

Population Health & Wellbeing

Key Performance Indicator Metadata 2021













RPI Short Title Smokers receiving online oceasions support PPI Description This metric quantities the number of more inhabacious search about an environment of casin up to the crinine quiliplen (on crinine quiling macked) plus or minus a series of members or insephone support to support totaccino dessidors. The metric quantities make who sign up to the quiplen and activate the third account in the reporting period. This quiplen and care in the period period of the pulliplen and activate the third account in the reporting period. This quiplen are considered to the period of the per	10	bacco	
RPI Description This matrix quantifies the number of number of the property o	1	KPI Title	HWB101 - No. of smokers who are receiving online cessation support services
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online cessation and text based messaging support services, including our personalised quit plan profile to aid them in their quit atterript. The introduction of his Pivil will help meases of a wider range of assistion support of easition supported in the current metric HVMS 27 measuring phone and face to face counseling services) and provide a more accurate picture of service activity across all channels and of the diffectiveness of our award winning QUT campaign. Outpile an internally as part of campaign evaluation for some years, however the TFI programme feel it is now prudent to add this metric to the suite. Indicator Classification National Scorecard Quadrant: Access and Integration National Target 2021 NSP Target: 7,000 Smokers. This is a cumulative calculation Target Volume Metrics KPI Calculation "Count. This metric will be drawn from the administrative part of the quitplan within the quit is website through the PTools programme. It will count all tubaccol users who log on to the quitplan and activate their account. The metric measures those who sign up to the quitplan and activate their account. The metric measures those who sign up to the quitplan and activate their account. The metric measures those who sign up to the quitplan and activate their account. The metric measures those who sign up to the quitplan and activate their account. The metric measures those who sign up to the quitplan and activate their account. The metric measures those who sign up to the quitplan and activate their account. The metric measures those who sign up to the quitplan and activate their account. The metric measures those who sign up to the quitplan and activate their account. The metric quitting tracking place or minute as areas of manifestor to relaption account who are motivated to sign up to the orinine quitplan (an orinine quitting tracking) place orinine as sense of manifestor to relaption accounts who are motivated to sign up to the orinine quitplan activate the number of tubacco users who are motivated to s	2	KPI Description	plus or minus a series of email/text or telephone supports to support tobacco cessation. The metric measures those who sign up to the quitplan and activate their account in the reporting period. The quitplan consists of an online personal quitting tracker which measures the users' level of nicotine dependence, their smoking triggers, reasons for quitting and financial savings during their quit attempt. As part of the quitplan sign up the user is encouraged to also avail of a series of other supports including motivational email and/or text based supports as well as the standard telephone support service offered through the national QUITline. The preparatory and motivational emails and texts are sent daily for two weeks before the 'set quit date', on the 'quit date' and for up to one month post the 'set quit date' followed by further less frequent emails for up to 12 months. It is possible that a tobacco user who signs up to the quitplan plus or minus the email or text supports could also be accessing either the face to face support through a HSE quit smoking cessation clinic or group and/or could be in receipt of the standardised schedule of telephone supports. The evidence suggests that those who access a combination of behavioural supports (online/telephone/face to face) and use evidenced based medication have an increased likelihood of a successful quit. The target will not be consistent for each quarter. Activity in cessation services is generally higher in Q1 and 2, lower in Q3 and rises again in the first half of Q4. / full profile breakdown will be provided. This metric reflects key actions for the HSE as outlined in the governments Tobacco Free Ireland
4 National Target 2021 NSP Target 7,000 Smokers. This is a cumulative calculation 4a Target 5 KPI Calculation	3	KPI Rationale	online cessation and text based messaging support services, including our personalised quit plan profile to aid them in their quit attempt. The introduction of this KPI will help measure the effectiveness of a wider range of cessation support services (in addition to the current metric HWB 27 measuring phone and face to face counselling services) and provide a more accurate picture of service activity across all channels and of the effectiveness of our award winning QUIT campaign. Quitplan sign up data is available and robust and has been monitored internally as part of campaign evaluation for some years, however the TFI programme feel it is now prudent to add this metric to
4a Target 4b Volume Metrics KPI Calculation "Count. This metric will be drawn from the administrative part of the quilplan within the quit ie website through the P Tools programme. It will count all tobacco users who log on to the quilplan and activate their account. The metric measures those who sign up to the quipplan and activate their account. The metric measures those who sign up to the quipplan and activate their account. The metric measures those who sign up to the quipplan and activate their account. The metric measures those who sign up to the quipplan and activate their account. The metric dustrial than the part of quit is website) The data is national data reported by national communications using the P tools programme. This metric quantifies the number of tobacco users who are motivated to sign up to the online quipplan (an online quitting tracker) plus or minus a series of email/text or telephone supports to support tobacco cessation. Ben Cloney, Digital Manager, Communications Department Ben Cloney, Digital Manager, Communications Performancereports/ Ben Cloney, Digital	3a	Indicator Classification	National Scorecard Quadrant: Access and Integration
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will count all tobacco users who log on to the quitplan and activate their account. "The metric measures those who sign up to the quitplan and a dark at their account." Data Source Communications Department - Ptools (administrative part of quit.le website) The data is national data reported by national communications using the Ptools programme. This metric quantities the number of tobacco users who are motivated to sign up to the online quitplan (an online quitiplan fracker) plus or minus a series of email/text or telephone supports to support tobacco cessation. Ben Cloney, Digital Manager, Communications Department Data Quality Issues Data Quality Issues Data Quality Issues Data Collection Country Frequency Smoker seeking assistance to quit Minimum Data Set MDS No. of smokers who received support > 10 mins International Comparison NHS Stop Smoking Service reports similar data Comparison NHS Stop Smoking Service reports similar data Comparison NHS Stop Smoking Service reports similar data Comparison NHS Preporting Prequency Quarterly KPI Reporting Frequency Quarterly KPI Reporting Frequency Quarterly KPI Reporting In National Aggregation National Management Data Report reports? My blink to data http://www.hse.ie/eng/services/publications/performancereports/ KPI owner/lead for implementation PBI data support Siobhán O'Brien, Lead Data Analyst, Population Health & Wellbeing, siobhan.obrien2@hse.ie	4b	Volume Metrics	
using the P tools programme. This metric quantifies the number of tobacco users who are motivated to sign up to the online quitplan (an online quitting tracker) plus or minus a series of email/text or telephone supports to support tobacco cessation. Ben Cloney, Digital Manager, Communications Department Data Quality Issues Data Quality Issues Tracer Conditions Smoker seeking assistance to quit Minimum Data Set MDS No. of smokers who received support > 10 mins International Comparison International Comparison KPI Reporting Frequency Quarterly KPI Reporting Frequency Quarterly KPI Reporting Prequency Quarterly KPI Reporting National Aggregation KPI Reported in which Frequency NSP / Management Data Report Freports? Additional Information KPI owner/lead for implementation Elaine Buckley, National Tobacco Cessation Co-Ordinator implementation Bellate Buckley, National Tobacco Cessation Health & Wellbeing, siobhan.obrien2@hse.ie	5	KPI Calculation	will count all tobacco users who log on to the quitplan and activate their account."The metric measures those who sign up to the quitplan
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PBI data support Siobhán O'Brien, Lead Data Analyst, Population Health & Wellbeing, siobhan.obrien2@hse.ie 48 Helen Deely, Assistant National Director, Health & Wellbeing	18		Elaine Buckley, National Tobacco Cessation Co-Ordinator
	19		Siobhán O'Brien, Lead Data Analyst, Population Health & Wellbeing, siobhan.obrien2@hse.ie
	20	Assistant National Director	Helen Deely, Assistant National Director, Health & Wellbeing

To	Tabaaaa			
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1	KPI Title	HWB26- % of smokers on cessation programmes who were quit at four weeks		
1a	KPI Short Title	% smokers quit at four weeks		
2	KPI Description	Refers to smokers who have signed up to the standardised HSE tobacco cessation support programme, who have set a quit date and who are quit at 4 weeks. The support programme i.e. structured support provided to smokers prior to their quit date and each week for four weeks following this date. Quit date: The date a smoker plans to stop smoking completely with support from a stop smoking specialist as part of an assisted quit attempt. A self reported 4 - week quitter is a treated smoker who reports not smoking for at least days 15–28 of a quit attempt and is followed up 28 days from their quit date (-3 or +14 days). The -3 or +14 day rule allows for cases where it is impossible to carry out a face-to-face follow-up at the normal four-week point (although in most cases it is expected that follow-up will be carried out at four weeks from the quit date). This means that follow-up must occur 25 to 42 days from the quit date (Russell Standard)A CO- verified 4 week quitter is a treated smoker who reports not smoking for at least days 15–28 of a quit attempt and whose CO reading is assessed 28 days from their quit date (-3 or +14 days) and is less than 10 ppm. The -3 or +14 day rule allows for cases where it is impossible to carry out a face-to-face follow-up at the normal four-week point (although in most cases it is expected that follow-up will be carried out at four weeks from the quit date). This means that follow-up must occur 25 to 42 days from the quit date (Russell Standard). A treated smoker is a smoker who has received at least one session of a structured, multi-session intervention (delivered by a trained smoking cessation specilaist) on or prior to the quit date, who consents to treatment and sets a quit date with a smoking cessation specialist. Smokers who attend a first session but do not consent to treatment or set a quit date should not be counted. A 'smoker' is defined as a person who smokes a smoked product. In adulthood this is defined in terms of daily use, whereas in adolescence (i.e. for those aged		
3	KPI Rationale	Seven out of 10 smokers want to quit and four out of ten make a quit attempt every year. Behavioural support doubles a smoker's chance of quitting successfully. Smoking cessation is a highly cost effective intervention. The Tobacco Control Framework identified the need to set realistic performance targets for both the numbers using the service and the proportion who quit successfully. This KPI will provide baseline data for this action.		
3a	Indicator Classification	National Scorecard Quadrant: Quality & Safety		
4	National Target	2021 NSP Target: 45%. This is a cumulative calculation		
4a	Target	Performance target constant over the full year e.g. 45%		
4b	Volume Metrics			
5	KPI Calculation	Denominator: No. of smokers who set a quit date and agree to participate in the HSE standard tobacco cessation support programme. Numerator: No. of treated smokers in the standardised HSE tobacco cessation support programme who either self report as quit or are CO validated as quit when followed up at 4 weeks. This is expressed as a count and as a percentage. (Please note that hospital based intensive tobacco cessation services are reported within the CHO in which they are located and not by Hospital group.)		
6	Data Source	Administrative databases. Data provided by tobacco cessation specialists to Health Promotion. Manual system.		
6a	Data Sign Off	Helen Deely, Interim AND Health & Wellbeing, Strategy & Research		
6b	Data Quality Issues			
7	Data Collection Frequency	Quarterly		
8	Tracer Conditions	Quit definition - Russell Standard UK		
9	Minimum Data Set MDS	No. of smokers who participated in a HSE standardised tobacco cessation support programme. No. of smokers who set a quit date. No. of smokers who either self report being quit/are validated as quit at 4 weeks.		
10	International Comparison	NHS Stop Smoking Service reports similar data		
11	KPI Monitoring	Quarterly		
12	KPI Reporting Frequency	Quarterly		
13	KPI Report Period	Q-1Q		
14	KPI Reporting Aggregation	National		
15	KPI is reported in which reports?	NSP / Management Data Report / Performance Profile		
16	Web link to data	http://www.hse.ie/eng/services/publications/corporate/performancereports/		
17	Additional Information			
18	KPI owner/lead for implementation	Elaine Buckley, National Tobacco Cessation Co-Ordinator (elaine.buckley1@hse.ie)		
19	PBI data support	Siobhán O'Brien, Lead Data Analyst, Population Health & Wellbeing, siobhan.obrien2@hse.ie		

Helen Deely, Assistant National Director, Health & Wellbeing

Assistant National Director

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To	Tobacco				
1	KPI Title	HWB27- No. of smokers who received face to face or telephone intensive cessation support from a cessation counsellor			
1a	KPI Short Title	Smokers receiving cessation support			
2	KPI Description	Intensive cessation support is a consultation of greater than 10 mins (more than a brief intervention) provided by a trained *tobacco cessation specialist to a smoker either in an acute or community setting. It can be delivered in a variety of ways - face to face (one-to-one), group or via telephone. Tobacco Cessation Specialists are trained to Level 2/NCSCT/HSE standardised training.			
3	KPI Rationale	Seven out of 10 smokers want to quit and four out of ten make a quit attempt every year. Support doubles a smoker's chance of quitting successfully. Smoking cessation is a highly cost effective intervention. The Department of Health's Tobacco Free Ireland framework emphasises the need to monitor and evaluate cessation services.			
3a	Indicator Classification	National Scorecard Quadrant: Access and Integration			
4	National Target	2021 NSP Target: 10,000 Smokers. This is a cumulative calculation			
4a	Target Trajectory	CHO1 423; CHO2 200; CHO3 200; CHO4 493; CHO5 250; CHO6 216; CHO7 364; CHO8 150; CHO9 270; National Quitline 2,388; IE HG 1,233; RCSI HG 1,743; Saolta HG 443; Dub Midlands HG 564; UL HG 190; SSW HG 873			
4b	Volume Metrics				
5	KPI Calculation	Count (Please note that hospital based intensive tobacco cessation services are reported within the CHO in which they are located and not by Hospital group).			
6	Data Source	Adminstrative databases. Data provided by tobacco cessation specialists to Health Promotion & Improvement tobacco coordinator and forwarded to the BIU. Data also provided to the National HP& I office and the Tobacco Control Programme office. Manual system.			
6a	Data Sign Off	Helen Deely, Interim AND Health & Wellbeing, Strategy & Research			
6b	Data Quality Issues				
7	Data Collection Frequency	Monthly			
8	Tracer Conditions	Smoker seeking assistance to quit			
9	Minimum Data Set MDS	No. of smokers who received support > 10 mins			
10	International Comparison	NHS Stop Smoking Service reports similar data			
11	KPI Monitoring	Monthly			
12	KPI Reporting Frequency	v Quarterly in arrears			
13	KPI Report Period	Quarterly in arrears			
14	KPI Reporting Aggregation	National / CHO / Hospital Group			
15	KPI is reported in which reports?	NSP / Management Data Report / Performance Profile / Operational Plan			
16	Web link to data	http://www.hse.ie/eng/services/publications/performancereports/			
17	Additional Information				
18	KPI owner/lead for implementation	Elaine Buckley, National Tobacco Cessation Co-ordinator			
19	PBI data support	Siobhán O'Brien, Lead Data Analyst, Population Health & Wellbeing, siobhan.obrien2@hse.ie			
20	Assistant National	Helen Deely, Assistant National Director, Health & Wellbeing			

Director

RFI Description A rational Making Every Contact Count training programms is being product and to obliger bride intervention training to travelling health and social care professionals and other patients. A control of the medical disease and training pleases and social care professionals and other patients & clean care such as Health Care Assistants and Therapy Assistants with direct patient contact. Making Every Contact Count Privates Making Private Standard Count Privates Making Privates (Accept the Count Privates) and 10 minutes. The bishorded learning training counts is designed to develop skills in the intervention for literation programms will consist of the design for an analysis of the privates and the privates of the privates and the privates of the privates and the privates of the privates of the privates of the privates and an adultional Exchance (part data) Makinescholes delivered face in face in desagned personal programms. 3	ME	ECC	
KPI Description A national Making Evry Contact Count maining programms is being rolled out to deliver brief intervention training to frontline healthcare staff. Frontline staff refers to show staff delivering services to positions between the includes all goales of staff in the medical refers to show staff delivering services to positions between the includes all goales of staff in the medical direct patient contact. Making Evry Contact Count microws Health Professionals providing opportunities addition, and support through a bit intervention, to make a lifestly behaviour change in relation to the main lifestly in factors for change of the intervention of the phenotrop change in the change of the professionals provided and to minutes. The behaviour change in the change produced the phenotrop change in the change of phenotrop change in the programme will consist of a detarring modules 1) behaviour change in the change goal programme. KPI Rationale One of the key areas of closed of the healthy tendent Transevok is formed closed programme. The Making Evry Contact Count Implementation plan commiss to training of frontline staff in brief interventions for life to staff the phenotrop of the phenotrop of the control of the staff the phenotrop of th	1	KPI Title	HWB94- No of frontline Staff to complete the eLearning Making Every Contact Count Training in brief intervention
staff. Frontines staff refers to those staff ollevering services to patients/service users. It includes all grades of staff in the medical/derital nursing, habith and social care professionates and other patient & clinicar area users at health. Care Assistants with direct patient contact. Making Every Contact Count involves Health Professionals providing opportunistic active, and support through a bit indevention for includes. The behinded leanning planning course is discipled to develop stalls in shelf indeventions for indexployed and to change it in the patients of the patients of a physical activity by disk into practice in relative to the man literage risk factors for chronic diseases or changes. The safety of the online alternative staff indeventions of the physical activity of safety programme. 3	1a	KPI Short Title	MECC online training module
Implementation plan commits to training of frontline staff in brief interventions for lifestybe behaviour change in the Jour key lifestybe behaviour of tobaccous, actional and substance use, health read as such as a concerned with the training of health professionals. All healthcare staff have a role in promoting lifestybe behaviour change with their patients. Staff have proviously been offered to staff in the areas of behavior change for the other lifestyle crass. It is essential that HSE staff are upskilled with the knowledge and skills necessary to support lifestyle behaviour change with their patients. This training ains to multi-control that the control in dealth the actions that need to happen to integrate this into our health switchs:e. Specific training of frontline staff have with patients to support lifestyle changes as part of their routine cars. The Meking Every Contact Court Framework set our in dealth the actions that need to happen to integrate this into our health switchs; e. Specific training of frontline staff is oseport-chronic disease prevention and management and the successful implementation of the Meking Every Contact Court Framework. National Target NSP 2021 Full Year Target 3,946 This is a cumulative calculation A National Target NSP 2021 Full Year Target 3,946 This is a cumulative calculation Court the number of frontline staff completing all of the 6 modules for the e-learning modules of this training. Volume Metrics KPI Calculation Court the number of frontline staff completing all of the 6 modules for the e-learning programme. Profile the number per month expected in each area targeted. Performance will be coorced on the outcome: expected activity Activities of the starting of the formation will be corrected from all frontline staff when they register and complete the online training which is hosted on an external Learning Management System. Data Source Data Quality Issues None known Activity of the formation of the court of the court of the court of the court of the co	2	KPI Description	staff. Frontline staff refers to those staff delivering services to patients/service users. It includes all grades of staff in the medical/dental, nursing, health and social care professionals and other patient & client care such as Health Care Assistants and Therapy Assistants with direct patient contact. Making Every Contact Count involves Health Professionals providing opportunistic advice, and support through a brief intervention, to make a lifestyle behaviour change in relation to the main lifestyle risk factors for chronic disease. It typically takes between 3 and 10 minutes. The blended learning training course is designed to develop skills in brief interventions for lifestyle behaviour change. The training programme will consist of 6 elearning modules 1) behaviour change module 2) tobacco 3) alcohol and substance use 4) healthy eating 5) physical activity 6) skills into practice and an additional Enhancing your Skills Masterclass delivered face to face in classroom
A National Target NSP 2021 Full Year Target 3,946 This is a cumulative calculation 3,946 which represents 5% of the eligible cohort of frontline staff to complete the e-learning modules of this training. KPI Calculation Count the number of frontline staff completing all of the 6 modules for the e-learning programme. Profile the number per month expected in each area targeted. Performance will be scored on the outcome-expected activity Data will be collected from all frontline staff when they register and complete the online training which is hosted on an external Learning Management System. Data Sign Off Mercella Ryan, Project Manager, MECC Programme Maragement System (Learnupor). Data will be reported quarterly from this Learning Management System. Data Collection Quarterly Frequency Tracer Conditions Tracer	3	KPI Rationale	Implementation plan commits to training of frontline staff in brief interventions for lifestyle behaviour change in the four key lifestyle behaviours of tobacco use, alcohol and substance use, healthy eating and physical activity. Actions 13; 14; 15 of this framework are concerned with the training of health professionals. All healthcare staff have a role in promoting lifestyle behaviour change with their patients. Staff have previously been offered training in brief intervention for smoking cessation but minimal unco-ordinated training has been offered to staff in the areas of behavior change for the other lifestyle areas. It is essential that HSE staff are upskilled with the knowledge and skills necessary to support lifestyle behaviour change with their patients. This training aims to maximise the millions of contacts that frontline staff have with patients to support lifestyle changes as part of their routine care. The Making Every Contact Count Framework sets out in detail the actions that need to happen to integrate this into our health service. Specific training of frontline staff is essential to support
Target 3,946 which represents 5% of the eligible cohort of frontline staff to complete the e-learning modules of this training. Volume Metrics KPI Calculation Count the number of frontline staff completing all of the 6 modules for the e-learning programme. Profile the number per month expected in each area targeted. Performance will be scored on the outcome expected activity Data Source Data will be collected from all frontline staff when they register and complete the online training which is hosted on an external Learning Management System (Learnupon). Data will be ordered quarterly from this Learning Management System. Bata Sign Off Marcella Ryan, Project Manager, MECC Programme No Data Quality Issues None known Tracer Conditions Frontline heathcare staff (coded as Medical/Dental/Nursing/Health and Social Care/Other patient and client care) providing frontline service to patients/serviceusers in hospitals and community settings who haven't previously undertaken the course. Minimum Data Set MDS No of staff who have accessed the course & no of staff who have completed the elearning modules by CHO and Hospital group. Professional breakdown of staff by CHO/Hospital group completing the elearning programme. No Comparison KPI Monitoring Quarterly KPI Report Period Quarterly KPI Report Period Quarterly KPI Report Period Quarterly Mational Aggregation National Aggregation None known Management Data Report / Annual Report reports? Web link to data http://www.hse.ie/eng/services/publications/performancereports/ Mellink to data http://www.hse.ie/eng/services/publications/performancereports/ Mellink Toda Information None known	3a	Indicator Classification	National Scorecard Quadrant: Access and Integration
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Aggregation KPI is reported in which reports? Management Data Report / Annual Report reports?	13	KPI Report Period	Quarterly
KPI is reported in which reports? Management Data Report / Annual Report reports? Meb link to data http://www.hse.ie/eng/services/publications/performancereports/ Additional Information None known KPI owner/lead for implementation Helen Deely, Interim AND Health & Wellbeing, Strategy & Research	14		National
Additional Information None known 18 KPI owner/lead for implementation Helen Deely, Interim AND Health & Wellbeing, Strategy & Research	15	KPI is reported in which	Management Data Report / Annual Report
18 KPI owner/lead for Helen Deely, Interim AND Health & Wellbeing, Strategy & Research implementation	16	Web link to data	http://www.hse.ie/eng/services/publications/performancereports/
implementation	17	Additional Information	None known
19 PBI data support Siobhán O'Brien, Lead Data Analyst, Population Health & Wellbeing, siobhan.obrien2@hse.ie	18		Helen Deely, Interim AND Health & Wellbeing, Strategy & Research
	19	PBI data support	Siobhán O'Brien, Lead Data Analyst, Population Health & Wellbeing, siobhan.obrien2@hse.ie

Helen Deely, Assistant National Director, Health & Wellbeing

Assistant National Director

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ME	ECC	
1	KPI Title	HWB95- No of frontline Staff to complete the Face to Face / Virtual Module of the Making Every Contact Count Training in brief intervention
1a	KPI Short Title	MECC Face to Face/Virtual masterclass
2	KPI Description	A national Making Every Contact Count training programme is being rolled out to deliver brief intervention training to frontline healthcare staff. Frontline staff refers to those staff delivering services to patients/service users. It includes all grades of staff in the medical/dental, nursing, health and social care professionals and other patient & client care such as Health Care Assistants and Therapy Assistants with direct patient contact. Making Every Contact Count involves Health Professionals providing opportunistic advice, and support through a brief intervention, to make a lifestyle behaviour change in relation to the main lifestyle risk factors for chronic disease. It typically takes between 3 and 10 minutes. The blended learning training course is designed to develop skills in brief interventions for lifestyle behaviour change. The training programme will consist of 6 elearning modules 1) Introduction to Behaviour change 2) tobacco Free 3) alcohol and drug use 4) healthy eating 5) physical activity 6) skills into practice and an additional face to face workshop called Enhancing your Brief Intervention Skills. This KPI is concerned with measuring the level of activity of the Face to Face elements of the training programme.
3	KPI Rationale	One of the key areas of focus of the Healthy Ireland Framework is chronic disease prevention. The Making Every Contact Count Implementation plan commits to training of frontline staff in brief interventions for lifestyle behaviour change in the four key lifestyle behaviours of tobacco use, alcohol and substance use, healthy eating and physical activity. Actions 13; 14; 15 of this framework are concerned with the training of health professionals. All healthcare staff have a role in promoting lifestyle behaviour change with their patients. Staff have previously been offered training in brief intervention for smoking cessation but minimal unco-ordinated training has been offered to staff in the areas of behavior change for the other lifestyle areas. It is essential that HSE staff are upskilled with the knowledge and skills necessary to support lifestyle behaviour change with their patients. This training aims to maximise the millions of contacts that frontline staff have with patients to support lifestyle changes as part of their routine care. The Making Every Contact Count Framework sets out in detail the actions that need to happen to integrate this into our health service. Specific training of frontline staff is essential to support chronic disease prevention and management and the successful implementation of the Making Every Contact Count Framework.
3a	Indicator Classification	National Scorecard Quadrant: Access & Integration
4	National Target	NSP 2021 Full Year Target 790. This is a cumulative target
4a	Target	20% of those completing the online modules will attend the face to face/virtual element of the training programme
4b	Volume Metrics	
5	KPI Calculation	Count the number of frontline staff completing the Face to Face/virtual masterclass. Profile the number per month expected in each area targetted. Performance will be scored on the outcome:expected activity
6	Data Source	Data will be collected from all frontline staff when they register and attend a masterclass which is hosted on an external Learning Management System (Learnupon). Data will be reported quarterly from this Learning Management System.
6a	Data Sign Off	Marcella Ryan, Project Manager, MECC Programme
6b	Data Quality Issues	None known
7	Data Collection Frequency	Quarterly
8	Tracer Conditions	Frontline heathcare staff (coded as Medical/Dental/Nursing/Health and Social Care/Other patient and client care) providing frontline services to patients/serviceusers in hospitals and community settings who haven't previously undertaken the course.
9	Minimum Data Set MDS	No of staff who have completed the masterclass. Number of frontline staff who have completed the masterclass by CHO and Hospital group. Professional breakdown of staff by CHO/Hospital group completing the masterclass.
10	International Comparison	No
11	KPI Monitoring	Quarterly
12	KPI Reporting Frequency	Quarterly
13	KPI Report Period	Quarterly
14	KPI Reporting Aggregation	National
15	KPI is reported in which reports?	Management Data Report / Annual Report
16	Web link to data	http://www.hse.ie/eng/services/publications/performancereports/
17	Additional Information	None known
18	KPI owner/lead for implementation	Helen Deely, Interim AND Health & Wellbeing, Strategy & Research
19	PBI data support	Siobhán O'Brien, Lead Data Analyst, Population Health & Wellbeing, siobhan.obrien2@hse.ie

Helen Deely, Assistant National Director, Health & Wellbeing

Assistant National Director

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1	KPI Title	HWB8- % children aged 24 months who have received the Measles, Mumps, Rubella (MMR) vaccine
1a	KPI Short Title	24 month MMR vaccine
2	KPI Description	Total number and percentage of children on the HSE Area databases at 24 months of age who have received the Measles, Mumps and Rubella Vaccine (MMR).
3	KPI Rationale	Immunisation is a proven, safe and effective public health measure to protect against serious diseases such as measles, diphtheria and polio The WHO recommends that immunisation uptake rates should reach at least 95% to prevent outbreaks of these diseases. Designed to monitor immunisation uptake rate against the target.
3a	Indicator Classification	Quality and Safety
4	National Target	2021 NSP Target: 95%. This is a cumulative calculation
4a	Target	Performance targets constant over the full year i.e, 95%
4b	Volume Metrics	
5	KPI Calculation	The figure is produced by dividing the number children at 24 months of age who are recorded on the HSE Area database as having received the vaccine against Measles, Mumps and Rubella Vaccine (MMR) by the total number of children at 24 months of age on the HSE Area database.(e.g. LHO area had 368 children at 24 months of age, 290 children aged 24 months of age received the MMR vaccine 290/368x100%)Calculation: No. of children aged 24 months who received the MMR Vaccine (290 Number of children aged 24 months of age (368) x100% = 79%
6	Data Source	Sourced from HSE Areas via Regional Vaccination System/ Public Health Departments and reported on by Health Protection Surveillance Centre (HPSC).
6a	Data Sign Off	Dr. Suzanne Cotter, HPSC
6b	Data Quality Issues	Assumes that all GPs submitted returns in a timely manner in order to reflect accurate measurement of vaccination uptake
7	Data Collection Frequency	Quarterly
8	Tracer Conditions	
9	Minimum Data Set MDS	The number of children in cohort and the number of children receiving the age appropriate number of vaccine doses
10	International Comparison	The World Health Organisation and National Policy recommend an uptake rate of at least 95% to ensure that community and population immunity is achieved and to provide individual protection.
11	KPI Monitoring	Quarterly
12	KPI Reporting Frequency	Quarterly
13	KPI Report Period	Q-1Q
14	KPI Reporting Aggregation	National / CHO / LHO
15	KPI is reported in which reports?	National Service Plan 2021 / Management Data Report / Performance Profile
16	Web link to data	http://www.hse.ie/eng/services/publications/performancereports/
17	Additional Information	Health Protection Surveillance Centrehttp://www.hpsc.ie/hpsc/AZ/VaccinePreventable/Vaccination/ImmunisationUptakeStatisticshpsc@hse.ie (01) 87635300
18	KPI owner/lead for implementation	Dr. Lucy Jessop, Director, National Immunisation Office.
19	NBIU data support	Siobhán O'Brien, Lead Data Analyst, Population Health & Wellbeing, siobhan.obrien2@hse.ie
20	National Clinical Director Health	Dr. Lorraine Doherty, National Clinical Director of Health Protection

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1	KPI Title	% children aged 24 months of age who have received three doses Diphtheria (D3), Pertussis (P3), Tetanus (T3) vaccine, Haemophilus influenza type b (Hib3), Polio (Polio3), Hepatitis B (HepB3) (6 in 1)
1a	KPI Short Title	24 month 6-in-1 vaccine
2	KPI Description	Total number and percentage of children on the HSE Area databases at 24 months of age who have received three doses of vaccine against diphtheria (D3), pertussis (P3), tetanus (T3) Haemophilus influenza type b (Hib3), polio (Polio3), hepatitis B (HepB3) (6 in 1 vaccine).
3	KPI Rationale	Immunisation is a proven, safe and effective public health measure to protect against serious diseases such as measles, diphtheria and polio. The WHO recommends that immunisation uptake rates should reach at least 95% to prevent outbreaks of these diseases.
3a	Indicator Classification	Quality and Safety
4	National Target	2020 NSP Target: 95%
4a	Target	Performance targets constant over the full year i.e, 95%
4b	Volume Metrics	N/A
5	KPI Calculation	The figure is produced by dividing the number children at 24 months of age who are recorded on the HSE Area database as having received three doses of vaccine for each vaccine type diphtheria (D3), pertussis (P3), tetanus (T3) Haemophilus influenza type b (Hib3), polio (Polio3) and hepatitis B (HepB3), by the total number of children at 24 months of age on the HSE Area database. (e.g. LHO has 368 children at 24 months of age, 290 children aged 24 months of age received three doses of vaccine against polio (Polio3), Calculation: No. of children aged 24 months who rec 3 doses of Polio Vaccine (290) Number of children aged 24 months of age (368) x100 = 79%
6	Data Source	Sourced from HSE Areas via Regional Vaccination System/ Public Health Departments and reported on by Health Protection Surveillance Centre (HPSC).
6a	Data Sign Off	Dr. Suzanne Cotter, HPSC
6b	Data Quality Issues	Assumes that all GPs submitted returns in a timely manner in order to reflect accurate measurement of vaccination uptake
7	Data Collection Frequency	Quarterly
8	Tracer Conditions	
9	Minimum Data Set MDS	The number of children in cohort and the number of children receiving the age appropriate number of vaccine doses
10	International Comparison	The World Health Organisation and National Policy recommend an uptake rate of at least 95% to ensure that community and population immunity is achieved and to provide individual protection.
11	KPI Monitoring	Quarterly
12	KPI Reporting Frequency	Quarterly
13	KPI Report Period	Q-1Q
14	KPI Reporting Aggregation	National, CHO & LHO
15	KPI is reported in which reports?	National Service Plan 2021 / Management Data Report / Performance Profile
16	Web link to data	http://www.hse.ie/eng/services/publications/performancereports/
17	Additional Information	Health Protection Surveillance Centre http://www.hpsc.ie/hpsc/AZ/VaccinePreventable/Vaccination/ImmunisationUptakeStatistics hpsc@hse.ie (01) 87635300
18	KPI owner/lead for implementation	Dr. Lucy Jessop, Director, National Immunisation Office.
19	NBIU data support	Siobhán O'Brien, Lead Data Analyst, Population Health & Wellbeing, siobhan.obrien2@hse.ie
20	National Clinical Director Health Protection	Dr. Lorraine Doherty, National Clinical Director of Health Protection

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1	KPI Title	HWB104- % of first year students to have received 2 doses of HPV vaccine
1a	KPI Short Title	First year students HPV vaccine
2	KPI Description	HPV – estimated number and percentage of students in first year of second level schools (and those aged 12 or 13 years that are in special schools or home schooled) to have completed a second dose HPV vaccine course in the academic year 2020/2021.
3	KPI Rationale	Immunisation is a proven, safe and effective public health measure. Important to measure population level immunity and uptake of vaccine programme.
3a	Indicator Classification	Quality and Safety
4	National Target	2021 National Service Plan Target: 85%. This is a Point in Time calculation
4a	Target	85%
4b	Volume Metrics	
5	KPI Calculation	Numerator - number of doses of vaccine given as recorded on SIS computer system. Denominator is data from DoE of number of students in first year of second level school
6	Data Source	Sourced from HSE Areas via National Immunisation Office
6a	Data Sign Off	Dr. Suzanne Cotter, HPSC
6b	Data Quality Issues	Data entry can be slow
7	Data Collection Frequency	Annually
8	Tracer Conditions	
9	Minimum Data Set MDS	The number of children in cohort and the number of children receiving the age appropriate number of vaccine doses
10	International Comparison	Collected in any other country with HPV vaccine programme, at the age vaccine is given
11	KPI Monitoring	Annually
12	KPI Reporting Frequency	Annually
13	KPI Report Period	Annually - Academic Year
14	KPI Reporting Aggregation	National / CHO / LHO
15	KPI is reported in which reports?	National Service Plan / Management Data Report / Annual Report
16	Web link to data	http://www.hse.ie/eng/services/publications/performancereports/
17	Additional Information	Health Protection Surveillance Centrehttp://www.hpsc.ie/hpsc/AZ/VaccinePreventable/Vaccination/ImmunisationUptakeStatisticshpsc@hse.ie (01) 87635300
18	KPI owner/lead for implementation	Dr. Lucy Jessop, Director, National Immunisation Office.
19	NBIU data support	Siobhán O'Brien, Lead Data Analyst, Population Health & Wellbeing, siobhan.obrien2@hse.ie
20	National Clinical Director Health Protection	Dr. Lorraine Doherty, National Clinical Director of Health Protection

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j	KPI Title	HWB79- % of health care workers who have received seasonal influenza vaccine in the 2020-2021 influenza season (acute hospitals)
1a	KPI Short Title	Health care workers in acute hospitals receiving seasonal flu vaccine
2	KPI Description	Total number and percentage of health care workers in acute hospitals who have received seasonal influenza vaccine in the 2020-2021 influenza season.
3	KPI Rationale	Immunisation is a proven, safe and effective public health measure. Designed to monitor immunisation uptake rate against the target.
а	Indicator Classification	Quality and Safety
1	National Target	2021 NSP Target: 75%. This is a Point in Time calculation
а	Target	75%
łb	Volume Metrics	
5	KPI Calculation	No. of health care workers in acute hospitals who have received seasonal influenza vaccine x 100 = Total number of healthcare workers acute hospitals
6	Data Source	Sourced from acute hospitals and reported on by the Health Protection Surveillance Centre (HPSC)
Sa .	Data Sign Off	Dr. Suzanne Cotter, HPSC
6b	Data Quality Issues	
7	Data Collection Frequency	Annually
3	Tracer Conditions	
9	Minimum Data Set MDS	The number of health care workers in cohort and the number receiving the vaccine
0	International Comparison	National Policy receommends an uptake rate of at least 40% to ensure that community and population immunity is achieved and to provide individual protection.
1	KPI Monitoring	Annually
12	KPI Reporting Frequency	Annually
3	KPI Report Period	Annual Influenza Season 2020-2021
14	KPI Reporting Aggregation	National / CHO / LHO
5	KPI is reported in which reports?	National Service Plan / Management Data Report / Annual Report
6	Web link to data	http://www.hse.ie/eng/services/publications/performancereports/
17	Additional Information	Health Protection Surveillance Centrehttp://www.hpsc.ie/hpsc/AZ/VaccinePreventable/Vaccination/ImmunisationUptakeStatisticshpsc@hse.ie (01) 87635300
8	KPI owner/lead for implementation	Dr. Lucy Jessop, Director, National Immunisation Office.
19	NBIU data support	Siobhán O'Brien, Lead Data Analyst, Population Health & Wellbeing, siobhan.obrien2@hse.ie
20	National Clinical Director Health Protection	Dr. Lorraine Doherty, National Clinical Director of Health Protection

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1	KPI Title	HWB13- % of health care workers who have received seasonal influenza vaccine in the 2020-2021 influenza season (Long term care facilities in the community)
1a	KPI Short Title	LTC health care workers receiving seasonal flu vaccine
2	KPI Description	Total number and percentage of health care workers in long term care facilities in the community who have received seasonal influenza vaccine in the 2020-2021 influenza season.
3	KPI Rationale	Immunisation is a proven, safe and effective public health measure. Designed to monitor immunisation uptake rate against the target.
3a	Indicator Classification	Quality and Safety
4	National Target	2021 NSP Target: 75%. This is a Point in Time calculation
4a	Target	75%
4b	Volume Metrics	
5	KPI Calculation	No. of health care workers in acute hospitals who have received seasonal influenza vaccine / Total number of healthcare workers in long term care facilities in the community x 100
6	Data Source	Sourced from long term care facilities and reported on by the Health Protection Surveillance Centre (HPSC)
6a	Data Sign Off	Dr. Suzanne Cotter, HPSC
6b	Data Quality Issues	
7	Data Collection Frequency	Annually in September reporting cycle - 2020/2021 flu season
8	Tracer Conditions	
9	Minimum Data Set MDS	The number of health care workers in cohort and the number receiving the vaccine
10	International Comparison	National Policy receommends an uptake rate of at least 40% to ensure that community and population immunity is achieved and to provide individual protection.
11	KPI Monitoring	Annually
12	KPI Reporting Frequency	Annually
13	KPI Report Period	Annual Influenza Season 2020-2021
14	KPI Reporting Aggregation	National / CHO / LHO
15	KPI is reported in which reports?	National Service Plan / Management Data Report
16	Web link to data	http://www.hse.ie/eng/services/publications/performancereports/
17	Additional Information	Health Protection Surveillance Centrehttp://www.hpsc.ie/hpsc/AZ/VaccinePreventable/Vaccination/ImmunisationUptakeStatisticshpsc@hse.ie (01) 87635300
18	KPI owner/lead for implementation	Dr. Lucy Jessop, Director, National Immunisation Office.
19	NBIU data support	Siobhán O'Brien, Lead Data Analyst, Population Health & Wellbeing, siobhan.obrien2@hse.ie
20	National Clinical Director Health Protection	Dr. Lorraine Doherty, National Clinical Director of Health Protection

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1	KPI Title	HWB104- % of uptake in influenza vaccine for those aged 65 and older
1a	KPI Short Title	Uptake seasonal flu vaccine among people aged 65 plus
2	KPI Description	Total number and percentage of those aged 65 and older who have received seasonal influenza vaccine in the 2020-2021 influenza season.
3	KPI Rationale	Immunisation is a proven, safe and effective public health measure. Designed to monitor immunisation uptake rate against the target.
3a	Indicator Classification	Quality and Safety
4	National Target	2021 NSP Target: 75%. This is a Point in Time calculation
4a	Target	75%
4b	Volume Metrics	
5	KPI Calculation	Numerator is number of doses of vaccine given as recorded on PCERS. Denominator is data from ONS population in Irleand aged 65+ year
6	Data Source	Sourced from PCRS and reported on by the Health Protection Surveillance Centre (HPSC)
6a	Data Sign Off	Dr. Suzanne Cotter, HPSC
6b	Data Quality Issues	First year PCERS can collect data on full population 65+. Assumes that all GPs submitted returns in a a timely manner in order to reflect accurate measurement of vaccination uptake
7	Data Collection Frequency	Annually
8	Tracer Conditions	
9	Minimum Data Set MDS	The number of those in cohort and the number receiving the vaccine.
10	International Comparison	The World Health Organisation and National Policy recommend an uptake of at least 75% to ensure that community and population immunities achieved and to provide individual protection.
11	KPI Monitoring	Annually
12	KPI Reporting Frequency	Annually
13	KPI Report Period	Annual Influenza Season 2020-2021
14	KPI Reporting Aggregation	National / CHO / LHO
15	KPI is reported in which reports?	National Service Plan / Management Data Report / Annual Report
16	Web link to data	http://www.hse.ie/eng/services/publications/performancereports/
17	Additional Information	Health Protection Surveillance Centrehttp://www.hpsc.ie/hpsc/AZ/VaccinePreventable/Vaccination/ImmunisationUptakeStatisticshpsc@hse.ie (01) 87635300
18	KPI owner/lead for implementation	Dr. Lucy Jessop, Director, National Immunisation Office.
19	NBIU data support	Siobhán O'Brien, Lead Data Analyst, Population Health & Wellbeing, siobhan.obrien2@hse.ie
20	National Clinical Director Health Protection	Dr. Lorraine Doherty, National Clinical Director of Health Protection

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1	KPI Title	HWB107- % of uptake of Flu vaccine to those aged 2-12 years old
1a	KPI Short Title	Uptake seasonal flu vaccine among those aged 2-12
2	KPI Description	Measured uptake of influenza vaccine in all 2-12 year olds across Ireland each influenza season- Oct-March each year
3	KPI Rationale	This is a new immunisation programme so is important to measure its uptake
3a	Indicator Classification	Quality and Safety
4	National Target	2021 NSP Target: 60%. This is a Point in Time calculation
4a	Target	60%
4b	Volume Metrics	N/A
5	KPI Calculation	Numerator- number of vaccines received by 2-12 year olds from PCERS claims data Denominator- CSO population data
6	Data Source	CSO for population data and PCERS for number of vaccines given
6a	Data Sign Off	Dr. Suzanne Cotter, HPSC
6b	Data Quality Issues	Assumes that all GPs submitted returns in a a timely manner in order to reflect accurate measurement of vaccination uptake
7	Data Collection Frequency	Annually
8	Tracer Conditions	
9	Minimum Data Set MDS	The number of vaccines given.
10	International Comparison	UK data- 50% for 2-4 year olds and up to 75% for primary school children
11	KPI Monitoring	Annual
12	KPI Reporting Frequency	Annual
13	KPI Report Period	Annual Influenza Season 2020-2021
14	KPI Reporting Aggregation	National
15	KPI is reported in which reports?	National Service Plan / Management Data Report / Annual Report / HPSC flu vaccine report
16	Web link to data	http://www.hse.ie/eng/services/publications/performancereports/
17	Additional Information	Health Protection Surveillance Centrehttp://www.hpsc.ie/hpsc/AZ/VaccinePreventable/Vaccination/ImmunisationUptakeStatisticshpsc@hse.ie (01) 87635300
18	KPI owner/lead for implementation	Dr. Lucy Jessop, Director, National Immunisation Office.
19	NBIU data support	Siobhán O'Brien, Lead Data Analyst, Population Health & Wellbeing, siobhan.obrien2@hse.ie
20	National Clinical Director Health Protection	Dr. Lorraine Doherty, National Clinical Director of Health Protection

Pι	ıblic Health	
1	KPI Title	HWB24- Number of infectious disease (ID) outbreaks notified under the national ID reporting schedule
1a	KPI Short Title	No. infectious disease outbreaks
2	KPI Description	Total number of outbreaks of infection (sysptomatic and asymptomatic for each disease and or pathogen) notified each quarter compared, on an HSE-Area basis, with the equivalent quarter and year to date period in the previous year.
3	KPI Rationale	Outbreaks of infectious diseases are an important cause of illness in the Irish population. While some of the pathogens responsible produce relatively mild illness, others, such as VTEC, Tuberculosis, Meningococcal disease, Measles and Legionellosis, can result in severe illness, disability and death. In addition, such outbreaks place a significant financial burden on patients, their families, the health system and the State.
3а	Indicator Classification	Quality and Safety
4	National Target	2021 NSP Target: 1,500. This is a cumulative calculation
4a	Target	1,500
4b	Volume Metrics	
5	KPI Calculation	Count
6	Data Source	Outbreak Surveillance System
6a	Data Sign Off	Dr. Suzanne Cotter, HPSC
6b	Data Quality Issues	None
7	Data Collection Frequency	Quarterly
8	Tracer Conditions	Outbreak case of infection (sysptomatic and asymptomatic for each disease and or pathogen) notified
9	Minimum Data Set MDS	Meets criteria for outbreak
10	International Comparison	WHO and Similar in other EU countries
11	KPI Monitoring	Quarterly
12	KPI Reporting Frequency	Quarterly
13	KPI Report Period	Quarterly
14	KPI Reporting Aggregation	National
15	KPI is reported in which reports?	National Service Plan / Management Data Report / Annual Report
16	Web link to data	http://www.hse.ie/eng/services/publications/performancereports/
17	Additional Information	
18	KPI owner/lead for implementation	Dr. John Cuddihy, Acting Director HPSC
19	NBIU data support	Siobhán O'Brien, Lead Data Analyst, Population Health & Wellbeing, siobhan.obrien2@hse.ie
20	National Clinical Director Health Protection	Dr. Lorraine Doherty, National Clinical Director of Health Protection