



Government of **Western Australia**  
Department of **Health**

# System Performance Indicator Information Compendium

Date 1 June 2022



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## Acronyms

AIHW	Australian Institute of Health and Welfare
DEC	Department Executive Committee
EDDC	Emergency Department Data Collection
EDIS	Emergency Department Information System
ESWLDC	Elective Services Wait List Data Collection
HCARe	Health Care and Related Information System
HISWA	Healthcare Infection Surveillance Western Australia
HMDC	Hospital Morbidity Data Collection
HRDW	Human Resource Data Warehouse
HSPR	Health Service Performance Report
HSP	Health Service Provider
KPI	Key Performance Indicator
METeOR	Metadata Online Repository
MNS	Midwives Notification System
NAP DC	Non-Admitted Patient Data Collection
NHCDC	National Hospital Cost Data Collection
OAG	Office of the Auditor General
OBM	Outcome Based Management
SANADC	Subacute and Non-Acute Care Data Collection
SHISC	State Health Information Standards Committee
TMS	Theatre Management System
TOPAS	The Open Patient Administration System
webPAS	Web Patient Administration System

# 1 Introduction

As prescribed in the *Health Services Act 2016*<sup>1</sup>, the overall management of the public WA health system is the responsibility of the Department of Health Chief Executive Officer (Director General).

Under Section 20(1)(m) of the *Health Services Act 2016*<sup>1</sup>, the Director General as System Manager is responsible for “monitoring the performance of Health Service Providers (HSPs), and taking remedial action when performance does not meet the expected standard.”

Robust performance indicators that measure different aspects about the delivery of safe, cost effective, and high-quality health care are crucial to the System Manager function of the Department of Health.

Measurement, monitoring and reporting against system performance indicators ensures the WA health system, the public and parliament are informed about achievements against required effectiveness and efficiency standards.

This document outlines the process for the development of System Manager performance indicators for the WA health system. It supports and informs the implementation of the mandatory requirements under the *Performance Policy Framework*<sup>2</sup> and the *Outcome Based Management (OBM) Policy Framework*<sup>3</sup> as well as the associated *Performance Management Policy (PMP)*<sup>4</sup>, and *OBM Policy*<sup>5</sup>. It also relates to the *Information Management Policy Framework*<sup>6</sup>.

## 2 Background

In this document, system performance measures are categorised as either performance indicators or key performance indicators (KPIs). Outcome Based Management (OBM) KPIs are a subset of system performance indicators. The Under Treasurer approves the OBM KPIs, which are aligned to overarching Government goals and desired outcomes. The OBM KPIs also form the basis of the annual Government Budget Statements<sup>7</sup> and may be included with other performance indicators in internal performance management reports such as the Health Service Performance Report (HSPR). Unless otherwise specified, all performance indicator information included in this document is generic and refers to both performance indicators and OBM KPIs.

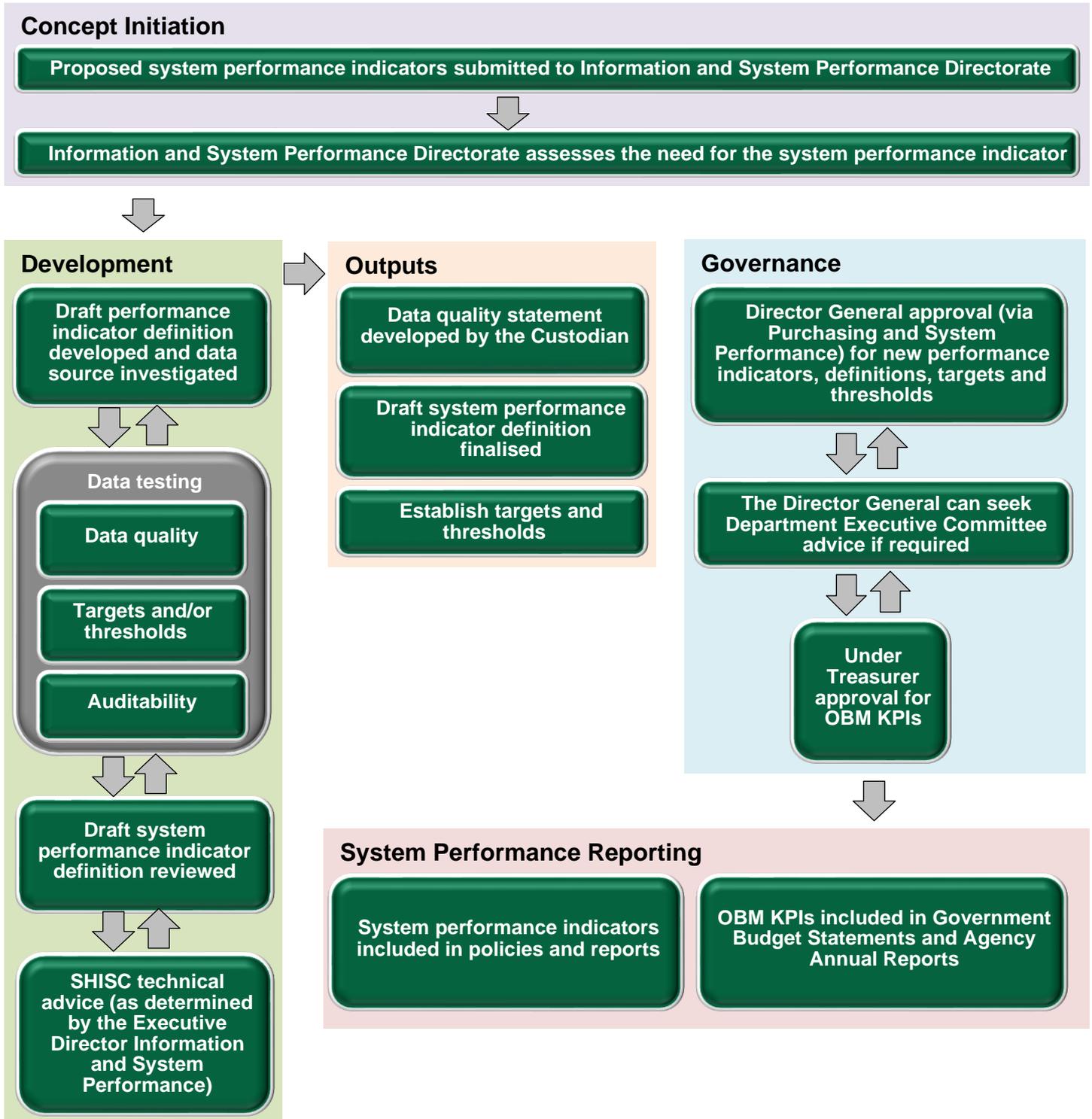
The *Performance Policy Framework*<sup>2</sup> and associated PMP<sup>4</sup> outline System Manager processes in monitoring and analysing performance, and addressing poor performance through tiered interventions and support.

The *OBM Policy Framework*<sup>3</sup> and associated *OBM Policy*<sup>5</sup> provide a platform for the integration of government strategic goals into budget and resource allocation, Service Agreements and public reporting.

### 3 Process overview

The Department of Health has responsibility for developing and mandating robust system performance indicators for the WA health system. System performance indicators predominantly apply to the PMP<sup>4</sup> and/or the OBM Policy<sup>5</sup>. Figure 1 illustrates the process of developing and integrating performance indicators into core System Manager functions to support effective system performance management.

**Figure 1: Performance indicator process overview**



## 4 Development of performance indicators

The Information and System Performance Directorate has responsibility for guiding the development of system performance indicators, from concept initiation through to final approval and implementation into system performance reports.

### 4.1 Concept initiation

The Purchasing and System Performance Division, in consultation with key stakeholders, assess the suite of system performance measures to ensure consistency with State and National standards, and purchasing parameters outlined in the Health Service Provider Service Agreements<sup>8</sup>. Outside of this process, the Executive Director, Information and System Performance Directorate, may receive feedback about the need for additional or revised system performance indicators.

The concept initiation phase is illustrated in Figure 2 and is described below.

**Figure 2: Concept initiation**



Information and System Performance Directorate staff provide advice on System Manager requirements in addition to an initial assessment of whether there is a specific need for the proposed system performance indicator(s). The Custodians provide advice on the feasibility of collecting meaningful and reliable data, as per the *Information Management Governance Policy*<sup>9</sup>.

A review may be conducted to determine if a suitable State, National, and/ or International indicator/definition already exists and whether a new reporting definition is required. This review considers information from a variety of resources including:

- existing internal and publicly available performance indicator schedules, definition manuals and reports
- Australian Institute of Health and Welfare (AIHW) reports
- Australian Commission on Safety and Quality in Health Care
- Health Roundtable
- other relevant state, national and international websites and health related publications.

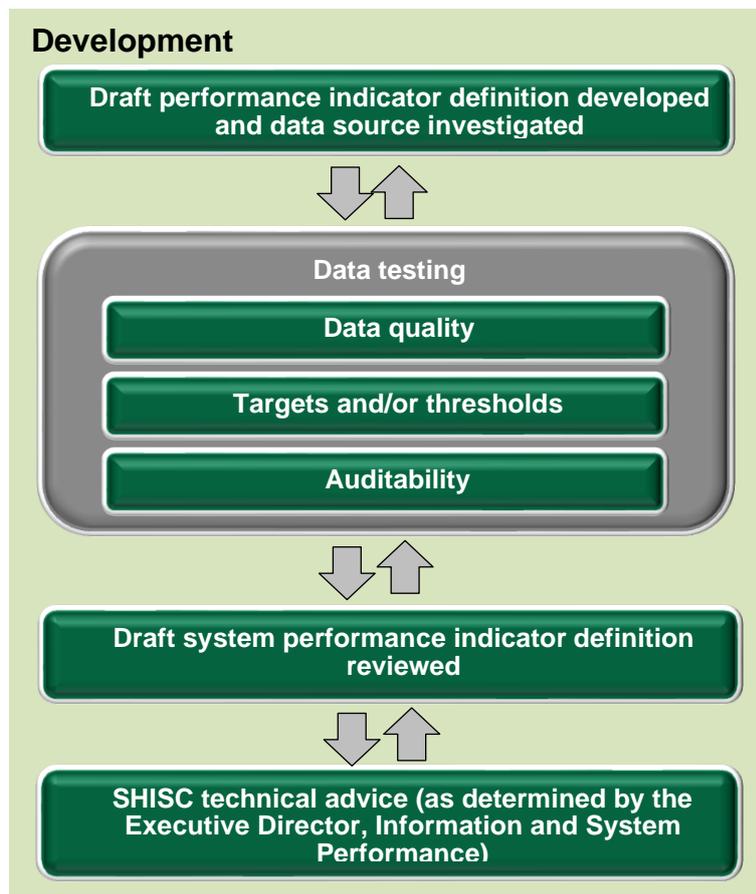
### 4.2 Development of performance indicators

Performance indicator development involves ongoing refinement of the draft definition in conjunction with the assessment of data integrity, proposed targets and thresholds, and

auditability requirements. Subject matter experts provide advice on performance indicator development.

The State Health Information Standards Committee (SHISC), comprises representatives from Health Service Providers (HSPs) and the Department of Health, and may provide technical advice, as determined by the Executive Director, Information and System Performance Directorate. This process is illustrated in Figure 3.

**Figure 3: Key steps in developing a performance indicator**



#### 4.2.1 Development of the draft system performance indicator definition and data source investigation

Detailed indicator definitions ensure that performance indicators are clear, interpretable and reproducible. Each indicator is defined as per *METeOR Business Rules*<sup>\*,10</sup>, adapted for the health system context. The indicator data definition template, included as Appendix A, is completed in consultation with relevant Custodians. The template also includes the supporting business rules.

#### 4.2.2 Data testing

The Custodian provides advice on the limitations of existing data collections. This includes consideration of the following:

<sup>\*</sup> The Department of Health Western Australia acknowledges the assistance of the Australian Institute of Health and Welfare (AIHW) for services provided in relation to METeOR, Australia's repository for national metadata standards for the health, community services, housing assistance, homelessness and early childhood sectors, which is owned by the AIHW.

- data values and reporting level
- source system capability, availability of historical data, data extract frequencies and data lags
- access approval processes (refer to the *Information Management Governance Policy*<sup>9</sup>).

The main sources of performance related data within the Department of Health are listed in Appendix B.

Data testing, sometimes referred to as a “fit for purpose assessment”, ensures that system performance indicators and their targets are meaningful and reliable. Figure 4 outlines three domains of data testing:

- data quality
- target development
- performance indicator auditability.

Additional information about data testing methodology is included in Appendix C.

**Figure 4: Key elements of data testing**



Data quality is assessed with respect to five principles – relevance, accuracy, timeliness, coherence and interpretability.

The *Data Quality Policy*<sup>11</sup> provides additional information in regard to the method for assessing, documenting and improving data quality to ensure data is fit for its intended purpose.

The performance target reflects relevant policy and/or state or national standards. Existing targets are utilised where applicable. In the absence of relevant policy, state or nationally agreed standards or targets, the target is based on historical performance and/or subject matter expert advice.

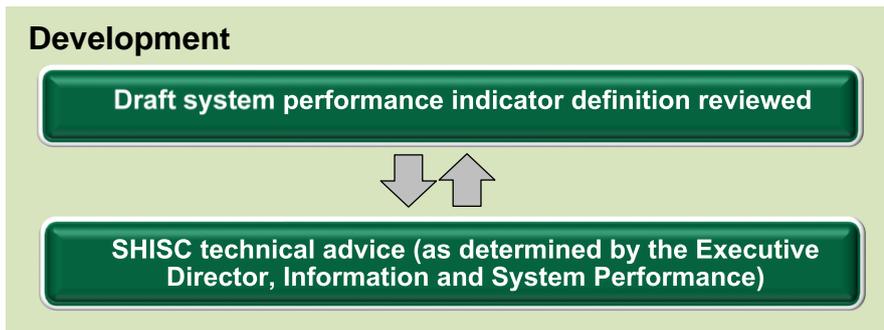
All performance indicators should comply with auditability parameters. A specific requirement for OBM KPIs is that they meet the OAG auditability requirements as per *Treasurer’s Instruction 904*<sup>12</sup>. More specifically, this includes assessment of whether the KPIs are relevant, appropriate, based on reliable data and fairly represent the performance of the agency in achieving its desired outcomes. The *WA Auditor General’s Audit Results*<sup>13</sup>, *Beyond Compliance: Reporting and Managing performance indicators in the Public Sector*<sup>14</sup> and the Department of Treasury’s *Outcome Based Management: Guidelines for Use in the Western Australian Public Sector*<sup>15</sup> provide further insight into the development of robust OBM KPIs.

### 4.2.3 Review and Refinement of the Draft Performance Indicator Definition

Following data testing, the State Health Information Standards Committee may provide technical advice. This is at the discretion of the Executive Director, Information and System Performance.

The outcomes of the data testing, in addition to any technical advice from SHISC, inform the refinement of the performance indicator definition. This process is illustrated in Figure 5.

**Figure 5: Review and refinement of the draft performance indicator definition**



## 5 Key outputs

Key outputs for performance indicator development are described below and illustrated in Figure 6.

**Figure 6: Key outputs for performance indicator development**



### 5.1 Development of data quality statements

Relevant Custodians develop Data Quality Statements for data collections. Relevant data quality information is also incorporated into the indicator definition. The Data Quality Statements, as well as the data quality information captured in the indicator definitions, are informed by data testing and capture the essential principles of data quality that enable informed interpretation of the indicator and the results.

### 5.2 Establishment of targets and thresholds

The performance indicator targets and thresholds are finalised once data testing is completed. The System Manager-approved targets and thresholds inform the performance monitoring and evaluation processes outlined in the PMP<sup>4</sup>.

For OBM efficiency KPIs, the targets are determined through the budget process. The System Manager determines the targets for the effectiveness OBM KPIs. Performance thresholds do not apply to the OBM KPIs.

### 5.3 Finalisation of draft system performance indicator definition

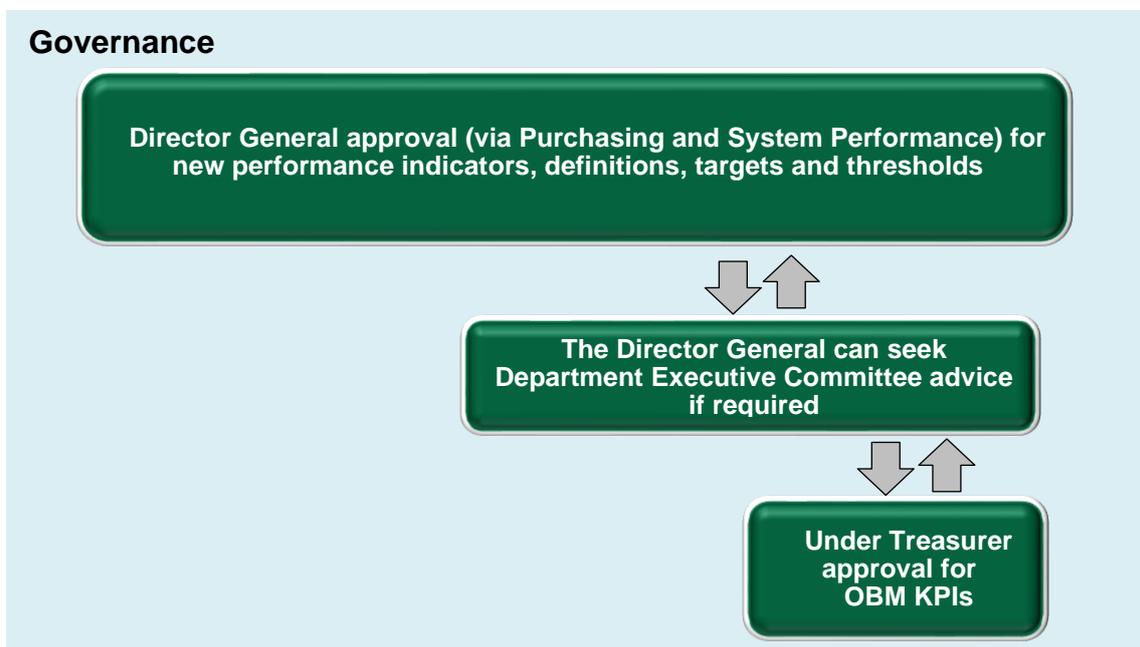
On completion of the Data Quality Statement and finalisation of the target and thresholds (where applicable), the draft performance indicator definition is progressed for formal approval.

## 6 Governance of system performance indicators

The *OBM KPI Data Definition Manual*<sup>16</sup> is a related document in the OBM Policy<sup>5</sup> whereas the *HSPR Performance Indicator Definitions Manual*<sup>17</sup> is available in the Health Service Performance Report.

The Department of Health Authorisation and Delegation Schedule specifies who is authorised to approve and publish policy documents issued for the WA health system. This applies to policy frameworks, mandated policies and related documents. Approval to add, remove or amend supporting information in a mandated policy is carried out in accordance with the Department of Health's *Policy Framework Governance Procedure*<sup>19</sup>. Figure 7 outlines approval delegations for performance indicators.

**Figure 7: Formal approval processes and approval delegations for system performance indicators**



### 6.1 Director General approval

The Director General approves all new PMP and OBM performance indicators and targets developed for statewide performance reporting. The Director General may seek Department Executive Committee (DEC) advice if required.

### 6.2 Under Treasurer approval

New OBM KPIs, or the removal of existing KPIs, additionally requires formal approval from the Under Treasurer. Changes to existing KPIs may also require approval from the Under Treasurer, depending on the type and extent of changes required. Approved OBM KPIs are published as a related document in the OBM Policy<sup>5</sup>.

## 7 System performance reporting

System reporting requirements for the Department of Health and Health Service Providers are illustrated in Figure 8 and outlined below.

**Figure 8: System performance reporting processes**



### 7.1 Policy context

Policy frameworks, mandatory policy, related documents and supporting information are revised as required following approval of new or updated system performance indicators.

### 7.2 Reporting requirements for non-OBM system performance indicators

The Department of Health manages reporting against the system performance indicators as per the PMP<sup>4</sup>. The HSPR represents the reporting component of the PMP. Selected OBM KPIs may also be included in the HSPR.

### 7.3 Reporting requirements for OBM KPIs

As stipulated in the OBM Policy<sup>5</sup>, the Department of Health has responsibility for developing the annual Government Budget Statement, inclusive of all OBM key efficiency indicators, and a selection of key effectiveness performance indicators, approved by the Under Treasurer.

As separate statutory entities under the *Health Services Act 2016*, Health Service Providers are required to produce Annual Reports, as specified in the *Public Sector Management Act 1994*<sup>20</sup> and the *Financial Management Act 2006*<sup>21</sup>. This involves public reporting against the mandatory, Treasury-approved WA health system OBM KPIs. The OBM Policy<sup>5</sup> further outlines statutory annual reporting requirements for the WA health system. As stipulated in the *Auditor General Act 2006*<sup>22</sup>, the OBM KPIs are auditable by the Office of the Auditor General (OAG).

The *OBM cost centre mapping* and the *OBM KPI data provision* mandatory requirements outlined in the *OBM Policy* further support the OBM process.

## 8 Ongoing review

To ensure currency and ongoing relevance to the WA health system, proactive review of system performance indicators is embedded into standard business practices. This ensures assessment of the following:

- ongoing relevance of system performance indicators to the WA health system priorities and objectives
- performance monitoring and evaluation or policy gaps
- alignment to state and national policy changes and priorities
- compliance with legislated reporting requirements.

## 9 Appendices

### Appendix A: Performance indicator template and business rules

#### Indicator template business rules

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#### Indicator technical name

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##### Identifying and definitional attributes

<i>Metadata item type:</i>	Default as 'Indicator'. METeOR defines an indicator as a statistical measure used to describe the progress or performance of the health or welfare system. This may be linked to a population or a number related to the provision of goods and services-output.
<i>Synonymous names:</i>	Provide a synonymous name the Indicator is known by. This may be 'Nil'.
<i>Catalogue identifier:</i>	Provide the unique identifier used by the Department of Health. This is in the format NNNN, e.g. 0001.
<i>Reporting scope/entities:</i>	List the specific entities which are measured against this indicator.
<i>Description:</i>	Provide a short description of the indicator.
<i>Rationale:</i>	Provide a designation or description of the application environment or discipline in which an indicator is applied or from which it originates, as well as a justification for inclusion of the indicator. This should be concise and preferably not dated.
<i>Indicator set:</i>	Provide a single or multi-word designation assigned to a set of indicators. In METeOR this appears in the heading for each indicator.
<i>Frequency:</i>	Specify the frequency at which the indicator is reported and if relevant, the reporting period (e.g. financial year, calendar year, latest 2 calendar years).
<i>Outcome area:</i>	Outcomes should be strategic, high level and observable, expressed in clear, measurable and achievable terms. Several outcome areas may be identified for each objective. This should include Outcomes Based Management outcomes and/or alignment to WA Health Strategic Priorities and/or Enablers.

##### Collection and usage attributes

<i>Population group age from:</i>	Provide contextual information about a subgroup of people of interest, such as the provision of health and welfare services are delivered in context of economic, social and cultural populations. Specifically, denote the age at which investigation commences.
<i>Population group age to:</i>	Provide contextual information about a subgroup of people of interest, such as the provision of health and welfare services are delivered in context of economic, social and cultural

	populations. Specifically, denote the age at which investigation ceases.
<i>Computation description:</i>	Provide the plain text description of the formulae used to calculate an indicator. This should include inclusions and exclusions.
<i>Computation:</i>	Provide a group of symbols that make a formal mathematical statement.
<i>Numerator:</i>	Provide a description of the number above the line in a fraction showing how many of the parts indicated by the denominator are taken. The numerator may also be used to represent a count, rather than a fractional representation. In this case the denominator should be left blank.
<i>Numerator data elements:</i>	<b>Data Element/Data Set</b> Specify a set of data elements used to calculate the numerator. <b>Data Source</b> Specify a specific data set, database and reference from where data are sourced. <b>Guide for use</b> Specify information such as the methods of data collection including census, sample survey, and administrative by-product. This may be 'Nil'.
<i>Denominator:</i>	Provide a description of the number below the line in a fraction.
<i>Denominator data elements:</i>	<b>Data Element/Data Set</b> Specify a set of data elements used to calculate denominator. <b>Data Source</b> Specify a specific data set, database and reference from where data are sourced. <b>Guide for use</b> Specify information such as the methods of data collection including census, sample survey, and administrative by-product. This may be 'Nil'.
<i>Disaggregation data elements:</i>	<b>Data Element/Data Set</b> Specify a set of data elements used to calculate disaggregated items. <b>Data Source</b> Specify a specific data set, database and reference from where data are sourced. This may be 'See Numerator and/or Denominator'. <b>Guide for use</b> Specify information such as the methods of data collection including census, sample survey, and administrative by-product.
<i>Comments:</i>	Provide any additional information that adds to the understanding of the metadata item. This may be 'Nil'.
<b>Representational attributes</b>	
<i>Representation class:</i>	Specify the class of representation of an indicator, e.g. Rate, Percentage, Ratio, Count, etc.

<i>Data type:</i>	Specify a set of distinct values, characterised by properties of those values and by the operations on those values, e.g. Monetary amount, Coded category, etc.
<i>Unit of measure:</i>	Specify the unit used in the measurement of the indicator such as 'Person', etc.
<i>Format:</i>	Specify a template for the presentation of values, including specification and layout of permitted characters, the maximum and minimum size, and precision. It is not a template for electronic data transmission or storage.

### **Indicator conceptual framework**

<i>Framework and dimensions:</i>	<p>A conceptual framework monitors progress or outcomes of a particular system and broader determinants of performance of a system in improving the services provided for target populations over time. Many frameworks comprise a number of tiers to best describe a system or sector.</p> <p>A conceptual framework can be used to support benchmarking for system improvement and facilitate use of data at the service unit level for benchmarking purposes. It reflects the service process through which service providers transform inputs into outputs and outcomes in order to achieve desired objectives. This may be 'Nil'.</p>
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### **Data source attributes**

<i>Data sources:</i>	<p><b>Data Source</b></p> <p>The data source is a specific data set, database and reference from where data are sourced. This field is automatically generated by METeOR and lists all data sources employed by the indicator from the numerator, denominator and disaggregated items.</p> <p><b>Data provider</b></p> <p>Specify the data provider from which the data is sourced.</p>
<i>Quality statement:</i>	Provide a statement of multiple quality dimensions for the purpose of assessing the quality of the data for reporting against the Indicator or Data Source.

### **Accountability attributes**

<i>Benchmark:</i>	Specify a standard, or point of reference, against which things can be compared, assessed, measured or judged.
<i>Methodology:</i>	Describe where the methodology was sourced from.
<i>Further data development/ collection required:</i>	Describe whether the data specifications for an indicator are interim or long term. Planned data development such as changes to definitions and methodology indicate the indicator is an interim specification. This may be 'Nil'.
<i>Other issues caveats:</i>	Specify any additional information required to interpret the data, or any other issues or caveats which do not fit in the other fields in the template. This may be 'Nil'.

### **Source and reference attributes**

<i>Reference documents:</i>	Significant documents that contributed to the development of the item, but which were not direct sources for content.
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This may be 'Nil'.

**Registry management attributes**

<i>Version control:</i>	<b>Version number</b>	<b>Approval date</b>	<b>Approved by</b>	<b>Comments</b>
	1.0	DD/MM/YYYY	TBC	First version endorsed.

*The Department of Health Western Australia acknowledges the assistance of the Australian Institute of Health and Welfare (AIHW) for services provided in relation to METeOR, Australia's repository for national metadata standards for the health, community services, early childhood, homelessness and housing assistance sectors, which is owned by the AIHW.*

## Appendix B: Main sources for performance related data within the WA Department of Health

These information assets include:

- [Hospital Morbidity Data Collection](#) (HMDC) – contains data on all inpatient separations from public and private hospitals in WA. Patient Administration Systems (PAS) within the public system include The Open Patient Administration System (TOPAS), the Web Based Patient Administration System (webPAS) and Health Care and Related Information System (HCARe).
- [Emergency Department Data Collection](#) (EDDC) – contains data on emergency department activity in WA public hospitals and private hospitals under WA Government contract, also known as Contracted Health Entities. Data are captured from hospital information systems such as the Emergency Department Information System (EDIS), webPAS and Meditech.
- [Elective Services Wait List Data Collection](#) (ESWLDC) – contains data on public patients who are waiting, or have been admitted/removed for elective inpatient procedures. Data are captured from hospital information systems including webPAS, TOPAS and Meditech.
- [Non-Admitted Patient Data Collection](#) (NAP DC)
- Midwives Notification System (MNS)
- [Subacute and Non-Acute Care Data Collection](#) (SANADC)
- [Western Australian Cancer Registry](#)
- [Mental Health Data Collection](#)
- Theatre Management System (TMS)
- [WA Health and Wellbeing Surveillance System](#) (HWSS)
- Healthcare Infection Surveillance WA (HISWA)
- National Hospital Cost Data Collection (NHCDC)
- Human Resource Data Warehouse (HRDW)
- Notifications of Clinical Summaries (NaCS)
- OBM Allocation Application
- Oracle Financials 11i – General Ledger.

These data collections are utilised in the development of performance indicators and underpin system performance reporting. These data collections form part of the health information management system, as defined in the *Health Services Act 2016*.

## Appendix C: Data testing methodology

Data testing aims to ensure that the quality of data is of a sufficiently high standard to produce a meaningful and valid performance indicator for reporting.

### Data quality assessment

The data quality is assessed on five criteria:

1. Relevance
2. Accuracy
3. Timeliness
4. Coherence
5. Interpretability

The *Data Quality Policy*<sup>11</sup> provides further context about the data quality assessment.

### Indicator auditability assessment

An auditability assessment is required for performance indicators that will be subject to external auditing by independent third parties such as the OAG. This assessment ensures that access to data collections, syntax and definitions are available for OAG to conduct their audit.

An indicator's auditability is assessed on the following criteria:

- accessible and complete data source. This includes access to each step in the data collection flow i.e., where data is captured, recorded and stored.
- stable indicator definitions and accurately written syntax (with both definitions and syntax being available for review).
- access to data extractions, calculation spreadsheets, variance explanations and results that will allow the performance measures to be reproduced.

### Target assessment

The target assessment aims to establish a meaningful and robust target for all indicators.

Targets are established systematically with consideration given to the following best practice guidelines for setting effective targets:

1. Review of existing legislated, national, state or best practice targets.
2. Review of evidenced based literature where appropriate.
3. Advice from subject matter experts, stakeholders and Custodians to determine applicability to the WA health system.
4. Review of historical data including discussion with stakeholders and subject matter experts as required.

### Performance threshold assessment

Performance thresholds are established in a process similar to the establishment of targets, as outlined above. Performance thresholds (only applicable to non-OBM KPIs) establish the range within which variance from the target is deemed acceptable.

## 10 Glossary

**Effectiveness** measures how well the outputs of a service achieves the stated objectives of that service. The dimensions of effectiveness include access, appropriateness and/or quality.

**Efficiency** describes overall economic efficiency.

**Health Service Performance Report (HSPR)** is a monthly report of performance against the PIs mandated in the Performance Management Policy.

**Health Service Provider (HSP)** is established by an order made under Section 32(1)(b) of the *Health Services Act 2016*. Current Health Service Providers include East, North, and South Metropolitan Health Services, WA Country Health Service, Child and Adolescent Health Service, Health Support Services, the Quadriplegic Centre and PathWest.

**Key Performance Indicator (KPI)** is a measure that provides an 'indication' of progress towards achieving the organisation's objectives. For the purpose of this report, KPIs are a subset of system Performance Indicators. More specifically, they are part of the Outcome Based Management (OBM) structure approved by the Under Treasurer and are subject to audit by the WA Auditor General.

**METeOR** is the Australian Institute of Health and Welfare (AIHW) repository for national metadata standards for health, housing and community services statistics and information.

**Outcome** describes the impact of a service on the status of an individual or a group, and on the success of the service area in achieving its objectives.

**Outcome Based Management (OBM)** describes how outcomes, services and KPIs are used to measure WA health system performance against agreed State Government priorities and desired outcomes.

**Performance Indicator (PI)** is a measurable value that provides an 'indication' of progress towards achieving the organisation's objectives or outputs. PI targets define the expected standard of performance.

**Performance Management** is the management and governance system that regulates and addresses performance issues.

**Performance Thresholds** are clearly defined limits at which variation in performance from the target is deemed acceptable or unacceptable.

**Service Agreement** is the Agreement between the Director General of the Department of Health and each of the Health Service Providers in accordance Sections 46-53 of the *Health Services Act 2016*. The agreement includes a Statement of Priorities directing policy, service targets, budgets and performance measures (performance indicators).

**System Performance Indicator** is an indicator within a mandated policy that sets an expected standard of performance and has been developed for the purpose of system performance.

**Targets** define the expected standard of performance for system performance indicators.

**WA health system** is defined by Section 19(1) of the *Health Services Act 2016*. The WA health system comprises the Department of Health, Health Service Providers and contacted health entities (to the extent that contracted health entities provide health services to the State).

# 11 References

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