



Palliative Care Services Key Performance Indicator Metadata 2025

1	Alliative Care Inp	PAC1A Access to specialist inpatient bed within seven calendar days during the reporting year
1		
1a 2	KPI Short Title KPI Description	Specialist inpatient bed access %> 7 days This is the calculation of the number of patients who were admitted to a specialist palliative care inpatient be within seven calendar days of receipt of referral expressed as a percentage of the total number of patients admitted in the reporting month. The services submit the number of patients admitted within seven calendar days and the total number of patients admitted in the reporting month, the percentage is calculated by the Business Information Unit (BIU).
		Wait time to admission is calculated in calendar days from the date of receipt of referral to the date of admission to the specialist palliative care inpatient unit. Each day (inclusive of weekends and bank holidays) that the patient waits to be admitted is counted, with wait times categorised as follows: 0-7 days; 8-14 days; 28 days; greater than 28 days.
		When a referred patient is offered a specialist palliative care bed but, due to external factors, is unable to be admitted, the count of the wait time is paused until the patient becomes available for admission.
		It is possible that the same patient can be referred twice to the service during the reporting month. Each episode of care is to be counted in the data return
3	KPI Rationale	To determine the percentage of patients accessing specialist palliative care inpatient beds within seven calendar days.
3a	Indicator Classification	Access & Integration
4	National Target	NSP 2025 Target - 98% - from January ,Target Cumulative
4a	Target Trajectory	98% or greater for all HRs
4b	Volume Metrics	N/A
5	KPI Calculation	Count the number of patients admitted to a specialist inpatient bed within seven calendar days of assessmen / request for transfer and express it as a proportion of the overall number of patients admitted to specialist inpatient beds in the reporting period and multiply by 100.
		Example, 200 patients were admitted to specialist inpatient beds in the reporting month i.e. Of these 154 patients waited 0-7 calendar days, 35 patients waited 8-14 calendar days, 5 patients waited 15-28 calendar days & 6 patients waited >28 calendar days for admission. Calculation for access within seven days is as follows: $154 / (154+35+5+6) \rightarrow 154/(200) \rightarrow 0.770$, multiplied by 100 = 77%. For the purpose of this metric return, the services submit the relevant numbers with the percentage calculated by the BIU.
6	Data Source	Data is sourced by the specialist palliative care units who forward to their Health Region (HR). The HR submits the validated data to the Business Information Unit (BIU) Community Healthcare Team.
3a	Data Sign Off	REO, Health Region
3b	Data Quality Issues	Data quality issues are addressed as they arise along the data pathway. Data errors can be observed in the tally rows at the end of each submission template
7	Data Collection Frequency	Monthly: Data to be submitted to the BIU on or before the 10th of the month or nearest Friday
3	Tracer Conditions	The number of people admitted to specialist palliative care inpatient units and wait times for admission in particular wait time 0-7 calendar days
)	Minimum Data Set MDS	The number of people admitted to specialist palliative care inpatient units and wait times for admission in particular wait time 0-7 calendar days.
10	International Comparison	http://www.ncpc.org.uk/mds https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/827430/Palliativ
1	KPI Monitoring	care clinical data set Guidance and Definitions Final.odf Monthly
2	KPI Reporting Frequency	Monthly
13	KPI Report Period	Current (e.g. monthly data reported by the 10th of the following month)
14	KPI Reporting Aggregation	National / Health Region (HR) / Integrated Health area (IHA) / Institution
15	KPI is reported in which reports?	Management Data Report (MDR), National Performance Report (NPR), Regional Performance Report (RPR Annual Report
16	Web link to data	http://www.hse.ie/eng/services/publications/
17	Additional Information	
	KPI owner/lead for	Stephen Toft Programme Officer for Palliative Care, Integrated Operations - Planning
	Implementation NBIU Data Support	Deirdre Devin, Lead Data Analyst, Palliative Care, 087 1891797, deirdre.devin@hse.ie
	Governance/sign off	Maurice Dillon, National Lead for Palliative Care, Integrated Operations - Planning

Pa	alliative Care Inp	atient Palliative Care Services
1	KPI Title	PAC33 Number of patients accessing specialist inpatient bed within seven calendar days (during the reporting
1a	KPI Short Title	year) Number accessing specialist inpatient beds > 7 days
2	KPI Description	This is a count of the number of patients who were admitted to a specialist palliative care inpatient bed within seven calendar days of referral during the reporting month. It is possible that the same patient can be referred twice to the service during the reporting month. Each
3	KPI Rationale	episode of care is the be counted in the data returns To count the number of patients accessing specialist inpatient beds within seven calendar days. To determine how long each patient waited for service in calendar days. This is not a capture of how long it took the service provider to provide SPC to a patient but rather a capture of how long the patient waited to receive his/her service. It is noted that Inpatient units do not provide triage/admissions during the weekends. Long term analysis of this metric will outline if there is a need for this protocol to be examined in the future
3a	Indicator Classification	Access & Integration
4	National Target	NSP 2025 Target - 4,430 by December
4a	Target Trajectory	HSE Dublin and North East - 569, HSE West and North West- 987, HSE Mid West - 554, HSE South West - 900, HSE Dublin and South East -816, HSE Dublin and Midlands- 604
4b	Volume Metrics	N/A
5	KPI Calculation	Count the total number of patients accessing specialist palliative care inpatient beds within seven calendar days of referral / request for transfer.
6	Data Source	Data is sourced by the specialist palliative care units who forward to their Health Region (HR). The HR submits the validated data to the Business Information Unit (BIU) Community Healthcare Team.
6a	Data Sign Off	REO, Health Region
6b	Data Quality Issues	Data quality issues are addressed as they arise along the data pathway. Data errors can be observed in the tally rows at the end of each submission template
7	Data Collection Frequency	Monthly: Data to be submitted to the BIU on or before the 10th of the month or nearest Friday
8	Tracer Conditions	The number of people admitted to specialist palliative care inpatient units within seven calendar days of referral / request for transfer.
9	Minimum Data Set MDS	The number of people admitted to specialist palliative care inpatient units within seven calendar days of referral / request for transfer.
10	International Comparison	http://www.ncpc.org.uk/mds https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/827430/Palliative
11	KPI Monitoring	care clinical data set Guidance and Definitions Final.odf Monthly
12	KPI Reporting Frequency	Monthly
13	KPI Report Period	Current (e.g. monthly data reported by the 10th of the following month)
14	KPI Reporting Aggregation	National / Health Region (HR) / Integrated Health area (IHA)/ Institution
15	KPI is reported in which reports?	Management Data Report (MDR), National Performance Report (NPR), Regional Performance Report (RPR), Annual Report
16	Web link to data	http://www.hse.ie/eng/services/publications/
17	Additional Information	
	KPI owner/lead for implementation	Stephen Toft Programme Officer for Palliative Care, Integrated Operations - Planning
	NBIU Data Support	Deirdre Devin, Lead Data Analyst, Palliative Care, 087 1891797, deirdre.devin@hse.ie
	Governance/sign off	Maurice Dillon, National Lead for Palliative Care, Integrated Operations - Planning

Palliative Care Community Palliative Care Services

Pa	illiative Care Co	mmunity Palliative Care Services
1	KPI Title	PAC14 Total number of triaged patients who received specialist palliative care in the community in the month
1a	KPI Short Title	Number who receive SPC in the Community in the month
2	KPI Description	Number of patients who received specialist palliative care in the community in the month This consists of the sum of "PAC 14B Total number of patients who received specialist palliative care in their normal place of residence" and "PAC14 C Total number of patients who received specialist palliative care in an outpatient clinic only (Medical, nursing, or any HSCP)." PAC14 B and PAC14 C are two new submetrics introduced in 2025 to differentiate between patients who are seen in their normal place of residence vs patients who are seen in outpatient clinics
3 3a	KPI Rationale	To determine the absolute total number of patients who received specialist palliative care in the community (home care) during the reporting month. Access and Integration
		-
4	National Target	NSP 2025 - 4,243 from January. Monthly Target PIT
4a 4b	Target Trajectory Volume Metrics	HSE Dublin and North East - 606, HSE West and North West - 862, HSE Mid West- 453, HSE South West- 809, HSE Dublin and South East - 833, HSE Dublin and Midlands- 680 N/A
5	KPI Calculation	Count the total number of patients who received specialist palliative care in the community (home care) during the reporting month. E.g. PAC14 = Sum(PAC14b + PAC14c) Data to be provided for all tree metrics by the service providers and the calculations are completed by the BIU.
		PAC14b: This is a count of the number of patients who received specialist palliative care in the community during the reporting month. Specialist palliative care in the community is care provided to patients in their normal place of residence i.e. their home, nursing home, community hospital. PAC14c: This is the count of the number of triaged community patients who received specialist palliative care in an ambulatory care clinic only during the month
		All patients in receipt of specialist palliative care on the first day of the month and all new patients who receive specialist palliative care during the month are included with each patient counted once only in the reporting month. If a patient is referred in one month and seen in the next month they are to be recorded as referred metrics completed for the patient in month of referral and treatment metrics in the following month
6	Data Source	Data is sourced by the specialist palliative care community teams who collate locally and forward to their Community Healthcare Organisation (CHO). The CHO submits the validated data to the Business Information Unit (BIU) Community Healthcare Team.
6a	Data Sign Off	Chief Officer, Health Region
6b 7	Data Quality Issues Data Collection Frequency	Data quality issues are addressed as they arise along the data pathway.
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8	Tracer Conditions	The number of people who received specialist palliative care services (home care) in the community in the reporting month.
9	Minimum Data Set MDS	The number of people who received specialist palliative care services (home care) in the community in the reporting month.
10	International Comparison	http://www.ncpc.org.uk/mds https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/827430/
11	KPI Monitoring	Palliative care clinical data set Guidance and Definitions Final.odf Monthly
12	KPI Reporting Frequency	Monthly
13	KPI Report Period	Current (e.g. monthly data reported by the 10th of the following month)
14	KPI Reporting Aggregation	National / Health Region (HR) / Integrated Health area (IHA)
15	KPI is reported in which reports?	Management Data Report (MDR), National Performance Report (NPR), Regional Performance Report (RPR), Annual Report
16	Web link to data	http://www.hse.ie/eng/services/publications/
17	Additional Information	
	KPI owner/lead for implementation	Stephen Toft Programme Officer for Palliative Care, Integrated Operations - Planning
	NBIU Data Support Governance/sign off	Deirdre Devin, Lead Data Analyst, Palliative Care, 087 1891797, deirdre.devin@hse.ie Maurice Dillon, National Lead for Palliative Care, Integrated Operations - Planning
	Governance/Sign on	Madrice Dirich, Mational Lead for Famaline Gale, They aled Operations * Flamming

	mmunity Palliative Care Services
KPI Title	PAC36 Percentage of patients triaged for specialist palliative care in the community within one working day of referral
KPI Short Title	% triaged for specialist community palliative care <1 day
KPI Description	This is the calculation of the number of patients triaged within one working day of receipt of referral by the specialist palliative care community team expressed as a percentage of the total number of referrals received by the specialist palliative care community team in the reporting month. The services submit the number of patients triaged within one working day of referral and the total number of patient referrals received by specialist palliative care in the reporting month, the percentage is calculated by the Business Information Unit.
	One working day is defined as close of business of the next normal working day after receipt of referral (i.e. excluding weekends and Bank Holidays).
	Triage is defined as the examination of the patient referral form, patient notes, scans and reports to ascertain the appropriate timeframe for delivery of specialist palliative care in the community. All patients are triaged and categorised as per clinical need.
	Re referrals: If a patient has been discharged and is referred for service a second time in the month then the patient is to be counted as a new referral in the triaged numbers.
	To determine the proportion (percentage) of referred patients triaged within the specific and appropriate timeframe of one working day.
Indicator Classification	Quality & Safety
National Target	NSP 2025 - 96% - from January, Target Cumulative
Target Trajectory	96% for all HRA's
Volume Metrics	N/A
KPI Calculation	Count the number of patients triaged within one working day of referral / request for transfer and express it as a proportion of all patients referred / requesting transfer in the reporting month. Example: Total number of referrals / requests for transfer received = 90 ,Total number of these referrals triaged within 1 working day= 78Calculation: (78 / 90) x 100 = 86.7% For the purpose of this metric return, the services submit the relevant numbers with the percentage calculated by the BIU.
Data Source	Data is sourced by the specialist palliative care community teams who collate locally and forward to their Community Healthcare Organisation (CHO). The CHO submits the validated data to the Business Information Unit (BIU) Community Healthcare Team.
Data Sign Off	REO, Health Region
Data Quality Issues	Data quality issues are addressed as they arise along the data pathway.
Data Collection Frequency	Monthly
Tracer Conditions	The number of people triaged within one working day of referral / request for transfer and the total number of patients referred / requesting transfer in the reporting month.
Minimum Data Set MDS	The number of people triaged within one working day of referral / request for transfer and the total number of patients referred / requesting transfer in the reporting month.
	http://www.ncpc.org.uk/mds https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/827430/ Palliative_care_clinical_data_set_Guidance_and_Definitions_Final.pdf
-	Monthly
KPI Reporting Frequency	Monthly
KPI Report Period	Current (e.g. monthly data reported by the 10th of the following month)
KPI Reporting Aggregation	National / Health Region (HR) / Integrated Health area (IHA)
	Management Data Report (MDR), National Performance Report (NPR), Regional Performance Report
KPI is reported in which reports?	(RPR), Annual Report
reports?	(RPR), Annual Report
reports? Web link to data	(RPR), Annual Report
reports? Web link to data Additional Information KPI owner/lead for	(RPR), Annual Report http://www.hse.ie/eng/services/publications/
	KPI Title KPI Short Title KPI Short Title KPI Description KPI Description KPI Attonale Indicator Classification National Target Valume Metrics KPI Calculation Data Source Data Collection Frequency Data Collection Frequency International Comparison KPI Monitoring KPI Monitoring Frequency KPI Report Period

1	KPI Title	
		PAC58 % of all Category 1 triaged patients who received specialist palliative care within 2 calendar days in the community
1a	KPI Short Title	% Cat1 receiving specialist palliative care <2days
2	KPI Description	This is the number of calendar days from triaged category 1 patients to first receipt of care / appointment with the specialist palliative care team. If the patient becomes unavailable for receipt of care / appointment the calculation of time waiting is paused.
3	KPI Rationale	Patients referred to specialist palliative care (SPC) services are triaged within 1 day and prioritised according to clinical guidelines as Category 1,2 or 3. Category 1 patients are deemed to need immediate intervention by the specialist palliative care team
3a	Indicator Classification	and should be seen within 2 davs.
		☑ Person Centred Care, ☑ Effective Care □ Safe Care, □ Better Health and Wellbeing, □ Use of Information, □ Workforce, ☑ Use of Resources, □ Governance, □ Leadership and Management
4	National Target	National 90%, HR 90%, IHA 90%
5	KPI Calculation	Category 1 < 2 days, The data will be supplied in numerical format from the service provider. The calculation for the KPI will be completed by the pre-programmed Qlik server and will be as follows. (number <2 days)/(all categorised cat 1 metrics)*100 and presented as a percentage (Number of Category 1 patients seen within 2 days)/ (total number of category 2 patients)/100 e.g. Cat 1: <2 days = 5, Cat 1: s-14 days = 7, Cat 1: 15+ days = 8 Calculation: (5)/(5+6+7+8)*100, = 19.2%
6	Data Source	Information is sourced by appointing pollicities are convised who forward to PILL office Publices
6a	Data Completeness	Information is sourced by specialist palliative care services who forward to BIU office Business Information Unit and copy to HR Business Unit. Data Completeness is expected at 100%. Data quality
6b	Data Quality Issues	issues are addressed as they arise.
7	Data Collection Frequency	□ Daily □ Weekly ☑ Monthly □ Quarterly □ Bi-annually □ Annually ☑Other – give details: The
8	Tracer Conditions	data is captured daily, weekly monthly etc., locally recorded and then reported monthly to the BIU. All patient conditions referred to community specialist palliative care services including cancer and non-cancer patients
9	Minimum Data Set MDS	The Palliative Care Minimum Data Set
10	International Comparison	Yes. E.g. http://www.ncpc.org.uk/mds
11	KPI Monitoring	KPI will be monitored on a (please indicate below) basis: Daily Weekly ZiMonthly Quarterly Bi-annually Annually Other – give details: The Data collection Co-Ordinator will receive, collate, analyse and quality assure KPI outturns on a monthly basis for accuracy, completeness and ongoing performance against target. Once satisfied, they will forward the collated KPI on a monthly basis to their Area Manager for approval and Regional Lead/Specialist/relevant nominee for oversight. The Regional Lead/Specialist/relevant nominee will inform the Area Manager if further quality assurance is required and follow up with the relevant Co- Ordinator to provide same to the Area Manager. Upon receipt, the Area Manager will then forward the approved KPI return to their RDO Business Unit by the 10th of the month for collation and submission to the National BIU by the 15th (or nearest Friday) of the month for publication in the national Performance Report (PR).
12	KPI Reporting Frequency	Monthly
13	KPI Report Period	Current (e.g. monthly data reported by the 10th of the following month)
14	KPI Reporting Aggregation	National / Health Region (HR) / Integrated Health area (IHA)
15	KPI is reported in which	Management Data Report (MDR), National Performance Report (NPR), Regional Performance Report
16	reports? Web link to data	(RPR), Annual Report http://www.hse.ie/eng/services/publications/
17	Additional Information	Is this information in CIF:YES
18	KPI owner/lead for	Stephen Toft Information Analyst, Office of National Lead for Palliative Care. Tel 087 0574188. Email:
	implementation	Stephen.Toft1@hse.ie
10	NBILI Data Support	Deirdre Devin Tead Data Analyst Palliative Care 087 1891797 deirdre devin/obse ie
19 20	NBIU Data Support Governance/sign off	Deirdre Devin, Lead Data Analyst, Palliative Care, 087 1891797, deirdre.devin@hse.ie Mr Maurice Dillon, HSE National Lead for Palliative Care, Tel: 0874510735

	Iliative Care Co	mmunity Palliative Care Services
1	KPI Title	PAC59 % of all Category 2 triaged patients who received specialist palliative care within 7 calendar days in the community
la	KPI Short Title	% Cat2 receiving specialist palliative care <7 days
2	KPI Description	This is the number of calendar days from triaged category 2 patients to first receipt of care / appointment with the specialist palliative care team. If the patient becomes unavailable for receipt of care / appointment the calculation of time waiting is paused.
3	KPI Rationale	Patients referred to Specialist palliative care (SPC) services are triaged within 1 day and prioritised according to clinical guidelines as Category 1,2 or 3. Category 2 patients are deemed to need timely intervention by the specialist palliative care team and should be seen within 7 days.
3a	Indicator Classification	☑ Person Centred Care, ☑ Effective Care □ Safe Care, □ Better Health and Wellbeing, □ Use of Information, □ Workforce, ☑ Use of Resources, □ Governance, □ Leadership and Management
1	National Target	National 90%, CHO 90%, LHO 90%
5	KPI Calculation	Category 2 < 7 days, The data will be supplied in numerical format from the service provider. The calculation for the KPI will be completed by the pre-programmed Qlik server and will be as follows. (Number of Category 2 patients seen within 2 days and 3-7 days)/ (total number of category 2 patients)/100 e.g. Cat 2 <2 days = 5, Cat 2 from 3-7 days = 6, Cat 2 8-14 days = 7, Cat 2 15+ days = 8 Calculation: (5+6)/(5+6+7+8)*100, = 42.3%
6	Data Source	Information is sourced by specialist palliative care services who forward to BIU office Business
6a	Data Completeness	Information Unit and copy to Health Region Business Unit. Data Completeness is expected at 100%.
3b	Data Quality Issues	Data quality issues are addressed as they arise.
7	Data Collection Frequency	□ Daily □ Weekly ☑ Monthly □ Quarterly □ Bi-annually □ Annually ☑Other – give details: The data is captured daily, weekly monthly etc., locally recorded and then reported monthly to the BIU.
8	Tracer Conditions	All patient conditions referred to community specialist palliative care services including cancer and non-cancer patients
9	Minimum Data Set MDS	The Palliative Care Minimum Data Set
10	International Comparison	Yes. E.g. http://www.ncpc.org.uk/mds
11	KPI Monitoring	KPI will be monitored on a (please indicate below) basis: □ Daily □ Weekly ☑Monthly □ Quarterly □ Bi-annually □ Annually □ Other – give details: The Data collection Co-Ordinator will receive, collate, analyse and quality assure KPI outturns on a monthly basis for accuracy, completeness and ongoing performance against target. Once satisfied, they will forward the collated KPI on a monthly basis to their Area Manager for approval and Regional Lead/Specialist/relevant nominee for oversight. The Regional Lead/Specialist/relevant nominee will inform the Area Manager if further quality assurance is required and follow up with the relevant Co- Ordinator to provide same to the Area Manager. Upon receipt, the Area Manager will then forward the approved KPI return to their RDO Business Unit by the 10th of the month for collation and submission to the National BIU by the 15th (or nearest Friday) of the month for publication in the national Performance Report (PR).
12	KPI Reporting Frequency	Monthly
13	KPI Report Period	Current (e.g. monthly data reported by the 10th of the following month)
14	KPI Reporting Aggregation	National / Health Region (HR) / Integrated Health area (IHA)
		Management Data Report (MDR), National Performance Report (NPR), Regional Performance Report
15	KPI is reported in which reports?	(RPR), Annual Report
15 16	reports? Web link to data	(RPR), Annual Report http://www.hse.ie/eng/services/publications/
15	reports?	(RPR), Annual Report
15 16	reports? Web link to data	(RPR), Annual Report http://www.hse.ie/eng/services/publications/

Pa	Illiative Care Co	mmunity Palliative Care Services
1	KPI Title	PAC60 % of all Category 3 triaged patients who received specialist palliative care within 14 calendar days in the community
1a	KPI Short Title	% Cat3 receiving specialist palliative care <14 days
2	KPI Description	This is the number of calendar days from triaged category 3 patients to first receipt of care / appointment with the specialist palliative care team. If the patient becomes unavailable for receipt of care / appointment the calculation of time waiting is paused.
3	KPI Rationale	Patients referred to Specialist palliative care (SPC) services are triaged within 1 day and prioritised according to clinical guidelines as Category 1,2 or 3. Category 3 patients are deemed to be non-urgent and should be seen by the specialist palliative care team within 14 days.
3a	Indicator Classification	☑ Person Centred Care, ☑ Effective Care □ Safe Care, □ Better Health and Wellbeing, □ Use of Information, □ Workforce, ☑ Use of Resources, □ Governance, □ Leadership and Management
4	National Target	National 80%, HR 80%, IHA 80%
5	KPI Calculation	Category 3 < 14 days, The data will be supplied in numerical format from the service provider. The calculation for the KPI will be completed by the pre-programmed Qlik server and will be as follows. (Number of Category 3 patients seen within 2 days and 3-7 days, and 8-14 days)/ (total number of category 3 patients)/100 e.g. Cat 2 <2 days = 5, Cat 2 from 3-7 days = 6, Cat 2 8-14 days = 7, Cat 2 15+ days = 8 Calculation: (5+6+7)/(5+6+7+8)*100, = 69.2%
6	Data Source	Information is sourced by appointed pollicities are particed who forward to PILL office Publiced
6a	Data Completeness	Information is sourced by specialist palliative care services who forward to BIU office Business Information Unit and copy to HR Business Unit. Data Completeness is expected at 100%. Data quality
6b	Data Quality Issues	issues are addressed as they arise.
7	Data Collection Frequency	□ Daily □ Weekly ☑ Monthly □ Quarterly □ Bi-annually □ Annually ☑ Other – give details: The
8	Tracer Conditions	data is captured daily, weekly monthly etc., locally recorded and then reported monthly to the BIU. All patient conditions referred to community specialist palliative care services including cancer and non-cancer patients
9	Minimum Data Set MDS	The Palliative Care Minimum Data Set
10	International Comparison	Yes. E.g. http://www.ncpc.org.uk/mds
11	KPI Monitoring	KPI will be monitored on a (please indicate below) basis: □ Daily □ Weekly ☑Monthly □ Quarterly □ Bi-annually □ Annually □ Other – give details: The Data collection Co-Ordinator will receive, collate, analyse and quality assure KPI outturns on a monthly basis for accuracy, completeness and ongoing performance against target. Once satisfied, they will forward the collated KPI on a monthly basis to their Area Manager for approval and Regional Lead/Specialist/relevant nominee for oversight. The Regional Lead/Specialist/relevant nominee will inform the Area Manager if further quality assurance is required and follow up with the relevant Co- Ordinator to provide same to the Area Manager. Upon receipt, the Area Manager will then forward the approved KPI return to their RDO Business Unit by the 10th of the month for collation and submission to the National BIU by the 15th (or nearest Friday) of the month for publication in the national Performance Report (PR).
12	KPI Reporting Frequency	Monthly
13	KPI Report Period	Current (e.g. monthly data reported by the 10th of the following month)
14	KPI Reporting Aggregation	National / Health Region (HR) / Integrated Health area (IHA)
15	KPI is reported in which reports?	Management Data Report (MDR), National Performance Report (NPR), Regional Performance Report (RPR), Annual Report
16	Web link to data	http://www.hse.ie/eng/services/publications/
17	Additional Information	Is this information in CIF:YES
18	KPI owner/lead for implementation	Stephen Toft Information Analyst, Office of National Lead for Palliative Care. Tel 087 0574188. Email: Stephen.Toft1@hse.ie
10	NBIU Data Support	Deirdre Devin, Lead Data Analyst, Palliative Care, 087 1891797, deirdre.devin@hse.ie
19		Mr Maurice Dillon, HSE National Lead for Palliative Care, Tel: 0874510735

Palliative Care Children's Palliative Care Services

1	KPI Title	PAC37 No. of children in the care of the Clinical Nurse Co-ordinator for Children with Life Limiting Conditions (CNC CLLC)
1a	KPI Short Title	No. children in care of CNC with LLC during the month
2	KPI Description	This is a count of the total number of children who were on the active patient list of the children's outreach nurse (clinical nurse co- ordinator) in the reporting month. It includes children on the list on the first day of the month plus new children plus transfers accepted and receiving active care during the reporting month.
3	KPI Rationale	To determine the number of children / families being supported by the service and to assist in service planning.
3a	Indicator Classification	Access and Integration
4	National Target	NSP 2025 - 336 from January, Target PIT
4a	Target Trajectory	HSE Dublin and Midlands - 62, HSE Dublin and North East- 75, HSE Dublin and South East - 48, HSE Mid West - 24, HSE South West - 51, HSE West and North West- 60
4b	Volume Metrics	N/A
5	KPI Calculation	Count the total number of children in the active care of the children's outreach nurse (clinical nurse co-ordinator) during the reporting month.
6	Data Source	Data is sourced by the children's outreach nurse (clinical nurse co-ordinator). submits it to the Business Information Unit (BIU) Community Healthcare Team.
6a	Data Sign Off	REO, Health Region
6b	Data Quality Issues	Data quality issues are addressed as they arise along the data pathway.
7	Data Collection Frequency	Monthly
8	Tracer Conditions	The number of children in the active care of the children's outreach nurse (clinical nurse co-ordinator) in the reporting month.
9	Minimum Data Set MDS	The number of children in the active care of the children's outreach nurse (clinical nurse co-ordinator) in the reporting month.
10	International Comparison	No
11	KPI Monitoring	Monthly
12	KPI Reporting Frequency	Monthly
13	KPI Report Period	Current (e.g. monthly data reported by the 10th of the following month)
14	KPI Reporting Aggregation	National / Health Region (HR) / Integrated Health area (IHA)
15	KPI is reported in which reports?	Management Data Report (MDR), National Performance Report (NPR), Regional Performance Report (RPR), Annual Report
16	Web link to data	http://www.hse.ie/eng/services/publications/
17	Additional Information	
	KPI owner/lead for implementation	Stephen Toft Programme Officer for Palliative Care, Integrated Operations - Planning
	NBIU Data Support	Deirdre Devin, Lead Data Analyst, Palliative Care, 087 1891797, deirdre.devin@hse.ie
	Governance/sign off	Maurice Dillon, National Lead for Palliative Care, Integrated Operations - Planning

Pall	iative Care LauraL	ynn
1	KPI Title	PAC54 No of admissions to LauraLynn Children's Hospice during the reporting month
1a	KPI Short Title	No. admitted to LauraLynn
2	KPI Description	This is the total number of admissions to LauraLynn House (LL Children's Hospice) during the reporting year. There are two types of admissions: 1) Planned: for short-break/respite or 2) Unplanned: For Crisis, Symptom Management or End of Life Care The term refers to all admissions for children/family units for stays in LauraLynn House.
3	KPI Rationale	To determine the number of admissions to LauraLynn House (LL Children's Hospice) during the reporting month / year
3a	Indicator Classification	Person Centred Care, Effective Care
4	National Target	NSP 2025 - 600 - Target Cumulative
4a	Target Trajectory	Full target in January
4b	Volume Metrics	N/A
5	KPI Calculation	Total number of children who were admitted to LauraLynn during the month plus total number of new children who were admitted to LauraLynn during the month
6	Data Source	Information is sourced by LauraLynn children's hospice who submit it to the Business Information Unit (BIU) Community Healthcare Team. Data Completeness is expected at 100%. Data quality issues are addressed as they arise
6a	Data Sign Off	LauraLynn Childrens Hospice
6b	Data Quality Issues	Data quality issues are addressed as they arise
7	Data Collection Frequency	Monthly
8	Tracer Conditions	The numbers of persons diagnosed with problems associated with a Life-threatening illness (not necessarily Cancer) wo received services in LauraLynn children's Hospice
9	Minimum Data Set MDS	The required minimum dataset for receipt of treatment is the Referral form with standard demographic information, Diagnosis, Treatment record, referral reason. The patient then receives a Specialist palliative care medical team assessment before suitability for admission is agreed and when wait time commences.
10	International Comparison	No
11	KPI Monitoring	Monthly
12	KPI Reporting Frequency	Monthly
13	KPI Report Period	Current (e.g. monthly data reported by the 10th of the following month)
14	KPI Reporting Aggregation	National / Health Region (HR) / Integrated Health area (IHA)
15	KPI is reported in which reports?	Management Data Report (MDR), National Performance Report (NPR), Regional Performance Report (RPR), Annual Report
16	Web link to data	http://www.hse.ie/eng/services/publications/
17	Additional Information	
	KPI owner/lead for implementation	Stephen Toft Programme Officer for Palliative Care, Integrated Operations - Planning
	NBIU Data Support	Deirdre Devin, Lead Data Analyst, Palliative Care, 087 1891797, deirdre.devin@hse.ie
	Governance/sign off	Maurice Dillon, National Lead for Palliative Care, Integrated Operations - Planning

Palli	ative Care LauraL	vnn
1	KPI Title	PAC 53 No. of children/Family units who received therapeutic support from LauraLynn Children's Hospice during the reporting month
1a	KPI Short Title	No. of children and families receiving therapeutic support
2	KPI Description	This is a count of the total number of children and their family units who received therapeutic support from LauraLynn during the reporting month.
Z		The ab econe of the count related of character and their namely datas who received the bipcade appoint room character informing the reporting month. Therapeutic care covers direct care (hands-on) and also "family supports" that are typically offered based on assessed need and for a specific purpose: Physiotherapy • Occupational Therapy • Paychoolds supports provided by our Bereavement Coordinator or Family Support Coordinator (MSW) • Madical Interventions It does not include routine, general check-ins etc A family unit is described as includes the child referred to the service, the siblings, parents/guardians, and can also include relevant other family members e.g. grandparents.
3	KPI Rationale	To determine the number of families receiving care across all LauraLynn Children's Hospice Services.
3a	Indicator Classification	Person Centred Care, Effective Care
4	National Target	NSP 2025 Target- 181 per month
4a	Target Trajectory	Full target in January- PIT
4b	Volume Metrics	N/A
5	KPI Calculation	Count of all people who fit into the KPI title
6	Data Source	Information is sourced by LauraLynn children's hospice who submit it to the Business Information Unit (BIU) Community Healthcare Team. Data Completeness is expected at 100%. Data quality issues are addressed as they arise
6a	Data Sign Off	LauraLynn Childrens Hospice
6b	Data Quality Issues	Data quality issues are addressed as they arise
7	Data Collection Frequency	Monthly
8	Tracer Conditions	The numbers of persons diagnosed with problems associated with a Life-threatening illness (not necessarily Cancer) wo received services in LauraLynn children's Hospice
9	Minimum Data Set MDS	The required minimum dataset for receipt of treatment is the Referral form with standard demographic information. Diagnosis, Treatment record, referral reason. The patient then receives a Specialist palliative care medical team assessment before suitability for admission is agreed and when wait time commences.
10	International Comparison	No
11	KPI Monitoring	Monthly
12	KPI Reporting Frequency	Monthly
13	KPI Report Period	Current (e.g. monthly data reported by the 10th of the following month)
14	KPI Reporting Aggregation	National / Health Region (HR) / Integrated Health area (IHA)
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	KPI owner/lead for implementation	Stephen Toft Programme Officer for Palliative Care, Integrated Operations - Planning
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