Acute Hospitals Division KPI Metadata based on Division Operational Plan 2015

	Acute Division - Beds Available	
1	KPI title	Beds Available - In-patient beds.
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	To track the number of in-patient beds available in a hospital for use by inpatients.
	Indicator Classification	Please tick Indicator Classification this indicator applies to:
		□ Person Centred Care ☑ Effective Care □ Safe Care
	(National Standards for Safer Better HealthCare)	Better Health and Wellbeing Use of Information Workforce
		☑ Use of Resources
4	KPI Target	TBC - New KPI 2015
5	KPI Calculation	Count
6	Data Source	Sourced from Hospitals
U U	Data Completeness	Coverage all acute hospitals 100%
	Data Quality Issues	All acute hospitals reporting
	Data Quality locado	
7	Data Collection Frequency	Indicate how often the data to support the KPI will be collected:
		Daily Weekly Monthly Quarterly Bi-annually Annually Other – give details:
8	Tracer Conditions	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 :
		Daily Weekly Monthly Quarterly Bi-annually Annually 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:
	in responding requeries	Daily Dweekly Donnthly Quarterly Bi-annually Annually Other – give details:
13	KPI report period	Indicate the period to which the data applies
		Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity)
		☑ Monthly in arrears (June data reported in July)
		Quarterly in arrears (guarter 1 data reported in guarter 2)
		□ Rolling 12 months (previous 12 month period)
		□ Other – give details:
14	KPI Reporting Aggregation	Indicate the level of aggregation – for example over a geographical location:
		☑ National ☑ Regional □ LHO Area ☑ Hospital
		County Distitution Other – give details:
15	KPI is reported in which reports?	Indicate where the KPI will be reported:
	-	Performance Assurance Report (NSP) D CompStat Other – give details:
16	Web link to data	
		http://www.hse.ie/eng/services/Publications/corporate/performanceassurancereports/
17	Additional Information	
Contact d	letails for Data Manager /Specialist	Derek McCormack, BIU Acute, Tel: 01 620 1690 E:Derek.mccormack@hse.ie
Lead		
National Lead and Division Nati		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
2	KPI Description	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	Please tick Indicator Classification this indicator applies to:
	(National Standards for Safer	Person Centred Care Effective Care Safe Care
	Better HealthCare)	Better Health and Wellbeing Use of Information Workforce
	,	☑ Use of Resources
4	KPI Target	TBC - New KPI 2015
5	KPI Calculation	Count
6	Data Source	Sourced from Hospitals
	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:
		Daily Dweekly Monthly Quarterly Bi-annually Annually 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)
10		
11	KPI Monitoring	KPI will be <u>monitored</u> :
		Daily Weekly Monthly Quarterly Bi-annually Annually 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:
		Daily Weekly Monthly Quarterly Bi-annually Annually Other – give details:
13	KPI report period	Indicate the period to which the data applies
		Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity)
		☑ Monthly in arrears (June data reported in July)
		Quarterly in arrears (quarter 1 data reported in quarter 2)
		Rolling 12 months (previous 12 month period)
		Cher – give details:
14	KPI Reporting Aggregation	Indicate the level of aggregation – for example over a geographical location:
		☑ National ☑ Regional
		County Institution Other – give details:
15	KPI is reported in which reports?	Indicate where the KPI will be reported:
		Performance AssuranceReport (NSP) Z CompStat Other – give details:
16	Web link to data	http://www.hse.ie/eng/services/Publications/corporate/performanceassurancereports/
17	Additional Information	
ontact c	letails for Data Manager /Specialist	Derek McCormack, BIU Acute, Tel: 01 620 1690 E:Derek.mccormack@hse.ie
ational	Lead and Division	National Director Acute Hospitals Division, Dr. Steevens Hospital, Dublin 8. Tel 01-635 2000.

	Acute Division - Discharge Activ	ity
1	KPI title	Discharges Activity: Inpatient
	N Tuue	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	□ Person Centred Care □ Effective Care □ Safe Care
	Better HealthCare)	Better Health and Wellbeing Use of Information Workforce
		Use of Resources Governance, Leadership and Management
4	KPI Target/ Expected Activity	2015 Eveneted Antivity 642 749 Nationally //E U.C 120 760, DM U.C 101 427, DCCI U.C 00 262, CCM/ U.C 120 000, U.U. U.C
		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
5 6	Data Source	
U		Sourced from Hospitals PAS systems Coverage all acute hospitals 100%
	Data Completeness	All acute hospitals reporting
7	Data Quality Issues	
7	Data Collection Frequency	Indicate how often the data to support the KPI will be collected:
•	Table On Friday	Daily Weekly Monthly Quarterly Bi-annually Annually 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 monitored :
		Daily Dweekly Monthly Duarterly Bi-annually Annually 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:
		Daily DWeekly Monthly Quarterly DBi-annually Annually Other – give details:
13	KPI report period	Indicate the period to which the data applies
		Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity)
		Monthly in arrears (June data reported in July)
		Quarterly in arrears (quarter 1 data reported in quarter 2)
		Rolling 12 months (previous 12 month period)
		Other – give details:
14	KPI Reporting Aggregation	Indicate the level of aggregation – for example over a geographical location:
		☑ National ☑ Regional □ LHO Area ☑ Hospital
		County Institution Other – give details:
15	KPI is reported in which reports?	Indicate where the KPI will be reported:
		☑ Performance Assurance Report (NSP) ☑ CompStat □Other – give details:
16	Web link to data	
		http://www.hse.ie/eng/services/Publications/corporate/performanceassurancereports/
17	Additional Information	
ontact d	etails for Data Manager /Specialist	Derek McCormack, BIU Acute, Tel: 01 620 1690 E:Derek.mccormack@hse.ie
ad		
ational I	ead and Division	National Director Acute Hospitals Division, Dr. Steevens Hospital, Dublin 8.
		Tel 01-635 2000.

	Acute Division - Discharge Act	ivity
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
		hospital bed overnight and who is discharged as scheduled.
	KPI Rationale	To monitor hospital activity
		Please tick Indicator Classification this indicator applies to:
	Indicator Classification	Person Centred Care Iffective Care Safe Care
		Better Health and Wellbeing Use of Information Workforce
		☑ Use of Resources □ 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:
		Daily Weekly Monthly Quarterly Bi-annually Annually Other – give details:
9	Minimum Data Set	Child and Adult Hospital Day Cases BIU – Acute MDR
9	Millinulli Data Set	Yes, this is an internationally recognised metric (AUS, CAN, GB, ECHI)
		KPI will be monitored :
		Daily Weekly I Monthly Quarterly Bi-annually Annually 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:
		Daily Weekly Monthly Quarterly Bi-annually Annually Other – give details:
		Indicate the period to which the data applies
		Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity)
		☑ Monthly in arrears (June data reported in July)
		Quarterly in arrears (quarter 1 data reported in quarter 2)
		Rolling 12 months (previous 12 month period)
		Cher – give details:
		Indicate the level of aggregation – for example over a geographical location:
		☑ National ☑ Regional □ LHO Area √Hospital
		County Institution Other – give details:
		Indicate where the KPI will be reported:
		☑ Performance Assurance Report (NSP) ☑ CompStat □Other – give details:
16	Web link to data	http://www.hse.ie/eng/services/Publications/corporate/performanceassurancereports/
7	CONTRACTOR AND A DESCRIPTION	
	etails for Data Manager /Specialist	Derek McCormack, BIU Acute, Tel: 01 620 1690 E:Derek.mccormack@hse.ie
ational L	ead and Division	National Director Acute Hospitals Division, Dr. Steevens Hospital, Dublin 8. Tel 01-635 2000.

	Acute Division - Emer	rgency Care
1	KPI title	Number of New Emergency Department attendances
2	KPI Description	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.
		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
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	Person Centred Care Effective Care Safe Care
	for Safer Better	Better Health and Wellbeing Use of Information Workforce
	HealthCare)	☑ Use of Resources
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 Data Completeness	Sourced from Hospitals systems 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: □Daily □Weekly ☑ Monthly Quarterly □Bi-annually □Annually □Other – give details:
8	Tracer Conditions	Emergency Attendance
9	Minimum Data Set	BIU – Acute MDR
10	International Comparison	Yes
11	KPI Monitoring	KPI will be monitored : □Daily □Weekly ☑ Monthly □Quarterly ✓Bi-annually □Annually □Other – give details:
12	KPI Reporting	Please indicate who is responsible at a local level for monitoring this KPI: Indicate how often the KPI will be reported:
	Frequency	Daily Weekly Monthly Quarterly Bi-annually Annually Other – give details:
13	KPI report period	Indicate the period to which the data applies Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) Monthly in arrears (June data reported in July)
14	KPI Reporting	Indicate the level of aggregation – for example over a geographical location:
	Aggregation	 ☑ National ☑ Regional □ LHO Area ☑ Hospital □ County □ Institution Other – give details:
15	KPI is reported in which reports?	Indicate where the KPI will be reported: ☑ Performance Assurance Report (NSP) CompStat □Other – give details:
16	Web link to data	http://www.hse.ie/eng/services/Publications/corporate/performanceassurancerepor
17	Additional Information	
	details for Data /Specialist Lead	Derek McCormack, BIU Acute, Tel: 01 620 1690 E:Derek.mccormack@hse.ie
	Lead and Division	National Director Acute Hospitals Division, Dr. Steevens Hospital, Dublin 8.

	Acute Division - Emer	rgency Care
2	KPI title KPI Description	Return ED attendances 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.
		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.
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	□ Person Centred Care ☑ Effective Care □ Safe Care
	for Safer Better	Better Health and Wellbeing Use of Information Workforce
	HealthCare)	☑ Use of Resources
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
	Data Quality issues	
7	Data Collection	Indicate how often the data to support the KPI will be collected:
	Frequency	□Daily □Weekly ☑ Monthly ✓Quarterly □Bi-annually □Annually □Other – give details:
8	Tracer Conditions	As per description no. 2 above
9	Minimum Data Set	BIU – Acute MDR
10	International Comparison	Yes
11	KPI Monitoring	KPI will be monitored :
		Daily Weekly Monthly Quarterly Bi-annually Annually Other – give details:
		Please indicate who is responsible at a local level for monitoring this KPI:
12	KPI Reporting	Hospital Manager Indicate how often the KPI will be reported:
	Frequency	Daily Weekly Monthly Quarterly Bi-annually Annually Other – give details:
13	KPI report period	Indicate the period to which the data applies Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity)
		Monthly in arrears (June data reported in July)
14	KPI Reporting	Quarterly in arrears (quarter 1 data reported in quarter 2) Indicate the level of aggregation for example over a geographical location:
14	Aggregation	Indicate the level of aggregation – for example over a geographical location: ☑ National ☑ Regional □ LHO Area ☑ Hospital
	. agi ogulon	□ County □ Institution Other – give details:
15	KPI is reported in	Indicate where the KPI will be reported:
-	which reports?	Performance Assurance Report (NSP) CompStat DOther – give details:
16	Web link to data	http://www.hse.ie/eng/services/Publications/corporate/performanceassurancerepo
47	Additional	
17	1 A A	
	Information	Darak McCormack BILL Acuto Tal: 01 620 1600 E: Darak magarmaak@has is
Contact	details for Data	Derek McCormack, BIU Acute, Tel: 01 620 1690 E:Derek.mccormack@hse.ie
Contact Manager		Derek McCormack, BIU Acute, Tel: 01 620 1690 E:Derek.mccormack@hse.ie National Director Acute Hospitals Division, Dr. Steevens Hospital, Dublin 8.

than New or Return at Emergency Department. They include Local Injurie (LU), Paediatric Assessment Unit (PAU's) and Surgical Assessment Unit and emergency presentations direct to wards. 3 KPI Rationale It is an important measure for clinical audit/governance and planning of s and to measure the unplanned attendances to each hospital to measure to on the entire service. Indicator Please tick Indicator Classification this indicator applies to: Classification Person Centred Care Effective Care Governance, Leadership and Management Editer Asset (Sector) 4 KPI Target 2015 Expected Activity: 89.276 Nationally. (IE HG 13,027, DM HG 3,332, HG 6, 924, SSW HG 20,299, UHL HG 25,889, Saoita Hospitals 19,555, C HG 249). 5 KPI Calculation Count of Other Presentations 6 Data Source Sourced from Hospitals systems Coverage all hospitals with recognised Emergency Departments Reporting all acute hospitals with recognised Emergency Departments 7 Data Collection Indicate how often the data to support the KPI will be collected: 10 International Yes 10 International Yes 10 International Yes 11 KPI Reporting Hub on the often He KPI will be reported: 12 <t< th=""><th></th><th>Acute Division - Other</th><th>r presentations (monthly)</th></t<>		Acute Division - Other	r presentations (monthly)
2 KPI Description Total number of patients who present themselves to hospital as emergen than New or Return at Emergency Department. They include Local Injurie (LIU), Paediatric Assessment Unit (PAU's) and Surgical Assessment Unit (ILU), Paediatric Assessment Unit (PAU's) and Surgical Assessment Unit (ILU), Paediatric Assessment Unit (PAU's) and Surgical Assessment Unit (ILU), Paediatric Assessment Unit (PAU's) and Surgical Assessment Asset (PAU's) and Surgical As	4		Other Emergency Dresentations
and to measure the unplanned attendances to each hospital to measure in the entire service. Indicator Please tick Indicator Classification this indicator applies to: (National Standards for Safer Better Person Centred Care Definition (National Standards for Safer Better Person Centred Care Des of Information Workforce 4 KPI Target 2015 Expected Activity: 59,276 Nationally, (IE HG 13,027, DM HG 3,332, HG 6,924, SSW HG 20,299, UHL HG 25,889, Saolta Hospitals 19,555, C HG 249). 5 KPI Calculation Count of Other Presentations Courage all hospitals systems Data Completeness Sourced from Hospitals with recognised Emergency Departments Reporting all acute hospitals with recognised Emergency Departments Reporting all acute hospitals with recognised Emergency Departments 7 Data Collection Frequency Indicate how often the data to support the KPI will be collected: 8 Tracer Conditions Emergency Presentation other than New or Return 9 Minimum Data Set BIU – Acute MDR 10 International Yes 11 KPI Reporting Indicate how often the KPI will be reported: 12 KPI Reporting Indicate how often the KPI will be reported: 13 KPI report period <td< td=""><td></td><td></td><td>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),</td></td<>			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),
Classification	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.
for Safer Better HealthCare) □ Better Health and Wellbeing □ Use of Information □ Workforce 4 KPI Target 2015 Expected Activity: 89,276 Nationally, (IE HG 13,027, DM HG 3,332, HG 6,924, SSW HG 20,299, UHL HG 25,889, Saolta Hospitals 19,555, C HG 249). 5 KPI Calculation Count of Other Presentations 6 Data Source Data Completeness Sourced from Hospitals systems Coverage all hospitals with recognised Emergency Departments 7 Data Collection Frequency Indicate how often the data to support the KPI will be collected: □Daily □Weekly ☑ Monthly Quarterly □Bi-annually □Annually □Other- details: 8 Tracer Conditions 9 Minimum Data Set BIU – Acute MDR 10 International Comparison Yes 11 KPI Reporting Frequency Indicate how often the KPI will be reported: □Daily □Weekly ☑ Monthly □Quarterly □Bi-annually □Annually □Other details: 13 KPI report period Hospital Manager Indicate the period to which the data applies □ Current (eg. daily daily areported in July) 14 KPI Reporting Frequency Indicate the level of aggregation – for example over a geographical locat Wational @ Regional □ LHO Area ☑ Hospital 13 KPI report period Monthly in arrears (June data reported in July) Indicate the level of aggregation – for example over a geographical locat Wational @ Regional □ LHO Area ☑ Hospital 14			Please tick Indicator Classification this indicator applies to:
HealthCare) I Use of Resources Covernance, Leadership and Management 4 KPI Target 2015 Expected Activity: 89,276 Nationally, (IE HG 13,027, DM HG 3,332, HG 6,924, SSW HG 20,299, UHL HG 25,889, Saolta Hospitals 19,555, C HG 249). 5 KPI Calculation Count of Other Presentations 6 Data Source Data Completeness Sourced from Hospitals systems Coverage all hospitals with recognised Emergency Departments 7 Data Collection Frequency Indicate how often the data to support the KPI will be collected: Data Ulaily Uweekly I Monthly Quarterly DBi-annually Annually Other- details: 8 Tracer Conditions Emergency Presentation other than New or Return 9 Minimum Data Set BIU – Acute MDR BIU – Acute MDR 10 International Comparison Yes 11 KPI Reporting Frequency Indicate how oiten the KPI will be reported: Daily Uweekly I Monthly Quarterly DBi-annually Annually Other details: 12 KPI report period Indicate the period to which the data applies Quarterly DBi-annually Quarterly DBi-annually Quarterly Quarterly QDI-annually Quarterly QDI-annually QDI-Annually QDI- details: 13 KPI report period Indicate the period to which the data applies QUarterly QDI-Acute MDR Indicate the period to which the data applies QDI QUI QDI QDI QDI QDI QDI QDI QDI QDI QDI QD		(National Standards	Person Centred Care Effective Care Safe Care
4 KPI Target 2015 Expected Activity: 89,276 Nationally, (IE HG 13,027, DM HG 3,332, HG 6,924, SSW HG 20,299, UHL HG 25,889, Saolta Hospitals 19,555, C HG 249). 5 KPI Calculation Count of Other Presentations 6 Data Source Source from Hospitals systems 7 Data Completeness Source of from Hospitals with recognised Emergency Departments 7 Data Collection Indicate how often the data to support the KPI will be collected: 8 Tracer Conditions Emergency Presentation other than New or Return 9 Minimum Data Set BIU – Acute MDR 10 International Comparison Yes 11 KPI Reporting Frequency Indicate how often the KPI will be reported: 9 Minimum Data Set BIU – Acute MDR 10 International Comparison Yes 11 KPI Reporting Frequency Indicate how often the KPI will be reported: 9 Minimum Data Set BIU – Acute MDR 12 KPI Reporting Frequency Indicate the period to which the data applies 13 KPI report period Indicate the period to which the data applies 13 KPI reporting Aggregation Indicate the level of aggregation – for example over a g		for Safer Better	Better Health and Wellbeing Use of Information Workforce
HG 6,924, SSW HG 20,299, UHL HG 25,889, Saolta Hospitals 19,555, C HG 249). Source Data Source Data Completeness Overage all hospitals with recognised Emergency Departments Reporting all acute hospitals with recognised Emergency Departments Pata Collection Frequency Data Collection Frequency Data State Minimum Data Set BU – Acute MDR 10 International Comparison KPI Reporting Hospital Manager 12 KPI Reporting Indicate how often the KPI will be reported: Daily Weekly Ø Monthly Quarterly Bi-annually Hospital Manager 12 KPI Reporting Frequency Indicate how often the KPI will be reported: Daily Weekly Ø Monthly Quarterly Bi-annually Annually Other-details: 11 KPI Reporting Indicate how often the KPI will be reported: Daily Uweekly Ø Monthly <td< td=""><td></td><td>HealthCare)</td><td>☑ Use of Resources</td></td<>		HealthCare)	☑ Use of Resources
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Data Completeness Sourced from Hospitals systems Coverage all hospitals with recognised Emergency Departments 7 Data Collection Frequency Indicate how often the data to support the KPI will be collected: Daily Uweekly I Monthly Quarterly III be collected: Daily Uweekly Monthly Quarterly III be collected: Tracer Conditions 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 : Indicate how often the KPI will be reported: Hospital Manager 12 KPI Reporting Frequency Indicate how often the KPI will be reported: Indicate how often the KPI will be reported: Indicate the period to which the data applies 13 KPI report period Indicate the level of aggregation – for example over a geographical locat Mational II Regional I LHO Area II Hospital 14 KPI seporting Aggregation Indicate the level of aggregation – for example over a geographical locat II Additional Indicate where the KPI will be reported: II Additional Information 15 KPI is reported in Which reports? Indicate where the KPI will be reported: II Performance Assurance Report (NSP) II CompStat II Other – give details: II Additional Informatio			Count of Other Presentations
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7 Data Collection Frequency Indicate how often the data to support the KPI will be collected:		Data Completeness	Coverage all hospitals with recognised Emergency Departments
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8 Tracer Conditions 9 Minimum Data Set BIU – Acute MDR 10 International Comparison 11 KPI Monitoring KPI will be monitored : Daily Weekly Ø Monthly Quarterly Bi-annually Annually Other details: Please indicate who is responsible at a local level for monitoring this KPI Hospital Manager Indicate how often the KPI will be reported: Daily Weekly Ø Monthly Quarterly Bi-annually Annually Other- details: Indicate how often the KPI will be reported: Daily Weekly Ø Monthly Quarterly Bi-annually Annually Other- details: Indicate the period to which the data applies Current (e.g. daily data reported on that same day of activity, monthly data reported wis aam enoth of activity) Ø Monthly in arrears (June data reported in July) 14 KPI Reporting Aggregation Indicate the level of aggregation – for example over a geographical locat 15 KPI is reported in which reports? Indicate where the KPI will be reported: 16 Web link to data	7	Data Collection	
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Aggregation I National Regional LHO Area Hospital Image: County Institution Other – give details: 15 KPI is reported in which reports? Indicate where the KPI will be reported: Indicate where the KPI will be reported: Indicate where the KPI will be reported: Image: Note of the temports in the temport of temport in tempo			☑ Monthly in arrears (June data reported in July)
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17 Additional Information Contact details for Data Derek McCormack, BIU Acute, Tel: 01 620 1690 E:Derek.mccormack@h		•	
Information Contact details for Data Derek McCormack, BIU Acute, Tel: 01 620 1690 E:Derek.mccormack@h			http://www.hse.ie/eng/services/Publications/corporate/performanceassurancerepo
		Information	
			Derek McCormack, BIU Acute, Tel: 01 620 1690 E:Derek.mccormack@hse.ie
	Manager /Specialist Lead National Lead and Division		National Director Acute Hospitals Division, Dr. Steevens Hospital, Dublin 8.

	Acute Division - Inpat	
1	KPI title	Number of Emergency Admissions
2	KPI Description	The number of inpatients who have been admitted as an emergency through the Emergency
2	RFI Description	Department and all other non elective admissions.
		Non elective/emergency – An unplanned admission that is urgently required (e.g. MAU, SAU, Direc
		to Ward, OPD and Transfer).
3	KPI Rationale	As a performance monitoring function. It is an important measure for clinical audit/governance and
3	RFI Rationale	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	Diseas tiel, Indiantes Classification this indiantes and issues
		Please tick Indicator Classification this indicator applies to:
		Deman Contrad Care D Effective Care D Cafe Care
	(National Standards	Person Centred Care Effective Care Safe Care
	for Safer Better HealthCare)	Better Health and Wellbeing Use of Information Workforce
	· · · · · · · · · · · · · · · · · · ·	Use of Resources 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).
	KDI Oslavlatian	
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. Reporting all acute hospitals with recognised Emergency Departments
	Data Quality Issues	
7	Data Collection	Indicate how often the data to support the KPI will be collected:
	Frequency	Daily Weekly Monthly Quarterly Bi-annually Annually Other – give
		details:
8	Tracer Conditions	
0	Minimum Data Cat	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> :
		□Daily □Weekly ☑ Monthly □Quarterly □Bi-annually □Annually □Other – give
		details:
		Please indicate who is responsible at a local level for monitoring this KPI: Hospital Manager
12	KPI Reporting	Indicate how often the KPI will be reported:
	Frequency	Daily Weekly Monthly Quarterly Bi-annually Annually Other – give
		details:
13	KPI report period	Indicate the period to which the data applies
		Current (e.g. daily data reported on that same day of activity, monthly data reported within the
		same month of activity)
		☑ Monthly in arrears (June data reported in July)
		Quarterly in arrears (quarter 1 data reported in quarter 2)
14	KPI Reporting	Indicate the level of aggregation – for example over a geographical location:
	Aggregation	☑ National ☑ Regional
		County Institution Other – give details:
15	KPI is reported in which	Indicate where the KPI will be reported:
	reports?	☑ Performance Assurance Report (NSP) □CompStat □Other – give details:
16	Web link to data	http://www.hse.ie/eng/services/Publications/corporate/performanceassurancerepo
17	Additional Information	
Contact d	etails for Data Manager	Derek McCormack, BIU Acute, Tel: 01 620 1690 E:Derek.mccormack@hse.ie
Contact details for Data Manager National Lead and Division		
Vational I	ead and Division	National Director Acute Hospitals Division, Dr. Steevens Hospital, Dublin 8.

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	Person Centred Care Effective Care Safe Care
	for Safer Better	Better Health and Wellbeing Use of Information Workforce
	HealthCare)	Use of Resources 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	Indicate how often the data to support the KPI will be collected:
	Frequency	□Daily □Weekly ☑ Monthly □Quarterly □Bi-annually □Annually □Other – give details:
8	Tracer Conditions	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 monitored :
		□Daily □Weekly ☑ Monthly □Quarterly □Bi-annually □Annually □Other – give details:
		Please indicate who is responsible at a local level for monitoring this KPI: Hospital Manager
12	KPI Reporting	Indicate how often the KPI will be reported:
	Frequency	Daily Weekly Monthly Quarterly Bi-annually Annually Other
13	KPI report period	Indicate the period to which the data applies
		Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity)
		☑ Monthly in arrears (June data reported in July)
		Quarterly in arrears (quarter 1 data reported in quarter 2)
14	KPI Reporting	Indicate the level of aggregation – for example over a geographical location:
	Aggregation	☑ National ☑ Regional
		□ County □ Institution ☑ Other – give details:
15	KPI is reported in which reports?	· · · · · · · · · · · · · · · · · · ·
40		☑ Performance Assurance Report (NSP) ☑ CompStat □Other – give details:
16	Web link to data	http://www.hse.ie/eng/services/Publications/corporate/performanceassurancerepo
17	Additional Information	
ontact details for Data Manager		Derek McCormack, BIU Acute, Tel: 01 620 1690 E:Derek.mccormack@hse.ie
ational Lead and Division		National Director Acute Hospitals Division, Dr. Steevens Hospital, Dublin 8. Tel 01-635 2000.

	Acute Division - Outpa	atient attendances
	Inera an	
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	Person Centred Care Effective Care Safe Care
	for Safer Better	Better Health and Wellbeing Use of Information Workforce
	HealthCare)	☑ Use of Resources
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	
	Data Completeness Data Quality Issues	Sourced from Hospitals PAS systems Coverage all acute hospitals 100% All acute hospitals reporting
7	Data Collection	Indicate how often the data to support the KPI will be collected:
,	Frequency	Daily □Weekly ☑ Monthly Quarterly □Bi-annually □Annually □Other – give details:
8	Tracer Conditions	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 monitored : □Daily □Weekly ☑ Monthly □Quarterly □Bi-annually □Annually □Other - give details:
		Please indicate who is responsible at a local level for monitoring this KPI: Hospital Manager
12	KPI Reporting	Indicate how often the KPI will be reported:
	Frequency	□Daily □Weekly ☑ Monthly □Quarterly □Bi-annually □Annually □Other – give details:
13	KPI report period	Indicate the period to which the data applies
		Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity)
		Monthly in arrears (June data reported in July)
		Quarterly in arrears (quarter 1 data reported in quarter 2)
		Rolling 12 months (previous 12 month period)
		Other – give details:
14	KPI Reporting Aggregation	Indicate the level of aggregation – for example over a geographical location: ☑ National ☑ Regional □ LHO Area ☑ Hospital
		County Institution Other – give details:
15	KPI is reported in	Indicate where the KPI will be reported:
40	which reports?	✓ Performance Assurance Report (NSP) ✓ CompStat □Other – give details:
16 17	Web link to data Additional	http://www.hse.ie/eng/services/Publications/corporate/performanceassurancereports/
Contrat	Information details for Data	Dorak McCarmack BILL Acute Tal: 01 620 1600 E:Darak masarmaak@b
	details for Data	Derek McCormack, BIU Acute, Tel: 01 620 1690 E:Derek.mccormack@hse.ie
	Lead and Division	National Director Acute Hospitals Division, Dr. Steevens Hospital, Dublin 8.
		Tel 01-635 2000.

	Acute Division - Outp	atient attendances (monthly)
	1	
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
	la di setti di	seen thus reducing waiting lists
	Indicator Classification	Please tick Indicator Classification this indicator applies to:
	(National Standards	Person Centred Care Effective Care Safe Care
	for Safer Better	Better Health and Wellbeing Use of Information Workforce
	HealthCare)	☑ Use of Resources □ Governance, Leadership and Management
4	KPI Target	NSP 2015 Target: 1:2 ratio
5	KPI Calculation	Numerator: Return outpaptient attendances and Demoniator : New out patient
		attendances
6	Data Source	
	Data Completeness	Sourced from Hospitals PAS systems
	Dete Quelity leaves	Coverage all acute hospitals 100% All acute hospitals reporting
	Data Quality Issues	
7	Data Collection	Indicate how often the data to support the KPI will be collected:
	Frequency	Daily Weekly Monthly Quarterly Bi-annually Annually Other – give
		details:
8	Tracer Conditions	As per description no. 2 above
9	Minimum Data Set	
<u> </u>	International	BIU- Acute OPD Template No OPD measure of performance internationally due to different structures of
10	Comparison	health service delivery.
11	KPI Monitoring	KPI will be monitored :
		Daily Weekly Monthly Quarterly Bi-annually Annually Other – give
		details:
		Please indicate who is responsible at a local level for monitoring this KPI:
12	KPI Reporting	Indicate how often the KPI will be reported:
	Frequency	Daily Weekly Monthly Quarterly Bi-annually Annually Other – give details:
13	KPI report period	Current (e.g. daily data reported on that same day of activity, monthly data reported within the
13	AFT report period	same month of activity)
		☑ Monthly in arrears (June data reported in July)
		Quarterly in arrears (guarter 1 data reported in guarter 2)
		Rolling 12 months (previous 12 month period)
		Other – give details:
14	KPI Reporting	Indicate the level of aggregation – for example over a geographical location:
	Aggregation	☑ National ☑ Regional □ LHO Area ☑ Hospital
		□ County □ Institution Other – give details:
15	KPI is reported in	Indicate where the KPI will be reported:
	which reports?	Performance Assurance Report (NSP) I CompStat Other – give details:
16	Web link to data	http://www.hse.ie/eng/services/Publications/corporate/performanceassurancerepo
17	Additional	
	Information	Derek McCormack, BIU Acute, Tel: 01 620 1690 E:Derek.mccormack@hse.ie
0		
	details for Data	Delek McConnack, Dio Acule, Tel. 01 020 1050 L.Delek.mcconnack@nse.ie
Manage	details for Data r /Specialist Lead I Lead and Division	National Director Acute Hospitals Division, Dr. Steevens Hospital, Dublin 8.

	Acute Division - Births	3
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	Please tick Indicator Classification this indicator applies to:
	Classification	
	(National Standards	Person Centred Care Effective Care Safe Care
	for Safer Better	Better Health and Wellbeing Use of Information Workforce
	HealthCare)	Use of Resources 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	
	Data Completeness	Sourced from Hospitals PAS systems
		Coverage 19 hospitals 100%
	Data Quality Issues	19/19 hospitals reporting
7	Data Collection	Indicate how often the data to support the KPI will be collected:
	Frequency	Daily Weekly Monthly Quarterly Bi-annually Annually 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	Yes
11	Comparison KPI Monitoring	KPI will be <u>monitored</u> :
		Daily Dweekly Monthly Quarterly DBi-annually DAnnually DOther – give
		details:
		Please indicate who is responsible at a local level for monitoring this KPI: Hospital Manager
10		La Parta ha an Gran (ha 1 75). Al ha ann an t-t-t-
12	KPI Reporting Frequency	Indicate how often the KPI will be reported:
	riequency	□Daily □Weekly ☑ Monthly □Quarterly □Bi-annually □Annually □Other – give details:
13	KPI report period	Indicate the period to which the data applies
		Current (e.g. daily data reported on that same day of activity, monthly data reported within the
		same month of activity)
		☑ Monthly in arrears (June data reported in July)
14	KPI Reporting	Indicate the level of aggregation – for example over a geographical location:
	Aggregation	🗹 National 🛛 Regional 🖵 LHO Area 🗹 Hospital
		County Institution Other – give details:
15	KPI is reported in	Indicate where the KPI will be reported:
	which reports?	Performance Assurance Report (NSP) CompStat Other – give details:
16	Web link to data	http://www.hse.ie/eng/services/Publications/corporate/performanceassurancereports/
17	Additional	ICD code disaggregation will be considered in subsequent phases of Data Quality Programme
	Information	
	letails 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.

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 patien 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	Person Centred Care Effective Care Safe Care
	for Safer Better	Better Health and Wellbeing Use of Information Workforce
	HealthCare)	Use of Resources Governance, Leadership and Management
4	KPI Target	100%
5	KPI Calculation	Adult Inpatient < 8 months excluding GI endoscopy. Numerator: Number of adults waiting less thar 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	Indicate how often the data to support the KPI will be collected:
	Frequency	□Daily □Weekly ☑ Monthly □Quarterly □Bi-annually □Annually □Other – give details:
8	Tracer Conditions	Patient awaiting an inpatient procedure, waiting less than 8 months
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, CA GB, ECHI).
11	KPI Monitoring	KPI will be monitored :
		Daily Weekly Monthly Quarterly Bi-annually Annually Other
		Please indicate who is responsible at a local level for monitoring this KPI:
12	KPI Reporting	Indicate how often the KPI will be reported:
	Frequency	□Daily □Weekly ☑ Monthly □Quarterly □Bi-annually □Annually □Other – give details:
13	KPI report period	Indicate the period to which the data applies
		Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity)
		Monthly in arrears (June data reported in July)
		Quarterly in arrears (quarter 1 data reported in quarter 2)
		Rolling 12 months (previous 12 month period)
		Other – give details:
14	KPI Reporting	Indicate the level of aggregation – for example over a geographical location:
	Aggregation	🗹 National 🗹 Regional 🗳 LHO Area 🗹 Hospital
		County Institution Other – give details:
15	KPI is reported in which	Indicate where the KPI will be reported:
	reports?	☑ Performance Assurance Report (NSP) □CompStat □Other – give details:
16	Web link to data	http://www.hse.ie/eng/services/Publications/corporate/performanceassurancereports/
17	Additional Information	
Contact de	etails for Data Manager	Derek McCormack, BIU Acute, Tel: 01 620 1690 E:Derek.mccormack@hse.ie
Specialist	Lead	Brian Parsons, NTPF
	ead and Division	National Director Acute Hospitals Division, Dr. Steevens Hospital, Dublin 8. Tel 01-635 2000

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)	□ Person Centred Care ☑ Effective Care □ Safe Care □ Better Health and Wellbeing □ Use of Information □ Workforce □ Use of Resources □ Governance, Leadership and Management
4	KPI Target	100%
5	KPI Calculation	Adult Day case < 8 months excluding GI endoscopy. Numerator: Number of adults waiting less thar 8 months. Denominator Total number of adults on waiting list
6	Data Source Data Completeness Data Quality Issues	Data Sourced from NTPF.
7	Data Collection	Indicate how often the data to support the KPI will be collected:
	Frequency	□Daily □Weekly ☑ Monthly □Quarterly □Bi-annually □Annually □Other – give details:
8	Tracer Conditions	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 Cod,e 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 monitored : □Daily □Weekly ☑ Monthly □Quarterly □Bi-annually □Annually □Other – give details: Hospital Manager Please indicate who is responsible at a local level for monitoring this KPI: Hospital Manager
12	KPI Reporting	Indicate how often the KPI will be reported:
	Frequency	Daily Weekly Monthly Quarterly Bi-annually Annually Other – give details:
13	KPI report period	Indicate the period to which the data applies
		 Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) Monthly in arrears (June data reported in July) Quarterly in arrears (guarter 1 data reported in quarter 2)
14	KPI Reporting	Indicate the level of aggregation – for example over a geographical location:
	Aggregation	☑ National ☑ Regional □ LHO Area ☑ Hospital
45	KDL in reported in which	County Institution Other – give details:
15	KPI is reported in which reports?	Indicate where the KPI will be reported: Performance Assurance Report (NSP) CompStat Other – give details:
16	Web link to data	✓ Performance Assurance Report (NSP) □CompStat □Other – give details: http://www.hse.ie/eng/services/Publications/corporate/performanceassurancereports/
17	Additional Information	<u>Intp://www.nse.te/eng/services/Publications/corporate/periormanceassurancereports/</u>
Specialist		Derek McCormack, BIU Acute, Tel: 01 620 1690 E:Derek.mccormack@hse.ie Brian Parsons, NTPF
National Lo	ead and Division	National Director Acute Hospitals Division, Dr. Steevens Hospital, Dublin 8. Tel 01-635 2000.

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 01-635 200
	(National Standards for Safer Better	 Person Centred Care Better Health and Wellbeing Use of Information Workforce
	HealthCare)	Use of Resources 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	Indicate how often the data to support the KPI will be collected:
	Frequency	□Daily □Weekly ☑ Monthly □Quarterly □Bi-annually □Annually □Other – give details:
8	Tracer Conditions	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, C, GB, ECHI).
11	KPI Monitoring	KPI will be monitored : □Daily □Weekly ☑ Monthly □Quarterly □Bi-annually □Annually □Other – give
		details: Hospital Manager
		Please indicate who is responsible at a local level for monitoring this KPI: Hospital Manager
12	KPI Reporting	Indicate how often the KPI will be reported:
	Frequency	Daily Weekly Monthly Quarterly Bi-annually Annually Other
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)
		Generation Monthly in arrears (June data reported in July)
14	KPI Reporting	Indicate the level of aggregation – for example over a geographical location:
	Aggregation	🗹 National 🛛 Regional 🕞 LHO Area 🗹 Hospital
		□ County □ Institution □ Other – give details:
15	KPI is reported in which	Indicate where the KPI will be reported:
	reports?	☑ Performance Assurance Report (NSP) □CompStat □Other – give details:
16	Web link to data	http://www.hse.ie/eng/services/Publications/corporate/performanceassurancereports/
17	Additional Information	
ante et el	etails for Data Manager	Derek McCormack, BIU Acute, Tel: 01 620 1690 E:Derek.mccormack@hse.ie
ontact u		
pecialis	-	Brian Parsons, NTPF

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 procedureexcluding 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	Person Centred Care Effective Care Safe Care
	for Safer Better	Better Health and Wellbeing Use of Information Workforce
	HealthCare)	Use of Resources 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	Indicate how often the data to support the KPI will be collected:
	Frequency	Daily Weekly Monthly Quarterly Bi-annually Annually Other – give
		details:
8	Tracer Conditions	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	Waiting times for inpatient and outpatient services are standard measures internationally (AUS, CA
	Comparison	GB, ECHI).
11	KPI Monitoring	KPI will be <u>monitored</u> :
		□Daily □Weekly ☑ Monthly □Quarterly □Bi-annually □Annually □Other – give
		details:
		Please indicate who is responsible at a local level for monitoring this KPI: Hospital Manager
12	KPI Reporting	Indicate how often the KPI will be reported:
	Frequency	□Daily □Weekly ☑ Monthly □Quarterly □Bi-annually □Annually □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
		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)
14	KPI Reporting	Indicate the level of aggregation – for example over a geographical location:
	Aggregation	🗹 National 🗹 Regional 🖵 LHO Area 🗹 Hospital
		□ County □ Institution ☑ Other – give details:
15	KPI is reported in which	Indicate where the KPI will be reported:
	reports?	☑ Performance Assurance Report (NSP) □CompStat □Other – give details:
16	Web link to data	http://www.hse.ie/eng/services/Publications/corporate/performanceassurancereports/
17	Additional Information	
ontact d	letails for Data Manager	Derek McCormack, BIU Acute, Tel: 01 620 1690 E:Derek.mccormack@hse.ie
Specialis	-	Brian Parsons, NTPF
	Lead and Division	National Director Acute Hospitals Division, Dr. Steevens Hospital, Dublin 8. Tel 01-635 2000
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	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
, s	Indicator	Please tick Indicator Classification this indicator applies to:
	Classification	
	(National Standards	Person Centred Care Effective Care Safe Care
	for Safer Better	Better Health and Wellbeing Use of Information Workforce
	HealthCare)	□ Use of Resources □ Governance, Leadership and Management
4	KPI Target	
5	KPI Calculation	Numerator: Number of outpatient patients waiting to be seen less than 52 weeks Denominator: Total
5	RFT Calculation	number of patients waiting to be seen in Outpatients
6	Data Source	Data Sourced from NTPF.
	Data Completeness	
	Data Quality Issues	
7	Data Collection	Indicate how often the data to support the KPI will be collected:
· '	Frequency	Daily Weekly Monthly Quarterly Bi-annually Annually Other – give
	. requeries	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	Waiting times for inpatient and outpatient services are standard measures internationally (AUS, CAN,
11	Comparison KPI Monitoring	GB_FCHI) KPI will be_monitored :
	Ri i Montoring	□Daily □Weekly ☑ Monthly □Quarterly □Bi-annually □Annually □Other – give
		details:
		Please indicate who is responsible at a local level for monitoring this KPI: Hospital Manager
12	KPI Reporting	Indicate how often the KPI will be reported:
	Frequency	□Daily □Weekly ☑ Monthly □Quarterly □Bi-annually □Annually □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
		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)
14	KPI Reporting	Quarterly in arrears (quarter 1 data reported in quarter 2)
	Aggregation	Indicate the level of aggregation – for example over a geographical location:
		☑ National ☑ Regional
15	KPI is reported in	□ County □ Institution ☑ Other – give details:
	which reports?	Indicate where the KPI will be reported:
16	Web link to data	☑ Performance Assurance Report (NSP) □CompStat □Other – give details:
17	Additional	
	Information	http://www.hse.ie/eng/services/Publications/corporate/performanceassurancereports/
Contact	details for Data	Derek McCormack, BIU Acute, Tel: 01 620 1690 E:Derek.mccormack@hse.ie
Manager	/Specialist Lead	Brian Parsons, NTPF
	Lead and Division	National Director Acute Hospitals Division, Dr. Steevens Hospital, Dublin 8. Tel 01-635 2000.

1	KPI title	% of people waiting < 4 weeks for an urgent colonscopy
2	KPI Description	% of patients waiting less than 4 weeks for an urgent colonscopy.
3	KPI Rationale	No patient should wait more than 4 weeks for urgent coloniscopy.
5	A I Rationale	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:
		Person Centred Care Iffective Care Safe Care
		Better Health and Wellbeing Use of Information Workforce
		☑ Use of Resources □ 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
5	KPI Calculation	patients waiting forr urgent colonscopy 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:
		Daily Weekly Monthly Quarterly Bi-annually Annually 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
		some form or another internationally.
11	KPI Monitoring	KPI will be monitored :
		□Daily □Weekly ☑ Monthly □Quarterly □Bi-annually □Annually □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:
		Daily Weekly Monthly Quarterly Bi-annually Annually Other – give details:
13	KPI report period	Indicate the period to which the data applies
		Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity)
		☑ Monthly in arrears (June data reported in July)
		Quarterly in arrears (quarter 1 data reported in quarter 2)
		Rolling 12 months (previous 12 month period)
		Other – give details:
14	KPI Reporting Aggregation	Indicate the level of aggregation – for example over a geographical location:
		☑ National ☑ Regional □ LHO Area ☑ Hospital
		□ County □ Institution Other – give details:
15	KPI is reported in which	Indicate where the KPI will be reported:
15	reports?	Ø Performance Assurance Report (NSP) Ø CompStat □Other – give details:
16	Web link to data	http://www.hse.ie/eng/services/Publications/corporate/performanceassurancereports/
17	Additional Information	http://www.hoc.ic/eng/services/_abilitations/corporate/performanceassurancereports/
	t details for Data Manager	Derek McCormack, BIU Acute, Tel: 01 620 1690 E:Derek.mccormack@hse.ie
	Lead and Division	National Director Acute Hospitals Division, Dr. Steevens Hospital, Dublin 8. Tel 01-635 2000.

	Acute Division	
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1 2	KPI title	%. of people waiting < 13 weeks following a referral for routine colonscopy or OGD
2	KPI Description KPI Rationale	% of patients waiting less then 13 weeks from referral to colonoscopy and OGD services.
3	KPI Rationale	As a performance monitoring function to monitor and manage waiting lists. Please tick Indicator Classification this indicator applies to:
	Indicator Classification	Prease tick indicator Classification this indicator applies to: Person Centred Care
		Better Health and Wellbeing Use of Information Workforce
		☑ Use of Resources □ 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 Colonscopy 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
	Data Quality 105005	
7	Data Collection Frequency	Indicate how often the data to support the KPI will be collected:
	Data Conconcil Frequency	Daily Weekly Monthly Quarterly Bi-annually Annually Other – give details:
8	Tracer Conditions	As per description no. 2 above
Ŭ		
9	Minimum Data Set	Hospital PAS to NTPF Sourced from NTPF by Business Information Unit (BIU) - Acute, Corporate Planning and Performance
		A <i>L</i> . J
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 :
		Daily Dweekly Monthly Duarterly DBi-annually DAnnually Dother – 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:
		Daily Weekly Monthly Quarterly Bi-annually Annually Other – give details:
13	KPI report period	Indicate the period to which the data applies
		Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity)
		Monthly in arrears (June data reported in July)
		Quarterly in arrears (quarter 1 data reported in quarter 2)
		□ Rolling 12 months (previous 12 month period)
		Other – give details:
14	KPI Reporting Aggregation	Indicate the level of aggregation – for example over a geographical location: ☑ National ☑ Regional
		County Institution Other – give details:
15	KPI is reported in which	Indicate where the KPI will be reported:
	reports?	☑ Performance Assurance Report (NSP) ☑ CompStat □Other – give details:
16	Web link to data	http://www.hse.ie/eng/services/Publications/corporate/performanceassurancereports/
17	Additional Information	
	details for Data Manager	Derek McCormack, BIU Acute, Tel: 01 620 1690 E:Derek.mccormack@hse.ie
/Special		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.
		 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.
		 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:
		Person Centred Care Effective Care Safe Care Better Health and Wellbeing Use of Information Workforce
		Duse of Resources Governance, Leadership and Management
4 5	KPI Target KPI Calculation	Target 95% 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	EDIS/PAS
	Data Completeness Data Quality Issues	
7	Data Collection Frequency	Indicate how often the data to support the KPI will be collected:
		Daily DWeekly Monthly Quarterly DBi-annually Annually 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 admitted ED Departure Time for patient Time patient discharged ED Departure Time for patient ID of EM clinician who discharged patient Propose Irish Medical Council Registration Number ID of non-EM clinician who discharged patient Propose Irish Medical Council Registration Number
10	International Comparison	(1) A&E Clinical Quality Indicators. Department of Health 17th December 2010. Available at http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/Publications
		PolicyAndGuidance/DH_122868. Accessed 13th January 2011 (2) Sprivulis PC, Da Silva J-A, Jacobs IG, Frazer ARL, Jelinek GA (2006) The Association between
		hospital overcrowding and mortality among patients admitted via Western Australian emergency
		departments MJA 184 (5): 208 (3) Richardson DB (2001) The access-block effect: relationship between delay to reaching an inpatient
		bed and in-patient length of stay MJA 177:49
		(4) Silke B, Plunkett P et al. European Journal of Emergency Medicine 2011 (in press) (5) Guttman A, Schull MJ, Vermullen MJ, Stukel TA. Association between waiting times and short term mortality and hospital admission after departure from emergency department: population based
		cohort study from Ontario, Canada. BMJ 2011;342:d2983doi:10.1136/bmj.d2983.
		(6) A six hour target for ED attendances is being used in New Zealand. New Zealand Ministry of Health. Available at http://www.moh.govt.nz/moh.nst/indexmh/ed-target. Accessed 13th January 2011
11	KPI Monitoring	KPI will be monitored : Daily Dweekly Monthly Quarterly Bi-annually Annually Other – give details: Please indicate who is responsible at a local level for monitoring this KPI:
12	KPI Reporting Frequency	Indicate who is responsible at a local revention individual with KFT. Indicate how often the KFT will be reported: DailyWeekly @ MonthlyQuarterlyBi-annuallyAnnuallyOthergive details:
13	KPI report period	Indicate the period to which the data applies ✓ Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity)
		Monthly in arrears (June data reported in July) Quarterly in arrears (quarter 1 data reported in quarter 2) Rolling 12 months (previous 12 month period)
14	KPI Reporting Aggregation	□ Other – give details: Indicate the level of aggregation – for example over a geographical location: Ø National Ø Regional □ LHO Area Ø Hospital
		County Institution Other – give details:
15	KPI is reported in which reports?	Indicate where the KPI will be reported: Performance Assurance Report (NSP) CompStat Other – give details:
16	Web link to data	http://www.hse.ie/eng/services/Publications/corporate/performanceassurancereports/
17 Contact	Additional Information details for Data Manager	EDIS implementation will ensure data available from all sites. Derek McCormack, BIU Acute, Tel: 01 620 1690 E:Derek.mccormack@hse.ie
	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 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	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.
		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 9 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 9 hours should be cared for in a more appropriate care setting than an ED
		g. Patients who have completed their period of EM care draw on nursing and other ED resources that would be more effectively directed at new patients who require timely initial clinical assessment and nursing care.
		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. 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.
		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.
	Indicator Classification	Please tick Indicator Classification this indicator applies to:
		Person Centred Care Effective Care Safe Care
<u> </u>		Better Health and Wellbeing Use of Information Workforce Use of Resources 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
	ļ	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 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	EDIS/PAS
	Data Completeness	4
	Data Quality Issues	4
7	Data Collection Frequency	Indicate how often the data to support the KPI will be collected: □Daily □Weekly ☑ Monthly Quarterly □Bi-annually □Annually □Other – give details:
8	Tracer Conditions	Daily DWeekly I Monthly Quarterly Bi-annually Annually Other – give details: 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 approximation for patient at patient admitted ED Departure Time for patient Time patient discharged ED Departure Time for patient ID of EM clinician who discharged patient Propose Irish Medical Council Registration Number ID of non-EM clinician who discharged patient Propose Irish Medical Council Registration Number
10	International Comparison	(1) A&E Clinical Quality Indicators. Department of Health 17th December 2010. Available at
		http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/Publications PolicyAndGuidance/DH_122868. Accessed 13th January 2011
		Health. Available at http://www.moh.govt.nz/moh.nsf/indexmh/ed-target. Accessed 13th January 2011
11	KPI Monitoring	KPI will be monitored :
		Daily Uweekly Monthly Quarterly Bi-annually Annually 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:
13	KPI report period	Daily UWeekly Monthly UQuarterly UBi-annually UAnnually UOther – give details: Indicate the period to which the data applies
		✓ Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) Monthly in arrears (June data reported in July)
		Quarterly in arrears (quarter 1 data reported in quarter 2)
		Rolling 12 months (previous 12 month period)
14	KPI Reporting Aggregation	Other – give details: Indicate the level of aggregation – for example over a geographical location:
14	A Treporting Aggregation	National Regional LHO Area Hospital
		County Institution Other – give details:
15	KPI is reported in which	Indicate where the KPI will be reported:
40	reports? Web link to data	Ø Performance Assurance Report (NSP) Ø CompStat
16 17	Web link to data Additional Information	http://www.hse.ie/eng/services/Publications/corporate/performanceassurancereports/ EDIS implementation will ensure data available from all sites.
	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.
1		Tel 01-635 2000.

	Acute Division	
	-	
1	KPI title	% of all attendess 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	All patients attending ED have a right to treatment.
	Indicator Classification	Please tick Indicator Classification this indicator applies to:
	(National Standards for Safer	Person Centred Care
	Better HealthCare)	Better Health and Wellbeing Use of Information Workforce
		Use of Resources 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	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:
		Daily Weekly Monthly Quarterly Bi-annually Annually Other – give details:
8	Tracer Conditions	
9	Minimum Data Set	
10	International Comparison	
11	KPI Monitoring	KPI will be monitored :
		Daily Weekly Monthly Quarterly Bi-annually Annually 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:
		Daily Weekly Monthly Quarterly Bi-annually Annually Other – give details:
13	KPI report period	Indicate the period to which the data applies
		Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity)
		Monthly in arrears (June data reported in July)
		Quarterly in arrears (quarter 1 data reported in guarter 2)
		Rolling 12 months (previous 12 month period)
		Other – give details:
14	KPI Reporting Aggregation	Indicate the level of aggregation – for example over a geographical location:
14	Kritkepoliting Aggregation	Ø National Ø Regional □ LHO Area Ø Hospital
		County Institution Other – give details:
15	KPI is reported in which	Indicate where the KPI will be reported:
15	reports?	Ø Performance Assurance Report (NSP) Ø CompStat □Other – give details:
16	Web link to data	
		In the date for this KPI quailable through Corrected Information Equility (CIE)?
vationa	Ecau dilu Division	
17 Contact	Web link to data Additional Information t details for Data Manager I Lead and Division	Is the data for this KPI available through Corporate Information Facility (CIF)? Derek McCormack, BIU Acute, Tel: 01 620 1690 E:Derek.mccormack@hse.ie National Director Acute Hospitals Division, Dr. Steevens Hospital, Dublin 8. Tel 01-63 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	75 of patients who attend ED who are in ED greater than 24 hours
Ŭ	Indicator Classification	Please tick Indicator Classification this indicator applies to:
		✓ Person Centred Care ✓ Effective Care Safe Care
	(National Standards for Safer	Better Health and Wellbeing Use of Information Workforce
	Better HealthCare)	Use of Resources 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	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:
		✓Daily □Weekly Monthly Quarterly □Bi-annually □Annually □Other – give details:
8	Tracer Conditions	
9	Minimum Data Set	
10	International Comparison	
11	KPI Monitoring	KPI will be monitored :
		Daily Weekly Monthly Quarterly Bi-annually Annually 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:
		Daily Weekly Monthly Quarterly Bi-annually Annually Other – give details:
13	KPI report period	Indicate the period to which the data applies
		✓ Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity)
		Monthly in arrears (June data reported in July)
		Quarterly in arrears (quarter 1 data reported in quarter 2)
		Rolling 12 months (previous 12 month period)
		Other – give details:
14	KPI Reporting Aggregation	Indicate the level of aggregation – for example over a geographical location:
		☑ National ☑ Regional
		□ County □ Institution Other – give details:
15	KPI is reported in which	Indicate where the KPI will be reported:
	reports?	☑ Performance Assurance Report (NSP) ☑ CompStat □Other – give details:
16	Web link to data	
17	Additional Information	Is the data for this KPI available through Corporate Information Facility (CIF)?
	details for Data Manager	Derek McCormack, BIU Acute, Tel: 01 620 1690 E:Derek.mccormack@hse.ie
Nationa	I Lead and Division	National Director Acute Hospitals Division, Dr. Steevens Hospital, Dublin 8. Tel 01-635 2000.

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 Indicator Classification Please tick Indicator Classification this indicator applies to: Indicator Classification Please tick Indicator Classification this indicator applies to: Image: Classification Please tick Indicator Classification this indicator applies to: Image: Classification Please tick Indicator Classification this indicator applies to: Image: Classification Please tick Indicator Classification this indicator applies to: Image: Classification Please tick Indicator Classification this indicator applies to: Image: Classification Vise of Resources 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 attendance: 6 Data Source presentation - (a) all ED patients and unscheduled returns (b) all (a) who are subsequently admitted (c) 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		Acute Division	
1 KPI title % of patients attending ED-75 years of age 2 KPI Rescription % of all ED patients who attend of the who are greated than 75 years of age. 3 KPI Rescription % of all ED patients who attend of the who are greated than 75 years of age. 4 KPI Rescription © Preno Centred Care © Bit for enants an Weberg Use of instance 4 KPI Target © Denter feature and Weberg Use of instance Ownore 4 KPI Target Dec. New KPI 2015 Ownore New KPI 2015 5 R/P Calculation New KPI 2015 Ownore Ownore Ownore 6 Data Source EDIS/FAX Oal EDP Sottas attendings Source (D) at (Patient Pr		
2 KPI Description % of all ED patients who attend ED who are greater than 75 years of age. 3 KPI Rationale Plases tick indicator Classification this indicator applies to: 1 CPI Press Online Care Effective Care Set Gam 2 KVP Target Common Care Owner Care Set Gam 4 KVP Target TBC - New KPI 2015 Set Gam 5 KVP Calculation Numerator - number of patients attending ED greater than 75 years. Denominator - All patient attendance at ED 6 Data Source ED/SIPAS 7 Data Completeness ED/SIPAS 9 Minimum Data Set Indicator of saturged in less than 6 hours from their Anrival Time 9 Minimum Data Set Emergency Care Unit Identifier ID of hospital (to be confirmed or included in EMP dataset) Local service- user desting of user	1		% of patients attending ED >75 years of age
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National Lead and Division National Director Acute Hospitals Division, Dr. Steevens Hospital, Dublin 8. Tel 01-635 2000.			
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	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).	
		 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. This indicate net are unnext limit as the duration of ED patient are.	
		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.	
		 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:	
		Use of Resources 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: Daily @Weekly @ Monthly @Quarterly @Bi-annually @Annually @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	Alpha Clinical Quality Indicators. Department of Health 17th December 2010. Available at http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/Publications PolicyAndGuidance/DH_122686. Accessed 13th January 2011 PolicyAndGuidance/DH_122686. Accessed 13th January 2019	
		Health. Available at http://www.moh.govt.nz/moh.nsf/indexmh/ed-target. Accessed 13th January 2011	
11	KPI Monitoring	KPI will be monitored : Daily _UWeeklyMonthlyQuarterlyBi-annuallyAnnuallyOther - 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	Daily Weekly 2 Monthly Quarterly Bi-annually Annually Other – give details: Indicate the period to which the data applies	
		Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) Monthly in arrears (June data reported in July)	
		Cuarterly in arrears (undre data reported in dury) Cuarterly in arrears (quarter 1 data reported in quarter 2) Calling 12 months (previous 12 month period)	
		Other – give details:	
14	KPI Reporting Aggregation	Indicate the level of aggregation – for example over a geographical location:	
45	KDI is sense to dive this is	County Institution Other – give details:	
15	KPI is reported in which reports?	Indicate where the KPI will be reported: Performance Assurance Report (NSP) CompStat Other – give details:	
16	Web link to data	http://www.hse.ie/eng/services/Publications/corporate/performanceassurancereports/	
17 Contract (Additional Information	EDIS implementation will ensure data available from all sites.	
	details for Data Manager Lead and Division	Derek McCormack, BIU Acute, Tel: 01 620 1690 E:Derek.mccormack@hse.ie 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	Please tick Indicator Classification this indicator applies to:	
	(National Standards for Safer		
	Better HealthCare)	Better Health and Wellbeing Use of Information Workforce Use of American A	
		Use of Resources 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 -	
6	Data Source	All patient attendances at ED who are aged over 75 years of age who are admitted Sourced from Hospitals PAS systems	
0	Data Source	Coverage all hospitals with recognised Emergency Departments & Local Injury Units.	
	Data Quality Issues	Reporting all acute hospitals with recognised Emergency Departments a Local injury office.	
	Data Quality issues	reporting an addite hospitals with recognised Energency Departments	
7	Data Collection Frequency	Indicate how often the data to support the KPI will be collected:	
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8	Tracer Conditions		
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9	Minimum Data Set		
10	International Comparison		
11	KPI Monitoring	KPI will be monitored :	
		✓Daily □Weekly ☑ Monthly □Quarterly □Bi-annually □Annually □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:	
		Daily Dweekly Monthly Quarterly Bi-annually Annually Other – give details:	
13	KPI report period	Indicate the period to which the data applies	
		√ Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) reported current via monthly	
		Monthly in arrears (June data reported in July)	
		Quarterly in arrears (quarter 1 data reported in quarter 2)	
1		Rolling 12 months (previous 12 month period)	
<u> </u>		Other – give details:	
14	KPI Reporting Aggregation	Indicate the level of aggregation – for example over a geographical location:	
1		☑ National ☑ Regional □ LHO Area ☑ Hospital	
		County Institution Other – give details:	
15	KPI is reported in which	Indicate where the KPI will be reported:	
	reports?	☑ Performance Assurance Report (NSP) ☑ CompStat	
16	Web link to data	In the date for this I/DI socilable through Operands information Facility (OF)0	
17	Additional Information	Is the data for this KPI available through Corporate Information Facility (CIF)? Derek McCormack, BIU Acute, Tel: 01 620 1690 E:Derek.mccormack@hse.ie	
		National Director Acute Hospitals Division, Dr. Steevens Hospital, Dublin 8.	
National	Leau and DIVISION	Tel 01-635 2000.	
L		16101-033 2000.	

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 burn, and within 0 hours. The mean and unary of the particle should be proceeded.
		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 patient
		to the most appropriate destination for further care which is either admission to a short stay unit, specialist ward or discharge
		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 requi
		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:
		Presse tick indicator classification this indicator applies to: Person Centred Care
		Better Health and Wellbeing Use of Information Workforce
		Use of Resources 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 hou
		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	4
7	Data Collection Frequency	Indicate how often the data to support the KPI will be collected:
		Daily Weekly Monthly Quarterly Bi-annually Annually Other – give details:
8	Tracer Conditions	All patients referred to an AMU*.
9	Minimum Data Set	Medical Assessment Unit Identifier/ID of hospital
5	Minimum Data Get	Patient Hospital Medical Record Number
		Unique Health Identifier (not yet available)
		Patient attendance – new and unscheduled returns
		Date and Time patient registered in ED
10	International Comparison	Date and Time patient discharged from AMU (AMU departure time) Often part of an indicator sub-set in international documents, may not be explicitly noted, but present in some form or anothe
10	international comparison	internationally.
11	KPI Monitoring	KPI will be monitored :
	KFI Monitoring	Daily Weekly V Monthly Quarterly Bi-annually Annually 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:
14	requelley	Daily Weekly Monthly Quarterly Bi-annually Annually Other – give details:
13	KPI report period	Indicate the period to which the data applies
10	in report period	$\sqrt{\text{Current}(e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity)$
		· · · · · · · · · · · · · · · · · · ·
		Monthly in arrears (June data reported in July)
		Quarterly in arrears (quarter 1 data reported in quarter 2)
		Rolling 12 months (previous 12 month period)
		Other – give details:
14	KPI Reporting Aggregation	Indicate the level of aggregation – for example over a geographical location:
		√National √Regional √LHO Area √Hospital
		□ County □ Institution □ Other – give details:
15	KPI is reported in which reports?	Indicate where the KPI will be reported:
16	Wah link to data	□ Corporate Plan Report √ Performance Report (NSP/CBP) √ CompStat □ Other – give details:
16 17	Web link to data Additional Information	http://www.hse.ie/eng/services/Publications/corporate/performanceassurancereports/
	etails for Data Manager /Specialist	Derek McCormack, BIU Acute, Tel: 01 620 1690 Email:Derek.mccormack@hse.ie Fiachra Bane, HIPE, Tel: 045 988330 Em
	stalle for Bata Manager reposition	fiachra.bane@hse.ie

	Acute Division - Healthcare Ass	sociated 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).	
		□ Person Centred Care √ Effective Care □ Safe Care	
		Better Health and Wellbeing Use of Information Workforce	
		Use of Resources Governance, Leadership and Management	
4	KPI Target	<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 heathcare setting).	
7	Data Collection Frequency	Daily Weekly Monthly V Quarterly Bi-annually Annually 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 o Monthly bQuarterly oBi-annually oAnnually oOther Please indicate who is responsible for monitoring this KPI: Hospital Manager	
12	KPI Reporting Frequency	Daily Weekly Monthly Vouarterly Bi-annually Annually Other – give details:	
13	KPI report period	Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity)	
		Monthly in arrears (June data reported in July)	
		✓ Quarterly in arrears (quarter 1 data reported in guarter 2)	
		Rolling 12 months (previous 12 month period)	
		Other – give details:	
14	KPI Reporting Aggregation	Indicate the level of aggregation – for example over a geographical location: Mational @ Regional UHO Area @ Hospital	
		County Institution Other – give details:	
15	KPI is reported in which	Indicate where the KPI will be reported:	
15	reports?		
16	Web link to data	http://www.hpsc.ie/hpsc/A-Z/MicrobiologyAntimicrobialResistance/EuropeanAntimicrobial	
	trop and to data	ResistanceSurveillanceSystemEARSS/EARSSSurveillanceReports/	
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			
	LICE THE		
		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 Antibioti	
3	KPI Rationale	Consumption Rate: Bed Days Used Antibiotic use in hospitals is a risk factor for antimicrobial resistance, and for MRSA and C. difficile	
3	KPI Rationale	infection rates. Antibiotic use also represents a major cost for hospitals	
		inection 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).	
		Person Centred Care V Effective Care Safe Care	
		Better Health and Wellbeing Use of Information Workforce	
		Use of Resources 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	
Ŭ	ra rediculation	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	Daily Weekly Monthly Quarterly VBi-annually Annually Other – give details:	
8	Tracer Conditions	Antibiotic consumption rate	
9	Minimum Data Set	Protocol www.hpsc.ie	
10	International Comparison Hospital antibitoic consumption data collected as part of ESAC-Net: data comparible with c		
		participating European countries	
11	KPI Monitoring	KPI will be monitored on a (please indicate below) basis:	
	J. J	oDaily oWeekly o Monthly oQuarterly b Bi-annually oAnnually oOther	
		Please indicate who is responsible for monitoring this KPI: Hospital Managers/ Pharmacists	
12	KPI Reporting Frequency	Daily Weekly Monthly Quarterly VBi-annually Annually Other – give details:	
13	KPI report period	Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity)	
		Monthly in arrears (June data reported in July)	
		Quarterly in arrears (quarter 1 data reported in quarter 2)	
		Rolling 12 months (previous 12 month period)	
		Other – give details: Bi-annual	
14	KPI Reporting Aggregation	Indicate the level of aggregation – for example over a geographical location:	
		☑ National ☑ Regional □ LHO Area ☑ Hospital	
		□ County □ Institution Other – give details:	
45	KBLic reported in which	Indicate where the KPI will be reported:	
		☑ Performance Assurance Report (NSP) ☑ CompStat □Other – give details:	
16	Web link to data	http://www.hpsc.ie/hpsc/A-Z/MicrobiologyAntimicrobialResistance/EuropeanSurveillanceof	
10	WED IIIK IU UAIA	AntimicrobialConsumptionESAC/SurveillanceReports/	
17	Additional Information	Reports on hospital antibiotic consumption for participating European countries available at www.ecdc.	
	details for Data Manager /	Dr. Robert Cunney, HPSC robert.cunney@hse.ie Tel: 01 8765300	
lational 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	

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	
	indicator classification	some cases you may need to choose two).	
		Person Centred Care √ Effective Care □ Safe Care	
		Better Health and Wellbeing Use of Information Workforce	
		Use of Resources Governance, Leadership and Management	
4	KPI Target	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	Daily Weekly Monthly Quarterly VBi-annually Annually Other – give details:	
8	Tracer Conditions	Alcohol Hand Rub consumption	
9	Minimum Data Set	Protocol www.hpsc.je	
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:	
	i i i i i i i i i i i i i i i i i i i	oDaily oWeekly o Monthly b Quarterly oBi-annually oAnnually oOther – give details:	
		Please indicate who is responsible for monitoring this KPI: Hospital Managers	
12	KPI Reporting Frequency	Daily Weekly Monthly Quarterly VBi-annually Annually Other – give details:	
13	KPI report period	Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity)	
		Monthly in arrears (June data reported in July)	
		Quarterly in arrears (quarter 1 data reported in quarter 2)	
		Rolling 12 months (previous 12 month period)	
		Conneg 12 months (previous 12 month period) Other – give details: Bi-annual	
14	KPI Reporting Aggregation	Indicate the level of aggregation – for example over a geographical location:	
14	KFI Kepolung Aggregation	☑ National ☑ Regional □ LHO Area ☑ Hospital	
		□ County □ Institution Other – give details:	
		Indicate where the KPI will be reported:	
15	KPI is reported in which reports?	Performance Assurance Report (NSP) Ø CompStat □Other – give details:	
16	Web link to data	http://www.hpsc.ie/hpsc/A-Z/Gastroenteric/Handwashing/AlcoholHandRubConsumptionSurveillance/	
17	Additional Information		
	details for Data Manager /	Dr. Robert Cunney, HPSC robert.cunney@hse.ie Tel: 01 8765300	
	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	

1	KPI Title	% compliance of hospital staff with the World Health Organisation's (WHO) 5 moments of hand hygien	
		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).	
		Person Centred Care Safe Care	
		Better Health and Wellbeing Use of Information Workforce	
		Use of Resources Governance, Leadership and Management	
4	KPI Target	90% Taroet 2015	
5	KPI Calculation	Count	
6	Data Source	Observational audit of hand hygiene compliance by healthcare staff in hospitals. National lead auditors	
0	Data Source	trained and validated at national training sessions conduct audit.	
	Data Completeness	Complete reporting by all acute hospitals.	
	Data Quality Issues	No external validation of oberservational audits: risk obererver bias and "Hawthorne" effect	
7	Data Collection Frequency	□Daily □Weekly Monthly Quarterly ✓Bi-annually □Annually □Other – give details:	
8	Tracer Conditions	Alcohol hand rub usage in hospitals, Clostridium Difficle and MRSA Rates	
9	Minimum Data Set		
9 10	International Comparison	Compliance with WHO 5 moments of hand hygiene Broad comparisons can be made with other countries that use WHO methodology, however the exact	
10	International Companson	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:	
	KETWORKOTING	oDaily oWeekly o Monthly oQuarterly b Bi-annually oAnnually oOther – give details:	
		Please indicate who is responsible for monitoring this KPI: Hospital Managers	
12	KPI Penerting Frequency	Please indicate who is responsible for monitoring this KPI: Hospital Managers Daily Weekly Monthly Quarterly Pleannually Annually Other – give details:	
13	KPI report period		
		Monthly in arrears (June data reported in July)	
		Quarterly in arrears (quarter 1 data reported in quarter 2)	
		Rolling 12 months (previous 12 month period)	
		Other – give details: Bi-annual	
14	KPI Reporting Aggregation	Indicate the level of aggregation – for example over a geographical location:	
		National Regional LHO Area Hospital	
		County Institution Other – give details:	
15	KPI is reported in which	Indicate where the KPI will be reported:	
	reports?	☑ Performance Assurance Report (NSP) ☑ CompStat □Other – give details:	
16	Web link to data	http://www.hpsc.ie/hpsc/A-Z/Gastroenteric/Handwashing/HandHygieneAudit/	
17	Additional Information		
	details for Data Manager /	Ms Sheila Donlon, HPSC sheila.donlon1@hse.ie Tel: 01 8765300	
	Lead and Directorate	Dr. Philip Crowley, National Director Quality and Patient Safety Tel: 01 635 2038	
uonai	Loug and Diffolloidio	Dr. Thing Growidy, Haudhar Director Quality and Fatient Galety Tel. 01 000 2000	

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 a mortality. It has caused a number of significant outbreaks in hospitals and long term care facilities. Rat are linked to antibiotic prescribing.	
	Indicator Classification	Please tick Indicator Classification this indicator applies to:	
		□ Person Centred Care √ Effective Care □ Safe Care	
		Better Health and Wellbeing Use of Information Workforce	
		Use of Resources Governance, Leadership and Management	
4	KPI Target	<2.5 cases per 10,000 BDU	
5	KPI Calculation		
		Numerator data: New cases of Clostridium difficile associated diarrhoea in acute hospitals as per nation case definition. Denominator data: 10,000 bed days used	
6	Data Source Data Completeness	Data provided by acute hospitals (microbiologists, infection control nurses, surveillance & laboratory scientists) to HPSC on a quarterly basis.	
	Data Quality Issues		
		-	
7	Data Collection Frequency	Indicate how often the data to support the KPI will be collected: Daily Weekly Monthly Quarterly Bi-annually Other – give details:	
8	Tracer Conditions	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 :	
	iti i monitoring	□Daily □Weekly √ Monthly □Quarterly □Bi-annually □Annually □Other – give details:	
		Please indicate who is responsible at a local level for monitoring this KPI:	
12	KPI Reporting Frequency	Indicate how often the KPI will be reported:	
		Daily Weekly Monthly Quarterly Bi-annually Annually Other – give details:	
13	KPI report period	Indicate the period to which the data applies	
	the report poned	Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity)	
		✓ Monthly in arrears (June data reported in July)	
		Quarterly in arrears (quarter 1 data reported in quarter 2)	
		Rolling 12 months (previous 12 month period)	
		□ Other – give details:	
14	KPI Reporting Aggregation	Indicate the level of aggregation – for example over a geographical location:	
	1	√National √ Regional √ LHO Area √ Hospital	
		County Institution Other – give details:	
15	KPI is reported in which	Indicate where the KPI will be reported:	
	reports?	□ Corporate Plan Report √ Performance Report (NSP/CBP) √ CompStat □ Other – give details:	
	Web link to data		
16			
16 17	Additional Information		
17	Additional Information details for Data Manager	Name: Roisin Breen Email address: roisinbreen@rcpi.ie Contact Number: 8639620 Carley	
17 Contact of Specialis	details for Data Manager	Name: Roisin Breen Email address: roisinbreen@rcpi.ie Contact Number: 8639620 Carley Impey carley.impey@hse.ie 6201687 Dr. Philip Crowley, National Director Quality and Patient Safety Carley	

1	KPI title	Hospital acquired S. aureus 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	
		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:	
		Person Centred Care Effective Care	
		Better Health and Wellbeing Use of Information V Workforce	
		Use of Resources 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. Do	
		not indicate where bloodstream infections were acquired (community, reporting hospital or other heathcare setting).	
7	Data Collection Frequency	Indicate how often the data to support the KPI will be collected:	
		Daily Dweekly Monthly Quarterly Bi-annually Annually 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 monitored :	
		Daily Weekly V Monthly Quarterly Bi-annually Annually 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:	
		Daily Weekly Monthly Quarterly Bi-annually Annually Other – give details:	
13	KPI report period	Indicate the period to which the data applies	
		Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity)	
		✓ Monthly in arrears (June data reported in July)	
		Quarterly in arrears (quarter 1 data reported in quarter 2)	
		Rolling 12 months (previous 12 month period)	
		Other – give details:	
14	KPI Reporting Aggregation	Indicate the level of aggregation – for example over a geographical location:	
		√National √Regional √LHO Area √Hospital	
		County Institution Other – give details:	
15	KPI is reported in which	Indicate where the KPI will be reported:	
	reports?	□ Corporate Plan Report √ Performance Report (NSP/CBP) √ CompStat □Other – give details:	
16	Web link to data		
17	Additional Information		
	details for Data Manager	Name: Roisin Breen Email address: roisinbreen@rcpi.ie Contact Number: 8639620 Carley	
	st Lead	Impey carley.impey@hse.ie 6201687	

	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 recieved mandatory hand hygiene training in the rolling 24 months
3	KPI Rationale	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: - 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
		Sari guidelines link: http://www.hse.ie/eng/services/Publications/HealthProtection/Guidelines_for_Hand_Hygiene_in_Irish_He alth_Care_Settingspdf
	Indicator Classification	Please tick Indicator Classification this indicator applies to:
		Person Centred Care Effective Care Safe Care
		Better Health and Wellbeing Use of Information ✓ Workforce Use of Resources Governance, Leadership and Management
4	KPI Target	100% of employed staff who directly interact with patients have received mandatory hand hygiene training
5	KPI Calculation	in the past two years by December 2014 Denominator: The number of current healthcare staff who interact with patients
		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 recived equivalent training within the rolling 24 months KPI Calculation: Proportion of staff trained expressed as a percentage. Achived by dividing the
6	Data Source	Source: Nominated member of the senior management team of each hospital with responsibility for
	Data Completeness	hygiene Completeness:100%
	Data Quality Issues	df all acute hospitals must participate 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: □Daily □Weekly ☑ Monthly □Quarterly □Bi-annually □Annually □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 monitored :
		□Daily □Weekly √Monthly □Quarterly □Bi-annually □Annually □Other – give details:
		Please indicate who is responsible at a local level for monitoring this KPI: Nominated member of the
12	KPI Reporting Frequency	senior management team of each hospital with responsibility for hygiene Indicate how often the KPI will be reported:
12	rti i rtoporting i roquonoy	Daily Weekly Monthly Quarterly Bi-annually Annually Other – give details:
13	KPI report period	Indicate the period to which the data applies
		Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity)
		Monthly in arrears (June data reported in July)
		Quarterly in arrears (quarter 1 data reported in quarter 2)
		□ Rolling 12 months (previous 12 month period) √ Other – give details: rolling 24 months
14	KPI Reporting Aggregation	N Other – give details: rolling 24 months Indicate the level of aggregation – for example over a geographical location:
		$\sqrt{\text{National}}$ $\sqrt{\text{Regional}}$ $\sqrt{\text{LHO Area}}$ $\sqrt{\text{Hospital}}$
		□ County □ Institution □ Other – give details:
15	KPI is reported in which reports?	Indicate where the KPI will be reported:
16	Web link to data	□ Corporate Plan Report √ Performance Report (NSP/CBP) √ CompStat □ Other – give details:
17 Contact	Additional Information	Name: Roisin Breen Email address: roisinbreen@rcpi.ie Contact Number: 8639620 Carley
Contact /Speciali	details for Data Manager ist Lead	Name: Roisin Breen Email address: roisinbreen@rcpi.ie Contact Number: 8639620 Carley Impey carley.impey@hse.ie 6201687
_	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:
		□ Person Centred Care Effective Care ✓ Safe Care
		□ Better Health and Wellbeing □ Use of Information ✓ Workforce
		□ Use of Resources □ Governance, Leadership and Management
4	KPI Target	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	Indicate how often the data to support the KPI will be
	Frequency	collected:
		□Daily □Weekly ☑ Monthly □Quarterly □Bi-annually □Annually □Other – give details:
8	Tracer Conditions	
9	Minimum Data Set	
10	International Comparison	
11	KPI Monitoring	KPI will be monitored : □Daily □Weekly ☑ Monthly □Quarterly □Bi-annually □Annually □Other – give details:
		Please indicate who is responsible at a local level for monitoring this KPI:
12	KPI Reporting	Indicate how often the KPI will be reported:
	Frequency	□Daily □Weekly ☑ Monthly □Quarterly □Bi-annually □Annually □Other – give details:
13	KPI report period	Indicate the period to which the data applies
		q Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity)
		✓ Monthly in arrears (June data reported in July)
		Quarterly in arrears (quarter 1 data reported in quarter 2)
		 Rolling 12 months (previous 12 month period)
		Other – give details:
14	KPI Reporting	Indicate the level of aggregation – for example over a
14	Aggregation	geographical location:
	Aggregation	$\sqrt{\text{National}}$ $\sqrt{\text{Regional}}$ $\sqrt{\text{LHO Area}}$ $\sqrt{\text{Hospital}}$
		□ County □ Institution □ Other – give details:
15	KPI is reported in	Indicate where the KPI will be reported:
	which reports?	\Box Corporate Plan Report $\sqrt{\text{Performance Report (NSP/CBP)}}$
		CompStat DOther – give details:
16	Web link to data	
17	Additional Information	
Contact	details for Data Manager	Emer Gallagher, Fiachra Bane, HIPE/Casemix, Healthcare Pricing Office, Stewarts Hospital, Dublin 20.
/Speciali	st Lead	Tel 6201824 (01)
	Lead and Division	National Director Acute Hospitals Division, Dr. Steevens Hospital, Dublin 8. Tel 01-635 2000.
I		

	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 Melitus 0700 Gastro-Enterology 0800 Genito-Urinary Medicine 0900 Geriatric Medicine 1100 Haematology 1102 Transfusion Medicine 1300 Neurology 1600 Oncology 2300 Nephrology 2400 Respiratory Medicine 2500 Rheumatology 2700 Infectious Diseases 2702 Tropical Infectious Diseases 3000 General Medicine 3002 Spinal paralysis 5000 General Medicine 6700 Clinical (medical) Genetics 7300 Pallitive Medicine 7700 Metabolic Medicine 7900 Clinical Immunology 7700 Metabolic Medicine
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:
		✓ Person Centred Care
		Better Health and Wellbeing Use of Information Workforce
		Use of Resources Group Governance, Leadership and Management
4	KPI Target	NSP Target 2015 = 5.8
5	KPI Calculation	Number of bed days used for medical in patients divided by number of medical discharges including same day discharges.
6	Data Source	Namee of eed days abee for medical in parents annotation france or medical algorithty and any disentated. HIPE
	Data Completeness]
	Data Quality Issues	-
7	Data Collection Frequency	Indicate how often the data to support the KPI will be collected: Daily UWeekly Ø Monthy DQuarterty Bi-annually DAnnually DOther – give details:
8	Tracer Conditions	Discharges from medical specialties * (Cardiology, Dermatology, Endocrinology, Gastro-Enterology, Genito-Urinary Medicine, Geriatric Medicine, Haematology, Neurology, 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.
10	International Comparison	Total number of bed days used for medical in patient discharges 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 : Daily DWeekly Ø Monthly Quarterly Bi-annually Annually 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:
12	in the porting trequelley	Daily Weekly @ Monthly _ Quaterly _ Bi-annually _ Other - give details:
13	KPI report period	Indicate the period to which the data applies
		Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) ✓ Monthly in arrears (june data reported in July) Quarterly in arrears (quarter 1 data reported in quarter 2) Rolling 12 months (previous 12 month period) Other – give details:
14	KPI Poporting Aggregation	Indicate the level of aggregation – for example over a geographical location:
14	KPI Reporting Aggregation	Maticale the lever of aggregation – for example over a geographical location.
	KPI is reported in which	County Institution Other – give details:
15	KPI is reported in which reports?	
		County Conty Comptimized and the reported: Corporate Plan Report √ Performance Report (NSP/CBP) √ CompStat □Other – give details:
15	reports?	County Institution Other – give details: Indicate where the KPI will be reported: Corporate Plan Report √ Performance Report (NSP/CBP) √ CompStat Other – give details: http://www.hse.ie/eng/services/Publications/corporate/performanceassurancereports/ 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
15 16 17	reports? Web link to data	County Institution Other – give details: Indicate where the KPI will be reported: Corporate Plan Report √ Performance Report (NSP/CBP) √ CompStat Other – give details: http://www.hse.ie/eng/services/Publications/corporate/performanceassurancereports/
15 16 17	reports? Web link to data Additional Information details for Data Manager	County Institution Other – give details: Indicate where the KPI will be reported: Corporate Plan Report √ Performance Report (NSP/CBP) √ CompStat Other – give details: http://www.hse.ie/eng/services/Publications/corporate/performanceassurancereports/ 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.

	Acute Division		
1	KPI title	Surgical patient (corrected) average length of stay Note corrected refers to the Avlos figure being adjusted for increases in Davcase rates.	
2	KPI Description	Note controlled refers to the Avios injure being adjusted to introleases in Daycase rates. A specified individual hospital target for average length of hospital stary 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 NOAIS 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)	Y Person Centred Care Z Effective Care Safe Care Better Health and Wellbeing Use of Information Workforce Jes of Resources 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 Data Completeness Data Quality Issues	HIPE Data. Will be dependant on accuracy and timely completion of Hospital HIPE coding Coverage includes all acute hospitals except specialist paediatric and maternity hospitals. Surgery Programme mapping tables for surgical procedures and surgical specialties	
7	Data Collection Frequency	Indicate how often the data to support the KPI will be collected: □Daily □Weekly ☑ Monthly □Quarterly □Bi-annually □Annually □Other – give details:	
8	Tracer Conditions	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 <u>monitored</u> : □Daily ⊡Weekly ⊠ Monthly □Quarterly □Bi-annually □Annually □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: □Daily □Weekly ☑ Monthly □Quarterly □Bi-annually □Other - give details:	
13	KPI report period	Indicate the period to which the data applies	
		Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity)	
		Monthly in arrears (June data reported in July) Quarterly in arrears (quarter 1 data reported in quarter 2)	
		Cudarlerly in anears (quarter 1 data reported in quarter 2)	
		Change is manual previous is month periods	
14	KPI Reporting Aggregation	Indicate the level of aggregation – for example over a geographical location:	
		√National √Regional √LHO Area √Hospital	
		County Institution Other - give details:	
15	KPI is reported in which reports?	Indicate where the KPI will be reported: □ Corporate Plan Report √ Performance Report (NSP/CBP) √ CompStat □Other – give details:	
16	Web link to data	N/A	
17	Additional Information	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, adjustment 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 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 cases in target year "0.5 - Num day cases in 2010 year "0.5 + 2010 tot volume/target year tot volume/target year tot volume "Num day cases in target year" (0.5 - Num day case is 0.2010 year "0.5 + 2010 tot volume/target year tot volume" "Num day cases in target year" (0.5 - 2010 volumes and ratio of day case to inpatient in 2010 you case hed day usage for inpatients in the target year. OR 2010 tot volume/target year tot volume "Num day cases in target year "0.5 - Num day cases in 2010 year "0.5 + 2010 tot volume/target year tot volume" "Num inpatient cases in target year any the target year normalised for 2010 volumes and ratio of day case to inpatient in 2010 by the number of inpatients in the target year. Di	
Contact	lotails for Data Monogor	Gerry Kelliher National Clinical Programme in Surgery gerrykelliher@rcsi.ie W: www.rcsi.ie T: 01-402-2143 M: 087-124-0759	
Contact of /Specialis	details for Data Manager st Lead	Geny reminer valuonar Ginical Programme in Surgery genykeniner grosilie wit WWW.fCSI.le 1: 01-402-2143 Mt 087-124-0759	
	Lead and Division	Prof. Frank Keane, Ken Mealy, Sean Johston :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:
		✓ Person Centred Care
		Better Health and Wellbeing Use of Information Workforce
		□ Use of Resources □ 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:
		Daily Dweekly 🗹 Monthly Dquarterly DBi-annually DAnnually 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 :
		Daily Dweeky 🗹 Monthly DQuarterly DBi-annually DOther – 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:
		Daily Dweekly Monthly Quarterly DBi-annually 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)
		✓ Monthly in arrears (June data reported in July)
		Quarterly in arrears (quarter 1 data reported in quarter 2)
		Rolling 12 months (previous 12 month period)
		Other – give details:
14	KPI Reporting Aggregation	Indicate the level of aggregation – for example over a geographical location:
		√ National √ Regional √ LHO Area √ Hospital
		County Institution Other – give details:
15	KPI is reported in which	Indicate where the KPI will be reported:
	reports?	□ Corporate Plan Report √ Performance Report (NSP/CBP) √ CompStat □Other – give details:
16	Web link to data	Composite Hameport Heroniance Report (Horona) Composite Compared Composite Annual Section 2010 Composite Hameport (Heroniance Report (Horona)) Composite Composite Annual Section 2010 Composite Hameport (Heroniance Report (Horona))
10	Additional Information	http://www.nse.ie/eng/services/publications/corporate/performanceassurancereports/ 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
	Additional information	The overall engine usay Ker is to be reported in the National Service Hair additional sub groupings or lengths or stay templates will be developed for reporting on AMP performance.
Contact of	details for Data Manager	Derek McCormack, BIU Acute, Tel: 01 620 1690 E:Derek.mccormack@hse.ie
	Lead and Division	National Director Acute Hospitals Division, Dr. Steevens Hospital, Dublin 8.
		Tel 01-635 2000.

	Acute Division - ALOS	
	KPI title	Oursell Aurorate Learth of Data (ALOD) for all invariant discharges underlies LOD sure 20 data
1		Overall Average Length of Stay (ALOS) for all inpatient discharges excluding LOS over 30 days The average length of stay in days for all inpatient discharges and deaths excluding Length of Stay over 30 days.
2	KPI Description	The average lengin or stay in days for an impartent discritarges and dealths excluding lengin or stay over so 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,
		Lengin of stay is counted non 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	Accord values greater main you days are set to do bays. Average length of stay (ALOS) is used in assessment of quality of care, costs and efficiency and is used for health planning purposes.
3	Indicator Classification	Prease tick indicator Classification this indicator applies to: Please tick indicator classification this indicator applies to:
	Indicator Classification	Presse tick indicator classification this indicator appressio.
		Better Health and Wellbeing Use of Information Workforce
		Use of Resources 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 reposting 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:
		Daily Deekly Monthly Quarterly Di-annually 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 :
	it i monitoring	Daily Dweekly 21 Monthly Quarterly Di-annually Other - give details:
		Please indicate who is responsible at a local level for monitoring this KPI:
		r lease indicate who is responsible at a local level for monitoring this fair.
12	KPI Reporting Frequency	Indicate how often the KPI will be reported:
	in Thepolang Trequency	DailyWeeklyMonthlyQuarterlyBi-annuallyAnnuallyOthergive details:
13	KPI report period	Indicate the period to which the data applies
13	Kerreport period	a Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity)
		Vonthy in areas (June data reported in July)
		Monthly in artest (under the date reported in quarter 2)
		Rolling 12 months (previous 12 month period)
		Other – give details:
14	KPI Reporting Aggregation	Indicate the level of aggregation – for example over a geographical location:
		√ National √ Regional √ LHO Area √ Hospital
		County Institution Other – give details:
15	KPI is reported in which	Indicate where the KPI will be reported:
	reports?	Corporate Plan Report V Performance Report (NSP/CBP) V CompStat Other – give details:
16	Web link to data	http://www.hse.ie/en/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
	Autonal mornation	The overall length or say NeT is to be reported in the valuonal Service Frant additional sub groupings or lengths or stay templates will be developed for reporting on AMP performance.
Contact	details for Data Manager	Dirak Kocornack, BIU Acute, Tel: 01 620 1690 E:Derek.mccornack@hse.ie
	Lead and Division	Derek wickdimitack, bio Actue, rel. of to20 to20 to20 Lobert interventional keynete
ational		Tel 01-632 2000.

	Acute Division	
1	KPI title	New attendance DNA rates
2	KPI Description	An attendance by the OPD Consultant or a member of that team following an ED
2	KPI Description	attendance is considered to be a Return Attendance.
3	KPI Rationale	
Ŭ	Indicator Classification	Please tick Indicator Classification this indicator applies to:
		Person Centred Care Effective Care Safe Care
	(National Standards for Safer	Better Health and Wellbeing Use of Information Workforce
	Better HealthCare)	Use of Resources $$ Governance, Leadership and Management
4	KPI Target	12%
	KPI Calculation	Total New & Return Outpatient attendances. Count
6	Data Source	Sourced from Hospitals PAS systems
0	Data Completeness	coverage all acute hospitals 100%
	Data Quality Issues	all acute hospitals reporting
	Data Quality issues	
7	Data Collection Frequency	Indicate how often the data to support the KPI will be collected:
'	Bala concentration requency	Daily Dweekly √Monthly DQuarterly DBi-annually DAnnually DOther – give details:
8	Tracer Conditions	as per description 2 above.
Ŭ		
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 :
		□Daily □Weekly √Monthly □Quarterly □Bi-annually □Annually □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:
		Daily Weekly Monthly Quarterly Bi-annually Annually Other – give details:
13	KPI report period	Indicate the period to which the data applies
		Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity)
		Monthly in arrears (June data reported in July)
		Quarterly in arrears (quarter 1 data reported in quarter 2)
		Rolling 12 months (previous 12 month period)
		□ Other – give details:
14	KPI Reporting Aggregation	Indicate the level of aggregation – for example over a geographical location:
		√National √Regional □Hospital Group √Hospital □ CHO □ ISA □ LHO
		\Box County \Box Institution $\sqrt{2}$ Other – give details: age band and speciality
15	KPI is reported in which reports?	Indicate where the KPI will be reported:
		√ Performance Report (NSP) √CompStat □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 de	etails for Data Manager /Specialist	Ollie Plunkett
National L	ead 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	
	Indicator Classification	to meet demand. The number of outpatients to be seen per hospital per year can then be calculated. Please tick Indicator Classification this indicator applies to:	
		□ Person Centred Care	
	(National Standards for Safer	Better Health and Wellbeing Use of Information Workforce	
	Better HealthCare)	•	
4	KDI Taraat	Use of Resources Governance, Leadership and Management NSP 2015 Target: 40,215	
4	KPI Target KPI Calculation	NSP 2015 Target: 40,215 Number of new attendances seen in hospital clinic	
5 6	Data Source	Sourced from Hospitals PAS systems	
0	Data Completeness	Coverage all acute hospitals 100%	
	Data Quality Issues	All acute hospitals reporting	
7	Data Collection Frequency	Daily Weekly Monthly Quarterly Bi-annually Annually 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 :	
		Daily Dweekly $\sqrt{Monthly}$ Duarterly Di-annually DAnnually 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:	
		□Daily □Weekly ✓Monthly □Quarterly □Bi-annually □Annually □Other – give details:	
13	KPI report period	Indicate the period to which the data applies	
		Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity)	
		\sqrt Monthly in arrears (June data reported in July)	
		Quarterly in arrears (quarter 1 data reported in quarter 2)	
		Rolling 12 months (previous 12 month period)	
		Other – give details:	
14	KPI Reporting Aggregation	Indicate the level of aggregation - for example over a geographical location:	
		√National √Regional □Hospital Group √ Hospital □ CHO □ ISA □ LHO	
		□ County □ Institution √ Other – give details: age band and speciality	
15	KPI is reported in which	√ Performance Report (NSP) √CompStat □Other – give details:	
	reports ?		
16	Web link to data	http://www.hse.ie/eng/services/Publications/corporate/performanceassurancereports/	
	Additional Information	ICD code disaggregation will be considered in subsequent phases of Data Quality Programme.	
Conta	act details for Data Manager /	Roisin breen – 085 8043250 email:Roisinbreen@rcpi.ie	
Space	ialist Lead	Dr Emer Feely, Department of Public Health, Dr Steeven's Hospital, Dublin 8	
	nal Lead and Directorate	Ph: 01-6352115/ 2294 e-mail: emer.feely@hse.ie	
ivallo	nai Leau anu 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	Please tick Indicator Classification this indicator applies to:	
		□ Person Centred Care	
	(National Standards for Safer	Better Health and Wellbeing Use of Information Workforce	
	Better HealthCare)	Use of Resources 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	Daily Dweekly Monthly Quarterly Bi-annually Annually Other – give details:	
	Tracer Conditions	As per description no. 2 above	
	Minimum Data Set	BIU – Acute MDR	
	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:	
		oDaily oWeekly ou Monthly oQuarterly oBi-annually oAnnually oOther – 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:	
		Daily Dweekly	
13	KPI report period	Indicate the period to which the data applies	
		Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity)	
		Monthly in arrears (June data reported in July)	
		Quarterly in arrears (quarter 1 data reported in quarter 2)	
		Rolling 12 months (previous 12 month period)	
		Other – give details:	
14	KPI Reporting Aggregation	Indicate the level of aggregation – for example over a geographical location:	
	· · · · · · · · · · · · · · · · · · ·	√National √Regional □Hospital Group √Hospital □ CHO □ ISA □ LHO	
		\Box County \Box Institution $\sqrt{0}$ Other – give details: age band and speciality	
15	KPI is reported in which	✓ Performance Report (NSP) √CompStat □Other – give details:	
	reports ?		
	Web link to data	http://www.hse.ie/eng/services/Publications/corporate/performanceassurancereports/	
	Additional Information	ICD code disaggregation will be considered in subsequent phases of Data Quality Programme.	
	ct details for Data Manager /	Roisin breen – 085 8043250 email:Roisinbreen@rcpi.ie	
	-	Dr Emer Feely, Department of Public Health, Dr Steeven's Hospital, Dublin 8	
Speci	alist Lead	Ph: 01-6352115/ 2294 e-mail: emer.feely@hse.ie	
Nation	nal Lead and Directorate	Dr. Aine Carroll, National Director, Clinical Strategy and Programmes Directorate Tel: 01 6352322	

	Acute Division - Rheumatolog	gy 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).
		Person Centred Care DEffective Care
		Safe Care Better Health and Wellbeing Use of Information
		Workforce□Use of ResourcesYes ✓ Governance, Leadership and Management □
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	Daily Dweekly Monthly Quarterly Bi-annually Annually 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
11	KPI Monitoring	consultant post have been agreed, based on BSR recommendations KPI will be monitored on a (please indicate below) basis:
	ICT PMORIDING	Daily Weekly ~ Monthly _ Quarterly _ Bi-annually _ Annually _ Other – give details: Please indicate who is responsible for monitoring this KPI:
12	KPI Reporting Frequency	Daily Dweekly / Monthly oQuarterly Bi-annually DAnnually Dther - give details:
13	KPI report period	Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity)
		✓ Monthly
		Quarterly in arrears (quarter 1 data reported in quarter 2)
		□Rolling 12 months (previous 12 month period)
14	KPI Reporting Aggregation	
		County Institution Other – give details:
15	KPI is reported in which reports ?	□ Corporate Plan Report ✓ Performance Report (NSP/CBP) □CompStat □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.
Contac	ct details for Data Manager /	Roisin Breen – 085-8043250 email: Roisinbreen@rcpi.ie
	alist Lead	
	al 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).
		Person Centred Care Effective Care
		Safe Care D Better Health and Wellbeing D Use of Information
		Workforce Use of Resources Ø Governance, Leadership and Management Ø
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	Daily Dweekly Monthly Quarterly Bi-annually Annually 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:
		□Daily □Weekly □✔ Monthly □Quarterly □Bi-annually □Annually □Other – give details:
		Please indicate who is responsible for monitoring this KPI: Hospital Manager/ Clinical Progra
12	KPI Reporting Frequency	□Daily □Weekly √Monthly Quarterly Bi-annually □Annually □Other – give details:
13	KPI report period	Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity)
		Quarterly in arrears (quarter 1 data reported in quarter 2)
		□Rolling 12 months (previous 12 month period)
14	KPI Reporting Aggregation	☑ National ☑ Regional □ LHO Area ☑ Hospital □ County □ Institution □Other – give details:
15	KPI is reported in which reports ?	□ Corporate Plan Report ☑ Performance Report (NSP/CBP) □CompStat □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 /	Roisin Breen – 085-8043250 email: Roisinbreen@rcpi.ie
	Specialist Lead	
	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	This indicator is a key access indicator
	Indicator Classification	Please tick Indicator Classification this indicator applies to:
		Person Centred Care Effective Care Safe Care
	(National Standards for Safer	Better Health and Wellbeing Use of Information Workforce
	Better HealthCare)	☑ Use of Resources
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	Source is hospital 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:
		Daily Weekly Monthly Quarterly Bi-annually Annually 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 monitored : Daily Weekly Monthly Ø Quarterly Bi-annually Annually 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: □Daily □Weekly ☑ Monthly □Quarterly □Bi-annually □Annually □Other – give details:
13	KPI report period	Indicate the period to which the data applies Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) Monthly in arrears (June data reported in July) Quarterly in arrears (quarter 1 data reported in quarter 2)
		 Rolling 12 months (previous 12 month period) Other – give details:
14	KPI Reporting Aggregation	Indicate the level of aggregation – for example over a geographical location: □ National □ Regional □Hospital Group ☑ Hospital □ CHO □ ISA □ LHO □ County □ Institution □ Other – give details:
15	KPI is reported in which reports?	Indicate where the KPI will be reported: ☑ Performance Report (NSP) □CompStat □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 d Lead	letails for Data Manager /Specialist	Name: Edina O'Driscoll Email address: edinaodriscoll@rcpi.ie Contact Number: Derek McCormack, BIU 6201697 derek.mccormack@hse.ie
	Lead and Division	Dr. Aine Carroll, National Director, Clinical Strategy and Programmes Directorate Tel: 01 6352322
		5.7 and outfoli, Hutohar Briodoli, Olimital Oliatogy and Programmics Briodoliate Fol. 01 0002022

1	KPI title	New:Return attendance ratio
2	KPI Description	This refers to the ratio of the number of return patients seen in a Neuroology 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 indicator is a key access indicator. A high number of return appointments will limit the number of possible new appointments.
	Indiantes Classification	
	Indicator Classification	Please tick Indicator Classification this indicator applies to: Person Centred Care Effective Care Safe Care
	(National Standards for Safer	
	Better HealthCare)	Better Health and Wellbeing Use of Information Workforce Gueso Governance, Leadership and Management
4	KPI Target	Image: Use of Resources Governance, Leadership and Management NSP 2015 Target: 1:3 Sector 1:3
4 5	KPI rarget KPI Calculation	Nom 2015 Target: 1:5 Number of new attendances seen in hospital clinic
5 6	Data Source	Source is hospital PAS systems
0	Data Completeness	
	Data Quality Issues	Coverage all acute hospitals 100% All acute hospitals reporting
	Data Quality issues	
7	Data Collection Frequency	Indicate how often the data to support the KPI will be collected:
·		Daily Weekly Ø Monthly Quarterly Bi-annually Annually 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 :
		Daily Weekly I Monthly Quarterly Bi-annually Annually 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:
		Daily Weekly Monthly Quarterly Bi-annually Annually Other – give details:
13	KPI report period	Indicate the period to which the data applies
		Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity)
		······································
		☑ Monthly in arrears (June data reported in July)
		Quarterly in arrears (quarter 1 data reported in quarter 2)
		Rolling 12 months (previous 12 month period)
		□ Other – give details:
14	KPI Reporting Aggregation	Indicate the level of aggregation - for example over a geographical location:
		☑ National
		□ County □ Institution □ Other – give details:
15	KPI is reported in which reports?	Indicate where the KPI will be reported:
		☑ Performance Report (NSP) □CompStat □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 i
		subsequent phases of Data Quality Programme.
tact de	tails for Data Manager /Specialist Lead	Name: Edina O'Driscoll Email address: edinaodriscoll@rcpi.ie Contact Number: Derek
	• ·	McCormack, BIU, 6201697 derek.mccormack@hse.ie

	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:
		Person Centred Care ✓ Effective Care Safe Care
		Better Health and Wellbeing Use of Information Workforce
		☑ Use of Resources
4	KPI Target	Target 2015: inpatient – 80%
5	KPI Calculation	Numerator:Number of patient discharges which were public (adult and child) x 100
0		Denominator: Total number of patient discharges (adult and child)
6	Data Source	Sourced from Hospitals PAS systems
Ũ	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:
		Daily Dweekly Monthly Quarterly Bi-annually Annually 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> :
		□Daily □Weekly ✓ Monthly Quarterly □Bi-annually □Annually □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:
		□Daily □Weekly ☑ Monthly □Quarterly □Bi-annually □Annually □Other – give details:
13	KPI report period	Indicate the period to which the data applies
		Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity)
		☑ Monthly in arrears (June data reported in July)
		Quarterly in arrears (quarter 1 data reported in quarter 2)
		□ Rolling 12 months (previous 12 month period)
		Cher – give details:
14	KPI Reporting Aggregation	Indicate the level of aggregation – for example over a geographical location:
14	KET Keporting Aggregation	✓ National \checkmark Regional \square Hospital Group \square Hospital \square CHO \square ISA \square LHO
		County Institution Other – give details:
15	KPI is reported in which	Indicate where the KPI will be reported:
	reports?	☑ Performance Report (NSP) □CompStat □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
-	ra i Becchpien	'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:
		□ Person Centred Care ✓ Effective Care □ Safe Care
		Better Health and Wellbeing Use of Information Workforce
		,
4	KPI Target	Target 2015: day case – 80%
5	KPI Calculation	Numerator:Number of patient discharges which were public (adult and child) x 100
6	Data Cauraa	Denominator: Total number of patient discharges (adult and child)
0	Data Source Data Completeness	Sourced from Hospitals PAS systems 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:
1	Data Collection Frequency	Daily Dweekly Monthly Dquarterly DBi-annually DAnnually DOther – give details:
0	Tracer Conditions	
8	I racer 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 :
	Ter T Monitoring	Daily Weekly ✓ Monthly Quarterly Bi-annually Annually 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:
12	KFI Reporting Frequency	Daily Dweekly Monthly Dquarterly DBi-annually DAnnually DOther – give details:
13	KPI report period	
13	KPI report period	Indicate the period to which the data applies
		Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity)
		☑ Monthly in arrears (June data reported in July)
		Quarterly in arrears (quarter 1 data reported in quarter 2)
		Rolling 12 months (previous 12 month period)
		□ Other – give details:
14	KPI Reporting Aggregation	Indicate the level of aggregation – for example over a geographical location:
		✓ National ✓ Regional □Hospital Group ☑ Hospital □ CHO □ ISA □ LHO
		County Institution Other – give details:
15	KPI is reported in which	Indicate where the KPI will be reported:
-	reports?	Ø Performance Report (NSP) □CompStat □Other – give details:
16	Web link to data	http://www.hse.ie/eng/services/Publications/corporate/performanceassurancereports/
17	Additional Information	
Contact of	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.

Hosnital	Acute Division Services: Clinical Programmes	- Stroke Care
	KPI title	The percentage of acute stroke patients who spend all or some of their hospital stay in an acute or
	N T HUE	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	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
	Indicator Classification	Please tick Indicator Classification this indicator applies to:
		Person Centred Care ✓ Effective Care Safe Care
	(National Standards for Safer	□ Better Health and Wellbeing □ Use of Information □ Workforce
	Better HealthCare)	Use of Resources 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); Cerebra
		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
		This is expressed as a percentage
6	Data Source	Data for numerator will be collected through the HIPE Portal/Stroke Regsister.
	Data Completeness	Data for the denominator will be collected through HIPE and HIPE Portal/Stroke Register.
	Data Quality Issues	
		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:
1	Data Collection requeries	Daily Weekly Monthly Quarterly Bi-annually Annually 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 monitored :
		Daily Weekly Monthly Quarterly Bi-annually Annually 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:
		Daily Weekly Monthly Quarterly Bi-annually Annually 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
		Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity)
	1	
		Monthly in arrears (June data reported in July)
		✓ aQuarterly 6 MONTHS in arrears (quarter 1 data reported in quarter 3, etc.)
		 ✓ aQuarterly 6 MONTHS in arrears (quarter 1 data reported in quarter 3, etc.) □ Rolling 12 months (previous 12 month period)
	KDI Desertise Assessed	✓ aQuarterly 6 MONTHS in arrears (quarter 1 data reported in quarter 3, etc.) □ Rolling 12 months (previous 12 month period) □ Other – give details:
14	KPI Reporting Aggregation	✓ aQuarterly 6 MONTHS in arrears (quarter 1 data reported in quarter 3, etc.) □ Rolling 12 months (previous 12 month period) □ Other – give details: Indicate the level of aggregation – for example over a geographical location:
14	KPI Reporting Aggregation	✓ aQuarterly 6 MONTHS in arrears (quarter 1 data reported in quarter 3, etc.) □ Rolling 12 months (previous 12 month period) □ Other- give details: Indicate the level of acqreagation - for example over a geographical location: ✓ National ✓ Regional □Hospital Group ☑ Hospital □CH0 □ISA □ LH0
		✓ aQuarterly 6 MONTHS in arrears (quarter 1 data reported in quarter 3, etc.) □ Rolling 12 months (previous 12 month period) □ Other -give details: Indicate the level of aqurenation - for example over a geographical location: ✓ National ✓ Regional □Hospital Group ☑ Hospital □ CHO □ ISA □ LHO □ County □ Institution □ Other -give details:
14	KPI is reported in which	
15	KPI is reported in which reports?	✓ aQuarterly 6 MONTHS in arrears (quarter 1 data reported in quarter 3, etc.) □ Rolling 12 months (previous 12 month period) □ Other -give details: Indicate the level of aqurenation - for example over a geographical location: ✓ National ✓ Regional □Hospital Group ☑ Hospital □ CHO □ ISA □ LHO □ County □ Institution □ Other -give details:
	KPI is reported in which reports? Web link to data	AQuarterly 6 MONTHS in arrears (quarter 1 data reported in quarter 3, etc.) Rolling 12 months (previous 12 month period) Other – give details: Indicate the level of acqregation – for example over a accorraphical location: Vational Rolling 12 months (previous 12 month period) Other – give details: Indicate the level of acqregation – for example over a accorraphical location: Vational Vational Ocurty – institution – Other – give details: Indicate where the KPI will be reported: Performance Report (NSP) — CompStat — Other – give details:
15 16 17	KPI is reported in which reports?	
15 16 17 Contact d /Specialis	KPI is reported in which reports? Web link to data Additional Information letails for Data Manager	

		Acute Division	
2 KPI Description Confirmed acuts ischemics struke; principal diagrapsis of Constant Interaction (ICD 16) when m X SICOMMID V3 bits A-transit Thromb Oyle strukes, not spec as hemorrhage or indication (ICD 16) when m X SICOMMID V3 bits A-transit Thromb Oyle strukes, not spec as hemorrhage or indication (ICD 16) when m X SICOMMID V3 bits A-transit Thromb Oyle strukes plasmin through inducing the indicates of plasmin through inducing a distribution (ICD 16) when m X SICOMMID V3 bits A-transit of the acute and rehabilitation struke services in accordance with the national struke plasmin through inducing a distribution (ICD 16) whether acute and rehabilitation struke services in accordance with the national struke plasmin through inducing a distribution (ICD 16) whether acute and rehabilitation struke services in accordance with the national struke plasmin through inducing a distruke plasmin through inducing a distruktion (ICD 16) whether a transit struke plasmin through inducing a distruke plasmin through inducing a distruktion (ICD 16) whether a vestical information (ICD 16) whether a vestical informatin (ICD 16) whether a vestical infor	Hospital		
	1	KPI title	The percentage of patients with confirmed acute ischaemic stroke who receive thrombolysis
Indicator Classification programme (national policy and national guideline) 10 Dasses patient coses to acte streke care. 14 KP1 Target Press Enter Mediation this indicator actiles to: Define Heath and Wellengi U and a famoting of indicators (ICD IA) of stroke tare. 14 KP1 Target Not of the target is a famoting of indicator (ICD IA) of stroke care. 15 KP1 Calculation Not of the target is a famoting of indicator (ICD IA) of stroke care. 15 KP1 Calculation Numeter of National policy and strateging of Indicator (ICD IA) of stroke stroke) (ICD IA) of stroke stroke stroke stroke) (ICD IA) of stroke stroke stroke stroke stroke) (ICD IA) of stroke stroke stroke stroke stroke stroke) (ICD IA) of stroke strok	2	KPI Description	Thrombolysis: Thrombolysis is the breakdown (lysis) of blood clots by pharmacological means. It is colloquially referred to as clot bushing for this reason. It works by stimulating fibrinolysis by plasmin through infusion of analog
Indicator Classification Please bick indicator Classification this indicator applies to: (Nettories) Bit Standards for State Better Health Care) Bitter Health Care) Bitter Health Care) 4 (P) Target NSP 2015 Target. At least 9% of eligible patients with a principal diagnosis of Cerebral Infrarction (ICD I69) should receive (Inchaenic State) (ICD I69) should receive to the special beamoning or infrarction (ICD I69) should receive (Inchaenic State) (ICD I69) should receive to the special beamoning or infrarction (ICD I69) should receive (Inchaenic State) (ICD I69) should receive to the special beamoning or infrarction (ICD I69) should receive (Inchaenic State) (ICD I69) should receive to the special beamoning or infrarction (ICD I69) should receive (Inchaenic State) (ICD I69) should receive to the special base of the special state of the special base of the special state state is t	3	KPI Rationale	
Better HealthCare Die der Resture Die Under Resture Die Resture Die Under Resture Die Restu			Please tick Indicator Classification this indicator applies to:
International Control (LBS) or Stroke, not spec as haremorthage or inflatction (ICD 164) should receive thromboyis Image: Stroke (ICD 163) or Stroke, not spec as haremorthage or inflatction (ICD 164) or whom a VESI/Combined IV & Intra-Arterial Thromb Only response wareable to Treated and the special inflatction (ICD 164) or whom a VESI/Combined IV & Intra-Arterial Thromb Only response wareable to Treated and the special inflatction (ICD 164) or whom a VESI/Combined IV & Intra-Arterial Thromb Only response wareable to Treated with Thromboysis Image: Ima			
5 KPI Calculation Numerator = Number of patients with principal diagnosis of Cerebral Infraction (ISD-Bard)	4	KPI Target	(Ischaemic Stroke) (ICD I63) or Stroke, not spec as haemorrhage or infarction (ICD I64) should receive
Data Completeness List of hospitals and date of commencement of Stroke Register forwarded to BIU. Completeness of di dependent on local data input by Stroke team and HIPE coders. Completeness of di Information is 7 Data Collection Frequency Indicate how often the data to support the KPU tills collected: Information is 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 (ICD I64)FOR WIHOM A 1. YES Stroke, not spec as haemorrhage or infarction (ICD I64) Stroke, not spec as haemorrhage or Infarction (ICD I64) 9 Minimum Data Set NUMBER OF PATIENTS WITH PRINCIPAL DIAGNOSIS OF CEREBRAL INFARCTION (ICD I64)FOR WIHOM A 1. YES S. COMBINED IV & INTRA-ARTERIAL THROMB COMBINED IV & INTRA-ARTERIAL THROMB 4. COMBINED IV & INTRA-ARTERIAL THROMB ONLY RESPONSE WAS SELECTED TO TREATED WITH THROMBOLYSIS 1. YES S. COMBINED IV & INTRA-ARTERIAL THROMB 4. COMBINED IV & INTRA-ARTERIAL THROMB ONLY S. COMBINED IV & INTRA-ARTERIAL THROMB 4. COMBINED IV & INTRA-ARTERIAL THROMB ONLY S. COMBINED IV & S. COT FERTEVAL 1. YES S. COMBINED IV & S. COT FERTEVAL S. COMBINED IV & S. COT FERTEVAL	5	KPI Calculation	Numerator = Number of patients with principal diagnosis of Cerebral Infarction (Ischaemic Stroke) (ICD IGS) or Stroke, not spec as haemorthage or infarction (ICD IGA) for whom a VES/Combined IV & Intra- Arterial Thromb/Combined IV & Clot Retrieval/Intra-Arterial Thromb Only response was made to Treated with Thrombolysis? = Number of patients with principal diagnosis of Cerebral Infarction (Ischaemic Stroke) (ICD IGS) or Stroke not spec as haemorthage or infarction (ICD IG4) for whom a YES/NO/Combined IV & Intra-Arterial Thromb/Combined IV & Clot Retrieval/Thrombolysis Contraindicated/Intra-Arterial Thromboly/Stroke
Data Completeness List of hospitals and date of commencement of Stroke Register forwarded to BIU. Completeness of di dependent on local data input by Stroke team and HIPE coders. Completeness of di Information is 7 Data Collection Frequency Indicate how often the data to support the KPU tills collected: Information is 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 (ICD I64)FOR WIHOM A 1. YES Stroke, not spec as haemorrhage or infarction (ICD I64) Stroke, not spec as haemorrhage or Infarction (ICD I64) 9 Minimum Data Set NUMBER OF PATIENTS WITH PRINCIPAL DIAGNOSIS OF CEREBRAL INFARCTION (ICD I64)FOR WIHOM A 1. YES S. COMBINED IV & INTRA-ARTERIAL THROMB COMBINED IV & INTRA-ARTERIAL THROMB 4. COMBINED IV & INTRA-ARTERIAL THROMB ONLY RESPONSE WAS SELECTED TO TREATED WITH THROMBOLYSIS 1. YES S. COMBINED IV & INTRA-ARTERIAL THROMB 4. COMBINED IV & INTRA-ARTERIAL THROMB ONLY S. COMBINED IV & INTRA-ARTERIAL THROMB 4. COMBINED IV & INTRA-ARTERIAL THROMB ONLY S. COMBINED IV & S. COT FERTEVAL 1. YES S. COMBINED IV & S. COT FERTEVAL S. COMBINED IV & S. COT FERTEVAL	6	Data Source	Data for numerator and denominator will be collected through the HIPE Portal/Stroke Register.
7 Data Collection Frequency Indicate how often the data to support the KPI will be collected:			List of hospitals and date of commencement of Stroke Register forwarded to BIU. Completeness of dat
8 Tracer Conditions Cerebral Infarction (Ischaemic Stroke) (ICD 163): Stroke, not spec as haemorrhage or infarction (ICD 164) 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 THROME 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 THROME CONTRAINDICATED 6 INTRA-ARTERIAL THROME ONLY 7 CLOT RETRIEVAL ONLY 8 OTHER RESPONSE WAS SMODE TO TREATED WITH THROMBOLYSIS 10 International Comparison Yes, Royal College of Physicians UK National Sentinel Stroke Clinical Audit 2010 Round 7 Intgs/Jaudit.replondon.ac.uK/SentineBisroke/page/page.ags/Tpc-welcome 11 KPI Monitoring KPI will be monitored : Dabi/ Divelski Monthy Quarterly Bil-annually DAnnually DOther-give details: Please indicate who is responsible at a local level for monitoring this KPI: Indicate how often the KPI will be reported: Dabi/ Divelski Monthy Quarterly Bil-annually Dother-give details: Please indicate whore the top ano	7	Data Collection Frequency	Indicate how often the data to support the KPI will be collected: Daily Dweekly Monthly Quarterly DBi-annually Annually Other - give details:
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 10 International Comparison Yes, Royal College of Physicians UK National Sentinel Stroke Clinical Audit 2010 Round 7 https://audit.replondon.ac.uk/SentinelStroke/page/page.aspx?pc=welcome 11 KPI Monitoring 12 KPI Reporting Frequency Indicate how often the KPI will be reported: 10abiy UWeeky Monthy 11 KPI report period 11 KPI report period 12 KPI Reporting Aggregation 13 KPI report period Indicate th	8	Tracer Conditions	Cerebral Infarction (Ischaemic Stroke) (ICD 163);
STROKE, I(CD 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 THROME 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=welcome 11 KPI Wonitoring RESPONSE WAS MADE TO TREATED WITH THROMBOLYSIS 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: Daily UWeekly Monthly Quarterly Bi-annualy DAnnually Other – give details: Please indicate who is responsible at a local level for monitoring this KPI: 12 KPI Reporting Frequency Indicate the period to which the data applies Daily UWeekly Monthly Quarterly Bi-annually DAnnually Other – give details: 13 KPI report period Indicate the level of adarceation – for example over a geographical			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
kPI Monitoring kPI will be monitored : Dely			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
Image: Control of the set o	10	International Comparison	
12 KPI Reporting Frequency Indicate how often the KPI will be reported:	11	KPI Monitoring	Daily Weekly Monthly Quarterly Bi-annually Annually Other – give details:
13 KPI report period Indicate the period to which the data applies 13 KPI report period Indicate the period to which the data applies 14 KPI Reporting Aggregation Indicate the level of acarceation – for example over a geographical location:	12	KPI Reporting Frequency	Indicate how often the KPI will be reported:
14 KPI Reporting Aggregation Indicate the level of aggregation – for example over a geographical location:	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 anneas (June data reported in July) ✓ aQuarterly 6 MONTHS in arrears (quarter 1 data reported in quarter 3, etc.) □ Rolling 12 months (previous 12 month period)
15 KPI is reported in which reports? Indicate where the KPI will be reported: Performance Report (NSP) □CompStat □Other – give details: 16 Web link to data □ 17 Additional Information Is the data for this KPI available through Corporate Information Facility (CIF)? 20rtact details for Data Manager Name: Paul Marsden Email address: paul.marsden@hse.le 20rtact details Nume: r057 9359894 Contact	14	KPI Reporting Aggregation	Indicate the level of aggregation – for example over a geographical location: ✓ National ✓ Regional □Hospital Group ☑ Hospital □ CHO □ ISA □ LHO
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: Paul Marsden Email address: paul.marsden@hse.ie Contact details for Data Manager Specialist Lead Number: 057 935894 Contact Specialist Lead Contact details for Data Manager	15		Indicate where the KPI will be reported:
Contact details for Data Manager Name: Paul Marsden Email address: paul.marsden@hse.ie Contact Specialist Lead Number: 057 9359894		Web link to data	
Specialist Lead Number: 057 9359894			
operations Leav Intimizer, up/ 5039034 Jordenal and and Division Dr. Alan Carral National Directory Clinical Overlags and Depresenters Directory T-1: 01 0000000			Name: Paul Marsden Email address: paul.marsden@hse.ie Contact
			Dr. Aine Carroll, National Director, Clinical Strategy and Programmes Directorate Tel: 01 6352322

	I Services: Clinical Programmes		
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 strol	
		unit.	
		Acute Stroke Patient: patients with principal diagnosis of Intracerebral Haemorrhage (ICD I61); Cerebra	
		Infarction (Ischaemic Stroke) (ICD I63); Stroke, not spec as haemorrhage or infarction (ICD I64) for wh 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 fi	
		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	
3	KPI Rationale	and education/training. To monitor development of acute and rehabilitation stroke services in accordance with the national stro	
3	KPI Rationale	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 (Ischae	
		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.	
	Indicator Classification	Please tick Indicator Classification this indicator applies to: Person Centred Care Effective Care Safe Care 	
	(National Standards for Safer	Better Health and Wellbeing Use of Information Workforce	
	Better HealthCare)	Use of Resources 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 was made to Admitted to stroke un	
		HIPE Portal Dataset	
		This is expressed as a percentage.	
6	Data Source Data Completeness	Data for numerator will be collected through the HIPE Portal/Stroke Regsister. Data for the denominator will be collected through the HIPE and HIPE Portal/Stroke Register	
	Data Quality Issues		
		List of hospitals and date of commencement of Stroke Register forwarded to BIU. Completeness of c	
7	Data Collection Frequency	Indicate how often the data to support the KPI will be collected:	
		Daily Weekly Monthly Quarterly Bi-annually Annually Other – give details:	
8	Tracer Conditions	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	
		161); Cerebral Infarction (Ischaemic Stroke) (ICD 163); Stroke, not spec as haemorrhage or infarction (IC	
		164) for whom a YES response was made to Admitted to Stroke Unit on HIPE Portal Dataset and for wh	
		the admission and discharge dates to stroke unit is known.	
		Total number of hospital bed days of patients with principal diagnosis of Intracerebral Haemorrhage (10	
		161); Cerebral Infarction (Ischaemic Stroke) (ICD 163); Stroke, not spec as haemorrhage or infarction (II)	
		164) 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=welcome	
11	KPI Monitoring	KPI will be monitored :	
		Daily Weekly Monthly Quarterly Bi-annually Annually 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:	
13	KPI report period	Daily Weekly Monthly Quarterly Bi-annually Annually Other – give details: Indicate the period to which the data applies	
13	KFT report period	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)	
		✓ aQuarterly 6 MONTHS in arrears (quarter 1 data reported in quarter 3, etc.)	
		Rolling 12 months (previous 12 month period)	
		Other – give details:	
14	KPI Reporting Aggregation	Indicate the level of aggregation - for example over a geographical location:	
		✓ National ✓ Regional	
		County Institution Other – give details:	
15	KPI is reported in which	Indicate where the KPI will be reported:	
10	reports?	Performance Report (NSP) CompStat Other – give details:	
16	Web link to data		
17	Additional Information	Is the data for this KPI available through Corporate Information Excility (CIE)?	
17 htact	Additional Information details for Data Manager	Is the data for this KPI available through Corporate Information Facility (CIF)? Name: Paul Marsden Email address: paul.marsden@hse.ie Contact	

ule n	lospitals including Clinical Prog		
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	Please tick Indicator Classification this indicator applies to:	
		Person Centred Care ✓ Effective Care Safe Care	
	(National Standards for Safer Better HealthCare)	Better Health and Wellbeing Use of Information Workforce Use of Resources 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 a referred to the Heart Failure Team. (ICD 10 AM codes will be used – I50, I420, I426, I427, I429, I110)	
6	Data Source	HIPE Portal Add on Screen for Heart Failure	
	Data Completeness		
	Data Quality Issues		
-		to Prove the second state of the Review of t	
7	Data Collection Frequency	Indicate how often the data to support the KPI will be collected: Daily Dweekly Monthly Quarterly Di-annually DAnnually 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 or 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 monitored :	
		Daily Weekly Monthly Quarterly Bi-annually Annually 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: Daily Dweekly Monthly Quarterly DBi-annually DAnnually 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)	
		✓ aQuarterly 6 MONTHS in arrears (quarter 1 data reported in quarter 3, etc.)	
		Rolling 12 months (previous 12 month period)	
		Other – give details:	
14	KPI Reporting Aggregation	Indicate the level of aggregation – for example over a geographical location:	
		✓ National ✓ Regional ❑Hospital Group ☑ Hospital □ CHO □ ISA □ LHO	
		County Institution Other – give details:	
15	KPI is reported in which	Indicate where the KPI will be reported:	
	reports?	Performance Report (NSP) CompStat Other – give details:	
16	Web link to data		
17	Additional Information	Is the data for this KPI available through Corporate Information Facility (CIF)?	
ntact	details for Data Manager	Name: Email address: Contact Number:	
tional	Lead and Division	National Director Acute Hospitals Division, Dr. Steevens Hospital, Dublin 8. Tel 01-635 2000.	

	Acute Services		
Acute H	ospitals including Clinical Prog	rammes: 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	Please tick Indicator Classification this indicator applies to: □ Person Centred Care ✓ Effective Care □ Safe Care	
	(National Standards for Safer Better HealthCare)	Better Health and Wellbeing Use of Information Workforce Use of Resources 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: Daily Dweekly Monthly Quarterly Bi-annually Annually 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 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> : □Daily □Weekly Monthly □Quarterly □Bi-annually □Annually □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: □Daily □Weekly Monthly □Quarterly □Bi-annually □Annually □Other – give details:	
13	KPI report period	Indicate the period to which the data applies Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity)	
		Monthly in arrears (June data reported in July) ✓ aQuarterly 6 MONTHS in arrears (quarter 1 data reported in quarter 3, etc.) □ Rolling 12 months (previous 12 month period) □ Other – give details:	
14	KPI Reporting Aggregation	Indicate the level of aggregation – for example over a geographical location: ✓ National ✓ Regional □Hospital Group ☑ Hospital □ CHO □ ISA □ LHO □ County □ Institution □ Other – give details:	
15	KPI is reported in which reports?	Indicate where the KPI will be reported: Performance Report (NSP) □CompStat □Other – give details:	
16	Web link to data		
17	Additional Information	Is the data for this KPI available through Corporate Information Facility (CIF)?	
Contact of	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.	

	lospitals including Clinical Prog		
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 failur 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 ar seen by the heart failure programme and assessed by the lead consultant or his/her designate.	
	Indicator Classification	Please tick Indicator Classification this indicator applies to:	
	(National Standards for Safer		
	Better HealthCare)	Better Health and Wellbeing Use of Information Workforce Use of Resources 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 designate	
		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	HIPE Portal Add on Screen for Heart Failure	
	Data Completeness Data Quality Issues		
7	Data Collection Frequency	Indicate how often the data to support the KPI will be collected:	
<i>'</i>		Daily Weekly Monthly Quarterly Bi-annually Annually 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 discharge and at 3-month follow up out-patient visit.	
10	International Comparison		
11	KPI Monitoring	KPI will be monitored :	
		Daily Weekly Monthly Quarterly Bi-annually Annually 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: Daily Dweekly Monthly Quarterly DBi-annually Annually Other – give details:	
13	KPI report period	Indicate the period to which the data applies	
		Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity)	
		Monthly in arrears (June data reported in July)	
		✓ aQuarterly 6 MONTHS in arrears (quarter 1 data reported in quarter 3, etc.)	
		Rolling 12 months (previous 12 month period)	
		□ Other – give details:	
14	KPI Reporting Aggregation	Indicate the level of aggregation – for example over a geographical location:	
		✓ National 🛛 ✓ Regional ❑Hospital Group 🗹 Hospital 🗆 CHO 🗆 ISA 🗆 LHO	
		County Institution Other – give details:	
15	KPI is reported in which	Indicate where the KPI will be reported:	
	reports?	Performance Report (NSP) CompStat Other – give details:	
16	Web link to data		
17	Additional Information	Is the data for this KPI available through Corporate Information Facility (CIF)?	
	details for Data Manager	Name: Email address: Contact Number: National Director Acute Hospitals Division, Dr. Steevens Hospital, Dublin 8. Tel 01-635 2000.	

		I 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 coronar 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 cornonary 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).
	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).
3		
	Indicator Classification	Please tick Indicator Classification this indicator applies to: Person Centred Care
	(National Standards for Safer	Better Health and Wellbeing Use of Information Workforce
	Better HealthCare)	Use of Resources Governance, Leadership and Management
4	KPI Target	Target: 85%
5	KPI Calculation	
6	Data Source	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. 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 availabe for 8 out of a possible 9 hospitals for 2013 data but expected from all 9 centres for 2014 data.
7	Data Quality Issues Data Collection Frequency	Data is dependant on correct data input . □Daily □Weekly Monthly ✓Quarterly □Bi-annually □Annually □Other – give details:
8	Tracer Conditions	STEMI = ICD 10 I21.0 – I21.3 (Interpreted from medical record by Heartbeat coillators)
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 <u>monitored</u> : □Daily □Weekly Monthly ✓Quarterly □Bi-annually □Annually □Other – give details: Please indicate who is responsible at a local level for monitoring this KPI:
12	KPI Reporting Frequency	Indicate who fits responsible at a locar lever for monitoring this for r. Indicate how often the KPI will be reported: Daily
13	KPI report period	Indicate the period to which the data applies Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) Monthly in arrears (June data reported in July) Quarterly in arrears (quarter 1 data reported in quarter 2) ✓ Rolling 12 months (previous 12 month period) Q Other – give details:
14	KPI Reporting Aggregation	Indicate the level of aggregation – for example over a geographical location: ✓ National ✓ Regional □Hospital Group ☑ Hospital □ CHO □ ISA □ LHO □ County □ Institution □ Other – give details:
15	KPI is reported in which reports?	Indicate where the KPI will be reported: Imdicate where the KPI will be reported:
16	Web link to data	http://www.hse.ie/eng/services/Publications/corporate/performanceassurancereports/
	Additional Information	As reported in the Performance Report.
		Derek McCormack, BIU Acute, Tel: 01 620 1690 Email:Derek.mccormack@hse.ie
Conta	act details for Data Manager / ialist Lead	Fiachra Bane, HIPE, Tel: 045 988330 Email: fiachra.bane@hse.ie

	Acute Services	
Acut	Heenitele instrution Of	
	KPI Title	I Programmes: Acute Coronary Syndrome 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
2	RFT Description	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
		Myocaridal Infraction in patients presending with ST-segment elevation (management of)' www.escardio.org/guidelines-
		surveys/esc-guidelines/ Information is reported on for patients who present both Out of Hours and In hours (9-5 Mon to Fri).
3	KPI Rationale	International evidence supports swift restoration of blood flow to blocked coronary artery as a medical emergency. Past
		treatment has mainly been rapid thrombolysis at local hospital (TL) but newest form of treatment is emergency primary
		angioplasty (PPCI) at a PPCI Centre.
	Indicator Classification	Please tick Indicator Classification this indicator applies to:
	(National Standards for Safer	□ Person Centred Care ✓ Effective Care □ Safe Care
	Better HealthCare)	□ Better Health and Wellbeing ✓ Use of Information □ Workforce Use of Resources □ Governance, Leadership and Management
4	KPI Target	Target: a) PPCI = 80% b) Thrombolysis = 80%
	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
6	Data Source	Denominator : Total no of STEMI (or LBBB) patients who got thrombolysis A new system of electronic data collection (e-Heartbeat Portal) using HIPE portal in PCI centres commenced in 4 PPCI
0	Data Source	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
7	Data Quality Issues Data Collection Frequency	Data is dependant on correct data input and the number of hospitals will be expanded during the year. Daily Weekly Monthly Quarterly Bi-annually Annually Other – give details:
8	Tracer Conditions	STEMI = ICD 10 I21.0 – I21.3 (Interpreted from medical record by Heartbeat coillators)
9	Minimum Data Set	As set out in e-Heartebat 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?
	International Comparison	MINAP (UK) and European Society of Cardiology ACS/STEMI Guideline 2012+C64
11	KPI Monitoring	KPI will be <u>monitored</u> : □Daily □Weekly Monthly ✓Quarterly □Bi-annually □Annually □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:
13	KPI report period	Daily Weekly Monthly
10		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)
1		✓ Rolling 12 months (previous 12 month period)
14	KPI Reporting Aggregation	Other – give details: Indicate the level of aggregation – for example over a geographical location:
14		✓ National ✓ Regional □Hospital Group ☑ Hospital □ CHO □ ISA □ LHO
L		County Institution Other – give details:
15	KPI is reported in which	Performance Report (NSP) □CompStat □Other – give details:
16	reports ? Web link to data	http://www.hse.ie/eng/services/Publications/corporate/performanceassurancereports/
17	Additional Information	As reported in the performance reports.
	act details for Data Manager /	Derek McCormack, BIU Acute, Tel: 01 620 1690 Email:Derek.mccormack@hse.ie
	alist Lead nal 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		
Acute	Hospitals including Clinica	Programmes: Acute Coronary Syndrome	
	KPI Title	Mean and Median LOS and bed days for a) STEMI (or LBBB) and b) Non-STEMI patients	
	KPI Description	The mean (average) and median (mid point) Length of Stay (LOS) and be days for :	
2	Real Description	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 a 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	Please tick Indicator Classification this indicator applies to:	
		Person Centred Care ✓ Effective Care Safe Care	
	(National Standards for Safer	Better Health and Wellbeing Use of Information Workforce	
	Better HealthCare)	Use of Resources Governance, Leadership and Management	
4	KPI Target	Median target: a) Stemi (or LBBB) = 4 bed days b) NonStemi = 6 bed days	
	KPI Calculation	Count - Using the calculation for mean being average and for median with ranking and calculation of midpoint	
	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.	
		oDaily oWeekly oMonthly þQuarterly 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			
	International Comparison	Yes, MINAP (UK) and European Society of Cardiology ACS/STEMI Guideline 2012	
11	KPI Monitoring	KPI will be monitored :	
		Daily Weekly Monthly Quarterly Bi-annually Annually 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:	
		Daily Dweekly Monthly Vouarterly DBi-annually Annually Other – give details:	
13	KPI report period	Indicate the period to which the data applies	
		Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity)	
		Monthly in arrears (June data reported in July)	
		Quarterly in arrears (quarter 1 data reported in quarter 2)	
		✓ Rolling 12 months (previous 12 month period)	
		Other – give details:	
14	KPI Reporting Aggregation	Indicate the level of aggregation – for example over a geographical location:	
		✓ National ✓ Regional 🖬 Hospital Group 🗹 Hospital 🗆 CHO 🛛 ISA 🗖 LHO	
		County Institution Other – give details:	
15	KPI is reported in which	Performance Report (NSP) CompStat Other – give details:	
	reports ?		
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.	
	act details for Data Manager /	Derek McCormack, BIU Acute, Tel: 01 620 1690 Email:Derek.mccormack@hse.ie	
	alist Lead	Fiachra Bane, HIPE, Tel: 045 988330 Email: fiachra.bane@hse.ie	
Natio	nal Lead and Directorate		
		Dr. Aine Carroll, National Director, Clinical Strategy and Programmes Directorate, Tel: 01 6352322	

	Acute Services		
Ho	spital Services: Day of Procedure		
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 baseline 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% 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). Verson Centred Care Veffective Care Safe Care Better Health and Wellbeing Use of Information	
		Workforce Vuse of Resources Governance, Leadership and Management	
4 5	KPI Target KPI Calculation	Target 2015: 70% 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 Data Completeness	HIPE Data. Will be dependant on accuracy (particularly rhe coding of primary procedures) and timely completion of Hospital HIPE coding. Coverage includes all acute hospitals	
	Data Quality Issues	except specialist paediatric and maternity hospitals. Surgery Programme mapping tables	
7	Data Collection Frequency	Daily Weekly √Monthly Quarterly □Bi-annually Annually □Other – give details: Starts Jan 2014	
8	Tracer Conditions	ICD 10 Codes= International Classification of Disease (ICD) 10.	
9 10	Minimum Data Set International Comparison	HIPE recorded data for every episode for surgical admissions . 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: □Daily □Weekly √Monthly Quarterly □Bi-annually □Annually □Other – give details: Please indicate who is responsible for monitoring this KPI:Hospital Groups, Hospitals, Surgery and Anaesthesia Programmes, ISD	
12	KPI Reporting Frequency	□Daily □Weekly ✓Monthly Quarterly □Bi-annually □Annually □Other – give details:	
13	KPI report period	Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) √Monthly in arrears (June dischargs in August) Quarterly in arrears (quarter 1 data reported in quarter 2) Rolling 12 months (previous 12 month period)	
14	KPI Reporting Aggregation	 ✓ National ✓ Regional □ LHO Area ✓ Hospital ü Hospital Group □ County □ Institution yes Other – give details: hospital groups as appropriate 	
15	KPI is reported in which reports ?	√Corporate Plan Report Performance Report (NSP/CBP) √CompStat √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.	
Cont	act 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	
Natio	onal Lead and Directorate	Prof. Frank Keane, Ken Mealy, Sean Johston :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	

	spilar bervices. Day case rate for L	lective Laparoscopic Cholecystectomy
	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 leas 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 of 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:
		□ √Person Centred Care √Effective Care
	(National Standards for Safer Better HealthCare)	Better Health and Wellbeing Use of Information Workforce
		Workforce
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 dependent on accuracy (particularly the coding of primary procedures)
č	Data Completeness	and timely completion of Hospital HIPE coding. Coverage includes all acute hospitals
	Data Quality Issues	except specialist paediatric and maternity hospitals.
7	Data Collection Frequency	Indicate how often the data to support the KPI will be collected: Daily Weekly √Monthly √Quarterly □Bi-annually √Annually □Other – give details: 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 :
		Weekly Monthly Quarterly Bi-annually Annually 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:
		□Daily □Weekly ✓Monthly Quarterly □Bi-annually □Annually □Other - give details:
13	KPI report period	Indicate the period to which the data applies
		 □ Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) √ 2 Monthly in arrears (June discharges who have elective Laparoscopic Cholecystectomy as primary procedures are reported in August) □ Quarterly in arrears (quarter 1 data reported in quarter 2) □ Rolling 12 months (previous 12 month period) □ Other – give details:
14	KPI Reporting Aggregation	Indicate the level of aggregation – for example over a geographical location: ✓National ✓Regional LHO Area ✓Hospital □ County □ Institution yes Other – give details: hospital groups as appropriate
15	KPI is reported in which reports?	Indicate where the KPI will be reported: □ Corporate Plan Report ✓ Performance Report (NSP/CBP) □CompStat □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)?
Cont	act 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
Vatio	onal Lead and Division	Prof. Frank Keane, Ken Mealy, Sean Johston :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

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 an 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). Verson Centred Care Veffective Care Safe Care Better Health and Wellbeing Use of Information Workforce Ves of Resources Governance, Leadership and Management	
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 devided 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 rhe coding of primary procedures)	
	Data Completeness	and timely completion of Hospital HIPE coding. Coverage includes all acute hospitals with	
	Data Quality Issues	emergency departments and excludes specialist paediatric, specialist maternity and	
7	Data Collection Frequency	Daily Weekly √Monthly √Quarterly □Bi-annually √Annually □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: □Daily □Weekly √Monthly Quarterly □Bi-annually □Annually □Other – give details: Please indicate who is responsible for monitoring this KPI:Hospital Groups, Hospitals, Surgery and Anaesthesia Programmes, ISD	
12	KPI Reporting Frequency	□Daily □Weekly ✓Monthly Quarterly □Bi-annually □Annually □Other - give details:	
13	KPI report period	 □Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) √ 2 Monthly in arrears (June dischargs in August) □Quarterly in arrears (quarter 1 data reported in quarter 2) □Rolling 12 months (previous 12 month period) 	
14	KPI Reporting Aggregation	 ✓ National ✓ Regional □ LHO Area ✓ Hospital ü Hospital Group □ County □ Institution yes Other – give details: hospital groups as appropriate 	
15	KPI is reported in which reports ?	□ Corporate Plan Report ✓ Performance Report (NSP/CBP) □CompStat □Other – give details:	
16	Web link to data	N/A	
17 Cont	Additional Information tact 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	
Natio	onal Lead and Directorate	Prof. Frank Keane, Ken Mealy, Sean Johston :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:
		√ Person Centred Care
		Better Health and Wellbeing Use of Information Workforce
		√ Use of Resources
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.
	Data Quality 135003	
7	Data Collection Frequency	Indicate how often the data to support the KPI will be collected:
	Data concellent requeries	□Daily □Weekly √Monthly □Quarterly □Bi-annually □Annually □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 :
	Tri T Montoning	Daily Weekly V Monthly Quarterly Bi-annually Annually 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:
14		Daily Weekly Monthly Quarterly Bi-annually Annually Other – give details:
13	KPI report period	Indicate the period to which the data applies
10		Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity)
		√ Monthly in arrears (June data reported in July)
		Quarterly in arrears (quarter 1 data reported in quarter 2)
		Rolling 12 months (previous 12 month period)
		Other – give details:
14	KPI Reporting Aggregation	Indicate the level of aggregation – for example over a geographical location:
		√National √Regional □LHO Area √Hospital
		County Institution Other – give details:
15	KPI is reported in which	Indicate where the KPI will be reported:
	reports?	Corporate Plan Report Performance Report (NSP/CBP) CompStat Other – give details:
16	Web link to data	http://www.hse.ie/eng/services/Publications/corporate/performanceassurancereports/
17	Additional Information	
Cont	act details for Data Manager	Derek McCormack, BIU Acute, Tel: 01 620 1690 E:Derek.mccormack@hse.ie
Natio	onal Lead and Division	National Director Acute Hospitals Division, Dr. Steevens Hospital, Dublin 8. Tel 01-635 2000.

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
0	TA I Rationale	quality of care within a country's hospital service. Variation between hospital mortality rates can be broadly explain
		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
		quality indicators for he continuous assessment of hospital groups.
	Indicator Classification	Please tick Indicator Classification this indicator applies to:
		□ Person Centred Care ✓ Effective Care □ Safe Care
		Better Health and Wellbeing Use of Information
		•
4	KDI Torgot	
4 5	KPI Target KPI Calculation	TBC The bospital standardised mortality ratio (HSMP) is calculated using the equation:
0	KET Calculation	The hospital standardised mortality ratio (HSMR) is calculated using the equation: HSMR = [Observed number of deaths X 100]/Expected number of deaths Calculation of expected dea
		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 r
		is considered lower than the national average
6	Data Source	Data sources HIDE
6		Data source: HIPE Inclusions and exclusions All sublic baseful disebutes episodes (HIPE) subliches to the National Casemia Programme HSE is 2013 will be
	Data Completeness Data Quality Issues	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-
	Data Quality Issues	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:
	Data Concentric requeries	Daily DWeekly Monthly Quarterly Bi-annually Annually 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 :
	_	□Daily □Weekly Monthly □Quarterly Bi-annually ✓Annually □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:
		□Daily □Weekly Monthly □Quarterly Bi-annually ✓Annually □Other – give details:
13	KPI report period	Indicate the period to which the data applies
		Current (e.g. daily data reported on that same day of activity, monthly data reported within the same
		month of activity)
		Monthly in arrears (June data reported in July)
		Quarterly in arrears (quarter 1 data reported in quarter 2)
		Rolling 12 months (previous 12 month period)
		✓ Other – give details: annual
14	KPI Reporting Aggregation	Indicate the level of aggregation – for example over a geographical location:
	, , , , , , , , , , , , , , , , , , , ,	$\sqrt{\text{National}}$ $\sqrt{\text{Regional}}$ \square LHO Area $\sqrt{\text{Hospital}}$
		County Institution Other – give details:
15	KPI is reported in which	Indicate where the KPI will be reported:
	reports?	□ Corporate Plan Report ✓ Performance Report (NSP/CBP) □CompStat □Other – give details:
16	Web link to data	http://www.hse.ie/eng/services/Publications/corporate/performanceassurancereports/
17	Additional Information	
ntact c	letails for Data Manager	Name:Jennifer Martin Email address:Jennifer.martin@hse.ie Contact Number:0876111291. Howard Johnson.
	a land	
ecialis	t Lead	Email: Howard.johnson@hse.ie Contact number:01 6352040 Dr. Philip Crowley, National Director Quality and Patient Safety

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:
		Person Centred Care Effective Care Safe Care
		Better Health and Wellbeing Use of Information Workforce
		Use of Resources Governance, Leadership and Management
4	KPI Target	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 admissior (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 (0402) Diabetes Mellitus (0700) Gastro-Enterology (0800) Genitor-Urinary Medicine (1300) Neurology (1102) Transfusion Medicine (1300) Neurology (2400) Respiratory Medicine (2500) Rheumatology (2700) Infectious Diseases (2702) Tropical Infectious Diseases (2702) Tropical Infectious Diseases (3000) Rehabilitation Medicine (3002) Spinal Paralysis (5000) General Medicine (3002) Spinal Paralysis (5000) General Medicine (6700) Clinical Medicale Genetics
		(7300) Palliative Medicine
6	Data Source	Coded HIPE and uncoded PAS data
	Data Completeness	
	Data Quality Issues	
7	Data Collection Frequency	Indicate how often the data to support the KPI will be collected:
		√Daily √Weekly □ Monthly □Quarterly □Bi-annually □Annually □Other – give details:
8	Tracer Conditions	The terms/definitions which would be used to differentiate those who should be included in the data.
Ŭ		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	1
10	International Comparison	1
11	KPI Monitoring	KPI will be monitored :
		□Daily □Weekly √Monthly □Quarterly □Bi-annually □Annually □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:
		□Daily □Weekly √Monthly □Quarterly □Bi-annually □Annually □Other – give details:
13	KPI report period	Indicate the period to which the data applies
		Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity)
		Monthly in arrears (June data reported in July)
		Quarterly in arrears (quarter 1 data reported in quarter 2)
		Rolling 12 months (previous 12 month period)
		□ Other – give details:
14	KPI Reporting Aggregation	Indicate the level of aggregation – for example over a geographical location:
14	KPI Reporting Aggregation	
14	KPI Reporting Aggregation	Indicate the level of aggregation - for example over a geographical location:
		Indicate the level of aggregation – for example over a geographical location: √ National √ Regional □ LHO Area √ Hospital □ County □ Institution □ Other – give details:
14	KPI Reporting Aggregation KPI is reported in which reports?	Indicate the level of aggregation – for example over a geographical location: √ National ✓ Regional □ LHO Area ✓ Hospital □ County □ Institution □ Other – give details: Indicate where the KPI will be reported:
15	KPI is reported in which reports?	Indicate the level of aggregation – for example over a geographical location: √ National √ Regional □ LHO Area √ Hospital □ County □ Institution □ Other – give details: Indicate where the KPI will be reported: □ □ Corporate Plan Report √ Performance Report (NSP/CBP)
15 16	KPI is reported in which reports? Web link to data	Indicate the level of aggregation – for example over a geographical location: √ National ✓ Regional □ LHO Area ✓ Hospital □ County □ Institution □ Other – give details: Indicate where the KPI will be reported:
15 16 17	KPI is reported in which reports?	Indicate the level of aggregation – for example over a geographical location: √ National √ Regional □ LHO Area √ Hospital □ County □ Institution □ Other – give details: Indicate where the KPI will be reported: □ □ Corporate Plan Report √ Performance Report (NSP/CBP)

	Acute Division	
1	KPI title	Descentes of survival as admissions to the same benefit within 20 days of discharge
1		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 reates re monitored to ensure f there is not an associated inappropriate increase in vigilant HIPE coding of readmissions to surgical servcies in Ireland is considered a priority in terms of monitoring quality, the inclusion of this KPI will encourage compliance.
	Indicator Classification	Please tick Indicator Classification this indicator applies to:
	(National Standards for Safar	□√Person Centred Care □Effective Care
	(National Standards for Safer Better HealthCare)	Better Health and Wellbeing Use of Information Workforce
	Better HealthCare)	Workforce□√Use of Resources□Governance, Leadership and Management □
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) 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 √Monthly √Quarterly □Bi-annually √Annually □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 monitored :
		□Daily □Weekly √Monthly Quarterly □Bi-annually □Annually □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:
		Daily Weekly Monthly Quarterly Bi-annually Annually Other – give details:
13	KPI report period	Indicate the period to which the data applies
		Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity)
		$\sqrt{3}$ Monthly in arrears (May admissions who readmit are reported in August)
		Quarterly in arrears (quarter 1 data reported in quarter 2)
		Rolling 12 months (previous 12 month period)
		Other – give details:
14	KPI Reporting Aggregation	Indicate the level of aggregation – for example over a geographical location:
		✓National ✓Regional □LHO Area ✓ Hospital
		County Institution yes Other – give details: hospital groups as appropriate
15	KPI is reported in which	Indicate where the KPI will be reported:
	reports?	Corporate Plan Report Performance Report (NSP/CBP) CompStat 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)?
	details for Data Manager	Gerry Kelliher National Clinical Programme in Surgery gerrykelliher@rcsi.ie W: www.rcsi.ie T: 01-402-2143 M: 087-124-075
oecial	ist Lead	
	Lead and Division	Prof. Frank Keane, Ken Mealy, Sean Johston : 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)

	KDL dd.	0/ of here itals and other and other than the standard and a second term of the second s
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:
		√ Person Centred Care √ Effective Care √Safe Care
		Better Health and Wellbeing $$ Use of Information Workforce
		□ Use of Resources √ Governance, Leadership and Management
4	KPI Target	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, Portiuncla, Mayo, St James's, St Luke's, Kilkenny, Kerry General
	Data Quality Issues	
		Quality: Validated survey task should be used to measure patient experience. Sampling methods sample size researce rate
		Quality: Validated survey tools should be used, to measure patient experience. Sampling methods, sample size, response rate: 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:
		Daily Weekly Monthly Quarterly Bi-annually Annually Other – give details:
8	Tracer Conditions	
9	Minimum Data Set	
10	International Comparison	
11	KPI Monitoring	KPI will be monitored :
11	KPI Monitoring	KPI will be <u>monitored</u> : □Daily □Weekly □ Monthly □Quarterly □Bi-annually √Annually □Other – give details:
11	KPI Monitoring	Daily Weekly Monthly Quarterly Bi-annually Annually Other – give details:
11		Daily Weekly Monthly Quarterly Bi-annually Annually Other – give details: Please indicate who is responsible at a local level for monitoring this KPI: Nominated member of the senior management team
	KPI Monitoring KPI Reporting Frequency	□Daily □Weekly □ Monthly □Quarterly □Bi-annually √Annually □Other – give details: Please indicate who is responsible at a local level for monitoring this KPI: Nominated member of the senior management team of each hospital with responsibility for gathering patient feedback and reporting on patient experience
		Daily Weekly Monthly Quarterly Bi-annually Annually 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 Indicate how often the KPI will be reported:
12	KPI Reporting Frequency	□Daily □Weekly □ Monthly □Quarterly □Bi-annually √Annually □Other – give details: Please indicate who is responsible at a local level for monitoring this KPI: Nominated member of the senior management team of each hospital with responsibility for gathering patient feedback and reporting on patient experience Indicate how often the KPI will be reported: □Daily □Weekly □Monthly □Quarterly □Bi-annually √Annually □Other – give details:
12	KPI Reporting Frequency	□Daily □Weekly □ Monthly □Quarterly □Bi-annually √Annually □Other – give details: Please indicate who is responsible at a local level for monitoring this KPI: Nominated member of the senior management team of each hospital with responsibility for gathering patient feedback and reporting on patient experience Indicate how often the KPI will be reported: □Daily □Weekly □Monthly □Quarterly □Bi-annually √Annually □Other – give details: Indicate the period to which the data applies □Daily □Weekly □Monthly □Quarterly
12	KPI Reporting Frequency	□Daily □Weekly □ Monthly □Quarterly □Bi-annually √Annually □Other – give details: Please indicate who is responsible at a local level for monitoring this KPI: Nominated member of the senior management team of each hospital with responsibility for gathering patient feedback and reporting on patient experience Indicate how often the KPI will be reported: □Daily □Weekly □Monthly □Quarterly □Bi-annually √Annually □Other – give details: Indicate how often the KPI will be reported: □Daily □Weekly □Monthly □Quarterly □Bi-annually √Annually □Other – give details: Indicate the period to which the data applies □ Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) Monthly in arrears (June data reported in July) Monthly Image: State of the second condition of the secon
12	KPI Reporting Frequency	□Daily □Weekly □ Monthly □Quarterly □Bi-annually √Annually □Other – give details: Please indicate who is responsible at a local level for monitoring this KPI: Nominated member of the senior management team of each hospital with responsibility for gathering patient feedback and reporting on patient experience Indicate how often the KPI will be reported: □Daily □Weekly □Monthly □Quarterly □Bi-annually √Annually □Other – give details: Indicate how often the KPI will be reported: □Daily □Weekly □Monthly □Quarterly □Bi-annually √Annually □Other – give details: Indicate the period to which the data applies □ Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) Monthly in arrears (June data reported in July) □Quarterly in arrears (quarter 1 data reported in quarter 2)
12	KPI Reporting Frequency	□Daily □Weekly □ Monthly □Quarterly □Bi-annually √Annually □Other – give details: Please indicate who is responsible at a local level for monitoring this KPI: Nominated member of the senior management team of each hospital with responsibility for gathering patient feedback and reporting on patient experience Indicate how often the KPI will be reported: □Daily □Weekly □Monthly □Quarterly □Bi-annually √Annually □Other – give details: Indicate how often the KPI will be reported: □Daily □Weekly □Monthly □Quarterly □Bi-annually √Annually □Other – give details: Indicate the period to which the data applies □ Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) Monthly in arrears (June data reported in July) □Quarterly in arrears (quarter 1 data reported in quarter 2) □ Rolling 12 months (previous 12 month period)
12	KPI Reporting Frequency	□Daily □Weekly □ Monthly □Quarterly □Bi-annually √Annually □Other – give details: Please indicate who is responsible at a local level for monitoring this KPI: Nominated member of the senior management team of each hospital with responsibility for gathering patient feedback and reporting on patient experience Indicate how often the KPI will be reported: □Daily □Weekly □Monthly □Quarterly □Bi-annually √Annually □Other – give details: Indicate how often the KPI will be reported: □Daily □Weekly □Monthly □Quarterly □Bi-annually √Annually □Other – give details: Indicate the period to which the data applies □ Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) Monthly in arrears (June data reported in July) □Quarterly in arrears (quarter 1 data reported in quarter 2)
12	KPI Reporting Frequency	□Daily Weekly □ Monthly □Quarterly □Bi-annually √Annually □Other – give details: Please indicate who is responsible at a local level for monitoring this KPI: Nominated member of the senior management team of each hospital with responsibility for gathering patient feedback and reporting on patient experience Indicate how often the KPI will be reported: □Daily □Weekly □Monthly □Quarterly □Bi-annually √Annually □Other – give details: Indicate how often the KPI will be reported: □Daily □Weekly □Monthly □Quarterly □Bi-annually √Annually □Other – give details: Indicate the period to which the data applies □ □ Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) Monthly in arrears (June data reported in July) □ Quarterly in arrears (quarter 1 data reported in quarter 2) □ Rolling 12 months (previous 12 month period) √ √ Other – give details: Data is quarterly -in-arrears however it is reported annually. The data is collected in the quarter prior to
12	KPI Reporting Frequency KPI report period	□Daily Weekly □ Monthly □Quarterly □Bi-annually √Annually □Other – give details: Please indicate who is responsible at a local level for monitoring this KPI: Nominated member of the senior management team of each hospital with responsibility for gathering patient feedback and reporting on patient experience Indicate how often the KPI will be reported: □Daily □Weekly □Monthly □Quarterly □Bi-annually √Annually □Other – give details: Indicate the period to which the data applies □ □Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) Monthly in arrears (June data reported in July) □Quarterly in arrears (quarter 1 data reported in quarter 2) □ Rolling 12 months (previous 12 month period) √ 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)
12	KPI Reporting Frequency	□Daily Weekly □ Monthly □Quarterly □Bi-annually √Annually □Other – give details: Please indicate who is responsible at a local level for monitoring this KPI: Nominated member of the senior management team of each hospital with responsibility for gathering patient feedback and reporting on patient experience Indicate how often the KPI will be reported: □Daily □Weekly □Monthly □Quarterly □Bi-annually √Annually □Other – give details: Indicate the period to which the data applies □ □Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) Monthly in arrears (June data reported in July) □Quarterly in arrears (quarter 1 data reported in quarter 2) □ Rolling 12 months (previous 12 month period) √ 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) Indicate the level of aggregation – for example over a geographical location: Indicate other = give details
12	KPI Reporting Frequency KPI report period	□Daily Weekly □ Monthly □Quarterly □Bi-annually √Annually □Other – give details: Please indicate who is responsible at a local level for monitoring this KPI: Nominated member of the senior management team of each hospital with responsibility for gathering patient feedback and reporting on patient experience Indicate how often the KPI will be reported: □Daily □Weekly □Monthly □Quarterly □Bi-annually √Annually □Other – give details: Indicate the period to which the data applies □ □ □Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) Monthly in arrears (June data reported in July) □Quarterly in arrears (quarter 1 data reported in quarter 2) □ Rolling 12 months (previous 12 month period) √ 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) Indicate the level of aggregation – for example over a geographical location: vNational v Regional LHO Area v Hospital
12 13 14	KPI Reporting Frequency KPI report period	□Daily Weekly □ Monthly □Quarterly □Bi-annually √Annually □Other – give details: Please indicate who is responsible at a local level for monitoring this KPI: Nominated member of the senior management team of each hospital with responsibility for gathering patient feedback and reporting on patient experience Indicate how often the KPI will be reported: □Daily □Weekly □Monthly □Quarterly □Bi-annually √Annually □Other – give details: Indicate the period to which the data applies □ <
12	KPI Reporting Frequency KPI report period KPI Reporting Aggregation KPI is reported in which	□Daily □Weekly □ Monthly □Quarterly □Bi-annually √Annually □Other – give details: Please indicate who is responsible at a local level for monitoring this KPI: Nominated member of the senior management team of each hospital with responsibility for gathering patient feedback and reporting on patient experience Indicate how often the KPI will be reported: □Daily □Weekly □Monthly □Quarterly □Bi-annually √Annually □Other – give details: Indicate the period to which the data applies □ □ □ □Urrent (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) Monthly in arrears (June data reported in July) □ □ Quarterly in arrears (quarter 1 data reported in quarter 2) □ Rolling 12 months (previous 12 month period) √ √ Hother – 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) Indicate the level of aggregation – for example over a geographical location: vNational v Regional □ LHO Area v Hospital □ County □ Institution Other – give details: Indicate where the KPI will be reported:
12 13 14 15	KPI Reporting Frequency KPI report period KPI Reporting Aggregation KPI is reported in which reports?	□Daily Weekly □ Monthly □Quarterly □Bi-annually √Annually □Other – give details: Please indicate who is responsible at a local level for monitoring this KPI: Nominated member of the senior management team of each hospital with responsibility for gathering patient feedback and reporting on patient experience Indicate how often the KPI will be reported: □Daily □Weekly □Monthly □Quarterly □Bi-annually √Annually □Other – give details: Indicate the period to which the data applies □ □ □ □Urrent (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 (guarter 1 data reported in quarter 2) □ □ □ □ Rolling 12 months (previous 12 month period) √ √ √ √ 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) Indicate the level of aggregation – for example over a geographical location: ∨National ∨ Regional □ LHO Area ∨ Hospital □ County □ Institution □ Other – give details:
12 13 14 15 16	KPI Reporting Frequency KPI report period KPI Reporting Aggregation KPI is reported in which reports? Web link to data	□Daily Weekly □ Monthly □Quarterly □Bi-annually √Annually □Other – give details: Please indicate who is responsible at a local level for monitoring this KPI: Nominated member of the senior management team of each hospital with responsibility for gathering patient feedback and reporting on patient experience Indicate how often the KPI will be reported: □Daily □Weekly □Monthly □Quarterly □Bi-annually √Annually □Other – give details: Indicate the period to which the data applies □ □ □ □Urrent (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) □
12 13 14 15 <u>16</u> 17	KPI Reporting Frequency KPI report period KPI Reporting Aggregation KPI is reported in which reports? Web link to data Additional Information	□Daily Weekly □ Monthly □Quarterly □Bi-annually √Annually □Other – give details: Please indicate who is responsible at a local level for monitoring this KPI: Nominated member of the senior management team of each hospital with responsibility for gathering patient feedback and reporting on patient experience Indicate how often the KPI will be reported: □Daily □Weekly □Monthly □Quarterly □Bi-annually √Annually □Other – give details: Indicate the period to which the data applies □ □ □ □Urrent (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) □
12 13 14 15 <u>16</u> 17 Contact of	KPI Reporting Frequency KPI report period KPI report period KPI is reported in which reports? Web link to data Additional Information details for Data Manager	□Daily Weekly Monthly □Quarterly □Bi-annually √Annually □Other – give details: Please indicate who is responsible at a local level for monitoring this KPI: Nominated member of the senior management team of each hospital with responsibility for gathering patient feedback and reporting on patient experience Indicate how often the KPI will be reported: □Daily Weekly Monthly □Quarterly □Bi-annually √Annually □Other – give details: Indicate the period to which the data applies □ Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) Monthly in arrears (June data reported in July) □Quarterly in arrears (quarter 1 data reported in quarter 2) □ Rolling 12 months (previous 12 month period) √ 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) Indicate the level of aggregation – for example over a geographical location: vNational v Regional □ LHO Area v Hospital □ County □ Institution □ Other – give details: Indicate where the KPI will be reported: □ Corporate Plan Report √ Performance Report (NSP/CBP) □CompStat □Other – give details: Intre- give details: Indi
12 13 14 14 15 16 17 Contact of Specialis	KPI Reporting Frequency KPI report period KPI report period KPI is reported in which reports? Web link to data Additional Information details for Data Manager	□Daily Weekly □ Monthly □Quarterly □Bi-annually √Annually □Other – give details: Please indicate who is responsible at a local level for monitoring this KPI: Nominated member of the senior management team of each hospital with responsibility for gathering patient feedback and reporting on patient experience Indicate how often the KPI will be reported: □Daily Weekly Monthly Quarterly □Bi-annually √Annually □Other – give details: Indicate the period to which the data applies □ Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) Monthly in arrears (June data reported in July) □ Quarterly in arrears (quarter 1 data reported in quarter 2) □ Rolling 12 months (previous 12 month period) √ √ √ 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) Indicate the level of aggregation – for example over a geographical location: vNational v Regional LHO Area v Hospital □ County Institution Other – give details: Indicate where the KPI will be reported: □ Corporate Plan Report √ Performance Repo

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 failuire, 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). Person Centred Care
		Safe Care Better Health and Wellbeing ☑ Use of Information Workforce Use of Resources Governance, Leadership and Management □
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	□Daily □Weekly □Monthly □Quarterly ✓Bi-annually ✓Annually □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: □Daily □Weekly □ Monthly □Quarterly ✓Bi-annually ✓Annually □Other – give details: Please indicate who is responsible for monitoring this KPI: Dr Liam Plant, NCD, NRO.
12	KPI Reporting Frequency	□Daily □Weekly □Monthly □Quarterly ✓Bi-annually ✓Annually □Other – give details:
13	KPI report period	 □Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) □Monthly in arrears (June data reported in July) ✓ Quarterly in arrears (quarter 1 data reported in quarter 2) □Rolling 12 months (pr
14	KPI Reporting Aggregation	 ✓ National ✓ Regional ✓ LHO Area ✓ Hospital □ County □ Institution □ Other – give details:
15	KPI is reported in which reports ?	✓ Corporate Plan Report ✓ Performance Report (NSP/CBP) □CompStat □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 Mnagement System(KDCPMS) will increase the quality of data available.
	t details for Data Manager / Specialist	Pat O'Connor, General Manager, National Renal Office, T:01-6201806 E: patj.oconnor@hse.ie
Nationa	al 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
		Safe Care Better Health and Wellbeing X Use of Information
		Workforce Use of Resources Governance, Leadership and Management
4	KPI Target	Target 2015: Dialysis Modaility 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	Deta source is the twice yearly ESKD estigat Case of the Basel Units within the
	Data Completeness	Data source is the twice-yearly ESKD patient Census from each of the Renal Units within the current Network of Units.
	Data Quality Issues	
7	Data Collection Frequency	□Daily □Weekly □Monthly □Quarterly ✓Bi-annually ✓Annually □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:
	_	Daily Weekly Monthly Quarterly Vei-annually Annually Other – give
		details:
		Please indicate who is responsible for monitoring this KPI: Dr Liam Plant
12	KPI Reporting Frequency	□Daily □Weekly □Monthly □Quarterly ✓Bi-annually ✓Annually □Other – give
		details:
13	KPI report period	Current (e.g. daily data reported on that same day of activity, monthly data reported within the
		same month of activity)
		Monthly in arrears (June data reported in July)
		✓ Quarterly in arrears (quarter 1 data reported in quarter 2)
		Rolling 12 months (pr
14	KPI Reporting Aggregation	✓ National ✓ Regional ✓ LHO Area ✓ Hospital
45		County Institution Other – give details:
15	KPI is reported in which	✓ Corporate Plan Report ✓ Performance Report (NSP/CBP) □CompStat □Other – give details:
	reports ?	
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 Cliical Patient Management System(KDCPMS) will increase the
L		quality of data available.
	act details for Data Manager /	Pat O'Connor,General Manager, National Renal Office T@ 01-6201806 E:patj.oconnor@hse.ie
	ialist Lead	
Natio	nal Lead and Directorate	Dr Liam Plant, National Clinical Director, National Renal Office E:nro@hse.ie

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:
		□ Person Centred Care ✓ Effective Care □ Safe Care
		□ Better Health and Wellbeing □ Use of Information □ Workforce
		Use of Resources Governance, Leadership and Management
4	KPI Target	NSP 2015 Target: 10% reduction
5	KPI Calculation	Count of bed days lost to patients who are Delayed Discharges.
6	Data Source	National Delayed Discharge database to BIU Acute
U	Data Completeness	I valional Delayer Discharge ralabase 10 DIO Acule
	Data Quality Issues	
	Data Quality issues	
7	Data Callection Fragueney	Indicate how often the data to support the KPI will be collected:
1	Data Collection Frequency	
		√Daily □Weekly □ Monthly □Quarterly □Bi-annually □Annually □Other – give
8	Tracer Conditions	details:
_		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 monitored :
	Ũ	√□Daily □Weekly □ Monthly □Quarterly □Bi-annually □Annually □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:
		√Daily □Weekly √Monthly □Quarterly □Bi-annually □Annually □Other – give detail
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)
		$\sqrt{\text{Monthly in arrears (June data reported in July)}}$
		Quarterly in arrears (guarter 1 data reported in guarter 2)
		Rolling 12 months (previous 12 month period)
		□ Other – give details:
14	KPI Reporting Aggregation	Indicate the level of aggregation – for example over a geographical location:
17		$\sqrt{\text{National}}$ $\sqrt{\text{Regional}}$ \square LHO Area $\sqrt{\text{Hospital}}$
		\Box County \Box Institution \Box Other – give details:
15	KPI is reported in which	Indicate where the KPI will be reported:
10		□ Corporate Plan Report √ Performance Report (NSP/CBP) □CompStat □Other – give
	reports?	
16	Web link to data	details:
10	Additional Information	http://www.hse.ie/eng/services/Publications/corporate/performanceassurancereports/
	details for Data Manager	Derek McCormack, BIU Acute, Tel: 01 620 1690 E:Derek.mccormack@hse.ie
	Lead and Division	National Director Acute Hospitals Division, Dr. Steevens Hospital, Dublin 8.

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:
		Person Centred Care $$ Effective Care \square Safe Care
		Better Health and Wellbeing Use of Information Workforce
		\Box Use of Resources $\sqrt{\text{Governance, Leadership and Management}}$
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	National Delayed Discharge database to BIU Acute.
	Data Completeness	
	Data Quality Issues	
7	Data Collection Frequency	Indicate how often the data to support the KPI will be collected:
		√Daily □Weekly □ Monthly □Quarterly □Bi-annually □Annually □Other – give
		details:
8	Tracer Conditions	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
44		
11	KPI Monitoring	KPI will be <u>monitored</u> :
		√□Daily □Weekly □ Monthly □Quarterly □Bi-annually □Annually □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:
12	KFI Reporting Frequency	□Daily □Weekly √Monthly □Quarterly □Bi-annually □Annually □Other – give
		details:
13	KDI report paried	Indicate the period to which the data applies
10	KPI report period	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 (guarter 1 data reported in guarter 2)
		Rolling 12 months (previous 12 month period)
4.4		Other – give details:
14	KPI Reporting Aggregation	Indicate the level of aggregation – for example over a geographical location:
		√ National √ Regional □ LHO Area √ Hospital
4 5	IZDI in reported in which	County Institution Other – give details:
15	KPI is reported in which	Indicate where the KPI will be reported:
	reports?	□ Corporate Plan Report √ Performance Report (NSP/CBP) □ CompStat □ Other – give
40	Mah Balite dete	details:
16	Web link to data	http://www.hse.ie/eng/services/Publications/corporate/performanceassurancereports/
17 Contact	Additional Information	Darak McCormook, DILL Aguto, Tali 04 600 4600 E-Darak moormoork@hoo in
	details for Data Manager	Derek McCormack, BIU Acute, Tel: 01 620 1690 E:Derek.mccormack@hse.ie
ivational	Lead and Division	National Director Acute Hospitals Division, Dr. Steevens Hospital, Dublin 8.
		Tel 01-635 2000.

	Acute Division - EWT	
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 HSI 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 - 18ti 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:
	(Notional Standards for O-for	□ Person Centred Care □ Effective Care √ Safe Care
	(National Standards for Safer Better HealthCare)	\square Better Health and Wellbeing \square Use of Information $$ Workforce
	,	Use of Resources 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 maximu 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
	Data Quality Issues	Director of HR
		Data Completeness and any Data Quality issues
7	Data Collection Frequency	Indicate how often the data to support the KPI will be collected: □Daily □Weekly √Monthly □Quarterly □Bi-annually □Annually □Other – give details:
8	Tracer Conditions	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 :
	Re i Montoning	□Daily □Weekly √Monthly □Quarterly □Bi-annually □Annually □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: □Daily □Weekly √ Monthly □Quarterly □Bi-annually □Annually □Other – give details:
13	KPI report period	Indicate the period to which the data applies
10		□ Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity)
		Monthly in arrears (June data reported in July)
		Quarterly in arrears (quarter 1 data reported in quarter 2)
		Rolling 12 months (previous 12 month period)
		Other – give details:
14	KPI Reporting Aggregation	Indicate the level of aggregation – for example over a geographical location:
		□ National □ Regional □ Hospital Group □ Hospital □ CHO □ ISA □ LHO
		□ County □ Institution □ Other – give details: this refers to the combination of results to
45	KDI to repeated to which	provide a broader picture of performance for example over a geographical location
	KPI is reported in which	Indicate where the KPI will be reported:
15	Iron orte 0	√ Performance Report (NSP) √CompStat □Other – give details:
	reports?	http://www.bse.ie/eng/services/Publications/corporate/potformancosssurancorports/
16	Web link to data	http://www.hse.ie/eng/services/Publications/corporate/performanceassurancereports/
		http://www.hse.ie/eng/services/Publications/corporate/performanceassurancereports/ Is the data for this KPI available through Corporate Information Facility (CIF)? Include any additiona information relevant to the KPI e.g. New new collection mechanisms are being developed
<u>16</u> 17	Web link to data Additional Information	http://www.hse.le/eng/services/Publications/corporate/performanceassurancereports/ 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
16 17 contact o	Web link to data	http://www.hse.ie/eng/services/Publications/corporate/performanceassurancereports/ Is the data for this KPI available through Corporate Information Facility (CIF)? Include any additiona

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 HS 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
3	KPI Rationale	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	RP1 Kalionale	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:
	(Netional Oten dende for Orfer	Person Centred Care Effective Care Safe Care
	(National Standards for Safer Better HealthCare)	Better Health and Wellbeing □ Use of Information √ Workforce Use of Resources □ 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- 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 respect of each grade of NCHD - Intern, Senior House Officer, Registrar and Specialist / Senior Registrar - and all NCHDs.
6	Data Source	HR data provided via the Office of the National Director of HR
	Data Completeness Data Quality Issues	HR data relies on a individual hospital returns for all NCHDs employed to the Office of the National
		Director of HR. 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: □Daily □Weekly √Monthly □Quarterly □Bi-annually □Annually □Other – give
8	Tracer Conditions	details: working hours - defined as time spent on-call on-site
9	Minimum Data Set	see attached appendix
10	International Comparison KPI Monitoring	No - Ireland and Greece are only two EU states with significant non-compliance with the EWTD
	in Friending	KPI will be monitored : □Daily □Weekly √ Monthly □Quarterly □Bi-annually □Annually □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: □Daily □Weekly √Monthly □Quarterly □Bi-annually □Annually □Other – give deta
13	KPI report period	Indicate the period to which the data applies
		Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) √Monthly in arrears (June data reported in July) Quarterly in arrears (quarter 1 data reported in quarter 2) Rolling 12 months (previous 12 month period) Other – give details:
14	KPI Reporting Aggregation	Indicate the level of aggregation – for example over a geographical location: National Regional Hospital Group Hospital CHO ISA LHO County Institution Other – give details: Cho State Cho State Cho Cho State Cho Cho
15	KPI is reported in which reports?	Indicate where the KPI will be reported:
16	Web link to data	√ Performance Report (NSP) √CompStat □Other – give details: 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 bei developed
ntact	details for Data Manager	Andrew Condon, email: andrew.condon@hse.ie, tel: 0871215490
tional	Lead and Division	National Director Acute Hospitals Division, Dr. Steevens Hospital, Dublin 8. Tel 01-635 2000.

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 hosptials dealing with adult non-pregnant paitents where the NEWS is operational a defined group of patients (predominately in-patients). There is a standardised definition of implementaion 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:
		Person Centred Care Effective Care Safe Care
		\Box Better Health and Wellbeing \Box Use of Information $$ Workforce
		Use of Resources 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 reponse - 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:
		□Daily □Weekly Monthly ✓Quarterly □Bi-annually □Annually □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 :
		Daily Weekly Monthly Quarterly Bi-annually Annually Other – give detail 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:
40		Daily Dweekly Monthly Quarterly DBi-annually DAnnually DOther - give detail
13	KPI report period	Indicate the period to which the data applies Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity)
		Monthly in arrears (June data reported in July) ✓ Quarterly in arrears (guarter 1 data reported in guarter 2)
		 Rolling 12 months (previous 12 month period) Other – give details:
14	KPI Reporting Aggregation	Indicate the level of aggregation – for example over a geographical location: √National √Regional □LHO Area √Hospital
15	KPI is reported in which reports?	County □ Institution □ Other – give details: Indicate where the KPI will be reported: Corporate Plan Report √ Performance Report (NSP/CBP) □CompStat □Other – give
16	Web link to data	http://www.hse.ie/eng/services/Publications/corporate/performanceassurancereports/
17	Additional Information	
	etails 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
anal I	ead and Division	National Director Acute Hospitals Division, Dr. Steevens Hospital, Dublin 8. Tel 01-635 2000.

	KBLOD				
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 Programmein 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 deteriroating, and the significance of altered clinical observations. It also seeks to improve			
	Indicator Classification	Please tick Indicator Classification this indicator applies to:			
		□ Person Centred Care □ Effective Care √ Safe Care			
		\Box Better Health and Wellbeing \Box Use of Information $$ Workforce			
		□ Use of Resources □ 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 dire 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 reponse - 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:			
8	Tracer Conditions				
9	Minimum Data Set				
10	International Comparison				
11	KPI Monitoring	KPI will be monitored :			
	□Daily □Weekly Monthly ✓Quarterly □Bi-annually □Annually □Other – give 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:			
		□Daily □Weekly Monthly ✓Quarterly □Bi-annually □Annually □Other – give detai			
13	KPI report period	Indicate the period to which the data applies			
		Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity)			
		Monthly in arrears (June data reported in July)			
		✓ Quarterly in arrears (guarter 1 data reported in guarter 2)			
		Rolling 12 months (previous 12 month period)			
		✓ 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 hose			
14	KPI Reporting Aggregation	Indicate the level of aggregation – for example over a geographical location:			
		√ National √ Regional □ LHO Area √ Hospital □ County □ Institution □ Other – give details:			
15	KPI is reported in which	Indicate where the KPI will be reported:			
-	reports?	□ Corporate Plan Report √ Performance Report (NSP/CBP) □CompStat □Other – give			
16	Web link to data	http://www.hse.ie/eng/services/Publications/corporate/performanceassurancereports/			
17	Additional Information				
tact	details for Data Manager	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			

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

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
		address gaps identified in the assessment process.
3	KPI Rationale	In preparation for the licensing process and associated monitoring programme by HIQA against the Saf
		Better Healthcare this measure sets out to establish the level of implementation of the National Standar
		at hospital level.
	Indicator Classification	Please tick Indicator Classification this indicator applies to:
	(National Standards for Safer	Person Centred Care Effective Care Safe Care
	Better HealthCare)	Better Health and Wellbeing Use of Information Workforce
		□ Use of Resources ✓ 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;
6	Data Source	Denominator 1: The number of acute hospitals (including specialist acute hospitals. Source: Hospital
0	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:
		□Daily □Weekly Monthly ✓Quarterly □Bi-annually □Annually □Other – give
8	Tracer Conditions	N/A
0	Tracer Conditions	
9	Minimum Data Set	Quarterly data supplied by Acute Hospitals
10	International Comparison	N/A
11	KPI Monitoring	KPI will be monitored :
	The two months and two months and the two months an	□Daily □Weekly Monthly ✓Quarterly □Bi-annually □Annually □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:
		Daily Weekly Monthly Quarterly Bi-annually Annually Other – give
		details:
13	KPI report period	Indicate the period to which the data applies
		Current (e.g. daily data reported on that same day of activity, monthly data reported within the
		same month of activity)
		Monthly in arrears (June data reported in July)
		✓ Quarterly in arrears (quarter 1 data reported in quarter 2)
		Rolling 12 months (previous 12 month period)
4.4	KDI Departing Association	Other – give details:
14	KPI Reporting Aggregation	Indicate the level of aggregation – for example over a geographical location:
		√National √Regional □LHO Area √Hospital
		□ County □ Institution □ Other – give details:
15	KPI is reported in which	Indicate where the KPI will be reported:
	reports?	□ Corporate Plan Report √ Performance Report (NSP/CBP) □CompStat □Other – give
		details:
16	Web link to data	
-		http://www.hoo.io/ong/ong/ong/Dublications/comparets/southerman
17	Additional Information	http://www.hse.ie/eng/services/Publications/corporate/performanceassurancereports/ Is the data for this KPI available through Corporate Information Facility (CIF)?
	details for Data Manager	Deirdre O'Keeffe Head of Quality and Patient Safety Acute Hospitals Division Health Service Executiv
Smaol	asiano for Data Managor	Dr. Steevens Hospital Steevens Lane Dublin 8 tel 086 787 2212
	st Lead	National Director Acute Hagnitale Division, Dr. Staguare Hagnital, Dublic C
ational	Lead and Division	National Director Acute Hospitals Division, Dr. Steevens Hospital, Dublin 8. Tel 01-635 2352.

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 lunc 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	Person Centred Care ✓ Effective Care Safe Care
	Better HealthCare)	Better Health and Wellbeing Use of Information Workforce
	Bottor Hoattroare)	Use of Resources 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 ti lag associated with HIPE data
	Data Completeness	
	Data Quality Issues	
7	Data Collection Frequency	□Daily □Weekly Monthly ✓Quarterly □Bi-annually □Annually □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
		Admission typeNon day primaryDiagnosisJ40* to J47*ICD-10 codesNumber meanEvents/dischargesMedianLength of stayTotal
10	International Comparison	Yes, comparison with UK
11	KPI Monitoring	KPI will be monitored :
		□Daily □Weekly Monthly ✓Quarterly □Bi-annually □Annually □Other – give details:
		Please indicate who is responsible at a local level for monitoring this KPI: Hospital Manager/CEO
	KPI Reporting Frequency	□Daily □Weekly Monthly ✓Quarterly □Bi-annually □Annually □Other – give details:
13	KPI report period	Indicate the period to which the data applies Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity)
		Monthly in arrears (June data reported in July)
		✓ Quarterly in arrears (quarter 1 data reported in quarter 2)
		□ Rolling 12 months (previous 12 month period)
		□ Other – give details:
14	KPI Reporting Aggregation	Indicate the level of aggregation – for example over a geographical location:
		√National √Regional □ LHO Area √Hospital
		□ County □ Institution □ Other – give details:
15	KPI is reported in which	
15	reports?	Indicate where the KPI will be reported:
	reports ?	□ Corporate Plan Report √ Performance Report (NSP/CBP) □CompStat □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	Derek McCormack, BIU Acute, Tel: 01 620 1690 Email:Derek.mccormack@hse.ie
	Manager / Specialist Lead	Fiachra Bane, HIPE, Tel: 045 988330 Email: fiachra.bane@hse.ie
	National Lead and	Dr. Ciaran Browne, National Lead Acute Hospital Services, Dr. Steevens Tel: 01 635 2232 Dr Aine Carroll, Nationa Director, Clinical Strategy and Programmes Directorate. Tel: 01 635 2322.
	Directorate	

Image: space of the system 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+ye diagnosis J40°;47* 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: indicator Classification Please tick indicator Classification this indicator applies to: 4 KPI Target Use of Resources 5 KPI Calculation Number of patients with primary diagnosis of J40-47 aged 35+yrs admitted once in 90 day period a number of patients with primary diagnosis of J40-47 aged 35+yrs admitted as inpatients on more th same time period. 6 Data Source Hospital Site / HIPE Data Completeness Hospital Site / HIPE Data Collection Frequency Dolaly Weekly Monthly ✓Quarterly Bi-annually Annually Other – give hospital supplies own data 8 Tracer Conditions Age 43+yrs. IC>10 codes:J40^-J47* Bi-annually Annually Other – give Please indicate who is responsible at a local level for monitoring this KPI: Hospital Manager/CEO 11 Intermational C	
2 KPI Description Re-admission to same hospital excluding day cases – as recorded on HIPE of patients aged 35+ye 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 Sater Better Health and Wellbeing □ Use of Information. Workforce 3 KPI Target NSP 2015 Target: 24% 4 KPI Calculation Number of patients with primary diagnosis of J40-47 aged 35+yrs admitted once in 90 day period a number of patients with primary diagnosis of J40-47 aged 35+yrs admitted once in 90 day period a number of patients with primary diagnosis of J40-47 aged 35+yrs admitted once in 90 day period a pumber of patients with primary diagnosis of J40-47 aged 35+yrs admitted once in 90 day period a number of patients with primary diagnosis of J40-47 aged 35+yrs admitted once in 90 day period a pumber of patients with primary diagnosis of J40-47 aged 35+yrs admitted once in 90 day period a number of patients with primary diagnosis of J40-47 aged 35+yrs admitted as inpatients on more tristame time period. 6 Data Source Hospital Site / HIPE Data Collection Frequency Dalaiy Uwekly Monthly ✓Quarterly □Bi-annually □Annually □Other – give hospital supplies own data 8 Tracer Conditions Age 35+yrs, ICD-10 codes. Number mean Events/discharages 10 International Comparison	
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Data Completeness Hospital Site / HIPE Data Quality Issues □Daily □Weekly Monthly ✓Quarterly □Bi-annually □Annually □Other – give Additional Set Aged 35+yrs, ICD-10 codes: J40*-J47* ■ <	
Data Quality Issues □Daity □Weekly Monthly ✓Quarterly □Bi-annually □Annually □Other - give hospital supplies own data 8 Tracer Conditions Aged 35+yrs, ICD-10 codes:J40* 9 Minimum Data Set HIPE: hospital name Age + 35 Admission type Non day primary Diagnosis J40* - J47* 10 International Comparison UK - NHS 11 KPI Reporting Frequency □Daily □Weekly Monthly ✓Quarterly □Bi-annually □Annually □Other - give 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 □Annually □Other - give Please indicate who is responsible at a local level for monitoring this KPI: Hospital Manager/CEO 13 KPI report period □Daily □Weekly Monthly ✓Quarterly □Bi-annually □Annually □Other - give Indicate the period to which the data applies 14 KPI Reporting Aggregation Indicate the level of aggregation - for example over a geographical location: √ National √ Regional □ LHO Area √ Hospital 14 KPI is reported in which Indicate where the KPI will be reported:	
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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 monitored : Daily □Weekly Monthly ✓Quarterly □Bi-annually □Annually □Other – give 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 □Annually □Other – give Please indicate who is responsible at a local level for monitoring this KPI: Hospital Manager/CEO 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 activity) Monthly in arrears (June data reported in July) ✓ Quarterly in arrears (quarter 1 data reported in quarter 2) 14 KPI Reporting Aggregation Indicate the level of aggregation – for example over a geographical location: √ National √ Regional □ LHO Area √ Hospital 14 KPI is reported in which Indicate where the KPI will be reported:	
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10 International Comparison UK – NHS 11 KPI Monitoring KPI will be monitored : 12 Daily Weekly Monthly Quarterly Bi-annually Annually Other – give 12 KPI Reporting Frequency Daily Weekly Monthly Quarterly Bi-annually Annually Other – give 13 KPI report period Indicate the period to which the data applies Indicate the period to which the data applies Indicate the period to which the data applies 14 KPI Reporting Aggregation Indicate the level of aggregation – for example over a geographical location: Vational V Regional LHO Area Hospital 14 KPI is reported in which Indicate where the KPI will be reported: Other – give details: Indicate where the KPI will be reported:	
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12 KPI Reporting Frequency □ Daily □ Weekly Monthly ✓ Quarterly □ Bi-annually □ Annually □ Other – give 13 KPI report period Indicate the period to which the data applies □ □ □ Current (e.g. daily data reported on that same day of activity, monthly data reported within activity) 13 Monthly in arrears (June data reported on that same day of activity, monthly data reported within activity) Monthly in arrears (June data reported in July) 14 KPI Reporting Aggregation Indicate the level of aggregation – for example over a geographical location: 14 KPI is reported in which Indicate where the KPI will be reported:	
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□ Current (e.g. daily data reported on that same day of activity, monthly data reported within activity) Monthly in arrears (June data reported in July) ✓ Quarterly in arrears (quarter 1 data reported in quarter 2) □ Rolling 12 months (previous 12 month period) □ Other – give details: 14 KPI Reporting Aggregation Indicate the level of aggregation – for example over a geographical location: √ National √ Regional □ LHO Area √ Hospital □ County □ Institution □ Other – give details: 15 KPI is reported in which	e detalls:
□ Rolling 12 months (previous 12 month period) □ Other – give details: 14 KPI Reporting Aggregation 14 KPI Reporting Aggregation 14 KPI Reporting Aggregation 15 KPI is reported in which	n the same month of
□ Other – give details: 14 KPI Reporting Aggregation 14 KPI Reporting Aggregation 15 KPI is reported in which	
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Image: Second system Image: Second system 15 KPI is reported in which Indicate where the KPI will be reported:	
reports? □ Corporate Plan Report √ Performance Report (NSP/CBP) □ CompStat □ Other – give	
	/e 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 Derek McCormack, BIU Acute, Tel: 01 620 1690 Email:Derek.mccormack@hse.ie	
Manager / Specialist Lead Fiachra Bane, HIPE, Tel: 045 988330 Email: fiachra.bane@hse.ie	
National Lead and Dr. Ciaran Browne, National Lead Acute Hospital Services, Dr. Steevens Tel: 01 635 2232. II Director, Clinical Strategy and Programmes Directorate. Tel: 01 635 2322 II	Dr Aine Carroll, National
Director, Clinical Strategy and Programmes Directorate. Tel. 01 655 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 Cofer	□ Person Centred Care ✓ Effective Care Safe Care	
	(National Standards for Safer Better HealthCare)	Better Health and Wellbeing D Use of Information Workforce	
	Detter HealthCare)	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		
7	Data Quality Issues Data Collection Frequency	Deite DMastelle Marthly (Quartade DEinsauelle DAssuelle DOttor sins dataile	
		□Daily □Weekly Monthly ✓Quarterly □Bi-annually □Annually □Other – give details:	
8	Tracer Conditions Minimum Data Set	Acute Hospital with a COPD Programme Hospitals by name/type	
9 10	International Comparison	Yes, British Thoracic Society	
11	KPI Monitoring	KPI will be monitored :	
	TT TWO INCOMING	□Daily □Weekly Monthly ✓Quarterly □Bi-annually □Annually □Other – give details:	
		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 □Annually □Other – give details:	
13	KPI report period	Indicate the period to which the data applies	
10		Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity)	
		Monthly in arrears (June data reported in July)	
		✓ Quarterly in arrears (quarter 1 data reported in quarter 2)	
		Rolling 12 months (previous 12 month period)	
		Other – give details:	
14	KPI Reporting Aggregation	Indicate the level of aggregation – for example over a geographical location:	
		√ National √ Regional □ LHO Area √ Hospital	
		□ County □ Institution □ Other – give details:	
15	KPI is reported in which	Indicate where the KPI will be reported:	
10	reports?	· · · · · · · · · · · · · · · · · · ·	
		□ Corporate Plan Report √ Performance Report (NSP/CBP) □CompStat □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	Derek McCormack, BIU Acute, Tel: 01 620 1690 Email:Derek.mccormack@hse.ie Fiachra Bane, HIPE, Tel: 045 988330 Email: fiachra.bane@hse.ie	
	Manager / Specialist Lead		
	National Lead and	Dr. Ciaran Browne, National Lead Acute Hospital Services, Dr. Steevens Tel: 01 635 2232. Dr Aine Carroll, National	
	Directorate	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:
		□ Person Centred Care ✓ Effective Care Safe Care
	(National Standards for Safer	Better Health and Wellbeing Use of Information Workforce
	Better HealthCare)	Use of Resources Governance, Leadership and Management
4	KPI Target	NSP 2015 Target: 20/32 LHOs (63%)
	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 dependent 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	□Daily □Weekly Monthly Quarterly ✓Bi-annually □Annually □Other – give details:
8	Tracer Conditions	LHO with a structured Pulmonary Rehabilitation Programme
9	Minimum Data Set	
		LHOs Name
	International Comparison	Yes, Global Initiative for Chronic Obstructive Lung Disease (GOLD).
11	KPI Monitoring	KPI will be <u>monitored</u> :
		Daily Weekly Monthly Quarterly VBi-annually Annually Other – give details:
11	KPI Monitoring	Please indicate who is responsible at a local level for monitoring this KPI: Hospital Manager/CEO KPI will be monitored on a (please indicate below) basis:
	KETMONITOHING	oDaily oWeekly o Monthly oQuarterly b Bi-annually oAnnually oOther – give details: Please indicate who is responsible for monitoring this KPI: National COPD Programme
12	KPI Reporting Frequency	□Daily □Weekly Monthly Quarterly ✓Bi-annually □Annually □Other – give details:
	KPI report period	Indicate the period to which the data applies
10		✓ 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)
		□ Rolling 12 months (previous 12 month period)
		Other – give details:
14	KPI Reporting Aggregation	Indicate the level of aggregation – for example over a geographical location:
ļ		√ National √ Regional □ LHO Area √ Hospital
15	KPI is reported in which	County Institution Other – give details:
15	KPI is reported in which reports?	
	reports?	County Institution Other – give details: Indicate where the KPI will be reported: Corporate Plan Report √ Performance Report (NSP/CBP) □CompStat □Other – give details:
16	reports? Web link to data	County Institution Other – give details: Indicate where the KPI will be reported:
16 17	reports?	County Institution Other – give details: Indicate where the KPI will be reported: Corporate Plan Report √ Performance Report (NSP/CBP) □CompStat □Other – give details:
16 17	reports? Web link to data Additional Information Contact details for Data	County Institution Other – give details: Indicate where the KPI will be reported: Corporate Plan Report √ Performance Report (NSP/CBP) CompStat Other – give details: http://www.hse.ie/eng/services/Publications/corporate/Performance_Reports_Monthly.html
16 17	reports? Web link to data Additional Information	County Institution Other – give details: Indicate where the KPI will be reported: Corporate Plan Report √ Performance Report (NSP/CBP) CompStat Other – give details: http://www.hse.ie/eng/services/Publications/corporate/Performance_Reports_Monthly.html Derek McCormack, BIU Acute, Tel: 01 620 1690 Email:Derek.mccormack@hse.ie

	Acute Division - COPD	
	LADI TH	
2	KPI Title KPI Description	Access to structured Pulmonary Rehabilitation Programme in Acute Hospital Services 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)	□ Person Centred Care ✓ Effective Care Safe Care □ Better Health and Wellbeing □ Use of Information Workforce □ Use of Resources Governance, Leadership and Management
4	KPI Target	NSP 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 dependent on sites responding to requests for information from the programme.
	Data Completeness	
	Data Quality Issues	
7	Data Collection Frequency	□Daily □Weekly Monthly Quarterly ✓Bi-annually □Annually □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 monitored :
		□Daily □Weekly Monthly Quarterly ✓Bi-annually □Annually □Other – give details: 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 □Annually □Other – give details:
13	KPI report period	Indicate the period to which the data applies ✓ Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) 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) □ Rolling 12 months (previous 12 month period) □ Other – give details:
14	KPI Reporting Aggregation	Indicate the level of aggregation – for example over a geographical location: √National √Regional □LHO Area √Hospital □County □Institution □Other – give details:
15	KPI is reported in which reports?	Indicate where the KPI will be reported: □ Corporate Plan Report √ Performance Report (NSP/CBP) □CompStat □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	Derek McCormack, BIU Acute, Tel: 01 620 1690 Email:Derek.mccormack@hse.ie Fiachra Bane, HIPE, Tel: 045 988330 Email: fiachra.bane@hse.ie
	Manager / Specialist Lead 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

		ding Clinical Programmes - Asthma
1	KPI Title	Percentage of nurses in primary and secondary care who are trained by national asthma
	KFT Hue	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 actions are programmed.
~	KBI Detlevels	 Training is as defined by the asthma programme Completion of the Asthma Education programme is required in order to implement National Asthma Programm
3	KPI Rationale	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 Haahtela, 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:
	(National Standards for Safer	Person Centred Care Safe Care
	Better HealthCare)	Better Health and Wellbeing Use of Information Workforce
		Use of Resources Governance, Leadership and Management
4	KPI Target KPI Calculation	NSP 2015 Target: 70% Numerator is the number of nurses in ED/AMU/ PN/OOH who are trained. / Denominator is the
5	KFT Calculation	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	
7	Data Quality Issues Data Collection Frequency	Data quality issues - numbers trained can change with staff movement
'	Data Collection Frequency	□Daily □Weekly Monthly ✓Quarterly □Bi-annually □Annually □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	Similar training being carried out in other EU countries e.g. Finland
	Comparison	
11	KPI Monitoring	KPI will be monitored : □Daily □Weekly Monthly ✓Quarterly □Bi-annually □Annually □Other – give details: National
		Asthma Programme
		Please indicate who is responsible at a local level for monitoring this KPI: Hospital Manager/CEO
	KPI Reporting Frequency	□Daily □Weekly Monthly ✓Quarterly □Bi-annually □Annually □Other – give details:
13	KPI report period	Indicate the period to which the data applies Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of
		activity)
		Monthly in arrears (June data reported in July)
		✓ Quarterly in arrears (quarter 1 data reported in quarter 2)
		Rolling 12 months (previous 12 month period)
		✓ Other – give details:
14	KPI Reporting Aggregation	Indicate the level of aggregation – for example over a geographical location:
		√ National √ Regional □ LHO Area √ Hospital
15	KPI is reported in which	County Institution Other – give details: Indicate where the KPI will be reported:
15	KPI is reported in which reports?	
		□ Corporate Plan Report √ Performance Report (NSP/CBP) □CompStat □Other – give details:
16	Web link to data	http://www.hse.ie/eng/services/Publications/corporate/performanceassurancereports/
	Web link to data Additional Information	Trained staff members may move in or out of a health care facility, therefore regular confirmatio
		Trained staff members may move in or out of a health care facility, therefore regular confirmation of trained status of staff important
	Additional Information	Trained staff members may move in or out of a health care facility, therefore regular confirmation of trained status of staff important Is the data for this KPI available through Corporate Information Facility (CIF)? No
	Additional Information Contact details for	Trained staff members may move in or out of a health care facility, therefore regular confirmation of trained status of staff important 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
	Additional Information	Trained staff members may move in or out of a health care facility, therefore regular confirmation of trained status of staff important Is the data for this KPI available through Corporate Information Facility (CIF)? No

	Acute Division inclue		
1	KPI Title	Number of deaths caused by asthma annually	
2	KPI Description	Number of deaths where asthma is considered the primary ca	use of death should be reported
-		realiser of dealing where dealing is considered the primary of	
3	KPI Rationale	Asthma deaths are potentially avoidable. Effective implementation	ation of the National Asthma
		Programme should result in a dramatic reduction in asthma re	elated 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:	
		□ Person Centred Care ✓ Effective Care ✓ Safe Care	
	(National Standards for Safer Better HealthCare)	Better Health and Wellbeing Use of Information Workforce	
	,	Use of Resources 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 o	death
6	Data Source	Source - CSO	
0	Data Oburce		f Asthma Deaths methodology
			3,
		G 46 2006 2007 2008 2007	
	Data completeness		
	Data Quality Issues	Number of deaths - 2009 and 2010 data	
			validity - accuracy of death certification and
		n of c	O makes the assumption that all deaths are ertification is carried out. Differentiating
			h a validation exercise in Ireland it is unclear
		20 ple dif	ference between provisional and finalised 010 indicated 34 asthma deaths. However
			012, the number of asthma deaths in 2010
		was reported as 44, a 29% increase in deaths. The increase of reported asthm	
		data may have included delays in registration, which would therefore be a sour	ce of systematic error.
7	Data Collection	Number of deaths - 2009 and 2010 data are provisional- that awaiting	y Other – give details:
~	Frequency	inquest/coroners' reports	
8	Tracer Conditions	50 + 59 + 55 + 56 + 57	
		50 + 52 + 55 + 56 + 57 50 + 52 + 55 + 56 + 57 10 + 34 + Number of deaths	
			ng cause using ICD 10 codes J45
		ວ່ 2005 2005 2007 2008 2009 2010 ບອບ πιταίισου ματά υπ τρατιτό where astrima was the underlyi J46.	ng cause using ICD 10 codes J45
		2005 2006 2007 2008 2009 2010 Tinanseu uata on ucatis where astrina was the underlyi	ng cause using ICD 10 codes J45
		2005 2006 2007 2008 2009 2010 Tinanseu uata on ucatis where astrina was the underlyi	ng cause using ICD 10 codes J45
		2005 2006 2007 2008 2009 2010 Tinanseu uata on ucatis where astrina was the underlyi	ng cause using ICD 10 codes J45-
0		J46.	
9	Minimum Data Set	J46. Number of deaths where asthma is considered the primary ca	use of death
<u>9</u> 10	Minimum Data Set	J46.	use of death
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-	Minimum Data Set	J46. Number of deaths where asthma is considered the primary ca	use of death
-	Minimum Data Set	J46. Number of deaths where asthma is considered the primary ca	use of death
10	Minimum Data Set International	Number of deaths where asthma is considered the primary ca National Asthma Programme targets based on the experience	use of death
-	Minimum Data Set	Number of deaths where asthma is considered the primary ca National Asthma Programme targets based on the experience	use of death e of Asthma Programmes in
10	Minimum Data Set International	Number of deaths where asthma is considered the primary ca National Asthma Programme targets based on the experience Finland and British Colombia, Canada KPI will be monitored : Daily Weekly Monthly √Quarterly	use of death
10	Minimum Data Set International	Number of deaths where asthma is considered the primary ca National Asthma Programme targets based on the experience	use of death e of Asthma Programmes in y Dother – give details: National
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10	Minimum Data Set International Comparison KPI Monitoring	Finland and British Colombia, Canada KPI will be monitored : Dating Weekly Monthly √Quarterly	use of death e of Asthma Programmes in y Dother – give details: National
10	Minimum Data Set International Comparison KPI Monitoring	Finland and British Colombia, Canada KPI will be monitored : Dating Weekly Monthly √Quarterly	use of death e of Asthma Programmes in y Dother – give details: National
10	Minimum Data Set International Comparison KPI Monitoring	Finland and British Colombia, Canada KPI will be monitored : Dating Weekly Monthly √Quarterly	use of death e of Asthma Programmes in y Dother – give details: National
10	Minimum Data Set International Comparison KPI Monitoring	Finland and British Colombia, Canada KPI will be monitored : Dating Weekly Monthly √Quarterly	use of death e of Asthma Programmes in y Dother – give details: National
10	Minimum Data Set International Comparison KPI Monitoring KPI Reporting	Number of deaths where asthma is considered the primary ca National Asthma Programme targets based on the experience Finland and British Colombia, Canada KPI will be monitored : Dally UWeekly Monthly ✓Quarterly Bi-annually □Annually Asthma Programme Please indicate who is responsible at a local level for monitoring this KPI: Hos	use of death e of Asthma Programmes in y □Other – give details: National pital Manager/CEO
10	Minimum Data Set International Comparison KPI Monitoring KPI Reporting	Number of deaths where asthma is considered the primary ca National Asthma Programme targets based on the experience Finland and British Colombia, Canada KPI will be monitored : Daily Weekly Monthly Vuarterly Bi-annually Annually	use of death e of Asthma Programmes in y □Other – give details: National pital Manager/CEO
10	Minimum Data Set International Comparison KPI Monitoring KPI Reporting	Door 2007 2009 2010 2010 OCO Interest of Cearris where astrine was the underlying of the cearris where astrine astrine was the underlying of the cearris where astrine as	iuse of death e of Asthma Programmes in y Dother – give details: National pital Manager/CEO
10	Minimum Data Set International Comparison KPI Monitoring KPI Reporting	Number of deaths where asthma is considered the primary ca National Asthma Programme targets based on the experience Finland and British Colombia, Canada KPI will be monitored : Daily Weekly Monthly Vuarterly Bi-annually Annually	iuse of death e of Asthma Programmes in y Dother – give details: National pital Manager/CEO
10	Minimum Data Set International Comparison KPI Monitoring KPI Reporting	Number of deaths where asthma is considered the primary ca National Asthma Programme targets based on the experience Finland and British Colombia, Canada KPI will be monitored : Daily Weekly Monthly ✓Quarterly Bi-annually ✓Annuali Asthma Programme Please indicate who is responsible at a local level for monitoring this KPI: Hos Daily Weekly Monthly Quarterly Bi-annually YAnnuali Indicate the period to which the data applies Current (e.g. daily data reported on that same day of activity, monthly data	iuse of death e of Asthma Programmes in y Dother – give details: National pital Manager/CEO
10	Minimum Data Set International Comparison KPI Monitoring KPI Reporting	Decom soon soon soon soon soon soon soon so	iuse of death e of Asthma Programmes in y Dother – give details: National pital Manager/CEO
10	Minimum Data Set International Comparison KPI Monitoring KPI Reporting	Decom zoom zoom zoom zoom zoom zoom zoom z	iuse of death e of Asthma Programmes in y Dother – give details: National pital Manager/CEO
10	Minimum Data Set International Comparison KPI Monitoring KPI Reporting Frequency KPI report period	Decom second	iuse of death e of Asthma Programmes in y Dother – give details: National pital Manager/CEO
10	Minimum Data Set International Comparison KPI Monitoring KPI Reporting	Decision 20007 20009 2010 OCOT maniped data on deating where astimut was the underlyit J46. Number of deaths where asthma is considered the primary ca National Asthma Programme targets based on the experience National Asthma Programme targets based on the experience Pinland and British Colombia, Canada KPI will be monitored : Daily Weekly Monthly ✓Quarterly Bi-annually Annuall Asthma Programme Please indicate who is responsible at a local level for monitoring this KPI: Hosp Daily Weekly Monthly Quarterly Bi-annually ✓Annual Indicate the period to which the data applies □ Current (e.g. daily data reported on that same day of activity, monthly data activity) Quarterly in arrears (June data reported in July) Quarterly in arrears (quarter 1 data reported in quarter 2) Rolling 12 months (previous 12 month period) Yother ~ give details: Annual. Indicate the level of aggregation – for example over a geographical location:	iuse of death e of Asthma Programmes in y
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10 11 12	Minimum Data Set International Comparison KPI Monitoring KPI Reporting Frequency KPI report period	Decom zoom zoom zoom zoom zoom zoom zoom z	iuse of death e of Asthma Programmes in y
10	Minimum Data Set International Comparison KPI Monitoring KPI Reporting Frequency KPI report period	Decom zoom zoom zoom zoom zoom zoom zoom z	Iuse of death a of Asthma Programmes in y □Other – give details: National pital Manager/CEO Illy qOther – give details: ata reported within the same month of
10 11 12	Minimum Data Set International Comparison KPI Monitoring KPI Reporting Frequency KPI report period KPI Reporting Aggregation KPI is reported in which	Decom zoom zoom zoom zoom zoom zoom zoom z	Iuse of death a of Asthma Programmes in y □Other – give details: National pital Manager/CEO Illy qOther – give details: ata reported within the same month of
10 11 12 13	Minimum Data Set International Comparison KPI Monitoring KPI Reporting Frequency KPI report period KPI Reporting Aggregation KPI is reported in which	Decom zoom zoom zoom zoom zoom zoom zoom z	use of death a of Asthma Programmes in b of Asthma Programmes in y □Other – give details: National pital Manager/CEO Illy qOther – give details: ata reported within the same month of ata reported within the same month of uital □Other – give details:
10 11 12 13 14 15	Minimum Data Set International Comparison KPI Monitoring KPI Reporting KPI Reporting KPI report period KPI Reporting Aggregation KPI is reported in which reports?	Decom zoom zoom zoom zoom zoom zoom zoom z	use of death a of Asthma Programmes in b of Asthma Programmes in y □Other – give details: National pital Manager/CEO ully qOther – give details: ata reported within the same month of
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10 11 12 13 14 15	Minimum Data Set International Comparison KPI Monitoring KPI Reporting KPI Reporting KPI report period KPI Reporting Aggregation KPI is reported in which reports? Web link to data Additional Information	Decom sector sector sector sectors where astrime was the underlyit J46. Number of deaths where asthma is considered the primary ca National Asthma Programme targets based on the experience National Asthma Programme targets based on the experience Pinland and British Colombia, Canada KPI will be monitored : Daily Weekly Monthly ✓Quarterly Bi-annually Annually Asthma Programme Please indicate who is responsible at a local level for monitoring this KPI: Hast Daily Weekly Monthly Quarterly Bi-annually ✓Annually Indicate the period to which the data applies Current (e.g. daily data reported on that same day of activity, monthly data Current (e.g. daily data reported in July) Quarterly in arrears (June data reported in July) Quarterly in arrears (quarter 1 data peonted in quarter 2) Rolling 12 months (previous 12 month period) ✓Other – give details: Annual. Indicate the level of aggregation – for example over a geographical location: √ National ✓ Regional LHO Area ⊲ Hospital Courty Institution Other – give details: Indicate where the KPI will be reported: Corporate Plan Report √ Performance Report (NSP/CBP) CompSt http://www.hse.ie/eng/services/Publications/corporate Informatic <t< td=""><td>use of death a of Asthma Programmes in y □Other – give details: National pital Manager/CEO ully qOther – give details: ata reported within the same month of ata □Other – give details: ata □Other – give details: ata reported within the same month of ata □Other – give details: ata □Other – give details:</td></t<>	use of death a of Asthma Programmes in y □Other – give details: National pital Manager/CEO ully qOther – give details: ata reported within the same month of ata □Other – give details: ata □Other – give details: ata reported within the same month of ata □Other – give details: ata □Other – give details:

	Acute Division inclue	ding 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: • 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
	Indicator Classification	exacerbations, who require hospital admission, should be reduced Please tick Indicator Classification this indicator applies to:
	(National Standards for Safer Better HealthCare)	Person Centred Care Ffective Care Safe Care Better Health and Wellbeing Use of Information Workforce Use of Resources Governance, Leadership and Management
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	Daily Deekly Monthly Quarterly Di-annually Annually 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 :
	-	Daily Weekly Monthly Quarterly Bi-annually Annually 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:
13	KPI report period	Daily Weekly Monthly ✓Quarterly Bi-annually □Annually □Other – give details: Indicate the period to which the data applies Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity)
		Monthly in arrears (June data reported in July) ✓ Quarterly in arrears (quarter 1 data reported in quarter 2) □ Rolling 12 months (previous 12 month period)
14	KPI Reporting Aggregation	Other – give details: Indicate the level of aggregation – for example over a geographical location: √ National √ Regional □ LHO Area √ Hospital
15	KPI is reported in which reports?	County □ Institution □ Other – give details: Indicate where the KPI will be reported: Corporate Plan Report √ Performance Report (NSP/CBP) □CompStat □Other – give details:
16 17	Web link to data Additional Information	http://www.hse.ie/eng/services/Publications/corporate/performanceassurancereports/ Is the data for this KPI available through Corporate Information Facility (CIF)? No
Co nta ct	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
Nat ion al	Additional Information	Dr. Aine Carroll, National Director, Clinical Strategy and Programmes Directorate, Tel: 01 6352322.
	I	

	Acute Division including Clinic	al Programmes - Diabetes
	KDI THE	Descritory shows in laws link and the form Diskets
1	KPI Title	Percentage change in lower limb amputation from Diabetes
2 3	KPI Description KPI Rationale	The percentage change in lower limb amputations in patients with diabetes from the 2009 baseline 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	Please tick Indicator Classification this indicator applies to:
	(National Standards for Safer	 □ Person Centred Care ✓ Effective Care ✓ Safe Care □ Better Health and Wellbeing □ Use of Information Workforce
	Better HealthCare)	 Better Health and Wellbeing Use of Information Workforce Use of Resources 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	
	Data Completeness	HIPE
	Data Quality Issues	
7	Data Collection Frequency	□Daily □Weekly Monthly Quarterly □Bi-annually ✓Annually □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	 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	□Daily □Weekly Monthly Quarterly □Bi-annually ✓Annually □Other – give details:
12	KPI Reporting Frequency	□Daily □Weekly Monthly Quarterly □Bi-annually ✓Annually □Other – give details:
13	KPI report period	Indicate the period to which the data applies Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) Monthly in arrears (June data reported in July) Quarterly in arrears (quarter 1 data reported in quarter 2) Rolling 12 months (previous 12 month period) ✓ 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:
		√ National √ Regional □ LHO Area √ Hospital
45	IZDL is reported to subtab	County Institution Other – give details:
15	KPI is reported in which reports?	Indicate where the KPI will be reported: □ Corporate Plan Report √ Performance Report (NSP/CBP) □CompStat □Other – give details:
	Web link to data	http://www.hse.ie/eng/services/Publications/corporate/performanceassurancereports/
	Additional Information	
Speci	ict details for Data Manager / alist Lead	Dr. Orlaith O Reilly, Director of Public Health, Public Health Department, Lacken, Dublin Road, Kilkenny Phone 056 7784124 email orlaith.oreilly@hse.ie
Natio	nal Lead and Directorate	Dr. Ronan Canavan, Clinical Lead for Diabetes. Telephone No. 01 2214407

	Acute Division including Clinic	cal 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	Please tick Indicator Classification this indicator applies to:
		□ Person Centred Care ✓ Effective Care ✓ Safe Care
	(National Standards for Safer Better HealthCare)	Better Health and Wellbeing Use of Information Workforce
	Detter (lealthCare)	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	
	Data Completeness	НРЕ
	Data Quality Issues	
7	Data Collection Frequency	□Daily □Weekly Monthly Quarterly □Bi-annually ✓Annually □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	□Daily □Weekly Monthly Quarterly □Bi-annually ✓Annually □Other – give details:
12	KPI Reporting Frequency	□Daily □Weekly Monthly Quarterly □Bi-annually ✓Annually □Other – give details:
13	KPI report period	Indicate the period to which the data applies Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) Monthly in arrears (June data reported in July) Quarterly in arrears (quarter 1 data reported in quarter 2) Rolling 12 months (previous 12 month period) ✓ Other – give details: TO BE REPORTED ANNUALLY
14	KPI Reporting Aggregation	Indicate the level of aggregation – for example over a geographical location:
		√ National √ Regional ⊐ LHO Area √ Hospital
		□ County □ Institution □ Other – give details:
15	KPI is reported in which	Indicate where the KPI will be reported:
10	reports?	□ Corporate Plan Report √ Performance Report (NSP/CBP) □CompStat □Other – give details:
16	Web link to data	http://www.hse.ie/eng/services/Publications/corporate/performanceassurancereports/
	Additional Information	
	act details for Data Manager /	Dr. Orlaith O Reilly, Director of Public Health, Public Health Department, Lacken, Dublin Road, Kilkenny Phone 056
Speci	ialist Lead	7784124 email orlaith.oreilly@hse.ie
Natio	nal 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	Please tick Indicator Classification this indicator applies to:
		✓ Person Centred Care ✓ Effective Care ✓ Safe Care
	(National Standards for Safer	Better Health and Wellbeing Use of Information Workforce
	Better HealthCare)	Use of Resources Governance, Leadership and Management
	KDI Tarrat	
4	KPI Target KPI Calculation	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	HIPE
0	Data Completeness	
	Data Quality Issues	
7	Data Collection Frequency	Indicate how often the data to support the KPI will be collected:
		Daily Weekly Monthly Quarterly Bi-annually Annually
		Other – give details:
8	Tracer Conditions	None
0	Minimum Data Set	HIPE
9 10	International Comparison	Not available
10	International Companson	
11	KPI Monitoring	KPI will be monitored :
		Daily Weekly Monthly VQuarterly Bi-annually Annually
		Please indicate who is responsible at a local level for monitoring this KPI:
12	KDI Dan artiger Franzisco au	
12	KPI Reporting Frequency	Indicate how often the KPI will be reported:
		□Daily □Weekly Monthly ✓Quarterly □Bi-annually □Annually
13	KPI report period	Indicate the period to which the data applies
		Current (e.g. daily data reported on that same day of activity, monthly data
		reported within the same month of activity)
		Monthly in arrears (June data reported in July)
		✓ Quarterly in arrears (quarter 1 data reported in quarter 2)
		Rolling 12 months (previous 12 month period)
		Other – give details:
14	KPI Reporting Aggregation	Indicate the level of aggregation – for example over a geographical location:
		\sqrt{N} National \sqrt{R} Regional \square LHO Area \sqrt{H} Hospital
		\Box County \Box Institution \Box Other – give details:
15	KPI is reported in which reports?	Indicate where the KPI will be reported:
		\Box Corporate Plan Report $\sqrt{Performance Report (NSP/CBP)}$ \Box CompStat
16	Web link to data	http://www.hse.ie/eng/services/Publications/corporate/performanceassurancereports/
17	Additional Information	mp.//www.nsc.ic/eng/services/r/upilcations/corporate/performaticeassulaticetepoits/
	details for Data Manager	Fiachra Bane, HIPE, Tel: 045 988330 Email: fiachra.bane@hse.ie
Jonact	actuals for Data Manayer	Dr. Colin Doherty,
Speciali	etLoad	

	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	Please tick Indicator Classification this indicator applies to: ✓ Person Centred Care ✓ Effective Care ✓ Safe Care
	(National Standards for Safer Better HealthCare)	□ Better Health and Wellbeing □ Use of Information Workforce
	,	Use of Resources Governance, Leadership and Management
4	KPI Target	NSP 2015 Target: 10%
5	KPI Calculation	Count
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: □Daily □Weekly Monthly ✓Quarterly □Bi-annually □Annually
		□Other – give details:
8	Tracer Conditions	None
9	Minimum Data Set	HIPE
10	International Comparison	Not available
11	KPI Monitoring	KPI will be monitored :
	, , , , , , , , , , , , , , , , , , ,	Daily Weekly Monthly ✓Quarterly Bi-annually 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:
		□Daily □Weekly Monthly ✓Quarterly □Bi-annually □Annually
13	KPI report period	Indicate the period to which the data applies
		Current (e.g. daily data reported on that same day of activity, monthly data
		reported within the same month of activity)
		Monthly in arrears (June data reported in July)
		✓ Quarterly in arrears (quarter 1 data reported in quarter 2)
		Rolling 12 months (previous 12 month period)
		Other – give details:
14	KPI Reporting Aggregation	Indicate the level of aggregation – for example over a geographical location:
	1 0 00 0	\sqrt{N} National \sqrt{R} Regional \square LHO Area \sqrt{H} Hospital
		••
45		County Institution Other – give details:
15	KPI is reported in which reports?	Indicate where the KPI will be reported:
		□ Corporate Plan Report √ Performance Report (NSP/CBP) □CompStat
16	Web link to data	http://www.hse.ie/eng/services/Publications/corporate/performanceassurancereports/
17	Additional Information	
	details for Data Manager	Fiachra Bane, HIPE, Tel: 045 988330 Email: fiachra.bane@hse.ie
/Specialis		Dr Colin Doherty,
National	Lead and Division	National Director Acute Hospitals Division, Dr. Steevens Hospital, Dublin 8. Tel
		01-635 2000.

	Acute Division including Clinic	cal 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	To review usage and evaluate. To trend the usage of platelets month on month and year on year.
	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two).
		□Person Centred Care □Effective Care
	(National Standards for Safer	Safe Care Better Health and Wellbeing Use of Information
	Better HealthCare)	Workforce Use of Resources Governance, Leadership and Management
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	Each Hospital Laboratory
	Data Quality Issues	
7	Data Collection Frequency	Daily Dweekly Monthly Quarterly Bi-annually Annually 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:
		Daily Uweekly @ Monthly Quarterly Bi-annually Annually Other – give details:
		Please indicate who is responsible for monitoring this KPI: Hospital Manager
12	KPI Reporting Frequency	Daily Dweekly I Monthly Duarterly Di-annually Annually Other – give details:
13	KPI report period	Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity)
	and the second sec	☑ Monthly in arrears (June data reported in July)
		□Quarterly in arrears (quarter 1 data reported in quarter 2)
14	KPI Reporting Aggregation	☑ National □ Regional □ LHO Area ☑ Hospital
		County Institution Other – give details:
15	KPI is reported in which reports ?	Ø Performance Assurance Report (NSP) □CompStat □Other – give details:
16	Web link to data	http://www.hse.ie/eng/services/Publications/corporate/performanceassurancereports/
17	Additional Information	
	ct details for Data Manager /	Specialist Lead: Tony Finch, Chief Scientist.
	al Lead and Directorate	National Director Acute Hospitals Division, Dr. Steevens Hospital, Dublin 8. Tel 01-635 2000.

	Acute Division including Clini	cal Programmes - Blood Policy
1	KPI Title	Percentage of units of platelets outdated in the reporting period
2	KPI Description	To record the platelet usage / outdating 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).
		Person Centred Care Effective Care
		Safe Care□ Better Health and Wellbeing □Use of Information□
		Workforce□ Use of Resources☑ Governance, Leadership and Management □
4	KPI Target	NSP 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	
	Data Completeness	Each Hospital Laboratory
	Data Quality Issues	
7	Data Collection Frequency	Daily Dweekly Monthly Duarterly Bi-annually Annually 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 outdating 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 outdating figure.
10	International Comparison	Yes
11	KPI Monitoring	KPI will be monitored on a (please indicate below) basis: □Daily □Weekly ☑ Monthly □Quarterly □Bi-annually □Annually □Other – give details: Please indicate who is responsible for monitoring this KPI: Hospital Manager
12	KPI Reporting Frequency	Daily Weekly Monthly Quarterly Bi-annually Annually Other – give details:
13	KPI report period	Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) Monthly in arrears (June data reported in July) Quarterly in arrears (quarter 1 data reported in quarter 2) Rolling 12 months (pr
14	KPI Reporting Aggregation	 ☑ National □Regional □ LHO Area ☑ Hospital □ County □ Institution □Other – give details:
15	KPI is reported in which reports ?	
16	Web link to data	http://www.hse.ie/eng/services/Publications/corporate/performanceassurancereports/
17	Additional Information	
Contac	ct details for Data Manager /	Specialist Lead: Tony Finch, Chief Scientist.
Nation	al Lead and Directorate	National Director Acute Hospitals Division, Dr. Steevens Hospital, Dublin 8. Tel 01-635 2000.

Image: Safe Care Better Health and Wellbeing Use of Information 4 KPI Target NSP 2015 Target: <11% 5 KPI Calculation Total number of 0 Rhesus Negative units Total number of all red blood cells x 100 = 6 Data Source Each Hospital Laboratory Data Completeness Each Hospital Laboratory Data Completeness Each Hospital Laboratory Data Collection Frequency Daily Weekly EMonthy Duarterly Bi-annually Other – give details: 7 Data Collection Frequency Daily Weekly EMonthy Duarterly Bi-annually Other – give details: 8 Tracer Conditions The total number of 0 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 0 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 0 Rh Negative Red Cell units. 10 International Comparison No 11 KPI Monitoring KPI weekly Ø Monthly Quarterly Bi-annually Annually Other – give details: 12 KPI Repo		Acute Division including Clinical Programmes - Blood Policy	
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. 1 Indicator Classification Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two 2 KPI Rationale Minimise the % of O Rhesus Negative Care 2 Safe Care Ø Effective Care 3 KPI Target NSP 2015 Target: <11% 5 KPI Caculation Total number of O Rhesus Negative units 1 Total number of all red blood cells x 100 = 6 Data Completeness Each Hospital Laboratory Data Collection Frequency Dealy Weekly ØMonthy Duarterly Bi-annually Annually Other – give details: 7 Data Collection Frequency Dealy Weekly ØMonthy Duarterly Bi-annually Annually Other – give details: 8 Tracer Conditions The total number of O Rh Negative Red Cell units issued to be recorder. This data is collected on a monthity basis form each hospital is the total issue of all Red Cell units as a percentage of the total. 9 Minimum Data Set Core dat			
3 KPI Rationale Minimise over usage of O Rhesus negative red blood cells indicator Classification Peese tick which Indicator Classification this indicator applies to, ideally choose one dassification (in some cases you may need to choose two Defension Centred Care Safe Care Better Health and Welbeing Use of Information Workforce/Use of Resources::::::::::::::::::::::::::::::::::::	1	KPI Title	Percentage 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 Image: Classification Person Centred Care Iffective Care Safe Care Better Health and Weilbeing Use of Information Workforce/Use of Resources/Clowernance, Leadership and Management More KPI Target NSP 2015 Target: 11% 5 KPI Calculation Total number of O Resources/Clowernance, Leadership and Management Data Completeness Each Hospital Laboratory Data Quality Issue Data Concilions 7 Data Collicion Frequency Doaly Obata Quality Issue Data yourde for each hospital is the total insume of O Rh Negative Red Cell units is a precentage of the total. 9 Minimum Data Set Core data required form each hospital is the total issue of O Rh Negative Red Cell units as a percentage of the total. 10 International Comparison No 11 KPI Montoring Please indicate who is responsible for monitoring this KPI: Hospital Manager 12 KPI Reporting Frequency Doaly Weekly Zi Monthly Duarterly Bis-annually Donnually Other – give details: 13 KPI Reporting Frequency	2	KPI Description	To monitor and minimise the % of O Rhesus Negative units nationally, as a percentage of all red blood cells.
Image: State Care Deter Health and Wellbeing Use of Information 4 KPI Target NSP 2015 Target: c11% 5 KPI Calculation Total number of 0 Rhsus Negative units Total number of a Rhsus Negative units Total number of all red blood cells x 100 = 6 Data Source Each Hospital Laboratory Data Completeness 7 Data Collection Frequency Daliy Weekly ElMonthly Quarterly Di-annually Other - give details: 7 Data Collection Frequency Daliy Weekly ElMonthly Quarterly Di-annually Other - give details: 8 Tracer Conditions The total number of a Rh Negative Red Cell units issue to each hospital to be recorder. This data is collected on a monthly basis form each hospital is the total issue of all Red Cell units as a percentage of the total. 9 Ninimum Data Set Core data required from each hospital is the total issue of all Red Cell units and the associated issue of 0 Rh Negative Red Cell units. 10 International Comparison No 11 KPI Reporting Frequency Daliy Weekly El Monthly Quarterly Bi-annually Annually Other - give details: 13 KPI reporting Frequency Daliy Weekly El Monthly Quarterly <	3	KPI Rationale	Minimise over usage of O Rhesus negative red blood cells
Safe Care Better Health and Wellbeing Use of Information Workforce_Uuse of Resources[Covernance, Leadership and Management] 4 KPI Target NSP 2015 Target: <1%		Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two).
Workforce_Use of Resources_Governance, Leadership and Management			
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 Data Completeness Each Hospital Laboratory Data Quality Issues Data Collection Frequency Dalaily Weekly ⊠Monthly Quarterly Bi-nnually DAnnually DAnnually DOter – give details: 7 Data Collection Frequency Dalail IWeekly ⊠Monthly Quarterly Bi-nnually DAnnually DAter – give details: 8 Tracer Conditions The total number of OR hN segative 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 OR hN segative 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 OR h Negative Red Cell units. 10 International Comparison No 11 KPI Monitoring KPI will be monitored on a (please indicate below) basis: Please indicate who is responsible for monitoring this KPI: Hospital Manager 12 KPI Reporting Frequency Daly Weekly ⊠ Monthly Quarterly Annually Qhnually Qhter – give details: 13 KPI report period <t< td=""><td></td><td></td><td>5</td></t<>			5
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Data Completeness Each Hospital Laboratory Data Quality Issues Data Collection Frequency Dality Weekly Monthly Quarterly Bi-annually Other – give details: 7 Data Collection Frequency Dality Weekly Monthly Quarterly Bi-annually 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: Daily Weekly Ø Monthly Quarterly DB-annually Annually Other – give details: Please indicate who is responsible for monitoring this KPI: Hospital Manager 12 KPI Reporting Frequency Daily Uweekly Ø Monthly Quarterly DB-annually Annually Other – give details: 13 KPI report period Current (e.g. daily data reported in guarter 2) DRolling 12 months 14 KPI Reporting Aggregation Ø National Regional LHO Area Ø Hospital Cother – give details: 15 KPI is reported in which reports ? Ø Performance Assurance Report (NSP) CompStat DOther – give details: <td< td=""><td>5</td><td>KPI Calculation</td><td></td></td<>	5	KPI Calculation	
Data Quality Issues	6	Data Source	
Data Quality Issues Image: Conditions Image: Conditions Image: Conditions Image: Conditions 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 will be monitored on a (please indicate below) basis: 12 International Comparison 13 KPI Reporting Frequency IDaily 14 KPI Reporting Frequency IDaily 15 KPI Reporting Frequency IDaily 16 Monitoring ICurrent (e.g. daily data reported in July) 17 KPI Reporting Aggregation ICurrent (e.g. daily data reported in July) 18 KPI report period ICurrent (e.g. daily data reported in July) 19 Quarterly in arrears (lune data reported in July) IQuarterly in arrears (lune data reported in July) 19 Quarterly in arrears (quarter 1 data reported in July) IQuarterly in arrears (quarter 1 data reported in July)		Data Completeness	Each Hospital Laboratory
7 Data Collection Frequency Daily Weekly ØMonthly Quarterly Bi-annually OAnnually 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: Daily Uweekly Ø Monthly Quarterly DBi-annually DAnnually Other – give details: Please indicate who is responsible for monitoring this KPI: Hospital Manager 12 KPI Reporting Frequency Daily Uweekly Ø Monthly Quarterly DBi-annually Annually Dother – give details: Please indicate who is responsible for monitoring this KPI: Hospital Manager 13 KPI report period Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) 14 KPI Reporting Aggregation Mational DRegional LHO Area Ø Hospital County I Institution Other – give details: 15 KPI is reported in which reports ? Ø Performance Assurance Report (NSP) CompStat Dother – give details: 1		Data Quality Issues	
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:	7		Daily Dweekly Monthly Quarterly Bi-annually Annually Other – give details:
10 International Comparison No 11 KPI Monitoring KPI will be monitored on a (please indicate below) basis:	8		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
11 KPI Monitoring KPI will be monitored on a (please indicate below) basis: Daily Weekly Monthly Quarterly Bi-annually Other – give details: 12 KPI Reporting Frequency Daily Weekly Monthly Quarterly Bi-annually Other – give details: 13 KPI report period Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) Image: Monthly Image: Im	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.
Daily Weekly Monthly Quarterly Bi-annually Annually Other – give details: 12 KPI Reporting Frequency Daily Weekly Monthly Quarterly Bi-annually Annually Other – give details: 13 KPI report period Daily Weekly Monthly Quarterly Bi-annually Annually Other – give details: 13 KPI report period Dcurrent (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) ØMonthly in arrears (June data reported in July) Quarterly in arrears (quarter 1 data reported in quarter 2) Rolling 12 months 14 KPI Reporting Aggregation Ø National Regional LHO Area Hospital 15 KPI is reported in which reports ? Ø Performance Assurance Report (NSP) CompStat Other – give details: 16 Web link to data http://www.hse.ie/eng/services/Publications/corporate/performanceassurancereports/ Additional Information 17 Additional Information Specialist Lead: Tony Finch, Chief Scientist. Specialist Lead: Tony Finch, Chief Scientist.	10	International Comparison	No
Please indicate who is responsible for monitoring this KPI: Hospital Manager 12 KPI Reporting Frequency Daily Weekly Ø Monthly Quarterly Bi-annually Annually Other – give details: 13 KPI report period Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) Ø Monthly in arrears (June data reported in July) Quarterly in arrears (quarter 1 data reported in quarter 2) Image: Reporting Aggregation Ø National Regional LHO Area Mospital 14 KPI reporting Aggregation Ø National Regional LHO Area Mospital 15 KPI is reported in which reports ? Ø Performance Assurance Report (NSP) CompStat Other – give details: 16 Web link to data http://www.hse.ie/eng/services/Publications/corporate/performanceassurancereports/ 17 Additional Information Specialist Lead: Tony Finch, Chief Scientist.	11	KPI Monitoring	
12 KPI Reporting Frequency Daily Weekly Ø Monthly Quarterly Bi-annually Annually Other – give details: 13 KPI report period Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) 13 KPI report period Current (e.g. daily data reported in July) Quarterly in arrears (June data reported in quarter 2) 14 KPI Reporting Aggregation Ø National Regional LHO Area Ø Hospital 14 KPI is reported in which reports ? Ø Performance Assurance Report (NSP) CompStat Other – give details: 15 KPI is reported in which reports ? Ø Performance Assurance Report (NSP) CompStat Other – give details: 16 Web link to data http://www.hse.ie/eng/services/Publications/corporate/performanceassurancereports/ Additional Information 77 Additional Information Specialist Lead: Tony Finch, Chief Scientist. Specialist Lead: Tony Finch, Chief Scientist.			
Image: Second	12	KPI Reporting Frequency	
Image: Context details for Data Manager / Image: Context details for Data Manager / Image: Context details for Data Manager /	13	KPI report period	Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity)
Image: Context details for Data Manager / Image: Context details for Data Manager / Image: Context details for Data Manager /			ZMonthly in arrears (June data reported in July)
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14 KPI Reporting Aggregation Ø National Regional LHO Area Ø Hospital 15 KPI is reported in which reports ? Ø Performance Assurance Report (NSP) CompStat Other – give details: 16 Web link to data http://www.hse.ie/eng/services/Publications/corporate/performanceassurancereports/ 17 Additional Information Specialist Lead: Tony Finch, Chief Scientist.			
15 KPI is reported in which reports ? ☑ Performance Assurance Report (NSP) □CompStat □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.	14	KPI Reporting Aggregation	
15 KPI is reported in which reports ? ☑ Performance Assurance Report (NSP) □CompStat □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.			□ County □ Institution □ Other – give details:
17 Additional Information 10 Contact details for Data Manager / Specialist Lead: Tony Finch, Chief Scientist.	15	KPI is reported in which reports ?	
17 Additional Information Contact details for Data Manager / Specialist Lead: Tony Finch, Chief Scientist.	16	Web link to data	http://www.hse.ie/eng/services/Publications/corporate/performanceassurancereports/
Contact details for Data Manager / Specialist Lead: Tony Finch, Chief Scientist.	17	Additional Information	
	Conta		Specialist Lead: Tony Finch, Chief Scientist.
Invalional Leaving Previous Contraction Acute Respirate Division, Dr. Steevens Rospiral, Dublin 6. 16101-033 2000		al Lead and Directorate	National Director Acute Hospitals Division, Dr. Steevens Hospital, Dublin 8. Tel 01-635 2000.

	Acute Division including Clini	cal 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 outdating.
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).
		Person Centred Care Effective Care
		Safe Care Better Health and Wellbeing Use of Information
		Workforce□ Use of Resources Ø 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 Total red cell units x 100 = %
6	Data Source	
	Data Completeness	Each Hospital Laboratory
	Data Quality Issues	
7	Data Collection Frequency	Daily Dweekly I Monthly Quarterly Bi-annually Annually 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: □Daily □Weekly ☑ Monthly □Quarterly □Bi-annually □Annually □Other – give details: Please indicate who is responsible for monitoring this KPI: Hospital Manager
12	KPI Reporting Frequency	Daily Weekly I Monthly Quarterly Bi-annually Annually Other - give details:
13	KPI report period	Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) Monthly in arrears (June data reported in July) Quarterly in arrears (quarter 1 data reported in quarter 2) Rolling 12 months (pr
14	KPI Reporting Aggregation	☑ National □Regional □LHO Area ☑ Hospital □ County □ Institution □Other – give details:
15	KPI is reported in which reports ?	Performance Assurance Report (NSP) CompStat Other – give details:
16	Web link to data	http://www.hse.ie/eng/services/Publications/corporate/performanceassurancereports/
	Additional Information	http://www.hse.ie/eng/services/Publications/corporate/performanceassurancereports/
17		http://www.hse.le/eng/services/Publications/corporate/performanceassurancereports/ Specialist Lead: Tony Finch, Chief Scientist.

	Acute Division including Clini	cal 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 outdating monthly.
3	KPI Rationale	To review outdating 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).
		Person Centred Care Effective Care
		Safe Care Better Health and Wellbeing Use of Information
		Workforce √Use of Resources□Governance, Leadership and Management □
4	KPI Target	NSP 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	
	Data Completeness	Each Hospital Laboratory
	Data Quality Issues	7
7	Data Collection Frequency	Daily Dweekly Monthly Quarterly Di-annually Annually 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 outdating figures.
10	International Comparison	No
11	KPI Monitoring	KPI will be monitored on a (please indicate below) basis: □Daily □Weekly ☑ Monthly □Quarterly □Bi-annually □Annually □Other – give details: Please indicate who is responsible for monitoring this KPI: Hospital Manager
12	KPI Reporting Frequency	Daily Dweekly Monthly Quarterly Di-annually Annually Other – give details:
13	KPI report period	□Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) ☑ Monthly in arrears (June data reported in July) □Quarterly in arrears (quarter 1 data reported in quarter 2) □Rolling 12 months
14	KPI Reporting Aggregation	Ø National □Regional □LHO Area Ø Hospital □ County □ Institution □Other – give details:
15	KPI is reported in which reports ?	Performance Assurance Report (NSP) CompStat Other – give details:
16	Web link to data	http://www.hse.ie/eng/services/Publications/corporate/performanceassurancereports/
	Additional Information	
	ct details for Data Manager /	Specialist Lead: Tony Finch, Chief Scientist.
ation	al Lead and Directorate	National Director Acute Hospitals Division, Dr. Steevens Hospital, Dublin 8. Tel 01-635 2000.

	Acute Division including Clini	cal 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). Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two). Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two). Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two). Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two). Please tick which Indicator Classification (in some cases you may need to choose two). Please tick which Indicator Classification (in some cases you may need to choose two). Please tick which Indicator Classification (in some cases you may need to choose two). Please tick which Indicator Classification (in some cases you may need to choose two). Please tick which Indicator Classification (in some cases you may need to choose two). Please tick which Indicator Classification (in some cases you may need to choose two). Please tick which Indicator Classification (in some cases you may need to choose two). Please tick which Indicator Classification (in some cases you may need to choose two). Please tick which Indicator (in the some cases you may need to choose two). Please tick which Indicator (in the some cases you may need to choose two). Please tick which Indicator (in the some cases you may need to choose two). Please tick which Indicator (in the some cases you may need to choose two). Please tick which Indicator (in the some cases you may need to choose two). Please tick which Indicator (in the some cases you may need to choose two). Please tick which Indicator (in the some cases you may need to choose two). Please tick which Indicator (in the some cases you may nee
		Safe Care Better Health and Wellbeing Use of Information
		Workforce□Use of Resources□Governance, Leadership and Management □
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	Daily Dweekly Monthly Quarterly Di-annually Annually 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	 The level of urgency assigned to the referral by the cancer centre. 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: □Daily □Weekly Quarterly ☑ Monthly □Bi-annually □Annually □Other – give details: Please indicate who is responsible for monitoring this KPI:NCCP/Cancer Network Managers
12	KPI Reporting Frequency	Daily Dweekly Quarterly Monthly Bi-annually Annually Other – give details:
13	KPI report period	Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) Monthly in arrears (June data reported in July) Quarterly Rolling 12 months (previous 12 month period)
14	KPI Reporting Aggregation	☑ National □ Regional □ LHO Area □ Hospital □ County □ Institution ☑ Other – give details: Cancer Centre
15	KPI is reported in which reports ?	Corporate Plan Report ✓ Performance Report (NSP/CBP) CompStat 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.higa.ie/system/files/Symptomatic_breast_Disease_Standards.pdf
ontac	t details for Data Manager /	Dr. Deirdre Murray, NCCP Tel: 021 4927601 Email: DeirdreE.Murray@hse.ie
necia	list Lead	
	al Lead and Division	Dr. Susan O'Reilly, National Director, NCCP Tel: 01 8287100

	Acute Division including Clini	ical Programmes - Symptomatic Breast Cancer Services
	1	
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). Person Centred Care Effective Care
		Safe Care 🗹 Better Health and Wellbeing 🗆 Use of Information
		Workforce Use of Resources Governance, Leadership and Management
4	KPI Target	NSP 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	Daily Dweekly &Monthly Duarterly Bi-annually Annually 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	 The level of urgency assigned to the referral by the cancer centre. 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: □Daily □Weekly oQuarterly ☑ Monthly □Bi-annually □Annually □Other – give details: Please indicate who is responsible for monitoring this KPI: N <u>CCP Cancer Network Managers</u>
12	KPI Reporting Frequency	Daily Dweekly Quarterly Monthly Bi-annually Annually Other – give details:
13	KPI report period	Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) Quarterly Monthly in arrears (June data reported in July)Quarterly Rolling 12 months (previous 12 month period)
14	KPI Reporting Aggregation	☑ National □ Regional □ LHO Area □ Hospital □ County □ Institution ☑ Other – give details: Cancer Centre
15	KPI is reported in which reports ?	Performance Assurance Report (NSP) CompStat 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.higa.ie/system/files/Symptomatic_breast_Disease_Standards.pdf
	ct details for Data Manager /	Dr. Deirdre Murray, NCCP Tel: 021 4927601 Email: DeirdreE.Murray@hse.ie
	al Lead and Division	Dr. Susan O'Reilly, National Director, NCCP Tel: 01 8287100

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 1 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). ✓ Person Centred Care Effective Care
		Safe Care Better Health and Wellbeing Use of Information
		Workforce□Use of Resources□Governance, Leadership and Management □
4	KPI Target	NSP 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	Daily Dweekly D Quarterly Monthly Bi-annually Annually 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	 The date of receipt of the referral letter in the cancer centre. The level of urgency assigned to the referral by the cancer centre. The date of the first appointment offered to the patient 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: □Daily □Weekly ☑ Monthly □Quarterly □Bi-annually □Annually □Other – give details: Please indicate who is responsible for monitoring this KPI:
12	KPI Reporting Frequency	Daily Dweekly Quarterly Monthly Monthly Bi-annually Annually Other – give details:
13	KPI report period	Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) Quarterly Monthly in arrears (June data reported in July) Rolling 12 months (previous 12 month period)
14	KPI Reporting Aggregation	☑ National □ LHO Area □ Hospital □ County □ Institution ☑ Other – give details: Cancer Centre
15	KPI is reported in which reports ?	Performance Assurance Report (NSP) CompStat 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.
onta	ct details for Data Manager /	Dr. Deirdre Murray, NCCP Tel: 021 4927601 Email: DeirdreE.Murray@hse.ie
ation	al Lead and Division	Dr. Susan O'Reilly, National Director, NCCP Tel: 01 8287100

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 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		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).	
		Workforce Use of Resources Governance, Leadership and Management G	
4	KPI Target	NSP 2015 target: 22,800 (95% adherence)	
1	na i rangot		
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	Daily DWeekly Monthly Quarterly Bi-annually Annually VOther – 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	 The date of receipt of the referral letter in the cancer centre. The level of urgency assigned to the referral by the cancer centre. The date of the first appointment offered to the patient The date of attendance at the symptomatic breast cli 	
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: □Daily □Weekly ☑ Monthly oQuarterly □Bi-annually □Annually □Other – give details: Please indicate who is responsible for monitoring this KPI:_NCCP Cancer network managers	
12	KPI Reporting Frequency	Daily Dweekly Quarterly Monthly Di-annually Annually Other – give details:	
13	KPI report period	Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) Quarterly Monthly in arrears (June data reported in July) Rolling 12 months (previous 12 month period)	
14	KPI Reporting Aggregation	⊠ National □ LHO Area □ Hospital □ County □ Institution ☑ Other – give details: Cancer Centre	
15	KPI is reported in which reports ?	□ Corporate Plan Report ✓ Performance Report (NSP/CBP) □CompStat □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	
Contac	ct details for Data Manager /	Dr. Deirdre Murray, NCCP Tel: 021 4927601 Email: DeirdreE.Murray@hse.ie	
Specia	list Lead		
Vation	al 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 New PI 2 KPI Description The number of patients who were triaged as urgent that were subsequently diagnosed with a Monitoring adequacy of GP referral criteria and hospital triage process 3 KPI Rationale Monitoring adequacy of GP referral criteria and hospital triage process 9 Indicator Classification Please tick Indicator Classification this indicator applies to: Image: National Standards for Safer Better HealthCare) Image: Person Centred Care Image: Safe Care Image: New PI Image: Safe Care Image: Safe Care Image: Safe Care Image: Safe Care Image: Safe Care Image: Safe Care Image: Safe Care Image: Safe Care Image: Safe Care Image: Safe Care Image: Safe Care Image: Safe Care Image: Safe Care Image: Safe Care Image: Safe Care Image: Safe Care Image: Safe Care Image: Safe Care Image: Safe Care Image: Safe Care Image: Safe Care Image: Safe Care Image: Safe Care Image: Safe Care Image: Safe Care Image: Safe Care Image: Safe Care Image: Safe Care Image: Safe Care Image: Safe Care	a primary breast cancer			
3 KPI Rationale Indicator Classification Monitoring adequacy of GP referral criteria and hospital triage process Indicator Classification (National Standards for Safer Better HealthCare) Monitoring adequacy of GP referral criteria and hospital triage process Image: Classification (National Standards for Safer Better HealthCare) Image: Classification Image: Classification this indicator applies to: Image: Classification the standards for Safer Better HealthCare) Image: Classification this indicator applies to: Image: Classification the standards for Safer Image: Classification	mptomatic breast clinic (during the reporting month)			
Indicator Classification Please tick Indicator Classification this indicator applies to: Indicator Classification Please tick Indicator Classification this indicator applies to: Image: Note that the end the end to be				
 (National Standards for Safer Better HealthCare) Person Centred Care Effective Care Safe Care Use of Information Workforce Use of Resources Governance, Leadership and Management KPI Calculation Numerator: The number of patients triaged by the cancer centre as urgent who attended a sy Denominator: The total number of patients triaged by the cancer centre as urgent (during the with breast cancer. Percentage calculation undertaken by NCCP. Data Source Data Completeness Data Quality Issues Indicate how often the data to support the KPI will be collected: 				
(National Standards for Safer Better HealthCare) □ Better Health and Wellbeing □ Use of Information □ Workforce 4 KPI Target NSP 2015 target: 15,200 (>6% adherence) □ Governance, Leadership and Management 5 KPI Calculation Numerator:The number of patients triaged by the cancer centre as urgent who attended a sy Denominator:The total number of patients triaged by the cancer centre as urgent (during the with breast cancer. 6 Data Source 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:				
Better HealthCare) Better Health and Wellbeing Use of Information Workforce Use of Resources Governance, Leadership and Management KPI Target NSP 2015 target: 15,200 (>6% adherence) KPI Calculation Numerator:The number of patients triaged by the cancer centre as urgent who attended a sy Denominator: The total number of patients triaged by the cancer centre as urgent (during the with breast cancer. Percentage calculation undertaken by NCCP. Data Source Symptomatic breast database in the cancer centre 100% coverage No data quality issues Data Quality Issues Pata Collection Frequency Indicate how often the data to support the KPI will be collected:				
✓ Use of Resources □ 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 sy Denominator:The total number of patients triaged by the cancer centre as urgent (during the with breast cancer. 6 Data Source 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:				
5 KPI Calculation Numerator:The number of patients triaged by the cancer centre as urgent who attended a sy Denominator:The total number of patients triaged by the cancer centre as urgent (during the 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:				
5 KPI Calculation Numerator:The number of patients triaged by the cancer centre as urgent who attended a sy Denominator:The total number of patients triaged by the cancer centre as urgent (during the with breast cancer. Percentage calculation undertaken by NCCP. 6 Data Source Data Completeness Data Quality Issues 7 Data Collection Frequency				
Denominator:The total number of patients triaged by the cancer centre as urgent (during the with breast cancer. Percentage calculation undertaken by NCCP. Data Source Symptomatic breast database in the cancer centre 100% coverage No data quality issues Data Completeness Symptomatic breast database in the cancer centre 100% coverage No data quality issues Pata Collection Frequency Indicate how often the data to support the KPI will be collected:				
Percentage calculation undertaken by NCCP. 6 Data Source Data Completeness 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:				
6 Data Source Data Completeness 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:				
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Data Completeness Data Quality Issues 7 Data Collection Frequency Indicate how often the data to support the KPI will be collected:				
Data Completeness Data Quality Issues 7 Data Collection Frequency Indicate how often the data to support the KPI will be collected:				
Data Quality Issues Indicate how often the data to support the KPI will be collected: 7 Data Collection Frequency Indicate how often the data to support the KPI will be collected:				
7 Data Collection Frequency Indicate how often the data to support the KPI will be collected:				
	Other – give details:			
8 Tracer Conditions				
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 acces	ss clinics for symptomatic breast disease are			
subsequently diagnosed with cancer (Cochrane, 1997; Patel, 2000)				
11 KPI Monitoring KPI will be monitored :				
Daily Weekly Monthly Quarterly Bi-annually Annually 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:				
□Daily □Weekly √Monthly □Quarterly □Bi-annually □Annually □Other – give	e 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	in the same month of activity)			
☑ Monthly in arrears (June data reported in July)	······································			
Quarterly in arrears (quarter 1 data reported in quarter 2)				
□ Rolling 12 months (previous 12 month period)				
□ Other – give details:				
14 KPI Reporting Aggregation Indicate the level of aggregation – for example over a geographical location:				
In the pointing Aggregation I I I I I I I I I I I I I I I I I I I				
15 KPI is reported in which reports? Indicate where the KPI will be reported:				
Performance Report (NSP) CompStat Other – give details:				
16 Web link to data New Pl				
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).	
		Safe Care Better Health and Wellbeing Use of Information	
		Safe Care Better Health and Wellbeing Use of Information Workforce Use of Resources Governance, Leadership and Management	
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	Daily Weekly Monthly Quarterly Bi-annually 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 and has not been treated previously for lung cancer in the cancer centre at any time.	
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: □Daily □Weekly Quarterly ☑ Monthly □Bi-annually □Annually □Other – give details: Please indicate who is responsible for monitoring this KPI:NCCP/Cancer Network Managers	
12	KPI Reporting Frequency	Daily Dweekly Quarterly Monthly Diannually Annually Other – give details:	
13	KPI report period	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 Rolling 12 months (previous 12 month period)	
14	KPI Reporting Aggregation	☑ National □ Regional □ LHO Area □ Hospital □ County □ Institution ☑ Other – give details: Cancer Centre	
15	KPI is reported in which reports ?	□ Corporate Plan Report ✓ Performance Report (NSP/CBP) □CompStat □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.	
	ct details for Data Manager / alist Lead	Dr. Deirdre Murray, NCCP Tel: 021 4927601 Email: DeirdreE.Murray@hse.ie	
	nal Lead and Division	Dr. Susan O'Reilly, National Director, NCCP Tel: 01 8287100	

	National Cancer Control - Lur	ng 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). Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two). Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two). Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two). Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two). Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two). Please tick which Indicator Classification (in some cases you may need to choose two). Please tick which Indicator Classification (in some cases you may need to choose two). Please tick which Indicator Classification (in some cases you may need to choose two). Please tick which Indicator (in some cases you may need to choose two). Please tick which Indicator (in some cases you may need to choose two). Please tick which Indicator (in some cases you may need to choose two). Please tick which Indicator (in some cases you may need to choose two). Please tick which Indicator (in some cases you may need to choose two). Please tick which Indicator (in some cases you may need to choose two). Please tick which Indicator (in some cases you may need to choose two). Please tick which Indicator (in some cases you may need to choose two). Please tick which Indicator (in some cases you may need to choose two). Please tick which Indicator (in some cases you may need to choose two). Please tick which Indicator (in some cases you may need to choose two). Please the please the please the please the please the please the	
		Safe Care Better Health and Wellbeing Use of Information	
		Workforce□Use of Resources□Governance, Leadership and Management □	
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	Daily Dweekly Monthly Duarterly Diannually Annually 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 a 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		
12	KPI Reporting Frequency	Daily Dweekly Quarterly Monthly Bi-annually Annually Other – give details:	
13	KPI report period		
14	KPI Reporting Aggregation	 ☑ National □ Regional □ LHO Area □ Hospital □ County □ Institution ☑ Other – give details: Cancer Centre 	
15	KPI is reported in which reports ?	□ Corporate Plan Report ✓ Performance Report (NSP/CBP) □CompStat □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.	
Conto	t dotails for Data Managar /	1http://www.hse.ie/eng/services/Find_a_Service/HospsCancer/dooradoyle/MWCC/RapidAccessGuide.pdf Dr. Deirdre Murray, NCCP Tel: 021 4927601 Email: DeirdreE.Murray@hse.ie	
-	ct details for Data Manager / nal Lead and Division	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 Pl		
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		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).		
		Safe Care Better Health and Wellbeing Use of Information		
		Workforce□Use of Resources□Governance, Leadership and Management □		
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 hat attended the lung rapid access clinic (during the reporting month) who were subsequently diagnosed with a pirmary lung cancer. Percentage calculation undertaken by NCCP.		
6	Data Source Data Completeness Data Quality Issues	Percentage calculation undertaken by NCCP. 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: qDaily qWeekly b Monthly qQuarterly qBi-annually qAnnually qOther – 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 monitored : KPI will be monitored on a (please indicate below) basis: □Daily □Weekly Quarterly ☑ Monthly □Bi-annually □Annually □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:		
		Daily DWeekly Quarterly Monthly Bi-annually Annually Other – give details:		
13				
14	KPI Reporting Aggregation	Indicate the level of aggregation – for example over a geographical location: ☑ National □Regional □LHO Area □Hospital □ County □Institution ☑ Other – give details: Cancer Centre		
45	KDL is use antest in subject			
15	KPI is reported in which reports?	Indicate where the KPI will be reported: □ Corporate Plan Report ✓ Performance Report (NSP/CBP) □CompStat □Other – give details:		
16	Web link to data	New Pl		
17	Additional Information	Is the data for this KPI available through Corporate Information Facility (CIF)?		
onta	ct details for Data Manager	Dr. Deirdre Murray, NCCP Tel: 021 4927601 Email: DeirdreE.Murray@hse.ie		
otion	nal Lead and Division	Dr. Susan O'Reilly, National Director, NCCP Tel: 01 8287100		

National Cancer	r Control - Prostat	e Cancer
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1	KPI Title	Number of centres providing surgical services for prostate cancers	
1			
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 🗹 Effective Care	
		Safe Care Better Health and Wellbeing Use of Information	
		Workforce Use of Resources Governance, Leadership and Management	
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	Daily Dweekly Quarterly Monthly Bi-annually Annually 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:		KPI will be monitored on a (please indicate below) basis:	
		Daily DWeekly Quarterly Monthly Di-annually Annually Other – give details:	
		Please indicate who is responsible for monitoring this KPI: NCCP Cancer Network Managers	
12 KPI Reporting Frequency Daily Dweekly Quarterly Monthly Bi-annually Annually Other – give details:			
13	KPI report period	Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity)	
		☑Monthly in arrears (June data reported in July)	
		Quarterly	
		□Rolling 12 months (previous 12 month period)	
14	KPI Reporting Aggregation	☑ National □ LHO Area □ Hospital	
		County Institution I Other – give details: Cancer Centre	
15	KPI is reported in which reports ?	Performance Assurance Report (NSP) CompStat 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	
ontac	t details for Data Manager /	Dr. Deirdre Murray, NCCP Tel: 021 4927601 Email: DeirdreE.Murray@hse.ie	
ationa	al Lead and Division	Dr. Susan O'Reilly, National Director, NCCP Tel: 01 8287100	

	National Cancer Control - Pro	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	
		Safe Care Better Health and Wellbeing Use of Information	
		Workforce Use of Resources Governance, Leadership and Management	
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 la 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	Daily Dweekly Monthly Quarterly DBi-annually Annually 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 Referra	
Ū		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 can 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	
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:	
		Daily Dweekly Quarterly Monthly DBi-annually DAnnually DOther – give details:	
		Please indicate who is responsible for monitoring this KPI:_NCCP Cancer Network managers	
12	KPI Reporting Frequency	□ Daily □Weekly □Quarterly ☑ Monthly □Bi-annually □Annually □Other – give details:	
12	KPI report period	Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity)	
15			
		☑ Monthly in arreas (June data reported in July)	
		Rolling 12 months (previous 12 month period)	
14	KPI Reporting Aggregation	☑ National □ Regional □ LHO Area □ Hospital	
		County Institution I Other – give details: Cancer Centre	
15	KPI is reported in which reports ?	Ø Performance Assurance Report (NSP) □CompStat □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.	
		1http://www.hse.ie/eng/services/Find_a_Service/HospsCancer/dooradoyle/MWCC/ProstateCancerReferralGuide.pdf	
Contact	t details for Data Manager /	Dr. Deirdre Murray, NCCP Tel: 021 4927601 Email: Deirdre E.Murray@hse.ie	
	I Lead and Division		
auona		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).		
		☑ Person Centred Care □Effective Care		
		Safe Care Ø Better Health and Wellbeing Use of Information		
4	KDI Terret	Workforce Use of Resources Governance, Leadership and Management		
4	KPI Target	NSP 2015 target: 90%		
Э	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	Daily DWeekly Monthly Quarterly DBi-annually DAnnually DOther – 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	 The date of receipt of the referral letter in the cancer centre. The date of the first appointment offered to the patient 		
10	International Comparison	3. The date of attendance at the rapid access prostate clinic No standard international metric available for rapid access prostate cancer clinics		
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:				
	in internet ing	□Daily □Weekly ☑ Monthly □Quarterly □Bi-annually □Annually □Other – give details: Please indicate who is responsible for monitoring this KPI: Hospital Manager		
12	KPI Reporting Frequency	Daily DWeekly Quarterly Monthly DBi-annually Annually Other – give details:		
13	KPI report period	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 Rolling 12 months (previous 12 month period)		
14	KPI Reporting Aggregation	☑ National □ Regional □ LHO Area □ Hospital □ County □ Institution ☑ Other – give details: Cancer Centre		
15	KPI is reported in which reports ?	Performance Assurance Report (NSP) CompStat 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		
Contac	t details for Data Manager /	Dr. Deirdre Murray, NCCP Tel: 021 4927601 Email: DeirdreE.Murray@hse.ie		
	al 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 Monitoring adequacy of GP referral criteria and hospital triage process Indicator Classification Please tick Indicator Classification this indicator applies to:		Monitoring adequacy of GP referral criteria and hospital triage process		
		Please tick Indicator Classification this indicator applies to:		
		☑ Person Centred Care √ Effective Care □ Safe Care		
	(National Standards for Safer Better HealthCare)	Better Health and Wellbeing I Use of Information I Workforce		
	Beller HealthCale)	☑ Use of Resources		
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 hat attended the prostate rapid access clinic (during the reporting month) who were subsequently diagnosed with a pirmary prostate cancer. Percentage calculation undertaken by NCCP.		
6	Data Source	RAPC database in the cancer centre 100% coverage No data quality issues		
	Data Completeness			
	Data Quality Issues			
7	Data Collection Frequency	Indicate how often the data to support the KPI will be collected:		
		Daily Dweekly 🗹 Monthly DQuarterly DBi-annually DAnnually DOther – give details:		
8	Tracer Conditions			
9 Minimum Data Set 1. The date of attendance in the cancer centre. 2. The patient's diagnosis		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 monitored :		KPI will be monitored :		
		Daily Dweekly Monthly Duarterly DBi-annually DAnnually DOther – 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:		Indicate how often the KPI will be reported:		
		□Daily □Weekly √Monthly □Quarterly □Bi-annually □Annually □Other – give details:		
13	KPI report period	Indicate the period to which the data applies		
		Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity)		
		团 Monthly in arrears (June data reported in July)		
		Quarterly in arrears (quarter 1 data reported in quarter 2)		
		Rolling 12 months (previous 12 month period)		
		□ Other – give details:		
14	KPI Reporting Aggregation	Indicate the level of aggregation – for example over a geographical location:		
		🗹 National 🛛 Regional 🗳 Hospital Group 🗆 Hospital 🔅 CHO 👘 ISA 🔅 LHO		
		□ County □ Institution Other – give details:		
15	KPI is reported in which reports?	Indicate where the KPI will be reported:		
		☑ Performance Report (NSP) □CompStat □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)?		
ontact	t details for Data Manager /Specialist	Dr. Deirdre Murray, NCCP Tel: 021 4927601 Email: DeirdreE.Murray@hse.ie		
	al 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 deem to treat by the radiation oncologist. This exculdes 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).	
		☑ Person Centred Care □Effective Care	
		Safe Care Better Health and Wellbeing DUse of Information	
		Workforce Use of Resources Governance, Leadership and Management	
4	KPI Target	NSP 2015 target: 4700	
5	KPI Calculation	Denominator: Number of patients refrered 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	Daily DWeekly Quarterly I Monthly Bi-annually Annually 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 serve bins of treatment	
10	International Comparison	4. Date of completion of treatment 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			
12	KPI Reporting Frequency	Daily Dweekly Quarterly Monthly Bi-annually Annually Other – give details:	
13			
14	KPI Reporting Aggregation	 ✓ National □Regional □LHO Area □Hospital □ County □ Institution ☑ Other – give details: By HSE radiotherapy facilities (SLRON, CUH & UCHG) and that for public patients treated ur an SLA in private sector facilities in private facilities 	
15	KPI is reported in which reports ?	Image: Section Additional Composition (NSP) □CompStat □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	
	t details for Data Manager /	Dr. Deirdre Murray, NCCP Tel: 021 4927601 Email: DeirdreE.Murray@hse.ie	
	al Lead and Division	Dr. Susan O'Reilly, National Director, NCCP Tel: 01 8287100	

National Cancer	Control -	Radiotherapy
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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 exculdes 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).
		Person Centred Care Effective Care Sets Care Paths likely and Wellbridge Filler of Information
		Safe Care Better Health and Wellbeing Duse of Information
		Workforce Use of Resources Governance, Leadership and Management
4	KPI Target	NSP 2015 target: 90%
5	KPI Calculation	Denominator: Number of patients refrered 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	Daily Dweekly Quarterly Monthly DBi-annually Annually Other – give details:
8	Tracer Conditions	Patients who completed radical treatment for all cancers (C00 * - C96*)
Ŭ		
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: □Daily □Weekly Quarterly ☑ Monthly □Bi-annually □Annually □Other – give details: Please indicate who is responsible for monitoring this KPI:NCCP/Cancer Network Managers
12	KPI Reporting Frequency	Daily Dweekly Quarterly Monthly Bi-annually Annually Other – give details:
13	KPI report period	Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) Monthly in arrears (June data reported in July) Quarterly Rolling 12 months (previous 12 month period)
14	KPI Reporting Aggregation	☑ National □ LHO Area □ Hospital
	· · · · · · · · · · · · · · · · · · ·	County Distitution Difference Other – give details: By HSE radiotherapy facilities (SLRON, CUH & UCHG) and that for public patients treated under
15	KPI is reported in which reports ?	an SLA in private sector facilities in private facilities Image: Performance Assurance Report (NSP) Image: CompStat Image: Determine Assurance Repo
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
	t 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