

HSE Quality Profile

Methodology & Metadata Updated February 2022

	Safe	Hospital acquired new cases of <i>S. aureus</i> bloodstream infection per 10,000 bed days used
		Health service staff absence rate (including COVID-19 absence)
	Effective	Percentage of emergency re-admissions for acute medical conditions to the same hospital within 30 days of discharge
	Person-centred	Percentage of all attendees aged 75 years and over at ED who are discharged or admitted within 6 hours of registration
r. S	Timely	Percentage of ophthalmology patients on waiting list for treatment ≤52 weeks
Quality Indicators		Percentage of patients waiting <52 weeks for first access to OPD services
		Percentage of people waiting <13 weeks following a referral for routine colonoscopy or OGD
Quali		Percentage of hip fracture surgery carried out within 48 hours of initial assessment
	Efficient	Percentage of ambulances that have 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)
		Weekly number of delayed transfers of care
	Equitable	Disability Act compliance: percentage of child assessments completed within the timelines as provided for in the regulations
	Better Health & Wellbeing	Percentage of child health & development assessments completed on time or before 12 months of age



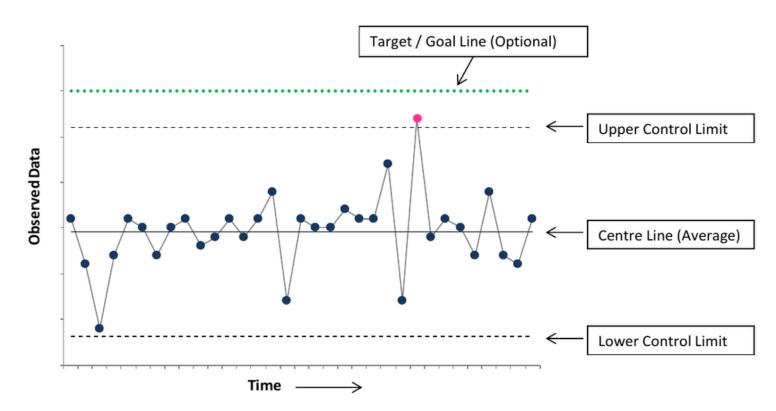
Anatomy of a Statistical Process Control Chart

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.



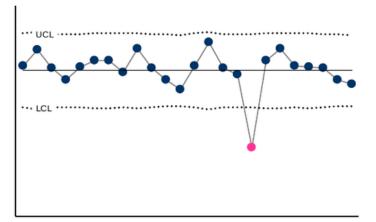
References

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

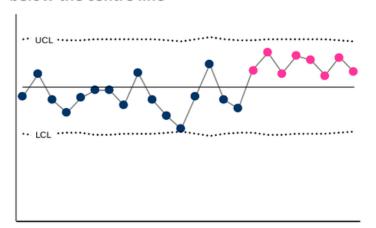


Rules for detecting special cause variation using statistical process control charts

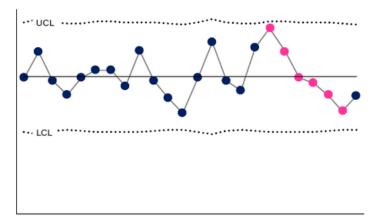
1. A single point outside the control limits (this doesn't include points exactly on the limit)



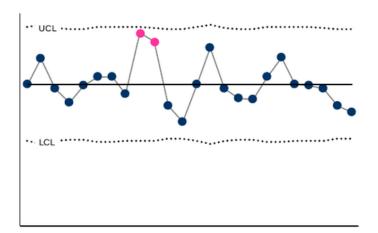
2. A run of 8 or more consecutive points above or below the centre line



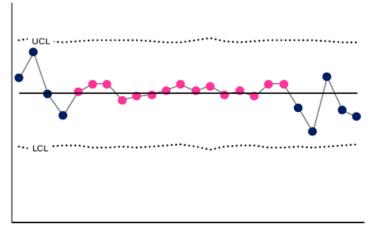
3. A trend of at least 6 consecutive points all going up or down



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)



Safe Hospital acquired new cases of s. aureus bloodstream infection per 10,000 bed days used Calculation Calculati	Numerator. Number of new cases of hospital acquired S. aureus bloodstream infection. Details of analysis National level data are displayed in an SPC U chart since January 2019 Data source HCAI Monthly Report / Acute Management Data Report Data frequency Monthly Further information https://www.hse.ie/eng/sen/ces/publications/kpis/acute-hospitals-metadata-2021.pdf Safe. Health service staff absence rate (including COVID-19 absence) Calculation 96 absence rate = Total hours lost due to Absenteeism / Available Hours Data source HR Workforce Reports https://www.hse.ie/eng/sen/ces/publications/kpis/acute-hospitals-metadata-2021.pdf Data source Potalis of analysis National level data are displayed in an SPC I chart since January 2019 HR Workforce Reports https://www.hse.ie/eng/staff/resources/our-workforce-reporting-national-reports-firml Monthly Further information https://www.hse.ie/eng/sen/ces/publications/kpis/system-wide-metadata-2019.pdf Effective. Percentage of emergency readmissions for acute medical conditions to the same hospital within 30 days of discharge Calculation Calculation Numerator: Number of medical inpatient discharges in the denominator period which resulted in an emergency readmissions for acute medical engate discharges (elective and emergency) in the denominator period denominator pend is set 30 days in aresist. Details of analysis National level data are displayed in an SPC P Prime chart since January 2019. Data source Acute Management Data Report Data frequency Monthly Further information https://www.hse.ie/eng/sen/ces/publications/lpis/scute-hospitals-metadata-2021.pdf Person-centred: Percentage of attendees aged over 75 at ED who are in ED <5 hours Numerator: All ED patients aged >75 years of age, who are admitted to a ward or discharged in less than 6 hours form their Arrival Time. Denominator - All patient attendances at ED who are aged over 75 at ED who are in ED <5 hours Numerator: Number of opthalmhology patients in all age bands on the treatment waiting list for 0-52 weeks Denomina	• •						
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	Further information https://www.hse.ie/eng/services/publications/kpis/acute-hospitals-metadata-2021.pdf	Further information	https://www.hse.ie/eng/services/publications/kpis/acute-hospitals-metadata-2021.pdf					

Agenda 3.4 / HSE Quality Profile Metadata updated February 2022.pdf Quality Profile Indicators Metadata

	cy 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
Notes	Note that the data source for this indicator has been changed to the Irish Hip Fracture Database in the March 2020 Quality Profile to align with the Performance Profile.
Further information	https://www.hse.ie/eng/services/publications/kpis/acute-hospitals-metadata-2021.pdf
Timely: Percentage of patients (Oesophagogastroduodenosco	waiting <13 weeks following a referral for routine colonoscopy or OGD py)
Calculation	Numerator: Number of patients waiting to be seen less than 13 weeks for routine colonoscopy or OGD. Denominator: Total number of patients waiting to be seen for routine colonoscopy or OGD.
Details of analysis	National level data are displayed in an SPC P Prime chart since January 2019.
Data source	Acute Management Data Report
Data frequency	Monthly
Further information	https://www.hse.ie/eng/services/publications/kpis/acute-hospitals-metadata-2021.pdf
Efficient: Weekly number of del	layed transfers of care
Calculation	Weekly number of delayed transfers of care
Details of analysis	Weekly data at national level are displayed in an SPC I chart for the most recent 26 weeks.
Data source	Delayed Transfers of Care National Report / Acute Management Data Report
Data frequency	Weekly
Notes	
Notes	
Further information	https://www.hse.ie/eng/services/publications/kpis/acute-hospitals-metadata-2021.pdf
Further information Efficient: % of ambulances that	https://www.hse.ie/eng/services/publications/kpis/acute-hospitals-metadata-2021.pdf thave a time interval ≤30 minutes from arrival at ED to when the ambulance crew declares the accept another call (clear and available)
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Better Health & 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 2019	
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.	
Further information	https://www.hse.ie/eng/services/publications/kpis/primary%20care%20metadata%202020.pdf	