	-	-35	-1.2%		
Allied Health	1,958	1,829	1,472	-	1,412	1,412	-	-	-60	-4.1%		
Pre-Admission	322	61	240	-	209	209	-	-	-31	-12.7%		
Paediatric	328	296	242	-	364	364	-	-	121	50.2%		
Neonatal	-	-	-	-	6	6	-	-	6	-		
Maternity	2,553	2,778	1,876	-	2,307	2,307	-	-	431	23.0%		
Chemotherapy	-	-	-	-	2,803	2,803	-	-	2,803	-		
Clinical Haematology	380	655	278	-	84	84	-	-	-194	-69.9%		
Clinical Measurement	-	35	-	-	268	268	-	-	268	-		
Cystic Fibrosis	131	186	103	-	93	93	-	-	-10	-9.5%		
Dialysis	151	80	114	-	91	91	-	-	-23	-20.2%		
District Nursing Services	-	-	-	-	-	-	-	-	-	-		
Endoscopy	-	-	-	-	277	277	-	-	277	-		
Interventional Cardiology	-	-	-	-	-	-	-	-	-	-		
Medical Oncology	3,910	3,028	2,979	-	780	780	-	-	-2,200	-73.8%		
Pain Management	-	-	-	-	-	-	-	-	-	-		
Pharmacy	-	-	-	-	-	-	-	-	-	-		
Primary Care	-	-	-	-	-	-	-	-	-	-		
Psychiatry	-	-	-	-	-	-	-	-	-	-		
Radiation Oncology	-	-	-	-	-	-	-	-	-	-		
Renal Medicine	220	154	157	-	185	185	-	-	28	17.6%		
Sub Acute	-	-	-	-	50	50	-	-	50	-		
Transplants	-	-	-	-	-	-	-	-	-	-		
Wound Management	29	32	26	-	9	9	-	-	-17	-65.3%		
Other	-	-	-	-	-	-	-	-	-	-		
Outpatient Total	17,578	16,216	13,154	-	15,055	15,055	-	-	1,901	14.4%		

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

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	2012-13 Purchased	HHS FY Target loaded to DSS	Variance to Purchased	
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

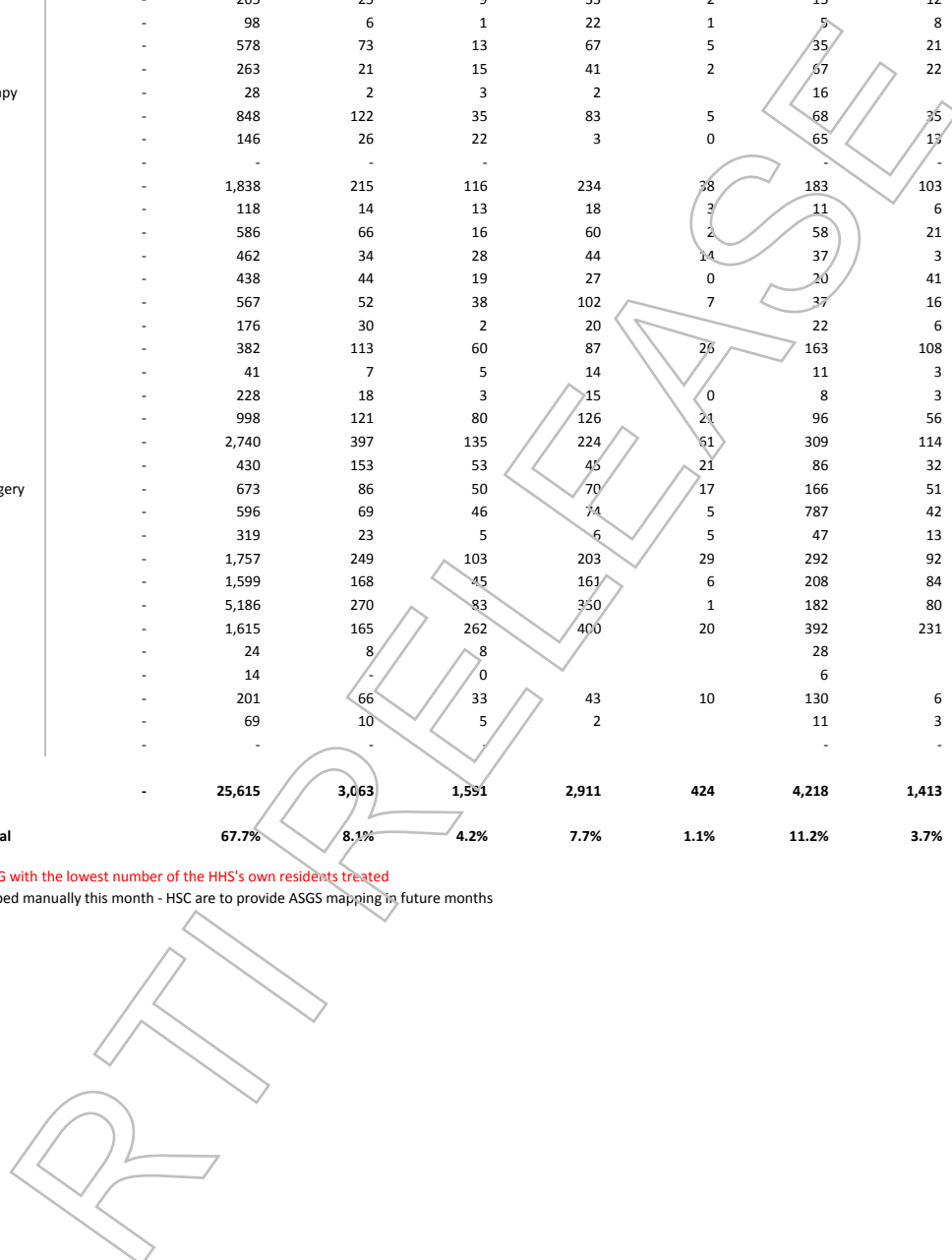
HHS FLOW

March 2013

Inpatients	Residential HHS *								YTD WAU - Total	% of Total - HHS Residents
	Mater Health Service	Metro South	Metro North	Gold Coast	West Moreton	Sunshine Coast	Other HHS	Non-Qld 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	7	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	-
12 Medical Oncology	-	263	21	15	41	2	67	22	431	-
13 Chemotherapy & Radiotherapy	-	28	2	3	2		16		50	-
14 Neurology	-	848	122	35	83	5	68	35	1,195	-
15 Renal Medicine	-	146	26	22	3	0	65	13	275	-
16 Renal Dialysis	-	-	-	-	-	-	-	-	-	-
17 Respiratory Medicine	-	1,838	215	116	234	38	183	103	2,728	-
18 Rheumatology	-	118	14	13	18	3	11	6	183	-
19 Non Subspecialty Medicine	-	586	66	16	60	2	58	21	810	-
20 Breast Surgery	-	462	34	28	44	14	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		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	0	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	74	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	1,551	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

* 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

Inpatients	2011-12 to 2012-13 Change				Potential Casemix Change	WAUs notional variance	
	YTD Seps		YTD WAUs			Volume	Casemix related
	Actual	%	Actual	%			
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	-	-	-	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

* Inpatient total excludes 42 Psychiatry - Acute and 43 Rehabilitation

AMBULATORY CARE - Review to New ratio - March 2013

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

Outpatients	Weighted Activity Units - WAU				R2N Ratio - WAUs		
	2010-11 Actual	2011-12 Actual	2012-13 Purchased	2012-13 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
Surgical	New	941	1,110	1,356	662		
	Review	2,699	2,880	2,374	2,250	2.9	2.6
Allied Health	New	779	731	830	577		
	Review	1,030	1,227	990	835	1.3	1.7
	Other	-	-	-	-		
Pre-Admission	New	1	2	1	4		
	Review	88	320	59	205	71.1	197.1
Paediatric	New	146	110	162	99		
	Review	198	218	128	264	1.4	2.0
Neonatal	New	-	-	-	6		
	Review	-	-	-	0	-	-
Maternity	New	570	515	687	404		
	Review	1,745	2,038	2,091	1,904	3.1	4.0
Sub Acute	New	-	-	-	11		
	Review	-	-	-	38	-	-
	Other	-	-	-	-		
Clinical Measurement	New	12	-	35	13		
	Review	-	-	-	255	-	-
Wound Management	New	3	2	1	0		
	Review	48	27	30	9	14.4	14.8
Pain Management	New	-	-	-	-		
	Review	-	-	-	-	-	-
Cystic Fibrosis	New	-	-	-	-		
	Review	135	131	186	93		
Transplants	New	-	-	-	-		
	Review	-	-	-	-	-	-
Endoscopy	New	-	-	-	219		
	Review	-	-	-	58	-	-
Interventional Cardiology	New	-	-	-	-		
	Review	-	-	-	-	-	-
	Other	-	-	-	-		
Renal Medicine	New	30	33	25	26		
	Review	162	187	129	159	5.3	5.7
Dialysis	New	-	-	-	-		
	Review	70	151	80	91	-	-
	Other	-	-	70	-		
Chemotherapy	New	-	-	-	37		
	Review	-	-	-	2,766	-	-
Medical Oncology	New	85	82	66	65		
	Review	2,986	3,828	2,962	714	35.2	46.8
Radiation Oncology	New	-	-	-	-		
	Review	-	-	-	-	-	-
Clinical Haematology	New	24	33	45	18		
	Review	241	348	611	66	9.9	10.6
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
	Other	-	-	-	-	Excluding clinics as per Purchasing Initiative	
	Total	15,461	17,578	16,216	15,055	2.7	2.8

FINANCIAL PERFORMANCE

Information provided by Finance Branch, System Support Services Division

	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 / -Unfavourable)	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 / -Unfavourable)	-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 POSITION													
HHS forecast (Surplus / -Deficit)	0	0	0	5,242,998	0	0	0	0	0	0			
Improvement / - Deterioration from prior month	na	0	0	5,242,998	-5,242,998	0	0	0	0	0			
MOHRI FULL TIME EQUIVALENT													
Target full year average	1,735	1,735	1,735	1,826	1,826	1,826	1,826	1,826	1,837	1,837			March 2013 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 / Unfavourable)	-18	-18	-19	-113	-116	-119	-121	-122	-133	-132			#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	1,707	1,705	1,704	1,704	1,705	
Managerial and Clerical	311	302	297	299	299	299	299	299	297	297	297	297	
Medical incl VMOs	182	200	202	200	199	199	199	199	200	199	199	199	
Nursing	731	711	717	717	715	714	713	710	709	709	709	709	
Operational	302	291	296	298	297	296	295	295	296	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	196	196	196	196	197	197	197	
YEAR TO DATE EXPENDITURE - EXTERNAL LABOUR													
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	4,389,374	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	2,938,076	4,471,787	5,154,121	6,429,931	7,148,835	7,801,989	8,040,586			
YEAR TO DATE EXPENDITURE - STAFF TRAVEL 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 - ADVERTISING													
Actual	0	1,240	2,181	3,175	13,051	14,379	18,634	11,237	11,726	17,197			
Prior Year	-1,827	-1,285	-907	5,980	42,619	42,699	43,237	43,796	43,805	44,245			
Improvement / - Deterioration from prior year	-1,827	-2,525	-3,089	2,805	29,568	28,320	24,604	32,559	32,079	27,048			
YEAR TO DATE EXPENDITURE - CONSULTANCY													
Actual	0	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	0			
Improvement / - Deterioration from prior year	0	0	0	0	2,917	2,917	4,914	4,914	4,914	0			
YEAR TO DATE EXPENDITURE - TOTAL (External Labour, Staff Travel, Advertising, Consultancy)													
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 date (part year target = 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

OWN SOURCE REVENUE

Information provided by Statewide Own Source Revenue, System Support Services Division

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	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			16,882,782		
	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

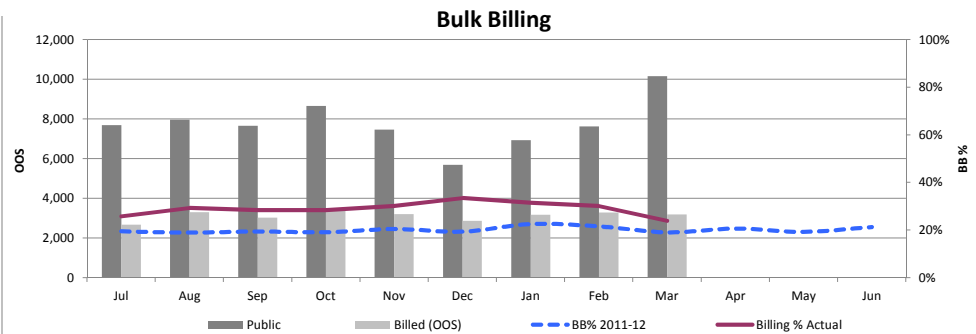
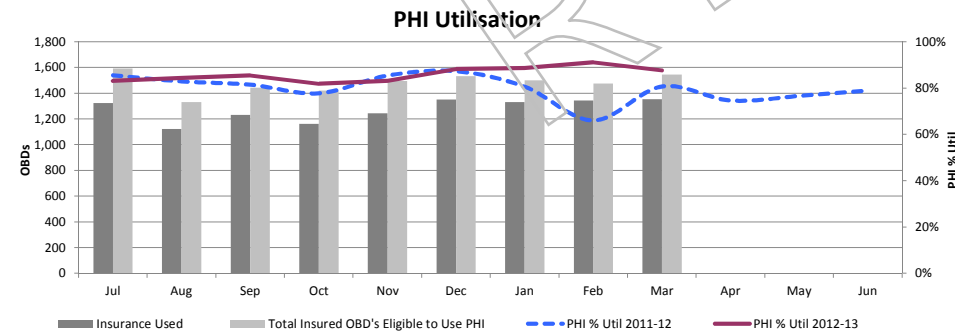
PHI Utilisation	Surplus / (Deficit)	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	YTD	Private OBDs +/- on 11/12 YTD	KPI +/- on 11/12 YTD
Insurance Not Used (OBDs)		1,324	1,124	1,233	1,164	1,245	1,353	1,331	1,345	1,355				11,474		
Insurance Used (OBDs)		1,593	1,333	1,443	1,422	1,497	1,533	1,501	1,476	1,545				13,343		
Insurance Used % Actual		84%	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	Feb-13	Mar-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	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%	30%	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

KPI No.	Escalation KPIs	Attainment Score		
		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% 2013: > 77.0%	2012: 69.9% - 65.0% 2013: 76.9% - 70.0%	2012: < 65.0% 2013: < 70.0%
E5	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 Cat. 1: 100% Cat. 2: > 80.0% Cat. 3: > 75.0% Cat. 4: > 70.0% Cat. 5: > 70.0%	Cat. 1: 99.9% - 90.0% Cat. 2: 79.9% - 70.0% Cat. 3: 74.9% - 65.0% Cat. 4: 69.9% - 60.0% Cat. 5: 69.9% - 60.0%	Cat. 1: < 90.0% Cat. 2: < 70.0% Cat. 3: < 65.0% Cat. 4: < 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 (National Elective Surgery Target (Part 1))	2012 Cat. 1: 89.0% Cat. 2: 81.0% Cat. 3: 91.0% 2013 Cat. 1: 100% Cat. 2: 87.0% Cat. 3: 94.0%	2012 Cat. 1: 68.9% - 85.0% Cat. 2: 80.9% - 78.0% Cat. 3: 90.9% - 87.0% 2013 Cat. 1: 99.9% - 96.0% Cat. 2: 86.9% - 83.0% Cat. 3: 93.9% - 90.0%	2012 Cat. 1: < 85.0% Cat. 2: < 78.0% Cat. 3: < 87.0% 2013 Cat. 1: < 96.0% Cat. 2: < 83.0% Cat. 3: < 90.0%
E8	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 for all categories Cat. 1: 0 Cat. 2: 0 Cat. 3: 0	HHS specific Cat. 1: > 0% - 5.0% Cat. 2: > 0% - 5.0% Cat. 3: > 0% - 5.0%	HHS specific Cat. 1: > 5.0% Cat. 2: > 5.0% Cat. 3: > 5.0%
E9	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 (part C) contained in the Service Agreement	> tolerance as per detail in Schedule 3 (part C) contained in the Service Agreement
Efficiency 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 B) contained in the Service Agreement	0 - 1.0% unfavourable variance to budget	> 1.0% unfavourable variance to budget
Closing the Gap		Target		
E14	Performance domain target: Achievement of Closing the Gap escalation indicators contained within Schedule 8 of the Service Agreement.	0 escalation KPI red and > = 2 escalation KPI green in any quarter	1 escalation KPI red in any quarter or > = 3 escalation KPIs amber in any quarter	> = 2 escalation KPIs red in any quarter or 1 escalation KPI red for > = 2 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 (based on staff numbers at beginning of financial year)	> = 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
Mental Health and Alcohol and Other Drugs		Target		
E15	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	Achieve target in 67% - 50% of the escalation indicators	Achieve target in less than 50% of the escalation indicators
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 drugs withdrawal beds	> 95.0% open	95.0% - 85.0%	< 85.0%

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
SAFETY AND QUALITY																
M1	Falls Risk Assessment	Target	70%					70%								70%
		Result	-					-								
M2	VTE Risk Assessment Documentation at Point of Care	Target	50%					50%								50%
		Result	-					-								
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			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			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%	50.0%	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%				
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	20
		Result	↓ 24	27	28	27	26	26	25	24	23	24	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%	0.0%	0%
		Result	↓ 2.3%	2.1% ↓	2.8% ↓	2.6% ↓	2.0% ↓	2.4% ↓	2.5% ↓	1.9% ↓	1.8% ↓	2.3%	2.2%	2.2%	↓	
M14	Elective Surgery volume	Target	8,084	907	921	911	926	930	646	446	751	1,018	628			9,836
		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					0
	Category 1: within 30 days	Result	-		-		-		-		-					
M15.2	Category 2: within 90 days	Target	67		67		67		67		67					67
	Category 3: within 365 days	Result	-		-		-		-		-					
M15.3	Category 3: within 365 days	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%
	% 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	-	-	-	-	-	-	-	-	-	-	-	-	-	
M18	Elective Surgery median waiting time	Target	25	25	25	25	25	25	25	25	25	25	25	25	25	25
		Result	↓ 29	35	29	29	30.5	27	29	36	28	27	27	27	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%	100.0%	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	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	3.4	3.4	3.4	
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%	1.5%
		Result	0.2%	0.1%	0.1%	0.0%	0.1%	0.1%	0.2%	0.0%	0.4%	0.3%	0.3%	0.3%	0.3%	

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	-	-	-	-	-	-	-	-	-	-	-	-	
EFFICIENCY AND FINANCIAL PERFORMANCE															
M27	Cost per WAU														
	For the in-scope ABF facilities	Result	-	-	-	-	-	-	-	-	-	-	-	-	
M30	Day case surgery rates	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	Result													2% to 4%
M36	Planned Maintenance Expenditure Ratio	Result													60% to 70%
PATIENT EXPERIENCE															
M37	Complaints acknowledged within 5 calendar days	Target	100.0%				100.0%	100.0%	100.0%	100.0%	100.0%	100.0%			100.0%
		Result	-				-	-	-	-	-	-			
WORKFORCE															
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													
MENTAL HEALTH & ALCOHOL AND OTHER DRUG TREATMENT SERVICES															
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%			
		Result	46.7%	31.3%	62.5%	38.9%	66.7%	48.1%	26.3%	-	-	-			
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%			
		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 discharge	Target	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%			
		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%	-	-	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	44.0%	53.5%	35.5%	40.0%	48.1%	49.5%	45.6%	41.7%	38.8%	44.3%			
	Ambulatory Ongoing - Deteriorate	Result	14.2%	16.3%	15.8%	30.9%	10.1%	9.5%	13.9%	8.3%	16.4%	14.8%			
M51	Service episodes where a consumer is secluded at least once	Target	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%			
		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 measure(s) were recorded	Target	40.0%	40.0%	40.0%	40.0%	40.0%	40.0%	40.0%	40.0%	40.0%	40.0%			
		Result	44.9%	30.4%	46.5%	54.2%	50.4%	50.4%	49.1%	48.5%	36.9%	37.9%			

Mater Health Service Hospital & Health Service

Performance Dashboard

May 2013 Report

RETRACTED

Queensland Health



DOH-DL 13/14-025 Version 26 June 2013
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RTI RELEASED

PERFORMANCE DOMAINS - Escalation KPIs

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 unavailable	

ACCESS		TARGET	Data as at	Data source: Decision Support System (DSS) as at 17 June 2013
** denotes calendar year result				
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	92.7% ↑
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	0	May	0 -
E8.2	Category 2: within 90 days	0	May	64 ↑
E8.3	Category 3: within 365 days	0	May	12 ↓
E9	Activity: variance between Purchased activity and YTD activity:	0% to +/-1%	April	
E9.1	Inpatients			
E9.2	Outpatients			
E9.3	ED			
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 ↓

RTI

TREND IN ESCALATION KPI

Data source: Decision Support System (DSS) as at 17 June 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	-	-	-	-	-	-	-	-	-	-	-	-	0
E2	Hospital acquired 3rd and 4th stage pressure injuries (FY Target is 5% of 2010-11 actuals)	FY Tgt 0 Qtr3 ● 0	-	-	-	-	-	-	-	-	-	-	-	-	0
E3	Healthcare-associated Staphylococcus aureus (including MRSA) bacteraemia - SAB	Target - Result -	Data for June-December 2012 will be made available in May 2013												20%
ACCESS ** denotes calendar year result															
E4	National Emergency Access Target: 4hrs **	Target 77.0% NEAT Result ● 79.7%	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%
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 ◆ 98.1%	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	Category 2: within 10 minutes	Target 80.0% Result ● 82.9%	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%
E5.3	Category 3: within 30 minutes	Target 75.0% Result ◆ 74.5%	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%
E5.4	Category 4: within 60 minutes	Target 70.0% Result ◆ 68.0%	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%
E5.5	Category 5: within 120 minutes	Target 70.0% Result ● 85.1%	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%
E6	Patient Off Stretcher Time: < 30 mins	Target 90.0% POST Result ● 92.7%	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%
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%	
	Category 1: within 30 days	Result ◆ 99.4%	95.9%	94.8%	99.0%	99.1%	98.1%	96.9%	98.7%	98.2%	100.0%	100.0%	100.0%	100.0%	
E7.2	Category 2: within 90 days	Target 87.0% Result ● 96.9%	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%
E7.3	Category 3: within 365 days	Target 91.0% Result ● 99.6%	91.0%	91.0%	91.0%	91.0%	91.0%	91.0%	91.0%	94.0%	94.0%	94.0%	94.0%	94.0%	94%
E8.1	ES: 'long waits'	Target 0	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	Category 2: within 90 days	Target 0 Result ■ 64	89	104	84	89	118	100	142	77	79	69	64		0
E8.3	Category 3: within 365 days	Target 0 Result ◆ 12	0	0	0	0	0	0	0	0	0	0	12		0
TNT	Treated in turn	Target 60% Result -	60%	60%	60%	60%	60%	60%	60%	60%	60%	60%	60%	60%	60%
E9	Activity (WAU):	Target 0.0	-	-	-	-	-	-	-	-	-	-	-	-	94,069
	Total	Result 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			
E9.1	Inpatients	Target 0.0 Result 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			51,851
E9.2	Outpatients	Target 0.0 Result 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			16,216
E9.3	Emergency Department	Target 0.0 Result 8,785.0	952.2	937.5	836.6	866.1	850.8	849.5	802.7	811.4	965.8	912.4			10,572
E9.4	Mental Health	Target 0.0 Result 1,248.4	96.1	252.8	144.5	108.3	151.8	99.9	67.2	90.4	122.6	114.7			1,588
E9.5	Critical Care	Target 0.0 Result 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			13,036
E9.6	Sub and Non-Acute Patients	Target 0.0 Result 614.7	54.3	87.5	68.7	68.1	42.1	33.4	59.7	52.7	63.3	85.0			805

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%	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%

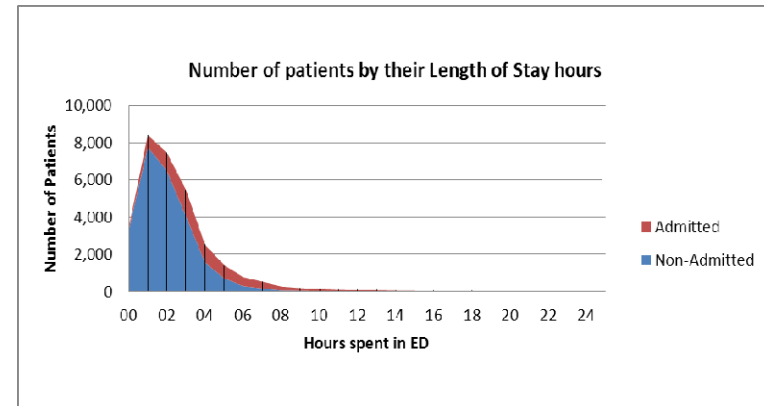
WAITING TIMES - monthly performance

Volume and waiting time performance by triage category

	Category 1	Category 2	Category 3	Category 4	Category 5	All Categories
Attendances	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	4	15	47	36	27

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	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 updated by the HHS at this time

Weighted Activity Units - WAU	2011-12		2012-13		2011-12 YTD		2012-13 YTD		YTD Variance to Target		2011-12 to 2012-13 Change	
	FY Actual	Purchased	FY Actual	Purchased	DSS Target	Actual	DSS Target	Actual	%	Actual	%	
ABF	93,122	94,069	76,989	-	-	82,018	82,018	-	-	5,029	6.5%	
Non ABF	-	-	-	-	-	-	-	-	-	-	-	
Total Activity	93,122	94,069	76,989	-	-	82,018	82,018	-	-	5,029	6.5%	

Inpatients	Service Related Group (SRG)											
01 Cardiology	875	910	725	-	748	748	-	23	3.1%			
02 Interventional Cardiology	144	195	118	-	116	116	-	-2	-2.1%			
03 Cardiac Surgery	1,264	1,740	1,012	-	1,278	1,278	-	266	26.3%			
04 Thoracic Surgery	662	-	582	-	539	539	-	-44	-7.5%			
05 Dermatology	220	220	185	-	180	180	-	-5	-2.7%			
06 Endocrinology	978	963	845	-	887	887	-	42	4.9%			
07 Gastroenterology	524	564	438	-	427	427	-	-11	-2.6%			
08 Diagnostic GI Endoscopy	813	903	656	-	689	689	-	33	5.0%			
09 Haematology	647	549	533	-	397	397	-	-136	-25.5%			
10 Haematological Surgery	234	-	172	-	149	149	-	-23	-13.3%			
11 Immunology & Infections	984	1,098	831	-	906	906	-	75	9.0%			
12 Medical Oncology	634	666	540	-	489	489	-	-51	-9.4%			
13 Chemotherapy & Radiotherapy	48	56	33	-	57	57	-	24	71.8%			
14 Neurology	1,540	1,407	1,315	-	1,309	1,309	-	-6	-0.4%			
15 Renal Medicine	365	321	299	-	300	300	-	1	0.3%			
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%			
18 Rheumatology	241	232	196	-	210	210	-	13	6.8%			
19 Non Subspecialty Medicine	1,071	1,882	892	-	924	924	-	32	3.6%			
20 Breast Surgery	793	928	651	-	716	716	-	65	9.9%			
21 Upper GI Surgery	796	753	664	-	696	696	-	32	4.9%			
22 Colorectal Surgery	1,240	1,232	1,051	-	917	917	-	-134	-12.8%			
23 Head & Neck Surgery	319	350	262	-	283	283	-	21	8.1%			
24 Neurosurgery	1,431	778	1,108	-	1,053	1,053	-	-55	-5.0%			
25 Dental Surgery	130	355	104	-	82	82	-	-21	-20.7%			
26 Dentistry	352	-	287	-	300	300	-	13	4.5%			
27 Ear, Nose & Throat	1,833	1,865	1,477	-	1,649	1,649	-	172	11.6%			
28 Orthopaedics	5,041	5,811	4,225	-	4,472	4,472	-	247	5.9%			
29 Ophthalmology	1,000	1,106	817	-	910	910	-	93	11.4%			
30 Plastic & Reconstructive Surgery	1,389	1,696	1,140	-	1,233	1,233	-	93	3.2%			
31 Urology	2,342	2,086	1,899	-	1,800	1,800	-	-99	-5.2%			
32 Vascular Surgery	554	685	455	-	484	484	-	29	6.4%			
33 Non Subspecialty Surgery	3,270	3,508	2,720	-	2,963	2,963	-	243	8.9%			
34 Gynaecology	2,701	2,719	2,208	-	2,513	2,513	-	304	13.8%			
35 Obstetrics	7,708	8,065	6,354	-	6,745	6,745	-	391	6.2%			
36 Qualified Neonate	3,827	3,774	3,143	-	3,362	3,362	-	220	7.0%			
38 Transplantation	103	102	87	-	87	87	-	1	0.7%			
39 Extensive Burns	8	6	2	-	21	21	-	18	749.0%			
40 Tracheostomy	991	1,299	829	-	544	544	-	-285	-34.4%			
41 Drug & Alcohol	122	126	103	-	114	114	-	11	10.2%			
44 Unallocated	-	-	-	-	-	-	-	-	-			
Inpatient Total	51,022	51,851	42,079	-	43,635	43,635	-	1,556	3.7%			

Critical Care												
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%			
Neonatal Intensive Care	4,040	4,656	3,442	-	4,018	4,018	-	576	16.7%			
Paediatric Intensive Care	3,295	3,705	2,704	-	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%			

Weighted Activity Units - WAU	2011-12		2012-13		2011-12 YTD		2012-13 YTD		YTD Variance to Target		2011-12 to 2012-13 Change	
Emergency Department	FY Actual	Purchased	FY Actual	Purchased	DSS Target	Actual	DSS Target	Actual	%	Actual	%	
Cat 1 (Admitted and Discharged)	117	126	93	-	113	113	-	19	20.5%			
Cat 2 (Admitted and Discharged)	1,305	1,375	1,075	-	1,060	1,060	-	-15	-1.4%			
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%			
Cat 5 (Admitted and Discharged)	162	158	136	-	173	173	-	36	26.6%			
Died	3	1	3	-	3	3	-	0	0.0%			
ES Treated	-	-	-	-	-	-	-	-	-	-		
Emergency Department Total	10,352	10,572	8,562	-	8,785	8,785	-	223	2.6%			

Sub and Non-Acute Patients												
GEM	-	-	-	-	-	-	-	-	-	-	-	-
MAINT	298	186	224	-	212	212	-	-12	-5.5%			
PALLIATIVE	280	252	211	-	200	200	-	-11	-5.2%			
REHAB	154	366	139	-	203	203	-	65	46.8%			
SNAP Total	732	805	573	-	615	615	-	42	7.2%			

Mental Health												
Designated Bed (Per Diem Activity)	1,269	1,405	1,069	-	1,131	1,131	-	62	5.8%			
42 Psychiatry - Acute	119	184	101	-	118	118	-	17	16.4%			
Mental Health Total	1,388	1,588	1,170	-	1,248	1,248	-	78	6.7%			

Outpatients												
Medical	3,607	3,353	2,978	-	3,574	3,574	-	597	20.0%			
Surgical	3,990	3,730	3,241	-	3,245	3,245	-	4	0.1%			
Allied Health	1,958	1,829	1,623	-	1,582	1,582	-	-41	-2.5%			
Pre-Admission	322	61	264	-	231	231	-	-33	-12.4%			
Paediatric	328	296	267	-	395	395	-	128	47.9%			
Neonatal	-	-	-	-	6	6	-	6	-			
Maternity	2,553	2,778	2,102	-	2,566	2,566	-	464	22.1%			
Chemotherapy	-	-	-	-	3,103	3,103	-	3,103	-			
Clinical Haematology	380	655	309	-	91	91	-	-218	-70.6%			
Clinical Measurement	-	35	-	-	300	300	-	300	-			
Cystic Fibrosis	131	186	113	-	104	104	-	-9	-8.1%			
Dialysis	151	80	125	-	91	91	-	-33	-26.8%			
District Nursing Services	-	-	-	-	-	-	-	-	-			
Endoscopy	-	-	-	-	308	308	-	308	-			
Interventional Cardiology	-	-	-	-	-	-	-	-	-			
Medical Oncology	3,910	3,028	3,332	-	873	873	-	-2,459	-73.8%			
Pain Management	-	-	-	-	-	-	-	-	-			
Pharmacy	-	-	-	-	-	-	-	-	-			
Primary Care	-	-	-	-	-	-	-	-	-			
Psychiatry	-	-	-	-	-	-	-	-	-			
Radiation Oncology	-	-	-	-	-	-	-	-	-			
Renal Medicine	220	154	178	-	203	203	-	25	14.2%			
Sub Acute	-	-	-	-	55	55	-	55	-			
Transplants	-	-	-	-	-	-	-	-	-			
Wound Management	29	32	27	-	9	9	-	-18	-65.5%			
Other	-	-	-	-	-	-	-	-	-			
Outpatient Total	17,578	16,216	14,558	-	16,736	16,736	-	2,179	15.0%			

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

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	2012-13 Purchased	HHS FY Target loaded to DSS	Variance to Purchased	
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

April 2013

	2012-13 Purchased ¹	2012-13 DSS Target	Actuals												Forecast ³		2012-13 Total	Variance to Purch.	% Variance to Purch.
			Jul 2012	Aug 2012	Sep 2012	Oct 2012	Nov 2012	Dec 2012	Jan 2013	Feb 2013	Mar 2013	Apr 2013	May 2013	Jun 2013					
Breast Surgery	928	-	95	85	53	78	58	50	56	75	71	94	72	72	859	-70	-7.5%		
Cardiac Surgery	1,740	-	134	123	158	120	193	159	103	36	89	164	128	128	1,534	-206	-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	5	7	6	6	6	69	13	23.2%		
Colorectal Surgery	1,232	-	66	96	108	98	89	80	109	80	92	99	92	92	1,100	-132	-10.7%		
Dental Surgery	355	-	42	37	37	49	56	23	21	41	52	25	-	-	382	27	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	126	-	9	13	14	11	10	9	7	11	16	14	11	11	137	11	8.7%		
Ear, Nose & Throat	1,865	-	176	184	146	196	194	156	116	149	183	149	165	165	1,978	114	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	-	32	44	41	38	44	42	51	37	53	45	43	43	512	-51	-9.1%		
Gynaecology	2,719	-	271	258	260	230	290	217	187	258	300	242	251	251	3,015	296	10.9%		
Haematological Surgery	0	-	5	33	25	12	12	39	4	6	7	8	15	15	179	179	-		
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	1,098	-	89	81	74	73	99	93	85	87	108	116	91	91	1,087	-11	-1.0%		
Interventional Cardiology	195	-	14	11	10	13	14	11	3	14	18	8	12	12	139	-56	-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	778	-	118	71	116	102	154	101	83	97	95	115	105	105	1,263	485	62.4%		
Non Subspecialty Medicine	1,882	-	84	86	95	81	95	87	89	104	84	119	92	92	1,109	-773	-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	1,033	-13	-1.2%		
Orthopaedics	5,811	-	482	488	382	460	488	394	370	464	457	488	447	447	5,367	-444	-7.6%		
Plastic & Reconstructive Surgery	1,696	-	101	125	145	124	132	157	90	99	140	121	125	123	1,480	-216	-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	0	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	2,898	-	378	377	342	292	288	254	198	253	367	339	309	309	3,703	805	27.8%		
Rheumatology	232	-	18	16	21	27	22	17	15	25	21	27	21	21	252	20	8.7%		
Thoracic Surgery	0	-	45	66	52	52	72	54	41	50	41	66	34	54	646	646	-		
Tracheostomy	1,299	-	39	113	18	67	18	58	30	75	71	56	54	54	653	-646	-49.7%		
Transplantation	102	-	8	0	16	9	0	8	11	0	16	19	9	9	105	3	2.9%		
Upper GIT Surgery	753	-	65	69	62	92	69	51	47	63	71	105	70	70	835	82	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%		
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	42	31	31	367	-89	-19.5%		
ICU	1,330	-	106	178	105	121	92	96	85	80	109	90	106	106	1,272	-58	-4.4%		
NICU	4,656	-	636	253	345	364	456	485	349	273	436	420	402	402	4,821	165	3.5%		
PICU	3,705	-	326	299	204	264	262	195	315	375	335	238	281	281	3,377	-328	-8.9%		
SCN	2,889	-	279	216	300	316	328	284	227	281	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	11	11	12	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	-	370	361	323	322	318	315	285	340	361	350	332	332	3,979	-343	-7.9%		
Cat 4 (Admitted and Discharged)	4,591	-	442	436	403	404	397	412	396	360	456	415	412	412	4,945	355	7.7%		
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	-	-	-	-	-	-	-	-	-	-	-	-	-	0	0	-		
Died	1	-	0	0	0	0	0	0	0	0	0	0	0	0	3	2	250.7%		
Emergency Services Treated ³	0	-	-	-	-	-	-	-	-	-	-	-	-	-	0	0	-		
Emergency Department	10,572	-	952	938	837	866	851	849	800	811	966	912	879	879	10,542	-30	-0.3%		
GEM	0	-	-	-	-	-	-	-	-	-	-	-	-	-	0	0	-		
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	31	21	24	12	5	19	26	19	28	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)	184	-	16	12	12	12	20	9	3	10	8	16	12	12	141	-43	-23.2%		
Mental Health	1,588	-	96	253	145	108	152	100	67	90	123	115	125	125	1,498	-90	-5.7%		
Medical	3,353	-	351	380	371	411	417	276	232	391	375	370	357	357	4,289	936	27.9%		
Surgical	3,730	-	329	376	310	358	373	254	252	320	341	332	324	324	3,894	164	4.4%		
Allied Health	1,829	-	163	167	160	179	179	120	135	147	162	170	158	158	1,898	70	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	-	1	1	1	1	1	1	1	0	1	0	1	1	8	8	-		
Maternity	2,778	-	242	282	251	262	265	236	267	239	264	259	257	257	3,079	302	10.9%		
Alcohol & Drug	0	-	-	-	-	-	-	-	-	-	-	-	-	-	0	0	-		
Sub Acute	0	-	5	5	3	9	7	4	6	6	5	5	5	5	66	66	-		

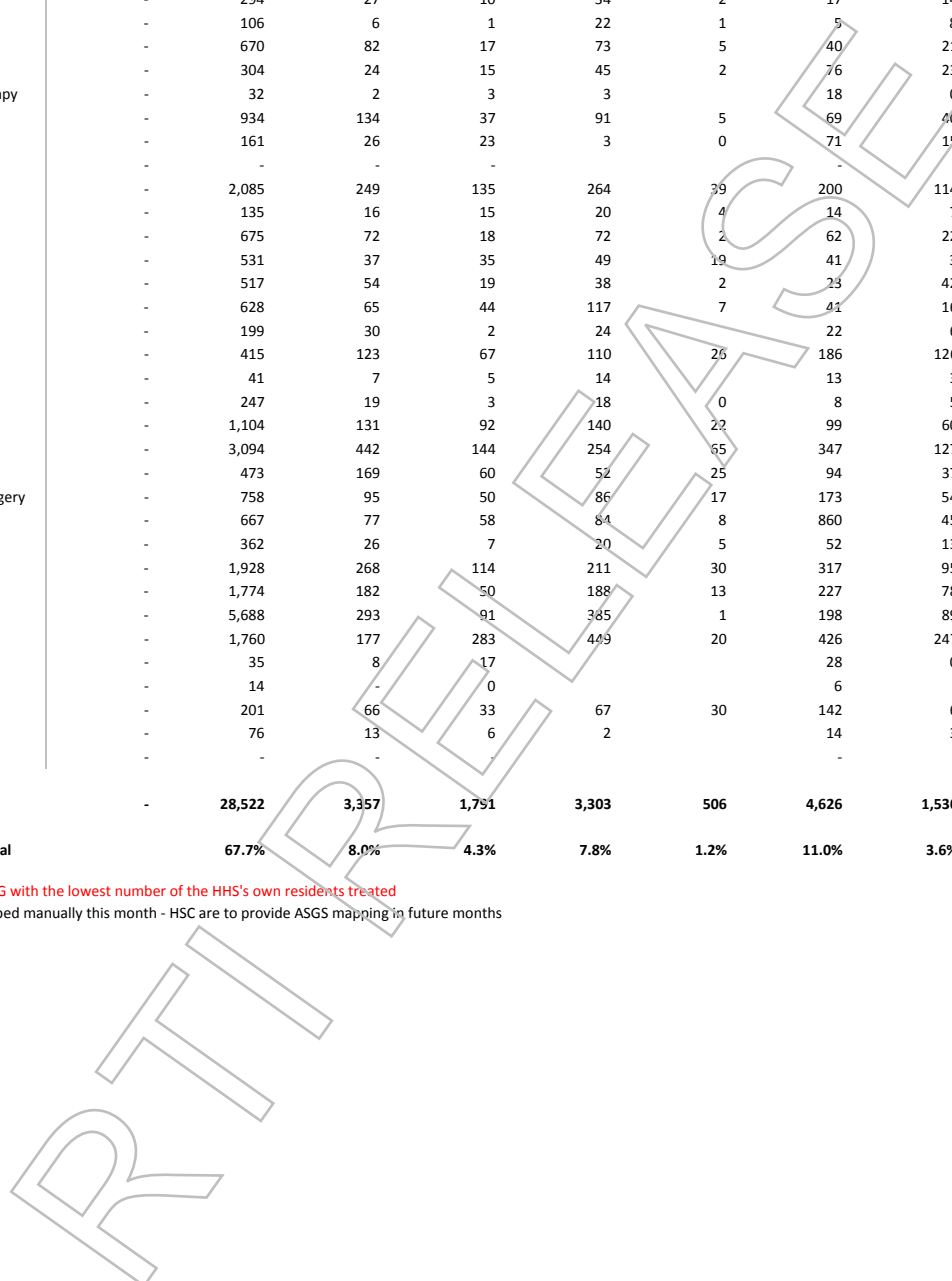
HHS FLOW

April 2013

Inpatients	Residential HHS *								YTD WAU - Total	% of Total - HHS Residents
	Mater Health Service	Metro South	Metro North	Gold Coast	West Moreton	Sunshine Coast	Other HHS	Non-Qld 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	76	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	2	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	41	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	18	0	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	-	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	1,751	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

Inpatients	2011-12 to 2012-13 Change				Potential Casemix Change	WAUs notional variance	
	YTD Seps		YTD WAUs			Volume	Casemix related
	Actual	%	Actual	%			
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%	9	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	-	-	-	0.0%	0.0%	-	0.0
Inpatient Total *	1,315	3.1%	1,556	5.7%	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

* Inpatient total excludes 42 Psychiatry - Acute and 43 Rehabilitation

AMBULATORY CARE - Review to New ratio - April 2013

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

Outpatients	Weighted Activity Units - WAU	2010-11 Actual	2011-12 Actual	2012-13 Purchased	2012-13 YTD	R2N Ratio - WAUs		
						2010-11	2011-12	2012-13 YTD
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	1,356	746			
	Review	2,699	2,880	2,374	2,499	2.9	2.6	3.3
Allied Health	New	779	731	830	645			
	Review	1,030	1,227	990	937	1.3	1.7	1.5
	Other	-	-	-	-			
Pre-Admission	New	1	2	1	4			
	Review	88	320	59	227	71.1	197.1	54.6
Paediatric	New	146	110	162	106			
	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 Fibrosis	New	-	-	-	-			
	Review	135	131	186	104	-	-	-
Transplants	New	-	4.0	-	-			
	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	-	-	78.7
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			
	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	-	-	-	-	Excluding clinics as per Purchasing Initiative		
	Total	15,461	17,578	16,216	16,736	2.7	2.8	3.3

ESCALATION KPI LIST

KPI No.	Escalation KPIs	Attainment Score		
		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% 2013: > 77.0%	2012: 69.9% - 65.0% 2013: 76.9% - 70.0%	2012: < 65.0% 2013: < 70.0%
E5	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 Cat. 1: 100% Cat. 2: > 80.0% Cat. 3: > 75.0% Cat. 4: > 70.0% Cat. 5: > 70.0%	Cat. 1: 99.9% - 90.0% Cat. 2: 79.9% - 70.0% Cat. 3: 74.9% - 65.0% Cat. 4: 69.9% - 60.0% Cat. 5: 69.9% - 60.0%	Cat. 1: < 90.0% Cat. 2: < 70.0% Cat. 3: < 65.0% Cat. 4: < 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 (National Elective Surgery Target (Part 1))	2012 Cat. 1: 89.0% Cat. 2: 81.0% Cat. 3: 91.0% 2013 Cat. 1: 100% Cat. 2: 87.0% Cat. 3: 94.0%	2012 Cat. 1: 88.9% - 85.0% Cat. 2: 80.9% - 78.0% Cat. 3: 90.9% - 87.0% 2013 Cat. 1: 99.9% - 96.0% Cat. 2: 86.9% - 83.0% Cat. 3: 93.9% - 90.0%	2012 Cat. 1: < 85.0% Cat. 2: < 78.0% Cat. 3: < 87.0% 2013 Cat. 1: < 96.0% Cat. 2: < 83.0% Cat. 3: < 90.0%
E8	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 for all categories Cat. 1: 0 Cat. 2: 0 Cat. 3: 0	HHS specific Cat. 1: > 0% - 5.0% Cat. 2: > 0% - 5.0% Cat. 3: > 0% - 5.0%	HHS specific Cat. 1: > 5.0% Cat. 2: > 5.0% Cat. 3: > 5.0%
E9	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 (part C) contained in the Service Agreement	> tolerance as per detail in Schedule 3 (part C) contained in the Service Agreement
Efficiency 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 B) contained in the Service Agreement	0 - 1.0% unfavourable variance to budget	> 1.0% unfavourable variance to budget
Closing the Gap		Target		
E14	Performance domain target: Achievement of Closing the Gap escalation indicators contained within Schedule 8 of the Service Agreement.	0 escalation KPI red and > = 2 escalation KPI green in any quarter	1 escalation KPI red in any quarter or > = 3 escalation KPIs amber in any quarter	> = 2 escalation KPIs red in any quarter or 1 escalation KPI red for > = 2 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 (based on staff numbers at beginning of financial year)	> = 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
Mental Health and Alcohol and Other Drugs		Target		
E15	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	Achieve target in 67% - 50% of the escalation indicators	Achieve target in less than 50% of the escalation indicators
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 drugs withdrawal beds	> 95.0% open	95.0% - 85.0%	< 85.0%

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
SAFETY AND QUALITY																
M1	Falls Risk Assessment	Target	70%					70%								70%
		Result	-					-								
M2	VTE Risk Assessment Documentation at Point of Care	Target	50%					50%								50%
		Result	-					-								
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			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			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%	50.0%	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	20
		Result	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%	0.0%	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%		
M14	Elective Surgery volume	Target	8,976	907	921	911	926	930	646	446	751	1,018	628	892		9,836
		Result	9,765	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	Category 2: within 90 days	Target	67			67	67	67	67							67
	Result	-			-	-	-	-	-							
M15.3	Category 3: within 365 days	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%	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	-			-	-	-	-	-							
M18	Elective Surgery median waiting time	Target	25	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				
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	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 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%	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%				

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	-	-	-	-	-	-	-	-	-	-	-	-	
EFFICIENCY 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%	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	0	0
	Varicose Veins (F20Z)	Result	54	3	11	5	7	8	7	2	3	6	2		
	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%	100.0%	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%	100.0%	
M34	Maintenance Expenditure	Result													
M35	Facility Condition Index	Result													2% to 4%
M36	Planned Maintenance Expenditure Ratio	Result													60% to 70%
PATIENT EXPERIENCE															
M37	Complaints acknowledged within 5 calendar days	Target	100.0%				100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		100.0%
		Result	-				-	-	-	-	-	-	-		
WORKFORCE															
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%	3.50%	3.50%	3.5%
		Result													
MENTAL HEALTH & ALCOHOL AND OTHER DRUG TREATMENT SERVICES															
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%		
		Result	66.7%	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%		
		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 discharge	Target	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%		
		Result	15.0%	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 at least once	Target	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%		
		Result	9.1%	8.0%	0.0%	9.1%	2.7%	5.1%	3.3%	0.0%	0.0%	3.4%	-		
M52	Occasions where required clinical outcome measure(s) were recorded	Target	40.0%	40.0%	40.0%	40.0%	40.0%	40.0%	40.0%	40.0%	40.0%	40.0%	40.0%		
		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 Hospital & Health Service

Performance Dashboard

June 2013 Report

Queensland Health



Queensland
Government

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- 7 Appendix 2 - Monitoring KPIs

RTI RELEASES

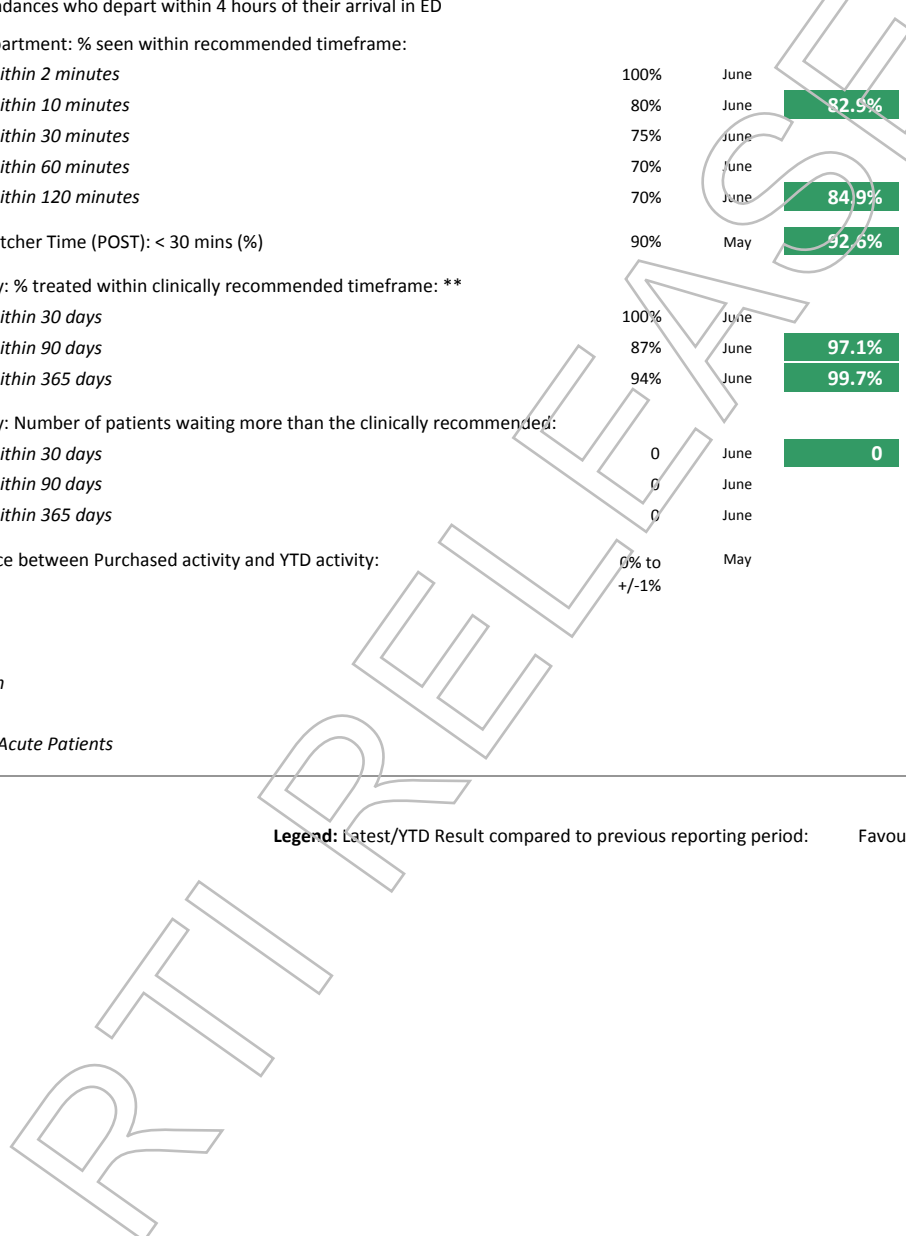
PERFORMANCE DOMAINS - Escalation KPIs

YTD Result / Latest Result

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

ACCESS		TARGET	Data as at	Data source: Decision Support System (DSS) as at 11 July 2013
** denotes calendar year result				
E4	National Emergency Access Target (NEAT) : ** % of ED attendances who depart within 4 hours of their arrival in ED	77%	June 79.7% -	
E5	Emergency Department: % seen within recommended timeframe:			
E5.1	Category 1: within 2 minutes	100%	June 98.3% ↑	
E5.2	Category 2: within 10 minutes	80%	June 82.9% -	
E5.3	Category 3: within 30 minutes	75%	June 74.3% ↓	
E5.4	Category 4: within 60 minutes	70%	June 67.8% ↓	
E5.5	Category 5: within 120 minutes	70%	June 84.9% ↓	
E6	Patient Off Stretcher Time (POST): < 30 mins (%)	90%	May 92.6% ↓	
E7	Elective Surgery: % treated within clinically recommended timeframe: **			
E7.1	Category 1: within 30 days	100%	June 99.5% ↑	
E7.2	Category 2: within 90 days	87%	June 97.1% ↑	
E7.3	Category 3: within 365 days	94%	June 99.7% ↑	
E8	Elective Surgery: Number of patients waiting more than the clinically recommended:			
E8.1	Category 1: within 30 days	0	June 0 -	
E8.2	Category 2: within 90 days	0	June 65 ↓	
E8.3	Category 3: within 365 days	0	June 50 ↓	
E9	Activity: variance between Purchased activity and YTD activity:	0% to +/-1%	May	
E9.1	Inpatients			
E9.2	Outpatients			
E9.3	ED			
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 11 July 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	-	-	-	-	-	-	-	-	-	-	-	-	0
E2	Hospital acquired 3rd and 4th stage pressure injuries (FY Target is 5% of 2010-11 actuals)	FY Tgt 0 Qtr3 ● 0	-	-	-	-	-	-	-	-	-	-	-	-	0
E3	Healthcare-associated Staphylococcus aureus (including MRSA) bacteraemia - SAB	Target - Result -	Data for June-December 2012 will be made available in May 2013												20%
ACCESS ** denotes calendar year result															
E4	National Emergency Access Target: 4hrs **	Target 77.0% NEAT Result ● 79.7%	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%
E5.1	ED: % seen within recommended time	Target 100.0% Result ● 98.3%	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	Target 80.0% Result ● 82.9%	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%
E5.2	Category 2: within 10 minutes	Target 75.0% Result ● 74.3%	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%
E5.3	Category 3: within 30 minutes	Target 70.0% Result ● 67.8%	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%
E5.4	Category 4: within 60 minutes	Target 70.0% Result ● 84.9%	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%
E5.5	Category 5: within 120 minutes	Target 90.0% Result ● 92.6%	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%
E6	Patient Off Stretcher Time: < 30 mins	Target 90.0% 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% Result ● 99.5%	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	Target 87.0% Result ● 97.1%	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%
E7.2	Category 2: within 90 days	Target 94.0% Result ● 99.7%	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%
E7.3	Category 3: within 365 days	Target 0 Result ● 0	0	0	0	0	0	0	0	0	0	0	0	0	0
E8.1	ES: 'long waits'	Target 0 Result ● 0	0	0	0	0	0	0	0	0	0	0	0	0	0
E8.2	Category 1: within 30 days	Target 0 Result ● 65	89	104	84	89	118	100	142	77	79	69	64	65	0
E8.3	Category 2: within 90 days	Target 0 Result ● 50	0	0	0	0	0	0	0	0	0	0	0	0	0
E8.4	Category 3: within 365 days	Target 0 Result ● 50	0	0	0	0	0	0	0	0	0	0	12	50	0
TNT	Treated in turn	Target 60% Result -	60%	60%	60%	60%	60%	60%	60%	60%	60%	60%	60%	60%	60%
E9	Activity (WAU):	Target 0.0 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		94,069
E9.1	Total	Target 0.0 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		51,851
E9.2	Inpatients	Target 0.0 Result 18,668.3	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		16,216
E9.3	Outpatients	Target 0.0 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		10,572
E9.4	Emergency Department	Target 0.0 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		1,588
E9.5	Mental Health	Target 0.0 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		13,036
E9.6	Critical Care	Target 0.0 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		805
	Sub and Non-Acute Patients	Target 0.0 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		805

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%

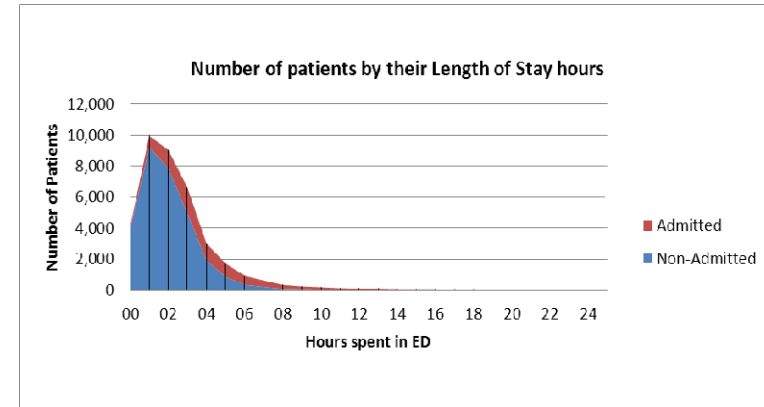
WAITING TIMES - monthly performance

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	4	18	42	45	27

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	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 FORECAST

May 2013

	2012-13 Purchased ¹	2012-13 DSS Target	Actuals												Forecast ⁴ Jun 2013	2012-13 Total	Variance to Purch.	% Variance to Purch.
			Jul 2012	Aug 2012	Sep 2012	Oct 2012	Nov 2012	Dec 2012	Jan 2013	Feb 2013	Mar 2013	Apr 2013	May 2013					
Breast Surgery	928	-	95	85	53	78	58	50	56	75	71	94	92	72	808	-120	-13.0%	
Cardiac Surgery	1,740	-	134	123	158	120	193	159	103	36	89	164	62	128	1,340	-400	-23.0%	
Cardiology	910	-	89	71	70	65	85	67	70	76	84	70	76	75	824	-86	-9.4%	
Chemotherapy & Radiotherapy	56	-	2	1	4	5	10	5	9	5	7	10	6	6	67	12	21.2%	
Colorectal Surgery	1,232	-	68	96	108	98	89	80	112	80	92	92	100	92	1,016	-216	-17.5%	
Dental Surgery	355	-	42	37	37	49	56	23	21	41	52	25	47	-	429	75	21.1%	
Dermatology	220	-	19	22	15	16	17	14	22	19	16	19	19	18	198	-22	-9.9%	
Diagnostic GI Endoscopy	903	-	63	101	56	73	77	56	44	83	77	59	112	69	801	-102	-11.3%	
Drug & Alcohol	126	-	9	13	14	11	10	9	7	11	16	14	9	11	123	-3	-2.2%	
Ear, Nose & Throat	1,865	-	175	184	146	196	194	156	116	149	183	150	202	165	1,852	-13	-0.7%	
Endocrinology	963	-	87	99	103	65	79	61	99	92	110	91	114	89	1,001	37	3.9%	
Extensive Burns	6	-	0	0	11	0	3	0	0	0	6	0	0	2	21	15	257.7%	
Gastroenterology	564	-	32	45	41	38	44	41	52	37	53	45	47	43	475	-89	-15.7%	
Gynaecology	2,719	-	271	258	260	230	290	217	187	258	300	242	283	251	2,796	77	2.8%	
Haematological Surgery	0	-	5	33	25	12	12	39	4	6	7	10	25	15	176	176	-	
Haematology	549	-	53	41	47	29	52	46	26	41	27	35	25	40	422	-128	-23.3%	
Head & Neck Surgery	350	-	29	33	31	26	22	20	29	30	35	27	29	28	311	-38	-10.9%	
Immunology & Infections	1,098	-	89	81	74	73	99	93	85	87	108	116	63	91	969	-129	-11.7%	
Interventional Cardiology	195	-	14	11	10	13	14	11	3	14	18	8	12	12	127	-67	-34.5%	
Medical Oncology	666	-	44	38	41	50	50	57	54	51	46	56	40	49	528	-139	-20.8%	
Neurology	1,407	-	142	140	141	147	154	103	123	125	121	112	169	131	1,479	71	5.1%	
Neurosurgery	778	-	118	71	116	102	154	100	83	97	95	118	100	105	1,155	377	48.5%	
Non Subspecialty Medicine	1,882	-	84	86	95	81	95	87	89	104	84	120	112	92	1,036	-846	-44.9%	
Non Subspecialty Surgery	3,508	-	280	313	303	258	315	326	260	331	345	233	403	296	3,366	-142	-4.1%	
Obstetrics	8,065	-	671	681	701	691	675	671	696	627	741	592	775	674	7,520	-545	-6.8%	
Ophthalmology	1,106	-	91	104	69	96	97	82	62	107	111	91	105	91	1,016	-89	-8.1%	
Orthopaedics	5,811	-	482	488	382	460	488	394	370	474	456	490	451	447	4,935	-876	-15.1%	
Plastic & Reconstructive Surgery	1,696	-	101	125	145	124	132	157	90	95	139	121	131	123	1,361	-335	-19.8%	
Qualified Neonate	3,774	-	395	272	301	372	363	346	309	309	425	278	368	336	3,738	-35	-0.9%	
Renal Dialysis	5	-	0	0	0	0	0	0	0	0	0	0	0	0	0	-5	-100.0%	
Renal Medicine	321	-	29	32	36	30	26	32	39	27	25	25	35	30	335	15	4.5%	
Respiratory Medicine	2,898	-	378	377	343	293	289	254	199	253	367	340	331	309	3,421	523	18.0%	
Rheumatology	232	-	18	16	21	27	22	17	15	25	21	27	29	21	238	7	2.9%	
Thoracic Surgery	0	-	45	66	52	52	72	54	41	56	41	66	36	54	580	580	-	
Tracheostomy	1,299	-	39	113	18	67	18	58	30	75	71	56	158	54	702	-596	-45.9%	
Transplantation	102	-	8	0	16	9	0	8	11	0	16	19	0	9	87	-14	-14.2%	
Upper GIT Surgery	753	-	65	69	62	92	69	51	47	63	71	105	73	70	768	15	2.0%	
Urology	2,086	-	173	167	176	170	178	180	163	212	195	187	217	180	2,018	-69	-3.3%	
Vascular Surgery	685	-	50	69	42	54	63	54	27	16	47	63	49	48	533	-152	-22.2%	
Vascular Surgery	685	-	50	69	42	54	63	54	27	16	47	63	49	48	533	-152	-22.2%	
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%	
CCU	456	-	26	44	26	27	25	28	23	37	29	42	40	31	346	-110	-24.2%	
ICU	1,330	-	106	178	105	121	92	96	85	80	109	89	107	106	1,167	-163	-12.3%	
NICU	4,656	-	636	253	345	364	456	485	349	273	436	430	331	402	4,358	-298	-6.4%	
PICU	3,705	-	326	299	204	264	262	195	315	375	335	238	381	281	3,195	-510	-13.8%	
SCN	2,889	-	279	216	300	316	328	284	227	281	354	217	293	280	3,099	210	7.3%	
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%	
Cat 1 (Admitted and Discharged)	126	-	14	15	6	12	12	10	10	11	11	12	16	11	128	2	1.9%	
Cat 2 (Admitted and Discharged)	1,375	-	111	110	89	114	105	96	91	111	120	113	123	106	1,183	-192	-14.0%	
Cat 3 (Admitted and Discharged)	4,321	-	370	361	323	322	318	315	285	340	361	350	377	332	3,693	-629	-14.5%	
Cat 4 (Admitted and Discharged)	4,591	-	442	436	403	404	397	412	396	360	456	415	436	412	4,557	-34	-0.7%	
Cat 5 (Admitted and Discharged)	158	-	14	15	15	14	19	17	20	19	19	22	18	17	190	32	20.4%	
Did Not Wait	0	-	-	-	-	-	-	-	-	-	-	-	-	-	0	0	-	
Died	1	-	0	0	0	0	0	0	0	0	0	0	0	0	3	2	216.4%	
Emergency Services Treated ³	0	-	-	-	-	-	-	-	-	-	-	-	-	-	0	0	-	
Emergency Department	10,572	-	952	938	837	866	851	849	800	811	966	912	969	879	9,754	-818	-7.7%	
GEM	0	-	-	-	-	-	-	-	-	-	-	-	-	-	0	0	-	
MAINT	188	-	13	21	36	21	18	9	25	6	20	43	26	21	237	49	26.1%	
PALLIATIVE	252	-	21	35	12	25	12	20	16	20	23	16	25	20	226	-25	-10.0%	
REHAB	366	-	31	31	25	25	12	5	22	26	19	33	18	20	246	-120	-32.7%	
Sub and Non-Acute Patients	805	-	64	88	73	71	42	33	63	53	63	62	68	61	710	-96	-11.9%	
Designated Bed (Per Diem Activity)	1,405	-	80	240	132	96	132	91	64	80	115	99	120	113	1,251	-154	-10.9%	
Psychiatry - Acute (SRG)	184	-	16	12	12	12	20	9	3	10	8	16	7	12	124	-60	-32.4%	
Mental Health	1,588	-	96	253	145	108	152	100	67	90	123	115	127	125	1,375	-213	-13.4%	
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%	
Allied Health	1,829	-	163	167	160	179	179	120	135	147	162	170	188	158	1,770	-59	-3.2%	
Pre-Admission	61	-	25	27	22	28	27	17	21	23	20	22	24	23	255	194	321.2%	
Paediatric	296	-	45	49	33	45	53	31	26	40	42	31	53	40	448	152	51.5%	
Neonatal	0	-	1	1	1	1	1	1	1	0	1	0	0	1	7	7	-	
Maternity	2,778	-	242	282	251	262	265	236	267	239	264	259	308	257	2,874	96	3.5%	
Alcohol & Drug	0	-	-	-	-	-	-	-	-	-	-	-	-	-	0	0	-	
Sub Acute	0	-	5	5	3	9	7	4	6	7	5	5	5	5	60	60</		

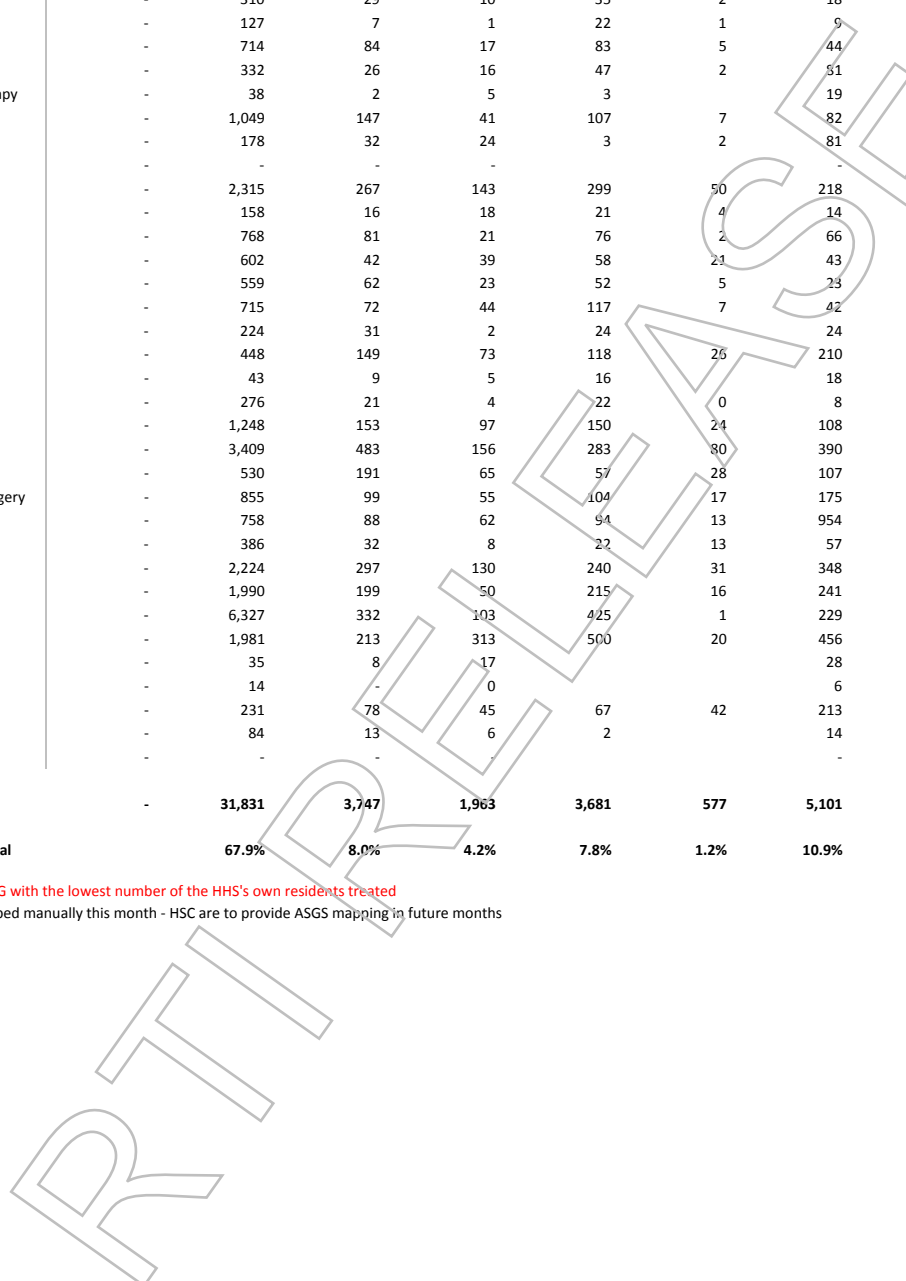
HHS FLOW

May 2013

Inpatients	Residential HHS *								YTD WAU - Total	% of Total - HHS Residents
	Mater Health Service	Metro South	Metro North	Gold Coast	West Moreton	Sunshine Coast	Other HHS	Non-Qld 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	51	23	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	57	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	425	1	229	102	7,520	-
36 Qualified Neonate	-	1,981	213	313	500	20	456	256	3,738	-
38 Transplantation	-	35	8	17			28	0	87	-
39 Extensive Burns	-	14	-	0			6		21	-
40 Tracheostomy	-	231	78	45	67	42	213	27	702	-
41 Drug & Alcohol	-	84	13	6	2		14	4	123	-
43 Rehabilitation	-	-	-	-	-	-	-	-	-	-
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

Inpatients	2011-12 to 2012-13 Change				Potential Casemix Change	WAUs notional variance	
	YTD Seps		YTD WAUs			Volume	Casemix related
	Actual	%	Actual	%			
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	-41.1
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%	-25	-21.0%	-0.7%	-17	-7.2
26 Dentistry	14	2.7%	11	3.5%	0.8%	5	3.5
27 Ear, Nose & Throat	60	2.2%	207	12.6%	10.4%	143	64.1
28 Orthopaedics	136	4.5%	310	6.7%	2.2%	214	96.2
29 Ophthalmology	116	9.9%	112	12.4%	2.5%	77	34.7
30 Plastic & Reconstructive Surgery	70	7.0%	99	7.8%	0.8%	68	30.7
31 Urology	-11	-0.6%	-98	-4.6%	-4.0%	-67	-30.3
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

* Inpatient total excludes 42 Psychiatry - Acute and 43 Rehabilitation

AMBULATORY CARE - Review to New ratio - May 2013

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

Outpatients	Weighted Activity Units - WAU	2010-11 Actual	2011-12 Actual	2012-13 Purchased	2012-13 YTD	R2N Ratio - WAUs		
						2010-11	2011-12	2012-13 YTD
Clinic Type								
Medical	New	757	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			
	Review	2,699	2,880	2,374	2,787	2.9	2.6	3.3
Allied Health	New	779	731	830	721			
	Review	1,030	1,227	990	1,048	1.3	1.7	1.5
	Other	-	-	-	-			
Pre-Admission	New	1	2	1	4			
	Review	88	320	59	251	71.1	197.1	60.4
Paediatric	New	146	110	162	120			
	Review	198	218	128	328	1.4	2.0	2.7
Neonatal	New	-	-	-	7			
	Review	-	-	-	0	-	-	0.0
Maternity	New	570	515	687	500			
	Review	1,745	2,038	2,091	2,374	3.1	4.0	4.7
Sub Acute	New	-	-	-	13			
	Review	-	-	-	47	-	-	3.5
	Other	-	-	-	-			
Clinical Measurement	New	12	-	35	17			
	Review	-	-	-	323	-	-	19.2
Wound Management	New	3	2	1	0			
	Review	48	27	30	10	14.4	14.8	25.0
Pain Management	New	-	-	-	-			
	Review	-	-	-	-	-	-	-
Cystic Fibrosis	New	-	-	-	-			
	Review	135	131	186	121	-	-	-
Transplants	New	-	-	-	-			
	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	-	-	-
	Other	-	-	70	-			
Chemotherapy	New	-	-	-	45			
	Review	-	-	-	3,363	-	-	74.6
Medical Oncology	New	85	82	66	81			
	Review	2,986	3,828	2,962	893	35.2	46.8	11.0
Radiation Oncology	New	-	-	-	-			
	Review	-	-	-	-	-	-	-
Clinical Haematology	New	24	33	45	24			
	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 clinics as per Purchasing Initiative		
	Total	15,461	17,578	16,216	18,669	2.7	2.8	3.3

ESCALATION KPI LIST

KPI No.	Escalation KPIs	Attainment Score		
		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% 2013: > 77.0%	2012: 69.9% - 65.0% 2013: 76.9% - 70.0%	2012: < 65.0% 2013: < 70.0%
E5	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 Cat. 1: 100% Cat. 2: > 80.0% Cat. 3: > 75.0% Cat. 4: > 70.0% Cat. 5: > 70.0%	Cat. 1: 99.9% - 90.0% Cat. 2: 79.9% - 70.0% Cat. 3: 74.9% - 65.0% Cat. 4: 69.9% - 60.0% Cat. 5: 69.9% - 60.0%	Cat. 1: < 90.0% Cat. 2: < 70.0% Cat. 3: < 65.0% Cat. 4: < 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 (National Elective Surgery Target (Part 1))	2012 Cat. 1: 89.0% Cat. 2: 81.0% Cat. 3: 91.0% 2013 Cat. 1: 100% Cat. 2: 87.0% Cat. 3: 94.0%	2012 Cat. 1: 88.9% - 85.0% Cat. 2: 80.9% - 78.0% Cat. 3: 90.9% - 87.0% 2013 Cat. 1: 99.9% - 96.0% Cat. 2: 86.9% - 83.0% Cat. 3: 93.9% - 90.0%	2012 Cat. 1: < 85.0% Cat. 2: < 78.0% Cat. 3: < 87.0% 2013 Cat. 1: < 96.0% Cat. 2: < 83.0% Cat. 3: < 90.0%
E8	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 for all categories Cat. 1: 0 Cat. 2: 0 Cat. 3: 0	HHS specific Cat. 1: > 0% - 5.0% Cat. 2: > 0% - 5.0% Cat. 3: > 0% - 5.0%	HHS specific Cat. 1: > 5.0% Cat. 2: > 5.0% Cat. 3: > 5.0%
E9	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 (part C) contained in the Service Agreement	> tolerance as per detail in Schedule 3 (part C) contained in the Service Agreement
Efficiency 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 B) contained in the Service Agreement	0 - 1.0% unfavourable variance to budget	> 1.0% unfavourable variance to budget
Closing the Gap		Target		
E14	Performance domain target: Achievement of Closing the Gap escalation indicators contained within Schedule 8 of the Service Agreement.	0 escalation KPI red and > = 2 escalation KPI green in any quarter	1 escalation KPI red in any quarter or > = 3 escalation KPIs amber in any quarter	> = 2 escalation KPIs red in any quarter or 1 escalation KPI red for > = 2 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 (based on staff numbers at beginning of financial year)	> = 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
Mental Health and Alcohol and Other Drugs		Target		
E15	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	Achieve target in 67% - 50% of the escalation indicators	Achieve target in less than 50% of the escalation indicators
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 drugs withdrawal beds	> 95.0% open	95.0% - 85.0%	< 85.0%

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
SAFETY AND QUALITY																
M1	Falls Risk Assessment	Target	70%					70%								70%
		Result	-					-								
M2	VTE Risk Assessment Documentation at Point of Care	Target	50%					50%								50%
		Result	-					-								
M3	Hospital Standardised Mortality Ratio (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					
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					
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			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%	50.0%	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	20	20	20	20	20	20	20	20	20	20
		Result	25	27	28	27	26	26	25	24	23	24	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	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	Category 2: within 90 days	Target	67			67	67	67	67							67
	Result	-			-	-	-	-	-							
M15.3	Category 3: within 365 days	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%	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	-		-	-	-	-	-	-							
M18	Elective Surgery median waiting time	Target	25	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			
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	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%	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%			

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	-	-	-	-	-	-	-	-	-	-	-	-	
EFFICIENCY AND FINANCIAL PERFORMANCE															
M27	Cost per WAU	Target	-	-	-	-	-	-	-	-	-	-	-	-	
	For the in-scope ABF facilities	Result	-	-	-	-	-	-	-	-	-	-	-	-	
M30	Day case surgery rates	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	0	0	0
	Varicose Veins (F20Z)	Result	61	3	11	5	7	8	7	2	3	6	2	7	
	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%	100.0%	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%	100.0%	
M34	Maintenance Expenditure	Result													
M35	Facility Condition Index	Result													2% to 4%
M36	Planned Maintenance Expenditure Ratio	Result													60% to 70%
PATIENT EXPERIENCE															
M37	Complaints acknowledged within 5 calendar days	Target	100.0%				100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
		Result	-				-	-	-	-	-	-	-	-	
WORKFORCE															
M39	Hours lost (WorkCover) vs Occupied FTE	Target	0.35			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%	3.50%	3.50%	3.50%
		Result													
MENTAL HEALTH & ALCOHOL AND OTHER DRUG TREATMENT SERVICES															
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%	55.0%	
		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 (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%	35.0%	
		Result	50.7%	0.0%	15.8%	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 discharge	Target	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%	
		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	Result													
	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	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 at least once	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%	
		Result	3.4%	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	40.0%	40.0%	40.0%	40.0%	40.0%	40.0%	40.0%	40.0%	40.0%	40.0%	40.0%	40.0%	
		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 Wheilan
- 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

DRAFT – REQUIRING FEEDBACK

**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)

Item	Discussion	Action	Progress
1. Minutes of last meeting	Minutes distributed 19/6/12.	Add items below to minutes and for action	Below
2. Update on Matters arising (Issues Register)	Nil	MR to provide any historical documentation that QH may have available for complex paediatric care and sleep services to inform Mater SSG work MR to follow up with CIO on meeting re Mater access to asset replacement funds	QH unable to locate further detail. Complete – The meeting between QH and Mater was held on Monday 30th July (Steve Parish and Mal Thatcher). Outcome was that Mater would provide HSIA (QH ID) with a high level program plan of activities for the asset replacement program and identify which of 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

DRAFT – REQUIRING FEEDBACK

		<p>LM to advise Mater what 'Other Adjustments' (\$301,369) are comprised of</p> <p>MR to confirm that Mater were sent the final KPI Attribute list</p>	<p>provide updated progress on the completion of the activity. The Mater confirmed they have the required lower level governance documentation (ie business case) that they will maintain and hold and in the event the Department of HSIA require visibility they will be provided.</p> <p>Complete – included in letter and attached workbook as below sent to Mater on 26/7/2012</p> <p>Complete – MR emailed 31 July 2012</p>
<p>3. 2011/12 SLA Update</p>	<p>11/12 Final SLA activity and amount has been approved by Mater and QH CEO.</p> <p>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.</p>	<p>MR to confirm QH agreement with adjustments made to final 2011/12 activity provided by Mater</p>	<p>Complete</p>

DRAFT – REQUIRING FEEDBACK

<p>4. 2012/13 Interim Cash Flow</p>	<p>Revision of the 2012/13 interim cash flow pending finalisation of 2012/13 SLA to be based on final 2011/12 SLA.</p>	<p>Following confirmation of final 2011/12 Activity, revised 2012/13 interim cashflow to be provided to Mater.</p>	<p>Complete. Revised cashflow to end of September 2012 has been agreed with Mater.</p>
<p>4. 2012/13 Contract</p>	<p>NICU/PICU costs:</p> <p>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.</p> <p>Discussion around progress of SSGs. ABF team requesting detailed costing information. NS confirmed this is QH expectation.</p>	<p>NS to seek brief from Metro North.</p> <p>NS to draft letter to Mater with supporting workbook.</p>	<p>NS to confirm if any progress and next actions.</p> <p>Complete – letter and attached workbook sent to Mater on 26/7/2012</p>

DRAFT – REQUIRING FEEDBACK

	<p>KB and BW raised that elements of the information requested were not available. BW asked if QH could confirm SSG direction and expectation.</p> <p>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.</p> <p>Urology – BW raised concerns</p>	<p>To be detailed in letter and accompanying worksheets (as above)</p> <p>BW to meet with LM and MR and AH to work through urology funding and activity.</p> <p>Include additional funding for and adjust</p>	<p>Complete – letter and attached workbook sent to Mater on 26/7/2012</p> <p>Meeting did not occur. Urology funding and calculation details have been included in letter and attached workbook sent to Mater on 26/7/2012</p> <p>Complete – letter and attached workbook sent to Mater on</p>
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DRAFT RELEASE

DRAFT – REQUIRING FEEDBACK

	<p>about inclusion of 2011/12 funding in 2012/13 ABF amount.</p> <p>Breast reconstruction surgery - BW had advised demand for breast reconstruction. Discussion of increasing funding to provide 35 breast reconstructive cases in 2012/13 which would be paid at ABF price + SSG of approx \$350,000</p> <p>BW requested detail on grants and contributions/PBAs in 2012/13 offer</p> <p>BW requested confirmation of clinical education</p>	<p>WAUs to include.</p> <p>To be detailed in letter and accompanying worksheets (as above)</p> <p>Final 2012/13 amounts for Mater to be confirmed</p> <p>To be detailed in letter and accompanying worksheets (as above)</p> <p>To be detailed in letter and accompanying</p>	<p>26/7/2012</p> <p>Complete – letter and attached workbook sent to Mater on 26/7/2012</p> <p>Complete – letter and attached workbook sent to Mater on 26/7/2012</p> <p>Complete – letter and attached workbook sent to Mater on 26/7/2012</p>
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DRAFT - PLEASEEASE

DRAFT – REQUIRING FEEDBACK

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

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 Wheilan
- 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
 - EB/Non Labour Escalation funding
 - IT Infrastructure
 - Corporate Overheads
 - 2 % Productivity/Efficiency
 - Funding schedule (including own source revenue)
 - v) Purchasing initiatives
4. Mater ABF efficient information

Actions from Mater Meeting - Friday 10th August 2012

	Item Discussed	Party	Action
1	Minutes		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 Metro North regarding NICU – MR to confirm meeting time
4	Depreciation	QH	LM to provide estimate of depreciation based on similar sized HHSs.
5	Depreciation	Mater	Mater to provide depreciation data to validate depreciation value to be added to contract
6	Adult Cystic Fibrosis	QH	QH to review Metro North SSG applications and advise if a site specific grant has been provided for Adult Cystic Fibrosis and supply details.
7	Teaching Training and Research	QH	Mater requested LM to identify quantum of funding provided for research in ABF and Non-ABF parts of the other HHS offers.
8	QPCS (updated SSG)	QH	ABF team (QH) to review updated version of QPSC SSG with both funding and costing examples and advise.
9	Labour Inflation - Leave Provision	QH	QH/MR to check if re-valuation is included in the \$\$ amount in the offer
10	Labour Inflation	QH	LM to provide breakdown of streams and rates for Mater to respond
11	Labour Inflation	Mater	Mater to provide breakdown of claim and \$\$\$ amount 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 from Offer (as per Mater Summary)	Both	Mater and QH to work to determine \$30M difference between 11/12 Grant and the rebase of 11/12 offer, as 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.	EB	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.	EB	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 recovery (from floods) outside of QH but provided to Mater via QH grant.	Noted – Lachlan to confirm in Offer

RTI REQUEST

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	<p>Department of Health (DoH) Nick Steele, Executive Director Healthcare Purchasing, Funding and Performance Management (ED HPFP)</p> <p>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)</p> <p>Apologies Helen Ceron, Senior Director, Service Agreement Framework and Management (SD SAFM)</p> <p>In attendance Chantal Casey and Louise Blatchford, Service Agreement Managers (minutes)</p>

AGENDA ITEM	ACTION	ACTION OFFICER
2. ACTIONS ARISING		
	Refer to action register for update.	
3&4. PERFORMANCE DASHBOARD – April 2013		
	<p>NEAT</p> <ul style="list-style-type: none"> DoH noted that MHS are meeting NEAT target. <p>ACTION: DoH advised MHS of NEAT target to apply from January 2014.</p> <p>NEST</p> <ul style="list-style-type: none"> 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'. <p>ACTION: DoH to advise MHS of required actions for June payment.</p> <p>ACTION: MHS to provide a trajectory to September for the reduction of Category 2 'long waits'.</p> <p>ACTIVITY</p> <ul style="list-style-type: none"> 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 	<p>ED HPFP</p> <p>ED HPFP</p> <p>ED MHS</p>

AGENDA ITEM	ACTION	ACTION OFFICER
	<p>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.</p> <p>ACTION: MHS to advise DoH of number of breast reconstructions performed by 30 June.</p> <p>ACTION: DoH to include 35 breast reconstructions in 2013-14 contract offer.</p> <p>ACTION: MHS to provide DoH with details of Medicare ineligible patients for DoH to compare to other HHS activity.</p> <p>ACTION: MHS to provide DoH with details of outpatients reportedly turned away from other HHSs for DoH to address with HHSs.</p>	<p>ED MHS</p> <p>ED HPFP</p> <p>ED MHS</p> <p>ED MHS</p>
5. OTHER BUSINESS		
	<p>DISASTER RECOVERY PROGRAM</p> <ul style="list-style-type: none"> MHS advised of a potential issue with accruals for the Disaster Recovery Program. <p>ACTION: MHS to provide DOH with a summary of issue for DoH to follow up with Finance Branch and Metro South HHS.</p> <p>2013-14 CONTRACT OFFER</p> <p>ACTION: DoH to seek approval to continue payments to MHS in line with 2012-13 service agreement until 2013-14 service agreement is executed.</p> <p>ACTION: DoH to provide MHS with interim cash flow for July 2013.</p> <p>ACTION: DoH to arrange service agreement negotiation meeting for 9:00am on 28 June 2013</p> <p>ACTION: DoH to advise MHS additional activity to be purchased non-recurrently for Cochlear implants in 2013-14.</p> <p>CANCER CARE CENTRE</p> <ul style="list-style-type: none"> MHS reported that the Cancer Care Centre opened last week. <p>ADMINISTRATOR OF NATIONAL HEALTH FUNDING POOL</p> <p>ACTION: DoH to include discussion of Administrator of National Health Funding Pool on agenda after 28 June 2013.</p>	<p>DBS MHS</p> <p>ED HPFP</p> <p>ED HPFP</p> <p>ED HPFP</p> <p>ED HPFP</p> <p>ED HPFP</p>

Mater Misericordiae Health Services Brisbane Limited

2012-13 Service Agreement

RETRACTED

Queensland Health



DOH-DL 13/14-025 **Document 147**

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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 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.

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 Mater Public Health Services Act 2008 – 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:

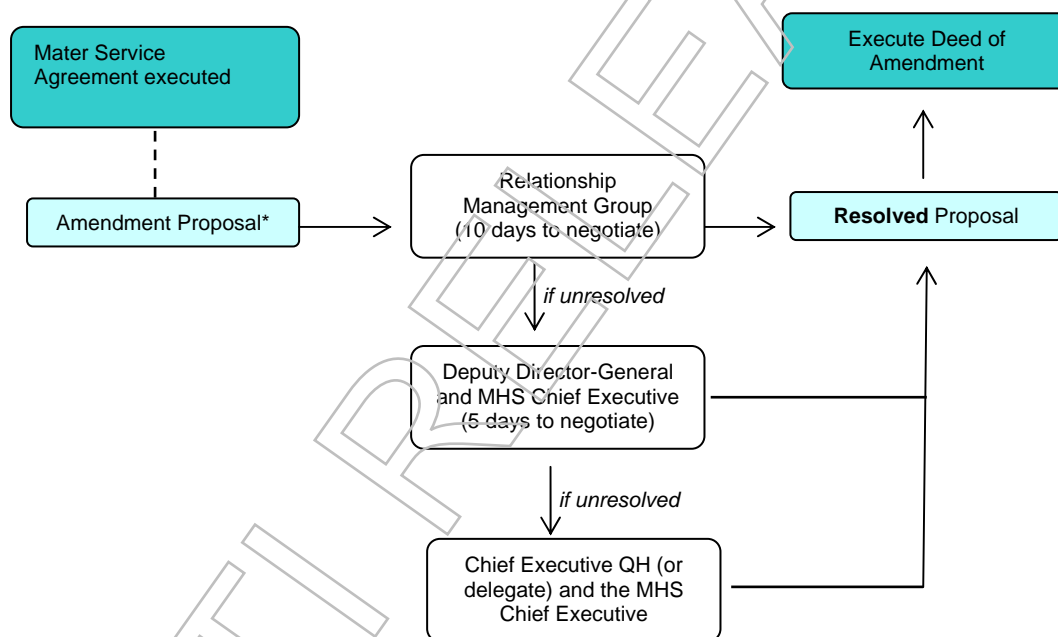
- The Chief Executive, Queensland Health (or delegate) signing and providing an amendment proposal to the Mater-SA Contact Person prior to the commencement of any amendment window.
- The Chief Executive, Mater signing and providing an amendment proposal to the QH-SA Contact Person prior to the commencement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

Figure 1: Amendment Proposal Negotiation and Resolution



* 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.

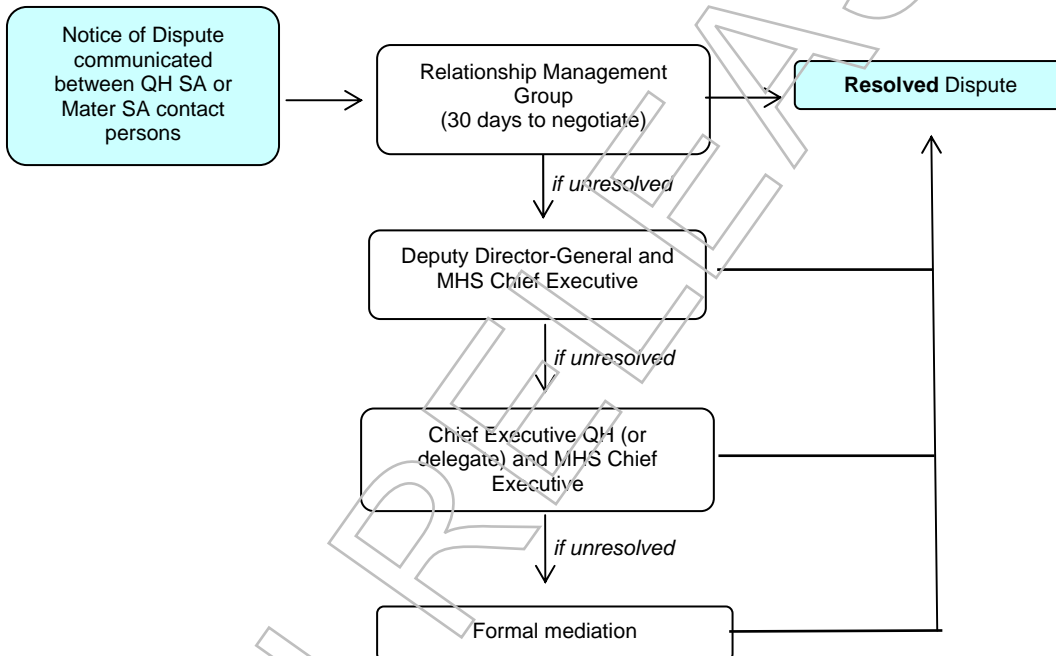
Dispute Resolution

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 summary of the matter in dispute;
- an explanation of how the party giving the Notice of Dispute believes the dispute should be resolved and reasons to support that belief;
- any information or documents to support the Notice of Dispute; and
- 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:

- 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 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;
 - (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.

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:

- a) where requested to do so by Queensland Health; or
- 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:

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

each party must (at its own cost):

- a) do all things;
- b) execute such documents; and
- c) share such information
- 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:)
)
)




(apply Queensland Health seal above this line)

TOM O'CONNELL
Name of Chief Executive (print)
(date) 12.12.12

Uhlmann
Witness signature

ANANDA UHLMANN
Name of Witness (print)
12.12.12
(date)

Signed by Mater and the Mater Misericordiae Health Services Brisbane Limited (MATER) in the presence of:)
)
)



(apply Mater and the Mater Misericordiae Health Services Brisbane Limited (MATER) seal above this line)

DR JOHN O'DONNELL
Name of Chief Executive (print)
(date) 6/12/12

Bronwyn Whelan
Witness signature

Bronwyn Whelan
Name of Witness (print)
(date) 6-12-2012

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 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** - 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
- 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

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)
- 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.

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 in-year 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

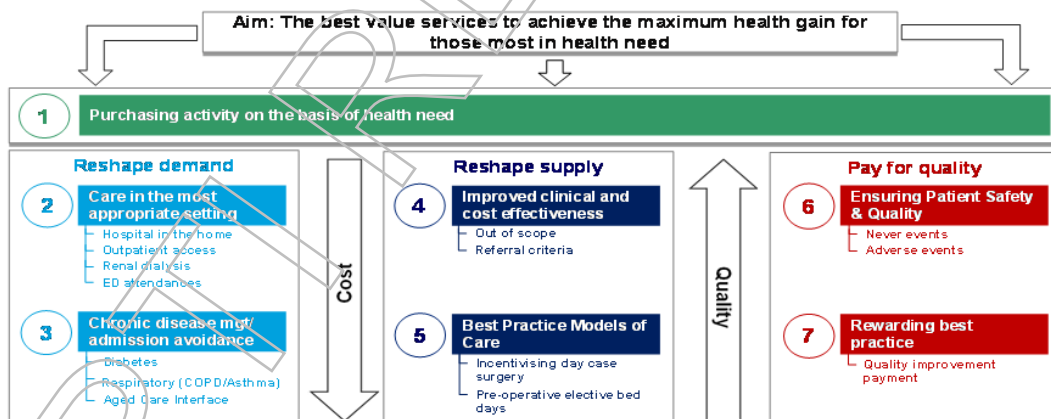
- Medicare eligible patients can be treated as public or private patients, therefore allowing their private health insurance to work for them. Private patient fees are also classed as OSR.
- **Purchasing Intentions (PI) Specification** means the document which details the aim, rationale and specification 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 split 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.

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	128
Ear, Nose & Throat	1,865
Endocrinology	963
Extensive Burns	6
Gastroenterology	564
Gynaecology	2,719
Haematological Surgery	
Haematology	549
Head & Neck Surgery	350
Immunology & Infections	1,098
Interventional Cardiology	195
Medical Oncology	686
Neurology	1,407
Neurosurgery	778
Non Subspecialty Medicine	1,882
Non Subspecialty Surgery	3,508
Obstetrics	8,065
Ophthalmology	1,106
Orthopaedics	5,811
Plastic & Reconstructive Surgery	1,866
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	2,088
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 Purchased
Bed Type	WAU
GEM	-
MAINT	188
PALLIATIVE	252
REHAB	366
SNAP Sub-Total	805

Mental Health	2012/13 Purchased
Activity Type	WAU
Designated Bed (Per Diem Activity)	1,405
Psychiatry - Acute (SRG)	184
Mental Health Sub-Total	1,588

Outpatients	2012/13 Purchased	2012/13 Purchased	2012/13 Purchased
		(New)	(Review)
Clinic Type	WAU	WAU	WAU
Medical	3,353	1,150	2,203
Surgical	4,730	1,358	2,374
Allied Health	1,829	839	990
Pre-Admission	61	1	59
Paediatric	296	108	128
Neonatal	-	-	-
Maternity	2,778	687	2,091
Alcohol & Drug	-	-	-
Sub Acute	-	-	-
Clinical Measurement	35	35	-
Wound Management	32	1	30
Pain Management	-	-	-
Cystic Fibrosis	186	-	186
Transplants	-	-	-
Endoscopy	-	-	-
Interventional Cardiology	-	-	-
Renal Medicine	154	25	129
Dialysis	80	-	80
Chemotherapy	-	-	-
Medical Oncology	3,028	66	2,962
Radiation Oncology	-	-	-
Clinical Haematology	655	45	611
Pharmacy	-	-	-
Community Health Services	-	-	-
District Nursing Services	-	-	-
Diagnostic Imaging	-	-	-
Psychiatry	-	-	-
Primary Care	-	-	-
Other	-	-	-
Outpatient Sub-Total	16,216	4,374	11,842

Overall Activity	+94,069
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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 Received Grants	-
Locally Received Own Source Revenue	4,359,490*
High Cost Drugs ³	4,284,900
Queensland Health Grants ⁴	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 received 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 QUALITY			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 <i>Staphylococcus aureus</i> (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 <i>or</i> 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 <i>or</i> 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: <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> 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	TBA	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			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	2012-13 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: 61 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 10% 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	TBA	National Performance and Accountability Framework
M26	Monitoring	Telehealth Non-admitted Occasions of Service	Baseline in 2012-13	Queensland Health Strategic Plan 2011-2015
EFFICIENCY AND FINANCIAL PERFORMANCE			Target	Link
M28	Monitoring	Relative Stay Index for multi-day stay patients	TBA	National Performance and Accountability Framework
M29	Monitoring	Day of surgery admission rates for non-emergency multi-day stay patients	TBA	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
PATIENT EXPERIENCE			Target	Link
M37	Monitoring	Complaints acknowledged within 5 calendar days	80%	National Safety and Quality Health Service Standards
MENTAL HEALTH AND 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	

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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 Allocation ⁵	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 Queensland 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 non-recurrent 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 ABE 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.

Mater Health Service

Report on Hospital & Health Service Performance

July 2013

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PERFORMANCE DOMAIN - KEY PERFORMANCE INDICATORS - SUMMARY PERFORMANCE

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

TIER1	TARGET	DATA AS AT	YTD Result / Latest Result
EFFECTIVENESS – SAFETY AND QUALITY			
1.1	NSQHS Standards Compliance	green	- not yet reported
EFFICIENCY – EFFICIENCY AND FINANCIAL PERFORMANCE			
\$ Surplus / - Deficit			
1.6	Full-year Forecast Operating Position	n/a	n/a - not applicable
1.7	Purchased activity variance	2%	- not yet reported
EQUITY AND EFFECTIVENESS - ACCESS			
1.2	Shorter stays in emergency departments *	77%	July 79.7%
1.3	Shorter waits for elective surgery *		July 99.6%
	Category 1: within 30 days	100%	97.1%
	Category 2: within 90 days	87%	99.5%
	Category 3: within 365 days	94%	6.164
1.4	Maintain surgical activity * Full year target = 10,512	6,132	July 6.164
1.5	Fewer long waiting patients - Category 1		July 0.0%
	# waiting > 60 days	0	0
	# waiting > 30 & <= 60 days	0	0
	% waiting > 30 days	2%	0.0%

* denotes calendar year result

Performance Management Framework: Performance category ratio not applicable

TIER 2	TARGET	DATA AS AT	YTD Result / Latest Result
EFFECTIVENESS – SAFETY AND QUALITY			
2.1	Healthcare-associated Infections	2	- not yet reported
2.2	28 day mental health readmission rate	12%	- not yet reported
2.3	Home based renal dialysis	40%	- not yet reported
EFFICIENCY – EFFICIENCY AND FINANCIAL PERFORMANCE			
\$ Surplus / - Deficit			
2.18	Year to Date Operating Position	n/a	n/a
2.19	External labour as % of 2012-13 expenditure	n/a	n/a
2.20	Average QWAW cost	n/a	n/a
2.21	YTD average FTE (MOHRI FTE)	n/a	n/a
2.22	WorkCover Absenteeism	n/a	n/a
EQUITY AND EFFECTIVENESS - ACCESS			
2.4	Shorter waits for emergency departments		July
	Category 1: within 2 minutes	100%	100.0%
	Category 2: within 10 minutes	80%	85.4%
	Category 3: within 30 minutes	75%	64.7%
	Category 4: within 60 minutes	70%	60.9%
	Category 5: within 120 minutes	70%	78.9%
2.5	Treating elective surgery patients in turn	n/a	n/a
2.6	Shorter maximum wait for elective surgery (days)	n/a	n/a
	Cardiothoracic		
	ENT		
	General		
	Gynaecology		
	Ophthalmology		
	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	
	Category 3: within 365 days	n/a	
2.8	Fewer long waiting patients	0%	July
	Category 2: % waiting > 90 days		4.7%
	Category 3: % waiting > 365 days		6.5%
2.9	Postnatal in-home visiting	n/a	n/a
2.10	Aboriginal and Torres Strait Islander PPH	17.7%	- not yet reported
2.11	Potentially Preventable Hospitalisations Chronic conditions	5%	- not yet reported
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
2.14	Rate of post discharge community contact - Mental Health	60%	- not yet reported
2.15	Ambulatory mental health activity	95%	- not yet reported
2.16	BreastScreen Queensland Screening Activity	n/a	n/a
2.17	Dental waiting lists	0%	July not yet reported
EFFECTIVENESS – PATIENT EXPERIENCE			
2.23	Emergency Department patient experience	n/a	n/a

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

KEY PERFORMANCE INDICATORS

Data source: Decision Support System (DSS) 21 August 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
EQUITY AND EFFECTIVENESS - ACCESS * denotes calendar year result														
1.2 Shorter stays in emergency departments * National Emergency Access Target (NEAT)														
	Result	79.7%												77%
1.3 Shorter waits for elective surgery * National Elective 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									
1.5 Fewer long waiting patients - Category 1 Number of category 1 elective surgery patients waiting more than the clinically recommended timeframe for their category														
	# waiting > 60 days	0			0									0
	# waiting > 30 & <= 60 days	0			0									0
	% waiting > 30 days	0.0%			0.0%									2%
2.4 Shorter waits for emergency departments Emergency Department patients seen within the clinically recommended time														
	Category 1: within 2 minutes	100.0%			100.0%									100%
	Category 2: within 10 minutes	85.4%			85.4%									80%
	Category 3: within 30 minutes	64.7%			64.7%									75%
	Category 4: within 60 minutes	60.9%			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 waiting more than the clinically recommended timeframe for their category														
	Category 2: # waiting > 90 days	55			55									
	Category 2: % waiting > 90 days	6.5%			6.5%									2%
	Category 3: # waiting > 365 days	82			82									
	Category 3: % waiting > 365 days	4.7%			4.7%									2%
EFFICIENCY – EFFICIENCY AND FINANCIAL PERFORMANCE														
1.7 Purchased activity variance Variance between YTD purchased activity (DSS loaded targets) and actual activity														
	Total	-												
	Target	-												-
	Inpatient	-												
	Target	-												-
	Outpatient	-												
	Target	-												-
	Interventions and Procedures	-												
	Target	-												-
	Emergency Department	-												
	Target	-												-
	Subacute	-												
	Target	-												-
	Mental Health	-												
	Target	-												-

Mater Health Service

Report on Hospital & Health Service Performance

August 2013

RTI RELEASE

PERFORMANCE DOMAIN - KEY PERFORMANCE INDICATORS - SUMMARY PERFORMANCE

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

TIER1	TARGET	DATA AS AT	YTD Result / Latest Result
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EFFECTIVENESS – SAFETY AND QUALITY

1.1	NSQHS Standards Compliance	green	-	not yet reported
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EFFICIENCY – EFFICIENCY AND FINANCIAL PERFORMANCE

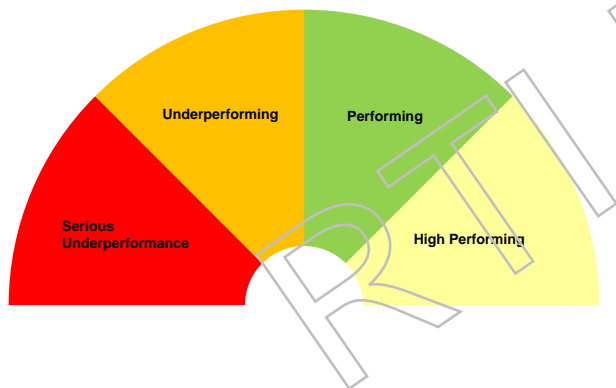
			\$ Surplus / - Deficit
1.6	Full-year Forecast Operating Position	n/a	n/a
1.7	Purchased activity variance	+/-	July
		2%	

EQUITY AND EFFECTIVENESS - ACCESS

1.2	Shorter stays in emergency departments *	77%	August	80.2%	↑
1.3	Shorter waits for elective surgery *		August	99.6%	□
	Category 1: within 30 days	100%			
	Category 2: within 90 days	87%		96.3%	↓
	Category 3: within 365 days	94%		99.5%	□
1.4	Maintain surgical activity * Full year target = 10,512	7,008	August	7,095	
1.5	Fewer long waiting patients - Category 1		August		
	# waiting > 60 days	0			
	# waiting > 30 & <= 60 days	0			
	% waiting > 30 days	2%		0.0%	

* denotes calendar year result

Performance Management Framework: Performance category rating - not applicable



TIER 2	TARGET	DATA AS AT	YTD Result / Latest Result
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EFFECTIVENESS – SAFETY AND QUALITY

2.1	Healthcare-associated Infections	2	-	not yet reported
2.2	28 day mental health readmission rate	12%	July	not yet reported
2.3	Home based renal dialysis	50%	July	not yet reported

EFFICIENCY – EFFICIENCY AND FINANCIAL PERFORMANCE

			\$ Surplus / - Deficit
2.18	Year to Date Operating Position	n/a	n/a
2.19	External labour as % of 2012-13 expenditure	n/a	n/a
2.20	Average QWAU cost	n/a	n/a
2.21	YTD average FTE (MOHRI FTE)	n/a	n/a
2.22	WorkCover Absenteeism	n/a	n/a

EQUITY AND EFFECTIVENESS - ACCESS

2.4	Shorter waits for emergency departments		August		
	Category 1: within 2 minutes	100%		100.0%	□
	Category 2: within 10 minutes	80%		81.8%	↓
	Category 3: within 30 minutes	75%		64.9%	↑↓
	Category 4: within 60 minutes	70%		59.4%	↑↓
	Category 5: within 120 minutes	70%		82.2%	↑
2.5	Treating elective surgery patients in turn	n/a	n/a		
2.6	Shorter maximum wait for elective surgery (days)	n/a	n/a		
	Cardiothoracic				
	ENT				
	General				
	Gynaecology				
	Ophthalmology				
	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			
	Category 3: within 365 days	n/a			
2.8	Fewer long waiting patients	0%	August		
	Category 2: % waiting > 90 days			5.3%	↑↓
	Category 3: % waiting > 365 days			5.2%	↑↓
2.9	Postnatal in-home visiting	n/a	n/a		
2.10	Aboriginal and Torres Strait Islander PPH	17.7%	-		not yet reported
2.11	Potentially Preventable Hospitalisations Chronic conditions	5%	-		not yet reported
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		
2.14	Rate of post discharge community contact - Mental Health	60%	July		not yet reported
2.15	Ambulatory mental health activity	95%	July		not yet reported
2.16	BreastScreen Queensland Screening Activity	n/a	n/a		
2.17	Dental waiting lists	0%	August		not yet reported

EFFECTIVENESS – PATIENT EXPERIENCE

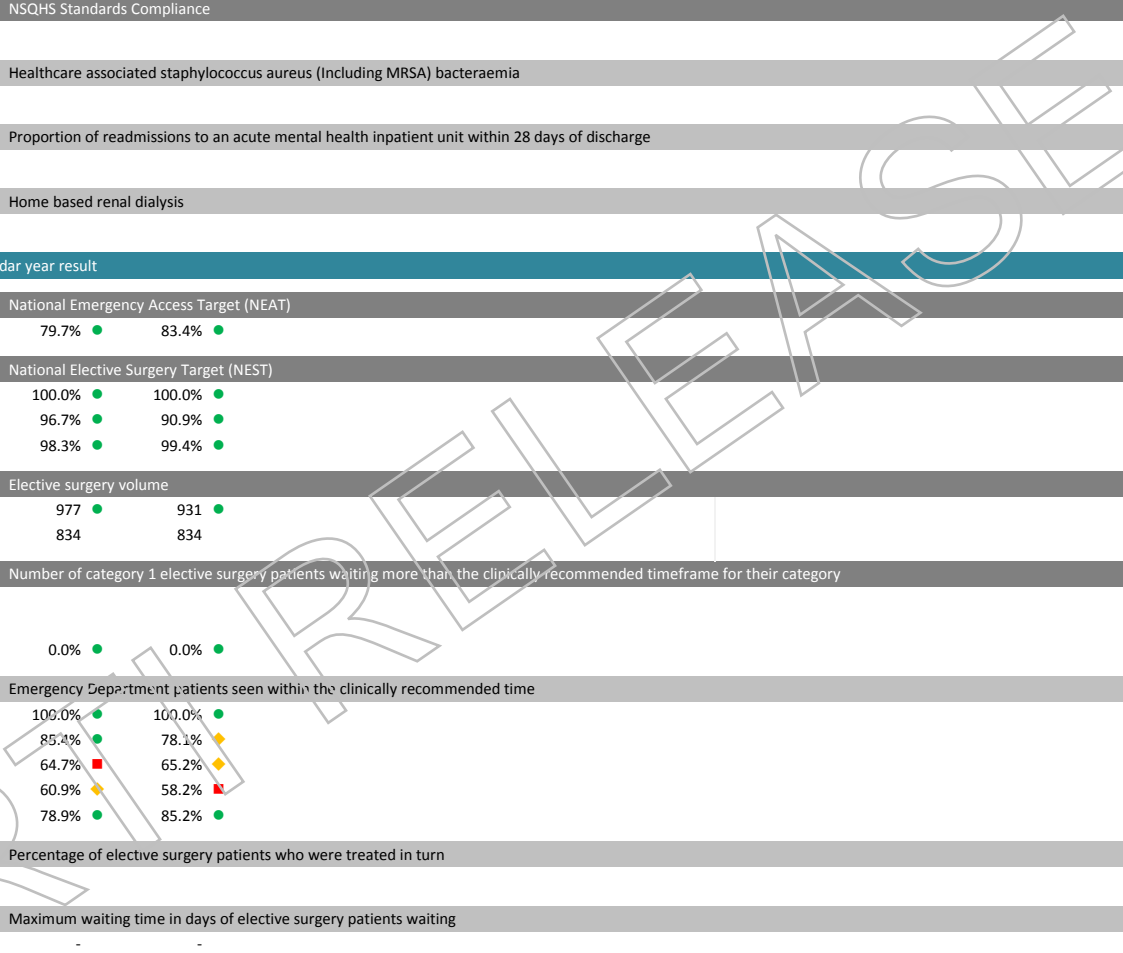
2.23	Emergency Department patient experience	n/a	n/a		
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Legend: n/a not applicable to this HHS or data not yet available Latest / YTD Result compared to previous reporting period: Favourable ↑ Stable □ Unfavourable ↓

KEY PERFORMANCE INDICATORS

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

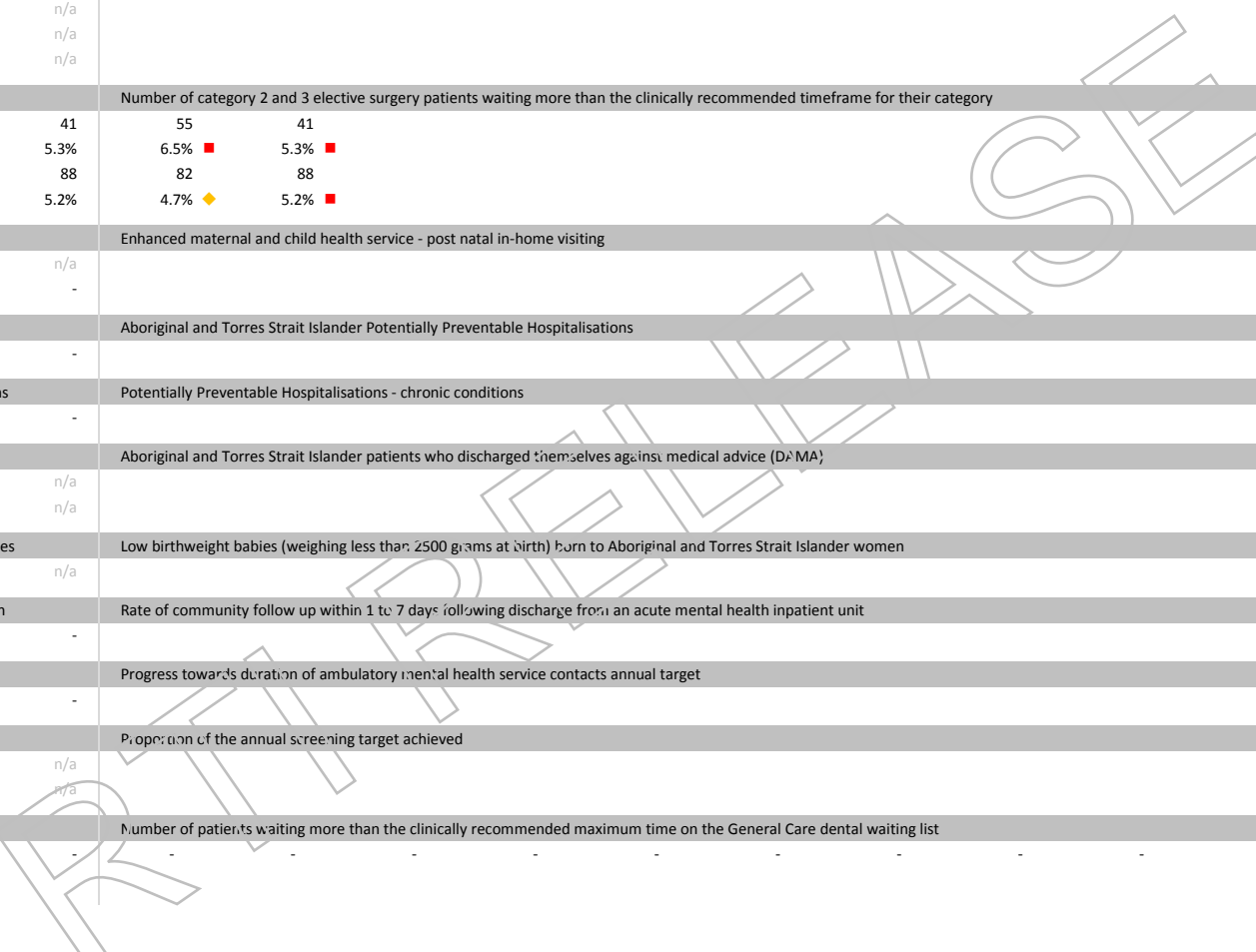
		YTD / Latest Result	Jul 2013	Aug 2013	Sep 2013	Oct 2013	Nov 2013	Dec 2013	Jan 2014	Feb 2014	Mar 2014	Apr 2014	May 2014	Jun 2014	Target 2013-14
EFFECTIVENESS – SAFETY AND QUALITY															n/a - not applicable to HHS
1.1	National Safety and Quality Health Service Standards Compliance	NSQHS Standards Compliance													
	Result	-													green
2.1	Healthcare-associated Infections	Healthcare associated staphylococcus aureus (Including MRSA) bacteraemia													
	Result	-													2
2.2	28 day mental health readmission rate	Proportion of readmissions to an acute mental health inpatient unit within 28 days of discharge													
	Result	-													12%
2.3	Home based renal dialysis	Home based renal dialysis													
	Result	-													50%
EQUITY AND EFFECTIVENESS - ACCESS															n/a - not applicable to HHS
* denotes calendar year result															
1.2	Shorter stays in emergency departments *	National Emergency Access Target (NEAT)													
	Result	● 80.2%	79.7% ●	83.4% ●											77%
1.3	Shorter waits for elective surgery *	National Elective Surgery Target (NEST)													
	Category 1: within 30 days	◆ 99.6%	100.0% ●	100.0% ●											100%
	Category 2: within 90 days	● 96.3%	96.7% ●	90.9% ●											87%
	Category 3: within 365 days	● 99.5%	98.3% ●	99.4% ●											94%
1.4	Maintain surgical activity *	Elective surgery volume													
	YTD Result	● 7,095	977 ●	931 ●											
	YTD 2010 Volume	6,674	834	834											
1.5	Fewer long waiting patients - Category 1	Number of category 1 elective surgery patients waiting more than the clinically recommended timeframe for their category													
	# waiting > 60 days														0
	# waiting > 30 & <= 60 days														0
	% waiting > 30 days	● 0.0%	0.0% ●	0.0% ●											2%
2.4	Shorter waits for emergency departments	Emergency Department patients seen within the clinically recommended time													
	Category 1: within 2 minutes	● 100.0%	100.0% ●	100.0% ●											100%
	Category 2: within 10 minutes	● 81.8%	85.4% ●	78.1% ◆											80%
	Category 3: within 30 minutes	■ 64.9%	64.7% ■	65.2% ◆											75%
	Category 4: within 60 minutes	■ 59.4%	60.9% ◆	58.2% ■											70%
	Category 5: within 120 minutes	● 82.2%	78.9% ●	85.2% ●											70%
2.5	Treating elective surgery patients in turn	Percentage of elective surgery patients 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	-	-											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: 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
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 conditions		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) born to Aboriginal and Torres Strait Islander women												
Result	n/a													n/a
2.14 Rate of post discharge community contact - Mental Health		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		Proportion of the annual screening target achieved												
Result	n/a													
YTD Target	n/a													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	-													



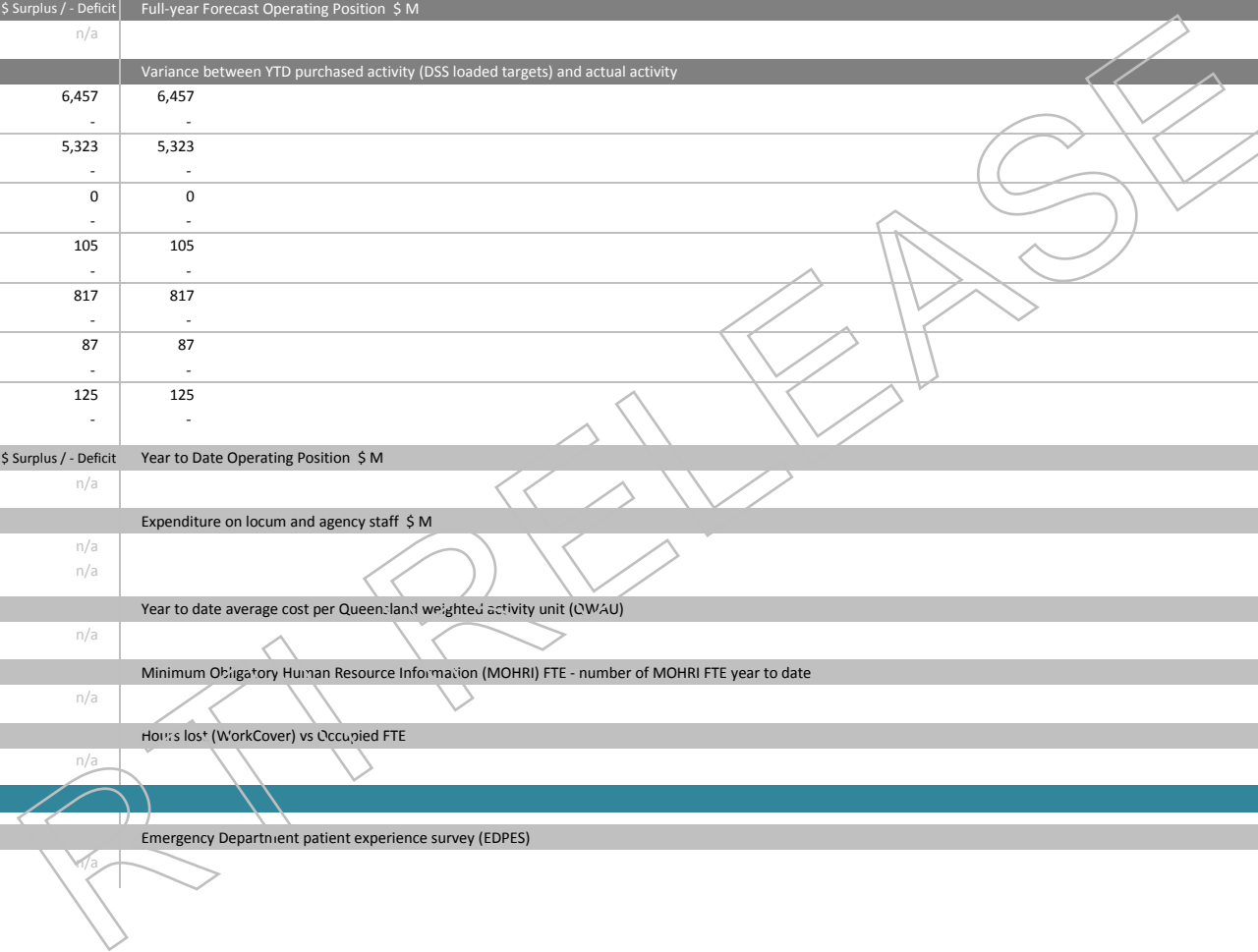
KEY PERFORMANCE INDICATORS

Data source: 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
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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											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	-											-
	Outpatient	0	0										
	Target	-											-
	Interventions and Procedures	105	105										
	Target	-											-
	Emergency Department	817	817										
	Target	-											-
	Subacute	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											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		Hours lost* (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	n/a											n/a



KEY PERFORMANCE INDICATORS

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

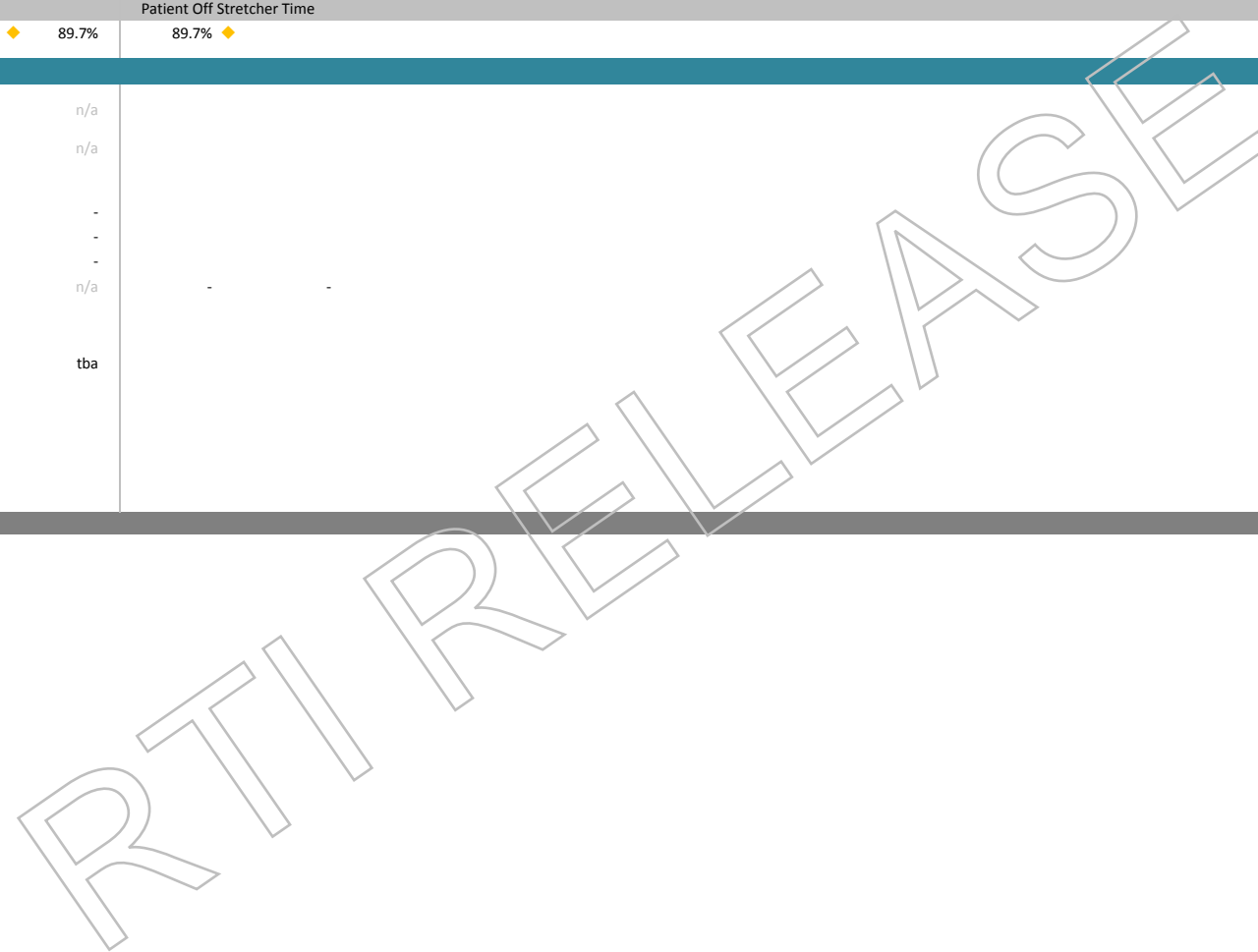
YTD / Latest Result	Jul 2013	Aug 2013	Sep 2013	Oct 2013	Nov 2013	Dec 2013	Jan 2014	Feb 2014	Mar 2014	Apr 2014	May 2014	Jun 2014	Target 2013-14
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SUPPORTING INDICATORS - INCLUDES ELECTION COMMITMENTS n/a - not applicable to HHS

POST	Patient Off Stretcher Time												Target 2013-14
Result	89.7%	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	-												
Variance	n/a	-	-										0
Patient Travel Subsidy Scheme (PTSS)													
Regional Cancer Centre Funding	tba												
Explanatory notes for PTSS:													
green - Data is 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) 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%

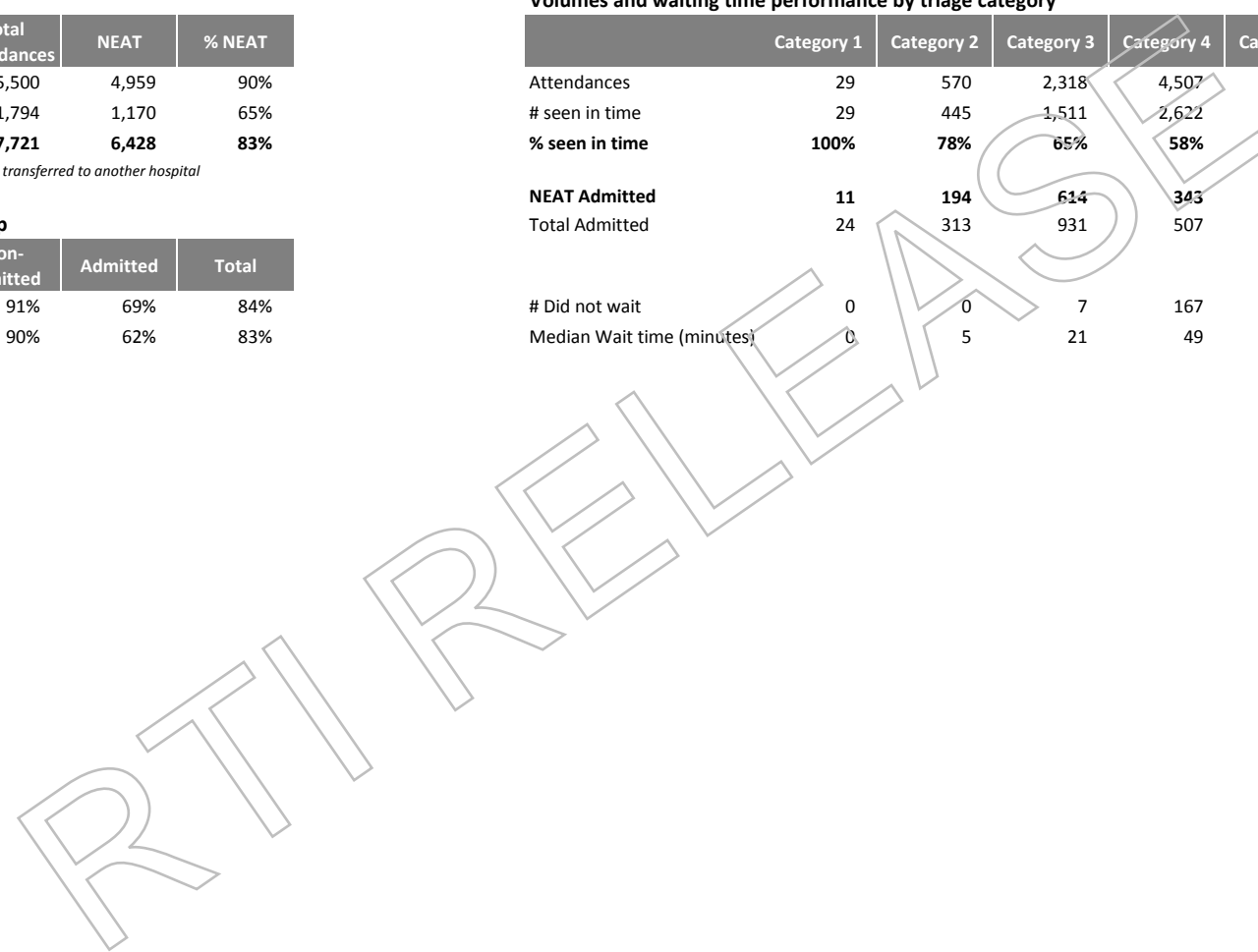
* Does not include dead on arrival, died in ED, did not wait and transferred to another hospital

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 (minutes)	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

Weighted Activity Units - QWAU	2013-14		2013-14 YTD		YTD Variance to Target		Inter-HHS Flow %		Full Year Forecast	
	Purchased *	DSS Target	Actual	Actual	% change	Resident	Non-resident	Actual	% 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	-	-	-	-	-	-	-
Head & Neck Surgery	338	-	19	-	-	-	-	-	-	-
Immunology & Infections	1,290	-	153	-	-	-	-	-	-	-
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	-	-	-	-	-	-	-
Ophthalmology	1,077	-	87	-	-	-	-	-	-	-
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	-	-	-	-	-	-	-
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	-	-	-	-	-	-	-
Radiation Oncology	0	-	-	-	-	-	-	-	-	-
Interventions and Procedures Sub-Total	3,094	-	105	-	-	-	-	-	-	-

Weighted Activity Units - QWAU	2013-14		2013-14 YTD		YTD Variance to Target		Inter-HHS Flow %		Full Year Forecast	
	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	-	11	-	-	-	-	-	-	-
Died	0	-	1	-	-	-	-	-	-	-
Other ED	-	-	45	-	-	-	-	-	-	-
Emergency Department Sub-Total	10,374	-	817	-	-	-	-	-	-	-

Mental Health										
Psychiatry - Acute	2,009	-	125	-	-	-	-	-	-	-
MH	0	-	-	-	-	-	-	-	-	-
Mental Health Sub-Total	2,009	-	125	-	-	-	-	-	-	-

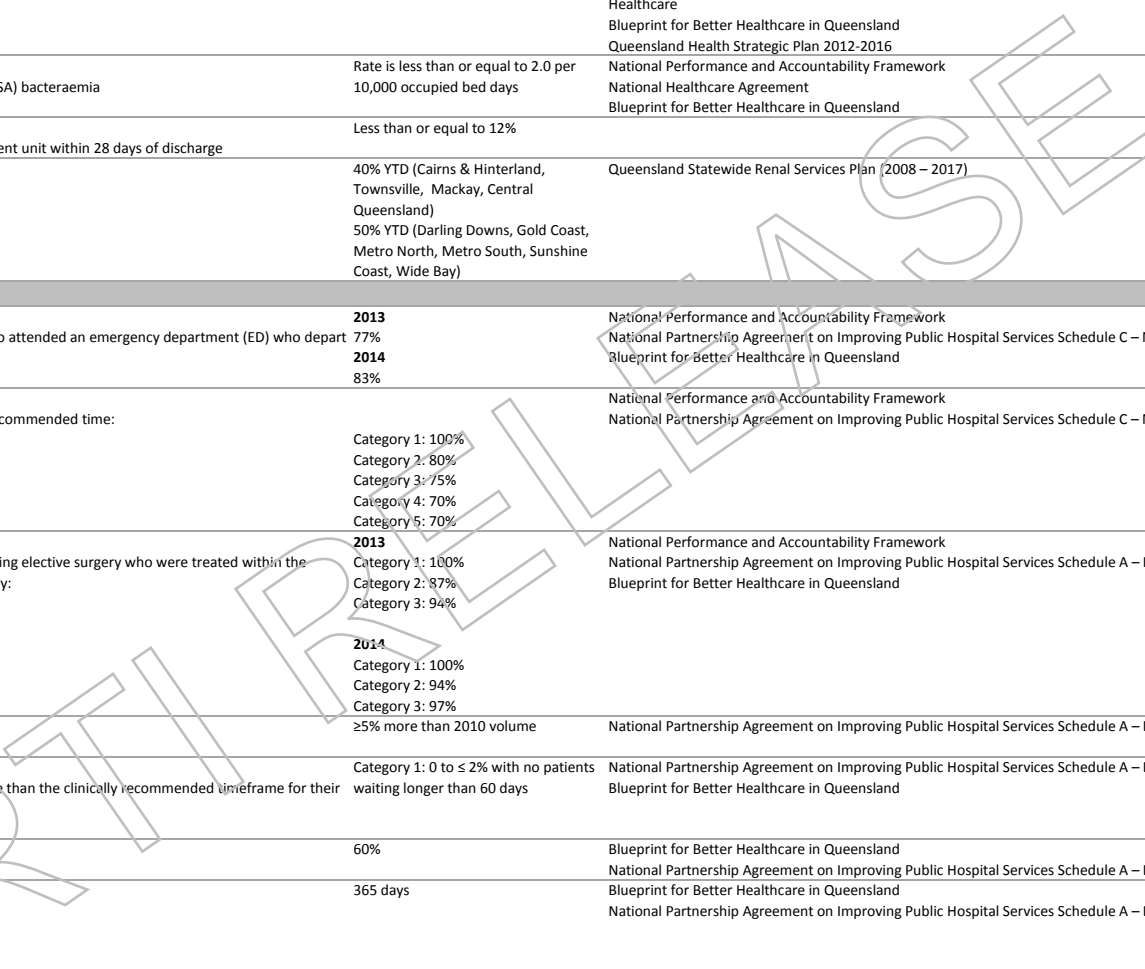
Outpatient										
Allied Health	2,134	-	0	-	-	-	-	-	-	-
Burns	0	-	-	-	-	-	-	-	-	-
Clinical Measurement	376	-	0	-	-	-	-	-	-	-
Ear, Nose and throat (ENT)	355	-	-	-	-	-	-	-	-	-
Gastroenterology	665	-	-	-	-	-	-	-	-	-
Genetics	0	-	-	-	-	-	-	-	-	-
Maternity	3,648	-	0	-	-	-	-	-	-	-
Medical	2,947	-	0	-	-	-	-	-	-	-
Nursing	27	-	-	-	-	-	-	-	-	-
Oncology	1,622	-	-	-	-	-	-	-	-	-
Ophthalmology	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	-	-	-	-	-	-	-	-	-
Psychiatry	67	-	0	-	-	-	-	-	-	-
Sub Acute	9	-	-	-	-	-	-	-	-	-
Surgical	844	-	0	-	-	-	-	-	-	-
Transplants	0	-	-	-	-	-	-	-	-	-
Undefined	-	-	-	-	-	-	-	-	-	-
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

KPI No.	Level	Key Performance Indicator (KPI)	Target	Strategic Link	Reporting Frequency
EFFECTIVENESS – 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 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
2.2	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) 50% YTD (Darling Downs, Gold Coast, Metro North, Metro South, Sunshine Coast, Wide Bay)	Queensland Statewide Renal Services Plan (2008 – 2017)	Monthly
EQUITY AND EFFECTIVENESS - 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	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 - 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	Monthly



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

KPI No.	Level	Key Performance Indicator (KPI)	Target	Strategic Link	Reporting Frequency
2.7	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	Monthly
2.8	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: - 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	Monthly
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
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	Quarterly
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 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	Quarterly
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	Annual
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 Progress towards duration of ambulatory mental health service contacts annual target	100%		Monthly
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 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
EFFICIENCY – EFFICIENCY AND FINANCIAL PERFORMANCE					
1.6	Tier 1	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
1.7	Tier 1	Purchased activity monitoring Variance between YTD purchased activity and actual activity	Metro North: 0% to +/-1% Metro South: 0% to +/-1% All other HHSs: 0% to +/-2%		Monthly
2.2	Tier 2	Average QWAU cost Average cost per Queensland weighted activity unit (QWAU)	At or below the Queensland ABF price	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
EFFECTIVENESS – 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	Annual

Mater Health Service

Report on Hospital & Health Service Performance

September 2013

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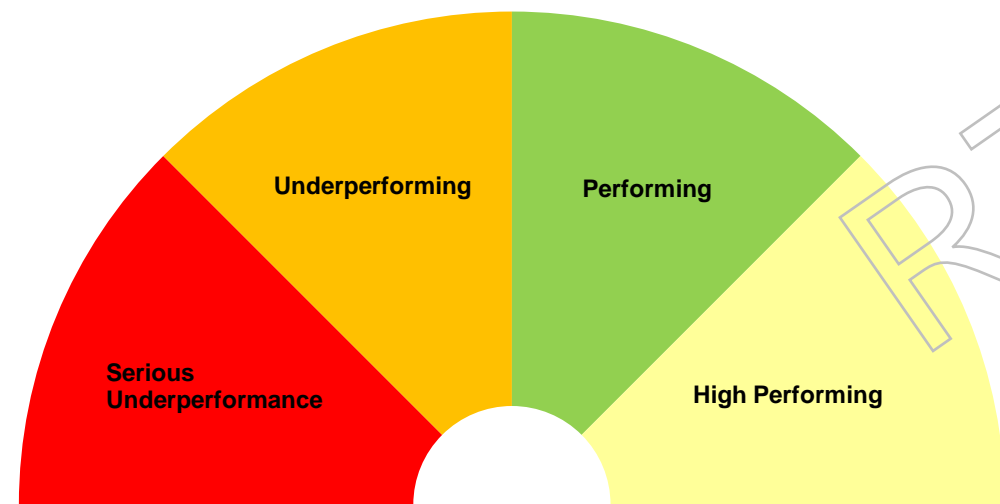
PERFORMANCE DOMAIN - KEY PERFORMANCE INDICATORS - SUMMARY PERFORMANCE

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

TIER1	TARGET	DATA AS AT	YTD Result / Latest Result
EFFECTIVENESS – SAFETY AND QUALITY			
1.1	NSQHS Standards Compliance	green	September not yet reported
EFFICIENCY – EFFICIENCY AND FINANCIAL PERFORMANCE			
\$ Surplus / - Deficit			
1.6	Full-year Forecast Operating Position	n/a	n/a
1.7	Purchased activity variance	+/-	August 2%
EQUITY AND EFFECTIVENESS - ACCESS			
1.2	Shorter stays in emergency departments *	77%	September 80.6% ↑
1.3	Shorter waits for elective surgery *		September 99.7% ↑
	Category 1: within 30 days	100%	95.7% ↓
	Category 2: within 90 days	87%	98.7% ↓
	Category 3: within 365 days	94%	
1.4	Maintain surgical activity * Full year target = 10,512	7,884	September 8,010
1.5	Fewer long waiting patients - Category 1		September 0.0%
	# waiting > 60 days	0	
	# waiting > 30 & <= 60 days	0	
	% waiting > 30 days	2%	

* denotes calendar year result

Performance Management Framework: Performance category rating - not applicable



TIER 2	TARGET	DATA AS AT	YTD Result / Latest Result
EFFECTIVENESS – SAFETY AND QUALITY			
2.1	Healthcare-associated Infections	2	September not yet reported
2.2	28 day mental health readmission rate	12%	July 0.0% □
2.3	Home based renal dialysis	50%	August not yet reported
EFFICIENCY – EFFICIENCY AND FINANCIAL PERFORMANCE			
\$ Surplus / - Deficit			
2.18	Year to Date Operating Position	n/a	n/a
2.19	External labour as % of 2011-12 expenditure	n/a	n/a
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
EQUITY AND EFFECTIVENESS - ACCESS			
2.4	Shorter waits for emergency departments		September
	Category 1: within 2 minutes	100%	100.0% □
	Category 2: within 10 minutes	80%	79.8% ↓
	Category 3: within 30 minutes	75%	65.4% ↑
	Category 4: within 60 minutes	70%	60.1% ↑
	Category 5: within 120 minutes	70%	84.2% ↑
2.5	Treating elective surgery patients in turn	n/a	n/a
2.6	Shorter maximum wait for elective surgery (days)	n/a	n/a
	Cardiothoracic		
	ENT		
	General		
	Gynaecology		
	Ophthalmology		
	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	
	Category 3: within 365 days	n/a	
2.8	Fewer long waiting patients	0%	September
	Category 2: % waiting > 90 days		4.9% ↑
	Category 3: % waiting > 365 days		5.3% ↓
2.9	Postnatal in-home visiting	n/a	n/a
2.10	Aboriginal and Torres Strait Islander PPH	17.7%	September not yet reported
2.11	Potentially Preventable Hospitalisations Chronic conditions	5%	September not yet reported
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
2.14	Rate of post discharge community contact - Mental Health	60%	August not yet reported
2.15	Ambulatory mental health activity	95%	August 83.3%
2.16	BreastScreen Queensland Screening Activity	n/a	n/a
2.17	Dental waiting lists	0%	September not yet reported
EFFECTIVENESS – 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 Support 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 applicable to HHS
1.1	National Safety and Quality Health Service Standards Compliance	NSQHS Standards Compliance												
	Result	-												green
2.1	Healthcare-associated Infections	Healthcare associated staphylococcus aureus (Including MRSA) bacteraemia												
	Result	-												2
2.2	28 day mental health readmission rate	Proportion of readmissions to an acute mental health inpatient unit within 28 days of discharge												
	Result	● 0.0%		● 0.0%										12%
2.3	Home based renal dialysis	Home based renal dialysis												
	Result	-												50%
EQUITY AND EFFECTIVENESS - ACCESS														n/a - not applicable to HHS
* denotes calendar year result														
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 (NEST)												
	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 surgery patients waiting more than the clinically recommended timeframe 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 Department patients seen within the clinically recommended time												
	Category 1: within 2 minutes	● 100.0%	● 100.0%	● 100.0%	● 100.0%									100%
	Category 2: within 10 minutes	◆ 79.8%	● 85.4%	◆ 78.1%	◆ 75.6%									80%
	Category 3: within 30 minutes	◆ 65.4%	■ 64.7%	◆ 65.2%	◆ 66.3%									75%
	Category 4: within 60 minutes	◆ 60.1%	◆ 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 patients 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	-	-	-									n/a
	Orthopaedics	n/a	-	-	-									n/a
	Neurosurgery	n/a	-	-	-									n/a
	Plastic & Reconstructive	n/a	-	-	-									n/a

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	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 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	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										
Category 3: % waiting > 365 days	5.3% 	4.7% 	5.2% 	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												
Result	-													18%
2.11 Potentially Preventable Hospitalisations Chronic conditions		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) born to Aboriginal and Torres Strait Islander women												
Result	n/a													n/a
2.14 Rate of post discharge community contact - Mental Health		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	 83.3%	88.1% 	78.5% 											95%
2.16 BreastScreen Queensland Screening Activity		Proportion of the annual screening target achieved												
Result	n/a													
YTD Target	n/a													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: Decision Support 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
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													n/a
1.7	Purchased activity	YTD purchased activity (DSS loaded targets) and actual 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	■ 2,649	1,334	■ 1,315											
	Target	0	0	0											0
	Interventions and Procedures	■ 514	258	■ 257											
	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 Operating Position \$ M												
	Result	n/a													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															n/a - not applicable to HHS
2.23	Emergency Department patient experience	Emergency Department patient experience survey (EDPES)													
	Result	n/a													n/a

RPT RELEASE

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	Dec 2013	Jan 2014	Feb 2014	Mar 2014	Apr 2014	May 2014	Jun 2014	Target 2013-14
SUPPORTING INDICATORS - INCLUDES ELECTION COMMITMENTS													n/a - not applicable to HHS
POST													
Patient Off Stretcher Time													
Result	90.2%	89.7%	90.7%										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	-	-	-									
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													
Cochlear Implants	15			15									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													

RTI RELEASE

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	225	880	462	7	1,665
NEAT Admitted %	67.7%	60.0%	60.8%	66.2%	71.4%	62.3%
# Did not wait	0	0	3	113	38	154
Median Wait time (minutes)	0	5	20	47	37	30

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

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

Weighted Activity Units - QWAU	2013-14		2013-14 YTD		YTD Variance to Target		Inter-HHS Flow %		Full Year Forecast	
	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	-	-	-	-	-	-	-

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	-	-	-	-	-	-
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	-	-	-	-	-	-
Inpatient 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	-	-	-	-	-	-

Weighted Activity Units - QWAU	2013-14		2013-14 YTD		YTD Variance to Target		Inter-HHS Flow %		Full Year Forecast	
	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	-	-	-	-	-	-

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

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

KPI No.	Level	Key Performance Indicator (KPI)	Target	Strategic Link	Reporting Frequency
EFFECTIVENESS – 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 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
2.2	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) 50% YTD (Darling Downs, Gold Coast, Metro North, Metro South, Sunshine Coast, Wide Bay)	Queensland Statewide Renal Services Plan (2008 – 2017)	Monthly
EQUITY AND EFFECTIVENESS - 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	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 · 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	Monthly

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

KPI No.	Level	Key Performance Indicator (KPI)	Target	Strategic Link	Reporting Frequency
2.7	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	Monthly
2.8	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: · 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	Monthly
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
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 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	Quarterly
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	Annual
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 Progress towards duration of ambulatory mental health service contacts annual target	100%		
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 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
EFFICIENCY – EFFICIENCY AND FINANCIAL PERFORMANCE					
1.6	Tier 1	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
1.7	Tier 1	Purchased activity monitoring Variance between YTD purchased activity and actual activity	Metro North: 0% to +/-1% Metro South: 0% to +/-1% All other HHSs: 0% to +/-2%		Monthly
2.2	Tier 2	Average QWAU cost Average cost per Queensland weighted activity unit (QWAU)	At or below the Queensland ABF price	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
EFFECTIVENESS – 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	Annual

Mater Health Service

Report on Hospital & Health Service Performance

October 2013

RTI RELEASE

Great state. Great opportunity.



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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

RTI RELEASE

PERFORMANCE DOMAIN - KEY PERFORMANCE INDICATORS - SUMMARY PERFORMANCE

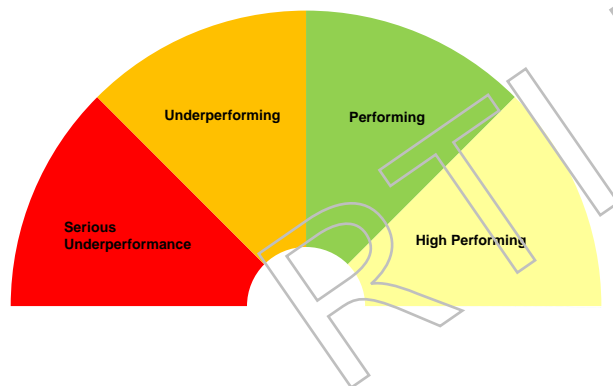
Data source: Decision Support System (DSS) 14 November 2013

TIER1	TARGET	DATA AS AT	YTD Result / Latest Result	
EFFECTIVENESS – SAFETY AND QUALITY				
1.1	NSQHS Standards Compliance	green	September	not yet reported
EFFICIENCY – EFFICIENCY AND FINANCIAL PERFORMANCE				
\$ Surplus / - Deficit				
1.6	Full-year Forecast Operating Position	n/a	n/a	
1.7	Purchased activity variance	+/-	September	2%
EQUITY AND EFFECTIVENESS - ACCESS				
1.2	Shorter stays in emergency departments *	77%	October	81.1% ↑
1.3	Shorter waits for elective surgery *		October	99.7% □
	Category 1: within 30 days	100%		
	Category 2: within 90 days	87%		95.0% ↓
	Category 3: within 365 days	94%		98.1% ↓
1.4	Maintain surgical activity * Full year target = 10,512	8,760	October	9,044
1.5	Fewer long waiting patients - Category 1		October	
	# waiting > 60 days	0		
	# waiting > 30 & <= 60 days	0		
	% waiting > 30 days	2%		0.0%

TIER 2	TARGET	DATA AS AT	YTD Result / Latest Result	
EFFECTIVENESS – SAFETY AND QUALITY				
2.1	Healthcare-associated Infections	2	-	not yet reported
2.2	28 day mental health readmission rate	12%	August	2.5% ↑
2.3	Home based renal dialysis	50%	September	99.6%
EFFICIENCY – EFFICIENCY AND FINANCIAL PERFORMANCE				
\$ Surplus / - Deficit				
2.18	Year to Date Operating Position	n/a	n/a	
2.19	External labour as % of 2011-12 expenditure	n/a	n/a	
2.20	*Average QWAW 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	
EQUITY AND EFFECTIVENESS - ACCESS				
2.4	Shorter waits for emergency departments		October	
	Category 1: within 2 minutes	100%		98.3% ↓
	Category 2: within 10 minutes	80%		79.4% ↓
	Category 3: within 30 minutes	75%		66.9% ↑
	Category 4: within 60 minutes	70%		62.6% ↑
	Category 5: within 120 minutes	70%		85.5% ↑
2.5	Treating elective surgery patients in turn	n/a	n/a	
2.6	Shorter maximum wait for elective surgery (days)	n/a	n/a	
	Cardiothoracic			
	ENT			
	General			
	Gynaecology			
	Ophthalmology			
	Orthopaedics			
	Neurosurgery			
	Plastic & Reconstructive			
	Urology			
	Vascular			
2.7	Fewer long waiting patients	0%	October	
	Category 2: % waiting > 90 days			4.4% ↑
	Category 3: % waiting > 365 days			4.6% ↑
2.8	Shorter waits for specialist outpatient clinics		n/a	
	Category 1: % within 30 days	n/a		
	Category 2: % within 90 days	n/a		
	Category 3: % within 365 days	n/a		
2.9	Postnatal in-home visiting		n/a	
2.10	Aboriginal and Torres Strait Islander PPH	17.7%	September	not yet reported
2.11	Potentially Preventable Hospitalisations Chronic conditions	5%	September	not yet reported
2.12	Aboriginal and Torres Strait Islander DAMA	n/a	n/a	n/a
2.13	Aboriginal and Torres Strait Islander Low birthweight babies	n/a	n/a	n/a
2.14	Rate of post discharge community contact - Mental Health	60%	September	not yet reported
2.15	Ambulatory mental health activity	95%	September	79.3%
2.16	BreastScreen Queensland Screening Activity	n/a	n/a	n/a
2.17	Dental waiting lists	0%	October	not yet reported
EFFECTIVENESS – PATIENT EXPERIENCE				
2.23	Emergency Department patient experience	n/a	n/a	

* denotes calendar year result

Performance Management Framework: Performance category rating - *not applicable*



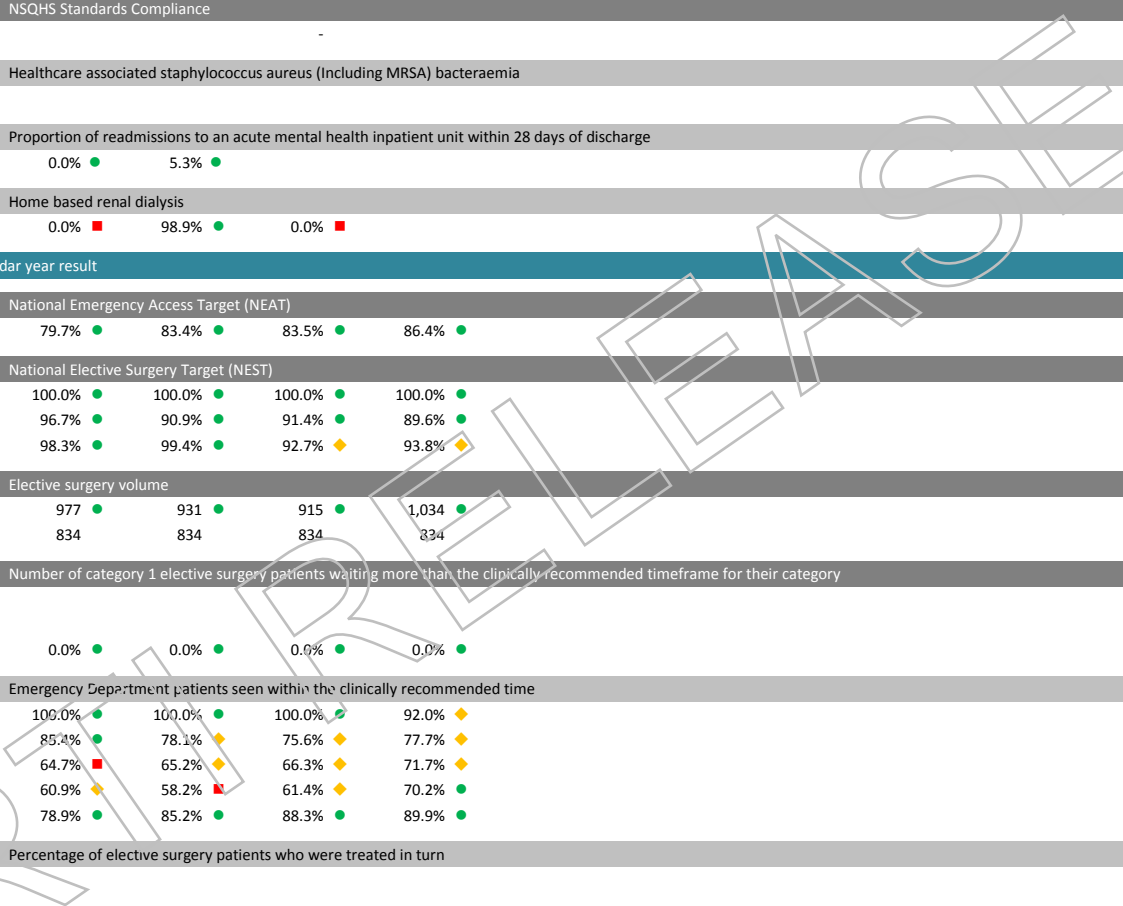
Legend: n/a not applicable to this HHS or data not yet available Latest / YTD Result compared to previous reporting period: Favourable ↑ Stable □ Unfavourable ↓

* 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: Decision Support System (DSS) 14 November 2013

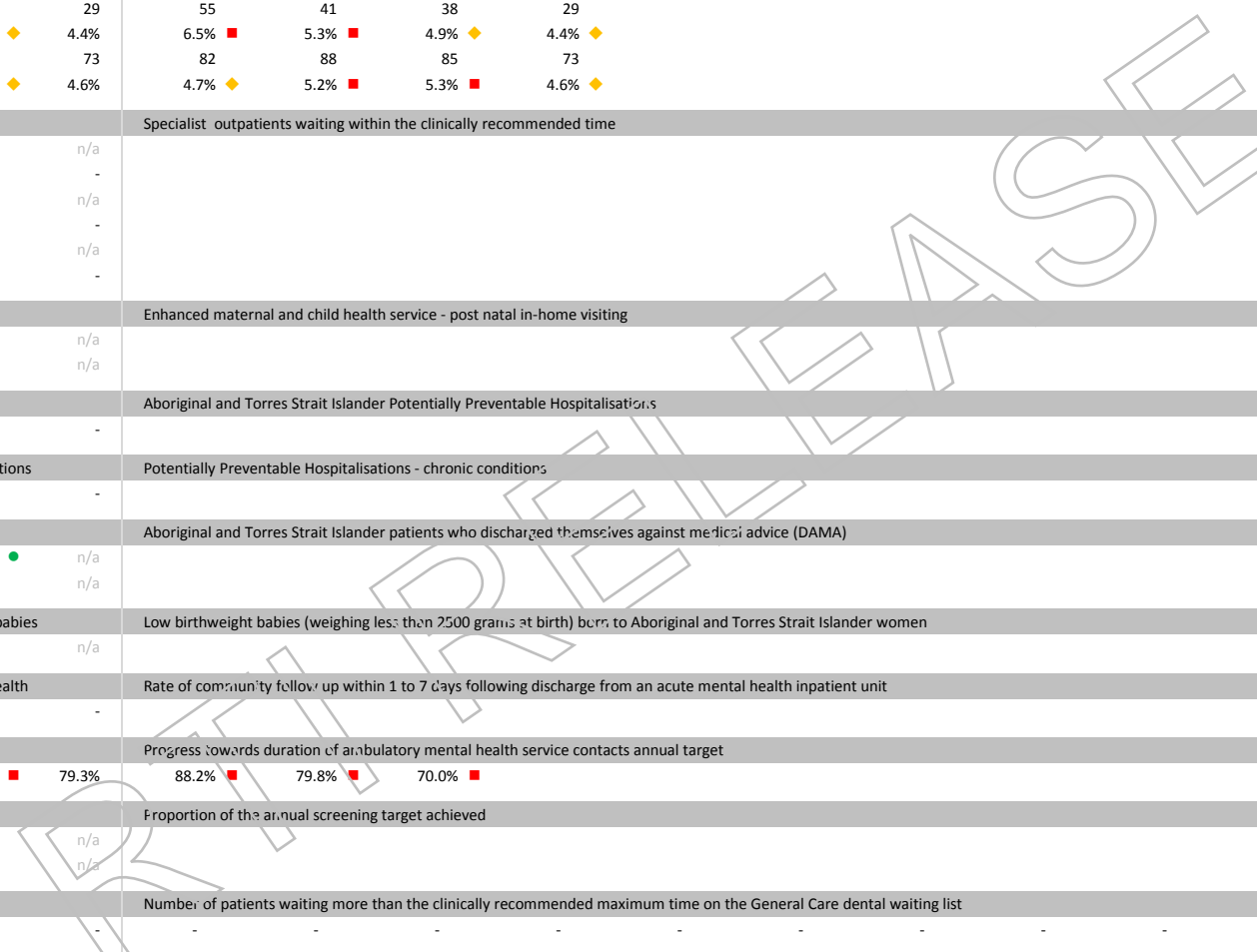
	YTD / Latest Result	Jul 2013	Aug 2013	Sep 2013	Oct 2013	Nov 2013	Dec 2013	Jan 2014	Feb 2014	Mar 2014	Apr 2014	May 2014	Jun 2014	Target 2013-14
EFFECTIVENESS – SAFETY AND QUALITY														
1.1 National Safety and Quality Health Service Standards Compliance	NSQHS Standards Compliance													
Result	-													green
2.1 Healthcare-associated Infections	Healthcare associated staphylococcus aureus (Including MRSA) bacteraemia													
Result	-													2
2.2 28 day mental health readmission rate	Proportion of readmissions to an acute mental health inpatient unit within 28 days of discharge													
Result	● 2.5%	0.0% ●	5.3% ●											12%
2.3 Home based renal dialysis	Home based renal dialysis													
Result	● 99.6%	0.0% ■	98.9% ●	0.0% ■										50%
EQUITY AND EFFECTIVENESS - ACCESS * denotes calendar year result														
1.2 Shorter stays in emergency departments *	National Emergency Access Target (NEAT)													
Result	● 81.1%	79.7% ●	83.4% ●	83.5% ●	86.4% ●									77%
1.3 Shorter waits for elective surgery *	National Elective Surgery Target (NEST)													
Category 1: within 30 days	◆ 99.7%	100.0% ●	100.0% ●	100.0% ●	100.0% ●									100%
Category 2: within 90 days	● 95.0%	96.7% ●	90.9% ●	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 surgery volume													
YTD Result	● 9,044	977 ●	931 ●	915 ●	1,034 ●									
YTD 2010 Volume	8,343	834	834	834	834									
1.5 Fewer long waiting patients - Category 1	Number of category 1 elective surgery patients waiting more than the clinically recommended timeframe for their category													
# waiting > 60 days														0
# waiting > 30 & <= 60 days														0
% waiting > 30 days	● 0.0%	0.0% ●	0.0% ●	0.0% ●	0.0% ●									2%
2.4 Shorter waits for emergency departments	Emergency Department patients seen within the clinically recommended time													
Category 1: within 2 minutes	◆ 98.3%	100.0% ●	100.0% ●	100.0% ●	92.0% ◆									100%
Category 2: within 10 minutes	◆ 79.4%	85.4% ●	78.1% ◆	75.6% ◆	77.7% ◆									80%
Category 3: within 30 minutes	◆ 66.9%	64.7% ■	65.2% ◆	66.3% ◆	71.7% ◆									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	Percentage of elective surgery patients 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	-	-	-	-									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: Decision Support System (DSS) 14 November 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
2.7 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	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 outpatients waiting within the clinically recommended time												
Category 1: % within 30 days	n/a													n/a
Category 1: # within 30 days	-													n/a
Category 2: % within 90 days	n/a													n/a
Category 2: # within 90 days	-													n/a
Category 3: % within 365 days	n/a													n/a
Category 3: # within 365 days	-													n/a
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													n/a
2.10 Aboriginal and Torres Strait Islander PPH		Aboriginal and Torres Strait Islander Potentially Preventable Hospitalisations												
Result	-													18%
2.11 Potentially Preventable Hospitalisations Chronic conditions		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) born to Aboriginal and Torres Strait Islander women												
Result	n/a													n/a
2.14 Rate of post discharge community contact - Mental Health		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	■ 79.3%	88.2% ■	79.8% ■	70.0% ■										95%
2.16 BreastScreen Queensland Screening Activity		Proportion of the annual screening target achieved												
Result	n/a													
YTD Target	n/a													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	-	-	-	-	-	-	-	-	-	-	-	-	-	0%



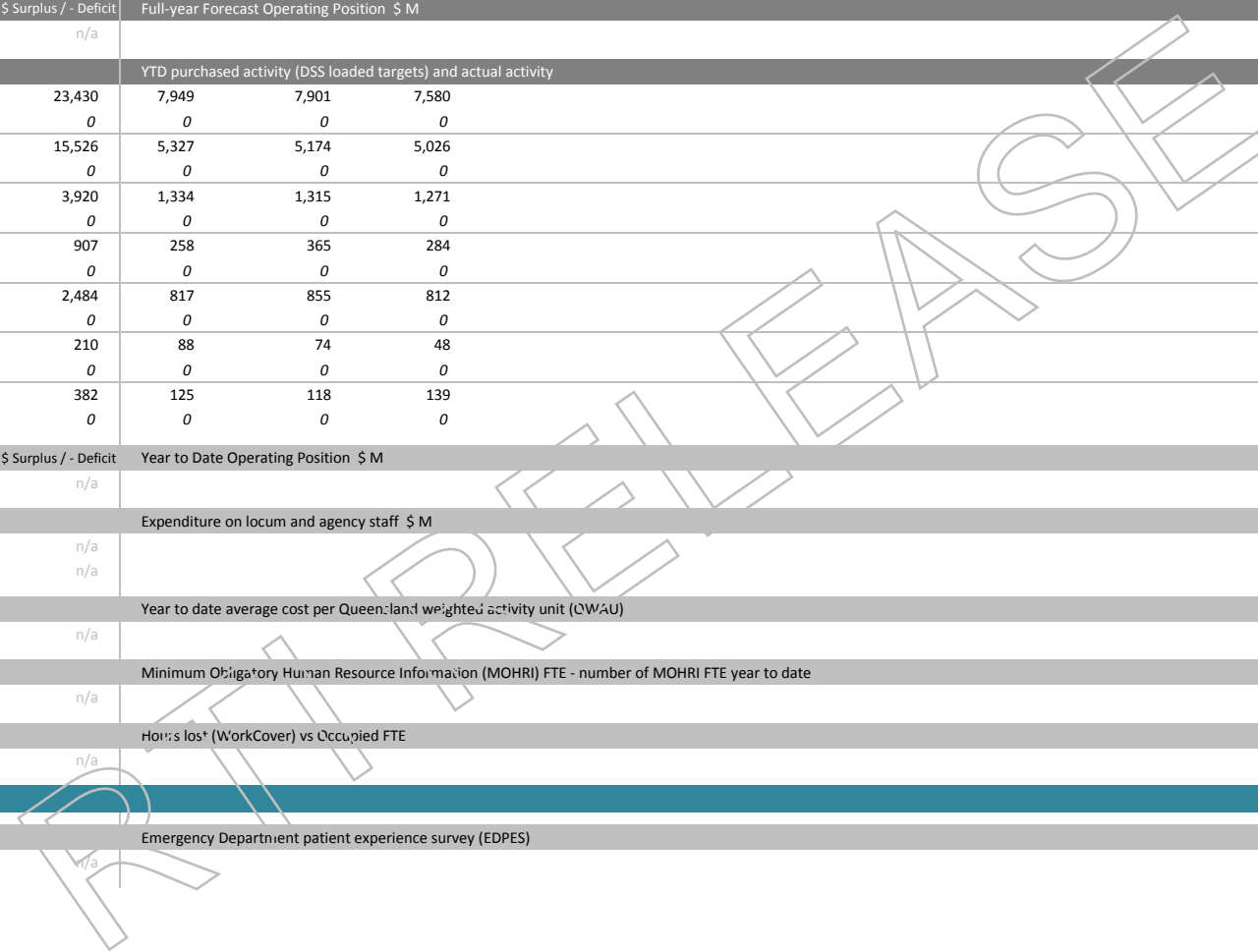
KEY PERFORMANCE INDICATORS

Data source: Decision Support System (DSS) 14 November 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
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EFFICIENCY – EFFICIENCY AND FINANCIAL PERFORMANCE

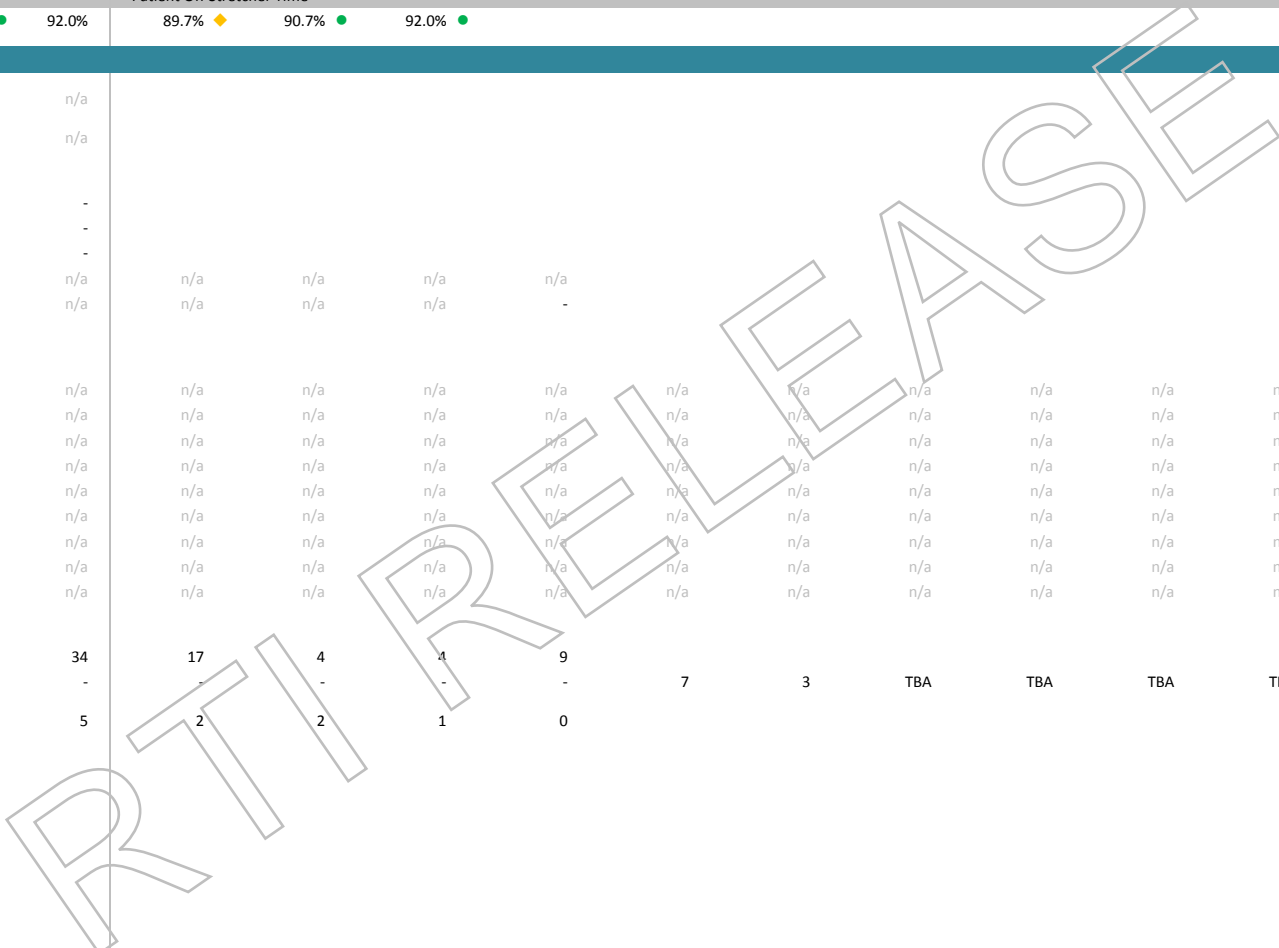
1.6	Full-year Forecast Operating Position	\$ Surplus / - Deficit	Full-year Forecast Operating Position \$ M										
	Result	n/a											n/a
1.7	Purchased activity		YTD purchased activity (DSS loaded targets) and actual activity										
	Total	23,430	7,949	7,901	7,580								0
	Target	0	0	0	0								0
	Inpatient	15,526	5,327	5,174	5,026								0
	Target	0	0	0	0								0
	Outpatient	3,920	1,334	1,315	1,271								0
	Target	0	0	0	0								0
	Interventions and Procedures	907	258	365	284								0
	Target	0	0	0	0								0
	Emergency Department	2,484	817	855	812								0
	Target	0	0	0	0								0
	Subacute	210	88	74	48								0
	Target	0	0	0	0								0
	Mental Health	382	125	118	139								0
	Target	0	0	0	0								0
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
	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) 14 November 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
SUPPORTING INDICATORS													
POST	Patient Off Stretcher Time												
Result	92.0%	89.7%	90.7%	92.0%									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	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	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	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	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	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	n/a	n/a
Backlog maintenance reduction	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
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	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	n/a	n/a
Cochlear Implants - Adults													
Result	34	17	4	1	9								
Trajectory	-	-	-	-	-	7	3	TBA	TBA	TBA	TBA	TBA	71
Cochlear Implants - Children	5	2	2	1	0								22
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) 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%

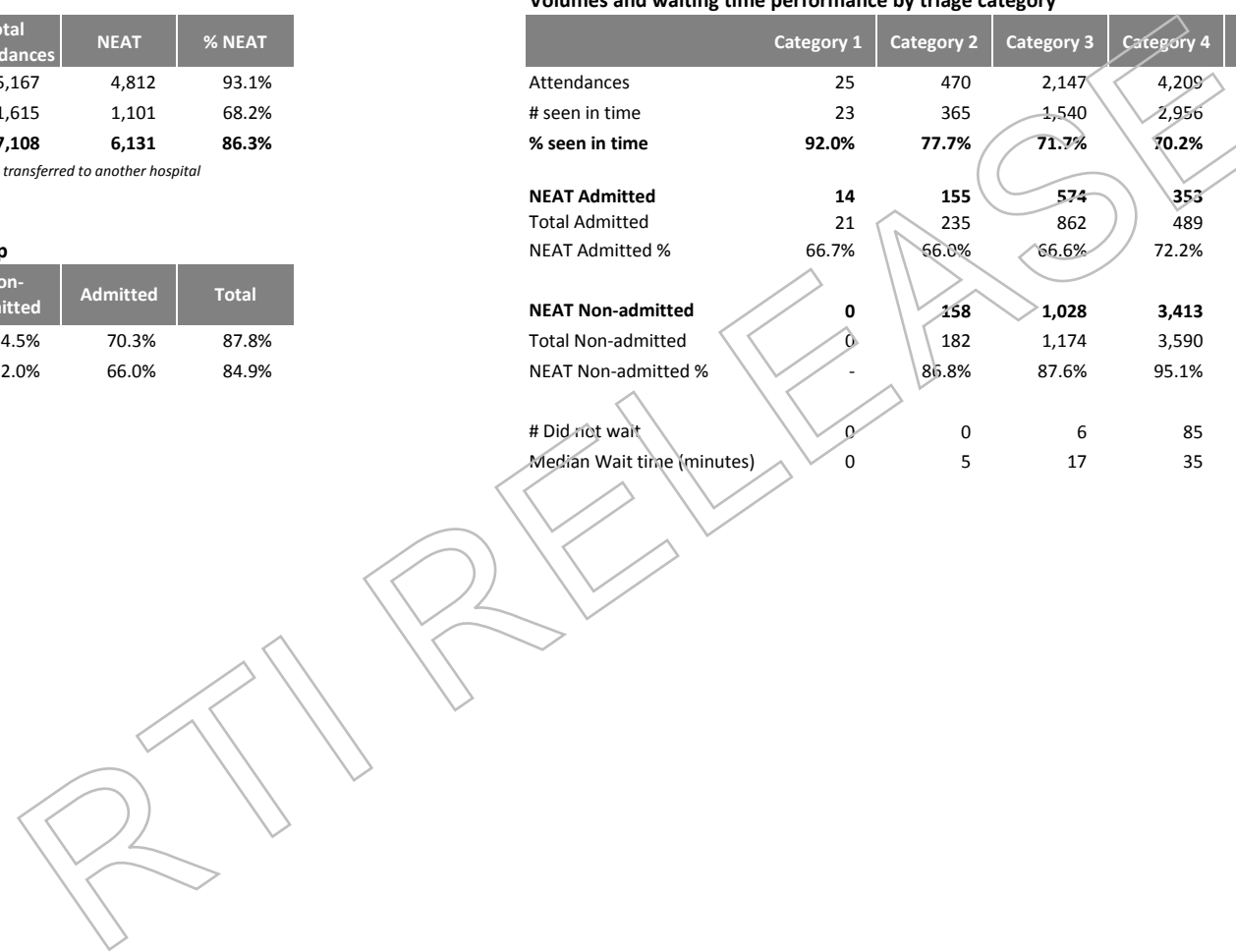
* Does not include dead on arrival, died in ED, did not wait and transferred to another hospital

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%
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 (minutes)	0	5	17	35	26	24



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

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

Weighted Activity Units - QWAU	2013-14		2013-14 YTD		YTD Variance to Target		Inter-HHS Flow %		Full Year Forecast	
	Purchased *	DSS Target	Actual	Actual	% change	Resident	Non-resident	Actual	% variance to purchased	
Overall Activity										
Inpatient	63,236	0	15,526	15,526	-	-	-	-	-	-
Interventions and Procedures	3,094	0	907	907	-	-	-	-	-	-
Emergency Department	10,374	0	2,484	2,484	-	-	-	-	-	-
Mental Health	2,009	0	382	382	-	-	-	-	-	-
Outpatient	14,639	0	3,920	3,920	-	-	-	-	-	-
SNAP	993	0	210	210	-	-	-	-	-	-
Total	94,345	-	23,430	-	-	-	-	-	-	-

Inpatient										
Breast Surgery	833	0	235	235	-	-	-	-	-	-
Cardiac Surgery	1,917	0	312	312	-	-	-	-	-	-
Cardiology	1,306	0	330	330	-	-	-	-	-	-
Colorectal Surgery	1,424	0	248	248	-	-	-	-	-	-
Dental Surgery	373	0	36	36	-	-	-	-	-	-
Dentistry	-	0	86	86	-	-	-	-	-	-
Dermatology	218	0	61	61	-	-	-	-	-	-
Drug & Alcohol	288	0	66	66	-	-	-	-	-	-
Ear, Nose & Throat	2,173	0	531	531	-	-	-	-	-	-
Endocrinology	900	0	224	224	-	-	-	-	-	-
Extensive Burns	9	0	2	2	-	-	-	-	-	-
Gastroenterology	665	0	190	190	-	-	-	-	-	-
Gynaecology	2,266	0	571	571	-	-	-	-	-	-
Haematological Surgery	0	0	44	44	-	-	-	-	-	-
Haematology	713	0	141	141	-	-	-	-	-	-
Head & Neck Surgery	338	0	75	75	-	-	-	-	-	-
Immunology & Infections	1,290	0	392	392	-	-	-	-	-	-
Medical Oncology	806	0	119	119	-	-	-	-	-	-
Neurology	1,564	0	461	461	-	-	-	-	-	-
Neurosurgery	890	0	403	403	-	-	-	-	-	-
Non Subspecialty Medicine	2,143	0	298	298	-	-	-	-	-	-
Non Subspecialty Surgery	3,936	0	921	921	-	-	-	-	-	-
Obstetrics	9,824	0	2,288	2,288	-	-	-	-	-	-
Ophthalmology	1,077	0	218	218	-	-	-	-	-	-
Orthopaedics	5,608	0	1,388	1,388	-	-	-	-	-	-
Plastic & Reconstructive Surgery	1,735	0	341	341	-	-	-	-	-	-
Qualified Neonate	8,491	0	2,077	2,077	-	-	-	-	-	-
Renal Medicine	388	0	147	147	-	-	-	-	-	-
Respiratory Medicine	4,263	0	1,349	1,349	-	-	-	-	-	-
Rheumatology	276	0	75	75	-	-	-	-	-	-
Thoracic Surgery	0	0	186	186	-	-	-	-	-	-
Tracheostomy	3,653	0	707	707	-	-	-	-	-	-
Transplantation	130	0	17	17	-	-	-	-	-	-
Upper GIT Surgery	850	0	277	277	-	-	-	-	-	-
Urology	2,165	0	548	548	-	-	-	-	-	-
Vascular Surgery	729	0	161	161	-	-	-	-	-	-
Inpatient Sub-Total	63,236	0	15,526	15,526	-	-	-	-	-	-

Interventions and Procedures										
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	-	-	-	-	-	-	-	-	-
Interventions and Procedures Sub-Total	3,094	0	907	907	-	-	-	-	-	-

Weighted Activity Units - QWAU	2013-14		2013-14 YTD		YTD Variance to Target		Inter-HHS Flow %		Full Year Forecast	
	Purchased *	DSS Target	Actual	Actual	% change	Resident	Non-resident	Actual	% variance to purchased	
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	2,484	-	-	-	-	-	-

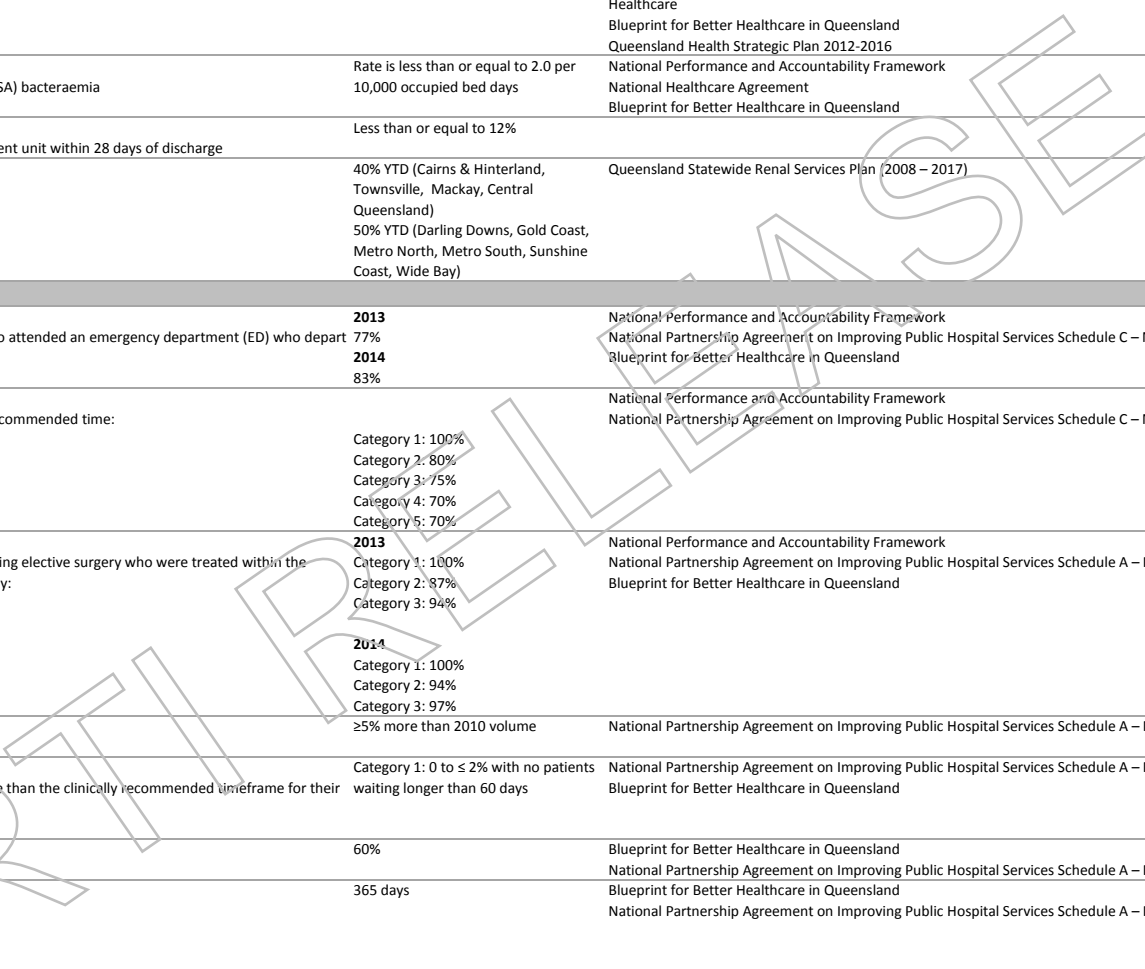
Mental Health										
Psychiatry - Acute	2,009	0	382	382	-	-	-	-	-	-
MH	0	0	-	-	-	-	-	-	-	-
Mental Health Sub-Total	2,009	0	382	382	-	-	-	-	-	-

Outpatient										
Allied Health	2,134	0	649	649	-	-	-	-	-	-
Burns	0	-	-	-	-	-	-	-	-	-
Clinical Measurement	376	0	130	130	-	-	-	-	-	-
Ear, Nose and throat (ENT)	355	0	84	84	-	-	-	-	-	-
Gastroenterology	665	0	163	163	-	-	-	-	-	-
Genetics	0	-	-	-	-	-	-	-	-	-
Gynaecology	3,646	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	-	-	-	-	-	-
Paediatric	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	-	-	-	-	-	-
REHAB	451	0	85	85	-	-	-	-	-	-
SNAP Sub-Total	993	0	210	210	-	-	-	-	-	-

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

KPI No.	Level	Key Performance Indicator (KPI)	Target	Strategic Link	Reporting Frequency
EFFECTIVENESS – 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 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
2.2	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) 50% YTD (Darling Downs, Gold Coast, Metro North, Metro South, Sunshine Coast, Wide Bay)	Queensland Statewide Renal Services Plan (2008 – 2017)	Monthly
EQUITY AND EFFECTIVENESS - 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	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 - 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	Monthly



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

KPI No.	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: - 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	Monthly
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	Monthly
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
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	Quarterly
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 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	Quarterly
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	Annual
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 Progress towards duration of ambulatory mental health service contacts annual target	100%		Monthly
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 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
EFFICIENCY – EFFICIENCY AND FINANCIAL PERFORMANCE					
1.6	Tier 1	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
1.7	Tier 1	Purchased activity monitoring Variance between YTD purchased activity and actual activity	Metro North: 0% to +/-1% Metro South: 0% to +/-1% All other HHSs: 0% to +/-2%		Monthly
2.2	Tier 2	Average QWAU cost Average cost per Queensland weighted activity unit (QWAU)	At or below the Queensland ABF price	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
EFFECTIVENESS – 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	Annual

Mater Health Service

Report on Hospital & Health Service Performance

November 2013

RTI RELEASE

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

RTI RELEASE

PERFORMANCE DOMAIN - KEY PERFORMANCE INDICATORS - SUMMARY PERFORMANCE

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

TIER1	TARGET	DATA AS AT	YTD Result / Latest Result
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EFFECTIVENESS – SAFETY AND QUALITY

1.1	NSQHS Standards Compliance	green	September	not yet reported
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EFFICIENCY – EFFICIENCY AND FINANCIAL PERFORMANCE

\$ Surplus / - Deficit

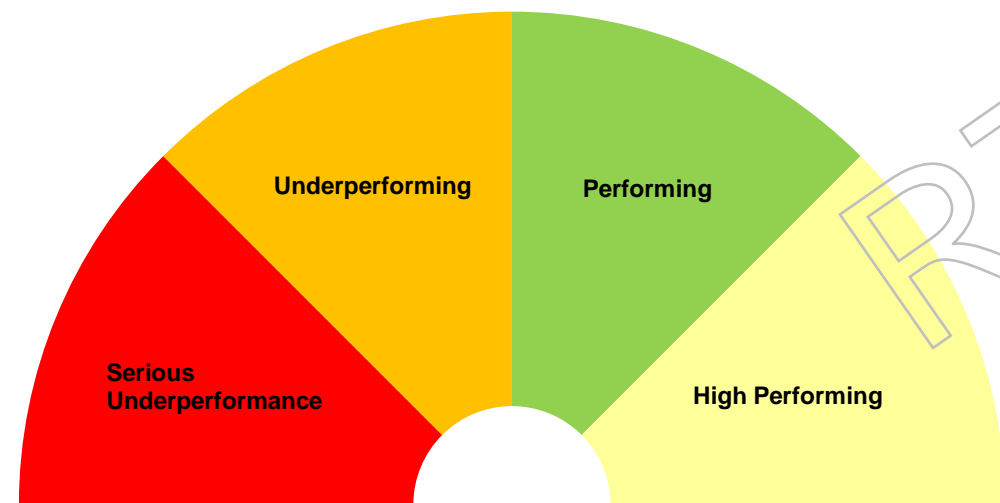
1.6	Full-year Forecast Operating Position	n/a	n/a
1.7	Purchased activity variance	+/-	October
		2%	

EQUITY AND EFFECTIVENESS - ACCESS

1.2	Shorter stays in emergency departments *	77%	November	81.8%	↑
1.3	Shorter waits for elective surgery *		November		
	Category 1: within 30 days	100%		99.7%	□
	Category 2: within 90 days	87%		95.2%	↑
	Category 3: within 365 days	94%		98.1%	□
1.4	Maintain surgical activity * Full year target = 10,512	9,636	November	10,022	
1.5	Fewer long waiting patients - Category 1		November		
	# waiting > 60 days	0			
	# waiting > 30 & <= 60 days	0			
	% waiting > 30 days	2%		0.0%	

* denotes calendar year result

Performance Management Framework: Performance category rating - not applicable



TIER 2	TARGET	DATA AS AT	YTD Result / Latest Result
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EFFECTIVENESS – SAFETY AND QUALITY

2.1	Healthcare-associated Infections	2	-	not yet reported
2.2	28 day mental health readmission rate	12%	September	2.5% ↑
2.3	Home based renal dialysis	50%	October	99.7%

EFFICIENCY – EFFICIENCY AND FINANCIAL PERFORMANCE

\$ Surplus / - Deficit

2.18	Year to Date Operating Position	n/a	n/a
2.19	External labour as % of 2011-12 expenditure	n/a	n/a
2.20	*Average QWAW 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

EQUITY AND EFFECTIVENESS - ACCESS

2.4	Shorter waits for emergency departments		November		
	Category 1: within 2 minutes	100%		98.6%	↑
	Category 2: within 10 minutes	80%		79.2%	↓
	Category 3: within 30 minutes	75%		68.4%	↑
	Category 4: within 60 minutes	70%		64.7%	↑
	Category 5: within 120 minutes	70%		87.5%	↑
2.5	Treating elective surgery patients in turn	n/a	n/a		
2.6	Shorter maximum wait for elective surgery (days)	n/a	n/a		
	Cardiothoracic				
	ENT				
	General				
	Gynaecology				
	Ophthalmology				
	Orthopaedics				
	Neurosurgery				
	Plastic & Reconstructive				
	Urology				
	Vascular				
2.7	Fewer long waiting patients	2%	November		
	Category 2: % waiting > 90 days			4.6%	↓
	Category 3: % waiting > 365 days			3.7%	↑
2.8	Shorter waits for specialist outpatient clinics		n/a		
	Category 1: % within 30 days	n/a			
	Category 2: % within 90 days	n/a			
	Category 3: % within 365 days	n/a			
2.9	Postnatal in-home visiting	n/a	n/a		
2.10	Aboriginal and Torres Strait Islander PPH	17.7%	September		
2.11	Potentially Preventable Hospitalisations Chronic conditions	5%	September		
2.12	Aboriginal and Torres Strait Islander DAMA	n/a	n/a	n/a	
2.13	Aboriginal and Torres Strait Islander Low birthweight babies	n/a	n/a		
2.14	Rate of post discharge community contact - Mental Health	60%	October	52.4%	
2.15	Ambulatory mental health activity	95%	October	78.1%	
2.16	BreastScreen Queensland Screening Activity	n/a	n/a		
2.17	Dental waiting lists	0%	November		

EFFECTIVENESS – PATIENT EXPERIENCE

2.23	Emergency Department patient experience	n/a	n/a
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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

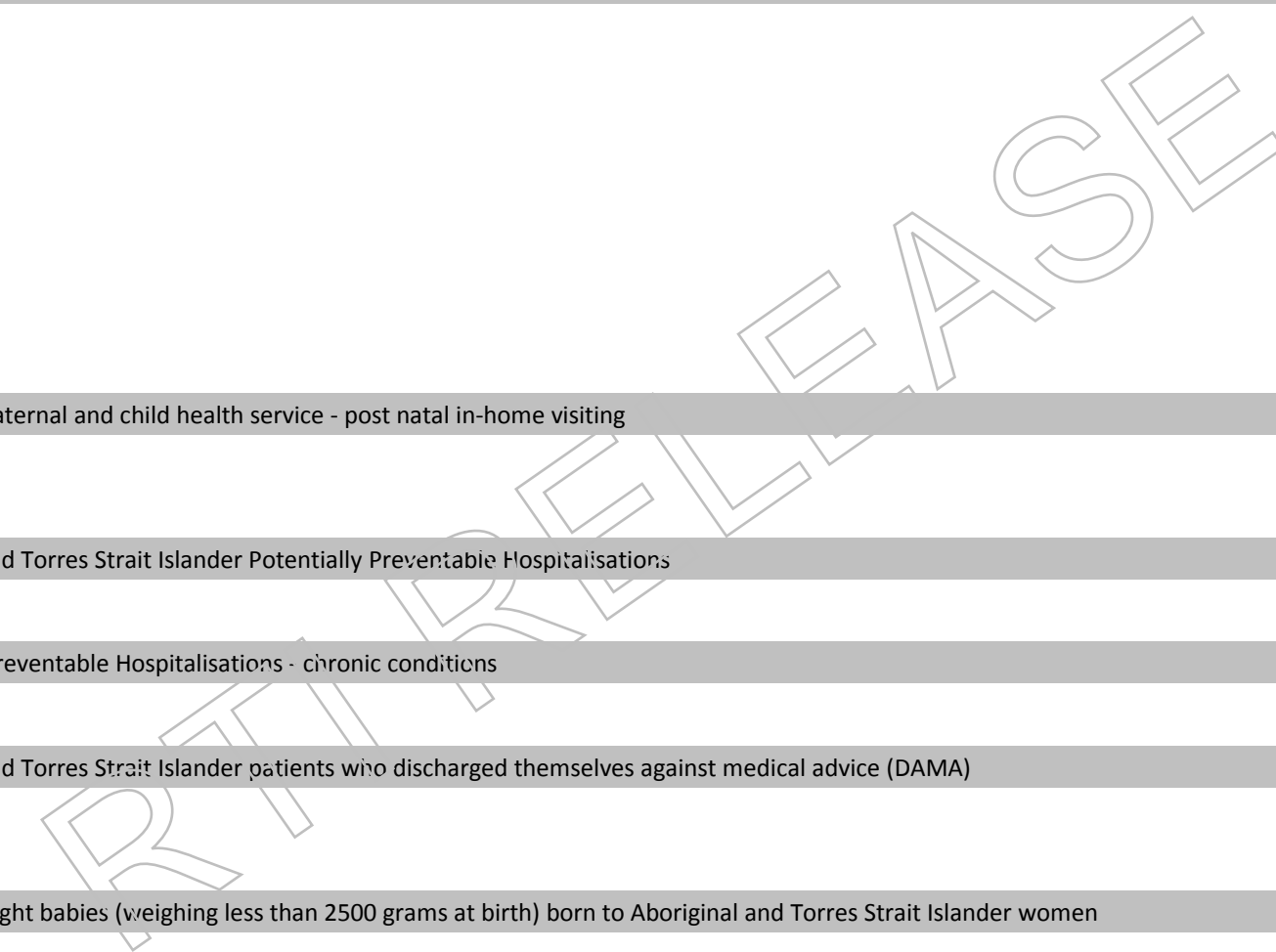
Data source: Decision Support System (DSS) 16 December 2013

		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																
1.1	National Safety and Quality Health Service Standards Compliance		NSQHS Standards Compliance													
	Result	-	-													green
2.1	Healthcare-associated Infections		Healthcare associated staphylococcus aureus (Including MRSA) bacteraemia													
	Result	-														2
2.2	28 day mental health readmission rate		Proportion of readmissions to an acute mental health inpatient unit within 28 days of discharge													
	Result	● 2.5%	0.0% ●	5.3% ●	0.0% ●										12%	
2.3	Home based renal dialysis		Home based renal 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 Emergency Access Target (NEAT)													
	Result	● 81.8%	79.7% ●	83.4% ●	83.5% ●	86.4% ●	88.4% ●								77%	
1.3	Shorter waits for elective surgery *		National Elective Surgery Target (NEST)													
	Category 1: within 30 days	◆ 99.7%	100.0% ●	100.0% ●	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 volume													
	YTD Result	● 10,022	977 ●	931 ●	915 ●	1,034 ●	978 ●									
	YTD 2010 Volume	9,177	834	834	834	834	834									
1.5	Fewer long waiting patients - Category 1		Number of category 1 elective surgery patients waiting more than the clinically recommended timeframe for 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% ●								2%	
2.4	Shorter waits for emergency departments		Emergency Department patients seen within the clinically recommended time													
	Category 1: within 2 minutes	◆ 98.6%	100.0% ●	100.0% ●	100.0% ●	92.0% ◆	100.0% ●								100%	
	Category 2: within 10 minutes	◆ 79.2%	85.4% ●	78.1% ◆	75.6% ◆	77.7% ◆	78.2% ◆								80%	
	Category 3: within 30 minutes	◆ 68.4%	64.7% ■	65.2% ◆	66.3% ◆	71.7% ◆	74.9% ◆								75%	
	Category 4: within 60 minutes	◆ 64.7%	60.9% ◆	58.2% ■	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 elective surgery patients 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	-	-	-	-	-								n/a	
	Orthopaedics	n/a	-	-	-	-	-								n/a	
	Neurosurgery	n/a	-	-	-	-	-								n/a	
	Plastic & Reconstructive	n/a	-	-	-	-	-								n/a	

KEY PERFORMANCE INDICATORS

Data source: Decision Support System (DSS) 16 December 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 category 2 and 3 elective surgery patients waiting more than the clinically recommended timeframe for their category												
	Category 2: # waiting > 90 days	29	55	41	38	29	29								
	Category 2: % waiting > 90 days	4.6%	6.5%	5.3%	4.9%	4.4%	4.6%								2%
	Category 3: # waiting > 365 days	57	82	88	85	73	57								
	Category 3: % waiting > 365 days	3.7%	4.7%	5.2%	5.3%	4.6%	3.7%								2%
2.8	Shorter waits for specialist outpatient clinics		Specialist outpatients waiting within the clinically recommended time												
	Category 1: % within 30 days	n/a													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 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												
	Result	-													18%
2.11	Potentially Preventable Hospitalisations Chronic conditions		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) born to Aboriginal and Torres Strait Islander women												
	Result	n/a													n/a
2.14	Rate of post discharge community contact - Mental Health		Rate of community follow up within 1 to 7 days following discharge from an acute mental health inpatient unit												
	Result	52.4%	57.1%	52.9%	48.0%	0.0%									60%
2.15	Ambulatory mental health activity		Progress towards duration of ambulatory mental health service contacts annual target												
	Result	78.1%	88.2%	79.8%	70.0%	74.2%									95%
2.16	BreastScreen Queensland Screening Activity		Proportion of the annual screening target achieved												
	Result	n/a													
	YTD Target	n/a													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: Decision Support System (DSS) 16 December 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 PERFORMANCE																
1.6	Full-year Forecast Operating Position	\$ Surplus / - Deficit	Full-year Forecast Operating Position \$ M													
	Result	n/a														n/a
1.7	Purchased activity		YTD purchased activity (DSS loaded targets) and actual activity													
	Total	31,578	7,949	7,907	7,582	8,140										
	Target	0	0	0	0	0										0
	Inpatient	20,882	5,327	5,180	5,026	5,349										
	Target	0	0	0	0	0										0
	Outpatient	5,337	1,334	1,315	1,271	1,417										
	Target	0	0	0	0	0										0
	Interventions and Procedures	1,255	258	365	284	349										
	Target	0	0	0	0	0										0
	Emergency Department	3,275	817	855	812	791										
	Target	0	0	0	0	0										0
	Subacute	317	88	74	49	106										
	Target	0	0	0	0	0										0
	Mental Health	510	125	118	139	128										
	Target	0	0	0	0	0										0
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
	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

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
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SUPPORTING INDICATORS

POST	Patient Off Stretcher Time												
Result	91.5%	89.7%	90.7%	91.7%	94.0%								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	n/a	n/a	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	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	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	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	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	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	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	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	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	n/a	n/a
Cochlear Implants - Adults													
Result	40	17	4	4	9	6							
Trajectory	7	-	-	-	-	7	3	TBA	TBA	TBA	TBA	TBA	71
Cochlear Implants - Children	5	2	2	1	0	0							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													

RTI RELEASE

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

RTI RELEASED

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

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

Weighted Activity Units - QWAU	2013-14		2013-14 YTD		YTD Variance to Target		Inter-HHS Flow %		Full Year Forecast	
	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	-	-	-	-	-	-	-

Inpatient										
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	-	-	-	-	-	-
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	-	-	-	-	-	-

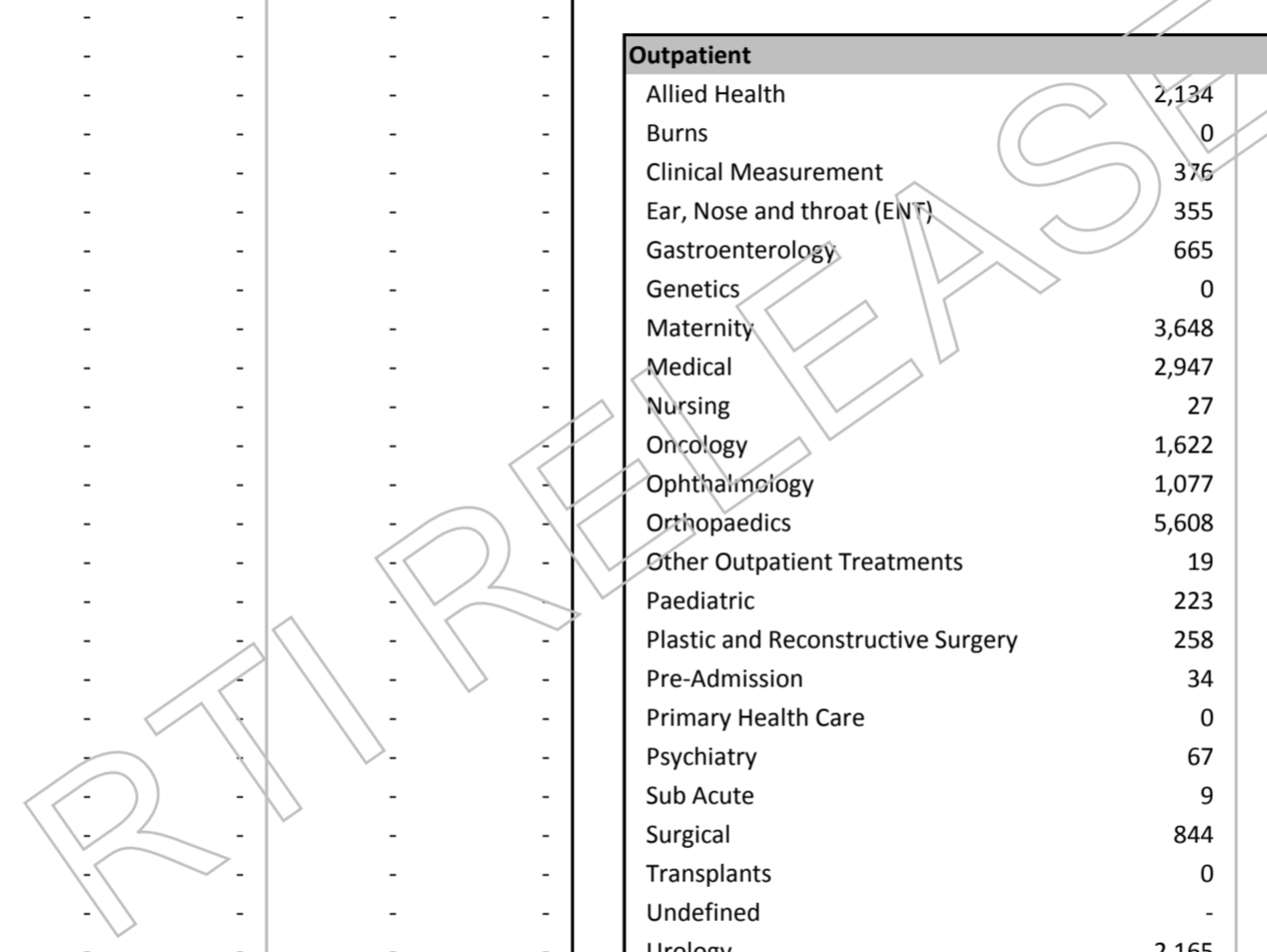
Interventions and Procedures										
Chemotherapy	1,454	0	686	686	-	-	-	-	-	-
Dialysis	113	0	44	44	-	-	-	-	-	-
Endoscopy	919	0	415	415	-	-	-	-	-	-
Interventional Cardiology	609	0	111	111	-	-	-	-	-	-
Radiation Oncology	0	-	-	-	-	-	-	-	-	-
Interventions and Procedures Sub-Total	3,094	0	1,255	1,255	-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

Weighted Activity Units - QWAU	2013-14		2013-14 YTD		YTD Variance to Target		Inter-HHS Flow %		Full Year Forecast	
	Purchased *	DSS Target	Actual	Actual	% change	Resident	Non-resident	Actual	% variance to purchased	
Emergency 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	-	-	-	-	-	-
Emergency Department Sub-Total	10,374	0	3,275	3,275	-	-	-	-	-	-

Mental Health										
Psychiatry - Acute	2,009	0	510	510	-	-	-	-	-	-
MH	0	-	-	-	-	-	-	-	-	-
Mental 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	34	0	79	79	-	-	-	-	-	-
Primary Health Care	0	-	-	-	-	-	-	-	-	-
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	-	-	-	-	-	-
Outpatient Sub-Total	14,639	0	5,337	5,337	-	-	-	-	-	-

SNAP										
GEM	0	0	15	15	-	-	-	-	-	-
MAINT	182	0	75	75	-	-	-	-	-	-
PALLIATIVE	360	0	70	70	-	-	-	-	-	-
REHAB	451	0	157	157	-	-	-	-	-	-
SNAP Sub-Total	993	0	317	317	-	-	-	-	-	-



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

KPI No.	Level	Key Performance Indicator (KPI)	Target	Strategic Link	Reporting Frequency
EFFECTIVENESS – 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 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
2.2	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) 50% YTD (Darling Downs, Gold Coast, Metro North, Metro South, Sunshine Coast, Wide Bay)	Queensland Statewide Renal Services Plan (2008 – 2017)	Monthly
EQUITY AND EFFECTIVENESS - 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	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 · 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	Monthly

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

KPI No.	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: · 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	Monthly
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	Monthly
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
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 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	Quarterly
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	Annual
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 Progress towards duration of ambulatory mental health service contacts annual target	100%		
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 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
EFFICIENCY – EFFICIENCY AND FINANCIAL PERFORMANCE					
1.6	Tier 1	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
1.7	Tier 1	Purchased activity monitoring Variance between YTD purchased activity and actual activity	Metro North: 0% to +/-1% Metro South: 0% to +/-1% All other HHSs: 0% to +/-2%		Monthly
2.2	Tier 2	Average QWAU cost Average cost per Queensland weighted activity unit (QWAU)	At or below the Queensland ABF price	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
EFFECTIVENESS – 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	Annual

Mater Health Service

Report on Hospital & Health Service Performance

December 2013

RTI RELEASE

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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

RTI RELEASE

PERFORMANCE DOMAIN - KEY PERFORMANCE INDICATORS - SUMMARY PERFORMANCE

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

TIER1	TARGET	DATA AS AT	YTD Result / Latest Result
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EFFECTIVENESS – SAFETY AND QUALITY

1.1	NSQHS Standards Compliance	green	December	not yet reported
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EFFICIENCY – EFFICIENCY AND FINANCIAL PERFORMANCE

\$ Surplus / - Deficit

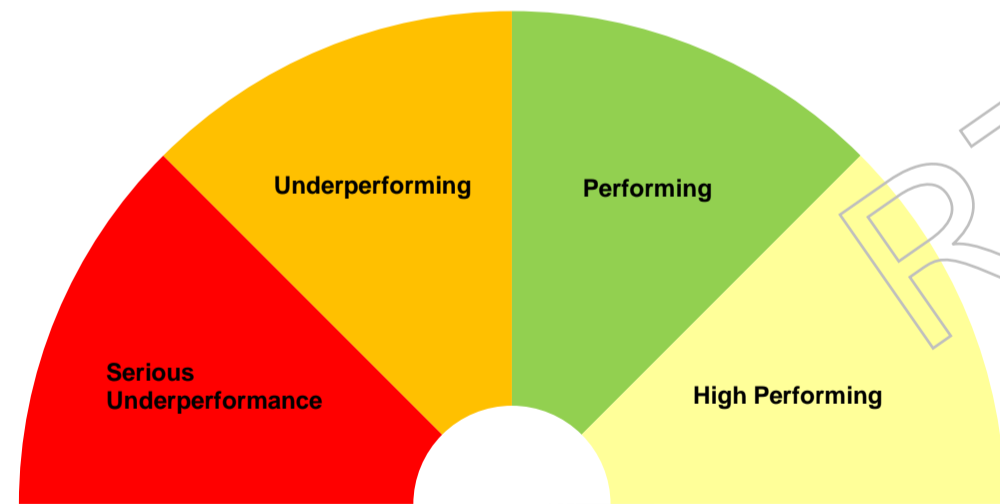
1.6	Full-year Forecast Operating Position	n/a	n/a	
1.7	Purchased activity variance	+/-	November	1,293
		2%		3.4%

EQUITY AND EFFECTIVENESS - ACCESS

1.2	Shorter stays in emergency departments *	77%	December	82.4%	↑
1.3	Shorter waits for elective surgery *		December		
	Category 1: within 30 days	100%		99.8%	↑
	Category 2: within 90 days	87%		95.3%	↑
	Category 3: within 365 days	94%		98.2%	↑
1.4	Maintain surgical activity * Full year target = 10,512	10,512	December	10,773	↑
1.5	Fewer long waiting patients - Category 1		December		
	# waiting > 60 days	0			
	# waiting > 30 & <= 60 days	0			
	% waiting > 30 days	2%		0.0%	

* denotes calendar year result

Performance Management Framework: Performance category rating - not applicable



TIER 2	TARGET	DATA AS AT	YTD Result / Latest Result
--------	--------	------------	----------------------------

EFFECTIVENESS – SAFETY AND QUALITY

2.1	Healthcare-associated Infections	2	-	not yet reported
2.2	28 day mental health readmission rate	12%	October	12.9% ↑
2.3	Home based renal dialysis	50%	November	99.8%

EFFICIENCY – EFFICIENCY AND FINANCIAL PERFORMANCE

\$ Surplus / - Deficit

2.18	Year to Date Operating Position	n/a	n/a	
2.19	External labour - 20% decrease of 2011-12 YTD expenditure	n/a	n/a	
2.20	*Average QWAW 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	

EQUITY AND EFFECTIVENESS - ACCESS

2.4	Shorter waits for emergency departments		December		
	Category 1: within 2 minutes	100%		98.9%	↑
	Category 2: within 10 minutes	80%		79.1%	↓
	Category 3: within 30 minutes	75%		70.4%	↑
	Category 4: within 60 minutes	70%		67.5%	↑
	Category 5: within 120 minutes	70%		88.9%	↑

2.5	Treating elective surgery patients in turn	n/a	n/a	
2.6	Shorter maximum wait for elective surgery (days)	n/a	n/a	

- Cardiothoracic
- ENT
- General
- Gynaecology
- Ophthalmology
- Orthopaedics
- Neurosurgery
- Plastic & Reconstructive
- Urology
- Vascular

2.7	Fewer long waiting patients	2%	December		
	Category 2: % waiting > 90 days			3.7%	↑
	Category 3: % waiting > 365 days			2.6%	↑

2.8	Shorter waits for specialist outpatient clinics		n/a		
	Category 1: % within 30 days	n/a			
	Category 2: % within 90 days	n/a			
	Category 3: % within 365 days	n/a			

2.9	Postnatal in-home visiting	n/a	n/a	
2.10	Aboriginal and Torres Strait Islander PPH	17.7%	September	not yet reported
2.11	Potentially Preventable Hospitalisations Chronic conditions	5%	December	not yet reported
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	
2.14	Rate of post discharge community contact - Mental Health	60%	November	53.2%
2.15	Ambulatory mental health activity	95%	November	80.9%
2.16	BreastScreen Queensland Screening Activity	n/a	n/a	
2.17	Dental waiting lists	0%	December	not yet reported

EFFECTIVENESS – PATIENT EXPERIENCE

2.23	Emergency Department patient experience	n/a	n/a	
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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

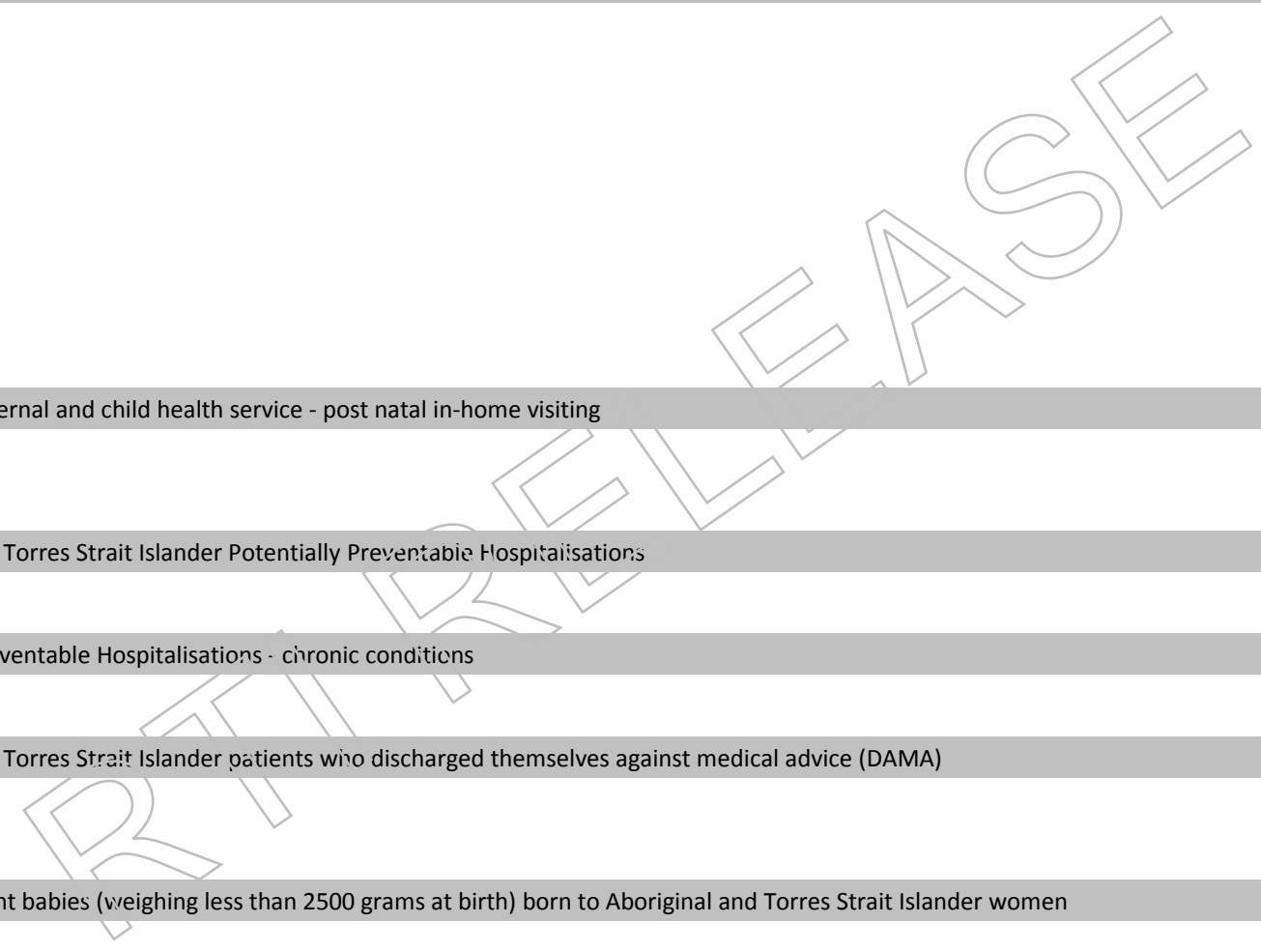
Data source: Decision Support System (DSS) 15 January 2014

		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															
1.1	National Safety and Quality Health Service Standards Compliance	NSQHS Standards Compliance													
	Result	-													green
2.1	Healthcare-associated Infections	Healthcare associated staphylococcus aureus (Including MRSA) bacteraemia													
	Result	-													2
2.2	28 day mental health readmission rate	Proportion of readmissions to an acute mental health inpatient unit within 28 days of discharge													
	Result	12.9%	0.0%	5.9%	34.6%	4.8%									12%
2.3	Home based renal dialysis	Home based renal dialysis													
	Result	99.8%	0.0%	98.9%	0.0%	0.0%	0.0%								50%
EQUITY AND EFFECTIVENESS - ACCESS * denotes calendar year result															
1.2	Shorter stays in emergency departments *	National Emergency Access Target (NEAT)													
	Result	82.4%	79.7%	83.4%	83.5%	86.4%	88.4%	89.3%							77%
1.3	Shorter waits for elective surgery *	National Elective Surgery Target (NEST)													
	Category 1: within 30 days	99.8%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%							100%
	Category 2: within 90 days	95.3%	96.7%	90.9%	91.4%	89.6%	97.1%	96.9%							87%
	Category 3: within 365 days	98.2%	98.3%	99.4%	92.7%	93.8%	98.1%	98.9%							94%
1.4	Maintain surgical activity *	Elective surgery volume													
	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 category 1 elective surgery patients waiting more than the clinically recommended timeframe for 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	Emergency Department patients seen within the clinically recommended time													
	Category 1: within 2 minutes	98.9%	100.0%	100.0%	100.0%	92.0%	100.0%	100.0%							100%
	Category 2: within 10 minutes	79.1%	85.4%	78.1%	75.6%	77.7%	78.2%	78.4%							80%
	Category 3: within 30 minutes	70.4%	64.7%	65.2%	66.3%	71.7%	74.9%	82.4%							75%
	Category 4: within 60 minutes	67.5%	60.9%	58.2%	61.4%	70.2%	73.0%	82.3%							70%
	Category 5: within 120 minutes	88.9%	78.9%	85.2%	88.3%	89.9%	94.8%	95.4%							70%
2.5	Treating elective surgery patients in turn	Percentage of elective surgery patients 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	-	-	-	-	-	-							n/a
	Orthopaedics	n/a	-	-	-	-	-	-							n/a
	Neurosurgery	n/a	-	-	-	-	-	-							n/a
	Plastic & Reconstructive	n/a	-	-	-	-	-	-							n/a

KEY PERFORMANCE INDICATORS

Data source: 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
Urology	n/a	-	-	-	-	-	-							n/a
Vascular	n/a	-	-	-	-	-	-							n/a
2.7 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	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 outpatients waiting within the clinically recommended time												
Category 1: % within 30 days	n/a													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 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												
Result	-													18%
2.11 Potentially Preventable Hospitalisations Chronic conditions		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) born to Aboriginal and Torres Strait Islander women												
Result	n/a													n/a
2.14 Rate of post discharge community contact - Mental Health		Rate of community follow up within 1 to 7 days following discharge from an acute mental health inpatient unit												
Result	53.2%	57.1%	52.9%	50.0%	0.0%	0.0%								60%
2.15 Ambulatory mental health activity		Progress towards duration of ambulatory mental health service contacts annual target												
Result	80.9%	88.5%	82.6%	72.3%	79.2%	81.9%								95%
2.16 BreastScreen Queensland Screening Activity		Proportion of the annual screening target achieved												
Result	n/a													
YTD Target	n/a													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: 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	
EFFICIENCY – EFFICIENCY AND FINANCIAL PERFORMANCE																
1.6	Full-year Forecast Operating Position	\$ Surplus / - Deficit	Full-year Forecast Operating Position \$ M													
	Result	n/a													n/a	
1.7	Purchased activity		YTD purchased activity (DSS loaded targets) and actual activity													
	Total	■ 39,364	8,087 ■	7,874 ■	7,642 ●	8,196 ■	7,565 ●									
	Target	38,071	7,614	7,614	7,614	7,614	7,614	7,614								91,370
	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	5,093								61,114
	Outpatient	■ 6,752	1,360 ■	1,319 ■	1,280 ■	1,410 ■	1,382 ■									
	Target	6,039	1,208	1,208	1,208	1,208	1,208	1,208								14,493
	Interventions and Procedures	■ 1,781	370 ■	328 ■	325 ■	393 ■	366 ■									
	Target	1,717	343	343	343	343	343	343								4,121
	Emergency Department	■ 4,049	817 ■	855 ■	812 ■	791 ■	774 ●									
	Target	3,840	768	768	768	768	768	768								9,217
	Subacute	● 387	88 ■	74 ■	49 ■	127 ■	49 ■									
	Target	393	79	79	79	79	79	79								944
	Mental Health	◆ 634	125 ●	118 ■	139 ■	128 ■	123 ●									
	Target	617	123	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													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) 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
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SUPPORTING INDICATORS

POST	Patient Off Stretcher Time												Target	
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	n/a	n/a	n/a	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	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	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	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	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	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	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	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	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	n/a	n/a	n/a
Cochlear Implants - Adults														
Result	43	9	7	5	9	9	4							
Trajectory	10	-	-	-	-	7	3	TBA	TBA	TBA	TBA	TBA	TBA	71
Cochlear Implants - Children	7	2	2	1	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													

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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

	Category 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	577	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

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

November 2013

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

Weighted Activity Units - QWAW	2013-14		2013-14 YTD		YTD Variance to Target		Inter-HHS Flow %		Full Year Forecast		
	Purchased *	DSS Target	DSS Target	Actual	Actual	% change	Resident	Non-resident	Actual	Variance to purchased (WAW)	% variance to purchased
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											
Breast Surgery	762	762	317	367	49	15.5%	-	-	880	118	15.5%
Cardiac Surgery	1,455	1,455	606	568	-39	-6.4%	-	-	1,362	-92	-6.4%
Cardiology	1,179	1,179	491	533	41	8.4%	-	-	1,278	99	8.4%
Colorectal Surgery	1,210	1,210	504	427	-77	-15.3%	-	-	1,025	-185	-15.3%
Dental Surgery	440	440	183	54	-130	-70.7%	-	-	129	-312	-70.7%
Dentistry	0	0	0	147	147	-	-	-	147	147	-
Dermatology	207	207	86	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	-102	-2.0%
Rheumatology	281	281	117	140	22	19.2%	-	-	335	54	19.2%
Thoracic Surgery	735	735	306	342	35	11.6%	-	-	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%
Radiation Oncology	0	0	0	4	4	-	-	-	4	-	-
Interventions and Procedures Sub-Total	4,121	4,121	1,717	1,781	64	3.7%	-	-	4,268	147	3.6%

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

Weighted Activity Units - QWAW	2013-14		2013-14 YTD		YTD Variance to Target		Inter-HHS Flow %		Full Year Forecast		
	Purchased *	DSS Target	DSS Target	Actual	Actual	% change	Resident	Non-resident	Actual	Variance to purchased (WAW)	% variance to purchased
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%

SNAP											
GEM	0	0	0	22	22	-	-	-	22	-	-
MAINT	173	173	72	82	10	13.5%	-	-	197	23	13.5%
PALLIATIVE	264	264	110	108	-2	-1.7%	-	-	260	-4	-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- 2015/16 SERVICE AGREEMENT - KEY PERFORMANCE INDICATORS

KPI No.	Level	Key Performance Indicator (KPI)	Target	Strategic Link	Reporting Frequency
EFFECTIVENESS – 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 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
2.2	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) 50% YTD (Darling Downs, Gold Coast, Metro North, Metro South, Sunshine Coast, Wide Bay)	Queensland Statewide Renal Services Plan (2008 – 2017)	Monthly
EQUITY AND EFFECTIVENESS - 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	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 · 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	Monthly

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

KPI No.	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: · 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	Monthly
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	Monthly
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
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 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	Quarterly
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	Annual
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 Progress towards duration of ambulatory mental health service contacts annual target	100%		
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 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
EFFICIENCY – EFFICIENCY AND FINANCIAL PERFORMANCE					
1.6	Tier 1	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
1.7	Tier 1	Purchased activity monitoring Variance between YTD purchased activity and actual activity	Metro North: 0% to +/-1% Metro South: 0% to +/-1% All other HHSs: 0% to +/-2%		Monthly
2.2	Tier 2	Average QWAU cost Average cost per Queensland weighted activity unit (QWAU)	At or below the Queensland ABF price	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
EFFECTIVENESS – 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	Annual

July 2013
Relationship Management Meeting

MATER HEALTH SERVICE

Thursday 11 July 2013
2:30pm – 3:30pm

RTI RELEASES

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RTI RELEASE



Mater Health Service Relationship Management Group Meeting

DATE	11 July 2013		
TIME	2:30pm – 3:30pm		
VENUE	Office of Executive Director Mater 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 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
		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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RTI RELEASE

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	<p>Department of Health (DoH) Nick Steele, Executive Director Healthcare Purchasing, Funding and Performance Management (ED HPFP)</p> <p>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)</p> <p>Apologies Helen Ceron, Senior Director, Service Agreement Framework and Management (SD SAFM)</p> <p>In attendance Chantal Casey and Louise Blatchford, Service Agreement Managers (minutes)</p>

AGENDA ITEM	ACTION	ACTION OFFICER
2. ACTIONS ARISING		
	Refer to action register for update.	
3&4. PERFORMANCE DASHBOARD – April 2013		
	<p>NEAT</p> <ul style="list-style-type: none"> DoH noted that MHS are meeting NEAT target. <p>ACTION: DoH advised MHS of NEAT target to apply from January 2014.</p> <p>NEST</p> <ul style="list-style-type: none"> 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'. <p>ACTION: DoH to advise MHS of required actions for June payment.</p> <p>ACTION: MHS to provide a trajectory to September for the reduction of Category 2 'long waits'.</p> <p>ACTIVITY</p> <ul style="list-style-type: none"> 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 	<p>ED HPFP</p> <p>ED HPFP</p> <p>ED MHS</p>

AGENDA ITEM	ACTION	ACTION OFFICER
	<p>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.</p> <p>ACTION: MHS to advise DoH of number of breast reconstructions performed by 30 June.</p> <p>ACTION: DoH to include 35 breast reconstructions in 2013-14 contract offer.</p> <p>ACTION: MHS to provide DoH with details of Medicare ineligible patients for DoH to compare to other HHS activity.</p> <p>ACTION: MHS to provide DoH with details of outpatients reportedly turned away from other HHSs for DoH to address with HHSs.</p>	<p>ED MHS</p> <p>ED HPFP</p> <p>ED MHS</p> <p>ED MHS</p>
5. OTHER BUSINESS		
	<p>DISASTER RECOVERY PROGRAM</p> <ul style="list-style-type: none"> MHS advised of a potential issue with accruals for the Disaster Recovery Program. <p>ACTION: MHS to provide DOH with a summary of issue for DoH to follow up with Finance Branch and Metro South HHS.</p> <p>2013-14 CONTRACT OFFER</p> <p>ACTION: DoH to seek approval to continue payments to MHS in line with 2012-13 service agreement until 2013-14 service agreement is executed.</p> <p>ACTION: DoH to provide MHS with interim cash flow for July 2013.</p> <p>ACTION: DoH to arrange service agreement negotiation meeting for 9:00am on 28 June 2013</p> <p>ACTION: DoH to advise MHS additional activity to be purchased non-recurrently for Cochlear implants in 2013-14.</p> <p>CANCER CARE CENTRE</p> <ul style="list-style-type: none"> MHS reported that the Cancer Care Centre opened last week. <p>ADMINISTRATOR OF NATIONAL HEALTH FUNDING POOL</p> <p>ACTION: DoH to include discussion of Administrator of National Health Funding Pool on agenda after 28 June 2013.</p>	<p>DBS MHS</p> <p>ED HPFP</p> <p>ED HPFP</p> <p>ED HPFP</p> <p>ED HPFP</p> <p>ED HPFP</p>

Mater Health Service Action 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: SAFM 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	RMG	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 HPFP	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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RTI RELEASE

Mater Health Service Hospital & Health Service

Performance Dashboard

May 2013 Report

Queensland Health



Queensland
Government

DOH-DL 13/14-025

Version 26 June 2013
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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 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 unavailable	

ACCESS		TARGET	Data as at	Data source: Decision Support System (DSS) as at 17 June 2013
** denotes calendar year result				
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	92.7% ↑
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	0	May	0 -
E8.2	Category 2: within 90 days	0	May	64 ↑
E8.3	Category 3: within 365 days	0	May	12 ↓
E9	Activity: variance between Purchased activity and YTD activity:	0% to +/-1%	April	
E9.1	Inpatients			
E9.2	Outpatients			
E9.3	ED			
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 ↓

RTI

TREND IN ESCALATION KPI

Data source: Decision Support System (DSS) as at 17 June 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	-	-	-	-	-	-	-	-	-	-	-	-	0
E2	Hospital acquired 3rd and 4th stage pressure injuries (FY Target is 5% of 2010-11 actuals)	FY Tgt 0 Qtr3 ● 0	-	-	-	-	-	-	-	-	-	-	-	-	0
E3	Healthcare-associated Staphylococcus aureus (including MRSA) bacteraemia - SAB	Target - Result -	Data for June-December 2012 will be made available in May 2013												20%
ACCESS ** denotes calendar year result															
E4	National Emergency Access Target: 4hrs **	Target 77.0% NEAT Result ● 79.7%	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%
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 ◆ 98.1%	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	Category 2: within 10 minutes	Target 80.0% Result ● 82.9%	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%
E5.3	Category 3: within 30 minutes	Target 75.0% Result ◆ 74.5%	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%
E5.4	Category 4: within 60 minutes	Target 70.0% Result ◆ 68.0%	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%
E5.5	Category 5: within 120 minutes	Target 70.0% Result ● 85.1%	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%
E6	Patient Off Stretcher Time: < 30 mins	Target 90.0% POST Result ● 92.7%	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%
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 ◆ 99.4%	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	Category 2: within 90 days	Target 87.0% Result ● 96.9%	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%
E7.3	Category 3: within 365 days	Target 94.0% Result ● 99.6%	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%
E8.1	ES: 'long waits'	Target 0	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	Category 2: within 90 days	Target 0 Result ■ 64	89	104	84	89	118	100	142	77	79	69	64		0
E8.3	Category 3: within 365 days	Target 0 Result ◆ 12	0	0	0	0	0	0	0	0	0	0	12		0
TNT	Treated in turn	Target 60% Result -	60%	60%	60%	60%	60%	60%	60%	60%	60%	60%	60%	60%	60%
E9	Activity (WAU):	Target 0.0	-	-	-	-	-	-	-	-	-	-	-	-	94,069
	Total	Result 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			
E9.1	Inpatients	Target 0.0 Result 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			51,851
E9.2	Outpatients	Target 0.0 Result 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			16,216
E9.3	Emergency Department	Target 0.0 Result 8,785.0	952.2	937.5	836.6	866.1	850.8	849.5	802.7	811.4	965.8	912.4			10,572
E9.4	Mental Health	Target 0.0 Result 1,248.4	96.1	252.8	144.5	108.3	151.8	99.9	67.2	90.4	122.6	114.7			1,588
E9.5	Critical Care	Target 0.0 Result 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			13,036
E9.6	Sub and Non-Acute Patients	Target 0.0 Result 614.7	54.3	87.5	68.7	68.1	42.1	33.4	59.7	52.7	63.3	85.0			805

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%	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%

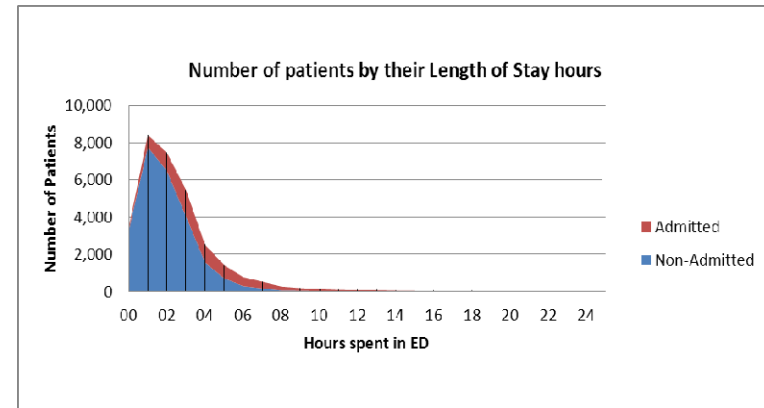
WAITING TIMES - monthly performance

Volume and waiting time performance by triage category

	Category 1	Category 2	Category 3	Category 4	Category 5	All Categories
Attendances	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	4	15	47	36	27

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	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 updated by the HHS at this time

Emergency Services Treated data is now being captured against triage categories

Weighted Activity Units - WAU	2011-12		2012-13		2011-12		2012-13 YTD		YTD Variance to Target		2011-12 to 2012-13		Change
	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%				
Non ABF	-	-	-	-	-	-	-	-	-	-	-	-	
Total Activity	93,122	94,069	76,989		82,018	82,018		5,029	6.5%				

Inpatients	Service Related Group (SRG)											
01 Cardiology	875	910	725	-	748	748	-	23	3.1%			
02 Interventional Cardiology	144	195	118	-	116	116	-	-2	-2.1%			
03 Cardiac Surgery	1,264	1,740	1,012	-	1,278	1,278	-	266	26.3%			
04 Thoracic Surgery	662	-	582	-	539	539	-	-44	-7.5%			
05 Dermatology	220	220	185	-	180	180	-	-5	-2.7%			
06 Endocrinology	978	963	845	-	887	887	-	42	4.9%			
07 Gastroenterology	524	564	438	-	427	427	-	-11	-2.6%			
08 Diagnostic GI Endoscopy	813	903	656	-	689	689	-	33	5.0%			
09 Haematology	647	549	533	-	397	397	-	-136	-25.5%			
10 Haematological Surgery	234	-	172	-	149	149	-	-23	-13.3%			
11 Immunology & Infections	984	1,098	831	-	906	906	-	75	9.0%			
12 Medical Oncology	634	666	540	-	489	489	-	-51	-9.4%			
13 Chemotherapy & Radiotherapy	48	56	33	-	57	57	-	24	71.8%			
14 Neurology	1,540	1,407	1,315	-	1,309	1,309	-	-6	-0.4%			
15 Renal Medicine	365	321	299	-	300	300	-	1	0.3%			
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%			
18 Rheumatology	241	232	196	-	210	210	-	13	6.8%			
19 Non Subspecialty Medicine	1,071	1,882	892	-	924	924	-	32	3.6%			
20 Breast Surgery	793	928	651	-	716	716	-	65	9.9%			
21 Upper GI Surgery	796	753	664	-	696	696	-	32	4.9%			
22 Colorectal Surgery	1,240	1,232	1,051	-	917	917	-	-134	-12.8%			
23 Head & Neck Surgery	319	350	262	-	283	283	-	21	8.1%			
24 Neurosurgery	1,431	778	1,108	-	1,053	1,053	-	-55	-5.0%			
25 Dental Surgery	130	355	104	-	82	82	-	-21	-20.7%			
26 Dentistry	352	-	287	-	300	300	-	13	4.5%			
27 Ear, Nose & Throat	1,833	1,865	1,477	-	1,649	1,649	-	172	11.6%			
28 Orthopaedics	5,041	5,811	4,225	-	4,472	4,472	-	247	5.9%			
29 Ophthalmology	1,000	1,106	817	-	910	910	-	93	11.4%			
30 Plastic & Reconstructive Surgery	1,389	1,696	1,140	-	1,233	1,233	-	93	3.2%			
31 Urology	2,342	2,086	1,899	-	1,800	1,800	-	-99	-5.2%			
32 Vascular Surgery	554	685	455	-	484	484	-	29	6.4%			
33 Non Subspecialty Surgery	3,270	3,508	2,720	-	2,963	2,963	-	243	8.9%			
34 Gynaecology	2,701	2,719	2,208	-	2,513	2,513	-	304	13.8%			
35 Obstetrics	7,708	8,065	6,354	-	6,745	6,745	-	391	6.2%			
36 Qualified Neonate	3,827	3,774	3,143	-	3,362	3,362	-	220	7.0%			
38 Transplantation	103	102	87	-	87	87	-	1	0.7%			
39 Extensive Burns	8	6	2	-	21	21	-	18	749.0%			
40 Tracheostomy	991	1,299	829	-	544	544	-	-285	-34.4%			
41 Drug & Alcohol	122	126	103	-	114	114	-	11	10.2%			
44 Unallocated	-	-	-	-	-	-	-	-	-			
Inpatient Total	51,022	51,851	42,079		43,635	43,635		1,556	3.7%			

Critical Care												
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%			
Neonatal Intensive Care	4,040	4,656	3,442	-	4,018	4,018	-	576	16.7%			
Paediatric Intensive Care	3,295	3,705	2,704	-	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%			

Weighted Activity Units - WAU	2011-12		2012-13		2011-12		2012-13 YTD		YTD Variance to Target		2011-12 to 2012-13		Change
	FY Actual	Purchased	YTD Actual	DSS Target	Actual	%	Actual	%	Actual	%			
Emergency Department													
Cat 1 (Admitted and Discharged)	117	126	93	-	113	113	-	19	20.5%				
Cat 2 (Admitted and Discharged)	1,305	1,375	1,075	-	1,060	1,060	-	-15	-1.4%				
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%				
Cat 5 (Admitted and Discharged)	162	158	136	-	173	173	-	36	26.6%				
Died	3	1	3	-	3	3	-	0	0.0%				
ES Treated	-	-	-	-	-	-	-	-	-				
Emergency Department Total	10,352	10,572	8,562		8,785	8,785		223	2.6%				

Sub and Non-Acute Patients													
GEM	-	-	-	-	-	-	-	-	-	-	-	-	-
MAINT	298	186	224	-	212	212	-	-12	-5.5%				
PALLIATIVE	280	252	211	-	200	200	-	-11	-5.2%				
REHAB	154	366	139	-	203	203	-	65	46.8%				
SNAP Total	732	805	573		615	615		42	7.2%				

Mental Health												
Designated Bed (Per Diem Activity)	1,269	1,405	1,069	-	1,131	1,131	-	62	5.8%			
42 Psychiatry - Acute	119	184	101	-	118	118	-	17	16.4%			
Mental Health Total	1,388	1,588	1,170		1,248	1,248		78	6.7%			

Outpatients												
Medical	3,607	3,353	2,978	-	3,574	3,574	-	597	20.0%			
Surgical	3,990	3,730	3,241	-	3,245	3,245	-	4	0.1%			
Allied Health	1,958	1,829	1,623	-	1,582	1,582	-	-41	-2.5%			
Pre-Admission	322	61	264	-	231	231	-	-33	-12.4%			
Paediatric	328	296	267	-	395	395	-	128	47.9%			
Neonatal	-	-	-	-	6	6	-	6	-			
Maternity	2,553	2,778	2,102	-	2,566	2,566	-	464	22.1%			
Chemotherapy	-	-	-	-	3,103	3,103	-	3,103	-			
Clinical Haematology	380	655	309	-	91	91	-	-218	-70.6%			
Clinical Measurement	-	35	-	-	300	300	-	300	-			
Cystic Fibrosis	131	186	113	-	104	104	-	-9	-8.1%			
Dialysis	151	80	125	-	91	91	-	-33	-26.8%			
District Nursing Services	-	-	-	-	-	-	-	-	-			
Endoscopy	-	-	-	-	308	308	-	308	-			
Interventional Cardiology	-	-	-	-	-	-	-	-	-			
Medical Oncology	3,910	3,028	3,332	-	873	873	-	-2,459	-73.8%			
Pain Management	-	-	-	-	-	-	-	-	-			
Pharmacy	-	-	-	-	-	-	-	-	-			
Primary Care	-	-	-	-	-	-	-	-	-			
Psychiatry	-	-	-	-	-	-	-	-	-			
Radiation Oncology	-	-	-	-	-	-	-	-	-			
Renal Medicine	220	154	178	-	203	203	-	25	14.2%			
Sub Acute	-	-	-	-	55	55	-	55	-			
Transplants	-	-	-	-	-	-	-	-	-			
Wound Management	29	32	27	-	9	9	-	-18	-65.5%			
Other	-	-	-	-	-	-	-	-	-			
Outpatient Total	17,578	16,216	14,558		16,736	16,736		2,179	15.0%			

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

Monthly target phasing - loaded to DSS												2012-13		HHS FY Target loaded to DSS	Variance to Purchased	
	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			
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

April 2013

	2012-13 Purchased ¹	2012-13 DSS Target	Actuals												Forecast ³		2012-13 Total	Variance to Purch.	% Variance to Purch.
			Jul 2012	Aug 2012	Sep 2012	Oct 2012	Nov 2012	Dec 2012	Jan 2013	Feb 2013	Mar 2013	Apr 2013	May 2013	Jun 2013					
Breast Surgery	928	-	95	85	53	78	58	50	56	75	71	94	72	72	859	-70	-7.5%		
Cardiac Surgery	1,740	-	134	123	158	120	193	159	103	36	89	164	128	128	1,534	-206	-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	5	7	6	6	6	69	13	23.2%		
Colorectal Surgery	1,232	-	66	96	108	98	89	80	109	80	92	99	92	92	1,100	-132	-10.7%		
Dental Surgery	355	-	42	37	37	49	56	23	21	41	52	25	-	-	382	27	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	126	-	9	13	14	11	10	9	7	11	16	14	11	11	137	11	8.7%		
Ear, Nose & Throat	1,865	-	176	184	146	196	194	156	116	149	183	149	165	165	1,978	114	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	-	32	44	41	38	44	42	51	37	53	45	43	43	512	-51	-9.1%		
Gynaecology	2,719	-	271	258	260	230	290	217	187	258	300	242	251	251	3,015	296	10.9%		
Haematological Surgery	0	-	5	33	25	12	12	39	4	6	7	8	15	15	179	179	-		
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	1,098	-	89	81	74	73	99	93	85	87	108	116	91	91	1,087	-11	-1.0%		
Interventional Cardiology	195	-	14	11	10	13	14	11	3	14	18	8	12	12	139	-56	-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	778	-	118	71	116	102	154	101	83	97	95	115	105	105	1,263	485	62.4%		
Non Subspecialty Medicine	1,882	-	84	86	95	81	95	87	89	104	84	119	92	92	1,109	-773	-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	5,811	-	482	488	382	460	488	394	370	464	457	488	447	447	5,367	-444	-7.6%		
Plastic & Reconstructive Surgery	1,696	-	101	125	145	124	132	157	90	99	140	121	125	123	1,480	-216	-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	0	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	2,898	-	378	377	342	292	288	254	198	253	367	339	309	309	3,703	805	27.8%		
Rheumatology	232	-	18	16	21	27	22	17	15	25	21	27	21	21	252	20	8.7%		
Thoracic Surgery	0	-	45	66	52	52	72	54	41	50	41	66	54	54	646	646	-		
Tracheostomy	1,299	-	39	113	18	67	18	58	30	75	71	56	54	54	653	-646	-49.7%		
Transplantation	102	-	8	0	16	9	0	8	11	0	16	19	9	9	105	3	2.9%		
Upper GIT Surgery	753	-	65	69	62	92	69	51	47	63	71	105	70	70	835	82	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%		
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	42	31	31	367	-89	-19.5%		
ICU	1,330	-	106	178	105	121	92	96	85	80	109	90	106	106	1,272	-58	-4.4%		
NICU	4,656	-	636	253	345	364	456	485	349	273	436	420	402	402	4,821	165	3.5%		
PICU	3,705	-	326	299	204	264	262	195	315	375	335	238	281	281	3,377	-328	-8.9%		
SCN	2,889	-	279	216	300	316	328	284	227	281	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	-	370	361	323	322	318	315	285	340	361	350	332	332	3,979	-343	-7.9%		
Cat 4 (Admitted and Discharged)	4,591	-	442	436	403	404	397	412	396	360	456	415	412	412	4,945	355	7.7%		
Cat 5 (Admitted and Discharged)	158	-	14	15	15	14	15	17	20	19	19	22	17	17	207	49	31.1%		
Did Not Wait	0	-	-	-	-	-	-	-	-	-	-	-	-	-	0	0	-		
Died	1	-	0	0	0	0	0	0	0	0	0	0	0	0	3	2	250.7%		
Emergency Services Treated ³	0	-	-	-	-	-	-	-	-	-	-	-	-	-	0	0	-		
Emergency Department	10,572	-	952	938	837	866	851	849	800	811	966	912	879	879	10,542	-30	-0.3%		
GEM	0	-	-	-	-	-	-	-	-	-	-	-	-	-	0	0	-		
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	31	21	22	12	5	19	26	19	28	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)	184	-	16	12	12	12	20	9	3	10	8	16	12	12	141	-43	-23.2%		
Mental Health	1,588	-	96	253	145	108	152	100	67	90	123	115	125	125	1,498	-90	-5.7%		
Medical	3,353	-	351	380	371	411	417	276	232	391	375	370	357	357	4,289	936	27.9%		
Surgical	3,730	-	329	376	310	358	373	254	252	320	341	332	324	324	3,894	164	4.4%		
Allied Health	1,829	-	163	167	160	179	179	120	135	147	162	170	158	158	1,898	70	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	-	1	1	1	1	1	1	0	1	0	1	1	1	8	8	-		
Maternity	2,778	-	242	282	251	262	265	236	267	239	264	259	257	257	3,079	302	10.9%		
Alcohol & Drug	0	-	-	-	-	-	-	-	-	-	-	-	-	-	0	0	-		
Sub Acute	0	-	5	5	3	9	7	4	6	6	5	5	5	5	66	66	-		

HHS FLOW

April 2013

Inpatients	Residential HHS *								YTD WAU - Total	% of Total - HHS Residents
	Mater Health Service	Metro South	Metro North	Gold Coast	West Moreton	Sunshine Coast	Other HHS	Non-Qld 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	76	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	2	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	41	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	18	0	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	-	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	1,751	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

Inpatients	2011-12 to 2012-13 Change				Potential Casemix Change	WAUs notional variance	
	YTD Seps		YTD WAUs			Volume	Casemix related
	Actual	%	Actual	%			
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%	9	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	-	-	-	0.0%	0.0%	-	0.0
Inpatient Total *	1,315	3.1%	1,556	5.7%	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

* Inpatient total excludes 42 Psychiatry - Acute and 43 Rehabilitation

AMBULATORY CARE - Review to New ratio - April 2013

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

Outpatients	Weighted Activity Units - WAU	2010-11 Actual	2011-12 Actual	2012-13 Purchased	2012-13 YTD	R2N Ratio - WAUs		
						2010-11	2011-12	2012-13 YTD
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	1,356	746			
	Review	2,699	2,880	2,374	2,499	2.9	2.6	3.3
Allied Health	New	779	731	830	645			
	Review	1,030	1,227	990	937	1.3	1.7	1.5
	Other	-	-	-	-			
Pre-Admission	New	1	2	1	4			
	Review	88	320	59	227	71.1	197.1	54.6
Paediatric	New	146	110	162	106			
	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 Fibrosis	New	-	-	-	-			
	Review	135	131	186	104	-	-	-
Transplants	New	-	4.0	-	-			
	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	-	-	78.7
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			
	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	-	-	-	-	Excluding clinics as per Purchasing Initiative		
	Total	15,461	17,578	16,216	16,736	2.7	2.8	3.3

ESCALATION KPI LIST

KPI No.	Escalation KPIs	Attainment Score		
		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% 2013: > 77.0%	2012: 69.9% - 65.0% 2013: 76.9% - 70.0%	2012: < 65.0% 2013: < 70.0%
E5	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 Cat. 1: 100% Cat. 2: > 80.0% Cat. 3: > 75.0% Cat. 4: > 70.0% Cat. 5: > 70.0%	Cat. 1: 99.9% - 90.0% Cat. 2: 79.9% - 70.0% Cat. 3: 74.9% - 65.0% Cat. 4: 69.9% - 60.0% Cat. 5: 69.9% - 60.0%	Cat. 1: < 90.0% Cat. 2: < 70.0% Cat. 3: < 65.0% Cat. 4: < 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 (National Elective Surgery Target (Part 1))	2012 Cat. 1: 89.0% Cat. 2: 81.0% Cat. 3: 91.0% 2013 Cat. 1: 100% Cat. 2: 87.0% Cat. 3: 94.0%	2012 Cat. 1: 88.9% - 85.0% Cat. 2: 80.9% - 78.0% Cat. 3: 90.9% - 87.0% 2013 Cat. 1: 99.9% - 96.0% Cat. 2: 86.9% - 83.0% Cat. 3: 93.9% - 90.0%	2012 Cat. 1: < 85.0% Cat. 2: < 78.0% Cat. 3: < 87.0% 2013 Cat. 1: < 96.0% Cat. 2: < 83.0% Cat. 3: < 90.0%
E8	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 for all categories Cat. 1: 0 Cat. 2: 0 Cat. 3: 0	HHS specific Cat. 1: > 0% - 5.0% Cat. 2: > 0% - 5.0% Cat. 3: > 0% - 5.0%	HHS specific Cat. 1: > 5.0% Cat. 2: > 5.0% Cat. 3: > 5.0%
E9	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 (part C) contained in the Service Agreement	> tolerance as per detail in Schedule 3 (part C) contained in the Service Agreement
Efficiency 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 B) contained in the Service Agreement	0 - 1.0% unfavourable variance to budget	> 1.0% unfavourable variance to budget
Closing the Gap		Target		
E14	Performance domain target: Achievement of Closing the Gap escalation indicators contained within Schedule 8 of the Service Agreement.	0 escalation KPI red and > = 2 escalation KPI green in any quarter	1 escalation KPI red in any quarter or > = 3 escalation KPIs amber in any quarter	> = 2 escalation KPIs red in any quarter or 1 escalation KPI red for > = 2 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 (based on staff numbers at beginning of financial year)	> = 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
Mental Health and Alcohol and Other Drugs		Target		
E15	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	Achieve target in 67% - 50% of the escalation indicators	Achieve target in less than 50% of the escalation indicators
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 drugs withdrawal beds	> 95.0% open	95.0% - 85.0%	< 85.0%

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
SAFETY AND QUALITY																
M1	Falls Risk Assessment	Target	70%					70%								70%
		Result	-					-								
M2	VTE Risk Assessment Documentation at Point of Care	Target	50%					50%								50%
		Result	-					-								
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			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			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%	50.0%	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	20
		Result	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%	0.0%	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%		
M14	Elective Surgery volume	Target	8,976	907	921	911	926	930	646	446	751	1,018	628	892		9,836
		Result	9,765	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	Category 2: within 90 days	Target	67			67	67	67	67							67
	Result	-			-	-	-	-	-							
M15.3	Category 3: within 365 days	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%	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	-	-	-	-	-	-	-	-	-	-	-	-	-	
M18	Elective Surgery median waiting time	Target	25	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			
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	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 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%	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%			

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 -	-	-	-	-	-	-	-	-	-	-	-	-	
EFFICIENCY AND FINANCIAL PERFORMANCE															
M27	Cost per WAU	Target -	-	-	-	-	-	-	-	-	-	-	-	-	
	For the in-scope ABF facilities	Result -	-	-	-	-	-	-	-	-	-	-	-	-	
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	0	0	0
	Varicose Veins (F20Z)	Result 54	3	11	5	7	8	7	2	3	6	2			
	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%	100.0%	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%	100.0%	100.0%	
M34	Maintenance Expenditure	Target -	-	-	-	-	-	-	-	-	-	-	-	-	-
		Result -	-	-	-	-	-	-	-	-	-	-	-	-	-
M35	Facility Condition Index	Target -	-	-	-	-	-	-	-	-	-	-	-	-	2% to 4%
		Result -	-	-	-	-	-	-	-	-	-	-	-	-	
M36	Planned Maintenance Expenditure Ratio	Target -	-	-	-	-	-	-	-	-	-	-	-	-	60% to 70%
		Result -	-	-	-	-	-	-	-	-	-	-	-	-	
PATIENT EXPERIENCE															
M37	Complaints acknowledged within 5 calendar days	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%	100.0%
		Result -	-	-	-	-	-	-	-	-	-	-	-	-	-
WORKFORCE															
M39	Hours lost (WorkCover) vs Occupied FTE	Target 0.35	0.35	0.35	0.35	0.35	0.35	0.35	0.35	0.35	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%	3.50%	3.50%	3.50%	3.50%
		Result -	-	-	-	-	-	-	-	-	-	-	-	-	-
MENTAL HEALTH & ALCOHOL AND OTHER DRUG TREATMENT SERVICES															
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%	55.0%	55.0%	55.0%
		Result 66.7%	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%	35.0%	35.0%	35.0%
		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 discharge	Target 14.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%
		Result 15.0%	6.3%	11.8%	15.0%	7.4%	11.1%	13.6%	8.3%	13.0%	7.7%				
M50	Change in consumers' clinical outcomes	Target -	-	-	-	-	-	-	-	-	-	-	-	-	-
	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 at least once	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%	10.0%
		Result 9.1%	8.0%	0.0%	9.1%	2.7%	5.1%	3.3%	0.0%	0.0%	3.4%	-			
M52	Occasions where required clinical outcome measure(s) were recorded	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%	40.0%	40.0%
		Result 54.2%	30.4%	46.5%	54.2%	50.4%	50.6%	49.1%	48.8%	37.7%	38.9%	40.6%			

August 2013
Relationship Management Meeting

MATER HEALTH SERVICE

Thursday 8 August 2013
1:30pm – 2:30pm

RTI RELEASES

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RTI RELEASE



Mater Health Service Relationship Management Group Meeting

DATE	8 August 2013		
TIME	1:30pm – 2:30pm		
VENUE	Office of Executive Director Mater 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 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
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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RTI RELEASE

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	<p>Department of Health (DoH) Nick Steele, Executive Director Healthcare Purchasing, Funding and Performance Management (ED HPFP)</p> <p>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)</p> <p>Apologies Helen Ceron, Senior Director, Service Agreement Framework and Management (SD SAFM)</p> <p>In attendance Chantal Casey and Louise Blatchford, Service Agreement Managers (minutes)</p>

AGENDA ITEM	ACTION	ACTION OFFICER
2. ACTIONS ARISING		
	Refer to action register for update.	
3&4. PERFORMANCE DASHBOARD – April 2013		
	<p>NEAT</p> <ul style="list-style-type: none"> DoH noted that MHS are meeting NEAT target. <p>ACTION: DoH advised MHS of NEAT target to apply from January 2014.</p> <p>NEST</p> <ul style="list-style-type: none"> 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'. <p>ACTION: DoH to advise MHS of required actions for June payment.</p> <p>ACTION: MHS to provide a trajectory to September for the reduction of Category 2 'long waits'.</p> <p>ACTIVITY</p> <ul style="list-style-type: none"> 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 	<p>ED HPFP</p> <p>ED HPFP</p> <p>ED MHS</p>

AGENDA ITEM	ACTION	ACTION OFFICER
	<p>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.</p> <p>ACTION: MHS to advise DoH of number of breast reconstructions performed by 30 June.</p> <p>ACTION: DoH to include 35 breast reconstructions in 2013-14 contract offer.</p> <p>ACTION: MHS to provide DoH with details of Medicare ineligible patients for DoH to compare to other HHS activity.</p> <p>ACTION: MHS to provide DoH with details of outpatients reportedly turned away from other HHSs for DoH to address with HHSs.</p>	<p>ED MHS</p> <p>ED HPFP</p> <p>ED MHS</p> <p>ED MHS</p>
5. OTHER BUSINESS		
	<p>DISASTER RECOVERY PROGRAM</p> <ul style="list-style-type: none"> MHS advised of a potential issue with accruals for the Disaster Recovery Program. <p>ACTION: MHS to provide DOH with a summary of issue for DoH to follow up with Finance Branch and Metro South HHS.</p> <p>2013-14 CONTRACT OFFER</p> <p>ACTION: DoH to seek approval to continue payments to MHS in line with 2012-13 service agreement until 2013-14 service agreement is executed.</p> <p>ACTION: DoH to provide MHS with interim cash flow for July 2013.</p> <p>ACTION: DoH to arrange service agreement negotiation meeting for 9:00am on 28 June 2013</p> <p>ACTION: DoH to advise MHS additional activity to be purchased non-recurrently for Cochlear implants in 2013-14.</p> <p>CANCER CARE CENTRE</p> <ul style="list-style-type: none"> MHS reported that the Cancer Care Centre opened last week. <p>ADMINISTRATOR OF NATIONAL HEALTH FUNDING POOL</p> <p>ACTION: DoH to include discussion of Administrator of National Health Funding Pool on agenda after 28 June 2013.</p>	<p>DBS MHS</p> <p>ED HPFP</p> <p>ED HPFP</p> <p>ED HPFP</p> <p>ED HPFP</p> <p>ED HPFP</p>

Mater Health Service Action 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: SAFM 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	RMG	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 HPFP	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. 1/08/13 update: DoH has provided MHS with an interim cash flow for August 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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RTI RELEASE

Mater Health Service Hospital & Health Service

Performance Dashboard

June 2013 Report

Queensland Health



Queensland
Government

DOH-DL 13/14-025

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RTI RELEASES

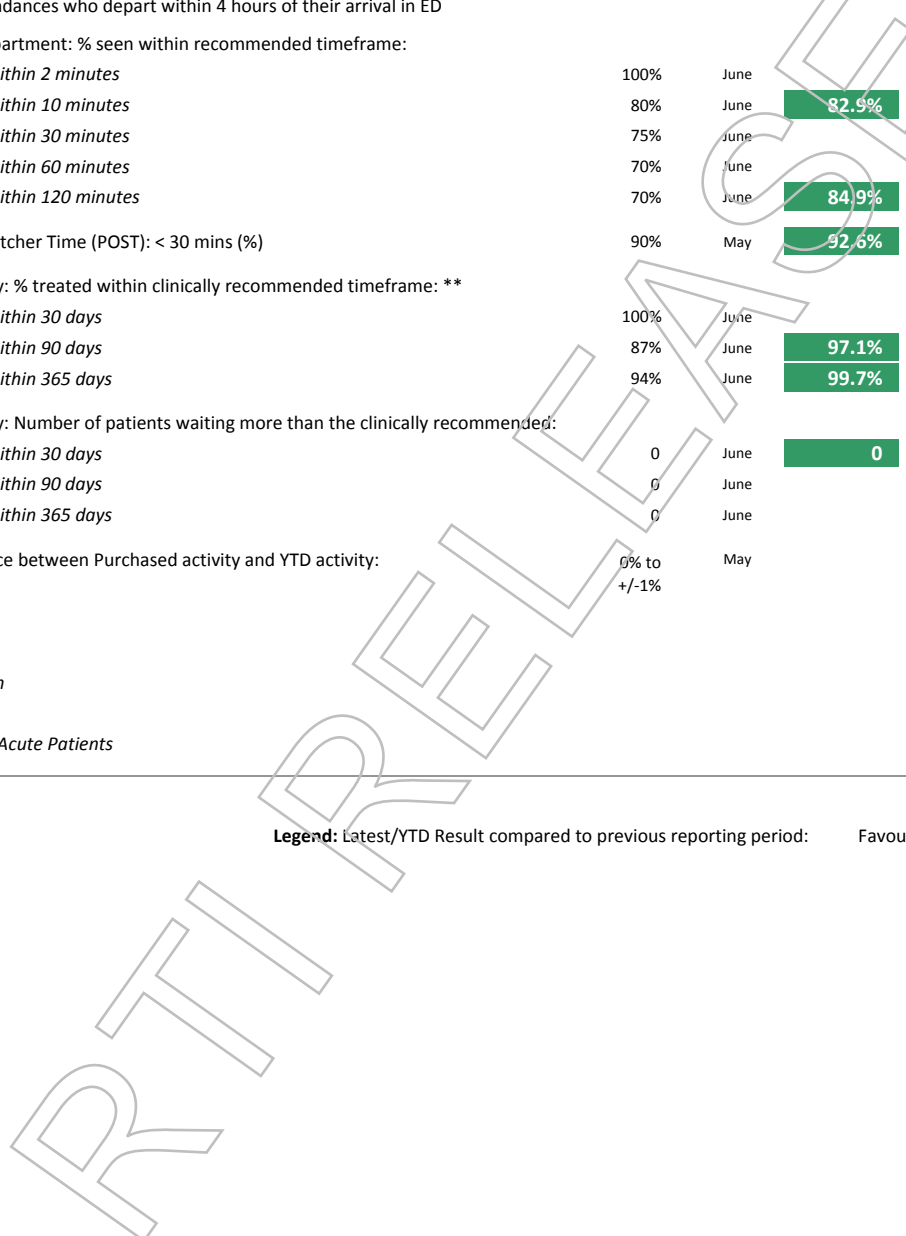
PERFORMANCE DOMAINS - Escalation KPIs

YTD Result / Latest Result

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

ACCESS		TARGET	Data as at		Data source: Decision Support System (DSS) as at 11 July 2013
** denotes calendar year result					
E4	National Emergency Access Target (NEAT) : ** % of ED attendances who depart within 4 hours of their arrival in ED	77%	June	79.7%	-
E5	Emergency Department: % seen within recommended timeframe:				
E5.1	Category 1: within 2 minutes	100%	June	98.3%	↑
E5.2	Category 2: within 10 minutes	80%	June	82.9%	-
E5.3	Category 3: within 30 minutes	75%	June	74.3%	↓
E5.4	Category 4: within 60 minutes	70%	June	67.8%	↓
E5.5	Category 5: within 120 minutes	70%	June	84.9%	↓
E6	Patient Off Stretcher Time (POST): < 30 mins (%)	90%	May	92.6%	↓
E7	Elective Surgery: % treated within clinically recommended timeframe: **				
E7.1	Category 1: within 30 days	100%	June	99.5%	↑
E7.2	Category 2: within 90 days	87%	June	97.1%	↑
E7.3	Category 3: within 365 days	94%	June	99.7%	↑
E8	Elective Surgery: Number of patients waiting more than the clinically recommended:				
E8.1	Category 1: within 30 days	0	June	0	-
E8.2	Category 2: within 90 days	0	June	65	↓
E8.3	Category 3: within 365 days	0	June	50	↓
E9	Activity: variance between Purchased activity and YTD activity:	0% to +/-1%	May		
E9.1	Inpatients				
E9.2	Outpatients				
E9.3	ED				
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 11 July 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	-	-	-	-	-	-	-	-	-	-	-	-	0
E2	Hospital acquired 3rd and 4th stage pressure injuries (FY Target is 5% of 2010-11 actuals)	FY Tgt 0 Qtr3 ● 0	-	-	-	-	-	-	-	-	-	-	-	-	0
E3	Healthcare-associated Staphylococcus aureus (including MRSA) bacteraemia - SAB	Target - Result -	Data for June-December 2012 will be made available in May 2013												20%
ACCESS ** denotes calendar year result															
E4	National Emergency Access Target: 4hrs **	Target 77.0% NEAT Result ● 79.7%	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%
E5.1	ED: % seen within recommended time	Target 100.0% Result ● 98.3%	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	Target 80.0% Result ● 82.9%	100.0%	97.7%	84.2%	100.0%	100.0%	100.0%	93.1%	96.8%	100.0%	100.0%	100.0%	100.0%	80%
E5.2	Category 2: within 10 minutes	Target 80.0% Result ● 82.9%	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%
E5.3	Category 3: within 30 minutes	Target 75.0% Result ● 74.3%	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%
E5.4	Category 4: within 60 minutes	Target 70.0% Result ● 67.8%	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%
E5.5	Category 5: within 120 minutes	Target 70.0% Result ● 84.9%	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%
E6	Patient Off Stretcher Time: < 30 mins	Target 90.0% POST Result ● 92.6%	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%
E7.1	ES: % treated within recommended time **	Target 100.0% Result ● 99.5%	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%
E7.2	Category 1: within 30 days	Target 87.0% Result ● 97.1%	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%
E7.3	Category 2: within 90 days	Target 94.0% Result ● 99.7%	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%
E8.1	ES: 'long waits'	Target 0 Result ● 0	0	0	0	0	0	0	0	0	0	0	0	0	0
E8.2	Category 1: within 30 days	Target 0 Result ● 0	0	0	0	0	0	0	0	0	0	0	0	0	0
E8.3	Category 2: within 90 days	Target 0 Result ● 65	89	104	84	89	118	100	142	77	79	69	64	65	0
E8.3	Category 3: within 365 days	Target 0 Result ● 50	0	0	0	0	0	0	0	0	0	0	12	50	0
TNT	Treated in turn	Target 60% Result -	60%	60%	60%	60%	60%	60%	60%	60%	60%	60%	60%	60%	60%
E9	Activity (WAU):	Target 0.0 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	-	94,069
E9.1	Inpatients	Target 0.0 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	-	51,851
E9.2	Outpatients	Target 0.0 Result 18,668.3	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	-	16,216
E9.3	Emergency Department	Target 0.0 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	-	10,572
E9.4	Mental Health	Target 0.0 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	-	1,588
E9.5	Critical Care	Target 0.0 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	-	13,036
E9.6	Sub and Non-Acute Patients	Target 0.0 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	-	805

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%

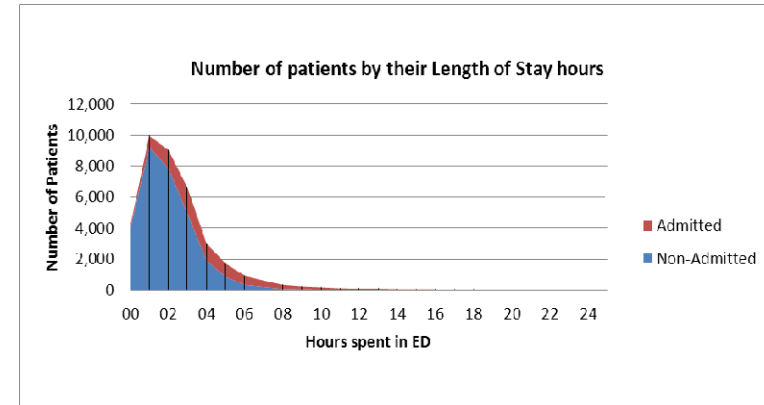
WAITING TIMES - monthly performance

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	4	18	42	45	27

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	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

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	2011-12	2012-13	2011-12	2012-13 YTD		YTD Variance to Target		2011-12 to 2012-13 Change	
	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%
Non ABF	-	-	-	-	-	-	-	-	-
Total Activity	93,122	94,069	85,314	-	91,245	91,245	-	5,931	7.0%

Inpatients	Service Related Group (SRG)			2012-13 YTD		YTD Variance to Target		2011-12 to 2012-13 Change	
	2011-12	2012-13	YTD Actual	DSS Target	Actual	Actual	%	Actual	%
01 Cardiology	875	910	805	-	824	824	-	19	2.3%
02 Interventional Cardiology	144	195	134	-	127	127	-	-6	-4.7%
03 Cardiac Surgery	1,264	1,740	1,166	-	1,340	1,340	-	174	14.9%
04 Thoracic Surgery	662	-	608	-	580	580	-	-28	-4.6%
05 Dermatology	220	220	201	-	198	198	-	-3	-1.4%
06 Endocrinology	978	963	903	-	1,001	1,001	-	98	10.8%
07 Gastroenterology	524	564	489	-	475	475	-	-14	-2.8%
08 Diagnostic GI Endoscopy	813	903	730	-	801	801	-	71	9.7%
09 Haematology	647	549	597	-	422	422	-	-175	-29.3%
10 Haematological Surgery	234	-	212	-	176	176	-	-36	-16.9%
11 Immunology & Infections	984	1,098	902	-	969	969	-	67	7.5%
12 Medical Oncology	634	666	596	-	528	528	-	-68	-11.4%
13 Chemotherapy & Radiotherapy	48	56	41	-	67	67	-	26	64.2%
14 Neurology	1,540	1,407	1,425	-	1,479	1,479	-	54	3.8%
15 Renal Medicine	365	321	337	-	335	335	-	-2	-0.6%
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%
18 Rheumatology	241	232	218	-	238	238	-	20	9.4%
19 Non Subspecialty Medicine	1,071	1,882	987	-	1,036	1,036	-	49	5.0%
20 Breast Surgery	793	928	725	-	808	808	-	83	11.4%
21 Upper GI Surgery	796	753	726	-	768	768	-	43	5.9%
22 Colorectal Surgery	1,240	1,232	1,149	-	1,016	1,016	-	-133	-11.5%
23 Head & Neck Surgery	319	350	289	-	311	311	-	22	7.7%
24 Neurosurgery	1,431	778	1,237	-	1,155	1,155	-	-82	-6.6%
25 Dental Surgery	130	355	119	-	94	94	-	-25	-21.0%
26 Dentistry	352	-	324	-	335	335	-	11	3.5%
27 Ear, Nose & Throat	1,833	1,865	1,645	-	1,852	1,852	-	207	12.6%
28 Orthopaedics	5,041	5,811	4,624	-	4,935	4,935	-	310	6.7%
29 Ophthalmology	1,000	1,106	905	-	1,016	1,016	-	112	12.4%
30 Plastic & Reconstructive Surgery	1,389	1,696	1,262	-	1,361	1,361	-	99	7.8%
31 Urology	2,342	2,086	2,115	-	2,018	2,018	-	-98	-4.6%
32 Vascular Surgery	554	685	488	-	533	533	-	45	9.3%
33 Non Subspecialty Surgery	3,270	3,508	3,005	-	3,366	3,366	-	361	12.0%
34 Gynaecology	2,701	2,719	2,455	-	2,796	2,796	-	341	13.9%
35 Obstetrics	7,708	8,065	7,019	-	7,520	7,520	-	501	7.1%
36 Qualified Neonate	3,827	3,774	3,511	-	3,738	3,738	-	227	6.5%
38 Transplantation	103	102	103	-	87	87	-	-15	-15.0%
39 Extensive Burns	8	6	3	-	21	21	-	18	674.6%
40 Tracheostomy	991	1,299	912	-	702	702	-	-209	-23.0%
41 Drug & Alcohol	122	126	114	-	123	123	-	9	7.8%
44 Unallocated	-	-	-	-	-	-	-	-	-
Inpatient Total	51,022	51,851	46,573	-	48,573	48,573	-	2,000	4.3%

Critical Care	2012-13 YTD			YTD Variance to Target		2011-12 to 2012-13 Change			
	2011-12	2012-13	YTD Actual	DSS Target	Actual	Actual	%		
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%
Neonatal Intensive Care	4,040	4,656	3,798	-	4,358	4,358	-	560	14.7%
Paediatric Intensive Care	3,295	3,705	3,054	-	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%

Weighted Activity Units - WAU	2011-12	2012-13	2011-12	2012-13 YTD		YTD Variance to Target		2011-12 to 2012-13 Change	
	FY Actual	Purchased	YTD Actual	DSS Target	Actual	Actual	%	Actual	%
Emergency Department	-	-	-	-	-	-	-	-	-
Cat 1 (Admitted and Discharged)	117	126	104	-	128	128	-	24	23.2%
Cat 2 (Admitted and Discharged)	1,305	1,375	1,198	-	1,183	1,183	-	-16	-1.3%
Cat 3 (Admitted and Discharged)	4,123	4,321	3,784	-	3,693	3,693	-	-91	-2.4%
Cat 4 (Admitted and Discharged)	4,643	4,591	4,256	-	4,557	4,557	-	300	7.1%
Cat 5 (Admitted and Discharged)	162	158	151	-	190	190	-	39	26.1%
Died	3	1	3	-	3	3	-	0	0.0%
ES Treated	-	-	-	-	-	-	-	-	-
Emergency Department Total	10,352	10,572	9,496	-	9,754	9,754	-	257	2.7%

Sub and Non-Acute Patients	2012-13 YTD			YTD Variance to Target		2011-12 to 2012-13 Change			
	2011-12	2012-13	YTD Actual	DSS Target	Actual	Actual	%		
GEM	-	-	-	-	-	-	-	-	-
MAINT	298	186	274	-	237	237	-	-37	-13.3%
PALLIATIVE	280	252	242	-	226	226	-	-15	-6.3%
REHAB	154	366	143	-	246	246	-	103	71.7%
SNAP Total	732	805	659	-	710	710	-	51	7.7%

Mental Health	2012-13 YTD			YTD Variance to Target		2011-12 to 2012-13 Change			
	2011-12	2012-13	YTD Actual	DSS Target	Actual	Actual	%		
Designated Bed (Per Diem Activity)	1,265	1,405	1,165	-	1,251	1,251	-	86	7.4%
42 Psychiatry - Acute	119	184	112	-	124	124	-	12	10.6%
Mental Health Total	1,388	1,588	1,277	-	1,375	1,375	-	98	7.7%

Outpatients	2012-13 YTD			YTD Variance to Target		2011-12 to 2012-13 Change			
	2011-12	2012-13	YTD Actual	DSS Target	Actual	Actual	%		
Medical	3,607	3,353	3,292	-	4,002	4,002	-	710	21.6%
Surgical	3,990	3,730	3,653	-	3,623	3,623	-	-30	-0.8%
Allied Health	1,958	1,829	1,810	-	1,770	1,770	-	-40	-2.2%
Pre-Admission	322	61	291	-	255	255	-	-36	-12.5%
Paediatric	328	296	300	-	448	448	-	148	49.4%
Neonatal	-	-	-	-	7	7	-	7	-
Maternity	2,553	2,778	2,347	-	2,874	2,874	-	527	22.5%
Chemotherapy	-	-	-	-	3,408	3,408	-	3,408	-
Clinical Haematology	380	655	346	-	104	104	-	-242	-69.9%
Clinical Measurement	-	35	-	-	339	339	-	339	-
Cystic Fibrosis	131	186	122	-	121	121	-	-1	-1.2%
Dialysis	151	80	138	-	99	99	-	-39	-28.1%
District Nursing Services	-	-	-	-	-	-	-	-	-
Endoscopy	-	-	-	-	351	351	-	351	-
Interventional Cardiology	-	-	-	-	-	-	-	-	-
Medical Oncology	3,910	3,028	3,639	-	973	973	-	-2,665	-73.2%
Pain Management	-	-	-	-	-	-	-	-	-
Pharmacy	-	-	-	-	-	-	-	-	-
Primary Care	-	-	-	-	-	-	-	-	-
Psychiatry	-	-	-	-	-	-	-	-	-
Radiation Oncology	-	-	-	-	-	-	-	-	-
Renal Medicine	220	154	202	-	225	225	-	23	11.6%
Sub Acute	-	-	-	-	60	60	-	60	-
Transplants	-	-	-	-	-	-	-	-	-
Wound Management	29	32	28	-	10	10	-	-18	-64.3%
Other	-	-	-	-	-	-	-	-	-
Outpatient Total	17,578	16,216	16,168	-	18,669	18,669	-	2,501	15.5%

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

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	2012-13 Purchased	HHS FY Target loaded to DSS	Variance to Purchased	
	Inpatients	-	-	-	-	-	-	-	-	-	-	-	-	-	51,851	-	
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

	2012-13 Purchased ¹	2012-13 DSS Target	Actuals												Forecast ⁴ Jun 2013	2012-13 Total	Variance to Purch.	% Variance to Purch.
			Jul 2012	Aug 2012	Sep 2012	Oct 2012	Nov 2012	Dec 2012	Jan 2013	Feb 2013	Mar 2013	Apr 2013	May 2013					
Breast Surgery	928	-	95	85	53	78	58	50	56	75	71	94	92	72	808	-120	-13.0%	
Cardiac Surgery	1,740	-	134	123	158	120	193	159	103	36	89	164	62	128	1,340	-400	-23.0%	
Cardiology	910	-	89	71	70	65	85	67	70	76	84	70	76	75	824	-86	-9.4%	
Chemotherapy & Radiotherapy	56	-	2	1	4	5	10	5	9	5	7	10	6	6	67	12	21.2%	
Colorectal Surgery	1,232	-	68	96	108	98	89	80	112	80	92	92	100	92	1,016	-216	-17.5%	
Dental Surgery	355	-	42	37	37	49	56	23	21	41	52	25	47	-	429	75	21.1%	
Dermatology	220	-	19	22	15	16	17	14	22	19	16	19	19	18	198	-22	-9.9%	
Diagnostic GI Endoscopy	903	-	63	101	56	73	77	56	44	83	77	59	112	69	801	-102	-11.3%	
Drug & Alcohol	126	-	9	13	14	11	10	9	7	11	16	14	9	11	123	-3	-2.2%	
Ear, Nose & Throat	1,865	-	175	184	146	196	194	156	116	149	183	150	202	165	1,852	-13	-0.7%	
Endocrinology	963	-	87	99	103	65	79	61	99	92	110	91	114	89	1,001	37	3.9%	
Extensive Burns	6	-	0	0	11	0	3	0	0	0	6	0	0	2	21	15	257.7%	
Gastroenterology	564	-	32	45	41	38	44	41	52	37	53	45	47	43	475	-89	-15.7%	
Gynaecology	2,719	-	271	258	260	230	290	217	187	258	300	242	283	251	2,796	77	2.8%	
Haematological Surgery	0	-	5	33	25	12	12	39	4	6	7	10	25	15	176	176	-	
Haematology	549	-	53	41	47	29	52	46	26	41	27	35	25	40	422	-128	-23.3%	
Head & Neck Surgery	350	-	29	33	31	26	22	20	29	30	35	27	29	28	311	-38	-10.9%	
Immunology & Infections	1,098	-	89	81	74	73	99	93	85	87	108	116	63	91	969	-129	-11.7%	
Interventional Cardiology	195	-	14	11	10	13	14	11	3	14	18	8	12	12	127	-67	-34.5%	
Medical Oncology	666	-	44	38	41	50	50	57	54	51	46	56	40	49	528	-139	-20.8%	
Neurology	1,407	-	142	140	141	147	154	103	123	125	121	112	169	131	1,479	71	5.1%	
Neurosurgery	778	-	118	71	116	102	154	100	83	97	95	118	100	105	1,155	377	48.5%	
Non Subspecialty Medicine	1,882	-	84	86	95	81	95	87	89	104	84	120	112	92	1,036	-846	-44.9%	
Non Subspecialty Surgery	3,508	-	280	313	303	258	315	326	260	331	345	233	403	296	3,356	-142	-4.1%	
Obstetrics	8,065	-	671	681	701	691	675	671	696	627	741	592	775	674	7,520	-545	-6.8%	
Ophthalmology	1,106	-	91	104	69	96	97	82	62	107	111	91	105	91	1,016	-89	-8.1%	
Orthopaedics	5,811	-	482	488	382	460	488	394	370	474	456	490	451	447	4,935	-876	-15.1%	
Plastic & Reconstructive Surgery	1,696	-	101	125	145	124	132	157	90	95	139	121	131	123	1,361	-335	-19.8%	
Qualified Neonate	3,774	-	395	272	301	372	363	346	309	309	425	278	368	336	3,738	-35	-0.9%	
Renal Dialysis	5	-	0	0	0	0	0	0	0	0	0	0	0	0	0	-5	-100.0%	
Renal Medicine	321	-	29	32	36	30	26	32	39	27	25	25	35	30	335	15	4.5%	
Respiratory Medicine	2,898	-	378	377	343	293	289	254	199	253	367	340	331	309	3,421	523	18.0%	
Rheumatology	232	-	18	16	21	27	22	17	15	25	21	27	29	21	238	7	2.9%	
Thoracic Surgery	0	-	45	66	52	52	72	54	41	56	41	66	36	54	580	580	-	
Tracheostomy	1,299	-	39	113	18	67	18	58	30	75	71	56	158	54	702	-596	-45.9%	
Transplantation	102	-	8	0	16	9	0	8	11	0	16	19	0	9	87	-14	-14.2%	
Upper GI Surgery	753	-	65	69	62	92	69	51	47	63	71	105	73	70	768	15	2.0%	
Urology	2,086	-	173	167	176	170	178	180	163	212	195	187	217	180	2,018	-69	-3.3%	
Vascular Surgery	685	-	50	69	42	54	63	54	27	16	47	63	49	48	533	-152	-22.2%	
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%	
CCU	456	-	26	44	26	27	25	28	23	37	29	42	40	31	346	-110	-24.2%	
ICU	1,330	-	106	178	105	121	92	96	85	80	109	89	107	106	1,167	-163	-12.3%	
NICU	4,656	-	636	253	345	364	456	485	349	273	436	430	331	402	4,358	-298	-6.4%	
PICU	3,705	-	326	299	204	264	262	195	315	375	335	238	381	281	3,195	-510	-13.8%	
SCN	2,889	-	279	216	300	316	328	284	227	281	354	217	293	280	3,099	210	7.3%	
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%	
Cat 1 (Admitted and Discharged)	126	-	14	15	6	12	12	10	10	11	11	12	16	11	128	2	1.9%	
Cat 2 (Admitted and Discharged)	1,375	-	111	110	89	114	105	96	91	111	120	113	123	106	1,183	-192	-14.0%	
Cat 3 (Admitted and Discharged)	4,321	-	370	361	323	322	318	315	285	340	361	350	377	332	3,693	-629	-14.5%	
Cat 4 (Admitted and Discharged)	4,591	-	442	436	403	404	397	412	396	360	456	415	436	412	4,557	-34	-0.7%	
Cat 5 (Admitted and Discharged)	158	-	14	15	15	14	19	17	20	19	19	22	18	17	190	32	20.4%	
Did Not Wait	0	-	-	-	-	-	-	-	-	-	-	-	-	-	0	0	-	
Died	1	-	0	0	0	0	0	0	0	0	0	0	0	0	3	2	216.4%	
Emergency Services Treated ³	0	-	-	-	-	-	-	-	-	-	-	-	-	-	0	0	-	
Emergency Department	10,572	-	952	938	837	866	851	849	800	811	966	912	969	879	9,754	-818	-7.7%	
GEM	0	-	-	-	-	-	-	-	-	-	-	-	-	-	0	0	-	
MAINT	188	-	13	21	36	21	18	9	25	6	20	43	26	21	237	49	26.1%	
PALLIATIVE	252	-	21	35	12	25	12	20	16	20	23	16	25	20	226	-25	-10.0%	
REHAB	366	-	31	31	25	25	12	5	22	26	19	33	18	20	246	-120	-32.7%	
Sub and Non-Acute Patients	805	-	64	88	73	71	42	33	63	53	63	92	68	61	710	-96	-11.9%	
Designated Bed (Per Diem Activity)	1,405	-	80	240	132	96	132	91	64	80	115	99	120	113	1,251	-154	-10.9%	
Psychiatry - Acute (SRG)	184	-	16	12	12	12	20	9	3	10	8	16	7	12	124	-60	-32.4%	
Mental Health	1,588	-	96	253	145	108	152	100	67	90	123	115	127	125	1,375	-213	-13.4%	
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%	
Allied Health	1,829	-	163	167	160	179	179	120	135	147	162	170	188	158	1,770	-59	-3.2%	
Pre-Admission	61	-	25	27	22	28	27	17	21	23	20	22	24	23	255	194	321.2%	
Paediatric	296	-	45	49	33	45	53	31	26	40	42	31	53	40	448	152	51.5%	
Neonatal	0	-	1	1	1	1	1	1	1	0	1	0	0	1	7	7	-	
Maternity	2,778	-	242	282	251	262	265	236	267	239	264	259	308	257	2,874	96	3.5%	
Alcohol & Drug	0	-	-	-	-	-	-	-	-	-	-	-	-	-	0	0	-	
Sub Acute	0	-	5	5	3	9	7	4	6	6	5	5	5	5	60	60	-	
Clinical Measurement	35	-	36	32	30	35	35	21	18	27	34	32	39	30	339	304	860.2%	
Wound Management	32	-	1	1	1	1	0	1	1	1	1	0	1	1	10	-22	-68.8%	
Pain Management	0	-	-	-	-	-	-	-	-	-	-	-	-	-	0	0	-	
Cystic Fibrosis	186	-	13	11	10	12	11	8	6	12	10	10	17	10	121	-65	-35.0%	
Transplants	0	-	-	-	-	-	-	-	-	-	-	-	-	-	0	0	-	
Endoscopy	0	-	31	33	31	36	36	28	19	27	37	30	43	31	351	351	-	
Interventional Cardiology	0	-	-	-	-	-	-	-	-	-	-	-	-	-	0	0	-	
Renal Medicine	15 ⁴	-	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	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	-	-	-	-	-	-	-	-	-	-	-	-	-	0	0	-	
Clinical Haematology	655	-	9	9	12	12	10	6	6	11	9	7	13	9	104			

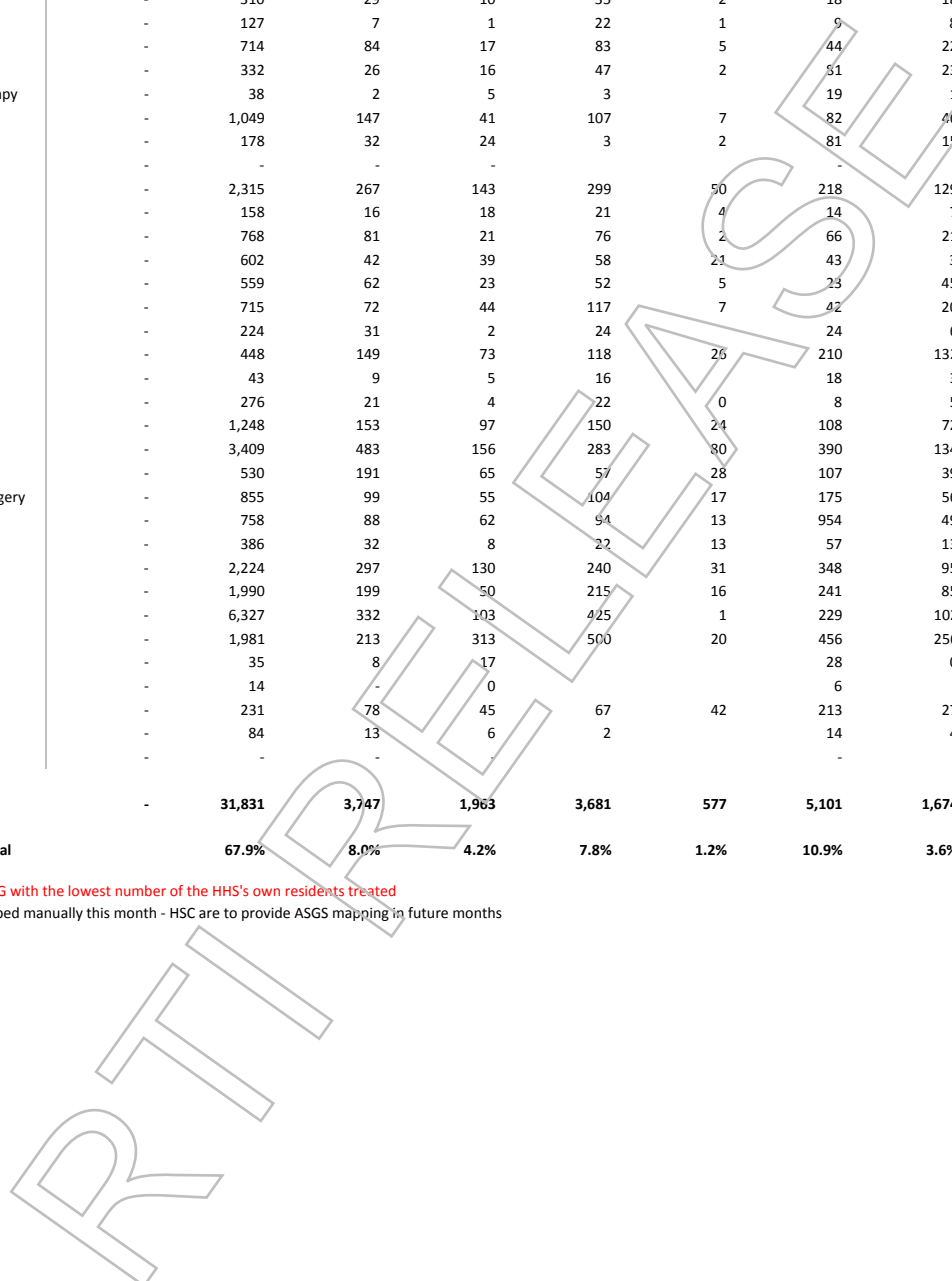
HHS FLOW

May 2013

Inpatients	Residential HHS *								YTD WAU - Total	% of Total - HHS Residents
	Mater Health Service	Metro South	Metro North	Gold Coast	West Moreton	Sunshine Coast	Other HHS	Non-Qld 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	51	23	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	57	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	425	1	229	102	7,520	-
36 Qualified Neonate	-	1,981	213	313	500	20	456	256	3,738	-
38 Transplantation	-	35	8	17			28	0	87	-
39 Extensive Burns	-	14	-	0			6		21	-
40 Tracheostomy	-	231	78	45	67	42	213	27	702	-
41 Drug & Alcohol	-	84	13	6	2		14	4	123	-
43 Rehabilitation	-	-	-	-	-	-	-	-	-	-
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

Inpatients	2011-12 to 2012-13 Change				Potential Casemix Change	WAUs notional variance	
	YTD Seps		YTD WAUs			Volume	Casemix related
	Actual	%	Actual	%			
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	-41.1
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%	-25	-21.0%	-0.7%	-17	-7.2
26 Dentistry	14	2.7%	11	3.5%	0.8%	5	3.5
27 Ear, Nose & Throat	60	2.2%	207	12.6%	10.4%	143	64.1
28 Orthopaedics	136	4.5%	310	6.7%	2.2%	214	96.2
29 Ophthalmology	116	9.9%	112	12.4%	2.5%	77	34.7
30 Plastic & Reconstructive Surgery	70	7.0%	99	7.8%	0.8%	68	30.7
31 Urology	-11	-0.6%	-98	-4.6%	-4.0%	-67	-30.3
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

* Inpatient total excludes 42 Psychiatry - Acute and 43 Rehabilitation

AMBULATORY CARE - Review to New ratio - May 2013

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

Outpatients	Weighted Activity Units - WAU	2010-11 Actual	2011-12 Actual	2012-13 Purchased	2012-13 YTD	R2N Ratio - WAUs		
						2010-11	2011-12	2012-13 YTD
Clinic Type								
Medical	New	757	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			
	Review	2,699	2,880	2,374	2,787	2.9	2.6	3.3
Allied Health	New	779	731	830	721			
	Review	1,030	1,227	990	1,048	1.3	1.7	1.5
	Other	-	-	-	-			
Pre-Admission	New	1	2	1	4			
	Review	88	320	59	251	71.1	197.1	60.4
Paediatric	New	146	110	162	120			
	Review	198	218	128	328	1.4	2.0	2.7
Neonatal	New	-	-	-	7			
	Review	-	-	-	0	-	-	0.0
Maternity	New	570	515	687	500			
	Review	1,745	2,038	2,091	2,374	3.1	4.0	4.7
Sub Acute	New	-	-	-	13			
	Review	-	-	-	47	-	-	3.5
	Other	-	-	-	-			
Clinical Measurement	New	12	-	35	17			
	Review	-	-	-	323	-	-	19.2
Wound Management	New	3	2	1	0			
	Review	48	27	30	10	14.4	14.8	25.0
Pain Management	New	-	-	-	-			
	Review	-	-	-	-	-	-	-
Cystic Fibrosis	New	-	-	-	-			
	Review	135	131	186	121	-	-	-
Transplants	New	-	-	-	-			
	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	-	-	-
	Other	-	-	70	-			
Chemotherapy	New	-	-	-	45			
	Review	-	-	-	3,363	-	-	74.6
Medical Oncology	New	85	82	66	81			
	Review	2,986	3,828	2,962	893	35.2	46.8	11.0
Radiation Oncology	New	-	-	-	-			
	Review	-	-	-	-	-	-	-
Clinical Haematology	New	24	33	45	24			
	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 clinics as per Purchasing Initiative		
	Total	15,461	17,578	16,216	18,669	2.7	2.8	3.3

ESCALATION KPI LIST

KPI No.	Escalation KPIs	Attainment Score		
		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% 2013: > 77.0%	2012: 69.9% - 65.0% 2013: 76.9% - 70.0%	2012: < 65.0% 2013: < 70.0%
E5	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 Cat. 1: 100% Cat. 2: > 80.0% Cat. 3: > 75.0% Cat. 4: > 70.0% Cat. 5: > 70.0%	Cat. 1: 99.9% - 90.0% Cat. 2: 79.9% - 70.0% Cat. 3: 74.9% - 65.0% Cat. 4: 69.9% - 60.0% Cat. 5: 69.9% - 60.0%	Cat. 1: < 90.0% Cat. 2: < 70.0% Cat. 3: < 65.0% Cat. 4: < 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 (National Elective Surgery Target (Part 1))	2012 Cat. 1: 89.0% Cat. 2: 81.0% Cat. 3: 91.0% 2013 Cat. 1: 100% Cat. 2: 87.0% Cat. 3: 94.0%	2012 Cat. 1: 88.9% - 85.0% Cat. 2: 80.9% - 78.0% Cat. 3: 90.9% - 87.0% 2013 Cat. 1: 99.9% - 96.0% Cat. 2: 86.9% - 83.0% Cat. 3: 93.9% - 90.0%	2012 Cat. 1: < 85.0% Cat. 2: < 78.0% Cat. 3: < 87.0% 2013 Cat. 1: < 96.0% Cat. 2: < 83.0% Cat. 3: < 90.0%
E8	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 for all categories Cat. 1: 0 Cat. 2: 0 Cat. 3: 0	HHS specific Cat. 1: > 0% - 5.0% Cat. 2: > 0% - 5.0% Cat. 3: > 0% - 5.0%	HHS specific Cat. 1: > 5.0% Cat. 2: > 5.0% Cat. 3: > 5.0%
E9	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 (part C) contained in the Service Agreement	> tolerance as per detail in Schedule 3 (part C) contained in the Service Agreement
Efficiency 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 B) contained in the Service Agreement	0 - 1.0% unfavourable variance to budget	> 1.0% unfavourable variance to budget
Closing the Gap		Target		
E14	Performance domain target: Achievement of Closing the Gap escalation indicators contained within Schedule 8 of the Service Agreement.	0 escalation KPI red and > = 2 escalation KPI green in any quarter	1 escalation KPI red in any quarter or > = 3 escalation KPIs amber in any quarter	> = 2 escalation KPIs red in any quarter or 1 escalation KPI red for > = 2 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 (based on staff numbers at beginning of financial year)	> = 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
Mental Health and Alcohol and Other Drugs		Target		
E15	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	Achieve target in 67% - 50% of the escalation indicators	Achieve target in less than 50% of the escalation indicators
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 drugs withdrawal beds	> 95.0% open	95.0% - 85.0%	< 85.0%

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
SAFETY AND QUALITY																
M1	Falls Risk Assessment	Target	70%					70%								70%
		Result	-					-								
M2	VTE Risk Assessment Documentation at Point of Care	Target	50%					50%								50%
		Result	-					-								
M3	Hospital Standardised Mortality Ratio (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					
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					
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			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%	50.0%	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	20	20	20	20	20	20	20	20	20	20
		Result	25	27	28	27	26	26	25	24	23	24	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%	0.0%
		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	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
	Category 1: within 30 days	Result	-			-			-							
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	-		-		-		-							
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	-	-	-	-	-	-	-	-	-	-	-	-	-	
M18	Elective Surgery median waiting time	Target	25	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		
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	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%	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%		

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 -	-	-	-	-	-	-	-	-	-	-	-	-	
EFFICIENCY AND FINANCIAL PERFORMANCE															
M27	Cost per WAU	Target -	-	-	-	-	-	-	-	-	-	-	-	-	
	For the in-scope ABF facilities	Result -	-	-	-	-	-	-	-	-	-	-	-	-	
M30	Day case surgery rates	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	0	0	0	0
	Varicose Veins (F20Z)	Result 61	3	11	5	7	8	7	2	3	6	2	7		
	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%	100.0%	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%	100.0%	100.0%	
M34	Maintenance Expenditure	Result -	-	-	-	-	-	-	-	-	-	-	-	-	
M35	Facility Condition Index	Result -	-	-	-	-	-	-	-	-	-	-	-	-	2% to 4%
M36	Planned Maintenance Expenditure Ratio	Result -	-	-	-	-	-	-	-	-	-	-	-	-	60% to 70%
PATIENT EXPERIENCE															
M37	Complaints acknowledged within 5 calendar days	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%	100.0%
		Result -	-	-	-	-	-	-	-	-	-	-	-	-	
WORKFORCE															
M39	Hours lost (WorkCover) vs Occupied FTE	Target 0.35	0.35	0.35	0.35	0.35	0.35	0.35	0.35	0.35	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%	3.50%	3.50%	3.50%	3.50%
		Result -	-	-	-	-	-	-	-	-	-	-	-	-	
MENTAL HEALTH & ALCOHOL AND OTHER DRUG TREATMENT SERVICES															
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%	55.0%	55.0%	
		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 (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%	35.0%	35.0%	
		Result 50.7%	0.0%	15.8%	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 discharge	Target 14.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%	
		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														
	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 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 at least once	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%	
		Result 3.4%	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 40.0%	40.0%	40.0%	40.0%	40.0%	40.0%	40.0%	40.0%	40.0%	40.0%	40.0%	40.0%	40.0%	
		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%		

September 2013
Relationship Management Meeting

MATER HEALTH SERVICE

Thursday 12 September 2013
1:30pm – 2:30pm

RTI RELEASES

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RTI RELEASE



Mater Health Service Relationship Management Group Meeting

DATE	12 September 2013		
TIME	1:30pm – 2:30pm		
VENUE	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, Mater 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
<ul style="list-style-type: none"> Confirmation of Draft Minutes – 8 August 2013 	
2. ACTIONS ARISING	All
<ul style="list-style-type: none"> See Table 1 	
3. PERFORMANCE DASHBOARD / PROGRESS REPORTING	All
Access	
<ul style="list-style-type: none"> National Emergency Access Target National Elective Surgery Target Activity 	
4. SPECIFIC FUNDING COMMITMENTS	DOH
<ul style="list-style-type: none"> Measuring performance against key priorities 2013-14 	
5. OTHER BUSINESS	All
<ul style="list-style-type: none"> As applicable 	

Enquiries to: Healthcare Purchasing, Funding and Performance Management
Ph: (07) 3234 0001 | HPFP@health.qld.gov.au

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RTI RELEASE

DRAFT - Mater Health Services' Relationship Management Group Meeting
Action record

Time / Date / Location	8 August 2013 1.30pm – 2:30pm Mater Health Services, South Brisbane
Present	<p>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)</p> <p>Mater Health Services (MHS) Bronwyn Whelan, Director of Business Services (DBS MHS) Mish Hill Chief Operating Officer (COO)</p> <p>Apologies Nick Steele, Executive Director Healthcare Purchasing, Funding and Performance Management (ED HPPF) 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)</p>

AGENDA ITEM	ACTION	ACTION OFFICER
2. ACTIONS ARISING		
	Refer to action register for update.	
3&4. PERFORMANCE DASHBOARD – June2013		
	<p>NEAT</p> <ul style="list-style-type: none"> DoH noted that MHS is meeting NEAT target. <p>NEST</p> <ul style="list-style-type: none"> 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. <p>ACTION: DoH to review dashboard data to include MHS data by speciality.</p> <p>ACTION: Mater to provide trajectory for future outpatients</p> <p>ACTIVITY</p> <ul style="list-style-type: none"> MHS indicated that there were errors on the June Dashboard Activity Forecast (page 7) - DSS targets excluded, and forecast totals not added. 	<p>DoH</p> <p>DBS MHS</p> <p>DoH</p>
5. OTHER BUSINESS		
	<p>2013/13 QIP Summary</p> <ul style="list-style-type: none"> MHS requested an updated QIP summary from DoH. <p>ACTION: 2013/14 QIP Summary to be provided by DoH to MHS.</p> <p>MHS Cashflow for August and September</p>	<p>DoH</p>

AGENDA ITEM	ACTION	ACTION OFFICER
	<ul style="list-style-type: none"> 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. <p>ACTION: DoH to seek approval to continue payments to MHS in line with 2012-13 service agreement until 2013-14 service agreement is executed.</p>	DoH
	<p>2013-14 CONTRACT OFFER</p> <ul style="list-style-type: none"> MHS and DoH agreed that W3 and W4 adjustments to be incorporated in the 2013/14 service agreement. <p>Paediatric Endocrinology</p> <ul style="list-style-type: none"> 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. <p>ACTION: DoH to arrange a meeting with Mater and Children's to discuss Paediatric Endocrinology.</p>	
	<p>Cochlear</p> <ul style="list-style-type: none"> DoH advised that the methodology for calculating WAU value had been completed and would be provided to MHS. <p>ACTION: DoH to provide methodology for calculating cochlear value to MHS.</p>	DoH
	<p>Bed number reporting</p> <ul style="list-style-type: none"> MHS requested clarification on the requirement to provide bed days to DoH. <p>ACTION: DoH to provide clarification on the reporting requirement of MHS bed days.</p>	DoH
	<p>G20 contact</p> <ul style="list-style-type: none"> MHS requested a Queensland Health contact for 2014 G20 MHS planning <p>ACTION: DoH to forward a G20 DoH contact to MHS for future planning</p>	DoH
		DoH

Mater Health Service Action Items

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 cashflow 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	DoH	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.

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RTI RELEASE

Mater Health Service

Report on Hospital & Health Service Performance

July 2013

RTI RELEASE

PERFORMANCE DOMAIN - KEY PERFORMANCE INDICATORS - SUMMARY PERFORMANCE

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

TIER1	TARGET	DATA AS AT	YTD Result / Latest Result
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EFFECTIVENESS – SAFETY AND QUALITY

1.1	NSQHS Standards Compliance	green	-	not yet reported
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EFFICIENCY – EFFICIENCY AND FINANCIAL PERFORMANCE

	TARGET	DATA AS AT	YTD Result / Latest Result	\$ Surplus / - Deficit	
1.6	Full-year Forecast Operating Position	n/a	n/a	-	not applicable
1.7	Purchased activity variance	2%	-	-	not yet reported

EQUITY AND EFFECTIVENESS - ACCESS

	TARGET	DATA AS AT	YTD Result / Latest Result	\$ Surplus / - Deficit	
1.2	Shorter stays in emergency departments *	77%	July	79.7%	
1.3	Shorter waits for elective surgery *		July		99.6%
	Category 1: within 30 days	100%			
	Category 2: within 90 days	87%		97.1%	
	Category 3: within 365 days	94%		99.5%	
1.4	Maintain surgical activity * Full year target = 10,512	6,132	July	6,164	
1.5	Fewer long waiting patients - Category 1		July		
	# waiting > 60 days	0		0	
	# waiting > 30 & <= 60 days	0		0	
	% waiting > 30 days	2%		0.0%	

* denotes calendar year result

Performance Management Framework: Performance category ratio not applicable

TIER 2	TARGET	DATA AS AT	YTD Result / Latest Result
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EFFECTIVENESS – SAFETY AND QUALITY

2.1	Healthcare-associated Infections	2	-	not yet reported
2.2	28 day mental health readmission rate	12%	-	not yet reported
2.3	Home based renal dialysis	40%	-	not yet reported

EFFICIENCY – EFFICIENCY AND FINANCIAL PERFORMANCE

	TARGET	DATA AS AT	YTD Result / Latest Result	\$ Surplus / - Deficit
2.18	Year to Date Operating Position	n/a	n/a	
2.19	External labour as % of 2012-13 expenditure	n/a	n/a	
2.20	Average QWAW cost	n/a	n/a	
2.21	YTD average FTE (MOHRI FTE)	n/a	n/a	
2.22	WorkCover Absenteeism	n/a	n/a	

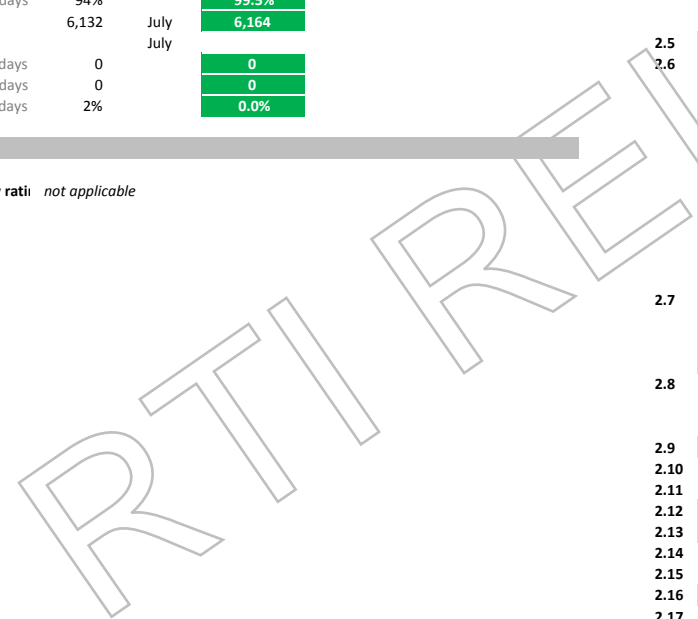
EQUITY AND EFFECTIVENESS - ACCESS

	TARGET	DATA AS AT	YTD Result / Latest Result	\$ Surplus / - Deficit
2.4	Shorter waits for emergency departments		July	
	Category 1: within 2 minutes	100%		100.0%
	Category 2: within 10 minutes	80%		85.4%
	Category 3: within 30 minutes	75%		
	Category 4: within 60 minutes	70%		
	Category 5: within 120 minutes	70%		78.9%
2.5	Treating elective surgery patients in turn	n/a	n/a	
2.6	Shorter maximum wait for elective surgery (days)	n/a	n/a	
	Cardiothoracic			
	ENT			
	General			
	Gynaecology			
	Ophthalmology			
	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		
	Category 3: within 365 days	n/a		
2.8	Fewer long waiting patients	0%	July	
	Category 2: % waiting > 90 days			
	Category 3: % waiting > 365 days			4.7%
2.9	Postnatal in-home visiting	n/a	n/a	
2.10	Aboriginal and Torres Strait Islander PPH	17.7%	-	not yet reported
2.11	Potentially Preventable Hospitalisations Chronic conditions	5%	-	not yet reported
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	
2.14	Rate of post discharge community contact - Mental Health	60%	-	not yet reported
2.15	Ambulatory mental health activity	95%	-	not yet reported
2.16	BreastScreen Queensland Screening Activity	n/a	n/a	
2.17	Dental waiting lists	0%	July	

EFFECTIVENESS – PATIENT EXPERIENCE

2.23	Emergency Department patient experience	n/a	n/a	
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Legend: n/a not applicable to this HHS Latest / YTD Result compared to previous reporting period: Favourable ↑ Stable □ Unfavourable ↓



KEY PERFORMANCE INDICATORS

Data source: Decision Support System (DSS) 21 August 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	
EQUITY AND EFFECTIVENESS - ACCESS															
* denotes calendar year result															
1.2 Shorter stays in emergency departments *		National Emergency Access Target (NEAT)													
Result	●	79.7%	79.7%	●											77%
1.3 Shorter waits for elective surgery *		National Elective 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												
1.5 Fewer long waiting patients - Category 1		Number of category 1 elective surgery patients waiting more than the clinically recommended timeframe for their category													
# waiting > 60 days	●	0	0	●											0
# waiting > 30 & <= 60 days	●	0	0	●											0
% waiting > 30 days	●	0.0%	0.0%	●											2%
2.4 Shorter waits for emergency departments		Emergency Department patients seen within the clinically recommended time													
Category 1: within 2 minutes	●	100.0%	100.0%	●											100%
Category 2: within 10 minutes	●	85.4%	85.4%	●											80%
Category 3: within 30 minutes	■	64.7%	64.7%	■											75%
Category 4: within 60 minutes	◆	60.9%	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 waiting more than the clinically recommended timeframe for their category													
Category 2: # waiting > 90 days		55	55												
Category 2: % waiting > 90 days	■	6.5%	6.5%	■											2%
Category 3: # waiting > 365 days		82	82												
Category 3: % waiting > 365 days	◆	4.7%	4.7%	◆											2%
EFFICIENCY – EFFICIENCY AND FINANCIAL PERFORMANCE															
1.7 Purchased activity variance		Variance between YTD purchased activity (DSS loaded targets) and actual activity													
Total	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Target	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Inpatient	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Target	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Outpatient	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Target	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Interventions and Procedures	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Target	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Emergency Department	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Target	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Subacute	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Target	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Mental Health	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Target	-	-	-	-	-	-	-	-	-	-	-	-	-	-	

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RTI RELEASE

October 2013
Relationship Management Meeting

MATER HEALTH SERVICES

Thursday 10 October 2013
1:30pm – 2:30pm

RTI RELEASES

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RTI RELEASE



Mater Health Services Relationship Management Group Meeting

DATE	10 October 2013		
TIME	1:30pm – 2:30pm		
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 (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
<ul style="list-style-type: none"> Confirmation of Draft Minutes – 12 September 2013 	
2. ACTIONS ARISING	All
<ul style="list-style-type: none"> See Table 1 	
3. PERFORMANCE DASHBOARD / PROGRESS REPORTING	All
<ul style="list-style-type: none"> National Emergency Access Target National Elective Surgery Target Activity Specific Funding Commitments 	
4. OTHER BUSINESS	All
<ul style="list-style-type: none"> As applicable 	

Enquiries to: Healthcare Purchasing, Funding and Performance Management
Ph: (07) 3234 0001 | HPFP@health.qld.gov.au

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RTI RELEASE

MATER HEALTH SERVICES Relationship Management Group Meeting		ACTION MINUTES
Date	12 September 2013	
Time	1.30pm – 2:30pm	
Location	Conference Room 2, Level 5, Queensland Health Building	
Present	<p>Department of Health (DoH) Helen Ceron, Senior Director, Service Agreement Framework and Management (SD SAFM) Ellen Cumberland, Service Agreement Manager, Service Agreement Framework and Management (Minutes)</p> <p>Mater Health Services (MHS) Bronwyn Whelan, Director of Business Services (DBS MHS) 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)</p>	
Apologies	Nick Steele, Executive Director Healthcare Purchasing, Funding and Performance Management (ED HPPF)	

ITEM	ACTION	RESPONSIBLE
1.	INTRODUCTION	
	Minutes accepted without amendment.	
2.	ACTIONS ARISING	
	<p>Communication</p> <ul style="list-style-type: none"> SD SAFM to speak with CARU to ensure information is reaching Mater. Close action. 	SD SAFM
	<p>2013/14 Contract</p> <ul style="list-style-type: none"> 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
	<p>NEST long waits</p> <ul style="list-style-type: none"> 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
	<p>Dashboard errors</p> <ul style="list-style-type: none"> Email advice provided to Mater 16/08/13. Close action. 	
	<p>QIP summary</p> <ul style="list-style-type: none"> MHS query regarding BSI data. DBS MHS to email SD SAFM to clarify/resolve. Close action. 	MHS
	<p>Paediatric endocrinology</p> <ul style="list-style-type: none"> ED MHS to follow up with GMO CHQ (Sue McKee). Close action. 	ED MHS
	<p>Cochlears</p> <ul style="list-style-type: none"> Clarity/agreement reached on baseline. Update contract offer to reflect cochlear value, and close action. 	DOH

	Bed reporting <ul style="list-style-type: none"> DOH confirmed that bed numbers still require reporting. Close action. 	
	G20 contact <ul style="list-style-type: none"> Contact confirmed via email 9/8/13. Close action. 	
3.	PERFORMANCE DASHBOARD/PROGRESS REPORTING	
	NEAT <ul style="list-style-type: none"> Tracking well. Bypass from Logan currently causing pressure. 	
	NEST <ul style="list-style-type: none"> Tracking well. Cat 2 long waits of concern, as discussed in Actions Arising. 	
	KPIs <ul style="list-style-type: none"> 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 <ul style="list-style-type: none"> Impact of Gold Coast transition expressed to be significant in coming months. 	
4.	SPECIFIC FUDNING COMMITMENTS	
	<ul style="list-style-type: none"> Will be a standing agenda item going forward. 	
5.	OTHER BUSINESS	
	Special Care Nursery <ul style="list-style-type: none"> July activity close to capacity. 	
	Springfield forward planning <ul style="list-style-type: none"> 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 (Colleen Jen) to future RMG to provide update on Western corridor planning/activity. 	DOH
	Outpatient volumes management <ul style="list-style-type: none"> Follow-up meeting scheduled for October. Metro South HHS trialling pooled lists. DOH to update Mater regarding this. DOH to forward GP letters to MHS. 	DOH DOH
	Mater Children's reconfiguration <ul style="list-style-type: none"> Confirmation of \$20M capital spend figure sought. DOH to follow up Glenn Rashleigh correspondence and provide an update. 	DOH
	AYA <ul style="list-style-type: none"> Professor Brett McDermott appointed 0.4 to AYA services. Meeting with CE CHQ (Peter Steer), 21/09/13, to discuss AYA. 	
	CHQ transition <ul style="list-style-type: none"> 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	Type	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.

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RTI RELEASE

Mater Health Service

Report on Hospital & Health Service Performance

August 2013

RTI RELEASES

PERFORMANCE DOMAIN - KEY PERFORMANCE INDICATORS - SUMMARY PERFORMANCE

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

TIER1	TARGET	DATA AS AT	YTD Result / Latest Result
EFFECTIVENESS – SAFETY AND QUALITY			

1.1 NSQHS Standards Compliance green - not yet reported

EFFICIENCY – EFFICIENCY AND FINANCIAL PERFORMANCE			\$ Surplus / - Deficit
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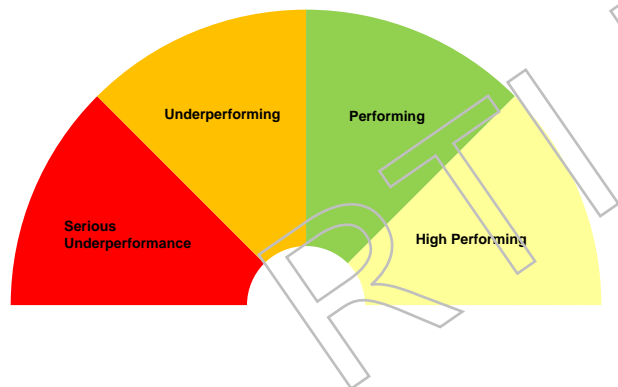
1.6 Full-year Forecast Operating Position n/a n/a
 1.7 Purchased activity variance +/- July 2%

EQUITY AND EFFECTIVENESS - ACCESS			
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1.2 Shorter stays in emergency departments * 77% August 80.2% ↑
 1.3 Shorter waits for elective surgery * August 99.6% □
 Category 1: within 30 days 100%
 Category 2: within 90 days 87% 96.3% ↓
 Category 3: within 365 days 94% 99.5% □
 1.4 Maintain surgical activity * Full year target = 10,512 7,008 August 7,095
 1.5 Fewer long waiting patients - Category 1 August 0.0%
 # waiting > 60 days 0
 # waiting > 30 & <= 60 days 0
 % waiting > 30 days 2%

* denotes calendar year result

Performance Management Framework: Performance category rating - not applicable



TIER 2	TARGET	DATA AS AT	YTD Result / Latest Result
EFFECTIVENESS – SAFETY AND QUALITY			

2.1 Healthcare-associated Infections 2 - not yet reported
 2.2 28 day mental health readmission rate 12% July not yet reported
 2.3 Home based renal dialysis 50% July not yet reported

EFFICIENCY – EFFICIENCY AND FINANCIAL PERFORMANCE			\$ Surplus / - Deficit
---	--	--	------------------------

2.18 Year to Date Operating Position n/a n/a
 2.19 External labour as % of 2012-13 expenditure n/a n/a
 2.20 Average QWAU cost n/a n/a
 2.21 YTD average FTE (MOHRI FTE) n/a n/a
 2.22 WorkCover Absenteeism n/a n/a

EQUITY AND EFFECTIVENESS - ACCESS			
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2.4 Shorter waits for emergency departments August 100.0% □
 Category 1: within 2 minutes 100% 81.8% ↓
 Category 2: within 10 minutes 80%
 Category 3: within 30 minutes 75% 64.9% ↑↓
 Category 4: within 60 minutes 70% 59.4% ↑↓
 Category 5: within 120 minutes 70% 82.2% ↑
 2.5 Treating elective surgery patients in turn n/a n/a
 2.6 Shorter maximum wait for elective surgery (days) n/a n/a
 Cardiothoracic
 ENT
 General
 Gynaecology
 Ophthalmology
 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
 Category 3: within 365 days n/a
 2.8 Fewer long waiting patients August 0%
 Category 2: % waiting > 90 days 5.3% ↑↓
 Category 3: % waiting > 365 days 5.2% ↑↓
 2.9 Postnatal in-home visiting n/a n/a
 2.10 Aboriginal and Torres Strait Islander PPH 17.7% - not yet reported
 2.11 Potentially Preventable Hospitalisations Chronic conditions 5% - not yet reported
 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
 2.14 Rate of post discharge community contact - Mental Health 60% July not yet reported
 2.15 Ambulatory mental health activity 95% July not yet reported
 2.16 BreastScreen Queensland Screening Activity n/a n/a
 2.17 Dental waiting lists 0% August not yet reported

EFFECTIVENESS – PATIENT EXPERIENCE			
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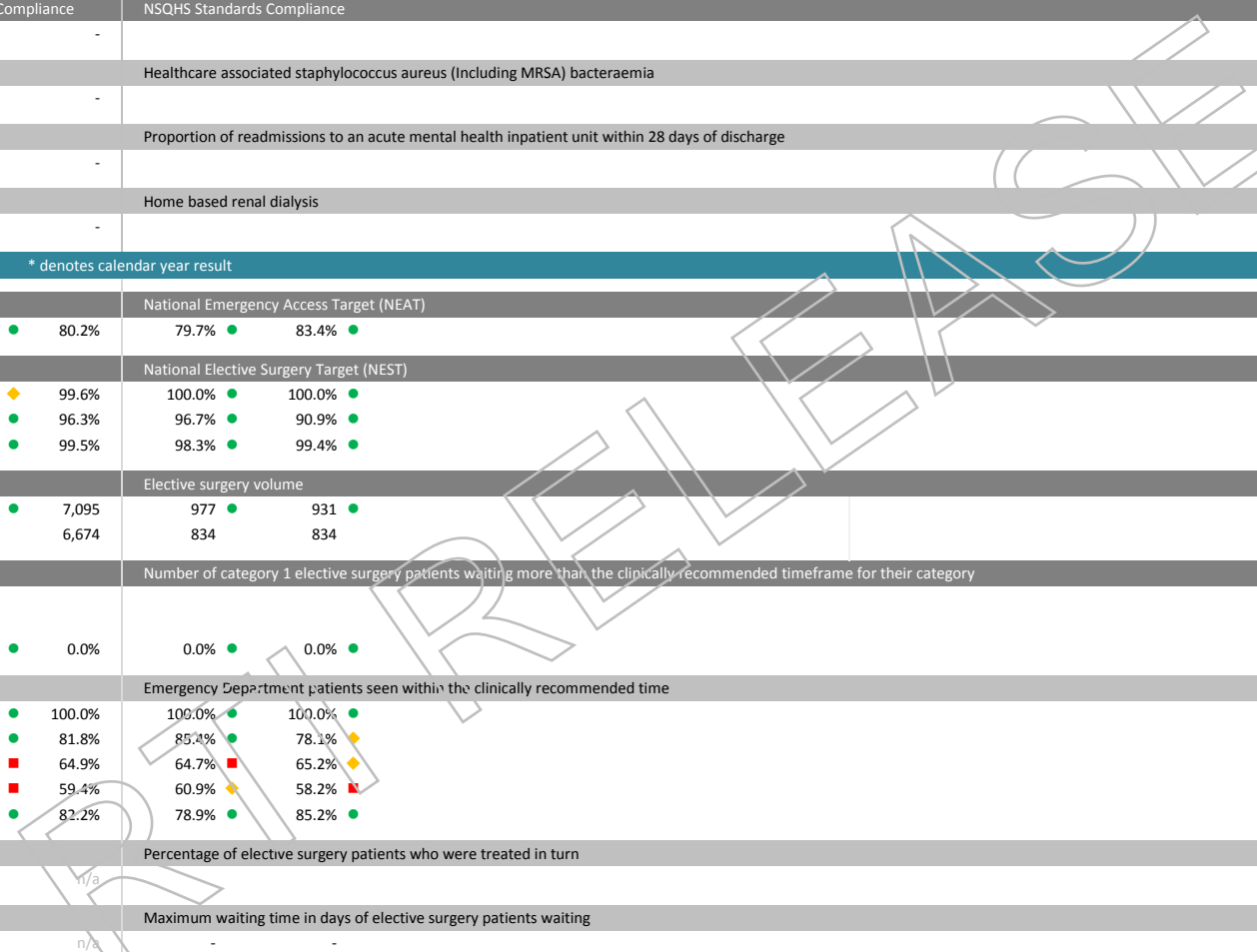
2.23 Emergency Department patient experience n/a n/a

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 Support System (DSS) 19 September 2013

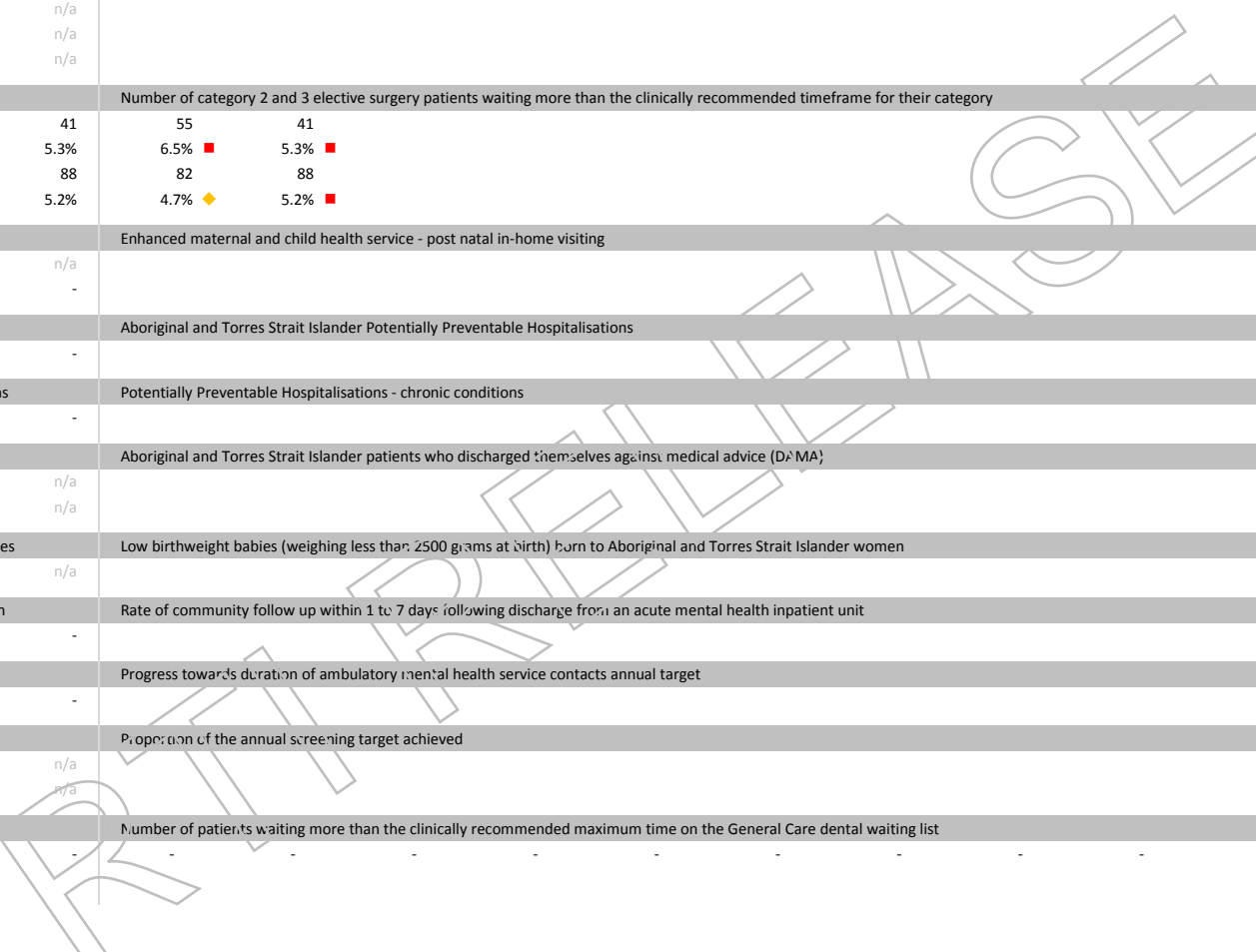
		YTD / Latest Result	Jul 2013	Aug 2013	Sep 2013	Oct 2013	Nov 2013	Dec 2013	Jan 2014	Feb 2014	Mar 2014	Apr 2014	May 2014	Jun 2014	Target 2013-14
EFFECTIVENESS – SAFETY AND QUALITY															n/a - not applicable to HHS
1.1	National Safety and Quality Health Service Standards Compliance	NSQHS Standards Compliance													
	Result	-												green	
2.1	Healthcare-associated Infections	Healthcare associated staphylococcus aureus (Including MRSA) bacteraemia													
	Result	-												2	
2.2	28 day mental health readmission rate	Proportion of readmissions to an acute mental health inpatient unit within 28 days of discharge													
	Result	-												12%	
2.3	Home based renal dialysis	Home based renal dialysis													
	Result	-												50%	
EQUITY AND EFFECTIVENESS - ACCESS															n/a - not applicable to HHS
* denotes calendar year result															
1.2	Shorter stays in emergency departments *	National Emergency Access Target (NEAT)													
	Result	● 80.2%	79.7% ●	83.4% ●											77%
1.3	Shorter waits for elective surgery *	National Elective Surgery Target (NEST)													
	Category 1: within 30 days	◆ 99.6%	100.0% ●	100.0% ●											100%
	Category 2: within 90 days	● 96.3%	96.7% ●	90.9% ●											87%
	Category 3: within 365 days	● 99.5%	98.3% ●	99.4% ●											94%
1.4	Maintain surgical activity *	Elective surgery volume													
	YTD Result	● 7,095	977 ●	931 ●											
	YTD 2010 Volume	6,674	834	834											
1.5	Fewer long waiting patients - Category 1	Number of category 1 elective surgery patients waiting more than the clinically recommended timeframe for their category													
	# waiting > 60 days														0
	# waiting > 30 & <= 60 days														0
	% waiting > 30 days	● 0.0%	0.0% ●	0.0% ●											2%
2.4	Shorter waits for emergency departments	Emergency Department patients seen within the clinically recommended time													
	Category 1: within 2 minutes	● 100.0%	100.0% ●	100.0% ●											100%
	Category 2: within 10 minutes	● 81.8%	85.4% ●	78.1% ◆											80%
	Category 3: within 30 minutes	■ 64.9%	64.7% ■	65.2% ◆											75%
	Category 4: within 60 minutes	■ 59.4%	60.9% ◆	58.2% ■											70%
	Category 5: within 120 minutes	● 82.2%	78.9% ●	85.2% ●											70%
2.5	Treating elective surgery patients in turn	Percentage of elective surgery patients 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	-	-											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: Decision Support System (DSS) 19 September 2013

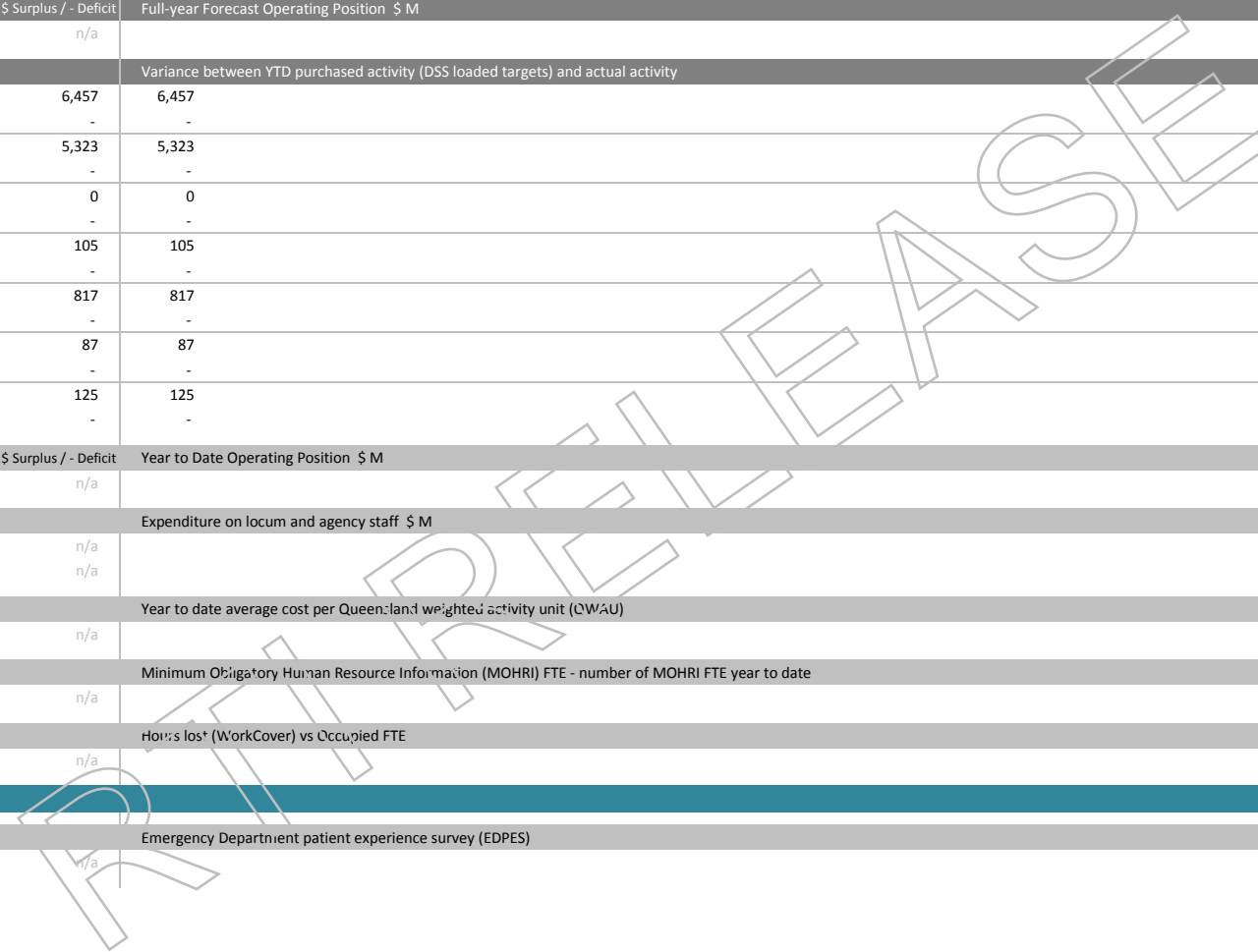
	YTD / Latest Result	Jul 2013	Aug 2013	Sep 2013	Oct 2013	Nov 2013	Dec 2013	Jan 2014	Feb 2014	Mar 2014	Apr 2014	May 2014	Jun 2014	Target 2013-14
2.7 Shorter waits for specialist outpatient clinics		Specialist outpatients waiting within the clinically recommended time												
Category 1: within 30 days	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 conditions		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) born to Aboriginal and Torres Strait Islander women												
Result	n/a													n/a
2.14 Rate of post discharge community contact - Mental Health		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		Proportion of the annual screening target achieved												
Result	n/a													
YTD Target	n/a													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: 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 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													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	-	-												-
	Outpatient	0	0												
	Target	-	-												-
	Interventions and Procedures	105	105												
	Target	-	-												-
	Emergency Department	817	817												
	Target	-	-												-
	Subacute	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													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	Hours lost* (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	n/a													n/a



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
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SUPPORTING INDICATORS - INCLUDES ELECTION COMMITMENTS n/a - not applicable to HHS

POST	Patient Off Stretcher Time												Target 2013-14
Result	89.7%	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	n/a	-	-										
Patient Travel Subsidy Scheme (PTSS)													
Regional Cancer Centre Funding	tba												
Explanatory notes for PTSS:													
green - Data is 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													

RTI RELEASE

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	7,221	6,428	83%

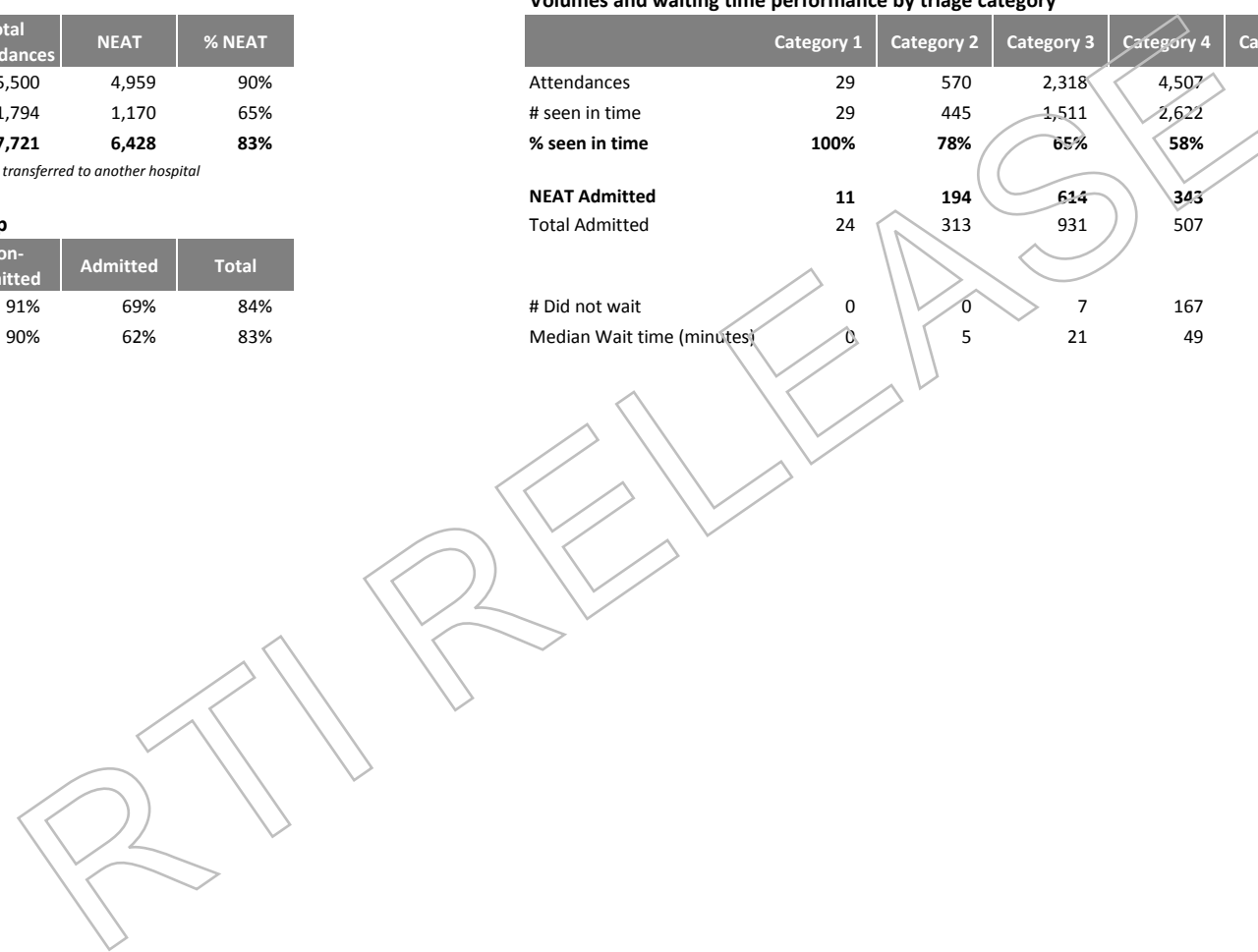
* Does not include dead on arrival, died in ED, did not wait and transferred to another hospital

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 (minutes)	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

Weighted Activity Units - QWAU	2013-14		2013-14 YTD		YTD Variance to Target		Inter-HHS Flow %		Full Year Forecast	
	Purchased *	DSS Target	Actual	Actual	% change	Resident	Non-resident	Actual	% 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	-	-	-	-	-	-	-
Head & Neck Surgery	338	-	19	-	-	-	-	-	-	-
Immunology & Infections	1,290	-	153	-	-	-	-	-	-	-
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	-	-	-	-	-	-	-
Ophthalmology	1,077	-	87	-	-	-	-	-	-	-
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	-	-	-	-	-	-	-
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	-	-	-	-	-	-	-
Radiation Oncology	0	-	-	-	-	-	-	-	-	-
Interventions and Procedures Sub-Total	3,094	-	105	-	-	-	-	-	-	-

Weighted Activity Units - QWAU	2013-14		2013-14 YTD		YTD Variance to Target		Inter-HHS Flow %		Full Year Forecast	
	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	-	11	-	-	-	-	-	-	-
Died	0	-	1	-	-	-	-	-	-	-
Other ED	-	-	45	-	-	-	-	-	-	-
Emergency Department Sub-Total	10,374	-	817	-	-	-	-	-	-	-

Mental Health										
Psychiatry - Acute	2,009	-	125	-	-	-	-	-	-	-
MH	0	-	-	-	-	-	-	-	-	-
Mental Health Sub-Total	2,009	-	125	-	-	-	-	-	-	-

Outpatient										
Allied Health	2,134	-	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	-	-	-	-	-	-	-
Nursing	27	-	-	-	-	-	-	-	-	-
Oncology	1,622	-	-	-	-	-	-	-	-	-
Ophthalmology	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	-	-	-	-	-	-	-	-	-
Psychiatry	67	-	0	-	-	-	-	-	-	-
Sub Acute	9	-	-	-	-	-	-	-	-	-
Surgical	844	-	0	-	-	-	-	-	-	-
Transplants	0	-	-	-	-	-	-	-	-	-
Undefined	-	-	-	-	-	-	-	-	-	-
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

KPI No.	Level	Key Performance Indicator (KPI)	Target	Strategic Link	Reporting Frequency
EFFECTIVENESS – 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 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
2.2	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) 50% YTD (Darling Downs, Gold Coast, Metro North, Metro South, Sunshine Coast, Wide Bay)	Queensland Statewide Renal Services Plan (2008 – 2017)	Monthly
EQUITY AND EFFECTIVENESS - 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	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 - 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	Monthly

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

KPI No.	Level	Key Performance Indicator (KPI)	Target	Strategic Link	Reporting Frequency
2.7	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	Monthly
2.8	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: - 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	Monthly
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
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	Quarterly
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 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	Quarterly
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	Annual
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 Progress towards duration of ambulatory mental health service contacts annual target	100%		Monthly
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 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
EFFICIENCY – EFFICIENCY AND FINANCIAL PERFORMANCE					
1.6	Tier 1	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
1.7	Tier 1	Purchased activity monitoring Variance between YTD purchased activity and actual activity	Metro North: 0% to +/-1% Metro South: 0% to +/-1% All other HHSs: 0% to +/-2%		Monthly
2.2	Tier 2	Average QWAU cost Average cost per Queensland weighted activity unit (QWAU)	At or below the Queensland ABF price	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
EFFECTIVENESS – 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	Annual

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RTI RELEASE

November 2013
Relationship Management Meeting

MATER HEALTH SERVICES

Thursday 7 November 2013
1:30pm – 2:30pm

RTI RELEASES

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RTI RELEASE



Mater Health Services Relationship Management Group Meeting

DATE	7 November 2013		
TIME	1:30pm – 2:30pm		
VENUE	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 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
	Guests	Colleen Jen	Senior Director, Policy and Planning Branch

AGENDA ITEM	SPEAKER
1. INTRODUCTION	All
<ul style="list-style-type: none"> Confirmation of Draft Minutes – 11 October 2013 	
2. UPDATE	Colleen Jen
<ul style="list-style-type: none"> Western Corridor Planning 	
3. ACTIONS ARISING	All
<ul style="list-style-type: none"> See Table 1 	
4. PERFORMANCE DASHBOARD / PROGRESS REPORTING	All
<ul style="list-style-type: none"> National Emergency Access Target National Elective Surgery Target Activity Specific Funding Commitments 	
5. OTHER BUSINESS	All
<ul style="list-style-type: none"> As applicable 	

Enquiries to: Healthcare Purchasing, Funding and Performance Management
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RTI RELEASE

MATER HEALTH SERVICES Relationship Management Group Meeting		ACTION MINUTES
Date	10 October 2013	
Time	1.30pm – 2:30pm	
Location	Teleconference	
Present	<p>Department of Health (DoH) Nick Steele, Executive Director Healthcare Purchasing, Funding and Performance Management (ED HPFP)</p> <p>Helen Ceron, Senior Director, Service Agreement Framework and Management (SD SAFM)</p> <p>Ellen Cumberland, Service Agreement Manager, Service Agreement Framework and Management (Minutes)</p> <p>Mater Health Services (MHS) Sean Hubbard, Executive Director of Adult's, Women's and Children's Health Services (ED MHS)</p> <p>Karen Bayntun, Director of Health Planning and Performance (DHPP MHS)</p>	
Apologies	Bronwyn Whelan, Director of Business Services (DBS MHS)	

ITEM	ACTION	RESPONSIBLE
1.	INTRODUCTION	
	Minutes accepted without amendment.	
2.	ACTIONS ARISING	
	<p>Long Waits Estimate</p> <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> 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
	<p>Outpatient Waits</p> <ul style="list-style-type: none"> MHS working with Data Services Unit to make Mater data visible. Requires a dedicated CARU resource to complete the work necessary. 	
	<p>Western Corridor Planning</p> <ul style="list-style-type: none"> SD PPB invited to November RMG to provide an update. 	
	<p>Centralised Outpatients Trial</p> <ul style="list-style-type: none"> Awaiting CARU advice to provide MHS with an update. 	CARU
	<p>GP Template Letters – Outpatient Management</p> <ul style="list-style-type: none"> Sent to DBS MHS on 3/10/13. Close action. 	
	<p>\$20M capital for MCH Reconfiguration</p> <ul style="list-style-type: none"> MHS CEO to provide details of proposed capital spend to Glenn Rashleigh. 	MHS

3.	PERFORMANCE DASHBOARD/PROGRESS REPORTING	
	NEAT <ul style="list-style-type: none"> On target. 	
	NEST <ul style="list-style-type: none"> 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 <ul style="list-style-type: none"> 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 <ul style="list-style-type: none"> MHS has forecast management of additional cochlear implant activity. 	
4.	SPECIFIC FUNDING COMMITMENTS	
	<ul style="list-style-type: none"> Will be a standing agenda item going forward. 	
5.	OTHER BUSINESS	
	2013/14 Contract <ul style="list-style-type: none"> DoH to schedule a follow-up contract negotiation meeting. DoH to organise a meeting with DBS MHS to review/finalise contract wording. 	DoH DoH
	Special Care Nursery <ul style="list-style-type: none"> Monitor trending in SCN activity throughout the year. 	

Table 1: Action Items

HHS	Meeting	Month Raised	Action Description	Type	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	10/10/13: 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.	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. 10/10/13: DoH awaiting advice from MHS CEO on details of the capital 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

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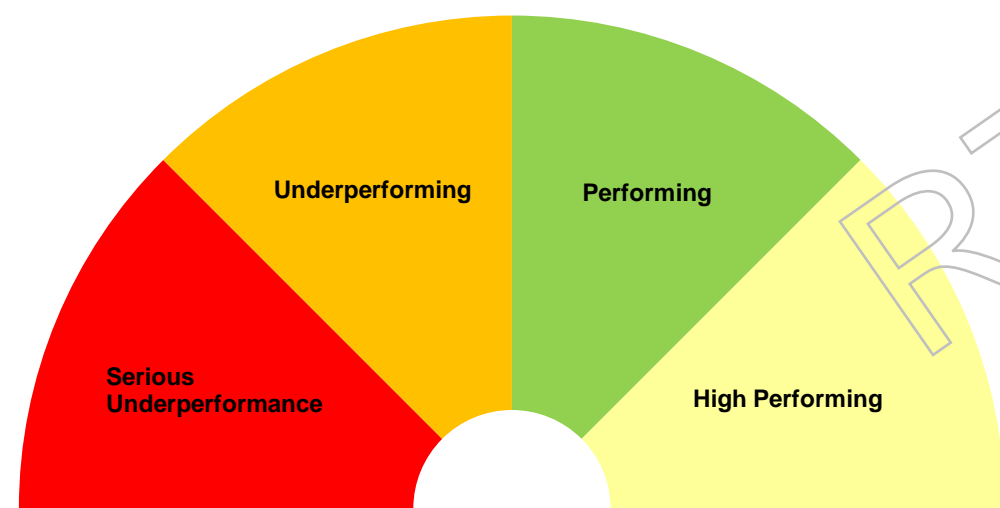
PERFORMANCE DOMAIN - KEY PERFORMANCE INDICATORS - SUMMARY PERFORMANCE

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

TIER1	TARGET	DATA AS AT	YTD Result / Latest Result
EFFECTIVENESS – SAFETY AND QUALITY			
1.1	NSQHS Standards Compliance	green	September not yet reported
EFFICIENCY – EFFICIENCY AND FINANCIAL PERFORMANCE			
\$ Surplus / - Deficit			
1.6	Full-year Forecast Operating Position	n/a	n/a
1.7	Purchased activity variance	+/-	August 2%
EQUITY AND EFFECTIVENESS - ACCESS			
1.2	Shorter stays in emergency departments *	77%	September 80.6% ↑
1.3	Shorter waits for elective surgery *		September 99.7% ↑
	Category 1: within 30 days	100%	95.7% ↓
	Category 2: within 90 days	87%	98.7% ↓
	Category 3: within 365 days	94%	98.7% ↓
1.4	Maintain surgical activity * Full year target = 10,512	7,884	September 8,010
1.5	Fewer long waiting patients - Category 1		September 0.0%
	# waiting > 60 days	0	
	# waiting > 30 & <= 60 days	0	
	% waiting > 30 days	2%	0.0%

* denotes calendar year result

Performance Management Framework: Performance category rating - *not applicable*



TIER 2	TARGET	DATA AS AT	YTD Result / Latest Result
EFFECTIVENESS – SAFETY AND QUALITY			
2.1	Healthcare-associated Infections	2	September not yet reported
2.2	28 day mental health readmission rate	12%	July 0.0% □
2.3	Home based renal dialysis	50%	August not yet reported
EFFICIENCY – EFFICIENCY AND FINANCIAL PERFORMANCE			
\$ Surplus / - Deficit			
2.18	Year to Date Operating Position	n/a	n/a
2.19	External labour as % of 2011-12 expenditure	n/a	n/a
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
EQUITY AND EFFECTIVENESS - ACCESS			
2.4	Shorter waits for emergency departments		September 100.0% □
	Category 1: within 2 minutes	100%	79.8% ↓
	Category 2: within 10 minutes	80%	65.4% ↑
	Category 3: within 30 minutes	75%	60.1% ↑
	Category 4: within 60 minutes	70%	
	Category 5: within 120 minutes	70%	84.2% ↑
2.5	Treating elective surgery patients in turn	n/a	n/a
2.6	Shorter maximum wait for elective surgery (days)	n/a	n/a
	Cardiothoracic		
	ENT		
	General		
	Gynaecology		
	Ophthalmology		
	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	
	Category 3: within 365 days	n/a	
2.8	Fewer long waiting patients	0%	September 4.9% ↑
	Category 2: % waiting > 90 days		5.3% ↓
	Category 3: % waiting > 365 days		
2.9	Postnatal in-home visiting	n/a	n/a
2.10	Aboriginal and Torres Strait Islander PPH	17.7%	September not yet reported
2.11	Potentially Preventable Hospitalisations Chronic conditions	5%	September not yet reported
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
2.14	Rate of post discharge community contact - Mental Health	60%	August not yet reported
2.15	Ambulatory mental health activity	95%	August 83.3%
2.16	BreastScreen Queensland Screening Activity	n/a	n/a
2.17	Dental waiting lists	0%	September not yet reported
EFFECTIVENESS – 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 Support 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 applicable to HHS
1.1	National Safety and Quality Health Service Standards Compliance	NSQHS Standards Compliance												
	Result	-												green
2.1	Healthcare-associated Infections	Healthcare associated staphylococcus aureus (Including MRSA) bacteraemia												
	Result	-												2
2.2	28 day mental health readmission rate	Proportion of readmissions to an acute mental health inpatient unit within 28 days of discharge												
	Result	● 0.0%	0.0% ●											12%
2.3	Home based renal dialysis	Home based renal dialysis												
	Result	-												50%
EQUITY AND EFFECTIVENESS - ACCESS														n/a - not applicable to HHS
* denotes calendar year result														
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 (NEST)												
	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 surgery patients waiting more than the clinically recommended timeframe 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 Department patients seen within the clinically recommended time												
	Category 1: within 2 minutes	● 100.0%	100.0% ●	100.0% ●	100.0% ●									100%
	Category 2: within 10 minutes	◆ 79.8%	85.4% ●	78.1% ◆	75.6% ◆									80%
	Category 3: within 30 minutes	◆ 65.4%	64.7% ■	65.2% ◆	66.3% ◆									75%
	Category 4: within 60 minutes	◆ 60.1%	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 patients 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	-	-	-									n/a
	Orthopaedics	n/a	-	-	-									n/a
	Neurosurgery	n/a	-	-	-									n/a
	Plastic & Reconstructive	n/a	-	-	-									n/a

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	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 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	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										
Category 3: % waiting > 365 days	5.3% 	4.7% 	5.2% 	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												
Result	-													18%
2.11 Potentially Preventable Hospitalisations Chronic conditions		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) born to Aboriginal and Torres Strait Islander women												
Result	n/a													n/a
2.14 Rate of post discharge community contact - Mental Health		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	 83.3%	88.1% 	78.5% 											95%
2.16 BreastScreen Queensland Screening Activity		Proportion of the annual screening target achieved												
Result	n/a													
YTD Target	n/a													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: Decision Support 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
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												n/a
1.7	Purchased activity		YTD purchased activity (DSS loaded targets) and actual 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	2,649	1,334	1,315										
	Target	0	0	0										0
	Interventions and Procedures	514	258	257										
	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 Operating Position \$ M											
	Result	n/a												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														n/a - not applicable to HHS
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) 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
SUPPORTING INDICATORS - INCLUDES ELECTION COMMITMENTS													n/a - not applicable to HHS
POST													
Patient Off Stretcher Time													
Result	90.2%	89.7%	90.7%										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													
Cochlear Implants	18			18									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													

RTI RELEASE

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	0	3	113	38	154
Median Wait time (minutes)	0	5	20	47	37	30

RTI RELEASE

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

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

Weighted Activity Units - QWAU	2013-14		2013-14 YTD		YTD Variance to Target		Inter-HHS Flow %		Full Year Forecast	
	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	-	-	-	-	-	-	-

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	-	-	-	-	-	-
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	-	-	-	-	-	-
Inpatient 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	-	-	-	-	-	-

Weighted Activity Units - QWAU	2013-14		2013-14 YTD		YTD Variance to Target		Inter-HHS Flow %		Full Year Forecast	
	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	-	-	-	-	-	-

RTI RELEASED

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

KPI No.	Level	Key Performance Indicator (KPI)	Target	Strategic Link	Reporting Frequency
EFFECTIVENESS – 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 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
2.2	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) 50% YTD (Darling Downs, Gold Coast, Metro North, Metro South, Sunshine Coast, Wide Bay)	Queensland Statewide Renal Services Plan (2008 – 2017)	Monthly
EQUITY AND EFFECTIVENESS - 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	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 · 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	Monthly

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

KPI No.	Level	Key Performance Indicator (KPI)	Target	Strategic Link	Reporting Frequency
2.7	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	Monthly
2.8	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: · 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	Monthly
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
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 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	Quarterly
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	Annual
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 Progress towards duration of ambulatory mental health service contacts annual target	100%		
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 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
EFFICIENCY – EFFICIENCY AND FINANCIAL PERFORMANCE					
1.6	Tier 1	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
1.7	Tier 1	Purchased activity monitoring Variance between YTD purchased activity and actual activity	Metro North: 0% to +/-1% Metro South: 0% to +/-1% All other HHSs: 0% to +/-2%		Monthly
2.2	Tier 2	Average QWAU cost Average cost per Queensland weighted activity unit (QWAU)	At or below the Queensland ABF price	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
EFFECTIVENESS – 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	Annual

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RTI RELEASE

December 2013
Relationship Management Meeting

MATER HEALTH SERVICES

Thursday 5th December 2013
1:00pm – 2:00pm

RTI RELEASES

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RTI RELEASE



Mater Health Services Relationship Management Group Meeting

DATE	5 December 2013		
TIME	1:00pm – 2:00pm		
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
	Mater Health Services	Lyndsay Hardman	Manager, Service Agreement Framework and Management (Secretariat)
		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
<ul style="list-style-type: none"> Confirmation of Draft Minutes – 7 November 2013 	
2. ACTIONS ARISING	All
<ul style="list-style-type: none"> See Table 1 	
3. PERFORMANCE DASHBOARD / PROGRESS REPORTING	All
<ul style="list-style-type: none"> National Emergency Access Target National Elective Surgery Target Activity Specific Funding Commitments 	
4. OTHER BUSINESS	All
<ul style="list-style-type: none"> As applicable 	

Enquiries to: Healthcare Purchasing, Funding and Performance Management
 Ph: (07) 3234 0001 | HPFP@health.qld.gov.au

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RTI RELEASE

Relationship Management Group Meeting

Date	7 November 2013
Time	1.30pm – 2:30pm
Location	Level 2, Aubigny Place, Mater Health Services, South Brisbane
Present	<p>Department of Health (DoH) Helen Ceron, Senior Director, Service Agreement Framework and Management (SD SAFM) Ellen Cumberland, Manager, Service Agreement Framework and Management (Secretariat)</p> <p>Mater Health Services (MHS) Bronwyn Whelan, Director of Business Services (DBS MHS) Karen Bayntun, Director of Health Planning and Performance (DHPP MHS)</p> <p>Guests Colleen Jen, Senior Director, Policy and Planning Branch, DoH</p>
Apologies	<p>Nick Steele, Executive Director Healthcare Purchasing, Funding and Performance Management (ED HPPF)</p> <p>Sean Hubbard, Executive Director of Adult's, Women's and Children's Health Services (ED MHS)</p>

ITEM	ACTION	RESPONSIBLE
1.	INTRODUCTION	
	<ul style="list-style-type: none"> Minutes accepted without amendment. 	
2.	UPDATE – WESTERN CORRIDOR PLANNING	
	<ul style="list-style-type: none"> 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	
	<p>Long Waits Estimate</p> <ul style="list-style-type: none"> Provided to DoH by ED MHS. Close action. 	
	<p>Centralised Outpatients Trial</p> <ul style="list-style-type: none"> MHS has made direct contact with Metro South HHS. Close action. 	
	<p>GP Template Letters – Outpatient Management</p> <ul style="list-style-type: none"> Letters provided to MHS, but further discussion required regarding management of outpatient volumes. DBS MHS to contact ED CARU directly. 	
	<p>\$20M capital for MCH Reconfiguration</p> <ul style="list-style-type: none"> Details of proposed capital spend provided to Glenn Rashleigh. Remains a work in progress. 	
4.	PERFORMANCE DASHBOARD/PROGRESS REPORTING	
	<p>NEAT</p> <ul style="list-style-type: none"> Performance above target. Noted emergency delays due to volumes at Mater Children's Hospital. 	
	<p>NEST</p> <ul style="list-style-type: none"> 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

	<p>additional plastics activity needed to clear long waits.</p> <ul style="list-style-type: none"> DoH to clarify why maximum waiting times are not showing by specialty stream in the monthly performance report. 	Secretariat
	<p>Activity</p> <ul style="list-style-type: none"> Noted quality issues with chemo data – activity appears to have decreased when, in actuality, it has not. MHS working to resolve. 	
5.	OTHER BUSINESS	
	<p>Urology</p> <ul style="list-style-type: none"> 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. 	
	<p>Funding Pool</p> <ul style="list-style-type: none"> MHS sought advice on the healthcare purchasing activity funding pool, and how to access. DoH to forward copy of written advice to MHS. 	Secretariat
	<p>QIP 2012/13</p> <ul style="list-style-type: none"> 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: DoH awaiting advice from MHS CEO on details of the capital 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.	DoH	Open	20/11/13: Email advice sent. Recommend closure.
MHS	RMG	Nov-13	DoH to forward copy of written advice to MHS regarding the healthcare purchasing activity funding pool.	DoH	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.	DoH	Open	20/11/13: Meeting held. Recommend closure.

RTI REQUEST

Mater Health Service

Report on Hospital & Health Service Performance

October 2013

RTI RELEASE

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

RTI RELEASE

PERFORMANCE DOMAIN - KEY PERFORMANCE INDICATORS - SUMMARY PERFORMANCE

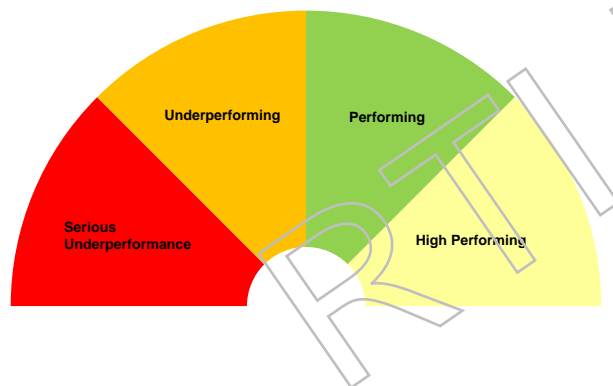
Data source: Decision Support System (DSS) 14 November 2013

TIER1	TARGET	DATA AS AT	YTD Result / Latest Result	
EFFECTIVENESS – SAFETY AND QUALITY				
1.1	NSQHS Standards Compliance	green	September	not yet reported
EFFICIENCY – EFFICIENCY AND FINANCIAL PERFORMANCE				
\$ Surplus / - Deficit				
1.6	Full-year Forecast Operating Position	n/a	n/a	
1.7	Purchased activity variance	+/-	September	2%
EQUITY AND EFFECTIVENESS - ACCESS				
1.2	Shorter stays in emergency departments *	77%	October	81.1% ↑
1.3	Shorter waits for elective surgery *		October	99.7% □
	Category 1: within 30 days	100%		
	Category 2: within 90 days	87%		95.0% ↓
	Category 3: within 365 days	94%		98.1% ↓
1.4	Maintain surgical activity * Full year target = 10,512	8,760	October	9,044
1.5	Fewer long waiting patients - Category 1		October	
	# waiting > 60 days	0		
	# waiting > 30 & <= 60 days	0		
	% waiting > 30 days	2%		0.0%

TIER 2	TARGET	DATA AS AT	YTD Result / Latest Result	
EFFECTIVENESS – SAFETY AND QUALITY				
2.1	Healthcare-associated Infections	2	-	not yet reported
2.2	28 day mental health readmission rate	12%	August	2.5% ↑
2.3	Home based renal dialysis	50%	September	99.6%
EFFICIENCY – EFFICIENCY AND FINANCIAL PERFORMANCE				
\$ Surplus / - Deficit				
2.18	Year to Date Operating Position	n/a	n/a	
2.19	External labour as % of 2011-12 expenditure	n/a	n/a	
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	
EQUITY AND EFFECTIVENESS - ACCESS				
2.4	Shorter waits for emergency departments		October	
	Category 1: within 2 minutes	100%		98.3% ↓
	Category 2: within 10 minutes	80%		79.4% ↓
	Category 3: within 30 minutes	75%		66.9% ↑
	Category 4: within 60 minutes	70%		62.6% ↑
	Category 5: within 120 minutes	70%		85.5% ↑
2.5	Treating elective surgery patients in turn	n/a	n/a	
2.6	Shorter maximum wait for elective surgery (days)	n/a	n/a	
	Cardiothoracic			
	ENT			
	General			
	Gynaecology			
	Ophthalmology			
	Orthopaedics			
	Neurosurgery			
	Plastic & Reconstructive			
	Urology			
	Vascular			
2.7	Fewer long waiting patients	0%	October	
	Category 2: % waiting > 90 days			4.4% ↑
	Category 3: % waiting > 365 days			4.6% ↑
2.8	Shorter waits for specialist outpatient clinics		n/a	
	Category 1: % within 30 days	n/a		
	Category 2: % within 90 days	n/a		
	Category 3: % within 365 days	n/a		
2.9	Postnatal in-home visiting		n/a	
2.10	Aboriginal and Torres Strait Islander PPH	17.7%	September	not yet reported
2.11	Potentially Preventable Hospitalisations Chronic conditions	5%	September	not yet reported
2.12	Aboriginal and Torres Strait Islander DAMA	n/a	n/a	n/a
2.13	Aboriginal and Torres Strait Islander Low birthweight babies	n/a	n/a	n/a
2.14	Rate of post discharge community contact - Mental Health	60%	September	not yet reported
2.15	Ambulatory mental health activity	95%	September	79.3%
2.16	BreastScreen Queensland Screening Activity	n/a	n/a	n/a
2.17	Dental waiting lists	0%	October	not yet reported
EFFECTIVENESS – PATIENT EXPERIENCE				
2.23	Emergency Department patient experience	n/a	n/a	

* denotes calendar year result

Performance Management Framework: Performance category rating - *not applicable*



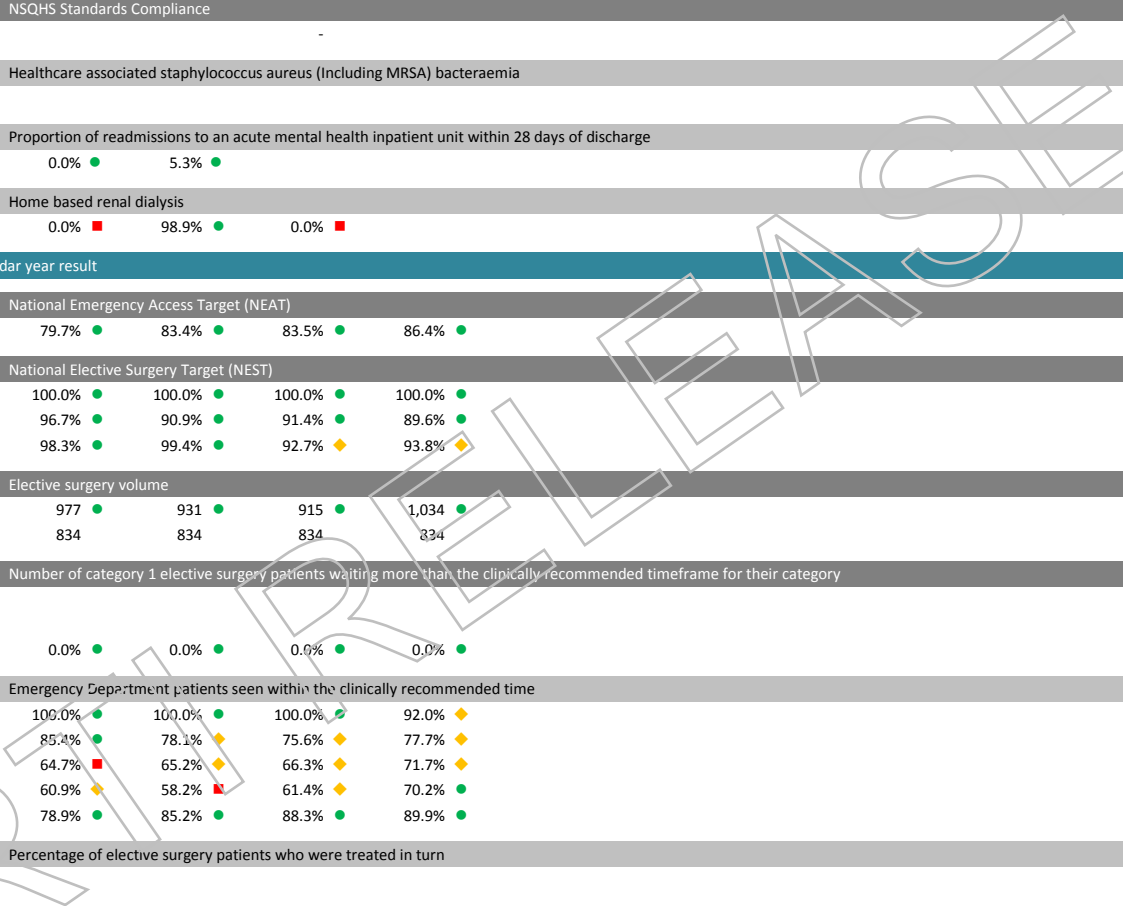
Legend: n/a not applicable to this HHS or data not yet available Latest / YTD Result compared to previous reporting period: Favourable ↑ Stable □ Unfavourable ↓

* 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: Decision Support System (DSS) 14 November 2013

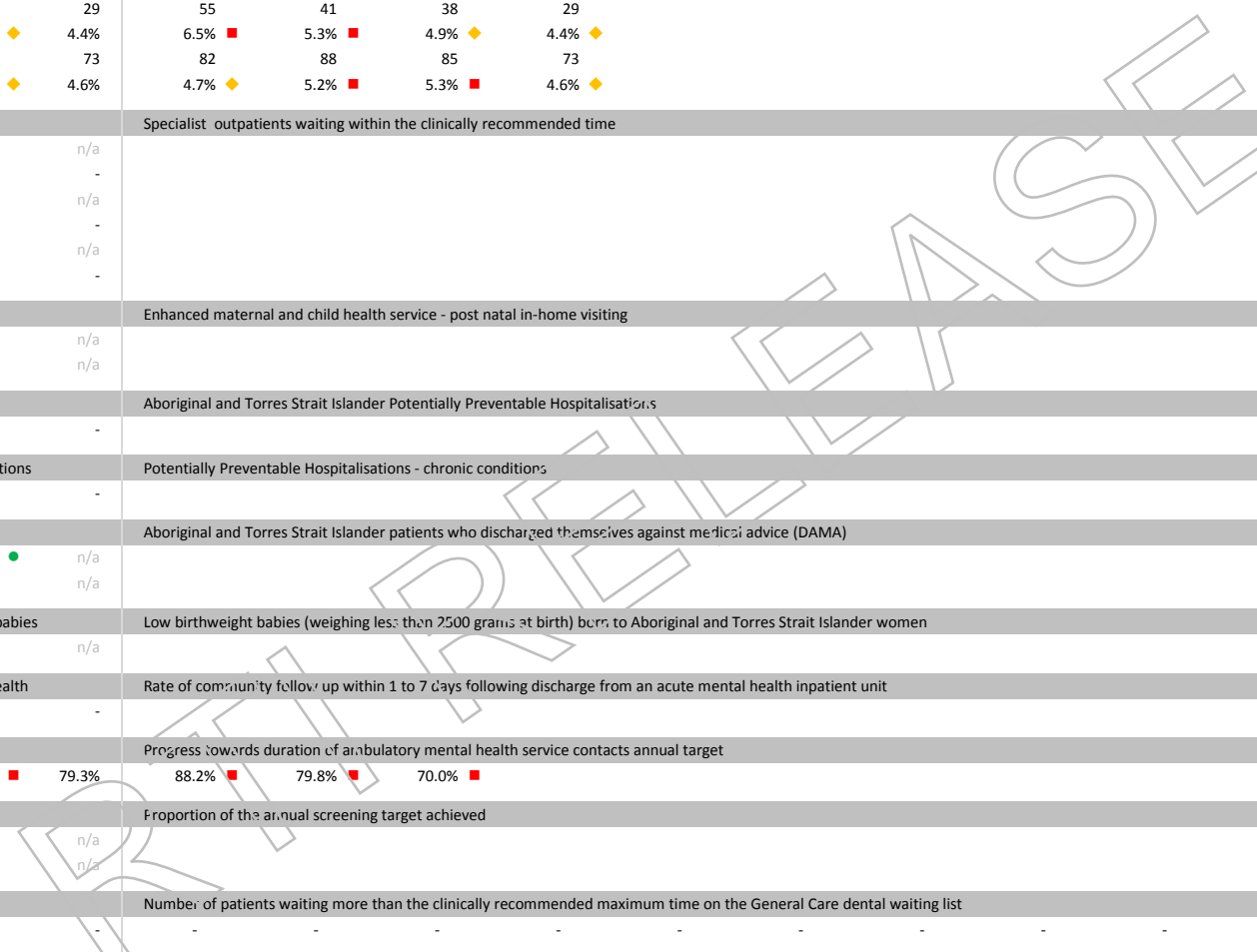
	YTD / Latest Result	Jul 2013	Aug 2013	Sep 2013	Oct 2013	Nov 2013	Dec 2013	Jan 2014	Feb 2014	Mar 2014	Apr 2014	May 2014	Jun 2014	Target 2013-14
EFFECTIVENESS – SAFETY AND QUALITY														
1.1 National Safety and Quality Health Service Standards Compliance	NSQHS Standards Compliance													
Result	-													green
2.1 Healthcare-associated Infections	Healthcare associated staphylococcus aureus (Including MRSA) bacteraemia													
Result	-													2
2.2 28 day mental health readmission rate	Proportion of readmissions to an acute mental health inpatient unit within 28 days of discharge													
Result	● 2.5%	0.0% ●	5.3% ●											12%
2.3 Home based renal dialysis	Home based renal dialysis													
Result	● 99.6%	0.0% ■	98.9% ●	0.0% ■										50%
EQUITY AND EFFECTIVENESS - ACCESS * denotes calendar year result														
1.2 Shorter stays in emergency departments *	National Emergency Access Target (NEAT)													
Result	● 81.1%	79.7% ●	83.4% ●	83.5% ●	86.4% ●									77%
1.3 Shorter waits for elective surgery *	National Elective Surgery Target (NEST)													
Category 1: within 30 days	◆ 99.7%	100.0% ●	100.0% ●	100.0% ●	100.0% ●									100%
Category 2: within 90 days	● 95.0%	96.7% ●	90.9% ●	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 surgery volume													
YTD Result	● 9,044	977 ●	931 ●	915 ●	1,034 ●									
YTD 2010 Volume	8,343	834	834	834	834									
1.5 Fewer long waiting patients - Category 1	Number of category 1 elective surgery patients waiting more than the clinically recommended timeframe for their category													
# waiting > 60 days														0
# waiting > 30 & <= 60 days														0
% waiting > 30 days	● 0.0%	0.0% ●	0.0% ●	0.0% ●	0.0% ●									2%
2.4 Shorter waits for emergency departments	Emergency Department patients seen within the clinically recommended time													
Category 1: within 2 minutes	◆ 98.3%	100.0% ●	100.0% ●	100.0% ●	92.0% ◆									100%
Category 2: within 10 minutes	◆ 79.4%	85.4% ●	78.1% ◆	75.6% ◆	77.7% ◆									80%
Category 3: within 30 minutes	◆ 66.9%	64.7% ■	65.2% ◆	66.3% ◆	71.7% ◆									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	Percentage of elective surgery patients 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	-	-	-	-									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: Decision Support System (DSS) 14 November 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
2.7 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	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 outpatients waiting within the clinically recommended time												
Category 1: % within 30 days	n/a													n/a
Category 1: # within 30 days	-													n/a
Category 2: % within 90 days	n/a													n/a
Category 2: # within 90 days	-													n/a
Category 3: % within 365 days	n/a													n/a
Category 3: # within 365 days	-													n/a
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													n/a
2.10 Aboriginal and Torres Strait Islander PPH		Aboriginal and Torres Strait Islander Potentially Preventable Hospitalisations												
Result	-													18%
2.11 Potentially Preventable Hospitalisations Chronic conditions		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) born to Aboriginal and Torres Strait Islander women												
Result	n/a													n/a
2.14 Rate of post discharge community contact - Mental Health		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	■ 79.3%	88.2% ■	79.8% ■	70.0% ■										95%
2.16 BreastScreen Queensland Screening Activity		Proportion of the annual screening target achieved												
Result	n/a													
YTD Target	n/a													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	-	-	-	-	-	-	-	-	-	-	-	-	-	-



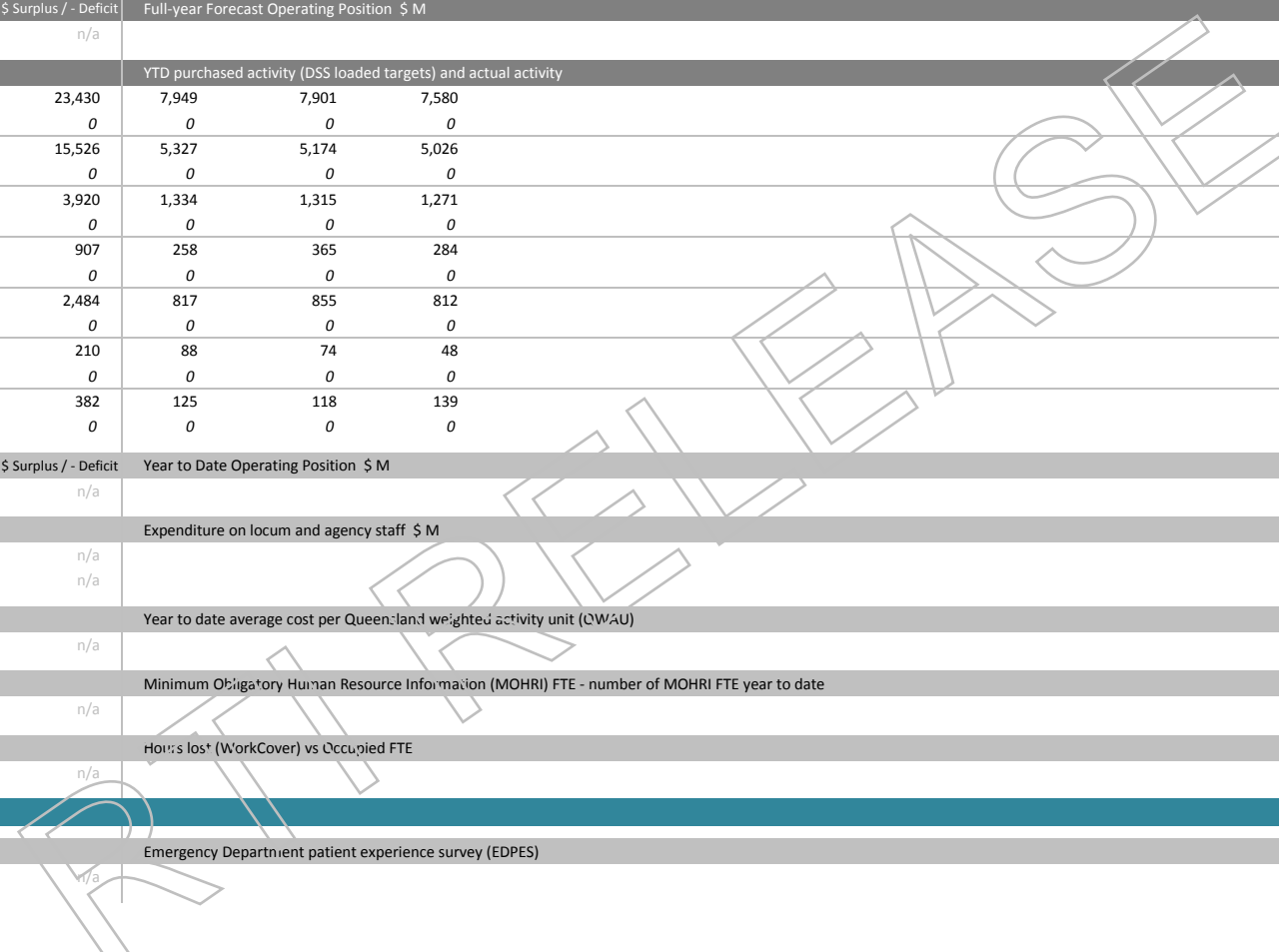
KEY PERFORMANCE INDICATORS

Data source: Decision Support System (DSS) 14 November 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
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EFFICIENCY – EFFICIENCY AND FINANCIAL PERFORMANCE

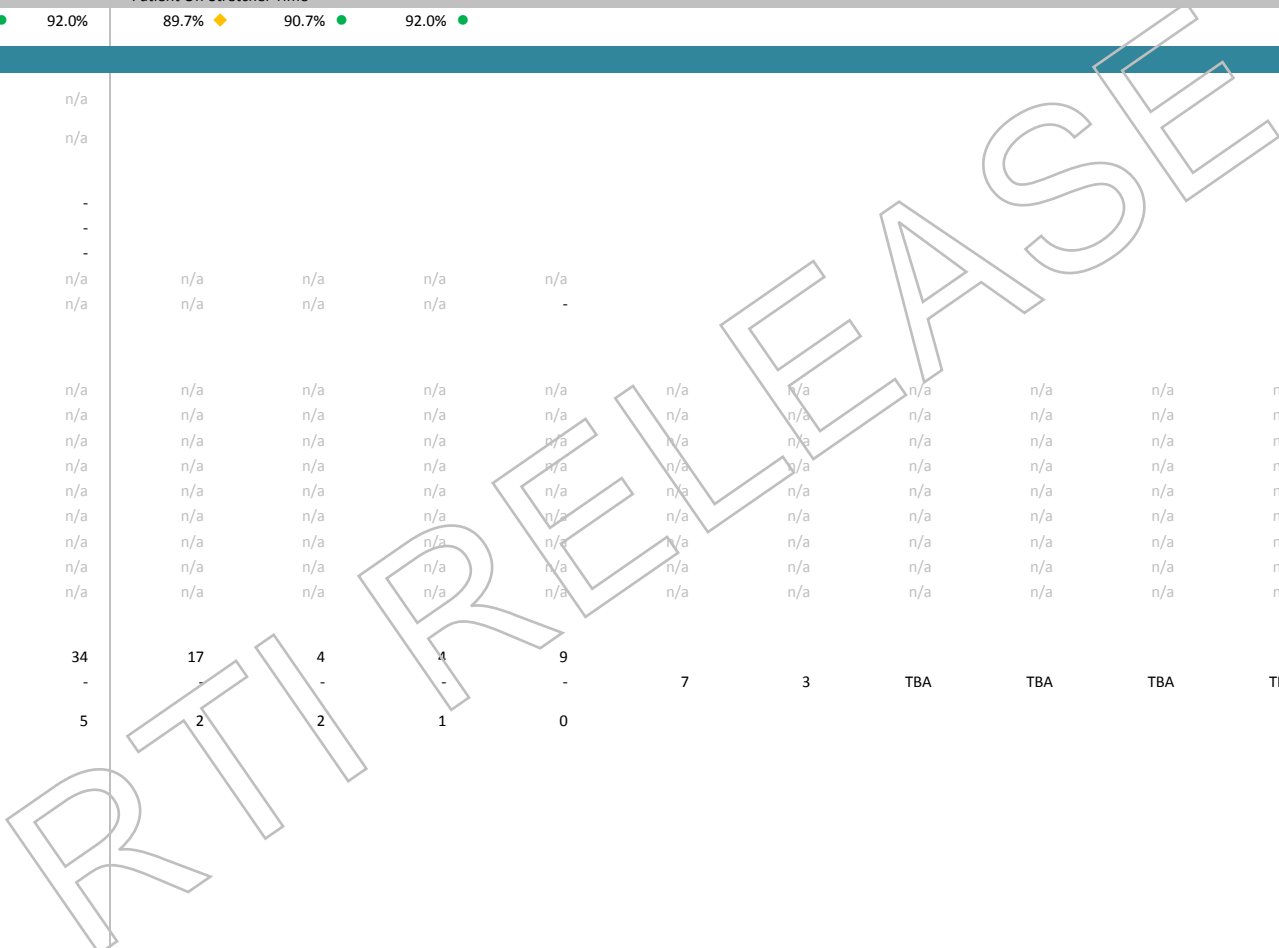
1.6	Full-year Forecast Operating Position	\$ Surplus / - Deficit	Full-year Forecast Operating Position \$ M										
	Result	n/a											n/a
1.7	Purchased activity		YTD purchased activity (DSS loaded targets) and actual activity										
	Total	23,430	7,949	7,901	7,580								0
	Target	0	0	0	0								0
	Inpatient	15,526	5,327	5,174	5,026								0
	Target	0	0	0	0								0
	Outpatient	3,920	1,334	1,315	1,271								0
	Target	0	0	0	0								0
	Interventions and Procedures	907	258	365	284								0
	Target	0	0	0	0								0
	Emergency Department	2,484	817	855	812								0
	Target	0	0	0	0								0
	Subacute	210	88	74	48								0
	Target	0	0	0	0								0
	Mental Health	382	125	118	139								0
	Target	0	0	0	0								0
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
	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) 14 November 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
SUPPORTING INDICATORS													
POST	Patient Off Stretcher Time												
Result	92.0%	89.7%	90.7%	92.0%									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	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	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	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	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	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	n/a	n/a
Backlog maintenance reduction	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
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	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	n/a	n/a
Cochlear Implants - Adults													
Result	34	17	4	1	9								
Trajectory	-	-	-	-	-	7	3	TBA	TBA	TBA	TBA	TBA	71
Cochlear Implants - Children	5	2	2	1	0								22
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) 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%

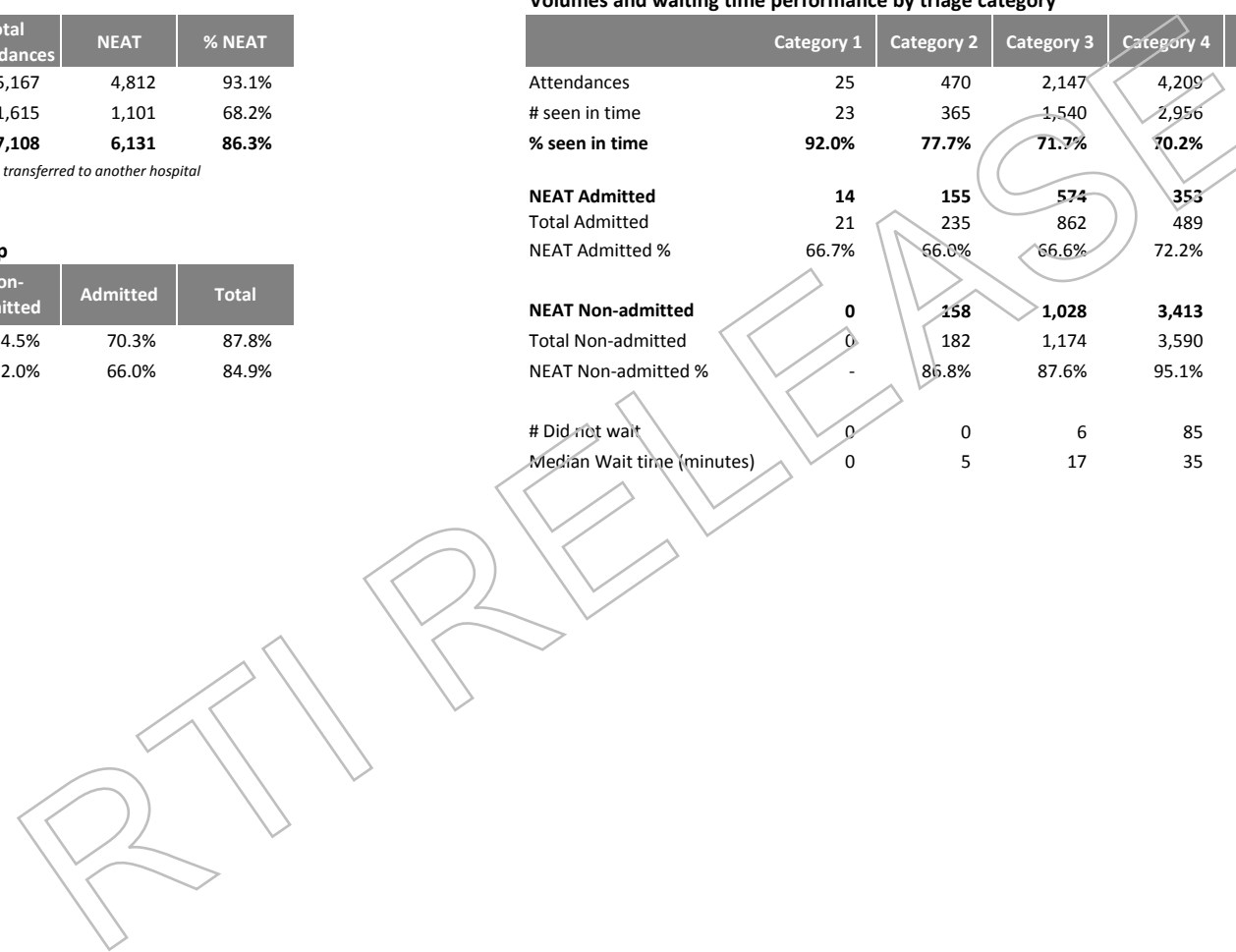
* Does not include dead on arrival, died in ED, did not wait and transferred to another hospital

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%
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 (minutes)	0	5	17	35	26	24



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

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

Weighted Activity Units - QWAU	2013-14		2013-14 YTD		YTD Variance to Target		Inter-HHS Flow %		Full Year Forecast	
	Purchased *	DSS Target	Actual	Actual	% change	Resident	Non-resident	Actual	% variance to purchased	
Overall Activity										
Inpatient	63,236	0	15,526	15,526	-	-	-	-	-	-
Interventions and Procedures	3,094	0	907	907	-	-	-	-	-	-
Emergency Department	10,374	0	2,484	2,484	-	-	-	-	-	-
Mental Health	2,009	0	382	382	-	-	-	-	-	-
Outpatient	14,639	0	3,920	3,920	-	-	-	-	-	-
SNAP	993	0	210	210	-	-	-	-	-	-
Total	94,345	-	23,430	-	-	-	-	-	-	-

Inpatient										
Breast Surgery	833	0	235	235	-	-	-	-	-	-
Cardiac Surgery	1,917	0	312	312	-	-	-	-	-	-
Cardiology	1,306	0	330	330	-	-	-	-	-	-
Colorectal Surgery	1,424	0	248	248	-	-	-	-	-	-
Dental Surgery	373	0	36	36	-	-	-	-	-	-
Dentistry	-	0	86	86	-	-	-	-	-	-
Dermatology	218	0	61	61	-	-	-	-	-	-
Drug & Alcohol	288	0	66	66	-	-	-	-	-	-
Ear, Nose & Throat	2,173	0	531	531	-	-	-	-	-	-
Endocrinology	900	0	224	224	-	-	-	-	-	-
Extensive Burns	9	0	2	2	-	-	-	-	-	-
Gastroenterology	665	0	190	190	-	-	-	-	-	-
Gynaecology	2,266	0	571	571	-	-	-	-	-	-
Haematological Surgery	0	0	44	44	-	-	-	-	-	-
Haematology	713	0	141	141	-	-	-	-	-	-
Head & Neck Surgery	338	0	75	75	-	-	-	-	-	-
Immunology & Infections	1,290	0	392	392	-	-	-	-	-	-
Medical Oncology	806	0	119	119	-	-	-	-	-	-
Neurology	1,564	0	461	461	-	-	-	-	-	-
Neurosurgery	890	0	403	403	-	-	-	-	-	-
Non Subspecialty Medicine	2,143	0	298	298	-	-	-	-	-	-
Non Subspecialty Surgery	3,936	0	921	921	-	-	-	-	-	-
Obstetrics	9,824	0	2,288	2,288	-	-	-	-	-	-
Ophthalmology	1,077	0	218	218	-	-	-	-	-	-
Orthopaedics	5,608	0	1,388	1,388	-	-	-	-	-	-
Plastic & Reconstructive Surgery	1,735	0	341	341	-	-	-	-	-	-
Qualified Neonate	8,491	0	2,077	2,077	-	-	-	-	-	-
Renal Medicine	388	0	147	147	-	-	-	-	-	-
Respiratory Medicine	4,263	0	1,349	1,349	-	-	-	-	-	-
Rheumatology	276	0	75	75	-	-	-	-	-	-
Thoracic Surgery	0	0	186	186	-	-	-	-	-	-
Tracheostomy	3,653	0	707	707	-	-	-	-	-	-
Transplantation	130	0	17	17	-	-	-	-	-	-
Upper GIT Surgery	850	0	277	277	-	-	-	-	-	-
Urology	2,165	0	548	548	-	-	-	-	-	-
Vascular Surgery	729	0	161	161	-	-	-	-	-	-
Inpatient Sub-Total	63,236	0	15,526	15,526	-	-	-	-	-	-

Interventions and Procedures										
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	-	-	-	-	-	-	-	-	-
Interventions and Procedures Sub-Total	3,094	0	907	907	-	-	-	-	-	-

Weighted Activity Units - QWAU	2013-14		2013-14 YTD		YTD Variance to Target		Inter-HHS Flow %		Full Year Forecast	
	Purchased *	DSS Target	Actual	Actual	% change	Resident	Non-resident	Actual	% variance to purchased	
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	2,484	-	-	-	-	-	-

Mental Health										
Psychiatry - Acute	2,009	0	382	382	-	-	-	-	-	-
MH	0	-	-	-	-	-	-	-	-	-
Mental Health Sub-Total	2,009	0	382	382	-	-	-	-	-	-

Outpatient										
Allied Health	2,134	0	649	649	-	-	-	-	-	-
Burns	0	-	-	-	-	-	-	-	-	-
Clinical Measurement	376	0	130	130	-	-	-	-	-	-
Ear, Nose and throat (ENT)	355	0	84	84	-	-	-	-	-	-
Gastroenterology	665	0	163	163	-	-	-	-	-	-
Genetics	0	-	-	-	-	-	-	-	-	-
Gynaecology	3,646	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	-	-	-	-	-	-
Paediatric	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	-	-	-	-	-	-

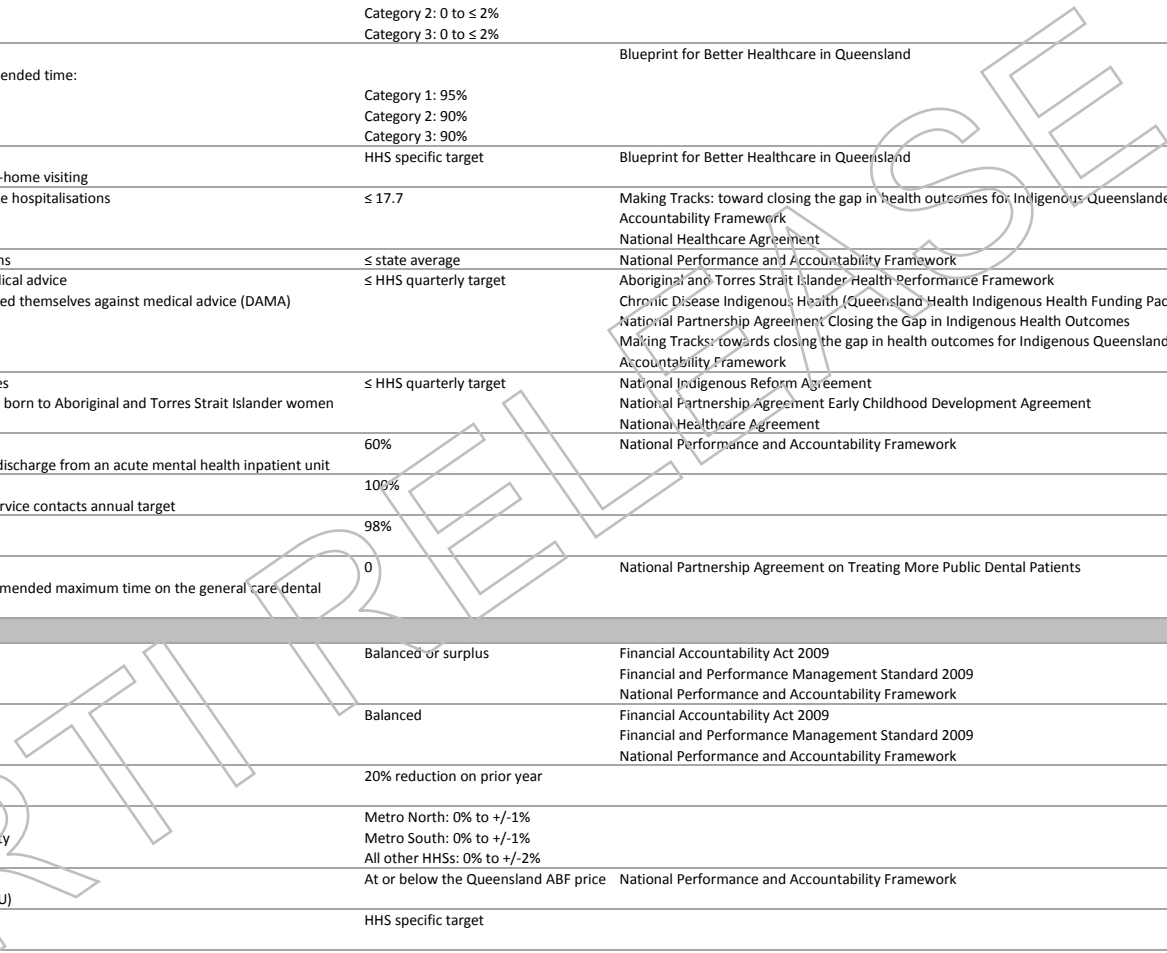
SNAP										
GEM	0	0	5	5	-	-	-	-	-	-
MAINT	182	0	53	53	-	-	-	-	-	-
PALLIATIVE	360	0	67	67	-	-	-	-	-	-
REHAB	451	0	85	85	-	-	-	-	-	-
SNAP Sub-Total	993	0	210	210	-	-	-	-	-	-

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

KPI No.	Level	Key Performance Indicator (KPI)	Target	Strategic Link	Reporting Frequency
EFFECTIVENESS – 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 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
2.2	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) 50% YTD (Darling Downs, Gold Coast, Metro North, Metro South, Sunshine Coast, Wide Bay)	Queensland Statewide Renal Services Plan (2008 – 2017)	Monthly
EQUITY AND EFFECTIVENESS - 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	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 - 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	Monthly

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

KPI No.	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: - 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	Monthly
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	Monthly
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
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	Quarterly
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 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	Quarterly
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	Annual
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 Progress towards duration of ambulatory mental health service contacts annual target	100%		Monthly
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 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
EFFICIENCY – EFFICIENCY AND FINANCIAL PERFORMANCE					
1.6	Tier 1	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
1.7	Tier 1	Purchased activity monitoring Variance between YTD purchased activity and actual activity	Metro North: 0% to +/-1% Metro South: 0% to +/-1% All other HHSs: 0% to +/-2%		Monthly
2.2	Tier 2	Average QWAU cost Average cost per Queensland weighted activity unit (QWAU)	At or below the Queensland ABF price	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
EFFECTIVENESS – 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	Annual



MATER HEALTH SERVICES Relationship Management Group Meeting		ACTION MINUTES
Date	5 December 2013	
Time	1.00pm – 2:00pm	
Location	Conference Room 2, Level 5, Queensland Health Building	
Present	<p>Department of Health (DoH) Helen Ceron, Senior Director, Service Agreement Development and Management (SD SADM) Ellen Cumberland, Manager, Service Agreement Development and Management Lyndsay Hardman, Manager, Service Agreement Development and Management (Secretariat)</p> <p>Mater Health Services (MHS) Bronwyn Whelan, Director of Business Services (DBS MHS) Karen Bayntun, Director of Health Planning and Performance (DHPP MHS) Sean Hubbard, Executive Director of Adult's, Women's and Children's Health Services (ED MHS)</p>	
Apologies	Nick Steele, Executive Director Healthcare Purchasing, Funding and Performance Management (ED HPPF)	

ITEM	ACTION	RESPONSIBLE
1.	INTRODUCTION	
	<ul style="list-style-type: none"> 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	
	<ul style="list-style-type: none"> 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. DoH to organise a meeting to finalise QIP payments – meeting has been held – action completed and closed. 	SADM
3.	PERFORMANCE DASHBOARD/PROGRESS REPORTING	
	<p>NEAT</p> <ul style="list-style-type: none"> No performance issues – good performance noted. ED Categories 1, 2 and 3 amber. Categories 4 and 5 green. <p>NEST</p> <ul style="list-style-type: none"> 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 	

	<p>RMG meeting and thereafter until data flows through the info system.</p> <ul style="list-style-type: none"> • 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. 	<p>MHS</p> <p>SADM</p> <p>SADM</p>
4.	ANY OTHER BUSINESS (AOB)	
	<ul style="list-style-type: none"> • Own source revenue – ED MHS requested that this be a standing agenda item going forward. • DHPP MHS requested a copy of Megan Mercer’s EMT brief and the IHPA draft pricing framework to be shared. • 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. • Endocrinology Outreach – Mater concerned about the lack of progress with future planning with QCH, SADM to follow up with CQH • 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 • Innovation fund: send advice to MHS regarding dates for each round. • Mater is seeking clarity around the part payment definition of NEAT 	<p>Secretariat</p> <p>SADM</p> <p>SADM</p> <p>SADM</p> <p>SADM</p> <p>SADM</p> <p>SADM</p> <p>SADM</p> <p>SADM</p>

MATER MISERICORDIAE HEALTH SERVICES BRISBANE LIMITED

Service Agreement

2013/14 – 2015/16

RTI RELEASE

Mater Misericordiae Health Services Brisbane Limited Service Agreement 2013/14 - 2015/16



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RTI RELEASE

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
- (b) 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:

- (a) 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;

- (c) define the performance measures for the provision of the services;
 - (d) 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).

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:
- initiatives, performance targets, priorities, strategies, undertakings and other measures relating to the delivery of services;
 - assessing the Mater performance against measures; and
 - 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:
- assess and measure the performance of the Mater against undertakings, strategies and measures that apply to the Mater under this Mater Services Agreement; and
 - 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 Health 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:
- effectiveness - Safety and Quality;
 - equity and Effectiveness – Access;
 - efficiency - Efficiency and Financial Performance; and
 - 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.qld.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:

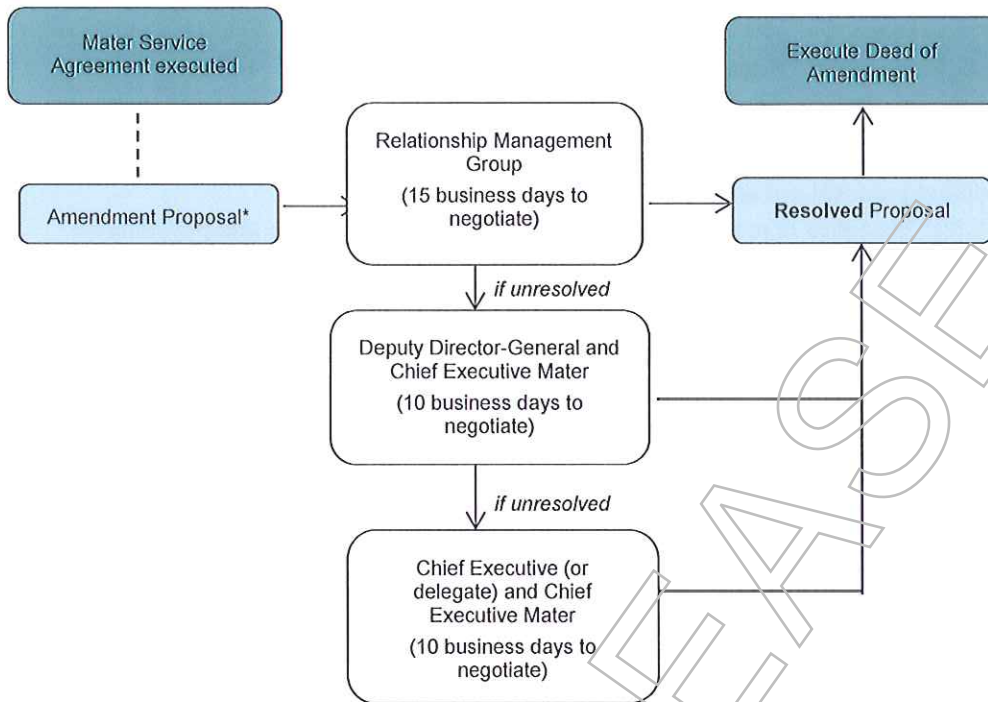
- (a) an amendment that only affects the value and/or purchased activity levels; and
- (b) other amendments (e.g. a variation to the content of schedule 1).

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.

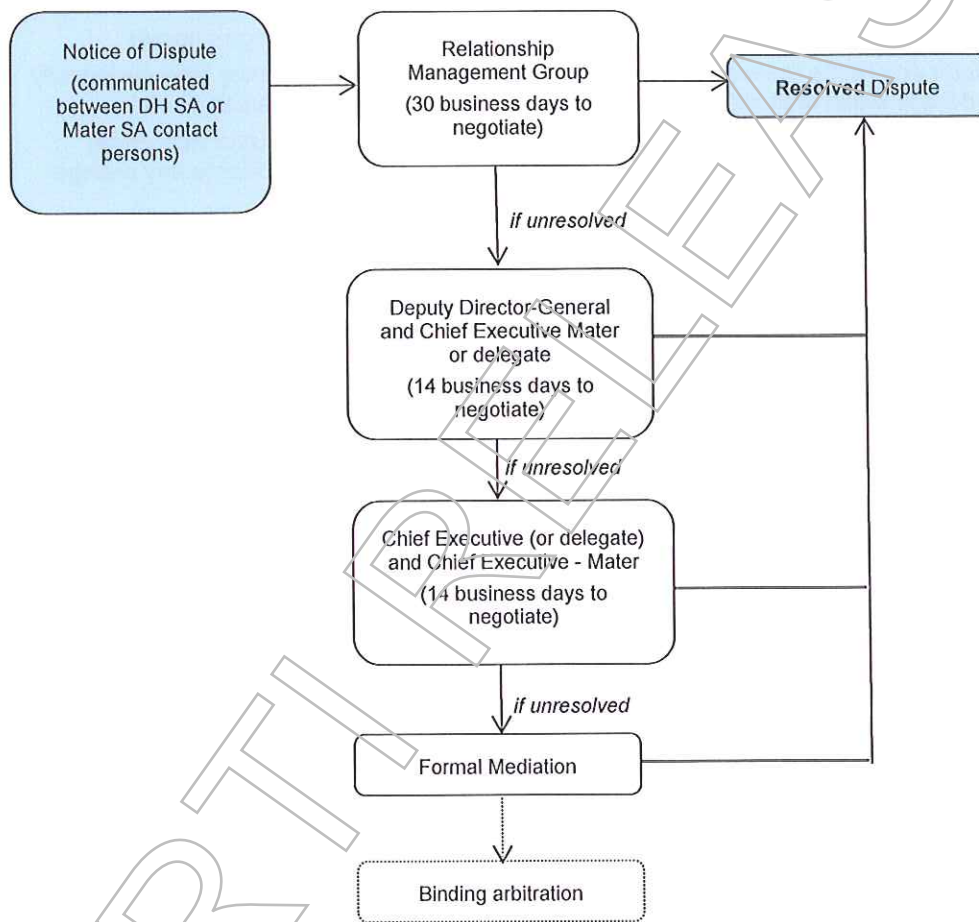
- 9.9 The in-year service agreement management rules for financial adjustments are detailed Schedule 2 'Purchased Activity and Funding' of this Mater Service Agreement and describe the occasions when financial adjustments will be made as a result of variation in activity or purchasing initiatives. Financial 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 will 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 summary of the matter in dispute;
 - an explanation of how the party giving the notice of dispute believes the dispute should be resolved and reasons to support that belief;
 - any information or documents to support the notice of dispute; and
 - a definition and explanation of any financial or service delivery impact of the dispute.

Figure 2: Dispute Resolution Process



- 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

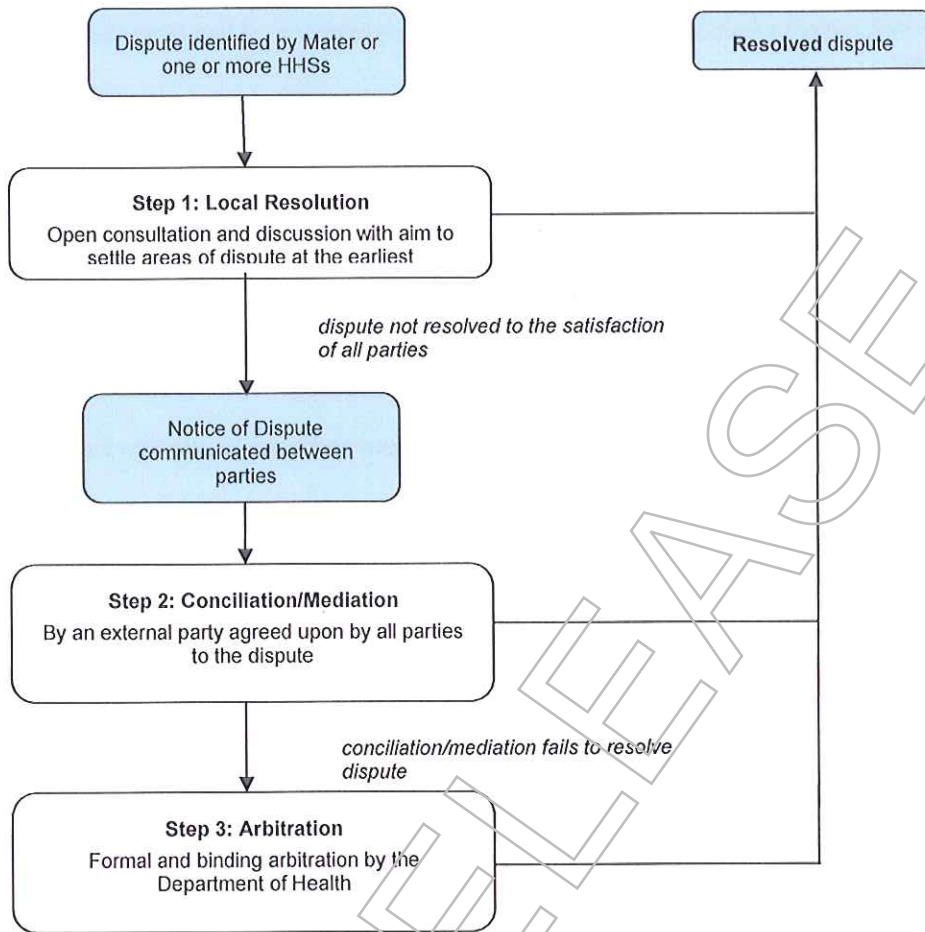
10C.1 In the event of a dispute arising between the Mater and a HHS, the process set out in Figure 3 will be initiated. Resolution of Mater-HHS disputes will be through a tiered process, commencing with local resolution. If required (and both parties agree) the dispute can be referred to the Department 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 manner 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;
 - (iii) 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;
- (b) 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.
- 12.5 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;
 - suspend particular services at the Mater until the area/s of concern are resolved; and
 - 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:

- (i) 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 (Cth).
- 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:

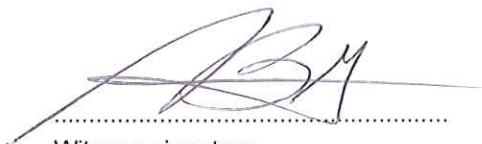
- (a) is transferred to the Mater; or
 - (b) is otherwise retained by the Department;
- each party must (at its own cost):
- (c) do all things;
 - (d) execute such documents; and
 - (e) share such information;

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:)
)
)



Witness signature

Axelie Brigitte Yaky
Name of Witness (print)

19 DEC 2013

(date)

Signed by the Chief Executive, Mater in
the presence of:)
)
)



Witness signature

TINA LOW
Name of Witness (print)

17. 12. 2013
(date)



Signature of Chief Executive

Ian Maynard
Director - General

Name of Chief Executive (print)



Signature of Chief Executive, Mater

DR JOHN O'DONNELL

Name of Chief Executive, Mater (print)

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.

3. Hospital Services and Facilities

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.

3.2 Clinical Services Provided

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

3.2.1 Inpatient Services

- Adolescent Drug and Alcohol
- Anaesthetic Services
- Breast Surgery
- Cardiology

- 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
- 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

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
- Gastroenterology
- General Surgery
- Gynaecology
- Haematology
- Immunology and Allergy
- Infectious Diseases
- 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

3.2.3 Interventions and Procedures

- Chemotherapy
- Dialysis
- Endoscopy
- 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:
 - (i) 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:
 - (i) 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:
 - (i) 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 Received 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 HHS: Mater Public Hospitals As at 12th December 2013	2012/13		2013/14		Change (12/13 to 13/14)		2014/15 (Not Legally Binding)		2015/16 (Not Legally Binding)	
	QWAU	\$	QWAU	\$	QWAU	\$	QWAU	\$	QWAU	\$
	Price: \$	4,660.00	Price: \$	4,660.00			Price: \$	4,660.00	Price: \$	4,660.00
Activity Based Funding										
ABF Activity										
Inpatient	58,761	273,826,260	61,114	284,792,395	2,353	10,966,135	63,905	297,797,903	66,713	310,880,834
Outpatient	11,183	52,115,091	14,493	67,538,749	3,310	15,423,658	14,993	69,868,749	14,993	69,868,749
Interventions and Procedures	3,529	16,445,140	4,121	19,203,860	592	2,758,720	4,121	19,203,860	4,121	19,203,860
Emergency Department	9,217	42,951,149	9,217	42,951,149	-	-	9,217	42,951,149	9,217	42,951,149
Sub Acute	826	3,849,160	944	4,400,664	118	551,504	1,280	5,963,302	1,615	7,525,940
Mental Health	1,480	6,896,800	1,480	6,896,800	-	-	1,686	7,859,522	1,871	8,717,425
Total	84,996	396,083,600	91,370	425,783,617	6,373	29,700,017	95,202	443,643,436	98,530	459,147,958
Other ABF Adjustments										
Site Specific Grants		25,106,501		17,679,897	-	(7,426,604)	-	17,679,897	-	17,679,897
Clinical Education & Training		13,768,037		15,139,898	-	1,371,861	-	15,139,898	-	15,139,898
Non-WAU Demand Management		(60,000)		(535,000)	-	(475,000)	-	(535,000)	-	(535,000)
Productivity Dividend		-		-	-	-	-	-	-	-
Transitional and Other ABF Adjustments		17,316,470	-	22,220,047	-	4,903,576	-	22,220,047	-	22,220,047
Total	-	56,131,009	-	54,504,842	-	(1,921,767)	-	54,504,842	-	54,504,842
<i>12/13 ABF Control</i>		452,214,600		452,214,600						
Subtotal ABF Funding	84,996	452,214,609	91,370	480,288,459	6,373	28,078,850	95,202	498,148,327	98,530	513,652,800
<i>Provisional ABF Budget per QWAU:</i>		\$ 5,320.39		\$ 5,256.53		-\$ 63.86				
		\$ 4,863.03		\$ 4,897.33						
Non-Activity Based Funding										
Non-ABF										
Block Funded Facilities (IHPA Inscope)	-	-	-	-	-	-	-	-	-	-
Block Funded Facilities (IHPA Out of Scope)	-	-	-	-	-	-	-	-	-	-
Block (Private)	-	-	-	-	-	-	-	-	-	-
Mental Health Facilities	-	-	-	-	-	-	-	-	-	-
Block Funded Transition	-	-	-	-	-	-	-	-	-	-
Total	-	-	-	-	-	-	-	-	-	-
Non-ABF - Block Funded Services										
Community Health Care		2,733,611		2,739,645	-	6,034	-	2,739,645	-	2,739,645
Depreciation		7,641,772		11,397,442	-	3,755,670	-	11,397,442	-	11,397,442
Grants & Subsidies		1,670,099		1,487,167	-	(182,932)	-	1,487,167	-	1,487,167
Intellect Disability Services		-		-	-	-	-	-	-	-
Interstate Patient (Payable to other states)		-		-	-	-	-	-	-	-
Medical Aids & Appliances (MASS)		-		-	-	-	-	-	-	-
Mental Health Community		15,671,734		13,813,458	-	(1,858,276)	-	13,813,458	-	13,813,458
Offender Health Services		-		-	-	-	-	-	-	-
Oral Health Services (Non-admitted)		-		-	-	-	-	-	-	-
Patient Transport		1,766,812		1,766,812	-	-	-	1,766,812	-	1,766,812
Population Health - ATODS		-		-	-	-	-	-	-	-
Population Health - Breast Screen		-		-	-	-	-	-	-	-
Population Health - Other Services		820,508		820,508	-	-	-	820,508	-	820,508
Pre-commissioning (Transition)		-		-	-	-	-	-	-	-
Primary Health Care		1,494,147		1,494,147	-	-	-	1,494,147	-	1,494,147
Research		-		-	-	-	-	-	-	-
Residential Aged Care Facilities		-		-	-	-	-	-	-	-
Specified Budget Items		124,000		124,000	-	-	-	124,000	-	124,000
Statewide Functions		-		-	-	-	-	-	-	-
Other		33,846,023		23,856,707	-	(9,989,317)	-	32,507,600	-	40,856,447
Total	-	65,768,706	-	57,499,886	-	(8,268,821)	-	66,150,779	-	74,499,626
Subtotal Non ABF Funding	-	65,768,706	-	57,499,886	-	(8,268,821)	-	66,150,779	-	74,499,626
Total Contract of Offer	84,996	517,983,315	91,370	537,788,345	6,373	19,805,030	95,202	564,299,107	98,530	588,152,426
ABF (Efficiency) / Inefficient - Transitional Adjustment				22,220,047				22,220,047		22,220,047

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

Table 2.2b Finance and Activity by Facility

	Mater Adults		Mater Childrens		Mater Mothers		Mater Total (2013/14)	
	WAU	\$	WAU	\$	WAU	\$	WAU	\$
Activity Based Funding								
<i>Purchased 2012/13 (Ph 15)</i>								
Inpatient	20,502	80,520,533	17,214	75,169,100	14,136	61,704,754	51,851	226,394,448
Outpatient	8,191	35,663,738	4,810	20,842,805	3,215	13,696,122	16,216	70,602,755
Interventions and Procedures	1,786	7,786,875	3,705	16,154,050	7,545	32,899,511	13,036	56,831,436
Emergency Department	4,177	18,207,758	6,395	27,877,274			10,571	46,085,032
Sub Acute	785	3,433,790	18	77,043			805	3,510,833
Mental Health	71	308,508	1,505	6,561,825	13	54,531	1,589	6,924,865
Purchased 2012/13 (Ph 15) Total	35,514	164,921,203	33,647	146,782,248	24,908	108,645,918	94,969	410,249,269
<i>Addition of ABF inflation (labour and non labour)</i>								
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		2,120,823
Emergency Department		679,473		1,040,318				3,719,791
Sub Acute		128,141		2,875				151,016
Mental Health		11,513		244,873		2,035		1,258,421
ABF inflation (labour and non labour) 13-14		6,791,215		5,477,687		4,054,224		15,323,226
<i>Conversion between Phase 15 and QWAUs (Ph 16)</i>								
Inpatient	901	6,876,740	2,564	14,191,174	3,444	17,815,362	6,910	36,983,276
Outpatient	-3,618	-15,683,392	-1,240	-6,985,064	-175	-353,946	-5,033	-21,122,402
Interventions and Procedures	1,062	5,194,216	-3,024	-13,583,423	-7,545	-34,117,011	-9,507	-42,507,119
Emergency Department	76	331,678	-1,431	-5,785,352			-1,354	-4,853,674
Sub Acute	20	202,761	0	4,540			21	207,310
Mental Health	-5	-12,763	-103	-271,466	-1	-2,256	-159	-286,485
Conversion between Phase 15 and QWAUs (Ph 16)	-1,663	-2,489,760	-3,233	-10,574,583	-4,277	-16,568,752	-8,072	-29,579,095
<i>Purchased 2012/13 in QWAUs (Ph 16)</i>								
Inpatient	21,403	99,737,980	19,778	92,165,480	17,586	81,922,000	58,761	273,826,260
Outpatient	4,573	21,311,238	3,571	16,639,573	3,040	14,104,460	11,183	52,115,091
Interventions and Procedures	2,849	13,271,680	681	3,173,465			3,529	16,445,140
Emergency Department	4,253	19,818,000	4,864	23,132,240			9,217	42,051,140
Sub Acute	808	3,764,692	18	84,468			826	3,849,160
Mental Health	66	307,258	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	95,141,690	84,996	396,083,600
<i>Growth in Activity</i>								
Inpatient	1,080	5,076,171	273	1,271,904	991	4,618,060	2,353	10,966,135
Outpatient	1,414	6,588,299	937	4,364,499	959	4,470,860	3,310	15,423,658
Interventions and Procedures	592	2,758,720					592	2,758,720
Emergency Department								
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	29,700,017
Purchased 2013/14 (Ph 16)								
Inpatient	22,462	104,914,151	20,051	93,437,364	19,571	86,540,860	61,114	284,792,305
Outpatient	5,087	27,896,537	4,507	21,003,872	3,069	18,035,340	14,493	67,538,749
Interventions and Procedures	3,440	16,030,400	691	3,173,460			4,121	10,203,860
Emergency Department	4,253	19,818,909	4,964	23,132,240			9,217	42,051,140
Sub Acute	626	4,316,190	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	147,366,666	22,682	106,236,510	91,370	426,783,617
Clinical Education & Training								
		7,267,236		4,333,443		3,549,219		16,139,898
<i>Site Specific Grants</i>								
Adult Cystic Fibrosis				181,536				181,536
Bilateral Implants for Children								440,055
Breast Reconstructions		440,055						440,055
Oncology - Level 6 Service								164,023
Palliative Care		164,023						164,023
Queensland Paediatrics Cardiac Service (QPCS)				12,588,638				12,588,638
Respiratory ECHO								374,000
Retrieval Services - NICU						374,000		374,000
Retrieval Services - PICU				724,333				724,333
Statewide Paediatric Epilepsy Service				358,761				358,761
Statewide Paediatric Sleep and Respiratory								
Unlinkable Diagnostics								
Urology Outreach (non-recurrent)		2,848,551						2,848,551
Site Specific Grants Total		3,452,629		13,863,268		374,000		17,679,897
<i>Other ABF amounts</i>								
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		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		2,749,245		8,460,857		10,474,844		21,686,947
Subtotal ABF Funding	37,164	186,645,662	31,624	174,014,224	22,582	119,628,573	91,370	480,288,459
Subtotal Non ABF Funding		18,503,620		29,251,141		9,745,125		57,499,886
Total Contract of Offer	37,164	205,149,281	31,624	203,265,365	22,582	129,373,698	91,370	537,788,345

Table 2.2c Non-ABF Funding

Description	Mater 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		\$ 768,341		\$ 768,341
Implementation of Multi-Cultural Policy Review	\$ 83,000			\$ 83,000
Refugee Health	\$ 474,685			\$ 474,685
Indigenous Early Childhood		\$ 6,034		\$ 6,034
Community Health Care Total	\$ 557,685	\$ 2,181,960	\$ -	\$ 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			\$ 85,952
QISU		\$ 424,760		\$ 424,760
SCAN/Child Safety		\$ 220,000		\$ 220,000
Allied Health Professorial Position	\$ 139,387			\$ 139,387
2 x ABF A08 positions				\$ -
Codefinder 13/14	\$ 47,617	\$ 40,518	\$ 28,933	\$ 117,058
Grants and Subsidies Total	\$ 272,956	\$ 1,185,278	\$ 28,933	\$ 1,487,167
Mental Health Community				
Community Mental Health including ADAWs		\$ 13,813,458		\$ 13,813,458
Grants-General Industry/Community Entities - Mental Health Disaster Recovery Funding				\$ -
Mental Health Community Total	\$ -	\$ 13,813,458	\$ -	\$ 13,813,458
Patient Transport				
Patient Transport / Transit	\$ 1,766,812			\$ 1,766,812
Patient Transport Total	\$ 1,766,812	\$ -	\$ -	\$ 1,766,812
Population Health - Other Services				
Chronic Disease Prevention	\$ 820,508			\$ 820,508
Population Health - Other Services Total	\$ 820,508	\$ -	\$ -	\$ 820,508
Primary Health Care				
Child and Maternal Health Services (Healthy Hearing)			\$ 1,494,147	\$ 1,494,147
Primary Health Care Total	\$ -	\$ -	\$ 1,494,147	\$ 1,494,147
Specified Budget Items				
Child Youth Mental Health ATSI Ed-Linq Project		\$ 124,000		\$ 124,000
Specified Budget Items Total	\$ -	\$ 124,000	\$ -	\$ 124,000
Other				
IT Infrastructure and Operational	\$ 814,692	\$ 686,763	\$ 468,545	\$ 1,970,000
Capital Replacement (HTER & IT replacement \$400K)	\$ 1,612,842	\$ 1,359,581	\$ 927,577	\$ 3,900,000
Inflation (Non-ABF Only)	\$ 1,929,145	\$ 1,631,456	\$ 1,123,663	\$ 4,684,265
Overhead	\$ 5,979,428	\$ 5,040,492	\$ 3,438,888	\$ 14,458,807
Balance High Cost Drugs (Prior Year)				\$ -
Difference in High Cost Drugs (as negotiated)				\$ -
Inflation (Non-Recurent) - EB Backpay and Leave Revaluation				\$ -
Activity Based Funding				\$ -
Minor Non ABF Adjustments				\$ -
Organ Transplant services/Organ and Tissue Donation Activity Funding				\$ -
Annual leave revaluation	\$ 251,157			\$ 251,157
MST 1.27 Transfer Funding for Healthy Hearing officer to Mater	\$ 132,549			\$ 132,549
Clinical Services Redesign Project	\$ 30,000			\$ 30,000
Nurse Practitioner - Mater correct additional funding for 11/12 only.	\$ 106,139			\$ 106,139
Stroke	\$ 235,000			\$ 235,000
Indigenous Early Childhood National Partnership Agreement			\$ 150,888	\$ 150,888
Indigenous Health - Antenatal			\$ 100,000	\$ 100,000
Models of Care - ENT - Audiological	\$ 106,732			\$ 106,732
Workforce Training - Allied Health Development Officer	\$ 228,145			\$ 228,145
Subtotal Additional Items	\$ 676,016	\$ -	\$ 250,888	\$ 926,904
Other Total	\$ 11,425,830	\$ 8,718,291	\$ 6,209,661	\$ 26,353,682
12/13 Final Quality Improvements				
NEAT Reward Funding	\$ 207,388	\$ 207,388		\$ 414,775
Blood Stream Infection (BSI)	-\$ 140,000		-\$ 20,000	-\$ 160,000
Pressure Injury	\$ 30,000			\$ 30,000
12/13 Final Quality Improvements Total	\$ 97,388	\$ 207,388	-\$ 20,000	\$ 284,775
Additional Items 12-13				
W3 Adjustments				
GPLOs	\$ 136,541			\$ 136,541
CPIP Payment - January 2013				\$ -
Refugee HS surplus clawback				\$ -
Mater Refugee Health non PBS meds	\$ 15,000			\$ 15,000
Outpatient BPLOs				\$ -
Medical Trainee Scholarships				\$ -
Physiotherapy Clinical Education Funding				\$ -
SCAN funding		\$ 80,000		\$ 80,000
CPIP Payment November 2012				\$ -
QIP Payment 12-13 first stage				\$ -
Sonographer training position				\$ -
W4 Adjustment				
Organ Donation				\$ -
Subtotal W3 and W4 12-13 Amendments	\$ 151,541	\$ 80,000	\$ -	\$ 231,541
Total Non ABF 12-13 at Year End	\$ 19,786,592	\$ 30,279,923	\$ 10,446,662	\$ 60,513,177
Productivity Dividend Total	-\$ 1,282,972	-\$ 1,028,782	-\$ 701,537	-\$ 3,013,292
Subtotal Non ABF Funding	\$ 18,503,620	\$ 29,251,141	\$ 9,745,125	\$ 57,499,886

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 Received 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 Received Grants	-
Locally Received High Cost Drugs	4,284,900
Locally Received Own Source Revenue	17,588,980
Department Grants ³	22,688,112
TOTAL	537,788,345

6. Funds Disbursement

- 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.

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 Aupiced); Tertiary Mental Health; Clinical Education and Research/Training.

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.

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
EFFECTIVENESS – SAFETY AND QUALITY				
1.1	Tier 1	National Safety and Quality Health Service Standards Compliance	All actions met	<i>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</i>
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	<i>National Performance and Accountability Framework National Healthcare Agreement Blueprint for Better Healthcare in Queensland</i>
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	<i>Queensland Statewide Renal Services Plan (2008 – 2017)</i>
EQUITY AND EFFECTIVENESS - 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%	<i>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</i>
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%	<i>National Performance and Accountability Framework National Partnership Agreement on Improving Public Hospital Services Schedule C – National Emergency Access Target</i>
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%	<i>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</i>
1.4	Tier 1	Maintain surgical activity Elective Surgery Volume	≥5% more than 2010 volume	<i>National Partnership Agreement on Improving Public Hospital Services Schedule A – National Elective Surgery Target</i>
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	<i>National Partnership Agreement on Improving Public Hospital Services Schedule A – National Elective Surgery Target Blueprint for Better Healthcare in Queensland</i>

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%	<i>Blueprint for Better Healthcare in Queensland National Partnership Agreement on Improving Public Hospital Services Schedule A – National Elective Surgery Target</i>
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	<i>Blueprint for Better Healthcare in Queensland National Partnership Agreement on Improving Public Hospital Services Schedule A – National Elective Surgery Target</i>
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%	<i>National Partnership Agreement on Improving Public Hospital Services Schedule A – National Elective Surgery Target Blueprint for Better Healthcare in Queensland</i>
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%	<i>Blueprint for Better Healthcare in Queensland</i>
2.11	Tier 2	Potentially preventable hospitalisations – chronic conditions	≤ state average	<i>National Performance and Accountability Framework</i>
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	<i>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</i>
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%	<i>National Performance and Accountability Framework</i>
2.15	Tier 2	Ambulatory mental health activity Progress towards duration of ambulatory mental health service contacts annual target	100%	<i>Blueprint for Better Healthcare in Queensland Queensland Plan for Mental Health 2007-2017 Fourth National Mental Health Plan</i>
EFFICIENCY – 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
EFFECTIVENESS – 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%	<i>National Performance and Accountability Framework</i>

RTI RELEASE

Appendix 1 Adverse Events and Never Events Specification Sheets

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RTI RELEASE

Healthcare Purchasing Framework 2013-14 Specification Sheet

Never Events

Aim:	<p>To minimise those significant clinical risks to patients for which there are well known, effective preventative strategies.</p>
Scope:	<p>All ABF Facilities (including all Mater hospitals)</p>
Rationale:	<p>“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.</p>
Potential benefits to patients:	<p>Reduction in the occurrence of patient harm.</p>
Potential benefits to the system:	<p>Maintains the principle that the purchaser, on behalf of the taxpayer, does not have to pay for poor quality care.</p> <p>Services will report and learn from these extremely serious incidents and strengthen their systems to prevent future occurrences.</p>
Purchasing adjustment:	<p>There will be no payment for an episode of care that involves the following never events:</p> <ol style="list-style-type: none"> 1. Death or likely permanent harm as a result of haemolytic blood transfusion reaction resulting from ABO incompatibility. <i>Excludes where ABO-incompatible blood components are deliberately transfused with appropriate management.</i> 2. Death or likely permanent harm as a result of bed rail entrapment or entrapment in other bed accessories (<i>no exclusions</i>). 3. Infants discharged to the wrong family (<i>no exclusions</i>). 4. Death or neurological damage as a result of intravascular Gas Embolism. <i>Excludes air embolism that occurs during a surgical or medical procedure.</i> 5. 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. <i>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.</i> 6. Procedures involving the wrong patient or body part resulting in death or major permanent loss of function. <i>Excludes interventions where the wrong site is selected because of unknown/unexpected abnormalities in the patient’s anatomy.</i> <p>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.</p>
Definitions:	<p>A “never event” is defined as serious, largely preventable patient safety incident that should not occur if the available preventative measures have been implemented.</p>
Monitoring:	<p>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.</p>
Data Source:	<p>PRIME</p>
References:	<p>National Sentinel Events by the Australian Commission on Safety and Quality in Health Care http://www.safetyandquality.gov.au/</p> <p>Queensland Health Patient Safety Reports: http://www.health.qld.gov.au/psq/reports/default.asp</p> <p>PRIME – Clinical Incident Reporting: http://qheps.health.qld.gov.au/psq/prime/ci/home.htm</p>

Healthcare Purchasing Framework 2013-14
Specification Sheet

Adverse Events: Healthcare-associated Blood Stream Infections

Aim:	<ul style="list-style-type: none"> ▲ To incentivise Hospital and Health Services (HHSs) to minimise avoidable adverse events i.e. healthcare-associated blood stream infection (BSI).
Scope:	<ul style="list-style-type: none"> ▲ All ABF facilities which participated in the Centre for Healthcare Related Infection Surveillance and Prevention (CHRISP) full surveillance program in 2011/12.
Rationale:	<ul style="list-style-type: none"> ▲ 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: <ul style="list-style-type: none"> ▪ 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:	<ul style="list-style-type: none"> ▲ Minimise clinical risk, pain and loss of quality of life to patients due to avoidable adverse events.
Potential benefits to the system:	<ul style="list-style-type: none"> ▲ 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:	<ul style="list-style-type: none"> ▲ 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:	<p>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. <i>Staphylococcus aureus</i>, <i>Pseudomonas aeruginosa</i>, <i>Escherichia coli</i>, <i>Klebsiella</i>, <i>Salmonella species</i>, <i>Candida albicans</i>)".</p> <p>Note: Where mixed isolates are obtained with one being an accepted pathogen, the potential contaminant organism is to be disregarded.</p> <p>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 one organism cultured, irrespective of the time period between positive cultures, then each of these will be counted.</p> <p>Inclusion criteria:</p> <p>The number of healthcare-associated inpatient and non-inpatient healthcare-associated bloodstream infections at a facility level. This includes one of the following:</p> <ul style="list-style-type: none"> ▪ 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 hours of discharge. ▪ Inpatient same-day admission e.g. day only admission for endoscopy or haemodialysis treatment in an ambulatory care facility). ▪ Occurred as a result of home-based health care provided by the hospital (e.g. home IV

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, Health 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 - Gold Coast Hospital - Mater Public Adults' Hospital - Princess Alexandra Hospital - Royal Brisbane and Women's Hospital - The Prince Charles Hospital - The Townsville Hospital	- Bundaberg Hospital - Ipswich Hospital - Logan Hospital - Mackay Base Hospital - Nambour Hospital - Redcliffe Hospital - Rockhampton Hospital - Toowoomba Hospital	- Caboolture Hospital - Gladstone Hospital - Hervey Bay Hospital - Maryborough Hospital - Mater Public Mothers' Hospital - QEII Hospital - Redland Hospital - Mount Isa Base Hospital	- Childrens' Hospital (*to be included from 14/15)
<i>Lower quintile rate Inpatient ON:3.43 Inpatient SD: 3.92</i>	<i>Lower quintile rate Inpatient ON:2.63 Inpatient SD: 0.26</i>	<i>Lower quintile rate Inpatient ON:0.69 Inpatient SD: 0.00</i>	

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

Healthcare Purchasing Framework 2013-14
Specification Sheet

Adverse Events: Hospital acquired pressure injuries

Aim:	<ul style="list-style-type: none"> To incentivise Hospital and Health Services (HHSs) to minimise avoidable adverse events, specifically hospital acquired stage 3 and 4 pressure injuries (PI).
Scope:	<ul style="list-style-type: none"> All ABF facilities (including Mater Public hospitals)
Rationale:	<ul style="list-style-type: none"> 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:	<ul style="list-style-type: none"> Minimise clinical risk, pain and loss of quality of life to patients due to avoidable adverse events.
Potential benefits to the system:	<ul style="list-style-type: none"> 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:	<ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> i) <i>Mid year:</i> 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) <i>End of year:</i> 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:	<ul style="list-style-type: none"> Any episodes with an ICD10-AM diagnosis code (principal or other) of L89.2 (Decubitus [pressure] ulcer, stage III) or L89.3 (Decubitus [pressure] ulcer, stage IV) which were not present on admission (onset type 2).
Monitoring	<ul style="list-style-type: none"> 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:	<ul style="list-style-type: none"> Queensland Health Admitted Patient Data Collection (QHAPDC) http://www.health.qld.gov.au/hic/manuals/12_13QHAPDC/12_13_QHAPDC_Final.pdf
References:	<ul style="list-style-type: none"> 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. Australian Commission on Safety and Quality in Health National Safety and Quality Health Standard – Preventing and Managing Pressure Injuries. http://www.safetyandquality.gov.au/wpcontent/uploads/2012/10/Standard8_Oct_2012_WEB.pdf

Healthcare Purchasing Framework 2013-14
Specification Sheet

Adverse Event: Hospital acquired injury associated with administration of psychotropic medications

Aim:	<ul style="list-style-type: none"> ▲ To minimise avoidable injuries related to the administration of psychotropic medications.
Scope	<ul style="list-style-type: none"> ▲ All ABF facilities, including Mater.
Rationale:	<ul style="list-style-type: none"> ▲ 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:	<ul style="list-style-type: none"> ▲ Reduction of the occurrence of patient harm as a result of a hospital intervention.
Potential benefits to the system:	<ul style="list-style-type: none"> ▲ 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:	<ul style="list-style-type: none"> ▲ 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: <ul style="list-style-type: none"> 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 adjustment (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 agreement amendment window in 2014-15.
Definitions:	<p>Inclusive of any separations within in-scope facilities where:</p> <ul style="list-style-type: none"> - 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). <p>Exclusions:</p> <ul style="list-style-type: none"> - the diagnosis is associated with intentional self harm (ICD Codes X60 to X84 inclusive).
Monitoring:	<ul style="list-style-type: none"> ▲ 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:	<ul style="list-style-type: none"> ▲ Queensland Hospital Admitted Patient Data Collection (QHAPDC) http://www.health.qld.gov.au/hic/manuals/12_13QHAPDC/12_13_QHAPDC_Final.pdf
Reference documents:	<ul style="list-style-type: none"> ▲ Documentation in which policies, procedures and priorities for Mental Health services are outlined include: <ul style="list-style-type: none"> - National Safety priorities 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