

	liative Care: Inpati	
1	KPI Title	Wait times for:
		i) Specialist Palliative Care Inpatient bed within 7 days
		ii) specialist Palliative Care inpatient bed within 1 month
2	KPI Description	This is the number of days from referral or request for transfer to the date of admission to the Specialist Palliative
-	iti i beseription	Care Inpatient Unit calculated and reported as a number. There are two types of referral 1 Active, 2 Inactive, pending
		or deferred.)
		1) The term active is used to distinguish referrals that request a service to start as soon as possible from the common
		situation in palliative care where referrals are made in a prospective manner (referral made in advance for a service
		that may be required at some stage in the future). 2.) Inactive. This group are not considered to be active until a
		service has actually been requested. It is important not to include these prospective (also known as pending, inactive
		or deferred) referrals in active referrals if wait times from active referral to first seen by service are being calculated. If
		time of initial prospective referral is used it will artificially lengthen wait times.
3	KPI Rationale	To determine the length of time a new patient has been waiting for admission to the Specialist Palliative Care
		inpatient bed.
	Indicator Classification	
	(National Standards for	Person Centred Care, D Effective Care oSafe Care, o Better Health and Wellbeing, o Use of Information, o
	Safer Better Healthcare)	Workforce, o Use of Resources, o Governance, o Leadership and Management
4	KPI Target	NSP 2015 targets:
		i) Specialist Palliative Care Inpatient bed within 1 month – Operational Plan 100%
		ii) Specialist Palliative Care Inpatient bed within 7 days – Operational Plan 98%
5	KPI Calculation	0 –7days, 0 – 28 days, >28days
		Example, number of patients who waited for admission in the 3 cohorts outlined above divided by the total number of
		patients awaiting admission, multiplied by 100 = %. i.e. 0-7 = 154 patients, 0 -28 = 184 patients, >28 = 6 patients.
		Calculation for <7 days is as follows 154/(184+6) à154/(190) à 0.8105, multiplied by 100 = 81.05%.
		Calculation for < 1 month is as follows (184)/(184+6) à 184/(190) à 0.9684, multiplied by 100 = 96.84% (This
		calculation is carried out in the BIU from raw numerical submitted data)
6	Data Source	Information is sourced by Specialist pollistive care units who ferward to PILL office Pusiness Intelligence Unit and early
	Data Completeness	Information is sourced by Specialist palliative care units who forward to BIU office Business Intelligence Unit and copy to CHO Business Unit. Data Completeness is expected at 100%. Data quality issues are addressed as they arise
	Data Quality Issues	
7	Data Collection	oDaily oWeekly 🛛 Monthly oQuarterly oBi-annually oAnnually 🖾 Other – give details: The data is captured
	Frequency	daily, weekly monthly etc., locally recorded and then reported monthly to the BIU.
8	Tracer Conditions	The numbers of persons diagnosed with problems associated with a Life threatening illness (not nescessarily Cancer)
		and waiting for admission to a Specialist Palliative care unit
9	Minimum Data Set	The required minuimum dataset for wait time to admission is the Referral form with standard demographic information,
		Diagnosis, Treatment record, referral reason. The patient then receives a Specialist palliative care medical team
		assessment before suitability for admission is agreed and when wait time commences.
10	International	Yes. E.g. http://www.ncpc.org.uk/mds
	Comparison	
11	KPI Monitoring	KPI will be monitored on a (please indicate below) basis:
		oDaily oWeekly Monthly oQuarterly oBi-annually oAnnually oOther – give details:
		The Data collection Co-Ordinator will receive, collate, analyse and quality assure KPI outturns on a monthly basis for
		accuracy, completeness and ongoing performance against target. Once satisfied, they will forward the collated KPI on
		a monthly basis to their Area Manager for approval and Regional Lead/Specialist/relevant nominee for oversight. The
		Regional Lead/Specialist/relevant nominee will inform the Area Manager if further quality assurance is required and
		follow up with the relevant Co-Ordinator to provide same to the Area Manager. Upon receipt, the Area Manager will
		then forward the approved KPI return to their RDO Business Unit by the 13th of the month for collation and submission to the National BIU by the 15th (or nearest Friday) of the month for publication in the national
		Performance Report (PR).
10		
12	KPI Reporting	
	Frequency	qDaily qWeekly Monthly oQuarterly oBi-annually qAnnually qOther – give details:
4.2	KPI report period	Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of
13	in risport portou	
13		activity)
13		oMonthly in arrears (June data reported in July)
13		oMonthly in arrears (June data reported in July) oQuarterly in arrears (quarter 1 data reported in quarter 2)
		oMonthly in arrears (June data reported in July) oQuarterly in arrears (quarter 1 data reported in quarter 2) oRolling 12 months (previous 12 month period)
	KPI Reporting	oMonthly in arrears (June data reported in July) oQuarterly in arrears (quarter 1 data reported in quarter 2) oRolling 12 months (previous 12 month period) I National I Regional I LHO Area oHospital
14	KPI Reporting Aggregation	oMonthly in arrears (June data reported in July) oQuarterly in arrears (quarter 1 data reported in quarter 2) oRolling 12 months (previous 12 month period) v National v Regional v LHO Area oHospital o County v Institution oOther – give details:
	KPI Reporting Aggregation KPI is reported in which	oMonthly in arrears (June data reported in July) oQuarterly in arrears (quarter 1 data reported in quarter 2) oRolling 12 months (previous 12 month period) v National v Regional v LHO Area oHospital o County v Institution oOther – give details: o Corporate Plan Report v Performance Report (NSP/CBP) oCompStat vOther – give details: Care group reports
14 15	KPI Reporting Aggregation KPI is reported in which reports ?	oMonthly in arrears (June data reported in July) oQuarterly in arrears (quarter 1 data reported in quarter 2) oRolling 12 months (previous 12 month period) valional valid Regional value LHO Area oHospital o County value Institution oOther – give details: o Corporate Plan Report value Performance Report (NSP/CBP) oCompStat value Other – give details: Care group reports as requested by the system and possible CompStat in 2013
14 15 16	KPI Reporting Aggregation KPI is reported in which reports ? Web link to data	oMonthly in arrears (June data reported in July) oQuarterly in arrears (quarter 1 data reported in quarter 2) oRolling 12 months (previous 12 month period) valional valid Regional value LHO Area oHospital o County value Institution oOther – give details: o Corporate Plan Report value Performance Report (NSP/CBP) oCompStat value Other – give details: Care group reports as requested by the system and possible CompStat in 2013 http://www.hse.ie/eng/services/Publications/corporate/Performance_Reports_Monthly.html_
14 15	KPI Reporting Aggregation KPI is reported in which reports ?	oMonthly in arrears (June data reported in July) oQuarterly in arrears (quarter 1 data reported in quarter 2) oRolling 12 months (previous 12 month period) valional valid Regional value LHO Area oHospital o County value Institution oOther – give details: o Corporate Plan Report value Performance Report (NSP/CBP) oCompStat value Other – give details: Care group reports as requested by the system and possible CompStat in 2013
14 15 16 17	KPI Reporting Aggregation KPI is reported in which reports ? Web link to data Additional Information	oMonthly in arrears (June data reported in July) oQuarterly in arrears (quarter 1 data reported in quarter 2) oRolling 12 months (previous 12 month period) value National Regional LHO Area oHospital o County Institution oOther – give details: o Corporate Plan Report Performance Report (NSP/CBP) oCompStat Other – give details: Care group reports as requested by the system and possible CompStat in 2013 http://www.hse.ie/eng/services/Publications/corporate/Performance_Reports_Monthly.html_ Is this information in CIF:YES
14 15 16 17 Cont	KPI Reporting Aggregation KPI is reported in which reports ? Web link to data Additional Information act details for Data	oMonthly in arrears (June data reported in July) oQuarterly in arrears (quarter 1 data reported in quarter 2) oRolling 12 months (previous 12 month period) National Regional LHO Area oHospital o County Institution oOther – give details: o Corporate Plan Report Performance Report (NSP/CBP) oCompStat Other – give details: Care group reports as requested by the system and possible CompStat in 2013 <u>http://www.hse.ie/eng/services/Publications/corporate/Performance Reports Monthly.html</u> Is this information in CIF:YES Stephen Toft Information Analyst Non Acute BIU. Tel 01 6352270. Email: Stephen.Toft1@hse.ie
14 15 16 17 Cont	KPI Reporting Aggregation KPI is reported in which reports ? Web link to data Additional Information	oMonthly in arrears (June data reported in July) oQuarterly in arrears (quarter 1 data reported in quarter 2) oRolling 12 months (previous 12 month period) value National Regional LHO Area oHospital o County Institution oOther – give details: o Corporate Plan Report Performance Report (NSP/CBP) oCompStat Other – give details: Care group reports as requested by the system and possible CompStat in 2013 http://www.hse.ie/eng/services/Publications/corporate/Performance Reports Monthly.html Is this information in CIF:YES

Pal	liative Care: Inpati	ent Units
1	KPI Title	Number of patients in receipt of treatment in Specialist Palliative care in-patient units
-		
2	KPI Description	The total number of patients who were deemed as being appropriate to receive Specialist Palliative care services, who received this type of care during the month. The care was provided in a Specialist Palliative care inpatient unit hospice. Each patient is counted once only. All patients who received service are to be counted. If a patient is
3	KPI Rationale	To determine the total number of patients who received specialist palliative care inpatient care during the month.
	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you
	(National Standards for	may need to choose two).
	Safer Better Healthcare)	Person Centred Care, Effective Care oSafe Care, o Better Health and Wellbeing, o Use of Information, o
4	KPI Target	NSP 2014 targets: Monthly Target
_		i) Number of patients in receipt of treatment – Operational Plan 445
5	KPI Calculation	The total number of patients who received inpatient care during the month. E.g. (108/357)*100 = 30% (This calculation is carried out in the BIU from raw numerical submitted data)
6	Data Source	Information is sourced by Specialist palliative care units who forward to BIU office Business Intelligence Unit and copy
	Data Completeness	to CHO Business Unit. Data Completeness is expected at 100%. Data quality issues are addressed as they arise
-	Data Quality Issues	
7	Data Collection	oDaily oWeekly I Monthly oQuarterly oBi-annually oAnnually I other – give details: The data is captured
•	Frequency	daily, weekly monthly etc., locally recorded and then reported monthly to the BIU.
8	Tracer Conditions	The numbers of persons diagnosed with problems associated with a Life threatening illness (not nescessarily Cancer) who were assessed as being suitable for treatment in a Specialist Palliative care unit
9	Minimum Data Set	The required minuimum dataset for admission is the Referral form with standard demographic information, Diagnosis,
		Treatment record, referral reason.
10	International	Yes. E.g. http://www.ncpc.org.uk/mds
11	Comparison KPI Monitoring	KPI will be monitored on a (please indicate below) basis:
		oDaily oWeekly I Monthly oQuarterly oBi-annually oAnnually oOther – give details: The Data collection Co-Ordinator will receive, collate, analyse and quality assure KPI outturns on a monthly basis for accuracy, completeness and ongoing performance against target. Once satisfied, they will forward the collated KPI on a monthly basis to their Area Manager for approval and Regional Lead/Specialist/relevant nominee for oversight. The Regional Lead/Specialist/relevant nominee will inform the Area Manager if further quality assurance is required and follow up with the relevant Co-Ordinator to provide same to the Area Manager. Upon receipt, the Area Manager will then forward the approved KPI return to their RDO Business Unit by the 13th of the month for collation and submission to the National BIU by the 15th (or nearest Friday) of the month for publication in the national Performance Report (PR).
12	KPI Reporting	
	Frequency	qDaily qWeekly 🛛 Monthly oQuarterly oBi-annually qAnnually qOther – 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) oMonthly in arrears (June data reported in July) oQuarterly in arrears (quarter 1 data reported in quarter 2) oRolling 12 months (previous 12 month period)
14	KPI Reporting	☑ National ☑ Regional ☑ LHO Area oHospital
	Aggregation	o County 🛛 Institution oOther – give details:
15	KPI is reported in which	o Corporate Plan Report @ Performance Report (NSP/CBP) oCompStat @Other – give details: Care group reports
	reports ?	as requested by the system and possible CompStat in 2013
16	Web link to data	http://www.hse.ie/eng/services/Publications/corporate/Performance_Reports_Monthly.html_
17	Additional Information	Is this information in CIF:YES
Cont	act details for Data	Stephen Toft Information Analyst Non Acute BIU. Tel 01 6352270. Email: Stephen.Toft1@hse.ie
	onal Lead and Division	Mr John Hennessey, National Director Primary Care Services, Tel: 635 2000
		Mr Barry Murphy, Principal Officer, Department of Health, 01 635 4585

Pal	liative Care: Inpati	ent Units/ Community care
1	KPI Title	Number of new patients seen or admitted to the specialist palliative care service
		i) Specialist Palliative Care Inpatient units
		ii) Specialist Palliative Care services in the community (Home Care)
2	KPI Description	These are the ages of the new patients to these types of Palliative care services. When the care is provided the
		patients age is recorded and grouped into 3 cohorts
		0 – 17yrs
		18 – 64 yrs
		65 years and over
3	KPI Rationale	To determine the age of new patients to the service by cohort. This will inform service delivery and service decisions going forward especially with regard to service provision for children or older personsPlease tick which Indicator
	Indicator Classification	Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two).
	(National Standards for	Person Centred Care, Effective Care oSafe Care, o Better Health and Wellbeing, o Use of Information, o
	Safer Better Healthcare)	Workforce, o Use of Resources, o Governance, o Leadership and Management
4	KPI Target	i)Specialist Palliative care: Operational Plan: 2752.
		ii) Home Care, Operational Plan: 8907
5	KPI Calculation	
6	Data Source	la fama tian ia anno a dhu Canaistiata alliatina anno aite mha famaad ta Dill affaa Duninana latallianana dhaitead anno
	Data Completeness	Information is sourced by Specialist palliative care units who forward to BIU office Business Intelligence Unit and copy
	Data Quality Issues	to CHO Business Unit. Data Completeness is expected at 100%. Data quality issues are addressed as they arise
7	Data Collection	oDaily oWeekly I Monthly oQuarterly oBi-annually oAnnually I Other – give details: The data is captured
	Frequency	daily, weekly monthly etc., locally recorded and then reported monthly to the BIU.
8	Tracer Conditions	A person who has i) the first ever admission to the specialist palliative care inpatient unit ii) the first ever face to face
		visit with the specialist palliative care team in the community (Home Care) and is diagnosed with problems associated
		with a life threatening condition (not nescessarily Cancer) and who was deemed suitable for i) admission to a
		Specialist Palliative care unit, ii) Specialist palliative care in the community in their place of residence. (place of
		residence is the location at which the person normally lives including nursing homes or non acute hospital etc)
9	Minimum Data Set	Set of clearly defined data that is considered to provide important information on a service. The required minuimum
9	Millinum Data Set	
		dataset for a person to receive either service is the Referral form with standard demographic information, Diagnosis,
		Treatment record and referral reason. This information is normally supplied by a medical professional
10	International	Yes. E.g. http://www.ncpc.org.uk/mds
	Comparison	
11	KPI Monitoring	KPI will be monitored on a (please indicate below) basis:
		oDaily oWeekly Monthly oQuarterly oBi-annually oAnnually oOther – give details:
		The Data collection Co-Ordinator will receive, collate, analyse and quality assure KPI outturns on a monthly basis for
		accuracy, completeness and ongoing performance against target. Once satisfied, they will forward the collated KPI on
		a monthly basis to their Area Manager for approval and Regional Lead/Specialist/relevant nominee for oversight. The
		Regional Lead/Specialist/relevant nominee will inform the Area Manager if further quality assurance is required and
		follow up with the relevant Co-Ordinator to provide same to the Area Manager. Upon receipt, the Area Manager will
		then forward the approved KPI return to their RDO Business Unit by the 13th of the month for collation and
		submission to the National BIU by the 15th (or nearest Friday) of the month for publication in the national Performance Report (PR).
10		
12	KPI Reporting	aDaily all/ackly - Monthly - Quartarly - aDi annually - Annually - Other - rive details:
13	Frequency KPI report period	qDaily qWeekly Image: Monthly oQuarterly oBi-annually qAnnually qOther – give details: Image: Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of
15	iti rieport periou	activity)
		oMonthly in arrears (June data reported in July)
		oQuarterly in arrears (guarter 1 data reported in guarter 2)
		oRolling 12 months (previous 12 month period)
14	KPI Reporting	☑ National ☑ Regional ☑ LHO Area oHospital
	Aggregation	o County
15	KPI is reported in which	o Corporate Plan Report @ Performance Report (NSP/CBP) oCompStat @Other – give details: Care group reports
	reports ?	as requested by the system and possible CompStat in 2013
16	Web link to data	http://www.hse.ie/eng/services/Publications/corporate/Performance_Reports_Monthly.html
17	Additional Information	Is this information in CIF:YES
Cont	ant dataile for Det-	Ctanhan Taft Information Analyst Non Asyste DILL Tel 04 0250070 Empile Other traff Other in
	act details for Data mal Lead and Division	Stephen Toft Information Analyst Non Acute BIU. Tel 01 6352270. Email: Stephen.Toft1@hse.ie
Natio		Mr John Hennessey, National Director Primary Care Services, Tel: 635 2000 Mr Barry Murphy, Principal Officer, Department of Health, 01 635 4585

Pal	liative Care: Inpati	ent Units
1	KPI Title	Number of admissions to Specialist Palliative Care inpatient Units
2	KPI Description	The total number of patients who were deemed as being appropriate for admission and received treatment in a
2	RFI Description	Specialist Palliative care services unit/hospice during the month. Each admission and received treatment in a
		twice then they are counted twice.
2	KDI Defievele	
3	KPI Rationale	To determine the total number of admissions to Specialist Palliative care inpatient units during the month.
	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you
	(Netlewel Otendende fem	may need to choose two).
	(National Standards for	Person Centred Care, Effective Care oSafe Care, o Better Health and Wellbeing, o Use of Information, o
	Cofee Dotton Hoolthoose)	Workforce, o Use of Resources, o Governance, o Leadership and Management
4	Safer Better Healthcare) KPI Target	NSP 2015 Target –Operational Plan 3177
4	RFT Target	NSF 2015 Target -Operational Flan ST/7
5	KPI Calculation	Count, total number of admissions for Specialist palliative care inpatient stay during the month. E.g. (653/2998)*100
		= 22% (This calculation is carried out in the BIU from raw numerical submitted data) This metric is a monthly
		cumulative metric, i.e. the submissions for the month is added to the previous month and compared to a profiled
		target. A profiled target is an mathematical portion of the yearly target
6	Data Source	Information is sourced by Specialist palliative care units who forward to BIU office Business Intelligence Unit and copy
	Data Completeness	to CHO Business Unit. Data Completeness is expected at 100%. Data quality issues are addressed as they arise
	Data Quality Issues	to ono business onit. Data completeness is expected at 100%. Data quality issues are addressed as they arise
7	Data Collection	oDaily oWeekly I Monthly oQuarterly oBi-annually oAnnually Other – give details: The data is captured
	Frequency	daily, weekly monthly etc., locally recorded and then reported monthly to the BIU.
8	Tracer Conditions	The numbers of persons diagnosed with problems associated with life threatening illness (not nescessarily Cancer)
		whoe were suitable for admission to a Specialist Palliative care unit
9	Minimum Data Set	Set of clearly defined data that is considered to provide important information on a service. The required minuimum
		dataset for admission is the Referral form with standard demographic information, Diagnosis, Treatment record,
		referral reason.
10	International	Yes. E.g. http://www.ncpc.org.uk/mds
10	Comparison	res. E.g. http://www.htpb.org.uk/https
11	KPI Monitoring	KPI will be monitored on a (please indicate below) basis:
	KFT WORLDTING	oDaily oWeekly IMonthly oQuarterly oBi-annually oAnnually oOther – give details:
		The Data collection Co-Ordinator will receive, collate, analyse and quality assure KPI outturns on a monthly basis for
		accuracy, completeness and ongoing performance against target. Once satisfied, they will forward the collated KPI on
		a monthly basis to their Area Manager for approval and Regional Lead/Specialist/relevant nominee for oversight. The
		Regional Lead/Specialist/relevant nominee will inform the Area Manager if further quality assurance is required and
		follow up with the relevant Co-Ordinator to provide same to the Area Manager. Upon receipt, the Area Manager will
		then forward the approved KPI return to their RDO Business Unit by the 13th of the month for collation and
		submission to the National BIU by the 15th (or nearest Friday) of the month for publication in the national
		Performance Report (PR).
12	KPI Reporting	
	Frequency	gDaily gWeekly @ Monthly oQuarterly oBi-annually gAnnually gOther – 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)
		oMonthly in arrears (June data reported in July)
		oQuarterly in arrears (quarter 1 data reported in guarter 2)
		oRolling 12 months (previous 12 month period)
14	KPI Reporting	National Regional LHO Area oHospital
14		
15	Aggregation KPI is reported in which	o County I Institution oOther – give details: o Corporate Plan Report I Performance Report (NSP/CBP) oCompStat I Other – give details: Care group reports
15		
16	reports ? Web link to data	as requested by the system and possible CompStat in 2013 http://www.hse.ie/eng/services/Publications/corporate/Performance_Reports_Monthly.html
17	Additional Information	Is this information in CIF:YES
Cont	tact details for Data	Stephen Toft Information Analyst Non Acute BIU. Tel 01 6352270. Email: Stephen.Toft1@hse.ie
	onal Lead and Division	Mr John Hennessey, National Director Primary Care Services, Tel: 635 2000
mail	Shar Leau and DIVISION	
		Mr Barry Murphy, Principal Officer, Department of Health, 01 635 4585

Pall	iative Care: Comm	unity Home Care	
1	KPI Title	Wait times for:	
	INFI THUC	1 Specialist palliative care services in the community (home care) is care provided to patients in their place of	
		residence within 7 days	
		• Home	
		Nursing Home	
		• Non Acute hospital	
		2 Specialist palliative care services in the community (home care) is care provided to patients in their place of residence within 1 month	
		Home	
		Nursing Home	
		Non Acute hospital	
2		The Specialist palliative care in the community based team (home care) provide care in patient's place of residence	
		The wait times for specialist palliative care in the community (home care) is the number of days from referral or	
		request for transfer to the date of first face to face home care visit. This is the time interval from a referral to first	
	KPI Description (National	seen by specialist palliative care in the community (home care) services or time interval from acceptance of a referral to first face to face home visit. Time interval from active request for transfer (from one setting of Specialist Palliative	
	Standards for Safer	Care to another) to first seen by other setting can also be calculated. If a referral to a service is made in advance of	
	Better Healthcare)	a patient needing a service e.g. a Specialist Palliative Care Acute Hospital makes a specialist palliative care in the	
		community (home care) referral for a patient in an acute hospital but the service is to start at a future date when the	
		patient is discharged, then the calculated period for the metric is only from when the patient is ready to receive the	
_			
3	KPI Rationale	To determine the number of days the new patient has been waiting for the first face to face specialist palliative care	
		in the community (home care) visit	
		☑ 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		
4	nritalyet	NSP 2015 targets: i) Specialist Palliative care services in the community (home care) provided to patients in their place of residence	
		within 7 days- Operational Plan 98%	
		ii) Specialist Palliative care services in the community (home care) provided to patients in their place of residence	
		within 1 month – Operational Plan 100%	
-			
5	KPI Calculation	0 –7days, 0 – 28 days, >28days Calculation example: number of patients who waited for home care services in the three cohorts (outlined above),	
		divided by the total no. of patients who waited for services, multiplied by 100 = %. i.e. 0-7 = 154 patients, 0-28 = 184	
		patients, >28 = 6 patients.	
		Calculation for <7 days is as follows $154/(184+6) \rightarrow 154/(190) \rightarrow 0.8105$, multiplied by $100 = 81.05\%$.	
		Calculation for < 1 month is as follows (184)/(184+6) \rightarrow 184/(190) \rightarrow 0.9684, multiplied by 100 = 96.84% (This	
0	Data Source	calculation is carried out in the BIU from raw numerical submitted data) Information is sourced by Specialist palliative care units who forward to BIU office Business Intelligence Unit and	
0	Data Source Data Completeness	copy to CHO Business Unit. Data Completeness is expected at 100%. Data quality issues are addressed as they	
	Data Quality Issues	arise	
7	Data Collection	Daily Dweekly Monthly Quarterly Bi-annually Annually Other – give details: The data is	
	Frequency	captured daily, weekly monthly etc., locally recorded and then reported monthly to the BIU.	
8	Tracer Conditions	The number of persons diagnosed with problems associated with Life threatening illness (not nescessarily Cancer)	
0	Minimum Data Set	and waiting for first face to face specialist palliative care in the community (home care) visit. Set of clearly defined data that is considered to provide important information on a service. The required minuimum	
9	Willingth Data Set	dataset for wait time to first visit is the Referral form with standard demographic information, Diagnosis, Treatment	
		record, referral reason. The patient then receives a first visit from a member of the specialist palliative care team in	
		the community (Home Care).	
10	International Comparison	Yes. E.g. http://www.ncpc.org.uk/mds	
44	KDI Manifaring	KDL	
11	KPI Monitoring	KPI will be monitored on a (please indicate below) basis:	
		Daily Weekly Monthly Quarterly Bi-annually Annually Other – give details: The Data collection Co-Ordinator will receive, collate, analyse and quality assure KPI outturns on a monthly basis for	
		accuracy, completeness and ongoing performance against target. Once satisfied, they will forward the collated KPI	
		on a monthly basis to their Area Manager for approval and Regional Lead/Specialist/relevant nominee for oversight.	
		The Regional Lead/Specialist/relevant nominee will inform the Area Manager if further quality assurance is required	
		and follow up with the relevant Co-Ordinator to provide same to the Area Manager.	
12	KPI Reporting Frequency		
12	ra inteporting Frequency	Daily Weekly Z 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)	
14	KPI Reporting	□Rolling 12 months (previous 12 month period) ☑ National ☑ Regional ☑ LHO Area □Hospital	
	Aggregation	□ County □ Institution □ Other – give details:	
15	KPI is reported in which	County Institution County Performance Report (NSP/CBP) CompStat COther – give details: Care group	
	reports ?	reports as requested by the system and possible CompStat in 2013	
16	Web link to data	http://www.hse.ie/eng/services/Publications/corporate/Performance Reports Monthly.html	
	Additional Information	Is this information in CIF:YES	
	ect details for Data	Stephen Toft Information Analyst Non Acute BIU. Tel 01 6352270. Email: Stephen.Toft1@hse.ie	
	Manager / Specialist Lead National Lead and Division Mr John Hennessey, National Director Primary Care Services, Tel: 635 2000		
Natio	nai Load and Division	Mr Barry Murphy, Principal Officer, Department of Health, 01 635 4585	
L			

Pall	liative Care: Comm	nunity Home Care
1	KPI Title	Number of patients in receipt of Specialist Palliative care in the community
·	in i muc	
2	KPI Description	The number of patients in receipt of specialist palliative care in the community (home care) at any time during the
l		month. Each patient is counted once only. Specialist palliative care in the community (home care) is care provided to
		patients in their place of residence (home, non acute hospital or nursing home). This includes all patients in receipt of
		specialist palliative care in the community (home care) on the first day of the month and all new patients who receive
		a first face to face visit during the month.
3	KPI Rationale	To determine the total number of patients who received specialist palliative care in the community (home care) during
		the month. This is done as it gives an accurate account of all the patients receiving service
		Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases
	Indicator Classification	you may need to choose two).
	(National Standards for	☑ Person Centred Care, ☑Effective Care □Safe Care, □ Better Health and Wellbeing, □ Use of Information, □
	Safer Better Healthcare)	Workforce, Use of Resources, Governance, Leadership and Management
4	KPI Target	NSP 2015 Target - Operational Plan 3248
5	KPI Calculation	Count, the total number of patients who received Specialist Palliative Care in the community (home care) at any time
		during the month. This is a cumulative metric reported by number and percentage. The calculation is calculated in the
		bIU from submitted raw data.
6	Data Source	Information is sourced by Specialist palliative care units who forward to BIU office Business Intelligence Unit and
	Data Completeness	copy to CHO Business Unit. Data Completeness is expected at 100%. Data quality issues are addressed as they
	Data Quality Issues	arise
7	Data Collection	Daily Weekly Monthly Quarterly Bi-annually Annually Other – give details: The data is
	Frequency	captured daily, weekly monthly etc., locally recorded and then reported monthly to the BIU.
8	Tracer Conditions	The numbers of persons diagnosed with problems associated with a Life threatening illness (not nescessarily Cancer)
-		and in receipt of specialist palliative care in the community (home care) in their place of residence during the month.
9	Minimum Data Set	Set of clearly defined data that is considered to provide important information on a service. The required minuimum
- -		dataset for receipt of specialist palliative care in the community (home care) is the Referral form with standard
		demographic information, Diagnosis, Treatment record, referral reason.
10	International Comparison	Yes. E.g. http://www.ncpc.org.uk/mds
	international companion	
11	KPI Monitoring	KPI will be monitored on a (please indicate below) basis:
		Daily Weekly Monthly Quarterly Bi-annually Annually Other – give details:
		The Data collection Co-Ordinator will receive, collate, analyse and quality assure KPI outturns on a monthly basis for
		accuracy, completeness and ongoing performance against target. Once satisfied, they will forward the collated KPI
		on a monthly basis to their Area Manager for approval and Regional Lead/Specialist/relevant nominee for oversight.
		The Regional Lead/Specialist/relevant nominee will inform the Area Manager if further quality assurance is required
		and follow up with the relevant Co-Ordinator to provide same to the Area Manager.
12	KPI Reporting Frequency	
12	Rent reporting requency	□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 (previous 12 month period)
14	KPI Reporting	✓ National ✓ Regional ✓ LHO Area □Hospital
	Aggregation	□ County ☑ Institution □Other – give details:
15	KPI is reported in which	□ Corporate Plan Report ☑ Performance Report (NSP/CBP) □CompStat ☑Other – give details: Care group
	reports ?	reports as requested by the system and possible CompStat in 2013
16	Web link to data	http://www.hse.ie/eng/services/Publications/corporate/Performance_Reports_Monthly.html
10	Additional Information	Is this information in CIF:YES
	act details for Data	Stephen Toft Information Analyst Non Acute BIU. Tel 01 6352270. Email: Stephen.Toft1@hse.ie
	iger / Specialist Lead	
	iger / Specialist Lead	Mr. John Hannessey, Netional Director Drimony Core Convises, Taly 625,2000
watio	nai Leau anu DIVISION	Mr John Hennessey, National Director Primary Care Services, Tel: 635 2000
		Mr Barry Murphy, Principal Officer, Department of Health, 01 635 4585

Pall	iative Care: Comm	unity Home Care
1	KPI Title	Number of new patients who attended the Specialist Palliative Home Care
2	KPI Description	The number of new patients in receipt of specialist palliative care in the community (home care) at any time during
		the month (first everpatient). Each patient is counted once only. Specialist palliative care in the community (home
		care) is care provided to patients in their place of residence (home, non acute hospital or nursing home). This
		includes all new patients in receipt of specialist palliative care in the community (home care) on the first day of the
		month and all new patients who receive a first face to face visit during the month.
3		To determine the age of new patients to specialist palliative day care/ day hospice by cohort during the month. This
		will inform service delivery and determine the number of patients that receive their care outside of a specialist unit,
	KPI Rationale (National Standards for Safer	hospital or own residence.
	Better Healthcare)	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two).
	Detter Healthcare)	✓ Person Centred Care, ☑Effective Care □Safe Care, □ Better Health and Wellbeing, □ Use of Information, □
4	KPI Target	Workforce. Use of Resources, Governance, Leadership and Management NSP 2015 Target - Operational Plan 8907
5	KPI Calculation	
6	Data Source	Information is sourced by Specialist palliative care units who forward to BIU office Business Intelligence Unit and
-	Data Completeness	copy to CHO Business Unit. Data Completeness is expected at 100%. Data quality issues are addressed as they
	Data Quality Issues	arise
7	Data Collection	Daily Weekly Monthly Quarterly Bi-annually Annually Other – give details: The data is
	Frequency	captured daily, weekly monthly etc., locally recorded and then reported monthly to the BIU.
8	Tracer Conditions	A person who has attended the Specialist palliative day care/ day hospice in the month and diagnosed with problems
		associated with a Life threatening illness (not nescessarily Cancer) and who is deemed suitable to attend Specialist
		palliative day care/ day hospice setting.
9	Minimum Data Set	Set of clearly defined data that is considered to provide important information on a service. The required minuimum
		dataset for a patient to attend is the Referral form with standard demographic information, Diagnosis, Treatment
		record, referral reason. The patient then receives a Specialist palliative care assessment before suitability for day
		care is agreed
10	International Comparison	Yes. E.g. http://www.ncpc.org.uk/mds
11	KPI Monitoring	KPI will be monitored on a (please indicate below) basis:
	ru i lionitoring	Daily Weekly Monthly Quarterly Bi-annually Annually Other – give details:
		The Data collection Co-Ordinator will receive, collate, analyse and quality assure KPI outturns on a monthly basis for
		accuracy, completeness and ongoing performance against target. Once satisfied, they will forward the collated KPI
		on a monthly basis to their Area Manager for approval and Regional Lead/Specialist/relevant nominee for oversight.
		The Regional Lead/Specialist/relevant nominee will inform the Area Manager if further guality assurance is required
		and follow up with the relevant Co-Ordinator to provide same to the Area Manager. Upon receipt, the Area Manager
		will then forward the approved KPI return to their RDO Business Unit by the 13th of the month for collation and
		submission to the National BIU by the 15th (or nearest Friday) of the month for publication in the national
		Performance Report (PR).
12	KPI Reporting Frequency	
		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 (previous 12 month period)
14	KPI Reporting	☑ National ☑ Regional ☑ LHO Area ☐Hospital
	Aggregation	County 🗹 Institution Dther – give details:
15	KPI is reported in which	Corporate Plan Report 🗹 Performance Report (NSP/CBP) CompStat 🖉 Other – give details: Care group
	reports ?	reports as requested by the system and possible CompStat in 2013
	Web link to data	http://www.hse.ie/eng/services/Publications/corporate/Performance_Reports_Monthly.html
	Additional Information	Is this information in CIF:YES
	act details for Data	Stephen Toft Information Analyst Non Acute BIU. Tel 01 6352270. Email: Stephen.Toft1@hse.ie
Natio	nal Lead and Division	Mr John Hennessey, National Director Primary Care Services, Tel: 635 2000
1		Mr Barry Murphy, Principal Officer, Department of Health, 01 635 4585

Pa	Illiative Care: Day C	Care
	KPI Title	Number of patients in receipt of Specialist palliative day care services
÷		
2	KPI Description	The number of patients in receipt of Specialist Palliative Day Care/ Day Hospice services at any time during the month. Each patient is counted once only. Specialist palliative day care/ day hospice is care provided to patients in a day care/day hospice setting. This includes all patients in receipt of specialist palliative day care/ day care/ day hospice services on the first day of the month and all new patients who attend specialist palliative day care during the month.
3	KPI Rationale	To determine the total number of patients who received Specialist palliative day care/ day hospice during the month. This is done as it gives an accurate account of all the patients receiving service.
	Indicator Classification (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 - Operational Plan 349
5	KPI Calculation	Count the total number of patients who received of Specialist palliative day care/ day hospice services at any time during the month. This metric is reported by number and percentage. The calculation is calculated in the BIU from submitted raw data. The data from each month is added and compared to a profiled target ,month by month.
6	Data Source Data Completeness	Information is sourced by Specialist palliative care units who forward to BIU office Business Intelligence Unit and copy to CHO Business Unit. Data Completeness is expected at 100%. Data quality issues are addressed as they
	Data Quality Issues	arise
	Data Collection	Daily Weekly Monthly Quarterly Bi-annually Annually Other – give details: The data is
	Frequency Tracer Conditions	captured daily, weekly monthly etc., locally recorded and then reported monthly to the BIU. The number of persons diagnosed with problems associated with Life Threarening illness (not nescessarily Cancer)
0		and in receipt of Specialist palliative care in a day care/ day hospice services.
9	Minimum Data Set	Set of clearly defined data that is considered to provide important information on a service. The required minuimum dataset for receipt of Specialist palliative day care/ day hospice is the Referral form with standard demographic information, Diagnosis, Treatment record, referral reason. The patient then receives a Specialist palliative care assessment before suitability for day care is agreed.
10	International Comparison	Yes. E.g. http://www.ncpc.org.uk/mds
11	KPI Monitoring	KPI will be monitored on a (please indicate below) basis: □Daily □Weekly ☑Monthly □Quarterly □Bi-annually □Annually □Other – give details: The Data collection Co-Ordinator will receive, collate, analyse and quality assure KPI outturns on a monthly basis for accuracy, completeness and ongoing performance against target. Once satisfied, they will forward the collated KPI on a monthly basis to their Area Manager for approval and Regional Lead/Specialist/relevant nominee for oversight. The Regional Lead/Specialist/relevant nominee will inform the Area Manager if further quality assurance is required and follow up with the relevant Co-Ordinator to provide same to the Area Manager.
12	KPI Reporting Frequency	
13	KPI report period	□Daily Weekly ☑ Monthly □Quarterly □Bi-annually □Annually □Other – give details: ☑ 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	☑ National ☑ Regional ☑ LHO Area □Hospital
	Aggregation	□ County
15	KPI is reported in which	Corporate Plan Report 🗹 Performance Report (NSP/CBP) CompStat 🗹 Other – give details: Care group
40	reports ?	reports as requested by the system and possible CompStat in 2013
	Web link to data	http://www.hse.ie/eng/services/Publications/corporate/Performance_Reports_Monthly.html
	Additional Information	Is this information in CIF:YES
	ntact details for Data nager / Specialist Lead	Stephen Toft Information Analyst Non Acute BIU. Tel 01 6352270. Email: Stephen.Toft1@hse.ie
	ional Lead and Division	Mr John Hennessey, National Director Primary Care Services, Tel: 635 2000

	Iliative Care: Day C	
1	KPI Title	Number of new patients in receipt of Specialist palliative day care services
2	KPI Description	The number of new patients in receipt of Specialist Palliative Day Care/ Day Hospice services at any time during the month. Each patient is counted once only. Specialist palliative day care/ day hospice is care provided to patients in a day care/day hospice setting. This includes all patients in receipt of specialist palliative day care/ day hospice setting. This includes all patients who attend specialist palliative day care during the month.
3	KPI Rationale	To determine the total number of new patients who received Specialist palliative day care/ day hospice during the month. This is done as it gives an accurate account of all the patients receiving service.
	Indicator Classification (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 - Operational Plan 962
	KPI Calculation	Count the total number of new patients who received of Specialist palliative day care/ day hospice services at any time during the month. This metric is reported by number and percentage. The calculation is calculated in the bIU from submitted raw data. The data from each month is added and compared to a profiled target ,month by month.
6	Data Source Data Completeness	Information is sourced by Specialist palliative care units who forward to BIU office Business Intelligence Unit and copy to CHO Business Unit. Data Completeness is expected at 100%. Data quality issues are addressed as they
7	Data Quality Issues	
(Data Collection	□Daily □Weekly ☑ Monthly □Quarterly □Bi-annually □Annually ☑Other – give details: The data is captured daily, weekly monthly etc., locally recorded and then reported monthly to the BIU.
B	Frequency Tracer Conditions	The number of persons diagnosed with problems associated with Life Threarening illness (not nescessarily Cancer) and in receipt of Specialist palliative care in a day care/ day hospice services.
9	Minimum Data Set	Set of clearly defined data that is considered to provide important information on a service. The required minuimum dataset for receipt of Specialist palliative day care/ day hospice is the Referral form with standard demographic information, Diagnosis, Treatment record, referral reason. The patient then receives a Specialist palliative care assessment before suitability for day care is agreed.
10	International Comparison	Yes. E.g. http://www.ncpc.org.uk/mds
11	KPI Monitoring	KPI will be monitored on a (please indicate below) basis: □Daily □Weekly ☑Monthly □Quarterly □Bi-annually □Annually □Other – give details: The Data collection Co-Ordinator will receive, collate, analyse and quality assure KPI outturns on a monthly basis for accuracy, completeness and ongoing performance against target. Once satisfied, they will forward the collated KPI on a monthly basis to their Area Manager for approval and Regional Lead/Specialist/relevant nominee for oversight. The Regional Lead/Specialist/relevant nominee will inform the Area Manager if further quality assurance is required and follow up with the relevant Co-Ordinator to provide same to the Area Manager.
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 (previous 12 month period)
14	KPI Reporting	National Z Regional Z LHO Area Hospital
4.5	Aggregation	□ County ☑ Institution □Other – give details:
15	KPI is reported in which reports ?	□ Corporate Plan Report ☑ Performance Report (NSP/CBP) □CompStat ☑Other – give details: Care group reports as requested by the system and possible CompStat in 2013
16	Web link to data	http://www.hse.ie/eng/services/Publications/corporate/Performance Reports Monthly.html
	Additional Information	Is this information in CIF:YES
	ntact details for Data nager / Specialist Lead	Stephen Toft Information Analyst Non Acute BIU. Tel 01 6352270. Email: Stephen.Toft1@hse.ie
	ional Lead and Division	Mr John Hennessey, National Director Primary Care Services, Tel: 635 2000

Pal	liative Care: Comm	unity Hospitals
1	KPI Title	Number patients in receipt of care in designated Palliative care support beds
2	KPI Description	The number of patients in receipt of care in a designated palliative care support bed. Each patient is counted once only. A palliative care support bed is a bed/ service providing an intermediate level of inpatient care for patients in a local environment typically in a designated centre for older people.
3	KPI Rationale	To determine the total number of patients who received care in designated palliative care support beds during the month.
	Indicator Classification (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 - Operational plan 165
5	KPI Calculation	The total number of patients in receipt of a palliative care support bed in designated centre for older people.
6 7	Data Source Data Completeness Data Quality Issues Data Collection	Information is sourced by Specialist palliative care units who forward to BIU office Business Intelligence Unit and copy to RDO Business Unit. Data Completeness is expected at 100%. Data quality issues are addressed as they arise
	Frequency	captured daily, weekly monthly etc., locally recorded and then reported monthly to the BIU.
8	Tracer Conditions	A person who requires respite, control of symptoms and end of life care (not nescessarily Cancer) and who is deemed suitable for admission to a palliative care support bed.
9	Minimum Data Set	Set of clearly defined data that is considered to provide important information on a service. The required minuimum dataset for admission to a palliative care support bed is the Referral form with standard demographic information, Diagnosis, Treatment record, referral reason.
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: The Data collection Co-Ordinator will receive, collate, analyse and quality assure KPI outturns on a monthly basis for accuracy, completeness and ongoing performance against target. Once satisfied, they will forward the collated KPI on a monthly basis to their Area Manager for approval and Regional Lead/Specialist/relevant nominee for oversight. The Regional Lead/Specialist/relevant nominee will inform the Area Manager if further quality assurance is required and follow up with the relevant Co-Ordinator to provide same to the Area Manager.
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 (previous 12 month period)
14	KPI Reporting	☑ National ☑ Regional ☑ LHO Area □Hospital
15	Aggregation KPI is reported in which reports ?	County
16	Web link to data	http://www.hse.ie/eng/services/Publications/corporate/Performance Reports Monthly.html
17	Additional Information	Is this information in CIF:YES
Man	tact details for Data ager / Specialist Lead	Stephen Toft Information Analyst Non Acute BIU. Tel 01 6352270. Email: Stephen.Toft1@hse.ie
Natio	onal Lead and Division	Mr John Hennessey, National Director Primary Care Services, Tel: 635 2000

1 01	liative Care: Inpatien	
1	KPI Title	Total number of new referrals for inpatient& outpatient services seen by the Specialist Palliative care tean
2	KPI Description	This is the total number of adults who received the care of the Specialist Paediatric Palliative Care Team as an inpatient or an outpatient in an Acute setting.
3	Rationale (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	2015 Operational Plan Target: new KPI
5	KPI Calculation	Total number of Adults in the care of the Specialist Palliative care team in an acute setting . The collated figures are added together to give an overall total. Calculation is performed by the BIU by collating a return for each Acute hospital.
6	Data Source Data Completeness Data Quality Issues	Information is sourced by the Specialist palliative care teams in the Acute Hospitals who forward to BIU office Business Intelligence Unit. Data Completeness is expected at 100%. Data quality issues are addressed as they arise
7	Data Collection Frequency	□Daily □Weekly ☑ Monthly □Quarterly □Bi-annually □Annually ☑Other – give details: The data is captured daily, weekly monthly etc., locally recorded and then reported monthly to the BIU.
8	Tracer Conditions	The numbers of Adults diagnosed with problems associated with a Life threatening illness (not nescessarily Cancer) and waiting for admission as an inpatient or an outpatient to a Specialist Palliative care unit in an acute setting.
9	Minimum Data Set	The required minuimum dataset for admission to a palliative care support bed is the Referral form with standard demographic information, Diagnosis, Treatment record, referral reason.
10	International Comparison	
11	KPI Monitoring	KPI will be monitored on a (please indicate below) basis: □Daily □Weekly ☑Monthly □Quarterly □Bi-annually □Annually □Other – give details: The Specialist palliative care team will , collate, analyse and quality assure KPI outturns on a monthly basis for accuracy, completeness and ongoing performance against target. Once satisfied, they will forward the collated KPI or a monthly basis to the BIU by the 15th of the month or nearest Friday and CC their local Manager. T
12	KPI Reporting Frequency	Daily Weekly Z 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 (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: Care group reports as requested by the system and possible CompStat in 2013
16 17	Web link to data Additional Information	http://www.hse.ie/eng/services/Publications/corporate/Performance_Reports_Monthly.html Is this information in CIF:YES
Cont Spec	act details for Data Manager / cialist Lead	Stephen Toft Information Analyst Non Acute BIU. Tel 01 6352270. Email: Stephen.Toft1@hse.ie
Natio	onal Lead and Division	Mr John Hennessey, National Director Primary Care Services, Tel: 635 2000 Mr Barry Murphy, Principal Officer, Department of Health, 01 635 4585

Pal	liative Care: Inpatien	t Units
1	KPI Title	Waiting times for Specialist Palliative care services for Acute and re referral within 2 days
2	KPI Description	This is the total number of New adults who waited forthe care of the Specialist Paediatric Palliative Care Team as an inpatient or an outpatient in an Acute setting
	Rationale (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	2015 Operational Plan Target: new KPI
5	KPI Calculation	Total number of Adults in the care of the Specialist Palliative care team in an acute setting. The collated figures are added together to give an overall total. Calculation is performed by the BIU by collating a return for each Acute hospital.
6	Data Source Data Completeness Data Quality Issues	Information is sourced by the Specialist palliative care teams in the Acute Hospitals who forward to BIU office Business Intelligence Unit. Data Completeness is expected at 100%. Data quality issues are addressed as they arise
7	Data Collection Frequency	Daily Weekly Monthly Quarterly Bi-annually Annually Other – give details: The data is captured daily, weekly monthly etc., locally recorded and then reported monthly to the BIU.
8	Tracer Conditions	The numbers of Adults diagnosed with problems associated with a Life threatening illness (not nescessarily Cancer) and waiting for admission as an inpatient or an outpatient to a Specialist Palliative care unit in an acute setting.
9	Minimum Data Set	The required minuimum dataset for admission to a palliative care support bed is the Referral form with standard demographic information, Diagnosis, Treatment record, referral reason.
10	International Comparison	
11	KPI Monitoring	KPI will be monitored on a (please indicate below) basis: □Daily □Weekly ☑Monthly □Quarterly □Bi-annually □Annually □Other – give details: The Specialist palliative childrens outreach nurse will, collate, analyse and quality assure KPI outturns on a monthly basis for accuracy, completeness and ongoing performance against target.
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 (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 Z Performance Report (NSP/CBP) CompStat ZOther
16	Web link to data	http://www.hse.ie/eng/services/Publications/corporate/Performance_Reports_Monthly.html
17	Additional Information	Is this information in CIF:YES
	act details for Data Manager / sialist Lead	Stephen Toft Information Analyst Non Acute BIU. Tel 01 6352270. Email: Stephen.Toft1@hse.ie
	onal Lead and Division	Mr John Hennessey, National Director Primary Care Services, Tel: 635 2000 Mr Barry Murphy, Principal Officer, Department of Health, 01 635 4585

Pal	liative Care: Inpatien	t Units
1	KPI Title	Total number of children in the care of the childrens outreach Nursing team/Specialist Palliative care team
2	KPI Description	This is the total number of children who received the care of the Children's Outreach Nurse and/or Specialist Paediatric Palliative Care Team on the first day of the month and the new children and transfers in during the month. The Children's Outreach Nurse and/or Specialist Paediatric Palliative Care Team care is provided to children in the home, acute general hospital and tertiary hospital. The total number of children recorded at Our Lady's Children's Hospital, Crumlin includes all the children under the care of the Consultant Paediatrician in Palliative Medicine and may be resident elsewhere in the country.
3	KPI Rationale	The Children's Outreach Nurse and/or Specialist Paediatric Palliative Care Team Service is the care provided to children and their family in the home, tertiary hospital and acute general hospital. In most instances this care is provided by the Children's Outreach Nurse (Clinical Nurse Specialist for Children with Life Limiting Conditions) but can also be delivered by the Specialist Paediatric Palliative Care Team. The aim of the Children's Outreach Nurse and Specialist Paediatric Palliative Care Team is: • To co-ordinate a service that provides continuity of care and quality of life for children with life limiting conditions and their families. • Plan, implement, deliver, and evaluate care for a caseload of children in collaboration with local healthcare professional/carer especially those with specific palliative care needs. This role will apply to acute and community care setting. • Act as an informed resource for health and social care professionals involved in the care of children with life limiting conditions. • Facilitate education and training for health and social care professionals in collaboration with relevant stakeholders • Support collection of data in relation to children with life limiting conditions to support national programme development.
	Indicator Classification (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	2015 Operational Plan Target: 321
5	KPI Calculation	Total number of children in the care of the childrens outreach Nursing team/Specialist Palliative care team in an acute setting and in the home LHO address of the child. The two figures are added together to give overall total. Calculation is performed by the BIU by collating two separate returns.
6	Data Source	Information is sourced by the childrens Specialist palliative care outreach nurses who forward to BIU office Business
	Data Completeness	Intelligence Unit and copy to CHO Business Unit. Data Completeness is expected at 100%. Data quality issues are
7	Data Quality Issues	addressed as they arise
1	Data Collection Frequency	Daily Weekly Monthly Quarterly Bi-annually Annually Other – give details: The data is captured daily, weekly monthly etc., locally recorded and then reported monthly to the BIU.
8	Tracer Conditions	The numbers of children diagnosed with problems associated with a Life threatening illness (not nescessarily Cancer) and waiting for admission to a Specialist Palliative care unit
9	Minimum Data Set	The required minuimum dataset for admission to a palliative care support bed is the Referral form with standard demographic information, Diagnosis, Treatment record, referral reason.
10	International Comparison	
	KPI Monitoring	KPI will be monitored on a (please indicate below) basis: □Daily □Weekly ☑Monthly □Quarterly □Bi-annually □Annually □Other – give details: The Specialist palliative childrens outreach nurse will, collate, analyse and quality assure KPI outturns on a monthly basis for accuracy, completeness and ongoing performance against target. Once satisfied, they will forward the collated KPI on a monthly basis to the BIU by the 15th of the month or nearest Friday and CC their local 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 (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: Care group reports as requested by the system and possible CompStat in 2013
16	Web link to data	http://www.hse.ie/eng/services/Publications/corporate/Performance_Reports_Monthly.html
	Additional Information	Is this information in CIF:YES
	act details for Data Manager	Stephen Toft Information Analyst Non Acute BIU. Tel 01 6352270. Email: Stephen.Toft1@hse.ie
Natio	onal Lead and Division	Mr John Hennessey, National Director Primary Care Services, Tel: 635 2000 Mr Barry Murphy, Principal Officer, Department of Health, 01 635 4585

Pal	liative Care: Inpatien	t Units
1	KPI Title	Total number of new children in the care of the childrens outreach Nursing team/Specialist Palliative care team
2	KPI Description	This is the total number of new children seen by the Children's Outreach Nurse and/or Specialist Paediatric Palliative Care Team for the first time ever during the month. Each new child is captured once only and where initially seen on a first face to face contact.
3	KPI Rationale	 The Children's Outreach Nurse and/or Specialist Paediatric Palliative Care Team Service is the care provided to children and their family in the home, tertiary hospital and acute general hospital. In most instances this care is provided by the Children's Outreach Nurse (Clinical Nurse Specialist for Children with Life Limiting Conditions) but can also be delivered by the Specialist Paediatric Palliative Care Team. The aim of the Children's Outreach Nurse and Specialist Paediatric Palliative Care Team is: To co-ordinate a service that provides continuity of care and quality of life for children with life limiting conditions and their families. Plan, implement, deliver, and evaluate care for a caseload of children in collaboration with local healthcare professional/carer especially those with specific palliative care needs. This role will apply to acute and community care setting. Act as an informed resource for health and social care professionals involved in the care of children with life limiting conditions. Facilitate education and training for health and social care professionals in collaboration with relevant stakeholders Support collection of data in relation to children with life limiting conditions to support national programme development.
	Indicator Classification (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	2015 Operational Plan Target: 229
5	KPI Calculation	Total number of children in the care of the childrens outreach Nursing team/Specialist Palliative care team in an acute setting and in the home LHO address of the child. The two figures are added together to givean overall total. Calculation is performed by the BIU by collating two seperate returns.
6	Data Source	Information is sourced by the childrens Specialist palliative care outreach nurses who forward to BIU office Business
	Data Completeness	Intelligence Unit and copy to CHO Business Unit. Data Completeness is expected at 100%. Data quality issues are
	Data Quality Issues	addressed as they arise
1	Data Collection Frequency	Daily Weekly Monthly Quarterly Bi-annually Annually Other – give details: The data is captured daily, weekly monthly etc., locally recorded and then reported monthly to the BIU.
8	Tracer Conditions	The numbers of children diagnosed with problems associated with a Life threatening illness (not nescessarily Cancer) and waiting for admission to a Specialist Palliative care unit
9	Minimum Data Set	The required minuimum dataset for admission to a palliative care support bed is the Referral form with standard demographic information, Diagnosis, Treatment record, referral reason.
10	International Comparison	
11	KPI Monitoring	KPI will be monitored on a (please indicate below) basis: □Daily □Weekly ☑Monthly □Quarterly □Bi-annually □Annually □Other – give details: The Specialist palliative childrens outreach nurse will, collate, analyse and quality assure KPI outturns on a monthly basis for accuracy, completeness and ongoing performance against target. Once satisfied, they will forward the collated KPI on a monthly basis to the BIU by the 15th of the month or nearest Friday and CC their local 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 (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: Care group reports as requested by the system and possible CompStat in 2013
16	Web link to data	
_	Additional Information	Is this information in CIF:YES
Cont	act details for Data Manager cialist Lead	Stephen Toft Information Analyst Non Acute BIU. Tel 01 6352270. Email: Stephen.Toft1@hse.ie
Natio	onal Lead and Division	Mr John Hennessey, National Director Primary Care Services, Tel: 635 2000 Mr Barry Murphy, Principal Officer, Department of Health, 01 635 4585