HSE Quality Profile

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 ⬇

National Rate

Average national performance is stable, and continues slightly above the 2022 target.
There are no signals of change in the rate of S. aureus bloodstream infections per 10,000 bed days used since Jan-20.

Latest data available: August 2022

Safe

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

Desired Direction ⬇

National Rate

Average national performance is above the target and is unstable. The absence rate was higher than expected in Jan-22 and Mar-22, but was within the expected range (based on statistical calculations) in the last 5 months. Note that the absence rate for August was 5.84%; 5.03% excluding COVID absence.

Latest data available: August 2022

Effective

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

Desired Direction ⬇

National Rate

Average national performance has been on target (i.e. ≤11.1%) since Jan-20. The rates for Mar-22 & Apr-22 were lower than expected, but returned to within the expected range (based on statistical calculations) in the last 3 months May-22 to Jul-22.

Latest data available: July 2022

Person-centred

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

Desired Direction ⬆

National Rate

Average national performance is below the 2022 target. The rates for the most recent three months are below the expected range showing signals of disimprovement.

Latest data available: August 2022

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

Average national performance is below the target and shows ongoing signals of disimprovement. The control limits have been recalculated to reflect this.
Note that control limits show the expected range for the data based on statistical calculations of the variation in the data. They do not reflect the desired range of performance.

Latest data available: August 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 |

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

Desired Direction ⬆

National Rate

2022 Target 65%
UCL
LCL
Mean 40.9%
Note: Data for June 2021
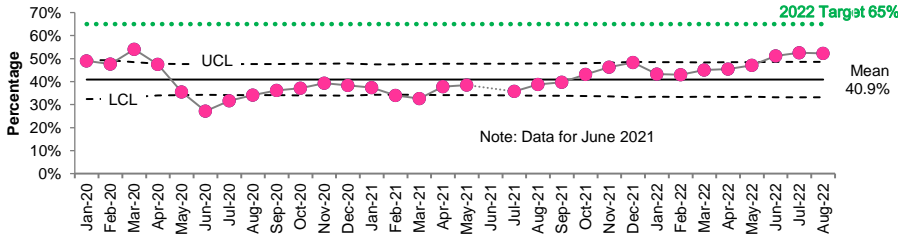
Average national performance is below target and unstable. However there are ongoing signals of improvement since Jul-21.

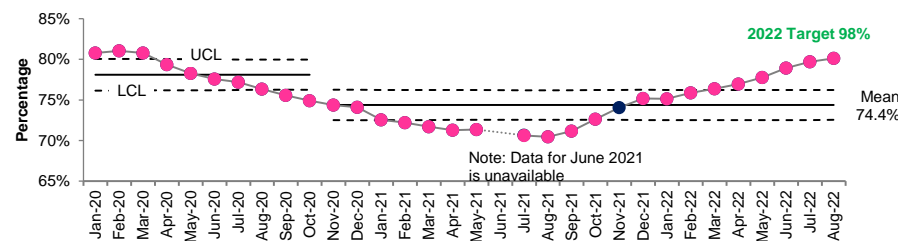**NEW DATA** — Latest data available: August 2022

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

Desired Direction ⬆

National Rate

2022 Target 98%
UCL
LCL
Mean 74.4%
Note: Data for June 2021 is unavailable

Average national performance is below target and unstable. While performance disimproved since the beginning of the pandemic, there are currently signals of improvement for the past 9 months.
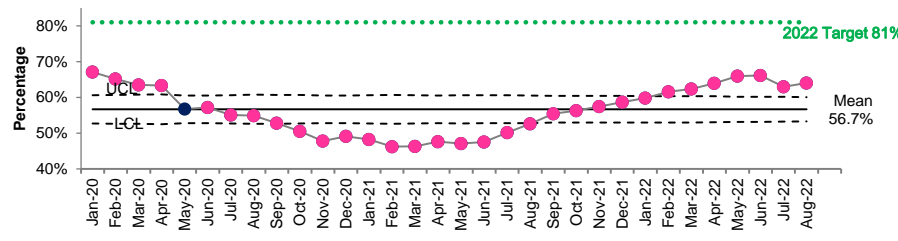
NEW DATA — Latest data available: August 2022

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

Desired Direction ⬆

National Rate

2022 Target 81%
UCL
LCL
Mean 56.7%

Average national performance is below the target and unstable. While performance disimproved since the beginning of the pandemic, there are now signals of improvement. There were ongoing signals of improvement since Jun-21.
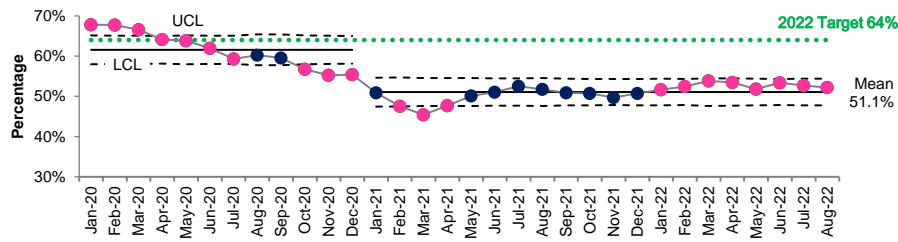
NEW DATA — Latest data available: August 2022

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

Desired Direction ⬆

National Rate

2022 Target 64%
UCL
LCL
Mean 51.1%

Average national performance is below the target and has disimproved from an average of 61.6% in 2020, to an average of 51.1% between Jan-21 and Aug-22. The rates for Jan-22 to Aug-22 are all above the centre line. This is a signal of improvement.
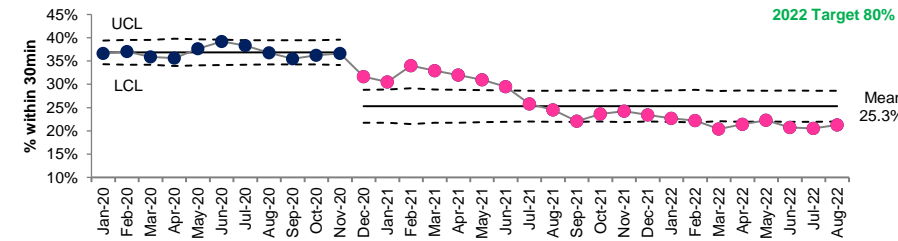
NEW DATA — Latest data available: August 2022

Ambulance turnaround times ≤30 mins

Desired Direction ⬆

National Data

2022 Target 80%
UCL
LCL
Mean 25.3%

Average national performance is below target with signals of disimprovement since December 2020. The control limits have been recalculated to reflect this.

NEW DATA — Latest data available: August 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

Efficient

Weekly number of delayed transfers of care

Desired Direction ↓

National Data
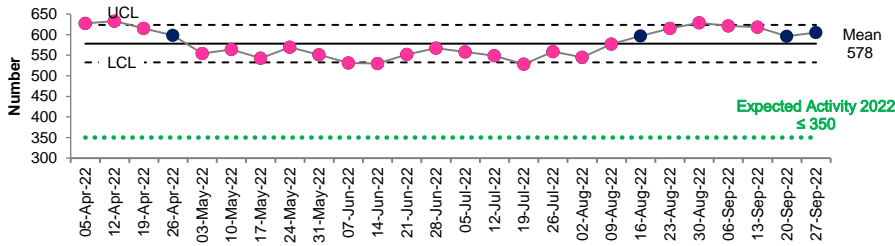
The number of delayed transfers of care **is higher than the expected activity and unstable.** The number was below average between 03-May & 02-Aug. This was a signal of improvement, but was not maintained. Values between 23-Aug & 13-Sep were higher than expected. This is a signal of disimprovement.

NEW DATA — Latest data available: 28 September 2022

Wellbeing

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

Desired Direction ↑

National Rate

Average national performance is below the 2022 target, with a significant reduction since the beginning of the pandemic. However there are ongoing signals of improvement since Jan-21.

NEW DATA — Latest data available: July 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

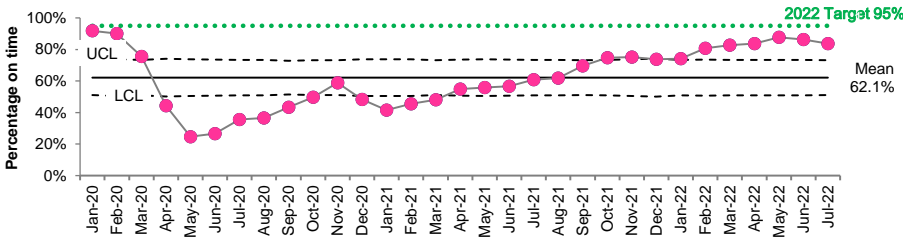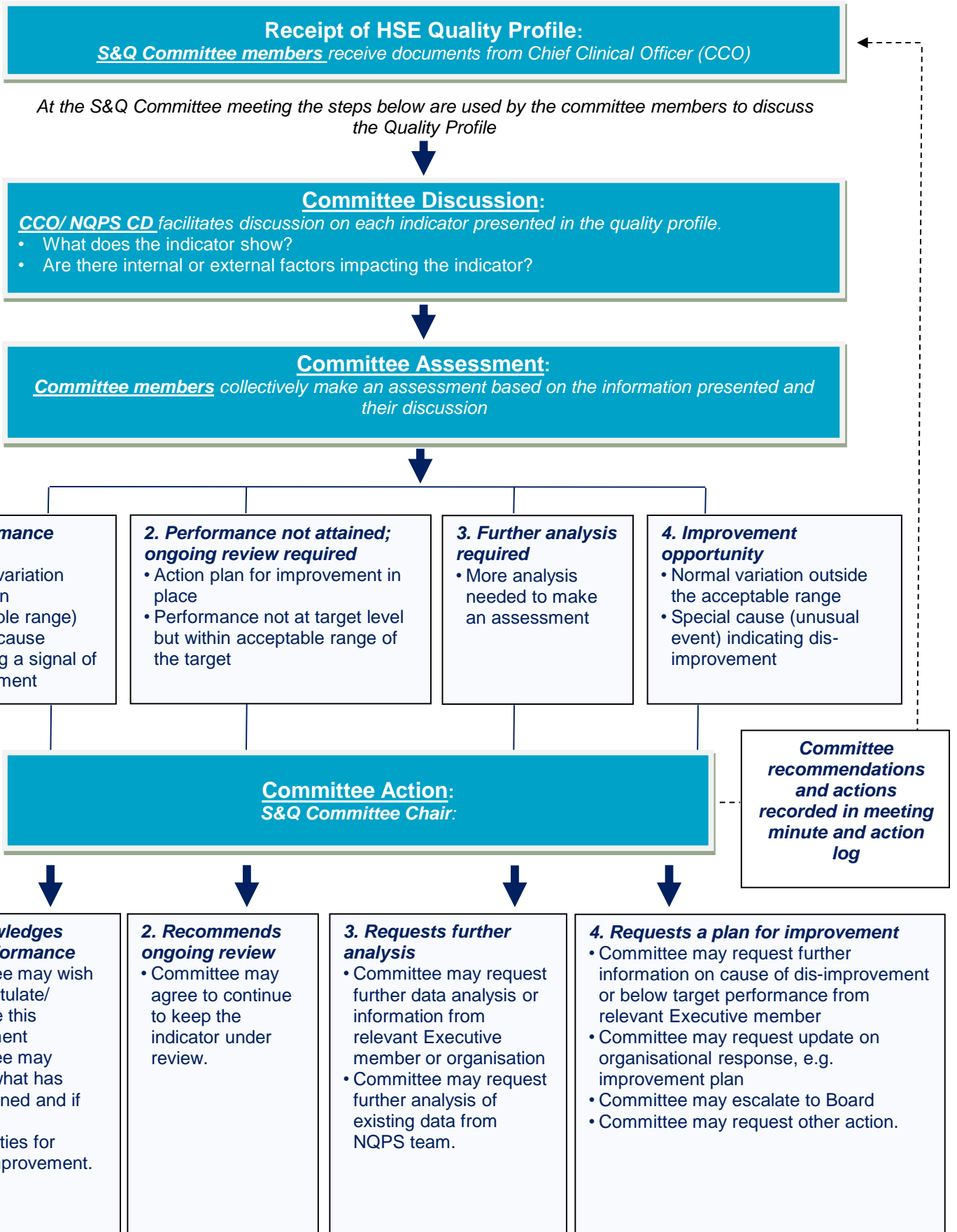**NO NEW DATA** Indicates no updated data available for this measure this month

NEW Indicates a new measure this month

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

Appendix 1: Board Discussion Prompts

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/ NQPS CD 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 NQPS 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.

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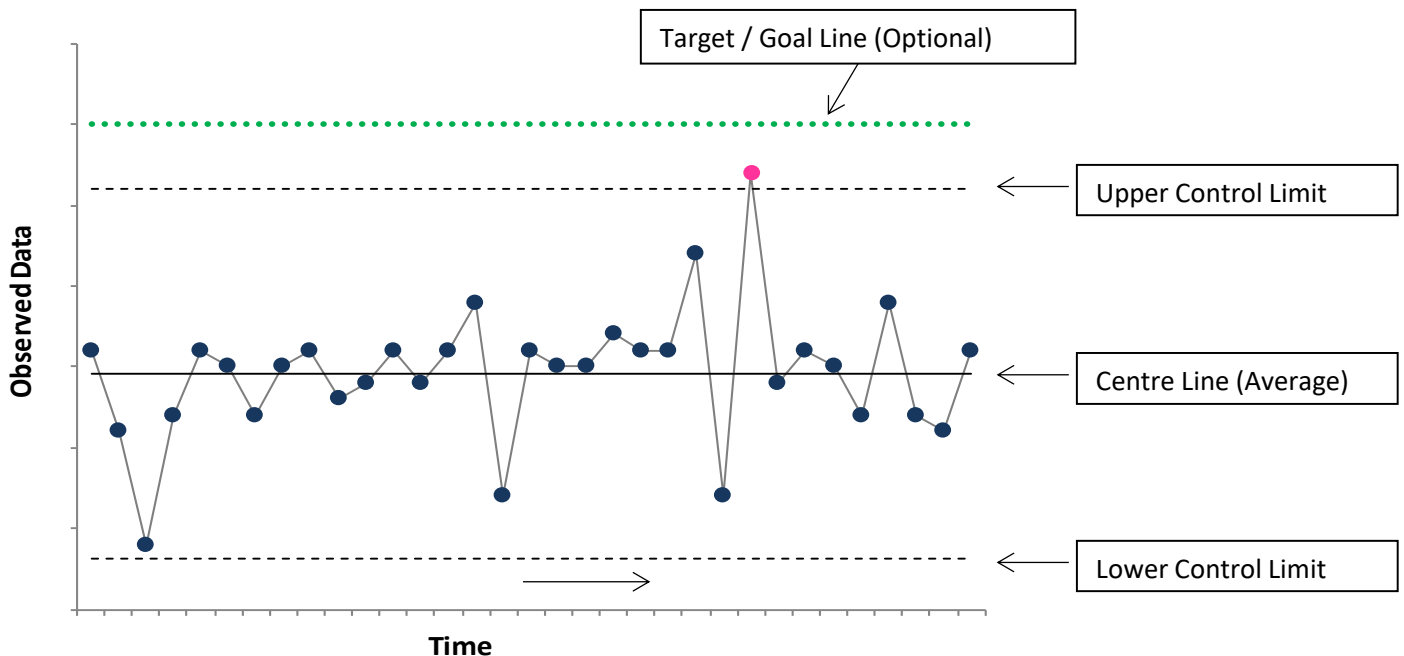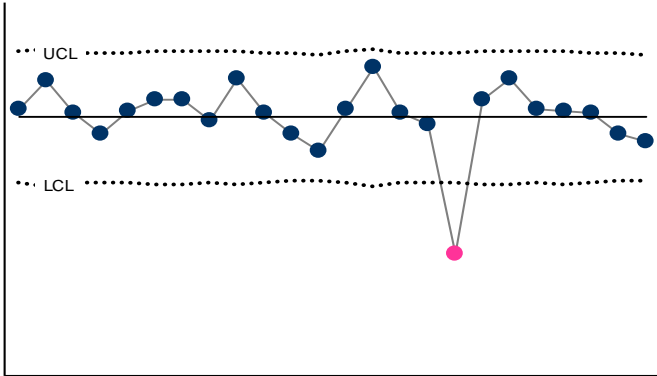
References
Provost L, Murray S. The Healthcare Data Guide: Learning from Data for Improvement. San Francisco: Jossey-Bass, Publication, 2011

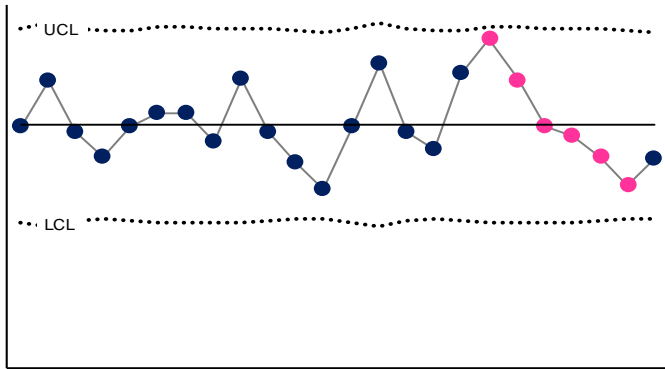# Rules for detecting special cause variation using statistical process control charts

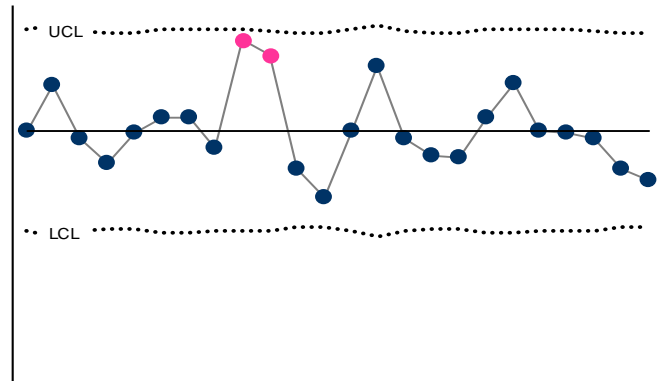## 1. A single point outside the control limits (this doesn't include points exactly on the limit)

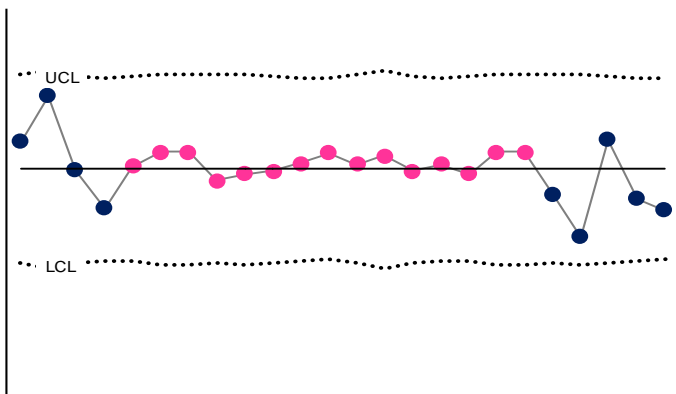## 2. A run of 8 or more consecutive points above or below the centre line
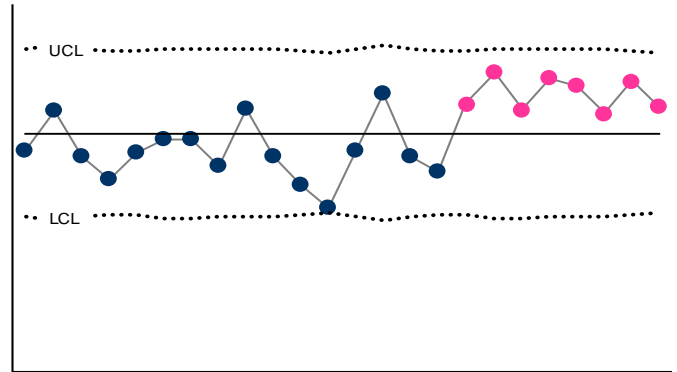
3. A trend of at least 6 consecutive points all going up or down

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)

Prepared by the Quality & Patient Safety Directorate QPSI@hse.ie. For more information please email us.

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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 S. *aureus* 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	Acute Management Data Report
Data frequency	Monthly
Data coverage	Data for Jul-22 for Cork University Hospital and date for Jul-22 and Aug-22 for Cork University Maternity Hospital was outstanding at the time of production of the Quality Profile.
Further information	https://www.hse.ie/eng/services/publications/kpis/final-acute-metadata-2022.pdf

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 https://www.hse.ie/eng/staff/resources/our-workforce/workforce-reporting/national-reports.html
Data frequency	Monthly
Data coverage	No known current data coverage issues
Further information	https://www.hse.ie/eng/services/publications/kpis/system-wide-metadata-2019.pdf

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 71% in Jun-22 and 76% in Jul-22.
Further information	https://www.hse.ie/eng/services/publications/kpis/final-acute-metadata-2022.pdf

Person-centred

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

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	https://www.hse.ie/eng/services/publications/kpis/2022%20mental%20health%20nsp%20metadata.pdf

Person-centred

Percentage of all attendees aged 75 years and over at ED who are discharged or admitted within 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	Parrtially outstanding data for May-July 2021 for CHI at Crumlin, Connolly Hospital and Naas General Hospital due to the cyberattack.
Further information	https://www.hse.ie/eng/services/publications/kpis/final-acute-metadata-2022.pdf

Quality Profile Indicators Metadata

Timely

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

Calculation	Numerator: Number of patients waiting to be seen less than 13 weeks for routine colonoscopy or OGD (Oesophagogastroduodenoscopy).
	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	https://www.hse.ie/eng/services/publications/kpis/final-acute-metadata-2022.pdf

ACUTES: Percentage of people 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	https://www.hse.ie/eng/services/publications/kpis/final-acute-metadata-2022.pdf

ACUTES: Percentage of 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	https://www.hse.ie/eng/services/publications/kpis/final-acute-metadata-2022.pdf

PRIMARY CARE: 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	Data for Jul-22 and Aug-22 for LHO Dublin South East was outstanding at the time of production of the Quality Profile
Further information	https://www.hse.ie/eng/services/publications/kpis/2022-primary-care-services-nsp-metadata.pdf

PRIMARY CARE: 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 and data for Aug-22 for Wicklow LHO was outstanding at the time of production of the Quality Profile.
Further information	https://www.hse.ie/eng/services/publications/kpis/2022-primary-care-services-nsp-metadata.pdf

Quality Profile Indicators Metadata

Efficient

Ambulance turnaround times ≤30 mins

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	https://www.hse.ie/eng/services/publications/kpis/final-acute-metadata-2022.pdf

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
Data coverage	No known current data coverage issues
Further information	https://www.hse.ie/eng/services/publications/kpis/final-acute-metadata-2022.pdf

Equitable

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

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	https://www.hse.ie/eng/services/publications/kpis/2022-disability-services-nsp-metadata.pdf

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- Jun-22 for Cavan Monaghan LHO, data for Mar-22 for Waterford LHO and data for Jun-22 - Jul-22 for LHO Dublin South East was outstanding at the time of production of the Quality Profile.
Further information	https://www.hse.ie/eng/services/publications/kpis/2022-primary-care-services-nsp-metadata.pdf