2023-24

KPI AND IMPROVEMENT MEASURE

DATA SUPPLEMENT

PART 2 OF 2

IMPROVEMENT MEASURES

NSW GOVERNMENT | Health

Version 2.0

September 2023

Further information regarding this document can be obtained from the System Information and Analytics Branch. All queries to:

MOH-SystemInformationAndAnalytics@health.nsw.gov.au.

VERSION CONTROL

Date	Indicator No.	Measure	Version Control Change
7/10/22	IM22-001	Planned Care for Better Health Integrated Care Initiative (PCBH) and Emergency Department to Community Integrated Care Initiative (EDC) Efficacy: Reduction in Low Acuity Emergency Department Presentations for Integrated Care patients – variation to pre-enrolment (% change)	Business Owners Updated
7/10/22	IM22-002	Integrated Care Program – Patients Enrolled Planned Care for Better Health Integrated Care Initiative (PCBH) or EDC Emergency Department to Community Integrated Care Initiative – variation to previous year (%)	Business Owners Updated
7/10/22	MS3102	Electronic Discharge Summary Performance: Created within 48 hours of patient discharge from hospital (%)	Business Owners Updated
19/10/22	SSQ112, SSQ113	Unplanned and emergency representations to same ED within 48 Hours %	Correction to Separation Mode code in definition and inclusions.
28/10/2022	DSR_7309	Deliver Infrastructure: Business Cases Completed (%)	Retired.
28/10/2022	DSR_7302	Deliver Infrastructure: Construction Commenced (%)	Retired
28/10/2022	DSR_7303	Deliver Infrastructure: Construction Completed (%)	Retired
1/11/2022	MS2407	Oesophageal Cancer Resection Caseload Threshold (with Active MDT) (%)	Retired
1/11/2022	MS2408	Pancreatic Cancer Resection Caseload Threshold (with Active MDT) (%)	Retired
1/11/2022	MS2404	One-Year Survival after Surgery for Lung Cancer (%)	Retired
1/11/2022	MS2405	One-Year Survival after Surgery for Colon or Rectal Cancer (%)	Retired
1/11/2022	KF-001	Aboriginal Maternal Infant Health Services - Women with Aboriginal babies accessing the service (Number)	Wording edits
1/11/2022	SPH008, SPH009, SPH010, SPH011	Comprehensive Antenatal Visits - for all pregnant women before 14 weeks gestation	Wording edits plus update to source systems and business owner
1/11/2022	KF-0081	New Street Services – Primary clients completing treatment (%)	Addition to inclusions
1/11/2022	KF-0082	New Street Services – New children and young people accepted into a newly established New Street service as a primary client (Number)	Retired

Date	Indicator No.	Measure	Version Control Change
1/11/2022	KF-0083	Children under 10 with problematic sexual behaviour - new clients who receive an initial assessment (Number)	Updates to inclusion and addition of a target.
1/11/2022	KF-004-a	Child Protection Counselling Services - clients seen in person (Number)	Addition of a target
1/11/2022	IM21-001	Sexual Assault Services Integrated Response – Victims of sexual assault or abuse receiving timely integrated crisis response (%)	Change to title of IM, addition of Violence Abuse & Neglect Services details, addition of some LHDs to inclusions and other minor wording changes.
2/11/2022	SFA105	Coding Timeliness: Acute Admitted (%)	Retired
3/11/2022	MS2306	Unplanned Hospital Readmission Distributions: all unplanned admissions within 28 days of separation – Cohort comparisons (%)	Minor wording changes
3/11/2022	IM22-004	Incomplete Emergency Department Attendances: Patients who departed from an ED with a “Did not wait” or “Left at own risk” status (%)	Addition of context and addition to related policies.
3/11/2022	SPH002, SPH004	Children fully immunised at four years of age	Addition to related policies
3/11/2022	SPH008, SPH009, SPH010, SPH011	Comprehensive Antenatal Visits - for all pregnant women before 14 weeks gestation	Addition to related policies
3/11/2022	SSA104	ED Presentations Treated within Benchmark Times: Triage 4 and 5 (%)	Addition to related policies
4/11/2022	PH-008C	Healthy Children Initiative - Targeted Family Healthy Eating and Physical Activity Program (Go4Fun)	Minor wording changes plus updated targets
4/11/2022	PH-011B	Get Healthy Information and Coaching Service –Enrolments (Number)	Minor wording changes
4/11/2022	PH-017A	Tobacco Compliance Monitoring: compliance with the NSW Health Smoke-free Health Care Policy (%)	Wording updates to include vaping.
8/11/2022	MS5301 / MS5302	Participants enrolled to commercial clinical trial projects	Retired
10/11/2022	MS2104	Surgical Site Infections - Rate (per 1,000 surgical procedural DRG separations)	Retired
10/11/2022	KQS202	Incorrect Procedures: Operating Theatre - Resulting in Death or Major Permanent Loss of Function (Number)	Retired
10/11/2022	SSQ104	Serious Adverse Event Review completed in 60 days (%)	Retired
10/11/2022	MS2107	Clinical Incident Monitoring: Clinical Harm Scores 1 and 2 incidents (Number)	Retired
10/11/2022	MS2106	Harm-free Admitted Care: Inpatient Stays without Harm (%)	Retired

Date	Indicator No.	Measure	Version Control Change
11/11/2022	PH-008C	Healthy Children Initiative - Targeted Family Healthy Eating and Physical Activity Program (Go4Fun)	Updates to targets for one LHD.
16/11/2022	SSQ111	Unplanned hospital readmission rates for patients discharged following management of targeted conditions (%) – Paediatric tonsillectomy and adenoidectomy	Adjustment to wording for denominator.
18/11/2022	IM23-001	Transitional Aged Care Program (TACP) Occupancy (%)	New Improvement measure
28/11/2022	DPH_1301B	Drug and Alcohol Opioid Treatment Program – Unique public patients prescribed buprenorphine or buprenorphine-naloxone	Minor updates to wording of definitions and targets.
28/11/2022	MS1302	Drug and Alcohol Opioid Treatment Program – Public patients who were prescribed opioid pharmacotherapies (Number)	Update to related policies
28/11/2022	PH-015B	Total Alcohol and other Drug Specialist Admitted Patient Care Activity (Number of consults)	Retired
28/11/2022	PH-015C	Alcohol and other Drug Specialist Non-Admitted Patient Care Activity (occasions of service)	Wording updates to definitions and inclusions and exclusions.
22/12/2022	KS1410	Human Immunodeficiency Virus (HIV) Testing - Within publicly funded HIV and sexual health services (Variance %)	Clarification of targets.
17/01/2023	IM22-004a	Incomplete Emergency Department Attendances: Patients who departed from an ED with a “Did not wait” or “Left at own risk” status (%)	Removed Aboriginal Patient Disaggregation (which has been upgraded to a KPI).
16/02/2023	SIC108	Electronic Discharge Summaries: sent electronically and accepted by a GP Broker system (%)	Moved from KPIs; Added exclusion for Day-only episodes, added Related Policies/ Programs.
16/02/2023	KSA205	Electronic Discharge Summaries Completed: (%)	Removed day-only episodes from an inclusion to an exclusion, added Related Policies/Programs
16/02/2023	MS3102	Electronic Discharge Summary Performance: Created within 48 hours of patient discharge from hospital (%)	Added exclusion for Day-only episodes, added Related Policies/ Programs.
21/02/2022	IM22-001	Planned Care for Better Health Integrated Care Initiative (PCBH) and Emergency Department to Community Integrated Care Initiative (EDC) Efficacy: Reduction in Low Acuity Emergency Department Presentations for Integrated Care patients – variation to pre-enrolment (% change)	Retired as single IM and disaggregated into PCBH and EDC measures.
21/02/2023	IM23-002	Emergency Department to Community Integrated Care Initiative (EDC) Efficacy: Reduction in Low Acuity	New IM – a disaggregation of IM22-001 (retired)

Date	Indicator No.	Measure	Version Control Change
		Emergency Department Presentations for Integrated Care patients – variation to pre-enrolment (% change)	
21/02/2023	IM23-003	Planned Care for Better Health Integrated Care Initiative (PCBH) Efficacy: Reduction in Low Acuity Emergency Department Presentations for Integrated Care patients – variation to pre-enrolment (% change)	New IM – a disaggregation of IM22-001 (retired)
21/02/2023	IM22-002	Integrated Care Program – Patients Enrolled Planned Care for Better Health Integrated Care Initiative (PCBH) or EDC Emergency Department to Community Integrated Care Initiative – variation to previous year (%)	Retired as single IM and disaggregated into PCBH and EDC measures.
21/02/2023	IM23-004	Integrated Care Program – Monthly - Patients Enrolled in the Emergency Department to Community Initiative (EDC)– variation to previous year (%)	New IM – a disaggregation of IM22-002 (retired)
21/02/2023	IM23-005	Integrated Care Program – Monthly - Patients Enrolled in the Planned Care for Better Health Integrated Care Initiative (PCBH)– variation to previous year (%)	New IM – a disaggregation of IM22-002 (retired)
22/02/2023	SPH002, SPH004	Children fully immunised at four years of age • Aboriginal children • Non-Aboriginal children	Retired from IM. New KPI for children fully immunised at five years of age
22/02/2023	PH-006	Human Papillomavirus Vaccination (%)	Retired from IM. New KPI for Adolescents receiving a course of HPV vaccine, (measured quarterly from AIR data, at 15 years of age)
22/02/2023	DPH_1402	Meningococcal Vaccination - Coverage in Year 10 for serogroups A, C, W, Y (%)	Edits to wording of definitions to reflect change from coverage in Year 10 to Percentage of 17 year olds.
22/02/2023	IM23-006	Maternal immunisation against pertussis and influenza.	New draft IM with some details to be finalised
12/05/2023	IM23-007	Patient Encounters with Smoking and Vaping Status Documented (%)	New IM
18/05/2023	SURG-001	Admissions from Elective Surgery Waiting List (Number)	Amendment to explicitly include patients treated as non-admitted. Wording amended to reflect change from HIE to EDW as source system.
19/05/2023	SSA102	Emergency Treatment Performance - Not Admitted	Removed HIE criteria.
19/05/2023	MS2306	Unplanned Hospital Readmission Distributions: all unplanned admissions within 28 days of separation – Cohort comparisons (%)	Retired IM.
19/05/2023	SSQ108-SSQ111; MS2109-MS2112	Unplanned hospital readmission rates for patients discharged following management of targeted conditions (%)	Removed HIE criteria.

Date	Indicator No.	Measure	Version Control Change
19/05/2023	SSA104	ED Presentations Treated within Benchmark Times: Triage 4 and 5 (%)	Removed HIE criteria.
19/05/2023	KSA201	Emergency Department Extended Stays: Presentations staying in ED > 24 hours (number)	Removed HIE criteria.
19/05/2023	MS2401	Emergency Department Extended Stays: Presentations staying in ED > 12 hours (Number)	Retired IM.
19/05/2023	SSA106	Patients with Total time in ED ≤ 4hrs: Mental Health (%)	Updated link to new SNOMED to ICD10AM V12 mapping table; removed HIE criteria.
19/05/2023	SSQ121	Mental Health: Outcome Readiness – HoNOS Completion Rates (%)	Removed HIE criteria.
19/05/2023	KS3201	Mental Health: Pathways to Community Living – Long stay consumers (Number)	Removed HIE criteria.
19/05/2023	IM22-006	Mental Health New Clients (Rate per 1,000 populations)	Removed HIE criteria.
19/05/2023	SSA132	Home Based Dialysis – Proportion of renal dialysis service events that are home based (%)	Retired IM.
19/05/2023	PH-015C	Alcohol and other Drug Specialist Non-Admitted Patient Care Activity (Number of occasions of service)	Removed HIE criteria.
19/05/2023	SSQ101	Deteriorating Patients – Rapid Response Calls (Rate)	Removed HIE criteria.
19/05/2023	SSQ102	Deteriorating Patients – Unexpected cardiopulmonary arrest (Rate)	Removed HIE criteria.
19/05/2023	SSA113; SSA14	Surgery for Children - Proportion of children (0 to 16 years) treated within their LHD of residence	Updated to DRG V11; removed HIE criteria
19/05/2023	MS2403	Stroke Care Quality Improvement: Patients with a final diagnosis of acute stroke who have documented treatment in a stroke unit (%)	Removed HIE criteria.
19/05/2023	SSQ112; SSQ113	Unplanned and Emergency Re-presentations - to same ED within 48 hours (%)	Removed HIE criteria.
19/05/2023	IM22-004a	Incomplete Emergency Department Attendances: Patients who departed from an ED with a “Did not wait” or “Left at own risk” status (%)	Removed HIE criteria.
19/05/2023	SIC108	Electronic Discharge Summaries: sent electronically and accepted by a GP Broker system (%)	Removed HIE criteria.
19/05/2023	SIC101-SIC104	Potentially Preventable Hospitalisations (Rate per 100,000)	Removed HIE criteria.
19/05/2023	IM21-003	First 2000 Days Framework: Families with a new baby receive a 6-8 week health check (%)	Removed HIE criteria.
19/05/2023	MS2108	Risk Standardised Mortality Ratio (RSMR): 30-day mortality following hospitalisation: (%)	Removed HIE criteria.

Date	Indicator No.	Measure	Version Control Change
19/05/2023	KSA205	Electronic Discharge Summaries Completed: (%)	Removed HIE criteria.
19/05/2023	MS3102	Electronic Discharge Summary Performance: Created within 48 hours of patient discharge from hospital (%)	Removed HIE criteria.
19/05/2023	MS8101	Total Activity Delivered (NWAU) (Number)	Retired IM
23/05/2023	IM22-009	Osteoarthritis Chronic Care Program Enrolment (Number)	Update to indicator and numerator definitions.
23/05/2023	IM22-008	Osteoporotic Refracture Prevention: Reduction in presentations of people aged 50 years or older with a refracture (% variation)	Addition to the indicator definition.
24/05/2023	KF-0083	Children under 10 with problematic or harmful sexual behaviour - new clients who receive an initial assessment (Number)	Change to wording of title and definitions plus source system for some LHDs.
26/05/2023	MS2406	Outpatient On Time Performance: Patients waiting more than 365 days for an initial outpatient service appointment (Number)	Retired IM
8/06/2023	MS2402	Median Waiting Time for Elective Surgery (Days)	Multiple changes to scope, source system and details of numerator.
16/06/2023			Updated all IMs that relate to Admitted Patient Service Events and added relevant Service Event Type Code.
4/07/2023	IM23-008	Intensive Care Discharge Performance: Intensive Care Unit (ICU) patient discharges to a ward within 6 hours of medical clearance for discharge (%)	New IM
17/07/2023	PH-008C; PH-008D	Healthy Children Initiative - Targeted Family Healthy Eating and Physical Activity Program (Go4Fun)	Updated targets for WSLHD
15/08/2023	SURG-001	Removals from the Elective Surgery Waiting List Following Admission or Treatment (Number)	Changed name of Measure from “Admissions from Elective Surgery Waiting List (Number)”. Amended measure definition, inclusions, and exclusions.
16/08/2023	MS2402	Median Waiting Time for Elective Surgery (Days)	Removed Peritonectomy exclusion
28/08/2023	IM23-001	Transitional Aged Care Program (TACP) Occupancy (%)	Revised denominator definition
04/09/2023	MS2105	Australian Sentinel Events (Number)	RETRIED IM

TABLE OF CONTENTS

INTRODUCTION TO IMPROVEMENT MEASURE TARGETS AND IMPROVEMENT MEASURES

Improvement Measures (IMs): A range of Improvement Measures are included in this data supplement to assist the organisation to improve provision of safe and efficient patient care and to provide the contextual information against which to assess performance. These are NOT part of the agreed Service Agreements, and therefore are NOT for the purposes of performance management. Improvement Measures are reported regularly to Health Services by a range of stakeholders including Ministry Branches, Pillars and Shared Service providers. System Information & Analytics Branch can provide information to Health Services around where information on Improvements Measures can be accessed.

STRATEGIC HEALTH OUTCOME 1 IMs: Patients and carers have positive experiences and outcomes that matter

INDICATOR: MS2208, MS2209, MS2210, MS2211	**Leading Better Value Care**: Non-admitted Patient Service Events provided to Targeted Patient Cohorts (NWAU)
Previous IDs:	• Osteoarthritis Chronic Care Program (OACCP) (MS2208) • Osteoporotic Refracture Prevention (ORP) (*MS2209*) • High Risk Foot Service (HRFS) (*MS2210*) • Renal Supportive Care (RSC) (MS2211)
Shortened Title	LBVC – NAP Service Events (OACCP) LBVC – NAP Service Events (ORP) LBVC – NAP Service Events (HRFS) LBVC – NAP Service Events (RSC)
Service Agreement Type	Improvement Measure
NSW Health Strategic Outcome	1: Patients and carers have positive experiences and outcomes that matter.
Status	Final
Version number	1.1
Scope	**OACCP**: Patients aged 18 years and over with **osteoarthritis** affecting their hips or knees as primary condition. **ORP:** Patients 50 years and over with **osteoporosis** presenting with a minimal trauma fracture. **HRFS:** Patients with **diabetic foot related conditions** including lower limb amputation due to diabetes; Excision of bone due to osteomyelitis with diabetes as co-morbidity; Diabetic foot related infections/ulcers of foot or lower limb; Diabetic foot procedures, and Rehabilitation following lower limb amputation due to diabetes). **RSC:** Patients with **Chronic Kidney Disease (CKD) / End Stage Kidney Disease (ESKD) receiving renal replacement therapies** who have persistent symptoms and/or severe comorbidities or those who opt not to pursue renal replacement.
Goal	To facilitate access to care in the appropriate setting
Desired outcome	Reduced treatment of the patient cohort in the admitted setting by increasing the availability of appropriate outpatient care
Primary point of collection	Non-admitted patient services
Data Collection Source/System	Cerner CHOC, CHIME, iPM

Primary data source for analysis	HERO, EDWARD, ABM Portal
Indicator definition	The total number of non-admitted service events, in NWAU, provided by service units under the Leading Better Value Care initiative to support services provided to targeted patient cohorts, reported by service program.
Numerator	
Numerator definition	The total number of non-admitted service events, in NWAU, provided by service units under the Leading Better Value Care initiative to support services provided to targeted patient cohorts, broken down by service program: • OACCP • OPR • HRFS • Renal Supportive Care
Numerator source	ABM Portal
Numerator availability	2017
Inclusions	N/A
Exclusions	N/A
Targets	N/A
Context	
Related Policies/ Programs	Better Value Care Initiative
Useable data available from	2017
Frequency of Reporting	3 monthly
Time lag to available data	TBA
Business owners	Agency for Clinical Innovation
Contact - Policy	Director, Agency for Clinical Innovation
Contact - Data	Director, Agency for Clinical Innovation
Representation	
Data type	Numeric
Form	Number
Representational layout	NNN
Minimum size	1

Maximum size	3
Data domain	
Date effective	1 January 2018

Related National Indicator

INDICATOR: IM22-003 **Previous IDs:**	**Dental Procedure Access Performance:** Dental Patients Treated On Time (%)
Shortened Title	Dental Procedure Access Performance
Service Agreement Type	Improvement Measure
NSW Health Strategic Outcome	1: Patients and carers have positive experiences and outcomes that matter
Status	Final
Version number	1.0
Scope	All patients classified to a Dental Indicator Procedure Code (IPC) who are who are admitted and included in the NSW Ministry of Health Waiting Times Collection.
Goal	To ensure that dental patients requiring care to be provided in an operating theatre receive their dental care within the clinically recommended timeframe, in line with Elective Surgery Access Performance (KSA103a, b, c) in NSW public hospitals.
Desired outcome	Equitable treatment of dental patients requiring access to operating theatres and managed under elective surgery processes to minimise waiting times.
Primary point of collection	Waiting List/Booking Clerk: Receipt of inbound Recommendation for Admission Form (RFA) to a public hospital for patient registration on waiting list.
Data Collection Source/System	Patient Admission System (PAS)/ Waiting List
Primary data source for analysis	Wait List / Scheduling Data Stream (via EDWARD)
Indicator definition	The percentage (%) of dental patients (defined as patients with an Indicator Procedure Code of '156' or '172') on the NSW Ministry of Health Elective Surgery Waiting Times Collection who were admitted within the timeframe recommended for their clinical urgency/priority category.
Numerator	
Numerator definition	Total number of patients in the NSW Ministry of Health Elective Surgery Waiting Times Collection who: • Have an indicator procedure code (IPC) of '156' (Dental extractions) or '172' (Other dental procedures) And • have been admitted for treatment within the reporting period, (measured by removal from the waiting list with a status = 1,2,7,8) • For EDW, the equivalent removal status codes are where FACT_WL_BKG_CENSUS.WL_REMOVAL_REASON_CD='01.01' or '01.03' or '01.04' or '01.06' or '07.01' or '07.02' And • were admitted within the timeframe recommended for their clinical urgency/priority category, where waiting time is measured from the

	last assigned clinical urgency/priority category or any other previous equal to or higher clinical urgency/priority category. Note: Includes: Emergency admissions for their stated waitlist procedure
Numerator source	WLCOS/EDW
Numerator availability	Available Monthly
Denominator	
Denominator definition	The total number of patients in the NSW Ministry of Health Elective Surgery Waiting Times Collection with an indicator procedure code (IPC) of '156' or '172' who have been admitted for treatment within the reporting period.
Denominator source	WLCOS/EDW
Denominator availability	Available
Inclusions	Patients in the NSW Ministry of Health Elective Surgery Waiting Times Collection who have an IPC of '156' or '172' and who have been admitted for treatment, where the HIE reason for removal is: • 1 Routine admission • 2 Emergency Admissions, where the patient has surgery for the waitlisted procedure • 7 Admission contracted to another hospital, OR • 8 Admission contracted to a private hospital/day procedure centre For EDW, the WL_REMOVAL_REASON_CD is: • 01.01 Admitted Patient Service provided as planned at this facility • 01.03 Intervention / service provided as an emergency admission at this facility • 01.04 Treated during another planned or unrelated emergency admission at this hospital • 01.06 Service provided as non-admitted at this facility (originally intended to be admitted) • 07.01 Intervention / service provided elsewhere - contracted other NSW LHD / SHN • 07.02 Intervention / service provided elsewhere - contracted private sector
Exclusions	Patients with an IPC other than '156' or '172'.
Targets	
Target	• Category 1 Target (100.0%) • Category 2 Target (≥ 97.0%); Not performing: (< 93%); Underperforming: (≥ 93% and < 97%) • Category 3 Target (≥ 97.0%); Not performing: (< 95%); Underperforming: (≥ 95% and < 97%)

Context	To ensure equitable and timely access to theatre for dental care.
Related Policies/ Programs	Waiting Time and Elective Surgery policy 2012 Priority Oral Health Program and Waiting List Management policy 2017 Eligibility of Persons for Public Oral Health Care in NSW policy 2017 Operating Theatre Efficiency Guidelines: A guide to the efficient management of operating theatres in New South Wales hospitals
Useable data available from	July 2005
Frequency of Reporting	Monthly
Time lag to available data	Required by the 10th working day of each month
Business owners	
Contact - Policy	Executive Director, Centre for Oral Health Strategy
Contact - Data	Manager, Oral Health Information Systems / Executive Director, System Information and Analytics
Representation	
Data type	Numeric
Form	Number, presented as a percentage (%)
Representational layout	NNN.NN
Minimum size	3
Maximum size	6
Data domain	
Date effective	1 July 2022
Related National Indicator	

INDICATOR: SSA102	**Emergency Treatment Performance** - Not Admitted
Previous IDs:	Previously known as: • Not Admitted (to an Inpatient Unit from ED) (%) (SSA102) • Emergency Treatment Performance: Patients with Total time in ED <= 4 hrs: Not Admitted (SSA102)
Shortened Title(s)	Patients in ED <=4hrs – Not Admitted
Service Agreement Type	Improvement Measure
NSW Health Strategic Outcome	1: Patients and carers have positive experiences and outcomes that matter.
Status	Final
Version number	4.5
Scope	All emergency presentations where treatment has been completed
Goal	To improve access to public hospital services
Desired outcome	• Improved patient satisfaction • Improved efficiency of Emergency Department services
Primary point of collection	Emergency Department Clerk
Data Collection Source/System	Emergency Department Data Collection
Primary data source for analysis	EDW (FACT_ED_SE)

Indicator definition	The percentage of ED patients who were not subsequently admitted, whose clinical care in the ED has ceased as a result of their physically leaving the ED, or where clinical care has ceased as a result of their being ready for departure following discharge from the ED, and whose ED stay length is <= 4 hours.
	ED stay length is calculated as subtracting presentation date/time from ED physical departure date/time, where:
	• **Presentation date/time in the ED** is the time and date of the first recorded contact with an emergency department staff member. The first recorded contact can be the commencement of the clerical registration or triage process, whichever happens first (EDW: the earlier of CL_ARRIVAL_DTTM or SUB_EVNT_FIRST_TRIAGE_DTTM) and;
	• **Departure date/time** is measured using the following business rules:
	  • If the service episode is completed without the patient being admitted, and the patient is referred to another hospital for admission, then record the time the patient leaves the emergency department. For EDW, this corresponds to ED Separation Mode code '02.02' and is calculated using CL_DEPART_DTTM.
	  • If the service episode is completed without the patient being admitted, including where the patient is referred to another clinical location, then record the time the patient's emergency department non-admitted clinical care ended. For EDW, this corresponds to ED Separation Mode codes '02', '02.01' or '02.05' and is calculated

using the earlier of CL_DEPART_DTTM or SUB_EVNT_FIRST_PT_DEPART_READY_DTTM.

- If the patient did not wait, then record the time the patient leaves the emergency department or was first noticed as having left. For EDW, this corresponds to ED Separation Mode code '02.03' and is calculated using CL_DEPART_DTTM.
- If the patient leaves at their own risk, then record the time the patient leaves the emergency department or was first noticed as having left. For EDW, this corresponds to ED Separation Mode code '02.04' and is calculated using CL_DEPART_DTTM.
- If the patient died in the emergency department, then record the time the body was removed from the emergency department. For EDW, this corresponds to ED Separation Mode code '04' and is calculated using CL_DEPART_DTTM.
- If the patient was dead on arrival, then record the time the body was removed from the emergency department. If an emergency department physician certified the death of the patient outside the emergency department, then record the time the patient was certified dead. For EDW, this corresponds to ED Separation Mode code '03' and is calculated using CL_DEPART_DTTM.

NOTE: For the purposes of **this** Measure, an *ED presentation* is defined as the totality of an ED visit, from the time and date of the first recorded contact with an emergency department staff member to the point where the visit has concluded and the clinical care in the ED has ceased.

Numerator

Numerator definition	All patients, whose CL_DEPART_DTTM falls within the reporting period, and who have a length of stay from presentation time to actual departure time of less than or equal to 4 hours, and who **are not** admitted to a ward, to ICU or to theatre from ED.
Numerator source	EDW (Emergency Department Data Collection)
Numerator availability	Available

Denominator

Denominator definition	The total number of emergency department presentations who were not admitted to a ward, to ICU or to theatre from ED, where the CL_DEPART_DTTM falls within the reporting period.
Denominator source	EDW (Emergency Department Data Collection)
Denominator availability	Available

Inclusions

- All patients presenting to the emergency department at facilities that currently provide patient episode data to the non-admitted patients ED minimum data collection
- All patients that departed during the reporting period

	• Only records where "Presentation time" (i.e. triage or arrival time) and actual Departure date/time are present
Exclusions	• Records where total time in ED is missing, less than zero or greater than 99,998 minutes • ED_VIS_TYPE_CD of '12' or '13', i.e. Telehealth presentation, current admitted patient presentation • ED_SEPR_MODE_CD = '98' i.e. Registered in error • Duplicate with same facility, MRN, arrival date, arrival time and birth date (EDW: OSP_CBK, CL_ID, CL_ARRIVAL_DTTM and CL_DOB)
Targets	N/A
Context	Improved public patient access to emergency department (ED) services by improving efficiency and capacity in public hospitals
Related Policies/ Programs	• Intergovernmental Agreement on Federal Financial Relations • Whole of Health Program • Centre for Health Care Redesign
Useable data available from	July 1996
Frequency of Reporting	Monthly
Time lag to available data	Reporting required by the 10th day of each month; data available for previous month
Business owners	
Contact - Policy	Executive Director, System Purchasing Branch
Contact - Data	Executive Director, System Information and Analytics
Representation	
Data type	Numeric
Form	Number, presented as a percentage (%)
Representational layout	NNN.NN
Minimum size	3
Maximum size	5
Data domain	
Date effective	1 July 2012
Related National Indicators	National Healthcare Agreement: PI 21b-Waiting times for emergency hospital care: proportion of patients whose length of emergency department stay is less than or equal to four hours, 2020 Meteor ID: 716695 https://meteor.aihw.gov.au/content/index.phtml/itemId/716695

	National Health Performance Authority, Hospital Performance: Waiting times for emergency hospital care: Percentage completed within four hours, 2014 Meteor ID: 558277 (Retired 01/07/2016) http://meteor.aihw.gov.au/content/index.phtml/itemId/558277
Components	Meteor ID 746650 Non-admitted patient emergency department service episode—service episode length, total minutes NNNNN The amount of time, measured in minutes, between when a patient presents at an emergency department, and when the non-admitted emergency department service episode has concluded https://meteor.aihw.gov.au/content/index.phtml/itemId/746650 Meteor ID 746098 Emergency department stay—presentation time, hhmm The time of patient presentation at the emergency department is the time of first recorded contact with an emergency department staff member. The first recorded contact can be the commencement of the clerical registration or triage process, whichever happens first https://meteor.aihw.gov.au/content/746098

INDICATOR: SSQ108, SSQ109, SSQ110, SSQ111, MS2109, MS2110, MS2111, MS2112	**Unplanned hospital readmission rates for patients discharged following management of targeted conditions** (%)
Previous IDs:	Percentage of unplanned and unexpected hospital readmissions to the same public hospital within 28 days for: • Acute Myocardial Infarction (*SSQ108*) • Heart Failure (*SSQ109*) • Knee and hip replacements (*SSQ110*) • Paediatric tonsillectomy and adenoidectomy (*SSQ111*) • Ischaemic stroke (*MS2109*) • Pneumonia (*MS2110*) • Hip fracture surgery *(MS2111*) • COPD (*MS2112*)
Shortened Title(s)	Unplanned Hospital Readmission – AMI Unplanned Hospital Readmission – Heart Failure Unplanned Hospital Readmission – Hip/Knee Replacement Unplanned Hospital Readmission – Paed Tonsilladenoidectomy Unplanned Hospital Readmission – Ischaemic Stroke Unplanned Hospital Readmission – Pneumonia Unplanned Hospital Readmission – Hip Fracture Surgery Unplanned Hospital Readmission – COPD
Service Agreement Type	Improvement Measure
NSW Health Strategic Outcome	1: Patients and carers have positive experiences and outcomes that matter.
Status	Final
Version number	2.2
Scope	All admitted patient admissions to public facilities in peer groups A1 – C2.
Goal	To decrease the number of unplanned readmissions. Increase the focus on the safe transfer of care, coordinated care in the community and early intervention.
Desired outcome	Improved quality and safety of treatment, with reduced unplanned events.
Primary point of collection	Administrative and clinical patient data collected at admission and discharge.
Data Collection Source/System	Admitted Patient Data Collection, Hospital Patient Admission Systems (PAS).
Primary data source for analysis	EDW & HOIST
Indicator definition	Unplanned readmission of a patient within 28 days following discharge to the same facility following an initial admission for: • Acute Myocardial Infarction • Heart Failure

- Knee and hip replacements
- Paediatric tonsillectomy and adenoidectomy
- Ischaemic stroke
- Pneumonia
- Hip fracture surgery
- Chronic Obstructive Pulmonary Disease (COPD)

Numerator

Numerator definition

The total number of unplanned admissions for each targeted condition, reported separately, with admission date within reference period and patient previously discharged from same facility in previous 28 days.

SSQ108: Acute Myocardial Infarction

The separation is a readmission to the same facility following an initial separation where "Acute myocardial infarction" (ICD-10-AM codes I21.-) or "Unstable angina" (ICD-10-AM 10th edition code I20.0) is the principal diagnosis for both the original episode and the subsequent readmission. The readmission is the episode included in the numerator.

SSQ109: Heart Failure

The separation is a readmission to the same facility following an initial separation where "Heart failure" (ICD-10-AM 10th edition codes I50.-) is the principal diagnosis for both the initial episode and the subsequent readmission. The readmission is the episode included in the numerator.

SSQ110: Knee and hip replacements

- The separation is a readmission to the same facility following an initial separation in which one of the following ACHI 10th edition procedures was performed:
  - 49518-00 (Total arthroplasty of knee, unilateral)
  - 49519-00 (Total arthroplasty of knee, bilateral)
  - 49521-00 (Total arthroplasty of knee with bone graft to femur, unilateral)
  - 49521-01 (Total arthroplasty of knee with bone graft to femur, bilateral)
  - 49521-02 (Total arthroplasty of knee with bone graft to tibia, unilateral)
  - 49521-03 (Total arthroplasty of knee with bone graft to tibia, bilateral)
  - 49524-00 (Total arthroplasty of knee with bone graft to femur and tibia, unilateral)
  - 49524-01 (Total arthroplasty of knee with bone graft to femur and tibia, bilateral)
  - 49318-00 (Total arthroplasty of hip, unilateral)
  - 49319-00 (Total arthroplasty of hip, bilateral)
- A principal diagnosis for the readmission has one of the following ICD-10-AM 10th edition codes: T80–88, T98.3, E89.x, G97.x, H59.x, H95.x, I97.x, J95.x, K91.x, M96.x or N99.x. Where a readmission has multiple episodes of care, the principal diagnosis criteria is limited to the first episode ONLY.

- This indicator is NOT limited to the principal procedure and includes all episodes where the procedure was present in the initial coded record.

SSQ111: Paediatric tonsillectomy and adenoidectomy

- The separation is a readmission to the same facility following an initial separation in which one of the following ACHI 10th edition procedures was performed:
  - 41789-00 (Tonsillectomy without adenoidectomy)
  - 41789-01 (Tonsillectomy with adenoidectomy)
  - 41801-00 (Adenoidectomy without tonsillectomy)
- A principal diagnosis for the readmission has one of the following ICD-10-AM 10th edition codes: T80–88, T98.3, E89, G97, H59, H95, I97, J95, K91, M96 or N99. Where a readmission has multiple episodes of care, the principal diagnosis criteria is limited to the first episode ONLY.
- This indicator is NOT limited to the principal procedure and includes all episodes where the procedure was present in the initial coded record.
- Paediatric is defined as <16 years of age at point of initial admission.

MS2109: Ischaemic stroke

The separation is a readmission to the same facility following an initial separation where "Cerebral infarction" (ICD-10-AM 10th edition codes I63.-) is the principal diagnosis for both the original episode and the subsequent readmission. The readmission is the episode included in the numerator.

MS2110: Pneumonia

The separation is a readmission to the same facility following an initial separation where the following ICD-10-AM 10th edition codes are the principal diagnosis for both the original episode and the subsequent readmission:

- Pneumonia due to *Streptococcus pneumonia* (J13)
- Pneumonia due to *Haemophilus influenzae* (J14)
- Bacterial pneumonia, not elsewhere classified (J15.-)
- Pneumonia due to other infectious organisms, not elsewhere classified (J16.-)
- Pneumonia, organism unspecified (J18.-)

The readmission is the episode included in the numerator.

MS2111: Hip fracture surgery

- The separation is a readmission to the same facility following an initial separation in which (i) one of the following ACHI 10th edition procedures was performed:
  - 47519-00 (1479) - Internal fixation of fracture of trochanteric or subcapital femur
  - 47522-00 (1489) - Hemiarthoplasty of femur
  - 47528-01 (1486) - Open reduction of fracture of femur
  - 47531-00 (1486) – Closed reduction of fracture of femur with internal fixation

- 49315-00 (1489) - Partial arthroplasty of hip
- *49318-00 (1489) -Total arthroplasty of hip
- *49319-00 (1489) - Total arthroplasty of hip, bilateral

- (ii) contains a principal diagnosis of “Hip fracture” ICD-10-AM 10th edition codes S72.0x, S72.1x or S72.2x)
- (iii) where External cause fall (W00-W19) or Tendency to fall (R29.6) are present.
- **NOTE:** procedures flagged with an * above are only included if combined with one of the following Australian Diagnostic Related Groups (AR_DRGs): 'I03B', 'I08B', 'I78B', 'I08A', 'I03A', 'I78A', 'I73A', 'Z63A'.
- A principal diagnosis for the readmission has one of the following ICD-10-AM 10th edition codes: T80–88, T93.1, T98.3, E89.x, G97.x, H59.x, H95.x, I97.x, J95.x, K91.x, M96.x or N99.x. Where a readmission has multiple episodes of care, the principal diagnosis criteria is limited to the first episode ONLY.

This indicator is NOT limited to the principal procedure and includes all episodes where the procedure was present in the initial coded record.

MS2112: COPD

The separation is a readmission to the same facility following an initial separation where “Other chronic obstructive pulmonary disease” (ICD-10-AM 10th edition codes J44.-) is the principal diagnosis for both the original episode and the subsequent readmission. The readmission is the episode included in the numerator.

For all measures:

- Unplanned is defined as FORMAL_ADMIT_URGN_CD = ‘1’.
- A readmission is defined as an admission with a FORMAL_ADMIT_DTTM within 28 days of the FORMAL_DISCH_DTTM of a previous AP service encounter for the same patient at the same facility (identified by OSP_CBK and CL_ID).

Numerator source	EDW
Numerator availability	• EDW Available daily • HOIST depends on refresh frequency

Denominator

Denominator definition	The total number of admissions for each targeted condition, reported separately, with admission dates within reference period. **SSQ108 - Acute Myocardial Infarction:** The total number of separations where “Acute myocardial infarction” (ICD-10-AM 10th edition codes I21.-) or “Unstable angina” (ICD-10-AM 10th edition code I20.0) are the principal diagnosis. Note: the readmission episode that is included in the numerator is also included in the denominator. **SSQ109 - Heart Failure:** The total number of separations where “Heart failure” (ICD-10-AM 10th edition codes I50.-) is the principal diagnosis. Note: the readmission episode that is included in the numerator is also included in the denominator.

SSQ110 - Knee and hip replacements: The total number of separations where one of the following ACHI 10th edition procedures was performed:

- 49518-00 (Total arthroplasty of knee, unilateral)
- 49519-00 (Total arthroplasty of knee, bilateral)
- 49521-00 (Total arthroplasty of knee with bone graft to femur, unilateral)
- 49521-01 (Total arthroplasty of knee with bone graft to femur, bilateral)
- 49521-02 (Total arthroplasty of knee with bone graft to tibia, unilateral)
- 49521-03 (Total arthroplasty of knee with bone graft to tibia, bilateral)
- 49524-00 (Total arthroplasty of knee with bone graft to femur and tibia, unilateral)
- 49524-01 (Total arthroplasty of knee with bone graft to femur and tibia, bilateral)
- 49318-00 (Total arthroplasty of hip, unilateral)
- 49319-00 (Total arthroplasty of hip, bilateral)

SSQ111 - Paediatric tonsillectomy and adenoidectomy: The total number of separations for patients aged <16 years of age on admission where one of the following ACHI 10th edition procedures was performed:

- 41789-00 (Tonsillectomy without adenoidectomy)
- 41789-01 (Tonsillectomy with adenoidectomy)
- 41801-00 (Adenoidectomy without tonsillectomy)

MS2109: Ischaemic stroke

The total number of separations where "Cerebral infarction" (ICD-10-AM 10th edition codes I63.-) is the principal diagnosis. Note: the readmission episode that is included in the numerator is also included in the denominator.

MS2110: Pneumonia

The total number of separations where the following ICD-10-AM 10th edition codes are the principal diagnosis:

- Pneumonia due to *Streptococcus pneumonia* (J13)
- Pneumonia due to *Haemophilus influenzae* (J14)
- Bacterial pneumonia, not elsewhere classified (J15.-)
- Pneumonia due to other infectious organisms, not elsewhere classified (J16.-)
- Pneumonia, organism unspecified (J18.-)

Note: the readmission episode that is included in the numerator is also included in the denominator.

MS2111: Hip fracture surgery

- The total number of separations where (i) one of the following ACHI 10th edition procedures was performed:
  - 47519-00 (1479) - Internal fixation of fracture of trochanteric or subcapital femur
  - 47522-00 (1489) - Hemiarthoplasty of femur
  - 47528-01 (1486) - Open reduction of fracture of femur

- 47531-00 (1486) – Closed reduction of fracture of femur with internal fixation
- 49315-00 (1489) - Partial arthroplasty of hip
- *49318-00 (1489) -Total arthroplasty of hip
- *49319-00 (1489) - Total arthroplasty of hip, bilateral

- (ii) contains a principal diagnosis of "Hip fracture" (ICD-10-AM 10th edition codes S72.0x, S72.1x or S72.2x)
- (iii) where External cause fall (W00-W19) or Tendency to fall (R29.6) are present.
- **NOTE:** procedures flagged with an * above are only included if combined with one of the following Australian Diagnostic Related Groups (AR_DRGs): 'I03B', 'I08B', 'I78B', 'I08A', 'I03A', 'I78A', 'I73A', 'Z63A'.

MS2112: COPD

The total number of separations where "Other chronic obstructive pulmonary disease" (ICD-10-AM 10th edition codes J44.-) is the principal diagnosis. Note: the readmission episode that is included in the numerator is also included in the denominator.

Denominator source	EDW
Denominator availability	• EDW Available daily • HOIST depends on refresh frequency
Inclusions	N/A
Exclusions	Facilities in peer groups below C2.
Targets	
	Reduction on previous year.
Context	Facilities with a low readmission rate may be able to demonstrate good patient management practices and post-discharge care; facilities with a high readmission rate may indicate a problem with a clinical care pathway
Related Policies/ Programs	
Useable data available from	2001/02
Frequency of Reporting	Monthly
Time lag to available data	• EDW Available daily • Availability depends on HOIST refresh frequency
Business owners	
Contact - Policy	Director, Clinical Excellence Commission
Contact - Data	Executive Director, System Information and Analytics
Representation	
Data type	Numeric

Form	Number, presented as a percentage (%)
Representational layout	NNN.N%
Minimum size	4
Maximum size	6
Data domain	N/A
Date effective	1 July 2014
Related National Indicator	National Healthcare Agreement: PI 23-Unplanned hospital readmission rates, 2020. Meteor ID: 716786 https://meteor.aihw.gov.au/content/index.phtml/itemId/716786 Person—reason for readmission following acute coronary syndrome episode, code N[N] Meteor ID: 359404

INDICATOR: SSA104 **Previous ID: 9B2, 0011, 0012, 0013, 0014 & 0015**	**ED Presentations Treated within Benchmark Times: Triage 4 and 5** (%) Emergency Department Presentations (Triage 4 & 5) Treated Within Benchmark
Shortened Title	ED presentations treated within benchmark times
Service Agreement Type	Improvement Measure
NSW Health Strategic Outcome	1: Patients and carers have positive experiences and outcomes that matter.
Status	Final
Version number	4.3
Scope	All presentations to the Emergency Department that have been allocated a valid Triage Category
Goal	• To improve access to clinical services • To reduce waiting time in the Emergency Department
Desired outcome	• Reduced waiting time by improvement in process • Better management of resources and workloads
Primary point of collection	Emergency Department Clerk
Data Collection Source/System	Emergency Department Data Collection
Primary data source for analysis	EDW (FACT_ED_SE)
Indicator definition	The triage performance is the percentage of presentations where commencement of clinical care is within national performance indicator thresholds for the first assigned triage category as follows: **Triage category 4**: clinical care commenced within 60 minutes **Triage category 5**: clinical care commenced within 120 minutes where: • **Presentation time** is the triage date/time (EDW = SUB_EVNT_FIRST_TRIAGE_DTTM). If the triage time is missing it is the arrival date/time (EDW = CL_ARRIVAL_DTTM) and • **Commencement of clinical care** is the earliest of first seen clinician date/time or first seen nurse date/time (EDW = earliest of SUB_EVNT_FIRST_NURSE_PROTOCOL_DTTM, SUB_EVNT_FIRST_NURSE_PRAC_SEEN_DTTM, SUB_EVNT_FIRST_DOC_SEEN_DTTM, or SUB_EVNT_FIRST_PHYSICIAN_SEEN_DTTM) **Notes:** • Where a patient changes triage category while waiting for treatment (re-triage), the originally assigned triage category is to be used for the purposes of calculating performance against this service measure. • For the purposes of **this** Measure, an *ED presentation* is defined as the totality of an ED visit, from the date and time of Triage (or arrival

	time if missing) to the point where the visit has concluded and the clinical care in the ED has ceased.
Numerator	
Numerator definition	The number of presentations within the originally assigned triage category where the time between presentation time and commencement of clinical care is within improvement measure thresholds for the relevant Triage category, where the CL_DEPART_DTTM falls within the reporting period.
Numerator source	EDW (Emergency Department Data Collection)
Numerator availability	Available
Denominator	
Denominator definition	The total number of presentations in each triage category, where the CL_DEPART_DTTM falls within the reporting period.
Denominator source	EDW (Emergency Department Data Collection)
Denominator availability	Available
Inclusions	• Only records where Presentation time, and clinical care commenced time are present • Emergency visit type in (ED_VIS_TYPE_CD = '01', '03', '11') i.e. Emergency presentation, unplanned return visit for continuing condition or disaster • Triage category (ED_TRIAGE_CD) in ('4','5')
Exclusions	• Records where waiting time in ED is missing or greater than 99,998 minutes • Separation mode (ED_SEPR_MODE_CD) in '02.03', '03' or '98', i.e. registered in error, did not wait or dead on arrival • Duplicate with same facility, MRN, arrival date, arrival time and birth date (EDW: OSP_CBK, CL_ID, CL_ARRIVAL_DTTM and CL_DOB)
Targets	Triage Category 4 = 70% Triage Category 5 = 70%
Context	Triage aims to ensure that patients commence clinical care in a timeframe appropriate to their clinical urgency and allocates patients into one of the 5 triage categories. The accuracy of triage is the core process of clinical services and determining of clinical urgency for treatment. Triage categorisation is required to identify the commencement of the service and the calculation of waiting times.
Related Policies/ Programs	• Whole of Health Program • Centre for Health Care Redesign • PD2013_047 Triage of Patients in NSW Emergency Departments
Useable data available from	July 1995
Frequency of Reporting	Monthly / Weekly

Time lag to available data	Reporting required by the 10th day of each month; data available for previous month
Business owners	
Contact - Policy	Executive Director, System Purchasing Branch
Contact – Data	Executive Director, System Information and Analytics
Representation	
Data type	Numeric
Form	Number, presented as a percentage (%)
Representational layout	NNN.N
Minimum size	1
Maximum size	3
Data domain	
Date effective	1 July 2007
Related National Indicators	National Healthcare Agreement: PI 21a-Waiting times for emergency hospital care: Proportion seen on time, 2020 Meteor ID 716686 https://meteor.aihw.gov.au/content/index.phtml/itemId/716686
	National Health Performance Authority, Hospital Performance: Percentage of patients who commenced treatment within clinically recommended time 2014 Meteor ID: 563081 (Retired 01/07/2016) http://meteor.aihw.gov.au/content/index.phtml/itemId/563081
Components	Meteor ID 746119 Emergency department stay—waiting time (to commencement of clinical care), total minutes NNNNN Calculated by subtracting the date and time the patient presents to the emergency department from the date and time the emergency department non-admitted clinical care commenced. Although triage category 1 is measured in seconds, it is recognised that the data will not be collected with this precision https://meteor.aihw.gov.au/content/index.phtml/itemId/746119
	Meteor ID 746098 Emergency department stay—presentation time, hhmm The time of patient presentation at the emergency department is the time of first recorded contact with an emergency department staff member. The first recorded contact can be the commencement of the clerical registration or triage process, whichever happens first https://meteor.aihw.gov.au/content/index.phtml/itemId/746098

INDICATOR: KSA201 **Previous ID: 9B9, 0028**	**Emergency Department Extended Stays:** Presentations staying in ED > 24 hours (number) Previously known as: *ED Presentations staying in ED > 24 hours (number)*
Shortened Title	ED Extended Stays > 24 hrs
Service Agreement Type	Improvement Measure
NSW Health Strategic Outcome	1: Patients and carers have positive experiences and outcomes that matter.
Status	Final
Version number	2.7
Scope	All Emergency Department patients
Goal	To improve access to services within the Emergency Departments and other admitted patient areas
Desired outcome	• Improve the patient satisfaction and availability of services with reduced length of stay and waiting time for services within the Emergency Department • Improve the access to inpatient services for patients admitted via the Emergency Department
Primary point of collection	Emergency Department Clerk
Data Collection Source/System	Emergency Department Data Collection
Primary data source for analysis	EDW (FACT_ED_SE)
Indicator definition	The number of presentations where the total time spent in ED was longer than 24 hours, measured from presentation time to departure time where: • **Presentation time in the ED** is the triage time ((SUB_EVNT_FIRST_TRIAGE_DTTM). If the triage time is missing it is the arrival time (CL_ARRIVAL_DTTM) and • **Departure time** is the earliest of departure ready date/time ((SUB_EVNT_FIRST_PT_DEPART_READY_DTTM) or actual departure date/time (CL_DEPART_DTTM) for non-admitted patients with a mode of separation (ED_SEPR_MODE_CD) = '02', '02.01' or '02.05'); otherwise it is the actual departure date/time (CL_DEPART_DTTM). **NOTE:** For the purposes of **this** Measure, an *ED presentation* is defined as the totality of an ED visit, from the date and time of Triage (or arrival time if missing) to the point where the visit has concluded and the clinical care in the ED has ceased.
Numerator	
Numerator definition	The number of presentations in the Emergency Department where total time spent in the ED > 24 hours, where the CL_DEPART_DTTM falls within the reporting period.
Numerator source	EDW (Emergency Department Data Collection)
Numerator availability	Available

Denominator	
Denominator definition	N/A
Denominator source	
Denominator availability	
Inclusions	Emergency visit type (ED_VIS_TYPE_CD) = '01', '03' or '11'
Exclusions	• Records where total time in ED is missing, less than zero or greater than 99,998 minutes • Separation mode (ED_SEPR_MODE_CD) = '02.03', '02.04', '03' or '98'; i.e. DNW, Left at own risk, DoA and Registered in error • Duplicate with same facility, MRN, arrival date, arrival time and birth date (EDW: OSP_CBK, CL_ID, CL_ARRIVAL_DTTM and CL_DOB)
Targets	Target: 0 (zero / nil) presentations during a month • Not performing: > 5 presentations during a month • Under performing: Between 1 and 5 presentations during a month.
Context	Timely admission to a hospital bed, for those emergency department patients who require inpatient treatment, contributes to patient comfort and improves outcomes and the availability of Emergency Department services for other patients.
Related Policies/ Programs	Whole of Health Program
Useable data available from	July 2001
Frequency of Reporting	Monthly/Weekly
Time lag to available data	Reporting required by the 10th day of each month; data available for previous month
Business owners	
Contact - Policy	Executive Director, System Purchasing Branch
Contact - Data	Executive Director, System Information and Analytics
Representation	
Data type	Numeric
Form	Number
Representational layout	NNNNNN
Minimum size	3
Maximum size	6
Data domain	
Date effective	

Related National Indicators

Components	Meteor ID 746650 Non-admitted patient emergency department service episode—service episode length, total minutes NNNNN The amount of time, measured in minutes, between when a patient presents at an emergency department, and when the non-admitted emergency department service episode has concluded https://meteor.aihw.gov.au/content/index.phtml/itemId/746650 Meteor ID 746098 Emergency department stay—presentation time, hhmm The time of patient presentation at the emergency department is the time of first recorded contact with an emergency department staff member. The first recorded contact can be the commencement of the clerical registration or triage process, whichever happens first https://meteor.aihw.gov.au/content/index.phtml/itemId/746098

INDICATOR: SSA106	**Patients with Total time in ED ≤ 4hrs:** Mental Health (%)
Previous IDs:	Mental health patients admitted (to a ward/ICU/theatre from ED) (%)
Shortened Title	Mental health patients in ED ≤ 4hrs
Service Agreement Type	Improvement Measure
NSW Health Strategic Outcome	1: Patients and carers have positive experiences and outcomes that matter
Status	Final
Version number	4.6
Scope	All mental health emergency presentations where treatment has been completed
Goal	To improve access to public hospital services
Desired outcome	• Improved patient satisfaction • Improved efficiency of Emergency Department services
Primary point of collection	Emergency Department Clerk
Data Collection Source/System	Emergency Department Data Collection
Primary data source for analysis	EDW (FACT_ED_SE)
Indicator definition	The percentage of ED mental health patients whose clinical care in the ED has ceased as a result of their physically leaving the ED, or where clinical care has ceased as a result of their being ready for departure following discharge from the ED, and whose ED stay length is ≤ 4 hours, and who are admitted to a ward, to ICU or to theatre from ED. ED stay length is calculated as subtracting presentation date/time from ED physical departure date/time, where: • **Presentation date/time in the ED** is the time and date of the first recorded contact with an emergency department staff member. The first recorded contact can be the commencement of the clerical registration or triage process, whichever happens first (i.e., the earlier of CL_ARRIVAL_DTTM or SUB_EVNT_FIRST_TRIAGE_DTTM) and; • **Departure date/time** is measured using the following business rules: • If the patient is subsequently admitted to this hospital (either short stay unit, hospital-in-the-home or non-emergency department hospital ward), then record the time the patient leaves the emergency department to go to the admitted patient facility. For NSW, this corresponds to EDW Mode of Separation codes '01', '01.03', '01.04' or '01.05', and is calculated using the "Actual Departure Date and Time" field in source systems (EDW = CL_DEPART_DTTM). **NOTE:** For the purposes of **this** Measure, an *ED presentation* is defined as the totality of an ED visit, from the date and time of the first recorded

contact with an emergency department staff member to the point where the visit has concluded and the clinical care in the ED has ceased.

Numerator

Numerator definition	All mental health patients, whose CL_DEPART_DTTM falls within the reporting period, and who have a length of stay from presentation time to departure time of less than or equal to 4 hours, and who are admitted to a ward, to ICU or to theatre from ED, as represented by the combination of one of the following separation modes: EDW: '01', '01.03', '01.04' or '01.05'; Mental health patients are identified using ED principal diagnosis codes as follows: **ICD9CM:** • First three characters "294"-"301" or "306"-"314"; • whole codes "V71.01"-"V71.09"; • whole code "799.2"; • whole codes "E950.00"-"E959.99". **ICD10AM:** • First three characters "F20"-"F51" or "F53"-"F63" or "F65"-"F69" or "F80"-"F99" or "R44"-"R45" or "X60"-"X84"); • For codes with first two characters "F1", include only those of from "F1n.5" where n is an integer 0-9. **SNOMED CT** (mapped to ICD10AM V12), using the SNOMED ED Ref Set to ICD10AM 12th Edition Mappings table as stored in the HIRD: http://hird.health.nsw.gov.au/hird/ext_info_uploads/SNOMED%20ED%20Reference%20Set%20to%20ICD10AM%20V12%20Mapping%20(2023-24).xlsx
Numerator source	EDW (Emergency Department Data Collection)
Numerator availability	Available

Denominator

Denominator definition	The total number of emergency department mental health presentations who are admitted to a ward, to ICU or to theatre from ED, where the CL_DEPART_DTTM falls within the reporting period.
Denominator source	EDW (Emergency Department Data Collection)
Denominator availability	Available

Inclusions

- All patients presenting to the emergency department at facilities that currently provide patient episode data to the non-admitted patients ED minimum data collection
- All patients that departed during the reporting period
- Only records where "Presentation time" (i.e. triage or arrival time) and actual Departure date/time are present
- The following EDW Emergency Department Modes of Separation values are included in calculation:

	• 01 - Formally admitted, not further defined • 01.03 - Formally admitted to admitted patient ward, not elsewhere classified • 01.04 - Formally admitted to operating theatre suite • 01.05 - Formally admitted to admitted patient critical care unit • Mental health patients are identified using ED principal diagnosis codes from ICD 9CM, ICD 10AM or SNOMED CT.
Exclusions	• Records where total time in ED is missing, less than zero or greater than 99,998 minutes • ED_VIS_TYPE_CD of '12' or '13', i.e. Telehealth presentation, current admitted patient presentation • ED_SEPR_MODE_CD = '98' i.e. Registered in error • Duplicate with same facility, MRN, arrival date, arrival time and birth date (EDW: OSP_CBK, CL_ID, CL_ARRIVAL_DTTM and CL_DOB)
Targets	N/A
Context	Improved public patient access to emergency department (ED) services by improving efficiency and capacity in public hospitals.
Related Policies/ Programs	• Whole of Health Program • NSW Health and Outcomes Business Plan 20221-22 to 2023-2024, June 2021
Useable data available from	July 1996
Frequency of Reporting	Monthly
Time lag to available data	Reporting required by the 10th day of each month; data available for previous month.
Business owners	
Contact - Policy	Executive Director, System Purchasing Branch
Contact - Data	Executive Director, System Information and Analytics Branch
Representation	
Data type	Numeric
Form	Number, presented as a percentage (%)
Representational layout	NNN.NN
Minimum size	3
Maximum size	5
Data domain	
Date effective	1 July 2012

Related National Indicators	National Healthcare Agreement: PI 21b–Waiting times for emergency hospital care: proportion of patients whose length of emergency department stay is less than or equal to four hours, 2020 Meteor ID: 716695 https://meteor.aihw.gov.au/content/index.phtml/itemId/716695 National Health Performance Authority, Hospital Performance: Waiting times for emergency hospital care: Percentage completed within four hours, 2014 Meteor ID: 558277 (Retired 01/07/2016) http://meteor.aihw.gov.au/content/index.phtml/itemId/558277
Components	Meteor ID 716695 Non-admitted patient emergency department service episode—service episode length, total minutes NNNNN The amount of time, measured in minutes, between when a patient presents at an emergency department, and when the non-admitted emergency department service episode has concluded https://meteor.aihw.gov.au/content/index.phtml/itemId/716695 Meteor ID 746098 Emergency department stay—presentation time, hhmm The time of patient presentation at the emergency department is the time of first recorded contact with an emergency department staff member. The first recorded contact can be the commencement of the clerical registration or triage process, whichever happens first https://meteor.aihw.gov.au/content/index.phtml/itemId/746098

INDICATOR: SSQ121 **Previous IDs:**	**Mental Health: Outcome Readiness – HoNOS Completion Rates** (%) The proportion of mental health episodes with completed HoNOS outcome measures, stratified by service setting (community, acute inpatient).
Shortened Title	Outcome Readiness – HoNOS Completion Rates
Service Agreement Type	Improvement Measure
NSW Health Strategic Outcome	1: Patients and carers have positive experiences and outcomes that matter
Status	Final
Version number	1.3
Scope	All acute inpatient episodes of care: • Separated from an acute MH inpatient unit and • with length of stay > 3 days and • with a State Unique Patient Identifier (SUPI)/ NSW Health Enterprise Unique Person Identifier (EUID All ambulatory statistical episodes of care within an LHD (where the statistical episode is a fixed three-month calendar quarter: Jan-Mar, Apr-Jun, Jul-Sep, Oct-Dec): • with 2 or more treatment days in which the client was present (Client Present Status = Yes) for at least one contact and • with a SUPI/EUID.
Goal	To increase the proportion of mental health episodes which have a Health of the Nation Outcome Scale (HoNOS) measure completed and available to inform clinical care and service management. Reasonable performance is required on this indicator before the HoNOS measure can reliably be used as a measure of change in clinical outcomes.
Desired outcome	Improved quality and capability of a service in recording a consumer's progress to improved mental health and well-being.
Primary point of collection	Clinical staff at designated facilities with inpatient mental health unit/beds, psychiatric hospitals and outpatient and community mental health teams/services.
Data Collection Source/System	Inpatient data; Patient Administration Systems, Community data: SCI-MHOAT, CHIME, CERNER, iPM. Outcome data: SCI-MHOAT, CHIME, CERNER.
Primary data source for analysis	Inpatient data: Admitted Patient Data Collection – EDW LRS. Community data: Community Mental Health Data Collection (CH-AMB) – EDW LRS Outcomes data: Mental Health Outcomes and Assessment Tools (MH-OAT) Data Collection – EDW LRS

	State Unique Patient Identifier (SUPI)/ NSW Health Enterprise Unique Person Identifier (EUID) – EDW LRS.
Indicator definition	Percentage of mental health episodes within an LHD, reported separately for acute inpatient and ambulatory settings, with completed HoNOS measures NSW indicator value = $\frac{\sum_{LHD} \text{Episodes of care with completed HoNOS}}{\sum_{LHD} \text{Total episodes of care}}$
Numerator	
Numerator definition	Numerator: Acute inpatient episodes of care • Completed HoNOS. • HoNOS collection date must be within the inpatient episode start date and end date, where the separation date is within the reporting period. • MH service setting for HoNOS must be inpatient. • LHD completing the HoNOS must be the same as the LHD providing the acute inpatient episode. Numerator: Ambulatory episodes of care • Completed HoNOS. • HoNOS collection date between quarter start and end dates. • MH service setting for HoNOS must be ambulatory. • LHD completing the HoNOS must be the same as the LHD providing the service contacts. **Note:** Health of the Nation Outcome Scales (HoNOS) family includes HoNOS, HoNOS 65+ and HoNOS Children and Adolescents (HoNOSCA). A completed HoNOS is defined as having at least 10 of the 12 items having valid clinical ratings (0 to 4) for HoNOS/65+ or 11 of the first 13 items with valid clinical ratings (0 to 4) for HoNOSCA.
Numerator source	Admitted Patient Data Collection and Community Mental Health Data Collection in EDW linked to MH-OAT Data Collection in EDW via SUPI/EUID.
Numerator availability	Admitted data available CHAMB and MH-OAT since 2007/08.
Denominator	
Denominator definition	Acute mental health inpatient episodes of care which end by separation within the reporting period. Ambulatory mental health episodes of care. **Note**: mental health separations are selected from NSW EDW Health Service Ward tables where the ward identifier = designated MH unit from HERO.
Denominator source	Admitted Patient Data Collection and Community Mental Health Data Collection (CH-AMB) – EDW LRS.

Denominator availability	Admitted data available CHAMB since 2007/08
Inclusions	Inpatient episodes of care: • Separations from any acute MH inpatient unit in reporting period • Length of stay > 3 days • Must have an inpatient SUPI/EUID. Ambulatory episodes of care • Ambulatory statistical episode is a fixed three-month period: Jan-Mar, Apr-Jun, Jul-Sep, Oct-Dec, i.e. standard calendar quarters. • A person has an ambulatory episode of care if they were seen with 2 or more treatment days by an LHD within a statistical episode. • A treatment day is any day on which 1 or more community contacts (with Client Present Status = Yes) are recorded for a registered client. NB Client Present Status measures client participation in the contact (Yes = face-to-face, by phone, telemedicine etc.). • Must have an ambulatory SUPI/EUID.
Exclusions	• Acute admitted patient service events (SE_TYPE_CD = '2') ending in death. • Consultation and liaison, i.e. ambulatory activity with service recipient type = 2 (inpatient) are not counted towards a treatment day. • Assessment only episodes, i.e. one treatment day episodes in ambulatory services or acute inpatient episodes with LOS ≤ 3 days. • Episodes or activity with no SUPI/EUID. • Incomplete HoNOS. • Community based residential services.
Targets	Interim Target: 80%
Context	
Related Policies/ Programs	This KPI is related to the National interim measure MHS PI 14: Outcomes readiness (Improvement Measures Australian Public Mental Health Services 3rd edition 2013). The national indicator requires a complete measure at both admission and discharge in the inpatient episode and for ambulatory episodes.
Useable data available from	Data have been available since 2007/08.
Frequency of Reporting	Quarterly
Time lag to available data	Admitted Patient reporting is required by the 13th calendar day of each month for previous month. Data is supplied daily to EDW. Community Mental Health data is fed to EDW weekly, but data entry into source systems may be several months late.

Business owners	System Information and Analytics Branch, Ministry of Health
Contact - Policy	Executive Director, Mental Health Branch
Contact - Data	Director, InforMH, System Information and Analytics Branch
Representation	
Data type	Numeric
Form	Number, presented as a percentage (%)
Representational layout	NNN.NN
Minimum size	3
Maximum size	6
Data domain	Effective Tables used in the construction of this indicator: • EDW tables: TBA • Mental Health Ward table - maintained in-house by InforMH.
Date effective	2015
Related National Indicator	KPIs for Australian Public Mental Health Services: PI 14J – Outcomes readiness, 2017. https://meteor.aihw.gov.au/content/index.phtml/itemId/663840 Meteor ID: 663840

INDICATOR: MS3204	**Mental Health Line Call Abandonment (%)**
Previous IDs:	
Shortened Title	Mental Health Line Call Abandonment
Service Agreement Type	Improvement Measure
NSW Health Strategic Outcome	1: Patients and carers have positive experiences and outcomes that matter
Status	Final
Version number	1.1
Scope	All calls received by LHDs and St Vincent's Health Network from the Mental Health Line and for Murrumbidgee LHD from the Access Line.
Goal	To improve service delivery for the Mental Health Line
Desired outcome	Not more than 5% of calls are abandoned after a call is transferred to the LHD system and before answered by an operator.
Primary point of collection	Manual collection from LHDs
Data Collection Source/System	LHDs provide data monthly
Primary data source for analysis	
Indicator definition	The percentage of calls transferred to the LHD system that are abandoned after the caller has waited 60 seconds from the end of the LHD announcement message.
Numerator	
Numerator definition	The number of calls abandoned at least 60 seconds after the end of the LHD announcement message and before answered by an operator.
Numerator source	Manual collection from LHDs
Numerator availability	Monthly
Denominator	
Denominator definition	The number of calls waiting from the end of the LHD announcement message.
Denominator source	Manual collection from LHDs
Denominator availability	Monthly
Inclusions	
Exclusions	Any call abandoned within sixty seconds after the end of the LHD announcement. Any call abandoned after the call is answered by an operator.

Targets	
	<5%
Related Policies/ Programs	
Useable data available from	
Frequency of Reporting	Quarterly
Time lag to available data	
Business owners	Mental Health Branch
Contact - Policy	Executive Director, Mental Health Branch
Contact - Data	Director, InforMH, System Information and Analytics Branch
Representation	
Data type	Numeric
Form	Number, expressed as a percentage
Representational layout	N{NN}
Minimum size	1
Maximum size	3
Data domain	
Date effective	1 July 2018
Related National Indicator	

INDICATOR: KS3201

Previous IDs: KMH201

Mental Health: Pathways to Community Living – Long stay consumers (Number)

- Previously called People comprehensively assessed under the Pathways to Community Living Initiative
- Mental Health: Pathways to Community Living – People Transitioned to the Community (Number)

Shortened Title	PCLI Long stay consumers
Service Agreement Type	Improvement Measure
NSW Health Strategic Outcome	1: Patients and carers have positive experiences and outcomes that matter
Status	Final
Version number	1.4
Scope	Mental health public hospital services
Goal	To ensure continued progress on the Pathways to Community Living (PCLI) initiative, which will ultimately lead to people living in appropriate community settings
Desired outcome	Fewer mental health consumers with a length of stay greater than 365 days.
Primary point of collection	Administrative and clinical staff in NSW public hospitals (including stand-alone psychiatric hospitals) with mental health units/beds
Data Collection Source/System	Inpatient data: Patient Administration Systems.
Primary data source for analysis	Inpatient data from Admitted Patient Data Collection – EDW LRS.
Indicator definition	The total number of mental health consumers with a length of stay of 365 days or longer.
Numerator	
Numerator definition	The total number of people: • Aged 18 or over • Admitted to a mental health inpatient unit or facility (including stand-alone psychiatric hospitals); and • With a length of stay of 365 days or longer • On the last day of the reporting period; and Reported separately for acute and non-acute settings.
Numerator source	Admitted Patient Data Collection (NSW EDW).
Numerator availability	Quarterly extraction from Admitted Patient Data Collection
Denominator	
Denominator definition	N/A
Denominator source	N/A

Denominator availability	N/A
Inclusions	• Consumers who have had an uninterrupted stay at the hospital/facility of more than 365 days, since the day of admission. • Consumers aged 18 years and over
Exclusions	• Sydney Children's Hospital Network and Justice Health and Forensic Mental Health Network • Consumers occupying Forensic Health Network beds • Consumers with a possible duplicate record for the person in a leave or discharge table in the EDW (sometimes known as 'orphan records') • Consumers with more than 364 days of leave in the previous 365 days (people not discharged but on leave) • Consumers who have had a discharge from a facility and been readmitted to the same facility, or been transferred to a new facility
Targets	
	N/A
Context	Data is extracted on the last day of the reporting period The length of stay is calculated for a singular hospital or facility stay only. Consumers who have had a discharge from a facility and been readmitted to the same facility or been transferred to a new facility will not be included. Their new stay will not carry forward the previous length of stay duration.
Related Policies/ Programs	• NSW Mental Health Reform 2014-2024 – Living Well • Pathways to Community Living Initiative
Useable data available from	Financial year 2005/06
Frequency of Reporting	Quarterly
Time lag to available data	Admitted Patient reporting is required by the 13th calendar day of each month for previous month. Data is supplied daily to EDW.
Business owners	Mental Health Branch
Contact - Policy	Executive Director, Mental Health Branch
Contact - Data	Director, InforMH, System Information and Analytics Branch
Representation	
Data type	Numeric
Form	Number
Representational layout	N{NNN}
Minimum size	1
Maximum size	4

Data domain	
Date effective	2020
Related National Indicator	N/A

INDICATOR: PH-007A, PH-007B	**Organ and Tissue Donation:**
Previous ID:	• Family discussed (%) (PH-007A) • Family consented (%) (PH-007B)
Shortened Title(s)	Organ and Tissue Donation – Discussed Organ and Tissue Donation – Consented
Service Agreement Type	Improvement Measure
NSW Health Strategic Outcome	1: Patients and carers have positive experiences and outcomes that matter
Status	Final
Version number	1.11
Scope	NSW Hospitals within the DonateLife Network (employ DonateLife donation specialist staff).
Goal	Monitor the percentage of families of potential organ donors with whom organ donation for transplantation was discussed and who agreed to organ donation for transplantation.
Desired outcome	Increase the percentage of families of potential organ donors with whom organ donation for transplantation was discussed and who agreed to organ donation for transplantation.
Primary point of collection	Medical Records / PAS reviewed by DonateLife Auditor
Data Collection Source/System	DonateLife Audit Tool
Primary data source for analysis	DonateLife Audit
Indicator definition	**PH-007A** - The percentage of families of potential organ donors with whom organ donation for transplantation was discussed, following an Australian Organ Donor Register check, whether raised by staff or the family or the patient's wishes were otherwise determined. **PH-007B** – The percentage of families of potential organ donors who consented to organ donation for transplantation. This includes where a decision was registered on the Australian Organ Donor Register and a Designated Officer has approved donation where the potential donor had no contactable family. **Potential Organ Donor** – A potential organ donor is a patient who is medically suitable to donate organs for transplantation and has the potential to do so through Donation after neurological determination of death (DNDD) or Donation after Circulatory Death (DCD). **Neurological determination of death (NDD)** - Death determined to have occurred on the basis of the absence of brain function.
Numerator	
Numerator definition	**PH-007A** – The total number of families of potential organ donors with whom organ donation for transplantation was discussed, following an Australian Organ Donor Register check, whether raised by staff or the family or the patient's wishes were otherwise determined.

	PH-007B – The total number of families of potential organ donors who consented to organ donation for transplantation. This includes where a Designated Officer has approved donation where a decision was registered on the Australian Organ Donor Register and the potential donor had no contactable family.
Numerator source	DonateLife Audit
Numerator availability	Available from the NSW Organ and Tissue Donation Service
Denominator	
Denominator definition	**PH-007A** and **PH-007B** – The total number of potential organ donors.
Denominator source	DonateLife Audit
Denominator availability	Available from the NSW Organ and Tissue Donation Service
Inclusions	All potential DNDD and DCD organ donors.
Exclusions	Eye and tissue donation.
Targets	**PH-007A** – 100% **PH-007B** – 75%
Context	Increasing Organ Donation in NSW Government Plan 2012
Related Policies/ Programs	N/A
Useable data available from	July 2015
Frequency of Reporting	Hospital specific outcomes are reported to the hospital executive/leadership/organ and tissue donation teams on a quarterly basis.
Time lag to available data	Two months after the end of each quarter.
Business owners	
Contact - Policy	Office of the Chief Health Officer
Contact - Data	NSW Organ and Tissue Donation Service
Representation	
Data type	Numeric
Form	Number, presented as a percentage (%)
Representational layout	N{NN}
Minimum size	1
Maximum size	3
Data domain	N/A
Date effective	July 2015

Related National Indicators

Indicator: N/A

INDICATOR: MS2402 **Previous ID:**	**Median Waiting Time for Elective Surgery** (Days)
Shortened Title	Median Waiting Time for Elective Surgery
Service Agreement Type	Improvement Measure
NSW Health Strategic Outcome	1: Patients and carers have positive experiences and outcomes that matter
Status	Final
Version number	1.3
Scope	All elective surgery patients who are admitted or seen as a non admitted patient and included in the NSW Health Elective Surgery Waiting Times Collection
Goal	The goal is to facilitate monitoring and management of waitlist to ensure that elective surgical patients receive their surgery within the clinically recommended timeframe in NSW public hospitals. The desired outcome is better management of waiting lists to minimise waiting time for elective surgery.
Desired outcome	To ensure a minimum level of elective surgery is undertaken. To achieve greater accountability for management of resources and performance.
Primary point of collection	Waiting List/Booking Clerk: Receipt of inbound Recommendation for Admission Form (RFA) to a public hospital for patient registration on waiting list.
Data Collection Source/System	Patient Admission System (PAS)
Primary data source for analysis	Wait List/Scheduling Data Stream (via EDWARD).
Indicator definition	The median time elapsed (in days) for a patient on the elective surgery waiting list from the date they were added to the waiting list for the procedure to the date they were removed from the waiting list.
Numerator	The median time elapsed (in days) for a patient on the elective surgery waiting list from the date they were added to the waiting list for the procedure to the date they were removed from the waiting list, reported by clinical urgency category/priority, excluding: • any days where the patient was not ready for care and • any days the patients was waiting with a less urgent clinical urgency category than their clinical urgency category at removal. Computation: n (number of observations) x p (percentile value divided by 100) = i (integer) + f (fractional part of n x p) • If n x p is an integer, then the percentile value will correspond to the average of the values for the ith and (i+1)th observations.

- If n x p is not an integer, then the percentile value will correspond to the value for the (i+1)th observation.
- For example, if there were 100 hospital separations, the median will correspond to the average time for the 50th and 51st observations. If there were 101 observations, the median will correspond to the time for the 51st observation.

Where:

Median waiting times are rounded to the nearest whole day.

Waiting times are calculated for patients whose reason for removal was:

For clinical urgency categories:

1. Admitted/treated as an elective patient for awaited procedure by or on behalf of this hospital or the state/territory, or
2. Admitted/treated as emergency patient for awaited procedure by or on behalf of this hospital or the state/territory.

For the purposes of reporting by urgency category, patients are reported as the final urgency category they possessed when treated.

Inclusions

Total number of elective surgery patients in the NSW Health Waiting Times Collection who have been admitted for treatment (or treated as a non-admitted patient) within the reporting period (measured by removal from the waiting list removal with a

FACT_WL_BKG_CENSUS.WL_REMOVAL_REASON_CD = '01', '01.01', '01.02', '01.03', '01.05', '01.06', '01.07', '01.08', '01.09', '07.01' or '07.02'':

- 01 Service provided at this facility, not further defined
- 01.01 Admitted Patient Service provided as planned at this facility
- 01.02 Non-admitted Patient Service provided as planned at this facility
- 01.03 Intervention / service provided as an emergency admission at this facility
- 01.05 Treated by another non-admitted patient service unit at this hospital
- 01.06 Service provided as non-admitted at this facility (originally intended to be admitted)
- 01.07 Intervention / service provided during a related ED presentation at this facility
- 01.08 Intervention / service provided during an unrelated ED presentation at this facility
- 01.09 Intervention / service provided during unrelated non-admitted patient service at this facility

- 07.01 EXPIRED: Intervention / service provided elsewhere - contracted other NSW LHD / SHN *(for Timeseries analysis only)*
- 07.02 Intervention / service provided elsewhere - contracted private sector

The list of IPCs that are in-scope of this KPI may be found here: http://hird.health.nsw.gov.au/hird/ext_info_uploads/IPC-In-Scope-Elective-Surgery-KPIs-2023-24.xlsx

In EDWARD LRS the inclusions are indicated in the following view [LRS_MOH].[CERTIFIED].[v_DIM_IPC]

- where [DIM_LOGICAL_DELETE_FLAG] = '0'
- and [DIM_CURRENT_INDICATOR_FLAG] = '1'
- and IPC_VERSION = '4'
- and IPC_EFFT_END_DT > '2023-06-30'
- and IPC_IS_ELECTIVE_SURGERY_FLAG =

Exclusions

The calculation of waiting time excludes:

- All days the patient was waiting with a less urgent elective surgery urgency category than their urgency category when removed from the list. When a patient's urgency category changes, existing NMDS business rules will apply
- All patients who:
  - Were transferred to another hospital's elective surgery waiting list
  - Were treated elsewhere but not on behalf of the hospital
  - Were not contactable for booking the surgery or at booked time of surgery
  - Died prior to receiving their surgery
  - Declined surgery.
- Patients whose Waiting List Category is not 'Elective Surgery'

Data source

EDWARD

Data availability

Available monthly

Targets

N/A

Context:

Note: Calculation in EDWARD will vary from those in WLCOS. WLCOS only received the last three clinical priority/category changes. In the EDWARD environment all category changes for a booking will be available. So, while the same calculation method will apply the results from the two systems may differ.

Related Policies/ Programs

2012PD2022-001 – Elective Surgery Access Policy

	Agency for Clinical Innovation: Surgery, Anaesthesia and Critical Care Portfolio Operating Theatre Efficiency Guidelines: A guide to the efficient management of operating theatres in New South Wales hospitals http://www.aci.health.nsw.gov.au/resources/surgical-services/efficiency/theatre-efficiency
Useable data available from	July 2005
Frequency of Reporting	Monthly
Time lag to available data	Reporting required by the 10th working day of each month, data available for previous month.
Business owners	
Contact - Policy	Executive Director, System Purchasing Branch
Contact - Data	Executive Director, System Information and Analytics
Representation	
Data type	Numeric
Form	Number
Representational layout	NNNN
Minimum size	1
Maximum size	4

Related National Indicator

INDICATOR: SURG-001	**Removals from the Elective Surgery Waiting List Following Admission or Treatment (Number)**
Shortened Title(s)	Admissions from Elective Surgery Waiting List
Service Agreement Type	Improvement Measure
NSW Health Strategic Outcome	1: Patients and carers have positive experiences and outcomes that matter
Status	Final
Version number	2.3
Scope	All elective surgery
Goal	Greater certainty concerning the amount of activity to be performed in a year.
Desired outcome	To ensure that appropriate volume of Elective surgery is provided.
Primary point of collection	Patient Medical Record
Data Collection Source/System	Hospital PAS systems, Elective Surgery Waiting Times Collection
Primary data source for analysis	EDW
Indicator definition	Total number of surgical patients in the NSW Ministry of Health Elective Surgery Waiting Times Collection who have been removed from the Wait List following admission within the reporting period. This includes patients who were treated as “non admitted” patients for a surgical procedure.
Numerator	
Numerator definition	Total number of surgical patients in the NSW Ministry of Health Elective Surgery Waiting Times Collection who have been admitted or seen for treatment as a non-admitted patient within the reporting period.
Numerator source	EDW
Numerator availability	Monthly.
Denominator	
Denominator definition	N/A
Denominator source	
Denominator availability	
Inclusions	WL_REMOVAL_REASON_CD is: • 01 Service provided at this facility, not further defined • 01.01 Admitted Patient Service provided as planned at this facility • 01.02 Non-admitted Patient Service provided as planned at this facility

	• 01.03 Intervention / service provided as an emergency admission at this facility • 01.05 Treated by another non-admitted patient service unit at this hospital • 01.06 Service provided as non-admitted at this facility (originally intended to be admitted) • 01.07 Intervention / service provided during a related ED presentation at this facility • 01.08 Intervention / service provided during an unrelated ED presentation at this facility • 01.09 Intervention / service provided during unrelated non-admitted patient service at this facility • 07.01 EXPIRED: Intervention / service provided elsewhere - contracted other NSW LHD / SHN *(for Timeseries analysis only)* • 07.02 Intervention / service provided elsewhere - contracted private sector
Exclusions	• Patients whose Waiting List Category is not 'Elective Surgery' (EDW: IPC_IS_ELECTIVE_SURGERY_FLAG<> 'Y'). • Interstate patients/interstates hospitals • Justice Health / Forensic Mental Health Network patients • Removals from the wait list where no service was provided (e.g., patients no longer requiring service, could not be contacted, treated elsewhere (but not related to the hospital booking)).
Targets	
	N/A
Context	
Related Policies/ Programs	
Useable data available from	2001
Frequency of Reporting	Monthly
Time lag to available data	6 – 7 weeks
Business owners	
Contact - Policy	Executive Director, System Purchasing Branch
Contact - Data	Executive Director, System Information and Analytics
Representation	
Data type	Numeric
Form	Number
Representational layout	NNN{NNNN}
Minimum size	3

Maximum size	7
Data domain	
Date effective	July 2013
Related National Indicator	N/A

INDICATOR: IM22-006

Previous IDs:

Mental Health New Clients (Rate per 1,000 populations)

- Mental Health New Clients per 1,000 population (All)
- Mental Health New Clients per 1,000 population (Aboriginal)

Shortened Title	Mental Health New Clients
Service Agreement Type	Improvement measure
NSW Health Outcome	1: Patients and carers have positive experiences and outcomes that matter
Status	Final
Version number	1.1
Scope	NSW public specialized community mental health services.
Goal	To improve access into public mental health services by persons requiring care
Desired outcome	
Primary point of collection	Community PAS System
Data Collection Source/System	Mental Health Community Data Collection
Primary data source for analysis	CHAMB / Enterprise Data Warehouse (EDW)
Indicator definition	The rate of new clients under the care of a NSW specialised mental health service, disaggregated by Aboriginality.
Numerator	
Numerator definition	Number of new consumers who received services from a NSW public specialised mental health service within the reference period. A new consumer is defined as a person who has not been seen in the 5 years preceding the first contact with a NSW public specialised mental health service in the reference period. This 5 year period is calculated as the 5 years preceding the date of first contact rather than on a calendar or financial year basis. For NSW, unique consumers are identified via the EUID (EDW).
Numerator source	EDW
Numerator availability	Yearly
Denominator	
Denominator definition	The latest available population numbers during the reporting reference period.
Denominator source	ABS

Denominator availability	According to latest release
Inclusions	
Exclusions	Mental health clients for which a unique person identifier was not recorded, that is non-uniquely identifiable clients, are to be excluded.
Targets	N/A
Related Policies/ Programs	
Useable data available from	July 2016
Frequency of Reporting	Yearly
Time lag to available data	According to latest release of population data
Business owners	
Contact - Policy	Executive Director, Mental Health Branch
Contact - Data	Executive Director, System Information and Analytics Branch
Representation	
Data type	Numeric
Form	Number, expressed as a rate
Representational layout	N{NN}
Minimum size	1
Maximum size	3
Data domain	
Date effective	1 July 2022
Related National Indicator	KPIs for Australian Public Mental Health Services: PI 09J – Mental health new client index, 2019 Meteor ID: 709396 https://meteor.aihw.gov.au/content/index.phtml/itemId/709396

STRATEGIC HEALTH OUTCOME 2 IMs: Safe care is delivered across all settings

INDICATOR: IM23-002 **Previous IDs:**	**Emergency Department to Community Integrated Care Initiative (EDC) Efficacy:** Reduction in Low Acuity Emergency Department Presentations for Integrated Care patients – variation to pre-enrolment (% change)
Shortened Title	Low Acuity ED Presentations for EDC Integrated Care Patients
Service Agreement Type	Improvement Measure
NSW Health Strategic Outcome	2: Safe care is delivered across all settings
Status	Final
Version number	1.0
Scope	All patients enrolled in the EDC initiative in the Local Health District
Goal	Promote the management of care in the community where possible
Desired outcome	An indicative reduction in Emergency Department Presentations (Triage 4&5) for EDC patients as a result of targeted and coordinated care in the community
Primary point of collection	Local Health Districts
Data Collection Source/System	Integrated Care Outcomes Database (ICOD)
Primary data source for analysis	ICOD
Indicator definition	Percentage change in the average number of Emergency Department presentations (Triage 4 or 5) 6 months post enrolment into the Emergency Department to Community Integrated Care Initiative (EDC), compared with the average number of ED presentations (Triage 4 or 5) 9 months pre-enrolment, excluding the last 3 months prior to enrolment*.
Numerator	
Numerator definition	Average number of ED presentations (Triage 4 or 5) for the EDC enrolled cohort in the 6 months following enrolment. **Where:** Patients have been enrolled in the EDC initiative and there is at least 6 months of data available following enrolment, but no more than 12 months **Less** Average number of ED presentations (Triage 4 or 5) for the EDC enrolled cohort in the 9 months prior to enrolment but excluding the last 3 months prior to enrolment*.
Numerator source	ICOD / Patient Flow Portal
Numerator availability	Tri-Annual linkage

Denominator	
Denominator definition	Average number of ED presentations (Triage 4 or 5) for the EDC enrolled cohort in the 9 months prior to enrolment but excluding the last 3 months prior to enrolment*.
Denominator source	ICOD/Patient Flow Portal
Denominator availability	Tri-Annual linkage
Inclusions	Patients enrolled in the EDC initiative where there is at least 6 months of data available following enrolment, but no more than 12 months.
Exclusions	N/A
Note	* This 9 month period will effectively account for 6 months of service utilisation data and avoid the impact of the uncharacteristically high service utilisation observed in the EDC enrolled cohort in the 3 months before enrolment.
Targets	A ≥2.0% reduction in the average number of ED presentations (Triage 4 or 5) for the EDC enrolled cohort (6 months post enrolment) in comparison to the average number of ED Presentations for the selected cohort 9 months prior enrolment (excluding the 3 months prior to enrolment). • Performing: ≥2% decrease on previous YTD • Under Performing: <2% decrease on previous YTD • Not performing: No change or increase from previous YTD
Context	A reduction in ED Presentations (Triage Category 4 or 5) for patients 12 months post enrolment in the EDC intervention may indicate good patient coordination and engagement within the primary and community care settings. An increase in the frequency of ED presentations (Triage 4 or 5) for the EDC cohort following 12 months enrolment in an integrated Care intervention may indicate further improvement of care coordination is required, noting that there will be an expected baseline of ED presentations.
Related Policies/ Programs	
Useable data available from	1 July 2020
Frequency of Reporting	Biannually
Time lag to available data	1 months from receiving linked data
Business owners	
Contact - Policy	Executive Director, System Performance Support Branch
Contact - Data	Executive Director, System Performance Support Branch
Representation	

Data type	Numeric
Form	Number, expressed as a percentage
Representational layout	NNN.NN
Minimum size	3
Maximum size	6
Data domain	
Date effective	1 July 2023

Related National Indicator

INDICATOR: IM23-003 **Previous IDs:**	**Planned Care for Better Health Integrated Care Initiative (PCBH) Efficacy:** Reduction in Low Acuity Emergency Department Presentations for Integrated Care patients – variation to pre-enrolment (% change)
Shortened Title	Low Acuity ED Presentations for PCBH Integrated Care Patients
Service Agreement Type	Improvement Measure
NSW Health Strategic Outcome	2: Safe care is delivered across all settings
Status	Final
Version number	1.0
Scope	All patients enrolled in the PCBH initiative in the Local Health District
Goal	Promote the management of care in the community where possible
Desired outcome	An indicative reduction in Emergency Department Presentations (Triage 4&5) for PCBH patients as a result of targeted and coordinated care in the community
Primary point of collection	Local Health Districts
Data Collection Source/System	Integrated Care Outcomes Database (ICOD)
Primary data source for analysis	ICOD
Indicator definition	Percentage change in the average number of Emergency Department presentations (Triage 4 or 5) 6 months post enrolment into the Planned Care for Better Health Integrated Care Initiative (PCBH), compared with the average number ED presentations (Triage 4 or 5) 9 months pre-enrolment, excluding the last 3 months prior to enrolment*.
Numerator	
Numerator definition	Average number of ED presentations (Triage 4 or 5) for the PCBH enrolled cohort in the 6 months following enrolment. **Where:** Patients have been enrolled in the PCBH initiative and there isat least 6 months of data available following enrolment, but no more than 12 months. **Less** Average number of ED presentations (Triage 4 or 5) for the PCBH enrolled cohort in the 9 months* prior to enrolment but excluding the last 3 months prior to enrolment.
Numerator source	ICOD / Patient Flow Portal
Numerator availability	Tri-Annual linkage
Denominator	

Denominator definition	Average number of ED presentations (Triage 4 or 5) for the PCBH enrolled cohort in the 9 months* prior to enrolment but excluding the last 3 months prior to enrolment.
Denominator source	ICOD/Patient Flow Portal
Denominator availability	Tri-Annual linkage
Inclusions	Patients enrolled in the PCBH initiative and there is at least 6 months of data available following enrolment, but no more than 12 months.
Exclusions	N/A
Note	* This 9 month period will effectively account for 6 months of service utilisation data and avoid the impact of the uncharacteristically high service utilisation observed in the PCBH enrolled cohort in the 3 months before enrolment.
Targets	A ≥2.0% reduction in the average number of ED presentations (Triage 4 or 5) for the PCBH enrolled cohort (6 months post enrolment) in comparison to the average number of ED Presentations for the selected cohort 9 months prior enrolment (excluding the 3 months prior to enrolment). • Performing: ≥2% decrease on previous YTD • Under Performing: <2% decrease on previous YTD • Not performing: No change or increase from previous YTD
Context	A reduction in ED Presentations (Triage Category 4 or 5) for patients 6 months post enrolment in PCBH intervention may indicate good patient coordination and engagement within the primary and community care settings. An increase in the frequency of ED presentations (Triage 4 or 5) for the selected enrolled PCBH cohort following 6 months enrolment in an Integrated Care intervention may indicate further improvement of care coordination is required, noting that there will be an expected baseline of ED presentations.
Related Policies/ Programs	
Useable data available from	1 July 2020
Frequency of Reporting	Biannually
Time lag to available data	1 months from receiving linked data
Business owners	
Contact - Policy	Executive Director, System Performance Support Branch
Contact - Data	Executive Director, System Performance Support Branch
Representation	
Data type	Numeric

Form	Number, expressed as a percentage
Representational layout	NNN.NN
Minimum size	3
Maximum size	6
Data domain	
Date effective	1 July 2023

Related National Indicator

INDICATOR: DPH_1301B **Previous IDs:**	**Drug and Alcohol Opioid Treatment Program** – Unique public patients prescribed buprenorphine or buprenorphine-naloxone or methadone (%)
Shortened Title	OTP – Patients Prescribed Buprenorphine or Buprenorphine-Naloxone
Service Agreement Type	Improvement Measure
NSW Health Strategic Outcome	2: Safe care is delivered across all settings.
Status	Final
Version number	1.1
Scope	All public patients in NSW for whom an *Authority to prescribe buprenorphine or methadone under the NSW Opioid Treatment Program (OTP)* has been submitted to the Pharmaceutical Regulatory Unit
Goal	To consider rates of prescribing of buprenorphine (including depot buprenorphine) or buprenorphine-naloxone by public prescribers in NSW Opioid Treatment Program, acknowledging that the uptake of buprenorphine and buprenorphine-naloxone is well progressed in public settings.
Desired outcome	A maintenance or increase in rate of prescribing of buprenorphine (including depot buprenorphine) or buprenorphine-naloxone for the treatment of opioid dependence, acknowledging its safety profile. A maintenance or proportional increase in the rate of prescribing of buprenorphine or buprenorphine-naloxone for the treatment of opioid dependence as compared to prescribing of methadone.
Primary point of collection	Number of *Authorities to Prescribe Methadone or Buprenorphine or Buprenorphine-naloxone under the NSW Opioid Treatment Program (OTP)* submitted to the Pharmaceutical Regulatory Unit
Data Collection Source/System	NSW Controlled Drugs Data Collection (CoDDaC), Electronic Recording and Reporting of Controlled Drugs system (ERRCD)
Primary data source for analysis	NSW Controlled Drugs Data Collection (CoDDaC)
Indicator definition	Proportion of unique public patients for whom an authority is valid to prescribe buprenorphine or buprenorphine-naloxone under the NSW Opioid Treatment Program
Numerator	
Numerator definition	Total number of unique patients who were prescribed buprenorphine -or buprenorphine-naloxone in the public NSW Opioid Treatment Program (OTP) for the last day of the quarter.
Numerator source	NSW Controlled Drugs Data Collection (CoDDaC)
Numerator availability	Quarterly
Denominator	

Denominator definition	Total number of unique patients who were prescribed opioid pharmacotherapies in the public NSW Opioid Treatment Program for the last day of the quarter
Denominator source	NSW Controlled Drugs Data Collection (CoDDaC)
Denominator availability	Quarterly
Inclusions	All public patients in NSW for whom an *Authority to prescribe buprenorphine or methadone under the NSW Opioid Treatment Program (OTP)* has been submitted to the Pharmaceutical Regulatory Unit. All unique patients in NSW who were prescribed opioid pharmacotherapies under the NSW Opioid Treatment Program
Exclusions	All private patients in NSW for whom an *Authority to prescribe buprenorphine or methadone under the NSW Opioid Treatment Program (OTP)* has been submitted to the Pharmaceutical Regulatory Unit
Targets	
	Maintain or increase on previous year • Performing: No change or increase from previous year • Under performing: Decrease of not more than 5% on previous year • Not performing: Decrease of more than 5% on previous year
Context	Buprenorphine (including depot buprenorphine) and buprenorphine-naloxone have a proven profile for safety and efficacy in the treatment for opioid dependence. For this reason, the number of patients receiving buprenorphine and buprenorphine-naloxone relative to methadone has increased substantially in recent years. As of 2021, almost half of all OTP patients in NSW receive buprenorphine. As such, a continued focus on prescribing buprenorphine and buprenorphine-naloxone, as opposed to methadone, where clinically indicated is an ongoing consideration for the NSW OTP.
Related Policies/ Programs	• *NSW Clinical Guidelines: Treatment of Opioid Dependence (2018)* • *Medication assisted treatment of opioid dependence (MATOD)* (2014)
Useable data available from	1 July 2017
Frequency of Reporting	Quarterly
Time lag to available data	Quarterly data will be available at the commencement of the next quarter.
Business owners	Centre for Alcohol and Other Drugs
Contact - Policy	Executive Director, Centre for Alcohol and Other Drugs
Contact - Data	Director, Chief Pharmacist Unit
Representation	
Data type	Numeric

Form	Percentage
Representational layout	NN.N
Minimum size	3
Maximum size	4
Data domain	
Date effective	1 January 2017
Related National Indicator	National Opioid Pharmacotherapy Statistics Annual Data (NOPSAD) (AIHW). Person—type of opioid pharmacotherapy treatment, code N http://meteor.aihw.gov.au/content/index.phtml/itemId/634297

INDICATOR: MS1302 **Previous IDs:**	**Drug and Alcohol Opioid Treatment Program** – Public patients who were prescribed opioid pharmacotherapies (Number)

Shortened Title	OTP – Patients Prescribed Opioid Pharmacotherapies
Service Agreement Type	Improvement Measure
NSW Health Strategic Outcome	2: Safe care is delivered across all settings.
Status	Final
Version number	1.01
Scope	All unique public patients in NSW who were prescribed opioid pharmacotherapies under the NSW Opioid Treatment Program.
Goal	To monitor rate of unique public patients prescribed opioid pharmacotherapies in the NSW Opioid Treatment Program.
Desired outcome	To monitor rate of unique public patients prescribed opioid pharmacotherapies in the public NSW Opioid Treatment Program.
Primary point of collection	Number of *Authorities to Prescribe Methadone, Buprenorphine or Buprenorphine-naloxone under the NSW Opioid Treatment Program (OTP)* submitted to the Pharmaceutical Regulatory Unit.
Data Collection Source/System	NSW Controlled Drugs Data Collection (CoDDaC), Electronic Recording and Reporting of Controlled Drugs system (ERRCD).
Primary data source for analysis	NSW Controlled Drugs Data Collection (CoDDaC).
Indicator definition	Total number of unique public patients for whom an authority is valid to prescribe methadone or buprenorphine under the NSW Opioid Treatment Program.
Numerator	
Numerator definition	Total Number of unique public patients who were prescribed opioid pharmacotherapies in the NSW Opioid Treatment Program for the last day of the quarter.
Numerator source	NSW Controlled Drugs Data Collection (CoDDaC)
Numerator availability	Quarterly
Denominator	
Denominator definition	N/A
Denominator source	
Denominator availability	
Inclusions	All unique public patients in NSW who were prescribed opioid pharmacotherapies under the NSW Opioid Treatment Program
Exclusions	N/A

Targets	
	Maintain or Increase from previous year • Performing: Increase from previous year • Under performing: No change • Not performing: Decrease from previous year
Context	Methadone and buprenorphine are listed in the World Health Organisation Model List of Essential Medications
Related Policies/ Programs	• *NSW Clinical Guidelines: Treatment of Opioid Dependence (2018)* • *Medication assisted treatment of opioid dependence (MATOD)* (2014)
Useable data available from	1 July 2017
Frequency of Reporting	Quarterly
Time lag to available data	Quarterly data will be available at the commencement of the next quarter.
Business owners	Centre for Alcohol and Other Drugs
Contact - Policy	Executive Director, Centre for Alcohol and Other Drugs
Contact - Data	Director, Chief Pharmacist Unit
Representation	
Data type	Numeric
Form	Number
Representational layout	N {6}
Minimum size	1
Maximum size	6
Data domain	
Date effective	1 January 2017
Related National Indicator	National Opioid Pharmacotherapy Statistics Annual Data (NOPSAD) (AIHW). Person—type of opioid pharmacotherapy treatment, code N http://meteor.aihw.gov.au/content/index.phtml/itemId/634297

INDICATOR: PH-015C	**Alcohol and other Drug Specialist Non-Admitted Patient Care Activity** (Number of occasions of service)
Previous IDs:	
Shortened Title	Total AOD Specialist Non-Admitted Patient Care Activity
Service Agreement Type	Improvement Measure
NSW Health Strategic Outcome	2: Safe care is delivered across all settings.
Status	Final
Version number	1.2
Scope	Specialist Alcohol and Other Drugs (AOD) patient care activity in three service areas (Substance Use in Pregnancy and Parenting Services [SUPPS], Assertive Community Management [ACM] and adolescent and young adult (AYA) services.as reported via the Non-Admitted Patient Data Collection, expressed as service events where patients participated and all occasions of service where patients did not participate.
Goal	To monitor the level of non-admitted service activity related to alcohol and other drugs for three service areas: SUPPS, ACM and AYA services.
Desired outcome	• To improve access to, and build equity in, service provision for alcohol and other drug related issues • To monitor the relative activity for alcohol and other drug service delivery • To achieve greater accountability for management of resources and performance
Primary point of collection	The Non-Admitted Patient Data Collection (NAPDC) via EDWARD
Data Collection Source/System	eMRs/PAS
Primary data source for analysis	EDWARD
Indicator definition	Total activity reported against NAP AOD Tier 2 clinic codes for establishment types for SUPPS, ACM and AYA services expressed in NWAU: • 20.52 11.14; 11.15 and 11.22 • 40.30 11.13; 11.16 and 11.21
Numerator	
Numerator definition	Total number of service events, where patient participated, occasions of service where patient did not participate and reported against NAP AOD Tier 2 clinic codes and establishment type codes: • 20.52 11.14; 11.15 and 11.22 • 40.30 11.13; 11.16 and 11.21
Numerator source	EDWARD and ABM portal
Numerator availability	Quarterly

Denominator	
Denominator definition	N/A
Denominator source	N/A
Denominator availability	N/A
Inclusions	All specialist non-admitted AOD patient care activity for service units 11.13; 11.14; 11.15; 11.16 11.11.21; 11.22
Exclusions	All specialist non-admitted AOD patient care activity for service units 11.01; 11.02; 11.03; 11.04 11.05; 11.06; 11.11; 11.12; 11.17; 11.18; 11.19; 11.20; 11.23 and 11.24
Targets	
	Individual LHD targets - Maintained and/or increased activity based on 2019/20 baseline data.
Context	
Related Policies/ Programs	NSW Health Plan
Useable data available from	1 July 2019
Frequency of Reporting	Quarterly
Time lag to available data	4 weeks after the close of each quarterly period
Business owners	
Contact - Policy	Executive Director, Centre for Alcohol and Other Drugs
Contact - Data	Executive Director, Centre for Alcohol and Other Drugs
Representation	
Data type	Numeric
Form	Number
Representational layout	NNNNN.NN
Minimum size	
Maximum size	
Data domain	N/A
Date effective	1 July 2019
Related National Indicator	

INDICATORS: KQS101 **Previous IDs: 9A15, 9A16, 0005**	**Staphylococcus Aureus Bloodstream Infections** (SA-BSI): • A1 – C2 facilities (per 10,000 occupied bed days) • D1a – F8 facilities (per 10,000 occupied bed days)
Shortened Title	Staphylococcus Aureus Bloodstream Infections
Service Agreement Type	Improvement Measure
NSW Health Strategic Outcome	2: Safe care is delivered across all settings.
Status	Final
Version number	1.41
Scope	All patients in hospitals
Goal	To minimize the risks and unnecessary morbidity and mortality from healthcare associated infections (HAI) in NSW public healthcare facilities through implementation of infection control practices.
Desired outcome	Reduction in the number of *Staphylococcus aureus* bloodstream infections
Primary point of collection	Health staff in all NSW public healthcare facilities
Data Collection Source/System	HAI Monthly Data Collection, NSW Health
Primary data source for analysis	HAI Monthly Data Collection, NSW Health
Indicator definition	The number of SA-BSI as a rate of the number of occupied bed days
Numerator	
Numerator definition	Number of Staphylococcus aureus bloodstream infections (SA-BSI)
Numerator source	NSW public healthcare facilities
Numerator availability	Monthly, available from 1 January 2009
Denominator	
Denominator definition	Number of occupied bed days
Denominator source	System Information and Analytics Branch, NSW Health
Denominator availability	Monthly
Inclusions	• Healthcare associated inpatient bloodstream infections caused by Staphylococcus aureus: - Methicillin sensitive Staphylococcus aureus (MSSA) - Methicillin resistant Staphylococcus aureus *(MRSA)* • Healthcare associated non-inpatient MSSA and MRSA bloodstream infections
Exclusions	• Community associated MSSA and MRSA bloodstream infections
Next report due	Monthly from data availability

Targets	
	Less than 1 SA-BSI per 10,000 occupied bed days • Performing: < 1 SA-BSI • Not performing: >= 1 SA-BSI
Comments	The incidence of SA-BSI provides an indication of compliance with hand hygiene and aseptic technique requirements.
Context	• Staphylococcus aureus, a bacterium that commonly colonises human skin and mucosa, is amongst the commonest and more serious causes of community and healthcare associated sepsis. • Incidence of healthcare associated SA-BSI is used as an outcome marker for hand hygiene compliance of healthcare workers.
Related Policies/ Programs	• NSW Health Hand Hygiene Policy • Healthcare Associated Infection: Clinical Indicator Manual, version 2.0 November 2008
Useable data available from	2009
Frequency of Reporting	Monthly
Time lag to available data	Reporting data available one month post last reporting period
Business owners	
Contact - Policy	Director, Patient Safety, Clinical Excellence Commission
Contact - Data	Director, Patient Safety, Clinical Excellence Commission Executive Director, System Information and Analytics
Representation	
Data type	Numeric
Form	Number, presented as a rate per 10,000 occupied bed days
Representational layout	X.X
Minimum size	1
Maximum size	2
Date effective	January 2009
Related National Indicator	
Indicators	National Healthcare Agreement: PI 22–Healthcare associated infections: Staphylococcus aureus bacteraemia, 2020. Meteor ID: 716702 https://meteor.aihw.gov.au/content/index.phtml/itemId/716702

INDICATOR: SSQ101	**Deteriorating Patients** – Rapid Response Calls (Rate)
Previous IDs: 9A13	Rate per 1,000 separations
Shortened Title	Rapid Response Calls Rate
Service Agreement Type	Improvement Measure
NSW Health Strategic Outcome	2: Safe care is delivered across all settings.
Status	Final
Version number	2.42
Scope	All admitted patients in acute facilities • Adults • Paediatrics (inclusive of newborns) • Maternity
Goal	To provide a process measure for utilisation of the Clinical Emergency Response Systems (CERS) as part of the Between the Flags program in NSW hospitals.
Desired outcome	Rapid Response call rate that is above 20 calls per 1000 separations.
Primary point of collection	NSW public healthcare facilities
Data Collection Source/System	LHD Data Collection examples: • PowerChart - Rapid Response Data Collection form • Paper based Rapid Response Record Form • Switchboard Rapid Response activation record.
Primary data source for analysis	LHD Data Collection
Indicator definition	The number of Rapid Response (Red Zone) calls per 1000 separations. NB: This number includes cardiopulmonary arrest calls. Numerator x 1,000 Denominator The number of Rapid Response calls should be reported: (i) as a total for all patients, and (ii) separately for each different patient population cared for in a facility, i.e. **Adults (excluding Maternity Patients)** whose observations are documented on a Standard Adult General Observation (SAGO) Chart. **Paediatrics,** includes • All children treated in a Specialist Children's hospital, • Children aged less than 16 years in a non-Specialist Children's hospital, whose observations are documented on a Standard Paediatric Observation Chart (SPOC). NB: babies whose observations are documented on a Standard Newborn Observation Chart (SNOC) should be included with the paediatric count.

	Maternity patients whose observations are documented on a Standard Maternity Observation Chart (SMOC).
Numerator	
Numerator definition	The number of Rapid Response calls for patients with Red Zone criteria as defined on the appropriate NSW Health Standard Observation Chart. NB: This number includes cardiopulmonary arrest calls.
Numerator source	NSW public healthcare facilities, • PowerChart – Rapid Response Data Collection form • Paper based Rapid Response Record Form • Switchboard Rapid Response activation record.
Numerator availability	Monthly, available from 1 July 2010
Denominator	
Denominator definition	All Separations in acute facilities (counted as stays not episodes) with the following subgroups defined: • **Adults:** Patients 16 years and over • **Paediatrics:** Patients less than 16 years (includes newborns) • **Maternity:** Patients allocated to any DRG in MDC 14 Pregnancy, Childbirth and the Puerperium
Denominator source	EDW / APDC
Denominator availability	Monthly
Inclusions	All admitted patients
Exclusions	• Non-admitted patients • Patients in subacute, non-acute and residential aged care facilities • Patients in an emergency department, operating theatre, adult/paediatric/neonatal intensive care units (ICU) or a high dependency unit collocated within an ICU should not be counted in the numerator.
Targets	N/A
Related Policies/ Programs	• Recognition and management of patients who are deteriorating (PD2020_018). • NSQHS - Standard 8 “Recognising and Responding to Acute Deterioration Standard”
Comments	The optimum Rapid Response calling rate is currently unknown. There is evidence to suggest that a there is a dose-response relationship between the number of Rapid Response calls and a reduction in mortality and other serious events such as cardiac arrests and unplanned admissions to ICU, with no apparent upper threshold. This is because a higher call rate

	may indicate that patients who are clinically deteriorating are being identified and reviewed promptly. Initially, as the Between the Flags program matures it is expected that the Rapid Response rate would increase. **Reference:** Australian Commission on Safety and Quality in Health Care (2011), A guide to support implementation of the National Consensus Statement: Essential Elements for Recognising and Responding to Clinical Deterioration, Sydney, ACSQHC. Australian and New Zealand Intensive Care Society and Australian Council on Health Care Standards. Intensive care indicators clinical indicators user manual version 4 – 2012.
Useable data available from	July 2010
Frequency of Reporting	Monthly
Time lag to available data	Reporting data available one month post last reporting period
Business owners	
Contact - Policy	Director, Clinical Excellence Commission
Contact - Data	Executive Director, System Information and Analytics Branch, Ministry of Health
Representation	
Data type	Numeric
Form	Number
Representational layout	X.X
Minimum size	3
Maximum size	3
Related National Indicator	

INDICATOR: SSQ102 **Previous IDs: 0057, 9A12**	**Deteriorating Patients –** Unexpected cardiopulmonary arrest (Rate) Rate per 1,000 separations
Shortened Title	Unexpected Cardiopulmonary Arrest Rate
Service Agreement Type	Improvement Measure
NSW Health Strategic Outcome	2: Safe care is delivered across all settings.
Status	Final
Version number	2.3
Scope	All patients in acute facilities whether • Adults • Paediatrics (inclusive of newborns) • Maternity
Goal	To provide an outcome measure of the effectiveness of the Between the Flags program.
Desired outcome	Fewer instances of cardiopulmonary arrest through earlier recognition and response to clinical deterioration.
Primary point of collection	NSW public healthcare facilities
Data Collection Source/System	LHD Data Collection examples: • PowerChart - Rapid Response Data Collection form • Paper based Rapid Response Record Form • Switchboard Rapid Response activation record.
Primary data source for analysis	LHD Data Collection
Indicator definition	The rate of occurrence of cardiopulmonary arrest where there was no 'not for resuscitation' order per 1000 separations. Cardiopulmonary arrest refers to either cardiac or respiratory arrest. Cardiac arrest is defined as the absence of pulse and respiratory effort, and unconsciousness, necessitating the commencement of resuscitation in the absence of 'not for resuscitation' orders. Respiratory arrest is defined as the absence of respiratory effort and the presence of palpable pulse and measurable blood pressure, necessitating the commencement of resuscitation in the absence of 'not for resuscitation' orders. Numerator x 1,000 Denominator The number of cardiopulmonary arrest calls should be reported: (i) as a total for all patients, and (ii) separately for each different patient population cared for in a facility, i.e. **Adults (excluding Maternity Patients)** whose observations are documented on a Standard Adult General Observation (SAGO) Chart. **Paediatrics,** includes

	• All children treated in a Specialist Children's hospital, • Children aged less than 16 years in a non-Specialist Children's hospital, whose observations are documented on a Standard Paediatric Observation Chart (SPOC). NB: babies whose observations are documented on a Standard Newborn Observation Chart (SNOC) should be included with the paediatric count. **Maternity patients** whose observations are documented on a Standard Maternity Observation Chart (SMOC).
Numerator	
Numerator definition	Number of patients who have experienced an unexpected cardiopulmonary arrest (without a documented Not For Resuscitation (NFR)/ Allow a Natural Death (AND) order). Note: This is a subset within the group of patients who require Rapid Response calls.
Numerator source	NSW public healthcare facilities, • PowerChart- Rapid Response Data Collection form • Paper based Rapid Response Record Form • Switchboard Rapid Response activation record.
Numerator availability	Monthly, available from 1st July 2010
Denominator	
Denominator definition	All Separations in acute facilities (counted as stays not episodes) with the following subgroups defined: • **Adults:** Patients 16 years and over • **Paediatrics:** Patients less than 16 years (includes newborns) • **Maternity:** Patients allocated to any DRG in MDC 14 Pregnancy, Childbirth and the Puerperium
Denominator source	EDW / APDC
Denominator availability	Monthly
Inclusions	All admitted patients
Exclusions	• Non-admitted patients • Patients in subacute, non-acute and residential aged care facilities • Patients in an emergency department, operating theatre, adult/paediatric/neonatal intensive care units (ICU) or a high dependency unit collocated within an ICU should not be counted in the numerator.
Targets	< 3 cardiopulmonary arrest calls/1000 acute separations
Related Policies/ Programs	• Recognition and management of patients who are deteriorating (PD2020_018). • NSQHS - Standard 8 "Recognising and Responding to Acute Deterioration Standard"

Comments	**Reference:** Australian Commission on Safety and Quality in Health Care (2011), A guide to support implementation of the National Consensus Statement: Essential Elements for Recognising and Responding to Clinical Deterioration, Sydney, ACSQHC. Australian and New Zealand Intensive Care Society and Australian Council on Health Care Standards. Intensive care indicators clinical indicators user manual version 4 – 2012.
Frequency of Reporting	Monthly
Time lag to available data	Reporting data available one month post last reporting period
Business owners	
Contact - Policy	Director, Clinical Excellence Commission
Contact - Data	Executive Director, System Information and Analytics Branch, Ministry of Health
Representation	
Data type	Numeric
Form	Number
Representational layout	NN.N
Minimum size	4
Maximum size	4
Related National Indicator	

INDICATOR: SSA113, SSA114	**Surgery for Children** - Proportion of children (0 to 16 years) treated within their LHD of residence: • Emergency Surgery (%) (*SSA114*) • Planned Surgery (%) (*SSA113*)
Shortened Title(s)	Emergency Surgery for children within LHD Planned Surgery for children within LHD
Service Agreement Type	Improvement Measure
NSW Health Strategic Outcome	2: Safe care is delivered across all settings
Status	Final
Version number	1.6
Scope	All acute admissions of Children from 0 up to 16 years of age.
Goal	Greater certainty concerning the amount of activity to be performed in a year.
Desired outcome	To improve and monitor the proportion of children receiving appropriate planned surgery within the LHD of residence. To document, monitor and increase capacity to undertake emergency surgery for children within the LHD of residence.
Primary point of collection	Patient Medical Record
Data Collection Source/System	Hospital PAS systems, Admitted Patient Data Collection,
Primary data source for analysis	EDW
Indicator definition	The percentage of LHD resident aged 0 to 16 years who had a surgical procedure and that surgery was performed at a facility in their LHD of residence. Reported by: • Emergency: Urgency of admission (FORMAL_ADMIT_URGN_CD) "1" = Emergency. • Planned: Urgency of Admission (FORMAL_ADMIT_URGN_CD) = "2", "3", "4" or "5".
Numerator	
Numerator definition	Number of surgeries undertaken at LHD of residence where: • The count is based on admitted patient service encounters (ie formal admission to formal discharge) not service events • Surgical DRGs are assigned based on the first episode of care and recorded using AR-DRG surgical partition, version 11.0 AR-DRGs. Note: as AR-DRG Version 11 no longer separates surgical and other interventions via a separate DRG type code, Surgical DRGs can be identified by the DRG codes whose numeric component falls in the range of 01-39, for e.g., B01A.
Numerator source	EDW

Numerator availability	Coded data available 2 months after the end of the period of measurement.
Denominator	
Denominator definition	Total number of surgeries for LHD residents x 100
Denominator source	EDW
Denominator availability	Coded data available 2 months after the end of the period of measurement.
Inclusions	• Acute admitted patient service events (service category 1 or 5) (SE_TYPE_CD = '2' and SE_SERVICE_CATEGORY_CD '1' or '5') • Service event end date within the period (SE_END_DTTM) • All facilities performing surgery • All children aged 0 to 16 years (cutoff is the child's 16th birthday) • LHD of residence of the patient is based on the CL_USUAL_RES_ADDR_GNAF_LHD_HLTH_JURIS_ID, using the 2011 GNAF classification.
Exclusions	• Children 16 years and older • interstate patients/interstates hospitals • Justice Health / Forensic Mental Health Network patients
Targets	
	N/A
Context	
Related Policies/ Programs	"Surgery for Children in Metropolitan Sydney – Strategic Framework"
Useable data available from	2001
Frequency of Reporting	Monthly
Time lag to available data	6 – 7 weeks
Business owners	
Contact - Policy	Executive Director, Health and Social Policy Branch
Contact - Data	Executive Director, System Information and Analytics
Representation	
Data type	Numeric
Form	Number, presented as a percentage (%)
Representational layout	NNN.N
Minimum size	3
Maximum size	4
Data domain	

Date effective	July 2013
Related National Indicator	N/A

INDICATOR: MS2403 **Previous ID:**	**Stroke Care Quality Improvement:** Patients with a final diagnosis of acute stroke who have documented treatment in a stroke unit (%)
Shortened Title	Stroke Care Quality Improvement
Service Agreement Type	Improvement Measure
NSW Health Strategic Outcome	2: Safe care is delivered across all settings
Status	Final
Version number	1.2
Scope	All acute stroke acute inpatient episodes
Goal	To increase the number of stroke patients that are treated in Stroke Units
Desired outcome	• Improve outcomes for stroke patients and stroke services. • Reduce length of stay in hospital. • Decrease death and dependency caused by stroke. • Improve efficiency and productivity in stroke units and services
Primary point of collection	Patient Administration Systems; EMR
Data Collection Source/System	EDW
Primary data source for analysis	Cross reference to BHI data
Indicator definition	Proportion of patients with a final diagnosis of acute stroke who have documented treatment in a stroke unit at any time during their hospital stay. (Numerator ÷ denominator) x 100 The codes and criteria for "acute stroke" are located here: http://meteor.aihw.gov.au/content/index.phtml/itemId/629525 For the numerator, a 'stroke unit' is defined as care provided in a hospital ward with the following minimum elements: • co-located beds within a geographically defined unit • dedicated, multidisciplinary team with members who have a special interest in stroke or rehabilitation • a multidisciplinary team that meets at least once per week to discuss patient care • the team has access to regular professional development and education relating to stroke. There are two types of stroke units that treat acute stroke patients: 1. Acute stroke unit, which accepts patients acutely but separates patients early (usually within 7 days). 2. Comprehensive stroke unit, which accepts patients acutely but also provides rehabilitation for at least several weeks. Each model has a service provided in a discrete ward or dedicated beds within a larger ward, with a specialised multidisciplinary team with allocated staff for the care of patients with stroke. The numerator includes patients admitted to either type of stroke unit.

Numerator	
Numerator definition	Number of patients with a final diagnosis of acute stroke who separated from hospital with documented evidence of treatment in a stroke unit at any time during their acute hospital stay.
Numerator source	
Numerator availability	
Denominator	
Denominator definition	Number of patients with a final diagnosis of acute stroke who separated from hospital.
Denominator source	EDW
Denominator availability	
Inclusions	See http://meteor.aihw.gov.au/content/index.phtml/itemId/629525
Exclusions	See http://meteor.aihw.gov.au/content/index.phtml/itemId/629525
Targets	
Context	There is strong evidence that specialised stroke units, staffed with a multidisciplinary team of stroke specialists, improve patient outcomes and reduce stroke mortality.
Related Policies/ Programs	
Useable data available from	
Frequency of Reporting	Quarterly
Time lag to available data	3 months
Business owners	
Contact - Policy	Executive Director, Agency for Clinical Innovation
Contact - Data	Executive Director, Agency for Clinical Innovation
Representation	
Data type	Numeric
Form	Number
Representational layout	NNN.NN
Minimum size	4
Maximum size	6
Data domain	
Date effective	1 July 2017
Related National Indicators	

Components	**Meteor ID 627765** Acute stroke clinical care standard indicators: 3a-Proportion of patients with a final diagnosis of acute stroke who have documented treatment in a stroke unit http://meteor.aihw.gov.au/content/index.phtml/itemId/627765 **Meteor ID 629525** Acute stroke (Acute stroke clinical care standard) http://meteor.aihw.gov.au/content/index.phtml/itemId/629525

INDICATOR: SSQ112, SSQ113 **Previous ID: 9B9, 002**	**Unplanned and Emergency Re-presentations -** to same ED within 48 hours (%) • All persons (SSQ112) • Aboriginal persons *(SSQ113)*
Shortened Title(s)	Unplanned and Emergency Re-presentations – All Unplanned and Emergency Re-presentations – Aboriginal
Service Agreement Type	Improvement Measure
NSW Health Strategic Outcome	2: Safe care is delivered across all settings
Status	Final
Version number	2.6
Scope	All emergency visits to the Emergency Department**.**
Goal	To reduce the number of re-presentations to Emergency Departments
Desired outcome	• Improve the efficiency of Emergency Department care • Encourage adequate and proper follow up in primary care
Primary point of collection	Emergency Department Clerk
Data Collection Source/System	Emergency Department Data Collection
Primary data source for analysis	EDW (FACT_ED_SE)
Indicator definition	**SSQ112 and SSQ113**: The percentage of emergency presentations to an Emergency Department where the patient returns to their place of usual residence following treatment and then re-presents at the same facility within 48 hours of departure from the Emergency Department. This is reported for all persons (SSQ112), and separately for Aboriginal persons (SSQ113). Note that Aboriginal persons include people who identify as Aboriginal and/or Torres Strait Islander.
Numerator	
Numerator definition	The number of emergency presentations with actual departure date (CL_DEPART_DTTM) within the reference period where the immediately previous emergency presentation of the same patient to the same facility was within 48 hours, and resulted in the patient returning to their place of usual residence following treatment where: • Departure time is measured using ED departure date/time from the Emergency Department record • The time difference is measured from departure date/time of the immediately previous record to arrival date/time of the subsequent record. The subsequent record (i.e, the ED presentation being looked at) has: • ED_VIS_TYPE_CD = '01', '03', i.e. Emergency presentation or Unplanned return visit for continuing condition • Any separation mode

	The immediately previous record has: • The same MRN and OSP ID (EDW: OSP_CBK, CL_ID) • Is within 48 hours of the following presentation • ED_SEPR_MODE_CD is '01.01', '02.01' i.e. Admitted and discharged as an inpatient in ED or Departed treatment completed • ED_VIS_TYPE_CD = '01', '03', '11' All persons includes all ED presentations Aboriginal includes ED presentations with indigenous status in (CL_INDGNS_STUS_CD) = '1','2','3' only
Numerator source	EDW (Emergency Department Data Collection)
Numerator availability	Available
Denominator	
Denominator definition	The number of emergency presentations with actual departure date (CL_DEPART_DTTM) within the reference period, where the patient returns to their usual place of residence following treatment • ED_VIS_TYPE_CD = '01', '03', '11') i.e. Emergency presentation, Unplanned return visit for continuing condition or Disaster • ED_SEPR_MODE_CD is '01.01', '02.01') i.e. Admitted and discharged as an inpatient in ED or Departed treatment completed All persons includes all ED presentations Aboriginal includes ED presentations with indigenous status in (CL_INDGNS_STUS_CD) = '1','2','3' only
Denominator source	EDW (Emergency Department Data Collection)
Denominator availability	Available
Inclusions	Emergency visit type in (ED_VIS_TYPE_CD) = '01', '03', '11'
Exclusions	• Records where total time in ED is missing. • Records where total time in ED is less than zero or greater than 99,998 minutes. • Overlapping records i.e. where the arrival date/time of the second record is before the departure date/time of the first record. In such circumstances, the second record is not included in the calculation of the indicator with respect to the ED visit preceding it. • Records where the ED_SEPR_MODE_CD on the initial presentation (immediately previous record) was not '01.01', '02.01'. • Duplicate with same facility, MRN, arrival date, arrival time and birth date (OSP_CBK, CL_ID, CL_ARRIVAL_DTTM and CL_DOB) • Records where ED_SEPR_MODE_CD null or = '98'
Targets	
Context	
Related Policies/ Programs	PD2013_047 Triage of Patients in NSW Emergency Departments
Useable data available from	July 2001

Frequency of Reporting	Monthly/Weekly
Time lag to available data	Reporting required by the 10th day of each month; data available for previous month
Business owners	
Contact - Policy	Executive Director, System Purchasing Branch
Contact - Data	Executive Director, System Information and Analytics
Representation	
Data type	Numeric
Form	Number
Representational layout	NNNNNN
Minimum size	3
Maximum size	6
Data domain	
Date effective	
Related National Indicators	
Components	

INDICATOR: IM22-004a **Previous IDs: IM22-004**	**Incomplete Emergency Department Attendances: Patients who departed from an ED with a "Did not wait" or "Left at own risk" status (%)**
Shortened Title	Incomplete Emergency Department Attendances
Service Agreement Type	Improvement Measure
NSW Health Strategic Outcome	2: Safe care is delivered across all settings
Status	Final
Version number	1.1
Scope	All patients presenting to public facility Emergency Departments in peer groups A1 – B2.
Goal	Clinically safe Emergency Department services for all patients
Desired outcome	Completion of care and better clinical outcomes for patients who attend Emergency Departments
Primary point of collection	Front-line Emergency Department staff / Hospital PAS system
Data Collection Source/System	Emergency Department Data Collection
Primary data source for analysis	EDW (FACT_ED_SE)
Indicator definition	Proportion of Emergency Department presentations where a person who leaves the ED before treatment is commenced or who leaves after treatment has commenced, against advice. **NOTE:** For the purposes of **this** Measure, an *ED presentation* is defined as the totality of an ED visit, from the date and time of Triage (or arrival time if missing) to the point where the visit has concluded and the clinical care in the ED has ceased.
Numerator	
Numerator definition	The number of ED presentations with ED_SEPR_MODE_CD = '02.03', '02.04') where the actual departure date (CL_DEPART_DTTM) falls within the reporting period.
Numerator source	EDW (Emergency Department Data Collection)
Numerator availability	Available
Denominator	
Denominator definition	The number of presentations in the Emergency Department where the actual departure date (CL_DEPART_DTTM) falls within the reporting period.
Denominator source	EDW (Emergency Department Data Collection)
Denominator availability	Available
Inclusions	• Facilities in peer groups A1 – B2

	• All patients presenting to the emergency department at facilities that currently provide patient episode data to the non-admitted patients ED minimum data collection • All patients that departed during the reporting period
Exclusions	• Facilities in peer groups below B2 • Records where total time in ED is missing, less than zero or greater than 99,998 minutes • ED_VIS_TYPE_CD) of '12' or '13', i.e. Telehealth presentation, current admitted patient presentation • ED_SEPR_MODE_CD = '03' or '98'); i.e. DoA and Registered in error • Duplicate with same facility, MRN, arrival date, arrival time and birth date (EDW: OSP_CBK, CL_ID, CL_ARRIVAL_DTTM and CL_DOB)
Targets	
Target	Reduction from previous year • Performing: Decrease from previous year • Under performing: No change from previous year • Not performing: Increase on previous year.
Context	Incomplete Emergency Department Attendances (IEDA) comprise Emergency Department presentations where a person who leaves the ED before treatment is commenced or who leaves after treatment has commenced, against advice.
Related Policies/ Programs	• NSW Health Policy PD2013_047 Triage of Patients in NSW Emergency Departments
Useable data available from	2010
Frequency of Reporting	Monthly
Time lag to available data	Reporting required by the 10th day of each month, data available for previous month
Business owners	
Contact - Policy	Executive Director System Purchasing Branch
Contact - Data	Executive Director, System Information and Analytics
Representation	
Data type	Numeric
Form	Number, presented as a percentage (%)
Representational layout	NNN.N
Minimum size	3

Maximum size	5
Data domain	
Date effective	July 2022

Related National Indicator

INDICATOR: IM22-005 **Previous IDs:**	**Mental Health Consumer Experience**: Recall of information about physical health (%) YES survey – average proportion of physical health (HeAL) domains for which consumers recall being provided with information
Shortened Title	Mental Health Consumer Experience: Physical Health
Service Agreement Type	Improvement measure
NSW Health Strategic Outcome	2: Safe care is delivered across all settings
Status	Final
Version number	1.0
Scope	NSW public specialized inpatient and community mental health services.
Goal	To improve experience and outcomes in mental health care
Desired outcome	Mental health consumers recall receiving information about a range of physical health issues
Primary point of collection	Consumer-rated experience survey (Your Experience of Service, YES) completed during or after an episode of care by people using NSW hospital and community mental health services.
Data Collection Source/System	NSW YES surveys distributed by LHDs/SHNs reported to NSW YES Collection maintained by InforMH, System Information and Analytics Branch
Primary data source for analysis	NSW YES collection, Healthy Active Lives (HeAL) questions.
Indicator definition	For each YES questionnaire, the HeAL score is the number of HeAL questions where the consumer answered 'Yes' (maximum score of 6), expressed as a percentage of the total number of HeAL questions validly answered (Yes, No, Not sure) The NSW or LHD/SHN rate is the average of individual YES questionnaire HeAL scores. Scores are calculated separately for hospital and community settings. The overall NSW LHD or LHD/SHN score is the unweighted average of hospital and community scores.
Numerator	
Numerator definition	The total number of HeAL questions where people selected 'Yes'
Numerator source	YES Collection
Numerator availability	Quarterly
Denominator	

Denominator definition	The total number of HeAL questions validly completed (Yes, No, Not sure).
Denominator source	YES Collection
Denominator availability	Quarterly
Inclusions	All YES questionnaires where 3 or more HeAL questions (Q.27 – Q.32) are answered in reference period
Exclusions	• No valid service identification • LHD/SHN service settings (inpatient/community) with <10 YES questionnaires returned in the quarter • YES questionnaires with less than 3 of the 6 HeAL questions answered • HeAL questions with multiple responses selected
Target	Performing: >=65% Underperforming: 55%-<65% Not performing: <55%
Related Policies/ Programs	
Useable data available from	July 2015
Frequency of Reporting	Quarterly
Time lag to available data	One quarter
Business owners	
Contact - Policy	Executive Director, Mental Health Branch
Contact - Data	Executive Director, System Information and Analytics Branch
Representation	
Data type	Numeric
Form	Number, expressed as a percentage
Representational layout	N{NN}
Minimum size	1
Maximum size	3
Data domain	
Date effective	1 July 2022
Related National Indicator	

INDICATOR: IM22-012 **Previous IDs:**	**Hip Fracture Surgery Performance:** patients with hip fracture undergoing surgery within 48 hours of admission (%)
Shortened Title	Hip fracture surgery within 48 hours
Service Agreement Type	Improvement Measure
NSW Health Strategic Outcome	2: Safe care is delivered across all settings
Status	Final
Version number	1.0
Scope	Patients aged 50 years and older admitted with hip fracture as principal diagnosis and underwent hip fracture surgery in NSW public hospitals. Only be applicable for hospitals with more than 30 patients as denominator in the year.
Goal	The aims of the initiatives are to: • reduce unwarranted clinical variation • improve patient assessment, management, and experience • ensure effective and efficient care
Desired outcome	Surgery within 48-hours of arriving at hospital (if appropriate)
Primary point of collection	Medical Records
Data Collection Source/System	Admitted Patient Data Collection (APDC)
Primary data source for analysis	Register of Outcomes, Value and Experience (ROVE)
Indicator definition	The percentage of patients aged 50 years or older admitted to hospital for acute care with a principal diagnosis of upper femur fracture and who surgery within 48 hours of the admission time.
Numerator	
Numerator definition	The number of patients aged 50 years or older admitted to hospital for acute care with a principal or additional diagnosis of upper femur fracture (ICD-10-AM S72.0, S72.1, S72.2) and who were surgically treated (see list of procedures below) in the reporting period within 48 hours of the admission time. Time to surgery: The admission date or presentation date to a hospital (if patient admitted from ED, the ED presentation should be used) to the date of surgery if the surgery was performed.
Numerator source	ROVE / Admitted Patient Data Collection
Numerator availability	2 months.
Denominator	

Denominator definition	The number of patients aged 50 years or older admitted to hospital for acute care with a principal or additional diagnosis of upper femur fracture (ICD-10-AM S72.0, S72.1, S72.2) and who were surgically treated (see list of procedures below) in the reporting period.
Denominator source	ROVE / Admitted Patient Data Collection
Denominator availability	2 months.
Inclusions	• Patients aged 50 years or over at the time of separation • Principal and additional diagnosis of hip fracture (ICD-10-AM codes S72.0, S72.1, S72.2) • A procedure code indicating that the patient was admitted for hip fracture surgery (ACHI code 47519-00, 47522-00, 47528-01, 47531-00, 49315-00, 49318-00*, 49319-00*) (*only if accompanied by one of the following Australian Refined Diagnostic Related Groups (AR-DRGs) codes was also recorded: 'I03A', 'I03B', 'I08A', 'I08B', 'I78A', 'I78B', 'I73A', 'Z63A') • Initial admission care type was acute • Discharged between 1 July 2012 and 30 June 2017 (for a 5-year cohort).
Exclusions	• Patients aged under 50 years at the time of separation • Patients who were admitted post transfer from another hospital • The hip fracture occurred post-admission (diagnosis with condition onset flag =1)
Targets	77% of patients receive surgery within 48 hours (or an improvement in current performance)
Context	Evidence-based guidelines recommend that patients hospitalised with a hip fracture should undergo surgery within 48 hours of admission. Surgery within 48 hours has been found to be associated with a clinically significant reduction in mortality, increased return to independent living, reduced pressure ulcers and reduced complications.
Related Policies/Programs	Hip Fracture Care, Tranche 2 Leading Better Value Care
Useable data available from	July 2010
Frequency of Reporting	Annually
Time lag to available data	6 months
Business owners	Strategic Reform and Planning Branch
Contact-Policy	Liz Hay, Director, Economics and analysis unit, Strategic Reform and Planning Branch
Contact-Data	Jennifer Williamson, Senior Biostatistician, Economics and analysis unit, Strategic Reform and Planning Branch.

Representation

Datatype	Numeric
Form	Percentage
Representational lay out	NNN.N%
Minimum size	3
Maximum size	5
Data domain	
Date effective	2022
Related National Indicator	Clinical care standard indicators: hip fracture 2018 Metadata Item type: Indicator Set METEOR identifier: 696424 Description: The Australian Commission on Safety and Quality in Health Care has produced the Hip fracture care clinical care standard indicators to assist with local implementation of the Hip fracture care clinical care standard (ACSQHC 2015). The Hip fracture care clinical care standard aims to ensure that patients with a hip fracture receive optimal treatment from presentation to hospital to the completion of their treatment in hospital. This includes timely assessment and management of a hip fracture, timely surgery if indicated, and the early initiation of a tailored care plan aimed at restoring movement and function and minimising the risk of another fracture. Clinicians and health services can use the Hip fracture care clinical care standard and indicators to support the delivery of high-quality care. The Hip fracture care clinical care standard indicators contains indicators against each of the quality statements in the Standard: care at presentation, pain management, orthogeriatric model of care, timing of surgery, mobilisation, and weight-bearing, minimising the risk of another fracture, transition from hospital care. https://meteor.aihw.gov.au/content/696424 Clinical care standard indicators: hip fracture Metadata Item type: Indicator Set METEOR identifier: 628043 Description: The Australian Commission on Safety and Quality in Health Care has produced the Hip fracture care clinical care standard indicators to assist with local implementation of the Hip fracture care clinical care standard (ACSQHC 2015). The Hip fracture care clinical care standard aims to ensure that patients with a hip fracture receive optimal treatment from presentation to hospital to the completion of their treatment in hospital. This includes timely assessment and management of a hip fracture, timely surgery if indicated, and the early initiation of a tailored care plan aimed at restoring movement and function and minimising the risk of another fracture. Clinicians and health services can use the Hip fracture care clinical care standard and indicators to support the delivery of high-quality care.

The Hip fracture care clinical care standard indicators contains indicators against each of the quality statements in the Standard: care at presentation, pain management, orthogeriatric model of care, timing of surgery, mobilisation, and weight-bearing, minimising the risk of another fracture, transition from hospital care.

https://meteor.aihw.gov.au/content/628043

INDICATOR: SIC108 **Previous IDs:**	**Electronic Discharge Summaries**: sent electronically and accepted by a GP Broker system (%)
Shortened Title	Electronic Discharge Summaries – GP Broker
Service Agreement Type	Improvement Measure
NSW Health Strategic Outcome	2: Safe care is delivered across all settings
Status	Final
Version number	4.1
Scope	All admitted inpatient stays
Goal	All general practitioners to receive an electronic discharge summary after their patient has received care as a hospital inpatient.
Desired outcome	• To improve care coordination between hospitals and general practitioners • To improve patient health outcomes
Primary point of collection	Patient Administration Systems
Data Collection Source/System	Cerner, iPM, CorePAS
Primary data source for analysis	EDW, Enterprise Service Bus, HealtheNet Clinical Repository
Indicator definition	The percentage of unique discharge summaries sent electronically to a GP Messaging Broker and accepted by a GP's software during a financial year by LHD/SHN, versus total discharged inpatient service events submitted to the HealtheNet Clinical Repository.
Numerator	
Numerator definition	Total number of discharged inpatient service events within a financial year where an electronic discharge summary has been accepted by a GP Broker System. This is indicated by an Electronic Discharge Summary Broker Deliver Status of 'acceptedByBroker'.
Numerator source	HealtheNet Statewide Infrastructure: Rhapsody, Enterprise Service Bus and Clinical Repository Databases
Numerator availability	Monthly
Denominator	
Denominator definition	Total number of admitted inpatient service events within a financial year.
Denominator source	HealtheNet Clinical Repository/EDW
Denominator availability	Monthly
Inclusions	

Exclusions	Day-only episodes
Targets	
	Target ≥ 51% • Performing:≥ 51% • Under Performing: ≥ 49% and < 51% • Not Performing: < 49%
Context	
Related Policies/ Programs	GL2022_005 (Patient Discharge Documentation)
Useable data available from	1 July 2015
Frequency of Reporting	Monthly
Time lag to available data	
Business owners	
Contact - Policy	Director, Integrated Care Implementation, and Executive Director, System Performance Support Branch
Contact - Data	Executive Director, System Information and Analytics
Representation	
Data type	Numeric
Form	Number, expressed as a percentage
Representational layout	NNN.N
Minimum size	3
Maximum size	5
Data domain	
Date effective	1 July 2016
Related National Indicator	

INDICATOR: IM23-008 **Previous IDs:**	**Intensive Care Discharge Performance:** Intensive Care Unit (ICU) patient discharges to a ward within 6 hours of medical clearance for discharge (%)
Shortened Title	ICU Discharge Performance
Service Agreement Type	Improvement Measure
NSW Health Strategic Outcome	2: Safe care is delivered across all settings
Status	Final
Version number	1.0
Scope	All patients discharged from adult and paediatric ICU beds to inpatient wards and home.
Goal	To optimise the use of intensive care service capacity.
Desired outcome	• Improve the quality and safety of care delivered to critically ill patients • Improve patient, carer, family experience and journey • Improve critically ill patient outcomes • Reduce after-hours discharge from ICU • Improve ICU and hospital length of stay • Improve access to intensive care services
Primary point of collection	Patient Flow Portal
Data Collection Source/System	Patient Flow Portal (PFP)
Primary data source for analysis	PFP Inter Ward Transfers
Indicator definition	The percentage of inpatient discharges from ICU beds to inpatient ward beds or discharged home from ICU or via the Transit/Discharge Lounge, that occur within 6 hours of medical clearance from ICU. **Start of measurement** Time the patient is medically cleared for discharge from ICU, which is defined as the request date/time for an Inter Ward Transfer initiated in PFP. **End of measurement** Time the patient arrives in the inpatient ward or leaves hospital for discharge home which is defined as the ward transfer date/time from ICU as entered into the Patient Administration System or the patient being discharged home directly from the ICU or a transit lounge i.e. second last ward in patient's admission is ICU and final ward is Transit/Discharge Lounge.
Numerator	
Numerator definition	The number of discharges from an adult or paediatric ICU ward where:

- (Patient is transferred from an adult or paediatric ICU ward to a non-adult or non-paediatric ICU ward OR Patient is discharged home) AND
- Patient has been transferred or discharged within 6 hours of IWT request date/time.

Numerator source	Patient Flow Portal
Numerator availability	Available

Denominator

Denominator definition	The number of discharges from an adult or paediatric ICU ward where patient is transferred to a non-adult or non-paediatric ICU ward OR Patient is discharged home from ICU or via the Transit/Discharge Lounge.
Denominator source	Patient Flow Portal
Denominator availability	Available

Inclusions

Numerator and Denominator:

- Facilities with an adult ICU level 4, 5 or 6 or a paediatric ICU
- Adult ICU ward is defined as any patient in ward type = Intensive Care and sub ward type = No Sub Type or Burns Unit or Cardiothoracic or General or Neurosurgery or Surge
- Paediatric ICU ward is defined as any patient in ward type = Paediatrics and sub ward type = Intensive Care
- Patients discharged home include:
  - Mode of separation codes = 1, 2, 3, 8,10 OR refer to LHD specific Discharge Disposition Codes sent to the State Operational Data Store in Appendix A. AND
  - o (Final ward type in patient's admission is adult ICU or paediatric ICU OR second last ward type in patient's admission is adult ICU or paediatric ICU and final ward type is Transit/Discharge Lounge).

Exclusions

Numerator and Denominator:

- Facilities that do not have an adult ICU level 4, 5 or 6 or a paediatric ICU
- Patients transferred to an adult or paediatric ICU ward in the same hospital or another hospital
- Patients transferred to a day only ward defined by the ward day only flag in Patient Flow Portal

Note

Targets

Target: 70%

Percentage of ICU patents transferred to a ward within 6 hours of medical clearance for discharge.

	• Performing: ≥70% • Under Performing: >50% to <70% • Not performing: <50%
Context	This target is a measure of timeliness of discharge performance, following on from a clinical decision that a patient is ready for discharge from ICU. It supports the timely admission to a hospital bed, for those ICU patients who require inpatient treatment, as it contributes to patient satisfaction and improves outcomes and the availability of ICU services for other patients.
Related Policies/ Programs	• PD2022_012 Admission to Discharge Care Coordination. • Guiding principles to optimise intensive care capacity, October 2019, Agency for Clinical Innovation.
Useable data available from	1 July 2021
Frequency of Reporting	Monthly including current month to date.
Time lag to available data	Real time.
Business owners	
Contact - Policy	Executive Director, System Performance Support Branch
Contact - Data	Executive Director, System Information and Analysis Branch
Representation	
Data type	Numeric
Form	Number, expressed as a percentage
Representational layout	NNN.NN
Minimum size	3
Maximum size	6
Data domain	
Date effective	1 July 2023
Related National Indicator	

STRATEGIC HEALTH OUTCOME 3 IMs: People are healthy and well

INDICATOR: PH-008C, PH-008D **Previous ID:**	**Healthy Children Initiative** - Targeted Family Healthy Eating and Physical Activity Program (Go4Fun) • Completed program (%) (PH-008C) • Enrollments achieved (number) (PH-008D)
Shortened Title(s)	Go4Fun - Completed program Go4Fun – Enrollments achieved
Service Agreement Type	Improvement Measure
NSW Health Strategic Outcome	3: People are healthy and well
Status	Final
Version number	1.42
Scope	Overweight/obese children 7-13 years old across NSW
Goal	Reduce overweight and obesity in children 7-13 years old across NSW.
Desired outcome	Reduce the risk of lifestyle related chronic disease by promoting healthy weight, increased consumption of fruits and vegetables and increased participation in recommended levels of physical activity.
Primary point of collection	Program Manager, leaders and the Service Provider of Go4Fun
Data Collection Source/System	Customer Relationship Management (CRM) system (Service Provider)
Primary data source for analysis	Routine enrolment and completion data entered into the CRM system, formatted and transferred by Secure File Transfer to the Centre for Population Health for independent analysis.
Indicator definition	**PH-008C:** Percentage of overweight/obese children 7-13 years old enrolled in the Targeted Family Healthy Eating and Physical Activity Program, Go4Fun and Aboriginal Go4Fun who complete three or more program sessions (program completions). **PH-008D:** The number of overweight/obese children 7-13 years old enrolled in the Targeted Family Healthy Eating and Physical Activity Program to attend: • one or more program sessions for Go4Fun and Aboriginal Go4Fun stream (program enrolments) • one or more modules and one or more phone coaching sessions for Go4Fun Online stream (program enrolments).
Numerator	
Numerator definition	**PH-008C:** The Number of overweight/obese children 7-13 years old who complete three or more sessions, of the Targeted Family Healthy Eating and Physical Activity Program, Go4Fun and Aboriginal Go4Fun (program completions).

PH-008D: The number of overweight/obese children 7-13 years old enrolled in the Targeted Family Healthy Eating and Physical Activity Program, to attend:

- one or more program sessions for Go4Fun and Aboriginal Go4Fun stream (program enrolments)
- one or more modules and one or more phone coaching sessions for Go4Fun Online stream (program enrolments)

Numerator source: Service Provider

Numerator availability: Quarterly

Denominator

Denominator definition: **PH-008C:** Number of overweight/obese children 7-13 years old enrolled in the Targeted Family Healthy Eating and Physical Activity Program who attend one or more program sessions for Go4Fun and Aboriginal Go4Fun stream.

PH-008D: N/A

Denominator source: Service Provider

Denominator availability: Quarterly

Inclusions: Overweight/obese children 7-13 years old across NSW.

Exclusions

- Any children who do not fall within the inclusions
- PH-008C: Go4Fun Online participants
- Children age less than 6 years and 6 months
- Children age greater than 13 years and 11 months

Targets: PH-008C: 85% target for all LHDs

LHD ID	LHD Name	2023-24 Target enrolment number
X700	Sydney LHD	106
X710	South Western Sydney LHD	266
X720	South Eastern Sydney LHD	192
X730	Illawarra Shoalhaven LHD	65
X740	Western Sydney LHD	164
X750	Nepean Blue Mountains LHD	75
X760	Northern Sydney LHD	48
X770	Central Coast LHD	100
X800	Hunter New England LHD	120
X810	Northern NSW LHD	73
X820	Mid North Coast LHD	84
X830	Southern NSW LHD	39
X850	Western NSW LHD	10

	Enrolment target (PH-008D)	Completion (PH-008C)
Performing	95-100% target	≥ 85%
Under performing	90-94%	≥ 75% & < 85%
Not performing	< 90% target	< 75%

Comments:

PH-008C: Completion targets based on face-to-face mode of program delivery,

PH-008D: Online enrolments are supplementary.

Context

The NSW Healthy Children Initiative (HCI) supports the prevention of overweight and obesity and chronic disease in NSW children and their families. Targets are set for the delivery of the Targeted Family Healthy Eating and Physical Activity Program. Since July 2015, LHDs that elect to participate have committed to deliver an agreed number of programs which corresponds to a minimum number of enrolled participants per financial year. For Aboriginal Go4Fun programs, 5 eligible Aboriginal children for each program is required and for standard Go4Fun, 6 eligible children for each program as a minimum. LHDs that choose to deliver this program are fully funded.

FY23/24 program numbers and enrolments reflect a heightened focus by LHDs to deliver Aboriginal Go4Fun programs, which aligns with the NSW Healthy Eating and Active Living Strategy 2022-2032

LHD ID	LHD Name	Number of Standard Go4Fun programs	Number of Aboriginal Go4Fun programs (5 eligible Aboriginal children for each program)
X700	Sydney LHD	8	2
X710	South Western Sydney LHD	18	10
X720	South Eastern Sydney LHD	16	0
X730	Illawarra Shoalhaven LHD	5	3
X740	Western Sydney LHD	12	4
X750	Nepean Blue Mountains LHD	6	3
X760	Northern Sydney LHD	4	0
X770	Central Coast LHD	8	4
X800	Hunter New England LHD	8	8
X810	Northern NSW LHD	6	5

X820	Mid North Coast LHD	8	4
X830	Southern NSW LHD	3	3
X850	Western NSW LHD	0	2

Related Policies/ Programs

- Healthy Children Initiative
- NSW Healthy Eating and Active Living Strategy

Useable data available from July 2012

Frequency of Reporting Quarterly

Time lag to available data 30 days

Business owners **Centre for Population Health**

Contact - Policy Executive Director, Centre for Population Health

Contact - Data Director, Strategy and PMO

Representation

Data type Numeric

Form Number

Representational layout **PH-008C:** NNN.NN; **PH-008D:** NNN{NNN}

Minimum size **PH-008C:** 4; **PH-008D:** 3

Maximum size **PH-008C:** 6; **PH-008D:** 6

Data domain N/A

Date effective June 2022

Related National Indicators

INDICATOR: PH-008A **Previous ID:**	**Healthy Children Initiative** – Children's Healthy Eating and Physical Activity Program: Early Childhood Services – Sites Achieving Agreed Proportion (80%) of Munch and Move Program Practices (%)
Shortened Title	Munch and Move
Service Agreement Type	Improvement Measure
NSW Health Strategic Outcome	3: People are healthy and well
Status	Final
Version number	4.01
Scope	All centre-based and nominated non centre-based Early Childhood Services (ECS) (i.e. mobile, early intervention and distance education) in NSW
Goal	To increase the proportion of Early Childhood Services in NSW that implement and adopt the Munch & Move program.
Desired outcome	Reduce the risk of lifestyle related chronic diseases by promoting healthy eating and physical activity to support healthy weight.
Primary point of collection	LHD Program Manager and Health Promotion Officers
Data Collection Source/System	Population Health Information Management System (PHIMS)
Primary data source for analysis	Data entered into the Population Health Information Management System (PHIMS)
Indicator definition	The proportion of centre-based and nominated non centre-based ECSs that have adopted the Munch & Move program to attain Service Agreement targets by June 2023.
Numerator	
Numerator definition	Total number of centre-based and nominated non centre-based ECSs that: • are active or were active within the defined reporting period and • are enabled for scheduled follow up and • have attended training or are "deemed trained" and • are on the reference list of ECS's in PHIMS and • have achieved 80% of the relevant* Munch and Move program practices within the defined reporting period.
Numerator source	PHIMS
Numerator availability	Quarterly
Denominator	
Denominator definition	Total number of centre-based and nominated non centre-based ECSs that: • are active or were active within the defined reporting period and • are enabled for scheduled follow up and • have attended training or are "deemed trained" and • are on the reference list of ECSs in PHIMS.
Denominator source	PHIMS

Denominator availability	Quarterly
Inclusions	
Exclusions	
Targets	>= 65% of Early Childhood Services to achieve 80% of Munch & Move program practices • Performing:>=65% of sites adopting KPI target, with ≥ 80% of Practices achieved • Under Performing: 60-64% of sites adopting KPI target, with ≥ 80% of Practices achieved • Not Performing: <60% of sites adopting KPI target, with ≥ 80% of Practices achieved
Comments:	Some practices may not be relevant to an ECS site. For example, an ECS that only caters for children 3-5 years of age would not be monitored on the practice of implementing a breastfeeding policy, procedure or guideline as this only applies to services providing care for children 0-12 months of age.
Context	The NSW Healthy Children Initiative (HCI) supports the prevention of overweight and obesity and chronic disease in NSW children and their families. Targets are set for attendance at training and adoption of the Children's Healthy Eating and Physical Activity Program by centre-based early childhood services. LHDs are fully funded for this initiative.
Related Policies/ Programs	• NSW Healthy Eating and Active Living Strategy • Healthy Children Initiative
Useable data available from	July 2012 Note: Practice data comparable from July 2012- June 2017. Enhanced practices data available from July 2017 and not directly comparable period to July 2012 – June 2017.
Frequency of Reporting	Quarterly
Time lag to available data	Real-time (though dependent on timely data entry)
Business owners	
Contact - Policy	Executive Director, Centre for Population Health
Contact - Data	Director, Strategy and PMO
Representation	
Data type	Numeric
Form	Number
Representational layout	NNN.NN
Minimum size	3
Maximum size	5
Data domain	N/A

Date effective

Related National Indicators

INDICATOR: PH-008B **Previous ID:**	**Healthy Children Initiative** – Children's Healthy Eating and Physical Activity Program – Primary Schools Achieving Agreed Proportion (70%) of Live Life Well @ School Program Practices (%)
Shortened Title	Live Life Well @ School
Service Agreement Type	Improvement Measure
NSW Health Strategic Outcome	3: People are healthy and well
Status	Final
Version number	3.13
Scope	All primary schools in NSW
Goal	To increase the proportion of primary schools in NSW that implement and adopt the Live life Well @ School program.
Desired outcome	Reduce the risk of lifestyle related chronic diseases by promoting healthy eating and physical activity to support healthy weight.
Primary point of collection	LHD Program Manager and Health Promotion Officers
Data Collection Source/System	Population Health Information Management System (PHIMS)
Primary data source for analysis	Data entered into the Population Health Information Management System (PHIMS)
Indicator definition	The proportion of primary schools and nominated non main-stream primary schools that have adopted the Live Life Well@ School program to attain Service Agreement targets by June 2023.
Numerator	
Numerator definition	Total number of primary schools and nominated non main-stream primary schools that: • are active or were active within the defined reporting period and • are enabled for schedule follow up, and • have attended training or are "deemed trained" and • are on the reference list of Primary schools in PHIMS, and • have achieved 70%, of the Live Life Well @School program practices within the defined reporting period.
Numerator source	PHIMS
Numerator availability	Quarterly
Denominator	
Denominator definition	Total number of primary schools and nominated non main-stream primary schools that: • are active or were active within the defined reporting period and • are enabled for schedule follow up, and • have attended training or are "deemed trained" and • are on the reference list of Primary schools in PHIMS.
Denominator source	PHIMS

Denominator availability	Quarterly
Inclusions	
Exclusions	
Targets	≥ 65% of primary schools to achieve 70% of Live Life Well@ School program practices. • Performing: ≥ 65% of sites achieving ≥ 70% of practices • Under Performing: 60-64% of sites achieving ≥ 70% of practices • Not Performing: <60% of sites achieving ≥ 70% of practices Some practice(s) may not be relevant to a primary school. For example, *Practice 5 if* a primary school does not have a canteen.
Context	The NSW Healthy Children Initiative (HCI) supports the prevention of overweight and obesity and chronic disease in NSW children and their families. Targets are set for training and adoption of the Children's Healthy Eating and Physical Activity Program by primary schools. LHDs are fully funded for this initiative. Geographical area of interest: whole state / LHD.
Related Policies/ Programs	NSW Healthy Eating and Active Living Strategy
Useable data available from	July 2012 Note: Practice data comparable from July 2012- June 2017. Enhanced practices data available from July 2017 and not directly comparable period to July 2012 – June 2017.
Frequency of Reporting	Quarterly
Time lag to available data	30 days
Business owners	**Centre for Population Health**
Contact - Policy	Executive Director, Centre for Population Health
Contact - Data	Director, Strategy and PMO
Representation	
Data type	Numeric
Form	Number
Representational layout	NNN
Minimum size	2
Maximum size	3
Data domain	N/A
Date effective	
Related National Indicators	

INDICATOR: PH-011B	**Get Healthy Information and Coaching Service – Enrolments** (Number)
Previous ID:	
Shortened Title	Get Healthy Information and Coaching Service
Service Agreement Type	Improvement Measures
NSW Health Strategic Outcome	3: People are healthy and well.
Status	Final
Version number	3.0
Scope	Adults aged 16 years and over across NSW
Goal	Reduced prevalence of overweight/obesity in adults 16 years and over across NSW.
Desired outcome	Reduce the risk of lifestyle related chronic disease by promoting healthy weight, increase consumption of fruits and vegetables, increase participation in recommended levels of physical activity and reduction in risky alcohol consumption.
Primary point of collection	Service provider
Data Collection Source/System	Customer Relationship Management (CRM) system
Primary data source for analysis	Monthly enrolment data entered into the CRM system and transferred by Secure File Transfer to Centre for Population Health for independent analysis.
Indicator definition	The number of adults aged 16 years and over who are referred to the Get Healthy Information and Coaching Service that result in an enrolment in a coaching program or brief intervention program.
Numerator	
Numerator definition	Total number of adults aged 16 years and over who were referred to the Get Healthy Information and Coaching Service that enroll into a coaching program or brief intervention program in the 2022-2023 reporting period. Enrolment: Enrolments are defined as a participant joining any of the Get Healthy Service Coaching programs or opting for Brief Intervention.
Numerator source	CRM
Numerator availability	Quarterly
Denominator	
Denominator definition	N/A
Denominator source	
Denominator availability	
Inclusions	Adults aged 16 years and over.
Exclusions	Children and young people aged less than 16 years of age
Targets	- CCLHD – 406 enrolments (738 referral goal)

	- FWLHD – 36 enrolments (66 referral goal) - HNELHD – 1104 enrolments (2007 referral goal) - ISLHD – 491 enrolments (892 referral goal) - MNCLHD – 262 enrolments (476 referral goal) - MLHD – 292 enrolments (530 referral goal) - NBMLHD – 445 enrolments (809 referral goal) - NSLHD – 1106 enrolments (2011 referral goal) - NNSWLHD – 359 enrolments (652 referral goal) - SESLHD – 1106 enrolments (2011 referral goal) - SWSLHD – 1167 enrolments (2122 referral goal) - SNSWLHD – 248 enrolments (452 referral goal) - SLHD – 794 enrolments (1444 referral goal) - WNSWLHD – 338 enrolments (615 referral goal) - WSLHD – 1148 enrolments (2087 referral goal) The target is based on 55% enrolment target of a referral goal. The referral goal is based on the LHD population size (approximately 220 per 100,000 population) and previous years referral performance. • Performing: ≥100% target • Under Performing: 90-99% target • Not Performing: <90% target
Context	The NSW Healthy Eating and Active Living Strategy (HEAL) commits NSW to achieving targets related to the delivery of the Get Healthy Information and Coaching Service. Achieving the enrolment goal for the Get Healthy Service requires an increase of referral to program across NSW. LHDs are supported to promote this initiative.
Related Policies/ Programs	NSW Healthy Eating and Active Living Strategy
Useable data available from	February 2009
Frequency of Reporting	Quarterly
Time lag to available data	60 days
Business owners	Office of the Chief Health Officer
Contact - Policy	Executive Director, Centre for Population Health
Contact - Data	Director, Strategy and PMO
Representation	
Data type	Numeric
Form	Number
Representational layout	N{NNN}
Minimum size	1
Maximum size	4

Data domain	N/A
Date effective	June 2022

Related National Indicators

N/A

INDICATOR: PH-017A **Previous ID:**	**Tobacco Compliance Monitoring**: compliance with the *NSW Health Smoke-free Health Care Policy* (%)
	People (staff, patients, visitors and contractors) who are observed smoking or using e-cigarettes on hospital and health service grounds in high profile areas during a two-hour observation period (%)
Shortened Title	Tobacco Compliance Monitoring
Service Agreement Type	Improvement Measure
NSW Health Strategic Outcome	3: People are healthy and well.
Status	Final
Version number	1.3
Scope	All NSW Health facilities, grounds and vehicles are smoke-free and e-cigarette vapour-free.
Goal	Reduce the risks to health associated with tobacco and e-cigarette use (smoking and vaping) by clients, staff and visitors to NSW Health facilities and the community's exposure to second-hand smoke and second hand e-cigarette aerosol (commonly referred to as vapour).
Desired outcome	Eliminate the risks of exposure to particulate matter emitted by second-hand smoke and vapour.
Primary point of collection	High profile areas of public hospitals or health services in Local Health Districts. Observations to be conducted in at least three facilities located in within the Local Health District. Site selection needs to include at least one major hospital or health service within the Local Health District with a focus on those where complaints have been received regarding breaches of smoking and vaping bans. The same site and area selected must be used for all quarterly observations within the financial year.
Data Collection Source/System	Standard excel quarterly reporting template provided by the Ministry of Health or Tally sheet or template individually developed by each Local Health District. Reporting templates should include high level commentary surrounding compliance or non-compliance of target measures and any actions being taken to address non-compliance.
Primary data source for analysis	Local Health Districts can develop and complete a reporting template based on the information required in the 'Protocol for Monitoring compliance with the *NSW Health Smoke-free Health Care Policy'* or use the standard reporting template provided by the Ministry of Health. Compliance activity reports are submitted to the Centre for Population Health no later than two weeks following the end of each quarter.
Indicator definition	Percentage of people (including staff, patients, and visitors) who are observed smoking or using an e-cigarette in a high-profile area on hospital and health service grounds during a two-hour observation period. Note it is the occasions of smoking and/or e-cigarette use, not the number of individual smokers and/or e-cigarette users, which are counted.
Numerator	

Numerator definition	Occasions of smoking and e-cigarette use observed in high profile area of hospital and health service grounds.
Numerator source	Tally sheet or template
Numerator availability	Quarterly
Denominator	
Denominator definition	Total number of people (excluding those who appear to be less than 18 years of age) observed in the same area.
Denominator source	Tally sheet or template
Denominator availability	Quarterly
Inclusions	All people who enter the designated site (hospital or health service ground) during the two-hour observation period.
Exclusions	Anyone who appears to be less than 18 years of age.
Targets	98% compliance with Smoke-free Health Care Policy
Context	Local Health Districts are responsible for ensuring compliance with the NSW Health Smoke-free Health Care Policy by patients, staff and visitors. Compliance with the Policy means that all NSW Health buildings, grounds and vehicles are smoke-free and e-cigarette vapour-free, with the exception of designated outdoor smoking areas determined by Local Health Districts and specialty network governed statutory health corporations that choose to provide such areas using a smoke-free by-law. Each Local Health District will monitor compliance with the Policy.
Related Policies/ Programs	NSW Health Smoke-free Health Care Policy (PD2015_003)
Useable data available from	July 2015
Frequency of Reporting	Quarterly
Time lag to available data	One month.
Business owners	**Centre for Population Health**
Contact - Policy	Executive Director, Centre for Population Health
Contact - Data	Manager, Tobacco Control Unit, Centre for Population Health
Representation	
Data type	Numeric
Form	Number
Representational layout	NNN.NN
Minimum size	1
Maximum size	4

Data domain	N/A
Date effective	June 2022

Related National Indicators

INDICATOR: DPH_1402 **Previous IDs:**	**Meningococcal Vaccination** for serogroups A, C, W, Y (%) Percentage (%) of 17 year olds vaccinated against meningococcal serogroups A, C, W, Y
Shortened Title	Meningococcal Vaccination
Service Agreement Type	Improvement Measure
NSW Health Strategic Outcome	3: People are healthy and well
Status	Final
Version number	2.2
Scope	All adolescents aged 17 years.
Goal	To reduce the incidence of vaccine preventable diseases in children and increase immunisation coverage rates through the implementation of a school based vaccination program.
Desired outcome	Reduce illness and death associated with meningococcal disease from serogroups A, C, W, Y in the target population.
Primary point of collection	Data collected by public health units, general practitioners, community health centres, Aboriginal medical centres and community pharmacies
Data Collection Source/System	Forms and electronic submissions to Australian Immunisation Register (AIR)
Primary data source for analysis	Australian Immunisation Register (AIR)
Indicator definition	The percentage of adolescents aged 17 years who are registered with Medicare and have received a dose of meningococcal ACWY vaccine.
Numerator	
Numerator definition	Number of adolescents aged 17 years who have received a dose of meningococcal ACWY vaccine as prescribed by the Australian Immunisation Register.
Numerator source	Australian Immunisation Register (AIR)
Numerator availability	Available annually
Denominator	
Denominator definition	Adolescents aged 17 years registered with Medicare Australia.
Denominator source	Australian Immunisation Register (AIR)
Denominator availability	Available
Inclusions	All adolescents 17 years of age.
Exclusions	As per inclusions above.
Targets	

	80% for each LHD and NSW as a whole
Context	Although there has been substantial progress in reducing the incidence of vaccine preventable disease in NSW it is an ongoing challenge to ensure optimal coverage
Related Policies/ Programs	National Immunisation Program
Useable data available from	2016
Frequency of Reporting	Quarterly
Time lag to available data	90 days.
Business owners	Health Protection NSW
Contact - Policy	Manager, Immunisation Unit, Health Protection NSW
Contact - Data	Manager, Immunisation Unit, Health Protection NSW
Representation	
Data type	Numeric
Form	Number, presented as a percentage (%)
Representational layout	NNN.NN
Minimum size	4
Maximum size	6
Data domain	
Date effective	
Related National Indicator	N/A

INDICATOR: KF-001 **Previous ID:**	**Aboriginal Maternal Infant Health Services** - Women with Aboriginal babies accessing the service (Number)
Shortened Title	Women with Aboriginal Babies Accessing AMIHS
Service Agreement Type	Improvement Measure
NSW Health Strategic Outcome	3: People are healthy and well
Status	Final
Version number	1.1
Scope	Eligible pregnant women offered an Aboriginal Maternal Infant Health Service
Goal	Maintain current level of service delivery.
Desired outcome	Eligible pregnant women receive an Aboriginal Maternal Infant Health Service
Primary point of collection	Aboriginal Maternal and Infant Health Services
Data Collection Source/System	Aboriginal Maternal and Infant Health Service Data Collection
Primary data source for analysis	eMaternity
Indicator definition	The number of new clients registered in an Aboriginal Maternal Infant Health Service.
Numerator	
Numerator definition	Total number of new clients (pregnant women who identify their baby as Aboriginal) admitted to the Aboriginal Maternal Infant Health Service.
Numerator source	
Numerator availability	
Denominator	
Denominator definition	N/A
Denominator source	
Denominator availability	
Inclusions	Non-Aboriginal women who identify their baby/ies as Aboriginal
Exclusions	Pregnant women who do not identify their baby/ies as Aboriginal
Targets	N/A
Context	The Aboriginal Maternal and Infant Health Service is a community-based maternity service, with a midwife and Aboriginal Health Worker working in partnership with Aboriginal families to provide culturally appropriate and respectful care for Aboriginal women and babies.
Related Policies/ Programs	PD2010_017 Maternal & Child Health Primary Health Care Policy

Useable data available from	2014
Frequency of Reporting	Quarterly
Time lag to available data	3 months
Business owners	**Health and Social Policy Branch**
Contact - Policy	Director, Maternity, Child Youth & Paediatrics
Contact - Data	Director, Maternity, Child Youth & Paediatrics
Representation	
Data type	Numeric
Form	Number
Representational layout	N{7}
Minimum size	2
Maximum size	7
Data domain	N/A
Date effective	
Related National Indicators	
Indicator	N/A
Source	

INDICATOR: KF-002 **Previous ID:**	**Building Strong Foundations** for Aboriginal Children, Families and Communities – Children enrolled (Number)
Shortened Title	Building Strong Foundations – Children enrolled
Service Agreement Type	Improvement Measure
NSW Health Strategic Outcome	3: People are healthy and well
Status	Final
Version number	1.1
Scope	
Goal	Maintain current level of service delivery.
Desired outcome	Aims to ensure that local Aboriginal children and families have improved access to culturally appropriate child and family health care so that Aboriginal children are healthy and ready to learn when they start school.
Primary point of collection	Building Strong Foundations for Aboriginal Communities, Families and Communities Services (child and family health nurses)
Data Collection Source/System	Excel spreadsheet OR CHOC system where LHD has installed the update that includes the extract.
Primary data source for analysis	Excel spreadsheet
Indicator definition	The number of new clients (incident cases) enrolled in the Building Strong Foundations service.
Numerator	
Numerator definition	Total number of new clients (incident cases) enrolled in the Building Strong Foundations service during the reporting period.
Numerator source	Excel spreadsheet
Numerator availability	Quarterly
Denominator	
Denominator definition	N/A
Denominator source	
Denominator availability	
Inclusions	As per the data dictionary provided with the spreadsheet.
Exclusions	As per the data dictionary provided with the spreadsheet.
Targets	As agreed with the Health and Social Policy Branch. The set target is estimated using the data supplied by Services as part of their Annual Report requirements.

Context	Building Strong Foundations provides culturally appropriate early childhood health services for Aboriginal children, birth to school entry age and their families.
Related Policies/ Programs	PD2016_013 Building Strong Foundations (BSF) Program Service Standards
Useable data available from	2015
Frequency of Reporting	Annual
Time lag to available data	12 months
Business owners	**Health and Social Policy Branch**
Contact - Policy	Deborah Matha, Director, Maternity, Child Youth & Paediatrics
Contact - Data	Deborah Matha, Director, Maternity, Child Youth & Paediatrics
Representation	
Data type	Numeric
Form	Number
Representational layout	N{7}
Minimum size	2
Maximum size	7
Data domain	N/A
Date effective	
Related National Indicators	
	N/A

INDICATOR: KS1410 **Previous ID: PH-010A**	**Human Immunodeficiency Virus (HIV) Testing** - Within publicly funded HIV and sexual health services (Variance %)
Shortened Title	HIV Testing
Service Agreement Type	Improvement Measure
NSW Health Strategic Outcome	3: People are healthy and well
Status	Final
Version number	1.21
Scope	All publicly funded HIV, sexual health and other targeted services in NSW
Goal	To achieve the NSW HIV Strategy target of 95% of people living with HIV in NSW being diagnosed.
Desired outcome	To improve case detection and early diagnosis of HIV and reduce late diagnosis.
Primary point of collection	Clinical staff at publicly funded HIV and Sexual Health services
Data Collection Source/System	Multiple data collections and source systems in NSW sexual health and HIV clinical services.
Primary data source for analysis	HIV-STI Clinical Services Database
Indicator definition	The percentage variance from target of HIV tests provided in publicly funded HIV, sexual health, and other targeted services.
Numerator	
Numerator definition	Number of HIV tests provided in publicly funded HIV, sexual health services and other targeted services.
Numerator source	HIV-STI Clinical Services Database
Numerator availability	Quarterly
Denominator	
Denominator definition	Target number of HIV tests expected to be provided in publicly- funded HIV, sexual health services and other targeted services.
Denominator source	N/A
Denominator availability	N/A
Inclusions	Laboratory HIV tests, HIV rapid point of care tests, and HIV dried blood spot tests conducted in publicly funded HIV, sexual health, and other targeted services, including emergency department, drug and alcohol, mental health services and other agreed services.
Exclusions	N/A
Targets	• SLHD – 11,411 • SWSLHD – 4,400 • SESLHD – 27,914

- ISLHD – 1,300
- WSLHD – 5,979
- NBMLHD – 2,040
- NSLHD – 3,569
- CCLHD – 1,250
- HNELHD – 4,569
- NNSWLHD – 1,700
- MNCLHD – 800
- SNSWLHD – 300
- MLHD – 810
- WNSWLHD – 1,100
- FWLHD – 250
- SVHN – 1,700

- Performing: >= LHD target
- Under performing:> 95% but < 100% of LHD target
- Not performing: <= 95% of LHD target

Context	NSW Government has committed to achieve the target of 95% of people living with HIV in NSW have been diagnosed and normalise HIV testing for people at risk. Testing should remain high and well targeted using a range of innovative models in priority settings to priority populations
Related Policies/ Programs	NSW HIV Strategy 2021-2025
Useable data available from	July 2013
Frequency of Reporting	Quarterly
Time lag to available data	Six weeks after quarter ends
Business owners	**Office of the Chief Health Officer**
Contact - Policy	Executive Director, Centre for Population Health
Contact - Data	Director, Population Health Strategy and PMO, CPH
Representation	
Data type	Numeric
Form	Percentage
Representational layout	N{NN}%
Minimum size	1
Maximum size	3
Data domain	N/A
Date effective	June 2022
Related National Indicators	
Indicator	Proportion of gay men who have been tested for HIV in the previous 12 months

Source	Eighth National HIV Strategy –2018 – 2022

INDICATOR: SPH008, SPH009, SPH010, SPH011	**Comprehensive Antenatal Visits** - for all pregnant women before 14 weeks gestation:
Previous IDs: SPH005, SPH006	First comprehensive antenatal visit provided before 14 weeks gestation (%) for all women who: • are Aboriginal (***SPH008***) • are non-Aboriginal with an Aboriginal baby (***SPH009***) • are non-Aboriginal with a non-Aboriginal baby (***SPH010***) • All women (***SPH011***)
Shortened Title	Comprehensive Antenatal Visits
Service Agreement Type	Improvement Measure
NSW Health Strategic Outcome	3: People are healthy and well
Status	Final
Version number	2.1
Scope	All mothers giving birth to babies in NSW
Goal	• To increase the proportion of women giving birth receiving care early in pregnancy. • To increase the proportion of Aboriginal and non-Aboriginal women giving birth to Aboriginal babies receiving care early in pregnancy. • Reduced rates of perinatal mortality, preterm birth and low birth weight in Aboriginal babies.
Version number	1.0
Primary point of collection	NSW Aboriginal Maternal and Infant Health Service midwives, hospitals' midwives and independent midwives.
Data Collection Source/System	• Local Health Districts: eMaternity and Cerner/eMR, MIDISTART, Facility based electronic obstetric systems, Manual collection • Department of Health: MDCOS (Perinatal Data Collection Online System)
Primary data source for analysis	NSW Perinatal Data Collection (SaPHaRI)
Indicator definition	Percentage of women who gave birth where an antenatal visit was reported in the first trimester (up to and including 13 completed weeks), for at least one live or stillborn baby. Aboriginal means reported as Aboriginal or Torres Strait Islander. Birth means live birth or stillbirth First trimester means up to and including 13 completed weeks This indicator is reported for: • Aboriginal women • non-Aboriginal women giving birth to Aboriginal babies • non-Aboriginal women giving birth to non-Aboriginal babies • All women giving birth
Numerator	

Numerator definition	(a) Number of Aboriginal women who gave birth where an antenatal visit was reported in the first trimester (b) Number of non-Aboriginal women who gave birth to an Aboriginal baby where an antenatal visit was reported in the first trimester (c) Number of non-Aboriginal women who gave birth to a non-Aboriginal baby where an antenatal visit was reported in the first trimester (d) Number of women who gave birth where an antenatal visit was reported in the first trimester
Numerator source	NSW Perinatal Data Collection
Numerator availability	Annually
Denominator	
Denominator definition	(a) Number of Aboriginal women who gave birth (b) Number of non-Aboriginal women who gave birth to an Aboriginal baby (c) Number of non-Aboriginal women who gave birth to a non-Aboriginal baby (d) Number of women who gave birth
Denominator source	NSW Perinatal Data Collection
Denominator availability	Annually
Inclusions	Women giving birth to babies in NSW, regardless of their place of residence
Exclusions	Women giving birth outside NSW, who normally reside in NSW
Reporting	
Reporting required by LHDs	Yes
Indicators reported to	Health Statistics NSW
Next report due	Ongoing
Targets	
	LHDs to bring performance to 90% - 100% over 3-5 years
Context	Antenatal visits are well established as a means of improving perinatal outcomes. Social disadvantage and family disruption are continuing effects of government policies that have contributed to Aboriginal peoples having the worst health status of any identifiable group in Australia and the poorest access to services. There is evidence that Aboriginal women attend fewer antenatal visits compared with non-Aboriginal women. National guidelines recommend that the first antenatal visit occur before 10 weeks pregnancy to meet high information needs in early pregnancy and allow arrangements to be made for tests that are most effective early in the pregnancy. The criteria for the first comprehensive antenatal visit can be found in the *Department of Health's Clinical Practice Guidelines: Pregnancy Car*e, Part B, Chapter 8, pages 53-56.
Related Policies/ Programs	2022-24 NSW Implementation Plan on Closing the Gap

	NSW Aboriginal Health Plan 2022-23 COAG Closing the Gap, AHMAC Clinical Practice Guidelines – Antenatal Care (Module 1)
Major existing uses	• Quit for New Life Program Evaluation • Health Statistics NSW
Useable data available from	2012
Frequency of Reporting	Annual
Time lag to available data	Usual: 7 months following the close of the 6-month period ie January for January-June of the previous year, and July for July to December of the previous year.
Business owners	Office of the Chief Health Officer
Contact - Policy	Deb Matha, Director Maternity, Child and Family
Contact - Data	Associate Director, Epidemiology and Biostatistics
Representation	
Data type	Numeric
Form	Number, presented as a percentage (%)
Representational layout	NNN.NN
Minimum size	4
Maximum size	6
Data domain	
Documentation of indicator	
Source	NSW Perinatal Data Collection (SAPHaRI)
Source identification	
Publisher	Centre for Epidemiology and Evidence
Planned review date	2015
Date effective	
Date ineffective	
Related National Indicators	National Indigenous Reform Agreement: PI 09-Antenatal care, 2020 https://meteor.aihw.gov.au/content/718488

INDICATOR: SIC101, SIC102, SIC103, SIC104

Previous IDs: SSA119

Potentially Preventable Hospitalisations (Rate per 100,000)

- Vaccine-preventable conditions (*SIC101*)
- Chronic conditions (*SIC102*)
- Acute conditions (*SIC103*)
- All potentially preventable hospitalisations (*SIC104*)

Shortened Title(s)

- Vaccine Potentially Preventable Hospitalisations
- Chronic Potentially Preventable Hospitalisations
- Acute Potentially Preventable Hospitalisations
- All Potentially Preventable Hospitalisations

Service Agreement Type: Improvement Measure

NSW Health Strategic Outcome: 3: People are healthy and well

Status: Final

Version number: 1.6

Scope: All completed admitted inpatient episodes

Goal: Reduction of hospital admissions for selected conditions

Desired outcome: Improved health and increased independence for people who can be kept well at home, while reducing unnecessary demand on hospital services.

Primary point of collection: Patient Medical Record

Data Collection Source/System: Hospital PAS systems, Admitted Patient Data Collection

Primary data source for analysis: EDW (FACT_AP_SE)

Indicator definition

The number of potentially preventable hospitalisations, expressed as a rate per 100,000, further disaggregated by condition type.

The following are the list of ICD10AM diagnosis codes (applicable for 10th edition) that are to be used for the calculation of this service measure, along with their criteria.

Vaccine-preventable conditions (*SIC101*):

J10	Influenza due to other identified influenza virus	In any diagnosis. Exclude people under 2 months.
J11	Influenza, virus not identified	In any diagnosis. Exclude people under 2 months.
J13	Pneumonia due to *Streptococcus pneumoniae*	In any diagnosis. Exclude people under 2 months.
J14	Pneumonia due to *Haemophilus influenzae*	In any diagnosis. Exclude people under 2 months.
A08.0	Rotaviral enteritis	In any diagnosis.
A35	Other tetanus	In any diagnosis.
A36	Diphtheria	In any diagnosis.

A37	Whooping cough	In any diagnosis.
A80	Acute poliomyelitis	In any diagnosis.
B01	Varicella [chicken pox]	In any diagnosis.
B05	Measles	In any diagnosis.
B06	Rubella [German measles]	In any diagnosis.
B16.1	Acute hepatitis B with delta-agent (coinfection) without hepatic coma	In any diagnosis.
B16.9	Acute hepatitis B without delta-agent and without hepatic coma	In any diagnosis.
B18.0	Chronic viral hepatitis B with delta-agent	In any diagnosis.
B18.1	Chronic viral hepatitis B without delta-agent	In any diagnosis.
B26	Mumps	In any diagnosis.
G00.0	Haemophilus meningitis	In any diagnosis.

Chronic conditions (*SIC102*):

J45	Asthma	As principal diagnosis. Exclude children aged less than 4 years.
J46	Status asthmaticus	As principal diagnosis. Exclude children aged less than 4 years.
I50	Heart failure	As principal diagnosis. Exclude cases with the following cardiac procedure codes: Blocks [600]–[606], [608]–[650], [653]–[657], [660]–[664], [666], [669]–[682], [684]–[691], [693], [705]–[707], [717] and codes 33172-00[715], 33827-01[733], 34800-00[726], 35412-00[11], 38721-01[733], 90217-02[734], 90215-02[732].
I11.0	Hypertensive heart disease with (congestive) heart failure	As principal diagnosis. Exclude cases with the following cardiac procedure codes: Blocks [600]–[606], [608]–[650], [653]–[657], [660]–[664], [666], [669]–[682], [684]–[691], [693], [705]–[707], [717] and codes 33172-00[715], 33827-01[733], 34800-00[726], 35412-00[11], 38721-01[733], 90217-02[734], 90215-02[732].
J81	Pulmonary oedema	As principal diagnosis. Exclude cases with the following cardiac procedure codes: Blocks [600]–[606], [608]–[650], [653]–[657], [660]–[664], [666], [669]–[682], [684]–[691], [693], [705]–[707], [717] and codes 33172-00[715], 33827-01[733], 34800-00[726], 35412-00[11], 38721-01[733], 90217-02[734], 90215-02[732].
E10.0–E10.9	Type 1 diabetes mellitus	As principal diagnosis.
E11.0–E11.9	Type 2 diabetes mellitus	As principal diagnosis.
E13.0–E13.9	Other specified diabetes mellitus	As principal diagnosis.
E14.0–E14.9	Unspecified diabetes mellitus	As principal diagnosis.
J20	Acute bronchitis	As principal diagnosis. Only with additional diagnoses of J41, J42, J43, J44.

J41	Simple and mucopurulent chronic bronchitis	As principal diagnosis.
J42	Unspecified chronic bronchitis	As principal diagnosis.
J43	Emphysema	As principal diagnosis.
J44	Other chronic obstructive pulmonary disease	As principal diagnosis.
J47	Bronchiectasis	As principal diagnosis.
J20	Acute bronchitis	As principal diagnosis. Only with additional diagnosis of J47.
I20	Angina pectoris	As principal diagnosis. Exclude cases according to the list of procedures excluded from the Congestive cardiac failure category above.
I24.0	Coronary thrombosis not resulting in myocardial infarction	As principal diagnosis. Exclude cases according to the list of procedures excluded from the Congestive cardiac failure category above.
I24.8	Other forms of acute ischaemic heart disease	As principal diagnosis. Exclude cases according to the list of procedures excluded from the Congestive cardiac failure category above.
I24.9	Acute ischaemic heart disease, unspecified	As principal diagnosis. Exclude cases according to the list of procedures excluded from the Congestive cardiac failure category above.
D50.1	Sideropenic dysphagia	As principal diagnosis.
D50.8	Other iron deficiency anaemias	As principal diagnosis.
D50.9	Iron deficiency anaemia, unspecified	As principal diagnosis.
I10	Essential (primary) hypertension	As principal diagnosis. Exclude cases with procedure codes according to the list of procedures excluded from the Congestive cardiac failure category above.
I11.9	Hypertensive heart disease without (congestive) heart failure	As principal diagnosis. Exclude cases with procedure codes according to the list of procedures excluded from the Congestive cardiac failure category above.
E40	Kwashiorkor	As principal diagnosis.
E41	Nutritional marasmus	As principal diagnosis.
E42	Marasmic kwashiorkor	As principal diagnosis.
E43	Unspecified severe protein-energy malnutrition	As principal diagnosis.
E55.0	Rickets, active	As principal diagnosis.
I00	Rheumatic fever without mention of heart involvement	As principal diagnosis.
I01	Rheumatic fever with heart involvement	As principal diagnosis.
I02	Rheumatic chorea	As principal diagnosis.
I05	Rheumatic mitral valve diseases	As principal diagnosis.
I06	Rheumatic aortic valve diseases	As principal diagnosis.
I07	Rheumatic tricuspid valve diseases	As principal diagnosis.
I08	Multiple valve diseases	As principal diagnosis.

I09	Other rheumatic heart diseases	As principal diagnosis.

Acute conditions (*SIC103*):

J15.3	Pneumonia due to streptococcus, group B	In any diagnosis. Exclude people under 2 months.
J15.4	Pneumonia due to other streptococci	In any diagnosis. Exclude people under 2 months.
J15.7	Pneumonia due to *Mycoplasma pneumoniae*	In any diagnosis. Exclude people under 2 months.
J16.0	Chlamydial pneumonia	In any diagnosis. Exclude people under 2 months.
N10	Acute tubulo-interstitial nephritis	As principal diagnosis.
N11	Chronic tubulo-interstitial nephritis	As principal diagnosis.
N12	Tubulo-interstitial nephritis, not specified as acute or chronic	As principal diagnosis.
N13.6	Pyonephrosis	As principal diagnosis.
N15.1	Renal and perinephric abscess	As principal diagnosis.
N15.9	Renal tubulo-interstitial disease, unspecified	As principal diagnosis.
N28.9	Disorder of kidney and ureter, unspecified	As principal diagnosis.
N39.0	Urinary tract infection, site not specified	As principal diagnosis.
N39.9	Disorder of urinary system, unspecified	As principal diagnosis.
K25.0	Gastric ulcer, acute with haemorrhage	As principal diagnosis.
K25.1	Gastric ulcer, acute with perforation	As principal diagnosis.
K25.2	Gastric ulcer, acute with both haemorrhage and perforation	As principal diagnosis.
K25.4	Gastric ulcer, chronic or unspecified with haemorrhage	As principal diagnosis.
K25.5	Gastric ulcer, chronic or unspecified with perforation	As principal diagnosis.
K25.6	Gastric ulcer, chronic or unspecified with both haemorrhage and perforation	As principal diagnosis.
K26.0	Duodenal ulcer, acute with haemorrhage	As principal diagnosis.
K26.1	Duodenal ulcer, acute with perforation	As principal diagnosis.
K26.2	Duodenal ulcer, acute with both haemorrhage and perforation	As principal diagnosis.
K26.4	Duodenal ulcer, chronic or unspecified with haemorrhage	As principal diagnosis.
K26.5	Duodenal ulcer, chronic or unspecified with perforation	As principal diagnosis.
K26.6	Duodenal ulcer, chronic or unspecified with both haemorrhage and perforation	As principal diagnosis.
K27.0	Peptic ulcer, site unspecified, acute with haemorrhage	As principal diagnosis.
K27.1	Peptic ulcer, site unspecified, acute with perforation	As principal diagnosis.
K27.2	Peptic ulcer, site unspecified, acute with both haemorrhage and perforation	As principal diagnosis.
K27.4	Peptic ulcer, site unspecified, chronic or unspecified with haemorrhage	As principal diagnosis.
K27.5	Peptic ulcer, site unspecified, chronic or unspecified with perforation	As principal diagnosis.
K27.6	Peptic ulcer, site unspecified, chronic or unspecified with both haemorrhage and perforation	As principal diagnosis.
K28.0	Gastrojejunal ulcer, acute with haemorrhage	As principal diagnosis.

K28.1	Gastrojejunal ulcer, acute with perforation	As principal diagnosis.
K28.2	Gastrojejunal ulcer, acute with both haemorrhage and perforation	As principal diagnosis.
K28.4	Gastrojejunal ulcer, chronic or unspecified with haemorrhage	As principal diagnosis.
K28.5	Gastrojejunal ulcer, chronic or unspecified with perforation	As principal diagnosis.
K28.6	Gastrojejunal ulcer, chronic or unspecified with both haemorrhage and perforation	As principal diagnosis.
L02	Cutaneous abscess, furuncle and carbuncle	As principal diagnosis. Exclude cases with any procedure except those in blocks [1820] to [2016], or if procedure is 30216-00[1604], 30216-01[1604], 30216-02[1604], 30676-00[1659], 30223-01[1606], 30223-02[1606], 30064-00[1605], 90660-00[1602], 90661-00[1608], and this is the only listed procedure.
L03	Cellulitis	As principal diagnosis. Exclude cases with any procedure except those in blocks [1820] to [2016], or if procedure is 30216-00[1604], 30216-01[1604], 30216-02[1604], 30676-00[1659], 30223-01[1606], 30223-02[1606], 30064-00[1605], 90660-00[1602], 90661-00[1608], and this is the only listed procedure.
L04	Acute lymphadenitis	As principal diagnosis. Exclude cases with any procedure except those in blocks [1820] to [2016], or if procedure is 30216-00[1604], 30216-01[1604], 30216-02[1604], 30676-00[1659], 30223-01[1606], 30223-02[1606], 30064-00[1605], 90660-00[1602], 90661-00[1608], and this is the only listed procedure.
L08	Other local infections of skin and subcutaneous tissue	As principal diagnosis. Exclude cases with any procedure except those in blocks [1820] to [2016], or if procedure is 30216-00[1604], 30216-01[1604], 30216-02[1604], 30676-00[1659], 30223-01[1606], 30223-02[1606], 30064-00[1605], 90660-00[1602], 90661-00[1608], and this is the only listed procedure.
L88	Pyoderma gangrenosum	As principal diagnosis. Exclude cases with any procedure except those in blocks [1820] to [2016], or if procedure is 30216-00[1604], 30216-01[1604], 30216-02[1604], 30676-00[1659], 30223-01[1606], 30223-02[1606], 30064-00[1605], 90660-00[1602], 90661-00[1608], and this is the only listed procedure.
L98.0	Pyogenic granuloma	As principal diagnosis. Exclude cases with any procedure except those in blocks [1820] to [2016], or if procedure is 30216-00[1604], 30216-01[1604], 30216-02[1604], 30676-00[1659], 30223-01[1606], 30223-02[1606], 30064-00[1605], 90660-00[1602], 90661-00[1608], and this is the only listed procedure.
L98.3	Eosinophilic cellulitis [Wells]	As principal diagnosis.

		Exclude cases with any procedure except those in blocks [1820] to [2016], or if procedure is 30216-00[1604], 30216-01[1604], 30216-02[1604], 30676-00[1659], 30223-01[1606], 30223-02[1606], 30064-00[1605], 90660-00[1602], 90661-00[1608], and this is the only listed procedure.
N70	Salpingitis and oophoritis	As principal diagnosis.
N73	Other female pelvic inflammatory diseases	As principal diagnosis.
N74	Female pelvic inflammatory disorders in diseases classified elsewhere	As principal diagnosis.
H66	Suppurative and unspecified otitis media	As principal diagnosis.
J02	Acute pharyngitis	As principal diagnosis.
J03	Acute tonsillitis	As principal diagnosis.
J06	Acute upper respiratory infections of multiple and unspecified sites	As principal diagnosis.
J31.2	Chronic pharyngitis	As principal diagnosis.
K02	Dental caries	As principal diagnosis.
K03	Other diseases of hard tissues of teeth	As principal diagnosis.
K04	Diseases of pulp and periapical tissues	As principal diagnosis.
K05	Gingivitis and periodontal diseases	As principal diagnosis.
K06	Other disorders of gingiva and edentulous alveolar ridge	As principal diagnosis.
K08	Other disorders of teeth and supporting structures	As principal diagnosis.
K09.8	Other cysts of oral region, not elsewhere classified	As principal diagnosis.
K09.9	Cyst of oral region, unspecified	As principal diagnosis.
K12	Stomatitis and related lesions	As principal diagnosis.
K13	Other diseases of lip and oral mucosa	As principal diagnosis.
K14.0	Glossitis	As principal diagnosis.
G40	Epilepsy	As principal diagnosis.
G41	Status epilepticus	As principal diagnosis.
R56	Convulsions, not elsewhere classified	As principal diagnosis.
O15	Eclampsia	As principal diagnosis.
R02	Gangrene, not elsewhere classified	In any diagnosis.
I70.24	Atherosclerosis of arteries of extremities with gangrene	As principal diagnosis.
E09.52	Intermediate hyperglycaemia with peripheral angiopathy, with gangrene	As principal diagnosis.

Numerator

Numerator definition	Total number of completed potentially preventable inpatient service events in a financial year, further disaggregated by condition type.
Numerator source	EDW (Admitted Patient Data Collection)
Numerator availability	Available

Denominator

Denominator definition	Total estimated resident population of the Local Health District / NSW
Denominator source	ABS; Strategic Reform and Planning
Denominator availability	

Inclusions	• As listed above • Hospital in the Home (HiTH) episodes are included.
Exclusions	As listed above
Targets	N/A
Context	Admission to hospital for a condition where the hospitalisation could have potentially been prevented through the provision of appropriate individualised preventative health interventions and early disease management usually delivered in primary care and community-based care settings (including by general practitioners, medical specialists, dentists, nurses and allied health professionals). For example, hospitalisations for conditions such as measles and tetanus can be prevented by primary health care through vaccination to prevent the conditions from occurring. Hospitalisations for patients presenting with acute pharyngitis can be prevented through timely treatment in primary health care settings using antibiotics, and hospitalisations for diabetes complications can be prevented through appropriate, long-term management of diabetes by primary and community health practitioners. The above definition excludes conditions that are preventable predominately through population health interventions, such as those for clean air and water.
Related Policies/ Programs	
Useable data available from	2000/01
Frequency of Reporting	Monthly
Time lag to available data	2 months to allow for coding to be completed.
Business owners	System Performance Support
Contact - Policy	Executive Director, System Performance Support
Contact - Data	Executive Director, System Information and Analytics
Representation	
Data type	Decimal
Form	Number, presented as a rate per 100,000 population
Representational layout	NN[NN].N
Minimum size	4
Maximum size	6
Data domain	
Date effective	1 July 2015

Related National Indicator	National Healthcare Agreement: PI 18–Selected potentially preventable hospitalisations, 2020 Meteor ID: 716530 https://meteor.aihw.gov.au/content/index.phtml/itemId/716530

INDICATOR: IM22-007 **Previous ID:**	**Potentially Preventable Medical Hospitalisations in Mental Health Consumers (rate person-years)**
Shortened Title	Potentially Preventable Hospitalisations, Mental Health Consumers (All) Potentially Preventable Hospitalisations, Mental Health Consumers (Aboriginal)
Service Agreement Type	Improvement measure
NSW Strategic Health Outcome	3: People are healthy and well
Status	Final
Version number	1.1
Scope	Admitted Patient service events of care in NSW public hospitals
Goal	Reduction of hospital admission for selected conditions for mental health consumers
Desired outcome	• Improved patient care experience and satisfaction • Improved efficiency of Hospital services • strengthen the care provided to people in the community • keep people healthier in the long-term
Primary point of collection	Hospital PAS system, Admitted patient Data Collection
Data Collection Source/System	Admitted Patient Data Collection
Primary data source for analysis	Enterprise Data Warehouse (EDW)
Indicator definition	Rate of potentially preventable hospitalisations per 1000 person-years in NSW for active community mental health consumers, disaggregated by Aboriginality Status.
Numerator	
Numerator definition	Completed inpatient episodes (separations) with a potentially preventable condition for active community mental health clients during the reporting period, disaggregated by Aboriginality Status. Potentially preventable conditions are defined by the AIHW, and are listed on the AIHW's METeOR website: https://meteor.aihw.gov.au/content/index.phtml/itemId/716530
Numerator source	EDW (Admitted Patient Data Collection)
Numerator availability	Available
Denominator	
Denominator definition	Active community mental health client person-years during the reporting period, disaggregated by Aboriginality Status.

Denominator source	EDW (CHAMB)
Denominator availability	Available
Inclusions	Admitted Patient component: all admitted patient service events (SE_TYPE_CD = '2') that were completed in NSW public hospitals during the reporting period. Community component: identified individual clients with an active episode of community care in the reporting period, defined as a community care encounter ending in the reporting period or remaining open at the end of the reporting period and with a minimum care duration (time from first to last client-present contact within the episode) of 7 days.
Exclusions	• Admitted patient component of the numerator excludes: ○ Unit type is 17 or 58 and no other episodes in that stay (ED Only) (EDW: HEALTH_SERVICE_WARD_PRIMARY_BED_TYPE_CD = 17 or 58) ○ Episode of care type 2 (Rehabilitation) (EDW: SE_SERVICE_CATEGORY_CD = 2) ○ Unit type on admission 25, 26 and 28 (Hospital in the Home) (EDW: HEALTH_SERVICE_WARD_PRIMARY_BED_TYPE_CD = 25, 26 and 28) ○ Facility identifier = B226 (EDW: OSP_ID = 3015234) ○ Area identifier is X170 or X921 (EDW: OSP_ID = 1000170 or 1000921) ○ Episode length of stay > 120 • Denominator excludes ○ Unidentified clients ○ Contacts by community teams where the service setting is hospital ○ Service recipient type not individual identified ('1','2','3') ○ Contacts where the client is not present ○ Brief community episodes where encounter duration less than 7 days (span from first to last client-present contact in the encounter).
Context	Mental health service users have reduced life expectancy, partly due to increased rates of chronic medical illness. Health system factors including access to primary care and integration between general health and mental health services contribute to this. Avoidable hospital admissions reflect these health system processes.
Related Policies/ Programs	• Premier's Priority NSW (https://www.nsw.gov.au/premiers-priorities/improving-outpatient-and-community-care) and NSW Health Strategic Framework for Integrated Care (https://www.health.nsw.gov.au/integratedcare/Publications/strategic-framework-for-integrating-care.PDF) • Physical Health Care for People Living with Mental Health Issues, GL2021_06 (https://www1.health.nsw.gov.au/pds/Pages/doc.aspx?dn=GL2021_006)

	• Equally Well Consensus Statement (https://www.equallywell.org.au/wp-content/uploads/2018/12/Equally-Well-National-Consensus-Booklet-47537.pdf)
Useable data available from	Following EDW transition of CHAMB data
Frequency of Reporting	Quarterly
Time lag to available data	3 months
Business owners	
Contact – Policy	Executive Director, Mental Health Branch
Contact – Data	Executive Director, System Information and Analytics Branch (MOH-SystemsInformationAndAnalytics@health.nsw.gov.au)
Representation	
Data type	Numeric
Form	Number, Rate
Representational layout	NNN.N
Minimum size	3
Maximum size	5
Data domain	
Date effective	1 July 2022
Related National Indicators	National Healthcare Agreement: PI 18–Selected potentially preventable hospitalisations, 2020 Meteor ID: 716530 https://meteor.aihw.gov.au/content/index.phtml/itemId/716530

INDICATOR: KF-0081 **Previous ID:**	**New Street Services – Primary clients completing treatment (%)**

Shortened Title	New Street Services – Primary clients completing treatment
Service Agreement Type	Improvement Measure
NSW Health Strategic Outcome	3: People are healthy and well
Status	Final
Version number	1.11
Goal	To maintain a high rate of treatment completion to reduce repeat harm rates.
Desired outcome	Reduction in repeat harm rates.
Primary point of collection	NSW Health New Street Service providers in Local Health Districts.
Data Collection Source/System	MS Word reporting template
Primary data source for analysis	NSW Health New Street Service providers in Local Health Districts.
Indicator definition	The percentage of primary clients discharged from the New Street Services program with treatment complete as reason for case closure.
Numerator	
Numerator definition	The number of primary clients discharged within the reporting period from the New Street Services program with treatment complete as reason for case closure.
Numerator source	MS Word reporting template
Numerator availability	Quarterly
Denominator	
Denominator definition	The number of primary clients discharged within the reporting period from the New Street Services program.
Denominator source	
Denominator availability	
Inclusions	Primary clients with harmful sexual behaviours presenting in the following LHDs: • Illawarra Shoalhaven LHD • Western Sydney LHD • Hunter New England LHD • Western NSW LHD • South Western Sydney LHD • Mid North Coast LHD • Southern NSW LHD • Murrumbidgee LHD • Northern NSW LHD

	• Central Coast LHD • Far West LHD
Exclusions	Other family members of the primary client. Services to children with high and complex needs under separate contract with NSW Family and Community Services (Applies to New Street Sydney only).
Targets	90%
Context	Research shows clients who do not complete treatment have the highest repeat harm rates. Laing, L., Tolliday, D., Kelk, N., & Law, B. (2014). Recidivism following community
Related Policies/ Programs	
Useable data available from	2017
Frequency of Reporting	Quarterly
Time lag to available data	2 – 4 weeks
Business owners	**Government Relations Branch**
Contact - Policy	Director, Prevention and Response to Violence, Abuse, and Neglect Unit
Contact - Data	Senior Analyst, Data Management – Prevention and Response to Violence, Abuse, and Neglect Unit
Representation	
Data type	Numeric
Form	Number
Representational layout	NNN
Minimum size	1
Maximum size	3
Data domain	N/A
Date effective	1 July 2017
Related National Indicators	
Indicator	N/A
Source	

INDICATOR: KF-007 **Previous ID:**	**Out of Home Care Health Pathway Program** - Children and young people enrolled in the Program completing a primary health assessment within 30 days of referral to the Program (%)

Shortened Title	Out of Home Care Health Pathway Program
Service Agreement Type	Improvement Measure
NSW Health Strategic Outcome	3: People are healthy and well
Status	Final
Version number	2.1
Scope	All children and young people entering statutory out of home care
Goal	Children and young people entering statutory out of home care receive appropriate health care assessment and follow up.
Desired outcome	That all children and young people who enter statutory Out Of Home Care receive a timely, coordinated assessment of their health, development and wellbeing, a health management plan and interventions and reviews as identified through the Health Pathway Program process.
Primary point of collection	NSW Health Out of Home Care service providers in Local Health Districts
Data Collection Source/System	Local Health Districts: CHOC, CHIME
Primary data source for analysis	Out of Home Care Health Pathway Report
Indicator definition	Percentage of eligible children and young people (in Statutory Out of Home Care) referred onto the Out of Home Care Health Pathway Program that complete a primary health assessment within 30 days of referral to the Program.
Numerator	
Numerator definition	Number of eligible referrals to the Health Pathway Program that were referred in the reporting period that complete a primary (2a) health assessment within 30 days of referral to the Program. The reporting period refers to a standard reporting quarter i.e. Q1 Jul-Sept, Q2 Oct-Dec, Q3 Jan-Mar, Q4 Apr-June)
Numerator source	Out of Home Care Health Pathway Report
Numerator availability	Quarterly
Denominator	
Denominator definition	Number of eligible referrals to the OOHC Health Pathway Program received by the LHD in the reporting period (the 'reporting period' refers to a standard reporting quarter i.e. Q1 Jul-Sept, Q2 Oct-Dec, Q3 Jan-Mar, Q4 Apr-June).
Denominator source	Out of Home Care Pathway Report
Denominator availability	Quarterly

Inclusions	All eligible referrals received by the LHD for children and young people entering Statutory Out of Home Care to the Health Pathway Program
Exclusions	Children and young people who are not in Statutory Out of Home Care
Targets	100% • Performing: >= 90% - 100% • Under Performing: >= 85% and < 90% • Not Performing: < 85%
Context	The Out of Home Care model pathway, the agreed state-wide framework for providing timely and coordinated health services for children and young people in OOHC, states that all children and young people entering the pathway should receive a primary health assessment (2a). This is consistent with the "*National Clinical Assessment Framework for children and young people in Out of Home Care*".
Related Policies/ Programs	NSW Health Out of Home Care Health Pathway Program
Useable data available from	Out of Home Care Health Pathway Reports - HSPB
Frequency of Reporting	Quarterly
Time lag to available data	8 weeks
Business owners	**Health and Social Policy Branch**
Contact - Policy	Director, Disability Youth and Paediatric Health Unit, Health and Social Policy Branch
Contact - Data	Director, Disability Youth and Paediatric Health Unit, Health and Social Policy Branch
Representation	
Data type	Numeric
Form	Number presented as percentage (%)
Representational layout	NNN.N
Minimum size	2
Maximum size	4
Data domain	N/A
Date effective	July 2010
Related National Indicators	
	N/A

INDICATOR: KF-0083 **Previous ID:**	**Children under 10 with problematic or harmful sexual behaviour** - new clients who receive an initial assessment (Number)
Shortened Title	Children under 10 with problematic or harmful sexual behaviour
Service Agreement Type	Improvement Measure
NSW Health Strategic Outcome	3: People are healthy and well
Status	Final
Version number	1.1
Goal	Increase service provision for children under 10 with problematic or harmful sexual behaviour
Desired outcome	Reduction in children under 10 displaying problematic or harmful sexual behaviour
Primary point of collection	NSW Health Sexual Assault Service or Violence, Abuse & Neglect service providers in Local Health Districts/Specialty Networks
Data Collection Source/System	Cerner/eMR, CHIME
Primary data source for analysis	VAN Service Event Form Extract – Submission Version. Non-Admitted Patient Data Collection (Hunter New England Local Health District)..
Indicator definition	The number of children under the age of 10 years who are referred to services and receive an initial assessment.
Numerator	
Numerator definition	The number of children under the age of 10 years with problematic or harmful sexual behaviour who receive an initial assessment.
Numerator source	Cerner/eMR, CHIME
Numerator availability	Quarterly
Denominator	
Denominator definition	N/A
Denominator source	
Denominator availability	
Inclusions	• Children under the age of 10 years with problematic or harmful sexual behaviour who are referred to NSW Health Sexual Assault Service or Violence, Abuse & Neglect service providers in Local Health Districts/Specialty Networks. • The following LHDs are expected to have the VAN Service Event Form Extract: Central Coast, Far West, Illawarra Shoalhaven, Mid North Coast, Murrumbidgee, Nepean Blue Mountains, Northern NSW, Northern Sydney, Sydney, South Eastern Sydney, South Western Sydney, Southern NSW, Sydney Children's Hospitals Network, Western NSW, Western Sydney, Sydney, South Western Sydney, Sydney Children's Hospitals Network.

	• Hunter New England will have data derived from the Non-Admitted Patient Data Collection through EDWARD where the VAN Service Event Form Extract is unavailable.
Exclusions	• Other family members of the child client • St. Vincent's Health Network
Targets	Increase current level of service delivery
Context	
Useable data available from	2021
Frequency of Reporting	Quarterly
Time lag to available data	2 weeks
Business owners	**Government Relations Branch**
Contact - Policy	Director, Prevention and Response to Violence, Abuse, and Neglect Unit
Contact - Data	Senior Analyst, Data Management – Prevention and Response to Violence, Abuse, and Neglect Unit
Representation	
Data type	Numeric
Form	Number
Representational layout	NNN
Minimum size	1
Maximum size	3
Data domain	N/A
Date effective	1 July 2019
Related National Indicators	
Indicator	N/A
Source	

INDICATOR: KF-004-a **Previous ID:**	**Child Protection Counselling Services** - clients seen in person (Number)
Shortened Title	Child Protection Counselling Service –clients seen in person
Service Agreement Type	Improvement Measure
NSW Health Strategic Outcome	3: People are healthy and well
Status	Final
Version number	1.0
Goal	Maintain current level of service delivery.
Desired outcome	Reduction in repeat harm rates
Primary point of collection	Non-admitted patient services under the Establishment Type 32.37 Child Protection Counselling Allied Health / Nursing Unit
Data Collection Source/System	Cerner CHOC, CHIME, iPM
Primary data source for analysis	EDWARD Non-admitted Patient Data Mart
Indicator definition	The total number of unique clients (individuals) by Local Health District who are provided service events with the service contact mode of 'In Person' during the reporting period.
Numerator	
Numerator definition	The total number of unique clients (individuals) who are provided service events with the service contact mode of 'In Person' during the reporting period.
Numerator source	EDWARD Non-admitted Patient Data Mart
Numerator availability	Quarterly
Denominator	
Denominator definition	N/A
Denominator source	
Denominator availability	
Inclusions	All individuals referred to a Child Protection Counselling Service.
Exclusions	
Targets	Maintain current level of service delivery
Context	The NSW Health Child Protection Counselling Service provides specialist counselling and casework services to children, young people and their families, referred by Community Services, where abuse and neglect, including exposure to domestic violence have occurred.
Related Policies/ Programs	Child Protection Counselling Services Policy and Procedures (PD2019_014) Child Wellbeing and Child Protection Policies and Procedures for NSW Health (PD2013_007).

Useable data available from	2016
Frequency of Reporting	Quarterly
Time lag to available data	
Business owners	**Government Relations Branch**
Contact - Policy	Director, Prevention and Response to Violence, Abuse, and Neglect Unit
Contact - Data	Senior Analyst, Data Management – Prevention and Response to Violence, Abuse, and Neglect Unit
Representation	
Data type	Numeric
Form	Number
Representational layout	NNN
Minimum size	1
Maximum size	3
Data domain	N/A
Date effective	1 July 2020
Related National Indicators	
Indicator	N/A
Source	

INDICATOR: MS3601a **Previous ID:**	**Joint Child Protection Response Program - Health Attendances** – Local Planning and Response briefings attended by Joint Child Protection Response Health Clinicians (%)

Shortened Title	Joint Child Protection Response Program (JCPRP) - Health Attendances
Service Agreement Type	Improvement Measure
NSW Health Strategic Outcome	3: People are healthy and well
Status	Final
Version number	1.0
Goal	Monitor the proportion of Local Planning and Response briefings that involve JCPRP Health clinicians.
Desired outcome	JCPRP Health clinicians are included in tri-agency Local Planning and Response briefings with the NSW Police Force and the Department of Communities and Justice
Primary point of collection	NSW Health JCPRP Senior Health Clinicians and Health Clinicians
Data Collection Source/System	ChildStory
Primary data source for analysis	ChildStory Health LPR Debriefings Report
Indicator definition	Percentage of Local Planning and Response briefings attended by Joint Child Protection Response Health Clinicians
Numerator	
Numerator definition	The number of Local Planning and Response briefings within the reporting period attended by Joint Child Protection Response Health Clinicians (as evidenced by Health Clinicians updating records)
Numerator source	ChildStory
Numerator availability	Quarterly
Denominator	
Denominator definition	The number of Local Planning and Response briefings commenced within the reporting period
Denominator source	ChildStory
Denominator availability	Quarterly
Inclusions	Local Planning and Response Briefings for clients who are victims of sexual assault, physical abuse, or neglect.
Exclusions	Local Planning and Response Debriefings
Targets	80%

Context	NSW Health is responsible for providing an integrated medical and psycho-social response to JCPRP clients who are victims of sexual assault, serious physical abuse and extreme neglect. A small team of clinicians is employed to work in the Joint Referral Unit (JRU) on joint decision-making around intake to JCPRP. JRU Health staff work closely with health services to provide timely health information about JCPRP clients and to arrange urgent health service provision where required. NSW Health also employs clinicians in the 22 JCPRP units around NSW where they work with the partner agencies on local planning and coordinated service responses for JCPRP clients. Each agency has specialised knowledge and expertise in their area of work and has responsibilities under the Children and Young Persons (Care and Protection) Act 1998 (the Care Act).
Related Policies/ Programs	
Useable data available from	2019
Frequency of Reporting	Quarterly
Time lag to available data	
Business owners	**Government Relations Branch**
Contact - Policy	Director, Prevention and Response to Violence, Abuse, and Neglect Unit
Contact - Data	Senior Analyst, Data Management – Prevention and Response to Violence, Abuse, and Neglect Unit
Representation	
Data type	Numeric
Form	Number
Representational layout	NNN
Minimum size	1
Maximum size	3
Data domain	N/A
Date effective	1 July 2020
Related National Indicators	
Indicator	N/A

INDICATOR: IM21-001	**Timely Integrated Response** – Provided for victims of sexual assault or abuse (%)
Previous ID:	

Shortened Name	Sexual Assault Integrated Response
Service Agreement Type	Improvement Measure
NSW Health Strategic Outcome	3: People are healthy and well
Status	Final
Version number	1.01
Scope	All victims of sexual assault or abuse receiving service responses from NSW Health Sexual Assault Services.
Goal	Ensure that NSW Health Sexual Assault or Violence Abuse & Neglect Services provide timely 24 hour integrated psychosocial, medical and forensic crisis responses for both adults and children.
Desired outcome	Victims of sexual assault are provided a timely integrated psychosocial and medical and forensic crisis response.
Primary point of collection	NSW Health Sexual Assault or Violence Abuse & Neglect Services.
Data Collection Source/System	Cerner/eMR, CHIME
Primary data source for analysis	VAN Service Event Form Extract – Submission Version. Aggregated report, where available.
Indicator definition	The percentage of victims of sexual assault or abuse receiving a timely* integrated crisis response. *Timely is defined as within 1 hour of request for a crisis response; and within 2 hours of request for a medical examination or a medical and forensic examination.

Numerator

Numerator definition	The number of victims of sexual assault or abuse receiving crisis management/support, or medical examinations, or medical and forensic examinations from a NSW Health Sexual Assault or Violence Abuse & Neglect Service in a timely* manner. *Timely is defined as within 1 hour of request for a crisis response; and within 2 hours of request for a medical examination or a medical and forensic examination.
Numerator source	Cerner/eMR, CHIME
Numerator availability	Quarterly

Denominator

Denominator definition	The number of victims of sexual assault or abuse receiving crisis management/support, or medical examinations, or medical and forensic examinations from a NSW Health Sexual Assault or Violence Abuse & Neglect Service during the reporting period.
Denominator source	Cerner/eMR, CHIME

Denominator availability	Quarterly
Inclusions	The following LHDs are expected to have the VAN Service Event Form Extract: Central Coast, Far West, Illawarra Shoalhaven, Mid North Coast, Murrumbidgee, Nepean Blue Mountains, Northern NSW, Northern Sydney, South Eastern Sydney, Southern NSW, Western NSW, Western Sydney, Sydney, South Western Sydney, Sydney Children's Hospitals Network. The following LHDs/SCHN can report aggregated data where this is available from source systems, and the VAN Service Event Form Extract is unavailable: Hunter New England.
Exclusions	• St. Vincent's Health Network. • Medical or medical and forensic examinations exclude those performed using early evidence kits.

Targets

Rural/Regional	Metropolitan
Performing: ≥ 80%	Performing: ≥ 80%
Under performing: ≥ 60% < 80%	Under performing: ≥ 70% < 80%
Not performing: < 60%	Not performing: < 70%

Context	NSW Health has a network of specialist Sexual Assault Services (SAS) and Violence Abuse & Neglect (VAN) Services delivered by local health districts and specialty health networks. Every district has a SAS or VAN Service that operates 24 hours a day, seven days a week. SAS and VAN Services provide responses to clients/patients and their families/significant others, professionals and communities. There are three key elements of an integrated SAS crisis response: 1. Coordinating the overall care commencing with an initial assessment 2. Providing crisis counselling, information, support, advocacy and referral 3. Providing medical and forensic services. An integrated crisis response is where a psychosocial responder and a medical and forensic examiner work in partnership to address the immediate psychosocial, emotional, and medical and forensic needs of a person who has been sexually assaulted. The key focus of this intervention is the health, safety and wellbeing of the person who has been sexually assaulted. A 100% target is not feasible as some clients may decline the service response, are unable to participate, or are unable to be contacted.
Related Policies/ Programs	Responding to Sexual Assault (Adult and Child) Policy and Procedures
Useable data available from	July 2021
Frequency of Reporting	Quarterly
Time lag to available data	2 weeks
Business owners	Government Relations Branch
Contact - Policy	Director, Prevention and Response to Violence, Abuse and Neglect Unit
Contact - Data	Senior Analyst, Data Management (PARVAN)

Representation

Data type	Numeric
Form	Number, presented as a percentage (%)
Representational layout	NN.N
Minimum size	3
Maximum size	4
Data domain	N/A
Date effective	July 2021

Related National Indicators

Indicator: N/A

INDICATOR: IM21-002 **Previous IDs:**	**Child Abuse and Sexual Assault Clinical Advice Line (CASACAL)** - calls made to Child Protection Units via the CASACAL number (%)
Shortened Title	Calls made via CASACAL.
Service Agreement Type	Improvement Measure.
NSW Health Strategic Outcome	3: People are healthy and well
Status	Final
Version number	1.0
Scope	NSW Health clinicians providing medical and forensic examinations for children and young people who present to NSW Health services and are suspected victims or victims of sexual assault, child abuse or neglect.
Goal	Monitor the use of a statewide clinical advice line for clinicians providing medical and forensic examinations for children and young people who are victims or suspected victims of sexual assault, child abuse or neglect.
Desired outcome	Improve the quality and timeliness of medical and forensic examinations for children and young people who are victims or suspected victims of sexual assault, child abuse or neglect.
Primary point of collection	Child Protection Units/Service
Data Collection Source/System	Excel and Access database (Westmead)
Primary data source for analysis	Excel
Indicator definition	% of all calls to Child Protection Units/Service that are made by LHDs via the CASACAL number.
Numerator	
Numerator definition	Number of calls made to Child Protection Units/Service for advice and support using the CASACAL number.
Numerator source	Child Protection Units' CASACAL data collection
Numerator availability	Data is available monthly from March 2019.
Denominator	
Denominator definition	Total number of calls made to Child Protection Units for advice and support.
Denominator source	Child Protection Units' CASACAL data collection
Denominator availability	Data is available monthly from the Child Protection Units' CASACAL data collection from March 2019.
Inclusions	All NSW Health Clinicians undertaking medical and forensic examinations with children and young people.
Exclusions	Non-NSW Health staff

Targets	
	Performing: ≥ 70% Under performing: ≥ 60% < 70% Not performing: < 60%
Context	CASACAL is a specialist telephone advice line. Consultants working in Child Protection Units (CPUs) in SCHN and Hunter New England Local Health District (HNE LHD) provide 24/7 expert advice to clinicians across NSW who are providing medical and forensic care to children and young people who are victims or suspected victims of sexual assault, physical abuse or neglect.
Related Policies/ Programs	Child Abuse and Sexual Assault Clinical Advice Line
Useable data available from	March 2019
Frequency of Reporting	Monthly
Time lag to available data	2 weeks
Business owners	Government Relations Branch
Contact - Policy	Director, Prevention and Response to Violence, Abuse and Neglect (PARVAN)
Contact - Data	Senior Analyst, Monitoring and Evaluation (PARVAN)
Representation	
Data type	Numeric.
Form	Number, presented as a percentage (%)
Representational layout	NN.N
Minimum size	3
Maximum size	4
Data domain	N/A
Date effective	March 2019.
Related National Indicator	N/A

INDICATOR: MS1403	**Hepatitis C Treatment Initiated by a GP** (%)
Previous IDs: MS1401, MS1402, PH-014C	Proportion of LHD residents initiating hepatitis C treatment whose prescriber was a General Practitioner
Shortened Title	Hepatitis C Treatment Initiated by a GP
Service Agreement Type	Improvement Measure
NSW Health Strategic Outcome	3: People are healthy and well
Status	Final
Version number	1.11
Scope	All NSW residents with chronic hepatitis C prescribed direct acting antiviral treatments listed under the Pharmaceutical Benefits Scheme (PBS) from 1 March 2016.
Goal	To improve the health outcomes of people living with hepatitis C in NSW by providing treatment in a range of settings which can prevent the development of the major life-threatening complications of chronic liver disease including cirrhosis and liver cancer.
Desired outcome	Increase the number of people with chronic hepatitis C accessing hepatitis C treatment in NSW; and increase the proportion of people treated through primary care models.
Primary point of collection	Pharmaceutical Benefits Scheme (PBS).
Data Collection Source/System	PBS Highly Specialised Drugs Program data and Repatriation PBS data prepared by the Commonwealth Department of Health for the NSW Ministry of Health.
Primary data source for analysis	PBS data extract provided quarterly by the Commonwealth Department of Health (with an eight-week time lag as the PBS closes off the data six weeks post the relevant quarter)
Indicator definition	The percentage of LHD residents initiating hepatitis C direct acting antiviral treatment whose prescriber was a General Practitioner.
Numerator	
Numerator definition	Total number of LHD residents with chronic hepatitis C initiating hepatitis C direct acting antiviral treatment listed under the PBS whose prescriber was a General Practitioner.
Numerator source	PBS Highly Specialised Drugs Program data and Repatriation PBS data prepared by the Commonwealth Department of Health
Numerator availability	Quarterly
Denominator	
Denominator definition	Total number of LHD residents with chronic hepatitis C dispensed hepatitis C direct acting antiviral treatment listed under the PBS.

Denominator source	PBS Highly Specialised Drugs Program data and Repatriation PBS data prepared by the Commonwealth Department of Health
Denominator availability	Quarterly
Inclusions	• NSW residents • PBS dispensing from public hospitals, private hospitals, or community pharmacies. • Hepatitis C direct acting antiviral treatments available through the PBS from 1 March 2016.
Exclusions	• Non-PBS dispensing • People accessing treatment through other sources, including overseas purchase and clinical trials • Patients who were treated with 'old' interferon treatments prior to 1 March 2016.
Targets	Increase from previous year • Performing: Increase from previous year • Under performing: No change • Not performing: Increase from previous year
Context	The NSW Government is committed to increasing the number of people accessing hepatitis C treatment by 100% over the lifetime of the NSW Hepatitis C Strategy 2014-2020 (The target was set with a note of it being subject to change once new treatments became available). The strategy includes a priority to increase the proportion of people treated through primary care models.
Related Policies/ Programs	NSW Hepatitis C Strategy 2014 – 2020 Fifth National Hepatitis C Strategy 2018-2022
Useable data available from	1 March 2016
Frequency of Reporting	Quarterly
Time lag to available data	Within eight-week the time lag is because the PBS closes off the data six weeks post the relevant quarter prior to providing to the Centre for Population Health for Analysis.
Business owners	Office of the Chief Health Officer
Contact - Policy	Centre for Population Health
Contact - Data	Manager, Hepatitis Program Centre for Population Health
Representation	
Data type	Numeric
Form	Number
Representational layout	NN{NNNN}
Minimum size	2

Maximum size	6
Data domain	N/A
Date effective	July 2022
Related National Indicators	N/A

INDICATOR: IM21-003	**First 2000 Days Framework:** Families with a new baby receive a 6-8 week health check (%)
Shortened Title	First 2000 Days Framework 6-8 week health check
Service Agreement Type	Improvement Measure
NSW Health Strategic Outcome	3: People are healthy and well
Status	Final
Version number	1.0
Scope	Families with a new baby.
Goal	Universal Child Health Engagement: Early engagement with families in the postnatal period to maximise ongoing child and family health service uptake, participation in child health checks from birth to 4 years, and to support improved child development outcomes.
Desired outcome	All families are engaged in ongoing child and family health care by 1-4 weeks post birth and continue to engage with their child and family health service through attendance at the 6-8 week health check.
Primary point of collection	Child and Family Health Services (child and family health nurses)
Data Collection Source/System	Cerner eMR, CHIME, and other Community Health systems.
Primary data source for analysis	EDWARD or interim summary report from source system
Indicator definition	The percentage of families with a new baby who receive **a 6-8 week health check** by a Child and Family Health Nurse.
Numerator	
Numerator definition	Number of families* receive a 6-8 week health check. *Families are defined as residents in NSW with a newborn who, in principle, are eligible for a child and family health service within two weeks of the birth of the child.
Numerator source	EDWARD or interim summary report from source system
Numerator availability	Available monthly
Denominator	
Denominator definition	Families with a newborn, who are resident in NSW and who, in principle, are eligible for child and family health services.
Denominator source	EDWARD, Perinatal Data Collection/Admitted Patient Data Collection (EDWARD and PHISCO).
Denominator availability	Admitted Patient Data Collection available monthly. Perinatal Data Collection available quarterly.
Inclusions	All infants to NSW residents

Exclusions	Stillbirths, neonatal deaths occurring before the infant's discharge, babies who were not discharged within the timeframe of the 1-4 week check, neonatal deaths occurring after discharge and before the check. The following births are not included in the calculation of the indicator: 1. Ineligible births (child health check eligibility flag = n). Ineligible births include: ○ Still birth ○ Neonatal death prior to discharge ○ Neonatal death post discharge ○ Resides out of catchment area 2. Births where an offer was made but it was declined by the patient (child health check offer outcome code is 3 declined). Declined reasons include: ○ Will go/has gone to GP, ○ Attending other provider (specify) ○ Is moving/has moved out of catchment area ○ Out of catchment area during child health check period ○ Does not want the service ○ Cannot travel to clinic ○ Does not respond to offer contact attempts
Reporting	
Reporting required by	NSW Health
Indicators reported to	Chief Executives Performance Review, Local Health District Performance Agreements, NSW Health Annual Report,
Next report due	TBC
Targets	
	TBC
Comments	Note that an outcomes framework for the whole of government Brighter Beginnings: the first 2000 days of life initiative is being developed. The likely indicator is an increase in the proportion of children starting school developmentally on track by 2027.
Context	A key goal of the First 2000 Days Implementation Strategy 2020-25 for the First 2000 Days Framework PD2019_008 is attendance at the recommended schedule of health checks to support optimal childhood health and development so that children enter school developmentally on track. Success depends on engaging families into services as early as possible through the 1-4 week child health check, and continuing engagement throughout the full schedule of health and development checks with the next Indicator point to measured at the 6-8 week check. Attendance at the full schedule of checks will assist families to engage effectively in their children's health and wellbeing,

	and support parents to develop greater confidence in making evidence-based decisions for building brains. Early engagement with families and attendance at the schedule of health checks will ensure that developmental vulnerabilities are identified and addressed early, before children start school (the First 2000 Days Implementation Strategy 2020-25 program logic). This Improvement Measure will indicate: • Whether families have effectively transitioned from antenatal and postnatal care into child and family health care. • effective engagement into services to support children's development and delivery of well child health care. Additional indicators may be added over time to monitor the effectiveness of ongoing engagement in the full schedule of health checks.
Related Policies/ Programs	First 2000 Days Framework (PD2019_008); First 2000 Days Implementation Strategy 2020-25
Major existing uses	• Results and Services Plan • Local Health District Performance Agreements/ Reviews • NSW dashboard indicators • Annual Report • Families NSW Area Health Service Annual Reports • First 2000 Days Implementation Strategy reporting
Useable data available from	
Frequency of Reporting	Quarterly and Annual (financial year)
Time lag to available data	
Business owners	Health and Social Policy Branch
Contact - Policy	Director, Maternity, Child and Family Unit (Deborah Matha)
Contact - Data	Director, Maternity, Child and Family Unit (Deborah Matha)
Representation	
Data type	Numeric
Form	Number, presented as a percentage (%)
Representational layout	XXX.XX
Minimum size	1
Maximum size	3
Data domain	

INDICATOR: MS2108 **Previous IDs:**	**Risk Standardised Mortality Ratio (RSMR):** 30-day mortality following hospitalisation: (%) • Acute myocardial infarction • Ischaemic stroke • Haemorrhagic stroke • Congestive heart failure • Pneumonia • Chronic obstructive pulmonary disease • Hip fracture surgery
Shortened Title(s)	Risk Standardised Mortality Ratio: AMI Risk Standardised Mortality Ratio: Ischaemic Stroke Risk Standardised Mortality Ratio: Haemorrhagic Stroke Risk Standardised Mortality Ratio: CHF Risk Standardised Mortality Ratio: Pneumonia Risk Standardised Mortality Ratio: COPD Risk Standardised Mortality Ratio: Hip Fracture Surgery
Service Agreement Type	Improvement Measure
NSW Health Strategic Outcome	3: People are healthy and well
Status	Final
Version number	1.2
Scope	All acute and emergency admitted patients in NSW hospitals
Goal	TBA
Desired outcome	TBA
Primary point of collection	Medical Records
Data Collection Source/System	Admitted Patient Data Collection NSW Registry of Birth, Death and Marriages
Primary data source for analysis	EDW, CheReL
Indicator definition	The ratio of 'observed' deaths to 'expected' deaths each of the following clinical conditions: • Acute myocardial infarction • Ischaemic stroke • Haemorrhagic stroke • Congestive heart failure • Pneumonia • Chronic obstructive pulmonary disease • Hip fracture surgery
Numerator	
Numerator definition	Refer to Bureau of Health Information publication
Numerator source	SAPHaRI

Numerator availability	Available
Denominator	
Denominator definition	Refer to Bureau of Health Information publication
Denominator source	SAPHaRI
Denominator availability	Available
Inclusions	Refer to Bureau of Health Information publication
Exclusions	Refer to Bureau of Health Information publication
Targets	
	Hospitals with higher/lower than expected mortality identified based on funnel plots with 95% control limits
Context	Refer to Bureau of Health Information publication
Related Policies/ Programs	
Useable data available from	Three-financial yearly results (hospital status) available July 2000-June 2003 onwards (main periods are three- financial yearly July 2009-June 2012 onwards)
Frequency of Reporting	Three yearly is ideal for the risk standardised measure, and annually for the crude rates
Time lag to available data	
Business owners	
Contact - Policy	Director, Bureau of Health Information
Contact - Data	Director, Bureau of Health Information
Representation	
Data type	Numeric
Form	Number
Representational layout	N{6}
Minimum size	1
Maximum size	6

INDICATOR: IM22-008	**Osteoporotic Refracture Prevention:** Reduction in presentations of people aged 50 years or older with a refracture (% variation)
Previous IDs:	

Shortened Title	Osteoporotic Refracture Prevention
Service Agreement Type	Improvement Measure
NSW Health Strategic Outcome	3: People are healthy and well
Status	Final
Version number	1.0
Scope	All patients 50 years and older who have had a previous fracture.
Goal	Better clinical outcomes for patients
Desired outcome	To reduce the rate of refractures in the cohort by 2.0% compared to the business-as-usual projections in each LHD by 2023-24.
Primary point of collection	Hospital separations and Emergency Department presentations
Data Collection Source/System	Admitted patient data collection, Emergency Department data collection
Primary data source for analysis	Register of Outcomes Value and Experience (ROVE)
Indicator definition	Number of admitted patient service events or emergency department presentations where a patient aged 50 years or older presents with a refracture in the reporting period. Note – this includes all refractures, not only those caused by minimal trauma.
Numerator	
Numerator definition	Number of admitted patient service events or emergency department presentations where a patient aged 50 years or older presents with a refracture in the reporting period. Refer to the ROVE data dictionary for ICD10-AM diagnosis and SNOMED codes for fracture. For admitted patient service events, it is any of the identified diagnoses recorded as a principal or additional diagnosis.
Numerator source	ROVE
Numerator availability	6 months.
Denominator	
Denominator definition	N/A
Denominator source	
Denominator availability	
Inclusions	

Exclusions

Patients less than 50 years old at cessation of emergency department tor admitted patient service event.

Targets

Target: 2022-23 targets are presented in the table below. 2022-23 targets are a 2.0% reduction on forecasted 2022-23 BAU.

- Performing: target met or exceeded
- Under Performing: separations < BAU but target not met
- Not Performing: separations >= BAU

Number of admitted refractures (2022-23)		
Local Health District	Business as Usual Projection	Target
Central Coast	1247	1222
Far West	70	69
Hunter New England	2005	1965
Illawarra Shoalhaven	1068	1047
Mid North Coast	735	720
Murrumbidgee	502	492
Nepean Blue Mountains	815	799
Northern NSW	986	966
Northern Sydney	2305	2259
South Eastern Sydney	1820	1784
South Western Sydney	1664	1631
Southern NSW	596	584
St Vincent's Health Network	433	424
Sydney	1366	1339
Western NSW	750	735
Western Sydney	1376	1348

Context

ORP is a Leading Better Value Care (LBVC) clinical initiative. Osteoporotic refracture prevention Osteoporotic fractures are a source of significant, increasing and unnecessary, health system burden. Many of these fractures are sustained through minimal trauma and are often caused by one underlying chronic disease, osteoporosis. Osteoporosis is characterised by reduced bone density and strength that predisposes individuals to minimal trauma fractures. Minimal trauma fractures or 'fragility fractures' are those sustained from a trip, slip or fall from standing height. The majority of minimal trauma fractures occur in women. The residual lifetime risk of minimal trauma fracture is up to 45% for women older than 60

	years of age. After an initial fracture, the risk of refracture more than doubles. Initial fracture and subsequent refractures reduce independence and quality of life and increase the risk of hospitalisation, morbidity and mortality. As the population ages, the incidence of osteoporotic fractures and refracture will place an increasing burden on individuals, communities and health systems. It is currently estimated that almost five million Australians live with osteoporosis. This puts those affected at increased risk of fractures from minimal trauma, refracture and premature mortality. Many patients with osteoporosis are undertreated. In one Australian study only 28% of patients were receiving appropriate medical therapy following minimal trauma fracture. Clinical management to reduce the likelihood of refracture primarily involves: • early identification of patients at risk of refracture • early assessment and active treatment of osteoporosis • long-term support to participate in reviews of and maintain best practice treatments. Contemporary evidence suggests that this is the most effective way to manage the risk of future refractures and maximising the cost-effectiveness of healthcare delivery. To address refractures the Value Based Healthcare Steering Committee agreed on the inclusion of a minimum 2.0 per cent reduction in refractures for patients 50 years or older in the 2022-23 Service Level Agreements (SLAs). Achievement of this target will balance both the patient and net economic benefits
Related Policies/Programs	LBVC is a Value Based Healthcare state-wide priority program. In NSW, value based healthcare means continually striving to deliver care that improves: - health outcomes that matter to patients - experiences of receiving care - experiences of providing care - effectiveness and efficiency of care.
Useable data available from	2021
Frequency of Reporting	Annually
Time lag to available data	6 months
Business owners	Strategic Reform and Planning Branch
Contact-Policy	Jennifer Williamson, Senior Biostatistician, Economics and analysis unit, Strategic Reform and Planning Branch.
Contact-Data	Jennifer Williamson, Senior Biostatistician, Economics and analysis unit, Strategic Reform and Planning Branch.
Representation	

Datatype	Numeric
Form	Number
Representational lay out	NNNN
Minimum size	1
Maximum size	4
Data domain	
Date effective	2022
Related National Indicator	N/A

INDICATOR: IM22-009	**Osteoarthritis Chronic Care Program Enrolment** (Number)
Previous IDs:	
Shortened Title	OACCP Enrolment
Service Agreement Type	Improvement Measure
NSW Health Strategic Outcome	3: People are healthy and well
Status	Final
Version number	1.0
Scope	Patients aged 18 years and over with osteoarthritis affecting their hips or knees as primary condition.
Goal	To facilitate access to care in the appropriate setting Better clinical outcomes for patients
Desired outcome	Reduced treatment of the patient cohort in the admitted setting by increasing the availability of appropriate outpatient care
Primary point of collection	Hospital outpatient clinics
Data Collection Source/System	Non-Admitted Patient Data Collection
Primary data source for analysis	Register of Outcomes, Value and Experience (ROVE)
Indicator definition	Number of service events attended in an Osteoarthritis Chronic Care outpatient clinic within the reporting period.
Numerator	
Numerator definition	Number of service events in an Osteoarthritis Chronic Care outpatient clinic as identified by service unit establishment type code ’29.09’ and ’29.10’.
Numerator source	ROVE / Non admitted patient data collection
Numerator availability	6 months following client attendance.
Denominator	
Denominator definition	N/A
Denominator source	
Denominator availability	
Inclusions	Service unit establishment type code ‘29.09’ and ’29.10’
Exclusions	Any other establishment type.
Targets	5% increase on 2020-21 NAP activity as per the table below. • Performing: target met or exceeded • Under Performing: activity > 2020-21 but target not met • Not Performing: activity ≤ 2020-21

Local Health District	2020-21 Baseline	Target
Central Coast LHD	1777	1866
Far West LHD	149	156
Hunter New England LHD	532	559
Illawarra Shoalhaven LHD	3196	3356
Mid North Coast LHD	3570	3749
Murrumbidgee LHD	1541	1618
Nepean Blue Mountains LHD	1660	1743
Northern NSW LHD	4722	4958
Northern Sydney LHD	2162	2270
South Eastern Sydney LHD	1072	1126
South Western Sydney LHD	4464	4687
Southern NSW LHD	1445	1517
SVHN	337	354
Sydney LHD	5132	5389
Western NSW LHD	1259	1322
Western Sydney LHD	1102	1157

Context

Osteoarthritis Chronic care Program (OACCP) is a Leading Better Value Care (LBVC) clinical initiative.

Model of care

The OACCP is a multidisciplinary chronic care program for people with hip and knee OA, most of whom are awaiting elective joint replacement surgery. Eligible participants include people with OA who experience significant hip or knee pain most days of the previous month.

The main goals of management of OA of the hip and knee are:

- symptom control of pain and stiffness;
- limitation of disease progression;
- optimisation and maintenance of function;
- optimisation and maintenance of quality of life;
- effective use of health care.

This is achieved through three elements of a model of care:

1. Multi-disciplinary interventions
    a. Non pharmacological including:
        i. Disease management education and support

ii. Land exercise
iii. Hydrotherapy
iv. Manual therapy
v. Nutritional advice
vi. Occupational therapy
vii. Psychosocial support

b. Pharmacological
i. Medication review
ii. Pain management

2. Treatment aims and objectives
a. Manage and contro symptoms
b. Optimise and maintain function
c. Optimise and maintain quality of life
d. Slow disease progression

3. Documentation of treatments
a. Baseline measures using valid tools
b. Documented patient centred management plan and discharge plan
c. Regular face-to-face review and self management support
d. Discharge measures using valid tools
e. Discharge destination and long term review plan

Related Policies/Programs	LBVC is a Value Based Healthcare state-wide priority program. In NSW, value based healthcare means continually striving to deliver care that improves: - health outcomes that matter to patients - experiences of receiving care - experiences of providing care - effectiveness and efficiency of care.
Useable data available from	2021
Frequency of Reporting	6 monthly
Time lag to available data	6 months
Business owners	Strategic Reform and Planning Branch
Contact-Policy	Gary Disher, Manager Strategy and Reform, Strategic Reform and Planning Branch.
Contact-Data	Jennifer Williamson, Senior Biostatistician, Economics and analysis unit, Strategic Reform and Planning Branch.
Representation	
Datatype	Numeric
Form	Number
Representational lay out	NNN

Minimum size	1
Maximum size	3
Data domain	
Date effective	2022
Related National Indicator	N/A

INDICATOR: IM22-010 **Previous IDs:**	**High Risk Foot Service Performance:** Reduction in diabetic foot admitted patient service events (% variation)

Shortened Title	High Risk Foot Service (HRFS)
Service Agreement Type	Improvement Measure
NSW Health Strategic Outcome	3: People are healthy and well
Status	Final
Version number	1.0
Scope	Patients with diabetes who have diabetic foot-related infections/ulcers of foot or lower limb.
Goal	Better clinical outcomes for patients
Desired outcome	HRFS seeks to improve patient experiences and outcomes by providing multidisciplinary care in the outpatient setting. In doing so, the service is expected to reduce admitted hospitalisations for ulcers and infections by 4.5% compared to business as usual projections of if the Service had not been implemented.
Primary point of collection	Admitted Patient Data Collection
Data Collection Source/System	Register of Outcomes Value and Experience (ROVE)
Primary data source for analysis	Admitted Patient Data Collection
Indicator definition	The number of completed admitted patient service events for diabetic patients with a diabetic foot-related infection/ulcer infection.
Numerator	
Numerator definition	The number of admitted patient service events for diabetic patients with a diabetic foot-related infection/ulcer infection as defined by the ICD-10-AM codes: Any of [E10.x, E11.x, E13.x or E14.x] (diabetic patients) **AND** with any episode that has the following ICD-10-AM codes included as the principal diagnosis, or included in the first 50 secondary diagnoses: [E10.73, E11.73, E13.73, E14.73, L03.02, L03.11, L03.13, L03.14, L97.x] (infection and/or ulcer), or [E10.51, E10.52, E11.51, E11.52, E13.51, E13.52, E14.51, E14.52] (peripheral vascular disease), or [E10.42, E11.42, E13.42, E14.42, E10.43, E11.43, E13.43, E14.43, E10.61, E11.61, E13.61, E14.61, E10.71, E11.71, E12.71, E13.71, E14.71] (peripheral neuropathy).
Numerator source	ROVE / Admitted Patient Data Collection
Numerator availability	6 months.

Denominator

Denominator definition: N/A

Denominator source:

Denominator availability:

Inclusions

- All public hospital discharges for patients greater or equal to (≥) 15 years on the date of discharge.
- SE_TYPE_CD = '2'

Exclusions

Private hospital episodes are excluded.

Targets

Districts are expected to achieve a 4.5% reduction in admitted hospitalisations for ulcers and infections during 2022-23, compared to business as usual projections.

The table below presents the overall number of hospitalisations for ulcers and infections based on applying this target reduction.

- Performing: target met or exceeded
- Under Performing: separations < BAU but target not met
- Not Performing: separations >= BAU

Number of admitted separations for diabetic foot related infections/ulcers of foot or lower limb (2022-23)		
Local Health District	Business as Usual Projection	Target
Central Coast	3941	3764
Far West	315	301
Hunter New England	9402	8979
Illawarra Shoalhaven	5750	5492
Mid North Coast	2875	2746
Murrumbidgee	2462	2352
Nepean Blue Mountains	3050	2913
Northern NSW	3895	3720
Northern Sydney	5017	4792
South Eastern Sydney	7387	7055
South Western Sydney	9506	9079
Southern NSW	1540	1471
St Vincent's Health Network	1631	1558
Sydney	5891	5627
Western NSW	2750	2627

Western Sydney	7624	7282

Context

High Risk Foot Service is being delivered under Tranche 1 of the Leading Better Value Care program.

This initiative and model of care uses the Agency for Clinical Innovation's Standards for High Risk Foot Services to prevent hospitalisation for diabetic foot ulcers and infections. Multidisciplinary high risk foot clinics have been established to:

- provide access to specialist multidisciplinary care in an outpatient setting
- reduce hospitalisations
- improve the experience of care and quality of life.

Related Policies/Programs

LBVC is a Value Based Healthcare state-wide priority program.

In NSW, value based healthcare means continually striving to deliver care that improves:

- health outcomes that matter to patients
- experiences of receiving care
- experiences of providing care
- effectiveness and efficiency of care.

Useable data available from 2021

Frequency of Reporting Annually

Time lag to available data 6 months

Business owners Strategic Reform and Planning Branch

Contact-Policy: Liz Hay, Director Economics and Analytics Unit, Strategic Reform and Planning Branch, Ministry of Health

Contact-Data: Jennifer Williamson, Senior Biostatistician, Economics and Analytics Unit, Strategic Reform and Planning Branch, Ministry of Health

Representation

Datatype: Numeric

Form: Number

Representational lay out: NNNN

Minimum size: 1

Maximum size: 4

Data domain

Date effective: 2022

Related National Indicator N/A

INDICATOR: IM22-011

Previous IDs:

Chronic Wound Management Performance: Reduction in chronic wound admitted patient service events (% variation)

Shortened Title	Chronic Wound Care
Service Agreement Type	Improvement Measure
NSW Health Strategic Outcome	3: People are healthy and well
Status	Final
Version number	1.0
Scope	All patients with a chronic wound that has not healed within 30 days, regardless of origin.
Goal	Better clinical outcomes for patients
Desired outcome	A 10% reduction (against BAU) in the number of separations for the cohort in the 4-year period 2022-23 to 2025-26.
Primary point of collection	Admitted patient setting
Data Collection Source/System	Admitted Patient Data Collection
Primary data source for analysis	Register of Outcomes, Value and Experience (ROVE)
Indicator definition	Number of admitted patient service events where a wound that has not healed within 30 days is present.

Numerator

Numerator definition

Number of admitted patient service events where a principal or additional diagnosis records a wound that has not healed within 30 days of it being diagnosed is present, as defined by the following ICD10AM codes:

- Diabetes: E09.52, E10.52, E10.62, E10.73, E11.52, E11.62, E11.73, E13.52, E13.62, E13.73, E14.52, E14.62, E14.73
- Venous: I83.0, I83.2, I86.8, I87.0, I87.2
- Cutaneous abscess: L02.0, L02.1, L02.2C, L02.3, L02.40, L02.41, L02.42, L02.43, L02.8, L02.9
- Cellulitis: L03.01, L03.02, L03.12, L03.13, L03.14, L03.19, L03.2, L03.3, L03.8, L03.9
- Infection: L08.0, L08.1, L08.8, L08.9
- Ulcer Radiation: L59.8
- Gangrene: L88
- Pressure Injury: L89.xx (all)
- Granuloma: L92.1, L92.2, L92.3, L92.8, L92.9
- Lupus or Connective: L93.x, L94.x, L95.0
- Vasculitis: L95.1, L95.8, L95.9
- Foot ulcer: L97.0, L97.8, L97.9
- Chronic ulcer: L98.4

- Obstetric: O86.0, O90.0, O90.1
- Gangrene: R02
- Skin Tear: R23.4
- Procedure: T81.3, T81.4
- Complication open: T89.00, T89.01, T89.02, T89.03

Numerator source: ROVE / Admitted Patient Data Collection

Numerator availability: 6 months.

Denominator

Denominator definition: N/A

Denominator source:

Denominator availability:

Inclusions: SE_TYPE_CD = '2'

Exclusions: The Leading Better Value Care High Risk Foot Service (HRFS) related wounds are excluded to avoid double counting wounds that are already being treated in the outpatient setting as part of tranche one of LBVC.

Targets

Target: 2022-23 targets are presented in the table below. 2022-23 targets are a 2.5% reduction on forecasted 2022-23 BAU.

- Performing: target met or exceeded
- Under Performing: separations < BAU, but target not met
- Not Performing: separations >= BAU

Local Health District	Business as Usual Projection	Target
Central Coast LHD	1100	1073
Far West LHD	536	523
Hunter New England LHD	2021	1971
Illawarra Shoalhaven LHD	1094	1066
Justice Health	0	0
Mid North Coast LHD	1172	1142
Murrumbidgee LHD	576	562
Nepean Blue Mountains LHD	783	763
Northern NSW LHD	2176	2121
Northern Sydney LHD	3313	3230
SCHN	529	516
South Eastern Sydney LHD	1525	1487
South Western Sydney LHD	1721	1678

Southern NSW LHD	605	589
SVHN	446	435
Sydney LHD	1323	1290
Western NSW LHD	1626	1585
Western Sydney LHD	3169	3090

Context

Wound management is a Leading Better Value Care (LBVC) clinical initiative.

Wound management in the NSW health system

Wound is a break in the epidermis or dermis that can be related to trauma or to pathological changes within the skin and body, (excluding punctures in the skin made for the purposes of a central venous, peripheral, intrathecal, epidural or any other access line).

Wounds can result in long term pain, decreased mobility, lost productivity, and reduced wellbeing of the patient. As such, there are significant opportunities to improve outcomes for wound management. The Tranche 2 Leading Better Value Care (LBVC) initiative presents an opportunity to change the way chronic wound is managed through the implementation of the Standards for Wound Management. This will improve the experience of receiving and providing care, enhance outcomes and optimise the use of resources.

In 2018 the Ministry of Health disseminated analysis of the LBVC Wound Management initiative to support the case for change. The analysis detailed service utilisation (admitted, non-admitted and ED), breakdown of patient characteristics (e.g., age, comorbidities) and historical and projected resourcing impacts.

Shifting care from the admitted to the non-admitted setting

In October 2021 the Value Based Healthcare Steering Committee agreed on the inclusion of a target in the SLAs to incrementally shift 10% of admitted patient activity to the non-admitted setting over four years. Achievement of this will improve produce both patient and economic benefits.

An information package detailing the above enrolment targets will be provided to LHD/Network CEs and LBVC program leads.

Related Policies/Programs

LBVC is a Value Based Healthcare state-wide priority program.

In NSW, value based healthcare means continually striving to deliver care that improves:

- health outcomes that matter to patients
- experiences of receiving care
- experiences of providing care
- effectiveness and efficiency of care.

Useable data available from

2021

Frequency of Reporting	Annually
Time lag to available data	6 months
Business owners	Strategic Reform and Planning Branch
Contact-Policy	Liz Hay, Director Economics and Analytics Unit, Strategic Reform and Planning Branch, Ministry of Health
Contact-Data	Jennifer Williamson, Senior Biostatistician, Economics and Analytics Unit, Strategic Reform and Planning Branch, Ministry of Health
Representation	
Datatype	Numeric
Form	Number
Representational lay out	NNNN
Minimum size	1
Maximum size	4
Data domain	
Date effective	2022
Related National Indicator	N/A

INDICATOR: IM23-001	**Transitional Aged Care Program (TACP) Occupancy (%)**
Previous IDs:	

Shortened Title	Transitional Aged Care Program
Service Agreement Type	Improvement Measure
NSW Health Strategic Outcome	3: People are healthy and well
Status	Final
Version number	1.1
Scope	All Transitional Aged Care Program (TACP) care recipients.
Goal	To maximise the utilisation of TACP places by enrolling an increased number of eligible care recipients who will benefit from the program.
Desired outcome	• Appropriate discharge option of care for older people who have deconditioned during their hospital stay • Preventing discharge delays from hospital of older people • Increase the number of people receiving restorative care in the home or residential setting. • Preventing re-admission into hospital. • Maintaining independence at home and preventing early entry into residential aged care.
Primary point of collection	TACP Service Managers
Data Collection Source/System	Services Australia Aged Care Provider Portal (ACPP).
Primary data source for analysis	TACP payment summary information maintained by the Aged Care Unit (ACU), Health and Social Policy Branch (HSPB).
Indicator definition	The number of occupied care days that are paid by the commonwealth for the claimed month.
Numerator	
Numerator definition	The number of occupied care days calculated for each months claim period, as per the payment summary report from the ACPP
Numerator source	TACP payment summary spreadsheet maintained by ACU
Numerator availability	Available from ACPP and dependent upon districts making timely claims each month. May be subject to minor adjustments month to month if claims are modified.
Denominator	
Denominator definition	Number of allocated places multiplied by the number of calendar days in the month
Denominator source	TACP payment summary spreadsheet maintained by ACU

Denominator availability	Available
Inclusions	Patients enrolled into the program: • Following Aged Care Assessment Program (ACAP) assessment for eligibility, approval and delegation • ACAP assessment undertaken while an admitted patient in Australian public and private hospitals.
Exclusions	Patients who are ineligible for the program: • Non-admitted patients • Those not approved by the ACAP assessor.
Targets	Target ≥100% • Performing: ≥90% and <100% • Underperforming: ≥80% and <90% • Not performing: <80%
Context	Evidence shows that older people benefit from restorative care following a hospital stay.
Related Policies/Programs	Australian Government Transition Care Program Guidelines.
Useable data available from	2018-19
Frequency of Reporting	Monthly
Time lag to available data	Reporting required by the 10th day of each month; data available for previous month
Business owners	
Contact-Policy	Executive Director, Health and Social Policy Branch
Contact-Data	Director Aged Care Unit, Health and Social Policy Branch
Representation	
Datatype	Percentage
Form	Number
Representational lay out	NNN.N%
Minimum size	3
Maximum size	5
Data domain	
Date effective	2023
Related National Indicator	N/A

INDICATOR: IM23-006	**Maternal immunisation against pertussis and influenza**
Previous IDs:	Pregnant women immunised against: **i.** diphtheria-tetanus-pertussis (%) **ii.** influenza (%)
Shortened Title	Maternal immunisation.
Service Agreement Type	Improvement Measure.
Framework Strategy	3. People are healthy and well
Framework Objective	3.2 Get the best start in life from conception through to age five
Status	Final
Version number	1.0
Scope	Women giving birth in NSW public hospitals
Goal	To reduce the incidence of vaccine preventable diseases in pregnant women, new mothers, and neonates through the implementation of a National Immunisation Program
Desired outcome	Reduce illness and death from vaccine preventable diseases in pregnant women and neonates.
Primary point of collection	Data collected by midwives in public hospitals. Australian Immunisation Register (AIR) entries by general practitioners, community health centres, Aboriginal medical centres and community pharmacies
Data Collection Source/System	MatIQ, Cerner Maternity, Australian Immunisation Register
Primary data source for analysis	MatIQ, Cerner Maternity, Australian Immunisation Register
Indicator definition	The percentage of pregnant women giving birth at a NSW public hospital who have received (i) diphtheria-tetanus-pertussis (dTpa) vaccine and (ii) influenza (flu) vaccine, as recorded on the Australian Immunisation Register.
Numerator	
Numerator definition	Number of women who have received (i) dTpa vaccine, and (ii) flu vaccine
Numerator source	Australian Immunisation Register
Numerator availability	Available
Denominator	
Denominator definition	Women who have given birth, as recorded in MatIQ or Cerner Maternity
Denominator source	MatIQ or Cerner Maternity
Denominator availability	Available
Inclusions	Medicare-registered women giving birth in a NSW public hospital during the assessment period

Exclusions	Women giving birth in a NSW public hospital during the assessment period who are not Medicare-registered Women giving birth in a NSW private hospital during the assessment NSW residents giving birth in a public or private hospital outside of NSW
Targets	
Target	i. Diphtheria-tetanus-pertussis (dTpa) – 90% ii. Influenza – 80%
Context	The Australian Immunisation Register does not capture pregnancy status, but it does capture vaccination status. Pregnancy status will be derived from Mat IQ and Cerner Maternity and data linked with vaccination status from the AIR in consultation with the National Centre for Immunisation Research and Surveillance (NCIRS).
Related Policies/ Programs	National Immunisation Program
Useable data available from	TBA
Frequency of Reporting	TBA
Time lag to available data	TBA
Business owners	Health Protection NSW.
Contact - Policy	Manager, Immunisation Unit, Health Protection NSW
Contact - Data	Manager, Epidemiology and Data Branch, Health Protection NSW
Representation	
Data type	Numeric
Form	Number, presented as a percentage (%)
Representational layout	NNN.NN
Minimum size	4
Maximum size	6
Data domain	TBA
Date effective	TBA
Related National Indicator	TBA

INDICATOR: IM23-007 **Previous IDs:**	**Patient Encounters with Smoking and Vaping Status Documented (%)**
Shortened Title	Documentation of Smoking & Vaping Status.
Service Agreement Type	Improvement Measure.
Framework Strategy	3. People are healthy and well
Framework Objective	3.1: Prevent, prepare for, respond to and recover from pandemic and other threats to population health
Status	Final
Version number	1.0
Scope	Inpatient encounters where the patient is aged 16 and over of for all local health district services.
Goal	Monitor rates of smoking and vaping among the NSW Health adult clinical population to inform quality improvement initiatives related to safe care (falls prevention, nicotine withdrawal, violence & aggression) and cessation support.
Desired outcome	Increase the documentation of smoking and vaping status of the adult clinical population to promote clinical engagement in delivery of best practice smoking and vaping cessation care.
Primary point of collection	Medical records – Smoking History Form or Smoking Management Pathway (where available). In time LHD EMR systems will be updated to collect smoking and vaping status. Where vaping data can be collected it must be reported.
Data Collection Source/System	Smoking History Form (where Smoking Management Pathway is not available) – smoking. Smoking Management Pathway (where established) - smoking and vaping. EMR inpatient systems.
Primary data source for analysis	LHD EMR
Indicator definition	The proportion of formally discharged admitted patient encounters where the patient is aged 16 years and over that have their smoking and vaping status recorded in the EMR by Local Health District.
Numerator	
Numerator definition	Number of admitted patient encounters where the patient is aged 16 and over, and formally discharged with the smoking and vaping status recorded in the EMR by Local Health District.
Numerator source	EMR inpatient systems
Numerator availability	Smoking History Form (where Smoking Management Pathway is not available) for smoking status.

	Smoking Management Pathway (NS & CC LHDs, where established) for smoking and vaping status.
Denominator	
Denominator definition	Number of admitted patient encounters where the patient is aged 16 and over and formally discharged by Local Health District.
Denominator source	EMR inpatient
Denominator availability	
Inclusions	All patients discharged during the reporting period Excludes patients where discharge status was: • A care type change • Registered in Error • Pt Dead on Arrival • Departed: Did not wait • Departed: Left at own risk Smoking status recorded includes: • Yes - Smoker • No – Non-Smoker • Daily Smoker • Occasional Smoker • Recently Quit Smoking • Recently Quit Smoking <30 day • Recently Quit Smoking >30 day • Non-smoker • Never-smoker E-cigarette/Vaping status recorded includes: • Yes – E-cigarette/Vape User • No – Never E-cigarette/Vape User • Daily E-cigarette/Vape User • Occasional E-cigarette/Vape user • Recently Quit E-cigarette/Vape Use • Recently Quit E-cigarette/Vape Use <30 day • Recently Quit E-cigarette/Vape Use >30 day • Never Used E-cigarettes/Vaping Devices
Exclusions	Patients <16 years of age.
Targets	
Target	
Context	Smoking remains the leading cause of preventable illness and premature death; a brief intervention delivered by a health professional improves rates of cessation. Vaping is an emerging public health issue and disproportionately affects young people. Many health impacts (short/long-term) are unknown and people who vape are three-times more likely to smoke.
Related Policies/ Programs	Smokefree Healthcare Policy NSW Tobacco Strategy National Preventive Health Strategy 2021-2030

	Smoking Cessation Framework for NSW Health Services
Useable data available from	First reporting period Jul-Dec 2023.
Frequency of Reporting	Biannually
Time lag to available data	TBA
Business owners	Cancer Institute NSW
Contact - Policy	Director, Screening & Prevention, Cancer Institute NSW / Executive Director, Centre for Population Health
Contact - Data	Local Health District Reporting Teams
Representation	
Data type	Numeric
Form	Proportion
Representational layout	NN.N%
Minimum size	3
Maximum size	4
Data domain	N/A
Date effective	July 2023
Related National Indicator	N/A

STRATEGIC HEALTH OUTCOME 4 IMs: Our staff are engaged and well supported

INDICATOR: IM21-007 **Previous IDs:**	**Weekly Compliance Providing or Exceeding the Award Minimum Nursing Hours per Patient Day (NHPPD)** (Variance in Hours)
Shortened Title	Weekly NHPPD compliance
Service Agreement Type	Improvement Measure
NSW Health Strategic Outcome	4: Our staff are engaged and well supported
Status	Final
Version number	1.0
Scope	All inpatient facilities that have specified nursing hours in award designated nursing hours wards.
Goal	Award compliance
Desired outcome	To provide or exceed the minimum agreed staffing levels to maintain reasonable workloads for nurses and good clinical outcomes for the patients.
Primary point of collection	Nursing Unit Manager/Staffing Nurse Manager/Nursing Staff/Ward Clerk/Clinical Support Officer
Data Collection Source/System	PAS, Health Roster
Primary data source for analysis	Health Roster – Nursing Hours per Patient Day Spot Check Report
Indicator definition	The variance in the actual calculated nursing hours per patient day compared to the Award Nursing Hours per Patient Day (NHPPD), averaged over a week, every week in designated nursing hours wards, reported at the ward level. Calculation Managed in Health Roster: The total number of direct productive nursing hours provided divided by the addition of the number of patients at the midnight bed census for the seven days in the week, compared to the Award specified minimum NHPPD.
Numerator	
Numerator definition	The total number of direct productive nursing hours provided during a 7 day period in an award designated nursing hours ward.
Numerator source	Data sourced from HealthRoster in an award designated Nursing Hours Ward.
Numerator availability	Relies on staffing shifts or part of shifts and or roles being set up correctly to be either included or excluded from direct productive nursing hours used in the calculation
Denominator	

Denominator definition	The addition of the number of patients at the midnight bed census for the seven days in the week in an award designated nursing hours ward
Denominator source	LHD PAS system
Denominator availability	Not all Districts have the PAS system interfaced with the HealthRoster to provide these reports. In these cases, a manual transfer of data occurs.
Inclusions	All award designated nursing hours wards in Peer Group A, B, C, F1, F4, F6 facilities only.
Exclusions	• Non award designated nursing hours wards • Peer groups not present in the inclusions
Targets	
	Providing or exceeding the minimum NHPPD as specified in the Public Health System Nurses' and Midwives' (State) Award for all respective wards measured over the week.
Context	N/A
Related Policies/ Programs	N/A
Useable data available from	TBA
Frequency of Reporting	Weekly
Time lag to available data	2 weeks
Business owners	Workplace Relations, People, Culture and Governance
Contact - Policy	Director, Industrial Relations and Workforce
Contact - Data	Executive Director, Workplace Relations
Representation	
Data type	Numeric
Form	Number
Representational layout	NN.N
Minimum size	3
Maximum size	4
Data domain	N/A
Date effective	1 July 2021
Related National Indicator	N/A

INDICATOR: SPC102, SPC103	**Premium Staff Usage:** average paid hours per FTE
Previous ID: 00120	• Medical Staff *(SPC102)* • Nursing Staff *(SPC103)*
Shortened Title(s)	Premium Staff Usage – Medical Premium Staff Usage - Nursing
Service Agreement Type	Improvement Measure
NSW Health Strategic Outcome	4: Our staff are engaged and well supported
Status	Final
Version number	3.21
Scope	
Goal	Effective management of premium staff in NSW Health
Desired outcome	To decrease or maintain the amount of Premium staff usage within acceptable limits
Primary point of collection	StaffLink
Data Collection Source/System	Corporate Analytics –– Workforce
Primary data source for analysis	Corporate Analytics –– Workforce
Indicator definition	Paid hours of premium staff usage per FTE worked. This includes all overtime and agency labour disaggregated by: i. Medical Staff ii. Nursing Staff
Numerator	
Numerator definition	Total paid hours of premium staff usage. includes overtime and agency labour, disaggregated by: i. Medical Staff ii. Nursing Staff
Numerator source	Corporate Analytics – Workforce
Numerator availability	(i) and (ii) Monthly
Denominator	
Denominator definition	Total FTE of all staffing, inclusive of • productive • non productive • overtime and disaggregated by: i. Medical Staff ii. Nursing Staff
Denominator source	Corporate Analytics – Workforce

Denominator availability	(i) and (ii) Monthly
Inclusions	
Exclusions	
Targets	
Target	Maintain or decrease the amount of Premium staff usage within acceptable limits
Comments	The reduction or maintenance on the current usage of Premium staff usage indicates efficient use of the workforce by the Local Health Districts. This percentage will vary by setting and, will depend on other factors such as the composition of the workforce and seasonal factors.
Context	Effective management and monitoring of the use of Premium staff (all overtime worked by staff and medical/nursing agency can ensure the efficient/effective use of these resources and assist with cost. This in turn should require the need for better management of the permanent workforce and reduce possible negative effects on service delivery and on other staff, with the engagement of Premium staff. From a Workforce and NaMo perspective, casual nursing staff are not considered Premium Staff. LHDs are encouraged to establish strong casual pools to manage peaks in activity and cover leave absences (e.g. sick leave). The utilisation of casual staff is significantly more cost effective than using agency staff or overtime. For nursing, establishing and maintaining a portion of its workforce as casual is encouraged as it provides flexibility and allows increased staffing options and ensure that sufficient experienced staff are available in order to maintain quality patient care and outcomes. Casual nursing staff are no longer included in this indicator as it distorts the true utilisation and cost of Premium Labour.
Related Policies/ Programs	Premier's Economic and Financial Statement 23 February 2006.
Useable data available from	(i) and (ii) 2013/14
Frequency of Reporting	Monthly/Year to Date (Corporate Analytics – Workforce)
Time lag to available data	monthly
Business owners	
Contact - Policy	Executive Director, Workforce Planning and Talent Development Branch
Contact - Data	Director, Workforce Planning and Performance Unit, Workforce Planning and Talent Development Branch
Representation	
Data type	Numeric
Form	Number
Representational layout	NNN.NN

Minimum size	3
Maximum size	6

Related National Indicator

INDICATOR: SPC109 **Previous IDs:**	**Public Service Commission (PSC) People Matter Employee Survey Response Rate** (%)
Shortened Title	People Matter Employee Survey
Service Agreement Type	Improvement Measure
NSW Health Strategic Outcome	4: Our staff are engaged and well supported
Status	Final
Version number	2.4
Scope	All NSW Health staff who respond to the survey.
Goal	Improved response rates.
Desired outcome	To achieve a higher response rates and higher staff engagement index than achieved in the previous People Matter Employee Survey.
Primary point of collection	Staff completion and submission of survey
Data Collection Source/System	External survey provider: Public Service Commission
Primary data source for analysis	External survey provider: Public Service Commission
Indicator definition	Number of staff responding to survey as a percentage of NSW Health headcount.
Numerator	
Numerator definition	Number of respondents to survey.
Numerator source	Survey data from external provider
Numerator availability	External provider.
Denominator	
Denominator definition	NSW Health headcount.
Denominator source	Workforce Planning & Performance Unit data from SMRS
Denominator availability	Workforce Planning & Performance Unit
Inclusions	All staff who complete the survey
Exclusions	Nil
Targets	
	Statistically significant increase in indicator from previous survey results
Context	The PSC instituted its People Matter Employee Survey in 2012 and has conducted it biennially since then. In 2017 the survey became annual.
Related Policies/ Programs	NSW Health Workplace Culture Framework
Useable data available from	Expected to be available September 2018 from external provider

Frequency of Reporting	Annual - ongoing
Time lag to available data	Expected to be available September 2018
Business owners	
Contact - Policy	Executive Director, Workforce Planning and Talent Development Branch
Contact - Data	Director, Workforce Planning and Performance Unit, Workforce Planning and Talent Development Branch
Representation	
Data type	Numeric
Form	Percentage
Representational layout	NNN
Minimum size	1
Maximum size	3
Data domain	External provider
Date effective	2011
Related National Indicator	N/A

INDICATOR: DWPDS_4202

Previous ID:

Workplace Diversity Improvement: Women in Senior Executive Roles (%)

Shortened Title	Workplace Diversity Improvement
Service Agreement Type	Improvement Measure
NSW Health Strategic Outcome	4: Our staff are engaged and well supported
Status	Revised
Version number	1.31
Scope	Staff employed within NSW Health Workforce.
Goal	Increase the proportion of women in senior leadership roles to 50% in the government sector over 10 years (2015-2025).
Desired outcome	> 50% women in senior executive roles as a % of total defined NSW Health Executive Workforce
Primary point of collection	StaffLink
Data Collection Source/System	Corporate Analytics –– Workforce
Primary data source for analysis	Corporate Analytics –– Workforce
Indicator definition	The percentage of women in senior leadership roles in NSW health workforce.
Numerator	
Numerator definition	Instances on payroll – identified as women in senior leadership roles
Numerator source	Corporate Analytics –– Workforce
Numerator availability	Annual
Denominator	
Denominator definition	Instances on payroll – identified women and men in senior roles
Denominator source	Corporate Analytics –– Workforce
Denominator availability	Annual
Inclusions	All employees identified as senior leaders The first criteria, which has been set by the Public Service Commission is based on the base salary of an employee. All Senior Leaders must have a base salary greater than $169,688 per annum as of June 2022. Below is a list of the specific criteria of employees deemed to be Senior Leaders in NSW Health:

Treasury Group	**Inclusions**

Medical	Staff Specialists with Managerial Allowances, Senior CMOs and DMSs
Nursing	Nurse Manager Grade 8 and 9
Ambulance	Superintendents and Operation Centre Managers
Dental	Area Directors and Dental Specialists who receive Managerial Allowance
Corporate Services – executives	HES/SES and Executive Bands
Corporate Services Health Managers	Health Managers Level 5 and 6 who have a base salary in the leadership band
Scientific and Technical	Director Medical Physics Specialist and Principal Scientific Officer Year 7 – 10. N.B: Principal Scientific Officers do not receive a managerial allowance however have managerial responsibilities as they are in charge of a laboratory.

Exclusions N/A

Targets

Increase the proportion of women in senior leadership roles to 50% in NSW Health by 2025

Context Premier's priority driving public sector diversity

Related Policies/ Programs Premier's priority driving public sector diversity

Useable data available from Corporate Analytics –– Workforce

Frequency of Reporting Annual

Time lag to available data 3 months from end of financial year

Business owners

Contact - Policy: Director, Workforce Strategy and Culture, Workforce Planning and Talent Development Branch

Contact - Data: Director, Workforce Planning and Performance, Workforce Planning and Talent Development Branch

Representation

Data type: Numeric

Form: Number, presented as a percentage

Representational layout: NNN.NN%

Minimum size: 4

Maximum size: 6

Related National Indicator

INDICATOR: SPC112, SPC113, SPC114	**Workplace Injuries:** Return to work experience (days):
Previous ID:	• 6-month Continuous Average Duration rate (*SPC112)* • 12-month Continuous Average Duration rate (*SPC113)* • 18-month Continuous Average Duration rate (*SPC114)*
Shortened Title	Weekly Continuance 6 months after injury Weekly Continuance 12 months after injury Weekly Continuance 18 months after injury
Service Agreement Type	Improvement Measure
NSW Health Strategic Outcome	4: Our staff are engaged and well supported
Status	Final
Version number	1.4
Scope	All NSW Health employees
Goal	To provide effective, proactive and timely management of injuries and necessary medical and vocational rehabilitation to assist injured workers and promote their safe and durable return to work.
Desired outcome	An indicative improvement in experience for each weekly continuance measure indicates an improvement in the emerging RTW experience.
Primary point of collection	Treasury Managed Fund (TMF) Data Warehouse
Data Collection Source/System	Treasury Managed Fund (TMF) Data Warehouse
Primary data source for analysis	Treasury Managed Fund (TMF) Actuarial Reporting
Indicator definition	**SPC112** – The number of injured workers still receiving weekly benefits 6 months after date of injury **SPC113** – The number of injured workers till receiving weekly benefits 12 months after date of injury **SPC114** – The number of injured workers still receiving weekly benefits 18 months after date of injury.
Numerator	
Numerator definition	Total number of continuous days off work following injury for NSW Health employees who have a work injury claim
Numerator source	Treasury Managed Fund (TMF) Actuarial Reporting
Numerator availability	Quarterly
Denominator	
Denominator definition	Number of NSW Health employees who are off work following injury and who have a work injury claim. Claims include all 'new' occupational disease and workplace injury claims (both major and minor) where the claim results in a permanent disability or a temporary disability where one or more days (7.5 hours) are paid for total incapacity.

Denominator source	Treasury Managed Fund (TMF) Actuarial Reporting
Denominator availability	Quarterly
Inclusions	The weekly continuance measures the number of injured workers still receiving weekly benefits at the three different cohorts. Of time
Exclusions	Claims with less than 5 days off work are excluded from the measure.
Targets	A target of 10% below the weekly continuance results for the 2020/21 fund year for each of the three RTW measure durations (i.e. 6, 12 and 18 months) as at 30 June 2022.
Context	To monitor how successfully injured claimants have been able to return to work. The lower the continuance rate, the more successful the return to work has been.
Useable data available from	Baseline data is 2019/20 fund year
Frequency of Reporting	12 monthly (quarterly monitoring reporting is available from TMF Actuaries)
Time lag to available data	The weekly continuance rate at any point in time represents time off work over a one-year period. The calculation is lagged one quarter to allow for late payments.
Business owners	
Contact - Policy	Executive Director, Workplace Relations
Contact - Data	Director, Safety and Security Improvement, Workplace Relations
Data type	Numeric
Form	Decimal
Representational layout	NNN.NN
Minimum size	3
Maximum size	6
Data domain	
Related National Indicator	

INDICATOR: DWPDS_4403 **Previous ID:**	**Compensable Workplace Injuries:** Compensable Injuries by Occupational category and by Type (Number) Compensable injuries by occupational category split by stress (psychological) versus non-stress (non-psychological), reported per month (Number)
Shortened Title	Compensable Workplace Injuries
Service Agreement Type	Improvement Measure
NSW Health Strategic Outcome	4: Our staff are engaged and well supported
Status	Final
Version number	1.3
Scope	All NSW Health employees including emergency and non-emergency employees
Goal	To measure the success of proactive programs aimed at increasing personal safety awareness and reducing injuries in the workplace for NSW Health employees by occupational category: • General Administration • Hotel & Linen Services • Maintenance • Medical Support • Ambulance (emergency) • Nurses
Desired outcome	An indicative improvement in the actual number of compensable injuries suffered and reported by occupational category and split by stress vs non-stress injuries.
Primary point of collection	iCare self insurance Treasury Managed Fund data warehouse
Data Collection Source/System	iCare self insurance Treasury Managed Fund data warehouse
Primary data source for analysis	iCare self insurance Treasury Managed Fund data warehouse
Indicator definition	Number of NSW Health employees who have lodged a claim as a result of a workplace injury, split by occupational category and then by stress vs non-stress claims
Numerator	
Numerator definition	The number of claims reported monthly split by occupational category and then by stress vs non-stress claims within each category: • General Administration • Hotel & Linen Services • Maintenance • Medical Support • Ambulance (emergency) • Nurses

	Note: does not include, within a reporting period, NSW Health staff who are booked to attend but have not completed the program at the time of reporting
Numerator source	iCare self insurance Treasury Managed Fund data warehouse
Numerator availability	Available Monthly
Denominator	
Denominator definition	N/A
Denominator source	
Denominator availability	
Inclusions	The number of compensable claims reported each month.
Exclusions	Claims reported excludes null claims
Targets	
	A target of 10% below the actual number of compensable claims lodged results for the previous financial year for each occupational category.
Context	To monitor whether overall levels of active claims are changing over time. Isolating the relative movement in one claim type and/or one occupation type highlights specific trends for the various categories and allows identification of successful safety awareness strategies.
Related Policies/ Programs	Injury Management and Return to Work Policy PD2013_006
Useable data available from	Baseline data for the previous financial year by month, quarter and annual.
Frequency of Reporting	Monthly, Quarterly and Annual.
Time lag to available data	Reporting available 1 week after the conclusion of the month.
Business owners	
Contact - Policy	Executive Director, Workplace Relations
Contact - Data	Director, Safety and Security Improvement, Workplace Relations
Representation	
Data type	Numeric
Form	Number
Representational layout	NNN,NNN
Minimum size	3
Maximum size	6
Date Effective	1 July 2016
Related National Indicator	

INDICATOR: SPC105

PREVIOUS ID: 0095

Leave Liability: Reduction in the total number of staff who have excess accrued leave balances of more than 30 days (Number)

Shortened Title	Leave Liability
Service Agreement Type	Improvement Measure
NSW Health Strategic Outcome	4: Our staff are engaged and well supported
Status	Final
Version number	1.6
Scope	
Goal	Effective management of annual (recreation) leave in NSW Health
Desired outcome	To reduce leave liability for staff to 30 days per employee.
Primary point of collection	Stafflink
Data Collection Source/System	Public Service Commission Workforce Profile via the State Management Reporting Service (SMRS)
Primary data source for analysis	Public Service Commission Workforce Profile via the State Management Reporting Service (SMRS)
Indicator definition	A count of the number of employees with annual leave balances over a defined number of days at a single point of time, to a maximum of 30 days per employee.
Numerator	
Numerator definition	A count of the number employees with annual leave over a defined number of days at a single point of time. Count is reported in cohort groups of 5 days i.e. <30 days, 30-35 days, 35-40 days and greater than 40 days.
Numerator source	State Management Reporting Service (SMRS)
Numerator availability	Fortnightly
Denominator	
Denominator definition	No denominator
Denominator source	
Denominator availability	
Inclusions	All non-casual staff
Exclusions	Excludes casual employees, sessional, seasonal and retained staff
Targets	
	A reduction of the number of staff with excessive leave balance to a maximum of of 30 days per employee.

Comments	*Interpretation* • The reduction of the number of staff with excessive leave balance indicates that employees are receiving their entitlements, a reduction in cost on termination to Local Health Districts, • opportunities for other staff to act in higher positions to cover periods of annual leave and the • requirement to fill large blocks of excessive leave which may have negative impact on the service. • reduces need to provision more resources to annual leave budget
Context	As such the Annual Holidays Act (1944) and most Health Awards provide that annual leave accrued is to be taken within six months of its falling due and that annual leave accruals beyond this date are considered "excessive". NSW Government has committed to “A managed reduction in public sector annual leave balances to a maximum of 40 days per employee by 30 June 2013, 35 days per employee by 30 June 2014, and 30 days per employee by 30 June 2015” (NSW Government Budget Statement 2013, p 4 – 6, http://www.treasury.nsw.gov.au/__data/assets/pdf_file/0020/24590/bp2_Ch4.pdf)
Related Policies/ Programs	• Annual Holidays Act (1944) • The Government Sector Employment Act 2013 • Policy Directive PD2014_029 Leave Matters for the NSW Health Service • Relevant Industrial instruments, Awards and Determinations
Useable data available from	2004/05
Frequency of Reporting	Quarterly and Annually
Time lag to available data	3 months from end of quarter
Business owners	
Contact - Policy	Executive Director, Workforce Planning and Talent Development Branch
Contact - Data	Director, Workforce Planning and Performance Unit, Workforce Planning and Talent Development Branch
Representation	
Data type	Numeric
Form	Number
Representational layout	NNNNNN
Minimum size	3
Maximum size	6
Data domain	

STRATEGIC HEALTH OUTCOME 5 IMs: Research and innovation, and digital advances inform service delivery

INDICATOR: MS2205 **Previous IDs: N/A**	**Leading Better Value Care**: Completion of education modules for inpatient diabetic care (Number)
Shortened Title	LBVC – Diabetic Education Modules
Service Agreement Type	Improvement Measure
NSW Health Strategic Outcome	5: Research and innovation, and digital advances inform service delivery
Status	Final
Version number	1.1
Scope	People aged 16 and over with a hospitalisation for any condition (eg heart failure) that is affected by diabetes.
Goal	To identify, implement and assess a statewide approach to improve glycaemia management for patients with diabetes in hospital.
Desired outcome	To improve patient experience; reduce adverse events and hospital length of stay and avoid failed hospital discharge.
Primary point of collection	
Data Collection Source/System	
Primary data source for analysis	• Training data (TBD) • Clinical Audit* • eMeds sites (eMeds Mpage could be a data source) • My Health Learning / ACI moodle site
Indicator definition	Total number of staff completing education modules in inpatient diabetic care
Numerator	
Numerator definition	Number of staff completing education modules in inpatient diabetic care The total number of sites that participate in clinical audit (LHD Service Agreement) and % of admissions audited. Baseline analysis to measure "movement" in common complications against. (Baseline to include linked audit and administrative data and other data as appropriate)
Numerator source	Clinical audit
Numerator availability	

Inclusions	
Exclusions	
Targets	N/A
Context	
Related Policies/ Programs	Better Value Care Initiative
Useable data available from	
Frequency of Reporting	6 monthly
Time lag to available data	
Business owners	Agency for Clinical Innovation
Contact - Policy	Director, Acute Care, Agency for Clinical Innovation
Contact - Data	Manager, Health Economics & Evaluation Team Director, Acute Care, Agency for Clinical Innovation
Representation	
Data type	Numeric
Form	Number
Representational layout	NNN
Minimum size	1
Maximum size	3
Data domain	
Date effective	1 July 2017
Related National Indicator	

INDICATOR: MS2206, MS2207	**Leading Better Value Care:** Services investigating inpatient clinical variation (Number)
Previous IDs:	• Chronic Heart Failure (CHF) (MS2206) • Chronic Obstructive Pulmonary Disease (COPD) (MS2207)
Shortened Title(s)	LBVC – Services Investigating Variation (CHF) LBVC – Services Investigating Variation (COPD)
Service Agreement Type	Improvement Measure
NSW Health Strategic Outcome	5: Research and innovation, and digital advances inform service delivery
Status	Final
Version number	1.1
Scope	**MS2206:** People aged 18 years and older, admitted to a NSW public hospital with a primary diagnosis of chronic heart failure (CHF). **MS2207:** People aged 40 years and older, admitted to a NSW public hospital with a primary diagnosis of chronic obstructive pulmonary disease (COPD).
Goal	The overarching goal of the work to be undertaken in 2017/18 is to ensure that by 2018-19 clear purchasing and funding decisions can be made around care for these cohorts and that care solutions support the tripe aim of goals of improving patient/carer/staff experience, outcomes and efficiency and effectiveness. To assess: • The provision of best practice clinical care via audit based on the dimensions of the NSW CHF Care Bundle, based on the NSW Clinical Service Framework for Chronic Heart Failure and the Heart Foundation Guidelines for the prevention, detection and management of chronic heart failure in Australia (2011) • The provision of best practice clinical care via audit based on the dimensions of the COPDX Plan: Australian and New Zealand Guidelines for the management of COPD 2016 and the Thoracic Society of Australia and New Zealand (TSANZ) oxygen guidelines for acute oxygen use in adults 2015 • the impact of variation in current care on selected patient outcome variables and efficiency measures through the triangulation and linkage of data.
Desired outcome	To improve patient experience; address any demonstrated unwarranted clinical variation in mortality and readmissions (as per the BHI report) and, where appropriate, improve efficiency and effectiveness of care in terms of length of stay, rate of hospitalisation and care in the last year of life.
Primary point of collection	

Data Collection Source/System	
Primary data source for analysis	
Indicator definition	The total number of inpatient services that have participated in a clinical audit, reported by targeted condition.
Numerator	
Numerator definition	The total number of inpatient services that have participated in a clinical audit, reported by targeted condition.
Numerator source	
Numerator availability	
Inclusions	
Exclusions	
Targets	N/A
Context	
Related Policies/ Programs	Better Value Care Initiative
Useable data available from	**NOTE:** Work is currently ongoing with stakeholders to progress the linkage and triangulation of data as specified below (ACI, Health Economics and Evaluation Team): Provision of sufficient data to support the following four stage process: 1. Collection of clinical audit data 2. Linkage of clinical audit data to NSW data sets 3. Triangulation of audit, administrative, fact of death (CHF and COPD) and other relevant data 4. Articulated issue to be addressed and documented solution ACI to develop articulated and documented solution to issues identified. (ACI, Acute Care).
Frequency of Reporting	Quarterly for audit counts
Time lag to available data	
Business owners	
Contact - Policy	Director, Acute Care, Agency for Clinical Innovation
Contact - Data	Manager, Health Economics & Evaluation Team
Representation	

Data type	Numeric
Form	Number
Representational layout	NNN
Minimum size	1
Maximum size	3
Data domain	
Date effective	1 July 2017

Related National Indicator

INDICATOR: IM21-004 **Previous ID: Nil**	**Ethics Application Approvals** - By the Human Research Ethics Committee within 45 calendar days - Involving low and negligible risk to participants (%)
Shortened Title	Ethics Application Approvals in 45 days
Service Agreement Type	Improvement Measure
NSW Strategic Health Outcome	5: Research and innovation, and digital advances inform service delivery
Status	Final
Version number	1.0
Scope	
Goal	To assess the efficiency of the HREC's processes and to drive process improvement.
Desired outcome	
Primary point of collection	
Data Collection Source/System	REGIS
Primary data source for analysis	REGIS
Indicator definition	The proportion of Low Negligible Risk applications approved by the reviewing HREC within 45 calendar days from the application submission date, with a final written notification date within the reporting period.
Numerator	
Numerator definition	Total number of Low Negligible Risk applications approved by the reviewing HREC within 45 calendar days from the meeting submission closing date, with a final written notification date within the reporting period.
Numerator source	REGIS
Numerator availability	
Denominator	
Denominator definition	Total number of Low Negligible Risk applications approved by the reviewing HREC with a final written notification date within the reporting period.
Denominator source	REGIS
Denominator availability	
Inclusions	• Application Type = Ethics • LNR = Yes • Current Decision = Approved and Approved with Conditions
Exclusions	• Application Type = Site Specific Assessment • Current Decision = In Progress, Submitted, Ineligible, Eligible, Information Requested, Approved pending further information,

	Information Provided, Under Review, Assigned to meeting, Approved with conditions (pending decision email), Approved (pending decision email), Not Approved (pending decision email), Withdrawn, Abandoned, Not approved.
Targets	75% • Performing:>= 75% • Under Performing: >= 55% and < 75% • Not Performing: < 55%
Context	The measure will no longer account for clock stops in accordance with the NHMRC Certification Handbook. Where a valid application is received, the count starts on the submission closing date for the HREC meeting at which an application will be reviewed. The count stops when the HREC formally notifies the applicant of the final decision.
Related Policies/ Programs	http://www.medicalresearch.nsw.gov.au/ethics-governance-metrics
Useable data available from	
Frequency of Reporting	Quarterly
Time lag to available data	
Business owners	**Office for Health and Medical Research**
Contact - Policy	Executive Director, Office for Health and Medical Research
Contact - Data	Executive Director, Office for Health and Medical Research
Representation	
Data type	Numeric
Form	Number, presented as a percentage (%)
Representational layout	NNN.N
Minimum size	3
Maximum size	5
Data domain	N/A
Date effective	
Related National Indicators	

INDICATOR: IM21-005

Previous ID: Nil

Research Governance Application Authorisations – Site specific Within 30 calendar days - Involving low and negligible risk to participants (%)

Shortened Title	Research Governance Application Authorisations in 30 days
Service Agreement Type	Improvement Measure
NSW Health Strategic Outcome	5: Research and innovation, and digital advances inform service delivery
Status	Final
Version number	1.0
Scope	
Goal	To assess the efficiency of the site authorisation process and to drive process improvement.
Desired outcome	
Primary point of collection	
Data Collection Source/System	REGIS
Primary data source for analysis	REGIS
Indicator definition	The proportion of Low and Negligible risk site specific assessment (SSA) applications authorised by the RGO within 30 calendar days, authorised within the reporting period.
Numerator	
Numerator definition	Total number of Low and Negligible risk SSA applications authorised by the RGO within 30 calendar days, authorised (final SSA decision letter provided) within the reporting period.
Numerator source	REGIS
Numerator availability	
Denominator	
Denominator definition	Total number of Low and Negligible risk SSA applications authorised (final SSA decision letter provided) by the RGO within the reporting period.
Denominator source	REGIS
Denominator availability	
Inclusions	• Application Type = Site Specific Assessment • LNR = Yes • Current Decision = Authorised; Authorised with Conditions.
Exclusions	• Application Type = Ethics • LNR = No

	• Current Decision = In Progress, Completed pending HOD, HOD not supported, Submitted, Ineligible, Valid, Eligible, Information Requested, Pending CE, Authorised pending further information, Information Provided, Authorised with conditions (pending decision email), Authorised (pending decision email), Not Authorised (pending decision email), Withdrawn, Abandoned, Not Authorised.
Targets	75% • Performing:>= 75% • Under Performing: >= 55% and < 75% • Not Performing: < 55%
Context	The improvement measure will no longer account for clock stops. The SSA application received date is the date the RGO or designee either: 1. Receives an SSA application from a researcher regardless of whether or not it is complete and/or deemed valid. 2. Receives ethics approval for a submitted SSA application 3. Uploads ethics approval documentation into REGIS from an interjurisdictional HREC The clock is stopped when the final SSA decision letter is provided to the site principal investigator.
Related Policies/ Programs	http://www.medicalresearch.nsw.gov.au/ethics-governance-metrics
Useable data available from	
Frequency of Reporting	Quarterly
Time lag to available data	
Business owners	
Contact - Policy	Executive Director, Office for Health and Medical Research
Contact - Data	Executive Director, Office for Health and Medical Research
Representation	
Data type	Numeric
Form	Number, presented as a percentage (%)
Representational layout	NNN.N
Minimum size	3
Maximum size	5
Data domain	N/A
Date effective	
Related National Indicators	

INDICATOR: DHMR_5301 **Previous ID:**	**Clinical Trials:** Persons recruited to cancer clinical trials (Number)
Shortened Title	Persons recruited to cancer clinical trials
Service Agreement Type	Improvement Measure
NSW Health Strategic Outcome	5: Research and innovation, and digital advances inform service delivery
Status	Final
Version number	1.01
Scope	Since 1 July 2016, the Cancer Institute NSW Clinical Trials Program allocates funding to NSW Local Health Districts (LHDs) and NSW Specialty Networks based on; a) enrolment into 'Portfolio' cancer clinical trials that are independent of, but complement, industry clinical trials, to support the rapid translation of new and innovative therapies into practice for the benefit of people with cancer. b) core funding based on the number of incident cases within the LHD or specialty network. Clinical Trial Units (CTUs) that are participating in the program are requested to provide activity data for both Industry and non-industry funded prospective interventional cancer clinical trials via the Cancer Institute NSW Clinical Trials Portal.
Goal	Make NSW a destination of choice for cancer clinical trials.
Desired outcome	Increased enrolments into cancer clinical trials.
Primary point of collection	Clinical Trial enrolment logs at Clinical Trial Units (CTUs), data are entered quarterly into Cancer Institute NSW Clinical Trials Portal by all cancer CTUs across NSW.
Data Collection Source/System	Cancer Institute NSW Clinical Trials Portal.
Primary data source for analysis	Participating CTUs within an LHD are required to report quarterly on enrolments into all prospective interventional cancer clinical trials via the Cancer Institute NSW Clinical Trials Portal as part of the LHDs block funding for cancer services. Historical numbers can change over time as CTUs can submit adjustments for previous report periods.
Indicator definition	The number of enrolments into cancer clinical trials in the Cancer Institute NSW Clinical Trials Portal during a financial year.
Numerator	
Numerator definition	Total number of enrolments into cancer clinical trials that were enrolled in the financial year to date. Note: Far West LHD has not been conducting interventional cancer clinical trials, there will be no enrolments.
Numerator source	Cancer Institute's Clinical Trials Portal

Numerator availability	Available Quarterly
Denominator	
Denominator definition	N/A
Denominator source	
Denominator availability	
Inclusions	N/A
Exclusions	N/A
Targets	N/A
Context	**Cancer Clinical Trial Units participating in the program**

LHD	CTU
Central Coast	Gosford - Haematology
	Gosford - Medical Oncology
	Gosford - Radiation Oncology
Hunter New England	Calvary Mater Newcastle - Haematology
	Calvary Mater Newcastle - Medical Oncology
	Calvary Mater Newcastle - Palliative Care
	Calvary Mater Newcastle - Radiation Oncology
	Calvary Mater Newcastle - Surgical Oncology
	Hunter Cancer Centre
	John Hunter Hospital-Gastro Intestinal Surgery
	Newcastle Private Hospital
	North West Cancer Centre (Tamworth & Armidale)
Illawarra Shoalhaven	Wollongong Hospital
Mid North Coast	Coffs Harbour - MNCCI
	Port Macquarie – MNCCI
Murrumbidgee	Border Medical Oncology
	Riverina Cancer Care Centre
Nepean Blue Mountains	Nepean Hospital
Northern NSW	Lismore Base Hospital
	Tweed Hospital
Northern Sydney	RNSH - Medical Oncology
	RNSH - Radiation Oncology
South Eastern Sydney	Calvary Healthcare Sydney
	Prince of Wales Hospital
	St George / Sutherland Hospital - Haematology

	St George / Sutherland Hospital – Oncology
South Western Sydney	Bankstown Hospital
	Bankstown RadOnc
	Braeside Hospital - Palliative Care
	Campbelltown - Macarthur Cancer Therapy Centre
	Campbelltown RadOnc
	Liverpool - Cancer Therapy Centre
	Liverpool Haematology
	Liverpool Palliative Care
	Liverpool Psycho-oncology
	Liverpool RadOnc
	Southern Highlands Cancer Therapy Centre
Southern NSW	Canberra Hospital
St Vincent's Health	Sacred Heart Supportive and Palliative Care Service
	The Kinghorn Cancer Centre- Haematology
	The Kinghorn Cancer Centre- Oncology
Sydney	Chris O'Brien Lifehouse MedOnc
	Chris O'Brien Lifehouse RadOnc
	Concord - Haematology
	Concord - Medical Oncology
	Concord Palliative Care
	RPAH - Haematology
	RPAH – SOuRCE
Sydney Children's Hospital Network	Children's Cancer & Haematology Service
	Children's Hospital at Westmead
	Sydney Children's Hospital
Western NSW	Orange - Central West Cancer Care Centre
Western Sydney	Blacktown Cancer & Haematology Centre
	Westmead - Breast Cancer Institute
	Westmead - Endoscopy Unit
	Westmead - Gynaecological Oncology
	Westmead Collaborative Cancer Trials Unit
	Westmead Hospital - Haematology & Bone Marrow Transplantation
	Westmead Hospital - Medical Oncology
	Westmead Hospital - Radiation Oncology

Melanoma Institute Australia, San Clinical Trial Unit, Northern Cancer Institute, and Mater Hospital are included in the NSW total only.

	The Clinical Trials Program is aiming to increase access to cancer clinical trials in NSW. Improved access to cancer clinical trials in NSW should be reflected by this indicator showing an increasing trend in the number of enrolments into cancer clinical trials.
Related Policies/ Programs	
Useable data available from	1 July 2016
Frequency of Reporting	Quarterly
Time lag to available data	CTU report quarterly data at end of report period, data available for previous quarter 1 month after submission.
Business owners	
Contact - Policy	Director, Strategic Research Investment Division, Cancer Institute NSW
Contact - Data	Manager, Data Intelligence, Strategic Research Investment Division, Cancer Institute NSW
Representation	
Data type	Numeric
Form	Number
Representational layout	NNN
Minimum size	1
Maximum size	3
Data domain	N/A
Date effective	
Related National Indicators	

INDICATOR: DHMR_5403 **Previous ID:**	**Client Data Linkage** - Records linked in the Centre for Health Record Linkage Master Linkage Key (Number)
Shortened Title	Client Data Linkage
Service Agreement Type	Improvement Measure
NSW Health Strategic Outcome	5: Research and innovation, and digital advances inform service delivery
Status	Final
Version number	1.01
Scope	All records included in the Centre for Health Record Linkage routine linkage system and accessible for secondary purposes.
Goal	To increase the number and scope of records that are routinely sourced and linked for secondary purposes.
Desired outcome	To increase the volume and timeliness of linked data that is accessible for secondary purposes
Primary point of collection	Centre for Health Record Linkage Data Linkage Unit
Data Collection Source/System	Master Linkage Key history spreadsheet
Primary data source for analysis	Master Linkage Key history spreadsheet
Indicator definition	The total number of records linked in the Centre for Health Record Linkage Master Linkage Key.
Numerator	
Numerator definition	The total number of records linked in the Centre for Health Record Linkage Master Linkage Key. **Note:** Includes records from ACT and Commonwealth collections, which are also accessible for research.
Numerator source	
Numerator availability	Available Quarterly
Denominator	
Denominator definition	N/A
Denominator source	
Denominator availability	
Inclusions	N/A
Exclusions	N/A
Targets	

Context	Routine linkage systems within jurisdictions provide well documented scientific and economic advantages and the CHeReL linkage system that is considered an internationally recognised state-wide research asset.
Related Policies/ Programs	
Useable data available from	July 2007
Frequency of Reporting	Annual or Quarterly
Time lag to available data	Reporting available by the 1st day of each quarter, data is available for previous quarter
Business owners	
Contact - Policy	Executive Director, Centre for Epidemiology and Evidence
Contact - Data	Director, Centre for Health Record Linkage
Representation	
Data type	Numeric
Form	Number, presented as a number
Representational layout	N{14}
Minimum size	10
Maximum size	14
Data domain	N/A
Date effective	
Related National Indicators	

INDICATOR: MS2506	**Quality of Aboriginal Identification in Reported Data (%):**
Previous IDs:	Aboriginal people correctly reported in admitted patient data (%)
Shortened Title	Quality of Aboriginal Identification in Data
Service Agreement Type	Improvement Measure
NSW Health Strategic Outcome	5: Research and innovation, and digital advances inform service delivery
Status	Final
Version number	1.1
Scope	All admitted patients
Goal	To improve the reliability of Aboriginal people's data
Desired outcome	Improved reporting of Aboriginal people in admitted patient data
Primary point of collection	Patient Medical Record
Data Collection Source/System	Hospital PAS system, Admitted Patient Data Collection, administrative health datasets linked by the Centre for Health Record Linkage (CHeReL)
Primary data source for analysis	The Hospital Performance and Evaluation Dataset (HOPED).
Indicator definition	The number of admitted patient dataset records reported for Aboriginal people compared to the number of episodes expected for Aboriginal people, expressed as a percentage.
Numerator	
Numerator definition	Number of admitted patient dataset records reported for Aboriginal people in the reporting period.
Numerator source	Admitted Patient Data in the Hospital Performance and Evaluation Dataset (HOPED)
Numerator availability	HOPED is updated 3 months after the close of the quarter.
Denominator	
Denominator definition	The number of admitted patient dataset records where the Enhanced Reporting of Aboriginality Variable reports patients as Aboriginal.
Denominator source	Admitted Patient Data in the Hospital Performance and Evaluation Dataset (HOPED).
Denominator availability	HOPED is updated 3 months after the close of the quarter.
Inclusions	All admitted patient service events.
Exclusions	N/A
Targets	1% improvement per year
Context	Provides evidence of the health status of Aboriginal people, and respectful, responsive and culturally sensitive services.

Related Policies/ Programs	NSW Aboriginal Health Plan 2013-2013
Useable data available from	Currently
Frequency of Reporting	Quarterly
Time lag to available data	Data available 3 months after the close of the quarter. Reporting available 4 months after the close of the quarter
Business owners	
Contact - Policy	Executive Director, Centre for Aboriginal Health
Contact - Data	Principal Analyst, Strategic Information, Centre for Epidemiology and Evidence
Representation	
Data type	Numeric
Form	Number, expressed as a percentage
Representational layout	NN.N
Minimum size	3
Maximum size	4
Data domain	
Date effective	1 July 2017
Related National Indicators	

INDICATOR: KSA205 **Previous IDs:**	**Electronic Discharge Summaries Completed: (%)** Percentage of discharge summaries lodged electronically to HealtheNet Clinical Repository
Shortened Title	Electronic Discharge Summaries Completed
Service Agreement Type	Improvement Measure
NSW Health Strategic Outcome	5: Research and innovation, and digital advances inform service delivery
Status	Final
Version number	2.1
Scope	All completed admitted inpatient stays
Goal	All inpatient stays to have an electronic discharge summary completed after the patient has received care as a hospital inpatient.
Desired outcome	To improve patient health outcomes
Primary point of collection	Cerner, iPM, CorePAS, Clinical Applications Portal
Data Collection Source/System	HealtheNet Clinical Repository
Primary data source for analysis	HealtheNet Statewide Infrastructure, Rhapsody, Enterprise Service Bus, Clinical Repository Databases
Indicator definition	The percentage of unique discharge summaries lodged electronically with HealtheNet Clinical Repository over the total number of discharged inpatient stays.
Numerator	
Numerator definition	Total YTD number of unique electronic discharge summaries lodged with HealtheNet Clinical Repository.
Numerator source	HealtheNet Statewide Infrastructure, Rhapsody, Enterprise Service Bus, Clinical Repository Databases
Numerator availability	Monthly
Denominator	
Denominator definition	Total number of admitted inpatient stays within a financial year.
Denominator source	HealtheNet Clinical Repository/EDW
Denominator availability	Monthly
Inclusions	Admitted inpatient service encounters with a separation (end) date within the reporting period.
Exclusions	Day-only episodes
Targets	Increase in YTD percentage • Performing: Increase in YTD percentage

- Not performing: No change in YTD percentage
- Under performing: Decrease in YTD percentage

Related Policies/ Programs	GL2022_005 (Patient Discharge Documentation)
Useable data available from	1 July 2015
Frequency of Reporting	Monthly
Time lag to available data	
Business owners	System Performance Support Branch
Contact - Policy	Executive Director, System Performance Support Branch
Contact - Data	Executive Director, System Information and Analytics Branch (MOH-SystemInformationAndAnalytics@health.nsw.gov.au.)
Representation	
Data type	Numeric
Form	Number, expressed as a percentage
Representational layout	NNN.N
Minimum size	3
Maximum size	5
Data domain	
Date effective	1 July 2016
Related National Indicator	

INDICATOR: IM23-004

Previous ID:

Integrated Care Program – Monthly - Patients Enrolled in the Emergency Department to Community Initiative (EDC)– variation to previous year (%)

Shortened Title	Integrated Care Program: Monthly - Patients Enrolled into EDC
Service Agreement Type	Improvement Measure
NSW Health Strategic Outcome	6: The health system is managed sustainably
Status	Final
Version number	1.0
Scope	All patients enrolled in the EDC initiative in the Local Health District
Goal	To increase the number of patients enrolled in the EDC initiative
Desired outcome	Provide integrated care to a significant number of patients that are eligible as per selection criteria
Primary point of collection	Local Integrated Care teams
Data Collection Source/System	Patient Flow Portal
Primary data source for analysis	Patient Flow Portal
Indicator definition	Percentage variation in the total number of new patients enrolled Year to Date in the Patient Flow Portal under the Emergency Department to Community Integrated Care Initiative (EDC).
Numerator	
Numerator definition	Total number of new patients enrolled Year to Date in the Patient Flow Portal under the Emergency Department to Community Integrated Care Initiative (EDC) Less Total number of new patients enrolled Year to Date in the Patient Flow Portal under the Emergency Department to Community Integrated Care Initiative (EDC) in the previous year.
Numerator source	Patient Flow Portal
Numerator availability	Monthly
Denominator	
Denominator definition	Total number of new patients enrolled Year to Date in the Patient Flow Portal under the Emergency Department to Community Integrated Care Initiative (EDC) in the previous year.
Denominator source	Patient Flow Portal
Denominator availability	Monthly

Inclusions	
Exclusions	
Targets	Target: ≥5 % increase on previous year to date new EDC initiative enrolments. • Performing: ≥5% increase on previous YTD • Under Performing: < 5% increase on previous YTD • Not performing: No change or decrease from previous YTD
Context	
Related Policies/ Programs	Integrated Care Strategy
Useable data available from	1 July 2021
Frequency of Reporting	Monthly
Time lag to available data	Daily
Business owners	
Contact - Policy	Executive Director, System Performance Support
Contact - Data	Executive Director, System Performance Support
Representation	
Data type	Numeric
Form	Percentage
Representational layout	NNN.NN
Minimum size	3
Maximum size	5
Data domain	N/A
Date effective	1 July 2023
Related National Indicators	

INDICATOR: IM23-005 **Previous ID:**	**Integrated Care Program – Monthly - Patients Enrolled in the Planned Care for Better Health Integrated Care Initiative (PCBH)– variation to previous year (%)**

Shortened Title	Integrated Care Program: Monthly - Patients Enrolled into PCBH
Service Agreement Type	Improvement Measure
NSW Health Strategic Outcome	6: The health system is managed sustainably
Status	Final
Version number	1.0
Scope	All patients enrolled in the PCBH initiative in the Local Health District
Goal	To increase the number of patients enrolled in the PCBH initiative
Desired outcome	Provide integrated care to a significant number of patients that are eligible as per selection criteria
Primary point of collection	Local Integrated Care teams
Data Collection Source/System	Patient Flow Portal
Primary data source for analysis	Patient Flow Portal
Indicator definition	Percentage variation in the total number of new patients enrolled Year to Date in the Patient Flow Portal under the Planned Care for Better Health Integrated Care Initiative (PCBH).
Numerator	
Numerator definition	Total number of new patients enrolled Year to Date in the Patient Flow Portal under the Planned Care for Better Health Integrated Care Initiative (PCBH) Less Total number of new patients enrolled Year to Date in the Patient Flow Portal under the Planned Care for Better Health Integrated Care Initiative (PCBH) in the previous year.
Numerator source	Patient Flow Portal
Numerator availability	Monthly
Denominator	
Denominator definition	Total number of new patients enrolled Year to Date in the Patient Flow Portal under the Planned Care for Better Health Integrated Care Initiative (PCBH) in the previous year.
Denominator source	Patient Flow Portal
Denominator availability	Monthly
Inclusions	

Exclusions	
Targets	Target: ≥5 % increase on previous year to date new PCBH enrolments. • Performing: ≥5% increase on previous YTD • Under Performing: <5% increase on previous YTD • Not performing: No change or decrease from previous YTD
Context	
Related Policies/ Programs	Integrated Care Strategy
Useable data available from	1 July 2021
Frequency of Reporting	Monthly
Time lag to available data	Daily
Business owners	
Contact - Policy	Executive Director, System Performance Support
Contact - Data	Executive Director, System Performance Support
Representation	
Data type	Numeric
Form	Percentage
Representational layout	NNN.NN
Minimum size	3
Maximum size	5
Data domain	N/A
Date effective	1 July 2023
Related National Indicators	

INDICATOR: MS3102

Previous IDs:

Electronic Discharge Summary Performance: Created within 48 hours of patient discharge from hospital (%)

Shortened Title	Electronic Discharge Summary Performance
Service Agreement Type	Improvement Measure
NSW Health Strategic Outcome	5: Research and innovation, and digital advances inform service delivery
Status	Final
Version number	2.0
Scope	All admitted inpatient stays
Goal	All general practitioners to receive an electronic discharge summary after their patient has received care as a hospital inpatient within an acceptable timeframe.
Desired outcome	• To improve care coordination between hospitals and general practitioners • To improve patient health outcomes
Primary point of collection	Patient Administration Systems
Data Collection Source/System	Cerner, iPM, CorePAS
Primary data source for analysis	EDW, Enterprise Service Bus, HealtheNet Clinical Repository
Indicator definition	The percentage of unique discharge summaries lodged electronically with HealtheNet Clinical Repository within 48 hours of a patient's discharge from hospital within the reporting period.
Numerator	
Numerator definition	Total number of unique electronic discharge summaries lodged with HealtheNet Clinical Repository within 48 hours of the patient's discharge within the reporting period.
Numerator source	HealtheNet Statewide Infrastructure: Rhapsody, Enterprise Service Bus and Clinical Repository Databases
Numerator availability	Monthly
Denominator	
Denominator definition	Total number of unique electronic discharge summaries lodged with HealtheNet Clinical Repository within the reporting period.
Denominator source	HealtheNet Clinical Repository
Denominator availability	Monthly

Inclusions	Admitted inpatient service encounters with a separation (end) date within the reporting period.
Exclusions	Day-only service events
Targets	
Target	N/A
Context	
Related Policies/ Programs	GL2022_005 (Patient Discharge Documentation)
Useable data available from	1 July 2015
Frequency of Reporting	Monthly
Time lag to available data	
Business owners	
Contact - Policy	Director, Integrated Care Implementation and Executive Director, System Performance Support Branch
Contact - Data	Executive Director, System Information and Analytics
Representation	
Data type	Numeric
Form	Number, expressed as a percentage
Representational layout	NNN.N
Minimum size	3
Maximum size	5
Data domain	
Date effective	1 July 2017
Related National Indicator	

INDICATOR: DSR_7307

Previous IDs:

Data Centre Reform Server Migration Progress: Local Servers Migrated to Government Data Centres (GovDC) or eHealth-brokered Cloud Hosting (%)

Shortened Title	Servers Migrated to GovDC or eHealth Cloud Hosting
Service Agreement Type	Improvement Measure
NSW Health Strategic Outcome	5: Research and innovation, and digital advances inform service delivery
Status	Final
Version number	2.0
Scope	To migrate current local servers in NSW health data centres to GovDC or eHealth-brokered Cloud Hosting.
Goal	To increase reliability and security for NSW Health's computer systems, minimise the ongoing environmental impact of NSW Health's data centre operations and improve technical and operational services.
Desired outcome	To establish a future-proof, resilient technology environment to support the delivery of high performance applications for clinicians and corporate applications as part of the NSW government wide Data Centre reform.
Primary point of collection	eHealth NSW Program Delivery
Data Collection Source/System	eHealth PCMO Integrated Progress Update
Primary data source for analysis	eHealth PCMO Integrated Progress Update
Indicator definition	The percentage (%) of local servers migrated to GovDC or eHealth-brokered Cloud Hosting
Numerator	
Numerator definition	Total number of servers migrated to GovDC eHealth-brokered Cloud Hosting
Numerator source	eHealth PCMO Integrated Progress Update
Numerator availability	Available Monthly
Denominator	
Denominator definition	Total number of targeted / in scope servers.
Denominator source	eHealth PCMO Integrated Progress Update
Denominator availability	Available
Inclusions	Servers migrated or identified for decommissioning
Exclusions	
Targets	

Target	N/A
Context	
Related Policies/ Programs	• eHealth Strategy 2016-2026 • NSW Data Centre Reform (DFSI)
Useable data available from	February 2017
Frequency of Reporting	Monthly / Quarterly
Time lag to available data	The 10th day of each month, data available for previous month
Business owners	
Contact - Policy	Executive Director, eHealth
Contact - Data	Program Delivery Director, eHealth
Representation	
Data type	Numeric
Form	Number, expressed as a percentage
Representational layout	NNN.N%
Minimum size	3
Maximum size	5
Data domain	
Date effective	1 July 2017

Related National Indicator

INDICATOR: DSR_7308

Previous IDs:

Data Centre Reform Application Migration Progress: Local Applications Migrated to Government Data Centres (GovDC) or eHealth-brokered Cloud Hosting (%)

Shortened Title	Health Applications Migrated to GovDC or eHealth Cloud Hosting
Service Agreement Type	Improvement Measure
NSW Health Strategic Outcome	5: Research and innovation, and digital advances inform service delivery
Status	Final
Version number	2.0
Scope	To migrate current applications (clinical and corporate) in NSW Health data centres to GovDC or eHealth-brokered Cloud Hosting.
Goal	To increase reliability and security for NSW Health's computer systems, minimise the ongoing environmental impact of NSW Health's data centre operations and Improve technical and operational services.
Desired outcome	To establish a future-proof, resilient technology environment to support the delivery of high performance applications for clinicians and corporate applications as part of the NSW government wide Data Centre reform.
Primary point of collection	eHealth NSW Program Delivery
Data Collection Source/System	eHealth PCMO Integrated Progress Update
Primary data source for analysis	eHealth PCMO Integrated Progress Update
Indicator definition	The percentage (%) of applications migrated to GovDC or eHealth-brokered Cloud Hosting
Numerator	
Numerator definition	Total number of applications migrated to GovDC. or eHealth-brokered Cloud Hosting
Numerator source	eHealth PCMO Integrated Progress Update
Numerator availability	Available Monthly
Denominator	
Denominator definition	Total number of targeted / in scope applications.
Denominator source	eHealth PCMO Integrated Progress Update
Denominator availability	Available
Inclusions	
Exclusions	
Targets	

	N/A
Context	
Related Policies/ Programs	• eHealth Strategy 2016-2026 • NSW Data Centre Reform (DFSI)
Useable data available from	February 2017
Frequency of Reporting	Monthly / Quarterly
Time lag to available data	The 10th day of each month, data available for previous month
Business owners	
Contact - Policy	Executive Director, eHealth
Contact - Data	Program Delivery Director, eHealth
Representation	
Data type	Numeric
Form	Number, expressed as a percentage
Representational layout	NNN.N%
Minimum size	3
Maximum size	5
Data domain	
Date effective	1 July 2017
Related National Indicator	

STRATEGIC HEALTH OUTCOME 6 IMs: The health system is managed sustainably

INDICATOR: KFA102 **Previous IDs:**	**Expenditure Matched to Budget**: June projection Variance – General Fund (%)
Shortened Title	Expenditure Matched to Budget Projection
Service Agreement Type	Improvement Measure
NSW Health Strategic Outcome	6: The health system is managed sustainably
Status	Final
Version number	1.21
Scope	Financial Management
Goal	Health Entities to operate within approved allocation
Desired outcome	Health Entities achieve an on budget or favorable result
Primary point of collection	Health Entities
Data Collection Source/System	Oracle Accounting System
Primary data source for analysis	Health Entity monthly financial narrative/SMRS
Indicator definition	General Fund expenditure is the LHD forecast of FY expenditure to budget.
Numerator	
Numerator definition	Full 12 months estimated General Fund expenditure
Numerator source	SMRS
Numerator availability	Available
Denominator	
Denominator definition	Full 12 months Budget General Fund expenditure
Denominator source	SMRS
Denominator availability	Available
Inclusions	
Exclusions	The General Fund Measure excludes Special Purpose & Trust Funds
Targets	
	On budget or favorable to budget
Context	Health Entities are expected to operate within approved budget
Related Policies/ Programs	

Useable data available from	Annual - Financial year (available from Finance on a monthly basis)
Frequency of Reporting	Monthly
Time lag to available data	Available at month end
Business owners	
Contact - Policy	Chief Financial Officer
Contact - Data	Director, Financial Performance & Reporting
Representation	
Data type	Numeric
Form	Number, presented as a percentage (%)
Representational layout	NNN.NN
Minimum size	1
Maximum size	6
Data domain	
Related National Indicator	

INDICATOR: KFA104	**Own Source Revenue Matched to Budget**: June projection variance – General Fund (%)
Previous IDs:	
Shortened Title	Revenue Matched to Budget Projection
Service Agreement Type	Improvement Measure
NSW Health Strategic Outcome	6: The health system is managed sustainably.
Status	Final
Version number	1.11
Scope	Financial Management
Goal	Health Entities achieve approved own source revenue budget
Desired outcome	Health Entities achieve an on budget or favourable result
Primary point of collection	Health Entities
Data Collection Source/System	Oracle
Primary data source for analysis	Health Entity Monthly Financial Narrative/SMRS
Indicator definition	General Fund own source revenue is the LHD forecast of FY own source revenue anticipated.
Numerator	
Numerator definition	Full 12 months estimated General Fund own source revenue
Numerator source	SMRS
Numerator availability	Available
Denominator	
Denominator definition	Full 12 months Budget General Fund own source revenue.
Denominator source	SMRS
Denominator availability	Available
Inclusions	
Exclusions	The General Fund Measure excludes Special Purpose & Trust Funds. The Own Source revenue excludes Government grant contributions (subsidy)
Targets	
	On budget or favourable to budget
Context	Health Entities are expected to achieve approved budget
Related Policies/ Programs	
Useable data available from	Annual - Financial year (available from Finance on a monthly basis)
Time lag to available data	Available at month end

Business owners

Contact - Policy	Chief Financial Officer
Contact - Data	Director, Financial Performance & Reporting

Representation

Data type	Numeric
Form	Number, presented as a percentage (%)
Representational layout	XXX.XX
Minimum size	1
Maximum size	6

Related National Indicator

INDICATOR: SFA103 **Previous IDs: 9C6, 0036**	**Patient Fee Debtors** > 45 days as a percentage of rolling prior 12 months patient fee revenues (%)
Shortened Title	Patient Fee Debtors > 45 days
Service Agreement Type	Improvement Measure
NSW Health Strategic Outcome	6: The health system is managed sustainably
Status	Final
Version number	1.3
Scope	Liquidity Management
Goal	To minimise the level of outstanding patient fees debtors
Desired outcome	A reduction in the level of debtors
Primary point of collection	Health Entities
Data Collection Source/System	Oracle
Primary data source for analysis	Health Entity Monthly Financial Narrative/SMRS
Indicator definition	Patient fees unpaid over 45 days from date of invoice (or in the case of compensable & ineligible patients > 150 days)
Numerator	
Numerator definition	Balance of debtors at month end
Numerator source	SMRS
Numerator availability	Available
Denominator	
Denominator definition	Total patient fees raised in the immediately preceding 12 month period
Denominator source	SMRS
Denominator availability	Available
Inclusions	Patient fees unpaid over 45 days from date of invoice or in the case of compensable & ineligible patient fees, debtors over 150 days only
Exclusions	N.A.
Targets	
	<5%
Context	Health entities are expected to minimise the level of outstanding patient fees debtors. This improves the liquidity position of Health Entities
Related Policies/ Programs	
Useable data available from	Annual – financial year

Frequency of Reporting	Monthly
Time lag to available data	Available at month end
Business owners	
Contact - Policy	Chief Financial Officer
Contact - Data	Associate Director, Finance Performance & Reporting
Representation	
Data type	Numeric
Form	Number, presented as a percentage (%)
Representational layout	N{NN.NN}
Minimum size	1
Maximum size	6
Related National Indicator	

INDICATOR: KFA105
Previous ID: 9C5

Recurrent Trade Creditors > 45 days correct and ready for payment (Number)

Shortened Title	Recurrent Trade Creditors > 45 days
Service Agreement Type	Improvement Measure
NSW Health Strategic Outcome	6: The health system is managed sustainably.
Status	Final
Version number	1.5
Scope	Liquidity Management
Goal	Improved liquidity management by Health Entities
Desired outcome	Payment of creditors within benchmark
Primary point of collection	Health Entities
Data Collection Source/System	Oracle
Primary data source for analysis	Health Entity monthly financial narrative report / SMRS
Indicator definition	Outstanding amount in ($'000) of invoices that are correct and ready for payment at the end of the reporting period that remain unpaid in excess of the defined benchmark of 45 days from date of receipt of invoice.
Inclusions	
Exclusions	• Credit notes are excluded from this measure. • Disputed payments/ late entry payments
Targets	
	$0 (Nil / zero)
Context	Creditor management is an ongoing performance issue that affects the standing of NSW Health in the general community and is of continuing interest to central agencies. Creditor management is an indicator of a Health Entity's performance in managing its liquidity. The Ministry's preferred position is to have all ready-for-payment invoices paid within the benchmark of 45 days. All creditors are to be paid within contract or agreed terms based on valid invoices supported by approved purchase orders.
Related Policies/ Programs	NSW Ministry of Health Financial Requirements and Conditions of Subsidy (Government Grants) Public Health Organisations, 2014/15
Useable data available from	1 January 2011
Frequency of Reporting	Monthly internal reporting to Ministry Annual external reporting in Annual Report
Time lag to available data	Available from Finance at month end
Business owners	

Contact - Policy	Chief Financial Officer
Contact - Data	Associate Director, Financial Performance & Reporting

Representation

Data type	Numeric
Form	Number, presented as an amount ($'000)
Representational layout	N{N,NNN}
Minimum size	1
Maximum size	5

Related National Indicator

INDICATOR: KS7301	**Capital Variation**: Against Approved Budget: (%)
Previous IDs:	Actual spend against capital budget variance
Shortened Title	Capital Variation Against Budget
Service Agreement Type	Improvement Measure
NSW Health Strategic Outcome	6: The health system is managed sustainably.
Status	Final
Version number	1.1
Scope	Financial management and monitoring of capital projects
Goal	Health Entities operate within approved capital budget allocation
Desired outcome	Health Entities achieve an on-budget result or the variation is within acceptable limit.
Primary point of collection	Health Entities
Data Collection Source/System	Oracle Accounting System for Actuals / BTS for Budget
Primary data source for analysis	SMRS for Actuals and Budget.
Indicator definition	Year to date – YTD Actual capital expenditure compared to YTD Budget capital expenditure.
Numerator	
Numerator definition	YTD Actual = July to end current month actual capital expenditure. Actual capital expenditure is defined as official data entered into Oracle which is coded to an approved P5 Capital Project code and a General Ledger account code captured within the "Total Capital Expenditure" parent in the SMRs accounts hierarchy.
Numerator source	SMRS
Numerator availability	Available
Denominator	
Denominator definition	YTD Budget = July to end current month phased budget capital expenditure. Budgeted capital expenditure is defined as data uploaded into the BTS that is coded against an approved P5 Capital Project Code, a capital allocation member and a General Ledger account code captured within the "Total Capital Expenditure" parent in the SMRs accounts hierarchy.
Denominator source	SMRS
Denominator availability	Available
Inclusions	
Exclusions	

Targets	
	Target: On budget • Not performing: > + or - 10.0% of budget. • Performing: < + or - 10.0% of budget
Context	Health Entities are expected to operate within the capital budget
Related Policies/ Programs	Service Level Agreement
Useable data available from	Available on monthly basis
Frequency of Reporting	Monthly
Time lag to available data	Available 3 working days after Financial Management Information System (FMIS) close
Business owners	
Contact - Policy	Finance
Contact - Data	Contact for data inquiries: Treasury and Capital Reporting Team. Email: MOH-capitalreporting@health.nsw.gov.au
Representation	
Data type	Numeric
Form	Number, presented as a percentage (%)
Representational layout	NNN.NN
Minimum size	3
Maximum size	6
Data domain	NA
Date effective	July 2017
Related National Indicator	NA

INDICATOR: KFA107 **Previous IDs:**	**Expenditure Projection:** Actual compared to forecast (%)
Shortened Title	Expenditure Projection
Service Agreement Type	Improvement Measure
NSW Health Strategic Outcome	6: The health system is managed sustainably.
Status	Final
Version number	2.1
Scope	Financial Management
Goal	Ensure the accuracy of March (early close) full year forecast.
Desired outcome	Full year forecast actual at March consistent with final June position.
Primary point of collection	Health Entities
Data Collection Source/System	Oracle Accounting System
Primary data source for analysis	Health Entity monthly financial narrative/SMRS
Indicator definition	June year end full year expenditure actual - variance to March full year expenditure forecast
Numerator	
Numerator definition	Full 12 months forecast General Fund expenditure at March
Numerator source	SMRS
Numerator availability	Available
Denominator	
Denominator definition	Full 12 months actual General Fund expenditure at June
Denominator source	SMRS
Denominator availability	Available
Inclusions	
Exclusions	The General Fund Measure excludes Restricted Financial Assets
Targets	That the full year total June expenditure is equal to March full year Forecast • Performing: Variation <1.5 of March Forecast • Not performing: Variation >2.0 of March Forecast • Under performing: Variation >1.5 and ≤2.0
Context	Health Entities are expected to provide accurate forecasts and certify the accuracy of their forecasts as part of the early close process in March every year.

Related Policies/ Programs	
Useable data available from	Annual - Financial year (available from Finance post June close)
Frequency of Reporting	Annual
Time lag to available data	Available at year end
Business owners	
Contact - Policy	Chief Financial Officer
Contact - Data	Director, Financial Performance & Reporting
Representation	
Data type	Numeric
Form	Number, presented as a percentage (%)
Representational layout	NNN.NN
Minimum size	1
Maximum size	6
Data domain	
Related National Indicator	

INDICATOR: KFA108	**Revenue Projection**: Actual compared to forecast (%)
Previous IDs:	
Shortened Title	Revenue Projection
Service Agreement Type	Improvement Measure
NSW Health Strategic Outcome	6: The health system is managed sustainably.
Status	Final
Version number	1.2
Scope	Financial Management
Goal	Ensure the accuracy of March (early close) full year forecast.
Desired outcome	Full year forecast actual at March consistent with final June position.
Primary point of collection	Health Entities
Data Collection Source/System	Oracle Accounting System
Primary data source for analysis	Health Entity monthly financial narrative/SMRS
Indicator definition	June year end full year revenue actual - variance to March full year revenue forecast.
Numerator	
Numerator definition	Full 12 months forecast General Fund revenue at March
Numerator source	SMRS
Numerator availability	Available
Denominator	
Denominator definition	Full 12 months actual General Fund revenue at June
Denominator source	SMRS
Denominator availability	Available
Inclusions	
Exclusions	The General Fund Measure excludes Restricted Financial Assets
Targets	
	That the full year 'actual' revenue is equal to March full year Forecast • Performing: Variation < 1.5 of March Forecast • Not performing: Variation >2.0 of March Forecast • Under performing: Variation >1.5 and <= 2.0

Context	Health Entities are expected to provide accurate forecasts and certify the accuracy of their forecasts as part of the early close process in March every year.
Related Policies/ Programs	
Useable data available from	Annual - Financial year (available from Finance post June close)
Frequency of Reporting	Annual
Time lag to available data	Available at year end
Business owners	
Contact - Policy	Chief Financial Officer
Contact - Data	Director, Financial Performance & Reporting
Representation	
Data type	Numeric
Form	Number, presented as a percentage (%)
Representational layout	NNN.NN
Minimum size	1
Maximum size	6
Data domain	
Related National Indicator	

INDICATOR: DSR_7402 **Previous IDs:**	**Whole of Lifecycle Asset Management**: Asset and Facilities Management (AFM) Online Take-up (%)
Shortened Title	AFM Take-up
Service Agreement Type	Improvement Measure
NSW Health Strategic Outcome	6: The health system is managed sustainably.
Status	Final
Version number	1.1
Scope	The AFM Online Take-up (%) metric is a summation of four underlying measures that fall into three asset management related categories of space, assets and business process. The measure is extent of Preventative Maintenance data The data will be measured State-wide and broken down to Public Health Organisations (PHOs).
Goal	To provide improved transparency on Asset Management decision making and support the identification and management of asset related risks and service levels. Implementation of the AFM Online system will provide Public Health Organisations with an enabling tool.
Desired outcome	Improved line of line of sight on asset related risks and improved service levels to ensure safe and fit for purpose assets.
Primary point of collection	AFM Online
Data Collection Source/System	AFM Online meta data fields to be confirmed. The underlying measures provide an indication of AFM Online system configuration activity related to achieving centralised reporting of AFM equipment
Primary data source for analysis	AFM Online http://afmonline.health.nsw.gov.au
Indicator definition	The percentage of AFM take-up: AFM Take-up (%) = $\left(\frac{\text{PM}}{\text{TA}}\right) \text{x}100$ where PM - Preventative maintenance assigned to an asset TA – Count of t assigned to an asset **Note:** Could be raw integer month-on-month though percentage may help normalize data between district to show % change month-on-month
Numerator	

Numerator definition	See Indicator definition
Numerator source	AFM Online IS
Numerator availability	
Denominator	
Denominator definition	See Indicator definition
Denominator source	AFM Online IS
Denominator availability	
Inclusions	Job plans with associated building, major medical and biomedical equipment assets. PHOs: • All Local Health Districts • Sydney Children's Hospital Network • Ambulance Service of NSW
Exclusions	Exclude all other asset data
	TBD – targeting take-up of system over 24 months with priority deliverable statutory compliance reporting in 12-month timeframe.
Context	AFM Online is the enabling tool for Health Asset and facilities Management
Related Policies/ Programs	Health Asset Management reform program Property Asset Utilisation Taskforce (PAUT) Phase II reforms
Useable data available from	July 2017
Frequency of Reporting	Quarterly
Time lag to available data	Reporting required by the 10th day of each quarter; data available for previous quarter
Business owners	
Contact - Policy	Director Asset Management, Finance and Asset Management Division
Contact - Data	Director Asset Management, Finance and Asset Management Division
Representation	
Data type	Numeric
Form	Number, presented as a percentage (%)
Representational layout	NN.N
Minimum size	3
Maximum size	4
Data domain	

Date effective	30 June 2017
Related National Indicator	N/A