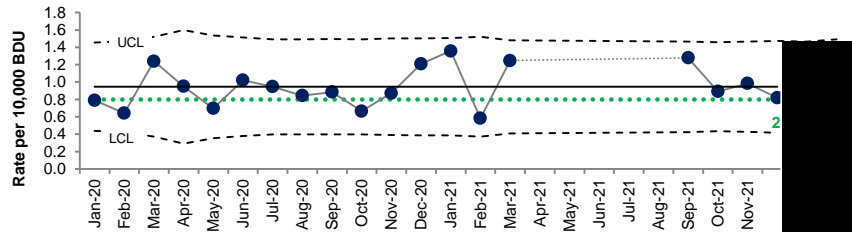


The purpose of the Quality Profile is to provide statistical insights into quality and patient safety data and to support understanding of variation in performance over time. It is separate to processes supporting the performance and accountability framework under which necessary improvement plans are developed and monitored by NPOG and reported on through EMT and the Monthly Performance reporting process up to and including the Board Strategic Scorecard.

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

Desired Direction ↓

#### National Rate



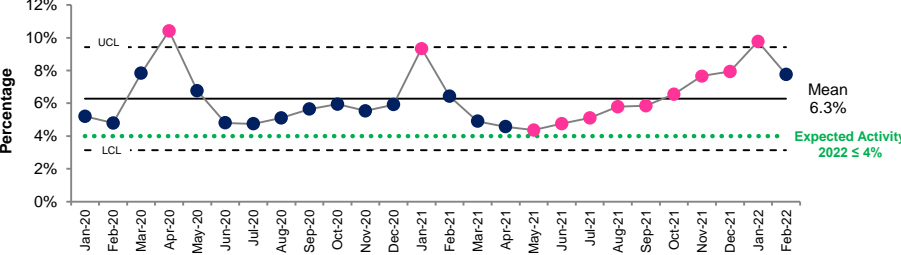
Note: Data for April to August 2021 are not available



### 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 absence rate increased for the 9 months up to Jan-22; this is a signal of disimprovement. However data for Feb-22 shows that the absence rate decreased and the upward trend has not continued.

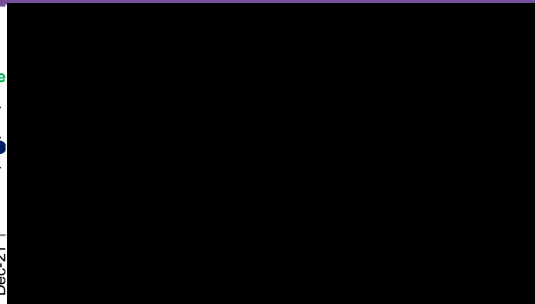
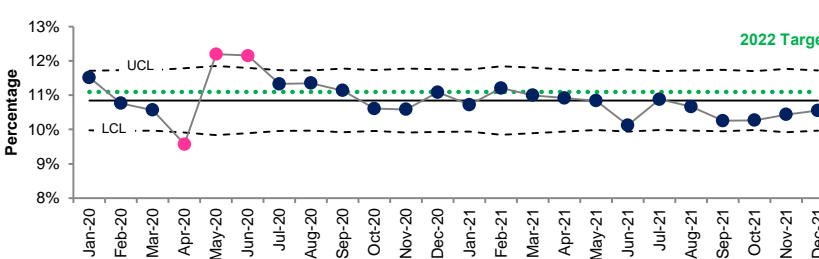
Latest data available: February 2022

NEW DATA

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

Desired Direction ↓

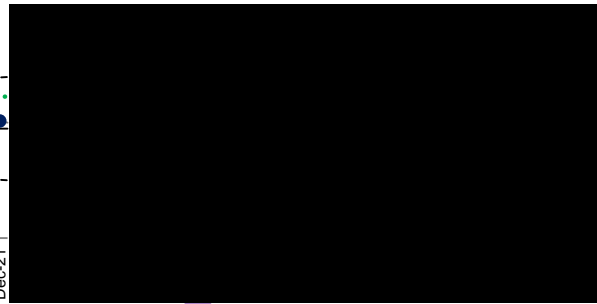
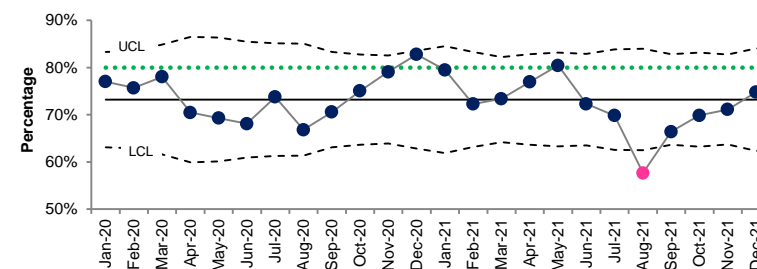
#### National Rate



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

Desired Direction ↑

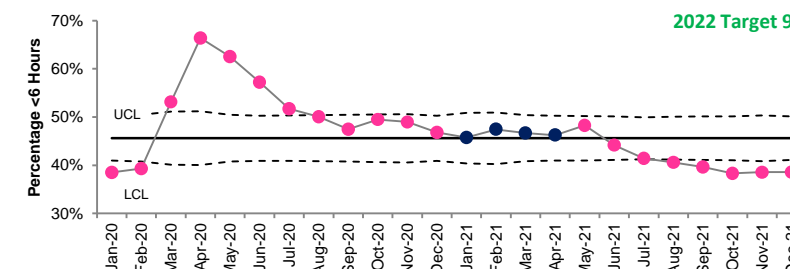
#### National Rate



### 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.

NEW DATA

Indicates updated data for this measure this month

NO NEW DATA

Indicates no updated data available for this measure this month

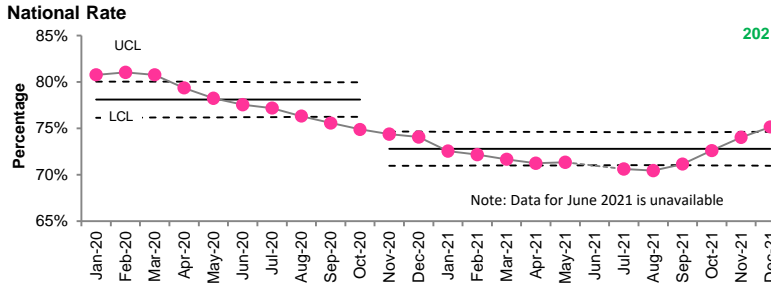
NEW

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 people waiting <18 months for first access to OPD services

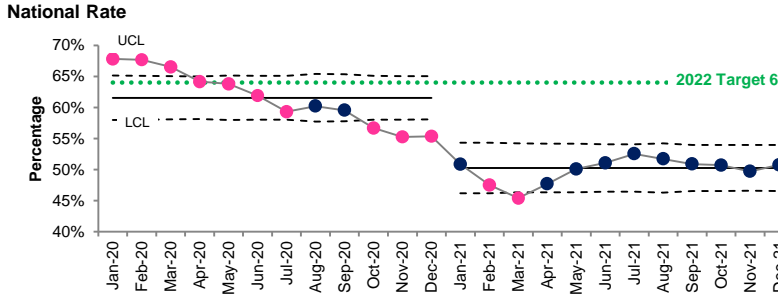
Desired Direction



Timely

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

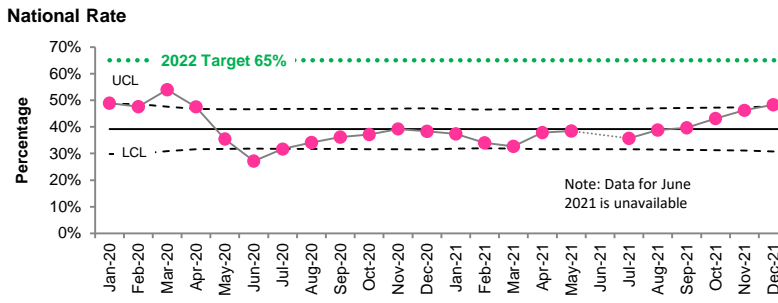
Desired Direction



Timely

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

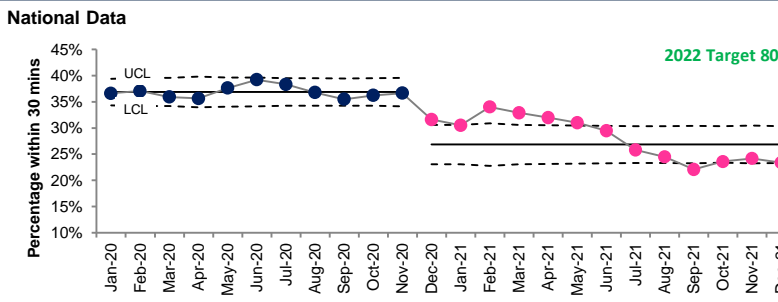
Desired Direction



Timely

## Ambulance turn around times ≤30 mins

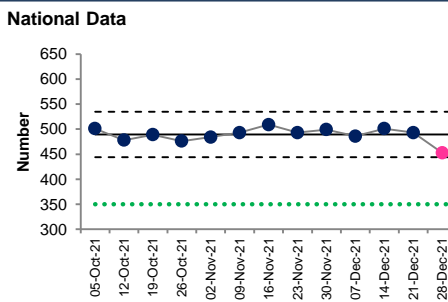
Desired



Efficient

## Weekly number of delayed transfers of care

Desired Direction



Efficient

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**

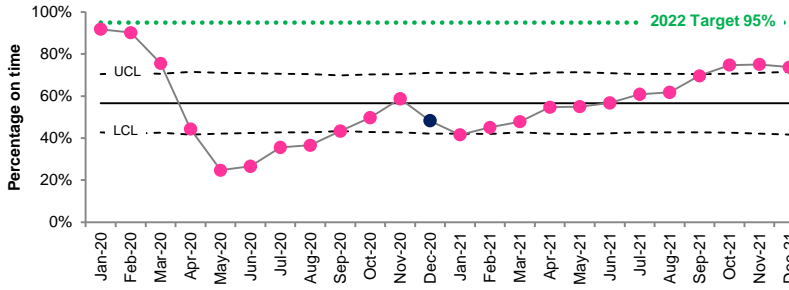
Indicates a new measure this month

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

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

Desired ↑

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

**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> |
|--|--|---|---|

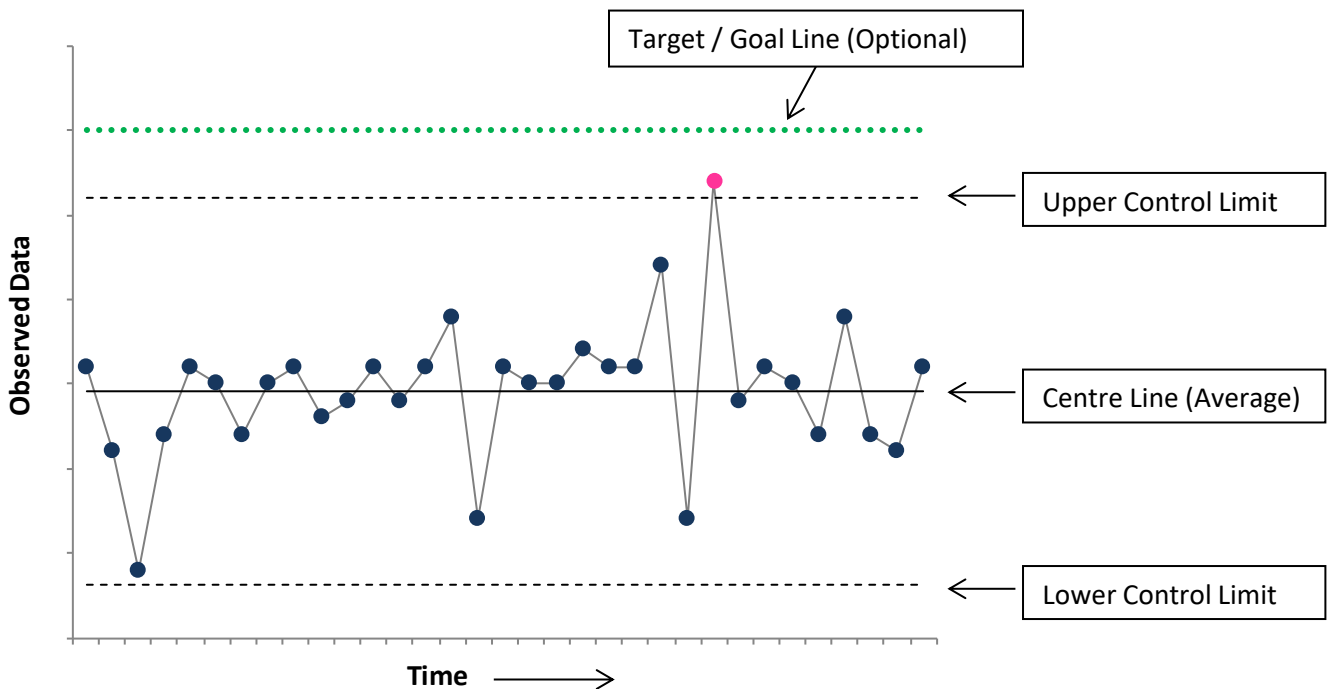
## Anatomy of a Statistical Process Control Chart

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.

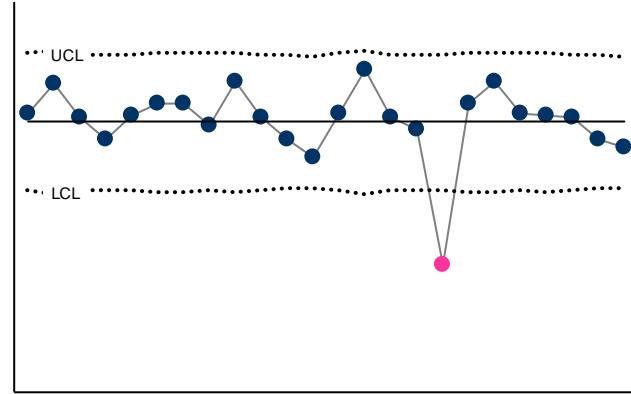


### References

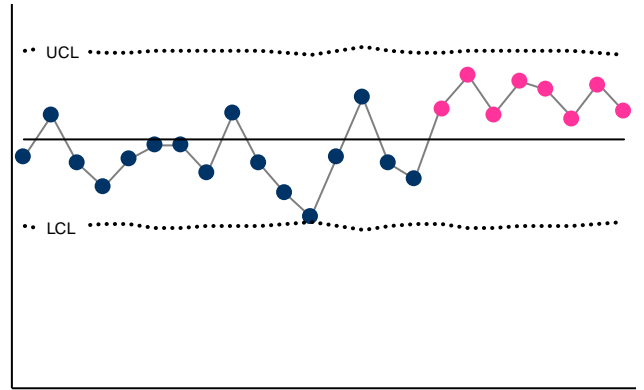
Provost L, Murray S. The Healthcare Data Guide: Learning from Data for Improvement. San Francisco: Jossey-Bass, Publication, 2011

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

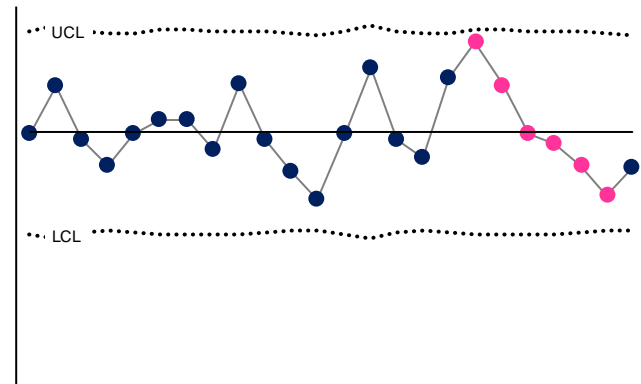
1. A single point outside the control limits (this doesn't include points exactly on the limit)



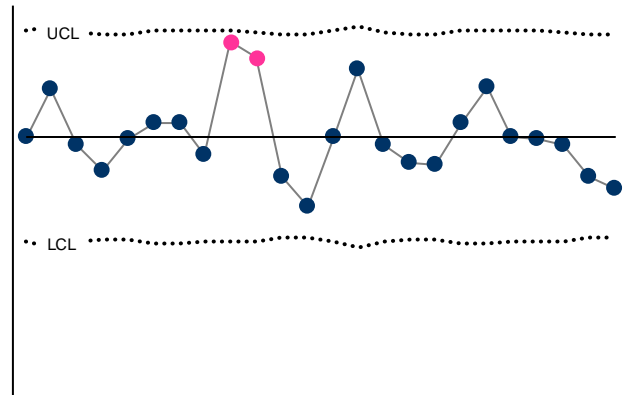
2. A run of 8 or more consecutive points above or below the centre line



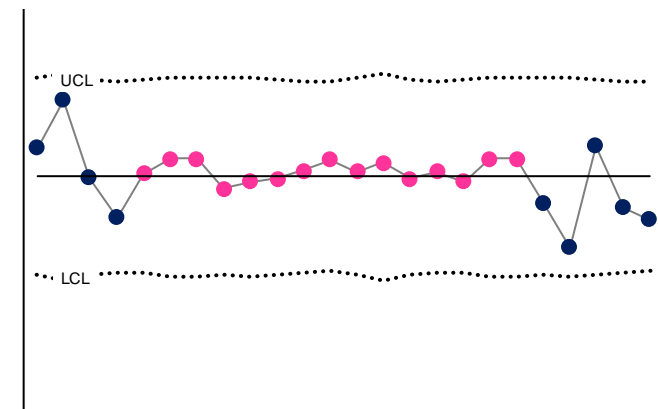
3. A trend of at least 6 consecutive points all going up or down



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 *S. aureus* 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
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
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
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
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 2019.
Data source	Acute Management Data Report
Data frequency	Monthly
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 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
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
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
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	<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 (Oesophagogastroduodenoscopy)	
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
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: 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	
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: % of ambulances that have a time interval  $\leq 30$  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 $\leq 30$ 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 MDR
Data frequency	Monthly
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
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.
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>