



Commissioning and Performance

KEY PERFORMANCE INDICATORS – Statewide Clinical Support Services

Master Definition Document
2020 - 2021



Government
of South Australia

SA Health

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Version Control

Version No.	Changes Made	By Whom	Date
V1.0	First iteration	Lauren Bell	02/03/2021

2020-21 SCSS KPI ARCHITECTURE		
Tier 1	Tier 2	Monitor
SA Pathology		
Troponin for ED - in lab to validated time <50 minutes		
Potassium for ED – in lab to validated time <40 minutes		
SA Pharmacy		
Discharge Turnaround Times (Quarterly)		
Outpatient Turnaround Times (Quarterly)		
SA Medical Imaging		
CT: - ED: Exam to Report <60 minutes - Inpatient: Exam to Report <120 minutes	CT: - ED: Arrival to Exam <60 minutes - Inpatient: Arrival to Exam <60 minutes	
MRI: - ED: Exam to Report <60 minutes - Inpatient: Exam to Report <120 minutes	MRI: - ED: Arrival to Exam <60 minutes - Inpatient: Arrival to Exam <60 minutes	
BreastScreen		
Diagnosed with Small Invasive Breast cancer	Number of Screening Mammograms (COVID adjusted)	Time to assessment 28 days
Productivity and Efficiency		
End of Year Projection Net Variance to Budget (\$'m)		
SA Pathology LHN billing timeliness		
Safe and Effective Care		
	Open Disclosure Rate for all Actual SAC 1 & 2 Patient Incidents	Sentinel Events
People and Culture		
	Completion of Performance Reviews in Line with the Commissioner's Determination	Aboriginal and Torres Strait Islander Employment Rate
	New Workplace Injury Claims	
	Employees with Excess Annual Leave Balance	

ACCESS AND FLOW

SA Pathology

Troponin for ED - in lab to validated time <50 minutes	
Identifying and definitional attributes	
Short Name:	Troponin for ED: in lab to validated time
Tier:	Tier 1
KPI ID:	AF-PA-T1-1
Description:	Percentage (%) of troponin results meeting turnaround times from in lab to validated
Computation:	Count (#) of troponin validated report results for ED with a turnaround time (in lab to validated time) less than 50 minutes divided by number of requests from ED for troponin results received by the laboratory. Represented as a percentage.
Numerator:	Count (#) of troponin validated report results for ED with a turnaround time (in lab to validated time) less than 50 minutes.
Denominator:	Number of requests from ED for troponin results received by the laboratory
More Information	
Scope:	Data is reported for: <ul style="list-style-type: none"> • CALHN: RAH, TQEH • SALHN: FMC, NHS • NALHN: LMH, Modbury • WCHN: WCH • RMCLHN: Riverland (Berri), Murray Bridge • LCLHN: Mt Gambier • FUNLHN: Port Augusta, Whyalla • EFNLHN: Port Lincoln • YNLHN: Port Pirie, Wallaroo • BHFLHN: Gawler, South Coast,
Benchmarks:	Performing (Target) ≥ 89.6 Performance Concern < 89.6 and ≥ 87.1 Underperforming < 87.1
Representation class:	Percentage
Data Type:	Real
Unit of Measure:	Services type

Data Source:	SCSS laboratory Information System (Millennium)
Frequency of Reporting:	Monthly (i.e. July Data Reported in August)
Notes:	Target is based on the 80th percentile (top 20%) rate in the Australasian Clinical Indicator Report 2009-2016 18th Edition Pathology, version 4.1 Clinical Indicators
Related Information:	Australian Council on Healthcare Standards (ACHS) Clinical Indicator User Manual Pathology version 4.1

Potassium for ED – in lab to validated time <40 minutes

Identifying and definitional attributes

Short Name:	Potassium for ED: in lab to validated time
Tier:	Tier 1
KPI ID:	AF-PA-T1-2
Description:	Percentage (%) of potassium results meeting turnaround times from in lab to validated
Computation:	Count (#) of potassium validated report results for ED with a turnaround time (in lab to validated time) less than 40 minutes divided by number of requests from ED for potassium results received by the laboratory. Represented as a percentage.
Numerator:	Count (#) of potassium validated report results for ED with a turnaround time (in lab to validated time) less than 40 minutes
Denominator:	Count (#) of requests from ED for potassium results received by the laboratory

More Information

Scope:	Data is reported for: <ul style="list-style-type: none"> > CALHN: RAH, TQEH > SALHN: FMC, NHS > NALHN: LMH, Modbury > WCHN: WCH > RMCLHN: Riverland (Berri), Murray Bridge > LCLHN: Mt Gambier > FUNLHN: Port Augusta, Whyalla > EFNLHN: Port Lincoln > YNLHN: Port Pirie, Wallaroo > BHFLHN: Gawler, South Coast,
Benchmarks:	Performing (Target) ≥ 80.6 Performance Concern < 80.6 and ≥ 75.6 Underperforming < 75.6
Representation class:	Percentage
Data Type:	Real
Unit of Measure:	Services type
Data Source:	SCSS laboratory Information System (Millennium)
Frequency of Reporting:	Monthly (i.e. July Data Reported in August)

Notes:	Target is based on the 80th percentile (top 20%) rate in the Australasian Clinical Indicator Report 2009-2016 18th Edition Pathology, version 4.1 Clinical Indicators
Related Information:	Australian Council on Healthcare Standards (ACHS) Clinical Indicator User Manual Pathology version 4.1

SA Pharmacy

Discharge Turnaround Times (Quarterly)	
Identifying and definitional attributes	
Short Name:	Inpatient Turnaround Times (Quarterly)
Tier:	Tier 1
KPI ID:	AF-PH-T1-1
Description:	Percentage (%) of discharge medications dispensed through CALHN, NALHN, SALHN, WCHN, CHSALHN (receipt of prescription to dispense) in less than 120 minutes
Computation:	Count (#) of discharge medications dispense in less than 120 minutes divided by number of medications discharge medications dispensed. Represented as a percentage
Numerator:	Count (#) of discharge medications dispense in less than 120 minutes
Denominator:	Count (#) of discharge medications dispensed
More Information	
Scope:	Data is reported as an overall State figure which includes data for: <ul style="list-style-type: none"> > CALHN > SALHN > NALHN > WCHN > RMCLHN > LCLHN > FUNLHN > EFNLHN > YNLHN > BHFLHN
Benchmarks:	Performing (Target) =100.0% Performance Concern =>97.5 and <100.0% Underperforming <97.5%
Representation class:	Percentage
Data Type:	Real
Unit of Measure:	Services Type
Data Source:	Externally provided

Frequency of Reporting:	Monthly (i.e. July Data Reported in August)
Related Information:	Service Agreements 2020-2021 SA Health.

Outpatient Turnaround Times (Quarterly)	
Identifying and definitional attributes	
Short Name:	Outpatient Turnaround Times (Quarterly)
Tier:	Tier 1
KPI ID:	AF-PH-T1-2
Description:	Percentage (%) of outpatient medications dispensed through CALHN, NALHN, SALHN, WCHN, CHSALHN (receipt of prescription to dispense) in less than 120 minutes
Computation:	Count (#) of outpatient medications dispense in less than 120 minutes divided by number of medications outpatient medications dispensed. Represented as a percentage.
Numerator:	Count (#) of outpatient medications dispense in less than 120 minutes
Denominator:	Count (#) of outpatient medications dispensed
More Information	
Scope:	Data is reported as an overall State figure which includes data for: <ul style="list-style-type: none"> > CALHN > SALHN > NALHN > WCHN > RMCLHN > LCLHN > FUNLHN > EFNLHN > YNLHN > BHFLHN
Benchmarks:	Performing (Target) =100.0% Performance Concern =>97.5 and <100.0% Underperforming <97.5%
Representation class:	Percentage
Data Type:	Real
Unit of Measure:	Services Type
Data Source:	Externally provided
Frequency of Reporting:	Monthly (i.e. July Data Reported in August)

**Related
Information:**

Service Agreements 2020-2021 SA Health.

SA Medical Imaging

CT for ED: Exam to Report <60 minutes	
Identifying and definitional attributes	
Short Name:	CT for ED: Exam to Report <60 minutes
Tier:	Tier 1
KPI ID:	AF-MI-T1-1
Description:	Percentage (%) of computed tomography (CT) exams for emergency department (ED) patients meeting turnaround times from exam completion to report completion.
Computation:	Count (#) of CT exams completed with a turnaround time (exam to report) of less than 60 minutes divided by number of CT exams for ED patients. Represented as a percentage.
Numerator:	Count (#) of CT exams completed for ED patients with a turnaround time (exam to report) of less than 60 minutes.
Denominator:	Count (#) of CT exams completed for ED patients.
More Information	
Scope:	Data is reported for: <ul style="list-style-type: none"> > CALHN –RAH, TQEH > SALHN - FMC > NALHN - LMH > WCHN - WCH
Benchmarks:	Performing (Target) $\geq 72.0\%$ Performance Concern $< 72.0\%$ and $\geq 67.0\%$ Underperforming $< 67.0\%$
Representation class:	Percentage
Data Type:	Real
Unit of Measure:	Services Type
Data Source:	Enterprise System for Medical Imaging (ESMI)
Frequency of Reporting:	Monthly (i.e. July Data Reported in August)
Notes:	<ul style="list-style-type: none"> > Exam is defined as the time that the imaging exam is completed. > Report is defined as the time that the report is completed.

**Related
Information:**

- > Supersedes SA Medical Imaging Emergency Department Turnaround Times (TAT)
- > Service Agreements 2020-2021 SA Health.

CT for Inpatient: Exam to Report <120 minutes

Identifying and definitional attributes

Short Name:	CT for Inpatient: Exam to Report <120 minutes
Tier:	Tier 1
KPI ID:	AF-MI-T1-2
Description:	Percentage (%) of computed tomography (CT) exams for inpatients that meet turnaround times from exam completion to report completion
Computation:	Count (#) of CT exams completed for inpatients with a turnaround time (exam to report) of less than 120 minutes divided by number of CT exams completed for inpatients. Represented as a percentage.
Numerator:	Count (#) of CT exams completed for inpatients with a turnaround time (exam to report) of less than 120 minutes
Denominator:	Count (#) of CT exams completed for inpatients

More Information

Scope:	Data is reported for: <ul style="list-style-type: none"> > CALHN –RAH, TQEH > SALHN - FMC > NALHN - LMH > WCHN - WCH
Benchmarks:	Performing (Target) $\geq 72.0\%$ Performance Concern $< 72.0\%$ and $\geq 67.0\%$ Underperforming $< 67.0\%$
Representation class:	Percentage
Data Type:	Real
Unit of Measure:	Services Type
Data Source:	Enterprise System for Medical Imaging (ESMI)
Frequency of Reporting:	Monthly (i.e. July Data Reported in August)
Notes:	Exam is defined as the time that the imaging exam is completed. Report is defined as the time that the report is completed.
Related Information:	<ul style="list-style-type: none"> > Supersedes SA Medical Imaging Emergency Department Turnaround Times (TAT) > Service Agreements 2020-2021 SA Health.

MRI for ED: Exam to Report <60 minutes	
Identifying and definitional attributes	
Short Name:	MRI for ED: Exam to Report <60 minutes
Tier:	Tier 1
KPI ID:	AF-MI-T1-3
Description:	Percentage (%) of magnetic resonance imaging (MRI) exams for emergency department (ED) patients that meet turnaround times from exam completion to report completion.
Computation:	Count (#) of MRI exams completed for ED patients with a turnaround time (exam to report) of less than 60 minutes divided by number of MRI exams completed for ED patients. Represented as a percentage.
Numerator:	Count (#) of MRI exams completed for ED patients with a turnaround time (exam to report) of less than 60 minutes
Denominator:	Count (#) of MRI exams completed for ED patients
More Information	
Scope:	Data is reported for: <ul style="list-style-type: none"> > CALHN –RAH, TQEH > SALHN - FMC > NALHN - LMH > WCHN - WCH
Benchmarks:	Performing (Target) $\geq 42.0\%$ Performance Concern $< 42.0\%$ and $\geq 37.0\%$ Underperforming $< 37.0\%$
Representation class:	Percentage
Data Type:	Real
Unit of Measure:	Services Type
Data Source:	Enterprise System for Medical Imaging (ESMI)
Frequency of Reporting:	Monthly (i.e. July Data Reported in August)
Notes:	Exam is defined as the time that the imaging exam is completed. Report is defined as the time that the report is completed.
Related Information:	<ul style="list-style-type: none"> > Supersedes SA Medical Imaging Emergency Department Turnaround Times (TAT)

> Service Agreements 2020-2021 SA Health.

MRI for Inpatient: Exam to Report <120 minutes

Identifying and definitional attributes

Short Name:	MRI for Inpatient: Exam to Report <120 minutes
Tier:	Tier 1
KPI ID:	AF-MI-T1-4
Description:	Percentage (%) of magnetic resonance imaging (MRI) exams for inpatients that meet turnaround times from exam completion to report completion
Computation:	Count (#) of MRI exams completed for inpatients with a turnaround time (exam to report) of less than 120 minutes divided by number of MRI exams completed for inpatients. Represented as a percentage.
Numerator:	Count (#) of MRI exams completed for inpatients with a turnaround time (exam to report) of less than 120 minutes
Denominator:	Count (#) of MRI exams completed for inpatients

More Information

Scope:	Data is reported for: <ul style="list-style-type: none"> > CALHN –RAH, TQEH > SALHN - FMC > NALHN - LMH > WCHN - WCH
Benchmarks:	Performing (Target) >=45.0% Performance Concern <45.0% and >=40.0% Underperforming <40.0%
Representation class:	Percentage
Data Type:	Real
Unit of Measure:	Services Type
Data Source:	Enterprise System for Medical Imaging (ESMI)
Frequency of Reporting:	Monthly (i.e. July Data Reported in August)
Notes:	<ul style="list-style-type: none"> > Exam is defined as the time that the imaging exam is completed. > Report is defined as the time that the report is completed.

Related Information:	<ul style="list-style-type: none"> > Supersedes SA Medical Imaging Emergency Department Turnaround Times (TAT) > Service Agreements 2020-2021 SA Health.
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CT for ED – Arrival to Exam <60 minutes

Identifying and definitional attributes

Short Name:	CT for ED – Arrival to Exam <60 minutes
Tier:	Tier 2
KPI ID:	AF-MI-T2-1
Description:	Percentage (%) of computed tomography (CT) exams for emergency department (ED) patients that meet turnaround times from patient arrival to exam completed.
Computation:	Count (#) of CT exams completed with a turnaround time (arrival to exam) of less than 60 minutes divided by count of CT exams for ED patients. Represented as a percentage.
Numerator:	Count (#) of CT exams completed for ED patients with a turnaround time (arrival to exam) of less than 60 minutes.
Denominator:	Count (#) of CT exams completed for ED patients.

More Information

Scope:	Data is reported for: <ul style="list-style-type: none"> > CALHN –RAH, TQEH > SALHN - FMC > NALHN - LMH > WCHN - WCH
Benchmarks:	Performing (Target) >=95.0% Performance Concern <95.0% and >=90.0% Underperforming <90.0%
Representation class:	Percentage
Data Type:	Real
Unit of Measure:	Services Type
Data Source:	Enterprise System for Medical Imaging (ESMI)
Frequency of Reporting:	Monthly (i.e. July Data Reported in August)

Notes:	Arrival is defined as the time the patient arrives at the medical imaging department. Exam is defined as the time that the imaging exam is completed.
Related Information:	<ul style="list-style-type: none">> Supersedes SA Medical Imaging Emergency Department Turnaround Times (TAT)> Service Agreements 2020-2021 SA Health.

CT for Inpatient – Arrival to Exam <60 minutes

Identifying and definitional attributes

Short Name:	CT for Inpatient – Arrival to Exam <60 minutes
Tier:	Tier 2
KPI ID:	AF-MI-T2-2
Description:	Percentage (%) of computed tomography (CT) exams for inpatients that meet turnaround times from patient arrival to exam completed
Computation:	Count (#) of CT exams completed for inpatients with a turnaround time (arrival to exam) of less than 60 minutes divided by Number of CT exams completed for inpatients. Represented as a percentage.
Numerator:	Count (#) of CT exams completed for inpatients with a turnaround time (arrival to exam) of less than 60 minutes
Denominator:	Count (#) of CT exams completed for inpatients

More Information

Scope:	Data is reported for: <ul style="list-style-type: none"> > CALHN –RAH, TQEH > SALHN - FMC > NALHN - LMH > WCHN - WCH
Benchmarks:	Performing (Target) $\geq 87.0\%$ Performance Concern $< 87.0\%$ and $\geq 82.0\%$ Underperforming $< 82.0\%$
Representation class:	Percentage
Data Type:	Real
Unit of Measure:	Services Type
Data Source:	Enterprise System for Medical Imaging (ESMI)
Frequency of Reporting:	Monthly (i.e. July Data Reported in August)
Notes:	Arrival is defined as the time the patient arrives at the medical imaging department. Exam is defined as the time that the imaging exam is completed.
Related Information:	<ul style="list-style-type: none"> > Supersedes SA Medical Imaging Emergency Department Turnaround Times (TAT) > Service Agreements 2020-2021 SA Health.

MRI for ED – Arrival to Exam <60 minutes	
Identifying and definitional attributes	
Short Name:	MRI for ED – Arrival to Exam <60 minutes
Tier:	Tier 2
KPI ID:	AF-MI-T2-3
Description:	Percentage (%) of magnetic resonance imaging (MRI) exams for emergency department (ED) patients that meet turnaround time from patient arrival to exam completed.
Computation:	Count (#) of MRI exams completed for ED patients with a turnaround time (arrival to exam) of less than 60 minutes. Represented as a percentage.
Numerator:	Count (#) of CT exams completed for inpatients with a turnaround time (exam to report) of less than 60 minutes
Denominator:	Count (#) of MRI exams completed for ED patients
More Information	
Scope:	Data is reported for: <ul style="list-style-type: none"> > CALHN –RAH, TQEH > SALHN - FMC > NALHN - LMH > WCHN - WCH
Benchmarks:	Performing (Target) >=55.0% Performance Concern <55.0% and >=50.0% Underperforming <50.0%
Representation class:	Percentage
Data Type:	Real
Unit of Measure:	Services Type
Data Source:	Enterprise System for Medical Imaging (ESMI)
Frequency of Reporting:	Monthly (i.e. July Data Reported in August)
Notes:	Arrival is defined as the time the patient arrives at the medical imaging department. Exam is defined as the time that the imaging exam is completed.
Related Information:	<ul style="list-style-type: none"> > Supersedes SA Medical Imaging Emergency Department Turnaround Times (TAT) > Service Agreements 2020-2021 SA Health.

MRI for Inpatient – Arrival to Exam <60 minutes

Identifying and definitional attributes

Short Name:	MRI for Inpatient – Arrival to Exam <60 minutes
Tier:	Tier 2
KPI ID:	AF-MI-T2-4
Description:	Percentage (%) of magnetic resonance imaging (MRI) exams for inpatients that meet turnaround times from patient arrival to exam completed.
Computation:	Count (#) of MRI exams completed for inpatients with a turnaround time (arrival to exam) of less than 60 minutes divided by count of MRI exams completed for inpatients. Represented as a percentage.
Numerator:	Count (#) MRI exams completed for inpatients with a turnaround time (arrival to exam) of less than 60 minutes
Denominator:	Count (#) of MRI exams completed for inpatients.

More Information

Scope:	Data is reported for: <ul style="list-style-type: none"> > CALHN –RAH, TQEH > SALHN - FMC > NALHN - LMH > WCHN - WCH
Benchmarks:	Performing (Target) $\geq 50.0\%$ Performance Concern $< 50.0\%$ and $\geq 45.0\%$ Underperforming $< 45.0\%$
Representation class:	Percentage
Data Type:	Real
Unit of Measure:	Services Type
Data Source:	Enterprise System for Medical Imaging (ESMI)
Frequency of Reporting:	Monthly (i.e. July Data Reported in August)
Notes:	Arrival is defined as the time the patient arrives at the medical imaging department. Exam is defined as the time that the imaging exam is completed.
Related Information:	<ul style="list-style-type: none"> > Supersedes SA Medical Imaging Emergency Department Turnaround Times (TAT) > Service Agreements 2020-2021 SA Health.

Diagnosed with Small Invasive Breast Cancer	
Identifying and definitional attributes	
Short Name:	Diagnosed with Small Invasive Breast Cancer
Tier:	Tier 1
KPI ID:	AF-BS-T1-1
Description:	Proportion (per 10,000 women screened) of women (50-74 years) who are diagnosed with a small (<15mm) invasive cancer
Computation:	Count (#) of women (aged 50-74) diagnosed with a small (<15mm) invasive breast cancer within the reference period divided by number of women (aged 50-74) screened within the reference period. Represented as a rate per 10,000
Numerator:	Count (#) of women (aged 50-74) diagnosed with a small (<15mm) invasive breast cancer within the reference period
Denominator:	Count (#) of women (aged 50-74) screened within the reference period
More Information	
Scope:	National Screening Program Collected in accordance with the National Accreditation Standard 2: Breast cancer detection is maximised in the target population and harm is minimised. Criterion 2.1 – The Service and / or SCU maximises the detection of invasive breast cancer in the target population. Measure 2.1.3(a) The Service and / or SCU monitors and reports the proportion of women aged 50-74 years who attend for their first screening episode who are diagnosed with small (<15mm) invasive breast cancer. Measure 2.1.3(b) The Service and / or SCU monitors and reports the proportion of women aged 50-74 years who attend for their second or subsequent screening episode who are diagnosed with small (<15mm) invasive breast cancer. Measure 2.1.3 (c) The Service and / or SCU monitors and reports the proportion (>=25 per 10,000 women) of women aged 50-74 years who are diagnosed with a small (<15mm) invasive breast cancer.
Benchmarks:	Performing (Target) >=25.0 Performance Concern <25.0 and >=24.0 Underperforming <24.0
Representation class:	Rate – (rolling rate of the previous 12 months)
Data Type:	Real
Unit of Measure:	Person

Data Source:	BreastScreen Access and Information Network (BRAIN)
Frequency of Reporting:	Monthly (i.e. July Data Reported in August)
Notes:	The reference period is a rolling 12-month, i.e. the current month combined with the previous 11 months (for a total of 12 months). The rationale for this is the National Invasive Breast Cancer standards are based on the final outcome following surgical and histopathological review. This process may take upwards of 12-months. Instances where quarterly data is reported, a rolling 12 month point in time is utilised i.e. September for a given year is reported as Quarter 1.
Related Information:	<ul style="list-style-type: none"> > Supersedes BreastScreen SA Women Aged 50-74 Years Diagnosed with Small (≤ 15mm) Invasive Breast Cancer [Edit] No registration status > Has been superseded by SCSS - BreastScreen SA (BSSA) - Diagnosed with Small Invasive Breast Cancer [Edit] SA Health, Standard 24/09/2019

Number of Screening Mammograms (COVID adjusted)	
Identifying and definitional attributes	
Short Name:	Number of Screening Mammograms
Tier:	Tier 2
KPI ID:	AF-BS-T2-1
Description:	Count (#) of screening mammograms performed
Computation:	Count (#) of screening mammograms performed for all women
More Information	
Scope:	All Women
Benchmarks:	Performing (Target) >=99,242 Performance Concern >94,280 and <99,242 Underperforming <94,280
Representation class:	Count
Data Type:	Integer
Unit of Measure:	Service Contact
Data Source:	BreastScreen Access and Information Network (BRAIN)
Frequency of Reporting:	Monthly (i.e. July Data Reported in August)
Notes:	Comparison of data to previous month and previous year should be indicative only. This is due to mobile facilities of BSSA screening clients on a two yearly cycle.
Related Information:	<ul style="list-style-type: none"> > Supersedes BreastScreen SA (BSSA) Number of Screening Mammograms [Edit] No registration status > Has been superseded by SCSS - BreastScreen SA (BSSA) - Number of Screening Mammograms [Edit] SA Health, Standard 24/09/2019

Time to Assessment 28 Days

Identifying and definitional attributes

Short Name:	Attending screening within 28 Days
Tier:	Monitor
KPI ID:	AF-BS-M-1
Description:	Percentage of women aged 50-74 years who attended a screening appointment within 28 calendar days of their booking date.
Computation:	Count (#) of women (50-74 years) screened within 28 calendar days of booking divided by count of women (50-74 years) screened. Represented as a percentage.
Numerator:	Count (#) of women (50-74 years) screened within 28 calendar days of booking.
Denominator:	Count (#) of women (50-74 years) screened.

More Information

Scope:	Data is reported for BreastScreen SA.
Benchmarks:	Performing (Target) $\geq 90.0\%$ Performance Concern $< 90.0\%$ and $\geq 85.0\%$ Underperforming $< 85.0\%$
Representation class:	Percentage
Data Type:	Real
Unit of Measure:	Person
Data Source:	BreastScreen Access and Information Network (BRAIN)
Frequency of Reporting:	Monthly (i.e. July Data Reported in August)
Notes:	<p>Data is reported for Breast Screen SA.</p> <ul style="list-style-type: none"> > Exclusions: excludes mobile units. Measure is for fixed clinics only. > National Screening Program > Collected in accordance with the National Accreditation Standard 4: Screening and assessment services are provided to women in a timely and efficient manner. Criterion 4.1 – The Service and / or SCU ensures that women progress through the screening pathway in a timely manner. > Measure 4.1.1: <ul style="list-style-type: none"> a) $\geq 90\%$ of women 50-74 years of age attend for a screening appointment within 28 calendar days of their booking date (fixed sites only)

	b) where part a) is not met, the Service and / or SCU records the time taken to achieve 90% from booking to screening (fixed sites only).
Related Information:	Supersedes SCSS - BreastScreen SA (BSSA) - Attending Screening Appointment within 28 days

PRODUCTIVITY AND EFFICIENCY

Finance

End Of Year Net Variance To Budget	
Identifying and definitional attributes	
Short Name:	EOY Variance to Budget
Tier:	Tier 1
KPI ID:	PE-F-T1-1
Description:	End of year forecasted expenditure of providing services for a given period, minus the end of year adjusted budget for the same period.
Computation:	Variance
More Information	
Scope:	Data is reported for: <ul style="list-style-type: none"> > CALHN > SALHN > NALHN > WCHN > BHFLHN > FUNLHN > EFNLHN > RMCLHN > LCLHN > YNLHN > DHW (including Drug and Alcohol Services South Australia) > South Australian Ambulance Services > State-wide Clinical Support Services
Benchmarks:	Performing (Target) <=0 Performance Concern = N/A Underperforming >0
Representation class:	Dollar
Data Type:	Real
Unit of Measure:	Monetary amount
Data Source:	SHARP
Frequency of Reporting:	Monthly (i.e. July Data Reported in August)

<p>Notes:</p>	<ul style="list-style-type: none"> > Net Grant Funded Services impact. > For monthly reporting, indicator data is disaggregated to show the following elements: <ul style="list-style-type: none"> (a) End of year Projection Net Variance to Budget (b) Expenditure Variance to Budget (c) Revenue (All) Variance to Budget (d) Revenue (Earned) Variance to Budget > A percentage calculation is also available in the monthly workbooks.
<p>Related Information:</p>	<p>Service Agreements 2020-2021 SA Health.</p>

SA Pathology LHN billing timeliness

Identifying and definitional attributes

Short Name:	To be Developed
Tier:	
KPI ID:	PE-F-T1-2
Description:	
Computation:	
Numerator:	
Denominator:	

More Information

Scope:	
Benchmarks:	
Representation class:	
Data Type:	
Unit of Measure:	
Data Source:	
Frequency of Reporting:	
Notes:	
Related Information:	

SAFE AND EFFECTIVE CARE

Safe Care

Open Disclosure Rate for all Actual SAC 1 & 2 Patient Incidents	
Identifying and definitional attributes	
Short Name:	Open Disclosure Actual SAC 1 & 2
Tier:	Monitor
KPI ID:	SEC-SC-M-1
Description:	Proportion (%) of all actual Safety Assessment Code (SAC) 1 and 2 patient incidents that are disclosed to the patient/consumer.
Computation:	(Numerator/Denominator)*100
Numerator:	Count (#) of actual SAC 1 and 2 incidents disclosed to the patient/consumer.
Denominator:	Count (#) of all actual SAC 1 and 2 patient incidents.
More Information	
Scope:	Data is reported for: <ul style="list-style-type: none"> > CALHN > SALHN > NALHN > WCHN > BHFLHN: Gawler, South Coast, Mount Barker > FUNLHN: Port Augusta, Whyalla > EFNLHN: Port Lincoln > RMCLHN: Riverland (Berri), Murray Bridge > LCLHN: Mount Gambier > YNLHN: Port Pirie > Drug and Alcohol Services South Australia > South Australian Ambulance Service > State-wide Clinical Support Services
Benchmarks:	Performing (Target) >=95.0% Performance Concern <95.0% and >=85.0% Underperforming <85.0%
Representation class:	Ratio
Data Type:	Real
Unit of Measure:	Person

Data Source:	SA Health Incident Management reporting system – Safety Learning System (SLS)
Frequency of Reporting:	Monthly (1 Month Lag i.e. July Data Reported in September)
Notes:	<ul style="list-style-type: none"> > Safety Assessment Code (SAC) - a numerical score applied to an incident, which is based on the type of event, its likelihood of recurrence and its consequence. The score is determined by the use of the SAC Matrix and guides the level of incident investigation or review that is undertaken. > Reporting of SAC 1 and 2 incidents via the SA Health incident management reporting system called Safety Learning System (SLS) for reporting and documenting the management and open disclosure of patient incidents. > Data excludes notifier incidents. > Open disclosure is defined as an open discussion with a patient and carer (unless declined or deferred) about an incident that resulted in harm to the patient while receiving health care. The criteria of open disclosure are an expression of regret, and a factual explanation of what happened, the potential consequences, and the steps taken to manage the even and prevent recurrence.
Related Information:	<ul style="list-style-type: none"> > Australian Commission on Safety and Quality in Health Care, Australian Open Disclosure Framework. > https://www.safetyandquality.gov.au/publications-and-resources/resource-library/australian-open-disclosure-framework-better-communication-better-way-care > Service Agreements 2020-2021 SA Health.

Sentinel Events	
Identifying and definitional attributes	
Short Name:	Sentinel Events
Tier:	Monitor
KPI ID:	SEC-SC-M-6
Description:	Count (#) of sentinel events within reporting period.
Computation:	Count
More Information	
Scope:	Data reported for: <ul style="list-style-type: none"> > CALHN > NALHN > SALHN > WCHN > BHFLHN > EFNLHN > FUNLHN > LCLHN > RMCLHN > YNLHN
Benchmarks:	Performing (Target) = 0 Performance Concern = N/A Underperforming >0
Representation class:	Count
Data Type:	Integer
Unit of Measure:	Episode
Data Source:	Operational Business Intelligence (OBI) - Sunrise/PAS sites Chiron, Homer and ATS - FMC
Frequency of Reporting:	Quarterly (i.e. 1 month lag- July – September Data Reported in November)
Notes:	<ul style="list-style-type: none"> > List of sentinel events: > Surgery or other invasive procedure performed on the wrong site resulting in serious harm or death. > Surgery or other invasive procedure performed on the wrong patient resulting in serious harm or death.

	<ul style="list-style-type: none"> > Wrong surgical or other invasive procedure performed on a patient resulting in serious harm or death. > Unintended retention of a foreign object in a patient after surgery or other invasive procedure resulting in serious harm or death. > Haemolytic blood transfusion reaction resulting from ABO incompatibility resulting in serious harm or death. > Suspected suicide of a patient in an acute psychiatric unit or acute psychiatric ward. > Medication error resulting in serious harm or death. > Use of physical or mechanical restraint resulting in serious harm or death. > Discharge or release of an infant or child to an unauthorised person. > Use of an incorrectly positioned oro- or naso- gastric tube resulting in serious harm or death.
<p>Related Information:</p>	<ul style="list-style-type: none"> > Australian Commission on Safety and Quality in Health Care, Australian sentinel events list > https://www.safetyandquality.gov.au/our-work/indicators/australian-sentinel-events-list > Service Agreements 2020-2021 SA Health.

PEOPLE AND CULTURE

Workforce

Completion of Performance Reviews in line with the Commissioner's Determination	
Identifying and definitional attributes	
Short Name:	Performance Review Completion
Tier:	Tier 2
KPI ID:	PC-WF-T2-1
Description:	Percentage (%) of employees who have completed a Performance Review in the <u>prior</u> 6 month period.
Computation:	(Numerator/Denominator)*100
Numerator:	Employee headcount where a Performance Review was completed in the prior 6-month period.
Denominator:	Employee headcount at the time of the extract that are not: <ul style="list-style-type: none"> > Terminated. > Position ended (with a POS end date 2 months before the reporting period date) and no current position. > Seconded to other agencies. > Non-employees. > Board and Committee members. > Absent on unpaid leave greater than 28 days. > Casual that have not been paid greater than 28 days.
More Information	
Scope:	Data is reported for: <ul style="list-style-type: none"> > CALHN: TEQH, RAH > SALHN: FMC, RGH, NHS > NALHN: LMHS, MH > WCHN: WCH > RMCLHN: Riverland (Berri), Murray Bridge, RMC Other > LCLHN: Mount Gambier, LC Other > FUNLHN: Port Augusta, Whyalla, FUN Other > EFNLHN: Port Lincoln, EFN Other > YNLHN: Port Pirie, YN Other > BHFLHN: Gawler, South Coast, Mount Barker, BHF Other > South Australian Ambulance Service > State-wide Clinical Support Services > Drug and Alcohol Services South Australia > Department for Health and Wellbeing > Commission on Excellence & Innovation in Health > Wellbeing SA > State Total

Benchmarks:	Performing (Target): >=80.0% Performance Concern: <80.0% and >=75.0% Underperforming: <75.0%
Representation Class:	Percentage
Data Type:	Real
Unit of Measure:	Person
Data Source:	CHRIS21
Frequency of Reporting:	6-monthly (i.e. July to December Data Reported in January)
Notes:	<ul style="list-style-type: none"> > An ended position is determined by an employee's POS end date being more than 2 months from the report date, i.e. for August data (compiled in September), employees who have a POS end date of 30 June and prior are excluded. > Performance reviews with a future date are excluded from the calculation. > Indicator aligns with the Officer for the Commissioner of Public Sector Employment reporting metrics. > This metric will be RAG rated and contribute to performance level assessment on a 6-monthly basis, with monthly data available via the workbooks.
Related Information:	<ul style="list-style-type: none"> > Guideline of the Commissioner for Public Sector Employment: Performance Management and Development: > Public Sector Guideline Performance Management and Development > Service Agreements 2020-21 SA Health.

New Workplace Injury Claims	
Identifying and definitional attributes	
Short Name:	New Workplace Injury Claims
Tier:	Tier 2
KPI ID:	PC-WF-T2-2
Description:	Count (#) of new workplace injury claims reported.
Computation:	Count
More Information	
Scope:	<p>Data is reported for:</p> <ul style="list-style-type: none"> > CALHN: TEQH, RAH > SALHN: FMC, RGH, NHS > NALHN: LMHS, MH > WCHN: WCH > RMCLHN: Riverland (Berri), Murray Bridge, RMC Other > LCLHN: Mount Gambier, LC Other > FUNLHN: Port Augusta, Whyalla, FUN Other > EFNLHN: Port Lincoln, EFN Other > YNLHN: Port Pirie, YN Other > BHFLHN: Gawler, South Coast, Mount Barker, BHF Other > South Australian Ambulance Service > Statewide Clinical Support Services > Drug and Alcohol Services South Australia > Department for Health and Wellbeing > Commission on Excellence & Innovation in Health > Wellbeing SA > State Total
Benchmarks:	<p>Performing (Target): <= previous year Performance Concern: > previous year and <= 5.0% above previous year Underperforming: >5.0% above previous year</p>
Representation Class:	Count
Data Type:	Real
Unit of Measure:	Claims
Data Source:	Self-Insurance Management System (SIMS)
Frequency of Reporting:	6-monthly (i.e. July to December Data Reported in January)

<p>Notes:</p>	<ul style="list-style-type: none"> > Year to date data will contribute to an LHN's performance assessment. > The number of new workplace injury claims is calculated as the total number of new claims registered in the period, regardless of date of injury, determination or any other factor. This includes all claims whether accepted, rejected, pending determination or withdrawn. Every new claim has a 'Date Registered' date that does not change.
<p>Related Information:</p>	<ul style="list-style-type: none"> > South Australia's Strategic Plan Target 21: Greater Safety at Work. > https://data.sa.gov.au/data/dataset/sasp-target-21-greater-safety-at-work > Service Agreements 2020-21 SA Health.

Employees with Excess Annual Leave Balance

Identifying and definitional attributes

Short Name:	Excess Leave
Tier:	Tier 2
KPI ID:	PC-WF-T2-3
Description:	Percentage (%) of employees with annual leave balance greater than or equal to 2 years entitlement (as recorded on LAC).
Computation:	(Numerator/Denominator)*100.
Numerator:	Employee headcount whose annual leave balance is greater than or equal to 2 years entitlement.
Denominator:	Employee headcount of employees eligible to annual leave that are not: <ul style="list-style-type: none"> > Terminated; > Seconded; > Non-employees; > Board and Committee members.

More Information

Scope:	Data is reported for: <ul style="list-style-type: none"> > CALHN: TEQH, RAH > SALHN: FMC, RGH, NHS > NALHN: LMHS, MH > WCHN: WCH > RMCLHN: Riverland (Berri), Murray Bridge, RMC Other > LCLHN: Mount Gambier, LC Other > FUNLHN: Port Augusta, Whyalla, FUN Other > EFNLHN: Port Lincoln, EFN Other > YNLHN: Port Pirie, YN Other > BHFLHN: Gawler, South Coast, Mount Barker, BHF Other > South Australian Ambulance Service > State-wide Clinical Support Services > Drug and Alcohol Services South Australia > Department for Health and Wellbeing > Commission on Excellence & Innovation in Health > Wellbeing SA > State Total
Benchmarks:	Performing (Target) = 0.0% Performance Concern >0.0% and <=2.5% Underperforming >2.5%
Representation Class:	Percentage
Data Type:	Real
Unit of Measure:	Person

Data Source:	CHRIS21 and SHARP
Frequency of Reporting:	Monthly (i.e. July Data Reported in August)
Notes:	<ul style="list-style-type: none"> > Employees as recorded in CHRIS21. > Leave balance (years) for annual leave is a derived figure dependent on an employee being paid a leave average or contract hours when on annual leave represented by a field in PYD for all awards (except SA Public Sector Salaried employees who are all paid contract hours when on leave). > Payment Type: <ul style="list-style-type: none"> • Contract Hours: Takes into account the employee's total accrual in hours, any future leave bookings, the leave entitlement in weeks specified by an employee's industrial instrument, and the number of hours per week that they are contracted to work. • Average Hours: Takes into account an employee's total accrual in days, any future leave bookings, the leave entitlement in weeks specified by an employee's industrial instrument, and the number of days per week they are contracted to work.
Related Information:	Service Agreements 2020-21 SA Health.

Aboriginal and Torres Strait Islander Employment Rate

Identifying and definitional attributes

Short Name:	ASTI Employment Rate
Tier:	Monitor
KPI ID:	PC-WF-M-1
Description:	Percentage (%) of current employees who identified as being of Aboriginal or Torres Strait Islander origin.
Computation:	$(\text{Numerator}/\text{Denominator}) * 100$
Numerator:	Employee headcount who identified as being of Aboriginal and/or Torres Strait Islander origin, in receipt of a pay summary that includes the last pay day of the month.
Denominator:	Employee headcount, in receipt of a pay summary that includes the last pay day of the month

More Information

Scope:	<p>Data is reported for:</p> <ul style="list-style-type: none"> > CALHN > SALHN > NALHN > WCHN > RMCLHN > LCLHN > FUNLHN > EFNLHN > YNLHN > BHFLHN > South Australian Ambulance Service > State-wide Clinical Support Services > Drug and Alcohol Services South Australia > Department for Health and Wellbeing > Commission on Excellence & Innovation in Health > Wellbeing SA > State Total
Benchmarks:	N/A
Representation class:	Percentage
Data Type:	Real
Unit of Measure:	Person

Data Source:	CHRIS21 and SHARP
Frequency of Reporting:	Monthly (i.e. July Data Reported in August)
Notes:	N/A
Related Information:	<ul style="list-style-type: none"> > SA Health Aboriginal Workforce Framework 2017-2022. > Service Agreements 2020-21 SA Health.

For more information

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