

PERFORMANCE INDICATORS

In order to assist health care organisations in the measurement and evaluation of their performance the ACHS has put together a list of performance indicators. We have provided a range of performance indicators for each criterion.

These indicators are meant to be suggestions only. Not all of the indicators will be suitable for all types of organisations. Organisations may wish to modify the suggested indicators to meet their own needs. We have included indicators that may be useful to a range of health services and indicators that can be adapted to different services.

It is also important to for organisations to:

- use indicators that exist, not replicating work that has already been undertaken
- use indicators that motivate for improvement in health service delivery
- use indicators that make sense at various levels of health service delivery.

Current indicator collection

Many organisations currently collect indicator data for various internal and external bodies including:

- Health roundtables
- Private Health Insurers
- More to be added

What is a Performance Indicator?

A performance indicator is *“a statistic or other unit of information which reflects, directly or indirectly, the performance of a health or welfare intervention, facility, service or system in maintaining or increasing the well being of its target population”*. (Armstrong, 1994)

Performance indicators are most fundamentally evaluative criteria. However, performance monitoring is only a part of evaluation.

Performance indicators are one source which informs an evaluation process and may help to identify or flag further issues or questions.

What is the Purpose of Performance Indicators?

A criticism of performance indicators is that hospitals can comply with the criteria and still deliver sub-optimal care to an individual patient. This is a common misconception about the purpose of performance indicators. Performance indicators reflect what is done most of the time by most of the hospitals to most of the patients. Thus the purpose of performance indicators is to reflect what happens at a population level rather than at the individual level.

What Types of Performance Indicators are Typically Been Used?

Process, outcome and output performance indicators are the most frequently used types. Generally, performance indicators are expressed as a rate; others may consist of qualitative information, yes/no answers or are expressed as an actual number.

What are Attributes to Select and Assess Performance Indicators?

- Definable: Can the indicator be clearly defined?
- Clear intent: Is the intent of the indicator easily understood and interpretable by all users?
- Relevance: Does the indicator measure aspects of care which are relevant and significant?
- Accessible: Are data easily accessible?
- Reliable: Is there demonstrated reliability (re-reproducibility) of data?
- Valid: Does the indicator measure what is intended and point to issues of quality?
- Useful: Does the indicator provide useful information to inform quality programs and stakeholders?
- Responsive: Is the indicator responsive with a potential for action and quality improvement?
- Comparable: Is the indicator comparable with either past periods or similar programs?

What are Properties of a Good Performance Indicator System?

Focused on the organisation's aims and objectives

Appropriate to, and useful for, the stakeholders who are likely to use it

Balanced, giving a picture of what the organisation is doing, covering all significant areas of work

Robust in order to withstand organisational changes or individuals leaving

Integrated into the organisation, being part of the business planning and management processes

Cost effective, balancing the benefits of the information against the costs

CONTINUITY OF CARE

1.1.1 Assessment system

Percentage of medical records containing evidence of multidisciplinary assessment
Percentage of consumers/patients with completed and documented assessment within 24 hours of admission

Percentage of cancellations of elective surgery after admission
Percentage of consumers/patients admitted with a certain diagnosis where a key diagnostic test was required and performed (comment: eg CT Scans in an ED department)

1.1.2 Care planning in partnership with patient

Percentage of consumers/patients satisfied with decision making/involvement about their care

Percentage of consumers/patients satisfied with their care goals being achieved

Percentage of consumers/patients who have signed off on their pathway/care plan/care management

Percentage of variances identified in pathways in relation to care planning

Percentage of deteriorating consumers/patients who satisfy deteriorating criteria but did not receive advanced resuscitation (comment: criteria are to be determined by the organisation; could be called a MET Team in big facilities or the GP in smaller ones)

Percentage of MET calls which were not necessary (comment: patient did not satisfy the criteria)

Percentage of unplanned re-admissions to the operating room/hospital/Mental Health Unit within X days

1.1.3 Consent

Percentage of consent forms which have been signed by consumers/patients prior to their admission for elective surgery

Percentage of consent forms signed by an appropriate medical practitioner/health professional and consumer/patient

Percentage of consumers/patients who were given verbally or written information about risks

1.1.4 Care evaluation

Percentage of formal follow-ups/investigations of clinical indicator outlier cases identified through the ACHS clinical indicator reports (comment: not only individual patients but group of patients)

Percentage of formal review processes devoted to the review of aggregated medical cases

1.1.5 Discharge

Percentage of consumers/patients who cannot be discharged due to no suitable accommodation being available

Percentage of consumers/patients who cannot be discharged on the expected discharge date

Percentage of consumers/patients whose criteria for discharge have been fully met by the planned date of discharge (comment: documented discharge plan)

Percentage of discharge summary /letter available to consumer/patient in medical record at time of discharge

Percentage of discharge summaries completed at time of discharge

Percentage of consumers/patients who have a final discharge summary recorded in the medical record within X weeks of hospital discharge/community care discharge

Percentage of consumers/patients who are satisfied with and understand their discharge instructions

Percentage of phone calls from discharged consumers/patients that relate to the discharge instructions

Percentage of readmissions due to discharge processes not implemented

1.1.6 Ongoing care

Percentage of consumers/patients with chronic conditions who hold a personal medical record

Percentage of consumers/patients with chronic conditions who are involved in a self-management program

Percentage of consumers/patients with chronic conditions who receive education and support programs

Percentage of consumers/patients receiving further information on or for other / further community services

Percentage of ongoing service providers who are satisfied with the discharge information about the previous provider

Number of admissions prevented because of effective community care

1.1.7 Decision making at the end of life

Percentage of consumers/patients who have an advanced care plan

Percentage of consumers/patients who have a palliative care plan

Percentage of relevant consumer/patient records with a numeric pain score documented on admission

Percentage of consumer/patient records with a numeric pain score documented every X days

Percentage of relatives/carers who are satisfied with end-of-life care

Percentage of de-briefing sessions where all staff associated with the care of the dying consumer/patient are invited to participate

Percentage of death that were appropriately referred to the coroner as required by legislation

1.1.8 Medical record

Percentage of medical records where care plans are not documented
Percentage of medical records where illegible writing resulted in an adverse event
Percentage of requests from coders to practitioners to clarify “content” issues
Percentage of compliance with a medical record audit
Percentage of medical records reviewed of clinical content that are compliant with organisational policy

ACCESS

1.2.1 Information about the service

Percentage of consumers/patients receiving admission packages in appropriate languages prior to admission
Consumer/patient ratings on satisfaction with pre-admission information provided about their hospital stay
Percentage of consumers/patients given information to services they are about to receive prior to discharge/transfer to another service
Occasions of ambulance bypass

1.2.2 Appropriate access to the needs

Percentage of consumers/patients waiting more than X weeks for elective surgery
Percentage of consumers/patients waiting more than X weeks for urgent surgery
Percentage of new consumers/patients waiting more than X weeks for service appointment from date of request
Percentage of consumers/patients occupying an acute bed whose transfer of care was delayed
Percentage of consumers/patients for whom the transfer from ward and/or ICU to the ICU and/or ward was delayed
Percentage of consumers/patients having procedures cancelled by the hospital (initiated) on the day of surgery
Percentage of consumers/patients for whom the discharge from a seclusion suite was delayed
Percentage of consumers/patients seen within identified time frames according to identified clinical need

APPROPRIATENESS

1.3.1 Right care in right setting

Percentage of admissions for selected potentially preventable hospitalizations (comment: eg Diabetes/Asthma)
Utilisation rates of various surgical interventions (comment: eg tonsillectomy)
Utilisation rates of various medical interventions
Utilisation rates of various diagnostic interventions
Percentage of services provided with identified / documented criteria of appropriateness (comment: eg blood)
Percentage of patients presenting to the ED with mild/moderate asthma treated with IB
Percentage of smokers who presented for screening chest x-rays

Percentage of consumers/patients receiving treatment from the service for a common cold or acute bronchitis who are prescribed antibiotics

Percentage of consumers/patients undergoing post operative colo rectal cancer surveillance who undergo a colonoscopy for surveillance within 3 years

EFFECTIVENESS

1.4.1 Care is evidence based and processes effective

Percentage of unplanned re-presentation for speech pathology (as an example) within 28 days of completion

Percentage of unplanned re-admissions to ICU/unplanned dental care in an episode of care

Percentage of emergency consumers/patients admitted to an inpatient bed within 8 hours

Percentage of clinical practice guidelines/protocols/policies with referenced evidence base

Percentage of clinical care processes with documented processes (such as flow charts)

Percentage of children for whom a prescription was written, but a current weight was not recorded

Percentage of prescriptions with non-specific dosing instructions

Percentage of consumers/patients with stroke who are commenced on a clinical pathway on admission

Percentage of consumers/patients presenting with acute asthma who have a documented early management pathway or care plan completed in the medical record

Percentage of consumers/patients presenting with atrial fibrillation on prescribed anti coagulant medication

Percentage of consumers/patients with chronic venous leg ulcers treated with compression therapy

Percentage of consumers/patients commencing haemodialysis with appropriate vascular access

Percentage of consumers/patients with osteoporosis related fractures discharged on a preventative regimen

Percentage of consumers/patients with documented recommended intake of folate in the peri conceptual period

Percentage of consumers/patients diagnosed with panic disorder / agoraphobic who are referred for CBT as first line treatment

Percentage of women receiving post natal care provided with documented advice about placing infants on their backs

Percentage of clients with schizophrenia on atypical antipsychotics

Percentage of clients with schizophrenia on more than one regular antipsychotic agent (comment: measure of polypharmacy)

Percentage of consumers/patients aged over 65 years prescribed regular benzodiazepines for more than 4 weeks

PATIENT SAFETY

1.5.1 Medication safety

Percentage of reported near-misses that are medication incidents

Percentage of notified incidents that are medication incidents

Percentage of notified medication incidents associated with an adverse outcome

Percentage of incidents which were reviewed and where the recommendations were implemented

Percentage of medication charts with illegible writing (comment: reported by the pharmacist)

Percentage of consumers/patients who have received information about their medication

Percentage of consumers/patients satisfied with information received about their medications

Percentage of consumers/patients who are satisfied with adequate post-operative pain control

Percentage of consumers/patients who have received written information for hospital initiated drugs that are to be continued post discharge

Percentage of consumers/patients who experience morbidity as a result of a preventable adverse drug event

Percentage of consumers/patients who did not bring their medication

Percentage of consumers/patients with a length of stay greater than X days reviewed by a clinical pharmacist

Percentage of elective procedures delayed or cancelled due to medication issues (eg. Patient taking inappropriate medication)

Percentage of consumers/patients prescribed an “antidote” to counteract a medication error

Percentage of consumers/patients prescribed an “antidote” to counteract an adverse drug reaction

1.5.2 Infection control

Percentage of compliances with an hospital cleanliness audit

Percentage of clusters and trends which are reviewed and followed up

Percentage of staff who attended annual infection control training

Percentage of compliances with AS4187 audits

Percentage of needle stick incidents from recapping

Percentage of body fluid exposures

Percentage of non/percutaneous occupational exposures due to non-compliant behaviour

Percentage of surgical consumers/patients who received AMP (Surgical antimicrobial prophylaxis) within 1 hour prior to surgical incision (or 2 hours if receiving vancomycin)

Percentage of surgical consumers/patients who received AMP recommended for their surgical procedure

Percentage of surgical consumers/patients whose prophylactic antibiotics were discontinued within 24 hours after surgery end time

1.5.3 Pressure ulcer

- Percentage of consumers/patients receiving risk assessment
- Percentage of “at risk” consumers/patients who develop pressure ulcers
- Percentage of at risk consumers/patients who do not receive a risk assessment and develop a pressure ulcer
- Percentage of consumers/patients who develop new Stage 1-4 pressure ulcer as inpatients
- Percentage of consumers/patients developing stage 1 – 4 pressure ulcer without assessment documentation
- Percentage of consumers/patients admitted with stage 1-4 pressure ulcer who then develop more or more severe pressure ulcers

1.5.4 Falls prevention

- Percentage of consumers/patients who suffer or experience slips, trips and falls
- Percentage of consumers/patients experiencing 2 or more falls
- Percentage of consumers/patients aged over 65 years who fall
- Percentage of consumers/patients with documented falls risk assessment
- Percentage of clients who fall as a result of being recipients of a client to client incident of aggression
- Percentage of “at risk” consumers/patients provided with injury prevention devices
- Percentage of “at risk” consumers/patients who fall
- Percentage of falls resulting in any injury

1.5.5 Blood management

- Percentage of transfusion episodes where informed consumer/patient consent was documented
- Percentage of consumers/patients with documented patient identification check
- Percentage of consumers/patients transfused with documented indication for transfusion
- Percentage of consumers/patients transfused outside the NHMRC guidelines
- Percentage of consumers/patients transfused with Hb>100 g/L
- Percentage of adverse transfusion events
- Percentage of wrong pre transfusion blood sample in tube incidents for consumers/patients transfused
- Percentage of inappropriate storage/transportation events
- Percentage of blood units not used/expired/damaged

CONSUMER FOCUS

1.6.1 Consumer involvement

Percentage of consumers/patients who have been invited to participate in surveys

Percentage of occasions when consumers/patients participated in formal care evaluations

Percentage of organisational committees with consumer representative/involvement

Percentage of QI projects with consumer participants

Percentage QI committees with consumer representation

Percentage of divisional networks within the health service which have held community consultation sessions for which proceedings have been documented

Percentage of divisional networks that have evaluated the outcomes of consumer participation and have included this evaluation into the service plan

1.6.2 Rights/responsibilities

Percentage of consumers/patients who have received information about their rights and responsibilities

Percentage of consumers/patients who have received information about their rights and responsibilities in an appropriate language

Percentage consumers/patients provided with a direct explanation of R&R

Percentage of long term consumers/patients receiving review of R&R on a X monthly basis

1.6.3 Cultural/special needs

Percentage of staff who have participated in cultural awareness training

Percentage of medical staff who have participated in cultural awareness training

Percentage of indigenous and / or multicultural staff employed in the service

Percentage of CALD consumers/patients who have access to an interpreter based on demographic data

Percentage of resources available in community languages

RISK MANAGEMENT/QUALITY IMPROVEMENT

2.1.1 Quality improvement

Percentage of quality meetings that have stated objectives

Percentage of quality improvement activities that achieved partially/fully stated objectives

Percentage of executives/senior managers attending quality meetings

Percentage of clinicians/staff/patients/non-clinical staff involved in formal quality improvement activities

Percentage of quality improvement projects for which outcomes are monitored regularly and improvements made where necessary

Percentage of quality activities formally disseminated to those staff members who were not directly involved in the quality activity

Percentage of quality activities formally acknowledged by the health service executive

Percentage of staff conducting formal quality improvement projects are invited to present quality improvement activities

Percentage of minutes of executive and governing body meetings that record discussions

about quality/business improvement activities

Percentage of improvements implemented in risks priority areas

Percentage of clinical indicators that are better than the national peer group aggregate rate

2.1.2 Risk management, clinical/corporate

Percentage of units/departments conducting M&M reviews

Percentage of staff participating in peer-review meetings (comment: not necessarily internal organisational meetings)

Percentage of reviewed medical records that identified a preventable adverse event

Percentage of internal reviews of coroners cases/findings related to the organisation

Percentage of coroner's recommendations implemented following an internal coroners case

Percentage of reviews of claims of negligence where improvements have been made

Percentage of formal follow-ups/investigations of clinical indicator outlier cases identified through the ACHS clinical indicator reports

2.1.3 Incidents/complaints management

Percentage of sentinel events which have an RCA completed

Percentage of RCAs completed within the required timeframe

Percentage of RCA recommendations implemented

Percentage of improvements implemented from RCA that have been sustained 12 months post implementation

Percentage of SACs 1, 2, 3, 4 (comment: or equivalent in sectors where terminology is different) of total incidents reported

Percentage of incidents reported by consumers/patients

Percentage of consumers/patients who have been made aware of the complaints process

Percentage of complaints by specialty/category (comment: to be specified by the organisation)

Percentage of complaints referred to the state complaints commission

Percentage of complaints resolved within the specified time frame from notification

Percentage of compliments reported by consumers/patients

HUMAN RESOURCES

2.2.1 HR planning

Staff turnover rate

Percentage of total hours of overtime

Percentage of sick days as a total of FTE staff

Percentage of nursing hours per consumer/patient day by specialty/unit

Percentage of human resources plan KPIs which are met

2.2.2 Recruitment, selection, appointment

Percentage of interview selection panels constituted according to organisational policy

Percentage staff on interview selection panels educated in recruitment procedure and policy

Percentage of vacancies filled within X months of incumbent vacating position

Percentage of new staff who complete a departmental orientation session within 1 week of commencement of employment

Percentage of staff receiving organisational and program specific orientation within 1 month of commencing work

Percentage of casual/agency staff provided with orientation

Ratio of Agency vs Nursing Staff

Percentage of incidence related to inadequate staff work practices

Percentage of days where services had been closed due to staff shortages

2.2.3 Professional development

Percentage of appointments made to internal candidates

Percentage of permanent staff with current position descriptions

Percentage of identified staff who successfully complete relevant work competencies (comment: eg blood/manual handling/fire training)

Percentage of staff who participated in performance reviews

Percentage of staff with development needs identified at appraisals, whose needs have been satisfied (comment: follow up at next performance review)

2.2.4 Learning/development system

Percentage of staff who have completed all their appropriate mandatory training sessions

Percentage of non compliance of staff attendance for mandatory education/training

Percentage of mandatory training requirements/expectations are reviewed regularly to meet changing needs

Percentage of staff who request to attend an external training session and who attend

Attendance rates for internal training sessions

Percentage of internal training sessions that satisfy staff needs

Percentage of the overall budget for training

2.2.5 Support/workplace relations

Percentage of staff who are aware of the Employee Assistance Program (comment: eg that this is a free and confidential service)

Percentage of staff who are satisfied with the Employee Assistance Program

Percentage of episodes of harassment/bullying/discrimination

INFORMATION MANAGEMENT

2.3.1 Records management

Percentage of medical records that comply with standards such as storage, policies, procedures

Percentage of misplaced medical records

Percentage of misplaced medical record retrieved in X minutes

Percentage of charts coded per month

Percentage of coding and reporting timeframes that meet external requirements

Percentage of reports that are accurate and timely for coding reported by state health departments

Percentage of identified coding errors (comment: DRGs or ICD10AM)

Percentage of identified errors on consumer/patient statistics

2.3.2 Information/data management systems

Percentage of nurses/doctors/managers who have a login to access a computer

Percentage of staff who receive education on information systems

Percentage of clinical staff who have access to clinical information systems (such as CIAP, Medline etc)

Percentage of managers expressing satisfaction with executive reports

2.3.3 Data/information used effectively

Percentage of staff satisfied with computer access

Percentage of pathology, imaging etc reports that enable clinical decision and appropriate care in a timely manner

2.3.4 ICT

Percentage of staff for whom the level of access is appropriate

Percentage of staff whose IT training needs were identified and met

Rate of requests for IT assistance that were resolved within X minutes per month

Percentage of system down times

Percentage of programs for which there is a valid license

Percentage of complaints received related to IT privacy breaches

POPULATION HEALTH

2.4.1 Health promotion, protection, surveillance

Percentage of the eligible population that are screened for medical conditions (such as cervical, breast cancer)

Percentage of consumers/patients who smoke with documented recommendation to participate in a smoking cessation program

Percentage of childhood immunisation confirmed on visit/admission

Percentage of staff who are immunised

Percentage of staff who are current with their immunisations

Percentage of influenza vaccination of staff

Percentage of staff given influenza or hepatitis B vaccinations as required

RESEARCH

2.5.1 Encouraging, governing research

- Percentage of health related research budget which was received from grants
- Percentage of the total budget spent on research activities
- Percentage of research projects in which formal agreements exist between collaborating partners
- Percentage of eligible consumers/patients who participate in a research project
- Percentage of research projects that need to get approval from an ethics committee get approval
- Percentage of research projects that achieved their stated objectives
- Percentage of research projects that are on time
- Percentage of research project that are on budget
- Percentage of research staff who present their result at conferences

LEADERSHIP AND MANAGEMENT

3.1.1 Strategic/operational planning

- Percentage of documented strategic/operational/departmental objectives achieved annually
- Percentage of staff educated on legislation related to their area of responsibility
- Percentage of departments/units plans that have are deployed from organisational operations/strategic plans

3.1.2 Governance structures, delegations, financial mgt

- Percentage of new governing body members who have attended an orientation program
- Percentage of governing body members educated in governance
- Percentage of recommendations of governing body implemented
- Percentage of senior management staff on policy making and organisational committees
- Percentage of committees that undertake evaluation by members
- Percentage of committees that review their membership every X years
- Percentage of committees with terms of reference
- Percentage of duty statements with defined delegations

3.1.3 Credentialling

- Percentage of medical staff who have their scope of practice reviewed within the policy documented time frame
- Percentage of scope of practice reviews that incorporated individual clinicians performance reviews
- Percentage of doctors / nurses/allied health with current registration / indemnity cover noted in their personnel file
- Percentage of new interventions introduced in accordance with organisational policy

3.1.4 Non clinical external services providers

Percentage of external service providers with a current contract

Percentage of contracts with external service providers which contain performance measures / indicators

Percentage of external service providers that provide workers compensation information and insurance information to the organisation

Percentage of contracted external service providers reviewed against their performance measures / indicators

Percentage of staff/consumer/patient satisfaction with services provided by external service providers

3.1.5 Corporate/clinical policies

Percentage of staff provided with education about policies and procedures

Percentage of policies that have a stated review date

Percentage policies reviewed within the required timeframe

Percentage of policy that are supported by references

Percentage of clinical policies reviewed and updated to reflect current clinical practice

SAFE PRACTICE AND ENVIRONMENT

3.2.1 Workplace Health and Safety

Percentage of incidents reported that relate to manual handling/chemical/radiation/equipment, building, substance hazards

Percentage of workers compensation claims arising from a manual handling incident

Percentage of staff currently on workers compensation

Percentage of staff working hours lost to injury

Percentage of injured staff referred to a return to work program

Percentage of staff satisfied with the return to work program

Percentage of staff who successfully complete competencies in areas such as manual handling/chemical/radiation

Percentage of hazardous substance identified that have risk assessments performed

Percentage of chemicals which have a Material Safety Data Sheet

3.2.2 Buildings, plant, equipment etc

Percentage of incidents resulting in loss of critical services (comment: any interruption that affects patient care)

Percentage of injuries that relate to the use of equipment

Percentage of complaints that relate to defects/building services

Percentage of scheduled preventative maintenance services completed on time

Percentage of defects / non compliances identified through audits

Percentage of consumers/patients who are satisfied with the signage

3.2.3 Waste and environment

Percentage of weight or volume of clinical waste

Percentage of weight or volume of general waste

Percentage of weight or volume of recycling waste

Percentage of weight of waste incorrectly disposed to clinical collection

Percentage of bins overfilled

3.2.4 Emergency, disaster management

Response time to emergency calls (comment: such as RED, BLACK, BLUE codes)

Percentage of staff who have attended fire training including evacuation

Percentage of staff who successfully understand emergency protocol procedure

Percentage of fire alarms that are false

Percentage of staff who have attended CPR training

Percentage of fire drill evaluation recommendations implemented

3.2.5 Security management

Percentage of reported incidents that are related to thefts/risks/security

Percentage of reported incidents related to aggression

Percentage of reported breaches of security doors

Percentage of workers compensation related to aggression