

## Chapter 6 – Performance Assessment and Performance Management Systems

This section of the report considers the level and nature of performance reporting by the QAS, both at the state level in terms of reporting to the Parliament and general public, and at the national level through the Australian Government's annual *Report on Government Services* (ROGS) publication. It also provides a brief assessment of performance management systems.

### Performance Measures at the State Level

Through the Department of Emergency Services (DES), the QAS reports on performance in DES's Ministerial Portfolio Statements (MPS) and annual reports.

#### Ministerial Portfolio Statements

Under the *ambulance service* output, the Minister for Emergency Services reports on two sub-outputs – *Ambulance response services* and *Ambulance community and business services* – in annual MPS.

Table 6.1 shows performance measures for the ambulance response services sub-output from 2002-03 to 2007-08 (targets only) from MPS 2003-04 to 2007-08.

**Table 6.1: MPS Ambulance Response Services Performance Measures**

	2002/03 (est. actual)	2003/04 (est. actual)	2004/05 (est. actual)	2005/06 (est. actual)	2006/07 (est. actual)	2007/08 (target)
<b>Quantity</b>						
No. of code 1&2 responses attended per 1000 popn.	107	121	123	133	148	156-166
No. of code 1&2 responses	390,000	450,000	484,000	535,000	606,615	650,000-690,000
No. of code 3&4 responses attended per 1000 popn.	58	54	51	53	53	50-55
No. of code 3&4 responses	212,500	200,000	200,600	212,000	216,998	200,000-220,000
<b>Quality</b>						
Survival rate for out of hospital cardiac arrest	16%	21%	21%	23%	20%	>15%
Level of patient satisfaction (survey) with ambulance response services	98%	96%	98%	98%	98%	>90%
Proportion of operational fleet within economic life	85%	85%	83%	84%	85%	>85%
<b>Timeliness</b>						
% of code 1 responses attended in less than 10 minutes	68%	67%	68%	69%	67%	68%
Time within which 90% of code 1 responses are attended	<17 mins	<17 mins	16 mins	<16 mins	<17 mins	<17 mins
% of non-urgent responses attended to by the appointed time	...	...	72%	74%	72%	>70%
<b>Location</b>						
Ambulance service locations (total)	261	262	263	282	285	287
<b>Cost (\$)</b>						
Gross cost per response	\$370	\$377	\$381	\$387	\$391	\$398
Gross cost per response per head of popn.	\$61	\$63	\$66	\$72	\$79	\$86

Source: Ministerial Portfolio Statements, Minister for Emergency Services 2003-04 to 2007-08.

Table 6.1 shows that the QAS has maintained consistent performance against the reported measures over the five years to 2006-07 during which period demand for ambulance services increased considerably.

The cost/response indicator is different in value and trend to ROGS data (which shows a decline for Queensland from \$465 in 2001-02 to \$434 in 2005-06). The Audit has not been able to determine an explanation for the difference.

Table 6.2 shows performance measures for the ambulance community and business services sub-output from 2002-03 to 2007-08 (targets only) from MPS 2003-04 to 2007-08.

**Table 6.2: MPS Ambulance Community and Business Services Performance Measures**

	2002/03 (est. actual)	2003/04 (est. actual)	2004/05 (est. actual)	2005/06 (est. actual)	2006/07 (est. actual)	2007/08 (target)
<b>Quantity</b>						
No. of Community Education Certificates issued/year	63,000	69,000	69,500	66,000	64,100	65,000
No. of baby capsule hires/year	7,900	8,600	8,800	10,500	11,500	10,000
No. of education qualifications achieved by QAS staff	4,238	2,850	3,800	7,500	3,214	3,000
<b>Quality</b>						
Level of employee satisfaction (access to and quality of training programs - surveys)	...	...	38%	38%	38%	>75%
Level of satisfaction (survey) with community and workplace education programs	new measure	98%	97%	99%	99%	>90%
<b>Cost</b>						
% of total operating costs spent on staff education and development	9.5%	9.5%	9.5%	9.5%	9.5%	9.5%
Total Community Education revenue as a % of Community Education costs	70%	62%	83%	94%	99%	100%
Total baby capsule revenue as a % of baby capsule hire service costs	34%	25%	29%	29%	28%	25.4%
Revenue from contracted services as a % of total operating revenue	\$3.2M (1.2%)	\$3.2M (1.1%)	\$3.2M (1.1%)	\$4.8M (1.5%)	\$5.5M (1.5%)	\$5.5M (1.3%)

Source: Ministerial Portfolio Statements, Minister for Emergency Services 2003-04 to 2007-08.

Each MPS from 2003-04 to 2007-08 listed the target level of employee satisfaction in terms of access to and quality of training programs, as above 75% for the year. However, actual performance has fallen considerably short of the target and has not trended upward.

Of note in Table 6.2 is the 45.6% increase in the number of baby capsule hires per year from 2002-03 to 2006-07 while, over the same period, baby capsule revenue as a percentage of associated costs has declined. More positively, the QAS has improved its cost recovery of community education activities. However, given the relatively low financial value of baby capsule and community education activities, it is arguable that more meaningful performance information could be provided through reporting on new measures of core QAS functions.

### Department of Emergency Services Annual Reports

Through its corporate planning process, DES has developed five key result areas under which a range of strategies and key performance indicators are implemented and reported on.

Table 6.3 replicates the five year performance summary of the QAS as reported in DES's 2005-06 annual report.

**Table 6.3: 2005-06 DES Annual Report Five Year Performance Summary**

	2001/02 (actual)	2002/03 (actual)	2003/04 (actual)	2004/05 (actual)	2005/06 (target)	2005/06 (actual)
Level of patient satisfaction (survey) with ambulance response services	94%	96%	98%	98%	>90%	98%
% of code 1 responses attended in less than 10 minutes	67%	67%	67%	69%	>68%	69%
Survival rate for out of hospital cardiac arrest	16%	20%	21%	22%	>15%	21%
No. of ambulance community education first aid certificates issued/year	65,836	66,977	73,533	72,512	71,000-74,000	61,891
No. of ambulance cases attended (urgent code 1 and 2)	335,629	370,169	447,851	486,443	520,000-550,000	536,277
No. of ambulance cases attended (non-urgent code 3 and 4)	222,449	202,101	199,675	201,630	200,000-220,000	210,048

Source: Department of Emergency Services, Annual Reports 2005-06

The performance information in Table 6.3 is essentially a sub-set of measures reported in the MPS. Appendices to the annual reports include performance against the same measures per the MPS; however, the data in the annual report is *actuals* rather than *estimated actuals*.

The same measures as per Tables 6.1 and 6.2 above are also reported in DES annual reports from 2002-03 to 2005-06 and are replicated in Tables 6.4 and 6.5.

**Table 6.4: Ambulance Response Services – Performance from 2001-02 to 2005-06**

	2001/02 (actual)	2002/03 (actual)	2003/04 (actual)	2004/05 (actual)	2005/06 (target)	2005/06 (actual)
<b>Quantity</b>						
No. of code 1&2 responses attended per 1000 popn.	96	102	120	124	129-137	134
No. of code 1&2 responses	335,629	370,169	447,851	486,443	520,000-550,000	536,277
No. of code 3&4 responses attended per 1000 popn.	63	56	54	51	50-55	52
No. of code 3&4 responses	222,449	202,101	199,675	201,630	200,000-220,000	210,048
<b>Quality</b>						
Survival rate for out of hospital cardiac arrest	16%	20%	21%	22%	>15%	21%
Level of patient satisfaction (survey) with ambulance response services	94%	97%	98%	98%	>90%	98%
Proportion of operational fleet within economic life	86%	83%	84%	82%	85%	84%
<b>Timeliness</b>						
% of code 1 responses attended in less than 10 minutes	...	67%	67%	69%	>68%	69%
Time within which 90% of code 1 responses are attended	<16 mins	<17 mins	<17 mins	16 mins	<17 mins	16 mins
% of non-urgent responses attended to by the appointed time	...	...	71%	72%	>70%	74.10%
<b>Location</b>						
Ambulance service locations (total)	255	262	270	271	266	282
<b>Cost (\$)</b>						
Gross cost per response	\$361	\$397	\$375	\$365	\$372	\$383
Gross cost per response per head of popn.	\$58	\$62	\$65	\$64	\$69	\$71

Source: Department of Emergency Services, Annual Reports 2002-03 to 2005-06

**Table 6.5: Ambulance Community and Business Services – Performance from 2001-02 to 2005-06**

	2001/02 (actual)	2002/03 (actual)	2003/04 (actual)	2004/05 (actual)	2005/06 (target)	2005/06 (actual)
<b>Quantity</b>						
No. of Community Education Certificates issued/year	65,836	66,977	73,533	72,512	71,000-74,000	61,891
No. of baby capsule hires/year	8,443	8,599	8,067	9,239	7,000-8,000	11,226
No. of education qualifications achieved by QAS staff	6,730	4,957	3,060	4,111	3,000-3,500	8,741
<b>Quality</b>						
Level of employee satisfaction (access to and quality of training programs - surveys)	58%	...	38%	38%	>75%	38.10%
Level of satisfaction (survey) with community and workplace education programs	...	...	98%	96.5%*	>90%	98.80%
<b>Cost</b>						
% of total operating costs spent on staff education and development	10.0%	9.5%	9.5%	9.5%	9.5%	9.5%
Total Community Education revenue as a % of total operating revenue	57%	71%	61%	83%	98%	83%
Total baby capsule revenue as a % of total operating revenue	22%	31%	25%	30%	23%	30.8%
Revenue from contracted services as a % of total operating revenue	\$2.5M-\$2.8M (1.1-1.3%)	\$3.4M (1.3%)	\$3.4M (1.2%)	\$4.2M (1.4%)	\$3.8M (1.2%)	\$5.2M (1.6%)

\* Reported as 98.3% in 2005/06 Annual Report

Source: Department of Emergency Services, Annual Reports 2002-03 to 2005-06

## Internal Performance Management

Further measures than those included in public reports to monitor ambulance service delivery are regularly reviewed internally by QAS senior management. In addition to detailed financial reporting the performance management and monitoring framework includes information from the Queensland Emergency Management System (QEMS) being developed by the QAS and Queensland Health. QEMS is designed to achieve an integrated and coordinated system of care for the acutely ill.

On regional and state levels, QAS management also assess operational data including the number of non-urgent responses attended to by the appropriate time, off-stretcher times, unfilled shift and other workforce reports, demand mapping, media and complaints details. A range of other measures are also reported in the communications, clinical, human resources, industrial relations, risk management and assets areas of the QAS.

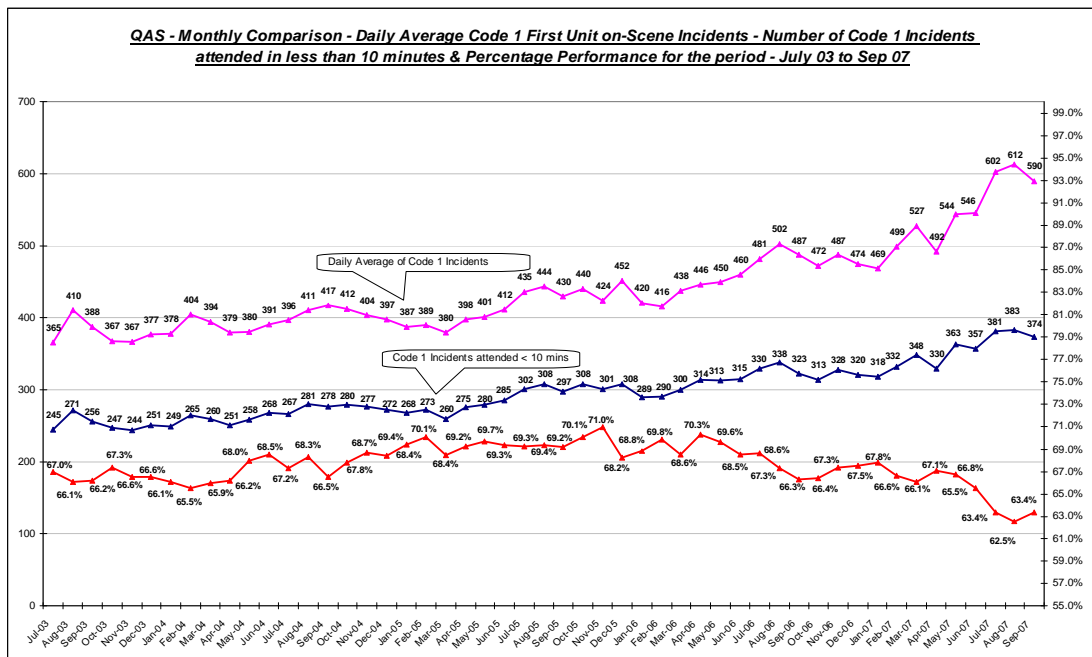
Generally, there seems to be greater scrutiny and ownership of activity and performance data at the central rather than regional level.

### Response Times

Response times are the most critical indicator available of the organisation's effectiveness in responding to increasing demand for services at least for Code 1 indicators (noting there are no similar indicators for Code 2 responses).

While QAS has performed well in terms of MPS targets on response times and favourably with other jurisdictions (as discussed below), the latest internal data shows that response times have been declining since April 2006, when the percentage of Code 1 incidents responded to in less than 10 minutes reached 70.3% (as per the bottom (red) line in the figure below).

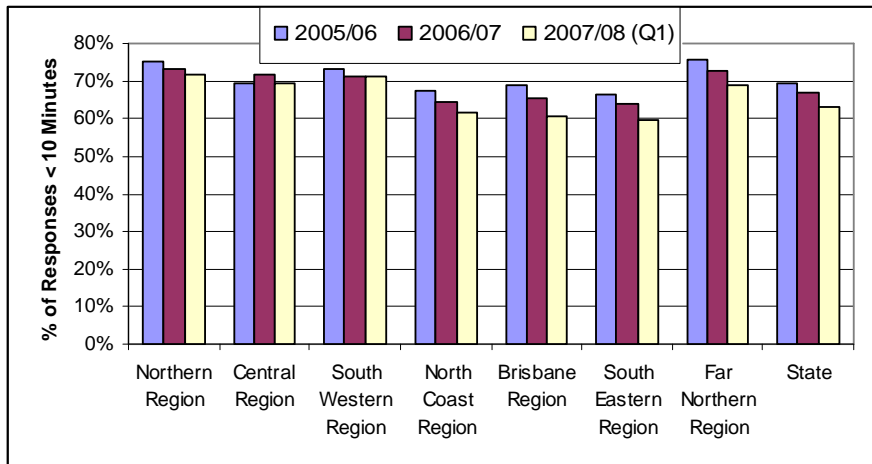
Figure 6.1: Monthly Comparison of Response Times to Code 1 Incidents – July 2003 to October 2007



Source: Internal QAS Data.

Figure 6.2 shows that, for the period 1 July 2005 to 30 September 2007, the North Coast, Brisbane and South Eastern Regions have experienced response time performance for code 1 incidents below the state average. Other regions have been above the state average in each of the reported periods.

Figure 6.2: Regional Breakdown of Response Times for Code 1 Incidents – July 2005 to September 2007



Source: Internal QAS Data.

### Code 1 and 2 Case Cycle Times

The time taken for an ambulance to complete a full response cycle has a significant impact on the QAS to meet patient demand, provide quality service and manage its resources effectively.

Data from 2003-04 to 2006-07 in Table 6.6 shows that the time shows that average case cycle times have remained stable within regions and across the state as a whole.

Table 6.6: Code 1 and 2 Case Cycle Times (Dispatch to Clear) – 2003-04 to 2006-07

	2003/04*	2004/05*	2005/06	2006/07
Townsville Area	65	65	60	67
Rockhampton Area	55	60	57	57
Mackay Area	60	60	60	63
Toowoomba Area	60	60	60	65
Sunshine Coast South	60	60	60	67
Sunshine Coast North	65	65	67	70
Bundaberg Area	55	55	55	60
Hervey Bay	60	60	60	60
Maryborough	55	55	60	60
Central Area	55	60	59	60
Northern Area	60	60	66	60
South East Area	60	65	66	70
South West Area	55	55	59	62
Beenleigh Urban Area	60	60	67	69
Gold Coast Area	55	55	57	60
Ipswich Urban Area	55	55	65	65
Cairns Area	60	60	60	62
<b>Average</b>	<b>59</b>	<b>59</b>	<b>61</b>	<b>63</b>

\* Rounded to the nearest five minute interval.

Source: Internal QAS Data.

## QUEENSLAND AMBULANCE SERVICE STRATEGIC PLAN 2005-08

The *Queensland Ambulance Service Strategic Plan 2005-08* identifies the following five key result areas (KRAs) under which strategies are implemented to achieve outcomes:

1. Enhance community safety and prevention capability;
2. Enhance operational service delivery;
3. Develop, support and empower our people;
4. Contribute to the national, state and local policy agenda; and
5. Continuous business improvement (QAS 2005).

The list of outcomes sought under the KRAs (some apply to more than one KRA) is as follows:

1. Improved service delivery to Queensland communities;
2. Healthier and safer communities;
3. Children and young people protected from harm;
4. A higher rate of community first aid intervention to sudden illness and injury;
5. More relevant operational service delivery to rural and remote communities;
6. Improved patient outcomes;
7. Identifiable and practical clinical governance;
8. Effective clinical risk management;
9. A more substantial and relevant research base;
10. Improved response capability;
11. Improved access to health care for rural, remote and isolated communities;
12. Equitable access to opportunity;
13. Qualified, competent and confident staff;
14. Improved staff health and safety;
15. National leadership in ambulance education;
16. Improved clinical practices;
17. Culture of continuous learning;
18. Improved patient care;
19. Effective Local Ambulance Committee networks;
20. Multi-agency infrastructure planning;
21. Development of flexible response frameworks;
22. Improved knowledge management;
23. Improved decision-making based [sic]; and
24. Improved communication with staff (QAS 2005).

Of the QAS's 24 desired outcomes, very few are reported on through the suite of output measures included in the DES annual reports and MPSs. As shown in Tables 6.1, 6.2, 6.4 and 6.5, the objective of each of the QAS's output measures is defined in terms of quantity, quality, timeliness, location and unit cost. However, cost-efficiency and effectiveness output measures are not included in the published material.

The output measures in the MPS and annual report are well aligned and consistent with notes outlining data limitations and meanings. Relevant measures have also been reported on over several years. However, it is not clear whether cost measures are in nominal or real dollar terms, making trend analysis difficult.

## Performance Measures at the National Level

Figure 6.3 outlines the performance indicator framework for ambulance events used to prepare ROGS 2007.

Figure 6.3: Performance Indicators for Ambulance Events (ROGS 2007)

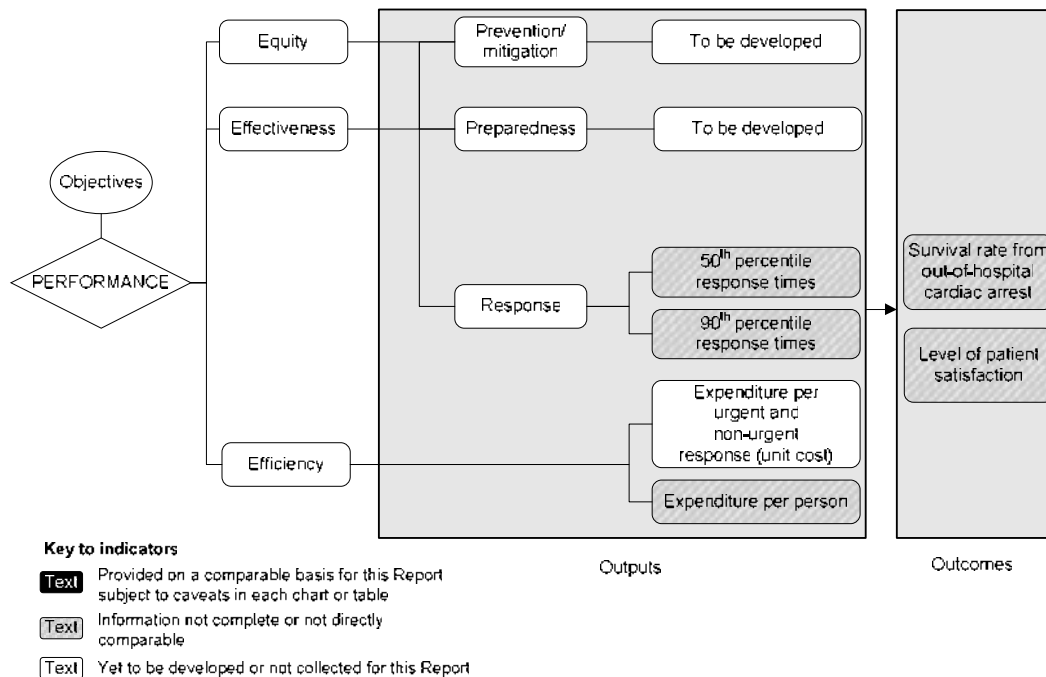


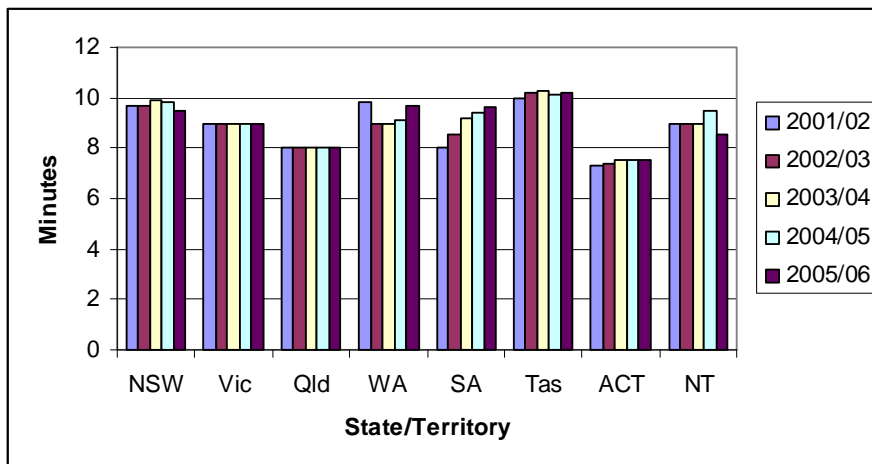
Figure 6.3 illustrates that no performance indicators are currently available at a national level to assess the equity and effectiveness of ambulance services at the output or outcome levels. There are also no measures of efficiency outcomes.

## Response Time Indicators

Ambulance response times are a key indicator of the system's ability to cope with the demand for services. Indicators of response include the times during which 50% and 90% of first responding ambulance resources respond in code 1 situations. That is, the 50<sup>th</sup> and 90<sup>th</sup> percentile response times are the times within which 50% and 90% of first responding ambulance resources arrive at the scene of a code 1 emergency.

Drawing on data from ROGS 2007, Figure 6.4 shows that in the five years up to and including 2005-06, Queensland's 50<sup>th</sup> percentile response time was lower (ie, better) than all other jurisdictions with the exception of the Australian Capital Territory (ACT).

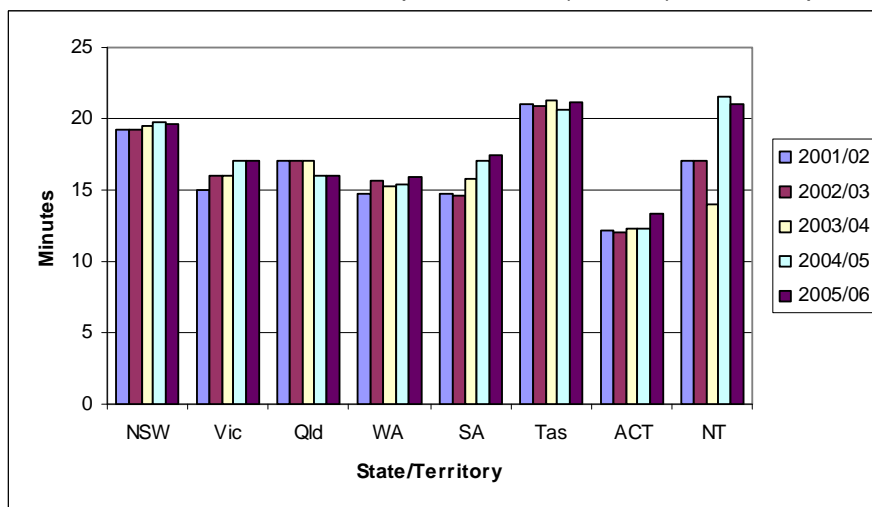
Figure 6.4: Statewide Ambulance Response Times (Minutes) in the 50<sup>th</sup> percentile<sup>12</sup>



Source: ROGS 2007

Figure 6.5 shows greater variability in response times to the 90<sup>th</sup> percentile; Queensland has been consistently out-performed by Western Australia and the ACT but has generally performed better than New South Wales and Victoria.

Figure 6.5: Statewide Ambulance Response Times (Minutes) in the 90<sup>th</sup> percentile<sup>13</sup>



Source: ROGS 2007

Figures 6.4 and 6.5 also show that response times within jurisdictions have remained fairly stable over the reported period.

In the absence of performance measures for prevention-mitigation and preparedness outputs and outcomes, and efficiency outcomes, ROGS is of limited value in terms of reporting on QAS's historic performance in comparison to other jurisdictions.

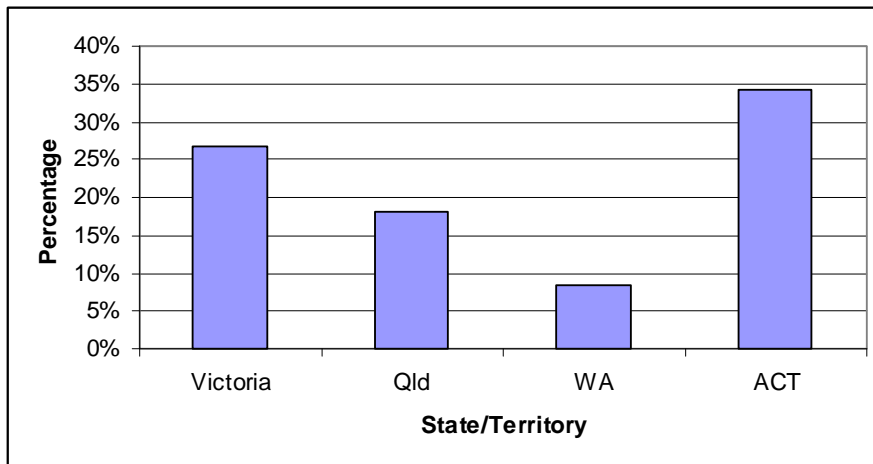
<sup>12</sup> ROGS 2007 notes that differences in response time definitions and data capturing affects interstate comparability on this measure.

<sup>13</sup> ROGS 2007 notes that differences in response time definitions and data capturing affects interstate comparability on this measure.

### Cardiac Arrest Survival Rate

Cardiac arrest survival rates are one measure of ambulance service quality and patient outcomes. ROGS 2007 reports on this measure; however, changes in definitions have led to many states being unable to report data for this measure. Figure 6.6 shows the survival rates for adult cardiac arrests in 2005-06 where resuscitation was attempted.<sup>14</sup>

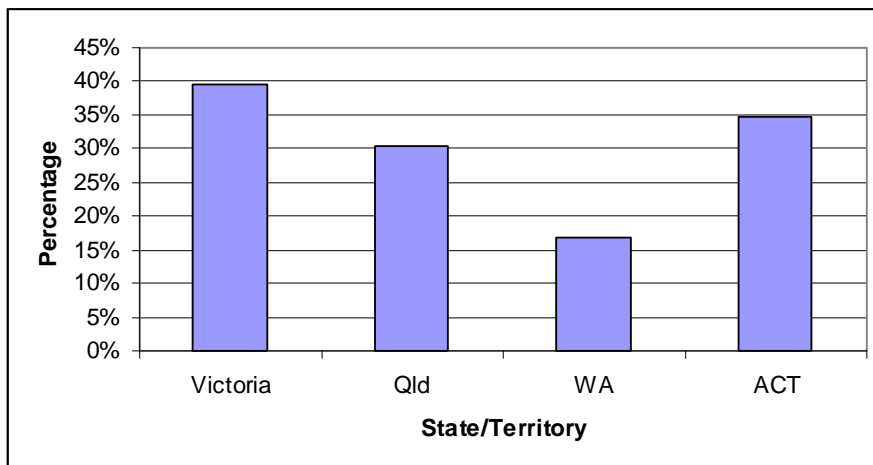
Figure 6.6: Cardiac Arrest Survival Rates: 2005-06



Source: ROGS 2007

Figure 6.7 shows the survival rates for adult ventricular fibrillation (VF) or ventricular tachycardia (VT) cardiac arrests in 2005-06.<sup>15</sup>

Figure 6.7: VF & VT Cardiac Arrest Survival Rates: 2005-06



Source: ROGS 2007

<sup>14</sup> ROGS 2007 notes that this measure relates to patients aged 16 and over who were in out-of-hospital cardiac arrest (excluding paramedic witnessed) where any chest compressions and/or defibrillation was undertaken by ambulance/EMS personnel who have a return of spontaneous circulation (ROSC) on arrival at hospital.

<sup>15</sup> ROGS 2007 notes this category is a further breakdown of cardiac arrest data defined as the percentage of patients aged 16 and over who were in out-of-hospital cardiac arrest (excluding paramedic witnessed) where the arrest rhythm on the first ECG assessment was either ventricular fibrillation or ventricular tachycardia who have a ROSC on arrival at hospital.

In 2004-05, Queensland's cardiac arrest survival rate was higher than New South Wales and Western Australia but lower than Victoria and South Australia (ROGS 2007).

### Ambulance Expenditure per Ambulance Response

Expenditure on ambulance services by ambulance response is an indicator of service efficiency and is reported in all jurisdictions. Drawing on ROGS 2007 data, Table 6.7 shows Queensland is the only jurisdiction in Australia which has recorded a decrease (-1.7% compounding) in the cost/response ratio over the five years to and including 2005-06. In average terms, Queensland's (\$455) average cost/response was higher over the period than New South Wales (\$422 [excluding 2002-03 and 2003-04]) and the Northern Territory (\$398).<sup>16</sup>

**Table 6.7: Ambulance Service Costs Per Response – 2001-02 to 2005-06**

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
2001/02	\$395	\$457	\$465	\$415	\$442	\$405	\$500	\$384	\$432
2002/03		\$484	\$460	\$487	\$497	\$430	\$577	\$407	
2003/04		\$501	\$466	\$500	\$504	\$457	\$566	\$431	
2004/05	\$437	\$517	\$452	\$497	\$537	\$545	\$762	\$360	\$475
2005/06	\$435	\$528	\$434	\$484	\$488	\$487	\$683	\$409	\$468

Source: ROGS 2007

### Ambulance Expenditure per Ambulance Incident

ROGS 2007 has very little incident data for jurisdictions prior to 2003-04. Table 6.8 shows Queensland has been more efficient than all other jurisdictions except Western Australia (no data for the Northern Territory) in terms of cost/incident in recent years.

**Table 6.8: Ambulance Service Costs Per Incident – 2003-04 to 2005-06**

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
2003/04			\$533	\$504	\$532	\$441	\$617		
2004/05	\$521	\$621	\$519	\$507	\$571	\$625	\$876		\$558
2005/06	\$521	\$631	\$502	\$495	\$521	\$508	\$754		\$549

Source: ROGS 2007

### Ambulance Expenditure per Ambulance Patient

Queensland is the only jurisdiction which experienced negative growth in ambulance cost/patient from 2001-02 to 2005-06, as shown in Table 6.9 based on ROGS 2007 data.

**Table 6.9: Ambulance Service Costs Per Patient – 2001-02 to 2005-06**

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
2001/02	\$502	\$598	\$542	\$423	\$442	\$469	\$500	\$446	\$522
2002/03	\$515	\$637	\$536	\$480	\$497	\$525	\$625	\$468	\$546
2003/04	\$543	\$656	\$580	\$495	\$555	\$694	\$559	\$495	\$578
2004/05	\$542	\$678	\$568	\$492	\$596	\$749	\$901	\$418	\$587
2005/06	\$543	\$682	\$540	\$477	\$543	\$653	\$821	\$475	\$575

Source: ROGS 2007

### Ambulance Expenditure per Ambulance Transport

In terms of ambulance expenditure relative to patients transported, only the Northern Territory has experienced negative growth – in compounding average per annum terms – over the period 2001-02 to 2005-06. However, Queensland has the lowest growth at 0.4%

<sup>16</sup> ROGS 2007 notes that differences in asset-related costs between jurisdictions mean data are not fully comparable.

and New South Wales, Victoria, Western Australia and South Australia have experienced growth between 3.3% and 5.4% (ROGS 2007).

**Table 6.10: Ambulance Service Costs Per Transport – 2001-02 to 2005-06**

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
2001/02	\$568	\$656	\$574	\$425	\$556	\$542	\$737	\$522	\$578
2002/03	\$594	\$703	\$577	\$526	\$632	\$606	\$885	\$527	\$617
2003/04	\$664	\$723	\$615	\$542	\$659	\$694	\$878	\$557	\$658
2004/05	\$665	\$746	\$603	\$539	\$705	\$878	\$1,155	\$453	\$668
2005/06	\$664	\$746	\$583	\$524	\$650	\$823	\$1,078	\$517	\$657

Source: ROGS 2007

Clearly, the QAS is operating efficiently in comparison to other jurisdictions in terms of costs per unit of service.

### Trends in Incidents and Responses

The ROGS report also includes information on the number of ambulance services provided across the various jurisdictions. It shows that Queensland has experienced the highest growth in the number of ambulance incidents and responses.

As shown in Table 6.11, from 2001-02 to 2005-06, Queensland's Code 1 and 2 ambulance incidents grew by 40.8% compared to 25.1% nationally.

**Table 6.11: Code 1 and 2 Ambulance Incidents by State**

Number ('000) of Code 1 and 2 Ambulance Incidents (All States and Australia)									
	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust*
2001-02	491	292	306	79	124	34	18		1,344
2002-03	505	316	339	78	133	35	19		1,425
2003-04	515	327	367	82	136	42	19		1,488
2004-05	528	334	398	82	139	40	18		1,539
2005-06	590	358	431	84	149	47	22		1,681
% change	20.2%	22.6%	40.8%	6.3%	20.2%	38.2%	22.2%		25.1%

\* Full data set not available for Northern Territory.

Source: ROGS 2007

A similar but more marked trend is shown in terms of ambulance responses. As shown in Table 6.12, since 2001-02, the number of Code 1 and 2 ambulance responses has grown by 59.5%, well above the national increase of 30.5%.

**Table 6.12: Code 1 and 2 Ambulance Responses by State**

Number ('000) of Code 1 and 2 Ambulance Responses (All States and Australia)									
	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
2001-02	589	389	336	79	131	39	19	17	1,598
2002-03	610	420	370	79	141	41	21	17	1,700
2003-04	634	446	448	83	147	42	21	17	1,825
2004-05	657	442	487	84	151	46	23	21	1,910
2005-06	733	471	536	86	162	50	24	22	2,086
% Change	24.4%	21.1%	59.5%	8.9%	23.7%	28.2%	26.3%	29.4%	30.5%

Source: ROGS 2007

### **Proposed New Performance Indicator Framework for Ambulance Services**

The Audit notes the Council of Ambulance Authorities (CAA) has agreed to develop an expanded set of performance measures for ROGS to enhance public reporting. The Audit understands the CAA is in the process of identifying appropriate output and outcome measures, addressing inter-jurisdictional data comparability issues and identifying existing data sets providing nationally comparable data.

The Audit understands this work is building on the aged care services and public hospitals framework and is considering measures around access, equity, appropriateness and quality. Workforce sustainability is also an indicator of potential relevance to ambulance services.

New measures could include equity of access by specific demographic groups, present quality indicators to enhance the focus on clinical and safety outcomes, highlight accreditation frameworks and focus on continuity of care and whether a coordinated emergency medicine response is provided.

## Summary

- Through the Department of, and Minister for, Emergency Services, the QAS has reported solid performance against a set of performance measures over the last five years;
- Annual reports and Ministerial Portfolio Statements show that, in the face of sharp increases in demand, the QAS has achieved response time, survival rate and cost per response targets, although internal data show that Code 1 response times have declined below target over the last several months;
- While the QAS has maintained a consistent set of performance measures, they do not provide external stakeholders with sufficient information to evaluate performance against the 24 outcomes listed under the five key result areas of the QAS Strategic Plan 2005-08;
- The ROGS annual series provides broadly comparable inter-jurisdictional measures of ambulance response times, survival rates for out of hospital cardiac arrests and expenditure-based efficiency;
- Compared to other states and territories, Queensland has performed well in the available measures;
- However, ROGS contains no reporting on equity and effectiveness outputs or efficiency and equity outcomes; and
- The CAA is developing more comprehensive measures for the performance indicator framework for inclusion in future ROGS.

## **Chapter 6 - Performance Assessment and Performance Management Systems**

### **Recommendation 6.1**

QAS is to:

- improve its public reporting on the allocation of tax payer funded revenues to provide greater transparency including reporting on the number of incidents, patients and transports broken down into emergency and non-emergency services as well as information on inter-facility transfers; costs of services; and timeliness of responses;
- continue working with other ambulance services to improve the level of reporting on health outcomes for patients; and
- align its reporting with directions outlined in the Department's Strategic Plan.

### **Recommendation 6.2**

QAS is to introduce an improved performance management and accountability framework within the organisation to drive performance at the regional level and hold managers accountable for performance and results.