

# Appendix 4 – 2023–24 abatable key performance indicators

Abatable key performance indicators for the Northern Beaches Hospital public-private partnership are listed in Schedule 18 of the project deed. Some of them are discussed in this report as they relate to emergency department, general surgery, and safety and quality of public hospital services at the Northern Beaches Hospital.

Schedule 18 allows for up to 48 abatable key performance indicators in total. However, a smaller set of indicators can be used as is, in fact, the case over the review period.

The table below lists all the abatable key performance indicators in the 2023–24 activity notice. The Northern Sydney Local Health District and Healthscope elected not to use eight abatable key performance indicators. The asterisks denote key performance indicators where Northern Beaches Hospital performance is measured against national peers.

| #   | Area   | Type of measure                    | Description of measure   |
|-----|--|------------------------------------|--|
| 1.  | Safety and Quality   | Safety and Quality                 | Patient/ consumer satisfaction: Complaints management  |
| 2.  | Safety and Quality   | Safety and Quality                 | Incorrect procedures: Operating theatre resulting in death or major loss of function (number)  |
| 3.  | Safety and Quality*  | Hospital-wide                      | Unplanned return to the operating room during the same admission (CI No. 2.1)  |
| 4.  | Safety and Quality   | Infection Control                  | Staphylococcus aureus bloodstream infections (per 10,000 occupied bed days)  |
| 5.  | Safety and Quality   | Infection Control                  | Intensive care unit central line associated blood stream infections (number)   |
| 6.  | Safety and Quality   | Safety and Quality                 | Unplanned mental health: Readmission within 28 days  |
| 7.  | Integration and Teaching, Training Education and Research  | Integration                        | Integration: Inappropriate transfers to other hospitals  |
| 8.  | Integration and Teaching, Training, Education and Research | Integration                        | Integration: Inappropriate referrals to community adult allied health services to include Acute / Post Acute Care physiotherapy and occupational therapy |
| 9.  | Service Access and Patient Flow                            | Service Access and Patient Flow    | Transfer of care time from ambulance to emergency department <30 minutes (%)   |
| 10. | Service Access and Patient Flow                            | Service Access and Patient Flow    | Patients with total time in the emergency department ≤ 4hrs (%)  |
| 11. | Service Access and Patient Flow                            | Service Access and Patient Flow    | Presentations to the Emergency Department, staying in the Emergency Department > 24 hours  |
| 12. | Service Access and Patient Flow                            | Service Access and Patient Flow    | Target elective surgery patients treated on time (%): 1. Cat 1 @100%; 2. Cat 2 @ >=97%; 3. Cat 3 @ >=97%   |
| 13. | Service Access and Patient Flow                            | Service Access and Patient Flow    | Patients waiting more than 365 days for an initial outpatient service appointment  |
| 14. | Service Specific*  | Anaesthesia and Perioperative Care | Unplanned intensive care unit admission ≤ 24 hours after procedure (CI No. 4.1)  |

| #   | Area  | Type of measure                  | Description of measure   |
|-----|---|----------------------------------|--|
| 15. | Service Specific*   | Mental Health                    | Average duration of seclusion episode (hours per episode) (CI No. 5.2)   |
| 16. | Service Specific*   | Emergency Medicine               | Patients who left the emergency department after triage without being seen (CI No. 1.6)  |
| 17. | Service Specific*   | Mental Health                    | Individual Care Plan (CI No. 1.1)  |
| 18. | Service Specific*   | Mental Health                    | Physical examination documented within 24 hours of admission (CI No. 2.1)  |
| 19. | Service Specific*   | Mental Health                    | Rate of seclusion (CI No. 5.2)   |
| 20. | Service Specific  | Mental Health                    | Suicide (CI No. 6.1)   |
| 21. | Service Specific*   | Mental Health                    | Consumers who assault (CI No. 6.3)   |
| 22. | Service Specific*   | Mental Health                    | Significant self- harm (CI No. 6.6)  |
| 23. | Service Specific*   | Mental Health                    | Discharge summary/letter provided to consumer or nominated carer (CI No. 9.1)  |
| 24. | Service Specific*   | Maternity                        | Surgical repair of perineum for fourth degree tear (CI No. 3.6)  |
| 25. | Service Specific*   | Maternity                        | Vaginal birth – blood transfusion (CI No. 7.1)   |
| 26. | Service Specific*   | Maternity                        | Birth weight <2750g at 40 weeks gestation or beyond (CI No. 8.1)   |
| 27. | Service Specific*   | Maternity                        | Term neonates Apgar score of <7 at 5 minutes post-deliver (CI No. 9.1)   |
| 28. | Service Specific*   | Maternity                        | General anaesthetic for caesarean section (CI No. 4.1)   |
| 29. | Service Specific*   | Maternity                        | Appropriate prophylactic antibiotic at time of caesarean section (CI No. 5.1)  |
| 30. | Service Specific*   | Hospital-wide                    | Preoperative acute appendicitis – normal histology (CI No. 9.1)  |
| 31. | Service Specific*   | Hospital-wide                    | Tonsillectomy – significant reactionary haemorrhage (CI No. 9.3)   |
| 32. | Service Specific*   | Day Patient                      | Unplanned return to operating room on same day as initial procedure (CI No. 5.1)   |
| 33. | Service Specific*   | Day Patient                      | Patients who experience an adverse event during care delivery (CI No. 4.1)   |
| 34. | Australian Commission on Safety and Quality in Health Care Advisory Note No. A13/01 | Notification of Significant Risk | To advise Accrediting Agencies and State that notification of significant risk identified at survey are to be made to regulators, Commission and Client Representative within 48 hours |
| 35. | Australian Commission on Safety and Quality in Healthcare                           | Standards 1 to 8                 | Greater than six actions not met   |

| #   | Area  | Type of measure   | Description of measure  |
|-----|---|---|---|
| 36. | Australian Commission on Safety and Quality in Healthcare | Standards 1 to 8  | 90 day remediation  |
| 37. | National Standards for Mental Health Services             | National Mental Health Services                             | Greater than six actions not met  |
| 38. | National Standards for Mental Health Services             | National Mental Health Services                             | 90 day remediation  |
| 39. | Asset   | Site, Facility and Non-clinical Support Services            | 1. The Annual Works Plan, Planned Annual Maintenance Plan, Asset Life Cycle Plan; 2. Food Safety Plan |
| 40. | Reporting   | Failing to Report any KPI or Service Measure Non-compliance | All non-compliances to be reported to State in required reporting time                                |

Source: 2023–24 Northern Beaches Hospital Annual Notice.