Performance Management Framework

To comply with its legislative obligation as a WA Government agency, SMHS operates under the Outcome Based Management (OBM) Framework determined by DoH. This framework describes how outcomes, services and key performance indicators (KPIs) are used to measure agency performance towards achieving the relevant overarching whole of government goals.

This framework is underpinned by key principles of:

Transparency: transparent reporting of performance against agreed outcome targets.

Accountability: clearly defined roles and responsibilities to achieve agreed outcome targets.

Recognition: acknowledgment of performance against agreed outcome targets.

Consistency: consistent systems to support the achievement of agreed outcome targets.

Integration: integrated systems and policies to support the achievement of agreed outcome targets.

The 2022–23 KPIs measured the effectiveness and efficiency of SMHS in achieving the health outcomes of:

Outcome one

Public hospital-based services that enable effective treatment and restorative health care for Western Australians.

SMHS services that support outcome one:

- public hospital admitted services
- public hospital emergency services
- public hospital non-admitted services
- mental health services.

Outcome two

Prevention, health promotion and aged continuing care services that help Western Australians to live healthy and safe lives.

SMHS services that support outcome two:

- public and community health services.

Table 4 aligns the SMHS KPIs to the WA Health system outcomes and WA Government goals.

Performance against these activities and outcomes is summarised on page 68 and described in detail within the compliance section of this report.

Table 4. Services delivered by SMHS to achieve outcomes

WA Government Goal: Safe Strong and Fair Communities: supporting our local and regional communities to thrive

WA Health agency goal: Delivery of safe, quality, financially sustainable and accountable healthcare for all Western Australians

Outcome 1: Public hospital based services that enable effective treatment and restorative health care for Western Australians		**Outcome 2:** Prevention, health promotion and aged and continuing care services that help Western Australians to live healthy and safe lives
Key effectiveness indicators contributing to Outcome 1	**Key efficiency indicators within Outcome 1**	**Key efficiency indicators within Outcome 2**
Unplanned hospital readmissions for patients within 28 days for selected surgical procedures: (a) knee replacement; (b) hip replacement; (c) tonsillectomy and adenoidectomy; (d) hysterectomy; (e) prostatectomy; (f) cataract surgery; (g) appendicectomy	Average admitted cost per weighted activity unit (WAU)	Average cost per person of delivering population health programs by population health units
Percentage of elective wait list patients waiting over boundary for reportable procedures (a) % Category 1 over 30 days (b) % Category 2 over 90 days (c) % Category 3 over 365 days	Average Emergency Department cost per WAU	
Healthcare-associated *Staphylococcus aureus* bloodstream infections (HA-SABSI) per 10,000 occupied bed-days	Average non-admitted cost per WAU	
Survival rates for sentinel conditions	Average cost per bed-day in specialised mental health inpatient services	
Percentage of admitted patients who discharged against medical advice: a) Aboriginal patients; and b) Non-Aboriginal patients	Average cost per treatment day of non-admitted care provided by mental health services	
Percentage of live-born term infants with an Apgar score of less than 7 at 5 minutes post delivery		
Readmissions to acute specialised mental health inpatient services within 28 days of discharge		
Percentage of post-discharge community care within 7 days following discharge from acute specialised mental health inpatient services		

Source: Extracted from Outcome Based Management (OBM) Framework and Policy (MP 011519), 2022/23 OBM Data Definition Manual v1.1 and Addenda 1 and 2

Summary of key performance indicators

Outcome 1: Public hospital-based services that enable effective treatment and restorative healthcare for Western Australians.

Key effectiveness indicators		Calendar year 2022 target	2022 actual	Variation
Unplanned hospital readmissions of patients within 28 days for selected surgical procedures: (a) knee replacement; (b) hip replacement; (c) tonsillectomy and adenoidectomy; (d) hysterectomy; (e) prostatectomy; (f) cataract surgery; (g) appendicectomy (represented as per 1,000 separations)				
Knee replacement	≤	19.6	10.7	8.9
Hip replacement	≤	17.1	20.9	-3.8
Tonsillectomy and adenoidectomy	≤	85.0	91.4	-6.4
Hysterectomy	≤	42.3	23.3	19.0
Prostatectomy	≤	36.1	16.9	19.2
Cataract surgery	≤	1.5	2.4	-0.9
Appendicectomy	≤	25.7	16.9	8.8
Healthcare-associated *Staphylococcus aureus* bloodstream infections (HA-SABSI) per 10,000 occupied bed-days	≤	1.0	1.0	–
Survival rates for sentinel conditions				
Survival rate for stroke, by age group				
0–49	≥	95.2%	97.7%	2.5%
50–59	≥	95.3%	96.3%	1.0%
60–69	≥	94.4%	97.0%	2.6%
70–79	≥	92.5%	94.8%	2.3%
80 and above	≥	87.1%	88.5%	1.4%
Survival rate for acute myocardial infarction, by age group				
0–49	≥	99.0%	99.1%	0.1%
50–59	≥	98.9%	97.2%	-1.7%
60–69	≥	98.1%	97.5%	-0.6%
70–79	≥	97.0%	97.1%	0.1%
80 and above	≥	92.2%	96.9%	4.7%
Survival rate for fractured neck of femur, by age group				
70–79	≥	99.0%	98.5%	-0.5%
80 and above	≥	97.4%	98.2%	0.8%
Percentage of admitted patients who discharged against medical advice: a) Aboriginal patients; and b) Non-Aboriginal patients				
Aboriginal	≤	2.78%	3.80%	-1.02%
Non-Aboriginal	≤	0.99%	0.80%	0.19%
Percentage of live-born term infants with an Apgar score of less than 7 at 5 minutes post delivery	≤	1.9%	1.2%	0.7%
Readmissions to acute specialised mental health inpatient services within 28 days of discharge	≤	12%	16%	-4%
Percentage of post-discharge community care within 7 days following discharge from acute specialised mental health inpatient services	≥	75%	86%	11%

Summary of SMHS key performance indicators continued

Outcome 1: Public hospital-based services that enable effective treatment and restorative healthcare for Western Australians.

Key effectiveness indicators	Financial year 2022–23 target	2022–23 actual	Variation
Percentage of elective wait list patients waiting over boundary for reportable procedures (a) % Category 1 over 30 days (b) % Category 2 over 90 days (c) % Category 3 over 365 days			
Urgency Category 1	0.0%	37.9%	-37.9%
Urgency Category 2	0.0%	38.5%	-38.5%
Urgency Category 3	0.0%	24.4%	-24.4%

Key efficiency indicators	2022–23 target	2022–23 actual	Variation
Average admitted cost per weighted activity unit	≤ $7,314	$7,619	-$305
Average Emergency Department cost per weighted activity unit	≤ $7,074	$7,509	-$435
Average non-admitted cost per weighted activity unit	≤ $6,982	$6,908	$74
Average cost per bed-day in specialised mental health inpatient services	≤ $1,776	$1,813	-$37
Average cost per treatment day of non-admitted care provided by mental health services	≤ $591	$660	-$69

Outcome 2: Prevention, health promotion and aged and continuing care services that help Western Australians to live healthy and safe lives.

Key efficiency indicators	2021–22 target	2021–22 actual	Variation
Average cost per person of delivering population health programs by population health units	≤ $16	$18	-$2

Financial targets

Table 5: Financial results

	2022–23 target ($ '000)	2022–23 actual ($ '000)	Variation (+/-) ($ '000)
Total cost of services	2,203,506	**2,315,538**	112,032
Net cost of services	2,003,611	**2,116,129**	112,518
Total equity	2,937,867	**3,121,316**	183,449
Net increase/decrease in cash held	30,283	**(55,507)**	(85,790)
Approved full time equivalent staff level (salary associated with FTE)	1,260,902	**1,379,123**	118,221

Explanation of variance

Total cost of services variation

The total cost of services was higher than the original estimates by $112 million. This variance is largely attributed to increases in the salaries and wages costs related to inflationary pressures as part of public sector wages policy; outlays for the one-off cost of living payments; the increase in superannuation guarantee levy; extended phased closure of the COVID-19 vaccination clinics; and the growth in staff resources to address delivery of patient services and backfilling for furloughing risks. Expanded staff resources supported the 'living with COVID' strategy that enabled increases in patient activity from new wards, bed expansion and additional mental health services.

Net cost of services variation

The variance of $112 million is similar to the causes listed above, particularly where increased employment costs were incurred related to the changes in industrial agreements, the cost of higher superannuation guarantee levy, the cost of living payments, extended phased closure of the COVID-19 clinics and growth in staffing to support staff furlough issues and service delivery matters funded by the WA Government.

Total equity variation

The total equity balance was higher due to a revaluation increase in the land and buildings held. This financial year, the value of the land and buildings asset reserves increased by $236 million.

Net increase/decrease in cash held variation

The $86 million decrease in the cash position is largely due to assumptions in the target setting process, investment in capital activities and unfunded cost increases. SMHS used cash resources to invest in urgent equipment purchases, support capital projects and address other developments to ensure ongoing service delivery and improved patient flow. Government funding was available for most of the inflationary pressures in employee costs and service delivery requirements however, there was a gap in the cash provided, which led to the use of SMHS cash balances.

Approved salary expense level variation

As described above, the variance in the salary expenses of $118 million reflects the cost increases of the new industrial agreements, the cost of the higher superannuation guarantee levy, the government's one-off cost of living payment and increases in staff resources to manage a growth in patient throughput and services. These cost increases were supported through additional government funds and use of cash resources.

Emergency department access performance

EDs are specialist multidisciplinary units with expertise in providing health care to acutely unwell patients in their first few hours in hospital. With demand on EDs and health services increasing, it is essential the provision of care is monitored continually to enable development of improvement strategies to ensure optimal service delivery and patient outcomes.

This indicator measures the effectiveness of EDs at the beginning of a patient's journey. When a patient first enters an ED, they are assessed on how urgently treatment should be provided. Treatment should commence within the time recommended for the allocated triage category (refer to table 6) to prevent adverse outcomes arising from deterioration in the patient's condition.

SMHS hospitals strive to treat all ED patients within the recommended period (refer to table 7.) For further information on SMHS improvement programs and SMHS hospital performance against the WA Emergency Access Target (WEAT) please refer to the Significant Issues section.

Table 6: Triage category, treatment acuity and WA performance targets

Triage category	Description	Treatment acuity	Target
1	Immediate life-threatening	Immediate (≤2 minutes)	**100%**
2	Imminently life-threatening	≤10 minutes	**≥ 80%**
3	Potentially life-threatening or important time-critical treatment or severe pain	≤30 minutes	**≥75%**
4	Potentially life-serious or situational urgency or significant complexity	≤60 minutes	**≥70%**
5	Less urgent	≤120 minutes	**≥70%**

Note: The triage process and scores are recognised by the Australasian College for Emergency Medicine.

Table 7: Percentage of SMHS ED patients seen within recommended times, by triage category, 2022–23

	Triage 1	Triage 2	Triage 3	Triage 4	Triage 5
FSH	100%	53.5%	16.9%	30.8%	66.7%
RGH	100%	71.6%	16.3%	30.6%	67.2%
PHC	100%	65.2%	15.5%	28.0%	67.2%

Improving systems to deliver the best possible care

SMHS staff are committed to patient safety and continuous learning, promoting safe, high quality patient care. Constraints and imperfect systems are evident in all health systems and contribute to patient harm. SMHS staff are supported to recognise and act to improve systems to provide better care.

The SMHS Sharing Lessons Framework published in 2022–23 will maximise opportunities to share and apply lessons from a wide range of sources. This framework clearly defines the role all staff have in sharing and applying lessons to drive continuous improvement.

In 2022–23, a program to train consumers in clinical incident management alongside health service staff was introduced. Consumers are now included in review teams whenever possible as well as external panel members. This rebalances the perspective and approach to learning from clinical incidents by challenging 'how it's done around here' and keeps patients and family at the core of efforts to improve the system.

Any instance of avoidable harm to a patient can have tragic consequences for patients and families. Staff are also adversely affected by involvement in clinical incidents. In 2022–23, SMHS focused on open disclosure, including timely and empathetic communication with patients, families, and staff and providing support for recovery.

In 2022–23, there were 172,748 patient admissions to SMHS hospitals. 216,214 patients presented to our EDs for care and there were 897,268 outpatient appointments. The overwhelming majority of these patients were cared for without incident by our skilled, professional, and caring workforce.

In the interests of transparency, we continue to report numbers of serious incident reviews but note there are complex factors involved in these rare occurrences and the information cannot be viewed in isolation to quantify the safety or otherwise of a service.

In 2022–23, SMHS reviewed 168 clinical incidents which had been classified using severity assessment code (SAC) at the most serious level (1), where health care contributed or could have contributed to death or serious harm. Thirty-one SAC 1 incident reviews are not yet complete at the time of this report.

Of the 137 completed reviews, 30 per cent (42) resulted in the incident being approved for declassification by the Patient Safety Surveillance Unit because it was determined there were no health care factors that contributed to the adverse patient outcome.

Ninety-five completed SAC 1 investigations found health care contributed or could have contributed to patient harm and 262 recommendations were developed to prevent similar events in the future.

Example of SMHS wide learning and continuous improvement from a serious clinical incident.

Situation

An older inpatient fractured a hip because of a fall in the hospital.

The SAC 1 review team investigated all aspects of the care provided to the patient and determined that there were missed opportunities to reduce the high risk of the patient falling.

The review concluded that falls risk management is complex, and challenges with documentation and implementation of appropriate interventions requires an organisational approach to ensure safe patient outcomes and developed recommendations to address the finding.

Recommendation

Analyse the themes of all recommendations related to falls incidents in a 12 month period to inform a SMHS-wide improvement strategy.


Physiotherapy
ALLIED HEALTH
ADVANCED SCOPE PHYSIOTHERAPY
Gypsona Extra 3