



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive



Health Service Executive

NAS KPI 2018

Key Performance
Indicator Metadata 2018

No	Steps	Detail supporting KPI
1	KPI title	National Emergency Operations Centre (NEOC) - % of control centres that carry out Advanced Quality Assurance Audits(AqUA)
1b		Aqua
2	KPI Description	In improving quality, the Advanced Quality Assurance Audit process enables the National Ambulance Service to audit the emergency calls which are received at the emergency call centre. This computer based system enables the NAS to monitor and audit the calls effectively and efficiently ensuring that compliance levels are maintained at Accreditation Centre of Excellence Standards. Individual case reviews provide the necessary data to implement a continuous feedback loop, an essential part of the quality improvement process. The audit process enables the National Ambulance Service to audit emergency calls which are received at the National Emergency Operations Centre (NEOC), operating over two sites on a single platform. Based on agency size and in line with requirements of the International Academy of Emergency Dispatch, for agencies with a call volume greater than 43,333 cases per year but less than 500,000 a minimum of 2.7% of the call volume is audited. This ensures that consistent case evaluation meets or exceeds the Academy's minimum performance expectations. The control centre compliance report is reported on a monthly basis to all control staff, senior officers and the medical directorate. Individual case review provides the necessary data to implement a continuous feedback loop, an essential part of the Quality Improvement Process.
3	KPI Rationale	This computer based system enables the NAS to monitor and audit the calls effectively and efficiently ensuring that compliance levels are maintained at Accreditation – Centre of Excellence standards.
3a	Indicator Classification	National Scorecard Quadrant a) Quality and Safety; b) Access; c) Finance, Governance and Compliance. d) Workforce;
4	KPI Target	100%
4a	Target Trajectory	Target trajectory
4b	Volume metrics	Volume metrics
5	KPI Calculation	Numerator: total no of centres compliant Denominator: total number of centres
6	Data Sources	computer based compliance report
6a	Data sign off	Pat McCreanor NAS Control and Performance Manager National Ambulance Service Rivers Building, Tallaght Cross, Tallaght Dublin 24 Tel: 01 463 1603 Mobile 087 2933154 Email: pat.mccreanor@hse.ie
6b	Data Quality Issues	
7	Data Collection Frequency	Daily; Weekly; Monthly ; Quarterly; Bi-annual; Annual; Other – give details:
8	Tracer Conditions (clinical metrics only)	

9	Minimum Data Set (MDS)	
10	International Comparison	
11	KPI Monitoring	Daily; Weekly; Monthly; Quarterly; Bi-annual; Annual; Other – give details:
12	KPI Reporting Frequency	Daily; Weekly; Monthly; Quarterly; Bi-annual; Annual; Other – give details:
13	KPI report period	<p>Monthly M</p> <p>Quarterly Q</p> <p>Biannual BA</p> <p>Annual A</p> <p>By exception</p> <p>Monthly in arrears M-1M</p> <p>Monthly two months in arrears M-2M</p> <p>Quarterly in arrears Q-1Q</p> <p>Quarterly one month in arrears Q-1M</p> <p>Quarterly two quarters in arrears Q-2Q</p> <p>Quarterly three quarters in arrears Q-3Q</p> <p>Quarterly six months in arrears Q-2Q</p> <p>Biannual one quarter in arrears BA-1Q</p> <p>Biannual six months in arrears BA-2Q</p> <p>Annual reported in 1st quarter A</p> <p>Annual 12 months in arrears A-1A</p> <p>Rolling 12 months Rolling 12M</p>
14	KPI Reporting Aggregation	National; Region; Hospital Group; Hospital; CHO; sub-CHO level (please give details); Other, please specify
15	KPI is reported in which reports?	Annual Report; Performance Report/Profile; MDR; Other
16	Web link to published data	
17	Additional Information	

icity to include data in Open Data publication. Please indicate if there is an exceptional reason for this to be c

Contact details	KPI owner/lead for implementation	
	Name:	Martin Dunne
	Email address:	
	Telephone Number	
	PBI data support	
	Name:	Martina Curran
	Email Address:	Martina.Curran1@hse.ie
	Telephone Number:	016352263
Governance/sign off	<i>This sign off is the governance at Divisional level in respect of management of the KPI including data provision, validation, and use in performance management</i>	
	Operational National Director:	
	Signature:	
	Sponsoring Director, where this is not the person implementing the KPI (e.g. Quality, CSP, audit)	
	Signature:	
<i>KPI's will be deemed 'active' until a formal request to change or remove is received</i>		
<i>For Office use only:</i>		
KPI Number: _____		

Division : National Ambulance Service

No	Steps	Detail supporting KPI
1	KPI title	% delay escalated where ambulance crews were not cleared nationally in 60 minutes
1b		% Delays Escalated
2	KPI Description	% delay <u>escalated</u> where ambulance crews were not cleared nationally in 60 minutes (from ambulance arrival time through clinical handover in ED or specialist unit 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
3	KPI Rationale	Highlight ambulance delays nationally and by region i.e. North Leinster / South / West which results in ambulances not being available to do emergency responses. At times of pressure in the emergency care system, there is the potential for delay in the transfer of care of patients from ambulance resources to acute hospital Emergency Departments. A national framework document was developed to clarify the process of clinical handover to establish clear lines of responsibilities and the standards expected. This document sets out the escalation process to be used by NAS to alert the required levels of management both within NAS and the wider healthcare system and delays in the release of ambulance resources. Ambulance turnaround times provide the time interval from ambulance arrival time (through clinical handover in the Emergency Department or Specialist Unit) to when the ambulance crew declares the readiness of the ambulance to accept another call (clear and available)
3a	Indicator Classification	National Scorecard Quadrant a) Quality and Safety; b) Access; c) Finance, Governance and Compliance. d) Workforce;
4	KPI Target	100%
4a	Target Trajectory	Target trajectory
4b	Volume metrics	Volume metrics
5	KPI Calculation	
6	Data Sources	Manual input into a online report
6a	Data sign off	Pat McCreanor NAS Control and Performance Manager National Ambulance Service Rivers Building, Tallaght Cross, Tallaght Dublin 24 Tel: 01 463 1603 Mobile 087 2933154 Email: pat.mccreanor@hse.ie
6b	Data Quality Issues	Manual input of escalation data and ambulance turnaround times from hospitals are collected through the Computer Aided Dispatch (CAD) systems for every Emergency Call (AS1) and Urgent Call (AS2) transported to hospitals within Emergency Department / Specialist Units. An analogue system is still used in two areas which does not truly accurately reflect time stamp accuracy within the CAD. NAS is developing more robust digital solutions to this data requirement in the new national CAD being implemented as part of the NAS Control Centre Reconfiguration Programme.
7	Data Collection Frequency	Daily; Weekly; Monthly; Quarterly; Bi-annual; Annual; Other – give details:
8	Tracer Conditions (clinical metrics only)	
9	Minimum Data Set (MDS)	

10	International Comparison	
11	KPI Monitoring	Daily; Weekly; Monthly; Quarterly; Bi-annual; Annual; Other – give details:
12	KPI Reporting Frequency	Daily; Weekly; Monthly; Quarterly; Bi-annual; Annual; Other – give details:
13	KPI report period	<p>Monthly M Quarterly Q Biannual BA Annual A</p> <p>By exception</p> <p>Monthly in arrears M-1M Monthly two months in arrears M-2M Quarterly in arrears Q-1Q Quarterly one month in arrears Q-1M Quarterly two quarters in arrears Q-2Q Quarterly three quarters in arrears Q-3Q Quarterly six months in arrears Q-2Q Biannual one quarter in arrears BA-1Q Biannual six months in arrears BA-2Q Annual reported in 1st quarter A Annual 12 months in arrears A-1A Rolling 12 months Rolling 12M</p>
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KPI Number:		_____

No	Steps	Detail supporting KPI																								
1	KPI title	% of DELTA calls allocated within 90 seconds of call start to a resource being allocated																								
	1b	DELTA Allocated within 90 Secs																								
2	KPI Description	In line with standards for call taking, volume of DELTA calls allocated within 90 seconds from dispatch code being established (T8) to resource allocation (T10).																								
3	KPI Rationale																									
	3a Indicator Classification	National Scorecard Quadrant a) Quality and Safety; b) Access; c) Finance, Governance and Compliance. d) Workforce;																								
4	KPI Target	85%																								
	4a Target Trajectory	Target trajectory																								
	4b Volume metrics	Volume metrics																								
5	KPI Calculation	Numerator: Total volume of DELTA calls Denominator: Number of confirmed allocations within 90 seconds																								
6	Data Sources	Computer based Compliance Report																								
	6a Data sign off	Pat McCreanor NAS Control and Performance Manager National Ambulance Service Rivers Building, Tallaght Cross, Tallaght Dublin 24 Tel: 01 463 1603 Mobile 087 2933154 Email: pat.mccreanor@hse.ie																								
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14	KPI Reporting Aggregation	National; <u>Region</u> ; <u>Hospital Group</u> ; Hospital; CHO; sub-CHO level (please give details); Other, please specify
15	KPI is reported in which reports?	<u>Annual Report</u> ; <u>Performance Report/Profile</u> ; MDR; <u>Other</u>
16	Web link to published data	http://10.0.4.142/glikview/index.htm
17	Additional Information	
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Contact details		KPI owner/lead for implementation
		Name: Martin Dunne
		Email address:
		Telephone Number
		PBI data support
		Name: Martina Curran
		Email Address: Martina.Curran1@hse.ie
		Telephone Number: 016352263
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		Operational National Director:
		Signature:
		Sponsoring Director, where this is not the person implementing the KPI (e.g. Quality, CSP, audit)
		Signature:
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KPI Number: _____		

Division : National Ambulance Service

No	Steps	Detail supporting KPI
1	KPI title	% of Clinical Status 1 DELTA (life threatening cardiac or respiratory arrest) incidents responded to by a patient-carrying vehicle in 18 minutes and 59 seconds or less (to be informed by capacity review)
	1b	DELTA (18mins 59 seconds)
2	KPI Description	
3	KPI Rationale	There is no clear evidence to support this KPI, however, international best practice is to provide a conveying response within within 18 minutes and 59 seconds
3a	Indicator Classification	National Scorecard Quadrant a) Quality and Safety; b) Access; c) Finance, Governance and Compliance. d) Workforce;
4	KPI Target	80% Point in time
	4a Target Trajectory	Target trajectory
	4b Volume metrics	Volume metrics
5	KPI Calculation	Numerator: The total number of Clinical Status 1 DELTA emergency calls responded to in 18 minutes and 59 seconds or less from the time a call is verified to the arrival of a transporting vehicle at the scene of an incident. Denominator: The total number of Clinical Status 1 DELTA calls received at the Ambulance Control Centre which were not stood down before arrival on scene.
6	Data Sources	AMPDS (Advanced Medical Priority Dispatch System)
	6a Data sign off	Pat McCreanor NAS Control and Performance Manager National Ambulance Service Rivers Building, Tallaght Cross, Tallaght Dublin 24 Tel: 01 463 1603 Mobile 087 2933154 Email: pat.mccreanor@hse.ie
	6b Data Quality Issues	
7	Data Collection Frequency	Daily; Weekly; Monthly; Quarterly; Bi-annual; Annual; Other – give details:
8	Tracer Conditions (clinical metrics only)	In Accordance with AMPDS Clinical Status 1 ECHO refers to a Cardiac or Respiratory Arrest responded to by a patient-carrying vehicle in 18 minutes and 59 seconds or less
9	Minimum Data Set (MDS)	Any Cardiac or Respiratory Arrest responded to by a patient-carrying vehicle in 18 minutes and 59 seconds or less
10	International Comparison	The standard is based on HIQA Response Times and Quality Standards for Pre Hospital Emergency Care, published on 18 January 2011. These standards are based on an analysis of similar standards in other jurisdictions
11	KPI Monitoring	Daily; Weekly; Monthly; Quarterly; Bi-annual; Annual; Other – give details:
12	KPI Reporting Frequency	Daily; Weekly; Monthly; Quarterly; Bi-annual; Annual; Other – give details:

13	KPI report period	Monthly M Quarterly Q Biannual BA Annual A By exception Monthly in arrears M-1M Monthly two months in arrears M-2M Quarterly in arrears Q-1Q Quarterly one month in arrears Q-1M Quarterly two quarters in arrears Q-2Q Quarterly three quarters in arrears Q-3Q Quarterly six months in arrears Q-2Q Biannual one quarter in arrears BA-1Q Biannual six months in arrears BA-2Q Annual reported in 1st quarter A Annual 12 months in arrears A-1A Rolling 12 months Rolling 12M
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16	Web link to published data	http://10.0.4.142/glikview/index.htm
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Contact details	KPI owner/lead for implementation Name: Martin Dunne Email address: Telephone Number PBI data support Name: Martina Curran Email Address: Martina.Curran1@hse.ie Telephone Number: 016352263
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For Office use only:	KPI Number: _____
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No	Steps	Detail supporting KPI
1	KPI title	% of ECHO calls allocated within 90 seconds of call start to a resource being allocated
1b		ECHO Allocated within 90 Secs
2	KPI Description	In line with standards for call taking, volume of ECHO calls allocated within 90 seconds from dispatch code being established (T8) to resource allocation (T10).
3	KPI Rationale	
3a	Indicator Classification	National Scorecard Quadrant a) Quality and Safety; b) Access; c) Finance, Governance and Compliance. d) Workforce;
4	KPI Target	85%
4a	Target Trajectory	Target trajectory
4b	Volume metrics	Volume metrics
5	KPI Calculation	Numerator: Total volume of ECHO calls Denominator: Number of confirmed allocations within 90 seconds
6	Data Sources	Computer based Compliance Report
6a	Data sign off	Pat McCreanor NAS Control and Performance Manager National Ambulance Service Rivers Building, Tallaght Cross, Tallaght Dublin 24 Tel: 01 463 1603 Mobile 087 2933154 Email: pat.mccreanor@hse.ie
6b	Data Quality Issues	
7	Data Collection Frequency	Daily; Weekly; Monthly; Quarterly; Bi-annual; Annual; Other – give details:
8	Tracer Conditions (clinical metrics only)	
9	Minimum Data Set (MDS)	
10	International Comparison	
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	Name: Martina Curran
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	Signature:

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For Office use only:	
KPI Number:	

Division : National Ambulance Service		
No	Steps	Detail supporting KPI
1	KPI title	% of Clinical Status 1 ECHO (life threatening cardiac or respiratory arrest) incidents responded to by a patient-carrying vehicle in 18 minutes and 59 seconds or less (to be informed by capacity review)
	1b	ECHO (18mins 59 seconds)
2	KPI Description	<p>Clinical Status 1 ECHO Calls: calls reporting a Cardiac or Respiratory Arrest</p> <p>Patient-carrying vehicle: any vehicle able to transport the patient in a clinically safe manner and dispatched by an NAS Control Centre. Examples include helicopter, lifeboat, aircraft, CEN* B compliant double-crewed fully equipped ambulance.</p> <p>Response time: the response time starts when the following details of the call have been ascertained: caller's telephone number; exact location of the incident; nature of the chief complaint and the AMPDS Dispatch Code. The clock stops when the transporting vehicle arrives at the scene of the incident.</p> <p>Response time has two distinct phases: activation time and response time.</p> <p>Activation time: from assignment of call to mobilisation of the responding resource. Response %: Methodology applied based on actual volume of ambulances that arrive on scene</p> <p>Response time: from mobilisation of the resource to arrival at the patient.</p> <p>CEN: Comité Européen de Normalisation (Committee for European Standardization)</p>
3	KPI Rationale	There is no clear evidence to support this KPI, however, international best practice is to provide a conveying response within within 18 minutes and 59 seconds
	3a Indicator Classification	<p>National Scorecard Quadrant</p> <p>a) Quality and Safety;</p> <p>b) Access;</p> <p>c) Finance, Governance and Compliance.</p> <p>d) Workforce;</p>
4	KPI Target	80% Point in time
	4a Target Trajectory	Target trajectory
	4b Volume metrics	Volume metrics
5	KPI Calculation	<p>Numerator: The total number of Clinical Status 1 ECHO emergency calls responded to in 18 minutes and 59 seconds or less from the time a call is verified to the arrival of a transporting vehicle at the scene of an incident.</p> <p>Denominator: The total number of Clinical Status 1 ECHO calls received at the Ambulance Control Centre which were not stood down before arrival on scene.</p>
6	Data Sources	AMPDS (Advanced Medical Priority Dispatch System)
	6a Data sign off	Pat McCreanor NAS Control and Performance Manager National Ambulance Service Rivers Building, Tallaght Cross, Tallaght Dublin 24 Tel: 01 463 1603 Mobile 087 2933154 Email: pat.mccreanor@hse.ie
	6b Data Quality Issues	
7	Data Collection Frequency	Daily; Weekly; Monthly; Quarterly; Bi-annual; Annual; Other – give details:
8	Tracer Conditions (clinical metrics only)	In Accordance with AMPDS Clinical Status 1 ECHO refers to a Cardiac or Respiratory Arrest responded to by a patient-carrying vehicle in 18 minutes and 59 seconds or less
9	Minimum Data Set (MDS)	Any Cardiac or Respiratory Arrest responded to by a patient-carrying vehicle in 18 minutes and 59 seconds or less
10	International Comparison	The standard is based on HIQA Response Times and Quality Standards for Pre Hospital Emergency Care, published on 18 January 2011. These standards are based on an analysis of similar standards in other jurisdictions
11	KPI Monitoring	Daily; Weekly; Monthly; Quarterly; Bi-annual; Annual; Other – give details:
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For Office use only:	
KPI Number:	

No	Steps	Detail supporting KPI
1	KPI title	% Utilisation rate of intermediate care service at full capacity as determined by monthly call volume average of ≤ 3104
1b		ICVs
2	KPI Description	The Intermediate Care Service (ICS) was set up to provide a safe and timely transfer for non emergency patients when transferring between hospitals within the healthcare system or moving to step down facilities in the community. The % of inter hospital transfers, previously carried out by emergency ambulances now handled by Intermediate Care Vehicles, is recorded and to date has reflected a very positive development for the Intermediate Care Project.
3	KPI Rationale	There is no clear evidence to support this KPI, however, this initiative has a positive impact on the availability of emergency ambulances for pre hospital care and facilitates emergency ambulance personnel to focus on the core function of the delivery of pre hospital care.
3a	Indicator Classification	National Scorecard Quadrant a) Quality and Safety; b) Access; c) Finance, Governance and Compliance. d) Workforce;
4	KPI Target	80%
4a	Target Trajectory	Target trajectory
4b	Volume metrics	Volume metrics
5	KPI Calculation	Numerator: National AS3 (patient transfer) call volumes via emergency ambulance and Intermediate Care Vehicle recorded monthly Denominator: Total number of Intermediate Care Vehicles, divided by total AS3 national calls monthly expressed as a percentage. 80% KPI as determined by monthly call volume average of ≤ 3104
6	Data Sources	AMPDS (Advanced Medical Priority Dispatch System)
6a	Data sign off	Pat McCreanor NAS Control and Performance Manager National Ambulance Service Rivers Building, Tallaght Cross, Tallaght Dublin 24 Tel: 01 463 1603 Mobile 087 2933154 Email: pat.mccreanor@hse.ie
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8	Tracer Conditions (clinical metrics only)	In Accordance with AMPDS
9	Minimum Data Set (MDS)	Any use of an Intermediate Care Vehicle
10	International Comparison	No international comparison
11	KPI Monitoring	Daily; Weekly; Monthly; Quarterly; Bi-annual; Annual; Other – give details:

12	KPI Reporting Frequency	Daily; Weekly; Monthly; Quarterly; Bi-annual; Annual; Other – give details:
13	KPI report period	Monthly M Quarterly Q Biannual BA Annual A By exception Monthly in arrears M-1M Monthly two months in arrears M-2M Quarterly in arrears Q-1Q Quarterly one month in arrears Q-1M Quarterly two quarters in arrears Q-2Q Quarterly three quarters in arrears Q-3Q Quarterly six months in arrears Q-2Q Biannual one quarter in arrears BA-1Q Biannual six months in arrears BA-2Q Annual reported in 1st quarter A Annual 12 months in arrears A-1A Rolling 12 months Rolling 12M
14	KPI Reporting Aggregation	National; Region; Hospital Group; Hospital; CHO; sub-CHO level (please give details); Other, please specify
15	KPI is reported in which reports?	Annual Report; Performance Report/Profile; MDR; Other
16	Web link to published data	http://10.0.4.142/qlikview/index.htm
17	Additional Information	
is policy to include data in Open Data publication. Please indicate if there is an exceptional reason for this to be delay		
Contact details	KPI owner/lead for implementation Name: Martin Dunne Email address: Telephone Number	
	PBI data support Name: Martina Curran Email Address: Martina.Curran1@hse.ie Telephone Number: 016352263	
Governance/sign off	<i>This sign off is the governance at Divisional level in respect of management of the KPI including data provision, validation, and use in performance management</i> Operational National Director: Signature:	

		Sponsoring Director, where this is not the person implementing the KPI (e.g. Quality, CSP, audit)
		Signature:
<i>KPI's will be deemed 'active' until a formal request to change or remove is received</i>		
<i>For Office use only:</i>		
KPI Number: _____		

No	Steps	Detail supporting KPI
1	KPI title	National Emergency Operations Centre (NEOC) - % MPDS Protocol Compliance
1b		MPDS
2	KPI Description	In improving quality, the Advanced Quality Assurance Audit process enables the National Ambulance Service to audit the emergency calls which are received at the emergency call centre. This computer based system enables the NAS to monitor and audit the calls effectively and efficiently ensuring that compliance levels are maintained at Accreditation Centre of Excellence Standards. Individual case reviews provide the necessary data to implement a continuous feedback loop, an essential part of the quality improvement process. The audit process enables the National Ambulance Service to audit emergency calls which are received at the National Emergency Operations Centre (NEOC), operating over two sites on a single platform. Based on agency size and in line with requirements of the International Academy of Emergency Dispatch, for agencies with a call volume greater than 43,333 cases per year but less than 500,000 a minimum of 2.7% of the call volume is audited. This ensures that consistent case evaluation meets or exceeds the Academy's minimum performance expectations. The control centre compliance report is reported on a monthly basis to all control staff, senior officers and the medical directorate. Individual case review provides the necessary data to implement a continuous feedback loop, an essential part of the Quality Improvement Process.
3	KPI Rationale	This computer based system enables the NAS to monitor and audit the calls effectively and efficiently ensuring that compliance levels are maintained at Accreditation – Centre of Excellence standards.
3a	Indicator Classification	National Scorecard Quadrant a) Quality and Safety; b) Access; c) Finance, Governance and Compliance. d) Workforce;
4	KPI Target	90%
4a	Target Trajectory	Target trajectory
4b	Volume metrics	Volume metrics
5	KPI Calculation	Numerator: Total number of calls required to be audited annually (2.7%) Denominator: Total number of calls required to be audited that were compliant as per International Academies of Emergency Dispatch (IAED). Note: Data inputted monthly to the IAED calculator, dictating monthly number of audits required.
6	Data Sources	Computer based Compliance Report
6a	Data sign off	Pat McCreanor NAS Control and Performance Manager National Ambulance Service Rivers Building, Tallaght Cross, Tallaght Dublin 24 Tel: 01 463 1603 Mobile 087 2933154 Email: pat.mccreanor@hse.ie
6b	Data Quality Issues	
7	Data Collection Frequency	Daily; Weekly; Monthly; Quarterly; Bi-annual; Annual; Other – give details:
8	Tracer Conditions (clinical metrics only)	
9	Minimum Data Set (MDS)	
10	International Comparison	Agencies with a call volume greater than 43,333 cases per year but less than 500,000 the minimum is 3% of the volume. For agencies with less than 43,334 cases per year the minimum is 25 cases per week.

11	KPI Monitoring	Daily; Weekly; Monthly; Quarterly; Bi-annual; Annual; Other – give details:
12	KPI Reporting Frequency	Daily; Weekly; Monthly; Quarterly; Bi-annual; Annual; Other – give details:
13	KPI report period	<p>Monthly M Quarterly Q Biannual BA Annual A</p> <p>By exception</p> <p>Monthly in arrears M-1M Monthly two months in arrears M-2M Quarterly in arrears Q-1Q Quarterly one month in arrears Q-1M Quarterly two quarters in arrears Q-2Q Quarterly three quarters in arrears Q-3Q Quarterly six months in arrears Q-2Q Biannual one quarter in arrears BA-1Q Biannual six months in arrears BA-2Q Annual reported in 1st quarter A Annual 12 months in arrears A-1A Rolling 12 months Rolling 12M</p>
14	KPI Reporting Aggregation	National; Region; Hospital Group; Hospital; CHO; sub-CHO level (please give details); Other, please specify
15	KPI is reported in which reports?	Annual Report, Performance Report/Profile, MDR; Other
16	Web link to published data	http://10.0.4.142/glikview/index.htm
17	Additional Information	
<p>is policy to include data in Open Data publication. Please indicate if there is an exceptional reason for this to be delay</p>		
Contact details		KPI owner/lead for implementation
		Name: Martin Dunne
		Email address:
		Telephone Number
		PBI data support
		Name: Martina Curran
		Email Address: Martina.Curran1@hse.ie
		Telephone Number: 016352263
Governance/sign off		<i>This sign off is the governance at Divisional level in respect of management of the KPI including data provision, validation, and use in performance management</i>
		Operational National Director:
		Signature:

		Sponsoring Director, where this is not the person implementing the KPI (e.g. Quality, CSP, audit)
		Signature:
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No	Steps	Detail supporting KPI
1	KPI title	Return of spontaneous circulation (ROSC) at hospital
1b		ROSC
2	KPI Description	Return of spontaneous circulation (ROSC) on arrival at receiving hospital using the Utstein comparator group calculation
3	KPI Rationale	Measures clinical performance in management of out of hospital cardiac arrest
3a	Indicator Classification	National Scorecard Quadrant a) Quality and Safety; b) Access; c) Finance, Governance and Compliance. d) Workforce;
4	KPI Target	40%
4a	Target Trajectory	Target trajectory
4b	Volume metrics	Volume metrics
5	KPI Calculation	Numerator: Total number nationally of out of hospital cardiac arrests in the Utstein comparator group that have ROSC at arrival at receiving Emergency Department Denominator: Total number nationally of out of hospital cardiac arrests in the Utstein comparator group
6	Data Sources	Patient Care Reports; Control Centre data
6a	Data sign off	Martin Quinn OHCAR Manager (National Out-of-Hospital Cardiac Arrest Register) Department of Public Health Medicine HSE - West St. Eunan's Hall St. Conal's Hospital Letterkenny Co. Donegal Ireland Phone: 074 9104637 Email: martin.quinn@hse.ie Mobile: 087-7089807
6b	Data Quality Issues	
7	Data Collection Frequency	Daily; Weekly; Monthly; Quarterly; Bi-annual; Annual; Other – give details:
8	Tracer Conditions (clinical metrics only)	
9	Minimum Data Set (MDS)	
10	International Comparison	
11	KPI Monitoring	Daily; Weekly; Monthly; Quarterly; Bi-annual; Annual; Other – give details:
12	KPI Reporting Frequency	Daily; Weekly; Monthly; Quarterly; Bi-annual; Annual; Other – give details:

13	KPI report period	Monthly M Quarterly Q Biannual BA Annual A By exception Monthly in arrears M-1M Monthly two months in arrears M-2M Quarterly in arrears Q-1Q Quarterly one month in arrears Q-1M Quarterly two quarters in arrears Q-2Q Quarterly three quarters in arrears Q-3Q Quarterly six months in arrears Q-2Q Biannual one quarter in arrears BA-1Q Biannual six months in arrears BA-2Q Annual reported in 1st quarter A Annual 12 months in arrears A-1A Rolling 12 months Rolling 12M
14	KPI Reporting Aggregation	National; Region; Hospital Group; Hospital; CHO; sub-CHO level (please give details); Other, please specify
15	KPI is reported in which reports?	Annual Report; Performance Report/Profile; MDR; Other
16	Web link to published data	
17	Additional Information	
is policy to include data in Open Data publication. Please indicate if there is an <u>exceptional</u> reason for this to be delay		
Contact details	KPI owner/lead for implementation Name: Martin Dunne Email address: Telephone Number PBI data support Name: Martina Curran Email Address: Martina.Curran1@hse.ie Telephone Number: 016352263	
Governance/sign off	<i>This sign off is the governance at Divisional level in respect of management of the KPI including data provision, validation, and use in performance management</i> Operational National Director: Signature: Sponsoring Director, where this is not the person implementing the KPI (e.g. Quality, CSP, audit) Signature:	
<i>KPI's will be deemed 'active' until a formal request to change or remove is received</i>		
For Office use only:		
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