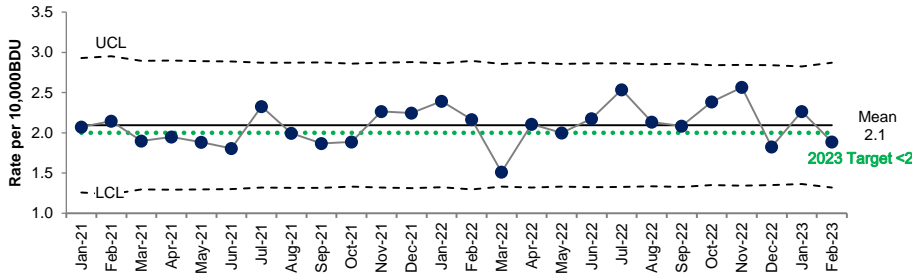


The purpose of the Quality and Safety Profile is to provide statistical insights into quality and patient safety data and to support understanding of variation in performance over time. It is separate to processes supporting the performance and accountability framework under which necessary improvement plans are developed and monitored by NPOG and reported on through EMT and the Monthly Performance reporting process up to and including the Board Strategic Scorecard.

AMRIC: Rate of new cases of hospital associated C. difficile infection per 10,000 bed days used

Desired Direction

National Rate



Statistical analysis:

Average national performance is stable, and continues slightly above the 2023 target.

There are no signals of change in the rate of C. difficile infections per 10,000 bed days used since Jan-21.



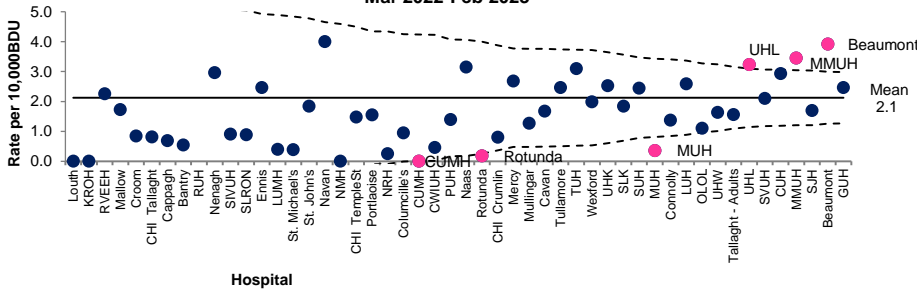
In Feb-23 there were 59 new cases of hospital associated C. difficile infections.



Latest data available: February 2023

Safe

Mar 2022-Feb 2023



Statistical analysis funnel plot:

The SPC funnel plot for the last 12 months shows that the rates for MMUH (3.5/10,000BDU), Beaumont (3.9/10,000BDU) and UHL (3.2/10,000BDU) were higher than expected relative to the national average while the rates for CUMH (0), Rotunda (0.2/10,000BDU), and MUH (0.4/10,000BDU) were lower (better). All other hospitals were within the expected range of variation.

Service analysis (updated 29/03/2023):

- There was a notable decrease in the national rate of C. difficile infections from 2.3 cases per 10,000 BDU in January 2023 to 1.9 in February 2023, which is below the target of <2.0.
- HSE AMRIC Oversight and implementation/ working governance groups are in place with Acute Operations reps, and Hospital Group IPC/ AMS Steering Groups are in place in 5 Groups
- Performance KPIs and monitoring process in place for acute hospital HCAI KPIs which includes assessment of commentary from hospitals on rates above target in terms of appropriate review and actions taken
- Policies, Procedures & Guidelines available to hospitals and National AMRIC technical support / guidance/ webinars/ education supports provided.
- Ongoing monitoring of 2021-2025 AMRIC Implementation Plan objectives as they relate to acute services



Used to highlight a change in the assessment from last month; unexpected variation; or variance from the target.



Indicates updated data for this measure this month



Indicates no updated data available for this measure this month



Indicates a new measure this month

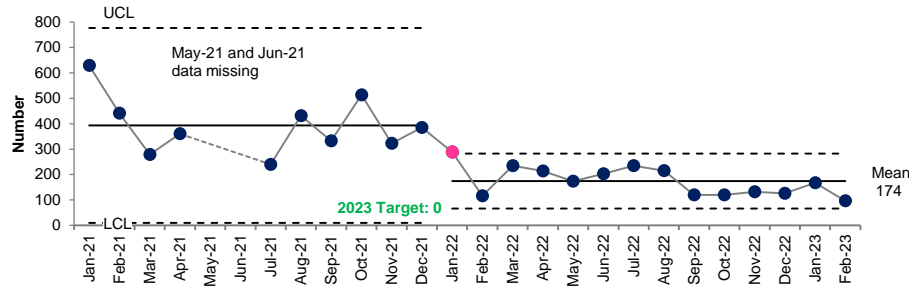
Note: Special cause variation in the statistical process control (SPC) charts is highlighted using pink data points

ACUTES: No. of new people waiting > four weeks for access to an urgent colonoscopy

Desired Direction ↓

Safe

National Data



Statistical analysis:
Average national performance is above the 2023 target. There were signals of improvement since Jan-22. The statistical limits were recalculated to reflect the new average.



Feb-23: there were 96 people waiting over four weeks for access to an urgent colonoscopy.



Latest data available: February 2023

Note: As this indicator does not have a denominator, it is not possible to produce a funnel plot.

Service analysis (updated 30/03/2023):

Acute Operations continue to robustly monitor breaches across all hospitals. Hospitals have been instructed to include both public and private patients on weekly urgent colonoscopy returns to the BIU. 63 of the 96 breaches in February 2023 (66%) were from Mayo University Hospital (MUH) and improvements are being seen, down from 87 (52%) in January 2023.

MUH experienced an increase in urgent colonoscopy breaches for the following reasons:

- There was an increase in the number of urgent colonoscopy referrals
- Capacity was reduced due to:
 - i. hospital escalation
 - ii. an increase in the number of BowelScreen patients treated
 - iii. additional surveillance scopes taking place
 - iv. a consultant being on annual leave
 - v. reduction in weekend endoscopy availability

An action plan to address the colonoscopy breaches has been put in place including within MUH.



Used to highlight a change in the assessment from last month; unexpected variation; or variance from the target.



Indicates updated data for this measure this month



Indicates no updated data available for this measure this month



Indicates a new measure this month

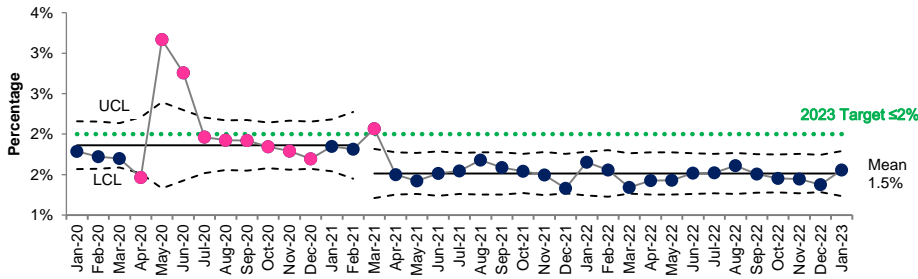
Note: Special cause variation in the statistical process control (SPC) charts is highlighted using pink data points

ACUTES: Percentage of surgical re-admissions to the same hospital within 30 days of discharge

Desired Direction ↓

Effective

National Rate



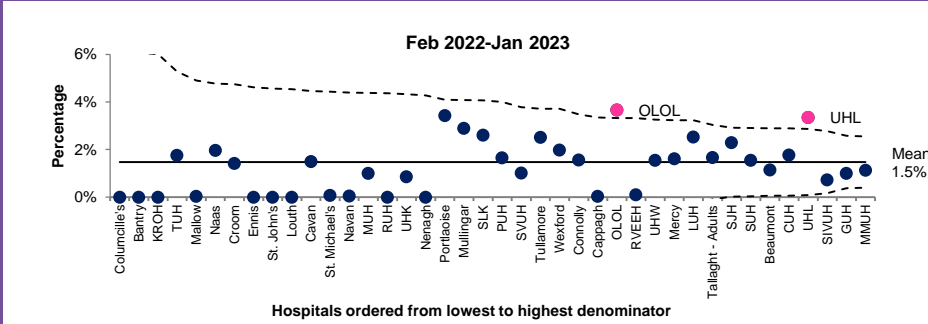
Statistical analysis:
Average national performance is stable, and continues well below the 2023 target.



There were 25,658 surgical discharges in Jan-23 of whom 399 patients were re-admitted to the same hospital within 30 days of discharge.



Latest data available: January 2023



Statistical analysis funnel plot:
The SPC funnel plot for the last 12 months shows that the rates for OLOL (3.7%) and UHL (3.3%) were higher than expected relative to the national average. All other hospitals were within the expected range of variation.

Service analysis (updated 30/03/2023):

The percentage of unplanned re-admission to the same hospital within 30 days post acute or elective, inpatient or day-case surgical admission to the same hospital.

As hospitals are encouraged to reduce surgical length of stay, it is important that re-admission rates are monitored to ensure that there is not an associated inappropriate increase of readmissions to surgical services.

Data is collected monthly in arrears, a low rate of surgical re-admissions is a good proxy measure for quality care; pre- and post-discharge care can improve care outcomes and reduce surgical readmission.



Used to highlight a change in the assessment from last month; unexpected variation; or variance from the target.



Indicates updated data for this measure this month



Indicates no updated data available for this measure this month



Indicates a new measure this month

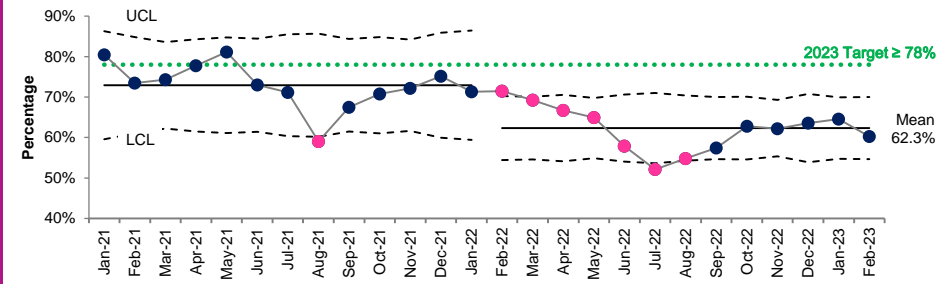
Note: Special cause variation in the statistical process control (SPC) charts is highlighted using pink data points

CAMHS: Percentage of accepted referrals / re-referrals offered first appointment and seen within 12 weeks

Desired Direction

Person-centred

National Rate



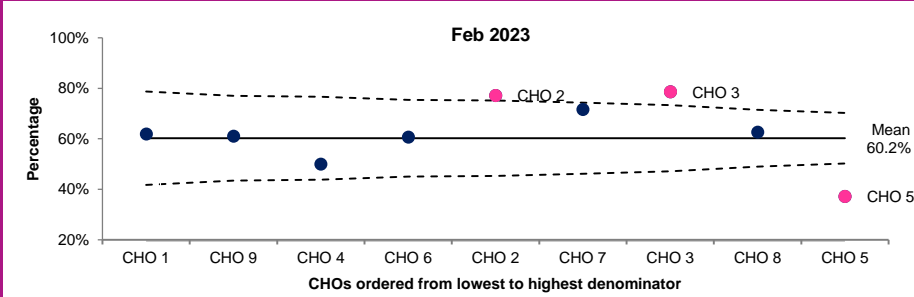
Statistical analysis:
Average national performance is below the 2023 target. There are signals of disimprovement since Feb-22. The statistical process control limits were recalculated to reflect the new average.



There were 1,031 CAMHS appointments in Feb-23 (seen & DNA), of whom 621 were seen within 12 weeks.



Latest data available: February 2023



Statistical analysis funnel plot:
The SPC funnel plot for Feb-23 shows that the rates for CHO3 (79%) and CHO2 (77%) are higher (better) than expected and the rate for CHO5 (37%) is lower than expected. All other CHOs were within the expected range of variation.

Service analysis (updated 27/03/2023):

Every effort is made to prioritise urgent cases so that the referrals of young people with high risk presentations are addressed as soon as possible and this is often within 24 to 48 hours. The severity of presenting symptoms as well as an assessment of risk is always taken into account in terms of waiting times.

The prioritisation of urgent cases, may impact on wait times for cases that are considered, by a clinician, to be less severe or a lower risk. CAMHS teams meet weekly to review all referrals and to assess the risk to any children and young people on their caseload.

In February YTD 62.4% referrals were offered an appointment and seen within 12 weeks against a target of 78%.

CHO 2 is currently exceeding target YTD at 80.4% compared to CHO 5 (45.6%) followed by CHO 4 (58%).

All other CHO's have not achieved the target YTD CHO 1 (66.9%), CHO 3 (71%), CHO 6 (61.8%), CHO 7 (69%), CHO 8 (65.1%) and CHO 9 (63%).

There are ongoing issues with retention of CAMHS staff, also there has been an increase in urgent/complex presentations to CAMHS. The response to these urgent presentations has affected the ability to respond to lower complex presentations within the time frame.

There is also 4.8% DNA (did not attend) rate for those offered a new or re-referred appointment.



Used to highlight a change in the assessment from last month; unexpected variation; or variance from the target.



Indicates updated data for this measure this month



Indicates no updated data available for this measure this month



Indicates a new measure this month

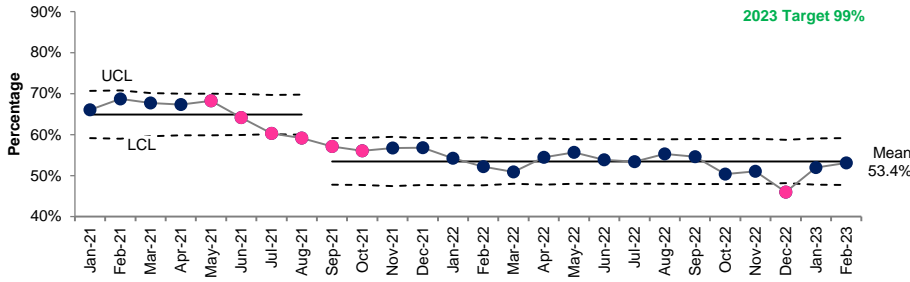
Note: Special cause variation in the statistical process control (SPC) charts is highlighted using pink data points

ACUTES: Percentage of all attendees aged 75 years and over at ED who are discharged or admitted within 9 hours

Desired Direction

Person-centred

National Rate



Statistical analysis:

Average national performance is below target and relatively stable after disimproving since May-21. The control limits have been recalculated to reflect this. In addition the rate for Dec-22 showed a signal of disimprovement.

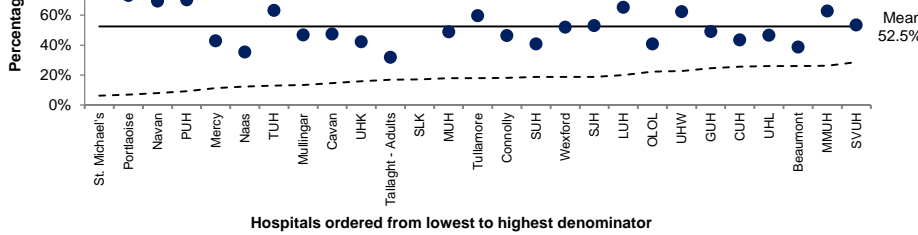


Feb-23: 15,156 people 75+ years presented to ED, of whom 8,043 were discharged or admitted within 9 hours.



Latest data available: February 2023

Mar 2022-Feb 2023



Statistical analysis funnel plot:

The SPC funnel plot shows the range of variation among hospitals. All hospitals are within the control limits, although the control limits are very wide. This indicates that there is a lot of variation in the rates by hospital, but there are no statistical differences between hospitals with higher or lower rates.

Service analysis (updated 30/03/2023):

There has been an improvement in February 2023 to 53% up from 52% in January 2023 however this is still below National target and Acute Operations are ensuring focus on same at Hospital Group performance meetings.

There is a particular focus on improving PETs through:

- Improvements in patient flow pre hospital, within acute settings and post discharge to appropriate care setting
- the provision of additional capacity in the winter plan, including Emergency Medicine Consultants and resources through the Safer Staffing Framework for nursing
- enhancing the integrated approach with Community Health Organisations through alternative pathways ICPOP, CIT, Pathfinder(NAS) community diagnostics and access to other community beds/settings.



Used to highlight a change in the assessment from last month; unexpected variation; or variance from the target.



Indicates updated data for this measure this month



Indicates no updated data available for this measure this month



Indicates a new measure this month

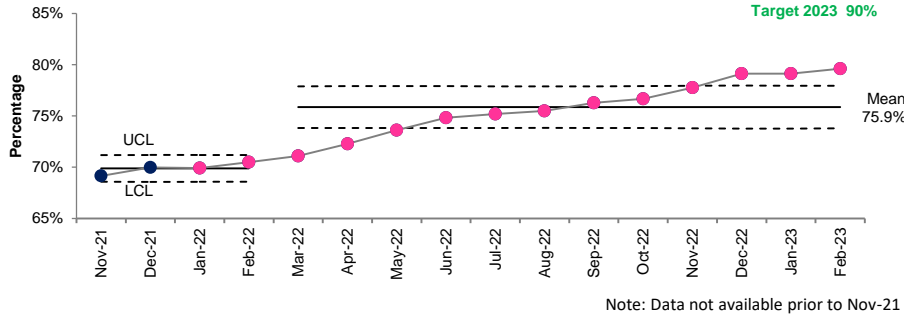
Note: Special cause variation in the statistical process control (SPC) charts is highlighted using pink data points

ACUTES: Percentage of people waiting <15 months for first access to OPD services

Desired Direction

Timely

National Rate



Statistical analysis:
Average national performance is below 2023 target but there are signals of improvement for the past 14 months. The control limits have been recalculated to reflect the new average.

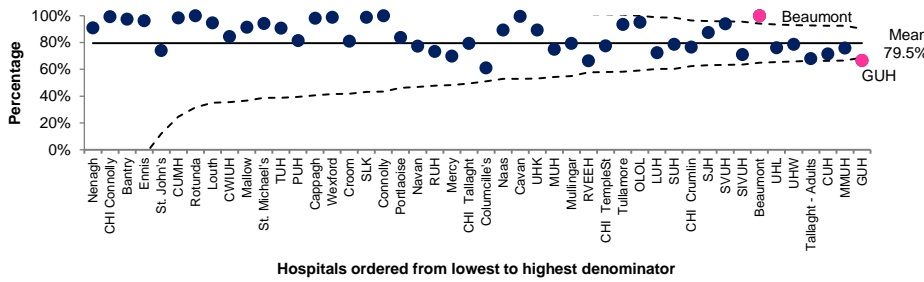


Feb-23: there were 596,099 people waiting for first access to OPD services, of whom 474,585 were waiting less than 15 months.



Latest data available: February 2023

Feb 2023



Statistical analysis funnel plot:
The SPC funnel plot for last month shows the range of variation in the rates by hospital. All hospitals are within the control limits, with the exception of Beaumont (99.9%) which is higher (better) than expected relative to the national average and GUH (66.6%) which is lower than expected.

Service analysis (updated 30/03/2023):

The number of patients waiting longer than the 15 month target was 121,514 in February 2023 a reduction of 1,597 since January 2023.

Projections indicate that this will be further reduced in March 2023 and the 2023 waiting list action plan has been published and the task force will continue to put in place measures to reduce waiting lists.

Acute Operations are ensuring focus on same at Hospital Group performance meetings.



Used to highlight a change in the assessment from last month; unexpected variation; or variance from the target.



Indicates updated data for this measure this month



Indicates no updated data available for this measure this month



Indicates a new measure this month

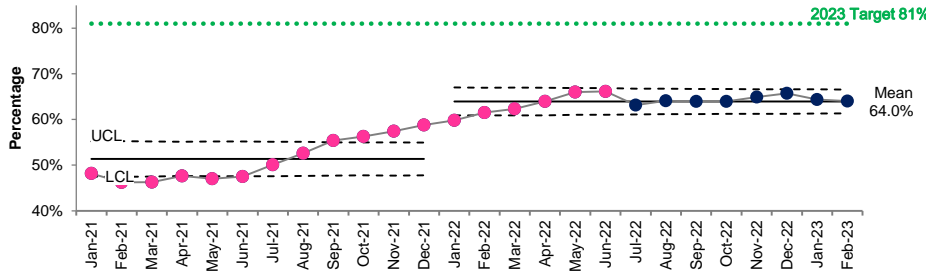
Note: Special cause variation in the statistical process control (SPC) charts is highlighted using pink data points

PRIMARY CARE: Percentage of psychology patients on waiting list for treatment ≤ 52 weeks

Desired Direction

Timely

National Rate



Statistical analysis:

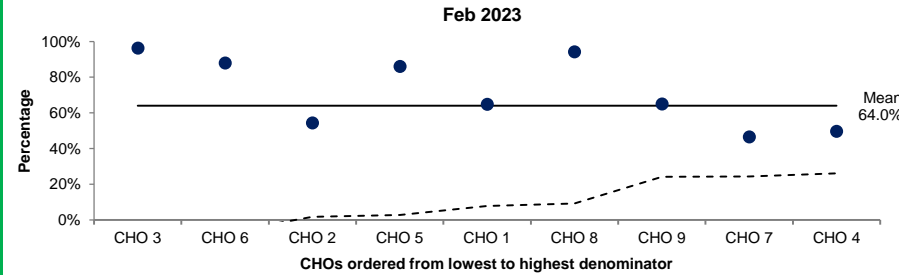
Average national performance is below the target and unstable. While performance disimproved since the beginning of the pandemic, there are now ongoing signals of improvement since Jun-21. The control limits have been recalculated to reflect the current mean.



Feb-23: 16,986 people were on the waiting list for Primary Care Psychology treatment, of whom 10,879 were waiting less than 52 weeks.



Latest data available: February 2023



Statistical analysis funnel plot:

The SPC funnel plot shows the range of variation among CHOs. All CHOs are within the control limits, although the control limits are very wide. This indicates that there is a lot of variation in the rates by CHO, but there are no statistical differences between CHOs with higher or lower rates.

Service analysis (updated 27/03/2023):

The national position in February 2023 is 64% compared to the target of 81% (PC103G). The number of people waiting longer than 52 weeks has increased by +4.1% from 5,866 in January to 6,107 in February (PC103E).

457 children and young people have been removed from the waiting list over January and February 2023 as a result of the WLAP waiting list initiatives referred to earlier in this commentary

The number of new patients seen for first time at the end of February 2023 is 2,063 which is 22.7% ahead of same period last year position of 1,681 (PC40)

CHOs 3, 4, 5 and 9 are above target or within 5% of achieving target for access. CHOs 1, 2, 6, 7 and 8 are over 10% of achieving target.

Numbers of referrals YTD (Feb) is 3,084 which represents an increase of 1,330 (75.8%) in expected activity (1,754).

Referrals are 17.8% ahead of the same period last year (2,617) with increases in recorded CHOs 2, 3, 4, 5, 6, 8 and 9. (PC38)

Note on Primary Care Services

Primary Care Services have been impacted by Covid wave with staff absence impacting on performance. Additionally, Primary Care has a key role in the Ukrainian response. This has inevitably impacted the delivery of Primary Care services to KPI targets.

As indicated the performance metrics need to be read in the context of staff delivering front line services within the foregoing constraints. The challenges detailed above relate to all the services reported below. Overall, there was 98.3% return rate for data across Primary Care Services in February.

One of the factors impacting on numbers of patients seen is the complexity of cases presenting. Many patients require a multi-disciplinary approach and in a number of cases ongoing treatment is required for a prolonged period of time a significant factor impacting access performance is the increase in numbers of referrals across all therapy services which will also impact on numbers waiting. This increase in numbers referred will result in longer waiting times as patients are clinically prioritised.

Performance is addressed in the individual monthly engagements with Head of Services Primary Care, focussing on measures for increased productivity in terms of numbers seen per WTE relative to national averages for each service.



Used to highlight a change in the assessment from last month; unexpected variation; or variance from the target.



Indicates updated data for this measure this month



Indicates no updated data available for this measure this month



Indicates a new measure this month

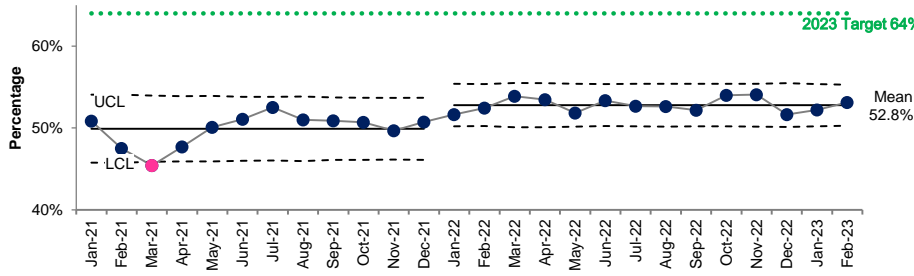
Note: Special cause variation in the statistical process control (SPC) charts is highlighted using pink data points

PRIMARY CARE: Percentage of ophthalmology patients on waiting list for treatment ≤52 weeks

Desired Direction

Timely

National Rate



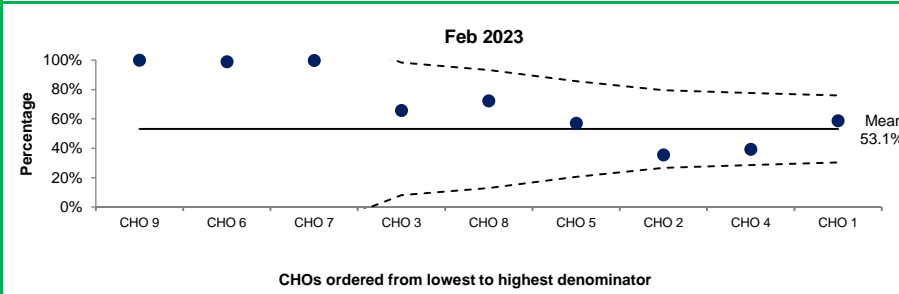
Statistical analysis:
Average national performance is below the target. There were signals of improvement since Jan-22. The statistical process control limits were recalculated to reflect the new average.



Feb-23: 23,747 people were on the waiting list for Primary Care Ophthalmology treatment, of whom 12,619 were waiting less than 52 weeks.



Latest data available: February 2023



Statistical analysis funnel plot:
The SPC funnel plot shows the range of variation among CHOs. All CHOs are within the control limits, although the control limits are very wide. This indicates that there is a lot of variation in the rates by CHO, but there are no statistical differences between CHOs with higher or lower rates.

Service analysis (updated 27/03/2023):

The national February 2023 position is 53.1% compared to the target of 64% (PC107G). The number of people waiting longer than 52 weeks has increased by +3.6% from 10,737 in January to 11,128 in February (PC107E).

The number of new patients seen for first time assessment at the end of February 2023 is 4,188 which is 17.3% ahead of same period last year position of 3,571 (PC54)

CHOs 1, 4, 5, 6, 7, and 8 are above target or within 5% of achieving target for access. CHOs 2, 3 and 9 are over 10% of achieving target.

Numbers of referrals YTD (Feb) is 4,887 which represents an increase of 819 (20.1%) in expected activity (4,068).

Referrals are 21.4% ahead of the same period last year (4,024) with increases in recorded CHOs 1, 2, 4, 7, 8 and 9. (PC52)



Used to highlight a change in the assessment from last month; unexpected variation; or variance from the target.



Indicates updated data for this measure this month



Indicates no updated data available for this measure this month



Indicates a new measure this month

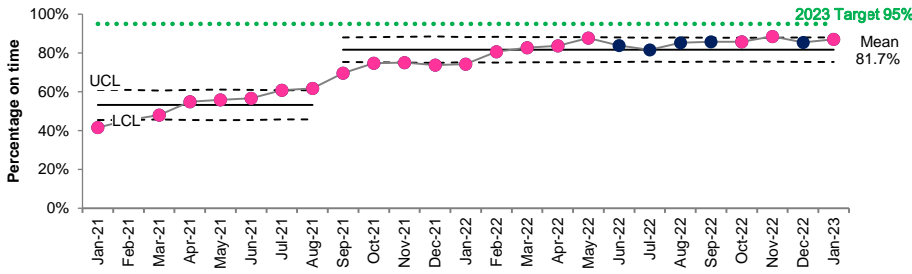
Note: Special cause variation in the statistical process control (SPC) charts is highlighted using pink data points

PRIMARY CARE: Percentage of child health & development assessments completed on time or before 12 months of age

Desired Direction

Wellbeing

National Rate



Statistical analysis:

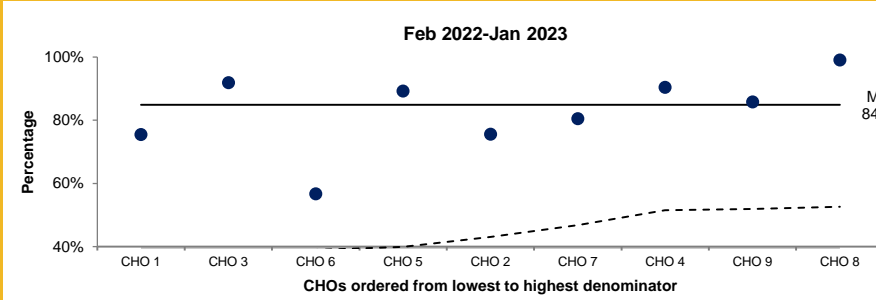
Average national performance is below the 2023 target, with ongoing signals of improvement Jan-21 to May-22. The control limits have been recalculated to reflect this improvement. In addition, there are signals of improvement in Oct-22, Nov-22 and Jan-23.



Jan-23: 4,637 babies were reaching 12 months of age, of which 4,039 had a health & development assessment completed.



Latest data available: January 2023



Statistical analysis funnel plot:

The SPC funnel plot for the last 12 months Dec-21 - Nov-22 shows that the rates for all CHOs were within the expected range of variation.

Service analysis (updated 27/03/2023):

The national performance at January YTD (Data one month in arrears) is 87.1% compared to a target of 95% (PC153). Performance in December of 85.4% compared to a monthly performance of 87.1% in January

CHO 8 delivered 96.7% compared to target of 95% with CHO 6 delivering at 65.5% against target.

Performance is being addressed with relevant CHOs who are advising that performance is expected to show continued improvement in 2023, in most areas, due to a combination of factors including:

- Reduced Covid related staff illness (assuming a reduction in Covid across the year)
- Less DNAs / cancellations from clients due to reduced impact of Covid
- Measures being taken to address non-return of data
- Overall reduction in backlogs

Performance will continue to be monitored in 2023 with relevant CHOs including in the monthly engagement meetings. It must be noted that challenges remain in relation to the recruitment and retention of Public Health Nurses in some areas especially some parts of Dublin and Galway. A national community nursing oversight group has been established to develop proposals and recommendations in order to increase recruitment and retention of Public Health Nurses (PHNs) and Community RGNs (CRGNs) in Community Services.



Used to highlight a change in the assessment from last month; unexpected variation; or variance from the target.



Indicates updated data for this measure this month



Indicates no updated data available for this measure this month



Indicates a new measure this month

Note: Special cause variation in the statistical process control (SPC) charts is highlighted using pink data points

HSE Board S&Q Committee: Quality and Safety Profile Discussion Prompts

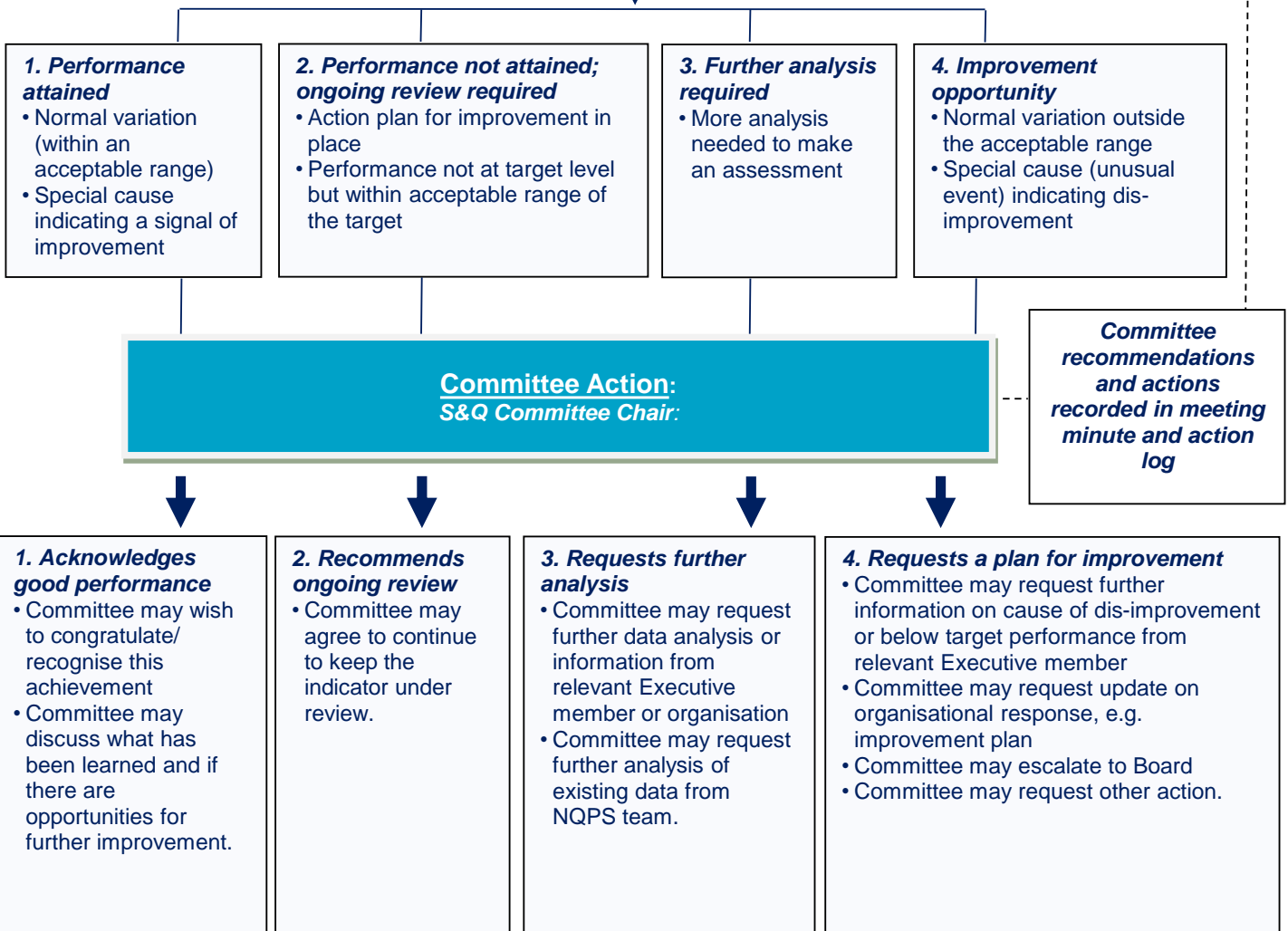
Receipt of HSE Quality and Safety Profile:
S&Q Committee members receive documents from Chief Clinical Officer (CCO)

At the S&Q Committee meeting the steps below are used by the committee members to discuss the Quality Profile

Committee Discussion:
CCO/ NQPS CD facilitates discussion on each indicator presented in the quality profile.

- What does the indicator show?
- Are there internal or external factors impacting the indicator?

Committee Assessment:
Committee members collectively make an assessment based on the information presented and their discussion



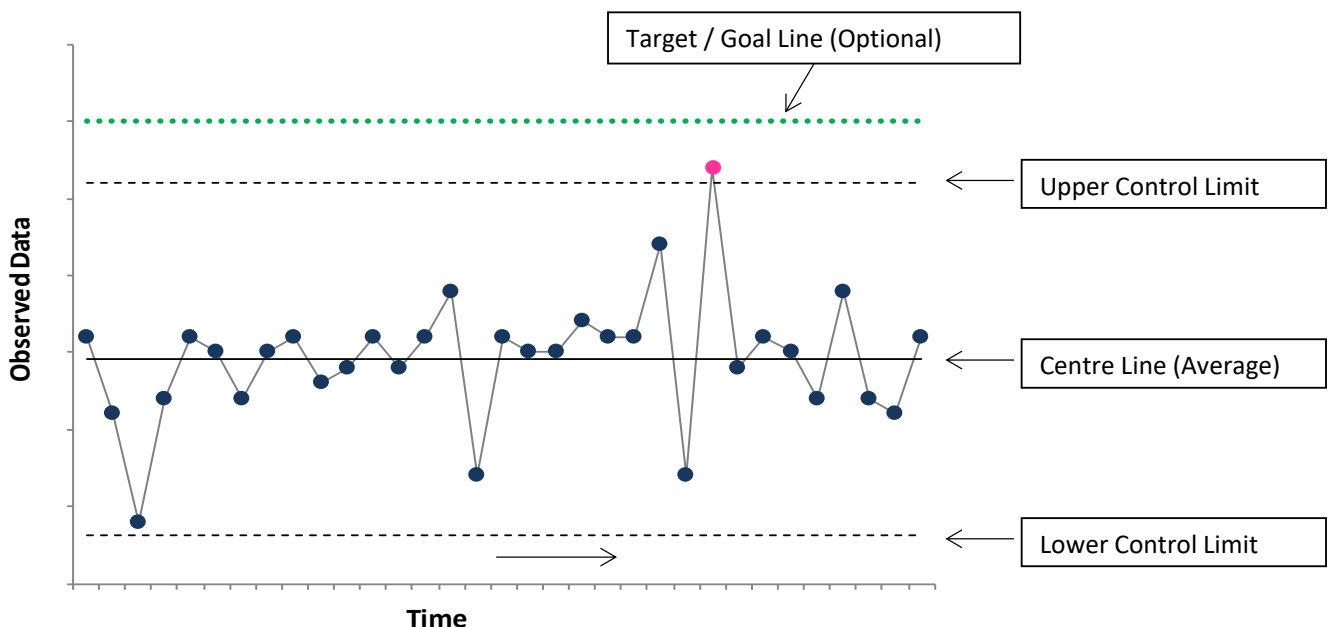
Anatomy of a Statistical Process Control Chart

A **Statistical Process Control (SPC)** Chart consists of data plotted in order, usually over time (weeks, months etc). It includes a centre line based on the average (mean) of the data. It also includes upper and lower control limits based on statistical calculations (3 sigma deviations from the average).

The control limits are based on the variation in the observed data. The control limits reflect the expected range of variation within the data, and do not reflect the desired range of variation in terms of quality of care. The probability of any data point falling outside of the control limits by chance alone is very small.

Points that are above or below the control limits are an indication of special cause variation. In addition to a data point outside of the control limits, there are four other rules that indicate non-random (special cause) variation.

The target / goal line is interpreted differently to the other lines in the chart. It is not determined by the data and so is not normally part of an SPC chart, but it can be useful to display it to help focus improvement efforts.

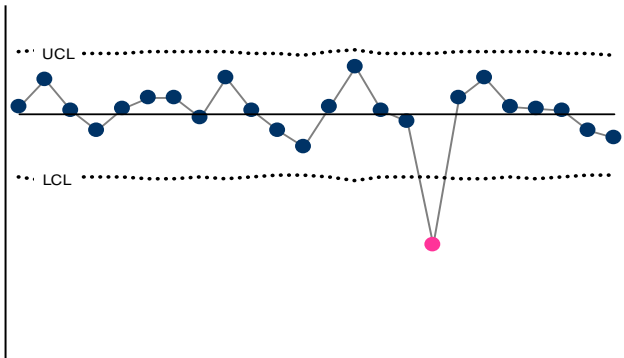


References

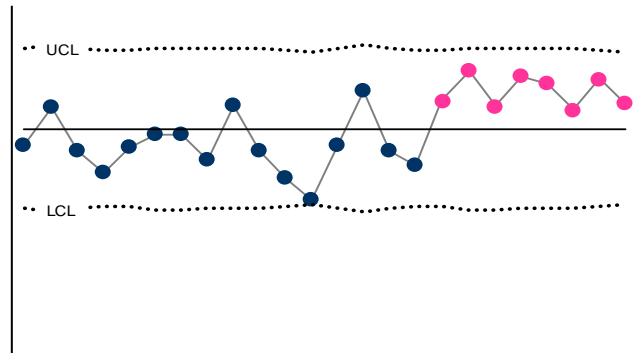
Provost L, Murray S. The Healthcare Data Guide: Learning from Data for Improvement. San Francisco: Jossey-Bass, Publication, 2011

Rules for detecting special cause variation using statistical process control charts

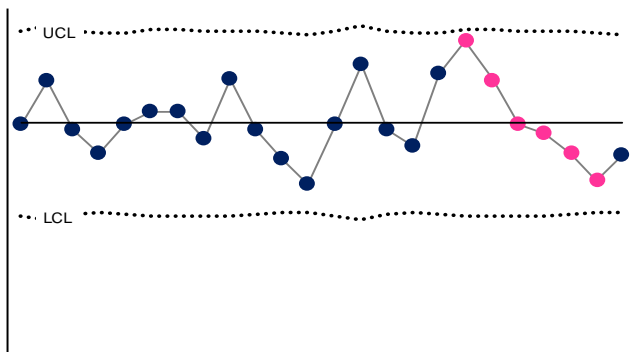
1. A single point outside the control limits (this doesn't include points exactly on the limit)



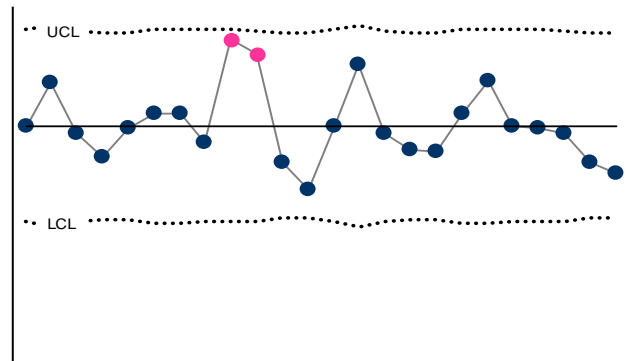
2. A run of 8 or more consecutive points above or below the centre line



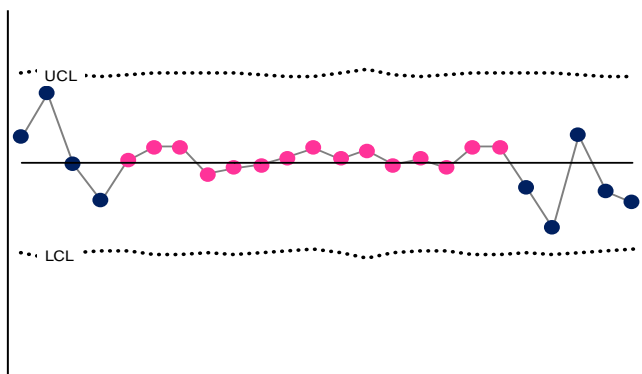
3. A trend of at least 6 consecutive points all going up or down



4. Two out of three consecutive points in the outer third (or beyond)



5. A series of 15 consecutive points close to the centre line (in the inner one-third)

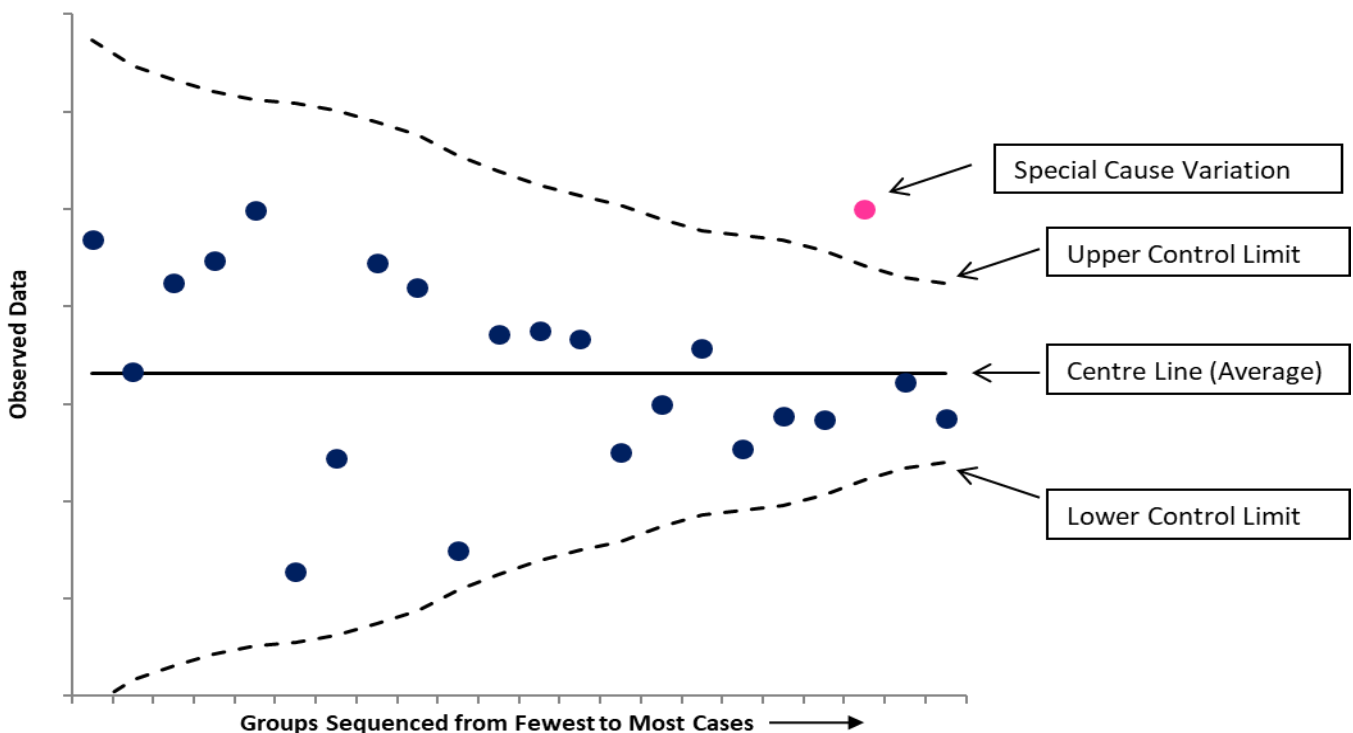


Anatomy of a Statistical Process Control Funnel Plot

A **Statistical Process Control** (SPC) Chart consists of data plotted in order, including a centre line based on the average of the data and upper and lower control limits based on statistical calculations (3 sigma deviations from the average).

SPC charts are commonly used to display data over time. However it is also possible to use SPC charts to display data for different groups (such as hospitals) within control limits. The control limits are calculated in the same way as an SPC chart over time, but the data are ordered by denominator size rather than by time. This gives a funnel shape to the SPC chart. Points that are above or below the control limits in a funnel plot are an indication of special cause variation.

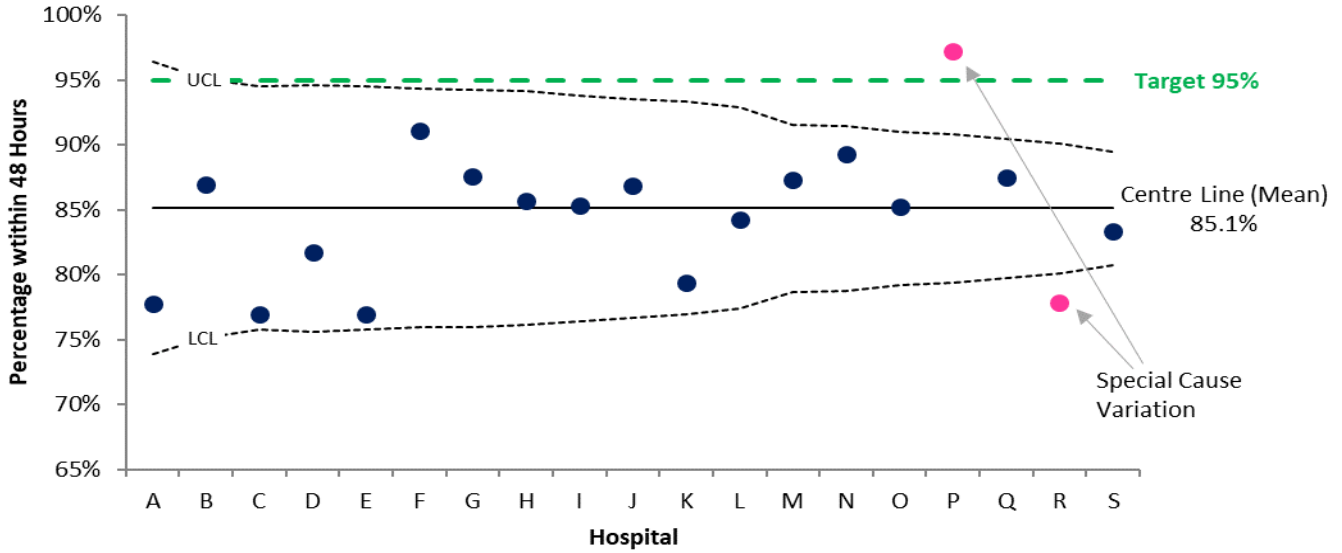
The control limits are based on the variation in the observed data. The control limits reflect the expected range of variation within the data, and do not reflect the desired range of variation in terms of quality of care. The probability of any data point falling outside of the control limits by chance alone is very small.



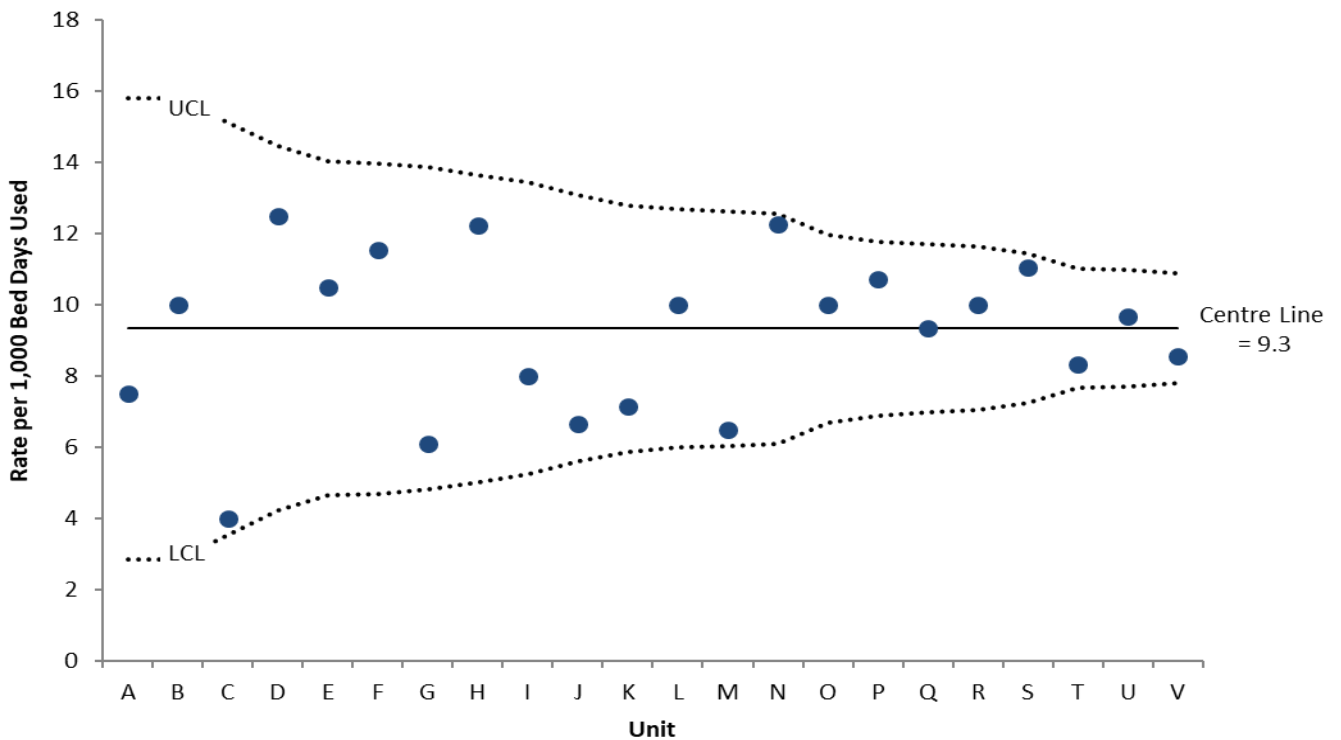
References

Provost L, Murray S. The Healthcare Data Guide: Learning from Data for Improvement. San Francisco: Jossey-Bass, Publication, 2011

Example 1: Percentage of patients with a hip fracture undergoing surgery within 48 hours, by hospital



Example 2: Rate of falls per 1,000 bed days, by community nursing units



Hospital acquired new cases of *S. aureus* bloodstream infection per 10,000 bed days used

Safe

Calculation	Numerator: Number of new cases of hospital acquired <i>S. aureus</i> bloodstream infection. Denominator: Number of bed days used Rate is calculated as the numerator/denominator*10000.
Details of analysis	National level data are displayed in an SPC U chart since January 2021
Data source	Acute Management Data Report
Data frequency	Monthly
Data coverage	Indicator not included in this Quality and Safety Profile.
Further information	https://www.hse.ie/eng/services/publications/kpis/final-acute-metadata-2022.pdf

AMRIC: Rate of new cases of hospital associated *C. difficile* infection per 10,000 bed days used

Safe

Calculation	Numerator: Number of new cases of hospital associated <i>C. difficile</i> infection. Denominator: Number of bed days used Rate is calculated as the numerator/denominator*10000.
Details of analysis	National level data are displayed in an SPC U chart since January 2021
Data source	Acute Management Data Report
Data frequency	Monthly
Data coverage	Data for Feb-23 for CUMH was outstanding at the time of production of the Quality and Safety Profile.
Further information	https://www.hse.ie/eng/services/publications/kpis/final-acute-metadata-2022.pdf

AMRIC: Number of patients confirmed with newly detected CPE

Safe

Calculation	Numerator: Number of patients confirmed with newly detected CPE.
Details of analysis	National level data are displayed in an SPC C chart since January 2021
Data source	Acute Management Data Report
Data frequency	Monthly
Data coverage	Indicator not included in this Quality and Safety Profile.
Further information	https://www.hse.ie/eng/services/publications/kpis/final-acute-metadata-2022.pdf

ACUTES: No. of new people waiting > four weeks for access to an urgent colonoscopy

Safe

Calculation	Count: Number of New patients waiting greater than 28 days for an Urgent Colonoscopy
Details of analysis	National level data are displayed in an SPC I chart since January 2021.
Data source	Acute Management Data Report
Data frequency	Monthly
Data coverage	No known current data coverage issues.
Further information	https://www.hse.ie/eng/services/publications/kpis/final-acute-metadata-2022.pdf

ACUTES: Percentage of surgical re-admissions to the same hospital within 30 days of discharge

Effective

Calculation	Numerator: Number of Surgical discharges (inpatient & daycase) in the denominator period which resulted in an emergency readmission to the same hospital within 30 days Denominator: Number of Surgical discharges (elective and emergency) in the denominator period (denominator period is set 30 days in arrears)
Details of analysis	National level data are displayed in an SPC P Prime chart since January 2021.
Data source	Acute Management Data Report
Data frequency	Monthly
Data coverage	No known current data coverage issues.
Further information	https://www.hse.ie/eng/services/publications/kpis/final-acute-metadata-2022.pdf

CAMHS: Percentage of accepted referrals / re-referrals offered first appointment and seen within 12 weeks

Person-centred	Calculation	Numerator: Number of new / re-referred cases offered an urgent or routine appointment and seen up to 13 weeks Denominator: Total number offered an appointment, seen and DNA
	Details of analysis	National level data are displayed in an SPC P Prime chart since January 2021.
	Data source	Community Healthcare Metric Report – QlikView
	Data frequency	Monthly
	Data coverage	No known current data coverage issues.
	Further information	https://www.hse.ie/eng/services/publications/kpis/2022%20mental%20health%20nsp%20metadata.pdf

ACUTES: Percentage of all attendees aged 75 years and over at ED who are discharged or admitted within 9 hours

Person-centred	Calculation	Numerator - All ED patients aged >75 years of age, who are admitted to a ward or discharged in less than 9 hours from their Arrival Time. Denominator - All patient attendances at ED who are aged over 75 years of age who are admitted or discharged
	Details of analysis	National level data are displayed in an SPC P Prime chart since January 2021.
	Data source	Acute Management Data Report
	Data frequency	Monthly
	Data coverage	No known current data coverage issues
	Further information	https://www.hse.ie/eng/services/publications/kpis/final-acute-metadata-2022.pdf

ACUTES: Percentage of people waiting <15 months for first access to OPD services

Timely	Calculation	Numerator: Number of outpatient patients waiting to be seen less than 15 months Denominator: Total number of patients waiting to be seen in Outpatients
	Details of analysis	National level data are displayed in an SPC P Prime chart since November 2021
	Data source	Acute Management Data Report
	Data frequency	Monthly
	Data coverage	No known current data coverage issues.
	Further information	https://www.hse.ie/eng/services/publications/kpis/final-acute-metadata-2022.pdf

ACUTES: Percentage of hip fracture surgery carried out within 48 hours of initial assessment

Timely	Calculation	Numerator: The number of inpatient discharges aged over 60 in the reporting period where emergency hip fracture surgery was carried out within 48 hours of initial assessment. Denominator: The number of inpatient discharges aged over 60 in the reporting period where emergency hip fracture surgery was carried out.
	Details of analysis	National level data are displayed in an SPC P chart since Quarter 1 2016.
	Data source	Irish Hip Fracture Database (IHFD)
	Data frequency	Quarterly in arrears
	Data coverage	Indicator not included in this Quality and Safety Profile.
	Further information	https://www.hse.ie/eng/services/publications/kpis/final-acute-metadata-2022.pdf

PRIMARY CARE: Percentage of psychology patients on waiting list for treatment ≤ 52 weeks

Timely	Calculation	Numerator: Number of new psychology patients in all age bands who are waiting ≤ 52 weeks to be seen by a psychologist (either in an individual or in a group environment). Denominator: Total number of psychology patients in all age bands waiting for these services.
	Details of analysis	National level data are displayed in an SPC P Prime chart since January 2021
	Data source	Community Healthcare Metric Report – QlikView
	Data frequency	Monthly
	Data coverage	Data for Dec-22 for LHO Kerry and data for Feb-23 for LHO South Tipperary was outstanding at the time of production of the Quality and Safety Profile.
	Further information	https://www.hse.ie/eng/services/publications/kpis/2022-primary-care-services-nsp-metadata.pdf

PRIMARY CARE: Percentage of ophthalmology patients on waiting list for treatment ≤52 weeks

Timely

Calculation	Numerator: Number of ophthalmology patients in all age bands on the treatment waiting list for 0-52 weeks Denominator: Total number of ophthalmology patients in all age bands on the treatment waiting list.
Details of analysis	National level data are displayed in an SPC P Prime chart since January 2021
Data source	Community Healthcare Metric Report – QlikView
Data frequency	Monthly
Data coverage	Data for Mar-22, Apr-22 and Oct-22 for LHOs Roscommon and data for Dec-22 for LHO Sligo Leitrim was outstanding at the time of production of the Quality and Safety Profile.
Further information	https://www.hse.ie/eng/services/publications/kpis/2022-primary-care-services-nsp-metadata.pdf

Number of acute bed days lost through delayed transfers of care

Efficient

Calculation	Count of bed days lost to patients who are Delayed transfer of care
Details of analysis	National level data are displayed in an SPC I chart since January 2021
Data source	Acute Management Data Report.
Data frequency	Monthly
Data coverage	Indicator not included in this Quality and Safety Profile.
Further information	https://www.hse.ie/eng/services/publications/kpis/final-acute-metadata-2022.pdf

Disability Act Compliance: percentage of child assessments of need completed within the timelines

Equitable

Calculation	Numerator: The number of Assessments of Need completed within three months of their commencement or within a revised time frame negotiated as per the regulations. Denominator: The total number of Assessments of Need completed.
Details of analysis	National level data are displayed in an SPC P chart since Quarter 1 2016.
Data source	Community Healthcare Metric Report – QlikView
Data frequency	Quarterly
Data coverage	Indicator not included in this Quality and Safety Profile.
Further information	https://www.hse.ie/eng/services/publications/kpis/2022-disability-services-nsp-metadata.pdf

Percentage of child health & development assessments completed on time or before 12 months of age

Wellbeing

Calculation	Numerator: The number of babies having a health and development assessment completed by 12 months of age in the reporting period Denominator: The number of babies reaching 12 months of age in the reporting period
Details of analysis	National level data are displayed in an SPC P Prime chart since January 2020
Data source	Community Healthcare Metric Report – QlikView
Data frequency	Monthly in arrears
Note	Data for 2019 and 2020 refers to child health & development assessments completed on time or before 10 months of age. Following a recommendation by the Developmental Surveillance Subgroup of the National Steering Group for the Revised Child Health Programme and based on the latest evidence on developmental surveillance, the timeframe for the provision of this child health contact was changed from 7 to 9 months to 9 to 11 months, and so from 2021 the KPI is reported based on assessments on time or before 12 months of age.
Data coverage	Data for Feb-22- Jul-22 for Cavan Monaghan LHO, data for Mar-22 for Waterford LHO and data for Nov-22 for LHO Mayo was outstanding at the time of production of the Quality and Safety Profile.
Further information	https://www.hse.ie/eng/services/publications/kpis/2022-primary-care-services-nsp-metadata.pdf



Quality and Safety Profile Indicators Metadata

Hospitals abbreviations as per Corporate Reporting Guidelines

Hospital name	Abbreviation
Coombe Women and Infants University Hospital	CWIUH
MRH Portlaoise	Portlaoise
MRH Tullamore	Tullamore
Naas General Hospital	Naas
St. James's Hospital	SJH
St. Luke's Radiation Oncology Network	SLRON
Tallaght University Hospital	Tallaght - Adults
Mater Misericordiae University Hospital	MMUH
MRH Mullingar	Mullingar
National Maternity Hospital	NMH
National Orthopaedic Hospital Cappagh	Cappagh
National Rehabilitation Hospital	NRH
Our Lady's Hospital Navan	Navan
Royal Victoria Eye and Ear Hospital	RVEEH
St. Columcille's Hospital	Columcille's
St. Luke's General Hospital Kilkenny	SLK
St. Michael's Hospital	St. Michael's
St. Vincent's University Hospital	SVUH
Wexford General Hospital	Wexford
Beaumont Hospital	Beaumont
Cavan General Hospital	Cavan
Connolly Hospital	Connolly
Louth County Hospital	Louth
Monaghan Hospital	Monaghan
Our Lady of Lourdes Hospital	LOL
Rotunda Hospital	Rotunda
Galway University Hospitals	GUH
Letterkenny University Hospital	LUH
Mayo University Hospital	MUH
Portiuncula University Hospital	PUH
Roscommon University Hospital	RUH
Sligo University Hospital	SUH
Bantry General Hospital	Bantry
Cork University Hospital	CUH
Cork University Maternity Hospital	CUMH
Kilcreene Regional Orthopaedic Hospital	KROH
Mallow General Hospital	Mallow
Mercy University Hospital	Mercy
South Infirmary Victoria University Hospital	SIVUH
Tipperary University Hospital	TUH
UH Kerry	UHK
UH Waterford	UHW
Croom Orthopaedic Hospital	Croom
Ennis Hospital	Ennis
Nenagh Hospital	Nenagh
St. John's Hospital Limerick	St. John's
UH Limerick	UHL
UMH Limerick	LUMH
CHI at Connolly	CHI Connolly
CHI at Crumlin	CHI Crumlin
CHI at Tallaght	CHI Tallaght
CHI at Temple St	CHI TempleSt
CHI	CHI

Appendix 3: Underlying Data for the Quality and Safety Profile Indicators

Underlying data for	ACUTES: Percentage of hip fracture surgery carried out within 48 hours of initial assessment																															
	TIMELY				2016				2017				2018				2019				2020				2021				2022			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Numerator	599	547	489	557	584	540	583	607	649	677	589	646	641	614	644	638	781	568	522	627	771	628	647	723	604	587	514					
Denominator	756	721	765	787	804	802	858	872	900	906	861	887	828	816	840	849	1019	738	737	863	944	835	915	945	788	801	732					
Data point	79.2%	75.9%	63.9%	70.8%	72.6%	67.3%	67.9%	69.6%	72.1%	74.7%	68.4%	72.8%	77.4%	75.2%	76.7%	75.1%	76.6%	77.0%	70.8%	72.7%	81.7%	75.2%	70.7%	76.5%	76.6%	73.3%	70.2%					
Numerator: I/P disch.s >60 years where emergency hip fr. surgery within 48h of initial assessment // Denominator: I/P disch > 60y with emergency hip fracture surgery // Data points: % his surgery <48h initial assessment																																

Underlying data for	PRIMARY CARE: Percentage of psychology patients on waiting list for treatment ≤ 52 weeks																																			
	TIMELY				2016				2017				2018				2019				2020				2021				2022							
	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23
Numerator	5,272	4,829	5,007	5,465	5,156	5,293	5,622	6,061	6,718	6,937	6,996	7,336	7,442	7,707	7,752	8,145	9,000	9,035	9,041	9,630	9,856	9,931	10,476	10,546	10,596	10,879										
Denominator	10,931	10,441	10,814	11,473	10,955	11,143	11,216	11,526	12,119	12,324	12,178	12,477	12,446	12,524	12,433	12,732	13,638	13,656	14,323	15,015	15,410	15,530	16,130	16,047	16,462	16,986										
Data point	48.2%	46.3%	46.3%	47.6%	47.1%	47.5%	50.1%	52.6%	55.4%	56.3%	57.4%	58.8%	59.8%	61.5%	62.4%	64.0%	66.0%	66.2%	63.1%	64.1%	64.0%	64.9%	65.7%	64.4%	64.0%											
Numerator: Number of new psychology patients waiting ≤ 52 weeks to be seen by a psychologist // Denominator: Total number of psychology patients // Data points: % psychology patients waiting ≤ 52 weeks																																				

Underlying data for	PRIMARY CARE: Percentage of ophthalmology patients on waiting list for treatment ≤ 52 weeks																																			
	TIMELY				2016				2017				2018				2019				2020				2021				2022							
	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23
Numerator	9,550	8,876	8,998	9,685	10,102	10,740	11,216	10,614	11,296	11,399	11,283	11,455	11,495	11,940	11,012	11,083	11,339	12,102	11,655	11,539	11,565	11,944	11,713	10,850	11,741	12,619										
Denominator	18,778	18,675	19,811	20,309	20,169	21,030	21,352	20,809	22,197	22,485	22,707	22,574	22,265	22,763	20,437	20,736	21,882	22,686	22,135	21,917	22,169	22,118	21,657	21,006	22,478	23,747										
Data point	50.9%	47.5%	45.4%	47.7%	50.1%	51.1%	52.5%	51.0%	50.9%	50.7%	49.7%	50.7%	51.6%	52.5%	53.9%	53.4%	51.8%	53.3%	52.7%	52.6%	52.2%	54.0%	54.1%	51.7%	52.2%	53.1%										
Numerator: Number of ophthalmology patients waiting for 0-52 weeks // Denominator: Total number of ophthalmology patients on waiting list // Data points: % of community ophthalmology patients waiting ≤ 52 weeks																																				

Underlying data for	ACUTES: Number of acute bed days lost through delayed transfers of care																																			
	EFFICIENT				2016				2017				2018				2019				2020				2021				2022							
	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23
Data point	11,999	11,246	11,401	10,444					13,344	14,747	14,841	14,410	15,717	16,529	17,845	17,394	16,649	16,027	16,847	17,900	18,280	18,175	17,838	17,895	17,015	15,487										
Data points: Number of acute bed days lost through delayed transfers of care																																				

Underlying data for	SOCIAL CARE: Disability Act Compliance: percentage of child assessments of need completed within the timelines																															
	EQUITABLE				2016				2017				2018				2019				2020				2021				2022			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Numerator	157	156	261	169	194	210	392	119	111	97	83	83	51	98	108	68	60	87	50	125	386	207	320	311	354	132	133	133				
Denominator	800	791	845	672	690	875	1,116	937	983	1,078	1,199	1,021	833	923	785	771	848	770	666	1,627	2,693	1,268	2,243	2,149	1,719	455	450	447				
Data point	19.6%	19.7%	30.9%	25.1%	28.1%	24.0%	35.1%	12.7%	11.3%	9.0%	6.9%	8.1%	6.1%	10.6%	13.8%	8.8%	7.1%	11.3%	7.5%	7.7%	14.3%	16.3%	14.3%	14.5%	20.6%	29.0%	29.6%	29.8%				
Numerator: Number of Assessments of Need completed within time frame as per regulations // Denominator: The total number of Assessments of Need completed // Data points: % child assessments completed within regulations timelines																																

Underlying data for	PRIMARY CARE: Percentage of child health & development assessments completed on time or before 12 months of age																																			
	WELLBEING				2016				2017				2018				2019				2020				2021				2022							
	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23
Numerator	1,762	1,954	2,270	2,379	2,338	2,468	2,793	2,829	3,241	3,372	3,201	2,967	3,360	3,519	3,779	3,769	4,001	3,884	4,013	4,097	4,284	4,286	4,316	4,130	4,039											
Denominator	4,238	4,295	4,727	4,338	4,182	4,353	4,591	4,578	4,656	4,511	4,264	4,024	4,525	4,360	4,566	4,504	4,560	4,631	4,921	4,806	4,994	4,994	4,874	4,835	4,637											
Data point	41.6%	45.5%	48.0%	54.8%	55.9%	56.7%	60.8%	61.8%	69.6%	74.8%	75.1%	73.7%	74.3%	80.7%	82.8%	83.7%	87.7%	83.9%	81.5%	85.2%	85.8%	85.8%	88.6%	85.4%	87.1%											
Numerator: The number of babies having a health and development assessment completed by 12 months of age // Denominator: The number of babies reaching 12 months of age in the reporting period // Data points: % assessments completed in time or before 12months of age																																				