ю	Steps	Detail supporting KPI
10	•	
	KPI title & Number A38	Hospital Inpatient Enquiry (HIPE) completeness – Prior month: % of cases entered into HIPE
1b	KPI Short Title	HIPE Completeness
2	KPI Description	Percentage of all discharges from a prior month coded by the end of the following month by HIPE
3	KPI Rationale	The target for HIPE coding for all discharges is 30 days post discharge. It is vital to ensure data is coded
		within 30 days to allow for meaningful reporting and decision making.
3a	Indicator Classification	National Scorecard Quadrant
		Access
L	KPI Target	100%
	Target Trajectory	Data is point in time
5	KPI Calculation	Numerator: (Number of discharges exported to HIPE in report period)*100
5	Data Caunaaa	Denominator: Total number of discharges on PAS elligible for HIPE coding in report period HIPE and PAS data
-	Data Sources	
	Data sign off	HPO
6b	Data Quality Issues	Only accurate if all PAS downloads are made e.g. Dialysis
7	Data Collection Frequency	Monthly
3	Tracer Conditions (clinical	NA
	metrics only)	
)	Minimum Data Set (MDS)	HIPE and PAS data
0	International Comparison	NA
11	KPI Monitoring	Monthly
2	KPI Reporting Frequency	Monthly
13	KPI report period	By exception
		Monthly in arrears M-1M
4	KPI Reporting Aggregation	National, HRA, Hospital
15	KPI is reported in which	Annual Report, Performance Reports
	reports?	
6	Web link to published data	http://www.hse.ie/eng/services/Publications
7	Additional Information	
t is p	olicy to include data in Open I	Data publication. Please indicate if there is an exceptional reason for this to be delayed
Conta	ct details	KPI owner/lead for implementation
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		Email address; fiachra.bane@hse.je
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		Data support
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		Email address: AcuteBIU@hse.ie
		Telephone Number 01 778 5222
Governance/sign off		This sign off is the governance at Divisional level in respect of management of the KPI including data provision, validation, and use in performance management
		Operational National Director: National Director of Access and Integration

lo	Steps	Detail supporting KPI
	KPI title & Number	Number of patients on Waiting List (NTPF) Active - Total number of people waiting (IPDC/OPD/GI)
	A173	
	1b KPI Short Title	WL total (IPDC/OPD/GI)
	KPI Description	Total number of patients who are on NTPF waiting lists
	KPI Rationale	To provided a consolidated view of all patients waiting
	3a Indicator Classification	National Scorecard Quadrant
		Access
	KPI Target	
	4a Target Trajectory	Monthly profile
4	4b Volume metrics	
	KPI Calculation	Calculation dervied from adding total number of patients waiting on the following waiting lists OPD, IPDC and G (active patients)
	Data Sources	NTPF
(	6a Data sign off	
(	6b Data Quality Issues	
	Data Collection Frequency	Monthly
	Tracer Conditions (clinical metrics	
	only)	
	Minimum Data Set (MDS)	
0	International Comparison	
1	KPI Monitoring	Monthly
2	KPI Reporting Frequency	Monthly
3	KPI report period	Monthly M
4	KPI Reporting Aggregation	National, HRA, Hospital
5	KPI is reported in which reports?	NPR
6	Web link to published data	http://www.hse.ie/eng/services/Publications
7	Additional Information	
is poli	cy to include data in Open Data publicat	ion. Please indicate if there is an exceptional reason for this to be delayed
	details	KPI owner/lead for implementation
ontaot		Name: Sheila McGuinness
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		Telephone Number: 0863525113
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		Email address: AcuteBIU@hse.ie
		Telephone Number 01 778 5222
overna	ance/sign off	This sign off is the governance at Divisional level in respect of management of the KPI including data
		provision, validation, and use in performance management
		Operational National Director: National Director of Access and Integration

0	Steps	Detail supporting KPI
	KPI title & Number	Total number of people waiting > 1 year (IPDC/OPD/GI)
	A185	
1k	KPI Short Title	WL >1 year (IPDC/OPD/GI)
	KPI Description	To support targeting reduction in volume of patients over 12 months
	KPI Rationale	Total number of people waiting > 1 year (IPDC/OPD/GI)
38	Indicator Classification	National Scorecard Quadrant
		Access
	KPI Target	
	Target Trajectory	Monthly profile
41	Volume metrics	
	KPI Calculation	
	Data Sources	NTPF
68	Data sign off	
6k	Data Quality Issues	All acute hospitals reporting
	Data Collection Frequency	Monthly
	Tracer Conditions (clinical metrics only)	
	Minimum Data Set (MDS)	
0	International Comparison	
1	KPI Monitoring	Monthly
2	KPI Reporting Frequency	Monthly
3	KPI report period	Monthly M
4	KPI Reporting Aggregation	National, HRA, Hospital
5	KPI is reported in which reports?	
6	Web link to published data	http://www.hse.ie/eng/services/Publications
7	Additional Information	
		Please indicate if there is an exceptional reason for this to be delayed
ontact d		KPI owner/lead for implementation
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	a laine att	Telephone Number 01 778 5222
overnar	ce/sign off	This sign off is the governance at Divisional level in respect of management of the KPI including data provision, validation, and use in performance management
		Operational National Director: National Director of Access and Integration

1b 2	KPI title & Number A177 KPI Short Title	% of adults waiting <12 weeks for an elective procedure (inpatient)
	KPI Short Title	
		Adult IP WL <12 weeks
	KPI Description	% of adults waiting <12 weeks for inpatient procedure excluding GI Endoscopy. Inpatient – A patient admitted to hospital for
		treatment or investigation and is scheduled to stay in a designated inpatient bed.
	KPI Rationale	No adult should wait more than 12 weeks for an IP procedure. Waiting times for inpatient and outpatient services are standar measures internationally.
3a	Indicator Classification	National Scorecard Quadrant
		Access
	KPI Target	50%
a	Target Trajectory	Point in time
5	KPI Calculation	Numerator: Number of patients waiting to be seen as an inpatient (Adult) less than 12 weeks Denominator: Total number of
		patients waiting to be seen as an inpatient (Adult)
5	Data Sources	Month end Data Sourced from NTPF
6a	Data sign off	NTPF
6b	Data Quality Issues	
•	Data Collection Frequency	Monthly
	Tracer Conditions (clinical	Patient awaiting an inpatient procedure, waiting less than 12 weeks
	metrics only)	
1	Minimum Data Set (MDS)	Basic demographic details, procedure details including urgency level
0	International Comparison	Waiting times for inpatient and outpatient services are standard measures internationally (AUS, CAN, GB, ECHI).
1	KPI Monitoring	Monthly
2	KPI Reporting Frequency	Monthly
	KPI report period	Monthly M
	KPI Reporting Aggregation	National, HRA, Hospital
-	A reporting Aggregation	
5	KPI is reported in which	Performance Reports
	reports?	
6	Web link to published data	http://www.hse.ie/eng/services/Publications
	Additional Information	
		Data publication. Please indicate if there is an <u>exceptional</u> reason for this to be delayed
Conta	ct details	KPI owner/lead for implementation
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		Telephone Number 01 778 5222
	neneeleine ett	
over	nance/sign off	This sign off is the governance at Divisional level in respect of management of the KPI including data provision, validation, and use in performance management
		Operational National Director: National Director of Access and Integration

Αсι	Acute Division Inpatient & Day Case Waiting Times - Metadata 2025			
No	Steps	Detail supporting KPI		
1	KPI title & Number A178	% of adults waiting <12 weeks for an elective procedure (day case)		
1b	KPI Short Title	Adult DC WL <12 weeks		
2	KPI Description	% of adults waiting <12 weeks for day case procedure excluding GI endoscopy – A patient who is admitted to a designated day bed/place on an elective basis for care and/or treatment.		
3	KPI Rationale	No adult should wait more than 12 weeks for a day case procedure.		
3a	Indicator Classification	National Scorecard Quadrant Access		
4	KPI Target	50%		
4a	Target Trajectory	Point in time		
5	KPI Calculation	Numerator: Number of patients waiting to be seen as a day case (Adult) less than 12 weeks Denominator: Total number of patients waiting to be seen as a day case (Adult)		
6	Data Sources	Month end Data Sourced from NTPF		
	Data sign off	NTPF		
6b	Data Quality Issues			
7	Data Collection Frequency	Monthly		
8	Tracer Conditions (clinical metrics only)	Patient awaiting a daycase procedure, waiting less than 12 weeks		
9	Minimum Data Set (MDS)	Basic demographic details, procedure details including urgency level		
10	International Comparison	Waiting times for inpatient and outpatient services are standard measures internationally (AUS, CAN, GB, ECHI).		
11	KPI Monitoring	Monthly		
12	KPI Reporting Frequency	Monthly		
13	KPI report period	Monthly M		
14	KPI Reporting Aggregation	National, HRA, Hospital		
15	KPI is reported in which reports?	Performance Reports		
16	Web link to published data	http://www.hse.ie/eng/services/Publications		
17	Additional Information			
lt is p	olicy to include data in Open D	ata publication. Please indicate if there is an exceptional reason for this to be delayed		
Conta	ct details	KPI owner/lead for implementation		
		Name: Sheila McGuinness		
		Email address: for contact purposes : Sheila Mcguinness <sheila.mcguinness@hse.ie></sheila.mcguinness@hse.ie>		
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		Data support		
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		Email address: AcuteBIU@hse.ie		
		Telephone Number 01 778 5222		
Gover	nance/sign off	This sign off is the governance at Divisional level in respect of management of the KPI including data provision,		
		validation, and use in performance management		
		Operational National Director: National Director of Access and Integration		
KPI's	will be deemed 'active' until a f	ormal request to change or remove is received		

No		ent & Day Case Waiting Times - Metadata 2025
NO	Steps	
	KPI title & Number	% of children waiting <12 weeks for an elective procedure (inpatient)
16	A179 KPI Short Title	Child IP WL <12 weeks
	KPI Description	% of children waiting <12 weeks for inpatient procedure excluding GI Endoscopy. Inpatient – A patient admitted to hospital for
	KPI Description	treatment or investigation and is scheduled to stay in a designated inpatient bed.
3	KPI Rationale	No child should wait more than 12 weeks for an IP procedure. Waiting times for inpatient and outpatient services are standard
		measures internationally.
3a	Indicator Classification	National Scorecard Quadrant
		Access 50%
	KPI Target	
4a	Target Trajectory KPI Calculation	Point in time
1	KPI Calculation	Numerator: Number of patients waiting to be seen as an inpatient (Child) less than 12 weeks Denominator: Total number of patients waiting to be seen as an inpatient (Child)
6	Data Sources	Month end Data Sourced from NTPF.
		Child age is set at 15 (up to your 16th birthday) for hospitals that treat both Adults and Paeds. Everyone attending a children's
		only hospital would be considered a child and anyone attending Adults only hospital will be classed as an adult
	Data sign off	NTPF
6b	Data Quality Issues	
	Data Collection Frequency	Monthly
3	Tracer Conditions (clinical	Patient awaiting an inpatient procedure, waiting less than 12 weeks
)	metrics only) Minimum Data Set (MDS)	Basic demographic details, procedure details including urgency level
0	International Comparison	Waiting times for inpatient and outpatient services are standard measures internationally (AUS, CAN, GB, ECHI).
1	KPI Monitoring	KPI will be monitored monthly
	<b>,</b>	
2	KPI Reporting Frequency	Monthly
3	KPI report period	Monthly M
4	KPI Reporting Aggregation	National, HRA, Hospital
5	KPI is reported in which	Performance Reports
-	reports?	
16	Web link to published data	
		http://www.hse.ie/eng/services/Publications
17	Additional Information	
		hata publication. Please indicate if there is an exceptional reason for this to be delayed
Conta	ct details	KPI owner/lead for implementation
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Gover	rnance/sign off	This sign off is the governance at Divisional level in respect of management of the KPI including data provision, validation, and use in performance management
		Operational National Director: National Director of Access and Integration
		formal request to change or remove is received

No	Steps	ent & Day Case Waiting Times - Metadata 2025
	KPI title & Number	% of children waiting <12 weeks for an elective procedure (day case)
	A180	
1b	KPI Short Title	Child DC WL <12 weeks
2	KPI Description	% of children waiting <12 weeks for day case procedure excluding GI endoscopy – A patient who is admitted to a designated day bed/place on an elective basis for care and/or treatment.
	KPI Rationale	No child should wait more than 12 weeks for a day case procedure.
3a	Indicator Classification	National Scorecard Quadrant Access
	KPI Target	50%
4a	Target Trajectory	Point in time
5	KPI Calculation	Numerator: Number of patients waiting to be seen as a day case (Child) less than 12 weeks Denominator: Total number of patients waiting to be seen as a day case (Child)
5	Data Sources	Month end Data Sourced from NTPF. Child age is set at 15 (up to your 16th birthday) for hospitals that treat both Adults and Paeds. Everyone attending a children's only hospital would be considered a child and anyone attending Adults only hospital will be classed as an adult
6a	Data sign off	NTPF
6b	Data Quality Issues	
,	Data Collection Frequency	Monthly
	Tracer Conditions (clinical metrics only)	Patient awaiting an inpatient procedure, waiting less than 12 weeks
)	Minimum Data Set (MDS)	Basic demographic details, procedure details including urgency level
0	International Comparison	Waiting times for inpatient and outpatient services are standard measures internationally (AUS, CAN, GB, ECHI).
1	KPI Monitoring	Monthly
2	KPI Reporting Frequency	Monthly
3	KPI report period	Monthly M
4	KPI Reporting Aggregation	National, HRA, Hospital
5	KPI is reported in which reports?	Performance Reports
6	Web link to published data	http://www.hse.ie/eng/services/Publications_
7	Additional Information	
is p	olicy to include data in Open D	ata publication. Please indicate if there is an <u>exceptional</u> reason for this to be delayed
Conta	ct details	KPI owner/lead for implementation
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		Telephone Number 01 778 5222
Gover	mance/sign off	This sign off is the governance at Divisional level in respect of management of the KPI including data provision, validation, and use in performance management
		Operational National Director: National Director of Access and Integration
(Pl'e	will be deemed 'active' until a	formal request to change or remove is received

Αςι	Acute Division Outpatient Waiting Times - Metadata 2025			
No	Steps	Detail supporting KPI		
1	KPI title & Number A175	% of people waiting <10 weeks for first access to OPD services		
1b	KPI Short Title	OPD - WL <10 Weeks		
2	KPI Description	% of people waiting less than 10 weeks to be seen in outpatient services		
3	KPI Rationale	50% of patients should wait no more than 10 weeks for first access to outpatient		
3a	Indicator Classification	National Scorecard Quadrant Access		
4	KPI Target	50%		
4a	Target Trajectory	Point in time		
5	KPI Calculation	Numerator: Number of outpatient patients waiting to be seen less than 10 weeks Denominator: Total number of patients waiting to be seen in Outpatients		
6	Data Sources	Month end Data Sourced from NTPF		
6a	Data sign off	NTPF		
6b	Data Quality Issues			
7	Data Collection Frequency	Monthly		
8	Tracer Conditions (clinical metrics only)	No. of patients waiting less than 10 weeks for first access to OPD services		
9	Minimum Data Set (MDS)	Basic demographic details, procedure details including urgency level		
10	International Comparison	Waiting times for inpatient and outpatient services are standard measures internationally (AUS, CAN, GB, ECHI).		
11	KPI Monitoring	Monthly		
12	KPI Reporting Frequency	Monthly		
13	KPI report period	Monthly M		
14	KPI Reporting Aggregation	National, HRA, Hospital		
15	KPI is reported in which reports?	Performance Reports		
16	Web link to published data	http://www.hse.ie/eng/services/Publications		
17	Additional Information			
t is po	olicy to include data in Open D	ata publication. Please indicate if there is an <u>exceptional</u> reason for this to be delayed		
Conta	ct details	KPI owner/lead for implementation		
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		Telephone Number 01 778 5222		
Gover	nance/sign off	This sign off is the governance at Divisional level in respect of management of the KPI including data provision,		
		validation, and use in performance management		
		Operational National Director: National Director of Access and Integration		
		ormal request to change or remove is received		

Αсι	Acute Division Outpatient Waiting Times - Metadata 2025			
lo	Steps	Detail supporting KPI		
	KPI title & Number A23	% of people waiting <52 weeks for first access to OPD services		
1b	KPI Short Title	OPD - WL <52 weeks		
	KPI Description	% of people waiting less than 52 weeks to be seen in outpatient services		
	KPI Rationale	90% of patients should wait no more than 12 months for first access to outpatient services		
3a	Indicator Classification	National Scorecard Quadrant Access		
	KPI Target	90%		
4a	Target Trajectory	Point in time		
	KPI Calculation	Numerator: Number of outpatient patients waiting to be seen less than 12 months Denominator: Total number of patients waiting to be seen in Outpatients		
	Data Sources	Month end Data Sourced from NTPF		
	Data sign off	NTPF		
6b	Data Quality Issues			
	Data Collection Frequency	Monthly		
	Tracer Conditions (clinical metrics only)	No. of patients waiting less than 12 months for first access to OPD services		
	Minimum Data Set (MDS)	Basic demographic details, procedure details including urgency level		
)	International Comparison	Waiting times for inpatient and outpatient services are standard measures internationally (AUS, CAN, GB, ECHI).		
1	KPI Monitoring	Monthly		
2	KPI Reporting Frequency	Monthly		
3	KPI report period	Monthly M		
4	KPI Reporting Aggregation	National, HRA, Hospital		
5	KPI is reported in which reports?	MDR/NSP		
6	Web link to published data	http://www.hse.ie/eng/services/Publications		
7	Additional Information			
is p	olicy to include data in Open D	ata publication. Please indicate if there is an <u>exceptional</u> reason for this to be delayed		
onta	ct details	KPI owner/lead for implementation		
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		Telephone Number 01 778 5222		
iover	nance/sign off	This sign off is the governance at Divisional level in respect of management of the KPI including data provision,		
		validation, and use in performance management		
		Operational National Director: National Director of Access and Integration		
		formal request to change or remove is received		

No	Stone	Detail supporting KPI
No	Steps	Detail supporting KPI
1	KPI title & Number A176	% of people waiting <12 weeks for an elective procedure GI scope
1b	KPI Short Title	GI <12 weeks
2	KPI Description	% of people waiting <12 weeks for an elective procedure GI scope
3	KPI Rationale	50% of patients should wait no more than 12 weeks for a elective procedure GI scope
3a	Indicator Classification	National Scorecard Quadrant
		Access
4	KPI Target	50%
4a 5	Target Trajectory KPI Calculation	Point in time Numerator: Number of patients waiting to be seen less than 12 weeks Denominator: Total number of patients waiting for an
		elective procedure GI scope. The following ICD10 codes are used to identify the patients waiting <b>OGD</b> ( <b>Upper</b> ): 11820-00 Panendoscopy via Camera Capsule, 30473-00 Panendoscopy to duodenum (If specialty not ENT), 30473-01 Panendoscopy to duodenum with biopsy (If specialty not ENT), 30473-02 Panendoscopy through artificial storma, 30473-03 Panendoscopy to duodenum (If specialty not ENT), 30473-04 Oesophagoscopy with biopsy, 30473-05 Panendoscopy to ileum (If specialty not ENT), 30473-07 Panendoscopy to deodenum with administration of tattooing agent, 30478-03 Panendoscopy to duodenum with laser coagulation, 30478-04 Panendoscopy to duodenum with excision of lesion, 30478-05 Percutaneous endoscopic jejunostom [PEJ], 30478-06 Endoscopic administration of agent into bleeding lesion of oesophagus, 30478-07 Endoscopic administration of agent into lesion of stomach or duodenum, 30478-08 Removal of gastrostomy tube, 30478-09 Endoscopic administration of agent into bleeding lesion of oesophagoscopy with heater probe coagulation, 30478-09 Endoscopic administration of lesion, 30478-19 Oesophagoscopy with other coagulation, 30478-21 Panendoscopy to ileum with other coagulation, 41819-00 Panendoscopy to duodenum (If specialty not ENT), 41819-02 Panendoscopy to ileum (If specialty not ENT), 90771-00 Panendoscopy via Camera Capsule, 30688-00 endoscopic Ultrasound <b>Colonoscopy (Lower )</b> 30473-06 Panendoscoy to ileum with biopsy, 30473-08 Panendoscopy to ileum with administration of tattooing agent, 30478-18 Panendoscopy to ileum with heater probe coagulation, 30478-17 Panendoscopy to ileum with laser coagulation, 30478-18 Panendoscopy to ileum with heater probe coagulation, 30478-17 Panendoscopy to ileum with diathermy, 30478-18 Panendoscopy to ileum with heater probe coagulation, 30478-17 Panendoscopy to ileum with diathermy, 30478-18 Panendoscopy to ileum with heater probe coagulation, 30478-17 Panendoscopy to ileum with laser coagulation, 30478-18 Panendoscopy to ileum with heater probe coagulation, 3047
		to caecum with administration of tattooing agent, 32093-00 Fibeoptic conoloscopy to caecum, with polypectomy
	Data Sources	Data Sourced from: National Treatment Purchase Fund (NTPF)
- 6a	Data sign off	Data Sourced from: National Treatment Purchase Fund (NTPF) NTPF
6a	Data sign off Data Quality Issues	Data Sourced from: National Treatment Purchase Fund (NTPF) NTPF NTPF
6a 6b	Data sign off Data Quality Issues Data Collection Frequency Tracer Conditions (clinical	Data Sourced from: National Treatment Purchase Fund (NTPF) NTPF
6a 6b	Data sign off Data Quality Issues Data Collection Frequency	Data Sourced from: National Treatment Purchase Fund (NTPF)         NTPF         NTPF         Monthly         No of people waiting <12 weeks for an elective procedure GI scope
6a 6b	Data sign off Data Quality Issues Data Collection Frequency Tracer Conditions (clinical metrics only)	Data Sourced from: National Treatment Purchase Fund (NTPF)       NTPF       NTPF       Monthly       No of people waiting <12 weeks for an elective procedure GI scope
6a 6b 7 3 9	Data sign off Data Quality Issues Data Collection Frequency Tracer Conditions (clinical metrics only) Minimum Data Set (MDS) International Comparison KPI Monitoring	Data Sourced from: National Treatment Purchase Fund (NTPF)         NTPF         Monthly         No of people waiting <12 weeks for an elective procedure GI scope
6a 6b 7 3 9 10 11 12+A	Data sign off Data Quality Issues Data Collection Frequency Tracer Conditions (clinical metrics only) Minimum Data Set (MDS) International Comparison	Data Sourced from: National Treatment Purchase Fund (NTPF)         NTPF         Monthly         No of people waiting <12 weeks for an elective procedure GI scope
6a 6b 7 3 9 10 11 12+A 9	Data sign off Data Quality Issues Data Collection Frequency Tracer Conditions (clinical metrics only) Minimum Data Set (MDS) International Comparison KPI Monitoring KPI Reporting Frequency	Data Sourced from: National Treatment Purchase Fund (NTPF)         NTPF         NTPF         Monthly         No of people waiting <12 weeks for an elective procedure GI scope
6a 6b 7 3 0 1 2+A 9 3	Data sign off Data Quality Issues Data Collection Frequency Tracer Conditions (clinical metrics only) Minimum Data Set (MDS) International Comparison KPI Monitoring KPI Reporting Frequency KPI report period	Data Sourced from: National Treatment Purchase Fund (NTPF)         NTPF         NTPF         Monthly         No of people waiting <12 weeks for an elective procedure GI scope
6a 6b 7 3 0 1 2+A 3 3 4	Data sign off Data Quality Issues Data Collection Frequency Tracer Conditions (clinical metrics only) Minimum Data Set (MDS) International Comparison KPI Monitoring KPI Reporting Frequency KPI report period KPI Reporting Aggregation	Data Sourced from: National Treatment Purchase Fund (NTPF)         NTPF         Monthly         No of people waiting <12 weeks for an elective procedure GI scope
6a 6b 3 0 1 2+A 3 4 5	Data sign off Data Quality Issues Data Collection Frequency Tracer Conditions (clinical metrics only) Minimum Data Set (MDS) International Comparison KPI Monitoring KPI Reporting Frequency KPI report period KPI Reporting Aggregation KPI is reported in which reports?	Data Sourced from: National Treatment Purchase Fund (NTPF)         NTPF         NTPF         Monthly         No of people waiting <12 weeks for an elective procedure GI scope
6a 6b 7 3 3 9 9 10 11 122+A 9 13 4 5 5	Data sign off Data Quality Issues Data Collection Frequency Tracer Conditions (clinical metrics only) Minimum Data Set (MDS) International Comparison KPI Monitoring KPI Reporting Frequency KPI Reporting Frequency KPI Reporting Aggregation KPI is reported in which reports? Web link to published data	Data Sourced from: National Treatment Purchase Fund (NTPF)         NTPF         Monthly         Mo of people waiting <12 weeks for an elective procedure GI scope
6a 6b 7 3 9 10 11 12+A 9 13 14 15 16 17	Data sign off Data Quality Issues Data Collection Frequency Tracer Conditions (clinical metrics only) Minimum Data Set (MDS) International Comparison KPI Monitoring KPI Reporting Frequency KPI report period KPI Reporting Aggregation KPI is reported in which reports? Web link to published data Additional Information	Data Sourced from: National Treatment Purchase Fund (NTPF)         NTPF         NTPF         Monthly         No of people waiting <12 weeks for an elective procedure GI scope
6a 6b 7 3 9 10 11 12+A 9 13 14 15 16 17 7 7 15	Data sign off Data Quality Issues Data Collection Frequency Tracer Conditions (clinical metrics only) Minimum Data Set (MDS) International Comparison KPI Monitoring KPI Reporting Frequency KPI report period KPI Reporting Aggregation KPI is reported in which reports? Web link to published data Additional Information olicy to include data in Open D	Data Sourced from: National Treatment Purchase Fund (NTPF)         NTPF         NTPF         Monthly         No of people waiting <12 weeks for an elective procedure GI scope
6a 6b 7 3 9 10 11 12+A 9 13 13 14 15 16 17 17 15	Data sign off Data Quality Issues Data Collection Frequency Tracer Conditions (clinical metrics only) Minimum Data Set (MDS) International Comparison KPI Monitoring KPI Reporting Frequency KPI report period KPI Reporting Aggregation KPI is reported in which reports? Web link to published data Additional Information	Data Sourced from: National Treatment Purchase Fund (NTPF)         NTPF         NTPF         Monthly         No of people waiting <12 weeks for an elective procedure GI scope
6a 6b 7 3 9 10 11 12+A 9 13 14 15 16 17 17 17	Data sign off Data Quality Issues Data Collection Frequency Tracer Conditions (clinical metrics only) Minimum Data Set (MDS) International Comparison KPI Monitoring KPI Reporting Frequency KPI report period KPI Reporting Aggregation KPI is reported in which reports? Web link to published data Additional Information olicy to include data in Open D	Data Sourced from: National Treatment Purchase Fund (NTPF)         NTPF         NTPF         Monthly         No of people waiting <12 weeks for an elective procedure GI scope
6a 6b 7 3 9 10 11 12+A 9 13 14 15 16 17 17 17	Data sign off Data Quality Issues Data Collection Frequency Tracer Conditions (clinical metrics only) Minimum Data Set (MDS) International Comparison KPI Monitoring KPI Reporting Frequency KPI report period KPI Reporting Aggregation KPI is reported in which reports? Web link to published data Additional Information olicy to include data in Open D	Data Sourced from: National Treatment Purchase Fund (NTPF)         NTPF         NTPF         Monthly         No of people waiting <12 weeks for an elective procedure GI scope
6a 6b 7 8 9 9 10 11 12+A 9 13 14 15 16 17 17 17 15	Data sign off Data Quality Issues Data Collection Frequency Tracer Conditions (clinical metrics only) Minimum Data Set (MDS) International Comparison KPI Monitoring KPI Reporting Frequency KPI report period KPI Reporting Aggregation KPI is reported in which reports? Web link to published data Additional Information olicy to include data in Open D	Data Sourced from: National Treatment Purchase Fund (NTPF)         NTPF         Monthly         No of people waiting <12 weeks for an elective procedure GI scope
6a 6b 7 8 9 9 10 11 12+A 9 13 14 15 16 17 17 17 15	Data sign off Data Quality Issues Data Collection Frequency Tracer Conditions (clinical metrics only) Minimum Data Set (MDS) International Comparison KPI Monitoring KPI Reporting Frequency KPI report period KPI Reporting Aggregation KPI is reported in which reports? Web link to published data Additional Information olicy to include data in Open D	Data Sourced from: National Treatment Purchase Fund (NTPF)         NTPF         NTPF         Monthly         No of people waiting <12 weeks for an elective procedure GI scope
6a 6b 7 8 9 9 10 11 12+A 9 13 14 15 16 17 17 17 15	Data sign off Data Quality Issues Data Collection Frequency Tracer Conditions (clinical metrics only) Minimum Data Set (MDS) International Comparison KPI Monitoring KPI Reporting Frequency KPI report period KPI Reporting Aggregation KPI is reported in which reports? Web link to published data Additional Information olicy to include data in Open D	Data Sourced from: National Treatment Purchase Fund (NTPF)         NTPF         NTPF         Monthly         No of people waiting <12 weeks for an elective procedure GI scope
6b 7 8 9 10 11 11 12+A 9 9 13 14 15 16 17 16 17 17 16 0 0 0 17	Data sign off Data Quality Issues Data Collection Frequency Tracer Conditions (clinical metrics only) Minimum Data Set (MDS) International Comparison KPI Monitoring KPI Reporting Frequency KPI report period KPI Reporting Aggregation KPI is reported in which reports? Web link to published data Additional Information Olicy to include data in Open E ct details	Data Sourced from: National Treatment Purchase Fund (NTPF)         NTPF         NTPF         Monthly         No of people waiting <12 weeks for an elective procedure GI scope
6a 6b 7 8 9 10 11 12+A 9 13 12+A 9 13 14 15 16 17 7 16 Conta	Data sign off Data Quality Issues Data Collection Frequency Tracer Conditions (clinical metrics only) Minimum Data Set (MDS) International Comparison KPI Monitoring KPI Reporting Frequency KPI report period KPI Reporting Aggregation KPI is reported in which reports? Web link to published data Additional Information olicy to include data in Open D	Data Sourced from: National Treatment Purchase Fund (NTPF)         NTPF         NTPF         Monthly         No of people waiting <12 weeks for an elective procedure GI scope
6a 6b 7 3 9 10 11 12+A 3 13 14 15 15 16 17 15 16	Data sign off Data Quality Issues Data Collection Frequency Tracer Conditions (clinical metrics only) Minimum Data Set (MDS) International Comparison KPI Monitoring KPI Reporting Frequency KPI report period KPI Reporting Aggregation KPI is reported in which reports? Web link to published data Additional Information Olicy to include data in Open E ct details	Data Sourced from: National Treatment Purchase Fund (NTPF)         NTPF         NTPF         Monthly         No of people waiting <12 weeks for an elective procedure GI scope

Acute Division SC targets IPDC 12 wks IP DC appointment- Metadata 2025			
No	Steps	Detail supporting KPI	
1	KPI title & Number	% of people waiting <12 weeks for an elective procedure (adults and children)	
	A174		
	KPI Short Title	% IPDC <12 weeks (Adult&Child)	
2	KPI Description	% of people waiting <12 weeks for first appointment for an inpatient and day case appointment	
3	KPI Rationale	Focus on progressing towards Slaintecare targets	
3a	Indicator Classification	National Scorecard Quadrant Access	
	KPI Target	50%	
4a	Target Trajectory	Point in time	
4b	Volume metrics		
5	KPI Calculation	Numerator: Number of patients waiting to be seen IPDC (Adult & Child) less than 12 weeks Denominator: Total numbe of patients waiting IPDC (Adults & Child)	
5	Data Sources	Data Sourced from: National Treatment Purchase Fund (NTPF)	
6a	Data sign off	NTPF	
6b	Data Quality Issues	NTPF	
,	Data Collection Frequency	Monthly	
3	Tracer Conditions (clinical metrics only)	No of people waiting <12 weeks for an elective procedure GI scope	
	Minimum Data Set (MDS)	BIU report: data required by Month, Year, case_ind, Agency Cod,e hospital_name, case_ind Adult/Child, HIPE Spec, Specialty and waiting period.	
0	International Comparison	Waiting times for inpatient and outpatient services are standard measures internationally (AUS, CAN, GB, ECHI).	
1	KPI Monitoring	Monthly	
2+A9	KPI Reporting Frequency	Monthly	
3	KPI report period	Monthly M	
4	KPI Reporting Aggregation	National, RHA, Hospital	
15	KPI is reported in which reports?	Performance Report	
6	Web link to published data	http://www.hse.ie/eng/services/Publications	
7	Additional Information	This KPI is noted in the Service Plan	
t is po	licy to include data in Open Data publication	n. Please indicate if there is an exceptional reason for this to be delayed	
Contac	t details	KPI owner/lead for implementation	
		Name: Sheila McGuinness	
		Email address: for contact purposes : Sheila Mcguinness <sheila.mcguinness@hse.ie></sheila.mcguinness@hse.ie>	
		Telephone Number: 0863525113	
		Data support	
		Name: Acute Business Information Unit	
		Email address: AcuteBIU@hse.ie	
		Telephone Number 01-7785222	
Governance/sign off		This sign off is the governance at Divisional level in respect of management of the KPI including data provision, validation, and use in performance management Operational National Director: National Director Acute Operations	
		Operational National Director: National Director of Access and Integration	
KPI's M	vill be deemed 'active' until a formal request	to change or remove is received	

Αςι	ute Division -Weighted	Average Weight Time OPD Metadata 2025
	Steps	Detail supporting KPI
	KPI title & Number	Weighted Average wait time for people first access to OPD
	A182	
1b	KPI Short Title	WAW OPD
2	KPI Description	The weighted average wait time for people on the waiting list
3	KPI Rationale	To support a focus on reducing waiting time regionally and at hospital level
3a	Indicator Classification	National Scorecard Quadrant Access
4	KPI Target	45.5 months
4a		Monthly profile
	Volume metrics	
5	KPI Calculation	<ol> <li>The "The number of Patients Waiting per Monthly Time Band"</li> <li>Divided by "The total number of patients waiting"</li> <li>Multiplied (#1 above / # 2 above) x Mid point in the time band associated with the #1 patients time band.</li> <li>Add up the outcome of each of the maths formulas re #3 = WaW</li> </ol>
		1. Example# pf patientsTime Band101-2 months204-5 monthsTotal Patients waiting 30 $10 / 30 \times 1.5 = 0.5$ $20 / 30 \times 4.5 = 3.0$ The WaW is 3.5 months for the 30 patients waiting
6	Data Sources	NTPF
- 6a	Data sign off	
	Data Quality Issues	All acute hospitals reporting
7	Data Collection Frequency	Monthly
8	Tracer Conditions (clinical metrics only)	
9	Minimum Data Set (MDS)	
10	International Comparison	
11	KPI Monitoring	Monthly
12	KPI Reporting Frequency	Monthly
13	KPI report period	Monthly M
14	KPI Reporting Aggregation	National, HRA, Hospital
15	KPI is reported in which reports?	Performance Report/Profile; Other
16	Web link to published data	http://www.hse.ie/eng/services/Publications
17	Additional Information	
lt is po	olicy to include data in Open Data pu	blication. Please indicate if there is an <u>exceptional</u> reason for this to be delayed
Conta	ct details	KPI owner/lead for implementation
		Name: Sheila McGuinness
		Email address: for contact purposes : Sheila Mcguinness <sheila.mcguinness@hse.ie></sheila.mcguinness@hse.ie>
		Telephone Number: 0863525113
		Data support
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		Email address: AcuteBIU@hse.ie
		Telephone Number 01 778 5222
Gover	nance/sign off	This sign off is the governance at Divisional level in respect of management of the KPI including data provision, validation, and use in performance management Operational National Director: National Director of Access and Integration
KPI's will be deemed 'active' until a formal request to change or remove is received		

	Steps KPI title & Number	Detail supporting KPI
1b	KPI title & Number	Weighted Average wait time for people for an elective procedure (inpatient/ day case/ GI scope)
1b	A183	
	KPI Short Title	WAW IP/DC/GI
	KPI Description	The weighted average wait time for people on the waiting list
	KPI Rationale	To support a focus on reducing waiting time regionally and at hospital level
3a	Indicator Classification	National Scorecard Quadrant Access
	KPI Target	<5.5 months
4a	Target Trajectory	Monthly profile
	Volume metrics	
	KPI Calculation	<ol> <li>The "The number of Patients Waiting per Monthly Time Band"</li> <li>Divided by "The total number of patients waiting"</li> <li>Multiplied (#1 above / # 2 above) x Mid point in the time band associated with the #1 patients time band.</li> <li>Add up the outcome of each of the maths formulas re #3 = WaW</li> </ol>
		1. Example# pf patientsTime Band101-2 months204-5 monthsTotal Patients waiting 30 $10/30 \times 1.5 = 0.5$ $20/30 \times 4.5 = 3.0$ The WaW is 3.5 months for the 30 patients waiting
	Data Sources	NTPF
6a	Data sign off	
6b	Data Quality Issues	All acute hospitals reporting
	Data Collection Frequency	Monthly
	Tracer Conditions (clinical metrics	
	only)	
	Minimum Data Set (MDS)	
	International Comparison	
	KPI Monitoring	Monthly
	KPI Reporting Frequency	Monthly
	KPI report period	Monthly M
	KPI Reporting Aggregation	National, HRA, Hospital
	KPI is reported in which reports?	Performance Report/Profile; Other
	Web link to published data	http://www.hse.ie/eng/services/Publications
	Additional Information	ion. Places indicate if there is an expentional reason for this to be deleved
		ion. Please indicate if there is an exceptional reason for this to be delayed
ntact de	adiis	KPI owner/lead for implementation
		Name: Sheila McGuinness
		Email address: for contact purposes : Sheila Mcguinness <sheila.mcguinness@hse.ie></sheila.mcguinness@hse.ie>
		Telephone Number: 0863525113
		Data support
		Name: Acute Business Information Unit
		Email address: AcuteBIU@hse.ie
		Telephone Number 01 778 5222
vernanc	e/sign off	This sign off is the governance at Divisional level in respect of management of the KPI including data provision, validation, and use in performance management Operational National Director: National Director of Access and Integration

lo	Steps	Detail supporting KPI
	KPI title & Number A186	Additions - Total number of patients added to the waiting list (IPDC/OPD/GI)
1b	KPI Short Title	Addtions NTPF WL
	KPI Description	Additions - Total number of patients added to the waiting list (IPDC/OPD/GI)
	KPI Rationale	To understand demand and provide comparisons
3a	Indicator Classification	National Scorecard Quadrant Access
	KPI Target	This metric is noted in NSP 2025 Appendix 1 a - no target set
4a	Target Trajectory	Monthly profile
4b	Volume metrics	
	KPI Calculation	
	Data Sources	NTPF
6a	Data sign off	
6b	Data Quality Issues	All acute hospitals reporting
	Data Collection Frequency	Monthly
	Tracer Conditions (clinical metrics only)	
	Minimum Data Set (MDS)	
0	International Comparison	
1	KPI Monitoring	Monthly
2	KPI Reporting Frequency	Monthly
3	KPI report period	Monthly M
4	KPI Reporting Aggregation	National, HRA, Hospital
5	KPI is reported in which reports?	NPR
6	Web link to published data	http://www.hse.ie/eng/services/Publications
7	Additional Information	
is policy	y to include data in Open Data publicat	ion. Please indicate if there is an exceptional reason for this to be delayed
ontact d	etails	KPI owner/lead for implementation
		Name: Sheila McGuinness
		Email address: for contact purposes : Sheila Mcguinness <sheila.mcguinness@hse.ie></sheila.mcguinness@hse.ie>
		Telephone Number: 0863525113
		Data support
		Name: Acute Business Information Unit
		Email address: AcuteBIU@hse.ie
		Telephone Number 01 778 5222
overnan	ce/sign off	This sign off is the governance at Divisional level in respect of management of the KPI including data provision, validation, and use in performance management
		Operational National Director: National Director of Access and Integration

0	Steps	waiting list Metadata 2025
	KPI title & Number	Removals - Total number of patients removed from the waiting list (IPDC/OPD/GI)
	A187	
1b	KPI Short Title	Removals NTPF WL
	KPI Description	Details of the volume of patients removed from the waiting list, this would include removals because the patient has been seen but also includes pateints who are removed as a result of validation, outsourcing etc.
	KPI Rationale	To understand and measure perfromance
3a	Indicator Classification	National Scorecard Quadrant
•••		Access
	KPI Target	This metric is noted in NSP 2025 Appendix 1 a - no target set
4a	Target Trajectory	Monthly profile
4b	Volume metrics	
	KPI Calculation	
	Data Sources	NTPF
6a	Data sign off	
	Data Quality Issues	All acute hospitals reporting
	Data Collection Frequency	Monthly
	Tracer Conditions (clinical metrics only)	
	Minimum Data Set (MDS)	
)	International Comparison	
	KPI Monitoring	Monthly
	KPI Reporting Frequency	Monthly
	KPI report period	Monthly M
	KPI Reporting Aggregation	National, HRA, Hospital
	KPI is reported in which reports?	NPB
	Web link to published data	http://www.hse.ie/eng/services/Publications
	Additional Information	
		ion. Please indicate if there is an exceptional reason for this to be delayed
ontact de		KPI owner/lead for implementation
ontact u		Name: Sheila McGuinness
		Email address: for contact purposes : Sheila Mcguinness <sheila.mcguinness@hse.ie></sheila.mcguinness@hse.ie>
		Telephone Number: 0863525113
		Data support
		Name: Acute Business Information Unit
		Email address: AcuteBIU@hse.ie
		Telephone Number 01 778 5222
overnan	ce/sign off	This sign off is the governance at Divisional level in respect of management of the KPI including data provision, validation, and use in performance management
		Operational National Director: National Director of Access and Integration

Αςι	ite Division Colon	oscopy/Gastrointestinal Service - Metadata 2025
No	Steps	Detail supporting KPI
1	KPI title & Number A80	No. of new people waiting > four weeks for access to an urgent colonoscopy
1b	KPI Short Title	Urg Colon >4 weeks
	KPI Description	Number of new people waiting greater than 4 weeks for access to an urgent colonscopy (an exam used to detect changes or abnormalities in the large intestine (colon) and rectum)
	KPI Rationale	Access to an urgent colonscopy within 4 weeks
3a	Indicator Classification	National Scorecard Quadrant Access
	KPI Target	0
	KPI Calculation	Count: Number of New patients waiting greater than 28 days for an Urgent Colonoscopy
	Data Sources	Coverage 37 hospitals 100% 37/37 hospitals reporting
<u>6</u> a	Data sign off	Name: Access and Integration & Endoscopy Clinical Programme
	Data Quality Issues	
	Data Collection Frequency	Monthly
	Tracer Conditions (clinical metrics only)	As per description no. 2 above
	Minimum Data Set (MDS)	BIU – Acute - Urgent Colonoscopy Report
0	International Comparison	Often part of an indicator sub-set in international documents, may not be explicitly noted, but present in some form or another internationally.
1	KPI Monitoring	Monthly
2	KPI Reporting Frequency	Monthly
3	KPI report period	Monthly M
4	KPI Reporting Aggregation	National, HRA, Hospital
5	KPI is reported in which reports?	Annual Report; Performance Report
6	Web link to published data	http://www.hse.ie/eng/services/Publications
7	Additional Information	This KPI is noted in the Service Plan
is p	olicy to include data in Open D	ata publication. Please indicate if there is an <u>exceptional</u> reason for this to be delayed
onta	ct details	KPI owner/lead for implementation
		Name: Access and Integration & Endoscopy Clinical Programme
		Email address: for contact purposes : trish.king@hse.ie , graceosullivan@rcpi.ie
		Telephone Number: 0878175975/ 086 1409177
		Data support
		Name: Acute Business Information Unit
		Email address: AcuteBIU@hse.ie
		Telephone Number 01-7785222
Gover	nance/sign off	This sign off is the governance at Divisional level in respect of management of the KPI including data provision, validation, and use in performance management
		Operational National Director: National Director of Access and Integration
(PI's	will be deemed 'active' until a f	formal request to change or remove is received

Αςι	ite Division - ED -	6 hour - Metadata 2025
No	Steps	Detail supporting KPI
1	KPI title & Number	% of all attendees at ED who are discharged or admitted within six hours of registration
1b	A26 KPI Short Title	ED - 6 hour
2	KPI Description	% of all Emergency Department (ED) patients who wait less than 6 hours. Total Emergency Department Time (TEDT) is
2	KPI Rationale	measured from registration time to ED Departure Time.
3	KPI Kationale	a. A 6 hour target for ED has been included in the HSE service plan for a number of years and Patient Experience Time, which is equivalent to TEDT, has been collected at a number of EDs since 2010.
		b. TEDT includes both productive clinical time and delays. This indicator aims to reduce the delays without compromising on
		quality of care (1). c. Prolonged durations of stay in EDs are associated with poorer patient outcomes (2,3).
		d. Research in an Irish ED demonstrated that patient mortality increased exponentially after 6 hours total time spent in the
		ED(4). e. Prolonged waiting times are associated with adverse outcomes for patients discharged from EDs.(5)
		f. Patients waiting more than 6 hours should be cared for in a more appropriate care setting than an ED
		g. Patients who have completed their period of EM care draw on nursing and other ED resources that would be more
		effectively directed at new patients who require timely initial clinical assessment and nursing care. h. This indicator sets an upper limit on the duration of ED patient care. However, a small minority of patients may require
		longer than 6 hours care in an ED setting due to the complexity of their presenting problems. This is why a 95% compliance
		target has been set. i. An upper absolute limit of 9 hours is set to ensure that the 5% of patients who may not comply with the 6 hour target do not
		go on to have protracted waiting times.
		j. Monitoring the median, mean and centiles will allow EDs that do not achieve the target initially to monitor the timeliness of
		the care they provide, to better understand performance and demonstrate improvement towards achievement of the target. Secondary measures will also allow hospitals that meet the target to demonstrate exemplary performance in further reducing
		waiting times and will support benchmarking of hospital performance.
		k. The centile measures will also demonstrate any potentially unfavourable distortions in practice such as a rush to discharge or admit a disproportionate number of patients close to the 6-hour target time.
		I. Efficient care should not be rushed. Comparison of median and 75th centile data between similar EDs will indicate if a
		particular unit is managing patients at an unexpectedly quick rate This will flag the need to investigate whether this variance
		represents more efficient or unacceptably rushed care.
3a	Indicator Classification	National Scorecard Quadrant a) Quality and Safety
4	KPI Target	70%
4a	Target Trajectory	N/A
5	KPI Calculation	Numerator - All ED patients who are admitted to a ward or discharged in less than 6 hours from their Arrival Time.
6	Data Sources	Denominator - All patient attendances at Eds ED System (PET)
6a	Data sign off	Name: Mary Flynn - EMP Programme Manager
6b	Data Quality Issues	
7	Data Collection Frequency	Daily
8	Tracer Conditions (clinical metrics only)	All attendances to ED
9	Minimum Data Set (MDS)	Emergency Care Unit Identifier ID of hospital (to be confirmed or included in EMP dataset) Local service-user identifier UHI
		Unique Health Identifier (not yet applicable) Patient attendance Data set identifier new and unscheduled returns Date patient presents ED dataset Time patient presents Arrival Time Time patient admitted ED Departure Time for patient Time patient
		discharged ED Departure Time for patient ID of EM clinician who discharged patient Propose Irish Medical Council
		Registration Number ID of non-EM clinician who discharged patient Propose Irish Medical Council Registration Number
10	International Comparison	(1) A&E Clinical Quality Indicators. Department of Health 17th December 2010. Available at
		http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/Publications
		PolicyAndGuidance/DH_122868. Accessed 13th January 2011 (2) Sprivulis PC, Da Silva J-A, Jacobs IG, Frazer ARL, Jelinek GA (2006) The Association between
		hospital overcrowding and mortality among patients admitted via Western Australian emergency
		departments MJA 184 (5): 208 (3) Richardson DR (2001) The access-block effect: relationship between delay to reaching an inpatient
		(3) Richardson DB (2001) The access-block effect: relationship between delay to reaching an inpatient bed and in-patient length of stay MJA 177:49
		(4) Silke B, Plunkett P et al. European Journal of Emergency Medicine 2011 (in press)
		(5) Guttman A, Schull MJ, Vermullen MJ, Stukel TA. Association between waiting times and short term mortality and hospital admission after departure from emergency department: population based
		cohort study from Ontario, Canada. BMJ 2011;342:d2983doi:10.1136/bmj.d2983.
		(6) A six hour target for ED attendances is being used in New Zealand. New Zealand Ministry of Health. Available at http://www.moh.govt.nz/moh.nsf/indexmh/ed-target. Accessed 13th January 2011
11 12	KPI Monitoring KPI Reporting Frequency	Daily Monthly M
12	KPI report period	Monthly M
14	KPI Reporting Aggregation	National, HRA, Hospital
15	KPI is reported in which reports?	Performance Report, Other
16	Web link to published data	
17	Additional Information	http://www.hse.ie/eng/services/Publications This KPI is noted in the Service Plan 2025
		ata publication. Please indicate if there is an exceptional reason for this to be delayed
	ct details	KPI owner/lead for implementation
		Name: Mary Flynn - EMP Programme Manager
		Email address: emp@rcsi.ie / maryflynn@rcsi.ie
		Telephone Number : 087 2788545
		Data support Name: Acute Business Information Unit
		Email address: AcuteBIU@hse.ie
		Telephone Number 01 778 5222
Gover	nance/sign off	This sign off is the governance at Divisional level in respect of management of the KPI including data provision,
		validation, and use in performance management Operational National Director: National Director of Access and Integration
KPI'e v	will be deemed 'active' until a f	ormal request to change or remove is received
	se decined active until d l	stata requiser to ondrigo or remote to recorred

Αςι	te Division - ED -	9 hour - Metadata 2025
No	Steps	Detail supporting KPI
1	KPI title & Number A27	% of all attendees at ED who are discharged or admitted within nine hours of registration
1b	KPI Short Title	ED - 9 hour
2	KPI Description	% of all Emergency Department (ED) patients who wait less than 9 hours. Total Emergency Department Time (TEDT) is measured from registration time to ED Departure Time.
3	KPI Rationale	<ul> <li>a. A 9 hour target for ED has been included in the HSE service plan for a number of years and Patient Experience Time, which is equivalent to TEDT, has been collected at a number of EDs since 2010.</li> <li>b. TEDT includes both productive clinical time and delays. This indicator aims to reduce the delays without compromising on quality of care (1).</li> <li>c. Prolonged durations of stay in EDs are associated with poorer patient outcomes (2,3).</li> <li>d. Research in an Irish ED demonstrated that patient mortality increased exponentially after 9 hours total time spent in the ED(4).</li> <li>e. Prolonged waiting times are associated with adverse outcomes for patients discharged from EDs.(5) f. Patients waiting more than 9 hours should be cared for in a more appropriate care setting than an ED g. Patients who have completed their period of EM care draw on nursing and other ED resources that would be more effectively directed at new patients who require timely initial clinical assessment and nursing care.</li> <li>h. Monitoring the median, mean and centiles will allow EDs that do not achieve the target initially to monitor the timeliness of the care they provide, to better understand performance and demonstrate improvement towards achievement of the target. Secondary measures will also allow hospitals that meet the target to demonstrate exemplary performance in further reducing waiting times and will support benchmarking of hospital performance.</li> <li>i. The centile measures will also demonstrate any potentially unfavourable distortions in practice such as a rush to discharge or admit a disproportionate number of patients close to the 9-hour target time.</li> <li>j. Efficient care should not be rushed. Comparison of median and 75th centile data between similar EDs will indicate if a particular unit is managing patients at an unexpectedly quick rate This will flag the need to investigate whether this variance represents more efficient or unacceptably rushed care.</li> </ul>
3a	Indicator Classification	National Scorecard Quadrant Quality and Safety
4	KPI Target	85% 85%
4a	Target Trajectory	N/A
5	KPI Calculation	Numerator - All ED patients who are admitted to a ward or discharged in less than 9 hours from their Arrival Time. Denominator - All patient attendances at EDs
6	Data Sources	ED System (PET)
6a	Data sign off	Name: Mary Flynn - EMP Programme Manager
6b	Data Quality Issues	
7	Data Collection Frequency	Monthly
8	Tracer Conditions (clinical metrics only)	All attendances to ED
9	Minimum Data Set (MDS)	Emergency Care Unit Identifier ID of hospital (to be confirmed or included in EMP dataset) Local service-user identifier UHI Unique Health Identifier (not yet applicable) Patient attendance Data set identifier new and unscheduled returns Date patient presents ED dataset Time patient presents Arrival Time Time patient admitted ED Departure Time for patient Time patient discharged ED Departure Time for patient ID of EM clinician who discharged patient Propose Irish Medical Council Registration Number ID of non-EM clinician who discharged patient Propose Irish Medical Number

No	Steps	Detail supporting KPI
10	International Comparison	(1) A&E Clinical Quality Indicators. Department of Health 17th December 2010. Available at http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/Publications PolicyAndGuidance/DH_122868. Accessed 13th January 2011
11	KPI Monitoring	Daily
12	KPI Reporting Frequency	Monthly
13	KPI report period	Monthly M
14	KPI Reporting Aggregation	National, HRA, Hospital
15	KPI is reported in which reports?	Performance Report, Other
16	Web link to published data	http://www.hse.ie/eng/services/Publications
17	Additional Information	This KPI is noted in the Service Plan 2025
lt is p	olicy to include data in Open D	bata publication. Please indicate if there is an <u>exceptional</u> reason for this to be delayed
Cont	act details	KPI owner/lead for implementation
		Name: Mary Flynn - EMP Programme Manager
		Email address: emp@rcsi.ie / maryflynn@rcsi.ie
		Telephone Number : 087 2788545
		Data support
		Name: Acute Business Information Unit
		Email address: AcuteBIU@hse.ie
		Telephone Number 01 778 5222
Gove	rnance/sign off	This sign off is the governance at Divisional level in respect of management of the KPI including data provision, validation, and use in performance management Operational National Director: National Director of Access and Integration

lo	Steps	Detail supporting KPI
	KPI title & Number	% of ED patients who leave before completion of treatment
	A166	
1b	KPI Short Title	ED DNW
2	KPI Description	% of Emergency Department (ED) patients who attend ED but leave before their treatment is completed. These patients are recorded as did not wait on hospital system or leave before treatment.
3	KPI Rationale	All patients attending ED have a right to treatment
3a	Indicator Classification	National Scorecard Quadrant Quality and Safety
L.	KPI Target	<5%
4a	Target Trajectory	N/A
<b>i</b>	KPI Calculation	Numerator: number of patients that Did Not Wait Denominator: Total patients attending ED X100
;	Data Sources	Sourced from ED system (PET)
6a	Data sign off	Name: Mary Flynn - EMP Programme Manager
6b	Data Quality Issues	
	Data Collection Frequency	Monthly
3	Tracer Conditions (clinical	
	metrics only)	
)	Minimum Data Set (MDS)	
0	International Comparison	
1	KPI Monitoring	Monthly
2	KPI Reporting Frequency	Monthly
3	KPI report period	Monthly M
4	KPI Reporting Aggregation	National, HRA, Hospital
5	KPI is reported in which reports?	Performance Report, Other
16	Web link to published data	
		http://www.hse.ie/eng/services/Publications
17	Additional Information	This KPI is noted in the National Service Plan 2025
_	· ·	ata publication. Please indicate if there is an exceptional reason for this to be delayed
Conta	ct details	KPI owner/lead for implementation
		Name: Mary Flynn - EMP Programme Manager
		Email address: emp@rcsi.ie / maryflynn@rcsi.ie
		Telephone Number : 087 2788545
		Data support
		Name: Acute Business Information Unit
		Email address: AcuteBIU@hse.ie
		Telephone Number 01 778 5222
Gover	nance/sign off	This sign off is the governance at Divisional level in respect of management of the KPI including data provision,
		validation, and use in performance management
		Operational National Director: National Director of Access and Integration

Αсι	ite Division - ED <	24 hours - Metadata 2025
No	Steps	Detail supporting KPI
	KPI title & Number A29	% of all attendees at ED who are in ED <24 hours
1b	KPI Short Title	ED < 24 hours
	KPI Description	% of patients who attend Emergency Departments (ED) who are in ED less than 24 hours
	KPI Rationale	a+C6:C11. A 24 hour target for ED has been included in the HSE service plan for a number of years and Patient Experience
		Time, which is equivalent to TEDT, has been collected at a number of EDs since 2010.
		b. TEDT includes both productive clinical time and delays. This indicator aims to reduce the delays without compromising on quality of care (1).
		Generation of the second durations of stay in EDs are associated with poorer patient outcomes (2,3).
		d. Research in an Irish ED demonstrated that patient mortality increased exponentially after 24 hours total time spent in the
		ED(4).
		e. Prolonged waiting times are associated with adverse outcomes for patients discharged from EDs.(5) f. Patients waiting less than 24 hours should be cared for in a more appropriate care setting than an ED
		g. Patients who have completed their period of EM care draw on nursing and other ED resources that would be more effective
		directed at new patients who require timely initial clinical assessment and nursing care.
		h. This indicator sets an upper limit on the duration of ED patient care. However, a small minority of patients should not require
		longer than 24 hours care in an ED setting due to the complexity of their presenting problems. This is why a 100% compliance
		target has been set. i. An upper absolute limit of 24 hours is set to ensure that the 0% of patients who may not comply with the 24 hour target do not
		go on to have protracted waiting times.
		j. Monitoring the median, mean and centiles will allow EDs that do not achieve the target initially to monitor the timeliness of th
		care they provide, to better understand performance and demonstrate improvement towards achievement of the target.
		Secondary measures will also allow hospitals that meet the target to demonstrate exemplary performance in further reducing waiting times and will support benchmarking of hospital performance.
		k. The centile measures will also demonstrate any potentially unfavourable distortions in practice such as a rush to discharge (
		admit a disproportionate number of patients close to the 6-hour target time.
		I. Efficient care should not be rushed. Comparison of median and 75th centre data between similar EDs will indicate if a
		particular unit is managing patients at an unexpectedly quick rate This will flag the need to investigate whether this variance represents more efficient or unacceptably rushed care.
3a	Indicator Classification	National Scorecard Quadrant
		Quality and Safety
40	KPI Target	97% N/A
4a	Target Trajectory KPI Calculation	All attendances that have an experience time of less than 24 hours
,	RFI Calculation	= sum (total patients - greater 24 hour patients)/ total patients
6	Data Sources	Sourced from ED system (PET)
6a	Data sign off	Name: Mary Flynn - EMP Programme Manager
6b	Data Quality Issues	
	Data Collection Frequency	Daily
3	Tracer Conditions (clinical	
	metrics only)	
, 10	Minimum Data Set (MDS)	
1	International Comparison KPI Monitoring	Daily
2	KPI Reporting Frequency	Monthly M
3	KPI report period	Monthly M
4	KPI Reporting Aggregation	National, HRA, Hospital
15	-	Performance Report, Other
	reports?	
16 17	Web link to published data	http://www.hse.ie/eng/services/Publications
	Additional Information	This KPI is noted in the Service Plan 2025 ata publication. Please indicate if there is an exceptional reason for this to be delayed
	ct details	KPI owner/lead for implementation
Jonia		Name: Mary Flynn - EMP Programme Manager
		Name: Mary Flynn - EMP Programme Manager Email address: emp@rcsi.ie / maryflynn@rcsi.ie
		Telephone Number : 087 2788545
		Data support
		Name: Acute Business Information Unit
		Email address: AcuteBIU@hse.ie
		Telephone Number 01 778 5222
Gover	nance/sign off	This sign off is the governance at Divisional level in respect of management of the KPI including data provision,
Jover	nanoo/aign Uli	validation, and use in performance management
		Operational National Director: National Director of Access and Integration
(Pl'e)	will be deemed 'active' until a f	ormal request to change or remove is received

	Steps	75yrs+ 6 hour - Metadata 2025 Detail supporting KPI
	KPI title & Number	% of all attendees aged 75 years and over at ED who are discharged or admitted within six hours of registration
1b	A32 KPI Short Title	ED >=75yrs - 6 hour
	KPI Description	% of all Emergency Department (ED) patients who wait less than 6 hours whom are aged 75 years and over. Total Emergency
		Department Time (TEDT) is measured from Registration time to ED Departure Time.
3	KPI Rationale	a. A 6 hour target for ED has been included in the HSE service plan for a number of years and Patient Experience Time, which
		is equivalent to TEDT, has been collected at a number of EDs since 2010.
		b. TEDT includes both productive clinical time and delays. This indicator aims to reduce the delays without compromising on
		quality of care (1). c. Prolonged durations of stay in EDs are associated with poorer patient outcomes (2,3).
		d. Research in an Irish ED demonstrated that patient mortality increased exponentially after 6 hours total time spent in the
		ED(4).
		e. Prolonged waiting times are associated with adverse outcomes for patients discharged from EDs.(5)
		f. Patients waiting more than 6 hours should be cared for in a more appropriate care setting than an ED
		g. Patients who have completed their period of EM care draw on nursing and other ED resources that would be more effectively directed at new patients who require timely initial clinical assessment and nursing care.
		h. This indicator sets an upper limit on the duration of ED patient care. However, a small minority of patients may require longe
		than 6 hours care in an ED setting due to the complexity of their presenting problems.
		i. An upper absolute limit of 9 hours is set to ensure that the 5% of patients who may not comply with the 6 hour target do not g
		on to have protracted waiting times.
		j. Monitoring the median, mean and centiles will allow EDs that do not achieve the target initially to monitor the timeliness of the
		care they provide, to better understand performance and demonstrate improvement towards achievement of the target. Secondary measures will also allow hospitals that meet the target to demonstrate exemplary performance in further reducing
		waiting times and will support benchmarking of hospital performance.
		k. The centile measures will also demonstrate any potentially unfavourable distortions in practice such as a rush to discharge o
		admit a disproportionate number of patients close to the 6-hour target time.
		I. Efficient care should not be rushed. Comparison of median and 75th centile data between similar EDs will indicate if a
		particular unit is managing patients at an unexpectedly quick rate This will flag the need to investigate whether this variance represents more efficient or unacceptably rushed care.
3a	Indicator Classification	National Scorecard Quadrant
		Quality and Safety
	KPI Target	95%
4a	Target Trajectory	N/A
5	KPI Calculation	Numerator - All ED patients aged >=75 years of age, who are admitted to a ward or discharged in less than 6 hours from their
		Arrival Time. Denominator - All patient attendances at ED who are aged 75 years of age and over who are admitted or
		discharged Presentation - (a) all ED patients and unscheduled returns (b) all (a) who are subsequently admitted (c) all (a) who are
		discharged by an EM clinician. (d) all (a) who are discharged by a non-EM clinician (b) to (d) = level II data for EMP For data
		definitions see EMP Report 2011. Numerator - All ED patients who are admitted to a ward or discharged in less than 9 hours
		from their Arrival Time
6	Data Sources	ED System (PET)
	Data sign off	Name: Mary Flynn - EMP Programme Manager
	Data Quality Issues	
7	Data Collection Frequency	Monthly
B	Tracer Conditions (clinical	All attendances to ED
	metrics only)	
Э	Minimum Data Set (MDS)	Emergency Care Unit Identifier ID of hospital (to be confirmed or included in EMP dataset) Local service-user identifier UHI
		Unique Health Identifier (not yet applicable) Patient attendance Data set identifier new and unscheduled returns Date patient presents ED dataset Time patient presents Arrival Time Time patient admitted ED Departure Time for patient Time patient
		discharged ED Departure Time for patient ID of EM clinician who discharged patient Propose Irish Medical Council Registration
		Number ID of non-EM clinician who discharged patient Propose Irish Medical Council Registration Number
10	International Comparison	(1) A&E Clinical Quality Indicators. Department of Health 17th December 2010. Available at
		http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/Publications
		Policy And Cuidence / DH 122868 Accessed 12th January 2011
		PolicyAndGuidance/DH_122868. Accessed 13th January 2011 Health. Available at http://www.moh.govt.nz/moh.nsf/indexmh/ed-target. Accessed 13th January 2011
		PolicyAndGuidance/DH_122868. Accessed 13th January 2011 Health. Available at http://www.moh.govt.nz/moh.nsf/indexmh/ed-target. Accessed 13th January 2011
1	KPI Monitoring	_
	KPI Monitoring KPI Reporting Frequency	Health. Available at http://www.moh.govt.nz/moh.nsf/indexmh/ed-target. Accessed 13th January 2011
12	•	Health. Available at http://www.moh.govt.nz/moh.nsf/indexmh/ed-target. Accessed 13th January 2011 Daily
12 13	KPI Reporting Frequency	Health. Available at http://www.moh.govt.nz/moh.nsf/indexmh/ed-target. Accessed 13th January 2011 Daily Monthly
12 13 14	KPI Reporting Frequency KPI report period KPI Reporting Aggregation	Health. Available at http://www.moh.govt.nz/moh.nsf/indexmh/ed-target. Accessed 13th January 2011 Daily Monthly Monthly National, HRA, Hospital
12 13 14 15	KPI Reporting Frequency KPI report period KPI Reporting Aggregation KPI is reported in which	Health. Available at http://www.moh.govt.nz/moh.nsf/indexmh/ed-target. Accessed 13th January 2011 Daily Monthly Monthly M
12 13 14 15	KPI Reporting Frequency KPI report period KPI Reporting Aggregation KPI is reported in which reports?	Health. Available at http://www.moh.govt.nz/moh.nsf/indexmh/ed-target. Accessed 13th January 2011 Daily Monthly Monthly National, HRA, Hospital
12 13 14 15	KPI Reporting Frequency KPI report period KPI Reporting Aggregation KPI is reported in which	Health. Available at http://www.moh.govt.nz/moh.nsf/indexmh/ed-target. Accessed 13th January 2011 Daily Monthly Monthly National, HRA, Hospital
12 13 14 15 16	KPI Reporting Frequency KPI report period KPI Reporting Aggregation KPI is reported in which reports?	Health. Available at http://www.moh.govt.nz/moh.nsf/indexmh/ed-target. Accessed 13th January 2011 Daily Monthly Monthly National, HRA, Hospital Performance Report, Other
12 13 14 15 16 17	KPI Reporting Frequency KPI report period KPI Reporting Aggregation KPI is reported in which reports? Web link to published data Additional Information	Health. Available at http://www.moh.govt.nz/moh.nsf/indexmh/ed-target. Accessed 13th January 2011 Daily Monthly Monthly Monthly M National, HRA, Hospital Performance Report, Other http://www.hse.ie/eng/services/Publications
2 3 4 5 6 7 t is po	KPI Reporting Frequency KPI report period KPI Reporting Aggregation KPI is reported in which reports? Web link to published data Additional Information	Health. Available at http://www.moh.govt.nz/moh.nsf/indexmh/ed-target. Accessed 13th January 2011 Daily Monthly Monthly Monthly M National, HRA, Hospital Performance Report, Other  http://www.hse.ie/eng/services/Publications This KPI is noted in the National Service Plan 2025
12 13 14 15 16 17 t is po	KPI Reporting Frequency KPI report period KPI Reporting Aggregation KPI is reported in which reports? Web link to published data Additional Information Dicy to include data in Open D	Health. Available at http://www.moh.govt.nz/moh.nst/indexmh/ed-target. Accessed 13th January 2011 Daily Monthly Monthly Monthly M National, HRA, Hospital Performance Report, Other <a href="http://www.hse.ie/eng/services/Publications">http://www.hse.ie/eng/services/Publications</a> This KPI is noted in the National Service Plan 2025 Data publication. Please indicate if there is an <u>exceptional</u> reason for this to be delayed
12 13 14 15 16 17 t is po	KPI Reporting Frequency KPI report period KPI Reporting Aggregation KPI is reported in which reports? Web link to published data Additional Information Dicy to include data in Open D	Health. Available at http://www.moh.govt.nz/moh.nst/indexmh/ed-target. Accessed 13th January 2011         Daily         Monthly         Monthly M         National, HRA, Hospital         Performance Report, Other         http://www.hse.ie/eng/services/Publications         This KPI is noted in the National Service Plan 2025         Data publication. Please indicate if there is an exceptional reason for this to be delayed         KPI owner/lead for implementation
12 13 14 15 16 17 t is po	KPI Reporting Frequency KPI report period KPI Reporting Aggregation KPI is reported in which reports? Web link to published data Additional Information Dicy to include data in Open D	Health. Available at http://www.moh.govt.nz/moh.nst/indexmh/ed-target. Accessed 13th January 2011         Daily         Monthly         Monthly M         National, HRA, Hospital         Performance Report, Other         http://www.hse.ie/eng/services/Publications         This KPI is noted in the National Service Plan 2025         Data publication. Please indicate if there is an exceptional reason for this to be delayed         KPI owner/lead for implementation         Name: Mary Flynn - EMP Programme Manager
12 13 14 15 16 17 t is po	KPI Reporting Frequency KPI report period KPI Reporting Aggregation KPI is reported in which reports? Web link to published data Additional Information Dicy to include data in Open D	Health. Available at http://www.moh.govt.nz/moh.nst/indexmh/ed-target. Accessed 13th January 2011         Daily         Monthly         Monthly M         National, HRA, Hospital         Performance Report, Other         http://www.hse.ie/eng/services/Publications         This KPI is noted in the National Service Plan 2025         Data publication. Please indicate if there is an <u>exceptional</u> reason for this to be delayed         KPI owner/lead for implementation         Name: Mary Flynn - EMP Programme Manager         Email address: emp@rcsi.ie / maryflynn@rcsi.ie         Telephone Number : 087 2788545
12 13 14 15 16 17 t is po	KPI Reporting Frequency KPI report period KPI Reporting Aggregation KPI is reported in which reports? Web link to published data Additional Information Dicy to include data in Open D	Health. Available at http://www.moh.govt.nz/moh.nst/indexmh/ed-target. Accessed 13th January 2011         Daily         Monthly         Monthly M         National, HRA, Hospital         Performance Report, Other         http://www.hse.ie/eng/services/Publications         This KPI is noted in the National Service Plan 2025         Data publication. Please indicate if there is an exceptional reason for this to be delayed         KPI owner/lead for implementation         Name: Mary Flynn - EMP Programme Manager         Email address: emp@rcsi.ie / maryflynn@rcsi.ie
12 13 14 15 16 17 t is po	KPI Reporting Frequency KPI report period KPI Reporting Aggregation KPI is reported in which reports? Web link to published data Additional Information Dicy to include data in Open D	Health. Available at http://www.moh.govt.nz/moh.nst/indexmh/ed-target. Accessed 13th January 2011         Daily         Monthly         Monthly M         National, HRA, Hospital         Performance Report, Other         http://www.hse.ie/eng/services/Publications         This KPI is noted in the National Service Plan 2025         Data publication. Please indicate if there is an exceptional reason for this to be delayed         KPI owner/lead for implementation         Name: Mary Flynn - EMP Programme Manager         Email address: emg@rcsi.ie / maryflynn@rcsi.ie         Telephone Number : 087 2788545         Data support
12 13 14 15 16 17 17 1t is po	KPI Reporting Frequency KPI report period KPI Reporting Aggregation KPI is reported in which reports? Web link to published data Additional Information Dicy to include data in Open D	Health. Available at http://www.moh.govt.nz/moh.nst/indexmh/ed-target. Accessed 13th January 2011         Daily         Monthly         Monthly M         National, HRA, Hospital         Performance Report, Other         http://www.hse.ie/eng/services/Publications         This KPI is noted in the National Service Plan 2025         Data publication. Please indicate if there is an <u>exceptional</u> reason for this to be delayed         KPI owner/lead for implementation         Name: Mary Flynn - EMP Programme Manager         Email address: emp@rcsi.ie / maryflynn@rcsi.ie         Telephone Number : 087 2788545         Data support         Name: Acute Business Information Unit         Email address: AcuteBlu@hes.ie
12 13 14 15 16 17 17 17 Contac	KPI Reporting Frequency KPI report period KPI Reporting Aggregation KPI is reported in which reports? Web link to published data Additional Information Dicy to include data in Open D ct details	Health. Available at http://www.moh.govt.nz/moh.nst/indexmh/ed-target. Accessed 13th January 2011         Daily         Monthly         Monthly M         National, HRA, Hospital         Performance Report, Other         http://www.hse.ie/eng/services/Publications         This KPI is noted in the National Service Plan 2025         Data publication. Please indicate if there is an <u>exceptional</u> reason for this to be delayed         KPI owner/lead for implementation         Name: Mary Flynn - EMP Programme Manager         Email address: emp@rcsi.ie / maryflynn@rcsi.ie         Telephone Number : 087 2788545         Data support         Name: Acute Business Information Unit         Email address: AcuteBU@hse.ie         Telephone Number 01 778 5222
12 13 14 15 16 17 It is po Contac	KPI Reporting Frequency KPI report period KPI Reporting Aggregation KPI is reported in which reports? Web link to published data Additional Information Dicy to include data in Open D	Health. Available at http://www.moh.govt.nz/moh.nst/indexmh/ed-target. Accessed 13th January 2011         Daily         Monthly         Monthly M         National, HRA, Hospital         Performance Report, Other         http://www.hse.ie/eng/services/Publications         This KPI is noted in the National Service Plan 2025         Data publication. Please indicate if there is an exceptional reason for this to be delayed         KPI owner/lead for implementation         Name: Mary Flynn - EMP Programme Manager         Email address: emp@rcsi.ie / maryflynn@rcsi.ie         Telephone Number : 087 2788545         Data support         Name: Acute Business Information Unit         Email address: AcuteBIU@hse.ie         Telephone Number 01 778 5222         This sign off is the governance at Divisional level in respect of management of the KPI including data provision,
2 3 14 15 16 77 t is pc Contac	KPI Reporting Frequency KPI report period KPI Reporting Aggregation KPI is reported in which reports? Web link to published data Additional Information Dicy to include data in Open D ct details	Health. Available at http://www.moh.govt.nz/moh.nst/indexmh/ed-target. Accessed 13th January 2011         Daily         Monthly         Monthly M         National, HRA, Hospital         Performance Report, Other         http://www.hse.ie/eng/services/Publications         This KPI is noted in the National Service Plan 2025         Data publication. Please indicate if there is an <u>exceptional</u> reason for this to be delayed         KPI owner/lead for implementation         Name: Mary Flynn - EMP Programme Manager         Email address: emp@rcsi.ie / maryflynn@rcsi.ie         Telephone Number : 087 2788545         Data support         Name: Acute Business Information Unit         Email address: AcuteBU@hse.ie         Telephone Number 01 778 5222

		5yrs 9 hour - Metadata 2025
No 1	Steps KPI title & Number	Detail supporting KPI % of all attendees aged 75 years and over at ED who are discharged or admitted within nine hours of registration
1	A30	% of all attendees aged 75 years and over at ED who are discharged or admitted within hine hours of registration
1b	KPI Short Title	ED >=75yrs+ - 9 hour
2	KPI Description	% of all Emergency Department (ED) patients 75 years and over who wait less than 9 hours. Total Emergency Department Time (TEDT) is measured from Registration to ED Departure Time.
3	KPI Rationale	<ul> <li>Inite (FEDT) is ineastication to Equivalent to Exploring the Experience Time.</li> <li>A. A 9 hour target for ED has been included in the HSE service plan for a number of years and Patient Experience Time, which is equivalent to TEDT, has been collected at a number of EDs since 2010.</li> <li>b. TEDT includes both productive clinical time and delays. This indicator aims to reduce the delays without compromising on quality of care (1).</li> <li>c. Prolonged durations of stay in EDs are associated with poorer patient outcomes (2,3).</li> <li>d. Research in an Irish ED demonstrated that patient mortality increased exponentially after 9 hours total time spent in the ED(4).</li> <li>e. Prolonged waiting times are associated with adverse outcomes for patients discharged from EDs.(5)</li> <li>f. Patients waiting more than 9 hours should be cared for in a more appropriate care setting than an ED</li> <li>g. Patients who have completed their period of EM care draw on nursing and other ED resources that would be more effectively directed at new patients who require timely initial clinical assessment and nursing care.</li> <li>h. This indicator sets an upper limit on the duration of ED patient care. However, a small minority of patients may require longer than 9 hours care in an ED setting due to the complexity of their presenting problems.</li> <li>i. The centile measures will also demonstrate any potentially unfavourable distortions in practice such as a rush to discharge or admit a disproportionate number of patients close to the 9-hour target initially to monitor the timeliness of the care they provide, to better understand performance.</li> <li>j. Monitoring the median, mean and centiles will albow EDs that do not achieve the target initially to monitor the target. Secondary measures will also demonstrate any potentially unfavourable distortions in practice such as a rush to discharge or admit a disproportionate number of patients close to the 9-hour target time.</li> <li>j. Monitoring the median, mean and c</li></ul>
3a	Indicator Classification	National Scorecard Quadrant
4	KPI Target	Quality and Safety 99%
5	KPI Calculation	Numerator - All ED patients aged >=75 years of age, who are admitted to a ward or discharged in less than 9 hours from their Arrival Time. Denominator - All patient attendances at ED who are aged 75 years of age or over who are admitted or discharged
6	Data Sources	ED System (PET)
	Data sign off	Name: Mary Flynn - EMP Programme Manager
6D 7	Data Quality Issues Data Collection Frequency	Daily
8	Tracer Conditions (clinical	All attendances to ED
	metrics only)	
9	Minimum Data Set (MDS)	Emergency Care Unit Identifier ID of hospital (to be confirmed or included in EMP dataset) Local service-user identifier UHI Unique Health Identifier (not yet applicable) Patient attendance Data set identifier new and unscheduled returns Date patient presents ED dataset Time patient presents Arrival Time Time patient admitted ED Departure Time for patient Time patient discharged ED Departure Time for patient ID of EM clinician who discharged patient Propose Irish Medical Council Registration Number ID of non-EM clinician who discharged patient Propose Irish Medical Council Registration Number
10	International Comparison	<ul> <li>(1) A&amp;E Clinical Quality Indicators. Department of Health 17th December 2010. Available at http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/Publications</li> <li>PolicyAndGuidance/DH_122868. Accessed 13th January 2011</li> <li>(2) Sprivulis PC, Da Silva J-A, Jacobs IG, Frazer ARL, Jelinek GA (2006) The Association between hospital overcrowding and mortality among patients admitted via Western Australian emergency departments MJA 184 (5): 208</li> <li>(3) Richardson DB (2001) The access-block effect: relationship between delay to reaching an inpatient bed and in-patient length of stay MJA 177:49</li> <li>(4) Silke B, Plunkett P et al. European Journal of Emergency Medicine 2011 (in press) KPI owner/lead for implementation</li> <li>Name: Ciara Hughes - EMP Programme Manager</li> <li>Email address: emp@rcsi.ie / ciarah@rcsi.ie</li> <li>Telephone Number : 087 7845571</li> <li>Data support</li> </ul>
11	KPI Monitoring	Daily
12	KPI Reporting Frequency	Monthly M
13	KPI report period	Monthly M
14	KPI Reporting Aggregation	National, HRA, Hospital
15	KPI is reported in which reports?	Performance Report, Other
16	Web link to published data	http://www.hse.ie/eng/services/Publications
17	Additional Information	This KPI is noted in the National Service Plan 2025
	olicy to include data in Open D ct details	ata publication. Please indicate if there is an <u>exceptional</u> reason for this to be delayed  KPI owner/lead for implementation Name: Mary Flynn - EMP Programme Manager Email address: emp@rcsi.ie / maryflynn@rcsi.ie Telephone Number : 087 2788545 Data support
		Name: Acute Business Information Unit Email address: AcuteBIU@hse.ie Telephone Number 01 778 5222
Gover	nance/sign off	

No	Steps	Detail supporting KPI
	KPI title & Number A96	% of all attendees aged 75 years and over at ED who are discharged or admitted within 24 hours of registration
1b		ED >=75yrs+ < 24 hour
!	KPI Description	% of all Emergency Department (ED) patients 75 years and over who wait less than 24 hours. Total Emergency Department
3	KPI Rationale	Time (TEDT) is measured from Registration time to ED Departure Time.  a. A 24 hour target for ED has been included in the HSE service plan for a number of years and Patient Experience Time, whice is equivalent to TEDT, has been collected at a number of EDs since 2010. b. TEDT includes both productive clinical time and delays. This indicator aims to reduce the delays without compromising on quality of care (1). c. Prolonged durations of stay in EDs are associated with poorer patient outcomes (2,3). d. Research in an Irish ED demonstrated that patient mortality increased exponentially after 24 hours total time spent in the ED(4). e. Prolonged waiting times are associated with adverse outcomes for patients discharged from EDs.(5)
		<ul> <li>Prototiged waining unless are associated with adverse butching to patients on patients anged mining the basic)</li> <li>Pratients who have completed their period of EM cared for in a more appropriate care setting than an ED</li> <li>Patients who have completed their period of EM cared faw on nursing and other ED resources that would be more effectivel directed at new patients who require timely initial clinical assessment and nursing care.</li> <li>h. This indicator sets an upper limit on the duration of ED patient care. However, a small minority of patients may require longe than 24 hours care in an ED setting due to the complexity of their presenting problems.</li> <li>i. The centile measures will also demonstrate any potentially unfavourable distortions in practice such as a rush to discharge or admit a disproportionate number of patients close to the 24-hour target time.</li> <li>j. Monitoring the median, mean and centiles will allow EDs that do not achieve the target initially to monitor the timeliness of the care they provide, to better understand performance and demonstrate improvement towards achievement of the target. Secondary measures will also allow hospitals that meet the target to demonstrate exemplary performance in further reducing waiting times and will support benchmarking of hospital performance.</li> <li>k. The centile measures will also demonstrate any potentially unfavourable distortions in practice such as a rush to discharge or admit a disproportionate number of patients close to the 24-hour target time.</li> <li>l. Efficient care should not be rushed. Comparison of median and 75th centile data between similar EDs will indicate if a particular unit is managing patients at an unexpectedly quick rate This will flag the need to investigate whether this variance represents more efficient or unacceptably rushed care.</li> </ul>
3a	Indicator Classification	National Scorecard Quadrant
1	KPI Target	Quality and Safety 99%
+ 4a		93% N/A
- <del>-</del>	KPI Calculation	Numerator - All ED patients aged >=75 years of age, who are admitted to a ward or discharged in less than 24 hours from their Arrival Time. Denominator - All patient attendances at ED who are aged 75 years of age or over who are admitted or discharge
5	Data Sources	ED System (PET)
6a	a Data sign off	Name: Mary Flynn - EMP Programme Manager
6b	Data Quality Issues	
7	Data Collection Frequency	Daily
3	Tracer Conditions (clinical metrics only)	All attendances to ED
9	Minimum Data Set (MDS)	Emergency Care Unit Identifier ID of hospital (to be confirmed or included in EMP dataset) Local service-user identifier UHI Unique Health Identifier (not yet applicable) Patient attendance Data set identifier new and unscheduled returns Date patient presents ED dataset Time patient presents Arrival Time Time patient admitted ED Departure Time for patient Time patient discharged ED Departure Time for patient ID of EM clinician who discharged patient Propose Irish Medical Council Registration Number ID of non-EM clinician who discharged patient Propose Irish Medical Council Registration
10	International Comparison	<ol> <li>A&amp;E Clinical Quality Indicators. Department of Health 17th December 2010. Available at http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/Publications</li> <li>PolicyAndGuidance/DH_122868. Accessed 13th January 2011</li> <li>Sprivulis PC, Da Silva J-A, Jacobs IG, Frazer ARL, Jelinek GA (2006) The Association between hospital overcrowding and mortality among patients admitted via Western Australian emergency departments MJA 184 (5): 208</li> <li>Richardson DB (2001) The access-block effect: relationship between delay to reaching an inpatient bed and in-patient length of stay MJA 177:49</li> <li>Slike B, Plunkett P et al. European Journal of Emergency Medicine 2011 (in press) KPI owner/lead for implementation Name: Ciara Hughes - EMP Programme Manager Email address: emp@rcsi.ie / ciarah@rcsi.ie Telephone Number : 087 7845571</li> </ol>
11	KPI Monitoring	Daily
2	KPI Reporting Frequency	Monthly
2 3	KPI Reporting Frequency KPI report period	Monthly Monthly M
12 13 14	KPI Reporting Frequency	Monthly
12 13 14 15	KPI Reporting Frequency KPI report period KPI Reporting Aggregation KPI is reported in which reports?	Monthly Monthly M National, HRA, Hospital Performance Report, Other
2 3 4 5 6	KPI Reporting Frequency KPI report period KPI Reporting Aggregation KPI is reported in which reports? Web link to published data	Monthly Monthly M National, HRA, Hospital Performance Report, Other http://www.hse.ie/eng/services/Publications
2 3 4 5 6 7	KPI Reporting Frequency KPI report period KPI Reporting Aggregation KPI is reported in which reports? Web link to published data Additional Information	Monthly Monthly M National, HRA, Hospital Performance Report, Other <u>http://www.hse.ie/eng/services/Publications</u> This KPI is noted in the National Service Plan 2025
12 13 14 15 16 17 t is po	KPI Reporting Frequency KPI report period KPI Reporting Aggregation KPI is reported in which reports? Web link to published data Additional Information	Monthly Monthly M National, HRA, Hospital Performance Report, Other <u>http://www.hse.ie/eng/services/Publications</u> This KPI is noted in the National Service Plan 2025 pata publication. Please indicate if there is an <u>exceptional</u> reason for this to be delayed
12 13 14 15 16 17 t is po	KPI Reporting Frequency KPI report period KPI Reporting Aggregation KPI is reported in which reports? Web link to published data Additional Information olicy to include data in Open D	Monthly Monthly M National, HRA, Hospital Performance Report, Other <u>http://www.hse.ie/eng/services/Publications</u> This KPI is noted in the National Service Plan 2025 This KPI is noted in the National Service Plan 2025 This KPI is noted in the National Service Plan 2025 This KPI wher/lead for implementation
12 13 14 15 16 17 t is po	KPI Reporting Frequency KPI report period KPI Reporting Aggregation KPI is reported in which reports? Web link to published data Additional Information olicy to include data in Open D	Monthly Monthly M National, HRA, Hospital Performance Report, Other <u>http://www.hse.ie/eng/services/Publications</u> This KPI is noted in the National Service Plan 2025 pata publication. Please indicate if there is an <u>exceptional</u> reason for this to be delayed
12 13 14 15 16 17 It is po	KPI Reporting Frequency KPI report period KPI Reporting Aggregation KPI is reported in which reports? Web link to published data Additional Information olicy to include data in Open D	Monthly Monthly M National, HRA, Hospital Performance Report, Other <u>http://www.hse.ie/eng/services/Publications</u> This KPI is noted in the National Service Plan 2025 <b>ata publication. Please indicate if there is an <u>exceptional</u> reason for this to be delayed KPI owner/lead for implementation Name: Mary Flynn - EMP Programme Manager</b>
	KPI Reporting Frequency KPI report period KPI Reporting Aggregation KPI is reported in which reports? Web link to published data Additional Information olicy to include data in Open D	Monthly Monthly M National, HRA, Hospital Performance Report, Other <u>http://www.hse.ie/eng/services/Publications</u> This KPI is noted in the National Service Plan 2025 <b>ata publication. Please indicate if there is an <u>exceptional</u> reason for this to be delayed KPI owner/lead for implementation Name: Mary Flynn - EMP Programme Manager Email address: emp@rcsi.ie / maryflynn@rcsi.ie</b>
12 13 14 15 16 17 It is po	KPI Reporting Frequency KPI report period KPI Reporting Aggregation KPI is reported in which reports? Web link to published data Additional Information olicy to include data in Open D	Monthly       Monthly         Monthly       M         National, HRA, Hospital         Performance Report, Other         http://www.hse.ie/eng/services/Publications         This KPI is noted in the National Service Plan 2025         teata publication. Please indicate if there is an exceptional reason for this to be delayed         KPI owner/lead for implementation         Name: Mary Flynn - EMP Programme Manager         Email address: emp@ccsi.ie / maryflynn@rcsi.ie         Telephone Number : 087 2788545
12 13 14 15 16 17 It is po	KPI Reporting Frequency KPI report period KPI Reporting Aggregation KPI is reported in which reports? Web link to published data Additional Information olicy to include data in Open D	Monthly       Monthly         Monthly       M         National, HRA, Hospital         Performance Report, Other         http://www.hse.ie/eng/services/Publications         This KPI is noted in the National Service Plan 2025         ata publication. Please indicate if there is an exceptional reason for this to be delayed         KPI owner/lead for implementation         Name: Mary Flynn - EMP Programme Manager         Email address: emp@rcsi.ie / maryflynn@rcsi.ie         Telephone Number : 087 2788545         Data support
12 13 14 15 16 17 t is po	KPI Reporting Frequency KPI report period KPI Reporting Aggregation KPI is reported in which reports? Web link to published data Additional Information olicy to include data in Open D	Monthly       Monthly         Monthly       M         National, HRA, Hospital         Performance Report, Other         http://www.hse.ie/eng/services/Publications         This KPI is noted in the National Service Plan 2025         stat publication. Please indicate if there is an exceptional reason for this to be delayed         KPI owner/lead for implementation         Name: Mary Flynn - EMP Programme Manager         Email address: emp@cssi.ie / maryflynn@rcsi.ie         Telephone Number : 087 2788545         Data support         Name: Acute Business Information Unit
12 13 14 15 16 17 t is pr Conta	KPI Reporting Frequency KPI report period KPI Reporting Aggregation KPI is reported in which reports? Web link to published data Additional Information olicy to include data in Open D	Monthly       Monthly         Monthly       M         National, HRA, Hospital         Performance Report, Other         http://www.hse.ie/eng/services/Publications         This KPI is noted in the National Service Plan 2025         ata publication. Please indicate if there is an exceptional reason for this to be delayed         KPI owner/lead for implementation         Name: Mary Flynn - EMP Programme Manager         Email address: emp@crsi.ie / maryflynn@crsi.ie         Telephone Number : 087 2788545         Data support         Name: Acute Business Information Unit         Email address: AcuteBIU@hse.ie

lo	Steps	Detail supporting KPI
	KPI title & Number	Average length of stay (ALOS) for all inpatient discharges excluding LOS over 30 days
	A39	Average length of stay (ALOS) for all inpatient discharges excluding LOS over 30 days
1h	KPI Short Title	ALOS excl LOS >30 days
10	KPI Description	The average length of stay(ALOS) in days for all inpatient discharges and deaths excluding Length of Stay over 30 days.
		Length of stay is counted from the date of admission of the patient to an inpatient hospital bed until their date of discharge. For the purposes of this metric, ALOS values greater than 30 days are set to 30 days.
	KPI Rationale	Average length of stay (ALOS) is used in assessment of quality of care, costs and efficiency and is used for health planning purposes.
3a	Indicator Classification	National Scorecard Quadrant
		Access
	KPI Target	≤4.8
i	KPI Calculation	Mean: Numerator: Total Inpatient Beddays (based on trimmed length of stay) for patients in the period Denominator: Total number of inpatient discharges for those in same period
	Data Sources	Sourced from HIPE & Uncoder PAS data
	Data sign off	HPO
	Data Sign on Data Quality Issues	
dø		Monship
	Data Collection Frequency	Monthly
	Tracer Conditions (clinical	Trimmed length of stay (days) is calculated as the maximum of (discharge date – admission date and 30 days.)Where a case
	metrics only)	has been admitted and discharged on the same date, the length of stay is set to 0.5 days.
	Minimum Data Set (MDS)	HIPE: Admission Date, Discharge Date, LOS
0	International Comparison	Average Length of Stay, broken down by clinical condition, is a recognised international metric (GB, CAN, AUS, ECHI)
1	KPI Monitoring	Monthly
2	KPI Reporting Frequency	Monthly
3	KPI report period	By exception
4	KBL Deperting Anonemics	Monthly in arrears M-1M
4	KPI Reporting Aggregation	National, HRA, Hospital
5	KPI is reported in which	Annual Report, Performance Reports
	reports?	
6	Web link to published data	http://www.hse.ie/eng/services/Publications
7	Additional Information	
is po	olicy to include data in Open D	pata publication. Please indicate if there is an <u>exceptional</u> reason for this to be delayed
Conta	ct details	KPI owner/lead for implementation
		Name: Emer Gallagher
		Email address: emer.gallagher1@hse.ie
		Telephone Number 01 7718445
		Data support
		Name: Acute Business Information Unit
		Email address: AcuteBIU@hse.ie
		Telephone Number 01 778 5222
Gover	nance/sign off	This sign off is the governance at Divisional level in respect of management of the KPI including data provision, validation, and use in performance management
		Operational National Director: National Director of Access and Integration

K 1b K K K 3a In K 4a Ta K 4a Ta 6a D 6b D	Steps         (PI title & Number         2PA11         (PI Short Title         (PI Description         (PI Description         (PI Rationale         Indicator Classification         (PI Target         Farget Trajectory         (PI Calculation         Data Sources         Data Sign off         Data Collection Frequency         Tracer Conditions (clinical	Detail supporting KPI         Medical patient average length of stay         Medical ALOS         The mean length of stay for patients admitted to the medical specialties as outlined in tracer conditions         Overall length of stay is a useful indicator for the efficiency of hospital performance, and the improvements in efficiencies whic         will be delivered by the implementation of the Acute Medicine Programme. Length of stays for patients of medical specialties         tend to be longer than other specialties and subsequent bed day usage of hospital bed stock tends to be greater. Therefore the         monitoring of AvLOS in medical patients is important and the overall figure is useful as a summary measure at national level.         More detailed monitoring of sub groups of AvLOS will be done through the Acute Medicine Programme.         National Scorecard Quadrant         Access         \$7.0         Target will be site specific         HSE Dublin & Midlands 9.0, HSE Dublin & North East 7.7, HSE Dublin & South East 7.0, HSE Mid West 5.4, HSE West & Nort         West 6.7         Mean: Numerator: Total number of medical inpatient Beddays for patients in the period         Denominator: Total number of medical inpatient discharges for those in same period         HIPE & Uncoded PAS data         HPO
C 1b K K K 3a In 4a Ta K 4a Ta C 6b D 6b D	CPA11 CPI Short Title CPI Description CPI Rationale Indicator Classification CPI Target Farget Trajectory CPI Calculation Data Sources Data sign off Data Quality Issues Data Collection Frequency	Medical ALOS         The mean length of stay for patients admitted to the medical specialties as outlined in tracer conditions         Overall length of stay is a useful indicator for the efficiency of hospital performance, and the improvements in efficiencies whice will be delivered by the implementation of the Acute Medicine Programme. Length of stays for patients of medical specialties tend to be longer than other specialties and subsequent bed day usage of hospital bed stock tends to be greater. Therefore the monitoring of AvLOS in medical patients is important and the overall figure is useful as a summary measure at national level. More detailed monitoring of sub groups of AvLOS will be done through the Acute Medicine Programme.         National Scorecard Quadrant         Access         \$7.0         Target will be site specific         HSE Dublin & Midlands 9.0, HSE Dublin & North East 7.7, HSE Dublin & South East 7.0, HSE Mid West 5.4, HSE West & Nor West 6.7         Mean: Numerator: Total medical Inpatient Beddays for patients in the period         Denominator: Total number of medical inpatient discharges for those in same period         HIPE & Uncoded PAS data
1b         K           K         K           3a         In           3a         K           4a         Ta           6a         D           6b         D           D         Ta	CPI Short Title         CPI Description         CPI Description         CPI Rationale         Indicator Classification         CPI Target         Farget Trajectory         CPI Calculation         Data Sources         Data sign off         Data Quality Issues         Data Collection Frequency	The mean length of stay for patients admitted to the medical specialties as outlined in tracer conditions Overall length of stay is a useful indicator for the efficiency of hospital performance, and the improvements in efficiencies whice will be delivered by the implementation of the Acute Medicine Programme. Length of stays for patients of medical specialties tend to be longer than other specialties and subsequent bed day usage of hospital bed stock tends to be greater. Therefore tf monitoring of AvLOS in medical patients is important and the overall figure is useful as a summary measure at national level. More detailed monitoring of sub groups of AvLOS will be done through the Acute Medicine Programme.  National Scorecard Quadrant Access ≤7.0 Target will be site specific HSE Dublin & North East 7.7, HSE Dublin & South East 7.0, HSE Mid West 5.4, HSE West & Nor West 6.7 Mean: Numerator: Total medical Inpatient Beddays for patients in the period Denominator: Total number of medical inpatient discharges for those in same period HIPE & Uncoded PAS data
K 3a In K 4a Ta K D 6a D 6b D	CPI Description         CPI Rationale         Indicator Classification         CPI Target         Farget Trajectory         CPI Calculation         Data Sources         Data sign off         Data Quality Issues         Data Collection Frequency	The mean length of stay for patients admitted to the medical specialties as outlined in tracer conditions Overall length of stay is a useful indicator for the efficiency of hospital performance, and the improvements in efficiencies whice will be delivered by the implementation of the Acute Medicine Programme. Length of stays for patients of medical specialties tend to be longer than other specialties and subsequent bed day usage of hospital bed stock tends to be greater. Therefore tf monitoring of AvLOS in medical patients is important and the overall figure is useful as a summary measure at national level. More detailed monitoring of sub groups of AvLOS will be done through the Acute Medicine Programme.  National Scorecard Quadrant Access ≤7.0 Target will be site specific HSE Dublin & North East 7.7, HSE Dublin & South East 7.0, HSE Mid West 5.4, HSE West & Nor West 6.7 Mean: Numerator: Total medical Inpatient Beddays for patients in the period Denominator: Total number of medical inpatient discharges for those in same period HIPE & Uncoded PAS data
3a In K 4a Ta K Ga D 6b D	KPI Rationale         Indicator Classification         KPI Target         Target Trajectory         KPI Calculation         Data Sources         Data sign off         Data Quality Issues         Data Collection Frequency	Overall length of stay is a useful indicator for the efficiency of hospital performance, and the improvements in efficiencies whice         will be delivered by the implementation of the Acute Medicine Programme. Length of stays for patients of medical specialties         tend to be longer than other specialties and subsequent bed day usage of hospital bed stock tends to be greater. Therefore th         monitoring of AvLOS in medical patients is important and the overall figure is useful as a summary measure at national level.         More detailed monitoring of sub groups of AvLOS will be done through the Acute Medicine Programme.         National Scorecard Quadrant         Access         ≤7.0         Target will be site specific         HSE Dublin & Midlands 9.0, HSE Dublin & North East 7.7, HSE Dublin & South East 7.0, HSE Mid West 5.4, HSE West & Nor         West 6.7         Mean: Numerator: Total medical Inpatient Beddays for patients in the period         Denominator: Total number of medical inpatient discharges for those in same period         HIPE & Uncoded PAS data
3a In K 4a Ta k Ga D 6a D 6b D	ndicator Classification (PI Target Target Trajectory (PI Calculation Data Sources Data sign off Data Quality Issues Data Collection Frequency	will be delivered by the implementation of the Acute Medicine Programme. Length of stays for patients of medical specialties tend to be longer than other specialties and subsequent bed day usage of hospital bed stock tends to be greater. Therefore the monitoring of AvLOS in medical patients is important and the overall figure is useful as a summary measure at national level. More detailed monitoring of sub groups of AvLOS will be done through the Acute Medicine Programme. National Scorecard Quadrant Access ≤7.0 Target will be site specific HSE Dublin & Midlands 9.0, HSE Dublin & North East 7.7, HSE Dublin & South East 7.0, HSE Mid West 5.4, HSE West & Nor West 6.7 Mean: Numerator: Total medical Inpatient Beddays for patients in the period Denominator: Total number of medical inpatient discharges for those in same period HIPE & Uncoded PAS data
K 4a Ta k D 6a D 6b D D Tu	CPI Target Target Trajectory CPI Calculation Data Sources Data sign off Data Quality Issues Data Collection Frequency	Access \$7.0 Target will be site specific HSE Dublin & Midlands 9.0, HSE Dublin & North East 7.7, HSE Dublin & South East 7.0, HSE Mid West 5.4, HSE West & Nor West 6.7 Mean: Numerator: Total medical Inpatient Beddays for patients in the period Denominator: Total number of medical inpatient discharges for those in same period HIPE & Uncoded PAS data
4a Ta K D 6a D 6b D Ti	Farget Trajectory KPI Calculation Data Sources Data sign off Data Quality Issues Data Collection Frequency	Target will be site specific HSE Dublin & Midlands 9.0, HSE Dublin & North East 7.7, HSE Dublin & South East 7.0, HSE Mid West 5.4, HSE West & Nort West 6.7 Mean: Numerator: Total medical Inpatient Beddays for patients in the period Denominator: Total number of medical inpatient discharges for those in same period HIPE & Uncoded PAS data
6a D 6b D Tu	CPI Calculation Data Sources Data sign off Data Quality Issues Data Collection Frequency	HSE Dublin & Midlands 9.0, HSE Dublin & North East 7.7, HSE Dublin & South East 7.0, HSE Mid West 5.4, HSE West & North West 6.7 Mean: Numerator: Total medical Inpatient Beddays for patients in the period Denominator: Total number of medical inpatient discharges for those in same period HIPE & Uncoded PAS data
6a D 6b D D T	Data Sources Data sign off Data Quality Issues Data Collection Frequency	Denominator: Total number of medical inpatient discharges for those in same period HIPE & Uncoded PAS data
6a D 6b D D Ti	Data sign off Data Quality Issues Data Collection Frequency	
6b D D Ti	Data Quality Issues Data Collection Frequency	IHPO
D. Ti	Data Collection Frequency	<u></u>
Ti		
	Fracer Conditions (clinical	Monthly
m		Discharges from medical specialties:
		Genito-Urinary Medicine, 0900 Geriatric Medicine , 1100 Haematology , 1102 Transfusion Medicine , 1300 Neurology , 1600 Oncology , 2300 Nephrology, 2400 Respiratory Medicine , 2500 Rheumatology , 2700 Infectious Diseases , 2702 Tropical Infectious Diseases , 3000 Rehabilitation Medicine , 3002 Spinal paralysis, 5000 General Medicine , 6700 Clinica (medical) Genetics , 7300 Palliative Medicine , 7700 Metabolic Medicine and 7900 Clinical Immunology - Age>=16 - Non-maternity admission: Admission Type not equal to 6 - Sameday discharges (admission and elective stay patients for the above mentioned specialties and excludes elective daycase, maternity and new born admissions Excludes Children's Health Ireland (CHG), CHI Crumlin, CHI Temple Street, CHI Tallaght and Louth
М	Ainimum Data Set (MDS)	HIPE: Specialty, Admission Date, Discharge Date, LOS, Age, Admission Type
	nternational Comparison	Often part of an indicator sub-set in international documents, may not be explicitly noted, but present in some form or another internationally.
1 K	(PI Monitoring	Monthly
2 K	<b>VPI Reporting Frequency</b>	Monthly
3 K	(PI report period	By exception
		Monthly in arrears M-1M
	<b>KPI</b> Reporting Aggregation	National, HRA, Hospital
re	(PI is reported in which eports?	Annual Report, Performance Reports
	Web link to published data	http://www.hse.ie/eng/services/Publications
	Additional Information	internet in the second s
_	· · · · · · · · · · · · · · · · · · ·	ata publication. Please indicate if there is an <u>exceptional</u> reason for this to be delayed
ontact	t details	KPI owner/lead for implementation
		Name: Prof Garry Courtney
		Email address: Garry.Courtney@hse.ie
		Telephone Number
		Data support
		Name: Acute Business Information Unit
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		Telephone Number 01 778 5222
	anaalaign off	
overna	ance/sign off	This sign off is the governance at Divisional level in respect of management of the KPI including data provision, validation, and use in performance management
	-	Operational National Director: National Director of Access and Integration

	Stone	
lo	Steps	Detail supporting KPI
	KPI title & Number CPA1	% of medical patients who are discharged or admitted from Acute Medical Assessment Unit (AMAU) within six hours AMAU registration
	KPI Short Title	AMAU within 6 hours
	KPI Description	This measures the percentage of all new medical patients attending the Acute Medical Assessment Units (AMAU)/ Medical Assessment Units (MAU) who are admitted to a ward or discharged within 6 hours.
3	KPI Rationale	<ul> <li>a) A 6 hour target for patients to be assessed in AMAU/AMU* is a performance indicator for the Acute Medicine Programme.</li> <li>b) TMAT includes both productive clinical times and delays. This indicator aims to reduce the delays without compromising quality of care.</li> <li>c) Long durations of stay in all types of Assessment Units are associated with poorer patient outcomes.</li> <li>d) A major objective of the Acute Medicine Programme is to increase the efficiency of patient assessment and to stream patients to the most appropriate destination for further care which is either admission to a short stay unit, specialist ward or discharged home with or without out patient review.</li> <li>e) This indicator sets an upper limit for the duration of Assessment Unit care. However a small minority of patients may require more than 6 hours due to the complexity of their presenting problems, this is why a 75% compliance target has been set.</li> </ul>
3a	Indicator Classification	National Scorecard Quadrant Access
4	KPI Target	75%
5	KPI Calculation	Numerator – All new patients attending an AMAU/MAU* who are admitted to a ward or discharged from the AMAU/MAU in let than 6 hours from their arrival time in ED. (or arrival in AMAU/MAU if they are directly referred to AMAU/MAU & do not go via ED) Denominator – All new patients attending an AMAU/AMU*
6	Data Sources	ED/AMU system
6a	Data sign off	
6b	Data Quality Issues	
	Data Collection Frequency	Daily
3	Tracer Conditions (clinical	All patients referred to an AMAU/MAU*.
		Patient Hospital Medical Record Number Unique Health Identifier (not yet available) Patient attendance – new and unscheduled returns Date and Time patient registered in ED Date and Time patient discharged from AMAU/MAU (AMAU/MAU departure time)
10	International Comparison	Often part of an indicator sub-set in international documents, may not be explicitly noted, but present in some form or another internationally.
1	KPI Monitoring	Monthly
2	KPI Reporting Frequency	Monthly
3	KPI report period	Monthly M
4	KPI Reporting Aggregation	National, HRA, Hospital
5	KPI is reported in which reports?	Annual Report, Performance Reports
6	Web link to published data	http://www.hse.ie/eng/services/Publications
17	Additional Information	
		Data publication. Please indicate if there is an <u>exceptional</u> reason for this to be delayed
onta	ct details	KPI owner/lead for implementation
		Name: Prof Garry Courtney
		Email address: Garry.Courtney@hse.ie
		Telephone Number
		Data support
		Name: Acute Business Information Unit
		Email address: AcuteBIU@hse.ie
		Telephone Number 01 778 5222
Gover	nance/sign off	This sign off is the governance at Divisional level in respect of management of the KPI including data provision, validation, and use in performance management
		Operational National Director: National Director of Access and Integration
	will be deemed leativel until a	formal request to change or remove is received

M	01	Detail comparing KDI
No	Steps	Detail supporting KPI
	KPI title & Number	% of all medical admissions via AMAU
16	CPA31 KPI Short Title	% of all medical adm via AMAU
2	KPI Description	The percentage of total medical admissions to the hospital which are admitted via the Acute Medicine Assessment Unit
2	•	(AMAU)or Medical Assessment Unit (MAU).
3	KPI Rationale	AMAU's and MAU's were established and staffed with a multi-discplinary teams with the objective of providing senior clinical decision making at the front door to provide early clinical assessment ensuring appropriate clinical routing of patients through acute care pathways. "Internationally Acute Medical Units have been shown to improve the efficiency of acute medical care, by increasing the proportion of patients discharged within 24 hours and by decreasing length of stay and overall medical bed day usage. A number of studies demonstrate that the introduction of an Acute Medical Unit (AMU), combining assessment and sho stay function, is associated with a decrease in hospital mortality for medical patients and no increase in re-admission rates." Patients gain access to senior decision makers early in the process and avoid extending waiting periods for assessment and clinical care.
3a	Indicator Classification	National Scorecard Quadrant Access
1	KPI Target	52%
5	KPI Calculation	Numerator: (Total medical inpatient discharges (including sameday discharges) admitted via AMAU in the period)*100 Denominator: Total number of inpatient medical discharges (elective and emergency) for those in same period
6	Data Sources	HIPE and uncoded PAS data
6a	Data sign off	НРО
6b	Data Quality Issues	
7	Data Collection Frequency	Monthly
В	Tracer Conditions (clinical metrics only)	Discharges from medical specialties: - 0100 Cardiology, 0300 Dermatology, 0400 Endocrinology, 0402 Diabetes Melitus, 0700 Gastro-Enterology, 0800 Genito-Urinary Medicine, 0900 Geriatric Medicine, 1100 Haematology, 1102 Transfusion Medicine, 1300 Neurology, 1600 Oncology, 2300 Nephrology, 2400 Respiratory Medicine, 2500 Rheumatology, 2700 Infectious Diseases, 2702 Tropical Infectious Diseases, 3000 Rehabilitation Medicine, 3002 Spinal paralysis, 5000 General Medicine, 6700 Clinical (medical) Genetics, 7300 Palliative Medicine, 7700 Metabolic Medicine and 7900 Clinical Immunology - Age>=16 - Non-maternity admission: Admission Type not equal to 6 - AMAU/MAU admission is based if case is admitted through AMAU/MAU ward (List of Wards in Appendix I) Excludes Children's Health Ireland (CHG), CHI Crumlin, CHI Temple Street, CHI Tallaght, Louth, South Infirmary and St Michael
9	Minimum Data Set (MDS)	HIPE: Specialty, Admission Ward, Admission Date, Discharge Date, LOS, Age, Admission Type, Discharge Code
10	International Comparison	Often part of an indicator sub-set in international documents, may not be explicitly noted, but present in some form or another internationally.
11	KPI Monitoring	Monthly
12	KPI Reporting Frequency	Monthly
13	KPI report period	By exception Monthly in arrears M-1M
14	KPI Reporting Aggregation	National, HRA, Hospital
15	KPI is reported in which reports?	Annual Report, Performance Reports
16	Web link to published data	http://www.hse.ie/eng/services/Publications
17	Additional Information	This KPI was moved to NSP in 2017 was in DOP in 2016.
t is po	olicy to include data in Open D	ata publication. Please indicate if there is an exceptional reason for this to be delayed
Conta	ct details	KPI owner/lead for implementation
		Name: Prof Garry Courtney
		Email address: Garry.Courtney@hse.ie
		Telephone Number
		Data support
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		Email address: AcuteBIU@hse.ie
		Telephone Number 01 778 5222
Gover	nance/sign off	This sign off is the governance at Divisional level in respect of management of the KPI including data provision, validation, and use in performance management
		Operational National Director: National Director of Access and Integration
		operational Mational Director. National Director of Access and megration

## AMP Appendix 1

HIPE Hospital Number	Hospital Name	MAU Ward Name	ssward
3	St. Columcille's Hospital	0708	
4	Naas General Hospital	0098	
5	Mater Misericordiae University Hospital	MELS	RAPH
7	St. Vincent's University Hospital	AMAU	AMU
7	St. Vincent's University Hospital	STJOHN	STJOHN
22	Connolly Hospital	JCM021	
41	Tallaght University Hospital		AM
100	UH Waterford	AMU5	AMU
101	St. Luke's General Hospital Kilkenny	MAU	
103	Wexford General Hospital	MAU	
105	South Tipperary General Hospital	AMAU	
202	Bantry General Hospital	BGHMAU	
203	Mercy University Hospital	AMAU	
207	Mallow General Hospital	MAU	
235	Cork University Hospital	AMAU	AMU
236	UH Kerry	AMAU	
303	UH Limerick	AMU	
305	St. John's Hospital Limerick	MAU	
307	Ennis Hospital	MAU	
308	Nenagh Hospital	0403	
401	Roscommon University Hospital	MAU	
403	Portiuncula	AMAU	
404	Galway University Hospitals	MAUTAR	SSUTIR
405	Mayo University Hospital	MAU	
501	MRH Tullamore	AMAU	
503	MRH Mullingar	MAU	
506	Portlaoise	AMAU	
601	Letterkenny University Hospital	AMAU	SST
602	Sligo University Hospital	MAU	SMSS
701	Our Lady of Lourdes Hospital	MAU	SSUMED
701	Our Lady of Lourdes Hospital	AMAU	SSUMED
702	Cavan General Hospital	MAU	SSU
702	Cavan General Hospital	Operational Nation	SSU
705	Our Lady's Hospital Navan	MAU	

0	Steps	Detail supporting KPI
0		
	KPI title & Number CPA53	% of emergency re-admissions for acute medical conditions to the same hospital within 30 days of discharge
1h	KPI Short Title	Emergency Re-Admissions - Medical
10	KPI Description	Percentage of emergency re-admissions for acute medical conditions to the same hospital within 30 days of discharge
	Ri i Description	
	KPI Rationale	As hospitals are encouraged to reduce Acute Medicine length of stay, it is important that re admission rates are monitored to ensure that there is not an associated inappropriate increase in readmission rates. Vigilant HIPE coding of readmissions to Acute Medicine servcies in Ireland is considered a priority in terms of monitoring quality, the inclusion of this KPI will encourage compliance.
3a	Indicator Classification	National Scorecard Quadrant Access
	KPI Target	≤11.1%
	KPI Calculation	Numerator: (Number of medical inpatient discharges in the denominator period which resulted in an emergency readmission t the same hospital within 30 days)*100
		Denominator: Number of medical inpatient discharges (elective and emergency) in the denominator period (denominator perior is set 30 days in arrears)
		Example: April 2016 Numerator: (Number of medical inpatient discharges in the denominator period which were readmitted as an emergency within 30 days of a previous discharge i.e. an emergency readmission occurring between 02MAR2016 and 30APR2016 inclusive)*100
		Denominator: : Number of medical inpatient discharges in the denominator period (denominator period is set 30 days in arrea i.e. medical inpatients discharged between 02MAR2016 and 31MAR2016 inclusive) Medical inpatient excludes elective daycase, maternity and new born admissions
	Data Sources	HIPE and uncoded PAS data
6a	Data sign off	НРО
6b	Data Quality Issues	
	Data Collection Frequency	Monthly
	Tracer Conditions (clinical	Discharges from medical specialties:
	metrics only)	<ul> <li>- 0100 Cardiology, 0300 Dermatology, 0400 Endocrinology, 0402 Diabetes Melitus, 0700 Gastro-Enterology, 0800</li> <li>Genito-Urinary Medicine, 0900 Geriatric Medicine, 1100 Haematology, 1102 Transfusion Medicine, 1300 Neurology, 1600 Oncology, 2300 Nephrology, 2400 Respiratory Medicine, 2500 Rheumatology, 2700 Infectious Diseases, 2702</li> <li>Tropical Infectious Diseases, 3000 Rehabilitation Medicine, 3002 Spinal paralysis, 5000 General Medicine, 6700 Clinic (medical) Genetics, 7300 Palliative Medicine, 7700 Metabolic Medicine and 7900 Clinical Immunology</li> <li>- Age&gt;=16</li> </ul>
		<ul> <li>Non-maternity admission: Admission Type not equal to 6</li> <li>Sameday discharges (admission date=discharge date) have a LOS=0</li> <li>Emergency readmissions have an Admission Type of 4 or 5</li> <li>Death are excluded from the denominator (Discharge code=6 or 7)</li> <li>Excludes Children's Health Ireland (CHG), CHI Crumlin, CHI Temple Street, CHI Tallaght, Louth and South Infirmary</li> </ul>
	Minimum Data Set (MDS)	HIPE: Specialty, Admission Date, Discharge Date, LOS, Age, Admission Type, Discharge Code
)	International Comparison	· ···
, I	KPI Monitoring	Monthly
2	KPI Reporting Frequency	Monthly
- 3	KPI report period	Monthly in arrears M-1M
, 1	KPI Reporting Aggregation	National, HRA, Hospital
5	KPI is reported in which reports?	Annual Report, Performance Reports
6	Web link to published data	http://www.hse.ie/eng/services/Publications
7	Additional Information	This KPI was moved to NSP in 2017 was in DOP in 2016.
is p	olicy to include data in Open D	ata publication. Please indicate if there is an exceptional reason for this to be delayed
onta	ct details	KPI owner/lead for implementation
		Name: Prof Garry Courtney
		Email address: Garry.Courtney@hse.ie
		Telephone Number
		Data support
		Name: Acute Business Information Unit
		Email address: AcuteBIU@hse.ie
		Telephone Number 01 778 5222
iover	nance/sign off	This sign off is the governance at Divisional level in respect of management of the KPI including data provision, validation, and use in performance management
		Operational National Director: National Director of Access and Integration

1	Steps	Detail supporting KPI
	KPI title & Number	Surgical Elective Inpatient average length of stay
	CPA59	
	KPI Short Title	Surg EI LOS
	KPI Description	A specified individual hospital target for Elective inpatient average length of hospital stay for surgical inpatients (excluding elective day cases). A surgical inpatient is a patient who is admitted to a specialty as listed in the surgery programme specialty list (Appendix II). Patien admitted to a surgical specialty may or my not have had a procedure carried out.
\$	KPI Rationale	There is significant potential for improvement i.e. reduction in length of stay for surgical patients in Ireland. There is variation across hospitals and across case mix groupings which is demonstrated in 2011 HIPE analysis by Surgery Programme which allows individual hospitals to compare their performance against other anonymised hospitals and plan improvements. The NQAIS Clinical system can be used by individual clinicians, specialty teams, hospitals, Regional Health Areas and nationally to compare their performance against top quartile AvLOS for other clinicals performing similar procedures and or treating patients with similar diagnoses and age band mix for the elective inpatient flow stream. Reducing length of stay to optimum levels improves the patient pathway and experience, by reducing pre-operative and discharge delays. It also allows for better use of resources and improved access for patients awaiting surgical care.
3a	Indicator Classification	National Scorecard Quadrant Access
	KPI Target	≤4.5
4a	Target Trajectory	Target will be site specific (HSE Dublin & Midlands 5.1, HSE Dublin & North East 4.0, HSE Dublin & South East 3.5, HSE South West 6.2, HSE Mid West 3.4, HSE West & North West 4.8)
5	KPI Calculation	The length of stay of all surgical inpatients divided by the numbers of surgical inpatients.
		Surgical inpatients are admitted by a surgical speicalty in surgical appendix II Inpatient has an admission type - Elective discharges have an admission type =1 or 2 (excluding elective day cases).
		Each elective stay case will have a length of stay based on the length of stay on their HIPE record or alternatively stated as the number of midnights spent in hospital.
		Numerator: sum of lengths of stay for each HIPE discharge record in scope Denominator: number of HIPE discharge records in scope
5	Data Sources	HIPE
6a	Data sign off	НРО
6b	Data Quality Issues	Will be dependant on accuracy and timely completion of Hospital HIPE coding Coverage includes all acute hospitals except specialist paediatric and maternity hospitals. Surgery Programme mapping tables for surgica procedures and surgical specialties
,	Data Collection Frequency	Monthly
}	Tracer Conditions (clinical metrics only)	Patients who are admitted to a specialty as listed in the surgery programme specialty list (Appendix II) and where Admission types is Elective Stay Excludes Bantry, Ennis, Nenagh, Monaghan, Coombe, Cork Mat, Holles st., Limerick Mat, Rotunda. St Luke's Rathgar, Louth, Mallow & St Colmcilles.
)	Minimum Data Set (MDS)	- HIPE - Admission date, Discharge date, LOS, Specialty, Principal procedure
0	International Comparison	Collected in UK and internationally, often for particular surgical procedures e.g. fractured neck of femur.
1	KPI Monitoring	Monthly
2	KPI Reporting Frequency	Monthly
3	KPI report period	By exception
	SP S PETTER	Monthly in arrears M-1M
4	KPI Reporting Aggregation	National, HRA, Hospital
5	KPI is reported in which reports?	Annual Report, Performance Reports
	Web link to published data Additional Information	http://www.hse.ie/eng/services/publications/
	Auditional Information	Data publication. Please indicate if there is an <u>exceptional</u> reason for this to be delayed
7		And parameters in reduce in there is an exceptional redsoli for this to be using the
17 tispo		
17 tispo	olicy to include data in Open D	KPI owner/lead for implementation
17 tispo	olicy to include data in Open D	
17 tispo	olicy to include data in Open D	KPI owner/lead for implementation Name: Mr Kenneth Mealy & Prof Eamonn Rogers joint leads for National Clinical Programme in Surgery
l7 tispo	olicy to include data in Open D	KPI owner/lead for implementation           Name: Mr Kenneth Mealy & Prof Eamonn Rogers joint leads for National Clinical Programme in Surgery           Email address: kmealy@rcsi.com ; eamonnrogers@rcsi.ie           Telephone Number:
l7 tispo	olicy to include data in Open D	KPI owner/lead for implementation Name: Mr Kenneth Mealy & Prof Eamonn Rogers joint leads for National Clinical Programme in Surgery Email address: kmealy@rcsi.com ; eamonnrogers@rcsi.ie
l7 tispo	olicy to include data in Open D	KPI owner/lead for implementation         Name: Mr Kenneth Mealy & Prof Eamonn Rogers joint leads for National Clinical Programme in Surgery         Email address: kmealy@rcsi.com ; eamonnrogers@rcsi.ie         Telephone Number:         Data support         Name: Acute Business Information Unit
l7 tispo	olicy to include data in Open D	KPI owner/lead for implementation         Name: Mr Kenneth Mealy & Prof Eamonn Rogers joint leads for National Clinical Programme in Surgery         Email address: kmealy@rcsi.com ; eamonnrogers@rcsi.ie         Telephone Number:         Data support         Name: Acute Business Information Unit         Email address: AcuteBIU@hse.ie
Conta	olicy to include data in Open D	KPI owner/lead for implementation         Name: Mr Kenneth Mealy & Prof Eamonn Rogers joint leads for National Clinical Programme in Surgery         Email address: kmealy@rcsi.com ; eamonnrogers@rcsi.ie         Telephone Number:         Data support         Name: Acute Business Information Unit         Email address: AcuteBIU@hse.ie         Telephone Number 01 778 5222         This sign off is the governance at Divisional level in respect of management of the KPI including data provision, validation,
17 It is po Conta	blicy to include data in Open E ct details	KPI owner/lead for implementation         Name: Mr Kenneth Mealy & Prof Eamonn Rogers joint leads for National Clinical Programme in Surgery         Email address: kmealy@rcsi.com ; eamonnrogers@rcsi.ie         Telephone Number:         Data support         Name: Acute Business Information Unit         Email address: AcuteBIU@hse.ie

0	Steps	Detail supporting KPI
	KPI title & Number	Surgical Emergency Inpatient average length of stay
	CPA60	
1b	KPI Short Title	Surg Em LOS
	KPI Description	A specified individual hospital target for average length of hospital stay for emergency surgical inpatients (admission type 4 c 5). A surgical inpatient is a patient who is admitted to a specialty as listed in the surgery programme specialty list (Appendix Patients admitted to a surgical specialty may or my not have had a procedure carried out.
	KPI Rationale	There is significant potential for improvement i.e. reduction in leap hof stay for surgical patients in Ireland. There is variation across hospitals and across case mix groupings which is demonstrated in 2011 HIPE analysis by Surgery Programme which allows individual hospitals to compare their performance against other anonymised hospitals and plan improvements. The NQAIS Clinical system can be used by individual clinicians, specialty teams, hospitals, Regional Health Areas and nationally compare their performance against top quartile AvLOS for other clinicals performing similar procedures and or treating patier with similar diagnoses and age band mix in the Emergency flow pathway. Reducing length of stay to optimum levels improve the patient pathway and experience, by reducing pre-operative and discharge delays. It also allows for better use of resource and improved access for patients awaiting surgical care.
3a	Indicator Classification	National Scorecard Quadrant Access
	KPI Target	≤6.0
4a	Target Trajectory	Target will be site specific (HSE Dublin & Midlands 5.6, HSE Dublin & North East 6.1, HSE Dublin & South East 6.5, HSE Mid West 5.3, HSE South We 6.9, HSE West & North West 5.8)
	KPI Calculation	The length of stay of all surgical inpatients divided by the numbers of surgical inpatients.
		Surgical inpatients are admitted by a surgical speicalty in surgical appendix II Inpatient has an admission type - Emergency discharges have an admission type = 4 or 5. Each emergency same day discharges will be calculated as having 0.5 days in hospital. Each emergency stay case will have length of stay based on the length of stay on their HIPE record or alternatively stated as the number of midnights spent in hospital.
		Numerator: sum of lengths of stay for each HIPE discharge record in scope Denominator: number of HIPE discharge records in scope
	Data Sources	HIPE
6a	Data sign off	HPO
6b	Data Quality Issues	Will be dependant on accuracy and timely completion of Hospital HIPE coding Coverage includes all acute hospitals except specialist paediatric and maternity hospitals. Surgery Programme mapping tab for surgical procedures and surgical specialties
	Data Collection Frequency	Monthly
	Tracer Conditions (clinical metrics only)	Patients who are admitted to a specialty as listed in the surgery programme specialty list (Appendix II) and where Admission types is Emergency stay or Emergecny same day Excludes Bantry, Ennis, Nenagh, Monaghan, Roscommon, Coombe, Cork Mat, Holles st., Limerick Mat, Rotunda. St Luke's Rathgar, St Josephs Raheny, Louth, Cappagh, Kilkreene, Mallow, Navan, St. Colmcilles, St John's, St Michaels
	Minimum Data Set (MDS)	- HIPE - Admission date, Discharge date, LOS, Specialty, Principal procedure
	International Comparison	Collected in UK and internationally, often for particular surgical procedures e.g. fractured neck of femur.
	KPI Monitoring	Monthly
	KPI Reporting Frequency	Monthly
	KPI report period	By exception
	KPI Reporting Aggregation	Monthly in arrears M-1M National, HRA, Hospital
	KPI is reported in which reports?	Annual Report, Performance Reports
	Web link to published data	http://www.hse.ie/eng/services/publications/
_	Additional Information	
s po	olicy to include data in Open D	Data publication. Please indicate if there is an exceptional reason for this to be delayed
onta	ct details	KPI owner/lead for implementation
		Name: Mr Kenneth Mealy & Prof Eamonn Rogers joint leads for National Clinical Programme in Surgery
		Email address: kmealy@rcsi.com; eamonnrogers@rcsi.ie
		Telephone Number:
		Data support
		Name: Acute Business Information Unit
		Email address: AcuteBIU@hse.ie
		Telephone Number 01 778 5222
	nance/sign off	This sign off is the governance at Divisional level in respect of management of the KPI including data provision,
	meneeleine eff	

ACU	ite Division - Sura	ery - Metadata 2025 Surgical DOSA
	Steps	Detail supporting KPI
	KPI title & Number CPA27	% of elective surgical inpatients who had principal procedure conducted on day of admission
	-	Surgical DOSA
	KPI Description	The percentage of inpatients having elective surgical procedures conducted on the day of admission compared to the total number of all elective surgical inpatients who have surgery. This will increase by a target of PLUS 5% to 10% within hospitals from end 2014 baseline (towards a maximum of 85%). Hospitals with a baseline above 70% will have a plus 5% increase, hospitals with a baseline below 60% will have a 10% increase and hospitals will have an increase of between 10% and 5% linearly adjusted for the baselines position in the range 60 to 70%, e.g.if baseline 40% target would be 50%, baseline 64% target 72%, baseline 82% target 85%, baseline 87% target 87%. See attached for further definitions. The baseline will be the higher of
		the hospitals 2014 target DoSA or the hospitals actual annual DoSA for 2014.
3	KPI Rationale	This indicator allows for measurement of the effect of improved pre-admission assessment services which facilitate day of surgery admission. The enhancement of pre-admission assessment is a key theme of the Surgery and Anaesthesia programmes' models of care as this service allows for the reduction in pre-operative bed usage, allows for optimising patients' conditions before admission and helps to avoid cancellation of operations.
3a	Indicator Classification	National Scorecard Quadrant
-	KDI Tanan (	Access
	KPI Target Target Trajectory	83.4% Target will be site specific HSE Dublin & North East 85.8%, HSE Dublin & Midlands 78.6%, HSE Dublin & South East 89.6%, HSE South West 82.3%, HSE Mid West 89.2%, HSE West & North West 75.4%
5	KPI Calculation	Numerator: (The number of elective surgical inpatients, in the reporting period, who had their primary surgical procedure on date of admission)*100 Denominator: The total number of elective surgical inpatients, in the reporting period, who had a primary surgical procedure.
6	Data Sources	HIPE
	Data sign off	HPO
	Data Quality Issues	Will be dependant on accuracy and timely completion of Hospital HIPE coding Coverage includes all acute hospitals except specialist paediatric and maternity hospitals. Surgery Programme mapping tables for surgical procedures and surgical specialities
	Data Collection Frequency	Monthly
	Tracer Conditions (clinical metrics only)	Numerator - number of elective inpatient surgical discharges with a primary surgical procedure on date of admission = (Patients who had a Surical Specialty in Appendix I and Patients who had a Surical Specialty in Appendix II and date of principal procedure Equals date of admission) * 100 'Denominator - number of elective inpatient surgical discharges with a primary surgical procedure = (Patients who had a Principal procedure in Appendix I and Patients who had a Surical Specialty in Appendix I and Patients who had a Surical Specialty in Appendix I
		<ul> <li>Inpatients only (ie. stay in hospital one or more nights)</li> <li>Elective discharges have an admission type =1 or 2</li> <li>Excludes Children's Health Ireland (CHG), CHI Crumlin, CHI Temple Street, CHI Tallaght, Coombe, Cork Mat, Holles st., Limerick Mat, Rotunda, St Columcilles, St Luke's Rathgar, Bantry, Ennis, Nenagh, Mallow, Monaghan, St Josephs Raheny and Roscommon</li> </ul>
	Minimum Data Set (MDS)	HIPE- Admission Date, Discharge Date, Admission Type, Specialty, Primary Procedure, Date of primary procedure
	International Comparison	Collected in UK and internationally, often referred to as DOA or Day of Admission rate.
	KPI Monitoring	Monthly
	KPI Reporting Frequency KPI report period	Monthly
-	KPI report period	By exception Monthly in arrears M-1M
14	KPI Reporting Aggregation	National, HRA, Hospital
15	KPI is reported in which	Annual Report, Performance Reports, Other: Surgery Programme/ Anaesthesia Programme reports.
16	reports? Web link to published data	
17		http://www.hse.ie/eng/services/Publications
17	Additional Information	Notes for calculation of DOSA rate: Number of elective inpatients who have their primary procedure on date of admission includes All elective inpatients who have one of the 1,021 commonly performed surgical procedures (Appendix I)as their primary procedure on the date of admission and who were surgically admitted (had a specialty from Appendix II). Total number of elective inpatients who have their primary surgical procedure includes All elective inpatient's who have one of the 1,021 commonly performed surgical procedures (Appendix I)as their primary
		Notes for calculation of DOSA rate: Number of elective inpatients who have their primary procedure on date of admission includes All elective inpatient's who have one of the 1,021 commonly performed surgical procedures (Appendix I)as their primary procedure on the date of admission and who were surgically admitted (had a specialty from Appendix II). Total number of elective inpatients who have their primary surgical procedure includes
lt is po		Notes for calculation of DOSA rate: Number of elective inpatients who have their primary procedure on date of admission includes All elective inpatient's who have one of the 1,021 commonly performed surgical procedures (Appendix I)as their primary procedure on the date of admission and who were surgically admitted (had a specialty from Appendix II). Total number of elective inpatients who have their primary surgical procedure includes All elective inpatient's who have one of the 1,021 commonly performed surgical procedures (Appendix I)as their primary procedure and who were surgically admitted (had a specialty from Appendix II).
lt is po	licy to include data in Open D	Notes for calculation of DOSA rate:         Number of elective inpatients who have one of the 1,021 commonly performed surgical procedures (Appendix I)as their primary procedure on the date of admission and who were surgically admitted (had a specialty from Appendix II).         Total number of elective inpatients who have their primary surgical procedure includes         All elective inpatients who have one of the 1,021 commonly performed surgical procedures (Appendix I)as their primary procedure includes         All elective inpatients who have one of the 1,021 commonly performed surgical procedures (Appendix I)as their primary procedure and who were surgically admitted (had a specialty from Appendix II).         Total number of elective inpatients who have their primary surgical procedure includes         All elective inpatient's who have one of the 1,021 commonly performed surgical procedures (Appendix I)as their primary procedure and who were surgically admitted (had a specialty from Appendix II).         tata publication. Please indicate if there is an exceptional reason for this to be delayed         KPI owner/lead for implementation         Name: Mr Kenneth Mealy & Prof Eamonn Rogers joint leads for National Clinical Programme in Surgery         Email address: kmealy@crsi.com ; eamonnrogers@crsi.ie         Telephone Number:         Data support         Name: Acute Business Information Unit
lt is po	licy to include data in Open D	Notes for calculation of DOSA rate:         Number of elective inpatients who have their primary procedure on date of admission includes         All elective inpatient's who have one of the 1,021 commonly performed surgical procedures (Appendix I)as their primary procedure on the date of admission and who were surgically admitted (had a specialty from Appendix II).         Total number of elective inpatients who have their primary surgical procedure includes         All elective inpatient's who have one of the 1,021 commonly performed surgical procedures (Appendix I).         Total number of elective inpatient's who have one of the 1,021 commonly performed surgical procedures (Appendix I)as their primary procedure and who were surgically admitted (had a specialty from Appendix II).         ata publication. Please indicate if there is an exceptional reason for this to be delayed         KPI owner/lead for implementation         Name: Mr Kenneth Mealy & Prof Eamonn Rogers joint leads for National Clinical Programme in Surgery         Email address: kmeal/@crsi.com ; eamonnrogers@crsi.ie         Telephone Number:         Data support         Name: Acute Business Information Unit         Email address: AcuteBIU@hse.ie
lt is po Contac	licy to include data in Open D	Notes for calculation of DOSA rate:         Number of elective inpatients who have their primary procedure on date of admission includes         All elective inpatients who have one of the 1,021 commonly performed surgical procedures (Appendix I)as their primary procedure on the date of admission and who were surgically admitted (had a specialty from Appendix II).         Total number of elective inpatients who have one of the 1,021 commonly performed surgical procedures (Appendix II).         Total number of elective inpatients who have their primary surgical procedure includes         All elective inpatient's who have one of the 1,021 commonly performed surgical procedures (Appendix II).         procedure and who were surgically admitted (had a specialty from Appendix II).         the publication. Please indicate if there is an exceptional reason for this to be delayed         KPI owner/lead for implementation         Name: Mr Kenneth Mealy & Prof Eamonn Rogers joint leads for National Clinical Programme in Surgery         Email address: kmealy@crsi.com ; eamonnrogers@crsi.ie         Telephone Number:         Data support         Name: Acute Business Information Unit         Email address: AcuteBU@ hse.ie         Telephone Number 01 778 5222         This sign off is the governance at Divisional level in respect of management of the KPI including data provision, validation, and use in performance management
It is po Contac	Dicy to include data in Open D ct details nance/sign off	Notes for calculation of DOSA rate:         Number of elective inpatients who have one of the 1,021 commonly performed surgical procedures (Appendix I)as their primary procedure on the date of admission and who were surgically admitted (had a specialty from Appendix I).         Total number of elective inpatients who have their primary surgical procedure includes         All elective inpatients who have one of the 1,021 commonly performed surgical procedures (Appendix I).         Total number of elective inpatients who have their primary surgical procedure includes         All elective inpatient's who have one of the 1,021 commonly performed surgical procedures (Appendix I).         ata publication. Please indicate if there is an exceptional reason for this to be delayed         KPI owner/lead for implementation         Name: Mr Kenneth Mealy & Prof Eamonn Rogers joint leads for National Clinical Programme in Surgery         Email address: kmealy@csi.com ; eamonnrogers@rcsi.ie         Telephone Number:         Data support         Name: Acute Business Information Unit         Email address: AcuteBU@lbe.ie         Telephone 01778 5222         This sign off is the governance at Divisional level in respect of management of the KPI including data provision,

ю	Steps	Detail supporting KPI
	KPI title & Number	% day case rate for Elective Laparoscopic Cholecystectomy
	CPA28	% day case rate for Elective Laparoscopic Cholecystectomy
1h	KPI Short Title	Lap Chole daycase rate
15	KPI Description	The percentage daycase rate of Elective Laparoscopic Cholecystectomy (Elective gall bladder surgery)
	KPI Rationale	
		It is better for the patient and a more efficient use of limited hospital resources to perform appropriate procedures as daycases
		on suitable patients, instead of keeping the patient unnecessarily in hospital for one of more nights. Elective Laparoscopic
		Cholecystectomy is a good example of surgical procedures which can be performed safely and effectively as a daycase.
3a	Indicator Classification	National Scorecard Quadrant
		Access
	KPI Target	60%
4a	Target Trajectory	40% target for model 4 hospital (Beaumont, Cork UH, Galway UH, Limerick UK, Mater UH, St Vincent's UH, St James UH,
		Tallaght UH, Waterford UH).
		65% target for all other surgery hospitals.
		60% target for health regions (HSE Dublin & North East, HSE Dublin & Midlands, HSE Dublin & South East, HSE Mid West,
		HSE West & North West, HSE South West)
4b	Volume metrics	Numerator (The surplus of a leafing damage discharges in the second sub-sector bade learners in Chalamatertamy
	KPI Calculation	Numerator: (The number of elective daycase discharges, in the reporting period, who had a Laparoscopic Cholecystectomy
		performed as a primary procedure)*100
		Denominator: All elective discharges (inpatient and daycase), in the reporting period, who had a Laparoscopic Cholecystector
	Data Cauraaa	performed as a primary procedure. HIPE
60	Data Sources	HPO
	Data sign off Data Quality Issues	Will be dependant on accuracy and timely completion of Hospital HIPE coding
00	Data Quality issues	Coverage includes all acute hospitals except specialist paediatric and maternity hospitals. Surgery Programme mapping table
		for surgical procedures and surgical specialities
	Data Collection Frequency	Monthly
	Tracer Conditions (clinical	Primary Procedure = 3044500 (ICD-10-AM/ACHI/ACS 30445-00 Laparoscopic cholecystectomy)
	metrics only)	For the numerator elective discharges have an admission type =1 or 2
	metrics only)	Excludes Children's Health Ireland (CHG), CHI Crumlin, CHI Temple Street, CHI Tallaght, RVEEH, Monaghan, Cappagh,
		Coombe, Cork Mat, Holles st., Limerick Mat, Rotunda and St Luke's Rathgar
	Minimum Data Set (MDS)	HIPE- Admission Date, Discharge Date, Admission Type, Specialty, Primary Procedure
0	International Comparison	Collected in UK and internationally.
1	KPI Monitoring	Monthly
2	KPI Reporting Frequency	Monthly
3	KPI report period	By exception
		Monthly in arrears M-1M
4	KPI Reporting Aggregation	National, HRA, Hospital
5	KPI is reported in which	Performance Reports
	reports?	
6	Web link to published data	
	-	http://www.hse.ie/eng/services/Publications
7	Additional Information	Note: Daycase rates should be assessed at individual hospital and hospital region level. Some hospital regions choose to
		conduct elective daycase surgical activity at a specialist model 2 hospital for lower risk patients (eg. ASA of 1 or 2) and send
		higher risk patients to a larger model 3 or 4 hospital to mitigate risk of complications during daycase surgery posed by patients
		with higher risk (eg. ASA complex 3's or all higher). Appropriately qualified Surgical and Anaesthetic personnel will select
		patients for model 2 daycase activity and model 3 / 4 daycase activity in a pre-admission assessment process.
-		
		ata publication. Please indicate if there is an <u>exceptional</u> reason for this to be delayed
onta	ct details	KPI owner/lead for implementation
		Name: Mr Kenneth Mealy & Prof Eamonn Rogers joint leads for National Clinical Programme in Surgery
		Email address: kmealy@rcsi.com; eamonnrogers@rcsi.ie
		Telephone Number:
		Data support
		Name: Acute Business Information Unit
		Email address: AcuteBIU@hse.ie
	noncoloign off	Telephone Number 01 778 5222
over	nance/sign off	This sign off is the governance at Divisional level in respect of management of the KPI including data provision,
		validation, and use in performance management Operational National Director: National Director of Access and Integration

ю	Steps	Detail supporting KPI
	KPI title & Number A99	% hip fracture surgery carried out within 48 hours of initial assessment (Hip fracture database)
1b	KPI Short Title	% Hip Fracture
	KPI Description	From time of presentation to first ED to start of surgery recorded in exact hours and minutes as per the Irish Hip Fracture Database (Inclusive of all patients 0ver 60 with a primary or secondary diagnosis of a hip fracture as per HIPE Hip fracture: S72.0- S72.2 (includeing sub diagnoses)
	KPI Rationale	To optimise the timing to surgery for patients with hip fracture to ensure international best practice standards are met to ensure the best outcomes for patients in terms of morbidity, functional ability and mortality.
3a	Indicator Classification	National Scorecard Quadrant Quality and Safety
	KPI Target	85%
5	KPI Calculation	Numerator: The number of inpatient discharges in the reporting period where emergency hip fracture surgery was carried out within 48 hours of first presentation to ED on patients aged 60)*100 Denominator: The number of inpatient discharges in the reporting period where an emergency hip fracture surgery was carried out for patients aged over 60.(From time of presentation to first ED to start of surgery recorded in exact hours and minutes as per the Irish Hip Fracture Database (Inclusive of all patients 0ver 60 with a primary or secondary diagnosis of a hip fracture as per HIPE Hip fracture: S72.0- S72.2 (includeing sub diagnoses)
	Data Sources	HIPE/ Irish Hip Fracture Database (IHFD) 100% data completeness
6a	Data sign off	Louise Brent NOCA
6b	Data Quality Issues	Data quality issue: incomplete data or incorrect times or no times entered
	Data Collection Frequency	Daily
8	Tracer Conditions (clinical metrics only)	Hip fracture: a principal or secondary diagnosis of S72.0- S72.2 (includeing sub diagnoses) who underwent surgery as per IHF dataset Age >60
	Minimum Data Set (MDS)	IHFD Date and time of admission, date and time of surgery as per IHFD dataset
0	International Comparison	National Hip Fracture Database, UK, NHFD 2009-2016         British orthopaedic Association           and British Geriatrics Society. Blue Book 2007         National Institute for Health and Care Excellence . The           management of hip fracture in adults 2011, National Institute for health and Care Excellence         The           Scottish Intercollegiate Guidelines Network 2009         Scottish Intercollegiate Guidelines Network 2009
1	KPI Monitoring	Quarterly
2	KPI Reporting Frequency	Quarterly
3	KPI report period	By exception Quarterly in arrears Q-1Q
4	KPI Reporting Aggregation	National, HRA, Hospital
5	KPI is reported in which reports?	Annual Report; Performance Report/Profile;
6	Web link to published data	http://www.hse.ie/eng/services/Publications
7	Additional Information	KPI noted in National Service Plan and IHFD National Report
is p	olicy to include data in Open D	ata publication. Please indicate if there is an exceptional reason for this to be delayed
Conta	ct details	KPI owner/lead for implementation
		Name: louisebrent@noca.ie, NOCA
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		Email address: AcuteBIU@hse.ie
		Telephone Number 01 778 5222
love	nance/sign off	This sign off is the governance at Divisional level in respect of management of the KPI including data provision,
Jove	nance/sign off	validation, and use in performance management
		Operational National Director: National Director of Access and Integration

1b	KPI title & Number	% of surgical re-admissions to the same hospital within 30 days of discharge
1b		The or our group to admissions to the same hospital within ou days of discharge
	A45	
	KPI Short Title	Emergency Re-Admissions - Surgical
	KPI Description	The percentage of unplanned re- admission to the same hospital within 30 days post acute or elective, inpatient or day-case surgical admission to the same hospital
	KPI Rationale	As hospitals are encouraged to reduce surgical length of stay, it is important that re admission rates are monitored to ensure that there is not an associated inappropriate increase in readmission rates. Vigilant HIPE coding of readmissions to surgical servcies in Ireland is considered a priority in terms of monitoring quality, the inclusion of this KPI will encourage compliance.
3a	Indicator Classification	National Scorecard Quadrant Quality and Safety
	KPI Target	≤2%
4a	Target Trajectory	Target will be site specific with individual hospital target ≤2.4% for hospitals with ED's and ≤0.24% for hospitals without ED's f surgery HSE Dublin & North East ≤2%, HSE Dublin & Midlands ≤2%, HSE Dublin & South East ≤2%, HSE Mid West ≤2%, HSE West
		North West ≤2%, HSE South West ≤2%
4b	Volume metrics	
5	KPI Calculation	Numerator: (Number of Surgical discharges (inpatient & daycase) in the denominator period which resulted in an emergency readmission to the same hospital within 30 days)*100 Denominator: Number of Surgical discharges (elective and emergency) in the denominator period (denominator period is set 30 days in arrears) Example: April 2016 Numerator: (Number of Surgical discharges in the denominator period which were readmitted as an emergency within 30 days) of a previous discharge i.e. an emergency readmission occuring between 02MAR2016 and 30APR2016 inclusive)*100 Denominator: Number of Surgical discharges in the denominator period (denominator period is set 30 days in arrears). Surgical patients discharged between 02MAR2016 and 31MAR2016 inclusive) Excludes Children's Health Ireland (CHG), CHI Crumlin, CHI Temple St, CHI Tallaght, St Luke's Rathgar, Coombe, Rotunda, Holles Street, Monaghan and Limerick Maternity
	Data Sources	HIPE
	Data sign off	IHPO
	Data Quality Issues	Will be dependant on accuracy and timely completion of Hospital HIPE coding Coverage includes all acute hospitals except specialist paediatric and maternity hospitals. Surgery Programme mapping table for surgical procedures and surgical specialties
	Data Collection Frequency	Monthly
	Tracer Conditions (clinical metrics only)	Denominator - Surgical Discharges = (Patients who had a Specialty in Surgery Appendix II) - Discharges following Emergency with an admission type of 4 or 5 or Elective with an admission type of 1 or 2 Numerator - Emergency readmissions have an Admission Type of 4 or 5 within 30 days of the Original surgical discharges (ie. with an MRN and hospital the same as prior surgical discharge) - Death are excluded from the denominator (Discharge code=6 or 7)
	Minimum Data Set (MDS)	(Procedure classification ICD-10-AM/ACHI/ACS) HIPE: Specialty, ACHI principal procedure, Admission Date, Discharge Date, Admission Type, Discharge Code
		Collected in UK and internationally, often for particular surgical procedures e.g. fractured neck of femur.
	International Comparison	
	KPI Monitoring	Monthly
	KPI Reporting Frequency	Monthly
3	KPI report period	By exception Monthly in arrears M-1M
4	KPI Reporting Aggregation	National, HRA, Hospital
5	KPI is reported in which reports?	Performance Reports
6	Web link to published data	http://www.hse.ie/eng/services/Publications
7	Additional Information	Integrate www.indentey.entgrate vietea/indonted.tiona
		Line nublication. Places indicate if there is an executional research for this to be determined.
		ata publication. Please indicate if there is an exceptional reason for this to be delayed
ontac	ct details	KPI owner/lead for implementation
		Name: Mr Kenneth Mealy & Prof Eamonn Rogers joint leads for National Clinical Programme in Surgery
		Email address: kmealy@rcsi.com; eamonnrogers@rcsi.ie
		Telephone Number:
		PBI data support
		Name: BIU Acute / Gerry Kelliher National Clinical Programme in Surgery
		Email Address: AcuteBIU@hse.ie / gerrykelliher@rcsi.ie
		Telephone Number: 01 778 5222 / 01-402-2143 M: 087-124-0759
Governance/sign off		This sign off is the governance at Divisional level in respect of management of the KPI including data provision, validation, and use in performance management

Surgery	Appendix I - Surgical primary	procedures	S		
ProcCode	ProcShrtName	Proc Grp Code	Edition Ver 1st used	Valid In Edition 12	New in edition 12
3154800 Core	e biopsy of breast	BREAST	E06	TRUE	FALSE
3156000 Exci	ision of accessory breast tissue	BREAST	E06	TRUE	FALSE
3155700 Exci	ision of duct (central) of breast	BREAST	E06	TRUE	FALSE
3150000 Exci	ision of lesion of breast	BREAST	E06	TRUE	FALSE
3033200 Exci	ision of lymph node of axilla	BREAST	E06	FALSE	FALSE
4554600 Intra	aderm colour skin for nipple/areola	BREAST	E06	TRUE	FALSE
3153600 Loca	alisation of lesion of breast	BREAST	E06	TRUE	FALSE
3155400 Micr	rodochotomy of breast	BREAST	E06	TRUE	FALSE
4554200 R/O	breast tis expand & ins perm prosth	BREAST	E06	TRUE	FALSE
3033600 Rad	lical excision of lymph nodes, axilla	BREAST	E06	FALSE	FALSE
3151500 Re-e	excision of lesion of breast	BREAST	E06	TRUE	FALSE
3033500 Reg	ional excision lymph nodes of axilla	BREAST	E06	FALSE	FALSE
9624302 Sent	tinel lymph n biopsy axillary	BREAST	E12	TRUE	TRUE
3030001 Sent	tinel lymph node biopsy NEC	BREAST	E08	FALSE	FALSE
3030000 Sent	tinel lymph node biopsy of axilla	BREAST	E06	FALSE	FALSE
3151801 Sim	ple mastectomy, bilateral	BREAST	E06	TRUE	FALSE
3151800 Sim	ple mastectomy, unilateral	BREAST	E06	TRUE	FALSE
3152401 Sub	cutaneous mastectomy, bilateral	BREAST	E06	TRUE	FALSE
3152400 Sub	cutaneous mastectomy, unilateral	BREAST	E06	TRUE	FALSE
9624203 Biop	osy lymphatic structure intrathoracic	CARDTO	E12	TRUE	TRUE
3850300 CAE	3 using 2 or more LIMA grafts	CARDTO	E06	TRUE	FALSE
3860000 Card	diopulmonary bypass, central cannuln	CARDTO	E06	TRUE	FALSE
3874202 Clos	sure of atrial septal defect	CARDTO	E06	TRUE	FALSE
3870001 Clos	sure of patent ductus arteriosus	CARDTO	E06	TRUE	FALSE
3875102 Clos	sure of ventricular septal defect	CARDTO	E06	TRUE	FALSE
3849703 Cord	on art byps usg >= 4 saph vein grafts	CARDTO	E06	TRUE	FALSE
3849700 Cord	on art byps using 1 saph vein graft	CARDTO	E06	TRUE	FALSE
3849701 Cord	on art byps using 2 saph vein grafts	CARDTO	E06	TRUE	FALSE
3849702 Cord	on art byps using 3 saph vein grafts	CARDTO	E06	TRUE	FALSE
3850002 Cord	on artery bypass usg 1 radial art gft	CARDTO	E06	TRUE	FALSE
3850000 Cord	onary artery bypass, using 1 LIMA gft	CARDTO	E06	TRUE	FALSE
3875700 Crea	at extrcardc cndt R ventrl & pulm art	CARDTO	E06	TRUE	FALSE
3873301 Crea	ation of cavopulmonary shunt	CARDTO	E06	TRUE	FALSE
3846400 Deb	ridement of sternotomy wound	Operational Nation	E06	TRUE	FALSE
4190506 End	oscopic insertion of bronchial device	CARDTO	E10	TRUE	FALSE
9017100 End	oscopic pleurodesis	CARDTO	E06	TRUE	FALSE
3842100 End	oscopic pulmonary decortication	CARDTO	E06	TRUE	FALSE
9004901 End	oscopic thymectomy	CARDTO	E08	TRUE	FALSE
9016900 End	oscopic wedge resection of lung	CARDTO	E06	TRUE	FALSE
3841800 Expl	loratory thoracotomy	CARDTO	E06	TRUE	FALSE
9020500 Hea	Int transplantation	CARDTO	E06	TRUE	FALSE
3843801 Lobe	ectomy of lung	CARDTO	E06	TRUE	FALSE
3844801 Med	liastinoscopy	CARDTO	E06	TRUE	FALSE
3847700 Mitra	al valve annuloplasty w ring ins	CARDTO	E06	TRUE	FALSE
9017503 Oth	endosc proc ch wall mediast diaph	CARDTO	E10	TRUE	FALSE
9017201 Othe	er transplantation of lung	CARDTO	E06	TRUE	FALSE
3354801 Pate	ch graft art usg synthetic material	CARDTO	E06	TRUE	FALSE
3827003 Perc	c balloon pulmonary valvuloplasty	CARDTO	E06	TRUE	FALSE
3842400 Pleu	urectomy	CARDTO	E06	TRUE	FALSE
3842402 Pleu	urodesis	CARDTO	E06	TRUE	FALSE
3843802 Pne	umonectomy	CARDTO	E06	TRUE	FALSE
3842101 Puln	nonary decortication	CARDTO	E06	TRUE	FALSE
3844100 Rad	lical lobectomy	CARDTO	E06	TRUE	FALSE
3844101 Rad	lical pneumonectomy	CARDTO	E06	TRUE	FALSE
3844001 Rad	lical wedge resection of lung	CARDTO	E06	TRUE	FALSE
3855900 Rep	air aortic arch & asc thoracic aorta	CARDTO	E06	TRUE	FALSE
3848801 Rep	lace aortic valve w bioprosthesis	CARDTO	E06	TRUE	FALSE
3848800 Rep	lace aortic valve w mech prosthesis	CARDTO	E06	TRUE	FALSE
3855603 Rep	lace asc aorta, valv & impl coron art	CARDTO	E06	TRUE	FALSE
3855303 Rep	lace asc thor aorta & aortic valve	CARDTO	E06	TRUE	FALSE
3848802 Rep	lace mitral valve w mech prosthesis	CARDTO	E06	TRUE	FALSE
3310300 Rep	lace thoraco-aortic aneurysm w graft	CARDTO	E06	TRUE	FALSE
3848803 Rep	lacement of mitral valve w bioprosth	CARDTO	E06	TRUE	FALSE
3843800 Seg	mental resection of lung	CARDTO	E06	TRUE	FALSE
9017200 Seq	uential single lung trnsplnt bil	CARDTO	E06	TRUE	FALSE
3843600 Tho	racoscopy	CARDTO	E06	TRUE	FALSE
3532104 Trns	scath embolisation bl vesl, chest	CARDTO	E06	TRUE	FALSE
3844000 Wed	dge resection of lung	CARDTO	E06	TRUE	FALSE

PrecCode         PrecBrows         Fore Opt Code         Edition Versite versit versite versite versit versite versite versite versi	Surgery Appendix I - Surgical prima	ry procedure	S		
201300 Abstrime point protectionary         COLORC         E06         TRUE         FASE           221600 Abstrime of ania second         COLORC         E06         TRUE         FASE           202000 Animot resear contain livel urapeotind         COLORC         E06         TRUE         FASE           200520 Classes of tops leasonary         COLORC         E06         TRUE         FASE           200520 Classes of tops leasonary         COLORC         E06         TRUE         FASE           201500 Endecomy version contain sec leasonary         COLORC         E06         TRUE         FASE           201500 Endecomy version contain sec leasonary         COLORC         E06         TRUE         FASE           201500 Endecomp of leason taxes ana         COLORC         E06         TRUE         FASE           201500 Endecomp of leason taxes ana         COLORC         E06         TRUE         FASE           201500 Endecomp of leason taxes ana         COLORC         E06         TRUE         FASE           201500 Endecomp of leason taxes and line to septer         COLORC         E06         TRUE         FASE           201500 Endecomp of leason taxes and line to septer         COLORC         E06         TRUE         FASE           201500 Endecom of ania statomacis	ProcCode ProcShrtName	Proc Grp Code	Edition Ver 1st used	Valid In Edition 12	New in edition 12
121601         Adjustment of anal seam.         CCUCRC         E06         TRUE         FALSE           202000         Attic reservetuni werungeolitad         CCUCRC         E06         TRUE         FALSE           201600         Attic reservetuni werungeolitad         CCUCRC         E06         TRUE         FALSE           201600         Claineotrary reservetunitation         CCUCRC         E06         TRUE         FALSE           201700         Endoscomenol reservetunitation         CCUCRC         E06         TRUE         FALSE           201707         Endoscomenol reservetunitation         CCUCRC         E06         TRUE         FALSE           201707         Endoscomenol reservetunitation         CCUCRC         E06         TRUE         FALSE           201701         Endoscomenol reservetunitation         CCUCRC         E06         TRUE         FALSE           2017011         Endoscomenol reservetunitation         CCUCRC         E06         TRUE         FALSE           2017011         Endoscomenol reservetunitation         CCUCRC         E06         TRUE         FALSE           2017011         Endoscomenol reservetunitation         CCUCRC         E06         TRUE         FALSE           20170101         Indinta	3211700 Abdominal rectopexy	COLORC	E06	TRUE	FALSE
922080. Anterior resec near level supportind         COLORC         E06         TRUE         FASE           9030753         Biography and and anterior support of loop incompany         COLORC         E06         TRUE         FASE           9030763         Biography and anterior support of loop incompany         COLORC         E06         TRUE         FASE           9030715         Endex can frage incident variability of Loop COLORC         E06         TRUE         FASE           9030725         Endex can frage incident variability of Loop COLORC         E06         TRUE         FASE           9031755         Endex can frage incident variability of Loop COLORC         E06         TRUE         FASE           903105         Endex can frage incident variability of Loop COLORC         E06         TRUE         FASE           903105         Endex can frage incident variability of Loop COLORC         E06         TRUE         FASE           903105         Endex can frage incident variability of Loop COLORC         E06         TRUE         FASE           903105         Endex can frage incident variability or sphe         COLORC         E06         TRUE         FASE           903105         Incident variability or sphe         COLORC         E06         TRUE         FASE           903105	3203900 Abdominoperineal proctectomy	COLORC	E06	TRUE	FALSE
922306 Antimic resc near level unportind         COLORC         E06         TRUE         FASE           930536 Hogy of aux         COLORC         E06         TRUE         FASE           930540 Concer of loop incontany         COLORC         E06         TRUE         FASE           930540 Concer of loop incontany         COLORC         E06         TRUE         FASE           930570 Endocer with registrations of logarithms         COLORC         E06         TRUE         FASE           930510 Endocer with an astronais         COLORC         E06         TRUE         FASE           930510 Endocer of tasse ana         COLORC         E06         TRUE         FASE           930100 Endocer of tasse ana         COLORC         E06         TRUE         FASE           930100 Endocer of tasse ana         COLORC         E06         TRUE         FASE           930100 Fail intermicentery waretime         COLORC         E06         TRUE         FASE           930100 Fail intermicentery waretime         COLORC         E08         TRUE         FASE           930100 Fail intermicentery waretime         COLORC         E08         TRUE         FASE           930100 Fail intermicentery waretime         COLORC         E08         TRUE         FASE </td <td>3216601 Adjustment of anal seton</td> <td>COLORC</td> <td>E06</td> <td>TRUE</td> <td>FALSE</td>	3216601 Adjustment of anal seton	COLORC	E06	TRUE	FALSE
200754         Biosy of anua         COLORC         E05         TRUE         FASE           200620         Charactery of hop floatomy         COLORC         E05         TRUE         FASE           201701         Charactery of hop floatomy         COLORC         E05         TRUE         FASE           201702         Encode exam large intention v liparotomy         COLORC         E05         TRUE         FASE           201702         Encode exam large intention v liparotomy         COLORC         E05         TRUE         FASE           201701         Encode of the function of traine anua         COLORC         E05         TRUE         FASE           201701         Encode of the function of traine anua         COLORC         E05         TRUE         FASE           201701         Encode of the function of traine anua         COLORC         E05         TRUE         FASE           201701         Encode of the function of traine anua         COLORC         E05         TRUE         FASE           2017000         Huit heartor meatoria mean         COLORC         E05         TRUE         FASE           2017000         Incide of the function data         COLORC         E05         TRUE         FASE           20170000 <td< td=""><td>-</td><td>COLORC</td><td>E06</td><td>TRUE</td><td>FALSE</td></td<>	-	COLORC	E06	TRUE	FALSE
905600 Charlan of loop leastormy         COLORC         E96         TRUE         FASE           905601 Chillestormy wrater compt         COLORC         E96         TRUE         FASE           905702 Cholsen mucosal reserving intering vipabotomy         COLORC         E96         TRUE         FASE           905702 Cholsen mucosal reserving intering vipabotomy         COLORC         E96         TRUE         FASE           905705 Cholsen mucosal reserving intering vipabotom         COLORC         E96         TRUE         FASE           905705 Cholsen code mucosal regulations ana         COLORC         E96         TRUE         FASE           905705 Cholsen code mucosal regulation of mucosal regulation regulation of mucosal regulation regulatio					
3038201         Chilesotony water cony         COLORC         E56         TRUE         FASE           3037301         Derivation of hearization water and constraints and color color constraints and color color constraints and color color constraints and color constraints and color constraints and color color constraints and color const					
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3037232         Encise even large intention + Updatosomy         COLORC         E96         TRUE         FALSE           9031900         Encisenced resci (juste)         COLORC         E96         TRUE         FALSE           9031901         Encisenced resci (juste)         COLORC         E96         TRUE         FALSE           2020101         Exercised right hemicolectory variations         COLORC         E96         TRUE         FALSE           2020101         Exercised right hemicolectory variations         COLORC         E96         TRUE         FALSE           2020401         Exercised right hemicolectory variations         COLORC         E96         TRUE         FALSE           2020400         Fall informes color and color and color and right hemicolectory variations         COLORC         E96         TRUE         FALSE           9032600         Incition of restart on rania         COLORC         E96         TRUE         FALSE           9032600         Incition of restart on rania         COLORC         E96         TRUE         FALSE           9032600         Incition of restart on variation color and color and right on variations         COLORC         E96         TRUE         FALSE           9032600         Incite ranianis fin variation color color color and ris raniation va					
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903100         Endscopic do lesion lissue arus         COLORC         E06         TRUE         FALSE           3211100         Excision netral muccos, rectal prolapse         COLORC         E06         TRUE         FALSE           320101         Excision netal muccos, rectal prolapse         COLORC         E06         TRUE         FALSE           3202001         Excision netal muccos, rectal prolapse         COLORC         E06         TRUE         FALSE           3202000         Function resultion resultion with anastomasia         COLORC         E06         TRUE         FALSE           905200         Instanciar resultion with anastomasia         COLORC         E06         TRUE         FALSE           905200         Instancia A car and file into we splic         COLORC         E06         TRUE         FALSE           905200         Instancia A car and file into we splic         COLORC         E06         TRUE         FALSE           905200         Instancia A car and file into we splic         COLORC         E06         TRUE         FALSE           905200         Instancia A car and file intovic splic         COLORC         E08         TRUE         FALSE           905200         Instancia A car and file intovic splic         COLORC         E08         TRUE<	3037523 Endosc exam large intestine v laparotomy	COLORC	E06	TRUE	FALSE
901501         Excision other leader on tissue areas         COLORC         E06         TRUE         FALSE           320100         Extended right hemicolectomy with mastra         COLORC         E06         TRUE         FALSE           320100         Full thickness budges of return         COLORC         E06         TRUE         FALSE           320100         Full thickness budges of return         COLORC         E06         TRUE         FALSE           3201200         Full thickness budges of return         COLORC         E06         TRUE         FALSE           3201200         Instantomic meetion with astomosia         COLORC         E06         TRUE         FALSE           3201200         Instantom and fish two statomosia         COLORC         E06         TRUE         FALSE           3211900         Instantom and fish two statomosia         COLORC         E08         TRUE         FALSE           3201600         Instantom and fish two mastra         COLORC         E08         TRUE         FALSE           3201600         Instantom and fish two mastra         COLORC         E08         TRUE         FALSE           3200100         Instantom and fish two mastra         COLORC         E08         TRUE         FALSE <t< td=""><td>9029702 Endosc mucosal resec Irg intes</td><td>COLORC</td><td>E06</td><td>TRUE</td><td>FALSE</td></t<>	9029702 Endosc mucosal resec Irg intes	COLORC	E06	TRUE	FALSE
121100         Existion read muccose, metal prologos         COLORC         E16         TRUE         FALSE           200501         Extended right hemicolectomy winstam         COLORC         E06         TRUE         FALSE           200400         Full thickness blogo of return         COLORC         E06         TRUE         FALSE           200400         Full thickness blogo of return         COLORC         E06         TRUE         FALSE           200400         Full thickness blogo of return         COLORC         E06         TRUE         FALSE           905200         Indication of redurn value         COLORC         E06         TRUE         FALSE           905200         Indication of redurn value         COLORC         E06         TRUE         FALSE           2016000         Instruction of read stron         COLORC         E06         TRUE         FALSE           2016000         Instruction of read stron         COLORC         E08         TRUE         FALSE           2016000         Instruction of read stron         COLORC         E08         TRUE         FALSE           2016002         Lap left hemicolectomy with anastomosis         COLORC         E08         TRUE         FALSE           2020002         Lap	9031500 Endoscopic e/o lesion tissue anus	COLORC	E06	TRUE	FALSE
330001         Extended right hemicolectomy winth         COLORC         E06         TRUE         FALSE           320401         Extended right hemicolectomy winth         COLORC         E06         TRUE         FALSE           3204010         Extended right hemicolectomy winth         COLORC         E06         TRUE         FALSE           3204010         Extended right hemicolectomy winth         COLORC         E06         TRUE         FALSE           3204010         Instantomic resection with anastomosis         COLORC         E06         TRUE         FALSE           3215001         Instanton and fistir low vaphe         COLORC         E06         TRUE         FALSE           3215001         Instanton and fistir low vaphe         COLORC         E06         TRUE         FALSE           3206000         Instirution of anal seton         COLORC         E08         TRUE         FALSE           3206001         Instirution of anal seton         COLORC         E08         TRUE         FALSE           3206002         Lap interction with anastomosis         COLORC         E08         TRUE         FALSE           3200001         Lap intertion of anal seton         Vortanto stoma         COLORC         E08         TRUE         FALSE	9031501 Excision other lesion or tissue anus	COLORC	E06	TRUE	FALSE
320001         Eventode right hemiodecomy with status         COLORC         E06         TRUE         FALSE           3200401         Eventode right hemiodecomy with status         COLORC         E06         TRUE         FALSE           3204010         High nation rescalor in tertum         COLORC         E08         TRUE         FALSE           3204010         Instation rescalor with nationasis         COLORC         E08         TRUE         FALSE           3033001         Execution rescalor with nationasis         COLORC         E06         TRUE         FALSE           3033000         Instation of rectur or anus         COLORC         E06         TRUE         FALSE           3215001         Instation of rectur or anus         COLORC         E06         TRUE         FALSE           3206000         Instruction of rectur or anus         COLORC         E08         TRUE         FALSE           3206000         Instruction of rectur or anus         COLORC         E08         TRUE         FALSE           3206000         Instruction or rectur tube         COLORC         E08         TRUE         FALSE           3200002         Lap interior or real instationosis         COLORC         E08         TRUE         FALSE           320000	3211100 Excision rectal mucosa, rectal prolapse	COLORC	E06	TRUE	FALSE
3200001         Europed - optimerican stand         COLORC         E06         TRUE         FALSE           3209800         Full indention resolution redum         COLORC         E08         TRUE         FALSE           3209800         Full indention resolution redum         COLORC         E08         TRUE         FALSE           9038000         Indiano reduction with anstornesis         COLORC         E06         TRUE         FALSE           9038000         Indiano of reduction with anstornesis         COLORC         E06         TRUE         FALSE           9038000         Indiano of reducting with anstornesis         COLORC         E06         TRUE         FALSE           9038000         Insection of radia time with anstornesis         COLORC         E08         TRUE         FALSE           9038000         Insection of racial tube         COLORC         E08         TRUE         FALSE           9038000         Insection of racial tube         COLORC         E08         TRUE         FALSE           9038000         Insection of racial tube         Insection readom with ansatomesis         COLORC         E08         TRUE         FALSE           9030000         Lap infert hemicolectomy with ansatomesis         COLORC         E08         TRUE			E06	TRUE	FALSE
2020900         Full trickness biops of rectum         COLORC         E06         TRUE         FALSE           3202400         High anterior resection with anastomosis         COLORC         E06         TRUE         FALSE           9905000         Incision of addomonal wall         COLORC         E06         TRUE         FALSE           9005000         Incision of addomonal wall         COLORC         E06         TRUE         FALSE           3215001         Inscription of anals strin (who sphc         COLORC         E06         TRUE         FALSE           3215001         Inscription of anal strin (who sphc         COLORC         E06         TRUE         FALSE           3200600         Inscription of anal strin (who shift sphc         COLORC         E06         TRUE         FALSE           3200600         Lap lecolor section with anastomosis         COLORC         E08         TRUE         FALSE           3200021         Lap interclor strip intestime with anastomosis         COLORC         E08         TRUE         FALSE           3200021         Lap interclor strip intestime with anastomosis         COLORC         E08         TRUE         FALSE           3200021         Lap interclor strip intestime with anastomosis         COLORC         E08         TRUE <td></td> <td></td> <td></td> <td></td> <td></td>					
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	ery Appendix I - Surgical prima	ily procoduro	0		
ProcCode	ProcShrtName	Proc Grp Code	Edition Ver 1st used	Valid In Edition 12	New in edition 12
3045401	Cholecystectomy with choledochotomy	GENERL	E06	TRUE	FALSE
3037505	Cholecystostomy	GENERL	E06	TRUE	FALSE
3037526	Cholecystotomy	GENERL	E06	TRUE	FALSE
3056202	Closure of loop colostomy	GENERL	E06	TRUE	FALSE
3056203	Cls colostomy w restor continuity	GENERL	E06	TRUE	FALSE
3208402	Colonosc to heptc flexure w tattooing	GENERL	E06	TRUE	FALSE
3039600	Debridement & lavage peritoneal cavity	GENERL	E06	TRUE	FALSE
4790600	Debridement of toenail	GENERL	E06	TRUE	FALSE
3039200	Debulking of intra-abdominal lesion	GENERL	E06	TRUE	FALSE
3215300	Dilation of anus	GENERL	E06	TRUE	FALSE
3037800	Division of abdominal adhesions	GENERL	E06	TRUE	FALSE
3039400	Drain intrabdo abscess haematoma cyst	GENERL	E06	TRUE	FALSE
3217400	Drainage of intra-anal abscess	GENERL	E06	TRUE	FALSE
3217402	Drainage of ischiorectal abscess	GENERL	E06	TRUE	FALSE
3217401	Drainage of perianal abscess	GENERL	E06	TRUE	FALSE
3047822	Endosc dest lesion or tissue oesophagus	GENERL	E10	TRUE	FALSE
3049002	Endosc removal of oesophageal prosthesis	GENERL	E06	TRUE	FALSE
3037503	Enterotomy of small intestine	GENERL	E06	TRUE	FALSE
3761300	Epididymectomy, unilateral	GENERL	E06	TRUE	FALSE
3120500	Exc lesion of SSCT, other site	GENERL	E06	TRUE	FALSE
3123501	Excision lesion of SSCT, neck	GENERL	E06	TRUE	FALSE
3123005	Excision lesion SSCT, genitals	GENERL	E06	TRUE	FALSE
	Excision of accessory nipple	GENERL	E06	TRUE	FALSE
	Excision of anal polyp	GENERL	E06	TRUE	FALSE
	Excision of anal skin tag	GENERL	E06	TRUE	FALSE
	Excision of lesion of pelvic cavity	GENERL	E06	TRUE	FALSE
	Excision of lesion SSCT, leg	GENERL	E06	TRUE	FALSE
	Excision of lymph node of other site	GENERL	E06	FALSE	FALSE
	Excision of lymphatic structure inguinal	GENERL	E12	TRUE	TRUE
	Excision of Meckel's diverticulum	GENERL	E06	TRUE	FALSE
	Excision of pilonidal sinus/cyst/abscess	GENERL	E06	TRUE	FALSE
	Excision of soft tissue, NEC	GENERL	E06	TRUE	FALSE
	Exploration of spermatic cord	GENERL	E06	TRUE	FALSE
	Exploration scrotal contents, bilateral	GENERL	E06	TRUE	FALSE
	•	GENERL	E06	TRUE	FALSE
	Exploratory laparotomy		E06	TRUE	FALSE
	Gastrostomy	GENERL			
	Haemorrhoidectomy	GENERL	E06	TRUE	FALSE
	Hypospadias, staged repair, second stage	GENERL	E06	TRUE	FALSE
	Incision & drain abscess, soft tissue	GENERL	E06	TRUE	FALSE
	Incision & drainage of abscess of SSCT	GENERL	E06	TRUE	FALSE
	Incision & drainage of haematoma of SSCT	GENERL	E06	TRUE	FALSE
	Incision and drainage of breast	GENERL	E06	TRUE	FALSE
	Incision of perianal thrombus	GENERL	E06	TRUE	FALSE
	Incision of pilonidal sinus/cyst/abscess	GENERL	E06	TRUE	FALSE
	Insertion of feeding jejunostomy tube	GENERL	E06	TRUE	FALSE
	Insertion of peritoneal access device	GENERL	E08	TRUE	FALSE
3666300	Insertion of sacral nerve electrodes	GENERL	E08	TRUE	FALSE
3041100	Intraoperative biopsy of liver	GENERL	E06	TRUE	FALSE
3044800	Lap chole w expl CBD v cystic duct	GENERL	E06	TRUE	FALSE
3044900	Lap chole w expl CBD via lap choledhty	GENERL	E06	TRUE	FALSE
3060903	Lap repair inguinal hernia, bilateral	GENERL	E06	TRUE	FALSE
3060902	Lap repair inguinal hernia, unilateral	GENERL	E06	TRUE	FALSE
3060900	Lap repair of femoral hernia, unilateral	GENERL	E06	TRUE	FALSE
3057200	Laparoscopic appendicectomy	GENERL	E06	TRUE	FALSE
3044500	Laparoscopic cholecystectomy	GENERL	E06	TRUE	FALSE
9094201	Laparoscopic removal of gastric band	GENERL	E08	TRUE	FALSE
3051109	Laparoscopic sleeve gastrectomy [LSG]	GENERL	E08	TRUE	FALSE
3147000	Laparoscopic splenectomy	GENERL	E06	TRUE	FALSE
3039402	Oth clsd drain intrabdo abs haemtma cyst	GENERL	E10	TRUE	FALSE
	Other colostomy	GENERL	E06	TRUE	FALSE
	Other dx proc scrotum/tunica vaginalis	GENERL	E06	TRUE	FALSE
	Other repair of small intestine	GENERL	E06	TRUE	FALSE
	Partial resection of ingrown toenail	GENERL	E06	TRUE	FALSE
	Per anal e/o anorectal lsn/tis	GENERL	E06	TRUE	FALSE
	Perc drain retrpertnl abs haemtma cyst	GENERL	E06	TRUE	FALSE
	Perc drainage abscess, soft tissue	GENERL	E06	TRUE	FALSE
0022400	1 515 dramaye absocss, soit issue				
9200000	R/O FB from rectum or anus wo incision	GENERI	FUE	IRUE	
	R/O FB from rectum or anus wo incision Radical exc lymphatic structure axillary	GENERL GENERL	E06 E12	TRUE TRUE	FALSE TRUE

Surge	ry Appendix I - Surgical primary	procedures	S		
ProcCode	ProcShrtName	Proc Grp Code	Edition Ver 1st used	Valid In Edition 12	New in edition 12
4791800	Radical excision of ingrown toenail bed	GENERL	E06	TRUE	FALSE
9058401	Reattachment of tendon, NEC	GENERL	E06	TRUE	FALSE
3040303	Reclosure postop disruption abdo wall	GENERL	E06	TRUE	FALSE
3217700	Removal of anal wart	GENERL	E06	TRUE	FALSE
9214100	Removal of device from abdomen	GENERL	E06	TRUE	FALSE
9220100	Removal of foreign body wo incision NEC	GENERL	E06	TRUE	FALSE
9207600	Removal of impacted faeces	GENERL	E06	TRUE	FALSE
3018600	Removal of plantar wart	GENERL	E06	TRUE	FALSE
3006200	Removal of subdermal hormone implant	GENERL	E08	TRUE	FALSE
3061500	Rep incarcerated obstr or strangd hernia	GENERL	E06	TRUE	FALSE
3040502	Rep incisnl hernia resec strangd intest	GENERL	E06	TRUE	FALSE
3060100	Repair diaphragmatic hernia, abdo appr	GENERL	E06	TRUE	FALSE
3040501	Repair incisional hernia with prosthesis	GENERL	E06	TRUE	FALSE
3061701	Repair of epigastric hernia	GENERL	E06	TRUE	FALSE
3061400	Repair of femoral hernia, unilateral	GENERL	E06	TRUE	FALSE
3040300	Repair of incisional hernia	GENERL	E06	TRUE	FALSE
3061403	Repair of inguinal hernia, bilateral	GENERL	E06	TRUE	FALSE
3061402	Repair of inguinal hernia, unilateral	GENERL	E06	TRUE	FALSE
3040301	Repair of other abdominal wall hernia	GENERL	E06	TRUE	FALSE
3056302	Repair of parastomal hernia	GENERL	E06	TRUE	FALSE
3061700	Repair of umbilical hernia	GENERL	E06	TRUE	FALSE
3040504	Repair other abdo wall hernia w prosth	GENERL	E06	TRUE	FALSE
3056303	Repair parastomal hernia resiting stoma	GENERL	E06	TRUE	FALSE
3056600	Resec small intestine w anastomosis	GENERL	E06	TRUE	FALSE
3056500	Resec small intestine w formation stoma	GENERL	E06	TRUE	FALSE
3056300	Revision of stoma of small intestine	GENERL	E06	TRUE	FALSE
3059700	Splenectomy	GENERL	E06	TRUE	FALSE
3572601	Staging laparotomy	GENERL	E06	FALSE	FALSE
3038400	Staging laparotomy for lymphoma	GENERL	E06	FALSE	FALSE
3031500	Subtotal parathyroidectomy	GENERL	E06	TRUE	FALSE
3030800	Subtotal thyroidectomy, bilateral	GENERL	E06	TRUE	FALSE
3037510	Suture of perforated ulcer	GENERL	E06	TRUE	FALSE
3650001	Total adrenalectomy, unilateral	GENERL	E06	TRUE	FALSE
3031501	Total parathyroidectomy	GENERL	E06	TRUE	FALSE
3762303	Vasectomy, bilateral	GENERL	E06	TRUE	FALSE
4652800	Wedge resection of ingrown fingernail	GENERL	E06	TRUE	FALSE
4791500	Wedge resection of ingrown toenail	GENERL	E06	TRUE	FALSE
3567000	Abdo hystrectmy rad exc pelv lymph nodes	GYNAEC	E06	FALSE	FALSE
3565304	Abdo hystrectmy w R/O adnexa	GYNAEC	E06	FALSE	FALSE
3559501	Abdominal pelvic floor repair	GYNAEC	E06	TRUE	FALSE
3551800	Aspiration of ovarian cyst	GYNAEC	E06	TRUE	FALSE
3560802	Biopsy of cervix	GYNAEC	E06	TRUE	FALSE
3563706	Biopsy of ovary	GYNAEC	E06	TRUE	FALSE
3007537	Biopsy of peritoneum	GYNAEC	E06	TRUE	FALSE
3553903	Biopsy of vagina	GYNAEC	E06	TRUE	FALSE
3561500	Biopsy of vulva	GYNAEC	E06	TRUE	FALSE
3561100	Cervical polypectomy	GYNAEC	E06	FALSE	FALSE
3561400	Colposcopy	GYNAEC	E06	TRUE	FALSE
	Cone biopsy of cervix	GYNAEC	E06	TRUE	FALSE
	Curettage of uterus without dilation	GYNAEC	E06	TRUE	FALSE
	Debulking of lesion of pelvic cavity	GYNAEC	E06	TRUE	FALSE
	Dilation & curettage of uterus [D&C]	GYNAEC	E06	TRUE	FALSE
	Division of intrauterine adhesions	GYNAEC	E06	TRUE	FALSE
	Division uterine septum, hysteroscopy	GYNAEC	E06	TRUE	FALSE
	Endosc destruction proc on uterus	GYNAEC	E06	TRUE	FALSE
	Enlargement of vaginal orifice	GYNAEC	E06	TRUE	FALSE
	Excision of lesion of vagina	GYNAEC	E06	TRUE	FALSE
	Excision of lesion of vulva	GYNAEC	E06	TRUE	FALSE
	Excision of vaginal septum	GYNAEC	E06	TRUE	FALSE
	Hemivulvectomy	GYNAEC	E06	TRUE	FALSE
	Hymenectomy	GYNAEC	E06	TRUE	FALSE
	Lap assisted vaginal hysterectomy	GYNAEC	E06	TRUE	FALSE
	Lap asst vag hystrectmy w R/O adnexa	GYNAEC	E06	FALSE	FALSE
	Lap diathermy of lesion of pelvic cavity	GYNAEC	E06	TRUE	FALSE
	Lap excision of lesion of pelvic cavity	GYNAEC	E06	TRUE	FALSE
	Lap pelv/abdo lymph sampling gyn malg	GYNAEC	E06	FALSE	FALSE
	Lap rupture ovarian cyst or abscess	GYNAEC	E06	TRUE	FALSE
3039300	Laparoscopic division abdo adhesions	GYNAEC	E06	TRUE	FALSE

Surge	ry Appendix I - Surgical primary	procedure	S		
ProcCode	ProcShrtName	Proc Grp Code	Edition Ver 1st used	Valid In Edition 12	New in edition 12
3563803	Laparoscopic oophorectomy, bilateral	GYNAEC	E06	TRUE	FALSE
3563802	Laparoscopic oophorectomy, unilateral	GYNAEC	E06	TRUE	FALSE
3563805	Laparoscopic ovarian cystectomy, bil	GYNAEC	E06	TRUE	FALSE
3563804	Laparoscopic ovarian cystectomy, uni	GYNAEC	E06	TRUE	FALSE
	Laparoscopic ovarian drilling	GYNAEC	E06	TRUE	FALSE
	Laparoscopic partial oophorectomy	GYNAEC	E06	TRUE	FALSE
	Laparoscopic partial salpingectomy, uni	GYNAEC	E06	TRUE	FALSE
	Laparoscopic radical abdo hysterectomy	GYNAEC	E12	TRUE	TRUE
		GYNAEC	E06	TRUE	FALSE
	Laparoscopic sacral colpopexy		E06	TRUE	FALSE
	Laparoscopic salpingectomy, bilateral	GYNAEC			
	Laparoscopic salpingectomy, unilateral	GYNAEC	E06	TRUE	FALSE
	Laparoscopic salpingolysis	GYNAEC	E06	TRUE	FALSE
	Laparoscopic salpingo-oophorectomy, bil	GYNAEC	E06	TRUE	FALSE
	Laparoscopic salpingo-oophorectomy, uni	GYNAEC	E06	TRUE	FALSE
	Laparoscopic sterilisation	GYNAEC	E06	TRUE	FALSE
3565307	Laparoscopic total abdo hysterectomy	GYNAEC	E12	TRUE	TRUE
3039000	Laparoscopy	GYNAEC	E06	TRUE	FALSE
3564700	Large loop excision transformation zone	GYNAEC	E06	TRUE	FALSE
3564903	Myomectomy of uterus	GYNAEC	E06	TRUE	FALSE
3562300	Myomectomy of uterus via hysteroscopy	GYNAEC	E06	TRUE	FALSE
3564901	Myomectomy of uterus via laparoscopy	GYNAEC	E06	TRUE	FALSE
3571307	Oophorectomy, unilateral	GYNAEC	E06	TRUE	FALSE
9044600	Other incision of vulva or perineum	GYNAEC	E06	TRUE	FALSE
	Other procedures female genital organs	GYNAEC	E06	TRUE	FALSE
	Other procedures on vagina	GYNAEC	E06	TRUE	FALSE
	Other repair of vagina	GYNAEC	E06	TRUE	FALSE
	Ovarian cystectomy, bilateral	GYNAEC	E06	TRUE	FALSE
	Ovarian cystectomy, unilateral	GYNAEC	E06	TRUE	FALSE
	Partial excision of cervix	GYNAEC	E10	TRUE	FALSE
				TRUE	FALSE
	Polypectomy of uterus via hysteroscopy	GYNAEC	E06		
	Rad abdo hystrectmy rad exc pelv lymph n	GYNAEC	E06	FALSE	FALSE
	Radical abdominal hysterectomy	GYNAEC	E06	TRUE	FALSE
	Radical vulvectomy	GYNAEC	E06	TRUE	FALSE
	Repair of ant & post vag compt, vag appr	GYNAEC	E06	TRUE	FALSE
	Repair of ant vag compt, vag appr	GYNAEC	E06	TRUE	FALSE
3557700	Repair of pelvic floor prolapse	GYNAEC	E06	TRUE	FALSE
3553301	Repair of perineum	GYNAEC	E12	TRUE	TRUE
3557100	Repair of post vag compt, vag appr	GYNAEC	E06	TRUE	FALSE
3559901	Revision sling proc stress incont female	GYNAEC	E06	TRUE	FALSE
3556800	Sacrospinous colpopexy	GYNAEC	E06	TRUE	FALSE
3571704	Salpingo-oophorectomy, bilateral	GYNAEC	E06	TRUE	FALSE
3571311	Salpingo-oophorectomy, unilateral	GYNAEC	E06	TRUE	FALSE
3559900	Sling procedure for stress incont female	GYNAEC	E06	TRUE	FALSE
3565300	Subtotal abdominal hysterectomy	GYNAEC	E06	TRUE	FALSE
9044802	Tot lap abdo hystrectmy w R/O adnexa	GYNAEC	E06	FALSE	FALSE
3565301	Total abdominal hysterectomy	GYNAEC	E06	TRUE	FALSE
9044801	Total laparoscopic abdo hysterectomy	GYNAEC	E06	FALSE	FALSE
3552000	Treatment Bartholin's gland abscess	GYNAEC	E06	TRUE	FALSE
	Treatment of Bartholin's gland cyst	GYNAEC	E06	TRUE	FALSE
	Vaginal hysterectomy	GYNAEC	E06	TRUE	FALSE
	Vaginal packing	GYNAEC	E06	TRUE	FALSE
	Vaginal reconstruction	GYNAEC	E06	TRUE	FALSE
	Vaginotomy	GYNAEC	E06	TRUE	FALSE
	Vagl hystrectomy w R/O adnexa	GYNAEC	E06	FALSE	FALSE
			E06	TRUE	FALSE
	Vulvectomy, bilateral	GYNAEC			
	Vulvectomy, unilateral	GYNAEC	E06	TRUE	FALSE
	Vulvoplasty	GYNAEC	E06	TRUE	FALSE
	Adhesive restor ant tooth 1 surf direct	MXFDNT	E06	TRUE	FALSE
	Alv ridge aug by bone graft / allograft	MXFDNT	E06	TRUE	FALSE
	Arthrocentesis TMJ	MXFDNT	E06	TRUE	FALSE
	Aspiration biopsy of jaw cyst	MXFDNT	E06	TRUE	FALSE
	Bone graft to maxillary sinus	MXFDNT	E06	TRUE	FALSE
4775600	Close rdctn fx mand w fix	MXFDNT	E06	TRUE	FALSE
9014102	Exc/destruction of lesion of palate	MXFDNT	E12	TRUE	TRUE
9732201	Full dental clearance	MXFDNT	E06	TRUE	FALSE
9621500	Incision & drain of lesion in orl cavity	MXFDNT	E06	TRUE	FALSE
9014100	Local exc/destruction lesion bony plate	MXFDNT	E06	FALSE	FALSE
9757600	Metallic crown	MXFDNT	E06	FALSE	FALSE

Surgery Appendix I - Surgical primary	procedure	S		
ProcCode ProcShrtName	Proc Grp Code	Edition Ver 1st used	Valid In Edition 12	New in edition 12
4778900 Open rdctn fx mandible w IF	MXFDNT	E06	TRUE	FALSE
4776501 Open rdctn fx zyg bone w IF, 1 site	MXFDNT	E06	TRUE	FALSE
4776801 Open rdctn fx zyg bone w IF, 2 sites	MXFDNT	E06	TRUE	FALSE
4776200 Open rdctn fx zygomatic bone	MXFDNT	E06	TRUE	FALSE
4572900 Osteotomy mandible with IF, bilateral	MXFDNT	E06	TRUE	FALSE
4572901 Osteotomy maxilla with IF, bilateral	MXFDNT	E06	TRUE	FALSE
4572601 Osteotomy of maxilla, bilateral	MXFDNT	E06	TRUE	FALSE
4560500 Partial resection of mandible	MXFDNT	E06	TRUE	FALSE
4560501 Partial resection of maxilla	MXFDNT	E06	TRUE	FALSE
9731108 R/O ? teeth or part(s) thereof	MXFDNT	E06	TRUE	FALSE
9731106 R/O 10 - 14 teeth or part(s) thereof	MXFDNT	E06	TRUE	FALSE
,		E06	TRUE	FALSE
9731107 R/O 15 or more teeth or part(s) thereof	MXFDNT	E06	TRUE	
9731105 R/O 5 - 9 teeth or part(s) thereof	MXFDNT			FALSE
4582300 R/O arch bars frm maxilla or mandible	MXFDNT	E06	TRUE	FALSE
5210200 R/O pin/screw/wire maxilla/mandible/zygo	MXFDNT	E06	TRUE	FALSE
4559000 Reconstruction of orbital cavity	MXFDNT	E06	TRUE	FALSE
4559001 Reconstruction orbital cavity w implant	MXFDNT	E06	TRUE	FALSE
9731101 Removal of 1 tooth or part(s) thereof	MXFDNT	E06	TRUE	FALSE
9731102 Removal of 2 teeth or part(s) thereof	MXFDNT	E06	TRUE	FALSE
9731103 Removal of 3 teeth or part(s) thereof	MXFDNT	E06	TRUE	FALSE
9731104 Removal of 4 teeth or part(s) thereof	MXFDNT	E06	TRUE	FALSE
5233700 Repair of alveolar cleft	MXFDNT	E06	TRUE	FALSE
9738200 Surg exp unerptd tooth w orthdntc tractn	MXFDNT	E06	TRUE	FALSE
9738100 Surg exp unerupted tooth w stimtn & pack	MXFDNT	E06	TRUE	FALSE
9732308 Surg R/O ? teeth w R/O bone	MXFDNT	E06	TRUE	FALSE
9732208 Surg R/O ? teeth wo R/O bone / div	MXFDNT	E06	TRUE	FALSE
9732301 Surg R/O 1 tooth w R/O bone	MXFDNT	E06	TRUE	FALSE
9732401 Surg R/O 1 tooth w R/O bone / div	MXFDNT	E06	TRUE	FALSE
9732200 Surg R/O 1 tooth wo R/O bone / div	MXFDNT	E06	TRUE	FALSE
9732206 Surg R/O 10 - 14 teeth wo R/O bone / div	MXFDNT	E06	TRUE	FALSE
9732302 Surg R/O 2 teeth w R/O bone	MXFDNT	E06	TRUE	FALSE
9732202 Surg R/O 2 teeth wo R/O bone / div	MXFDNT	E06	TRUE	FALSE
9732303 Surg R/O 3 teeth w R/O bone	MXFDNT	E06	TRUE	FALSE
9732203 Surg R/O 3 teeth wo R/O bone / div	MXFDNT	E06	TRUE	FALSE
9732304 Surg R/O 4 teeth w R/O bone	MXFDNT	E06	TRUE	FALSE
9732204 Surg R/O 4 teeth wo R/O bone / div	MXFDNT	E06	TRUE	FALSE
9732305 Surg R/O 5 - 9 teeth w R/O bone	MXFDNT	E06	TRUE	FALSE
9732205 Surg R/O 5 - 9 teeth wo R/O bone / div	MXFDNT	E06	TRUE	FALSE
9712101 Topical application remnrlstn agent 1 Rx	MXFDNT	E06	TRUE	FALSE
4035100 Ant decomp thoracolumbar spinal cord	NEUROS	E06	FALSE	FALSE
4866000 Anterior spinal fusion, 1 level	NEUROS	E06	FALSE	FALSE
3970300 Biopsy of brain via burr holes	NEUROS	E06	TRUE	FALSE
3970600 Bx of brain via osteoplastic craniotomy	NEUROS	E06	TRUE	FALSE
4033301 Cervical discectomy, >= 2 levels	NEUROS	E06	FALSE	FALSE
4033300 Cervical discectomy, 1 level	NEUROS	E06	FALSE	FALSE
3980000 Clipping of cerebral aneurysm	NEUROS	E06	TRUE	FALSE
3990600 Craniectomy for infection of skull	NEUROS	E06	TRUE	FALSE
•	NEUROS	E06	TRUE	FALSE
4060000 Cranioplasty w insertion of skull plate				
4033400 Decomp cervical spinal cord >=2 levels	NEUROS	E06	FALSE	FALSE
4033100 Decomp of cervical spinal cord, 1 level	NEUROS	E06	FALSE	FALSE
4030001 Discectomy >= 2 levels	NEUROS	E06	TRUE	FALSE
4030300 Discectomy for rec disc lesion, I lvl	NEUROS	E06	FALSE	FALSE
4030000 Discectomy, 1 level	NEUROS	E06	TRUE	FALSE
3960000 Drainage of intracranial haemorrhage	NEUROS	E06	TRUE	FALSE
3990000 Drainage of intracranial infection	NEUROS	E06	TRUE	FALSE
3970301 Drainage of intracranial lesion or cyst	NEUROS	E06	TRUE	FALSE
4001200 Endoscopic third ventriculostomy	NEUROS	E06	TRUE	FALSE
3541200 Endovas occl cerebral aneur / AV malform	NEUROS	E08	TRUE	FALSE
3980300 Exc intrcran arteriovenous malformation	NEUROS	E06	TRUE	FALSE
4080100 Functional intrcran stereotactic proc	NEUROS	E06	TRUE	FALSE
4010600 Hind brain decompression	NEUROS	E06	TRUE	FALSE
3901502 Ins ICP monitoring device w monitoring	NEUROS	E06	TRUE	FALSE
4000302 Insertion of ventriculoperitoneal shunt	NEUROS	E06	TRUE	FALSE
4060003 Other cranioplasty	NEUROS	E06	TRUE	FALSE
9000702 Other proc on brain & cerebral meninges	NEUROS	E06	TRUE	FALSE
4070302 Partial lobectomy of brain	NEUROS	E06	TRUE	FALSE
3972100 Postop reopn of crniotmy/crniectmy site	NEUROS	E06	TRUE	FALSE
3971501 Prt exc pituitary gland, trnsphndl appr	NEUROS	E06	TRUE	FALSE

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ProcCode ProcShrtName	Proc Grp Code	Edition Ver 1st used		New in edition 12
3960300 R/O intrcran haemtma v osteoplc crniotmy	NEUROS	E06	TRUE	FALSE
4157500 R/O lesion of cerebellopontine angle	NEUROS	E06	TRUE	FALSE
3932702 R/O Isn from deep peripheral nerve	NEUROS	E06	TRUE	FALSE
3960301 Removal intrcran haematoma w crniectmy	NEUROS	E06	TRUE	FALSE
3964000 Removal lesion inv ant cranial fossa	NEUROS	E06	TRUE	FALSE
3970901 Removal of lesion of brain stem	NEUROS	E06	TRUE	FALSE
3970902 Removal of lesion of cerebellum	NEUROS	E06	TRUE	FALSE
3971200 Removal of lesion of cerebral meninges	NEUROS	E06	TRUE	FALSE
3970900 Removal of lesion of cerebrum	NEUROS	E06	TRUE	FALSE
3971204 Removal of other intracranial lesion	NEUROS	E06	TRUE	FALSE
4030900 Removal of spinal extradural lesion	NEUROS	E06	FALSE	FALSE
4031200 Removal of spinal intradural lesion	NEUROS	E06	FALSE	FALSE
5107100 Removal of spinal intradural lesion	NEUROS	E12	TRUE	TRUE
4000903 Removal of ventricular shunt	NEUROS	E06	TRUE	FALSE
4010300 Repair of myelomeningocele	NEUROS	E06	TRUE	FALSE
9033000 Revision CSF shunt at peritoneal site	NEUROS	E06	TRUE	FALSE
4000900 Revision of ventricular shunt	NEUROS	E06	TRUE	FALSE
3532102 Trnscath embolisation intrcran art NEC	NEUROS	E06	TRUE	FALSE
3900600 Ventricular puncture	NEUROS	E06	TRUE	FALSE
9047702 Assisted vertex delivery	OBSTET	E12	TRUE	TRUE
3564303 Dilation and evacuation of uterus [D&E]	OBSTET	E06	TRUE	FALSE
1652004 Elective caesarean section NEC	OBSTET	E10	TRUE	FALSE
1652000 Elective classical caesarean section	OBSTET	E06	TRUE	FALSE
1652002 Elective lower segment caesarean section	OBSTET	E06	TRUE	FALSE
1652005 Emergency caesarean section NEC	OBSTET	E10	TRUE	FALSE
1652001 Emergency classical caesarean section	OBSTET	E06	TRUE	FALSE
1652003 Emergency lower segment caesarean sect	OBSTET	E06	TRUE	FALSE
9047200 Episiotomy	OBSTET	E06	TRUE	FALSE
1650101 Failed external version	OBSTET	E06	TRUE	FALSE
3567703 Fetotoxic management R/O ectopic preg	OBSTET	E06	TRUE	FALSE
9046806 Forceps delivery unspecified	OBSTET	E10	TRUE	FALSE
1651100 Insertion of cervical suture	OBSTET	E06	TRUE	FALSE
3567801 Lap salpingectomy w R/O tubal pregnancy	OBSTET	E06	TRUE	FALSE
3567800 Lap salpingotomy w R/O tubal pregnancy	OBSTET	E06	TRUE	FALSE
9048200 Manual removal of placenta	OBSTET	E06	TRUE	FALSE
9046600 Med augment after onset labour	OBSTET	E06	TRUE	FALSE
9046505 Medical and surgical induction of labour	OBSTET	E06	TRUE	FALSE
9250620 Neuraxial block during labour, ASA 20	OBSTET	E06	TRUE	FALSE
9046502 Other medical induction of labour	OBSTET	E06	TRUE	FALSE
9046504 Other surgical induction of labour	OBSTET	E06	TRUE	FALSE
1656401 Postpartum evac uterus suction curettage	OBSTET	E06	TRUE	FALSE
1656400 Postpartum evacuation of uterus by D&C	OBSTET	E06	TRUE	FALSE
3567705 Salpingectomy w removal tubal pregnancy	OBSTET	E06	TRUE	FALSE
1823300 Spinal blood patch	OBSTET	E06	TRUE	FALSE
9046701 Spontaneous delivery of placenta NEC	OBSTET	E12	TRUE	TRUE
3564003 Suction curettage of uterus	OBSTET	E06	TRUE	FALSE
9048000 Sut obst lacr blader / urethra wo perinl	OBSTET	E06	TRUE	FALSE
1657300 Sut third / fourth deg tear of perineum	OBSTET	E06	TRUE	FALSE
9048100 Suture 1st/2nd degree tear of perineum	OBSTET	E06	TRUE	FALSE
9047900 Suture current obst laceration of vagina	OBSTET	E06	TRUE	FALSE
9046201 Termination of pregnancy NEC	OBSTET	E12	TRUE	TRUE
9046900 Vacuum assisted delivery	OBSTET	E06	TRUE	FALSE
4274000 Aspiration of aqueous	OPHTHA	E06	TRUE	FALSE
4267600 Biopsy of conjunctiva	OPHTHA	E06	TRUE	FALSE
3007102 Biopsy of eyelid	OPHTHA	E06	TRUE	FALSE
4273100 Capsulectmy lens by sclerotmy w R/O vitr	OPHTHA	E06	FALSE	FALSE
4273401 Capsulotomy of lens	OPHTHA	E10	TRUE	FALSE
4258100 Cauterisation of ectropion	OPHTHA	E06	TRUE	FALSE
4562601 Cor ectropion/entropion w wedge resect	OPHTHA	E06	TRUE	FALSE
4562303 Cor ptosis by oth levator muscle tech	OPHTHA	E06	TRUE	FALSE
4562301 Cor ptosis frtalis musc tech w fasc slg	OPHTHA	E06	TRUE	FALSE
4562302 Cor ptosis resec / advance levator musc	OPHTHA	E06	TRUE	FALSE
4265200 Corneal collagen cross linking [CXL]	OPHTHA	E12	TRUE	TRUE
4562700 Correction of ectropion or entropion NEC	OPHTHA	E12	TRUE	TRUE
4562305 Correction of ptosis by other techniques	OPHTHA	E06	TRUE	FALSE
4258800 Correction of trichiasis	OPHTHA	E12	TRUE	TRUE
4281800 Cryotherapy of retina w external probe	OPHTHA	E06	FALSE	FALSE
4262300 Dacryocystorhinostomy [DCR]	OPHTHA	E06	TRUE	FALSE

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ProcCode	ProcShrtName		Proc Grp Code	Edition Ver 1st used	Valid In Edition 12	New in edition 12
4279103 Dest p	proc on aqueous or vitreous		OPHTHA	E10	TRUE	FALSE
4280900 Dest p	proc on retina choroid post chamber		OPHTHA	E06	TRUE	FALSE
9624903 Destru	uction proc lacrimal punctum		OPHTHA	E12	TRUE	TRUE
4279703 Destru	uction procedures on cornea		OPHTHA	E10	TRUE	FALSE
4250900 Enucle	eation eyeball w ins of implant		OPHTHA	E06	TRUE	FALSE
4265000 Epithe	elial debridement of cornea		OPHTHA	E06	TRUE	FALSE
4251500 Evisce	eration of eyeball w ins implant		OPHTHA	E06	TRUE	FALSE
3123000 Exc of	f lesion SSCT, eyelid		OPHTHA	E06	TRUE	FALSE
4268300 Excisi	on lesion or tissue of conjunctiva		OPHTHA	E06	TRUE	FALSE
4257500 Excisi	on of cyst of tarsal plate		OPHTHA	E06	TRUE	FALSE
4253301 Explo	ratory orbitotomy with biopsy		OPHTHA	E06	TRUE	FALSE
•	lickness skin graft of eyelid		OPHTHA	E06	TRUE	FALSE
	ickness transplantation of cornea		OPHTHA	E06	TRUE	FALSE
	ickness wedge excision of eyelid		OPHTHA	E06	TRUE	FALSE
	p eyelid w recesn lid retrac		OPHTHA	E06	TRUE	FALSE
	rans-trabecular drainage device		OPHTHA	E12	TRUE	TRUE
9008400 Incisio	•		OPHTHA	E06	TRUE	FALSE
	on of lacrimal punctum		OPHTHA	E06	TRUE	FALSE
	•			E06	TRUE	FALSE
	h nasolacrm tube lacm/conjnct sac		OPHTHA			
	ion of aqueous shunt		OPHTHA	E06	TRUE	FALSE
	ion of implant into eyelid		OPHTHA	E06	TRUE	FALSE
	ion of intraocular lens		OPHTHA	E06	TRUE	FALSE
4270101 Inserti	ion of other artificial lens		OPHTHA	E06	FALSE	FALSE
4269806 Intract	apsular extr of crystalline lens		OPHTHA	E10	TRUE	FALSE
4274300 Irrigat	ion of anterior chamber		OPHTHA	E06	TRUE	FALSE
4284800 Muscl	e transplant for strabismus		OPHTHA	E06	TRUE	FALSE
4262200 Occlu	sion lacm punctum by cautery		OPHTHA	E06	FALSE	FALSE
4250300 Ophth	almological examination		OPHTHA	E06	TRUE	FALSE
4269808 Oth ex	xtrcpslr extr crystalline lens		OPHTHA	E10	TRUE	FALSE
4270210 Other	extraction lens with IOL, foldable		OPHTHA	E06	FALSE	FALSE
4269805 Other	extraction of crystalline lens		OPHTHA	E06	TRUE	FALSE
9006400 Other	keratoplastv		OPHTHA	E06	TRUE	FALSE
	procedures on cornea		OPHTHA	E06	TRUE	FALSE
	procedures on eyeball		OPHTHA	E06	TRUE	FALSE
	procedures on vitreous		OPHTHA	E06	TRUE	FALSE
	repair of cornea		OPHTHA	E06	TRUE	FALSE
	repair of retinal detachment		OPHTHA	E06	TRUE	FALSE
	pem & aspr cataract w IOL foldable		OPHTHA	E06	FALSE	FALSE
	1		OPHTHA			FALSE
	em & aspr cataract w IOL other			E06	FALSE	
	pem of crystalline lens		OPHTHA	E10	TRUE	FALSE
	pemulsification & aspr cataract		OPHTHA	E06	FALSE	FALSE
4269803 Phace	ofragmtn & aspiration cataract		OPHTHA	E06	FALSE	FALSE
	natic retinopexy		OPHTHA	E06	TRUE	FALSE
4261401 Probir	ng lacrimal passages, unilateral		OPHTHA	E06	TRUE	FALSE
4261501 Probin	ng of lacrimal passages, bilateral		OPHTHA	E06	TRUE	FALSE
4272500 R/O v	itreous pars plana approach		OPHTHA	E06	TRUE	FALSE
4272201 R/O v	itreous w division of vitreal bands		OPHTHA	E06	FALSE	FALSE
4567401 Recor	n eyelid usg flap, second stg		OPHTHA	E06	TRUE	FALSE
4567101 Recor	nstruction eyelid, flap sgl/1st stg		OPHTHA	E06	TRUE	FALSE
4561400 Recor	nstruction of eyelid		OPHTHA	E06	TRUE	FALSE
4562000 Reduc	ction of lower eyelid		OPHTHA	E06	TRUE	FALSE
4266800 Remo	val of corneal sutures		OPHTHA	E06	TRUE	FALSE
4270400 Remo	val of intraocular lens		OPHTHA	E06	TRUE	FALSE
4271901 Remo	val of vitreous, limbal approach		OPHTHA	E06	TRUE	FALSE
	val superficial FB from cornea		OPHTHA	E06	TRUE	FALSE
	strabms inv musc of eye 2nd proc		OPHTHA	E06	TRUE	FALSE
•	eration keratoplasty, second proc		OPHTHA	E06	TRUE	FALSE
•	ct/entropion by rep infer retrac		OPHTHA	E06	TRUE	FALSE
•				E06		
•	ct/entropion oth rep infer retrac				TRUE	FALSE
	erf eyebal wnd sut cornea & sclera		OPHTHA	E06	TRUE	FALSE
	erf eyeball wound w sut cornea lacr		OPHTHA	E06	TRUE	FALSE
	erf eyeball wound w sut sclera lacr		OPHTHA	E06	TRUE	FALSE
-	r of corneal perforation by sealing		OPHTHA	E06	TRUE	FALSE
•	r of wound of eyelid		OPHTHA	E06	TRUE	FALSE
4270700 Repla	cement of intraocular lens		OPHTHA	E06	TRUE	FALSE
4270401 Repos	sitioning of intraocular lens		OPHTHA	E06	TRUE	FALSE
4285700 Resut	op wound foll prev intraocul proc		OPHTHA	E06	TRUE	FALSE
4274900 Revisi	ion of scleral fistulisation proc		OPHTHA	E06	TRUE	FALSE

Surgei	ry Appendix I - Surgical primary	procedure	S		
ProcCode	ProcShrtName	Proc Grp Code	Edition Ver 1st used		New in edition 12
4277600	Scleral buckling	OPHTHA	E06	TRUE	FALSE
4283301	Strabismus proc inv 1 or 2 musc, 2 eyes	OPHTHA	E06	TRUE	FALSE
4283300	Strabismus proc inv 1 or 2 muscles 1 eye	OPHTHA	E06	TRUE	FALSE
4283900	Strabms proc inv 3 or more muscles 1 eye	OPHTHA	E06	TRUE	FALSE
4266500	Superficial transplantation of sclera	OPHTHA	E06	TRUE	FALSE
4561401	Tarsal strip procedure	OPHTHA	E06	TRUE	FALSE
4258400	Tarsorrhaphy	OPHTHA	E06	TRUE	FALSE
4274004	Therapeutic aspiration aqueous humor	OPHTHA	E06	FALSE	FALSE
4274005	Therapeutic aspiration of vitreous	OPHTHA	E06	FALSE	FALSE
4274604	Trabeculectomy	OPHTHA	E06	TRUE	FALSE
4180100	Adenoidectomy without tonsillectomy	OTOLAR	E06	TRUE	FALSE
4187001	Admin of agent into larynx or vocal cord	OTOLAR	E10	TRUE	FALSE
4187000	Admin oth substance into vocal cord	OTOLAR	E06	FALSE	FALSE
9011401	Administration of agent into middle ear	OTOLAR	E12	TRUE	TRUE
4179700	Arrest haemorrhage following T & A	OTOLAR	E06	TRUE	FALSE
4167700	Arrest of anterior nasal haemorrhage	OTOLAR	E06	TRUE	FALSE
	Arrest of posterior nasal haemorrhage	OTOLAR	E06	TRUE	FALSE
9004700	Aspiration of thyroid	OTOLAR	E06	TRUE	FALSE
4170400	Aspr & lav nasal sinus thru nat ostium	OTOLAR	E06	TRUE	FALSE
4153300	Atticotomy	OTOLAR	E06	TRUE	FALSE
3007500	Biopsy of lymph node	OTOLAR	E06	FALSE	FALSE
3007525	Biopsy of tonsils or adenoids	OTOLAR	E06	TRUE	FALSE
4190400	Bronchoscopy with dilation	OTOLAR	E06	TRUE	FALSE
4167400	Cauterisation/diathermy nasal turbinates	OTOLAR	E06	FALSE	FALSE
4773800	Closed reduction fx nasal bone	OTOLAR	E06	TRUE	FALSE
4167101	Closure of perforation of nasal septum	OTOLAR	E06	TRUE	FALSE
4167403	Destruction procedures nasal turbinates	OTOLAR	E12	TRUE	TRUE
4167401	Destruction procedures on nasal septum	OTOLAR	E06	TRUE	FALSE
4168300	Division of nasal adhesions	OTOLAR	E06	TRUE	FALSE
4177300	Endoscopic resection pharyngeal pouch	OTOLAR	E06	TRUE	FALSE
4173703	Ethmoidectomy, bilateral	OTOLAR	E06	TRUE	FALSE
4173702	Ethmoidectomy, unilateral	OTOLAR	E06	TRUE	FALSE
9624401	Exc lymphatic structure neck/cervical	OTOLAR	E12	TRUE	TRUE
	Excision lesion of tonsils or adenoids	OTOLAR	E06	TRUE	FALSE
	Excision of aural polyp, external ear	OTOLAR	E06	TRUE	FALSE
	Excision of branchial cyst	OTOLAR	E06	TRUE	FALSE
	Excision of lesion of middle ear	OTOLAR	E06	TRUE	FALSE
	Excision of lesion of salivary gland	OTOLAR	E06	TRUE	FALSE
9013500	Excision of lesion of tongue	OTOLAR	E06	TRUE	FALSE
	Excision of lymph node of neck	OTOLAR	E06	FALSE	FALSE
	Excision of pre-auricular sinus	OTOLAR	E06	TRUE	FALSE
	Excision of submandibular gland	OTOLAR	E06	TRUE	FALSE
	Excision of thyroglossal cyst	OTOLAR	E06	TRUE	FALSE
	Excision rim perforated tympanic memb	OTOLAR	E06	TRUE	FALSE
	Exploration of middle ear	OTOLAR	E06	TRUE	FALSE
	Functional endoscopic sinus surg [FESS]	OTOLAR	E12	TRUE	TRUE
	Impl cochlear prosthetic dev unilateral	OTOLAR	E12	TRUE	TRUE
	Implantation cochlear prosthetic device	OTOLAR	E06	FALSE	FALSE
	Incision & drain of pharyngeal abscess	OTOLAR	E12	TRUE	TRUE
	Incision & drain peritonsillar abscess	OTOLAR	E06	TRUE	FALSE
	Insertion of myringotomy tube bilateral	OTOLAR	E12	TRUE	TRUE
	Insertion of myringotomy tube uni	OTOLAR	E12	TRUE	TRUE
	Insertion of nasal septal button	OTOLAR	E06	TRUE	FALSE
	Intranasal maxillary antrostomy, bil	OTOLAR	E06	TRUE	FALSE
	Intranasal maxillary antrostomy, uni	OTOLAR	E06	TRUE	FALSE
	Intranasal R/O polyp ethmoidal sinus	OTOLAR	E06	TRUE	FALSE
	Intranasal R/O polyp, maxillary antrum	OTOLAR	E06	TRUE	FALSE
	Laryngoscopy with removal of lesion	OTOLAR	E06	TRUE	FALSE
	Lingual fraenectomy	OTOLAR	E06	TRUE	FALSE
	Local excision other intranasal lesion	OTOLAR	E06	TRUE	FALSE
	Mastoidectomy	OTOLAR	E06	TRUE	FALSE
	Mastoidectomy w myringoplasty & OCR	OTOLAR	E06	TRUE	FALSE
	Microlaryngoscopy	OTOLAR	E06	TRUE	FALSE
	Microlaryngoscopy w R/O lesion	OTOLAR	E06	TRUE	FALSE
	Modified rad mastoidectomy w myrgoply	OTOLAR	E06	TRUE	FALSE
	Modified radical mastoidectomy	OTOLAR	E06	TRUE	FALSE
	Mstdecty, intact canal wall w myrgoply	OTOLAR	E06	TRUE	FALSE
4153000	Myringoplasty postaural or endaural appr	OTOLAR	E06	TRUE	FALSE

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ProcCode	ProcShrtName	Proc Grp Code	Edition Ver 1st used		New in edition 12
4154200	Myringoplasty w ossicular chain recon	OTOLAR	E06	TRUE	FALSE
4163201	Myringotomy w insertion of tube, bil	OTOLAR	E06	FALSE	FALSE
4163200	Myringotomy w insertion of tube, uni	OTOLAR	E06	FALSE	FALSE
4162601	Myringotomy, bilateral	OTOLAR	E06	TRUE	FALSE
4162600	Myringotomy, unilateral	OTOLAR	E06	TRUE	FALSE
4579408	OI impl titanium fixture atchmt BAHA	OTOLAR	E12	TRUE	TRUE
4579400	OI impl titanium fixture, atchmt BAHA	OTOLAR	E06	FALSE	FALSE
4579700	OI, fix trnscut abtmt for atchmt BAHA	OTOLAR	E06	FALSE	FALSE
4188101	Open tracheostomy, permanent	OTOLAR	E06	TRUE	FALSE
4188100	Open tracheostomy, temporary	OTOLAR	E06	TRUE	FALSE
9011800	Other procedures on inner ear	OTOLAR	E06	TRUE	FALSE
9013300	Other procedures on nose	OTOLAR	E06	TRUE	FALSE
3025300	Partial excision of parotid gland	OTOLAR	E06	TRUE	FALSE
3027200	Partial excision of tongue	OTOLAR	E06	TRUE	FALSE
4188000	Percutaneous tracheostomy	OTOLAR	E06	TRUE	FALSE
	Pharyngeal biopsy	OTOLAR	E06	TRUE	FALSE
	Rad exc lymphatic str neck/cervical	OTOLAR	E12	TRUE	TRUE
	Radical excision of intraoral lesion	OTOLAR	E06	TRUE	FALSE
	Radical excision of lymph nodes of neck	OTOLAR	E06	FALSE	FALSE
	Reconstruction of nasal septum	OTOLAR	E06	TRUE	FALSE
	Regional excision of lymph nodes of neck	OTOLAR	E06	FALSE	FALSE
	Removal calculus salivary gland / duct	OTOLAR	E06	TRUE	FALSE
	Removal of myringotomy tube unilateral		E12	TRUE	TRUE
	, , ,	OTOLAR			
	Removal of nasal polyp	OTOLAR	E06	TRUE	FALSE
	Rev intact canal wall tech mastoidectomy	OTOLAR	E06	TRUE	FALSE
	Revision modified radical mastoidectomy	OTOLAR	E06	TRUE	FALSE
	Rigid oesophagoscopy w removal FB	OTOLAR	E06	TRUE	FALSE
	Septoplasty	OTOLAR	E06	TRUE	FALSE
	Septoplasty, submucous resec nasal sept	OTOLAR	E06	TRUE	FALSE
	Stapedectomy	OTOLAR	E06	TRUE	FALSE
3031000	Subtotal thyroidectomy, unilateral	OTOLAR	E06	TRUE	FALSE
3029702	Thyrdecty foll prev thyroid surg	OTOLAR	E08	TRUE	FALSE
9004602	Thyroidectomy w R/O substernal thyroid	OTOLAR	E08	TRUE	FALSE
4178901	Tonsillectomy with adenoidectomy	OTOLAR	E06	TRUE	FALSE
4178900	Tonsillectomy without adenoidectomy	OTOLAR	E06	TRUE	FALSE
3024700	Total excision of parotid gland	OTOLAR	E06	TRUE	FALSE
4183400	Total laryngectomy	OTOLAR	E06	TRUE	FALSE
4563800	Total rhinoplasty	OTOLAR	E06	TRUE	FALSE
3030601	Total thyroid lobectomy, unilateral	OTOLAR	E08	TRUE	FALSE
3029601	Total thyroidectomy	OTOLAR	E08	TRUE	FALSE
4188500	Tracheo-oesophageal fistulisation	OTOLAR	E06	TRUE	FALSE
4176404	Tracheoscopy through artificial stoma	OTOLAR	E06	TRUE	FALSE
	Turbinoplasty bilateral	OTOLAR	E12	TRUE	TRUE
	Uvulectomy	OTOLAR	E06	TRUE	FALSE
	Correction of malrotation of intestine	PAEDIA	E06	TRUE	FALSE
	Distal hypospadias, single stage repair	PAEDIA	E06	TRUE	FALSE
	Division of penile adhesions	PAEDIA	E06	TRUE	FALSE
	Dorsal or lateral slit of prepuce	PAEDIA	E06	TRUE	FALSE
	Excision of lesion of umbilicus	PAEDIA	E12	TRUE	TRUE
	Expl scrotal contents fix testis, bil	PAEDIA	E06	FALSE	FALSE
	Expl scrotal contents fix testis, uni	PAEDIA	E06	FALSE	FALSE
	Fixation of testis bilateral	PAEDIA	E10	TRUE	FALSE
	Fixation of testis unilateral	PAEDIA	E10	TRUE	FALSE
	Fraenuloplasty of penis	PAEDIA	E06	TRUE	FALSE
	Gas reduction of intussusception	PAEDIA	E06	TRUE	FALSE
	Hypospadias, staged repair, first stage	PAEDIA	E06	TRUE	FALSE
	Laparoscopic fixation of testis bi	PAEDIA	E10	TRUE	FALSE
	Laparoscopic fixation of testis uni	PAEDIA	E10	TRUE	FALSE
	Lingual fraenotomy	PAEDIA	E06	TRUE	FALSE
	Male circumcision	PAEDIA	E06	TRUE	FALSE
3735400	Meatotomy & hemicircumcisn f hypospadias	PAEDIA	E06	TRUE	FALSE
3780301	Orchidopexy for undescended testis, bil	PAEDIA	E06	FALSE	FALSE
3780300	Orchidopexy for undescended testis, uni	PAEDIA	E06	FALSE	FALSE
9033100	Oth proc abdomen, peritoneum or omentum	PAEDIA	E06	TRUE	FALSE
4393000	Pyloromyotomy	PAEDIA	E06	TRUE	FALSE
3007101	Rectal suction biopsy	PAEDIA	E06	TRUE	FALSE
3760414	Refixation of testis unilateral	PAEDIA	E10	TRUE	FALSE
4648000	Amputation finger incl metacarpal bone	PLASTC	E06	TRUE	FALSE
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Surge	ry Appendix I - Surgical	primary	procedure	S		
ProcCode	ProcShrtName		Proc Grp Code	Edition Ver 1st used		New in edition 12
4646500	Amputation of finger		PLASTC	E06	TRUE	FALSE
4646400	Amputation supernumerary digit of hand		PLASTC	E06	TRUE	FALSE
4632700	Arthrotomy interphalangeal joint of hand		PLASTC	E06	TRUE	FALSE
4552800	Augmentation mammoplasty, bilateral		PLASTC	E06	TRUE	FALSE
4730000	Closed reduction fx distal phalanx hand		PLASTC	E06	FALSE	FALSE
4565603	Composite graft to other site		PLASTC	E06	TRUE	FALSE
4649200	Correction contracture of digit of hand		PLASTC	E06	TRUE	FALSE
4565900	Correction of bat ear		PLASTC	E06	TRUE	FALSE
9067300	Correction of syndactyly		PLASTC	E06	TRUE	FALSE
3002301	Debride sft tis incl bone or cart		PLASTC	E06	TRUE	FALSE
3001702	Debridement of burn		PLASTC	E12	TRUE	TRUE
3002300	Debridement of soft tissue		PLASTC	E06	TRUE	FALSE
9066501	Debridement skin & sbc tissue NEC		PLASTC	E12	TRUE	TRUE
3381502	Direct closure of radial artery		PLASTC	E06	TRUE	FALSE
3381503	Direct closure of ulnar artery		PLASTC	E06	TRUE	FALSE
4522401	Direct distant skin flap second stage		PLASTC	E08	TRUE	FALSE
3019507	Electrotherapy of multiple skin lesions		PLASTC	E06	TRUE	FALSE
3001701	Exc debride brn < 10% BSA exc / debride		PLASTC	E06	FALSE	FALSE
9066500	Exc debridement skin & sbc tissue		PLASTC	E06	FALSE	FALSE
3123500	Exc lesion SSCT, oth site of head		PLASTC	E06	TRUE	FALSE
4649501	Excision ganglion distal digit of hand		PLASTC	E06	TRUE	FALSE
9624402	Excision lymphatic structure axillary		PLASTC	E12	TRUE	TRUE
3123002	Excision of lesion SSCT, ear		PLASTC	E06	TRUE	FALSE
3123003	Excision of lesion SSCT, lip		PLASTC	E06	TRUE	FALSE
3123001	Excision of lesion SSCT, nose		PLASTC	E06	TRUE	FALSE
4501802	Fat graft		PLASTC	E06	TRUE	FALSE
4545107	Full thickness skin graft of finger		PLASTC	E06	TRUE	FALSE
4545101	Full thickness skin graft of nose		PLASTC	E06	TRUE	FALSE
4566500	Full thickness wedge excision of lip		PLASTC	E06	TRUE	FALSE
	Inc & drain flexor tendon sheath finger		PLASTC	E06	TRUE	FALSE
4652500	Incision & drainage of paronychia hand		PLASTC	E06	TRUE	FALSE
9054500	Incision of soft tissue of hand		PLASTC	E06	TRUE	FALSE
	Lipectomy of abdominal apron		PLASTC	E06	TRUE	FALSE
	Lipectomy of abdominal apron, radical		PLASTC	E06	TRUE	FALSE
	Liposuction		PLASTC	E06	TRUE	FALSE
	Local skin flap of nose		PLASTC	E06	TRUE	FALSE
	Local skin flap other areas of face		PLASTC	E06	TRUE	FALSE
	Local skin flap, oth site		PLASTC	E06	TRUE	FALSE
	Mastopexy		PLASTC	E06	TRUE	FALSE
	Non exc debridement skin & sbc tissue		PLASTC	E06	FALSE	FALSE
	Nonexcisional debridement of burn		PLASTC	E06	FALSE	FALSE
	Open rdctn fx distal phalanx hand w IF		PLASTC	E06	FALSE	FALSE
	Ostectomy of finger		PLASTC	E06	TRUE	FALSE
	Osteotomy of finger		PLASTC	E06	TRUE	FALSE
	Oth correction of external ear deformity		PLASTC	E06	TRUE	FALSE
	Other procedures on external ear		PLASTC	E06	TRUE	FALSE
	Other repair of SSCT		PLASTC	E06	TRUE	FALSE
	Palmar fasciectomy Dupuytren's contract		PLASTC	E06	TRUE	FALSE
	Palmar fasciectomy Dupuytren's, 1 digit		PLASTC	E06	TRUE	FALSE
	Palmar fasciectomy Dupuytren's, 2 digits		PLASTC	E06	TRUE	FALSE
	Palmr fasciectomy Dupuytren's >= 3 dgt		PLASTC	E06	TRUE	FALSE
	Pharyngeal flap		PLASTC	E06	TRUE	FALSE
	Pharyngoplasty		PLASTC	E06	TRUE	FALSE
	Prim rep flexor tend hand dstl A1 pully		PLASTC	E06	TRUE	FALSE
	Prim rep flexor tendon hand prx A1 pully		PLASTC	E06 E06	TRUE TRUE	FALSE FALSE
	Prim repair uni cleft lip & ant palate		PLASTC			
	Primary repair extensor tendon of hand Primary repair of cleft lip, unilateral		PLASTC PLASTC	E06 E06	TRUE TRUE	FALSE FALSE
				E06	TRUE	
	Primary repair of cleft palate		PLASTC PLASTC	E08 E12	TRUE	FALSE TRUE
	Primary repair of fingernail			E12 E06	FALSE	FALSE
	Primary repair of nail or nail bed		PLASTC	E06	TRUE	FALSE
	Primary repair of nerve R/O breast prosth w exc fibrous capsule		PLASTC PLASTC	E06	FALSE	FALSE
	R/O lsn from superficial perph nerve		PLASTC	E06	TRUE	FALSE
	R/O silicone brst & replace oth prosth		PLASTC	E06	FALSE	FALSE
	Radical excision of fingernail bed		PLASTC	E06	TRUE	FALSE
	Radical excision of lymph nodes of groin		PLASTC	E06	FALSE	FALSE
	Recon breast w insertion tissue expander		PLASTC	E06	TRUE	FALSE
-000000	Notest breast winsertion ussue expander			200	INCL	TALOL

Proc Code         Proc Shr Pace         Efficiency for tausard Viail n Editon 12         Non in Editors 12           4500000         Reconstruction of taus, first stags         PLASTC         ED6         TRUE         FALSE           4500000         Reconstruction of taus, first stags         PLASTC         ED6         TRUE         FALSE           4552000         Reconstruction of taus and taus	Surgery Appendix I - Surgical p	fimary procedure	S		
456000 Reconstruction of nucle         FALSE           655000 Reconstruction of nucle         FALSE           6552000 Reconstruction of nucle nucleosity         PLASTC         E06         TRUE         FALSE           6552000 Reconstruction of nucleosity         PLASTC         E06         TRUE         FALSE           655700 Reduction of upper eyelid         PLASTC         E06         TRUE         FALSE           655700 Reduction of upper eyelid         PLASTC         E06         TRUE         FALSE           655000 Removal of synthetics is part         PLASTC         E06         TRUE         FALSE           655000 Removal of synthetics is part         PLASTC         E06         TRUE         FALSE           655000 Removal of synthetics is part         PLASTC         E06         TRUE         FALSE           0050000 Reprint of mucle of racia of hard. NEC         PLASTC         E06         TRUE         FALSE           0050000 Reprint of worked for and hard. NEC         PLASTC         E06         TRUE         FALSE           005000 Reprint of mucle of racia of hard. NEC         PLASTC         E06         TRUE         FALSE           005000 Reprint of mucle of racia of hard. NEC         PLASTC         E06         TRUE         FALSE           005000 Reprino of	ProcCode ProcShrtName	•			New in edition 12
e45400         Rescription mannoplasity, valuered         PLASTC         E06         TRUE         FALSE           e45200         Reduction mannoplasity, valuered         PLASTC         E06         TRUE         FALSE           e45200         Reduction mannoplasity, valuered         PLASTC         E06         TRUE         FALSE           e455100         Reduction of upper synthesis         PLASTC         E06         TRUE         FALSE           e45500         Reduction of upper synthesis         PLASTC         E06         TRUE         FALSE           e455400         Regularization of upper synthesis         PLASTC         E06         TRUE         FALSE           e455400         Regularization of upper synthesis         PLASTC         E06         TRUE         FALSE           e455000         Regularization of upper synthesis         PLASTC         E06         TRUE         FALSE           e455000         Regularization of upper synthesis         PLASTC         E06         TRUE         FALSE           e455000         Regularization of upper synthesis         PLASTC         E06         TRUE         FALSE           e455000         Regularization of upper synthesis         PLASTC         E06         TRUE         FALSE           e45	4553002 Reconstruction of breast using flap	PLASTC			FALSE
def3202Reduction mammoplay, bilateralPLASTCE00TRUEFASEdef32020Reduction d'upper velidPLASTCE00TRUEFASEdef32020Reduction d'upper velidPLASTCE00TRUEFASE3008000Narrow IF Bin soft Issue NECPLASTCE00TRUEFASE3008000Narrow IF Bin soft Issue NECPLASTCE00TRUEFASE3008000Narrow I d'avaiteries sin graitPLASTCE00TRUEFASE3008000Narrow I d'avaiteries sin graitPLASTCE00TRUEFASE3008000Napric I dends of hand, NECPLASTCE00TRUEFASE3008000Repuir d'avaite of nosaPLASTCE00TRUEFASE3008000Repuir of unacio of nosaPLASTCE00TRUEFASE3008000Repuir of unacio of nosaPLASTCE00TRUEFASE3008000Repuir of theradingerPLASTCE00TRUEFASE3008000Repuir of theradingerPLASTCE00TRUEFASE3008000Repuir of theradingerPLASTCE00TRUEFASE4630000Repuir of theradingerPLASTCE00TRUEFASE4630000Repuir of theradingerPLASTCE00TRUEFASE4630000Repuir of theradingerPLASTCE00TRUEFASE4630000Repuir of theradingerPLASTCE00TRUEFASE4630000Repuir	4566000 Reconstruction of ext ear, first stage	PLASTC			
455200         Packation meaninghasy, unitatinal         PLASTC         E06         TRUE         FALSE           4561700         Reduction of upper equilible         PLASTC         E06         TRUE         FALSE           4561700         Reduction of upper equilible         PLASTC         E06         TRUE         FALSE           4556000         Removal of breast posthesia         PLASTC         E06         TRUE         FALSE           4556000         Repair ligament or capuale of IPI hand         PLASTC         E06         TRUE         FALSE           4453000         Repair ligament or capuale of IPI hand         PLASTC         E06         TRUE         FALSE           4552000         Repair or dwood or none         PLASTC         E06         TRUE         FALSE           4552000         Repair or upper or handing         PLASTC         E06         TRUE         FALSE           4552000         Repair or upper or handing         PLASTC         E06         TRUE         FALSE           4552000         Repair or upper or handing         PLASTC         E06         TRUE         FALSE           4552000         Revision or board sacrostructure         PLASTC         E06         TRUE         FALSE           4551000         Re	4554500 Reconstruction of nipple	PLASTC	E06		FALSE
def/100 Reduction of upper spelid         PLASTC         E06         TRUE         FAUSE           255100 Releaved FB in soft tasue NEC         PLASTC         E06         TRUE         FAUSE           2554000 Removal FB in soft tasue NEC         PLASTC         E06         TRUE         FAUSE           2554000 Removal of synthesis akin graft         PLASTC         E06         TRUE         FAUSE           255400 Removal of synthesis akin graft         PLASTC         E06         TRUE         FAUSE           255400 Removal of synthesis akin graft         PLASTC         E06         TRUE         FAUSE           255400 Removal of orders of thesis appendical         PLASTC         E06         TRUE         FAUSE           2002000 Regaria of vacuo of orders         PLASTC         E06         TRUE         FAUSE           200200 Regaria of vacuo of orders         PLASTC         E06         TRUE         FAUSE           200200 Regaria of vacuo of orders         PLASTC         E06         TRUE         FAUSE           200200 Regaria of vacuo of brand stapatinitarue         PLASTC         E06         TRUE         FAUSE           200200 Regaria of vacuo of brand stapatinitarue         PLASTC         E06         TRUE         FAUSE           200200 Regaria of brand stapatinitarue </td <td>4552201 Reduction mammoplasty, bilateral</td> <td>PLASTC</td> <td></td> <td></td> <td></td>	4552201 Reduction mammoplasty, bilateral	PLASTC			
4451501         PlaSTC         ED6         TRUE         FAUSE           455400         Removal of brans trustmes         PLASTC         ED6         TRUE         FAUSE           455300         Removal of brans trustmes         PLASTC         ED6         TRUE         FAUSE           455300         Repair ligamen or capsule of IPJ hand         PLASTC         ED6         TRUE         FAUSE           453000         Repair of mace of hand, NCC         PLASTC         ED6         TRUE         FAUSE           3002000         Repair of mace of hand, NCC         PLASTC         ED6         TRUE         FAUSE           3002000         Repair of mace of hand, NCC         PLASTC         ED6         TRUE         FAUSE           3002000         Repair of one hand none         PLASTC         ED6         TRUE         FAUSE           455000         Revision amposition stump of handinger         PLASTC         ED6         TRUE         FAUSE           455000         Revision of thom sitin 2 ror or less         PLASTC         ED6         TRUE         FAUSE           455000         Revision of thom sitin 2 ror or less         PLASTC         ED6         TRUE         FAUSE           4550000         Revision in changin admone contrasts	4552200 Reduction mammoplasty, unilateral	PLASTC			
000600 Removed FB in solutions NEC         PLASTC         E06         TRUE         FALSE           000600 Removal of synchronization of the land         PLASTC         E06         TRUE         FALSE           000600 Removal of synchronization of the land         PLASTC         E06         TRUE         FALSE           0006100 Repair of nucles of hand, NEC         PLASTC         E06         TRUE         FALSE           0006200 Repair of nucles of hand, NEC         PLASTC         E06         TRUE         FALSE           0006200 Repair of nucles of hands appendical         PLASTC         E06         TRUE         FALSE           0006200 Repairs of nucles of hands happendical         PLASTC         E06         TRUE         FALSE           0006200 Repairs of nucles appendical         PLASTC         E06         TRUE         FALSE           0006200 Repairs of nucles appendical         PLASTC         E06         TRUE         FALSE           0006200 Repairs on nucles appendical         PLASTC         E06         TRUE         FALSE           0006200 Repairs on nucles appendical         PLASTC         E06         TRUE         FALSE           0006200 Repairs on nucles appendical         PLASTC         E06         TRUE         FALSE           0006300 Repairs of nucles appen	4561700 Reduction of upper eyelid	PLASTC	E06	TRUE	FALSE
455400         Rendom i d bransportanelia         PLASTC         ED6         TTUE         FALSE           600600         Renound i dynchic sky ophit         PLASTC         ED6         TTUE         FALSE           600600         Renound i dynchic sky ophit         PLASTC         ED6         TTUE         FALSE           600700         Repair of hendon of hand, NEC         PLASTC         ED6         TTUE         FALSE           6002000         Repair of hendon of hand, NEC         PLASTC         ED6         TTUE         FALSE           6002000         Repair of hendon of hand, NEC         PLASTC         ED6         TTUE         FALSE           6002000         Repair of hendon of hand, NEC         PLASTC         ED6         TTUE         FALSE           6002000         Repair of hendon of hand, NEC         PLASTC         ED6         TTUE         FALSE           6003000         Repair of hord has 27 mort hendinger         PLASTC         ED6         TTUE         FALSE           6450000         Revision of hindingshig         PLASTC         ED6         TTUE         FALSE           6450000         Role singer hand, dist hang         PLASTC         ED6         TTUE         FALSE           6450000         Role singer hand, d	4551501 Release of contracture of SSCT	PLASTC	E06	TRUE	FALSE
0068300 Remined and synthesis kin graft         PLASTC         E06         TRUE         FALSE           0043000 Regain of much or fascia of hand, NEC         PLASTC         E06         TRUE         FALSE           0043000 Regain of much or fascia of hand, NEC         PLASTC         E06         TRUE         FALSE           004300 Regain of much of fascia of hand, NEC         PLASTC         E06         TRUE         FALSE           004300 Regain of much of fascia of hand, NEC         PLASTC         E06         TRUE         FALSE           004300 Regain of much of fascia of hand hang         PLASTC         E06         TRUE         FALSE           465100 Revision of burn startcentracture         PLASTC         E06         TRUE         FALSE           465100 Revision of burn startcentracture         PLASTC         E06         TRUE         FALSE           465100 Revision of burns startcentracture         PLASTC         E06         TRUE         FALSE           465100 Revision of burns startcentracture         PLASTC         E06         TRUE         FALSE           465100 Revision of burns startcentracture         PLASTC         E06         TRUE         FALSE           464800 Revision of burns startcentracture         PLASTC         E06         TRUE         FALSE	3006800 Removal FB in soft tissue NEC	PLASTC	E06	TRUE	FALSE
4433000         Repair ligament or expansion of hand, NEC         PLASTC         E06         TRUE         FALSE           4798302         Repair of tuncks of facts of hand, NEC         PLASTC         E06         TRUE         FALSE           30030203         Repair of tuncks of facts of hand, NEC         PLASTC         E06         TRUE         FALSE           30030200         Repair of tuncks of names         PLASTC         E06         TRUE         FALSE           455100         Revision any station starp of hand/finger         PLASTC         E06         TRUE         FALSE           451300         Revision of burn satroinstature         PLASTC         E06         TRUE         FALSE           453000         Revision of burn satroinstature         PLASTC         E06         TRUE         FALSE           453000         Revision of and sation flap         PLASTC         E06         TRUE         FALSE           453000         Revision of anting station of carling and tuncks         PLASTC         E06         TRUE         FALSE           453000         Revision of anting station any station of carling and tuncks         PLASTC         E06         TRUE         FALSE           453000         Sectopic diaplasis, lengthing in any flap         PLASTC         E06 <td< td=""><td>4554800 Removal of breast prosthesis</td><td>PLASTC</td><td>E06</td><td>TRUE</td><td>FALSE</td></td<>	4554800 Removal of breast prosthesis	PLASTC	E06	TRUE	FALSE
965700         Paysite         TRUE         FALSE           979020         Require of instand of hand, NEC         PLASTC         E06         TRUE         FALSE           9002000         Require of none of none         PLASTC         E06         TRUE         FALSE           9002000         Require wound SGCT, oth its superficial         PLASTC         E06         TRUE         FALSE           9455200         Regulatement of breast prosthesis         PLASTC         E06         TRUE         FALSE           945300         Revision of brand singer         PLASTC         E06         TRUE         FALSE           945300         Revision of brand singer         PLASTC         E06         TRUE         FALSE           945300         Revision of brand singer         PLASTC         E06         TRUE         FALSE           945300         Revision of brand singer         PLASTC         E06         TRUE         FALSE           945300         Revision and other sino 7 on ress         PLASTC         E06         TRUE         FALSE           945300         Revision and other sino 7 on ress         PLASTC         E06         TRUE         FALSE           9453000         Secondary repair of dingerinii         PLASTC         E06	9066800 Removal of synthetic skin graft	PLASTC	E06	TRUE	FALSE
4/163022         Repair of tends on Fand, NEC         PLASTC         E06         TRUE         FALSE           3020020         Rapia round SCT, oh site supericial         PLASTC         E06         TRUE         FALSE           4552000         Rapia round SCT, oh site supericial         PLASTC         E06         TRUE         FALSE           465800         Revision anyution sturn of hard/linger         PLASTC         E06         TRUE         FALSE           4659000         Revision of box sucroinstature         PLASTC         E06         TRUE         FALSE           4559000         Revision of box sucroinstature         PLASTC         E06         TRUE         FALSE           4559000         Revision of call site frag         PLASTC         E06         TRUE         FALSE           4559000         Revision of call site frag         PLASTC         E06         TRUE         FALSE           4593000         Rivelacity incorrection call call site frag         PLASTC         E06         TRUE         FALSE           4593000         Rivelacity repair of an anabed         PLASTC         E06         TRUE         FALSE           4593000         Sociacity repair of an anabed         PLASTC         E06         TRUE         FALSE           4	4633000 Repair ligament or capsule of IPJ hand	PLASTC	E06	TRUE	FALSE
3105003         Repair of wound SGCT only the superficial         PLASTC         E06         TRUE         FALSE           3020200         Repair wound SGCT only the superficial         PLASTC         E06         TRUE         FALSE           465100         Revise aur of other site > 7 on in length         PLASTC         E06         TRUE         FALSE           465000         Revise on local skin flap         PLASTC         E06         TRUE         FALSE           4651000         Revise on local skin flap         PLASTC         E06         TRUE         FALSE           4651000         Revisen aur of the site 7 on reles         PLASTC         E06         TRUE         FALSE           4651000         Revisen scare other site 7 on reles         PLASTC         E06         TRUE         FALSE           4651000         Revisen scare other site 7 on reles         PLASTC         E06         TRUE         FALSE           4643000         Scotepair deft palate, ingthen proc         PLASTC         E06         TRUE         FALSE           4643000         Scotepair deft palate, ingthen proc         PLASTC         E06         TRUE         FALSE           4643000         Scotepair deft palate, stotepair deft palate, ingthen proc         PLASTC         E06         TRUE	9054700 Repair of muscle or fascia of hand, NEC	PLASTC	E06	TRUE	FALSE
3002000 Regular wound SCT, on hier superficialPLASTCE06TRUEFALSE455200 Revision any trading strum of handhingerPLASTCE06TRUEFALSE464800 Revision any trading strum of handhingerPLASTCE06TRUEFALSE455100 Revision of loss star/contracturePLASTCE06TRUEFALSE455200 Revision of loss star/contracturePLASTCE06TRUEFALSE455300 Revision of loss star/contracturePLASTCE06TRUEFALSE455300 Revision as and other site 7 cm or lassPLASTCE06TRUEFALSE455300 Revision scar of other site 7 cm or lassPLASTCE06TRUEFALSE457300 Scrept of the plate-legither procPLASTCE06TRUEFALSE457300 Scrept of the plate-legither procPLASTCE06TRUEFALSE454800 Schward repair of the plate-legither procPLASTCE06TRUEFALSE454900 SSC hum other sites inv > 3% BSA gftPLASTCE06TRUEFALSE454900 SSC hum other sites inv > 3% BSA gftPLASTCE06TRUEFALSE454900 SSC hum other sites inv > 3% BSA gftPLASTCE06TRUEFALSE454900 SSC hum other sites inv > 3% BSA gftPLASTCE06TRUEFALSE454900 SSC hum other sites inv > 3% BSA gftPLASTCE06TRUEFALSE454900 SSC hum other sites inv > 3% BSA gftPLASTCE06TRUEFALSE454900 SSC hum other sites inv > 3% BSA gftPLASTC	4796302 Repair of tendon of hand, NEC	PLASTC	E06	TRUE	FALSE
455500         Replacement of breast prosthesis         PLASTC         E06         TRUE         FALSE           463100         Revision ampuntion tump of handfinger         PLASTC         E06         TRUE         FALSE           463100         Revision ampuntion tump of handfinger         PLASTC         E06         TRUE         FALSE           463100         Revision of taula timp         PLASTC         E06         TRUE         FALSE           450300         Revision of taula timp         PLASTC         E06         TRUE         FALSE           450300         Revision start of ther site 7 cm of less         PLASTC         E06         TRUE         FALSE           450300         Revision start of ther site 7 cm of less         PLASTC         E06         TRUE         FALSE           450300         Revision start of ther site 7 cm of less         PLASTC         E06         TRUE         FALSE           457100         Sec rep of thightany into on the site         PLASTC         E06         TRUE         FALSE           4571000         Sec rep of thightany into on the site         PLASTC         E06         TRUE         FALSE           4543000         Socindary repair of nalod ther site         PLASTC         E06         TRUE         FALSE	3005203 Repair of wound of nose	PLASTC	E06	TRUE	FALSE
458100 Revision Amputation stump of handfinger         PLASTC         E06         TRUE         FALSE           4643000 Revision of burn sarchontracture         PLASTC         E06         TRUE         FALSE           455000 Revision of burn sarchontracture         PLASTC         E06         TRUE         FALSE           455000 Revision of thurn sarchontracture         PLASTC         E06         TRUE         FALSE           455000 Revision of and plants         PLASTC         E06         TRUE         FALSE           4551000 Revision act of other site / cm or less         PLASTC         E06         TRUE         FALSE           455000 Revision act of other site / cm or less         PLASTC         E06         TRUE         FALSE           455000 Revision act of other site / cm or less         PLASTC         E06         TRUE         FALSE           4571000 Sec repair cleft plants, lengthen proc         PLASTC         E06         TRUE         FALSE           4648000 Social sengter of ther site im - 3% BSA ght         PLASTC         E06         TRUE         FALSE           4543000 SNG burn other sites im - 3% BSA ght         PLASTC         E06         TRUE         FALSE           4543000 Trohysia of flexor tendor of hand         PLASTC         E06         TRUE         FALSE      <	3002600 Repair wound SSCT, oth site superficial	PLASTC	E06	TRUE	FALSE
448300         Revision anguation sturp of hand/finger         PLASTC         E06         TRUE         FALSE           4651000         Revision of burn scattorintrature         PLASTC         E06         TRUE         FALSE           4650000         Revision of burn scattorintrature         PLASTC         E06         TRUE         FALSE           4551000         Revision scart of ther site 7 on or less         PLASTC         E06         TRUE         FALSE           4551000         Revision scart of ther site 7 on or less         PLASTC         E06         TRUE         FALSE           4563000         Revision scart of ther site 7 on or less         PLASTC         E06         TRUE         FALSE           4571000         Scare poleft palato, lengthen proc         PLASTC         E06         TRUE         FALSE           4571000         Scare poleft palato, lengthen proc         PLASTC         E06         TRUE         FALSE           4543000         Scare poleft palato, lengthen proc         PLASTC         E06         TRUE         FALSE           4543000         Scare poleft palato, lengthen proc         PLASTC         E06         TRUE         FALSE           4543000         Scare poleft palato, lengthen proc         PLASTC         E06         TRUE <td< td=""><td>4555200 Replacement of breast prosthesis</td><td>PLASTC</td><td>E06</td><td>TRUE</td><td>FALSE</td></td<>	4555200 Replacement of breast prosthesis	PLASTC	E06	TRUE	FALSE
4451000         Revision of local skin flap         PLASTC         E06         TRUE         FALSE           4523900         Revision of Incipashy         PLASTC         E06         TRUE         FALSE           455100         Revision of Incipashy         PLASTC         E06         TRUE         FALSE           455100         Revision scart of other site 7 cm or less         PLASTC         E06         TRUE         FALSE           4656000         Revision for an integration of cartilage         PLASTC         E06         TRUE         FALSE           465000         Revision of Incipashy         recreation incinition         PLASTC         E06         TRUE         FALSE           464900         Socondary repair of Ingermail         PLASTC         E06         TRUE         FALSE           4649000         Socondary repair of Ingermail         PLASTC         E06         TRUE         FALSE           4649000         Socondary repair of Ingermail         PLASTC         E06         TRUE         FALSE           4540000         Socondary repair of Ingermail         PLASTC         E06         TRUE         FALSE           4540000         Socondary repair of Ingermail         PLASTC         E06         TRUE         FALSE	4551800 Rev scar of other site > 7 cm in length	PLASTC	E06	TRUE	FALSE
452300 Revision of incipilasty         PLASTC         E06         TRUE         FALSE           465500 Revision of thingplasty in correction of carillage         PLASTC         E06         TRUE         FALSE           465300 Revision scar of other site 7 on or less         PLASTC         E06         TRUE         FALSE           465300 Revision scar of other site 7 on or less         PLASTC         E06         TRUE         FALSE           457100 Soc rep clet platels, clifst ug flap         PLASTC         E06         TRUE         FALSE           4648000 Secondary repair of natio rnail bad         PLASTC         E06         TRUE         FALSE           4648000 Secondary repair of natio rnail bad         PLASTC         E06         TRUE         FALSE           4549000 SSG burn other sites inv 3's 58 Ag rit         PLASTC         E06         TRUE         FALSE           4540000 SSG burn other sites inv 3's 58 Ag rit         PLASTC         E06         TRUE         FALSE           9058202 Struct of more of nation of hand         PLASTC         E06         TRUE         FALSE           9058202 Struct of nactor of hand         PLASTC         E06         TRUE         FALSE           9058202 Struct or nation of hand         PLASTC         E06         TRUE         FALSE	4648300 Revision amputation stump of hand/finger	PLASTC	E06	TRUE	FALSE
4456000         Revision of numeratory         PLASTC         E06         TRUE         FALSE           44561500         Revision scar of other site 7 cm or leage         PLASTC         E06         TRUE         FALSE           4563200         Rincipatsy in correction of cartilage         PLASTC         E06         TRUE         FALSE           4571000         Sec repair cleft plate, for list uag flag         PLASTC         E06         TRUE         FALSE           4571000         Sec repair cleft plate, list uag flag         PLASTC         E06         TRUE         FALSE           4643901         Secondary repair of fingernali         PLASTC         E06         TRUE         FALSE           4543000         Sind spit skin graft of other site         PLASTC         E06         TRUE         FALSE           4549000         SSG to burn duris site site         PLASTC         E06         TRUE         FALSE           4549000         Site durin and train durit construction of hand         PLASTC         E06         TRUE         FALSE           9082202         Suture of muscle or fascia, NEC         PLASTC         E06         TRUE         FALSE           9082202         Suture of muscle or fascia, NEC         PLASTC         E06         TRUE         FALSE	4551900 Revision of burn scar/contracture	PLASTC	E06	TRUE	FALSE
4551500         Revision scar of other site 7 cm or less         PLASTC         E06         TRUE         FALSE           4653200         Rhinoplasty inv correction of cartillage         PLASTC         E06         TRUE         FALSE           4571000         Sec rep cleft palate, leinghen proc         PLASTC         E06         TRUE         FALSE           4648001         Secondary repair of fingernali         PLASTC         E06         TRUE         FALSE           4648000         Secondary repair of fingernali         PLASTC         E06         FALSE         FALSE           4648000         SSG burn other sites inv 3:5: 8: SAS gft         PLASTC         E06         TRUE         FALSE           4549000         SSG burn other sites inv 3:5: 8: SAS gft         PLASTC         E06         TRUE         FALSE           3158300         Surgical evension of invented nipple         PLASTC         E06         TRUE         FALSE           9067200         Syntheic skin graft         PLASTC         E06         TRUE         FALSE           4645000         TRUE         FALSE         457800         TRUE         FALSE           4645000         Tonolysis of extensor tendon of hand         PLASTC         E06         TRUE         FALSE <t< td=""><td>4523900 Revision of local skin flap</td><td>PLASTC</td><td>E06</td><td>TRUE</td><td>FALSE</td></t<>	4523900 Revision of local skin flap	PLASTC	E06	TRUE	FALSE
4483200         Rhinoplasty inv correction of cartilage         PLASTC         E06         TRUE         FALSE           4433800         Staciotomy Dupuyter's contracture         PLASTC         E06         TRUE         FALSE           4457100         See repair cleft pallate, fist uog flag         PLASTC         E06         TRUE         FALSE           4457100         See repair cleft pallate, fist uog flag         PLASTC         E06         TRUE         FALSE           445800         Socondary repair of nal or nal bod         PLASTC         E06         FALSE         FALSE           4454000         Socondary repair of nal or nal bod         PLASTC         E06         TRUE         FALSE           4540000         SSG to burn other sites inv > 5% BSA gft         PLASTC         E06         TRUE         FALSE           9052200         Syntheir clain grant         PLASTC         E06         TRUE         FALSE           9052200         Syntheir clain grant         PLASTC         E06         TRUE         FALSE           9052000         Syntheir clain grant         PLASTC         E06         TRUE         FALSE           9052000         Syntheir clain grant         PLASTC         E06         TRUE         FALSE           905200	4565000 Revision of rhinoplasty	PLASTC	E06	TRUE	FALSE
4638600 Sbc fasciotomy Dupuytren's contracture         PLASTC         E06         TRUE         FALSE           4571000 Sec rep cleft palate, cls fist sag flap         PLASTC         E06         TRUE         FALSE           4548000 Scondary repair of fingenail         PLASTC         E12         TRUE         FALSE           4548000 Scondary repair of fingenail         PLASTC         E12         TRUE         FALSE           4548000 Scondary repair of nigenail         PLASTC         E06         TRUE         FALSE           4548000 Scondary repair of nigenail         PLASTC         E06         TRUE         FALSE           4548000 Scondary repair of nigenail         PLASTC         E06         TRUE         FALSE           4548000 Scondary repair of nights         PLASTC         E06         TRUE         FALSE           9058202 Suture of muscle or fascia, NEC         PLASTC         E06         TRUE         FALSE           4645000 Tranchysis of extensor trendon of hand         PLASTC         E06         TRUE         FALSE           4645000 Tranchysis of flaxor facted on of hand         PLASTC         E06         TRUE         FALSE           4645000 Tranchysis of flaxor facted on of hand         PLASTC         E06         TRUE         FALSE           4645000 Tranchysis	4551500 Revision scar of other site 7 cm or less	PLASTC	E06	TRUE	FALSE
4571000 Sec rep cleft palate, cls fist usg flapPLASTCE06TRUEFALSE4671000 Sec rep cleft palate, lengthen procPLASTCE06TRUEFALSE464801 Secondary repair of nail or nail bedPLASTCE06TRUEFALSE464800 Secondary repair of nail or nail bedPLASTCE06TRUEFALSE464800 Secondary repair of nail or nail bedPLASTCE06TRUEFALSE4549000 SSG burn other sites inv 3.5 % BSA gftPLASTCE06TRUEFALSE9058202 Suture of muscle or fascia, NECPLASTCE06TRUEFALSE9058202 Suture of muscle or similar devPLASTCE06TRUEFALSE9058203 Ornholpsis of extensor tendon of handPLASTCE06TRUEFALSE905900 Arthro latin tensor or similar devTOLWRLE06FALSEFALSE905900 Arthro latin tensor or similar devTOLWRLE06FALSEFALSE905900 Arthro latin tensor or similar devTOLWRLE06FALSEFALSE <td>4563200 Rhinoplasty inv correction of cartilage</td> <td>PLASTC</td> <td>E06</td> <td>TRUE</td> <td>FALSE</td>	4563200 Rhinoplasty inv correction of cartilage	PLASTC	E06	TRUE	FALSE
4571300Sec repair cleft palate, lengthen procPLASTCE06TRUEFALSE4648801Secondary repair of ingemailPLASTCE12TRUETRUE464800Social repair of nigemailPLASTCE06FALSEFALSE4543000Smill split skin graft of other sitePLASTCE06TRUEFALSE454000SSG to burn other sites inv 3 % BSA gftPLASTCE06TRUEFALSE3165000Surgical evention of inverted nipplePLASTCE06TRUEFALSE9067200Synthetic skin graftPLASTCE06TRUEFALSE9067200Synthetic skin graft of endor of handPLASTCE06TRUEFALSE9067200Synthetic skin graft of endor of handPLASTCE06TRUEFALSE9067200Synthetic skin graft of endor of handPLASTCE06TRUEFALSE905000Athor constructionPLASTCE06 <td>4636600 Sbc fasciotomy Dupuytren's contracture</td> <td>PLASTC</td> <td>E06</td> <td>TRUE</td> <td>FALSE</td>	4636600 Sbc fasciotomy Dupuytren's contracture	PLASTC	E06	TRUE	FALSE
4648901 Secondary repair of nigernallPLASTCE12TRUETRUE4648900 Secondary repair of nail or nail or nail or nail orPLASTCE06FALSEFALSE4543900 SSG burn other sites inv > 3% BSA gitPLASTCE06TRUEFALSE454000 SSG burn other sites inv > 3% BSA gitPLASTCE06TRUEFALSE9058202 Surgical eversion of inverted nipplePLASTCE06TRUEFALSE9058202 Surgical eversion of inverted nipplePLASTCE06TRUEFALSE9058202 Surgical eversion of inverted nipplePLASTCE06TRUEFALSE9058202 Surgical eversion of inverted nipplePLASTCE06TRUEFALSE4645000 Tenolysis of extensor tendon of handPLASTCE06TRUEFALSE4645000 Tenolysis of extensor tendon of handPLASTCE06TRUEFALSE464700 Transfer of tendon of handPLASTCE06TRUEFALSE932100 Transposition of nervePLASTCE06TRUEFALSE477100 Application of haloTOLWRLE06FAUSEFALSE4956100 Arthro chardroptasty knew withinplantTOLWRLE06FALSEFALSE4956100 Arthro Role obside/plastyTOLWRLE06FALSEFALSE4956100 Arthro Role obside/plastyTOLWRLE06FALSEFALSE495600 Arthrodesis of nightTOLWRLE06FAUSEFALSE495600 Arthrodesis of nightTOLWRLE06TRUEFALSE495600 Arthrodesis of night	4571000 Sec rep cleft palate, cls fist usg flap	PLASTC	E06	TRUE	FALSE
4648900 Secondary repair of nail or nail bedPLASTCE06FALSEFALSE454900 SSG burn other sites inv 3-5 % BSA gftPLASTCE06TRUEFALSE454000 SSG burn other sites inv 3-5 % BSA gftPLASTCE06TRUEFALSE3166300 Surgical evension of inpipePLASTCE06TRUEFALSE9067202 Synthetic skin graftPLASTCE06TRUEFALSE9067203 Synthetic skin graftPLASTCE06TRUEFALSE4645000 Tenolysis of extensor tendon of handPLASTCE06TRUEFALSE4645000 Tenolysis of fixor tendon of handPLASTCE06TRUEFALSE4645000 Tenolysis of fixor tendon of handPLASTCE06TRUEFALSE4645000 Tenolysis of fixor tendon of handPLASTCE06TRUEFALSE5030900 Adjustment ring fixator or similar devTOLWRLE06TRUEFALSE4045000 transposition of nervePLASTCE06TRUEFALSE4056000 Arthro chondroplasty knee w dril/implantTOLWRLE06FALSEFALSE4056010 Arthro tar telease knee w dehide/plastyTOLWRLE06FALSEFALSE4056000 Arthro desis of nikw (nee, dehide/plastyTOLWRLE06TRUEFALSE4056000 Arthro desis of nikw (nee, dehide/plastyTOLWRLE06FALSEFALSE4056000 Arthro desis of nikw (nee, dehide/plastyTOLWRLE06TRUEFALSE4056000 Arthro desis of nikwTOLWRLE06TRUEFALSE <tr< td=""><td>4571300 Sec repair cleft palate, lengthen proc</td><td>PLASTC</td><td>E06</td><td>TRUE</td><td>FALSE</td></tr<>	4571300 Sec repair cleft palate, lengthen proc	PLASTC	E06	TRUE	FALSE
4543900 Small split skin graft of other sitesPLASTCE06TRUEFALSE4544000 SSG burn other sites inv 35 % BSA gftPLASTCE06TRUEFALSE3156300 Surgical eversion of inverted nipplePLASTCE06TRUEFALSE9058202 Suture of muscle or fascia, NECPLASTCE06TRUEFALSE9056205 Synthetic skin graftPLASTCE06TRUEFALSE4645000 Tenolysis of extensor tendon of handPLASTCE06TRUEFALSE4645000 Tenolysis of extensor tendon of handPLASTCE06TRUEFALSE4645000 Tenolysis of extensor tendon of handPLASTCE06TRUEFALSE4645000 Tenolysis of extensor tendon of handPLASTCE06TRUEFALSE464500 Tenolysis of extensor tendon of handPLASTCE06TRUEFALSE4578003 Otal cranial valut reconstructionPLASTCE06TRUEFALSE5030900 Adjustment ring fixator or similar devTOLWRLE06TRUEFALSE405500 Arthor ochordroplasty kee w dril/implantTOLWRLE06FALSEFALSE4956101 Arthor Rol charded/plastyTOLWRLE06FALSEFALSE4956000 Arthorodesis of ankleTOLWRLE06TRUEFALSE4956101 Arthor Rol charded/plastyTOLWRLE06FALSEFALSE4956000 Arthorodesis of ankleTOLWRLE06TRUEFALSE4956000 Arthorodesis of ankleTOLWRLE06TRUEFALSE4956000 Arthorodesis of	4648901 Secondary repair of fingernail	PLASTC	E12	TRUE	TRUE
4540900         SSG burn other sites inv 3-5 % BSA git         PLASTC         E06         TRUE         FALSE           4540600         SSG to burn other sites inv 3-6 % BSA git         PLASTC         E06         TRUE         FALSE           9058202         Suture of muscle or fascia, NEC         PLASTC         E06         TRUE         FALSE           9067200         Synthetic skin graft         PLASTC         E06         TRUE         FALSE           9067200         Synthetic skin graft         PLASTC         E06         TRUE         FALSE           4645000         Tenolysis of flexor tendon of hand         PLASTC         E06         TRUE         FALSE           4645001         Tonolysis of stexnost tendon of hand         PLASTC         E06         TRUE         FALSE           4647000         Transfer of tendon of hand         PLASTC         E06         TRUE         FALSE           9303000         Adjustment ring fixator or similar dev         TOLWRL         E06         FRUE         FALSE           9405101         Athro chondroplasty knew whil/implant         TOLWRL         E06         FALSE         FALSE           4956101         Athro renoknee withold/plasty         TOLWRL         E06         TRUE         FALSE	4648900 Secondary repair of nail or nail bed	PLASTC	E06	FALSE	FALSE
4540600         SSG to burn other sites inv < 3% BSA gft	4543900 Small split skin graft of other site	PLASTC	E06	TRUE	FALSE
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4042100 Osteolomy libra with internal lixation I OLVYKL EU0 IKUE FALSE					
		IULWKL	EUU	INUE	FALSE

Surger	y Appendix I - Surgical	primary	procedure	S		
ProcCode	ProcShrtName		•	Edition Ver 1st used		New in edition 12
4971800 C	Other repair of tendon of ankle		TOLWRL	E06	TRUE	FALSE
4931500 P	Partial arthroplasty of hip		TOLWRL	E06	TRUE	FALSE
9061101 P	atellar tendon advancement		TOLWRL	E08	TRUE	FALSE
4950301 P	atellofemoral stabilisation		TOLWRL	E06	TRUE	FALSE
4980000 P	rim repair flexor/extensor tendon foot		TOLWRL	E06	TRUE	FALSE
4648602 P	rimary repair of toenail		TOLWRL	E12	TRUE	TRUE
4956900 C	Quadricepsplasty of knee		TOLWRL	E06	TRUE	FALSE
4792701 R	R/O pin, screw or wire from femur		TOLWRL	E06	TRUE	FALSE
4954201 R	Reconstruction knee w repair meniscus		TOLWRL	E06	TRUE	FALSE
4972401 R	Reconstruction of Achilles' tendon		TOLWRL	E06	TRUE	FALSE
4953901 R	Reconstruction of knee		TOLWRL	E06	TRUE	FALSE
5037801 R	Release of hip contracture, bilateral		TOLWRL	E08	TRUE	FALSE
5037501 R	Release of hip contracture, unilateral		TOLWRL	E08	TRUE	FALSE
	Repair ligament or capsule of MCP joint		TOLWRL	E06	TRUE	FALSE
	Repair of Achilles' tendon		TOLWRL	E06	TRUE	FALSE
	Rev arthroplasty hip allogft acetabulum		TOLWRL	E06	TRUE	FALSE
	Revision of arthroplasty of knee		TOLWRL	E06	TRUE	FALSE
	Revision of partial arthroplasty of hip		TOLWRL	E06	TRUE	FALSE
	Revision of total arthroplasty of hip		TOLWRL	E06	TRUE	FALSE
	Revision of total antitoplasty of hip Revision reconstructive surgery of knee		TOLWRL	E06	TRUE	FALSE
	Silastic replace of radial head of elbow			E06	FALSE	FALSE
			TOLWRL			
	tabilisation of ankle		TOLWRL	E06	TRUE	FALSE
	ot arthroplasty knee bne gft femur uni		TOLWRL	E06	TRUE	FALSE
	otal arthroplasty of ankle		TOLWRL	E06	TRUE	FALSE
	otal arthroplasty of hip, bilateral		TOLWRL	E06	TRUE	FALSE
	otal arthroplasty of hip, unilateral		TOLWRL	E06	TRUE	FALSE
4951900 T	otal arthroplasty of knee, bilateral		TOLWRL	E06	TRUE	FALSE
4951800 T	otal arthroplasty of knee, unilateral		TOLWRL	E06	TRUE	FALSE
5033900 T	ransfer ant tibialis tend to lat column		TOLWRL	E06	TRUE	FALSE
4981500 T	riple arthrodesis of foot		TOLWRL	E06	TRUE	FALSE
5013000 A	pplication external fixation dev NEC		TORTHO	E06	TRUE	FALSE
4955702 A	rthro exc meniscal margin/plica knee		TORTHO	E06	TRUE	FALSE
5010000 A	rthroscopy of joint NEC		TORTHO	E06	TRUE	FALSE
5010300 A	rthrotomy of joint, NEC		TORTHO	E06	TRUE	FALSE
9060400 C	Correction of bony deformity		TORTHO	E06	TRUE	FALSE
9058000 D	Debridement of open fracture site		TORTHO	E06	TRUE	FALSE
9057000 D	Div jt capsule, ligament, cartilage NEC		TORTHO	E06	TRUE	FALSE
5021803 E	in bloc resec Isn low limb w replace jt		TORTHO	E06	TRUE	FALSE
3011101 E	excision of bursa		TORTHO	E12	TRUE	TRUE
4793600 E	xcision of exostosis of large bone		TORTHO	E06	TRUE	FALSE
3010700 E	xcision of ganglion, NEC		TORTHO	E06	TRUE	FALSE
	Excision of joint, NEC		TORTHO	E06	TRUE	FALSE
	xcision of large bursa		TORTHO	E06	FALSE	FALSE
	Excision of lesion of bone, NEC		TORTHO	E06	TRUE	FALSE
	Excision of lesion of joint, NEC		TORTHO	E06	TRUE	FALSE
	Excision of lesion of soft tissue, NEC		TORTHO	E06	TRUE	FALSE
	ncision of bursa, NEC		TORTHO	E06	TRUE	FALSE
	nsertion internal fixation device NEC		TORTHO	E06	TRUE	FALSE
				E06	TRUE	FALSE
	oint stabilisation, NEC		TORTHO			
	engthening of tendon, NEC		TORTHO	E06	TRUE	FALSE
	AargnI exc lesion bone cmnt defect		TORTHO	E06	TRUE	FALSE
	Open procedure on tendon sheath, NEC		TORTHO	E06	TRUE	FALSE
	Open tenotomy, not elsewhere classified		TORTHO	E06	TRUE	FALSE
	Ostectomy, not elsewhere classified		TORTHO	E06	TRUE	FALSE
	R/O asst/adaptive device/aid/equip		TORTHO	E06	TRUE	FALSE
	Release talipes equinovarus unilateral		TORTHO	E06	TRUE	FALSE
4794800 R	Removal of external fixation device		TORTHO	E06	TRUE	FALSE
4792700 R	Removal of pin, screw or wire, NEC		TORTHO	E06	TRUE	FALSE
4793001 R	Removal of plate, rod or nail from femur		TORTHO	E06	TRUE	FALSE
4793000 R	Removal of plate, rod or nail, NEC		TORTHO	E06	TRUE	FALSE
3023500 R	Repair of ruptured muscle, NEC		TORTHO	E06	TRUE	FALSE
4795400 R	Repair of tendon, NEC		TORTHO	E06	TRUE	FALSE
4796301 T	enoplasty, not elsewhere classified		TORTHO	E06	TRUE	FALSE
5106200 A	ant & post column spinal fusion >= 2 lvl		TOSPIN	E12	TRUE	TRUE
	nt column spinal fusion >= 2 levels		TOSPIN	E12	TRUE	TRUE
	Interior column spinal fusion 1 level		TOSPIN	E12	TRUE	TRUE
	Interior spinal fusion, >= 2 levels		TOSPIN	E06	FALSE	FALSE
	Clsd rdctn fx/disloc spine w immobils		TOSPIN	E06	FALSE	FALSE

	Surgery Appendix I - Surgical	primary	procedure	S		
F	ProcCode ProcShrtName		Proc Grp Code	Edition Ver 1st used	Valid In Edition 12	New in edition 12
	4033200 Decomp cerv spin cord w ant fusion 1 lvl		TOSPIN	E06	FALSE	FALSE
	4033500 Decomp cervical spin cord w fus >= 2 lvl		TOSPIN	E06	FALSE	FALSE
	9002401 Decomp Imbr spinal cnl, >= 2 lvl		TOSPIN	E06	FALSE	FALSE
	9002400 Decomp Imbr spinal cnl, 1lvl		TOSPIN	E06	FALSE	FALSE
	5101200 Decomp of cervical spin cord >= 2 lvl		TOSPIN	E12	TRUE	TRUE
	5101100 Decomp of cervical spin cord 1 level		TOSPIN	E12	TRUE	TRUE
	5101103 Decomp of lumbar spinal canal 1 level		TOSPIN	E12	TRUE	TRUE
	5101101 Decomp of thoracic spin cord 1 lvl		TOSPIN	E12	TRUE	TRUE
	4034500 Decomp thor spin cord v costotrnsvrsecty		TOSPIN	E06	FALSE	FALSE
	5101201 Decomp thoracic spin cord >= 2 lvl		TOSPIN	E12	TRUE	TRUE
	5101202 Decomp thoracolumbar spin cord >= 2 lvl		TOSPIN	E12	TRUE	TRUE
	5101203 Decompression of canal >= 2 lvl		TOSPIN	E12	TRUE	TRUE
	4768400 Immobilisation fracture/disloc of spine		TOSPIN	E06	FALSE	FALSE
	9001102 Oth repair spinal canal/cord structures		TOSPIN	E06	TRUE	FALSE
	5062000 Other revision of spinal procedure		TOSPIN	E08	FALSE	FALSE
	5114001 Other revision of spinal procedure		TOSPIN	E12	TRUE	TRUE
	4865700 Post spinal fusion laminectomy >= 2 lvl		TOSPIN	E06	FALSE	FALSE
	4865400 Post spinal fusion w laminectomy 1 level		TOSPIN	E06	FALSE	FALSE
	5103200 Posterior column spinal fusion >= 2 lvl		TOSPIN	E12	TRUE	TRUE
	5103100 Posterior column spinal fusion 1 level		TOSPIN	E12	TRUE	TRUE
	4864500 Posterior spinal fusion, >= 3 levels		TOSPIN	E06	FALSE	FALSE
	4864200 Posterior spinal fusion, 1 or 2 levels		TOSPIN	E06	FALSE	FALSE
	4864800 Posterolateral spinal fusion 1 or 2 lvl		TOSPIN	E06	FALSE	FALSE
	9001107 Removal of internal fixation of spine		TOSPIN	E12	TRUE	TRUE
	5061600 Rev spin proc w adjustment of spin fix		TOSPIN	E08	FALSE	FALSE
	5061601 Rev spin proc w R/O spinal fixation		TOSPIN	E08	FALSE	FALSE
	5114000 Rev spinal fusion procedure		TOSPIN	E12	TRUE	TRUE
	4868400 Segmental IF of spine 1 or 2 levels		TOSPIN	E06	FALSE	FALSE
	5102100 Segmental IF of spine 1 or 2 levels		TOSPIN	E12	TRUE	TRUE
	4867800 Simple internal fixation of spine		TOSPIN	E06	FALSE	FALSE
				E06	TRUE	
	3540001 Vertebroplasty >= 2 vertebral bodies		TOSPIN			FALSE
	3540000 Vertebroplasty, 1 vertebral body		TOSPIN	E06	TRUE	FALSE
	4895100 Arthro decomp subacrom space		TOUPRL	E06	TRUE	FALSE
	4630000 Arthrodesis interphalangeal joint, hand		TOUPRL	E06	TRUE	FALSE
	4630001 Arthrodesis metacarpophalangeal joint		TOUPRL	E06	TRUE	FALSE
	4920000 Arthrodesis of radiocarpal joint		TOUPRL	E06	TRUE	FALSE
	4632400 Arthroplasty of carpal bone		TOUPRL	E06	TRUE	FALSE
	4630900 Arthroplasty of IPJ hand, 1 joint		TOUPRL	E06	TRUE	FALSE
	4630901 Arthroplasty of MCP joint, 1 joint		TOUPRL	E06	TRUE	FALSE
	4894800 Arthroscopic debridement of shoulder		TOUPRL	E06	TRUE	FALSE
	4922400 Arthroscopic debridement of wrist		TOUPRL	E06	TRUE	FALSE
	4896000 Arthroscopic reconstruction of shoulder		TOUPRL	E06	TRUE	FALSE
	4895700 Arthroscopic stabilisation of shoulder		TOUPRL	E06	TRUE	FALSE
	4894500 Arthroscopy of shoulder		TOUPRL	E06	TRUE	FALSE
	4921800 Arthroscopy of wrist		TOUPRL	E06	TRUE	FALSE
	4823300 Bone graft to scaphoid internal fixation		TOUPRL	E06	TRUE	FALSE
	4736302 Closed rdctn fracture distal radius IF		TOUPRL	E06	FALSE	FALSE
	4736700 Closed rdctn fracture distal radius w IF		TOUPRL	E12	TRUE	TRUE
				E06	FALSE	FALSE
	4733601 Closed rdctn fracture metacarpus w IF		TOUPRL			
	4730401 Closed rdctn fracture metacarpus w IF		TOUPRL	E12	TRUE	TRUE
	4731200 Closed rdctn fracture mid phalanx hand		TOUPRL	E06	FALSE	FALSE
	4736301 Closed rdctn fracture of distal ulna		TOUPRL	E06	FALSE	FALSE
	4742600 Closed rdctn fracture proximal humerus		TOUPRL	E06	TRUE	FALSE
	4740500 Closed rdctn fracture radial head/neck		TOUPRL	E06	TRUE	FALSE
	4738100 Closed rdctn fracture shaft of radius		TOUPRL	E06	TRUE	FALSE
	4738101 Closed rdctn fracture shaft of ulna		TOUPRL	E06	TRUE	FALSE
	4738102 Closed rdctn fracture shaft radius w IF		TOUPRL	E06	TRUE	FALSE
	4745601 Closed rdctn fx distal humerus w IF		TOUPRL	E06	TRUE	FALSE
	4730001 Closed rdctn fx distal phalanx hand IF		TOUPRL	E06	FALSE	FALSE
	4731201 Closed rdctn fx mid phalanx hand w IF		TOUPRL	E06	FALSE	FALSE
	4742601 Closed rdctn fx proximal humerus w IF		TOUPRL	E06	TRUE	FALSE
	4732400 Closed rdctn fx proximal phalanx hand		TOUPRL	E06	FALSE	FALSE
	4732401 Closed rdctn fx proximal phalanx hand w IF		TOUPRL	E06	FALSE	FALSE
	4740501 Closed rdctn1x proximal prix hand w IF		TOUPRL	E06	TRUE	FALSE
				E06	TRUE	FALSE
	4745100 Closed rdctn fx shaft of humerus w IF		TOUPRL			
	4739001 Closed rdctn fx shaft radius & ulna IF		TOUPRL	E06	TRUE	FALSE
	4731301 Closed rdctn intrartclr fx phlx hnd w IF		TOUPRL	E12	TRUE	TRUE
	4703600 Closed reduction dislocation IPJ hand		TOUPRL	E06	TRUE	FALSE

Surge	ry Appendix I - Surgical p	rimary procedure	S		
ProcCode	ProcShrtName	Proc Grp Code	Edition Ver 1st used	Valid In Edition 12	New in edition 12
4704200	Closed reduction dislocation MCP joint	TOUPRL	E06	TRUE	FALSE
4700900	Closed reduction dislocation of shoulder	TOUPRL	E06	TRUE	FALSE
	Closed reduction fracture distal humerus	TOUPRL	E06	TRUE	FALSE
	Closed reduction fracture distal radius	TOUPRL	E06	FALSE	FALSE
4736200	Closed reduction fracture distal radius	TOUPRL	E12	TRUE	TRUE
4733600	Closed reduction fracture of metacarpus	TOUPRL	E06	FALSE	FALSE
4730400	Closed reduction fracture of metacarpus	TOUPRL	E12	TRUE	TRUE
4739601	Closed reduction fracture olecranon w IF	TOUPRL	E06	TRUE	FALSE
4730100	Closed reduction fx phalanx hand	TOUPRL	E12	TRUE	TRUE
4730101	Closed reduction fx phalanx hand with IF	TOUPRL	E12	TRUE	TRUE
4701800	Closed reduction of dislocation of elbow	TOUPRL	E06	TRUE	FALSE
4733901	Clsd rdctn intrartclr fx metacarpus IF	TOUPRL	E06	FALSE	FALSE
4890300	Decompression of subacromial space	TOUPRL	E06	TRUE	FALSE
3933100	Endoscopic release of carpal tunnel	TOUPRL	E06	TRUE	FALSE
	Excision of ganglion of dorsal wrist	TOUPRL	E06	TRUE	FALSE
4649400	Excision of ganglion of hand	TOUPRL	E06	TRUE	FALSE
	Excision of ganglion of volar wrist	TOUPRL	E06	TRUE	FALSE
9626110	Hemiarthroplasty of elbow	TOUPRL	E12	TRUE	TRUE
	Hemiarthroplasty of shoulder	TOUPRL	E06	TRUE	FALSE
	Open rdctn fracture carpal scaphoid IF	TOUPRL	E06	TRUE	FALSE
	Open rdctn fracture distal humerus w IF	TOUPRL	E06	TRUE	FALSE
	Open rdctn fracture distal radius w IF	TOUPRL	E06	FALSE	FALSE
	Open rdctn fracture distal radius w IF	TOUPRL	E12	TRUE	TRUE
	Open rdctn fracture metacarpus w IF	TOUPRL	E06	FALSE	FALSE
4731001	Open rdctn fracture metacarpus with IF	TOUPRL	E12	TRUE	TRUE
4740801	Open rdctn fracture radial head/neck IF	TOUPRL	E06	TRUE	FALSE
4738403	Open rdctn fracture shaft of ulna w IF	TOUPRL	E06	TRUE	FALSE
	Open rdctn fracture shaft radius w IF	TOUPRL	E06	TRUE	FALSE
4731801	Open rdctn fx middle phalanx hand w IF	TOUPRL	E06	FALSE	FALSE
	Open rdctn fx proximal humerus w IF	TOUPRL	E06	TRUE	FALSE
4733001	Open rdctn fx proximal phalanx hand IF	TOUPRL	E06	FALSE	FALSE
	Open rdctn fx shaft radius & ulna IF	TOUPRL	E06	TRUE	FALSE
4731600	Open rdctn intrartclr fx phlx hand w IF	TOUPRL	E12	TRUE	TRUE
	Open reduction dislocation IPJ hand	TOUPRL	E06	TRUE	FALSE
4701201	Open reduction dislocation shoulder w IF	TOUPRL	E06	TRUE	FALSE
	Open reduction fracture clavicle w IF	TOUPRL	E06	TRUE	FALSE
	Open reduction fracture distal radius	TOUPRL	E06	FALSE	FALSE
	Open reduction fracture distal radius	TOUPRL	E12	TRUE	TRUE
	Open reduction fracture distal ulna w IF	TOUPRL	E06	FALSE	FALSE
	Open reduction fracture distal ulna w IF	TOUPRL	E12	TRUE	TRUE
	Open reduction fracture olecranon w IF	TOUPRL	E06	TRUE	FALSE
	Open reduction fracture shaft humerus IF	TOUPRL	E06	TRUE	FALSE
	Open reduction fx phalanx hand with IF	TOUPRL	E12	TRUE	TRUE
	Ostectomy of carpal bone	TOUPRL	E06	TRUE	FALSE
	Osteotomy radius with internal fixation	TOUPRL	E06	TRUE	FALSE
	Osteotomy ulna with internal fixation	TOUPRL	E06	TRUE	FALSE
	Other repair of shoulder	TOUPRL	E06	TRUE	FALSE
	Reconstruction of wrist	TOUPRL	E06	TRUE	FALSE
	Release IPJ capsule Dupuytren's contract	TOUPRL	E06	TRUE	FALSE
	Release of carpal tunnel	TOUPRL	E06	TRUE	FALSE
	Release of elbow contracture	TOUPRL	E06	TRUE	FALSE
	Release of tendon sheath of hand	TOUPRL	E06	TRUE	FALSE
	Rep rotator cuff decomp subacrom space	TOUPRL	E06	TRUE	FALSE
	Repair of rotator cuff	TOUPRL	E06	TRUE	FALSE
	Revision total arthroplasty of shoulder	TOUPRL	E06	TRUE	FALSE
	Stabilisation of shoulder	TOUPRL	E06	TRUE	FALSE
	Total arthroplasty of elbow	TOUPRL	E06	TRUE	FALSE
	Total arthroplasty of shoulder	TOUPRL	E06	TRUE	FALSE
	Distal pancreatectomy	UGIHPB	E06	TRUE	FALSE
	Endosc mucosal resec stomch	UGIHPB	E06	TRUE	FALSE
	Endosc replace of oesophageal prosthesis	UGIHPB	E06	TRUE	FALSE
	Fundoplasty, abdominal approach	UGIHPB	E06	TRUE	FALSE
	Fundoplasty, laparoscopic approach	UGIHPB	E06	TRUE	FALSE
	Hepaticoenterostomy	UGIHPB	E06	TRUE	FALSE
	lleocolic resection w frm stoma	UGIHPB	E08	TRUE	FALSE
	Incision and drainage of pancreas	UGIHPB	E06	TRUE	FALSE
	Intraoperative needle biopsy of liver	UGIHPB	E06	TRUE	FALSE
3039401	Lap drain intrabdo abscess haemtma cyst	UGIHPB	E08	TRUE	FALSE

Surge	ry Appendix I - Surgical	i primary procedure	S		
ProcCode	ProcShrtName	Proc Grp Code	Edition Ver 1st used	Valid In Edition 12	New in edition 12
3052701	Lap fundoplasty w closure diaph hiatus	UGIHPB	E06	TRUE	FALSE
9030600	Lap insertion feeding jejunostomy tube	UGIHPB	E06	TRUE	FALSE
3051203	Laparoscopic gastric bypass	UGIHPB	E08	TRUE	FALSE
3041800	Lobectomy of liver	UGIHPB	E06	TRUE	FALSE
3052000	Local excision of lesion of stomach	UGIHPB	E06	TRUE	FALSE
	Oesphecty w cerv oesphgast anstms	UGIHPB	E06	TRUE	FALSE
	Oesphecty w thor oesphgast anstms	UGIHPB	E06	TRUE	FALSE
	Other closed dest procedures on liver	UGIHPB	E10	FALSE	FALSE
	Other closed dest procedures on liver	UGIHPB	E12	TRUE	TRUE
	Pancreatectomy with splenectomy	UGIHPB	E06	TRUE	FALSE
			E06	TRUE	FALSE
	Pancreaticoduodenectomy w stoma frm	UGIHPB			
	Peritonectomy	UGIHPB	E08	TRUE	FALSE
	Prt distal gastrectomy gastjejnl anstms	UGIHPB	E06	TRUE	FALSE
	Segmental resection of liver	UGIHPB	E06	TRUE	FALSE
	Subtotal gastrectomy	UGIHPB	E06	TRUE	FALSE
	Total gastrectomy	UGIHPB	E06	TRUE	FALSE
	Transplantation of liver	UGIHPB	E06	TRUE	FALSE
	Trisegmental resection of liver	UGIHPB	E06	TRUE	FALSE
3054100	Trnshtl oesphecty w oesphgast anstms	UGIHPB	E06	TRUE	FALSE
3007527	Biopsy of penis	UROLOG	E06	TRUE	FALSE
3721901	Bx prost / sem ves v trnsperinl	UROLOG	E12	TRUE	TRUE
3721600	Bx prost / sem ves v trnsrectl	UROLOG	E12	TRUE	TRUE
3651601	Complete nephrectomy, unilateral	UROLOG	E06	TRUE	FALSE
3741700	Correction of chordee of penis	UROLOG	E06	TRUE	FALSE
3700803	Cystolithotomy	UROLOG	E06	TRUE	FALSE
3700801	Cystotomy [cystostomy]	UROLOG	E06	TRUE	FALSE
	Dilation of urethral stricture	UROLOG	E06	TRUE	FALSE
	Div ureth slg foll stres incont proc	UROLOG	E06	TRUE	FALSE
	Endosc controlled hydrodilation bladder	UROLOG	E06	TRUE	FALSE
	Endosc dest of multiple lesions bladder	UROLOG	E08	TRUE	FALSE
	Endosc dest sgl blader Isn tiss <= 2 cm	UROLOG	E08	TRUE	FALSE
	Endosc destruction proc on prostate	UROLOG	E06	TRUE	FALSE
	Endosc extr ureteric calc via ureterosc	UROLOG	E06	TRUE	FALSE
	Endosc frag and extr of calc of kidney	UROLOG	E10	TRUE	FALSE
	Endosc frag/extr urethral calculus	UROLOG	E06	TRUE	FALSE
	-				
	Endosc laser frag/extr ureth calculus	UROLOG	E06	TRUE	FALSE
	Endosc lavage blood clots from bladder	UROLOG	E06	TRUE	FALSE
	Endosc manip uretc calc w ureterosc	UROLOG	E06	TRUE	FALSE
	Endosc resec sgl blader Isn tiss <= 2 cm	UROLOG	E06	TRUE	FALSE
	Endosc resec single Isn bladder > 2 cm	UROLOG	E06	TRUE	FALSE
	Endosc resection mult lesions bladder	UROLOG	E06	TRUE	FALSE
	Endoscopic biopsy of prostate	UROLOG	E06	TRUE	FALSE
	Endoscopic biopsy of renal pelvis	UROLOG	E06	TRUE	FALSE
	Endoscopic biopsy of ureter	UROLOG	E06	TRUE	FALSE
	Endoscopic biopsy of urethra	UROLOG	E06	TRUE	FALSE
3680901	Endoscopic destruction ureteric lesion	UROLOG	E08	TRUE	FALSE
3680301	Endoscopic dilation of ureter	UROLOG	E06	TRUE	FALSE
3665602	Endoscopic frag of calculus of kidney	UROLOG	E10	TRUE	FALSE
3685400	Endoscopic incision of bladder neck	UROLOG	E06	TRUE	FALSE
3682101	Endoscopic insertion of ureteric stent	UROLOG	E06	TRUE	FALSE
3681101	Endoscopic insertion of urethral stent	UROLOG	E06	TRUE	FALSE
3683300	Endoscopic removal FB from bladder	UROLOG	E06	TRUE	FALSE
3683301	Endoscopic removal of ureteric stent	UROLOG	E06	TRUE	FALSE
3682103	Endoscopic replacement of ureteric stent	UROLOG	E06	TRUE	FALSE
3722403	Endoscopic resection of prostate	UROLOG	E10	TRUE	FALSE
3682400	Endoscopic ureteric cath, unilateral	UROLOG	E06	TRUE	FALSE
	Excision of epididymal cyst, unilateral	UROLOG	E06	TRUE	FALSE
	Excision of hydrocele	UROLOG	E06	TRUE	FALSE
	Excision of lesion of testicle	UROLOG	E06	TRUE	FALSE
	Exploration of kidney	UROLOG	E06	TRUE	FALSE
	Exploration scrotal contents, unilateral	UROLOG	E06	TRUE	FALSE
	Glanuloplasty for hypospadias	UROLOG	E06	TRUE	FALSE
		UROLOG	E06	TRUE	
	Hypospadias rep postop urethral fistula				FALSE
	Ins uretc stnt balln dilat nphrstmy tbe	UROLOG	E06	TRUE	FALSE
	Insertion of testicular prosthesis, bil	UROLOG	E10	TRUE	FALSE
	Insertion of testicular prosthesis, uni	UROLOG	E10	TRUE	FALSE
	Internal urethrotomy	UROLOG	E06	TRUE	FALSE
3650300	Kidney transplantation	UROLOG	E06	TRUE	FALSE

Surge	ry Appendix I - Surgical prima	ary procedure	S		
ProcCode	ProcShrtName	Proc Grp Code	Edition Ver 1st used	Valid In Edition 12	New in edition 12
3651600	Lap complete nephrectomy, unilateral	UROLOG	E06	TRUE	FALSE
3651604	Lap nephrectomy trnsplnt, living donor	UROLOG	E06	TRUE	FALSE
3721101	Lap rad prstectmy bldnk recon Imphad	UROLOG	E06	TRUE	FALSE
3721001	Lap rad prstectmy w bladder neck recon	UROLOG	E06	TRUE	FALSE
	Laparoscopic cystotomy [cystostomy]	UROLOG	E06	TRUE	FALSE
	Laparoscopic nephroureterectomy	UROLOG	E06	TRUE	FALSE
	Laparoscopic partial nephrectomy	UROLOG	E06	TRUE	FALSE
	Laparoscopic pyeloplasty	UROLOG	E06	TRUE	FALSE
	Laparoscopic radical nephrectomy	UROLOG	E06	TRUE	FALSE
	Laparoscopic radical prostatectomy	UROLOG	E06	TRUE	FALSE
	Litholapaxy of bladder	UROLOG	E06	TRUE	FALSE
9040300	Local excision of lesion of penis	UROLOG	E06	TRUE	FALSE
	Nephrostomy	UROLOG	E06	TRUE	FALSE
	Nephroureterectomy	UROLOG	E06	TRUE	FALSE
3721200	Open biopsy of prostate or sem ves	UROLOG	E06	TRUE	FALSE
3732700	Optical urethrotomy	UROLOG	E06	TRUE	FALSE
3064102	Orchidectomy ins testicular prosth uni	UROLOG	E06	FALSE	FALSE
3064101	Orchidectomy, bilateral	UROLOG	E06	TRUE	FALSE
3064100	Orchidectomy, unilateral	UROLOG	E06	TRUE	FALSE
	Other closed dest procedures on kidney	UROLOG	E10	TRUE	FALSE
	Other excision of lesion of bladder	UROLOG	E06	TRUE	FALSE
	Other repair of penis	UROLOG	E06	TRUE	FALSE
	Partial amputation of penis	UROLOG	E06	TRUE	FALSE
	Partial excision of scrotum	UROLOG	E06	TRUE	FALSE
	Partial nephrectomy	UROLOG	E06	TRUE	FALSE
3760417	Perc aspr drain scrotum tunica vaginalis	UROLOG	E10	TRUE	FALSE
3663902	Perc frag and extr of calculus of kidney	UROLOG	E10	TRUE	FALSE
3663900	Perc nephroscopy frag & extr <=2 calc	UROLOG	E06	FALSE	FALSE
3664500	Perc nephroscopy frag/extr >=3 calculi	UROLOG	E06	FALSE	FALSE
3662702	Perc nephroscopy w extr renal calculus	UROLOG	E06	FALSE	FALSE
3701100	Percutaneous cystotomy [cystostomy]	UROLOG	E06	TRUE	FALSE
	Percutaneous drainage of kidney	UROLOG	E10	TRUE	FALSE
	Percutaneous nephrostomy	UROLOG	E06	FALSE	FALSE
	Percutaneous replacement ureteric stent	UROLOG	E06	TRUE	FALSE
	Pyeloplasty	UROLOG	E06	TRUE	FALSE
			E06	TRUE	FALSE
	Rad prostatectomy w bladder neck recon	UROLOG			
	Rad prstectmy w recon, lymphadenectomy	UROLOG	E06	TRUE	FALSE
	Radical nephrectomy	UROLOG	E06	TRUE	FALSE
	Radical prostatectomy	UROLOG	E06	TRUE	FALSE
9212000	Removal of urethral stent	UROLOG	E06	TRUE	FALSE
3665000	Removal pyelostomy or nephrostomy tube	UROLOG	E06	TRUE	FALSE
3063500	Repair of varicocele	UROLOG	E06	TRUE	FALSE
3665601	Retrogd pyelosc w frag & extr ren calc	UROLOG	E06	FALSE	FALSE
3665600	Retrogd pyeloscopy w frag ren calc	UROLOG	E06	FALSE	FALSE
3720004	Retropubic prostatectomy	UROLOG	E06	TRUE	FALSE
3701400	Total excision of bladder	UROLOG	E06	TRUE	FALSE
	Transurethral resection of prostate	UROLOG	E06	FALSE	FALSE
	Trnsureth electrl vaporisation prostate	UROLOG	E06	FALSE	FALSE
	Ureteroscopy	UROLOG	E06	TRUE	FALSE
	Urethroplasty single stage procedure	UROLOG	E06	TRUE	FALSE
		UROLOG			
	Urethroscopy		E06	TRUE	FALSE
	Admin of agent into vascular lesion	VASCUL	E10	TRUE	FALSE
	Amputation above knee	VASCUL	E06	TRUE	FALSE
	Amputation below knee	VASCUL	E06	TRUE	FALSE
4433800	Amputation of toe	VASCUL	E06	TRUE	FALSE
4435800	Amputation toe including metatarsal bone	VASCUL	E06	TRUE	FALSE
3450901	Arteriovenous anastomosis of upper limb	VASCUL	E06	TRUE	FALSE
3350000	Carotid endarterectomy	VASCUL	E06	TRUE	FALSE
3451200	Construction AV fistula w graft of vein	VASCUL	E06	TRUE	FALSE
	Emblectmy/thrmbectmy byps gft art extrem	VASCUL	E06	TRUE	FALSE
	Embolectomy/thrombectomy brachial artery	VASCUL	E06	TRUE	FALSE
	Embolectomy/thrombectomy, femoral artery	VASCUL	E06	TRUE	FALSE
	Embolectomy/thrombectomy, popliteal art	VASCUL	E06	TRUE	FALSE
			E06		
	Endarterectomy of extremities	VASCUL		TRUE	FALSE
	Endovascular repair	VASCUL	E06	TRUE	FALSE
	Endovenous interptn of veins	VASCUL	E10	TRUE	FALSE
	Excision/ligation simple AV fistula limb	VASCUL	E06	TRUE	FALSE
3354200	Extended endarterectomy deep femoral art	VASCUL	E06	TRUE	FALSE

ProcCode	ProcShrtName	Proc Grp Code	Edition Ver 1st used	Valid In Edition 12	New in edition 12
9056701	Fasciotomy of lower limb	VASCUL	E06	TRUE	FALSE
3480900	Femoral vein bypass	VASCUL	E06	TRUE	FALSE
3271801	Femoro-femoral crossover bypass grafting	VASCUL	E06	TRUE	FALSE
3275400	Fem-pop art byps gft compst gft abv knee	VASCUL	E06	TRUE	FALSE
3275401	Fem-pop art byps gft compst gft blw knee	VASCUL	E06	TRUE	FALSE
3275100	Fem-pop byps gft synthc matrl abv knee	VASCUL	E06	TRUE	FALSE
3273900	Fem-pop byps gft usg ven abv kne anstms	VASCUL	E06	TRUE	FALSE
3274200	Fem-pop byps gft usg ven below knee	VASCUL	E06	TRUE	FALSE
3352100	lliofemoral endarterectomy, unilateral	VASCUL	E06	TRUE	FALSE
3251100	Interptn saphofemor saphopoptl jnct VV	VASCUL	E06	FALSE	FALSE
3250800	Interptn VV great or small saph veins	VASCUL	E06	TRUE	FALSE
3250401	Interruption multiple tributaries of VV	VASCUL	E06	FALSE	FALSE
3410619	Interruption of other vein	VASCUL	E06	TRUE	FALSE
3250801	Interruption sapheno-popliteal jnct VV	VASCUL	E06	FALSE	FALSE
3250400	Interruption VV multiple tributaries	VASCUL	E10	TRUE	FALSE
3532000	Open cath w admin thrmblytc/chemthpc agt	VASCUL	E06	FALSE	FALSE
3530306	Perc transluminal balloon angioplasty	VASCUL	E06	TRUE	FALSE
3413600	Prt ostectmy 1st rib decomp thor outlet	VASCUL	E06	TRUE	FALSE
3530907	PTA perc w stenting, multiple stents	VASCUL	E06	TRUE	FALSE
3530906	PTA perc w stenting, single stent	VASCUL	E06	TRUE	FALSE
4437600	Reamputation of amputation stump	VASCUL	E06	TRUE	FALSE
3251400	Reoperation for VV of lower limb	VASCUL	E06	TRUE	FALSE
3451800	Repair surgically created AV fistula	VASCUL	E06	TRUE	FALSE
3311500	Replace infrarenal AAA with tube graft	VASCUL	E06	TRUE	FALSE
3311800	Replace infrarnl AAA bifur gft iliac art	VASCUL	E06	TRUE	FALSE
3315400	Replace rupt infrarenal AAA w tube gft	VASCUL	E06	TRUE	FALSE
3270300	Resection carotid artery w reanstms	VASCUL	E06	TRUE	FALSE
4436401	Transmetatarsal amputation	VASCUL	E06	TRUE	FALSE

# Surgery Appendix II - The HIPE Specialties that are desiganted as surgical clinicians

Specialty	HIPE Specilty Description	SurgClasTyp
0600	Otolaryngology	Otolaryngology
0601	Paediatric ENT	Paediatric
1400	Neurosurgery	Neurosurgery
1402	Paediatric Neurosurgery	Paediatric
1700	Opthalmology	Opthalmology
1702	Neuro Opthalmic Surgery	
1703	Vitro Retinal Surgery	Opthalmology
1800	Orthopaedics	Orthopaedics
1802	Paediatric Orthopaedic S	Paediatric
2000	Plastic Surgery	Plastics
2003	Maxillo-Facial	Maxillofacial
2600	General Surgery	General
2602	Gastro Intestinal Surger	Split UGI Colorectal
2603	Hepato Biliary Surgery	UGI - hepato biliary
2604	Vascular Surgery	Vascular
2605	Breast Surgery	Breast
7000	Dental Surgery	Dental
7002	Orthodontics	Dental
7200	Paediatric Surgery	Paediatric
7600	Cardio Thoracic Surgery	Cardio
7701	Oral Surgery	Dental
7800	Urology	Urology
7802	Renal Transplantation	Urology
7803	Paediatric Urology	Paediatric

Operational National Director: National Director of Access and Integration

No	Steps	Detail supporting KPI
	KPI title & Number CPA51	Rate of new cases of hospital acquired Staphylococcus aureus bloodstream infection
1b	KPI Short Title	S. aureus
2	KPI Description	Rate of new cases of hospital acquired S. aureus bloodstream infection. S. aureus blood stream infection is reported when S. aureus is cultured from a blood culture taken from a patient who had been hospitalised within the reporting hospital for 48 hours or longer before blood culture was taken. The number of infections is divided by total BDU and multiplied by 10,000 to calculate a rate.
5	KPI Rationale	To monitor progress towards the goal of reducing the occurrence of hospital acquired S. aureus blood stream infection in acute hospitals. A high proportion of hospital acquired S. aureus blood stream infection is avoidable.
3a	Indicator Classification	National Scorecard Quadrant Quality and Safety
4	KPI Target	<0.7/10,000 bed days used
4a	Target Trajectory	Point in time
5	KPI Calculation	Numerator: Number of cases of <i>S. aureus</i> blood stream infection as per description above. <b>Denominator</b> : acute bed days used, provided by the HSE BIU acute unit. This is based on the average number of available acute in patient beds during the month numerator/denominator*10,000
6	Data Sources	Source: Monthly data report to BIU from each acute hospitals
6a	Data sign off	Data should be approved for issue to BIU by Hospital Manager or CEO
6b	Data Quality Issues	Completeness: 100% of all acute hospitals must participate Quality: Does not account for hospital-acquired S. aureus bloodstream infections that present after hospital discharge, or for healthcare-associated cases outside of acute hospital inpatient settings.
7	Data Collection Frequency	Monthly M
3	Tracer Conditions (clinical metrics only)	N/A
9	Minimum Data Set (MDS)	Monthly data report by Acute Hospitals to BIU
10	International Comparison	European Centre for Disease Control
11	KPI Monitoring	Monthly
12	KPI Reporting Frequency	Monthly
13	KPI report period	Monthly M
14	KPI Reporting Aggregation	National, HRA, Hospital
15	KPI is reported in which reports?	Performance Report, Other
	Web link to published data	http://www.hse.ie/eng/services/Publications
	Additional Information	KPI noted in National Service Plan 2025
	/	ata publication. Please indicate if there is an exceptional reason for this to be delayed
Conta	ct details	KPI owner/lead for implementation
		Name: Dr Eimear Brannigan
		Email address: AMRICClinicalLead@hse.ie
		Telephone Number:
		Data support
		Name: Acute Business Information Unit
		Email address: AcuteBIU@hse.ie
		Telephone Number 01 778 5222
Gover	nance/sign off	This sign off is the governance at Divisional level in respect of management of the KPI including data provision, validation, and use in performance management

No	Steps	Detail supporting KPI
1	KPI title & Number	Rate of new cases of hospital associated C. difficile infection
	CPA52	•
	KPI Short Title	C. difficile
2	KPI Description	
		Rate of new cases of hospital associated C. difficile infection (per month per 10 000 bed days) - as per the definition below
		Hospital associated new cases of CDI are reported if all of the following 3 criteria are met (1) Confirmed CDI case, (2) New CI
		case and (3) Hospital - associated CDI:
		1. Confirmed CDI case "The case definition for CDI is as follows:
		A patient two years or older, to whom one or more of the following criteria applies:
		- Diarrhoeal' stools or toxic megacolon, with either a positive laboratory assay for C. difficile toxin A (TcdA) and / or toxin B
		(TcdB) in stools or a toxin producing C. difficile organism detected in stool via culture or other means.
		- Pseudomembraneous colitis (PMC) revealed by lower gastrointestinal, endoscopy.
		- Colonic histopathology characteristic of C. difficile infection (with or without diarrhoea) on a specimen obtained during
		endoscopy, colectomy or autopsy. Diarrhoea is defined as three or more loose/watery bowel movements that take up the shape of their container (which are
		unusual or different for the patient) in a 24 hour period."
		2. New CDI Case - A case of CDI is considered a new CDI case is if it first diagnosis of CDI Or if the patient had CDI diagnose
		previously and this diagnosis if more than 8 weeks after a previous positive specimen
		3. Hospital - associated CDI (healthcare associated CDI - this hospital) A CDI case with either Onset of symptoms at least 48
		hours following admission to the reporting hospital or with onset of symptoms in the community within 4 weeks following
		discharge from the reporting hospital
3	KPI Rationale	To monitor progress towards the goal of reducing the occurrence of C. difficile infection in acute hospitals. A high proportion o hospital associated C. difficile is avoidable.
3a	Indicator Classification	National Scorecard Quadrant
		Quality and Safety
4	KPI Target	<2/10,000 bed days used
4a	Target Trajectory	Point in time
5	KPI Calculation	Numerator: Number of cases of hospital associated CDI infection as per definition above. Denominator: acute bed days used,
		provided by the HSE BIU acute unit. This is based on the average number of available acute in patient beds during the reportir
		month numerator/denominator*10,000
	Data Osuma a	,
6	Data Sources	Source: Monthly data report to BIU from each acute hospital
	Data sign off	Data should be approved for issue to BIU by Hospital Manager or CEO Completeness:100% of all acute hospitals must participate
ao	Data Quality Issues	Quality: Does include C. difficile infection cases with onset more than 4 weeks after acute hospital discharge
7	Data Collection Frequency	Monthly
8	Tracer Conditions (clinical	N/A
9	metrics only) Minimum Data Set (MDS)	Monthly data report by Acute Hospitals to BIU
9 10	International Comparison	European Centre for Disease Control
-		
11	KPI Monitoring	Monthly
12	KPI Reporting Frequency	Monthly
13	KPI report period	Monthly M
14	KPI Reporting Aggregation	National, HRA, Hospital
15	KPI is reported in which	Performance Report, Other
	reporte?	
16	Web link to published data	http://www.hse.ie/eng/services/Publications
17	Additional Information	KPI noted in National Service Plan 2025
t is po	plicy to include data in Open D	ata publication. Please indicate if there is an <u>exceptional</u> reason for this to be delayed
Conta	ct details	KPI owner/lead for implementation
		Name: Dr Eimear Brannigan
		Email address: AMRICClinicalLead@hse.ie
		Telephone Number:
		Data support
		Name: Acute Business Information Unit
		Email address: AcuteBIU@hse.ie
	and the second	Telephone Number 01 778 5222
Gover	nance/sign off	This sign off is the governance at Divisional level in respect of management of the KPI including data provision,
		validation, and use in performance management Operational National Director: National Director of Access and Integration

No	Steps	Detail supporting KPI
	KPI title & Number	
	A98	% of acute hospitals implementing the HSE Reserve Antimicrobials Policy
1b	KPI Short Title	% antimicrobial agents
	KPI Description	
		The implementation of the national policy on the reserve antimicrobial agents as per the definition below which will be reported to BIU by each hospital. The number of hospitals reporting positively will be represented as a % of all acute hospitals.
	KPI Rationale	There is an increasing prevalence of antimicrobial resistant pathogens causing invasive infection in Ireland. In parallel with the
		increasing levels of antimicrobial resistance, there has been an upward trend in antimicrobial consumption in hospitals in rece years. Of particular concern is the increasing consumption of broad-spectrum antibiotics. The HSE Reserve Antimicrobials Policy outlines the controls which should be in place at hospital level for the use certain antimicrobial agents. It is important to monitor the implementation of this policy nationally to improve practice and minimise antimicrobial resistance.
3a	Indicator Classification	National Scorecard Quadrant
		Quality and Safety
	KPI Target	100%
4a	Target Trajectory	Point in time
	KPI Calculation	The no. of acute hospitals reporting implementation of the HSE Reserve Antimicrobials Policy as per the definition below, divided by the total number of acute hospitals, multiplied by 100.
	Data Sources	Source: Quarterly data report to BIU from each acute hospital
	Data sign off	Data should be approved for issue to BIU by Hospital Manager or CEO
6b	Data Quality Issues	dependant on hospitals being in a position to track required information and report same quarterly to BIU Quarterly
	Data Collection Frequency Tracer Conditions (clinical	N/A
	metrics only)	
	Minimum Data Set (MDS)	BIU Reporting template for same
0	International Comparison	Not Known
1	KPI Monitoring	Quarterly
2	KPI Reporting Frequency	Quarterly
3	KPI report period	Quarterly Q
4	KPI Reporting Aggregation	National, HRA, Hospital
5	KPI is reported in which reports?	Performance Report, Other
6	Web link to published data	None
7	Additional Information	KPI noted in National Service Plan 2025
		Pata publication. Please indicate if there is an <u>exceptional</u> reason for this to be delayed
onta	ct details	KPI owner/lead for implementation
		Name: Dr Eimear Brannigan
		Email address: AMRICClinicalLead@hse.ie
		Telephone Number:
		Data support
		Name: Acute Business Information Unit
		Email address: AcuteBIU@hse.ie
		Telephone Number 01 778 5222
iover	nance/sign off	This sign off is the governance at Divisional level in respect of management of the KPI including data provision,
		validation, and use in performance management
		Operational National Director: National Director of Access and Integration
Pl's	will be deemed 'active' until a f	formal request to change or remove is received
		Appendix 1: HSE Reserve Antimicrobials Policy - DEFINITION OF IMPLEMENTATION
	A	Above policy considered implemented if hospital can state yes to all of the following criteria
	CPE012	Is there a local Infection prevention and Control / Antimicrobial Surveillance(IPC/AMS) team in place in the hospital?
	0. 2012	
	CPE013	Is there a local Infection prevention and Control / Antimicrobial Surveillance Committee in place in the hospital?
	CPE014	Does the hospital have a list of reserve antimicrobials which is in accordance with the above mentioned policy?
	CPE014	Does the hospital have a list of reserve antimicrobials which is in accordance with the above mentioned policy? Does the hospital have a process in place to ensure pre- or post- authorisation by a consultant or SpR in Microbiology or

KPI to 4 Number Ar13 Note of medication incidents as reported to NNRS per 1.000 beds           10 KPI Short Title         NRS           11 KPI Short Title         NRS           12 KPI Short Title         NRS           13 KPI Short Title         NRS           14 KPI Short Title         NRS           15 KPI Nation Title         NRS <tr< th=""><th>No 1</th><th></th><th></th></tr<>	No 1		
Ar13         Rate of medication includents are reported to NMS per 1.000 beds           BY BS end T         Number of the State of th	•	Steps KPI title & Number	
KPI Description         Reports to Re NIMS system of an nodest relies to metadiation per 1000 in-patient but days. An nodest in defined as in uncontrol in coursen, which causes to near heat perturbation in the antime indexing in the near miss. This is a harmonic discussement, and the second integrit is and the indexing integrit in a cause envision, exp. The second integrit is investigated in the second integrit is investigated in the indexing integrit is investigated in the second integrit is investigated integrit integrit integrit is investigated integrit is investigated integrit			Rate of medication incidents as reported to NIMS per 1,000 beds
Instruction         unplanned, unexpected or uncommolog occurrence, which causes (or has the potential to cause) intermitting, a near time, diversion over, and intermitting, and the miting of the structure service.           Ref Rationale         Medicator Cause (or has the potential to cause) over the structure service or the miting of the services.           Ref Rationale         Medicator Cause (or has the potential to cause) over the structure service.           Bit dictator Cause(final the the patient way be an inpatient, day case patient or any other depatiments plant while settering an acute hospital for services.           Bit dictator Cause(final the the patient way be an inpatient, day case patient or any other depatiments (interminent).           Reporting plantitures the individual tradition of ratio and stoce associated with adverse drug provement.           Reporting plantitures the individual tradition of ratio and stoce associated with adverse drug provement.           Reporting plantitures the individual tradition of ratio and stoce associated with adverse drug provement.           Reporting plantitures the individual tradition of ratio and stoce associated with adverse drug provement.           Reporting plantitures the individual tradition of ratio and stoce associated on NIMS Notes.           Reporting Products.         Notes case of reporting Products.           Notes case of reporting products.         Notes case of reporting products.           Reporting Products.         Notes case of ratio and products.           Notes associate drug products.         Notes case of repor	1b	KPI Short Title	NIMS
damage, related to medication. An involution table to be a harmful incloser (adverse event), and harm incloser).         Response to medication. An involution relation child of child inclosers in cutter sortices only. Where a patient is more with a the attending an accel to hepdite for services.           KPI Factionale         Medicines in the medication-tabled child of inclosers in cutter sortices only. Where a patient while attending an accel to hepdite for services.           Average to the medication of the attending and acceleration of the attending and and the attending and acceleration attending and and the attending and and the attending and acceleration attending and and the attending and attending attending and attending and attending attending and attending attending and attending atten	2	KPI Description	Reports to the NIMS system of an incident related to medication per 1000 in-patient bed days. An incident is defined as an
dangerous accurrence or complexit (State Claims Agency). This KCP relates to report medication view (and incluind index in a poste envices orly, Where a patient is included in the interder includent from the poster in register. All you can patient or objective to include the interder includent from the poster in register. All you can patient and accurate and contribute to significant improvement in Health when used includent from the poster in register. All you can patient with a bit the interder includent of the poster in register. All you can be appreciated in the patient in the interder includent of the poster in the poster includent of the patient the poster includent of the patient includent includent of the poster includent includent of the patient the poster includent of the patient includent of the patient is and the poster includent of the patient is an originate of the patient is and the patient is and the poster includent of the patient is and the patient of the patient of the patient of the patient of the patient is and the patient of the patient is and the patient of th	-	· · · · · · · · · · · · · · · · · · ·	unplanned, unexpected or uncontrolled occurrence, which causes (or has the potential to cause) injury, ill-health and/or
This KM relates to reported midetation-related allocal indicatis in acute services only. Where a patient is introved in the indication was an indication, yeas an patient or using other patient with a indication of the service department patient with a indication of the service department patient with a indication of the service department is patient with a deven dup events (harm) and with more more than the used appropriately. However, medicines can also be associated with a deven dup events (harm) and with more d			damage, related to medication. An incident can be a harmful incident (adverse event), a no harm incident, a near miss,
Indiant then the patient may be an impairent, day case patient or uppatient or uppatient or patient while attending an acutores.           KPI Rationale         Medicines are the most corrent treatment used in heathcare and contribute to significant improvement. Interprove captoring is a key scontamidation of risk and opportunity for the social and t			dangerous occurrence or complaint (State Claims Agency).
an acta hospital for services.           KPI Rationale         Acta hospital for services.           KPI Rationale         Reporting for services.           Report of the theory of theory of theory of theory of theory of the theory of the theory of			This KPI relates to reported medication-related clinical incidents in acute services only. Where a patient is involved in the
KPI Rationale         Additions are the med common frequency toxed in testingent and contributes to significant improvement in health when used the service of the medication errors. Reporting facilitaties the identification of risk and opportunities for improvement. Reporting facilitaties the identification of risk and opportunities for improvement. Reporting facilitaties the identification of risk and opportunities for improvement. Reporting facilitaties the identification of risk and opportunities for improvement. Reporting facilitaties the identification of risk and opportunities for improvement. Reporting facilitaties the identification-related facult/like/2016-01/Medication-Safety Monitoring /Programme in Public Acute Hospitals the identification-related facult/like/2016-01/Medication-Safety Monitoring /Programme in Public Reporting facilitaties the identification-related darge Calculation and incident darge facilitaties are imported on NMS Publication and incident facilitation-related darge Calculate are by dviding the numerator by the denominant and multiplying by 1.000. Data Sources MNS National Incident Management System). Data uselling depends on competencies and temelines of reporting incidents and error to the darge incident darge incidents in incident regional system. And a subcement day hyteophila Data Callerciten Frequency NMS Is unable to dasgergate inpatients from other patients darge in competencies and temelines of reporting incidents and provide darge incident set individent in other set in the medication approximation of a proximation of proximate darge in thematication related in thematin a set in the medic			incident then the patient may be an inpatient, day case patient or outpatient or any other department patient while attending
Medicines are the most common interment used in healthcare and contribute is significant increased in the formation errors. Importance is accurate with interace drug on the horizon of the most control of the horizon of the most control of the horizon of the most control of the horizon			an acute hospital for services.
appropriately, However, medicines can also be associated with adverse drug events (harm) and with medication errors. Reporting toolities to instruction in instruction of HIGA severices report on Medication Safety Monitoring Programms in Public Auto Programms in Public Automal Scienceard Quartant Data Calesciant Cassification Also part Lobol bad days APT Target APT Targ		KPI Rationale	
Reporting facilitaties the identification of risk and opportunities for improvement. Improved reporting is a key recommodation of HDAS eventwy report of Macdication Safety Monitoring Programme in Public Acta Hospitals https://www.hisa.ielitea/defau/files/2019-01/Medication-Safety/Oenview-Report pdf           3a Indicator Classification (Acta Hospitals https://www.hisa.ielitea/defau/files/2019-01/Medication-Safety/Oenview-Report pdf           4b Indicator Classification (Acta Hospitals https://www.hisa.ielitea/defau/files/2019-01/Medication-Safety/Oenview-Report pdf           4b Indicator Classification (Acta Hospitals https://www.hisa.ielitea/defau/files/2019-01/Medication-Safety/Oenview-Report pdf           4b Indicator Classification (Acta Hospitals Hospitals) - Sub-Hazard Type: Medications and entry to MIAS. Hospitals - Sub-Hazard Type: Medications and entry to MIAS. Hospitals - Sub-Hazard Type: Medications - Data Sources           6b Data Sources         NIMS (Nikolo Bit a in incident topoting system (Call an outcome reporting system) - Data Sources           6b Data Cuality Issues         SII provide led days used each month as submitted by hospitals The denominator (bit days) does not reflect days case or outcation controllegation and unlines of reporting incidents in the denominator (bit days) does not reflect days case or outcation fraceting and the efforts phrase hybrid in some hospitals if Dependent to Intelly: reporting and data erby to NIMS.           0 Data Collection Frequency Minitum Data Set (MDD)         NMIAS           Minitum Data Set (MDD)         NMIAS           1 Performation Generalized by incident reporting protein data erby to NIMS.           2 Parent Conditions (Linkas Hub			
Improved reporting is a key recommendation of HIGA so overview report on Medication Safety Monitoring Programme in Public Active Cases/Teacher Report pdf           3a Indicator Classification         Nelsonal Scoreact Quadrant Quadrant Active Report pdf           KPT arget         23.3 D per 1.000 bed days           KPT Calculation         Nelsonal Scoreact Quadrant Quadrant Active Report pdf           View Calculation         Nelsonal Scoreact Quadrant Quadrant Active Reporting Notition           - Data Sources         Part Internetion Total number of medication-related incidents as reported on NIMS           - Data Sources         TWIS Nelsonal Incident Management System). Data guadra Speends on completeness and timelines of reporting incidents           - Data Sources         TWIS Nelsonal Incident Management System). Data guadra Speends on completeness and timelines of reporting incidents           - Bata Sources         TWIS Nelsonal Incident Management System). Data guadra Speends on completeness and timelines of reporting incidents           - Bata Sources         TWIS Nelsonal Incident Management System). Data guadra Speends on completeness and timelines of reporting incidents           - Bata Sources         TWIS Nelsonal Incident Management System). Data guadra Speends on completeness and timelines of reporting incidents           - Bata Sources         TWIS Nelsonal Incident Management System). Data guadra Speends on completeness and timelines of reporting incidents           - Bata Sources         TWIS Nelsonal Incident Management System). Data Speends on completen			
Actue Hospitals https://www.htgs.tesiles/default/lise2019.01/Medication-Safety-Overview-Report.pdf           3a         Indicator Classification           3b         Indicator Classification           3b         Indicator Classification           3b         Indicator Classification           3b         Indicator Classification           4P1 Calculation         Apr 1.000 bed days           4P1 Calculation         Numerator: Total number of invalidation-related incidents as reported on NIMS NIMS: Date of Indicators B Demonstructor Total number of invalidation           5a         Date Sources         NUM Recision Sources           6a         Date Sources         NUM Recision Sources           6b         Date Sources         NUM Recision Sources         NUM Source Information Classifier Sources           6b         Data Quality Issues         BUI provide led days used each month as ubernited by hospitals           7         Trace Conditions (Ented mode and frequency properting and data set pip Join Mark 2000 Properemonte pip Join Mark 2000 Properting and data set pip Jo			
3a         Indicator Classification         National Science of Quadrant           VPT arget         23.0 per 1.000 bed day           VPT Calculation         Numerator. Test number of medication-related incidents as reported on NIMS           VPT Calculation         Numerator. Test number of medication-related incidents as reported on NIMS           VPT Calculation         Numerator. Test number of medication-related incidents as reported on NIMS           Data Sources         NIMS: Incident Reporting Month           VPTo Was Incident Sector Data         Denominator: Total number of incident data generation of number of medication of number of medication on completeness and unreliness of reporting incidents and sources reporting system.           60         Data Sources         NIMS (National Incident Management System). Data quality depends on completeness and unreliness of reporting incidents for an outcome reportening system.           61         Data Collection Frequency         NIMS (National Incident Management System). Data quality depends on complement activity and is therefore a proxy for inhospital activity. NIMS is unable to disaggregate inpatients from other patients types. Consequently, rates may be higher in some hospitals if out-patient of any calculary teporting and data entry to NIMS.           Data Collection Frequency         Monthy         Tracer Conditions (Cillical Northy Counterly Reports, available form high: Avww england. Avw content/Q200 NiArbs Reporting Area (Pagenas)           1         Monthy         Expland. A Sind BDU reported to BIU			
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NINS:       Date of Incident: Reporting Month         - Who Was Involved: Service User       - Division: Acade Hooptails         - Dublish Acade Hooptails       - Division: Acade Hooptails         - Decominator: Trait number of in-patient beil days       - Calculate rate by Winding the numericatory the denominator and multiplying by 1,000.         Date Sources       NIMS Number and Winding the numericatory the denominator and multiplying by 1,000.         Date sign off       BitU provide bed days used each month as submitted by hospitals         The denominator (bed days) does not reflect day case or outpatient activity and is therefore a proxy for inhospital activity.         NMS Is unable to disagregate mpatients from det patients types. Consequently, rates may be higher in some hospitals if Depondent on timely reporting and data entry to NIMS.         Data Collection Frequency       Monthy         Tracer Conditions (clinical metrics only)       NMS and BDU reported to BIU         Minimum Data Set (MDS)       NMS and BDU reported to BIU         Minimum Data Set (MDS)       NMS and BDU reported to BIU         Dependent       Net Sengland hospitals reported 222.014 medication incidents from April 2019 to March 2020 [National Reporting and Learning System. (UK). Quartery Reports, available from https://www.england.chis.uk/we2003.NAPSIRt.         Minimum Data Set (MDS)       NMS and BDU reported to BIU of the doing to 000 bey. 400	-		
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<ul> <li>Who Was Involved: Service User</li> <li>Who Was Involved: Service User</li> <li>Dublich: Acute Hospitals</li> <li>Sub-Hazzard Type: Medications</li> <li>Calculater rate by dividing the numerator by the denominator and multiplying by 1,000.</li> <li>Data Sources</li> <li>MUK Valution Information Type Hospitals</li> <li>Galculater rate by dividing the numerator by the denominator and multiplying by 1,000.</li> <li>Data Sources</li> <li>MUK Valution Information Was used rates how hospitals</li> <li>Galculater rate by dividing the numerator by the denominator and multiplying by 1,000.</li> <li>Data Collection Frequency</li> <li>Data Collection Frequency</li> <li>Mortily is subted to disagregate integration from other patients types. Consequently, rates may be higher in some hospitals if out-patient or day case incidents are frequently reported.</li> <li>Dependent on time reporting and data entry to NIMS.</li> <li>Data Collection Frequency</li> <li>Morting Data Set (MDS)</li> <li>NIMS and BDU reported to BIU</li> <li>Minimu Data Set (MDS)</li> <li>NIMS and BDU reported to BIU</li> <li>Minimu Data Set (MDS)</li> <li>NIMS and BDU reported to BIU</li> <li>Minimu Data Set (MDS)</li> <li>NIMS and BDU reported to BIU</li> <li>Minimu Data Set (MDS)</li> <li>NIMS and BDU reported to BIU</li> <li>Minimu Data Set (MDS)</li> <li>NIMS and BDU reported 222.514 medication incidents from https://www.angland.nha.uk/wp-content/uploads/222003NAPSIR- bed mathery reporting and data entry to NIMS.</li> <li>Dependent on time reported pz 1.000 bed days used per annum. In England 4.58 medication incidents are reported pz 1.000 bed days used per annum. In England 4.54 medication incidents are reported pz 1.000 bed days used per annum. In England 4.57 medication incidents are reported pz 1.000 bed days used per annum. In England 4.57 medication incidents areported p30 bio couporatis and thear theoletis and bed inmitery</li></ul>			
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Sub-Hazzer Type: Medications           Deta Sources         NMIX National number of m-palent bed days           Calculate rate by dividing the numerator by the denominator and multiplying by 1.000.           Data Sources         NMIX National Indent Management System). Data quality depends on completeness and timeliness of reporting incidents and entry to NMIS. NIMS is an incident reporting system not an outcome reporting system.           Ge         Data Sign off         Data Quality depends on completeness and timeliness of reporting incidents and entry to NMIS. NIMS is upone to disaggregate inpalents from other palents bytes. Consequently, rates may be higher in some hospitals if our-patient or day case incidents are frequently reported.           Data Collection Frequency         Monthy           Minimum Data Set (MOS)         NMIS and BDU reported to BIU           Minimum Data Set (MOS)         NMIS and BDU reported to BIU           Minimum Data Set (MOS)         NMIS and BDU reported to BIU           Minimum Data Set (MOS)         NMIS and BDU reported to BIU           Minimum Data Set (MOS)         NMIS and BDU reported to BIU           Minimum Data Set (MOS)         NMIS and BDU reported to BIU           Data Collection Frequency         Monthy           Observational studies and research evidence indicates medication error alse in the medicine use process far greater than those identified by the Social and entry to process (angle and the Normal Norma Norma Normal Norma Norma Normal Norma N			
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Telephone Number         01         778         5222           overnance/sign off         This sign off is the governance at Divisional level in respect of management of the KPI including data provision, validation, and use in performance management	2 3 4 5 7	KPI Reporting Frequency KPI report period KPI Reporting Aggregation KPI is reported in which reports? Web link to published data Additional Information	bed numbers: past, present, future] and up to 95% occupancy, giving just under 50 million bed days used per annum. In England, 4.5 medication incidents are reported per 1,000 bed days used. Observational studies and research evidence indicates medication error rates in the medicine use process far greater than those identified by incident reporting: • prescribing error rate in hospital, 7% of prescription items (Lewis PJ et al. Drug Safety 2009;32(5)379-89) • dispensing error rate in hospital, 0.02 – 2.7% of dispensed medicines (James KL et al. Int J Phar Pract. 2009; 17:9-30) • medicine administration errors in hospital, 3 – 8%. (Kelly J et al. J Clin Nursing 2011.21, 13-14, 1806-1815) Monthly Monthly M-2M National Annual Report; Performance Report/Profile; http://www.hse.ie/eng/services/publications/ Higher reporting rates provide the hospital with insight into some of its medication safety issues. Actions and improvement initiatives to reduce the risk of recurrence should result from analysis of incidents and trends. The mean rate of medication- related clinical incidents reported to NIMS was 2.6 per 1000 bed days in 2019 and 3.5 in 2020, with wide variation in reporting rates. Reporting rates in UK hospitals are higher, with a mean of 4.5 reports per 1000 bed days. Hospitals should ensure thei rate of medication-related clinical incident reporting consistently exceeds 3 reports per 1000 bed days and aim to achieve a higher reporting rate reflective of a positive patient safety culture. <b>Tate publication.</b> Please indicate if there is an exceptional reason for this to be delayed <b>KPI owner/lead for implementation</b> Name: Clinical Lead Medication Safety Improvement Programme, Clinical Lead 1 National Medication Safety Programme Health Service Executive 1 National Quality and Patient Safety Directorate Email address: ciara.kirke@hse.ie Telephone Number: 087 2955048 Data support
overnance/sign off This sign off is the governance at Divisional level in respect of management of the KPI including data provision, validation, and use in performance management	is pc	KPI Reporting Frequency KPI report period KPI Reporting Aggregation KPI is reported in which reports? Web link to published data Additional Information	bed numbers: past, present, future] and up to 95% occupancy, giving just under 50 million bed days used per annum. In England, 4.5 medication incidents are reported per 1,000 bed days used. Observational studies and research evidence indicates medication error rates in the medicine use process far greater than those identified by incident reporting: • prescribing error rate in hospital, 7% of prescription items (Lewis PJ et al. Drug Safety 2009;32(5)379-89) • dispensing error rate in hospital, 0.02 – 2.7% of dispensed medicines (James KL et al. Int J Phar Pract. 2009; 17:9-30) • medicine administration errors in hospital, 3 – 8%. (Kelly J et al. J Clin Nursing 2011.21, 13-14, 1806-1815) Monthly Monthly Monthly Monthly Mational Annual Report; Performance Report/Profile; http://www.hse.ie/eng/services/publications/ Higher reporting rates provide the hospital with insight into some of its medication safety issues. Actions and improvement initiatives to reduce the risk of recurrence should result from analysis of incidents and trends. The mean rate of medication- related clinical incidents reported to NIMS was 2.6 per 1000 bed days in 2019 and 3.5 in 2020, with wide variation in reporting rates. Reporting rates in UK hospitals are higher, with a mean of 4.5 reports per 1000 bed days and aim to achieve a higher reporting rate reflective of a positive patient safety culture. http://www.flead for implementation Name: Ciara Kirke, Clinical Lead Medication Safety Improvement Programme, Clinical Lead 1 National Medication Safety Programme Health Service Executive 1 National Quality and Patient Safety Directorate Email address: ciara Kirke@hse.ie Telephone Number: 087 2955048 Data support Name: Acute Business Information Unit
validation, and use in performance management	is pc	KPI Reporting Frequency KPI report period KPI Reporting Aggregation KPI is reported in which reports? Web link to published data Additional Information	bed numbers: past, present, future] and up to 95% occupancy, giving just under 50 million bed days used per annum. In England, 4.5 medication incidents are reported per 1,000 bed days used. Observational studies and research evidence indicates medication error rates in the medicine use process far greater than those identified by incident reporting: • prescribing error rate in hospital, 7% of prescription items (Lewis PJ et al. Drug Safety 2009;32(5)379-89) • dispensing error rate in hospital, 0.02 – 2.7% of dispensed medicines (James KL et al. Int J Phar Pract. 2009; 17:9-30) • medicine administration errors in hospital, 3 – 8%. (Kelly J et al. J Clin Nursing 2011.21, 13-14, 1806-1815) Monthly Monthly Monthly M-2M National Annual Report; Performance Report/Profile; http://www.hse.ie/eng/services/publications/ Higher reporting rates provide the hospital with insight into some of its medication safety issues. Actions and improvement initiatives to reduce the risk of recurrence should result from analysis of incidents and strends. The mean rate of medication- related clinical incidents reported to NIMS was 2.6 per 1000 bed days in 2019 and 3.5 in 2020, with wide variation in reporting rates. Reporting rates provide the NMS was 2.6 per 1000 bed days in 2019 and 3.5 in 2020, with wide variation in reporting rates. Reporting rate reflective of a positive patient safety culture. <b>Jate publication. Please indicate if there is an exceptional reason for this to be delayed</b> <b>KPI owner/lead for implementation</b> Name: Clara Kirke, Clinical Lead Medication Safety Improvement Programme, Clinical Lead I National Medication Safety Programme Health Service Executive I National Quality and Patient Safety Directorate Email address: ciara kirke@hse.ie Telephone Number: 087 2955048 Data support Name: Acute Business Information Unit Email address: AcuteBIU@hse.ie
	is pc	KPI Reporting Frequency KPI report period KPI Reporting Aggregation KPI is reported in which reports? Web link to published data Additional Information	bed numbers: past, present, future] and up to 95% occupancy, giving just under 50 million bed days used per annum. In England, 4.5 medication incidents are reported per 1,000 bed days used. Observational studies and research evidence indicates medication error rates in the medicine use process far greater than those identified by incident reporting: • prescribing error rate in hospital, 7% of prescription items (Lewis PJ et al. Drug Safety 2009;32(5)379-89) • dispensing error rate in hospitals, 0.02 – 2.7% of dispensed medicines (James KL et al. Int J Phar Pract. 2009; 17:9-30) • medicine administration errors in hospital, 3 – 8%. (Kelly J et al. J Clin Nursing 2011.21, 13-14, 1806-1815) Monthly Monthly Monthly M-2M National Annual Report; Performance Report/Profile; http://www.hse.ie/eng/services/publications/ Higher reporting rates provide the hospital with insight into some of its medication safety issues. Actions and improvement initiatives to reduce the risk of recurrence should result from analysis of incidents and trends. The mean rate of medication- related clinical incidents reported to NIMS was 2.6 per 1000 bed days in 2019 and 3.5 in 2020, with wide variation in reporting rates. Reporting rates in UK hospitals are higher, with a mean of 4.5 reports per 1000 bed days. Hospitals should ensure the rate of medication-related clinical incident reporting consistently exceeds 3 reports per 1000 bed days and aim to achieve a higher reporting rate reflective of a positive patient safety culture. <b>&gt; ata publication. Please indicate if there is an exceptional reason for this to be delayed</b> <b>KPI owner/lead for implementation</b> Name: Clara Kirke, Clinical Lead Medication Safety Improvement Programme, Clinical Lead 1 National Medication Safety Programme Health Service Executive 1 National Quality and Patient Safety Directorate Email address: cara.kirke@hse.ie Telephone Number: 087 2955048 <b>Data support</b> Name: Acute Business Information Unit Email address: AcuteBU@hse.ie Telephone Number 01 778 5222
Operational National Directory National Directory of Access and Internation	2 3 1 5 5 7	KPI Reporting Frequency KPI report period KPI Reporting Aggregation KPI is reported in which reports? Web link to published data Additional Information	bed numbers: past, present, future] and up to 95% occupancy. giving just under 50 million bed days used per annum. In England, 4.5 medication incidents are reported per 1,000 bed days used. Observational studies and research evidence indicates medication error rates in the medicine use process far greater than those identified by incident reporting: • prescribing error rate in hospital, 7% of prescription items (Lewis PJ et al. Drug Safety 2009;32(5)379-89) • dispensing error rate in hospital, 3, 0.02 – 2.7% of dispensed medicines (James KL et al. Int J Phar Pract. 2009; 17:9-30) • medicine administration errors in hospital, 3 – 8%. (Kelly J et al. J Clin Nursing 2011.21, 13-14, 1806-1815) Monthly Monthly M-2M National Annual Report; Performance Report/Profile; http://www.hse.ie/eng/services/publications/ Higher reporting rates provide the hospital with insight into some of its medication safety issues. Actions and improvement initiatives to reduce the risk of recurrence should result from analysis of incidents and trends. The mean rate of medication- related clinical incidents reported to NIMS was 2.6 per 1000 bed days in 2019 and 3.5 in 2020, with wide variation in reporting rates. Reporting rates in UK hospitals are higher, with a mean of 4.5 reports per 1000 bed days and aim to achieve a higher reporting rate reflective of a positive patient safety culture. <b>Data publication.</b> Please <b>indicate</b> if there is an exceptional reason for this to be delayed <b>KPI owner/lead for implementation</b> Name: Clara Kirke, Clinical Lead Medication Safety Improvement Programme, Clinical Lead 1 National Medication Safety Programme Health Service Executive 1 National Quality and Patient Safety Directorate Email address: actueBUM per 18522 <b>This sign off is the governance at Divisional level in respect of management of the KPI including data provision</b> ,
Indecational national nifector of access and integration	is pc	KPI Reporting Frequency KPI report period KPI Reporting Aggregation KPI is reported in which reports? Web link to published data Additional Information	bed numbers: past, present, future] and up to 95% occupancy. giving just under 50 million bed days used per annum. In England, 4.5 medication incidents are reported per 1,000 bed days used. Observational studies and research evidence indicates medication error rates in the medicine use process far greater than those identified by incident reporting: • prescribing error rate in hospital, 7% of prescription items (Lewis PJ et al. Drug Safety 2009;32(5)379-89) • dispensing error rate in hospital, 3, 0.02 – 2.7% of dispensed medicines (James KL et al. Int J Phar Pract. 2009; 17:9-30) • medicine administration errors in hospital, 3 – 8%. (Kelly J et al. J Clin Nursing 2011.21, 13-14, 1806-1815) Monthly Monthly M-2M National Annual Report; Performance Report/Profile; http://www.hse.ie/eng/services/publications/ Higher reporting rates provide the hospital with insight into some of its medication safety issues. Actions and improvement initiatives to reduce the risk of recurrence should result from analysis of incidents and trends. The mean rate of medication- related clinical incidents reported to NIMS was 2.6 per 1000 bed days in 2019 and 3.5 in 2020, with wide variation in reporting rates. Reporting rates in UK hospitals are higher, with a mean of 4.5 reports per 1000 bed days and aim to achieve a higher reporting rate reflective of a positive patient safety culture. <b>Data publication.</b> Please <b>indicate</b> if there is an exceptional reason for this to be delayed <b>KPI owner/lead for implementation</b> Name: Clara Kirke, Clinical Lead Medication Safety Improvement Programme, Clinical Lead 1 National Medication Safety Programme Health Service Executive 1 National Quality and Patient Safety Directorate Email address: actueBUM per 18522 <b>This sign off is the governance at Divisional level in respect of management of the KPI including data provision</b> ,
Pl's will be deemed 'active' until a formal request to change or remove is received	is po	KPI Reporting Frequency KPI report period KPI Reporting Aggregation KPI is reported in which reports? Web link to published data Additional Information	bed numbers: past, present, future] and up to 95% occupancy, giving just under 50 million bed days used per annum. In England, 4.5 medication incidents are reported per 1,000 bed days used. Observational studies and research evidence indicates medication error rates in the medicine use process far greater than those identified by incident reporting: • prescribing error rate in hospital, 7% of prescription items (Lewis PJ et al. Drug Safety 2009;32(5)379-89) • dispensing error rate in hospital, 3, 0.02 – 2.7% of dispensed medicines (James KL et al. Int J Phar Pract, 2009; 17:9-30) • medicine administration errors in hospital, 3 – 8%. (Kelly J et al. J Clin Nursing 2011.21, 13-14, 1806-1815) Monthly Monthly M-2M National Annual Report; Performance Report/Profile; http://www.hse.ie/eng/services/publications/ Higher reporting rates provide the hospital with insight into some of its medication safety issues. Actions and improvement initiatives to reduce the risk of recurrence should result from analysis of incidents and trends. The mean rate of medication- related clinical incidents reported to NIMS was 2.6 per 1000 bed days in 2019 and 3.5 in 2020, with wide variation in reporting rates. Reporting rates in UK hospitals are higher, with a mean of 4.5 reports per 1000 bed days and aim to achieve a higher reporting rate reflective of a positive patient safety culture. <b>Data publication.</b> Please <b>indicate in there is an exceptional reason for this to be delayed</b> <b>KPI owner/lead for implementation</b> Name: Clara Kirke, Clinical Lead Medication Safety Improvement Programme, Clinical Lead I National Medication Safety Programme Health Service Executive I National Quality and Patient Safety Directorate Email address: acuteBlue. Be.ie Telephone Number: 087 2955048 Data support Name: Acute Business Information Unit Email address: AcuteBU @hse.ie Telephone Number 01 778 55222 This sign off is the governance at Divisional level in respect of management of the KPI including data provision,

	ite Division - I <u>rish</u>	National Early Warning System (INEWS) - Metadata 2025
lo	Steps	Detail supporting KPI
	KPI title & Number A114	% of hospitals implementing INEWS in all clinical areas of acute hospitals (as per 2019 definition)
1h	KPI Short Title	% INEWS
	KPI Description	% of Hospitals that confirm that they are implementing the Irish National Early Warning System (INEWS) for non pregnant adult patients as per definition in Appendix 1.
	KPI Rationale	To monitor the implentation of INEWS. To improve the governance of the Irish National Early Warning System (INEWS) by the use of outcome data. To improve the recognition and response of deteriorating adult non-pregnant patients. To ensure adequate numbers of healthcare professionals are trained in the use of the INEWS
3a	Indicator Classification	National Scorecard Quadrant Quality and Safety
	KPI Target	100%
4a	Target Trajectory	Point in time
	KPI Calculation	Numerator: The total number of hospitals who confirm that they are implementing INEWS for non pregnant adult (16 years and over) patients as per definition in Appendix 1 multipled by 100. Denominator: The total number of hospitals (currently 47)
	Data Sources	Acute Hospitals
	Data sign off	Hospital CEO/GM
6b	Data Quality Issues	Not all Maternity Hospital/Units/Department will admit non-pregnant adult patients and not all Paediatric Hospitals/Units/Department will admit non-pregnant adult patients.
	Data Collection Frequency	Quarterly
	Tracer Conditions (clinical	Cardiorespiratory arrest, unplanned admission/readmissions to ICU
	metrics only)	
	Minimum Data Set (MDS)	INEWS Quarterly Report
0	International Comparison	NEWS1 (UK), NEWS2 (UK) https://www.rcplondon.ac.uk/projects/outputs/national-early-warning-score-news-2
1	KPI Monitoring	Quarterly
2	KPI Reporting Frequency	Quarterly
3	KPI report period	Quarterly
4	KPI Reporting Aggregation	National MDR
5	KPI is reported in which reports?	Annual Report; Performance Report/Profile
6	Web link to published data	N/A
	Additional Information	
		ata publication. Please indicate if there is an <u>exceptional</u> reason for this to be delayed
conta	ct details	KPI owner/lead for implementation
		Name: Bláthnaid Connolly
		Email address: blathnaid.connolly2@hse.ie
		Telephone Number:
		Data support
		Name: Acute Business Information Unit
		Email address: AcuteBIU@hse.ie
		Telephone Number 01 778 5222
Gover	nance/sign off	This sign off is the governance at Divisional level in respect of management of the KPI including data provision,
	-	validation, and use in performance management
		Operational National Director: National Director of Access and Integration
		ormal request to change or remove is received

	Appendix 1 INEWS considered implementated if hospital can state yes to all of the following criteria for all adult (16 years and over) non-pregnant patients
1	
	Is there a local National Early Warning System (INEWS)/EWS Governance Group in place and meetings held on quarterly basis with reports, including the elements of this KPI, submitted to and reviewed by hospital CEO/GM/Clinical Director?
2	
	Is the percentage of nursing staff who have completed INEWS training measured, monitored and a plan in place to achieve a minimum of the target of 85% trained?
3	
	Is the percentage of medical staff who have completed INEWS training measured, monitored and a plan in place to achieve a minimum of the target of 85% trained?
4	
	Prior to Goverance Group quarterly meetings has there been an audit of hospital's recognition and response practices against key INEWS recommendations (audit of minimum 5 healthcare records quarterly) and reported to the Governance group?
5	
	Are plans underway to ensure that the aggregatted outcomes (total number of cardiorespiratory arrests, unplanned admissions to ICU and readmissions to ICU) are monitored, reviewed and managed at local level?
6	
	Have identified deficits/gaps been formulated into an improvement plan with key actions and timeframes identifed and reported on quarterly to CEO/GM/Clinical Director?

Appendix 2: INEWS Hospitals list. Children's Health Ireland (CHI at Crumlin, CHI at Tallaght, CHI at Temple St) Coombe Women and Infants University Hospital MRH Portlaoise MRH Tullamore Naas General Hospital St. James's Hospital St. Luke's Radiation Oncology Network Tallaght University Hospital Cappagh National Orthopaedic Hospital Mater Misericordiae University Hospital MRH Mullingar National Maternity Hospital Our Lady's Hospital Navan Royal Victoria Eye and Ear Hospital St. Columcille's Hospital St. Luke's General Hospital St. Luke's General Hospital K. Michael's Hospital St. Vincent's University Hospital Wexford General Hospital Beaumont Hospital Cavan General Hospital includes Monaghan General Hospital Connolly Hospital Louth County Hospital Our Lady of Lourdes Hospital Rotunda Hospital Galway University Hospitals Letterkenny University Hospital Mayo University Hospital Portiuncula University Hospital Roscommon University Hospital Sligo University Hospital Bantry General Hospital Cork University Hospital Cork University Maternity Hospital Lourdes Orthopaedic Hospital Kilcreene Mallow General Hospital Mercy University Hospital South Infirmary Victoria University Hospital South Tipperary General Hospital UH Kerry UH Waterford Croom Orthopaedic Hospital Ennis Hospital Nenagh Hospital St. John's Hospital Limerick UH Limerick UMH Limerick

lo	Steps	Detail supporting KPI
	KPI title & Number	% of hospitals implementing Paediatric Early Warning System (PEWS)
	A56	
1b	KPI Short Title	PEWS
	KPI Description	The Irish Paediatric Early Warning System (PEWS) should be used in any inpatient setting where children are admitted and observations are routinely required, in accordance with NCG no.12 PEWS Recommendation 1 and as per Paediatric Model of Care: up to the eve of their 16th birthday unless in a planned transition of care up to the eve of their 18th birthday.
	KPI Rationale	To monitor the implementation of PEWS
3a	Indicator Classification	National Scorecard Quadrant
Ju	indicator of assincation	Quality and Safety
	KPI Target	
4a	Target Trajectory	Point in time
1	KPI Calculation	Numerator: The total number of hospitals in Ireland requiring PEWS where children are treated and PEWS should be implemented. Denominator: The total number of hospitals in Ireland confirming implementation of PEWS according to the definition attached (31 hospitals to date, List attached)
i	Data Sources	Verified by hospital PEWS governance group chair as per definition attached and reported by hospital/hospital group to HSE BIU
6a	Data sign off	
6b	Data Quality Issues	
	Data Collection Frequency	Quarterly
	Tracer Conditions (clinical metrics only)	N/A
	Minimum Data Set (MDS)	
0	International Comparison	N/A
1	KPI Monitoring	Quarterly
2	KPI Reporting Frequency	Quarterly
3	KPI report period	Quarterly
4	KPI Reporting Aggregation	National MDR
5	KPI is reported in which reports?	Annual Report; Performance Report/Profile
6	Web link to published data	N/A
	Additional Information	
is po	plicy to include data in Open D	ata publication. Please indicate if there is an <u>exceptional</u> reason for this to be delayed
onta	ct details	KPI owner/lead for implementation
		Name:
		Email Address:
		Telephone Number:
		Data support
		Name: Acute Business Information Unit Email address; AcuteBIU@hse.ie
		Telephone Number 01 778 5222
	noncoloign off	This sign off is the governance at Divisional level in respect of management of the KPI including data provision,
Governance/sign off		validation, and use in performance management

	Appendix 1 PEWS considered implementated if hopital can state yes to all of the following criteria		
Criter	Criteria		
ia no.			
1	Is there a local PEWS Governance Group in place and meetings on a quarterly basis?		
2	Is there a named consultant lead for PEWS?		
3	Is there a named nurse lead for PEWS?		
4	Is there a PEWS training programme in place for nurses in the hospital?		
5	Is there a PEWS training programme in place for doctors who may attend paediatric patients in the hospital?		
6	Are all admitted children monitored using PEWS?		
7	Is the national PEWS audit tool utilised at least monthly with a minimum of 5 charts in each relevant clinical area? (this data is taken from the hospital PEWS		
8	Is there evidence that where a deficit/gap is identified through audit, appropriate quality improvement plans are recorded and actioned?		
9	Is the minimum recommended dataset for clinical outcomes (NCG No. 12 section 1.13) being recorded at local level?		
10	Has the data submitted in this report been verified / approved by the PEWS governance Chair as per definition attached? Enter the name of the signatory in the		

Appendix 2: PEWS List of Hospitals Children's Health Ireland (CHI at Crumlin, CHI at Tallaght, CHI at Temple St) MRH Portlaoise MRH Tullamore Cappagh National Orthopaedic Hospital MRH Mullingar Royal Victoria Eye and Ear Hospital St. Luke's General Hospital Kilkenny Wexford General Hospital Beaumont Hospital Cavan General Hospital includes Monaghan General Hospital Our Lady of Lourdes Hospital Galway University Hospitals Letterkenny University Hospital Mayo University Hospital Portiuncula University Hospital Roscommon University Hospital Sligo University Hospital Cork University Hospital Mercy University Hospital South Infirmary Victoria University Hospital South Tipperary General Hospital UH Kerry UH Waterford Croom Orthopaedic Hospital Ennis Hospital Nenagh Hospital UH Limerick

Acute Division - HPSIR - Metadata 2025		
lo	Steps	Detail supporting KPI
	KPI title & Number A62	% of acute hospitals that have completed and published monthly hospital patient safety indicator reports
1b	KPI Short Title	Acute Hospital Safety Statements
2	KPI Description	The percentage of acute hospitals who have completed a monthly Hospital Patient Safety Indicator Report (HPSIR), discusse the HPSIR at hospital management meetings each month (verified by hospital General Manager/CEO signature), and published on hospital websites by the last day of the following month that it is reported on, i.e. January data is published on la day of March and reported in April.
3	KPI Rationale	The objective in publishing the HPSIR is to provide public assurance, by communicating with its patients, staff and wider publi in an open and transparent manner, that important patient safety indicators are being monitored by hospital management on continual basis. The HPSIR is not intended to be used for comparative purposes as the clinical activity, patient profile and complexity of each hospital can differ significantly.
3a	Indicator Classification	National Scorecard Quadrant Quality and Safety
ŧ.	KPI Target	100%
5	KPI Calculation	Numerator: Total number of acute hospitals who have completed and published the HPSIR on the last day of the following month that it is reported on (i.e. January data is published on last day of March) Denominator: Total number of acute hospitals Calculate percentage by dividing the numerator by the denominator and multiplying by 100.
6	Data Sources	BIU: Data taken from BIU MDR to populate the HPSIR for that particular month will not reflect further changes that may occur in later versions of the BIU MDR.
<b>6</b> a	Data sign off	
6b	Data Quality Issues	
	Data Collection Frequency	Monthly
•	Tracer Conditions (clinical metrics only)	N/A
)	Minimum Data Set (MDS)	Number of HPSIRs completed, signed and published.
0	International Comparison	N/A
1	KPI Monitoring	Monthly
2	KPI Reporting Frequency	Monthly
3	KPI report period	M-2M
4	KPI Reporting Aggregation	National, HRA, Hospital,
5	KPI is reported in which reports?	Performance Report/Profile
16	Web link to published data	http://www.hse.ie/eng/services/list/3/acutehospitals/patientcare/Hospital-Patient-Safety-Indicators-Reports/
7	Additional Information	KPI noted in National Service Plan 2025
		ata publication. Please indicate if there is an exceptional reason for this to be delayed
Conta	act details	KPI owner/lead for implementation
		Name: Margaret Brennan
		Email address:qps.acuteoperations@hse.ie
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		Email address: AcuteBIU@hse.ie
		Telephone Number 01 778 5222
Gove	rnance/sign off	This sign off is the governance at Divisional level in respect of management of the KPI including data provision,
		validation, and use in performance management
		Operational National Director: National Director of Access and Integration
		ormal request to change or remove is received

Acu	ite Divisi <u>on - Hosp</u>	bital Services: Clinical Programmes - Stroke Care Metadata 2025
	Steps	Detail supporting KPI
1	KPI title & Number	% acute stroke patients who spend all or some of their hospital stay in an acute or combined stroke unit
	CPA19	
1b	KPI Short Title	Stroke
2	KPI Description	Care of patients with acute stroke in an acute, combined (acute and rehabilitation) or rehabilitation stroke unit
		Acute Stroke Patient: patients with principal diagnosis of Intracerebral Haemorrhage (ICD I61); Cerebral Infarction (Ischaemic Stroke) (ICD I63); Stroke, not spec as haemorrhage or infarction (ICD I64) for whom a YES response was made to Admitted to
		Stroke Unit on HIPE Portal Dataset. Acute or Combined Stroke Unit: An identified area within a hospital used exclusively or predominantly for the care of stroke
		patients, supported by a trained specialist multidisciplinary team, with regular multidisciplinary team meetings, availability of equipment and skills for physiological monitoring (blood pressure, blood oxygen, blood glucose and heart rhythm), and defined structures for audit, governance, and education/training.
3	KPI Rationale	To monitor development of acute and rehabilitation stroke services in accordance with the national stroke programme (national policy and national guidelines) and to assess patient access to acute stroke unit care
3a	Indicator Classification	National Scorecard Quadrant Quality and Safety
4	KPI Target	90%
5	KPI Calculation	Numerator = Number of patients with principal diagnosis of Intracerebral Haemorrhage (ICD I61); Cerebral Infarction (Ischaemic Stroke) (ICD I63); Stroke, not spec as haemorrhage or infarction (ICD I64) for whom a YES response was made to Admitted to Stroke Unit and excluding thrombectomy cases transferred back to referring hospital on same day (DisWard: RAD/XBAY).
		Denominator = Total number of patients with principal diagnosis of Intracerebral Haemorrhage (ICD I61); Cerebral Infarction (Ischaemic Stroke) (ICD I63); Stroke, not spec as haemorrhage or infarction (ICD I64) for whom a YES + NO response was made to Admitted to stroke unit on HIPE Portal Dataset and excluding thrombectomy cases transferred back to referring hospital on same day (DisWard: RAD/XBAY). This is expressed as a percentage
6	Data Sources	Data for numerator will be collected through the HIPE Portal/Stroke Regsister. Data for the denominator will be collected through HIPE and HIPE Portal/Stroke Register.
6a	Data sign off	National Stroke Programme
6b	Data Quality Issues	Information is available for 24 hospitals who can provide this service. Dependent on the patient data being enetered on the Stroke Register/HIPE Portal and the variable Admitted to Stroke Unit YES/NO being recorded. Data not meeting these criteria should not be used.
7	Data Collection Frequency	Quarterly
8	Tracer Conditions (clinical metrics only)	Intracerebral Haemorrhage (ICD I61) Cerebral Infarction (Ischaemic Stroke) (ICD I63); Stroke, not spec as haemorrhage or infarction (ICD I64)
9	Minimum Data Set (MDS)	Basic demographic information as well as information on principal diagnosis of: Intracerebral Haemorrhage ( ICD I61), Cerebral Infarction (Ischaemic Stroke) (ICD I63); Stroke, not spec as haemorrhage or infarction (ICD I64)
10	International Comparison	Yes, Royal College of Physicians Sentinel Stroke National Audit Programme https://www.strokeaudit.org/Home.aspx
11	KPI Monitoring	Quarterly
12	KPI Reporting Frequency	Quarterly Audit Data is appual, taken is to point in time during surrent year' and will be reported to BILL Auto is Deplet reporting year or a
13	KPI report period	Audit Data is annual taken in 'a point in time during current year' and will be reported to BIU Acute in Dec of reporting year e.g. May and will be reported in December. By exception
		Quarterly two quarters in arrears Q-2Q
14	KPI Reporting Aggregation	National; Hospital
15	KPI is reported in which reports?	Performance Report, Other
16	Web link to published data	http://www.hse.ie/eng/services/Publications
	Additional Information	KPI noted in National Service Plan
		hata publication. Please indicate if there is an <u>exceptional</u> reason for this to be delayed
Conta	ct details	KPI owner/lead for implementation Dr Ronan Collins, Consultant Stroke Physican, Clinical Lead National Stroke Programme
		Email address: ronan.collins@tuh.ie Telephone Number: 0863874938
		Data support
		Name:Joan McCormack Email Address: joanmccormack@noca.ie
Gover	nance/sign off	Telephone Number: 087 2115281 This sign off is the governance at Divisional level in respect of management of the KPI including data provision,
Gover	กลางช/ราชาา บา	validation, and use in performance management
		Operational National Director: National Director of Access and Integration
KPI's v	will be deemed 'active' until a	formal request to change or remove is received

No 1 1b	Steps KPI title & Number	Detail supporting KPI
1 1b	KPI title & Number	
1b	KFI LILLE & NUTLIDEL	% of patients with confirmed acute ischaemic stroke who receive thrombolysis
1b	CPA20	
	KPI Short Title	% thrombolysis
2	KPI Description	Confirmed acute ischaemic stroke: principal diagnosis of Cerebral Infarction (Ischaemic Stroke) (ICD I63) or Stroke, not spec as haemorrhage or infarction (ICD I64) for whom a YES response was made to 'Did the patient recieve IV Thrombolysis' Thrombolysis: Thrombolysis is the breakdown (lysis) of blood clots by pharmacological means. It is colloquially referred to as clot busting for this reason. It works by stimulating fibrinolysis by plasmin through infusion of analogs of tissue plasminogen activator (IPA), the protein that normally activates plasmin. Hospitals who provide a thrombectomy service have a large number of cases transferred <b>back to</b> the referring hospital and it has been agreed that those who are immediately transferred back to a referring hospital are not included in their denominator for all three KPIs - therefore exclude DISWARD_RAD/XBAY Hospitals who provide a thrombectomy service have a large number of cases transferred <b>to</b> their hospital for thrombectomy and
		it has been agreed that those cases should not be included in their denominator for CPA20 thrombolysis - therefore exclude transfers to Beaumont Hospital and Cork University Hospital using ADM_SOURCE.
3	KPI Rationale	To monitor development of acute stroke services in accordance with the national stroke programme (national policy and national guidelines)
30	Indicator Classification	To assess patient access to acute stroke care. National Scorecard Quadrant
Ja	Indicator Classification	Quality and Safety
4	KPI Target	12%
5	KPI Calculation	Numerator = Number of patients with principal diagnosis of Cerebral Infarction (Ischaemic Stroke) (ICD I63) or Stroke, not spec as haemorrhage or infarction (ICD I64) for whom a YES + NO response was made to 'Admitted to stroke unit' and excluding thrombectomy cases transferred back to referring hospital on same day(DisWard RAD/XBAY) and excluding cases transferred to Beaumont Hospital and Cork University Hospital ('AdmSource) and a Yes response was made to did the patient recieve IV thrombolysis on HIPE Portal Dataset.
		Denominator = Total number of patients with principal diagnosis of Cerebral Infarction (Ischaemic Stroke) (ICD I63) or Stroke, not spec as haemorrhage or infarction (ICD I64) for whom a YES + NO response was made to Admitted to a Stroke Unit and excluding thrombectomy cases transferred back to referring hospital on same day(DisWard RAD/XBAY)and excluding cases transferred to Beaumont Hospital and Cork University Hospital ('AdmSource) and YES/NO/Contraindicated/Blank response was made to did the patient recieve IV thrombolysis?
6	Data Sources	Data for numerator and denominator will be collected through the HIPE Portal/Stroke Regsister.
	Data sign off Data Quality Issues	National Stroke Programme List of hospitals and date of commencement of Stroke Register forwarded to BIU. Completeness of data dependent on local data input by Stroke team and HIPE coders. Information is available for 24 hospitals who can provide this service. This is dependent on the patient data being enetered on the Stroke Register/HIPE Portal and the variable Treated with Thrombolysis being recorded. Data not meeting these criteria should not be used.
7	Data Collection Frequency	Quarterly
8	Tracer Conditions (clinical	Cerebral Infarction (Ischaemic Stroke) (ICD I63);
	metrics only)	Stroke, not spec as haemorrhage or infarction (ICD I64)
9	Minimum Data Set (MDS)	NUMBER OF PATIENTS WITH PRINCIPAL DIAGNOSIS OF CEREBRAL INFARCTION (ISCHAEMIC STROKE) (ICD 163) or STROKE, NOT SPEC AS HAEMORRHAGE OR INFARCTION (ICD 164)FOR WHOM A 1. YES RESPONSE WAS SELECTED TO DID THE PATIENT RECIEVE IV THROMBOLYSIS
		NUMBER OF PATIENTS WITH PRINCIPAL DIAGNOSIS OF CEREBRAL INFARCTION (ISCHAEMIC STROKE) (ICD 163) or STROKE, NOT SPEC AS HAEMORRHAGE OR INFARCTION (ICD 164) FOR WHOM A 1 YES 2 NO 5 CONTRAINDICATED RESPONSE WAS MADE TO DID THE PATIENT RECIEVE IV THROMBOLYSIS
10	International Comparison	Yes, Royal College of Physicians Sentinel Stroke National Audit Programme https://www.strokeaudit.org/Home.aspx
11	KPI Monitoring	Quarterly
<u>12</u> 13	KPI Reporting Frequency KPI report period	Quarterly Audit Data is annual taken in 'a point in time during current year' and will be reported to BIU Acute in Dec of reporting year e.g. May and will be reported in December. By exception Quarterly two quarters in arrears Q-2Q

Αςι	Acute Division - Hospital Services: Clinical Programmes - Stroke Care Metadata 2025		
No	Steps	Detail supporting KPI	
14	KPI Reporting Aggregation	National; Hospital	
	KPI is reported in which reports?	Performance Report, Other	
16	Web link to published data	http://www.hse.ie/eng/services/Publications	
17	Additional Information	KPI noted in National Service Plan	
lt is po	olicy to include data in Open D	ata publication. Please indicate if there is an exceptional reason for this to be delayed	
Conta	ct details	KPI owner/lead for implementation	
		Dr Ronan Collins, Consultant Stroke Physican, Clinical Lead National Stroke Programme	
		Email address: ronan.collins@tuh.ie	
		Telephone Number: 0863874938	
		Data support	
		Name:Joan McCormack	
		Email Address: joanmccormack@noca.ie	
		Telephone Number: 087 2115281	
Gover	nance/sign off	This sign off is the governance at Divisional level in respect of management of the KPI including data provision,	
		validation, and use in performance management	
		Operational National Director: National Director of Access and Integration	
KPI's	KPI's will be deemed 'active' until a formal request to change or remove is received		

Αςι	ite Division - Hosp	bital Services: Clinical Programmes - Stroke Care Metadata 2025
No	Steps	Detail supporting KPI
1	KPI title & Number CPA21	% of hospital stay for acute stroke patients in stroke unit who are admitted to an acute or combined stroke unit
1b	KPI Short Title	% admitted to acute or combined stroke unit
2	KPI Description	Care of patients with acute stroke in an acute, combined (acute and rehabilitation) or rehabilitation stroke unit. Acute Stroke Patient: patients with principal diagnosis of Intracerebral Haemorrhage (ICD I61); Cerebral Infarction (Ischaemic Stroke) (ICD I63); Stroke, not spec as haemorrhage or infarction (ICD I64) for whom a YES response was made to Admitted to Stroke Unit on HIPE Portal Dataset. Acute or Combined Stroke Unit: An identified area within a hospital used exclusively or predominantly for the care of stroke patients, supported by a trained specialist multidisciplinary team, with regular multidisciplinary team meetings, availability of equipment and skills for physiological monitoring (blood pressure, blood oxygen, blood glucose and heart rhythm), and defined structures for audit, governance, and education/training.
3	KPI Rationale	Care of patients with acute stroke in an acute, combined (acute and rehabilitation) or rehabilitation stroke unit. Acute Stroke Patient: patients with principal diagnosis of Intracerebral Haemorrhage (ICD I61); Cerebral Infarction (Ischaemic Stroke) (ICD I63); Stroke, not spec as haemorrhage or infarction (ICD I64) for whom a YES response was made to Admitted to Stroke Unit on HIPE Portal Dataset. Acute or Combined Stroke Unit: An identified area within a hospital used exclusively or predominantly for the care of stroke patients, supported by a trained specialist multidisciplinary team, with regular multidisciplinary team meetings, availability of equipment and skills for physiological monitoring (blood pressure, blood oxygen, blood glucose and heart rhythm), and defined structures for audit, governance, and education/training.
3a	Indicator Classification	National Scorecard Quadrant Quality and Safety
4	KPI Target	20% 90%
5	KPI Calculation	Numerator = Number of stroke unit bed days of patients with principal diagnosis of Intracerebral Haemorrhage (ICD I61); Cerebral Infarction (Ischaemic Stroke) (ICD I63); Stroke, not spec as haemorrhage or infarction (ICD I64) for whom a YES response was made to Admitted to Stroke Unit on HIPE Portal Dataset and for whom the admission and discharge dates to stroke unit is known and excluding thrombectomy cases transferred back to referring hospital on same day (DisWard: RAD/XBAY). Denominator = Total number of hospital bed days of patients with principal diagnosis of Intracerebral Haemorrhage (ICD I61); Cerebral Infarction (Ischaemic Stroke) (ICD I63); Stroke, not spec as haemorrhage or infarction (ICD I64) for whom a YES
		response was was made to Admitted to stroke unit on HIPE Portal Dataset and excluding thrombectomy cases transferred back to referrring hospital on same day (DisWard: RAD/XBAY). This is expressed as a percentage.
6	Data Sources	Data for numerator will be collected through the HIPE Portal/Stroke Regsister. Data for the denominator will be collected through the HIPE and HIPE Portal/Stroke Register
	Data sign off	National Stroke Programme
6b	Data Quality Issues	List of hospitals and date of commencement of Stroke Register forwarded to BIU. Completeness of data dependent on local data input by Stroke team and HIPE coders. Information is available for 24 hospitals who can provide this service. This is dependent on the patient data being enetered on the Stroke Register/HIPE Portal and the variables Admitted to Stroke Unit,Date of Admission to Stroke Unit and Date of Discharge from Stroke Unit being recorded. Data not meeting these criteria should not be used.
7	Data Collection Frequency	Other – give details: Data entered onto Stroke Register/HIPE Portal on an ongoing basis at each hospital
8	Tracer Conditions (clinical metrics only)	Intracerebral Haemorrhage (ICD I61) Cerebral Infarction (Ischaemic Stroke) (ICD I63); Stroke, not spec as haemorrhage or infarction (ICD I64)
9	Minimum Data Set (MDS)	Number of stroke unit bed days of patients with principal diagnosis of Intracerebral Haemorrhage (ICD I61); Cerebral Infarction (Ischaemic Stroke) (ICD I63); Stroke, not spec as haemorrhage or infarction (ICD I64) for whom a YES response was made to Admitted to Stroke Unit on HIPE Portal Dataset and for whom the admission and discharge dates to stroke unit is known. Total number of hospital bed days of patients with principal diagnosis of Intracerebral Haemorrhage (ICD I61); Cerebral Infarction (Ischaemic Stroke) (ICD I63); Stroke, not spec as haemorrhage or infarction (ICD I64) for whom a YES response was made to Admitted to stroke unit on HIPE Portal Dataset.
10	International Comparison	Yes, Royal College of Physicians Sentinel Stroke National Audit Programme https://www.strokeaudit.org/Home.aspx
11	KPI Monitoring	Quarterly
12	KPI Reporting Frequency	Quarterly
13	KPI report period	Audit Data is annual taken in 'a point in time during current year' and will be reported to BIU Acute in Dec of reporting year e.g. May and will be reported in December. By exception Quarterly two quarters in arrears Q-2Q

Αсι	Acute Division - Hospital Services: Clinical Programmes - Stroke Care Metadata 2025		
No	Steps	Detail supporting KPI	
14	KPI Reporting Aggregation	National; Hospital	
15	KPI is reported in which reports?	Performance Report, Other	
16	Web link to published data	http://www.hse.ie/eng/services/Publications	
17	Additional Information	KPI noted in National Service Plan	
lt is p	olicy to include data in Open D	ata publication. Please indicate if there is an <u>exceptional</u> reason for this to be delayed	
Conta	ct details	KPI owner/lead for implementation	
		Dr Ronan Collins, Consultant Stroke Physican, Clinical Lead National Stroke Programme	
		Email address: ronan.collins@tuh.ie	
		Telephone Number: 0863874938	
		Data support	
		Name: Joan McCormack	
		Email Address: joanmccormack@noca.ie	
		Telephone Number: 087 2115281	
Gove	mance/sign off	This sign off is the governance at Divisional level in respect of management of the KPI including data provision,	
	-	validation, and use in performance management	
		Operational National Director: National Director of Access and Integration	
KPI's	KPI's will be deemed 'active' until a formal request to change or remove is received		

Acu	te Division - Acut	e Coronary Syndrome - Metadata 2025
	Steps	Detail supporting KPI
1	KPI title & Number	% ST-Elevation Myocardial Infarction (STEMI) patients (without contraindication to reperfusion therapy) who get Primary
	CPA25	Percutaneous Coronary Intervention (PPCI)
1b	KPI Short Title	STEMI-PPCI
2	KPI Description	STEMI patients: STEMI is an acronym meaning "ST segment elevation myocardial infarction," which is a type of heart attack. This is determined by an electrocardiogram (ECG) test. Myocardial infarctions (heart attacks) occur when a coronary artery suddenly becomes at least partially blocked by a blood clot, causing at least some of the heart muscle being supplied by that artery to become infarcted (that is, to die). Heart attacks are divided into two types, according to their severity - STEMI and Nor STEMI. A STEMI is the more severe type of heart attack LBBB: Left bundle branch block (LBBB) is a cardiac conduction abnormality seen on the electrocardiogram (ECG). In this condition, activation of the left ventricle is delayed, which causes the left ventricle to contract later than the right ventricle. PPCI: Primary percutaneous coronary intervention is an interventional procedure to open the cornonary artery to unblock it and allow flow of blood to the heart muscle.
3	KPI Rationale	International evidence supports the treatment of primary percutaneous coronary intervention (PPCI) undertaken at a Cath lab centre with sufficient throughput where this treatment can be initiated within the time of 120 mins from first medical contact. A small % of patients will be unable to get to a PPCI centre and so will receive the treatment of thrombolysis (TL).
3a	Indicator Classification	National Scorecard Quadrant Access
4	KPI Target	95%
	Target Trajectory	Point in time
	KPI Calculation	Numerator: No of STEMI (or LBBB) patients who got PPCI.
		Denominator: Total no of STEMI (or LBBB) patients minus those contraindicated - Expressed as a percentage.
•	Data Sources	A new system of electronic data collection (e-Heartbeat Portal) using HIPE portal in PCI centres commenced in 4 PPCI centres in 2012 and has expanded to all 9 PPCI/PCI centres.
6a	Data sign off	
	Data Quality Issues	Data is available for 8 out of a possible 9 hospitals for 2014/15 data. Data is dependant on correct data input . A comprehensiv manual is available and the software has some validation features.
	Data Collection Frequency	
3	Tracer Conditions (clinical metrics only)	STEMI = ICD 10 I21.0 – I21.3 (Interpreted from medical record by Heartbeat coillators)
)	Minimum Data Set (MDS)	As set out in e-Heartbeat Manual
		Basic demographic information, patient was a STEMI (or LBBB), was the patient contraindicated to reperfusion, did the patien get reperfusion by PPCI and what was date of reperfusion.
0	International Comparison	Yes, MINAP (UK) and European Society of Cardiology ACS/STEMI Guideline 2012
	KPI Monitoring	Quarterly
	KPI Reporting Frequency	Quarterly -1Q
	KPI report period	Quarterly Q
		By exception Rolling 12 months Rolling example Q1 2023 (March 23) reports Q1 to Q4 2022, Q2 2023 (June 23) reports Q 2,3,4 2022 and Q1 2023
4	KPI Reporting Aggregation	National MDR
5	KPI is reported in which reports?	Annual Report; Performance Report/Profile
6	Web link to published data	http://www.hse.ie/eng/services/Publications
	Additional Information	
		ata publication. Please indicate if there is an exceptional reason for this to be delayed
Conta	ct details	KPI owner/lead for implementation
		Email address: joanmccormack@noca.ie
		Mobile: (353) 87 2115281
		Telephone Number:
		Data support
		Name: Acute Business Information Unit
		Email address: AcuteBIU@hse.ie
		Telephone Number 01 778 5222
Gover	nance/sign off	This sign off is the governance at Divisional level in respect of management of the KPI including data provision, Validation, and use in performance management
		valuation, and use in performance management
		Operational National Director: National Director of Access and Integration

Α <u>ςι</u>	ute Divisi <u>on - Acut</u>	e Coronary Syndrome- Metadata 2025
No	Steps	Detail supporting KPI
1	KPI title & Number	% of reperfused STEMI patients (or left bundle branch block (LBBB)) who get timely PPCI
•	CPA26	
1b	KPI Short Title	STEMI: Timely PPCI
2	KPI Description	STEMI (heart attack) patients who get timely reperfusion therapy are those that receive either PPCI or Thrombolysis within
-		targeted times.
		LBBB: Left bundle branch block (LBBB) is a cardiac conduction abnormality seen on the electrocardiogram (ECG). In this
		condition, activation of the left ventricle is delayed, which causes the left ventricle to contract later than the right ventricle.
		PPCI: Primary percutaneous coronary intervention is an interventional procedure to open the cornonary artery to unblock it and
		allow flow of blood to the heart muscle.
		Timely PPCI reperfusion is defined as first medical contact (FMC) to balloon <= 120 mins or First door to balloon <= 120
		mins. First Medical Contact (FMC) is defined as the date/time of the first 12 lead ECG that is positive to a STEMI.(or LBBB)
		STEMI, LBBB, PPCI and Thrombolysis are further defined in the European Society of Cardiology guideline "Acute Myocaridal
		Infraction in patients presending with ST-segment elevation (management of)' www.escardio.org/guidelines-surveys/esc-
		guidelines/
		Information is reported on for patients who present both Out of Hours and In hours (9-5 Mon to Fri).
3	KPI Rationale	International evidence supports swift restoration of blood flow to blocked coronary artery as a medical emergency. Past
		treatment has mainly been rapid thrombolysis at local hospital (TL) but newest form of treatment is emergency primary
		angioplasty (PPCI) at a PPCI Centre.
3a	Indicator Classification	National Scorecard Quadrant
		Access
4	KPI Target	80%
4a	Target Trajectory	Point in time
5	KPI Calculation	Numerator: no of STEMI (or LBBB) patients receiving PPCI who got timely PPCI
		Denominator : Total no of STEMI (or LBBB) patients who got PPCI
6	Data Sources	A new system of electronic data collection (e-Heartbeat Portal) using HIPE portal in PCI centres commenced in 4 PPCI
		centres in 2012 and has expanded to all 9 PPCI/PCI centres
6a	Data sign off	
	Data Quality Issues	Data is availabe for 8 out of a possible 9 hospitals for 2014/15 data. Data is dependant on correct data input. A comprehensiv
05	Data waity issues	manual is available and the software has some validation features.
7	Data Collection Frequency	
/ Q	Tracer Conditions (clinical	STEMI = ICD 10 I21.0 – I21.3 (Interpreted from medical record by Heartbeat coillators)
0	metrics only)	STEWI - TOD TO 121.0 - 121.0 (Interpreted from medical record by hearbear contactors)
9	Minimum Data Set (MDS)	As set out in e-Heartbeat Manual
9	Willindin Data Set (WDS)	
		In essence to enable reporting on this KPI we need: Was patient a STEMI (or LBBB)? Did patient get reperfusion therapy? D
		patient get PPCI ? What was date/time of FMC? What was date/time of first hospital door? What was date/time of PPCI?
	had a second second second second	
10	International Comparison	MINAP (UK) and European Society of Cardiology ACS/STEMI Guideline 2012
11	KPI Monitoring	Quarterly
12	KPI Reporting Frequency	Quarterly -1Q
13	KPI report period	Quarterly Q
		By exception
		Rolling 12 months Rolling example Q1 2021 (March 21) reports Q1 to Q4 2020, Q2 2021 (June 21) reports Q 2,3,4 2020 and
		Q1 2021
14	KPI Reporting Aggregation	National MDR
15	KPI is reported in which	Annual Report, Performance Report/Profile
	reports?	
16	Web link to published data	
	-	http://www.hse.ie/eng/services/Publications
17	Additional Information	
t is p	olicy to include data in Open D	ata publication. Please indicate if there is an <u>exceptional</u> reason for this to be delayed
	ct details	KPI owner/lead for implementation
		Email address: joanmccormack@noca.ie
		Mobile: (353) 87 2115281
		Telephone Number:
		Data support
		Name: Acute Business Information Unit
		Email address: AcuteBIU@hse.ie
		Telephone Number 01 778 5222
Gover	nance/sign off	This sign off is the governance at Divisional level in respect of management of the KPI including data provision,
		validation, and use in performance management
		Operational National Director: National Director of Access and Integration
		formal request to change or remove is received

Αςι	ute Division - Meta	data 2025
lo	Steps	Detail supporting KPI
	KPI title & Number NCCP24	% of new patients attending rapid access breast (urgent), lung and prostate clinics within recommended timeframe
1b	KPI Short Title	Access to cancer RACs
	KPI Description	% of new patients attending rapid access breast, lung and prostate clinics in the cancer centres and appropriate satellite units within recommended timeframe.
	KPI Rationale	Timely access to a specialist opinion is a key component of a quality cancer service
3a	Indicator Classification	National Scorecard Quadrant Access
	KPI Target	95%
4a	Target Trajectory	Constant
	KPI Calculation	Numerator : The number of new patients attending rapid access breast, lung and prostate clinics within recommended timeframe. Denominator: the number of new patients attending rapid access breast, lung and prostate clinic
	Data Sources	NCCP HealthAtlas Portal
6a	Data sign off	Name: Mr Ian Dawkins
6b	Data Quality Issues	None
	Data Collection Frequency	Monthly
	Tracer Conditions (clinical metrics only)	
	Minimum Data Set (MDS)	Composite metric
0	International Comparison	Composite metric
1	KPI Monitoring	Monthly
2	KPI Reporting Frequency	Monthly
3	KPI report period	Monthly M
4	KPI Reporting Aggregation	National, HRA, Hospital
5	KPI is reported in which reports?	Annual Report; Performance Report/Profile
6	Web link to published data	
7	Additional Information	
is p	olicy to include data in Open D	ata publication. Please indicate if there is an exceptional reason for this to be delayed
	ct details	KPI owner/lead for implementation
		Name: Professor. Risteard O'Laoide, National Director, NCCP
		Email address:
		Telephone Number: 01 8287100
		Data support
		Name: Mr Ian Dawkins
		Email Address: ian.dawkins@cancercontrol.ie
		Telephone Number: +353-87-095-3651
Gover	nance/sign off	This sign off is the governance at Divisional level in respect of management of the KPI including data provision, validation, and use in performance management
		Operational National Director: National Director of Access and Integration
(PI's	will be deemed 'active' until a f	ormal request to change or remove is received

No		
	Steps KPI title & Number	Detail supporting KPI
1	NCCP4	% of attendances whose referrals were triaged as urgent by the cancer centre and adhered to the national standard of 2 weeks for urgent referrals
1	b KPI Short Title	% Breast (Urgent) <10 days
2	KPI Description	% of attendances, whose referrals were triaged as urgent by the cancer centre and adhered to the national standard of 10
-	RFI Description	working days for urgent referrals
3	KPI Rationale	Monitoring timely access to breast rapid access clinics
3	a Indicator Classification	National Scorecard Quadrant
Ŭ		Access
4	KPI Target	95%
4	a Target Trajectory	Target trajectory
	b Volume metrics	Volume metrics
5	KPI Calculation	Numerator:
-		The number of patients triaged as urgent by the cancer centre who attended a symptomatic breast clinic (during the reporting month) within 10 working days of the date of receipt of the referral letter in the cancer office or were offered an appointment to attend a symptomatic breast clinic within 10 working days of the date of receipt of the referral letter in the cancer office Denominator: The total number of patients triaged as urgent by the cancer centre who attended a symptomatic breast clinic during the reporting month.
6	Data Sources	Symptomatic breast database in the cancer centres 100% coverage
6	a Data sign off	Name: Mr Ian Dawkins
	b Data Quality Issues	None
7	Data Collection Frequency	Daily; Weekly; Monthly; Quarterly;
	Data conection requency	Bi-annual; Annual; Other – give details: At the end of the clinic
3	Tracer Conditions (clinical	All patients who attend the symptomatic breast disease clinic and who adhere to the criteria for urgent referral to the clinic as
	metrics only)	defined by the NCCP SOP for referral & Triage (2008) and the NCCP GP referral guideline
)	Minimum Data Set (MDS)	1. The date of receipt of the referral letter in the cancer centre.
		2. The level of urgency assigned to the referral by the cancer centre.
		3. The date of the first appointment offered to the patient
		4. The date of attendance at the symptomatic breast cli
10	International Comparison	Access standard as defined in the Irish National Quality Assurance Standards for Symptomatic Breast Disease Services, HIQA
1	KPI Monitoring	2006. Similar access standard in the UK – NHS Cancer Plan 2000. Monthly
12	KPI Reporting Frequency	Other – give details: Annual. 2023 data reported in April 2024
3	KPI report period	Monthly M
4	KPI Reporting Aggregation	National, HRA, Hospital
15	KPI is reported in which reports?	Annual Report; Performance Report/Profile
6	Web link to published data	
•		http://www.hse.ie/eng/services/publications/
17	Additional Information	As reported in the HSE Performance Report.
Contact o	detaile	KPI owner/lead for implementation
	uetalis	Name: Professor. Risteard O'Laoide. National Director. NCCP
		Email address:
		Telephone Number: 01 8287100
		Data support
		Name: Mr Ian Dawkins
		Email Address: ian.dawkins@cancercontrol.ie
		Telephone Number 01 778 5222
Governar	n	This sign off is the governance at Divisional level in respect of management of the KPI including data provision, validation, and
		use in performance management
ce/sign		
e/sign		Operational National Director: National Director Acute Operations
ce/sign		Operational National Director: National Director Acute Operations Operational National Director: National Director of Access and Integration

No	Steps	Detail supporting KPI
	KPI title & Number	% of attendances whose referrals were triaged as non-urgent by the cancer centre and adhered to the national standard of 12
	NCCP6	weeks for non-urgent referrals (% offered an appointment that falls within 12 weeks)
1b	KPI Short Title	% non-urgent Breast <12 wks
	KPI Description	% of attendances whose referrals were triaged as non-urgent by the cancer centre and adhered to the national standard of 12
	•	weeks for non-urgent referrals (% offered an appointment that falls within 12 weeks).
	KPI Rationale	Monitoring access and adherence to HIQA standards
3a	Indicator Classification	National Scorecard Quadrant
	KDI Terret	Access 95%
	KPI Target KPI Calculation	Numerator: The number of patients triaged by the cancer centre as non-urgent who attended a symptomatic breast clinic (durin
5		the reporting month) within 12 weeks (less than or equal to 84 days) of the date of receipt of the referral letter in the cancer office or were offered an appointment to attend a symptomatic breast clinic within 12 weeks (less than or equal to 84 days) of the date of receipt of the referral letter in the cancer office. Denominator: The total number of patients triaged by the cancer centre as non-urgent who attended a symptomatic breast clinic during the reporting month. Percentage calculation undertaken by NCCP.
	Data Sources	Symptomatic breast database in the cancer centres
		100% coverage
6a	Data sign off	Name: Mr Ian Dawkins
6b	Data Quality Issues	None
	Data Collection Frequency	Monthly
	Tracer Conditions (clinical metrics only)	All patients who attend the symptomatic breast disease clinic and who adhere to the criteria for urgent referral to the clinic as defined by the NCCP SOP for referral & Triage (2008) and the NCCP GP referral guideline
	Minimum Data Set (MDS)	<ol> <li>The date of receipt of the referral letter in the cancer centre.</li> <li>The level of urgency assigned to the referral by the cancer centre.</li> <li>The date of the first appointment offered to the patient</li> <li>The date of attendance at the symptomatic breast clinic</li> </ol>
0	International Comparison	Activity data used to compile information on access standards are defined in the strategy for implementation of safer better healthcare in the symptomatic breast services which has been developed by the NCCP in accordance with the HIQA 2012 National Standards. Internationally, wait times of up to 12 weeks have been shown not to influence survival: Association of Breast Surgery (EJSO), 2009. Clinical standards - management of breast cancer services. Scotland 2008
1	KPI Monitoring	Monthly
2	KPI Reporting Frequency	Monthly
3	KPI report period	Monthly M
4	KPI Reporting Aggregation	National, HRA, Hospital
5	KPI is reported in which reports?	Annual Report; Performance Report/Profile
6	Web link to published data	http://www.hse.ie/eng/services/Publications
7	Additional Information	
is p	olicy to include data in Open D	ata publication. Please indicate if there is an exceptional reason for this to be delayed
conta	ct details	KPI owner/lead for implementation
		Name: Professor. Risteard O'Laoide, National Director, NCCP
		Email address:
		Telephone Number: 01 8287100
		Data support
		Name: Mr Ian Dawkins
		Email Address: ian.dawkins@cancercontrol.ie
		Telephone Number: +353-87-095-3651
	meneoleinn ett	
over	nance/sign off	This sign off is the governance at Divisional level in respect of management of the KPI including data provision, validation, and use in performance management
		Operational National Director: National Director of Access and Integration

lo	Steps	Detail supporting KPI
	KPI title & Number NCCP8	% of new attendances to the rapid access clinic, triaged as urgent, that have a subsequent primary diagnosis of breast cance
1b	KPI Short Title	CDR Breast % Urg New
	KPI Description	% of patients who were triaged as urgent that were subsequently diagnosed with a breast cancer
	KPI Rationale	Monitoring adequacy of GP referral criteria and hospital triage process
3a	Indicator Classification	National Scorecard Quadrant Access
	KPI Target	
	KPI Calculation	Numerator: The total number of patients triaged by the cancer centre as urgent (during the reporting month) who were subsequently diagnosed with breast cancer. Denominator: The number of patients triaged by the cancer centre as urgent who attended a symptomatic breast clinic (during the reporting month)
;	Data Sources	Percentage calculation undertaken by NCCP. Symptomatic breast database in the cancer centres
0-	Data ainm aff	100% coverage
	Data sign off	Name: Mr Ian Dawkins
60	Data Quality Issues	None
	Data Collection Frequency	Monthly
	Tracer Conditions (clinical	
	metrics only) Minimum Data Set (MDS)	1. The date of receipt of the referral letter in the cancer centre.     2. The level of urgency assigned to the referral by the cancer centre.     3. The patients diagnosis     4. The date of discussion at MDM
0	International Comparison	International studies have found that between 6 and 10% of patients who attend rapid access clinics for symptomatic breast disease are subsequently diagnosed with cancer (Cochrane, 1997; Patel, 2000)
1	KPI Monitoring	Monthly
2	KPI Reporting Frequency	Annually A
3	KPI report period	By exception Rolling 12 months Rolling 12M - (Jan to Dec 2015 reported in Jan 2016)
4	KPI Reporting Aggregation	National, HRA, Hospital
5	KPI is reported in which reports?	Annual Report; Performance Report/Profile
6	Web link to published data	http://www.hse.ie/eng/services/Publications
7	Additional Information	
is p	olicy to include data in Open D	ata publication. Please indicate if there is an exceptional reason for this to be delayed
onta	ct details	KPI owner/lead for implementation
		Name: Professor. Risteard O'Laoide, National Director, NCCP
		Email address:
		Telephone Number: 01 8287100
		Data support
		Name: Mr Ian Dawkins
		Email Address: ian.dawkins@cancercontrol.ie
		Telephone Number: +353-87-095-3651
iover	nance/sign off	This sign off is the governance at Divisional level in respect of management of the KPI including data provision, validation, and use in performance management
		Operational National Director: National Director of Access and Integration
		formal request to change or remove is received

Cance	er Services - Luna	Cancer- Metadata 2025
No	Steps	Detail supporting KPI
	KPI title & Number	% of patients attending lung rapid access clinics who attended or were offered an appointment within 10 working days of
1	NCCP11	receipt of referral in designated cancer centres
1b	KPI Short Title	% Lung <10 days
		% of patients attending lung rapid access clinic who attended or were offered an appointment within 10 working days of
2	KPI Description	receipt of referral in the designated cancer centres
3	KPI Rationale	Monitoring timely access to Rapid Access Clinics
0.		National Scorecard Quadrant
38	Indicator Classification	Access
4	KPI Target	95%
	a Target Trajectory	Target trajectory
4b	Volume metrics	Volume metrics
		Numerator: The number of patients who attended or were offered an appointment to attend a rapid access lung clinic (during the reporting month) within 10 working days of the date of receipt of the referral letter in the cancer centre.
		Denominator: The total number of patients who attended a rapid access lung clinic during the reporting month. Percentage
5	KPI Calculation	calculation undertaken by NCCP.
-		Cancer Centre
6	Data Sources	100% coverage
6a	a Data sign off	Name: Mr Ian Dawkins
6b	Data Quality Issues	None
7	Data Collection Frequency	Monthly
	Tracer Conditions (clinical	All patients referred to the rapid access lung clinic who adhere to the criteria for referral to the rapid access lung clinic as
8	metrics only)	defined by the National Lung Cancer Rapid Access Service GP Referral Guidelines, NCCP1
		1. The date of receipt of the referral letter in the cancer centre.
-		2. The date of the first appointment offered to the patient
9	Minimum Data Set (MDS)	3. The date of attendance at the rapid access lung clinic
10	International Comparison	Similar access standard in the UK – NHS Cancer Plan 2000
11	KPI Monitoring	Monthly
12	KPI Reporting Frequency	Other – give details: Annual. 2023 data reported in April 2024
13	KPI report period	Monthly M
		National, HRA, Hospital
14	KPI Reporting Aggregation	
15	KPI is reported in which reports?	Annual Report; Performance Report/Profile
10	reports	
16	Web link to published data	http://www.hse.ie/eng/services/publications/
		As reported in the HSE Performance Report.
17	Additional Information	
	•	KPI owner/lead for implementation
		Name: Professor. Risteard O'Laoide, National Director, NCCP
Contact details		Email address:
		Telephone Number: 01 8287100
		Data support
		Name: Mr Ian Dawkins
		Email Address: ian.dawkins@cancercontrol.ie
		Telephone Number 01 778 5222
		This sign off is the governance at Divisional level in respect of management of the KPI including data provision,
Governan	ce/sign off	validation, and use in performance management
Coroman		Operational National Director: National Director Acute Operations
		Operational National Director: National Director Acute Operations

Operational National Director: National Director of Access and Integration

0	Steps	Detail supporting KPI
	KPI title & Number NCCP13	% of new attendances to the rapid access clinic that have a subsequent primary diagnosis of lung cancer
1b	KPI Short Title	CDR Lung % New
2	KPI Description	% of patients who attended the rapid access lung clinic and were subsequently diagnosed with a lung cancer
3	KPI Rationale	Monitoring adequacy of GP referral criteria and hospital triage process
3a	Indicator Classification	National Scorecard Quadrant Access
4	KPI Target	>25%
5	KPI Calculation	Numerator:The total number of patients that attended the lung rapid access clinic (during the reporting month) who were subsequently diagnosed with a lung cancer. Denominator:The number of patients that attended the lung rapid access clinic (during the reporting month) Percentage calculation undertaken by NCCP.
9	Data Sources	RALC database in the cancer centre 100% coverage
6a	Data sign off	Name: Mr Ian Dawkins
6b	Data Quality Issues	No data quality issues
7	Data Collection Frequency	Monthly
8	Tracer Conditions (clinical metrics only)	
9	Minimum Data Set (MDS)	1. The date of attendance in the cancer centre. 2. The patient's diagnosis
10	International Comparison	No equivalent international studies available
11	KPI Monitoring	Monthly
12	KPI Reporting Frequency	Annually A
13	KPI report period	By exception Rolling 12 months Rolling 12M (e.g. Jan to Dec 2015 reported in Jan 2016)
14	KPI Reporting Aggregation	National, HRA, Hospital
15	KPI is reported in which reports?	Annual Report; Performance Report/Profile
16	Web link to published data	http://www.hse.ie/eng/services/Publications
17	Additional Information	
t is po	plicy to include data in Open D	hata publication. Please indicate if there is an <u>exceptional</u> reason for this to be delayed
Conta	ct details	KPI owner/lead for implementation
		Name: Professor. Risteard O'Laoide. National Director, NCCP
		Email address:
		Telephone Number: 01 8287100
		Data support
		Name: Mr Ian Dawkins
		Email Address: ian.dawkins@cancercontrol.ie
		Telephone Number: +353-87-095-3651
C	noncoloign off	
Gover	nance/sign off	This sign off is the governance at Divisional level in respect of management of the KPI including data provision, validation, and use in performance management
		Operational National Director: National Director of Access and Integration

Car	ncer Services - Pros	state Cancer- Metadata 2025
No	Steps	Detail supporting KPI
	KPI title & Number	% of patients attending prostate rapid clinics who attended or were offered an appointment within 20 working days of receipt of
1	NCCP17	referral in the cancer centres
	1b KPI Short Title	% Prostate <20 days
		Percentage of patients seen or offered an appointment in a prostate rapid access clinic to be seen within 20 working days of
2	KPI Description	referral from a GP.
3	KPI Rationale	This is in accordance with clinical guidelines on access to diagnosis with the ultimate aim of best outcome for the patient.
		National Scorecard Quadrant
	3a Indicator Classification	Access
4	KPI Target	90%
	4a Target Trajectory	Target trajectory
	4b Volume metrics	Volume metrics
_		Numerator: the number of patients who attended or were offered an appointment to attend (in the reporting period) a rapid access prostate clinic within 20 working days of the date of receipt of referral letter in the cancer centre.
5	KPI Calculation	Denominator: total number of patients who attended a rapid access prostate clinic during the reporting period.
6	Data Sources	Rapid access prostate clinic returns 100% coverage
	6a Data sign off	Name: Mr Ian Dawkins
	6b Data Quality Issues	None
7	Data Collection Frequency	Monthly
	Tracer Conditions (clinical	All patients referred to the rapid access prostate clinic who adhere to the criteria for referral as defined by the National Prostate
8	metrics only)	Cancer GP Referral Guidelines, NCCP1
		1. The date of receipt of the referral letter in the cancer centre.
•		2. The date of the first appointment offered to the patient
9	Minimum Data Set (MDS)	3. The date of attendance at the rapid access prostate clinic
10	International Comparison	No standard international metric available for rapid access prostate cancer clinics
11	KPI Monitoring	Monthly
12	KPI Reporting Frequency	Other – give details: Annual. 2023 data reported in April 2024
13	KPI report period	Monthly M
14	KPI Reporting Aggregation	National, HRA, Hospital
· · ·	KPI is reported in which	Annual Report; Performance Report/Profile
15	reports?	
16	Web link to published data	http://www.hse.ie/eng/services/publications/
17	Additional Information	As reported in the HSE Performance Report.
	1	KPI owner/lead for implementation
		Name: Professor. Risteard O'Laoide, National Director, NCCP
Contact details		Email address:
		Telephone Number: 01 8287100
		Data support
		Name: Mr Ian Dawkins
		Email Address: ian.dawkins@cancercontrol.ie
		Telephone Number 01 778 5222
Gover	nance/sign off	This sign off is the governance at Divisional level in respect of management of the KPI including data provision, validation, and use in performance management
		Operational National Director: National Director Acute Operations
		Operational National Director: National Director of Access and Integration

Operational National Director: National Director of Access and Integration

lo	Steps	Detail supporting KPI
	KPI title & Number	% of new attendances to the rapid access clinic that have a subsequent primary diagnosis of prostate cancer
	NCCP19	75 of new attenuances to the rapid access clinic that have a subsequent primary diagnosis of prostate cancer
1b	KPI Short Title	CDR Prostate % New
	KPI Description	% of patients who attended the rapid access prostate clinic and were subsequently diagnosed with a prostate cancer
3	KPI Rationale	Monitoring adequacy of GP referral criteria and hospital triage process
	Indicator Classification	National Scorecard Quadrant
•••		Access
4	KPI Target	>30%
5	KPI Calculation	Numerator: The number of patients that attended the prostate rapid access clinic (during the reporting month)
		Denominator: The total number of patients hat attended the prostate rapid access clinic (during the reporting month) who were
		subsequently diagnosed with a pirmary prostate cancer.
		Percentage calculation undertaken by NCCP.
6	Data Sources	Rapid access prostate clinic returns
63	Data sign off	100% coverage Name: Mr Ian Dawkins
	Data Sign on Data Quality Issues	None
7 00		
/ 	Data Collection Frequency	Monthly
3	Tracer Conditions (clinical metrics only)	All patients referred to the rapid access prostate clinic who adhere to the criteria for referral as defined by the National Prostate Cancer GP Referral Guidelines, NCCP1
)	Minimum Data Set (MDS)	1. The date of attendance in the cancer centre.
,	Minimum Data Set (MDS)	2. The patient's diagnosis
10	International Comparison	No standard international metric available for rapid access prostate cancer clinics
1	KPI Monitoring	Monthly
12	KPI Reporting Frequency	Annually A
	KPI report period	By exception
		Rolling 12 months Rolling 12M (e.g. Jan to Dec 2015 reported in Jan 2016)
14	KPI Reporting Aggregation	National, HRA, Hospital
15+A	KPI is reported in which	Annual Report; Performance Report/Profile
3	reports?	
16	Web link to published data	http://www.hse.ie/eng/services/Publications
17	Additional Information	
		ata publication. Please indicate if there is an exceptional reason for this to be delayed
	ct details	KPI owner/lead for implementation
Jointa		Name: Professor. Risteard O'Laoide, National Director, NCCP
		Email address:
		Telephone Number: 01 8287100
		Data support
		Name: Mr Ian Dawkins
		Email Address: ian.dawkins@cancercontrol.ie
		Telephone Number: +353-87-095-3651
Gover	nance/sign off	This sign off is the governance at Divisional level in respect of management of the KPI including data provision,
	-	validation, and use in performance management
		Operational National Director: National Director of Access and Integration

No		Idiotherapy- Metadata 2025
NO	Steps	Detail supporting KPI
1	KPI title & Number	% of patients undergoing radical radiotherapy treatment who commenced treatment within 15 working days of being deemed
41	NCCP22	ready to treat by the radiation oncologist (palliative care patients not included)
	KPI Short Title	% Radiotheraphy <15 days
2	KPI Description	% of patients undergoing radical treatment for any cancer diagnosis who commenced treatment within 15 working days of bein deemed ready to treat by the radiation oncologist. This exculdes patients referred for palliative treatment.
3	KPI Rationale	Monitors efficiency of the radiotherapy planning processes.
3a	Indicator Classification	National Scorecard Quadrant Access
1	KPI Target	90%
5	KPI Calculation	Numerator: Number of patients refrered for radiotherapy whose radiotherapy treatment commenced within 15 days of being deemed ready to treat within the reporting period. Denominator: Total number of patients deemed ready to treat referred for radiotherapy
5	Data Sources	Electronic patient record 100% coverage
6a	Data sign off	Name: Mr Ian Dawkins
6b	Data Quality Issues	Some data definitions still being clarified
7	Data Collection Frequency	Monthly
3	Tracer Conditions (clinical metrics only)	Patients who completed radical treatment for all cancers (C00 * - C96*)
)	Minimum Data Set (MDS)	1. Diagnosis
		2. Date of ready to treat
		3. Date of start of treatment
0	International Comparison	4. Date of completion of treatment Yes - This benchmark is in line with British Columbia Guidelines & ahead of standards in the
U	International Comparison	UK.https://www.wp.dh.gov.uk/publications/files/2012/11/Radiotherapy-Services-in-England-2012.pdf
1	KPI Monitoring	Monthly
2	KPI Reporting Frequency	Monthly
3	KPI report period	Monthly M
4	KPI Reporting Aggregation	National, HRA, Hospital, Other - By HSE radiotherapy facilities (SLRON, CUH & UCHG) and that for public patients treated under an SLA in private sector facilities in private facilities
15	KPI is reported in which reports?	Annual Report; Performance Report/Profile
6	Web link to published data	http://www.hse.ie/eng/services/Publications
7	Additional Information	
is p	olicy to include data in Open D	ata publication. Please indicate if there is an <u>exceptional</u> reason for this to be delayed
Conta	ct details	KPI owner/lead for implementation
		Name: Professor. Risteard O'Laoide, National Director, NCCP
		Email address:
		Telephone Number: 01 8287100
		Data support
		Name: Mr Ian Dawkins
		Email Address: ian.dawkins@cancercontrol.ie
		Telephone Number: +353-87-095-3651
201/07	nance/sign off	This sign off is the governance at Divisional level in respect of management of the KPI including data provision,
Jover	nance/sign on	validation, and use in performance at Divisional level in respect of management of the KPI including data provision,
		Operational National Director: National Director of Access and Integration
		formal request to change or remove is received

Acu	te Division - Irish	Maternity Early Warning System (IMEWS) - Metadata 2025
	Steps	Detail supporting KPI
1	KPI title & Number A115	% of maternity units / hospitals with full implementation of IMEWS (as per 2019 definition)
1b	KPI Short Title	IMEWS % Maternity
2	KPI Description	% of maternity units and/hospitals that verify that they are implementing Irish Maternity Early Warning System (IMEWS) as per Appendix 1 below.
3	KPI Rationale	To monitor and understand the implementation of IMEWS. Results will inform progress made and areas that may require support and improvement. IMEWS supports the detection of pregnant and postpartum women who require escalation of care.
3a	Indicator Classification	National Scorecard Quadrant Quality and Safety
4	KPI Target	100%
4a	Target Trajectory	Point in time
	KPI Calculation	Numerator: Total number of Maternity Units/Hospitals who have confirmed that they are implementing IMEWS as per definition in Appendix 1 multipiled by 100 Denominator: Total number of Maternity Units/Hospitals in the HSE (currently 19) see Appendix 2 below.
6	Data Sources	Maternity Units and Maternity Hospitals report data to BIU via Hospital Groups
	Data sign off	Hospital CEO
	Data Quality Issues	
7	Data Collection Frequency	Quarterly
8	Tracer Conditions (clinical	
-	metrics only)	
9	Minimum Data Set (MDS)	IMEWS Quarterly Report
	International Comparison	
	KPI Monitoring	Quarterly
	KPI Reporting Frequency	Quarterly
	KPI report period	Quarterly Q
	KPI Reporting Aggregation	National MDR
15	KPI is reported in which reports?	Annual Report; Performance Report/Profile
16	Web link to published data	http://www.hse.ie/eng/services/Publications
17	Additional Information	
It is po	plicy to include data in Open D	ata publication. Please indicate if there is an exceptional reason for this to be delayed
Conta	ct details	KPI owner/lead for implementation
		Name: Killian Mc Grane National Programme Director of National Women & Infants Health Programme
		Email address: kiillan.mcrane@hse.ie
		Telephone Number:
		Data suport
		Name: Acute Business Information Unit
		Email address: AcuteBIU@hse.je
		Telephone Number 01 778 5222
Gover	nance/sign off	This sign off is the governance at Divisional level in respect of management of the KPI including data provision,
00101	nanoo,oigii on	validation, and use in performance management
		Operational National Director: National Director of Access and Integration
KPI's v	will be deemed 'active' until a f	ormal request to change or remove is received

	Appendix 1: IMEWS - DEFINITION OF IMPLEMENTATION 2019 for Maternity Units/Hospitals
	INEWS considered implementated if each unit/hospital can state yes to all of the following criteria
1	
	Is there a local Governance Group in place and meetings held on a quarterly basis to review IMEWS implementation and audit data?
2	
	Is there a named local co-ordinator for IMEWS?
3	
	Is there a named local Consultant lead for IMEWS?
4	
	Are IMEWS training records maintained locally?
5	
	Is there an ongoing IMEWS clinically based training programme in place for relevant clinical staff in the hospital?
6	
	Excluding women in labour, high dependency, recovery and critical care, are all pregnant and postpartum women monitored using IMEWS?
7	
	Is the national IMEWS audit tool on completion utilised at least monthly with a minimum of 10 charts per clinical area/ward in your maternity hospital/unit?
	Is the national IMEWS audit tool on esclation and response utilised at least quarterly with a minimum of 15 episodes per clinical area/ward for your maternity hospital/unit?
9	
	Is there evidence that if an issue is identified following audit, appropriate quality improvement plans are recorded and actioned?
10	
	Has the data submitted in this report been reviewed by the Chair of the Local Goverenance Group?

## Appendix 2: IMEWS Maternity Unit/Hospitals list.

Coombe Women and Infants University Hospital MRH Portlaoise MRH Mullingar National Maternity Hospital St. Luke's General Hospital Kilkenny Wexford General Hospital Cavan General Hospital Our Lady of Lourdes Hospital Rotunda Hospital Galway University Hospitals Letterkenny University Hospital Mayo University Hospital Portiuncula University Hospital Sligo University Hospital Cork University Maternity Hospital South Tipperary General Hospital UH Kerry UH Waterford UMH Limerick

lo	Steps	Detail supporting KPI
	KPI title & Number	% of all hospitals implementing IMEWS (as per 2019 definition)
	A116	
1b	KPI Short Title	IMEWS % hospitals
	KPI Description	% of hospitals that verify that they are implementing Irish Maternity Early Warning System (IMEWS) for any pregnant or
		postpartum woman in Emergency Department (ED) or on a general ward as per Appendix 1 below.
	KPI Rationale	To monitor and understand the implementation of IMEWS. Results will inform progress made and areas that may require
		support and improvement. IMEWS supports the detection of pregnant and postpartum women who require escalation of care
3a	Indicator Classification	National Scorecard Quadrant
		Quality and Safety
	KPI Target	100%
	Target Trajectory	Point in time
	KPI Calculation	Numerator: Total number of hospitals who have confirmed that they are implementing IMEWS as per definition in Appendix 1
		multipiled by 100
		Denominator: Total number of hospitals with non-maternity beds in the HSE (currently 44) see Appendix 2 below
	Data Sources	Hospitals report data to BIU via Hospital Groups
	Data sign off	Hospital CEO
6b	Data Quality Issues	Not all non-maternity hospitals will admit pregnant or postpartum women during the year
	Data Collection Frequency	Quarterly
	Tracer Conditions (clinical	
	metrics only)	
	Minimum Data Set (MDS)	IMEWS Quarterly Report
0	International Comparison	
1	KPI Monitoring	Quarterly
2	KPI Reporting Frequency	Quarterly
3	KPI report period	Quarterly Q
4	KPI Reporting Aggregation	National MDR
5	KPI is reported in which	Annual Report; Performance Report/Profile
•	reports?	
6	Web link to published data	
•	web link to published data	http://www.hse.ie/eng/services/Publications
7	Additional Information	
is n		ata publication. Please indicate if there is an exceptional reason for this to be delayed
	ct details	KPI owner/lead for implementation
onta	or dotand	•
		Name: Killian Mc Grane National Programme Director of National Women & Infants Health Programme
		Email address: kililan.mcgrane@hse.ie
		Telephone Number:
		Data support
		Name: Acute Business Information Unit
		Email address: AcuteBIU@hse.ie
		Telephone Number 01 778 5222
iover	nance/sign off	This sign off is the governance at Divisional level in respect of management of the KPI including data provision,
	-	validation, and use in performance management
		Operational National Director: National Director of Access and Integration

	Appendix 1 IMEWS considered implementated if hospital can state yes to all of the following criteria
1	Is there a local Governance Group in place and meetings held on a quarterly basis to review IMEWS implementation and audit data?
2	Is there a named local co-ordinator for IMEWS?
3	Is there a named local Consultant lead for IMEWS?
4	Are IMEWS training records maintained locally?
5	
	Excluding women in labour, high dependency, recovery and critical care, are all pregnant and postpartum women monitored using IMEWS?
	Is the national IMEWS audit tool on completion and esclation utilised annually for up to10 charts for maternity patients in ED or on a General ward in a General Hospital?
7	Is there evidence that if an issue is identified following audit, appropriate quality improvement plans are recorded and actioned?
8	Has the data submitted in this report been reviewed by the Chair of the Local Goverenance Group?

## Appendix 2: IMEWS Hospitals with Non-maternity beds list.

Children's Health Ireland (CHI at Crumlin, CHI at Tallaght, CHI at Temple St) MRH Portlaoise MRH Tullamore Naas General Hospital St. James's Hospital St. Luke's Radiation Oncology Network Tallaght University Hospital Cappagh National Orthopaedic Hospital Mater Misericordiae University Hospital MRH Mullingar Our Lady's Hospital Navan Royal Victoria Eye and Ear Hospital St. Columcille's Hospital St. Luke's General Hospital Kilkenny St. Michael's Hospital St. Vincent's University Hospital Wexford General Hospital **Beaumont Hospital** Cavan General Hospital includes Monaghan General Hospital Connolly Hospital Louth County Hospital Our Lady of Lourdes Hospital Galway University Hospitals Letterkenny University Hospital Mayo University Hospital Portiuncula University Hospital Roscommon University Hospital Sligo University Hospital Bantry General Hospital Cork University Hospital Lourdes Orthopaedic Hospital Kilcreene Mallow General Hospital Mercy University Hospital South Infirmary Victoria University Hospital South Tipperary General Hospital UH Kerry UH Waterford Croom Orthopaedic Hospital Ennis Hospital Nenagh Hospital St. John's Hospital Limerick UH Limerick

Acl	ite Division - Mate	rnity Safety Statements - Metadata 2025
	Steps	Detail supporting KPI
1	KPI title & Number	% of maternity hospitals / units that have completed and published monthly Maternity Safety Statements
·	A128	% of materinity hospitals / units that have completed and published moniting materinity Safety Statements
1b	KPI Short Title	MSS (a)
2	KPI Description	% the 19 maternity units which have completed and published safety statement ( see attached template). Statements completed by maternity units, signed by Hospital Group CEO and Clinical Director or and published by Hospital Group or HSE as appropiate or completed and published directly on hospital websites including 3 Dublin Maternity Hospitals. Acute Hospital Division/ Women & infants programme will submit data on rates of completion per count to BIU. Where a hospital is not fully completing all 17 metrics this should be reported as a non-submission. Only hospitals which have fully completed and published get reported in National Service Plan/ Management Data Report.
3	KPI Rationale	No. of statements, if completed, signed and published. No. of safety statements completed and published and signed and No. of Maternity units (19 in total)
3a	Indicator Classification	National Scorecard Quadrant Quality and Safety
4	KPI Target	100%
4a	Target Trajectory	Point in time
5	KPI Calculation	No of hospitals which have completed (as above)X 100, divided by No. of maternity Units
6	Data Sources	
6a	Data sign off	
6b	Data Quality Issues	
7	Data Collection Frequency	Monthly
8	Tracer Conditions (clinical metrics only)	This Statement is used to inform local hospital and hospital Group management in carrying out their role in safety and quality improvement. The objective in publishing the Statement each month is to provide public assurance that maternity services are delivered in an environment that promotes open disclosure.
		It is not intended that the monthly Statement be used as a comparator with other units or that statements would be aggregated at hospital Group or national level. It assists in an early warning mechanism for issues that require local action and/ or escalation. It forms part of the recommendations in the following reports: + HSE Midland Regional Hospital, Portlaoise Perinatal Deaths, Report to the Minister for Health from Dr. Tony Holohan, Chief Medical Officer, 24 February 2014; and + HIQA Report of the Investigation into the Safety, Quality and Standards of Services Provided by the HSE to patients in the Midland Regional Hospital, Portlaoise, 8 May 2015. It is important to note tertiary and referral maternity centres will care for a higher complexity of patients (mothers and babies), therefore clinical activity in these centres will be higher and therefore no comparisons should be drawn with units that do not look after complex cases.
9	Minimum Data Set (MDS)	
10	International Comparison	No. HSE Leading international safety management tool for maternity services.
11	KPI Monitoring	
12	KPI Reporting Frequency	Monthly
13	KPI report period	By exception
		Monthly two months in arrears M-2M
	KPI Reporting Aggregation	National MDR
	KPI is reported in which reports?	Annual Report; Performance Report/Profile
16	Web link to published data	http://www.hse.ie/eng/services/Publications
	Additional Information	
		ata publication. Please indicate if there is an <u>exceptional</u> reason for this to be delayed
Conta	ct details	KPI owner/lead for implementation
		Name: Killian Mc Grane National Programme Director of National Women & Infants Health Programme
		Email address: kililan.mcgrane@hse.ie
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		Data support
		Name: Acute Business Information Unit
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		Telephone Number 01 778 5222
Gover	nance/sign off	This sign off is the governance at Divisional level in respect of management of the KPI including data provision, validation, and use in performance management
		Operational National Director: National Director of Access and Integration
KPI's	will be deemed 'active' until a f	formal request to change or remove is received

Acu	ite Division - Mate	rnity Safety Statements - Metadata 2025
	Steps	Detail supporting KPI
	KPI title & Number	% of Hospital Groups that have discussed a quality and safety agenda with National Women and Infants Health Programme
	A129	(NWIHP) on a bi / quarterly / monthly basis, in line with the frequency stipulated by NWIHP
1b	KPI Short Title	MSS
2	KPI Description	% the 19 maternity units which have discussed maternity safety statement ( see attached template) at hospital management team meetings each month (verified by signature in statement or published directly on hospital websites including 3 Dublin Maternity Hospitals by the last day of month following the month that is being reported on- i.e. Jan info published on HSE or Hospitals own website end of Feb and reported in March to BIU) Statements completed by maternity units, signed by Hospital Group CEO and Clinical Director or and published by Hospital Group or HSE as appropiate or completed and published directly on hospital websites including 3 Dublin Maternity Hospital Division/ Women & infants programme will submit data on rates of completion per count to BIU. Where a hospital is not fully completing all 17 metrics this should be reported as a non-submission. Only hospitals which have fully completed and published get reported in National Service Plan/ Management Data Report.
3	KPI Rationale	No. of statements, if completed, signed and published. No. of safety statements completed and published and signed and No. of Maternity units (19 in total)
3a	Indicator Classification	National Scorecard Quadrant Quality and Safety
4	KPI Target	100%
4a	Target Trajectory	Point in time
5	KPI Calculation	No of hospitals which have completed (as above)X 100, divided by No. of maternity Units
6	Data Sources	
6a	Data sign off	
6b	Data Quality Issues	
7	Data Collection Frequency	Monthly
8	Tracer Conditions (clinical metrics only)	This Statement is used to inform local hospital and hospital Group management in carrying out their role in safety and quality improvement. The objective in publishing the Statement each month is to provide public assurance that maternity services are delivered in an environment that promotes open disclosure. It is not intended that the monthly Statement be used as a comparator with other units or that statements would be aggregated at hospital Group or national level. It assists in an early warning mechanism for issues that require local action and/ or
		<ul> <li>escalation. It forms part of the recommendations in the following reports:</li> <li>HSE Midland Regional Hospital, Portlaoise Perinatal Deaths, Report to the Minister for Health from Dr. Tony Holohan, Chief Medical Officer, 24 February 2014; and</li> <li>HIQA Report of the Investigation into the Safety, Quality and Standards of Services Provided by the HSE to patients in the Midland Regional Hospital, Portlaoise, 8 May 2015.</li> <li>It is important to note tertiary and referral maternity centres will care for a higher complexity of patients (mothers and babies), therefore clinical activity in these centres will be higher and therefore no comparisons should be drawn with units that do not look after complex cases.</li> </ul>
9	Minimum Data Set (MDS)	
10	International Comparison	No. HSE Leading international safety management tool for maternity services.
11	KPI Monitoring	
12	KPI Reporting Frequency	Monthly
	KPI report period	By exception
		Monthly two months in arrears M-2M
	KPI Reporting Aggregation	National MDR
	KPI is reported in which reports?	Annual Report; Performance Report/Profile
.0	Web link to published data	http://www.hse.ie/eng/services/Publications
17	Additional Information	
		ata publication. Please indicate if there is an <u>exceptional</u> reason for this to be delayed
	ct details	KPI owner/lead for implementation
		Name: Killian Mc Grane National Programme Director of National Women & Infants Health Programme
		Email address: kililan.mcgrane@hse.ie Telephone Number:
		Data support
		Name: Acute Business Information Unit
		Email address: AcuteBIU@hse.ie
0.000	noncoloinn off	Telephone Number 01 778 5222
Gover	nance/sign off	This sign off is the governance at Divisional level in respect of management of the KPI including data provision, validation, and use in performance management
		Operational National Director: National Director of Access and Integration
KPI's \	will be deemed 'active' until a f	ormal request to change or remove is received

		al assault services (14yrs)- Metadata 2025
No	Steps	Detail supporting KPI
1	KPI title & Number A130	% of patients seen by a forensic clinical examiner within 3 hours of a request to a Sexual Assault Treatment Unit (SATU) for a forensic clinical examination
1b	KPI Short Title	SATU
2	KPI Description	From the time a request is made to a Sexual Assault Treatment Unit for a Forensic Clinical Examination for all patients over the age of 14years old until the time the Forensic Clinical Examiner commenced the Forensic Clinical Examination (as recorded on the individual SATU patient documentation) is within a 3 hour timeframe.
3	KPI Rationale	To monitor the quality of the SATU resonse to a request for a Forensic Clinical Examination. To improve patient care and response time as an area of performance. This links with the National Database which collates anonymysed data on all SATU attendances.
3a	Indicator Classification	National Scorecard Quadrant Quality and Safety
4	KPI Target	90%
4a	Target Trajectory	N/A
4b	Volume metrics	
5	KPI Calculation	Numerator: Number of patients over the age of 14 years who were seen within the 3 hour time frame (when appropriate eg presenting within timeframe for forensic examination). Denominator:Total number of patients over the age of 14 years attending for a Forensic Clinical Examination. (when appropriate, eg presenting within timeframe for forensic examination).
6	Data Sources	Individual SATU patient documentation Database
	Data sign off	Maeve Eogan, National Clinical Lead SATU
6b	Data Quality Issues	
7	Data Collection Frequency	Daily
8	Tracer Conditions (clinical metrics only) Minimum Data Set (MDS)	6 SATU nationally Request for Services Form - telephone log.
		Date and time of call Reason for call Reason for any delay SATU record: date and time the Forensi Clinical Examination commenced.
10	International Comparison	UK, USA, WHO
11	KPI Monitoring	Weekly
12	KPI Reporting Frequency	Quarterly
13	KPI report period	Quarterly
14	KPI Reporting Aggregation	National MDR
15	KPI is reported in which reports?	Annual Report; Performance Report/Profile
16	Web link to published data	http://www.hse.ie/eng/services/Publications
17	Additional Information	
lt is I	policy to include data in Open	Data publication. Please indicate if there is an exceptional reason for this to be delayed
	act details	KPI owner/lead for implementation
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		Data support
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Gove	ernance/sign off	This sign off is the governance at Divisional level in respect of management of the KPI including data provision, validation, and use in performance management
		Operational National Director: National Director of Access and Integration
		formal request to change or remove is received

lo	Steps	Detail supporting KPI
	KPI title & Number A3	Inpatient
1b	KPI Short Title	IP Cases
	KPI Description	An inpatient is a patient admitted to hospital for treatment or investigation and is scheduled to stay in a designated inpatient bed.
	KPI Rationale	
3a	Indicator Classification	National Scorecard Quadrant Access
	KPI Target	722,593
4b	Volume metrics	
	KPI Calculation	Number of Inpatient discharges
	Data Sources	HIPE and uncoded PAS data
6a	Data sign off	НРО
6b	Data Quality Issues	
	Data Collection Frequency	Monthly
	Tracer Conditions (clinical metrics only)	Inpatients Only
1	Minimum Data Set (MDS)	HIPE: Discharge Date, Patient Type
0	International Comparison	N/A
1	KPI Monitoring	Monthly
2	KPI Reporting Frequency	Monthly
3	KPI report period	By exception Monthly in arrears M-1M
4	KPI Reporting Aggregation	National, HRA, Hospital
5	KPI is reported in which reports?	Annual Report; Performance Reports
6	Web link to published data	http://www.hse.ie/eng/services/Publications
7	Additional Information	
is p	olicy to include data in Open D	nata publication. Please indicate if there is an exceptional reason for this to be delayed
onta	ct details	KPI owner/lead for implementation
		Name: Acute Operations
		Email address: acuteoperations@hse.ie
		Telephone Number:
		Data support
		Name: Acute Business Information Unit
		Email address: AcuteBU@hse.ie
	meneeleine ett	Telephone Number 01 778 5222 This sign off is the governance at Divisional level in respect of management of the KPI including data provision,
sover	nance/sign off	validation, and use in performance an anagement
		Operational National Director: National Director of Access and Integration
		formal request to change or remove is received

Acute D	Division - D <u>isch</u>	narge Activity - Metadata 2025
No Steps		Detail supporting KPI
1 KPI tit A5	tle & Number	Day case (includes dialysis)
1b KPI SI	hort Title	DC (inclu dialysis)
2 KPI D	escription	Total number of daycase discharges. A day case is a patient who is admitted on an elective basis for care and/or treatment, who does not require the use of a hospital bed over night, and has been admitted and discharged as scheduled on the same day. Episodes of care that result in a birth/delivery are not included. Maternity Daycases are included which include the like of antenatal care etc
3 KPI R	ationale	
3a Indica	ator Classification	National Scorecard Quadrant Access
4 KPI Ta	arget	1,288,705
	ne metrics	
	alculation	Total number of daycase discharges
	Sources	HIPE and uncoded PAS data
6a Data s		HPO
6b Data 0	Quality Issues	
	Collection Frequency	Monthly
	r Conditions (clinical cs onlv)	Daycases Only
	num Data Set (MDS)	HIPE: Discharge Date, Patient Type
	ational Comparison	N/A
	lonitoring	Monthly
	eporting Frequency	Monthly
	eport period	By exception Monthly in arrears M-1M
14 KPIR	Reporting Aggregation	National, HRA, Hospital
report		Annual Report; Performance Reports
16 Web li	ink to published data	http://www.hse.ie/eng/services/Publications
	ional Information	
		ata publication. Please indicate if there is an <u>exceptional</u> reason for this to be delayed
Contact deta	ails	KPI owner/lead for implementation
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		Data support
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Governance	/sian off	This sign off is the governance at Divisional level in respect of management of the KPI including data provision,
		validation, and use in performance management
		Operational National Director: National Director of Access and Integration
KPI's will be	deemed 'active' until a f	ormal request to change or remove is received

	- Discharge Activity - Metadata 2025
No Steps	Detail supporting KPI
1 KPI title & Numbe	Total inpatient and day cases
A7 1b KPI Short Title	Total IPDC Cases
2 KPI Description	The total number of inpatient and day case discharges. An inpatient is a patient admitted to hospital for treatment or
2 KPI Description	investigation and is scheduled to stay in a designated inpatient is a patient admitted to nospital for treatment or investigation and is scheduled to stay in a designated inpatient bed. A day case is a patient who is admitted on an elective basis for care and/or treatment, who does not require the use of a hospital bed over night, and has been admitted and discharged as scheduled on the same day.
3 KPI Rationale	
3a Indicator Classifi	ation National Scorecard Quadrant Access
KPI Target	2,011,298
4b Volume metrics	
5 KPI Calculation	Total number Inpatient and Daycase discharges
Data Sources	HIPE, uncoded PAS data, HPO
6a Data sign off	HPO
6b Data Quality Issu	
Data Collection F	
3 Tracer Conditions	(clinical Inaptients and Daycases
metrics only)	
Minimum Data Se	
0 International Com	
1 KPI Monitoring	Monthly
2 KPI Reporting Fre	
13 KPI report period	By exception
	Monthly in arrears M-1M
4 KPI Reporting Ag	gregation National, HRA, Hospital
15 KPI is reported in	which Annual Report; Performance Reports
reports?	
16 Web link to publis	hed data
	http://www.hse.ie/eng/services/Publications
7 Additional Inform	
	a in Open Data publication. Please indicate if there is an <u>exceptional</u> reason for this to be delayed
Contact details	KPI owner/lead for implementation
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Governance/sign off	This sign off is the governance at Divisional level in respect of management of the KPI including data provision,
eere nanoorongn on	validation, and use in performance management
	Operational National Director: National Director of Access and Integration
	ive' until a formal request to change or remove is received

	Steps	Detail supporting KPI
	KPI title & Number	Emergency inpatient discharges
	A12	Emergency inpatient discharges
1h	KPI Short Title	Emergency IP discharges
10	KPI Description	Total number of emergency inpatient discharges. An emergency patient is a patient requires immediate care and treatment a
	in Decemption	a result of a severe, life threatening or potentially disabling condition. Generally, the patient is admitted through the Emergence
		Department.
	KPI Rationale	
3a	Indicator Classification	National Scorecard Quadrant Access
	KPI Target	516.703
4b	Volume metrics	
	KPI Calculation	Total Number of Emergency Inpatient Discharges
	Data Sources	HIPE and uncoded PAS data
6a	Data sign off	HPO
6b	Data Quality Issues	
	Data Collection Frequency	Monthly
	Tracer Conditions (clinical	Admission Type equal to 4, 5 or 7
	metrics only)	Inpatients Only
	Minimum Data Set (MDS)	HIPE: Discharge Date, Patient Type, Admission Type
0	International Comparison	NA
1	KPI Monitoring	Monthly
2	KPI Reporting Frequency	Monthly
3	KPI report period	By exception
		Monthly in arrears M-1M
4	KPI Reporting Aggregation	National, HRA, Hospital
5	KPI is reported in which	Annual Report; Performance Reports
	reports?	
6	Web link to published data	
_		http://www.hse.ie/eng/services/Publications
7	Additional Information	
		hata publication. Please indicate if there is an <u>exceptional</u> reason for this to be delayed
onta	ct details	KPI owner/lead for implementation
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over	nance/sign off	This sign off is the governance at Divisional level in respect of management of the KPI including data provision,
	-	validation, and use in performance management
		Operational National Director: National Director of Access and Integration

No	Steps	Detail supporting KPI
1	KPI title & Number	Elective inpatient discharges
	A13	
1h	KPI Short Title	Elective IP Discharges
2	KPI Description	Total Number of elective inpatient discharges. An elective inpatient is one where the patient's condition permits adequate tim
-		to schedule the availability of suitable services. An elective admission may be delayed without substantial risk to the health of
		the individual.
3	KPI Rationale	
3a	Indicator Classification	National Scorecard Quadrant
		Access
1	KPI Target	104,098
4b	Volume metrics	
5	KPI Calculation	Total Number of elective inpatient discharges
6	Data Sources	HIPE and uncoded PAS data
	Data sign off	HPO
	Data Quality Issues	
7	Data Collection Frequency	Monthly
3	Tracer Conditions (clinical	Admission Type equal to 1 or 2
	metrics only)	Inpatients Only
	Minimum Data Set (MDS)	HIPE: Discharge Date, Patient Type, Admission Type
0	International Comparison	NA
1	KPI Monitoring	Monthly
2	KPI Reporting Frequency	Monthly
3	KPI report period	By exception
		Monthly in arrears M-1M
4	KPI Reporting Aggregation	National, HRA, Hospital
15	KPI is reported in which	Annual Report; Performance Reports
	reports?	
6	Web link to published data	
	-	http://www.hse.ie/eng/services/Publications
7	Additional Information	
is p	olicy to include data in Open D	ata publication. Please indicate if there is an exceptional reason for this to be delayed
Conta	ct details	KPI owner/lead for implementation
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Gover	nance/sign off	This sign off is the governance at Divisional level in respect of management of the KPI including data provision,
Covernance/sign on		validation, and use in performance management
		Operational National Director: National Director of Access and Integration

A14       Matemity IP Discharges         Tb KPI Short Title       Matemity IP Discharges         KPI Description       Total number of Matemity Inpatient Discharges. A materinty inpatient is a patient is admitted related to their obstetrical experience. (From conception to 6 weeks post delivery).         KPI Astionale       National Scorecard Quadrant Access         3a Indicator Classification       National Scorecard Quadrant Access         KPI Target       101,792         4b Volume metrics       Matemity Inpatient Discharges         Data Sources       HIPE         6a Data sign off       HPO         6b Data sign off       HPO         6b Data Collection Frequency       Monthly         Tracer Conditions (clinical Admission Type equal to 6 International Comparison NA       Admission Type. Admission Type         Minimum Data Set (MDS)       HIPE: Discharge Date, Patient Type, Admission Type       International Comparison NA         KPI Reporting Frequency       Monthly       Secretion         XPI Reporting Frequency       Monthly         KPI Reporting Aggregation       National, HRA, Hospital         6       Web link to published data       http://www.hse.ie/eng/services/Publications	lo	Steps	Detail supporting KPI
Tb         EVP Short Title         Materniky I/P Discharges         A materinky inpatient is a patient is a patient is admitted related to their obstetrical experience. (From conception to 6 weeks post delivery).           KPI Rationale         Attionale         Astional Scorecard Quadrant Access           KPI Target         101/792           4b Volume metrics         Total number of Materniky Inpatient Discharges           Data Sources         HIPE           6a Data sign off         HPO           6b Data Quality Issues         Monthly           Tracer Conditions (clinical Admission Type equal to 6 Instance Conditions (clinical Admission Type equal to 6 Instance)         Admission Type equal to 6 Instance)           Instrained Comparison         NAtional Comparison         NAtional Comparison           XPI Reporting Frequency         Monthly         Inpatient Sonly           Minimum Data Set (MDS)         INPE         Discharges           XPI Report period         By exception         Nothly           XPI Report period         By exception         Nothly           XPI Report period         By exception         Monthly           XPI Report period         By exception         Monthly           XPI Reporting Frequency         Monthly is arrears         M-1M           KPI Report period         By exception         Monthly		KPI title & Number	Maternity inpatient discharges
KPI Description         Total number of Maternity Inpatient Discharges. A materinty inpatient is a patient is admitted related to their obstetrical experience. (From conception to 6 weeks post delivery).           Xer Rationale         National Scorecard Quadrant Access           Amilicator Classification         National Scorecard Quadrant Access           KPI Calculation         Total number of Maternity Inpatient Discharges           Bata Sources         HIPE           Bata Sources         HIPE           Gb Data Quality Issues         Monthly           Data Collection Frequency         Monthly           Tracer Conditions (clinical Inpatients Only         Minimum Data Set (MDS)           Minimum Data Set (MDS)         HIPE: Discharge Date, Patient Type, Admission Type           Minimum Data Set (MDS)         HIPE: Discharge Date, Patient Type, Admission Type           Minimum Data Set (MDS)         HIPE: Discharge Date, Patient Type, Admission Type           Minimum Data Set (MDS)         HIPE: Discharge Date, Patient Type, Admission Type           Minimum Data Set (MDS)         HIPE: Discharge Date, Patient Type, Admission Type           Minimum Data Set (MDS)         HIPE: Discharge Date, Patient Type, Admission Type           Minimum Data Set (MDS)         HIPE: Discharge Date, Patient Type, Admission Type           Minimum Data Set (MDS)         HIPE: Discharge Date, Patient Type, Admission Type		A14	
KPI Rationale         Access           3a         Indicator Classification         National Scorecard Quadrant           Access         101,792           4b         Volume metrics           Data Sources         HIPE           6a Data sign off         HPC           6b Data quality Issues         Admission Type equal to 6           Data Collection Frequency         Monthly           Tracer Conditions (clinical metrics Cnty         Inpatients Cnty           Minimum Data Set (MDS)         HIPE: Discharge Date, Patient Type, Admission Type           International Comparison NA         Monthly           KPI Reporting Requency         Monthly           KPI Reporting Aggregation         Mational           KPI Reporting Aggregation         National, HRA, Hospital           KPI reported in which reports?         Annual Report; Performance Reports           reports?         Additional Information is publication. Please indicate if there is an exceptional reason for this to be delayed           New File Additional Information is Englisens and Integration @hes.ie         Telephone Number:           Data support         Name: Access and Integration @hes.ie           Telephone Number:         Data support           Name: Access and Integration @hes.ie         Telephone Number:           Data support	1b	KPI Short Title	Maternity IP Discharges
experience. (From conception to 6 weeks post delivery).           KPI Rationale         Access           3a Indicator Classification         National Scorecard Quadrant Access           KPI Target         101,792           4b Volume metrics         Total number of Maternity Inpatient Discharges           Data Sources         HIPE           6a Data sign off         HPC           6b Data Quality Issues         Admission Type equal to 6 Inpatients Only           Minimum Data Set (MDS)         HIPE: Discharge Date, Patient Type, Admission Type           0 International Comparison         NA           1 KPI Rational Comparison         NA           2 KPI Reporting Prequency         Monthly           3 KPI report period         By exception Monthly in arrears           3 KPI reporting Aggregation         National, HRA, Hospital           5 KPI is reported in which reports?         Annual Report; Performance Reports           6 Web link to published data         http://www.hse.ie/eng/services/Publications           7 Additional Information is policy to inplementation         Name: Access and Integration Email address: AccessandIntegration@hse.ie           5 KPI eport period in which relephone Number:         Data support           7 Additional Information is policy to inside thin Open Data publication. Please Indicate if there is an exceptional reason for this to be delayed <td></td> <td>KPI Description</td> <td>Total number of Maternity Inpatient Discharges. A materinty inpatient is a patient is admitted related to their obstetrical</td>		KPI Description	Total number of Maternity Inpatient Discharges. A materinty inpatient is a patient is admitted related to their obstetrical
3a       Indicator Classification       National Scorecard Quadrant         Access       101,792         4b       Volume metrics         Data Sources       HIPE         Ba Data sign off       HPO         6b       Data Quality Issues         Data Collection Frequency       Monthly         Tracer Conditions (clinical metrics only       Inpatients Only         Minimum Data Set (MDS)       HIPE: Discharge Date, Patient Type, Admission Type         0       International Comparison       NA         1       KPI Reporting Frequency       Monthly         2       KPI Reporting Request       Monthly         2       KPI Reporting Aggregation       National, HRA, Hospital         5       KPI is reported in which reports?       Annual Report; Performance Reports         6       Web link to published data       http://www.hse.le/eng/services/Publications         7       Additional Information is poly owner. Access and Integration         5       KPI support Den Data publication. Please indicate if there is an exceptional reason for this to be delayed         Ontact details       KPI owner/lead for implementation         7       Additional Information       Email address: Accuess and Integration @ison is sign off is the governance at Divisional level in respect of management of the KPI including dat		-	experience. (From conception to 6 weeks post delivery).
KPI Target       101,792         KPI Calculation       Total number of Maternity Inpatient Discharges         KPI Calculation       Total number of Maternity Inpatient Discharges         Data Sources       HIPE         6a Data Sign off       HPO         6b Data Quality Issues       Inpatients Only         Data Collection Frequency       Monthly         Tracer Conditions (clinical Admission Type equal to 6 Inpatients Only       Inpatients Only         Minimum Data Set (MDS)       HIPE: Discharge Date, Patient Type, Admission Type         0       International Comparison       NA         1       KPI Reporting Frequency       Monthly         2       KPI Reporting Frequency       Monthly         3       KPI reporting Frequency       Monthly         3       KPI reporting Aggregation       National, HRA, Hospital         5       KPI is reported in which reports?       Annual Report; Performance Reports         6       Web link to published data       http://www.hse.ie/eng/services/Publications         7       Additional Information Ispoiley to include data in Open Data publication. Please indicate if there is an exceptional reason for this to be delayed         ontact details       KPI exported Number:       Data Support         Name: Accute Susiness Information Ispoiley to include data in Open Dat		KPI Rationale	
KPI Target         101.792           4b Volume metrics         Total number of Maternity Inpatient Discharges           Data Sources         HIPE           6a Data sign off         HPO           6b Data quality Issues         Monthly           Tracer Conditions (clinical metrics only         Monthly           Minimum Data Set (MDS)         HIPE: Discharge Date, Patient Type, Admission Type           0 International Comparison         NA           1         KPI reporting Frequency           Monthly         By exception           3         KPI reporting Aggregation           4         KPI reporting Aggregation           5         KPI is reported in which reports?           6         Web link to published data http://www.hse.ie/eng/services/Publications           7         Additional Information           5         KPI exporting reases and integration           6         Web link to published data http://www.hse.ie/eng/services/Publications           7         Additional Information           15         KPI exporting reases and integration           8         Met bink to published data http://www.hse.ie/eng/services/Publications           7         Additional Information           8         For exports?           9         KPI	3a	Indicator Classification	National Scorecard Quadrant
4b         Volume metrics           KPI Calculation         Total number of Maternity Inpatient Discharges           Data Sources         HIPE           Ga Data Sign off         HPO           6b         Data Quality Issues           Data Collection Frequency         Monthily           Tracer Conditions (clinical metrics only)         Monthily           Minimum Data Set (MDS)         HIPE: Discharge Date, Patient Type, Admission Type           0         International Comparison           1         KPI Monitoring           0         Monthily           2         KPI Reporting Frequency           Monthily         Monthily           3         KPI report period           3         KPI reporting Aggregation           4         KPI reporting Aggregation           4         KPI reporting Aggregation           5         KPI is reported in which reports?           6         Web link to published data           1         http://www.hse.ie/eng/services/Publications           7         Additional Information           is policy to include data in Open Data publication. Please indicate if there is an exceptional reason for this to be delayed           ontact details         KPI owner/lead for implementation           Name:			Access
KPI Calculation         Total number of Maternity Inpatient Discharges           Data Sources         HIPE           Bota sign off         HPO           6b Data sign off         HPO           7 Tacer Conditions (clinical metrics only)         Monthly           1 International Comparison         NA           1 KPI Reporting Frequency         Monthly           2 KPI report period         By exception           3 KPI reporting Aggregation         National, HRA, Hospital           4 KPI reporting Aggregation         National, HRA, Hospital           5 KPI is reported in which reports?         Annual Report; Performance Reports reports?           6 Web link to published data inttp://www.hse.ie/eng/services/Publications         Annual Report; Performance Reports reports?           7 Additional Information is policy to include data in Open Data publication. Please indicate if there is an exceptional reason for this to be delayed           Name: Access and Integration         Kmer: Access and Integration           Email address: Accessand Integration         Email address: Accessand Integration           Mame: Acute Business Information Unit Email address: AcuteBlU@hse.ie         Telephone Number:           0 Telephone Number:         Data usport Name: Acute Blu@hse.ie           0 Telephone Number:         Data usport Name: Acute Blu@hse.ie           0 Telephone Number: <tdd< td=""><td></td><td>KPI Target</td><td>101,792</td></tdd<>		KPI Target	101,792
Data Sources         HIPE           6a Data sign off         HPO           6b Data Quality Issues         Monthly           Data Collection Frequency         Monthly           Tracer Conditions (clinical metrics only)         Monthly           Minimum Data Set (MDS)         HIPE: Discharge Date, Patient Type, Admission Type           0         International Comparison           1         KPI Reporting Frequency           0         International Comparison           1         KPI Reporting Frequency           0         Monthly           2         KPI Reporting Frequency           0         Monthly           3         KPI report period           3         KPI reporting Aggregation           4         KPI reporting Aggregation           4         KPI reporting Aggregation           5         KPI is reported in which reports?           6         Web link to published data http://www.hse.ie/eng/services/Publications           7         Additional Information           1s policy to include data in Open Data publication. Please indicate if there is an exceptional reason for this to be delayed           Name: Access and Integration           Email address: Accessand Integration           Email address: Acceesand Integration			
Ga         Data sign off         HPO           Gb         Data Quality Issues         Monthly           Data Collection Frequency         Monthly           Tracer Conditions (clinical impatients Only         Ingatients Only           Minimum Data Set (MDS)         HIPE: Discharge Date, Patient Type, Admission Type           International Comparison         NA           1         KPI Monitoring           Monthly         By exception           3         KPI report period         By exception           Monthly in arrears         M-1M           4         KPI reporting Aggregation         National, HRA, Hospital           5         KPI reporting Aggregation         National, HRA, Hospital           6         Web link to published data         http://www.hse.ie/eng/services/Publications           7         Additional Information         is policy to include data in Open Data publication. Please indicate if there is an exceptional reason for this to be delayed           KPI owner/lead for implementation         Name: Access and Integration           Cala support         Name: Access and Integration           Name: Access and Integration         Email address: AccessandIntegration@hse.ie           Telephone Number:         Data support           Name: Acute Business Information Unit         Email address: Ac		KPI Calculation	Total number of Maternity Inpatient Discharges
6b       Data Quality Issues         Data Collection Frequency       Monthly         Tracer Conditions (clinical metrics only)       Admission Type equal to 6 Inpatients Only         Minimum Data Set (MDS)       HIPE: Discharge Date, Patient Type, Admission Type         0       International Comparison       NA         1       KPI Monitoring       Monthly         2       KPI Reporting Frequency       Monthly         3       KPI report period       By exception         4       KPI Reporting Aggregation       National, HRA, Hospital         5       KPI is reported in which reports?       Annual Report; Performance Reports         6       Web link to published data       http://www.hse.ie/eng/services/Publications         7       Additional Information       Is policy to include data in Open Data publication. Please indicate if there is an exceptional reason for this to be delayed         Name: Access and Integration       Name: Access and Integration         Email address: AcceessandIntegration@hse.ie       Telephone Number:         Data augoport       Name: Acute Business Information Unit         Email address: AccuteBUU@hse.ie       Telephone Number:         Data support       Name: Acute Business Information Unit         Email address: AccuteBUU@hse.ie       Telephone Number:         Data su		Data Sources	HIPE
Data Collection Frequency         Monthly           Tracer Conditions (clinical metrics only)         Admission Type equal to 6 Inpatients Only           Minimum Data Set (MDS)         HIPE: Discharge Date, Patient Type, Admission Type           Ol         International Comparison           NA         Monthly           I         KPI Monitoring           Monthly         Monthly           2         KPI report period           By exception         Monthly in arrears           Monthly in arrears         M-1M           4         KPI reporting Aggregation           National, HRA, Hospital           5         KPI is reported in which reports?           6         Web link to published data http://www.hse.ie/eng/services/Publications           7         Additional Information is policy to include data in Open Data publication. Please indicate if there is an exceptional reason for this to be delayed           ontact details         KPI owner/lead for implementation           Email address: Access and Integration         Email address: Access and Integration           Email address: Accues Bus/ness information Unit         Email address: AccuesBlu@hse.ie           Telephone Number:         Data support           Name: Acute Business Information Unit         Email address: AcuteBlu@hse.ie           Tis sign off is the gove	6a	Data sign off	НРО
Tracer Conditions (clinical metrics only)       Admission Type equal to 6 Inpatients Only         Minimum Data Set (MDS)       HIPE: Discharge Date, Patient Type, Admission Type         0       International Comparison       NA         1       KPI Monitoring       Monthly         2       KPI Reporting Frequency       Monthly         3       KPI report period       By exception Monthly in arrears       M-1M         4       KPI Reporting Aggregation       National, HRA, Hospital         5       KPI is reported in which reports?       Annual Report; Performance Reports         6       Web link to published data       http://www.hse.ie/eng/services/Publications         7       Additional Information       Is policy to include data in Open Data publication. Please indicate if there is an exceptional reason for this to be delayed         ontact details       KPI owner/lead for implementation         Mare: Access and Integration       Email address: AccessandIntegration@hse.ie         Telephone Number:       Data support         Data support       Name: Acute Buisness Information Unit         Email address: AcuteBlu@hse.ie       Telephone Number: DTR 5222         Dovernance/sign off       This sign off is the governance at Divisional level in respect of management of the KPI including data provision,	6b	Data Quality Issues	
metrics only         Inpatients Only           Minimum Data Set (MDS)         HIPE: Discharge Date, Patient Type, Admission Type           On International Comparison         NA           1         KPI Monitoring         Monthly           2         KPI Reporting Frequency         Monthly           3         KPI report period         By exception           Monthly in arrears         M-1M           4         KPI Reporting Aggregation         National, HRA, Hospital           5         KPI is reported in which reports?         Annual Report; Performance Reports           6         Web link to published data         http://www.hse.ie/eng/services/Publications           7         Additional Information         Is policy to include data in Open Data publication. Please indicate if there is an exceptional reason for this to be delayed           ontact details         KPI owner/lead for implementation           Name: Access and Integration @hse.ie         Telephone Number:           Data support         Name: Accute Business Information Unit           Email address: AccuteBUG Mes.ie         Telephone Number:           Data support         Name: Acute Business Information Unit           Email address: AcuteBUG Mes.ie         Telephone Number:           Data support         Name: Acute Business Information Unit           <		Data Collection Frequency	
Minimum Data Set (MDS)         HIPE: Discharge Date, Patient Type, Admission Type           0         International Comparison         NA           1         KPI Monitoring         Monthly           2         KPI Reporting Frequency         Monthly           3         KPI report period         By exception           4         KPI Reporting Aggregation         National, HRA, Hospital           5         KPI is reported in which reports?         Annual Report; Performance Reports           6         Web link to published data http://www.hse.ie/eng/services/Publications           7         Additional Information           is policy to include data in Open Data publication. Please indicate if there is an exceptional reason for this to be delayed           ontact details         KPI owner/lead for implementation           Name: Access and Integration         Email address: Access andIntegration@hse.ie           Telephone Number:         Data support           Data support         Name: Acute Buisness Information Unit           Email address: AcuteBIU@hse.ie         Telephone Number:           Data support         Name: Acute Buisness Information Unit           Email address: AcuteBIU@hse.ie         Telephone Number 01 778 5222		Tracer Conditions (clinical	Admission Type equal to 6
0       International Comparison       NA         1       KPI Monitoring       Monthly         2       KPI reporting Frequency       Monthly         3       KPI report period       By exception         Monthly in arrears       M-1M         4       KPI Reporting Aggregation       National, HRA, Hospital         5       KPI report el in which reports?       Annual Report; Performance Reports         6       Web link to published data       http://www.hse.ie/eng/services/Publications         7       Additional Information       is policy to include data in Open Data publication. Please indicate if there is an exceptional reason for this to be delayed         ontact details       KPI owner/lead for implementation         Name:       Access and Integration         Email address: AccessandIntegration@hse.ie         Telephone Number:       Data support         Data support       Name: Accuse Suriess Information Unit         Email address: Accuess Information Unit       Email address: AccuseSuries         Telephone Number:       Telephone Number:         Data support       Name: Accuse Business Information Unit         Email address: AccuseSuries Information Unit       Email address: AccuseSuries         Telephone Number 01 778 5222       This sign off is the governance at Divisional level in respect			
1       KPI Monitoring       Monthly         2       KPI Reporting Frequency       Monthly         3       KPI report period       By exception         4       KPI Reporting Aggregation       National, HRA, Hospital         5       KPI is reported in which reports?       Annual Report; Performance Reports         6       Web link to published data       http://www.hse.ie/eng/services/Publications         7       Additional Information is policy to include data in Open Data publication. Please indicate if there is an exceptional reason for this to be delayed         ontact details       KPI owner/lead for implementation Name: Access and Integration         Email address: AccessandIntegration@hse.ie Telephone Number:       Data support Name: Acute Business Information Unit Email address: AcuteBIU@hse.ie         Telephone Number 01 778 5222       Telephone Number 01 778 5222         rovernance/sign off       This sign off is the governance at Divisional level in respect of management of the KPI including data provision,		Minimum Data Set (MDS)	HIPE: Discharge Date, Patient Type, Admission Type
2         KPI Reporting Frequency         Monthly           3         KPI report period         By exception Monthly in arrears         M-1M           4         KPI Reporting Aggregation         National, HRA, Hospital           5         KPI is reported in which reports?         Annual Report; Performance Reports           6         Web link to published data http://www.hse.ie/eng/services/Publications           7         Additional Information is policy to include data in Open Data publication. Please indicate if there is an exceptional reason for this to be delayed           Mme:         Access and Integration           Email address:         Access and Integration           Email address:         Access and Integration           Data support Telephone Number:         Data support Data support           Name:         Acute Business Information Unit Email address: AcuteBIU @hse.ie           Telephone Number:         Data support           Data support         Name: Acute Business Information Unit Email address: AcuteBIU @hse.ie           Telephone Number 01 778 5222         This sign off 1s the governance at Divisional level in respect of management of the KPI including data provision,	0	International Comparison	NA
3       KPI report period       By exception Monthly in arrears       M-1M         4       KPI Reporting Aggregation       National, HRA, Hospital         5       KPI is reported in which reports?       Annual Report; Performance Reports         6       Web link to published data http://www.hse.ie/eng/services/Publications         7       Additional Information is policy to include data in Open Data publication. Please indicate if there is an exceptional reason for this to be delayed         ontact details       KPI owner/lead for implementation Name: Access and Integration         Email address: AccessandIntegration Telephone Number:       Data support Name: Acute Business Information Unit Email address: AcuteBIU@ hse.ie         Data support       Name: Acute Business Information Unit Email address: AcuteBIU@ hse.ie         Telephone Number 01 778 5222         tovernance/sign off       This sign off is the governance at Divisional level in respect of management of the KPI including data provision,	1	KPI Monitoring	Monthly
Monthly in arrears       M-1M         4       KPI Reporting Aggregation       National, HRA, Hospital         5       KPI is reported in which reports?       Annual Report; Performance Reports         6       Web link to published data http://www.hse.ie/eng/services/Publications       http://www.hse.ie/eng/services/Publications         7       Additional Information is policy to include data in Open Data publication. Please indicate if there is an exceptional reason for this to be delayed         Sontact details       KPI owner/lead for implementation Name: Access and Integration         Email address: AccessandIntegration@hse.ie Telephone Number:       Data support Name: Acute Business Information Unit Email address: AcuteBIU@hse.ie         Data support       Name: Acute Business Information Unit Email address: AcuteBIU@hse.ie       Telephone Number:         Data support       Telephone Number 01 778 5222       Telephone Number 01 778 5222	2	KPI Reporting Frequency	Monthly
4         KPI Reporting Aggregation         National, HRA, Hospital           5         KPI is reported in which reports?         Annual Report; Performance Reports           6         Web link to published data         http://www.hse.ie/eng/services/Publications           7         Additional Information is policy to include data in Open Data publication. Please indicate if there is an exceptional reason for this to be delayed           6         KPI owner/lead for implementation           is policy to include data in Open Data publication. Please indicate if there is an exceptional reason for this to be delayed           Mellish         KPI owner/lead for implementation           Name: Access and Integration         Name: Access and Integration@hse.ie           Telephone Number:         Data support           Data support         Name: AcuteB Business Information Unit           Email address: AcuteBlU@hse.ie         Telephone Number 01 778 5222           relephone Number 01 778 5222         This sign off is the governance at Divisional level in respect of management of the KPI including data provision,	3	KPI report period	By exception
5       KPI is reported in which reports?       Annual Report; Performance Reports         6       Web link to published data       http://www.hse.ie/eng/services/Publications         7       Additional Information       is policy to include data in Open Data publication. Please indicate if there is an exceptional reason for this to be delayed         ontact details       KPI owner/lead for implementation         Name:       Access and Integration         Email address:       AccessandIntegration@hse.ie         Telephone Number:       Data support         Name:       Acute Business Information Unit         Email address:       AcuteBlU@hse.ie         Telephone Number 01 778 5222         rovernance/sign off       This sign off is the governance at Divisional level in respect of management of the KPI including data provision,			Monthly in arrears M-1M
reports?       http://www.hse.ie/eng/services/Publications         6       Web link to published data       http://www.hse.ie/eng/services/Publications         7       Additional Information       is policy to include data in Open Data publication. Please indicate if there is an exceptional reason for this to be delayed         is policy to include data in Open Data publication. Please indicate if there is an exceptional reason for this to be delayed         intervention       Name: Access and Integration         Email address: AccessandIntegration@hse.ie       Telephone Number:         Data support       Name: Acute Business Information Unit         Email address: AcuteBIU@hse.ie       Telephone Number 01 778 5222         rovernance/sign off       This sign off is the governance at Divisional level in respect of management of the KPI including data provision,	4	KPI Reporting Aggregation	National, HRA, Hospital
6       Web link to published data       http://www.hse.ie/eng/services/Publications         7       Additional Information       is policy to include data in Open Data publication. Please indicate if there is an exceptional reason for this to be delayed         is policy to include data in Open Data publication. Please indicate if there is an exceptional reason for this to be delayed         is policy to include data in Open Data publication. Please indicate if there is an exceptional reason for this to be delayed         is policy to include data in Open Data publication. Please indicate if there is an exceptional reason for this to be delayed         is policy to include data in Open Data publication. Please indicate if there is an exceptional reason for this to be delayed         is policy to include data in Open Data publication. Please indicate if there is an exceptional reason for this to be delayed         is policy to include data in Open Data publication. Please indicate if there is an exceptional reason for this to be delayed         Name: Access and Integration         Rame: Access and Integration@hse.ie         Telephone Number:         Data support         Name: AcuteBusiness Information Unit         Email address: AcuteBlU@hse.ie         Telephone Number 01 778 5222         is sign off is the governance at Divisional level in respect of management of the KPI including data provision,	5	KPI is reported in which	Annual Report; Performance Reports
http://www.hse.ie/eng/services/Publications         7       Additional Information         is policy to include data in Open Data publication. Please indicate if there is an exceptional reason for this to be delayed         iontact details       KPI owner/lead for implementation         Name:       Access and Integration         Email address:       AccessandIntegration@hse.ie         Telephone Number:       Data support         Name:       Acute Business Information Unit         Email address:       AcuteBlU@hse.ie         Telephone Number 01 778 5222       Telephone Number 01 778 5222         is sign off is the governance at Divisional level in respect of management of the KPI including data provision,			
7       Additional Information         is policy to include data in Open Data publication. Please indicate if there is an exceptional reason for this to be delayed         ontact details       KPI owner/lead for implementation         Name: Access and Integration       Image: Access and Integration         Email address: AccessandIntegration@hse.ie       Telephone Number:         Data support       Name: Acute Business Information Unit         Ismail address: AccuteBIU@hse.ie       Telephone Number:         Data support       Telephone Number 01 778 5222         rovernance/sign off       This sign off is the governance at Divisional level in respect of management of the KPI including data provision,	6	Web link to published data	
is policy to include data in Open Data publication. Please indicate if there is an exceptional reason for this to be delayed ontact details KPI owner/lead for implementation Name: Access and Integration Email address: AccessandIntegration@hse.ie Telephone Number: Data support Name: Acute Business Information Unit Email address: AcuteBIU@hse.ie Telephone Number 01 778 5222 Invernance/sign off This sign off is the governance at Divisional level in respect of management of the KPI including data provision,			http://www.hse.ie/eng/services/Publications
KPI owner/lead for implementation           Name: Access and Integration           Email address: AccessandIntegration@hse.ie           Telephone Number:           Data support           Name: Acute Business Information Unit           Email address: AcuteBIU@hse.ie           Telephone Number 01 778 5222           Tovernance/sign off           This sign off is the governance at Divisional level in respect of management of the KPI including data provision,	7	Additional Information	
Name: Access and Integration         Email address: AccessandIntegration@hse.ie         Telephone Number:         Data support         Name: Acute Business Information Unit         Email address: AcuteBIU@hse.ie         Telephone Number 01 778 5222         iovernance/sign off         This sign off is the governance at Divisional level in respect of management of the KPI including data provision,	is po	plicy to include data in Open D	nata publication. Please indicate if there is an <u>exceptional</u> reason for this to be delayed
Email address: AccessandIntegration@hse.ie Telephone Number: Data support Name: Acute Business Information Unit Email address: AcuteBIU@hse.ie Telephone Number 01 778 5222 iovernance/sign off This sign off is the governance at Divisional level in respect of management of the KPI including data provision,	onta	ct details	KPI owner/lead for implementation
Telephone Number:  Data support Name: Acute Business Information Unit Email address: AcuteBIU@hse.ie Telephone Number 01 778 5222  iovernance/sign off This sign off is the governance at Divisional level in respect of management of the KPI including data provision,			Name: Access and Integration
Telephone Number:  Data support Name: Acute Business Information Unit Email address: AcuteBIU@hse.ie Telephone Number 01 778 5222  iovernance/sign off This sign off is the governance at Divisional level in respect of management of the KPI including data provision,			Email address: AccessandIntegration@bse ie
Data support         Name: Acute Business Information Unit         Email address: AcuteBIU@hse.ie         Telephone Number 01 778 5222         iovernance/sign off         This sign off is the governance at Divisional level in respect of management of the KPI including data provision,			
Name: Acute Business Information Unit           Email address: AcuteBIU@hse.ie           Telephone Number 01 778 5222           Tovernance/sign off           This sign off is the governance at Divisional level in respect of management of the KPI including data provision,			
Email address: AcuteBIU@hse.ie Telephone Number 01 778 5222 This sign off is the governance at Divisional level in respect of management of the KPI including data provision,			
Telephone Number         01         778         5222           iovernance/sign off         This sign off is the governance at Divisional level in respect of management of the KPI including data provision,			
overnance/sign off This sign off is the governance at Divisional level in respect of management of the KPI including data provision,			Email address: AcuteBIU@hse.ie
overnance/sign off This sign off is the governance at Divisional level in respect of management of the KPI including data provision,			Telephone Number 01 778 5222
		nance/sign off	
	lover		

lo	Steps	Detail supporting KPI
	KPI title & Number	Inpatient discharges ≥75 years
	A103	
1b	KPI Short Title	IPCases ≥75 years
	KPI Description	Number of Inpatient discharges ≥ 75 years. An inpatient is a patient admitted to hospital for treatment or investigation and is
		scheduled to stay in a designated inpatient bed.
	KPI Rationale	
3a	Indicator Classification	National Scorecard Quadrant
		Access
	KPI Target	170,478
4b	Volume metrics	
	KPI Calculation	Total Number of Inpatient Discharges ≥ 75 years
	Data Sources	HIPE and uncoded PAS data
	Data sign off	НРО
6b	Data Quality Issues	
•	Data Collection Frequency	Monthly
5	Tracer Conditions (clinical	Age ≥ 75 years
	metrics only)	Inpatients Only
	Minimum Data Set (MDS)	HIPE: Discharge Date, Patient Type, Age
0	International Comparison	NA
1	KPI Monitoring	Monthly
2	KPI Reporting Frequency	Monthly
3	KPI report period	By exception
		Monthly in arrears M-1M
4	KPI Reporting Aggregation	National, HRA, Hospital
5	KPI is reported in which	Annual Report: Performance Reports
•	reports?	
~	Web link to published data	
6	web link to published data	http://www.hse.ie/eng/services/Publications
7	Additional Information	Inttp://www.iise.ie/eng/services/Fubications
		lata publication. Please indicate if there is an <u>exceptional</u> reason for this to be delayed
	act details	KPI owner/lead for implementation
01110		•
		Name: Access and Integration
		Email address: AccessandIntegration@hse.ie
		Telephone Number:
		Data support
		Name: Acute Business Information Unit
		Email address: AcuteBIU@hse.ie
		Telephone Number 01 778 5222
love	rnance/sign off	This sign off is the governance at Divisional level in respect of management of the KPI including data provision,
		validation, and use in performance management
		Operational National Director: National Director of Access and Integration

Αςι	Acute Division - Discharge Activity ≥ 75 years - Metadata 2025		
No	Steps	Detail supporting KPI	
1	KPI title & Number A104	Day case discharges ≥75 years	
	KPI Short Title	DC Cases ≥75 years	
2	KPI Description	Total number of daycase discharges ≥ 75 years. A day case is a patient who is admitted on an elective basis for care and/or treatment, who does not require the use of a hospital bed over night, and has been admitted and discharged as scheduled on the same day.	
3	KPI Rationale		
3a	Indicator Classification	National Scorecard Quadrant Access	
4	KPI Target	271,195	
4b	Volume metrics		
5	KPI Calculation	Total Number of Daycase discharges ≥ 75 years	
6	Data Sources	HIPE and uncoded PAS data	
	Data sign off	НРО	
6b	Data Quality Issues		
7	Data Collection Frequency	Monthly	
8	Tracer Conditions (clinical metrics only)	Age ≥ 75 Years Daycases Only	
9	Minimum Data Set (MDS)	HIPE: Discharge Date, Patient Type, Age	
	International Comparison	NA	
11	KPI Monitoring	Monthly	
	KPI Reporting Frequency	Monthly	
	KPI report period	By exception	
		Monthly in arrears M-1M	
14	KPI Reporting Aggregation	National, HRA, Hospital	
15	KPI is reported in which reports?	Annual Report; Performance Reports	
16	Web link to published data	http://www.hse.ie/eng/services/Publications	
17	Additional Information		
		ata publication. Please indicate if there is an exceptional reason for this to be delayed	
_	ct details	KPI owner/lead for implementation	
		Name: Access and Integration	
		Email address: AccessandIntegration@hse.ie	
		Telephone Number:	
		Data support	
		Name: Acute Business Information Unit	
		Email address: AcuteBIU@hse.ie	
		Telephone Number 01 778 5222	
Gover	nance/sign off	This sign off is the governance at Divisional level in respect of management of the KPI including data provision, validation, and use in performance management	
		Operational National Director: National Director of Access and Integration	
	will be deemed 'active' until a f	ormal request to change or remove is received	

lo	Steps	Detail supporting KPI
	KPI title & Number	Level of GI scope activity
	A132	Level of Gi Scope activity
46	KPI Short Title	Level GI
10	KPI Description	Level of gastrointestinal scope (GI) day case discharges. A GI day case is a patient who is admitted on an elective basis for care and/or treatment, who does not require the use of a hospital bed over night, and has been admitted and discharged as scheduled on the same day for a gastrointestinal scope (procedure using a small camera to examine your upper digestive system (GI)).
	KPI Rationale	
3a	Indicator Classification	National Scorecard Quadrant Access
	KPI Target	111,488
4a	Target Trajectory	
	Volume metrics	
	KPI Calculation	Total number of gastrointestinal daycase discharges
	Data Sources	HIPE data
6a	Data sign off	HPO
	Data Quality Issues	NA
	Data Collection Frequency	Monthly
	Tracer Conditions (clinical	- Daycases only
	metrics only)	~Version 10 Adjacent Diagnosis Related Group (ADRG) of G46 Complex Endoscopy or G47 Gastroscopy or G48 Colonoscopy
	Minimum Data Set (MDS)	HIPE: Patient Type, ADRG
0	International Comparison	NA
1	KPI Monitoring	Monthly
2	KPI Reporting Frequency	Monthly
3	KPI report period	By exception
		Monthly in arrears M-1M
1	KPI Reporting Aggregation	National, HRA, Hospital
5	KPI is reported in which reports?	Annual Report; Performance Reports
6	Web link to published data	http://www.hse.ie/eng/services/Publications
7	Additional Information	
is n	olicy to include data in Open F	Data publication. Please indicate if there is an exceptional reason for this to be delayed
	ct details	KPI owner/lead for implementation
onta		
		Name: Access and Integration
		Email address: AccessandIntegration@hse.ie
		Telephone Number:
		Data support
		Name: Acute Business Information Unit
		Email address: AcuteBIU@hse.ie
		Telephone Number 01 778 5222
over	mance/sign off	This sign off is the governance at Divisional level in respect of management of the KPI including data provision,
Jover	nanoo/sign on	validation, and use in performance management
		vanaaton, and use in performance management

	le Division - Leve	I Dialysis - Metadata 2025
	Steps	Detail supporting KPI
	(PI title & Number A133	Level of dialysis activity
-	(PI Short Title	Level dialysis
	(PI Description	Level of dialysis daycase discharges. A dialysis day case is a patient who is admitted on an elective basis for care and/or treatment, who does not require the use of a hospital bed over night, and has been admitted and discharged as scheduled or
		the same day for dialysis (process in which your blood is filtered to remove waste products and excess fluid which build up because your kidneys are not working properly).
6	(PI Rationale	
3a li	ndicator Classification	National Scorecard Quadrant Access
	(PI Target	196,397
	/olume metrics	
	(PI Calculation	Total number of Dialysis daycase discharges
	Data Sources	HIPE data
	Data sign off	HPO
	Data Quality Issues	
	Data Collection Frequency	Monthly
	racer Conditions (clinical	~Daycases only
	netrics only)	-Version 10 Adjacent Diagnosis Related Group (ADRG) of L61 Haemodialysis
	Ainimum Data Set (MDS)	HIPE: Patient Type, ADRG
	nternational Comparison	NA
	(PI Monitoring	Monthly
	(PI Reporting Frequency	Monthly
	(PI report period	By exception
· .		Monthly in arrears M-1M
4 K	(PI Reporting Aggregation	National, HRA, Hospital
	(PI is reported in which	Annual Report; Performance Reports
	eports?	
6 V	Veb link to published data	http://www.hse.ie/eng/services/Publications
7 A	Additional Information	
is pol	icy to include data in Open D	ata publication. Please indicate if there is an exceptional reason for this to be delayed
ontact	t details	KPI owner/lead for implementation
		Name: Access and Integration
		Email address: AccessandIntegration@hse.ie
		Telephone Number:
		Data support
		Name: Acute Business Information Unit
		Email address: AcuteBIU@hse.ie
		Telephone Number 01 778 5222
overn	ance/sign off	This sign off is the governance at Divisional level in respect of management of the KPI including data provision,
		validation, and use in performance management
		Operational National Director: National Director of Access and Integration
	ill be deemed 'active' until a f	ormal request to change or remove is received

No	Steps	Detail supporting KPI
	KPI title & Number	Level of chemotherapy (R63Z) and other Neoplastic Dis, MINC (R62C)
	A134	Lauri e Oleana and De dialeana
	KPI Short Title	Level of Chemo and Radiotherapy
	KPI Description	Level of Chemotherapy and Radiotherapy daycase discharges. A chemotherpay/radiotherapy day case is a patient who is admitted on an elective basis for care and/or treatment, who does not require the use of a hospital bed over night, and has been admitted and discharged as scheduled on the same day for Chemotherapy or Radiotherapy (treatment used to destro cancer cells).
	KPI Rationale	
3a	Indicator Classification	National Scorecard Quadrant
		Access
	KPI Target	254,023
4b	Volume metrics	
5	KPI Calculation	Total number of Chemotherapy and Radiotherapy daycase discharges
1	Data Sources	HIPE data
6a	Data sign off	НРО
	Data Quality Issues	
	Data Collection Frequency	Monthly
	Tracer Conditions (clinical	-Daycases only
	metrics only)	-Version 10 Diagnosis Related Group (DRG) of
	metries only)	R62C Other Neoplastic Disorders. Minc or
		R63Z Chemotherapy
	Minimum Data Set (MDS)	HIPE: Patient Type, DRG
0	International Comparison	NA
	KPI Monitoring	Monthly
	KPI Reporting Frequency	Monthly
	KPI report period	By exception
3	KFI lepolt period	Monthly in arrears M-1M
4	KPI Reporting Aggregation	National, HRA, Hospital
5	KPI is reported in which	Annual Report; Performance Reports
	reports?	
6	Web link to published data	http://www.hse.ie/eng/services/Publications
7	Additional Information	
		ata publication. Please indicate if there is an exceptional reason for this to be delayed
_	ct details	KPI owner/lead for implementation
	-	Name: Access and Integration
		The analysis and integration Email address: Access and Integration @hse.ie
		Telephone Number:
		Data support
		Name: Acute Business Information Unit
		Email address: AcuteBIU@hse.ie
		Telephone Number 01 778 5222
iover	nance/sign off	This sign off is the governance at Divisional level in respect of management of the KPI including data provision,
		validation, and use in performance management Operational National Director: National Director of Access and Integration

lo	Steps	Detail supporting KPI
	KPI title & Number	New ED attendances
	A164	
1b	KPI Short Title	ED New
	KPI Description	Total number of new patients who present themselves to hospital Emergency Department (ED).
		An ED is a hospital facility that provides 24/7 access for undifferentiated emergency and urgent presentations across the entire
		spectrum of medical, surgical, trauma and behavioural conditions.
		An Emergency Department "New Attendance" is an individual unscheduled visit by one patient to receive treatment from the
	KPI Rationale	Emergency Medicine Service. It is an important measure for clinical audit/governance and planning of services and to measure the unplanned attendances to
		each hospital to measure demand on the entire service. Due to the unplanned nature of patient attendance, the department
		must provide initial treatment for a broad spectrum of illnesses and injuries, some of which may be life-threatening and require
		immediate attention.
3a	Indicator Classification	National Scorecard Quadrant
		Access 1,519,715
4-	KPI Target	
	Target Trajectory Volume metrics	
40		
	KPI Calculation	Count of Number of ED Attendances
	Data Sources	ED System (PET)
	Data sign off	
6b	Data Quality Issues	Reporting all acute hospitals with recognised Emergency Departments
	Data Collection Frequency	Monthly
	Tracer Conditions (clinical	Emergency Attendance
	metrics only)	
	Minimum Data Set (MDS)	BIU – Acute MDR
0	International Comparison	Yes
1	KPI Monitoring	Monthly
2	KPI Reporting Frequency	Monthly
3	KPI report period	Monthly M
4	KPI Reporting Aggregation	National, HRA, Hospital
5	KPI is reported in which	Performance Report/Profile
5	reports?	
6	Web link to published data	
		http://www.hse.ie/eng/services/Publications
7	Additional Information	
		ata publication. Please indicate if there is an <u>exceptional</u> reason for this to be delayed
onta	ct details	KPI owner/lead for implementation
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		Telephone Number
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iover	mance/sign off	This sign off is the governance at Divisional level in respect of management of the KPI including data provision,
10161		validation, and use in performance management
		Operational National Director: National Director of Access and Integration

No	Steps	Detail supporting KPI
1		Return ED attendances
•	KPI title & Number A165	Return ED attendances
1b	KPI Short Title	ED Return
2	KPI Description	Total number of scheduled and unscheduled return attendances at the Emergency Department (ED)
-	Ni i Description	Return Attendances include:
		Scheduled Return: A planned follow-up attendance at the same department, and for the same incident as the first attendance.
		This includes patients attending EM review clinics.
		Unscheduled returns up to and including 28-days: An unplanned Emergency Department attendance who returns with the sam condition at the same department up to and including 28 days after the first attendance
3	KPI Rationale	It is an important measure for clinical audit/governance and planning of services and to measure the unplanned attendances to
		each hospital to measure demand on the entire service. Due to the unplanned nature of patient attendance, the department
		must provide initial treatment for a broad spectrum of illnesses and injuries, some of which may be life-threatening and require
		immediate attention.
<b>3</b> a	Indicator Classification	National Scorecard Quadrant
4	KPI Target	Access 138,895
•	Target Trajectory	
40	Volume metrics KPI Calculation	Count of Number of Return ED Attendances
5 6	Data Sources	ED System (PET)
-		
	a Data sign off	
6b	Data Quality Issues	Reporting all acute hospitals with recognised Emergency Departments
7	Data Collection Frequency	Monthly
B	Tracer Conditions (clinical	As per description no. 2 above
9	metrics only) Minimum Data Set (MDS)	BIU – Acute MDR
10	International Comparison	Yes
11	KPI Monitoring	Monthly
12	KPI Reporting Frequency	Monthiy
13	KPI report period	Monthly M
14	KPI Reporting Aggregation	National, HRA, Hospital
15	KPI is reported in which	Performance Report, Other
16	reports?	
10	Web link to published data	http://www.hse.ie/eng/services/Publications
17	Additional Information	
t is p	olicy to include data in Open D	ata publication. Please indicate if there is an exceptional reason for this to be delayed
Conta	act details	KPI owner/lead for implementation
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		Telephone Number 01 778 5222
	monoloinn off	
Gove	rnance/sign off	This sign off is the governance at Divisional level in respect of management of the KPI including data provision, validation, and use in performance management
		Operational National Director: National Director of Access and Integration
		formal request to change or remove is received

No	Steps	Detail supporting KPI
	KPI title & Number	Injury Unit attendances
	A94	
1b	KPI Short Title	LIU
	KPI Description	Total number of patients who present themselves to an Injury Unit.
	-	An Injury Unit provides care for non-life threatening or limb-threatening injuries, for limited hours' of patient access.
	KPI Rationale	It is an important measure for clinical audit/governance and planning of services and to measure the unplanned attendances to
		each hospital to measure demand on the entire service.
3a	Indicator Classification	National Scorecard Quadrant Access
	KPI Target	227.203
12	Target Trajectory	
4a 4b	Volume metrics	
40		
	KPI Calculation	Count of Other Presentations
	Data Sources	Sourced from Hospitals systems
	Data sign off	
6b	Data Quality Issues	Reporting all acute hospitals with recognised Emergency Departments
	Data Collection Frequency	Monthly
	Tracer Conditions (clinical	Emergency Presentation other than New or Return
	Minimum Data Set (MDS)	BIU – Acute MDR
0	International Comparison	Yes
1	KPI Monitoring	Monthly
2	KPI Reporting Frequency	Monthly
3	KPI report period	Monthly M
4	KPI Reporting Aggregation	National, HRA, Hospital
5	KPI is reported in which	Performance Report, Other
	reports?	
6	Web link to published data	http://www.hse.ie/eng/services/Publications
7	Additional Information	
		bata publication. Please indicate if there is an exceptional reason for this to be delayed
onta	ct details	KPI owner/lead for implementation
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		Data support
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love	nance/sign off	This sign off is the governance at Divisional level in respect of management of the KPI including data provision,
over	nance/sign off	validation, and use in performance at Divisional level in respect or management of the KPI including data provision,
		Operational National Director: National Director of Access and Integration

No	Steps	Detail supporting KPI
1	KPI title & Number	Other Emergency Presentations
-	A95	
1b	KPI Short Title	Other EP
2	KPI Description	Total number of patients who present themselves to hospital as emergency other than New or Return at an Emergency Department. They include Paediatric Assessment Unit (PAU's) and Surgical Assessment Unit (SAU's), and emergency presentations direct to wards.
3	KPI Rationale	It is an important measure for clinical audit/governance and planning of services and to measure the unplanned attendances to each hospital to measure demand on the entire service.
3a	Indicator Classification	National Scorecard Quadrant Access
L.	KPI Target	57,239
4a	Target Trajectory	
4b	Volume metrics	
5	KPI Calculation	Count of Other Presentations
5	Data Sources	Sourced from Hospitals systems
6a	Data sign off	
6b	Data Quality Issues	Reporting all acute hospitals with recognised Emergency Departments
,	Data Collection Frequency	Monthly
	Tracer Conditions (clinical metrics only)	Emergency Presentation other than New or Return
)	Minimum Data Set (MDS)	BIU – Acute MDR
0	International Comparison	Yes
1	KPI Monitoring	Monthly
2	KPI Reporting Frequency	Monthly
3	KPI report period	Monthly M
4	KPI Reporting Aggregation	National, HRA, Hospital
15	KPI is reported in which reports?	Performance Report, Other
16	Web link to published data	
-		http://www.hse.ie/eng/services/Publications
17	Additional Information	
		ata publication. Please indicate if there is an <u>exceptional</u> reason for this to be delayed
Jonta	ct details	KPI owner/lead for implementation
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		Email address: emp@rcsi.ie
		Telephone Number
		Data support
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		Email address: AcuteBIU@hse.ie
		Telephone Number 01 778 5222
Gover	nance/sign off	This sign off is the governance at Divisional level in respect of management of the KPI including data provision, validation, and use in performance management
		Operational National Director: National Director of Access and Integration

No	Steps	Detail supporting KPI
1	KPI title & Number	Total no. of births
	A17	
1b	KPI Short Title	Births
	KPI Description	The total number of live births and still births greater than or equal to 400grms.
;	KPI Rationale	Monitoring Function. Standard indicator of obstetric performance.
		An indicator needed for calculating population growth.
3a	Indicator Classification	National Scorecard Quadrant
1	KPI Target	Access 52.461
	Target Trajectory	
4a 4b	• • •	
40	KPI Calculation	Count: Number of Live Bithe + Number of Still Bithe
)	Data Sources	Count: Number of Live Births + Number of Still Births Sourced from Hospitals PAS systems
6		
	Data sign off	Name: Acute Business Information Unit
	Data Quality Issues	19/19 hospitals reporting
7	Data Collection Frequency	Monthly
B	Tracer Conditions (clinical	Total number of live births and still births greater than or equal to 400grms.
	metrics only)	
)	Minimum Data Set (MDS)	BIU – Acute MDR
0	International Comparison	Yes
11	KPI Monitoring	Monthly
12	KPI Reporting Frequency	Monthly
3	KPI report period	Monthly M
4	KPI Reporting Aggregation	National, HRA, Hospital
15	KPI is reported in which	Performance Report/Profile
	reports?	
16	Web link to published data	
17	Additional Information	http://www.hse.ie/eng/services/Publications
		internation Places indicate Materia in an executional second for this to be defaued
	ct details	ata publication. Please indicate if there is an <u>exceptional</u> reason for this to be delayed
Jonta		KPI owner/lead for implementation
		Name: Acute Business Information Unit
		Email address: AcuteBIU@hse.ie
		Telephone Number 01 620 1800
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		Name: Acute Business Information Unit
		Email address: AcuteBIU@hse.ie
		Telephone Number 01 778 5222
Gover	nance/sign off	This sign off is the governance at Divisional level in respect of management of the KPI including data provision,
		validation, and use in performance management Operational National Director: National Director of Access and Integration

lo	Steps	Detail supporting KPI
1	KPI title & Number	No. of new and return outpatient attendances
	A15	
1b	KPI Short Title	OPD New + Return
2	KPI Description	This metric includes the total number of both new and return outpatient attendances (OPD). New attendance = A first new
		attendances at a consultant led Outpatient clinic
		Return Attendance - Attendance by a patient who has been treated as an outpatient at least once previously, or as an inpatie
		or day case.
3	KPI Rationale	The monitoring of outpatient attendance levels
3a	Indicator Classification	National Scorecard Quadrant
		Access
4	KPI Target	3,910,841
4a	Target Trajectory	Monthly profile
5	KPI Calculation	Count. Total New + Return Outpatient attendances
6	Data Sources	Sourced from Hospitals PAS systems
60	Data sign off	Name: OSPIP
		All acute hospitals reporting
- 60	Data Quality Issues	
	Data Collection Frequency	Monthly
8	Tracer Conditions (clinical	Qualifies as an outpatient attendance
9	Minimum Data Set (MDS)	BIU - Acute OPD Template (Excludes NTPF Activity)
10	International Comparison	No OPD measure of performance internationally due to different structures of health service delivery.
11	KPI Monitoring	Monthly
12	KPI Reporting Frequency	Monthly
13	KPI report period	Monthly M
14	KPI Reporting Aggregation	National, HRA, Hospital
15	KPI is reported in which	Performance Report/Profile; Other
	reports?	
16	Web link to published data	
		http://www.hse.ie/eng/services/Publications
17	Additional Information	
		ata publication. Please indicate if there is an exceptional reason for this to be delayed
Conta	act details	KPI owner/lead for implementation
		Name: OSPIP
		Email address: ita.hegarty@hse.ie
		Telephone Number
		Data support
		Name: Acute Business Information Unit
		Email address: AcuteBIU@hse.ie
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Gove	rnance/sign off	This sign off is the governance at Divisional level in respect of management of the KPI including data provision,
		validation, and use in performance management Operational National Director: National Director of Access and Integration
		Operational Mational Director. National Director of Access and Integration

2	Steps	Detail supporting KPI
	KPI title & Number	No. of new outpatient attendances
	A136	
1b	KPI Short Title	OPD New
	KPI Description	This metric includes the total number of new attendances. New attendance = A first new attendances at a consultant led Outpatient clinic
	KPI Rationale	
3a	Indicator Classification	National Scorecard Quadrant Access
	KPI Target	1,178,112
4a	Target Trajectory	Monthly profile
	KPI Calculation	Count. Total New Outpatient attendances
i	Data Sources	Sourced from Hospitals PAS systems
6a	Data sign off	Name: Acute Operations
6b	Data Quality Issues	All acute hospitals reporting
,	Data Collection Frequency	Monthly
	Tracer Conditions (clinical	Qualifies as a new outpatient attendance
)	Minimum Data Set (MDS)	BIU - Acute OPD Template (Excludes NTPF Activity)
0	International Comparison	No OPD measure of performance internationally due to different structures of health service delivery.
1	KPI Monitoring	Monthly
2	KPI Reporting Frequency	Monthly
3	KPI report period	Monthly M
4	KPI Reporting Aggregation	National, HRA, Hospital
5	KPI is reported in which reports?	Performance Report/Profile; Other
6	Web link to published data	http://www.hse.ie/eng/services/Publications
7	Additional Information	
<u> </u>		ata publication. Please indicate if there is an <u>exceptional</u> reason for this to be delayed
onta	ct details	KPI owner/lead for implementation
		Name: Acute Operations
		Email address:
		Telephone Number
		Data support
		Name: Acute Business Information Unit
		Email address: AcuteBIU@hse.ie
		Telephone Number 01 778 5222
Governance/sign off		This sign off is the governance at Divisional level in respect of management of the KPI including data provision, validation, and use in performance management
		Operational National Director: National Director of Access and Integration

No	Steps	Idata 2025 Detail supporting KPI
10		
	KPI title & Number	No. of acute bed days lost through delayed transfers of care
1b	KPI Short Title	DTOC - Bed Days
2	KPI Description	This metric looks at the number of acute bed days lost due to delayed transfers of care.
-	Ri i Description	Delayed transfer of care: A patient who remains in hospital after a senior doctor (consultant or registrar grade) has documenter
		in the medical chart that the patient can be discharged.
		New categorisation of delayed transfer of care grouped under Type A -Home support service, Type B - Residential Care
		support Type C - Access to Rehabilitation Type D - Complex Clinical needs Type E - Homelessness/Housing
		support/Adjustment Type F - legal Complexity/ Ward of court Type G - Non compliance /Co-operation with process Type H -
		COVID-19 related queries The name Delayed Discharges has changed to Delayed Transfer of Care as of 18/12/2019
3	KPI Rationale	Delayed transfer of care is used in assessment of quality of care, costs and efficiency and is used for health planning
		purposes.
3a	Indicator Classification	National Scorecard Quadrant
		Quality and Safety
	KPI Target	≤109,500
4a	Target Trajectory	N/A
	KPI Calculation	Count of bed days lost to patients who are Delayed transfer of care
	Data Sources	National Delayed transfer of care database to BIU Acute
	Data sign off	Name: Unscheduled Care Lead
6b	Data Quality Issues	
	Data Collection Frequency	Daily
	Tracer Conditions (clinical metrics only)	Bed days lost
	Minimum Data Set (MDS)	Categorisation of delayed transfer of care grouped under Type A -Home support service, Type B - Residential Care support
		Type C - Access to Rehabilitation Type D - Complex Clinical needs Type E - Homelessness/Housing support/Adjustment
		Type F - legal Complexity/ Ward of court Type G - Non compliance /Co-operation with process Type H - COVID-19 related queries
0	International Comparison	Yes, similar information gathered in other countries
1	KPI Monitoring	Daily
2	KPI Reporting Frequency	Monthly
3	KPI report period	Monthly M
4	KPI Reporting Aggregation	National, HRA, Hospital
-	Kir Keporting Aggregation	
5	KPI is reported in which	Performance Report/Profile
	reports?	
6	Web link to published data	
7	Additional Information	http://www.hse.ie/eng/services/Publications
-		
	<u> </u>	ata publication. Please indicate if there is an <u>exceptional</u> reason for this to be delayed
onta	ct details	KPI owner/lead for implementation
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		Telephone Number 01 778 5222
Gove	rnance/sign off	This sign off is the governance at Divisional level in respect of management of the KPI including data provision, validation, and use in performance management
		Operational National Director: National Director of Access and Integration

0	Steps	Detail supporting KPI
0		
	KPI title & Number A181	Average No. of beds subject to delayed transfers of care
1b	KPI Short Title	Average no. of DTOC
	KPI Description	This metric looks at the number of beds subject to delayed transfer of care.
		Delayed transfer of care: A patient who remains in hospital after a senior doctor (consultant or registrar grade) has documented
		in the medical chart that the patient can be discharged.
		New categorisation of delayed transfer of care grouped under Type A -Home support service, Type B - Residential Care
		support Type C - Access to Rehabilitation Type D - Complex Clinical needs Type E - Homelessness/Housing support/Adjustment Type F - legal Complexity/ Ward of court Type G - Non compliance /Co-operation with process Type H
		COVID-19 related queries
		The name Delayed Discharges has changed to Delayed Transfer of Care as of 18/12/2019
	KPI Rationale	Delayed transfer of care is used in assessment of quality of care, costs and efficiency and is used for health planning
		purposes.
3a	Indicator Classification	National Scorecard Quadrant
	KPI Target	Quality and Safety <300
4a	Target Trajectory	N/A
-10	KPI Calculation	
		1. Count of beds in use to patients who are Delayed transfer of care at midnight for each day of the reporting period (numerat
		2. The number of days in the reporting period (denominator)
		3. numerator/denominator
		E.g. if a hospital has 10 DTOC's every day through January this equates to 310 beds in use per month to get average for mor divide 310 by number of days in month and to get YTD calculation is inclusive of count of every day YTD
		unities to by number of days in month and to get in Dicalculation is inclusive of count of every day in D
	Data Sources	Delayed transfer of care midnight report - BIU Acute
	Data sign off	Name: Unscheduled Care Lead
6b	Data Quality Issues	
	Data Collection Frequency	Daily
	Tracer Conditions (clinical	Bed subject to delayed transfer of care
	metrics only) Minimum Data Set (MDS)	Categorisation of Delayed transfer of care grouped under Type A -Home support service, Type B - Residential Care support
	Millindin Data Set (MDS)	Type C - Access to Rehabilitation Type D - Complex Clinical needs Type E - Homelessness/Housing support/Adjustment
		Type F - legal Complexity/ Ward of court Type G - Non compliance /Co-operation with process Type H - COVID-19 related
		queries
)	International Comparison	Yes, similar information gathered in other countries
	KPI Monitoring	Daily
2	KPI Reporting Frequency	Monthly
3	KPI report period	Monthly M
1	KPI Reporting Aggregation	National, HRA, Hospital
5	KPI is reported in which	Other
	reports?	
6	Web link to published data	http://www.hse.ie/eng/services/Publications
7	Additional Information	
		ata publication. Please indicate if there is an exceptional reason for this to be delayed
onta	ct details	KPI owner/lead for implementation
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		Telephone Number
		Data support
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		Telephone Number 01 778 5222
ove	nance/sign off	This sign off is the governance at Divisional level in respect of management of the KPI including data provision,
		validation, and use in performance management Operational National Director: National Director of Access and Integration

No		thcare Associated Infections - Metadata 2025	
	Steps	Detail supporting KPI	
1	KPI title & Number		
	A105	No. of new cases of CPE	
1b	KPI Short Title	New CPE cases	
2	KPI Description	No. of new cases of CPE (Carbapenemase Producing Enterobacterales) reported in swabs/ faeces or other samples b hospitals. The CPE is not necessarily attributable to the hospital that detects it.	
3	KPI Rationale Carbapenemase Producing Enterobacterales (CPE) are an emerging threat to human health, particularly in hospid CPE are gram-negative bacteria that are carried in the gut and are resistant to most available antibiotics. The true extent of this increasing threat cannot be fully estimated at present. However, CPE blood stream infection has been with death in up to half of all patients affected by it. The incidence of CPE can also result in significant financial co health system and challenges to effective patient flow in health care delivery for scheduled and unscheduled care. incidences of CPE is key to accurate assessment of the situation in Ireland.		
3a	Indicator Classification	National Scorecard Quadrant Quality and Safety	
4	KPI Target	N/A	
5	KPI Calculation	CPE002 (Number of patients confirmed with newly detected CPE from rectal swabs/ faeces) plus CPE 003 (Number of patients confirmed with newly detected CPE from any other site)	
6	Data Sources	Source: Monthly data report to BIU from each acute hospital	
62	Data sign off	Data should be approved for issue to BIU by Hospital Manager or CEO	
6b	Data Quality Issues	Dependant on accurate reporting from Hospitals. To avoid duplication confirmed CPE should be counted once only and for the purpose of this return it should be associated with the month during which a rapid confirmation assay positive result performed either in house or at reference laboratory becomes available to the Infection Prevention Control team at the hospital making the return. (For example if a patient has a CPE detected from a rectal swab in January and again in February from any site (rectal/other), the patient is counted once only in January, with all subsequent CPE isolates, from this patient to be excluded)	
7	Data Collection Frequency	Monthly M	
8	Tracer Conditions (clinical metrics only)	see above No. 5	
9	Minimum Data Set (MDS)	BIU Reporting template for same	
10	International Comparison	A number of other countries track incidence of CPE using various systems e.g. UK and Israel.	
11	KPI Monitoring	Monthly	
12	KPI Reporting Frequency	Monthly	
13	KPI report period	Monthly M	
14	KPI Reporting Aggregation	National, HRA, Hospital	
15	KPI is reported in which reports?	Performance Report, Other	
16	Web link to published data	CPE in HSE Acute Hospitals in Ireland Monthly Report available on www.HPSC.ie and www.hse.ie	
17	Additional Information	KPI noted in National Service Plan 2025	
	· ·	ata publication. Please indicate if there is an <u>exceptional</u> reason for this to be delayed	
Conta	ct details	KPI owner/lead for implementation	
		Name: Dr Eimear Brannigan	
		Email address: AMRICClinicalLead@hse.ie	
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		Telephone Number 01 778 5222	
Gove rnanc		This sign off is the governance at Divisional level in respect of management of the KPI including data provision, validation, and use in performance management	
		Operational National Director: National Director of Access and Integration	

Acı	ute Division - Venc	ous Thromboembolism Metadata 2025
No	Steps	Detail supporting KPI
1	KPI title & Number	Rate of defined and suspected venous thromboembolism (VTE, blood clots) associated with hospitalisation
1b	A140 KPI Short Title	VTE
2	KPI Description	The rate, per 1,000 inpatient discharges, with length of stay of 2 or more days, of VTE occurring during hospitalisation
3	KPI Rationale	VTE (venous thromboembolism, blood clots) comprises deep vein thrombosis (DVT) and pulmonary embolism (PE). 9% of all deaths are VTE- related and recurrence affects 30% of survivors, in addition to post-thrombotic complications, 63% of all VTE is hospital-acquired (1), occurring during or in the 90 days after hospitalisation. Irish HIPE data shows that over 6,000 adult medical or surgical in-patients had a VTE resulting in hospital admission(primary diagnosis) or occurring during hospitalisation (additional diagnosis) in 2018 (2). An average of 270 inpatients per month in 2018 were reported as having an additional diagnosis of VTE or readmission within 90 days with VTE (2). Venous thromboembolism (VTE, blood clots) accounts for 0.4-3.8% of public hospital budget spend in 28 European Union countries (3). 70% of healthcare-associated VTE is potentially preventable with appropriate VTE prophylaxis (4). The OECD rated VTE prevention protocols as the patient safety intervention with the most favourable impact/cost ratio (5). The HSE Quality Improvement Division led the national Preventing VTE in Hospitals Improvement Collaborative from September 2016-2017. Median appropriateness of prophylaxis at 24 hours increased from a median of 61% to 81% in the 27 participating hospitals. This KPI will provide hospitals with a measure of their rate of VTE occurring during and after hospitalisation and act as a driver to improve preventing of VTE.
3a	Indicator Classification	National Scorecard Quadrant
4	KPI Target	Quality and Safety N/A
4a	Target Trajectory	N/A
4b		These data are collected and coded as part of the HIPE process and collated by the HPO. Data includes all patients who are coded as having a diagnosis of VTE in "Dx 2-99", as this remains currently the most sensitive method to capture cases of true hospital-associated VTE (HA-VTE). It is recognized that additional cases of VTE that are not HA-VTE may be included using this methodology.
5	KPI Calculation	Numerator: ((Number of adult in-patient discharges with a length of stay of 2 or more days with an additional diagnosis of VTE^) *1000. Denominator: Number of adult in-patient discharges with a length of stay of 2 or more days in the index month.
6	Data Sources	HIPE Data Set
	Data sign off	HPO Data is part of the routing data collected as part of the HIDE dataset. No quality issues appoints to these aritagia are known
00 7	Data Quality Issues Data Collection Frequency	Data is part of the routine data collected as part of the HIPE dataset. No quality issues specific to these criteria are known. Monthly
7 8	Tracer Conditions (clinical	Numerator Part 1 - The number of adult in-patient discharges with an additional diagnosis of VTE <sup>A</sup>
	metrics only)	<ul> <li>a. Any additional HIPE diagnosis of VTE (see list below^) NOT a primary HIPE diagnosis i.e. any diagnosis of VTE in the 29 additional HIPE diagnoses</li> <li>b. Inpatient only c. Length of stay of 2 or more days i.e. excludes discharges with 0 or 1 overnight stays d. Aged 16 or over e. Non-Maternity admission type i.e. Elective or Emergency only</li> <li>f. Maternity and paediatric hospitals are excluded</li> <li>2. Denominator</li> </ul>
		<ul> <li>a. Inpatient only b. Length of stay of 2 or more days i.e. excludes discharges with 0 or 1 overnight stays</li> <li>Aged 16 or over d. Non-Maternity admission type i.e. Elective or Emergency only e. Maternity and paediatric hospitals are excluded</li> <li>^ Venous thromboembolism (VTE) encompasses both pulmonary embolism and deep venous thrombosis, defined by the following ICD-10-AM Diagnosis Codes: 126.0 Pulmonary embolism with mention of acute cor pulmonale; 126.9 Pulmonary embolism without mention of acute cor pulmonale;</li> </ul>
		<ul> <li>180.1 Philebitis and thrombophlebitis of femoral vein;</li> <li>180.2 Philebitis and thrombophlebitis of other deep vessels of lower extremities;</li> <li>180.3 Philebitis and thrombophlebitis of other steer,</li> <li>180.9 Philebitis and thrombophlebitis of other sites;</li> <li>180.9 Philebitis and thrombophlebitis of other sites;</li> <li>182.2 Embolism and thrombosis of vena cava;</li> <li>182.4 Embolism and thrombosis of other specified veins;</li> <li>182.5 Embolism and thrombosis of other specified veins;</li> <li>182.6 Embolism and thrombosis of other specified vein;</li> <li>008.2 Embolism following abortion and ectopic and molar pregnancy;</li> <li>008.2 Obstetric blood clot embolism</li> <li>Note codes validated against Lester (Heart 2013), Roberts (Chest 2013) and Stubbs (Int Med J 2018)</li> </ul>
9	Minimum Data Set (MDS)	HIPE Data Set
10	International Comparison	The rate of healthcare-associated VTE is commonly referred to in the literature. Although the exact rates measured are not an exact match for those measured by our KPI, the rates quoted include Assareh, Australia: 11.45 / 1000 discharges; Stubbs, Australia: 9.7/1000 admissions (including all post-discharge HA-VTE); Rowswell, UK: 2 /1000 reducing to 1.4 / 1000; Rohit Bhalla, US, 6.5 /1000 reducing to 4.2 per 1000; Amin Alpesh et al, US, 7-16/ 1000_AHRQ recommends a HA-VTE measure and % appropriate prophylaxis as key metrics when endeavouring to reduce VTE. Potentially preventable healthcare associated VTE rate is collected in the US as a National Hospital In-patient Quality Measure (VTE-6). Each case identified as a HA-VTE as an additional diagnosis not present on admission is reviewed and categorised as preventable if the patient received no thromboprophylaxis up to that point. This is reported as % of HA-VTE patients who did not receive thromboprophylaxis.
11	KPI Monitoring	Monthly
12	KPI Reporting Frequency	Monthly
13	KPI report period	Monthly 1 month in arrears -Jan data reported in March
14 15	KPI Reporting Aggregation KPI is reported in which	National; Hospital Group; Hospital MDR, Performance Report/Profile and VTE trend Report
16	reports? Web link to published data	Not applicable
	_	
17	Additional Information	REFERENCES 1. HSE analysis of HIPE data, 2018 (unpublished) 2. Barco. Thromb Haemost 2016 Apr;115(4):800-8 3. Geerts et al. Chest 2001 Jan;119(1 Suppl):132S-175S 4. OECD The Economics of Patient Safety 2017
		Data publication. Please indicate if there is an <u>exceptional</u> reason for this to be delayed
Conta	ct details	KPI owner/lead for implementation Name: Dr. Fionnuala Ni Ainle Email address: fniainle@mater.ie Telephone Number: Data support Data support
		Name: Acute Business Information Unit
		Email address: AcuteBIU@hse.ie Telephone Number 01 788 5222
Gover	nance/sign off	This sign off is the governance at Divisional level in respect of management of the KPI including data provision, validation, and use in performance management
		Operational National Director: National Director of Access and Integration
KPI's	will be deemed 'active' until a	formal request to change or remove is received

0	Steps	Detail supporting KPI
	KPI title & Number A158	% of patients arriving by ambulance at ED to physical and clinical handover within 20 minutes of arrival
1b	KPI Short Title	NAS ≤20mins
	KPI Description	% of patients arriving by ambulance at ED to physical and clinical handover within 20 minutes of arrival
	KPI Rationale	Clinical handover refers to the transfer of professional responsibility and accountability for care for a patient, or group of patients. Quality assurar is required due to the increasing risk posed by resources being delayed in the transfer of care of patients at Acute Hospital EDs across Ireland. Such delays can result in insufficient resources able to respond effectively to patients accessing emergency care through 112/999. Ambulance resources throughout Ireland may be subject to delays at Acute Hospitals, leading to delays in patient care and poor patient experience. Clinical handover has been identified, both nationally and internationally, as a high-risk step in a patient's hospital journey providing a unique opportunity for a range of healthcare professionals to work together to optimise patient safety. Risks associated with clinical handover include inappropriate or delayed treatment, loss of trust and confidence amongst staff and patients in the performance of the healthcare system
		Effective clinical handover can be enabled by having clear procedures, supportive work environments, and educating staff on the potential work is handover to improve patient safety and reduce congestion within the ED.
3a	Indicator Classification	National Scorecard Quadrant Quality and Safety
	KPI Target	80%
4a	Target Trajectory	80% to 100%
4b	Volume metrics	Quality of data and consistency
	KPI Calculation	Numerator: ((Handover Time - Arrival Time)≤20mins) *100 Denominator: Handover Time - Arrival time for All Arrivals
	Data Sources	Hospitals
6a	Data sign off	Acute Business Information Unit (BIU)
6b	Data Quality Issues	Reporting on all acute hospitals with recognised Emergency Departments and developing more robust digital solutions to this data requirement. Quality of data and consistency.
	Data Collection Frequency	Monthly
	metrics only)	<ul> <li>a. "Handover" is the time a member of the clinical team in the ED physically takes the patient off the NAS trolley/ chair to release the crew a signs the "electronic patient care record".</li> <li>2. Numerator Part 2 - Arrival Times         <ul> <li>a. "Arriving" is the time captured by the ED Arrival Screens which are easily accessible to NAS personal at the entrance to the Emergency department. If for whatever reason the hospital do not have ED arrival screen, then the GPS time will be taken for all calls to that site as the Ambulance enters the cordon around the Emergency Department.</li> <li>3. Denominator                 <ul></ul></li></ul></li></ul>
	Minimum Data Set (MDS)	Monthly Data Report (MDR)
	International Comparison	
	KPI Monitoring	Monthly
	KPI Reporting Frequency	Monthly
	KPI report period	Monthly in arrears
	KPI Reporting Aggregation	National, HRA, Hospital
	KPI is reported in which reports?	MDR
	Web link to published data	http://www.hse.ie/eng/services/Publications
	Additional Information	There should be a clear method for tracking breaches and a defined process for validating any breaches identified.
		Data publication. Please indicate if there is an <u>exceptional</u> reason for this to be delayed
ontac	ct details	KPI owner/lead for implementation
		Name: Acute Operations; Note new owner Performance and Planning TBC (11th June 2024)
		Email address: acuteoperations@hse.ie (to change when new owner becomes active)
		Telephone Number:
		Data support
		Name: Acute Business Information Unit
		Email address: AcuteBIU@hse.ie
Governance/sign off		Telephone Number 01 788 5222 This sign off is the governance at Divisional level in respect of management of the KPI including data provision, validation, and use i performance management

No	Steps	Detail supporting KPI
1	KPI title & Number	% of all attendees aged 75 years and over at ED who are discharged or admitted greater than 24 hours of registration
1b	A190 KPI Short Title	ED >=75yrs+ > 24 hour
2	KPI Description	% of all Emergency Department (ED) patients 75 years and over who wait greater than 24 hours. Total Emergency Departmer
5	KPI Rationale	Time (TEDT) is measured from Registration time to ED Departure Time. a. A 24 hour target for ED has been included in the HSE service plan for a number of years and Patient Experience Time, whic is equivalent to TEDT, has been collected at a number of EDs since 2010. b. TEDT includes both productive clinical time and delays. This indicator aims to reduce the delays without compromising on quality of care (1). c. Prolonged durations of stay in EDs are associated with poorer patient outcomes (2,3). d. Research in an Irish ED demonstrated that patient mortality increased exponentially after 24 hours total time spent in the
3a 4 4a	• • •	ED(4). e. Prolonged waiting times are associated with adverse outcomes for patients discharged from EDs.(5) f. Patients waiting more than 24 hours should be cared for in a more appropriate care setting than an ED g. Patients who have completed their period of EM care draw on nursing and other ED resources that would be more effectively directed at new patients who require timely initial clinical assessment and nursing care. h. This indicator sets an upper limit on the duration of ED patient care. However, a small minority of patients may require longer than 24 hours care in an ED setting due to the complexity of their presenting problems. i. The centile measures will also demonstrate any potentially unfavourable distortions in practice such as a rush to discharge or admit a disproportionate number of patients close to the 24-hour target time. j. Monitoring the median, mean and centiles will allow EDs that do not achieve the target initially to monitor the timeliness of the care they provide, to better understand performance and demonstrate improvement towards achievement of the target. Secondary measures will also allow hospitals that meet the target to demonstrate exemplary performance in further reducing waiting times and will support benchmarking of hospital performance. k. The centile measures will also demonstrate any potentially unfavourable distortions in practice such as a rush to discharge or admit a disproportionate number of patients close to the 24-hour target time. 1. Efficient care should not be rushed. Comparison of median and 75th centile data between similar EDs will indicate if a particular unit is managing patients at an unexpectedly quick rate This will flag the need to investigate whether this variance represents more efficient or unacceptably rushed care. <b>National Scorecard Quadrant</b> Quality and Safety This metric is noted in NSP 2025 Appendix 1 a - no target set N/A
;	KPI Calculation	Numerator - All ED patients aged >=75 years of age, who are admitted to a ward or discharged greater than 24 hours from thei Arrival Time. Denominator - All patient attendances at ED who are aged 75 years of age or over who are admitted or discharge
;	Data Sources	ED System (PET)
6a	Data sign off	Name: Mary Flynn - EMP Programme Manager
6b		
7	Data Collection Frequency	Daily
3	Tracer Conditions (clinical	All attendances to ED
9	metrics only) Minimum Data Set (MDS)	Emergency Care Unit Identifier ID of hospital (to be confirmed or included in EMP dataset) Local service-user identifier UHI Unique Health Identifier (not yet applicable) Patient attendance Data set identifier new and unscheduled returns Date patient presents ED dataset Time patient presents Arrival Time Time patient admitted ED Departure Time for patient Time patient discharged ED Departure Time for patient ID of EM clinician who discharged patient Propose Irish Medical Council Registration Number ID of non-EM clinician who discharged patient Propose Irish Medical Council Registration Number
10	International Comparison	<ul> <li>(1) A&amp;E Clinical Quality Indicators. Department of Health 17th December 2010. Available at http://www.db.gov.uk/en/Publicationsandstatistics/Publications/Publications</li> <li>PolicyAndQuidance/DH_122868. Accessed 13th January 2011</li> <li>(2) Sprivulis PC, Da Silva J-A, Jacobs IG, Frazer ARL, Jelinek GA (2006) The Association between hospital overcrowding and mortality among patients admitted via Western Australian emergency departments MJA 184 (5): 208</li> <li>(3) Richardson DB (2001) The access-block effect: relationship between delay to reaching an inpatient bed and in-patient length of stay MJA 177:49</li> <li>(4) Silke B, Plunkett P et al. European Journal of Emergency Medicine 2011 (in press) KPI owner/lead for implementation Name: Ciara Hughes - EMP Programme Manager Email address: emp@rcsi.ie / ciarah@rcsi.ie Telephone Number : 087 7845571</li> </ul>
11	KPI Monitoring	Daily
2	KPI Reporting Frequency	Monthly
3	KPI report period	Monthly M
4	KPI Reporting Aggregation KPI is reported in which	National, HRA, Hospital Performance Report, Other
	reports?	
6	Web link to published data	http://www.hse.ie/eng/services/Publications
7	Additional Information	This KPI is noted in the National Service Plan 2025
		ata publication. Please indicate if there is an <u>exceptional</u> reason for this to be delayed
onta	ct details	KPI owner/lead for implementation
		Name: Mary Flynn - EMP Programme Manager
		Email address: emp@rcsi.ie / maryflynn@rcsi.ie
		Telephone Number : 087 2788545
		Data support Name: Acute Business Information Unit
		Email address: AcuteBIU@hse.ie
Gove	mance/sign off	Telephone Number 01 778 5222 This sign off is the governance at Divisional level in respect of management of the KPI including data provision, validation, and use in performance management
		· · ·
		Operational National Director: National Director of Access and Integration

Acı	ute Division - ED T	rolley Count Average Metadata 2025
lo	Steps	Detail supporting KPI
	KPI title & Number	ED Trolley Count - Average 8am weekly
	A169	
1b	KPI Short Title	Average Trolley
	KPI Description	The average number of Trolleys at 8AM over the course of each week.
	KPI Rationale	High Trolley numbers highlight significant pressure on unscheduled emergency care.
3a	Indicator Classification	National Scorecard Quadrant Quality and Safety
	KPI Target	280
4a	Target Trajectory	
5	KPI Calculation	The number of people on Trolleys with a decision to admit at 8am each morning for each day divided by no. of days in the mont to get average for month and same for YTD.
	Data Sources	HIPE
	Data sign off	
6b	-	
	Data Collection Frequency	Daily
	Tracer Conditions (clinical	
	metrics only)	
	Minimum Data Set (MDS)	
0	International Comparison	
1	KPI Monitoring	Weekly
2	KPI Reporting Frequency	Monthly
3	KPI report period	Monthly M
4	KPI Reporting Aggregation	National, HRA, Hospital
5	KPI is reported in which reports?	Performance Report, Other
6	Web link to published data	http://www.hse.ie/eng/services/Publications
7	Additional Information	This KPI is noted in the National Service Plan 2025
is p	olicy to include data in Open D	ata publication. Please indicate if there is an exceptional reason for this to be delayed
onta	ect details	KPI owner/lead for implementation
		Name: Tara shortt
		Email address: Tara.shortt@hse.ie
		Telephone Number: 087 6387623
		Data support
		Name: Acute Business Information Unit
		Email address: AcuteBIU@hse.ie
		Telephone Number 01 778 5222
Governance/sign off		This sign off is the governance at Divisional level in respect of management of the KPI including data provision, validation, and use in performance management
		Operational National Director: National Director Acute Operations
Dile	will be deemed 'active' until a f	ormal request to change or remove is received

Acui	e Division - % Weeker	nd Discharges
	Steps	Detail supporting KPI
	KPI title & Number	
	A184	% of total weekly discharges discharged at the weekend
1b	KPI Short Title	% weekend discharges
2	KPI Description	The percentage of weekly Inpatient discharges that occur on a weekend
3	KPI Rationale	To measure the provision of weekend cover to support the provision of 7/7 working, preventing bed days lost to Patients medically fit for discharge not being discharge
		at weekends.
3a	Indicator Classification	
4	KPI Target	17%
4a	Target Trajectory	
5	KPI Calculation	1. Count the number of Inpatient Discharges in the month.
		2. Count the number of inpatient discharges per day in the month.
		3. Create an average of Inpatient Discharges per day for the month - (a)
		<ol> <li>Create an average total monthly inpatient Discharges - (b)</li> <li>The Average Saturday + Sunday Inpatient Discharges (subset of a) The Average Monthly Total Inpatient Discharges (b)</li> </ol>
		<ol> <li>The Average Saturday + Sunday inpatient Discharges (Subset of a) the Average Monthly Total inpatient Discharges (0)</li> </ol>
6	Data Sources	SBAR used on temporary measure
	Data sign off	Performance Data Team/HPO
	Data Quality Issues	SBAR data is unvalidated and may not include all discharges/HIPE data will be uncoded
7	Data Collection Frequency	Daily
8	Tracer Conditions (clinical	
	metrics only)	Inpatient Discharges Only
		ED Hospitals Only - List all the hospitals individually (29)
		Maternity Discharges and AMAU/ASAU Same Day Discharges excluded for same day unless same day inpatients leave in
		Paediatric Discharges only included for CHI Hospitals
		Acute Psychiatry Discharges excluded
9	Minimum Data Set (MDS)	
	International Comparison	
	KPI Monitoring	
	KPI Reporting Frequency	Monthiv
	KPI report period	Monthiy
	KPI Reporting Aggregation	
	KPI is reported in which	MDR report
	reports?	NPR ·
16	Web link to published data	
	Additional Information	
It is pol	licy to include data in Open Data p	ublication. Please indicate if there is an <u>exceptional</u> reason for this to be delayed
Contac	t details	KPI owner/lead for implementation
		Name: Tara shortt
		Email address: Tara.shortt@hse.ie
		Telephone Number: 087 6387623
		Data support
		Name: Acute Business Information Unit
		Email address: AcuteBIU@hse.ie
		Telephone Number 01 778 5222
Govern	ance/sign off	This sign off is the governance at Divisional level in respect of management of the KPI including data provision, validation, and use in performance
	-	management
		Operational National Director: National Director Acute Operations

Acute	Division - Metadata 2025	
No	Steps	Detail supporting KPI
1	KPI title & Number	Attendances Volume and % increase over SPLY
	A189	
	KPI Short Title	Total ED attendances
2	KPI Description	This KPI is a combination of A164 + A165 added together. Please see individual metadata for more detail.
3	KPI Rationale	It is an important measure for clinical audit/governance and planning of services and to measure the unplanned attendances to each hospital to measure demand on the entire service. Due to the unplanned nature of patient attendance, the department must provide initial treatment for a broad spectrum of illnesses and injuries, some of which may be life-threatening and require immediate attention.
3a	Indicator Classification	National Scorecard Quadrant Access
4	KPI Target	1,658,610
4a	a Target Trajectory	
4b	Volume metrics	
5	KPI Calculation	Count of Number of ED Attendances
6	Data Sources	ED System (PET)
6a	a Data sign off	
6b	Data Quality Issues	Reporting all acute hospitals with recognised Emergency Departments
,	Data Collection Frequency	Monthly
3	Tracer Conditions (clinical metrics only)	Emergency Attendance
)	Minimum Data Set (MDS)	BIU – Acute MDR
0	International Comparison	Yes
11	KPI Monitoring	Monthly
12	KPI Reporting Frequency	Monthly
3	KPI report period	Monthly M
14	KPI Reporting Aggregation	National, HRA, Hospital
15	KPI is reported in which reports?	Performance Report/Profile
16	Web link to published data	http://www.hse.ie/eng/services/Publications
17	Additional Information	
t is policy	y to include data in Open Data publication.	Please indicate if there is an exceptional reason for this to be delayed
Contact d	etails	KPI owner/lead for implementation
		Name: Clinical lead EMP
		Email address: emp@rcsi.ie
		Telephone Number
		Data support
		Name: Acute Business Information Unit
		Email address: AcuteBIU@hse.ie
		Telephone Number 01 778 5222
Governan	ce/sign off	This sign off is the governance at Divisional level in respect of management of the KPI including data
		provision, validation, and use in performance management
		Operational National Director: National Director of Access and Integration

No	Steps	Detail supporting KPI
1	KPI title & Number	Admissions Volume and % change year to date (YTD)
	A168	Aumissions volume and % change year to date (11D)
1	b KPI Short Title	Total ED admissions
2	KPI Description	Number of patients admitted from ED to an inpatient bed
3	KPI Rationale	It is an important measure for clinical audit/governance and planning of services and to measure the unplanned attendances to each hospital to measure demand on the entire service. Due to the unplanned nature of patient attendance, the department must provide initial treatment for a broad spectrum of illnesses and injuries, some of which may be life-threatening and require immediate attention.
3	a Indicator Classification	National Scorecard Quadrant Access
4	KPI Target	This metric is noted in NSP 2025 Appendix 1 a - no target set
4	a Target Trajectory	
4	b Volume metrics	
5	KPI Calculation	Count of Number of ED Admissions
6	Data Sources	ED System (PET)
6	a Data sign off	
6	b Data Quality Issues	Reporting all acute hospitals with recognised Emergency Departments
7	Data Collection Frequency	Monthly
3	Tracer Conditions (clinical metrics only)	Emergency Attendance
9	Minimum Data Set (MDS)	BIU – Acute MDR
10	International Comparison	Yes
11	KPI Monitoring	Monthly
12	KPI Reporting Frequency	Monthly
13	KPI report period	Monthly M
14	KPI Reporting Aggregation	National, HRA, Hospital
15	KPI is reported in which reports?	Performance Report/Profile
16	Web link to published data	http://www.hse.ie/eng/services/Publications
17	Additional Information	
t is polic	y to include data in Open Data p	ublication. Please indicate if there is an <u>exceptional</u> reason for this to be delayed
Contact of	details	KPI owner/lead for implementation
		Name: Clinical lead EMP
		Email address: emp@rcsi.ie
		Telephone Number
		Data support
		Name: Acute Business Information Unit
		Email address: AcuteBIU@hse.ie
		Telephone Number 01 778 5222
Governance/sign off		This sign off is the governance at Divisional level in respect of management of the KPI including data provision, validation, and use in performance management
		Operational National Director: National Director of Access and Integration
KPI's wil	be deemed 'active' until a form	al request to change or remove is received