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Commissioning and Performance

# KEY PERFORMANCE INDICATORS – SA Ambulance Service

Master Definition Document  
2022 - 2023



SA  
Ambulance  
Service



Government  
of South Australia

SA Health

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Version Control

<b>Version No.</b>	<b>Changes Made</b>	<b>By Whom</b>	<b>Date</b>
V1.0	First iteration	Lauren Bell	08/01/2021
V2.0	Second Iteration	Lincy Varghese	28/01/2022
V3.0	Updated to include 2022-23 KPIs	Lyndal Beer	06/07/2022

**EMERGENCY**

Ambulance Hospital Clearance Time - Less Than or Equal To 20 Minutes	
Identifying and definitional attributes	
Short Name:	Ambulance Hospital Clearance Time
Tier:	Tier 1
KPI ID:	AF-ED-T1-5
Description:	Percentage (%) of ambulance presentations that subsequently depart the emergency department (ED) less than or equal to 20 minutes following a patient’s transfer of care at a metropolitan public hospital, otherwise known as Ambulance Hospital Clearance Time.
Computation:	(Numerator/Denominator)*100
Numerator:	Count (#) of ambulance presentations to a major metropolitan hospital ED where the time difference between transfer of patient care to ambulance availability for redeployment is less than or equal to 20 minutes.
Denominator:	Count (#) of ambulance presentations at a major metropolitan hospital ED.
More Information	
Scope:	Data is reported for: <ul style="list-style-type: none"> <li>&gt; CALHN</li> <li>&gt; SALHN</li> <li>&gt; NALHN</li> <li>&gt; WCHN</li> <li>&gt; State</li> </ul>
Benchmarks:	Performing (Target) >=80.0% Performance Concern <80.0% and >=75.0% Underperforming <75.0%
Representation class:	Percentage
Data Type:	Real
Unit of Measure:	Services Type
Data Source:	SAAS CAD as per BUI database

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<b>Frequency of Reporting:</b>	Monthly (i.e., July data reported in August)
<b>Notes:</b>	<ul style="list-style-type: none"><li>&gt; Transfer of care is deemed complete only when clinical handover has occurred between hospital staff and paramedics, the patient has been offloaded from the ambulance stretcher and/or the care of the ambulance paramedics is no longer required.</li><li>&gt; Includes metropolitan public hospitals only.</li><li>&gt; Includes patients arriving at ED where the ambulance incident priority is P1 to P5.</li><li>&gt; Excludes any P6 to P8 incidents.</li><li>&gt; Data with missing timestamps or Negative times are excluded.</li></ul>
<b>Related Information:</b>	> Service Agreements 2022-23 SA Health.

## TIMELINESS

<b>'000' Calls Answered in 10 Seconds</b>	
<b>Identifying and definitional attributes</b>	
<b>Short Name:</b>	'000' Calls Answered
<b>Tier:</b>	Tier 1
<b>KPI ID:</b>	AF-TI-T1-1
<b>Description:</b>	Percentage (%) of '000' emergency calls answered within 10 seconds.
<b>Computation:</b>	$(\text{Numerator}/\text{Denominator}) \times 100$
<b>Numerator:</b>	Count (#) of '000' emergency calls that have been answered in the Emergency Operations Centre in 10 seconds or under.
<b>Denominator:</b>	Count (#) of all calls presented to '000' queues in the Emergency Operations Centre.
<b>More Information</b>	
<b>Scope:</b>	Data is reported for: > SAAS
<b>Benchmarks:</b>	Performing (Target) $\geq 95.0\%$ Performance Concern $< 95.0\%$ and $\geq 72.5\%$ Underperforming $< 72.5\%$
<b>Representation class:</b>	Percentage
<b>Data Type:</b>	Real
<b>Unit of Measure:</b>	Service Type
<b>Data Source:</b>	SAAS Automated Call Distributor Data (Genesys / BRIO), as per BIU database
<b>Frequency of Reporting:</b>	Monthly (i.e. July data reported in August)
<b>Notes:</b>	<ul style="list-style-type: none"> <li>&gt; Includes primary queue only.</li> <li>&gt; Excludes short-abandoned calls.</li> <li>&gt; Excludes time between presentation to Telstra triple-000 line and subsequent transfer to SAAS.</li> </ul>
<b>Related Information:</b>	> Service Agreements 2022-23 SA Health.

**Response Time (Urban Centres) - Priority 1**  
**Response Time (Urban Centres) - Priority 2**  
**Response Time (Urban Centres) - Priority 3**

**Identifying and definitional attributes**

<b>Short Name:</b>	Response Time – Priority 1 Response Time – Priority 2 Response Time – Priority 3
<b>Tier:</b>	Tier 1 Tier 1 Tier 2
<b>KPI ID:</b>	AF-TI-T1-2 AF-TI-T1-3 AF-TI-T2-4
<b>Description:</b>	Percentage (%) of Priority 1, 2 or 3 (urban centres) incidents where the first SA Ambulance Service (SAAS) resource arrived within the specified timeframe for the Priority.
<b>Computation:</b>	(Numerator/Denominator)*100
<b>Numerator:</b>	Count (#) of: a) Priority 1 incidents where the ambulance responds within 8 minutes. b) Priority 2 incidents where the ambulance responds within 16 minutes. c) Priority 3 incidents where the ambulance responds within 30 minutes.
<b>Denominator:</b>	Count (#) of: a) Priority 1 incidents. b) Priority 2 incidents. c) Priority 3 incidents.

**More Information**

<b>Scope:</b>	Data is reported for: > SAAS
<b>Benchmarks:</b>	Priority 1 – within 8 minutes of dispatch: Performing (Target) >=60.0% Performance Concern <60.0% and >=55.0% Underperforming <55.0% Priority 2 – within 16 minutes of dispatch: Performing (Target) >=90.0% Performance Concern <90.0% and >=85.0% Underperforming <85.0% Priority 3 – within 30 minutes of dispatch: Performing (Target) >=90.0% Performance Concern <90.0% and >=85.0% Underperforming <85.0%
<b>Representation class:</b>	Percentage

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<b>Data Type:</b>	Real
<b>Unit of Measure:</b>	Services Type
<b>Data Source:</b>	SAAS CAD as per BIU database
<b>Frequency of Reporting:</b>	Monthly (i.e. July data reported in August)
<b>Notes:</b>	<ul style="list-style-type: none"><li>&gt; Data is for urban centres, population greater than 10,000 - Australian Bureau of Statistics, Urban Centre and Locality (UCL) Ed 2016.</li><li>&gt; Response time is the difference between the event start time (first keystroke of incident in South Australian Computer Aided Dispatch System (SACAD) creation) of an incident and the time the resource arrives at the incident.</li><li>&gt; The final Priority of an incident is to be the assigned Priority at the time of the first SAAS resource arrival.</li><li>&gt; Note – this definition of ambulance response time differs to the Report on Government Services (RoGS) definition. RoGS defines response time as the time taken between the arrival of the first responding ambulance resource at the scene of an incident, and the initial receipt of the call for an emergency ambulance at the communications centre.</li></ul>
<b>Related Information:</b>	<ul style="list-style-type: none"><li>&gt; Service Agreements 2022-23 SA Health.</li></ul>



<b>Roster Performance (Metropolitan)</b>	
<b>Identifying and definitional attributes</b>	
<b>Short Name:</b>	Roster Performance
<b>Tier:</b>	Tier 2
<b>KPI ID:</b>	AF-TI-T2-2
<b>Description:</b>	Percentage (%) of double crew emergency ambulance paramedics in the metropolitan region who fill the rostered shifts.
<b>Computation:</b>	(Numerator/Denominator)*100
<b>Numerator:</b>	Count (#) of double crew emergency ambulance paramedics in the metropolitan region logged for rostered shift.
<b>Denominator:</b>	Count (#) of double crew emergency ambulance paramedics in the metropolitan region on the planned roster for shift.
<b>More Information</b>	
<b>Scope:</b>	Data is reported for: > SAAS (metropolitan)
<b>Benchmarks:</b>	Performing (Target) >=95% Performance Concern >=92.5% and <95% Underperforming <92.5%
<b>Representation class:</b>	Percentage
<b>Data Type:</b>	Real
<b>Unit of Measure:</b>	Service Type
<b>Data Source:</b>	SAAS CAD as per BIU database and GRS
<b>Frequency of Reporting:</b>	Monthly (i.e. July data reported in August)
<b>Notes:</b>	> Excludes: <ul style="list-style-type: none"> <li>• Regional and volunteer crews.</li> <li>• Single Responders.</li> <li>• Area Team Leads.</li> <li>• Operational Team Leads.</li> <li>• Operational Managers</li> <li>• Patient Transport Services.</li> <li>• Emergency Support Services</li> <li>• Clinical Telephone Assessors</li> <li>• Emergency Operations Centre Clinicians</li> </ul>
<b>Related Information:</b>	> Service Agreements 2022-23 SA Health.

**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"> <li>&gt; CALHN</li> <li>&gt; SALHN</li> <li>&gt; NALHN</li> <li>&gt; WCHN</li> <li>&gt; BHFLHN</li> <li>&gt; FUNLHN</li> <li>&gt; EFNLHN</li> <li>&gt; RMCLHN</li> <li>&gt; LCLHN</li> <li>&gt; YNLHN</li> <li>&gt; DHW (including Drug and Alcohol Services South Australia)</li> <li>&gt; South Australian Ambulance Services</li> <li>&gt; Statewide Clinical Support Services</li> </ul>
Benchmarks:	Performing (Target) $\leq 0$ 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)

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<b>Notes:</b>	<ul style="list-style-type: none"><li>&gt; Net Grant Funded Services impact.</li><li>&gt; For monthly reporting, indicator data is disaggregated to show the following elements:<ul style="list-style-type: none"><li>• End of year Projection Net Variance to Budget</li><li>• Expenditure Variance to Budget</li><li>• Revenue (All) Variance to Budget</li><li>• Revenue (Earned) Variance to Budget</li></ul></li><li>&gt; A percentage calculation is also available in the monthly workbooks.</li></ul>
<b>Related Information:</b>	<ul style="list-style-type: none"><li>&gt; Service Agreements 2022-23 SA Health.</li></ul>

Workforce Cost	
Identifying and definitional attributes	
Short Name:	Workforce Cost
Tier:	Tier 2
KPI ID:	PE-F-T2-1
Description:	Percentage (%) variance of actual workforce costs compared to budgeted workforce costs
Computation:	$(\text{Numerator}/\text{Denominator}) \times 100$
Numerator:	Actual dollar value (\$) spend for salaried employees and agency staff for a given period minus the allocated budget for salaried employees and agency staff for the same period.
Denominator:	Allocated budget for salaried employees and agency staff for a given period.
More Information	
Scope:	Data is reported for: > SAAS
Benchmarks:	Performing (Target) $\leq 0.0\%$ YTD Variance to YTD Budget Performance Concern $> 0.0\%$ and $\leq 0.5\%$ Underperforming $> 0.5\%$
Representation class:	Percentage
Data Type:	Real
Unit of Measure:	Monetary amount
Data Source:	SHARP
Frequency of Reporting:	Monthly (i.e., July data reported in August)
Notes:	> Includes: <ul style="list-style-type: none"> <li>• 71000 - Employee Benefit Costs:                             <ul style="list-style-type: none"> <li>○ 71100 - Salaries and Wages – Nursing</li> <li>○ 71200 - Salaries and Wages - Medical Officers</li> <li>○ 71300 - Salaries and Wages - Weekly Paid</li> <li>○ 71400 - Salaries and Wages - Clinical Academics</li> <li>○ 71500 - Salaries and Wages - Salaried Employees</li> <li>○ 71600 - Other Employee Related Expense</li> </ul> </li> </ul>

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	<ul style="list-style-type: none"><li>• 75100 - Agency Staffing<ul style="list-style-type: none"><li>○ 75110 - Agency Staffing - Nursing</li><li>○ 75120 - Agency Staffing - Medical Officer</li><li>○ 75130 - Agency Staffing - Weekly Paid</li><li>○ 75140 - Agency Staffing - Clinical Academics</li><li>○ 75150 - Agency Staffing - Salaried Employees</li></ul></li></ul>
<b>Related Information:</b>	> Service Agreements 2022-23 SA Health.

## ACTIVITY

Average Incident Cost	
Identifying and definitional attributes	
Short Name:	Average Incident Cost
Tier:	Tier 1
KPI ID:	PE-ACT-T1-2
Description:	Average cost per incident attended to by SA Ambulance Service (SAAS).
Computation:	(Numerator/Denominator)
Numerator:	SAAS expenditure.
Denominator:	Count (#) of incidents attended by SAAS.
More Information	
Scope:	Data is reported for: > SAAS
Benchmarks:	Performing (Target) <= previous year Performance Concern > previous year to <=2.5% above previous year Underperforming >2.5% above previous year
Representation class:	Mean (Average)
Data Type:	Monetary Amount
Unit of Measure:	Currency
Data Source:	ORACLE Financial Reporting and SAAS CAD as per BIU database
Frequency of Reporting:	6-monthly (i.e., July to December data reported in January)
Notes:	<ul style="list-style-type: none"> <li>&gt; The expenditure is determined as the total expenses reported in SHARP, plus the user cost of capital calculated as 8% of assets. SHARP codes are: <ul style="list-style-type: none"> <li>• 71000 – Operating Expenditure</li> <li>• 9000 – Capital Expenditure.</li> </ul> </li> <li>&gt; An incident is defined as an event that resulted in a demand for an ambulance service(s) to respond.</li> </ul>

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	> This indicator is to be reported against YTD same time previous year – once for the first 6 months of the financial year (July-December) and again at the end of the financial year, including any financial adjustments performed at that time (January-June + adjustments).
<b>Related Information:</b>	> Service Agreements 2022-23 SA Health.

<b>IHT (RFDS) within funded activity</b>	
<b>Identifying and definitional attributes</b>	
<b>Short Name:</b>	IHT (RFDS) within funded activity
<b>Tier:</b>	Tier 2
<b>KPI ID:</b>	PE-ACT-T2-1
<b>Description:</b>	Variance (%) in Inter Hospital Transfers (IHT) conducted by Royal Flying Doctors Service (RFDS) against baseline funded activity.
<b>Computation:</b>	$(\text{Numerator}/\text{Denominator}) \times 100$
<b>Numerator:</b>	Count (#) of IHT conducted by RFDS.
<b>Denominator:</b>	Adjusted monthly number IHT covered by funding.
<b>More Information</b>	
<b>Scope:</b>	Data is reported for: > SAAS
<b>Benchmarks:</b>	Performing (Target) $\leq \pm 2.5\%$ Performance Concern $> \pm 5.0\%$ and $\leq \pm 7.5\%$ Underperforming $> \pm 7.5\%$
<b>Representation class:</b>	Percentage
<b>Data Type:</b>	Real
<b>Unit of Measure:</b>	Services Type
<b>Data Source:</b>	RFDS Air Maestro
<b>Frequency of Reporting:</b>	Monthly (i.e., July data reported in August)
<b>Notes:</b>	> Adjusted figure used for the denominator is based on 2009-2010 actual figures and adjusted based on funding variations.
<b>Related Information:</b>	> Service Agreements 2022-23 SA Health.



## SAFE AND EFFECTIVE CARE

Open Disclosure Rate of Actual SAC 1 & 2 Patient Incidents	
Identifying and definitional attributes	
Short Name:	Open Disclosure Actual SAC 1 & 2
Tier:	Tier 1
KPI ID:	SEC-SC-T1-9
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:	<p>Data is reported for:</p> <ul style="list-style-type: none"> <li>&gt; CALHN</li> <li>&gt; SALHN</li> <li>&gt; NALHN</li> <li>&gt; WCHN</li> <li>&gt; BHFLHN: Gawler, South Coast, Mount Barker</li> <li>&gt; FUNLHN: Port Augusta, Whyalla</li> <li>&gt; EFNLHN: Port Lincoln</li> <li>&gt; RMCLHN: Riverland (Berri), Murray Bridge</li> <li>&gt; LCLHN: Mount Gambier</li> <li>&gt; YNLHN: Port Pirie</li> <li>&gt; Drug and Alcohol Services South Australia</li> <li>&gt; South Australian Ambulance Service</li> <li>&gt; Statewide Clinical Support Services</li> </ul>
Benchmarks:	<p>Performing (Target) &gt;=95.0%</p> <p>Performance Concern &lt;95.0% and &gt;=85.0%</p> <p>Underperforming &lt;85.0%</p>
Representation class:	Percentage
Data Type:	Real

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<b>Unit of Measure:</b>	Person
<b>Data Source:</b>	SA Health Incident Management reporting system – Safety Learning System (SLS)
<b>Frequency of Reporting:</b>	Monthly (1 month lag i.e., July data reported in September)
<b>Notes:</b>	<ul style="list-style-type: none"> <li>&gt; 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 using the SAC Matrix and guides the level of incident investigation or review that is undertaken.</li> <li>&gt; 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.</li> <li>&gt; Data excludes notifier incidents.</li> <li>&gt; 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.</li> </ul>
<b>Related Information:</b>	<ul style="list-style-type: none"> <li>&gt; Australian Commission on Safety and Quality in Health Care, Australian Open Disclosure Framework.  <a href="https://www.safetyandquality.gov.au/publications-and-resources/resource-library/australian-open-disclosure-framework-better-communication-better-way-care">https://www.safetyandquality.gov.au/publications-and-resources/resource-library/australian-open-disclosure-framework-better-communication-better-way-care</a></li> <li>&gt; Service Agreements 2022-23 SA Health.</li> </ul>

<b>Pain Reduction</b>	
<b>Identifying and definitional attributes</b>	
<b>Short Name:</b>	Pain Reduction
<b>Tier:</b>	Tier 1
<b>KPI ID:</b>	SEC-EC-T1-4
<b>Description:</b>	Percentage (%) of patients who reported a clinically meaningful pain reduction.
<b>Computation:</b>	$(\text{Numerator}/\text{Denominator}) \times 100$
<b>Numerator:</b>	Count (#) of patients who reported a clinically meaningful pain reduction.
<b>Denominator:</b>	Count (#) of patients for whom there is an initial pain score of 7 or above.
<b>More Information</b>	
<b>Scope:</b>	Data is reported for: <ul style="list-style-type: none"> <li>• SAAS</li> </ul>
<b>Benchmarks:</b>	Performing (Target) $\geq 50.0\%$ Performing Concern $< 50.0\%$ and $\geq 45.0\%$ Underperforming $< 45.0\%$
<b>Representation class:</b>	Percentage
<b>Data Type:</b>	Real
<b>Unit of Measure:</b>	Services Type
<b>Data Source:</b>	SAAS Patient Case Card as per BIU database
<b>Frequency of Reporting:</b>	Monthly (i.e., July data reported in August)
<b>Notes:</b>	<ul style="list-style-type: none"> <li>&gt; Clinically meaningful pain reduction is defined as a minimum of a 2-point reduction in pain score from first to final recorded measurement (based on a 1-10 numeric rating scale of pain intensity).</li> <li>&gt; Includes: <ul style="list-style-type: none"> <li>• Patients aged 16 years or over and received care from the ambulance service.</li> <li>• Patients where at least 2 pain scores (pre- and post-treatment) were recorded.</li> </ul> </li> <li>&gt; Patients where any pain score was recorded as 7 or above.</li> </ul>

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	<ul style="list-style-type: none"><li>&gt; Note – this definition of pain reduction differs to the Report on Government Services (RoGS) definition. RoGS defines pain reduction as 'Patients counted who are aged 16 years and over and received care from the ambulance service, which included the administration of pain medication (analgesia), recorded at least 2 pain scores (pre- and post-treatment) on a Numeric Rating Scale and recorded an initial pain score of 7 or above on the Numeric Rating Scale of 1-10.</li><li>&gt; Excluded are patients who refuse pain medication.</li></ul>
<b>Related Information:</b>	<ul style="list-style-type: none"><li>&gt; Service Agreements 2022-23 SA Health.</li></ul>

**'000' Emergency Call Audit - Partial Compliance**  
**'000' Emergency Call Audit – Low Compliance**  
**'000' Emergency Call Audit – Non Compliance**

**Identifying and definitional attributes**

<b>Short Name:</b>	'000' Emergency Call Audit
<b>Tier:</b>	Tier 1
<b>KPI ID:</b>	SEC-EC-T1-1 SEC-EC-T1-2 SEC-EC-T1-3
<b>Description:</b>	Percentage (%) of '000' emergency calls in compliance with Emergency Medical Dispatch Quality Improvement (EMD-Q) Performance Standards and Accredited Center of Excellence (ACE) accreditation for correct application of a Medical Priority Dispatch System.
<b>Computation:</b>	(Numerator/Denominator)*100
<b>Numerator:</b>	Count (#) of audited calls that showed: a) Partial compliance b) Low compliance c) Non-compliance against accreditation standards.
<b>Denominator:</b>	Count (#) of audited calls.

**More Information**

<b>Scope:</b>	Data is reported for: > SAAS
<b>Benchmarks:</b>	SEC-EC-T1-1: Partial Compliance Performing (Target) <=10% Performance Concern N/A Underperforming >10% SEC-EC-T1-2: Low Compliance Performing (Target) <=10% Performance Concern N/A Underperforming >10% SEC-EC-T1-3: Non Compliance Performing (Target) <=7% Performance Concern N/A Underperforming >7%
<b>Representation class:</b>	Percentage
<b>Data Type:</b>	Integer

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<b>Unit of Measure:</b>	Services Type
<b>Data Source:</b>	SAAS CAD as per BIU database
<b>Frequency of Reporting:</b>	Monthly (i.e., July data reported in August)
<b>Notes:</b>	<ul style="list-style-type: none"><li>&gt; Evidence of compliance is with the Twenty Points of accreditation, as published by the International Academies of Emergency Dispatch (IAED) Board of Accreditation.</li><li>&gt; Audit volume is determined using the International Academies of Emergency Dispatch Random Case Review Calculator and is dependent upon the SA Ambulance Service's annual call volume.</li><li>&gt; Calls that meet High Compliance and Compliant levels will also be provided by SA Ambulance Services to assist with analysis.</li></ul>
<b>Related Information:</b>	<ul style="list-style-type: none"><li>&gt; Service Agreements 2022-23 SA Health.</li></ul>

## Cardiac Arrest with ROSC Rate – Resuscitation was attempted Cardiac Arrest with ROSC Rate – VF/VT cardiac arrest

### Identifying and definitional attributes

Short Name:	Cardiac Arrest with ROSC Cardiac Arrest with ROSC – VF/VT
Tier:	Tier 1 Tier 2
KPI ID:	SEC-EC-T1-7 SEC-EC-T2-1
Description:	Percentage (%) of patients who were in out-of-hospital cardiac arrest and had a return to spontaneous circulation (ROSC) at the time of transfer of care to the medical team at the receiving hospital.
Computation:	$(\text{Numerator}/\text{Denominator}) \times 100$
Numerator:	Count (#) of patients with ROSC at time of transfer of care to the medical team at the receiving hospital where: <ul style="list-style-type: none"> <li>a) The patient suffered an out-of-hospital cardiac arrest and resuscitation was attempted.</li> <li>b) The patient suffered an out-of-hospital, ventricular fibrillation (VF) or ventricular tachycardia (VT), cardiac arrest.</li> </ul>
Denominator:	Count (#) of patients where: <ul style="list-style-type: none"> <li>a) The patient suffered an out-of-hospital cardiac arrest and resuscitation was attempted.</li> <li>b) The patient suffered an out-of-hospital, ventricular fibrillation (VF) or ventricular tachycardia (VT), cardiac arrest.</li> </ul>

### More Information

Scope:	Data is reported for: > SAAS
Benchmarks:	Performing (Target) $\geq 12$ month rolling average Performance Concern N/A Underperforming $< 12$ month rolling average
Representation class:	Percentage
Data Type:	Real
Unit of Measure:	Services Type
Data Source:	Cardiac Arrest Registry

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<b>Frequency of Reporting:</b>	Monthly (3 month lag i.e., July data reported in October)
<b>Notes:</b>	<ul style="list-style-type: none"><li>&gt; Includes metropolitan and country patients aged 16 years and over.</li><li>&gt; Excludes data with incomplete time stamps.</li><li>&gt; Year to date data (produced on a monthly basis) will contribute to SAAS's performance assessment.</li><li>&gt; A cardiac arrest where resuscitation was attempted is defined as an out-of-hospital cardiac arrest (not witnessed by a paramedic) where chest compressions and/or defibrillation was undertaken by ambulance or emergency medical services personnel.</li><li>&gt; A VF/VT cardiac arrest is defined as an out-of-hospital cardiac arrest (not witnessed by a paramedic) where the arrest rhythm on the first ECG assessment was either VF or VT (irregular and/or fast heartbeat).</li></ul>
<b>Related Information:</b>	<ul style="list-style-type: none"><li>&gt; Service Agreements 2022-23 SA Health.</li></ul>



## STEMI - Arrival at PCI Facility within 60 minutes

### Identifying and definitional attributes

Short Name:	STEMI – PCI Arrival
Tier:	Tier 2
KPI ID:	SEC-EC-T2-2
Description:	Percentage (%) of metropolitan patients with chest pain, including evidence of ST elevation myocardial infarction (STEMI) who are transported to a hospital with percutaneous coronary intervention (PCI) facilities within 60 minutes of ambulance dispatch.
Computation:	(Numerator/Denominator)*100
Numerator:	Count (#) of metropolitan patients with chest pain, including evidence of STEMI, who are transported to a site with PCI facilities within 60 minutes of ambulance dispatch.
Denominator:	Count (#) of metropolitan patients with chest pain, including evidence of STEMI, who are transported to a treatment facility.

### More Information

Scope:	Data is reported for: > SAAS
Benchmarks:	Performing (Target) >=70.0% Performance Concern <70.0% and >=65.0% Underperforming <65.0%
Representation class:	Percentage
Data Type:	Real
Unit of Measure:	Services Type
Data Source:	SAAS CAD as per BIU database
Frequency of Reporting:	Monthly (i.e. July data reported in August)
Notes:	<ul style="list-style-type: none"> <li>&gt; Metropolitan patients only.</li> <li>&gt; Excludes data with incomplete time stamps.</li> <li>&gt; A transport is defined as a patient transported from an incident to a treatment facility. Multiple transports can occur from a single incident, but not all incidents may result in a transport.</li> </ul>
Related Information:	> Service Agreements 2022-23 SA Health.

## Suspected STROKE - Arrival at CSU Facility within 60 Minutes

### Identifying and definitional attributes

Short Name:	STROKE – CSU Arrival
Tier:	Tier 1
KPI ID:	SEC-EC-T1-6
Description:	Percentage (%) of metropolitan patients with suspected stroke who are transported to a hospital with a Comprehensive Stroke Unit (CSU) within 60 minutes of ambulance dispatch.
Computation:	(Numerator/Denominator)*100
Numerator:	Count (#) of metropolitan patients with suspected stroke, who are transported to a site with a CSU within 60 minutes of ambulance dispatch.
Denominator:	Count (#) of metropolitan patients with suspected stroke, who are transported to a treatment facility.

### More Information

Scope:	Data is reported for: > SAAS
Benchmarks:	Performing (Target) >=80.0% Performance Concern <80.0% and >=75.0% Underperforming <75.0%
Representation class:	Percentage
Data Type:	Real
Unit of Measure:	Services Type
Data Source:	SAAS CAD as per BIU database
Frequency of Reporting:	Monthly (i.e., July data reported in August)
Notes:	<ul style="list-style-type: none"> <li>&gt; Metropolitan patients only.</li> <li>&gt; Excludes data with incomplete time stamps.</li> <li>&gt; A transport is defined as a patient transported from an incident to a treatment facility. Multiple transports can occur from a single incident, but not all incidents may result in a transport.</li> </ul>
Related Information:	> Service Agreements 2022-23 SA Health.

## WORKFORCE

Number of Work Health and Safety Related Incidents Due to Challenging Behaviour in the Workplace	
Identifying and definitional attributes	
Short Name:	WHS Incidents – Challenging Behaviour
Tier:	Tier 1
KPI ID:	PC-WF-T1-1
Description:	Count (#) of incidents occurring in the workplace due to challenging behaviour.
Computation:	Count (#) of work health and safety related incidents occurring in the reference period which are attributed to 'challenging behaviour'.
More Information	
Scope:	Data is reported for: > SAAS
Benchmarks:	Performing (Target) <= previous year Performance Concern > previous year to <=2.5% above previous year Underperforming >2.5% above previous year
Representation class:	Count
Data Type:	Real
Unit of Measure:	Person
Data Source:	SAAS Work Health Safety Information Management system
Frequency of Reporting:	Monthly (i.e. July data reported in August)
Related Information:	> Service Agreements 2022-23 SA Health.

## 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:	$(\text{Numerator}/\text{Denominator}) * 100$
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"> <li>&gt; Terminated;</li> <li>&gt; Position ended (with a POS end date 2 months before the reporting period date) and no current position;</li> <li>&gt; Seconded to other agencies;</li> <li>&gt; Non-employees;</li> <li>&gt; Board and Committee members;</li> <li>&gt; Absent on unpaid leave greater than 28 days;</li> <li>&gt; Casual that have not been paid greater than 28 days.</li> </ul>

### More Information

Scope:	Data is reported for: <ul style="list-style-type: none"> <li>&gt; CALHN: TEQH, RAH</li> <li>&gt; SALHN: FMC, RGH, NHS</li> <li>&gt; NALHN: LMHS, MH</li> <li>&gt; WCHN: WCH</li> <li>&gt; RMCLHN: Riverland (Berri), Murray Bridge, RMC Other</li> <li>&gt; LCLHN: Mount Gambier, LC Other</li> <li>&gt; FUNLHN: Port Augusta, Whyalla, FUN Other</li> <li>&gt; EFNLHN: Port Lincoln, EFN Other</li> <li>&gt; YNLHN: Port Pirie, YN Other</li> <li>&gt; BHFLHN: Gawler, South Coast, Mount Barker, BHF Other</li> <li>&gt; South Australian Ambulance Service</li> <li>&gt; Statewide Clinical Support Services</li> <li>&gt; Drug and Alcohol Services South Australia</li> <li>&gt; Department for Health and Wellbeing</li> <li>&gt; Commission on Excellence &amp; Innovation in Health</li> <li>&gt; Wellbeing SA</li> <li>&gt; State Total</li> </ul>
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<b>Benchmarks:</b>	Performing (Target): >=80.0% Performance Concern: <80.0% and >=75.0% Underperforming: <75.0%
<b>Representation Class:</b>	Percentage
<b>Data Type:</b>	Real
<b>Unit of Measure:</b>	Person
<b>Data Source:</b>	CHRIS21
<b>Frequency of Reporting:</b>	6-monthly (i.e. July to December data reported in January)
<b>Notes:</b>	<ul style="list-style-type: none"> <li>&gt; 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.</li> <li>&gt; Performance reviews with a future date are excluded from the calculation.</li> <li>&gt; Absent on unpaid leave greater than 20 days for contracted staff excluded from denominator. 20 days represents working days or 4 weeks.</li> <li>&gt; Casual staff who have not been paid greater than 28 days excluded from denominator. 28 days represents 2 pay cycles, or 4 weeks.</li> <li>&gt; Indicator aligns with the Officer for the Commissioner of Public Sector Employment reporting metrics.</li> <li>&gt; This metric will be RAG rated and contribute to performance level assessment on a 6-monthly basis, with monthly data available via the workbooks.</li> </ul>
<b>Related Information:</b>	<ul style="list-style-type: none"> <li>&gt; Guideline of the Commissioner for Public Sector Employment: Performance Management and Development: <a href="#">Public Sector Guideline Performance Management and Development</a></li> <li>&gt; Service Agreements 2022-23 SA Health.</li> </ul>

## Employees with Excess Annual Leave Balance

### Identifying and definitional attributes

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

### More Information

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

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<b>Data Type:</b>	Real
<b>Unit of Measure:</b>	Person
<b>Data Source:</b>	CHRIS21 and SHARP
<b>Frequency of Reporting:</b>	Monthly (i.e., July data reported in August)
<b>Notes:</b>	<ul style="list-style-type: none"> <li>&gt; Employees as recorded in CHRIS21.</li> <li>&gt; 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 – the Shared Sector Model).</li> <li>&gt; Payment Type:             <ul style="list-style-type: none"> <li>• Contract Hours (Shared Sector Model): 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.</li> <li>• 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.</li> </ul> </li> </ul>
<b>Related Information:</b>	> Service Agreements 2022-23 SA Health.

New Workplace Injury Claims	
Identifying and definitional attributes	
Short Name:	New Workplace Injury Claims
Tier:	Monitor
KPI ID:	PC-WF-M-1
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"> <li>&gt; CALHN: TEQH, RAH</li> <li>&gt; SALHN: FMC, RGH, NHS</li> <li>&gt; NALHN: LMHS, MH</li> <li>&gt; WCHN: WCH</li> <li>&gt; RMCLHN: Riverland (Berri), Murray Bridge, RMC Other</li> <li>&gt; LCLHN: Mount Gambier, LC Other</li> <li>&gt; FUNLHN: Port Augusta, Whyalla, FUN Other</li> <li>&gt; EFNLHN: Port Lincoln, EFN Other</li> <li>&gt; YNLHN: Port Pirie, YN Other</li> <li>&gt; BHFLHN: Gawler, South Coast, Mount Barker, BHF Other</li> <li>&gt; South Australian Ambulance Service</li> <li>&gt; Statewide Clinical Support Services</li> <li>&gt; Drug and Alcohol Services South Australia</li> <li>&gt; Department for Health and Wellbeing</li> <li>&gt; Commission on Excellence &amp; Innovation in Health</li> <li>&gt; Wellbeing SA</li> <li>&gt; State Total</li> </ul>
Benchmarks:	<p>Performing (Target): &lt;= previous year                      Performance Concern: &gt; previous year and &lt;= 5.0% above previous year                      Underperforming: &gt;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)



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<b>Notes:</b>	<ul style="list-style-type: none"><li>&gt; Year to date data will contribute to an LHN's performance assessment.</li><li>&gt; 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.</li></ul>
<b>Related Information:</b>	<ul style="list-style-type: none"><li>&gt; South Australia's Strategic Plan Target 21: Greater Safety at Work. <a href="https://data.sa.gov.au/data/dataset/sasp-target-21-greater-safety-at-work">https://data.sa.gov.au/data/dataset/sasp-target-21-greater-safety-at-work</a></li><li>&gt; Service Agreements 2022-23 SA Health.</li></ul>

## Expenditure for Workplace Injury Claims

### Identifying and definitional attributes

<b>Short Name:</b>	Expenditure for workplace injury claims
<b>Tier:</b>	Monitor
<b>KPI ID:</b>	PC-WF-M-2
<b>Description:</b>	Year-on-year percentage variance (%) of gross workers compensation expenditure.
<b>Computation:</b>	$(\text{Numerator}/\text{Denominator}) * 100$
<b>Numerator:</b>	Monetary amount for gross workers compensation expenditure in a given period for the current financial year, minus the monetary amount for gross workers compensation expenditure in the same period for the previous financial year.
<b>Denominator:</b>	Monetary amount for gross workers compensation expenditure in a given period for the previous financial year.

### More Information

<b>Scope:</b>	Data is reported for: > SAAS
<b>Benchmarks:</b>	Performing (Target) $\leq$ previous year at same development point Performance Concern $>$ previous year to $\leq 5.0\%$ above previous year at same development point Underperforming $> 5.0\%$ above previous year at same development point
<b>Representation Class:</b>	Percentage
<b>Data Type:</b>	Real
<b>Unit of Measure:</b>	Services Type
<b>Data Source:</b>	Self-Insurance Management System (SIMS)
<b>Frequency of Reporting:</b>	Monthly (i.e. July data reported in August)
<b>Related Information:</b>	> Service Agreements 2022-23 SA Health.

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## For more information

**Commissioning & Performance**  
[health.performance@sa.gov.au](mailto:health.performance@sa.gov.au)

[www.sahealth.sa.gov.au](http://www.sahealth.sa.gov.au)

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