Service Plan 2024-25:
NT Regional Health Services

NORTHERN TERRITORY GOVERNMENT

An electronic version is available at: www.health.nt.gov.au

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NORTHERN TERRITORY GOVERNMENT

Contents

1. Purpose

The Service Plan (the Plan) outlines the responsibilities, key performance standards and funding support for NT Regional Health Services (NTRHS) in the delivery of health services.

The Service Plan is issued in accordance with the requirements of the *Health Service Act 2021* (the Act) and operates in conjunction with the Performance Framework, which provides the process for monitoring and managing NTRHS performance against Service Plan requirements including remediation of underperformance. The Service Plan is also issued to comply with requirements of the National Health Reform Agreement (NHRA). NTRHS is the NT's sole Local Hospital Network (LHN) for the purposes of the NHRA.

The success of this Service Plan depends on the strong shared commitment between the Department of Health and NTRHS, supported by open and effective communication, to achieve the best health outcomes from available resources.

This Plan is effective from **1 July 2024** to **30 June 2025**.

2. Execution

Title:	**Chief Executive Officer,** **Department of Health, Northern Territory Government**
Name:	Chris Hosking
Date:	18 October 2024

3. Objectives

NT Health is committed to ensuring all Territorians have great health by fostering a system that encompasses person-centred care, providing value to the patient and client while also carefully managing within policy and budgetary constraints.

This Service Plan, jointly with the Performance Framework, supports NT Health's vision by:

- Specifying responsibilities and accountabilities for delivery of health services.
- Establishing clear service delivery and performance expectations as well as processes for performance improvement, performance management and monitoring.
- Ensuring that consultation and management processes are appropriate to support the design and delivery of health services that meet local needs.
- Promoting accountability to Government and the community.

4. Roles and Responsibilities

4.1. The Department of Health

The Department is required to undertake functions relating to service planning, agreement negotiations, performance monitoring and data collection/reporting. The Department provides the following shared services, with associated costs on-passed, to support NTRHS:

- Financial services
- Clinical coding
- Clinical data analytics
- Workforce services, strategy and policy
- Safety and quality performance monitoring, clinical governance assurance and facilitation of clinical excellence and patient safety improvements.

4.2. NT Regional Health Services

NTRHS delivers contemporary and culturally responsive regionally based primary care, mental health and acute services throughout the five regions: Top End, East Arnhem, Big Rivers, Barkly and Central Australia. NTRHS is committed to continuous service delivery for regional, inter-regional and Territory wide services.

The Act provides the legislative framework for the provision of high quality public health services for Territorians and sets out the purposes and functions in relation to the NTRHS.

Under Section 11 of the Act, NTRHS' functions and powers include:

- Provision of health services and health support services set out in the Service Plan within budget.
- Ensuring services are delivered in an efficient, effective and economical way.
- Ensuring health services meet the needs of the community by consulting and collaborating with other service providers and minimising service duplication and fragmentation.
- Developing local clinical and other governance arrangements and best practice guidelines or standards consistent with the requirements of the Service Plan.
- Providing training and education relevant to the provision of services.
- Collecting data on performance and reporting to the Department.

4.3. System Manager

The System Manager is the Chief Executive of NT Health. The System Manager oversees both the Department and the NTRHS in the delivery of their service delivery and centralised support functions under the One NT Health hub and spoke model.

5. Strategic Directions and Priorities

The *NT Health Strategic Plan 2023-2028* (the Strategic Plan) provides the overarching vision for the delivery of healthcare services in the NT. The Strategic Plan is centred around four focus areas:

Strategic Focus Areas
Support and develop our workforce We are committed to supporting a workforce that is safe, responsive and kind. Staff will be empowered to work to their full scope of practice and ability, doing the best job they can every day and supported to achieve their career aspirations.
Promote wellbeing and prevent illness We will tackle the fundamental issue of social determinants of health and build an environment that enables Territorians to have the best start in life and support healthy lifestyles across our life span. Territorians will have an increased awareness of harms and be protected through legislation and action. Health care is something we will provide together with our partners and our communities.
Provide high quality healthcare that reflects personal and community needs We will provide high quality care for Territorians that is safe, effective, and person-centred – with flexibility to adjust to personal needs and preferences, values and community context. At the same time we will provide more guidance to support self-managed care, and more choices to enable access to care closer to home.
Connect service delivery and support systems for a sustainable future Our financial, digital, governance and infrastructure management will support new models of care and emergency planning while making sure we are an environmentally sustainable and fiscally responsible organisation. We will continuously improve our practice and care through learning, evaluating our programs and implementing actions.

5.1. Reform Journey

The Department in conjunction with the NTRHS Executives have embarked on a reform journey to identify key pressure areas which are impacting performance. In October 2022, a Reform Board was established to provide oversight of the Remediation Plan with membership including Department of Treasury and Finance. In March 2023, demand management and workforce issues were deemed priority areas and initiatives were undertaken to reduce acute length of stay and clearing the elective surgery backlog.

In addition to the Remediation Plan, the current Service Plan goes one step further focusing on Frontline Deliverables which are within the direct control of NTRHS Executives. With increased consideration to solutions developed and implemented by NT Health Services at the frontline, the goal is to see measures and outcomes at the Territory and National level begin trending in the right direction.

6. Agreement and Governance

6.1. Agreements

The provision of universal healthcare for all Australians is a shared priority for the Commonwealth, States and Territories, as agreed in the 2020-2025 Addendum to the National Health Reform Agreement (the NHRA). The NHRA focuses on improved patient safety, quality of services and reducing unnecessary hospitalisations while maintaining activity based funding and the national efficient price for hospital services. Under the NHRA, the Commonwealth will continue its focus on reforms in primary care that are designed to improve patient outcomes and reduce avoidable hospital admissions. As the NT's sole Local Hospital Network (LHN), NTRHS shall deliver responsibilities and comply with requirements for LHNs as detailed in Schedule of E of the NHRA.

NTRHS is also provided funding under a range of national and bilateral agreements, Commonwealth Own Purpose Expenditure (COPE) payments and other funding agreements. These agreements carry various program, financial and performance reporting requirements. NTRHS shall comply with these requirements.

6.2. Governance

NTRHS must ensure that all applicable duties, obligations and accountabilities are understood and complied with, and that services are provided in a manner consistent with all NT Health policies, procedures, plans, circulars, inter-agency agreements, Ministerial directives and other instruments and statutory obligations.

6.2.1. Performance Framework

The Service Plan operates in conjunction with the NT Health Performance Framework, which documents how the Department and NTRHS works together achieve performance outcomes, including identification and resolution of any performance concerns.

6.2.2. Clinical Governance

The Act and NHRA provide that NTRHS is accountable for local clinical governance arrangements and best practice guidelines or standards, as well as implementation of national clinical standards. The Department will support NTRHS to achieve these accountabilities, including by monitoring safety and quality performance, providing assurance on implementation of clinical governance arrangements, and facilitating improvements to clinical excellence and patient safety.

Accreditation

All NTRHS public hospitals are to maintain accreditation under the Australian Health Service Safety and Quality Accreditation Scheme.

All NTRHS primary health care (PHC) centres are to maintain accreditation in accordance with the current edition of the Royal Australian College of General Practitioners (RACGP) accreditation standards and in line with the National General Practice Accreditation Scheme.

Safety and Quality

NTRHS shall ensure the provision of safe and quality health care for all Territorians. This includes timely access to quality health care services, maintaining an appropriately skilled clinical workforce, and meeting National Safety and Quality Health Service standards (NSQHS).

7. Reporting Requirements

7.1. Obligations

NTRHS will support the Department to ensure that all of NT Health's reporting obligations are met, including those required to:

- Deliver and manage clinical care and services.
- Report to national bodies, including but not limited to National Minimum Data Sets, National Best Endeavour Data Sets and the National Hospital Cost Data Collection.
- Meet relevant legislation, including but not limited to the *Information Act 2002* and the *Public Sector Employment and Management Act 1993*.
- Determine activity based funding and block funding amounts; to facilitate reporting against the Frontline Deliverables, Key Performance Measures and Quality Health Outcomes set out in this Plan; and to monitor implementation of NT Health policies and whole of Government plans.
- Acquit funding received under tied funding agreements.

In addition to the above legislative requirements, the Department will prepare in consultation with NTRHS a report by 31 March annually that details for the preceding calendar year:

- Evidence of engagement with local clinicians, consumers and community members in developing and delivering health services that meet the health needs of the community.
- An overview of the consultation and collaboration mechanisms with other providers aimed at minimising service duplication and fragmentation.
- A trend analysis outlining the overall number of complaints and compliments (formal and point of service) received for the period by severity rating.
- An overview of key themes identified by complaints reporting and what actions NTRHS is taking to address these themes.
- A demonstration of the development and promotion opportunities for the voices and experiences of consumers including consumers of diverse cultures, abilities, ages, sexual orientation and genders of consumers and to be reflected in quality and safety improvements within health care environments.

7.2. Financial Management

NTRHS shall comply with the following financial instruments:

- *Financial Management Act 1995 (FMA)*
- Treasurer's Directions

In particular, NTRHS must not overcommit money for expenditure that would result in it exceeding its approved budget.

In accordance with the Northern Territory *National Health Funding Pool and Administration (National Uniform Legislation) Act 2012*, the Commonwealth *National Health Reform Act 2011* and the *National Health Reform Agreement 2011*, a Special Purpose Financial Statement comprising of a statement of receipts and payments of the State Pool Account and accompanying notes is audited annually by the NT Auditor-General.

The *National Health Funding Pool and Administration (National Uniform Legislation) Act 2012* specifies payments out of the State Pool Account are to fund the following, under the National Health Reform Agreement:

- Services provided by local hospital networks;
- Health teaching, training and research provided by local hospital networks or other organisations;
- Any other matter that under that Agreement is to be funded through the National Health Funding Pool

Section 24 of the Act requires the above funding be deposited into the NTRHS bank account. These funds flow through this bank account to represent the funding for the local hospital network to be spent in accordance with the Act and Service Plan. NTRHS funding received shall be reconciled at cost centre level as part of the audit and acquittal requirements detailed below.

Section 25 of the Act requires NTRHS to prepare an annual acquittal of all funding received under the Health Funding Act by 31 July of each subsequent financial year. This acquittal reflects the funding received under the *National Health Funding Pool and Administration (National Uniform Legislation) Act 2012* and the expenditure of this money in accordance with the Act.

Section 26 of the Act requires the Auditor-General to conduct an annual audit of the acquittal of funding and to provide a copy to the System Manager by 30 September.

8. Service Delivery Profile

8.1. Hospital Services

NTRHS provides hospital services at the following facilities:

- Royal Darwin Hospital
- Palmerston Regional Hospital
- Gove District Hospital
- Katherine Hospital
- Tennant Creek Hospital
- Alice Springs Hospital

8.2. Non-hospital Services

NTRHS provides the following non-hospital services:

- Primary Health Care including urgent care
- Visiting Specialist and Allied Health Services
- Rehabilitation and Recovery
- Remote morgues
- Sexual Assault Referral Centre
- Mental Health and Alcohol and Other Drugs Services
- Oral Health Services
- Hearing Health Services
- Aged Care Services
- Virtual rural generalist services (DMO/MRACC)

8.3. Hosted Services

Each individual region of NTRHS will be accountable for administering health services within their defined geographic region. Some regions may however administer services across some or all of the five regions.

9. Funding and Activity Schedules

9.1. Purchased Activity and Services – NTRHS

Activity Funded Services Price per Weighted Activity Unit (WAU) = $6,465	**Activity (WAU)**	**Funding ($000)**
Admitted Acute	120,625	779,841
Admitted Sub Acute	11,789	76,216
Admitted Mental Health	6,103	39,456
Emergency Department	32,297	208,800
Non-admitted	24,269	156,899
Total ABF Allocation	**195,083**	**1,261,212**

Block Funded Services	**Funding ($000)**
NHRA Block	**88,018**
Teaching, Training and Research	44,700
Non-admitted mental health	32,099
Non-admitted mental health – Children	4,298
Residential mental health	6,823
Non-admitted Home Ventilation	98
NT Block	**489,213**
Total Block Allocation	**577,231**

Operating Expenses Budget (excl. Savings, Depreciation and Lease Interest Expense)	**1,838,443**
Depreciation and Amortisation	71,239
Lease Interest Expense	1,535
Operating Expenses Budget	**1,911,217**

9.2. Funding Sources

Funding Source	Funding ($000)
Commonwealth NHFB Hospital Funding	395,203
Commonwealth NHFB Hospital Block Funding	25,353
Commonwealth NHFB Public Health Funding	2,724
NT Hospital & Block Funding	1,057,122
Health Service Generated Revenue	86,467
Health Service Generated Revenue Private Patients	5,028
Commonwealth and other Tied Funding	115,958
Funding Total	**1,687,855**

Pathology Funding Source	
NT Hospital & Block Funding	8,504
Health Services Generated Revenue	637
Commonwealth and Other Tied Funding	110
Funding Total	**9,251**

Shared services provided	
System Manager Charges	40,990
DIPL Free of Charge	35,677
DCDD Free of Charge	73,119
Shared Services Provided Total	**149,786**

Funding Grand Total	1,846,892

Non-Funded Expense	64,325
Depreciation and Amortisation	71,239
Balance Sheet Items that impact the Operating Statement	-6,914

Total Funding + Non-Funded Expense	1,911,217

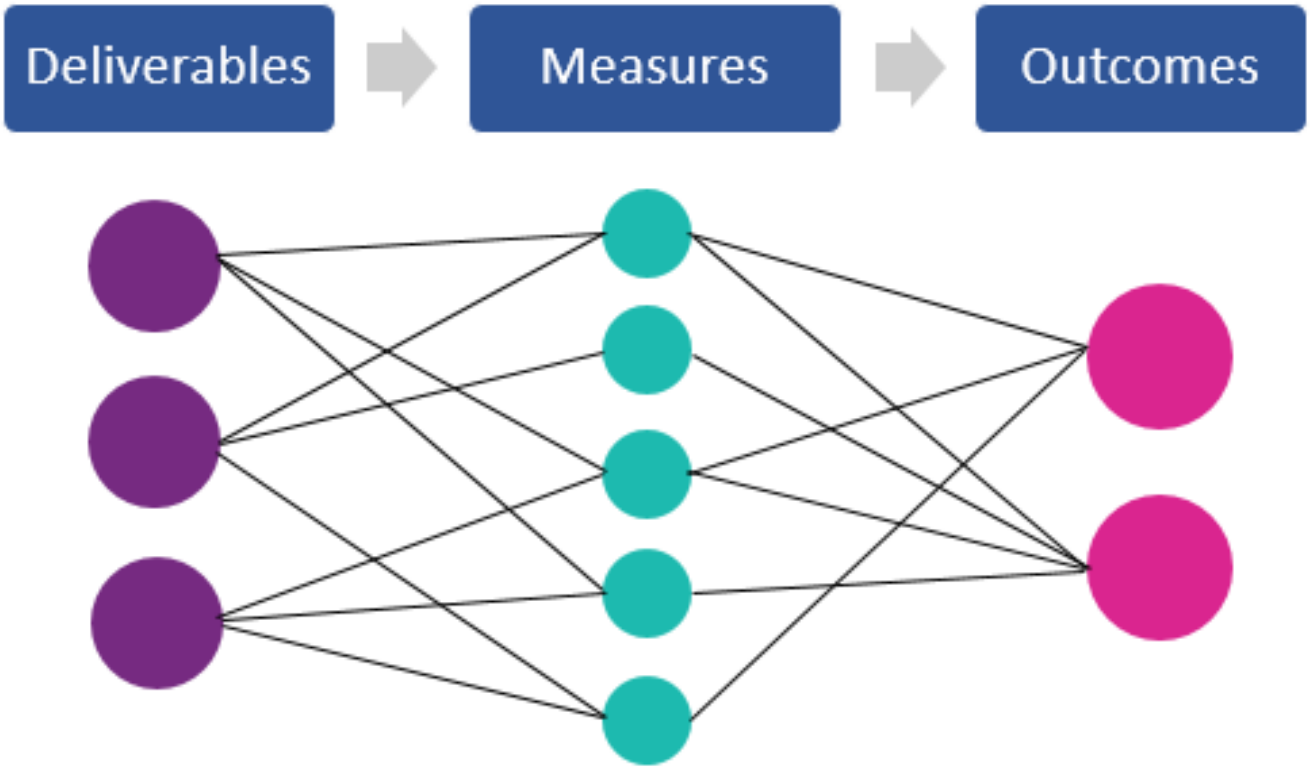
10. Performance against Objectives

The Service Plan incorporates Frontline Deliverables (Deliverables), Priority Area Measures (Measures) and Quality Health Outcomes (Outcomes). All have been consulted and agreed to by the NTRHS and System Manager prior to inclusion in the Service Plan. Performance of the NTRHS will be measured on the Deliverables.

Deliverables are actions that have a due date which falls within the current financial year. Process indicators and milestones are held in detailed operational plans developed and held by the NTRHS and the status determines if the deliverable is complete.

Measures provide context to deliverables. In most cases there is a many-to-many relationship between deliverables and measures. The success of deliverables are evaluated in terms of whether or not measures are meeting targets. Targets aim to be achievable within one year or at a minimum, a positive trend towards the target.

Outcomes offer longer term feedback on deliverables and measures. Outcomes are benchmarked from national indicators such as the Report on Government Services (ROGS) or Australian Institute of Health & Welfare (AIHW). Trend movements will be formally monitored and discussed annually, more frequent monitoring will occur as and when required.



10.1. Frontline Deliverables

Deliverables will be monitored and discussed at monthly regional performance meetings and quarterly performance meetings, noting that process indicators and milestones are held in detailed operational plans developed by the organisation.

Frontline Deliverables	Due Date
Realignment of RHS structure	
Top End and Central Australia restructure – hospitals	30 July 2024
Top End and Central Australia restructure – primary and mental health connectivity	30 August 2024
Top End and Central Australia restructure – all remaining elements	30 September 2024
Strong governance of acute bed capacity	
All hospitals to confirm bed configurations by division and have an annual review and approval process in place	31 December 2024
RHS Executive to monitor on a quarterly basis the actual utilisation of surge and flex beds against identified maximum thresholds (4 months out of 12), and provide a report to the System Manager on reasons for breaches	Quarterly
Royal Darwin Hospital to have in a place an approved hospital access escalation plan	30 August 2024
RDPH and ASH to institute a process to monitor acute patients in hospital +21 days, with monthly senior medical review of all outliers table to RHS Executive	Monthly
All hospital to undertake review of daily huddles and develop a standard operating procedure to ensure focus on flow of patients to discharge, stepdown accommodation, or inter-hospital transfer	30 July 2024
RHS to provide 6 monthly updates on implementation of patient flow SOP	December 2024 & June 2025
Improving inpatient flow from admission to discharge	
RHS to work with Commissioning and System Improvement to develop acute care multidisciplinary clinical pathways, for orthopaedics (elective and emergency) as well as viral / respiratory illnesses	30 September 2024
RHS to develop a process to implement, monitoring and responding to compliance with clinical pathways at the hospital level	30 November 2024
Royal Darwin Hospital to implement extended-hours resourcing for division of medicine	30 September 2024
RHS to undertake stocktake of stepdown care resources and develop process for improving visibility of stepdown options in discharge decision making processes	31 December 2024
RHS to undertake 6 monthly review of stepdown care utilisation	30 June 2025
RHS to develop protocols that require estimated date of discharge to be determined by a senior clinician within 24 hours of admission, or as soon as practical in the event a patient is medically unstable, and entered into the relevant PAS	30 August 2024
REDs to undertake monthly review of estimated date of discharge uptake	Monthly

Improved regional hospital utilisation	
RHS to collaborate with CSI/NTPHN to implement Top End and Central Australian GP liaison roles to improve communication, collaboration and integration between primary care and tertiary care with the focus on persons-centred care and health care reform	30 July 2024
EAR and BRR to develop and implement model of care for higher acuity observation of KH and GDH	30 September 2024
Finalise Maningrida pilot of referrals of certain inpatient services to Gove (rather than Darwin)	31 December 2024
Elective surgery recovery	
RDH to undertake evaluation of 2022-23 Surgical Recovery Plan to identify any outstanding actions and develop plan for next steps	30 July 2024
RDH and ASH to develop an annual schedule of weekend and twilight elective theatre lists taking into consideration peak periods of bed	30 July 2024
RHS to develop an NT wide approach to pre-surgical preparation with focus on nurse-led delivery and maximising use of virtual care	31 December 2024
Top End, Big Rivers and East Arnhem regions to agree on annual surgical outreach programs for ENT and Plastics / Reconstructive	30 July 2024
Barkly to progress revised business case for TCH procedure room for Ophthalmology and Gastroenterology incorporating cost / benefit analysis on RFDS transfer to ASH	30 June 2025
Sustainable workforce and budget management	
All regions to ensure supernumeraries are aligned to budgeted, vacant position	30 July 2024
All regions to ensure all agency staff are aligned to budgeted, vacant positions	30 July 2024
All regions to realign nursing and midwifery resourcing levels to Business Planning Framework	30 April 2025
RHS to establish on boarding hub and realign nursing and midwifery recruitment from CNMO to RHS	30 June 2025
Improving remote and primary care	
In partnership with CSI, conduct 6 monthly review of TW PHC initiatives to determine next steps: - Wurrumiyanga pilot of physical acute care stream – separate from core prevention and education. Includes PCIS data capture of acute presentations for monitoring - N3 nurse program (to reduce agency usage at remote clinics) - Wadeye and Daly clinic extended hours - Wadeye A04 community liaison officers	30 September 2024
Supporting aged care patients in hospital	
RDH to develop and implement model of care for hospital-based aged care and disability care patients pending placement into residential facilities – to include requirement that all patients have active care plans in place	31 December 2024
Improving renal care	

RHS to develop regional program of work to operationalise the NT Kidney Plan	30 September 2024
Clinical documentation improvement	
Report the number of Episodes audited each month in the clinical document discharge summary audit process	Monthly

10.2. Priority Area Measures

	NTRHS					
Region	**Central Australia**	**Barkly**	**Top End**		**Big Rivers**	**East Arnhem**
Hospitals	**ASH**	**TC**	**RDH**	**PRH**	**KH**	**GDH**
Acute Patient Flow						
Patient Flow						
Acute long stay outliers ≥ 21 days (OBDs per day)	≤ 6 (6)	≤ 2 (0.27)	≤ 44 (29)	≤ 3 (1)	≤ 1 (0.40)	≤ 1 (0.23)
Average length of stay (OBDs per separation)	≤ 3.9 (3.9)	≤ 3.6 (2.7)	≤ 5.3 (4.7)	≤ 5.6 (4.7)	≤ 3.1 (2.9)	≤ 3.6 (3.2)
Emergency Department (ED) Access Block						
Patients in ED > 24 hours (per 1,000 separations)	≤ 0 (0)	≤ 0 (0)	≤3.7 (0)	≤ 0.4 (0)	≤ 1.8 (0)	≤ 1.8 (0)
Hospital Safety and Quality						
Sentinel events (no.)	0	0	0	0	0	0
Hospital acquired complications (per 100 Separations)	≤ 2 (2)	≤ 2 (2)	≤ 2.6 (2)	≤ 2 (2)	≤ 2 (2)	≤ 2 (2)
Effectiveness Surgery Recovery						
Elective Output						
Elective surgery admissions (no.) **a**	> 1714		> 3263	> 1740	> 368	> 262
Remote and Primary Care						
Access						
HbA1c test for clients aged 15 years and over (%)	≥ 70 (80)	≥ 70 (80)	≥ 77 (80)		≥ 80 (80)	≥ 70 (80)
Chronic disease management plan (%)	≥ 80 (85)	≥ 63 (85)	≥ 79 (85)		≥ 83 (85)	≥ 83 (85)
Effectiveness						
HbA1c measurement within certain levels (%)	≥ 28 (41)	≥ 30 (41)	≥ 41 (41)		≥ 41 (41)	≥ 41 (41)

	NTRHS					
Region	**Central Australia**	**Barkly**	**Top End**		**Big Rivers**	**East Arnhem**
Hospitals	**ASH**	**TC**	**RDH**	**PRH**	**KH**	**GDH**
PPH Cellulitis (per 1,000 separations)	≤ 48.3	≤ 58.7	≤32.1	≤17.1	≤ 59.8	≤ 53.9
PPH COPD (per 1,000 separations)	≤ 9.4	≤ 20.5	≤16.5	≤18.5	≤ 24.5	≤ 61.9
Mental Health						
Community follow-up within first 7 days (%)	≥ 80 (80)		≥ 70 (80)			
Mental health 28 day readmissions (%)	≤12 (10)		≤13 (10)			
Seclusion rate (per 1,000 OBDS)	≤ 8 (8)		≤ 8.3 (8)			
Ambulatory Care						
Telehealth activity (per 100 episodes)	≥ 11.6	≥ 6.0	≥ 9.8	≥ 15.1	≥ 6.8	≥ 2.9
Aged Care						
ACAT assessments within recommended timeframes (%)	≥ 90 (90)		≥ 56 (90)			
Finance and Workforce						
Variance against purchased activity (%)	± 5	± 5	± 5		± 5	± 5
Annualised expenditure variance against budget (%)	± 5	± 5	± 5		± 5	± 5
Paid Clinical FTE variance (%)	≥ 79 (90)	≥ 79 (90)	≥ 90 (90)		≥ 78 (90)	≥ 90 (90)

a Aspirational target is for total admissions to be greater than growth on the Waiting List.

Note: Values in brackets represent aspirational targets based on previous targets set, national benchmarks and historical results.

10.3. Quality Health Outcomes

	NTRHS					
Region	**Central Australia**	**Barkly**	**Top End**		**Big Rivers**	**East Arnhem**
Hospitals	**ASH**	**TC**	**RDH**	**PRH**	**KH**	**GDH**
Accessibility						
Relative stay index (ratio)	≤ 1.1 (1)	≤ 1.0 (1)	≤ 1.2 (1)	≤ 1.2 (1)	≤ 1.0 (1)	≤ 1.1 (1)
Waiting times for elective surgery						
— Patients waiting longer than clinically recommended time (%)	< 56	< 78	< 60	< 40	< 43	< 29
— Admitted within clinically recommended time (%)	> 82 (92)		> 65 (92)	> 62 (92)	> 68 (92)	> 80 (92)
— Waited more than 365 days (%)	< 28 (0)	< 35 (0)	< 25 (0)	< 19 (0)	< 33 (0)	< 17 (0)
— Waiting times for admission (days)	< 343	< 409	< 330	< 256	< 222	< 205
Emergency department care						
— Seen on time (%)	> 57 (65)	> 65 (65)	> 24 (65)	> 28 (65)	> 60 (65)	> 65 (65)
— Time spent in the emergency department (min)	< 160	< 138	< 174	< 293	< 323	< 188
Continuity of Care						
Rheumatic heart disease prophylaxis adherence (%)	≥ 36 (60)	≥ 23 (60)	≥ 59 (60)		≥ 45 (60)	≥ 23 (60)
Remote Aboriginal children under 5 who are anaemic (%)	≤ 11 (10)	≤ 10 (10)	≤ 16 (10)		≤ 10 (10)	≤ 10 (10)
Conductive hearing loss intervention for remote Aboriginal children (%)	≥ 25 (45)	≥ 41 (45)	≥ 36 (45)		≥ 39 (45)	≥ 45 (45)
Effectiveness						
First antenatal visit (%)	> 52 (70)	> 43 (70)	> 60 (70)		> 50 (70)	> 70 (70)
Efficiency and Sustainability						
Cost per weighted separation (ratio)	≤ 1 (1)	≤ 1 (1)	≤ 1 (1)	≤ 1 (1)	≤ 1 (1)	≤ 1 (1)
Coding timeliness (%)	≥ 44 (100)	≥ 61 (100)	≥ 67 (100)	≥ 68 (100)	≥ 98 (100)	≥ 58 (100)

	NTRHS					
Region	**Central Australia**	**Barkly**	**Top End**		**Big Rivers**	**East Arnhem**
Hospitals	**ASH**	**TC**	**RDH**	**PRH**	**KH**	**GDH**
Safety						
SAB infections (per 10,000 OBDS)	< 1.0 (1.0)	< 1.0 (1.0)	< 1.0 (1.0)	< 1.0 (1.0)	< 1.4 (1.0)	< 3.5 (1.0)
Hand hygiene compliance (%)	≥ 80 (80)	≥ 80 (80)	≥ 80 (80)	≥ 80 (80)	≥ 80 (80)	≥ 80 (80)
Sepsis fatality rate (%)	< 7 (0)	< 4 (0)	< 11 (0)	< 10 (0)	< 2 (0)	< 2 (0)
Avoidable hospital readmissions (per 100 separations)	< 5.6	< 3.6	< 9.9	< 4.8	< 7.7	< 4.3
Aboriginal clients discharged against medical advice (%)	< 12 (7)	< 8 (7)	< 10 (7)	< 7 (7)	< 7 (7)	< 7 (7)
Workforce						
Aboriginal health workforce as a proportion of overall FTE (%)	≥ 7 (10)	≥ 10 (10)	≥ 6 (10)		≥ 10 (10)	≥ 9 (10)

Note: Values in brackets represent aspirational targets based on previous targets set, national benchmarks and historical results.