



**Our
performance**

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.

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 72 and described in detail within the compliance section of this report.

The 2021/22 KPIs measure 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. Services delivered by SMHS to achieve outcomes

WA Government goal: Strong communities – safe communities and supported families		
WA Health agency goal: Delivery of safe, high 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
<p>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</p> <p>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</p> <p>Healthcare-associated <i>Staphylococcus aureus</i> bloodstream infections (HA-SABSI) per 10,000 occupied bed-days</p> <p>Survival rates for sentinel conditions</p> <p>Percentage of admitted patients who discharged against medical advice: a) Aboriginal patients; and b) Non-Aboriginal patients</p> <p>Percentage of live-born term infants with an Apgar score of less than 7 at 5 minutes post delivery</p> <p>Readmissions to acute specialised mental health inpatient services within 28 days of discharge</p> <p>Percentage of post-discharge community care within 7 days following discharge from acute specialised mental health inpatient services</p>	<p>Average admitted cost per weighted activity unit (WAU)</p> <p>Average Emergency Department cost per WAU</p> <p>Average non-admitted cost per WAU</p> <p>Average cost per bed-day in specialised mental health inpatient services</p> <p>Average cost per treatment day of non-admitted care provided by mental health services</p>	<p>Average cost per person of delivering population health programs by population health units</p>

Source: Extracted from Outcome Based Management (OBM) Framework, and Policy 2019/20, 2021/22 OBM KPI Data Definition Manual and Addendum 1 OBM Framework Service, Sub-Service and Programs 2021/22.

Summary of key performance indicators

Key effectiveness indicators	Calendar year		
	2021 target	2021 actual	Variation
Outcome 1: Public hospital-based services that enable effective treatment and restorative healthcare for Western Australians.			
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	≤ 23.0	10.7	12.3
Hip replacement	≤ 17.1	12.6	4.5
Tonsillectomy and adenoidectomy	≤ 81.8	69.8	12.0
Hysterectomy	≤ 42.3	24.8	17.5
Prostatectomy	≤ 36.1	29.3	6.8
Cataract surgery	≤ 1.1	2.8	-1.7
Appendicectomy	≤ 25.7	19.0	6.7
Healthcare-associated <i>Staphylococcus aureus</i> bloodstream infections (HA-SABSI) per 10,000 occupied bed-days	≤ 1.0	1.3	-0.3
Survival rates for sentinel conditions			
Survival rate for stroke, by age group			
0–49	≥ 95.2%	98.4%	3.2%
50–59	≥ 94.9%	97.6%	2.7%
60–69	≥ 94.1%	97.1%	3.0%
70–79	≥ 92.3%	95.3%	3.0%
80 and above	≥ 86.0%	86.1%	0.1%
Survival rate for acute myocardial infarction, by age group			
0–49	≥ 99.1%	98.3%	-0.8%
50–59	≥ 98.8%	98.8%	0.0%
60–69	≥ 98.1%	97.8%	-0.3%
70–79	≥ 96.8%	97.5%	0.7%
80 and above	≥ 92.1%	94.8%	2.7%
Survival rate for fractured neck of femur, by age group			
70–79	≥ 98.9%	98.1%	-0.8%
80 and above	≥ 96.9%	97.6%	0.7%

Summary of SMHS key performance indicators continued

Percentage of admitted patients who discharged against medical advice: a) Aboriginal patients; and b) Non-Aboriginal patients			
Aboriginal	≤	2.78%	3.07%
Non-Aboriginal	≤	0.99%	0.72%
Percentage of live-born term infants with an Apgar score of less than 7 at 5 minutes post delivery	≤	1.8%	1.0%
Readmissions to acute specialised mental health inpatient services within 28 days of discharge	≤	12%	15%
Percentage of post-discharge community care within 7 days following discharge from acute specialised mental health inpatient services	≥	75%	82%

Summary of SMHS key performance indicators continued

		Financial year		
Outcome 1: Public hospital-based services that enable effective treatment and restorative healthcare for Western Australians.				
Key effectiveness indicators		2021/22 target	2021/22 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%	30.5%	-30.5%
Urgency Category 2		0.0%	29.2%	-29.2%
Urgency Category 3		0.0%	10.7%	-10.7%
Key efficiency indicators		2021/22 target	2021/22 actual	Variation
Average admitted cost per weighted activity unit		≤ \$6,907	\$7,399	-\$492
Average Emergency Department cost per weighted activity unit		≤ \$6,847	\$7,534	-\$687
Average non-admitted cost per weighted activity unit		≤ \$6,864	\$6,126	\$738
Average cost per bed-day in specialised mental health inpatient services		≤ \$1,658	\$1,853	-\$195
Average cost per treatment day of non-admitted care provided by mental health services		≤ \$524	\$581	-\$57
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		≤ \$17	\$25	-\$8

Financial targets

Table 5: Financial results

	2021/22 target (\$ '000)	2021/22 actual (\$ '000)	Variation (+/-) (\$ '000)
Total cost of services	2,038,016	2,143,341	105,325
Net cost of services	1,843,484	1,952,252	108,768
Total equity	2,715,415	2,858,752	143,337
Net increase/decrease in cash held	30,728	45,374	14,646
Approved salary expense level	1,154,640	1,242,176	87,536

Explanation of variance

Total cost of services variation

The total cost of services was higher than the original estimates by \$105 million. This increase is largely attributed to the continued impact of COVID-19 on service delivery including vaccine clinics and testing services. In addition, funding was provided for 'Living with COVID' that enabled expansion of bed capacity; the commitment to engage additional nursing graduates; the increase in waiting room nurses to support the

Aishwarya's CARE Call; the transfer of patient support services to SMHS; and new programs and services in mental health.

Net cost of services variation

The variance of \$109 million is similar to the previous explanation above, particularly where increased costs were incurred for the COVID-19 response such as in operating the vaccine clinics and testing services, in managing the staff furlough issues, plus bed expansion and expanding mental health services funded by the WA Government.

Total equity variation

The total equity balance was higher largely 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 \$146 million.

Net increase/decrease in cash held variation

The \$15 million improvement in the cash position occurs from an increase in restricted balances and the carryover of funds reserved for commitments where the outlays are expected in the following year.

Approved salary expense level variation

As described in the total cost of services variation section, the variance in the salary expenses of \$88 million reflects the higher funding levels with associated full time equivalent (FTE) to support various issues such as the COVID-19 response such as in operating the vaccine clinics and testing services and in managing the staff furlough issues, plus bed expansion, transition of patient supports service to SMHS, and expanding mental health services funded by the WA Government.

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	$\geq 80\%$
3	Potentially life-threatening or important time-critical treatment or severe pain	≤ 30 minutes	$\geq 75\%$
4	Potentially life-serious or situational urgency or significant complexity	≤ 60 minutes	$\geq 70\%$
5	Less urgent	≤ 120 minutes	$\geq 70\%$

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, 2021/22

	Triage 1	Triage 2	Triage 3	Triage 4	Triage 5
FSH	99.9%	58.9%	20.0%	38.4%	72.3%
RGH	100%	69.5%	17.7%	32%	68.9%
PHC	99.5%	71.3%	20.6%	36.1%	73.5%

Continuing to deliver safe and high quality care

Clinical incidents are reported and classified according to the level of harm, using a severity assessment code (SAC). The most serious events are classified as SAC 1 events, where serious harm or death was or could have been the outcome.

The adoption of the towards zero harm approach to patient care ensures SMHS remains focused on safety, and reporting of all clinical incidents.

To understand whether health care contributed to the outcome for the patient, SMHS staff report all clinical incidents where harm or potential harm was identified. The reporting and review process ensures contributory factors are identified, and strategies put in place to prevent similar incidents occurring.

An important outcome of clinical incident reporting is the opportunity to implement system improvements and share learnings with clinical staff across the health service to continuously improve the systems and ultimately the care being delivered.

Where serious patient harm has occurred, a detailed review is undertaken by an expert review panel to determine factors that may have contributed to the clinical incident. The

panel then make recommendations for system improvements, including changes to policies, processes or systems.

In 2021/22 SMHS reported 136 SAC 1 clinical incidents. The investigation into 117 of these incidents has been completed with 19 in progress. Of those, 83 were confirmed as a SAC 1, and 34 were declassified as there were no health-related preventable factors identified

Of the 83 SAC1 clinical incidents where health care was found to be a contributing factor, the patient outcomes were as follows:

Patient outcome	Total
No harm	2
Minor harm	3
Moderate harm	4
Serious harm	52
Death	22

Focus on systems improvement

Where a cluster or trend of clinical incidents is identified through data analysis, SMHS has adopted an in-depth review approach to identify common factors that may contribute to serious adverse events. A panel of experts from across the health service and external to SMHS meet to review the events, analyse the data, identify emerging themes, and make recommendations for improvement.

An in-depth review into falls in 2021 identified system areas for improvement including staffing, increasing the number of ultra-low beds, staff education, and communications at handover and during transfers. Other in-depth reviews undertaken have involved healthcare associated *Staphylococcus aureus* bloodstream infections (HA SABSIs) and ED incidents.