

# Appendix 6: Additional national performance indicators

The performance indicators presented in this appendix are listed in Table A6.1. These performance indicators, specified under the National Healthcare Agreement, have been designated as either ‘interim’ or ‘proxy’ measures, and require data development to ensure that the analyses are better suited to the intent of the indicators. The hospital-related indicators are presented against the dimensions of the National Health Performance Framework (NHPF). See *Chapter 3* for more information on the NHPF.

**Table A6.1: Performance indicators presented in this appendix**

Indicator	NHA	Comments
Falls resulting in patient harm in hospitals	✓	Safety: interim measure. Related to the NHA outcome area of <i>Hospital and related care</i> .  Data development is required to identify the place of occurrence of the fall, to identify falls within the hospital, as distinct from the current place of occurrence code of <i>Health service area</i> .
Intentional self-harm in hospitals	✓	Safety: interim measure. Related to the NHA outcome area of <i>Hospital and related care</i> .  Data development is required to identify the place of occurrence of the intentional self-harm, to identify that this occurred within the hospital, as distinct from the current place of occurrence code of <i>Health service area</i> .
Rates of services: outpatient occasions of service	✓	Accessibility: interim measure. Related to the NHA outcome area of <i>Hospital and related care</i> .  Data development is required to improve the consistency of collection, the coverage of private outpatient services and to collect patient-level data to report breakdowns by Indigenous status, remoteness area and socioeconomic area of residence.
Hospital patient days used by those eligible and waiting for residential aged care	✓	Proxy measure. Related to the NHA outcome area of <i>Aged care</i> . Data development is required to identify when the patient received an aged care assessment and was deemed eligible for residential aged care.

*Abbreviation:* NHA—National Healthcare Agreement.

## Hospital and related care

### Safety

The avoidance or reduction to acceptable limits of actual or potential harm from health care management or the environment in which health care is delivered.

#### Performance indicator: falls resulting in patient harm in hospitals

This indicator is intended to report hospital separations where a fall occurred in hospitals, resulting in patient harm. The rates presented here may underestimate falls occurring in hospitals as the place of occurrence was not reported for about 24% of separations with an external cause of injury of falls. However, it is also possible that these rates may overestimate

as it is not currently possible to identify falls specifically in hospitals – the current data identifies falls occurring in any health service area.

Table A6.2 presents the number of separations that reported a fall in a health service area per 1,000 population. More falls were reported by public hospitals than by private hospitals and there were large variations in the rates reported among states and territories.

**Table A6.2: Separations for falls resulting in patient harm in health service areas, per 1,000 separations, states and territories, 2009–10**

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total		
<b>Hospital sector</b>										<b>Rate</b>	<b>Number</b>
Private	1.5	1.1	1.3	1.1	1.1	n.p.	n.p.	n.p.	1.3	4,432	
Public	4.0	2.8	2.7	2.8	3.0	n.p.	n.p.	n.p.	3.1	15,939	
<b>Indigenous status<sup>(a)</sup></b>											
Indigenous	1.2	1.3	1.1	0.9	0.7	n.p.	n.p.	0.6	0.9	288	
Other Australians	3.1	2.1	2.1	2.2	2.3	n.p.	n.p.	2.3	2.5	19,333	
<b>Remoteness of residence<sup>(b)</sup></b>											
Major cities	3.2	1.9	2.0	2.1	2.2	..	2.3	..	2.4	13,812	
Inner regional	2.7	2.6	2.0	2.3	2.4	2.8	1.4	..	2.5	4,285	
Outer regional	2.6	2.9	2.2	2.1	2.1	2.2	..	1.4	2.3	1,880	
Remote	1.3	2.0	2.1	1.6	2.2	2.4	..	0.8	1.7	228	
Very remote	n.p.	..	1.6	1.3	1.4	0.0	..	0.8	1.2	98	
<b>Socioeconomic status of area of residence<sup>(c)</sup></b>											
1—Lowest	3.0	2.3	2.3	2.1	2.5	2.4	n.p.	0.9	2.5	4,603	
2	3.2	2.3	2.1	2.1	2.3	2.6	1.8	1.5	2.6	4,393	
3	3.4	2.4	1.9	2.1	2.4	3.2	2.8	1.1	2.5	4,289	
4	2.8	1.9	2.0	1.9	1.8	2.6	2.3	1.6	2.1	3,391	
5—Highest	2.8	1.9	1.6	2.2	1.9	..	2.1	0.8	2.2	3,626	
<b>Total<sup>(d)</sup></b>	<b>3.0</b>	<b>2.1</b>	<b>2.0</b>	<b>2.1</b>	<b>2.2</b>	<b>2.6</b>	<b>2.2</b>	<b>1.1</b>	<b>2.4</b>	<b>20,371</b>	

(a) *Other Australians* includes separations for which the Indigenous status was *Not reported*. The Australian totals for *Indigenous/Other Australians* do not include data for the Australian Capital Territory or Tasmania.

(b) Separations are reported by remoteness area of usual residence, not remoteness of hospital. Not all remoteness areas are represented in each state or territory. However, interstate visitors residing in these remoteness areas may be treated in those states and territories.

(c) Socioeconomic status for area of residence is based on the ABS Index of Relative Socio-Economic Disadvantage (IRSD). The socioeconomic groups represent approximately 20% of the national population, but do not necessarily represent 20% of the population in each state or territory. Separations are reported by jurisdiction of hospitalisation, regardless of the jurisdiction of usual residence.

(d) Total includes separations for which place of residence was not known or not stated.

Abbreviations: ..—not applicable; n.p.—not published.

## Performance indicator: intentional self-harm in hospitals

This indicator is intended to report hospital separations in which a patient self-harmed during the episode of care. The rates presented here may underestimate intentional self-harm as the place of occurrence was not reported for about 35% separations with an external cause of intentional self-harm. However, it is also possible that these rates may overestimate as it is not currently possible to identify intentional self-harm specifically in hospitals – the current data identifies self-harm occurring in a health service area.

Table A6.3 presents the number of separations that reported intentional self-harm in a health service area per 1,000 population. Overall, intentional self-harm was reported for about 2 out of every 10,000 separations.

**Table A6.3: Separations for intentional self-harm in a health service area, per 1,000 separations, states and territories, 2009–10**

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
<b>Hospital sector</b>									
Private	0.1	0.2	0.2	0.2	<0.1	n.p.	n.p.	n.p.	0.1
Public	0.1	0.1	0.2	0.5	0.2	0.2	0.2	0.1	0.2
<b>Indigenous status<sup>(a)</sup></b>									
Indigenous	0.2	0.1	0.2	0.1	0.1	n.p.	n.p.	0.1	0.1
Other Australians	0.1	<0.1	0.2	0.4	0.1	n.p.	n.p.	0.2	0.2
<b>Remoteness of residence<sup>(b)</sup></b>									
Major cities	0.1	0.1	0.2	0.4	0.1	..	0.2	..	0.2
Inner regional	0.1	0.1	0.1	0.3	0.2	0.1	0.0	..	0.1
Outer regional	0.1	0.1	0.2	0.6	0.1	<0.1	..	0.1	0.2
Remote	0.2	0.0	0.1	0.2	0.1	0.0	..	0.1	0.1
Very remote	0.0	..	0.0	0.1	0.0	0.0	..	0.1	0.1
<b>Socioeconomic status of area of residence<sup>(c)</sup></b>									
1—Lowest	0.1	0.1	0.2	0.6	0.1	0.1	0.0	<0.1	0.1
2	0.1	0.1	0.2	0.3	0.1	0.1	0.1	0.3	0.2
3	0.1	0.1	0.2	0.3	0.1	0.1	0.0	0.1	0.2
4	0.2	0.1	0.2	0.3	0.1	0.2	0.2	0.1	0.2
5—Highest	0.1	0.1	0.2	0.6	0.1	..	0.1	0.1	0.2
<b>Total<sup>(d)</sup></b>	<b>0.1</b>	<b>0.1</b>	<b>0.2</b>	<b>0.4</b>	<b>0.1</b>	<b>0.1</b>	<b>0.1</b>	<b>0.1</b>	<b>0.2</b>

(a) *Other Australians* includes separations for which the Indigenous status was *Not reported*. The Australian totals for Indigenous/Other Australians do not include data for the Australian Capital Territory or Tasmania.

(b) Separations are reported by remoteness area of usual residence, not remoteness of hospital. Not all remoteness areas are represented in each state or territory. However, interstate visitors residing in these remoteness areas may be treated in those states and territories.

(c) Socioeconomic status for area of residence is based on the ABS Index of Relative Socio-Economic Disadvantage (IRSD). The socioeconomic groups represent approximately 20% of the national population, but do not necessarily represent 20% of the population in each state or territory. Separations are reported by jurisdiction of hospitalisation, regardless of the jurisdiction of usual residence.

(d) Total includes separations for which place of residence was not known or not stated.

Abbreviations: ..—not applicable; n.p.—not published.

## Accessibility

People can obtain health care at the right place and right time irrespective of income, physical location and cultural background.

### Performance indicator: rates of services—outpatient occasions of service

This indicator is intended to report the rates of outpatient occasions of service. However, classification of certain services varies considerably across jurisdictions and comparability of the data is affected by differences in counting and admission practices and the use of

outpatient clinics by interstate patients (particularly in the Australian Capital Territory). In addition, as these data are not currently provided at a patient-level, the rates are not age-standardised to account for the different age profiles in different jurisdictions and they cannot be presented by Indigenous status, remoteness area and socioeconomic area of residence.

Table A6.4 presents the number of public hospital outpatient services per 1,000 population for selected types of service. There were large variations in the rates between states and territories, indicating that there may be variation in the way these services are provided, for example, either as admitted patient services or in a non-hospital setting.

**Table A6.4: Outpatient occasions of service per 1,000 population<sup>(a)</sup>, states and territories<sup>(b)</sup>, 2009–10**

	NSW	Vic	Qld	WA	SA	Tas <sup>(c)</sup>	ACT	NT	Aust	
	<b>Per 1,000 population</b>									<b>Number</b>
Allied health	96.9	199.9	145.2	487.7	108.5	220.8	85.4	52.0	175.2	3,848,123
Dental	68.0	65.4	0.0	5.6	5.5	2.7	0.0	0.0	39.4	864,430
Dialysis	7.0	0.0	<0.1	0.0	0.0	0.0	0.0	0.0	2.3	50,045
Drug and alcohol	197.5	15.8	24.4	0.0	0.0	0.0	0.0	0.0	73.0	1,602,611
Endoscopy	2.4	0.0	2.5	0.0	14.5	1.2	7.4	0.0	2.5	54,723
Mental health	97.3	127.8	17.3	35.5	16.9	3.2	5.0	0.0	71.8	1,577,636
Other medical/ surgical/obstetric	730.0	302.6	607.9	353.1	570.9	440.9	984.8	596.2	545.0	11,972,166
<b>Total outpatient care<sup>(d)(e)(f)</sup></b>	<b>1199.1</b>	<b>711.5</b>	<b>797.3</b>	<b>881.8</b>	<b>716.3</b>	<b>668.7</b>	<b>1082.6</b>	<b>648.2</b>	<b>909.1</b>	<b>19,969,734</b>

(a) Crude rate based on the ABS Estimated Resident Population at 30 June 2009.

(b) Public psychiatric hospitals are excluded.

(c) Tasmania was not able to provide data for one hospital that reported about 280,000 occasions of service to the NPHEd in 2008–09.

(d) Total outpatient care presented in this table includes occasions of service for *Drug and alcohol* and *Mental health*, that are not included in total Outpatient occasions of service in Table 6.1.

(e) It is possible that a single occasion of service may have more than one outpatient type recorded if a person attends multiple clinics in a single 'session', meaning that the total could be less than the sum of the components.

(f) Total excludes *Accident and emergency*, *Pharmacy*, *Community health*, *District nursing*, *Pathology*, *Radiology and organ imaging* and *Other outreach*.

Abbreviation: . . not applicable.

## Aged care

### Performance indicator: number of hospital patient days used by those eligible and waiting for residential aged care

This indicator is related to the NHA outcome area of 'Aged care'.

This indicator is intended to report the number of hospital patient days taken up by Australians waiting for a residential aged care place. However, the current data collected do not identify whether an aged care assessment has been made and there may also be variations in the use of the care type *Maintenance* between jurisdictions.

Table A6.5 presents the number of hospital patient days (per 1,000 patient days) for overnight separations with a care type of *Maintenance* and a diagnosis for *Person awaiting admission to residential aged care service*. There were large variations in the rates between states and territories, which may in part reflect variation in the use of the care type *Maintenance*.

There was also variation in the rates according to remoteness area of the patient and socioeconomic status, with the highest rates of patient days reported for persons residing in *Remote* areas, and those in the lowest socioeconomic group.

**Table A6.5: Hospital patient days per 1,000 patient days, used by those eligible and waiting for residential aged care<sup>(a)</sup>, 2009–10**

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
<b>Indigenous status<sup>(b)</sup></b>									
Indigenous	2.0	1.6	18.5	10.9	4.7	<0.1	5.4	16.5	11.1
Other Australians	7.8	3.8	24.9	13.2	26.8	16.9	12.7	26.0	12.4
<b>Remoteness of residence<sup>(c)(d)</sup></b>									
Major cities	4.6	0.2	15.8	5.1	17.5	..	15.1	..	6.7
Inner regional	13.5	10.1	17.8	6.1	12.0	11.0	0.3	..	12.7
Outer regional	22.2	24.2	61.6	50.3	45.3	10.3	..	27.5	38.3
Remote	2.8	n.p.	87.4	81.4	n.p.	n.p.	..	17.8	76.0
Very remote	n.p.	..	32.2	6.4	n.p.	n.p.	..	15.8	27.4
<b>Socioeconomic status of area of residence<sup>(c)(d)</sup></b>									
1—Lowest	10.0	5.0	34.9	9.5	23.1	22.3	2.3	17.6	17.5
2	7.3	6.5	26.7	29.2	36.0	8.7	1.7	13.0	14.8
3	13.3	5.9	18.7	9.6	38.7	10.0	9.0	35.7	13.6
4	4.3	1.5	21.5	9.4	14.3	6.7	12.1	16.6	9.2
5—Highest	3.1	0.3	15.8	7.0	15.1	..	16.0	18.4	5.8
<b>Total</b>	<b>7.7</b>	<b>3.8</b>	<b>24.6</b>	<b>13.0</b>	<b>26.2</b>	<b>16.6</b>	<b>12.6</b>	<b>20.6</b>	<b>12.5</b>

(a) Includes patient days for overnight separations with a care type of *Maintenance*, whose separation mode was not *Other* (was not discharged to their place of usual residence) and had a diagnosis of Z75.11 *Person awaiting admission to residential aged care service*.

(b) *Other Australians* includes separations for which the Indigenous status was *Not reported*. The Australian totals for *Indigenous/Other Australians* do not include data for the Australian Capital Territory or Tasmania.

(c) Not all remoteness areas are represented in each state or territory. However, interstate visitors residing in these remoteness areas may be treated in those states and territories. Data not published for some remoteness areas due to small numbers.

(d) Socioeconomic status of area is based on the ABS Index of Relative Socio-Economic Disadvantage (IRSD). Disaggregation by socioeconomic status of area is by usual residence, not socioeconomic status of area of hospital 'site'. The socioeconomic groups represent approximately 20% of the national population, but do not necessarily represent 20% of the population in each state or territory.

*Abbreviation:* ..—not applicable n.p.—not published.