



HSE Quality Profile

December 2021

1

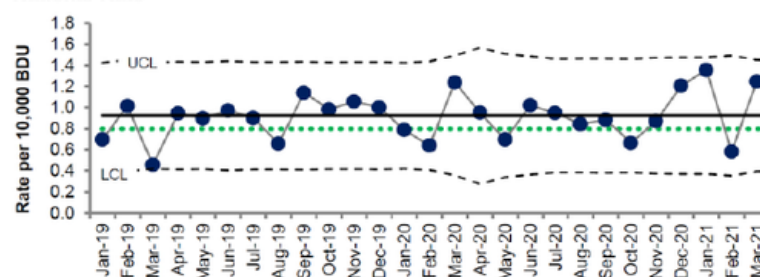
Note: This tool is used to indicate activity related to quality and patient safety over time. It is separate to processes supporting the performance and accountability framework under which necessary improvement plans are developed and monitored by NPOG and reported on through EMT and the Monthly Performance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

National Rate

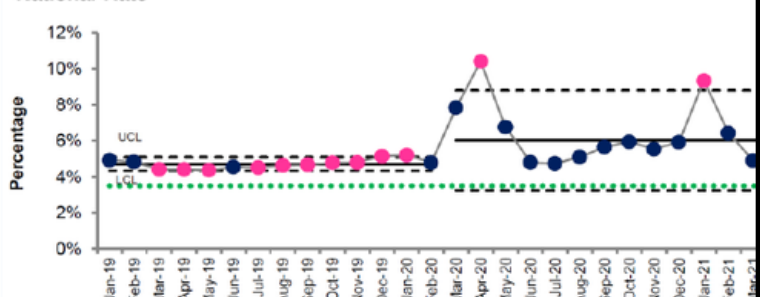


Safe

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

Desired Direction ↓

National Rate

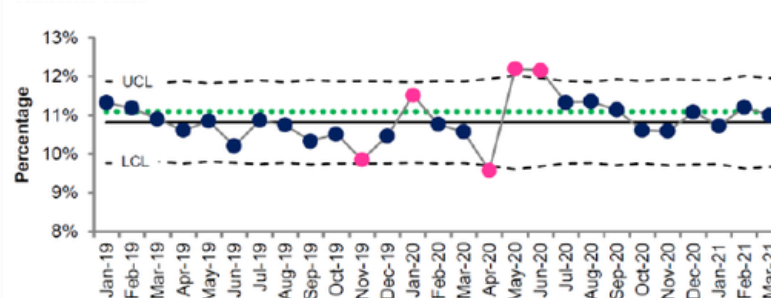


Effective

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

Desired Direction ↓

National Rate

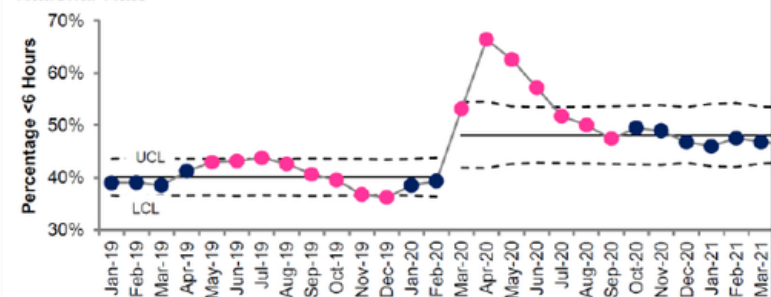


Person-centred

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

Desired Direction ↑

National Rate



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

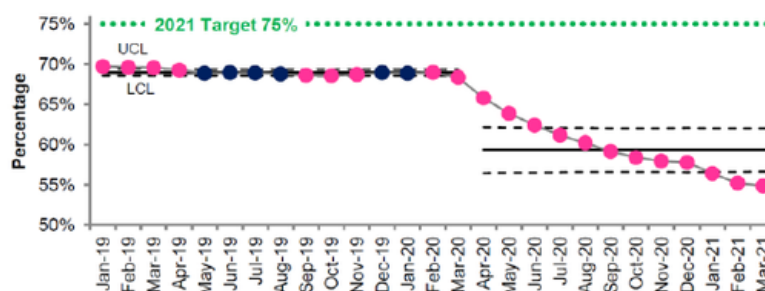
Note: Special cause variation in the statistical process control (SPC) charts is highlighted using pink data points



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

Desired Direction ↑

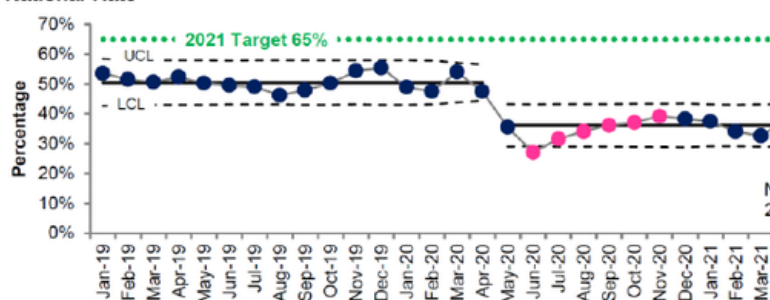
National Rate



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

Desired Direction ↑

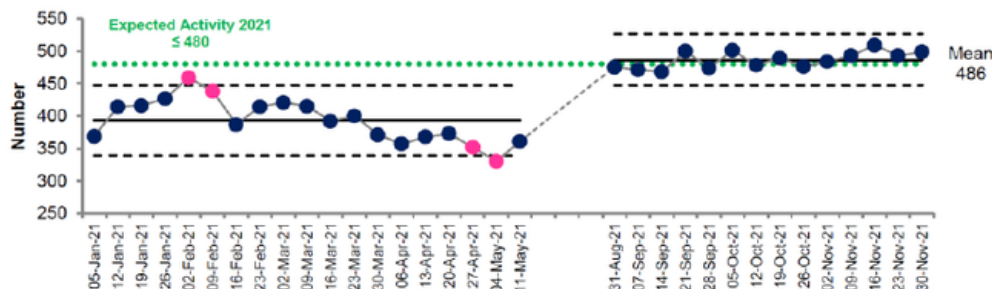
National Rate



Weekly number of delayed transfers of care

Desired Direction ↓

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.

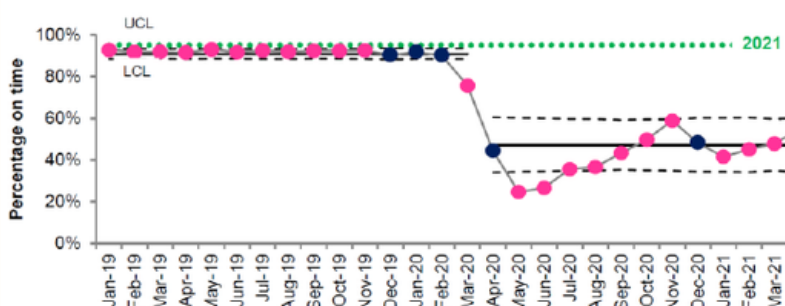
NEW DATA

Latest data available: 30 Nov 2021

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

Desired Direction ↑

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

1. Performance attained

- Normal variation (within an acceptable range)
- Special cause indicating a signal of improvement

2. Performance not attained; ongoing review required

- Action plan for improvement in place
- Performance not at target level but within acceptable range of the target

3. Further analysis required

- More analysis needed to make an assessment

4. Improvement opportunity

- Normal variation outside the acceptable range
- Special cause (unusual event) indicating dis-improvement

Committee Action:

S&Q Committee Chair:

Committee recommendations and actions recorded in meeting minute and action log

1. Acknowledges good performance

- Committee may wish to congratulate/ recognise this achievement
- Committee may discuss what has been learned and if there are opportunities for further improvement.

2. Recommends ongoing review

- Committee may agree to continue to keep the indicator under review.

3. Requests further analysis

- Committee may request further data analysis or information from relevant Executive member or organisation
- Committee may request further analysis of existing data from QI team.

4. Requests a plan for improvement

- Committee may request further information on cause of dis-improvement or below target performance from relevant Executive member
- Committee may request update on organisational response, e.g. improvement plan
- Committee may escalate to Board
- Committee may request other action.