

# Service Plan 2022-23: NT Regional Health Services

Variation One – February 2023

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## 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* 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 for the purposes of the NHRA.

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

This Plan is effective from **1 July 2022** to **30 June 2023**.

## 2. Execution

Title:	<b>A/Chief Executive Officer, Department of Health, Northern Territory Government</b>
Name:	Dr Marco Briceno
Date:	8 February 2023 (As Variation 1)

## 3. Variation 1

This Variation to the Service Plan is made in writing by the System Manager in consultation with the NTRHS Executive, pursuant to section 19 of the *Health Service Act 2021*.

Variation 1 includes the following amendments to the Service Plan:

- a) Section 7.3.2 Clinical Governance – Safety and Quality: To require NTRHS to develop an action plan for the development of a quantitative Patient Experience survey by 30 June 2023 (moved from 30 September 2022).
- b) Section 8.1 Stakeholder and Consumer Feedback: Changing reporting frequency from six-monthly to annual.
- c) Section 11 Funding and Activity Schedules: Amend schedule to incorporate updated budget envelope, itemised amounts for NT block funding and region-level funding allocations.
- d) Section 12 Key Performance Indicators: Amend KPI tier status for Mental Health Seclusion Rate, from 1 to 2.

## 4. Objectives

NT Health is committed to working together to deliver better health services for all Territorians; with healthy Territorians engaged and living in healthy communities.

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 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.

## 5. NT Regional Health Services

NTRHS is comprised of the following regions:

- **Top End** - located in the far north of the NT covering the areas of Darwin, Palmerston, as well as Pirlangimpi, Milikapiti and Wurrumiyanga on the Tiwi Islands, and 14 major Aboriginal communities on the mainland.
- **East Arnhem** - encompassing the towns of Nhulunbuy on the Gove Peninsula, Alyangula, Angurugu and Umbakumba on Groote Eylandt, the islands of Elcho, Milingimbi, Milyakburra and the major Aboriginal communities on the mainland.
- **Big Rivers** - located in and around the Katherine area covering an area between the Western Australia/Queensland borders, extending south to Dunmarra and north to Pine Creek. It includes the Victoria River area and the Gulf region across the Roper to Borroloola.
- **Barkly** - located in the centre of the NT and surrounding the township of Tennant Creek, which is located 500 kilometres north of Alice Springs. Includes the major communities and outstations of Ampilatwatja, Urapuntja, Alpurrurulam, Ali Curung, Canteen Creek and Wutunugurra (Epenarra).
- **Central Australia** - located in the centre of Australia and covers a large area extending into the bordering areas of South Australia and Western Australia. Includes the township of Alice Springs and surrounding major remote centres of Ntaria, Yuendumu and Papunya, and communities and outstations including Wallace Rockhole, Haast's Bluff, Yuelemu, Mt Liebig and Titjikala.

## 6. Strategic Directions and Priorities

The *NT Health Strategic Plan 2023-2028* provides the overarching direction for planning healthcare delivery in the NT. For 2022-23, NT Health will pursue its strategic directions by focussing on the following priority areas:

1. Keep Territorians safe from COVID-19.
2. Improve the financial sustainability of NTRHS.
3. Collaboratively improve the safety and quality of services.
4. Improve the health and wellbeing of Territorians by implementing reforms to deliver contemporary models of care, guided by clinical service frameworks.

As part of improving the safety and quality of services and improving the health and wellbeing of Territorians, NT Health will achieve the following specific outcomes in 2022-23:

- Reduce the elective surgery backlog.
- Improve emergency department timeliness.
- Reduce the length of time that patients need to spend in hospital.
- Improve clinical workforce sustainability.

## 7. Legislation, Agreements and Governance

### 7.1. Legislation

The *Health Service Act 2021* (the Act) provides a legislative framework for the public health system, including setting out purposes and/or 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.
- Delivery of services meet the health needs of the community in consultation and collaboration with other providers of those services; and minimisation of service duplication and fragmentation.
- Development of local clinical and other governance arrangements and best practice guidelines or standards consistent with the requirements of the Service Plan.
- Provision of training and education relevant to the provision of services.
- Collection of data on its performance and report to the System Manager on that performance.

The System Manager shall support NTRHS by undertaking functions including service planning, agreement negotiations, performance monitoring and data collection/reporting.

Further, the System Manager may undertake some NTRHS responsibilities and functions on its behalf with associated costs on-passed. In particular, the System Manager currently provides the following shared services to support NTRHS:

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

Both parties commit to evaluating and reviewing the quality of these services as part of performance management processes detailed in the Performance Framework, as required.

### 7.2. 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 2020-2025 agreement focuses on improved patient safety, quality of services and reducing unnecessary hospitalisations; and maintains activity based funding and the national efficient price for hospital services. Under the agreement, the Commonwealth will continue its focus on reforms in primary care that are designed to improve patient outcomes and reduce avoidable hospital admissions.

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.

## 7.3. 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.

### 7.3.1. Performance Framework

The Service Plan operates in conjunction with the NT Health Performance Framework, which documents how the System Manager monitors and assesses the performance of NTRHS. The Framework sets out collaborative processes that support the achievement of performance outcomes. Performance concerns will be raised with NTRHS for focused discussion at performance review meetings, in line with the Performance Framework.

### 7.3.2. Clinical Governance

The *Health Service Act 2021* and *National Health Reform Agreement* 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 System Manager will support NTRHS to achieve these accountabilities by monitoring safety and quality performance, providing assurance on implementation of clinical governance arrangements, as well as facilitating improvements to clinical excellence and patient safety.

#### Accreditation

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

Primary health care (PHC) centres managed within NTRHS 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).

By 30 June 2023, NTRHS is required to consult with the System Manager to develop an action plan for the implementation of quantitative surveys across each of the 5 regions to enable ongoing measurement and improvement of the patient experience.

### 7.3.3. Corporate Governance

#### Financial Management and Reporting

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 *Health Service Act 2021* requires the above funding be deposited into the NT Regional Health Services 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 *Health Service Act 2021* and Service Plan. NT Regional Health Services funding flowed through the bank account shall be reconciled at cost centre level as part of the audit and acquittal requirements detailed below.

Section 25 of the *Health Service Act 2021* requires NTRHS to prepare and give the System Manager 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 *Health Service Act 2021* 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. Stakeholder and Consumer Requirements

The *Health Service Act 2021* and *National Health Reform Agreement* requires NTRHS to consult and collaborate with local stakeholders as part of the design and delivery of health services. The System Manager is required under the *Health Service Act 2021* to ensure that NTRHS has appropriate mechanisms in place to achieve these outcomes. The System Manager will also support consultation by coordinating the NT Health Advisory Committee. The below processes are intended to ensure that both System Manager and NTRHS accountabilities are met.

### 8.1. Stakeholder Engagement

NTRHS is required to ensure a robust process exists that requires engagement with clinicians, consumers, community members and local primary healthcare organisations in planning, developing and delivering health services and, in particular, shaping local service delivery to local needs.

NTRHS will provide the System Manager with a report annually by 31 January that includes:

- 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 consultation and collaboration mechanisms with other providers aimed at minimising service duplication and fragmentation.



## 8.2. Consumer Feedback

NTRHS will ensure there are culturally appropriate mechanisms in place to capture, monitor and evaluate consumer and community feedback and ensure where there is any feedback of concern that may attract significant media attention or substantial liability it is escalated to the CEO.

NTRHS will provide the System Manager with a report annually by 31 January that includes: a trend analysis outlining the overall number of complaints and compliments (formal and point of service) received for the six month period by severity rating

- An overview of key themes identified from complaints reporting and what actions NTRHS is taking to address these themes.
- A demonstration of the development and promotion of opportunities for the voices and experiences of consumers including consumers of diverse cultures, abilities, ages, sexual orientation and genders to be reflected in quality and safety improvements within health care environments.

## 9. Reporting Requirements

NTRHS will support the System Manager 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 key performance indicators 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.

## 10. Service Delivery Profile

### 10.1. 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

### 10.2. Non-hospital Services

NTRHS provides the following non-hospital services:

- Primary Health Care
- Visiting Specialist and Allied Health Services
- Rehabilitation and Recovery
- Remote morgues
- Public Health Units
- Sexual Assault Referral Centre
- Mental Health

- Oral Health Services
- Hearing Health Services
- Aged Care Services
- Alcohol and Other Drugs Services

### 10.3. Hosted Services

Each individual region of the NT Regional Health Services will be accountable and responsible for administering health services within their defined geographic region. Some regions may however host and administer services across some or all of the five regions.

## 11. Funding and Activity Schedules

### 11.1. Purchased Activity and Services – NTRHS

<b>Activity Funded Services</b> Price per Weighted Activity Unit (WAU) = \$5,797	<b>Activity (WAU)</b>	<b>Funding (\$000)</b>
Admitted Acute	125,144	725,460
Admitted Sub Acute	7,284	42,225
Admitted Mental Health	5,592	32,417
Emergency Department	28,347	164,328
Non-admitted	31,145	180,548
<b>Total ABF Allocation</b>	<b>197,512</b>	<b>1,144,977</b>

<b>Block Funded Services</b>	<b>Funding (\$000)</b>
<b>Commonwealth Block</b>	<b>74,371</b>
Teaching, Training and Research	40,943
Mental Health, non-admitted and residential	29,401
Non-admitted CAMHS	3,937
Non-admitted Home Ventilation	90
<b>NT Block</b>	<b>435,281</b>
Patient Travel – Non-ABF (Ambulance and Travel Subsidy)	73,873
Patient Travel – ABF Transition (Transfers and Evacuations)	17,523
Aged Care	8,239
Alcohol & Other Drugs	17,065
Primary Health Care	224,152
Public health - COVID	10,399
Other Services - unspecified	42,892
Hospital Services - unspecified	41,138
<b>Total Block Allocation</b>	<b>509,652</b>

<b>Operating Expenses Budget (excluding Depreciation, Amortisation and Lease Interest Expense)</b>	<b>1,654,629</b>
Depreciation and Amortisation	62,074
Lease Interest Expense (AASB 16 Leases Implementation)	334
Balance Sheet Items that impact the Operating Statement	5,063
<b>Operating Expenses Budget</b>	<b>1,722,100</b>

## 11.2. Funding Sources

Funding Source	Funding (\$000)
Commonwealth NHFB Hospital Funding	357,510
Commonwealth NHFB Hospital Block Funding	21,783
Commonwealth NHFB Public Health Funding	2,901
Commonwealth National Partnership on COVID 19 Response- Hospital	9,244
NT Hospital & Block Funding	900,647
Health Service Generated Revenue	97,088
Health Service Generated Revenue Private Patients	5,027
Commonwealth and other Tied Funding	104,543
<b>Funding Total</b>	<b>1,498,743</b>

Pathology funding source	
NT Hospital & Block Funding	2,244
Health Service Generated Revenue	637
<b>Pathology Funding Total</b>	<b>2,881</b>

Shared services provided	
System Manager Charges	55,684
DIPL Free of Charge	29,734
DCDD Free of Charge	72,984
<b>Shared Services Provided Total</b>	<b>158,402</b>

<b>Funding Grand Total</b>	<b>1,660,026</b>
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<b>Non-Funded Expense</b>	<b>62,074</b>
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<b>Total Funding + Non-Funded Expense</b>	<b>1,722,100</b>
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## 11.3. Commonwealth National Health Reform Funding Table

Activity Funded Services	Activity (NWAU)
Admitted Acute	119,765
Admitted Sub Acute	6,827
Admitted Mental Health	5,261
Emergency Department	28,078
Non-admitted	29,529
<b>Total ABF Allocation</b>	<b>189,460</b>

## 11.4. Purchased Activity and Services – Central Australia

<b>Activity Funded Services</b> Price per Weighted Activity Unit (WAU) = \$5,797	<b>Activity (WAU)</b>	<b>Funding (\$000)</b>
Admitted Acute	34,943	202,565
Admitted Sub Acute	1,251	7,252
Admitted Mental Health	1,261	7,310
Emergency Department	8,045	46,637
Non-admitted	6,488	37,611
<b>Total ABF Allocation</b>	<b>51,988</b>	<b>301,374</b>

<b>Block Funded Services</b>	<b>Funding (\$000)</b>
<b>Commonwealth Block</b>	<b>18,716</b>
Teaching, Training and Research	7,640
Mental Health, non-admitted and residential	9,090
Non-admitted CAMHS	1,986
<b>NT Block</b>	<b>129,334</b>
Patient Travel – Non-ABF (Ambulance and Travel Subsidy)	18,311
Aged Care	1,487
Alcohol & Other Drugs	6,321
Primary Health Care	65,839
Public health - COVID	2,687
Other Services - unspecified	15,893
Hospital Services - unspecified	18,796
<b>Total Block Allocation</b>	<b>148,050</b>

<b>Operating Expenses Budget (excluding Depreciation, Amortisation and Lease Interest Expense)</b>	<b>449,424</b>
Depreciation and Amortisation	16,364
Lease Interest Expense (AASB 16 Leases Implementation)	77
Balance Sheet Items that impact the Operating Statement	1,181
<b>Operating Expenses Budget</b>	<b>467,046</b>

## 11.5. Purchased Activity and Services – Barkly

<b>Activity Funded Services</b> Price per Weighted Activity Unit (WAU) = \$5,797	<b>Activity (WAU)</b>	<b>Funding (\$000)</b>
Admitted Acute	3,001	17,397
Admitted Sub Acute	48	278
Admitted Mental Health	-	-
Emergency Department	1,410	8,174
Non-admitted	485	2,812
<b>Total ABF Allocation</b>	<b>4,944</b>	<b>28,660</b>

<b>Block Funded Services</b>	<b>Funding (\$000)</b>
<b>Commonwealth Block</b>	<b>593</b>
Teaching, Training and Research	593
<b>NT Block</b>	<b>10,679</b>
Patient Travel – Non-ABF (Ambulance and Travel Subsidy)	869
Alcohol & Other Drugs	344
Primary Health Care	9,466
<b>Total Block Allocation</b>	<b>11,272</b>

<b>Operating Expenses Budget</b> (excluding Depreciation, Amortisation and Lease Interest Expense)	<b>39,932</b>
Depreciation and Amortisation	156
Lease Interest Expense (AASB 16 Leases Implementation)	6
<b>Operating Expenses Budget</b>	<b>40,094</b>

## 11.6. Purchased Activity and Services – Big Rivers

<b>Activity Funded Services</b> Price per Weighted Activity Unit (WAU) = \$5,797	<b>Activity (WAU)</b>	<b>Funding (\$000)</b>
Admitted Acute	5,230	30,318
Admitted Sub Acute	137	794
Admitted Mental Health	-	-
Emergency Department	2,272	13,171
Non-admitted	1,126	6,527
<b>Total ABF Allocation</b>	<b>8,765</b>	<b>50,811</b>

<b>Block Funded Services</b>	<b>Funding (\$000)</b>
<b>Commonwealth Block</b>	<b>2,283</b>
Teaching, Training and Research	403
Mental Health, non-admitted and residential	1,880
<b>NT Block</b>	<b>29,675</b>
Patient Travel – Non-ABF (Ambulance and Travel Subsidy)	3,495
Alcohol & Other Drugs	1,561
Primary Health Care	22,449
Public health - COVID	1,646
Other Services - unspecified	524
<b>Total Block Allocation</b>	<b>31,958</b>

<b>Operating Expenses Budget (excluding Depreciation, Amortisation and Lease Interest Expense)</b>	<b>82,769</b>
Depreciation and Amortisation	251
Lease Interest Expense (AASB 16 Leases Implementation)	1
<b>Operating Expenses Budget</b>	<b>83,021</b>

## 11.7. Purchased Activity and Services – East Arnhem

<b>Activity Funded Services</b> Price per Weighted Activity Unit (WAU) = \$5,797	<b>Activity (WAU)</b>	<b>Funding (\$000)</b>
Admitted Acute	3,560	20,637
Admitted Sub Acute	136	788
Admitted Mental Health	-	-
Emergency Department	1,794	10,400
Non-admitted	378	2,191
<b>Total ABF Allocation</b>	<b>5,868</b>	<b>34,017</b>

<b>Block Funded Services</b>	<b>Funding (\$000)</b>
<b>Commonwealth Block</b>	<b>1,523</b>
Teaching, Training and Research	484
Mental Health, non-admitted and residential	1,039
<b>NT Block</b>	<b>31,721</b>
Patient Travel – Non-ABF (Ambulance and Travel Subsidy)	6,057
Patient Travel – ABF Transition (Transfers and Evacuations)	5,074
Alcohol & Other Drugs	1,480
Primary Health Care	18,558
Public health - COVID	552
<b>Total Block Allocation</b>	<b>33,244</b>

<b>Operating Expenses Budget (excluding Depreciation, Amortisation and Lease Interest Expense)</b>	<b>67,261</b>
Depreciation and Amortisation	560
Lease Interest Expense (AASB 16 Leases Implementation)	65
<b>Operating Expenses Budget</b>	<b>67,886</b>



## 11.8. Purchased Activity and Services – Top End

<b>Activity Funded Services</b> Price per Weighted Activity Unit (WAU) = \$5,797	<b>Activity (WAU)</b>	<b>Funding (\$000)</b>
Admitted Acute	78,410	454,543
Admitted Sub Acute	5,712	33,112
Admitted Mental Health	4,331	25,107
Emergency Department	14,826	85,946
Non-admitted	22,668	131,406
<b>Total ABF Allocation</b>	<b>125,947</b>	<b>730,115</b>

<b>Block Funded Services</b>	<b>Funding (\$000)</b>
<b>Commonwealth Block</b>	<b>51,256</b>
Teaching, Training and Research	31,823
Mental Health, non-admitted and residential	17,392
Non-admitted CAMHS	1,951
Non-admitted Home Ventilation	90
<b>NT Block</b>	<b>233,872</b>
Patient Travel – Non-ABF (Ambulance and Travel Subsidy)	45,141
Patient Travel – ABF Transition (Transfers and Evacuations)	12,449
Aged Care	6,752
Alcohol & Other Drugs	7,359
Primary Health Care	107,840
Public health - COVID	5,514
Other Services - unspecified	26,475
Hospital Services - unspecified	22,342
<b>Total Block Allocation</b>	<b>285,128</b>

<b>Operating Expenses Budget (excluding Depreciation, Amortisation and Lease Interest Expense)</b>	<b>1,015,243</b>
Depreciation and Amortisation	44,743
Lease Interest Expense (AASB 16 Leases Implementation)	185
Balance Sheet Items that impact the Operating Statement	3,882
<b>Operating Expenses Budget</b>	<b>1,064,053</b>

## 12. Key Performance Indicators

KPIs are organised into Domains, which best describe the type of outcome to be achieved within the health system; and Tiers, which provide a risk basis for KPI monitoring. The Performance Framework provides additional detail on KPI Tiers.

Key Performance Indicator	Tier	Target	Performing	Performance concern	Not performing
<b>Hospital access</b>					
Relative stay index	S	1	≤1	>1 - 1.2	>1.2
Elective Surgery timely admissions:					
- Category 1	1	100%	100%	<100% - 95%	<95%
- Category 2	1	97%	≥97%	<97% - 80%	<80%
- Category 3	1	97%	≥97%	<97% - 70%	<70%
Elective Surgery admissions *see table below for breakdown	1	9,384	100%	<100% - 90%	<90%
Elective Surgery % long waits	1	10%	≤10%	<10% - 30%	>30%
Acute long stay outliers ≥35 days *see table below for breakdown	1	6	≤ 6	>6 - 8	≥ 8
Practical Access Numbers for Emergency (PANE) <i>*RDPH &amp; ASH only</i>	1	4	≤ 4	>4-10	≥10
Inpatient Cubicles in Emergency (ICE) <i>*RDPH &amp; ASH only</i>	1	4	≤ 4	>4-10	≥10
<b>Emergency Access</b>					
Patients admitted to an inpatient unit or transferred from the ED within 4 hours	3	60%	≥ 60%	59%-40%	< 40%
Patients admitted to an ED short stay unit from the ED within 4 hours	3	80%	≥ 80%	79% - 70%	< 70%
Patients discharged from the ED within 4 hours	3	80%	≥ 80%	79% - 70%	< 70%
Patients with ED length of stay less than or equal to 4 hours	1	80%	≥ 80%	79% - 60%	< 60%
<b>Safety and quality</b>					
Aboriginal clients discharged against medical advice (DAMA)	S	7%	≤7%	>7% - 9%	> 9%
Sentinel events against nationally agreed events	2	0	0	NA	> 0
SAB infections (per 10,000 OBDS)	3	1.0	≤1.0	>1.0 - 1.5	>1.5
Hand hygiene compliance	3	85%	≥85%	<85% - 80%	<80%
Sepsis fatality (interim measure for antibiotic provision within 60 minutes of diagnosis)	S	0%	≤ 0%	> 0% - 5%	> 5%
Unplanned hospital readmissions	2	Decrease prior year	< previous year	≤3% increase previous year	> 3% increase previous year
Avoidable hospital readmissions	2	Decrease prior year	< previous year	≤3% increase previous year	> 3% increase previous year

Key Performance Indicator	Tier	Target	Performing	Performance concern	Not performing
Potentially preventable hospitalisations (excluding dialysis)	S	10%	≤10%	>10% - 13%	>13%
Hospital acquired complications	2	Decrease prior year	< previous year	≤3% increase previous year	> 3% increase previous year
Patient experience – timely responses	3	90%	≥ 90%	89% - 80%	<80%
<b>Mental health</b>					
Mental health assigned phase of care for active patients	2	100%	100%	<100% - 95%	<95%
Mental health phase of care reviewed within 91 days	2	100%	100%	<100% - 95%	<95%
Mental health 28 day readmissions	2	10%	≤10%	>10% - 12%	>12%
Community follow-up within first 7 days of mental health inpatient discharge	2	80%	≥80%	<80% - 75%	<75%
Mental health seclusions per 1,000 occupied bed-days	2	8	≤8	>8 - 13	>13
<b>Primary and community care</b>					
Telehealth *see table below for breakdown	2	52,000	100%	<100% -85%	<85%
HbA1c measurement within certain levels	S	41%	≥41%	<41% - 39%	<39%
Recent HbA1c test for clients aged 15 years and over	2	80%	≥80%	<80% - 75%	<75%
Rheumatic heart disease prophylaxis adherence	S	60%	≥60%	<60% - 52%	<52%
Children under 5 who are anaemic	S	10%	≤10%	>10 - 15%	>15%
Children under 5 measured for anaemia	2	80%	≥80%	<80% - 75%	<75%
Adult health check coverage	2	70%	≥70%	<70% - 67%	<67%
Aged care assessment program clients receiving timely intervention	3	90%	≥90%	<90% - 85%	<85%
First antenatal visit	S	70%	≥70	<70% - 65%	<65%
Chronic disease management plan	2	85%	≥85%	<85% - 80%	<80%
Early intervention for conductive hearing loss	S	45%	≥45%	<45% - 37%	<37%
Oral health access (frequency) *see table below for breakdown	S	15,600	100%	<100% - 80%	<80%
<b>Finance and efficiency</b>					
Cost per NWAU (compared with NEP)	S	1	≤1	>1 - 1.15	>1.15
Variance against purchased activity [in WAUs per category]	1	0%	± 1.5%	>1.5% - 5% <-1.5% - -5%	>5% <-5%
Expenditure - variance against budget	1	0%	≤1.0%	>1.0% - 2.5%	>2.5%

Key Performance Indicator	Tier	Target	Performing	Performance concern	Not performing
Coding timeliness	1	100%	100%	<100% - 80%	<80%
<b>Workforce and culture</b>					
Aboriginal health workforce as a proportion of overall FTE	S	10%	≥10%	<10% - 7.5%	<7.5%
Medical/Nursing FTE (including Agency/Overtime) as a proportion of Budget	1	100%	95% - 105%	90% - 95% 105% - 110%	<90% >110%

 New KPIs in 2022-23

## 12.1. Annual targets for service count KPIs, by Regional Health Service

Region	Top End	Big Rivers	East Arnhem	Central Australia	Barkly	NTRHS
Elective surgery admissions	6,228	456	336	2,364	N/A	9,384
Acute Long Stay Outliers	5	0	0	1	0	6
Telehealth	42,949	1,919	132	6,100	900	52,000
Oral health access (frequency)	9,240	1,320	1,560	2,760	720	15,600