

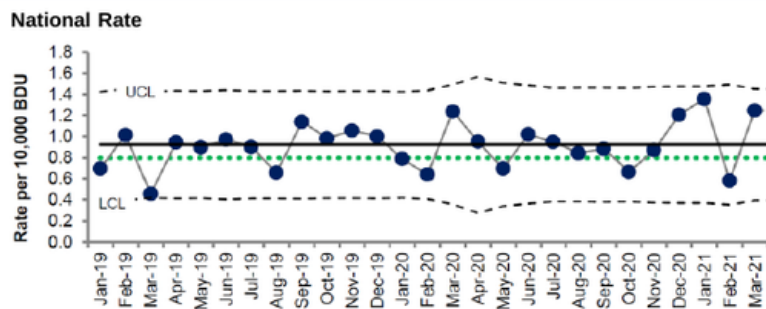


Note: This tool is used to indicate activity related to quality and patient safety over time. It is separate to processes supporting the performance and accountability framework under which necessary improvement plans are developed and monitored by NPOG and reported on through EMT and the Monthly Performance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

Safe

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

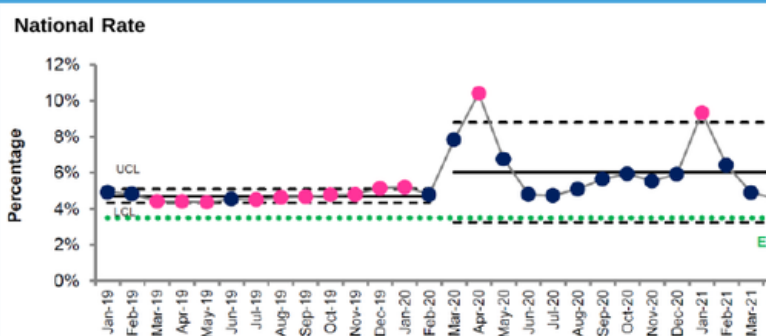
Desired Direction ↓



Safe

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

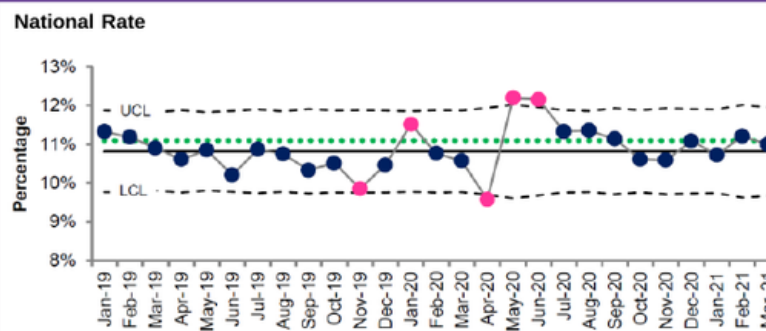
Desired Direction ↓



Effective

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

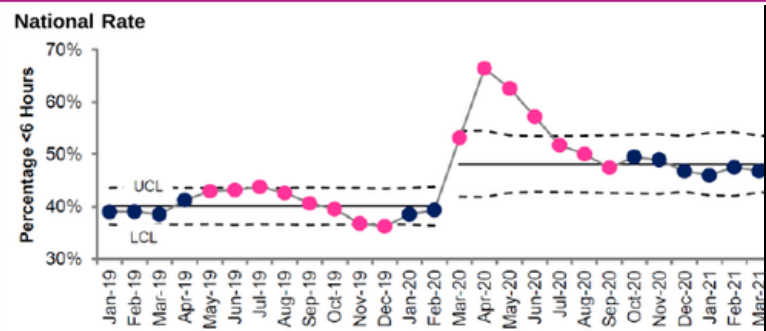
Desired Direction ↓



Person-centred

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

Desired Direction ↑



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

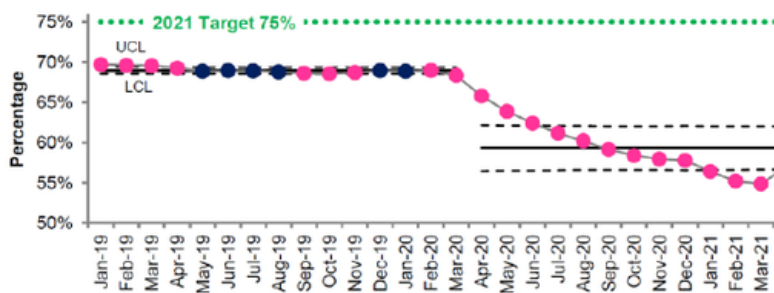


Percentage of patients waiting <52 weeks for first access to OPD services

Desired Direction ↑

Timely

National Rate

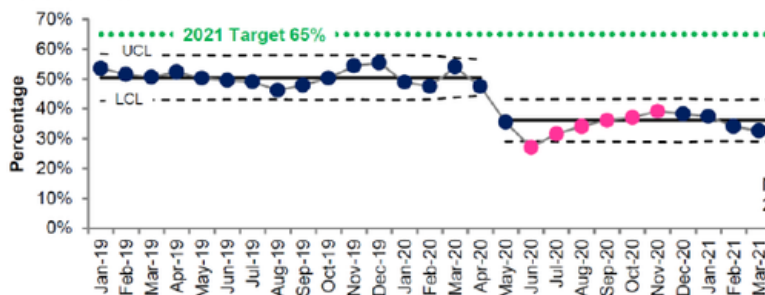


Percentage of patients waiting <13 weeks following a referral for routine colonoscopy or OGD

Desired Direction ↑

Timely

National Rate

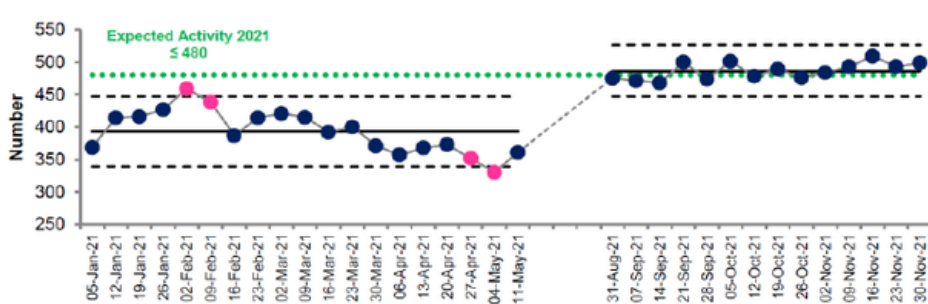


Weekly number of delayed transfers of care

Desired Direction ↓

Efficient

National Data



The average number of delayed transfers of care has increased since May and has now stabilised at an average of 486 delayed transfers a week compared with an average of less than 400 a week earlier this year.

NEW DATA

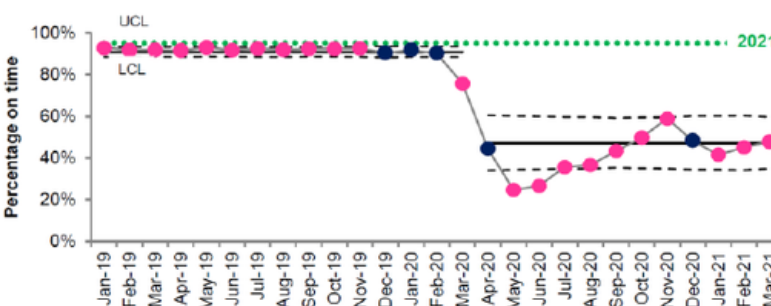
Latest data available: 30 Nov 2021

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

Desired Direction ↑

Better Health & Wellbeing

National Rate



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

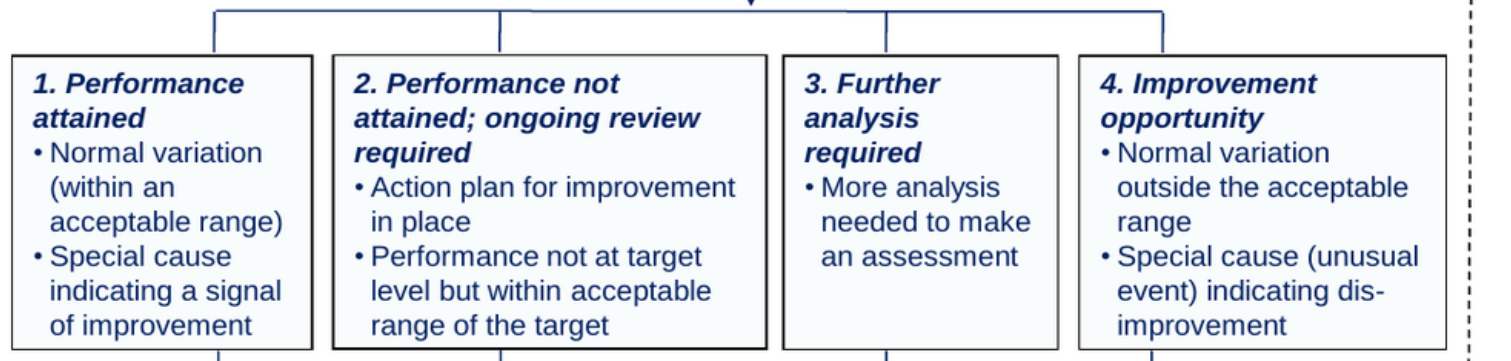
Receipt of HSE Quality Profile:
S&Q Committee members receive documents from Chief Clinical Officer (CCO)

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



Committee Action:
S&Q Committee Chair:

Committee recommendations and actions recorded in meeting minute and action log

