

Addendum 1

**Health Service Performance Report (HSPR) 2021-22
CAHS; EMHS; NMHS; SMHS and WACHS**

Performance Indicator Targets, Target Source and Thresholds

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CAHS; EMHS; NMHS; SMHS and WACHS: Performance Indicator Targets, Target Source and Thresholds

Applicable from 1 July 2021

Performance Indicators	Reporting Frequency	Target	Target Source	Thresholds		
				Not Performing	Under Performing	Performing
P1-1: Percentage of post discharge community care within 7 days following discharge from acute specialised mental health inpatient services	Monthly	≥75%	The Fourth National Mental Health Plan Measurement Strategy (May 2011).	<65%	≥65% and <75%	≥75%
P1-2: Percentage of children fully immunised at 12-<15 months:						
(a) Aboriginal	Quarterly	≥95%	Established for the HSPR 2017-18, as per the National Immunise Australia Program target.	<90%	≥90% and <95%	≥95%
(b) Non-Aboriginal	Quarterly	≥95%	Established for the HSPR 2017-18, as per the National Immunise Australia Program target.	<90%	≥90% and <95%	≥95%
P2-4: Healthcare-associated <i>Staphylococcus aureus</i> bloodstream infection (HA-SABSI) per 10,000 occupied bed-days	Quarterly	≤1.0 per 10,000 occupied bed-days	Established for the HSPR 2014-15 .	>1.5 per 10,000 occupied bed days	>1.0 and ≤1.5 per 10,000 occupied bed days	≤ 1.0 per 10,000 occupied bed-days
P2-7: Unplanned hospital readmissions of patients within 28 days for selected surgical procedures:						
(a) Knee replacement	Quarterly	23.0 per 1,000 separations	Established for HSPR 2020-21, based on best state-wide performance over historical 5 year period (2015-2019).	>120% of target	> Target and ≤120% of target	≤ Target
(b) Hip replacement	Quarterly	17.1 per 1,000 separations	Established for HSPR 2020-21, based on best state-wide performance over historical 5 year period (2015-2019).	>120% of target	> Target and ≤120% of target	≤ Target

Performance Indicators	Reporting Frequency	Target	Target Source	Thresholds		
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(c) Tonsillectomy & adenoidectomy	Quarterly	81.8 per 1,000 separations	Established for HSPR 2020-21, based on best state-wide performance over historical 5 year period (2015-2019).	>120% of target	> Target and ≤120% of target	≤ Target
(d) Hysterectomy	Quarterly	42.3 per 1,000 separations	Established for HSPR 2020-21, based on best state-wide performance over historical 5 year period (2015-2019).	>120% of target	> Target and ≤120% of target	≤ Target
(e) Prostatectomy	Quarterly	36.1 per 1,000 separations	Established for HSPR 2020-21, based on best state-wide performance over historical 5 year period (2015-2019).	>120% of target	> Target and ≤120% of target	≤ Target
(f) Cataract surgery	Quarterly	1.1 per 1,000 separations	Established for HSPR 2020-21, based on best state-wide performance over historical 5 year period (2015-2019).	>120% of target	> Target and ≤120% of target	≤ Target
(g) Appendicectomy	Quarterly	25.7 per 1,000 separations	Established for HSPR 2020-21, based on best state-wide performance over historical 5 year period (2015-2019).	>120% of target	> Target and ≤120% of target	≤ Target
P2-9: WEAT – Percentage of Emergency Department attendances with a Length Of Episode less than or equal to 4 hours	Monthly	≥90%	Established for the HSPR 2015-16 .	<80%	≥80% and <90%	≥90%
P2-13: Percentage of selected elective cancer surgery cases treated within recommended time:						
(a) Lung cancer	Quarterly	100%	Established for the HSPR 2017-18.	<90%	≥90% and <100%	100%
(b) Bowel cancer	Quarterly	100%	Established for the HSPR 2017-18.	<90%	≥90% and <100%	100%
(c) Breast cancer	Quarterly	100%	Established for the HSPR 2017-18.	<90%	≥90% and <100%	100%
(d) Prostate cancer	Quarterly	100%	Established for the HSPR 2017-18.	<90%	≥90% and <100%	100%
P2-14: Percentage of unplanned Emergency Department re-attendances for a related condition within 48 hours	Monthly	NMHS, EMHS, SMHS, CAHS: 2.73% WACHS: 4.50%	Established for the HSPR 2020-21, based on metropolitan performance from 2017 to 2019 calendar years. WACHS target based on 2018 and 2019 WACHS performance.	>3.27% >5.40%	>2.73% and ≤3.27% >4.50% and ≤5.40%	≤2.73% ≤4.50%

Performance Indicators	Reporting Frequency	Target	Target Source	Thresholds		
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P2-16: Emergency ambulance transfer of care - Percentage of patients transferred within 30 minutes of arrival	Monthly	90%	Established for the HSPR 2019-20.	<80%	≥80% and <90%	≥90%
P2-17: WEST - Percentage of elective wait list patients waiting over boundary for reportable procedures:						
(a) % Category 1 over 30 days	Monthly	0%	Established for the HSPR 2016-17.	>10%	>0% and ≤ 10%	0%
(b) % Category 2 over 90 days	Monthly	0%	Established for the HSPR 2016-17.	>10%	>0% and ≤10%	0%
(c) % Category 3 over 365 days	Monthly	0%	Established for the HSPR 2016-17.	>10%	>0% and ≤10%	0%
P2-18: WEST - Percentage of elective wait list patients waiting over boundary for non-reportable procedures:						
(a) % Category 1 over 30 days	Monthly	8%	Established for the HSPR 2016-17.	>12%	>8% and ≤12%	≤8%
(b) % Category 2 over 90 days	Monthly	8%	Established for the HSPR 2016-17.	>12%	>8% and ≤12%	≤8%
(c) % Category 3 over 365 days	Monthly	8%	Established for the HSPR 2016-17.	>12%	>8% and ≤12%	≤8%
P2-21: Readmissions to acute specialised mental health inpatient services within 28 days of discharge	Monthly	≤12%	The Fourth National Mental Health Plan Measurement Strategy (May 2011).	>14%	>12% and ≤14%	≤12%
P2-22: Percentage of Emergency Department attendances with a length of episode greater than 24 hours	Monthly	0%	Established for the HSPR 2019-20.	>0.30%	>0% and ≤0.30%	0%

Performance Indicators	Reporting Frequency	Target	Target Source	Thresholds		
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P2-23: Percentage of surgeries that commenced within the Emergency Surgery Urgency Category timeframe:						
(a) % EC2 <2 hours	Monthly	80%	Established for the HSPR 2019-20.	<75%	≥75% and <80%	≥80%
(b) % EC3 <6 hours	Monthly	80%	Established for the HSPR 2019-20.	<75%	≥75% and <80%	≥80%
(c) % EC4 <24 hours	Monthly	80%	Established for the HSPR 2019-20.	<75%	≥75% and <80%	≥80%
(d) % EC5 <48 hours	Monthly	80%	Established for the HSPR 2019-20.	<75%	≥75% and <80%	≥80%
P2-24: Percentage of outpatient referrals waiting over boundary for a first attended appointment:						
(a) % Referral Priority 1 over 30 days	Monthly	10%	Established for the HSPR 2018-19.	>15%	>10% and ≤15%	≤10%
(b) % Referral Priority 2 over 90 days	Monthly	15%	Established for the HSPR 2018-19.	>20%	>15% and ≤20%	≤15%
(c) % Referral Priority 3 over 365 days	Monthly	20%	Established for the HSPR 2018-19.	>30%	>20% and ≤30%	≤20%
P2-25: Percentage of inpatient discharge summaries completed within 24 hours	Monthly	80%	Established for the HSPR 2018-19.	<70%	≥70% and <80%	≥80%
P2-26: Rate of hospital-acquired complications:						
a) Pressure injury	Quarterly	≤ Peer group baseline	Established for the HSPR 2021-22, based on national (IHPA) 3-year average results by peer group, for the period 2017-18 to 2019-20.	>110% of target	> Target and ≤110% of target	≤ Target
b) Falls resulting in fracture or intracranial injury	Quarterly	≤ Peer group baseline	Established for the HSPR 2021-22, based on national (IHPA) 3-year average results by peer group, for the period 2017-18 to 2019-20.	>110% of target	> Target and ≤110% of target	≤ Target

Performance Indicators	Reporting Frequency	Target	Target Source	Thresholds		
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c) Healthcare-associated infection	Quarterly	≤ Peer group baseline	Established for the HSPR 2021-22, based on national (IHPA) 3-year average results by peer group, for the period 2017-18 to 2019-20.	>110% of target	> Target and ≤110% of target	≤ Target
d) Venous thromboembolism	Quarterly	≤ Peer group baseline	Established for the HSPR 2021-22, based on national (IHPA) 3-year average results by peer group, for the period 2017-18 to 2019-20.	>110% of target	> Target and ≤110% of target	≤ Target
e) Medication complications	Quarterly	≤ Peer group baseline	Established for the HSPR 2021-22, based on national (IHPA) 3-year average results by peer group, for the period 2017-18 to 2019-20.	>110% of target	> Target and ≤110% of target	≤ Target
P2-27: Rate of surgical site infections following selected surgical procedures:						
a) Primary hip arthroplasty	Quarterly	0.90	Established for the HSPR 2018-19, based on lower control limit (3 standard deviations) of 5-year state average rate for the period 1/7/2012 to 30/6/2017.	>1.73	>0.90 and ≤1.73	≤0.90
b) Primary knee arthroplasty	Quarterly	0.60	Established for the HSPR 2018-19, based on lower control limit (3 standard deviations) of 5-year state average rate for the period 1/7/2012 to 30/6/2017.	>1.21	>0.60 and ≤1.21	≤0.60
P4-1: Percentage of Aboriginal employees	Quarterly	Quarterly HSP targets are based on achievement of 3.2% Aboriginal employment by 2025-26.	Established for the HSPR 2018-19, based on Public Sector Commission target for Aboriginal employment.	<80% of HSP target	≥80% of HSP target and <100% of HSP target	≥ HSP target
P4-2: Percentage of admitted patients who discharged against medical advice:						
(a) Aboriginal patients	Monthly	≤2.78%	Established for the HSPR 2019-20 based on a 50% reduction in percentage gap between Aboriginal and non-Aboriginal cohorts for the period 2016-17 to 2017-18.	>4.75% (WA performance for Aboriginal patients 2016-17 to 2017-18)	>2.78% and ≤4.75%	≤2.78%
(b) Non-Aboriginal patients	Monthly	≤0.99%	Established for the HSPR 2019-20 based on national performance for non-Aboriginal patients, 2016-17 to 2018-19 (Australian Institute of Health and Welfare).	>1.09%	>0.99% and ≤1.09%	≤0.99%

Performance Indicators	Reporting Frequency	Target	Target Source	Thresholds		
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P4-3: Percentage of Emergency Department patients who did not wait or left at own risk:						
a) Aboriginal patients	Monthly	≤6.01%	Established for the HSPR 2019-20 based on a 50% reduction in percentage gap between Aboriginal and non-Aboriginal cohorts for the period 2016-17 to 2017-18.	>8.73% (WA performance for Aboriginal patients 2016-17 to 2017-18)	>6.01% and ≤8.73%	≤6.01%
b) Non-Aboriginal patients	Monthly	≤5.23%	Established for the HSPR 2019-20 based on national performance for non-Aboriginal patients, 2016-17 to 2018-19 (Australian Institute of Health and Welfare).	>5.75%	>5.23% and ≤5.75%	≤5.23%
E2-2: Percentage of Severity Assessment Code (SAC) 1 clinical incident investigation reports received by Patient Safety Surveillance Unit within 28 working days of the event notification date ¹	Monthly	100%	WA Department of Health Mandatory Policy 0122/19: Clinical Incident Management (CIM) Policy.	<100%		100%
E2-4: Percentage of cases coded and available for reporting within 6 weeks	Monthly	98%	Department of Health Mandatory Policy 0059/17: Hospital Morbidity Data Reporting Cycle and Edit Protocol Policy.	<95%	≥ 95% and < 98%	>=98%
E3-1: YTD variance of net cost of service to budget	Monthly	0%	Established for the HSPR 2015-16 by Health Finance.	<0%		≥0%
E3-3: YTD variance of weighted activity to budget:						
(a) Inpatients	Monthly	0%	Established for the HSPR 2017-18.	<-1%	≥-1% and <0%	≥0%
(b) ED attendances	Monthly	0%	Established for the HSPR 2017-18.	<-1%	≥-1% and <0%	≥0%
(c) Outpatients	Monthly	0%	Established for the HSPR 2017-18.	<-1%	≥-1% and <0%	≥0%

¹ For transition to the Safety and Quality Indicator Set (SQIS) during 2021-22.

Performance Indicators	Reporting Frequency	Target	Target Source	Thresholds		
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E3-4: YTD Expenditure to Budget	Monthly	0%	Established for the HSPR 2014-15 by Health Finance.	<-1%	≥-1% and <0%	≥0%
E3-5: YTD Own Source Revenue to Budget	Monthly	0%	Established for the HSPR 2014-15 by Health Finance.	<0%		≥0%
E3-6: YTD Private Patient Revenue to Budget	Monthly	0%	Established for the HSPR 2016-17 by Health Finance.	<0%		≥0%
E3-7: YTD Average cost per weighted activity unit:						
a) Admitted	Monthly	Target: HSP's Service Agreement Price for admitted activity	2021-22 Service Agreements.	> Target		≤ Target
b) Emergency Department	Monthly	Target: HSP's Service Agreement Price for emergency activity	2021-22 Service Agreements.	> Target		≤ Target
c) Non-admitted	Monthly	Target: HSP's Service Agreement Price for non-admitted activity	2021-22 Service Agreements.	> Target		≤ Target