

Statewide Emergency Program

Statewide Elective Surgery Program

Business Rules 2005-2006

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Part A	Performance Framework
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Introduction

In 2005-06, the Government has made a significant investment to reduce the number of long-waiting patients in emergency departments and for patients waiting on elective surgery waiting lists. After extensive consultation with health services, a new suite of Key Performance Indicators (KPIs) has been developed for metropolitan and rural health services, which align with the new directions and performance expectations.

In 2005-06, individual hospital targets have not been set against each of the KPIs, except for waiting list numbers. Rather, statewide performance benchmark targets have been set across the system that reflect the community's expectations in relation to access to emergency and elective surgery services in Victoria.

A new bonus funding framework has also been developed for 2005-06. The new bonus funding framework aims to provide an ongoing incentive for health services to continue to strive to achieve the new performance expectations through the achievement of the statewide performance benchmark targets. Rural health services will be included in the bonus funding framework in 2005-06.

In 2005-2006 a bonus funding pool totalling \$18.94 million has been allocated for metropolitan health services and \$5.17 million has been allocated for rural health services. The total bonus funding pool is subject to performance against the key performance indicators (KPIs) detailed in this document.

Key Performance Indicators and Bonus Framework

The Key Performance Indicators for 2005-06 are detailed in Tables 1,2 and 3 below:

Table 1 – Key Performance Indicators subject to bonus funding in 2005-06

<i>Key Performance Indicators (subject to bonus funding) – 2005-06</i>	
KPI 1	Percentage of operating time on hospital bypass.
KPI 2	Percentage of emergency patients admitted to an inpatient bed within 8 hours.
KPI 3	Percentage of non-admitted emergency patients with a length of stay (LOS) of less than 4 hours.
KPI 4	Number of patients with a LOS in the emergency department greater than 24-hours.
KPI 5	Proportion of Category 2 elective surgery patients waiting greater than 90 days.
KPI 6	Proportion of Category 3 elective surgery patients waiting greater than 365 days.
KPI 7	Number of patients on the elective surgery waiting list.
KPI 8	Number of Hospital Initiated Postponements (HiPs) per 100 waiting list admissions.

Table 2 – Critical Key Performance Indicators in 2005-06*

<i>Critical Key Performance Indicators – 2005-06</i>	
KPI 9	Percentage of Category 1 emergency patients seen immediately.
KPI 10	Percentage of Category 1 elective patients admitted within 30 days.

*Non-achievement of Critical KPIs will result in a reduction of bonus funding in a given quarter. See description on page 8.

Table 3 – Key Performance Indicators NOT subject to bonus funding in 2005-06

<i>Key Performance Indicators (NOT subject to bonus funding) – 2005-06</i>	
KPI 11	Percentage of emergency patients admitted to an inpatient bed within 12 hours.
KPI 12	Number of HiPs within 2-days of surgery (to be introduced when data is available).

The following pages include two tables:

Table 4: outlines which health services are to report against emergency services indicators, and of these, which are eligible for bonus funding.

Table 5: outlines which health services are to report against elective surgery indicators, and of these, which are eligible for bonus funding.

Table 4: Reporting Matrix for Emergency Indicators

<i>Metropolitan Health Service/ Hospital</i>	<i>KPI 1</i>	<i>KPI 2</i>	<i>KPI 3</i>	<i>KPI 4</i>	<i>KPI 9</i>	<i>KPI 11</i>
<i>Angliss Hospital</i>	☑	☑	☑	☑	★	✓
<i>Austin Health</i>	☑	☑	☑	☑	★	✓
<i>Box Hill Hospital</i>	☑	☑	☑	☑	★	✓
<i>Dandenong Hospital</i>	☑	☑	☑	☑	★	✓
<i>Frankston Hospital</i>	☑	☑	☑	☑	★	✓
<i>Maroondah Hospital</i>	☑	☑	☑	☑	★	✓
<i>Monash Medical Centre - Clayton</i>	☑	☑	☑	☑	★	✓
<i>Royal Melbourne Hospital</i>	☑	☑	☑	☑	★	✓
<i>Sandringham & District Hospital¹</i>	N/A	N/A	N/A	N/A	N/A	N/A
<i>St Vincent's Hospital</i>	☑	☑	☑	☑	★	✓
<i>Sunshine Hospital</i>	☑	☑	☑	☑	★	✓
<i>The Alfred</i>	☑	☑	☑	☑	★	✓
<i>The Northern Hospital</i>	☑	☑	☑	☑	★	✓
<i>Western Hospital</i>	☑	☑	☑	☑	★	✓
<i>Williamstown Hospital</i>	N/A	N/A	N/A	N/A	N/A	N/A
<i>Mercy Hospital - East Melbourne</i>	N/A	N/A	N/A	N/A	N/A	N/A
<i>Mercy Hospital - Werribee</i>	N/A	N/A	N/A	N/A	N/A	N/A
<i>Royal Children's Hospital</i>	N/A	☑	☑	☑	★	✓
<i>Royal Victorian Eye and Ear Hospital</i>	N/A	N/A	N/A	N/A	N/A	N/A
<i>Royal Women's Hospital</i>	N/A	N/A	N/A	N/A	N/A	N/A
<i>Rural Health Service/Hospital</i>	<i>KPI 1</i>	<i>KPI 2</i>	<i>KPI 3</i>	<i>KPI 4</i>	<i>KPI 9</i>	<i>KPI 11</i>
<i>Ballarat Health Services</i>	N/A	☑	☑	☑	★	✓
<i>Barwon Health</i>	N/A	☑	☑	☑	★	✓
<i>Bendigo Health Care Group</i>	N/A	☑	☑	☑	★	✓
<i>Goulburn Valley Health</i>	N/A	☑	☑	☑	★	✓
<i>Latrobe Regional Hospital</i>	N/A	☑	☑	☑	★	✓
N/A	KPI not applicable for this site (No ED/Does not submit data/Not Assessed)					
☑	Health service is assessed against KPI and is subject to bonus funding					
★	Critical KPI - Non-achievement of the statewide benchmark target for this KPI (100%) will result in the reduction of 1 bonus point across each of the emergency KPIs in a given quarter (total of 4 bonus points deducted in a given quarter).					
✓	Health service performance for KPI is monitored but not subject to bonus funding					

Table 5: Reporting Matrix for Elective Indicators

<i>Metropolitan Health Service / Hospital</i>	<i>KPI 5</i>	<i>KPI 6</i>	<i>KPI 7</i>	<i>KPI 8</i>	<i>KPI 10</i>	<i>KPI 12</i>
<i>Angliss Hospital</i>	☑	☑	☑	☑	★	🕒
<i>Austin Health</i>	☑	☑	☑	☑	★	🕒
<i>Box Hill Hospital</i>	☑	☑	☑	☑	★	🕒
<i>Dandenong Hospital</i>	☑	☑	☑	☑	★	🕒
<i>Frankston Hospital</i>	☑	☑	☑	☑	★	🕒
<i>Maroondah Hospital</i>	☑	☑	☑	☑	★	🕒
<i>Monash Medical Centre - Clayton</i>	☑	☑	☑	☑	★	🕒
<i>Monash Medical Centre - Moorabbin</i>	☑	☑	☑	☑	★	🕒
<i>Royal Melbourne Hospital</i>	☑	☑	☑	☑	★	🕒
<i>Sandringham & District Hospital</i>	☑	☑	☑	☑	★	🕒
<i>St Vincent's Hospital</i>	☑	☑	☑	☑	★	🕒
<i>Sunshine Hospital</i>	☑	☑	☑	☑	★	🕒
<i>The Alfred</i>	☑	☑	☑	☑	★	🕒
<i>The Northern Hospital</i>	☑	☑	☑	☑	★	🕒
<i>Western Hospital</i>	☑	☑	☑	☑	★	🕒
<i>Williamstown Hospital</i>	☑	☑	☑	☑	★	🕒
<i>Mercy Hospital - East Melbourne</i>	✓	✓	✓	✓	✓	🕒
<i>Mercy Hospital - Werribee</i>	✓	✓	✓	✓	✓	🕒
<i>Royal Children's Hospital</i>	☑	☑	☑	☑	★	🕒
<i>Royal Victorian Eye and Ear Hospital</i>	☑	☑	☑	☑	★	🕒
<i>Royal Women's Hospital</i>	✓	✓	✓	✓	✓	🕒
<i>Rural Health Service / Hospital</i>	<i>KPI 5</i>	<i>KPI 6</i>	<i>KPI 7</i>	<i>KPI 8</i>	<i>KPI 10</i>	<i>KPI 12</i>
<i>Ballarat Health Services</i>	☑	☑	☑	☑	★	🕒
<i>Barwon Health</i>	☑	☑	☑	☑	★	🕒
<i>Bendigo Health Care Group</i>	☑	☑	☑	☑	★	🕒
<i>Goulburn Valley Health</i>	☑	☑	☑	☑	★	🕒
<i>Latrobe Regional Hospital</i>	☑	☑	☑	☑	★	🕒
<i>Wangaratta District Base Hospital</i>	✓	✓	✓	✓	✓	🕒
<i>West Gippsland Health Care</i>	✓	✓	✓	✓	✓	🕒
☑	Health service is assessed against KPI and is subject to bonus funding					
★	Critical KPI - Non-achievement of the statewide benchmark target for this KPI (100%) will result in the reduction of 1 bonus point across each of the elective KPIs in a given quarter (total of 4 bonus points deducted in a given quarter).					
✓	Health service performance for KPI is monitored but not subject to bonus funding					
🕒	To be introduced when data is available					

Bonus Funding Framework – A New Approach

A bonus funding pool totalling \$18.94 million is available in 2005-06 to metropolitan health services and a separate bonus funding pool of \$5.17 million is available for rural health services. Bonus funding will be allocated to metropolitan and rural health services based on their performance against the statewide performance benchmarks on a quarterly basis.

In 2005-06, bonus funding will be allocated to metropolitan and rural health services on a bonus point system. Statewide benchmark targets have been set for each KPI that reflect the new performance expectations set by Government in 2005-06.

Health services will be awarded bonus points according to their performance against the performance benchmarks. Performance thresholds have been established around the statewide benchmark target. The closer an individual hospital comes to achieving the statewide benchmark target for each KPI in a quarter, the more bonus points they are awarded.

The statewide benchmark targets and the associated performance thresholds are detailed in Table 6 below:

Table 6 – Statewide Benchmark Targets and Performance Thresholds

Key Performance Indicators (KPIs)	Type	Assessed	Statewide Benchmark Target	Performance Thresholds/Bonus points
KPI 1 Percentage of operating time on hospital bypass.	Emergency	Quarterly	3%	Less than or equal to 3% (3 points) Between 3% and 4% (2 points) Between 4% and 5% (1 point) Greater than 5% (0 points earned)
KPI 2 Percentage of emergency patients admitted to an inpatient bed within 8 hours.	Emergency	Quarterly	80%	Greater than or equal to 80% (3 points) Between 75% and 80% (2 points) Between 65% and 75% (1 point) Less than 65% (0 points earned)
KPI 3 Percentage of non-admitted emergency patients with a length of stay (LOS) of less than 4 hours.	Emergency	Quarterly	80%	Greater than or equal to 80% (3 points) Between 75% and 80% (2 points) Between 70% and 75% (1 point) Less than 70% (0 points earned)
KPI 4 Number of patients with a LOS in the emergency department greater than 24-hours.	Emergency	Quarterly	0	Zero patients (3 points) Between 1 and 5 patients (2 points) Between 6 and 10 patients (1 point) Greater than 10 patients (0 points earned)
KPI 5 Proportion of Category 2 elective surgery patients waiting greater than 90 days.	Elective	Quarterly	0%	0% (3 points) Between 1% and 20% (2 points) Between 21% and 40% (1 point) Greater than 40% (0 points earned)
KPI 6 Proportion of Category 3 elective surgery patients waiting greater than 365 days.	Elective	Quarterly	0%	0% (3 points) Between 1% and 10% (2 points) Between 11% and 20% (1 point) Greater than 20% (0 points earned)
KPI 7 Number of patients on the elective surgery waiting list.	Elective	Quarterly	36,900	Individual hospital targets Target achieved (3 points) Between 0% and 1% over target (2 points) Between 1% and 2% over target (1 point) Greater than 2% over target (0 points)
KPI 8 Number of Hospital Initiated Postponements (HiPs) per 100 waiting list admissions.	Elective	Quarterly	15	0 to 15 HiPs per 100 admissions (3 points) 16 to 17 HiPs per 100 admissions (2 points) 18 to 20 HiPs per 100 admissions (1 point) Greater than 20 HiPs (0 points)

In 2005-06, health services will not be allocated a specific proportion of the bonus funding pool. Bonus funding will be paid to health services according to the number of bonus points achieved in a given quarter for all indicators.

In 2005-06, the quantum of bonus funds available per quarter will increase incrementally over the year to enable health services to effectively manage these new performance benchmark expectations. This will ensure that health services have an appropriate timeframe to implement the required clinical and work practice changes to enable them to meet the performance benchmarks set in 2005-06, without significant financial offsets.

For metropolitan health services:

- \$3.78M will be allocated to health services in Quarter 1;
- \$3.78M in Quarter 2;
- \$5.68M in Quarter 3;
- \$5.68M in Quarter 4.

For rural health services:

- \$1.03M will be allocated to health services in Quarter 1;
- \$1.03M in Quarter 2;
- \$1.55M in Quarter 3;
- \$1.55M in Quarter 4.

All KPIs will be assessed quarterly in 2005-06 and bonus funding will be paid to health services based on their performance against the statewide benchmark targets over the 3-month period, except for the elective Category 2 and Category 3 KPIs which would be assessed according to performance at the quarter end date.

Bonus funding has been quarantined against each of the eight KPIs to ensure that appropriate attention is paid to achieving each of the KPIs in 2005-06. As all the available bonus funding will be paid to health services each quarter, there will be no six-monthly unearned bonus allocations in 2005-06.

Critical Key Performance Indicators (KPIs)

Two critical key performance indicators have been introduced in 2005-06:

KPI 9 - Percentage of Category 1 emergency patients seen immediately.

KPI 10 - Percentage of Category 1 elective patients admitted within 30 days.

The statewide benchmark target for both of these critical KPIs is 100%.

Non-achievement of these statewide benchmark targets will result in the reduction of 1 bonus point for each of the emergency or elective KPIs (4 bonus points in total) in a given quarter, depending on which critical KPI was not achieved.

Force Majeure

From time to time, unforeseen events may occur that adversely impact hospital performance. Examples of such events include internal disasters leading to hospital bypass, or third party-related failures leading to the interruption of service delivery (e.g. power failure). Where circumstances, have resulted in targets not being achieved, a hospital may request a force majeure.

The intent of the force majeure process is to address extraordinary events that affect service delivery or reporting requirements that are genuinely unforeseen and beyond the control of the organisation. The process **should not** be applied to ad hoc operational difficulties, or for planned interruptions of services such as capital works.

Further, when a hospital is reliant on services provided by a third party, the hospital is responsible for ensuring that, as far as practicable, the service is of an acceptable quality and delivered in a timely way. For this reason, the failure of a third party to deliver a product or service is in itself not regarded as acceptable grounds for the granting of a force majeure.

In this respect, difficulties related to software conversion are not acceptable reasons for requesting a force majeure unless it can be demonstrated that reasonable steps were taken to ensure the continuity of data collection and data recovery.

It is the policy of the Department to only consider issues of force majeure retrospectively and health services/hospitals **should not** apply for a force majeure in anticipation of poor results.

Should a health service/hospital encounter an event/issue that may affect their performance in a given quarter, they should inform one of the program contacts (listed on page 9) of the likely impact of such an event.

A formal request for a force majeure should be made **after** the end of the reporting period in question. The request should clearly indicate the event/s affecting performance against the statewide benchmark targets during the period in question and include supporting data and documentation. Formal force majeure requests should be forwarded to the Director, Access and Metropolitan Performance (AMP) branch.

At the discretion of the department, a force majeure may be applied system wide in extraordinary circumstances.

Part B

**Key Performance Indicators
Definitions**

Emergency Services

Health service performance against key emergency service performance indicators will be regularly monitored in 2005-2006. Emergency service performance indicators were introduced in 1995 to encourage improved access to emergency services through improved waiting times for treatment and, if necessary, admission.

In 2005-2006, the emergency services key performance indicators subject to bonus funding are:

KPI 1	The percentage of operating time on hospital bypass
KPI 2	The percentage of emergency patients requiring admission who are admitted to an inpatient bed within 8 hours
KPI 3	Percentage of emergency patients not admitted to a bed at any hospital, with a length of stay (LOS) in the emergency department of less than 4 hours
KPI 4	The number of emergency patients whose length of stay in the emergency department is greater than 24 hours

The critical key performance indicator for emergency departments is:

KPI 9	Percentage of Category 1 emergency patients seen immediately.
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The emergency services key performance indicators not subject to bonus funding are:

KPI 11	The percentage of emergency patients requiring admission who are admitted to an inpatient bed within 12 hours
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Statewide benchmark targets have been set for each of these indicators and performance will be monitored on a quarterly basis.

Failure to Submit Electronic Data

Where a hospital is unable to submit completed electronic VEMD data (e.g. due to software upgrades), the Health Data Standards and Systems Unit (HDSS) must be notified of the problem in writing before the 10th day of the month following data collection. Until normal submissions of data resume a minimum dataset must be submitted to the Access and Metropolitan Performance (AMP) branch. For further information, please contact AMP.

KPI 1	Percentage of operating time on hospital bypass.
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In 2005-2006, the percentage of operating time on bypass will be calculated by:

Numerator:

- Actual time on bypass (each bypass occasion has a minimum of 30 minutes and a maximum of 2 hours)

Denominator:

- Actual time in the period

This indicator is expressed as a percentage.

2005-2006 Statewide Benchmark Target

In 2005-2006, the statewide benchmark target for this KPI has been set at three per cent. The performance thresholds used to allocate bonus funding points against this KPI are as follows:

Less than or equal to 3.0%	3 bonus points
3.0% to less than or equal to 4.0%	2 bonus points
4.0% to less than or equal to 5.0%	1 bonus point
Greater than 5.0%	0 bonus points

Calculating Performance

Calculations of bonus payments are based on the ‘Hospital Bypass Notification’ data provided to DHS by the Metropolitan Ambulance Service (MAS).

For the purpose of Hospital Bypass notification, monitoring and reporting, MAS and the Department have agreed on the following for counted occasions of bypass:

1. The period of one day is between 00:00 and 23:59 hours
2. Occasions of bypass that cross midnight are only counted in the total of the day in which they commenced
3. All occasions of hospital bypass are recorded and monitored, however for the purpose of bonus payments, only bypass where the reason is ‘A & E Full’ is used.

All queries relating to the recording of bypass or requests to change the details of bypass events as recorded in the Hospital Bypass notification reports should be directed to the Access and Metropolitan Performance (AMP) branch of DHS in the first instance.

KPI 2	Percentage of emergency patients admitted to an inpatient bed within eight hours.
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In 2005-2006, the percentage of emergency patients requiring admission who are admitted to an inpatient bed within eight hours will be calculated by:

Numerator:

The number of patients with an emergency department length of stay of less than or equal to eight hours (480 minutes) who have a VEMD Departure Status of 2, 3 or 13.

Denominator:

The number of patients with a VEMD Departure Status of:

- 2 Ward (includes HITH and MAPU)
- 3 Short Stay Observation Unit
- 13 Emergency Medical Unit

This indicator is expressed as a percentage.

2005-2006 Statewide Benchmark Target

In 2005-2006, the statewide benchmark target for this KPI has been set at eighty per cent. The performance thresholds used to allocate bonus funding points against this KPI are as follows:

Greater than or equal to 80%	3 bonus points
Greater than or equal to 75% to 80%	2 bonus points
Greater than or equal to 65% to 75%	1 bonus point
Less than 65%	0 bonus points

Calculating Performance

Transit lounges/holding areas are not generally considered to be inpatient wards. Thus, emergency patients located in these areas, prior to being admitted to a ward, should be considered to be in the care of the emergency department. The time spent in these areas is **included** in all calculations of the percentage of emergency patients admitted within eight hours until the patient is actually physically admitted to an Inpatient bed/ward.

KPI 3	Percentage of non-admitted emergency patients with a length of stay (LOS) of less than four hours.
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In 2005-2006, the percentage of emergency patients not admitted to a bed at any hospital, with a length of stay in the emergency department of less than four hours will be calculated by:

Numerator:

The number of patients with an emergency department length of stay of less than or equal to four hours (240 minutes) who have a VEMD Departure Status of 0, 1, 9, 10 or 12.

Denominator:

The number of patients with a VEMD Departure Status of:

- 0 Residential care facility
- 1 Home
- 9 Mental health residential facility
- 10 Left after clinical advice regarding treatment options
- 12 Correctional/Custodial Facility

This indicator is expressed as a percentage.

2005-2006 Statewide Benchmark Target

In 2005-2006, the statewide benchmark target for this KPI has been set at eighty per cent. The performance thresholds used to allocate bonus funding points against this KPI are as follows:

Greater than or equal to 80%	3 bonus points
Greater than or equal to 75% to 80%	2 bonus points
Greater than or equal to 70% to 75%	1 bonus point
Less than 70%	0 bonus points

KPI 4	Number of patients with a LOS in the emergency department greater than 24-hours.
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In 2005-2006, the total number of patients with a LOS in the emergency department greater than twenty-four hours will be calculated by:

The numbers of patients with an emergency department length of stay of greater than twenty-four hours (1,440 minutes), regardless of departure status code.

2005-2006 Statewide Benchmark Target

In 2005-2006, the statewide benchmark target for this KPI has been set at zero patients. The performance thresholds used to allocate bonus funding points against this KPI are as follows:

0 patients	3 bonus points
Between 1 and 5 patients	2 bonus points
Between 6 and 10 patients	1 bonus point
11 or more patients	0 bonus points

KPI 9	Percentage of Category 1 emergency patients seen immediately.
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In 2005-2006, the percentage of category 1 emergency patients seen immediately will be calculated by:

Numerator:

- Number of Category 1 emergency patients seen immediately

Denominator:

- Number of Category 1 emergency patients

This indicator is expressed as a percentage.

2005-2006 Benchmark

In 2005-2006, quarterly benchmarks for the percentage of Category 1 emergency patients seen immediately have been set:

100%	No loss of bonus points
Less than 100%	Loss of up to 4 bonus points - 1 bonus point for each emergency KPI (KPIs 1-4).

Each KPI must have a minimum of 0 bonus points. A bonus point cannot be lost on a KPI that has achieved 0 bonus points.

Calculating Performance

A patient is categorised as having been seen immediately if the time interval between either:

- First Seen By Doctor Date/First Seen By Doctor Time, or
- First Seen By Nurse Date/First Seen By Nurse Time, and
- Arrival Date/Arrival Time

is less than or equal to one minute.

KPI 11	Percentage of emergency patients admitted to an inpatient bed within twelve hours.
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In 2005-2006, the percentage of emergency patients requiring admission who are admitted to an inpatient bed within twelve hours will be calculated by:

Numerator:

The number of patients with an emergency department length of stay of less than or equal to twelve hours (720 minutes) who have a VEMD Departure Status of 2, 3 or 13.

Denominator:

The number of patients with a VEMD Departure Status of:

- 2 Ward (includes HITH and MAPU)
- 3 Short Stay Observation Unit
- 13 Emergency Medical Unit

This indicator is expressed as a percentage.

2005-2006 Statewide Benchmark Target

In 2005-2006, the statewide benchmark target for this KPI has been set at ninety per cent. This KPI is not subject to bonus funding in 2005-2006.

Calculating Performance

Transit lounges/holding areas are not generally considered to be inpatient wards. Thus, emergency patients located in these areas, prior to being admitted to a ward, should be considered to be in the care of the emergency department. The time spent in these areas is **included** in all calculations of the percentage of emergency patients admitted within twelve hours until the patient is actually physically admitted to an Inpatient bed/ward.

Elective Surgery Services

Elective surgery performance indicators, targets and incentives were introduced in 1994-1995 to encourage improved performance in the management of health care provision to elective surgery patients.

In 2005-2006, the elective surgery key performance indicators subject to bonus funding are:

KPI 5	Proportion of Category 2 elective surgery patients waiting greater than 90 days
KPI 6	Proportion of Category 3 elective surgery patients waiting greater than 365 days
KPI 7	Number of patients on the elective surgery waiting list
KPI 8	Number of Hospital Initiated Postponements (HiPs) per 100 waiting list admissions

The critical key performance indicator for elective surgery is:

KPI 10	Percentage of Category 1 elective surgery patients admitted within 30 days
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The elective surgery key performance indicators not subject to bonus funding are:

KPI 12	Number of Hospital Initiated Postponements (HiPs) within two days of scheduled surgery (when relevant ESIS data is available)
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Statewide benchmark targets have been set for each of KPI 5, KPI 6 & KPI 8. The benchmark target for KPI 10 remains at 100 per cent and will continue to be assessed quarterly. Targets for the number of patients on the waiting list have been set for individual health services/hospitals. Collection of activity data to model performance against KPI 12 will commence on 1 July 2005. Targets for this indicator will be set after modelling of current performance has been completed.

Failure to Submit Electronic Data

Where a hospital is be unable to submit completed electronic ESIS data (e.g. due to software upgrades), the Health Data Standards and Systems Unit (HDSS) must be notified of the problem in writing before the 10th day of the month following data collection. Until normal submissions of data resume an agreed minimum dataset must be submitted to the Access and Metropolitan Performance (AMP) branch. For further information, contact the appropriate AMP contact as indicated earlier in this document.

Data items relating to performance against elective surgery indicators are derived from the Elective Surgery Information System (ESIS). Detailed information on this system can be found in the *ESIS User Manual Version 8.0, July 2005*.

As in 2004-2005, the procedures for the code range 500-513 will not be included in waiting list and waiting times reported by the Victorian Government, the Australian Institute of Health and Welfare and the Commonwealth Department of Health and Aged Care.

KPI 5	Proportion of Category 2 elective surgery patients waiting greater than 90 days.
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Category 2 (semi-urgent) patients are elective surgery patients with a condition causing some pain, dysfunction or disability that is not likely to deteriorate quickly or become an emergency. It is desirable that these patients be admitted within 90 days.

This indicator measures the number of patients waiting more than 90 days as a percentage of all Category 2 patients on the elective surgery waiting list.

2005-2006 Statewide Benchmark Target

In 2005-2006, the statewide benchmark target for this KPI has been set at zero per cent. The performance thresholds used to allocate bonus funding points against this KPI are as follows:

0%	3 bonus points
Between 1% and 20%	2 bonus points
Between 21% and 40%	1 bonus point
Greater than 40%	0 bonus points

Calculating Performance

Hospitals' performance against this indicator is expressed as a percentage. Performance is calculated on the census date (end of the month) using the formula:

No. on the waiting list waiting > 90 days

Category 2 patients on the waiting lists

For the purposes of assessment, performance is rounded to a whole number. For example, 10.2 percent is rounded down to 10 percent and 10.6 percent is rounded up to 11 percent.

KPI 6	Proportion of Category 3 elective surgery patients waiting greater than 365 days.
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Category 3 (non-urgent) patients are elective surgery patients with a condition causing minimal or no pain, dysfunction or disability that is not likely to deteriorate quickly or become an emergency. Although there is no nationally endorsed benchmark, for the purpose of bonus payment it is desirable that these patients be admitted within 365 days.

This indicator measures the number of patients waiting more than 365 days as a percentage of all Category 3 patients on the elective surgery waiting list.

2005-2006 Statewide Benchmark Target

In 2005-2006, the statewide benchmark target for this KPI has been set at zero per cent. The performance thresholds used to allocate bonus funding points against this KPI are as follows:

0%	3 bonus points
Between 1% and 10%	2 bonus points
Between 11% and 20%	1 bonus point
Greater than 20%	0 bonus points

Calculating Performance

Hospitals' performance against this indicator is expressed as a percentage. Performance is calculated on the census date (end of the month) using the formula:

$$\frac{\text{No. on the waiting list waiting > 365 days}}{\text{Category 3 patients on the waiting lists}}$$

For the purposes of assessment, performance is rounded to a whole number. For example, 25.2 percent is rounded down to 25 percent and 25.6 percent is rounded up to 26 percent.

KPI 7	Number of patients on the elective surgery waiting list.
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This indicator measures the number of patients waiting for elective surgery as at the end of the quarter.

2005-2006 Targets

Targets for the number of patients on the waiting list at the end of each quarter have been set for individual health services/hospitals. The performance thresholds used to allocate bonus funding points against this KPI are as follows:

Target achieved	3 bonus points
Between 0% and 1% over target	2 bonus points
Between 1% and 2% over target	1 bonus point
Greater than 2% over target	0 bonus points

Individual health service/hospital waiting list targets unless otherwise advised are based on 30 April 2005 actual performances. Waiting list targets take into account the full year effect of growth received during 2004-2005 and any growth funds received for elective surgery in 2005-2006, including that received through the Elective Surgery Plan process and potential for hospitals to refer their long waiting patients to Designated Elective Surgery Centres.

Individual health service/hospital targets have been set to achieve a statewide reduction in the total number of patients waiting for elective surgery as at 30 June 2006 when compared to the same period in the previous year.

KPI 8	Number of Hospital-initiated Postponements (HiPs) <i>per</i> 100 waiting list admissions.
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Postponements of elective surgery by hospitals can result in significant distress and inconvenience for patients (for example those who travel long distances to hospital or take time off from work for surgery). It is therefore important to ensure that they are minimised.

The indicator measures the number of HiPs experienced by elective surgery patients admitted during the quarter *per* 100 waiting list admissions (commonly referred to as the HiP rate).

2005-2006 Statewide Benchmark Target

In 2005-2006, the statewide benchmark target for this KPI has been set at 15 HiPs per 100 waiting list admissions. The performance thresholds used to allocate bonus funding points against this KPI are as follows:

Less than or equal to 15 HiPs	3 bonus points
16 - 17 HiPs	2 bonus points
18 - 20 HiPs	1 bonus point
Greater than 20 HiPs	0 bonus points

Calculating Performance

A postponement is hospital-initiated if the patient has been informed of the scheduled admission date and the *Reason for Rebooking* in ESIS is coded as:

- H - Hospital - the patient has been informed of their scheduled admission date for surgery, which has been subsequently postponed because the operating room, hospital bed, staff or other hospital resource is unavailable. For example, hospitals may postpone surgery because of the need to treat other patients in the hospital. A 'hospital resource' includes prostheses for implantation, etc, but not blood.
- D - Surgeon - the patient has been informed that their scheduled admission date for surgery has been postponed because the surgeon booked to perform this procedure has cancelled their scheduled theatre time.

All postponements accumulated by the patient during their entire wait will be counted towards calculating performance during the month of their admission. Hospitals' performance against this indicator is expressed as the number of HiPs *per* 100 waiting list admissions. For the purposes of assessment, performance is rounded to a whole number. For example, 21.12 HiPs is rounded down to 21 and 21.5 HiPs is rounded up to 22.

KPI 10	Percentage of Category 1 elective patients admitted within 30 days.
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Category 1 (urgent) elective surgery patients are those patients whose condition has the potential to deteriorate quickly to the point that it may become an emergency and whose admission within 30 days is clinically desirable.

This indicator measures hospital performance in admitting urgent elective surgery patients within the clinically desirable timeframe.

2005-2006 Targets

In 2005-2006, the target for all hospitals is 100% of Category 1 patients admitted from the waiting list within 30 days.

2005-2006 Benchmark

In 2005-2006, quarterly benchmarks for the percentage of Category 1 elective patients seen immediately have been set:

100%	No loss of bonus points
Less than 100%	Loss of up to 4 bonus points - 1 bonus point for each elective KPI (KPIs 5-8).

Each KPI must have a minimum of 0 bonus points. A bonus point cannot be lost on a KPI that has achieved 0 bonus points.

Calculating Performance

If a hospital's monthly data file shows that a Category 1 patient is overdue this must be confirmed or, if incorrect, amended by the hospital within two weeks of notification by the department. If this is not done, the patient will be regarded as overdue for the purposes of performance measurement.

KPI 12	Number of Hospital-initiated Postponements (HiPs) within two days of scheduled surgery.
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Performance against this indicator will be measured as of 1 July 2005.

Hospital initiated postponement of surgery can cause inconvenience to patients and often also to their families. For this reason guidelines have been introduced to ensure that postponements are handled appropriately and sensitively and that patients are offered support and assistance when surgery is postponed. The guidelines address the issues of multiple postponements, postponements on the day of surgery and postponements of patients who have travelled long distances to the hospital. The guidelines ask that postponements of surgery be kept to an absolute minimum.

This indicator will measure the number of HiPs within two days of scheduled surgery for the quarter. HiPs for those patients still waiting on the census date and patients admitted during the quarter will be included in the calculations.

2005-2006 Targets

Targets for health services/hospitals will be set in consultation with health services/hospitals.

Calculating Performance

The ESIS data submitted to the department each month will be used to calculate the number of HiPs.

ESIS fields to be used will include:

Event_Type {*Set SAD, Reason SAD changed*}

Event_Value {*H,D*}

Event_Date {*Date of Reason SAD changed*}

Episode Identifier