
TITLE: PERFORMANCE MEASURES REPORTING**DISTRIBUTION:** ALL PUBLIC HOSPITALS IN WESTERN AUSTRALIA

1. Purpose

The purpose of this bulletin is to describe the reporting of performance measures in 1999/2000. These performance measures are detailed in Appendix 3 of the provider Health Service Agreement (HSA).

2. Background

The combined effect of the introduction of Government output-based management requirements, a new health program and the refinement of HDWA Annual Report indicators, has led to the revision of performance measures detailed in the HSA. It is necessary to link internal performance measures with health system performance measures and external reporting requirements in a meaningful and systematic manner.

3. Specifications

The 1999/2000 HSA performance measure schedule will adopt the same style of reporting as required in the Treasury Program Statements. Performance measures will be reported for the following:

- quantity;
- quality;
- timeliness;
- cost; and
- effectiveness.

A number of the performance measures for the HSA were obtained from *Key Performance Indicators for 1998/99 Annual Reports, Health Service Boards & Board Hospitals, March 1999*. They were chosen from the document so as to avoid duplication of effort. However, there are performance measures in the HSA which are not in the annual report list. These items are considered important for monitoring activity in the health services against set targets and against the health program defined for all of health.

4. Monitoring and Reporting

4.1 HSA Performance Measures

The performance measures listed in Appendix 3 ‘Annual Summary of Performance Measures’ of the HSA are:

4.1.1 Prevention and Promotion:

Quantity

- Number of occasions of service by age and ethnicity
- Number of school based Allied Health occasions of service
- Number of community based Allied Health occasions of service
- Number of occasions of service for aboriginal individuals per 1000 aboriginal people (census)
- Aboriginal Health - Staff Trained (actual not FTE)
- Multicultural Health - Number of NESB/migrant educational training sessions

Quality

- Independent verification of quality of service by recognised body eg CHASP (QIC), ISO, EQUIP*
- Rate of client satisfaction of community health services
- Percentage of school children enrolments who received full screening in accordance with the school health program
- Percentage of infants screened in their first year according to the schedule

Timeliness and Access

- Median waiting time for community health assessment by discipline*

Cost

- Cost per occasion of service*

*A description of these indicators can be found in a document titled “Key Performance Indicators for 1998/99 Annual Reports - Health Services & Board Hospitals – March 1999”.

4.1.2 Diagnosis and Treatment

Quantity

- Scaled Central Episodes
- Non-admitted occasions of service
 - emergency
 - allied health
 - scheduled services
- Programs

Quality

- Inpatient satisfaction survey*
- Independent verification of quality of service by recognised body eg CHASP, (QIC), ISO, EQ UIP. Indication of program towards accreditation*
- Unplanned hospital re-admission within 28 days*
- Rate of client satisfaction of public hospital services*

Timeliness

- Number of patients waiting for elective surgery longer than the desirable period by category*
 - Category 1 > 30 days
 - Category 2 > 90 days
 - Category 3 over 365 days
- Emergency department waiting times*
 - Category 1
 - Category 2
 - Category 3
 - Category 4
 - Category 5
- Average waiting time for therapy services
- Percent of residents who have had to travel out of own area for procedural cases
- Average waiting time for outpatient department*

Cost

- Average cost per casemix adjusted separation*
- Average cost per emergency department attendance*
- Average cost per attendance in an outpatient clinic*

* A description of these indicators can be found in a document titled “Key Performance Indicators for 1998/99 Annual Reports - Health Services & Board Hospitals – March 1999”.

4.1.3 Continuing Care

Quantity

- Number of nursing home type patients*
- Rate of ACAT assessments per 1,000 for people aged 70+ years*

Quality

- Independent verification of quality of service by recognised body eg; CHASP, (QIC), ISO, EQUIP*
- Percentage of HACC funded agencies reviewed that met the HACC National Service Standard

Timeliness

- Mean waiting time for entry into residential care facility
- Metropolitan average waiting time for Aged Care Assessment Team*
- Country average waiting time for Aged Care Assessment

Cost

- Average cost per nursing home bedday
- Average cost per day of home based palliative care

* A description of these indicators can be found in a document titled “Key Performance Indicators for 1998/99 Annual Reports - Health Services & Board Hospitals – March 1999”.

4.2 Periodic Reporting

While Appendix 3 of the HSA includes a summary of all indicators, the following **Diagnosis & Treatment** indicators are required on a periodic basis:

Quantity

- scaled central episodes
- non-admitted occasions of service
- emergency occasions of service
- allied health occasions of service
- scheduled services
- programs

Timeliness

- Number of patients waiting for elective surgery longer than the desirable period by category
 - Category 1 >30 days
 - Category 2 >90 days
 - Category 3 >256 days
- Emergency department waiting times
 - Category 1
 - Category 2
 - Category 3
 - Category 4
 - Category 5

The actual frequency of reporting for these and other indicators is influenced by the various reporting obligations that have been introduced into the government funding system commencing July 1999.

4.3 Annual Reporting

At the end of September of each year a copy of the Health Service Annual Report must be submitted with an attached executive summary comprising Appendix 3 and a copy of the statement of financial position, the cash flow statement and the operating statement.

Where systems have not been developed to report measures across the five columns or the performance measures are not suited to the five columns, for example independent verification of quality of service by recognised body, these are to be recorded under the 'Total' column.

No measures have been placed under the heading effectiveness measure. The Department will be developing effectiveness measures which health services will be required to report on in the 2000/01 HSA.