

# Australian Health Performance Framework

The Australian Health Performance Framework supersedes both the [National Health Performance Framework](#) and the [Performance and Accountability Framework \(PAF\)](#).

The [Australian Health Performance Framework \(868KB PDF\)](#) (the AHPF) provides a navigation tool to support reporting on Australia's health and health care performance. It supersedes the National Health Performance Framework and the Performance and Accountability Framework and should have primacy over other sector-specific frameworks. It is intended that, over time, other existing sector-specific health performance frameworks will be linked to the AHPF.

The [AHPF conceptual framework \(77KB PDF\)](#) highlights the different factors that affect the health of the Australian population (whether internal or external to the health system) and emphasises the interrelationships between factors within the health system.

The framework was endorsed by the National Health Information and Performance Principle Committee (NHPPC) on 7 September 2017 and by the Australian Health Minister's Advisory Council (AHMAC) on 22 September 2017. In May 2019, AHMAC endorsed an initial list of AHPF indicators for reporting from August 2019.

## Dimensions of this framework

- [Domain 1 – Determinants of health](#)

*Are the factors determining good health changing for the better? Where and for whom are these factors changing? Is it the same for everyone?*

This domain takes into account factors that influence the health status and health care needs of Australians. Factors within this domain may be external to the traditional view of the health system. Reporting of health determinants in relation to the performance of the health system highlights the need for services within the health system and also the need for multi-sectoral approaches, where appropriate, to improve health outcomes. These determinants include health behaviours, personal biomedical factors, environmental factors and socioeconomic factors.

### Sub-dimensions of this framework

- [1. Socioeconomic factors](#)

Socioeconomic factors —such as income, employment, housing and education—can affect a person's health. People who are disadvantaged in one or more of these areas may have difficulty accessing health care, and this may in turn impact on their overall health and wellbeing.

- [2. Health behaviours](#)

A person's health is influenced by their behaviours. The impact of many health problems experienced by Australians could be reduced or prevented entirely by changing behaviours related to such things as tobacco smoking, being overweight or obese, high alcohol use, physical inactivity and high blood pressure. These indicators focus on behaviours that are known to put a person's health at risk.

#### Indicators in this framework

- [Australian Health Performance Framework: PI 1.2.3–Levels of risky alcohol consumption, 2019 Health](#), Standard 09/04/2020
- [Australian Health Performance Framework: PI 1.2.2–Children exposed to tobacco smoke in the home, 2019 Health](#), Standard 09/04/2020
- [Australian Health Performance Framework: PI 1.2.5–Insufficient physical activity, 2019 Health](#), Standard 09/04/2020
- [Australian Health Performance Framework: PI 1.2.1–Rates of current daily smokers, 2019 Health](#), Standard 09/04/2020
- [Australian Health Performance Framework: PI 1.2.4–Inadequate fruit and vegetable intake, 2019 Health](#), Standard 09/04/2020
- [Australian Health Performance Framework: PI 1.2.3–Levels of risky alcohol consumption, 2020 Health](#), Standard 13/10/2021

- [Australian Health Performance Framework: PI 1.2.4–Inadequate fruit and vegetable intake, 2020 Health](#), Standard 13/10/2021
- [Australian Health Performance Framework: PI 1.2.1–Rates of current daily smokers, 2020 Health](#), Standard 13/10/2021
- [Australian Health Performance Framework: PI 1.2.2–Children exposed to tobacco smoke in the home, 2020 Health](#), Standard 13/10/2021
- [Australian Health Performance Framework: PI 1.2.5–Insufficient physical activity, 2020 Health](#), Standard 13/10/2021

### ◦ **3. Personal biomedical factors**

Personal biomedical factors, such as blood pressure and blood glucose levels, carry both short and long term risks for health. These are often influenced by health behaviours, such as diet and exercise, and social factors, such as financial stress or occupational stress.

These indicators focus on biomedical factors that are known to put a person's health at risk.

#### **Indicators in this framework**

- [Australian Health Performance Framework: PI 1.3.1–Prevalence of overweight and obesity, 2019 Health](#), Standard 09/04/2020
- [Australian Health Performance Framework: PI 1.3.1–Prevalence of overweight and obesity, 2020 Health](#), Standard 13/10/2021

### ◦ **4. Environmental factors**

Physical, chemical and biological factors in the environment such as water, food and soil quality can impact our health and wellbeing. Healthy workplaces, safe water, clean air, safe houses, communities and roads are integral for good health.

Future releases of the AHPF will include indicators that report on environmental factors.

## • **Domain 2 – Health system**

*Is the health system (by itself, and with others) working to prevent illness, injury and disease? Is it delivering safe, effective, and accessible coordinated care appropriate for each individual? Is the health system efficient and sustainable?*

This domain captures the activities and qualities of the health care system. It can be applied across all sectors, settings and organisational levels, as needed. The dimensions identified within this domain highlight the need for health care delivery to be safe, accessible, and of high quality. Measures within this domain can be viewed from both patient and provider perspectives and capture both activity levels (where relevant), outputs and the outcomes of care. These activities and qualities include issues of effectiveness, safety, appropriateness, continuity of care, accessibility, efficiency and sustainability.

### **Sub-dimensions of this framework**

#### ◦ **1. Effectiveness**

Health care is broadly regarded as 'effective' when it achieves the desired outcomes for patients, clinicians and the community. Effective health care may include public health programs such as national immunisation schedules and cancer screening. It may also include improvements to health standards and primary care that lead to fewer hospital admissions and deaths.

#### **Indicators in this framework**

- [Australian Health Performance Framework: PI 2.1.3a–Cancer screening rates, National Bowel Cancer Screening Program participation rate, 2019 Health](#), Standard 09/04/2020
- [Australian Health Performance Framework: PI 2.1.3b–Cancer screening rates, BreastScreen Australia participation rate, 2019 Health](#), Standard 09/04/2020
- [Australian Health Performance Framework: PI 2.1.4–Selected potentially preventable](#)

- [hospitalisations, 2019](#)  
Health, Standard 09/04/2020
- [Australian Health Performance Framework: PI 2.1.6–Potentially avoidable deaths, 2019](#)  
Health, Standard 09/04/2020
  - [Australian Health Performance Framework: PI 2.1.5–Survival of people diagnosed with cancer, 2019](#)  
Health, Standard 09/04/2020
  - [Australian Health Performance Framework: PI 2.1.1–Immunisation rates for vaccines in the national schedule, 2019](#)  
Health, Standard 17/04/2020
  - [Australian Health Performance Framework: PI 2.1.3c–Cancer screening rates, National Cervical Screening Program participation rate, 2019](#)  
Health, Standard 09/04/2020
  - [Australian Health Performance Framework: PI 2.1.2–Females with an antenatal visit in the first trimester of pregnancy, 2019](#)  
Health, Standard 09/04/2020
  - [Australian Health Performance Framework: PI 2.1.2–Females with an antenatal visit in the first trimester of pregnancy, 2020](#)  
Health, Standard 01/12/2020
  - [Australian Health Performance Framework: PI 2.1.5–Survival of people diagnosed with cancer, 2020](#)  
Health, Standard 01/12/2020
  - [Australian Health Performance Framework: PI 2.1.6–Potentially avoidable deaths, 2020](#)  
Health, Standard 01/12/2020
  - [Australian Health Performance Framework: PI 2.1.3a–Cancer screening rates, National Bowel Cancer Screening Program participation rate, 2020](#)  
Health, Standard 13/10/2021
  - [Australian Health Performance Framework: PI 2.1.4–Selected potentially preventable hospitalisations, 2020](#)  
Health, Standard 01/12/2020
  - [Australian Health Performance Framework: PI 2.1.3b–Cancer screening rates, BreastScreen Australia participation rate, 2020](#)  
Health, Standard 01/12/2020
  - [Australian Health Performance Framework: PI 2.1.1–Immunisation rates for vaccines in the national schedule, 2020](#)  
Health, Standard 01/12/2020
  - [Australian Health Performance Framework: PI 2.1.3c–Cancer screening rates, National Cervical Screening Program participation rate, 2020](#)  
Health, Standard 13/10/2021
  - [Palliative Care and End-of-Life Care: PI 04-Proportion of unstable palliative care phases that last 3 days or less, 2021](#)  
Health, Qualified 21/10/2021
  - [Palliative Care and End-of-Life Care: PI 05a-Proportion of palliative care phases in which patient pain severity remains absent/mild \(clinician-rated\), 2021](#)  
Health, Qualified 21/10/2021
  - [Palliative Care and End-of-Life Care: PI 05b-Proportion of palliative care phases with improvement in patient pain severity, from moderate/severe to absent/mild at the end of the phase \(clinician-rated\), 2021](#)  
Health, Qualified 21/10/2021
  - [Palliative Care and End-of-Life Care: PI 05c-Proportion of palliative care phases in which patient distress from pain remains absent/mild \(patient-rated\), 2021](#)  
Health, Qualified 21/10/2021
  - [Palliative Care and End-of-Life Care: PI 05d-Proportion of palliative care phases with improvement in patient distress from pain, from moderate/severe to absent/mild at the end of the phase \(patient-rated\), 2021](#)  
Health, Qualified 21/10/2021
  - [Palliative Care and End-of-Life Care: PI 05e-Proportion of palliative care phases in which patient distress from fatigue remains absent/mild \(patient-rated\), 2021](#)  
Health, Qualified 21/10/2021
  - [Palliative Care and End-of-Life Care: PI 05f-Proportion of palliative care phases with improvement in patient distress from fatigue, from moderate/severe to absent/mild at the end of the phase \(patient-rated\), 2021](#)  
Health, Qualified 21/10/2021
  - [Palliative Care and End-of-Life Care: PI 05g-Proportion of palliative care phases in which patient distress from breathing problems remains absent/mild \(patient-rated\), 2021](#)  
Health, Qualified 21/10/2021
  - [Palliative Care and End-of-Life Care: PI 05h-Proportion of palliative care phases with improvement in patient distress from breathing problems, from moderate/severe to absent/mild at the end of the](#)

[phase \(patient-rated\), 2021](#)  
[Health, Qualified 21/10/2021](#)

- [Palliative Care and End-of-Life Care: PI 05j- Proportion of palliative care phases in which family and/or carer problems remain absent/mild \(clinician-rated\), 2021](#)  
[Health, Qualified 21/10/2021](#)
- [Palliative Care and End-of-Life Care: PI 05j-Proportion of palliative care phases with improvement in family and/or carer problems, from moderate/severe to absent/mild at the end of the phase \(clinician-rated\), 2021](#)  
[Health, Qualified 21/10/2021](#)

## ◦ [2. Safety](#)

Health care safety is measured by how effectively harm, or the risk of harm, to patients is minimised; for example, by measuring the frequency of healthcare-related infections (such as *Staphylococcus aureus*, or 'golden staph') or rate of seclusion in mental health services. By avoiding or reducing the risk of harm in the health system, adverse or unanticipated events in hospital can be prevented.

### **Indicators in this framework**

- [Australian Health Performance Framework: PI 2.2.1–Adverse events treated in hospitals, 2019](#)  
[Health, Standard 09/04/2020](#)
- [Australian Health Performance Framework: PI 2.2.1–Adverse events treated in hospitals, 2020](#)  
[Health, Standard 13/10/2021](#)

## ◦ [3. Appropriateness](#)

Healthcare is considered 'appropriate' when it puts the patient's needs and expectations first and is culturally appropriate. In addition, consumers are treated with dignity, confidentiality and encouraged to participate in choices related to their care. Appropriate healthcare may be measured by patient reported experiences (PREMs).

Indicators within this dimension will be included in future releases of the AHPF.

## ◦ [4. Continuity of care](#)

Continuity of care is the ability to provide uninterrupted care or service across programs, practitioners and levels over time. This can be measured by indicators such as unplanned hospital readmission rates.

### **Indicators in this framework**

- [Australian Health Performance Framework: PI 2.4.1–Unplanned hospital readmission rates, 2019](#)  
[Health, Standard 09/04/2020](#)
- [Australian Health Performance Framework: PI 2.4.1–Unplanned hospital readmission rates, 2020](#)  
[Health, Standard 13/10/2021](#)

## ◦ [5. Accessibility](#)

Health care is considered 'accessible' when it is available at the right place and time, taking account of different population needs and the affordability of care. Accessibility of the health system can be measured by patient waiting times and bulk-billing rates for general practitioners (GPs).

### **Indicators in this framework**

- [Australian Health Performance Framework: PI 2.5.6–Waiting times for emergency department care: waiting times to commencement of clinical care, 2019](#)  
[Health, Standard 09/04/2020](#)
- [Australian Health Performance Framework: PI 2.5.3–Waiting times for elective surgery: proportion admitted within clinically recommended time, 2019](#)  
[Health, Standard 09/04/2020](#)
- [Australian Health Performance Framework: PI 2.5.4–Waiting times for elective surgery: percentage waited more than 365 days, 2019](#)  
[Health, Standard 09/04/2020](#)
- [Australian Health Performance Framework: PI 2.5.8–Waiting times for emergency department care: time spent in the emergency department, 2019](#)

- Health, Standard 09/04/2020
- [Australian Health Performance Framework: PI 2.5.5–Waiting times for emergency department care: proportion seen on time, 2019](#)  
Health, Standard 09/04/2020
- [Australian Health Performance Framework: PI 2.5.7–Waiting times for emergency department care: percentage of patients whose length of emergency department stay is 4 hours or less, 2019](#)  
Health, Standard 09/04/2020
- [Australian Health Performance Framework: PI 2.5.2–Waiting times for elective surgery: waiting times in days, 2019](#)  
Health, Standard 09/04/2020
- [Australian Health Performance Framework: PI 2.5.3–Waiting times for elective surgery: proportion admitted within clinically recommended time, 2020](#)  
Health, Standard 13/10/2021
- [Australian Health Performance Framework: PI 2.5.7–Waiting times for emergency department care: percentage of patients whose length of emergency department stay is 4 hours or less, 2020](#)  
Health, Standard 13/10/2021
- [Australian Health Performance Framework: PI 2.5.5–Waiting times for emergency department care: proportion seen on time, 2020](#)  
Health, Standard 13/10/2021
- [Australian Health Performance Framework: PI 2.5.6–Waiting times for emergency department care: waiting times to commencement of clinical care, 2020](#)  
Health, Standard 13/10/2021
- [Australian Health Performance Framework: PI 2.5.8–Waiting times for emergency department care: time spent in the emergency department, 2020](#)  
Health, Standard 13/10/2021
- [Australian Health Performance Framework: PI 2.5.2–Waiting times for elective surgery: waiting times in days, 2020](#)  
Health, Standard 13/10/2021
- [Australian Health Performance Framework: PI 2.5.4–Waiting times for elective surgery: percentage waited more than 365 days, 2020](#)  
Health, Standard 13/10/2021
- [Palliative Care and End-of-Life Care: PI 01a-Number of health practitioners in specialist palliative care workforce, 2021](#)  
Health, Qualified 21/10/2021
- [Palliative Care and End-of-Life Care: PI 01b-Full-time equivalent employed specialist palliative care workforce, per 100,000 population, 2021](#)  
Health, Qualified 21/10/2021
- [Palliative Care and End-of-Life Care: PI 03-Proportion of episodes in which patients commence palliative care within 2 days of being ready for care, 2021](#)  
Health, Qualified 21/10/2021

## o **6. Efficiency & Sustainability**

Health care is considered efficient when the right care is delivered at minimum cost. One way efficiency can be measured is by the cost per hospital separation. A sustainable health system maintains, renews and innovates resources to continually improve efficiency and respond to emerging needs. Net growth in the health workforce is an indicator of sustainability of the health care system.

### **Indicators in this framework**

- [Australian Health Performance Framework: PI 2.6.2–Net growth in health workforce, 2020](#)  
Health, Standard 13/10/2021
- [Palliative Care and End-of-Life Care: PI 02-Average length of palliative care inpatient stay, 2021](#)  
Health, Qualified 21/10/2021
- [Australian Health Performance Framework: PI 2.6.1–Cost per weighted separation and total case weighted separations, 2020](#)  
Health, Qualified 16/03/2022

## • **Domain 3 – Health status**

*How healthy are Australians? Is it the same for everyone? What are the best opportunities for improvement?*

The health status domain reflects the status of individuals, cohorts and populations in terms of conditions, functioning and well-being. It includes impairments, disabilities and handicaps that are a consequence of disease. Health can be measured and described, for example, by the incidence and prevalence of conditions across the community, providing an overall picture of the health of the community, and representing the outcomes of all the factors that shape our health.

## Sub-dimensions of this framework

### ◦ [1. Health conditions](#)

Health conditions such as low birthweight, cancer, diabetes, infections, injury or psychological distress can impose significant costs on society in terms of health system use, days off work because of illness or to care for people who are ill, and reduced quality of life. The incidence and prevalence of conditions across the community can provide an overall picture of the health of the community, representing the outcomes of all the factors that shape our health.

#### Indicators in this framework

- [Australian Health Performance Framework: PI 3.1.4–Incidence of end-stage kidney disease, 2019 Health](#), Standard 09/04/2020
- [Australian Health Performance Framework: PI 3.1.5–Hospitalisation for injury and poisoning, 2019 Health](#), Standard 09/04/2020
- [Australian Health Performance Framework: PI 3.1.2–Incidence of selected cancers, 2019 Health](#), Standard 09/04/2020
- [Australian Health Performance Framework: PI 3.1.6–Proportion of babies born with low birthweight, 2019 Health](#), Standard 09/04/2020
- [Australian Health Performance Framework: PI 3.1.1–Incidence of heart attacks \(acute coronary events\), 2019 Health](#), Standard 09/04/2020
- [Australian Health Performance Framework: PI 3.1.2–Incidence of selected cancers, 2020 Health](#), Standard 13/10/2021
- [Australian Health Performance Framework: PI 3.1.6–Proportion of babies born with low birthweight, 2020 Health](#), Standard 02/12/2020
- [Australian Health Performance Framework: PI 3.1.4–Incidence of end-stage kidney disease, 2020 Health](#), Standard 13/10/2021
- [Australian Health Performance Framework: PI 3.1.5–Hospitalisation for injury and poisoning, 2020 Health](#), Standard 13/10/2021
- [Australian Health Performance Framework: PI 3.1.1–Incidence of heart attacks \(acute coronary events\), 2020 Health](#), Standard 13/10/2021

### ◦ [2. Human function](#)

Chronic diseases, residual injuries, permanent damage or defects from birth can impair how well a person functions day to day. How people experience and cope with a disability can be greatly affected by the opportunities and services provided for them. Human function can be measured by alterations to body structure or function (impairment), activity limitations and restrictions in participation. Severe or profound core activity limitation can be measured by calculating the percentage of people who 'sometimes' or 'always' need help with core activities of daily living (mobility, self-care or communication). The likelihood of having a severe or profound core activity limitation generally increases with age.

#### Indicators in this framework

- [Australian Health Performance Framework: PI 3.2.1–Severe or profound core activity limitation, 2019 Health](#), Standard 09/04/2020
- [Australian Health Performance Framework: PI 3.2.1–Severe or profound core activity limitation, 2020 Health](#), Standard 01/12/2020

### ◦ [3. Wellbeing](#)

Physical, mental and social wellbeing is affected by an individual's perceptions, emotions and behaviour as well as their ease of movement and levels of any discomfort. Mental health is fundamental to the wellbeing of individuals, their families and the community as a whole. Wellbeing can be measured by self-assessed health status and the prevalence of psychological distress in the population.

## Indicators in this framework

- [Australian Health Performance Framework: PI 3.3.2–Self-assessed health status, 2019 Health](#), Standard 09/04/2020
- [Australian Health Performance Framework: PI 3.3.1–Proportion of adults with very high levels of psychological distress, 2019 Health](#), Standard 09/04/2020
- [Australian Health Performance Framework: PI 3.3.2–Self-assessed health status, 2020 Health](#), Standard 13/10/2021
- [Australian Health Performance Framework: PI 3.3.1–Proportion of adults with very high levels of psychological distress, 2020 Health](#), Standard 13/10/2021

## ◦ **4. Deaths**

It is important to examine trends and patterns in life expectancy, mortality rates in infants and children, deaths due to suicide and major causes of death. This can help evaluate health strategies and guide policy-making. Examining causes of death provides further insight into the events contributing to deaths, reflecting changes in behaviours, exposures to disease or injury, social and environmental circumstances, data coding practices as well as impacts of medical and technological advances.

## Indicators in this framework

- [Australian Health Performance Framework: PI 3.4.4–Mortality due to suicide, 2019 Health](#), Standard 09/04/2020
- [Australian Health Performance Framework: PI 3.4.1–Infant and young child mortality rate, 2019 Health](#), Standard 09/04/2020
- [Australian Health Performance Framework: PI 3.4.2–Life expectancy, 2019 Health](#), Standard 09/04/2020
- [Australian Health Performance Framework: PI 3.4.3–Major causes of death, 2019 Health](#), Standard 09/04/2020
- [Australian Health Performance Framework: PI 3.4.2–Life expectancy, 2020 Health](#), Standard 13/10/2021
- [Australian Health Performance Framework: PI 3.4.3–Major causes of death, 2020 Health](#), Standard 13/10/2021
- [Australian Health Performance Framework: PI 3.4.4–Mortality due to suicide, 2020 Health](#), Standard 13/10/2021
- [Australian Health Performance Framework: PI 3.4.1–Infant and young child mortality rate, 2020 Health](#), Standard 13/10/2021

## • **Domain 4 – Health system context**

This domain reflects the importance of broad contextual issues of demographics, community and social capital, governance and structure, financing, workforce and infrastructure. It also includes issues of information, research and evidence to influence decisions and actions at all levels and across all sectors. These issues provide essential context for current decisions at all levels and are key issues for the planning of a sustainable health system.

Indicators within this domain will be included in future releases of the AHPF.