



Acute Hospitals Division
KPI Metadata based on
Division Operational Plan 2015

Acute Division - Beds Available		
1	KPI title	Beds Available - In-patient beds.
2	KPI Description	Average Inpatient Beds Available are beds which are currently occupied or ready for occupation.
3	KPI Rationale Indicator Classification (National Standards for Safer Better HealthCare)	To track the number of in-patient beds available in a hospital for use by inpatients. Please tick Indicator Classification this indicator applies to: <input type="checkbox"/> Person Centred Care <input checked="" type="checkbox"/> Effective Care <input type="checkbox"/> Safe Care <input type="checkbox"/> Better Health and Wellbeing <input type="checkbox"/> Use of Information <input type="checkbox"/> Workforce <input checked="" type="checkbox"/> Use of Resources <input type="checkbox"/> Governance, Leadership and Management
4	KPI Target	TBC - New KPI 2015
5	KPI Calculation	Count
6	Data Source Data Completeness Data Quality Issues	Sourced from Hospitals Coverage all acute hospitals 100% All acute hospitals reporting
7	Data Collection Frequency	Indicate how often the data to support the KPI will be collected: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details:
8	Tracer Conditions	As per description no. 2 above
9	Minimum Data Set	BIU – Acute MDR
10	International Comparison	Yes, this is an internationally recognised metric (AUS, CAN, GB, ECHI)
11	KPI Monitoring	KPI will be <u>monitored</u> : <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details: Please indicate who is responsible at a local level for monitoring this KPI:
12	KPI Reporting Frequency	Indicate how often the KPI will be reported: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details:
13	KPI report period	Indicate the period to which the data applies <input type="checkbox"/> Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) <input checked="" type="checkbox"/> Monthly in arrears (June data reported in July) <input type="checkbox"/> Quarterly in arrears (quarter 1 data reported in quarter 2) <input type="checkbox"/> Rolling 12 months (previous 12 month period) <input type="checkbox"/> Other – give details:
14	KPI Reporting Aggregation	Indicate the level of aggregation – for example over a geographical location: <input checked="" type="checkbox"/> National <input checked="" type="checkbox"/> Regional <input type="checkbox"/> LHO Area <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> County <input type="checkbox"/> Institution <input type="checkbox"/> Other – give details:
15	KPI is reported in which reports?	Indicate where the KPI will be reported: <input checked="" type="checkbox"/> Performance Assurance Report (NSP) <input checked="" type="checkbox"/> CompStat <input type="checkbox"/> Other – give details:
16	Web link to data	http://www.hse.ie/eng/services/Publications/corporate/performanceassurancereports/
17	Additional Information	
Contact details for Data Manager /Specialist Lead		Derek McCormack, BIU Acute, Tel: 01 620 1690 E:Derek.mccormack@hse.ie
National Lead and Division		National Director Acute Hospitals Division, Dr. Steevens Hospital, Dublin 8. Tel 01-635 2000.

Acute Division - Beds Available		
1	KPI title	Beds Available - Day Beds/ Places
2	KPI Description	Day Beds/Places provide areas for day cases (patients admitted for a medical procedure or surgery in the morning and released before the evening). Average available Day Beds/Places are beds which are currently occupied or ready for occupation.
3	KPI Rationale	To track the number of beds/Places funded in a hospital designated as a Day bed/Place, where day case treatments will take place.
	Indicator Classification (National Standards for Safer Better HealthCare)	Please tick Indicator Classification this indicator applies to: <input type="checkbox"/> Person Centred Care <input checked="" type="checkbox"/> Effective Care <input type="checkbox"/> Safe Care <input type="checkbox"/> Better Health and Wellbeing <input type="checkbox"/> Use of Information <input type="checkbox"/> Workforce <input checked="" type="checkbox"/> Use of Resources <input type="checkbox"/> Governance, Leadership and Management
4	KPI Target	TBC - New KPI 2015
5	KPI Calculation	Count
6	Data Source Data Completeness Data Quality Issues	Sourced from Hospitals Coverage all acute hospitals 100% All acute hospitals reporting
7	Data Collection Frequency	Indicate how often the data to support the KPI will be collected: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details:
8	Tracer Conditions	As per description no. 2 above
9	Minimum Data Set	BIU – Acute MDR
10	International Comparison	Yes, this is an internationally recognised metric (AUS, CAN, GB, ECHI)
11	KPI Monitoring	KPI will be <u>monitored</u> : <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details: Please indicate who is responsible at a local level for monitoring this KPI:
12	KPI Reporting Frequency	Indicate how often the KPI will be reported: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details:
13	KPI report period	Indicate the period to which the data applies <input type="checkbox"/> Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) <input checked="" type="checkbox"/> Monthly in arrears (June data reported in July) <input type="checkbox"/> Quarterly in arrears (quarter 1 data reported in quarter 2) <input type="checkbox"/> Rolling 12 months (previous 12 month period) <input type="checkbox"/> Other – give details:
14	KPI Reporting Aggregation	Indicate the level of aggregation – for example over a geographical location: <input checked="" type="checkbox"/> National <input checked="" type="checkbox"/> Regional <input type="checkbox"/> LHO Area <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> County <input type="checkbox"/> Institution <input type="checkbox"/> Other – give details:
15	KPI is reported in which reports?	Indicate where the KPI will be reported: <input checked="" type="checkbox"/> Performance AssuranceReport (NSP) <input checked="" type="checkbox"/> CompStat <input type="checkbox"/> Other – give details:
16	Web link to data	http://www.hse.ie/eng/services/Publications/corporate/performanceassurancereports/
17	Additional Information	
Contact details for Data Manager /Specialist		Derek McCormack, BIU Acute, Tel: 01 620 1690 E:Derek.mccormack@hse.ie
National Lead and Division		National Director Acute Hospitals Division, Dr. Steevens Hospital, Dublin 8. Tel 01-635 2000.

Acute Division - Discharge Activity

1	KPI title	Discharges Activity: Inpatient
2	KPI Description	Number of Inpatient discharges, includes numbers for adults and children. Inpatient: A patient admitted to hospital for treatment or investigation and is scheduled to stay for at least one night in the hospital.
3	KPI Rationale	To monitor hospital activity
	Indicator Classification	Please tick Indicator Classification this indicator applies to:
	(National Standards for Safer Better HealthCare)	<input type="checkbox"/> Person Centred Care <input checked="" type="checkbox"/> Effective Care <input type="checkbox"/> Safe Care <input type="checkbox"/> Better Health and Wellbeing <input type="checkbox"/> Use of Information <input type="checkbox"/> Workforce <input checked="" type="checkbox"/> Use of Resources <input type="checkbox"/> Governance, Leadership and Management
4	KPI Target/ Expected Activity	2015 Expected Activity 643,748 Nationally (IE HG 130,769, DM HG 101,427, RCSI HG 99,263, SSW HG 129,999, UHL HG 47,068, Saolta HG 111,026, Childrens HG 27,509)
5	KPI Calculation	Count
6	Data Source	Sourced from Hospitals PAS systems
	Data Completeness	Coverage all acute hospitals 100%
	Data Quality Issues	All acute hospitals reporting
7	Data Collection Frequency	Indicate how often the data to support the KPI will be collected: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details:
8	Tracer Conditions	Child and Adult Hospital In-patients
9	Minimum Data Set	BIU – Acute MDR
10	International Comparison	Yes, this is an internationally recognised metric (AUS, CAN, GB, ECHI)
11	KPI Monitoring	KPI will be <u>monitored</u> : <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details:
		Please indicate who is responsible at a local level for monitoring this KPI: Hospital Manager
12	KPI Reporting Frequency	Indicate how often the KPI will be reported: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details:
13	KPI report period	Indicate the period to which the data applies <input type="checkbox"/> Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity)
		<input checked="" type="checkbox"/> Monthly in arrears (June data reported in July)
		<input type="checkbox"/> Quarterly in arrears (quarter 1 data reported in quarter 2)
		<input type="checkbox"/> Rolling 12 months (previous 12 month period)
		<input type="checkbox"/> Other – give details:
14	KPI Reporting Aggregation	Indicate the level of aggregation – for example over a geographical location: <input checked="" type="checkbox"/> National <input checked="" type="checkbox"/> Regional <input type="checkbox"/> LHO Area <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> County <input type="checkbox"/> Institution Other – give details:
15	KPI is reported in which reports?	Indicate where the KPI will be reported: <input checked="" type="checkbox"/> Performance Assurance Report (NSP) <input checked="" type="checkbox"/> CompStat <input type="checkbox"/> Other – give details:
16	Web link to data	http://www.hse.ie/eng/services/Publications/corporate/performanceassurancereports/
17	Additional Information	
Contact details for Data Manager /Specialist Lead		Derek McCormack, BIU Acute, Tel: 01 620 1690 E:Derek.mccormack@hse.ie
National Lead and Division		National Director Acute Hospitals Division, Dr. Steevens Hospital, Dublin 8. Tel 01-635 2000.

Acute Division - Discharge Activity

1	KPI title	Discharges Activity: Day Case
2	KPI Description	Day case – A patient who is admitted to hospital on an elective basis for care and/or treatment which does not require the use of a hospital bed overnight and who is discharged as scheduled.
	KPI Rationale	To monitor hospital activity
	Indicator Classification	Please tick Indicator Classification this indicator applies to: <input type="checkbox"/> Person Centred Care <input checked="" type="checkbox"/> Effective Care <input type="checkbox"/> Safe Care <input type="checkbox"/> Better Health and Wellbeing <input type="checkbox"/> Use of Information <input type="checkbox"/> Workforce <input checked="" type="checkbox"/> Use of Resources <input type="checkbox"/> Governance, Leadership and Management
4	KPI Target/ Expected Activity	2015 Expected Activity 824,317 Nationally (IEHG 168,446, DM HG 158,492, RCSI HG 117,466, SSW HG 160,371, UHG HG 44,085, Saolta HG147,947, Childrens HG 27,509)
5	KPI Calculation	Count (Dialysis not included in count)
	Data Source	Sourced from Hospitals PAS systems
	Data Completeness	Coverage all acute hospitals 100%
	Data Quality Issues	All acute hospitals reporting
		Indicate how often the data to support the KPI will be collected: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details:
		Child and Adult Hospital Day Cases
9	Minimum Data Set	BIU – Acute MDR
		Yes, this is an internationally recognised metric (AUS, CAN, GB, ECHI)
		KPI will be <u>monitored</u> : <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details:
		Please indicate who is responsible at a local level for monitoring this KPI: Hospital Manager
		Indicate how often the KPI will be reported: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details:
		Indicate the period to which the data applies <input type="checkbox"/> Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) <input checked="" type="checkbox"/> Monthly in arrears (June data reported in July) <input type="checkbox"/> Quarterly in arrears (quarter 1 data reported in quarter 2) <input type="checkbox"/> Rolling 12 months (previous 12 month period) <input type="checkbox"/> Other – give details:
		Indicate the level of aggregation – for example over a geographical location: <input checked="" type="checkbox"/> National <input checked="" type="checkbox"/> Regional <input type="checkbox"/> LHO Area <input type="checkbox"/> Hospital <input type="checkbox"/> County <input type="checkbox"/> Institution <input checked="" type="checkbox"/> Other – give details:
		Indicate where the KPI will be reported: <input checked="" type="checkbox"/> Performance Assurance Report (NSP) <input checked="" type="checkbox"/> CompStat <input type="checkbox"/> Other – give details:
16	Web link to data	http://www.hse.ie/eng/services/Publications/corporate/performanceassurancereports/
17	Contact details for Data Manager /Specialist	Derek McCormack, BIU Acute, Tel: 01 620 1690 E:Derek.mccormack@hse.ie
	National Lead and Division	National Director Acute Hospitals Division, Dr. Steevens Hospital, Dublin 8. Tel 01-635 2000.

Acute Division - Emergency Care		
1	KPI title	Number of New Emergency Department attendances
2	KPI Description	<p>Total number of new patients who present themselves to hospital Emergency Department. An emergency department (ED), also known as accident & emergency (A&E), emergency room (ER), or casualty department, is a medical treatment facility specializing in acute care of patients who present without prior appointment, either by their own means or by ambulance.</p> <p>Attendance: An Emergency Department New Attendance is an individual unplanned visit by one patient to an Emergency Department to receive treatment from the Accident and Emergency Service. This service may be provided by staff from other specialties. Such attendances may be as a result of a request from a GP for help with a diagnosis or treatment</p>
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.
	Indicator Classification	Please tick Indicator Classification this indicator applies to:
	(National Standards for Safer Better HealthCare)	<input type="checkbox"/> Person Centred Care <input checked="" type="checkbox"/> Effective Care <input type="checkbox"/> Safe Care <input type="checkbox"/> Better Health and Wellbeing <input type="checkbox"/> Use of Information <input type="checkbox"/> Workforce <input checked="" type="checkbox"/> Use of Resources <input type="checkbox"/> Governance, Leadership and Management
4	KPI Target/ Expected Activity	2015 Expected Activity 1,104,131 (Nationally; IE HG 234,566, DM HG 177,829, RCSI HG 156,256, SSW HG 192,864, UHL HG 55,399, Saolta HG 179,006, Childrens HG 108,211)
5	KPI Calculation	Count of Number of ED Attendances
6	Data Source	Sourced from Hospitals systems
	Data Completeness	Coverage all hospitals with recognised Emergency Departments
	Data Quality Issues	Reporting all acute hospitals with recognised Emergency Departments
7	Data Collection Frequency	Indicate how often the data to support the KPI will be collected: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details:
8	Tracer Conditions	Emergency Attendance
9	Minimum Data Set	BIU – Acute MDR
10	International Comparison	Yes
11	KPI Monitoring	<p>KPI will be <u>monitored</u> :</p> <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details:
		Please indicate who is responsible at a local level for monitoring this KPI:
12	KPI Reporting Frequency	Indicate how often the KPI will be reported: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details:
13	KPI report period	Indicate the period to which the data applies <input type="checkbox"/> Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) <input checked="" type="checkbox"/> Monthly in arrears (June data reported in July)
14	KPI Reporting Aggregation	Indicate the level of aggregation – for example over a geographical location: <input checked="" type="checkbox"/> National <input checked="" type="checkbox"/> Regional <input type="checkbox"/> LHO Area <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> County <input type="checkbox"/> Institution Other – give details:
15	KPI is reported in which reports?	Indicate where the KPI will be reported: <input checked="" type="checkbox"/> Performance Assurance Report (NSP) CompStat <input type="checkbox"/> Other – give details:
16	Web link to data	http://www.hse.ie/eng/services/Publications/corporate/performanceassurancereport
17	Additional Information	
Contact details for Data Manager /Specialist Lead		Derek McCormack, BIU Acute, Tel: 01 620 1690 E:Derek.mccormack@hse.ie
National Lead and Division		National Director Acute Hospitals Division, Dr. Steevens Hospital, Dublin 8. Tel 01-635 2000.

Acute Division - Emergency Care		
1	KPI title	Return ED attendances
2	KPI Description	<p>Total number of scheduled and unscheduled return attendances at Emergency Department. An emergency department (ED), also known as accident & emergency (A&E), emergency room (ER), or casualty department, is a medical treatment facility specializing in acute care of patients who present without prior appointment, either by their own means or by ambulance.</p> <p>Return Attendance: A planned follow-up attendance is a subsequent planned attendance at the same department, and for the same incident as the first attendance. An unplanned follow-up A&E attendance is a subsequent unplanned attendance at the same department, and for the same incident as the first attendance.</p>
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.
	Indicator Classification	Please tick Indicator Classification this indicator applies to:
	(National Standards for Safer Better HealthCare)	<input type="checkbox"/> Person Centred Care <input checked="" type="checkbox"/> Effective Care <input type="checkbox"/> Safe Care <input type="checkbox"/> Better Health and Wellbeing <input type="checkbox"/> Use of Information <input type="checkbox"/> Workforce <input checked="" type="checkbox"/> Use of Resources <input type="checkbox"/> Governance, Leadership and Management
4	KPI Target	2015 Expected Activity: 84,042 Nationally, (IE HG 18,942, DM HG 11,199, RCSI HG 13,469, SSW HG 20,548, UHL HG 4,3559, Saolta HG10,288, Childrens HG 5,236).
5	KPI Calculation	Count of Number of Return ED Attendances
6	Data Source	Sourced from Hospitals systems
	Data Completeness	Coverage all hospitals with recognised Emergency Departments
	Data Quality Issues	Reporting all acute hospitals with recognised Emergency Departments
7	Data Collection Frequency	Indicate how often the data to support the KPI will be collected: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details:
8	Tracer Conditions	As per description no. 2 above
9	Minimum Data Set	BIU – Acute MDR
10	International Comparison	Yes
11	KPI Monitoring	<p>KPI will be monitored :</p> <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details:
		Please indicate who is responsible at a local level for monitoring this KPI: Hospital Manager
12	KPI Reporting Frequency	Indicate how often the KPI will be reported: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details:
13	KPI report period	Indicate the period to which the data applies <input type="checkbox"/> Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) <input checked="" type="checkbox"/> Monthly in arrears (June data reported in July) <input type="checkbox"/> Quarterly in arrears (quarter 1 data reported in quarter 2)
14	KPI Reporting Aggregation	Indicate the level of aggregation – for example over a geographical location: <input checked="" type="checkbox"/> National <input checked="" type="checkbox"/> Regional <input type="checkbox"/> LHO Area <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> County <input type="checkbox"/> Institution Other – give details:
15	KPI is reported in which reports?	Indicate where the KPI will be reported: <input checked="" type="checkbox"/> Performance Assurance Report (NSP) CompStat <input type="checkbox"/> Other – give details:
16	Web link to data	http://www.hse.ie/eng/services/Publications/corporate/performanceassurancereport
17	Additional Information	
Contact details for Data Manager /Specialist Lead		Derek McCormack, BIU Acute, Tel: 01 620 1690 E:Derek.mccormack@hse.ie
National Lead and Division		National Director Acute Hospitals Division, Dr. Steevens Hospital, Dublin 8. Tel 01-635 2000.

Acute Division - Other presentations (monthly)		
1	KPI title	Other Emergency Presentations
2	KPI Description	Total number of patients who present themselves to hospital as emergency other than New or Return at Emergency Department. They include Local Injuries Unit (LIU), 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.
	Indicator Classification	Please tick Indicator Classification this indicator applies to:
	(National Standards for Safer Better HealthCare)	<input type="checkbox"/> Person Centred Care <input checked="" type="checkbox"/> Effective Care <input type="checkbox"/> Safe Care <input type="checkbox"/> Better Health and Wellbeing <input type="checkbox"/> Use of Information <input type="checkbox"/> Workforce <input checked="" type="checkbox"/> Use of Resources <input type="checkbox"/> Governance, Leadership and Management
4	KPI Target	2015 Expected Activity: 89,276 Nationally, (IE HG 13,027, DM HG 3,332, RCSI HG 6,924, SSW HG 20,299, UHL HG 25,889, Saolta Hospitals 19,555, Childrens HG 249).
5	KPI Calculation	Count of Other Presentations
6	Data Source	Sourced from Hospitals systems
	Data Completeness	Coverage all hospitals with recognised Emergency Departments
	Data Quality Issues	Reporting all acute hospitals with recognised Emergency Departments
7	Data Collection Frequency	Indicate how often the data to support the KPI will be collected: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details:
8	Tracer Conditions	Emergency Presentation other than New or Return
9	Minimum Data Set	BIU – Acute MDR
10	International Comparison	Yes
11	KPI Monitoring	KPI will be monitored : <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details:
		Please indicate who is responsible at a local level for monitoring this KPI: Hospital Manager
12	KPI Reporting Frequency	Indicate how often the KPI will be reported: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details:
13	KPI report period	Indicate the period to which the data applies
		<input type="checkbox"/> Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity)
		<input checked="" type="checkbox"/> Monthly in arrears (June data reported in July)
14	KPI Reporting Aggregation	Indicate the level of aggregation – for example over a geographical location:
		<input checked="" type="checkbox"/> National <input checked="" type="checkbox"/> Regional <input type="checkbox"/> LHO Area <input checked="" type="checkbox"/> Hospital
		<input type="checkbox"/> County <input type="checkbox"/> Institution Other – give details:
15	KPI is reported in which reports?	Indicate where the KPI will be reported: <input checked="" type="checkbox"/> Performance Assurance Report (NSP) <input checked="" type="checkbox"/> CompStat <input type="checkbox"/> Other – give details:
16	Web link to data	http://www.hse.ie/eng/services/Publications/corporate/performanceassurancereport
17	Additional Information	
Contact details for Data Manager /Specialist Lead		Derek McCormack, BIU Acute, Tel: 01 620 1690 E:Derek.mccormack@hse.ie
National Lead and Division		National Director Acute Hospitals Division, Dr. Steevens Hospital, Dublin 8. Tel 01-635 2000.

Acute Division - Inpatient Admissions		
1	KPI title	Number of Emergency Admissions
2	KPI Description	The number of inpatients who have been admitted as an emergency through the Emergency Department and all other non elective admissions. Non elective/emergency – An unplanned admission that is urgently required (e.g. MAU, SAU, Direct to Ward, OPD and Transfer).
3	KPI Rationale	As a performance monitoring function. It is an important measure for clinical audit/governance and as a measure for national service planning. There is a need to measure the unplanned admissions to each hospital to examine demand on the entire service.
	Indicator Classification	Please tick Indicator Classification this indicator applies to:
	(National Standards for Safer Better HealthCare)	<input type="checkbox"/> Person Centred Care <input type="checkbox"/> Effective Care <input type="checkbox"/> Safe Care <input type="checkbox"/> Better Health and Wellbeing <input type="checkbox"/> Use of Information <input type="checkbox"/> Workforce <input checked="" type="checkbox"/> Use of Resources <input type="checkbox"/> Governance, Leadership and Management
4	KPI Target	2015 Expected Activity: 451,157 Nationally, (IE HG 89,880, DM HG 68,435, RCSI HG 70,938, SSW HG 85,631, UHL HG 28,886, Saolta HG 90,418, Childrens HG 16,969).
5	KPI Calculation	Number of Admissions from ED, MAU, SAU, Direct to Ward, OPD and Transfers. Count
6	Data Source	Sourced from Hospitals PAS systems
	Data Completeness	Coverage all hospitals with recognised Emergency Departments & Local Injury Units.
	Data Quality Issues	Reporting all acute hospitals with recognised Emergency Departments
7	Data Collection Frequency	Indicate how often the data to support the KPI will be collected: <input checked="" type="checkbox"/> Daily <input checked="" type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details:
8	Tracer Conditions	Qualifies as an emergency admission
9	Minimum Data Set	BIU – Acute MDR
10	International Comparison	Not a standard metric, although GB does collect something similar, but that is broken down by condition, and is able to determine the proportion of all presentation of a particular condition or ICD-10 code that presents acutely, or through ED.
11	KPI Monitoring	KPI will be <u>monitored</u> : <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details:
		Please indicate who is responsible at a local level for monitoring this KPI: Hospital Manager
12	KPI Reporting Frequency	Indicate how often the KPI will be reported: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details:
13	KPI report period	Indicate the period to which the data applies
		<input type="checkbox"/> Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity)
		<input checked="" type="checkbox"/> Monthly in arrears (June data reported in July)
		<input type="checkbox"/> Quarterly in arrears (quarter 1 data reported in quarter 2)
14	KPI Reporting Aggregation	Indicate the level of aggregation – for example over a geographical location: <input checked="" type="checkbox"/> National <input checked="" type="checkbox"/> Regional <input type="checkbox"/> LHO Area <input checked="" type="checkbox"/> Hospital
		<input type="checkbox"/> County <input type="checkbox"/> Institution <input type="checkbox"/> Other – give details:
15	KPI is reported in which reports?	Indicate where the KPI will be reported: <input checked="" type="checkbox"/> Performance Assurance Report (NSP) <input type="checkbox"/> CompStat <input type="checkbox"/> Other – give details:
16	Web link to data	http://www.hse.ie/eng/services/Publications/corporate/performanceassurancerepor
17	Additional Information	
Contact details for Data Manager		Derek McCormack, BIU Acute, Tel: 01 620 1690 E:Derek.mccormack@hse.ie
National Lead and Division		National Director Acute Hospitals Division, Dr. Steevens Hospital, Dublin 8. Tel 01-635 2000.

Acute Division		
1	KPI title	Elective Inpatient Admissions
2	KPI Description	Elective Treatment – A planned or non-emergency admission or procedure that has been arranged in advance. Elective in-patient admissions excludes obstetrics related admissions.
3	KPI Rationale	As a performance monitoring function to ensure hospital compliance with public private mix ratio of 80:20.
	Indicator Classification	Please tick Indicator Classification this indicator applies to:
	(National Standards for Safer Better HealthCare)	<input type="checkbox"/> Person Centred Care <input checked="" type="checkbox"/> Effective Care <input type="checkbox"/> Safe Care <input type="checkbox"/> Better Health and Wellbeing <input type="checkbox"/> Use of Information <input type="checkbox"/> Workforce <input checked="" type="checkbox"/> Use of Resources <input type="checkbox"/> Governance, Leadership and Management
4	KPI Target	Expected Activity 2015: 99,973 Nationally, (IE HG 17,266, DM HG 14,057, RCSI HG 10,642, SSW HG 26,276, UHL HG 10,275, Saolta HG 13,924, Childrens HG 7,537).
5	KPI Calculation	Count
6	Data Source	Sourced from Hospitals PAS systems
	Data Completeness	Coverage all acute hospitals 100%
	Data Quality Issues	All acute hospitals reporting
7	Data Collection Frequency	Indicate how often the data to support the KPI will be collected: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details:
8	Tracer Conditions	Elective Inpatient Admission
9	Minimum Data Set	BIU – Acute MDR
10	International Comparison	Yes, this is an internationally recognised metric (AUS, CAN, GB, ECHI)
11	KPI Monitoring	KPI will be <u>monitored</u> : <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details:
		Please indicate who is responsible at a local level for monitoring this KPI: Hospital Manager
12	KPI Reporting Frequency	Indicate how often the KPI will be reported: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other
13	KPI report period	Indicate the period to which the data applies <input type="checkbox"/> Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity)
		<input checked="" type="checkbox"/> Monthly in arrears (June data reported in July)
		<input type="checkbox"/> Quarterly in arrears (quarter 1 data reported in quarter 2)
14	KPI Reporting Aggregation	Indicate the level of aggregation – for example over a geographical location: <input checked="" type="checkbox"/> National <input checked="" type="checkbox"/> Regional <input type="checkbox"/> LHO Area <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> County <input type="checkbox"/> Institution <input checked="" type="checkbox"/> Other – give details:
15	KPI is reported in which reports?	Indicate where the KPI will be reported: <input checked="" type="checkbox"/> Performance Assurance Report (NSP) <input checked="" type="checkbox"/> CompStat <input type="checkbox"/> Other – give details:
16	Web link to data	http://www.hse.ie/eng/services/Publications/corporate/performanceassurancerepor
17	Additional Information	
Contact details for Data Manager		Derek McCormack, BIU Acute, Tel: 01 620 1690 E:Derek.mccormack@hse.ie
National Lead and Division		National Director Acute Hospitals Division, Dr. Steevens Hospital, Dublin 8. Tel 01-635 2000.

Acute Division - Outpatient attendances		
1	KPI title	Total no. of new and return Outpatient Attendances
2	KPI Description	This metric includes the total number of both new and return attendances. New Consultant-Attendance - The first face-to-face attendance with a Consultant or a member of the Consultant's Surgical or Medical Team as a result of a referral and for which the Consultant will have an identifiable record. The attendance may occur in a hospital Outpatient Department or on an outreach basis in a Health Centre or Primary Care Centre as a result of a referral, provided such attendance takes place in a clinic as defined elsewhere in this document. Only Consultant delivered Outpatient services, and not that of any other discipline are to be included. An attendance following referral from a Triage Physiotherapist Clinic or Triage Nurse Clinic may be considered as a new attendance. Return Attendance - Attendance by a patient who has been treated at least once previously as an outpatient with the same condition/ complaint, at a Consultant OPD Clinic, or as an inpatient. An attendance which follows an admission is considered to be a Return Attendance An attendance where the patient is referred by the OPD Consultant or a member of that team following an ED Attendance is considered to be a Return Attendance.
3	KPI Rationale	The monitoring of patient access.
	Indicator Classification	Please tick Indicator Classification this indicator applies to:
	(National Standards for Safer Better HealthCare)	<input type="checkbox"/> Person Centred Care <input checked="" type="checkbox"/> Effective Care <input type="checkbox"/> Safe Care <input type="checkbox"/> Better Health and Wellbeing <input type="checkbox"/> Use of Information <input type="checkbox"/> Workforce <input checked="" type="checkbox"/> Use of Resources <input type="checkbox"/> Governance, Leadership and Management
4	KPI Target	2015 Expected Activity: 3,189,749 Nationally, (IE HG 707,822, DM HG 600,347, RCSI HG 475,882, SSW HG 567,180, UHL HG 223,190, Saolta Hospitals 465,045, Childrens HG 150,284).
5	KPI Calculation	Count. Total New + Return Outpatient attendances
6	Data Source	Sourced from Hospitals PAS systems Coverage all acute hospitals 100% All acute hospitals reporting
	Data Completeness	
	Data Quality Issues	
7	Data Collection Frequency	Indicate how often the data to support the KPI will be collected: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details:
8	Tracer Conditions	Qualifies as an outpatient attendance
9	Minimum Data Set	BIU- Acute OPD Template
10	International Comparison	No OPD measure of performance internationally due to different structures of health service delivery.
11	KPI Monitoring	KPI will be <u>monitored</u> : <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details: Please indicate who is responsible at a local level for monitoring this KPI: Hospital Manager
12	KPI Reporting Frequency	Indicate how often the KPI will be reported: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details:
13	KPI report period	Indicate the period to which the data applies <input type="checkbox"/> Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) <input checked="" type="checkbox"/> Monthly in arrears (June data reported in July) <input type="checkbox"/> Quarterly in arrears (quarter 1 data reported in quarter 2) <input type="checkbox"/> Rolling 12 months (previous 12 month period) <input type="checkbox"/> Other – give details:
14	KPI Reporting Aggregation	Indicate the level of aggregation – for example over a geographical location: <input checked="" type="checkbox"/> National <input checked="" type="checkbox"/> Regional <input type="checkbox"/> LHO Area <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> County <input type="checkbox"/> Institution Other – give details:
15	KPI is reported in which reports?	Indicate where the KPI will be reported: <input checked="" type="checkbox"/> Performance Assurance Report (NSP) <input checked="" type="checkbox"/> CompStat <input type="checkbox"/> Other – give details:
16	Web link to data	http://www.hse.ie/eng/services/Publications/corporate/performanceassurancereports/
17	Additional Information	
Contact details for Data Manager /Specialist Lead		Derek McCormack, BIU Acute, Tel: 01 620 1690 E:Derek.mccormack@hse.ie
National Lead and Division		National Director Acute Hospitals Division, Dr. Steevens Hospital, Dublin 8. Tel 01-635 2000.

Acute Division - Outpatient attendances (monthly)		
1	KPI title	Outpatient Attendances - New: Return Ratio
2	KPI Description	This refers to the ratio of the number of return patients referred to an outpatient clinic over a certain time period to the number of new outpatients seen in that clinic over the same time period.
		The attendance may occur in a hospital Outpatient Department or on an outreach basis in a Health Centre or Primary Care Centre as a result of a referral, provided such attendance takes place in a clinic as defined elsewhere in this document.
		Only Consultant delivered Outpatient services, and not that of any other discipline are to be included. An attendance following referral from a Triage Physiotherapist Clinic or Triage Nurse Clinic may be considered as a new attendance.
		Return Attendance - Attendance by a patient who has been treated at least once previously as an outpatient with the same condition/ complaint, at a Consultant OPD Clinic, or as an inpatient.
		An attendance which follows an admission is considered to be a Return Attendance
		An attendance where the patient is referred by the OPD Consultant or a member of that team following an ED Attendance is considered to be a Return Attendance.
3	KPI Rationale	This is an access indicator. Lower ratios will facilitate more new patients to be seen thus reducing waiting lists
	Indicator Classification	Please tick Indicator Classification this indicator applies to:
	(National Standards for Safer Better HealthCare)	<input type="checkbox"/> Person Centred Care <input checked="" type="checkbox"/> Effective Care <input type="checkbox"/> Safe Care <input type="checkbox"/> Better Health and Wellbeing <input type="checkbox"/> Use of Information <input type="checkbox"/> Workforce <input checked="" type="checkbox"/> Use of Resources <input type="checkbox"/> Governance, Leadership and Management
4	KPI Target	NSP 2015 Target: 1:2 ratio
5	KPI Calculation	Numerator: Return outpatient attendances and Denominator : New out patient attendances
6	Data Source	Sourced from Hospitals PAS systems Coverage all acute hospitals 100% All acute hospitals reporting
	Data Completeness	
	Data Quality Issues	
7	Data Collection Frequency	Indicate how often the data to support the KPI will be collected: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details:
8	Tracer Conditions	As per description no. 2 above
9	Minimum Data Set	BIU- Acute OPD Template
10	International Comparison	No OPD measure of performance internationally due to different structures of health service delivery.
11	KPI Monitoring	KPI will be monitored : <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details: Please indicate who is responsible at a local level for monitoring this KPI:
12	KPI Reporting Frequency	Indicate how often the KPI will be reported: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details:
13	KPI report period	<input type="checkbox"/> Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) <input checked="" type="checkbox"/> Monthly in arrears (June data reported in July) <input type="checkbox"/> Quarterly in arrears (quarter 1 data reported in quarter 2) <input type="checkbox"/> Rolling 12 months (previous 12 month period) <input type="checkbox"/> Other – give details:
14	KPI Reporting Aggregation	Indicate the level of aggregation – for example over a geographical location: <input checked="" type="checkbox"/> National <input checked="" type="checkbox"/> Regional <input type="checkbox"/> LHO Area <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> County <input type="checkbox"/> Institution Other – give details:
15	KPI is reported in which reports?	Indicate where the KPI will be reported: <input checked="" type="checkbox"/> Performance Assurance Report (NSP) <input checked="" type="checkbox"/> CompStat <input type="checkbox"/> Other – give details:
16	Web link to data	http://www.hse.ie/eng/services/Publications/corporate/performanceassurancereport
17	Additional Information	
Contact details for Data Manager /Specialist Lead		Derek McCormack, BIU Acute, Tel: 01 620 1690 E:Derek.mccormack@hse.ie
National Lead and Division		National Director Acute Hospitals Division, Dr. Steevens Hospital, Dublin 8. Tel 01-635 2000.

Acute Division - Births		
1	KPI title	Births - Total number of births
2	KPI Description	Includes the total number of live births and still births greater than or equal to 500grms.
3	KPI Rationale	Monitoring Function. Standard indicator of obstetric performance. An indicator needed for calculating population growth.
	Indicator Classification	Please tick Indicator Classification this indicator applies to:
	(National Standards for Safer Better HealthCare)	<input checked="" type="checkbox"/> Person Centred Care <input type="checkbox"/> Effective Care <input type="checkbox"/> Safe Care
		<input type="checkbox"/> Better Health and Wellbeing <input type="checkbox"/> Use of Information <input type="checkbox"/> Workforce
	<input checked="" type="checkbox"/> Use of Resources <input type="checkbox"/> Governance, Leadership and Management	
4	KPI Target	2015 Expected Activity: 66,705 Nationally, (IE HG 15,078, DM HG 10,599, RCSI HG 14,059, SSW HG 12,674, UHL HG 4,470, Saolta Hospitals 9,825).
5	KPI Calculation	Count: Number of Live Births + Number of Still Births
6	Data Source	Sourced from Hospitals PAS systems Coverage 19 hospitals 100% 19/19 hospitals reporting
	Data Completeness	
	Data Quality Issues	
7	Data Collection Frequency	Indicate how often the data to support the KPI will be collected:
		<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other
8	Tracer Conditions	Total number of live births and still births greater than or equal to 500grms.
9	Minimum Data Set	BIU – Acute MDR
10	International Comparison	Yes
11	KPI Monitoring	KPI will be <u>monitored</u> :
		<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details:
		Please indicate who is responsible at a local level for monitoring this KPI: Hospital Manager
12	KPI Reporting Frequency	Indicate how often the KPI will be reported:
		<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details:
13	KPI report period	Indicate the period to which the data applies
		<input type="checkbox"/> Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity)
		<input checked="" type="checkbox"/> Monthly in arrears (June data reported in July)
14	KPI Reporting Aggregation	Indicate the level of aggregation – for example over a geographical location:
		<input checked="" type="checkbox"/> National <input checked="" type="checkbox"/> Regional <input type="checkbox"/> LHO Area <input checked="" type="checkbox"/> Hospital
		<input type="checkbox"/> County <input type="checkbox"/> Institution Other – give details:
15	KPI is reported in which reports?	Indicate where the KPI will be reported:
		Performance Assurance Report (NSP) <input type="checkbox"/> CompStat <input type="checkbox"/> Other – give details:
16	Web link to data	http://www.hse.ie/eng/services/Publications/corporate/performanceassurancereports/
17	Additional Information	ICD code disaggregation will be considered in subsequent phases of Data Quality Programme
Contact details for Data		Derek McCormack, BIU Acute, Tel: 01 620 1690 E:Derek.mccormack@hse.ie
National Lead and Division		National Director Acute Hospitals Division, Dr. Steevens Hospital, Dublin 8. Tel 01-635 2000.

Acute Division - Inpatient & Day Case Waiting Times		
1	KPI title	% of adults waiting < 8 months for an elective procedure (inpatients)
2	KPI Description	% of adults waiting <8 months 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.
3	KPI Rationale	No adult should wait more than 8 months for an IP procedure. Waiting times for inpatient and outpatient services are standard measures internationally.
	Indicator Classification	Please tick Indicator Classification this indicator applies to:
	(National Standards for Safer Better HealthCare)	<input type="checkbox"/> Person Centred Care <input checked="" type="checkbox"/> Effective Care <input type="checkbox"/> Safe Care
		<input type="checkbox"/> Better Health and Wellbeing <input type="checkbox"/> Use of Information <input type="checkbox"/> Workforce
	<input type="checkbox"/> Use of Resources <input type="checkbox"/> Governance, Leadership and Management	
4	KPI Target	100%
5	KPI Calculation	Adult Inpatient < 8 months excluding GI endoscopy. Numerator: Number of adults waiting less than 8 months. Denominator Total number of adults on waiting list
6	Data Source	Data Sourced from NTPF.
	Data Completeness	
	Data Quality Issues	
7	Data Collection Frequency	Indicate how often the data to support the KPI will be collected: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details:
8	Tracer Conditions	Patient awaiting an inpatient procedure, waiting less than 8 months
9	Minimum Data Set	BIU report: data required by Month, Year, case_ind, Agency Code, hospital_name, case_ind Adult/Child, HIPE Spec, Specialty and waiting period.
10	International Comparison	Waiting times for inpatient and outpatient services are standard measures internationally (AUS, CAN, GB, ECHI).
11	KPI Monitoring	KPI will be monitored : <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other
		Please indicate who is responsible at a local level for monitoring this KPI:
12	KPI Reporting Frequency	Indicate how often the KPI will be reported: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details:
13	KPI report period	Indicate the period to which the data applies
		<input type="checkbox"/> Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity)
		<input checked="" type="checkbox"/> Monthly in arrears (June data reported in July)
		<input type="checkbox"/> Quarterly in arrears (quarter 1 data reported in quarter 2)
		<input type="checkbox"/> Rolling 12 months (previous 12 month period) <input type="checkbox"/> Other – give details:
14	KPI Reporting Aggregation	Indicate the level of aggregation – for example over a geographical location: <input checked="" type="checkbox"/> National <input checked="" type="checkbox"/> Regional <input type="checkbox"/> LHO Area <input checked="" type="checkbox"/> Hospital
		<input type="checkbox"/> County <input type="checkbox"/> Institution <input type="checkbox"/> Other – give details:
15	KPI is reported in which reports?	Indicate where the KPI will be reported: <input checked="" type="checkbox"/> Performance Assurance Report (NSP) <input type="checkbox"/> CompStat <input type="checkbox"/> Other – give details:
16	Web link to data	http://www.hse.ie/eng/services/Publications/corporate/performanceassurancereports/
17	Additional Information	
Contact details for Data Manager /Specialist Lead		Derek McCormack, BIU Acute, Tel: 01 620 1690 E:Derek.mccormack@hse.ie Brian Parsons, NTPF
National Lead and Division		National Director Acute Hospitals Division, Dr. Steevens Hospital, Dublin 8. Tel 01-635 2000.

Acute Division - Inpatient & Day Case Waiting Times		
1	KPI title	% of adults waiting < 8 months for an elective procedure (day case)
2	KPI Description	% of adults waiting <8 months 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 8 months for a day case procedure.
	Indicator Classification	Please tick Indicator Classification this indicator applies to:
	(National Standards for Safer Better HealthCare)	<input type="checkbox"/> Person Centred Care <input checked="" type="checkbox"/> Effective Care <input type="checkbox"/> Safe Care
		<input type="checkbox"/> Better Health and Wellbeing <input type="checkbox"/> Use of Information <input type="checkbox"/> Workforce
	<input type="checkbox"/> Use of Resources <input type="checkbox"/> Governance, Leadership and Management	
4	KPI Target	100%
5	KPI Calculation	Adult Day case < 8 months excluding GI endoscopy. Numerator: Number of adults waiting less than 8 months. Denominator Total number of adults on waiting list
6	Data Source	Data Sourced from NTPF.
	Data Completeness	
	Data Quality Issues	
7	Data Collection Frequency	Indicate how often the data to support the KPI will be collected:
		<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details:
8	Tracer Conditions	patient awaiting a day case procedure, waiting less than 8 months
9	Minimum Data Set	BIU report: data required by Month, Year, case_ind, Agency Code, hospital_name, case_ind Adult/Child, HIPE Spec, Specialty and waiting period.
10	International Comparison	Calculations of waiting lists and waiting times are to international best practice standards
11	KPI Monitoring	KPI will be <u>monitored</u> :
		<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details: Hospital Manager
		Please indicate who is responsible at a local level for monitoring this KPI: Hospital Manager
12	KPI Reporting Frequency	Indicate how often the KPI will be reported:
		<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details:
13	KPI report period	Indicate the period to which the data applies
		<input type="checkbox"/> Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity)
		<input checked="" type="checkbox"/> Monthly in arrears (June data reported in July)
		<input type="checkbox"/> Quarterly in arrears (quarter 1 data reported in quarter 2)
14	KPI Reporting Aggregation	Indicate the level of aggregation – for example over a geographical location:
		<input checked="" type="checkbox"/> National <input checked="" type="checkbox"/> Regional <input type="checkbox"/> LHO Area <input checked="" type="checkbox"/> Hospital
		<input type="checkbox"/> County <input type="checkbox"/> Institution <input type="checkbox"/> Other – give details:
15	KPI is reported in which reports?	Indicate where the KPI will be reported:
		<input checked="" type="checkbox"/> Performance Assurance Report (NSP) <input type="checkbox"/> CompStat <input type="checkbox"/> Other – give details:
16	Web link to data	http://www.hse.ie/eng/services/Publications/corporate/performanceassurancereports/
17	Additional Information	
Contact details for Data Manager /Specialist Lead		Derek McCormack, BIU Acute, Tel: 01 620 1690 E:Derek.mccormack@hse.ie Brian Parsons, NTPF
National Lead and Division		National Director Acute Hospitals Division, Dr. Steevens Hospital, Dublin 8. Tel 01-635 2000.

Acute Division - Inpatient & Day Case Waiting Times (Monthly)		
1	KPI title	% of children waiting < 20 weeks for an elective procedure (inpatient)
2	KPI Description	% of children waiting <20 weeks for an inpatient procedure excluding GI Endoscopy. Inpatient – A patient admitted to hospital for treatment or investigation and is scheduled to stay in a designated bed.
3	KPI Rationale	No child should wait more than 20 weeks for an inpatient procedure.
	Indicator Classification	National Director Acute Hospitals Division, Dr. Steevens Hospital, Dublin 8. Tel 01-635 2000.
	(National Standards for Safer Better HealthCare)	<input type="checkbox"/> Person Centred Care <input checked="" type="checkbox"/> Effective Care <input type="checkbox"/> Safe Care <input type="checkbox"/> Better Health and Wellbeing <input type="checkbox"/> Use of Information <input type="checkbox"/> Workforce <input type="checkbox"/> Use of Resources <input type="checkbox"/> Governance, Leadership and Management
4	KPI Target	100%
5	KPI Calculation	numerator: No. of children waiting <20 Weeks on Inpatient waiting list excluding GI Endoscopy Denominator: Total number of patients waiting on children waiting list
6	Data Source	Data Sourced from NTPF.
	Data Completeness	
	Data Quality Issues	
7	Data Collection Frequency	Indicate how often the data to support the KPI will be collected: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details:
	Tracer Conditions	child awaiting an elective procedure, waiting for less than 20 weeks
9	Minimum Data Set	BIU report: data required by Month, Year, case_ind, Agency Cod,e hospital_name, case_ind Adult/Child, HIPE Spec, Specialty and waiting period.
10	International Comparison	Waiting times for inpatient and outpatient services are standard measures internationally (AUS, CAN, GB, ECHI).
11	KPI Monitoring	KPI will be <u>monitored</u> : <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details: Hospital Manager
		Please indicate who is responsible at a local level for monitoring this KPI: Hospital Manager
12	KPI Reporting Frequency	Indicate how often the KPI will be reported: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other
	KPI report period	Indicate the period to which the data applies <input checked="" type="checkbox"/> Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) <input type="checkbox"/> Monthly in arrears (June data reported in July)
14	KPI Reporting Aggregation	Indicate the level of aggregation – for example over a geographical location: <input checked="" type="checkbox"/> National <input checked="" type="checkbox"/> Regional <input type="checkbox"/> LHO Area <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> County <input type="checkbox"/> Institution <input type="checkbox"/> Other – give details:
	KPI is reported in which reports?	Indicate where the KPI will be reported: <input checked="" type="checkbox"/> Performance Assurance Report (NSP) <input type="checkbox"/> CompStat <input type="checkbox"/> Other – give details:
	Web link to data	http://www.hse.ie/eng/services/Publications/corporate/performanceassurancereports/
17	Additional Information	
Contact details for Data Manager /Specialist Lead		Derek McCormack, BIU Acute, Tel: 01 620 1690 E:Derek.mccormack@hse.ie Brian Parsons, NTPF
National Lead and Division		National Director Acute Hospitals Division, Dr. Steevens Hospital, Dublin 8. Tel 01-635 2000.

Acute Division - Inpatient & Day Case Waiting Times		
1	KPI title	% of children waiting < 20 weeks for an elective procedure (day case)
2	KPI Description	% of children waiting <20 Weeks for a day case procedure excluding GI endoscopy
3	KPI Rationale	No Child should wait more than 20 Weeks for a day case procedure. Waiting times for inpatient and outpatient services are standard measures internationally.
	Indicator Classification	Please tick Indicator Classification this indicator applies to:
	(National Standards for Safer Better HealthCare)	<input type="checkbox"/> Person Centred Care <input checked="" type="checkbox"/> Effective Care <input type="checkbox"/> Safe Care
		<input type="checkbox"/> Better Health and Wellbeing <input type="checkbox"/> Use of Information <input type="checkbox"/> Workforce
	<input type="checkbox"/> Use of Resources <input type="checkbox"/> Governance, Leadership and Management	
4	KPI Target	100%
5	KPI Calculation	numerator: No. of children waiting <20 Weeks on Day case waiting list excluding GI Endoscopy Denominator: Total number of patients waiting on children waiting list
6	Data Source	Data Sourced from NTPF.
	Data Completeness	
	Data Quality Issues	
7	Data Collection Frequency	Indicate how often the data to support the KPI will be collected:
		<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details:
8	Tracer Conditions	child awaiting an elective procedure, waiting for less than 20 weeks
9	Minimum Data Set	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	KPI will be <u>monitored</u> :
		<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details:
		Please indicate who is responsible at a local level for monitoring this KPI: Hospital Manager
12	KPI Reporting Frequency	Indicate how often the KPI will be reported:
		<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details: For 28 day periods commencing on national implementation start date
13	KPI report period	Indicate the period to which the data applies
		<input type="checkbox"/> Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity)
		<input checked="" type="checkbox"/> Monthly in arrears (June data reported in July)
		<input type="checkbox"/> Quarterly in arrears (quarter 1 data reported in quarter 2)
14	KPI Reporting Aggregation	Indicate the level of aggregation – for example over a geographical location:
		<input checked="" type="checkbox"/> National <input checked="" type="checkbox"/> Regional <input type="checkbox"/> LHO Area <input checked="" type="checkbox"/> Hospital
		<input type="checkbox"/> County <input type="checkbox"/> Institution <input checked="" type="checkbox"/> Other – give details:
15	KPI is reported in which reports?	Indicate where the KPI will be reported:
		<input checked="" type="checkbox"/> Performance Assurance Report (NSP) <input type="checkbox"/> CompStat <input type="checkbox"/> Other – give details:
16	Web link to data	http://www.hse.ie/eng/services/Publications/corporate/performanceassurancereports/
17	Additional Information	
Contact details for Data Manager /Specialist Lead		Derek McCormack, BIU Acute, Tel: 01 620 1690 E:Derek.mccormack@hse.ie Brian Parsons, NTPF
National Lead and Division		National Director Acute Hospitals Division, Dr. Steevens Hospital, Dublin 8. Tel 01-635 2000.

Acute Services		
1	KPI title	% of people waiting <52 weeks for first access to OPD services
2	KPI Description	% of people waiting less than 52 weeks to be seen in an Out patients department.
3	KPI Rationale	No person should wait more than 52 weeks for first access to OPD services
	Indicator Classification	Please tick Indicator Classification this indicator applies to:
	(National Standards for Safer Better HealthCare)	<input type="checkbox"/> Person Centred Care <input checked="" type="checkbox"/> Effective Care <input type="checkbox"/> Safe Care <input type="checkbox"/> Better Health and Wellbeing <input type="checkbox"/> Use of Information <input type="checkbox"/> Workforce <input type="checkbox"/> Use of Resources <input type="checkbox"/> Governance, Leadership and Management
4	KPI Target	100%
5	KPI Calculation	Numerator: Number of outpatient patients waiting to be seen less than 52 weeks Denominator: Total number of patients waiting to be seen in Outpatients
6	Data Source	Data Sourced from NTPF.
	Data Completeness	
	Data Quality Issues	
7	Data Collection Frequency	Indicate how often the data to support the KPI will be collected:
		<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details:
8	Tracer Conditions	No. of patients waiting less than 52 weeks for first access to OPD services
9	Minimum Data Set	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, F, CHI)
11	KPI Monitoring	KPI will be <u>monitored</u> :
		<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details:
		Please indicate who is responsible at a local level for monitoring this KPI: Hospital Manager
12	KPI Reporting Frequency	Indicate how often the KPI will be reported:
		<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details: For 28 day periods commencing on national implementation start date
13	KPI report period	Indicate the period to which the data applies
		<input type="checkbox"/> Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity)
		<input checked="" type="checkbox"/> Monthly in arrears (June data reported in July)
14	KPI Reporting Aggregation	<input type="checkbox"/> Quarterly in arrears (quarter 1 data reported in quarter 2)
		Indicate the level of aggregation – for example over a geographical location: <input checked="" type="checkbox"/> National <input checked="" type="checkbox"/> Regional <input type="checkbox"/> LHO Area <input checked="" type="checkbox"/> Hospital
15	KPI is reported in which reports?	<input type="checkbox"/> County <input type="checkbox"/> Institution <input checked="" type="checkbox"/> Other – give details:
		Indicate where the KPI will be reported:
16	Web link to data	<input checked="" type="checkbox"/> Performance Assurance Report (NSP) <input type="checkbox"/> CompStat <input type="checkbox"/> Other – give details:
17	Additional Information	http://www.hse.ie/eng/services/Publications/corporate/performanceassurancereports/
Contact details for Data Manager /Specialist Lead		Derek McCormack, BIU Acute, Tel: 01 620 1690 E:Derek.mccormack@hse.ie Brian Parsons, NTPF
National Lead and Division		National Director Acute Hospitals Division, Dr. Steevens Hospital, Dublin 8. Tel 01-635 2000.

Acute Division		
1	KPI title	% of people waiting < 4 weeks for an urgent colonoscopy
2	KPI Description	% of patients waiting less than 4 weeks for an urgent colonoscopy.
3	KPI Rationale	No patient should wait more than 4 weeks for urgent colonoscopy from time of referral. Recognised metric in providing rapid diagnosis of colon cancer; this leads to demonstrably improved patient outcomes.
	Indicator Classification	Please tick Indicator Classification this indicator applies to:
		<input type="checkbox"/> Person Centred Care <input checked="" type="checkbox"/> Effective Care <input type="checkbox"/> Safe Care
		<input type="checkbox"/> Better Health and Wellbeing <input type="checkbox"/> Use of Information <input type="checkbox"/> Workforce <input checked="" type="checkbox"/> Use of Resources <input type="checkbox"/> Governance, Leadership and Management
4	KPI Target	NSP Target 2015= 100%
5	KPI Calculation	Numerator: Number of urgent colonoscopy waiting less than 4 weeks Denominator: Total number of patients waiting for urgent colonoscopy treatment
6	Data Source	Coverage 39 hospitals 100%
	Data Completeness	39/39 hospitals reporting
	Data Quality Issues	
7	Data Collection Frequency	Indicate how often the data to support the KPI will be collected: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details:
8	Tracer Conditions	As per description no. 2 above
9	Minimum Data Set	BIU – Acute - Urgent Colonoscopy Report
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	KPI will be monitored : <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details:
		Please indicate who is responsible at a local level for monitoring this KPI:
12	KPI Reporting Frequency	Indicate how often the KPI will be reported: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details:
13	KPI report period	Indicate the period to which the data applies <input type="checkbox"/> Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity)
		<input checked="" type="checkbox"/> Monthly in arrears (June data reported in July)
		<input type="checkbox"/> Quarterly in arrears (quarter 1 data reported in quarter 2)
		<input type="checkbox"/> Rolling 12 months (previous 12 month period)
		<input type="checkbox"/> Other – give details:
14	KPI Reporting Aggregation	Indicate the level of aggregation – for example over a geographical location: <input checked="" type="checkbox"/> National <input checked="" type="checkbox"/> Regional <input type="checkbox"/> LHO Area <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> County <input type="checkbox"/> Institution Other – give details:
15	KPI is reported in which reports?	Indicate where the KPI will be reported: <input checked="" type="checkbox"/> Performance Assurance Report (NSP) <input checked="" type="checkbox"/> CompStat <input type="checkbox"/> Other – give details:
16	Web link to data	http://www.hse.ie/eng/services/Publications/corporate/performanceassurancereports/
17	Additional Information	
Contact details for Data Manager		Derek McCormack, BIU Acute, Tel: 01 620 1690 E:Derek.mccormack@hse.ie
National Lead and Division		National Director Acute Hospitals Division, Dr. Steevens Hospital, Dublin 8. Tel 01-635 2000.

Acute Division		
1	KPI title	% of people waiting < 13 weeks following a referral for routine colonoscopy or OGD
2	KPI Description	% of patients waiting less than 13 weeks from referral to colonoscopy and OGD services.
3	KPI Rationale	As a performance monitoring function to monitor and manage waiting lists.
	Indicator Classification	Please tick Indicator Classification this indicator applies to:
		<input type="checkbox"/> Person Centred Care <input checked="" type="checkbox"/> Effective Care <input type="checkbox"/> Safe Care
		<input type="checkbox"/> Better Health and Wellbeing <input type="checkbox"/> Use of Information <input type="checkbox"/> Workforce <input checked="" type="checkbox"/> Use of Resources <input type="checkbox"/> Governance, Leadership and Management
4	KPI Target	NSP Target 2015 : 100%
5	KPI Calculation	Numerator: Number of patients waiting greater than 13 weeks for routine Colonoscopy or OGD Denominator: Total number of patients waiting for routine colonoscopy or OGD
6	Data Source	Hospital PAS
	Data Completeness	Business Intelligence Unit (BIU) - Acute, Corporate Planning and Performance
	Data Quality Issues	Sourced from NTPF
7	Data Collection Frequency	Indicate how often the data to support the KPI will be collected: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details:
8	Tracer Conditions	As per description no. 2 above
9	Minimum Data Set	Hospital PAS to NTPF Sourced from NTPF by Business Information Unit (BIU) - Acute, Corporate Planning and Performance
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	KPI will be monitored : <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details: Please indicate who is responsible at a local level for monitoring this KPI:
12	KPI Reporting Frequency	Indicate how often the KPI will be reported: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details:
13	KPI report period	Indicate the period to which the data applies
		<input type="checkbox"/> Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity)
		<input checked="" type="checkbox"/> Monthly in arrears (June data reported in July)
		<input type="checkbox"/> Quarterly in arrears (quarter 1 data reported in quarter 2)
		<input type="checkbox"/> Rolling 12 months (previous 12 month period) <input type="checkbox"/> Other – give details:
14	KPI Reporting Aggregation	Indicate the level of aggregation – for example over a geographical location:
		<input checked="" type="checkbox"/> National <input checked="" type="checkbox"/> Regional <input type="checkbox"/> LHO Area <input checked="" type="checkbox"/> Hospital
		<input type="checkbox"/> County <input type="checkbox"/> Institution Other – give details:
15	KPI is reported in which reports?	Indicate where the KPI will be reported: <input checked="" type="checkbox"/> Performance Assurance Report (NSP) <input checked="" type="checkbox"/> CompStat <input type="checkbox"/> Other – give details:
16	Web link to data	http://www.hse.ie/eng/services/Publications/corporate/performanceassurancereports/
17	Additional Information	
Contact details for Data Manager /Specialist Lead		Derek McCormack, BIU Acute, Tel: 01 620 1690 E:Derek.mccormack@hse.ie Brian Parsons, NTPF
National Lead and Division		National Director Acute Hospitals Division, Dr. Steevens Hospital, Dublin 8. Tel 01-635 2000.

Acute Division		
1	KPI title	% of all attendees at ED who are discharged or admitted within 6 hours of registration
2	KPI Description	% of all ED patients who wait less than 6 hours. Total Emergency Department Time (TEDT) is measured from Arrival 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 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. 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.
	Indicator Classification	Please tick Indicator Classification this indicator applies to: <input type="checkbox"/> Person Centred Care <input checked="" type="checkbox"/> Effective Care <input type="checkbox"/> Safe Care <input type="checkbox"/> Better Health and Wellbeing <input type="checkbox"/> Use of Information <input type="checkbox"/> Workforce <input checked="" type="checkbox"/> Use of Resources <input type="checkbox"/> Governance, Leadership and Management
4	KPI Target	Target 95%
5	KPI Calculation	Numerator - All ED patients who are admitted to a ward or discharged in less than 6 hours from their Arrival Time. Denominator - All patient attendances at Eds 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 6 hours from their Arrival Time
6	Data Source Data Completeness Data Quality Issues	EDIS/PAS
7	Data Collection Frequency	Indicate how often the data to support the KPI will be collected: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details:
8	Tracer Conditions	All attendances to ED
9	Minimum Data Set	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/PublicationsPolicyAndGuidance/DH_122868 . Accessed 13th January 2011 (2) Sprivilis 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 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, Stuke 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/indexm/ed-target . Accessed 13th January 2011
11	KPI Monitoring	KPI will be monitored : <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details: Please indicate who is responsible at a local level for monitoring this KPI:
12	KPI Reporting Frequency	Indicate how often the KPI will be reported: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details:
13	KPI report period	Indicate the period to which the data applies <input checked="" type="checkbox"/> Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) <input type="checkbox"/> Monthly in arrears (June data reported in July) <input type="checkbox"/> Quarterly in arrears (quarter 1 data reported in quarter 2) <input type="checkbox"/> Rolling 12 months (previous 12 month period) <input type="checkbox"/> Other – give details:
14	KPI Reporting Aggregation	Indicate the level of aggregation – for example over a geographical location: <input checked="" type="checkbox"/> National <input checked="" type="checkbox"/> Regional <input type="checkbox"/> LHO Area <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> County <input type="checkbox"/> Institution Other – give details:
15	KPI is reported in which reports?	Indicate where the KPI will be reported: <input checked="" type="checkbox"/> Performance Assurance Report (NSP) <input checked="" type="checkbox"/> CompStat <input type="checkbox"/> Other – give details:
16	Web link to data	http://www.hse.ie/eng/services/Publications/corporate/performanceassurancereports/
17	Additional Information	EDIS implementation will ensure data available from all sites.
Contact details for Data Manager		Derek McCormack, BIU Acute, Tel: 01 620 1690 E:Derek.mccormack@hse.ie
National Lead and Division		National Director Acute Hospitals Division, Dr. Stevens Hospital, Dublin 8. Tel 01-635 2000.

Acute Division		
1	KPI title	% of all attendees at ED who are discharged or admitted within 9 hours of registration
2	KPI Description	% of all ED patients who wait less than 9 hours. Total Emergency Department Time (TEDT) is measured from Arrival to ED Departure Time.
3	KPI Rationale	<p>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.</p> <p>b. TEDT includes both productive clinical time and delays. This indicator aims to reduce the delays without compromising on quality of care (1).</p> <p>c. Prolonged durations of stay in EDs are associated with poorer patient outcomes (2,3).</p> <p>d. Research in an Irish ED demonstrated that patient mortality increased exponentially after 9 hours total time spent in the ED(4).</p> <p>e. Prolonged waiting times are associated with adverse outcomes for patients discharged from EDs.(5)</p> <p>f. Patients waiting more than 9 hours should be cared for in a more appropriate care setting than an ED</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p>
	Indicator Classification	Please tick Indicator Classification this indicator applies to: <input checked="" type="checkbox"/> Person Centred Care <input checked="" type="checkbox"/> Effective Care <input type="checkbox"/> Safe Care <input type="checkbox"/> Better Health and Wellbeing <input type="checkbox"/> Use of Information <input type="checkbox"/> Workforce <input type="checkbox"/> Use of Resources <input type="checkbox"/> Governance, Leadership and Management
4	KPI Target	Target 100%
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 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 Source Data Completeness Data Quality Issues	EDIS/PAS
7	Data Collection Frequency	Indicate how often the data to support the KPI will be collected: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details:
8	Tracer Conditions	All attendances to ED
9	Minimum Data Set	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/PublicationsPolicyAndGuidance/DH_122868 . Accessed 13th January 2011 Health. Available at http://www.moh.govt.nz/moh.nsf/indexm/ed-target . Accessed 13th January 2011
11	KPI Monitoring	KPI will be monitored : <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details: Please indicate who is responsible at a local level for monitoring this KPI:
12	KPI Reporting Frequency	Indicate how often the KPI will be reported: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details:
13	KPI report period	Indicate the period to which the data applies <input checked="" type="checkbox"/> Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) <input type="checkbox"/> Monthly in arrears (June data reported in July) <input type="checkbox"/> Quarterly in arrears (quarter 1 data reported in quarter 2) <input type="checkbox"/> Rolling 12 months (previous 12 month period) <input type="checkbox"/> Other – give details:
14	KPI Reporting Aggregation	Indicate the level of aggregation – for example over a geographical location: <input checked="" type="checkbox"/> National <input checked="" type="checkbox"/> Regional <input type="checkbox"/> LHO Area <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> County <input type="checkbox"/> Institution Other – give details:
15	KPI is reported in which reports?	Indicate where the KPI will be reported: <input checked="" type="checkbox"/> Performance Assurance Report (NSP) <input checked="" type="checkbox"/> CompStat <input type="checkbox"/> Other – give details:
16	Web link to data	http://www.hse.ie/eng/services/Publications/corporate/performanceassurancereports/
17	Additional Information	EDIS implementation will ensure data available from all sites.
Contact details for Data Manager		Derek McCormack, BIU Acute, Tel: 01 620 1690 E:Derek.mccormack@hse.ie
National Lead and Division		National Director Acute Hospitals Division, Dr. Steevens Hospital, Dublin 8. Tel 01-635 2000.

Acute Division		
1	KPI title	% of all attendees at ED who leave before completion of treatment
2	KPI Description	% of patients who attend ED but leave before their treatment is completed. These patients are recorded as did not wait on hospital system.
3	KPI Rationale Indicator Classification (National Standards for Safer Better HealthCare)	All patients attending ED have a right to treatment. Please tick Indicator Classification this indicator applies to: <input checked="" type="checkbox"/> Person Centred Care <input checked="" type="checkbox"/> Effective Care <input type="checkbox"/> Safe Care <input type="checkbox"/> Better Health and Wellbeing <input type="checkbox"/> Use of Information <input type="checkbox"/> Workforce <input type="checkbox"/> Use of Resources <input type="checkbox"/> Governance, Leadership and Management
4	KPI Target	<5 % = target 2015
5	KPI Calculation	Numerator: number of patients that Did Not Wait Denominator: Total patients attending ED
6	Data Source Data Completeness Data Quality Issues	Sourced from Hospitals PAS systems Coverage all hospitals with recognised Emergency Departments & Local Injury Units. Reporting all acute hospitals with recognised Emergency Departments
7	Data Collection Frequency	Indicate how often the data to support the KPI will be collected: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details:
8	Tracer Conditions	
9	Minimum Data Set	
10	International Comparison	
11	KPI Monitoring	KPI will be monitored : <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details: Please indicate who is responsible at a local level for monitoring this KPI:
12	KPI Reporting Frequency	Indicate how often the KPI will be reported: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details:
13	KPI report period	Indicate the period to which the data applies <input type="checkbox"/> Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) <input checked="" type="checkbox"/> Monthly in arrears (June data reported in July) <input type="checkbox"/> Quarterly in arrears (quarter 1 data reported in quarter 2) <input type="checkbox"/> Rolling 12 months (previous 12 month period) <input type="checkbox"/> Other – give details:
14	KPI Reporting Aggregation	Indicate the level of aggregation – for example over a geographical location: <input checked="" type="checkbox"/> National <input checked="" type="checkbox"/> Regional <input type="checkbox"/> LHO Area <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> County <input type="checkbox"/> Institution Other – give details:
15	KPI is reported in which reports?	Indicate where the KPI will be reported: <input checked="" type="checkbox"/> Performance Assurance Report (NSP) <input checked="" type="checkbox"/> CompStat <input type="checkbox"/> Other – give details:
16	Web link to data	
17	Additional Information	Is the data for this KPI available through Corporate Information Facility (CIF)?
Contact details for Data Manager		Derek McCormack, BLU Acute, Tel: 01 620 1690 E:Derek.mccormack@hse.ie
National Lead and Division		National Director Acute Hospitals Division, Dr. Steevens Hospital, Dublin 8. Tel 01-635 2000.

Acute Division		
1	KPI title	% of all attendees at ED who are in ED >24 hours
2	KPI Description	% of patients who attend ED who are in ED greater than 24 hours
3	KPI Rationale Indicator Classification (National Standards for Safer Better HealthCare)	Please tick Indicator Classification this indicator applies to: <input checked="" type="checkbox"/> Person Centred Care <input checked="" type="checkbox"/> Effective Care <input type="checkbox"/> Safe Care <input type="checkbox"/> Better Health and Wellbeing <input type="checkbox"/> Use of Information <input type="checkbox"/> Workforce <input type="checkbox"/> Use of Resources <input type="checkbox"/> Governance, Leadership and Management
4	KPI Target	0%
5	KPI Calculation	All attendances that have an experience time of greater than 24 hours
6	Data Source Data Completeness Data Quality Issues	Sourced from Hospitals PAS systems Coverage all hospitals with recognised Emergency Departments & Local Injury Units. Reporting all acute hospitals with recognised Emergency Departments
7	Data Collection Frequency	Indicate how often the data to support the KPI will be collected: <input checked="" type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details:
8	Tracer Conditions	
9	Minimum Data Set	
10	International Comparison	
11	KPI Monitoring	KPI will be monitored : <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details: Please indicate who is responsible at a local level for monitoring this KPI:
12	KPI Reporting Frequency	Indicate how often the KPI will be reported: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details:
13	KPI report period	Indicate the period to which the data applies <input checked="" type="checkbox"/> Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) <input type="checkbox"/> Monthly in arrears (June data reported in July) <input type="checkbox"/> Quarterly in arrears (quarter 1 data reported in quarter 2) <input type="checkbox"/> Rolling 12 months (previous 12 month period) <input type="checkbox"/> Other – give details:
14	KPI Reporting Aggregation	Indicate the level of aggregation – for example over a geographical location: <input checked="" type="checkbox"/> National <input checked="" type="checkbox"/> Regional <input type="checkbox"/> LHO Area <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> County <input type="checkbox"/> Institution Other – give details:
15	KPI is reported in which reports?	Indicate where the KPI will be reported: <input checked="" type="checkbox"/> Performance Assurance Report (NSP) <input checked="" type="checkbox"/> CompStat <input type="checkbox"/> Other – give details:
16	Web link to data	
17	Additional Information	Is the data for this KPI available through Corporate Information Facility (CIF)?
Contact details for Data Manager		Derek McCormack, BIU Acute, Tel: 01 620 1690 E:Derek.mccormack@hse.ie
National Lead and Division		National Director Acute Hospitals Division, Dr. Steevens Hospital, Dublin 8. Tel 01-635 2000.

Acute Division		
Patient Profile aged 75 years and over		
1	KPI title	% of patients attending ED >75 years of age
2	KPI Description	% of all ED patients who attend ED who are greater than 75 years of age.
3	KPI Rationale	
	Indicator Classification	Please tick Indicator Classification this indicator applies to: <input checked="" type="checkbox"/> Person Centred Care <input checked="" type="checkbox"/> Effective Care <input type="checkbox"/> Safe Care <input type="checkbox"/> Better Health and Wellbeing <input type="checkbox"/> Use of Information <input type="checkbox"/> Workforce <input type="checkbox"/> Use of Resources <input type="checkbox"/> Governance, Leadership and Management
4	KPI Target	TBC - New KPI 2015
5	KPI Calculation	Numerator - number of patients attending ED greater than 75 years. Denominator - All patient attendances at ED 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 6 hours from their Arrival Time
6	Data Source	EDIS/PAS
	Data Completeness	
	Data Quality Issues	
7	Data Collection Frequency	Indicate how often the data to support the KPI will be collected: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details:
8	Tracer Conditions	All attendances to ED
9	Minimum Data Set	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/PublicationsPolicyAndGuidance/DH_122868 . Accessed 13th January 2011 (2) Sprivilis 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 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, Vermulden 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	KPI Monitoring	KPI will be monitored : <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details: Please indicate who is responsible at a local level for monitoring this KPI:
12	KPI Reporting Frequency	Indicate how often the KPI will be reported: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details:
13	KPI report period	Indicate the period to which the data applies <input checked="" type="checkbox"/> Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) <input type="checkbox"/> Monthly in arrears (June data reported in July) <input type="checkbox"/> Quarterly in arrears (quarter 1 data reported in quarter 2) <input type="checkbox"/> Rolling 12 months (previous 12 month period) <input type="checkbox"/> Other – give details:
14	KPI Reporting Aggregation	Indicate the level of aggregation – for example over a geographical location: <input checked="" type="checkbox"/> National <input checked="" type="checkbox"/> Regional <input type="checkbox"/> LHO Area <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> County <input type="checkbox"/> Institution Other – give details:
15	KPI is reported in which reports?	Indicate where the KPI will be reported: <input checked="" type="checkbox"/> Performance Assurance Report (NSP) <input checked="" type="checkbox"/> CompStat <input type="checkbox"/> Other – give details:
16	Web link to data	http://www.hse.ie/eng/services/Publications/corporate/performanceassurancereports/
17	Additional Information	EDIS implementation will ensure data available from all sites.
Contact details for Data Manager		Derek McCormack, BIU Acute, Tel: 01 620 1690 E:Derek.mccormack@hse.ie
National Lead and Division		National Director Acute Hospitals Division, Dr. Steevens Hospital, Dublin 8. Tel 01-635 2000.

Acute Division		
1	KPI title	% of all attendees aged over 75 years of age at ED who are discharged or admitted within 6 hours of registration
2	KPI Description	% of all ED patients who wait less than 6 hours whom are aged over 75 years of age. Total Emergency Department Time (TEDT) is measured from Arrival 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 longer 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 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. 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.
	Indicator Classification	Please tick Indicator Classification this indicator applies to: <input checked="" type="checkbox"/> Person Centred Care <input checked="" type="checkbox"/> Effective Care <input type="checkbox"/> Safe Care <input type="checkbox"/> Better Health and Wellbeing <input type="checkbox"/> Use of Information <input type="checkbox"/> Workforce <input type="checkbox"/> Use of Resources <input type="checkbox"/> Governance, Leadership and Management
4	KPI Target	95%
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 over 75 years of age 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 Source Data Completeness Data Quality Issues	EDIS/PAS
7	Data Collection Frequency	Indicate how often the data to support the KPI will be collected: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details:
8	Tracer Conditions	All attendances to ED
9	Minimum Data Set	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/PublicationsPolicyAndGuidance/DH_122868 . Accessed 13th January 2011 Health. Available at http://www.moh.govt.nz/moh.nsf/indexrnh/ed-target . Accessed 13th January 2011
11	KPI Monitoring	KPI will be monitored : <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details: Please indicate who is responsible at a local level for monitoring this KPI:
12	KPI Reporting Frequency	Indicate how often the KPI will be reported: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details:
13	KPI report period	Indicate the period to which the data applies <input checked="" type="checkbox"/> Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) Monthly in arrears (June data reported in July) <input type="checkbox"/> Quarterly in arrears (quarter 1 data reported in quarter 2) <input type="checkbox"/> Rolling 12 months (previous 12 month period) <input type="checkbox"/> Other – give details:
14	KPI Reporting Aggregation	Indicate the level of aggregation – for example over a geographical location: <input checked="" type="checkbox"/> National <input checked="" type="checkbox"/> Regional <input type="checkbox"/> LHO Area <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> County <input type="checkbox"/> Institution Other – give details:
15	KPI is reported in which reports?	Indicate where the KPI will be reported: <input checked="" type="checkbox"/> Performance Assurance Report (NSP) <input checked="" type="checkbox"/> CompStat <input type="checkbox"/> Other – give details:
16	Web link to data	http://www.hse.ie/eng/services/Publications/corporate/performanceassurancereports/
17	Additional Information	EDIS implementation will ensure data available from all sites.
Contact details for Data Manager		Derek McCormack, BIU Acute, Tel: 01 620 1690 E:Derek.mccormack@hse.ie
National Lead and Division		National Director Acute Hospitals Division, Dr. Steevens Hospital, Dublin 8. Tel 01-635 2000.

Acute Division		
1	KPI title	% of all attendees aged over 75 years of age at ED who are admitted within 6 hours of registration
2	KPI Description	% of patients aged over 75 years of age who are admitted within 6 hours of registration.
3	KPI Rationale Indicator Classification (National Standards for Safer Better HealthCare)	Please tick Indicator Classification this indicator applies to: <input checked="" type="checkbox"/> Person Centred Care <input checked="" type="checkbox"/> Effective Care <input type="checkbox"/> Safe Care <input type="checkbox"/> Better Health and Wellbeing <input type="checkbox"/> Use of Information <input type="checkbox"/> Workforce <input type="checkbox"/> Use of Resources <input type="checkbox"/> Governance, Leadership and Management
4	KPI Target	100%
5	KPI Calculation	Numerator: number of patients aged over 75 years of age who are admitted within 6 hours. Denominator - All patient attendances at ED who are aged over 75 years of age who are admitted
6	Data Source Data Completeness Data Quality Issues	Sourced from Hospitals PAS systems Coverage all hospitals with recognised Emergency Departments & Local Injury Units. Reporting all acute hospitals with recognised Emergency Departments
7	Data Collection Frequency	Indicate how often the data to support the KPI will be collected: <input type="checkbox"/> Daily <input checked="" type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details:
8	Tracer Conditions	
9	Minimum Data Set	
10	International Comparison	
11	KPI Monitoring	KPI will be monitored : <input checked="" type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details: Please indicate who is responsible at a local level for monitoring this KPI:
12	KPI Reporting Frequency	Indicate how often the KPI will be reported: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details:
13	KPI report period	Indicate the period to which the data applies <input checked="" type="checkbox"/> Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) reported current via monthly Monthly in arrears (June data reported in July) <input type="checkbox"/> Quarterly in arrears (quarter 1 data reported in quarter 2) <input type="checkbox"/> Rolling 12 months (previous 12 month period) <input type="checkbox"/> Other – give details:
14	KPI Reporting Aggregation	Indicate the level of aggregation – for example over a geographical location: <input checked="" type="checkbox"/> National <input checked="" type="checkbox"/> Regional <input type="checkbox"/> LHO Area <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> County <input type="checkbox"/> Institution Other – give details:
15	KPI is reported in which reports?	Indicate where the KPI will be reported: <input checked="" type="checkbox"/> Performance Assurance Report (NSP) <input checked="" type="checkbox"/> CompStat <input type="checkbox"/> Other – give details:
16	Web link to data	
17	Additional Information	Is the data for this KPI available through Corporate Information Facility (CIF)?
Contact details for Data Manager		Derek McCormack, BIU Acute, Tel: 01 620 1690 E:Derek.mccormack@hse.ie
National Lead and Division		National Director Acute Hospitals Division, Dr. Steevens Hospital, Dublin 8. Tel 01-635 2000.

Acute Division - Acute Medical Patient Processing		
1	KPI title	% of medical patients who are discharged or admitted from AMAU within 6 hours AMAU registration
2	KPI Description	Total medical assessment time (TMAT) is measured from the time of arrival of a medical patient in the ED to the time of medical assessment unit departure time. The measures are the percentage of all new medical patients attending the AMU * with who are admitted or discharged within 6 hours, and within 9 hours. The mean and upper and lower 95th centiles should be presented.
3	KPI Rationale	a) A 6 hour target for patients to be assessed in AMU* is a performance indicator for the Acute Medicine Programme. b) TMAT includes both productive clinical times and delays. This indicator aims to reduce the delays and outcome without compromising quality of care. c) Long durations of stay in all types of Assessment Units are associated with poorer patient outcomes. 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. 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 95% compliance target has been set.
	Indicator Classification	Please tick Indicator Classification this indicator applies to: <input type="checkbox"/> Person Centred Care <input checked="" type="checkbox"/> Effective Care <input type="checkbox"/> Safe Care <input type="checkbox"/> Better Health and Wellbeing <input type="checkbox"/> Use of Information <input type="checkbox"/> Workforce <input type="checkbox"/> Use of Resources <input type="checkbox"/> Governance, Leadership and Management
4	KPI Target	2015 target =95%
5	KPI Calculation	Numerator – All new patients attending an AMU* who are admitted to a ward or discharged from the AMU in less than 6 hours from their arrival time in ED. (or arrival in AMU if they are directly referred to AMU and do not go via ED) Denominator – All new patients attending an AMU* A similar calculation for 9 hours. The figures to be expressed as a percentage within 6 hours, 9 hours with 95% confidence intervals.
6	Data Source	ED/AMU system
	Data Completeness	
	Data Quality Issues	
7	Data Collection Frequency	Indicate how often the data to support the KPI will be collected: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details:
8	Tracer Conditions	All patients referred to an AMU*.
9	Minimum Data Set	Medical Assessment Unit Identifier/ID of hospital 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 AMU (AMU 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.
11	KPI Monitoring	KPI will be <u>monitored</u> : <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details: Please indicate who is responsible at a local level for monitoring this KPI:
12	KPI Reporting Frequency	Indicate how often the KPI will be reported: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details:
13	KPI report period	Indicate the period to which the data applies <input checked="" type="checkbox"/> Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) <input type="checkbox"/> Monthly in arrears (June data reported in July) <input type="checkbox"/> Quarterly in arrears (quarter 1 data reported in quarter 2) <input type="checkbox"/> Rolling 12 months (previous 12 month period) <input type="checkbox"/> Other – give details:
14	KPI Reporting Aggregation	Indicate the level of aggregation – for example over a geographical location: <input checked="" type="checkbox"/> National <input checked="" type="checkbox"/> Regional <input checked="" type="checkbox"/> LHO Area <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> County <input type="checkbox"/> Institution <input type="checkbox"/> Other – give details:
15	KPI is reported in which reports?	Indicate where the KPI will be reported: <input type="checkbox"/> Corporate Plan Report <input checked="" type="checkbox"/> Performance Report (NSP/CBP) <input checked="" type="checkbox"/> CompStat <input type="checkbox"/> Other – give details:
16	Web link to data	http://www.hse.ie/eng/services/Publications/corporate/performanceassurancereports/
17	Additional Information	
Contact details for Data Manager /Specialist Lead		Derek McCormack, BIU Acute, Tel: 01 620 1690 Email:Derek.mccormack@hse.ie Fiachra Bane, HIPE, Tel: 045 988330 Email:fiachra.bane@hse.ie
National Lead and Division		National Director Acute Hospitals Division, Dr. Steevens Hospital, Dublin 8. Tel 01-635 2000.

Acute Division - Healthcare Associated Infections

1	KPI Title	Rate of MRSA bloodstream infections in acute hospitals per 1,000 bed days used
2	KPI Description	Number of MRSA blood stream infections reported via EARS-Net per 1000 bed days used per quarter for each acute hospital. MRSA blood stream infections as a % of all Staphylococcus aureus (S.Aureus) infection in hospitals.
3	KPI Rationale	To indicate progress towards the goal of reducing MRSA in acute settings against the National target setting within the "Say No to Infection Strategy".
	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two).
		<input type="checkbox"/> Person Centred Care <input checked="" type="checkbox"/> Effective Care <input type="checkbox"/> Safe Care
		<input type="checkbox"/> Better Health and Wellbeing <input type="checkbox"/> Use of Information <input type="checkbox"/> Workforce <input type="checkbox"/> Use of Resources <input type="checkbox"/> Governance, Leadership and Management
4	KPI Target	<0.057 Target 2015
5	KPI Calculation	Under the case definition for EARSS, data are collected on the first bloodstream isolate of S. aureus per patient per quarter. The following data are included in each report: • The number of S. aureus isolates, including the number of MRSA isolates.
6	Data Source	Rate of MRSA comes from microbiology laboratories in acute hospitals and information on bed days used is provided by the HSE BIU acute Unit.
	Data Completeness	100% participation by hospital laboratories
	Data Quality Issues	Does not distinguish between true bloodstream infections and blood culture contaminants. Does not indicate where bloodstream infections were acquired (community, reporting hospital or other healthcare setting).
7	Data Collection Frequency	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details:
8	Tracer Conditions	Patients demographic details as well as EARS-net core data reference www.HPSC.ie
9	Minimum Data Set	Quarterly data supply from Hospital Microbiology laboratories as per EARS-Net protocol, the European Antimicrobial Resistance Surveillance Network (EARS-Net) collects information on antibiotic resistance of bacteria causing invasive infection.
10	International Comparison	Yes, European surveillance system: data can be compared with results from other participating countries
11	KPI Monitoring	KPI will be monitored on a (please indicate below) basis: oDaily oWeekly oMonthly pQuarterly oBi-annually oAnnually oOther Please indicate who is responsible for monitoring this KPI: Hospital Manager
12	KPI Reporting Frequency	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details:
13	KPI report period	<input type="checkbox"/> Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity)
		Monthly in arrears (June data reported in July)
		<input checked="" type="checkbox"/> Quarterly in arrears (quarter 1 data reported in quarter 2)
		<input type="checkbox"/> Rolling 12 months (previous 12 month period)
		<input type="checkbox"/> Other – give details:
14	KPI Reporting Aggregation	Indicate the level of aggregation – for example over a geographical location: <input checked="" type="checkbox"/> National <input checked="" type="checkbox"/> Regional <input type="checkbox"/> LHO Area <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> County <input type="checkbox"/> Institution Other – give details:
15	KPI is reported in which reports?	Indicate where the KPI will be reported: <input checked="" type="checkbox"/> Performance Assurance Report (NSP) <input checked="" type="checkbox"/> CompStat <input type="checkbox"/> Other – give details:
16	Web link to data	http://www.hpsc.ie/hpsc/A-Z/MicrobiologyAntimicrobialResistance/EuropeanAntimicrobialResistanceSurveillanceSystemEARSS/EARSSSurveillanceReports/
17	Additional Information	
Contact details for Data Manager / National Lead and Directorate		Dr. Robert Cunney, HPSC robert.cunney@hse.ie Tel: 01 8765300 Dr. Philip Crowley, National Director Quality and Patient Safety Tel: 01 635 2038 Dr. Eibhlin Connolly, Deputy Chief Medical Officer, Dept. of Health, Tel: 635 4025

Acute Division - Healthcare Associated Infections		
1	KPI Title	Median hospital total antibiotic consumption rate (DDD per 100 bed days used) per hospital
2	KPI Description	The total antibiotic consumption rate (defined daily dose per 100 bed days) per hospital Antibiotic Consumption Rate: Bed Days Used
3	KPI Rationale	Antibiotic use in hospitals is a risk factor for antimicrobial resistance, and for MRSA and <i>C. difficile</i> infection rates. Antibiotic use also represents a major cost for hospitals
	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two).
		<input type="checkbox"/> Person Centred Care <input checked="" type="checkbox"/> Effective Care <input type="checkbox"/> Safe Care
		<input type="checkbox"/> Better Health and Wellbeing <input type="checkbox"/> Use of Information <input type="checkbox"/> Workforce <input type="checkbox"/> Use of Resources <input type="checkbox"/> Governance, Leadership and Management
4	KPI Target	83 Target 2015
5	KPI Calculation	The principle measure of antibiotic consumption for each hospital is the inpatient antibiotic consumption rate, expressed as DDD (defined daily dose) per 100 bed days used.
6	Data Source	Hospital Pharmacies to HPSC
	Data Completeness	Data provided by 95% of acute hospitals
	Data Quality Issues	Does not represent prescription level data. Does not indicate appropriateness of antibiotic use (some hospitals may have a high level of antibiotic use that is appropriate to their patient population. Some hospital pharmacies are unable to provide data du
7	Data Collection Frequency	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details:
8	Tracer Conditions	Antibiotic consumption rate
9	Minimum Data Set	Protocol www.hpsc.ie
10	International Comparison	Hospital antibiotic consumption data collected as part of ESAC-Net: data comparable with other participating European countries
11	KPI Monitoring	KPI will be monitored on a (please indicate below) basis: oDaily oWeekly oMonthly oQuarterly p Bi-annually oAnnually oOther Please indicate who is responsible for monitoring this KPI: Hospital Managers/ Pharmacists
12	KPI Reporting Frequency	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details:
13	KPI report period	<input type="checkbox"/> Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity)
		Monthly in arrears (June data reported in July)
		Quarterly in arrears (quarter 1 data reported in quarter 2)
		<input type="checkbox"/> Rolling 12 months (previous 12 month period)
		<input type="checkbox"/> Other – give details: Bi-annual
14	KPI Reporting Aggregation	Indicate the level of aggregation – for example over a geographical location: <input checked="" type="checkbox"/> National <input checked="" type="checkbox"/> Regional <input type="checkbox"/> LHO Area <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> County <input type="checkbox"/> Institution Other – give details:
		Indicate where the KPI will be reported: <input checked="" type="checkbox"/> Performance Assurance Report (NSP) <input checked="" type="checkbox"/> CompStat <input type="checkbox"/> Other – give details:
15	KPI is reported in which reports?	
16	Web link to data	http://www.hpsc.ie/hpsc/A-Z/MicrobiologyAntimicrobialResistance/EuropeanSurveillanceofAntimicrobialConsumptionESAC/SurveillanceReports/
17	Additional Information	Reports on hospital antibiotic consumption for participating European countries available at www.ecdc.eu
Contact details for Data Manager / National Lead and Directorate		Dr. Robert Cunney, HPSC robert.cunney@hse.ie Tel: 01 8765300 Dr. Philip Crowley, National Director Quality and Patient Safety Tel: 01 635 2038 Dr. Eibhlin Connolly, Deputy Chief Medical Officer, Dept. of Health, Tel: 635 4025

Acute Division - Healthcare Associated Infections		
1	KPI Title	Alcohol Hand Rub consumption (litres per 1,000 bed days used)
2	KPI Description	This is the volume of alcohol rub used by hospitals, which is an acceptable method of assessing hand hygiene compliance. It is expressed as volume (in litres) per 1000 beddays used in the hospital. It excludes alcohol rub that is used for pre-operative
3	KPI Rationale	Alcohol based hand rubs are recommended as a primary means of hand hygiene in the Irish national guidelines. Measurement of alcohol hand rub consumption is a process indicator for hand hygiene compliance.
	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two).
		<input type="checkbox"/> Person Centred Care <input checked="" type="checkbox"/> Effective Care <input type="checkbox"/> Safe Care
		<input type="checkbox"/> Better Health and Wellbeing <input type="checkbox"/> Use of Information <input type="checkbox"/> Workforce
		<input type="checkbox"/> Use of Resources <input type="checkbox"/> Governance, Leadership and Management
4	KPI Target	25 Target 2015
5	KPI Calculation	The rate of usage per hospital is calculated as per the total volume of hand rub consumed in litres per 1000 bed days used. This is measured quarterly and annually. Hospital activity data, bed days used are obtained from the Performance Management Unit
6	Data Source	Hospital pharmacies and supplies departments (reporting to HPSC)
	Data Completeness	Reported by all acute hospitals
	Data Quality Issues	Does not distinguish between staff, patient and visitor use of alcohol hand gel. Hospitals reporting via supplies departments may have artificially high rates of use, due to batch delivery of supplies.
7	Data Collection Frequency	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly Monthly Quarterly <input checked="" type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details:
8	Tracer Conditions	Alcohol Hand Rub consumption
9	Minimum Data Set	Protocol www.hpsc.ie
10	International Comparison	Internationally recognised process indicator, allowing direct comparison with data from other countries.
11	KPI Monitoring	KPI will be monitored on a (please indicate below) basis: oDaily oWeekly oMonthly p Quarterly oBi-annually oAnnually oOther – give details: Please indicate who is responsible for monitoring this KPI: Hospital Managers
12	KPI Reporting Frequency	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly Monthly Quarterly <input checked="" type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details:
13	KPI report period	<input type="checkbox"/> Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity)
		Monthly in arrears (June data reported in July)
		Quarterly in arrears (quarter 1 data reported in quarter 2)
		<input type="checkbox"/> Rolling 12 months (previous 12 month period)
		<input type="checkbox"/> Other – give details: Bi-annual
14	KPI Reporting Aggregation	Indicate the level of aggregation – for example over a geographical location: <input checked="" type="checkbox"/> National <input checked="" type="checkbox"/> Regional <input type="checkbox"/> LHO Area <input checked="" type="checkbox"/> Hospital
		<input type="checkbox"/> County <input type="checkbox"/> Institution Other – give details:
15	KPI is reported in which reports?	Indicate where the KPI will be reported: <input checked="" type="checkbox"/> Performance Assurance Report (NSP) <input checked="" type="checkbox"/> CompStat <input type="checkbox"/> Other – give details:
16	Web link to data	http://www.hpsc.ie/hpsc/A-Z/Gastroenteric/Handwashing/AlcoholHandRubConsumptionSurveillance/
17	Additional Information	
Contact details for Data Manager /		Dr. Robert Cunney, HPSC robert.cunney@hse.ie Tel: 01 8765300
National Lead and Directorate		Dr. Philip Crowley, National Director Quality and Patient Safety Tel: 01 635 2038 Dr. Eibhlin Connolly, Deputy Chief Medical Officer, Dept. of Health, Tel: 635 4025

Acute Division - Healthcare Associated Infections

1	KPI Title	% compliance of hospital staff with the World Health Organisation's (WHO) 5 moments of hand hygiene using the national hand hygiene audit tool
2	KPI Description	Compliance of hospital staff with the World Health Organisations (WHO) 5 moments of hand hygiene using the national hand hygiene audit tool. % compliance by healthcare staff with WHO 5 moments of hand hygiene
3	KPI Rationale	Hand hygiene is one of the most effective means of reducing healthcare associated infection (HCAI). However, compliance by healthcare workers with recommended hand hygiene frequencies and techniques has been reported as suboptimal.
	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two).
		<input type="checkbox"/> Person Centred Care <input checked="" type="checkbox"/> Effective Care <input type="checkbox"/> Safe Care
		<input type="checkbox"/> Better Health and Wellbeing <input type="checkbox"/> Use of Information <input type="checkbox"/> Workforce <input type="checkbox"/> Use of Resources <input type="checkbox"/> Governance, Leadership and Management
4	KPI Target	90% Target 2015
5	KPI Calculation	Count
6	Data Source	Observational audit of hand hygiene compliance by healthcare staff in hospitals. National lead auditors trained and validated at national training sessions conduct audit.
	Data Completeness	Complete reporting by all acute hospitals.
	Data Quality Issues	No external validation of observational audits: risk observer bias and "Hawthorne" effect
7	Data Collection Frequency	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details:
8	Tracer Conditions	Alcohol hand rub usage in hospitals, Clostridium Difficile and MRSA Rates
9	Minimum Data Set	Compliance with WHO 5 moments of hand hygiene
10	International Comparison	Broad comparisons can be made with other countries that use WHO methodology, however the exact method use to collect the data (sample size, auditor) varies from country to country
11	KPI Monitoring	KPI will be monitored on a (please indicate below) basis: oDaily oWeekly oMonthly oQuarterly b Bi-annually oAnnually oOther – give details: Please indicate who is responsible for monitoring this KPI: Hospital Managers
12	KPI Reporting Frequency	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details:
13	KPI report period	<input type="checkbox"/> Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity)
		Monthly in arrears (June data reported in July)
		Quarterly in arrears (quarter 1 data reported in quarter 2)
		<input type="checkbox"/> Rolling 12 months (previous 12 month period) <input type="checkbox"/> Other – give details: Bi-annual
14	KPI Reporting Aggregation	Indicate the level of aggregation – for example over a geographical location: <input checked="" type="checkbox"/> National <input checked="" type="checkbox"/> Regional <input type="checkbox"/> LHO Area <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> County <input type="checkbox"/> Institution Other – give details:
		Indicate where the KPI will be reported: <input checked="" type="checkbox"/> Performance Assurance Report (NSP) <input checked="" type="checkbox"/> CompStat <input type="checkbox"/> Other – give details:
15	KPI is reported in which reports?	Indicate where the KPI will be reported: <input checked="" type="checkbox"/> Performance Assurance Report (NSP) <input checked="" type="checkbox"/> CompStat <input type="checkbox"/> Other – give details:
16	Web link to data	http://www.hpsc.ie/hpsc/A-Z/Gastroenteric/Handwashing/HandHygieneAudit/
17	Additional Information	
Contact details for Data Manager / National Lead and Directorate		Ms Sheila Donlon, HPSC sheila.donlon1@hse.ie Tel: 01 8765300 Dr. Philip Crowley, National Director Quality and Patient Safety Tel: 01 635 2038 Dr. Eibhlin Connolly, Deputy Chief Medical Officer, Dept. of Health, Tel: 635 4025

Acute Division - Healthcare Associated Infections

1	KPI title	Rate of new cases of Clostridium difficile associated diarrhoea in acute hospitals per 10,000 bed days used
2	KPI Description	National rate of new cases of Clostridium difficile associated diarrhoea in acute hospitals
3	KPI Rationale	C. difficile is a potentially preventable healthcare associated infection that causes significant morbidity and mortality. It has caused a number of significant outbreaks in hospitals and long term care facilities. Rates are linked to antibiotic prescribing.
	Indicator Classification	Please tick Indicator Classification this indicator applies to:
		<input type="checkbox"/> Person Centred Care <input checked="" type="checkbox"/> Effective Care <input type="checkbox"/> Safe Care
		<input type="checkbox"/> Better Health and Wellbeing <input type="checkbox"/> Use of Information <input type="checkbox"/> Workforce
		<input type="checkbox"/> Use of Resources <input type="checkbox"/> Governance, Leadership and Management
4	KPI Target	<2.5 cases per 10,000 BDU
5	KPI Calculation	Numerator data: New cases of Clostridium difficile associated diarrhoea in acute hospitals as per national case definition. Denominator data: 10,000 bed days used
6	Data Source	Data provided by acute hospitals (microbiologists, infection control nurses, surveillance & laboratory scientists) to HPSC on a quarterly basis.
	Data Completeness	
	Data Quality Issues	
7	Data Collection Frequency	Indicate how often the data to support the KPI will be collected:
		<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details:
8	Tracer Conditions	Antibiotic consumption rates in hospitals and the community
9	Minimum Data Set	Protocol www.hpsc.ie
10	International Comparison	National case definition identical to EU and US case definitions therefore comparable with countries that use these case definitions.
11	KPI Monitoring	KPI will be monitored :
		<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details: Please indicate who is responsible at a local level for monitoring this KPI:
12	KPI Reporting Frequency	Indicate how often the KPI will be reported:
		<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details:
13	KPI report period	Indicate the period to which the data applies
		Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity)
		<input checked="" type="checkbox"/> Monthly in arrears (June data reported in July)
		<input type="checkbox"/> Quarterly in arrears (quarter 1 data reported in quarter 2)
		<input type="checkbox"/> Rolling 12 months (previous 12 month period)
		<input type="checkbox"/> Other – give details:
14	KPI Reporting Aggregation	Indicate the level of aggregation – for example over a geographical location:
		<input checked="" type="checkbox"/> National <input type="checkbox"/> Regional <input type="checkbox"/> LHO Area <input type="checkbox"/> Hospital
		<input type="checkbox"/> County <input type="checkbox"/> Institution <input type="checkbox"/> Other – give details:
15	KPI is reported in which reports?	Indicate where the KPI will be reported:
		<input type="checkbox"/> Corporate Plan Report <input checked="" type="checkbox"/> Performance Report (NSP/CBP) <input checked="" type="checkbox"/> CompStat <input type="checkbox"/> Other – give details:
16	Web link to data	
17	Additional Information	
Contact details for Data Manager /Specialist Lead		Name: Roisin Breen Email address: roisinbreen@rcpi.ie Contact Number: 8639620 Carley Impey carley.impey@hse.ie 6201687
National Lead and Division		Dr. Philip Crowley, National Director Quality and Patient Safety Ian Carter, Director of Acute Hospitals

Acute Division - Healthcare Associated Infections

1	KPI title	Hospital acquired <i>S. aureus</i> bloodstream infection/10,000 BDU
2	KPI Description	The infection is considered <u>hospital-acquired within the reporting hospital</u> if a positive blood culture growing <i>S. aureus</i> was obtained from a patient who had been hospitalised within the reporting hospital for 48 hours or longer
3	KPI Rationale	To indicate progress towards the goal of reducing hospital acquired blood stream infection in acute settings.
	Indicator Classification	Please tick Indicator Classification this indicator applies to: <input type="checkbox"/> Person Centred Care <input type="checkbox"/> Effective Care <input checked="" type="checkbox"/> Safe Care <input type="checkbox"/> Better Health and Wellbeing <input type="checkbox"/> Use of Information <input checked="" type="checkbox"/> Workforce <input type="checkbox"/> Use of Resources <input type="checkbox"/> Governance, Leadership and Management
4	KPI Target	2015 Target Not Set yet
5	KPI Calculation	Numerator: Number of positive blood cultures growing <i>S. aureus</i> obtained from patients who had been hospitalised within the reporting hospital for 48 hours or longer 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 previous month
6	Data Source	Source: Microbiology laboratories in acute hospitals laboratories
	Data Completeness	Completeness: 100% of all acute hospitals must participate
	Data Quality Issues	Quality: Does not distinguish between true bloodstream infections and blood culture contaminants. Does not indicate where bloodstream infections were acquired (community, reporting hospital or other healthcare setting).
7	Data Collection Frequency	Indicate how often the data to support the KPI will be collected: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details:
8	Tracer Conditions	
9	Minimum Data Set	Monthly data supplied by Acute Hospitals
10	International Comparison	N/A
11	KPI Monitoring	KPI will be <u>monitored</u> : <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details: Please indicate who is responsible at a local level for monitoring this KPI: Nominated member of the senior management team of each hospital with responsibility for hygiene
12	KPI Reporting Frequency	Indicate how often the KPI will be reported: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details:
13	KPI report period	Indicate the period to which the data applies
		Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity)
		<input checked="" type="checkbox"/> Monthly in arrears (June data reported in July)
		<input type="checkbox"/> Quarterly in arrears (quarter 1 data reported in quarter 2)
		<input type="checkbox"/> Rolling 12 months (previous 12 month period)
<input type="checkbox"/> Other – give details:		
14	KPI Reporting Aggregation	Indicate the level of aggregation – for example over a geographical location: <input checked="" type="checkbox"/> National <input checked="" type="checkbox"/> Regional <input type="checkbox"/> LHO Area <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> County <input type="checkbox"/> Institution <input type="checkbox"/> Other – give details:
15	KPI is reported in which reports?	Indicate where the KPI will be reported: <input checked="" type="checkbox"/> Corporate Plan Report <input checked="" type="checkbox"/> Performance Report (NSP/CBP) <input type="checkbox"/> CompStat <input type="checkbox"/> Other – give details:
16	Web link to data	
17	Additional Information	
Contact details for Data Manager /Specialist Lead		Name: Roisin Breen Email address: roisinbreen@rcpi.ie Contact Number: 8639620 Carley Impey carley.impey@hse.ie 6201687
National Lead and Division		Dr. Philip Crowley, National Director Quality and Patient Safety Ian Carter, Director of Acute Hospitals

Acute Services: HCAI

1	KPI title	Percentage of current staff who interact with patients that have received mandatory hand hygiene training in the rolling 24 month
2	KPI Description	Percentage of current healthcare staff who interact with patients that have received mandatory hand hygiene training in the rolling 24 months
3	KPI Rationale	<p>Hand hygiene education is part of mandatory induction training for all healthcare staff that interact with patients. Agency and temporary staff need to be included in this induction programme, unless there is documentary evidence that they have received equivalent training prior to commencing work. Note:</p> <ul style="list-style-type: none"> - Rotating staff such as NCHD should attend hand hygiene training and education every two years; this may have been provided within the past 2 years in another hospital - Staff with direct patient contact that work between 2 or more sites need only attend training in one site - It is the responsibility of each member of staff to produce evidence of the date of their training on commencement of their new employment <p>Sari guidelines link: http://www.hse.ie/eng/services/Publications/HealthProtection/Guidelines_for_Hand_Hygiene_in_Irish_Health_Care_Settings_.pdf</p>
	Indicator Classification	Please tick Indicator Classification this indicator applies to:
		<input type="checkbox"/> Person Centred Care <input type="checkbox"/> Effective Care <input checked="" type="checkbox"/> Safe Care
		<input type="checkbox"/> Better Health and Wellbeing <input type="checkbox"/> Use of Information <input checked="" type="checkbox"/> Workforce
		<input type="checkbox"/> Use of Resources <input type="checkbox"/> Governance, Leadership and Management
4	KPI Target	100% of employed staff who directly interact with patients have received mandatory hand hygiene training in the past two years by December 2014
5	KPI Calculation	<p>Denominator: The number of current healthcare staff who interact with patients</p> <p>Numerator: The number of current healthcare staff who interact with patients that have received mandatory hand hygiene training or have documentary evidence that they have received equivalent training within the rolling 24 months</p> <p>KPI Calculation: Proportion of staff trained expressed as a percentage. Achieved by dividing the</p>
6	Data Source	Source: Nominated member of the senior management team of each hospital with responsibility for hygiene
	Data Completeness	Completeness: 100%
	Data Quality Issues	Quality: Lack of standardised data collection method across acute hospitals
7	Data Collection Frequency	Indicate how often the data to support the KPI will be collected:
		<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details:
8	Tracer Conditions	N/A
9	Minimum Data Set	Monthly data supplied by acute hospitals
10	International Comparison	N/A
11	KPI Monitoring	KPI will be <u>monitored</u> :
		<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details:
		Please indicate who is responsible at a local level for monitoring this KPI: Nominated member of the senior management team of each hospital with responsibility for hygiene
12	KPI Reporting Frequency	Indicate how often the KPI will be reported:
		<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details:
13	KPI report period	Indicate the period to which the data applies
		Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity)
		Monthly in arrears (June data reported in July)
		<input type="checkbox"/> Quarterly in arrears (quarter 1 data reported in quarter 2)
		<input type="checkbox"/> Rolling 12 months (previous 12 month period)
		<input checked="" type="checkbox"/> Other – give details: rolling 24 months
14	KPI Reporting Aggregation	Indicate the level of aggregation – for example over a geographical location:
		<input checked="" type="checkbox"/> National <input checked="" type="checkbox"/> Regional <input checked="" type="checkbox"/> LHO Area <input checked="" type="checkbox"/> Hospital
		<input type="checkbox"/> County <input type="checkbox"/> Institution <input type="checkbox"/> Other – give details:
15	KPI is reported in which reports?	Indicate where the KPI will be reported:
		<input type="checkbox"/> Corporate Plan Report <input checked="" type="checkbox"/> Performance Report (NSP/CBP) <input checked="" type="checkbox"/> CompStat <input type="checkbox"/> Other – give details:
16	Web link to data	
17	Additional Information	
	Contact details for Data Manager	Name: Roisin Breen Email address: roisinbreen@rcpi.ie Contact Number: 8639620 Carley Impey carley.impey@hse.ie 6201687
	/Specialist Lead	
	National Lead and Division	Dr. Philip Crowley, National Director Quality and Patient Safety Ian Carter, Director of Acute Hospitals

Acute Division - MFTP		
1	KPI title	HIPE Completeness - Prior Month - % of cases entered into HIPE
2	KPI Description	Percentage of all discharges from a given month coded by the end of the following month
3	KPI Rationale	
	Indicator Classification	Please tick Indicator Classification this indicator applies to: <input type="checkbox"/> Person Centred Care <input type="checkbox"/> Effective Care <input checked="" type="checkbox"/> Safe Care
		<input type="checkbox"/> Better Health and Wellbeing <input type="checkbox"/> Use of Information <input checked="" type="checkbox"/> Workforce
		<input type="checkbox"/> Use of Resources <input type="checkbox"/> Governance, Leadership and Management
4	KPI Target	2015 Target = >95%
5	KPI Calculation	Percentage of all discharges from a given month coded by the end of the following month
6	Data Source	Coded HIPE
	Data Completeness	
	Data Quality Issues	
7	Data Collection Frequency	Indicate how often the data to support the KPI will be collected: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details:
8	Tracer Conditions	
9	Minimum Data Set	
10	International Comparison	
11	KPI Monitoring	KPI will be monitored : <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details:
		Please indicate who is responsible at a local level for monitoring this KPI:
12	KPI Reporting Frequency	Indicate how often the KPI will be reported: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details:
13	KPI report period	Indicate the period to which the data applies q Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity)
		<input checked="" type="checkbox"/> Monthly in arrears (June data reported in July)
		<input type="checkbox"/> Quarterly in arrears (quarter 1 data reported in quarter 2)
		<input type="checkbox"/> Rolling 12 months (previous 12 month period)
		<input type="checkbox"/> Other – give details:
14	KPI Reporting Aggregation	Indicate the level of aggregation – for example over a geographical location: <input checked="" type="checkbox"/> National <input checked="" type="checkbox"/> Regional <input checked="" type="checkbox"/> LHO Area <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> County <input type="checkbox"/> Institution <input type="checkbox"/> Other – give details:
15	KPI is reported in which reports?	Indicate where the KPI will be reported: <input type="checkbox"/> Corporate Plan Report <input checked="" type="checkbox"/> Performance Report (NSP/CBP) <input checked="" type="checkbox"/> CompStat <input type="checkbox"/> Other – give details:
16	Web link to data	
17	Additional Information	
Contact details for Data Manager /Specialist Lead		Emer Gallagher, Fiachra Bane, HIPE/Casemix, Healthcare Pricing Office, Stewarts Hospital, Dublin 20. Tel 6201824 (01)
National Lead and Division		National Director Acute Hospitals Division, Dr. Steevens Hospital, Dublin 8. Tel 01-635 2000.

Acute Division - ALOS		
1	KPI title	Medical patient average length of stay
2	KPI Description	The mean length of stay for patients admitted to the following medical specialties; 0100 Cardiology 0300 Dermatology 0400 Endocrinology 0402 Diabetes Mellitus 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 7900 Clinical Immunology
3	KPI Rationale	Overall length of stay is a useful indicator for the efficiency of hospital performance, and the improvements in efficiencies which 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.
	Indicator Classification	Please tick Indicator Classification this indicator applies to: <input checked="" type="checkbox"/> Person Centred Care <input checked="" type="checkbox"/> Effective Care <input type="checkbox"/> Safe Care <input type="checkbox"/> Better Health and Wellbeing <input type="checkbox"/> Use of Information <input type="checkbox"/> Workforce <input type="checkbox"/> Use of Resources <input type="checkbox"/> Governance, Leadership and Management
	KPI Target	NSP Target 2015 = 5.8
4	KPI Calculation	Number of bed days used for medical in patients divided by number of medical discharges including same day discharges.
6	Data Source	HIPE
	Data Completeness	
	Data Quality Issues	
7	Data Collection Frequency	Indicate how often the data to support the KPI will be collected: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details:
8	Tracer Conditions	Discharges from medical specialties * (Cardiology, Dermatology, Endocrinology, Gastro-Enterology, Genito-Urinary Medicine, Geriatric Medicine, Haematology, Neurology, Oncology, Nephrology, Respiratory Medicine, Rheumatology, Infectious Diseases, General Medicine, Palliative Medicine, Rehabilitation Medicine, Clinical Medical Genetics, Metabolic Medicine, and Clinical immunology)
9	Minimum Data Set	Total number of medical* discharges, these include AMU same day discharges which are given an LOS= 0. Total number of bed days used for medical in patient discharges
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	KPI will be monitored : <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details: Please indicate who is responsible at a local level for monitoring this KPI:
12	KPI Reporting Frequency	Indicate how often the KPI will be reported: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details:
13	KPI report period	Indicate the period to which the data applies Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) <input checked="" type="checkbox"/> Monthly in arrears (June data reported in July) <input type="checkbox"/> Quarterly in arrears (quarter 1 data reported in quarter 2) <input type="checkbox"/> Rolling 12 months (previous 12 month period) <input type="checkbox"/> Other – give details:
14	KPI Reporting Aggregation	Indicate the level of aggregation – for example over a geographical location: <input checked="" type="checkbox"/> National <input checked="" type="checkbox"/> Regional <input checked="" type="checkbox"/> LHO Area <input type="checkbox"/> Hospital <input type="checkbox"/> County <input type="checkbox"/> Institution <input type="checkbox"/> Other – give details:
15	KPI is reported in which reports?	Indicate where the KPI will be reported: <input type="checkbox"/> Corporate Plan Report <input checked="" type="checkbox"/> Performance Report (NSP/CBP) <input checked="" type="checkbox"/> CompStat <input type="checkbox"/> Other – give details:
16	Web link to data	http://www.hse.ie/eng/services/Publications/corporate/performanceassurancereports/
17	Additional Information	The overall length of stay KPI is to be reported in the National Service Plan additional sub groupings of lengths of stay templates will be developed for reporting on AMP performance.
Contact details for Data Manager /Specialist Lead		Derek McCormack, BIU Acute, Tel: 01 620 1690 E:Derek.mccormack@hse.ie Dr Orlaith O'Reilly, Director of Public Health tel 056 7784124
National Lead and Division		National Director Acute Hospitals Division, Dr. Steevens Hospital, Dublin 8. Tel 01-635 2000.

Acute Division		
1	KPI title	Surgical patient (corrected) average length of stay Note corrected refers to the AvLos figure being adjusted for increases in Daycase rates.
2	KPI Description	A specified individual hospital target for average length of hospital stay for surgical inpatients (reference baseline adjusted to 2010 equivalent volumes which includes a factor for day case conversion). A surgical inpatient is a patient who has a surgical procedure as per surgery programme. Definition (see attached) or is admitted under surgical care (may or may not have a non-surgical procedure) and remains in hospital at least one night.
3	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 system allows users to compare their performance against optimum AvLoS for a selection of elective procedures. 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.
	Indicator Classification	Please tick Indicator Classification this indicator applies to:
	(National Standards for Safer Better HealthCare)	<input checked="" type="checkbox"/> Person Centred Care <input checked="" type="checkbox"/> Effective Care <input type="checkbox"/> Safe Care <input type="checkbox"/> Better Health and Wellbeing <input type="checkbox"/> Use of Information <input type="checkbox"/> Workforce <input type="checkbox"/> Use of Resources <input type="checkbox"/> Governance, Leadership and Management
4	KPI Target	NSP 2015 Target: 5.1
5	KPI Calculation	The length of stay of all surgical inpatients divided by the numbers of surgical inpatients, adjusted for baseline and day case conversion
6	Data Source	HIPE Data.
	Data Completeness	Will be dependant on accuracy and timely completion of Hospital HIPE coding
	Data Quality Issues	Coverage includes all acute hospitals except specialist paediatric and maternity hospitals. Surgery Programme mapping tables for surgical procedures and surgical specialties
7	Data Collection Frequency	Indicate how often the data to support the KPI will be collected: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details:
8	Tracer Conditions	AvLoS= Average length of stay. ICD 10 Codes=International Classification of Disease (ICD) 10.
9	Minimum Data Set	HIPE recorded data for every episode for surgical inpatients.
10	International Comparison	Collected in UK and internationally, often for particular surgical procedures e.g. fractured neck of femur.
11	KPI Monitoring	KPI will be monitored : <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details:
		Please indicate who is responsible at a local level for monitoring this KPI: Hospital Groups, Hospitals, Surgery Anaesthesia Programme, ISD
12	KPI Reporting Frequency	Indicate how often the KPI will be reported: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details:
13	KPI report period	Indicate the period to which the data applies
		Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity)
		<input checked="" type="checkbox"/> Monthly in arrears (June data reported in July)
		<input type="checkbox"/> Quarterly in arrears (quarter 1 data reported in quarter 2)
		<input type="checkbox"/> Rolling 12 months (previous 12 month period) <input type="checkbox"/> Other – give details:
14	KPI Reporting Aggregation	Indicate the level of aggregation – for example over a geographical location: <input checked="" type="checkbox"/> National <input checked="" type="checkbox"/> Regional <input checked="" type="checkbox"/> LHO Area <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> County <input type="checkbox"/> Institution <input type="checkbox"/> Other – give details:
15	KPI is reported in which reports?	Indicate where the KPI will be reported: <input type="checkbox"/> Corporate Plan Report <input checked="" type="checkbox"/> Performance Report (NSP/CBP) <input checked="" type="checkbox"/> CompStat <input type="checkbox"/> Other – give details:
16	Web link to data	N/A
17	Additional Information	<p>2010 was taken as the base line year from which target reductions in average length of stay (AvLOS) / average bed day usage for treating inpatients were taken. Implied in the calculations was an assumption that over all volumes of surgical patients treated and the ratio split of day cases to inpatient for surgical patients would stay constant or equivalent to 2010 figures. In reality this assumption is not true, so to factor in actual figure for 2011, 2012 and so on, adjustments must be made before the target year figure can be compared with 2010 the base line figure. To compare a year to be measured with the base line year (2010), an adjustment for the overall volume change must be made. This can be expressed as the overall surgical patient volume for 2010 divided by the overall surgical patient volume for the year being measured. With this adjustment ratio it can be said that total bed usage in 2010 is equivalent to the total bed day usage in the target year multiplied by the adjustment for overall volume. To look at the equivalent inpatient bed day usage in the target year subtract the 2010 day case bed day usage from the total for that year (assume two day cases get done per day bed each day). This gives us a formula for actual bed day usage in the target year normalised for 2010 volumes and ratio of day case to inpatient in 2010:</p> $\text{Target year day bed usage of bed days adjusted for 2010 volumes} = \text{2010 day case bed usage} + \text{Target year inpatient bed usage of bed days adjusted for 2010 volumes}$ <p>OR</p> $2010 \text{ tot volume} / \text{target year tot volume} * \text{Num day cases in target year} * 0.5 - \text{Num day cases in 2010 year} * 0.5 + 2010 \text{ tot volume} / \text{target year tot volume} * \text{Num inpatient cases in target year} * \text{Ave length of stay for inpatient in target year}$ <p>Divide the actual bed day usage in the target year normalised for 2010 volumes and ratio of day case to inpatient in 2010 by the number of inpatients treated in 2010 to give the adjusted AvLOS for inpatients in the target year. The actual inpatient AvLOS for 2010 less the adjusted AvLOS for inpatient in the target year gives the change in AvLOS where a positive value is an improvement.</p> <p>Divide them change in AvLOS by the actual inpatient AvLOS for 2010 to get the percentage change where a positive value is an improvement.</p> <p>For example in 2011 the formula would look like</p> $400625/420606 * 263,223 * 0.5 - 240336 * 0.5 + 400625/420606 * 157383 * 6.46138$ $= 973,794 \text{ bed days equivalent}$ <p>► $973,794/160,289 = 6.07505$ is the adjusted AvLOS for 2011</p> <p>► $(6.628 - 6.075) / 6.628 = 8.34\%$ improvement in equalised inpatient AvLOS between 2010 and 2011.</p> <p>Note: the list of primary surgical procedures may be increased from 830 following an analysis of the 2012 hiPE data based on new commonly performed surgical procedures which have exceed 20 being performed annually in Ireland.</p>
Contact details for Data Manager /Specialist Lead		Gerry Kelliher National Clinical Programme in Surgery gerrykelliher@rcsi.ie W: www.rcsi.ie T: 01-402-2143 M: 087-124-0759
National Lead and Division		Prof. Frank Keane, Ken Mealy, Sean Johnston :fkeane@rcsi.ie, kmealy@rcsi.ie & sjohnston@rcsi.ie - Dr. Ciaran Browne, NationalLead for Acute and Palliative Care, ISD, HSE, Room 107, Dr Steevens Hospital tel 01-6201667

Acute Division - ALOS		
1	KPI title	ALOS for all inpatients
2	KPI Description	The average number of patient days for an admitted patient episode.
3	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.
	Indicator Classification	Please tick Indicator Classification this indicator applies to:
		<input checked="" type="checkbox"/> Person Centred Care <input checked="" type="checkbox"/> Effective Care <input type="checkbox"/> Safe Care
		<input type="checkbox"/> Better Health and Wellbeing <input type="checkbox"/> Use of Information <input type="checkbox"/> Workforce <input type="checkbox"/> Use of Resources <input type="checkbox"/> Governance, Leadership and Management
4	KPI Target	NSP Target 2015 : 5.0
5	KPI Calculation	Total bed days used Total inpatient discharges = Average length of stay
6	Data Source	Sourced from HIPE
	Data Completeness	Coverage all acute hospitals 100%
	Data Quality Issues	All acute hospitals reporting
7	Data Collection Frequency	Indicate how often the data to support the KPI will be collected: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details:
8	Tracer Conditions	As per description no. 2 above
9	Minimum Data Set	HIPE
10	International Comparison	Average Length of Stay, broken down by clinical condition, is a recognised international metric (GB, CAN, AUS, ECHI)
11	KPI Monitoring	KPI will be monitored : <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details:
		Please indicate who is responsible at a local level for monitoring this KPI:
12	KPI Reporting Frequency	Indicate how often the KPI will be reported: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details:
13	KPI report period	Indicate the period to which the data applies
		<input checked="" type="checkbox"/> Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity)
		<input type="checkbox"/> Monthly in arrears (June data reported in July)
		<input type="checkbox"/> Quarterly in arrears (quarter 1 data reported in quarter 2)
		<input type="checkbox"/> Rolling 12 months (previous 12 month period) <input type="checkbox"/> Other – give details:
14	KPI Reporting Aggregation	Indicate the level of aggregation – for example over a geographical location: <input checked="" type="checkbox"/> National <input checked="" type="checkbox"/> Regional <input checked="" type="checkbox"/> LHO Area <input type="checkbox"/> Hospital <input type="checkbox"/> County <input type="checkbox"/> Institution <input type="checkbox"/> Other – give details:
15	KPI is reported in which reports?	Indicate where the KPI will be reported: <input type="checkbox"/> Corporate Plan Report <input checked="" type="checkbox"/> Performance Report (NSP/CBP) <input type="checkbox"/> CompStat <input type="checkbox"/> Other – give details:
16	Web link to data	http://www.hse.ie/eng/services/Publications/corporate/performanceassurancereports/
17	Additional Information	The overall length of stay KPI is to be reported in the National Service Plan additional sub groupings of lengths of stay templates will be developed for reporting on AMP performance.
Contact details for Data Manager		Derek McCormack, BIU Acute, Tel: 01 620 1690 E:Derek.mccormack@hse.ie
National Lead and Division		National Director Acute Hospitals Division, Dr. Steevens Hospital, Dublin 8. Tel 01-635 2000.

Acute Division - ALOS		
1	KPI title	Overall Average Length of Stay (ALOS) for all inpatient discharges excluding LOS over 30 days
2	KPI Description	The average length of stay 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.
3	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.
	Indicator Classification	Please tick Indicator Classification this indicator applies to:
		<input type="checkbox"/> Person Centred Care <input checked="" type="checkbox"/> Effective Care <input type="checkbox"/> Safe Care <input type="checkbox"/> Better Health and Wellbeing <input type="checkbox"/> Use of Information <input type="checkbox"/> Workforce <input type="checkbox"/> Use of Resources <input type="checkbox"/> Governance, Leadership and Management
4	KPI Target	NSP Target 2015 : 4.3
5	KPI Calculation	Trimmed length of stay (days) is calculated as the maximum of (discharge date – admission date and 30 days.)Where a case has been admitted and discharged on the same date, the length of stay is set to 0.5 days. The overall average length of stay is then calculated as the total number of beddays, trimmed as above, across inpatient discharges/deaths in the reporting period divided by the total number of inpatient discharges/deaths in the reporting period. Reporting of this metric is based on a rolling 12 month period 3 months in arrears.
6	Data Source	Sourced from Hospitals PAS systems through HIPE
	Data Completeness	Coverage all acute hospitals 100%
	Data Quality Issues	All acute hospitals reporting
7	Data Collection Frequency	Indicate how often the data to support the KPI will be collected: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details:
8	Tracer Conditions	As per description no. 2 above
9	Minimum Data Set	HIPE
10	International Comparison	Average Length of Stay, broken down by clinical condition, is a recognised international metric (GB, CAN, AUS, ECHI)
11	KPI Monitoring	KPI will be monitored :
		<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details: Please indicate who is responsible at a local level for monitoring this KPI:
12	KPI Reporting Frequency	Indicate how often the KPI will be reported:
		<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details:
13	KPI report period	Indicate the period to which the data applies
		<input checked="" type="checkbox"/> Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity)
		<input type="checkbox"/> Monthly in arrears (June data reported in July)
		<input type="checkbox"/> Quarterly in arrears (quarter 1 data reported in quarter 2) <input type="checkbox"/> Rolling 12 months (previous 12 month period) <input type="checkbox"/> Other – give details:
14	KPI Reporting Aggregation	Indicate the level of aggregation – for example over a geographical location:
		<input checked="" type="checkbox"/> National <input type="checkbox"/> Regional <input type="checkbox"/> LHO Area <input type="checkbox"/> Hospital <input type="checkbox"/> County <input type="checkbox"/> Institution <input type="checkbox"/> Other – give details:
15	KPI is reported in which reports?	Indicate where the KPI will be reported: <input type="checkbox"/> Corporate Plan Report <input checked="" type="checkbox"/> Performance Report (NSP/CBP) <input type="checkbox"/> CompStat <input type="checkbox"/> Other – give details:
16	Web link to data	http://www.hse.ie/eng/services/Publications/corporate/performanceassurancereports/
17	Additional Information	The overall length of stay KPI is to be reported in the National Service Plan additional sub groupings of lengths of stay templates will be developed for reporting on AMP performance.
Contact details for Data Manager		Derek McCormack, BIU Acute, Tel: 01 620 1690 E:Derek.mccormack@hse.ie
National Lead and Division		National Director Acute Hospitals Division, Dr. Steevens Hospital, Dublin 8. Tel 01-635 2000.

Acute Division		
1	KPI title	New attendance DNA rates
2	KPI Description	An attendances where the patient is referred by the OPD Consultant or a member of that team following an ED attendance is considered to be a Return Attendance.
3	KPI Rationale Indicator Classification (National Standards for Safer Better HealthCare)	Please tick Indicator Classification this indicator applies to: <input type="checkbox"/> Person Centred Care <input type="checkbox"/> Effective Care <input type="checkbox"/> Safe Care <input type="checkbox"/> Better Health and Wellbeing <input type="checkbox"/> Use of Information <input type="checkbox"/> Workforce <input checked="" type="checkbox"/> Use of Resources <input checked="" type="checkbox"/> Governance, Leadership and Management
4	KPI Target	12%
5	KPI Calculation	Total New & Return Outpatient attendances. Count
6	Data Source Data Completeness Data Quality Issues	Sourced from Hospitals PAS systems coverage all acute hospitals 100% all acute hospitals reporting
7	Data Collection Frequency	Indicate how often the data to support the KPI will be collected: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details:
8	Tracer Conditions	as per description 2 above.
9	Minimum Data Set	BIU - Acute MDR
10	International Comparison	No OPD measure of performance internationally due to different structures of health service delivery.
11	KPI Monitoring	KPI will be <u>monitored</u> : <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details: Please indicate who is responsible at a local level for monitoring this KPI:
12	KPI Reporting Frequency	Indicate how often the KPI will be reported: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details:
13	KPI report period	Indicate the period to which the data applies <input type="checkbox"/> Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) <input checked="" type="checkbox"/> Monthly in arrears (June data reported in July) <input type="checkbox"/> Quarterly in arrears (quarter 1 data reported in quarter 2) <input type="checkbox"/> Rolling 12 months (previous 12 month period) <input type="checkbox"/> Other – give details:
14	KPI Reporting Aggregation	Indicate the level of aggregation – for example over a geographical location: <input checked="" type="checkbox"/> National <input checked="" type="checkbox"/> Regional <input type="checkbox"/> Hospital Group <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> CHO <input type="checkbox"/> ISA <input type="checkbox"/> LHO <input type="checkbox"/> County <input type="checkbox"/> Institution <input checked="" type="checkbox"/> Other – give details: age band and speciality
15	KPI is reported in which reports?	Indicate where the KPI will be reported: <input checked="" type="checkbox"/> Performance Report (NSP) <input checked="" type="checkbox"/> CompStat <input type="checkbox"/> Other – give details:
16	Web link to data	
17	Additional Information	Is the data for this KPI available through Corporate Information Facility (CIF)? ICD code disaggregation will be considered in subsequent phases of Data Quality Programme
Contact details for Data Manager /Specialist		Ollie Plunkett
National Lead and Division		National Director Acute Hospitals Division, Dr. Steevens Hospital, Dublin 8. Tel 01-635 2000.

Acute Division - Dermatology OPD

1	KPI Title	No. of new dermatology patients seen
2	KPI Description	New outpatient – attendance by a patient at a hospital clinic, for a planned treatment or consultation, who has not been treated at least once previously as an outpatient with the same condition (same consultant) within the previous 12 months.
3	KPI Rationale	This indicator is a key access indicator. All consultants should be seeing a minimum number of patients per year in order to meet demand. The number of outpatients to be seen per hospital per year can then be calculated.
	Indicator Classification (National Standards for Safer Better HealthCare)	Please tick Indicator Classification this indicator applies to: <input type="checkbox"/> Person Centred Care <input checked="" type="checkbox"/> Effective Care <input type="checkbox"/> Safe Care <input type="checkbox"/> Better Health and Wellbeing <input type="checkbox"/> Use of Information <input type="checkbox"/> Workforce Use of Resources Governance, Leadership and Management
4	KPI Target	NSP 2015 Target: 40,215
5	KPI Calculation	Number of new attendances seen in hospital clinic
6	Data Source	Sourced from Hospitals PAS systems
	Data Completeness	Coverage all acute hospitals 100%
	Data Quality Issues	All acute hospitals reporting
7	Data Collection Frequency	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details:
8	Tracer Conditions	As per description no. 2 above
9	Minimum Data Set	BIU – Acute MDR
10	International Comparison	No OPD measure of performance internationally due to different structures of health service delivery.
11	KPI Monitoring	KPI will be <u>monitored</u> : <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details: Please indicate who is responsible at a local level for monitoring this KPI:
12	KPI Reporting Frequency	Indicate how often the KPI will be reported: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details:
13	KPI report period	Indicate the period to which the data applies <input type="checkbox"/> Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) <input checked="" type="checkbox"/> Monthly in arrears (June data reported in July) <input type="checkbox"/> Quarterly in arrears (quarter 1 data reported in quarter 2) <input type="checkbox"/> Rolling 12 months (previous 12 month period) <input type="checkbox"/> Other – give details:
14	KPI Reporting Aggregation	Indicate the level of aggregation – for example over a geographical location: <input checked="" type="checkbox"/> National <input checked="" type="checkbox"/> Regional <input type="checkbox"/> Hospital Group <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> CHO <input type="checkbox"/> ISA <input type="checkbox"/> LHO <input type="checkbox"/> County <input type="checkbox"/> Institution <input checked="" type="checkbox"/> Other – give details: age band and speciality
15	KPI is reported in which reports ?	<input checked="" type="checkbox"/> Performance Report (NSP) <input checked="" type="checkbox"/> CompStat <input type="checkbox"/> Other – give details:
16	Web link to data	http://www.hse.ie/eng/services/Publications/corporate/performanceassurancereports/
17	Additional Information	ICD code disaggregation will be considered in subsequent phases of Data Quality Programme.
	Contact details for Data Manager / Specialist Lead	Roisin breen – 085 8043250 email:Roisinbreen@rcpi.ie Dr Emer Feely, Department of Public Health, Dr Steeven's Hospital, Dublin 8 Ph: 01-6352115/ 2294 e-mail: emer.feely@hse.ie
	National Lead and Directorate	Dr. Aine Carroll, National Director, Clinical Strategy and Programmes Directorate Tel: 01 6352322

Acute Division - Dermatology OPD

1	KPI Title	New:Return attendance ratio
2	KPI Description	This refers to the ratio of the number of new patients referred to an outpatient clinic over a certain time period to the number of new outpatients seen in that clinic over the same time period.
3	KPI Rationale	This is an access indicator. A mismatch between the number of referrals and the number of new patients seen leads to the formation of a waiting list.
	Indicator Classification (National Standards for Safer Better HealthCare)	Please tick Indicator Classification this indicator applies to: <input type="checkbox"/> Person Centred Care <input checked="" type="checkbox"/> Effective Care <input type="checkbox"/> Safe Care <input type="checkbox"/> Better Health and Wellbeing <input type="checkbox"/> Use of Information <input type="checkbox"/> Workforce <input type="checkbox"/> Use of Resources <input type="checkbox"/> Governance, Leadership and Management
4	KPI Target	NSP 2015 Target: 1:2 ratio
5	KPI Calculation	Ratio of new referrals to hospital clinic per month: new patients seen in hospital clinic per month
6	Data Source	Sourced from Hospitals PAS systems
	Data Completeness	Coverage all acute hospitals 100%
	Data Quality Issues	All acute hospitals reporting
7	Data Collection Frequency	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details:
8	Tracer Conditions	As per description no. 2 above
9	Minimum Data Set	BIU – Acute MDR
10	International Comparison	No OPD measure of performance internationally due to different structures of health service delivery.
11	KPI Monitoring	KPI will be monitored on a (please indicate below) basis: <input type="radio"/> Daily <input type="radio"/> Weekly <input checked="" type="radio"/> Monthly <input type="radio"/> Quarterly <input type="radio"/> Bi-annually <input type="radio"/> Annually <input type="radio"/> Other – give details: Please indicate who is responsible for monitoring this KPI: Hospital Manager/ Clinical Progra
12	KPI Reporting Frequency	Indicate how often the KPI will be reported: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details:
13	KPI report period	Indicate the period to which the data applies <input type="checkbox"/> Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) <input checked="" type="checkbox"/> Monthly in arrears (June data reported in July) <input type="checkbox"/> Quarterly in arrears (quarter 1 data reported in quarter 2) <input type="checkbox"/> Rolling 12 months (previous 12 month period) <input type="checkbox"/> Other – give details:
14	KPI Reporting Aggregation	Indicate the level of aggregation – for example over a geographical location: <input checked="" type="checkbox"/> National <input checked="" type="checkbox"/> Regional <input type="checkbox"/> Hospital Group <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> CHO <input type="checkbox"/> ISA <input type="checkbox"/> LHO <input type="checkbox"/> County <input type="checkbox"/> Institution <input checked="" type="checkbox"/> Other – give details: age band and speciality
15	KPI is reported in which reports ?	<input checked="" type="checkbox"/> Performance Report (NSP) <input checked="" type="checkbox"/> CompStat <input type="checkbox"/> Other – give details:
16	Web link to data	http://www.hse.ie/eng/services/Publications/corporate/performanceassurancereports/
17	Additional Information	ICD code disaggregation will be considered in subsequent phases of Data Quality Programme.
	Contact details for Data Manager / Specialist Lead	Roisin breen – 085 8043250 email:Roisinbreen@rcpi.ie Dr Emer Feely, Department of Public Health, Dr Steeven's Hospital, Dublin 8 Ph: 01-6352115/ 2294 e-mail: emer.feely@hse.ie
	National Lead and Directorate	Dr. Aine Carroll, National Director, Clinical Strategy and Programmes Directorate Tel: 01 6352322

Acute Division - Rheumatology OPD

1	KPI Title	Number of new rheumatology patients seen
2	KPI Description	New outpatient – attendance by a patient at a hospital clinic, for a planned treatment or consultation, who has not been treated at least once previously as an outpatient with the same condition (same consultant) within the previous 12 months.
3	KPI Rationale	This indicator is a key access indicator. All consultants should be seeing a minimum number of patients per year in order to meet demand. The number of outpatients to be seen per hospital per year can then be calculated.
	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two). <input type="checkbox"/> Person Centred Care <input type="checkbox"/> Effective Care <input type="checkbox"/> Safe Care <input type="checkbox"/> Better Health and Wellbeing <input type="checkbox"/> Use of Information <input type="checkbox"/> Workforce <input type="checkbox"/> Use of Resources <input checked="" type="checkbox"/> Governance, Leadership and Management <input type="checkbox"/>
4	KPI Target	NSP 2015 Target: 13,500
5	KPI Calculation	Number of new attendances seen in hospital clinic
6	Data Source	Sourced from Hospitals PAS systems
	Data Completeness	Coverage all acute hospitals 100%
	Data Quality Issues	All acute hospitals reporting
7	Data Collection Frequency	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details:
8	Tracer Conditions	As per description no. 2 above
9	Minimum Data Set	BIU – Acute MDR
10	International Comparison	No OPD measure of performance internationally due to different structures of health service delivery. Target number of new attendances per consultant post have been agreed, based on BSR recommendations
11	KPI Monitoring	KPI will be monitored on a (please indicate below) basis: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details: Please indicate who is responsible for monitoring this KPI: _____
12	KPI Reporting Frequency	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details:
13	KPI report period	<input type="checkbox"/> Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly in arrears (quarter 1 data reported in quarter 2) <input type="checkbox"/> Rolling 12 months (previous 12 month period)
14	KPI Reporting Aggregation	<input type="checkbox"/> National <input type="checkbox"/> Regional <input type="checkbox"/> LHO Area <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> County <input type="checkbox"/> Institution <input type="checkbox"/> Other – give details:
15	KPI is reported in which reports ?	<input type="checkbox"/> Corporate Plan Report <input checked="" type="checkbox"/> Performance Report (NSP/CBP) <input type="checkbox"/> CompStat <input type="checkbox"/> Other – give details:
16	Web link to data	http://www.hse.ie/eng/services/Publications/corporate/performanceassurancereports/
17	Additional Information	ICD code disaggregation will be considered in subsequent phases of Data Quality Programme.
Contact details for Data Manager / Specialist Lead		Roisin Breen – 085-8043250 email: Roisinbreen@rcpi.ie
National Lead and Directorate		Dr. Aine Carroll, National Director, Clinical Strategy and Programmes Directorate Tel: 01 6352322

Acute Division - Rheumatology OPD

1	KPI Title	New:Return attendance ratio
2	KPI Description	This refers to the ratio of the number of return patients seen in a Rheumatology outpatient clinic over a certain time period to the number of new outpatients seen in that clinic over the same time period.
3	KPI Rationale	This is an access indicator. A high number of return appointments will limit the number of possible new appointments.
	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two). <input type="checkbox"/> Person Centred Care <input type="checkbox"/> Effective Care Safe Care <input type="checkbox"/> Better Health and Wellbeing <input type="checkbox"/> Use of Information <input type="checkbox"/> Workforce <input type="checkbox"/> Use of Resources <input checked="" type="checkbox"/> Governance, Leadership and Management <input checked="" type="checkbox"/>
4	KPI Target	NSP 2015 Target: 1:4
5	KPI Calculation	Ratio of return appointments to new appointments seen in hospital clinic in that time period
6	Data Source	Sourced from Hospitals PAS systems
	Data Completeness	Coverage all acute hospitals 100%
	Data Quality Issues	All acute hospitals reporting
7	Data Collection Frequency	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details:
8	Tracer Conditions	Patients referred to Neurology OPD
9	Minimum Data Set	BIU – Acute MDR
10	International Comparison	No OPD measure of performance internationally due to different structures of health service delivery.
11	KPI Monitoring	KPI will be monitored on a (please indicate below) basis: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details: Please indicate who is responsible for monitoring this KPI: Hospital Manager/ Clinical Progra
12	KPI Reporting Frequency	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details:
13	KPI report period	<input type="checkbox"/> Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly in arrears (quarter 1 data reported in quarter 2) <input type="checkbox"/> Rolling 12 months (previous 12 month period)
14	KPI Reporting Aggregation	<input checked="" type="checkbox"/> National <input checked="" type="checkbox"/> Regional <input type="checkbox"/> LHO Area <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> County <input type="checkbox"/> Institution <input type="checkbox"/> Other – give details:
15	KPI is reported in which reports ?	<input type="checkbox"/> Corporate Plan Report <input checked="" type="checkbox"/> Performance Report (NSP/CBP) <input type="checkbox"/> CompStat <input type="checkbox"/> Other – give details:
16	Web link to data	http://www.hse.ie/eng/services/Publications/corporate/performanceassurancereports/
17	Additional Information	
	Contact details for Data Manager / Specialist Lead	Roisin Breen – 085-8043250 email: Roisinbreen@rcpi.ie
	National Lead and Directorate	Dr. Aine Carroll, National Director, Clinical Strategy and Programmes Directorate Tel: 01 6352322

Acute Division - Neurology OPD

1	KPI title	No. of new neurology patients seen
2	KPI Description	New outpatient – attendance by a patient at a hospital clinic, for a planned treatment or consultation, who has not been treated at least once previously as an outpatient with the same condition (same consultant) within the previous 12 months.
3	KPI Rationale Indicator Classification (National Standards for Safer Better HealthCare)	This indicator is a key access indicator Please tick Indicator Classification this indicator applies to: <input type="checkbox"/> Person Centred Care <input type="checkbox"/> Effective Care <input type="checkbox"/> Safe Care <input type="checkbox"/> Better Health and Wellbeing <input type="checkbox"/> Use of Information <input type="checkbox"/> Workforce <input checked="" type="checkbox"/> Use of Resources <input type="checkbox"/> Governance, Leadership and Management
4	KPI Target	NSP 2015 Full year target: 15,400. Half year target: 7,700
5	KPI Calculation	Number of new attendances seen in hospital clinic
6	Data Source Data Completeness Data Quality Issues	Source is hospital PAS systems Coverage all acute hospitals 100% All acute hospitals reporting
7	Data Collection Frequency	Indicate how often the data to support the KPI will be collected: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details:
8	Tracer Conditions	As per description no. 2 above
9	Minimum Data Set	BIU – Acute MDR
10	International Comparison	Target number of new attendances per consultant post have been agreed, based on British Association of Neurologists recommendations.
11	KPI Monitoring	KPI will be <u>monitored</u> : <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details: Please indicate who is responsible at a local level for monitoring this KPI: Neurology Programme
12	KPI Reporting Frequency	Indicate how often the KPI will be reported: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details:
13	KPI report period	Indicate the period to which the data applies <input type="checkbox"/> Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) <input checked="" type="checkbox"/> Monthly in arrears (June data reported in July) <input type="checkbox"/> Quarterly in arrears (quarter 1 data reported in quarter 2) <input type="checkbox"/> Rolling 12 months (previous 12 month period) <input type="checkbox"/> Other – give details:
14	KPI Reporting Aggregation	Indicate the level of aggregation – for example over a geographical location: <input type="checkbox"/> National <input type="checkbox"/> Regional <input type="checkbox"/> Hospital Group <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> CHO <input type="checkbox"/> ISA <input type="checkbox"/> LHO <input type="checkbox"/> County <input type="checkbox"/> Institution <input type="checkbox"/> Other – give details:
15	KPI is reported in which reports?	Indicate where the KPI will be reported: <input checked="" type="checkbox"/> Performance Report (NSP) <input type="checkbox"/> CompStat <input type="checkbox"/> Other – give details:
16	Web link to data	http://www.hse.ie/eng/services/Publications/corporate/performanceassurancereports/
17	Additional Information	Is the data for this KPI available through Corporate Information Facility (CIF)? ICD code disaggregation will be considered in subsequent phases of Data Quality Programme.
Contact details for Data Manager /Specialist Lead		Name: Edina O'Driscoll Email address: edinaodriscoll@rcpi.ie Contact Number: Derek McCormack, BIU 6201697 derek.mccormack@hse.ie
National Lead and Division		Dr. Aine Carroll, National Director, Clinical Strategy and Programmes Directorate Tel: 01 6352322

Acute Division - Neurology OPD

1	KPI title	New:Return attendance ratio
2	KPI Description	This refers to the ratio of the number of return patients seen in a Neurology outpatient clinic over a certain time period to the number of new outpatients seen in that clinic over the same time period.
3	KPI Rationale Indicator Classification (National Standards for Safer Better HealthCare)	This indicator is a key access indicator. A high number of return appointments will limit the number of possible new appointments. Please tick Indicator Classification this indicator applies to: <input type="checkbox"/> Person Centred Care <input type="checkbox"/> Effective Care <input type="checkbox"/> Safe Care <input type="checkbox"/> Better Health and Wellbeing <input type="checkbox"/> Use of Information <input type="checkbox"/> Workforce <input checked="" type="checkbox"/> Use of Resources <input type="checkbox"/> Governance, Leadership and Management
4	KPI Target	NSP 2015 Target: 1:3
5	KPI Calculation	Number of new attendances seen in hospital clinic
6	Data Source Data Completeness Data Quality Issues	Source is hospital PAS systems Coverage all acute hospitals 100% All acute hospitals reporting
7	Data Collection Frequency	Indicate how often the data to support the KPI will be collected: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details:
8	Tracer Conditions	As per description no. 2 above
9	Minimum Data Set	BIU – Acute MDR
10	International Comparison	No OPD measure of performance internationally due to different structures of health service delivery.
11	KPI Monitoring	KPI will be <u>monitored</u> : <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details: Please indicate who is responsible at a local level for monitoring this KPI: Neurology Programme
12	KPI Reporting Frequency	Indicate how often the KPI will be reported: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details:
13	KPI report period	Indicate the period to which the data applies <input type="checkbox"/> Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) <input checked="" type="checkbox"/> Monthly in arrears (June data reported in July) <input type="checkbox"/> Quarterly in arrears (quarter 1 data reported in quarter 2) <input type="checkbox"/> Rolling 12 months (previous 12 month period) <input type="checkbox"/> Other – give details:
14	KPI Reporting Aggregation	Indicate the level of aggregation – for example over a geographical location: <input checked="" type="checkbox"/> National <input type="checkbox"/> Regional <input type="checkbox"/> Hospital Group <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> CHO <input type="checkbox"/> ISA <input type="checkbox"/> LHO <input type="checkbox"/> County <input type="checkbox"/> Institution <input type="checkbox"/> Other – give details:
15	KPI is reported in which reports?	Indicate where the KPI will be reported: <input checked="" type="checkbox"/> Performance Report (NSP) <input type="checkbox"/> CompStat <input type="checkbox"/> Other – give details:
16	Web link to data	http://www.hse.ie/eng/services/Publications/corporate/performanceassurancereports/
17	Additional Information	Is the data for this KPI available through Corporate Information Facility (CIF)? ICD code disaggregation will be considered in subsequent phases of Data Quality Programme.
Contact details for Data Manager /Specialist Lead		Name: Edina O'Driscoll Email address: edinaodriscoll@rcpi.ie Contact Number: Derek McCormack, BIU, 6201697 derek.mccormack@hse.ie
National Lead and Division		Dr. Aine Carroll, National Director, Clinical Strategy and Programmes Directorate Tel: 01 6352322

Acute Division		
1	KPI title	% Discharges which are public; Inpatient
2	KPI Description	Number of Inpatient discharges – (adult and child) Inpatient – A patient admitted to hospital for treatment or investigation and is scheduled to stay for at least one night in the hospital Public refers to a patients status on discharge or placement on waiting list. A patient is considered 'Public' where their stay in hospital is covered by GMS medical card or patient pays the appropriate Government levy.
3	KPI Rationale	As a performance monitoring function to ensure hospital compliance with public private mix ratio of 80:20.
	Indicator Classification	Please tick Indicator Classification this indicator applies to: <input type="checkbox"/> Person Centred Care <input checked="" type="checkbox"/> Effective Care <input type="checkbox"/> Safe Care <input type="checkbox"/> Better Health and Wellbeing <input type="checkbox"/> Use of Information <input type="checkbox"/> Workforce <input checked="" type="checkbox"/> Use of Resources <input type="checkbox"/> Governance, Leadership and Management
4	KPI Target	Target 2015: inpatient – 80%
5	KPI Calculation	Numerator: Number of patient discharges which were public (adult and child) x 100 Denominator: Total number of patient discharges (adult and child)
6	Data Source	Sourced from Hospitals PAS systems
	Data Completeness	Coverage all acute hospitals 100%
	Data Quality Issues	All acute hospitals reporting
7	Data Collection Frequency	Indicate how often the data to support the KPI will be collected: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details:
8	Tracer Conditions	As per description no. 2 above
9	Minimum Data Set	BIU – Acute MDR
10	International Comparison	Yes, this is an internationally recognised metric (AUS, CAN, GB, ECHI)
11	KPI Monitoring	KPI will be <u>monitored</u> : <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details: Please indicate who is responsible at a local level for monitoring this KPI: Neurology Programme
12	KPI Reporting Frequency	Indicate how often the KPI will be reported: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details:
13	KPI report period	Indicate the period to which the data applies <input type="checkbox"/> Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) <input checked="" type="checkbox"/> Monthly in arrears (June data reported in July) <input type="checkbox"/> Quarterly in arrears (quarter 1 data reported in quarter 2) <input type="checkbox"/> Rolling 12 months (previous 12 month period) <input type="checkbox"/> Other – give details:
14	KPI Reporting Aggregation	Indicate the level of aggregation – for example over a geographical location: <input checked="" type="checkbox"/> National <input checked="" type="checkbox"/> Regional <input type="checkbox"/> Hospital Group <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> CHO <input type="checkbox"/> ISA <input type="checkbox"/> LHO <input type="checkbox"/> County <input type="checkbox"/> Institution <input type="checkbox"/> Other – give details:
15	KPI is reported in which reports?	Indicate where the KPI will be reported: <input checked="" type="checkbox"/> Performance Report (NSP) <input type="checkbox"/> CompStat <input type="checkbox"/> Other – give details:
16	Web link to data	http://www.hse.ie/eng/services/Publications/corporate/performanceassurancereports/
17	Additional Information	
Contact details for Data Manager		Derek McCormack, BIU Acute, Tel: 01 620 1690 E:Derek.mccormack@hse.ie

Acute Division		
1	KPI title	% Discharges which are public: Day Case
2	KPI Description	Public refers to a patients status on discharge or placement on waiting list. A patient is considered 'Public' where their stay in hospital is covered by GMS medical card or patient pays the appropriate Government levy. Day case – A patient who is admitted to hospital on an elective basis for care and/or treatment which does not require the use of a hospital bed overnight and who is discharged as scheduled.
3	KPI Rationale	As a performance monitoring function to ensure hospital compliance with public private mix ratio of 80:20.
	Indicator Classification	Please tick Indicator Classification this indicator applies to: <input type="checkbox"/> Person Centred Care <input checked="" type="checkbox"/> Effective Care <input type="checkbox"/> Safe Care <input type="checkbox"/> Better Health and Wellbeing <input type="checkbox"/> Use of Information <input type="checkbox"/> Workforce <input checked="" type="checkbox"/> Use of Resources <input type="checkbox"/> Governance, Leadership and Management
4	KPI Target	Target 2015: day case – 80%
5	KPI Calculation	Numerator: Number of patient discharges which were public (adult and child) x 100 Denominator: Total number of patient discharges (adult and child)
6	Data Source	Sourced from Hospitals PAS systems
	Data Completeness	Coverage all acute hospitals 100%
	Data Quality Issues	All acute hospitals reporting
7	Data Collection Frequency	Indicate how often the data to support the KPI will be collected: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details:
8	Tracer Conditions	As per description no. 2 above
9	Minimum Data Set	BIU – Acute MDR
10	International Comparison	Yes, this is an internationally recognised metric (AUS, CAN, GB, ECHI)
11	KPI Monitoring	KPI will be monitored : <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details:
		Please indicate who is responsible at a local level for monitoring this KPI:
12	KPI Reporting Frequency	Indicate how often the KPI will be reported: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details:
13	KPI report period	Indicate the period to which the data applies <input type="checkbox"/> Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) <input checked="" type="checkbox"/> Monthly in arrears (June data reported in July) <input type="checkbox"/> Quarterly in arrears (quarter 1 data reported in quarter 2) <input type="checkbox"/> Rolling 12 months (previous 12 month period) <input type="checkbox"/> Other – give details:
14	KPI Reporting Aggregation	Indicate the level of aggregation – for example over a geographical location: <input checked="" type="checkbox"/> National <input checked="" type="checkbox"/> Regional <input type="checkbox"/> Hospital Group <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> CHO <input type="checkbox"/> ISA <input type="checkbox"/> LHO <input type="checkbox"/> County <input type="checkbox"/> Institution <input type="checkbox"/> Other – give details:
15	KPI is reported in which reports?	Indicate where the KPI will be reported: <input checked="" type="checkbox"/> Performance Report (NSP) <input type="checkbox"/> CompStat <input type="checkbox"/> Other – give details:
16	Web link to data	http://www.hse.ie/eng/services/Publications/corporate/performanceassurancereports/
17	Additional Information	
Contact details for Data Manager		Derek McCormack, BIU Acute, Tel: 01 620 1690 E:Derek.mccormack@hse.ie
National Lead and Division		National Director Acute Hospitals Division, Dr. Steevens Hospital, Dublin 8. Tel 01-635 2000.

Acute Division		
Hospital Services: Clinical Programmes - Stroke Care		
1	KPI title	The percentage of acute stroke patients who spend all or some of their hospital stay in an 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 Indicator Classification (National Standards for Safer Better HealthCare)	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 Please tick Indicator Classification this indicator applies to: <input type="checkbox"/> Person Centred Care <input checked="" type="checkbox"/> Effective Care <input type="checkbox"/> Safe Care <input type="checkbox"/> Better Health and Wellbeing <input type="checkbox"/> Use of Information <input type="checkbox"/> Workforce <input type="checkbox"/> Use of Resources <input type="checkbox"/> Governance, Leadership and Management
4	KPI Target	NSP 2015 Target: 50%
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 on HIPE Portal Dataset. 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. This is expressed as a percentage
6	Data Source Data Completeness Data Quality Issues	Data for numerator will be collected through the HIPE Portal/Stroke Register. Data for the denominator will be collected through HIPE and HIPE Portal/Stroke Register. Information is available for 25 out of a possible 28 hospitals who can provide this service.
7	Data Collection Frequency	Indicate how often the data to support the KPI will be collected: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details: Data entered onto Stroke Register/HIPE Portal on an ongoing basis at each hospital
8	Tracer Conditions	Intracerebral Haemorrhage (ICD I61) Cerebral Infarction (Ischaemic Stroke) (ICD I63); Stroke, not spec as haemorrhage or infarction (ICD I64)
9	Minimum Data Set	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 UK National Sentinel Stroke Clinical Audit 2010 Round 7 https://audit.rcplondon.ac.uk/SentinelStroke/page/page.aspx?pc=welcome
11	KPI Monitoring	KPI will be <u>monitored</u> : <input type="checkbox"/> Daily <input type="checkbox"/> Weekly Monthly Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details: Please indicate who is responsible at a local level for monitoring this KPI:
12	KPI Reporting Frequency	Indicate how often the KPI will be reported: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly Monthly Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details: Please indicate who is responsible at a local level for monitoring this KPI:
13	KPI report period	Indicate the period to which the data applies <input type="checkbox"/> Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) Monthly in arrears (June data reported in July) <input checked="" type="checkbox"/> aQuarterly 6 MONTHS in arrears (quarter 1 data reported in quarter 3, etc.) <input type="checkbox"/> Rolling 12 months (previous 12 month period) <input type="checkbox"/> Other – give details:
14	KPI Reporting Aggregation	Indicate the level of aggregation – for example over a geographical location: <input checked="" type="checkbox"/> National <input checked="" type="checkbox"/> Regional <input type="checkbox"/> Hospital Group <input type="checkbox"/> Hospital <input type="checkbox"/> CHO <input type="checkbox"/> ISA <input type="checkbox"/> LHO <input type="checkbox"/> County <input type="checkbox"/> Institution <input type="checkbox"/> Other – give details:
15	KPI is reported in which reports?	Indicate where the KPI will be reported: <input checked="" type="checkbox"/> Performance Report (NSP) <input type="checkbox"/> CompStat <input type="checkbox"/> Other – give details:
16	Web link to data	
17	Additional Information	Is the data for this KPI available through Corporate Information Facility (CIF)?
Contact details for Data Manager /Specialist Lead		Name: Paul Marsden Email address: paul.marsden@hse.ie Contact Number: 057 9359894
National Lead and Division		Dr. Aine Carroll, National Director, Clinical Strategy and Programmes Directorate Tel: 01 6352322

Acute Division		
Hospital Services: Clinical Programmes - Stroke Care		
1	KPI title	The percentage of patients with confirmed acute ischaemic stroke who receive 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/Combined IV & Intra-Arterial Thromb/Combined IV & Clot Retrieval/Intra-Arterial Thromb Only response was made to Treated with 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 (tPA), the protein that normally activates plasmin.
3	KPI Rationale Indicator Classification (National Standards for Safer Better HealthCare)	To monitor development of acute and rehabilitation stroke services in accordance with the national stroke programme (national policy and national guidelines) To assess patient access to acute stroke care. Please tick Indicator Classification this indicator applies to: <input type="checkbox"/> Person Centred Care <input checked="" type="checkbox"/> Effective Care <input type="checkbox"/> Safe Care <input type="checkbox"/> Better Health and Wellbeing <input type="checkbox"/> Use of Information <input type="checkbox"/> Workforce <input type="checkbox"/> Use of Resources <input type="checkbox"/> Governance, Leadership and Management
4	KPI Target	NSP 2015 Target: At least 9% of eligible patients with a principal diagnosis of Cerebral Infarction (Ischaemic Stroke) (ICD I63) or Stroke, not spec as haemorrhage or infarction (ICD I64) should receive thrombolysis
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/Combined IV & Intra-Arterial Thromb/Combined IV & Clot Retrieval/Intra-Arterial Thromb Only response was made to Treated with Thrombolysis? Denominator = 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/Combined IV & Intra-Arterial Thromb/Combined IV & Clot Retrieval/Thrombolysis Contraindicated/Intra-Arterial Thromb Only/Other response was made to Treated with Thrombolysis
6	Data Source Data Completeness Data Quality Issues	Data for numerator and denominator will be collected through the HIPE Portal/Stroke Register. 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
7	Data Collection Frequency	Indicate how often the data to support the KPI will be collected: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details: Data entered onto Stroke Register/HIPE Portal on an ongoing basis at each hospital
8	Tracer Conditions	Cerebral Infarction (Ischaemic Stroke) (ICD I63); Stroke, not spec as haemorrhage or infarction (ICD I64)
9	Minimum Data Set	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 1. YES 3. COMBINED IV & INTRA-ARTERIAL THROMB 4. COMBINED IV & CLOT RETRIEVAL 6. INTRA-ARTERIAL THROMB ONLY RESPONSE WAS SELECTED TO TREATED WITH THROMBOLYSIS 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 1. YES 2. NO 3. COMBINED IV & INTRA-ARTERIAL THROMB 4. COMBINED IV & CLOT RETRIEVAL 5. THROMB CONTRAINDICATED 6. INTRA-ARTERIAL THROMB ONLY 7. CLOT RETRIEVAL ONLY 8. OTHER RESPONSE WAS MADE TO TREATED WITH THROMBOLYSIS
10	International Comparison	Yes, Royal College of Physicians UK National Sentinel Stroke Clinical Audit 2010 Round 7 https://audit.rcplondon.ac.uk/SentinelStroke/page/page.aspx?pc=welcme
11	KPI Monitoring	KPI will be monitored : <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details: Please indicate who is responsible at a local level for monitoring this KPI:
12	KPI Reporting Frequency	Indicate how often the KPI will be reported: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details:
13	KPI report period	Indicate the period to which the data applies <input type="checkbox"/> Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) Monthly in arrears (June data reported in July) <input checked="" type="checkbox"/> Quarterly 6 MONTHS in arrears (quarter 1 data reported in quarter 3, etc.) <input type="checkbox"/> Rolling 12 months (previous 12 month period) <input type="checkbox"/> Other – give details:
14	KPI Reporting Aggregation	Indicate the level of aggregation – for example over a geographical location: <input checked="" type="checkbox"/> National <input checked="" type="checkbox"/> Regional <input type="checkbox"/> Hospital Group <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> CHO <input type="checkbox"/> ISA <input type="checkbox"/> LHO <input type="checkbox"/> County <input type="checkbox"/> Institution <input type="checkbox"/> Other – give details:
15	KPI is reported in which reports?	Indicate where the KPI will be reported: <input checked="" type="checkbox"/> Performance Report (NSP) <input type="checkbox"/> CompStat <input type="checkbox"/> Other – give details:
16	Web link to data	
17	Additional Information	Is the data for this KPI available through Corporate Information Facility (CIF)?
Contact details for Data Manager /Specialist Lead		Name: Paul Marsden Email address: paul.marsden@hse.ie Contact Number: 057 9359894
National Lead and Division		Dr. Aine Carroll, National Director, Clinical Strategy and Programmes Directorate Tel: 01 6352322

Acute Division		
Hospital Services: Clinical Programmes - Stroke Care		
1	KPI title	Percentage of hospital stay for acute stroke patients in stroke unit who are admitted to an 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 Indicator Classification (National Standards for Safer Better HealthCare)	To monitor development of acute and rehabilitation stroke services in accordance with the national stroke programme (national policy and national guidelines), to assess patient access to acute stroke unit care. Patients with a principal diagnosis of Intracerebral Haemorrhage (ICD I61); Cerebral Infarction (Ischaemic Stroke) (ICD I63); Stroke, not spec as haemorrhage or infarction (ICD I64) should spend at least 50% of their hospital stay in the stroke unit. Please tick Indicator Classification this indicator applies to: <input type="checkbox"/> Person Centred Care <input checked="" type="checkbox"/> Effective Care <input type="checkbox"/> Safe Care <input type="checkbox"/> Better Health and Wellbeing <input type="checkbox"/> Use of Information <input type="checkbox"/> Workforce <input type="checkbox"/> Use of Resources <input type="checkbox"/> Governance, Leadership and Management
4	KPI Target	NSP 2015 Target: 50%
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. 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 made to Admitted to stroke unit on HIPE Portal Dataset This is expressed as a percentage.
6	Data Source Data Completeness Data Quality Issues	Data for numerator will be collected through the HIPE Portal/Stroke Register. Data for the denominator will be collected through the HIPE and HIPE Portal/Stroke Register List of hospitals and date of commencement of Stroke Register forwarded to BIU. Completeness of data
7	Data Collection Frequency	Indicate how often the data to support the KPI will be collected: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details: Data entered onto Stroke Register/HIPE Portal on an ongoing basis at each hospital
8	Tracer Conditions	Intracerebral Haemorrhage (ICD I61) Cerebral Infarction (Ischaemic Stroke) (ICD I63); Stroke, not spec as haemorrhage or infarction (ICD I64)
9	Minimum Data Set	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 UK National Sentinel Stroke Clinical Audit 2010 Round 7 https://audit.rcplondon.ac.uk/SentinelStroke/page/page.aspx?pc=welcme
11	KPI Monitoring	KPI will be monitored : <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details: Please indicate who is responsible at a local level for monitoring this KPI:
12	KPI Reporting Frequency	Indicate how often the KPI will be reported: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details:
13	KPI report period	Indicate the period to which the data applies <input type="checkbox"/> Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) Monthly in arrears (June data reported in July) <input checked="" type="checkbox"/> aQuarterly 6 MONTHS in arrears (quarter 1 data reported in quarter 3, etc.) <input type="checkbox"/> Rolling 12 months (previous 12 month period) <input type="checkbox"/> Other – give details:
14	KPI Reporting Aggregation	Indicate the level of aggregation – for example over a geographical location: <input checked="" type="checkbox"/> National <input checked="" type="checkbox"/> Regional <input type="checkbox"/> Hospital Group <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> CHO <input type="checkbox"/> ISA <input type="checkbox"/> LHO <input type="checkbox"/> County <input type="checkbox"/> Institution <input type="checkbox"/> Other – give details:
15	KPI is reported in which reports?	Indicate where the KPI will be reported: <input checked="" type="checkbox"/> Performance Report (NSP) <input type="checkbox"/> CompStat <input type="checkbox"/> Other – give details:
16	Web link to data	
17	Additional Information	Is the data for this KPI available through Corporate Information Facility (CIF)?
Contact details for Data Manager /Specialist Lead		Name: Paul Marsden Email address: paul.marsden@hse.ie Contact Number: 057 9359894
National Lead and Division		Dr. Aine Carroll, National Director, Clinical Strategy and Programmes Directorate Tel: 01 6352322

Acute Services		
Acute Hospitals including Clinical Programmes: Heart Failure		
1	KPI title	Rate (%) readmission for heart failure within 3 months following discharge from hospital
2	KPI Description	Rate of readmission for heart failure within 3 months following discharge from hospital
3	KPI Rationale	Patients are at highest risk of readmission to hospital within 90 days of discharge. International evidence shows that structured programmes for heart failure can greatly reduce the readmission rate and this is accepted as an excellent measure of quality
	Indicator Classification (National Standards for Safer Better HealthCare)	Please tick Indicator Classification this indicator applies to: <input type="checkbox"/> Person Centred Care <input checked="" type="checkbox"/> Effective Care <input type="checkbox"/> Safe Care <input type="checkbox"/> Better Health and Wellbeing <input type="checkbox"/> Use of Information <input type="checkbox"/> Workforce Use of Resources <input type="checkbox"/> Governance, Leadership and Management
4	KPI Target	NSP 2015 Target: 20%
5	KPI Calculation	Numerator: All patients admitted with heart failure who are referred to the Heart Failure Team who are readmitted as emergency admission with heart failure within 90 days of discharge. Denominator: all patients admitted with principal diagnosis of acute decompensated heart failure who are referred to the Heart Failure Team. (ICD 10 AM codes will be used – I50, I420, I426, I427, I429, I110)
6	Data Source Data Completeness Data Quality Issues	HIPE Portal Add on Screen for Heart Failure
7	Data Collection Frequency	Indicate how often the data to support the KPI will be collected: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details:
8	Tracer Conditions	
9	Minimum Data Set	Minimum dataset collected via HIPE Portal Add on screen on all patients admitted with acute decompensated heart failure who are referred to the HF Team. Data collected at two time points – time of discharge and at 3-month follow up out-patient visit.
10	International Comparison	Readmission indicator used in a number of countries
11	KPI Monitoring	KPI will be <u>monitored</u> : <input type="checkbox"/> Daily <input type="checkbox"/> Weekly Monthly Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details: Please indicate who is responsible at a local level for monitoring this KPI:
12	KPI Reporting Frequency	Indicate how often the KPI will be reported: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly Monthly Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details:
13	KPI report period	Indicate the period to which the data applies <input type="checkbox"/> Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) Monthly in arrears (June data reported in July) <input checked="" type="checkbox"/> Quarterly 6 MONTHS in arrears (quarter 1 data reported in quarter 3, etc.) <input type="checkbox"/> Rolling 12 months (previous 12 month period) <input type="checkbox"/> Other – give details:
14	KPI Reporting Aggregation	Indicate the level of aggregation – for example over a geographical location: <input checked="" type="checkbox"/> National <input checked="" type="checkbox"/> Regional <input type="checkbox"/> Hospital Group <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> CHO <input type="checkbox"/> ISA <input type="checkbox"/> LHO <input type="checkbox"/> County <input type="checkbox"/> Institution <input type="checkbox"/> Other – give details:
15	KPI is reported in which reports?	Indicate where the KPI will be reported: <input checked="" type="checkbox"/> Performance Report (NSP) <input type="checkbox"/> CompStat <input type="checkbox"/> Other – give details:
16	Web link to data	
17	Additional Information	Is the data for this KPI available through Corporate Information Facility (CIF)?
Contact details for Data Manager		Name: Email address: Contact Number:
National Lead and Division		National Director Acute Hospitals Division, Dr. Steevens Hospital, Dublin 8. Tel 01-635 2000.

Acute Services

Acute Hospitals including Clinical Programmes: Heart Failure

1	KPI title	Median (LOS) for patients admitted with principal diagnosis of acute decompensated heart failure
2	KPI Description	Median length of stay for patients admitted to hospital with principal diagnosis of acute decompensated heart failure who are referred to the Heart Failure Team
3	KPI Rationale	Structured heart failure programmes should provide quicker access to specialist heart failure services resulting in quicker stabilisation and shorter time to discharge. Median LOS is preferred to mean LOS because of significant numbers of delayed discharges for non-medical reasons.
	Indicator Classification (National Standards for Safer Better HealthCare)	Please tick Indicator Classification this indicator applies to: <input type="checkbox"/> Person Centred Care <input checked="" type="checkbox"/> Effective Care <input type="checkbox"/> Safe Care <input type="checkbox"/> Better Health and Wellbeing <input type="checkbox"/> Use of Information <input type="checkbox"/> Workforce <input type="checkbox"/> Use of Resources <input type="checkbox"/> Governance, Leadership and Management
4	KPI Target	NSP 2015 Target: 6 days
5	KPI Calculation	Median length of stay for all patients discharged with principal diagnosis of heart failure who were referred to the Heart Failure Team (ICD 10 AM codes will be used – I50, I420, I426, I427, I429, I110)
6	Data Source Data Completeness Data Quality Issues	HIPE but only for those patients who have data recorded on the HIPE Portal Add-On Screen for Heart Failure with a Principal Diagnosis of HF (ICD-10 I50, I420, I426, I427, I429, I110)
7	Data Collection Frequency	Indicate how often the data to support the KPI will be collected: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details:
8	Tracer Conditions	
9	Minimum Data Set	Minimum dataset collected via HIPE Portal Add on screen on all patients admitted with acute decompensated heart failure who are referred to the HF Team. Data collected at two time points – time of discharge and at 3-month follow up out-patient visit.
10	International Comparison	Length of stay data available from only a few countries.
11	KPI Monitoring	KPI will be <u>monitored</u> : <input type="checkbox"/> Daily <input type="checkbox"/> Weekly Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details: Please indicate who is responsible at a local level for monitoring this KPI:
12	KPI Reporting Frequency	Indicate how often the KPI will be reported: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details:
13	KPI report period	Indicate the period to which the data applies <input type="checkbox"/> Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) Monthly in arrears (June data reported in July) <input checked="" type="checkbox"/> aQuarterly 6 MONTHS in arrears (quarter 1 data reported in quarter 3, etc.) <input type="checkbox"/> Rolling 12 months (previous 12 month period) <input type="checkbox"/> Other – give details:
14	KPI Reporting Aggregation	Indicate the level of aggregation – for example over a geographical location: <input checked="" type="checkbox"/> National <input checked="" type="checkbox"/> Regional <input type="checkbox"/> Hospital Group <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> CHO <input type="checkbox"/> ISA <input type="checkbox"/> LHO <input type="checkbox"/> County <input type="checkbox"/> Institution <input type="checkbox"/> Other – give details:
15	KPI is reported in which reports?	Indicate where the KPI will be reported: <input checked="" type="checkbox"/> Performance Report (NSP) <input type="checkbox"/> CompStat <input type="checkbox"/> Other – give details:
16	Web link to data	
17	Additional Information	Is the data for this KPI available through Corporate Information Facility (CIF)?
Contact details for Data Manager		Name: Email address: Contact Number:
National Lead and Division		National Director Acute Hospitals Division, Dr. Steevens Hospital, Dublin 8. Tel 01-635 2000.

Acute Services		
Acute Hospitals including Clinical Programmes: Heart Failure		
1	KPI title	Percentage of patients with acute decompensated heart failure who are seen by the HF programme during their hospital stay
2	KPI Description	The percentage of patients with acute decompensated heart failure who are seen by the heart failure programme during their hospital stay.
3	KPI Rationale	In order to achieve the planned benefits of the heart failure programme it is necessary that patients are seen by the heart failure programme and assessed by the lead consultant or his/her designate.
	Indicator Classification (National Standards for Safer Better HealthCare)	Please tick Indicator Classification this indicator applies to: <input type="checkbox"/> Person Centred Care <input checked="" type="checkbox"/> Effective Care <input type="checkbox"/> Safe Care <input type="checkbox"/> Better Health and Wellbeing <input type="checkbox"/> Use of Information <input type="checkbox"/> Workforce <input type="checkbox"/> Use of Resources <input type="checkbox"/> Governance, Leadership and Management
4	KPI Target	NSP 2015 Target: 80%
5	KPI Calculation	% of patients admitted with heart failure who are seen by the heart failure lead consultant or designated physician. Numerator: number of patients seen by HF Lead Consultant or designate as reported through heart failure minimum data set captured via HIPE Portal add-on screen Denominator: all patients admitted with principal diagnosis of acute decompensated heart failure as recorded by HIPE who were referred to the Heart Failure Team (ICD 10 AM codes will be used – I50, I420, I426, I427, I429, I110)
6	Data Source Data Completeness Data Quality Issues	HIPE Portal Add on Screen for Heart Failure
7	Data Collection Frequency	Indicate how often the data to support the KPI will be collected: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details:
8	Tracer Conditions	
9	Minimum Data Set	Minimum dataset collected via HIPE Portal Add on screen on all patients admitted with acute decompensated heart failure who are referred to the HF Team. Data collected at two time points – time of discharge and at 3-month follow up out-patient visit.
10	International Comparison	
11	KPI Monitoring	KPI will be <u>monitored</u> : <input type="checkbox"/> Daily <input type="checkbox"/> Weekly Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details: Please indicate who is responsible at a local level for monitoring this KPI:
12	KPI Reporting Frequency	Indicate how often the KPI will be reported: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details:
13	KPI report period	Indicate the period to which the data applies <input type="checkbox"/> Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) Monthly in arrears (June data reported in July) <input checked="" type="checkbox"/> aQuarterly 6 MONTHS in arrears (quarter 1 data reported in quarter 3, etc.) <input type="checkbox"/> Rolling 12 months (previous 12 month period) <input type="checkbox"/> Other – give details:
14	KPI Reporting Aggregation	Indicate the level of aggregation – for example over a geographical location: <input checked="" type="checkbox"/> National <input checked="" type="checkbox"/> Regional <input type="checkbox"/> Hospital Group <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> CHO <input type="checkbox"/> ISA <input type="checkbox"/> LHO <input type="checkbox"/> County <input type="checkbox"/> Institution <input type="checkbox"/> Other – give details:
15	KPI is reported in which reports?	Indicate where the KPI will be reported: <input checked="" type="checkbox"/> Performance Report (NSP) <input type="checkbox"/> CompStat <input type="checkbox"/> Other – give details:
16	Web link to data	
17	Additional Information	Is the data for this KPI available through Corporate Information Facility (CIF)?
Contact details for Data Manager		Name: Email address: Contact Number:
National Lead and Division		National Director Acute Hospitals Division, Dr. Steevens Hospital, Dublin 8. Tel 01-635 2000.

Acute Services		
Acute Hospitals including Clinical Programmes: Acute Coronary Syndrome		
1	KPI Title	Percentage of STEMI (or LBBB) patients (without contraindication to Reperfusion therapy (RT)) who get 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 Non 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 coronary artery to unblock it and allow flow of blood to the heart muscle. 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 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).
	Indicator Classification (National Standards for Safer Better HealthCare)	Please tick Indicator Classification this indicator applies to: <input type="checkbox"/> Person Centred Care <input checked="" type="checkbox"/> Effective Care <input type="checkbox"/> Safe Care <input type="checkbox"/> Better Health and Wellbeing <input type="checkbox"/> Use of Information <input type="checkbox"/> Workforce <input type="checkbox"/> Use of Resources <input type="checkbox"/> Governance, Leadership and Management
4	KPI Target	Target: 85%
5	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.
6	Data Source	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
	Data Completeness	Data is available for 8 out of a possible 9 hospitals for 2013 data but expected from all 9 centres for 2014 data.
	Data Quality Issues	Data is dependant on correct data input .
7	Data Collection Frequency	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details:
8	Tracer Conditions	STEMI = ICD 10 I21.0 – I21.3 (Interpreted from medical record by Heartbeat collators)
9	Minimum Data Set	As set out in e-Heartbeat Manual Basic demographic information, patient was a STEMI (or LBBB), was the patient contraindicated to reperfusion, did the patient get reperfusion by PPCI and what was date of reperfusion.
10	International Comparison	Yes, MINAP (UK) and European Society of Cardiology ACS/STEMI Guideline 2012
11	KPI Monitoring	KPI will be monitored : <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details: Please indicate who is responsible at a local level for monitoring this KPI:
12	KPI Reporting Frequency	Indicate how often the KPI will be reported: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details:
13	KPI report period	Indicate the period to which the data applies <input type="checkbox"/> Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) Monthly in arrears (June data reported in July) <input type="checkbox"/> Quarterly in arrears (quarter 1 data reported in quarter 2) <input checked="" type="checkbox"/> Rolling 12 months (previous 12 month period) <input type="checkbox"/> Other – give details:
14	KPI Reporting Aggregation	Indicate the level of aggregation – for example over a geographical location: <input checked="" type="checkbox"/> National <input checked="" type="checkbox"/> Regional <input type="checkbox"/> Hospital Group <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> CHO <input type="checkbox"/> ISA <input type="checkbox"/> LHO <input type="checkbox"/> County <input type="checkbox"/> Institution <input type="checkbox"/> Other – give details:
15	KPI is reported in which reports?	Indicate where the KPI will be reported: <input checked="" type="checkbox"/> Performance Report (NSP) <input type="checkbox"/> CompStat <input type="checkbox"/> Other – give details:
16	Web link to data	http://www.hse.ie/eng/services/Publications/corporate/performanceassurancereports/
17	Additional Information	As reported in the Performance Report.
	Contact details for Data Manager / Specialist Lead	Derek McCormack, BIU Acute, Tel: 01 620 1690 Email:Derek.mccormack@hse.ie Fiachra Bane, HIPE, Tel: 045 988330 Email: fiachra.bane@hse.ie
	National Lead and Directorate	Dr. Aine Carroll, National Director, Clinical Strategy and Programmes Directorate, Tel: 01 6352322.

Acute Services		
Acute Hospitals including Clinical Programmes: Acute Coronary Syndrome		
1	KPI Title	Percentage reperfused STEMI (or LBBB) patients who get timely:a) PPCI or b) Thrombolysis
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 coronary artery to unblock it and allow flow of blood to the heart muscle. Thrombolysis: treatment with a clot busting drug to clear the blockage and restore blood flow. 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)
		Timely Thrombolysis reperfusion: the number of STEMI (or LBBB) pts receiving RT who got timely thrombolysis as defined: Door to needle <= 30 mins. STEMI, LBBB, PPCI and Thrombolysis are further defined in the European Society of Cardiology guideline "Acute Myocardial Infarction in patients presenting 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.
	Indicator Classification (National Standards for Safer Better HealthCare)	Please tick Indicator Classification this indicator applies to: <input type="checkbox"/> Person Centred Care <input checked="" type="checkbox"/> Effective Care <input type="checkbox"/> Safe Care <input type="checkbox"/> Better Health and Wellbeing <input checked="" type="checkbox"/> Use of Information <input type="checkbox"/> Workforce <input type="checkbox"/> Use of Resources <input type="checkbox"/> Governance, Leadership and Management
4	KPI Target	Target: a) PPCI = 80% b) Thrombolysis = 80%
5	KPI Calculation	a) Timely PPCI Numerator: no of STEMI (or LBBB) patients receiving RT who got timely PPCI Denominator : Total no of STEMI (or LBBB) patients who got PPCI b) Timely thrombolysis Numerator: no of STEMI (or LBBB) patients receiving RT who got timely thrombolysis Denominator : Total no of STEMI (or LBBB) patients who got thrombolysis
6	Data Source	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
	Data Completeness	Data is available for 8 out of a possible 9 hospitals for 2013 data but expected from all 9 centres for 2014 data..
	Data Quality Issues	Data is dependant on correct data input and the number of hospitals will be expanded during the year.
7	Data Collection Frequency	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details:
8	Tracer Conditions	STEMI = ICD 10 I21.0 – I21.3 (Interpreted from medical record by Heartbeat coilators)
9	Minimum Data Set	As set out in e-Heartbeat Manual In essence to enable reporting on this KPI we need: Was patient a STEMI (or LBBB)? Did patient get reperfusion therapy? What reperfusion therapy - PPCI or Thrombolysis? What was date/time of FMC? What was date/time of first hospital door? What was date/time of reperfusion?
10	International Comparison	MINAP (UK) and European Society of Cardiology ACS/STEMI Guideline 2012+C64
11	KPI Monitoring	KPI will be <u>monitored</u> : <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details: Please indicate who is responsible at a local level for monitoring this KPI:
12	KPI Reporting Frequency	Indicate how often the KPI will be reported: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details:
13	KPI report period	Indicate the period to which the data applies <input type="checkbox"/> Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) Monthly in arrears (June data reported in July) <input type="checkbox"/> Quarterly in arrears (quarter 1 data reported in quarter 2) <input checked="" type="checkbox"/> Rolling 12 months (previous 12 month period) <input type="checkbox"/> Other – give details:
14	KPI Reporting Aggregation	Indicate the level of aggregation – for example over a geographical location: <input checked="" type="checkbox"/> National <input checked="" type="checkbox"/> Regional <input type="checkbox"/> Hospital Group <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> CHO <input type="checkbox"/> ISA <input type="checkbox"/> LHO <input type="checkbox"/> County <input type="checkbox"/> Institution <input type="checkbox"/> Other – give details:
15	KPI is reported in which reports ?	<input checked="" type="checkbox"/> Performance Report (NSP) <input type="checkbox"/> CompStat <input type="checkbox"/> Other – give details:
16	Web link to data	http://www.hse.ie/eng/services/Publications/corporate/performanceassurancereports/
17	Additional Information	As reported in the performance reports.
Contact details for Data Manager / Specialist Lead		Derek McCormack, BIU Acute, Tel: 01 620 1690 Email:Derek.mccormack@hse.ie Fiachra Bane, HIPE, Tel: 045 988330 Email: fiachra.bane@hse.ie
National Lead and Directorate		Dr. Aine Carroll, National Director, Clinical Strategy and Programmes Directorate, Tel: 01 6352322

Acute Services

Acute Hospitals including Clinical Programmes: Acute Coronary Syndrome

1	KPI Title	Mean and Median LOS and bed days for a) STEMI (or LBBB) and b) Non-STEMI patients
2	KPI Description	The mean (average) and median (mid point) Length of Stay (LOS) and bed days for : a) STEMI (or LBBB) b) NonSTEMI patients NSTEMI is an acronym meaning "non-ST segment elevation myocardial infarction," which is a type of heart attack. This is determined by an electrocardiogram (ECG) test and a blood test.
3	KPI Rationale	For STEMI (or LBBB) the change in treatment from thrombolysis to primary angioplasty will result in a reduction in LOS of ~1 day when the programme is fully up and running. For NSTEMI early angiography is now indicated to inform treatment. It has the added advantage of improving LOS considerably. Initial goal is reduction of 1 day but is likely to be greater once the programme is fully operational. Information is reported on for patients who present both Out of Hours and In hours (9-5 Mon to Fri).
	Indicator Classification (National Standards for Safer Better HealthCare)	Please tick Indicator Classification this indicator applies to: <input type="checkbox"/> Person Centred Care <input checked="" type="checkbox"/> Effective Care <input type="checkbox"/> Safe Care <input type="checkbox"/> Better Health and Wellbeing <input checked="" type="checkbox"/> Use of Information <input type="checkbox"/> Workforce <input type="checkbox"/> Use of Resources <input type="checkbox"/> Governance, Leadership and Management
4	KPI Target	Median target: a) Stemi (or LBBB) = 4 bed days b) NonStemi = 6 bed days
5	KPI Calculation	Count - Using the calculation for mean being average and for median with ranking and calculation of midpoint
6	Data Source	HIPE but
	Data Completeness	a) awareness needed that it is not possible to link patient data (until there is a unique patient identifier)
	Data Quality Issues	b) HIPE data can be behind.
7	Data Collection Frequency	oDaily oWeekly oMonthly p Quarterly oBi-annually oAnnually Other
8	Tracer Conditions	STEMI = ICD 10 I21.0 – I21.3, NSTEMI = ICD 10 I21.4, I21.9, Note: On Emergency Admissions only (Coded by HIPE coders)
9	Minimum Data Set	As set out in e-Heartbeat Manual Date of admission, date of discharge, ICD codes, Emergency Admission
10	International Comparison	Yes, MINAP (UK) and European Society of Cardiology ACS/STEMI Guideline 2012
11	KPI Monitoring	KPI will be monitored : <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details: Please indicate who is responsible at a local level for monitoring this KPI: Hospital Group CEO, Hospital Manager/CEO and ACS Programme
12	KPI Reporting Frequency	Indicate how often the KPI will be reported: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details:
13	KPI report period	Indicate the period to which the data applies <input type="checkbox"/> Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) Monthly in arrears (June data reported in July) <input type="checkbox"/> Quarterly in arrears (quarter 1 data reported in quarter 2) <input checked="" type="checkbox"/> Rolling 12 months (previous 12 month period) <input type="checkbox"/> Other – give details:
14	KPI Reporting Aggregation	Indicate the level of aggregation – for example over a geographical location: <input checked="" type="checkbox"/> National <input checked="" type="checkbox"/> Regional <input type="checkbox"/> Hospital Group <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> CHO <input type="checkbox"/> ISA <input type="checkbox"/> LHO <input type="checkbox"/> County <input type="checkbox"/> Institution <input type="checkbox"/> Other – give details:
15	KPI is reported in which reports ?	<input checked="" type="checkbox"/> Performance Report (NSP) <input type="checkbox"/> CompStat <input type="checkbox"/> Other – give details:
16	Web link to data	http://www.hse.ie/eng/services/Publications/corporate/performanceassurancereports/
17	Additional Information	As patients are transferred for investigation and treatment from local hospital to PPCI centre and back the true LOS can only be calculated with the use of a patient identifier. This is likely to need approval of Data Commissioner.
Contact details for Data Manager / Specialist Lead		Derek McCormack, BIU Acute, Tel: 01 620 1690 Email:Derek.mccormack@hse.ie
National Lead and Directorate		Fiachra Bane, HIPE, Tel: 045 988330 Email: fiachra.bane@hse.ie
		Dr. Aine Carroll, National Director, Clinical Strategy and Programmes Directorate, Tel: 01 6352322

Acute Services		
Hospital Services: Day of Procedure Admission Rate		
1	KPI Title	Percentage of elective surgical inpatients who had principal procedure conducted on day of admission
2	KPI Description	The percentage of inpatients having elective surgical procedures on the day of admission over the total number of all elective surgical inpatients who have surgery, will increase by a target of PLUS 5% to 10% within hospitals from end 2013 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 hospital with a baseline 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 2013 target DoSA or the hospitals actual annual DoSA for 2013.
3	KPI Rationale	This indicator allows for measurement of 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 reduction in pre-operative bed usage, allows for optimising patients' conditions before admission and helps to avoid cancellation of operations.
	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two). <input checked="" type="checkbox"/> Person Centred Care <input checked="" type="checkbox"/> Effective Care <input type="checkbox"/> Safe Care <input type="checkbox"/> Better Health and Wellbeing <input type="checkbox"/> Use of Information <input type="checkbox"/> Workforce <input type="checkbox"/> Use of Resources <input type="checkbox"/> Governance, Leadership and Management
	KPI Target	Target 2015: 70%
4	KPI Target	Target 2015: 70%
5	KPI Calculation	Monthly % DOSA rate = number of elective inpatients who have their primary procedure on date of admission, divided by the total number of elective inpatients who have a primary surgical procedure multiplied by 100..
6	Data Source	HIPE Data. Will be dependant on accuracy (particularly the coding of primary procedures) and timely completion of Hospital HIPE coding. Coverage includes all acute hospitals except specialist paediatric and maternity hospitals. Surgery Programme mapping tables
	Data Completeness	
	Data Quality Issues	
7	Data Collection Frequency	Daily Weekly <input checked="" type="checkbox"/> Monthly Quarterly <input type="checkbox"/> Bi-annually Annually <input type="checkbox"/> Other – give details: Starts Jan 2014
8	Tracer Conditions	ICD 10 Codes= International Classification of Disease (ICD) 10.
9	Minimum Data Set	HIPE recorded data for every episode for surgical admissions .
10	International Comparison	Collected in UK and internationally, often referred to as DOA or Day of Admission rate.
11	KPI Monitoring	KPI will be monitored on a (please indicate below) basis: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details: Please indicate who is responsible for monitoring this KPI: Hospital Groups, Hospitals, Surgery and Anaesthesia Programmes, ISD
12	KPI Reporting Frequency	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details:
13	KPI report period	<input type="checkbox"/> Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) <input checked="" type="checkbox"/> Monthly in arrears (June discharges in August) <input type="checkbox"/> Quarterly in arrears (quarter 1 data reported in quarter 2) <input type="checkbox"/> Rolling 12 months (previous 12 month period)
14	KPI Reporting Aggregation	<input checked="" type="checkbox"/> National <input checked="" type="checkbox"/> Regional <input type="checkbox"/> LHO Area <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> Hospital Group <input type="checkbox"/> County <input type="checkbox"/> Institution yes Other – give details: hospital groups as appropriate
15	KPI is reported in which reports ?	<input checked="" type="checkbox"/> Corporate Plan Report Performance Report (NSP/CBP) <input checked="" type="checkbox"/> CompStat <input checked="" type="checkbox"/> Other – give details: SDU/ Surgery Programme/ Anaesthesia Programme reports.
16	Web link to data	N/A
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 inpatient's who have one of the 830 commonly performed surgical procedures as their primary procedure on the date of admission plus All elective inpatient who were surgically admitted, did not have one of the 830 commonly performed surgical procedures as their primary procedure but had their primary procedure on day of admission. Total number of elective inpatients who have their primary surgical procedure includes All elective inpatient's who have one of the 830 commonly performed surgical procedures as their primary procedure plus All elective inpatient who were surgically admitted and did not have one of the 830 commonly performed surgical procedures as their primary procedure.
Contact details for Data Manager / Specialist Lead		Gerry Kelliher National Clinical Programme in Surgery gerrykelliher@rcsi.ie W: www.rcsi.ie T: 01-402-2143 M: 087-124-0759
National Lead and Directorate		Prof. Frank Keane, Ken Mealy, Sean Johnston :fkeane@rcsi.ie, kmealy@rcsi.ie & sjohnston@rcsi.ie - Dr. Ciaran Browne, NationalLead for Acute and Palliative Care, ISD, HSE, Room 107, Dr Steevens Hospital tel 01-6201667

Acute Services		
Hospital Services: Day case rate for Elective Laparoscopic Cholecystectomy		
1	KPI title	Percentage day case rate for Elective Laparoscopic Cholecystectomy
2	KPI Description	The percentage day case rate of Elective Laparoscopic Cholecystectomy should be at least 50%
3	KPI Rationale	It is better for the patient and a more efficient use of limited hospital resources to perform appropriate procedures as day cases on suitable patients, instead of keeping the patient unnecessarily in hospital for one or more nights. Elective Laparoscopic Cholecystectomy is a good example of surgical procedures which can be performed safely and effectively as a day case.
	Indicator Classification	Please tick Indicator Classification this indicator applies to:
	(National Standards for Safer Better HealthCare)	<input checked="" type="checkbox"/> Person Centred Care <input checked="" type="checkbox"/> Effective Care <input type="checkbox"/> Better Health and Wellbeing <input type="checkbox"/> Use of Information <input type="checkbox"/> Workforce <input type="checkbox"/> Workforce <input checked="" type="checkbox"/> Use of Resources <input type="checkbox"/> Governance, Leadership and Management <input type="checkbox"/>
4	KPI Target	Target 2015: >60%
5	KPI Calculation	Number of elective patients who have a Laparoscopic Cholecystectomy performed as a day case primary procedure expressed as a percentage of all elective Laparoscopic Cholecystectomy performed as primary procedures and discharged in the same month. (inpatient and daycase)
6	Data Source	HIPE Data. Will be dependant on accuracy (particularly the coding of primary procedures) and timely completion of Hospital HIPE coding. Coverage includes all acute hospitals except specialist paediatric and maternity hospitals.
	Data Completeness	
	Data Quality Issues	
7	Data Collection Frequency	Indicate how often the data to support the KPI will be collected: Daily Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details: Starts Jan 2014
8	Tracer Conditions	ICD 10 Codes= International Classification of Disease (ICD) 10.
9	Minimum Data Set	HIPE recorded data for every episode for surgical admissions.
10	International Comparison	Collected in UK and internationally.
11	KPI Monitoring	KPI will be monitored : <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details: Please indicate who is responsible at a local level for monitoring this KPI: Hospital Groups, Hospitals, Surgery Anaesthesia Programme, ISD
12	KPI Reporting Frequency	Indicate how often the KPI will be reported: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details:
13	KPI report period	Indicate the period to which the data applies <input type="checkbox"/> Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) <input checked="" type="checkbox"/> 2 Monthly in arrears (June discharges who have elective Laparoscopic Cholecystectomy as primary procedures are reported in August) <input type="checkbox"/> Quarterly in arrears (quarter 1 data reported in quarter 2) <input type="checkbox"/> Rolling 12 months (previous 12 month period) <input type="checkbox"/> Other – give details:
14	KPI Reporting Aggregation	Indicate the level of aggregation – for example over a geographical location: <input checked="" type="checkbox"/> National <input checked="" type="checkbox"/> Regional <input type="checkbox"/> LHO Area <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> County <input type="checkbox"/> Institution yes Other – give details: hospital groups as appropriate
15	KPI is reported in which reports?	Indicate where the KPI will be reported: <input type="checkbox"/> Corporate Plan Report <input checked="" type="checkbox"/> Performance Report (NSP/CBP) <input type="checkbox"/> CompStat <input type="checkbox"/> Other – give details:
16	Web link to data	N/A
17	Additional Information	Is the data for this KPI available through Corporate Information Facility (CIF)?
Contact details for Data Manager /Specialist Lead		Gerry Kelliher National Clinical Programme in Surgery gerrykelliher@rcsi.ie W: www.rcsi.ie T: 01-402-2143 M: 087-124-0759
National Lead and Division		Prof. Frank Keane, Ken Mealy, Sean Johnston :fkeane@rcsi.ie, kmealy@rcsi.ie & sjohnston@rcsi.ie - Dr. Ciaran Browne, NationalLead for Acute and Palliative Care, ISD, HSE, Room 107, Dr Steevens Hospital tel 01-6201667

Acute Services		
Hospital Services: Acute surgical admissions that do not have a surgical procedure		
1	KPI Title	Percentage of bed day utilisation by acute surgical admissions that do not have a surgical primary procedure.
2	KPI Description	Achieve a 5% reduction in the bed days used (BDU) for acute surgical discharges to hospital that do not have a primary procedure of any kind from the 2013 year end value baseline and individualised for each hospital.
3	KPI Rationale	There is significant potential for improvement in bed day utilisation by inpatients admitted by surgical consultants who subsequently do not have a primary procedure of any kind. There is patient care requirement and clinical need to admit patients, perform observations and test which subsequently result in a decision not to perform a primary procedure (no surgery, Endoscopes, XRays, CTs, PET, Ultrasound etc). However an analysis of the data in 2010 and 2011 shows significant variation across hospitals and across case mix groupings and indicates there is room for improvement in BDU's by this cohort of patients. Improvement in the number of acute admission who subsequently have to procedure of any kind allows for better use of bed day resources and improved access for patients awaiting surgical care.
	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two). <input checked="" type="checkbox"/> Person Centred Care <input checked="" type="checkbox"/> Effective Care <input type="checkbox"/> Safe Care <input type="checkbox"/> Better Health and Wellbeing <input type="checkbox"/> Use of Information <input type="checkbox"/> Workforce <input type="checkbox"/> Use of Resources <input type="checkbox"/> Governance, Leadership and Management <input type="checkbox"/>
4	KPI Target	NSP 2015 Target: 5% reduction
5	KPI Calculation	Compute the number of acute surgical discharge inpatients who do not have a primary procedures divided by the total number of surgery inpatients. (acute or elective, have a surgical primary procedure or do not have a surgical primary procedure). Compare to the individual target for the hospital, hospital group or region.
6	Data Source	HIPE Data. Will be dependant on accuracy (particularly the coding of primary procedures) and timely completion of Hospital HIPE coding. Coverage includes all acute hospitals with emergency departments and excludes specialist paediatric, specialist maternity and
	Data Completeness	
	Data Quality Issues	
7	Data Collection Frequency	Daily <input checked="" type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input checked="" type="checkbox"/> Annually <input type="checkbox"/> Other – give details: Starts Jan 2014
8	Tracer Conditions	ICD 10 Codes= International Classification of Disease (ICD) 10.
9	Minimum Data Set	HIPE recorded data for every episode for surgical admissions.
10	International Comparison	Bed day utilisation is collected and assessed in UK and internationally.
11	KPI Monitoring	KPI will be monitored on a (please indicate below) basis: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details: Please indicate who is responsible for monitoring this KPI: Hospital Groups, Hospitals, Surgery and Anaesthesia Programmes, ISD
12	KPI Reporting Frequency	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details:
13	KPI report period	<input type="checkbox"/> Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) <input checked="" type="checkbox"/> 2 Monthly in arrears (June discharges in August) <input type="checkbox"/> Quarterly in arrears (quarter 1 data reported in quarter 2) <input type="checkbox"/> Rolling 12 months (previous 12 month period)
14	KPI Reporting Aggregation	<input checked="" type="checkbox"/> National <input checked="" type="checkbox"/> Regional <input type="checkbox"/> LHO Area <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> Hospital Group <input type="checkbox"/> County <input type="checkbox"/> Institution yes Other – give details: hospital groups as appropriate
15	KPI is reported in which reports ?	<input type="checkbox"/> Corporate Plan Report <input checked="" type="checkbox"/> Performance Report (NSP/CBP) <input type="checkbox"/> CompStat <input type="checkbox"/> Other – give details:
16	Web link to data	N/A
17	Additional Information	
	Contact details for Data Manager / Specialist Lead	Gerry Kelliher National Clinical Programme in Surgery gerrykelliher@rcsi.ie W: www.rcsi.ie T: 01-402-2143 M: 087-124-0759
	National Lead and Directorate	Prof. Frank Keane, Ken Mealy, Sean Johnston :fkeane@rcsi.ie, kmealy@rcsi.ie & sjohnston@rcsi.ie - Dr. Ciaran Browne, NationalLead for Acute and Palliative Care, ISD, HSE, Room 107, Dr Steevens Hospital tel 01-6201667

Acute Division - Delayed Discharges

1	KPI title	% of emergency hip fracture surgery carried out within 48 hours (pre-op LOS: 0,1 OR 2)
2	KPI Description	The % of emergency hip fracture surgeries with the principal procedure carried out on days 0, 1 or 2 of the stay.
3	KPI Rationale Indicator Classification	Please tick Indicator Classification this indicator applies to: <input checked="" type="checkbox"/> Person Centred Care <input type="checkbox"/> Effective Care <input type="checkbox"/> Safe Care <input type="checkbox"/> Better Health and Wellbeing <input type="checkbox"/> Use of Information <input type="checkbox"/> Workforce <input checked="" type="checkbox"/> Use of Resources <input type="checkbox"/> Governance, Leadership and Management
4	KPI Target	NSP 2015 Target: 95%
5	KPI Calculation	Emergency hip fracture surgeries are identified from the HIPE system as cases with a type of admission of 4 or 5, a principal diagnosis of S72.0, S72.1 or S72.2 (including sub diagnoses) and a principal procedure in procedure blocks 1479, 1486, 1489, 1487, 1488, 1491 or 1492. This metric is also restricted to patients aged over 65. Pre-op length of stay is calculated as date of principal procedure-date of admission. Numerator: The numerator is the number of cases in the reporting period where an emergency hip fracture surgery was carried on days 0, 1 or 2 for a patient aged over 65. Denominator: The number of cases in the reporting period where an emergency hip fracture surgery was carried out.
6	Data Source Data Completeness Data Quality Issues	HIPE. As there is a 12 coding timeline for HIPE data reporting this metric on data any more current than 3 months in arrears may result in cases not being reported.
7	Data Collection Frequency	Indicate how often the data to support the KPI will be collected: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details:
8	Tracer Conditions	Emergency hip fracture surgeries are identified from the HIPE system as cases with a type of admission of 1 or 2, a principal diagnosis of S72.0, S72.1 or S72.2 (including sub diagnoses) and a principal procedure in procedure
9	Minimum Data Set	Date of admission, date of principal procedure, ICD10-AM principal diagnosis, ACHI principal procedure, age
10	International Comparison	
11	KPI Monitoring	KPI will be monitored : <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details: Please indicate who is responsible at a local level for monitoring this KPI:
12	KPI Reporting Frequency	Indicate how often the KPI will be reported: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details:
13	KPI report period	Indicate the period to which the data applies <input type="checkbox"/> Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) <input checked="" type="checkbox"/> Monthly in arrears (June data reported in July) <input type="checkbox"/> Quarterly in arrears (quarter 1 data reported in quarter 2) <input type="checkbox"/> Rolling 12 months (previous 12 month period) <input type="checkbox"/> Other – give details:
14	KPI Reporting Aggregation	Indicate the level of aggregation – for example over a geographical location: <input checked="" type="checkbox"/> National <input checked="" type="checkbox"/> Regional <input type="checkbox"/> LHO Area <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> County <input type="checkbox"/> Institution <input type="checkbox"/> Other – give details:
15	KPI is reported in which reports?	Indicate where the KPI will be reported: <input type="checkbox"/> Corporate Plan Report <input type="checkbox"/> Performance Report (NSP/CBP) <input type="checkbox"/> CompStat <input type="checkbox"/> Other – give details:
16	Web link to data	http://www.hse.ie/eng/services/Publications/corporate/performanceassurancereports/
17	Additional Information	
Contact details for Data Manager		Derek McCormack, BIU Acute, Tel: 01 620 1690 E:Derek.mccormack@hse.ie
National Lead and Division		National Director Acute Hospitals Division, Dr. Steevens Hospital, Dublin 8. Tel 01-635 2000.

Acute Division - Hospital Mortality

1	KPI title	Standardised Mortality Rate (SMR) for inpatients deaths by hospital and clinical condition
2	KPI Description	SMR for inpatient deaths is the ratio of the actual number of in-hospital deaths within 30 days of admission for specific clinical conditions to the expected number of in-hospital deaths for that clinical condition
3	KPI Rationale	Hospital standardised mortality ratios (HSMRs) are being considered more and more to be a reliable indicator of the quality of care within a country's hospital service. Variation between hospital mortality rates can be broadly explained by one or more of the following: data quality, randomness; case variation of patients presenting for care; socio economic status; and differences in the actual quality of care. A number of similar methodologies can be used to largely "remove" the other factors and leave quality of care as the potential reason for the variation. However, it is recognised that methodologies for identifying outlying institutions are, at best, screening tests. They do not definitively indicate that an institution is providing poor quality of care, only that further investigation may be warranted. The literature on comparative hospital mortality strongly advises that it is used as part of a wider suite of quality indicators for the continuous assessment of hospital groups.
	Indicator Classification	Please tick Indicator Classification this indicator applies to: <input type="checkbox"/> Person Centred Care <input checked="" type="checkbox"/> Effective Care <input type="checkbox"/> Safe Care <input type="checkbox"/> Better Health and Wellbeing <input type="checkbox"/> Use of Information <input type="checkbox"/> Workforce <input type="checkbox"/> Use of Resources <input type="checkbox"/> Governance, Leadership and Management
4	KPI Target	TBC
5	KPI Calculation	The hospital standardised mortality ratio (HSMR) is calculated using the equation: $\text{HSMR} = \frac{\text{Observed number of deaths} \times 100}{\text{Expected number of deaths}}$ Calculation of expected deaths per hospital: The expected number of deaths per hospital is calculated by summing the predicted number of deaths per CCS group for each institution. The observed number of deaths per institution is extracted from HIPE discharge data. Confidence intervals (95%, 99.8%) are computed around each HSMR value. Where the (appropriate) confidence interval overlaps 100 it suggests that there is no significant difference between the hospital's mortality rate and the national average; where the lower confidence interval does not reach 100, the hospital mortality rate is considered higher than national average; and where the upper confidence interval does not reach 100 the hospital mortality rate is considered lower than the national average
6	Data Source Data Completeness Data Quality Issues	Data source: HIPE Inclusions and exclusions: All public hospital discharge episodes (HIPE) available to the National Casemix Programme, HSE, in 2013 will be included. Maternity and paediatric discharges are EXCLUDED. In addition, any hospital episode with the ICD-10-AM code Z515 (palliative care) occurring in either the principle or secondary diagnosis fields are excluded from the
7	Data Collection Frequency	Indicate how often the data to support the KPI will be collected: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details:
8	Tracer Conditions	
9	Minimum Data Set	The observed and expected number of deaths per institution is extracted from HIPE discharge data.
10	International Comparison	Not possible
11	KPI Monitoring	KPI will be monitored : <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input checked="" type="checkbox"/> Annually <input type="checkbox"/> Other – give details: Please indicate who is responsible at a local level for monitoring this KPI: Hospital Quality and Patient Safety Committee and Clinical Director
12	KPI Reporting Frequency	Indicate how often the KPI will be reported: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input checked="" type="checkbox"/> Annually <input type="checkbox"/> Other – give details:
13	KPI report period	Indicate the period to which the data applies <input type="checkbox"/> Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) <input checked="" type="checkbox"/> Monthly in arrears (June data reported in July) <input type="checkbox"/> Quarterly in arrears (quarter 1 data reported in quarter 2) <input type="checkbox"/> Rolling 12 months (previous 12 month period) <input checked="" type="checkbox"/> Other – give details: annual
14	KPI Reporting Aggregation	Indicate the level of aggregation – for example over a geographical location: <input checked="" type="checkbox"/> National <input checked="" type="checkbox"/> Regional <input type="checkbox"/> LHO Area <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> County <input type="checkbox"/> Institution <input type="checkbox"/> Other – give details:
15	KPI is reported in which reports?	Indicate where the KPI will be reported: <input type="checkbox"/> Corporate Plan Report <input checked="" type="checkbox"/> Performance Report (NSP/CBP) <input type="checkbox"/> CompStat <input type="checkbox"/> Other – give details:
16	Web link to data	http://www.hse.ie/eng/services/Publications/corporate/performanceassurancereports/
17	Additional Information	Name: Jennifer Martin Email address: Jennifer.martin@hse.ie Contact Number: 0876111291. Howard Johnson. Email: Howard.johnson@hse.ie Contact number: 01 6352040 Dr. Philip Crowley, National Director Quality and Patient Safety National Director Acute Hospitals Division, Dr. Steevens Hospital, Dublin 8. Tel 01-6352000.

Acute Division - Re-Admission (Monthly)

1	KPI title	% of emergency re-admissions for acute medical conditions to the same hospital within 28 days of discharge
2	KPI Description	Percentage of emergency re-admissions for acute medical conditions to the same hospital within 28 days of discharge
3	KPI Rationale Indicator Classification	Please tick Indicator Classification this indicator applies to: <input type="checkbox"/> Person Centred Care <input type="checkbox"/> Effective Care <input type="checkbox"/> Safe Care <input type="checkbox"/> Better Health and Wellbeing <input type="checkbox"/> Use of Information <input type="checkbox"/> Workforce <input type="checkbox"/> Use of Resources <input type="checkbox"/> Governance, Leadership and Management
4	KPI Target	2015 Target = 9.6%
5	KPI Calculation	Number of medical inpatients (definition set out by the Acute Medicine Programme (AMP); see below) readmitted as an emergency re-admission, within 28 days of discharge from same hospital, as a percentage of all medical inpatient admissions (elective and emergency). Deaths are excluded from the denominator. Both uncoded PAS and coded HIPE data is used. By definition excludes paediatrics. Demographic:(1) Inpatient Admission Type:NOT (6) Maternity Patients Age in Years:Between 16-120 Specialty (Consultants):(0100) Cardiology (0300) Dermatology (0400) Endocrinology (0402) Diabetes Mellitus (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
6	Data Source Data Completeness Data Quality Issues	Coded HIPE and uncoded PAS data
7	Data Collection Frequency	Indicate how often the data to support the KPI will be collected: <input checked="" type="checkbox"/> Daily <input checked="" type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details:
8	Tracer Conditions	The terms/definitions which would be used to differentiate those who should be included in the data. Inclusion: New ED Patient Attendance: A patient who attends ED requesting emergency care for the first time with a particular condition and any patient
9	Minimum Data Set	
10	International Comparison	
11	KPI Monitoring	KPI will be <u>monitored</u> : <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details: Please indicate who is responsible at a local level for monitoring this KPI:
12	KPI Reporting Frequency	Indicate how often the KPI will be reported: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details:
13	KPI report period	Indicate the period to which the data applies <input type="checkbox"/> Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) <input checked="" type="checkbox"/> Monthly in arrears (June data reported in July) <input type="checkbox"/> Quarterly in arrears (quarter 1 data reported in quarter 2) <input type="checkbox"/> Rolling 12 months (previous 12 month period) <input type="checkbox"/> Other – give details:
14	KPI Reporting Aggregation	Indicate the level of aggregation – for example over a geographical location: <input checked="" type="checkbox"/> National <input checked="" type="checkbox"/> Regional <input type="checkbox"/> LHO Area <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> County <input type="checkbox"/> Institution <input type="checkbox"/> Other – give details:
15	KPI is reported in which reports?	Indicate where the KPI will be reported: <input type="checkbox"/> Corporate Plan Report <input checked="" type="checkbox"/> Performance Report (NSP/CBP) <input type="checkbox"/> CompStat <input type="checkbox"/> Other – give details:
16	Web link to data	http://www.hse.ie/eng/services/Publications/corporate/performanceassurancereports/
17	Additional Information	
Contact details for Data Manager /Specialist Lead		Derek McCormack, BIU Acute, Tel: 01 620 1690 E:Derek.mccormack@hse.ie
National Lead and Division		National Director Acute Hospitals Division, Dr. Steevens Hospital, Dublin 8. Tel 01-635 2000.

Acute Division		
1	KPI title	Percentage of surgical re-admissions to the same hospital within 30 days of discharge
2	KPI Description	Unplanned re- admission, 30 days post acute or elective, inpatient or day-case surgical admission to same hospital should remain below 3%.
3	KPI Rationale	As hospitals are encouraged to reduce surgical length of stay, it is important that re admission rates re monitored to ensure that there is not an associated inappropriate increase in vigilant HIPE coding of readmissions to surgical services in Ireland is considered a priority in terms of monitoring quality, the inclusion of this KPI will encourage compliance.
	Indicator Classification	Please tick Indicator Classification this indicator applies to:
	(National Standards for Safer Better HealthCare)	<input type="checkbox"/> Person Centred Care <input type="checkbox"/> Effective Care <input type="checkbox"/> Better Health and Wellbeing <input type="checkbox"/> Use of Information <input type="checkbox"/> Workforce <input type="checkbox"/> Workforce <input type="checkbox"/> Use of Resources <input type="checkbox"/> Governance, Leadership and Management <input type="checkbox"/>
4	KPI Target	Target 2015: <3%
5	KPI Calculation	Number of surgical inpatients (elective and acute, inpatient and daycase) readmitted as an emergency re-admission, within 30 days of discharge from same hospital, as a percentage of all surgical admissions (elective and acute, inpatient and daycase) in the same month.
6	Data Source	HIPE Data. Will be dependant on accuracy (particularly precise coding of "type of admission" field) and timely completion of
	Data Completeness	Hospital HIPE coding. Coverage includes all acute hospitals except specialist paediatric and maternity hospitals. Surgery
	Data Quality Issues	Programme mapping tables for surgical procedures and surgical specialities.
7	Data Collection Frequency	Indicate how often the data to support the KPI will be collected: Daily Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details: Starts Jan 2013
8	Tracer Conditions	ICD 10 Codes= International Classification of Disease (ICD) 10.
9	Minimum Data Set	HIPE recorded data for every episode for surgical admissions and emergency readmissions.
10	International Comparison	Collected in UK and internationally, often for particular surgical procedures e.g. fractured neck of femur.
11	KPI Monitoring	KPI will be <u>monitored</u> : <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details:
		Please indicate who is responsible at a local level for monitoring this KPI: Hospital Groups, Hospitals, Surgery Anaesthesia Programme, ISD
12	KPI Reporting Frequency	Indicate how often the KPI will be reported: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details:
13	KPI report period	Indicate the period to which the data applies <input type="checkbox"/> Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity)
		<input checked="" type="checkbox"/> 3 Monthly in arrears (May admissions who readmit are reported in August)
		<input type="checkbox"/> Quarterly in arrears (quarter 1 data reported in quarter 2)
		<input type="checkbox"/> Rolling 12 months (previous 12 month period)
		<input type="checkbox"/> Other – give details:
14	KPI Reporting Aggregation	Indicate the level of aggregation – for example over a geographical location: <input checked="" type="checkbox"/> National <input checked="" type="checkbox"/> Regional <input type="checkbox"/> LHO Area <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> County <input type="checkbox"/> Institution yes Other – give details: hospital groups as appropriate
		Indicate where the KPI will be reported: <input type="checkbox"/> Corporate Plan Report <input checked="" type="checkbox"/> Performance Report (NSP/CBP) <input type="checkbox"/> CompStat <input type="checkbox"/> Other – give details:
15	KPI is reported in which reports?	Indicate where the KPI will be reported: <input type="checkbox"/> Corporate Plan Report <input checked="" type="checkbox"/> Performance Report (NSP/CBP) <input type="checkbox"/> CompStat <input type="checkbox"/> Other – give details:
16	Web link to data	N/A
17	Additional Information	Is the data for this KPI available through Corporate Information Facility (CIF)?
Contact details for Data Manager		Gerry Kelliher National Clinical Programme in Surgery gerrykelliher@rcsi.ie W: www.rcsi.ie T: 01-402-2143 M: 087-124-0759
/Specialist Lead		
National Lead and Division		Prof. Frank Keane, Ken Mealy, Sean Johnston :fkeane@rcsi.ie, kmealy@rcsi.ie & sjohnston@rcsi.ie - Dr. Ciaran Browne, NationalLead for Acute and Palliative Care, ISD, HSE, Room 107, Dr Steevens Hospital tel 01-6201667

Acute Division - Patient Experience (Annually)

1	KPI title	% of hospitals conducting annual patient experience surveys amongst representative samples of their patient population
2	KPI Description	Survey conducted amongst a representative sample of the patient population, measuring person centred care, and the principles outlined in the National Healthcare Charter.
3	KPI Rationale	To measure patient experience amongst a representative sample of services users
	Indicator Classification	Please tick Indicator Classification this indicator applies to:
		<input checked="" type="checkbox"/> Person Centred Care <input checked="" type="checkbox"/> Effective Care <input checked="" type="checkbox"/> Safe Care
		<input checked="" type="checkbox"/> Better Health and Wellbeing <input checked="" type="checkbox"/> Use of Information <input checked="" type="checkbox"/> Workforce
		<input type="checkbox"/> Use of Resources <input checked="" type="checkbox"/> Governance, Leadership and Management
4	KPI Target	2015 Target= 100%
5	KPI Calculation	
6	Data Source	Source: Quality team in acute hospitals
	Data Completeness	Completeness:100% of all acute hospitals must participate. However at present time of completing this metadata the following hospitals have commenced work on measuring patient experience; Sligo, UHG, Portlucna, Mayo, St James's, St Luke's, Kilkenny, Kerry General
	Data Quality Issues	Quality: Validated survey tools should be used, to measure patient experience. Sampling methods, sample size, response rates and survey methods need to be in line with best practice research methodology.
7	Data Collection Frequency	Indicate how often the data to support the KPI will be collected: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input checked="" type="checkbox"/> Annually <input type="checkbox"/> Other – give details:
8	Tracer Conditions	
9	Minimum Data Set	
10	International Comparison	
11	KPI Monitoring	KPI will be <u>monitored</u> : <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input checked="" type="checkbox"/> Annually <input type="checkbox"/> Other – give details: Please indicate who is responsible at a local level for monitoring this KPI: Nominated member of the senior management team of each hospital with responsibility for gathering patient feedback and reporting on patient experience
12	KPI Reporting Frequency	Indicate how often the KPI will be reported: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input checked="" type="checkbox"/> Annually <input type="checkbox"/> Other – give details:
13	KPI report period	Indicate the period to which the data applies <input type="checkbox"/> Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) <input type="checkbox"/> Monthly in arrears (June data reported in July) <input type="checkbox"/> Quarterly in arrears (quarter 1 data reported in quarter 2) <input type="checkbox"/> Rolling 12 months (previous 12 month period) <input checked="" type="checkbox"/> Other – give details: Data is quarterly -in-arrears however it is reported annually. The data is collected in the quarter prior to the survey. Each hospital does survey at individual times but data is taken from quarter previous to survey (hence quarterly in arrears)
14	KPI Reporting Aggregation	Indicate the level of aggregation – for example over a geographical location: <input checked="" type="checkbox"/> National <input checked="" type="checkbox"/> Regional <input type="checkbox"/> LHO Area <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> County <input type="checkbox"/> Institution <input type="checkbox"/> Other – give details:
15	KPI is reported in which reports?	Indicate where the KPI will be reported: <input type="checkbox"/> Corporate Plan Report <input checked="" type="checkbox"/> Performance Report (NSP/CBP) <input type="checkbox"/> CompStat <input type="checkbox"/> Other – give details:
16	Web link to data	http://www.hse.ie/eng/services/Publications/corporate/performanceassurancereports/
17	Additional Information	Contact the National Advocacy, Unit HSE for access to survey tools and support. Work is ongoing to get all hospitals included in patient experience.
Contact details for Data Manager /Specialist Lead National Lead and Division		Name: June Boulger, National Lead Patient and Public Involvement. 086-8069829/ june.boulger2@hse.ie
		Dr. Philip Crowley, National Director Quality and Patient Safety / Director of Acute Hospitals, Dr Steevens Hospital, Dublin 8.

Acute Division - Dialysis

1	KPI Title	Dialysis Modality – Haemodialysis (Patient Treatments)
2	KPI Description	Haemodialysis is type of treatment that replicates many of the functions of the kidneys. It is often used to treat cases of permanent kidney failure, which is also known as End-Stage Kidney Disease (ESKD).
3	KPI Rationale	This KPI allows the National Renal Office to strategically plan for renal dialysis requirements each year, and also to plan ahead and anticipate additional patient requirements. It assists in the operation and planning needs of the current network of Renal Units in the country.
	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two). <input type="checkbox"/> Person Centred Care <input checked="" type="checkbox"/> Effective Care Safe Care <input type="checkbox"/> Better Health and Wellbeing <input checked="" type="checkbox"/> Use of Information Workforce <input type="checkbox"/> Use of Resources <input type="checkbox"/> Governance, Leadership and Management <input type="checkbox"/>
4	KPI Target	Target 2015: Dialysis Modality: Haemodialysis Expected Activity 2015: 1609-1629 (Patient Treatments: 251,004 - 254,124)
5	KPI Calculation	Number of ESKD patients treated by Centre Haemodialysis, counted at a single point in time (30th June and 31st December each year) in the 11 Parent Renal Units and 8 Satellite Haemodialysis Units.
6	Data Source	Data source is the Twice-yearly Activity Census from each of the Renal Units within the current Network of Renal units
	Data Completeness	Complete.
	Data Quality Issues	It is envisaged that the Kidney Disease Clinical Patient Management System (KDCPMS) will capture the KPI data when it is fully operational within all the Parent Renal Units and Satellite Haemodialysis Units.
7	Data Collection Frequency	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Bi-annually <input checked="" type="checkbox"/> Annually <input type="checkbox"/> Other – give details:
8	Tracer Conditions	In patients with ESKD, Haemodialysis is a treatment that replicates many of the functions of the kidneys.
9	Minimum Data Set	Twice-yearly Census of Renal Units in June and December each year
10	International Comparison	The closest jurisdiction with which comparisons can be made is the United Kingdom. The UK Renal Registry reports on an Annual basis. Within this dataset are available comparative metrics from Northern Ireland.
11	KPI Monitoring	KPI will be monitored on a (please indicate below) basis: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Bi-annually <input checked="" type="checkbox"/> Annually <input type="checkbox"/> Other – give details: Please indicate who is responsible for monitoring this KPI: Dr Liam Plant, NCD, NRO.
12	KPI Reporting Frequency	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Bi-annually <input checked="" type="checkbox"/> Annually <input type="checkbox"/> Other – give details:
13	KPI report period	<input type="checkbox"/> Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) <input type="checkbox"/> Monthly in arrears (June data reported in July) <input checked="" type="checkbox"/> Quarterly in arrears (quarter 1 data reported in quarter 2) <input type="checkbox"/> Rolling 12 months (pr
14	KPI Reporting Aggregation	<input checked="" type="checkbox"/> National <input checked="" type="checkbox"/> Regional <input checked="" type="checkbox"/> LHO Area <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> County <input type="checkbox"/> Institution <input type="checkbox"/> Other – give details:
15	KPI is reported in which reports ?	<input checked="" type="checkbox"/> Corporate Plan Report <input checked="" type="checkbox"/> Performance Report (NSP/CBP) <input type="checkbox"/> CompStat <input type="checkbox"/> Other – give details:
16	Web link to data	Data and information is recorded on the National Renal Office Website@www.hse.gov/nro
17	Additional Information	The roll out of the Kidney Disease Clinical Patient Management System(KDCPMS) will increase the quality of data available.
Contact details for Data Manager / Specialist		Pat O'Connor, General Manager, National Renal Office, T:01-6201806 E: patj.oconnor@hse.ie
National Lead and Directorate		Dr Liam Plant, National Clinical Director, National Renal Office E: nro@hse.ie

Acute Division : Dialysis Modality

1	KPI Title	Dialysis Modality - Home Therapies (Patients Treatments)
2	KPI Description	Home Therapies describe forms of permanent dialysis treatments used in the treatment of permanent kidney failure, also called End-stage Kidney Disease (ESKD). These treatments take place in patients' homes and are a form of supported self-care.
3	KPI Rationale	The KPI allows the National Renal Office to strategically plan for renal dialysis requirements each year. It assists in the operation and planning needs of the current network of Renal Units in the country.
	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two). X Person Centred Care <input type="checkbox"/> Effective Care
		Safe Care <input type="checkbox"/> Better Health and Wellbeing X Use of Information <input type="checkbox"/>
		Workforce <input type="checkbox"/> Use of Resources <input type="checkbox"/> Governance, Leadership and Management <input type="checkbox"/>
4	KPI Target	Target 2015: Dialysis Modality Home Therapies: Expected Activity 2015: 271- 281 (Patient Treatments: 85,060 - 94,440)
5	KPI Calculation	Number of patients treated by Home Peritoneal Dialysis and Home Haemodialysis, counted at a single point in time (30th June and 31st December) each year under the governance of the 11 Parent Renal Units.
6	Data Source	Data source is the twice-yearly ESKD patient Census from each of the Renal Units within the current Network of Units.
	Data Completeness	
	Data Quality Issues	
7	Data Collection Frequency	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Bi-annually <input checked="" type="checkbox"/> Annually <input type="checkbox"/> Other – give details:
8	Tracer Conditions	Dialysis therapies replicate many of the functions of the failed kidneys in patients with ESKD.
9	Minimum Data Set	Twice yearly Census of Renal Units in June and December each year.
10	International Comparison	The closest jurisdiction with which a comparison can be made is the United Kingdom. The UK Renal Registry reports on an annual basis. Within that dataset are activity levels from Northern Ireland.
11	KPI Monitoring	KPI will be monitored on a (please indicate below) basis: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Bi-annually <input checked="" type="checkbox"/> Annually <input type="checkbox"/> Other – give details: Please indicate who is responsible for monitoring this KPI: Dr Liam Plant
12	KPI Reporting Frequency	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Bi-annually <input checked="" type="checkbox"/> Annually <input type="checkbox"/> Other – give details:
13	KPI report period	<input type="checkbox"/> Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) <input type="checkbox"/> Monthly in arrears (June data reported in July) <input checked="" type="checkbox"/> Quarterly in arrears (quarter 1 data reported in quarter 2) <input type="checkbox"/> Rolling 12 months (or
14	KPI Reporting Aggregation	<input checked="" type="checkbox"/> National <input checked="" type="checkbox"/> Regional <input checked="" type="checkbox"/> LHO Area <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> County <input type="checkbox"/> Institution <input type="checkbox"/> Other – give details:
15	KPI is reported in which reports ?	<input checked="" type="checkbox"/> Corporate Plan Report <input checked="" type="checkbox"/> Performance Report (NSP/CBP) <input type="checkbox"/> CompStat <input type="checkbox"/> Other – give details:
16	Web link to data	Data and Information is recorded on the National Renal Office Website @www.hse.go/nro
17	Additional Information	The roll out of the Kidney Disease Clinical Patient Management System(KDCPMS) will increase the quality of data available.
Contact details for Data Manager / Specialist Lead		Pat O'Connor, General Manager, National Renal Office T@ 01-6201806 E:patj.oconnor@hse.ie
National Lead and Directorate		Dr Liam Plant, National Clinical Director, National Renal Office E:nro@hse.ie

Acute Division - Delayed Discharges

1	KPI title	Reduction in bed days lost through delayed discharges
2	KPI Description	This metric looks at the number of bed days lost due to delayed discharge. Delayed Discharge: 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 discharges grouped under Type A - Destination Home, Type B - Destination Long Term Nursing Care, Type C - Other Destination and Outcomes.
3	KPI Rationale	Delayed discharge is used in assessment of quality of care, costs and efficiency and is used for health planning purposes.
	Indicator Classification	Please tick Indicator Classification this indicator applies to: <input type="checkbox"/> Person Centred Care <input checked="" type="checkbox"/> Effective Care <input type="checkbox"/> Safe Care <input type="checkbox"/> Better Health and Wellbeing <input type="checkbox"/> Use of Information <input type="checkbox"/> Workforce <input type="checkbox"/> Use of Resources <input type="checkbox"/> Governance, Leadership and Management
4	KPI Target	NSP 2015 Target: 10% reduction
5	KPI Calculation	Count of bed days lost to patients who are Delayed Discharges.
6	Data Source Data Completeness Data Quality Issues	National Delayed Discharge database to BIU Acute
7	Data Collection Frequency	Indicate how often the data to support the KPI will be collected: <input checked="" type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details:
8	Tracer Conditions	bed days lost
9	Minimum Data Set	New categorisation of delayed discharges grouped under Type A - Destination Home, Type B - Destination Long Term Nursing Care, Type C - Other Destination and Outcomes
10	International Comparison	Yes, similar information gathered in other countries
11	KPI Monitoring	KPI will be <u>monitored</u> : <input checked="" type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details: Please indicate who is responsible at a local level for monitoring this KPI:
12	KPI Reporting Frequency	Indicate how often the KPI will be reported: <input checked="" type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details:
13	KPI report period	Indicate the period to which the data applies <input type="checkbox"/> Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) <input checked="" type="checkbox"/> Monthly in arrears (June data reported in July) <input type="checkbox"/> Quarterly in arrears (quarter 1 data reported in quarter 2) <input type="checkbox"/> Rolling 12 months (previous 12 month period) <input type="checkbox"/> Other – give details:
14	KPI Reporting Aggregation	Indicate the level of aggregation – for example over a geographical location: <input checked="" type="checkbox"/> National <input checked="" type="checkbox"/> Regional <input type="checkbox"/> LHO Area <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> County <input type="checkbox"/> Institution <input type="checkbox"/> Other – give details:
15	KPI is reported in which reports?	Indicate where the KPI will be reported: <input type="checkbox"/> Corporate Plan Report <input checked="" type="checkbox"/> Performance Report (NSP/CBP) <input type="checkbox"/> CompStat <input type="checkbox"/> Other – give details:
16	Web link to data	http://www.hse.ie/eng/services/Publications/corporate/performanceassurancereports/
17	Additional Information	
Contact details for Data Manager		Derek McCormack, BIU Acute, Tel: 01 620 1690 E:Derek.mccormack@hse.ie
National Lead and Division		National Director Acute Hospitals Division, Dr. Steevens Hospital, Dublin 8. Tel 01-635 2000.

Acute Division - Delayed Discharges (monthly)

1	KPI title	Reduction in no. of people subject to delayed discharges
2	KPI Description	This metric looks at the number of people subject to delayed discharge. Delayed Discharge: 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 discharges grouped under Type A - Destination Home, Type B - Destination Long Term Nursing Care, Type C - Other Destination and Outcomes.
3	KPI Rationale	Delayed discharge is used in assessment of quality of care, costs and efficiency and is used for health planning purposes.
	Indicator Classification	Please tick Indicator Classification this indicator applies to:
		<input type="checkbox"/> Person Centred Care <input checked="" type="checkbox"/> Effective Care <input type="checkbox"/> Safe Care
		<input type="checkbox"/> Better Health and Wellbeing <input type="checkbox"/> Use of Information <input type="checkbox"/> Workforce <input type="checkbox"/> Use of Resources <input checked="" type="checkbox"/> Governance, Leadership and Management
4	KPI Target	NSP 2015 Target : 15% reduction
5	KPI Calculation	Count of bed days lost to patients who are Delayed Discharges.
6	Data Source Data Completeness Data Quality Issues	National Delayed Discharge database to BIU Acute.
7	Data Collection Frequency	Indicate how often the data to support the KPI will be collected: <input checked="" type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details:
8	Tracer Conditions	People subject to delayed discharge.
9	Minimum Data Set	New categorisation of delayed discharges grouped under Type A - Destination Home, Type B - Destination Long Term Nursing Care, Type C - Other Destination and Outcomes.
10	International Comparison	Yes, similar information gathered in other countries
11	KPI Monitoring	KPI will be <u>monitored</u> : <input checked="" type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details: Please indicate who is responsible at a local level for monitoring this KPI:
12	KPI Reporting Frequency	Indicate how often the KPI will be reported: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details:
13	KPI report period	Indicate the period to which the data applies <input type="checkbox"/> Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) <input checked="" type="checkbox"/> Monthly in arrears (June data reported in July) <input type="checkbox"/> Quarterly in arrears (quarter 1 data reported in quarter 2) <input type="checkbox"/> Rolling 12 months (previous 12 month period) <input type="checkbox"/> Other – give details:
14	KPI Reporting Aggregation	Indicate the level of aggregation – for example over a geographical location: <input checked="" type="checkbox"/> National <input checked="" type="checkbox"/> Regional <input type="checkbox"/> LHO Area <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> County <input type="checkbox"/> Institution <input type="checkbox"/> Other – give details:
15	KPI is reported in which reports?	Indicate where the KPI will be reported: <input type="checkbox"/> Corporate Plan Report <input checked="" type="checkbox"/> Performance Report (NSP/CBP) <input type="checkbox"/> CompStat <input type="checkbox"/> Other – give details:
16	Web link to data	http://www.hse.ie/eng/services/Publications/corporate/performanceassurancereports/
17	Additional Information	
Contact details for Data Manager		Derek McCormack, BIU Acute, Tel: 01 620 1690 E:Derek.mccormack@hse.ie
National Lead and Division		National Director Acute Hospitals Division, Dr. Steevens Hospital, Dublin 8. Tel 01-635 2000.

Acute Division - EWTD		
1	KPI title	European Working Time Directive compliance for NCHDs - <24 hour shift
2	KPI Description	Compliance with aspects of the European Working Time Directive and associated European Commission reporting requirements for Non-Consultant Hospital Doctors (NCHDs) employed in HSE and HSE-funded agencies European Working Time Directive requirements are set out in SI 494 of 2004, SI 593 of 2010 and related HSE and DoH guidance the most recent of which is 'Guidance on EWTD requirements - 18th Jan 12'. European Commission reporting requirements are set out in correspondence from the European Commission to the Minister for Health of 13th February 2013 and 24th August 2013
3	KPI Rationale	The HSE is required to collect information on EWTD compliance by the Department of Health to facilitate reporting to the European Commission. Separately, the HSE has agreed to proposals from the Labour Relations Commission to publish data on EWTD compliance and compliance with a maximum 24 hour shift. NCHD Contract 2010 introduced a requirement for a maximum 24 hour shift in February 2010. In October 2013, the HSE agreed to LRC proposals to ensure all NCHDs were compliant with a maximum 24 hour shift.
	Indicator Classification	Please tick Indicator Classification this indicator applies to:
	(National Standards for Safer Better HealthCare)	<input type="checkbox"/> Person Centred Care <input type="checkbox"/> Effective Care <input checked="" type="checkbox"/> Safe Care <input type="checkbox"/> Better Health and Wellbeing <input type="checkbox"/> Use of Information <input checked="" type="checkbox"/> Workforce <input type="checkbox"/> Use of Resources <input type="checkbox"/> Governance, Leadership and Management
4	KPI Target	Target 2015 = 100%
5	KPI Calculation	NCHD Contract 2010 and LRC proposals of October 2013 require NCHD compliance with a maximum shift on-site on-call of 24 hours. The KPI is calculated in the case of the target by expressing the numerator (those NCHDs compliant with the target) as a percentage of the denominator (the total population of NCHDs). Data is provided in respect of each grade of NCHD - Intern, Senior House Officer, Registrar and Specialist / Senior Registrar - and for all NCHDs.
6	Data Source	HR data provided via the Office of the National Director of HR
	Data Completeness	HR data relies on a individual hospital returns for all NCHDs employed to the Office of the National Director of HR
	Data Quality Issues	Data Completeness and any Data Quality issues
7	Data Collection Frequency	Indicate how often the data to support the KPI will be collected: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details:
8	Tracer Conditions	working hours - defined as time spent on-call on-site
9	Minimum Data Set	see attached appendix
10	International Comparison	No - Ireland and Greece are only two EU states with significant non-compliance with the EWTD
11	KPI Monitoring	KPI will be monitored : <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details: Please indicate who is responsible at a local level for monitoring this KPI: Medical Manpower Managers / Medical administration
12	KPI Reporting Frequency	Indicate how often the KPI will be reported: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details:
13	KPI report period	Indicate the period to which the data applies <input type="checkbox"/> Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) <input checked="" type="checkbox"/> Monthly in arrears (June data reported in July) <input type="checkbox"/> Quarterly in arrears (quarter 1 data reported in quarter 2) <input type="checkbox"/> Rolling 12 months (previous 12 month period) <input type="checkbox"/> Other – give details:
14	KPI Reporting Aggregation	Indicate the level of aggregation – for example over a geographical location: <input type="checkbox"/> National <input type="checkbox"/> Regional <input checked="" type="checkbox"/> Hospital Group <input type="checkbox"/> Hospital <input type="checkbox"/> CHO <input type="checkbox"/> ISA <input type="checkbox"/> LHO <input type="checkbox"/> County <input type="checkbox"/> Institution <input type="checkbox"/> Other – give details: this refers to the combination of results to provide a broader picture of performance for example over a geographical location
15	KPI is reported in which reports?	Indicate where the KPI will be reported: <input checked="" type="checkbox"/> Performance Report (NSP) <input checked="" type="checkbox"/> CompStat <input type="checkbox"/> Other – give details:
16	Web link to data	http://www.hse.ie/eng/services/Publications/corporate/performanceassurancereports/
17	Additional Information	Is the data for this KPI available through Corporate Information Facility (CIF)? Include any additional information relevant to the KPI e.g. New new collection mechanisms are being developed
Contact details for Data Manager		Andrew Condon, email: andrew.condon@hse.ie, tel: 0871215490
National Lead and Division		National Director Acute Hospitals Division, Dr. Steevens Hospital, Dublin 8. Tel 01-635 2000.

Acute Division		
1	KPI title	European Working Time Directive compliance for NCHDs - <48 hour working week
2	KPI Description	Compliance with aspects of the European Working Time Directive and associated European Commission reporting requirements for Non-Consultant Hospital Doctors (NCHDs) employed in HSE and HSE-funded agencies European Working Time Directive requirements are set out in SI 494 of 2004, SI 593 of 2010 and related HSE and DoH guidance the most recent of which is 'Guidance on EWTD requirements - 18th Jan 12'. European Commission reporting requirements are set out in correspondence from the European Commission to the Minister for Health of 13th February 2013 and 24th August 2013
3	KPI Rationale	The HSE is required to collect information on EWTD compliance by the Department of Health to facilitate reporting to the European Commission. Separately, the HSE has agreed to proposals from the Labour Relations Commission to publish data on EWTD compliance and compliance with a maximum 24 hour shift. NCHD Contract 2010 introduced a requirement for a maximum 24 hour shift in February 2010. In October 2013, the HSE agreed to LRC proposals to ensure all NCHDs were compliant with a maximum 24 hour shift
	Indicator Classification	Please tick Indicator Classification this indicator applies to:
	(National Standards for Safer Better HealthCare)	<input type="checkbox"/> Person Centred Care <input type="checkbox"/> Effective Care <input checked="" type="checkbox"/> Safe Care <input type="checkbox"/> Better Health and Wellbeing <input type="checkbox"/> Use of Information <input checked="" type="checkbox"/> Workforce <input type="checkbox"/> Use of Resources <input type="checkbox"/> Governance, Leadership and Management
4	KPI Target	Target 2015 - 100%
5	KPI Calculation	NCHD Contract 2010 and LRC proposals of October 2013 require NCHD compliance with a maximum shift on-site on-call of 24 hours. The KPI is calculated in the case of the target by expressing the numerator (those NCHDs compliant with the target) as a percentage of the denominator (the total population of NCHDs). Data is provided in respect of each grade of NCHD - Intern, Senior House Officer, Registrar and Specialist / Senior Registrar - and for all NCHDs.
6	Data Source	HR data provided via the Office of the National Director of HR
	Data Completeness	HR data relies on a individual hospital returns for all NCHDs employed to the Office of the National Director of HR.
	Data Quality Issues	Data Completeness and any Data Quality issues this KPI applies to 100% of NCHDs employed in HSE and HSE-funded agencies Data returns to date cover approximately 88% of NCHDs employed.
7	Data Collection Frequency	Indicate how often the data to support the KPI will be collected: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details:
8	Tracer Conditions	working hours - defined as time spent on-call on-site
9	Minimum Data Set	see attached appendix
10	International Comparison	No - Ireland and Greece are only two EU states with significant non-compliance with the EWTD
11	KPI Monitoring	KPI will be monitored : <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details:
		Please indicate who is responsible at a local level for monitoring this KPI: Medical Manpower Managers / Medical administration
12	KPI Reporting Frequency	Indicate how often the KPI will be reported: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details:
13	KPI report period	Indicate the period to which the data applies
		<input type="checkbox"/> Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity)
		<input checked="" type="checkbox"/> Monthly in arrears (June data reported in July)
		<input type="checkbox"/> Quarterly in arrears (quarter 1 data reported in quarter 2)
		<input type="checkbox"/> Rolling 12 months (previous 12 month period)
<input type="checkbox"/> Other – give details:		
14	KPI Reporting Aggregation	Indicate the level of aggregation – for example over a geographical location:
		<input type="checkbox"/> National <input type="checkbox"/> Regional <input type="checkbox"/> Hospital Group <input type="checkbox"/> Hospital <input type="checkbox"/> CHO <input type="checkbox"/> ISA <input type="checkbox"/> LHO
		<input type="checkbox"/> County <input type="checkbox"/> Institution <input type="checkbox"/> Other – give details:
15	KPI is reported in which reports?	Indicate where the KPI will be reported: <input checked="" type="checkbox"/> Performance Report (NSP) <input checked="" type="checkbox"/> CompStat <input type="checkbox"/> Other – give details:
16	Web link to data	http://www.hse.ie/eng/services/Publications/corporate/performanceassurancereports/
17	Additional Information	Include any additional information relevant to the KPI e.g. New new collection mechanisms are being developed
Contact details for Data Manager		Andrew Condon, email: andrew.condon@hse.ie, tel: 0871215490
National Lead and Division		National Director Acute Hospitals Division, Dr. Steevens Hospital, Dublin 8. Tel 01-635 2000.

Acute Division - National Early Warning Score (NEWS) (Quarterly)

1	KPI title	% of Hospitals with full implementation of NEWS in all clinical areas of acute Hospitals and single speciality hospitals
2	KPI Description	This indicator describes the total number of hospitals dealing with adult non-pregnant patients where the NEWS is operational on a defined group of patients (predominately in-patients). There is a standardised definition of implementation used across all hospitals
3	KPI Rationale	To monitor the numbers of hospitals that have implemented the NEWS in their all appropriate clinical areas of their hospital.
	Indicator Classification	Please tick Indicator Classification this indicator applies to:
		<input type="checkbox"/> Person Centred Care <input type="checkbox"/> Effective Care <input checked="" type="checkbox"/> Safe Care
		<input type="checkbox"/> Better Health and Wellbeing <input type="checkbox"/> Use of Information <input checked="" type="checkbox"/> Workforce
		<input type="checkbox"/> Use of Resources <input type="checkbox"/> Governance, Leadership and Management
4	KPI Target	2015 Target = 100%
5	KPI Calculation	Numerator: Total number of Hospitals who have completed implementation of the NEWS in all appropriate clinical areas (see below for definition of implemented). Denominator: Total number of acute hospitals in the HSE
6	Data Source	Q1 Baseline questionnaire response - Q2-Q4 BIU self-report
	Data Completeness	
	Data Quality Issues	
7	Data Collection Frequency	Indicate how often the data to support the KPI will be collected: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give
8	Tracer Conditions	
9	Minimum Data Set	Full implementation records in each acute hospital
10	International Comparison	
11	KPI Monitoring	KPI will be monitored :
		<input type="checkbox"/> Daily <input type="checkbox"/> Weekly Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details: Please indicate who is responsible at a local level for monitoring this KPI:
12	KPI Reporting Frequency	Indicate how often the KPI will be reported: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details:
13	KPI report period	Indicate the period to which the data applies
		<input type="checkbox"/> Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity)
		Monthly in arrears (June data reported in July)
		<input checked="" type="checkbox"/> Quarterly in arrears (quarter 1 data reported in quarter 2)
		<input type="checkbox"/> Rolling 12 months (previous 12 month period)
		<input type="checkbox"/> Other – give details:
14	KPI Reporting Aggregation	Indicate the level of aggregation – for example over a geographical location:
		<input checked="" type="checkbox"/> National <input checked="" type="checkbox"/> Regional <input type="checkbox"/> LHO Area <input checked="" type="checkbox"/> Hospital
		<input type="checkbox"/> County <input type="checkbox"/> Institution <input type="checkbox"/> Other – give details:
15	KPI is reported in which reports?	Indicate where the KPI will be reported: <input type="checkbox"/> Corporate Plan Report <input checked="" type="checkbox"/> Performance Report (NSP/CBP) <input type="checkbox"/> CompStat <input type="checkbox"/> Other – give
16	Web link to data	http://www.hse.ie/eng/services/Publications/corporate/performanceassurancereports/
17	Additional Information	
Contact details for Data Manager /Specialist Lead		Celine Conroy celine.conroy@hse.ie National Early Warning Score contact in National Acute Medicine Programme/ Dr. Ciaran Browne, Acutes Division, Dr Steevens Hospital, Dublin 8..
National Lead and Division		National Director Acute Hospitals Division, Dr. Steevens Hospital, Dublin 8. Tel 01-635 2000.

Acute Division - National Early Warning Score (NEWS) (Quarterly)		
1	KPI title	% of all clinical staff who have been trained in the COMPASS programme
2	KPI Description	This indicator describes the number of clinical staff (head count not WTE & excludes paediatric staff) in all clinical areas who have been trained in the COMPASS Programme in acute hospitals.
3	KPI Rationale	The COMPASS programme is an interdisciplinary education programme designed to enhance our healthcare professionals' understanding of patients who are clinically deteriorating, and the significance of altered clinical observations. It also seeks to improve
	Indicator Classification	Please tick Indicator Classification this indicator applies to:
		<input type="checkbox"/> Person Centred Care <input type="checkbox"/> Effective Care <input checked="" type="checkbox"/> Safe Care
		<input type="checkbox"/> Better Health and Wellbeing <input type="checkbox"/> Use of Information <input checked="" type="checkbox"/> Workforce
		<input type="checkbox"/> Use of Resources <input type="checkbox"/> Governance, Leadership and Management
4	KPI Target	End of 2015 Target >95%
5	KPI Calculation	Numerator: Total number of Doctors, Nurses and Health and Social Care professionals (Headcount) who are involved in direct patient care and monitoring who are trained in the COMPASS Programme Denominator: Total number of Doctors, Nurses and Health and
6	Data Source	Q1 Baseline questionnaire response - Q2-Q4 BIU MDR self-report
	Data Completeness	100%
	Data Quality Issues	Manual collection. Training records need to be verified at staff member level (named)
7	Data Collection Frequency	Indicate how often the data to support the KPI will be collected: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give
8	Tracer Conditions	
9	Minimum Data Set	
10	International Comparison	
11	KPI Monitoring	KPI will be <u>monitored</u> : <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details: Please indicate who is responsible at a local level for monitoring this KPI:
12	KPI Reporting Frequency	Indicate how often the KPI will be reported: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details:
13	KPI report period	Indicate the period to which the data applies
		<input type="checkbox"/> Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity)
		<input type="checkbox"/> Monthly in arrears (June data reported in July)
		<input checked="" type="checkbox"/> Quarterly in arrears (quarter 1 data reported in quarter 2)
		<input type="checkbox"/> Rolling 12 months (previous 12 month period)
		<input checked="" type="checkbox"/> Other – give details: data reported from hospitals to BIU. It is reported as a snap shot of data based on last day of each quarter i.e. 30th June returned in 15th July, 30th Sept returned on 15th October, 31st Dec returned on 15th Jan 2015. All hospita
14	KPI Reporting Aggregation	Indicate the level of aggregation – for example over a geographical location:
		<input checked="" type="checkbox"/> National <input checked="" type="checkbox"/> Regional <input type="checkbox"/> LHO Area <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> County <input type="checkbox"/> Institution <input type="checkbox"/> Other – give details:
15	KPI is reported in which reports?	Indicate where the KPI will be reported: <input type="checkbox"/> Corporate Plan Report <input checked="" type="checkbox"/> Performance Report (NSP/CBP) <input type="checkbox"/> CompStat <input type="checkbox"/> Other – give
16	Web link to data	http://www.hse.ie/eng/services/Publications/corporate/performanceassurancereports/
17	Additional Information	
Contact details for Data Manager /Specialist Lead		Celine Conroy celine.conroy@hse.ie National Early Waring Score contact in National Acute Medicine Programme/ Dr. Ciaran Browne, Acutes Division, Dr Steevens Hospital, Dublin 8..
National Lead and Division		National Director Acute Hospitals Division, Dr. Steevens Hospital, Dublin 8. Tel 01-635 2000.

Acute Division - National Standards

1	KPI title	% of hospitals who have commenced first assessment against the NSSBH
2	KPI Description	Each hospital may adopt its own approach to the process of assessment. For this KPI commencement of assessment can be confirmed if there is a lead for the process identified and in place at the site; there is access to the QA+I tool to record the process; and an initial meeting has been held on site to start the process.
3	KPI Rationale	In preparation for the licensing process and associated monitoring programme by HIQA against the Safer Better Healthcare this measure sets out to establish the level of implementation of the National Standards at hospital level.
	Indicator Classification	Please tick Indicator Classification this indicator applies to:
	(National Standards for Safer Better HealthCare)	<input type="checkbox"/> Person Centred Care <input type="checkbox"/> Effective Care <input type="checkbox"/> Safe Care <input type="checkbox"/> Better Health and Wellbeing <input type="checkbox"/> Use of Information Workforce <input type="checkbox"/> Use of Resources <input checked="" type="checkbox"/> Governance, Leadership and Management
4	KPI Target	2015 Target = 95%
5	KPI Calculation	Numerator 1: Number of hospitals who report that they have commenced the assessment process; Denominator 1: The number of acute hospitals (including specialist acute hospitals).
6	Data Source	Source: Hospital
	Data Completeness	Completeness:100% of all acute hospitals
	Data Quality Issues	Quality: not known
7	Data Collection Frequency	Indicate how often the data to support the KPI will be collected:
		<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details:
8	Tracer Conditions	N/A
9	Minimum Data Set	Quarterly data supplied by Acute Hospitals
10	International Comparison	N/A
11	KPI Monitoring	KPI will be <u>monitored</u> :
		<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details:
12	KPI Reporting Frequency	Please indicate who is responsible at a local level for monitoring this KPI:
		Indicate how often the KPI will be reported:
13	KPI report period	Indicate the period to which the data applies
		<input type="checkbox"/> Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity)
		<input type="checkbox"/> Monthly in arrears (June data reported in July)
		<input checked="" type="checkbox"/> Quarterly in arrears (quarter 1 data reported in quarter 2)
		<input type="checkbox"/> Rolling 12 months (previous 12 month period)
		<input type="checkbox"/> Other – give details:
14	KPI Reporting Aggregation	Indicate the level of aggregation – for example over a geographical location:
		<input checked="" type="checkbox"/> National <input checked="" type="checkbox"/> Regional <input type="checkbox"/> LHO Area <input checked="" type="checkbox"/> Hospital
		<input type="checkbox"/> County <input type="checkbox"/> Institution <input type="checkbox"/> Other – give details:
15	KPI is reported in which reports?	Indicate where the KPI will be reported:
		<input type="checkbox"/> Corporate Plan Report <input checked="" type="checkbox"/> Performance Report (NSP/CBP) <input type="checkbox"/> CompStat <input type="checkbox"/> Other – give details:
16	Web link to data	http://www.hse.ie/eng/services/Publications/corporate/performanceassurancereports/
17	Additional Information	Is the data for this KPI available through Corporate Information Facility (CIF)? No
Contact details for Data Manager		Deirdre O'Keeffe Head of Quality and Patient Safety Acute Hospitals Division Health Service Executive Dr. Steevens Hospital Steevens Lane Dublin 8 tel 086 787 2212
/Specialist Lead		
National Lead and Division		National Director Acute Hospitals Division, Dr. Steevens Hospital, Dublin 8. Tel 01-635 2352.

Acute Division		
1	KPI title	% of hospitals who have completed first assessment against the NSSBH
2	KPI Description	Each hospital may adopt its own approach to the process of assessment. For this KPI completion of first assessment can be confirmed if there has been an assessment completed at hospital level; the information is logged on the QA+I tool; and quality improvement plans have been agreed and recorded to address gaps identified in the assessment process.
3	KPI Rationale	In preparation for the licensing process and associated monitoring programme by HIQA against the Safer Better Healthcare this measure sets out to establish the level of implementation of the National Standards at hospital level.
	Indicator Classification	Please tick Indicator Classification this indicator applies to:
	(National Standards for Safer Better HealthCare)	<input type="checkbox"/> Person Centred Care <input type="checkbox"/> Effective Care <input type="checkbox"/> Safe Care <input type="checkbox"/> Better Health and Wellbeing <input type="checkbox"/> Use of Information Workforce <input type="checkbox"/> Use of Resources <input checked="" type="checkbox"/> Governance, Leadership and Management
4	KPI Target	2015 Target = 95%
5	KPI Calculation	Numerator 1: Number of hospitals who report that they have completed the assessment process; Denominator 1: The number of acute hospitals (including specialist acute hospitals).
6	Data Source	Source: Hospital
	Data Completeness	Completeness:100% of all acute hospitals must participate
	Data Quality Issues	
7	Data Collection Frequency	Indicate how often the data to support the KPI will be collected: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details:
	Tracer Conditions	N/A
9	Minimum Data Set	Quarterly data supplied by Acute Hospitals
10	International Comparison	N/A
11	KPI Monitoring	KPI will be monitored : <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details:
		Please indicate who is responsible at a local level for monitoring this KPI: Hospital Manager/CEO
12	KPI Reporting Frequency	Indicate how often the KPI will be reported: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details:
13	KPI report period	Indicate the period to which the data applies <input type="checkbox"/> Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) <input type="checkbox"/> Monthly in arrears (June data reported in July) <input checked="" type="checkbox"/> Quarterly in arrears (quarter 1 data reported in quarter 2) <input type="checkbox"/> Rolling 12 months (previous 12 month period) <input type="checkbox"/> Other – give details:
		Indicate the level of aggregation – for example over a geographical location: <input checked="" type="checkbox"/> National <input checked="" type="checkbox"/> Regional <input type="checkbox"/> LHO Area <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> County <input type="checkbox"/> Institution <input type="checkbox"/> Other – give details:
		Indicate where the KPI will be reported: <input type="checkbox"/> Corporate Plan Report <input checked="" type="checkbox"/> Performance Report (NSP/CBP) <input type="checkbox"/> CompStat <input type="checkbox"/> Other – give details:
14	KPI Reporting Aggregation	
15	KPI is reported in which reports?	
16	Web link to data	http://www.hse.ie/eng/services/Publications/corporate/performanceassurancereports/
17	Additional Information	Is the data for this KPI available through Corporate Information Facility (CIF)?
Contact details for Data Manager		Deirdre O'Keefe Head of Quality and Patient Safety Acute Hospitals Division Health Service Executive Dr. Steevens Hospital Steevens Lane Dublin 8 tel 086 787 2212
/Specialist Lead		
National Lead and Division		National Director Acute Hospitals Division, Dr. Steevens Hospital, Dublin 8. Tel 01-635 2352.

Acute Division - COPD

1	KPI title	Mean and Median LOS (and bed days) for patients with COPD
2	KPI Description	Mean and Median Acute hospital stay – excluding day cases – as recorded on HIPE of patients aged 35+years with primary diagnosis J40*- j47*. In a rolling twelve month period. Bed Days Used (BDU): number of days used for patients with primary diagnosis of COPD COPD: Chronic obstructive pulmonary disease (COPD) is the occurrence of chronic bronchitis or emphysema, a pair of commonly co-existing diseases of the lungs in which the airways narrow over time. This limits airflow to and from the lungs, causing shortness of breath (dyspnea). Diagnosis of COPD requires lung function tests, and its characteristically low airflow limitation is poorly reversible and usually gets progressively worse over time.
3	KPI Rationale	In preparation for the licensing process and associated monitoring programme by HIQA against the Safer Better Healthcare this measure sets out to establish the level of implementation of the National Standards at hospital level.
	Indicator Classification	Please tick Indicator Classification this indicator applies to:
	(National Standards for Safer Better HealthCare)	<input type="checkbox"/> Person Centred Care <input checked="" type="checkbox"/> Effective Care <input type="checkbox"/> Safe Care <input type="checkbox"/> Better Health and Wellbeing <input type="checkbox"/> Use of Information <input type="checkbox"/> Workforce <input type="checkbox"/> Use of Resources <input type="checkbox"/> Governance, Leadership and Management
4	KPI Target	NSP 2015 Target: Mean LOS = 7.8 days Median LOS = 5 days
5	KPI Calculation	Mean: Numerator: LOS (BDU for those with Primary Dx of COPD)x100 in period Denominator: total number of discharges for those with that Diagnosis in same period Median: midpoint where LOS is such that half the discharges of patients with primary diagnosis of COPD have a LOS above it and half below it.
6	Data Source	HIPE Data available from all acute hospitals who are admitting patients with COPD No data quality issues except for a time lag associated with HIPE data
	Data Completeness	
	Data Quality Issues	
7	Data Collection Frequency	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details:
8	Tracer Conditions	Aged 35+yrs, ICD-10 codes:J40, J41, J42, J43, J44, J45, J46 and J47
9	Minimum Data Set	HIPE: hospital name Age + 35 Admission type Non day primary Diagnosis J40* to J47* ICD-10 codes Number mean Events/discharges Median Length of stay Total
10	International Comparison	Yes, comparison with UK
11	KPI Monitoring	KPI will be <u>monitored</u> : <input type="checkbox"/> Daily <input type="checkbox"/> Weekly Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details: Please indicate who is responsible at a local level for monitoring this KPI: Hospital Manager/CEO
12	KPI Reporting Frequency	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details:
13	KPI report period	Indicate the period to which the data applies <input type="checkbox"/> Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) Monthly in arrears (June data reported in July) <input checked="" type="checkbox"/> Quarterly in arrears (quarter 1 data reported in quarter 2) <input type="checkbox"/> Rolling 12 months (previous 12 month period) <input type="checkbox"/> Other – give details:
14	KPI Reporting Aggregation	Indicate the level of aggregation – for example over a geographical location: <input checked="" type="checkbox"/> National <input checked="" type="checkbox"/> Regional <input type="checkbox"/> LHO Area <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> County <input type="checkbox"/> Institution <input type="checkbox"/> Other – give details:
15	KPI is reported in which reports?	Indicate where the KPI will be reported: <input type="checkbox"/> Corporate Plan Report <input checked="" type="checkbox"/> Performance Report (NSP/CBP) <input type="checkbox"/> CompStat <input type="checkbox"/> Other – give details:
16	Web link to data	http://www.hse.ie/eng/services/Publications/corporate/Performance_Reports_Monthly.html
17	Additional Information	Median LOS is more useful indicator especially for chronic conditions due to asymmetric distribution
	Contact details for Data Manager / Specialist Lead	Derek McCormack, BIU Acute, Tel: 01 620 1690 Email:Derek.mccormack@hse.ie Fiachra Bane, HIPE, Tel: 045 988330 Email: fiachra.bane@hse.ie
	National Lead and Directorate	Dr. Ciaran Browne, National Lead Acute Hospital Services, Dr. Steevens Tel: 01 635 2232 Dr Aine Carroll, National Director, Clinical Strategy and Programmes Directorate. Tel: 01 635 2322.

Acute Division - COPD		
1	KPI Title	Percentage re-admission to same acute hospitals of patients with COPD within 90 days
2	KPI Description	Re-admission to same hospital excluding day cases – as recorded on HIPE of patients aged 35+years with primary diagnosis J40*-J47* within 90 days of discharge. In a rolling twelve month period.
3	KPI Rationale	Appropriate care in appropriate setting.
	Indicator Classification	Please tick Indicator Classification this indicator applies to:
	(National Standards for Safer Better HealthCare)	<input type="checkbox"/> Person Centred Care <input checked="" type="checkbox"/> Effective Care <input type="checkbox"/> Safe Care
		<input type="checkbox"/> Better Health and Wellbeing <input type="checkbox"/> Use of Information <input type="checkbox"/> Workforce
		<input type="checkbox"/> Use of Resources <input type="checkbox"/> Governance, Leadership and Management
4	KPI Target	NSP 2015 Target: 24%
5	KPI Calculation	Number of patients with primary diagnosis of J40-47 aged 35+yrs admitted once in 90 day period as an inpatient vs number of patients with primary diagnosis of J40-47 aged 35+yrs admitted as inpatients on more than one occasion in same time period.
6	Data Source	Hospital Site / HIPE
	Data Completeness	Hospital Site / HIPE
	Data Quality Issues	
7	Data Collection Frequency	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details: HIPE, each hospital supplies own data
8	Tracer Conditions	Aged 35+yrs, ICD-10 codes: J40*-J47*
9	Minimum Data Set	HIPE: hospital name Age + 35 Admission type Non day primary Diagnosis J40* - J47* ICD-10 codes Number mean Events/discharges Median Length
10	International Comparison	UK – NHS
11	KPI Monitoring	KPI will be <u>monitored</u> : <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details: Please indicate who is responsible at a local level for monitoring this KPI: Hospital Manager/CEO
12	KPI Reporting Frequency	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details:
13	KPI report period	Indicate the period to which the data applies <input type="checkbox"/> Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) <input type="checkbox"/> Monthly in arrears (June data reported in July) <input checked="" type="checkbox"/> Quarterly in arrears (quarter 1 data reported in quarter 2) <input type="checkbox"/> Rolling 12 months (previous 12 month period) <input type="checkbox"/> Other – give details:
14	KPI Reporting Aggregation	Indicate the level of aggregation – for example over a geographical location: <input checked="" type="checkbox"/> National <input checked="" type="checkbox"/> Regional <input type="checkbox"/> LHO Area <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> County <input type="checkbox"/> Institution <input type="checkbox"/> Other – give details:
15	KPI is reported in which reports?	Indicate where the KPI will be reported: <input type="checkbox"/> Corporate Plan Report <input checked="" type="checkbox"/> Performance Report (NSP/CBP) <input type="checkbox"/> CompStat <input type="checkbox"/> Other – give details:
16	Web link to data	http://www.hse.ie/eng/services/Publications/corporate/Performance_Reports_Monthly.html
17	Additional Information	
	Contact details for Data Manager / Specialist Lead	Derek McCormack, BIU Acute, Tel: 01 620 1690 Email: Derek.mccormack@hse.ie Fiachra Bane, HIPE, Tel: 045 988330 Email: fiachra.bane@hse.ie
	National Lead and Directorate	Dr. Ciaran Browne, National Lead Acute Hospital Services, Dr. Steevens Tel: 01 635 2232. Dr Aine Carroll, National Director, Clinical Strategy and Programmes Directorate. Tel: 01 635 2322

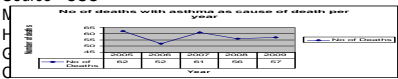
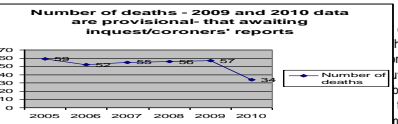
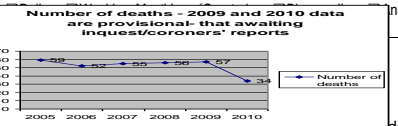
Acute Division - COPD		
1	KPI Title	Number of acute hospitals with COPD outreach programme
2	KPI Description	The number of acute hospitals with COPD Early supported discharge programme, by a COPD Outreach service, for specified patients with uncomplicated <u>Acute Exacerbation COPD</u> within 72 hrs of presentation that would otherwise require acute in-patient care
3	KPI Rationale	Appropriate care in appropriate setting. Defined in the model of care.
	Indicator Classification	Please tick Indicator Classification this indicator applies to:
	(National Standards for Safer Better HealthCare)	<input type="checkbox"/> Person Centred Care <input checked="" type="checkbox"/> Effective Care <input type="checkbox"/> Safe Care
		<input type="checkbox"/> Better Health and Wellbeing <input type="checkbox"/> Use of Information Workforce
		<input type="checkbox"/> Use of Resources Governance, Leadership and Management
4	KPI Target	NSP 2015 Target: 15
5	KPI Calculation	Count - number of hospitals who have copd outreach service in place
6	Data Source	Hospital Managers/RDOs supply to National COPD Programme to BIU acute
	Data Completeness	
	Data Quality Issues	
7	Data Collection Frequency	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details:
8	Tracer Conditions	Acute Hospital with a COPD Programme
9	Minimum Data Set	Hospitals by name/type
10	International Comparison	Yes, British Thoracic Society
11	KPI Monitoring	KPI will be <u>monitored</u> : <input type="checkbox"/> Daily <input type="checkbox"/> Weekly Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details: Please indicate who is responsible at a local level for monitoring this KPI: Hospital Manager/CEO
12	KPI Reporting Frequency	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details:
13	KPI report period	Indicate the period to which the data applies <input type="checkbox"/> Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) Monthly in arrears (June data reported in July) <input checked="" type="checkbox"/> Quarterly in arrears (quarter 1 data reported in quarter 2) <input type="checkbox"/> Rolling 12 months (previous 12 month period) <input type="checkbox"/> Other – give details:
14	KPI Reporting Aggregation	Indicate the level of aggregation – for example over a geographical location: <input checked="" type="checkbox"/> National <input checked="" type="checkbox"/> Regional <input type="checkbox"/> LHO Area <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> County <input type="checkbox"/> Institution <input type="checkbox"/> Other – give details:
15	KPI is reported in which reports?	Indicate where the KPI will be reported: <input type="checkbox"/> Corporate Plan Report <input checked="" type="checkbox"/> Performance Report (NSP/CBP) <input type="checkbox"/> CompStat <input type="checkbox"/> Other – give details:
16	Web link to data	http://www.hse.ie/eng/services/Publications/corporate/Performance_Reports_Monthly.html
17	Additional Information	
	Contact details for Data Manager / Specialist Lead	Derek McCormack, BIU Acute, Tel: 01 620 1690 Email: Derek.mccormack@hse.ie Fiachra Bane, HIPE, Tel: 045 988330 Email: fiachra.bane@hse.ie
	National Lead and Directorate	Dr. Ciaran Browne, National Lead Acute Hospital Services, Dr. Stevens Tel: 01 635 2232. Dr Aine Carroll, National Director, Clinical Strategy and Programmes Directorate. Tel: 01 635 2322

Acute Division - COPD		
1	KPI Title	Access to structured Pulmonary Rehabilitation Programme in Local Health Area
2	KPI Description	Access to structured Pulmonary Rehabilitation Programme in Local Health Area Pulmonary Rehabilitation is defined "as evidence based multidisciplinary and comprehensive intervention for patients with chronic respiratory diseases who are symptomatic and often have decreased daily life activities. Integrated into the individualised treatment of the patient, pulmonary rehabilitation is designed to reduce symptoms, optimize functional status, increase participation and reduce health care costs through stabilizing or reversing systemic manifestations of the disease. It includes strategies for life-long management.
3	KPI Rationale	Evidence of improved quality of life for patients. Research shows that the benefits of pulmonary rehabilitation for patients with COPD are widely accepted. High levels of scientific evidence have demonstrated improved exercise capacity and health related quality of life and decreased breathlessness, fatigue and health care utilization following pulmonary rehabilitation.
	Indicator Classification	Please tick Indicator Classification this indicator applies to:
	(National Standards for Safer Better HealthCare)	<input type="checkbox"/> Person Centred Care <input checked="" type="checkbox"/> Effective Care <input type="checkbox"/> Safe Care
		<input type="checkbox"/> Better Health and Wellbeing <input type="checkbox"/> Use of Information <input type="checkbox"/> Workforce
		<input type="checkbox"/> Use of Resources <input type="checkbox"/> Governance, Leadership and Management
4	KPI Target	NSP 2015 Target: 20/32 LHOs (63%)
5	KPI Calculation	Numerator: number of LHOs which can access PRP Denominator: total number of LHOs
6	Data Source	The National COPD Programme maintain a record of hospitals and local health areas which provide/ have access to a structured pulmonary rehabilitation programme. This is achieved by contacting each site and requesting updates on the status of the service and activity levels. Data completeness and quality is dependant on sites responding to requests for information from the programme.
	Data Completeness	
	Data Quality Issues	Specific question - Hospital Managers/LHO/RDOs/ ISA Managers
7	Data Collection Frequency	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly Monthly Quarterly <input checked="" type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details:
8	Tracer Conditions	LHO with a structured Pulmonary Rehabilitation Programme
9	Minimum Data Set	LHOs Name
10	International Comparison	Yes, Global Initiative for Chronic Obstructive Lung Disease (GOLD).
11	KPI Monitoring	KPI will be <u>monitored</u> : <input type="checkbox"/> Daily <input type="checkbox"/> Weekly Monthly Quarterly <input checked="" type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details: Please indicate who is responsible at a local level for monitoring this KPI: Hospital Manager/CEO
11	KPI Monitoring	KPI will be monitored on a (please indicate below) basis: oDaily oWeekly oMonthly oQuarterly p Bi-annually oAnnually oOther – give details: Please indicate who is responsible for monitoring this KPI: National COPD Programme
12	KPI Reporting Frequency	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly Monthly Quarterly <input checked="" type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details:
13	KPI report period	Indicate the period to which the data applies <input checked="" type="checkbox"/> Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) bi-annual data reported within last 6 months of activity Monthly in arrears (June data reported in July) Quarterly in arrears (quarter 1 data reported in quarter 2) <input type="checkbox"/> Rolling 12 months (previous 12 month period) <input type="checkbox"/> Other – give details:
14	KPI Reporting Aggregation	Indicate the level of aggregation – for example over a geographical location: <input checked="" type="checkbox"/> National <input checked="" type="checkbox"/> Regional <input type="checkbox"/> LHO Area <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> County <input type="checkbox"/> Institution <input type="checkbox"/> Other – give details:
15	KPI is reported in which reports?	Indicate where the KPI will be reported: <input type="checkbox"/> Corporate Plan Report <input checked="" type="checkbox"/> Performance Report (NSP/CBP) <input type="checkbox"/> CompStat <input type="checkbox"/> Other – give details:
16	Web link to data	http://www.hse.ie/eng/services/Publications/corporate/Performance_Reports_Monthly.html
17	Additional Information	
	Contact details for Data Manager / Specialist Lead	Derek McCormack, BIU Acute, Tel: 01 620 1690 Email: Derek.mccormack@hse.ie Fiachra Bane, HIPE, Tel: 045 988330 Email: fiachra.bane@hse.ie
	National Lead and Directorate	Dr. Ciaran Browne, National Lead Acute Hospital Services, Dr. Steevens Tel: 01 635 2232. Dr Aine Carroll, National Director, Clinical Strategy and Programmes Directorate. Tel: 01 635 2322

Acute Division - COPD		
1	KPI Title	Access to structured Pulmonary Rehabilitation Programme in Acute Hospital Services
2	KPI Description	Access to structured Pulmonary Rehabilitation Programme in Acute Hospital Services - Pulmonary Rehabilitation is defined "as evidence based multidisciplinary and comprehensive intervention for patients with chronic respiratory diseases who are symptomatic and often have decreased daily life activities. Integrated into the individualised treatment of the patient, pulmonary rehabilitation is designed to reduce symptoms, optimize functional status, increase participation and reduce health care costs through stabilizing or reversing systemic manifestations of the disease. It includes strategies for life-long management.
3	KPI Rationale	Evidence of improved quality of life for patients. Research shows that the benefits of pulmonary rehabilitation for patients with COPD are widely accepted. High levels of scientific evidence have demonstrated improved exercise capacity and health related quality of life and decreased breathlessness, fatigue and health care utilization following pulmonary rehabilitation.
	Indicator Classification	Please tick Indicator Classification this indicator applies to:
	(National Standards for Safer Better HealthCare)	<input type="checkbox"/> Person Centred Care <input checked="" type="checkbox"/> Effective Care <input type="checkbox"/> Safe Care
		<input type="checkbox"/> Better Health and Wellbeing <input type="checkbox"/> Use of Information <input type="checkbox"/> Workforce
		<input type="checkbox"/> Use of Resources <input type="checkbox"/> Governance, Leadership and Management
4	KPI Target	NSP 2015 Target: 28 sites
5	KPI Calculation	Count
6	Data Source	The National COPD Programme maintain a record of hospitals and local health areas which provide/ have access to a structured pulmonary rehabilitation programme. This is achieved by contacting each site and requesting updates on the status of the service and activity levels. Data completeness and quality is dependant on sites responding to requests for information from the programme.
	Data Completeness	
	Data Quality Issues	
7	Data Collection Frequency	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details:
8	Tracer Conditions	Acute Hospital with access to a structured Pulmonary Rehabilitation Programme
9	Minimum Data Set	Hospitals Name/Type
10	International Comparison	Yes, Global Initiative for Chronic Obstructive Lung Disease (GOLD).
11	KPI Monitoring	KPI will be <u>monitored</u> : <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details: Please indicate who is responsible at a local level for monitoring this KPI: Hospital Manager/CEO
12	KPI Reporting Frequency	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details:
13	KPI report period	Indicate the period to which the data applies <input checked="" type="checkbox"/> Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) bi-annual data reported within last 6 months of activity <input type="checkbox"/> Monthly in arrears (June data reported in July) <input type="checkbox"/> Quarterly in arrears (quarter 1 data reported in quarter 2) <input type="checkbox"/> Rolling 12 months (previous 12 month period) <input type="checkbox"/> Other – give details:
14	KPI Reporting Aggregation	Indicate the level of aggregation – for example over a geographical location: <input checked="" type="checkbox"/> National <input checked="" type="checkbox"/> Regional <input type="checkbox"/> LHO Area <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> County <input type="checkbox"/> Institution <input type="checkbox"/> Other – give details:
15	KPI is reported in which reports?	Indicate where the KPI will be reported: <input type="checkbox"/> Corporate Plan Report <input checked="" type="checkbox"/> Performance Report (NSP/CBP) <input type="checkbox"/> CompStat <input type="checkbox"/> Other – give details:
16	Web link to data	http://www.hse.ie/eng/services/Publications/corporate/Performance_Reports_Monthly.html
17	Additional Information	
	Contact details for Data Manager / Specialist Lead	Derek McCormack, BIU Acute, Tel: 01 620 1690 Email:Derek.mccormack@hse.ie Fiachra Bane, HIPE, Tel: 045 988330 Email: fiachra.bane@hse.ie
	National Lead and Directorate	Dr. Ciaran Browne, National Lead Acute Hospital Services, Dr. Steevens Tel: 01 635 2232. Dr Aine Carroll, National Director, Clinical Strategy and Programmes Directorate. Tel: 01 635 2322

Acute Division including Clinical Programmes - Asthma

1	KPI Title	Percentage of nurses in primary and secondary care who are trained by national asthma programme
2	KPI Description	% nurses in primary and secondary care who are trained by national asthma programme The first phase of National Asthma Training Programme is targeting: • primary care nurses in PCTs, OOH services and GP practices; • secondary care nurses in ED departments and AMAUs. • Training is as defined by the asthma programme
3	KPI Rationale	Completion of the Asthma Education programme is required in order to implement National Asthma Programme guideline concordant care. Competence in managing asthma is a necessary competence for all health care providers. There is agreement at National and Hospital level to implement the National Asthma Programme, therefore the National Asthma Programme is making the reasonable assumption that when nurses are trained they will provide guideline concordant asthma management. The National Asthma Programme in Finland, which achieved significant improvements in asthma care and outcomes, trained the staff that were at the forefront of delivering the programme*. * T Haatela, L E Tuomisto, A Pietinalho, T Klaukka, M Erhola, M Kaila, M M Nieminen, E Kontula, L A Laitinen. * A 10 year asthma programme in Finland: major change for the better* Thorax 2006;61:663-670
	Indicator Classification	Please tick Indicator Classification this indicator applies to: <input type="checkbox"/> Person Centred Care <input checked="" type="checkbox"/> Effective Care <input checked="" type="checkbox"/> Safe Care <input type="checkbox"/> Better Health and Wellbeing <input type="checkbox"/> Use of Information Workforce <input type="checkbox"/> Use of Resources Governance, Leadership and Management
	(National Standards for Safer Better HealthCare)	
4	KPI Target	NSP 2015 Target: 70%
5	KPI Calculation	Numerator is the number of nurses in ED/AMU/ PN/OOH who are trained. / Denominator is the total number of nurses who are targeted for training.
6	Data Source	Clinical Nurse Specialist records details of nurse who has been trained, and currently submits to National Asthma Programme. In future years this will be submitted via regional structures.
	Data Completeness	
	Data Quality Issues	Data quality issues - numbers trained can change with staff movement
7	Data Collection Frequency	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details: data collected when training course run by clinical nurse specialist
8	Tracer Conditions	Nurse demographic details and confirmation that training is complete
9	Minimum Data Set	NAP, RDOs, Hospital and Unit need the following on all nurses: • Name of nurse • Place of work – for hospitals, include hospital and unit, for primary care - Region • Grade of staff Asthma training completed Y/N
10	International Comparison	Similar training being carried out in other EU countries e.g. Finland
11	KPI Monitoring	KPI will be monitored : <input type="checkbox"/> Daily <input type="checkbox"/> Weekly Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details: National Asthma Programme
12	KPI Reporting Frequency	Please indicate who is responsible at a local level for monitoring this KPI: Hospital Manager/CEO <input type="checkbox"/> Daily <input type="checkbox"/> Weekly Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details:
13	KPI report period	Indicate the period to which the data applies <input type="checkbox"/> Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) Monthly in arrears (June data reported in July) <input checked="" type="checkbox"/> Quarterly in arrears (quarter 1 data reported in quarter 2) <input type="checkbox"/> Rolling 12 months (previous 12 month period) <input checked="" type="checkbox"/> Other – give details:
14	KPI Reporting Aggregation	Indicate the level of aggregation – for example over a geographical location: <input checked="" type="checkbox"/> National <input checked="" type="checkbox"/> Regional <input type="checkbox"/> LHO Area <input type="checkbox"/> Hospital <input type="checkbox"/> County <input type="checkbox"/> Institution <input type="checkbox"/> Other – give details:
15	KPI is reported in which reports?	Indicate where the KPI will be reported: <input type="checkbox"/> Corporate Plan Report <input checked="" type="checkbox"/> Performance Report (NSP/CBP) <input type="checkbox"/> CompStat <input type="checkbox"/> Other – give details:
16	Web link to data	http://www.hse.ie/eng/services/Publications/corporate/performanceassurancereports/
17	Additional Information	Trained staff members may move in or out of a health care facility, therefore regular confirmation of trained status of staff important
	Contact details for Data Manager / National Lead and Directorate	Is the data for this KPI available through Corporate Information Facility (CIF)? No Derek McCormack, BIU Acute, Tel: 01 620 1690 Email:Derek.mccormack@hse.ie Noreen Curtin, Programme Manager, Clinical Strategy and Program Dr. Aine Carroll, National Director, Clinical Strategy and Programmes Directorate, Tel: 01 6352322.

Acute Division including Clinical Programmes - Asthma		
1	KPI Title	Number of deaths caused by asthma annually
2	KPI Description	Number of deaths where asthma is considered the primary cause of death should be reported.
3	KPI Rationale	Asthma deaths are potentially avoidable. Effective implementation of the National Asthma Programme should result in a dramatic reduction in asthma related deaths as patients asthma will be better controlled. In addition the healthcare history for each person who died as a result of asthma should be understood.
	Indicator Classification	Please tick Indicator Classification this indicator applies to: <input type="checkbox"/> Person Centred Care <input checked="" type="checkbox"/> Effective Care <input checked="" type="checkbox"/> Safe Care <input type="checkbox"/> Better Health and Wellbeing <input type="checkbox"/> Use of Information <input type="checkbox"/> Workforce <input type="checkbox"/> Use of Resources <input type="checkbox"/> Governance, Leadership and Management
4	KPI Target	NSP 2015 Target: 10% reduction ie < 50 deaths
5	KPI Calculation	A. Sentinel KPI – number of deaths with asthma as cause of death
6	Data Source	Source - CSO  <p>Methodology of Asthma Deaths methodology</p>
	Data completeness	
	Data Quality Issues	 <p>Number of deaths - 2009 and 2010 data are provisional - that awaiting inquest/coroners' reports</p> <p>data validity – accuracy of death certification and the CSO makes the assumption that all deaths are in of certification is carried out. Differentiating it such a validation exercise in Ireland it is unclear ble difference between provisional and finalised for 2010 indicated 34 asthma deaths. However ber 2012, the number of asthma deaths in 2010 was reported as 44, a 29% increase in deaths. The increase of reported asthma deaths between provisional and finalised data may have included delays in registration, which would therefore be a source of systematic error.</p>
7	Data Collection Frequency	Annually <input type="checkbox"/> Other – give details:
8	Tracer Conditions	 <p>Number of deaths - 2009 and 2010 data are provisional - that awaiting inquest/coroners' reports</p> <p>CSO finalised data on deaths where asthma was the underlying cause using ICD 10 codes J45-J46.</p>
9	Minimum Data Set	Number of deaths where asthma is considered the primary cause of death
10	International Comparison	National Asthma Programme targets based on the experience of Asthma Programmes in Finland and British Colombia, Canada
11	KPI Monitoring	KPI will be monitored : <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details: National Asthma Programme Please indicate who is responsible at a local level for monitoring this KPI: Hospital Manager/CEO
12	KPI Reporting Frequency	Daily Weekly Monthly Quarterly Bi-annually <input checked="" type="checkbox"/> Annually qOther – give details:
13	KPI report period	Indicate the period to which the data applies <input type="checkbox"/> Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) Monthly in arrears (June data reported in July) Quarterly in arrears (quarter 1 data reported in quarter 2) <input type="checkbox"/> Rolling 12 months (previous 12 month period) <input checked="" type="checkbox"/> Other – give details: Annual.
14	KPI Reporting Aggregation	Indicate the level of aggregation – for example over a geographical location: <input checked="" type="checkbox"/> National <input checked="" type="checkbox"/> Regional <input type="checkbox"/> LHO Area <input type="checkbox"/> Hospital <input type="checkbox"/> County <input type="checkbox"/> Institution <input type="checkbox"/> Other – give details:
15	KPI is reported in which reports?	Indicate where the KPI will be reported: <input type="checkbox"/> Corporate Plan Report <input checked="" type="checkbox"/> Performance Report (NSP/CBP) <input type="checkbox"/> CompStat <input type="checkbox"/> Other – give details:
16	Web link to data	http://www.hse.ie/eng/services/Publications/corporate/performanceassuranceports/
17	Additional Information	Is the data for this KPI available through Corporate Information Facility (CIF)? No
	Contact details for Data Manager	Derek McCormack, BIU Acute, Tel: 01 620 1690 Email:Derek.mccormack@hse.ie Dr Pat Manning, Midlands Regional Hospital Mullingar Noreen Curtin, Programme Manager, Clinical
	Specialist Lead	
	National Lead and Directorate	Dr. Aine Carroll, National Director, Clinical Strategy and Programmes Division, Tel: 01 6352322.

Acute Division including Clinical Programmes - Asthma

1	KPI Title	Number of asthma in-patient bed days used
2	KPI Description	Number of inpatient asthma bed days used
3	KPI Rationale	OECD reports on avoidable admission rates for asthma which indicates that there is room for improvement in Ireland. see http://www.oecd.org/dataoecd/55/2/44117530.pdf It is predicted that with implementation of National Asthma Programme guideline concordant care in primary care and secondary care people with asthma should achieve better asthma control and: <ul style="list-style-type: none"> • The number of people with asthma who develop acute exacerbations should be reduced • The quality of treatment will be optimised, therefore the number of people with acute asthma exacerbations, who require hospital admission, should be reduced
	Indicator Classification	Please tick Indicator Classification this indicator applies to: <input type="checkbox"/> Person Centred Care <input checked="" type="checkbox"/> Effective Care <input checked="" type="checkbox"/> Safe Care <input type="checkbox"/> Better Health and Wellbeing <input type="checkbox"/> Use of Information Workforce <input type="checkbox"/> Use of Resources <input type="checkbox"/> Governance, Leadership and Management
	(National Standards for Safer Better HealthCare)	
4	KPI Target	NSP 2015 Target: 10% reduction - 9568 bed days (2011 level)
5	KPI Calculation	Report number of asthma in-patient bed days used as reported in HIPE
6	Data Source	HIPE –at national level following bi-annual hard deadline -30th September and 31st of March. HIPE Online Portal can provide timely data, however, completeness depends on each hospital providing timely data and this is not guaranteed at present
	Data Completeness	There may be delays in hospitals completing HIPE entries.
	Data Quality Issues	If there are delays in completing HIPE entries, this will result in the appearance of less bed days used. Data is not validated until months later. 2012 data validated July/ Aug 2013
7	Data Collection Frequency	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details:
8	Tracer Conditions	Asthma, acute asthma, asthma exacerbation, predominantly allergic asthma, non-allergic asthma, mixed asthma, asthma unspecified, status asthmaticus, acute severe asthma ICD-10 codes J45* OR J46* Excludes: chronic asthmatic (obstructive) bronchitis (J44.
9	Minimum Data Set	Number of in-patient discharges Number of in-patient bed days
10	International Comparison	National Asthma Programme targets based on the experience of Asthma Programmes in Finland and British Colombia, Canada
11	KPI Monitoring	KPI will be monitored : <input type="checkbox"/> Daily <input type="checkbox"/> Weekly Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details: Please indicate who is responsible at a local level for monitoring this KPI:BIU/national Asthma Programme
12	KPI Reporting Frequency	Indicate how often the KPI will be reported: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details:
13	KPI report period	Indicate the period to which the data applies <input type="checkbox"/> Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) Monthly in arrears (June data reported in July) <input checked="" type="checkbox"/> Quarterly in arrears (quarter 1 data reported in quarter 2) <input type="checkbox"/> Rolling 12 months (previous 12 month period) <input type="checkbox"/> Other – give details:
14	KPI Reporting Aggregation	Indicate the level of aggregation – for example over a geographical location: <input checked="" type="checkbox"/> National <input checked="" type="checkbox"/> Regional <input type="checkbox"/> LHO Area <input type="checkbox"/> Hospital <input type="checkbox"/> County <input type="checkbox"/> Institution <input type="checkbox"/> Other – give details:
15	KPI is reported in which reports?	Indicate where the KPI will be reported: <input type="checkbox"/> Corporate Plan Report <input checked="" type="checkbox"/> Performance Report (NSP/CBP) <input type="checkbox"/> CompStat <input type="checkbox"/> Other – give details:
16	Web link to data	http://www.hse.ie/eng/services/Publications/corporate/performanceassurancereports/
17	Additional Information	Is the data for this KPI available through Corporate Information Facility (CIF)? No
Contact	Web link to data	Derek McCormack, BIU Acute, Tel: 01 620 1690 Email:Derek.mccormack@hse.ie Noreen Curtin, Programme Manager, Clinical Strategy and Programm
National	Additional Information	Dr. Aine Carroll, National Director, Clinical Strategy and Programmes Directorate, Tel: 01 6352322.

Acute Division including Clinical Programmes - Diabetes

1	KPI Title	Percentage change in lower limb amputation from Diabetes
2	KPI Description	The percentage change in lower limb amputations in patients with diabetes from the 2009 baseline
3	KPI Rationale	Diabetes is one of the leading causes of lower limb amputations. The Diabetes Programme aims to provide improved diabetic control through integrated care and improved recognition and management of diabetic foot complications which may lead to amputation. A reduction in lower limb amputations in patients with diabetes is expected on a population basis following the introduction of comprehensive integrated care and foot care for the population.
	Indicator Classification (National Standards for Safer Better HealthCare)	Please tick Indicator Classification this indicator applies to: <input type="checkbox"/> Person Centred Care <input checked="" type="checkbox"/> Effective Care <input checked="" type="checkbox"/> Safe Care <input type="checkbox"/> Better Health and Wellbeing <input type="checkbox"/> Use of Information <input type="checkbox"/> Workforce <input type="checkbox"/> Use of Resources <input type="checkbox"/> Governance, Leadership and Management
4	KPI Target	NSP 2015 Target: 40%
5	KPI Calculation	The total number of lower limb amputations in patients with diabetes in 2009 resident in the area under reporting minus the number of lower limb amputations in patients who have a diagnosis of diabetes in the given year who are resident in the area under reporting. The indicator should be expressed as a percentage variance on the 2009 figure.
6	Data Source	HIPE
	Data Completeness	
	Data Quality Issues	
7	Data Collection Frequency	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly Monthly Quarterly <input type="checkbox"/> Bi-annually <input checked="" type="checkbox"/> Annually <input type="checkbox"/> Other – give details: data collected when training course run by clinical nurse specialist
8	Tracer Conditions	The terms/definitions which would be used to differentiate those who should be included in the data. Discharges from hospital (daycases and inpatients) with any diagnosis of Diabetes (E10-E14) who had an amputation procedure: amputation at hip (4437000), hindquarter amputation (4437300), amputation above the knee (4436700), amputation below the knee (4436702), disarticulation at knee (4436701), amputation of toe (4433800), amputation of toe including metatarsal bone (4435800), disarticulation through toe (9055700), disarticulation through ankle (4436100), midtarsal amputation (4436400), transmetatarsal amputation (4436401), amputation of ankle through malleoli of tibia and fibula (4436101)
9	Minimum Data Set	<ul style="list-style-type: none"> • Number of discharges for lower limb amputations in patients with diabetes in the reporting year, resident in the area under reporting • Number of discharges for lower limb amputations in patients with diabetes in the baseline year of 2009 resident in the area under reporting i.e. nationally or each HSE region.
10	International Comparison	The terms/definitions which would be used to differentiate those who should be included in the data. Discharges from hospital (daycases and inpatients) with any diagnosis of Diabetes (E10-E14) who had an amputation procedure: amputation at hip (4437000)
11	KPI Monitoring	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly Monthly Quarterly <input type="checkbox"/> Bi-annually <input checked="" type="checkbox"/> Annually <input type="checkbox"/> Other – give details:
12	KPI Reporting Frequency	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly Monthly Quarterly <input type="checkbox"/> Bi-annually <input checked="" type="checkbox"/> Annually <input type="checkbox"/> Other – give details:
13	KPI report period	Indicate the period to which the data applies <input type="checkbox"/> Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) Monthly in arrears (June data reported in July) Quarterly in arrears (quarter 1 data reported in quarter 2) <input type="checkbox"/> Rolling 12 months (previous 12 month period) <input checked="" type="checkbox"/> Other – give details: Annual. 2014 data reported in April 2015
14	KPI Reporting Aggregation	Indicate the level of aggregation – for example over a geographical location: <input checked="" type="checkbox"/> National <input checked="" type="checkbox"/> Regional <input type="checkbox"/> LHO Area <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> County <input type="checkbox"/> Institution <input type="checkbox"/> Other – give details:
15	KPI is reported in which reports?	Indicate where the KPI will be reported: <input type="checkbox"/> Corporate Plan Report <input checked="" type="checkbox"/> Performance Report (NSP/CBP) <input type="checkbox"/> CompStat <input type="checkbox"/> Other – give details:
16	Web link to data	http://www.hse.ie/eng/services/Publications/corporate/performanceassurancereports/
17	Additional Information	
	Contact details for Data Manager / Specialist Lead	Dr. Orlaith O Reilly, Director of Public Health, Public Health Department, Lacken, Dublin Road, Kilkenny Phone 056 7784124 email orlaith.oreilly@hse.ie
	National Lead and Directorate	Dr. Ronan Canavan, Clinical Lead for Diabetes. Telephone No. 01 2214407

Acute Division including Clinical Programmes - Diabetes

1	KPI Title	Percentage change in hospital discharges for foot ulcers in diabetics
2	KPI Description	The percentage change in hospital discharges for foot ulcers in diabetic patients from the 2009 baseline
3	KPI Rationale	Diabetes is one of the leading causes of foot ulcers, which may lead to lower limb amputations. The Diabetes Programme aims to provide improved diabetic control through integrated care and improved recognition and management of diabetic foot complications which may lead to amputation. A reduction in lower limb amputations in patients with diabetes is expected on a population basis following the introduction of comprehensive integrated care and foot care for the population.
	Indicator Classification (National Standards for Safer Better HealthCare)	Please tick Indicator Classification this indicator applies to: <input type="checkbox"/> Person Centred Care <input checked="" type="checkbox"/> Effective Care <input checked="" type="checkbox"/> Safe Care <input type="checkbox"/> Better Health and Wellbeing <input type="checkbox"/> Use of Information Workforce <input type="checkbox"/> Use of Resources Governance, Leadership and Management
4	KPI Target	NSP 2015 Target: 40%
5	KPI Calculation	The total number of discharges for foot ulcers in patients with diabetes in 2009 resident in the area under reporting minus the number of discharges for foot ulcers in patients who have had a diagnosis of diabetes in the given year who are resident in the area under reporting. The indicator should be expressed as a percentage variance on the 2009 figure.
6	Data Source	HIPE
	Data Completeness	
	Data Quality Issues	
7	Data Collection Frequency	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly Monthly Quarterly <input type="checkbox"/> Bi-annually <input checked="" type="checkbox"/> Annually <input type="checkbox"/> Other – give details: data collected when training course run by clinical nurse specialist
8	Tracer Conditions	Ulcers in lower limb in Diabetics, excluding amputations Discharges from hospital (daycases and inpatients) with any diagnosis of Diabetes (E10-E14) who had an ulcer of the lower limb: L97 AND (E10*, E11*, E13*, E14*), E10.73, E11.73, E13.73, E14.73) and did NOT have an amputation of the lower limb: NOT (4437000, 4437300, 4436700, 4433800, 4435800, 9055700, 4436100, 4436400, 4436401, 4436101, 4436701, 4436702).
9	Minimum Data Set	• Number of discharges for ulcers in patients with diabetes in the reporting year, resident in the area under reporting • Number of discharges for foot ulcers in patients with diabetes in the baseline year of 2009 resident in the area under reporting i.e. nationally or each HSE region.
10	International Comparison	Specific comparators not given
11	KPI Monitoring	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly Monthly Quarterly <input type="checkbox"/> Bi-annually <input checked="" type="checkbox"/> Annually <input type="checkbox"/> Other – give details:
12	KPI Reporting Frequency	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly Monthly Quarterly <input type="checkbox"/> Bi-annually <input checked="" type="checkbox"/> Annually <input type="checkbox"/> Other – give details:
13	KPI report period	Indicate the period to which the data applies <input type="checkbox"/> Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) Monthly in arrears (June data reported in July) Quarterly in arrears (quarter 1 data reported in quarter 2) <input type="checkbox"/> Rolling 12 months (previous 12 month period) <input checked="" type="checkbox"/> Other – give details: TO BE REPORTED ANNUALLY
14	KPI Reporting Aggregation	Indicate the level of aggregation – for example over a geographical location: <input checked="" type="checkbox"/> National <input checked="" type="checkbox"/> Regional <input type="checkbox"/> LHO Area <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> County <input type="checkbox"/> Institution <input type="checkbox"/> Other – give details:
15	KPI is reported in which reports?	Indicate where the KPI will be reported: <input type="checkbox"/> Corporate Plan Report <input checked="" type="checkbox"/> Performance Report (NSP/CBP) <input type="checkbox"/> CompStat <input type="checkbox"/> Other – give details:
16	Web link to data	http://www.hse.ie/eng/services/Publications/corporate/performanceassurancereports/
17	Additional Information	
Contact details for Data Manager / Specialist Lead		Dr. Orlaith O Reilly, Director of Public Health, Public Health Department, Lacken, Dublin Road, Kilkenny Phone 056 7784124 email orlaith.oreilly@hse.ie
National Lead and Directorate		Dr. Ronan Canavan, Clinical Lead for Diabetes. Telephone No. 01 2214407

Acute Services - Epilepsy		
1	KPI title	Percentage reduction in median LOS for epilepsy inpatient discharges
2	KPI Description	% reduction in median LOS for epilepsy patients Median (50th percentile) for length of stay for hospital inpatients with a principal diagnosis of epilepsy/ Status epilepticus/fit or seizure NOS. Epilepsy ICD codes G40, G41, R561 and R568
3	KPI Rationale	Adherence to model of care should lead to more efficient use of resources and reduction in median LOS
	Indicator Classification (National Standards for Safer Better HealthCare)	Please tick Indicator Classification this indicator applies to: <input checked="" type="checkbox"/> Person Centred Care <input checked="" type="checkbox"/> Effective Care <input checked="" type="checkbox"/> Safe Care <input type="checkbox"/> Better Health and Wellbeing <input type="checkbox"/> Use of Information Workforce <input type="checkbox"/> Use of Resources Governance, Leadership and Management
4	KPI Target	NSP 2015 Target: 10%
5	KPI Calculation	Median LOS -----*100 Median LOS same quarter reference period For (ICD10 CM codes G40* G41* and R56.8)
6	Data Source Data Completeness Data Quality Issues	HIPE
7	Data Collection Frequency	Indicate how often the data to support the KPI will be collected: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details:
8	Tracer Conditions	None
9	Minimum Data Set	HIPE
10	International Comparison	Not available
11	KPI Monitoring	KPI will be monitored : <input type="checkbox"/> Daily <input type="checkbox"/> Weekly Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually Please indicate who is responsible at a local level for monitoring this KPI:
12	KPI Reporting Frequency	Indicate how often the KPI will be reported: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually
13	KPI report period	Indicate the period to which the data applies <input type="checkbox"/> Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) Monthly in arrears (June data reported in July) <input checked="" type="checkbox"/> Quarterly in arrears (quarter 1 data reported in quarter 2) <input type="checkbox"/> Rolling 12 months (previous 12 month period) <input type="checkbox"/> Other – give details:
14	KPI Reporting Aggregation	Indicate the level of aggregation – for example over a geographical location: <input checked="" type="checkbox"/> National <input checked="" type="checkbox"/> Regional <input type="checkbox"/> LHO Area <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> County <input type="checkbox"/> Institution <input type="checkbox"/> Other – give details:
15	KPI is reported in which reports?	Indicate where the KPI will be reported: <input type="checkbox"/> Corporate Plan Report <input checked="" type="checkbox"/> Performance Report (NSP/CBP) <input type="checkbox"/> CompStat
16	Web link to data	http://www.hse.ie/eng/services/Publications/corporate/performanceassurancereports/
17	Additional Information	
	Contact details for Data Manager	Fiachra Bane, HIPE, Tel: 045 988330 Email: fiachra.bane@hse.ie Dr. Colin Doherty,
	/Specialist Lead	
	National Lead and Division	National Director Acute Hospitals Division, Dr. Steevens Hospital, Dublin 8. Tel

Acute Services - Epilepsy		
1	KPI title	Percentage reduction in the number of discharges with principal diagnosis of epilepsy
2	KPI Description	% reduction in no. of epilepsy inpatients discharges with principal diagnosis of Epilepsy ICD codes G40, G41, R561 and R568. Baseline is rolling twelve months from 2012.
3	KPI Rationale	Adherence to model of care should lead to more efficient use of resources and reduction in bed days
	Indicator Classification (National Standards for Safer Better HealthCare)	Please tick Indicator Classification this indicator applies to: <input checked="" type="checkbox"/> Person Centred Care <input checked="" type="checkbox"/> Effective Care <input checked="" type="checkbox"/> Safe Care <input type="checkbox"/> Better Health and Wellbeing <input type="checkbox"/> Use of Information Workforce <input type="checkbox"/> Use of Resources Governance, Leadership and Management
4	KPI Target	NSP 2015 Target: 10%
5	KPI Calculation	Count
6	Data Source Data Completeness Data Quality Issues	HIPE
7	Data Collection Frequency	Indicate how often the data to support the KPI will be collected: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details:
8	Tracer Conditions	None
9	Minimum Data Set	HIPE
10	International Comparison	Not available
11	KPI Monitoring	KPI will be monitored : <input type="checkbox"/> Daily <input type="checkbox"/> Weekly Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually Please indicate who is responsible at a local level for monitoring this KPI:
12	KPI Reporting Frequency	Indicate how often the KPI will be reported: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually
13	KPI report period	Indicate the period to which the data applies <input type="checkbox"/> Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) Monthly in arrears (June data reported in July) <input checked="" type="checkbox"/> Quarterly in arrears (quarter 1 data reported in quarter 2) <input type="checkbox"/> Rolling 12 months (previous 12 month period) <input type="checkbox"/> Other – give details:
14	KPI Reporting Aggregation	Indicate the level of aggregation – for example over a geographical location: <input checked="" type="checkbox"/> National <input checked="" type="checkbox"/> Regional <input type="checkbox"/> LHO Area <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> County <input type="checkbox"/> Institution <input type="checkbox"/> Other – give details:
15	KPI is reported in which reports?	Indicate where the KPI will be reported: <input type="checkbox"/> Corporate Plan Report <input checked="" type="checkbox"/> Performance Report (NSP/CBP) <input type="checkbox"/> CompStat
16	Web link to data	http://www.hse.ie/eng/services/Publications/corporate/performanceassurancereports/
17	Additional Information	
	Contact details for Data Manager /Specialist Lead	Fiachra Bane, HIPE, Tel: 045 988330 Email: fiachra.bane@hse.ie Dr Colin Doherty,
	National Lead and Division	National Director Acute Hospitals Division, Dr. Steevens Hospital, Dublin 8. Tel 01-635 2000.

Acute Division including Clinical Programmes - Blood Policy

1	KPI title	Number of units of platelets ordered in the reporting period
2	KPI Description	To record the platelet usage / outdating per hospital on a monthly basis and trend the National usage monthly.
3	KPI Rationale Indicator Classification (National Standards for Safer Better HealthCare)	To review usage and evaluate. To trend the usage of platelets month on month and year on year. Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two). <input type="checkbox"/> Person Centred Care <input type="checkbox"/> Effective Care Safe Care <input type="checkbox"/> Better Health and Wellbeing <input type="checkbox"/> Use of Information <input type="checkbox"/> Workforce <input type="checkbox"/> Use of Resources <input checked="" type="checkbox"/> Governance, Leadership and Management <input type="checkbox"/>
4	KPI Target	NSP 2015 Target: 21,178 Nationally
5	KPI Calculation	Utilising data from IBTS and monthly retrieval of data from each hospital record the total number of units ordered nationally.
6	Data Source Data Completeness Data Quality Issues	Each Hospital Laboratory
7	Data Collection Frequency	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details:
8	Tracer Conditions	Total number of platelets issued to each hospital for therapeutic use to be recorded. This data is collected on a monthly basis from each hospital and provides data for monitoring and trending the use of platelets on a hospital, regional and national basis.
9	Minimum Data Set	Core data required from each hospital is the total platelet order for each month with the associated platelet usage.
10	International Comparison	Yes
11	KPI Monitoring	KPI will be monitored on a (please indicate below) basis: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details: Please indicate who is responsible for monitoring this KPI: Hospital Manager
12	KPI Reporting Frequency	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details:
13	KPI report period	<input type="checkbox"/> Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) <input checked="" type="checkbox"/> Monthly in arrears (June data reported in July) <input type="checkbox"/> Quarterly in arrears (quarter 1 data reported in quarter 2)
14	KPI Reporting Aggregation	<input checked="" type="checkbox"/> National <input type="checkbox"/> Regional <input type="checkbox"/> LHO Area <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> County <input type="checkbox"/> Institution <input type="checkbox"/> Other – give details:
15	KPI is reported in which reports ?	<input checked="" type="checkbox"/> Performance Assurance Report (NSP) <input type="checkbox"/> CompStat <input type="checkbox"/> Other – give details:
16	Web link to data	http://www.hse.ie/eng/services/Publications/corporate/performanceassurancereports/
17	Additional Information	
Contact details for Data Manager /		Specialist Lead: Tony Finch, Chief Scientist.
National Lead and Directorate		National Director Acute Hospitals Division, Dr. Steevens Hospital, Dublin 8. Tel 01-635 2000.

Acute Division including Clinical Programmes - Blood Policy

1	KPI Title	Percentage of units of platelets outdated in the reporting period
2	KPI Description	To record the platelet usage / outdated per hospital on a monthly basis and trend the National usage quarterly.
3	KPI Rationale	To review usage and evaluate
	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two). <input type="checkbox"/> Person Centred Care <input type="checkbox"/> Effective Care <input type="checkbox"/> Safe Care <input type="checkbox"/> Better Health and Wellbeing <input type="checkbox"/> Use of Information <input type="checkbox"/> Workforce <input checked="" type="checkbox"/> Use of Resources <input type="checkbox"/> Governance, Leadership and Management
4	KPI Target	NSP 2015 Target: <8%
5	KPI Calculation	Utilising data from IBTS and monthly retrieval of data from each hospital Number of outdated units Total number of units x 100 =
6	Data Source	Each Hospital Laboratory
	Data Completeness	
	Data Quality Issues	
7	Data Collection Frequency	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details:
8	Tracer Conditions	Total number of platelets outdated to be ordered for each hospital. This data is collected on a monthly basis for each hospital and provides data for monitoring and trending the outdated rate for platelets on a hospital, regional and national basis.
9	Minimum Data Set	The core data required from each hospital is the total platelet order for each month with the associated outdated figure.
10	International Comparison	Yes
11	KPI Monitoring	KPI will be monitored on a (please indicate below) basis: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details: Please indicate who is responsible for monitoring this KPI: Hospital Manager
12	KPI Reporting Frequency	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details:
13	KPI report period	<input type="checkbox"/> Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) <input checked="" type="checkbox"/> Monthly in arrears (June data reported in July) <input type="checkbox"/> Quarterly in arrears (quarter 1 data reported in quarter 2) <input type="checkbox"/> Rolling 12 months (pr
14	KPI Reporting Aggregation	<input checked="" type="checkbox"/> National <input type="checkbox"/> Regional <input type="checkbox"/> LHO Area <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> County <input type="checkbox"/> Institution <input type="checkbox"/> Other – give details:
15	KPI is reported in which reports ?	<input checked="" type="checkbox"/> Performance Assurance Report (NSP) <input type="checkbox"/> CompStat <input type="checkbox"/> Other – give details:
16	Web link to data	http://www.hse.ie/eng/services/Publications/corporate/performanceassurancereports/
17	Additional Information	
Contact details for Data Manager /		Specialist Lead: Tony Finch, Chief Scientist.
National Lead and Directorate		National Director Acute Hospitals Division, Dr. Steevens Hospital, Dublin 8. Tel 01-635 2000.

Acute Division including Clinical Programmes - Blood Policy

1	KPI Title	Percentage usage of O Rhesus negative red blood cells
2	KPI Description	To monitor and minimise the % of O Rhesus Negative units nationally, as a percentage of all red blood cells.
3	KPI Rationale	Minimise over usage of O Rhesus negative red blood cells
	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two). <input type="checkbox"/> Person Centred Care <input checked="" type="checkbox"/> Effective Care <input type="checkbox"/> Safe Care <input type="checkbox"/> Better Health and Wellbeing <input type="checkbox"/> Use of Information <input type="checkbox"/> Workforce <input type="checkbox"/> Use of Resources <input type="checkbox"/> Governance, Leadership and Management <input type="checkbox"/>
4	KPI Target	NSP 2015 Target: <11%
5	KPI Calculation	Total number of O Rhesus Negative units Total number of all red blood cells x 100 =
6	Data Source	Each Hospital Laboratory
	Data Completeness	
	Data Quality Issues	
7	Data Collection Frequency	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details:
8	Tracer Conditions	The total number of O Rh Negative Red Cell units issued to each hospital to be recorder. This data is collected on a monthly basis form each hospital and provides data for monitoring and trending use of O Rh Negative Red Cell units as a percentage of the total.
9	Minimum Data Set	Core data required from each hospital is the total issue of all Red Cell units and the associated issue of O Rh Negative Red Cell units.
10	International Comparison	No
11	KPI Monitoring	KPI will be monitored on a (please indicate below) basis: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details: Please indicate who is responsible for monitoring this KPI: Hospital Manager
12	KPI Reporting Frequency	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details:
13	KPI report period	<input type="checkbox"/> Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) <input checked="" type="checkbox"/> Monthly in arrears (June data reported in July) <input type="checkbox"/> Quarterly in arrears (quarter 1 data reported in quarter 2) <input type="checkbox"/> Rolling 12 months
14	KPI Reporting Aggregation	<input checked="" type="checkbox"/> National <input type="checkbox"/> Regional <input type="checkbox"/> LHO Area <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> County <input type="checkbox"/> Institution <input type="checkbox"/> Other – give details:
15	KPI is reported in which reports ?	<input checked="" type="checkbox"/> Performance Assurance Report (NSP) <input type="checkbox"/> CompStat <input type="checkbox"/> Other – give details:
16	Web link to data	http://www.hse.ie/eng/services/Publications/corporate/performanceassurancereports/
17	Additional Information	
Contact details for Data Manager /		Specialist Lead: Tony Finch, Chief Scientist.
National Lead and Directorate		National Director Acute Hospitals Division, Dr. Steevens Hospital, Dublin 8. Tel 01-635 2000.

Acute Division including Clinical Programmes - Blood Policy

1	KPI Title	Percentage of red blood cell units rerouted to hub hospital
2	KPI Description	To record the number of red cell units re-routed in order to utilise short dated units and reduce outdated.
3	KPI Rationale	Minimising of outdated products and utilisation of short date units.
	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two). <input type="checkbox"/> Person Centred Care <input type="checkbox"/> Effective Care <input type="checkbox"/> Safe Care <input type="checkbox"/> Better Health and Wellbeing <input type="checkbox"/> Use of Information <input type="checkbox"/> Workforce <input checked="" type="checkbox"/> Use of Resources <input type="checkbox"/> Governance, Leadership and Management
4	KPI Target	NSP 2015 Target: <5%
5	KPI Calculation	Utilising data from IBTS and monthly retrieval of data from each hospital Number of red blood cell units rerouted $\frac{\text{Total red cell units rerouted}}{\text{Total red cell units}} \times 100 = \%$
6	Data Source	Each Hospital Laboratory
	Data Completeness	
	Data Quality Issues	
7	Data Collection Frequency	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details:
8	Tracer Conditions	Total number of Red Cell units re-routed between hospitals in their network group. This data is collected on a monthly basis from each hospital and provides data for monitoring and trending the re-routing of all Red Cell units between hospitals.
9	Minimum Data Set	Core data required from each hospital is the total red cell unit order and the number of Red Cell units re-routed
10	International Comparison	No
11	KPI Monitoring	KPI will be monitored on a (please indicate below) basis: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details: Please indicate who is responsible for monitoring this KPI: Hospital Manager
12	KPI Reporting Frequency	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details:
13	KPI report period	<input type="checkbox"/> Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) <input checked="" type="checkbox"/> Monthly in arrears (June data reported in July) <input type="checkbox"/> Quarterly in arrears (quarter 1 data reported in quarter 2) <input type="checkbox"/> Rolling 12 months (pr
14	KPI Reporting Aggregation	<input checked="" type="checkbox"/> National <input type="checkbox"/> Regional <input type="checkbox"/> LHO Area <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> County <input type="checkbox"/> Institution <input type="checkbox"/> Other – give details:
15	KPI is reported in which reports ?	<input checked="" type="checkbox"/> Performance Assurance Report (NSP) <input type="checkbox"/> CompStat <input type="checkbox"/> Other – give details:
16	Web link to data	http://www.hse.ie/eng/services/Publications/corporate/performanceassurancereports/
17	Additional Information	
Contact details for Data Manager /		Specialist Lead: Tony Finch, Chief Scientist.
National Lead and Directorate		National Director Acute Hospitals Division, Dr. Steevens Hospital, Dublin 8. Tel 01-635 2000.

Acute Division including Clinical Programmes - Blood Policy

1	KPI Title	Percentage of red blood cell units returned out of total red blood cell units ordered
2	KPI Description	To record the number of red cell units outdated per hospital on a monthly basis and trend the National outdated monthly.
3	KPI Rationale	To review outdated and evaluate.
	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two). <input type="checkbox"/> Person Centred Care <input type="checkbox"/> Effective Care <input type="checkbox"/> Safe Care <input type="checkbox"/> Better Health and Wellbeing <input type="checkbox"/> Use of Information <input type="checkbox"/> Workforce <input type="checkbox"/> Use of Resources <input type="checkbox"/> Governance, Leadership and Management <input type="checkbox"/>
4	KPI Target	NSP 2015 Target: <1%
5	KPI Calculation	Total number of Red Cell Units outdated x 100 = Total number of Red Cell units issued
6	Data Source	Each Hospital Laboratory
	Data Completeness	
	Data Quality Issues	
7	Data Collection Frequency	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details:
8	Tracer Conditions	The total number of Red Cell units outdated at each hospital to be recorded. This data is collected on a monthly basis from each hospital and provides data for monitoring and trending of Red Cell units outdated as a percentage of the total Red Cell unit.
9	Minimum Data Set	Core data required from each hospital is the total issue of all Red Cell units and the associated outdated figures.
10	International Comparison	No
11	KPI Monitoring	KPI will be monitored on a (please indicate below) basis: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details: Please indicate who is responsible for monitoring this KPI: Hospital Manager
12	KPI Reporting Frequency	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details:
13	KPI report period	<input type="checkbox"/> Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) <input checked="" type="checkbox"/> Monthly in arrears (June data reported in July) <input type="checkbox"/> Quarterly in arrears (quarter 1 data reported in quarter 2) <input type="checkbox"/> Rolling 12 months
14	KPI Reporting Aggregation	<input checked="" type="checkbox"/> National <input type="checkbox"/> Regional <input type="checkbox"/> LHO Area <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> County <input type="checkbox"/> Institution <input type="checkbox"/> Other – give details:
15	KPI is reported in which reports ?	<input checked="" type="checkbox"/> Performance Assurance Report (NSP) <input type="checkbox"/> CompStat <input type="checkbox"/> Other – give details:
16	Web link to data	http://www.hse.ie/eng/services/Publications/corporate/performanceassurancereports/
17	Additional Information	
Contact details for Data Manager /		Specialist Lead: Tony Finch, Chief Scientist.
National Lead and Directorate		National Director Acute Hospitals Division, Dr. Steevens Hospital, Dublin 8. Tel 01-635 2000.

Acute Division including Clinical Programmes - Symptomatic Breast Cancer Services

1	KPI Title	No. of patients triaged as urgent presenting to symptomatic breast clinics
2	KPI Description	The number of new patients who attended the symptomatic breast clinic, whose referrals were triaged as urgent by the cancer centre.
3	KPI Rationale	Monitoring activity and breakdown of urgent/routine attendances.
	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two). <input checked="" type="checkbox"/> Person Centred Care <input type="checkbox"/> Effective Care Safe Care <input type="checkbox"/> Better Health and Wellbeing <input type="checkbox"/> Use of Information <input type="checkbox"/> Workforce <input type="checkbox"/> Use of Resources <input type="checkbox"/> Governance, Leadership and Management <input type="checkbox"/>
4	KPI Target	NSP 2015 target: 16,000 (95% adherence)
5	KPI Calculation	A sum of the number of new patients who attended the cancer centre in the previous calendar month, whose referrals were triaged as urgent according to NCCP SOPs and referral guidelines for Symptomatic Breast Disease Services, by the specialist team. Calculation undertaken by the cancer centre.
6	Data Source	Symptomatic breast database in the cancer centres
	Data Completeness	100% coverage
	Data Quality Issues	None
7	Data Collection Frequency	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input checked="" type="checkbox"/> Other – give details: At the end of the clinic
8	Tracer Conditions	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
9	Minimum Data Set	1. The level of urgency assigned to the referral by the cancer centre. 2. The date of attendance at the symptomatic breast clinic
10	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. The UK NHS have introduced a '2 week rule' for their cancer referrals in line with the Calman Hine report (1995)
11	KPI Monitoring	KPI will be monitored on a (please indicate below) basis: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details: Please indicate who is responsible for monitoring this KPI: NCCP/Cancer Network Managers
12	KPI Reporting Frequency	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details:
13	KPI report period	<input type="checkbox"/> Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) <input checked="" type="checkbox"/> Monthly in arrears (June data reported in July) <input type="checkbox"/> Quarterly <input type="checkbox"/> Rolling 12 months (previous 12 month period)
14	KPI Reporting Aggregation	<input checked="" type="checkbox"/> National <input type="checkbox"/> Regional <input type="checkbox"/> LHO Area <input type="checkbox"/> Hospital <input type="checkbox"/> County <input type="checkbox"/> Institution <input checked="" type="checkbox"/> Other – give details: Cancer Centre
15	KPI is reported in which reports ?	<input type="checkbox"/> Corporate Plan Report <input checked="" type="checkbox"/> Performance Report (NSP/CBP) <input type="checkbox"/> CompStat <input type="checkbox"/> Other – give details:
16	Web link to data	http://www.hse.ie/eng/services/Publications/corporate/Performance_Reports_Monthly.html
17	Additional Information	As reported in the HSE Performance Report. 1 http://www.hiqa.ie/system/files/Symptomatic_breast_Disease_Standards.pdf
Contact details for Data Manager / Specialist Lead		Dr. Deirdre Murray, NCCP Tel: 021 4927601 Email: DeirdreE.Murray@hse.ie
National Lead and Division		Dr. Susan O'Reilly, National Director, NCCP Tel: 01 8287100

Acute Division including Clinical Programmes - Symptomatic Breast Cancer Services

1	KPI Title	Total number of non urgent attendances
2	KPI Description	The number of new patients who attended the symptomatic breast clinic, whose referral was triaged as non-urgent by the cancer centre.
3	KPI Rationale	Monitoring activity and breakdown of urgent/routine attendances
	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two). <input checked="" type="checkbox"/> Person Centred Care <input type="checkbox"/> Effective Care <input checked="" type="checkbox"/> Safe Care <input type="checkbox"/> Better Health and Wellbeing <input type="checkbox"/> Use of Information <input type="checkbox"/> Workforce <input type="checkbox"/> Use of Resources <input type="checkbox"/> Governance, Leadership and Management
4	KPI Target	NSP 2015 target: 24,000 (95% adherence)
5	KPI Calculation	A sum of the number of new patients who attended the cancer centre in the previous calendar month, whose referrals were triaged as non urgent according to NCCP SOPs and referral guidelines for Symptomatic Breast Disease Services, by the specialist team. Calculation undertaken by the cancer centre.
6	Data Source	Symptomatic breast database in the cancer centres
	Data Completeness	100% coverage
	Data Quality Issues	None
7	Data Collection Frequency	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input checked="" type="checkbox"/> Other – give details: At the end of the clinic
8	Tracer Conditions	All patients who attend the symptomatic breast disease clinic and who adhere to the criteria for non-urgent referral to the clinic as defined by the NCCP SOP for Referral & Triage (2008) and the NCCP GP referral guideline
9	Minimum Data Set	1. The level of urgency assigned to the referral by the cancer centre. 2. The date of attendance at the symptomatic breast clinic
10	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.
11	KPI Monitoring	KPI will be monitored on a (please indicate below) basis: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details: Please indicate who is responsible for monitoring this KPI: <u>NCCP Cancer Network Managers</u>
12	KPI Reporting Frequency	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details:
13	KPI report period	<input type="checkbox"/> Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Monthly in arrears (June data reported in July) <input type="checkbox"/> Quarterly <input type="checkbox"/> Rolling 12 months (previous 12 month period)
14	KPI Reporting Aggregation	<input checked="" type="checkbox"/> National <input type="checkbox"/> Regional <input type="checkbox"/> LHO Area <input type="checkbox"/> Hospital <input type="checkbox"/> County <input type="checkbox"/> Institution <input checked="" type="checkbox"/> Other – give details: Cancer Centre
15	KPI is reported in which reports ?	<input checked="" type="checkbox"/> Performance Assurance Report (NSP) <input type="checkbox"/> CompStat <input type="checkbox"/> Other – give details:
16	Web link to data	http://www.hse.ie/eng/services/Publications/corporate/Performance_Reports_Monthly.html
17	Additional Information	As reported in the HSE Performance Report. 1 http://www.hiqa.ie/system/files/Symptomatic_breast_Disease_Standards.pdf
	Contact details for Data Manager / Specialist Lead	Dr. Deirdre Murray, NCCP Tel: 021 4927601 Email: DeirdreE.Murray@hse.ie
	National Lead and Division	Dr. Susan O'Reilly, National Director, NCCP Tel: 01 8287100

Acute Division including Clinical Programmes - Symptomatic Breast Cancer Services

1	KPI Title	Number and percentage of attendances whose referrals were triaged as urgent by the cancer centre and adhered to the HIQA standard of 2 weeks for urgent referrals, (No. and percentage offered an appointment that falls within 2 weeks).
2	KPI Description	The number and percentage of attendances, whose referrals were triaged as urgent by the cancer centre and were offered an appointment within 10 working days ii of the date of receipt of a letter of referral in the cancer office
3	KPI Rationale	Monitoring timely access to breast rapid access clinics
	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two). <input checked="" type="checkbox"/> Person Centred Care <input type="checkbox"/> Effective Care <input type="checkbox"/> Safe Care <input checked="" type="checkbox"/> Better Health and Wellbeing <input type="checkbox"/> Use of Information <input type="checkbox"/> <input type="checkbox"/> Workforce <input type="checkbox"/> Use of Resources <input type="checkbox"/> Governance, Leadership and Management <input type="checkbox"/>
4	KPI Target	NSP 2015 target: 15,200 (95% adherence)
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 ap
6	Data Source	Symptomatic breast database in the cancer centres
	Data Completeness	100% coverage
	Data Quality Issues	None
7	Data Collection Frequency	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input checked="" type="checkbox"/> Other – give details: At the end of the clinic
8	Tracer Conditions	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
9	Minimum Data Set	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, 2006. Similar access standard in the UK – NHS Cancer Plan 2000.
11	KPI Monitoring	KPI will be monitored on a (please indicate below) basis: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details: Please indicate who is responsible for monitoring this KPI: _____
12	KPI Reporting Frequency	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Monthly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details:
13	KPI report period	<input type="checkbox"/> Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Monthly in arrears (June data reported in July) <input type="checkbox"/> Rolling 12 months (previous 12 month period)
14	KPI Reporting Aggregation	<input checked="" type="checkbox"/> National <input type="checkbox"/> Regional <input type="checkbox"/> LHO Area <input type="checkbox"/> Hospital <input type="checkbox"/> County <input type="checkbox"/> Institution <input checked="" type="checkbox"/> Other – give details: Cancer Centre
15	KPI is reported in which reports ?	<input checked="" type="checkbox"/> Performance Assurance Report (NSP) <input type="checkbox"/> CompStat <input type="checkbox"/> Other – give details:
16	Web link to data	http://www.hse.ie/eng/services/Publications/corporate/Performance_Reports_Monthly.html
17	Additional Information	As reported in the HSE Performance Report.
Contact details for Data Manager /		Dr. Deirdre Murray, NCCP Tel: 021 4927601 Email: DeirdreE.Murray@hse.ie
National Lead and Division		Dr. Susan O'Reilly, National Director, NCCP Tel: 01 8287100

Acute Division including Clinical Programmes - Symptomatic Breast Cancer Services

1	KPI Title	Number and percentage of attendances whose referrals were triaged as non-urgent by the cancer centre and adhered to the HIQA standard of 12 weeks for non urgent referrals. (No. and percentage offered an appointment that falls within 12 weeks).
2	KPI Description	The number and percentage of attendances whose referrals were triaged as non-urgent by the cancer centre and were offered an appointment for 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.
3	KPI Rationale	Monitoring access and adherence to HIQA standards
	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two). <input checked="" type="checkbox"/> Person Centred Care <input type="checkbox"/> Effective Care Safe Care <input checked="" type="checkbox"/> Better Health and Wellbeing <input type="checkbox"/> Use of Information <input type="checkbox"/> Workforce <input type="checkbox"/> Use of Resources <input type="checkbox"/> Governance, Leadership and Management <input type="checkbox"/>
4	KPI Target	NSP 2015 target: 22,800 (95% adherence)
5	KPI Calculation	Numerator: The number of patients triaged by the cancer centre as non-urgent who attended a symptomatic breast clinic (during 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.
6	Data Source	Symptomatic breast database in the cancer centres
	Data Completeness	100% coverage
	Data Quality Issues	None
7	Data Collection Frequency	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input checked="" type="checkbox"/> Other – give details: At the end of the clinic
8	Tracer Conditions	All patients who attend the symptomatic breast disease clinic and who adhere to the criteria for non-urgent referral to the clinic as defined by the NCCP SOP for Referral & Triage (2008) and the NCCP GP referral guideline
9	Minimum Data Set	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 clinic
10	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
11	KPI Monitoring	KPI will be monitored on a (please indicate below) basis: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details: Please indicate who is responsible for monitoring this KPI: NCCP Cancer network managers
12	KPI Reporting Frequency	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details:
13	KPI report period	<input type="checkbox"/> Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Monthly in arrears (June data reported in July) <input type="checkbox"/> Rolling 12 months (previous 12 month period)
14	KPI Reporting Aggregation	<input checked="" type="checkbox"/> National <input type="checkbox"/> Regional <input type="checkbox"/> LHO Area <input type="checkbox"/> Hospital <input type="checkbox"/> County <input type="checkbox"/> Institution <input checked="" type="checkbox"/> Other – give details: Cancer Centre
15	KPI is reported in which reports ?	<input type="checkbox"/> Corporate Plan Report <input checked="" type="checkbox"/> Performance Report (NSP/CBP) <input type="checkbox"/> CompStat <input type="checkbox"/> Other – give details:
16	Web link to data	http://www.hse.ie/eng/services/Publications/corporate/Performance_Reports_Monthly.html
17	Additional Information	As reported in the HSE Performance Report. 1 http://www.hiqa.ie/system/files/Symptomatic_breast_Disease_Standards.pdf
Contact details for Data Manager / Specialist Lead		Dr. Deirdre Murray, NCCP Tel: 021 4927601 Email: DeirdreE.Murray@hse.ie
National Lead and Division		Dr. Susan O'Reilly, National Director, NCCP Tel: 01 8287100

Acute Division including Clinical Programmes - Symptomatic Breast Cancer Services

1	KPI title	Clinic cancer detection rate: No. and % of new attendances to clinic, triaged as urgent, which have a subsequent diagnosis of primary breast cancer New PI
2	KPI Description	The number of patients who were triaged as urgent that were subsequently diagnosed with a primary breast cancer
3	KPI Rationale Indicator Classification (National Standards for Safer Better HealthCare)	Monitoring adequacy of GP referral criteria and hospital triage process Please tick Indicator Classification this indicator applies to: <input checked="" type="checkbox"/> Person Centred Care <input checked="" type="checkbox"/> Effective Care <input type="checkbox"/> Safe Care <input type="checkbox"/> Better Health and Wellbeing <input checked="" type="checkbox"/> Use of Information <input type="checkbox"/> Workforce <input checked="" type="checkbox"/> Use of Resources <input type="checkbox"/> Governance, Leadership and Management
4	KPI Target	NSP 2015 target: 15,200 (>6% adherence)
5	KPI Calculation	Numerator: The number of patients triaged by the cancer centre as urgent who attended a symptomatic breast clinic (during the reporting month) Denominator: The total number of patients triaged by the cancer centre as urgent (during the reporting month) who were subsequently diagnosed with breast cancer. Percentage calculation undertaken by NCCP.
6	Data Source Data Completeness Data Quality Issues	Symptomatic breast database in the cancer centre 100% coverage No data quality issues
7	Data Collection Frequency	Indicate how often the data to support the KPI will be collected: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details:
8	Tracer Conditions	
9	Minimum Data Set	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
10	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)
11	KPI Monitoring	KPI will be <u>monitored</u> : <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details: Please indicate who is responsible at a local level for monitoring this KPI: Data manager
12	KPI Reporting Frequency	Indicate how often the KPI will be reported: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details:
13	KPI report period	Indicate the period to which the data applies <input type="checkbox"/> Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) <input checked="" type="checkbox"/> Monthly in arrears (June data reported in July) <input type="checkbox"/> Quarterly in arrears (quarter 1 data reported in quarter 2) <input type="checkbox"/> Rolling 12 months (previous 12 month period) <input type="checkbox"/> Other – give details:
14	KPI Reporting Aggregation	Indicate the level of aggregation – for example over a geographical location: <input checked="" type="checkbox"/> National <input type="checkbox"/> Regional <input type="checkbox"/> Hospital Group <input type="checkbox"/> Hospital <input type="checkbox"/> CHO <input type="checkbox"/> ISA <input type="checkbox"/> LHO <input type="checkbox"/> County <input type="checkbox"/> Institution Other – give details:
15	KPI is reported in which reports?	Indicate where the KPI will be reported: <input checked="" type="checkbox"/> Performance Report (NSP) <input type="checkbox"/> CompStat <input type="checkbox"/> Other – give details:
16	Web link to data	New PI
17	Additional Information	Is the data for this KPI available through Corporate Information Facility (CIF)?
Contact details for Data Manager		Dr. Deirdre Murray, NCCP Tel: 021 4927601 Email: DeirdreE.Murray@hse.ie
National Lead and Division		Dr. Susan O'Reilly, National Director, NCCP Tel: 01 8287100

National Cancer Control - Lung Cancer

1	KPI Title	No. of patients attending the rapid access lung clinic in designated cancer centres
2	KPI Description	Total number of new, return attendances and DNAs to the rapid access lung clinic
3	KPI Rationale	Monitor activity of rapid access clinics to enable future planning of services
	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two). <input checked="" type="checkbox"/> Person Centred Care <input type="checkbox"/> Effective Care Safe Care <input type="checkbox"/> Better Health and Wellbeing <input type="checkbox"/> Use of Information <input type="checkbox"/> Workforce <input type="checkbox"/> Use of Resources <input type="checkbox"/> Governance, Leadership and Management <input type="checkbox"/>
4	KPI Target	NSP 2015 target: 3,000
5	KPI Calculation	A sum of the number of new and return attendances and new and return DNAs at a lung cancer rapid access clinic on a date between the first and the last date inclusive of any given month. Calculation undertaken by the cancer centre.
6	Data Source	Cancer Centre
	Data Completeness	100% coverage
	Data Quality Issues	None
7	Data Collection Frequency	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input checked="" type="checkbox"/> Other – give details: At the end of the clinic
8	Tracer Conditions	All patients referred to the rapid access lung clinic who adhere to the criteria for referral to the rapid access lung clinic as defined by the National Lung Cancer Rapid Access Service GP Referral Guidelines, NCCP1 New attendance is defined as an attendance by a patient who has not been investigated at least once previously as an outpatient at a lung cancer rapid access clinic with the same condition/complaint within the previous 12 months and has not been treated previously for lung cancer in the cancer centre at any time. Return attendance is defined as an attendance by a patient who has been seen at least once previously as an outpatient at a lung cancer rapid access clinic with the same condition/complaint within the previous 12 months.
9	Minimum Data Set	1. The date of new patient attendance at the rapid access lung clinic 2. The date of return patient attendance at the rapid access lung clinic 3. The date of DNAs
10	International Comparison	No
11	KPI Monitoring	KPI will be monitored on a (please indicate below) basis: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly Quarterly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details: Please indicate who is responsible for monitoring this KPI: NCCP/Cancer Network Managers
12	KPI Reporting Frequency	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly Quarterly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details:
13	KPI report period	<input type="checkbox"/> Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) <input checked="" type="checkbox"/> Monthly in arrears (June data reported in July) <input type="checkbox"/> Quarterly <input type="checkbox"/> Rolling 12 months (previous 12 month period)
14	KPI Reporting Aggregation	<input checked="" type="checkbox"/> National <input type="checkbox"/> Regional <input type="checkbox"/> LHO Area <input type="checkbox"/> Hospital <input type="checkbox"/> County <input type="checkbox"/> Institution <input checked="" type="checkbox"/> Other – give details: Cancer Centre
15	KPI is reported in which reports ?	<input type="checkbox"/> Corporate Plan Report <input checked="" type="checkbox"/> Performance Report (NSP/CBP) <input type="checkbox"/> CompStat <input type="checkbox"/> Other – give details:
16	Web link to data	http://www.hse.ie/eng/services/Publications/corporate/Performance_Reports_Monthly.html
17	Additional Information	Monthly returns are aggregated to produce quarterly KPIs.
Contact details for Data Manager / Specialist Lead		Dr. Deirdre Murray, NCCP Tel: 021 4927601 Email: DeirdreE.Murray@hse.ie
National Lead and Division		Dr. Susan O'Reilly, National Director, NCCP Tel: 01 8287100

National Cancer Control - Lung Cancer

1	KPI Title	Number & percentage of patients attending the rapid access clinic who attended or were offered an appointment within 10 working days of receipt of referral in the cancer centre
2	KPI Description	Number and percentage of patients attending the rapid access clinic that attended or were offered an appointment within 10 working days of receipt of referral in the cancer centre.
3	KPI Rationale	Monitoring timely access to Rapid Access Clinics
	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two). <input checked="" type="checkbox"/> Person Centred Care <input type="checkbox"/> Effective Care Safe Care <input type="checkbox"/> Better Health and Wellbeing <input type="checkbox"/> Use of Information <input type="checkbox"/> Workforce <input type="checkbox"/> Use of Resources <input type="checkbox"/> Governance, Leadership and Management <input type="checkbox"/>
4	KPI Target	NSP 2015 target: 95%
5	KPI Calculation	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 calculation undertaken by NCCP.
6	Data Source	Cancer Centre
	Data Completeness	100% coverage
	Data Quality Issues	None
7	Data Collection Frequency	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input checked="" type="checkbox"/> Other – give details: At the end of the clinic
8	Tracer Conditions	All patients referred to the rapid access lung clinic who adhere to the criteria for referral to the rapid access lung clinic as defined by the National Lung Cancer Rapid Access Service GP Referral Guidelines, NCCP1
9	Minimum Data Set	1. The date of receipt of the referral letter in the cancer centre. 2. The date of the first appointment offered to the patient 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	KPI will be monitored on a (please indicate below) basis: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details: Please indicate who is responsible for monitoring this KPI: NCCP/Cancer Network Managers
12	KPI Reporting Frequency	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details:
13	KPI report period	<input type="checkbox"/> Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) <input checked="" type="checkbox"/> Monthly in arrears (June data reported in July) <input type="checkbox"/> Quarterly <input type="checkbox"/> Rolling 12 months (previous 12 month period)
14	KPI Reporting Aggregation	<input checked="" type="checkbox"/> National <input type="checkbox"/> Regional <input type="checkbox"/> LHO Area <input type="checkbox"/> Hospital <input type="checkbox"/> County <input type="checkbox"/> Institution <input checked="" type="checkbox"/> Other – give details: Cancer Centre
15	KPI is reported in which reports ?	<input type="checkbox"/> Corporate Plan Report <input checked="" type="checkbox"/> Performance Report (NSP/CBP) <input type="checkbox"/> CompStat <input type="checkbox"/> Other – give details:
16	Web link to data	http://www.hse.ie/eng/services/Publications/corporate/Performance_Reports_Monthly.html
17	Additional Information	As reported in the HSE Performance Report. 1 http://www.hse.ie/eng/services/Find_a_Service/HospsCancer/dooradoyle/MWCC/RapidAccessGuide.pdf
Contact details for Data Manager / National Lead and Division		Dr. Deirdre Murray, NCCP Tel: 021 4927601 Email: DeirdreE.Murray@hse.ie Dr. Susan O'Reilly, National Director, NCCP Tel: 01 8287100

National Cancer Control - Lung Cancer

1	KPI title	Clinic cancer detection rate: No. and % of new attendances to clinic that have a subsequent diagnosis of primary lung cancer New PI
2	KPI Description	The number of patients who attended the rapid access lung clinic and were subsequently diagnosed with a primary lung cancer
3	KPI Rationale	Monitoring adequacy of GP referral criteria and hospital triage process
	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two). <input checked="" type="checkbox"/> Person Centred Care <input type="checkbox"/> Effective Care Safe Care <input type="checkbox"/> Better Health and Wellbeing <input type="checkbox"/> Use of Information <input type="checkbox"/> Workforce <input type="checkbox"/> Use of Resources <input type="checkbox"/> Governance, Leadership and Management <input type="checkbox"/>
4	KPI Target	NSP 2015 target: 3,000 (30%)
5	KPI Calculation	Numerator: The number of patients that attended the lung rapid access clinic (during the reporting month) Denominator: The total number of patients that attended the lung rapid access clinic (during the reporting month) who were subsequently diagnosed with a primary lung cancer. Percentage calculation undertaken by NCCP.
6	Data Source Data Completeness Data Quality Issues	RALC database in the cancer centre 100% coverage No data quality issues
7	Data Collection Frequency	Indicate how often the data to support the KPI will be collected: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details:
8	Tracer Conditions	
9	Minimum Data Set	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	KPI will be <u>monitored</u> : KPI will be monitored on a (please indicate below) basis: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details: Please indicate who is responsible for monitoring this KPI: NCCP/Cancer Network Managers
12	KPI Reporting Frequency	Indicate how often the KPI will be reported: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details:
13	KPI report period	Indicate the period to which the data applies <input type="checkbox"/> Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) <input checked="" type="checkbox"/> Monthly in arrears (June data reported in July) <input type="checkbox"/> Quarterly <input type="checkbox"/> Rolling 12 months (previous 12 month period)
14	KPI Reporting Aggregation	Indicate the level of aggregation – for example over a geographical location: <input checked="" type="checkbox"/> National <input type="checkbox"/> Regional <input type="checkbox"/> LHO Area <input type="checkbox"/> Hospital <input type="checkbox"/> County <input type="checkbox"/> Institution <input checked="" type="checkbox"/> Other – give details: Cancer Centre
15	KPI is reported in which reports?	Indicate where the KPI will be reported: <input type="checkbox"/> Corporate Plan Report <input checked="" type="checkbox"/> Performance Report (NSP/CBP) <input type="checkbox"/> CompStat <input type="checkbox"/> Other – give details:
16	Web link to data	New PI
17	Additional Information	Is the data for this KPI available through Corporate Information Facility (CIF)?
	Contact details for Data Manager	Dr. Deirdre Murray, NCCP Tel: 021 4927601 Email: DeirdreE.Murray@hse.ie
	National Lead and Division	Dr. Susan O'Reilly, National Director, NCCP Tel: 01 8287100

National Cancer Control - Prostate Cancer

1	KPI Title	Number of centres providing surgical services for prostate cancers
2	KPI Description	Number of centres providing primary surgery for prostate cancer.
3	KPI Rationale	Monitoring service development and centralisation
	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two). Person Centred Care <input checked="" type="checkbox"/> Effective Care Safe Care <input type="checkbox"/> Better Health and Wellbeing <input type="checkbox"/> Use of Information <input type="checkbox"/> Workforce <input type="checkbox"/> Use of Resources <input type="checkbox"/> Governance, Leadership and Management <input type="checkbox"/>
4	KPI Target	NSP 2015 target: 7 centres
5	KPI Calculation	Number of centres providing primary surgical treatment
6	Data Source	Cancer Centre
	Data Completeness	100% coverage
	Data Quality Issues	None
7	Data Collection Frequency	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details:
8	Tracer Conditions	Men with prostate cancer (C61*) who require primary surgical treatment (radical prostatectomy) for treatment of their disease
9	Minimum Data Set	Number of centres providing primary surgical treatment for prostate cancer
10	International Comparison	No
11	KPI Monitoring	KPI will be monitored on a (please indicate below) basis: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details: Please indicate who is responsible for monitoring this KPI: NCCP Cancer Network Managers
12	KPI Reporting Frequency	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details:
13	KPI report period	<input type="checkbox"/> Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) <input checked="" type="checkbox"/> Monthly in arrears (June data reported in July) <input type="checkbox"/> Quarterly <input type="checkbox"/> Rolling 12 months (previous 12 month period)
14	KPI Reporting Aggregation	<input checked="" type="checkbox"/> National <input type="checkbox"/> Regional <input type="checkbox"/> LHO Area <input type="checkbox"/> Hospital <input type="checkbox"/> County <input type="checkbox"/> Institution <input checked="" type="checkbox"/> Other – give details: Cancer Centre
15	KPI is reported in which reports ?	<input checked="" type="checkbox"/> Performance Assurance Report (NSP) <input type="checkbox"/> CompStat <input type="checkbox"/> Other – give details:
16	Web link to data	http://www.hse.ie/eng/services/Publications/corporate/Performance_Reports_Monthly.html
17	Additional Information	As reported in the PR
Contact details for Data Manager /		Dr. Deirdre Murray, NCCP Tel: 021 4927601 Email: DeirdreE.Murray@hse.ie
National Lead and Division		Dr. Susan O'Reilly, National Director, NCCP Tel: 01 8287100

National Cancer Control - Prostate Cancer

1	KPI Title	No. of patients attending the rapid access clinic in the cancer centres
2	KPI Description	Total number of new, return attendances and DNAs to the rapid access prostate clinic
3	KPI Rationale	Attendance figures will monitor activity rates at these new clinics and support evaluation of the effectiveness of the referrals process
	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two). Person Centred Care <input checked="" type="checkbox"/> Effective Care Safe Care <input type="checkbox"/> Better Health and Wellbeing <input type="checkbox"/> Use of Information <input type="checkbox"/> Workforce <input type="checkbox"/> Use of Resources <input type="checkbox"/> Governance, Leadership and Management <input type="checkbox"/>
4	KPI Target	NSP 2015 target: 2,500
5	KPI Calculation	A sum of the number of new and return attendances and new and return DNAs at a prostate cancer rapid access clinic between the first and the last date inclusive of any given month. Calculation undertaken by the cancer centre.
6	Data Source	Rapid access prostate clinic returns
	Data Completeness	100% coverage
	Data Quality Issues	None
7	Data Collection Frequency	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details:
8	Tracer Conditions	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, NCCP.1 New attendance is defined as an attendance by a patient who has not been investigated at least once previously as an outpatient at a prostate cancer rapid access clinic with the same condition/complaint within the previous 18 months and has not been treated previously for prostate cancer in the cancer centre at any time. Return attendance is defined as an attendance by a patient who has been seen at least once previously as an outpatient at a prostate cancer rapid access clinic with the same condition/complaint within the previous 18 months.
9	Minimum Data Set	1. The date of new patient attendance at the rapid access prostate clinic 2. The date of return patient attendance at the rapid access prostate clinic 3. The date of DNAs
10	International Comparison	
11	KPI Monitoring	KPI will be monitored on a (please indicate below) basis: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details: Please indicate who is responsible for monitoring this KPI: NCCP Cancer Network managers
12	KPI Reporting Frequency	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details:
13	KPI report period	<input type="checkbox"/> Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Monthly in arrears (June data reported in July) <input type="checkbox"/> Rolling 12 months (previous 12 month period)
14	KPI Reporting Aggregation	<input checked="" type="checkbox"/> National <input type="checkbox"/> Regional <input type="checkbox"/> LHO Area <input type="checkbox"/> Hospital <input type="checkbox"/> County <input type="checkbox"/> Institution <input checked="" type="checkbox"/> Other – give details: Cancer Centre
15	KPI is reported in which reports ?	<input checked="" type="checkbox"/> Performance Assurance Report (NSP) <input type="checkbox"/> CompStat <input type="checkbox"/> Other – give details:
16	Web link to data	http://www.hse.ie/eng/services/Publications/corporate/Performance_Reports_Monthly.html
17	Additional Information	As reported in the Performance Report. 1 http://www.hse.ie/eng/services/Find_a_Service/HospsCancer/dooradoyle/MWCC/ProstateCancerReferralGuide.pdf
Contact details for Data Manager /		Dr. Deirdre Murray, NCCP Tel: 021 4927601 Email: DeirdreE.Murray@hse.ie
National Lead and Division		Dr. Susan O'Reilly, National Director, NCCP Tel: 01 8287100

National Cancer Control - Prostate Cancer

1	KPI Title	Number and percentage of patients attending the rapid access clinic who attended or were offered an appointment within 20 working days of receipt of referral in the cancer centre.
2	KPI Description	Number and percentage of patients seen or offered an appointment in a rapid access clinic to be seen within 20 working days of 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.
	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two). <input checked="" type="checkbox"/> Person Centred Care <input type="checkbox"/> Effective Care Safe Care <input checked="" type="checkbox"/> Better Health and Wellbeing <input type="checkbox"/> Use of Information <input type="checkbox"/> Workforce <input type="checkbox"/> Use of Resources <input type="checkbox"/> Governance, Leadership and Management <input type="checkbox"/>
4	KPI Target	NSP 2015 target: 90%
5	KPI Calculation	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. Denominator: total number of patients who attended a rapid access prostate clinic during the reporting period.
6	Data Source	Rapid access prostate clinic returns from cancer centres.
	Data Completeness	100% coverage
	Data Quality Issues	None
7	Data Collection Frequency	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details:
8	Tracer Conditions	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
9	Minimum Data Set	1. The date of receipt of the referral letter in the cancer centre. 2. The date of the first appointment offered to the patient 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	KPI will be monitored on a (please indicate below) basis: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details: Please indicate who is responsible for monitoring this KPI: Hospital Manager
12	KPI Reporting Frequency	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details:
13	KPI report period	<input type="checkbox"/> Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) <input type="checkbox"/> Monthly in arrears (June data reported in July) <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Rolling 12 months (previous 12 month period)
14	KPI Reporting Aggregation	<input checked="" type="checkbox"/> National <input type="checkbox"/> Regional <input type="checkbox"/> LHO Area <input type="checkbox"/> Hospital <input type="checkbox"/> County <input type="checkbox"/> Institution <input checked="" type="checkbox"/> Other – give details: Cancer Centre
15	KPI is reported in which reports ?	<input checked="" type="checkbox"/> Performance Assurance Report (NSP) <input type="checkbox"/> CompStat <input type="checkbox"/> Other – give details:
16	Web link to data	http://www.hse.ie/eng/services/Publications/corporate/Performance_Reports_Monthly.html
17	Additional Information	Monthly returns are aggregated to produce quarterly KPIs
Contact details for Data Manager /		Dr. Deirdre Murray, NCCP Tel: 021 4927601 Email: DeirdreE.Murray@hse.ie
National Lead and Division		Dr. Susan O'Reilly, National Director, NCCP Tel: 01 8287100

National Cancer Control - Prostate Cancer

1	KPI title	Clinic cancer detection rate: No. and % of new attendances to clinic that have a subsequent diagnosis of a primary prostate cancer
2	KPI Description	The number of patients who attended the rapid access prostate clinic and were subsequently diagnosed with a primary prostate cancer
3	KPI Rationale Indicator Classification (National Standards for Safer Better HealthCare)	Monitoring adequacy of GP referral criteria and hospital triage process Please tick Indicator Classification this indicator applies to: <input checked="" type="checkbox"/> Person Centred Care <input checked="" type="checkbox"/> Effective Care <input type="checkbox"/> Safe Care <input type="checkbox"/> Better Health and Wellbeing <input checked="" type="checkbox"/> Use of Information <input type="checkbox"/> Workforce <input checked="" type="checkbox"/> Use of Resources <input type="checkbox"/> Governance, Leadership and Management
4	KPI Target	NSP 2015 target: 2,500 (>35%)
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 that attended the prostate rapid access clinic (during the reporting month) who were subsequently diagnosed with a primary prostate cancer. Percentage calculation undertaken by NCCP.
6	Data Source Data Completeness Data Quality Issues	RAPC database in the cancer centre 100% coverage No data quality issues
7	Data Collection Frequency	Indicate how often the data to support the KPI will be collected: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details:
8	Tracer Conditions	
9	Minimum Data Set	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	KPI will be <u>monitored</u> : <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details: Please indicate who is responsible at a local level for monitoring this KPI: Data manager or Clinic Co-ordinator
12	KPI Reporting Frequency	Indicate how often the KPI will be reported: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details:
13	KPI report period	Indicate the period to which the data applies <input type="checkbox"/> Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) <input checked="" type="checkbox"/> Monthly in arrears (June data reported in July) <input type="checkbox"/> Quarterly in arrears (quarter 1 data reported in quarter 2) <input type="checkbox"/> Rolling 12 months (previous 12 month period) <input type="checkbox"/> Other – give details:
14	KPI Reporting Aggregation	Indicate the level of aggregation – for example over a geographical location: <input checked="" type="checkbox"/> National <input type="checkbox"/> Regional <input type="checkbox"/> Hospital Group <input type="checkbox"/> Hospital <input type="checkbox"/> CHO <input type="checkbox"/> ISA <input type="checkbox"/> LHO <input type="checkbox"/> County <input type="checkbox"/> Institution Other – give details:
15	KPI is reported in which reports?	Indicate where the KPI will be reported: <input checked="" type="checkbox"/> Performance Report (NSP) <input type="checkbox"/> CompStat <input type="checkbox"/> Other – give details:
16	Web link to data	New PI
17	Additional Information	Is the data for this KPI available through Corporate Information Facility (CIF)?
Contact details for Data Manager /Specialist		Dr. Deirdre Murray, NCCP Tel: 021 4927601 Email: DeirdreE.Murray@hse.ie
National Lead and Division		Dr. Susan O'Reilly, National Director, NCCP Tel: 01 8287100

National Cancer Control - Radiotherapy

1	KPI Title	No. of patients undergoing radical radiotherapy treatment who commenced treatment within 15 working days of being deemed ready to treat by the radiation oncologist (palliative care patients not included)
2	KPI Description	Number of patients undergoing radical treatment for any cancer diagnosis who commenced treatment within 15 working days of being deemed ready to treat by the radiation oncologist. This excludes patients referred for palliative treatment.
3	KPI Rationale	Radiotherapy treatment should commence within a clinically acceptable timeframe once the patient is deemed ready to treat
	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two). <input checked="" type="checkbox"/> Person Centred Care <input type="checkbox"/> Effective Care <input type="checkbox"/> Safe Care <input type="checkbox"/> Better Health and Wellbeing <input type="checkbox"/> Use of Information <input type="checkbox"/> Workforce <input type="checkbox"/> Use of Resources <input type="checkbox"/> Governance, Leadership and Management <input type="checkbox"/>
4	KPI Target	NSP 2015 target: 4700
5	KPI Calculation	Denominator: Number of patients referred for radiotherapy whose radiotherapy treatment commenced within 15 days of being deemed ready to treat within the reporting period. Numerator: Total number of patients deemed ready to treat referred for radiotherapy
6	Data Source	Electronic patient record
	Data Completeness	100% coverage
	Data Quality Issues	Some data definitions still being clarified
7	Data Collection Frequency	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details:
8	Tracer Conditions	Patients who completed radical treatment for all cancers (C00 * - C96*)
9	Minimum Data Set	1. Diagnosis 2. Date of ready to treat 3. Date of start of treatment 4. Date of completion of treatment
10	International Comparison	Yes - This benchmark is in line with British Columbia Guidelines & ahead of standards in the UK. https://www.wp.dh.gov.uk/publications/files/2012/11/Radiotherapy-Services-in-England-2012.pdf
11	KPI Monitoring	KPI will be monitored on a (please indicate below) basis: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details: Please indicate who is responsible for monitoring this KPI: NCCP/Cancer Network Managers
12	KPI Reporting Frequency	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details:
13	KPI report period	<input type="checkbox"/> Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) <input checked="" type="checkbox"/> Monthly in arrears (June data reported in July) <input type="checkbox"/> Quarterly <input type="checkbox"/> Rolling 12 months (previous 12 month period)
14	KPI Reporting Aggregation	<input checked="" type="checkbox"/> National <input type="checkbox"/> Regional <input type="checkbox"/> LHO Area <input type="checkbox"/> Hospital <input type="checkbox"/> County <input type="checkbox"/> Institution <input checked="" type="checkbox"/> Other – give details: 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 ?	<input checked="" type="checkbox"/> Performance Assurance Report (NSP) <input type="checkbox"/> CompStat <input type="checkbox"/> Other – give details:
16	Web link to data	http://www.hse.ie/eng/services/Publications/corporate/Performance_Reports_Monthly.html
17	Additional Information	As reported in the Performance Report
Contact details for Data Manager /		Dr. Deirdre Murray, NCCP Tel: 021 4927601 Email: DeirdreE.Murray@hse.ie
National Lead and Division		Dr. Susan O'Reilly, National Director, NCCP Tel: 01 8287100

National Cancer Control - Radiotherapy

1	KPI Title	Percentage of patients undergoing radical radiotherapy treatment who commenced treatment within 15 working days of being deemed ready to treat by the radiation oncologist.
2	KPI Description	Number of patients undergoing radical treatment for any cancer diagnosis who commenced treatment within 15 working days of being deemed ready to treat by the radiation oncologist. This excludes patients referred for palliative treatment.
3	KPI Rationale	Radiotherapy treatment should commence within a clinically acceptable timeframe once the patient is deemed ready to treat
	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two). <input checked="" type="checkbox"/> Person Centred Care <input type="checkbox"/> Effective Care <input type="checkbox"/> Safe Care <input type="checkbox"/> Better Health and Wellbeing <input type="checkbox"/> Use of Information <input type="checkbox"/> Workforce <input type="checkbox"/> Use of Resources <input type="checkbox"/> Governance, Leadership and Management <input type="checkbox"/>
4	KPI Target	NSP 2015 target: 90%
5	KPI Calculation	Denominator: Number of patients referred for radiotherapy whose radiotherapy treatment commenced within 15 days of being deemed ready to treat within the reporting period. Numerator: Total number of patients deemed ready to treat referred for radiotherapy
6	Data Source	Electronic patient record
	Data Completeness	100% coverage
	Data Quality Issues	Some data definitions still being clarified
7	Data Collection Frequency	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details:
8	Tracer Conditions	Patients who completed radical treatment for all cancers (C00 * - C96*)
9	Minimum Data Set	1. Diagnosis 2. Date of ready to treat 3. Date of start of treatment 4. Date of completion of treatment
10	International Comparison	Yes - This benchmark is in line with British Columbia Guidelines & ahead of standards in the UK. https://www.wp.dh.gov.uk/publications/files/2012/11/Radiotherapy-Services-in-England-2012.pdf
11	KPI Monitoring	KPI will be monitored on a (please indicate below) basis: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details: Please indicate who is responsible for monitoring this KPI: NCCP/Cancer Network Managers
12	KPI Reporting Frequency	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details:
13	KPI report period	<input type="checkbox"/> Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) <input checked="" type="checkbox"/> Monthly in arrears (June data reported in July) <input type="checkbox"/> Quarterly <input type="checkbox"/> Rolling 12 months (previous 12 month period)
14	KPI Reporting Aggregation	<input checked="" type="checkbox"/> National <input type="checkbox"/> Regional <input type="checkbox"/> LHO Area <input type="checkbox"/> Hospital <input type="checkbox"/> County <input type="checkbox"/> Institution <input checked="" type="checkbox"/> Other – give details: 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 ?	<input checked="" type="checkbox"/> Performance Assurance Report (NSP) <input type="checkbox"/> CompStat <input type="checkbox"/> Other – give details:
16	Web link to data	http://www.hse.ie/eng/services/Publications/corporate/Performance_Reports_Monthly.html
17	Additional Information	As reported in the Performance Report
Contact details for Data Manager /		Dr. Deirdre Murray, NCCP Tel: 021 4927601 Email: DeirdreE.Murray@hse.ie
National Lead and Division		Dr. Susan O'Reilly, National Director, NCCP Tel: 01 8287100