

Public Performance Indicators Explanatory Notes



Care for patients

Clinically Meaningful Pain Reduction %

This measure provides an indication of the effective management of severe cardiac pain by the ambulance service. The outcome measure, 'clinically meaningful pain reduction', is defined as a minimum two point reduction (on a ten point scale) in pain score from pre-to post-treatment.

The denominator for this indicator includes a count of all patients aged 16 years and above with a cardiac related final assessment and an initial pain score equal to or greater than seven points (on a ten point scale) who are administered an analgaesic agent (GTN, Fentanyl or Morphine). The numerator contains a count of the number of these patients who report a clinically meaningful reduction in pain.

Clinically Meaningful Pain Reduction % Trauma Patients

This measure provides an indication of the effective management of severe traumatic injury related pain by the ambulance service. The outcome measure, a 'clinically meaningful pain reduction', is defined as a minimum two point reduction (on a ten point scale) in pain score from pre- to post-treatment.

The denominator for this indicator includes a count of all patients aged 16 years and above with a trauma related final assessment and an initial pain score equal to or greater than seven points who are administered an analgaesic agent (Morphine, Fentanyl, Methoxyflurane or Ketamine). The numerator contains a count of the number of these patients who report a clinically meaningful reduction in pain.

% of Emergency & Urgent Patients Treated & Not Transported

This measure provides the percentage of emergency (Code 1) and urgent (Code 2) patients who request an ambulance service via the Triple Zero (000) system and receive treatment by a QAS paramedic but are not transported by the ambulance service to a healthcare facility for additional assessment and care. This is presented as a percentage of all emergency and urgent patients who are attended to by QAS.



Care for staff

Clinical Attrition % (ROGS Definition)

This measures the level of employee attrition in the operational workforce. It is calculated as the number of fulltime equivalent (FTE) employees who exit the organisation, as a proportion of the number of FTE employees. It is based on staff FTE defined as 'operational positions where paramedic qualifications are either essential or desirable to the role'.

Occupational Violence Staff Safety Index

(previously Crew Safety Index)

This measure provides an indication of the rate of exposure of operational paramedics to deliberate physical violence and verbal abuse by patients and/or bystanders. This is calculated as the number of reported cases of occupational violence (recorded within the Safety Health and Environment (SHE) reporting system) per 100,000 hours worked (calculated as the sum of all hours worked inclusive of overtime and leave).

% Eligible Officers with Current Performance Development Plans

This measure provides the proportion of operational personnel with current performance development plans recorded within the Learning Management System (LMS), as a percentage of operational personnel (ROGS definition). Performance development plans support a culture where supervisors and employees are accountable for their performance. Outstanding performance is recognised and opportunities are provided for ongoing professional development.

Injury Downtime Rate %

Injury downtime rate measures lost time at work due to injury as a percentage of total hours worked. It is a way for QAS to assess the effect of its staff rehabilitation strategies.



Daily activity

Emergency & Urgent Incidents

This measure provides an average daily count of the number of emergency and urgent ambulance incidents attended by QAS.

Emergency (Code 1) incidents are potentially life threatening events that necessitate the use of ambulance warning devices (lights and sirens).

Urgent (Code 2) incidents may require an undelayed response but do not necessitate the use of ambulance warning devices (lights and sirens).

Non-Emergency & Medically Authorised Incidents

This measure provides an average daily count of the number of non-emergency incidents (Code 3 and Code 4) attended by an ambulance or patient transport service unit without the use of ambulance warning devices (lights and sirens). This count includes Medically Authorised Incidents where patients are seen by a medical practitioner and deemed by the medical practitioner as non-emergency but requiring ambulance transport.

Total Incidents

This measure provides an average daily count of emergency, urgent and non-emergency events that resulted in one or more responses by the ambulance service.

Total Patients Transported by Road

This measure provides an average daily count of patients transported by the ambulance service in a road-based vehicle.



Service delivery

Response Time Performance for Emergency & Urgent Responses (mins) - 50th Percentile / 90th Percentile

A response is the dispatch of an ambulance service vehicle - Code 1A 'actual time critical', Code 1B 'emergent time critical', Code 1C 'potential time critical' and Code 2A immediate 'urgent response'.

A response time is the period from the time when the call is received to when the first ambulance service vehicle arrives at the scene. All Code 1 & 2A Response times (in mins) for the 50th and 90th percentiles are presented in this report:

- 50th percentile - Time within which 50 per cent of emergency incidents are responded to.
- 90th percentile - Time within which 90 per cent of emergency incidents are responded to.

Response Time Performance for Urgent Responses

Response time performance measurements for codes 2B and 2C are shown as the percentage of first arrivals on scene within 30 minutes (for Code 2B) and 60 minutes (for Code 2C) - these are benchmarks set by QAS to guide performance management.

Percentage of Non-Emergency Incidents Attended to by the Appointment Time

This measure reports the proportion of medically authorised road transports (code 3) (excluding Queensland Health and aero-medical transports) which arrive on time for a designated appointment, or are met for returned transport within two hours of notification of completion of appointment (code 4). Some LASNs are



Value for money

Population

Population estimate calculations for QAS Local numerator Ambulance Service Networks are based upon revised population estimates sourced from Australian Bureau of Statistics Catalogue No. 3235.0 Regional Population by Age and Sex, Australia and prepared by the Information Support, Research & Evaluation Unit, QAS.

Cost Per Incident (Emergency, Urgent & Non-Emergency Medically Authorised)

This measure of cost efficiency is calculated by dividing the total QAS Road Ambulance costs by the total Road Ambulance Activity (sum of all emergency, urgent and non-emergency incidents) attended during that period.

National comparison
2019-2020

Government Services report

All reported elements are sourced from the Report on Government Services -

<https://www.pc.gov.au/research/ongoing/report-on-government-services/2021/health/ambulance-services>

ROGS cost per incident and cost per capita are based on the total ambulance service organisations' expenditure.