HSE Quality and Safety Profile

December 2022
October Data Cycle

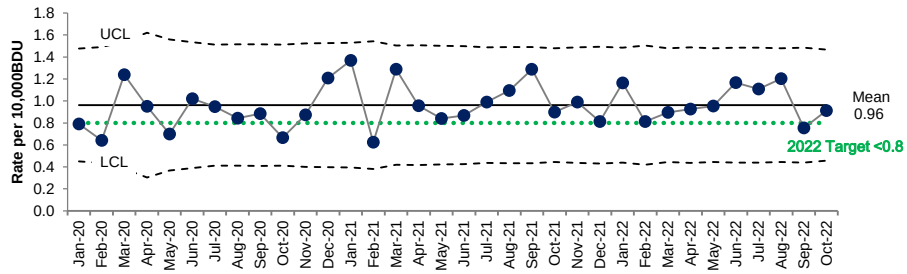
The purpose of the Quality and Safety Profile is to provide statistical insights into quality and patient safety data and to support understanding of variation in performance over time. It is separate to processes supporting the performance and accountability framework under which necessary improvement 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.

Safe

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

Desired Direction ↓

National Rate



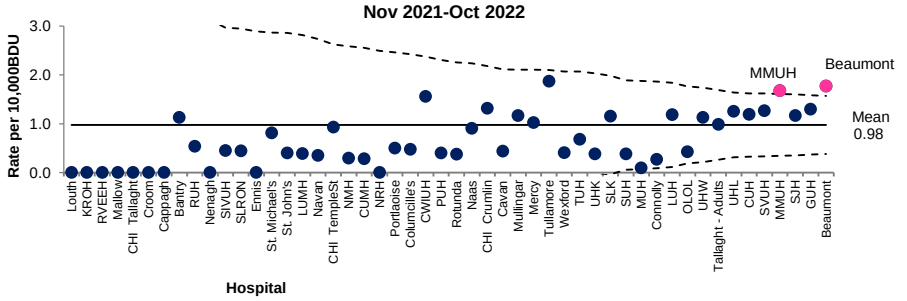
Statistical analysis:
Average national performance is stable, and continues slightly above the 2022 target.
There are no signals of change in the rate of S. aureus bloodstream infections per 10,000 bed days used since Jan-20.

In Oct-22 there were 31 new cases of Hospital acquired S. aureus bloodstream infections.

NEW DATA

Latest data available: October 2022

Nov 2021-Oct 2022



Statistical analysis funnel plot:
The SPC funnel plot for the last 12 months Nov-21 - Oct-22 shows that the rates for MMUH (1.67 per 10,000 Bed Days Used) and Beaumont (1.77/10,000BDU) were higher than expected relative to the national average. All other hospitals were within the expected range of variation.

Service analysis (updated 30/11/2022):

• HSE AMRIC Oversight and implementation/working governance groups in place with Acute Operations reps, and Hospital Group IPC/AMS Steering Groups in place in 5 Groups.

• Performance KPIs and monitoring process in place for acute hospital HCAI KPIs.

• Policies, Procedures & Guidelines available to hospitals and National AMRIC technical support / guidance/ webinars/ education supports provided.

• Monitoring of 2021 AMRIC Implementation Plan objectives as they relate to acute services e.g. IV care teams in Model 4 hospitals to reduce SA BSI.

• Ongoing recruitment of IPC staff to enhance capacity to support the IPC and AMS initiatives in line with development funding.

• Development of Framework for National Surgical Site Surveillance Programme underway.

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

NEW DATA — Indicates updated data for this measure this month

NO NEW DATA — Indicates no updated data available for this measure this month

NEW — Indicates a new measure this month

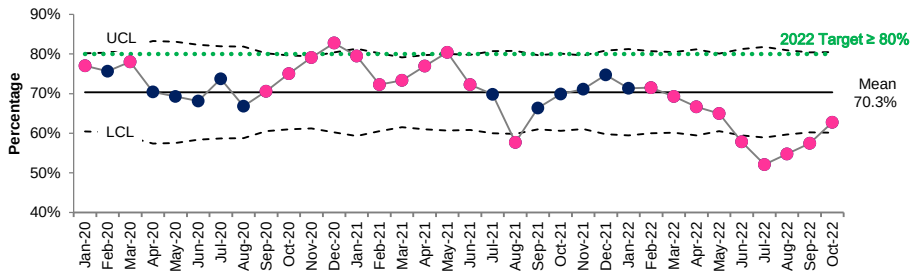
Note: Special cause variation in the statistical process control (SPC) charts is highlighted using pink data points

Person-centred

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

Desired Direction ↑

National Rate

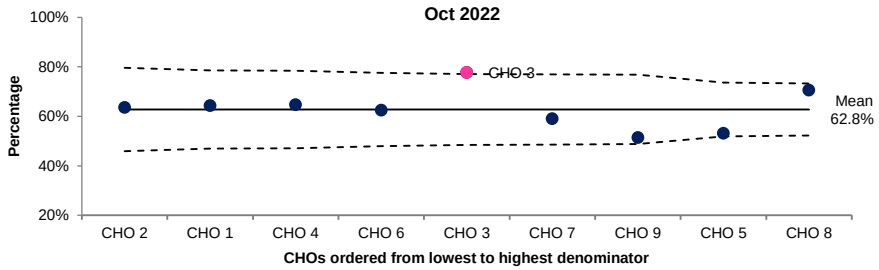


Statistical analysis:
Average national performance is below the 2022 target. There are signals of disimprovement since Feb-22. In addition, the rates for Jun-22 to Sep-22 are below the expected range.

There were 1,023 CAMHS appointments in Oct-22 (seen & DNA), of whom 642 were seen within 12 weeks.

NEW DATA

Latest data available: October 2022



Statistical analysis funnel plot:
The SPC funnel plot for Oct-22 shows that the rate for CHO3 is higher than the expected range of variation. All other CHOs were within the expected range of variation.

Service analysis (updated 30/11/2022, changes from last month's service analysis are highlighted in blue):

Nationally there was an increase of 37 children on the waiting list for community mental health services, from 4,006 in September to 4,043 in October 2022 (MH50). There are 519 children waiting longer than 12 months in October 2022.
As of the end of October, 63.1% of referrals accepted by child and adolescent community teams nationally were offered an appointment and seen within 12 weeks against a target of ≥80% (MH7).

However, 95.7% of new or re-referred cases were seen within 12 months in community CAMHS services YTD October 2022 (MH72).

Nationally, 92.8% of urgent referrals to CAMHS were responded to within three working days, above the ≥90% target. (MH73).
*** Data return rate 100%**

Note: CAMHS Waitlist: CAMHS waiting list initiatives in six CHO areas commenced over May and June and although behind target has removed an additional **409** children from the waiting list to the end of **October**.

• The decreases that are observed during August 2021 and June, July, August 2022 are often observed on an annual basis due to school holidays and the summer months. It would be expected that this will increase again towards the year end and it is projected that it will be 70% by the end of 2022.
• There are a number of other factors that can impact a services ability to meet this KPI:

- Another factor is the necessity to prioritise urgent and emergency cases which can also impact on seeing individuals within 0- 12 weeks, as urgent referrals need to be responded to within specific timeframes i.e 72 hours.
• A number of challenges and constraints also impacting on this including the ongoing increased demand for services, internal workforce availability and competing with private organisations when attempting to recruit.

• The total number of children waiting for CAMHS services at the end of October is 4043.

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

NEW DATA — Indicates updated data for this measure this month

NO NEW DATA — Indicates no updated data available for this measure this month

NEW — Indicates a new measure this month

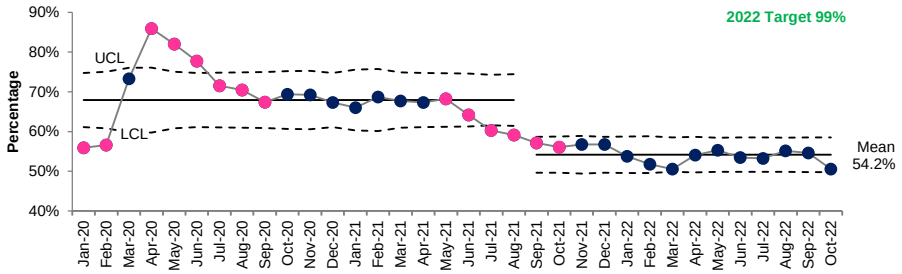
Note: Special cause variation in the statistical process control (SPC) charts is highlighted using pink data points

Person-centred

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

Desired Direction ↑

National Rate

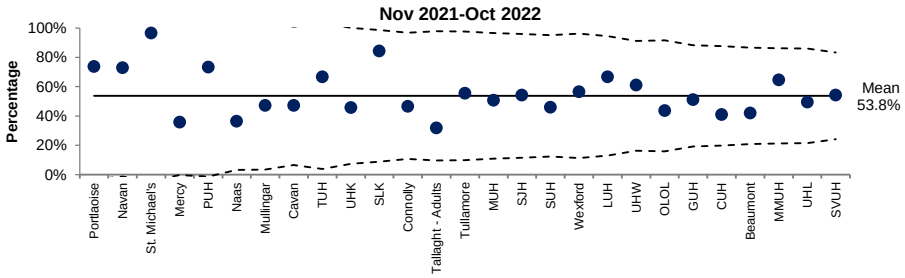


Statistical analysis:
Average national performance is below target and relatively stable after disimproving since May-21. The control limits have been recalculated to reflect this. Note that control limits show the expected range for the data based on statistical calculations of the variation in the data. They do not reflect the desired range of performance.

Oct-22: 16,371 people 75+ years presented to ED, of whom 8,281 were discharged or admitted within 9hours.

NEW DATA

Latest data available: October 2022



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 vide. 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 2/12/2022):

Year to date ED attendances are higher than the previous 3 years, and have increased by over 13% when compared with the same period in 2019.
• All Emergency Presentations: The total number of Emergency presentations (including Local injury units) for October 2022 was 147,552 and was 16.47% higher than pre-COVID levels in October 2019 (126,688)
• Emergency Department attendances: The total number of ED attendances for October 2022 was 129,844 and was 13.69% higher than pre-COVID levels in September 2019 (114,212)
• ED Admission Rate: The percentage ED Admission Rate YTD October 2022 is 24.6%

Patient Experience Time (PET): 50.5% of all patients (75+) attending ED were seen within 9 hours in October 2022 which is below the NSP target of 97%

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

NEW DATA Indicates updated data for this measure this month

NO NEW DATA Indicates no updated data available for this measure this month

NEW Indicates a new measure this month

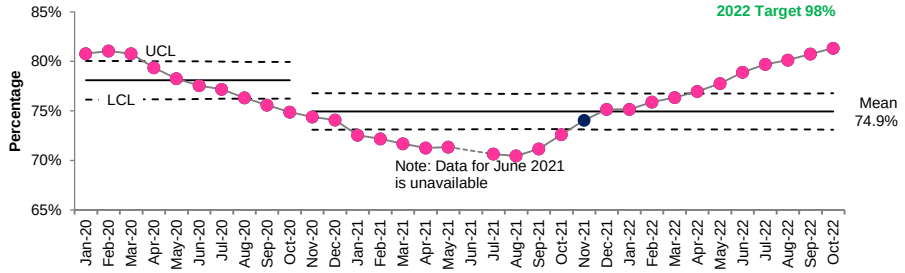
Note: Special cause variation in the statistical process control (SPC) charts is highlighted using pink data points

Timely

ACUTES: Percentage of people waiting <18 months for first access to OPD services

Desired Direction ↑

National Rate

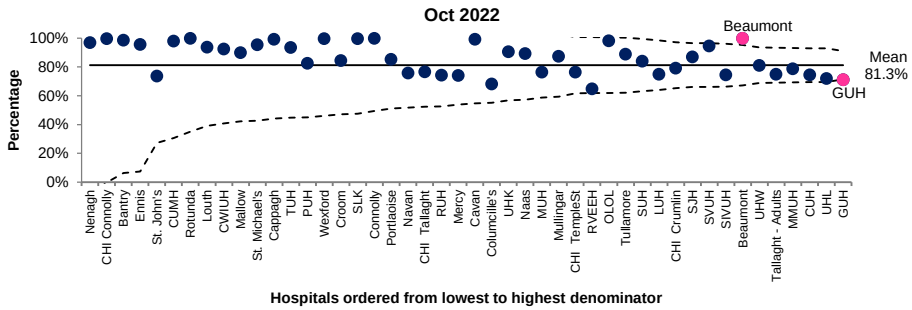


Statistical analysis:
Average national performance is below target but there are signals of improvement for the past 11 months.

Oct-22: there were 614,225 people waiting for first access to OPD services, of whom 499,591 were waiting less than 18 months.

NEW DATA

Latest data available: October 2022



Hospitals ordered from lowest to highest denominator

Statistical analysis funnel plot:
The SPC funnel plot for Oct-22 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 (71.2%) which is lower.

Service analysis (updated 2/12/2022):

The total number of people waiting for an Outpatient appointment was 614,225 at the end of October 2022 which is an decrease of 11,448 (1.8%) since September 2022 (625,673). The number waiting at the end of October 2022 shows an decrease of 4.7% when compared to the same period last year, October 2021 (644,458)

In terms of outpatients who are waiting in excess of 18 months. The total number of people waiting for an Outpatient appointment in excess of 18 months was 114,634 at the end of October 2022 which is a decrease of 5,792 (4.8%) since September 2022 (120,426). This is also a decrease of 35%(61,830 patients)when compared to the same period last year, where the number of patients waiting for an Outpatient appointment in excess of 18 months was in October 2021 was 176,464

The HSE are working closely with Hospital Groups to support overall waiting list reduction with a particular focus on reducing the number of patients who are waiting over the maximum wait time target as set out in the 2022 NSP. Areas of focus include:
- Weekly performance meetings with Hospital Groups and Hospitals as required
- Focus on maximising both administrative and clinical validation of waiting lists
- Maximising use of the NTPF commissioning full package of care for outpatients
- Progressing Active Clinical Prioritisation (ACP) across a range of specialties for longest waiting patients
- Focus on chronological scheduling of routine patients to ensure that patients waiting the longest period of time get appointments
- Use of Sláintecare improvement plans to progress additional activity in public hospitals

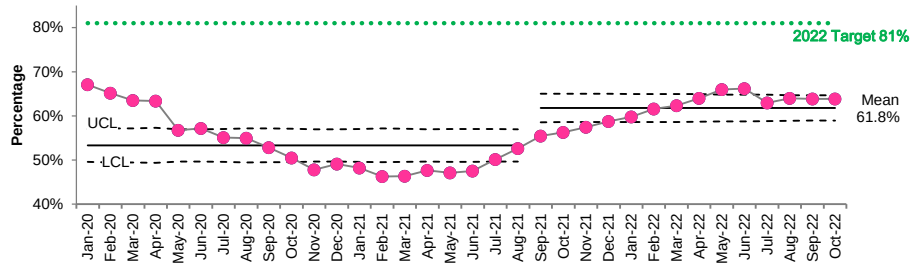
Ongoing data quality initiative which drives improvements in the quality of our reported waiting list data.

Timely

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

Desired Direction ↑

National Rate

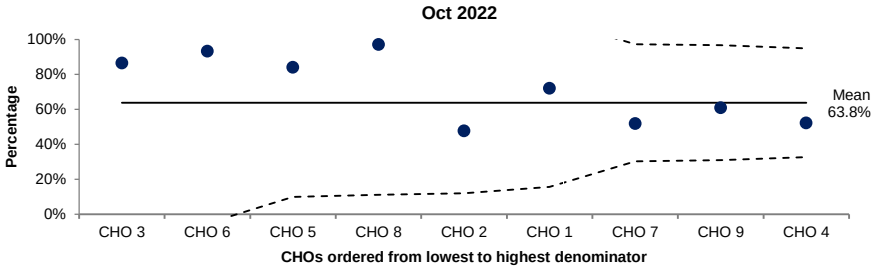


Statistical analysis:
Average national performance is below the target and unstable. While performance disimproved since the beginning of the pandemic, there are now ongoing signals of improvement since Jun-21. The control limits have been recalculated to reflect the current mean.

Oct-22: 15,365 people were on the waiting list for Primary Care Psychology treatment, of whom 9,806 were waiting less than 52 weeks.

NEW DATA

Latest data available: October 2022



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 vide. 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 30/11/2022, changes from last month's service analysis are highlighted in blue):

The national position in October 2022 is 63.8% compared to the target of 81% (PC103G).
The number of clients waiting longer than 52 weeks has increased by +0.7% from 5,518 in September to 5,559 in October (PC103E). The number of people seen in psychology services in YTD to October was 35,644 against a target of 41,578. A waiting list initiative is underway focussed on children waiting for primary care psychology services for more than a year, through this initiative 3,007 children and young people have been removed from the list in the YTD to the end of October.
Engagement is taking place between the Head of Operations and the Heads of Service Primary Care with a view improving service, this will continue to be monitored for the remainder of 2022.
In consideration of the children and young people waiting over 12 months to access Primary Care psychology services;
• in the last quarter of 2021 the HSE provided funding through time related savings to decrease the numbers of children and young people waiting over 12 months to access psychology.
• in 2022 Access To Care funded a waiting list initiative for this cohort of patients as referred to above

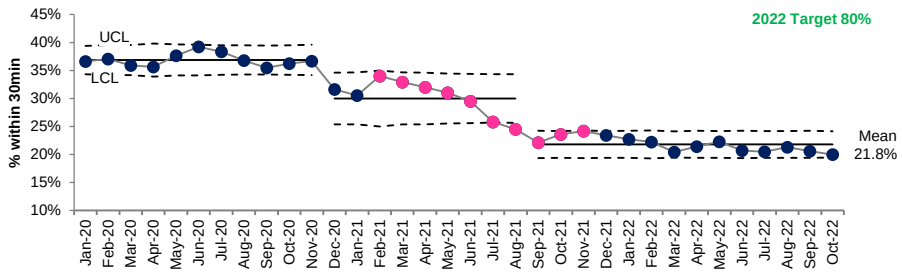
Since the commencement of these additional measures, significant progress has been made to ensure the children and younger people who have been waiting the longest are seen. To be continually effective more patients must be seen in a period than the number of new referrals.
Access to Care Funding while beneficial, the once off manner in which the funding is provided has presented significant practical recruitment challenges, resulting in the loss of access to personnel and relevant expertise. This presents challenges for the continuity of services.
A significant ongoing challenge is the requirement to undertake an Assessment Of Need (AON) for Psychology within legislative timeframes. This continues to impact numbers seen in Psychology Services which ultimately impacts on the totality of numbers waiting and individual waiting times, as outlined below;
• The legislative requirement for AON is that the assessment must be started within 3 months of referral. This may result in a child requiring an AON being prioritised, in many cases before a child on the standard Psychology waiting list i.e. waiting times for those on the standard waiting list are longer.
• Undertaking an AON while necessary can be a time consuming process which impacts on total numbers of patients seen.
• Psychologists in primary care may not have the skills or expertise to carry out AON on a child with certain complex conditions including Autism. This skillset is now in the Children's Disability Network Teams

Efficient

ACUTES: Ambulance turnaround times ≤30 mins

Desired Direction ↑

National Data



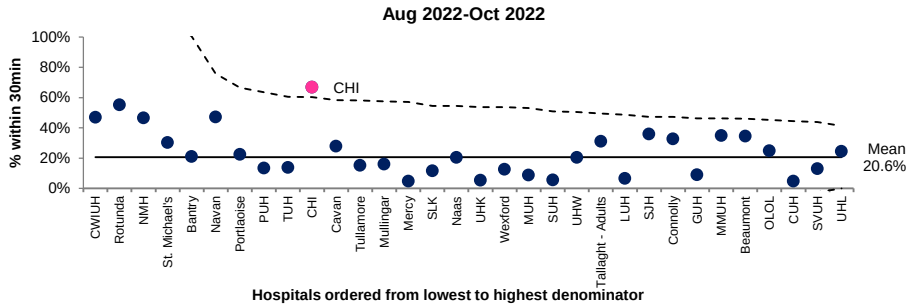
Statistical analysis:

Average national performance is below target with signals of disimprovement since December 2020. The control limits have been recalculated to reflect the current values.

Oct-22: 5256 ambulances had a time interval ≤ 30 minutes from arrival at ED to when the ambulance crew declares the readiness of the ambulance to accept another call (clear and available)

NEW DATA

Latest data available: October 2022



Statistical analysis funnel plot:

The SPC funnel plot for the last 3 months Aug-22 - Oct-22 shows the range of variation in the rates by hospital. All hospitals are within the control limits, with the exception of CHI which is higher (better) than expected relative to the national average.

Service analysis (updated 2/12/2022):

• Activity volume for AS11 and AS22 calls received this month has increased by 476 (33,510) calls (1%) compared to the same month last year (October 2021 – 33,034)

• The daily average call rate for AS11 and AS22 calls received this month was 1080 (31 days this month)

• ECHO (life-threatening cardiac or respiratory arrest) incidents responded to within the target timeframe of 80% in 18 minutes and 59 seconds was below target at 76% this month. No change compared to last month i.e. September 2022

• ECHO calls decreased by -3% (17) compared to the same month last year (600 October 2021)

• DELTA (life-threatening illness or injury, other than cardiac or respiratory arrest) incidents responded to within the expected activity timeframe of 50% in 18 minutes and 59 seconds was below target at 41% this month, -7% compared to last month i.e. September 2022

• Nationally there was a 5% (780) increase in DELTA call activity (15,040) compared to the same month last year (14,260)

• 77% of all inter hospital transfer requests were managed by the NAS Intermediate Care Service this month compared to 80% in the previous month, -3%

• Ambulance Turnaround times at Emergency Departments dropped by ⇩1% for 30mins in October (21% September 2022) and a 1% decrease 60mins in October compared to September 2022 (66%). Pressure continues in achieving response time targets, which can compromise patient care and service delivery

• 20% of vehicles were released and had their crews and vehicles available to respond to further calls within 30 minutes or less, compared to 24% of vehicles being released within 30 minutes or less last year (October 2021)

• 65% of vehicles were released from Emergency Departments and had their crews and vehicles available to respond to further calls within 60 minutes or less, compared to 71% of vehicles being released within 60 minutes or less last year (October 2021)

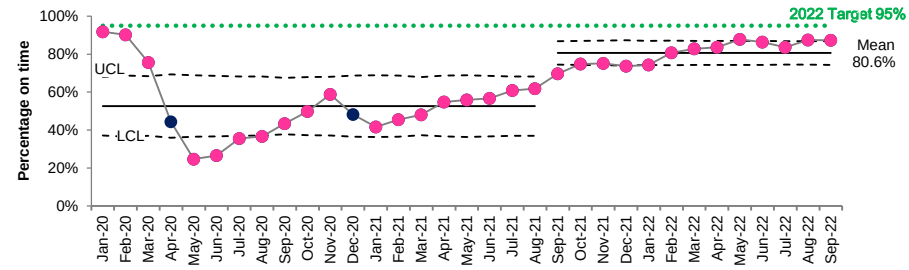
A Working Group -chaired by Dr. Mike O'Connor, NCAGL- has been established consisting of representatives from Acute Operations, NAS, ED Clinicians and Hospital Operations to firstly address immediate challenges with turnaround times in specific locations; and then secondly examine what needs to be done to ensure ambulance turnaround times consistently meet the target of ≤30 minutes across all locations.

Wellbeing

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

Desired Direction ↑

National Rate

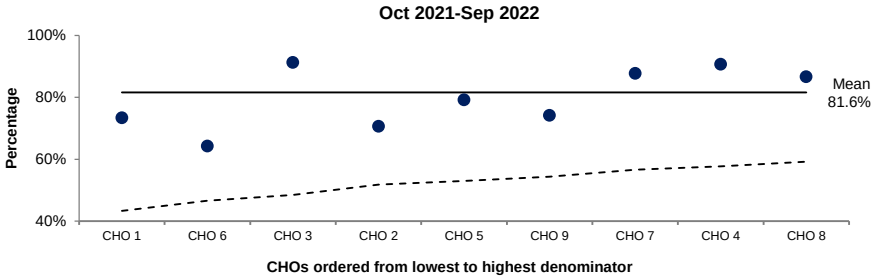


Statistical analysis:
Average national performance is below the 2022 target, with a significant reduction since the beginning of the pandemic. However there are ongoing signals of improvement since Jan-21.The control limits have been recalculated to reflect this improvement.

Sep-22: 4,609 babies were reaching 12 months of age, of which 4,024 had a health & development assessment completed.

NEW DATA

Latest data available: September 2022



Statistical analysis funnel plot:
The SPC funnel plot for the last 12 months Oct-21 - Sep-22 shows that the rates for all CHOs were within the expected range of variation.

Service analysis (updated 30/11/2022, changes from last month's service analysis are highlighted in blue):
The underlying performance of this metric has improved in 2022 with monthly performance in January of 74.3% compared to a monthly performance of 87.3% in September. A key challenge here is the recruitment of Public Health Nurses. This is a significant challenge in a number of CHO's. Additionally, given the age cohort of this staff there is a high level of maternity leave which is currently impacting.
Performance is being addressed with relevant CHOs who are advising that performance is expected to show continued improvement in 2022 due to a combination of factors including;
• Reduced Covid related staff illness (assuming a reduction in Covid across the year)
• Measures being taken to address non-return of data
Performance will continue to be monitored for the remainder of 2022 with relevant CHOs in the monthly engagement meetings.

Public Health Nurses (PHNs) are healthcare professionals who provide a range of community healthcare services, including child development checks. The Public Health Nursing service is one of a number of multidisciplinary health services provided through Primary Care within the community setting. There are no areas in the country that are without early development checks by Public Health Nurses (PHNs).

During the pandemic, many Public Health Nursing staff were redeployed to support Covid-19 related clinical activities, which in turn impacted the services available in certain areas. However, a framework was put in place to ensure that available staff were enabled to identify and support patients who have the greatest need in the community. Our public health nursing staff have returned to their core duties, which enables the resumption of a full service.

In some parts of the country, this post-pandemic resumption is challenged by shortages in the Public Health Nursing Service – mainly due to loss of staff due to retirement, internal movement and challenges in replacing staff - which is having an impact on the capacity to deliver routine Public Health services. A small number of areas within Community Health Organisations in Dublin and Galway, have introduced a temporary prioritisation system while waiting to fill vacant posts but development checks have not ceased in these specific areas.

Where these shortfalls are arising, we continue to prioritise and support patients who have the greatest need in the community. The prioritisation system is limited to and only in place as a contingency in areas with acute PHN staffing issues.

A National Oversight Group has been established to address PHN Challenges across the system.
*** Data return rate 90.6%**

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

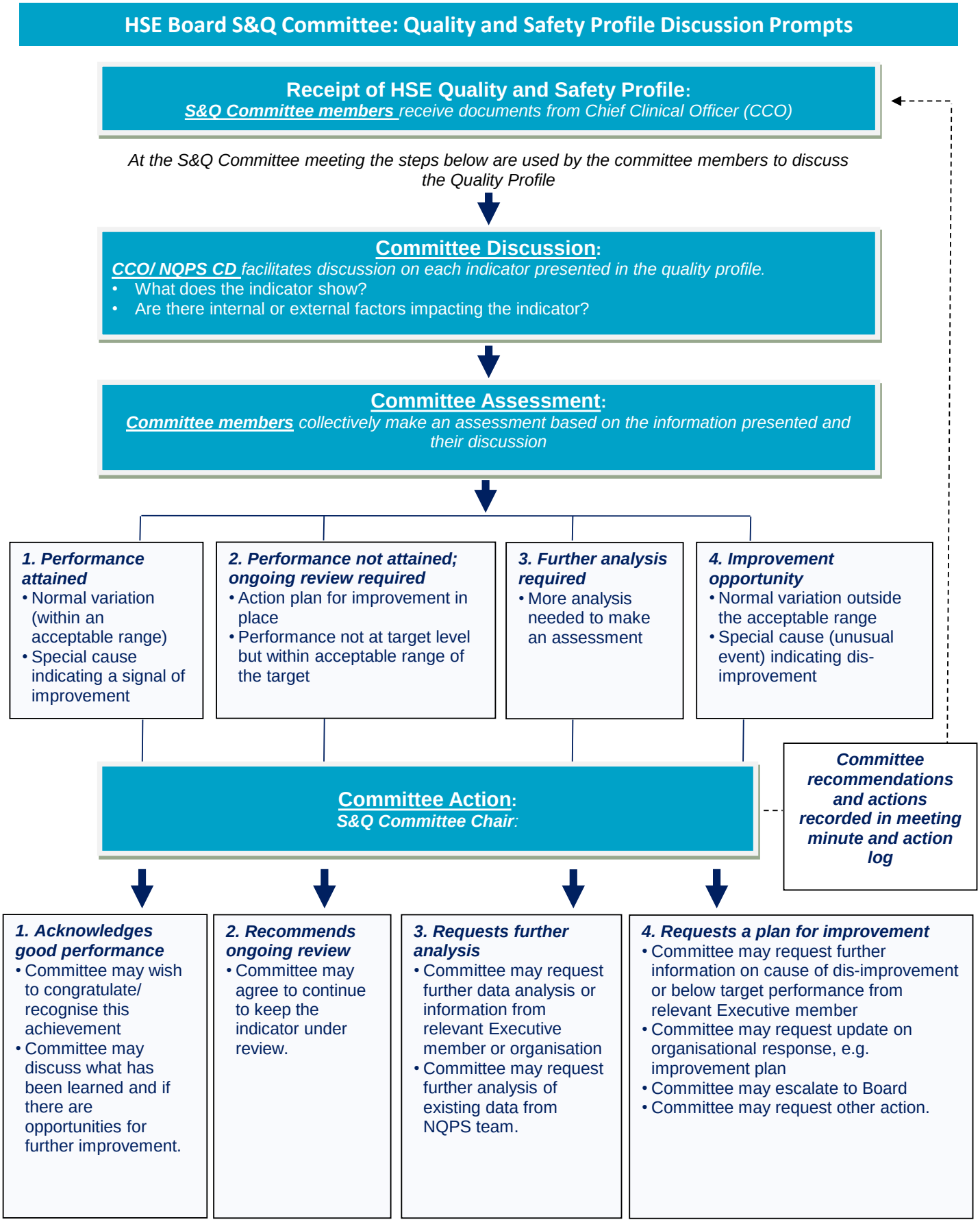
NEW DATA Indicates updated data for this measure this month

NO NEW DATA Indicates no updated data available for this measure this month

NEW Indicates a new measure this month

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

Appendix 1: Board Discussion Prompts



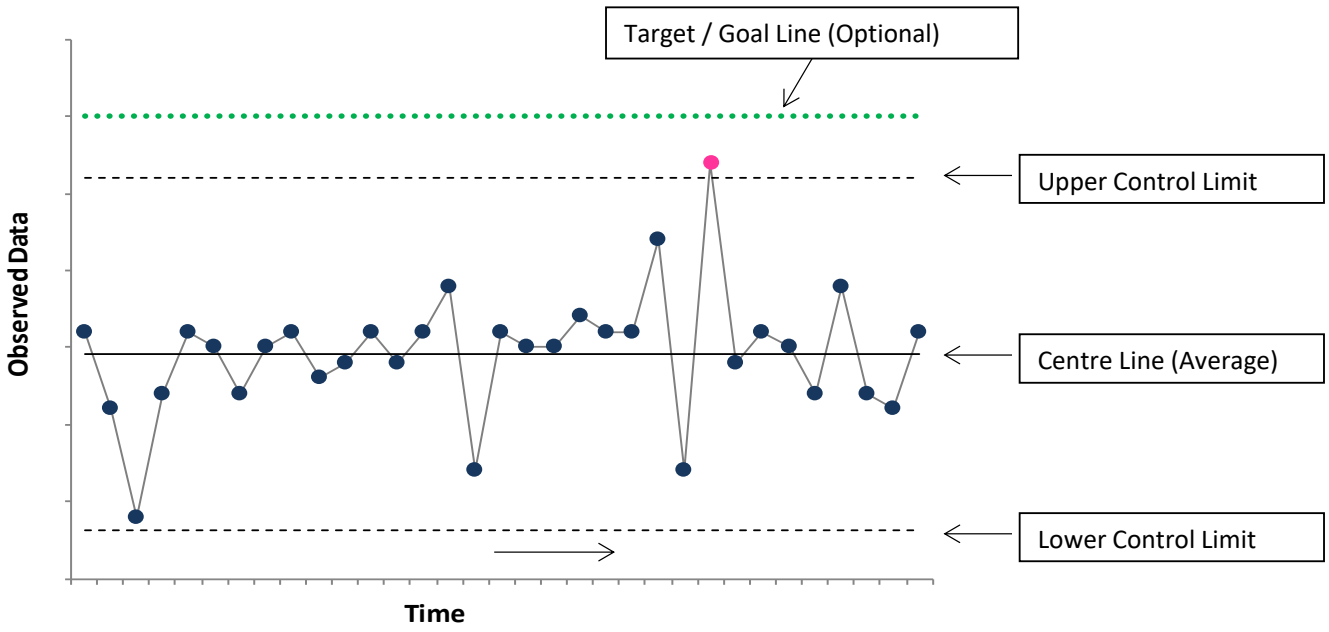
Anatomy of a Statistical Process Control Chart

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.

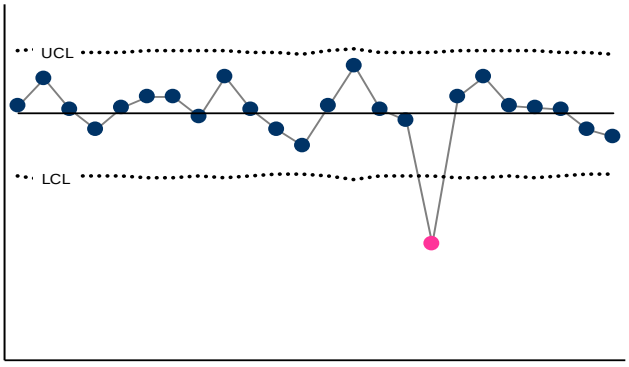
The target / goal line is interpreted differently to the other lines in the chart. It is not determined by the data and so is not normally part of an SPC chart, but it can be useful to display it to help focus improvement efforts.



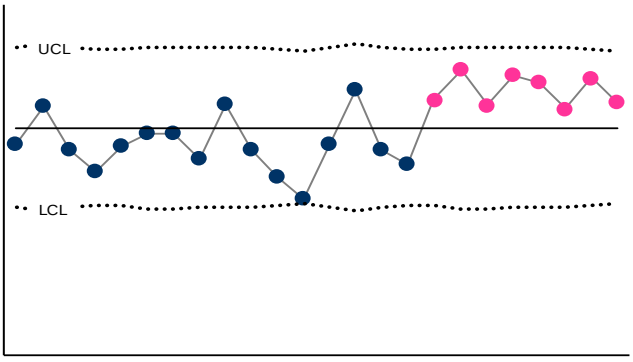
References
Provost L, Murray S. The Healthcare Data Guide: Learning from Data for Improvement. San Francisco: Jossey-Bass, Publication, 2011

Rules for detecting special cause variation using statistical process control charts

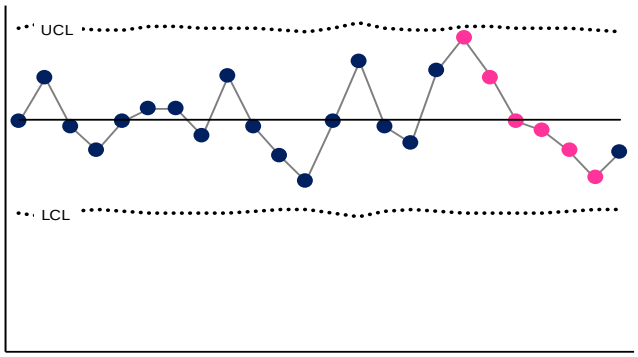
1. A single point outside the control limits (this doesn't include points exactly on the limit)



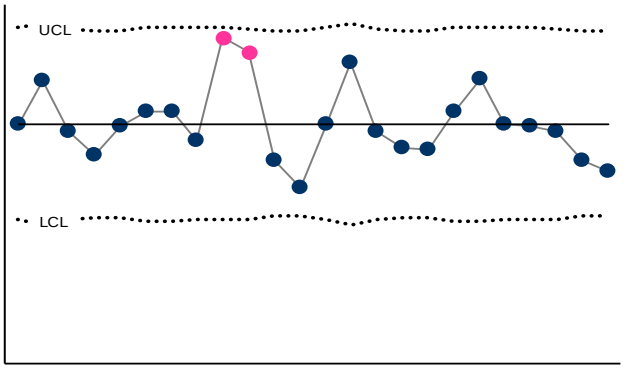
2. A run of 8 or more consecutive points above or below the centre line



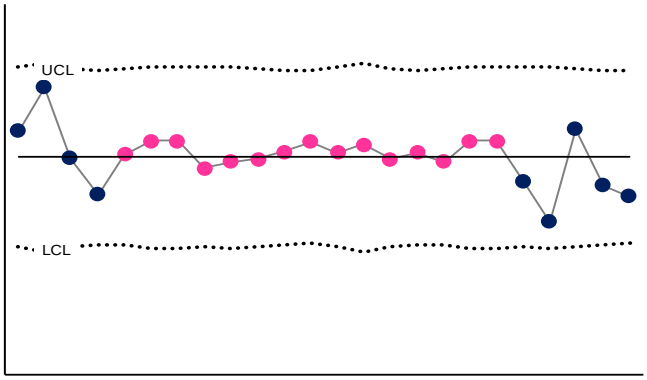
3. A trend of at least 6 consecutive points all going up or down



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)

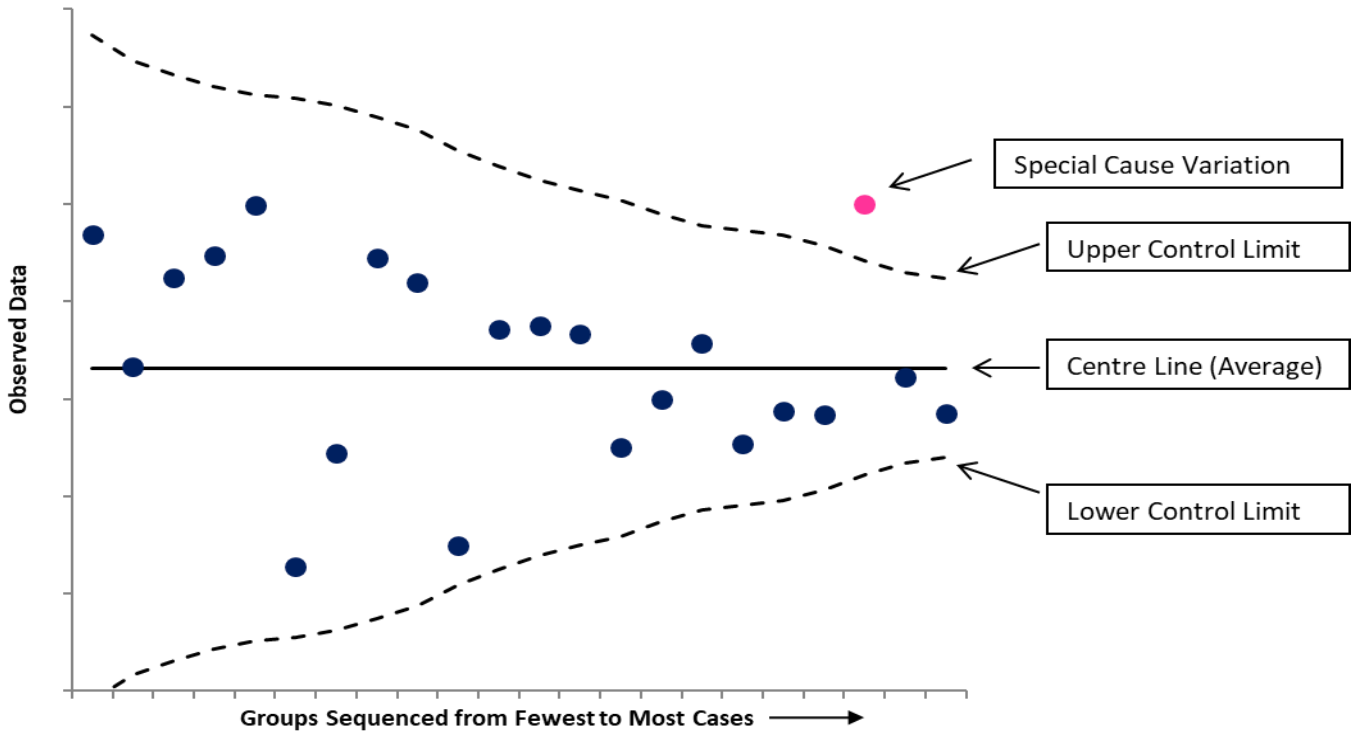


Anatomy of a Statistical Process Control Funnel Plot

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.

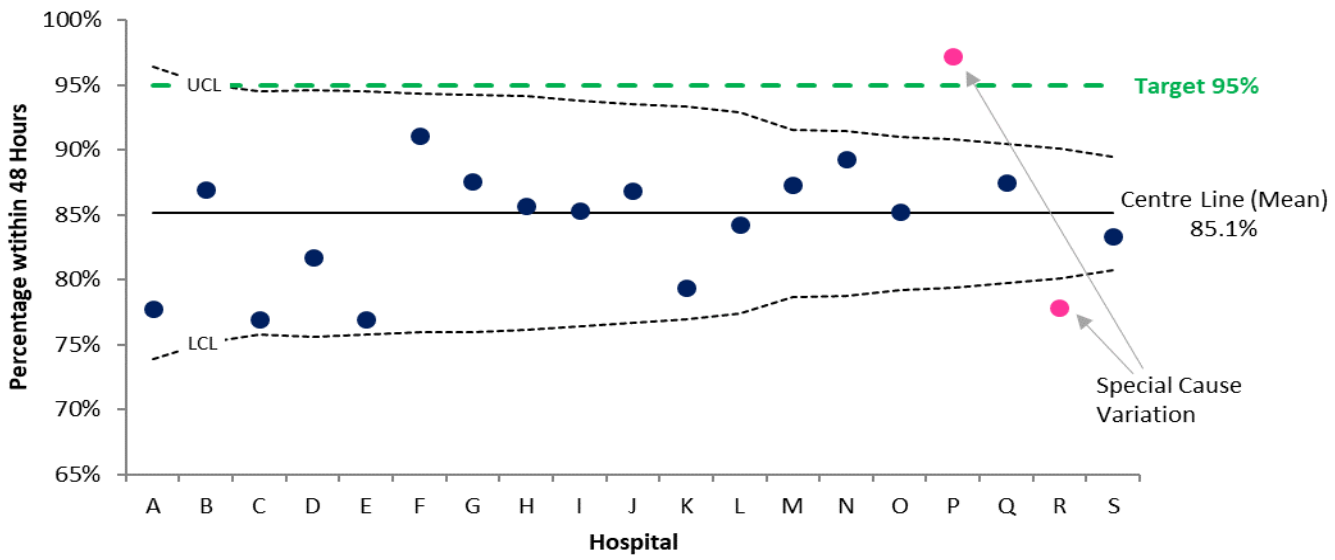
The control limits are based on the variation in the observed data. The control limits reflect the expected range of variation within the data, and do not reflect the desired range of variation in terms of quality of care. The probability of any data point falling outside of the control limits by chance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



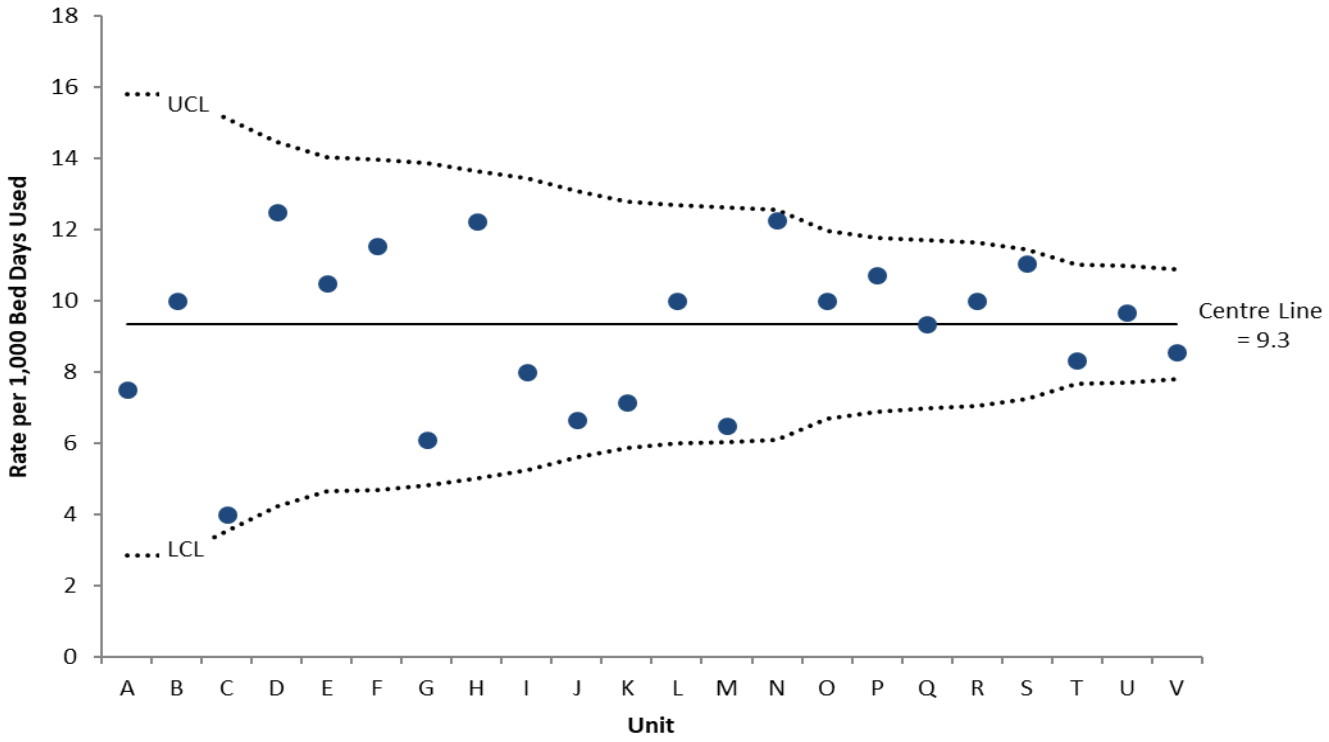
References
Provost L, Murray S. The Healthcare Data Guide: Learning from Data for Improvement. San Francisco: Jossey-Bass, Publication, 2011

Statistical Process Control Funnel Plot Examples

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



Quality and Safety Profile Indicators Metadata

Safe	**Hospital acquired new cases of S. aureus bloodstream infection per 10,000 bed days used**	
	Calculation	Numerator: Number of new cases of hospital acquired S. *aureus* 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 2020
	Data source	Acute Management Data Report
	Data frequency	Monthly
	Data coverage	Data for Jul-22 - Sep-22 for Cork University Maternity Hospital was outstanding at the time of production of the Quality Profile.
	Further information	https://www.hse.ie/eng/services/publications/kpis/final-acute-metadata-2022.pdf
Safe	**AMRIC: Rate of new cases of hospital associated C. difficile infection per 10,000 bed days used**	
	Calculation	Numerator: Number of new cases of hospital associated C. difficile 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 2020
	Data source	Acute Management Data Report
	Data frequency	Monthly
	Data coverage	Data for Jul-22 - Sep-22 for Cork University Maternity Hospital was outstanding at the time of production of the Quality Profile. Indicator not included in this Quality and Safety Profile.
	Further information	https://www.hse.ie/eng/services/publications/kpis/final-acute-metadata-2022.pdf
Person-centred	**CAMHS: Percentage of accepted referrals / re-referrals offered first appointment and seen within 12 weeks**	
	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 2020.
	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
Person-centred	**ACUTES: Percentage of all attendees aged 75 years and over at ED who are discharged or admitted within 9 hours**	
	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 2020.
	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
Timely	**ACUTES: Percentage of people waiting <18 months for first access to OPD services**	
	Calculation	Numerator: Number of outpatient patients waiting to be seen less than 18 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 January 2020
	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

Quality and Safety Profile Indicators Metadata

Timely	ACUTES: Percentage of hip fracture surgery carried out within 48 hours of initial assessment
	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	No known current data coverage issues
	Further information	https://www.hse.ie/eng/services/publications/kpis/final-acute-metadata-2022.pdf

Timely	PRIMARY CARE: Percentage of psychology patients on waiting list for treatment ≤ 52 weeks
	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 2020
	Data source	Community Healthcare Metric Report – QlikView
	Data frequency	Monthly
	Data coverage	Data for Jul-22 - Oct-22 for LHO Dublin South East 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

Timely	PRIMARY CARE: Percentage of ophthalmology patients on waiting list for treatment ≤52 weeks
	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 2020
	Data source	Community Healthcare Metric Report – QlikView
	Data frequency	Monthly
	Data coverage	Data for Mar-22, Apr-22 and Oct-22 for Roscommon LHO was outstanding at the time of production of the Quality and Safety Profile. Indicator not included in this Quality and Safety Profile.
	Further information	https://www.hse.ie/eng/services/publications/kpis/2022-primary-care-services-nsp-metadata.pdf

Efficient	Ambulance turnaround times ≤30 mins
	Calculation	% of ambulances that have a time interval of ≤30 minutes from arrival at the Emergency Department (ED) from ambulance arrival time through clinical handover in ED to when the ambulance crew declares readiness of the ambulance to accept another call in line with the process / flow path in the ambulance turnaround framework.
	Details of analysis	National level data are displayed in an SPC P Prime chart since January 2020
	Data source	Acute Management Data Report. Values used in this funnel plot were calculated based on MDR percentage
	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

Equitable	Disability Act Compliance: percentage of child assessments of need completed within the timelines
	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	Not included for this Quality and Safety Profile
	Further information	https://www.hse.ie/eng/services/publications/kpis/2022-disability-services-nsp-metadata.pdf

Quality and Safety Profile Indicators Metadata

Wellbeing

Percentage of child health & development assessments completed on time or before 12 months of age	
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, data for Jun-22 - Aug-22 for LHO Dublin South East and data for Sep-22 for LHOs Sligo Leitrim, Mayo and Dun Laoghaire 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

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	OLOL
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	SAFE	AMRIC: Hospital acquired new cases of S. aureus bloodstream infection per 10,000 bed days used																																		
	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	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
Numerator	26	20	32	19	17	27	27	24	25	19	24	33	37	16	38	28	25	26	31	34	40	29	31	25	37	24	29	29	31	37	35	39	24	31		
Denominator	328,910	311,801	258,114	199,825	243,570	264,389	284,785	284,385	282,214	285,510	275,169	273,133	270,429	256,331	295,004	292,577	297,214	299,319	313,540	310,761	310,513	323,153	313,350	307,477	317,842	295,637	323,948	313,454	325,124	317,309	315,664	324,586	317,691	339,616		
Data point	0.79	0.64	1.24	0.95	0.70	1.02	0.95	0.84	0.89	0.67	0.87	1.21	1.37	0.62	1.29	0.96	0.84	0.87	0.99	1.09	1.29	0.90	0.99	0.81	1.16	0.81	0.90	0.93	0.95	1.17	1.11	1.20	0.76	0.91		

Numerator: new HA Staf Aureus cases // Denominator: Number of Bed Days Used // Data points: S. Aureus cases per 10,000 BDU

Underlying data for	SAFE	AMRIC: Rate of new cases of hospital associated C. difficile infection per 10,000 bed days used																																		
	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	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
Numerator	80	70	58	51	56	60	74	57	54	64	55	59	56	55	56	57	56	54	73	62	58	61	71	69	76	64	49	66	65	69	81	70	67	81		
Denominator	328,910	311,801	258,114	199,825	243,570	264,389	284,785	284,385	282,214	285,510	275,169	273,133	270,429	256,331	295,004	292,577	297,214	299,319	313,540	310,761	310,513	323,153	313,350	307,477	317,842	295,637	323,948	313,454	325,124	317,309	315,664	324,586	317,691	339,616		
Data point	2.43	2.25	2.25	2.55	2.30	2.27	2.60	2.00	1.91	2.24	2.00	2.16	2.07	2.15	1.90	1.95	1.88	1.80	2.33	2.00	1.87	1.89	2.27	2.24	2.39	2.16	1.51	2.11	2.00	2.17	2.57	2.16	2.11	2.39		

Numerator: new Ha C. difficile cases // Denominator: Number of Bed Days Used // Data points: S. Aureus cases per 10,000 BDU

Underlying data for	PERSON-CENTRED	CAMHS: Percentage of accepted referrals / re-referrals offered first appointment and seen within 12 weeks																																		
	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	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
Numerator	841	797	642	446	449	504	579	529	774	911	1013	859	693	795	1003	930	908	854	690	556	804	781	874	711	635	704	708	601	721	518	421	515	599	642		
Denominator	1,092	1,053	823	633	648	740	785	792	1,097	1,214	1,281	1,038	872	1,100	1,367	1,209	1,129	1,181	988	964	1,211	1,118	1,229	951	890	985	1,022	901	1,110	895	808	940	1,043	1,023		
Data point	77.0%	75.7%	78.0%	70.5%	69.3%	68.1%	73.8%	66.8%	70.6%	75.0%	79.1%	82.8%	79.5%	72.3%	73.4%	76.9%	80.4%	72.3%	69.8%	57.7%	66.4%	69.9%	71.1%	74.8%	71.3%	71.5%	69.3%	66.7%	65.0%	57.9%	52.1%	54.8%	57.4%	62.8%		

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 // Data points: % accepted ref/ re-ref offered first appointment and seen <12weeks

Underlying data for	PERSON-CENTRED	Percentage of all attendees aged 75 years and over at ED who are discharged or admitted within 9 hours																																		
	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	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
Numerator	8,045	7,452	7,463	8,588	######	######	######	9,566	8,952	8,792	8,544	9,567	7,451	7,444	9,210	9,746	9,918	9,692	9,874	9,309	8,775	8,381	7,825	8,646	7,959	7,508	8,462	8,423	9,305	8,951	8,883	9,328	8,893	8,281		
Denominator	14,393	13,174	10,184	9,995	13,245	14,216	14,058	13,578	13,277	12,677	12,343	14,212	11,283	10,834	13,602	14,476	14,540	15,102	16,375	15,749	15,363	14,954	13,796	15,230	14,809	14,507	16,748	15,573	16,840	16,754	16,699	16,928	16,278	16,371		
Data point	55.9%	56.6%	73.3%	85.9%	82.0%	77.7%	71.5%	70.5%	67.4%	69.4%	69.2%	67.3%	66.0%	68.7%	67.7%	67.7%	67.3%	68.2%	64.2%	60.3%	59.1%	57.1%	56.0%	56.7%	56.8%	53.7%	51.8%	50.5%	54.1%	55.3%	53.4%	53.2%	55.1%	54.6%	50.6%	

Numerator: All ED patients aged >75 years of age, who are admitted or discharged <9 hours // Denominator: Patient attendances at ED who are aged over 75 years of age who are admitted or discharged // Data points: % 9h PET +75years

Underlying data for	TIMELY	ACUTES: Percentage of people waiting <18 months for first access to OPD services																																		
	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	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
Numerator	449,730	452,654	454,507	450,239	450,630	453,265	464,202	466,365	462,586	458,945	455,621	449,068	451,980	452,527	450,692	449,133	449,755		460,867	459,583	465,072	467,994	471,431	464,076	470,052	475,522	477,342	480,915	485,699	492,383	500,334	504,416	505,247	499,591		
Denominator	556,770	558,554	562,693	567,329	575,863	584,399	601,362	610,996	612,083	612,817	612,576	606,230	622,963	626,895	628,756	630,305	630,270		652,498	652,344	653,524	644,458	636,695	617,448	625,513	626,658	625,056	624,773	624,444	623,903	627,856	629,447	625,673	614,225		
Data point	80.8%	81.0%	80.8%	79.4%	78.3%	77.6%	77.2%	76.3%	75.6%	74.9%	74.4%	74.1%	72.6%	72.2%	71.7%	71.3%	71.4%		70.6%	70.5%	71.2%	72.6%	74.0%	75.2%	75.1%	75.9%	76.4%	77.0%	77.8%	78.9%	79.7%	80.1%	80.8%	81.3%		

Numerator: Number of outpatient patients waiting to be seen less than 18 months // Denominator: Total WL OPD // Data points: % people waiting <18 months for OPD

Underlying data for	TIMELY	PRIMARY CARE: Percentage of psychology patients on waiting list for treatment ≤ 52 weeks																																		
	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	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
Numerator	7,355	6,715	6,470	6,178	6,545	6,470	6,060	5,651	5,514	5,371	5,472	5,653	5,272	4,829	5,007	5,465	5,156	5,293	5,622	6,061	6,718	6,937	6,996	7,191	7,442	7,707	7,752	8,145	9,000	9,035	8,909	9,507	9,737	9,806		
Denominator	10,968	10,302	10,186	9,756	11,538	11,324	10,996	10,286	10,441	10,639	11,454	11,519	10,931	10,441	10,814	11,473	10,955	11,143	11,216	11,526	12,119	12,324	12,178	12,248	12,446	12,524	12,433	12,732	13,638	13,656	14,157	14,857	15,255	15,365		
Data point	67.1%	65.2%	63.5%	63.3%	56.7%	57.1%	55.1%	54.9%	52.8%	50.5%	47.8%	49.1%	48.2%	46.3%	46.3%	47.6%	47.1%	47.5%	50.1%	52.6%	55.4%	56.3%	57.4%	58.7%	59.8%	61.5%	62.4%	64.0%	66.0%	66.2%	62.9%	64.0%	63.8%	63.8%		

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	TIMELY	PRIMARY CARE: Percentage of ophthalmology patients on waiting list for treatment ≤52 weeks																																		
	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	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
Numerator	12,395	12,635	12,678	12,712	11,674	11,472	11,101	9,458	9,620	10,431	10,456	10,702	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		
Denominator	18,271	18,664	19,050	19,810	18,294	18,526	18,712	15,706	16,156	18,396	18,916	19,326	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		
Data point	67.8%	67.7%	66.6%	64.2%	63.8%	61.9%	59.3%	60.2%	59.5%	56.7%	55.3%	55.4%	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%		

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	EFFICIENT	Ambulance turnaround times ≤30 mins																																		
	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	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
Numerator	8,433	7,655	7,424	6,119	7,261	7,737	8,271	8,017	7,811	7,849	7,406	6,996	6,720	6,428	7,212	7,153	7,348	7,168	6,568	6,133	5,399	6,023	5,775	5,929	5,588	5,095	5,350	5,241	5,696	5,055	5,135	5,373	5,072	5,256		
Denominator	23,024	20,659	20,671	17,176	19,297	19,735	21,579	21,803	22,006	21,679	20,206	22,122	22,030	18,889	21,921	22,352	23,703	24,298	25,457	25,033	24,430	25,521	23,864	25,338	24,617	22,950	26,225	24,491	25,543	24,420	25,049	25,225	24,621	26,318		
Data point	36.6%	37.1%	35.9%	35.6%	37.6%	39.2%	38.3%	36.8%	35.5%	36.2%	36.7%	31.6%	30.5%	34.0%	32.9%	32.0%	31.0%	29.5%	25.8%	24.5%	22.1%	23.6%	24.2%	23.4%	22.7%	22.2%	20.4%	21.4%	22.3%	20.7%	20.5%	21.3%	20.6%	20.0%		

Numerator: number of ambulances that declare readiness to accept another call ≤30 minutes from arrival at ED // Denominator: Total number of ambulances arrivals at ED // Data points: % ambulances ready to accept another call in ≤30 minutes

Underlying data for	WELLBEING	Percentage of child health & development assessments completed on time or before 12 months of age																																		
	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	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
Numerator	4,278	3,853	3,409	1,776	1,050	1,167	1,629	1,685	2,179	2,368	2,729	2,061	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	3,874	3,999	4,078	4,024			
Denominator	4,660	4,273	4,512	4,008	4,250	4,390	4,582	4,607	5,030	4,757	4,644	4,274	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	4,488	4,781	4,667	4,609			
Data point	91.8%	90.2%	75.6%	44.3%	24.7%	26.6%	35.6%	36.6%	43.3%	49.8%	58.8%	48.2%	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%	86.3%	83.6%	87.4%	87.3%			

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