

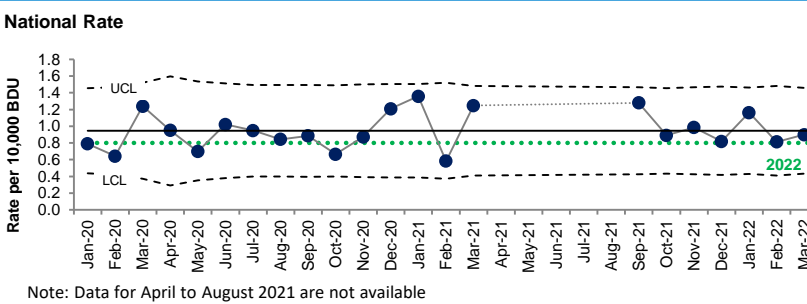


The purpose of the Quality Profile is to provide statistical insights into quality and patient safety data and to support understanding of variation in performance over time. It is separate to processes supporting the performance and accountability framework under which necessary improvement plans are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

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

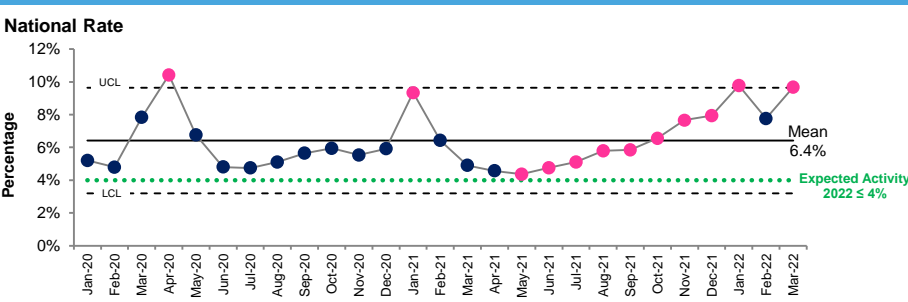
Desired Direction ↓



Safe

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

Desired Direction ↓



Average national performance is above the target and is unstable. The absence rate increased for the 9 months up to Jan-22; this is a signal of disimprovement. While the rate decreased in Feb-22, the rate for Mar-22 was higher than expected.

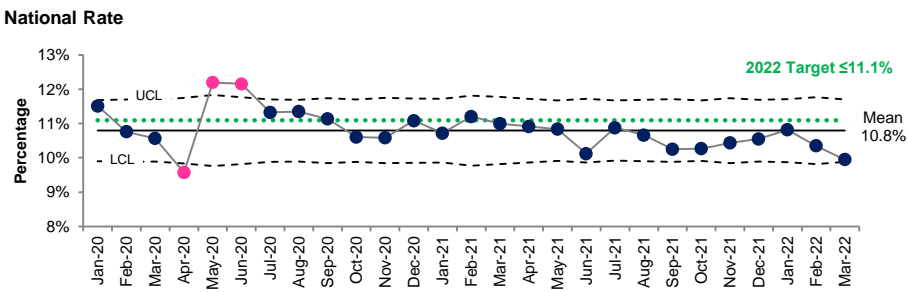
Latest data available: March 2022. Data for April 2022 not available at the time of production of the Quality Profile

NO NEW DATA

Effective

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

Desired Direction ↓



Average national performance has been on target (i.e. ≤11.1%) since Jan-20. There were signals of unexpected variation during the first few months of the pandemic, but performance has been stable since July 2020.

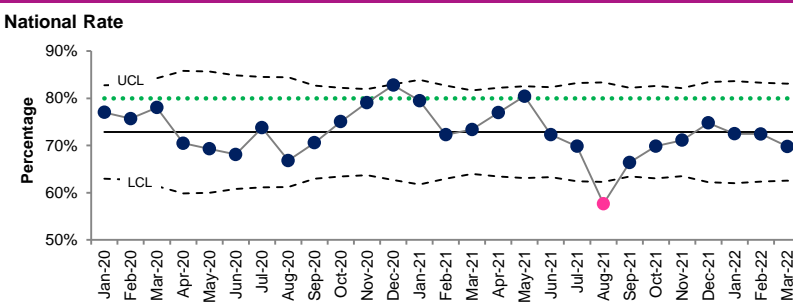
Latest data available: March 2022

NEW DATA

Person-centred

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

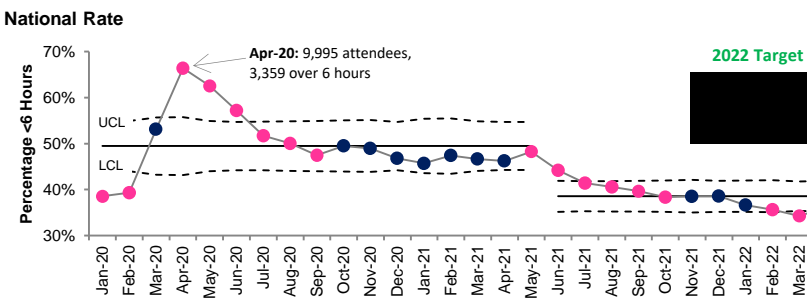
Desired Direction ↑



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.

NEW DATA

Indicates updated data for this measure this month

NO NEW DATA

Indicates no updated data available for this measure this month

NEW

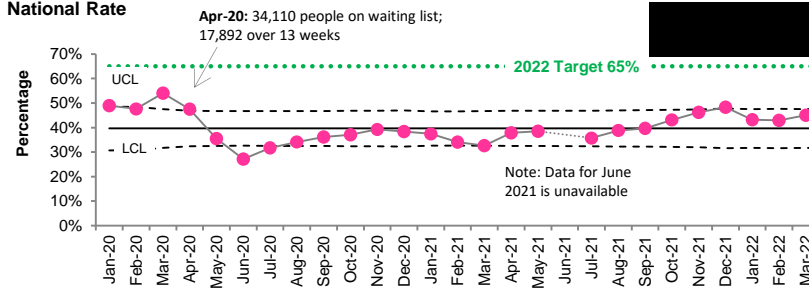
Indicates a new measure this month

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

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

Desired  
Direction ↑

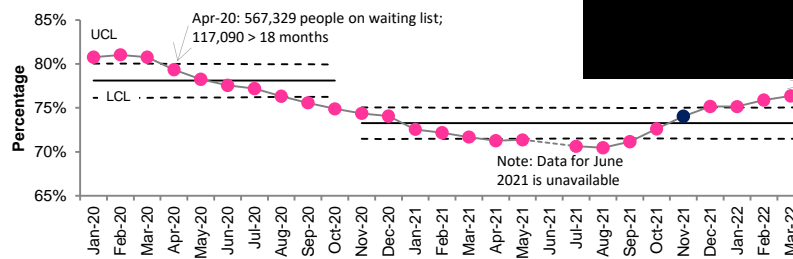
### National Rate



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

Desired  
Direction ↑

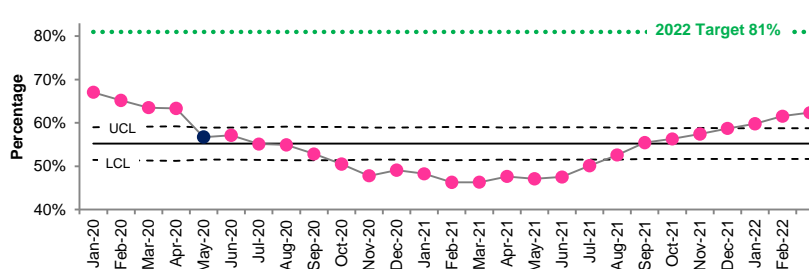
### National Rate



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

Desired  
Direction ↑

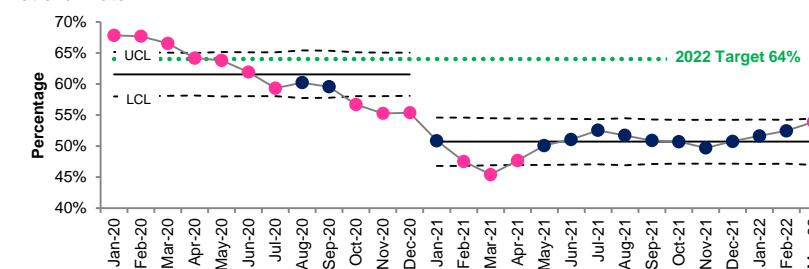
### National Rate



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

Desired  
Direction ↑

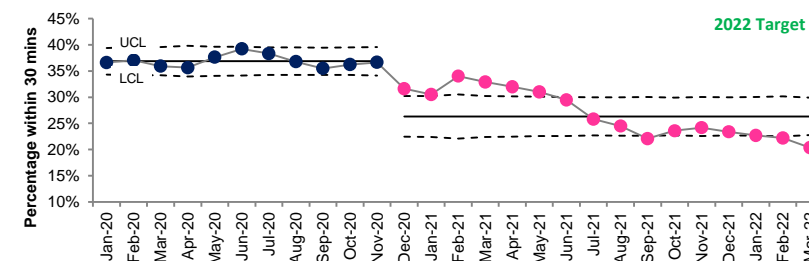
### National Rate



## Ambulance turn around times ≤30 mins

Desired  
Direction ↑

### National Data



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

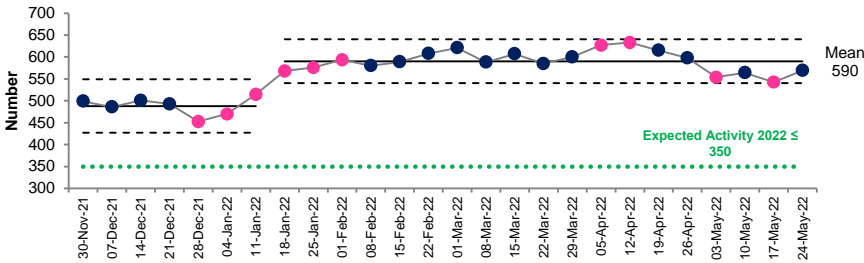
Efficient

Better Health & Wellbeing

Weekly number of delayed transfers of care

Desired Direction  
↓

National Data



The number of delayed transfers of care is higher than the expected activity with an average of 590 since 18-Jan-22. There have been signals of unexpected variation (both higher and lower than expected) in recent weeks.

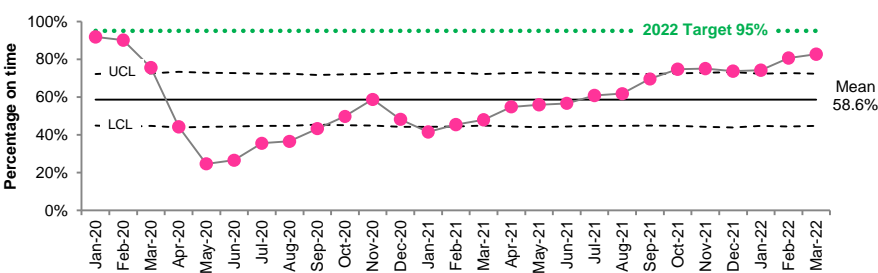
NEW DATA

Latest data available: 24 May 2022

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

Desired Direction  
↑

National Rate



Average national performance is worse than the 2022 target, with a significant reduction since the beginning of the pandemic. However there are currently signals of improvement since Jan-21, with the rate increasing for 11 consecutive months up to Nov-21. In addition the rates for the most recent 6 months were above the upper control limit.

NEW DATA

Latest data available: March 2022

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

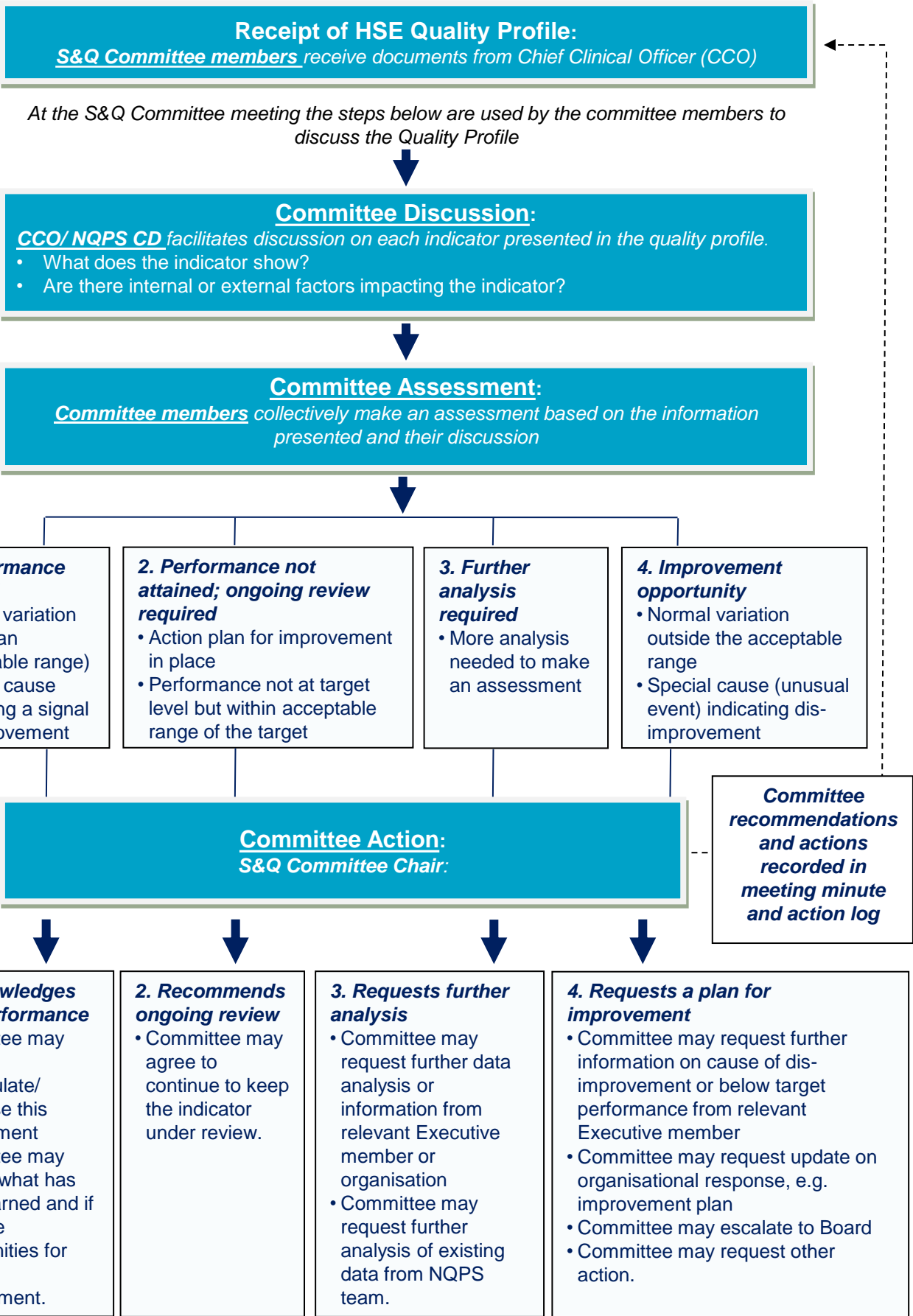
Indicates no updated data available for this measure this month

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



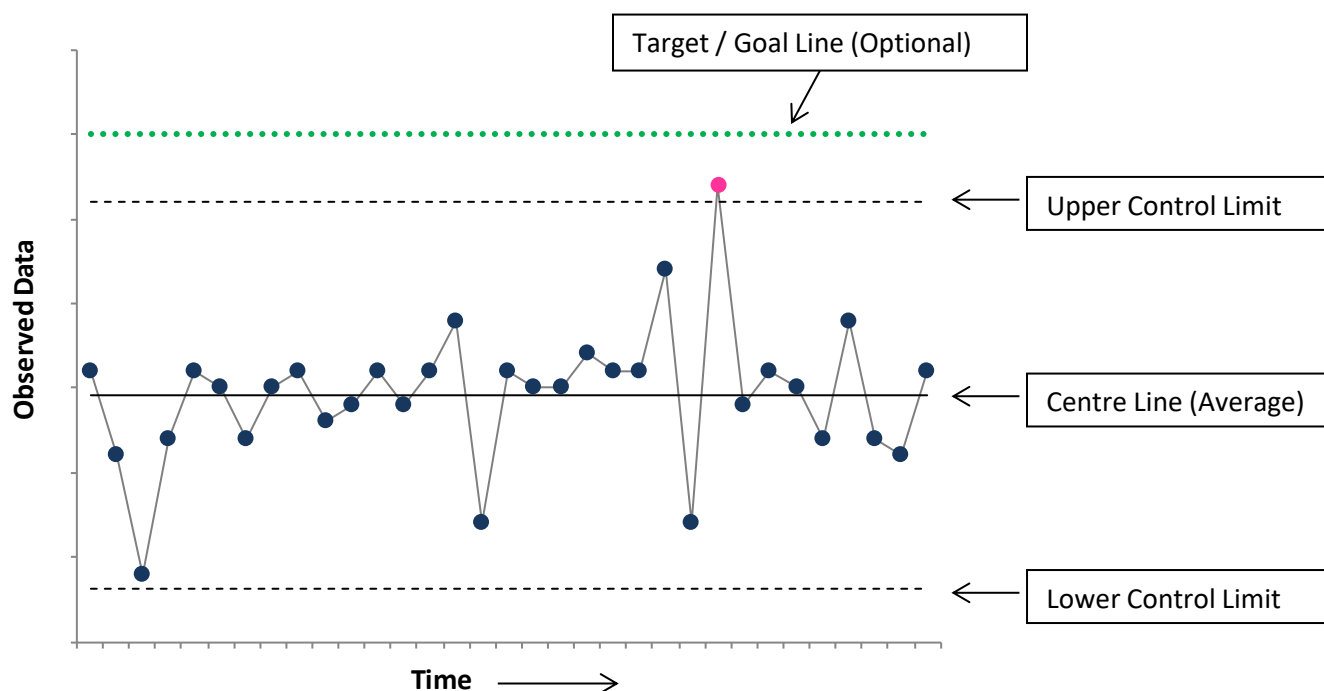
## Anatomy of a Statistical Process Control Chart

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.

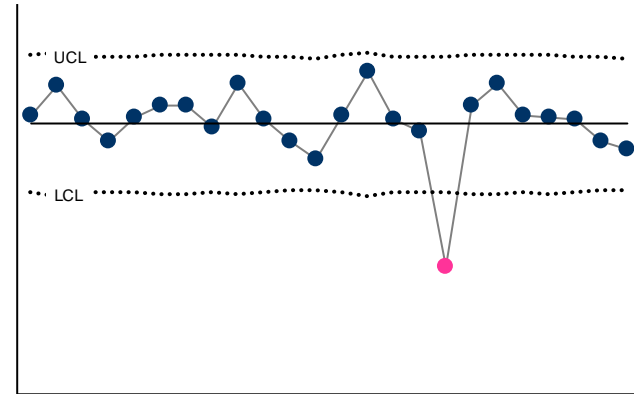


### References

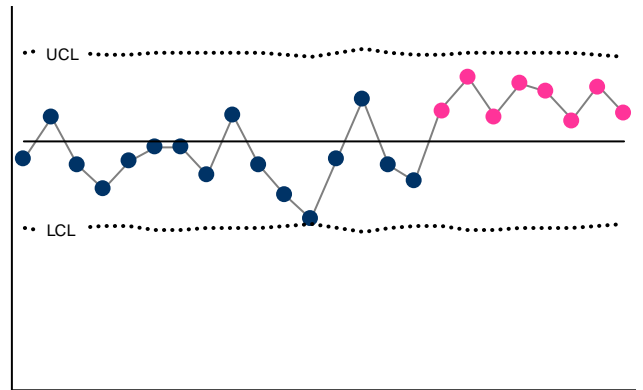
Provost L, Murray S. The Healthcare Data Guide: Learning from Data for Improvement. San Francisco: Jossey-Bass, Publication, 2011

# Rules for detecting special cause variation using statistical process control charts

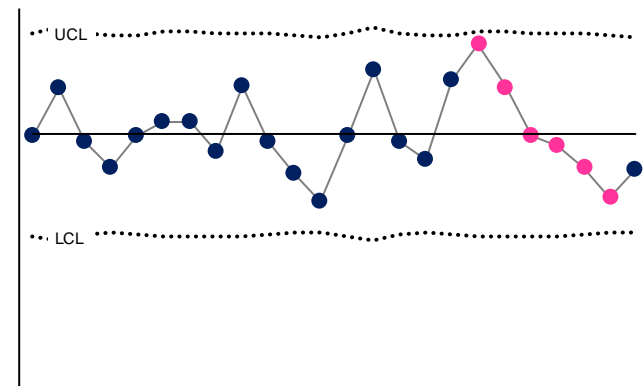
**1. A single point outside the control limits (this doesn't include points exactly on the limit)**



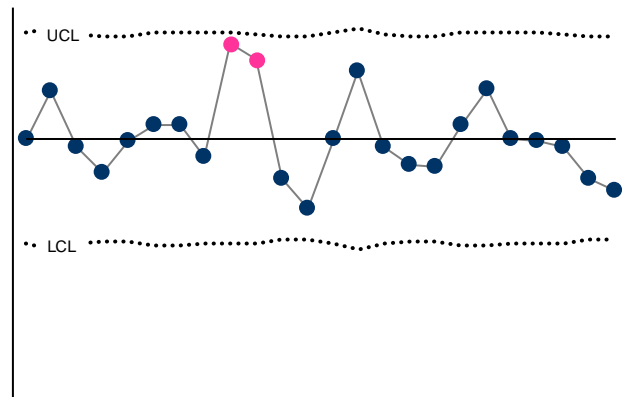
**2. A run of 8 or more consecutive points above or below the centre line**



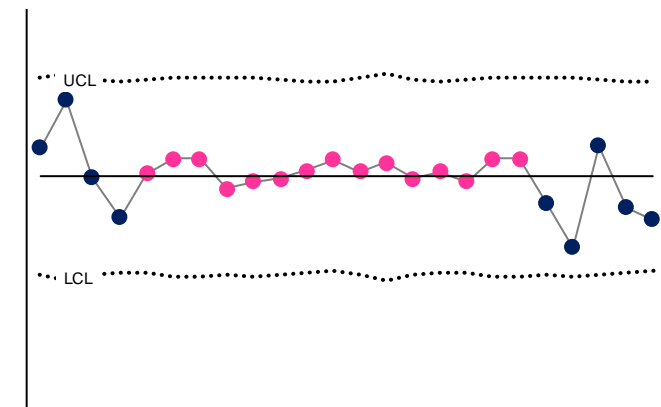
**3. A trend of at least 6 consecutive points all going up or down**



**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)**



# Quality Profile Indicators Metadata

Safe: Hospital acquired new cases of <i>S. aureus</i> bloodstream infection per 10,000 bed days used	
Calculation	Numerator: Number of new cases of hospital acquired <i>S. aureus</i> 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	HCAI Monthly Report / Acute Management Data Report
Data frequency	Monthly
Data coverage	Data for Jan-22 – Mar-22 for Kilcreene Orthopaedic Hospital was outstanding at the time of production of the Quality Profile.
Further information	<a href="https://www.hse.ie/eng/services/publications/kpis/acute-hospitals-metadata-2021.pdf">https://www.hse.ie/eng/services/publications/kpis/acute-hospitals-metadata-2021.pdf</a>

Safe: Health service staff absence rate (including COVID-19 absence)	
Calculation	% absence rate = Total hours lost due to Absenteeism / Available Hours
Details of analysis	National level data are displayed in an SPC I chart since January 2020
Data source	HR Workforce Reports <a href="https://www.hse.ie/eng/staff/resources/our-workforce/workforce-reporting/national-reports.html">https://www.hse.ie/eng/staff/resources/our-workforce/workforce-reporting/national-reports.html</a>
Data frequency	Monthly
Data coverage	Data for April 2022 not available at the time of production of the Quality Profile
Further information	<a href="https://www.hse.ie/eng/services/publications/kpis/system-wide-metadata-2019.pdf">https://www.hse.ie/eng/services/publications/kpis/system-wide-metadata-2019.pdf</a>

Effective: Percentage of emergency re-admissions for acute medical conditions to the same hospital within 30 days of discharge	
Calculation	Numerator: Number of medical inpatient discharges in the denominator period which resulted in an emergency readmission to the same hospital within 30 days Denominator: Number of medical inpatient discharges (elective and emergency) in the denominator period (denominator period is set 30 days in arrears).
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	Note that this indicator is based on HIPE data. The percentage of cases for the prior month entered into HIPE was 72% in February 2022 and 70% in March 2022.
Further information	<a href="https://www.hse.ie/eng/services/publications/kpis/acute-hospitals-metadata-2021.pdf">https://www.hse.ie/eng/services/publications/kpis/acute-hospitals-metadata-2021.pdf</a>

Person-centred: Percentage of accepted referrals / re-referrals offered first appointment and seen within 12 weeks by Child and Adolescent Community Mental Health Teams	
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	<a href="https://www.hse.ie/eng/services/publications/kpis/mental-health-metadata-2020.pdf">https://www.hse.ie/eng/services/publications/kpis/mental-health-metadata-2020.pdf</a>

Person-centred: Percentage of attendees aged over 75 at ED who are in ED <6 hours	
Calculation	Numerator - All ED patients aged >75 years of age, who are admitted to a ward or discharged in less than 6 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	<a href="https://www.hse.ie/eng/services/publications/kpis/acute-hospitals-metadata-2021.pdf">https://www.hse.ie/eng/services/publications/kpis/acute-hospitals-metadata-2021.pdf</a>

# Quality Profile Indicators Metadata

Timely: 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	No known current data coverage issues
Further information	<a href="https://www.hse.ie/eng/services/publications/kpis/primary%20care%20metadata%202020.pdf">https://www.hse.ie/eng/services/publications/kpis/primary%20care%20metadata%202020.pdf</a>

Timely: Percentage of patients 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	<a href="https://www.hse.ie/eng/services/publications/kpis/acute-hospitals-metadata-2021.pdf">https://www.hse.ie/eng/services/publications/kpis/acute-hospitals-metadata-2021.pdf</a>

Timely: 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 for Roscommon LHO was outstanding at the time of production of the Quality Profile.
Further information	<a href="https://www.hse.ie/eng/services/publications/kpis/primary%20care%20metadata%202020.pdf">https://www.hse.ie/eng/services/publications/kpis/primary%20care%20metadata%202020.pdf</a>

Timely: Percentage of emergency 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	<a href="https://www.hse.ie/eng/services/publications/kpis/acute-hospitals-metadata-2021.pdf">https://www.hse.ie/eng/services/publications/kpis/acute-hospitals-metadata-2021.pdf</a>

Timely: Percentage of patients waiting <13 weeks following a referral for routine colonoscopy or OGD (Oesophagogastrroduodenoscopy)	
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 2020.
Data source	Acute Management Data Report
Data frequency	Monthly
Data coverage	No known current data coverage issues
Further information	<a href="https://www.hse.ie/eng/services/publications/kpis/acute-hospitals-metadata-2021.pdf">https://www.hse.ie/eng/services/publications/kpis/acute-hospitals-metadata-2021.pdf</a>



# Quality Profile Indicators Metadata

## Efficient: Weekly number of delayed 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
Data frequency	Weekly
Notes	No known current data coverage issues
Further information	<a href="https://www.hse.ie/eng/services/publications/kpis/acute-hospitals-metadata-2021.pdf">https://www.hse.ie/eng/services/publications/kpis/acute-hospitals-metadata-2021.pdf</a>

## Efficient: % 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)

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
Data frequency	Monthly
Data coverage	No known current data coverage issues
Further information	<a href="https://www.hse.ie/eng/services/publications/kpis/acute-hospitals-metadata-2021.pdf">https://www.hse.ie/eng/services/publications/kpis/acute-hospitals-metadata-2021.pdf</a>

## Equitable: Disability Act compliance: percentage of child assessments completed within the timelines as provided for in the regulations

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	No known current data coverage issues
Further information	<a href="https://www.hse.ie/eng/services/publications/kpis/2019-disabilities-metadata.pdf">https://www.hse.ie/eng/services/publications/kpis/2019-disabilities-metadata.pdf</a>

## 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 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 & Mar-22 for Cavan Monaghan LHO and data for Mar-22 for Waterford LHO was outstanding at the time of production of the Quality Profile.
Further information	<a href="https://www.hse.ie/eng/services/publications/kpis/primary%20care%20metadata%202020.pdf">https://www.hse.ie/eng/services/publications/kpis/primary%20care%20metadata%202020.pdf</a>