

Health Service Executive

Primary Care Division

Key Performance Indicator Metadata 2017

PC122A Referrals accepted must be recorded per patient, and should be allocated to one category cryn. (p. garbert efferated son to the referral value to an effect dividence to a referral value to a registed of care and includes new referrals and re-referrals. An effect dividence to a referral value to a registed of care or includes new referrals and re-referrals. An extension of care is defined as an intervention or series of interventions, required over one or more value to advisors the patients destricted. PC122D Commission of the patients of the p	THINE	ry Care - Community Interv	ention realit Keleriais
This is a Count of the number of referrals by category): accepted by Community Intervention Teams (CITs) in the reporting PC122B PC12B PC12			
PC122B PC12C		KPI Description - PC122 PC122A	Community Intervention Teams - No. of Referrals This is a count of the number of referrals (by category*) accepted by Community Intervention Teams (CITs) in the reporting month. Referrals accepted must be recorded per patient, and should be allocated to one category only. (i.e patient referrals can not be
*Admission Avoidance (includes OPAT) - which facilitates avoidance of an acute hospital in-patient admission for a part from the Emergency Depathment (EDP) Auditated Depathent (OPO) and be lospital unit of operations (The OTI was not ab accept the referral, the patient would require admission to an acute hospitals an in-patient. *The OTI was not able accept the referral, the patient would require admission to a distincting at an acution becapital. The referral may be made by an at hospital unit / depathment, (Per or other community source. If the CIT was not able to accept the referral, the patient would nee admission for a patient with hospital patient begated of care. **Carly Discharge (includes OPAT) - which facilitates a patient to be discharged from an acute hospital. **Carl Exception of the community of care support and therefore, the patient would remain as an in-patient. **Unscheduled referrals from community sources - which facilitates a patient at home / in the community to access acute implication of the patient would remain as an in-patient. **Unscheduled referrals from community sources - which facilitates a patient at home / in the community of the care support and therefore does not require acute hospital implications. **OPAT refers to observe referrals by a CEV colder community sources.**OPAT refers to observe referrals by a CEV colder community sources.**OPAT refers to observe referrals by a CEV colder community sources.**OPAT refers to observe referrals by colderate patients to ideally choose one classification indicated. **Cassification of the community sources and control of the administration of the community sources.**OPAT referral to observe referrals accepted by the CEV of the community sources.**Operation of the CEV referral to control of the community sources.**Operation of the CEV referral to control		PC122C	reflected in more then one category). A referral relates to an episode of care and includes new referrals and re-referrals. An episod of care is defined as an intervention or series of interventions, required over one or more visits to address the patients identified clinical needs. A new referral is a referral for an episode of care for which the patient had not previously attended the CIT. A re referral is a referral for an episode of care for which the patient had previously attended the CIT. A patient who is reviewed by his her team and whose episode of care is extended is not counted as a re-referral.
**Unscheduled referrals from community sources - which facilitates a patient at home / in the community or patient in the community of the community or an extensive alternation on the referral may be made by a GP or other community source. **OPAT refers to doctor referral for the administration of home intravenous (IV) antibiotics. **This metric allows the number of referrals, by category, accepted by the CT in the reporting month to be captured and monitor indicator Classification. Please tick which indicator Classification this indicator applies to, ideally choose one classification (in some cases you may ne observe two). Please tick which indicator Classification this indicator applies to, ideally choose one classification (in some cases you may ne observe two). Please tick which indicator Classification this indicator applies to, ideally choose one classification (in some cases you may ne observe two). Please tick which indicator Classification this indicator applies to, ideally choose one classification (in some cases you may ne observe two). Please tick which indicator Classification this indicator applies to, ideally choose one classification (in some cases you may ne observe two). Please tick which indicator Classification this indicator applies to, ideally choose one classification (in some cases you may ne observe the case of the case o			*Admission Avoidance (includes OPAT) - which facilitates avoidance of an acute hospital in-patient admission for a patient refer from the Emergency Department (ED) / Outpatient Department (OPD) / acute hospital unit / department. If the CIT was not able to accept the referral, the patient would require admission to an acute hospital as an in-patient. *Hospital Avoidance - which facilitates the patient to avoid attending at an acute hospital. The referral may be made by an acute hospital unit / department, GP or other community source. If the CIT was not able to accept the referral, the patient would need to attend at an acute hospital for that episode of care. *Early Discharge (includes OPAT) - which facilitates a patient to be discharged from an acute hospital. CIT acceptance of referral means the patients length of stay in hospital has been shortened. If the CIT was not able to accept the referral, the patient would
Indicator Classification			*Unscheduled referrals from community sources - which facilitates a patient at home / in the community to access acute unplanned nursing care (ordinarily managed in the community) or carer support and therefore does not require acute hospital attendance. The referral may be made by a GP or other community source.
Choose two) EZPerson Centred Care	3	KPI Rationale	This metric allows the number of referrals, by category, accepted by the CIT in the reporting month to be captured and monitored.
KPI Target		Indicator Classification	 ☑Person Centred Care ☑ Safe Care ☑ Better Health and Wellbeing ☑ Use of Information
Section Count the number of referrals accepted (by category) by CITs during the reporting month.	4	KPI Target	NSP 2017 Target National - 32,861 Admission Avoidance (includes OPAT) - 1,187 Hospital Avoidance - 21,629 Early Discharge (includes OPAT) - 6,072
Data Source		KDI O. I. I. C	• '
Data Completeness 100 % data completeness No Data Collection Frequency Indicate how often the data to support the KPI will be collected:			
Data Quality Issues	U		
Daily Weekly Monthly Quarterly Bi-annually Annually Other - give details: Referrals (by category) accepted by CITs in the reporting month. Minimum Data Set Referrals (by category) accepted by CITs in the reporting month. Minimum Data Set Referrals (by category) accepted by CITs in the reporting month. Monthly Data Set Referrals (by category) accepted by CITs in the reporting month. Monthly Data Set Data Set Referrals (by category) accepted by CITs in the reporting month. Monthly Data Set Da			
Minimum Data Set			□Daily □Weekly ☑Monthly □Quarterly □Bi-annually □Annually □Other – give details:
International Comparison No Monitoring KPI will be monitored on a (please indicate below) basis: Daily Dwekky Monthly Quarterly Bi-annually Annually Other – give details: Please indicate who is responsible at a local level for monitoring this KPI: KPI's are monitored and reviewed through meetings between the Primary Care Division Operations Team and the Community Healthcare Organisation (CHO) Team. Indicate how often the KPI will be reported: Daily Dweekly Monthly Quarterly Bi-annually Annually Other – give details: Indicate the period to which the data applies: Daily Dweekly Monthly Quarterly Bi-annually Annually Other – give details: Indicate the period to which the data applies: Daily Dweekly Monthly in arrears (June data reported in July) Quarterly in arrears (June data reported in July) Quarterly in arrears (June data reported in July) Quarterly in arrears (June data reported in quarter 2) Rolling 12 months (previous 12 month period) Indicate the level of aggregation C69for example over a geographical location: National CHO LHO County Institution Other – give details: - by CIT Indicate where the KPI will be reported: Performance Report Other – give details: - by CIT Indicate the reference Report Other – give details: - by CIT Additional Information Information Analyst: Geraldine Littler, Business Information Unit – Palliative Care & Social Inclusion Planning and Business Information (PBI), 046 9251330 Email: Geraldine Littler, Business Information Murphy, Head of Planning, Performance and Program Management and Interim Head of Operations, Primary Care Division Planning, Performance and Program Performance and Program Management and Interim Head of Operations, Primary Care Division Planning, Performance and Program Planning Care Division Planning, Performance and Program Planning Care Division Planning, Performance and Program Planning Care Division Planning, Performance and Program			
KPI Monitoring			
Daily Weekly Monthly Quarterly Bi-annually Annually Other – give details:			KPI will be monitored on a (please indicate below) basis: □Daily □Weekly ☑ Monthly □Quarterly □Bi-annually □Annually □Other – give details: Please indicate who is responsible at a local level for monitoring this KPI: KPI's are monitored and reviewed through meetings between the Primary Care Division Operations Team and the Community
☐ Current (e.g. daily data reported on that same day of activity, monthly data reported by the 10th of the following month) ☐ Monthly in arrears (June data reported in July) ☐ Quarterly in arrears (quarter 1 data reported in quarter 2) ☐ Rolling 12 months (previous 12 month period) Indicate the level of aggregation C69for example over a geographical location: ☐ National	12	KPI Reporting Frequency	'
☑ National ☑ CHO ☑ LHO ☐ County ☐ Institution ☑ Other – give details: - by CIT	13	KPI report period	 ☑Current (e.g. daily data reported on that same day of activity, monthly data reported by the 10th of the following month) ☐ Monthly in arrears (June data reported in July) ☐ Quarterly in arrears (quarter 1 data reported in quarter 2)
☑Performance Report □Other – give details: 16	14	KPI Reporting Aggregation	Indicate the level of aggregation C69for example over a geographical location: ☑ National ☑ CHO ☑ LHO
17 Additional Information ontact details for Data Manager / Specialist Lead Information Analyst: Geraldine Littler, Business Information Unit – Palliative Care & Social Inclusion Planning and Business Information (PBI), 046 9251330 Email: Geraldine.Littler@hse.ie Specialist Leads: Noreen Curtin, CIT/ OPAT Programme Manager, Brian Murphy, Head of Planning, Performance and Program Management and Interim Head of Operations, Primary Care Division			☑Performance Report □Other – give details:
ontact details for Data Manager / Information Analyst: Geraldine Littler, Business Information Unit – Palliative Care & Social Inclusion Planning and Business Information (PBI), 046 9251330 Email: Geraldine.Littler@hse.ie Specialist Leads: Noreen Curtin, CIT/ OPAT Programme Manager, Brian Murphy, Head of Planning, Performance and Program Management and Interim Head of Operations, Primary Care Division			http://www.hse.ie/eng/services/publications/
	ontact	details for Data Manager /	Information (PBI), 046 9251330 Email: Geraldine.Littler@hse.ie Specialist Leads: Noreen Curtin, CIT/ OPAT Programme Manager, Brian Murphy, Head of Planning, Performance and Programme
ational Lead and Division John Hennessy, National Director, Primary Care Division, Health Service Executive.	-47-	Ll and and Divinion	John Hennessy, National Director, Primary Care Division, Health Service Executive.

	ily ource on initiality interv	rention Team Activity by Referral Source
4	KPI Title	Community Intervention Team Activity (by Deferral Source)
2	KPI Description PC123	Community Intervention Team Activity (by Referral Source) This is a count of the number of referrals (by referral source) accepted by the Community Intervention Teams (CITs) in the reporting
2	PC123A	month. Referrals accepted must be recorded per patient, and should be allocated to one referral source only. A referral relates to an
	PC123B	episode of care and includes new referrals and re-referrals. An episode of care is defined as an intervention or series of interventions
	PC123C	required over one or more visits to address the patients identified clinical needs. A new referral is a referral for an episode of care for
	PC123D	which the patient had not previously attended the CIT. A re-referral is a referral for an episode of care for which the patient had
		previously attended the CIT.
		Referral Sources include:
		*Emergency Department (ED) /Acute Hospital Wards / Units / Departments
		*GP Referrals- referrals from general practitioners *Community Referrals - all referrals from sources outside of acute hospital services excluding GP referrals eq. Public health nurses
		residential units, community rehabilitation teams, hospice services etc
		*OPAT Referrals- doctor referrals for the administration of home IV antibiotics.
3	KPI Rationale	This metric allows the number of referrals, by referral source, accepted by CITs in the reporting month to be captured and monitored
Ů	Ti Tradonalo	This motio allotte the number of follottale, by follottal coales, accepted by of the in the reporting motion to be deplated and motioned
	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to
		choose two).
		☑Person Centred Care ☑ Effective Care
		□Safe Care □Better Health and Wellbeing □Use of Information
	WDI T	□Workforce □Use of Resources □Governance □Leadership and Management
4	KPI Target	CIT Number of referrals - NSP 2017 National Target - 32,861 (CHO 1- 0, CHO 2 -3,252, CHO 3 - 4612, CHO 4 -3,661,
		CHO 5 - 4,150, CHO 6 - 1,242, CHO 7 - 7,669, CHO 8 - 2,656, CHO 9 - 5,619)
		ED/Hospital Wards/Units - NSP 2017 National Target - 21,966 (CHO 1 - 0, CHO 2 - 2,039, CHO 3 - 2,964, CHO 4 -1,884,
		CHO 5 -2,361 ,CHO 6 - 688, CHO 7 - 6,707, CHO 8 -1,898, CHO 9 - 3,425)
		GP Referral - NSP 2017 National Target - 7,003 (CHO 1 - 0, CHO 2 - 836, CHO 3 -720, CHO 4 - 855, CHO 5 -1,455,
		CHO 6 - 466, CHO 7 - 540, CHO 8 - 409, CHO 9 - 1,722)
		Community Referral - NSP 2017 National Target - 2,212 (CHO 1 - 0, CHO 2 - 164, CHO 3 - 784, CHO 4 - 671, CHO 5 - 0, CHO
		- 0, CHO 7 - 158, CHO 8 - 186, CHO 9 - 249)
		OPAT Referral - NSP 2017 National Target - 1,680 (CHO 1 - 0, CHO 2 - 213, CHO 3 - 144, CHO 4 - 251, CHO 5 - 334,
		CHO 6 - 88, CHO 7 - 264, CHO 8 - 163, CHO 9 - 223)
5	KPI Calculation	Count the number of referrals accepted (by referral source) by CITs in the reporting month.
6	Data Source	15 CITs and any new CITs established in 2017
	Data Completeness	100 % data completeness
	Data Quality Issues	No
7	Data Collection Frequency	Indicate how often the data to support the KPI will be collected:
8	Tracer Conditions	□ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □
9	Minimum Data Set	Referrals by referral source accepted in the reporting month
10	International Comparison	No
11	KPI Monitoring	KPI will be monitored on a (please indicate below) basis:
	, and the second	□Daily □Weekly ☑ Monthly □Quarterly □Bi-annually □Annually □Other – give details:
		Please indicate who is responsible at a local level for monitoring this KPI:
		KPI's are monitored and reviewed through meetings between the Primary Care Division Operations Team and the Community
		Healthcare Organisation (CHO) Team.
12	KPI Reporting Frequency	Healthcare Organisation (CHO) Team. Indicate how often the KPI will be reported:
		Indicate how often the KPI will be reported: □Daily □Weekly ☑Monthly □Quarterly □Bi-annually □Annually □Other – give details:
12	KPI Reporting Frequency KPI report period	Indicate how often the KPI will be reported:
		Indicate how often the KPI will be reported: □Daily □Weekly ☑Monthly □Quarterly □Bi-annually □Annually □Other – give details: Indicate the period to which the data applies: ☑Current (e.g. daily data reported on that same day of activity, monthly data reported by the 10th of the following month)
		Indicate how often the KPI will be reported: □Daily □Weekly ☑Monthly □Quarterly □Bi-annually □Annually □Other – give details: Indicate the period to which the data applies:
		Indicate how often the KPI will be reported: □Daily □Weekly ☑Monthly □Quarterly □Bi-annually □Annually □Other – give details: Indicate the period to which the data applies: ☑Current (e.g. daily data reported on that same day of activity, monthly data reported by the 10th of the following month) □Monthly in arrears (June data reported in July) □Quarterly in arrears (quarter 1 data reported in quarter 2)
13	KPI report period	Indicate how often the KPI will be reported: □Daily □Weekly ☑Monthly □Quarterly □Bi-annually □Annually □Other – give details: Indicate the period to which the data applies: ☑Current (e.g. daily data reported on that same day of activity, monthly data reported by the 10th of the following month) □Monthly in arrears (June data reported in July) □Quarterly in arrears (quarter 1 data reported in quarter 2) □Rolling 12 months (previous 12 month period)
		Indicate how often the KPI will be reported: □Daily □Weekly ☑Monthly □Quarterly □Bi-annually □Annually □Other – give details: Indicate the period to which the data applies: ☑Current (e.g. daily data reported on that same day of activity, monthly data reported by the 10th of the following month) □Monthly in arrears (June data reported in July) □Quarterly in arrears (quarter 1 data reported in quarter 2) □Rolling 12 months (previous 12 month period) Indicate the level of aggregation C18for example over a geographical location:
13	KPI report period	Indicate how often the KPI will be reported: □Daily □Weekly ☑Monthly □Quarterly □Bi-annually □Annually □Other – give details: Indicate the period to which the data applies: ☑Current (e.g. daily data reported on that same day of activity, monthly data reported by the 10th of the following month) □Monthly in arrears (June data reported in July) □Quarterly in arrears (quarter 1 data reported in quarter 2) □Rolling 12 months (previous 12 month period) Indicate the level of aggregation C18for example over a geographical location: ☑ National ☑ CHO ☑ LHO
13	KPI report period KPI Reporting Aggregation	Indicate how often the KPI will be reported: □Daily □Weekly ☑Monthly □Quarterly □Bi-annually □Other – give details: Indicate the period to which the data applies: ☑Current (e.g. daily data reported on that same day of activity, monthly data reported by the 10th of the following month) □Monthly in arrears (June data reported in July) □Quarterly in arrears (quarter 1 data reported in quarter 2) □Rolling 12 months (previous 12 month period) Indicate the level of aggregation C18for example over a geographical location: ☑ National ☑ CHO ☑ LHO □ County □ Institution ☑ Other – give details: - by CIT
13	KPI report period	Indicate how often the KPI will be reported: □Daily □Weekly ☑Monthly □Quarterly □Bi-annually □Annually □Other – give details: Indicate the period to which the data applies: ☑Current (e.g. daily data reported on that same day of activity, monthly data reported by the 10th of the following month) □Monthly in arrears (June data reported in July) □Quarterly in arrears (quarter 1 data reported in quarter 2) □Rolling 12 months (previous 12 month period) Indicate the level of aggregation C18for example over a geographical location: ☑ National ☑ CHO ☑ LHO □ County □ Institution ☑Other – give details: - by CIT Indicate where the KPI will be reported:
13	KPI report period KPI Reporting Aggregation KPI is reported in which reports ?	Indicate how often the KPI will be reported: □Daily □Weekly ☑Monthly □Quarterly □Bi-annually □Annually □Other – give details: Indicate the period to which the data applies: ☑Current (e.g. daily data reported on that same day of activity, monthly data reported by the 10th of the following month) □Monthly in arrears (June data reported in July) □Quarterly in arrears (quarter 1 data reported in quarter 2) □Rolling 12 months (previous 12 month period) Indicate the level of aggregation C18for example over a geographical location: ☑ National ☑ CHO ☑ LHO □ County □ Institution ☑Other – give details: - by CIT Indicate where the KPI will be reported: ☑ Performance Report □Other – give details:
13 14 15 16	KPI report period KPI Reporting Aggregation KPI is reported in which reports?	Indicate how often the KPI will be reported: □Daily □Weekly ☑Monthly □Quarterly □Bi-annually □Annually □Other – give details: Indicate the period to which the data applies: ☑Current (e.g. daily data reported on that same day of activity, monthly data reported by the 10th of the following month) □Monthly in arrears (June data reported in July) □Quarterly in arrears (quarter 1 data reported in quarter 2) □Rolling 12 months (previous 12 month period) Indicate the level of aggregation C18for example over a geographical location: ☑ National ☑ CHO ☑ LHO □ County □ Institution ☑Other – give details: - by CIT Indicate where the KPI will be reported:
13 14 15 16 17	KPI report period KPI Reporting Aggregation KPI is reported in which reports ?	Indicate how often the KPI will be reported: □Daily □Weekly ☑Monthly □Quarterly □Bi-annually □Annually □Other – give details: Indicate the period to which the data applies: ☑Current (e.g. daily data reported on that same day of activity, monthly data reported by the 10th of the following month) □Monthly in arrears (June data reported in July) □Quarterly in arrears (quarter 1 data reported in quarter 2) □Rolling 12 months (previous 12 month period) Indicate the level of aggregation C18for example over a geographical location: ☑ National ☑ CHO ☑ LHO □ County □ Institution ☑Other – give details: - by CIT Indicate where the KPI will be reported: ☑Performance Report □Other – give details: http://www.hse.le/eng/services/publications/
13 14 15 16 17 Contact	KPI report period KPI Reporting Aggregation KPI is reported in which reports? Web link to data Additional Information	Indicate how often the KPI will be reported: □Daily □Weekly ☑Monthly □Quarterly □Bi-annually □Annually □Other – give details: Indicate the period to which the data applies: ☑Current (e.g. daily data reported on that same day of activity, monthly data reported by the 10th of the following month) □Monthly in arrears (June data reported in July) □Quarterly in arrears (quarter 1 data reported in quarter 2) □Rolling 12 months (previous 12 month period) Indicate the level of aggregation C18for example over a geographical location: ☑ National ☑ CHO ☑ LHO □ County □ Institution ☑Other – give details: - by CIT Indicate where the KPI will be reported: ☑ Performance Report □Other – give details:
13 14 15 16 17 Contact	KPI report period KPI Reporting Aggregation KPI is reported in which reports? Web link to data Additional Information details for Data Manager /	Indicate how often the KPI will be reported: □Daily □Weekly ☑Monthly □Quarterly □Bi-annually □Other – give details: Indicate the period to which the data applies: ☑Current (e.g. daily data reported on that same day of activity, monthly data reported by the 10th of the following month) □Monthly in arrears (June data reported in July) □Quarterly in arrears (quarter 1 data reported in quarter 2) □Rolling 12 months (previous 12 month period) Indicate the level of aggregation C18for example over a geographical location: ☑ National ☑ CHO ☑ LHO □ County □ Institution ☑Other – give details: - by CIT Indicate where the KPI will be reported: ☑Performance Report □Other – give details: http://www.hse.ie/eng/services/publications/ Information Analyst: Geraldine Littler, Business Information Unit – Palliative Care & Social Inclusion Planning and Business
13 14 15 16 17 Contact	KPI report period KPI Reporting Aggregation KPI is reported in which reports? Web link to data Additional Information details for Data Manager /	Indicate how often the KPI will be reported: □Daily □Weekly ☑Monthly □Quarterly □Bi-annually □Annually □Other – give details: Indicate the period to which the data applies: ☑Current (e.g. daily data reported on that same day of activity, monthly data reported by the 10th of the following month) □Monthly in arrears (June data reported in July) □Quarterly in arrears (quarter 1 data reported in quarter 2) □Rolling 12 months (previous 12 month period) Indicate the level of aggregation C18for example over a geographical location: ☑ National ☑ CHO ☑ LHO □ County □ Institution ☑Other – give details: - by CIT Indicate where the KPI will be reported: ☑Performance Report □Other – give details: http://www.hse.ie/eng/services/publications/ Information Analyst: Geraldine Littler, Business Information Unit – Palliative Care & Social Inclusion Planning and Business Information (PBI), 046 9251330 Email: Geraldine.Littler@hse.ie

- mina	y ource community interv	ention Teams Outpatient Parenteral Antimicrobial Therapy (OPAT)
1	KPI Title	Outpatient parenteral Antimicrobial Therapy (OPAT) Re-admission rate %
2	KPI Description PC98	This is a calculation of the number of patients accepted onto the OPAT programme (hospital referrals - excluding those with a diagnosis of cystic fibrosis) who require re-admission to hospital (related to their IV antibiotic treatment) during the reporting month expressed as a proportion of the overall number of patients accepted onto the OPAT programme during the reporting month multiplie by 100. OPAT referrals are doctor referrals for the administration of home intravenous (IV) antibiotics. The antibiotics may be health professional delivered i.e. HOPAT or self administered i.e. SOPAT.
3	KPI Rationale	This metric allows the appropriateness of referrals, the safety and clinical effectiveness of care to be monitored.
	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two). □Person Centred Care □ Effective Care □Safe Care □ Better Health and Wellbeing □Use of Information □Workforce □Use of Resources □Governance, □Leadership and Management
4	KPI Target	NSP 2017 Target National - Readmission rate ≤ 5%
5	KPI Calculation	The number of patients referred from hospitals (excluding people with a diagnosis of cystic fibrosis) to the OPAT programme who require re-admission to hospital during their course of treatment, in the reporting month, is divided by the total number of patients referred from hospitals (excluding people with a diagnosis of cystic fibrosis) to the OPAT programme in the reporting month and is multiplied by 100.
6	Data Source	CIT OPAT Management Control Centre (MCC)
	Data Completeness	Hospital OPAT nurses, CIT's and private providers to the OPAT programme (nursing and compounded) report patient re-admission to MCC.
	Data Quality Issues	Dependent on complete returns being made to MCC
7	Data Collection Frequency	Indicate how often the data to support the KPI will be collected: □Daily □Weekly ☑Monthly □Quarterly □Bi-annually □Annually
8	Tracer Conditions	Patients accepted on to the OPAT programme (hospital referrals excluding those with a diagnosis of cystic fibrosis and those requiring readmission to hospital during the course of their treatment.
9	Minimum Data Set	Patients accepted on to the OPAT programme (hospital referrals excluding those with a diagnosis of cystic fibrosis and those requiring readmission to hospital during the course of their treatment.
10	International Comparison	Yes. Readmission rate ≤ 5% is an international benchmark.
11	KPI Monitoring	KPI will be monitored on a (please indicate below) basis: □Daily □Weekly ☑ Monthly □Quarterly □Bi-annually □Annually □Other – give details: Please indicate who is responsible at a local level for monitoring this KPI: KPI's are monitored / reviewed and feedback is provided to Hospital Groups via the CIT OPAT Programme Manager and National OPAT Clinical Lead
12	KPI Reporting Frequency	Indicate how often the KPI will be reported: □Daily □Weekly ☑Monthly □Quarterly □Bi-annually □Annually □Other – give details:
13	KPI report period	Indicate the period to which the data applies: ☑Current (e.g. daily data reported on that same day of activity, monthly data reported by the 10th of the following month) ☐Monthly in arrears (June data reported in July) ☐Quarterly in arrears (quarter 1 data reported in quarter 2) ☐Rolling 12 months (previous 12 month period)
14	KPI Reporting Aggregation	Indicate the level of aggregation for example over a geographical location: ☑ National ☑ Hospital ☑ Hospital Group ☐ CHO ☐ LHO ☐ County ☐ Institution Other – give details:
15	KPI is reported in which reports?	Indicate where the KPI will be reported: ☑Performance Report □Other – give details:
16	Web link to data	http://www.hse.ie/eng/services/publications/
	Additional Information	
Contact of Specialis	details for Data Manager / st Lead	Information Analyst: Geraldine Littler, Business Information Unit – Palliative Care & Social Inclusion Planning and Business Information (PBI), 046 9251330 Email: Geraldine.Littler@hse.ie Specialist Leads: Noreen Curtin CIT / OPAT Programme Manager, Brian Murphy, Head of Planning, Performance and Programme Management and Interim Head of Operations, Primary Care Division.
	Lead and Division	John Hennessy, National Director, Primary Care Division, Health Service Executive.

Pri	mary Care - Physiotherapy I	Referrals
1	KPI Title	No. of patient referrals
2	KPI Description PC14	This is a count of the total number of referrals for patients (by age band* and referral source**) accepted in the reporting period. Referrals include new patients (ie. not known to the service) and re-referrals (ie. previously discharged). *Age Bands: *0-17yrs; *18-64 yrs; *65 years and greater.
		**Referral Source *Acute Hospital *General Practitioners (GPs) *Others e.g. primary care team members, other health and social care professionals, voluntary organisations, community hospitals / nursing units, disability units, mental health units, nursing homes and individuals making self referrals.
3	KPI Rationale	This metric provides information on service demand and informs decisions in relation to the planning and management of staff and resource allocation.
	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two). □Person Centred Care □Effective Care □Safe Care □ Better Health and Wellbeing ☑Use of Information
	KDI T1 0047	□Workforce □Use of Resources □Governance, Leadership and Management
	KPI Target 2017	DOP 2017 Target National - 197,592 CHO 1 - 26,556, CHO 2 - 22,956, CHO 3 - 15,396, CHO 4- 28,260, CHO 5 - 25,548, CHO 6- 13,044, CHO 7 = 21,720, CHO 8- 27,276, CHO 9 - 16,836
5	KPI Calculation	Count the number of patient referrals accepted in the reporting month. The total number of referrals accepted by age band should equal the total number of referrals accepted by referral source.
6	Data Source	Physiotherapist records, Physiotherapy Manager, Primary Care General Manager, Community Healthcare Organisation (CHO) Head of Service Primary Care, Chief Officer and Business Information Unit (BIU) Community Healthcare Team.
	Data Completeness	100 % data completeness. Data excludes physiotherapy staff activity in acute hospital services, voluntary agencies, Child and Adolescent Mental Health Services, Mental Health Services, Community Mental Health Teams and therapy assistant activity. The activity includes individual physiotherapy staff activity and physiotherapy staff activity as part of multi-disciplinary teams.
	Data Quality Issues	No
7	Data Collection Frequency	Indicate how often the data to support the KPI will be collected: □Daily □Weekly ☑ Monthly □Quarterly □Bi-annually □Annually □Other – give
8	Tracer Conditions	•Accepted referrals •Age bands •Referral Sources
9	Minimum Data Set	Accepted referrals Age bands Referral Sources
10	International Comparison	No
11	KPI Monitoring	KPI will be monitored on a (please indicate below) basis: □□Daily □Weekly ☑Monthly □Quarterly □Bi-annually □Annually □Other – give details: Please indicate who is responsible at a local level for monitoring this KPI: Physiotherapy Manager. the Primary Care General Manager, CHO Head of Service Primary Care, Chief Officer and the Primary Care Division Operations Team via performance meetings.
12	KPI Reporting Frequency	Indicate how often the KPI will be reported: □Daily □Weekly ☑ Monthly □Quarterly □Bi-annually □Annually □Other – give details:
13	KPI report period	Indicate the period to which the data applies: ☑Current (e.g. daily data reported on that same day of activity, monthly data reported by the 10th of the following month) ☐Monthly in arrears (June data reported in July) ☐Quarterly in arrears (quarter 1 data reported in quarter 2) ☐Rolling 12 months (previous 12 month period)
14	KPI Reporting Aggregation	Indicate the level of aggregation for example over a geographical location: ☑ National ☑ CHO ☑ LHO ☐ County ☐ Institution ☐ Other – give details:
	KPI is reported in which reports?	Indicate where the KPI will be reported: ☑Performance Report ☐Other – give details:
	Web link to data Additional Information	
	act details for Data Manager /	Information Analyst: Geraldine Littler, Business Information Unit- Palliative Care & Social Inclusion,
	ialist Lead	Planning and Business Information (PBI) 046 9251330 Email:Geraldine.Littler@hse.ie Specialist Lead: Brian Murphy, Head of Planning, Performance and Programme Management and Interim Head of Operations Primary Care Division
	onal Lead and Division	John Hennessy, National Director, Primary Care Division, Health Service Executive.

Primary Care - Physiotherapy First Assessment No. of patients seen for a first time assessment This is a count of the total number of primary care physiotherapy passessment (by wait time***) in the reporting period. It includes bott ***Wait times include: •0 ≤ 1 week (0-6 days) •1 ≤ 4 weeks (28-55 days) •4 ≤ 8 weeks (28-55 days) •8 ≤ 12 weeks (56-83 days) •12 ≤ 26 weeks (84-181 days) •26 ≤ 29 weeks (182-272 days) •39 ≤ 52 weeks (273-365 days) •>52 weeks. KPI Rationale This metric provides information on service demand and informs deplanning and management of staff and resource allocation.	
This is a count of the total number of primary care physiotherapy passessment (by wait time***) in the reporting period. It includes bott ****Wait times include: •0 ≤ 1 week (0-6 days) •1 ≤ 4 weeks (7-27 days) •4 ≤ 8 weeks (28-55 days) •8 ≤ 12 weeks (56-83 days) •12 ≤ 26 weeks (84-181 days) •26 ≤ 29 weeks (182-272 days) •39 ≤ 52 weeks (273-365 days) •>52 weeks.	
PC15 assessment (by wait time***) in the reporting period. It includes bott ****Wait times include: *0 ≤ 1 week (0-6 days) *1 ≤ 4 weeks (7-27 days) *4 ≤ 8 weeks (28-55 days) *8 ≤ 12 weeks (56-83 days) *12 ≤ 26 weeks (84-181 days) *26 ≤ 29 weeks (182-272 days) *39 ≤ 52 weeks (273-365 days) *>52 weeks. 3 KPI Rationale This metric provides information on service demand and informs div	
****Wait times include: *0 ≤ 1 week (0-6 days) *1 ≤ 4 weeks (28-55 days) *4 ≤ 8 weeks (28-55 days) *8 ≤ 12 weeks (56-83 days) *12 ≤ 26 weeks (84-181 days) *26 ≤ 29 weeks (182-272 days) *39 ≤ 52 weeks (273-365 days) *>52 weeks.	h new referrals and re-referrals.
•0 ≤ 1 week (0-6 days) •1 ≤ 4 weeks (7-27 days) •4 ≤ 8 weeks (28-55 days) •8 ≤ 12 weeks (56-83 days) •12 ≤ 26 weeks (84-181 days) •26 ≤ 29 weeks (182-272 days) •39 ≤ 52 weeks (273-365 days) •>52 weeks.	
1 ≤ 4 weeks (7-27 days) 4 ≤ 8 weeks (28-55 days) 8 ≤ 12 weeks (56-83 days) 12 ≤ 26 weeks (84-181 days) 26 ≤ 29 weeks (182-272 days) 39 ≤ 52 weeks (273-365 days) >52 weeks. 3 KPI Rationale This metric provides information on service demand and informs defined to the control of the control	
• 4 ≤ 8 weeks (28-55 days) • 8 ≤ 12 weeks (56-83 days) • 12 ≤ 26 weeks (84-181 days) • 26 ≤ 29 weeks (182-272 days) • 39 ≤ 52 weeks (273-365 days) • >52 weeks. 3 KPI Rationale This metric provides information on service demand and informs defined to the control of the control o	
* 8 ≤ 12 weeks (56-83 days) * 12 ≤ 26 weeks (84-181 days) * 26 ≤ 29 weeks (182-272 days) * 39 ≤ 52 weeks (273-365 days) * >52 weeks. 3 KPI Rationale This metric provides information on service demand and informs defined to the service demand and information defined to the service demand and information defined to the service demand and defined to	
12 ≤ 26 weeks (84-181 days) 26 ≤ 29 weeks (182-272 days) 39 ≤ 52 weeks (273-365 days) >52 weeks. 3 KPI Rationale This metric provides information on service demand and informs defined to the service demand and information defined to the service demand and information defined to the service demand and defined to the s	
• 26 ≤ 29 weeks (182-272 days) • 39 ≤ 52 weeks (273-365 days) • >52 weeks. 3 KPI Rationale This metric provides information on service demand and informs do	
• 39 ≤ 52 weeks (273-365 days) • >52 weeks. 3 KPI Rationale This metric provides information on service demand and informs do	
3 KPI Rationale This metric provides information on service demand and informs do	
	ecisions in relation to the
Indicator Classification Please tick which Indicator Classification this indicator applies to, id	leally choose one classification
(in some cases you may need to choose two).	ically choose one diagonication
□Person Centred Care □Effective Care	
□Safe Care □ Better Health and Wellbeing ☑Use of Information	on
□Workforce ☑Use of Resources □Governance, Leadership a	
4 KPI Target 2017 DOP 2017 Target National - 163,596	•
CHO 1 - 22,248, CHO 2 - 17,136, CHO 3 - 11,304, CHO 4 - 24,39	96, CHO 5 - 22,704, CHO 6 -
11,568, CHO 7 - 19,176, CHO 8 - 22,056, CHO 9 - 13,008	
5 KPI Calculation Count the total number of patients seen for a first time assessment	t in the reporting month.
6 Data Source Physiotherapist records, Physiotherapy Manager, Primary Care Gel	neral Manager, Community
Healthcare Organisation (CHO) Head of Service Primary Care, Chie	
Information Unit (BIU) Community Healthcare Team.	
Data Completeness 100 % data completeness. Data excludes physiotherapy staff activity	
voluntary agencies, Child and Adolescent Mental Health Services,	
Community Mental Health Teams and therapy assistant activity. The	
physiotherapy staff activity and physiotherapy staff activity as part of	of multi-disciplinary teams.
Data Quality Issues No Data Collection Frequency Indicate how often the data to support the KPI will be collected:	
Data Confection Frequency Indicate now often the data to support the KPT will be confected. □Daily □Weekly ☑ Monthly □Quarterly □Bi-annually □	IAnnually □Other – give
8 Tracer Conditions •Patients seen for a first time assessment	, g
•Wait times	
9 Minimum Data Set •Patients seen for a first time assessment	
•Wait times	
10 International Comparison No	
11 KPI Monitoring KPI will be monitored on a (please indicate below) basis:	
	□Annually □Other – give
details:	
Please indicate who is responsible at a local level for monitoring th	to IZDL Discostation 144
the Primary Care General Manager, CHO Head of Service Primary	Care, Chief Officer and the
the Primary Care General Manager, CHO Head of Service Primary Primary Care Division Operations Team via performance meetings	Care, Chief Officer and the
the Primary Care General Manager, CHO Head of Service Primary Primary Care Division Operations Team via performance meetings 12 KPI Reporting Frequency Indicate how often the KPI will be reported:	Care, Chief Officer and the
the Primary Care General Manager, CHO Head of Service Primary Primary Care Division Operations Team via performance meetings 12 KPI Reporting Frequency Indicate how often the KPI will be reported: □Daily □Weekly ☑ Monthly □Quarterly □Bi-annually	Care, Chief Officer and the
the Primary Care General Manager, CHO Head of Service Primary Primary Care Division Operations Team via performance meetings 12 KPI Reporting Frequency Indicate how often the KPI will be reported: □Daily □Weekly ☑ Monthly □Quarterly □Bi-annually 13 KPI report period Indicate the period to which the data applies:	Care, Chief Officer and the
the Primary Care General Manager, CHO Head of Service Primary Primary Care Division Operations Team via performance meetings 12 KPI Reporting Frequency Indicate how often the KPI will be reported: □Daily □Weekly ☑ Monthly □Quarterly □Bi-annually 13 KPI report period Indicate the period to which the data applies: ☑Current (e.g. daily data reported on that same day of activity, mo	Care, Chief Officer and the
the Primary Care General Manager, CHO Head of Service Primary Primary Care Division Operations Team via performance meetings 12 KPI Reporting Frequency Indicate how often the KPI will be reported: Daily Weekly Monthly Quarterly Bi-annually 13 KPI report period Indicate the period to which the data applies: Current (e.g. daily data reported on that same day of activity, mo of the following month)	Care, Chief Officer and the
the Primary Care General Manager, CHO Head of Service Primary Primary Care Division Operations Team via performance meetings 12 KPI Reporting Frequency Indicate how often the KPI will be reported: Daily Weekly Monthly Quarterly Bi-annually 13 KPI report period Indicate the period to which the data applies: Current (e.g. daily data reported on that same day of activity, mo of the following month) Monthly in arrears (June data reported in July)	Care, Chief Officer and the
the Primary Care General Manager, CHO Head of Service Primary Primary Care Division Operations Team via performance meetings 12 KPI Reporting Frequency Indicate how often the KPI will be reported: □ Daily □ Weekly ☑ Monthly □ Quarterly □ Bi-annually 13 KPI report period Indicate the period to which the data applies: ☑ Current (e.g. daily data reported on that same day of activity, moof the following month) □ Monthly in arrears (June data reported in July) □ Quarterly in arrears (quarter 1 data reported in quarter 2)	Care, Chief Officer and the
the Primary Care General Manager, CHO Head of Service Primary Primary Care Division Operations Team via performance meetings 12 KPI Reporting Frequency Indicate how often the KPI will be reported: Daily Weekly Monthly Quarterly Bi-annually Indicate the period to which the data applies: Current (e.g. daily data reported on that same day of activity, mo of the following month) Monthly in arrears (June data reported in July) Quarterly in arrears (quarter 1 data reported in quarter 2) Rolling 12 months (previous 12 month period)	Care, Chief Officer and the s. Annually Other – give onthly data reported by the 10th
the Primary Care General Manager, CHO Head of Service Primary Primary Care Division Operations Team via performance meetings 12 KPI Reporting Frequency Indicate how often the KPI will be reported: □Daily □Weekly ☑ Monthly □Quarterly □Bi-annually Indicate the period to which the data applies: □Current (e.g. daily data reported on that same day of activity, mo of the following month) □Monthly in arrears (June data reported in July) □Quarterly in arrears (quarter 1 data reported in quarter 2) □Rolling 12 months (previous 12 month period) 14 KPI Reporting Aggregation Indicate the level of aggregation for example over a geographical lo	Care, Chief Officer and the s. Annually Other – give onthly data reported by the 10th
the Primary Care General Manager, CHO Head of Service Primary Primary Care Division Operations Team via performance meetings 12 KPI Reporting Frequency Indicate how often the KPI will be reported: Daily Weekly Monthly Quarterly Bi-annually Indicate the period to which the data applies: Current (e.g. daily data reported on that same day of activity, mo of the following month) Monthly in arrears (June data reported in July) Quarterly in arrears (quarter 1 data reported in quarter 2) Rolling 12 months (previous 12 month period) Indicate the level of aggregation for example over a geographical low National CHO LHO	Care, Chief Officer and the s. Annually Other – give onthly data reported by the 10th
the Primary Care General Manager, CHO Head of Service Primary Primary Care Division Operations Team via performance meetings 12 KPI Reporting Frequency Indicate how often the KPI will be reported: □Daily □Weekly ☑ Monthly □Quarterly □Bi-annually Indicate the period to which the data applies: □Current (e.g. daily data reported on that same day of activity, mo of the following month) □Monthly in arrears (June data reported in July) □Quarterly in arrears (quarter 1 data reported in quarter 2) □Rolling 12 months (previous 12 month period) Indicate the level of aggregation for example over a geographical lo ☑ National ☑ CHO ☑ LHO □ County □ Institution □ Other – give details:	Care, Chief Officer and the s. Annually Other – give onthly data reported by the 10th
the Primary Care General Manager, CHO Head of Service Primary Primary Care Division Operations Team via performance meetings 12 KPI Reporting Frequency Indicate how often the KPI will be reported: Daily Weekly Monthly Quarterly Bi-annually Indicate the period to which the data applies: Current (e.g. daily data reported on that same day of activity, monofithe following month) Monthly in arrears (June data reported in July) Quarterly in arrears (quarter 1 data reported in quarter 2) Rolling 12 months (previous 12 month period) Indicate the level of aggregation for example over a geographical low National CHO LHO County Institution Other – give details: Indicate where the KPI will be reported:	Care, Chief Officer and the s. Annually Other – give onthly data reported by the 10th
the Primary Care General Manager, CHO Head of Service Primary Primary Care Division Operations Team via performance meetings 12 KPI Reporting Frequency Indicate how often the KPI will be reported: Daily Weekly Monthly Quarterly Bi-annually Indicate the period to which the data applies: Current (e.g. daily data reported on that same day of activity, mo of the following month) Monthly in arrears (June data reported in July) Quarterly in arrears (quarter 1 data reported in quarter 2) Rolling 12 months (previous 12 month period) Indicate the level of aggregation for example over a geographical low National CHO LHO County Institution Other – give details:	Care, Chief Officer and the s. Annually Other – give onthly data reported by the 10th
the Primary Care General Manager, CHO Head of Service Primary Primary Care Division Operations Team via performance meetings 12 KPI Reporting Frequency Indicate how often the KPI will be reported: Daily Weekly Monthly Quarterly Bi-annually Indicate the period to which the data applies: Current (e.g. daily data reported on that same day of activity, monofithe following month) Monthly in arrears (June data reported in July) Quarterly in arrears (quarter 1 data reported in quarter 2) Rolling 12 months (previous 12 month period) Indicate the level of aggregation for example over a geographical lown strong of the country Institution Officer of the country Institution Officer of the country Indicate where the KPI will be reported: MPerformance Report Other officer of Service Primary Primary Care Division Department.	Care, Chief Officer and the s. Annually Other – give onthly data reported by the 10th
the Primary Care General Manager, CHO Head of Service Primary Primary Care Division Operations Team via performance meetings Indicate how often the KPI will be reported: □Daily □Weekly ☑ Monthly □Quarterly □Bi-annually Indicate the period to which the data applies: □Current (e.g. daily data reported on that same day of activity, mo of the following month) □Monthly in arrears (June data reported in July) □Quarterly in arrears (June data reported in quarter 2) □Rolling 12 months (previous 12 month period) Indicate the level of aggregation for example over a geographical lo ☑ National ☑ CHO ☑ LHO □ County □ Institution □ Other – give details: Indicate where the KPI will be reported: ☑Performance Report □Other – give details:	Care, Chief Officer and the s. Annually Other – give onthly data reported by the 10th ocation:
the Primary Care General Manager, CHO Head of Service Primary Primary Care Division Operations Team via performance meetings Indicate how often the KPI will be reported: Daily \[\] \[Care, Chief Officer and the s. Annually Other – give onthly data reported by the 10th ocation:
the Primary Care General Manager, CHO Head of Service Primary Primary Care Division Operations Team via performance meetings 12 KPI Reporting Frequency Indicate how often the KPI will be reported: Daily Weekly Monthly Quarterly Bi-annually Indicate the period to which the data applies: Current (e.g. daily data reported on that same day of activity, monof the following month) Monthly in arrears (June data reported in July) Quarterly in arrears (quarter 1 data reported in quarter 2) Rolling 12 months (previous 12 month period) Indicate the level of aggregation for example over a geographical low National GHO GHO HO County Institution Other – give details: Indicate where the KPI will be reported: Performance Report Gother – give details: Information Analyst: Geraldine Littler, Business Information Unit-Parameters (Information Analyst: Geraldine Littler, Business Information Unit-Parameters)	Care, Chief Officer and the s. Annually Other – give onthly data reported by the 10th ocation: Care & Social Inclusion, dine Littler@hse.ie
the Primary Care General Manager, CHO Head of Service Primary Primary Care Division Operations Team via performance meetings 12 KPI Reporting Frequency Indicate how often the KPI will be reported: Daily Weekly Monthly Quarterly Bi-annually Indicate the period to which the data applies: Current (e.g. daily data reported on that same day of activity, monofithe following month) Monthly in arrears (June data reported in July) Quarterly in arrears (quarter 1 data reported in quarter 2) Rolling 12 months (previous 12 month period) Indicate the level of aggregation for example over a geographical low Autional Chomatomy Institution Other – give details: Indicate where the KPI will be reported: Performance Report Other – give details: Indicate where the KPI will be reported: Performance Report Other – give details: Information Analyst: Geraldine Littler, Business Information Unit-Pare Planning and Business Information (PBI) 046 9251330 Email: Geraldine Analyst: Geraldine Littler, Business Information Unit-Pare Planning and Business Information (PBI) 046 9251330 Email: Geraldine Littler, Business Information Contact details for Data Manager /	Care, Chief Officer and the s. Annually Other – give onthly data reported by the 10th ocation: Care & Social Inclusion, dine Littler@hse.ie

1	KPI Title	No. of patients treated in the reporting month (monthly target)
2	KPI Description PC16	This is a count of the number of patients treated (by service setting****) in the reporting month. includes patients (clients) that received a 'hands on' intervention in the reporting month i.e. new clients, existing clients, and those from previous caseload who were treated in the month. Patient who attended (i) individual appointments and (ii) group sessions are counted. ****Service Settings include:
		*Domiciliary / Principal Setting: i.e client's home address or nursing home where the home is the client's main residence or any other setting to which the physiotherapist travels for individual physiotherapy contact / visit / appointment. It also includes a once-off school visit for an individual *Other Individual or Clinic Setting: any setting where the therapist does not have to travel to treat
		the patient i.e one to one intervention that does not occur in a client's main residence. •Group: where a number of individuals attend for a combined session eg. Falls Class, Back Class Pulmonary Rehabilitation.
3	KPI Rationale	This metric provides information on the number of individual patients treated i.e. receiving a 'hanc on' intervention in the month and informs decisions in relation to the planning and management of staff and resource allocation.
	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two). □Person Centred Care □Effective Care
		□Safe Care □ Better Health and Wellbeing ☑Use of Information
_	MDI Tarras COCCT	□Workforce ☑Use of Resources □Governance, Leadership and Management
4	KPI Target 2017	DOP 2017 Target National - 37,477 CHO 1 - 4,900, CHO 2 - 4,068, CHO 3 - 2,140, CHO 4 - 4,888, CHO 5 - 5,052, CHO 6 - 2,420, CHO 7 - 5,935, CHO 8 - 5,172, CHO 9 - 2,902
5	KPI Calculation	Count the number of patients that received an intervention in the reporting month. Include new clients, existing clients, and those from previous caseload who were treated in the month. Each patient is included only once in the count. If a patient is seen in more than one setting during the month count in one setting only (therapist can decide most relevant setting).
6	Data Source	Physiotherapist records, Physiotherapy Manager, Primary Care General Manager, Community Healthcare Organisation (CHO) Head of Service Primary Care, Chief Officer and Business Information Unit (BIU) Community Healthcare Team.
	Data Completeness	100 % data completeness. Data excludes physiotherapy staff activity in acute hospital services, voluntary agencies, Child and Adolescent Mental Health Services, Mental Health Services, Community Mental Health Teams and therapy assistant activity. The activity includes individual physiotherapy staff activity and physiotherapy staff activity and physiotherapy staff activity as part of multi-disciplinary teams.
	Data Quality Issues	No
7	Data Collection Frequency	Indicate how often the data to support the KPI will be collected: □Daily □Weekly ☑ Monthly □Quarterly □Bi-annually □Annually □Other – give
8	Tracer Conditions	Patients treated in the month Service settings
9	Minimum Data Set	Patients treated in the month Service settings
	International Comparison	No
11	KPI Monitoring	KPI will be monitored on a (please indicate below) basis: □Daily □Weekly ☑Monthly □Quarterly □Bi-annually □Annually □Other – give details: Please indicate who is responsible at a local level for monitoring this KPI: Physiotherapy Manage the Primary Care General Manager, CHO Head of Service Primary Care, Chief Officer and the
12	KPI Reporting Frequency	Primary Care Division Operations Team via performance meetings. Indicate how often the KPI will be reported:
3	KPI report period	□Daily □Weekly ☑ Monthly □Quarterly □Bi-annually □Annually □Other – give Indicate the period to which the data applies: □Current (e.g. daily data reported on that same day of activity, monthly data reported by the 10th
		of the following month) □Monthly in arrears (June data reported in July) □Quarterly in arrears (quarter 1 data reported in quarter 2) □Rolling 12 months (previous 12 month period)
14	KPI Reporting Aggregation	Indicate the level of aggregation for example over a geographical location: ☑ National ☑ CHO ☑ LHO ☐ County ☐ Institution ☐ Other – give details:
15		Indicate where the KPI will be reported: ☑Performance Report □Other – give details:
7	Web link to data Additional Information	http://www.hse.ie/eng/services/publications/_
ont	act details for Data Manager / ialist Lead	Information Analyst: Geraldine Littler, Business Information Unit- Palliative Care & Social Inclusio Planning and Business Information (PBI) 046 9251330 Email:Geraldine.Littler@hse.ie Specialist Lead: Brian Murphy, Head of Planning, Performance and Programme Management and

		Contacts
1	KPI Title	Number of face to face contacts / visits
_	KPI Description PC17	This is a count of the total number of patient face to face contacts / visits / appointments (by serv setting****) that took place on an individual or group basis during in the reporting month including contacts as part of a first time assessment. Contacts in respect of:
		(i) new patients (i.e. not known to the service) (ii) re-referrals (i.e. previously discharged) iii) existing patients and (iv) those from previous caseloads who were treated in the reporting month are included. ****Service Settings include:
		 Domiciliary / Principal Setting: i.e client's home address or nursing home where the home is the client's main residence or any other setting to which the physiotherapist travels for an individual physiotherapy contact / visit / appointment. It also includes a once-off school visit for an individua o Other Individual or Clinic Setting: any setting where the therapist does not have to travel to treat the patient i.e one to one intervention that does not occur in a client's main residence. Group: where a number of individuals attend for a combined session eg. Falls Class, Back Class Pulmonary Rehabilitation.
		Each patient contact that takes place in a group setting is counted, however where the group is delivered by 2 physiotherapists each patient contact is counted once only and attributed to one therapist.
3	KPI Rationale	This metric captures the number of face to face contacts / visits / appointments in the month and provides information to support staff and resouce allocation.
	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two). □Person Centred Care □Effective Care
		□ Safe Care □ Better Health and Wellbeing □ Use of Information □ Workforce □ Use of Resources □ Governance, Leadership and Management
4	KPI Target 2017	DOP 2017 Target National - 756,000 CHO 1 - 115,188, CHO 2 - 91,380, CHO 3 - 47,136, CHO 4 - 103,272, CHO 5 - 101,964, CHO 50,244, CHO 7 - 80,508, CHO 8 - 107,184, CHO 9 - 59,124
5	KPI Calculation	Count the number of patient face-to-face contacts / visits / appointments (by setting****) that took place, on an individual or group basis, during the reporting month including contacts as part of a first time assessment.
6	Data Source	Physiotherapist records, Physiotherapy Manager, Primary Care General Manager, Community Healthcare Organisation (CHO) Head of Service Primary Care, Chief Officer and Business Information Unit (BIU) Community Healthcare Team.
	Data Completeness	100 % data completeness. Data excludes physiotherapy staff activity in acute hospital services, voluntary agencies, Child and Adolescent Mental Health Services, Mental Health Services, Community Mental Health Teams and therapy assistant activity. The activity includes individual physiotherapy staff activity and physiotherapy staff activity as part of multi-disciplinary teams.
	Data Quality Issues	No
7	Data Collection Frequency	Indicate how often the data to support the KPI will be collected: □Daily □Weekly ☑ Monthly □Quarterly □Bi-annually □Annually □Other – give
8	Tracer Conditions	Patient face-to-face contacts / visits / appointments Service settings.
9	Minimum Data Set	Patient face-to-face contacts / visits / appointments Service settings.
10	International Comparison	No
11	KPI Monitoring	KPI will be monitored on a (please indicate below) basis: □Daily □Weekly ☑Monthly □Quarterly □Bi-annually □Annually □Other – give details: Please indicate who is responsible at a local level for monitoring this KPI: Physiotherapy Manage the Primary Care General Manager, CHO Head of Service Primary Care, Chief Officer and the
12	KPI Reporting Frequency	Primary Care Division Operations Team via performance meetings. Indicate how often the KPI will be reported:
13	KPI report period	□ Daily □ Weekly ☑ Monthly □ Quarterly □ Bi-annually □ Annually □ Other – give Indicate the period to which the data applies:
		□Current (e.g. daily data reported on that same day of activity, monthly data reported by the 10 of the following month) □Monthly in arrears (June data reported in July) □Quarterly in arrears (quarter 1 data reported in quarter 2) □Rolling 12 months (previous 12 month) period)
14	KPI Reporting Aggregation	Indicate the level of aggregation for example over a geographical location: ☑ National ☑ CHO ☑ LHO □ County □ Institution □ Other – give details:
15	KPI is reported in which reports?	Indicate where the KPI will be reported: ☑Performance Report □Other – give details:
	Web link to data	http://www.hse.ie/eng/services/publications/
	Additional Information act details for Data Manager /	Information Analyst: Geraldine Littler, Business Information Unit- Palliative Care & Social Inclusio
	ialist Lead	Planning and Business Information (PBI) 046 9251330 Email: Geraldine Littler@hse.ie Specialist Lead: Brian Murphy, Head of Planning, Performance and Programme Management an

Pri	mary Care - Physiotherapy \	Naiting List Management
1	KPI Title	Total no. of physiotherapy patients on the assessment waiting list at the end of the reporting period
2	KPI Description PC100 PC100A	This is a count of the number of patients (by wait time***) on the waiting list for a first time / initial assessment at the end of the reporting month.
	PC 100B PC100C	***Wait times include: •0 ≤ 1 week (0-6 days)
	PC100D	• 1 ≤ 4 weeks (7-27 days)
	PC100E	• 4 ≤ 8 weeks (28-55 days) • 8 ≤ 12 weeks (56-83 days)
		• 12 ≤ 26 weeks (84-181 days)
		26 ≤ 29 weeks (182-272 days) 39 ≤ 52 weeks (273-365 days)
•	KPI Rationale	• >52 weeks.
3	KPI Rationale	This metric allows for waiting lists and times to be identified, monitored and actions to be taken to reduce wait times for patients.
	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two). □Person Centred Care □Effective Care
		□Safe Care □ Better Health and Wellbeing ☑Use of Information
4	KPI Target 2017	□ Workforce □ Use of Resources □ Governance, Leadership and Management DOP 2017 Target National -30,454
_	_	CHO 1 - 3,796, CHO 2 - 4,230, CHO 3 - 3,644, CHO 4 - 2,694, CHO 5 - 3,933, CHO 6 - 1,378, CHO 7 - 2,751, CHO 8 - 4,492, CHO 9 - 3,536
5	KPI Calculation	Count the number of patients waiting for an assessment on the last day of the calendar month. The waiting time is measured from date of referral i.e. date of receipt of the referral by the service to the end of reporting month.
6	Data Source	Physiotherapist records, Physiotherapy Manager, Primary Care General Manager, Community Healthcare Organisation (CHO) Head of Service Primary Care, Chief Officer and Business Information Unit (BIU) Community Healthcare Team.
	Data Completeness	100 % data completeness. Data excludes physiotherapy staff activity in acute hospital services, voluntary agencies, Child and Adolescent Mental Health Services, Mental Health Services, Community Mental Health Teams and therapy assistant activity. The activity includes individual physiotherapy staff activity and physiotherapy staff activity as part of multi-disciplinary teams.
	Data Quality Issues	No
7	Data Collection Frequency	Indicate how often the data to support the KPI will be collected: □Daily □Weekly ☑ Monthly □Quarterly □Bi-annually □Annually □Other – give
8	Tracer Conditions	Patients waiting to be seen for assessment Wait times
9	Minimum Data Set	Patients waiting to be seen for assessment Wait times
	International Comparison KPI Monitoring	No KPI will be monitored on a (please indicate below) basis:
	KF1 MOIIILOTHING	□Daily □Weekly ☑Monthly □Quarterly □Bi-annually □Annually □Other – give details:
		Please indicate who is responsible at a local level for monitoring this KPI: Physiotherapy Manager, the Primary Care General Manager, CHO Head of Service Primary Care, Chief Officer and the Primary Care Division Operations Team via performance meetings.
12	KPI Reporting Frequency	Indicate how often the KPI will be reported: □Daily □Weekly ☑ Monthly □Quarterly □Bi-annually □Annually □Other – give details:
13	KPI report period	Indicate the period to which the data applies: ☐Current (e.g. daily data reported on that same day of activity, monthly data reported by the 10th of the following month)
		□Monthly in arrears (June data reported in July) □Quarterly in arrears (quarter 1 data reported in quarter 2) □Rolling 12 months (previous 12 month period)
14	KPI Reporting Aggregation	Indicate the level of aggregation for example over a geographical location: ☑ National ☑ CHO ☑ LHO □ County □ Institution □ Other – give details:
15	KPI is reported in which reports?	Indicate where the KPI will be reported: ☑ Performance Report □Other – give details:
	Web link to data	http://www.hse.ie/eng/services/publications/
	Additional Information act details for Data Manager /	Information Analyst: Geraldine Littler, Business Information Unit- Palliative Care & Social Inclusion,
	ialist Lead	Planning and Business Information (PBI) 046 9251330 Email:Geraldine.Littler@hse.ie Specialist Lead: Brian Murphy, Head of Planning, Performance and Programme Management and
Motic	onal Lead and Division	John Hennessy, National Director, Primary Care Division, Health Service Executive.
Motic	onal Lead and Division	Interim Head of Operations Primary Care Division

1	KPI Title	% of new physiotherapy patients seen for assessment within 12 weeks
2	KPI Description PC15A & PC15B	This is a calculation of the number of physiotherapy patients seen for assessment within 12 weeks of referral expressed as a proportion of the overall number of physiotherapy patients seen for assessment in the reporting period multiplied by 100.
3	KPI Rationale	The purpose of this metric is to monitor waiting lists and reduce wait times for patients.
	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two). □Person Centred Care □Safe Care □ Better Health and Wellbeing ☑Use of Information □Workforce ☑ Use of Resources □Governance, Leadership and Management
4	KPI Target 2017	DOP 2017 Target National - 81%
5	KPI Calculation	The number of new physiotherapy patients seen for first time assessment within 12 weeks of referral is expressed as a proportion of the overall number of new physiotherapy patients seen for first time assessment in the reporting period multiplied by 100. Numerator: Number of new physiotherapy patients seen for a first time assessment by wait times $0 \le 1$ weeks $+ 1 \le 4$ weeks $+ 4 \le 8$ weeks $+ 8 \le 12$ weeks Denominator: Total number of new physiotherapy patients seen for first time assessment by wait times $0 \le 1$ weeks $+ 1 \le 4$ weeks $+ 4 \le 8$ weeks $+ 8 \le 12$ weeks $+ 12$ weeks $+ 26$ weeks $+ 39$ weeks $+ 30$ week
6	Data Source	Physiotherapist records, Physiotherapy Manager, Primary Care General Manager, Community Healthcare Organisation (CHO) Head of Service Primary Care, Chief Officer and Business Information Unit (BIU) Community Healthcare Team.
	Data Completeness	100 % data completeness. Data excludes physiotherapy staff activity in acute hospital services, voluntary agencies, Child and Adolescent Mental Health Services, Mental Health Services, Community Mental Health Teams and therapy assistant activity. The activity includes individual physiotherapy staff activity and physiotherapy staff activity as part of multi-disciplinary teams.
	Data Quality Issues	No
7	Data Collection Frequency	Indicate how often the data to support the KPI will be collected: □Daily □Weekly ☑ Monthly □Quarterly □Bi-annually □Annually □Other – give
8	Tracer Conditions	New physiotherapy patients seen Waiting times
9	Minimum Data Set	New physiotherapy patients seen Waiting times
10	International Comparison	No
11	KPI Monitoring	KPI will be monitored on a (please indicate below) basis: □Daily □Weekly ☑Monthly □Quarterly □Bi-annually □Annually □Other – give details: Please indicate who is responsible at a local level for monitoring this KPI: A213Physiotherapy Manager, the Primary Care General Manager, CHO Head of Service Primary Care, Chief Officer and the Primary Care Division Operations Team via performance meetings.
12	KPI Reporting Frequency	Indicate how often the KPI will be reported: □Daily □Weekly ☑ Monthly □Quarterly □Bi-annually □Annually □Other – give
13	KPI report period	Indicate the period to which the data applies: ☑Current (e.g. daily data reported on that same day of activity, monthly data reported by the 10th of the following month) ☐Monthly in arrears (June data reported in July) ☐Quarterly in arrears (quarter 1 data reported in quarter 2) ☐Rolling 12 months (previous 12 month period)
14	KPI Reporting Aggregation	Indicate the level of aggregation C177for example over a geographical location: ☑ National ☑ CHO ☑ LHO ☐ County ☐ Institution ☐ Other – give details:
15	KPI is reported in which reports?	Indicate where the KPI will be reported: ☑ Performance Report □Other – give details:
16	Web link to data	http://www.hse.ie/eng/services/publications/
17	Additional Information	
	act details for Data Manager / ialist Lead	Information Analyst: Geraldine Littler, Business Information Unit- Palliative Care & Social Inclusion Planning and Business Information (PBI) 046 9251330 Email: Geraldine.Littler@hse.ie Specialist Lead: Brian Murphy, Head of Planning, Performance and Programme Management and Interim Head of Operations Primary Care Division

Pri	mary Care - Physiotherapy \	Vaiting List Management
	KPI Title KPI Description	% of physiotherapy patients on waiting list for assessment less than or equal to 52 weeks This is a calculation of the number of physiotherapy patients who are waiting less than or equal to
2	PC100F & PC100G	52 weeks to be seen by a physiotherapist expressed as a proportion of the overall number of physiotherapy patients waiting to be seen (all wait times***) at the end of the reporting month multiplied by 100. ***Wait times include:
		•0 ≤ 1 week (0-6 days) •1 ≤ 4 weeks (7-27 days) •4 ≤ 8 weeks (28-55 days)
		• 8 ≤ 12 weeks (56-83 days)
		 12 ≤ 26 weeks (84-181 days) 26 ≤ 29 weeks (182-272 days)
		• 39 ≤ 52 weeks (273-365 days) • >52 weeks.
3	KPI Rationale	This metric allows for waiting lists and times to be identified, monitored and actions to be taken to reduce wait times for patients.
	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two). □Person Centred Care □Effective Care
		□ Safe Care □ Better Health and Wellbeing □ Use of Information
L.	VDI Tarrat 0047	□Workforce ☑Use of Resources □Governance, Leadership and Management
	KPI Target 2017 KPI Calculation	DOP 2017 Target National - 98% Count the total number of physiotherapy patients on the assessment waiting list at the end of the
		reporting period by wait band $0 \le 1$ weeks + $1 \le 4$ weeks + $4 \le 8$ weeks + $8 \le 12$ weeks + 12 weeks ≤ 26 weeks ≤ 39 weeks ≤ 39 weeks ≤ 52 weeks and express it as a proportion of the overall number of physiotherapy patients on the assessment waiting list at the end of the reporting period by wait bands $0 \le 1$ weeks + $1 \le 4$ weeks + $4 \le 8$ weeks + $8 \le 12$ weeks + 12 weeks $1 \le 12$ weeks $1 \le 12$ weeks $1 \le 13$ weeks 1
		and multiply by 100. Numerator: The number of physiotherapy patients waiting to be seen in wait bands 0 ≤ 1 weeks
		$+$ 1 \leq 4 weeks + 4 \leq 8 weeks + 8 \leq 12 weeks + 12 weeks \leq 26 weeks + 26 weeks \leq 39 weeks + 39 weeks \leq 52 weeks
		Denominator: The number of physiotherapy patients waiting to be seen in wait bands 0 ≤ 1 weeks
		$+1 \le 4$ weeks $+4 \le 8$ weeks $+8 \le 12$ weeks $+12$ weeks ≤ 26 weeks $+26$ weeks ≤ 39 weeks $+39$ weeks ≤ 52 weeks $+>52$ weeks $\times 100$.
6	Data Source	Physiotherapist records, Physiotherapy Manager, Primary Care General Manager, Community Healthcare Organisation (CHO) Head of Service Primary Care, Chief Officer and Business Information Unit (BIU) Community Healthcare Team.
	Data Completeness	100 % data completeness. Data excludes physiotherapy staff activity in acute hospital services, voluntary agencies, Child and Adolescent Mental Health Services, Mental Health Services, Community Mental Health Teams and therapy assistant activity. The activity includes individual physiotherapy staff activity and physiotherapy staff activity as part of multi-disciplinary teams.
	Data Quality Issues	No
7	Data Collection Frequency	Indicate how often the data to support the KPI will be collected: □Daily □Weekly ☑ Monthly □Quarterly □Bi-annually □Annually □Other – give
8	Tracer Conditions	•Physiotherapy patients waiting to be seen •Waiting times
9	Minimum Data Set	Physiotherapy patients waiting to be seen Waiting times
	International Comparison KPI Monitoring	No KPI will be monitored on a (please indicate below) basis:
11	TAT I MUNICULING	Daily □Weekly ☑Monthly □Quarterly □Bi-annually □Annually □Other – give details: Please indicate who is responsible at a local level for monitoring this KPI: Physiotherapy Manager, the Primary Care General Manager, CHO Head of Service Primary Care, Chief Officer and the
		Primary Care Division Operations Team via performance meetings
12	KPI Reporting Frequency	Indicate how often the KPI will be reported: □Daily □Weekly ☑ Monthly □Quarterly □Bi-annually □Annually □Other – give details:
13	KPI report period	Indicate the period to which the data applies: ☑Current (e.g. daily data reported on that same day of activity, monthly data reported by the 10th of the following month) ☐Monthly in arrears (June data reported in July) ☐Quarterly in arrears (quarter 1 data reported in quarter 2) ☐Rolling 12 months (previous 12 month period)
14	KPI Reporting Aggregation	Indicate the level of aggregation for example over a geographical location: ☐ National ☐ CHO ☐ LHO ☐ County ☐ Institution ☐ Other – give details:
15	KPI is reported in which reports ?	Indicate where the KPI will be reported: ☑ Performance Report □Other – give details:
16	Web link to data	http://www.hse.ie/eng/services/publications/
	Additional Information act details for Data Manager /	Information Analyst: Geraldine Littler, Business Information Unit- Palliative Care & Social Inclusion,
	ialist Lead	Planning and Business Information (PBI) 046 9251330 Email:Geraldine.Littler@hse.ie Specialist Lead: Brian Murphy, Head of Planning, Performance and Programme Management and
Natio	nal Lead and Division	Interim Head of Operations Primary Care Division John Hennessy, National Director, Primary Care Division, Health Service Executive.

Pri	mary Care - Physiotherapy	waiting List Management
4	KDI Title	0/ of abvoistborony nations on waiting list for accomment loss than or agual to 20 weeks
2	KPI Title KPI Description	% of physiotherapy patients on waiting list for assessment less than or equal to 39 weeks This is a calculation of the number of physiotherapy patients who are waiting less than or equal to
2	PC100H & PC100I	39 weeks to be seen by a physiotherapist expressed as a proportion of the overall number of physiotherapy patients (all wait times***) waiting to be seen at the end of the reporting month multiplied by 100.
		***Wait times include: •0 ≤ 1 week (0-6 days)
		• 1 ≤ 4 weeks (7-27 days)
		• 4 ≤ 8 weeks (28-55 days)
		*8 ≤ 12 weeks (56-83 days) *12 ≤ 26 weeks (84-181 days)
		• 26 ≤ 29 weeks (182-272 days)
		• 39 ≤ 52 weeks (273-365 days)
		•>52 weeks.
3	KPI Rationale	This metric allows for waiting lists and times to be identified, monitored and actions to be taken to reduce wait times for patients.
	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification
		(in some cases you may need to choose two).
		□Person Centred Care □Effective Care
		□Safe Care □ Better Health and Wellbeing ☑Use of Information □Workforce ☑Use of Resources □Governance, Leadership and Management
4	KPI Target 2017	DOP 2017 Target National - 95%
5	KPI Calculation	Count the total number of physiotherapy patients on the assessment waiting list at the end of the
		reporting period by wait band $0 \le 1$ weeks $+ 1 \le 4$ weeks $+ 4 \le 8$ weeks $+ 8 \le 12$ weeks $+ 12$
		weeks ≤ 26 weeks + 26 weeks ≤ 39 weeks and express it as a proportion of the total number of physiotherapy patients on the assessment waiting list at the end of the reporting period by wait
		physiotherapy patients on the assessment waiting list at the end of the reporting period by wait band $0 \le 1$ weeks $+ 1 \le 4$ weeks $+ 4 \le 8$ weeks $+ 8 \le 12$ weeks $+ 12$ weeks ≤ 26 weeks $+ 26$
		weeks ≤ 39 weeks + 39 weeks ≤ 52 weeks + > 52 weeks and multiply by 100.
		Numerator: The number of physiotherapy patients waiting to be seen in wait bands 0 ≤ 1 weeks
		$1 \le 4$ weeks + $4 \le 8$ weeks + $8 \le 12$ weeks + 12 weeks ≤ 26 weeks + 26 weeks ≤ 39 Denominator. The number of physiotherapy patients waiting to be seen in wait bands $0 - < 12$
		weeks + $>$ 12 weeks - \leq 26 weeks + $>$ 26 weeks - \leq 39 weeks + $>$ 39 weeks - \leq 52 weeks + $>$ 52
		weeks x 100.
6	Data Source	Physiotherapist records, Physiotherapy Manager, Primary Care General Manager, Community
۰	Data Source	Healthcare Organisation (CHO) Head of Service Primary Care, Chief Officer and Business
		Information Unit (BIU) Community Healthcare Team.
	Data Completeness	100 % data completeness. Data excludes physiotherapy staff activity in acute hospital services, voluntary agencies, Child and Adolescent Mental Health Services, Mental Health Services, Community Mental Health Teams and therapy assistant activity. The activity includes individual physiotherapy staff activity and physiotherapy staff activity as part of multi-disciplinary teams.
	Data Quality Issues	No
7	Data Collection Frequency	Indicate how often the data to support the KPI will be collected:
		□Daily □Weekly ☑ Monthly □Quarterly □Bi-annually □Annually □Other – give
8	Tracer Conditions	Physiotherapy patients waiting to be seen Waiting times
9	Minimum Data Set	Physiotherapy patients waiting to be seen Waiting times
10	International Comparison	No
11	KPI Monitoring	KPI will be monitored on a (please indicate below) basis:
		□Daily □Weekly ☑Monthly □Quarterly □Bi-annually □Annually □Other – give details:
		Please indicate who is responsible at a local level for monitoring this KPI: Physiotherapy Manage
		the Primary Care General Manager, CHO Head of Service Primary Care, Chief Officer and the
10	KDI Davida Eur	Primary Care Division Operations Team via performance meetings.
12	KPI Reporting Frequency	Indicate how often the KPI will be reported: □Daily □Weekly ☑ Monthly □Quarterly □Bi-annually □Annually □Other – give details:
13	KPI report period	Indicate the period to which the data applies:
		☑Current (e.g. daily data reported on that same day of activity, monthly data reported by the 10t
		of the following month)
		☐Monthly in arrears (June data reported in July) ☐Quarterly in arrears (quarter 1 data reported in quarter 2)
		□Rolling 12 months (previous 12 month period)
14	KPI Reporting Aggregation	Indicate the level of aggregation for example over a geographical location:
		☑ National ☑ CHO ☑ LHO ☐ County ☐ Institution ☐ Other – give details:
15	KPI is reported in which reports ?	Indicate where the KPI will be reported:
4-	·	☑ Performance Report □Other – give details:
16 17	Web link to data Additional Information	http://www.hse.ie/eng/services/publications/
	tact details for Data Manager /	Information Analyst: Geraldine Littler, Business Information Unit- Palliative Care & Social Inclusion
	cialist Lead	Planning and Business Information (PBI) 046 9251330 Email:Geraldine.Littler@hse.ie
		Specialist Lead: Brian Murphy, Head of Planning, Performance and Programme Management and
		Interim Head of Operations Primary Care Division

rin	nary Care - Physiotherapy	Waiting List Management
1	KPI Title	% of physiotherapy patients on waiting list for assessment less than or equal to 26 weeks
2 I	KPI Description PC100J & PC100K	This is a calculation of the number of physiotherapy patients win are waiting less than or equal to 20 weeks. This is a calculation of the number of physiotherapy patients who are waiting less than or equal to 26 weeks to be seen by a physiotherapist expressed as a proportion of all physiotherapy patients (all wait times*) waiting to be seen at the end of the reporting month multiplied by 100. **Wait times include:
		•0 ≤ 1 week (0-6 days) • 1 ≤ 4 weeks (7-27 days)
		 4 ≤ 8 weeks (28-55 days) 8 ≤ 12 weeks (56-83 days)
		• 12 ≤ 26 weeks (84-181 days) • 26 ≤ 29 weeks (182-272 days)
		• 39 ≤ 52 weeks (273-365 days) • >52 weeks.
3 1	KPI Rationale	This metric allows for waiting lists and times to be identified, monitored and actions to be taken to reduce wait times for patients.
	ndicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two). □Person Centred Care □Effective Care
		□Safe Care □ Better Health and Wellbeing ☑Use of Information
4 1	KPI Target 2017	□Workforce ☑Use of Resources □Governance, Leadership and Management DOP 2017 Target National - 88%
	RPI Calculation	Count the total number of physiotherapy patients on the assessment waiting list at the end of the reporting period by wait band $0 \le 1$ weeks $+ 1 \le 4$ weeks $+ 4 \le 8$ weeks $+ 8 \le 12$ weeks $+ 1 \le 4$ weeks $+ 3 \le 12$ weeks $+ 1 \le 4$ weeks $+ 3 \le 4$ weeks $+ 4 \le 4$ wee
		weeks \leq 52 weeks +> 52 weeks and multiply by 100. Numerator: The number of physiotherapy patients waiting to be seen in wait bands $0 \leq 1$ weeks $1 \leq 4$ weeks + $4 \leq 8$ weeks + $8 \leq 12$ weeks + 12 weeks ≤ 26 weeks
		Denominator: The number of physiotherapy patients waiting to be seen in wait bands 0 - <12 weeks + >12 weeks - ≤26 weeks +>26 weeks - ≤39 weeks +>39 weeks - ≤52 weeks +>52 weeks x 100.
6 I	Data Source	Physiotherapist records, Physiotherapy Manager, Primary Care General Manager, Community Healthcare Organisation (CHO) Head of Service Primary Care, Chief Officer and Business Information Unit (BIU) Community Healthcare Team.
I	Data Completeness	100 % data completeness. Data excludes physiotherapy staff activity in acute hospital services, voluntary agencies, Child and Adolescent Mental Health Services, Mental Health Services, Community Mental Health Teams and therapy assistant activity. The activity includes individual physiotherapy staff activity and physiotherapy staff activity as part of multi-disciplinary teams.
	Data Quality Issues	No
	Data Collection Frequency	Indicate how often the data to support the KPI will be collected: □Daily □Weekly ☑ Monthly □Quarterly □Bi-annually □Annually □Other – give
	Tracer Conditions	Physiotherapy patients waiting to be seen Waiting times
9 1	Minimum Data Set	Physiotherapy patients waiting to be seen Waiting times
	nternational Comparison	No
1	KPI Monitoring	KPI will be monitored on a (please indicate below) basis: □Daily □Weekly ☑Monthly □Quarterly □Bi-annually □Annually □Other – give details: Please indicate who is responsible at a local level for monitoring this KPI: Physiotherapy Manage the Primary Care General Manager, CHO Head of Service Primary Care, Chief Officer and the
12	KPI Reporting Frequency	Primary Care Division Operations Team via performance meetings. Indicate how often the KPI will be reported: □Daily □Weekly ☑ Monthly □Quarterly □Bi-annually □Annually □Other – give
3 1	KPI report period	details: Indicate the period to which the data applies:
		☑Current (e.g. daily data reported on that same day of activity, monthly data reported by the 10i of the following month) ☐Monthly in arrears (June data reported in July) ☐Quarterly in arrears (quarter 1 data reported in quarter 2) ☐Rolling 12 months (previous 12 month period)
14 1	KPI Reporting Aggregation	Indicate the level of aggregation for example over a geographical location: ☑ National ☑ CHO ☑ LHO □ County □ Institution □ Other – give details:
	KPI is reported in which reports ?	Indicate where the KPI will be reported: ☑ Performance Report □Other – give details:
	Web link to data	http://www.hse.ie/eng/services/publications/
	ct details for Data Manager /	Information Analyst: Geraldine Littler, Business Information Unit- Palliative Care & Social Inclusion
	alist Lead	Planning and Business Information (PBI) 046 9251330 Email:Geraldine.Littler@hse.ie Specialist Lead: Brian Murphy, Head of Planning, Performance and Programme Management and
17 / Conta Specia	Additional Information ct details for Data Manager /	http://www.hse.ie/eng/services/publications/ Information Analyst: Geraldine Littler, Business Information Unit- Palliative Ca Planning and Business Information (PBI) 046 9251330 Email:Geraldine.Littler

	KPI Title	No. of contacts with GP Out of Hours Services
2	KPI Description PC11	This is a count of the total number of contacts (by category* and age**) made by patients with GP Out of Hours Services (excluding reduced hour services from 6pm-10pm and at weekends) during the reporting month. * Categories include: • triage only • treatment centres • home visits
		 other which refers to contacts where callers are seeking information, and are not triaged by a clinician. **Age bands include: 0 - 16 years 16 - 65 years 65 years or over unknown age.
3	KPI Rationale	To capture the number of contacts made by patients to GP Out of Hours Services nationally in order to monitor activity and service pressures.
	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two). ☑Person Centred Care ☑ Effective Care □ Safe Care □ Better Health and Wellbeing □Use of Information □ Workforce □Use of Resources □Governance, Leadership and Management
4	KPI Target	NSP 2017 Target National - 1,055,388
	KPI Calculation	Count the total number of contacts (all categories* and ages**) made by patients to GP Out of Hours Services (excluding contacts with reduced hour services from 6pm-10pm and at weekends) during the reporting month. The total number of contacts by category should equal the total number of contacts by age
6	Data Source	GP Out of Hours Services, and Business Information Unit (BIU) Community Healthcare Team.
	Data Completeness	100 % data completeness Data does not include contacts with the reduced hour services from 6pm-10pm and at weekends.
	Data Quality Issues	No known data quality issues. Review of GP Out of Hours Services is to be completed in 2017.
7	Data Collection Frequency	Indicate how often the data to support the KPI will be collected: □Daily □Weekly ☑Monthly □Quarterly □Bi-annually □Annually □Other – give details:
8	Tracer Conditions	Contacts (all categories and ages) with GP Out of Hours Services during the reporting month.
_	Minimum Data Set	Contacts (all categories and ages) with GP Out of Hours Services during the reporting month.
11	International Comparison KPI Monitoring	No KPI will be monitored on a (please indicate below) basis: □Daily □Weekly ☑ Monthly □Quarterly □Bi-annually □Annually □Other – give details: Please indicate who is responsible at a local level for monitoring this KPI: GP Out of Hours Manager, Primary Care General Manager, the CHO Head of Service Primary Care, Chief Officer and the Primary Care Division Operations Team via performance meetings.
12	KPI Reporting Frequency	Indicate how often the KPI will be reported: □Daily □Weekly ☑Monthly □Quarterly □Bi-annually □Annually □Other – give details:
13	KPI report period	Indicate the period to which the data applies: ☐Current (e.g. daily data reported on that same day of activity, monthly data reported by the 10th of the following month) ☐Monthly in arrears (June data reported in July) ☐Quarterly in arrears (quarter 1 data reported in quarter 2) ☐Rolling 12 months (previous 12 month period)
14	KPI Reporting Aggregation	Indicate the level of aggregation − for example over a geographical location: ✓ National County ☐ Institution ✓ Other − give details: GP Out of Hours Service
	KPI is reported in which reports?	Indicate where the KPI will be reported: ☑Performance Report □Other – give details:
	Web link to data	http://www.hse.ie/eng/services/publications/
	Additional Information	
	act details for Data Manager / cialist Lead	Information Analyst: Geraldine Littler, Business Information Unit- Palliative Care & Social Inclusion Planning and Business Information (PBI), 046 9251330 Specialist Lead: Brian Murphy, Head of Planning, Performance and Programme Management and Interim

	ary Care - Occupational The	The state of the s
1	KPI Title	Number of service user referrals
2	KPI Description PC19	This is a count of the number of referrals accepted for service users (by age band*) in the reporting month. It includes new referrals, re-referrals and reviews. Each referral should be date stamped on the day it is received and this is used as the referral date.
		*Age bands include:
		• 0 - 4 years
		• 5 - 17 years
		• 18 - 64 years
		• 65 years and over.
3	KPI Rationale	This KPI provides information on service demand and informs decisions in relation to the planning and management of staff and resource allocation.
	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may
		need to choose two). □Person Centred Care □Effective Care
		□Safe Care □ Better Health and Wellbeing ☑ Use of Information
		☐ Workforce ☐ Use of Resources ☐ Governance, Leadership and Management
4	KPI Target 2017	DOP 2017 Target National -93,264
		CHO 1 - 11,304, CHO 2 - 7,776, CHO 3 - 8,220, CHO 4 - 9,636, CHO 5 - 10,212, CHO 6 - 6,732, CHO 7 - 12,924, CHO 8 -
		15,348, CHO 9 - 11,112
5	KPI Calculation	Count the number of referrals (by age band*) that were accepted in the reporting month.
6	Data Source	Occupational Therapy (OT) records, OT Manager, Primary Care General Manager, Community Healthcare Organisation (CHO) Head of Service Primary Care, Chief Officer and Business Information Unit (BIU) Community Healthcare Team.
	Data Completeness	100% data available from all HSE areas nationally. This data includes all OT services provided within Primary and Community Services. It does not include service users in Mental Health, Acute Hospital care or voluntary agency settings.
	Data Quality Issues	No
7	Data Collection Frequency	Indicate how often the data to support the KPI will be collected: □Daily □Weekly ☑ Monthly □Quarterly □Bi-annually □Annually □Other – give details:
8	Tracer Conditions	•Accepted referrals •Age bands
9	Minimum Data Set	•Accepted referrals
		•Age Bands
10	International Comparison	No
11	KPI Monitoring	KPI will be monitored on a (please indicate below) basis: □Daily □Weekly ☑Monthly □Quarterly □Bi-annually □Annually □Other – give details: Please indicate who is responsible at a local level C35for monitoring this KPI: OT Manager, Primary Care General Manager, the CHO Head of Service Primary Care, Chief Officer and the Primary Care Division Operations Team via performance meetings.
12	KPI Reporting Frequency	Indicate how often the KPI will be reported: □Daily □Weekly ☑Monthly □Quarterly □Bi-annually □Annually □Other – give details:
13	KPI report period	Indicate the period to which the data applies:
		☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
		Monthly in arrears (June data reported in July)
- 44	KDI Danastina Amazantina	Quarterly in arrears (quarter 1 data reported in quarter 2)
14	KPI Reporting Aggregation	Indicate the level of aggregation − for example over a geographical location: ☑ National ☑ CHO ☑ LHO
		□ County □ Institution □ Other – give details:
15	KPI is reported in which reports ?	Indicate where the KPI will be reported:
	The state of the s	☑Performance Report □Other – give details:
16	Web link to data	http://www.hse.ie/eng/services/publications/
17	Additional Information	
	details for Data Manager / Specialist	Information Analyst: Geraldine Littler, Business Information Unit- Palliative Care & Social Inclusion, Planning and Business
Lead		Information (PBI) 046 9251330 Email:Geraldine.Littler@hse.ie Specialist Lead: Brian Murphy, Head of Planning, Performance and Programme Management and Interim Head of Operations Primary Care Division
	Lead and Division	John Hennessy, National Director, Primary Care Division, Health Service Executive.

Prima	ry Care - Occupational The	rapy First Assessment
1	KPI Title	Number of new service users seen for a first assessment
2	KPI Description PC20	This is a count of the number of new service users (by age band* and wait time**) seen for a first assessment in the reporting month i.e. the number of service users seen for a first time / initial assessment in this episode of care. It includes service users re referred to the service in the reporting month.
		*Age bands include: • 0 - 4 years • 5 - 17 years
		• 18 - 64 years • 65 years and over. **Wait times include:
		O - less than or equal to 12 weeks Greater than 12 weeks and less than or equal to 26 weeks Greater than 26 weeks and less than or equal to 39 weeks Greater than 39 weeks and less than or equal to 52 weeks Greater than 52 weeks.
3	KPI Rationale	This KPI provides information on service demand and informs decisions in relation to the planning and managment of staff and resource allocation.
	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two). □Person Centred Care □Effective Care □Safe Care □ Better Health and Wellbeing ☑ Use of Information
		□Workforce ☑ Use of Resources □Governance, Leadership and Management
4	KPI Target 2017	DOP 2017 Target National -90,605 CHO 1 - 10,291, CHO 2 - 6,699, CHO 3 - 7,380, CHO 4 - 11,022, CHO 5 - 9,671, CHO 6 - 6,780, CHO 7 - 12,966, CHO 8 - 14,048, CHO 9 - 11,748
5	KPI Calculation	Count the number of service users seen for a first assessment in the reporting month.
6	Data Source	Occupational Therapy (OT) records, OT Manager, Primary Care General Manager, Community Healthcare Organisation (CHO) Head of Service Primary Care, Chief Officer and Business Information Unit (BIU) Community Healthcare Team.
	Data Completeness	100% data available from all HSE areas nationally. This data includes all OT services provided within Primary and Community Services. It does not include service users in Mental Health, Acute Hospital care or voluntary agency settings.
	Data Quality Issues	No
7	Data Collection Frequency	Indicate how often the data to support the KPI will be collected: □Daily □Weekly ☑ Monthly □Quarterly □Bi-annually □Annually □Other − give details:
8	Tracer Conditions	New service users seen for a first assesment Age bands / categories
9	Minimum Data Set	New service users seen for a first assessment Age bands / categories
10	International Comparison	No
11	KPI Monitoring	KPI will be monitored on a (please indicate below) basis: □Daily □Weekly ☑Monthly □Quarterly □Bi-annually □Annually □Other – give details: Please indicate who is responsible at a local level C65for monitoring this KPI: OT Manager, Primary Care General Manager, the CHO Head of Service Primary Care, Chief Officer and the Primary Care Division Operations Team via performance meetings.
12	KPI Reporting Frequency	Indicate how often the KPI will be reported: □Daily □Weekly ☑Monthly □Quarterly □Bi-annually □Annually □Other – give details:
13	KPI report period	Indicate the period to which the data applies: ☐Current (e.g. daily data reported on that same day of activity, monthly data reported by the 10th of the following month) ☐Monthly in arrears (June data reported in July) ☐Quarterly in arrears (quarter 1 data reported in quarter 2) ☐Rolling 12 months (previous 12 month period)
14	KPI Reporting Aggregation	Indicate the level of aggregation − for example over a geographical location: ☑ National ☑ CHO ☑ LHO ☐ County ☐ Institution ☐ Other − give details:
15	KPI is reported in which reports ?	Indicate where the KPI will be reported: ☑Performance Report □Other – give details:
16	Web link to data	http://www.hse.ie/eng/services/publications/
17	Additional Information	
	details for Data Manager / Consisted	Information Analyst: Geraldine Littler, Business Information Unit- Palliative Care & Social Inclusion, Planning and Business
Contact (Lead	details for Data Manager / Specialist	Information (PBI) 046 9251330 Email:Geraldine.Littler@hse.ie Specialist Lead: Brian Murphy, Head of Planning, Performance and Programme Management and Interim Head of Operations Primary Care Division

Prima	ry Care - Occupational Ther	rapy Service Users Treated
		<u> </u>
1	KPI Title	No of service users treated (direct and indirect) monthly target
2	KPI Description PC21	This is a count of the total number of service users (by age band*) who received a service ((a) direct or (b) indirect) in the reporting month. (a) Service users (individual named clients) receive a direct service in the reporting month when they receive direct interventions during the month. Direct interventions refer to face to face interventions, delivered directly to, or on behalf of a named service user. The service user does not have to be present but the intervention is on his / her behalf and of a 'face to face' nature. Examples of direct interventions include • any face to face sessions; • service user specific parent / family training; • school / preschool visit to or on behalf of a service user; • domiciliary visit to service user; • attendance at case conference; • school visit in advance of child attending school; • pre-discharge visit to service users home; • site meeting with Co Council / builder regarding housing adaptations. Each service user is counted only once in the reporting month. (b) Service users receive an indirect service in the reporting month when they receive interventions only and nil direct interventions during the reporting month. Indirect interventions refer to meaningful interventions to, or on behalf of, a client in
		an indirect way. This implies it is of a non face to face nature via telephone, e-mail, written, etc. (Note: if a service user receives direct interventions they are not counted as receiving indirect interventions) *Age bands include: • 0 - 4 years • 5 - 17 years • 18 - 64 years • 65 years and over.
3	KPI Rationale	Occupational therapy is a client centred health profession concerned with promoting health and well being through occupation. The primary goal of occupational therapy is to enable people to participate in the activities of everyday life. Occupational therapists achieve this outcome by working with people and communities to enhance their ability to engage in the occupations they want to, need to, or are expected to do, or by modifying the occupation or the environment to better support their occupational engagement. Occupational therapy is carried out in Primary Care by assessing people and providing interventions, both directly and indirectly, in either home or clinic locations or other community settings e.g. community centres, day centres, community hospital etc. Home based interventions are an essential component of service delivery where assessing / treating the persons performance within his / her own environment is integral to successful outcomes. Service activity data (both direct and indirect)
	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two). □Person Centred Care □Effective Care □Safe Care □ Better Health and Wellbeing ☑Use of Information □Workforce ☑Use of Resources □Governance, Leadership and Management
4	KPI Target 2017	DOP 2017 Target National -20,675 CHO 1 - 2,621, CHO 2 - 1,949, CHO 3 - 1,419, CHO 4 - 2,267, CHO 5 - 1,973, CHO 6 - 1,464, CHO 7 - 2,599, CHO 8 - 3,684, CHO 9 - 2,699
5	KPI Calculation	Count the total number of service users who were treated i.e. service users who received a direct service and service users who received an indirect intervention only in the reporting month. Each service user is counted only once in the reporting month.
6	Data Source Data Completeness	Occupational Therapy (OT) records, OT Manager, Primary Care General Manager, Community Healthcare Organisation (CHO) Head of Service Primary Care, Chief Officer and Business Information Unit (BIU) Community Healthcare Team. 100% data available from all HSE areas nationally. This data includes all OT services provided within Primary and Community
	Data Quality Issues	Services. It does not include service users in Mental Health, Acute Hospital care or voluntary agency settings. No
7	Data Collection Frequency	Indicate how often the data to support the KPI will be collected:
		□Daily □Weekly ☑ Monthly □Quarterly □Bi-annually □Annually □Other – give details:
8	Tracer Conditions	 Service users who received a direct intervention Service users who received an indirect intervention only and nil direct interventions Age bands.
9	Minimum Data Set	Service users who received a direct intervention Service users who received an indirect intervention only and nil direct interventions Age bands.
10	International Comparison	No Control of the Con
11	KPI Monitoring	KPI will be monitored on a (please indicate below) basis: □□aily □Weekly ☑Monthly □Quarterly □Bi-annually □Annually □Other – give details: Please indicate who is responsible at a local level A97for monitoring this KPI: OT Manager, Primary Care General Manager, the CHO Head of Service Primary Care, Chief Officer and the Primary Care Division Operations Team via performance meetings.
12	KPI Reporting Frequency	Indicate how often the KPI will be reported: □Daily □Weekly ☑Monthly □Quarterly □Bi-annually □Annually □Other – give details:
13	KPI report period	Indicate the period to which the data applies: Current (e.g. daily data reported on that same day of activity, monthly data reported by the 10th of the following month) Monthly in arrears (June data reported in July) Quarterly in arrears (quarter 1 data reported in quarter 2) Rolling 12 months (previous 12 month period)
14	KPI Reporting Aggregation	Indicate the level of aggregation — for example over a geographical location: ☑ National ☑ CHO ☑ LHO ☐ County ☐ Institution ☐ Other — give details:
15	KPI is reported in which reports?	Indicate where the KPI will be reported: ☑Performance Report □Other – give details:
16	Web link to data	http://www.hse.ie/eng/services/publications/
17 Contact Lead	Additional Information details for Data Manager / Specialist	Information Analyst: Geraldine Littler, Business Information Unit- Palliative Care & Social Inclusion, Planning and Business Information (PBI) 046 9251330 Email:Geraldine.Littler@hse.ie Specialist Lead: Brian Murphy, Head of Planning, Performance and Programme Management and Interim Head of Operations Primary Care Division
National	Lead and Division	John Hennessy, National Director, Primary Care Division, Health Service Executive.
ui		1

Pri <u>m</u> a	ry Care - Occupational The	rapy Waiting List Management
2	KPI Title KPI Description PC101	Total no. of occupational therapy service users on the assessment waiting list at the end of the reporting period This is a count of the number of service users (by age band* and wait time**) on the waiting list for a first time / initial
	PC101A PC101B	assessment in this episode of care at the end of the reporting month. It includes service users re referred to the service on the last working day of the month.
	PC101C	*Age bands include:
	PC101D PC101E	• 0 - 4 years • 5 - 17 years
	101012	• 18 - 64 years
		• 65 years and over.
		**Wait times include:
		• 0 - less than or equal to 12 weeks
		Greater than 12 weeks and less than or equal to 26 weeks
		Greater than 26 weeks and less than or equal to 39 weeks Greater than 30 weeks and less than or equal to 52 weeks.
		Greater than 39 weeks and less than or equal to 52 weeks Greater than 52 weeks.
3	KPI Rationale	This metric allows for waiting lists and times to be identified, monitored and actions to be taken to reduce wait times for service users.
	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two).
		□Person Centred Care □Effective Care
		□ Safe Care □ Better Health and Wellbeing □ Use of Information □ Workforce □ Use of Resources □ Governance, Leadership and Management
4	KPI Target 2017	DOP 2017 Target National -25,874 CHO 1 - 1,240, CHO 2 - 2,275, CHO 3 -1,339, CHO 4 - 4,677, CHO 5 - 4,426, CHO 6 -1,523, CHO 7 - 3,171, CHO 8 - 4,123, CHO 9 - 3,100
5	KPI Calculation	Count all service users (all age bands*) whose referrals have been accepted by the Occupational Therapy Service who have not attended a first appointment with the service at the end of the reporting month by the length of time (all wait bands**) that they are waiting to be seen. The waiting time is measured from date of referral i.e. date of receipt of the referral by the service to the end of the reporting month.
	Data Course	. •
6	Data Source	Occupational Therapy (OT) records, OT Manager, Primary Care General Manager, Community Healthcare Organisation (CHO) Head of Service Primary Care, Chief Officer and Business Information Unit (BIU) Community Healthcare Team.
	Data Completeness	100% data available from all HSE areas nationally. This data includes all OT services provided within Primary and Community Services. It does not include service users in Mental Health, Acute Hospital care or voluntary agency settings.
	Data Quality Issues	No
7	Data Collection Frequency	Indicate how often the data to support the KPI will be collected:
8	Tracer Conditions	□ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □
٠	Tracer containers	-Age bands -Wait times
9	Minimum Data Set	•Service users waiting to be seen for assessment
		•Age bands
40	late medianel Comments on	•Wait times
10 11	International Comparison KPI Monitoring	No KPI will be monitored on a (please indicate below) basis:
	TA Finding	□Daily □Weekly ☑Monthly □Quarterly □Bi-annually □Annually □Other – give details: Please indicate who is responsible at a local level for monitoring this KPI: OT Manager, Primary Care General Manager, the CHO Head of Service Primary Care, Chief Officer and the Primary Care Division Operations Team via performance meetings
12	KPI Reporting Frequency	Indicate how often the KPI will be reported: □Daily □Weekly ☑Monthly □Quarterly □Bi-annually □Annually □Other – give details:
13	KPI report period	Indicate the period to which the data applies: ☑Current (e.g. daily data reported on that same day of activity, monthly data reported by the 10th of the following month) ☐Monthly in arrears (June data reported in July) ☐Quarterly in arrears (quarter 1 data reported in quarter 2) ☐Rolling 12 months (previous 12 month period)
14	KPI Reporting Aggregation	Indicate the level of aggregation — for example over a geographical location: ☑ National ☑ CHO ☑ LHO ☐ County ☐ Institution ☐ Other — give details:
15	KPI is reported in which reports ?	Indicate where the KPI will be reported: ☐Performance Report ☐Other – give details:
16	Web link to data	http://www.hse.ie/eng/services/publications/
17	Additional Information	
ontact ead	details for Data Manager / Specialist	Information Analyst: Geraldine Littler, Business Information Unit- Palliative Care & Social Inclusion, Planning and Business Information (PBI) 046 9251330 Email:Geraldine.Littler@hse.ie Specialist Lead: Brian Murphy, Head of Planning, Performance and Programme Management and Interim Head of Operations
		Primary Care Division
ationa	Lead and Division	John Hennessy, National Director, Primary Care Division, Health Service Executive.

Prima	ry Care - Occupational Ther	rapy Waiting List Management
1	KPI Title	0/ - f
2	KPI Title KPI Description PC20A & PC20B	% of new occupational therapy service users seen for assessment within 12 weeks This is a calculation of the number of occupational therapy service users seen for assessment within 12 weeks of referral expressed as a proportion of the overall number of occupational therapy service users seen for assessment in the reporting period multiplied by 100.
3	KPI Rationale	The purpose of this metric is to monitor waiting lists and reduce wait times for service users.
	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two). □Person Centred Care □Effective Care □Safe Care □ Better Health and Wellbeing ☑ Use of Information □Workforce ☑ Use of Resources □ Governance, Leadership and Management
4	KPI Target 2017	NSP 2017 Target National - 72%
5	KPI Calculation	The number of new occupational therapy service users seen for first time assessment within 12 weeks of referral is expressed as a proportion of the overall number of new occupational therapy service users seen for first time assessment in the reporting period multiplied by 100. Numerator: Number of new occupational therapy service users seen for a first time assessment by wait time $0 \le 12$ weeks Denominator: Total number of new occupational therapy service users seen for first time assessment by wait times $0 \le 12$ weeks +> 12 weeks - ≤ 26 weeks +> 26 weeks - ≤ 39 weeks +> 39 weeks - ≤ 52 weeks) x 100.
6	Data Source	Occupational Therapy (OT) records, OT Manager, Primary Care General Manager, Community Healthcare Organisation (CHO) Head of Service Primary Care, Chief Officer and Business Information Unit (BIU) Community Healthcare Team.
	Data Completeness	100% data available from all HSE areas nationally. This data includes all OT services provided within Primary and Community Services. It does not include service users in Mental Health, Acute Hospital care or voluntary agency settings.
	Data Quality Issues	No
7	Data Collection Frequency	Indicate how often the data to support the KPI will be collected: □Daily □Weekly ☑ Monthly □Quarterly □Bi-annually □Annually □Other – give details:
8	Tracer Conditions	New occupational therapy service users seen Waiting times
9	Minimum Data Set	New occupational therapy service users seen Waiting times
10	International Comparison	No
11	KPI Monitoring	KPI will be monitored on a (please indicate below) basis: □Daily □Weekly ☑Monthly □Quarterly □Bi-annually □Annually □Other – give details: Please indicate who is responsible at a local level C145for monitoring this KPI: OT Manager, Primary Care General Manager, the CHO Head of Service Primary Care, Chief Officer and the Primary Care Division Operations Team via performance
12	KPI Reporting Frequency	Indicate how often the KPI will be reported: □Daily □Weekly ☑Monthly □Quarterly □Bi-annually □Annually □Other – give details:
13	KPI report period	Indicate the period to which the data applies: ☑Current (e.g. daily data reported on that same day of activity, monthly data reported by the 10th of the following month) ☐Monthly in arrears (June data reported in July) ☐Quarterly in arrears (quarter 1 data reported in quarter 2) ☐Rolling 12 months (previous 12 month period)
14	KPI Reporting Aggregation	Indicate the level of aggregation — for example over a geographical location: ☑ National ☑ CHO ☑ LHO ☐ County ☐ Institution ☐ Other — give details:
15	KPI is reported in which reports ?	☑Performance Report □Other – give details:
16	Web link to data	http://www.hse.ie/eng/services/publications/
17	Additional Information	
Contact Lead	details for Data Manager / Specialist	Information Analyst: Geraldine Littler, Business Information Unit- Palliative Care & Social Inclusion, Planning and Business Information (PBI) 046 9251330 Email:Geraldine.Littler@hse.ie Specialist Lead: Brian Murphy, Head of Planning, Performance and Programme Management and Interim Head of Operations Primary Care Division
National	Lead and Division	John Hennessy, National Director, Primary Care Division, Health Service Executive.

Prima	ry Care - Occupational Ther	apy Waiting List Management
	- Joan O O O O O O O O O O O O O O O O O O O	The state of the s
1	KPI Title	% of occupational therapy service users on waiting list for assessment less than or equal to 52 weeks
2	KPI Description PC101F & PC101G	This is a calculation of the number of new occupational therapy service users (all age bands*) who are waiting less than or equal to 52 weeks to be seen by an occupational therapist expressed as a proportion of the overall number of service users waiting to be seen (all wait times**) at the end of the reporting month multiplied by 100. *Age bands include: •0 - 4 years •5 - 17 years
		 18 - 64 years 65 years and over. **Wait times: 0 - less than or equal to 12 weeks Greater than 12 weeks and less than or equal to 26 weeks Greater than 26 weeks and less than or equal to 39 weeks Greater than 39 weeks and less than or equal to 52 weeks Greater than 52 weeks.
3	KPI Rationale Indicator Classification	The purpose of this metric is to monitor waiting lists and reduce wait times for service users. Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two). □Person Centred Care □Effective Care □Safe Care □ Better Health and Wellbeing ☑Use of Information □Workforce ☑ Use of Resources □Governance, Leadership and Management
4	KPI Target 2017	NSP 2017 Target National - 92%
5	KPI Calculation	Count the total number of occupational therapy service users in all age bands i.e. $0-4yrs$, $5-17yrs$, $18-64yrs$ and $65yrs$ and over on the assessment waiting list at the end of the reporting period by wait band i.e. $0 - < 12$ weeks $+ > 26$ weeks $+ > 26$ weeks $+ > 26$ weeks $+ > 26$ weeks $+ > 39$ weeks $- \le 52$ weeks and express it as a proportion of the overall number of occupational therapy service users in all age bands i.e. $0-4yrs$, $5-17yrs$, $18-64yrs$ and $65yrs$ and over on the assessment waiting list at the end of the reporting period by wait band i.e. $0 - < 12$ weeks $+ > 12$ weeks $+ > 26$ weeks $+ > 26$ weeks $+ > 39$ weeks $+ > 52$ weeks and multiply by 100 . Numerator: The number of occupational therapy service users (all ages) waiting to be seen in wait bands $0 - < 12$ weeks $+ > 12$ weeks
		≥12 weeks - ≤ 26 weeks + >26 weeks - ≤ 39 weeks - ≤ 52 weeks Denominator: The number of occupational therapy service users (all ages) waiting to be seen in wait bands 0 - < 12 weeks + >12 weeks - ≤ 26 weeks + >26 weeks - ≤ 39 weeks + >39 weeks - ≤ 52 weeks + >52 weeks x 100.
6	Data Source	Occupational Therapy (OT) records, OT Manager, Primary Care General Manager, Community Healthcare Organisation (CHO) Head of Service Primary Care, Chief Officer and Business Information Unit (BIU) Community Healthcare Team.
	Data Completeness	100% data available from all HSE areas nationally. This data includes all OT services provided within Primary and Community Services. It does not include service users in Mental Health, Acute Hospital care or voluntary agency settings.
-	Data Quality Issues	No
7	Data Collection Frequency	Indicate how often the data to support the KPI will be collected: □Daily □Weekly ☑ Monthly □Quarterly □Bi-annually □Annually □Other – give details:
8	Tracer Conditions	Occupational therapy service users waiting for assessment Waiting times
9	Minimum Data Set	•Occupational therapy service users waiting for assessment •Waiting times
10	International Comparison	No
11	KPI Monitoring	KPI will be monitored on a (please indicate below) basis: □Daily □Weekly ☑Monthly □Quarterly □Bi-annually □Annually □Other – give details: Please indicate who is responsible at a local level for monitoring this KPI: OT Manager, Primary Care General Manager, the CHO Head of Service Primary Care, Chief Officer and the Primary Care Division Operations Team via performance meetings.
12	KPI Reporting Frequency	Indicate how often the KPI will be reported: □Daily □Weekly ☑Monthly □Quarterly □Bi-annually □Annually □Other – give details:
13	KPI report period	Indicate the period to which the data applies: ☑Current (e.g. daily data reported on that same day of activity, monthly data reported by the 10th of the following month) ☐Monthly in arrears (June data reported in July) ☐Quarterly in arrears (quarter 1 data reported in quarter 2) ☐Rolling 12 months (previous 12 month period)
14	KPI Reporting Aggregation	Indicate the level of aggregation – for example over a geographical location: ☑ National ☑ CHO ☑ LHO □ County □ Institution □ Other – give details:
15	KPI is reported in which reports ?	Indicate where the KPI will be reported: Performance Report □Other – give details:
16	Web link to data	http://www.hse.ie/eng/services/publications/
17 Contact	Additional Information details for Data Manager / Specialist	Information Analyst: Geraldine Littler, Business Information Unit- Palliative Care & Social Inclusion, Planning and Business
Lead	uetans for Data mailaget / Specialist	Information (PBI) 046 9251330 Email:Geraldine.Littler@hse.ie Specialist Lead: Brian Murphy, Head of Planning, Performance and Programme Management and Interim Head of Operations Primary Care Division
National	Lead and Division	John Hennessy, National Director, Primary Care Division, Health Service Executive.

Prima	ry Care - Occupational Ther	apy Waiting List Management
1 2	KPI Title KPI Description PC101H & PC101I	% of occupational therapy service users on waiting list for assessment less than or equal to 39 weeks This is a calculation of the number of new occupational therapy service users (all age bands*) who are waiting less than or equal to 39 weeks to be seen by an occupational therapist expressed as a proportion of the overall number of service users (all wait times**) waiting for these services at the end of the reporting month multiplied by 100. *Age bands include: *0 - 4 years *5 - 17 years *18 - 64 years *65 years and over. **Wait times: *0 - less than or equal to 12 weeks *Greater than 12 weeks and less than or equal to 26 weeks *Greater than 26 weeks and less than or equal to 52 weeks *Greater than 39 weeks and less than or equal to 52 weeks *Greater than 52 weeks.
3	KPI Rationale Indicator Classification	The purpose of this metric is to monitor waiting lists and reduce wait times for service users. Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two). □ Person Centred Care □ Effective Care □ Safe Care □ Better Health and Wellbeing ☑ Use of Information □ Workforce ☑ Use of Resources □ Governance, Leadership and Management
5	KPI Target 2017 KPI Calculation	DOP 2017 Target National - 73% Count the total number of occupational therapy service users in all age bands i.e. $0-4$ yrs, $5-17$ yrs, $18-64$ yrs and 65yrs and over on the assessment waiting list at the end of the reporting period by wait band i.e. $0-<12$ weeks $-<26$ weeks $-<26$ weeks $+>26$ weeks $-<39$ weeks and express it as a proportion of the total number of occupational therapy service users in all age bands i.e. $0-4$ yrs, $5-17$ yrs, $18-64$ yrs and 65yrs and over on the assessment waiting list at the end of the reporting period by wait band i.e. $0-<12$ weeks $+>26$ weeks $+>26$ weeks $+>26$ weeks $+>39$ weeks $+>39$ weeks $-<52$ weeks and multiply by 100 . Numerator: The number of occupational therapy service users (all ages) waiting to be seen in wait bands $0-<12$ weeks $+>12$ weeks $+>26$ weeks $+>26$ weeks $+>39$ weeks
6	Data Source	Occupational Therapy (OT) records, OT Manager, Primary Care General Manager, Community Healthcare Organisation (CHO) Head of Service Primary Care, Chief Officer and Business Information Unit (BIU) Community Healthcare Team.
	Data Completeness	100% data available from all HSE areas nationally. This data includes all OT services provided within Primary and Community Services. It does not include service users in Mental Health, Acute Hospital care or voluntary agency settings.
	Data Quality Issues	No
7	Data Collection Frequency	Indicate how often the data to support the KPI will be collected: □Daily □Weekly ☑ Monthly □Quarterly □Bi-annually □Annually □Other – give details:
8	Tracer Conditions	Occupational therapy service users waiting for assessment Waiting times
9	Minimum Data Set	Occupational therapy service users waiting for assessment Waiting times
10	International Comparison KPI Monitoring	No KPI will be monitored on a (please indicate below) basis: □Daily □Weekly ☑Monthly □Quarterly □Bi-annually □Annually □Other – give details: Please indicate who is responsible at a local level for monitoring this KPI: OT Manager, Primary Care General Manager, the CHO Head of Service Primary Care, Chief Officer and the Primary Care Division Operations Team via performance meetings.
12	KPI Reporting Frequency	Indicate how often the KPI will be reported: □Daily □Weekly ☑Monthly □Quarterly □Bi-annually □Annually □Other – give details:
13	KPI report period	Indicate the period to which the data applies: ☑Current (e.g. daily data reported on that same day of activity, monthly data reported by the 10th of the following month) ☐Monthly in arrears (June data reported in July) ☐Quarterly in arrears (quarter 1 data reported in quarter 2)
14	KPI Reporting Aggregation	Indicate the level of aggregation – for example over a geographical location: ☑ National ☑ CHO ☑ LHO □ County □ Institution □ Other – give details:
15	KPI is reported in which reports?	Indicate where the KPI will be reported: ☑Performance Report □Other – give details:
16	Web link to data	http://www.hse.ie/eng/services/publications/
17	Additional Information	Information Analysis Considers Littles Divisions Information Hall Dell's Cons. 0.00 della labella Division Division
Contact Speciali	details for Data Manager / st Lead	Information Analyst: Geraldine Littler, Business Information Unit- Palliative Care & Social Inclusion, Planning and Business Information (PBI) 046 9251330 Email: Geraldine. Littler@hse.ie Specialist Lead: Brian Murphy, Head of Planning, Performance and Programme Management and Interim Head of Operations Primary Care Division
National	Lead and Division	John Hennessy, National Director, Primary Care Division, Health Service Executive.

1	KPI Title	% of occupational therapy service users on waiting list for assessment less than or equal to 26 weeks
2	KPI Description PC101J & PC101K	This is a calculation of the number of new occupational therapy service users (all age bands*) who are waiting less than or equal to 26 weeks to be seen by an occupational therapist expressed as a proportion of all service users (all wait times**) waiting for these services at the end of the reporting month multiplied by 100. *Age bands include: •0 - 4 years •5 - 17 years •18 - 64 years •65 years and over. **Wait times: •0 - less than or equal to 12 weeks •Greater than 12 weeks and less than or equal to 26 weeks •Greater than 26 weeks and less than or equal to 52 weeks •Greater than 52 weeks.
3	KPI Rationale	The purpose of this metric is to monitor waiting lists and reduce wait times for service users.
	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two). □Person Centred Care □Safe Care □Better Health and Wellbeing □Use of Information □Workforce □Use of Resources □Governance, Leadership and Management
4	KPI Target 2017	DOP 2017 Target National - 59%
5	KPI Calculation	Count the total number of occupational therapy service users in all age bands i.e. $0-4$ yrs, $5-17$ yrs, $18-64$ yrs and 65yrs and over on the assessment waiting list at the end of the reporting period by wait band i.e. $0 - < 12$ weeks $+ > 12$ weeks $- \le 26$ weeks and express it as a proportion of the overall number of occupational therapy service users in all age bands i.e. $0-4$ yrs, $18-64$ yrs and 65yrs and over on the assessment waiting list at the end of the reporting period by wait band i.e. $0 - < 12$ weeks $+ > 12$ weeks $- \le 26$ weeks $+ > 26$ weeks $- \le 39$ weeks $+ > 39$ weeks $+ > 39$ weeks $+ > 52$ weeks and multiply by $+ 100$ 0. Numerator: The number of occupational therapy service users (all ages) waiting to be seen in wait bands $+ 100$ 0 veeks $+ 100$ 0 Denominator: The number of occupational therapy service users (all ages) waiting to be seen in wait bands $+ 100$ 0 veeks $+ 100$ 0 Denominator: The number of occupational therapy service users (all ages) waiting to be seen in wait bands $+ 100$ 0 veeks $+ 100$ 1 veeks $+ 100$ 2 veeks $+ 100$ 3 veeks $+ 100$ 4 veeks $+ 100$ 5 veeks $+ 100$ 6 veeks $+ 100$ 6 veeks $+ 100$ 7 veeks $+ 100$ 8 veeks $+ 100$ 8 veeks $+ 100$ 9 ve
6	Data Source	Occupational Therapy (OT) records, OT Manager, Primary Care General Manager, Community Healthcare Organisation
		(CHO) Head of Service Primary Care, Chief Officer and Business Information Unit (BIU) Community Healthcare Team.
	Data Completeness	100% data available from all HSE areas nationally. This data includes all OT services provided within Primary and Community Services. It does not include service users in Mental Health, Acute Hospital care or voluntary agency settings.
	Data Quality Issues	No
7	Data Collection Frequency	Indicate how often the data to support the KPI will be collected: □Daily □Weekly ☑ Monthly □Quarterly □Bi-annually □Annually □Other – give details:
8	Tracer Conditions	Occupational therapy service users waiting to be seen Waiting times
9	Minimum Data Set	•Occupational therapy service users waiting to be seen •Waiting times
10	International Comparison	No
11	KPI Monitoring	KPI will be monitored on a (please indicate below) basis: □Daily □Weekly ☑Monthly □Quarterly □Bi-annually □Annually □Other – give details: Please indicate who is responsible at a local level for monitoring this KPI: OT Manager, Primary Care General Manager, the CHO Head of Service Primary Care, Chief Officer and the Primary Care Division Operations Team via performance meetings.
12	KPI Reporting Frequency	Indicate how often the KPI will be reported: □Daily □Weekly ☑Monthly □Quarterly □Bi-annually □Annually □Other – give details:
13	KPI report period	Indicate the period to which the data applies: ☑Current (e.g. daily data reported on that same day of activity, monthly data reported by the 10th of the following month) ☐Monthly in arrears (June data reported in July) ☐Quarterly in arrears (quarter 1 data reported in quarter 2) ☐Rolling 12 months (previous 12 month period)
14	KPI Reporting Aggregation	Indicate the level of aggregation − for example over a geographical location: ☑ National ☑ CHO ☑ LHO □ County □ Institution □ Other − give details:
15	KPI is reported in which reports?	Indicate where the KPI will be reported: ☑Performance Report □Other – give details:
16	Web link to data	http://www.hse.ie/eng/services/publications/
17	Additional Information	
	details for Data Manager / alist Lead	Information Analyst: Geraldine Littler, Business Information Unit- Palliative Care & Social Inclusion, Planning and Business Information (PBI) 046 9251330 Email:Geraldine.Littler@hse.ie Specialist Lead: Brian Murphy, Head of Planning, Performance and Programme Management and Interim Head of Operations
		Primary Care Division

1	KPI title	No of patient referrals
2	KPI Description PC113	This is a count of the number of referrals (by diagnostic group* and age band**) received in the month that have been accepted. It includes: (i) new (i.e. not known to the service) (ii) re-referrals (i.e. previously discharged) and (iii) transfers from service, geographic area or team. A referral is only accepted and therefor counted when it is validated and deemed appropriate to the Speech & Language Therapy (SLT) service. Each accepted referral should be date stamped on the day it is received and this date is used as the referral date. * Diagnostic Groups
		Primary Speech & Language (S&L) including clients whose diagnosis is not known at the point of referral Intellectual Disability (Int.Dis) ^a
		 Physical & Sensory Disability (PSD) including clients with developmental language disorder, severe sensori-neural hearing impairment / cleft palate / dyspraxia progressive neurological disorder / acquired brain injury etc. as per National Physical and Sensory Disability Database Autism Spectrum Disorder (ASD)^ Mental Health^ Feeding, Eating, Drinking, Swallowing Dysphagia (FEDS)
		Within Normal Limits (WNL) Clients are only categorised into ID, ASD and mental health categories if a formal diagnosis has been made.
		Dual diagnosis clients are categorised based on the clinical decision of the SLT / team in accordance with the diagnosis having greatest impact on the clients life **Age Bands* • 0-4yrs 11 months
		- 5 yrs to 17yrs 11 months - 18 yrs to 64yrs 11months - 65+years.
3	KPI Rationale	This metric provides information on service demand and informs decisions in relation to the planning and management of staff and resource allocation.
	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two). Person Centred Care Effective Care Safe Care Better Health and Wellbeing Use of Information Workforce
4	KPI Target 2017	☑ Use of Resources ☐ Governance, Leadership and Management DOP 2017 Target National -52,584
		CHO 1 - 5,556 CHO 2 - 4,896 CHO 3 - 4,332 CHO 4 - 6,924 CHO 5 - 5,436 CHO 6 - 3,036 CHO 7 - 6,060 CHO 8 - 7,968; CHO 9 - 8,376
5	KPI Calculation	Count the number of new plus re-referrals plus transfer referrals received and accepted in the month.
6	Data Source	SLT records, SLT Manager, Primary Care General Manager, Community Healthcare Organisation (CHO) Head of Service Primary Care, Chief Officer and Business Information Unit (BIU) Community Healthcare Team.
	Data Completeness	100 % data completeness. This data includes all SLT services provided within Primary and Community Services (primary care, older people and disability services) and voluntary agency settings. It does not include patients (clients) in Child and Adolescent Mental Health Services (CAMHS), Community Mental Heal Teams (CMHTs) or acute hospital services.
	Data Quality Issues	No
7	Data Collection Frequency	Indicate how often the data to support the KPI will be collected: □Daily □Weekly ☑ Monthly □Quarterly □Bi-annually □Other – give details:
8	Tracer Conditions	Accepted referrals Diagnostic groups Age bands
9	Minimum Data Set	•No of accepted referrals • Diagnostic groups • Age bands
10	International Comparison	No
11	KPI Monitoring	KPI will be monitored on a (please indicate below) basis: Daily Weekly Monthly Quarterly Bl-annually Annually Other – give details: Please indicate who is responsible at a local level for monitoring this KPI: SLT Manager, Primary Care General Manager, the CHO Head of Service Primary Care Chief Officer and the Primary Care Division Operations Team via performance meetings.
12	KPI Reporting Frequency	Indicate how often the KPI will be reported: □Daily □Weekly ☑Monthly □Quarterly □Bi-annually □Annually □Other – give details:
13	KPI report period	Indicate the period to which the data applies: Current (e.g. daily data reported on that same day of activity, monthly data reported by the 10th of the following month)
14	KPI Reporting Aggregation	Current (e.g. dary data reported on that same day of activity, monthly data reported by the four of the following monthly inclinity indicate the level of aggregation for example over a geographical location: ✓ National ☑ CHO ☑ LHO
		□ County □ Institution □ Other – give details:
15	KPI is reported in which	Indicate where the KPI will be reported:
16	reports? Web link to data	☑ Performance Report □Other – give details: http://www.hse.ie/eng/services/publications/
17	Additional Information	
ontac	details for Data Manager list Lead	Information Analyst: Geraldine Littler Business Information Unit – Palliative Care & Social Inclusion Planning and Business Information (PBI), 046 9251330 Emai Geraldine.Littler@hse.ie
		Specialist Lead: Brian Murphy Head of Planning, Performance and Programme Management / Interim Head of Operations Primary Care Division

1	KPI title	Existing patients seen in the month
2	KPI Description	This is a count of the existing patients (people) (by age band**) seen in the reporting month. Each patient (client) is included only once in the count regardless o
_	PC114	the number of contacts with the client, parent, carer, educator etc.
		An existing patient is a client:
		who has already attended the service and is an open case
		who attended for (i) an individual appointment or (ii) group session
		for whom there was a client specific face to face contact with the parent, care, educator.
		**Age Bands
		• 0-4yrs 11 months
		5 yrs to 17yrs 11 months 18 yrs to 64yrs 11 months
		65+years.
3	KPI Rationale	This metric provides information on service demand and informs decisions in relation to the planning and management of staff and resource allocation.
	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two).
		Person Centred Care
		□ Better Health and Wellbeing ☑ Use of Information □ Workforce ☑ Use of Resources □ Governance, Leadership and Management
4	KPI Target 2017	DOP 2017 Target National -16,958
7	Ni i laiget 2017	CHO 1 - 2,394 CHO 2 - 1,630 CHO 3 - 1,239 CHO 4 - 2,736 CHO 5 - 2,226 CHO 6 - 944 CHO 7 - 1,655 CHO 8 - 2,846; CHO 9 - 1,288
5	KPI Calculation	Count the number of existing clients seen individually or in a group session in the reporting month. Count each client only once regardless of the number of
		contacts with the client, parent, carer, educator.
6	Data Source	Speech & Language Therapy (SLT) records, SLT Manager, Primary Care General Manager, Community Healthcare Organisation (CHO) Head of Service
		Primary Care, Chief Officer and Business Information Unit (BIU) Community Healthcare Team.
	Data Completeness	100% data completeness. This data includes all SLT services provided within Primary and Community Services (primary care, older people and disability service
		and voluntary agency settings. It does not include patients (clients) in Child and Adolescent Mental Health Services (CAMHS), Community Mental Health Teams
		(CMHTs) or acute hospital services.
	Data Quality Issues	No
7	Data Collection Frequency	Indicate how often the data to support the KPI will be collected:
		□Daily □Weekly ☑ Monthly □Quarterly □Bi-annually □Annually □Other – give details:
8	Tracer Conditions	• Existing clients seen •Open cases.
		<u> </u>
9	Minimum Data Set	• Existing clients seen
		*Open cases.
10	International Comparison	No No
11	KPI Monitoring	KPI will be monitored on a (please indicate below) basis:
		□Daily □Weekly ☑Monthly □Quarterly □Bi-annually □Annually □Other – give details:
		Please indicate who is responsible at a local level for monitoring this KPI: SLT Manager, Primary Care General Manager, the CHO Head of Service Primary Care
		Chief Officer and the Primary Care Division Operations Team via performance meetings.
12	KPI Reporting Frequency	Indicate how often the KPI will be reported:
13	KPI report period	□ Daily □ Weekly ☑ Monthly □ Quarterly □ Bi-annually □ Other – give details: Indicate the period to which the data applies:
13	Kei report period	Indicate the period to which the data applies. If a Current (e.g. daily data reported on that same day of activity, monthly data reported by the 10th of the following month)
14	KPI Reporting Aggregation	Indicate the level of aggregation for example over a geographical location:
		☑ National ☑ CHO ☑ LHO
		□ County □ Institution □ Other – give details:
15	KPI is reported in which	Indicate where the KPI will be reported:
	reports?	☑Performance Report □Other – give details:
16	Web link to data	http://www.hse.ie/eng/services/publications/
17	Additional Information	
ontact	details for Data Manager	Information Analyst: Geraldine Littler Business Information Unit - Palliative Care & Social Inclusion Planning and Business Information (PBI), 046 9251330 Em
	•	Geraldine.Littler@hse.ie
Specialist Lead		

	ry Gare - Opecer a L	anguage Therapy New Patients Seen
4	KDI titlo	New estimate coop for initial acceptant
1 2	KPI title	New patients seen for initial assessment
	KPI Description PC115	This is a count of the number of new patients (clients) (by diagnostic group* and age band**) seen for an initial assessment in the reporting month. Each client is counted once only in the reporting month regardless of the number of appointments attended to complete the initial assessment.
	F0113	A new client is a client that is seen face to face for the first time and includes referrals, re-referrals (i.e. previously discharged) and may include transfers from
		another SLT service, geographic area or team. Transfers already seen by a SLT in another service may not require an initial assessment. This decision will be
		based on the clinical judgement (depending on the extent / comprehensiveness of the assessment by the SLT who completed the most recent assessment).
		*Diagnostic Groups
		Primary Speech & Language (S&L) including clients whose diagnosis is not known at the point of referral
		Intellectual Disability (Int.Dis)*
		Physical & Sensory Disability (PSD) including clients with developmental language disorder, severe sensori-neural hearing impairment / cleft palate / dyspraxia /
		progressive neurological disorder / acquired brain injury etc. as per National Physical and Sensory Disability Database
		Autism Spectrum Disorder (ASD) [^]
		Mental Health^
		Feeding, Eating, Drinking, Swallowing Dysphagia (FEDS)
		Within Normal Limits (WNL)
		^Clients are only categorised into ID, ASD and mental health categories if a formal diagnosis has been made.
		Dual diagnosis clients are categorised based on the clinical decision of the SLT / team in accordance with the diagnosis having greatest impact on the clients life.
		**Age bands
		• 0-4 yrs 11 months
		• 5yrs to 17yrs 11months
		18yrs to 64yrs 11months+ 65 years
		• 65+years.
3	KPI Rationale	This metric provides information on service demand and informs decisions in relation to the planning and management of staff and resource allocation.
	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two).
		□ Person Centred Care □ Effective Care □ Safe Care
		□ Better Health and Wellbeing ☑ Use of Information □ Workforce
		☑ Use of Resources ☐ Governance, Leadership and Management
4	KPI Target 2017	DOP 2017 Target National -44,040
		CHO 1 - 4,296 CHO 2 - 4,572 CHO 3 - 3,492 CHO 4 - 6,576 CHO 5 - 4,500 CHO 6 - 1,860 CHO 7 - 4,872 CHO 8 - 6,912 CHO 9 - 6,960
5	KPI Calculation	Count the number of new clients seen face to face for the first time for an initial assessment in the reporting month. Include new clients (in all diagnostic groups
		and age bands) referred, re-referred or transferred (who based on the clinical judgement of the SLT) had an initial assessment during the reporting period.
6	Data Source	Speech & Language Therapy (SLT) records, SLT Manager, Primary Care General Manager, Community Healthcare Organisation (CHO) Head of Service
		Primary Care, Chief Officer and Business Information Unit (BIU) Community Healthcare Team.
	Data Completeness	100 % data completeness. This data includes all SLT services provided within Primary and Community Services (primary care, older people and disability
		services) and voluntary agency settings. It does not include patients (clients) in Child and Adolescent Mental Health Services (CAMHS), Community Mental Health
		Teams (CMHTs) or acute hospital services.
	Data Quality Issues	No.
7	Data Collection Frequency	Indicate how often the data to support the KPI will be collected:
	Data Conconon Frequency	□ Daily □ Weekly ☑ Monthly □ Quarterly □ Bi-annually □ Other – give details:
8	Tracer Conditions	New clients seen
-		Diagnostic groups
		• Age bands
		• Initial assssment.
9	Minimum Data Set	New clients seen
		Diagnostic groups
		Age bands
		• Initial asessment.
10	International Comparison	No
11	KPI Monitoring	KPI will be monitored on a (please indicate below) basis:
	monitoring	Daily □Weekly ☑Monthly □Quarterly □Bi-annually □Annually □Other – give details:
		Please indicate who is responsible at a local level for monitoring this KPI: SLT Manager, Primary Care General Manager, the CHO Head of Service Primary Care,
		Chief Officer and the Primary Care Division Operations Team via performance meetings.
12	KPI Reporting Frequency	Under officer and the FMI will be reported:
	reperung r requestoy	Daily
	KPI report period	Indicate the period to which the data applies:
13		
13	-Arana barrana	Current (e.g. daily data reported on that same day of activity, monthly data reported by the 10th of the following month)
	KPI Reporting Aggregation	☑ Current (e.g. daily data reported on that same day of activity, monthly data reported by the 10th of the following month) Indicate the level of aggregation for example over a geographical location:
		Indicate the level of aggregation for example over a geographical location: ☑ National ☑ CHO ☑ LHO
14	KPI Reporting Aggregation	Indicate the level of aggregation for example over a geographical location: ☑ National ☑ CHO ☑ LHO □ County □ Institution □ Other – give details:
14		Indicate the level of aggregation for example over a geographical location: ☑ National ☑ CHO ☑ LHO ☐ County ☐ Institution ☐ Other – give details: Indicate where the KPI will be reported:
14	KPI Reporting Aggregation KPI is reported in which	Indicate the level of aggregation for example over a geographical location: ☑ National ☑ CHO ☑ LHO ☐ County ☐ Institution ☐ Other – give details: Indicate where the KPI will be reported:
14 15 16	KPI Reporting Aggregation KPI is reported in which reports? Web link to data	Indicate the level of aggregation for example over a geographical location: ☑ National ☑ CHO ☑ LHO ☐ County ☐ Institution ☐ Other – give details: Indicate where the KPI will be reported: ☑ Performance Report ☐ Other – give details:
14 15 16 17	KPI Reporting Aggregation KPI is reported in which reports? Web link to data Additional Information	Indicate the level of aggregation for example over a geographical location: ☑ National ☑ CHO ☑ LHO ☐ County ☐ Institution ☐ Other – give details: Indicate where the KPI will be reported: ☑ Performance Report ☐ Other – give details: http://www.hse.ie/eng/services/publications/
14 15 16 17 Contact of	KPI Reporting Aggregation KPI is reported in which reports? Web link to data Additional Information details for Data Manager	Indicate the level of aggregation for example over a geographical location: ☑ National ☑ CHO ☑ LHO ☐ County ☐ Institution ☐ Other – give details: Indicate where the KPI will be reported: ☑ Performance Report ☐ Other – give details: http://www.hse.ie/eng/services/publications/ Information Analyst: Geraldine Littler Business Information Unit – Palliative Care & Social Inclusion Planning and Business Information (PBI), 046 9251330 Email:
14 15 16 17	KPI Reporting Aggregation KPI is reported in which reports? Web link to data Additional Information details for Data Manager	Indicate the level of aggregation for example over a geographical location: ☑ National ☑ CHO ☑ LHO ☐ County ☐ Institution ☐ Other – give details: Indicate where the KPI will be reported: ☑ Performance Report ☐ Other – give details: http://www.hse.ie/eng/services/publications/ Information Analyst: Geraldine Littler Business Information Unit – Palliative Care & Social Inclusion Planning and Business Information (PBI), 046 9251330 Email: Geraldine.Littler@hse.ie
14 15 16 17 Contact of	KPI Reporting Aggregation KPI is reported in which reports? Web link to data Additional Information details for Data Manager	Indicate the level of aggregation for example over a geographical location: ☑ National ☑ CHO ☑ LHO ☐ County ☐ Institution ☐ Other – give details: Indicate where the KPI will be reported: ☑ Performance Report ☐ Other – give details: http://www.hse.ie/eng/services/publications/ Information Analyst: Geraldine Littler Business Information Unit – Palliative Care & Social Inclusion Planning and Business Information (PBI), 046 9251330 Email:

Prima	ry Care - Speech & L	anguage Therapy Waiting List Management Initial Assessment Number
1	KPI title	Total no. of speech and language patients waiting initial assessment at end of the reporting period
2	KPI Description PC116	This is a count of the number of patients (clients) (by wait time***) who are awaiting initial speech and lanaguage therapy assessment at the end of the reporting month. The initial assessment may be undertaken on a uni-disciplinary or multi-disciplinary basis. It includes clients (patients) referred: (i) for an individual assessment by a SLT
		(ii) to an identified multidisciplinary team for assessment (SLT required as part of that team assessment). It excludes clients:
		(i) who have received an SLT assessment and who require further diagnostic assessment (e.g. ADOS/DISCO) where the SLT is part of this assessment. ****Wait Times
		• 0 to 4 months • 4 months &1 day to 8 months • 8 months &1 day to 12 months
		• 12 months &1 day to 18 months
		• 18 months &1 day to 24 months • > 24 months.
3	KPI Rationale	This metric provides information on service demand and informs decisions in relation to the planning and management of staff and resource allocation.
	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two). Person Centred Care Safe Care
		☐ Better Health and Wellbeing ☑ Use of Information ☐ Workforce
4	KPI Target 2017	☑ Use of Resources ☐ Governance, Leadership and Management DOP 2017 Target National -14,164
		CHO 1 - 1,116 CHO 2 - 854 CHO 3 - 1,052 CHO 4 - 1,916 CHO 5 - 1,305 CHO 6 - 578 CHO 7 - 2,694 CHO 8 - 2,227 CHO 9 - 2,422
5	KPI Calculation	Count the number of clients referred for an individual SLT initial assessment and those referred to a multi-disciplinary team who require an initial SLT assessment as part of the team assessment and the length of time they are waiting for this assessment in accordance with the defined wait times.
6	Data Source	Speech & Language Therapy (SLT) records, SLT Manager, Primary Care General Manager, Community Healthcare Organisation (CHO) Head of Service Primary Care, Chief Officer and Business Information Unit (BIU) Community Healthcare Team.
	Data Completeness	100 % data completeness. This data includes all SLT services provided within Primary and Community Services (primary care, older people and disability
		services) and voluntary agency settings. It does not include patients (clients) in Child and Adolescent Mental Health Services (CAMHS), Community Mental Health Teams (CMHTs) or acute hospital services.
	Data Quality Issues	No
7	Data Collection Frequency	Indicate how often the data to support the KPI will be collected: □Daily □Weekly ☑ Monthly □Quarterly □Bi-annually □Other – give details:
8	Tracer Conditions	- Clients referred and waiting for individual SLT initial assessment - Clients referred and waiting for multi-disciplinary assessment including SLT assessment - Wait Times.
9	Minimum Data Set	- Clients referred and waiting for individual SLT initial assessment - Clients referred and waiting for multi-disciplinary assessment including SLT assessment - Wait Times.
10	International Comparison	No
11	KPI Monitoring	KPI will be monitored on a (please indicate below) basis: Daily Weekly Monthly Quarterly Bit-annually Qother - give details: Please indicate who is responsible at a local level for monitoring this KPI: SLT Manager, Primary Care General Manager, the CHO Head of Service Primary Care, Chief Officer and the Primary Care Division Operations Team via performance meetings.
12	KPI Reporting Frequency	Cinied with the Arian was a finite and the arminal year of the Arian was performance meetings. □Daily □Weekly ☑Monthly □Quarterly □Bi-annually □Annually □Other – give details:
13	KPI report period	Indicate the period to which the data applies: Current (e.g. daily data reported on that same day of activity, monthly data reported by the 10th of the following month)
14	KPI Reporting Aggregation	Indicate the level of aggregation for example over a geographical location: ☑ National ☑ CHO ☑ LHO ☐ County ☐ Institution ☐ Other – give details:
15	KPI is reported in which reports?	□ Country ■ Indicate where the KPI will be reported: □ Performance Report □ Other – give details:
16	Web link to data	http://www.hse.ie/eng/services/publications/
17	Additional Information	
Contact (details for Data Manager st Lead	Information Analyst: Geraldine Littler Business Information Unit – Palliative Care & Social Inclusion Planning and Business Information (PBI), 046 9251330 Email: Geraldine.Littler@hse.ie Specialist Lead: Brian Murphy Head of Planning, Performance and Programme Management / Interim Head of Operations Primary Care Division
National	Lead and Division	John Hennessy, National Director, Primary Care Division, Health Service Executive.

Prima	ry Care - Speech & L	anguage Therapy Waiting List Management Initial Therapy Number
1	KPI title	Total No. of speech and language patients waiting initial therapy at the end of the reporting period
2	KPI Description PC117	This is a count of the total number of patients (clients) (all age bands*') waiting for initial therapy across all wait times*** at the end of the reporting month. Patients are only removed from the waiting list when they have been seen for a first appointment, it is not sufficient for a patient to have been offered an appointment. **Age bands** -0.4 yrs 11 months -5yrs to 17yrs 11months -5yrs to 16yrs 11months -65r-years. ***Wait Times -0 to 4 months 4 months &1 day to 8 months -8 months &1 day to 12 months -12 months &1 day to 18 months -18 months &1 day to 18 months -18 months &1 day to 24 months -24 months &1 day to 24 months -24 months &1 day to 24 months
3	KPI Rationale	This metric provides information on service demand and informs decisions in relation to the planning and management of staff and resource allocation.
	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two). Person Centred Care
4	KPI Target 2017	DOP 2017 Target National -8,823 CHO 1 - 124 CHO 2 - 786 CHO 3 - 507 CHO 4 - 1,380 CHO 5 - 2,125 CHO 6 - 372 CHO 7 - 1,223 CHO 8 - 1,193 CHO 9 - 1,113
5	KPI Calculation	Count the total number of clients (all age bands) whose needs for SLT have been assessed and who are waiting for initial therapy, by the length of time they are waiting.
6	Data Source	Speech & Language Therapy (SLT) records, SLT Manager, Primary Care General Manager, Community Healthcare Organisation (CHO) Head of Service Primary Care, Chief Officer and Business Information Unit (BIU) Community Healthcare Team.
	Data Completeness	100 % data completeness. This data includes all SLT services provided within Primary and Community Services (primary care, older people and disability services) and voluntary agency settings. It does not include patients (clients) in Child and Adolescent Mental Health Services (CAMHS), Community Mental Health Teams (CMHTs) or acute hospital services.
	Data Quality Issues	No
7	Data Collection Frequency	Indicate how often the data to support the KPI will be collected: □Daily □Weekly ☑ Monthly □Quarterly □Bi-annually □Annually □Other – give details:
8	Tracer Conditions	Clients whose needs for SLT have been assessed and are awaiting initial therapy Wait times
9	Minimum Data Set	Clients whose needs for SLT have been assessed and are awaiting initial therapy Wait times
10	International Comparison	No No
11	KPI Monitoring	KPI will be monitored on a (please indicate below) basis: Daily Weekly Monthly Quarterly Bi-annually Qother - give details: Please indicate who is responsible at a local level for monitoring this KPI: SLT Manager, Primary Care General Manager, the CHO Head of Service Primary Care, Chief Officer and the Primary Care Division Operations Team via performance meetings.
12	KPI Reporting Frequency	Indicate how often the KPI will be reported: □Daily □Weekly ☑Monthly □Quarterly □Bi-annually □Other – give details:
13	KPI report period	Indicate the period to which the data applies: Current (e.g. daily data reported on that same day of activity, monthly data reported by the 10th of the following month)
14	KPI Reporting Aggregation	Indicate the level of aggregation for example over a geographical location: ☑ National ☑ CHO ☑ LHO ☐ County ☐ Institution ☐ Other – give details:
15	KPI is reported in which reports?	Indicate where the KPI will be reported: ☑ Performance Report □ Other – give details:
16	Web link to data	http://www.hse.ie/eng/services/publications/
17	Additional Information	
/Speciali		Information Analyst: Geraldine Littler Business Information Unit – Palliative Care & Social Inclusion Planning and Business Information (PBI), 046 9251330 Email: Geraldine.Littler@hse.ie Specialist Lead: Brian Murphy Head of Planning, Performance and Programme Management / Interim Head of Operations Primary Care Division
National	Lead and Division	John Hennessy, National Director, Primary Care Division, Health Service Executive.

		anguage Therapy Waiting List Management Initial Assessment Percentage
1	KPI title	% on waiting list for assessment less than or equal to 52 weeks
2	KPI Description PC1116A (No) & PC1116B (%)	This is a calculation of the number of patients (clients) (all ages**) on the waiting list for initial assessment by a speech and language therapist who are waiting less than or equal to 52 weeks expressed as a proportion of the overall number of patients (all ages**) waiting (all wait times***) for speech and language therapy initial assessment multiplied by 100. Clients are only removed from the waiting list when they have been seen for a first appointment. It is not sufficient for a clie to have been offered an appointment date. **Age bands -0-4 years 11 months -5 years to 17years 11months -55 years to 64years 11months -65+years. **Whit Times -0 to 4 months -4 months &1 day to 8 months -8 months &1 day to 18 months -18 months &1 day to 18 months -18 months &1 day to 24 months -18 months &1 day to 24 months -18 months &1 day to 24 months
3	KPI Rationale	This metric allows waiting lists and times for initial assessment to be monitored in order to address waiting times for clients.
	Indicator Classification	· · · · · · · · · · · · · · · · · · ·
	indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two). Person Centred Care
4	KPI Target 2017	☑ Use of Resources ☐ Governance, Leadership and Management NSP 2017 Target National - 100%
5	KPI Calculation	Count the number of clients (all ages) waiting for initial assessment in wait bands: 0-4 months+4-8 months+8-12 months and express it as a proportion of the total
		number of clients (all ages)waiting for initial assessment in wait bands:0-4months+4-8 months+8-12 months+12-18 months+18-24months+>24 months multiplied by 100. Numerator. The number of clients (all ages) waiting for initial assessment in wait bands 0-4 months+4-8 months+8-12 months x100 Denominator:The number of clients (all ages) C228waiting for initial assessment in wait bands 0-4 months+4-8 months+8-12 months+12-18 months+18-24 months+2-24 months.
6	Data Source	Speech & Language Therapy (SLT) records, SLT Manager, Primary Care General Manager, Community Healthcare Organisation (CHO) Head of Service Primary Care, Chief Officer and Business Information Unit (BIU) Community Healthcare Team.
	Data Completeness	100 % data completeness. This data includes all SLT services provided within Primary and Community Services (primary care, older people and disability services) and voluntary agency settings. It does not include patients (clients) in Child and Adolescent Mental Health Services (CAMHS), Community Mental Health Teams (CMHTs) or acute hospital services.
	Data Quality Issues	No
7	Data Collection Frequency	Indicate how often the data to support the KPI will be collected: □Daily □Weekly ☑ Monthly □Quarterly □Bi-annually □Annually □Other – give details:
8	Tracer Conditions	Clients on the waiting list for initial assessment Wait times
9	Minimum Data Set	Clients on the waiting list for initial assessment Wait times
10	International Comparison	No
11	KPI Monitoring	KPI will be monitored on a (please indicate below) basis: \[\infty oill be monitored on a (please indicate below) basis: \[\infty \text{oill be monitored on a (please indicate who is responsible at a local level for monitoring this KPI: SLT Manager, Primary Care General Manager, the CHO Head of Service Primary Care Chief Officer and the Primary Care Division Operations Team via performance meetings.
12	KPI Reporting Frequency	Indicate how often the KPI will be reported: □Daily □Weekly ☑Monthly □Quarterly □Bi-annually □Annually □Other – give details:
13	KPI report period	Indicate the period to which the data applies: Current (e.g. daily data reported on that same day of activity, monthly data reported by the 10th of the following month)
14	KPI Reporting Aggregation	Indicate the level of aggregation for example over a geographical location: ☑ National ☑ CHO ☑ LHO ☐ County ☐ Institution ☐ Other – give details:
15	KPI is reported in which reports?	Indicate where the KPI will be reported: ☑Performance Report □Other – give details:
16	Web link to data	http://www.hse.ie/eng/services/publications/
17	Additional Information	
	details for Data Manager ist Lead	Information Analyst: Geraldine Littler Business Information Unit – Palliative Care & Social Inclusion Planning and Business Information (PBI), 046 9251330 Emai Geraldine.Littler@hse.ie Specialist Lead: Brian Murphy Head of Planning, Performance and Programme Management / Interim Head of Operations Primary Care Division
N. e	Lead and Division	John Hennessy, National Director, Primary Care Division, Health Service Executive.

Prima	iry Care - Speech & L	anguage Therapy Waiting List Management Initial Therapy Percentage.
1	KPI title	% on waiting list for treatment less than or equal to 52 weeks
2	KPI Description PC117A(No) & PC117B(%)	This is a calculation of the number of patients (clients) (all ages**) on the waiting list for initial treatment by a speech and language therapist who are waiting less than or equal to 52 weeks for this treatment expressed as a proportion of the overall number of patients (all ages**) waiting (all wait times***) for speech and language therapy initial treatment multiplied by 100. Clients are only removed from the treatment waiting list when they have been seen for a first therapy appointment, it is not sufficient for a client to have been offered an appointment. **Age bands* - 04 years 11 months - 5 years to 17years 11months - 18 years to 64years 11months - 65+years. **Wait Times - 0 to 4 months - 4 months &1 day to 8 months - 8 months &1 day to 18 months - 12 months &1 day to 18 months - 12 months &1 day to 24 months - 18 months &1 day to 24 months - 18 months &1 day to 24 months - 18 months &1 day to 24 months
3	KPI Rationale	This metric allows waiting lists and times for initial treatment to be monitored in order to address waiting times for clients.
	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two). □ Person Centred Care □ Effective Care □ Effective Care □ Safe Care □ Better Health and Wellbeing ☑ Use of Information □ Workforce □ Use of Resources □ Governance, Leadership and Management
4	KPI Target 2017	NSP 2017 Target National - 100%
5	KPI Calculation	Count the number of clients (all ages) waiting for initial therapy in wait bands: 0-4mths+4-8mths+8-12mths and express it as a proportion of the overall number of clients (all ages) waiting for initial therapy in wait bands: 0-4mths+4-8mths+8-12mths + 18-24mths + >24mths and multiply by 100. Numerator: The number of clients A328(all ages) waiting for initial therapy in wait bands: 0-4mths+4-8mths+8-12mths x 100. Denominator: The total number of clients (all ages) waiting for initial therapy in wait bands: 0-4mths+4-8mths+8-12mths x 12-18mths + 18-24mths + >24mths
6	Data Source	Speech & Language Therapy (SLT) records, SLT Manager, Primary Care General Manager, Community Healthcare Organisation (CHO) Head of Service Primary Care, Chief Officer and Business Information Unit (BIU) Community Healthcare Team.
	Data Completeness	100 % data completeness. This data includes all SLT services provided within Primary and Community Services (primary care, older people and disability services) and voluntary agency settings. It does not include patients (clients) in Child and Adolescent Mental Health Services (CAMHS), Community Mental Health Teams (CMHTs) or acute hospital services.
	Data Quality Issues	No
7	Data Collection Frequency	Indicate how often the data to support the KPI will be collected: □Daily □Weekly ☑ Monthly □Quarterly □Bi-annually □Annually □Other – give details:
8	Tracer Conditions	Clients on the waiting list for initial therapy Wait times
9	Minimum Data Set	Clients on the waiting list for initial therapy Wait times
10	International Comparison	No
11	KPI Monitoring	KPI will be monitored on a (please indicate below) basis: \[\]\[\]\[\]\[\]\[\]\[\]\[\]\[
12	KPI Reporting Frequency	Indicate how often the KPI will be reported: □Daily □Weekly ☑Monthly □Quarterly □Bi-annually □Other – give details:
13	KPI report period	Indicate the period to which the data applies: Current (e.g. daily data reported on that same day of activity, monthly data reported by the 10th of the following month)
14	KPI Reporting Aggregation	Indicate the level of aggregation for example over a geographical location: ☑ National ☑ CHO ☑ LHO ☐ County ☐ Institution ☐ Other – give details:
15	KPI is reported in which reports?	Indicate where the KPI will be reported: ☑Performance Report □Other – give details:
16	Web link to data	http://www.hse.ie/eng/services/publications/
17	Additional Information	
	details for Data Manager ist Lead	Information Analyst: Geraldine Littler Business Information Unit – Palliative Care & Social Inclusion Planning and Business Information (PBI), 046 9251330 Email: Geraldine.Littler@hse.ie Specialist Lead: Brian Murphy Head of Planning, Performance and Programme Management / Interim Head of Operations Primary Care Division
Nationa	Lead and Division	John Hennessy, National Director, Primary Care Division, Health Service Executive.
		the state of the s

1	KPI title	New patients seen for initial assessment
2	KPI Description PC115	This is a count of the number of new patients (clients) (0-17 years 11 months) seen for an initial assessment in the reporting month as a result of increased capacity due to the additional staff allocations from the Service Improvement; (Waiting List Initiative 2016. A new client is a client that is seen face to face for the first time and includes referrals, re-referrals (i.e. previously discharged) and may include transfers from another Speech and Language Therapy (SLT) service, geographic area or team. Transfers already seen by a SLT in another service may not require an initial assessment. This decision will be based on the clinical judgement (depending on the extent / comprehensiveness of the assessment by the SLT who completed the most recent assessment).
3	KPI Rationale	This metric provides information on the additional service activity due to the additional staff allocations from the Service Improvement / Waiting List Initiative 2016
	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two). Person Centred Care
4	KPI Target 2017	DOP 2017 Target National -17,646 CHO 1 - 280 CHO 2 - 656 CHO 3 - 920 CHO 4 - 1,512 CHO 5 - 1,440 CHO 6 - 600 CHO 7 - 4,972 CHO 8 - 2,666 CHO 9 - 4,600
5	KPI Calculation	Count the number of new clients (0-17 years 11 months) seen face to face for the first time for an initial assessment in the reporting month as a result of increased capacity due to the additional staff allocations from the Service Improvement / Waiting List Initiative 2016. Include new clients referred, re-referred or transferred (who based on the clinical judgement of the SLT) had an initial assessment during the reporting period.
6	Data Source	Speech & Language Therapy (SLT) records, SLT Manager, Primary Care General Manager, Community Healthcare Organisation (CHO) Head of Service Primary Care, Chief Officer and Business Information Unit (BIU) Community Healthcare Team.
	Data Completeness	100 % data completeness.
	Data Quality Issues	No
7	Data Collection Frequency	Indicate how often the data to support the KPI will be collected: □Daily □Weekly ☑ Monthly □Quarterly □Bi-annually □Other – give details:
8	Tracer Conditions	New clients seen 0 - 17 years 11 months Initial assessment
9	Minimum Data Set	New clients seen 0 - 17 years 11 months Initial assessment
10	International Comparison	No
11	KPI Monitoring	KPI will be monitored on a (please indicate below) basis: Consider the continuation of the continuation
12	KPI Reporting Frequency	Indicate how often the KPI will be reported: □Daily □Weekly ☑Monthly □Quarterly □Bi-annually □Annually □Other – give details:
13	KPI report period	Indicate the period to which the data applies: Grant Current (e.g. daily data reported on that same day of activity, monthly data reported by the 10th of the following month)
14	KPI Reporting Aggregation	Indicate the level of aggregation for example over a geographical location: ☑ National ☑ CHO ☑ LHO ☐ County ☐ Institution ☐ Other – give details:
15	KPI is reported in which reports?	Indicate where the KPI will be reported: ☑ Performance Report □Other – give details:
16	Web link to data	http://www.hse.ie/eng/services/publications/
17	Additional Information	
	details for Data Manager ist Lead	Information Analyst: Geraldine Littler Business Information Unit – Palliative Care & Social Inclusion Planning and Business Information (PBI), 046 9251330 Email: Geraldine.Littler@hse.ie Specialist Lead: Brian Murphy Head of Planning, Performance and Programme Management / Interim Head of Operations Primary Care Division
	Lead and Division	John Hennessy, National Director, Primary Care Division, Health Service Executive.

Prima	ary Care - Speech & L	anguage Therapy Service Improvement Initiative Initial Therapy Appointments
1	KPI title	No. of speech and language therapy initial therapy appointments
2	KPI Description PC115	This is a count of the number of client specific face to face appointments (initial therapy appointment and subsequent appointments, excluding assessment appointments) attended by clients 0-17 years 11 months from the initial therapy waiting list, in the reporting month, as a result of the increased capacity due to additional staff allocations from the Service Improvement / Waiting List Initiative 2016. All client specific face to face appointments (excluding assessment appointments) attended by the (i) client (ii) parent (iii) carer (iv) educator during the reporting month, regardless of when the client was removed from the initial therapy waiting list, are counted.
3	KPI Rationale	This metric provides information on the additional service activity due to the additional staff allocations from the Service Improvement / Waiting List Initiative 2016.
	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two). Person Centred Care Effective Care Safe Care Stef Care Use of Information Workforce Use of Resources Governance, Leadership and Management
4	KPI Target 2017	DOP 2017 Target National -43,201 CHO 1 - 2,058 CHO 2 - 4,424 CHO 3 - 2,240 CHO 4 - 6,524 CHO 5 - 10,360 CHO 6 - 2,240 CHO 7 - 5,579 CHO 8 - 4,666 CHO 9 -5,110
5	KPI Calculation	Count all client specific face to face appointments (excluding assessment appointments) attended by clients (0-17 years 11 months, their parent, carer or educator) from the initial therapy waiting list, in the reporting month, as a result of the additional capacity due to increased staff allocations from the Service Improvement / Waiting List Initiative 2016, regardless of when the client was removed from the initial therapy waiting list.
6	Data Source	Speech & Language Therapy (SLT) records, SLT Manager, Primary Care General Manager, Community Healthcare Organisation (CHO) Head of Service Primary Care, Chief Officer and Business Information Unit (BIU) Community Healthcare Team.
	Data Completeness	100 % data completeness.
	Data Quality Issues	No
7	Data Collection Frequency	Indicate how often the data to support the KPI will be collected: □Daily □Weekly ☑ Monthly □Quarterly □Bi-annually □Other – give details:
8	Tracer Conditions	- Clients 0-17 years 11 months - Initial therapy appointments attended - Additional capacity due to Service Improvement / Waiting List Initiative 2016 staff allocations
9	Minimum Data Set	Clients 0-17 years 11 months Initial therapy appointments attended Additional capacity due to Service Improvement / Waiting List Initiative 2016 staff allocations
10	International Comparison	No
11	KPI Monitoring	KPI will be monitored on a (please indicate below) basis: Daily Weekly EMonthly Quarterly Bi-annually Dother - give details: Please indicate who is responsible at a local level for monitoring this KPI: SLT Manager, Primary Care General Manager, the CHO Head of Service Primary Care, Chief Officer and the Primary Care Division Operations Team via performance meetings.
12	KPI Reporting Frequency	Indicate how often the KPI will be reported: □Daily □Weekly ☑Monthly □Quarterly □Bi-annually □Other – give details:
13	KPI report period	Indicate the period to which the data applies: Current (e.g. daily data reported on that same day of activity, monthly data reported by the 10th of the following month)
14	KPI Reporting Aggregation	Indicate the level of aggregation for example over a geographical location: ☑ National ☑ CHO ☑ LHO ☐ County ☐ Institution ☐ Other – give details:
15	KPI is reported in which reports?	Indicate where the KPI will be reported: ☑ Performance Report □Other – give details:
16	Web link to data	http://www.hse.ie/eng/services/publications/
17	Additional Information	
	t details for Data Manager list Lead	Information Analyst: Geraldine Littler Business Information Unit – Palliative Care & Social Inclusion Planning and Business Information (PBI), 046 9251330 Email: Geraldine.Littler@hse.ie Specialist Lead: Brian Murphy Head of Planning, Performance and Programme Management / Interim Head of Operations Primary Care Division
Nationa	l Lead and Division	John Hennessy, National Director, Primary Care Division, Health Service Executive.

Prima	ry Care - Speech & L	anguage Therapy Service Improvement Initiative Further Therapy Appointments
1	KPI title	No. of speech and language therapy further therapy appointments
2	KPI Description PC115	This is a count of the number of patient (client) specific face to face appointments (all appointments except assessment appointments) attended by clients 0-17 years 11 months from the further therapy waiting list, in the reporting month, as a result of increased capacity due to additional staff allocations from the Service Improvement / Waiting List Initiative 2016. All client specific face to face appointments (excluding assessment appointments) attended by the (i) client (ii) C379parent (iii) carer (iv) educator during the reporting month, regardless of when the client was removed from the further therapy waiting list, are counted.
3	KPI Rationale	This metric provides information on the additional service activity due to the additional staff allocations from the Service Improvement / Waiting List Initiative 2016.
	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two). Person Centred Care
4	KPI Target 2017	DOP 2017 Target National -39,316 CHO 1 - 3,052 CHO 2 - 2,828 CHO 3 - 5,950 CHO 4 - 6,230 CHO 5 - 1,120 CHO 6 - 910 CHO 7 - 8,120 CHO 8 - 4,666 CHO 9 - 6,440
5	KPI Calculation	Count all client specific face to face appointments (excluding assessment appointments) attended by clients (0-17 years 11 months, their parent, carer or educator) from the further therapy waiting list, in the reporting month, as a result of the additional capacity due to increased staff allocations from the Service Improvement / Waiting List Initiative 2016, regardless of when the client was removed from the further therapy waiting list.
6	Data Source	Speech & Language Therapy (SLT) records, SLT Manager, Primary Care General Manager, Community Healthcare Organisation (CHO) Head of Service Primary Care, Chief Officer and Business Information Unit (BIU) Community Healthcare Team.
	Data Completeness	100 % data completeness.
	Data Quality Issues	No
7	Data Collection Frequency	Indicate how often the data to support the KPI will be collected: □Daily □Weekly ☑ Monthly □Quarterly □Bi-annually □Annually □Other – give details:
8	Tracer Conditions	- Clients 0-17 years 11 months - Further therapy appointments attended - Additional capacity due to Service Improvement / Waiting List Initiative 2016 staff allocations
9	Minimum Data Set	Clients 0-17 years 11 months Further therapy appointments attended Additional capacity due to Service Improvement / Waiting List Initiative 2016 staff allocations
10	International Comparison	No No
11	KPI Monitoring	KPI will be monitored on a (please indicate below) basis: Daily Weekly Monthly Quarterly Bi-annually Qahnually Other - give details: Please indicate who is responsible at a local level for monitoring this KPI: SLT Manager, Primary Care General Manager, the CHO Head of Service Primary Care, Chief Officer and the Primary Care Division Operations Team via performance meetings.
12	KPI Reporting Frequency	Indicate how often the KPI will be reported: □Daily □Weekly ☑Monthly □Quarterly □Bi-annually □Other – give details:
13	KPI report period	Indicate the period to which the data applies: Current (e.g. daily data reported on that same day of activity, monthly data reported by the 10th of the following month)
14	KPI Reporting Aggregation	Indicate the level of aggregation for example over a geographical location: ☑ National ☑ CHO ☑ LHO ☐ County ☐ Institution ☐ Other – give details:
15	KPI is reported in which reports?	Indicate where the KPI will be reported: ☑ Performance Report □Other – give details:
16	Web link to data	http://www.hse.ie/eng/services/publications/
17	Additional Information	
Contact /Special	details for Data Manager st Lead	Information Analyst: Geraldine Littler Business Information Unit – Palliative Care & Social Inclusion Planning and Business Information (PBI), 046 9251330 Email: Geraldine Littler@hse.ie Specialist Lead: Brian Murphy Head of Planning, Performance and Programme Management / Interim Head of Operations Primary Care Division
National	Lead and Division	John Hennessy, National Director, Primary Care Division, Health Service Executive.

1	KPI title	No.of patient referrals
2	KPI Description PC45	This is a count of the number of referrals (by age band*) received in the month that have been accepted. It includes new referrals and re-referrals (ie. previously discharged). Each referral should be date stamped on the day it is received and thi is used as the referral date. *Age bands include: *0 - 4 years *5 - 17 years *65 years and over.
3	KPI Rationale	This metric provides information on service demand and informs decisions in relation to the planning and management of staff and resource allocation.
	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two). □ Person Centred Care □ Effective Care □ Safe Care □ Better Health and Wellbeing ☑ Use of Information □ Workforce □ Use of Resources □ Governance, Leadership and Management
4	KPI Target 2017	DOP 2017 Target C46National -11,148 CHO 1 - 2,688, CHO 2 - 2,280, CHO 3 - 1,020, CHO 4 - 1,380, CHO 5 - 156, CHO 6 - No direct service, CHO 7 - No direct service, CHO 8 - 3,624, CHO 9 - No direct service
5	KPI Calculation	Count the number of referrals (new and re-referrals) by age band* accepted in the reporting month.
6	Data Source	Patient records, Podiatrists, Podiatry Manager, Primary Care General Manager, Community Healthcare Organisation (CHO Head of Service Primary Care, Chief Officer and Business Information Unit (BIU) Community Healthcare Team.
	Data Completeness	Only collecting data from HSE direct services - system for collection of contracted service data to be developed. Data completeness is expected at 100%.
	Data Quality Issues	No
7	Data Collection Frequency	Indicate how often the data to support the KPI will be collected: □Daily □Weekly ☑ Monthly □Quarterly □Bi-annually □Annually □Other – give details:
8	Tracer Conditions	Accepted referrals Age bands
9	Minimum Data Set	Accepted referrals Age bands
10	International Comparison	No
11	KPI Monitoring	KPI will be <u>monitored</u> on a (please indicate below) basis: □Daily □Weekly ☑Monthly □Quarterly □Bi-annually □Annually □Other – give details: Please indicate who is responsible at a local level for monitoring this KPI: Podiatrists / Podiatry Manager, the Primary Care General Manager, CHO Head of Service Primary Care, Chief Officer and the Primary Care Division Operations Team via performance meetings.
12	KPI Reporting Frequency	Indicate how often the KPI will be reported: □Daily □Weekly ☑Monthly □Quarterly □Bi-annually □Annually □Other – give details:
13	KPI report period	Indicate the period to which the data applies: ☐ Current (e.g. daily data reported on that same day of activity, monthly data reported by the 10th of the following month) ☐ Monthly in arrears (June data reported in July) ☐ Quarterly in arrears (quarter 1 data reported in quarter 2) ☐ Rolling 12 months (previous 12 month period) ☐ Other – give details:
14	KPI Reporting Aggregation	Indicate the level of aggregation for example over a geographical location: ☑ National ☑ CHO ☑ LHO ☐ County ☐ Institution ☐ Other – give details:
15	KPI is reported in which reports?	Indicate where the KPI will be reported: ☑ Performance Report □Other – give details:
16	Web link to data	http://www.hse.ie/eng/services/publications/
17	Additional Information	
	details for Data Manager ist Lead	Information Analyst: Geraldine Littler, Business Information Unit- Palliative Care & Social Inclusion, Planning and Business Information (PBI) 046 9251330 Email:Geraldine.Littler@hse.ie Specialist Lead: Brian Murphy, Head of Planning, Performance and Programme Management and Interim Head of Operation Primary Care Division
		primary date division

	ry Care - Podiatry Ex	
1	KPI title	Existing patients seen in the month
2	KFI Description PC46	This is a count of the number of existing patients (by age band*) seen face to face in the reporting month. An existing patient is a patient who is currently attending the service and is an open case. It includes patients who attend individual appointment or group sessions. Each patient is only included once in the count. New patients seen in the reporting month are not included. For the purpose of recording this metric an appointment is considered to be face face contact with a patient. *Age bands include: *0 - 4 years *5 - 17 years *18 - 64 years *65 years and over.
3	KPI Rationale	This metric provides information on service demand and informs decisions in relation to the planning and management of star and resource allocation.
	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two). □ Person Centred Care □ Effective Care □ Safe Care □ Better Health and Wellbeing ☑ Use of Information □ Workforce ☑ Use of Resources □ Governance, Leadership and Management
4	KPI Target 2017	DOP 2017 Target National -5,454
		CHO 1 - 1,636, CHO 2 - 998, CHO 3 - 565, CHO 4 - 1,485, CHO 5 - 87, CHO 6 - No direct service, CHO 7 - No direct service, CHO 8 - 683, CHO 9 - No direct service
5	KPI Calculation	Count the number of existing patients seen face to face in the reporting month. Each patient is included only once in the count.
6	Data Source	Patient records, Podiatrists, Podiatry Manager, Primary Care General Manager, Community Healthcare Organisation (CHO) Head of Service Primary Care, Chief Officer and Business Information Unit (BIU) Community Healthcare Team.
	Data Completeness	Only collecting data from HSE direct services - system for collection of contracted service data to be developed. Data completeness is expected at 100%.
	Data Quality Issues	No
7	Data Collection Frequency	Indicate how often the data to support the KPI will be collected: □Daily □Weekly ☑ Monthly □Quarterly □Bi-annually □Annually □Other – give details:
8	Tracer Conditions	Existing patients seen Age bands
9	Minimum Data Set	Existing patients seen Age bands
10	International Comparison	No
11	KPI Monitoring	KPI will be <u>monitored</u> on a (please indicate below) basis: □Daily □Weekly ☑Monthly □Quarterly □Bi-annually □Annually □Other – give details: Please indicate who is responsible at a local level for monitoring this KPI: Podiatrists / Podiatry Manager, the Primary Care General Manager, CHO Head of Service Primary Care, Chief Officer and the Primary Care Division Operations Team via performance meetings.
12	KPI Reporting Frequency	Indicate how often the KPI will be reported: □Daily □Weekly ☑Monthly □Quarterly □Bi-annually □Annually □Other – give details:
13	KPI report period	Indicate the period to which the data applies: ☑ Current (e.g. daily data reported on that same day of activity, monthly data reported by the 10th of the following month) ☐ Monthly in arrears (June data reported in July) ☐ Quarterly in arrears (quarter 1 data reported in quarter 2) ☐ Rolling 12 months (previous 12 month period) ☐ Other – give details:
14	KPI Reporting Aggregation	Indicate the level of aggregation for example over a geographical location: ☑ National ☑ CHO ☑ LHO ☐ County ☐ Institution ☐ Other – give details:
15	KPI is reported in which reports?	Indicate where the KPI will be reported: ☑Performance Report □Other – give details:
16	Web link to data	http://www.hse.ie/eng/services/publications/
17	Additional Information	
Contact	details for Data Manager /	Information Analyst: Geraldine Littler, Business Information Unit- Palliative Care & Social Inclusion, Planning and Business
Specialis		Information (PBI) 046 9251330 Email: Geraldine Littler@hse.ie Specialist Lead: Brian Murphy, Head of Planning, Performance and Programme Management and Interim Head of Operation: Primary Care Division

Prima	ry Care - Podiatry Ne	w Patients Seen
	IZDI CO.	No. of Cole and
2	KPI title	New patients seen
2	KPI Description PC47	This is a count of the number of new patients (by age band* and wait time**) seen face to face in the reporting month. A new patient is a patient that is seen for the first time in this episode of care. It includes patients re-referred to the service. An
	PC41	appointment is considered to be face face contact with a patient and may be for assessment/treatment/service.
		*Age bands include:
		• 0 - 4 years
		• 5 - 17 years
		• 18 - 64 years
		• 65 years and over.
		**Wait times include:
		0 - less than or equal to 12 weeks
		Greater than 12 weeks and less than or equal to 26 weeks
		Greater than 26 weeks and less than or equal to 39 weeks
		• Greater than 39 weeks and less than or equal to 52 weeks
		Greater than 52 weeks.
3	KPI Rationale	This metric provides information on service demand and informs decisions in relation to the planning and managment of staff
	Kri Kationale	and resource allocation.
	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may
		need to choose two).
		☐ Person Centred Care ☐ Effective Care ☐ Safe Care
		☐ Better Health and Wellbeing ☐ Use of Information ☐ Workforce
		☑ Use of Resources ☐ Governance, Leadership and Management
4	KPI Target 2017	DOP 2017 Target National -9,504
		CHO 1 - 2,616, CHO 2 - 1,708, CHO 3 - 918, CHO 4 - 1,022, CHO 5 - 168, CHO 6 - No direct service, CHO 7 - No direct
		service, CHO 8 - 3,072, CHO 9 - No direct service
5	KPI Calculation	Count the number of new patients (including re-referrals) seen face to face in the reporting month.
6	Data Source	Patient records, Podiatrists, Podiatry Manager, Primary Care General Manager, Community Healthcare Organisation (CHO) Head of Service Primary Care, Chief Officer and Business Information Unit (BIU) Community Healthcare Team.
	Data Completeness	Only collecting data from HSE direct services - system of collection of contracted service data to be developed. Data
		completeness is expected at 100%.
	Data Quality Issues	No No
7	Data Collection Frequency	Indicate how often the data to support the KPI will be collected:
		□Daily □Weekly ☑ Monthly □Quarterly □Bi-annually □Annually □Other – give details:
8	Tracer Conditions	New patients seen face to face
		• Age bands
•	Minimum Bata Oat	• Wait times
9	Minimum Data Set	New patients seen face to face Age bands
		• Wait times
10	International Comparison	Not applicable
11	KPI Monitoring	KPI will be monitored on a (please indicate below) basis:
	• • •	□Daily □Weekly ☑Monthly □Quarterly □Bi-annually □Annually □Other – give details:
		Please indicate who is responsible at a local level for monitoring this KPI: Podiatrists / Podiatry Manager, the Primary Care
		General Manager, CHO Head of Service Primary Care, Chief Officer and the Primary Care Division Operations Team via
		performance meetings.
12	KPI Reporting Frequency	Indicate how often the KPI will be reported:
		□Daily □Weekly ☑Monthly □Quarterly □Bi-annually □Annually □Other – give details:
13	KPI report period	Indicate the period to which the data applies:
		☑ Current (e.g. daily data reported on that same day of activity, monthly data reported by the 10th of the following month)
		☐ Monthly in arrears (June data reported in July)
		Quarterly in arrears (quarter 1 data reported in quarter 2)
		□ Rolling 12 months (previous 12 month period)
44	KDI Departing Assessed	☐ Other – give details: Indicate the level of aggregation for example over a geographical location:
14	KPI Reporting Aggregation	
		☑ National ☑ CHO ☑ LHO
15	KPI is reported in which	☐ County ☐ Institution ☐ Other – give details: Indicate where the KPI will be reported:
10	reports?	□ Performance Report □ Other – give details:
16	Web link to data	http://www.hse.ie/eng/services/publications/
17	Additional Information	
Contact	details for Data Manager	Information Analyst: Geraldine Littler, Business Information Unit- Palliative Care & Social Inclusion, Planning and Business
Special		Information (PBI) 046 9251330 Email:Geraldine.Littler@hse.ie
- p - 0.00		Specialist Lead: Brian Murphy, Head of Planning, Performance and Programme Management and Interim Head of Operations
		Primary Care Division
		John Hennessy, National Director, Primary Care Division, Health Service Executive.

1	ry Care - Podiatry Wa	Thing List management
1	KDI 444	Tatal as of a distance that as the testing of the list of the condition of the condition of the
	KPI title	Total no. of podiatry patients on the treatment waiting list at the end of the reporting period
2	KPI Description PC104	This is a count of the total number of podiatry patients (by age band* and wait time**) awaiting treatment (either individual
	PC104A	in a group environment) at the end of the reporting month. Patients are only removed from the waiting list when they have
	PC104B	been seen for a first appointment, it is not sufficient for a patient to have been offered an appointment. Note the focus of th
	PC104C	metric is on patients waiting for treatment, within some services assessment and treatment may occur at the same
	PC104D	appointment. However, where a patient is assessed and must still wait for treatment it is this waiting time that is reported
	PC104E	from referral date. Opt in patients are included on the waiting list. If they do not respond within four weeks then they are
	101042	discharged and must be re-referred. It does not include patients overdue for review.
		*Age bands include:
		• 0 - 4 years
		• 5 - 17 years
		• 18 - 64 years
		• 65 years and over.
		**Wait times include:
		• 0 - less than or equal to 12 weeks
		• Greater than 12 weeks and less than or equal to 26 weeks
		Greater than 26 weeks and less than or equal to 39 weeks
		Greater than 39 weeks and less than or equal to 52 weeks
		Greater than 52 weeks.
3	KPI Rationale	This metric allows for waiting lists and times to be identified, monitored and actions to be taken to reduce wait times for
ŭ	Ta i radionale	patients.
	Indicates Classification	
	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may
	ĺ	need to choose two).
	1	□ Person Centred Care □ Effective Care □ Safe Care
		□Better Health and Wellbeing ☑ Use of Information □ Workforce
		☑ Use of Resources ☐ Governance, Leadership and Management
4	KPI Target 2017	DOP 2017 Target National -2,699
4	KFI Target 2017	
		CHO 1 - 397, CHO 2 -609, CHO 3 - 504, CHO 4 - 597, CHO 5 -26, CHO 6 - No direct service, CHO 7 - No direct service
		CHO 8 - 566, CHO 9 - No direct service
5	KPI Calculation	Count all patients (all age bands*) whose referrals have been accepted by the Podiatry Service who have not attended a file
		appointment with the service at the end of the reporting month by the length of time (all wait bands**) that they are waiting
		be seen. The waiting time is measured from date of referral i.e. date of receipt of the referral by the service to the end of the
		reporting month.
		1 0
6	Data Source	Patient records, Podiatrists, Podiatry Manager, Primary Care General Manager, Community Healthcare Organisation (CHC
		Head of Service Primary Care, Chief Officer and Business Information Unit (BIU) Community Healthcare Team.
	Data Completeness	Only collecting data from HSE direct services - system of collection of contracted service data to be developed. Data
	Data Completeness	completeness is expected at 100%.
	Data Carellination	
	Data Quality Issues	No .
7	Data Collection Frequency	Indicate how often the data to support the KPI will be collected:
		□Daily □Weekly ☑ Monthly □Quarterly □Bi-annually □Annually □Other – give details:
8	Tracer Conditions	•Patients waiting to be seen
		•Age bands
		•Wait times
9	Minimum Data Set	•Patients waiting to be seen
3	Millimulii Data Set	
		•Age bands
		•Wait times
10	International Comparison	No
	KPI Monitoring	KPI will be monitored on a (please indicate below) basis:
11	KET WOTHLOTTING	
11		
11		□Daily □Weekly ☑Monthly □Quarterly □Bi-annually □Annually □Other – give details:
11		□Daily □Weekly ☑Monthly □Quarterly □Bi-annually □Annually □Other – give details: Please indicate who is responsible at a local level for monitoring this KPI: Podiatrists / Podiatry Manager, the Primary Care
11		□Daily □Weekly ☑Monthly □Quarterly □Bi-annually □Annually □Other – give details:
11		□Daily □Weekly ☑Monthly □Quarterly □Bi-annually □Annually □Other – give details: Please indicate who is responsible at a local level for monitoring this KPI: Podiatrists / Podiatry Manager, the Primary Care General Manager, CHO Head of Service Primary Care, Chief Officer and the Primary Care Division Operations Team via
	KPI Reporting Frequency	□Daily □Weekly ☑Monthly □Quarterly □Bi-annually □Annually □Other – give details: Please indicate who is responsible at a local level for monitoring this KPI: Podiatrists / Podiatry Manager, the Primary Care General Manager, CHO Head of Service Primary Care, Chief Officer and the Primary Care Division Operations Team via performance meetings.
11	KPI Reporting Frequency	Daily Weekly Monthly Quarterly Bi-annually Annually Other – give details: Please indicate who is responsible at a local level for monitoring this KPI: Podiatrists / Podiatry Manager, the Primary Care General Manager, CHO Head of Service Primary Care, Chief Officer and the Primary Care Division Operations Team via performance meetings. Indicate how often the KPI will be reported:
12		□Daily □Weekly ☑Monthly □Quarterly □Bi-annually □Annually □Other – give details: Please indicate who is responsible at a local level for monitoring this KPI: Podiatrists / Podiatry Manager, the Primary Care General Manager, CHO Head of Service Primary Care, Chief Officer and the Primary Care Division Operations Team via performance meetings. Indicate how often the KPI will be reported: □Daily □Weekly ☑Monthly □Quarterly □Bi-annually □Annually □Other – give details:
	KPI Reporting Frequency KPI report period	Daily Weekly Monthly Quarterly Bi-annually Annually Other – give details: Please indicate who is responsible at a local level for monitoring this KPI: Podiatrists / Podiatry Manager, the Primary Care General Manager, CHO Head of Service Primary Care, Chief Officer and the Primary Care Division Operations Team via performance meetings. Indicate how often the KPI will be reported:
12		□Daily □Weekly ☑Monthly □Quarterly □Bi-annually □Annually □Other – give details: Please indicate who is responsible at a local level for monitoring this KPI: Podiatrists / Podiatry Manager, the Primary Care General Manager, CHO Head of Service Primary Care, Chief Officer and the Primary Care Division Operations Team via performance meetings. Indicate how often the KPI will be reported: □Daily □Weekly ☑Monthly □Quarterly □Bi-annually □Annually □Other – give details:
12		□Daily □Weekly ☑Monthly □Quarterly □Bi-annually □Annually □Other – give details: Please indicate who is responsible at a local level for monitoring this KPI: Podiatrists / Podiatry Manager, the Primary Care General Manager, CHO Head of Service Primary Care, Chief Officer and the Primary Care Division Operations Team via performance meetings. Indicate how often the KPI will be reported: □Daily □Weekly ☑Monthly □Quarterly □Bi-annually □Annually □Other – give details: Indicate the period to which the data applies: ☑ Current (e.g. daily data reported on that same day of activity, monthly data reported by the 10th of the following month)
12		□Daily □Weekly ☑Monthly □Quarterly □Bi-annually □Annually □Other – give details: Please indicate who is responsible at a local level for monitoring this KPI: Podiatrists / Podiatry Manager, the Primary Care General Manager, CHO Head of Service Primary Care, Chief Officer and the Primary Care Division Operations Team via performance meetings. Indicate how often the KPI will be reported: □Daily □Weekly ☑Monthly □Quarterly □Bi-annually □Annually □Other – give details: Indicate the period to which the data applies: ☑ Current (e.g. daily data reported on that same day of activity, monthly data reported by the 10th of the following month) □ Monthly in arrears (June data reported in July)
12		□Daily □Weekly ☑Monthly □Quarterly □Bi-annually □Annually □Other – give details: Please indicate who is responsible at a local level for monitoring this KPI: Podiatrists / Podiatry Manager, the Primary Care General Manager, CHO Head of Service Primary Care, Chief Officer and the Primary Care Division Operations Team via performance meetings. Indicate how often the KPI will be reported: □Daily □Weekly ☑Monthly □Quarterly □Bi-annually □Annually □Other – give details: Indicate the period to which the data applies: □ Current (e.g. daily data reported on that same day of activity, monthly data reported by the 10th of the following month) □ Monthly in arrears (June data reported in July) □ Quarterly in arrears (quarter 1 data reported in quarter 2)
12		□Daily □Weekly ☑Monthly □Quarterly □Bi-annually □Annually □Other – give details: Please indicate who is responsible at a local level for monitoring this KPI: Podiatrists / Podiatry Manager, the Primary Care General Manager, CHO Head of Service Primary Care, Chief Officer and the Primary Care Division Operations Team via performance meetings. Indicate how often the KPI will be reported: □Daily □Weekly ☑Monthly □Quarterly □Bi-annually □Annually □Other – give details: Indicate the period to which the data applies: ☑ Current (e.g. daily data reported on that same day of activity, monthly data reported by the 10th of the following month) □ Monthly in arrears (June data reported in July)
12		□Daily □Weekly ☑Monthly □Quarterly □Bi-annually □Annually □Other – give details: Please indicate who is responsible at a local level for monitoring this KPI: Podiatrists / Podiatry Manager, the Primary Care General Manager, CHO Head of Service Primary Care, Chief Officer and the Primary Care Division Operations Team via performance meetings. Indicate how often the KPI will be reported: □Daily □Weekly ☑Monthly □Quarterly □Bi-annually □Annually □Other – give details: Indicate the period to which the data applies: □ Current (e.g. daily data reported on that same day of activity, monthly data reported by the 10th of the following month) □ Monthly in arrears (June data reported in July) □ Quarterly in arrears (quarter 1 data reported in quarter 2)
12	KPI report period	Daily □Weekly ☑Monthly □Quarterly □Bi-annually □Annually □Other – give details: Please indicate who is responsible at a local level for monitoring this KPI: Podiatrists / Podiatry Manager, the Primary Care General Manager, CHO Head of Service Primary Care, Chief Officer and the Primary Care Division Operations Team via performance meetings. Indicate how often the KPI will be reported: □Daily □Weekly ☑Monthly □Quarterly □Bi-annually □Annually □Other – give details: Indicate the period to which the data applies: ☑ Current (e.g. daily data reported on that same day of activity, monthly data reported by the 10th of the following month) □ Monthly in arrears (June data reported in July) □ Quarterly in arrears (June data reported in quarter 2) □ Rolling 12 months (previous 12 month period) □ Other – give details:
12		Daily □Weekly ☑Monthly □Quarterly □Bi-annually □Annually □Other – give details: Please indicate who is responsible at a local level for monitoring this KPI: Podiatrists / Podiatry Manager, the Primary Care General Manager, CHO Head of Service Primary Care, Chief Officer and the Primary Care Division Operations Team via performance meetings. Indicate how often the KPI will be reported: □Daily □Weekly ☑Monthly □Quarterly □Bi-annually □Annually □Other – give details: Indicate the period to which the data applies: ☑ Current (e.g. daily data reported on that same day of activity, monthly data reported by the 10th of the following month) □ Monthly in arrears (June data reported in July) □ Quarterly in arrears (June data reported in quarter 2) □ Rolling 12 months (previous 12 month period) □ Other – give details: Indicate the level of aggregation for example over a geographical location:
12	KPI report period	Daily □Weekly ☑Monthly □Quarterly □Bi-annually □Annually □Other – give details: Please indicate who is responsible at a local level for monitoring this KPI: Podiatrists / Podiatry Manager, the Primary Care General Manager, CHO Head of Service Primary Care, Chief Officer and the Primary Care Division Operations Team via performance meetings. Indicate how often the KPI will be reported: □Daily □Weekly ☑Monthly □Quarterly □Bi-annually □Annually □Other – give details: Indicate the period to which the data applies: □ Current (e.g. daily data reported on that same day of activity, monthly data reported by the 10th of the following month) □ Monthly in arrears (June data reported in July) □ Quarterly in arrears (quarter 1 data reported in quarter 2) □ Rolling 12 months (previous 12 month period) □ Other – give details: Indicate the level of aggregation for example over a geographical location: ☑ National ☑ CHO ☑ LHO
12 13 14	KPI report period KPI Reporting Aggregation	Daily □Weekly ☑Monthly □Quarterly □Bi-annually □Annually □Other – give details: Please indicate who is responsible at a local level for monitoring this KPI: Podiatrists / Podiatry Manager, the Primary Care General Manager, CHO Head of Service Primary Care, Chief Officer and the Primary Care Division Operations Team via performance meetings. Indicate how often the KPI will be reported: □Daily □Weekly ☑Monthly □Quarterly □Bi-annually □Annually □Other – give details: Indicate the period to which the data applies: □ Current (e.g. daily data reported on that same day of activity, monthly data reported by the 10th of the following month) □ Monthly in arrears (June data reported in July) □ Quarterly in arrears (quarter 1 data reported in quarter 2) □ Rolling 12 months (previous 12 month period) □ Other – give details: Indicate the level of aggregation for example over a geographical location: □ National □ CHO □ LHO □ County □ Institution □ Other – give details:
12	KPI report period KPI Reporting Aggregation KPI is reported in which	Daily □Weekly ☑Monthly □Quarterly □Bi-annually □Annually □Other – give details: Please indicate who is responsible at a local level for monitoring this KPI: Podiatrists / Podiatry Manager, the Primary Care General Manager, CHO Head of Service Primary Care, Chief Officer and the Primary Care Division Operations Team via performance meetings. Indicate how often the KPI will be reported: □Daily □Weekly ☑Monthly □Quarterly □Bi-annually □Annually □Other – give details: Indicate the period to which the data applies: ☑ Current (e.g. daily data reported on that same day of activity, monthly data reported by the 10th of the following month) □ Monthly in arrears (June data reported in July) □ Quarterly in arrears (quarter 1 data reported in quarter 2) □ Rolling 12 months (previous 12 month period) □ Other – give details: Indicate the level of aggregation for example over a geographical location: ☑ National ☑ CHO ☑ LHO □ County □ Institution □ Other – give details: Indicate where the KPI will be reported:
12 13 14	KPI report period KPI Reporting Aggregation	Daily □Weekly ☑Monthly □Quarterly □Bi-annually □Annually □Other – give details: Please indicate who is responsible at a local level for monitoring this KPI: Podiatrists / Podiatry Manager, the Primary Care General Manager, CHO Head of Service Primary Care, Chief Officer and the Primary Care Division Operations Team via performance meetings. Indicate how often the KPI will be reported: □Daily □Weekly ☑Monthly □Quarterly □Bi-annually □Annually □Other – give details: Indicate the period to which the data applies: ☑ Current (e.g. daily data reported on that same day of activity, monthly data reported by the 10th of the following month) □ Monthly in arrears (June data reported in July) □ Quarterly in arrears (quarter 1 data reported in quarter 2) □ Rolling 12 months (previous 12 month period) □ Other – give details: Indicate the level of aggregation for example over a geographical location: ☑ National ☑ CHO ☑ LHO □ County □ Institution □ Other – give details:
12 13 14	KPI report period KPI Reporting Aggregation KPI is reported in which reports?	Daily □Weekly ☑Monthly □Quarterly □Bi-annually □Annually □Other – give details: Please indicate who is responsible at a local level for monitoring this KPI: Podiatrists / Podiatry Manager, the Primary Care General Manager, CHO Head of Service Primary Care, Chief Officer and the Primary Care Division Operations Team via performance meetings. Indicate how often the KPI will be reported: □Daily □Weekly ☑Monthly □Quarterly □Bi-annually □Annually □Other – give details: Indicate the period to which the data applies: ☑ Current (e.g. daily data reported on that same day of activity, monthly data reported by the 10th of the following month) □ Monthly in arrears (June data reported in July) □ Quarterly in arrears (quarter 1 data reported in quarter 2) □ Rolling 12 months (previous 12 month period) □ Other – give details: Indicate the level of aggregation for example over a geographical location: ☑ National ☑ CHO ☑ LHO □ County □ Institution □ Other – give details: Indicate where the KPI will be reported: ☑ Performance Report □ Other – give details:
12 13 14 15 16	KPI report period KPI Reporting Aggregation KPI is reported in which reports? Web link to data	Daily □Weekly ☑Monthly □Quarterly □Bi-annually □Annually □Other – give details: Please indicate who is responsible at a local level for monitoring this KPI: Podiatrists / Podiatry Manager, the Primary Care General Manager, CHO Head of Service Primary Care, Chief Officer and the Primary Care Division Operations Team via performance meetings. Indicate how often the KPI will be reported: □Daily □Weekly ☑Monthly □Quarterly □Bi-annually □Annually □Other – give details: Indicate the period to which the data applies: ☑ Current (e.g. daily data reported on that same day of activity, monthly data reported by the 10th of the following month) □ Monthly in arrears (June data reported in July) □ Quarterly in arrears (quarter 1 data reported in quarter 2) □ Rolling 12 months (previous 12 month period) □ Other – give details: Indicate the level of aggregation for example over a geographical location: ☑ National ☑ CHO ☑ LHO □ County □ Institution □ Other – give details: Indicate where the KPI will be reported:
12 13 14 15 16 17	KPI report period KPI Reporting Aggregation KPI is reported in which reports? Web link to data Additional Information	Daily □Weekly ☑Monthly □Quarterly □Bi-annually □Annually □Other – give details: Please indicate who is responsible at a local level for monitoring this KPI: Podiatrists / Podiatry Manager, the Primary Care General Manager, CHO Head of Service Primary Care, Chief Officer and the Primary Care Division Operations Team via performance meetings. Indicate how often the KPI will be reported: □Daily □Weekly ☑Monthly □Quarterly □Bi-annually □Annually □Other – give details: Indicate the period to which the data applies: ☑ Current (e.g. daily data reported on that same day of activity, monthly data reported by the 10th of the following month) □ Monthly in arrears (June data reported in July) □ Quarterly in arrears (June data reported in quarter 2) □ Rolling 12 months (previous 12 month period) □ Other – give details: Indicate the level of aggregation for example over a geographical location: ☑ National ☑ CHO ☑ LHO □ County □ Institution □ Other – give details: Indicate where the KPI will be reported: ☑ Performance Report □ Other – give details:
12 13 14 15 16 17	KPI report period KPI Reporting Aggregation KPI is reported in which reports? Web link to data	Daily □Weekly ☑Monthly □Quarterly □Bi-annually □Annually □Other – give details: Please indicate who is responsible at a local level for monitoring this KPI: Podiatrists / Podiatry Manager, the Primary Care General Manager, CHO Head of Service Primary Care, Chief Officer and the Primary Care Division Operations Team via performance meetings. Indicate how often the KPI will be reported: □Daily □Weekly ☑Monthly □Quarterly □Bi-annually □Annually □Other – give details: Indicate the period to which the data applies: ☑ Current (e.g. daily data reported on that same day of activity, monthly data reported by the 10th of the following month) □ Monthly in arrears (June data reported in July) □ Quarterly in arrears (June data reported in quarter 2) □ Rolling 12 months (previous 12 month period) □ Other – give details: Indicate the level of aggregation for example over a geographical location: ☑ National ☑ CHO ☑ LHO □ County □ Institution □ Other – give details: Indicate where the KPI will be reported: ☑ Performance Report □ Other – give details:
12 13 14 15 16 17 ontact	KPI report period KPI Reporting Aggregation KPI is reported in which reports? Web link to data Additional Information details for Data Manager /	Daily □Weekly ☑Monthly □Quarterly □Bi-annually □Annually □Other – give details: Please indicate who is responsible at a local level for monitoring this KPI: Podiatrists / Podiatry Manager, the Primary Care General Manager, CHO Head of Service Primary Care, Chief Officer and the Primary Care Division Operations Team via performance meetings. Indicate how often the KPI will be reported: □Daily □Weekly ☑Monthly □Quarterly □Bi-annually □Annually □Other – give details: Indicate the period to which the data applies: □ Current (e.g. daily data reported on that same day of activity, monthly data reported by the 10th of the following month) □ Monthly in arrears (June data reported in July) □ Quarterly in arrears (quarter 1 data reported in quarter 2) □ Rolling 12 months (previous 12 month period) □ Other – give details: Indicate the level of aggregation for example over a geographical location: ☑ National ☑ CHO ☑ LHO □ County □ Institution □ Other – give details: Indicate where the KPI will be reported: □ □ Performance Report □ Other – give details: Inticate where the KPI will be reported: □ □ Performance Report □ Other – give details: Inticate where the KPI will be reported: □ Performance Report □ Other – give details: Inticate where the KPI will be reported: □ Performance Report □ Other – give details: Intigramation Analyst: Geraldine Littler, Business Information Unit- Palliative Care & Social Inclusion, Planning and Business
12 13 14 15 16 17 ontact	KPI report period KPI Reporting Aggregation KPI is reported in which reports? Web link to data Additional Information	Daily □Weekly ☑Monthly □Quarterly □Bi-annually □Annually □Other – give details: Please indicate who is responsible at a local level for monitoring this KPI: Podiatrists / Podiatry Manager, the Primary Care General Manager, CHO Head of Service Primary Care, Chief Officer and the Primary Care Division Operations Team via performance meetings. Indicate how often the KPI will be reported: □Daily □Weekly ☑Monthly □Quarterly □Bi-annually □Annually □Other – give details: Indicate the period to which the data applies: □ Current (e.g. daily data reported on that same day of activity, monthly data reported by the 10th of the following month) □ Monthly in arrears (June data reported in July) □ Quarterly in arrears (quarter 1 data reported in quarter 2) □ Rolling 12 months (previous 12 month period) □ Other – give details: Indicate the level of aggregation for example over a geographical location: □ National □ CHO □ LHO □ County □ Institution □ Other – give details: Indicate where the KPI will be reported: □ Performance Report □ Other – give details: Information Analyst: Geraldine Littler, Business Information Unit- Palliative Care & Social Inclusion, Planning and Business Information (PBI) 046 9251330 Email:Geraldine.Littler@hse.ie
12 13 14 15 16 17 Dontact	KPI report period KPI Reporting Aggregation KPI is reported in which reports? Web link to data Additional Information details for Data Manager /	Daily □Weekly ☑Monthly □Quarterly □Bi-annually □Other – give details: Please indicate who is responsible at a local level for monitoring this KPI: Podiatrists / Podiatry Manager, the Primary Care General Manager, CHO Head of Service Primary Care, Chief Officer and the Primary Care Division Operations Team via performance meetings. Indicate how often the KPI will be reported: □Daily □Weekly ☑Monthly □Quarterly □Bi-annually □Annually □Other – give details: Indicate the period to which the data applies: ☑ Current (e.g. daily data reported on that same day of activity, monthly data reported by the 10th of the following month) □ Monthly in arrears (June data reported in July) □ Quarterly in arrears (quarter 1 data reported in quarter 2) □ Rolling 12 months (previous 12 month period) □ Other – give details: Indicate the level of aggregation for example over a geographical location: ☑ National ☑ CHO ☑ LHO □ County □ Institution □ Other – give details: Indicate where the KPI will be reported: ☑ Performance Report □ Other – give details: Intormation Analyst: Geraldine Littler, Business Information Unit- Palliative Care & Social Inclusion, Planning and Business Information (PBI) 046 9251330 Email:Geraldine.Littler@hse.ie Specialist Lead: Brian Murphy, Head of Planning, Performance and Programme Management and Interim Head of Operative
12 13 14 15 16 17 Intact	KPI report period KPI Reporting Aggregation KPI is reported in which reports? Web link to data Additional Information details for Data Manager /	Daily □Weekly ☑Monthly □Quarterly □Bi-annually □Annually □Other – give details: Please indicate who is responsible at a local level for monitoring this KPI: Podiatrists / Podiatry Manager, the Primary Car General Manager, CHO Head of Service Primary Care, Chief Officer and the Primary Care Division Operations Team via performance meetings. Indicate how often the KPI will be reported: □Daily □Weekly ☑Monthly □Quarterly □Bi-annually □Annually □Other – give details: Indicate the period to which the data applies: □ Current (e.g. daily data reported on that same day of activity, monthly data reported by the 10th of the following month □ Monthly in arrears (June data reported in July) □ Quarterly in arrears (quarter 1 data reported in quarter 2) □ Rolling 12 months (previous 12 month period) □ Other – give details: Indicate the level of aggregation for example over a geographical location: □ National □ CHO □ LHO □ County □ Institution □ Other – give details: Indicate where the KPI will be reported: □ Performance Report □ Other – give details: Information Analyst: Geraldine Littler, Business Information Unit- Palliative Care & Social Inclusion, Planning and Business Information (PBI) 046 9251330 Email:Geraldine.Littler@hse.ie

Prima	ry Care - Podiatry Wa	aiting List Management
1 2	KPI title KPI Description PC104F(No) &PC104G(%)	% of podiatry patients on waiting list for treatment less than or equal to 52 weeks This is a calculation of the number of new podiatry patients (all age bands*) who are waiting less than or equal to 52 weeks to be seen by a podiatrist (either in an individual or in a group environment) expressed as a proportion of the overall number of podiatry patients (all wait times**) waiting for these services at the end of the reporting month multiplied by 100. It includes all patients on the waiting list at the end of the reporting month. Patients are only removed from the waiting list when they have been seen for a first appointment, it is not sufficient for a patient to have been offered an appointment. Note the focus of this metric is on patients waiting for treatment, within some services assessment and treatment may occur at the same appointment. However, where a patient is assessed and must still wait for treatment it is this waiting time that is reported from referral date. Opt in patients are included on the waiting list. If they do not respond within four weeks then they are discharged and must be re-referred. This metric should not include patients overdue for review. *Age bands include: 0 - 4 years 18 - 64 years 18 - 64 years 19 - 19 years 18 - 65 years and over. **Wait times include: 0 - less than or equal to 12 weeks Greater than 12 weeks and less than or equal to 26 weeks Greater than 26 weeks and less than or equal to 52 weeks Greater than 52 weeks.
3	KPI Rationale	The purpose of this metric is to monitor waiting lists and reduce wait times for patients.
	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two). □ Person Centred Care □ Effective Care □ Safe Care □ Better Health and Wellbeing ☑ Use of Information □ Workforce ☑ Use of Resources □ Governance, Leadership and Management
4	KPI Target 2017	DOP 2017 Target National - 88%
5	KPI Calculation	Count the total number of podiatry patients in all age bands i.e. $0-4$ yrs, $5-17$ yrs, $18-64$ yrs and 65 yrs and over on the treatment waiting list at the end of the reporting period by wait band i.e. $0-<12$ weeks $+>12$ weeks $-\le26$ weeks $+>26$ weeks $+>26$ weeks $-\le39$ we
6	Data Source	Patient records, Podiatrists, Podiatry Manager, Primary Care General Manager, Community Healthcare Organisation (CHO) Head of Service Primary Care, Chief Officer and Business Information Unit (BIU) Community Healthcare Team.
	Data Completeness	Only collecting data from HSE direct services - system of collection of contracted service data to be developed. Data completeness is expected at 100%.
	Data Quality Issues	No
7	Data Collection Frequency	Indicate how often the data to support the KPI will be collected: □Daily □Weekly ☑ Monthly □Quarterly □Bi-annually □Annually □Other – give details:
8	Tracer Conditions	•Patients waiting to be seen •Age bands •Wait times
9	Minimum Data Set	Patients waiting to be seen Age bands Wait times
10	International Comparison	No
11	KPI Monitoring	KPI will be monitored on a (please indicate below) basis: Daily Weekly Monthly Quarterly Bi-annually Other – give details: Please indicate who is responsible at a local level for monitoring this KPI: Podiatrists / Podiatry Manager, the Primary Care General Manager, CHO Head of Service Primary Care, Chief Officer and the Primary Care Division Operations Team via performance meetings.
12	KPI Reporting Frequency	Indicate how often the KPI will be reported: □Daily □Weekly ☑Monthly □Quarterly □Bi-annually □Annually □Other – give details:
13	KPI report period	Indicate the period to which the data applies: ☑ Current (e.g. daily data reported on that same day of activity, monthly data reported by the 10th of the following month) ☐ Monthly in arrears (June data reported in July) ☐ Quarterly in arrears (quarter 1 data reported in quarter 2) ☐ Rolling 12 months (previous 12 month period) ☐ Other – give details:
14	KPI Reporting Aggregation	Indicate the level of aggregation for example over a geographical location: ☑ National ☑ CHO ☑ LHO ☐ County ☐ Institution ☐ Other – give details:
15	KPI is reported in which B216reports?	Indicate where the KPI will be reported: ☑Performance Report ☐Other – give details:
16	Web link to data	http://www.hse.ie/eng/services/publications/
17	Additional Information	
/Speciali		Information Analyst: Geraldine Littler, Business Information Unit- Palliative Care & Social Inclusion, Planning and Business Information (PBI) 046 9251330 Email:Geraldine.Littler@hse.ie Specialist Lead: Brian Murphy, Head of Planning, Performance and Programme Management and Interim Head of Operations Primary Care Division
National	Lead and Division	John Hennessy, National Director, Primary Care Division, Health Service Executive.

Prima	ry Care - Podiatry Wa	aiting List Management
1 2	KPI title KPI Description PC104H(No) & PC104I(%)	% of podiatry patients on waiting list for treatment less than or equal to 39 weeks This is a calculation of the number of new podiatry patients (all age bands*) who are waiting less than or equal to 39 weeks to be seen by a podiatrist (either in an individual or in a group environment) expressed as a proportion of the overall number of podiatry patients (all wait times**) waiting for these services at the end of the reporting month multiplied by 100. It includes all patients on the waiting list at the end of the reporting month. Patients are only removed from the waiting list when they have been seen for a first appointment, it is not sufficient for a patient to have been offered an appointment. Note the focus of this metric is on patients waiting for treatment, within some services assessment and treatment may occur at the same appointment. However, where a patient is assessed and must still wait for treatment it is this waiting time that is reported from referral date. Opt in patients are included on the waiting list. If they do not respond within four weeks then they are discharged and must be re-referred. This metric should not include patients overdue for review. *Age bands include: *0 - 4 years *5 - 17 years *18 - 64 years *5 - 17 years *18 - 64 years *6 years and over. **Wait times include: *0 - less than or equal to 12 weeks *Greater than 12 weeks and less than or equal to 26 weeks *Greater than 39 weeks and less than or equal to 52 weeks *Greater than 52 weeks.
3	KPI Rationale	The purpose of this metric is to monitor waiting lists and reduce wait times for patients.
	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two). □ Person Centred Care □ Effective Care □ Safe Care □ Better Health and Wellbeing ☑ Use of Information □ Workforce ☑ Use of Resources □ Governance, Leadership and Management
5	KPI Target 2017 KPI Calculation	DOP 2017 Target National - 71% Count the total number of podiatry patients in all age bands i.e. 0-4yrs, 5-17yrs,18-64yrs and 65yrs and over on the treatment
3	RF1 Calculation	waiting list at the end of the reporting period by wait band i.e. 0 - < 12 weeks + >12 weeks - ≤ 26 weeks + >26 weeks + ≤ 26 weeks + ≤ 39 weeks and express it as a proportion of the total number of podiatry patients in all age bands i.e. 0 - < 12 yeeks + ≤ 26 weeks + ≥26 weeks + ≤ 26 weeks + ≤ 39 weeks + ≤ 39 weeks + ≤ 52 weeks and multiply by 100. Numerator: The number of podiatry patients (all ages) waiting to be seen in wait bands 0 - < 12 weeks + ≥ 12 weeks - ≤ 26 weeks + ≥ 26 weeks + ≤ 26 weeks + ≤ 26 weeks - ≤ 39 weeks Denominator: The number of podiatry patients (all ages) waiting to be seen in wait bands 0 - < 12 weeks + ≥ 12 weeks - ≤ 26 weeks + ≥ 26 weeks + ≥ 39 weeks - ≤ 52 weeks + ≥ 26 weeks + ≥ 26 weeks + ≥ 39 weeks - ≤ 52 weeks + ≥ 52 weeks x + ≥ 12 weeks - ≤ 26 weeks + ≥ 26 weeks + ≥ 26 weeks + ≥ 39 weeks - ≤ 52 weeks + ≥ 52 weeks x + ≥ 12 weeks - ≤ 26 weeks + ≥ 26 weeks + ≥ 26 weeks + ≥ 26 weeks + ≥ 39 weeks - ≤ 52 weeks + ≥ 52 weeks x + ≥ 12 weeks - ≤ 26 weeks + ≥ 39 weeks - ≤ 52 weeks + ≥ 52 weeks x + ≥ 39 weeks - ≤ 52 weeks x + ≥ 39 weeks x + ≥ 39 weeks - ≤ 52 weeks x + ≥ 52 weeks x + ≥ 39 weeks - ≤ 52 weeks x + ≥ 52 weeks x + ≥ 39 weeks - ≤ 52 weeks x + ≥ 39 weeks x +
6	Data Source	Patient records, Podiatrists, Podiatry Manager, Primary Care General Manager, Community Healthcare Organisation (CHO) Head of Service Primary Care, Chief Officer and Business Information Unit (BIU) Community Healthcare Team.
	Data Completeness Data Quality Issues	Only collecting data from HSE direct services - system of collection of contracted service data to be developed. Data completeness is expected at 100%. No
7	Data Collection Frequency	Indicate how often the data to support the KPI will be collected: □Daily □Weekly ☑ Monthly □Quarterly □Bi-annually □Annually □Other – give details:
8	Tracer Conditions	Patients waiting to be seen *Age bands *Wait times
9	Minimum Data Set	-Patients waiting to be seen -Age bands -Wait times
10	International Comparison	No
11	KPI Monitoring	KPI will be monitored on a (please indicate below) basis: □Daily □Weekly ☑Monthly □Quarterly □Bi-annually □Other – give details: Please indicate who is responsible at a local level for monitoring this KPI: Podiatrists / Podiatry Manager, the Primary Care General Manager, CHO Head of Service Primary Care, Chief Officer and the Primary Care Division Operations Team via performance meetings.
12	KPI Reporting Frequency	Indicate how often the KPI will be reported: □Daily □Weekly ☑Monthly □Quarterly □Bi-annually □Annually □Other – give details:
13	KPI report period	Indicate the period to which the data applies: Current (e.g. daily data reported on that same day of activity, monthly data reported by the 10th of the following month) Monthly in arrears (June data reported in July) Quarterly in arrears (quarter 1 data reported in quarter 2) Rolling 12 months (previous 12 month period) Other – give details:
14	KPI Reporting Aggregation	Indicate the level of aggregation for example over a geographical location: ☑ National ☑ CHO ☑ LHO ☐ County ☐ Institution ☐ Other – give details:
15	KPI is reported in which reports?	Indicate where the KPI will be reported: ☑Performance Report □Other – give details:
16	Web link to data	http://www.hse.ie/eng/services/publications/
17	Additional Information	
Contact /Speciali	details for Data Manager st Lead	Information Analyst: Geraldine Littler, Business Information Unit- Palliative Care & Social Inclusion, Planning and Business Information (PBI) 046 9251330 Email:Geraldine.Littler@hse.ie Specialist Lead: Brian Murphy, Head of Planning, Performance and Programme Management and Interim Head of Operations Primary Care Division
National	Lead and Division	John Hennessy, National Director, Primary Care Division, Health Service Executive.

Prima	ry Care - Podiatry Wa	aiting List Management
1 2	KPI title KPI Description PC104J (No) & PC104K (%)	% of podiatry patients on waiting list for treatment less than or equal to 26 weeks This is a calculation of the number of new podiatry patients (all age bands*) who are waiting less than or equal to 26 weeks to be seen by a podiatrist (either in an individual or in a group environment) expressed as a proportion of the overall number of podiatry patients (all wait times**) waiting for these services at the end of the reporting month multiplied by 100. It includes all patients on the waiting list at the end of the reporting month. Patients are only removed from the waiting list when they have been seen for a first appointment, it is not sufficient for a patient to have been offered an appointment. Note the focus of this metric is on patients waiting for treatment, within some services assessment and treatment may occur at the same appointment. However, where a patient is assessed and must still wait for treatment it is this waiting time that is reported from referral date. Opt in patients are included on the waiting list. If they do not respond within four weeks then they are discharged and must be re-referred. This metric should not include patients overdue for review. *Age bands include: *0 - 4 years *5 - 17 years *18 - 64 years *5 - 17 years *18 - 64 years *6 years and over. **Wait times include: *0 - less than or equal to 12 weeks *Greater than 12 weeks and less than or equal to 26 weeks *Greater than 39 weeks and less than or equal to 52 weeks *Greater than 52 weeks.
3	KPI Rationale Indicator Classification	The purpose of this metric is to monitor waiting lists and reduce wait times for patients. Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two). □ Person Centred Care □ Effective Care □ Safe Care □ Better Health and Wellbeing ☑ Use of Information □ Workforce □ Use of Resources □ Governance, Leadership and Management
4	KPI Target 2017	DOP 2017 Target National - 62%
5	KPI Calculation	Count the total number of podiatry patients in all age bands i.e. $0-4$ yrs, $5-17$ yrs, $18-64$ yrs and 65 yrs and over on the treatment waiting list at the end of the reporting period by wait band i.e. $0-<12$ weeks $+>12$ weeks $-\le26$ weeks and express it as a proportion of the total number of podiatry patients in all age bands i.e. $0-4$ yrs, $5-17$ yrs, $18-64$ yrs and 65 yrs and over on the treatment waiting list at the end of the reporting period by wait band i.e. $0-<12$ weeks $+>12$ weeks $+>26$ weeks $+>26$ weeks $+>26$ weeks $+>26$ weeks $+>26$ weeks and multiply by 100 . Numerator: The number of podiatry patients (all ages) waiting to be seen in wait bands $0-<12$ weeks $+>12$
6	Data Source	Patient records, Podiatrists, Podiatry Manager, Primary Care General Manager, Community Healthcare Organisation (CHO)
	Data Completeness	Head of Service Primary Care, Chief Officer and Business Information Unit (BIU) Community Healthcare Team. Only collecting data from HSE direct services - system of collection of contracted service data to be developed. Data
	Data Quality Issues	completeness is expected at 100%.
7	Data Collection Frequency	Indicate how often the data to support the KPI will be collected: □□Daily □Weekly ☑ Monthly □Quarterly □Bi-annually □Annually □Other – give details:
8	Tracer Conditions	Patients waiting to be seen *Age bands *Wait times
9	Minimum Data Set	Patients waiting to be seen Age bands Wait times
10	International Comparison	No
11	KPI Monitoring	KPI will be monitored on a (please indicate below) basis: □Daily □Weekly ☑Monthly □Quarterly □Bi-annually □Annually □Other – give details: Please indicate who is responsible at a local level for monitoring this KPI: Podiatrists / Podiatry Manager, the Primary Care General Manager, CHO Head of Service Primary Care, Chief Officer and the Primary Care Division Operations Team via performance meetings.
12	KPI Reporting Frequency	Indicate how often the KPI will be reported: □Daily □Weekly ☑Monthly □Quarterly □Bi-annually □Annually □Other – give details:
13	KPI report period	Current (e.g. daily data reported on that same day of activity, monthly data reported by the 10th of the following month) Monthly in arrears (June data reported in July) Quarterly in arrears (quarter 1 data reported in quarter 2) Rolling 12 months (previous 12 month period) Other – give details:
14	KPI Reporting Aggregation	Indicate the level of aggregation for example over a geographical location: ☑ National ☑ CHO ☑ LHO ☐ County ☐ Institution ☐ Other – give details:
15	KPI is reported in which reports?	Indicate where the KPI will be reported: ☑Performance Report ☐Other – give details:
16	Web link to data	http://www.hse.ie/eng/services/publications/
17	Additional Information	
Contact /Speciali	l details for Data Manager st Lead	Information Analyst: Geraldine Littler, Business Information Unit- Palliative Care & Social Inclusion, Planning and Business Information (PBI) 046 9251330 Email:Geraldine.Littler@hse.ie Specialist Lead: Brian Murphy, Head of Planning, Performance and Programme Management and Interim Head of Operations Primary Care Division
National	Lead and Division	John Hennessy, National Director, Primary Care Division, Health Service Executive.

Prima	ry Care - Podiatry Wa	aiting List Management
1 2	KPI title KPI Description PC104L (No) & PC104M(%)	% of podiatry patients on waiting list for treatment less than or equal to 12 weeks This is a calculation of the number of new podiatry patients (all age bands*) who are waiting less than or equal to 12 weeks to be seen by a podiatrist (either in an individual or in a group environment) expressed as a proportion of the overall number of podiatry patients (all wait times**) waiting for these services at the end of the reporting month multiplied by 100. It includes all patients on the waiting list at the end of the reporting month. Patients are only removed from the waiting list when they have been seen for a first appointment, it is not sufficient for a patient to have been offered an appointment. Note the focus of this metric is on patients waiting for treatment, within some services assessment and treatment may occur at the same appointment. However, where a patient is assessed and must still wait for treatment it is this waiting time that is reported from referral date. Opt in patients are included on the waiting list. If they do not respond within four weeks then they are discharged and must be re-referred. This metric should not include patients overdue for review. *Age bands include: *0 - 4 years *5 - 17 years *18 - 64 years *65 years and over. **Wait times include: *0 - less than or equal to 12 weeks Greater than 12 weeks and less than or equal to 26 weeks *Greater than 26 weeks and less than or equal to 39 weeks *Greater than 39 weeks and less than or equal to 52 weeks *Greater than 52 weeks.
3	KPI Rationale	The purpose of this metric is to monitor waiting lists and reduce wait times for patients.
3	Indicator Classification	The purpose of this metric is to monitor waiting lists and reduce wait times for patients. Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two). Person Centred Care
4	KPI Target 2017	NSP 2017 Target National - 44%
5	KPI Calculation	Count the total number of podiatry patients in all age bands i.e. 0-4yrs, 5-17yrs,18-64yrs and 65yrs and over on the treatment waiting list at the end of the reporting period by wait band i.e. 0 - < 12 weeks and express it as a proportion of the total number of podiatry patients in all age bands i.e. 0-4yrs, 5-17yrs,18-64yrs and 65yrs and over on the treatment waiting list at the end of the reporting period by wait band i.e. 0 - < 12 weeks + >12 weeks - ≤ 26 weeks + >26 weeks - ≤ 39 weeks + >39 weeks + >52 weeks and multiply by 100. Numerator: The number of podiatry patients (all ages) waiting to be seen in wait bands 0 - < 12 weeks + >12 weeks - ≤ 26 weeks + >26 weeks + >39 weeks - ≤ 52 weeks + >52 weeks + >60 weeks - ≤ 39 weeks + >39 weeks - ≤ 52 weeks + >100.
6	Data Source	Patient records, Podiatrists, Podiatry Manager, Primary Care General Manager, Community Healthcare Organisation (CHO) Head of Service Primary Care, Chief Officer and Business Information Unit (BIU) Community Healthcare Team.
	Data Completeness	Only collecting data from HSE direct services - system of collection of contracted service data to be developed. Data completeness is expected at 100%.
7	Data Quality Issues Data Collection Frequency	No Indicate how often the data to support the KPI will be collected:
8	Tracer Conditions	□ Daily □ Weekly ☑ Monthly □ Quarterly □ Bi-annually □ Annually □ Other – give details: •Patients waiting to be seen •Age bands
		•Wait times
9	Minimum Data Set	Patients waiting to be seen Age bands Wait times
10	International Comparison	Not applicable
11	KPI Monitoring	KPI will be monitored on a (please indicate below) basis: □Daily □Weekly ☑Monthly □Quarterly □Bi-annually □Annually □Other – give details: Please indicate who is responsible at a local level for monitoring this KPI: Podiatrists / Podiatry Manager, the Primary Care General Manager, CHO Head of Service Primary Care, Chief Officer and the Primary Care Division Operations Team via performance meetings.
12	KPI Reporting Frequency	Indicate how often the KPI will be reported: □Daily □Weekly ☑Monthly □Quarterly □Bi-annually □Annually □Other – give details:
13	KPI report period	Indicate the period to which the data applies: ☑ Current (e.g. daily data reported on that same day of activity, monthly data reported by the 10th of the following month) ☐ Monthly in arrears (June data reported in July) ☐ Quarterly in arrears (quarter 1 data reported in quarter 2) ☐ Rolling 12 months (previous 12 month period) ☐ Other – give details:
14	KPI Reporting Aggregation	Indicate the level of aggregation for example over a geographical location: ☑ National ☑ CHO ☑ LHO
15	KPI is reported in which reports?	□ County □ Institution □ Other – give details: Indicate where the KPI will be reported: □ Performance Report □ Other – give details:
16	Web link to data	http://www.hse.ie/eng/services/publications/
17	Additional Information	
Contact /Speciali	details for Data Manager st Lead	Information Analyst: Geraldine Littler, Business Information Unit- Palliative Care & Social Inclusion, Planning and Business Information (PBI) 046 9251330 Email:Geraldine.Littler@hse.ie Specialist Lead: Brian Murphy, Head of Planning, Performance and Programme Management and Interim Head of Operations
National	Lead and Division	Primary Care Division John Hennessy, National Director, Primary Care Division, Health Service Executive.

Tima	ly ource i ouldily ra	tients with Diabetic Active Foot Disease
1	KPI title	No of patients with diabetic active foot disease treated in the reporting month
2	KPI Description	This is a count of the total number of diabetic active foot disease patients (new and existing) seen by Primary Care Podiat
-	PC105	Services in the reporting month. It is reported as a subset of the total count of podiatry patients seen. Patients with diabetic
	F C 103	active foot disease are described by the HSE National Diabetes Programme as: patients with an active foot ulcer (full break
		the thickness of the skin) or Charcot foot.
3	KPI Rationale	In keeping with the HSE's National Diabetes Programme and Model of Care for the Diabetic Foot, management of diabetic
•	N T Nationale	foot wounds in the community is essential to reduce ever increasing amputation rates in diabetic patients in Ireland. Early
		detection of and intervention to diabetic foot wounds can significantly reduce the morbidity and mortality rates associated w
		this condition. As members of the Diabetes Foot Protection Teams, Primary Care Podiatrists in the community, provide
		essential treatments to these patients.
		This KPI allows for the identification of the number of patients with diabetic active foot disease treated by the primary care
		podiatry services each month to be established. It also allows for planning and management in relation to staffing and
		resource allocation in relation to such service demand.
	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may
		need to choose two).
		☑ Person Centred Care ☐ Effective Care ☐ Safe Care
		☐ Better Health and Wellbeing ☐ Use of Information ☐ Workforce
		☐ Use of Resources ☐ Governance, Leadership and Management
4	KPI Target 2017	DOP 2017 Target National -166
		CHO 1 - 44, CHO 2 -45, CHO 3 - 15, CHO 4 - 32, CHO 5 -8, CHO 6 - 1, CHO 7 - 6, CHO 8 - 14, CHO 9 - 1
5	KPI Calculation	Count the total number of patients (new and existing) with diabetic active foot disease who were treated by the Primary Car
		Podiatry Services in the reporting month. An individual patient is counted only once in the reporting month.
6	Data Source	The data source is the Primary Care Podiatry Service clinical diary / patient record, Podiatrists / Podiatry Managers, Primary
		Care General Manager, Community Healthcare Organisation (CHO) Head of Service Primary Care, Chief Officer and
		Business Information Unit (BIU) Community Healthcare Team.
	Data Completeness	Only collecting data from HSE direct services - system of collection of contracted service data to be developed. Data
	Buta Completeness	completeness is expected at 100%.
	Data Quality Issues	No
_		
7	Data Collection Frequency	Indicate how often the data to support the KPI will be collected:
		□Daily □Weekly ☑Monthly □Quarterly □Bi-annually □Annually □Other – give details:
8	Tracer Conditions	Patients with Diabetic Active Foot Disease
		•Primary Care Podiatry Services
		•Patient treatments
9	Minimum Data Set	Patients with Diabetic Active Foot Disease
		Primary Care Podiatry Services
		•Patient treatments
10	International Comparison	No
11	KPI Monitoring	KPI will be monitored on a (please indicate below) basis:
		□Daily □Weekly ☑Monthly □Quarterly □Bi-annually □Annually □Other – give details:
		Please indicate who is responsible at a local level for monitoring this KPI: Podiatrists / Podiatry Managers, the Primary Can
		General Manager, CHO Head of Service Primary Care, Chief Officer and the Primary Care Division Operations Team via
		performance meetings.
12	KPI Reporting Frequency	Indicate how often the KPI will be reported:
		□Daily □Weekly ☑Monthly □Quarterly □Bi-annually □Annually □Other – give details:
13	KPI report period	Indicate the period to which the data applies
		☑Current (e.g. daily data reported on that same day of activity, monthly data reported by the 10th of the following month)
		Monthly in arrears (June data reported in July)
		Quarterly in arrears (quarter 1 data reported in quarter 2)
		□ Rolling 12 months (previous 12 month period)
		☐ Other – give details:
14	KPI Reporting Aggregation	Indicate the level of aggregation for example over a geographical location:
		☑National ☑CHO ☑ LHO
		☐ County ☐ Institution ☐ Other – give details:
15	KPI is reported in which	Indicate where the KPI will be reported:
	reports?	☑ Performance Report □Other – give details:
16	Web link to data	http://www.hse.ie/eng/services/publications/
17	Additional Information	
	details for Data Manager	Information Analyst: Geraldine Littler, Business Information Unit- Palliative Care & Social Inclusion, Planning and Business
	ist Lead	Information (PBI) 046 9251330 Email:Geraldine.Littler@hse.ie
,		Specialist Leads: David Watterson David.Watterson@hse.ie
		Brian Murphy, Head of Planning, Performance and Programme Management and Interim Head of Operations Primary Care
		12 marking, i construction and i regramme management and interim freducti operations i limitary care
		Division

	1484 1111	
1	KPI title	No of treatment contacts for diabetic active foot disease in the reporting month
2	KPI Description PC106	This is a count of the number of diabetic active foot disease treatment contacts, for new and existing patients, provided by Primary Care Podiatry Services each month. It is reported as a subset of the total count of podiatry treatment contacts. Patients with diabetic active foot disease are described by the HSE National Diabetes Programme as: patients with an activ foot ulcer (full break in the thickness of the skin) or Charcot foot. This condition can result in multiple visits / treatment contacts for an individual patient each month to / by the podiatry service.
3	KPI Rationale	In keeping with the HSE's National Diabetes Programme and Model of Care for the Diabetic Foot, management of diabetic foot wounds in the community is essential to reduce ever increasing amputation rates in diabetic patients in Ireland. Early detection and intervention of diabetic foot wounds can significantly reduce the morbidity and mortality rates associated with this condition. As members of the Diabetes Foot Protection Teams, Primary Care Podiatrists in the community, provide essential treatments to these patients. This KPI allows for the identification of the number of treatment contacts the Primary Care Podiatry Service provides to patients with Diabetic Active Food Disease each month and for the quantum of service provided in each area to be established. It also allows for planning and management in relation to staffing and resource allocation in relation to such service demand.
	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two). Person Centred Care Effective Care Safe Care Better Health and Wellbeing Use of Information Workforce Use of Resources Governance, Leadership and Management
4	KPI Target 2017	DOP 2017 Target National - 667 CHO 1 - 176, CHO 2 -180, CHO 3 - 61, CHO 4 - 126, CHO 5 -30, CHO 6 - 5, CHO 7 - 25, CHO 8 - 59, CHO 9 - 5
5	KPI Calculation	Count the number of treatment contacts provided to clients (new and existing) with Diabetic Active Foot Disease by the Primary Care Podiatry Services in the reporting month.
6	Data Source	The data source is the Primary Care Podiatry Service clinical diary / patient record, Podiatrists / Podiatry Managers, Primary Care General Manager, Community Healthcare Organisation (CHO) Head of Service Primary Care, Chief Officer and Business Information Unit (BIU) Community Healthcare Team.
	Data Completeness	Only collecting data from HSE direct services - system of collecting contracted service data to be developed. Data completeness is expected at 100%.
	Data Quality Issues	No
7	Data Collection Frequency	Indicate how often the data to support the KPI will be collected: □Daily □Weekly ☑Monthly □Quarterly □Bi-annually □Annually □Other – give details:
8	Tracer Conditions	Diabetic Active Foot Disease as described the HSE National Diabetes Programme Primary Care Podiatry Services Patient treatment contacts
9	Minimum Data Set	Diabetic Active Foot Disease as described the HSE National Diabetes Programme Primary Care Podiatry Services Patient treatment contacts
10	International Comparison	No
11	KPI Monitoring	KPI will be monitored on a (please indicate below) basis: □Daily □Weekly ☑Monthly □Quarterly □Bi-annually □Annually □Other – give details: Please indicate who is responsible at a local level for monitoring this KPI: Podiatrists / Podiatry Managers, the Primary Care General Manager, CHO Head of Service Primary Care, Chief Officer and the Primary Care Division Operations Team via performance meetings.
12	KPI Reporting Frequency	Indicate how often the KPI will be reported: □Daily □Weekly ☑ Monthly □Quarterly □Bi-annually □Annually □Other – give details:
13	KPI report period	Indicate the period to which the data applies □Current (e.g. daily data reported on that same day of activity, monthly data reported by the 10th of the following month) □Monthly in arrears (June data reported in July) □ Quarterly in arrears (quarter 1 data reported in quarter 2) □ Rolling 12 months (previous 12 month period) □ Other – give details:
14	KPI Reporting Aggregation	Indicate the level of aggregation for example over a geographical location: ☑National ☑CHO ☑ LHO ☐ County ☐ Institution ☐ Other – give details:
15	KPI is reported in which reports?	Indicate where the KPI will be reported: ☑Performance Report □Other – give details:
16	Web link to data	http://www.hse.ie/eng/services/publications/
17	Additional Information	Life and the Analysis Could's 1986 Burgers Information 11 7 Burgers Co. ACC 111 1 1 Burgers
	details for Data Manager / ist Lead	Information Analyst: Geraldine Littler, Business Information Unit- Palliative Care & Social Inclusion, Planning and Business Information (PBI) 046 9251330 Email:Geraldine.Littler@hse.ie Specialist Leads: David Watterson David.Watterson@hse.ie Brian Murphy, Head of Planning, Performance and Programme Management and Interim Head of Operations Primary Care Division

	ry Care - Ophthalmo	
1	KPI title	No. of patient referrals
2	KPI Description PC52	This is a count of the number of referrals (by age band*) received in the month that have been accepted. It includes new referrals and re-referrals (ie. previously discharged). Each referral should be date stamped on th day it is received and this is used as the referral date. *Age bands include: • 0 - 4 years • 5 - 17 years • 18 - 64 years • 65 years and over.
		ob years and over.
3	KPI Rationale	This metric provides information on service demand and informs decisions in relation to the planning and management of staff and resource allocation.
	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two). □ Person Centred Care □ Effective Care □ Safe Care □ Better Health and Wellbeing ☑ Use of Information □ Workforce □ Use of Resources □ Governance, Leadership and Management
4	KPI Target 2017	DOP 2017 Target National -28,452 CHO 1 - 6,360; CHO 2 - 3,060; CHO 3 - 2,232; CHO 4 - 5,328; CHO 5 - 4,824; CHO 6 - 792; CHO 7 -1,116; CHO 8 -2,448; CHO 9 - 2,292
5	KPI Calculation	Count the number of referrals (new and re-referrals) by age band* accepted in the reporting month.
6	Data Source	Patient records, Ophthalmology Manager, Primary Care General Manager, Community Healthcare Organisation (CHO) Head of Service Primary Care, Chief Officer and Business Information Unit (BIU) Community Healthcare Team.
	Data Completeness	Data completeness is expected at 100%.
	Data Quality Issues	No
7	Data Collection Frequency	Indicate how often the data to support the KPI will be collected:C53 □Daily □Weekly ☑ Monthly □Quarterly □Bi-annually □Other – give details:
8	Tracer Conditions	Accepted referrals Age bands
9	Minimum Data Set	Accepted referrals Age bands
10	International Comparison	No
11	KPI Monitoring	KPI will be <u>monitored</u> on a (please indicate below) basis: □Daily □Weekly ☑Monthly □Quarterly □Bi-annually □Annually □Other – give details: Please indicate who is responsible at a local level for monitoring this KPI: Ophthalmology Service Manager, th Primary Care General Manager, CHO Head of Service Primary Care, Chief Officer and the Primary Care Division Operations Team via performance meetings.
12	KPI Reporting Frequency	Indicate how often the KPI will be reported: □Daily □Weekly ☑Monthly □Quarterly □Bi-annually □Annually □Other – give details:
13	KPI report period	Indicate the period to which the data applies: ☑ Current (e.g. daily data reported on that same day of activity, monthly data reported by the 10th of the following month) ☐ Monthly in arrears (June data reported in July) ☐ Quarterly in arrears (quarter 1 data reported in quarter 2) ☐ Rolling 12 months (previous 12 month period) ☐ Other – give details:
14	KPI Reporting Aggregation	Indicate the level of aggregation for example over a geographical location: ☑ National ☑ CHO ☑ LHO ☐ County ☐ Institution ☐ Other – give details:
15	KPI is reported in which reports?	Indicate where the KPI will be reported: ☐ Performance Report ☐ Other – give details:
16	Web link to data	http://www.hse.ie/eng/services/publications/
17	Additional Information	
	details for Data Manager ist Lead	Information Analyst: Geraldine Littler, Business Information Unit- Palliative Care & Social Inclusion, Planning an Business Information (PBI) 046 9251330 Email:Geraldine.Littler@hse.ie Specialist Lead: Brian Murphy, Head of Planning, Performance and Programme Management and Interim Head of Operations Primary Care Division
National	Lead and Division	1 77

Prima	ry Care - Ophthalmol	ogy Existing Patients Seen
1	KPI title	Existing patients seen in the month
2	KPI Description PC53	This is a count of the number of existing patients (by age band*) seen face to face in the reporting month. An existing patient is a patient who is currently attending the service and is an open case. It includes patients who attend individual appointments or group sessions. Each patient is only included once in the count. New patients seen in the reporting month are not included. For the purpose of recording this metric an appointment is considered to be face face contact with a patient. *Age bands include: • 0 - 4 years • 5 - 17 years • 18 - 64 years • 65 years and over.
3	KPI Rationale	This metric provides information on service demand and informs decisions in relation to the planning and
	Indicator Classification	management of staff and resource allocation. Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some
		cases you may need to choose two). □ Person Centred Care □ Effective Care □ Safe Care □ Better Health and Wellbeing ☑ Use of Information □ Workforce+C90 ☑ Use of Resources □ Governance, Leadership and Management
4	KPI Target 2017	DOP 2017 Target National -5,281 CHO 1 - 1,906; CHO 2 - 426; CHO 3 - 521; CHO 4 -402; CHO 5 - 1,092; CHO 6 - 156; CHO 7 -230; CHO 8 - 273; CHO 9 - 275
5	KPI Calculation	Count the number of existing patients seen face to face in the reporting month. Each patient is included only once in the count.
6	Data Source	Patient records, Ophthalmology Manager, Primary Care General Manager, Community Healthcare Organisation (CHO) Head of Service Primary Care, Chief Officer and Business Information Unit (BIU) Community Healthcare Team.
	Data Completeness	Data completeness is expected at 100%.
	Data Quality Issues	No
7	Data Collection Frequency	Indicate how often the data to support the KPI will be collected: □Daily □Weekly ☑ Monthly □Quarterly □Bi-annually □Annually □Other – give details:
8	Tracer Conditions	Existing patients seen Age bands
9	Minimum Data Set	Existing patients seen Age bands
10	International Comparison	No
11	KPI Monitoring	KPI will be monitored on a (please indicate below) basis: □Daily □Weekly ☑Monthly □Quarterly □Bi-annually □Annually □Other – give details: Please indicate who is responsible at a local level for monitoring this KPI: Ophthalmology Service Manager, the Primary Care General Manager, CHO Head of Service Primary Care, Chief Officer and the Primary Care Division Operations Team via performance meetings.
12	KPI Reporting Frequency	Indicate how often the KPI will be reported: □Daily □Weekly ☑Monthly □Quarterly □Bi-annually □Annually □Other – give details:
13	KPI report period	Indicate the period to which the data applies: ☑ Current (e.g. daily data reported on that same day of activity, monthly data reported by the 10th of the following month) ☐ Monthly in arrears (June data reported in July) ☐ Quarterly in arrears (quarter 1 data reported in quarter 2) ☐ Rolling 12 months (previous 12 month period) ☐ Other – give details:
14	KPI Reporting Aggregation	Indicate the level of aggregation for example over a geographical location: ☑ National ☑ CHO ☑ LHO ☐ County ☐ Institution ☐ Other – give details:
15	KPI is reported in which reports?	Indicate where the KPI will be reported: ☑Performance Report ☐Other – give details:
16	Web link to data	http://www.hse.ie/eng/services/publications/
17	Additional Information	
Contact of /Specialis	details for Data Manager st Lead	Information Analyst: Geraldine Littler, Business Information Unit- Palliative Care & Social Inclusion, Planning and Business Information (PBI) 046 9251330 Email:Geraldine.Littler@hse.ie Specialist Lead: Brian Murphy, Head of Planning, Performance and Programme Management and Interim Head of Operations Primary Care Division
National	Lead and Division	John Hennessy, National Director, Primary Care Division, Health Service Executive.

Prima	ry Care - Ophthalmol	logy New Patients Seen
	Ĺ	(1)
1	KPI title	New patients seen in the month
2	KPI Description PC54	This is a count of the number of new patients (by age band* and wait time**) seen face to face in the reporting month. A new patient is a patient that is seen for the first time in this episode of care. It includes patients rereferred to the service. An appointment is considered to be face face contact with a patient and may be for assessment/treatment/service. *Age bands include: 0 - 4 years 5 - 17 years 18 - 64 years 65 years and over. **Wait times include: 0 - less than or equal to 12 weeks Greater than 12 weeks and less than or equal to 26 weeks Greater than 26 weeks and less than or equal to 52 weeks Greater than 52 weeks.
3	KPI Rationale	This metric provides information on service demand and informs decisions in relation to the planning and
	Indicator Classification	managment of staff and resource allocation. Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two). □ Person Centred Care □ Effective Care □ Safe Care □ Better Health and Wellbeing ☑ Use of Information □ Workforce ☑ Use of Resources □ Governance, Leadership and Management
4	KPI Target 2017	DOP 2017 Target National -33,779 CHO 1 - 9,702; CHO 2 - 3,428; CHO 3 - 3,680; CHO 4 - 3,923; CHO 5 - 5,298; CHO 6 - 1,204; CHO 7 -1,408; CHO 8 - 1,593; CHO 9 - 3,543
5	KPI Calculation	Count the number of new patients (including re-referrals) seen face to face in the reporting month.
6	Data Source	Patient records, Ophthalmology Manager, Primary Care General Manager, Community Healthcare Organisation (CHO) Head of Service Primary Care, Chief Officer and Business Information Unit (BIU) Community Healthcare Team.
	Data Completeness	Data completeness is expected at 100%.
7	Data Quality Issues Data Collection Frequency	No Indicate how often the data to support the KPI will be collected: □Daily □Weekly ☑ Monthly □Quarterly □Bi-annually □Annually □Other – give details:
8	Tracer Conditions	New patients seen face to face Age bands Wait times
9	Minimum Data Set	New patients seen face to face Age bands Wait times
10	International Comparison	No
11	KPI Monitoring	KPI will be monitored on a (please indicate below) basis: □Daily □Weekly □Monthly □Quarterly □Bi-annually □Annually □Other – give details: Please indicate who is responsible at a local level for monitoring this KPI: Ophthalmology Service Manager, the Primary Care General Manager, CHO Head of Service Primary Care, Chief Officer and the Primary Care Division Operations Team via performance meetings.
12	KPI Reporting Frequency	Indicate how often the KPI will be reported: □Daily □Weekly ☑Monthly □Quarterly □Bi-annually □Annually □Other – give details:
13	KPI report period	Indicate the period to which the data applies: ☐ Current (e.g. daily data reported on that same day of activity, monthly data reported by the 10th of the following month) ☐ Monthly in arrears (June data reported in July) ☐ Quarterly in arrears (quarter 1 data reported in quarter 2) ☐ Rolling 12 months (previous 12 month period) ☐ Other – give details:
14	KPI Reporting Aggregation	Indicate the level of aggregation for example over a geographical location: ☑ National ☑ CHO ☑ LHO □ County □ Institution □ Other – give details:
15	KPI is reported in which reports?	Indicate where the KPI will be reported: ☑Performance Report □Other – give details:
16	Web link to data	http://www.hse.ie/eng/services/publications/
17	Additional Information	
Speciali		Information Analyst: Geraldine Littler, Business Information Unit- Palliative Care & Social Inclusion, Planning and Business Information (PBI) 046 9251330 Email:Geraldine.Littler@hse.ie Specialist Lead: Brian Murphy, Head of Planning, Performance and Programme Management and Interim Head of Operations Primary Care Division
National	Lead and Division	John Hennessy, National Director, Primary Care Division, Health Service Executive.

TIIIIIa	iry Care - Ophthalmol	ogy Waiting List Management
1	KPI title	Total no. of ophthalmology patients on the treatment waiting list at the end of the reporting period
2	KPI Description PC107	This is a count of the total number of ophthalmology patients (by age band* and wait time**) awaiting treatment
-	PC107A	at the end of the reporting month. Patients are only removed from the waiting list when they have been seen fo
	PC107B	a first appointment, it is not sufficient for a patient to have been offered an appointment. Note the focus of this
	PC107C	metric is on patients waiting for treatment, within some services assessment and treatment may occur at the
	PC107D	same appointment. However, where a patient is assessed and must still wait for treatment it is this waiting time
	PC107E	that is reported from referral date. Opt in patients are included on the waiting list. If they do not respond within
	101012	four weeks then they are discharged and must be re-referred. It does not include patients overdue for review.
		*Age bands include:
		• 0 - 4 years
		• 5 - 17 years
		• 18 - 64 years
		• 65 years and over.
		**Wait times include:
		0 - less than or equal to 12 weeks
		Greater than 12 weeks and less than or equal to 26 weeks
		• Greater than 26 weeks and less than or equal to 39 weeks
		Greater than 39 weeks and less than or equal to 52 weeks
		Greater than 52 weeks.
		Ordator trium of weeks.
3	KPI Rationale	This metric allows for waiting lists and times to be identified, monitored and actions to be taken to reduce wait
		times for patients.
	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some
		cases you may need to choose two).
		□ Person Centred Care □ Effective Care □ Safe Care
		□ Better Health and Wellbeing ☑ Use of Information □ Workforce
		☑ Use of Resources ☐ Governance, Leadership and Management
4	KPI Target 2017	DOP 2017 Target National - 16,090
		CHO 1 - 2,387; CHO 2 - 1,015; CHO 3 - 1,682; CHO 4 - 3,C176444; CHO 5 - 1,344; CHO 6 - 1,064; CHO 7 -
		1,149; CHO 8 - 785; CHO 9 - 3,220
5	KPI Calculation	Count all patients (all age bands*) whose referrals have been accepted by the Ophthalmology Service who have
		not attended a first appointment with the service at the end of the reporting month by the length of time (all wai
		bands**) that they are waiting to be seen. The waiting time is measured from date of referral i.e. date of receip
		of the referral by the service to the end of the reporting month.
6	Data Source	Patient records, Ophthalmology Manager, Primary Care General Manager, Community Healthcare Organisatio
		(CHO) Head of Service Primary Care, Chief Officer and Business Information Unit (BIU) Community Healthcar
		Team.
	Data Completeness	Data completeness is expected at 100%.
	Data Quality Issues	No .
7	Data Collection Frequency	Indicate how often the data to support the KPI will be collected:
		□Daily □Weekly ☑ Monthly □Quarterly □Bi-annually □Annually □Other – give details:
8	Tracer Conditions	Patients waiting to be seen
		•Age bands
		•Wait times
9	Minimum Data Set	Patients waiting to be seen
•		•Age bands
		•Wait times
10	International Comparison	No
11	KPI Monitoring	KPI will be monitored on a (please indicate below) basis:
		□Daily □Weekly ☑Monthly □Quarterly □Bi-annually □Annually □Other – give details:
		Please indicate who is responsible at a local level for monitoring this KPI: Ophthalmology Service Manager, the
		Primary Care General Manager, CHO Head of Service Primary Care, Chief Officer and the Primary Care
		Division Operations Team via performance meetings.
12	KPI Reporting Frequency	Indicate how often the KPI will be reported:
42	KDI report no die d	□Daily □Weekly ☑Monthly □Quarterly □Bi-annually □Annually □Other – give details:
13	KPI report period	Indicate the period to which the data applies:
		☑ Current (e.g. daily data reported on that same day of activity, monthly data reported by the 10th of the
		following month)
		Monthly in arrears (June data reported in July)
		Quarterly in arrears (quarter 1 data reported in quarter 2)
		□ Rolling 12 months (previous 12 month period)
47	KDI Danasilas A	Other – give details:
14	KPI Reporting Aggregation	Indicate the level of aggregation for example over a geographical location:
		☑ National ☑ CHO ☑ LHO
4-	MDD to some of the state	□ County □ Institution □ Other – give details:
15	KPI is reported in which	Indicate where the KPI will be reported:
16	reports? Web link to data	☑Performance Report ☐Other – give details: http://www.hse.ie/eng/services/oublications/
10		Indian www.noc.ic/engiservices/publications/
47	Additional Information	
17		Unformation Analysts Caroldina Littler Business Information Unit Palliative Caro & Casial Indusion, Planning of
ontact	details for Data Manager	Information Analyst: Geraldine Littler, Business Information Unit- Palliative Care & Social Inclusion, Planning and Analyst: Geraldine Littler, Business Information Unit- Palliative Care & Social Inclusion, Planning and Analyst: Geraldine Littler, Business Information Unit- Palliative Care & Social Inclusion, Planning and Analyst: Geraldine Littler, Business Information Unit- Palliative Care & Social Inclusion, Planning and Analyst: Geraldine Littler, Business Information Unit- Palliative Care & Social Inclusion, Planning and Analyst: Geraldine Littler, Business Information Unit- Palliative Care & Social Inclusion, Planning and Analyst: Geraldine Littler, Business Information Unit- Palliative Care & Social Inclusion, Planning and Analyst: Geraldine Littler, Business Information Unit- Palliative Care & Social Inclusion, Planning and Analyst: Geraldine Littler, Business Information Unit- Palliative Care & Social Inclusion, Planning and Analyst: Geraldine Littler, Business Information Unit- Palliative Care & Social Inclusion, Planning Information Unit- Palliative Care & Social Inclusion Unit- Palliative C
ontact	details for Data Manager ist Lead	Business Information (PBI) 046 9251330 Email:Geraldine.Littler@hse.ie
ontact		Business Information (PBI) 046 9251330 Email:Geraldine.Littler@hse.ie Specialist Lead: Brian Murphy, Head of Planning, Performance and Programme Management and Interim Hea
ontact		Business Information (PBI) 046 9251330 Email:Geraldine.Littler@hse.ie

	iry Care - Ophthalmo	ogy Waiting List Management
	KDI titlo	9/ of anhthalmalagy nationts on waiting list for treatment less than or asset to 50 weeks
2	KPI Description	% of ophthalmology patients on waiting list for treatment less than or equal to 52 weeks
2	KPI Description	This is a calculation of the number of new ophthalmology patients (all age bands*) who are waiting less than or
	PC107F (No) & PC107G (%)	equal to 52 weeks to be seen expressed as a proportion of the overall patients (all wait times**) waiting for thes
		services at the end of the reporting month multiplied by 100. It includes all patients on the waiting list at the end
		of the reporting month. Patients are only removed from the waiting list when they have been seen for a first
		appointment, it is not sufficient for a patient to have been offered an appointment. Note the focus of this metric
		on patients waiting for treatment, within some services assessment and treatment may occur at the same
		appointment. However, where a patient is assessed and must still wait for treatment it is this waiting time that i
		reported from referral date. Opt in patients are included on the waiting list. If they do not respond within four
		weeks then they are discharged and must be re-referred. This metric should not include patients overdue for
		review.
		*Age bands include:
		• 0 - 4 years
		• 5 - 17 years
		• 18 - 64 years
		65 years and over.
		**Wait times include:
		0 - less than or equal to 12 weeks
		Greater than 12 weeks and less than or equal to 26 weeks
		Greater than 26 weeks and less than or equal to 39 weeks
		Greater than 39 weeks and less than or equal to 52 weeks
		Greater than 52 weeks.
3	KPI Rationale	The purpose of this metric is to monitor waiting lists and reduce wait times for patients.
J	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some
	marcator Grassification	cases you may need to choose two).
		Person Centred Care
		□ Better Health and Wellbeing □ Use of Information □ Workforce
4	VDI Torget 2047	☑ Use of Resources ☐ Governance, Leadership and Management
4	KPI Coloulation	NSP 2017 Target National - 81%
5	KPI Calculation	Count the total number of ophthalmology patients in all age bands i.e. 0-4yrs, 5-17yrs, 18-64yrs and 65yrs and
		over on the treatment waiting list at the end of the reporting period by wait band i.e. 0 - < 12 weeks + >12
		weeks - ≤ 26 weeks + >26 weeks - ≤ 39 weeks + >39 weeks - ≤ 52 weeks and express it as a proportion of
		the total number of ophthalmology patients in all age bands i.e. 0-4yrs, 5-17yrs,18-64yrs and 65yrs and over o
		the treatment waiting list at the end of the reporting period by wait band i.e. 0 - < 12 weeks + >12 weeks - ≤ 2
		weeks + >26 weeks - \leq 39 weeks + >39 weeks - \leq 52 weeks + >52 weeks and multiply by 100.
		Numerator: The number of ophthalmology patients (all ages) waiting to be seen in wait bands 0 - < 12 weeks
		<u>+ >12 weeks - ≤ 26 weeks + >26 weeks - ≤ 39 weeks + >39 weeks - ≤ 52 weeks</u>
		Denominator: The number of ophthalmology patients (all ages) waiting to be seen in wait bands 0 - < 12 week
		+ >12 weeks - ≤ 26 weeks + >26 weeks - ≤ 39 weeks + >39 weeks - ≤ 52 weeks + >52 weeks x 100.
6	Data Source	Patient records, Ophthalmology Manager, Primary Care General Manager, Community Healthcare Organisation
-		(CHO) Head of Service Primary Care, Chief Officer and Business Information Unit (BIU) Community Healthcare
		Team.
	Data Completeness	Data completeness is expected at 100%.
	Data Quality Issues	No
7	Data Collection Frequency	Indicate how often the data to support the KPI will be collected:
		□Daily □Weekly ☑ Monthly □Quarterly □Bi-annually □Annually □Other – give details:
8	Tracer Conditions	
0	Tracer Conditions	•Patients waiting to be seen
		•Age bands
		•Wait times
	Minimum Data Set	•Patients waiting to be seen
9		
3		•Age bands
		•Wait times
10	International Comparison	
10	·	-Wait times No
	International Comparison KPI Monitoring	•Wait times No KPI will be monitored on a (please indicate below) basis:
10	·	-Wait times No KPI will be monitored on a (please indicate below) basis: □Daily □Weekly ☑Monthly □Quarterly □Bi-annually □Annually □Other – give details:
10	·	-Wait times No KPI will be monitored on a (please indicate below) basis: □Daily □Weekly ☑Monthly □Quarterly □Bi-annually □Annually □Other – give details: Please indicate who is responsible at a local level for monitoring this KPI: Ophthalmology Service Manager, th
10	·	-Wait times No KPI will be monitored on a (please indicate below) basis: □Daily □Weekly ☑Monthly □Quarterly □Bi-annually □Annually □Other – give details:
10	KPI Monitoring	-Wait times No KPI will be monitored on a (please indicate below) basis: □Daily □Weekly ☑Monthly □Quarterly □Bi-annually □Annually □Other – give details: Please indicate who is responsible at a local level for monitoring this KPI: Ophthalmology Service Manager, the Primary Care General Manager, CHO Head of Service Primary Care, Chief Officer and the Primary Care Division Operations Team via performance meetings.
10	·	-Wait times No KPI will be monitored on a (please indicate below) basis: □Daily □Weekly ☑Monthly □Quarterly □Bi-annually □Annually □Other – give details: Please indicate who is responsible at a local level for monitoring this KPI: Ophthalmology Service Manager, the Primary Care General Manager, CHO Head of Service Primary Care, Chief Officer and the Primary Care
10 11	KPI Monitoring	-Wait times No KPI will be monitored on a (please indicate below) basis: □Daily □Weekly ☑Monthly □Quarterly □Bi-annually □Annually □Other – give details: Please indicate who is responsible at a local level for monitoring this KPI: Ophthalmology Service Manager, the Primary Care General Manager, CHO Head of Service Primary Care, Chief Officer and the Primary Care Division Operations Team via performance meetings.
10 11	KPI Monitoring	-Wait times No KPI will be monitored on a (please indicate below) basis: □Daily □Weekly ☑Monthly □Quarterly □Bi-annually □Annually □Other – give details: Please indicate who is responsible at a local level for monitoring this KPI: Ophthalmology Service Manager, the Primary Care General Manager, CHO Head of Service Primary Care, Chief Officer and the Primary Care Division Operations Team via performance meetings. Indicate how often the KPI will be reported:
10 11 12	KPI Monitoring KPI Reporting Frequency	-Wait times No KPI will be monitored on a (please indicate below) basis: □Daily □Weekly ☑Monthly □Quarterly □Bi-annually □Annually □Other – give details: Please indicate who is responsible at a local level for monitoring this KPI: Ophthalmology Service Manager, the Primary Care General Manager, CHO Head of Service Primary Care, Chief Officer and the Primary Care Division Operations Team via performance meetings. Indicate how often the KPI will be reported: □Daily □Weekly ☑Monthly □Quarterly □Bi-annually □Annually □Other – give details:
10 11 12	KPI Monitoring KPI Reporting Frequency	-Wait times No KPI will be monitored on a (please indicate below) basis: □Daily □Weekly ☑Monthly □Quarterly □Bi-annually □Annually □Other – give details: Please indicate who is responsible at a local level for monitoring this KPI: Ophthalmology Service Manager, the Primary Care General Manager, CHO Head of Service Primary Care, Chief Officer and the Primary Care Division Operations Team via performance meetings. Indicate how often the KPI will be reported: □Daily □Weekly ☑Monthly □Quarterly □Bi-annually □Annually □Other – give details: Indicate the period to which the data applies:
10 11 12	KPI Monitoring KPI Reporting Frequency	-Wait times No KPI will be monitored on a (please indicate below) basis: □Daily □Weekly ☑Monthly □Quarterly □Bi-annually □Annually □Other – give details: Please indicate who is responsible at a local level for monitoring this KPI: Ophthalmology Service Manager, the Primary Care General Manager, CHO Head of Service Primary Care, Chief Officer and the Primary Care Division Operations Team via performance meetings. Indicate how often the KPI will be reported: □Daily □Weekly ☑Monthly □Quarterly □Bi-annually □Annually □Other – give details: Indicate the period to which the data applies: ☑ Current (e.g. daily data reported on that same day of activity, monthly data reported by the 10th of the following month)
10 11 12	KPI Monitoring KPI Reporting Frequency	-Wait times No KPI will be monitored on a (please indicate below) basis: Daily
10 11 12	KPI Monitoring KPI Reporting Frequency	Wait times No KPI will be monitored on a (please indicate below) basis: □Daily □Weekly ☑Monthly □Quarterly □Bi-annually □Annually □Other – give details: Please indicate who is responsible at a local level for monitoring this KPI: Ophthalmology Service Manager, the Primary Care General Manager, CHO Head of Service Primary Care, Chief Officer and the Primary Care Division Operations Team via performance meetings. Indicate how often the KPI will be reported: □Daily □Weekly ☑Monthly □Quarterly □Bi-annually □Annually □Other – give details: Indicate the period to which the data applies: ☑ Current (e.g. daily data reported on that same day of activity, monthly data reported by the 10th of the following month) □ Monthly in arrears (June data reported in July) □ Quarterly in arrears (quarter 1 data reported in quarter 2)
10 11 12	KPI Monitoring KPI Reporting Frequency	Wait times No KPI will be monitored on a (please indicate below) basis: □Daily □Weekly ☑Monthly □Quarterly □Bi-annually □Annually □Other – give details: Please indicate who is responsible at a local level for monitoring this KPI: Ophthalmology Service Manager, the Primary Care General Manager, CHO Head of Service Primary Care, Chief Officer and the Primary Care Division Operations Team via performance meetings. Indicate how often the KPI will be reported: □Daily □Weekly ☑Monthly □Quarterly □Bi-annually □Annually □Other – give details: Indicate the period to which the data applies: ☑ Current (e.g. daily data reported on that same day of activity, monthly data reported by the 10th of the following month) □ Monthly in arrears (June data reported in July) □ Quarterly in arrears (quarter 1 data reported in quarter 2) □ Rolling 12 months (previous 12 month period)
10 11 12 13	KPI Monitoring KPI Reporting Frequency KPI report period	Wait times No KPI will be monitored on a (please indicate below) basis: □Daily □Weekly ☑Monthly □Quarterly □Bi-annually □Annually □Other – give details: Please indicate who is responsible at a local level for monitoring this KPI: Ophthalmology Service Manager, the Primary Care General Manager, CHO Head of Service Primary Care, Chief Officer and the Primary Care Division Operations Team via performance meetings. Indicate how often the KPI will be reported: □Daily □Weekly ☑Monthly □Quarterly □Bi-annually □Annually □Other – give details: Indicate the period to which the data applies: □ Current (e.g. daily data reported on that same day of activity, monthly data reported by the 10th of the following month) □ Monthly in arrears (June data reported in July) □ Quarterly in arrears (quarter 1 data reported in quarter 2) □ Rolling 12 months (previous 12 month period) □ Other – give details:
10 11 12	KPI Monitoring KPI Reporting Frequency	Wait times No KPI will be monitored on a (please indicate below) basis: □Daily □Weekly ☑Monthly □Quarterly □Bi-annually □Annually □Other – give details: Please indicate who is responsible at a local level for monitoring this KPI: Ophthalmology Service Manager, the Primary Care General Manager, CHO Head of Service Primary Care, Chief Officer and the Primary Care Division Operations Team via performance meetings. Indicate how often the KPI will be reported: □Daily □Weekly ☑Monthly □Quarterly □Bi-annually □Annually □Other – give details: Indicate the period to which the data applies: ☑ Current (e.g. daily data reported on that same day of activity, monthly data reported by the 10th of the following month) □ Monthly in arrears (June data reported in July) □ Quarterly in arrears (quarter 1 data reported in quarter 2) □ Rolling 12 months (previous 12 month period) □ Other – give details: Indicate the level of aggregation for example over a geographical location:
10 11 12 13	KPI Monitoring KPI Reporting Frequency KPI report period	Wait times No KPI will be monitored on a (please indicate below) basis: □Daily □Weekly ☑Monthly □Quarterly □Bi-annually □Annually □Other – give details: Please indicate who is responsible at a local level for monitoring this KPI: Ophthalmology Service Manager, the Primary Care General Manager, CHO Head of Service Primary Care, Chief Officer and the Primary Care Division Operations Team via performance meetings. Indicate how often the KPI will be reported: □Daily □Weekly ☑Monthly □Quarterly □Bi-annually □Annually □Other – give details: Indicate the period to which the data applies: ☑ Current (e.g. daily data reported on that same day of activity, monthly data reported by the 10th of the following month) □ Monthly in arrears (June data reported in July) □ Quarterly in arrears (quarter 1 data reported in quarter 2) □ Rolling 12 months (previous 12 month period) □ Other – give details: Indicate the level of aggregation for example over a geographical location: ☑ National ☑ CHO ☑ LHO
10 11 12 13	KPI Reporting Frequency KPI report period KPI Reporting Aggregation	Wait times No
10 11 12 13	KPI Monitoring KPI Reporting Frequency KPI report period KPI Reporting Aggregation KPI is reported in which	Wait times No KPI will be monitored on a (please indicate below) basis: □Daily □Weekly ☑Monthly □Quarterly □Bi-annually □Annually □Other – give details: Please indicate who is responsible at a local level for monitoring this KPI: Ophthalmology Service Manager, the Primary Care General Manager, CHO Head of Service Primary Care, Chief Officer and the Primary Care Division Operations Team via performance meetings. Indicate how often the KPI will be reported: □Daily □Weekly ☑Monthly □Quarterly □Bi-annually □Annually □Other – give details: Indicate the period to which the data applies: □ Current (e.g. daily data reported on that same day of activity, monthly data reported by the 10th of the following month) □ Monthly in arrears (June data reported in July) □ Quarterly in arrears (quarter 1 data reported in quarter 2) □ Rolling 12 months (previous 12 month period) □ Other – give details: Indicate the level of aggregation for example over a geographical location: □ National ☑ CHO ☑ LHO □ County □ Institution □ Other – give details: Indicate where the KPI will be reported:
10 11 12 13	KPI Monitoring KPI Reporting Frequency KPI report period KPI Reporting Aggregation KPI is reported in which reports?	Wait times No KPI will be monitored on a (please indicate below) basis: □Daily □Weekly ☑Monthly □Quarterly □Bi-annually □Annually □Other – give details: Please indicate who is responsible at a local level for monitoring this KPI: Ophthalmology Service Manager, the Primary Care General Manager, CHO Head of Service Primary Care, Chief Officer and the Primary Care Division Operations Team via performance meetings. Indicate how often the KPI will be reported: □Daily □Weekly ☑Monthly □Quarterly □Bi-annually □Annually □Other – give details: Indicate the period to which the data applies: □ Current (e.g. daily data reported on that same day of activity, monthly data reported by the 10th of the following month) □ Monthly in arrears (June data reported in July) □ Quarterly in arrears (quarter 1 data reported in quarter 2) □ Rolling 12 months (previous 12 month period) □ Other – give details: Indicate the level of aggregation for example over a geographical location: ☑ National ☑ CHO ☑ LHO □ County □ Institution □ Other – give details: Indicate where the KPI will be reported: ☑ Performance Report □ Other – give details:
10 11 12 13 14	KPI Monitoring KPI Reporting Frequency KPI report period KPI Reporting Aggregation KPI is reported in which reports? Web link to data	Wait times No KPI will be monitored on a (please indicate below) basis: □Daily □Weekly ☑Monthly □Quarterly □Bi-annually □Annually □Other – give details: Please indicate who is responsible at a local level for monitoring this KPI: Ophthalmology Service Manager, the Primary Care General Manager, CHO Head of Service Primary Care, Chief Officer and the Primary Care Division Operations Team via performance meetings. Indicate how often the KPI will be reported: □Daily □Weekly ☑Monthly □Quarterly □Bi-annually □Annually □Other – give details: Indicate the period to which the data applies: □ Current (e.g. daily data reported on that same day of activity, monthly data reported by the 10th of the following month) □ Monthly in arrears (June data reported in July) □ Quarterly in arrears (quarter 1 data reported in quarter 2) □ Rolling 12 months (previous 12 month period) □ Other – give details: Indicate the level of aggregation for example over a geographical location: □ National ☑ CHO ☑ LHO □ County □ Institution □ Other – give details: Indicate where the KPI will be reported:
10 11 12 13 14	KPI Monitoring KPI Reporting Frequency KPI report period KPI Reporting Aggregation KPI is reported in which reports?	Wait times No KPI will be monitored on a (please indicate below) basis: □Daily □Weekly ☑Monthly □Quarterly □Bi-annually □Annually □Other – give details: Please indicate who is responsible at a local level for monitoring this KPI: Ophthalmology Service Manager, the Primary Care General Manager, CHO Head of Service Primary Care, Chief Officer and the Primary Care Division Operations Team via performance meetings. Indicate how often the KPI will be reported: □Daily □Weekly ☑Monthly □Quarterly □Bi-annually □Annually □Other – give details: Indicate the period to which the data applies: □ Current (e.g. daily data reported on that same day of activity, monthly data reported by the 10th of the following month) □ Monthly in arrears (June data reported in July) □ Quarterly in arrears (quarter 1 data reported in quarter 2) □ Rolling 12 months (previous 12 month period) □ Other – give details: Indicate the level of aggregation for example over a geographical location: ☑ National ☑ CHO ☑ LHO □ County □ Institution □ Other – give details: Indicate where the KPI will be reported: ☑ Performance Report □ Other – give details:
10 11 12 13 14 15 16 17	KPI Monitoring KPI Reporting Frequency KPI report period KPI Reporting Aggregation KPI is reported in which reports? Web link to data Additional Information	Wait times No KPI will be monitored on a (please indicate below) basis: □Daily □Weekly ☑Monthly □Quarterly □Bi-annually □Annually □Other – give details: Please indicate who is responsible at a local level for monitoring this KPI: Ophthalmology Service Manager, the Primary Care General Manager, CHO Head of Service Primary Care, Chief Officer and the Primary Care Division Operations Team via performance meetings. Indicate how often the KPI will be reported: □Daily □Weekly ☑Monthly □Quarterly □Bi-annually □Annually □Other – give details: Indicate the period to which the data applies: □ Current (e.g. daily data reported on that same day of activity, monthly data reported by the 10th of the following month) □ Monthly in arrears (June data reported in July) □ Quarterly in arrears (quarter 1 data reported in quarter 2) □ Rolling 12 months (previous 12 month period) □ Other – give details: Indicate the level of aggregation for example over a geographical location: ☑ National ☑ CHO ☑ LHO □ Other – give details: Indicate where the KPI will be reported: ☑ Performance Report □ Other – give details: http://www.hse.ie/eng/services/publications/
10 11 12 13 14 15 16 17 Contact	KPI Monitoring KPI Reporting Frequency KPI report period KPI Reporting Aggregation KPI is reported in which reports? Web link to data Additional Information details for Data Manager	Wait times No KPI will be monitored on a (please indicate below) basis: □Daily □Weekly ☑Monthly □Quarterly □Bi-annually □Annually □Other – give details: Please indicate who is responsible at a local level for monitoring this KPI: Ophthalmology Service Manager, the Primary Care General Manager, CHO Head of Service Primary Care, Chief Officer and the Primary Care Division Operations Team via performance meetings. Indicate how often the KPI will be reported: □Daily □Weekly ☑Monthly □Quarterly □Bi-annually □Annually □Other – give details: Indicate the period to which the data applies: □ Current (e.g. daily data reported on that same day of activity, monthly data reported by the 10th of the following month) □ Monthly in arrears (June data reported in July) □ Quarterly in arrears (quarter 1 data reported in quarter 2) □ Rolling 12 months (previous 12 month period) □ Other – give details: Indicate the level of aggregation for example over a geographical location: ☑ National ☑ CHO ☑ LHO □ County □ Institution □ Other – give details: Indicate where the KPI will be reported: ☑ Performance Report □Other – give details: Intigration Analyst: Geraldine Littler, Business Information Unit- Palliative Care & Social Inclusion, Planning and Information Analyst: Geraldine Littler, Business Information Unit- Palliative Care & Social Inclusion, Planning and Information Analyst: Geraldine Littler, Business Information Unit- Palliative Care & Social Inclusion, Planning and Information Analyst: Geraldine Littler, Business Information Unit- Palliative Care & Social Inclusion, Planning and Information Analyst: Geraldine Littler, Business Information Unit- Palliative Care & Social Inclusion, Planning and Information Analyst: Geraldine Littler, Business Information Unit- Palliative Care & Social Inclusion, Planning and Information Analyst: Geraldine Littler, Business Information Unit- Palliative Care & Social Inclusion, Planning and Information Analyst: Geraldine Littler, Business Information Unit- Palliative Care & Social Inclus
10 11 12 13 14 15 16 17 Contact	KPI Monitoring KPI Reporting Frequency KPI report period KPI Reporting Aggregation KPI is reported in which reports? Web link to data Additional Information	Wait times No
10 11 12 13 14 15 16 17 Contact	KPI Monitoring KPI Reporting Frequency KPI report period KPI Reporting Aggregation KPI is reported in which reports? Web link to data Additional Information details for Data Manager	Wait times No KPI will be monitored on a (please indicate below) basis: □Daily □Weekly ☑Monthly □Quarterly □Bi-annually □Annually □Other – give details: Please indicate who is responsible at a local level for monitoring this KPI: Ophthalmology Service Manager, the Primary Care General Manager, CHO Head of Service Primary Care, Chief Officer and the Primary Care Division Operations Team via performance meetings. Indicate how often the KPI will be reported: □Daily □Weekly ☑Monthly □Quarterly □Bi-annually □Annually □Other – give details: Indicate the period to which the data applies: □ Current (e.g. daily data reported on that same day of activity, monthly data reported by the 10th of the following month) □ Monthly in arrears (June data reported in July) □ Quarterly in arrears (quarter 1 data reported in quarter 2) □ Rolling 12 months (previous 12 month period) □ Other – give details: Indicate the level of aggregation for example over a geographical location: ☑ National ☑ CHO ☑ LHO □ County □ Institution □ Other – give details: Indicate where the KPI will be reported: ☑ Performance Report □Other – give details: Indicate where the KPI will be reported: ☑ Performance Report □Other – give details: Information Analyst: Geraldine Littler, Business Information Unit- Palliative Care & Social Inclusion, Planning and Information Analyst: Geraldine Littler, Business Information Unit- Palliative Care & Social Inclusion, Planning and Information Analyst: Geraldine Littler, Business Information Unit- Palliative Care & Social Inclusion, Planning and Information Analyst: Geraldine Littler, Business Information Unit- Palliative Care & Social Inclusion, Planning and Information Analyst: Geraldine Littler, Business Information Unit- Palliative Care & Social Inclusion, Planning and Information Analyst: Geraldine Littler, Business Information Unit- Palliative Care & Social Inclusion, Planning and Information Analyst: Geraldine Littler, Business Information Unit- Palliative Care & Social Inclusion, Planning Analyst: Geraldi

Prima	ry Care - Ophthalmo	logy Waiting List Management
1 2	KPI title	% of ophthalmology patients on waiting list for treatment less than or equal to 39 weeks
2	KPI Description PC107H (No) & PC107I (%)	This is a calculation of the number of new ophthalmology patients (all age bands*) who are waiting less than or equal to 39 weeks to be seen expressed as a proportion of the overall patients (all wait times**) waiting for these
	FC10711 (NO) & FC1071 (70)	services at the end of the reporting month multiplied by 100. It includes all patients on the waiting list at the end
		of the reporting month. Patients are only removed from the waiting list when they have been seen for a first
		appointment, it is not sufficient for a patient to have been offered an appointment. Note the focus of this metric is
		on patients waiting for treatment, within some services assessment and treatment may occur at the same
		appointment. However, where a patient is assessed and must still wait for treatment it is this waiting time that is
		reported from referral date. Opt in patients are included on the waiting list. If they do not respond within four
		weeks then they are discharged and must be re-referred. This metric should not include patients overdue for review.
		*Age bands include:
		• 0 - 4 years
		• 5 - 17 years
		• 18 - 64 years
		• 65 years and over.
		**Wait times include:
		• 0 - less than or equal to 12 weeks
		 Greater than 12 weeks and less than or equal to 26 weeks Greater than 26 weeks and less than or equal to 39 weeks
		• Greater than 39 weeks and less than or equal to 52 weeks
		Greater than 52 weeks. Greater than 52 weeks.
3	KPI Rationale	The purpose of this metric is to monitor waiting lists and reduce wait times for patients.
3	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some
		cases you may need to choose two).
		☐ Person Centred Care ☐ Effective Care ☐ Safe Care
		☐ Better Health and Wellbeing ☐ Use of Information ☐ Workforce
		☑ Use of Resources ☐ Governance, Leadership and Management
4	KPI Target 2017	DOP 2017 Target National - 61%
5	KPI Calculation	Count the total number of ophthalmology patients in all age bands i.e. 0-4yrs, 5-17yrs,18-64yrs and 65yrs and
		over on the treatment waiting list at the end of the reporting period by wait band i.e. 0 - < 12 weeks + >12 weeks - ≤ 26 weeks + >26 weeks - ≤ 39 weeks and express it as a proportion of the total number of
		ophthalmology patients in all age bands i.e. 0-4yrs, 5-17yrs,18-64yrs and 65yrs and over on the treatment
		waiting list at the end of the reporting period by wait band i.e. $0 - < 12$ weeks + >12 weeks - ≤ 26 weeks + >26
		weeks - \leq 39 weeks + >39 weeks - \leq 52 weeks + >52 weeks and multiply by 100.
		Numerator: The number of ophthalmology patients (all ages) waiting to be seen in wait bands 0 - < 12 weeks -
		>12 weeks - ≤ 26 weeks + >26 weeks - ≤ 39 weeks
		Denominator: The number of ophthalmology patients (all ages) waiting to be seen in wait bands 0 - < 12 week
		+ >12 weeks - ≤ 26 weeks + >26 weeks - ≤ 39 weeks + >39 weeks - ≤ 52 weeks + >52 weeks x 100.
6	Data Source	Patient records, Ophthalmology Manager, Primary Care General Manager, Community Healthcare Organisation
	Duta Cource	(CHO) Head of Service Primary Care, Chief Officer and Business Information Unit (BIU) Community Healthcare
		Team.
	Data Completeness	Data completeness is expected at 100%.
	Data Quality Issues	No .
7	Data Collection Frequency	Indicate how often the data to support the KPI will be collected:
		□Daily □Weekly ☑ Monthly □Quarterly □Bi-annually □Annually □Other – give details:
8	Tracer Conditions	•Patients waiting to be seen
Ů	Tracer Containons	•Age bands
		•Wait times
9	Minimum Data Set	•Patients waiting to be seen
		•Age bands
		•Wait times
10	International Comparison	No
44	IZDI Marakashari	IVDI - 11 b 1 (-1 1 - 1 - b - b - b - b - b - b -
11	KPI Monitoring	KPI will be monitored on a (please indicate below) basis:
		□Daily □Weekly ☑Monthly □Quarterly □Bi-annually □Annually □Other – give details: Please indicate who is responsible at a local level for monitoring this KPI: Ophthalmology Service Manager, the
		Primary Care General Manager, CHO Head of Service Primary Care, Chief Officer and the Primary Care
,		Division Operations Team via performance meetings.
12	KPI Reporting Frequency	Division Operations Team via performance meetings. Indicate how often the KPI will be reported:
		Indicate how often the KPI will be reported: □Daily □Weekly ☑Monthly □Quarterly □Bi-annually □Annually □Other – give details:
12	KPI Reporting Frequency KPI report period	Indicate how often the KPI will be reported: □Daily □Weekly ☑Monthly □Quarterly □Bi-annually □Annually □Other – give details: Indicate the period to which the data applies:
		Indicate how often the KPI will be reported: □Daily □Weekly ☑Monthly □Quarterly □Bi-annually □Annually □Other – give details: Indicate the period to which the data applies: ☑ Current (e.g. daily data reported on that same day of activity, monthly data reported by the 10th of the
		Indicate how often the KPI will be reported: □Daily □Weekly ☑Monthly □Quarterly □Bi-annually □Annually □Other – give details: Indicate the period to which the data applies: ☑ Current (e.g. daily data reported on that same day of activity, monthly data reported by the 10th of the following month)
		Indicate how often the KPI will be reported: Daily
		Indicate how often the KPI will be reported: Daily
		Indicate how often the KPI will be reported: Daily
		Indicate how often the KPI will be reported: Daily
13	KPI report period	Indicate how often the KPI will be reported: □Daily □Weekly ☑Monthly □Quarterly □Bi-annually □Annually □Other – give details: Indicate the period to which the data applies: ☑ Current (e.g. daily data reported on that same day of activity, monthly data reported by the 10th of the following month) □ Monthly in arrears (June data reported in July) □ Quarterly in arrears (quarter 1 data reported in quarter 2) □ Rolling 12 months (previous 12 month period) □ Other – give details:
13	KPI report period	Indicate how often the KPI will be reported: Daily Weekly Monthly Quarterly Bi-annually Annually Other – give details: Indicate the period to which the data applies: Current (e.g. daily data reported on that same day of activity, monthly data reported by the 10th of the following month) Monthly in arrears (June data reported in July) Quarterly in arrears (quarter 1 data reported in quarter 2) Rolling 12 months (previous 12 month period) Other – give details: Indicate the level of aggregation for example over a geographical location:
13	KPI report period KPI Reporting Aggregation KPI is reported in which	Indicate how often the KPI will be reported: □Daily □Weekly ☑Monthly □Quarterly □Bi-annually □Annually □Other – give details: Indicate the period to which the data applies: ☑ Current (e.g. daily data reported on that same day of activity, monthly data reported by the 10th of the following month) □ Monthly in arrears (June data reported in July) □ Quarterly in arrears (quarter 1 data reported in quarter 2) □ Rolling 12 months (previous 12 month period) □ Other – give details: Indicate the level of aggregation for example over a geographical location: ☑ National ☑ CHO ☑ LHO □ County □ Institution □ Other – give details: Indicate where the KPI will be reported:
13	KPI report period KPI Reporting Aggregation KPI is reported in which reports?	Indicate how often the KPI will be reported: □Daily □Weekly ☑Monthly □Quarterly □Bi-annually □Annually □Other – give details: Indicate the period to which the data applies: ☑ Current (e.g. daily data reported on that same day of activity, monthly data reported by the 10th of the following month) □ Monthly in arrears (June data reported in July) □ Quarterly in arrears (quarter 1 data reported in quarter 2) □ Rolling 12 months (previous 12 month period) □ Other – give details: Indicate the level of aggregation for example over a geographical location: ☑ National ☑ CHO ☑ LHO □ County □ Institution □ Other – give details: Indicate where the KPI will be reported: ☑ Performance Report □Other – give details:
13	KPI report period KPI Reporting Aggregation KPI is reported in which	Indicate how often the KPI will be reported: □Daily □Weekly ☑Monthly □Quarterly □Bi-annually □Annually □Other – give details: Indicate the period to which the data applies: ☑ Current (e.g. daily data reported on that same day of activity, monthly data reported by the 10th of the following month) □ Monthly in arrears (June data reported in July) □ Quarterly in arrears (quarter 1 data reported in quarter 2) □ Rolling 12 months (previous 12 month period) □ Other – give details: Indicate the level of aggregation for example over a geographical location: ☑ National ☑ CHO ☑ LHO □ County □ Institution □ Other – give details: Indicate where the KPI will be reported:
13	KPI report period KPI Reporting Aggregation KPI is reported in which reports?	Indicate how often the KPI will be reported: □Daily □Weekly ☑Monthly □Quarterly □Bi-annually □Annually □Other – give details: Indicate the period to which the data applies: ☑ Current (e.g. daily data reported on that same day of activity, monthly data reported by the 10th of the following month) □ Monthly in arrears (June data reported in July) □ Quarterly in arrears (quarter 1 data reported in quarter 2) □ Rolling 12 months (previous 12 month period) □ Other – give details: Indicate the level of aggregation for example over a geographical location: ☑ National ☑ CHO ☑ LHO □ County □ Institution □ Other – give details: Indicate where the KPI will be reported: ☑ Performance Report □Other – give details:
13 14 15 16 17	KPI report period KPI Reporting Aggregation KPI is reported in which reports? Web link to data Additional Information	Indicate how often the KPI will be reported: □Daily □Weekly ☑Monthly □Quarterly □Bi-annually □Annually □Other – give details: Indicate the period to which the data applies: ☑ Current (e.g. daily data reported on that same day of activity, monthly data reported by the 10th of the following month) □ Monthly in arrears (June data reported in July) □ Quarterly in arrears (quarter 1 data reported in quarter 2) □ Rolling 12 months (previous 12 month period) □ Other – give details: Indicate the level of aggregation for example over a geographical location: ☑ National ☑ CHO ☑ LHO □ County □ Institution □ Other – give details: Indicate where the KPI will be reported: ☑ Performance Report □ Other – give details: https://www.hse.ie/eng/services/publications/
13 14 15 16 17	KPI report period KPI Reporting Aggregation KPI is reported in which reports? Web link to data Additional Information details for Data Manager	Indicate how often the KPI will be reported: □Daily □Weekly ☑Monthly □Quarterly □Bi-annually □Annually □Other – give details: Indicate the period to which the data applies: ☑ Current (e.g. daily data reported on that same day of activity, monthly data reported by the 10th of the following month) □ Monthly in arrears (June data reported in July) □ Quarterly in arrears (quarter 1 data reported in quarter 2) □ Rolling 12 months (previous 12 month period) □ Other – give details: Indicate the level of aggregation for example over a geographical location: ☑ National ☑ CHO ☑ LHO □ County □ Institution □ Other – give details: Indicate where the KPI will be reported: ☑ Performance Report □Other – give details:
13 14 15 16 17 Contact	KPI report period KPI Reporting Aggregation KPI is reported in which reports? Web link to data Additional Information details for Data Manager	Indicate how often the KPI will be reported: □Daily □Weekly ☑Monthly □Quarterly □Bi-annually □Annually □Other – give details: Indicate the period to which the data applies: ☑ Current (e.g. daily data reported on that same day of activity, monthly data reported by the 10th of the following month) □ Monthly in arrears (June data reported in July) □ Quarterly in arrears (quarter 1 data reported in quarter 2) □ Rolling 12 months (previous 12 month period) □ Other – give details: Indicate the level of aggregation for example over a geographical location: ☑ National ☑ CHO ☑ LHO □ County □ Institution □ Other – give details: Indicate where the KPI will be reported: ☑ Performance Report □ Other – give details: Intic.//www.hse.ie/eng/services/publications/
13 14 15 16 17 Contact	KPI report period KPI Reporting Aggregation KPI is reported in which reports? Web link to data Additional Information details for Data Manager	Indicate how often the KPI will be reported: □Daily □Weekly ☑Monthly □Quarterly □Bi-annually □Annually □Other – give details: Indicate the period to which the data applies: ☑ Current (e.g. daily data reported on that same day of activity, monthly data reported by the 10th of the following month) □ Monthly in arrears (June data reported in July) □ Quarterly in arrears (quarter 1 data reported in quarter 2) □ Rolling 12 months (previous 12 month period) □ Other – give details: Indicate the level of aggregation for example over a geographical location: ☑ National ☑ CHO ☑ LHO □ County □ Institution □ Other – give details: Indicate where the KPI will be reported: ☑ Performance Report □Other – give details: http://www.hse.ie/eng/services/publications/ Information Analyst: Geraldine Littler, Business Information Unit- Palliative Care & Social Inclusion, Planning and Business Information (PBI) 046 9251330 Email:Geraldine Littler@hse.ie

Prima	ry Care - Ophthalmol	ogy Waiting List Management
1	KPI title	9/ of anhthalmalagy nations on waiting list for treatment lose than or equal to 26 weeks
2	KPI title KPI Description PC107J (No) & PC107K (%)	% of ophthalmology patients on waiting list for treatment less than or equal to 26 weeks This is a calculation of the number of new ophthalmology patients (all age bands*) who are waiting less than or equal to 26 weeks to be seen expressed as a proportion of the overall patients (all wait times**) waiting for these services at the end of the reporting month multiplied by 100. It includes all patients on the waiting list at the end
		of the reporting month. Patients are only removed from the waiting list when they have been seen for a first appointment, it is not sufficient for a patient to have been offered an appointment. Note the focus of this metric is on patients waiting for treatment, within some services assessment and treatment may occur at the same appointment. However, where a patient is assessed and must still wait for treatment it is this waiting time that is reported from referral date. Opt in patients are included on the waiting list. If they do not respond within four
		weeks then they are discharged and must be re-referred. This metric should not include patients overdue for review. *Age bands include: • 0 - 4 years
		• 5 - 17 years • 18 - 64 years • 65 years and over.
		*Wait times include: • 0 - less than or equal to 12 weeks
		Greater than 12 weeks and less than or equal to 26 weeks Greater than 26 weeks and less than or equal to 39 weeks Greater than 39 weeks and less than or equal to 52 weeks
3	KPI Rationale	Greater than 52 weeks. The purpose of this metric is to monitor waiting lists and reduce wait times for patients.
	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two). □ Person Centred Care □ Effective Care □ Safe Care
		☐ Better Health and Wellbeing ☐ Use of Information ☐ Workforce ☐ Use of Resources ☐ Governance, Leadership and Management
4	KPI Target 2017	DOP 2017 Target National - 58%
5	KPI Calculation	Count the total number of ophthalmology patients in all age bands i.e. 0.4 yrs, $5-17$ yrs, $18-64$ yrs and 65yrs and over on the treatment waiting list at the end of the reporting period by wait band i.e. $0 - < 12$ weeks $+ > 12$ weeks $- \le 26$ weeks and express it as a proportion of the total number of ophthalmology patients in all age bands i.e. 0.4 yrs, $5-17$ yrs, $18-64$ yrs and 65 yrs and over on the treatment waiting list at the end of the reporting period by wait band i.e. $0 - < 12$ weeks $+ > 12$ weeks $+ > 26$ weeks $+ > 26$ weeks $+ > 39$ weeks $+ > 39$ weeks $- \le 64$ weeks $+ > 12$ we
		52 weeks + >52 weeks and multiply by 100. Numerator: The number of ophthalmology patients (all ages) waiting to be seen in wait bands 0 - < 12 weeks + >12 weeks - \(\frac{2}{2}\) weeks Denominator: The number of ophthalmology patients (all ages) waiting to be seen in wait bands 0 - < 12 weeks
		+ >12 weeks - ≤ 26 weeks + >26 weeks - ≤ 39 weeks + >39 weeks - ≤ 52 weeks + >52 weeks x 100.
6	Data Source	Patient records, Ophthalmology Manager, Primary Care General Manager, Community Healthcare Organisation (CHO) Head of Service Primary Care, Chief Officer and Business Information Unit (BIU) Community Healthcare Team.
	Data Completeness Data Quality Issues	Data completeness is expected at 100%.
7	Data Collection Frequency	Indicate how often the data to support the KPI will be collected: □Daily □Weekly ☑ Monthly □Quarterly □Bi-annually □Annually □Other – give details:
8	Tracer Conditions	Patients waiting to be seen Age bands Wait times
9	Minimum Data Set	Patients waiting to be seen Age bands
10	International Comparison	-Wait times No
11	KPI Monitoring	KPI will be monitored on a (please indicate below) basis: Daily Weekly Monthly Quarterly Bi-annually Annually Other – give details: Please indicate who is responsible at a local level for monitoring this KPI: Ophthalmology Service Manager, the Primary Care General Manager, CHO Head of Service Primary Care, Chief Officer and the Primary Care
12	KPI Reporting Frequency	Division Operations Team via performance meetings. Indicate how often the KPI will be reported: □Daily □Weekly ☑Monthly □Quarterly □Bi-annually □Annually □Other – give details:
13	KPI report period	Indicate the period to which the data applies: ☑ Current (e.g. daily data reported on that same day of activity, monthly data reported by the 10th of the following month)
		 ☐ Monthly in arrears (June data reported in July) ☐ Quarterly in arrears (quarter 1 data reported in quarter 2) ☐ Rolling 12 months (previous 12 month period) ☐ Other – give details:
14	KPI Reporting Aggregation	Indicate the level of aggregation for example over a geographical location: ☑ National ☑ CHO ☑ LHO ☐ County ☐ Institution ☐ Other – give details:
15	KPI is reported in which reports?	Indicate where the KPI will be reported: ☑Performance Report □Other – give details:
16	Web link to data	http://www.hse.ie/eng/services/publications/
17 Contact /Speciali	Additional Information details for Data Manager st Lead	Information Analyst: Geraldine Littler, Business Information Unit- Palliative Care & Social Inclusion, Planning and Business Information (PBI) 046 9251330 Email:Geraldine.Littler@hse.ie
National	Lead and Division	Specialist Lead: Brian Murphy, Head of Planning, Performance and Programme Management and Interim Head of Operations Primary Care Division John Hennessy, National Director, Primary Care Division, Health Service Executive.

	ry Care - Ophthalmo	logy Waiting List Management
4	KDI title	0/ of anhthalmalagy nationts on waiting list for treatment less than as a result to 42
2	KPI title	% of ophthalmology patients on waiting list for treatment less than or equal to 12 weeks
2	KPI Description	This is a calculation of the number of new ophthalmology patients (all age bands*) who are waiting less than or
	PC107L (No) & PC107M (%)	equal to 12 weeks to be seen expressed as a proportion of the overall ophthalmology patients (all wait times**)
		waiting for these services at the end of the reporting month multiplied by 100. It includes all patients on the
		waiting list at the end of the reporting month. Patients are only removed from the waiting list when they have
		been seen for a first appointment, it is not sufficient for a patient to have been offered an appointment. Note the
		focus of this metric is on patients waiting for treatment, within some services assessment and treatment may
		occur at the same appointment. However, where a patient is assessed and must still wait for treatment it is this
		waiting time that is reported from referral date. Opt in patients are included on the waiting list. If they do not
		respond within four weeks then they are discharged and must be re-referred. This metric should not include
		patients overdue for review.
		*Age bands include:
		• 0 - 4 years
		• 5 - 17 years
		• 18 - 64 years
		• 65 years and over.
		**Wait times include:
		• 0 - less than or equal to 12 weeks
		Greater than 12 weeks and less than or equal to 26 weeks
		Greater than 26 weeks and less than or equal to 39 weeks
		Greater than 39 weeks and less than or equal to 52 weeks
		• Greater than 52 weeks.
3	KPI Rationale	
3	Indicator Classification	The purpose of this metric is to monitor waiting lists and reduce wait times for patients. Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some
	mulcator Glassification	
		cases you may need to choose two).
		Person Centred Care
		□ Better Health and Wellbeing ☑ Use of Information □ Workforce
-	MAIN TO A CONTRACT	☐ Use of Resources ☐ Governance, Leadership and Management
4	KPI Target 2017	NSP 2017 Target National - 50%
5	KPI Calculation	Count the total number of ophthalmology patients in all age bands i.e. 0-4yrs, 5-17yrs, 18-64yrs and 65yrs and
		over on the treatment waiting list at the end of the reporting period by wait band i.e. 0 - < 12 weeks and expres
		it as a proportion of the total number of ophthalmology patients in all age bands i.e. 0-4yrs, 5-17yrs,18-64yrs
		and 65yrs and over .on the treatment waiting list at the end of the reporting period by wait band i.e. 0 - < 12
		weeks + >12 weeks - \leq 26 weeks + >26 weeks - \leq 39 weeks + >39 weeks - \leq 52 weeks + >52 weeks and
		multiply by 100.
		Numerator: The number of ophthalmology patients (all ages) waiting to be seen in wait bands 0 - < 12 weeks
		Denominator: The number of ophthalmology patients (all ages) waiting to be seen in wait bands 0 - < 12 week
		+ >12 weeks - ≤ 26 weeks + >26 weeks - ≤ 39 weeks + >39 weeks - ≤ 52 weeks + >52 weeks x 100.
6	Data Source	Patient records, Ophthalmology Manager, Primary Care General Manager, Community Healthcare Organisation
		(CHO) Head of Service Primary Care, Chief Officer and Business Information Unit (BIU) Community Healthcare
		Team.
	Data Completeness	Data completeness is expected at 100%.
	Data Quality Issues	No
7	Data Collection Frequency	Indicate how often the data to support the KPI will be collected:
	Janu Comodition Frequency	□Daily □Weekly ☑ Monthly □Quarterly □Bi-annually □Annually □Other – give details:
		ablany arrectly is monthly additiony abrantially artificially action give details.
8	Tracer Conditions	•Patients waiting to be seen
٠	Tracer contamons	•Age bands
		•Wait times
•	Minimum Data Cat	
9	Minimum Data Set	Patients waiting to be seen
		•Age bands
		•Wait times
10	International Comparison	No
11	KPI Monitoring	KPI will be monitored on a (please indicate below) basis:
	Ta i monitoring	Daily ☐Weekly ☐Monthly ☐Quarterly ☐Bi-annually ☐Annually ☐Other – give details:
		Please indicate who is responsible at a local level for monitoring this KPI: Ophthalmology Service Manager, the
		Primary Care General Manager, CHO Head of Service Primary Care, Chief Officer and the Primary Care
40	KDI Damas Com Em	Division Operations Team via performance meetings.
12	KPI Reporting Frequency	Indicate how often the KPI will be reported:
	I/DI / · · ·	□Daily □Weekly ☑Monthly □Quarterly □Bi-annually □Annually □Other – give details:
13	KPI report period	Indicate the period to which the data applies:
		☐ Current (e.g. daily data reported on that same day of activity, monthly data reported by the 10th of the
		following month)
		☐ Monthly in arrears (June data reported in July)
		☐ Quarterly in arrears (quarter 1 data reported in quarter 2)
		☐ Rolling 12 months (previous 12 month period)
		☐ Other – give details:
		Indicate the level of aggregation for example over a geographical location:
14	KPI Reporting Aggregation	indicate the level of aggregation for example over a geographical location.
14	KPI Reporting Aggregation	National
14	KPI Reporting Aggregation	
14	, , ,	☑ National ☑ CHO ☑ LHO ☐ County ☐ Institution ☐ Other – give details:
	KPI is reported in which	☑ National ☑ CHO ☑ LHO ☐ County ☐ Institution ☐ Other – give details: Indicate where the KPI will be reported:
15	KPI is reported in which reports?	✓ National
15 16	KPI is reported in which reports? Web link to data	☑ National ☑ CHO ☑ LHO ☐ County ☐ Institution ☐ Other – give details: Indicate where the KPI will be reported:
15	KPI is reported in which reports?	✓ National
15 16 17	KPI is reported in which reports? Web link to data Additional Information	☑ National ☑ CHO ☑ LHO ☐ County ☐ Institution ☐ Other – give details: Indicate where the KPI will be reported: ☑Performance Report ☐ Other – give details: http://www.hse.ie/eng/services/publications/
15 16 17 Contact	KPI is reported in which reports? Web link to data Additional Information details for Data Manager	☑ National ☑ CHO ☑ LHO ☐ County ☐ Institution ☐ Other – give details: ☐ Indicate where the KPI will be reported: ☑ Performance Report ☐ Other – give details: ☐ Intitude ☐ In
15 16 17	KPI is reported in which reports? Web link to data Additional Information details for Data Manager	□ National □ CHO □ LHO □ County □ Institution □ Other – give details: Indicate where the KPI will be reported: □ Performance Report □ Other – give details: http://www.hse.ie/eng/services/publications/ Information Analyst: Geraldine Littler, Business Information Unit- Palliative Care & Social Inclusion, Planning an Business Information (PBI) 046 9251330 Email:Geraldine.Littler@hse.ie
15 16 17 Contact	KPI is reported in which reports? Web link to data Additional Information details for Data Manager	☑ National ☑ CHO ☑ LHO ☐ County ☐ Institution ☐ Other – give details: Indicate where the KPI will be reported: ☑ Performance Report ☐ Other – give details: http://www.hse.te/eng/services/publications/ Information Analyst: Geraldine Littler, Business Information Unit- Palliative Care & Social Inclusion, Planning an Business Information (PBI) 046 9251330 Email:Geraldine.Littler@hse.te Specialist Lead: Brian Murphy, Head of Planning, Performance and Programme Management and Interim Head
15 16 17 Contact /Speciali	KPI is reported in which reports? Web link to data Additional Information details for Data Manager	□ National □ CHO □ LHO □ County □ Institution □ Other – give details: Indicate where the KPI will be reported: □ Performance Report □ Other – give details: http://www.hse.ie/eng/services/publications/ Information Analyst: Geraldine Littler, Business Information Unit- Palliative Care & Social Inclusion, Planning an Business Information (PBI) 046 9251330 Email:Geraldine.Littler@hse.ie

Prima	ry Care - Audiology	Referrals
1	KPI title	No. of patient referrals
2	KPI Description PC59	This is a count of the number of referrals (by age band*) received in the month that have been accepted. It includes new referrals and re-referrals (ie. previously discharged). Each referral should be date stamped on the day it is received and this is used as the referral date. *Age bands include: • 0 - 4 years • 5 - 17 years • 18 - 64 years • 65 years and over.
3	KPI Rationale	This metric provides information on service demand and informs decisions in relation to the planning and management of staff and resource allocation.
	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two). □ Person Centred Care □ Effective Care □ Safe Care □ Better Health and Wellbeing ☑ Use of Information □ Workforce ☑ Use of Resources □ Governance, Leadership and Management
4	KPI Target 2017	DOP 2017 Target National -22,620 CHO 1 - 3,144, CHO 2 - 3,240, CHO 3 - 1,392, CHO 4 - 3,108, CHO 5 - 3,180, CHO 6 - (Service included in CHO 9); CHO 7 - 3,432, CHO 8 - 2,232, CHO 9 - 2,892
5	KPI Calculation	Count the number of referrals (new and re-referrals) by age band* accepted in the reporting month.
6	Data Source	Patient records, Audiology Manager, Primary Care General Manager, Community Healthcare Organisation (CHO) Head of Service Primary Care, Chief Officer and Business Information Unit (BIU) Community Healthcare Team.
	Data Completeness	Data completeness is expected at 100%.
	Data Quality Issues	No .
7	Data Collection Frequency	Indicate how often the data to support the KPI will be collected: □Daily □Weekly ☑ Monthly □Quarterly □Bi-annually □Annually □Other – give details:
8	Tracer Conditions	Accepted referrals Age bands
9	Minimum Data Set	Accepted referrals Age bands
10	International Comparison	No
11	KPI Monitoring	KPI will be monitored on a (please indicate below) basis: □Daily □Weekly ☑Monthly □Quarterly □Bi-annually □Annually □Other – give details: Please indicate who is responsible at a local level for monitoring this KPI: Audiology Manager, Primary Care General Manager, the CHO Head of Service Primary Care, Chief Officer and the Primary Care Division Operations Team via performance meetings.
12	KPI Reporting Frequency	Indicate how often the KPI will be reported: □Daily □Weekly ☑Monthly □Quarterly □Bi-annually □Annually □Other – give details:
13	KPI report period	Indicate the period to which the data applies: ☐ Current (e.g. daily data reported on that same day of activity, monthly data reported by the 10th of the following month) ☐ Monthly in arrears (June data reported in July) ☐ Quarterly in arrears (quarter 1 data reported in quarter 2) ☐ Rolling 12 months (previous 12 month period) ☐ Other – give details:
14	KPI Reporting Aggregation	Indicate the level of aggregation for example over a geographical location: ☑ National ☑ CHO ☑ LHO ☐ County ☐ Institution ☐ Other – give details:
15	KPI is reported in which reports?	Indicate where the KPI will be reported: ☑Performance Report □Other – give details:
16	Web link to data	http://www.hse.ie/eng/services/publications/
17	Additional Information	
	l details for Data Manager ist Lead	Information Analyst: Geraldine Littler, Business Information Unit- Palliative Care & Social Inclusion, Planning and Business Information (PBI) 046 9251330 Email:Geraldine.Littler@hse.ie Specialist Lead: Brian Murphy, Head of Planning, Performance and Programme Management and Interim Head of Operations Primary Care Division

1	KPI title	Existing patients seen in the month
2	KPI Description PC60	This is a count of the number of existing patients (by age band*) seen face to face in the reporting month. An existing patient a patient who is currently attending the service and is an open case. It includes patients who attend individual appointments of group sessions. Each patient is only included once in the count. New patients seen in the reporting month are not included. For the purpose of recording this metric an appointment is considered to be face face contact with a patient. *Age bands include: • 0 - 4 years
		• 5 - 17 years • 18 - 64 years • 65 years and over.
3	KPI Rationale	This metric provides information on service demand and informs decisions in relation to the planning and management of sta and resource allocation.
	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two). □ Person Centred Care □ Effective Care □ Safe Care □ Better Health and Wellbeing ☑ Use of Information □ Workforce □ Use of Resources □ Governance, Leadership and Management
4	KPI Target 2017	DOP 2017 Target National 2,740
		CHO 1 - 417, CHO 2 - 341, CHO 3 - 188, CHO 4 - 386, CHO 5 - 265, CHO 6 - (Service included in CHO 9), CHO 7 -489, CHO 8 - 298, CHO 9 - 352
5	KPI Calculation	Count the number of existing patients seen face to face in the reporting month. Each patient is included only once in the count.
6	Data Source	Patient records, Audiology Manager, Primary Care General Manager, Community Healthcare Organisation (CHO) Head of Service Primary Care, Chief Officer and Business Information Unit (BIU) Community Healthcare Team.
	Data Completeness	Data completeness is expected at 100%.
	Data Quality Issues	No
7	Data Collection Frequency	Indicate how often the data to support the KPI will be collected: □Daily □Weekly ☑ Monthly □Quarterly □Bi-annually □Annually □Other – give details:
8	Tracer Conditions	Existing patients seen Age bands
9	Minimum Data Set	Existing patients seen Age bands
10	International Comparison	No
11	KPI Monitoring	KPI will be <u>monitored</u> on a (please indicate below) basis: □Daily □Weekly ☑Monthly □Quarterly □Bi-annually □Annually □Other – give details: Please indicate who is responsible at a local level for monitoring this KPI: Audiology Service Manager, Primary Care Gener Manager, the CHO Head of Service Primary Care, Chief Officer and the Primary Care Division Operations Team via performance meetings.
12	KPI Reporting Frequency	Indicate how often the KPI will be reported: □Daily □Weekly ☑Monthly □Quarterly □Bi-annually □Annually □Other – give details:
13	KPI report period	Indicate the period to which the data applies:
		☐ Current (e.g. daily data reported on that same day of activity, monthly data reported by the 10th of the following month) ☐ Monthly in arrears (June data reported in July) ☐ Quarterly in arrears (quarter 1 data reported in quarter 2) ☐ Rolling 12 months (previous 12 month period) ☐ Other – give details:
14	KPI Reporting Aggregation	Indicate the level of aggregation for example over a geographical location: ☑ National ☑ CHO ☑ LHO ☐ County ☐ Institution ☐ Other – give details:
15	KPI is reported in which reports?	Indicate where the KPI will be reported: ☑Performance Report □Other – give details:
16	Web link to data	http://www.hse.ie/eng/services/publications/
17	Additional Information	
	details for Data Manager	Information Analyst: Geraldine Littler, Business Information Unit- Palliative Care & Social Inclusion, Planning and Business Information (PBI) 046 9251330 Email:Geraldine.Littler@hse.ie
	details for Data Manager ist Lead	Specialist Lead: Brian Murphy, Head of Planning, Performance and Programme Management and Interim Head of Operation Primary Care Division

<u>Prima</u>	ry Care - Audiology	New Patients Seen
	IVDI 4:41-	NI
2	KPI title KPI Description PC61	New patients seen This is a count of the number of new patients (by age band* and wait time**) seen face to face in the reporting month. A new patient is a patient that is seen for the first time in this episode of care. It includes patients re-referred to the service. An appointment is considered to be face face contact with a patient and may be for assessment / treatment / service. *Age bands include:
		• 0 - 4 years • 5 - 17 years • 18 - 64 years • 65 years and over.
		**Wait times include: • 0 - less than or equal to 12 weeks • Greater than 12 weeks and less than or equal to 26 weeks • Greater than 26 weeks and less than or equal to 39 weeks • Greater than 39 weeks and less than or equal to 52 weeks
3	KPI Rationale	 Greater than 52 weeks. This metric provides information on service demand and informs decisions in relation to the planning and management of staff
	Indicator Classification	and resource allocation. Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two). □ Person Centred Care □ Effective Care □ Safe Care
	KPI Target 2017	□ Better Health and Wellbeing □ Use of Information □ Workforce □ Use of Resources □ Governance, Leadership and Management
4	RPI Target 2017	DOP 2017 Target National -23,954 CHO 1 - 3,697, CHO 2 - 2,547, CHO 3 - 1,571, CHO 4 - 3,706, CHO 5 - 2,971, CHO 6 - (Service included in CHO 9), CHO 7 - 2,163, CHO 8 - 5,014, CHO 9 - 2,285
5	KPI Calculation	Count the number of new patients (including re-referrals) seen face to face in the reporting month.
6	Data Source	Patient records, Audiology Manager, Primary Care General Manager, Community Healthcare Organisation (CHO) Head of Service Primary Care, Chief Officer and Business Information Unit (BIU) Community Healthcare Team.
	Data Completeness	Data completeness is expected at 100%.
	Data Quality Issues	No
7	Data Collection Frequency	Indicate how often the data to support the KPI will be collected: □Daily □Weekly ☑ Monthly □Quarterly □Bi-annually □Annually □Other – give details:
8	Tracer Conditions	New patients seen face to face Age bands Wait times
9	Minimum Data Set	New patients seen face to face Age bands Wait times
10	International Comparison	No
11	KPI Monitoring	KPI will be monitored on a (please indicate below) basis: □Daily □Weekly ☑Monthly □Quarterly □Bi-annually □Annually □Other – give details: Please indicate who is responsible at a local level for monitoring this KPI: Audiology Service Manager, Primary Care General Manager, the CHO Head of Service Primary Care, Chief Officer and the Primary Care Division Operations Team via performance meetings.
12	KPI Reporting Frequency	Indicate how often the KPI will be reported: □Daily □Weekly ☑Monthly □Quarterly □Bi-annually □Annually □Other – give details:
13	KPI report period	Indicate the period to which the data applies: Current (e.g. daily data reported on that same day of activity, monthly data reported by the 10th of the following month) Monthly in arrears (June data reported in July) Quarterly in arrears (quarter 1 data reported in quarter 2) Rolling 12 months (previous 12 month period) Other – give details:
14	KPI Reporting Aggregation	Indicate the level of aggregation for example over a geographical location: ☑ National ☑ CHO ☑ LHO ☐ County ☐ Institution ☐ Other – give details:
15	KPI is reported in which reports?	Indicate where the KPI will be reported: ☑Performance Report □Other – give details:
16	Web link to data	http://www.hse.ie/eng/services/publications/
17	Additional Information	
	I details for Data Manager ist Lead	Information Analyst: Geraldine Littler, Business Information Unit- Palliative Care & Social Inclusion, Planning and Business Information (PBI) 046 9251330 Email:Geraldine.Littler@hse.ie Specialist Lead: Brian Murphy, Head of Planning, Performance and Programme Management and Interim Head of Operations Primary Care Division
	Lead and Division	John Hennessy, National Director, Primary Care Division, Health Service Executive.

	ary care - Audiology	Waiting List Management
1	KPI title	Total no. of audiology patients on the treatment waiting list at the end of the reporting period
1 2	KPI title KPI Description PC108 PC108A PC108B PC108C PC108D PC108E	Total no. of audiology patients on the treatment waiting list at the end of the reporting period This is a count of the total number of audiology patients (by age band* and wait time**) awaiting treatment (either individual or in a group environment) at the end of the reporting month. Patients are only removed from the waiting list when they have been seen for a first appointment, it is not sufficient for a patient to have been offered an appointment. Note the focus of this metric is on patients waiting for treatment, within some services assessment and treatment may occur at the same appointment. However, where a patient is assessed and must still wait for treatment it is this waiting time that is reported from referral date. Opt in patients are included on the waiting list. If they do not respond within four weeks then they are discharged and must be re-referred. It does not include patients overdue for review. *Age bands include: **0 - 4 years **5 - 17 years **18 - 64 years **5 - 18 - 64 years **65 years and over. **Wait times: **0 - less than or equal to 12 weeks **Greater than 12 weeks and less than or equal to 26 weeks **Greater than 26 weeks and less than or equal to 52 weeks **Greater than 52 weeks.
3	KPI Rationale	This metric allows for waiting lists and times to be identified, monitored and actions to be taken to reduce wait times for
	Indicator Classification	patients. Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two). □ Person Centred Care □ Effective Care □ Safe Care □ Better Health and Wellbeing ☑ Use of Information □ Workforce ☑ Use of Resources □ Governance, Leadership and Management
4	KPI Target 2017	DOP 2017 Target National - 14,650 CHO 1-2,341, CHO 2-2,300, CHO 3-1,222, CHO 4-1,579, CHO 5-1,702, CHO 6-(Service included in CHO 9), CHO 7-1,692, CHO 8-3,204, CHO 9-610
5	KPI Calculation	Count all patients (all age bands*) whose referrals have been accepted by the Audiology Service who have not attended a first appointment with the service at the end of the reporting month by the length of time (all wait bands**) that they are waiting to be seen. The waiting time is measured from date of referral i.e. date of receipt of the referral by the service to the end of the reporting month.
6	Data Source	Patient records, Audiology Manager, Primary Care General Manager, Community Healthcare Organisation (CHO) Head of Service Primary Care, Chief Officer and Business Informatuion Unit (BIU) Community Healthcare Team.
	Data Completeness Data Quality Issues	Data completeness is expected at 100%.
7	Data Quality issues Data Collection Frequency	Indicate how often the data to support the KPI will be collected:
•	Tracer Conditions	□Daily □Weekly ☑ Monthly □Quarterly □Bi-annually □Annually □Other – give details:
8	Tracer Conditions	Patients waiting to be seen Age bands Wait times
9	Minimum Data Set	Patients waiting to be seen Age bands Wait times
10	International Comparison	Not applicable
11	KPI Monitoring	KPI will be monitored on a (please indicate below) basis: □Daily □Weekly ☑Monthly □Quarterly □Bi-annually □Annually □Other – give details: Please indicate who is responsible at a local level for monitoring this KPI: Audiology Service Manager, Primary Care General Manager, the CHO Head of Service Primary Care, Chief Officer and the Primary Care Division Operations Team via performance meetings.
12	KPI Reporting Frequency	Indicate how often the KPI will be reported: □Daily □Weekly ☑Monthly □Quarterly □Bi-annually □Annually □Other – give details:
13	KPI report period	Indicate the period to which the data applies: ☑ Current (e.g. daily data reported on that same day of activity, monthly data reported by the 10th of the following month) ☐ Monthly in arrears (June data reported in July) ☐ Quarterly in arrears (quarter 1 data reported in quarter 2) ☐ Rolling 12 months (previous 12 month period) ☐ Other – give details:
14	KPI Reporting Aggregation	Indicate the level of aggregation for example over a geographical location: ☑ National ☑ CHO ☑ LHO ☐ County ☐ Institution ☐ Other – give details:
15	KPI is reported in which	Indicate where the KPI will be reported:
16	reports? Web link to data	☑Performance Report □Other – give details: http://www.hse.ie/eng/services/publications/
17	Additional Information	
	t details for Data Manager	Information Analyst: Geraldine Littler, Business Information Unit- Palliative Care & Social Inclusion, Planning and Business
pecia	list Lead	Information (PBI) 046 9251330 Email:Geraldine.Littler@hse.ie Specialist Lead: Brian Murphy, Head of Planning, Performance and Programme Management and Interim Head of Operations Primary Care Division
	al Lead and Division	John Hennessy, National Director, Primary Care Division, Health Service Executive.

Prima	ry Care - Audiology	Waiting List Management
TTITIC	ry ourc - Additional	Huiting List management
1	KPI title	% of audiology patients on waiting list for treatment less than or equal to 52 weeks
2	KPI Description PC108F(No) & PC108G(%)	This is a calculation of the number of new audiology patients (all age bands*) who are waiting less than or equal to 52 weeks to be seen by an audiologist (either in an individual or in a group environment) expressed as a proportion of the overall number of audiology patients (all wait times**) waiting for these services at the end of the reporting month multiplied by 100. It includes all patients on the waiting list at the end of the reporting month. Patients are only removed from the waiting list when they have been seen for a first appointment, it is not sufficient for a patient to have been offered an appointment. Note the focus of this metric is on patients waiting for treatment, within some services assessment and treatment may occur at the same appointment. However, where a patient is assessed and must still wait for treatment it is this waiting time that is reported from referral date. Opt in patients are included on the waiting list. If they do not respond within four weeks then they are discharged and must be re-referred. This metric should not include patients overdue for review *Age bands include: • 0 - 4 years • 5 - 17 years • 18 - 64 years • 65 years and over. **Wait times include: • 0 - less than or equal to 12 weeks Greater than 12 weeks and less than or equal to 39 weeks • Greater than 26 weeks and less than or equal to 39 weeks • Greater than 39 weeks and less than or equal to 52 weeks • Greater than 52 weeks.
3	KPI Rationale	The purpose of this metric is to monitor waiting lists and reduce wait times for patients.
	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two). □ Person Centred Care □ Effective Care □ Safe Care □ Better Health and Wellbeing ☑ Use of Information □ Workforce ☑ Use of Resources □ Governance, Leadership and Management
4	KPI Target 2017	NSP 2017 Target National - 95%
5	KPI Calculation	Count the total number of audiology patients in all age bands i.e. $0-4yrs$, $5-17yrs$, $18-64yrs$ and $65yrs$ and over on the treatment waiting list at the end of the reporting period by wait band i.e. $0-4$ 12 weeks $+>12$ weeks $-\le 26$ weeks $+>26$ weeks $-\le 26$ weeks $+>26$ weeks $-\le 39$ weeks $+>39$ weeks $-\le 52$ weeks and express it as a proportion of the total number of audiology patients in all age bands i.e. $0-4yrs$, $5-17yrs$, $18-64yrs$ and $65yrs$ and over on the treatment waiting list at the end of the reporting period by wait band i.e. $0-<12$ weeks $+>12$ weeks $-\le 26$ weeks $+>26$ weeks $+>39$ weeks $+>39$ weeks $+>39$ weeks $+>52$ weeks and multiply by 100 . Numerator: The number of audiology patients (all ages) waiting to be seen in wait bands $0-<12$ weeks $+>12$ weeks $-\le 26$ weeks $+>26$ weeks $-\le 39$ weeks $-\le 52$ weeks Denominator: The number of audiology patients (all ages) waiting to be seen in wait bands $0-<12$ weeks $+>12$ weeks $-\le 12$
6	Data Source	Patient records, Audiology Manager, Primary Care General Manager, Community Healthcare Organisation (CHO) Head of Service Primary Care, Chief Officer and Business Information Unit (BIU) Community Healthcare Team.
	Data Completeness	Data completeness is expected at 100%.
	Data Quality Issues	No
7	Data Collection Frequency	Indicate how often the data to support the KPI will be collected: □Daily □Weekly ☑ Monthly □Quarterly □Bi-annually □Annually □Other – give details:
8	Tracer Conditions	Patients waiting to be seen Age bands Wait times
9	Minimum Data Set	Patients waiting to be seen Age bands Wait times
10	International Comparison	No
11	KPI Monitoring	KPI will be <u>monitored</u> on a (please indicate below) basis: □Daily □Weekly ☑Monthly □Quarterly □Bi-annually □Annually □Other – give details: Please indicate who is responsible at a local level for monitoring this KPI: Audiology Service Manager, Primary Care General Manager, the CHO Head of Service Primary Care, Chief Officer and the Primary Care Division Operations Team via performance meetings.
12	KPI Reporting Frequency	Indicate how often the KPI will be reported: □Daily □Weekly ☑Monthly □Quarterly □Bi-annually □Annually □Other – give details:
13	KPI report period	Indicate the period to which the data applies: Current (e.g. daily data reported on that same day of activity, monthly data reported by the 10th of the following month) Monthly in arrears (June data reported in July) Quarterly in arrears (quarter 1 data reported in quarter 2) Rolling 12 months (previous 12 month period) Other – give details:
14	KPI Reporting Aggregation	Indicate the level of aggregation for example over a geographical location: ☑ National ☑ CHO ☑ LHO □ County □ Institution □ Other – give details:
15	KPI is reported in which reports?	Indicate where the KPI will be reported: ☑Performance Report □Other – give details:
16	Web link to data	http://www.hse.ie/eng/services/publications/
17	Additional Information	
Contact /Speciali	details for Data Manager st Lead	Information Analyst: Geraldine Littler, Business Information Unit- Palliative Care & Social Inclusion, Planning and Business Information (PBI) 046 9251330 Email:Geraldine.Littler@hse.ie Specialist Lead: Brian Murphy, Head of Planning, Performance and Programme Management and Interim Head of Operations Primary Care Division
National	Lead and Division	John Hennessy, National Director, Primary Care Division, Health Service Executive.

PC108H(No) & PC108H(no)			
Indicator Classification	2	KPI Description PC108H(No) & PC108I(%)	This is a calculation of the number of new audiology patients (all age bands*) who are waiting less than or equal to 39 weeks to be seen by an audiologist (either in an individual or in a group environment) expressed as a proportion of the overall audiology patients (all wait times**) waiting for these services at the end of the reporting month multiplied by 100. It includes all patients on the waiting list at the end of the reporting month. Patients are only removed from the waiting list when they have been seen for a first appointment, it is not sufficient for a patient to have been offered an appointment. Note the focus of this metric is on patients waiting for treatment, within some services assessment and treatment may occur at the same appointment. However, where a patient is assessed and must still wait for treatment it is this waiting time that is reported from referral date. Opt in patients are included on the waiting list. If they do not respond within four weeks then they are discharged and must be re-referred. This metric should not include patients overdue for review. *Age bands include: 1 - 4 years 5 - 17 years 18 - 64 years 65 years and over. **Wait times include: 0 - less than or equal to 12 weeks Greater than 12 weeks and less than or equal to 26 weeks Greater than 26 weeks and less than or equal to 52 weeks Greater than 39 weeks and less than or equal to 52 weeks
need but hoose kwo. Person Centred Care Better Health and Wellbeing Use of Information Workforce Better Health and Wellbeing Use of Information Workforce Use of Resource Use of Resource Use of Information Workforce Use of Information Workforce Use of Information	3	KPI Rationale	The purpose of this metric is to monitor waiting lists and reduce wait times for patients.
Second Content to the total number of audiology patients in all age bands i.e. 0.4 vrs. 5-17yrs. 18-4yrs and 65yrs and ver on the treatment waiting list at the net of the reporting period by wait band is 0 412 weeks - 250 weeks + 250 weeks - 250 weeks + 250 weeks - 250 weeks +			Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two). Person Centred Care
treatment waiting list at the end of the reporting period by wait band is. 0. < 12 weeks × >12 weeks × >26 weeks × >28 weeks × >30 weeks × >30 weeks × >50 weeks × >26 weeks × >26 weeks × >26 weeks × >26 weeks × >28 weeks × >30 weeks × >30 weeks × >26 weeks ×			
Data Completeness Data completeness Data completeness Data completeness Sexpected at 100%.			weeks - \le 39 weeks and express it as a proportion of the total number of audiology patients in all age bands i.e. 0-4yrs, 5-17yrs, 18-64yrs and 65yrs on the treatment waiting list at the end of the reporting period by wait band i.e. 0 - < 12 weeks + >12 weeks - \le 26 weeks + >26 weeks - \le 39 weeks + >39 weeks - \le 52 weeks + >52 weeks and multiply by 100. Numerator: The number of audiology patients (all ages) waiting to be seen in wait bands $0 - < 12$ weeks + >12 weeks - \le 26 weeks - \le 39 weeks Denominator: The number of audiology patients (all ages) waiting to be seen in wait bands $0 - < 12$ weeks + >12 weeks - \le 20 weeks - \le 39 weeks - \le 30 weeks - \le 30 weeks - \le 30 weeks - \le
Data Quality Issues	6		Service Primary Care, Chief Officer and Business Information Unit (BIU) Community Healthcare Team.
Tracer Conditions			
Patients waiting to be seen Age bands - Wait times Patients waiting to be seen Age bands - Wait times Patients waiting to be seen Age bands - Wait times Patients waiting to be seen Age bands - Wait times Patients waiting to be seen - Age bands - Wait times Patients waiting to be seen Patients waiting to be seen Age bands Patients waiting to be seen Patients waiting to Banaually Other - give details: Patients waiting	7		
Patients waiting to be seen	8	Tracer Conditions	Patients waiting to be seen Age bands
KPI Monitoring KPI will be monitored on a (please indicate below) basis: Daily Weekly Monthly Quarterly Bi-annually Annually Other – give details: Please indicate who is responsible at a local level for monitoring this KPI: Audiology Service Manager, Primary Care General Manager, the CHO Head of Service Primary Care, Chief Officer and the Primary Care Division Operations Team via performance meetings. Indicate how often the KPI will be reported: Daily Weekly Monthly Quarterly Bi-annually Annually Other – give details: Indicate the period to which the data applies: Current (e.g. daily data reported on that same day of activity, monthly data reported by the 10th of the following month) Monthly in arrears (quarter 1 data reported in July) Quarterly in arrears (quarter 1 data reported in quarter 2) Rolling 12 months (previous 12 month period) Other – give details: Indicate the level of aggregation for example over a geographical location: National CHO LHO County Institution Other – give details: Indicate where the KPI will be reported: Performance Report Other – give details: Indicate where the KPI will be reported: Performance Report Other – give details: Indicate where the KPI will be reported: Performance Report Other – give details: Indicate where the KPI will be reported: Performance Report Other – give details: Indicate where the KPI will be reported: Performance Report Other – give details: Indicate where the KPI will be reported: Performance Report Other – give details: Indicate where the KPI will be reported: Performance Report Other – give details: Information Information Information Information Pelliptice	9	Minimum Data Set	Patients waiting to be seen Age bands
Daily Weekly Monthly Quarterly Bi-annually Annually Other – give details: Please indicate who is responsible at a local level for monitoring this KPI: Audiology Service Manager, Primary Care General Manager, the CHO Head of Service Primary Care, Chief Officer and the Primary Care Division Operations Team via performance meetings. 12 KPI Reporting Frequency Indicate how often the KPI will be reported: Daily Weekly Monthly Quarterly Bi-annually Annually Other – give details: Indicate the period to which the data applies: Current (e.g. daily data reported on that same day of activity, monthly data reported by the 10th of the following month) Monthly in arrears (June data reported in July) Quarterly in arrears (quarter 1 data reported in quarter 2) Rolling 12 months (previous 12 month period) Other – give details: Indicate the level of aggregation for example over a geographical location: National CHO LHO County Institution Other – give details: Indicate where the KPI will be reported: Performance Report Other – give details: Indicate where the KPI will be reported: Performance Report Other – give details: Indicate where the KPI will be reported: Performance Report Other – give details: Indicate where the KPI will be reported: Performance Report Other – give details: Indicate where the KPI will be reported: Performance Report Other – give details: Indicate where the KPI will be reported: Performance Report Other – give details: Indicate where the KPI will be reported: Performance Report Other – give details: Indicate where the KPI will be reported: Performance Report Other – give details: Indicate where the KPI will be reported: Performance Report Other – give details: Indicate the level of aggregation for Palliative Care & Social Inclusion, Planning and Business Information (PBI) 046 9251330 Email: Geraldine Littler Performance and Programme Management and Interim Head of Operation: Speciali	10	International Comparison	No
Daily	11	KPI Monitoring	Daily Weekly Monthly Quarterly Bi-annually Annually Other – give details: Please indicate who is responsible at a local level for monitoring this KPI: Audiology Service Manager, Primary Care General Manager, the CHO Head of Service Primary Care, Chief Officer and the Primary Care Division Operations Team via
Indicate the period to which the data applies:	12	KPI Reporting Frequency	'
National	13	KPI report period	Indicate the period to which the data applies: ☑ Current (e.g. daily data reported on that same day of activity, monthly data reported by the 10th of the following month) ☐ Monthly in arrears (June data reported in July) ☐ Quarterly in arrears (quarter 1 data reported in quarter 2) ☐ Rolling 12 months (previous 12 month period)
reports? ✓ Performance Report □ Other – give details: Meb link to data http://www.hse.ie/eng/services/publications/		, , ,	☑ National ☑ CHO ☑ LHO ☐ County ☐ Institution ☐ Other – give details:
16 Web link to data http://www.hse.ie/eng/services/publications/ 17 Additional Information Contact details for Data Manager Specialist Lead Information Analyst: Geraldine Littler, Business Information Unit- Palliative Care & Social Inclusion, Planning and Business Information (PBI) 046 9251330 Email:Geraldine.Littler@hse.ie Specialist Lead: Brian Murphy, Head of Planning, Performance and Programme Management and Interim Head of Operation:	15		
Additional Information ontact details for Data Manager specialist Lead Information Analyst: Geraldine Littler, Business Information Unit- Palliative Care & Social Inclusion, Planning and Business Information (PBI) 046 9251330 Email: Geraldine.Littler@hse.ie Specialist Lead: Brian Murphy, Head of Planning, Performance and Programme Management and Interim Head of Operation:	16		
Information Analyst: Geraldine Littler, Business Information Unit- Palliative Care & Social Inclusion, Planning and Business Information (PBI) 046 9251330 Email: Geraldine.Littler@hse.ie Specialist Lead: Brian Murphy, Head of Planning, Performance and Programme Management and Interim Head of Operation:			
Specialist Lead Information (PBI) 046 9251330 Email:Geraldine.Littler@hse.ie Specialist Lead: Brian Murphy, Head of Planning, Performance and Programme Management and Interim Head of Operation:			Information Analysts Corolding Littler Pusinger Information Unit Pullishing Core 9 Control Instruction Planning and Publishing Core
lational Lead and Division John Hennessy, National Director, Primary Care Division, Health Service Executive.			uniormation Analyst: Geraldine Littler, Business Information Unit-Palliative Care & Social Inclusion, Planning and Business

Prim <u>a</u>	ry Care - Audiology	Waiting List Management
1 2	KPI title KPI Description PC108J(No) & PC108K(%)	% of audiology patients on waiting list for treatment less than or equal to 26 weeks This is a calculation of the number of new audiology patients (all age bands*) who are waiting less than or equal to 26 weeks to be seen by an audiologist (either in an individual or in a group environment) expressed as a proportion of the overall number of audiology patients (all wait times**) waiting for these services at the end of the reporting month multiplied by 100. It includes all patients on the waiting list at the end of the reporting month. Patients are only removed from the waiting list when they have been seen for a first appointment, it is not sufficient for a patient to have been offered an appointment. Note the focus of this metric is on patients waiting for treatment, within some services assessment and treatment may occur at the same appointment. However, where a patient is assessed and must still wait for treatment it is this waiting time that is reported from referral date. Opt in patients are included on the waiting list. If they do not respond within four weeks then they are discharged and must be re-referred. This metric should not include patients overdue for review. *Age bands include: 0 - 4 years • 5 - 17 years • 18 - 64 years • 65 years and over. **Wait times include: 0 - less than or equal to 12 weeks Greater than 12 weeks and less than or equal to 26 weeks Greater than 26 weeks and less than or equal to 52 weeks • Greater than 39 weeks and less than or equal to 52 weeks • Greater than 52 weeks.
3	KPI Rationale Indicator Classification	The purpose of this metric is to monitor waiting lists and reduce wait times for patients. Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two). □ Person Centred Care □ Effective Care □ Safe Care □ Better Health and Wellbeing ☑ Use of Information □ Workforce □ Use of Resources □ Governance, Leadership and Management
4	KPI Target 2017	DOP 2017 Target National - 64%
5	KPI Calculation	Count the total number of audiology patients in all age bands i.e. $0-4$ yrs, $5-17$ yrs, $18-64$ yrs and 65yrs and over on the treatment waiting list at the end of the reporting period by wait band i.e. $0-<12$ weeks $+>12$ weeks <26 weeks and express it as a proportion of the total number of audiology patients in all age bands i.e. $0-4$ yrs, $5-17$ yrs, $18-64$ yrs and 65yrs and over on the treatment waiting list at the end of the reporting period by wait band i.e. $0-<12$ weeks $+>12$ weeks $-\le26$ weeks $+>26$ weeks $-\le39$ weeks $+>39$ weeks $-\le52$ weeks and multiply by 100 . Numerator: The number of audiology patients (all ages) waiting to be seen in wait bands $0-<12$ weeks $+>12$ weeks $-\le26$ weeks $-\le26$ weeks $-\le39$
6	Data Source	Patient records, Audiology Manager, Primary Care General Manager, Community Healthcare Organisation (CHO) Head of
	Data Completeness	Service Primary Care, Chief Officer and Business Information Unit (BIU) Community Healthcare Team. Data completeness is expected at 100%.
7	Data Quality Issues Data Collection Frequency	No Indicate how often the data to support the KPI will be collected:
8	Tracer Conditions	□Daily □Weekly ☑ Monthly □Quarterly □Bi-annually □Annually □Other – give details: -Patients waiting to be seen -Age bands -Wait times
9	Minimum Data Set	Patients waiting to be seen Age bands Wait times
10	International Comparison	No
11	KPI Monitoring	KPI will be monitored on a (please indicate below) basis: □Daily □Weekly ☑Monthly □Quarterly □Bi-annually □Annually □Other – give details: Please indicate who is responsible at a local level for monitoring this KPI: Audiology Service Manager, Primary Care General Manager, the CHO Head of Service Primary Care, Chief Officer and the Primary Care Division Operations Team via performance meetings.
12	KPI Reporting Frequency	Indicate how often the KPI will be reported: Daily Dweekly Monthly Douartery Disagnually Dannually Dother - give details:
13	Daily Weekly Monthly Quarterly Bi-annually Annually Other - give details: RPI report period Indicate the period to which the data applies: Current (e.g. daily data reported on that same day of activity, monthly data reported by the 10th of the following Monthly in arrears (June data reported in July) Quarterly in arrears (quarter 1 data reported in quarter 2) Rolling 12 months (previous 12 month period) Other - give details:	
14	KPI Reporting Aggregation	Indicate the level of aggregation for example over a geographical location: ☑ National ☑ CHO ☑ LHO ☐ County ☐ Institution ☐ Other – give details:
15	KPI is reported in which reports?	Indicate where the KPI will be reported: ☑Performance Report ☐Other – give details:
16	Web link to data	http://www.hse.ie/eng/services/publications/
17	Additional Information	
/Speciali	details for Data Manager ist Lead Lead and Division	Information Analyst: Geraldine Littler, Business Information Unit- Palliative Care & Social Inclusion, Planning and Business Information (PBI) 046 9251330 Email: Geraldine.Littler@hse.ie Specialist Lead: Brian Murphy, Head of Planning, Performance and Programme Management and Interim Head of Operations Primary Care Division John Hennessy, National Director, Primary Care Division, Health Service Executive.
		position in the state of the st

riiiia	ry Care - Audiology	Waiting List Management
4	VDI siste	0/ of audialogu patients an uniting list for treatment less than or equal to 12 weeks
1 2	KPI title KPI Description PC108L(No) & PC108M(%)	% of audiology patients on waiting list for treatment less than or equal to 12 weeks This is a calculation of the number of new audiology patients (all age bands*) who are waiting less than or equal to 12 weeks to be seen by an audiologist (either in an individual or in a group environment) expressed as a proportion of the overall audiology patients (all wait times**) waiting for these services at the end of the reporting month multiplied by 100. It includes all patients on the waiting list at the end of the reporting month. Patients are only removed from the waiting list when they have been seen for a first appointment, it is not sufficient for a patient to have been offered an appointment. Note the focus of this metric is on patients waiting for treatment, within some services assessment and treatment may occur at the same appointment. However, where a patient is assessed and must still wait for treatment it is this waiting time that is reported from referral date. Opt in patients are included on the waiting list. If they do not respond within four weeks then they are discharged and must be re-referred. This metric should not include patients overdue for review. *Age bands include: • 0 - 4 years • 5 - 17 years • 18 - 64 years • 65 years and over. *Wait times include: • 0 - less than or equal to 12 weeks • Greater than 12 weeks and less than or equal to 26 weeks
3	KPI Rationale	Greater than 26 weeks and less than or equal to 39 weeks Greater than 39 weeks and less than or equal to 52 weeks Greater than 52 weeks. The purpose of this metric is to monitor waiting lists and reduce wait times for patients.
	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two). Person Centred Care Effective Care Safe Care Better Health and Wellbeing Use of Information Workforce Use of Resources Governance, Leadership and Management
5	KPI Target 2017 KPI Calculation	NSP 2017 Target National - 50% Count the total number of audiology patients in all age bands i.e. 0-4yrs, 5-17yrs,18-64yrs and 65yrs and over on the treatment waiting list at the end of the reporting period by wait band i.e. 0 - < 12 weeks and express it as a proportion of the total number of audiology patients in all age bands i.e. 0-4yrs, 5-17yrs,18-64yrs and 65yrs and over on the treatment waiting list at the end of the reporting period by wait band i.e. 0 - < 12 weeks + >12 weeks - ≤ 26 weeks +>26 weeks - ≤ 39 weeks + >39 weeks - ≤ 52 weeks +>52 weeks and multiply by 100. Numerator: The number of audiology patients (all ages) waiting to be seen in wait bands 0 - < 12 weeks + >12 weeks - ≤ 26 weeks +>52 weeks +
6	Data Source	Patient records, Audiology Manager, Primary Care General Manager, Community Healthcare Organisation (CHO) Head of Service Primary Care, Chief Officer and Business Informatuion Unit (BIU) Community Healthcare Team.
	Data Completeness Data Quality Issues	Data completeness is expected at 100%.
7	Data Collection Frequency	Indicate how often the data to support the KPI will be collected:
8	Tracer Conditions	□Daily □Weekly ☑ Monthly □Quarterly □Bi-annually □Annually □Other – give details: -Patients waiting to be seen -Age bands -Wait times
9	Minimum Data Set	Patients waiting to be seen Age bands Wait times
10	International Comparison	No
11	KPI Monitoring	KPI will be <u>monitored</u> on a (please indicate below) basis: □Daily □Weekly ☑Monthly □Quarterly □Bi-annually □Other – give details: Please indicate who is responsible at a local level for monitoring this KPI: Audiology Service Manager, Primary Care General Manager, the CHO Head of Service Primary Care, Chief Officer and the Primary Care Division Operations Team via performance meetings.
12	KPI Reporting Frequency	Indicate how often the KPI will be reported: □Daily □Weekly ☑Monthly □Quarterly □Bi-annually □Annually □Other – give details:
13	KPI report period	Indicate the period to which the data applies: Current (e.g. daily data reported on that same day of activity, monthly data reported by the 10th of the following month) Monthly in arrears (June data reported in July) Quarterly in arrears (quarter 1 data reported in quarter 2) Rolling 12 months (previous 12 month period) Other – give details:
14	KPI Reporting Aggregation	Indicate the level of aggregation for example over a geographical location: ☑ National ☑ CHO ☑ LHO ☐ County ☐ Institution ☐ Other – give details:
15	KPI is reported in which reports?	Indicate where the KPI will be reported: ☑Performance Report ☐Other – give details:
16	Web link to data	http://www.hse.ie/eng/services/publications/
	Additional Information	
17	Additional information	

1	KPI title	No of patient referrals
2	KPI Description	This is a count of the number of referrals (by age band*) received in the month that have been accepted. It includes new
2	PC66	referrals and re-referrals (ie. previously discharged). Each referral should be date stamped on the day it is received and this is
	PC00	
		used as the referral date.
		*Age bands include:
		• 0 - 4 years
		• 5 - 17 years
		• 18 - 64 years
		• 65 years and over.
3	KPI Rationale	This metric provides information on service demand and informs decisions in relation to the planning and management of staff
		and resource allocation.
	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may
		need to choose two).
		□ Person Centred Care □ Effective Care □ Safe Care
_	KDI T+ 0047	☑ Use of Resources ☐ Governance, Leadership and Management
4	KPI Target 2017	DOP 2017 Target National -31,884
		CHO 1 - 4,692, CHO 2 - 3,444, CHO 3 - 2,760, CHO 4 - 7,584, CHO 5 - 3,696, CHO 6 -2,460, CHO 7 - 2,856, CHO 8 -
_		1,896, CHO 9 - 2,496
5	KPI Calculation	Count the number of referrals (new and re-referrals) by age band* accepted in the reporting month.
6	Data Source	Patient records, Dietician Manager, Primary Care General Manager, Community Healthcare Organisation (CHO) Head of
		Service Primary Care, Chief Officer and Business Information Unit (BIU) Community Healthcare Team.
	Data Completeness	Data completeness is expected at 100%.
	Data Quality Issues	No
7	Data Collection Frequency	Indicate how often the data to support the KPI will be collected:
		□Daily □Weekly ☑ Monthly □Quarterly □Bi-annually □Annually □Other – give details:
8	Tracer Conditions	Accepted referrals
		• Age bands
9	Minimum Data Set	Accepted referrals
•		• Age bands
10	International Comparison	No
11	KPI Monitoring	KPI will be monitored on a (please indicate below) basis:
"	KFI Monitoring	Daily □Weekly ☑Monthly □Quarterly □Bi-annually □Annually □Other – give details:
		Please indicate who is responsible at a local level for monitoring this KPI: Dietician Manager, the Primary Care General
		Manager, CHO Head of Service Primary Care, Chief Officer and the Primary Care Division Operations Team via performance
40	KDID (F	meetings.
12	KPI Reporting Frequency	Indicate how often the KPI will be reported:
		□Daily □Weekly ☑Monthly □Quarterly □Bi-annually □Annually □Other – give details:
13	KPI report period	Indicate the period to which the data applies:
		☑ Current (e.g. daily data reported on that same day of activity, monthly data reported by the 10th of the following month)
		☐ Monthly in arrears (June data reported in July)
		☐ Quarterly in arrears (quarter 1 data reported in quarter 2)
		☐ Rolling 12 months (previous 12 month period)
		☐ Other – give details:
14	KPI Reporting Aggregation	Indicate the level of aggregation for example over a geographical location:
17	nti i neporting Aggregation	☑ National ☑ CHO ☑ LHO
4.5	KDI is remembed in subject	□ County □ Institution □ Other – give details:
15	KPI is reported in which	Indicate where the KPI will be reported:
40	reports?	☑Performance Report □Other – give details:
16	Web link to data	http://www.hse.ie/eng/services/publications/
17	Additional Information	
		Information Analysis Corolding Littles Dusiness Information List Dellistics Corold Corold Institute Disease Information
	details for Data Manager	Information Analyst: Geraldine Littler, Business Information Unit- Palliative Care & Social Inclusion, Planning and Business
pecial	ist Lead	Information (PBI) 046 9251330 Email:Geraldine.Littler@hse.ie
		Specialist Lead: Brian Murphy, Head of Planning, Performance and Programme Management and Interim Head of Operations
		Primary Care Division
tiona	I Lead and Division	John Hennessy, National Director, Primary Care Division, Health Service Executive.
•		· · · · · · · · · · · · · · · · · ·

1	KPI title	Existing patients seen in the month
2	KPI Description PC67	This is a count of the number of existing patients (by age band*) seen face to face in the reporting month. An existing patient a patient who is currently attending the service and is an open case. It includes patients who attend individual appointments or group sessions. Each patient is only included once in the count. New patients seen in the reporting month are not included. For the purpose of recording this metric an appointment is considered to be face face contact with a patient. *Age bands include: *0 - 4 years *5 - 17 years *18 - 64 years *65 years and over.
3	KPI Rationale	This metric provides information on service demand and informs decisions in relation to the planning and management of staf and resource allocation.
	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two). □ Person Centred Care □ Effective Care □ Safe Care □ Better Health and Wellbeing ☑ Use of Information □ Workforce ☑ Use of Resources □ Governance, Leadership and Management
4	KPI Target 2017	DOP 2017 Target National -3,480 CHO 1 - 623, CHO 2 - 434, CHO 3 - 132, CHO 4 - 1,007, CHO 5 - 353, CHO 6 -289, CHO 7 - 311, CHO 8 - 164, CHO 9 167
5	KPI Calculation	Count the number of existing patients seen face to face in the reporting month. Each patient is included only once in the count.
6	Data Source	Patient records, Dietician Manager, Primary Care General Manager, Community Healthcare Organisation (CHO) Head of Service Primary Care, Chief Officer and Business Information Unit (BIU) Community Healthcare Team.
	Data Completeness	Data completeness is expected at 100%.
	Data Quality Issues	No
7	Data Collection Frequency	Indicate how often the data to support the KPI will be collected: □Daily □Weekly ☑ Monthly □Quarterly □Bi-annually □Annually □Other – give details:
8	Tracer Conditions	Existing patients seen Age bands
9	Minimum Data Set	Existing patients seen Age bands
10	International Comparison	No
11	KPI Monitoring	KPI will be monitored on a (please indicate below) basis: □Daily □Weekly ☑Monthly □Quarterly □Bi-annually □Annually □Other – give details: Please indicate who is responsible at a local level for monitoring this KPI: Dietician Manager, the Primary Care General Manager, CHO Head of Service Primary Care, Chief Officer and the Primary Care Division Operations Team via performance meetings.
12	KPI Reporting Frequency	Indicate how often the KPI will be reported: C108 □Daily □Weekly ☑Monthly □Quarterly □Bi-annually □Annually □Other – give details:
13	KPI report period	Indicate the period to which the data applies: Current (e.g. daily data reported on that same day of activity, monthly data reported by the 10th of the following month) Monthly in arrears (June data reported in July) Quarterly in arrears (quarter 1 data reported in quarter 2) Rolling 12 months (previous 12 month period) Other – give details:
14	KPI Reporting Aggregation	Indicate the level of aggregation for example over a geographical location: ☑ National ☑ CHO ☑ LHO ☐ County ☐ Institution ☐ Other – give details:
15	KPI is reported in which reports?	Indicate where the KPI will be reported: ☑Performance Report □Other – give details:
16	Web link to data	http://www.hse.ie/eng/services/publications/
17	Additional Information	
	details for Data Manager ist Lead	Information Analyst: Geraldine Littler, Business Information Unit- Palliative Care & Social Inclusion, Planning and Business Information (PBI) 046 9251330 Email:Geraldine.Littler@hse.ie Specialist Lead: Brian Murphy, Head of Planning, Performance and Programme Management and Interim Head of Operation: Primary Care Division

1	KPI title	New patients seen
2	KPI Description PC68	This is a count of the number of new patients (by age band* and wait time**) seen face to face in the reporting month. A new patient is a patient that is seen for the first time in this episode of care. It includes patients re-referred to the service. An appointment is considered to be face face contact with a patient and may be for assessment / treatment / service. *Age bands include: • 0 - 4 years
		• 5 - 17 years • 18 - 64 years
		*65 years and over. **Wait times include:
		0 - less than or equal to 12 weeks
		 Greater than 12 weeks and less than or equal to 26 weeks Greater than 26 weeks and less than or equal to 39 weeks
		Greater than 39 weeks and less than or equal to 52 weeks Greater than 52 weeks.
3	KPI Rationale	This metric provides information on service demand and informs decisions in relation to the planning and managment of staff and resource allocation.
	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may
		need to choose two). □ Person Centred Care □ Effective Care □ Safe Care
		□ Better Health and Wellbeing ☑ Use of Information □ Workforce ☑ Use of Resources □ Governance, Leadership and Management
4	KPI Target 2017	DOP 2017 Target National -23,457 CHO 1 - 3,516, CHO 2 - 2,402, CHO 3 - 1,320, CHO 4 - 5,158, CHO 5 -2,316, CHO 6 -2,076, CHO 7 - 2,180, CHO 8 - 3,132 CHO 9 - 1,356
5	KPI Calculation	Count the number of new patients (including re-referrals) seen face to face in the reporting month.
6	Data Source	Patient records, Dietician Manager, Primary Care General Manager, Community Healthcare Organisation (CHO) Head of Service Primary Care, Chief Officer and Business Information Unit (BIU) Community Healthcare Team.
	Data Completeness Data Quality Issues	Data completeness is expected at 100%.
7	Data Collection Frequency	Indicate how often the data to support the KPI will be collected: □□Daily □□Weekly ☑ Monthly □□Quarterly □□Bi-annually □□Annually □□Other – give details:
8	Tracer Conditions	New patients seen face to face Age bands Wait times
9	Minimum Data Set	New patients seen face to face Age bands Wait times
10	International Comparison	No
11	KPI Monitoring	KPI will be monitored on a (please indicate below) basis: □Daily □Weekly ☑Monthly □Quarterly □Bi-annually □Annually □Other – give details: Please indicate who is responsible at a local level for monitoring this KPI: Dietician Manager, the Primary Care General
		Manager, CHO Head of Service Primary Care, Chief Officer and the Primary Care Division Operations Team via performance meetings.
12	KPI Reporting Frequency	Indicate how often the KPI will be reported: □Daily □Weekly ☑Monthly □Quarterly □Bi-annually □Annually □Other – give details:
13	KPI report period	Indicate the period to which the data applies: ☑ Current (e.g. daily data reported on that same day of activity,monthly data reported by the 10th of the following month)
		 ☐ Monthly in arrears (June data reported in July) ☐ Quarterly in arrears (quarter 1 data reported in quarter 2) ☐ Rolling 12 months (previous 12 month period) ☐ Other – give details:
14	KPI Reporting Aggregation	Indicate the level of aggregation for example over a geographical location: Indicate the level of aggregation for example over a geographical location: Indicate the level of aggregation for example over a geographical location: Indicate the level of aggregation for example over a geographical location: Indicate the level of aggregation for example over a geographical location: Indicate the level of aggregation for example over a geographical location: Indicate the level of aggregation for example over a geographical location: Indicate the level of aggregation for example over a geographical location: Indicate the level of aggregation for example over a geographical location: Indicate the level of aggregation for example over a geographical location: Indicate the level of aggregation for example over a geographical location: Indicate the level of aggregation for example over a geographical location: Indicate the level of aggregation for example over a geographical location: Indicate the level of aggregation for example over a geographical location: Indicate the level of aggregation for example over a geographical location: Indicate the level of aggregation for example over a geographical location: Indicate the level of aggregation for example over a geographical location: Indicate the level of aggregation for example over a geographical location: Indicate the level of aggregation for example over a geographical location: Indicate the level of aggregation for example over a geographical location: Indicate the level of aggregation for example over a geographical location: Indicate the level of aggregation for example over a geographical location fo
15	KPI is reported in which reports?	Indicate where the KPI will be reported:
16	Web link to data	☑ Performance Report □ Other – give details: http://www.hse.ie/eng/services/publications/
17	Additional Information	
	t details for Data Manager list Lead	Information Analyst: Geraldine Littler, Business Information Unit- Palliative Care & Social Inclusion, Planning and Business Information (PBI) 046 9251330 Email:Geraldine.Littler@hse.ie
- '		Specialist Lead: Brian Murphy, Head of Planning, Performance and Programme Management and Interim Head of Operations Primary Care Division
		1 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -

1	KPI title	Total no. of dietetic patients on the treatment waiting list at the end of the reporting period
2	KPI Description	This is a count of the total number of dietetic patients (by age band* and wait time**) awaiting treatment (either individual or in
	PC109	a group environment) at the end of the reporting month. Patients are only removed from the waiting list when they have been
	PC109A	seen for a first appointment, it is not sufficient for a patient to have been offered an appointment. Note the focus of this metric is
	PC109B	on patients waiting for treatment, within some services assessment and treatment may occur at the same appointment.
	PC109C	However, where a patient is assessed and must still wait for treatment it is this waiting time that is reported from referral date.
	PC109D	Opt in patients are included on the waiting list. If they do not respond within four weeks then they are discharged and must be
	PC109E	re-referred. It does not include patients overdue for review.
	PC109E	·
		*Age bands include:
		• 0 - 4 years
		• 5 - 17 years
		• 18 - 64 years
		• 65 years and over.
		**Wait times include:
		0 - less than or equal to 12 weeks
		Greater than 12 weeks and less than or equal to 26 weeks
		Greater than 26 weeks and less than or equal to 39 weeks
		Greater than 39 weeks and less than or equal to 52 weeks
		Greater than 52 weeks.
_	KDI Datianala	
3	KPI Rationale	This metric allows for waiting lists and times to be identified, monitored and actions to be taken to reduce wait times for patients.
	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may
		need to choose two).
		□ Person Centred Care □ Effective Care □ Safe Care
		☐ Better Health and Wellbeing ☐ Use of Information ☐ Workforce
		☑ Use of Resources ☐ Governance, Leadership and Management
4	KPI Target 2017	DOP 2017 Target National -8.843
	. 5	CHO 1 - 1,065, CHO 2 - 1,492, CHO 3 - 514, CHO 4 - 1,240, CHO 5 -1,361, CHO 6 -291, CHO 7 - 789, CHO 8 - 1,576, CHO
		9 - 515
5	KPI Calculation	Count all patients (all age bands*) whose referrals have been accepted by the Dietetic Service who have not attended a first
	Kr i Galculation	appointment with the service at the end of the reporting month by the length of time (all wait bands**) that they are waiting to
		be seen. The waiting time is measured from date of referral i.e. date of receipt of the referral by the service to the end of the
_		reporting month.
6	Data Source	Patient records, Dietician Manager, Primary Care General Manager, Community Healthcare Organisation (CHO) Head of
		Service Primary Care, Chief Officer and Business Information Unit (BIU) Community Healthcare Team.
	Data Completeness	Data completeness is expected at 100%.
	Data Quality Issues	No
7	Data Collection Frequency	Indicate how often the data to support the KPI will be collected:
		□Daily □Weekly ☑ Monthly □Quarterly □Bi-annually □Annually □Other – give details:
8	Tracer Conditions	•Patients waiting to be seen
		•Age bands
		•Wait times
9	Minimum Data Set	Patients waiting to be seen
		•Age bands
		•Wait times
10	International Comparison	No
	micriational companion	
11	KPI Monitoring	KPI will be monitored on a (please indicate below) basis:
"	Krimonitoring	Daily □Weekly ☑Monthly □Quarterly □Bi-annually □Annually □Other – give details:
		Please indicate who is responsible at a local level for monitoring this KPI: Dietician Manager, the Primary Care General
		Manager, CHO Head of Service Primary Care, Chief Officer and the Primary Care Division Operations Team via performance
		meetings.
12	KPI Reporting Frequency	Indicate how often the KPI will be reported:
_		□Daily □Weekly ☑Monthly □Quarterly □Bi-annually □Annually □Other – give details:
13	KPI report period	Indicate the period to which the data applies:
		☑ Current (e.g. daily data reported on that same day of activity, monthly data reported by the 10th of the following month)
		☐ Monthly in arrears (June data reported in July)
		☐ Quarterly in arrears (quarter 1 data reported in quarter 2)
		□ Rolling 12 months (previous 12 month period)
11	KDI Donortina Agaresation	Other – give details:
14	KPI Reporting Aggregation	Indicate the level of aggregation for example over a geographical location:
		☑ National ☑ CHO ☑ LHO
	ICENT A COLUMN TO THE COLUMN T	□ County □ Institution □ Other – give details:
15	KPI is reported in which	Indicate where the KPI will be reported:
	reports?	☑Performance Report □Other – give details:
16	Web link to data	http://www.hse.ie/eng/services/publications/
47	Additional Information	
17	ı	Information Analyst: Geraldine Littler, Business Information Unit- Palliative Care & Social Inclusion, Planning and Business
	details for Data Manager	
ontact	details for Data Manager	
ntact	details for Data Manager ist Lead	Information (PBI) 046 9251330 Email:Geraldine.Littler@hse.ie
ntact		Information (PBI) 046 9251330 Email:Geraldine.Littler@hse.ie Specialist Lead: Brian Murphy, Head of Planning, Performance and Programme Management and Interim Head of Operations
ntact ecial	ist Lead	Information (PBI) 046 9251330 Email:Geraldine.Littler@hse.ie Specialist Lead: Brian Murphy, Head of Planning, Performance and Programme Management and Interim Head of Operations Primary Care Division
l		Information (PBI) 046 9251330 Email:Geraldine.Littler@hse.ie Specialist Lead: Brian Murphy, Head of Planning, Performance and Programme Management and Interim Head of Operations

Prima	ry Care - Dietetics W	aiting List Management
1	KPI title	% of dietetic patients on waiting list for treatment less than or equal to 52 weeks
2	KPI Description PC109F(No) & PC109G (%)	This is a calculation of the number of new dietetic patients (all age bands*) who are waiting less than or equal to 52 weeks to be seen by a dietician (either in an individual or in a group environment) expressed as a proportion of the overall number of dietetic patients (all wait times**) waiting for these services at the end of the reporting month multiplied by 100. It includes all patients on the waiting list at the end of the reporting month. Patients are only removed from the waiting list when they have been seen for a first appointment, it is not sufficient for a patient to have been offered an appointment. Note the focus of this metric is on patients waiting for treatment, within some services assessment and treatment may occur at the same
		appointment. However, where a patient is assessed and must still wait for treatment it is this waiting time that is reported from referral date. Opt in patients are included on the waiting list. If they do not respond within four weeks then they are discharged and must be re-referred. This metric should not include patients overdue for review. *Age bands include: • 0 - 4 years • 5 - 17 years
		• 18 - 64 years • 65 years and over. **Wait times include:
		O - less than or equal to 12 weeks Greater than 12 weeks and less than or equal to 26 weeks
		 Greater than 26 weeks and less than or equal to 39 weeks Greater than 39 weeks and less than or equal to 52 weeks Greater than 52 weeks.
3	KPI Rationale Indicator Classification	The purpose of this metric is to monitor waiting lists and reduce wait times for patients. Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may
		need to choose two). □ Person Centred Care □ Effective Care □ Safe Care
		□ Better Health and Wellbeing □ Use of Information □ Workforce □ Use of Resources □ Governance, Leadership and Management
4	KPI Target 2017	NSP 2017 Target National - 96%
5	KPI Calculation	Count the total number of dietetic patients in all age bands i.e. 0-4yrs, 5-17yrs,18-64yrs and 65yrs and over on the treatment waiting list at the end of the reporting period by wait band i.e. 0 - < 12 weeks + >12 weeks - ≤ 26 weeks + >26 weeks - ≤ 39 weeks + >39 weeks - ≤ 52 weeks and express it as a proportion of the total number of dietetic patients in all age bands i.e. 0-4yrs, 5-17yrs,18-64yrs and 65yrs and over on the treatment waiting list at the end of the reporting period by wait band i.e. 0-4yrs, 5-17yrs,18-64yrs and 65yrs and over on the treatment waiting list at the end of the reporting period by wait band i.e. 0-4yrs, 5-17yrs,18-64yrs and 65yrs and over on the treatment waiting list at the end of the reporting period by wait band i.e. 0-4yrs, 5-17yrs,18-64yrs and 65yrs and over on the treatment waiting list at the end of the reporting period by wait band i.e. 0-4yrs, 5-17yrs,18-64yrs and 65yrs and over on the treatment waiting list at the end of the reporting period by wait band i.e. 0-4yrs, 5-17yrs,18-64yrs and 65yrs and over on the treatment waiting list at the end of the reporting period by wait band i.e. 0-4yrs, 5-17yrs,18-64yrs and 65yrs and over on the treatment waiting list at the end of the reporting period by wait band i.e. 0-4yrs, 5-17yrs,18-64yrs and 65yrs and over on the treatment waiting list at the end of the reporting period by wait band i.e. 0-4yrs, 5-17yrs,18-64yrs and 65yrs and over on the treatment waiting list at the end of the reporting period by wait band i.e. 0-4yrs, 5-17yrs,18-64yrs and 65yrs and 0-4yrs and 0-
		12 weeks + >12 weeks - \leq 26 weeks + >26 weeks - \leq 39 weeks + >39 weeks - \leq 52 weeks + >52 weeks and multiply by 100 Numerator: The number of dietetic patients (all ages) waiting to be seen in wait bands 0 - \leq 12 weeks + >12 weeks - \leq 26 weeks + >26 weeks - \leq 39 weeks + >39 weeks - \leq 52 weeks Denominator: The number of dietetic patients (all ages) waiting to be seen in wait bands 0 - \leq 12 weeks + >12 weeks - \leq 26 weeks + >26 weeks - \leq 39 weeks + >39 weeks - \leq 52 weeks + >52 weeks x 100
6	Data Source	Patient records, Dietician Manager, Primary Care General Manager, Community Healthcare Organisation (CHO) Head of Service Primary Care, Chief Officer and Business Information Unit (BIU) Community Healthcare Team.
	Data Completeness Data Quality Issues	Data completeness is expected at 100%.
7	Data Collection Frequency	Indicate how often the data to support the KPI will be collected: □Daily □Weekly ☑ Monthly □Quarterly □Bi-annually □Annually □Other – give details:
8	Tracer Conditions	Patients waiting to be seen Age bands Wait times
9	Minimum Data Set	Patients waiting to be seen Age bands Wait times
10	International Comparison	No
11	KPI Monitoring	KPI will be monitored on a (please indicate below) basis: □Daily □Weekly ☑Monthly □Quarterly □Bi-annually □Annually □Other – give details: Please indicate who is responsible at a local level for monitoring this KPI: Dietician Manager, the Primary Care General Manager, CHO Head of Service Primary Care, Chief Officer and the Primary Care Division Operations Team via performance meetings.
12	KPI Reporting Frequency	Indicate how often the KPI will be reported: □Daily □Weekly ☑Monthly □Quarterly □Bi-annually □Annually □Other – give details:
13	KPI report period	Indicate the period to which the data applies: ☑ Current (e.g. daily data reported on that same day of activity, monthly data reported by the 10th of the following month) ☑ Monthly in arrears (June data reported in July) ☑ Quarterly in arrears (quarter 1 data reported in quarter 2) ☑ Rolling 12 months (previous 12 month period)
14	KPI Reporting Aggregation	□ Other – give details: Indicate the level of aggregation for example over a geographical location: ☑ National ☑ CHO ☑ LHO □ County □ Institution □ Other – give details:
15	KPI is reported in which reports?	Indicate where the KPI will be reported: ☑Performance Report ☐Other – give details:
16	Web link to data	http://www.hse.ie/eng/services/publications/
17	Additional Information	
	details for Data Manager ist Lead	Information Analyst: Geraldine Littler, Business Information Unit- Palliative Care & Social Inclusion, Planning and Business Information (PBI) 046 9251330 Email:Geraldine.Littler@hse.ie Specialist Lead: Brian Murphy, Head of Planning, Performance and Programme Management and Interim Head of Operations Primary Care Division
National	Lead and Division	John Hennessy, National Director, Primary Care Division, Health Service Executive.

		laiting List Management
1 2	KPI title KPI Description PC109H(No) & PC109I (%)	% of dietetic patients on waiting list for treatment less than or equal to 39 weeks This is a calculation of the number of new dietetic patients (all age bands*) who are waiting less than or equal to 39 weeks to be seen by a dietician (either in an individual or in a group environment) expressed as a proportion of the overall number of dietetic patients (all wait times**) waiting for these services at the end of the reporting month multiplied by 100. It includes all patients on the waiting list at the end of the reporting month. Patients are only removed from the waiting list when they have been seen for a first appointment, it is not sufficient for a patient to have been offered an appointment. Note the focus of this metric is on patients waiting for treatment, within some services assessment and treatment may occur at the same appointment. However, where a patient is assessed and must still wait for treatment it is this waiting time that is reported from referral date. Opt in patients are included on the waiting list. If they do not respond within four weeks then they are discharged and must be re-referred. This metric should not include patients overdue for review. *Age bands include: *0 - 4 years *18 - 64 years *65 years and over. **Wait times include: *0 - less than or equal to 12 weeks *Greater than 12 weeks and less than or equal to 39 weeks *Greater than 26 weeks and less than or equal to 39 weeks
		Greater than 39 weeks and less than or equal to 52 weeks Greater than 52 weeks.
		Orditor than 62 wooks.
3	KPI Rationale	The purpose of this metric is to monitor waiting lists and reduce wait times for patients.
	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may
		need to choose two). □ Person Centred Care □ Effective Care □ Safe Care
		☐ Better Health and Wellbeing ☐ Use of Information ☐ Workforce
		☑ Use of Resources ☐ Governance, Leadership and Management
4 5	KPI Target 2017 KPI Calculation	DOP 2017 Target National - 80% Count the total number of dietetic patients in all age bands i.e. 0-4yrs, 5-17yrs, 18-64yrs and 65yrs and over on the treatment
		waiting list at the end of the reporting period by wait band i.e. 0 - < 12 weeks + >12 weeks - \le 26 weeks - \le 39 weeks and express it as a proportion of the total number of dietetic patients in all age bands i.e. 0 -4yrs, 5-17yrs,18-64yrs and 65yrs and over on the treatment waiting list at the end of the reporting period by wait band i.e. 0 - $<$ 12 weeks + >12 weeks - \le 26 weeks + >26 weeks + >39 weeks + >39 weeks - \le 52 weeks +>52 weeks and multiply by 100. Numerator: The number of dietetic patients (all ages) waiting to be seen in wait bands 0 - $<$ 12 weeks + >12 weeks - \le 26 weeks + >26 weeks - \le 39 weeks - \ge 39 week
6	Data Source	Patient records, Dietician Manager, Primary Care General Manager, Community Healthcare Organisation (CHO) Head of Service Primary Care, Chief Officer and Business Information Unit (BIU) Community Healthcare Team.
	Data Completeness Data Quality Issues	Data completeness is expected at 100%.
7	Data Collection Frequency	Indicate how often the data to support the KPI will be collected:
		□Daily □Weekly ☑ Monthly □Quarterly □Bi-annually □Annually □Other – give details:
8	Tracer Conditions	•Patients waiting to be seen •Age bands
9	Minimum Data Set	•Wait times •Patients waiting to be seen
•	minimum Bata Got	•Age bands
		•Wait times
10	International Comparison	No
4.4	KDI Manitarina	IVDI vill be presidented an a /alassa indicate below) basis.
11	KPI Monitoring	KPI will be monitored on a (please indicate below) basis: □Daily □Weekly ☑Monthly □Quarterly □Bi-annually □Annually □Other – give details: Please indicate who is responsible at a local level for monitoring this KPI: Dietician Manager, the Primary Care General Manager, CHO Head of Service Primary Care, Chief Officer and the Primary Care Division Operations Team via performance meetings.
12	KPI Reporting Frequency	Indicate how often the KPI will be reported: □Daily □Weekly ☑Monthly □Quarterly □Bi-annually □Annually □Other – give details:
13	KPI report period	Indicate the period to which the data applies: Current (e.g. daily data reported on that same day of activity, monthly data reported by the 10th of the following month) Monthly in arrears (June data reported in July) Quarterly in arrears (quarter 1 data reported in quarter 2) Rolling 12 months (previous 12 month period) Other – give details:
14	KPI Reporting Aggregation	Indicate the level of aggregation for example over a geographical location: ☑ National ☑ CHO ☑ LHO
15	KPI is reported in which	□ County □ Institution □ Other – give details: Indicate where the KPI will be reported: [Therefore the KPI will be reported:
16	reports? Web link to data	☑Performance Report □Other – give details: http://www.hse.ie/eng/services/publications/
17	Additional Information	The state of the s
		Defended Assistant Conference William Devices Information Half D. W. C.
	details for Data Manager list Lead	Information Analyst: Geraldine Littler, Business Information Unit- Palliative Care & Social Inclusion, Planning and Business Information (PBI) 046 9251330 Email: Geraldine.Littler@hse.ie

Prima	rv Care - Dietetics W	aiting List Management
THITE	ly outcomes w	uning List munugement
1	KPI title	% of dietetic patients on waiting list for treatment less than or equal to 26 weeks
1 2		This is a calculation of the number of new dietetic patients (all age bands*) who are waiting less than or equal to 26 weeks to be seen by a dietician (either in an individual or in a group environment) expressed as a proportion of the overall number of dietetic patients (all wait times**) waiting for these services at the end of the reporting month multiplied by 100. It includes all patients on the waiting list at the end of the reporting month. Patients are only removed from the waiting list when they have been seen for a first appointment, it is not sufficient for a patient to have been offered an appointment. Note the focus of this metric is on patients waiting for treatment, within some services assessment and treatment may occur at the same appointment. However, where a patient is assessed and must still wait for treatment it is this waiting time that is reported from referral date. Opt in patients are included on the waiting list. If they do not respond within four weeks then they are discharged and must be re-referred. This metric should not include patients overdue for review. *Age bands include: *0 - 4 years *5 - 17 years *18 - 64 years *65 years and over. **Wait times include: *0 - less than or equal to 12 weeks *Greater than 12 weeks and less than or equal to 26 weeks *Greater than 26 weeks and less than or equal to 39 weeks
		Greater than 39 weeks and less than or equal to 52 weeks Greater than 52 weeks.
3	KPI Rationale Indicator Classification	The purpose of this metric is to monitor waiting lists and reduce wait times for patients. Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may
	indicator Classification	Presase tick which indicator classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two). □ Person Centred Care □ Effective Care □ Safe Care □ Better Health and Wellbeing ☑ Use of Information □ Workforce □ Use of Resources □ Governance, Leadership and Management
4	KPI Target 2017	DOP 2017 Target National - 70%
5	KPI Calculation	Count the total number of dietetic patients in all age bands i.e. $0-4$ yrs, $5-17$ yrs, $18-64$ yrs and 65 yrs and over on the treatment waiting list at the end of the reporting period by wait band i.e. $0-4$ rs 12 weeks $+>12$ weeks -26 weeks and express it as a proportion of the total number of dietetic patients in all age bands i.e. $0-4$ yrs, $5-17$ yrs, $18-64$ yrs and 65 yrs and over on the treatment waiting list at the end of the reporting period by wait band i.e. $0-4$ veeks -12 weeks -12 we
6	Data Source	Patient records, Dietician Manager, Primary Care General Manager, Community Healthcare Organisation (CHO) Head of Service Primary Care, Chief Officer and Business Information Unit (BIU) Community Healthcare Team.
	Data Completeness	Data completeness is expected at 100%.
	Data Quality Issues	No
7	Data Collection Frequency	Indicate how often the data to support the KPI will be collected: □Daily □Weekly ☑ Monthly □Quarterly □Bi-annually □Annually □Other – give details:
8	Tracer Conditions	Patients waiting to be seen Age bands Wait times
9	Minimum Data Set	Patients waiting to be seen Age bands Wait times
10	International Comparison	No
11	KPI Monitoring	KPI will be monitored on a (please indicate below) basis: □Daily □Weekly ☑Monthly □Quarterly □Bi-annually □Annually □Other – give details: Please indicate who is responsible at a local level for monitoring this KPI: Dietician Manager, the Primary Care General Manager, CHO Head of Service Primary Care, Chief Officer and the Primary Care Division Operations Team via performance meetings.
12	KPI Reporting Frequency	Indicate how often the KPI will be reported: □Daily □Weekly ☑Monthly □Quarterly □Bi-annually □Annually □Other – give details:
13	KPI report period	Indicate the period to which the data applies: ☐ Current (e.g. daily data reported on that same day of activity, monthly data reported by the 10th of the following month) ☐ Monthly in arrears (June data reported in July) ☐ Quarterly in arrears (quarter 1 data reported in quarter 2) ☐ Rolling 12 months (previous 12 month period) ☐ Other – give details:
14	KPI Reporting Aggregation	Indicate the level of aggregation for example over a geographical location: ☑ National ☑ CHO ☑ LHO ☐ County ☐ Institution ☐ Other – give details:
15	KPI is reported in which reports?	Indicate where the KPI will be reported: ☑Performance Report □Other – give details:
16	Web link to data	http://www.hse.ie/eng/services/publications/
17	Additional Information	
Contact /Special	details for Data Manager ist Lead	Information Analyst: Geraldine Littler, Business Information Unit- Palliative Care & Social Inclusion, Planning and Business Information (PBI) 046 9251330 Email:Geraldine.Littler@hse.ie Specialist Lead: Brian Murphy, Head of Planning, Performance and Programme Management and Interim Head of Operations Primary Care Division
National	Lead and Division	John Hennessy, National Director, Primary Care Division, Health Service Executive.

Prima	rv Care - Dietetics W	aiting List Management
1 2	KPI title KPI Description PC109L(No) & PC109M (%)	% of dietetic patients on waiting list for treatment less than or equal to 12 weeks This is a calculation of the number of new dietetic patients (all age bands*) who are waiting less than or equal to 12 weeks to be seen by a dietician (either in an individual or in a group environment) expressed as a proportion of the overall number of patients (all wait times**) waiting for these services at the end of the reporting month multiplied by 100. It includes all patients on the waiting list at the end of the reporting month. Patients are only removed from the waiting list when they have been seen for a first appointment, it is not sufficient for a patient to have been offered an appointment. Note the focus of this metric is on patients waiting for treatment, within some services assessment and treatment may occur at the same appointment. However, where a patient is assessed and must still wait for treatment it is this waiting time that is reported from referral date. Opt in patients are included on the waiting list. If they do not respond within four weeks then they are discharged and must be rereferred. This metric should not include patients overdue for review. *Age bands include: • 0 - 4 years • 5 - 17 years • 18 - 64 years • 65 years and over. **Wait times include: • 0 - less than or equal to 12 weeks • Greater than 12 weeks and less than or equal to 39 weeks • Greater than 26 weeks and less than or equal to 52 weeks • Greater than 52 weeks.
3	KPI Rationale Indicator Classification	The purpose of this metric is to monitor waiting lists and reduce wait times for patients. Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two). Person Centred Care Effective Care Safe Care Better Health and Wellbeing Use of Information Workforce
4	KPI Target 2017	☑ Use of Resources ☐ Governance, Leadership and Management NSP 2017 Target National - 48%
5	KPI Calculation	Count the total number of dietetic patients in all age bands i.e. 0-4yrs, 5-17yrs,18-64yrs and 65yrs and over on the treatment waiting list at the end of the reporting period by wait band i.e. 0 - < 12 weeks and express it as a proportion of the total number of dietetic patients in all age bands i.e. 0-4yrs, 5-17yrs,18-64yrs and 65yrs and over on the treatment waiting list at the end of the reporting period by wait band i.e. 0 - < 12 weeks + >12 weeks - ≤ 26 weeks + >26 weeks - ≤ 39 weeks + >39 weeks - ≤ 52 weeks + >52 weeks and multiply by 100. Numerator: The number of dietetic patients (all ages) waiting to be seen in wait band 0 - < 12 weeks - ≤ 26 weeks + >26 weeks - ≤ 39 weeks - ≤ 26 weeks + >26 weeks - ≤ 39 weeks - ≤ 26 weeks + >26 weeks - ≤ 39 weeks - ≤ 52 weeks + >52 weeks x 100
6	Data Source	Patient records, Dietician Manager, Primary Care General Manager, Community Healthcare Organisation (CHO) Head of Service Primary Care, Chief Officer and Business Information Unit (BIU) Community Healthcare Team.
	Data Completeness Data Quality Issues	Data completeness is expected at 100%.
7	Data Collection Frequency	Indicate how often the data to support the KPI will be collected: □□Daily □Weekly ☑ Monthly □Quarterly □Bi-annually □Annually □Other – give details:
8	Tracer Conditions	Patients waiting to be seen -Age bands -Wait times
9	Minimum Data Set	Patients waiting to be seen Age bands Wait times
10	International Comparison	No
11	KPI Monitoriing	KPI will be monitored on a (please indicate below) basis: Daily Weekly Monthly Quarterly Bi-annually Cher – give details: Please indicate who is responsible at a local level for monitoring this KPI: Dietician Manager, the Primary Care General Manager, CHO Head of Service Primary Care, Chief Officer and the Primary Care Division Operations Team via performance meetings.
12	KPI Reporting Frequency	Indicate how often the KPI will be reported: □Daily □Weekly ☑Monthly □Quarterly □Bi-annually □Annually □Other – give details:
13	KPI report period	Indicate the period to which the data applies: ☐ Current (e.g. daily data reported on that same day of activity, monthly data reported by the 10th of the following month) ☐ Monthly in arrears (June data reported in July) ☐ Quarterly in arrears (quarter 1 data reported in quarter 2) ☐ Rolling 12 months (previous 12 month period) ☐ Other – give details:
14	KPI Reporting Aggregation	Indicate the level of aggregation for example over a geographical location: ☑ National ☑ CHO ☑ LHO ☐ County ☐ Institution ☐ Other – give details:
15	KPI is reported in which reports?	Indicate where the KPI will be reported: ☑Performance Report □Other – give details:
16	Web link to data	http://www.hse.ie/eng/services/publications/
17	Additional Information	
/Speciali		Information Analyst: Geraldine Littler, Business Information Unit-Palliative Care & Social Inclusion, Planning and Business Information (PBI) 046 9251330 Email:Geraldine.Littler@hse.ie Specialist Lead: Brian Murphy, Head of Planning, Performance and Programme Management and Interim Head of Operations Primary Care Division
National	Lead and Division	John Hennessy, National Director, Primary Care Division, Health Service Executive.

Prima	ry Care - Psychology	Referrals
1	KPI title	No. of patient referrals
2	KPI Description PC38	This is a count of the number of referrals (by age band*) received in the month that have been accepted. It includes new referrals and re-referrals (ie. previously discharged). Each referral should be date stamped on the day it is received and this is used as the referral date. *Age bands include: *0 - 4 years *5 - 17 years *18 - 64 years
		65 years and over.
3	KPI Rationale	This metric provides information on service demand and informs decisions in relation to the planning and management of staff and resource allocation.
	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two). Person Centred Care
4	KPI Target 2017	DOP 2017 Target National -13,212 CHO 1 - 1,356, CHO 2 - 1,212, CHO 3 -396, CHO 4 - 888, CHO 5 - 1,524, CHO 6 - 1,212, CHO 7 - 1,164, CHO 8 - 4,044, CHO 9 - 1,416
5	KPI Calculation	Count the number of referrals (new and re-referrals) by age band* accepted in the reporting month.
6	Data Source	Patient records, Psychology Manager, Primary Care General Manager, Community Healthcare Organisation (CHO) Head of Service Primary Care, Chief Officer and Business Information Unit (BIU) Community Healthcare Team.
	Data Completeness	Data relates to primary care psychology services only. Data completeness is expected at 100%.
	Data Quality Issues	No
7	Data Collection Frequency	Indicate how often the data to support the KPI will be collected: □Daily □Weekly ☑ Monthly □Quarterly □Bi-annually □Annually □Other – give details:
8	Tracer Conditions	Accepted referrals Age bands
9	Minimum Data Set	Accepted referrals Age bands
10	International Comparison	Not applicable
11	KPI Monitoring	KPI will be monitored on a (please indicate below) basis: □Daily □Weekly ☑Monthly □Quarterly □Bi-annually □Annually □Other – give details: Please indicate who is responsible at a local level for monitoring this KPI: Psychology Manager, the Primary Care General Manager, CHO Head of Service Primary Care, Chief Officer and the Primary Care Division Operations Team via performance meetings.
12	KPI Reporting Frequency	Indicate how often the KPI will be reported: □Daily □Weekly ☑Monthly □Quarterly □Bi-annually □Annually □Other – give details:
13	KPI report period	Indicate the period to which the data applies: ☑ Current (e.g. daily data reported on that same day of activity, monthly data reported by the 10th of the following month) ☐ Monthly in arrears (June data reported in July) ☐ Quarterly in arrears (quarter 1 data reported in quarter 2) ☐ Rolling 12 months (previous 12 month period) ☐ Other – give details:
14	KPI Reporting Aggregation	Indicate the level of aggregation for example over a geographical location: ☑ National ☑ CHO ☑ LHO ☐ County ☐ Institution ☐ Other – give details:
15	KPI is reported in which reports?	Indicate where the KPI will be reported: ☑ Performance Report □Other – give details:
16	Web link to data	http://www.hse.ie/eng/services/publications/
17	Additional Information	
Contact (details for Data Manager ist Lead	Information Analyst: Geraldine Littler, Business Information Unit- Palliative Care & Social Inclusion, Planning and Business Information (PBI) 046 9251330 Email:Geraldine.Littler@hse.ie Specialist Lead: Brian Murphy, Head of Planning, Performance and Programme Management and Interim Head of Operations Primary Care Division

1	KPI title	Existing patients seen in the month
2	KPI Description PC39	Existing patients seem in the minimular This is a count of the number of existing patients (by age band*) seen face to face in the reporting month. An existing patient is a patient who is currently attending the service and is an open case. It includes patients who attend individual appointments or group sessions. Each patient is only included once in the count. New patients seen in the reporting month are not included. For the purpose of recording this metric an appointment is considered to be face face contact with a patient. *Age bands include: • 0 - 4 years • 5 - 17 years • 18 - 64 years • 65 years and over.
3	KPI Rationale	This metric provides information on service demand and informs decisions in relation to the planning and
	Indicator Classification	management of staff and resource allocation. Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some case: you may need to choose two). □ Person Centred Care □ Effective Care □ Safe Care □ Better Health and Wellbeing ☑ Use of Information □ Workforce □ Use of Resources □ Governance, Leadership and Management
4	KPI Target 2017	DOP 2017 Target National -2,312 CHO 1 - 548, CHO 2 -189, CHO 3 - 107, CHO 4 - 184, CHO 5 - 222, CHO 6 - 168, CHO 7 -132, CHO 8 - 643, CHO 9 - 119
5	KPI Calculation	Count the number of existing patients seen face to face in the reporting month. Each patient is included only once in the count.
6	Data Source	Patient records, Psychology Manager, Primary Care General Manager, Community Healthcare Organisation (CHO) Head of Service Primary Care, Chief Officer and Business Information Unit (BIU) Community Healthcare Team.
	Data Completeness	Data relates to primary care psychology services only. Data completeness is expected at 100%.
	Data Quality Issues	No
7	Data Collection Frequency	Indicate how often the data to support the KPI will be collected: □Daily □Weekly ☑ Monthly □Quarterly □Bi-annually □Annually □Other – give details:
8	Tracer Conditions	Existing patients seen Age bands
9	Minimum Data Set	Existing patients seen Age bands
10	International Comparison	Not applicable
11	KPI Monitoring	KPI will be monitored on a (please indicate below) basis: □Daily □Weekly ☑Monthly □Quarterly □Bi-annually □Annually □Other – give details: Please indicate who is responsible at a local level for monitoring this KPI: Psychology Manager, the Primary Car General Manager, CHO Head of Service Primary Care, Chief Officer and the Primary Care Division Operations Team via performance meetings.
12	KPI Reporting Frequency	Indicate how often the KPI will be reported: □Daily □Weekly ☑Monthly □Quarterly □Bi-annually □Annually □Other – give details:
13	KPI report period	Indicate the period to which the data applies: ☑ Current (e.g. daily data reported on that same day of activity, monthly data reported by the 10th of the following month) ☐ Monthly in arrears (June data reported in July) ☐ Quarterly in arrears (quarter 1 data reported in quarter 2) ☐ Rolling 12 months (previous 12 month period) ☐ Other – give details:
14	KPI Reporting Aggregation	Indicate the level of aggregation for example over a geographical location: ☑ National ☑ CHO ☑ LHO ☐ County ☐ Institution ☐ Other – give details:
15	KPI is reported in which reports?	Indicate where the KPI will be reported: ☑Performance Report □Other – give details:
16	Web link to data	http://www.hse.ie/eng/services/publications/
17	Additional Information	
	details for Data Manager ist Lead	Information Analyst: Geraldine Littler, Business Information Unit- Palliative Care & Social Inclusion, Planning and Business Information (PBI) 046 9251330 Email:Geraldine.Littler@hse.ie Specialist Lead: Brian Murphy, Head of Planning, Performance and Programme Management and Interim Head
		Operations Primary Care Division

Prima	ry Care - Psychology	New Patients Seen
4	KDI title	New patients again
1	KPI title	New patients seen
2	KPI Description	This is a count of the number of new patients (by age band* and wait time**) seen face to face in the reporting
	PC40	month. A new patient is a patient that is seen for the first time in this episode of care. It includes patients re-
		referred to the service. An appointment is considered to be face face contact with a patient and may be for
		assessment / treatment / service.
		*Age bands include:
		• 0 - 4 years
		• 5 - 17 years
		• 18 - 64 years
		• 65 years and over.
		**Wait times include:
		• 0 - less than or equal to 12 weeks
		Greater than 12 weeks and less than or equal to 26 weeks
		Greater than 26 weeks and less than or equal to 39 weeks
		Greater than 39 weeks and less than or equal to 52 weeks
		• Greater than 52 weeks.
	KDI D. C.	
3	KPI Rationale	This metric provides information on service demand and informs decisions in relation to the planning and
		managment of staff and resource allocation.
	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases
		you may need to choose two).
		□ Person Centred Care □ Effective Care □ Safe Care
		□ Better Health and Wellbeing □ Use of Information □ Workforce
		☑ Use of Resources ☐ Governance, Leadership and Management
4	KPI Target 2017	DOP 2017 Target National -10,152
4	KPI Target 2017	
		CHO 1 - 1,200, CHO 2 - 1,032, CHO 3 - 84, CHO 4 - 420, CHO 5 -1,128, CHO 6 - 1,164, CHO 7 -1,644,
		CHO 8 - 2,748, CHO 9 - 732
5	KPI Calculation	Count the number of new patients (including re-referrals) seen face to face in the reporting month.
6	Data Source	Patient records, Psychology Manager, Primary Care General Manager, Community Healthcare Organisation
		(CHO) Head of Service Primary Care, Chief Officer and Business Information Unit (BIU) Community Healthcare
		Team.
	Data Completeness	Data relates to primary care psychology services only. Data completeness is expected at 100%.
	Data Quality Issues	No
7	Data Collection Frequency	Indicate how often the data to support the KPI will be collected:
	Julia comocinem requesto,	□Daily □Weekly ☑ Monthly □Quarterly □Bi-annually □Annually □Other – give details:
8	Tracer Conditions	New patients seen face to face
U	Tracer Conditions	• Age bands
		• Wait times
9	Minimum Data Set	New patients seen face to face
		Age bands
		Wait times
10	International Comparison	Not applicable
11	KPI Monitoring	KPI will be monitored on a (please indicate below) basis:
- ''	Ttt i monitoring	Daily □Weekly ☑Monthly □Quarterly □Bi-annually □Annually □Other – give details:
		Please indicate who is responsible at a local level for monitoring this KPI: Psychology Manager, the Primary Care
		General Manager, CHO Head of Service Primary Care, Chief Officer and the Primary Care Division Operations
4-	KDID (I T	Team via performance meetings.
12	KPI Reporting Frequency	Indicate how often the KPI will be reported:
		□Daily □Weekly ☑Monthly □Quarterly □Bi-annually □Annually □Other – give details:
13	KPI report period	Indicate the period to which the data applies:
		☑ Current (e.g. daily data reported on that same day of activity, monthly data reported by the 10th of the
		following month)
		☐ Monthly in arrears (June data reported in July)
		☐ Quarterly in arrears (quarter 1 data reported in quarter 2)
		Rolling 12 months (previous 12 month period)
		Other – give details:
14	KDI Deporting Aggregation	
14	KPI Reporting Aggregation	Indicate the level of aggregation for example over a geographical location:
		☑ National ☑ CHO ☑ LHO
	ION CONTRACTOR	□ County □ Institution □ Other – give details:
15	KPI is reported in which	Indicate where the KPI will be reported:
	reports?	
16	Web link to data	http://www.hse.ie/eng/services/publications/
10	i e	
	Additional Information	
17	Additional Information	Information Anglest: Corolding Littler, Pusinger Information Unit, Pollistics Corol Cariel Industrial
17 Contact	details for Data Manager /	Information Analyst: Geraldine Littler, Business Information Unit-Palliative Care & Social Inclusion, Planning and
17	details for Data Manager /	Business Information (PBI) 046 9251330 Email:Geraldine.Littler@hse.ie
17 Contact	details for Data Manager /	Business Information (PBI) 046 9251330 Email:Geraldine.Littler@hse.ie Specialist Lead: Brian Murphy, Head of Planning, Performance and Programme Management and Interim Head of
17 Contact Specialis	details for Data Manager /	

Prima	ry Care - Psychology	Waiting List Management
1	KPI title	Total no. of psychology patients on the treatment waiting list at the end of the reporting period
2	KPI Description PC103 PC103A PC103B PC103C PC103D PC103E	This is a count of the total number of psychology patients (by age band* and wait time**) awaiting treatment (either individual or in a group environment) at the end of the reporting month. Patients are only removed from the waiting list when they have been seen for a first appointment, it is not sufficient for a patient to have been offered an appointment. Note the focus of this metric is on patients waiting for treatment, within some services assessment and treatment may occur at the same appointment. However, where a patient is assessed and must still wait for treatment it is this waiting time that is reported from referral date. Opt in patients are included on the waiting list. If they do not respond within four weeks then they are discharged and must be re-referred. It does not include patients overdue for review. *Age bands include: * 0 - 4 years * 5 - 17 years * 18 - 64 years * 66 years and over.
		**Wait times include: • 0 - less than or equal to 12 weeks • Greater than 12 weeks and less than or equal to 26 weeks • Greater than 26 weeks and less than or equal to 39 weeks • Greater than 39 weeks and less than or equal to 52 weeks • Greater than 52 weeks.
3	KPI Rationale	This metric allows for waiting lists and times to be identified, monitored and actions to be taken to reduce wait times for patients.
	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two). Person Centred Care Effective Care Safe Care Better Health and Wellbeing Use of Information Workforce
		☐ Use of Resources ☐ Governance, Leadership and Management
4	KPI Target 2017	DOP 2017 Target National -7,068 CHO 1 - 848, CHO 2 - 679, CHO 3 - 483, CHO 4 - 957, CHO 5 -838, CHO 6 -371, CHO 7-548, CHO 8 - 1,267, CHO 9 - 1,077
5	KPI Calculation	Count all patients (all age bands*) whose referrals have been accepted by the Psychology Service who have not attended a first appointment with the service at the end of the reporting month by the length of time (all wait bands**) that they are waiting to be seen. The waiting time is measured from date of referral i.e. date of receipt of the referral by the service to the end of the reporting month.
6	Data Source	Patient records, Psychology Manager, Primary Care General Manager, Community Healthcare Organisation (CHO) Head of Service Primary Care, Chief Officer and Business Information Unit (BIU) Community Healthcare Team.
	Data Completeness	Data relates to primary care psychology services only. Data completeness is expected at 100%.
7	Data Quality Issues Data Collection Frequency	No Indicate how often the data to support the KPI will be collected:
		□Daily □Weekly ☑ Monthly □Quarterly □Bi-annually □Annually □Other – give details:
8	Tracer Conditions	Patients waiting to be seen Age bands Wait times
9	Minimum Data Set	-Patients waiting to be seen -Age bands -Wait times
10	International Comparison	Not applicable
11	KPI Monitoring	KPI will be monitored on a (please indicate below) basis: □Daily □Weekly ☑Monthly □Quarterly □Bi-annually □Annually □Other – give details: Please indicate who is responsible at a local level for monitoring this KPI: Psychology Manager, the Primary Care General Manager, CHO Head of Service Primary Care, Chief Officer and the Primary Care Division Operations Team via performance meetings.
12	KPI Reporting Frequency	Indicate how often the KPI will be reported: □Daily □Weekly ☑Monthly □Quarterly □Bi-annually □Annually □Other – give details:
13	KPI report period	Indicate the period to which the data applies: ☑ Current (e.g. daily data reported on that same day of activity, monthly data reported by the 10th of the following month) ☐ Monthly in arrears (June data reported in July) ☐ Quarterly in arrears (quarter 1 data reported in quarter 2) ☐ Rolling 12 months (previous 12 month period) ☐ Other – give details:
14	KPI Reporting Aggregation	Indicate the level of aggregation for example over a geographical location: ☑ National ☑ CHO ☑ LHO ☐ County ☐ Institution ☐ Other – give details:
15	KPI is reported in which reports?	Indicate where the KPI will be reported: ☑Performance Report ☐Other – give details:
16	Web link to data	http://www.hse.ie/eng/services/publications/
17	Additional Information	
Contact Specialis	details for Data Manager / st Lead	Information Analyst: Geraldine Littler, Business Information Unit- Palliative Care & Social Inclusion, Planning and Business Information (PBI) 046 9251330 Email:Geraldine.Littler@hse.ie Specialist Lead: Brian Murphy, Head of Planning, Performance and Programme Management and Interim Head of Operations Primary Care Division
National	Lead and Division	John Hennessy, National Director, Primary Care Division, Health Service Executive.

Prima	ry Care - Psychology	Waiting List Management
	I/DI Alala	W of anythology affects as well as last factor than the state of the s
1 2	KPI title KPI Description PC103F (No) & PC103G (%)	% of psychology patients on waiting list for treatment less than or equal to 52 weeks This is a calculation of the number of new psychology patients (all age bands*) who are waiting less than or equal to 52 weeks to be seen by a psychologist (either in an individual or in a group environment) expressed as a proportion of the overall number of patients (all wait times**) waiting for these services at the end of the reporting month multiplied by 100. It includes all patients on the waiting list at the end of the reporting month. Patients are only removed from the waiting list when they have been seen for a first appointment, it is not sufficient for a patient to have been offered an appointment. Note the focus of this metric is on patients waiting for treatment, within some services assessment and treatment may occur at the same appointment. However, where a patient is assessed and must still wait for treatment it is this waiting time that is reported from referral date. Opt in patient are included on the waiting list. If they do not respond within four weeks then they are discharged and must be referred. This metric should not include patients overdue for review. *Age bands include: *0 - 4 years *5 - 17 years *18 - 64 years *65 years and over. **Wait times include: *0 - less than or equal to 12 weeks Greater than 12 weeks and less than or equal to 26 weeks Greater than 26 weeks and less than or equal to 39 weeks Greater than 39 weeks and less than or equal to 52 weeks Greater than 52 weeks.
_	KDI D. C I.	Th
3	KPI Rationale Indicator Classification	The purpose of this metric is to monitor waiting lists and reduce wait times for patients. Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two). □ Person Centred Care □ Effective Care □ Safe Care □ Better Health and Wellbeing ☑ Use of Information □ Workforce □ Use of Resources □ Governance, Leadership and Management
4	KPI Target 2017	NSP 2017 Target National - 100%
5	KPI Calculation	Count the total number of psychology patients in all age bands i.e. $0-4$ yrs, $5-17$ yrs, $18-64$ yrs and 65 yrs and over on the treatment waiting list at the end of the reporting period by wait band i.e. $0-<12$ weeks $+>12$ weeks $-\le 26$ weeks $+>26$ weeks $+>39$ weeks $+>39$ weeks $-\le 52$ weeks and express it as a proportion of the total number of psychology patients in all age bands i.e. $0-4$ yrs, $5-17$ yrs, $18-64$ yrs and 65 yrs and over on the treatment waiting list at the end of the reporting period by wait band i.e. $0-<12$ weeks $+>12$ weeks $+>26$ weeks $+>26$ weeks $+>29$ weeks $+>39$ weeks $+>26$ weeks and multiply by $+100$. Numerator: The number of psychology patients (all ages) waiting to be seen in wait bands $+100$ 0 weeks $+100$ 1 weeks $+100$ 2 weeks $+100$ 3 weeks $+100$ 3 weeks $+100$ 4 weeks $+100$ 5 weeks $+100$ 6 weeks $+100$ 6 weeks $+100$ 6 weeks $+100$ 7 weeks $+100$ 7 weeks $+100$ 8 weeks $+100$ 9
6	Data Source	Patient records, Psychology Manager, Primary Care General Manager, Community Healthcare Organisation (CHO) Head of Service Primary Care, Chief Officer and Business Information Unit (BIU) Community Healthcare
	Data Completeness	Team. Data relates to primary care psychology services only. Data completeness is expected at 100%.
	Data Quality Issues	No No
8	Data Collection Frequency Tracer Conditions	Indicate how often the data to support the KPI will be collected: □Daily □Weekly ☑ Monthly □Quarterly □Bi-annually □Annually □Other – give details: •Patients waiting to be seen
		•Age bands •Wait times
9	Minimum Data Set	-Wait times -Patients waiting to be seen -Age bands -Wait times
10	International Comparison	Not applicable
11	KPI Monitoring	KPI will be monitored on a (please indicate below) basis: Daily
12	KPI Reporting Frequency	Indicate how often the KPI will be reported:
13	KPI report period	□ Daily □ Weekly ☑ Monthly □ Quarterly □ Bi-annually □ Annually □ Other – give details: Indicate the period to which the data applies: ☑ Current (e.g. daily data reported on that same day of activity, monthly data reported by the 10th of the following month) □ Monthly in arrears (June data reported in July) □ Quarterly in arrears (quarter 1 data reported in quarter 2) □ Rolling 12 months (previous 12 month period) □ Other – give details:
14	KPI Reporting Aggregation	Indicate the level of aggregation for example over a geographical location: ☑ National ☑ CHO ☑ LHO ☐ County ☐ Institution ☐ Other – give details:
15	KPI is reported in which	Indicate where the KPI will be reported: ☑Performance Report □Other – give details:
16	reports? Web link to data	http://www.hse.ie/eng/services/publications/
17	Additional Information	
	details for Data Manager /	Information Analyst: Geraldine Littler, Business Information Unit- Palliative Care & Social Inclusion, Planning and Business Information (PBI) 046 9251330 Email:Geraldine.Littler@hse.ie

4	I/DI Title	0/ of payabalagy nationts on waiting list for treatment less than or equal to 20 weeks
2	KPI Title KPI Description PC103H (No) & PC103I (%)	% of psychology patients on waiting list for treatment less than or equal to 39 weeks. This is a calculation of the number of new psychology patients (all age bands*) who are waiting less than or equit to 39 weeks to be seen by a psychologist (either in an individual or in a group environment) expressed as a proportion of the overall number of patients (all wait times**) waiting for these services at the end of the reporting
		month multiplied by 100. It includes all patients on the waiting list at the end of the reporting month. Patients are only removed from the waiting list when they have been seen for a first appointment, it is not sufficient for a patient to have been offered an appointment. Note the focus of this metric is on patients waiting for treatment, within some services assessment and treatment may occur at the same appointment. However, where a patien is assessed and must still wait for treatment it is this waiting time that is reported from referral date. Opt in patiel are included on the waiting list. If they do not respond within four weeks then they are discharged and must be
		referred. This metric should not include patients overdue for review. *Age bands include: • 0 - 4 years • 18 - 64 years • 18 - 64 years
		• 65 years and over. **Wait times include: • 0 - less than or equal to 12 weeks
		 Greater than 12 weeks and less than or equal to 26 weeks Greater than 26 weeks and less than or equal to 39 weeks Greater than 39 weeks and less than or equal to 52 weeks Greater than 52 weeks.
3	KPI Rationale	The purpose of this metric is to monitor waiting lists and reduce wait times for patients.
	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some case you may need to choose two). □Person Centred Care □Effective Care □Safe Care □ Better Health and Wellbeing ☑ Use of Information
	KDI T1 0047	□Workforce □Use of Resources □Governance, Leadership and Management
5	KPI Target 2017 KPI Calculation	DOP 2017 Target National - 90% Count the total number of psychology patients in all age bands i.e. 0-4yrs, 5-17yrs,18-64yrs and 65yrs and over on the treatment waiting list at the end of the reporting period by wait band i.e. 0 - < 12 weeks + >12 weeks - ≤ 26 weeks - ≤ 39 weeks and express it as a proportion of the total number of psychology patients all age bands i.e. 0-4yrs, 5-17yrs,18-64yrs and 65yrs and over on the treatment waiting list at the end of the reporting period by wait band i.e. 0 - < 12 weeks + >12 weeks - ≤ 26 weeks +>26 weeks - ≤ 39 weeks +>39
		weeks - \leq 52 weeks + >52 weeks and multiply by 100. Numerator: The number of psychology patients (all ages) waiting to be seen in wait bands 0 - $<$ 12 weeks + $>$ weeks - \leq 26 weeks + $>$ 26 weeks - \leq 39 weeks Denominator: The number of psychology patients (all ages) waiting to be seen in wait bands 0 - $<$ 12 weeks + $>$ 12 weeks - \leq 26 weeks + $>$ 26 weeks - \leq 39 weeks + $>$ 39 weeks - \leq 52 weeks + $>$ 52 weeks x 100.
6	Data Source	Patient records, Psychology Manager, Primary Care General Manager, Community Healthcare Organisation (CHO) Head of Service Primary Care, Chief Officer and Business Information Unit (BIU) Community Healthcare Team.
	Data Completeness Data Quality Issues	Data relates to primary care psychology services only. Data completeness is expected at 100%.
7	•	
8	Data Collection Frequency Tracer Conditions	Indicate how often the data to support the KPI will be collected: □Daily □Weekly ☑ Monthly □Quarterly □Bi-annually □Annually □Other – give details: •Patients waiting to be seen
0	Minimum Data Sat	-Age bands -Wait times
9	Minimum Data Set	Patients waiting to be seen Age bands Wait times
10	International Comparison	No
11	KPI Monitoring	KPI will be monitored on a (please indicate below) basis: □□aily □Weekly ☑Monthly □Quarterly □Bi-annually □Annually □Other – give details: Please indicate who is responsible at a local level for monitoring this KPI: Psychology Manager, the Primary Car General Manager, CHO Head of Service Primary Care, Chief Officer and the Primary Care Division Operations Team via performance meetings.
12	KPI Reporting Frequency	Indicate how often the KPI will be reported: □Daily □Weekly ☑Monthly □Quarterly □Bi-annually □Annually □Other – give details:
13	KPI report period	Indicate the period to which the data applies: ☑ Current (e.g. daily data reported on that same day of activity, monthly data reported by the 10th of the following month) ☐ Monthly in arrears (June data reported in July) ☐ Quarterly in arrears (quarter 1 data reported in quarter 2) ☐ Rolling 12 months (previous 12 month period)
14	KPI Reporting Aggregation	□ Other – give details: Indicate the level of aggregation for example over a geographical location: □ National □ CHO □ LHO
15	KPI is reported in which reports ?	□ County □ Institution □ Other – give details: Indicate where the KPI will be reported: ☑Performance Report □Other – give details:
16	Web link to data	http://www.hse.ie/eng/services/publications/
	Additional Information details for Data Manager / ist Lead	Information Analyst: Geraldine Littler, Business Information Unit- Palliative Care & Social Inclusion, Planning and Business Information (PBI) 046 9251330 Email:Geraldine.Littler@hse.ie Specialist Lead: Brian Murphy, Head of Planning, Performance and Programme Management and Interim Head
		Operations Primary Care Division

	, J	γ Waiting List Management
1	KPI Title	% of psychology patients on waiting list for treatment less than or equal to 26 weeks
2	KPI Description	This is a calculation of the number of new psychology patients (all age bands*) who are waiting less than or equ
	PC103J (No) & PC103K (%)	to 26 weeks to be seen by a psychologist (either in an individual or a group environment) expressed as a
	. ,	proportion of all the overall number of patients (all wait times**) waiting for these services at the end of the
		reporting month multiplied by 100. It includes all patients on the waiting list at the end of the reporting month.
		Patients are only removed from the waiting list when they have been seen for a first appointment, it is not
		sufficient for a patient to have been offered an appointment. Note the focus of this metric is on patients waiting f
		treatment, within some services assessment and treatment may occur at the same appointment. However, who
		a patient is assessed and must still wait for treatment it is this waiting time that is reported from referral date. Or
		in patients are included on the waiting list. If they do not respond within four weeks then they are discharged ar
		must be re-referred. This metric should not include patients overdue for review.
		*Age bands include:
		• 0 - 4 years
		• 5 - 17 years
		• 18 - 64 years
		• 65 years and over.
		**Wait times include:
		0 - less than or equal to 12 weeks
		Greater than 12 weeks and less than or equal to 26 weeks
		Greater than 26 weeks and less than or equal to 39 weeks
		Greater than 39 weeks and less than or equal to 52 weeks
		• Greater than 52 weeks.
3	KPI Rationale	The purpose of this metric is to monitor waiting lists and reduce wait times for patients.
-	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some case)
		you may need to choose two).
		□Person Centred Care □Effective Care
		□Safe Care □ Better Health and Wellbeing □Use of Information
-	KDI T 1 0047	□Workforce □Use of Resources □Governance, Leadership and Management
4	KPI Target 2017	DOP 2017 Target National - 80%
5	KPI Calculation	Count the total number of psychology patients in all age bands i.e. 0-4yrs, 5-17yrs, 18-64yrs and 65yrs and over
		on the treatment waiting list at the end of the reporting period by wait band i.e. 0 - < 12 weeks + >12 weeks - 5
		26 weeks and express it as a proportion of the total number of psychology patients in all age bands i.e. 0-4yrs
		17yrs,18-64yrs and 65yrs and over on the treatment waiting list at the end of the reporting period by wait band i.
		0 - < 12 weeks + >12 weeks - ≤ 26 weeks + >26 weeks - ≤ 39 weeks + >39 weeks - ≤ 52 weeks + >52 weeks
		and multiply by 100.
		Numerator: The number of psychology patients (all ages) waiting to be seen in wait bands 0 - < 12 weeks + >
		weeks - ≤ 26 weeks
		Denominator: The number of psychology patients (all ages) waiting to be seen in wait bands 0 - < 12 weeks +
		>12 weeks - \leq 26 weeks + >26 weeks - \leq 39 weeks + >39 weeks - \leq 52 weeks + >52 weeks x 100.
		12 Weeks - 2 20 Weeks + 20 Weeks - 2 33 Weeks + 23 Weeks - 2 32 Weeks + 232 Weeks X 100.
6	Data Source	Patient records, Psychology Manager, Primary Care General Manager, Community Healthcare Organisation
0	Data Source	Patient records, Psychology Manager, Primary Care General Manager, Community Healthcare Organisation (CHO) Head of Service Primary Care, Chief Officer and Business Information Unit (BIU) Community Healthcare
		Team.
		Tean.
	Data Completeness	Data relates to primary care psychology services only. Data completeness is expected at 100%.
	Data Quality Issues	No
7	Data Collection Frequency	Indicate how often the data to support the KPI will be collected:
		□Daily □Weekly ☑ Monthly □Quarterly □Bi-annually □Annually □Other – give details:
8	Tracer Conditions	•Patients waiting to be seen
		•Age bands
		•Wait times
9	Minimum Data Set	
3	Minimum Data Set	•Patients waiting to be seen
		•Age bands
40	International Comments	•Wait times
10	International Comparison	No
	KDI Maraka 1	IVALUED A STATE OF A S
11	KPI Monitoring	KPI will be monitored on a (please indicate below) basis:
		□Daily □Weekly ☑Monthly □Quarterly □Bi-annually □Annually □Other – give details:
		Please indicate who is responsible at a local level C286for monitoring this KPI: Psychology Manager, the Primar
		Care General Manager, CHO Head of Service Primary Care, Chief Officer and the Primary Care Division
		Operations Team via performance meetings.
12	KPI Reporting Frequency	Indicate how often the KPI will be reported:
_	april 3 confessor	□Daily □Weekly ☑Monthly □Quarterly □Bi-annually □Annually □Other – give details:
40	I/DI sense (, , , , , , , , , , , , , , , , , , , ,
13	KPI report period	Indicate the period to which the data applies:
		☑ Current (e.g. daily data reported on that same day of activity, monthly data reported by the 10th of the
		following month)
		☐ Monthly in arrears (June data reported in July)
		☐ Quarterly in arrears (quarter 1 data reported in quarter 2)
		☐ Rolling 12 months (previous 12 month period)
		☐ Other – give details:
14	KPI Reporting Aggregation	Indicate the level of aggregation for example over a geographical location:
14	I hoporting Aggregation	National ☑ CHO ☑ LHO
	KBI to annual to the state	□ County □ Institution □ Other – give details:
15	KPI is reported in which	Indicate where the KPI will be reported:
	reports ?	☑Performance Report ☐Other – give details:
16	Web link to data	http://www.hse.ie/eng/services/publications/
	Additional Information	
17		Information Analyst: Geraldine Littler, Business Information Unit- Palliative Care & Social Inclusion, Planning an
	details for Data Manager /	
Contact		
ontact	details for Data Manager / ist Lead	Business Information (PBI) 046 9251330 Email:Geraldine.Littler@hse.ie
ontact		

Prima	ry Care - Psychology	Waiting List Management
4	KDI Title	% of psychology nationts on waiting list for treatment less than or equal to 40 years
1 2	KPI Title KPI Description PC103L (No) & PC103M (%)	% of psychology patients on waiting list for treatment less than or equal to 12 weeks This is a calculation of the number of new psychology patients (all age bands*) who are waiting less than or equal to 12 weeks to be seen by a psychologist (either in an individual or in a group environment) expressed as a proportion of the overall number of patients (all wait times**) waiting for these services at the end of the reporting month multiplied by 100. It includes all patients on the waiting list at the end of the reporting month multiplied by 100. It includes all patients on the waiting list at the end of the reporting month. Patients are only removed from the waiting list when they have been seen for a first appointment, it is not sufficient for a patient to have been offered an appointment. Note the focus of this metric is on patients waiting for treatment, within some services assessment and treatment may occur at the same appointment. However, where a patient is assessed and must still wait for treatment it is this waiting time that is reported from referral date. Opt in patients are included on the waiting list. If they do not respond within four weeks then they are discharged and must be rereferred. This metric should not include patients overdue for review. *Age bands include: *0 - 4 years *5 - 17 years *18 - 64 years *65 years and over. **Wait times include: *0 - less than or equal to 12 weeks *Greater than 12 weeks and less than or equal to 26 weeks *Greater than 26 weeks and less than or equal to 52 weeks *Greater than 39 weeks and less than or equal to 52 weeks
		Greater than 52 weeks.
3	KPI Rationale	The purpose of this metric is to monitor waiting lists and reduce wait times for patients.
4	Indicator Classification KPI Target 2017	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two). □Person Centred Care □Effective Care □Safe Care □Better Health and Wellbeing ☑Use of Information □Workforce ☑Use of Resources □Governance, Leadership and Management NSP 2017 Target National - 60%
	•	•
5	KPI Calculation	Count the total number of psychology patients in all age bands i.e. $0-4yrs$, $5-17yrs$, $18-64yrs$ and $65yrs$ and over on the treatment waiting list at the end of the reporting period by wait band i.e. $0-<<12$ weeks and express it as a proportion of the total number of psychology patients in all age bands i.e. $0-4yrs$, $5-17yrs$, $18-64yrs$ and $65yrs$ and over on the treatment waiting list at the end of the reporting period by wait band i.e. $0-<12$ weeks $+12$ we
6	Data Source	Patient records, Psychology Manager, Primary Care General Manager, Community Healthcare Organisation (CHO) Head of Service Primary Care, Chief Officer and Business Information Unit (BIU) Community Healthcare Team.
	Data Completeness Data Quality Issues	Data relates to primary care psychology services only. Data completeness is expected at 100%. No
7	Data Collection Frequency	Indicate how often the data to support the KPI will be collected: □Daily □Weekly ☑ Monthly □Quarterly □Bi-annually □Annually □Other – give details:
8	Tracer Conditions	Patients waiting to be seen *Age bands *Wait times
9	Minimum Data Set	Patients waiting to be seen Age bands Wait times
10	International Comparison	No No
11	KPI Monitoring	KPI will be monitored on a (please indicate below) basis: □Daily □Weekly ☑Monthly □Quarterly □Bi-annually □Annually □Other – give details: Please indicate who is responsible at a local level for monitoring this KPI: Psychology Manager, the Primary Care General Manager, CHO Head of Service Primary Care, Chief Officer and the Primary Care Division Operations Team via performance meetings.
12	KPI Reporting Frequency	Indicate how often the KPI will be reported: □Daily □Weekly ☑Monthly □Quarterly □Bi-annually □Annually □Other – give details:
13	KPI report period	Indicate the period to which the data applies: ☑Current (e.g. daily data reported on that same day of activity, monthly data reported by the 10th of the following month)) ☐Monthly in arrears (June data reported in July) ☐Quarterly in arrears (quarter 1 data reported in quarter 2) ☐Rolling 12 months (previous 12 month period)
14	KPI Reporting Aggregation	Indicate the level of aggregation for example over a geographical location: ☑ National ☑ CHO ☑ LHO ☐ County ☐ Institution ☐ Other – give details:
15	KPI is reported in which reports ?	Indicate where the KPI will be reported: ☑Performance Report □Other – give details:
16 17	Web link to data Additional Information	http://www.hse.ie/eng/services/publications/
Contact Specialis	details for Data Manager /	Information Analyst: Geraldine Littler, Business Information Unit- Palliative Care & Social Inclusion, Planning and Business Information (PBI) 046 9251330 Email:Geraldine.Littler@hse.ie Specialist Lead: Brian Murphy, Head of Planning, Performance and Programme Management and Interim Head of Operations Primary Care Division John Hennessy, National Director, Primary Care Division, Health Service Executive.

Prin	mary Care - Nursing	n Referrals
	nary care - Nursing	, referring
1	KPI Title	No of patient referrals
2	KPI Description PC73	This is a count of the number of referrals (by age band / category*) received in the month that have been accepted onto the caseload. It includes new, re-referrals (ie. previously discharged) and transfers. Each referral should be date stamped on the day it is received and this is used as the referral date. *Age bands / categories include:
		 65 years and over 18 - 64 years 5 - 17 years Patients with a disability (physical/sensory/intellectual) 18 - 64 years
		Patients with a disability (physical/sensory/intellectual) 5 - 17 years Clinical nursing activity for children 0 - 4 years (This does not include children seen under the core child health screening and surveillance programme).
3	KPI Rationale	This metric provides information on service demand and informs decisions in relation to the planning and management of staff and resource allocation.
	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two). □Person Centred Care □Effective Care □Safe Care □ Better Health and Wellbeing ☑ Use of Information □Workforce ☑Use of Resources □Governance, Leadership and Management
4	KPI Target 2017	DOP 2017 Target National - 135,384
	KPI Calculation	Count the number of referrals (new, re-referrals and transfers) by age band and category* accepted in the reporting month.
6	Data Source	Public Health Nurses to the Director of Public Health Nursing (DPHN), the Primary Care General Manager, Community Healthcare Organisation (CHO) Head of Service Primary Care, Chief Officer and Business Information Unit (BIU) Community Healthcare Team.
	Data Completeness	Data gaps due to industrial relations issues being addressed in 2017
_	Data Quality Issues	Data gaps due to industrial relations issues being addressed in 2017
7	Data Collection Frequency	Indicate how often the data to support the KPI will be collected: □Daily □Weekly ☑Monthly in arrears □Quarterly □Bi-annually □Annually □Other – give details: This data is reported monthly in arrears
8	Tracer Conditions	Accepted referrals Age bands / categories
	Minimum Data Set	Accepted referrals Age bands / categories
10	International Comparison	Not applicable
11	KPI Monitoring	KPI will be monitored on a (please indicate below) basis: □Daily □Weekly ☑ Monthly in arrears □Quarterly □Bi-annually □Annually Other – give details: Please indicate who is responsible at a local level for monitoring this KPI: DPHN, Primary Care General Manager, the CHO Head of Service Primary Care, Chief Officer and the Primary Care Division Operations Team via performance meetings.
12	KPI Reporting Frequency	Indicate how often the KPI will be reported: □Daily □Weekly ☑Monthly in arrears □Quarterly □Bi-annually □Annually □Other – give details:
13	KPI report period	Indicate the period to which the data applies: □Current (e.g. daily data reported on that same day of activity, monthly data reported by the 10th of the following month) □Monthly in arrears (June data reported in July) □Quarterly in arrears (quarter 1 data reported in quarter 2) □Rolling 12 months (previous 12 month period)
14	KPI Reporting Aggregation	Indicate the level of aggregation for example over a geographical location: ☑ National ☑ CHO ☑ LHO
		□ County □ Institution □ Other – give details:
	KPI is reported in which reports ?	Indicate where the KPI will be reported: ☑Performance Report □Other – give details:
	Web link to data Additional Information	http://www.hse.ie/eng/services/publications/
	act details for Data	Information Analyst: Geraldine Littler, Business Information Unit- Palliative Care & Social Inclusion, Planning and
	ager / Specialist Lead	Business Information (PBI) 046 9251330 Email:Geraldine.Littler@hse.ie Specialist Lead: Brian Murphy, Head of Planning, Performance and Programme Management and Interim Head of Operations Primary Care Division
Natio	nal Lead and Division	John Hennessy, National Director, Primary Care Division, Health Service Executive.

Prin	mary Care - Nursin	g Existing Patients Seen
	mary ource warship	g Existing Fatishts Octil
1	KPI Title	Existing patients seen in the month
2	KPI Description PC74	This is a count of the number of existing patients (by age band / category*) on the caseload who were seen (i.e. had face to face contact with the Public Health Nurse (PHN) / Registered General Nurse (RGN)) in the reporting month. An existing patient is a patient who is currently in receipt of a PHN service from a PHN/RGN and who receives a direct contact (face to face) service. Each patient is only included once in the count for the reporting month. New patients seen are not included.
		*Age bands / categories include: • 65 years and over • 18 - 64 years
		• 5 - 17 years
		 Patients with a disability (physical/sensory/intellectual) 18 - 64 years Patients with a disability (physical/sensory/intellectual) 5 - 17 years Clinical nursing activity for children 0 - 4 years (This does not include children seen under the core child health
		screening and surveillance programme).
3	KPI Rationale	This metric provides information on service demand and informs decisions in relation to the planning and management of staff and resource allocation.
	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two).
		□Person Centred Care □Effective Care □Safe Care □Better Health and Wellbeing □Use of Information
		□Workforce ☑Use of Resources □ Governance, Leadership and Management
	KPI Target 2017	DOP 2017 Target National - 64,660
	KPI Calculation	Count the number of existing patients on the caseload seen face to face by the PHN / RGN in the reporting month. Each patient is only included once in the count.
6	Data Source	Public Health Nurses to the Director of Public Health Nursing (DPHN), the Primary Care General Manager, Community Healthcare Organisation (CHO) Head of Service Primary Care, Chief Officer and Business Information Unit (BIU) Community Healthcare Team
	Data Completeness	Data gaps due to industrial relations issues being addressed in 2017
	Data Quality Issues	Data gaps due to industrial relations issues being addressed in 2017
7	Data Collection	Indicate how often the data to support the KPI will be collected: □Daily □Weekly ☑Monthly in arrears □Quarterly □Bi-annually □Annually □Other – give details: This data is reported monthly in arrears.
8	Frequency Tracer Conditions	Existing patients on the caseload seen Age bands and categories
9	Minimum Data Set	Existing patients on the caseload seen Age bands and categories
10	International Comparison	Not applicable
11	KPI Monitoring	KPI will be monitored on a (please indicate below) basis: □Daily □Weekly ☑ Monthly in arrears □Quarterly □Bi-annually □Annually Other – give details: Please indicate who is responsible at a local level for monitoring this KPI: DPHN, Primary Care General Manager, the CHO Head of Service Primary Care, Chief Officer and the Primary Care Division Operations Team via performance meetings.
12	KPI Reporting Frequency	Indicate how often the KPI will be reported: □Daily □Weekly ☑Monthly in arrears □Quarterly □Bi-annually □Annually □Other – give details:
13		
14	KPI Reporting	□Rolling 12 months (previous 12 month period) Indicate the level of aggregation for example over a geographical location: ☑ National ☑ CHO ☑ LHO
	Aggregation	□ County □ Institution □ Other – give details:
15	KPI is reported in which	Indicate where the KPI will be reported:
16	reports ? Web link to data	☑Performance Report ☑Other – give details: http://www.hse.ie/eng/services/publications/
	Additional Information	<u>Indepartment of a control of publications.</u>
	act details for Data ager / Specialist Lead	Information Analyst: Geraldine Littler, Business Information Unit- Palliative Care & Social Inclusion, Planning and Business Information (PBI) 046 9251330 Email:Geraldine.Littler@hse.ie Specialist Lead: Brian Murphy, Head of Planning, Performance and Programme Management and Interim Head of
Noti-	anal Load and Division	Operations Primary Care Division
INATIO	onal Lead and Division	John Hennessy, National Director, Primary Care Division, Health Service Executive.

Prir	marv Care - Nursing	g New Patients Seen	
	KPI Title	New patients seen in the month	
2	KPI Description PC75	This is a count of the number of new patients (by age band / category*) seen (i.e. had face to face contact with the PHN / RGN) in the reporting month. A new patient is defined as a patient who is not currently known to the service and is seen for the first time in this episode of care. It includes re-referrals to the service. An appointment is considered to be a face face contact with a patient . *Age bands / categories include: • 65 years and over • 18 - 64 years	
		 5 - 17 years Patients with a disability (physical/sensory/intellectual) 18 - 64 years Patients with a disability (physical/sensory/intellectual) 5 - 17 years Clinical nursing activity for children 0 - 4 years (This does not include children seen under the core child health screening and surveillance programme). 	
3	KPI Rationale	This metric provides information on service demand and informs decisions in relation to the planning and management of staff and resource allocation.	
	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two). □Person Centred Care □Effective Care □Safe Care □ Better Health and Wellbeing □Use of Information □Workforce □Use of Resources □Governance, Leadership and Management	
4	KPI Target 2017	DOP 2017 Target National 123,024	
5	KPI Calculation	Count the number of new patients, including re-referrals, seen face to face in the reporting month.	
6	Data Source	Public Health Nurses to the Director of Public Health Nursing (DPHN), the Primary Care General Manager, Community Healthcare Organisation (CHO) Head of Service Primary Care, Chief Officer and Business Informatuion Unit (BIU) Community Healthcare Team	
	Data Completeness	Data gaps due to industrial relations issues being addressed in 2017	
L_	Data Quality Issues	Data gaps due to industrial relations issues being addressed in 2017	
7	Data Collection Frequency	Indicate how often the data to support the KPI will be collected: □Daily □Weekly ☑Monthly in arrears □Quarterly □Bi-annually □Annually □Other – give details: This data is reported monthly in arrears.	
8	Tracer Conditions	New patients seen face to face	
٥	Tracer containons	Age bands / categories	
9	Minimum Data Set	New patients seen face to face Age bands / categories	
10	International Comparison	Not applicable	
11	KPI Monitoring	KPI will be monitored on a (please indicate below) basis: □Daily □Weekly ☑ Monthly in arrears □Quarterly □Bi-annually □Annually Other – give details: Please indicate who is responsible at a local level for monitoring this KPI: DPHN, Primary Care General Manager, the CHO Head of Service Primary Care, Chief Officer and the Primary Care Division Operations Team via performance meetings.	
12	KPI Reporting Frequency	Indicate how often the KPI will be reported: □Daily □Weekly ☑Monthly in arrears □Quarterly □Bi-annually □Annually □Other – give details:	
	KPI report period	Indicate the period to which the data applies: □Current (e.g. daily data reported on that same day of activity, monthly data reported by the 10th of the following month) ☑Monthly in arrears (June data reported in July) □Quarterly in arrears (quarter 1 data reported in quarter 2) □Rolling 12 months (previous 12 month period)	
14	KPI Reporting	Indicate the level of aggregation for example over a geographical location: ☑ National ☑ CHO ☑ LHO	
15	Aggregation KPI is reported in which	□ County □ Institution □ Other – give details: Indicate where the KPI will be reported:	
10	reports ?		
16	Web link to data	http://www.hse.ie/eng/services/publications/	
	Additional Information	INCOMPANIES AND	
	act details for Data	Information Analyst: Geraldine Littler, Business Information Unit- Palliative Care & Social Inclusion, Planning and	
	ager / Specialist Lead	Business Information (PBI) 046 9251330 Email:Geraldine.Littler@hse.ie Specialist Lead: Brian Murphy, Head of Planning, Performance and Programme Management and Interim Head of Operations Primary Care Division	
Natio	nal Lead and Division	John Hennessy, National Director, Primary Care Division, Health Service Executive.	

Prir	mary Care - Nursing	g Percentage Patients Seen within 12 Weeks
1	KPI title	Percentage of new patients accepted onto the caseload and seen within 12 weeks
2	KPI Description PC110A	This is a calculation of the number of new patients who have been accepted onto the PHN caseload and seen in the previous 12 weeks expressed as a proportion of the overall number of new patients accepted onto the caseload in the previous 12 weeks multiplied by 100.
3	KPI Rationale	Timely access to primary care nursing services is essential to ensure best patient outcomes. This metric allows for monitoring of patients who receive this service within 12 weeks of acceptance onto the PHN caseload.
	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two). □ Person Centred Care □ Effective Care □ Safe Care □ Better Health and Wellbeing ☑ Use of Information □ Workforce ☑ Use of Resources □ Governance, Leadership and Management
4	KPI Target 2017	NSP 2017 Target National - 100%
5	KPI Calculation	Count the number of new patients who have been accepted onto the caseload and have been seen by the PHN / RGN in the previous 12 weeks and express it as a proportion of the overall number of new patients accepted onto the caseload in the previous 12 weeks. Numerator: the number of new patients who have been accepted onto the caseload and have been seen by the PHN / RGN in the previous 12 weeks x 100 Denominator: the overall number of new patients accepted onto the caseload in the previous 12 weeks
6	Data Source	Public Health Nurses to the Director of Public Health Nursing (DPHN), the Primary Care General Manager, Community Healthcare Organisation (CHO) Head of Service Primary Care, Chief Officer and Business Information Unit (BIU) Community Healthcare Team
	Data Completeness	Data gaps due to industrial relations issues being addressed in 2017
-	Data Quality Issues	Data gaps due to industrial relations issues being addressed in 2017
7	Data Collection Frequency	Indicate how often the data to support the KPI will be collected: □Daily □Weekly ☑ Monthly in arrears □Quarterly □Bi-annually □Annually □Other – give details:
8	Tracer Conditions	*New patients accepted onto the caseload and seen in the previous 12 weeks *Total number of new patients accepted onto the caseload in the previous 12 weeks
9	Minimum Data Set	New patients accepted onto the caseload and seen in the previous 12 weeks Total number of new patients accepted onto the caseload in the previous 12 weeks
10	International Comparison	Not applicable
11	KPI Monitoring	KPI will be monitored on a (please indicate below) basis: □Daily □Weekly ☑Monthly in arrears □Quarterly □Bi-annually □Annually □Other – give details: Please indicate who is responsible at a local level for monitoring this KPI: DPHN, Primary Care General Manager, the CHO Head of Service Primary Care, Chief Officer and the Primary Care Division Operations Team via performance meetings.
12	KPI Reporting Frequency	Indicate how often the KPI will be reported: □Daily □Weekly ☑Monthly in arrears □Quarterly □Bi-annually □Annually □Other – give details:
13		
14	KPI Reporting Aggregation	Indicate the level of aggregation for example over a geographical location: ☑ National ☑ CHO ☑ LHO ☐ County ☐ Institution ☐ Other – give details:
15	KPI is reported in which reports?	Indicate where the KPI will be reported: ☑Performance Report □Other – give details:
16	Web link to data	http://www.hse.ie/eng/services/publications/
17	Additional Information	
Mana	act details for Data iger /Specialist Lead	Information Analyst: Geraldine Littler, Business Information Unit- Palliative Care & Social Inclusion, Planning and Business Information (PBI) 046 9251330 Email:Geraldine.Littler@hse.ie Specialist Lead: Brian Murphy, Head of Planning, Performance and Programme Management and Interim Head of Operations Primary Care Division
Natio	nal Lead and Division	John Hennessy, National Director, Primary Care Division, Health Service Executive.

Prin	nary Care - Child H	ealth Child Development Health Screening
1	KPI Title	% of children reaching 10 months within the reporting period who have had their child development health screening
		on time or before reaching 10 months of age
	KPI Description PC134	This is a calculation of the percentage uptake of 7-9 months developmental screening by 10 months as completed by Public Health Nurses or Area Medical Officers (AMOs). A baby born between between 1st and 30th June 2016 will turn 10 months of age between 1st and 30th April 2017, babies born between 1st and 31st December 2016 will turn 10 months of age between 1st and 31st October 2017, etc.
	KPI Rationale	Developmental screening is a procedure designed to identify children who should receive more intensive assessment or diagnosis, for potential developmental delays or physical defects (e.g. strabismus; undescended testes). It can allow for earlier detection of delays and improve child health and well-being outcomes for identified children.
	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two) □Person Centred Care □Safe Care □Use of Information
		□Workforce □Use of Resources □Governance, Leadership and Management
-	KPI Target 2017	NSP 2017 Target National - 95%
5	KPI Calculation	The number of babies receiving developmental screening by 10 months is divided by the number of babies reaching 10 months in the reporting period e.g. CHO has 89 babies who received screening, with 108 babies reaching 10 months of age in the reporting period, the percentage is calculated as: 89 /108 x 100% = 82%.
	Data Source	Data is provided by PHNs to the Director of Public Health Nursing (DPHN), AMOs / Senior Area Medical Officers (SAMO) to the Principal Medical Officer (PMO), the Primary Care General Manager, Community Healthcare Organisation (CHO) Head of Service Primary Care, Chief Officer and Business Information Unit (BIU) Community Healthcare Team.
	Data Completeness	Data completeness is expected at 100%.
	Data Quality Issues Data Collection	No Indicate how often the data to support the KPI will be collected:
	Frequency	□ Daily □ Weekly ☑ Monthly □ Quarterly □ Bi-annually □ Annually □ Other – give details:
	Tracer Conditions	•The total number of babies reaching 10 months of age during the reporting period. •The number of babies reaching 10 months of age during the reporting period who have received their 7-9 month developmental check before reaching 10 months of age.
9	Minimum Data Set	•The total number of babies reaching 10 months of age during the reporting period •The number of babies reaching 10 months of age during the reporting period who have received their 7-9 month developmental check before reaching 10 months of age.
10	International Comparison	PHN's conduct development health screening as recommended by the Child Health Screening & Surveillance Programme (CHSS).
11	KPI Monitoring	KPI will be monitored on a (please indicate below) basis: □Daily □Weekly ☑Monthly in arrears □Quarterly □Bi-annually □Annually □Other – give details: Please indicate who is responsible at a local level C46for monitoring this KPI: PHN, DPHN, SAMO / PMO, Primary Care General Manager, the CHO Head of Service Primary Care, Chief Officer and the Primary Care Divsion Operations Team via performance meetings.
12	KPI Reporting Frequency	Indicate how often the KPI will be reported: □Daily □Weekly ☑Monthly in arrears □Quarterly □Bi-annually □Annually □Other – give details:
13	KPI report period	Indicate the period to which the data applies: □Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) ☑Monthly in arrears (June data reported in July) □Quarterly in arrears (quarter 1 data reported in quarter 2) □Rolling 12 months (previous 12 month period)
	KPI Reporting Aggregation	Indicate the level of aggregation for example over a geographical location: ☑National ☑ CHO ☑LHO ☐ County ☐ Institution ☐Other – give details:
	KPI is reported in which reports ?	Indicate where the KPI will be reported: ☑Performance Report □Other – give details:
	Web link to data	http://www.hse.ie/eng/services/publications/
17	Additional Information	
Mana	act details for Data ger / Specialist Lead	Information Analyst: Geraldine Littler, Business Information Unit- Palliative Care & Social Inclusion, Planning and Business Information (PBI) 046 9251330 Email:Geraldine.Littler@hse.ie Specialist Leads: Dr. Kevin Kelleher, AND, Health Protection, Health & Wellbeing Division Tel: 061 483347 Brian Murphy, Head of Planning, Performance and Programme Management and Interim Head of Operations Primary Care Division
Natio	nal Lead and Division	National Lead: John Hennessy, National Director, Primary Care Division, Health Service Executive.

Prin	nary Care - Child H	ealth Public Health Nurse Visits within 72 hours
1	KPI Title	% of newborn babies visited by a PHN (Public Health Nurse) within 72 hours of discharge from maternity services.
2	KPI Description PC133	This is a calculation of the percentage of new born babies visited by a PHN for the first time within 72 hours of hospital discharge. A new born baby is defined as a: "baby who has never been discharged before, except those babies remaining in the care of Midwifery Services following early hospital discharge (e.g. Domino and Early Transfer Home Schemes) and some home births."
3	KPI Rationale	This data underpins PHN roles in supporting mother and baby and in health promotion. In particular a timely PHN visit supports breastfeeding and screens for, and responds to, post natal depression. Both of these are core elements of post-natal support.
	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two). □Person Centred Care □Safe Care □Better Health and Wellbeing □ Use of Information □Workforce □Use of Resources □Governance, Leadership and Management
4	KPI Target 2017	NSP 2017 Target National - 98%
5	KPI Calculation	The percentage is calculated by dividing the number of new born babies visited by a PHN within 72 hours of their first discharge from hospital by the total number of newborn babies discharged from hospital following their birth during the reporting period and multiplying by 100. Numerator: Number of newborn babies visited by a PHN within 72 hours of discharge during the reporting period Denominator: Number of newborn babies discharged during the reporting period (e.g. CHO has 369 babies discharged, 367 received a PHN Visit within 72 hours therefore 367 / 369 x100% = 99.5%)
6	Data Source	Data is provided by PHNs to the Director of Public Health Nursing (DPHN), the Primary Care General Manager, Community Healthcare Organisation (CHO) Head of Service Primary Care, Chief Officer and Business Information Unit (BIU) Community Healthcare Team.
	Data Completeness	Data completeness is expected at 100%.
7	Data Quality Issues Data Collection	No Indicate how often the data to support the KPI will be collected:
'	Frequency	□ Daily □ Weekly □ Monthly ☑ Quarterly □ Bi-annually □ Annually □ Other – give details:
8	Tracer Conditions	•The total number of newborn babies discharged for the first time from hospital following their birth during the reporting period •Number of newborn babies visited by a PHN within 72 hours of hospital discharge.
9	Minimum Data Set	•The total number of newborn babies discharged for the first time from hospital following their birth during the reporting period •Number of newborn babies visited by a PHN within 72 hours of hospital discharge.
10		
11	KPI Monitoring	KPI will be monitored on a (please indicate below) basis: □Daily □Weekly □ Monthly ☑Quarterly □Bi-annually □Annually □Other – give details: Please indicate who is responsible at a local level for monitoring this KPI: PHN, DPHN, Primary Care General Manager, the CHO Head of Service Primary Care, Chief Officer and the Primary Care Division Operations Team via performance meetings.
12	KPI Reporting Frequency	Indicate how often the KPI will be reported: □Daily □Weekly □Monthly ☑Quarterly □Bi-annually □Annually □Other – give details:
13	KPI report period	Indicate the period to which the data applies: □Current (e.g. daily data reported on that same day of activity) □Monthly in arrears (June data reported in July) ☑ Quarterly current (data reported by the 10th of the month following the quarter) □Rolling 12 months (previous 12 month period)
14	KPI Reporting Aggregation	Indicate the level of aggregation for example over a geographical location: ☑National ☑ CHO ☑ LHO
15	KPI is reported in which reports ?	Indicate where the KPI will be reported: ☑Performance Report □Other – give details:
	Web link to data	http://www.hse.ie/eng/services/publications/
17	Additional Information	
	act details for Data ger / Specialist Lead	Information Analyst: Geraldine Littler, Business Information Unit- Palliative Care & Social Inclusion, Planning and Business Information (PBI) 046 9251330 Email:Geraldine.Littler@hse.ie Specialist Leads: Dr. Kevin Kelleher, AND, Health Protection Health & Wellbeing Division Tel: 061 483347 Brian Murphy, Head of Planning, Performance and Programme Management and Interim Head of Operations Primary Care Division
Natio	nal Lead and Division	National Lead: John Hennessy, National Director, Primary Care Division, Health Service Executive.

Prin	nary Care - Child H	ealth Breastfeeding at First Public Health Nurse Visit
1	KPI title	% of babies breastfed (exclusively and not exclusively) at first PHN (Public Health Nurse) Visit
	KPI Description PC135	This is a calculation of the percentage of babies seen at the first postnatal PHN visit that are breastfed (exclusively and not exclusively). The following definitions, adapted from the WHO definitions apply: Breastfeeding: The child has received breast milk (direct from the breast or expressed). Exclusive breastfeeding: The infant has received only breast milk from his / her mother, or expressed breast milk, and no other liquids or solids with the exception of drops or syrups consisting of vitamins, mineral supplements or medicines. Partial (not exclusive) breastfeeding: The infant receives some breastfeeds, and some artificial feeds, either milk or cereal or other foods (WHO 2003 & WHO/EURO 2001).
3	KPI Rationale	Increasing breastfeeding rates and duration is a Department of Health and HSE target. Not breastfeeding increases the risk of acute childhood illnesses and chronic diseases, with significant costs to the health service. International evidence show that increasing breastfeeding rates results in improved health and cost savings to the health service.
	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two). □Person Centred Care □ Safe Care □ Better Health and Wellbeing □ Use of Information □ Workforce
4	KPI Target 2017	☐ Use of Resources ☐ Governance, Leadership and Management NSP 2017 Target National - 58%
	KPI Calculation	The percentage is calculated by dividing the number of babies breastfed (exclusively and not exclusively) at the first PHN visit by the total number of babies seen at the first PHN visit for the reporting period and multiplying by 100. Numerator: the number of babies breastfed (exclusively and not exclusively) at the first PHN visit in the reporting period Denominator: the number of babies seen at the first PHN visit in the reporting period x 100.
6	Data Source	The data source is PHN records. Data is provided by PHNs to the Director of Public Health Nursing (DPHN), the Primary Care General Manager, Community Healthcare Organisation (CHO) Head of Service Primary Care, Chief Officer and Business Information Unit (BIU) Community Healthcare Team.
	Data Completeness	There is 100% coverage of this data across all LHOs.
	Data Quality Issues	No
7	Data Collection Frequency	Indicate how often the data to support the KPI will be collected: □Daily □Weekly □ Monthly ☑Quarterly □Bi-annually □Annually □Other – give details:
8	Tracer Conditions	Number of babies seen at PHN visit Number of babies breastfed exclusively and not exclusively.
9	Minimum Data Set	•Number of babies seen at PHN visit •Number of babies breastfed exclusively and not exclusively.
10	International Comparison	Exclusive breastfeeding for 6 months for all infants is recommended by the WHO and the Department of Health, thereafter, once complementary foods are introduced it is recommended that breastfeeding continues for up to 2 years or beyond. Prevalance of breastfeeding at up to 6 months is reported in Northern Ireland, including initiation and discharge data and data collected by health visitors at 10 days; 6 weeks; 3 months and 6 months.
11	KPI Monitoring	KPI will be monitored on a (please indicate below) basis: □Daily □Weekly □ Monthly ☑ Quarterly □Bi-annually □Annually □Other Please indicate who is responsible at a local level for monitoring this KPI: PHN, DPHN, Primary Care General Manager, the CHO Head of Service Primary Care, Chief Officer and the Primary Care Division Operations Team via performance meetings.
12	KPI Reporting Frequency	Indicate how often the KPI will be reported: □Daily □Weekly □Monthly ☑ Quarterly □Bi-annually □Annually □Other – give details:
	KPI report period	Indicate the period to which the data applies: ☐ Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) ☐ Monthly in arrears (June data reported in July) ☐ Quarterly current (data reported by the 10th of the month following the quarter) ☐ Rolling 12 months (previous 12 month period)
14	KPI Reporting Aggregation	Indicate the level of aggregation for example over a geographical location: ☑National ☑ CHO ☑ LHO ☐ County ☐ Institution ☐ Other – give details:
15	KPI is reported in which reports?	Indicate where the KPI will be reported: ☑ Performance Report □Other – give details:
	Web link to data	http://www.hse.ie/eng/services/publications/
	Additional Information	
Mana	act details for Data ger /Specialist Lead	Information Analyst: Geraldine Littler, Business Information Unit- Palliative Care & Social Inclusion, Planning and Business Information (PBI) 046 9251330 Email:Geraldine.Littler@hse.ie Specialist Leads: Siobhan Hourigan, National Lead for Breastfeeding, Health & Wellbeing Division Brian Murphy, Head of Planning, Performance and Programme Management and Interim Head of Operations Primary Care Division
Natio	nal Lead and Division	National Lead: John Hennessy, National Director, Primary Care Division, Health Service Executive.

Prin	nary Care- Child He	ealth Breastfeeding at 3 Month Pubic Health Nurse Visit
1	KPI title	% of babies breastfed (exclusively and not exclusively) at 3 month PHN (Public Health Nurse) visit
	KPI Description	This is a calculation of the percentage of babies seen at the 3 month PHN developmental check visit that are
	PC136	breastfed (exclusively and not exclusively).
		The following definitions, adapted from the WHO definitions apply:
		Breastfeeding: the child has received breast milk (direct from the breast or expressed). Exclusive breastfeeding: the infant has received only breast milk from his/her mother, or expressed breast milk, and
		no other liquids or solids with the exception of drops or syrups consisting of vitamins, mineral supplements or
		medicines.
		Partial (not exclusive) breastfeeding: the infant receives some breastfeeds, and some artificial feeds, either milk or
3	KPI Rationale	cereal or other foods (WHO 2003 & WHO/EURO 2001). Increasing breastfeeding rates and duration is a Department of Health and HSE target. Not breastfeeding increases
3	RF1 Rationale	the risk of acute childhood illnesses and chronic diseases, with significant costs to the health service. International evidence show that increasing breastfeeding rates results in improved health and cost savings to the health service.
	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two).
		□ Person Centred Care ☑ Effective Care □ Safe Care
		☑ Better Health and Wellbeing ☐ Use of Information ☐ Workforce
4	KDI Tawas 2047	Use of Resources Governance, Leadership and Management
	KPI Calculation	NSP 2017 Target National - 40%
5	KPI Calculation	The percentage is calculated by dividing the number of babies breastfed (exclusively and not excusively) at the 3 month PHN developmental check visit by the the total number of babies seen at the 3 month PHN developmental check visit and multiplying by 100. Numerator: the number of babies breastfed (exclusively and not exclusively) at 3 month PHN developmental check visit
		Denominator: the number of babies seen at 3 month PHN developmental check visit in the reporting period x 100
6	Data Source	The data source is PHN records. Data is provided by PHNs to the Director of Public Health Nursing (DPHN), the
		Primary Care General Manager, Community Healthcare Organisation (CHO) Head of Service Primary Care, Chief
	D (0) (Officer and Business Information Unit (BIU) Community Healthcare Team.
	Data Completeness Data Quality Issues	There is 100% coverage of this data across all LHOs.
7	Data Collection Frequency	Indicate how often the data to support the KPI will be collected: □Daily □Weekly □ Monthly ☑Quarterly □Bi-annually □Annually □Other – give details:
8	Tracer Conditions	Daily □Weekly □ Monthly ☑Quarterly □Bi-annually □Annually □Other – give details: •Number of babies seen at 3 month PHN developmental check
		Number of babies breastfeed exclusively and not exclusively.
9	Minimum Data Set	•Number of babies seen at 3 month PHN developmental check
		Number of babies breastfeed exclusively and not exclusively.
10	International Comparison	Exclusive breastfeeding for 6 months for all infants is recommended by the WHO and the Department of Health,
		thereafter, once complementary foods are introduced it is recommended that breastfeeding continues for up to 2 years or beyond. Prevalance of breastfeeding at up to 6 months is reported in Northern Ireland, including initiation and discharge data and data collected by health visitors at 10 days; 6 weeks; 3 months and 6 months.
11	KPI Monitoring	KPI will be monitored on a (please indicate below) basis:
		□Daily □Weekly Monthly ☑Quarterly □Bi-annually □Annually □Other
		Please indicate who is responsible at a local level for monitoring this KPI: PHN, DPHN, Primary Care General Manager, the CHO Head of Service Primary Care, Chief Officer and the Primary Care Divsion Operations Team via
		performance meetings.
12	KPI Reporting Frequency	Indicate how often the KPI will be reported:
		□Daily □Weekly □ Monthly ☑ Quarterly □Bi-annually □Annually □Other – give details:
13	KPI report period	Indicate the period to which the data applies: ☐ Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity)
		Monthly in arrears (June data reported in July)
		☑ Quarterly current (data reported by the 10th of the month following the quarter) □ Rolling 12 months (previous 12 month period)
		U Other – give details:
14	KPI Reporting	Indicate the level of aggregation for example over a geographical location:
	Aggregation	☑National ☑ CHO ☑ LHO
	LODI I	□ County □ Institution □ Other – give details:
15	KPI is reported in which	Indicate where the KPI will be reported:
16	reports? Web link to data	☑ Performance Report □Other – give details: http://www.hse.ie/eng/services/publications/
	Additional Information	international digradi viocal publicational
	act details for Data	Information Analyst: Geraldine Littler, Business Information Unit- Palliative Care & Social Inclusion, Planning and
	ger /Specialist Lead	Business Information (PBI) 046 9251330 Email:Geraldine.Littler@hse.ie
	gar represente bout	Specialist Leads: Siobhan Hourigan, National Lead for Breastfeeding, Health & Wellbeing Division
		Brian Murphy, Head of Planning, Performance and Programme Management and Interim Head of Operations Primar
M. C	11 1 18111	Care Division
Natio	nal Lead and Division	National Lead: John Hennessy, National Director, Primary Care Division, Health Service Executive.

Pri	mary Care - Orthodontics A	Active Treatment
_	VDI Title	Number of activate assistance of the sead of the sead of the
2	KPI Title KPI Description PC23	Number of patients receiving active treatment at the end of the reporting period This is a count of the number of patients receiving active treatment at the end of the reporting period. It includes patients who are in retention and excludes patients receiving interceptive treatment. All children under 16 years of age are eligible for dental care. To receive orthodontic treatment a child must satisfy the clinical guidelines for orthodontic care and be referred for treatment. A patient is defined as being in active treatment with an orthodontist when he / she has a comprehensive treatment plan with fixed functional or removal appliance in situ.
3	KPI Rationale	To monitor the number of eligibile patients receiving orthodontic treatment in the reporting quarter.
	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two). ZiPerson Centred Care Zi Effective Care Safe Care Destret Health and Wellbeing ZiUse of Information Workforce Use of Resources Governance, Leadership and Management
4	KPI Target 2017	DOP 2017 Target National - 18,404
5	KPI Calculation	Count the number of patients who are in the process of receiving orthodontic treatment at the end of the reporting period Count at the end of each quarter, i.e. last day of March, June, September and December.
6	Data Source	Data is submitted by the Orthodontic Services (in the former Health Board areas) to the Community Healthcare Team in the Business Intelligence Unit (BIU). The BIU liaises with the National Oral Health Lead for validation purposes as necessary.
	Data Completeness	Data completeness is expected at 100%.
	Data Quality Issues	No
7	Data Collection Frequency	Indicate how often the data to support the KPI will be collected: □Daily □Weekly □Monthly ☑Quarterly □Bi-annually □Annually
8	Tracer Conditions	Patients receiving active orthodontic treatment at the end of the reporting period.
9	Minimum Data Set	Patients receiving active orthodontic treatment at the end of the reporting period.
10	International Comparison	No
11	KPI Monitoring	KPI will be monitored on a (please indicate below) basis: □Daily □Weekly □Monthly ☑Quarterly □Bi-annually □Annually Please indicate who is responsible at a local level A36for monitoring this KPI: Consultant Orthodontist / Orthodontic Manager, the CHO Head of Service Primary Care, Chief Officer and the Primary Care Division Operations Team via performance meetings.
12	KPI Reporting Frequency	Indicate how often the KPI will be reported: □Daily □Weekly □Monthly ☑Quarterly □Bi-annually □Annually □Other – give details:
13	KPI report period	Indicate the period to which the data applies: □Current □Quarterly Current (data reported by the 10th of the month following the quarter) □Monthly in arrears (June data reported in July) □Quarterly in arrears (quarter 1 data reported in quarter 2) □Rolling 12 months (previous 12 month period) □Other - give details:
14	KPI Reporting Aggregation	Indicate the level of aggregation — for example over a geographical location: ☑ National ☑ Regional - former HSE Region ☐ County ☐ Institution ☑ Other — give details: former Health Board Area (except Dublin North East)
15	KPI is reported in which reports?	Indicate where the KPI will be reported: ☑Performance Report □Other – give details:
16	Web link to data	http://www.hse.ie/eng/services/publications/
	Additional Information	
	act details for Data Manager / cialist Lead	Information Analyst: Geraldine Littler, Business Information Unit- Palliative Care & Social Inclusion, Planning and Business Information (PBI) 046 9251330 Email:Geraldine.Littler@hse.ie Specialist Lead: National Oral Health Lead, Primary Care Division
Natio	onal Lead and Division	John Hennessy, National Director, Primary Care Division, Health Service Executive.

1	KPI Title	% of referrals seen for assessment within 6 months
2	KPI Description PC24 & PC24A	This is a calculation of the number of referrals (patients) seen for assessment within six months of referral expressed a proportion of the overall number of referrals (patients) seen for assessment in the reporting period multiplied by 100.
3	KPI Rationale Indicator Classification	To monitor and reduce the length of time patients are waiting for an assessment following referral Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two). ☑Person Centred Care ☑ Effective Care □Safe Care □Better Health and Wellbeing ☑Use of Information □Workforce □Use of Resources □Governance, Leadership and Management
4	KPI Target 2017	NSP 2017 Target National -C8275%
5	KPI Calculation	The number of patients seen for assessment within 6 months of referral is divided by the total number of patients seen for assessment in the reporting period and multiplied by 100. Numerator: The number of patients assessed within 6 months of referral during the reporting period x 100 Denominator:Total number of patients assessed within the reporting period
6	Data Source	Data is submitted by the Orthodontic Services (in the former Health Board areas) to the Community Healthcare Team in the Business Intelligence Unit (BIU). The BIU liaises with the National Oral Health Lead for validation purposes as necessary.
	Data Completeness	Data completeness is expected at 100%.
	Data Quality Issues	No
7	Data Collection Frequency	Indicate how often the data to support the KPI will be collected: □Daily □Weekly □Monthly ☑Quarterly □Bi-annually □Annually
8	Tracer Conditions	Patients seen for assessment during the reporting period including those seen within six months of referral.
9	Minimum Data Set	Patients seen for assessment during the reporting period including those seen within six months of referral.
10	International Comparison	No
11	KPI Monitoring	KPI will be monitored on a (please indicate below) basis: □Daily □Weekly □Monthly ☑Quarterty □Bi-annually □Annually Please indicate who is responsible at a local level A58for monitoring this KPI: Consultant Orthodontist / Orthodontic Manager, the CHO Head of Service Primary Care, Chief Officer and the Primary Care Division Operations Team via performance meetings.
12	KPI Reporting Frequency	Indicate how often the KPI will be reported: □Daily □Weekly □Monthly ☑Quarterly □Bi-annually □Annually □Other – give details:
13	KPI report period	Indicate the period to which the data applies: Current Quarterly Current (data reported by the 10th of the month following the quarter) Monthly in arrears (June data reported in July) Quarterly in arrears (quarter 1 data reported in quarter 2) Rolling 12 months (previous 12 month period) Other - give details:
14	KPI Reporting Aggregation	Indicate the level of aggregation – for example over a geographical location: ☑ National ☑ Regional - former HSE Region ☐ County ☐ Institution ☑ Other – give details: former Health Board area (except Dublin North East)
15	KPI is reported in which reports?	Indicate where the KPI will be reported: ☑Performance Report ☐Other – give details:
16	Web link to data	http://www.hse.ie/eng/services/publications/
	Additional Information	
	act details for Data Manager / ialist Lead	Information Analyst: Geraldine Littler, Business Information Unit- Palliative Care & Social Inclusion, Planning and Business Information (PBI) 046 9251330 Email:Geraldine.Littler@hse.ie Specialist Lead: National Oral Health Lead,Primary Care Division

Prir	nary Care - Orthodontics F	Reduce Assessment Waiting Times
1	KPI Title	9/, of arthodontic nationts on the waiting list for accomment less than or equal to 12 months
	KPI Title KPI Description PC25 & PC25A	% of orthodontic patients on the waiting list for assessment less than or equal to 12 months This is a calculation of the number of patients waiting for assessment following referral less than or equal to 12 months expressed as a proportion of the overall number of patients on the waiting list for assessment during the reporting period multiplied by 100. Wait time is calculated from the referral date to the date of assessment. "Wait time is recorded as waiting: ii)1-6 months iii)1-12 months iii)13-24 months iii)13-24 months iv)over 2 years.
3	KPI Rationale	To monitor and reduce the length of time patients are waiting for an assessment following referral
	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two). "Person Centred Care
4	KPI Target 2017	NSP 2017 Target National 100% on waiting list ≤ 12 months
,	KPI Calculation	The number of patients on the assessment waiting list waiting less than or equal to 12 months (i.e with wait times 1-6 months + 7-12 months) is divided by the total number of patients on the waiting list (i.e with wait times 1-6 months+7-12 months+3-24 months+0 voer 2 years) during the reporting period and multiplied by 100. Numerator: The number of patients on the assessment waiting list <= 12 months during the reporting period. x 100 Denominator: Total number of patients on the assessment waiting list during the reporting period.
6	Data Source	Data is submitted by the Orthodontic Services (in the former Health Board areas) to the Community Healthcare Team in the Business Intelligence Unit (BIU). The BIU liaises with the National Oral Health Lead for validation purposes as necessary.
	Data Completeness	Data completeness is expected at 100%.
	Data Quality Issues	No
7	Data Collection Frequency	Indicate how often the data to support the KPI will be collected: □Daily □Weekly □Monthly ☑Quarterly □Bi-annually □Annually
8	Tracer Conditions	•Number of patients waiting for assessment following referral •Wait times
9	Minimum Data Set	•Number of patients waiting for assessment following referral •Wait times
	International Comparison	No .
11	KPI Monitoring	KPI will be monitored on a (please indicate below) basis: □Daily □Weekly □Monthly ☑Quarterly □Bi-annually □Annually Please indicate who is responsible at a local level C92for monitoring this KPI: Consultant Orthodontist / Orthodontic Manager, the CHO Head of Service Primary Care, Chief Officer and the Primary Care Division Operations Team via performance meetings.
12	KPI Reporting Frequency	Indicate how often the KPI will be reported: □Daily □Weekly □Monthly ☑Quarterly □Bi-annually □Annually □Other – give details:
13	KPI report period	Indicate the period to which the data applies: □Current ☑Quarterly Current (data reported by the 10th of the month following the quarter) □Monthly in arrears (June data reported in July) □Quarterly in arrears (quarter 1 data reported in quarter 2) □Rolling 12 months (previous 12 month period) □Other - give details:
14	KPI Reporting Aggregation	Indicate the level of aggregation – for example over a geographical location: ☑ National ☑ Regional -former HSE Region
15	KPI is reported in which reports?	□ County □ Institution ☑ Other – give details: former Health Board Area (except Dublin North East) Indicate where the KPI will be reported: ☑Performance Report □Other – give details:
16	Web link to data	http://www.hse.ie/eng/services/publications/
	Additional Information	
	act details for Data Manager / ialist Lead	Information Analyst: Geraldine Littler, Business Information Unit- Palliative Care & Social Inclusion, Planning and Business Information (PBI) 046 9251330 Email:Geraldine.Littler@hse.ie Specialist Lead: National Oral Health Lead, Primary Care Division
National Lead and Division		John Hennessy, National Director, Primary Care Division, Health Service Executive.

Prir	mary Care - Orthodontics F	Percentage on Treatment Waiting List	
1	KPI Title	Percentage of orthodontic patients on the treatment waiting list < 2 years	
2	RPI Description PC26 & PC26A PC27 & PC27A	This is a calculation of the number of grade 4 and 5 orthodontic patients on the treatment waiting list < 2 years expressed as a proportion of the overall number of grade 4 and 5 orthodontic patients on the treatment waiting list < 2 years expressed as a proportion of the overall number of grade 4 and 5 orthodontic patients on the treatment waiting list at the end of the reporting period multiplied by 100. The Modified Index of Treatment Need is used by the Orthodontic Services to establish cases that are eligibile to receive treatment by the HSE Orthodontic Services. Grade 4 patients have severe degrees of irregularity that require treatment for health reasons, traumatic bites or functional problems. Patients waiting for growth to be completed are included. Grade 5 patients have very severe dental health problems, e.g. cleft lip & palate, upper front teeth that protrude more than 9mm, teeth cannot come into the mouth because of overcrowding, additional incisors or canines or any other cause. Patients waiting for growth to be completed are included. Wait time is recorded as waiting: 1) 1-6 months 1) 1-12 months 1) 25-36 months 1) 25-36 months 1) 37-48 months 1) 37-48 months 1) over 4 years.	
3	KPI Rationale	To monitor and address the waiting times of patients (grade 4 and grade 5) on the Orthodontic Treatment waiting lists.	
	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two). ©Person Centred Care	
4	KPI Target 2017	DOP 2017 Target National - 75%	
5	KPI Calculation	The number of orthodontic patients (grades 4 and 5) on the treatment waiting list < 2 years is divided by the overall number of orthodontic patients (grades 4 and 5) on the treatment waiting list at the end of the reporting period and multiplied by 100.	
6	Data Source	Data is submitted by the Orthodontic Services (in the former Health Board areas) to the Community Healthcare Team in the Business Intelligence Unit (BIU). The BIU liaises with the National Oral Health Lead for validation purposes as necessary.	
	Data Completeness	Data completeness is expected at 100%.	
-	Data Quality Issues	No	
7	Data Collection Frequency	Indicate how often the data to support the KPI will be collected: □Daily □Weekly □Monthly ☑Quarterly □Bi-annually □Annually	
8	Tracer Conditions	Number of orthodontic patients (grades 4 and 5) on the treatment waiting list including those waiting < 2 years	
9	Minimum Data Set	Number of orthodontic patients (grades 4 and 5) on the treatment waiting list including those waiting < 2 years	
10	International Comparison	No	
11	KPI Monitoring	KPI will be monitored on a (please indicate below) basis: □Daily □Weekly □Monthly ☑Quarterly □Bi-annually □Annually Please indicate who is responsible at a local level C117for monitoring this KPI: Consultant Orthodontist / Orthodontic Manager, the CHO Head of Service Primary Care, Chief Officer and the Primary Care Division Operations Team via performance meetings.	
12	KPI Reporting Frequency	Indicate how often the KPI will be reported: □Daily □Weekly □Monthly ☑Quarterly □Bi-annually □Annually □Other – give details:	
13	KPI report period	Indicate the period to which the data applies: □Current □Current □Current (data reported by the 10th of the month following the quarter) □Monthly in arrears (June data reported in July) □Quarterly in arrears (quarter 1 data reported in quarter 2) □Rolling 12 months (previous 12 month period)	
14	KPI Reporting Aggregation	Indicate the level of aggregation – for example over a geographical location: ☑ National ☑ Regional-former HSE Region ☐ County ☐ Institution ☑ Other – give details: former Health Board Area (except Dublin North East)	
15	KPI is reported in which reports?	Indicate where the KPI will be reported: ☑Performance Report □Other – give details:	
	Web link to data	http://www.hse.ie/eng/services/publications/	
Cont	Additional Information act details for Data Manager / ialist Lead	Information Analyst: Geraldine Littler, Business Information Unit- Palliative Care & Social Inclusion, Planning and Business Information (PBI) 046 9251330 Email:Geraldine.Littler@hse.ie Specialist Lead: National Oral Health Lead, Primary Care Division	
Natio	Actional Lead and Division John Hennessy, National Director, Primary Care Division, Health Service Executive.		

Prir	mary Care - Orthodontics F	Percentage on Treatment Waiting List
1		
	KPI Title	Percentage of orthodontic patients on the treatment waiting list < 4 years (grades 4 and 5)
2	KPI Description PC26 & PC26A PC27 & PC27A	This is a calculation of the number of grade 4 and 5 orthodontic patients on the treatment waiting lists < 4 years expressed as a proportion of the overall number of grade 4 and 5 orthodontic patients on the treatment waiting list at the end of the reporting period multiplied by 100. The Modified Index of Treatment Need is used by the Orthodontic Services to establish cases that are eligibile to receive treatment by the HSE Orthodontic Services. Grade 4 patients have severe degrees of irregularity that require treatment for health reasons, traumatic bites or functional problems. Patients waiting for growth to be completed are included. Grade 5 patients have very severe dental health problems, e.g. cleft lip & palate, upper front teeth that protrude more than 9mm, teeth cannot come into the mouth because of overcrowding, additional incisors or canines or any other cause. Patients waiting for growth to be completed are included. "Wait time is recorded as waiting: i) 1-6 months ii) 7-12 months iii) 37-48 months vii) 37-48 months
		viii) over 4 years.
3	KPI Rationale	To monitor and address the waiting times of patients (grade 4 and grade 5) on the Orthodontic Treatment waiting lists.
	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two). "Person Centred Care
4	KPI Target 2017	DOP 2017 Target National - 95%
5	KPI Calculation	The number of orthodontic patients (grades 4 and 5) on the treatment waiting list < 4 years is divided by the overall number of orthodontic patients (grades 4 and 5) on the treatment waiting list at the end of the reporting period and multiplied by 100.
6	Data Source	Data is submitted by the Orthodontic Services (in the former Health Board areas) to the Community Healthcare Team in the Business Intelligence Unit (BIU). The BIU liaises with the National Oral Health Lead for validation purposes as necessary.
	Data Completeness	Data completeness is expected at 100%.
	Data Quality Issues	No
7	Data Collection Frequency	Indicate how often the data to support the KPI will be collected: □Daily □Weekly □Monthly ☑Quarterly □Bi-annually □Annually
8	Tracer Conditions	Number of orthodontic patients (grades 4 and 5) on the treatment waiting list including those waiting < 4 years
9	Minimum Data Set	Number of orthodontic patients (grades 4 and 5) on the treatment waiting list including those waiting < 4 years
10	International Comparison	No No
11	KPI Monitoring	KPI will be monitored on a (please indicate below) basis: □Daily □Weekly □Monthly ☑Quarterly □Bi-annually □Annually Please indicate who is responsible at a local level for monitoring this KPI: Consultant Orthodontist / Orthodontic Manager, the CHO Head of Service Primary Care, Chief Officer and the Primary Care Division Operations Team via performance meetings.
12	KPI Reporting Frequency	Indicate how often the KPI will be reported: □Daily □Weekly □Monthly ☑Quarterly □Bi-annually □Annually □Other – give details:
13	KPI report period	Indicate the period to which the data applies: □Current ☑Quarterly Current (data reported by the 10th of the month following the quarter) □Monthly in arrears (June data reported in July) □Quarterly in arrears (quarter 1 data reported in quarter 2) □Rolling 12 months (previous 12 month period) □Other - give details:
14	KPI Reporting Aggregation	Indicate the level of aggregation – for example over a geographical location: ☑ National ☑ Regional-former HSE Region ☐ County ☐ Institution ☑ Other – give details: former Health Board Area (except Dublin North East)
15	KPI is reported in which reports?	Indicate where the KPI will be reported: ☑Performance Report □Other – give details:
16	Web link to data	http://www.hse.ie/eng/services/publications/
17	Additional Information	
	act details for Data Manager / ialist Lead	Information Analyst: Geraldine Littler, Business Information Unit- Palliative Care & Social Inclusion, Planning and Business Information (PBI) 046 9251330 Email:Geraldine.Littler@hse.ie Specialist Lead: National Oral Health Lead, Primary Care Division
Natio	nal Lead and Division	John Hennessy, National Director, Primary Care Division, Health Service Executive.

1	KPI Title	Number of orthodontic patients on the assessment waiting list at the end of the reporting period
2	KPI Description PC28	This is a count of the total number of orthodontic patients who are awaiting assessment (all wait times*) for eligibility a categorisation of their orthodontic treatment requirements at the end of the reporting quarter. *Wait time is recorded as waiting: i) 1-6 months ii) 7-12 months iii) 13-24 months vi) > 2 years.
3	KPI Rationale	To monitor and address the number of patients on the orthodontic assessment waiting list.
	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two). "Person Centred Care
4	KPI Target 2017	DOP 2017 Target National - 6,720
5	KPI Calculation	Count the total number of patients on the Orthodontic assessment waiting list at the end of the reporting quarter. Coun at the end of each quarter, i.e. last day of March, June, September and December.
6	Data Source	Data is submitted by the Orthodontic Services (in the former Health Board areas) to the Community Healthcare Team in the Business Intelligence Unit (BIU). The BIU liaises with the National Oral Health Lead for validation purposes as necessary.
	Data Completeness	Data completeness is expected at 100%.
	Data Quality Issues	No
7	Data Collection Frequency	Indicate how often the data to support the KPI will be collected: □Daily □Weekly □Monthly ☑Quarterly □Bi-annually □Annually
8	Tracer Conditions	Number of orthodontic patients on the assessment waiting list at the end of the reporting period
9	Minimum Data Set	Number of orthodontic patients on the assessment waiting list at the end of the reporting period
10	International Comparison	No
11	KPI Monitoring	KPI will be monitored on a (please indicate below) basis: □Daily □Weekly □Monthly □Quarterly □Bi-annually □Annually Please indicate who is responsible at a local level for monitoring this KPI: Consultant Orthodontist / Orthodontic Manager, the CHO Head of Service Primary Care, Chief Officer and the Primary Care Division Operations Team via performance meetings.
12	KPI Reporting Frequency	Indicate how often the KPI will be reported: □Daily □Weekly □Monthly ☑Quarterly □Bi-annually □Annually □Other – give details:
13	KPI report period	Indicate the period to which the data applies: □Current ☑Cuarterly Current (data reported by the 10th of the month following the quarter) □Monthly in arrears (June data reported in July) □Cuarterly in arrears (quarter 1 data reported in quarter 2) □Rolling 12 months (previous 12 month period) □Other - give details:
14	KPI Reporting Aggregation	Indicate the level of aggregation — for example over a geographical location: ☑ National ☑ Regional- former HSE Region ☐ County ☐ Institution ☑ Other — give details: former Health Board Area (except Dublin North East)
15	KPI is reported in which reports?	Indicate where the KPI will be reported: ☑Performance Report □Other – give details:
16	Web link to data	http://www.hse.ie/eng/services/publications/
	Additional Information	
Data	Manager / Specialist Lead	Information Analyst: Geraldine Littler, Business Information Unit- Palliative Care & Social Inclusion, Planning and Business Information (PBI) 046 9251330 Email:Geraldine.Littler@hse.ie Specialist Lead: National Oral Health Lead, Primary Care Division
	onal Lead and Division	John Hennessy, National Director, Primary Care Division, Health Service Executive.

Prir	mary Care - Orthodontics 1	reatment Waiting List - Grade 4
1	KPI Title	Number of orthodontic patients on the treatment waiting list - grade 4 - at the end of the reporting period
2	KPI Description PC29	This is a count of the number of orthodontic patients (grade 4) on the treatment waiting list at the end of the reporting period. The Modified Index of Treatment Need is used by the Orthodontic Services to establish cases that are eligibile to receive treatment by the HSE Orthodontic Services. Grade 4 patients have severe degrees of irregularity that require treatment for health reasons, traumatic bites or functional problems. Patients waiting for growth to be completed are excluded.
3	KPI Rationale	To monitor and address the number of patients (grade 4) on the orthodontic treatment waiting list.
	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two). "Person Centred Care
4	KPI Target 2017	DOP 2017 Target National - 9,741
5	KPI Calculation	Count the number of patients (grade 4) on the Orthodontic Treatment waiting at the end of the reporting period. Count at the end of each quarter, i.e. last day of March, June, September and December.
6	Data Source	Data is submitted by the Orthodontic Services (in the former Health Board areas) to the Community Healthcare Team in the Business Intelligence Unit (BIU). The BIU liaises with the National Oral Health Lead for validation purposes as necessary.
	Data Completeness	Data completeness is expected at 100%.
	Data Quality Issues	No
7	Data Collection Frequency	Indicate how often the data to support the KPI will be collected: □Daily □Weekly □Monthly ☑Quarterly □Bi-annually □Annually
8		Number of orthodontic patients (grade 4) on the treatment waiting list
9	Minimum Data Set	Number of orthodontic patients (grade 4) on the treatment waiting list
10	International Comparison	No
11	KPI Monitoring	KPI will be monitored on a (please indicate below) basis: □Daily □Weekly □Monthly ☑Quarterly □Bi-annually □Annually Please indicate who is responsible at a local level for monitoring this KPI: Consultant Orthodontist / Orthodontic Manager, the CHO Head of Service Primary Care, Chief Officer and the Primary Care Division Operations Team via performance meetings.
12	KPI Reporting Frequency	Indicate how often the KPI will be reported: □Daily □Weekly □Monthly ☑Quarterly □Bi-annually □Annually □Other – give details:
13	KPI report period	Indicate the period to which the data applies: □Current □Quarterly Current (data reported by the 10th of the month following the quarter) □Monthly in arrears (June data reported in July) □Quarterly in arrears (quarter 1 data reported in quarter 2) □Rolling 12 months (previous 12 month period) □Other - give details:
14	KPI Reporting Aggregation	Indicate the level of aggregation – for example over a geographical location: ☑ National □ ☑ Regional -former HSE Region (except Dublin North East) □ County □ Institution ☑ Other – give details: former Health Board Area
15	KPI is reported in which reports?	Indicate where the KPI will be reported: ☑Performance Report □Other – give details:
		http://www.hse.ie/eng/services/publications/
	Additional Information	
Contact details for Data Manager / Specialist Lead		Information Analyst: Geraldine Littler, Business Information Unit- Palliative Care & Social Inclusion, Planning and Business Information (PBI) 046 9251330 Email:Geraldine.Littler@hse.ie Specialist Lead: National Oral Health Lead, Primary Care Division
Natio	onal Lead and Division	John Hennessy, National Director, Primary Care Division, Health Service Executive.

1	KPI Title	Number of orthodontic patients on the treatment waiting list - grade 5 - at the end of the reporting period
2	KPI Description PC30	This is a count of the number of orthodontic patients (grade 5) on the treatment waiting list at the end of the reporting period. The Modified Index of Treatment Need is used by the Orthodontic Services to establish cases that are eligibile to receiv treatment by the HSE Orthodontic Services. Grade 5 patients have very severe dental health problems, e.g. cleft lip & palate upper front teeth that protrude more than 9mm, teeth cannot come into the mouth because of overcrowding, additional incisors or canines or any other cause. Patients waiting for growth to be completed are included.
3	KPI Rationale	To monitor and address the number of patients (grade 5) on the orthodontic treatment waiting list.
	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two). ☑Person Centred Care ☑ Effective Care ☐Safe Care ☐Better Health and Wellbeing ☑Use of Information ☐Workforce ☐Use of Resources ☐Governance, Leadership and Management
4	KPI Target 2017	DOP 2017 Target National - 8,136
5	KPI Calculation	Count the number of patients (grade 5) on the Orthodontic Treatment waiting lists at the end of the reporting quarter. Count at the end of each quarter, i.e. last day of March, June, September and December.
6	Data Source	Data is submitted by the Orthodontic Services (in the former Health Board areas) to the Community Healthcare Team in the Business Intelligence Unit (BIU). The BIU liaises with the National Oral Health Lead for validation purposes as necessary.
	Data Completeness	Data completeness is expected at 100%. Former HSE region Dublin Mid Leinster (DML) patients attend St James's Hospital and are not included in the returns.
	Data Quality Issues	No
7	Data Collection Frequency	Indicate how often the data to support the KPI will be collected: □Daily □Weekly □Monthly ☑Quarterly □Bi-annually □Annually
8	Tracer Conditions	Number of orthodontic patients (grade 5) on the treatment waiting list
9	Minimum Data Set	Number of orthodontic patients (grade 5) on the treatment waiting list
10	International Comparison	No
11	KPI Monitoring	KPI will be monitored on a (please indicate below) basis: □Daily □Weekly □Monthly ☑Quarterly □Bi-annually □Annually Please indicate who is responsible at a local level for monitoring this KPI: Consultant Orthodontist / Orthodontic Manager, the CHO Head of Service Primary Care, Chief Officer and the Primary Care Division Operations Team via performance meetings.
12	KPI Reporting Frequency	Indicate how often the KPI will be reported: □Daily □Weekly □Monthly ☑Quarterly □Bi-annually □Annually □Other – give details:
13	KPI report period	Indicate the period to which the data applies: □Current □Current □Current (Journent (data reported by the 10th of the month following the quarter) □Monthly in arrears (June data reported in July) □Cuarterly in arrears (quarter 1 data reported in quarter 2) □Rolling 12 months (previous 12 month period) □Other - give details:
14	KPI Reporting Aggregation	Indicate the level of aggregation – for example over a geographical location: ☑ National ☑Regional -former HSE Region ☐ County ☐ Institution ☑Other – give details: former Health Board Area (except Dublin North East) C200
15	KPI is reported in which reports?	Indicate where the KPI will be reported: ☑Performance Report □Other – give details:
	Web link to data	http://www.hse.ie/eng/services/publications/
	Additional Information	
Contact details for Data Manager / Specialist Lead		Information Analyst: Geraldine Littler, Business Information Unit- Palliative Care & Social Inclusion, Planning and Business Information (PBI) 046 9251330 Email:Geraldine.Littler@hse.ie Specialist Lead: National Oral Health Lead, Primary Care Division

Prir	nary Care - Orthodontics i	Reduce Treatment Waiting List
1	KPI Title	Reduce the proportion of orthodontic patients on the treatment waiting list waiting longer than 4 years (grades 4 and 5)
2	KPI Description PC31 & PC31A	In order to reduce the proportion of orthodontic patients (grades 4 and 5) on the treatment waiting list waiting longer than 4 years for treatment, the percentage of patients (grades 4 and 5) on the treatment waiting list waiting longer than 4 years for treatment is calculated. Actions are then required to be undertaken to address these waiting times and to work towards achievement of the national target of 95% of these patients receiving their treatment within 4 years or < 5% being on the waiting list for treatment longer than 4 years.
3	KPI Rationale	To monitor the number of patients on the treatment waiting list and reduce the number waiting longer than four years for orthodontic treatment.
	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two). ☑Person Centred Care ☑ Effective Care ☐ Safe Care ☐Better Health and Wellbeing ☑ Use of Information ☐ Workforce ☐Use of Resources ☐Governance, Leadership and Management
4	KPI Target 2017	DOP 2017 Target National - <5% of patients waiting over 4 years
5	KPI Calculation	Calculate the percentage of orthodontic patients (grades 4 and 5) on the treatment waiting list that are waiting longer than 4 years by dividing the number of orthodontic patients (grades 4 and 5) on the treatment waiting list waiting longer than 4 years by the total number of orthodontic patients (grades 4 and 5) waiting at the end of the reporting period and multiplying by 100. Numerator: No. of patients (grades 4 and 5) on the treatment waiting list waiting longer than four years at the end of the reporting period. Denominator: Total number of patients (grades 4 and 5) on the treatment waiting list at the end of the reporting period. x 100
6	Data Source	Data is submitted by the Orthodontic Services (in the former Health Board areas) to the Community Healthcare Team in the Business Intelligence Unit (BIU). The BIU liaises with the National Oral Health Lead for validation purposes as necessary.
	Data Completeness	Data completeness is expected at 100%.
	Data Quality Issues	No
7	Data Collection Frequency	Indicate how often the data to support the KPI will be collected: □Daily □Weekly □Monthly ☑Quarterly □Bi-annually □Annually
8	Tracer Conditions	Number of orthodontic patients (grades 4 and 5) on the treatment waiting list including those waiting over 4 years
9	Minimum Data Set	Number of orthodontic patients (grades 4 and 5) on the treatment waiting list including those waiting over 4 years
	International Comparison	No
11	KPI Monitoring	KPI will be monitored on a (please indicate below) basis: □ Daily □ Weekly □ Monthly ☑ Quarterly □ Bi-annually □ Annually Please indicate who is responsible at a local level for monitoring this KPI: Consultant Orthodontist / Orthodontic Manager, the CHO Head of Service Primary Care, Chief Officer and the Primary Care Division Operations Team via performance meetings.
12	KPI Reporting Frequency	Indicate how often the KPI will be reported: □Daily □Weekly □Monthly ☑Quarterly □Bi-annually □Annually □Other – give details:
13	KPI report period	Indicate the period to which the data applies: Current Quarterly Current (data reported by the 10th of the month following the quarter) Monthly in arrears (June data reported in July) Quarterly in arrears (quarter 1 data reported in quarter 2) Rolling 12 months (previous 12 month period)
14	KPI Reporting Aggregation	Indicate the level of aggregation – for example over a geographical location: ☑ National ☑ Regional- former HSE Region ☐ County ☐ Institution ☑ Other – give details: former Health Board Area (except Dublin North East)
15	KPI is reported in which reports?	Indicate where the KPI will be reported: ☑Performance Report □Other – give details:
16	Web link to data	http://www.hse.ie/eng/services/publications/
	Additional Information	
	act details for Data Manager / ialist Lead	Information Analyst: Geraldine Littler, Business Information Unit- Palliative Care & Social Inclusion, Planning and Business Information (PBI) 046 9251330 Email:Geraldine.Littler@hse.ie Specialist Lead: National Oral Health Lead, Primary Care Division

1	KPI title	Number of new patients attending for scheduled assessment
2	KPI Description	This is a count of the number of new patients attending dental services for scheduled assessment during the reportin
	PC32	period. A 'new patient' is defined as any patient who is being seen for the first time in any particular course of treatment and therefore does not have an existing treatment plan. Patients may be children (defined as aged < 16 years and adults defined as aged 16 years and >). 'Course of treatment' in this instance may refer to an examination only and does not imply that any active treatment is required. It should be noted that where any existing course of treatment exceeds 12 months in length it must be considered to have expired / been completed and the patient should be (re)assessed as a "new patient". A 'scheduled assessment' is any assessment or examination of a patient which has been organised in a planned way such as for children in targeted school classes or patients accessed in a planned manner through any special needs centre / unit etc. In essence, any assessment which is not unscheduled falls into this category.
		The term 'assessment' should be considered as encompassing any screening, inspection or examination with the person being counted and returned once even if the service arrangements include a two (or more)-stage process such as screening or inspection in school followed by an examination in the dental surgery.
3	KPI Rationale	This metric allows the number of new patients accessing the dental service for scheduled dental assessment in the reporting period to be monitored.
	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases yo may need to choose two). Person Centred Care
4	KPI Target 2017	Unavailable
5	KPI Calculation	Count the total number of patients that had a scheduled assessment during the reporting period. Include all children i 'target classes', any other patients seen aged less than 16 years of age or aged 16 years and >. Children aged 6-8 years of age / 1st or 2nd class and 11-13 years of age / 5th or 6th class are also counted and returned separately.
6	Data Source	Dental records, Principal Dental Surgeon, Chief Officer and Business Intelligence Unit (BIU) Community Healthcare Team. The BIU liaises with the National Oral Health Lead for validation purposes as necessary.
	Data Completeness	Data incomplete due to IR issues, being addressed in 2017
7	Data Quality Issues	Data incomplete due to IR issues, being addressed in 2017
8	Data Collection Frequency Tracer Conditions	Indicate how often the data to support the KPI will be collected: □Daily □Weekly ☑ Monthly □Quarterly □Bi-annually □Annually □Other – give details: New patients attending for scheduled care
		· · · · · · · · · · · · · · · · · · ·
9 10	Minimum Data Set International Comparison	New patients attending for scheduled care
11	•	
"	KPI Monitoring	KPI will be monitored on a (please indicate below) basis: □Daily □Weekly ☑ Monthly □Quarterly □Bi-annually □Annually □Other – give details: Please indicate who is responsible at a local level for monitoring this KPI: Principal Dental Surgeon, the CHO Head of Service Primary Care, Chief Officer and the Primary Care Division Operations Team via performance meetings.
12	KPI Reporting Frequency	Indicate how often the KPI will be reported: □Daily □Weekly ☑Monthly □Quarterly □Bi-annually □Annually □Other – give details:
13	KPI report period	Indicate the period to which the data applies: ☑Current (e.g. daily data reported on that same day of activity, monthly data reported by the 10th of the following ☐ Monthly in arrears (June data reported in July) ☐ Quarterly in arrears (quarter 1 data reported in quarter 2) ☐ Rolling 12 months (previous 12 month period) ☐ Other – give details:
14	KPI Reporting Aggregation	Indicate the level of aggregation – for example over a geographical location: ☑ National ☑ CHO ☑ LHO ☐ County ☐ Institution ☐ Other – give details:
15	KPI is reported in which reports?	Indicate where the KPI will be reported: ☑ Performance Report ☐ Other – give details:
16	Web link to data	http://www.hse.ie/eng/services/publications/
17	Additional Information	Information Analysts Corolding Littles Duninger Information Unit Dell'ative Core 9 Contains a duning District
Contact details for Data Manager / Specialist Lead		Information Analyst: Geraldine Littler, Business Information Unit- Palliative Care & Social Inclusion, Planning and Business Information (PBI) 046 9251330 Email:Geraldine.Littler@hse.ie Specialist Lead: National Oral Health Lead
	Lead and Division	John Hennessy, National Director, Primary Care Division, Health Service Executive.

Prima	ry Care - Oral Health	Primary Dental Care Unscheduled Assessment
,	MDI CO.	Notes of some for the first form the first form and
2	KPI title KPI Description PC33	Number of new patients attending for unscheduled assessment This is a count of the number of new patients attending dental services for unscheduled assessment during the reporting period. Patients may be children (defined as aged < 16 years and adults defined as aged 16 years and >). A 'new patient' is defined as any patient who is being seen for the first time in any particular course of treatment and therefore does not have an existing treatment plan. A course of treatment' in this instance may refer to an examination only and does not imply that any active treatment is required. It should be noted that where any existing course of treatment exceeds 12 months in length it must be considered to have expired / been completed and the patient should be (re)assessed as a "new patient". An 'unscheduled assessment' is any assessment or examination of a patient which has not been organised or initiated by the service. An 'unscheduled assessment' is one which has been initiated by the patient / parent / carer who contacts the dental service seeking care or advice. Such an attendance is often considered to be an 'emergency' or 'casual' attendance. The patient may have been given an appointment to attend for this unscheduled assessment or may turn up without any appointment.
3	KPI Rationale Indicator Classification	This metric allows the number of new patients accessing the dental service for unscheduled assessment in the reporting period to be monitored. A low proportion of unscheduled assessments accessing the service is an indicator of better underlying dental health / overall health of the population. Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two). Person Centred Care
		☐ Use of Resources ☐ Governance, Leadership and Management
	KPI Target 2017	Unavailable
5	KPI Calculation	Count the number of patients (aged <16 years and aged 16 years and >) who attended for unscheduled care during the reporting period.
6	Data Source	Dental records, Principal Dental Surgeon, Chief Officer and Business Intelligence Unit (BIU) Community Healthcare Team. The BIU liaises with the National Oral Health Lead for validation purposes as necessary.
	Data Completeness	Data incomplete due to IR issues, being addressed in 2017
	Data Quality Issues	Data incomplete due to IR issues, being addressed in 2017
7	Data Collection Frequency	Indicate how often the data to support the KPI will be collected: □Daily □Weekly ☑ Monthly □Quarterly □Bi-annually □Annually □Other – give details:
8	Tracer Conditions	New patients (aged <16 years and aged 16 years and >) attending for unscheduled assessment
9	Minimum Data Set	New patients (aged <16 years and aged 16 years and >) attending for unscheduled assessment
10	International Comparison	No
11	KPI Monitoring	KPI will be monitored on a (please indicate below) basis: □Daily □Weekly ☑ Monthly □Quarterly □Bi-annually □Annually □Other – give details: Please indicate who is responsible at a local level for monitoring this KPI: Principal Dental Surgeon, the CHO Head of Service Primary Care, Chief Officer and the Primary Care Division Operations Team via performance meetings.
12	KPI Reporting Frequency	Indicate how often the KPI will be reported: □Daily □Weekly ☑Monthly □Quarterly □Bi-annually □Annually □Other – give details:
13	KPI report period	Indicate the period to which the data applies: ☑Current (e.g. daily data reported on that same day of activity, monthly data reported by the 10th of the following ☐ Monthly in arrears (June data reported in July) ☐ Quarterly in arrears (quarter 1 data reported in quarter 2) ☐ Rolling 12 months (previous 12 month period) ☐ Other – give details:
	KPI Reporting Aggregation	Indicate the level of aggregation – for example over a geographical location: ☑ National ☑ CHO ☑ LHO □ County □ Institution □ Other – give details:
15	KPI is reported in which reports?	Indicate where the KPI will be reported: ☑ Performance Report □Other – give details:
16	Web link to data	http://www.hse.ie/eng/services/publications/
	Additional Information	
Contact (Specialis	details for Data Manager / st Lead	Information Analyst: Geraldine Littler, Business Information Unit- Palliative Care & Social Inclusion, Planning and Business Information (PBI) 046 9251330 Email:Geraldine.Littler@hse.ie Specialist Lead: National Oral Health Lead
	Lead and Division	John Hennessy, National Director, Primary Care Division, Health Service Executive.

		Primary Dental Care Percentage New Patients who Commenced Treament
1	KPI title	Percentage of new patients who commenced treatment within three months of assessment
2	KPI Description PC34 & PC34A	This is a calculation of the number of new patients who commenced treatment within 3 months of scheduled assessment expressed as a proportion of the overall number of new patients who commenced treatment within the reporting period multiplied by 100. This metric is focused on those patients who attend for scheduled assessment only. As the HSE's routine dental services are delivered in a planned way based on need rather than demand, every patient who attends for "unscheduled assessment" is seeking emergency care and will require some treatment, even if that treatment consists of no more than reassurance or advice. In the majority of such cases the treatment is commenced, often completed, on the day of the unscheduled assessment, therefore unscheduled assessment is not included.
3	KPI Rationale	This metric allows waiting time from scheduled assessment to treatment commencement to be monitored.
	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two). ☑ Person Centred Care □ Effective Care □ Safe Care □ Better Health and Wellbeing □ Use of Information □ Workforce □ Use of Resources □ Governance, Leadership and Management
4	KPI Target 2017	NSP 2017 Target National - 88%
5	KPI Calculation	The number of new patients needing further treatment who commenced that treatment within three months of their scheduled assessment, in the reporting period, is divided by the total number of patients needing further treatment who commenced treatment in the reporting period and multiplied by 100. Numerator: No. of new patients needing further treatment who commenced treatment within 3 months of scheduled assessment during the reporting period Denominator: Total number of patients needing further treatment who commenced treatment during the reporting period x 100
6	Data Source	Dental records, Principal Dental Surgeon, Chief Officer, Business Intelligence Unit (BIU) Community Healthcare Team The BIU liaises with the National Oral Health Lead for validation purposes as necessary.
	Data Completeness	Data incomplete due to IR issues, being addressed in 2017
	Data Quality Issues	Data incomplete due to IR issues, being addressed in 2017
7	Data Collection Frequency	Indicate how often the data to support the KPI will be collected: □Daily □Weekly ☑ Monthly □Quarterly □Bi-annually □Annually □Other – give details:
8	Tracer Conditions	New patients commencing treatment during the reporting period including those commencing within three months.
9	Minimum Data Set	New patients commencing treatment during the reporting period including those commencing within three months.
10	International Comparison	No
11	KPI Monitoring	KPI will be monitored on a (please indicate below) basis: □Daily □Weekly ☑ Monthly □Quarterly □Bi-annually □Annually □Other – give details: Please indicate who is responsible at a local level for monitoring this KPI: Prinicipal Dental Surgeon, the CHO Head of Service Primary Care, Chief Officer and the Primary Care Division Operations Team via performance meetings.
12	KPI Reporting Frequency	Indicate how often the KPI will be reported: □Daily □Weekly ☑Monthly □Quarterly □Bi-annually □Annually □Other – give details:
13	KPI report period	Indicate the period to which the data applies: Current (e.g. daily data reported on that same day of activity, monthly data reported by the 10th of the following Monthly in arrears (June data reported in July) Quarterly in arrears (quarter 1 data reported in quarter 2) Rolling 12 months (previous 12 month period) Other – give details:
14	KPI Reporting Aggregation	Indicate the level of aggregation – for example over a geographical location: ☑ National ☑ CHO ☑ LHO □ County □ Institution □ Other – give details:
15	KPI is reported in which reports?	Indicate where the KPI will be reported: ☑ Performance Report □Other – give details:
16	Web link to data	http://www.hse.ie/eng/services/publications/
17	Additional Information	
Contact Specialis	details for Data Manager / st Lead	Information Analyst: Geraldine Littler, Business Information Unit- Palliative Care & Social Inclusion, Planning and Business Information (PBI) 046 9251330 Email:Geraldine.Littler@hse.ie Specialist Lead: National Oral Health Lead
	Lead and Division	John Hennessy, National Director, Primary Care Division, Health Service Executive.

Pri	mary Care-Health	Amendment Act- Services to persons with State Acquired Hepatitis C
1	KPI Title	No. of Health Amendment Act cardholders who were reviewed
2	KPI Description	This is a count of the number of Health Amendment Act (HAA) 1996 cardholders who had their health needs reviewed
	PC 119	during the reporting period. Individuals who contracted Hepatitis C from the administration within the state of
		contaminated blood or blood products and hold a HAA card are entitled to a range of services including General
		Practitioner services, all prescribed drugs, medicines and appliances, dental and ophthalmic services, home support,
		home nursing, counselling services and other services without charge. HAA cardholders have their health needs
		reviewed to ensure that adequate service responses are in place to address their needs. Recruitment delays have
		been experienced in the filling of the nursing posts approved to undertake these assessments.
3	KPI Rationale	Regular review of health needs ensures that adequate service responses are in place for HAA cardholders and that any
	Indicator Classification	changes in needs are addressed in collaboration with the individual cardholder.
	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you
		may need to choose two).
		☐ Person Centred Care ☐ Effective Care ☐ Safe Care
		☐ Better Health and Wellbeing ☐ Use of Information ☐ Workforce
_	KDI T (0047	☑Use of Resources ☐ Governance, Leadership and Management
4	KPI Target 2017	NSP 2017 Target National - 586
-	KDI Calaulatian	CHO 1-50, CHO 2-50, CHO 3-40, CHO 4-64, CHO 5-60, CHO 6-50, CHO 7-135, CHO 8-50, CHO 9-87
6	KPI Calculation Data Source	Count the number of HAA cardholders who were reviewed during the reporting quarter. Hepatitis C Liaison Officers, Hepatitis C Nurses, Hepatitis C National Co-ordinator and Business Information Unit (BIU)
0	Data Source	
	Data Completeness	Community Healthcare Team. 100% Complete
	Data Quality Issues	No
7	Data Collection	Indicate how often the data to support the KPI will be collected:
'	Frequency	□ Daily □ Weekly □ Monthly ☑ Quarterly □ Bi-annually □ Annually Other – give details:
8	Tracer Conditions	HAA Cardholders who were reviewed
9	Minimum Data Set	HAA Cardholders who were reviewed
	International	No
	Comparison	
11	KPI Monitoring	KPI will be monitored on a (please indicate below) basis:
	• • • •	□Daily □Weekly □Monthly ☑Quarterly □Bi-annually □Annually □Other – give details:
		Please indicate who is responsible for monitoring this KPI: Hepatitis C National Cordinator
12	KPI Reporting	Indicate how often the KPI will be reported:
	Frequency	□Daily □ Weekly □Monthly ☑ Quarterly □ Bi-annually □Annually □Other – give details:
13	KPI report period	Indicate the period to which the data applies:
		□Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity)
		☐Monthly in arrears (June data reported in July)
		☑Quarterly current (data reported for each quarter by the 10th of the month following the end of the quarter)
		Quarterly in arrears (quarter 1 data reported in quarter 2)
		□Biannually
14	KPI Reporting	Indicate the level of aggregation – for example over a geographical location:
		☑ National ☑ CHO
	Aggregation	☐ County ☐ Institution ☐ Other – give details:
15	KPI is reported in which	Indicate where the KPI will be reported:
	reports ?	☑ Performance Report Other – give details:
16	Web link to data	http://www.hse.ie/eng/services/publications/
17	Additional Information	
Conf	act details for Data	Information Analyst: Geraldine Littler, Business Information Unit- Palliative Care & Social Inclusion, Planning and
	ager /Specialist Lead	Business Information (PBI) 046 9251330 Email:Geraldine.Littler@hse.ie
	. O	Specialist Leads: Brian Murphy, Head of Planning, Performance and Programme Management and Interim Head of
		Operations Primary Care Division,
		Ger Kane, Hepatitis C National Co-ordinator, Primary Care Division
Natio	onal Lead and Division	John Hennessy, National Director, Primary Care Division, Health Service Executive.

Pri	mary Care - Health	care Associated Infections Medication Management
1	KPI Title	Consumption of antibiotics in community settings (defined as daily doses per 1,000 population per day)
	KPI Description PC102	This is a calculation of the rate of consumption of antibiotics in the ambulatory (non-hospital) setting where the monthly rate is reported as defined daily doses (DDD) per 1,000 population per day (DID).
3	KPI Rationale	Community antibiotic use is strongly linked to antimicrobial resistance, which is a major public health threat.
	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you
		may need to choose two).
		☑ Person Centred Care ☑ Effective Care □ Safe Care
		☐ Better Health and Wellbeing ☐ Use of Information ☐ Workforce
	1/21	☐ Use of Resources ☐ Governance, Leadership and Management
4	KPI Target 2017 KPI Calculation	NSP 2017 Target National - <21.7
5	KPI Calculation	Monthly rate reported as defined daily doses (DDD) per 1,000 population per day (DID) Numerator data: Aggregate data on wholesale supply of systemic antimicrobials to community pharmacies, purchased
		from IMS Health Inc. (Accounts for at least 95% of community antibiotic sales. Prescription level data not available).
		Denominator data: CSO census data
		Other data: Updated ATC coding and DDD definitions from World Health Organisation (WHO) which can impact on
		interpretation of results).
6	Data Source	Since warch 2007 the Health Protection Surveillance Centre (HPSC) has been co-ordinating the publication of data
ľ		relating to antimicrobial consumption for acute public hospitals in Ireland.
	Data Completeness	100% complete
	Data Quality Issues	Changes to ATC coding and DDD definitions from WHO can impact on interpretation of results. Does not represent
		prescription level data.
7	Data Collection	Indicate how often the data to support the KPI will be collected:
	Frequency	□Daily □Weekly □Monthly ☑ Quarterly □Bi-annually □Annually □Other – give details:
8	Tracer Conditions	Rates of penicillin and macrolide resistance among invasive strains of Streptococcus pneumoniae (EARS-Net data, via
9	Minimum Data Set	HPSC) Quarterly data supply from IMS Health
10	International	Uses WHO-approved methodology. Part of Europe-wide standardised surveillance programme (European Surveillance
10	Comparison	of Antimicrobial Consumption (ESAC) network). National data from all participating European countries available for
	Companion	comparison.
11	KPI Monitoring	KPI will be monitored on a (please indicate below) basis:
	iti i momtoring	Daily Weekly Monthly ☑Quarterly Bi-annually Annually Other – give details:
		Please indicate who is responsible at a local level for monitoring this KPI: the CHO Head of Service Primary Care, Chief
		Officer and the Primary Care Division Operations Team via performance meetings.
12	KPI Reporting	Indicate how often the KPI will be reported:
	Frequency	□Daily □Weekly □Monthly ☑ Quarterly 1 Q in arrears □Bi-annually □Annually □Other
		– give details:
13	KPI report period	Indicate the period to which the data applies:
		□Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity)
		☐Monthly in arrears (June data reported in July)
		☑Quarterly in arrears (quarter 1 data reported in quarter 2)
		□Biannually
14	KPI Reporting	Indicate the level of aggregation – for example over a geographical location:
	Aggregation	☑ National ☐ County ☐ Institution ☐ Other – give details:
15	KPI is reported in which	Indicate where the KPI will be reported:
40	reports ?	☐ Performance Report Other – give details: Intro://www.hpsc.ie/a-z/microbiologyantimicrobialresistance/europeansurveillanceofantimicrobialconsumptionesac/publicmicrobreports/
16	Web link to data	THE PARTY WWW. IPSC. I.C. & 21 THOLOGICOLOGY AT INTHICIODIAN COSTAT INTENDIAN COSTAT INTHICIODIAN COSTAT INTENDIAN CO
17	Additional Information	Reports on community antibiotic consumption for participating European countries available at www.ecdc.eu
Cont	act details for Data	Specialist Lead: Dr. Robert Cunney, HPSC robert.cunney@hse.ie Tel: 01 8765300
	ger /Specialist Lead	Information Analyst: Geraldine Littler, Business Information Unit- Palliative Care & Social Inclusion, Planning and
	•	Business Information(PBI) 046 9251330 Email: Geraldine.Littler@hse.ie
Natio	nal Lead and Division	John Hennessy, National Director, Primary Care Division, Health Service Executive.
		<u>I</u>

1 KPI Title 2 KPI Description PCRS1 3 Medical Cards - Number of persons covered 4 This is a count of the number of people with eligibility for a Medical Card at the end of the reporting month. Medical Cards allow people to acces family doctor or GP services, community health services, dental services, hospital care and a range of other benefits free of charge. Eligibility is determined based on a financial assessment of means. To qualify, weekly income must be below a certain limit for a particular family size. Cash income, savings, investments and property (except the family home) are taken into account while allowances are made for reasonable expenses relation to rent / mortgage, childcare and travel to work expenses. Applicants whose weekly incomes are derived solely from Department of Soc Protection or HSE allowances / payments, which are in excess of the Financial Guidelines, are eligible for a Medical Card. Those exempt from the means test include children in receipt of Domiciliary Care Allowance, children in foster care, children under 18 diagnosed with cancer, those with EU entitlement, people affected by the drug Thalidomide and women who have had a symphysiotomy. It is also possible to get a medical card if costs of meeting ones medical needs cause undue financial hardship. 3 KPI Rationale This metric allows us monitor the number of people with Medical Card eligibility for family doctor, community health services, dental services, hospital care and a range of other benefits.	Drin	nary Care -Primary (Care Reimbursement Service (PCRS) Medical Cards
This is a out of the number of people with eligibility for a Medical Card at the end of the reporting month. Medical Cards allow people to access PCRS1		ilary care -i filliary c	Pare Nellinbursement Gervice (i GNG) medical Gards
This is a out of the number of people with eligibility for a Medical Card at the end of the reporting month. Medical Cards allow people to access PCRS1	1	KPI Title	Medical Cards - Number of persons covered
hospital care and a range of other benefits. Indicator Classification Please lick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two Derson Centred Care Deffective Care Defective Care Defectiv	2	KPI Description	This is a count of the number of people with eligibility for a Medical Card at the end of the reporting month. Medical Cards allow people to access family doctor or GP services, community health services, dental services, hospital care and a range of other benefits free of charge. Eligibility is determined based on a financial assessment of means. To qualify, weekly income must be below a certain limit for a particular family size. Cash income, savings, investments and property (except the family home) are taken into account while allowances are made for reasonable expenses in relation to rent / mortgage, childcare and travel to work expenses. Applicants whose weekly incomes are derived solely from Department of Social Protection or HSE allowances / payments, which are in excess of the Financial Guidelines, are eligible for a Medical Card. Those exempt from the means test include children in receipt of Domiciliary Care Allowance, children in foster care, children under 18 diagnosed with cancer, those with EU entitlement, people affected by the drug Thalidomide and women who have had a symphysiotomy. It is also possible to get a medical card if the
Person Centred Care □Effective Care □Safe Care □Setter Health and Wellbeing □Use of Information □Workforce ØUse of Resources □Governance, Leadership and Management	3	KPI Rationale	
KPI Target 2017 NSP 2017 Target National -1,672,654		Indicator Classification	□Safe Care □ Better Health and Wellbeing □Use of Information
Store Count the number of people with eligibility for a Medical Card at the end of the reporting month.	1	KDI Target 2017	
Data Source Data Completeness Completeness Completeness Completeness Completeness Completeness Completeness Subject to ongoing validation of HSE's PCRS database.			
Data Quality Issues Subject to ongoing validation of HSE's PCRS database. Tacer Conditions The number of people who have eligibility for a Medical Card at the end of the reporting month. The number of people who have eligibility for a Medical Card at the end of the reporting month. No KPI Will be monitored on a (please indicate below) basis: Daily Weekly ZiMonthly Quarterly Bi-annually Annually Other – give details: KPI Reporting Frequency Indicate how often the KPI will be reported: Indicate how often the KPI will be reported: Oally Weekly ZiMonthly Quarterly Bi-annually Annually Other – give details: Indicate the period to which the data applies: Zimonth Zimont			
Data Quality Issues Subject to ongoing validation of HSE's PCRS database. Tacer Conditions The number of people who have eligibility for a Medical Card at the end of the reporting month. The number of people who have eligibility for a Medical Card at the end of the reporting month. No KPI Will be monitored on a (please indicate below) basis: Daily Weekly ZiMonthly Quarterly Bi-annually Annually Other – give details: KPI Reporting Frequency Indicate how often the KPI will be reported: Indicate how often the KPI will be reported: Oally Weekly ZiMonthly Quarterly Bi-annually Annually Other – give details: Indicate the period to which the data applies: Zimonth Zimont		Data Completeness	Completeness 100%
Daily			
Minimum Data Set	7	Data Collection Frequency	
10 International Comparison No KPI will be monitored on a (please indicate below) basis: Daily DWeekly Monthly Quarterly Bi-annually Annually Other - give details: Please indicate who is responsible for monitoring this KPI: PCRS. Indicate how often the KPI will be reported: Daily DWeekly Monthly Quarterly Bi-annually Annually Other - give details: Indicate how often the KPI will be reported: Daily Dweekly Monthly Quarterly Bi-annually Annually Other - give details: Indicate the period to which the data applies: ZiCurrent (e.g. daily data reported on that same day of activity, monthly data reported by the 10th of the following month) Monthly in arrears (June data reported in July) Quarterly in arrears (June data reported in July) Quarterly in arrears (quarter 1 data reported in quarter 2) Rolling 12 months (previous 12 month period) Indicate the level of aggregation - for example over a geographical location: National CHO HO County Institution Other - give details: Indicate where the KPI will be reported: Performance Report Other - give details: Indicate where the KPI will be reported: Performance Report Other - give details: Indicate where the KPI will be reported: Performance Report Other - give details: Indicate where the KPI will be reported: Performance Report Other - give details:	8		
KPI Monitoring			
Daily	10 International Comparison No		No
Daily		Ÿ	□Daily □Weekly ☑Monthly □Quarterly □Bi-annually □Annually □Other – give details: Please indicate who is responsible for monitoring this KPI: PCRS.
☐ Current (e.g. daily data reported on that same day of activity, monthly data reported by the 10th of the following month) ☐ Monthly in arrears (June data reported in July) ☐ Quarterly in arrears (quarter 1 data reported in quarter 2) ☐ Rolling 12 months (previous 12 month period) ☐ Rolling 12 months (previous 12 mont	12	KPI Reporting Frequency	
Mational	13	KPI report period	☑Current (e.g. daily data reported on that same day of activity, monthly data reported by the 10th of the following month) ☐Monthly in arrears (June data reported in July) ☐Quarterly in arrears (quarter 1 data reported in quarter 2) ☐Rolling 12 months (previous 12 month period)
reports? ☑Performance Report □Other – give details: 16 Web link to data http://www.hse.ie/eng/services/publications/ 17 Additional Information Contact details for Data Manager / Specialist Lead Information Analyst: Geraldine Littler, Business Information Unit – Palliative Care & Social Inclusion Planning and Business Information (PBI), 046 9251330 Email: Geraldine.Littler@hse.ie Specialist Lead: David Stratton PCRS Email: David.Stratton@hse.ie Tel: 01 8647100	14	KPI Reporting Aggregation	☑ National □ CHO □ LHO
17 Additional Information Contact details for Data Manager Specialist Lead Information Analyst: Geraldine Littler, Business Information Unit – Palliative Care & Social Inclusion Planning and Business Information (PBI), 046 9251330 Email: Geraldine.Littler@hse.ie Specialist Lead: David Stratton PCRS Email: David.Stratton@hse.ie Tel: 01 8647100	15		Indicate where the KPI will be reported:
Contact details for Data Manager Information Analyst: Geraldine Littler, Business Information Unit – Palliative Care & Social Inclusion Planning and Business Information (PBI), 046 9251330 Email: Geraldine.Littler@hse.ie Specialist Lead: David Stratton PCRS Email: David.Stratton@hse.ie Tel: 01 8647100			http://www.hse.ie/eng/services/publications/
Planning and Business Information (PBI), 046 9251330 Email: Geraldine.Littler@hse.ie Specialist Lead: David Stratton PCRS Email: David.Stratton@hse.ie Tel: 01 8647100			
National Lead and Division Ann Marie Hoey, Assistant National Director, Primary Care Schemes & Eligibility, Primary Care Division, Health Service Executive.			Planning and Business Information (PBI), 046 9251330 Email: Geraldine.Littler@hse.ie
	Natio	nal Lead and Division	Ann Marie Hoey, Assistant National Director, Primary Care Schemes & Eligibility, Primary Care Division, Health Service Executive.

Primary Care - Primary Care Reimbursement Service (PCRS) GP Visit Cards				
	nary care i initary			
1	KPI Title	GP Visit Cards - Number of persons covered		
2	KPI Description PCRS2	This is a count of the number of people with eligibility for a GP Visit Card (GPVC) at the end of the reporting month. Most people who get a GPVC do so because their income is below a certain level or where the costs of meeting their medical needs cause undue financial hardship. GPVCs allow individuals and families to visit their family doctor free of charge. Costs of prescribed drugs, medicines and other health services are not covered. Everyone aged 70 years or over, ordinarily resident in Ireland is eligible for free GP care regardless of income. All children who have not reached their sixth birthday, ordinarily resident in Ireland, are eligible for services under the GPVC for Children Under 6 Scheme.		
3	KPI Rationale	This metric allows us to capture the number of people with eligibility for a GPVC at the end of the reporting period.		
	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two). □Person Centred Care □Effective Care □Safe Care □ Better Health and Wellbeing □Use of Information □Workforce ☑Use of Resources □Governance, Leadership and Management		
4	KPI Target 2017	NSP 2017 Target National - 528,593		
	KPI Calculation	Count the total number of people with eligibility for a GPVC at the end of the reporting period.		
6	Data Source	PCRS		
	Data Completeness	Completeness 100%		
	Data Quality Issues	Subject to ongoing validation of HSE's PCRS database.		
7	7 Data Collection Frequency Indicate how often the data to support the KPI will be collected: □□Daily □□Weekly ☑Monthly □□Quarterly □□Bi-annually □□Other – give details:			
8 Tracer Conditions The number of people who have eligibility for a GPVC at the end of the reporting month.		The number of people who have eligibility for a GPVC at the end of the reporting month.		
9	Minimum Data Set	The number of people who have eligibility for a GPVC at the end of the reporting month.		
10	International Comparison	No		
11 KPI Monitoring KPI will be monitored on a (please indicate below) basis: □Daily □Weekly ☑Monthly □Quarterly □Bi-annually □Annually □Other – give details: Please indicate who is responsible for monitoring this KPI: PCRS				
12	KPI Reporting Frequency	Indicate how often the KPI will be reported: □Daily □Weekly ☑Monthly □Quarterly □Bi-annually □Annually □Other – give details:		
	KPI report period	Indicate the period to which the data applies: ☑Current (e.g. daily data reported on that same day of activity, monthly data reported by the 10th of the following month) ☐Monthly in arrears (June data reported in July) ☐Quarterly in arrears (quarter 1 data reported in quarter 2) ☐Rolling 12 months (previous 12 month period)		
	KPI Reporting Aggregation	Indicate the level of aggregation − for example over a geographical location: ☑ National □ CHO □ LHO □ County □ Institution □ Other − give details:		
15	KPI is reported in which	Indicate where the KPI will be reported:		
46	reports ? Web link to data	☑Performance Report □Other – give details: http://www.hse.ie/eng/services/oublications/		
	Additional Information	Inttp://www.nse.teleng/setvices/publications/		
	act details for Data Manager	Information Analyst: Geraldine Littler, Business Information Unit – Palliative Care & Social Inclusion		
	act details for Data Manager cialist Lead	Information Analyst: Geraldine Littler, Business Information Unit – Palliative Care & Social Inclusion Planning and Business Information (PBI), 046 9251330 Email: Geraldine.Littler@hse.ie Specialist Lead: David Stratton, PCRS Email: David.Stratton@hse.ie Tel: 01 8647100		
Natio	nal Lead and Division	Ann Marie Hoey, Assistant National Director, Primary Care Schemes & Eligibility, Primary Care Division, Health Service Executive.		

Primary Care - Primary Care Reimbursement Service (PCRS) Medical Card / GP Visit Card - 15 day turnaround	
incured Card / Ci. Viole Card - 10 day tamaround	
1 KPI Title Percentage of completed Medical / GP Visit Card (GPVC) applications processed within the 15 day turnaround	
2 KPI Description PCRS3 This is a calculation of the percentage of the overall Medical Card / GPVC applications received by the HSE where Medical Card / GPVC applications are processed within 15 working days of receipt of application. Completed applications refer to those applications where there sufficient information provided to allow the application to be processed and where there is no need to write to the client for additional inform	
This metric allows us to capture the percentage of Medical Cards / GPVCs issued within 15 working days of receipt of a complete application the HSE in order to ascertain the efficiency of the processing system.	on by
Indicator Classification Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose □ Person Centred Care □ Effective Care □ Safe Care □ Better Health and Wellbeing □ Use of Information □ Workforce ☑ Use of Resources □ Governance, Leadership and Management	two).
4 KPI Target 2017 NSP 2017 Target National - 96%	
The number of completed Medical Card /GPVC applications processed within 15 days is divided by the overall number of completed Medical GPVC applications received in the reporting month and multiplied by 100.	al /
6 Data Source PCRS	
Data Completeness Completeness 100%	
Data Quality Issues Subject to ongoing validation of HSE's PCRS database.	
7 Data Collection Frequency Indicate how often the data to support the KPI will be collected: □Daily □Weekly ☑Monthly □Quarterly □Bi-annually □Annually □Other – give details:	
8 Tracer Conditions Completed Medical Card / GPVC applications processed within the reporting month and within 15 working days.	
9 Minimum Data Set Completed Medical Card / GPVC applications processed within the reporting month and within 15 working days.	
10 International Comparison No	
KPI Monitoring KPI will be monitored on a (please indicate below) basis: □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	
12 KPI Reporting Frequency	
Indicate the period by the data applies: ☐Current (e.g. daily data reported on that same day of activity, monthly data reported by the 10th of the following month) ☐Monthly in arrears (June data reported in July) ☐Quarterly in arrears (quarter 1 data reported in quarter 2) ☐Rolling 12 months (previous 12 month period)	
14 KPI Reporting Aggregation Indicate the level of aggregation – for example over a geographical location: ☑ National ☐ CHO ☐ LHO ☐ County ☐ Institution ☐ Other – give details:	
15 KPI is reported in which Indicate where the KPI will be reported: □ Performance Report □ Other – give details:	
16 Web link to data http://www.hse.ie/eng/services/publications/	
17 Additional Information	
Contact details for Data Manager Information Analyst: Geraldine Littler, Business Information Unit – Palliative Care & Social Inclusion Planning and Business Information (PE	31). 046
/ Specialist Lead 9251330 Email: Geraldine.Littler@hse.ie Specialist Lead: David Stratton PCRS Email: David.Stratton@hse.ie Tel: 01 8647100	.,, • .•
National Lead and Division Ann Marie Hoey, Assistant National Director, Primary Care Schemes & Eligibility, Primary Care Division, Health Service Executive.	

	Primary Care - Primary Care Reimbursement Service (PCRS)					
Me	Medical Card / GP Visit Card - Medical Officer Review within 5 days					
	KPI Title	Percentage of Medical Card / GP Visit Card (GPVC) applications, assigned for Medical Officer review, processed within 5 days				
2	KPI Description	This is a calculation of the percentage of the overall Medical Card / GPVC applications assigned for Medical Officer review that are processed				
_	PCRS4	within 5 days.				
3	KPI Rationale	This metric allows us to capture the percentage of Medical Card / GPVC applications processed within 5 days of receipt by the assigned Medical Officer in order to ascertain the efficiency of the processing system.				
	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two).				
	maioator Gladomidation	Person Centred Care Deffective Care				
		□Safe Care □ Better Health and Wellbeing □Use of Information□				
		□Workforce ☑Use of Resources □Governance, Leadership and Management				
4	KPI Target 2017	NSP 2017 Target National - 91%				
	KPI Calculation	The number of Medical Card / GPVC applications assigned for Medical Officer review, processed within 5 days is divided by the total number of				
		Medical Card / GPVC applications assigned for Medical Officer review, during the reporting month and multiplied by 100.				
6	Data Source	PCRS				
	Data Completeness	Completeness 100%				
	Data Quality Issues	Subject to ongoing validation of HSE's PCRS database.				
7	Data Collection Frequency	Indicate how often the data to support the KPI will be collected:				
		□Daily □Weekly ☑Monthly □Quarterly □Bi-annually □Annually □Other – give details:				
8	Tracer Conditions	Medical Card / GPVC applications assigned for medical officer review processed within the reporting period and within five working days.				
9	Minimum Data Set	Medical Card / GPVC applications assigned for medical officer review processed within the reporting period and within five working days.				
10	International Comparison	No				
11	KPI Monitoring	KPI will be monitored on a (please indicate below) basis:				
		□Daily □Weekly ☑Monthly □Quarterly □Bi-annually □Other – give details:				
40	KDI D C E	Please indicate who is responsible for monitoring this KPI: PCRS				
12	KPI Reporting Frequency	Indicate how often the KPI will be reported: □Daily □Weekly ☑Monthly □Quarterly □Bi-annually □Annually □Other – give details:				
13	KPI report period	□ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □				
13	Ki i report periou	☐ Current (e.g. daily data reported on that same day of activity, monthly data reported by the 10th of the following month)				
		Monthly in arrears (June data reported in July)				
		Quarterly in arrears (quarter 1 data reported in quarter 2)				
		Rolling 12 months (previous 12 month period)				
14	KPI Reporting Aggregation	Indicate the level of aggregation – for example over a geographical location:				
		☑ National □ CHO □ LHO				
		☐ County ☐ Institution ☐ Other – give details:				
15	KPI is reported in which	Indicate where the KPI will be reported:				
	reports ?	☑Performance Report				
	Web link to data	http://www.hse.ie/eng/services/publications/				
	Additional Information					
	act details for Data Manager	Information Analyst: Geraldine Littler, Business Information Unit – Palliative Care & Social Inclusion Planning and Business Information (PBI), 046				
/ Specialist Lead		9251330 Email: Geraldine.Littler@hse.ie Specialist Lead: David Stratton PCRS Email: David.Stratton@hse.ie Tel: 01 8647100				
Natio	National Lead and Division Ann Marie Hoey, Assistant National Director, Primary Care Schemes & Eligibility, Primary Care Division, Health Service Executive.					

	Primary Care - Primary Care Reimbursement Service (PCRS) Medical Card / GP Visit Card Processing Financial Perspective				
1	KPI title	% of Medical Card / GP Visit Card (GPVC) applications which are accurately processed from a financial perspective by National Medical Card Unit staff			
2	KPI Description PCRS5	This is a calculation of the percentage of the overall number of Medical Card / GPVC applications that were processed without error, from a financial perspective, by National Medical Card Unit staff during the reporting month.			
' ' '		This metric allows us to calculate the percentage of the overall number of Medical Card / GPVC applications that were processed without error, from a financial perspective, by National Medical Card Unit staff and to ascertain the efficiency of the processing system.			
	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two). ☑Person Centred Care ☐ Effective Care ☐ Safe Care ☐ Better Health and Wellbeing ☐ Use of Information ☐ Workforce ☑ Use of Resources ☐ Governance, Leadership and Management			
4	KPI Target 2017	NSP 2017 Target National - 95%			
5	KPI Calculation	A sample size of between 5% and 10% of all Medical Card / GPVC applications processed by the National Medical Card Unit in the reporting month is quality checked. The number of Medical Card / GPVC applications processed without financial errors is identified. The percentage is calculated by dividing this number by the total number of applications quality checked in the reporting month and multiplying by 100.			
6	Data Source	PCRS			
	Data Completeness	Completeness 100%			
	Data Quality Issues	Subject to ongoing validation of PCRS database			
7	Data Collection Frequency	Indicate how often the data to support the KPI will be collected: □Daily □Weekly ☑Monthly □Quarterly □Bi-annually □Annually □Other – give details:			
8	Tracer Conditions	Medical Card / GPVC applications accurately processed from a financial perspective during the reporting month.			
9	Minimum Data Set	Medical Card / GPVC applications accurately processed from a financial perspective during the reporting month.			
10	International Comparison	No			
11	KPI Monitoring	KPI will be monitored on a (please indicate below) basis: □Daily □Weekly ☑Monthly □Quarterly □Bi-annually □Annually □Other – give details: Please indicate who is responsible at a local level for monitoring this KPI: PCRS			
12	KPI Reporting Frequency	Indicate how often the KPI will be reported: □Daily □Weekly ☑Monthly □Quarterly □Bi-annually □Annually □Other – give details:			
13	KPI report period	Indicate the period to which the data applies: ☐Current (e.g. daily data reported on that same day of activity, monthly data reported by the 10th of the following month) ☐Monthly in arrears (June data reported in July) ☐ Quarterly in arrears (quarter 1 data reported in quarter 2) ☐ Rolling 12 months (previous 12 month period) ☐ Other – give details:			
14	KPI Reporting Aggregation	Indicate the level of aggregation – for example over a geographical location: ☑National ☐ CHO ☐ LHO ☐ County ☐ Institution ☐ Other – give details:			
15	KPI is reported in which	Indicate where the KPI will be reported:			
	reports?	☑ Performance Report ☐Other – give details:			
16	Web link to data	http://www.hse.ie/eng/services/publications/			
17	Additional Information				
/ Specialist Lead		Information Analyst: Geraldine Littler, Business Information Unit – Palliative Care & Social Inclusion Planning and Business Information (PBI), 046 9251330 Email: Geraldine.Littler@hse.ie Specialist Lead: David Stratton PCRS Email: David.Stratton@hse.ie Tel: 01 8647100			
Natio	onal Lead and Division	Ann Marie Hoey, Assistant National Director, Primary Care Schemes & Eligibility, Primary Care Division, Health Service Executive.			

Pri	mary Care - Primary	Care Reimbursement Service (PCRS) Medical Card / GP Visit Card Processing End to End			
1	KPI title	% of applications for Medical Cards / GP Visit Cards (GPVCs) that are processed from end to end without the need for additional information			
2	KPI Description PCRS6	This is a calculation of the percentage of the overall number of applications for Medical Cards / GPVCs that are processed from end to end without the need to write to the client for additional information in the reporting month.			
3	KPI Rationale	This metric allows us the capture the percentage of the overall number of Medical Card / GPVC applications that are processed from end to end without the need for additional information and to ascertain the efficiency of the application / processing systems.			
	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two).			
		□ Person Centred Care □ Effective Care □ Safe Care			
		□ Better Health and Wellbeing □ Use of Information □ Workforce □ Use of Resources □ Governance, Leadership and Management			
4	KPI Target 2017	DOP 2017 Target National - 60%			
5	KPI Calculation	The number of applications for Medical / GPVCs processed from end to end without the need for additional information is divided by the total number of applications for medical card / GPVCs during the reporting month and is multiplied by 100.			
6	Data Source	PCRS			
	Data Completeness	Completeness 100%			
	Data Quality Issues	Subject to ongoing validation of PCRS database.			
7	Data Collection Frequency	Indicate how often the data to support the KPI will be collected:			
		□Daily □Weekly ☑Monthly □Quarterly □Bi-annually □Annually □Other – give details:			
8	Tracer Conditions	Applications for Medical Cards / GPVCs that are processed end to end without the need for additional information within the reporting month.			
9	Minimum Data Set	Applications for Medical Cards / GPVCs that are processed end to end without the need for additional information within the reporting month.			
10	International Comparison	No			
11	KPI Monitoring	KPI will be monitored on a (please indicate below) basis:			
		□Daily □Weekly ☑Monthly □Quarterly □Bi-annually □Annually □Other – give details:			
- 10	KBI B	Please indicate who is responsible for monitoring this KPI: PCRS			
	KPI Reporting Frequency	Indicate how often the KPI will be reported: □Daily □Weekly ☑Monthly □Quarterly □Bi-annually □Annually □Other – give details:			
13	KPI report period	Indicate the period to which the data applies:			
		Current (e.g. daily data reported on that same day of activity, monthly data reported by the 10th of the following month)			
		☐Monthly in arrears (June data reported in July)			
		Quarterly in arrears (quarter 1 data reported in quarter 2)			
		☐ Rolling 12 months (previous 12 month period) ☐ Other – give details:			
1/	KPI Reporting Aggregation	Indicate the level of aggregation – for example over a geographical location:			
14	Ki i Keporting Aggregation	Mational □ CHO □ LHO			
		□ County □ Institution □ Other – give details:			
15	KPI is reported in which	Indicate where the KPI will be reported:			
	reports?	☑Performance Report □Other – give details:			
16	Web link to data	http://www.hse.ie/eng/services/publications/			
17	Additional Information				
Con	tact details for Data Manager	Information Analyst: Geraldine Littler, Business Information Unit – Palliative Care & Social Inclusion Planning and Business Information (PBI), 046			
	ecialist Lead	9251330 Email: Geraldine.Littler@hse.ie			
		Specialist Lead: David Stratton PCRS Email: David.Stratton@hse.ie Tel: 01 8647100			
National Lead and Division		Ann Marie Hoey, Assistant National Director, Primary Care Schemes & Eligibility, Primary Care Division, Health Service Executive.			

1	KPI Title	Long Term Illness - Number of claims
2	KPI Description PCRS7	This is a count of the number of claims (prescriptions) under the LTI Scheme as recorded on the LTI database of paid claims for the reporting month. Clients with certain long-term illnesses or disabilities (Acute Leukaemia, Mental handicap, Cerebral Palsy, Mental Illness in a person under 16, Cystic Fibrosis, Multiple Sclerosis, Diabetes Insipidus, Muscular Dystrophies, Diabetes Mellitus, Parkinsonism, Epilepsy, Phenylketonuria, Haemophilia, Spina Bifida, Hydrocephalus and conditions arising from the use of Thalidomide) may apply to join the Long Term Illness Scheme. Once approved by the HSE clients are supplied with a Long Term Illness book. This Scheme does not depend on a person's income or other circumstances and is separate from the Medical Card Scheme and the GP Visit Card Scheme.
3	KPI Rationale	This metric allows us to monitor the number of claims made by clients with LTI during the reporting period.
	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two). □Person Centred Care □Effective Care □Safe Care □ Better Health and Wellbeing □Use of Information □Workforce ☑Use of Resources □Governance, Leadership and Management
4	KPI Target 2017	DOP 2017 Target National - 2,407,912
5	KPI Calculation	Count the number of claims (prescriptions) as recorded on the LTI database of paid claims for the reporting month.
6	Data Source	PCRS
	Data Completeness	Completeness 100%
	Data Quality Issues	Subject to ongoing validation of HSE's PCRS database
7	Data Collection Frequency	Indicate how often the data to support the KPI will be collected: □Daily □Weekly ☑Monthly □Quarterly □Bi-annually □Annually □Other – give details:
8	Tracer Conditions	The number of claims as recorded on the LTI database of paid claims for the reporting month.
9	Minimum Data Set	The number of claims as recorded on the LTI database of paid claims for the reporting month.
	International Comparison	No
11	KPI Monitoring	KPI will be monitored on a (please indicate below) basis: □Daily □Weekly ☑Monthly □Quarterly □Bi-annually □Annually □Other − give details: Please indicate who is responsible for monitoring this KPI: PCRS
12	KPI Reporting Frequency	Indicate how often the KPI will be reported: □Daily □Weekly ☑Monthly □Quarterly □Bi-annually □Annually □Other – give details:
	KPI report period	Indicate the period to which the data applies: ☑Current (e.g. daily data reported on that same day of activity, monthly data reported by the 10th of the following month) ☐Monthly in arrears (June data reported in July) ☐Quarterly in arrears (quarter 1 data reported in quarter 2) ☐Rolling 12 months (previous 12 month period)
14	KPI Reporting Aggregation	Indicate the level of aggregation − for example over a geographical location: Indicate the level of aggregation − for example over a geographical location: Indicate the level of aggregation − for example over a geographical location: Indicate the level of aggregation − for example over a geographical location:
15	KPI is reported in which reports ?	Indicate where the KPI will be reported: ☑Performance Report □Other – give details:
	Web link to data	
17 Additional Information Contact details for Data Manager / Specialist Lead		
		Information Analyst: Geraldine Littler, Business Information Unit – Palliative Care & Social Inclusion Planning and Business Information (PBI), 046 9251330 Email: Geraldine.Littler@hse.ie Specialist Lead: David Stratton PCRS Email: David.Stratton@hse.ie Tel: 01 8647100
Natio	onal Lead and Division	Ann Marie Hoey, Assistant National Director, Primary Care Schemes & Eligibility, Primary Care Division, Health Service Executive.

1	KPI Title	Long Term Illness - Number of items
2	KPI Description PCRS8	This is a count of the number of items prescribed as recorded on the LTI database of paid claims for the reporting month. Clients with certain long-term illnesses or disabilities (Acute Leukaemia, Mental handicap, Cerebral Palsy, Mental Illness in a person under 16, Cystic Fibrosis, Multiple Sclerosis, Diabetes Insipidus, Muscular Dystrophies, Diabetes Mellitus, Parkinsonism, Epilepsy, Phenylketonuria, Haemophilia, Spina Bifida, Hydrocephalus and conditions arising from the use of Thalidomide) may apply to join the Long Term Illness Scheme. Once approved by the HSE clients are supplied with a LTI book. This book allows the client to avail of drugs, medicines, and medical and surgical appliances directly related to the treatment of their illness, free of charge.
3	KPI Rationale	This metric allows us to monitor the demand for and supply of prescription items by LTI cardholders. All LTI claims are processed by and paid for by the PCRS.
	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two). □Person Centred Care □Effective Care □Safe Care□ Better Health and Wellbeing □Use of Information
4	KPI Target 2017	□Workforce □Use of Resources □Governance, Leadership and Management DOP 2017 Target National - 8,657,750
5	KPI Calculation	Count the number of items prescribed as recorded on the LTI database of paid claims for the reporting month.
6	Data Source	PCRS
	Data Completeness	Completeness 100%
	Data Quality Issues	Subject to ongoing validation of HSE's PCRS database
	Data Collection Frequency	Indicate how often the data to support the KPI will be collected:
8	Tracer Conditions	The number of items recorded on the LTI database of paid claims for the reporting month.
9	Minimum Data Set	The number of items recorded on the LTI database of paid claims for the reporting month.
	International Comparison	No No
11	KPI Monitoring	KPI will be monitored on a (please indicate below) basis: □Daily □Weekly ☑Monthly □Quarterly □Bi-annually □Annually □Other – give details: Please indicate who is responsible for monitoring this KPI: PCRS
12	KPI Reporting Frequency	Indicate how often the KPI will be reported: □Daily □Weekly ☑Monthly □Quarterly □Bi-annually □Annually □Other – give details:
13	KPI report period	Indicate the period to which the data applies: ☑Current (e.g. daily data reported on that same day of activity, monthly data reported by the 10th of the following month) ☐Monthly in arrears (June data reported in July) ☐Quarterly in arrears (quarter 1 data reported in quarter 2) ☐Rolling 12 months (previous 12 month period)
14	KPI Reporting Aggregation	Indicate the level of aggregation — for example over a geographical location: ☑ National □ CHO □ LHO □ County □ Institution □ Other — give details:
15	KPI is reported in which reports ?	Indicate where the KPI will be reported: ☑Performance Report □Other – give details:
16	Web link to data	
17 Additional Information		
Contact details for Data Manager / Specialist Lead		Information Analyst: Geraldine Littler, Business Information Unit – Palliative Care & Social Inclusion Planning and Business Information (PBI), 046 9251330 Email: Geraldine.Littler@hse.ie Specialist Lead: David Stratton PCRS Email: David.Stratton@hse.ie Tel: 01 8647100
National Lead and Division		Ann Marie Hoey, Assistant National Director, Primary Care Schemes & Eligibility, Primary Care Division, Health Service Executive.

1	KPI Title	Drug Payment Scheme: No of claims
2	KPI Description PCRS 9	This is a count of the number of DPS claims (prescriptions) recorded on the DPS database of paid claims for the reporting month. Under the DPS, an individual or family in Ireland has to pay a maximum of €144 each month for approved prescribed drugs, medicines and certain appliances for use by that person or his or her family in that month. The amount is determined from time to time by the Minister for Health. Anyone ordinarily resident in Ireland can apply to join the scheme, regardless of family, financial circumstances or nationality. The scheme is aimed at those who do not have a medical card and normally have to pay the full cost of their medication. It also applies to those who have a GP Visit Card.
3	KPI Rationale	This metric allows monitoring of the number of claims made under the DPS in excess of €144 each month. All DPS claims are processed by and paid for by the PCRS.
	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some case you may need to choose two). □Person Centred Care □ Effective Care □ Safe Care □ Better Health and Wellbeing □Use of Information □ Workforce ☑Use of Resources □ Governance, Leadership and Management
4	KPI Target 2017	DOP 2017 Target National - 2,411,929
5	KPI Calculation	Count the number of claims (prescriptions) on the DPS database of paid claims for the reporting month.
6	Data Source	PCRS
	Data Completeness	Completeness 100%
	Data Quality Issues	Subject to ongoing validation of HSE's PCRS database
7	Data Collection Frequency	Indicate how often the data to support the KPI will be collected: □Daily □Weekly ☑Monthly □Quarterly □Bi-annually □Annually □Other – give details:
8	Tracer Conditions	The number of claims on the DPS database of paid claims for the reporting month.
9	Minimum Data Set	The number of claims on the DPS database of paid claims for the reporting month.
	International Comparison	No
	KPI Monitoring	KPI will be monitored on a (please indicate below) basis: □Daily □Weekly ☑Monthly □Quarterly □Bi-annually □Annually □Other – give details: Please indicate who is responsible for monitoring this KPI: PCRS
	KPI Reporting Frequency	Indicate how often the KPI will be reported: □Daily □Weekly ☑Monthly □Quarterly □Bi-annually □Annually □Other – give details:
13	KPI report period	Indicate the period to which the data applies: ☑Current (e.g. daily data reported on that same day of activity, monthly data reported by the 10th of the following month) ☐Monthly in arrears (June data reported in July) ☐Quarterly in arrears (quarter 1 data reported in quarter 2) ☐Rolling 12 months (previous 12 month period)
14	KPI Reporting Aggregation	Indicate the level of aggregation – for example over a geographical location: ☑ National ☐ CHO ☐ LHO Area ☐ County ☐ Institution ☐ Other – give details:
15	KPI is reported in which reports ?	Indicate where the KPI will be reported: ☑Performance Report □Other – give details:
16	Web link to data	
	Additional Information	
Contact details for Data Manager / Specialist Lead		Information Analyst: Geraldine Littler, Business Information Unit – Palliative Care & Social Inclusion Planning and Business Information (PBI), 046 9251330 Email: Geraldine.Littler@hse.ie Specialist Lead: David Stratton PCRS Email: David.Stratton@hse.ie Tel: 01 8647100
Nati	onal Lead and Division	Ann Marie Hoey, Assistant National Director, Primary Care Schemes & Eligibility, Primary Care Division, Health Service Executive.

1	KPI Title	Drug Payment Scheme: No of items
2	KPI Description PCRS10	This is a count of the number of items prescribed as recorded on the DPS database of paid claims for the reporting month. Under the DPS, an individual or family in Ireland has to pay a maximum of €144 each month for approved prescribed drugs, medicines and certain appliances for use by that person or his or her family in that month. The amount is determined from time to time by the Minister for Health. Anyone ordinarily resident in Ireland can apply to join the scheme, regardless of family, financial circumstances or nationality. The scheme is aimed at those who do not have a medical card and normally have to pay the full cost of their medication. It also applies to those who have a GP Visit Card.
3	KPI Rationale	This metric allows us to monitor the number of items dispensed under the DPS.
	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some case you may need to choose two). □Person Centred Care □Effective Care □Safe Care □ Better Health and Wellbeing □Use of Information □Workforce ☑Use of Resources □Governance, Leadership and Management
4	KPI Target 2017	DOP 2017 Target National - 8,305,797
5	KPI Calculation	Count the number of items prescribed on the DPS database of paid claims for the reporting month.
6	Data Source	PCRS
	Data Completeness	Completeness 100%
	Data Quality Issues	Subject to ongoing validation of HSE's PCRS database
7	Data Collection Frequency	Indicate how often the data to support the KPI will be collected: □Daily □Weekly ☑Monthly □Quarterly □Bi-annually □Annually □Other – give details:
8	Tracer Conditions	Number of items on the DPS database of paid claims for the reporting month.
9	Minimum Data Set	Number of items on the DPS database of paid claims for the reporting month.
10	International Comparison	No
11	KPI Monitoring	KPI will be monitored on a (please indicate below) basis: □Daily □Weekly ☑Monthly □Quarterly □Bi-annually □Annually □Other – give details: Please indicate who is responsible for monitoring this KPI: PCRS
12	KPI Reporting Frequency	Indicate how often the KPI will be reported: □Daily □Weekly ☑Monthly □Quarterly □Bi-annually □Annually □Other – give details:
13	KPI report period	Indicate the period to which the data applies: ☑Current (e.g. daily data reported on that same day of activity, monthly data reported by the 10th of the following month) ☐Monthly in arrears (June data reported in July) ☐Quarterly in arrears (quarter 1 data reported in quarter 2) ☐Rolling 12 months (previous 12 month period)
14	KPI Reporting Aggregation	Indicate the level of aggregation − for example over a geographical location: ☐ National ☐ CHO ☐ LHO ☐ County ☐ Institution ☐ Other − give details:
15	KPI is reported in which reports ?	Indicate where the KPI will be reported:
16	-	<u>'</u>
	Additional Information	
	tact details for Data Manager / Specialist Lead	Information Analyst: Geraldine Littler, Business Information Unit – Palliative Care & Social Inclusion Planning an Business Information (PBI), 046 9251330 Email: Geraldine.Littler@hse.ie Specialist Lead: David Stratton PCRS Email: David.Stratton@hse.ie Tel: 01 8647100
National Lead and Division		Ann Marie Hoey, Assistant National Director, Primary Care Schemes & Eligibility, Primary Care Division, Health Service Executive.

RPI Title	Pri	Primary Care - Primary Care Reimbursement Service (PCRS)				
KPI Title		and the second s				
KPI Description This is a count of the number of prescriptions for drugs, medicines and appliances supplied to eligible persons, through community pharmacies or dispensing doctors, under the GMS Scheme, as recorded on the GMS database of paid claims for the reporting month. In most cases a doctor completes a prescription for his /her client and the client takes this prescription to any pharmacy that has an agreement with the HSE to dispense GMS prescriptions. In rural areas a doctor may dispense for those persons who opt to have their medicines dispensed by him / her. A KPI Rationale						
RPI Description This is a count of the number of prescriptions for drugs, medianes and appliances supplied to eligible persons, through community pharmacies or dispensing doctors, under the GMS scheme, as recorded on the GMS database of paid claims for the reporting month. In most cases a doctor completes a prescription for his if her client and the client takes this prescription to any pharmacy that has an agreement with the HSE to dispense GMS prescriptions. In rural areas a doctor may dispensed by the Post dispensed by him / her. A KPI Rationale	1	KPI Title	GMS: Number of prescriptions			
PCRS 11	2	KPI Description				
client and the client takes this prescription to any pharmacy that has an agreement with the HSE to dispense GMS prescriptions. In rural areas a doctor may dispense for those persons who opt to have their medicines dispensed by him / her. XEPI Rationale		PCRS 11				
GMS prescriptions. In rural areas a doctor may dispense for those persons who opt to have their medicines dispensed by him / her.			database of paid claims for the reporting month. In most cases a doctor completes a prescription for his / her			
dispensed by him / her.			client and the client takes this prescription to any pharmacy that has an agreement with the HSE to dispense			
This metric allows us to monitor the number of prescriptions dispensed by community pharmacies / dispensing doctors under the GMS Scheme in the reporting month. All GMS claims are processed and paid by the PCRS.			GMS prescriptions. In rural areas a doctor may dispense for those persons who opt to have their medicines			
doctors under the GMS Scheme in the reporting month. All GMS claims are processed and paid by the PCRS.			dispensed by him / her.			
Indicator Classification	3	KPI Rationale				
Cases you may need to choose two).						
Person Centred Care		Indicator Classification				
Safe Care Better Health and Wellbeing Use of Information Workforce Use of Resources Governance, Leadership and Management						
Workforce ☑Use of Resources ☐Governance, Leadership and Management						
A KPI Target 2017 DOP 2017 Target National - 18,811,508 KPI Calculation Count the number of prescriptions (claims) on the GMS database of paid claims for the reporting month.			S Company of the comp			
Step Calculation Count the number of prescriptions (claims) on the GMS database of paid claims for the reporting month.	-	KDI Tarrat 2047				
Data Source						
Data Completeness Completeness Completeness Completeness Completeness Completeness Subject to ongoing validation of HSE's PCRS database						
Data Quality Issues	0					
Indicate how often the data to support the KPI will be collected: □ Daily □ Weekly ⊠Monthly □ Quarterly □ □ Bi-annually □ Annually □ Other – give details: Tracer Conditions The number of prescriptions on the GMS database of paid claims for the reporting month.						
Daily Weekly Monthly Quarterly Bi-annually Annually Other - give details: Tracer Conditions The number of prescriptions on the GMS database of paid claims for the reporting month. Minimum Data Set The number of prescriptions on the GMS database of paid claims for the reporting month. Minimum Data Set The number of prescriptions on the GMS database of paid claims for the reporting month. Minimum Data Set The number of prescriptions on the GMS database of paid claims for the reporting month. Monthly Indicate helow) basis: Daily Weekly Monthly Quarterly Bi-annually Annually Other - give details: Please indicate who is responsible for monitoring this KPI: PCRS	7					
9 Minimum Data Set The number of prescriptions on the GMS database of paid claims for the reporting month. 10 International Comparison No KPI Monitoring KPI will be monitored on a (please indicate below) basis:	ļ '	Data Collection Frequency				
International Comparison No	8	Tracer Conditions	The number of prescriptions on the GMS database of paid claims for the reporting month.			
KPI Monitoring	9	Minimum Data Set	The number of prescriptions on the GMS database of paid claims for the reporting month.			
Daily	10	International Comparison	No			
Please indicate who is responsible for monitoring this KPI: PCRS 12 KPI Reporting Frequency Indicate how often the KPI will be reported: Daily Weekly Monthly Quarterly Bi-annually Annually Other – give details: Indicate the period to which the data applies: Current (e.g. daily data reported on that same day of activity, monthly data reported by the 10th of the following month) Monthly in arrears (June data reported in July) Quarterly in arrears (quarter 1 data reported in quarter 2) Rolling 12 months (previous 12 month period) KPI Reporting Aggregation Indicate the level of aggregation — for example over a geographical location: National CHO LHO County Institution Other – give details: KPI is reported in which reports? KPI is reported in which reports? KPI is reported in which reports? Web link to data Additional Information	11	KPI Monitoring				
12 KPI Reporting Frequency Indicate how often the KPI will be reported:						
Daily						
Indicate the period to which the data applies:	12	KPI Reporting Frequency	·			
☑Current (e.g. daily data reported on that same day of activity, monthly data reported by the 10th of the following month) ☐Monthly in arrears (June data reported in July) ☐Quarterly in arrears (quarter 1 data reported in quarter 2) ☐Rolling 12 months (previous 12 month period) Indicate the level of aggregation — for example over a geographical location: ☑ National ☐ CHO ☐ LHO ☐ County ☐ Institution ☐Other — give details: Indicate where the KPI will be reported: ☑ Performance Report ☐Other — give details: Web link to data						
following month	13	KPI report period	· · · · · · · · · · · · · · · · · · ·			
Monthly in arrears (June data reported in July) Quarterly in arrears (quarter 1 data reported in quarter 2) Rolling 12 months (previous 12 month period) KPI Reporting Aggregation						
Quarterly in arrears (quarter 1 data reported in quarter 2) □Rolling 12 months (previous 12 month period) KPI Reporting Aggregation			0 /			
Rolling 12 months (previous 12 month period) Reporting Aggregation						
14 KPI Reporting Aggregation Indicate the level of aggregation – for example over a geographical location:						
☑ National □ CHO □ LHO □ County □ Institution □ Other – give details: Second	L.,	KDID C A C				
County Institution Other – give details: Second	14	KPI Reporting Aggregation				
15 KPI is reported in which reports? Indicate where the KPI will be reported:						
	45	KDI is many arted in subject many arts 2				
16 Web link to data 17 Additional Information	15	KPI is reported in which reports?	·			
17 Additional Information	16	Web link to date	Prenomance Report Doner – give details.			
			Information Analyst: Geraldine Littler, Rusiness Information Unit – Palliative Care & Social Inclusion Planning			
and Business Information (PBI), 046 9251330 Email: Geraldine.Littler@hse.ie	COII	taot details for Data manager / Specialist Lead				
Specialist Lead: David Stratton PCRS Email: David.Stratton@hse.ie Tel: 01 8647100			, ,			
National Lead and Division Ann Marie Hoey, Assistant National Director, Primary Care Schemes & Eligibility, Primary Care Division, Health	Not:	onal Lead and Division				
Service Executive.	ivali	onai Leau anu Division	· · · · · · · · · · · · · · · · · · ·			

Pri	Primary Care - Primary Care Reimbursement Service (PCRS)				
Ge	neral Medical Services Scheme (GM	MS) Items			
1	KPI Title	GMS: Number of items			
2	KPI Description PCRS 12	This is a count of the number of items prescribed on GMS prescriptions as recorded on the GMS database of paid claims for the reporting month. Drugs, medicines and appliances supplied under the GMS Scheme are provided through Community Pharmacies. In most cases a doctor completes a prescription for his / her client and the client takes this prescription to any pharmacy that has an agreement with the HSE to dispense GMS prescription forms. In rural areas a doctor may dispense for those persons who opt to have their medicines dispensed by him / her. All GMS claims are processed and paid by the PCRS.			
3	KPI Rationale	This metric allows us to monitor the number of items prescribed on GMS prescription forms as dispensed by community pharmacies / dispensing doctors under the GMS Scheme in the reporting month.			
	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two). □Person Centred Care □Effective Care □ Safe Care □ Better Health and Wellbeing □Use of Information □ Workforce ☑Use of Resources □ Governance, Leadership and Management			
4	KPI Target 2017	DOP 2017 Target National - 57,328,951			
5	KPI Calculation	Count the number of items prescribed and dispensed as recorded on the GMS database of paid claims for the reporting month.			
6	Data Source	PCRS			
	Data Completeness	Completeness 100%			
	Data Quality Issues	Subject to ongoing validation of HSE's PCRS database			
7	Data Collection Frequency	Indicate how often the data to support the KPI will be collected: □Daily □Weekly ☑Monthly □Quarterly □Bi-annually □Annually □Other – give details:			
8	Tracer Conditions	Items recorded on the GMS database of paid claims for the reporting month.			
9	Minimum Data Set	Items recorded on the GMS database of paid claims for the reporting month.			
10	International Comparison	No			
11	KPI Monitoring	KPI will be monitored on a (please indicate below) basis: □Daily □Weekly ☑Monthly □Quarterly □Bi-annually □Annually □Other – give details: Please indicate who is responsible for monitoring this KPI: PCRS			
12	KPI Reporting Frequency	Indicate how often the KPI will be reported: □Daily □Weekly ☑Monthly □Quarterly □Bi-annually □Annually □Other – give details:			
13	KPI report period	Indicate the period to which the data applies: ☑Current (e.g. daily data reported on that same day of activity, monthly data reported by the 10th of the following month) ☐Monthly in arrears (June data reported in July) ☐Quarterly in arrears (quarter 1 data reported in quarter 2) ☐Rolling 12 months (previous 12 month period)			
14	KPI Reporting Aggregation	Indicate the level of aggregation − for example over a geographical location: ✓ National □ CHO □ LHO □ County □ Institution □ Other − give details:			
15	KPI is reported in which reports ?	Indicate where the KPI will be reported: ☑Performance Report □Other – give details:			
	Web link to data				
	Additional Information				
	tact details for Data Manager / Specialist Lead	Information Analyst: Geraldine Littler, Business Information Unit – Palliative Care & Social Inclusion Planning and Business Information (PBI), 046 9251330 Email: Geraldine.Littler@hse.ie Specialist Lead: David Stratton PCRS Email: David.Stratton@hse.ie Tel: 01 8647100			
Natio	onal Lead and Division	Ann Marie Hoey, Assistant National Director, Primary Care Schemes & Eligibility, Primary Care Division, Health Service Executive.			

Pri	Primary Care - Primary Care Reimbursement Service (PCRS)			
		MS) Special Items of Service Claims		
1	KPI Title	GMS: Number of claims – special items of service		
2	KPI Description	This is a count of the number of claims for special items of service as recorded on the special items of service		
2	PCRS 13	database of paid claims for the reporting month. General Practitioners can claim fees for special items		
	FCR3 13	of service provided to eligible persons under the Capitation Agreement and the Fee-per-Item Agreement.		
3	KPI Rationale	This metric allows us to monitor levels of and claims for special items of service provided to eligible persons.		
	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some		
		cases you may need to choose two).		
		□Person Centred Care □Effective Care		
		□Safe Care □ Better Health and Wellbeing □Use of Information		
		□Workforce ☑Use of Resources □Governance, Leadership and Management		
4	KPI Target 2017	DOP 2017 Target National - 1,074,865		
5	KPI Calculation	Count the number of special items of service claims as recorded on the special items of service database of paid claims for the reporting month.		
6	Data Source	PCRS		
ľ	Data Completeness	Completeness 100%		
	Data Quality Issues	Subject to ongoing validation of HSE's PCRS database		
7	Data Collection Frequency	Indicate how often the data to support the KPI will be collected:		
ļ .		□Daily □Weekly ☑Monthly □Quarterly □Bi-annually □Annually □Other – give details:		
8	Tracer Conditions	Number of special items of service claims as per the special items of service database of paid claims in the		
Ť		reporting month.		
9	Minimum Data Set	Number of special items of service claims as per the special items of service database of paid claims in the		
		reporting month.		
10	International Comparison	No		
11	KPI Monitoring	KPI will be monitored on a (please indicate below) basis:		
	_	□Daily □Weekly ☑Monthly □Quarterly □Bi-annually □Annually □Other – give details:		
		Please indicate who is responsible for monitoring this KPI: PCRS		
12	KPI Reporting Frequency	Indicate how often the KPI will be reported:		
		□Daily □Weekly ☑Monthly □Quarterly □Bi-annually □Annually □Other – give details:		
13	KPI report period	Indicate the period to which the data applies:		
		☑Current (e.g. daily data reported on that same day of activity, monthly data reported by the 10th of the		
		following month)		
		☐Monthly in arrears (June data reported in July)		
		□Quarterly in arrears (quarter 1 data reported in quarter 2)		
		□Rolling 12 months (previous 12 month period)		
14	KPI Reporting Aggregation	Indicate the level of aggregation – for example over a geographical location:		
	3 33 35 3	☑ National □ CHO □ LHO		
		☐ County ☐ Institution ☐ Other – give details:		
15	KPI is reported in which reports ?	Indicate where the KPI will be reported:		
		☑Performance Report □Other – give details:		
16	Web link to data			
17	Additional Information			
Contact details for Data Manager / Specialist Lead Information Analyst: Geraldine Littler, Business Information Unit - Palliative Care & Social Inclusion Planning				
		and Business Information (PBI), 046 9251330 Email: Geraldine.Littler@hse.ie		
		Specialist Lead: David Stratton PCRS Email: David.Stratton@hse.ie Tel: 01 8647100		
Natio	onal Lead and Division	Ann Marie Hoey, Assistant National Director, Primary Care Schemes & Eligibility, Primary Care Division, Health		
	2000 Wild Differen	Service Executive		

Pri	Primary Care - Primary Care Reimbursement Service (PCRS)			
		IS) Special Type Consultation Claims		
1	KPI Title	GMS: Number of claims – special type consultations (STCs)		
	KPI Description	This is a count of the number of STC claims as recorded on the STC database of paid claims for the reporting		
	PCRS 14	month. A STC fee may be claimed when a GP provides a service to a GMS eligible person who is not on his /		
	PCR3 14			
		her GMS panel. All STC claims are processed and paid by the PCRS.		
3	KPI Rationale	This metric allows us to monitor levels of and claims for STCs provided by General Practitioners to eligible persons.		
	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some		
		cases you may need to choose two).		
		□Person Centred Care □Effective Care		
		☐ Safe Care ☐ Better Health and Wellbeing ☐ Use of Information		
		□Workforce ☑Use of Resources □Governance, Leadership and Management		
4	KPI Target 2017	DOP 2017 Target National - 1,350,710		
5	KPI Calculation	Count the number of STC claims as recorded on the STC database of paid claims for the reporting month.		
6	Data Source	Source PCRS		
	Data Completeness	Completeness 100%		
	Data Quality Issues	Subject to ongoing validation of HSE's PCRS database		
7	Data Collection Frequency	Indicate how often the data to support the KPI will be collected:		
	. ,	□Daily □Weekly ☑Monthly □Quarterly □Bi-annually □Annually □Other – give details:		
8	Tracer Conditions	Number of STC claims as per the STC database of paid claims in the reporting month.		
9	Minimum Data Set	Number of STC claims as per the STC database of paid claims in the reporting month.		
10	International Comparison	No		
11	KPI Monitoring	KPI will be monitored on a (please indicate below) basis:		
		□Daily □Weekly ☑Monthly □Quarterly □Bi-annually □Annually □Other – give details:		
		Please indicate who is responsible for monitoring this KPI: PCRS		
12	KPI Reporting Frequency	Indicate how often the KPI will be reported:		
		□Daily □Weekly ☑Monthly □Quarterly □Bi-annually □Annually □Other – give details:		
13	KPI report period	Indicate the period to which the data applies:		
13	Treport period	☑Current (e.g. daily data reported on that same day of activity, monthly data reported by the 10th of the		
		following month)		
		Monthly in arrears (June data reported in July)		
		Quarterly in arrears (guarter 1 data reported in guarter 2)		
		Rolling 12 months (previous 12 month period)		
1/	KPI Reporting Aggregation	Indicate the level of aggregation – for example over a geographical location:		
	The Porting Aggregation	✓ National □ CHO □ LHO		
		□ County □ Institution □ Other – give details:		
15	KPI is reported in which reports ?	Indicate where the KPI will be reported:		
13	iti i is reported ili wilicii reports :	☑Performance Report □Other – give details:		
16	Web link to data	El chomiano report El cinci give detailo.		
	Additional Information			
	tact details for Data Manager / Specialist Lead	Information Analyst: Geraldine Littler, Business Information Unit – Palliative Care & Social Inclusion Planning		
	3	and Business Information (PBI), 046 9251330 Email: Geraldine.Littler@hse.ie		
		Specialist Lead: David Stratton PCRS Email: David.Stratton@hse.ie Tel: 01 8647100		
Natio	onal Lead and Division	Ann Marie Hoey, Assistant National Director, Primary Care Schemes & Eligibility, Primary Care Division, Health		
		Service Executive.		

Pri	mary Care - Primary Care Reimburs	sement Service (PCRS) High Tech Drugs
1	KPI Title	High Tech Drugs: Number of claims
	KPI Description PCRS 15	This is a count of the number of claims for drugs where the drug code relates to High Tech medicines only as recorded on the High Tech database of paid claims for the reporting month. Such medicines are generally only prescribed or initiated in hospital and include items such as anti-rejection drugs for transplant patients or medicines used in conjunction with chemotherapy or growth hormones. These medicines are purchased by the HSE and supplied through community pharmacies for which
3	KPI Rationale	pharmacies are paid a patient care fee. This metric allows us monitor the number of claims for the supply and dispensing of High Tech
Ĭ	TH Thatonale	medicines through Community Pharmacies. The cost of the medicines and patient care fees are paid by the PCRS.
	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two). □Person Centred Care □Effective Care □ Safe Care □Better Health and Wellbeing □Use of Information □ Workforce ☑Use of Resources □ Governance, Leadership and Management
4	KPI Target 2017	DOP 2017 Target National - 660,125
5	KPI Calculation	Count the number of claims where the drug code relates to High Tech Medicines only, on the High Tech database of paid claims for the reporting month.
6	Data Source	PCRS
	Data Completeness	Completeness 100%
	Data Quality Issues	Subject to ongoing validation of HSE's PCRS database
7	Data Collection Frequency	Indicate how often the data to support the KPI will be collected: □Daily □Weekly ☑Monthly □Quarterly □Bi-annually □Annually □Other – give details:
8	Tracer Conditions	High Tech Drugs claims as recorded on the High Tech database of paid claims for the reporting month.
9	Minimum Data Set	High Tech Drugs claims as recorded on the High Tech database of paid claims for the reporting month.
	International Comparison	No
	KPI Monitoring	KPI will be monitored on a (please indicate below) basis: □Daily □Weekly ☑Monthly □Quarterly □Bi-annually □Annually □Other – give details: Please indicate who is responsible for monitoring this KPI: PCRS
12	KPI Reporting Frequency	Indicate how often the KPI will be reported: □Daily □Weekly ☑Monthly □Quarterly □Bi-annually □Annually □Other – give details:
13	KPI report period	Indicate the period to which the data applies: ☑Current (e.g. daily data reported on that same day of activity, monthly data reported by the 10th of the following month) ☐Monthly in arrears (June data reported in July) ☐Quarterly in arrears (quarter 1 data reported in quarter 2) ☐Rolling 12 months (previous 12 month period)
14	KPI Reporting Aggregation	Indicate the level of aggregation – for example over a geographical location: ☑ National ☐ CHO ☐ LHO ☐ County ☐ Institution ☐ Other – give details:
15	KPI is reported in which reports ?	Indicate where the KPI will be reported: ☑Performance Report □Other – give details:
	Web link to data	
	Additional Information	
Cont	act details for Data Manager / Specialist Lead	Information Analyst: Geraldine Littler, Business Information Unit – Palliative Care & Social Inclusion Planning and Business Information (PBI), 046 9251330 Email: Geraldine.Littler@hse.ie Specialist Lead: David Stratton PCRS Email: David.Stratton@hse.ie Tel: 01 8647100
Natio	onal Lead and Division	Ann Marie Hoey, Assistant National Director, Primary Care Schemes & Eligibility, Primary Care Division Health Service Executive.

	Primary Care - Primary Care Reimbursement Service (PCRS) Dental Treatment Service Scheme (DTSS) Treatments			
	(210			
1	KPI Title	Dental Treatment Service Scheme - DTSS: Number of treatments (above the line) Number of treatments (below the line)		
2	KPI Description PCRS 16 & 17	This is a count of the number of above the line (ATL) (routine) and below the line (BTL) (complex) treatments, in respect of clients having eligibility for the DTSS, as recorded on the ATL & BTL Dental databases of paid claims for the DTSS in the reporting month. Under this scheme, eligible clients have access to a range of treatments and clinical procedures comprised of routine (ATL) treatments and full upper and lower dentures (BTL). Dentists may also prescribe a range of medicines to eligible persons.		
3	KPI Rationale	This metric allow us to monitor how many treatments (ATL & BTL) have been availed of under the DTSS in a given month. All DTSS claims are processed by and paid for by the PCRS.		
	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two). □Person Centred Care □Effective Care □Safe Care □ Better Health and Wellbeing □Use of Information □Workforce ☑Use of Resources □Governance, Leadership and Management		
4	KPI Target 2017	DOP 2017 Target National 1,256,417 - (Above the line - 1,190,453) (Below the line - 65,964)		
5	KPI Calculation	For ATL (routine) treatments -count all treatments on the ATL Dental database of paid claims for the reporting month, For BTL (complex) treatments - count all treatments on the BTL Dental database of paid claims for the reporting month.		
6	Data Source	PCRS		
	Data Completeness	Completeness 100%		
	Data Quality Issues	Subject to ongoing validation of HSE's PCRS database		
7	Data Collection Frequency	Indicate how often the data to support the KPI will be collected: □Daily □Weekly ☑Monthly □Quarterly □Bi-annually □Annually □Other – give details:		
8	Tracer Conditions	ATL and BTL treatments for eligible clients as recorded on the ATL and BTL Dental database of paid claims in the reporting month.		
9	Minimum Data Set	ATL and BTL treatments for eligible clients as recorded on the ATL and BTL Dental database of paid claims in the reporting month.		
10	International Comparison	No		
11	KPI Monitoring	KPI will be monitored on a (please indicate below) basis: □Daily □Weekly ☑Monthly □Quarterly □Bi-annually □Annually □Other – give details: Please indicate who is responsible for monitoring this KPI: PCRS		
12	KPI Reporting Frequency	Indicate how often the KPI will be reported: □Daily □Weekly ☑Monthly □Quarterly □Bi-annually □Annually □Other – give details:		
13	KPI report period	Indicate the period to which the data applies: ☑Current (e.g. daily data reported on that same day of activity, monthly data reported by the 10th of the following month) ☐Monthly in arrears (June data reported in July) ☐Quarterly in arrears (quarter 1 data reported in quarter 2) ☐Rolling 12 months (previous 12 month period)		
14	KPI Reporting Aggregation	Indicate the level of aggregation – for example over a geographical location: ☑ National □ CHO □ LHO □ County □ Institution □ Other – give details:		
15	KPI is reported in which reports ?	Indicate where the KPI will be reported: ☑Performance Report ☐Other – give details:		
16	Web link to data			
	Additional Information			
Conf	act details for Data Manager / Specialist Lead	Information Analyst: Geraldine Littler, Business Information Unit – Palliative Care & Social Inclusion Planning and Business Information (PBI), 046 9251330 Email: Geraldine.Littler@hse.ie Specialist Lead: David Stratton PCRS Email: David.Stratton@hse.ie Tel: 01 8647100		
Natio	onal Lead and Division	Ann Marie Hoey, Assistant National Director, Primary Care Schemes & Eligibility, Primary Care Division, Health Service Executive.		

	mary Care - Primary Care Reimburs ntal Treatment Service Scheme (DTS	
1	KPI Title	Dental Treatment Services Scheme- DTSS: Number of patients who have received treatment (above the line) Number of patients who have received treatment (below the line).
2	KPI Description PCRS 18 & 19	This is a count of the number of clients having eligibility for the DTSS services who received above the line (ATL) (routine) and below the line (BTL) (complex) treatments under the DTSS based on the ATL and BTL Dental database of paid claims in the reporting month. Under the DTSS eligible clients have access to a range of treatments and clinical procedures comprised of routine (ATL) treatments and full upper and lower dentures (BTL). Dentists may also prescribe a range of medicines to eligible persons.
3	KPI Rationale	This metric allows us to monitor the number of patients who availed of DTSS ATL and BTL dental care in a given month. All DTSS claims are processed and paid for by the PCRS.
	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two). □Person Centred Care □Safe Care□ □Safe Care□ □Workforce ☑Use of Resources□□Governance, Leadership and Management
4	KPI Target 2017	DOP 2017 Target National - Above the line - 583,168 Below the line - 64,373
5	KPI Calculation	For patients who have received ATL treatments- count all eligible clients (unique patient card details) recorded on the ATL Dental database of paid claims for the reporting month For patients who received BTL treatments- count all eligible clients (unique patient card details) recorded on the BTL Dental database of paid claims for the reporting month.
6	Data Source	PCRS
	Data Completeness	Completeness 100%
	Data Quality Issues	Subject to ongoing validation of HSE's PCRS database
7	Data Collection Frequency	Indicate how often the data to support the KPI will be collected: □Daily □Weekly ☑Monthly □Quarterly □Bi-annually □Annually □Other – give details:
8	Tracer Conditions	Eligible clients as recorded on the ATL and BTL Dental database of paid claims in the reporting month.
9	Minimum Data Set	Eligible clients as recorded on the ATL and BTL Dental database of paid claims in the reporting month.
10	International Comparison	No
11	KPI Monitoring	KPI will be monitored on a (please indicate below) basis: □Daily □Weekly ☑Monthly □Quarterly □Bi-annually □Annually □Other – give details: Please indicate who is responsible for monitoring this KPI: PCRS
12	KPI Reporting Frequency	Indicate how often the KPI will be reported: □Daily □Weekly ☑Monthly □Quarterly □Bi-annually □Annually □Other – give details:
13	KPI report period	Indicate the period to which the data applies: ☑Current (e.g. daily data reported on that same day of activity, monthly data reported by the 10th of the following month) ☐Monthly in arrears (June data reported in July) ☐Quarterly in arrears (quarter 1 data reported in quarter 2) ☐Rolling 12 months (previous 12 month period)
14	KPI Reporting Aggregation	Indicate the level of aggregation − for example over a geographical location: ☑ National □ CHO □ LHO □ County □ Institution □ Other − give details:
	KPI is reported in which reports ?	Indicate where the KPI will be reported: ☑Performance Report □Other – give details:
	Web link to data	
	Additional Information	
Conf	tact details for Data Manager / Specialist Lead	Information Analyst: Geraldine Littler, Business Information Unit – Palliative Care & Social Inclusion Planning and Business Information (PBI), 046 9251330 Email: Geraldine.Littler@hse.ie Specialist Lead: David Stratton PCRS Email: David.Stratton@hse.ie Tel: 01 8647100
Natio	onal Lead and Division	Ann Marie Hoey, Assistant National Director, Primary Care Schemes & Eligibility, Primary Care Division, Health Service Executive.

Pri	mary Care - Primary Care Rein	nbursement Service (PCRS)			
	mmunity Ophthalmic Services				
1	KPI Title	Community Ophthalmic Services Scheme - Number of treatments: (a) Adult (b) Children			
2	KPI Description PCRS 20 & 20A & 20B	This is a count of the number of treatments (paid claims) provided in respect of (a) adults and (b) children having eligibility for the Community Ophthalmic Services Scheme based on the Optical Database of paid claims for the reporting month. Under the Health Service Executive Community Ophthalmic Services Scheme, eligible clients are entitled, free of charge, to eye examinations and necessary spectacles / appliances. Claims by optometrists / ophthalmologists are paid by the PCRS. Claims for spectacles provided under the Children's Scheme are also paid by the PCRS.			
3	KPI Rationale	This metric allows us to monitor the number of treatments provided to adults and children with eligibility for the Community Ophthalmic Services Scheme in the reporting month.			
	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two). □Person Centred Care □Effective Care □Safe Care □ Better Health and Wellbeing □Use of Information □Workforce ☑Use of Resources □Governance, Leadership and Management			
4	KPI Target 2017	DOP 2017 Target National - Community Ophthalmic Services Scheme - Number of treatments - 857,617 i) Adult - 765,132 ii) Children - 92,485			
5	KPI Calculation	Count all claim numbers (unique claims identified) on the Optical Database of paid claims for (a) adults 'A' and (b) children 'C' in the reporting month.			
6	Data Source	PCRS			
	Data Completeness	Completeness 100%			
	Data Quality Issues	Subject to ongoing validation of HSE's PCRS database			
7	Data Collection Frequency	Indicate how often the data to support the KPI will be collected: □Daily □Weekly ☑Monthly □Quarterly □Bi-annually □Annually □Other – give details:			
8	Tracer Conditions	Claims in respect of adults and children with eligibility for the Community Ophthalmic Services Scheme on the Optical Database of paid claims for the reporting month.			
9	Minimum Data Set	Claims in respect of adults and children on the Optical Database of paid claims for the reporting month.			
10	International Comparison	No			
11	KPI Monitoring	KPI will be monitored on a (please indicate below) basis: □Daily □Weekly ☑Monthly □Quarterly □Bi-annually □Annually □Other − give details: Please indicate who is responsible for monitoring this KPI: PCRS			
12	KPI Reporting Frequency	Indicate how often the KPI will be reported: □Daily □Weekly ☑Monthly □Quarterly □Bi-annually □Annually □Other – give details:			
13	KPI report period	Indicate the period to which the data applies: ☑Current (e.g. daily data reported on that same day of activity, monthly data reported by the 10th of the following month) ☐Monthly in arrears (June data reported in July) ☐Quarterly in arrears (quarter 1 data reported in quarter 2) ☐Rolling 12 months (previous 12 month period)			
14	KPI Reporting Aggregation	Indicate the level of aggregation − for example over a geographical location: ☑ National ☐ CHO ☐ LHO ☐ County ☐ Institution ☐ Other − give details:			
15	KPI is reported in which reports ?	Indicate where the KPI will be reported: ☑Performance Report □Other – give details:			
16	Web link to data				
	Additional Information				
Cont Lead	act details for Data Manager / Specialist	Information Analyst: Geraldine Littler, Business Information Unit – Palliative Care & Social Inclusion Planning and Business Information (PBI), 046 9251330 Email: Geraldine.Littler@hse.ie Specialist Lead: David Stratton PCRS Email: David.Stratton@hse.ie Tel: 01 8647100			
Natio	onal Lead and Division	Ann Marie Hoey, Assistant National Director, Primary Care Schemes & Eligibility, Primary Care Division Health Service Executive.			

1	KPI title	% of primary care staff to undertake brief intervention training for smoking cessation
2	KPI Description PC99 & PC99A	This is a calculation of the number of primary care staff (cumulatively to the end of the reporting quarter) who have undertaken brief intervention training for smoking cessation expressed as a proportion of the overall number of primary care staff targeted to undertake such training in the calendar year multiplied by the percentage annual target, multiplied by 100. A national training programme is being implemented across the HSE to deliver brief intervention (BI) smoking cessation training to frontline healthcare staff. Frontline staff refers to all grades of staff within the Medical / Dental, Nursing, Health and Social care professionals and Other Patient and Client Care. BI in smoking cessation involves providing opportunistic advice, discussion, negotiation or encouragement to quit smoking plus or minus a referral to an intensive cessation service, plus or minus referral for / prescription for evidence based treatments. It typically takes between 3 and 10 minutes. The training course is designed to develop skills in motivational interviewing for smoking cessation. Motivational interviewing is an evidence based treatment approach for helping patients / service users find internal motivation for lifestyle behaviour change. The programme is delivered by specialist trainers from Health Promotion / Acute cessation services.
3	KPI Rationale	The Tobacco Free Ireland policy document commits the HSE to training frontline healthcare staff in brief intervention in smoking cessation so that treating tobacco use becomes a core part of their work. All healthcare staff have a responsibility to treat tobacco addiction as a care issue and to promote cessation by actively advising encouraging and supporting smokers to quit. Evidence from a number of surveys in 2014 show that approximately 6 in 10 service users who smoke were not offered support to quit when they visited a healthcare professional in the previous 12 month period. There is considerable evidence that interventions by health professionals assist smokers to quit. Specific training for frontline staff in treating tobacco use is essential to reducing the chronic disease burden that tobacco use causes. This training aligns with corporate Goal No. 1 and the HSE Healthy Ireland Implementation Plan.
	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two).
		□ Person Centred Care □ Effective Care □ Safe Care □ Better Health and Wellbeing □ Use of Information □ Workforce □ Use of Resources □ Governance, Leadership and Management
4	KPI Target	DOP 2017 Target - National - 5%
5	KPI Calculation	The number of primary care staff who undertook brief intervention training for smoking cessation cumulatively to the end of the reporting quarter is divided by the target (annual) number of primary care staff identified to undertake this training, multiplied by the percentage annual target, multiplied by 100.
6	Data Source	Data is provided by health promotion trainers to the Health Promotion and Improvement Tobacco Coordinator Health and Wellbeing Division and to the Community Healthcare Team in the Business Intelligence Unit (BIU).
	Data Completeness	Data completeness is expected at 100%. Manual system.
7	Data Quality Issues Data Collection Frequency	Indicate how often the data to support the KPI will be collected: □Daily □Weekly □Monthly ☑Quarterly □Bi-annually □Annually □Other – give details:
8	Tracer Conditions	Primary care staff providing frontline services to patients / service users who completed brief intervention training for smoking cessation Target number and percentage of primary care staff to undertake brief intervention training for smoking cessation
9	Minimum Data Set	Primary care staff providing frontline services to patients / service users who completed brief intervention training for smoking cessation Target number and percentage of primary care staff to undertake brief intervention training for smoking cessation
10	International Comparison	Yes, WHO tobacco indicators
11	KPI Monitoring	KPI will be monitored on a (please indicate below) basis: □Daily □Weekly □Monthly ☑Quarterly □Bi-annually □Annually □Other – give details: Please indicate who is responsible at a local level for monitoring this KPI: Health Promotion and Improvement Tobacco Coordinator, Health and Wellbeing Division, the Primary Care General Manager, the Community Healthcare Organisation (CHO) Head of Service Primary Care, Chief Officer and the Primary Care Division Operations Team via performance meetings.
12	KPI Reporting Frequency	Indicate how often the KPI will be reported: □Daily □Weekly □Monthly ☑Quarterly □Bi-annually □Annually □Other – give details:
13	KPI report period	Indicate the period to which the data applies: ☑ Quarterly Current (data reported by the 10th of the month following the quarter)
14	KPI Reporting Aggregation	Indicate the level of aggregation — for example over a geographical location: ☑ National ☑ CHO ☐ LHO ☐ County ☐ Institution ☐ Other — give details:
15	KPI is reported in which reports?	Indicate where the KPI will be reported: ☑ Performance Report □Other – give details:
16	Web link to data	· · · · · · · · · · · · · · · · · · ·
17	Additional Information	
	etails for Data Manager /	Information Analyst: Geraldine Littler, Business Information Unit- Palliative Care & Social Inclusion, Planning and Business Information(PBI) 046 9251330 Email: Geraldine.Littler@hse.ie Specialist Lead: Geraldine Cully, Health Promotion and Improvement Tobacco Coordinator, Health and Wellbeing
	ead and Division	Division 086 8229197 Email: Geraldine. Cully@hse.ie John Hennessy, National Director Primary Care Division, Health Service Executive.

