Statewide Clinical Support Services

KEY PERFORMANCE INDICATORS

Master Definition Document

2024 - 2025

Government of South Australia

SA Health

Contents

Version Control

Version No.	Changes Made	By Whom	Date
V1.0	First iteration	Lauren Bell	02/03/2021
V2.0	Second Iteration	Lyndal Beer	06/07/2022
V3.0	Third Iteration	Chris Killington	01/07/2023
V4.0	Updated KPI IDs and additional KPIs for 2024/2025	Damian Robinson	05/08/2024

ACCESS AND FLOW

SA Pathology

Troponin for ED - in lab to validated time <50 minutes	
Identifying and definitional attributes	
Short Name:	Troponin for ED: in lab to validated time
Tier:	Tier 1
KPI ID:	AF-PA-T1-1
Description:	Percentage (%) of troponin results meeting turnaround times from in lab to validated
Computation:	Count (#) of troponin validated report results for ED with a turnaround time (in lab to validated time) less than 50 minutes divided by number of requests from ED for troponin results received by the laboratory.
Numerator:	Count (#) of troponin validated report results for ED with a turnaround time (in lab to validated time) less than 50 minutes.
Denominator:	Number of requests from ED for troponin results received by the laboratory
More Information	
Scope:	Data is reported for: • CALHN: RAH, TQEH • NALHN: LMH, MH • SALHN: FMC, NHS • WCHN: WCH • BHFLHN: Gawler, Mount Barker, South Coast • EFNLHN: Port Lincoln • FUNLHN: Port Augusta, Whyalla • LCLHN: Mt Gambier • RMCLHN: Riverland (Berri), Murray Bridge • YNLHN: Port Pirie, Northern Yorke (Wallaroo)

Benchmarks:

Target	≥90%	≥85% and <90%	<85%
Performance Score	5	2.5	0

Representation class:	Percentage
Data Type:	Real
Unit of Measure:	Services Type

Data Source:	SCSS laboratory Information System (Millennium)
Frequency of Reporting:	Monthly (i.e., July Data Reported in August)
Notes:	Target is based on the 80th percentile (top 20%) rate in the Australasian Clinical Indicator Report 2014-2021 23rd Edition Pathology, version 5
Related Information:	> https://www.achs.org.au/news/clinical-indicator-development-news > https://www.achs.org.au/news/australian-clinical-indicator-report-2014-2021-c4e1b9c1a7b4184c945f8da5e6c7878c > Service Agreements 2024-25 SA Health

Potassium for ED – in lab to validated time <40 minutes

Identifying and definitional attributes

Short Name:	Potassium for ED: in lab to validated time
Tier:	Tier 1
KPI ID:	AF-PA-T1-2
Description:	Percentage (%) of potassium results meeting turnaround times from in lab to validated
Computation:	Count (#) of potassium validated report results for ED with a turnaround time (in lab to validated time) less than 40 minutes divided by number of requests from ED for potassium results received by the laboratory.
Numerator:	Count (#) of potassium validated report results for ED with a turnaround time (in lab to validated time) less than 40 minutes
Denominator:	Count (#) of requests from ED for potassium results received by the laboratory

More Information

Scope:	Data is reported for: > CALHN: RAH, TQEH > SALHN: FMC, NHS > NALHN: LMH, MH > WCHN: WCH > BHFLHN: Gawler, Mount Barker, South Coast > EFNLHN: Port Lincoln > FUNLHN: Port Augusta, Whyalla > LCLHN: Mt Gambier > RMCLHN: Riverland (Berri), Murray Bridge > YNLHN: Port Pirie, Northern Yorke (Wallaroo)
Benchmarks:	<table><tr><td>Target</td><td>≥80%</td><td>≥75% and <80%</td><td><75%</td></tr><tr><td>Performance Score</td><td>5</td><td>2.5</td><td>0</td></tr></table>
Representation class:	Percentage
Data Type:	Real
Unit of Measure:	Services type
Data Source:	SCSS laboratory Information System (Millennium)

Frequency of Reporting:	Monthly (i.e., July Data Reported in August)
Notes:	Target is based on the 80th percentile (top 20%) rate in the Australasian Clinical Indicator Report 2014-2021 23rd Edition Pathology, version 5
Related Information:	> https://www.achs.org.au/news/clinical-indicator-development-news > https://www.achs.org.au/news/australian-clinical-indicator-report-2014-2021-c4e1b9c1a7b4184c945f8da5e6c7878c > Service Agreements 2024-25 SA Health

SA Pharmacy

Discharge Turnaround Times (Quarterly)

Identifying and definitional attributes

Short Name:	Discharge Turnaround Times (Quarterly)
Tier:	Tier 1
KPI ID:	AF-PH-T1-1
Description:	Percentage (%) of discharge medications dispensed through CALHN, NALHN, SALHN, WCHN, CHSALHN (receipt of prescription to dispense) in less than 60 minutes
Computation:	Count (#) of discharge medications dispense in less than 60 minutes divided by number of medications discharge medications dispensed.
Numerator:	Count (#) of discharge medications dispense in less than 60 minutes
Denominator:	Count (#) of discharge medications dispensed

More Information

Scope:	Data is reported as an overall State figure which includes data for: > CALHN: RAH, TQEH > NALHN: LMH, MH > SALHN: FMC, NHS > WCHN: WCH > BHFLHN: Gawler, Mount Barker, South Coast > EFNLHN: Port Lincoln > FUNLHN: Port Augusta, Whyalla > LCLHN: Mt Gambier > RMCLHN: Riverland (Berri), Murray Bridge > YNLHN: Port Pirie > State
Benchmarks:	<table><tr><td>Target</td><td>≥95%</td><td>≥85% and <95%</td><td><85%</td></tr><tr><td>Performance Score</td><td>5</td><td>2.5</td><td>0</td></tr></table>
Representation class:	Percentage
Data Type:	Real
Unit of Measure:	Services Type
Data Source:	Externally provided
Frequency of Reporting:	Quarterly (i.e. Quarter 1 (Jul-Sep) Data Reported in October)

Related Information:	Service Agreements 2024-25 SA Health.

Service Agreements 2024-25 SA Health.

Outpatient Turnaround Times (Quarterly)

Identifying and definitional attributes

Short Name:	Outpatient Turnaround Times (Quarterly)
Tier:	Tier 1
KPI ID:	AF-PH-T1-2
Description:	Percentage (%) of outpatient medications dispensed through CALHN, NALHN, SALHN, WCHN, CHSALHN (receipt of prescription to dispense) in less than 60 minutes
Computation:	Count (#) of outpatient medications dispense in less than 60 minutes divided by number of medications outpatient medications dispensed.
Numerator:	Count (#) of outpatient medications dispense in less than 60 minutes
Denominator:	Count (#) of outpatient medications dispensed

More Information

Scope:	Data is reported as an overall State figure which includes data for: > CALHN: RAH, TQEH > NALHN: LMH, MH > SALHN: FMC, NHS > WCHN: WCH > BHFLHN: Gawler, Mount Barker, South Coast > EFNLHN: Port Lincoln > FUNLHN: Port Augusta, Whyalla > LCLHN: Mt Gambier > RMCLHN: Riverland (Berri), Murray Bridge > YNLHN: Port Pirie > State

Benchmarks:	Target	≥95%	≥85% and <95%	<85%
	Performance Score	5	2.5	0

Representation class:	Percentage
Data Type:	Real
Unit of Measure:	Services Type
Data Source:	Externally provided
Frequency of Reporting:	Quarterly (i.e. Quarter 1 (Jul-Sep) Data Reported in October)
Related Information:	Service Agreements 2024-25 SA Health.

SA Medical Imaging

CT Scans from the ED - Ordered to Reported - Median Time (Hours)

Identifying and definitional attributes

Short Name:	CT ED (Ordered to Reported) – Median Time
Tier:	Tier 1
KPI ID:	AF-MI-T1-1
Description:	Computed tomography (CT) scans from the Emergency Department (ED), ordered to reported median time
Computation:	Median Hours (Ordered to Reported Time)

More Information

Scope:	> CALHN: RAH, TQEH > NALHN: LMH > SALHN: FMC > WCHN: WCH > RMCLHN: Riverland (Berri), Murray Bridge > YNLHN: Port Pirie

Benchmarks:	Target	≤2:00	>2:00 & ≤2:30	>2:30 & ≤3:00	>3:00 & ≤3:30	>3:30 & ≤4:00	>4:00
	Performance Score	5	4	3	2	1	0

Representation class:	Median Hours
Data Type:	Real
Unit of Measure:	Hours
Data Source:	Enterprise System for Medical Imaging (ESMI)
Frequency of Reporting:	Monthly (i.e. July Data Reported in August)
Related Information:	> Service Agreements 2024-25 SA Health.

CT Radiation Dose Compliance Rate (Aged 15+)

Identifying and definitional attributes

Short Name:	Radiation Compliance Rate (Aged 15+)
Tier:	Tier 2
KPI ID:	AF-MI-T2-1
Description:	Radiation dose compliance with Australian Radiation Protection and Nuclear Safety Agency (ARPANSA) diagnostic reference levels (DRLs) for Median dose-length product (facility reference level) for computed tomography (CT) head, chest and abdomen and pelvis for ages 15 and over.
Computation:	(Numerator/Denominator)*100
Numerator	Count (#) of CT exams completed where the dose-length product did not exceed the diagnostic reference level (DRL)
Denominator	Count (#) of CT exams completed

More Information

Scope:	> CALHN: RAH, TQEH > NALHN: LMH > SALHN: FMC, RGH > WCHN: WCH > RMCLHN: Riverland (Berri), Murray Bridge

Benchmarks:

Head (DRL)

Head (DRL)	≥80%	≥75% and <80%	<75%
Target	≥80%	≥75% and <80%	<75%
Performance Score	2.5	1.25	0

Chest (DRL)

Chest (DRL)	≥80%	≥75% and <80%	<75%
Target	≥80%	≥75% and <80%	<75%
Performance Score	2.5	1.25	0

Abdomen (DRL)

Abdomen (DRL)	≥80%	≥75% and <80%	<75%
Target	≥80%	≥75% and <80%	<75%
Performance Score	2.5	1.25	0

Representation class:	Percentage
Data Type:	Real
Unit of Measure:	Services

Data Source:	Enterprise System for Medical Imaging (ESMI)
Frequency of Reporting:	Quarterly (i.e. Quarter 1 (Jul-Sep) Data Reported in October)
Notes:	> ARPANSA establish NDRL values for CT dose using two primary metrics, however, due to a direct relation between them, the SAMI Facility Reference Levels (FRLs) are provided for Dose-Length Product (DLP) in milli-gray centimetres (mGy.cm). > Radiation Dose is represented as the dose-length product, measured in milli-gray centimetres (mGy.cm) > Flinders Medical Centre: The primary CT operates 24/7; however, the scanner is nearing the end of life (9 years). The age of equipment has contributed to higher DLP values compared to the APRANSA NDRL for both head and abdomen-pelvis procedures. These radiation doses are considered optimised and justified to maintain acceptable image quality. > Head procedures performed at LMH are above the NDRL. At LMH, the proportion of trauma patient head scans has been identified as a contributing factor. However, the need for additional protocol optimisation has been recognised. Head procedures performed on paediatric patients at WCH are also above the NDRL. It was discovered that a parameter in the head protocol was not optimised, resulting in slightly higher exposures. This parameter value has since been optimised. Note that values above the NDRL do not present a risk to patient safety.
Related Information:	> [Service Agreements 2024-25 SA Health.](#)

CT Radiation Dose Compliance Rate (Aged 5-14)

Identifying and definitional attributes

Short Name:	Radiation Compliance Rate (Aged 5-14)
Tier:	Tier 2
KPI ID:	AF-MI-T2-2
Description:	Radiation dose compliance with Australian Radiation Protection and Nuclear Safety Agency (ARPANSA) diagnostic reference levels (DRLs) for Median dose-length product (facility reference level) for computed tomography (CT) head, chest and abdomen and pelvis for ages 5 to 14 and ages 15 and over.
Computation:	(Numerator/Denominator)*100
Numerator	Count (#) of CT exams completed where the dose-length product did not exceed the diagnostic reference level (DRL)
Denominator	Count (#) of CT exams completed

More Information

Scope:	> WCHN: WCH

Benchmarks:

Head (DRL)

Target	≥80%	≥75% and <80%	<75%
Performance Score	2.5	1.25	0

Chest (DRL)

Target	≥80%	≥75% and <80%	<75%
Performance Score	2.5	1.25	0

Abdomen (DRL)

Target	≥80%	≥75% and <80%	<75%
Performance Score	2.5	1.25	0

Representation class:	Percentage
Data Type:	Real
Unit of Measure:	Services
Data Source:	Enterprise System for Medical Imaging (ESMI)

Frequency of Reporting:	Quarterly (i.e. Quarter 1 (Jul-Sep) Data Reported in October)
Notes:	> ARPANSA establish NDRL values for CT dose using two primary metrics, however, due to a direct relation between them, the SAMI Facility Reference Levels (FRLs) are provided for Dose-Length Product (DLP) in milli-gray centimetres (mGy.cm). > Radiation Dose is represented as the dose-length product, measured in milli-gray centimetres (mGy.cm) > Flinders Medical Centre: The primary CT operates 24/7; however, the scanner is nearing the end of life (9 years). The age of equipment has contributed to higher DLP values compared to the APRANSA NDRL for both head and abdomen-pelvis procedures. These radiation doses are considered optimised and justified to maintain acceptable image quality. > Head procedures performed at LMH are above the NDRL. At LMH, the proportion of trauma patient head scans has been identified as a contributing factor. However, the need for additional protocol optimisation has been recognised. Head procedures performed on paediatric patients at WCH are also above the NDRL. It was discovered that a parameter in the head protocol was not optimised, resulting in slightly higher exposures. This parameter value has since been optimised. Note that values above the NDRL do not present a risk to patient safety.
Related Information:	> [Service Agreements 2024-25 SA Health.](#)

BreastScreen SA

Diagnosed with Small Invasive Breast Cancer	
Identifying and definitional attributes	
Short Name:	Diagnosed with Small Invasive Breast Cancer
Tier:	Tier 1
KPI ID:	AF-BS-T1-1
Description:	Proportion (per 10,000 women screened) of women (50-74 years) who are diagnosed with a small (<15mm) invasive cancer
Computation:	Count (#) of women (aged 50-74) diagnosed with a small (<15mm) invasive breast cancer within the reference period divided by number of women (aged 50-74) screened within the reference period. Represented as a rate per 10,000
Numerator:	Count (#) of women (aged 50-74) diagnosed with a small (<15mm) invasive breast cancer within the reference period
Denominator:	Count (#) of women (aged 50-74) screened within the reference period
More Information	
Scope:	National Screening Program Collected in accordance with the National Accreditation Standard 2: Breast cancer detection is maximised in the target population and harm is minimised. Criterion 2.1 – The Service and / or SCU maximises the detection of invasive breast cancer in the target population. Measure 2.1.3(a) The Service and / or SCU monitors and reports the proportion of women aged 50-74 years who attend for their first screening episode who are diagnosed with small (<15mm) invasive breast cancer. Measure 2.1.3(b) The Service and / or SCU monitors and reports the proportion of women aged 50-74 years who attend for their second or subsequent screening episode who are diagnosed with small (<15mm) invasive breast cancer. Measure 2.1.3 (c) The Service and / or SCU monitors and reports the proportion (>=25 per 10,000 women) of women aged 50-74 years who are diagnosed with a small (<15mm) invasive breast cancer.
Benchmarks:	<table><tr><td>Target</td><td>≥25</td><td>≥24 and <25</td><td><24</td></tr><tr><td>Performance Score</td><td>5</td><td>2.5</td><td>0</td></tr></table>
Representation class:	Rate – (rolling rate of the previous 12 months)
Data Type:	Real
Unit of Measure:	Person

Data Source:	BreastScreen Access and Information Network (BRAIN)
Frequency of Reporting:	Monthly (i.e., July Data Reported in August)
Notes:	The reference period is a rolling 12-month, i.e., the current month combined with the previous 11 months (for a total of 12 months). The rationale for this is the National Invasive Breast Cancer standards are based on the outcome following surgical and histopathological review. This process may take upwards of 12-months. Instances where quarterly data is reported, a rolling 12 month point in time is utilised i.e., September for a given year is reported as Quarter 1.
Related Information:	> Service Agreements 2024-25 SA Health.

Number of Screening Mammograms

Identifying and definitional attributes

Short Name:	Number of Screening Mammograms
Tier:	Tier 2
KPI ID:	AF-BS-T2-1
Description:	Count (#) of screening mammograms performed
Computation:	Count (#) of screening mammograms performed for all women

More Information

Scope:	All Women
Benchmarks:	

	≥95,308	≥90,543 and <95,308	<90,543
Annual Target			
Performance Score	2.5	1.25	0

*Note targets are flowed throughout the course of the year. Monthly and Quarterly targets are variable.

Representation class:	Count
Data Type:	Integer
Unit of Measure:	Service Contact
Data Source:	BreastScreen Access and Information Network (BRAIN)
Frequency of Reporting:	Monthly (i.e. July Data Reported in August)
Notes:	Comparison of data to previous month and previous year should be indicative only. This is due to mobile facilities of BSSA screening clients on a two yearly cycle.
Related Information:	> Service Agreements 2024-25 SA Health.

Waiting Time from Screening to Assessment

Identifying and definitional attributes

Short Name:	Attending assessment visit within 28 Days of screening
Tier:	Monitor
KPI ID:	AF-BS-M-1
Description:	Percentage of women requiring assessment who attend an assessment appointment within 28 calendar days of their screening.
Computation:	Count (#) of women assessed within 28 calendar days of booking divided by count of women recalled for further assessment.
Numerator:	Count (#) of women assessed within 28 calendar days of screening.
Denominator:	Count (#) of women recalled for further assessment.

More Information

Scope:	Data is reported for BreastScreen SA.
Benchmarks:	

Target	≥90%	≥87.5% and <90%	<87.5%

Note: Benchmarks are a guide only as Monitor KPI do not form part of the performance assessment process.

Representation class:	Percentage
Data Type:	Real
Unit of Measure:	Person
Data Source:	BreastScrean Access and Information Network (BRAIN)
Frequency of Reporting:	Monthly (i.e. July Data Reported in August)
Notes:	Data is reported for Breast Screen SA. > Exclusions: excludes mobile units. Measure is for fixed clinics only. > National Screening Program > Collected in accordance with the National Accreditation Standard 4: Screening and assessment services are provided to women in a timely and efficient manner. Criterion 4.2 – The Service and/or SCU ensures that women progress through the assessment pathway in a timely manner > Measure 4.2.1:

	a) ≥90% of women requiring assessment attend an assessment visit within 28 calendar days of their screening visit.
	b) Where part a) is not met, the Service and/or SCU records and reports the number of days the Service and/or SCU takes to achieve 90%.
	c) Where part a) is not met, the Service and/or SCU records and reports the percentage of women who were offered assessment within 28 calendar days of their screening visit.
Related Information:	> Service Agreements 2024-25 SA Health.

SA Dental

SA Dental (SADS) - Waiting Time – Adult Restorative

Identifying and definitional attributes

Short Name:	SADS Waiting Time - Adult Restorative
Tier:	Tier 1
KPI ID:	AF-SAD-T1-1
Description:	Weighted Average Dental Waiting Time – by Wait List Type (Adult Restorative).
Computation:	(Numerator/Denominator)
Numerator:	Sum of Maximum Wait Times (time waited for longest waiting patient currently on each list multiplied by count (#) of patients on each clinic list).
Denominator:	Count (#) of all patients waiting for the relevant clinic waiting list across the state.

More Information

Scope:	Data is reported for: > SA Dental (State)
Benchmarks:	See table below
Representation Class	Mean (average)
Data Type:	Real
Unit of Measure:	Months
Data Source:	SAD Evaluation & Research Unit (ERU) =centrally complied Waitlist Reporting: SAD Executive Report, PPRC & also MMSS
Frequency of Reporting:	Monthly (i.e. July Data Reported in August)

Benchmarks:

Adult Restorative Target	≤9 Months	> 9 Months & ≤11 Months	>11 Months
Performance Score	5	2.5	0

Notes:
> Maximum Wait Time is defined as the time of the longest waiting patient still waiting on list.
> The Adelaide Dental Hospital (ADH) Specialist list is the weighted aggregation of four (4) sub-lists – Oral Surgery, Special Needs Unit, Specialist Restorative Unit and Orthodontics.
> Note this method of waiting time does not align with the National Minimum Data Set: Public Dental Waiting Time (AIHW METeOR) as specialist waiting lists are

	excluded, and only updated annually (12mth FinYr) as median and 90th percentile of wait list removals.
Related Information:	> [Service Agreements 2024-25 SA Health.](#)

SA Dental (SADS) - Waiting Time - Specialist

Identifying and definitional attributes

Short Name:	SAD Waiting Time - Specialist
Tier:	Tier 1
KPI ID:	AF-SAD-T1-2
Description:	Weighted Average Dental Waiting Time – by Wait List Type (Specialist).
Computation:	(Numerator/Denominator)
Numerator:	Sum of Maximum Wait Times (time waited for longest waiting patient currently on each list multiplied by count (#) of patients on each clinic list).
Denominator:	Count (#) of all patients waiting for the relevant clinic waiting list across the state.

More Information

Scope:	Data is reported for: > SA Dental (State)
Benchmarks:	

Specialist Target	≤18 Months	> 18 Months & ≤21 Months	>21 Months
Performance Score	5	2.5	0

Representation Class	Mean (average)
Data Type:	Real
Unit of Measure:	Months
Data Source:	SAD Evaluation & Research Unit (ERU) =centrally complied Waitlist Reporting: SAD Executive Report, PPRC & also MMSS
Frequency of Reporting:	Monthly (i.e. July Data Reported in August)
Notes:	> Maximum Wait Time is defined as the time of the longest waiting patient still waiting on list. > The Adelaide Dental Hospital (ADH) Specialist list is the weighted aggregation of four (4) sub-lists – Oral Surgery, Special Needs Unit, Specialist Restorative Unit and Orthodontics. > Note this method of waiting time does not align with the National Minimum Data Set: Public Dental Waiting Time (AIHW METeOR) as specialist waiting lists are excluded, and only updated annually (12mth FinYr) as median and 90th percentile of wait list removals.

Related Information:	>	[Service Agreements 2024-25 SA Health.](#)

PRODUCTIVITY AND EFFICIENCY

Finance

End Of Year Net Variance to Budget ($m)	
Identifying and definitional attributes	
Short Name:	EOY Variance to Budget
Tier:	Tier 1
KPI ID:	PE-F-T1-1
Description:	End of year forecasted expenditure of providing services for a given period, minus the end of year adjusted budget for the same period.
Computation:	Variance
More Information	
Scope:	Data is reported for: > State-wide Clinical Support Services (SCSS)
Benchmarks:	<table><tr><td>Target</td><td>0%</td><td>≤+1%</td><td>>+1%</td></tr><tr><td>Performance Score</td><td>5</td><td>2.5</td><td>0</td></tr></table>
Representation class:	Dollar
Data Type:	Real
Unit of Measure:	Monetary amount
Data Source:	SHARP
Frequency of Reporting:	Monthly (i.e., July Data Reported in August)

Notes:	> Net Grant Funded Services impact.
	> For monthly reporting, indicator data is disaggregated to show the following elements:
	   (a) End of year Projection Net Variance to Budget
	   (b) Expenditure Variance to Budget
	   (c) Revenue (All) Variance to Budget
	   (d) Revenue (Earned) Variance to Budget
	> A percentage calculation is also available in the monthly workbooks.
	> End of year budget variance KPI to factor in activity variance to cap and other agreed external cost pressures:

	a) Activity to Cap Variance – *Need to determine target and methodology.* > Depreciation of Assets
Related Information:	[Service Agreements 2024-25 SA Health.](Service%20Agreements%202024-25%20SA%20Health.)

SA Pathology LHN Billing Timeliness

Identifying and definitional attributes

Short Name:	Path Billing Timeliness
Tier:	Tier 1
KPI ID:	PE-F-T1-2
Description:	98% of invoices billed within the same financial year of the collected date of the specimen.
Computation:	The number of distinct encounters invoiced FYTD where the samples on the encounter were collected in the same fiscal year, divided by the total amount of distinct encounters invoiced FYTD.
Numerator:	Count (#) of distinct encounters invoiced where the samples were collected in the same fiscal year.
Denominator:	Count (#) of distinct encounters invoiced.

More Information

Scope:	Data is reported for: • CALHN • NALHN • SALHN • WCHN • BHFLHN • EFNLHN • FUNLHN • LCLHN • RMCLHN • YNLHN • STATE
Benchmarks:	
Representation class:	Percentage (%)
Data Type:	Real
Unit of Measure:	Episode
Data Source:	Finance - SHARP
Frequency of Reporting:	Monthly (i.e., July data reported in August)
Related Information:	> Service Agreements 2024-25 SA Health.

Target	≥98%	≥ 93% and <98%	<93%
Performance Score	5	2.5	0

SA Dental – Number of Visits - Adult

Identifying and definitional attributes

Short Name:	SA Dental Visits - Adult
Tier:	Tier 1
KPI ID:	PE-SAD-T1-1
Description:	Count (#) of visits, also known as dental occasions of service, during which a dental procedure or item of care is provided for clients aged 18 year and over.
Computation:	Count (#)

More Information

Scope:	Data is reported for: > SA Dental (State)
Benchmarks:	(see table below)

Occasions of Service Annual Adult Target	≥203,200	≥193,040 and <203,200	<193,040
Performance Score	5	2.5	0

Representation class:	Count
Data Type:	Integer
Unit of Measure:	Service contact
Data Source:	SA Dental Electronic Patient Record known as Titanium T12 Application
Frequency of Reporting:	Monthly (i.e. July Data Reported in August)
Notes:	> A visit, also known as a dental occasion of service, during which a dental procedure or item of care is provided to an eligible client by SA Dental either at an SA Dental clinic (internal staff) or external publicly funded dental schemes (private practitioners) at the end of the specified period. > Adults - Further defined as any client aged 18 years or greater at the time of the dental visit
Related Information:	> [Service Agreements 2024-25 SA Health.](#)

SA Dental – Number of Visits - Child

Identifying and definitional attributes

Short Name:	SA Dental Visits - Child
Tier:	Tier 1
KPI ID:	PE-SAD-T1-2
Description:	Count (#) of visits, also known as dental occasions of service, during which a dental procedure or item of care is provided to clients aged 0-18 years.
Computation:	Count (#)

More Information

Scope:	Data is reported for: > SA Dental (State)
Benchmarks:	

Occasions of Service Annual Child Target	≥126,900	≥120,555 and <126,900	<120,555
Performance Score	5	2.5	0

Representation class:	Count
Data Type:	Integer
Unit of Measure:	Service contact
Data Source:	SA Dental Electronic Patient Record known as Titanium T12 Application
Frequency of Reporting:	Monthly (i.e. July Data Reported in August)
Notes:	> A visit, also known as a dental occasion of service, during which a dental procedure or item of care is provided to an eligible client by SA Dental either at an SA Dental clinic (internal staff) or external publicly funded dental schemes (private practitioners) at the end of the specified period. > Children - Further defined as any client aged 0 years to less than 18 years at the time of the dental visit.
Related Information:	> Service Agreements 2024-25 SA Health.

SA Dental - Restorative Re-Treatment Rates – Community Dental Service

Identifying and definitional attributes

Short Name:	Restorative Re-Treatment Rates - Community Dental Service
Tier:	Monitor
KPI ID:	PE-SAD-M-1
Description:	Percentage (%) of restorative re-treatment of same tooth within a 6 month period.
Computation:	(Numerator/Denominator)*100
Numerator:	(a) Community Dental Service - Count of permanent teeth retreated within 6 months of an episode of restorative treatment, during the 6 month reporting period.
Denominator:	(a) Community Dental Service - Count of permanent teeth restored, during the 6 month reporting period.

More Information

Scope:	Data is reported for: > SA Dental (State) – excluding Adelaide Dental Hospital
Benchmarks:	<table><tr><td>Community Dental Service Target</td><td>≤7.14%</td><td>>7.14% and ≤9.64%</td><td>>9.64%</td></tr></table> Note: Benchmarks are a guide only as Monitor KPI do not form part of the performance assessment process.
Representation class:	Percentage
Data Type:	Integer
Unit of Measure:	Service type
Data Source:	SA Dental Electronic Patient Record known as Titanium T12 Application
Frequency of Reporting:	Bi-Annually (i.e. July to December Data reported in January)
Notes:	> A Low Rate is desirable. > Clinical Indicators are relevant to National S&Q Standards https://www.safetyandquality.gov.au/standards/nsqhs-standards
Related Information:	> ACHS Oral health Clinical Indicator User Manual (v4). > Service Agreements 2024-25 SA Health.

SA Dental - Restorative Re-Treatment Rates by Program

Identifying and definitional attributes

Short Name:	Restorative Re-Treatment Rates - School Dental Service
Tier:	Monitor
KPI ID:	PE-SAD-M-2
Description:	Percentage (%) of restorative re-treatment of same tooth within a 6 month period.
Computation:	(Numerator/Denominator)*100
Numerator:	(b) School Dental Service - Count of [deciduous or permanent] teeth retreated within 6 months of an episode of restorative treatment, during the 6 month reporting period.
Denominator:	(b) School Dental Service - Count of deciduous or permanent teeth restored, during the 6 month reporting period.

More Information

Scope:	Data is reported for: > SA Dental (State) – excluding Adelaide Dental Hospital
Benchmarks:	<table><tr><td>School Dental Service Target</td><td>≤2.58%</td><td>>2.58% and ≤5.08%</td><td>>5.08%</td></tr></table> Note: Benchmarks are a guide only as Monitor KPI do not form part of the performance assessment process.
Representation class:	Percentage
Data Type:	Integer
Unit of Measure:	Service type
Data Source:	SA Dental Electronic Patient Record known as Titanium T12 Application
Frequency of Reporting:	Bi-Annually (i.e. July to December Data reported in January)
Notes:	> A Low Rate is desirable. > Clinical Indicators are relevant to National S&Q Standards https://www.safetyandquality.gov.au/standards/nsqhs-standards
Related Information:	> ACHS Oral health Clinical Indicator User Manual (v4). > Service Agreements 2024-25 SA Health.

SA Dental (SADS) - School Dental Service Recall Interval (Months)

Identifying and definitional attributes

Short Name:	SADS - School Dental Recall
Tier:	Monitor
KPI ID:	PE-SAD-M-3
Description:	The time within which 50% of children enrolled in the School Dental Service were re-examined in the previous three months.
Computation:	Median

More Information

Scope:	Data is reported for: > School Dental Service
Benchmarks:	<table><tr><td>School Dental Service Target</td><td>≤18.7%</td><td>>18.7% and ≤19.2%</td><td>>19.2%</td></tr></table> Note: Benchmarks are a guide only as Monitor KPI do not form part of the performance assessment process.
Representation class:	Median
Data Type:	Real
Unit of Measure:	Service contact
Data Source:	SA Dental Electronic Patient Record known as Titanium T12 Application
Frequency of Reporting:	Quarterly (1 Month Lag i.e. July to September Data Reported in November)
Notes:	> Data applies to children aged >= 0 to < 18 years. > Median time interval (calculated in days, reported in months) between consecutive routine dental examinations for children seen by School Dental Service, who have received a dental check-up/exam in the past quarter and had a prior dental exam between 3 months and 3 years ago, recorded at the same dental clinic. > Median time (calculated in days, reported in months (1 Dec) between consecutive routine dental examinations (ADA items 011, 012, CDBS items 88011, 88012, SAD items 011_Student, 012_Student) – exclude emergency (013/88013) for children seen by SDS in the preceding three months (quarter); who have had a previous dental examination service (min >3mths & max <3 years or 1096 days) recorded at the same dental clinic. > Results at or below 18.7 months median recall interval are desirable. > Routine Dental examinations include:

	> ADA items 011, 012
	> CDBS items 88011, 88012
Related Information:	> [Service Agreements 2024-25 SA Health.](#)

SAFE AND EFFECTIVE CARE

Safe Care

Sentinel Events	
Identifying and definitional attributes	
Short Name:	Sentinel Events
Tier:	Monitor
KPI ID:	SEC-SC-M-6
Description:	Count (#) of sentinel events within reporting period.
Computation:	Count (#)
More Information	
Scope:	Data reported for: > SCSS
Benchmarks:	Target 0 Note: Benchmarks are a guide only as Monitor KPI do not form part of the performance assessment process.
Representation class:	Count
Data Type:	Integer
Unit of Measure:	Episode
Data Source:	Operational Business Intelligence (OBI)
Frequency of Reporting:	Monthly (i.e. 1 month lag-July Data Reported in September)
Notes:	> List of sentinel events: • Surgery or other invasive procedure performed on the wrong site resulting in serious harm or death. • Surgery or other invasive procedure performed on the wrong patient resulting in serious harm or death. • Wrong surgical or other invasive procedure performed on a patient resulting in serious harm or death. • Unintended retention of a foreign object in a patient after surgery or other invasive procedure resulting in serious harm or death.

	- Haemolytic blood transfusion reaction resulting from ABO incompatibility resulting in serious harm or death. - Suspected suicide of a patient in an acute psychiatric unit or acute psychiatric ward. - Medication error resulting in serious harm or death. - Use of physical or mechanical restraint resulting in serious harm or death. - Discharge or release of an infant or child to an unauthorised person. - Use of an incorrectly positioned oro- or naso- gastric tube resulting in serious harm or death.
Related Information:	> Australian Commission on Safety and Quality in Health Care, Australian sentinel events list > https://www.safetyandquality.gov.au/publications-and-resources/resource-library/australian-sentinel-events-list-version-2-specifications > Service Agreements 2024-25 SA Health.

PEOPLE AND CULTURE

Workforce

<table>
<tr><th colspan="2">Employees with Excess Annual Leave Balance</th></tr>
<tr><th colspan="2">Identifying and definitional attributes</th></tr>
<tr><td>Short Name:</td><td>Excess Leave</td></tr>
<tr><td>Tier:</td><td>Tier 1</td></tr>
<tr><td>KPI ID:</td><td>PC-WF-T1-1</td></tr>
<tr><td>Description:</td><td>Percentage (%) of employees with annual leave balance greater than or equal to 2 years entitlement (as recorded on LAC).</td></tr>
<tr><td>Computation:</td><td>(Numerator/Denominator)*100</td></tr>
<tr><td>Numerator:</td><td>Employee headcount whose annual leave balance is greater than or equal to 2 years entitlement.</td></tr>
<tr><td>Denominator:</td><td>Employee headcount of employees eligible to annual leave that are not:
> Terminated.
> Seconded.
> Non−employees.
Board and Committee members.</td></tr>
<tr><th colspan="2">More Information</th></tr>
<tr><td>Scope:</td><td>Data is reported for:
> State-wide Clinical Support Services (SCSS)</td></tr>
<tr><td>Benchmarks:</td><td>

Target	≤5%	7%	9%	11%	13%	>13%
Performance Score	5	4	3	2	1	0

</td></tr>
<tr><td>Representation class:</td><td>Percentage (%)</td></tr>
<tr><td>Data Type:</td><td>Real</td></tr>
<tr><td>Unit of Measure:</td><td>Person</td></tr>
<tr><td>Data Source:</td><td>CHRIS21</td></tr>
<tr><td>Frequency of Reporting:</td><td>Monthly (i.e., July data reported in August)</td></tr>
<tr><td>Notes:</td><td>> Employees as recorded in CHRIS21.
> Leave balance (years) for annual leave is a derived figure dependent on an employee being paid a leave average or contract hours when on annual leave</td></tr>
</table>

	represented by a field in PYD for all awards (except SA Public Sector Salaried employees who are all paid contract hours when on leave – the Shared Sector Model).
	> Payment Type:
	> Contract Hours (Shared Sector Model): Considers the employee's total accrual in hours, any future leave bookings, the leave entitlement in weeks specified by an employee's industrial instrument, and the number of hours per week that they are contracted to work.
	> Average Hours: Considers an employee's total accrual in days, any future leave bookings, the leave entitlement in weeks specified by an employee's industrial instrument, and the number of days per week they are contracted to work.
Related Information:	> [Service Agreements 2024-25 SA Health.](#).

Completion of Performance Reviews in line with the Commissioner's Determination

Identifying and definitional attributes

Short Name:	Performance Review Completion
Tier:	Tier 1
KPI ID:	PC-WF-T1-2
Description:	Percentage (%) of employees who have completed a Performance Review in the <u>preceding</u> 6 month period.
Computation:	(Numerator/Denominator)*100
Numerator:	Employee headcount where a Performance Review was completed in the prior 6-month period.
Denominator:	Employee headcount at the time of the extract that are not: • Terminated. • Position ended (with a POS end date 2 months before the reporting period date) and no current position. • Seconded to other agencies. • Non-employees. • Board and Committee members. • Absent on unpaid leave greater than 20 days for contracted staff. Casual staff who have not been paid greater than 28days.

More Information

Scope:	Data is reported for: > State-wide Clinical Support Services (SCSS)
Benchmarks:	<table><tr><td>Target</td><td>≥80%</td><td>70%</td><td>60%</td><td>50%</td><td>40%</td><td><40%</td></tr><tr><td>Performance Score</td><td>5</td><td>4</td><td>3</td><td>2</td><td>1</td><td>0</td></tr></table>
Representation class:	Percentage (%)
Data Type:	Real
Unit of Measure:	Person
Data Source:	CHRIS21
Frequency of Reporting:	Monthly (i.e., July data reported in August)
Notes:	> An ended position is determined by an employee's POS end date being more than 2 months from the report date, i.e., for August data (compiled in

	September), employees who have a POS end date of 30 June and prior are excluded.
	> Performance reviews with a future date are excluded from the calculation.
	> Absent on unpaid leave greater than 20 days for contracted staff excluded from denominator. 20 days represents working days or 4 weeks.
	> Casual staff who have not been paid greater than 28 days excluded from denominator. 28 days represents 2 pay cycles, or 4 weeks.
	> Indicator aligns with the Officer for the Commissioner of Public Sector Employment reporting metrics.
Related Information:	> [Guideline of the commissioner for public sector employment: Performance management and development (publicsector.sa.gov.au)](#)
	> [Service Agreements 2024-25 SA Health.](#)

Aboriginal or Torres Strait Islander Workforce Participation Rate

Identifying and definitional attributes

Short Name:	Indigenous Workforce Rate
Tier:	Tier 2
KPI ID:	PC-WF-T2-1
Description:	Percentage (%) of current employees who identify as being of Aboriginal or Torres Strait Islander origin.
Computation:	Employee headcount who identified as being of Aboriginal and/or Torres Strait Islander origin, in receipt of a pay summary that includes the last pay day of the month divided by total employee headcount, in receipt of a pay summary that includes the last pay day of the month. Represented as a percentage.
Numerator:	Employee headcount who identified as being of Aboriginal and/or Torres Strait Islander origin, in receipt of a pay summary that includes the last pay day of the month.
Denominator:	Employee headcount, in receipt of a pay summary that includes the last pay day of the month.

More Information

Scope:	Data is reported for: > State-wide Clinical Support Services (SCSS)
Benchmarks:	<table><tr><td>Target</td><td>≥3%</td><td>2.5%</td><td>2%</td><td>1.5%</td><td>1%</td><td><1%</td></tr><tr><td>Performance Score</td><td>2.5</td><td>2</td><td>1.5</td><td>1</td><td>0.5</td><td>0</td></tr></table>
Representation class:	Percentage (%)
Data Type:	Real
Unit of Measure:	Person
Data Source:	SHARP
Frequency of Reporting:	Monthly (i.e., July data reported in August)
Related Information:	> Service Agreements 2024-25 SA Health.

Staff Turnover Rate

Identifying and definitional attributes

Short Name:	Turnover Rate
Tier:	Tier 2
KPI ID:	PC-WF-T2-2
Description:	Percentage (%) of Staff Turnover Based on average total employee headcount and ongoing terminations for the previous 12 months
Computation:	(Numerator/Denominator)*100.
Numerator:	Count (#) of Ongoing Terminations for the previous 12 month period
Denominator:	Average No of Staff (Headcount) for the previous 12 month period

More Information

Scope:	Data is reported for: > State-wide Clinical Support Services (SCSS)
Benchmarks:	(see table below)

Target	≤4%	5%	6%	7%	8%	>8%
Performance Score	2.5	2	1.5	1	0.5	0

Representation class:	Percentage (%)
Data Type:	Real
Unit of Measure:	Person
Data Source:	C21 - based on LHN and Medical, Nursing, Allied Health & All Other
Frequency of Reporting:	Monthly (i.e., July data reported in August)
Notes:	> Average No of Staff excludes: • Non-employees • Board & Committee Members • Clinical Academics • Sessional employees • Secondments > Dependant on notification to and SSSA processing of terminations within a timely manner Note data may include ended positions with the active employee count

| **Related Information:** | > Service Agreements 2024-25 SA Health. |

> Service Agreements 2024-25 SA Health.

Productive Overtime Hours Rate

Identifying and definitional attributes

Short Name:	Overtime Hours
Tier:	Tier 2
KPI ID:	PC-WF-T2-3
Description:	Percentage (%) of Productive Overtime Hours as proportion of total productive hrs.
Computation:	(Numerator/Denominator)*100.
Numerator:	Count (#) of Productive Overtime paid hours
Denominator:	Count (#) of Productive Ordinary paid hours

More Information

Scope:	Data is reported for: > State-wide Clinical Support Services (SCSS)
Benchmarks:	<table><tr><td>Target</td><td>≤2.5%</td><td>>2.5% and ≤3.25%</td><td>>3.25%</td></tr><tr><td>Performance Score</td><td>2.5</td><td>1.25</td><td>0</td></tr></table>
Representation class:	Percentage (%)
Data Type:	Real
Unit of Measure:	Hour
Data Source:	SHARP - based on the RIAT Financial structure for LHN and Major Hospital via GL Seg2 Unit
Frequency of Reporting:	Monthly (i.e., July data reported in August)

Notes:	> Productive Ordinary paid hours includes:
	  > Allowance Codes with an FTE Category of PO Productive Ordinary - normal hours of work
	
	> Data Disaggregations are required for the following Operational Groups:
	  > Medical Officers
	  > Nurses/Midwives
	  > Allied Health Professionals
	  > Other

| **Related Information:** | > | [Service Agreements 2024-25 SA Health.](#) |

Sick and Carers Leave Rate

Identifying and definitional attributes

Short Name:	Sick/Carers Leave Rate
Tier:	Tier 2
KPI ID:	PC-WF-T2-4
Description:	Percentage (%) of Unproductive Leave Paid Hours as proportion of Total Productive Ordinary Hours.
Computation:	(Numerator/Denominator)*100.
Numerator:	Count (#) of Sick and Carers Leave paid hours
Denominator:	Count (#) of Productive Ordinary paid hours

More Information

Scope:	Data is reported for: > State-wide Clinical Support Services (SCSS)
Benchmarks:	<table><tr><td>Target</td><td>≤4.5%</td><td>>4.5% and ≤5.5%</td><td>>5.5%</td></tr><tr><td>Performance Score</td><td>2.5</td><td>1.25</td><td>0</td></tr></table>
Representation class:	Percentage (%)
Data Type:	Real
Unit of Measure:	Hour
Data Source:	SHARP - based on the RIAT Financial structure for LHN and Major Hospital via GL Seg2 Unit
Frequency of Reporting:	Monthly (i.e., July data reported in August)

Notes:	> Includes the following allowance code types:
	  > SIC
	  > PERS
	  > FAML
	  > SICW
	  > PCPW
	
	> Sick and Carers Leave includes:
	  > Total number of hours paid identified as FTE Category UL (Unproductive Paid Leave) Inclusive of Allowance Codes SIC, PERS, FAML, SICW & PCPW

	> Productive Ordinary Paid Hours includes: > Allowance Codes with an FTE Category of PO Productive Ordinary - normal hours of work > Data Disaggregation required for the following Operational Groups: > Medical Officers > Nurses/Midwives > Allied Health Professionals > Other
Related Information:	> [Service Agreements 2024-25 SA Health.](#)

New Workplace Injury Claim Rate (per 1,000 FTE)

Identifying and definitional attributes

Short Name:	New Workplace Injury Claim Rate
Tier:	Tier 2
KPI ID:	PC-WF-T2-5
Description:	Count (#) of new workplace injury claims reported in the assessment period
Computation:	(Numerator/Denominator)*100.
Numerator:	Count (#) of new workplace injury claims reported in the assessment period (standardised as a rate per month).
Denominator:	Count (#) of full-time equivalent (FTE) Standard, in receipt of a pay summary that includes the last pay day of the reporting period.

More Information

Scope:	Data is reported for: > State-wide Clinical Support Services (SCSS)

Benchmarks:	Target	≤1.3	>1.3 and ≤1.5	>1.5
	Performance Score	2.5	1.25	0

Representation class:	Ratio
Data Type:	Real
Unit of Measure:	Claims (per 1,000 FTE)
Data Source:	Self-Insurance Management System (SIMS)
Frequency of Reporting:	Monthly (i.e., July data reported in August)
Notes:	> The number of new workplace injury claims is calculated as the total number of new claims registered in the period, regardless of date of injury, determination or any other factor. This includes all claims whether accepted, rejected, pending determination or withdrawn. Every new claim has a 'Date Registered' date that does not change. > Numerator data is standardised as an average rate per month. > Denominator data is calculated as the full-time equivalent (FTE) Standard, in receipt of a pay summary that includes the last pay day of the reporting period.

Related Information:	>	[Service Agreements 2024-25 SA Health.](#)

Gross Expenditure for Workplace Injury Claims

Identifying and definitional attributes

Short Name:	Expenditure for workplace injury claims
Tier:	Monitor
KPI ID:	PC-WF-M-1
Description:	Gross workers compensation expenditure
Computation:	Gross workers compensation expenditure financial year to date

More Information

Scope:	Data is reported for: > State-wide Clinical Support Services (SCSS)
Benchmarks:	Target ≤ Previous Year
Representation class:	Count (#)
Data Type:	Real
Unit of Measure:	Currency
Data Source:	Self-Insurance Management System (SIMS)
Frequency of Reporting:	Monthly (i.e., July data reported in August)
Related Information:	> Service Agreements 2024-25 SA Health.