Health Service Executive
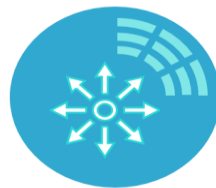
Palliative Care Service
Key Performance Indicator
Metadata 2023

Palliative Care Inpatient Palliative Care Services

1	**KPI Title**	PAC1A Access to specialist inpatient bed within seven days during the reporting year
1a	**KPI Short Title**	
2	**KPI Description**	This is a calculation of the number of patients who were admitted to a specialist inpatient palliative care bed within seven days of referral or request for transfer expressed as a proportion of all patients admitted to a specialist inpatient bed in the reporting month multiplied by 100. For the purpose of this metric return, the services submit the relevant numbers with the percentage calculated by the BIU.A referral is defined as a request for a service to be provided to a specific person. It is usually in writing but not necessarily so. An enquiry or request for information is not in itself a referral. If an enquiry subsequently leads to a request for service, the latter is the referral. There are two types of referral - Type 1 Active; Type 2 Inactive (pending or deferred or prospective). 1) Active: An active patient referral is in respect of a patient who is available to immediately take up the offer of service. The term active is used to distinguish referrals that request a service to start as soon as possible from the common situation in palliative care whereby referrals are made in a prospective manner i.e.made in advance for a service that may be required at some stage in the future. 2) Inactive: An inactive patient referral is in respect of a patient who is not available to take up the offer of service. These referrals should not be considered active until a service has been formally requested and the patient is available to take up the service. Following referral / request for transfer the patient is triaged / assessed by the specialist palliative care clinical lead before suitability for admission is agreed. Wait time (in number of days) to admission is calculated from the date of referral / request for transfer to the date of admission to the specialist palliative care inpatient unit . Each day (inclusive of weekends and bank holidays) that the patient waits to be admitted is counted, with wait times categorised as follows: 0-7 days; 8-14 days; 15-28 days; greater than 28 days. Note it is important not to include prospective (ie.inactive, pending, or deferred) referrals as active referrals when wait times are being calculated as the time of initial prospective referral will artificially lengthen wait times.
3	**KPI Rationale**	To determine the proportion (percentage) of patients accessing specialist inpatient beds within seven days.
3a	**Indicator Classification**	Access & Integration
4	**National Target**	NSP 2023 Target - 98% - Target Cumulative
4a	**Target Trajectory**	98%
4b	**Volume Metrics**	N/A
5	**KPI Calculation**	Count the number of patients admitted to a specialist inpatient bed within seven days of assessment / request for transfer and express it as a proportion of the overall number of patients admitted to specialist inpatient beds in the reporting period and multiply by 100. Example, 200 patients were admitted to specialist inpatient beds in the reporting month i.e.of these 154 patients waited 0-7 days, 35 patients waited 8-14 days, 5 patients waited 15-28 days & 6 patients waited >28 days for admission. Calculation for access within seven days is as follows: 154 / (154+35+5+6) →154/(200) → 0.770, multiplied by 100 = 77%. For the purpose of this metric return, the services submit the relevant numbers with the percentage calculated by the BIU.
6	**Data Source**	Data is sourced by the specialist palliative care units who forward to their Community Healthcare Organisation (CHO). The CHO submits the validated data to the Business Information Unit (BIU) Community Healthcare Team.
6a	**Data Sign Off**	Chief Officer, Community Healthcare Organisation
6b	**Data Quality Issues**	Data quality issues are addressed as they arise along the data pathway
7	**Data Collection Frequency**	Monthly
8	**Tracer Conditions**	The number of people admitted to specialist palliative care inpatient units and wait times for admission in particular wait time 0-7 days. .
9	**Minimum Data Set MDS**	The number of people admitted to specialist palliative care inpatient units and wait times for admission in particular wait time 0-7 days.
10	**International Comparison**	http://www.ncpc.org.uk/mds
11	**KPI Monitoring**	Monthly
12	**KPI Reporting Frequency**	Monthly
13	**KPI Report Period**	Current (e.g. monthly data reported by the 10th of the following month)
14	**KPI Reporting Aggregation**	National / CHO / LHO/ Institution
15	**KPI is reported in which reports?**	Performance Report/Management Data Report
16	**Web link to data**	http://www.hse.ie/eng/services/publications/
17	**Additional Information**	
	KPI owner/lead for implementation	
	NBIU Data Support	Sharon Craig, Lead Data Analyst, Palliative Care, 0876034769, sharon.craig@hse.ie
	Governance/sign off	Maurice Dillion, National Lead for Palliative Care, Integrated Operations - Planning

Palliative Care Inpatient Palliative Care Services

1	**KPI Title**	PAC33 Number accessing specialist inpatient bed within seven days (during the reporting year)
1a	**KPI Short Title**	http://www.hse.ie/eng/services/publications/
2	**KPI Description**	
3	**KPI Rationale**	
3a	**Indicator Classification**	
4	**National Target**	NSP 2023 Target - 4,000 - Target Cumulative
4a	**Target Trajectory**	CHO 1 - 324, CHO 2 - 480, CHO 3 - 516, CHO 4 - 936, CHO 5 -276, CHO 6 - 372, CHO 7 - 592, CHO 8 - (no service), CHO 9 - 504
4b	**Volume Metrics**	N/A
5	**KPI Calculation**	Count the total number of patients accessing specialist palliative care inpatient beds within seven days of referral / request for transfer.
6	**Data Source**	Data is sourced by the specialist palliative care units who forward to their Community Healthcare Organisation (CHO). The CHO submits the validated data to the Business Information Unit (BIU) Community Healthcare Team.
6a	**Data Sign Off**	Chief Officer, Community Healthcare Organisation
6b	**Data Quality Issues**	Data quality issues are addressed as they arise along the data pathway.
7	**Data Collection Frequency**	Monthly
8	**Tracer Conditions**	The number of people admitted to specialist palliative care inpatient units within seven days of referral / request for transfer.
9	**Minimum Data Set MDS**	The number of people admitted to specialist palliative care inpatient units within seven days of referral / request for transfer.
10	**International Comparison**	http://www.ncpc.org.uk/mds
11	**KPI Monitoring**	Monthly
12	**KPI Reporting Frequency**	Monthly
13	**KPI Report Period**	Current (e.g. monthly data reported by the 10th of the following month)
14	**KPI Reporting Aggregation**	National / CHO / LHO / Institution
15	**KPI is reported in which reports?**	Management Data Report
16	**Web link to data**	http://www.hse.ie/eng/services/publications/
17	**Additional Information**	
	KPI owner/lead for implementation	
	NBIU Data Support	Sharon Craig, Lead Data Analyst, Palliative Care, 0876034769, sharon.craig@hse.ie
	Governance/sign off	Maurice Dillion, National Lead for Palliative Care, Integrated Operations - Planning

Palliative Care Inpatient Palliative Care Services

1	**KPI Title**	PAC34 Percentage of patients triaged within one working day of referral (Inpatient Unit)
1a	**KPI Short Title**	
2	**KPI Description**	This is a calculation of the number of patients triaged within one working day of referral or request for transfer expressed as a proportion of all patients referred / requesting transfer in the reporting month multiplied by 100. For the purpose of this metric return, the services submit the relevant numbers with the percentage calculated by the BIU. A referral is defined as a request for a service to be provided to a specific person. It is usually in writing but not necessarily so. An enquiry or request for information is not in itself a referral. If an enquiry subsequently leads to a request for service, the latter is the referral. Triage is defined as the examination of the patient referral form, patient notes, scans and reports to ascertain the appropriate timeframe for delivery of specialist palliative care inpatient services to a patient. All patients are triaged. The triage categories are as follows:Category 1: This is an urgent referral where the patient is in severe physical, psychosocial or spiritual distress and not responding to current management or standard protocols of care or rapidly deteriorating or imminently dyingCategory 2: This is an early referral where the patient has poorly controlled symptoms or a prognosis of only short weeks or acute psychosocial stressorsCategory 3: This is a routine referral where the patient's current symptoms and available supports or care are such that the situation is reasonably stable. The patient triaged to Category 3 should be visited within 2 weeks from receipt of referral. Time to triage is calculated by counting the number of days (working days i.e. Monday to Friday excluding week ends and bank holidays i.e. based on 5 / 7 days of service provision) from receipt of referral, or request for patient transfer into service, to date of triage
3	**KPI Rationale**	To determine the proportion (percentage) of referred patients triaged within a specific and appropriate timeframe of one working day.
3a	**Indicator Classification**	Quality & Safety
4	**National Target**	N/A
4a	**Target Trajectory**	N/A
4b	**Volume Metrics**	N/A
5	**KPI Calculation**	Count the number of patients triaged within one working day of referral or request for transfer and express it as a proportion of all patients referred / requesting transfer in the reporting month and multiply by 100. Example: Total number of referrals received = 90,Total number of these referrals triaged within 1 working day = 78 Calculation: (78/90) x100 = 86.7% For the purpose of this metric return, the services submit the relevant numbers with the percentage calculated by the BIU.
6	**Data Source**	Data is sourced by the specialist palliative care units who forward to their Community Healthcare Organisation (CHO). The CHO submits the validated data to the Business Information Unit (BIU) Community Healthcare Team.
6a	**Data Sign Off**	Chief Officer, Community Healthcare Organisation
6b	**Data Quality Issues**	Data quality issues are addressed as they arise along the data pathway.
7	**Data Collection Frequency**	Monthly
8	**Tracer Conditions**	The number of people triaged within one working day of referral and the total number of people referred / requesting transfer in the reporting month.
9	**Minimum Data Set MDS**	The number of people triaged within one working day of referral and the total number of people referred / requesting transfer in the reporting month.
10	**International Comparison**	http://www.ncpc.org.uk/mds-annual-questionnaires
11	**KPI Monitoring**	Monthly
12	**KPI Reporting Frequency**	Monthly
13	**KPI Report Period**	Current (eg. monthly data reported by the 10th of the following month)
14	**KPI Reporting Aggregation**	National / CHO / LHO / Institution
15	**KPI is reported in which reports?**	Management Data Report
16	**Web link to data**	http://www.hse.ie/eng/services/publications/
17	**Additional Information**	
	KPI owner/lead for implementation	
	NBIU Data Support	Sharon Craig, Lead Data Analyst, Palliative Care, 0876034769, sharon.craig@hse.ie
	Governance/sign off	Maurice Dillion, National Lead for Palliative Care, Integrated Operations - Planning

Palliative Care Community Palliative Care Services

1	**KPI Title**	PAC14 No. of patients who received specialist palliative care treatment in their normal place of residence in the month
1a	**KPI Short Title**	
2	**KPI Description**	This is a count of the total number of patients who received specialist palliative care in the community during the reporting month. Specialist palliative care in the community is care provided to patients in their normal place of residence i.e. their home, carers home, nursing home, community nursing unit, community hospital, district hospital etc. All patients in receipt of specialist palliative care in the community home care on the first day of the month and all new patients who received a first face to face visit during the month are included with each patient counted once only in the reporting month.
3	**KPI Rationale**	To determine the total number of patients who received specialist palliative care in the community (home care) during the reporting month.
3a	**Indicator Classification**	Access and Integration
4	**National Target**	NSP 2023 - 3,484 - Target PIT
4a	**Target Trajectory**	CHO 1 - 307, CHO 2 - 443, CHO 3 - 434, CHO 4 - 559, CHO 5 - 462, CHO 6 - 267, CHO 7 - 302, CHO 8 - 375, CHO 9 - 335
4b	**Volume Metrics**	N/A
5	**KPI Calculation**	Count the total number of patients who received specialist palliative care in the community (home care) during the reporting month.
6	**Data Source**	Data is sourced by the specialist palliative care units who forward to their Community Healthcare Organisation (CHO). The CHO submits the validated data to the Business Information Unit (BIU) Community Healthcare Team.
6a	**Data Sign Off**	Chief Officer, Community Healthcare Organisation
6b	**Data Quality Issues**	Data quality issues are addressed as they arise along the data pathway.
7	**Data Collection Frequency**	Monthly
8	**Tracer Conditions**	The number of people who received specialist palliative care services (home care) in the community in the reporting month.
9	**Minimum Data Set MDS**	The number of people who received specialist palliative care services (home care) in the community in the reporting month.
10	**International Comparison**	http://www.ncpc.org.uk/mds
11	**KPI Monitoring**	Monthly
12	**KPI Reporting Frequency**	Monthly
13	**KPI Report Period**	Current (e.g. monthly data reported by the 10th of the following month)
14	**KPI Reporting Aggregation**	National / CHO / LHO
15	**KPI is reported in which reports?**	Performance Report/Management Data Report
16	**Web link to data**	http://www.hse.ie/eng/services/publications/
17	**Additional Information**	
	KPI owner/lead for implementation	
	NBIU Data Support	Sharon Craig, Lead Data Analyst, Palliative Care, 0876034769, sharon.craig@hse.ie
	Governance/sign off	Maurice Dillion, National Lead for Palliative Care, Integrated Operations - Planning

Palliative Care Community Palliative Care Services

1	**KPI Title**	PAC36 Percentage of patients triaged within one working day of referral (Community)
1a	**KPI Short Title**	
2	**KPI Description**	This is a calculation of the number of patients triaged within one working day of referral or request for patient transfer to service expressed as a proportion of all patients referred / requesting transfer in the reporting month multiplied by 100. A referral is defined as a request for a service to be provided to a specific person. It is usually in writing but not necessarily so. An enquiry or request for information is not in itself a referral. If an enquiry subsequently leads to a request for service, the latter is the referral. Triage is defined as the examination of the patient referral form, patient notes, scans and reports to ascertain the appropriate timeframe for delivery of specialist palliative care in the community. All patients are triaged. The triage categories are as follows:Category 1: This is an urgent referral where the patient is in severe physical, psychosocial or spiritual distress and not responding to current management or standard protocols of care or rapidly deteriorating or imminently dyingCategory 2: This is an early referral where the patient has poorly controlled symptoms or a prognosis of only short weeks or acute psychosocial stressorsCategory 3: This is a routine referral where the patient's current symptoms and available supports or care are such that the situation is reasonably stable. The patient triaged to Category 3 should be visited within 2 weeks from receipt of referral.Time to triage is calculated by counting the number of days (working days i.e. Monday to Friday excluding week ends and bank holidays i.e. based on 5 / 7 days of service provision) from receipt of referral, or request for patient transfer into service, to date of triage.
3	**KPI Rationale**	To determine the proportion (percentage) of referred patients triaged within the specific and appropriate timeframe of one working day.
3a	**Indicator Classification**	Quality & Safety
4	**National Target**	NSP 2023 - 96% - Target Cumulative
4a	**Target Trajectory**	96%
4b	**Volume Metrics**	N/A
5	**KPI Calculation**	Count the number of patients triaged within one working day of referral / request for transfer, and express it as a proportion of all patients referred / requesting transfer in the reporting month. Example: Total number of referrals / requests for transfer received = 90,Total number of these referrals triaged within 1 working day= 78Calculation: (78 / 90) x 100 = 86.7% For the purpose of this metric return, the services submit the relevant numbers with the percentage calculated by the BIU.
6	**Data Source**	Data is sourced by the specialist palliative care units who forward to their Community Healthcare Organisation (CHO). The CHO submits the validated data to the Business Information Unit (BIU) Community Healthcare Team.
6a	**Data Sign Off**	Chief Officer, Community Healthcare Organisation
6b	**Data Quality Issues**	Data quality issues are addressed as they arise along the data pathway.
7	**Data Collection Frequency**	Monthly
8	**Tracer Conditions**	The number of people triaged within one working day of referral / request for transfer and the total number of partients referred / requesting transfer in the reporting month.
9	**Minimum Data Set MDS**	The number of people triaged within one working day of referral / request for transfer and the total number of partients referred / requesting transfer in the reporting month.
10	**International Comparison**	http://www.ncpc.org.uk/mds-annual-questionnaires
11	**KPI Monitoring**	Monthly
12	**KPI Reporting Frequency**	Monthly
13	**KPI Report Period**	Current (e.g. monthly data reported by the 10th of the following month)
14	**KPI Reporting Aggregation**	National / CHO / LHO
15	**KPI is reported in which reports?**	Management Data Report
16	**Web link to data**	http://www.hse.ie/eng/services/publications/
17	**Additional Information**	
	KPI owner/lead for implementation	
	NBIU Data Support	Sharon Craig, Lead Data Analyst, Palliative Care, 0876034769, sharon.craig@hse.ie
	Governance/sign off	Maurice Dillion, National Lead for Palliative Care, Integrated Operations - Planning

Palliative Care Community Palliative Care Services

1	**KPI Title**	PAC9A Access to specialist palliative care services in the community provided within seven days (normal place of residence)
1a	**KPI Short Title**	
2	**KPI Description**	This is a calculation of the number of patients accessing specialist palliative care services in their normal place of residence, in the community, within seven days of referral or request for transfer expressed as a proportion of the overall number of patients accessing these services within the reporting month multiplied by 100. For the purpose of this metric return, the services submit the relevant numbers with the percentage calculated by the BIU.Home is defined as the patient's normal place of residence i.e. where he / she lives, and may include his / her home, carers home, nursing home, community nursing unit, community hospital, district hospital etc. A referral is defined as a request for a service to be provided to a specific person. It is usually in writing but not necessarily so. An enquiry or request for information is not in itself a referral. If an enquiry subsequently leads to a request for service, the latter is the referral. There are two types of referral - Type 1 Active; Type 2 Inactive (pending or deferred or prospective). 1) Active: An active patient referral is in respect of a patient who is available to immediately take up the offer of service. The term active is used to distinguish referrals that request a service to start as soon as possible from the common situation in palliative care whereby referrals are made in a prospective manner i.e. made in advance for a service that may be required at some stage in the future. 2) Inactive: An inactive patient referral is in respect of a patient who is not available to take up the offer of service straight away. This referral group should not be considered to be active until a service has been formally requested and the patient is available to take up the service. Following referral / request for transfer the patient is triaged / assessed by the specialist palliative care clinical lead before suitability for services in the community is agreed. Time to access services is counted as the number of days (all days) from referral, or request for transfer, to the date of the first face to face home care visit. There are four wait time categories i.e. 0-7 days; 8-14 days; 15-28 days; greater than 28 days.Note it is important not to include prospective (ie.inactive, pending, or deferred) referrals as active referrals when wait times are being calculated as the time of initial prospective referral will artificially lengthen wait times.
3	**KPI Rationale**	To determine the proportion (percentage) of patients accessing specialist palliative care services in the community within seven days of referral / request for transfer.
3a	**Indicator Classification**	Access and Integration
4	**National Target**	NSP 2023 - 80% - Target Cumulative
4a	**Target Trajectory**	80%
4b	**Volume Metrics**	N/A
5	**KPI Calculation**	Count the number of patients who accessed specialist palliative care services in their normal place of residence, in the community, within seven days of referral and express it as a proportion of the overall number of patients accessing these services within the reporting period and multiply by 100. Example 200 patients accessed specialist palliative care services in the community in the reporting month, of these 154 patients waited 0-7 days, 35 patients waited 8-14 days, 5 patients waited 15-28 days & 6 patients waited >28 days for first face to face visit. Calculation for access within seven days is as follows: 154 / (154+35+5+6) →154 / (200) → 0.770, multiplied by 100 = 77%. For the purpose of this metric return, the services submit the relevant numbers with the percentage calculated by the BIU.
6	**Data Source**	Data is sourced by the specialist palliative care units who forward to their Community Healthcare Organisation (CHO). The CHO submits the validated data to the Business Information Unit (BIU) Community Healthcare Team.
6a	**Data Sign Off**	Chief Officer, Community Healthcare Organisation
6b	**Data Quality Issues**	Data quality issues are addressed as they arise along the data pathway.
7	**Data Collection Frequency**	Monthly
8	**Tracer Conditions**	The overall number of people accessing specialist palliative care services in the community and wait times to access these services in particular wait time 0 - 7 days.
9	**Minimum Data Set MDS**	The overall number of people accessing specialist palliative care services in the community and wait times to access these services in particular wait C27 time 0 - 7 days.
10	**International Comparison**	http://www.ncpc.org.uk/mds
11	**KPI Monitoring**	Monthly
12	**KPI Reporting Frequency**	Monthly
13	**KPI Report Period**	Current (e.g. monthly data reported by the 10th of the following month)
14	**KPI Reporting Aggregation**	National / CHO / LHO
15	**KPI is reported in which reports?**	Performance Report/Management Data Report
16	**Web link to data**	http://www.hse.ie/eng/services/publications/
17	**Additional Information**	
	KPI owner/lead for implementation	
	NBIU Data Support	Sharon Craig, Lead Data Analyst, Palliative Care, 0876034769, sharon.craig@hse.ie
	Governance/sign off	Maurice Dillion, National Lead for Palliative Care, Integrated Operations - Planning

Palliative Care Children's Palliative Care Services

1	**KPI Title**	PAC37 No. of children in the care of the Clinical Nurse Co-ordinator for Children with Life Limiting Conditions (children's outreach nurse)
1a	**KPI Short Title**	
2	**KPI Description**	This is a count of the total number of children who were on the active patient list of the children's outreach nurse (clinical nurse co-ordinator) in the reporting month. It includes children on the list on the first day of the month plus new children plus transfers accepted and receiving active care during the reporting month.
3	**KPI Rationale**	To determine the number of children / families being supported by the service and to assist in service planning.
3a	**Indicator Classification**	Access and Integration
4	**National Target**	NSP 2023 - 320 - Target PIT
4a	**Target Trajectory**	CHO 1 - 41, CHO 2 - 35, CHO 3 - 40, CHO 4 - 46, CHO 5 - 33, CHO 6 - 18, CHO 7 - 40, CHO 8 - 33, CHO 9 - 34
4b	**Volume Metrics**	N/A
5	**KPI Calculation**	Count the total number of children in the active care of the children's outreach nurse (clinical nurse co-ordinator) during the reporting month.
6	**Data Source**	Data is sourced by the children's outreach nurse (clinical nurse co-ordinator). submits it to the Business Information Unit (BIU) Community Healthcare Team.
6a	**Data Sign Off**	Chief Officer, Community Healthcare Organisation
6b	**Data Quality Issues**	Data quality issues are addressed as they arise along the data pathway.
7	**Data Collection Frequency**	Monthly
8	**Tracer Conditions**	The number of children in the active care of the childrens outreach nurse (clinical nurse co-ordinator) in the reporting month.
9	**Minimum Data Set MDS**	The number of children in the active care of the childrens outreach nurse (clinical nurse co-ordinator) in the reporting month.
10	**International Comparison**	No
11	**KPI Monitoring**	Monthly
12	**KPI Reporting Frequency**	Monthly
13	**KPI Report Period**	Current (e.g. monthly data reported by the 10th of the following month)
14	**KPI Reporting Aggregation**	National / CHO / LHO
15	**KPI is reported in which reports?**	Management Data Report
16	**Web link to data**	http://www.hse.ie/eng/services/publications/
17	**Additional Information**	
	KPI owner/lead for implementation	
	NBIU Data Support	Sharon Craig, Lead Data Analyst, Palliative Care, 0876034769, sharon.craig@hse.ie
	Governance/sign off	Maurice Dillion, National Lead for Palliative Care, Integrated Operations - Planning

Palliative Care Children's Palliative Care Services

1	**KPI Title**	PAC39 Number of children in the care of the acute specialist paediatric palliative care team (during the reporting month)
1a	**KPI Short Title**	
2	**KPI Description**	This is a count of the total number of children who received care from the Specialist Paediatric Palliative Care Teams in Our Lady's Children's Hospital Crumlin and Children's University Hospital Temple Street during the reporting month. The Specialist Paediatric Palliative Care Teams in Our Lady's Children's Hospital Crumlin and Children's University Hospital Temple Street provide care to children in the hospital and support to former patients and their families living at home. The total number of children recorded at Our Lady's Children's Hospital, Crumlin and Children's University Hospital Temple Street include all children under the care of the Consultant Paediatrician with a Special Interest in Palliative Medicine and may be resident anywhere in the country.
3	**KPI Rationale**	To determine the number of new children / families being supported by the service and to assist in service planning.
3a	**Indicator Classification**	Access and Integration
4	**National Target**	NSP 2023 - 60 - Target PIT
4a	**Target Trajectory**	Children's Health Ireland at Crumlin (46) Children's Health Ireland at Temple Street (14)
4b	**Volume Metrics**	N/A
5	**KPI Calculation**	Count the total number of children in the care of the specialist palliative care teams Our Lady's Children's Hospital Crumlin and Children's University Hospital Temple Street in the reporting month.
6	**Data Source**	Data is sourced by the Specialist Palliative Care teams who submit it to the Business Information Unit (BIU) Community Healthcare Team.
6a	**Data Sign Off**	Chief Officer, Community Healthcare Organisation
6b	**Data Quality Issues**	Data quality issues are addressed as they arise along the data pathway.
7	**Data Collection Frequency**	Monthly
8	**Tracer Conditions**	Children in the care of the specialist palliative care teams Our Lady's Children's Hospital, Crumlin and Children's University Hospital Temple Street in the reporting month.
9	**Minimum Data Set MDS**	Children in the care of the specialist palliative care teams Our Lady's Children's Hospital, Crumlin and Children's University Hospital Temple Street in the reporting month.
10	**International Comparison**	None
11	**KPI Monitoring**	Monthly
12	**KPI Reporting Frequency**	Monthly
13	**KPI Report Period**	Current (e.g. monthly data reported by the 10th of the following month)
14	**KPI Reporting Aggregation**	National / Hospital
15	**KPI is reported in which reports?**	Management Data Report
16	**Web link to data**	http://www.hse.ie/eng/services/publications/
17	**Additional Information**	
	KPI owner/lead for implementation	
	NBIU Data Support	Sharon Craig, Lead Data Analyst, Palliative Care, 0876034769, sharon.craig@hse.ie

| Governance/sign off | Maurice Dillion, National Lead for Palliative Care, Integrated Operations - Planning |

Palliative Care LauraLynn

1	KPI Title
1a	KPI Short Title
2	KPI Description
3	KPI Rationale
3a	Indicator Classification
4	National Target
4a	Target Trajectory
4b	Volume Metrics
5	KPI Calculation
6	Data Source
6a	Data Sign Off
6b	Data Quality Issues
7	Data Collection Frequency
8	Tracer Conditions
9	Minimum Data Set MDS
10	International Comparison
11	KPI Monitoring
12	KPI Reporting Frequency
13	KPI Report Period
14	KPI Reporting Aggregation
15	KPI is reported in which reports?
16	Web link to data
17	Additional Information
	KPI owner/lead for implementation
	NBIU Data Support
	Governance/sign off

PAC54 No of admissions to LauraLynn Children's Hospice (during the reporting year)

This is the total number of admissions to LauraLynn House (during the reporting year). There are two types of admissions: 1) Planned: for short-break/respite or 2) Unplanned: For Crisis, Symptom Managment or End of Life Care
The term refers to all admissions for children/family units for stays in LauraLynn House, and does not refer to new referrals admitted to the service

To determine the number of patients who received care at LauraLynn childrens hospice and their home location throughout the country

Person Centred Care, Effective Care

NSP 2023 - 456 - Target Cumulative

N/A

Total number of children who were admitted to LauraLynn during the month plus total number of new children who were admitted to LauraLynn during the month

Information is sourced by LauraLynn childrens hospice who forward to BIU office Business Intelligence Unit and copy to CHO Business Unit. Data Completeness is expected at 100%. Data quality issues are addressed as they arise

Data quality issues are addressed as they arise

Monthly

The numbers of persons diagnosed with problems associated with a Life threatening illness (not nescessarily Cancer) wo received services in LauraLynn childrens Hospice

The required minuimum dataset for receipt of treatment is the Referral form with standard demographic information, Diagnosis, Treatment record, referral reason. The patient then receives a Specialist palliative care medical team assessment before suitability for admission is agreed and when wait time commences.

No

Monthly

Monthly

Current (e.g. monthly data reported by the 10th of the following month)

National / CHO / LHO

Management Data Report

http://www.hse.ie/eng/services/publications/

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Maurice Dillion, National Lead for Palliative Care, Integrated Operations - Planning