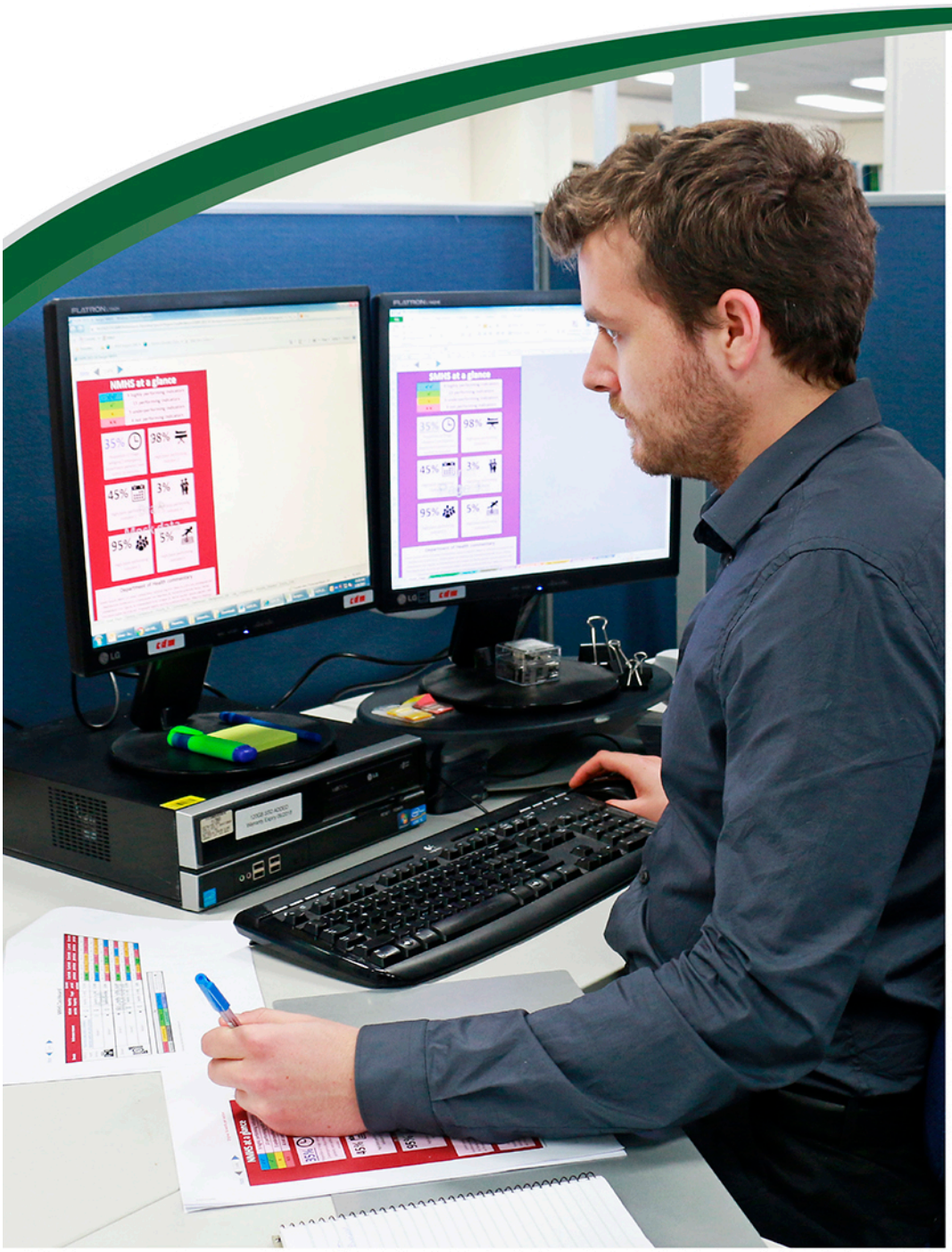
Government of **Western Australia**
Department of **Health**

Health Service Performance Report Methodology and Process



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VERSION	DATE	AUTHOR	COMMENTS
1.0	28th October 2015	Performance Directorate	Endorsed by A/Director, Performance.
1.1	9th June 2016	Performance Directorate	Updated to reflect the Performance Policy Framework, the Performance Management Policy and the Performance Indicator titles.
1.2	27th October 2016	System Performance Directorate	Updated to reflect changes in 16/17 HSPR production and distribution.

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Acronyms

BI	Business Intelligence
CAHS	Child and Adolescent Health Service
DEC	Department Executive Committee
DG	Director General
DRG	Diagnosis Related Group
ED	Emergency Department
EMHS	East Metropolitan Health Service
FPPG	Finance, Purchasing and Performance Group
HREC	Human Research and Ethics Committee
HSPR	Health Service Performance Report
LOE	Length of Episode
WEAT	WA Emergency Access Target
NMHS	North Metropolitan Health Service
OSH	Occupational Safety and Health
PCH	Perth Children's Hospital
PI	Performance Indicator
PMP	Performance Management Policy
PMH	Princess Margaret Hospital
PMR	Performance Management Report
PPB	Performance Projects Board
PPF	Performance Policy Framework
PRM	Performance Review Meeting
SJAA	St John Ambulance Australia
SMHS	South Metropolitan Health Service
WA	Western Australia
WACHS	WA Country Health Service
YTD	Year to Date

Context

The Performance Policy Framework (PPF) enables the Department of Health, led by the Director General as the System Manager, to undertake effective system performance management.

The Performance Management Policy is a mandatory policy within the Performance Policy Framework. The Performance Management Policy is designed to drive better patient outcomes and more efficient service delivery.

The Performance Management Policy is based on a performance management cycle which comprises performance reporting, performance monitoring and evaluation, and performance management.

The Performance Management Policy involves a system of reporting performance against specified performance indicators for each Health Service Provider. Effective performance management requires well-designed performance reporting. The Performance Management Policy is supported by the Health Service Performance Report (HSPR). This document has been produced to assist and develop stakeholders' understanding of the Health Service Performance Report methodology and processes.

1 Introduction

The Performance Management Policy (PMP) involves a system of reporting performance against specified performance indicators for each Health Service Provider. The PMP ensures that WA Health is able to sustain and improve the delivery of quality healthcare for all Western Australians. To achieve this, a well-designed performance reporting component is required. The Health Service Performance Report (HSPR) is the performance reporting component of the PMP for the Child and Adolescent Health Service, East Metropolitan Health Service, North Metropolitan Health Service, South Metropolitan Health Service and WA Country Health Service.

1.1 Aim

The aim of this document is to provide key stakeholders with a better understanding of the methodology and processes adopted for the HSPR.

More specifically, this document details the HSPR processes and methodologies utilised in the:

- selection of performance indicators
- development of performance indicators including:
  - identification of data sources
  - establishment of definitions, targets and thresholds
  - creation of data quality statements
  - development of outcome statements
- design, development and ongoing publication of the HSPR.

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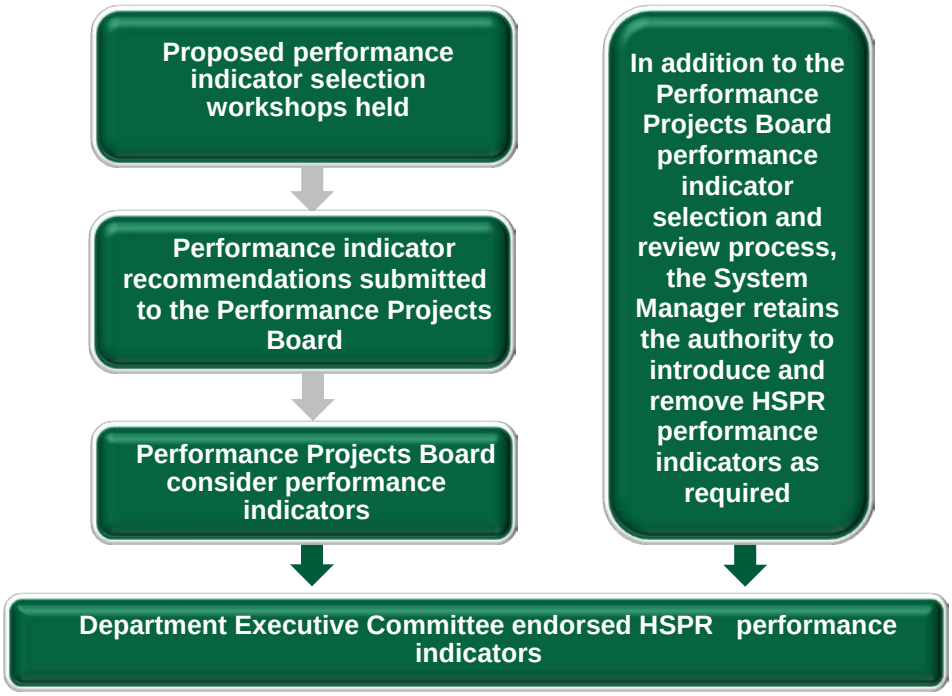
2 Performance Indicator Selection

2.1 Process

The key components of the HSPR performance indicator selection process are illustrated in Figure 1.

Figure 1: Performance indicator selection process



A workshop was held with key stakeholders to select and prioritise a set of indicators, within the influence and control of Health Services that would be recommended to the Performance Projects Board (PPB) for inclusion in the HSPR. The workshop was attended by Department of Health representatives and Health Service representatives nominated by the Chief Executives. Although no representatives from Child and Adolescent Health Service (CAHS) attended, their feedback was sought and incorporated by a nominated Department of Health participant into the appropriate sections at the workshop. The workshop comprised of four sections:

1. Review and assessment of the strengths and weaknesses of the existing HSPR and PMR indicators.
2. Identification and assessment of proposed and new indicators for potential inclusion into the HSPR. This included consideration of indicators put forward by stakeholders as a part of the draft PMP consultation process.
3. Alignment of existing and proposed indicators with the *WA Health Strategic Intent 2015-2020*[1] Priorities and Enablers.
4. Selection and prioritisation of indicators for recommendation to the PPB for inclusion in the HSPR.

For more information on the process adopted for each of the sections in the workshop refer to Appendix A.

Additionally, a workshop was also conducted by the Office of Patient Safety and Clinical Quality. The Office of Patient Safety and Clinical Quality was requested by the now disbanded Finance Purchasing and Performance Group (FPPG) to identify and recommend appropriate safety and quality performance indicators for the HSPR. The scope of the workshop was to recommend to the FPPG an appropriate suite of quality and safety indicators for the HSPR. The workshop identified and assessed new indicators as well as reviewed all existing PMR and HSPR safety and quality indicators. The workshop comprised both Department of Health and Health Service representatives.

Similarly, the Public Health Division was requested by the PPB to identify and recommend appropriate public health related indicators for the HSPR. The Public Health Division held a workshop to identify public health indicators for recommendation to the PPB. The workshop comprised Department of Health and Health Service representatives as well as attendees from the Department of Treasury.

The Public Health Division plans to undertake further work before establishing a list of recommended performance indicators for the HSPR.

Table 1 details the key processes and responsibilities that were undertaken during the performance indicator selection process.

Table 1: Key responsibilities for performance indicator selection

Performance indicator selection	Responsibility
Key processes	
Facilitated performance indicator selection workshops	▪ Performance Directorate ▪ Other Stakeholder Groups
Submitted performance indicator recommendations to Performance Projects Board	▪ Performance Directorate
Requested stakeholders to put forward performance indicator recommendations	▪ Performance Projects Board ▪ Performance Directorate
Endorsed performance indicators	▪ Performance Projects Board ▪ Department Executive Committee
Introduced and removed HSPR performance indicators as required	▪ System Manager

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3 Performance Indicator Development

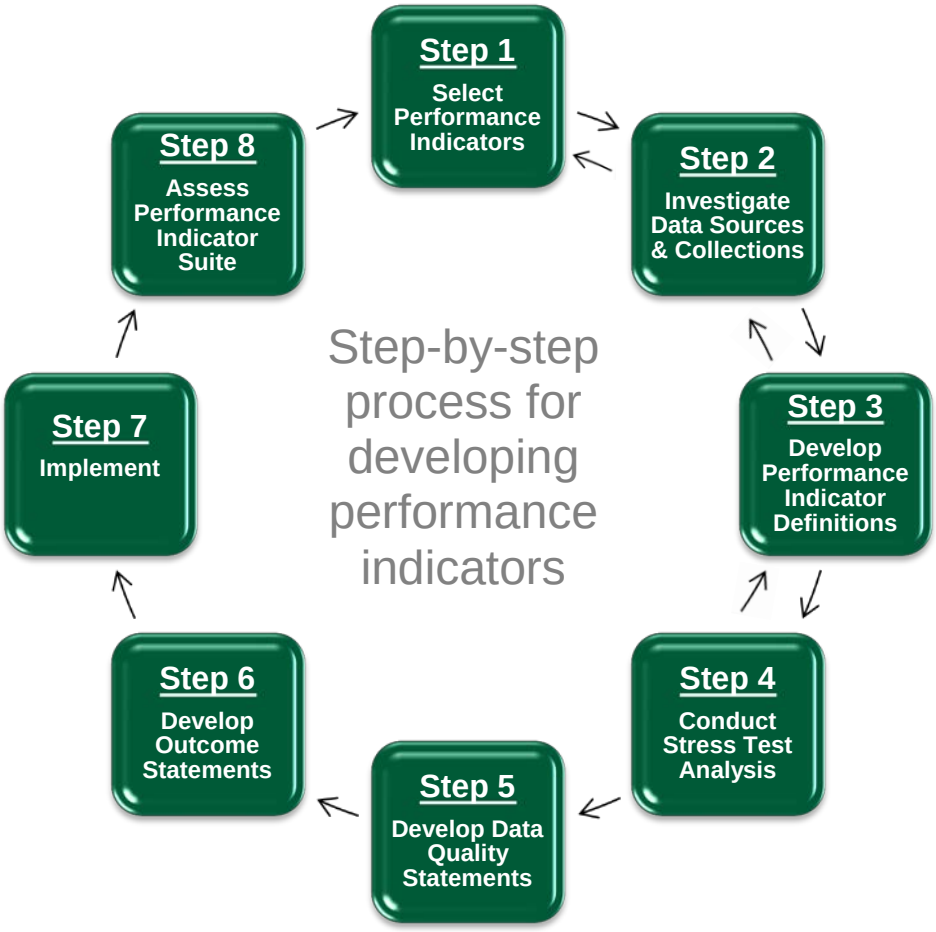
3.1 Overarching process

The performance indicators in the HSPR were developed in accordance with the methodology and processes documented in the *Developing Performance Indicators - Information Package*[2].

The information package provided step-by-step advice for the development of meaningful and reliable performance indicators which can be used for performance management purposes by all staff who are involved in the administration of health services and contract management.

Figure 2 details the 8-step process adopted for the development of HSPR performance indicators.

Figure 2: Step-by-step process for developing performance indicators



Although the steps are displayed in sequential order, they are not always linear and in some cases may be conducted in parallel.

DID YOU KNOW ?

The *Developing Performance Indicators - Information Package* is available online.

Click Here

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3.2 Data sourcing

Assessing the meaningfulness and reliability of data for reporting the selected HSPR performance indicators was critical.

Therefore, it was essential to understand and assess the data sources that would deliver the required information for the selected performance indicators.

The methodology and process for establishing the data source comprised:

- determining the data characteristics (e.g. data formats, data values and reporting levels such as record, ward, specialty, hospital, health service level).
- assessing the nature of the source data by determining source system capability and availability, data volumes, rates of change, refresh rates, data extract frequencies, delivery types (automated/manual) and data limitations such as data lags.
- establishing access to data in accordance with Operational Directives and other relevant guidelines. This included applying for Human Research and Ethics Committee (HREC) approval when required
- liaising with data providers to access data.

Table 2 outlines the key processes and responsibilities related to the data sourcing component of performance indicator development.

Table 2: Key responsibilities for performance data sourcing

Data sourcing	Responsibility
Key processes	
Determined data characteristics	▪ Performance Directorate
Assessed nature of data source	
Established access to data	

3.3 Report definitions

Report definitions were developed for each HSPR performance indicator. The definitions ensure performance indicators in the HSPR are clear, interpretable and reproducible, and its use, data source, limitations and method of calculation is explained. All HSPR performance indicator definitions were published on the WA Health website: http://ww2.health.wa.gov.au/Our-performance/.

Report definitions for HSPR indicators were developed in accordance with the methodology and process outlined in the *Guidelines for Managing Statewide Reporting Definitions*[3]. The guidelines provide detailed information on the process of developing data definitions that are to be used for the purpose of statewide performance reporting.

Table 3 details key processes and responsibilities related to the report definition component of performance indicator development.

Table 3: Key responsibilities for performance indicator report definitions

Data definitions	Responsibility
Key processes	
Coordinated HSPR performance indicator definition development and updates	▪ Performance Directorate
Completed the report definition drafts	▪ Data providers
Reviewed report definition drafts	▪ Performance Directorate
Reviewed and provided draft report definitions feedback	▪ State Health Information Steering Committee (SHISC)
Approved final report definitions	▪ Performance Reporting Governance Committee (PRGC)
Published HSPR performance indicator report definitions	▪ Performance Directorate

DID YOU KNOW ?

The *Guidelines for Managing Statewide Reporting Definitions* is a supporting document in the Information Management Policy Framework.

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3.4 Stress testing

Stress testing was conducted as a part of the performance indicator development process. This ensured that the proposed performance indicators were meaningful, reliable and robust.

Stress testing was conducted in three parts:

- **Part 1**: Data quality assessment
- **Part 2**: Set targets and thresholds
- **Part 3**: Recommendations review and approval.

Part 1: Data quality assessment ensured the data produced a meaningful and valid performance indicator for reporting. This component of stress testing was only conducted for new indicators or for indicators whose methodology had changed.

Data quality assessment was based on five criteria:

1. Completeness – assessment for missing data
2. Consistency – assessment for significant variation in the data
3. Accuracy – assessment for precision in the data
4. Reliability – assessment for comparability of the data
5. Timeliness – assessment for data currency.

When the quality assessment determined a proposed performance indicator was valid and reliable then the stress test progressed to Part 2. When the proposed performance indicator was not valid or reliable based on the data, an alternate performance indicator was considered.

Part 2: Once a meaningful and valid performance indicator for reporting was proven, targets and thresholds were developed. Targets were established by adopting the most appropriate alignment to WA Health's strategic objectives by considering the following:

- Existing National policy based targets
- Existing State policy based targets
- Previous performance baselines or expert advice from data custodians/providers.

In consultation with key stakeholders, performance thresholds were established for each performance indicator to identify levels of achievement against target. These thresholds set the criterion for whether any action needs to be taken in relation to identifying and resolving below standard performance, or acknowledge highly performing health services.

Part 3: The final part of the stress testing process was the review and approval of the recommendations by the Performance Director, and approval of performance indicators, targets and thresholds by the Department Executive Committee.

Stress Testing

DID YOU KNOW

Schedule 1 in the *Performance Management Policy* provides both target and threshold information for each of the HSPR performance indicators which is available online.

Click Here

Table 4 outlines the key processes and responsibilities related to the stress testing component of performance indicator development.

Table 4: Key responsibilities for stress testing

Stress testing	Responsibility
Key processes	
Maintained and revised stress testing templates	▪ Performance Directorate
Conducted stress testing	▪ Performance Directorate
Set targets and thresholds	▪ Performance Directorate ▪ Data providers
Provided data quality assessment and performance assessment information as requested	▪ Data providers
Reviewed and approved stress testing recommendations	▪ Director Performance
Approval of performance indicators, targets and thresholds	▪ Department Executive Committee

3.5 Data quality statements

Data quality statements support performance indicators developed for the HSPR and are published with each release of the HSPR.

Data quality statements provide a transparent assessment of the data quality for each of the performance indicators in the HSPR. Data quality statements allow users to make effective and informed 'fit for purpose' decisions by providing information on seven data quality dimensions including:

- Institutional environment
- Relevance
- Timeliness
- Accuracy
- Coherence
- Interpretability
- Accessibility.

The seven data quality dimensions were aligned to the nationally recognised *Australian Bureau of Statistics Data Quality Framework*[4] and WA Health's *Data Quality Policy*[5].

The data quality statements were developed by data providers and the process was coordinated by the Performance Directorate.

Table 5 outlines the key processes and responsibilities related to the data quality statement development.

Table 5: Key responsibilities for data quality statement development

Data quality statement development	Responsibility
Key processes	
Maintained and updated the template for data quality statements	▪ Performance Directorate
Coordinated completion of data quality statements	▪ Performance Directorate
Updated data quality statements and gained appropriate approvals	▪ Data providers
Published data quality statements	▪ Performance Directorate

DID YOU KNOW ?

The *Data Quality Policy* is a mandatory policy in the Information Management Policy Framework.

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3.6 Outcome statements

Outcome statements are a declaration of performance indicator intent and relevance to key stakeholders. The main purpose of outcome statements is to address two core questions:

- Why has the performance indicator been chosen for performance monitoring?
- Why is the performance indicator relevant to patients, clinicians and administrators?

By answering these two core questions, outcome statements can assist end users to determine if the performance indicator is 'fit for purpose' whilst enabling the end user to make an informed decision about the relevance of the results presented.

Outcome statements were developed for all HSPR performance indicators. They should be used in conjunction with report definitions and data quality statements to guide end users in monitoring performance and striving for improvements in service delivery.

The outcome statement development process was undertaken by the Performance Directorate and comprised of:

- assessing State and national performance indicator related policies
- examining online literature
- investigating peer review based literature
- consulting with key stakeholders, where appropriate.

Table 6 outlines the key processes and responsibilities related to the development of outcome statements.

Table 6: Key responsibilities for outcome statement development

Outcome statement development	Responsibility
Key processes	
Maintained and updated the template for outcome statements	▪ Performance Directorate
Undertook research for outcome statements	
Developed and compiled the outcome statements report	
Gained approval for the outcome statements report	
Published the outcome statements report	

DID YOU KNOW ?

The *Performance Management Policy – Outcome Statements for HSPR Performance Indicators* is available online.

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4 HSPR Design and Development

4.1 Process

The HSPR concept design was modelled on best practice performance reporting design.

Key HSPR design features included:

- easy access
- clear and understandable content
- ease of use
- common language
- graphical views
- access to data for investigation and analysis.

The HSPR was developed using components of the Microsoft Business Intelligence software.

A formal testing process in the development of the HSPR was undertaken for data, charts, performance ratings, and useability of the automated report. This resulted in the production of an online report that is accurate and functional.

Table 7 details the key processes and responsibilities related to the HSPR design and development processes.

Table 7: Key responsibilities for HSPR design

HSPR design	Responsibility
Key processes	
Developed concept	▪ Performance Directorate
Approved concept	▪ Performance Projects Board
Built an automated HSPR	▪ Performance Directorate
Tested the automated HSPR	

5 HSPR Production

5.1 Process

Negotiations with data providers are undertaken each year to determine a schedule of data provision and reporting frequency which suit the characteristics of each HSPR performance indicator.

The HSPR production process is ongoing and repeated every month.

At the commencement of each month, an automated email is sent to all nominated data providers to supply HSPR performance indicator data. Data providers have until the close of business on the 7th working day of the current month to supply data to the Performance Directorate via a web portal. The web portal allows data providers to submit data files and supporting documentation including data quality statements, and HSPR comments.

The Performance Directorate also provides automated data from the statewide data collections. Both the automated data and the manual data supplied by the data providers are processed by the 10th working day.

A quality assurance process is undertaken to ensure completeness, usability and accuracy of the data for the presentation of the HSPR.

A draft online version of the HSPR is generated. This is sent to Health Service Chief Executives for review and feedback. Any comments received are reviewed and a response provided.

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Table 8 outlines the key processes and responsibilities related to the HSPR production process.

Table 8: Key responsibilities for HSPR production

HSPR production	Responsibility
Key Processes	
Determined data providers[a]	▪ System Performance Directorate
Established reporting timeframes[b]	
Provided data	▪ Data Providers
Loaded and processed data[b]	▪ System Performance Directorate
Undertook data quality assurance	
Generated, assured data quality and reviewed HSPR	
Approved HSPR[c]	▪ Executive Director System Performance
Released HSPR	▪ System Performance Directorate

[a] The HSPR Data Providers Contact List is provided in Appendix B.
[b] The HSPR Data Provision Schedule is provided in Appendix C.
[c] The HSPR Email Notification Distribution Schedule is provided in Appendix D.

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6 Summary

This document provides an understanding of the methodology and process adopted to produce the HSPR. This document also provides easy access to a range of HSPR related documents and policies including:

Performance Policy Framework Click Here

Performance Management Policy Click Here

The *Developing Performance Indicators - Information Package* Click Here

The *Guidelines for Managing Statewide Reporting Definitions* Click Here

The *HSPR Performance Indicators Data Definitions* Click Here

The HSPR performance indicator targets and thresholds are listed in the PMP. Click Here

Data Quality Policy Click Here

PMP Performance Indicator Outcome Statements Click Here

7 Glossary of Terms

Governance refers to the system by which entities are directed and controlled. This will encompass the processes, procedures and systems that have been put in place to ensure that organisations are managed appropriately. This can relate to clinical systems in Clinical Governance or corporate systems in Corporate Governance. An effective governance system ensures the integration of both system components.

Organisational objectives are outlined in the Strategic Intent and are long term goals achieved over a number of years. The objectives should align with government ambitions and targets and incorporate other commitments made through Intergovernmental Agreements and National Partnership Agreements.

Performance Indicator (PI) is a measure that provides an 'indication' of progress towards achieving the organisation's objectives. PIs usually have targets attached that define the level of performance expected against the PI.

Performance management is the management and governance system that regulates performance and addresses performance concerns.

Performance standards are the establishment of relevant targets and thresholds to monitor performance.

Responsive regulation is a model that enables accountability through agreed mechanisms that are responsive when performance issues have been identified.

Targets are based on current government priorities and commitments, historical performance and trends, agency capability and consumer demand. Targets may be expressed as absolute numbers, ratios, and percentages; or as a range (such as 75% to 85%, rather than just a single figure of 80%). Targets should be achievable.

Performance thresholds are the clearly defined limits at which a PI measurement will trigger an action, response or intervention.

Appendix A: PI selection workshop process

Reviewing and assessing the strengths and weaknesses of the existing HSPR and PMR performance indicators

All the existing HSPR and PMR indicators were listed on individual 'A3' sheets on the venue wall for review. Each 'A3' indicator sheet also provided workshop attendees with a range of indicator related information. At the commencement of this section, stakeholders were invited to identify the most important indicator(s) and reason(s) for their decisions on 'post it' notes. These comments were posted under the respective indicators. Similarly, indicator weaknesses were also established by utilising this process. Comments provided were reviewed by participants to enable the identification of other strengths and weaknesses of the HSPR and PMR indicators. The facilitator invited stakeholders, in an open forum, to consider strengths or weaknesses of indicators not previously discussed. These were added to the corresponding indicators, where appropriate.

Identifying and assessing proposed and new indicators for potential inclusion into the HSPR

In this section of the workshop, stakeholders were invited to propose new indicators. The features of an Effective Key Performance Indicator were also listed for stakeholder consideration. In an open forum each proposed indicator was discussed and assessed using the Effective Key Performance Indicator criteria. Consensus voting was used to establish which indicators were accepted for further consideration.

Establishing the alignment of the existing and proposed indicators with the WA Health Strategic Intent 2015-2020 Priorities and Enablers

To commence this section, the proposed new indicators and the existing HSPR and PMR indicators were aligned to the *WA Health Strategic Intent 2015-2020* Priorities and Enablers. This section was an interactive open forum.

Selecting and prioritising indicators for recommendation to the Performance Projects Board for inclusion in the HSPR

To establish the list of indicators recommended for inclusion in the HSPR, a voting consensus format was adopted. For each indicator, the previously identified strengths and weaknesses were considered prior to a consensus vote. A tick was placed on each indicator selected and a cross for those indicators not selected. The stakeholders were provided with twenty voting dots and asked to vote on the selected indicators that were most important to them. This process enabled selected indicators to be prioritised.

Appendix B: HSPR data provider contact list

Data provider	Indicator code	Indicator name
Communicable Disease Control Directorate	P1-2	Childhood immunisation: percentage of children fully immunised at 12-15 months: a) Aboriginal b) Total
	P2-4	Healthcare-associated *Staphylococcus aureus* bloodstream infection (HA-SABSI) per 10,000 occupied bed-days)
Emergency Department Data Collection	P2-14	Percentage of Emergency Department (ED) Attendances which are re-attendances in less than or equal to 48 hours of previous attendance
	P2-15	Percentage of ED Mental Health patients admitted within 8 hrs
	P2-16	Percentage of SJAA patients with Off Stretcher time within 20 minutes
	P2-3	Proportion of emergency department patients seen within recommended times a) Category 1 – 2 minutes b) Category 2 – 10 minutes c) Category 3 – 30 minutes d) Category 4 – 60 minutes e) Category 5 – 2 hours
	P2-9	WEAT – ED Attendances with LOE <= 4 hours (%)

Data provider	Indicator code	Indicator name
Epidemiology Branch	P2-11	Hospital standardised mortality ratio
	P2-5	Death in low-mortality DRGs
	P2-8	In hospital mortality rates for: a) Acute myocardial infarction b) Stroke c) Fractured neck of femur d) Pneumonia
	E2-1	Measures of patient experience (including satisfaction) with hospital services
Financial Operations	E3-1	YTD distance of net cost of service to budget
	E3-4	YTD Expenditure to Budget
	E3-5	Overall own source Revenue to Budget
	E3.6	YTD Private Patient Revenue
	E3-7	YTD Unit cost to Price
Health System Economic Modelling	E2-3	Clinical Information Audit Program measure of DRG accuracy
	E3-2	Ratio of actual cost of specified public hospital services compared with the 'state efficient price'
	E3-3	YTD Weighted Activity to Threshold (Total) (%)

Data provider	Indicator code	Indicator name
Inpatient Data Collection	E2-4	Percentage of cases coded and available for reporting within: a) 2 weeks b) 4 weeks
	P2-13	% of selected elective cancer surgery cases treated within boundary time: a) Bladder cancer b) Bowel cancer c) Breast cancer
	P2-2	Elective surgery patients treated within boundary times: a) % category 1 within 30 days b) % category 2 within 90 days c) % category 3 within 365 days
	P2-6	Average overdue wait time of elective surgery cases waiting beyond the clinically recommended time, by urgency category a) beyond 30 days for urgency category 1 b) beyond 90 days for urgency category 2 c) beyond 365 days for urgency category 3
	P2-7	Unplanned hospital readmissions of patients discharged following management of: a) knee replacement a) hip replacement b) tonsillectomy & adenoidectomy c) hysterectomy d) prostatectomy e) cataract surgery f) appendectomy)

Data provider	Indicator code	Indicator name
Mental Health Data Collection	P1-1	Rate of community follow up within first 7 days of discharge from psychiatric admission
	P2-12	Rate of total hospital readmissions within 28 days to an acute designated mental health inpatient unit
Office of Safety and Quality	P2-10	Hand Hygiene Compliance
Patient Safety Surveillance Unit	E2-2	Rate of Severity Assessment Code (SAC) 1 clinical incident investigation reports received by Patient Safety Surveillance Unit within 28 working days of the event notification date
Performance Reporting Branch	E1-1	Injury management: a) Lost time injury severity rate b) Percentage of managers and supervisors trained in occupational safety and health (OSH) and injury management responsibilities
Theatre Management System	P2-1	Unplanned return to theatre
Workforce Modelling and Data	E2-5	Leave Liability
	P4-1	WA Health Aboriginal employment headcount

Last updated: 09/06/2016

Appendix C: HSPR data provision schedule

Indicator Detail			
Domain Code	**Indicator**	**Reporting Frequency**	**Lags**
P1-2	Childhood immunisation: percentage of children fully immunised at 12-15 months: a) Aboriginal b) Total	Quarterly	Report = 1 quarter. Data Provision= 1 month.
P2-4	Healthcare-associated *Staphylococcus aureus* bloodstream infection (HA-SABSI) per 10,000 occupied bed-days	Quarterly	Report= Nil. Data Provision= 1 month.
P2-14	Percentage of Emergency Department (ED) Attendances which are re-attendances in less than or equal to 48 hours of previous attendance.	Monthly	Report= Nil. Data Provision= Nil.
P2-15	Percentage of ED Mental Health patients admitted within 8 hrs	Monthly	Report= Nil. Data Provision= Nil.
P2-16	Percentage of SJAA patients with Off Stretcher time within 20 minutes	Monthly	Report= Nil. Data Provision= Nil.
P2-3	Proportion of emergency department patients seen within recommended times a) Category 1 – 2 minutes b) Category 2 – 10 minutes c) Category 3 – 30 minutes d) Category 4 – 60 minutes e) Category 5 – 2 hours	Monthly	Report= Nil. Data Provision= Nil.
P2-9	WEAT - ED Attendances with LOE <=4 hours (%)	Monthly	Report= Nil. Data Provision= Nil.
P2-11	Hospital standardised mortality ratio	TBA	Report = TBA Data Provision= 1 month.

Indicator Detail			
Domain Code	**Indicator**	**Reporting Frequency**	**Lags**
P2-5	Death in low-mortality DRGs	Monthly	Report = 6 months Data Provision= 1 month.
P2-8	In hospital mortality rates for: a) Acute myocardial infarction b) Stroke c) Fractured neck of femur d) Pneumonia	Monthly (AMI, FNOF and Pneumonia)	Report = 4 months Data Provision= 1 month.
		Quarterly (Stroke)	Report = 4 months Data Provision= 1 month.
E2-1	Measures of patient experience (including satisfaction) with hospital services	Annually (FY)	Report = Nil. Data Provision = 2 to 3 months.
E3-1	YTD Distance of net cost of service to budget	Monthly	Report= Nil. Data Provision= Nil.
E3-4	YTD Expenditure to Budget	Monthly	Report= Nil. Data Provision= Nil.
E3-5	Overall Own Source Revenue to Budget	Monthly	Report= Nil. Data Provision= Nil.
E3-6	YTD Private Patient Revenue	TBA	
E3-7	YTD Unit Cost to Price	Monthly	Report= Nil. Data Provision= Nil.
E2-3	Clinical Information Audit Program measure of DRG Accuracy	Quarterly	Report= Varies dependent on facility. Data Provision= Nil.
E3-2	Ratio of actual cost of specified public hospital services compared with the ‘state efficient price’	TBA	

Indicator Detail			
Domain Code	**Indicator**	**Reporting Frequency**	**Lags**
E3-3	YTD Weighted Activity to Threshold (Total) (%)	Monthly	Report= Nil. Data Provision= Nil.
E2-4	Percentage of cases coded and available for reporting within: a) 2 weeks b) 4 weeks	Monthly	Report= Nil. Data Provision= Nil.
P2-13	% of selected elective cancer surgery cases treated within boundary time: a) Bladder cancer b) Bowel cancer c) Breast cancer		Report= 2 quarters. Data Provision= 1 month.
P2-2	Elective surgery patients treated within boundary times: a) % catergory 1 within 30 days b) % catergory 2 within 90 days c) % category 3 within 365 days	Monthly	Report= Nil. Data Provision= Nil.
P2-6	Average overdue wait time of elective surgery cases waiting beyond the clinically recommended time, by urgency category a) beyond 30 days for urgency category 1 b) beyond 90 days for urgency category 2 c) beyond 365 days for urgency category 3	Monthly	Report= Nil. Data Provision= Nil.
P2-7	Unplanned hospital readmissions of patients discharged following management of: a) knee replacement b) hip replacement c) tonsillectomy & adenoidectomy d) hysterectomy e) prostatectomy f) cataract surgery g) appendectomy)	Quarterly	Report= 3 months Data Provision= 1 month.
P1-1	Rate of community follow up within first 7 days of discharge from psychiatric admission	Quarterly	Report = 2 quarters Data Provision = 1 month.

Indicator Detail			
Domain Code	**Indicator**	**Reporting Frequency**	**Lags**
P2-12	Rate of total hospital readmissions within 28 days to an acute designated mental health inpatient unit	Quarterly	Report = 2 quarters Data Provision= 1 month.
P2-10	Hand Hygiene Compliance	Tri-annually, 2 month periods: Feb & March, May & June, Sep & Oct	Report= Nil. Data Provision= 1 month.
E2-2	Rate of Severity Assessment Code (SAC) 1 clinical incident investigation reports received by Patient Safety Surveillance Unit within 28 working days of the event notification date	Quarterly	Report= Nil. Data Provision= 1 month.
E1-1	Injury management: a) Lost time injury severity rate b) Percentage of manager and supervisors trained in occupational safety and health OSH and jnjury management responsibilities	Bi-annually	
P2-1	Unplanned return to theatre	Monthly	Report= Nil. Data Provision= Nil.
E2-5	Leave Liability	TBA	
P4-1	WA Health Aboriginal employment headcount	Quarterly	Report= Nil. Data Provision= Nil.

Last updated: 09/06/2016

Appendix D: Access to the online HSPR

Access to the online HSPR
Access to the Health Service Performance Report is restricted to authorised users only. Authorisation should be obtained from your Chief Executive or Executive Director.

Last updated: 27/10/2016

References

1 Department of Health. (2015). *WA Health Strategic Intent 2015-2020*, Department of Health, Perth. Available from: http://ww2.health.wa.gov.au/~/media/Files/Corporate/general%20documents/About%20WA%20Health/wa_health_strategic_intent14052015.ashx (accessed September 2015).

2 Department of Health. (2013). *Developing Performance Indicators – Information Package*, Department of Health, Perth. Available from: http://ww2.health.wa.gov.au/~/media/Files/Corporate/general%20documents/Performance/PDF/Developing_Performance_Indicators_Information_Package.ashx (accessed 25 August 2015).

3 Department of Health. (2014). *Guidelines for Managing Statewide Reporting Definitions*, Department of Health, Perth. Available from: http://www.health.wa.gov.au/circularsnew/attachments/952.pdf (accessed September 2015).

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5 Department of Health. (2012). *Data Quality Policy*, Department of Health, Perth. Available from: http://www.health.wa.gov.au/circularsnew/attachments/662.pdf (accessed September 2015).

This document can be made available in alternative formats on request for a person with a disability.

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