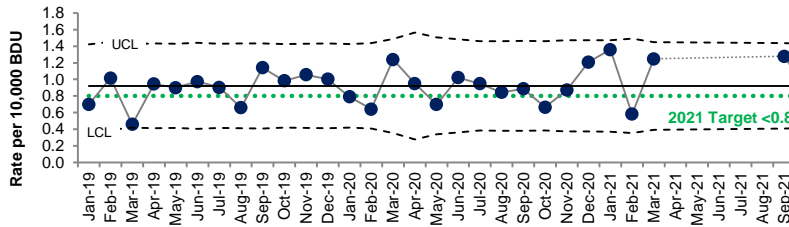


**Note:** This tool is used to indicate activity related to quality and patient safety over time. It is separate to processes supporting the performance and accountability framework under which necessary improvement plans are developed and monitored by NPOG and reported on through EMT and the Monthly Performance reporting process up to and include the Board Strategic Scorecard.

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

Desired Direction

### National Rate



Note: Data for April to August 2021 are not available

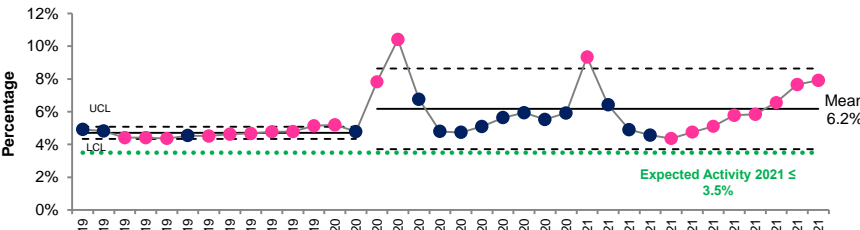
NEW DATA

Latest data available: December 2021

## Health service staff absence rate (including COVID-19 absence)

Desired Direction

### National Rate



**Average national performance is worse than the target and is unstable. The rate of staff absenteeism has increased for the past 8 consecutive months; this is a signal of disimprovement.**

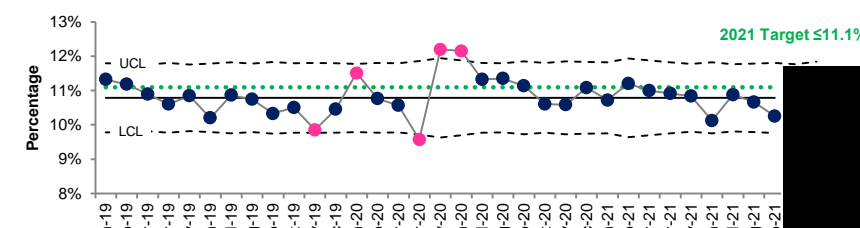
NEW DATA

Latest data available: December 2021

## Percentage of emergency re-admissions for acute medical conditions to the same hospital within 30 days of discharge

Desired Direction

### National Rate



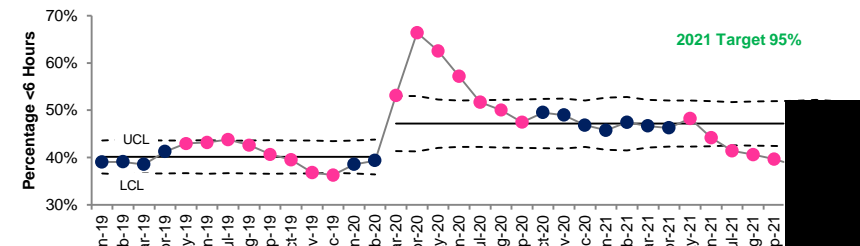
NEW DATA

Latest data available: November 2021

## Percentage of all attendees aged 75 years and over at ED who are discharged or admitted within 6 hours

Desired Direction

### National Rate



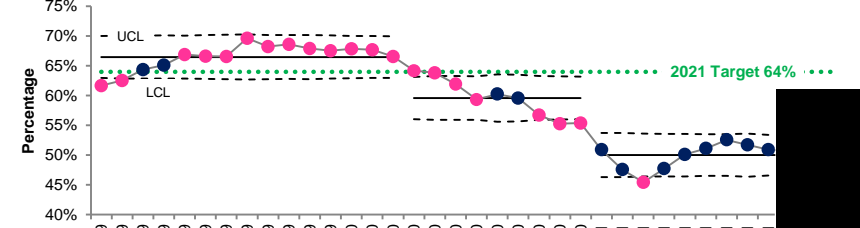
NEW DATA

Latest data available: December 2021

## Percentage of ophthalmology patients on waiting list for treatment $\le 52$ weeks

Desired Direction

### National Rate



NEW DATA

Latest data available: December 2021

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

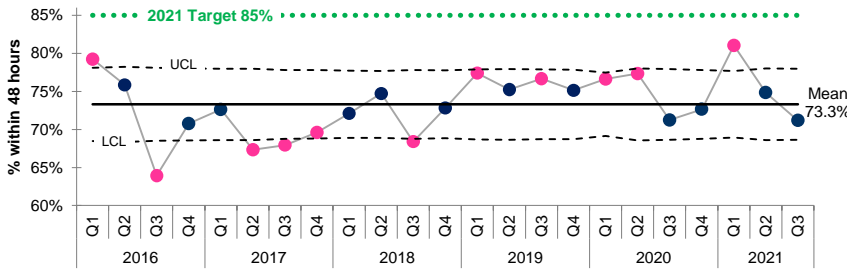
Indicates a new measure this month

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

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

Desired Direction

### National Rate



Average national performance is worse than the target. Although there were signals of improvement in Q1 & Q2 2020 and in Q1 2021 there are no current signals of improvement.

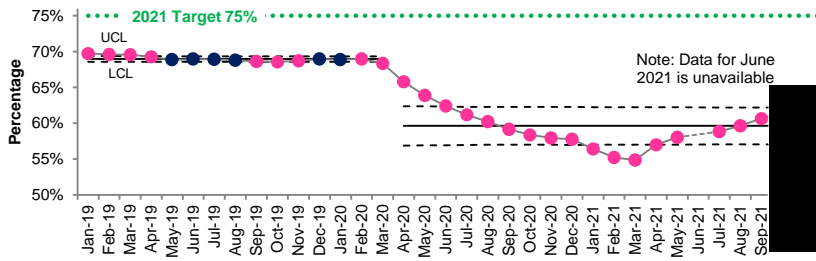
NEW DATA

Latest data available: Q3 2021

## Percentage of patients waiting <52 weeks for first access to OPD services

Desired Direction

### National Rate



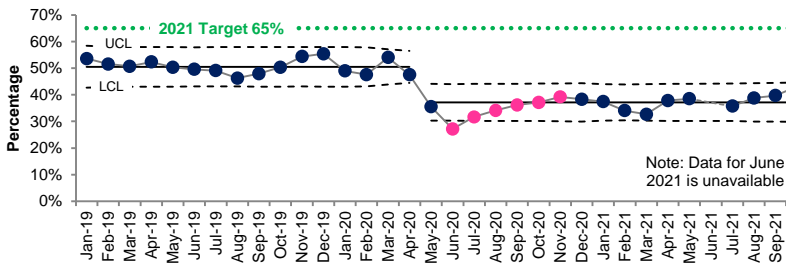
NEW DATA

Latest data available: December 2021

## Percentage of patients waiting <13 weeks following a referral for routine colonoscopy or OGD

Desired Direction

### National Rate



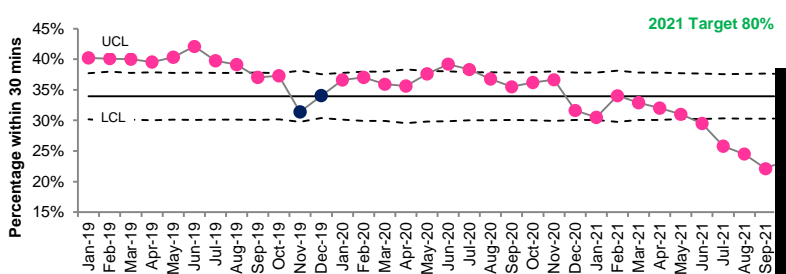
NEW DATA

Latest data available: December 2021

## Ambulance turn around times ≤30 mins

Desired Direction

### National Rate



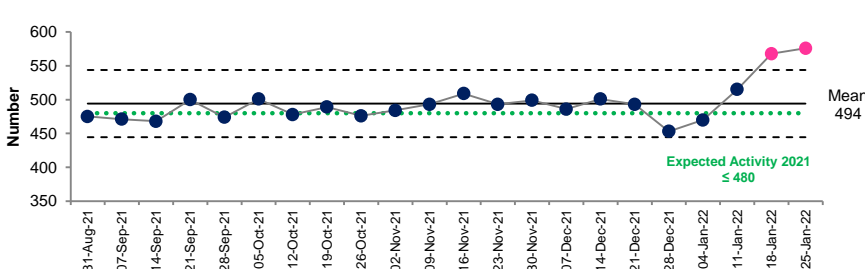
NEW DATA

Latest data available: December 2021

## Weekly number of delayed transfers of care

Desired Direction

### National Data



NEW DATA

Latest data available: 25 Jan 2022

The average number of delayed transfers of care is worse than the target and there are signals of disimprovement for the past 2 weeks. The number had previously stabilised between 31-Aug-21 and 11-Jan-22 after increasing since earlier in 2021.

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

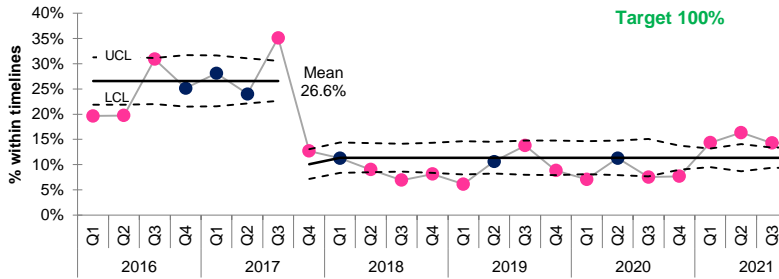
Indicates a new measure this month

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

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

Desired Direction

#### National Rate



**NEW DATA**

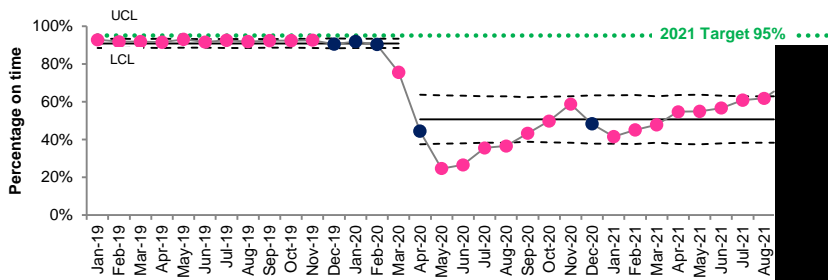
Latest data available: Q4 2021

Equitable

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

Desired Direction

#### National Rate



Better Health & Wellbeing

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

## HSE Board S&Q Committee: Quality Profile Discussion Prompts

**Receipt of HSE Quality 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/ QI team 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*

- |   |  |   |  |
|---|--|---|--|
| <p><b>1. Performance attained</b></p> <ul style="list-style-type: none"> <li>• Normal variation (within an acceptable range)</li> <li>• Special cause indicating a signal of improvement</li> </ul> | <p><b>2. Performance not attained; ongoing review required</b></p> <ul style="list-style-type: none"> <li>• Action plan for improvement in place</li> <li>• Performance not at target level but within acceptable range of the target</li> </ul> | <p><b>3. Further analysis required</b></p> <ul style="list-style-type: none"> <li>• More analysis needed to make an assessment</li> </ul> | <p><b>4. Improvement opportunity</b></p> <ul style="list-style-type: none"> <li>• Normal variation outside the acceptable range</li> <li>• Special cause (unusual event) indicating dis-improvement</li> </ul> |
|---|--|---|--|

**Committee Action:**  
*S&Q Committee Chair:*

*Committee recommendations and actions recorded in meeting minute and action log*

- |  |  |   |   |
|--|--|---|---|
| <p><b>1. Acknowledges good performance</b></p> <ul style="list-style-type: none"> <li>• Committee may wish to congratulate/ recognise this achievement</li> <li>• Committee may discuss what has been learned and if there are opportunities for further improvement.</li> </ul> | <p><b>2. Recommends ongoing review</b></p> <ul style="list-style-type: none"> <li>• Committee may agree to continue to keep the indicator under review.</li> </ul> | <p><b>3. Requests further analysis</b></p> <ul style="list-style-type: none"> <li>• Committee may request further data analysis or information from relevant Executive member or organisation</li> <li>• Committee may request further analysis of existing data from QI team.</li> </ul> | <p><b>4. Requests a plan for improvement</b></p> <ul style="list-style-type: none"> <li>• Committee may request further information on cause of dis-improvement or below target performance from relevant Executive member</li> <li>• Committee may request update on organisational response, e.g. improvement plan</li> <li>• Committee may escalate to Board</li> <li>• Committee may request other action.</li> </ul> |
|--|--|---|---|