

NCCP guidance for Medical Professionals and Data Managers on the management of KPIs in response to the current novel coronavirus (COVID-19) pandemic

Current events surrounding the COVID-19 pandemic are challenging and all public health bodies are placing the safety of patients, staff and communities first in all decisions.

This is an evolving situation. This advice is based on current information, it is additional to the advice of the NPHE, the HSE and the DoH, and will be updated as necessary.

The NCCP acknowledges that each hospital is working under individual constraints, including staff and infrastructure, and as a result will implement this advice based on their own unique circumstances.

1 NPHE, HSE and DoH Advice

Hospitals will operate under the overarching advice of the National Public Health Emergency Team (NPHE), the HSE and the DoH. Information is available at:

- HSE HPSC - <https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/guidance/>
- HSE Coronavirus (COVID-19) - <https://www2.hse.ie/conditions/coronavirus/coronavirus.html>
- DoH Coronavirus (COVID-19) - <https://www.gov.ie/en/campaigns/c36c85-covid-19-coronavirus/>
- Ireland's National Action Plan in response to COVID-19 (Coronavirus) - <https://www.gov.ie/en/campaigns/c36c85-covid-19-coronavirus/>

2 Purpose

The purpose of this guidance is to provide clarification for medical professionals and data managers on the management of NCCP KPIs in response to the current novel coronavirus (COVID-19) pandemic.

3 Guiding Principles

NCCP KPI data collection and reporting should continue to operate as normal. Other than the situation regarding tele-consultations in lieu of first attendance at clinic outlined below, KPI data should continue to be collected in accordance with the current technical specifications. This will ensure that

all hospitals will be reporting data using the same standards and with minimal disruption to the way data points are currently collected by the data managers.

The NCCP acknowledges that each hospital is working under individual constraints, including staff and infrastructure, and as a result that there will be considerable difficulty in meeting a significant number of the KPI standards. However, collecting the KPI data using the familiar and unadjusted KPI framework will provide better continuity in assessing the medium-term effects in accumulating levels of service disruption particularly since each hospital will have to employ differing local mitigation strategies.

The NCCP access KPIs are included in the National Service Plan 2020 performance management reporting. As such, the NCCP is mandated to report and collect the data.

4 Date of First Attendance

[Breast KPI 1a/1b][Lung KPI 1a][Prostate KPI 1] Cancer Units operating a virtual clinic in lieu of a physical first attendance can consider the date of the virtual assessment as date of first attendance at clinic provided the virtual assessment is consultant led. A note should be made in the comments section similar to the following: “50 new patients in total. 30 physical with 25 within target. 20 virtual with 19 within target.”

For continuity of timeline, the date of first virtual attendance will carry across to all other KPIs that reference first visit or first attendance.

5 Clinic Throughput

There is potential that the recording of the number of clinics and new/return attendances may become confusing in the case of new patients initially assessed virtually and subsequently seen for the first time at a physical consultation.

The number of clinics in a month can include both physical and consultant-led virtual clinics and note made in the comments as to the numbers of each. Numbers of new and return attendances can include both physical and virtual consultations and again similarly noted in the comments. Each new patient should only be counted once in the reporting month.

6 Surgery

Where surgery is outsourced to another private hospital –now considered section 38 during COVID-19, which ordinarily would have remained on-site, the surgical KPI data should be reported as if the surgery took place on-site. Comments can be used to make note as follows: “20 cases in total. 15 outsourced with 10 within target. 5 on-site with 3 within target”.

Where a cancer centre accepts surgical cases from another cancer centre that also submits surgical KPI data to the NCCP then the surgical KPI data pertaining to the patient should be recorded by the hospital that performs the surgery and not included in the KPI of the referring hospital.

7 Data Submission

Where possible, cancer data managers should continue to submit monthly and quarterly data on schedule. Anticipated delays in submitting data should be notified to the NCCP cancer intelligence team by email. Retrospective entry of data will become necessary for those cancer units that are short of data managers.