Health Service

KPI Metadata 2014

Acute Services,QPS, NCCP & NAS

based on Division Operational Plan NSP 2014

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

KPI Metadata Guidelines 2014

Acute Division

#		
1	**KPI title**	Bed Compliment - In-patient beds.
2	**KPI Description**	The hospital inpatient bed complement is the number of beds for the admission of inpatients to the hospital and is made up of the total number of "available" and "temporarily unavailable" staffed beds. Available Beds are beds which are currently occupied or ready for occupation while Temporary Unavailable Beds are beds which would qualify as available in all other respects but are temporarily unavailable due to redecoration, quarantine or lack of staff and will be back in use within a specified period.
3	**KPI Rationale**	To track the number of in-patient beds funded in a hospital for use by inpatients.
	Indicator Classification	Please tick Indicator Classification this indicator applies to:
		❑ Person Centred Care ☑ Effective Care ❑ Safe Care
		❑ Better Health and Wellbeing ❑ Use of Information ❑ Workforce
		☑ Use of Resources ❑ Governance, Leadership and Management
4	**KPI Target**	NSP 2014: In-patient beds Nationally 11,513 (DNE HG 1,642, DM HG 2,294, DE HG 2,271, SSW HG 2,238, WNW HG 1,868, UL Hospitals 797, Childrens HG 403).
5	**KPI Calculation**	Count
6	**Data Source**	Sourced from Hospitals
	Data Completeness	Coverage all acute hospitals 100%
	Data Quality Issues	All acute hospitals reporting
7	**Data Collection Frequency**	Indicate how often the data to support the KPI will be collected:
		❑Daily ❑Weekly √Monthly ❑Quarterly ❑Bi-annually ❑Annually ❑Other – give details:
8	**Tracer Conditions**	As per description no. 2 above
9	**Minimum Data Set**	BIU – Acute MDR
10	**International Comparison**	Yes, this is an internationally recognised metric (AUS, CAN, GB, ECHI)
11	**KPI Monitoring**	KPI will be monitored :
		❑Daily ❑Weekly ☑ Monthly ❑Quarterly ❑Bi-annually ❑Annually ❑Other – give details:
		Please indicate who is responsible at a local level for monitoring this KPI: Hospital Manager
12	**KPI Reporting Frequency**	Indicate how often the KPI will be reported:
		❑Daily ❑Weekly ☑ Monthly ❑Quarterly ❑Bi-annually ❑Annually ❑Other – give details:
13	**KPI report period**	Indicate the period to which the data applies
		❑ Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity)
		☑ Monthly in arrears (June data reported in July)
		❑ Quarterly in arrears (quarter 1 data reported in quarter 2)
		❑ Rolling 12 months (previous 12 month period)
		❑ Other – give details:
14	**KPI Reporting Aggregation**	Indicate the level of aggregation – for example over a geographical location:
		☑ National ☑ Regional ❑ LHO Area ☑ Hospital
		❑ County ❑ Institution Other – give details:
15	**KPI is reported in which reports?**	Indicate where the KPI will be reported:
		☑ Performance Assurance Report (NSP) ☑ CompStat ❑Other – give details:
16	**Web link to data**	http://www.hse.ie/eng/services/Publications/corporate/performanceassurancereports/
17	**Additional Information**	
	Contact details for Data Manager /Specialist Lead	Derek McCormack, BIU Acute, Tel: 01 620 1690 E:Derek.mccormack@hse.ie
	National Lead and Division	Dr Tony O'Connell, National Director Acute Hospitals Division, Dr. Steevens Hospital, Dublin 8. Tel 01-635 2000.

	Acute Division	
1	**KPI title**	Bed Compliment - Day Beds/ Places
2	**KPI Description**	The hospital day case bed/place complement is the number of beds for the admission of day cases to the hospital and is made up of the total number of "available" and "temporarily unavailable" staffed beds. Day Beds/Places provide areas for day cases (patients admitted for a medical procedure or surgery in the morning and released before the evening). Surgical day cases refer to patients who are given invasive surgical treatment (elective surgeries only) which are carried out in a dedicated surgical unit or part of a hospital and which lead to discharge on the day of the operation.
3	**KPI Rationale**	To track the number of beds/places funded in a hospital designated as a Day bed/place, where day case treatments will take place.
	Indicator Classification	Please tick Indicator Classification this indicator applies to:
		❑ Person Centred Care ☑ Effective Care ❑ Safe Care
		❑ Better Health and Wellbeing ❑ Use of Information ❑ Workforce
		☑ Use of Resources ❑ Governance, Leadership and Management
4	**KPI Target**	NSP 2014: Day Beds/Places Nationally 2,063 (DNE HG 363, DM HG 325, DE HG 395, SSW HG 383, WNW HG 379, UL Hospitals 138, Childrens HG 80).
5	**KPI Calculation**	Count of day bed/places
6	**Data Source**	Sourced from Hospitals
	Data Completeness	Coverage all acute hospitals 100%
	Data Quality Issues	All acute hospitals reporting
7	**Data Collection Frequency**	Indicate how often the data to support the KPI will be collected:
		❑Daily ❑Weekly ☑ Monthly ❑Quarterly ❑Bi-annually ❑Annually ❑Other – give details:
8	**Tracer Conditions**	Day Bed/ Places suitable for day treatment
9	**Minimum Data Set**	BIU – Acute MDR
10	**International Comparison**	Yes, this is an internationally recognised metric (AUS, CAN, GB, ECHI)
11	**KPI Monitoring**	KPI will be monitored :
		❑Daily ❑Weekly ☑ Monthly ❑Quarterly ❑Bi-annually ❑Annually ❑Other – give details:
		Please indicate who is responsible at a local level for monitoring this KPI: Hospital Manager
12	**KPI Reporting Frequency**	Indicate how often the KPI will be reported:
		❑Daily ❑Weekly √Monthly ❑Quarterly ❑Bi-annually ❑Annually ❑Other – give details:
13	**KPI report period**	Indicate the period to which the data applies
		❑ Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity)
		☑ Monthly in arrears (June data reported in July)
		❑ Quarterly in arrears (quarter 1 data reported in quarter 2)
		❑ Rolling 12 months (previous 12 month period)
		❑ Other – give details:
14	**KPI Reporting Aggregation**	Indicate the level of aggregation – for example over a geographical location:
		☑ National ☑ Regional ❑ LHO Area ☑ Hospital
		❑ County ❑ Institution Other – give details:
15	**KPI is reported in which reports?**	Indicate where the KPI will be reported:
		☑ Performance AssuranceReport (NSP) ☑ CompStat ❑Other – give details:
16	**Web link to data**	http://www.hse.ie/eng/services/Publications/corporate/performanceassurancereports/
17	**Additional Information**	
Contact details for Data Manager /Specialist Lead		Derek McCormack, BIU Acute, Tel: 01 620 1690 E:Derek.mccormack@hse.ie
National Lead and Division		Dr Tony O'Connell, National Director Acute Hospitals Division, Dr. Steevens Hospital, Dublin 8. Tel 01-635 2000.

KPI Metadata Guidelines 2014

	Acute Division	
1	**KPI title**	Discharges Activity: Inpatient
2	**KPI Description**	Number of Inpatient discharges, includes numbers for adults and children. Inpatient: A patient admitted to hospital for treatment or investigation and is scheduled to stay for at least one night in the hospital.
3	**KPI Rationale**	To monitor hospital activity
	Indicator Classification	Please tick Indicator Classification this indicator applies to:
		❑ Person Centred Care ☑ Effective Care ❑ Safe Care
		❑ Better Health and Wellbeing ❑ Use of Information ❑ Workforce
		☑ Use of Resources ❑ Governance, Leadership and Management
4	**KPI Target/ Expected Activity**	Target 2014: Inpatient 591,699 Nationally (DNE HG 88,840, DM HG 96,545, DE HG 119,609, SSW HG 115,084, WNW HG 102,211, UL Hospitals 46,521, Childrens HG 22,889).
5	**KPI Calculation**	Count
6	**Data Source**	Sourced from Hospitals PAS systems
	Data Completeness	Coverage all acute hospitals 100%
	Data Quality Issues	All acute hospitals reporting
7	**Data Collection Frequency**	Indicate how often the data to support the KPI will be collected: ❑Daily ❑Weekly ☑Monthly ❑Quarterly ❑Bi-annually ❑Annually ❑Other – give details:
8	**Tracer Conditions**	Child and Adult Hospital In-patients
9	**Minimum Data Set**	BIU – Acute MDR
10	**International Comparison**	Yes, this is an internationally recognised metric (AUS, CAN, GB, ECHI)
11	**KPI Monitoring**	KPI will be monitored :
		❑Daily ❑Weekly ☑Monthly ❑Quarterly ❑Bi-annually ❑Annually ❑Other – give details:
		Please indicate who is responsible at a local level for monitoring this KPI: Hospital Manager
12	**KPI Reporting Frequency**	Indicate how often the KPI will be reported: ❑Daily ❑Weekly ☑Monthly ❑Quarterly ❑Bi-annually ❑Annually ❑Other – give details:
13	**KPI report period**	Indicate the period to which the data applies
		❑ Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity)
		☑ Monthly in arrears (June data reported in July)
		❑ Quarterly in arrears (quarter 1 data reported in quarter 2)
		❑ Rolling 12 months (previous 12 month period)
		❑ Other – give details:
14	**KPI Reporting Aggregation**	Indicate the level of aggregation – for example over a geographical location:
		☑ National ☑ Regional ❑ LHO Area ☑ Hospital
		❑ County ❑ Institution Other – give details:
15	**KPI is reported in which reports?**	Indicate where the KPI will be reported: ☑ Performance Assurance Report (NSP) ☑ CompStat ❑Other – give details:
16	**Web link to data**	http://www.hse.ie/eng/services/Publications/corporate/performanceassurancereports/
17	**Additional Information**	
Contact details for Data Manager /Specialist Lead		Derek McCormack, BIU Acute, Tel: 01 620 1690 E:Derek.mccormack@hse.ie
National Lead and Division		Dr Tony O'Connell, National Director Acute Hospitals Division, Dr. Steevens Hospital, Dublin 8. Tel 01-635 2000.

1	**KPI title**	Discharges Activity: Day Case
2	**KPI Description**	Day case – A patient who is admitted to hospital on an elective basis for care and/or treatment which does not require the use of a hospital bed overnight and who is discharged as scheduled.
3	**KPI Rationale**	To monitor hospital activity
	Indicator Classification	Please tick Indicator Classification this indicator applies to:
		❑ Person Centred Care ☑ Effective Care ❑ Safe Care
		❑ Better Health and Wellbeing ❑ Use of Information ❑ Workforce
		☑ Use of Resources ❑ Governance, Leadership and Management
4	**KPI Target/ Expected Activity**	NSP 2014: 797,328 Nationally (DNE HG 102,782, DM HG 193,979, DE HG 154,757, SSW HG 144,972, WNW HG 134,717, UL Hospitals 40,101, Childrens HG 26,021).
5	**KPI Calculation**	Count
6	**Data Source**	Sourced from Hospitals PAS systems
	Data Completeness	Coverage all acute hospitals 100%
	Data Quality Issues	All acute hospitals reporting
7	**Data Collection Frequency**	Indicate how often the data to support the KPI will be collected:
		❑Daily ❑Weekly ☑ Monthly ❑Quarterly ❑Bi-annually ❑Annually ❑Other – give details:
8	**Tracer Conditions**	Child and Adult Hospital Day Cases
9	**Minimum Data Set**	BIU – Acute MDR
10	**International Comparison**	Yes, this is an internationally recognised metric (AUS, CAN, GB, ECHI)
11	**KPI Monitoring**	KPI will be monitored :
		❑Daily ❑Weekly ☑ Monthly ❑Quarterly ❑Bi-annually ❑Annually ❑Other – give details:
		Please indicate who is responsible at a local level for monitoring this KPI: Hospital Manager
12	**KPI Reporting Frequency**	Indicate how often the KPI will be reported:
		❑Daily ❑Weekly ☑ Monthly ❑Quarterly ❑Bi-annually ❑Annually ❑Other – give details:
13	**KPI report period**	Indicate the period to which the data applies
		❑ Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity)
		☑ Monthly in arrears (June data reported in July)
		❑ Quarterly in arrears (quarter 1 data reported in quarter 2)
		❑ Rolling 12 months (previous 12 month period)
		❑ Other – give details:
14	**KPI Reporting Aggregation**	Indicate the level of aggregation – for example over a geographical location:
		☑ National ☑ Regional ❑ LHO Area √Hospital
		❑ County ❑ Institution ☑ Other – give details:
15	**KPI is reported in which reports?**	Indicate where the KPI will be reported:
		☑ Performance Assurance Report (NSP) ☑ CompStat ❑Other – give details:
16	**Web link to data**	http://www.hse.ie/eng/services/Publications/corporate/performanceassurancereports/
17	**Additional Information**	
Contact details for Data Manager		Derek McCormack, BIU Acute, Tel: 01 620 1690 E:Derek.mccormack@hse.ie
National Lead and Division		Dr Tony O'Connell, National Director Acute Hospitals Division, Dr. Steevens Hospital, Dublin 8. Tel 01-635 2000.

	KPI Metadata Guidelines 2014	
	Emergency Care	
1	**KPI title**	Number of New Emergency Department attendances
2	**KPI Description**	Total number of new patients who present themselves to hospital Emergency Department. An emergency department (ED), also known as accident & emergency (A&E), emergency room (ER), or casualty department, is a medical treatment facility specializing in acute care of patients who present without prior appointment, either by their own means or by ambulance. Attendance: An Emergency Department New Attendance is an individual unplanned visit by one patient to an Emergency Department to receive treatment from the Accident and Emergency Service. This service may be provided by staff from other specialties. Such attendances may be as a result of a request from a GP for help with a diagnosis or treatment
3	**KPI Rationale**	It is an important measure for clinical audit/governance and planning of services and to measure the unplanned attendances to each hospital to measure demand on the entire service. Due to the unplanned nature of patient attendance, the department must provide initial treatment for a broad spectrum of illnesses and injuries, some of which may be life-threatening and require immediate attention.
	Indicator Classification	Please tick Indicator Classification this indicator applies to:
		❑ Person Centred Care ❑ Effective Care ❑ Safe Care
		❑ Better Health and Wellbeing ❑ Use of Information ❑ Workforce
		❑ Use of Resources ❑ Governance, Leadership and Management
4	**KPI Target/ Expected Activity**	2014 Expected Activity: 1,093,187 Nationally, (DNE HG 157,735, DM HG 176,212, DE HG 235,330, SSW HG 182,330, WNW HG 178,758, UL Hospitals 54,274, Childrens HG 108,548).
5	**KPI Calculation**	Count of Number of ED Attendances
6	**Data Source**	Sourced from Hospitals PAS systems
	Data Completeness	Coverage all hospitals with recognised Emergency Departments
	Data Quality Issues	Reporting all acute hospitals with recognised Emergency Departments
7	**Data Collection Frequency**	Indicate how often the data to support the KPI will be collected:
		❑Daily ❑Weekly ☑ Monthly ❑Quarterly ❑Bi-annually ❑Annually ❑Other – give
8	**Tracer Conditions**	Emergency Attendance
9	**Minimum Data Set**	BIU – Acute MDR
10	**International Comparison**	Yes
11	**KPI Monitoring**	KPI will be monitored :
		❑Daily ❑Weekly ☑ Monthly ❑Quarterly ❑Bi-annually ❑Annually ❑Other – give details: Hospital Manager
		Please indicate who is responsible at a local level for monitoring this KPI:
12	**KPI Reporting Frequency**	Indicate how often the KPI will be reported:
		❑Daily ❑Weekly ☑ Monthly ❑Quarterly ❑Bi-annually ❑Annually ❑Other – give details:
13	**KPI report period**	Indicate the period to which the data applies
		❑ Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity)
		☑ Monthly in arrears (June data reported in July)
14	**KPI Reporting Aggregation**	Indicate the level of aggregation – for example over a geographical location:
		☑ National ☑ Regional ❑ LHO Area ☑ Hospital
		❑ County ❑ Institution ❑ Other – give details:
15	**KPI is reported in which reports?**	Indicate where the KPI will be reported:
		☑ Performance Assurance Report (NSP) ❑CompStat ❑Other – give details:
16	**Web link to data**	http://www.hse.ie/eng/services/Publications/corporate/performanceassurancereports
17	**Additional Information**	
Contact details for Data Manager /Specialist Lead		Derek McCormack, BIU Acute, Tel: 01 620 1690 E:Derek.mccormack@hse.ie
National Lead and Division		Dr Tony O'Connell, National Director Acute Hospitals Division, Dr. Steevens Hospital, Dublin 8. Tel 01-635 2000.

	Acute Division - Return ED attendances (monthly)	
1	**KPI title**	Return ED attendances
2	**KPI Description**	Total number of scheduled and unscheduled return attendances at Emergency Department. An emergency department (ED), also known as accident & emergency (A&E), emergency room (ER), or casualty department, is a medical treatment facility specializing in acute care of patients who present without prior appointment, either by their own means or by ambulance. Return Attendance: A planned follow-up attendance is a subsequent planned attendance at the same department, and for the same incident as the first attendance. An unplanned follow-up A&E attendance is a subsequent unplanned attendance at the same department, and for the same incident as the first attendance.
3	**KPI Rationale**	It is an important measure for clinical audit/governance and planning of services and to measure the unplanned attendances to each hospital to measure demand on the entire service. Due to the unplanned nature of patient attendance, the department must provide initial treatment for a broad spectrum of illnesses and injuries, some of which may be life-threatening and require immediate attention.
	Indicator Classification	Please tick Indicator Classification this indicator applies to: ❑ Person Centred Care ☑ Effective Care ❑ Safe Care ❑ Better Health and Wellbeing ❑ Use of Information ❑ Workforce ❑ Use of Resources ❑ Governance, Leadership and Management
4	**KPI Target**	2014 Expected Activity: 89,371 Nationally, (DNE HG 13,046, DM HG 12,675, DE HG 23,167, SSW HG 22,428, WNW HG 8,124, UL Hospitals 4,531, Childrens HG 5,399).
5	**KPI Calculation**	Count of Number of Return ED Attendances
6	**Data Source**	Sourced from Hospitals PAS systems
	Data Completeness	Coverage all hospitals with recognised Emergency Departments
	Data Quality Issues	Reporting all acute hospitals with recognised Emergency Departments
7	**Data Collection Frequency**	Indicate how often the data to support the KPI will be collected: ❑Daily ❑Weekly ☑ Monthly ❑Quarterly ❑Bi-annually ❑Annually ❑Other – give details:
8	**Tracer Conditions**	As per description no. 2 above
9	**Minimum Data Set**	BIU – Acute MDR
10	**International Comparison**	Yes
11	**KPI Monitoring**	KPI will be monitored : ❑Daily ❑Weekly ☑ Monthly ❑Quarterly ❑Bi-annually ❑Annually ❑Other – give details: Please indicate who is responsible at a local level for monitoring this KPI: Hospital Manager
12	**KPI Reporting Frequency**	Indicate how often the KPI will be reported: ❑Daily ❑Weekly ☑ Monthly ❑Quarterly ❑Bi-annually ❑Annually ❑Other – give details:
13	**KPI report period**	Indicate the period to which the data applies ❑ Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) ☑ Monthly in arrears (June data reported in July) ❑ Quarterly in arrears (quarter 1 data reported in quarter 2)
14	**KPI Reporting Aggregation**	Indicate the level of aggregation – for example over a geographical location: ☑ National ☑ Regional ❑ LHO Area ☑ Hospital ❑ County ❑ Institution ❑ Other – give details:
15	**KPI is reported in which reports?**	Indicate where the KPI will be reported: ☑ Performance Assurance Report (NSP) ❑CompStat ❑Other – give details:
16	**Web link to data**	http://www.hse.ie/eng/services/Publications/corporate/performanceassurancereports/
17	**Additional Information**	
	Contact details for Data Manager	Derek McCormack, BIU Acute, Tel: 01 620 1690 E:Derek.mccormack@hse.ie
	National Lead and Division	Dr Tony O'Connell, National Director Acute Hospitals Division, Dr. Steevens Hospital, Dublin 8. Tel 01-635 2000.

		KPI Metadata Guidelines 2014
		Acute Division - Other presentations
1	**KPI title**	Other Emergency Presentations
2	**KPI Description**	Total number of patients who present themselves to hospital as emergency other than New or Return at Emergency Department. They include Local Injuries Unit (LIU), Paediatric Assessment Unit (PAU's) and Surgical Assessment Unit (SAU's), and emergency presentations direct to wards.
3	**KPI Rationale**	It is an important measure for clinical audit/governance and planning of services and to measure the unplanned attendances to each hospital to measure demand on the entire service.
	Indicator Classification	Please tick Indicator Classification this indicator applies to:
		❑ Person Centred Care ☑ Effective Care ❑ Safe Care
		❑ Better Health and Wellbeing ❑ Use of Information ❑ Workforce
		❑ Use of Resources ❑ Governance, Leadership and Management
4	**KPI Target**	2014 Expected Activity: 108,490 Nationally, (DNE HG 9,339, DM HG 3,190, DE HG 7,894, SSW HG 32,785, WNW HG 17,969, UL Hospitals 37,000, Childrens HG 313).
5	**KPI Calculation**	Count of Other Presentations
6	**Data Source**	Sourced from Hospitals PAS systems
	Data Completeness	Coverage all hospitals with recognised Emergency Departments
	Data Quality Issues	Reporting all acute hospitals with recognised Emergency Departments
7	**Data Collection Frequency**	Indicate how often the data to support the KPI will be collected:
		❑Daily ❑Weekly ☑ Monthly ❑Quarterly ❑Bi-annually ❑Annually ❑Other
8	**Tracer Conditions**	Emergency Presentation other than New or Return
9	**Minimum Data Set**	BIU – Acute MDR
10	**International Comparison**	Yes
11	**KPI Monitoring**	KPI will be monitored :
		❑Daily ❑Weekly ☑ Monthly ❑Quarterly ❑Bi-annually ❑Annually ❑Other
		Please indicate who is responsible at a local level for monitoring this KPI: Hospital Manager
12	**KPI Reporting Frequency**	Indicate how often the KPI will be reported:
		❑Daily ❑Weekly ☑ Monthly ❑Quarterly ❑Bi-annually ❑Annually ❑Other – give details:
13	**KPI report period**	Indicate the period to which the data applies
		❑ Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity)
		☑ Monthly in arrears (June data reported in July)
14	**KPI Reporting Aggregation**	Indicate the level of aggregation – for example over a geographical location:
		☑ National ☑ Regional ❑ LHO Area ☑ Hospital
		❑ County ❑ Institution ❑ Other – give details:
15	**KPI is reported in which reports?**	Indicate where the KPI will be reported:
		☑ Performance Assurance Report (NSP) ☑ CompStat Other – give details:
16	**Web link to data**	http://www.hse.ie/eng/services/Publications/corporate/performanceassurancereports/
17	**Additional Information**	
Contact details for Data Manager		Derek McCormack, BIU Acute, Tel: 01 620 1690 E:Derek.mccormack@hse.ie
National Lead and Division		Dr Tony O'Connell, National Director Acute Hospitals Division, Dr. Steevens Hospital, Dublin 8. Tel 01-635 2000.

	Acute Division - Emergency Admissions	
1	**KPI title**	Number of Emergency Admissions
2	**KPI Description**	The number of inpatients who have been admitted as an emergency through the Emergency Department and all other non elective admissions. Non elective/emergency – An unplanned admission that is urgently required (e.g. MAU, SAU, Direct to Ward, OPD and Transfer).
3	**KPI Rationale**	As a performance monitoring function. It is an important measure for clinical audit/governance and as a measure for national service planning. There is a need to measure the unplanned admissions to each hospital to examine demand on the entire service.
	Indicator Classification	Please tick Indicator Classification this indicator applies to:
		❑ Person Centred Care ❑ Effective Care ❑ Safe Care
		❑ Better Health and Wellbeing ❑ Use of Information ❑ Workforce
		☑ Use of Resources ❑ Governance, Leadership and Management
4	**KPI Target**	2014 Expected Activity: 402,202 Nationally, (DNE HG 59,908, DM HG 66,426, DE HG 74,913, SSW HG 73,595, WNW HG 82,150, UL Hospitals 29,506, Childrens HG 15,704).
5	**KPI Calculation**	Number of Admissions from ED, MAU, SAU, Direct to Ward, OPD and Transfers. Count
6	**Data Source**	Sourced from Hospitals PAS systems
	Data Completeness	Coverage all hospitals with recognised Emergency Departments
	Data Quality Issues	Reporting all acute hospitals with recognised Emergency Departments
7	**Data Collection Frequency**	Indicate how often the data to support the KPI will be collected: ☑Daily ☑ Weekly ❑Monthly ❑Quarterly ❑Bi-annually ❑Annually ❑Other – give details:
8	**Tracer Conditions**	Qualifies as an emergency admission
9	**Minimum Data Set**	BIU – Acute MDR
10	**International Comparison**	Not a standard metric, although GB does collect something similar, but that is broken down by condition, and is able to determine the proportion of all presentation of a particular condition or ICD-10 code that presents acutely, or through ED.
11	**KPI Monitoring**	KPI will be monitored : ❑Daily ❑Weekly ☑ Monthly ❑Quarterly ❑Bi-annually ❑Annually ❑Other – give details: Please indicate who is responsible at a local level for monitoring this KPI: Hospital Manager
12	**KPI Reporting Frequency**	Indicate how often the KPI will be reported: ❑Daily ❑Weekly ☑ Monthly ❑Quarterly ❑Bi-annually ❑Annually ❑Other – give details:
13	**KPI report period**	Indicate the period to which the data applies ❑ Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) ☑ Monthly in arrears (June data reported in July) ❑ Quarterly in arrears (quarter 1 data reported in quarter 2)
14	**KPI Reporting Aggregation**	Indicate the level of aggregation – for example over a geographical location: ☑ National ☑ Regional ❑ LHO Area ☑ Hospital ❑ County ❑ Institution ❑ Other – give details:
15	**KPI is reported in which reports?**	Indicate where the KPI will be reported: ☑ Performance Assurance Report (NSP) ❑CompStat ❑Other – give details:
16	**Web link to data**	http://www.hse.ie/eng/services/Publications/corporate/performanceassurancereports/
17	**Additional Information**	
Contact details for Data Manager		Derek McCormack, BIU Acute, Tel: 01 620 1690 E:Derek.mccormack@hse.ie
National Lead and Division		Dr Tony O'Connell, National Director Acute Hospitals Division, Dr. Steevens Hospital, Dublin 8. Tel 01-635 2000.

	Acute Division	
1	**KPI title**	Elective Inpatient Admissions
2	**KPI Description**	Elective Treatment – A planned or non-emergency admission or procedure that has been arranged in advance. Elective in-patient admissions excludes obstetrics related admissions.
3	**KPI Rationale**	As a performance monitoring function to ensure hospital compliance with public private mix ratio of 80:20.
	Indicator Classification	Please tick Indicator Classification this indicator applies to:
		❏ Person Centred Care ☑ Effective Care ❏ Safe Care
		❏ Better Health and Wellbeing ❏ Use of Information ❏ Workforce
		☑ Use of Resources ❏ Governance, Leadership and Management
4	**KPI Target**	Expected Activity 2014: 99,973 Nationally, (DNE HG 10,792, DM HG 14,547, DE HG 18,777, SSW HG 24,982, WNW HG 14,524, UL Hospitals 11,758, Childrens HG 7,685).
5	**KPI Calculation**	Count
6	**Data Source**	Sourced from Hospitals PAS systems
	Data Completeness	Coverage all acute hospitals 100%
	Data Quality Issues	All acute hospitals reporting
7	**Data Collection Frequency**	Indicate how often the data to support the KPI will be collected:
		❏Daily ❏Weekly ☑ Monthly ❏Quarterly ❏Bi-annually ❏Annually ❏Other – give details:
8	**Tracer Conditions**	Elective Inpatient Admission
9	**Minimum Data Set**	BIU – Acute MDR
10	**International Comparison**	Yes, this is an internationally recognised metric (AUS, CAN, GB, ECHI)
11	**KPI Monitoring**	KPI will be monitored :
		❏Daily ❏Weekly ☑ Monthly ❏Quarterly ❏Bi-annually ❏Annually ❏Other – give details:
		Please indicate who is responsible at a local level for monitoring this KPI: Hospital Manager
12	**KPI Reporting Frequency**	Indicate how often the KPI will be reported:
		❏Daily ❏Weekly ☑ Monthly ❏Quarterly ❏Bi-annually ❏Annually ❏Other
13	**KPI report period**	Indicate the period to which the data applies
		❏ Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity)
		☑ Monthly in arrears (June data reported in July)
		❏ Quarterly in arrears (quarter 1 data reported in quarter 2)
14	**KPI Reporting Aggregation**	Indicate the level of aggregation – for example over a geographical location:
		☑ National ☑ Regional ❏ LHO Area ☑ Hospital
		❏ County ❏ Institution ☑ Other – give details:
15	**KPI is reported in which reports?**	Indicate where the KPI will be reported:
		☑ Performance Assurance Report (NSP) ☑ CompStat ❏Other – give details:
16	**Web link to data**	http://www.hse.ie/eng/services/Publications/corporate/performanceassurancereports/
17	**Additional Information**	
Contact details for Data Manager		Derek McCormack, BIU Acute, Tel: 01 620 1690 E:Derek.mccormack@hse.ie
National Lead and Division		Dr Tony O'Connell, National Director Acute Hospitals Division, Dr. Steevens Hospital, Dublin 8. Tel 01-635 2000.

		Acute Division - Outpatient attendances
1	**KPI title**	Outpatient Attendances
2	**KPI Description**	This metric includes the total number of both new and return attendances. New Consultant-Attendance - The first face-to-face attendance with a Consultant or a member of the Consultant's Surgical or Medical Team as a result of a referral and for which the Consultant will have an identifiable record.
		The attendance may occur in a hospital Outpatient Department or on an outreach basis in a Health Centre or Primary Care Centre as a result of a referral, provided such attendance takes place in a clinic as defined elsewhere in this document.
		Only Consultant delivered Outpatient services, and not that of any other discipline are to be included. An attendance following referral from a Triage Physiotherapist Clinic or Triage Nurse Clinic may be considered as a new attendance.
		Return Attendance - Attendance by a patient who has been treated at least once previously as an outpatient with the same condition/ complaint, at a Consultant OPD Clinic, or as an inpatient.
		An attendance which follows an admission is considered to be a Return Attendance
		An attendance where the patient is referred by the OPD Consultant or a member of that team following an ED Attendance is considered to be a Return Attendance.
3	**KPI Rationale**	The monitoring of patient access.
	Indicator Classification	Please tick Indicator Classification this indicator applies to:
		❑ Person Centred Care ❑ Effective Care ❑ Safe Care
		❑ Better Health and Wellbeing ☑ Use of Information ❑ Workforce
		☑ Use of Resources ❑ Governance, Leadership and Management
4	**KPI Target**	2014 Expected Activity: 2,571,115 Nationally, (DNE HG 355,285, DM HG 412,859, DE HG 595,032, SSW HG 453,530, WNW HG 465,674, UL Hospitals 190,390, Childrens HG 98,346).
5	**KPI Calculation**	Count. Total New + Return Outpatient attendances
6	**Data Source**	Sourced from Hospitals PAS systems
	Data Completeness	Coverage all acute hospitals 100%
	Data Quality Issues	All acute hospitals reporting
7	**Data Collection Frequency**	Indicate how often the data to support the KPI will be collected: ❑Daily ❑Weekly ☑ Monthly ❑Quarterly ❑Bi-annually ❑Annually ❑Other
8	**Tracer Conditions**	Qualifies as an outpatient attendance
9	**Minimum Data Set**	BIU- Acute OPD Template
10	**International Comparison**	No OPD measure of performance internationally due to different structures of health service delivery.
11	**KPI Monitoring**	KPI will be monitored : ❑Daily ❑Weekly ☑ Monthly ❑Quarterly ❑Bi-annually ❑Annually ❑Other – give details:
		Please indicate who is responsible at a local level for monitoring this KPI: Hospital Manager
12	**KPI Reporting Frequency**	Indicate how often the KPI will be reported: ❑Daily ❑Weekly ☑ Monthly ❑Quarterly ❑Bi-annually ❑Annually ❑Other – give details:
13	**KPI report period**	Indicate the period to which the data applies
		❑ Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity)
		√ Monthly in arrears (June data reported in July)
		❑ Quarterly in arrears (quarter 1 data reported in quarter 2)
		❑ Rolling 12 months (previous 12 month period)
		❑ Other – give details:
14	**KPI Reporting Aggregation**	Indicate the level of aggregation – for example over a geographical location: ☑ National ☑ Regional ❑ LHO Area ☑ Hospital
		❑ County ❑ Institution ☑ Other – give details:
15	**KPI is reported in which reports?**	Indicate where the KPI will be reported: ☑ Performance Assurance Report (NSP) ☑ CompStat ❑Other – give details:
16	**Web link to data**	http://www.hse.ie/eng/services/Publications/corporate/performanceassurancereports/
17	**Additional Information**	
Contact details for Data Manager		Derek McCormack, BIU Acute, Tel: 01 620 1690 E:Derek.mccormack@hse.ie
National Lead and Division		Dr Tony O'Connell, National Director Acute Hospitals Division, Dr. Steevens Hospital, Dublin 8. Tel 01-635 2000.

		Acute Division - Outpatient attendances
1	**KPI title**	Outpatient Attendances - New: Return Ratio
2	**KPI Description**	This refers to the ratio of the number of return patients referred to an outpatient clinic over a certain time period to the number of new outpatients seen in that clinic over the same time period.
		The attendance may occur in a hospital Outpatient Department or on an outreach basis in a Health Centre or Primary Care Centre as a result of a referral, provided such attendance takes place in a clinic as defined elsewhere in this document.
		Only Consultant delivered Outpatient services, and not that of any other discipline are to be included. An attendance following referral from a Triage Physiotherapist Clinic or Triage Nurse Clinic may be considered as a new attendance.
		Return Attendance - Attendance by a patient who has been treated at least once previously as an outpatient with the same condition/ complaint, at a Consultant OPD Clinic, or as an inpatient.
		An attendance which follows an admission is considered to be a Return Attendance
		An attendance where the patient is referred by the OPD Consultant or a member of that team following an ED Attendance is considered to be a Return Attendance.
3	**KPI Rationale**	This is an access indicator. Lower ratios will facilitate more new patients to be seen thus reducing waiting lists
	Indicator Classification	Please tick Indicator Classification this indicator applies to:
		❑ Person Centred Care ❑ Effective Care ❑ Safe Care
		❑ Better Health and Wellbeing ❑ Use of Information ❑ Workforce
		❑ Use of Resources ❑ Governance, Leadership and Management
4	**KPI Target**	NSP 2014 Target: 10% improvement on baseline 1:2 ratio
5	**KPI Calculation**	Numerator: Return outpaptient attendances and Demoniator : New out patient attendances
6	**Data Source**	Sourced from Hospitals PAS systems
	Data Completeness	Coverage all acute hospitals 100%
	Data Quality Issues	All acute hospitals reporting
7	**Data Collection Frequency**	Indicate how often the data to support the KPI will be collected:
		❑Daily ❑Weekly ☑ Monthly ❑Quarterly ❑Bi-annually ❑Annually ❑Other
8	**Tracer Conditions**	As per description no. 2 above
9	**Minimum Data Set**	BIU- Acute OPD Template
10	**International Comparison**	No OPD measure of performance internationally due to different structures of health service delivery.
11	**KPI Monitoring**	KPI will be monitored :
		❑Daily ❑Weekly ☑ Monthly ❑Quarterly ❑Bi-annually ❑Annually ❑Other – give details:
		Please indicate who is responsible at a local level for monitoring this KPI:
12	**KPI Reporting Frequency**	Indicate how often the KPI will be reported:
		❑Daily ❑Weekly ☑ Monthly ❑Quarterly ❑Bi-annually ❑Annually ❑Other – give details:
13	**KPI report period**	❑Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity)
		☑ Monthly
		❑Quarterly in arrears (quarter 1 data reported in quarter 2)
		❑Rolling 12 months (previous 12
14	**KPI Reporting Aggregation**	Indicate the level of aggregation – for example over a geographical location:
		☑ National ☑ Regional ❑ LHO Area ☑ Hospital
		❑ County ❑ Institution Other – give details:
15	**KPI is reported in which reports?**	Indicate where the KPI will be reported:
		☑ Performance Assurance Report (NSP) ☑ CompStat ❑Other – give details:
16	**Web link to data**	http://www.hse.ie/eng/services/Publications/corporate/performanceassurancereports/
17	**Additional Information**	
	Contact details for Data Manager	Derek McCormack, BIU Acute, Tel: 01 620 1690 E:Derek.mccormack@hse.ie
	National Lead and Division	Dr Tony O'Connell, National Director Acute Hospitals Division, Dr. Steevens Hospital, Dublin 8. Tel 01-635 2000.

	Acute Division - Births	
1	**KPI title**	Births - Total number of births
2	**KPI Description**	Includes the total number of live births and still births greater than or equal to 500grms.
3	**KPI Rationale**	Monitoring Function. Standard indicator of obstetric performance. An indicator needed for calculating population growth.
	Indicator Classification	Please tick Indicator Classification this indicator applies to:
		☑ Person Centred Care ❑ Effective Care ❑ Safe Care
		❑ Better Health and Wellbeing ❑ Use of Information ❑ Workforce
		☑ Use of Resources ❑ Governance, Leadership and Management
4	**KPI Target**	2014 Expected Activity: 67,899 Nationally, (DNE HG 14,436, DM HG 10,153, DE HG 15,151, SSW HG 13,197, WNW HG 10,231, UL Hospitals 4,732).
5	**KPI Calculation**	Count: Number of Live Births + Number of Still Births
6	**Data Source**	Sourced from Hospitals PAS systems
	Data Completeness	Coverage 19 hospitals 100%
	Data Quality Issues	19/19 hospitals reporting
7	**Data Collection Frequency**	Indicate how often the data to support the KPI will be collected:
		❑Daily ❑Weekly ☑ Monthly ❑Quarterly ❑Bi-annually ❑Annually ❑Other
8	**Tracer Conditions**	Total number of live births and still births greater than or equal to 500grms.
9	**Minimum Data Set**	BIU – Acute MDR
10	**International Comparison**	Yes
11	**KPI Monitoring**	KPI will be monitored :
		❑Daily ❑Weekly ☑ Monthly ❑Quarterly ❑Bi-annually ❑Annually ❑Other – give details:
		Please indicate who is responsible at a local level for monitoring this KPI: Hospital Manager
12	**KPI Reporting Frequency**	Indicate how often the KPI will be reported:
		❑Daily ❑Weekly ☑ Monthly ❑Quarterly ❑Bi-annually ❑Annually ❑Other – give details:
13	**KPI report period**	Indicate the period to which the data applies
		❑ Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity)
		☑ Monthly in arrears (June data reported in July)
14	**KPI Reporting Aggregation**	Indicate the level of aggregation – for example over a geographical location:
		☑ National ☑ Regional ❑ LHO Area ☑ Hospital
		❑ County ❑ Institution Other – give details:
15	**KPI is reported in which reports?**	Indicate where the KPI will be reported:
		Performance Assurance Report (NSP) ❑CompStat ❑Other – give details:
16	**Web link to data**	http://www.hse.ie/eng/services/Publications/corporate/performanceassurancereports
17	**Additional Information**	ICD code disaggregation will be considered in subsequent phases of Data Quality Programme
Contact details for Data Manager		Derek McCormack, BIU Acute, Tel: 01 620 1690 E:Derek.mccormack@hse.ie
National Lead and Division		Dr Tony O'Connell, National Director Acute Hospitals Division, Dr. Steevens Hospital, Dublin 8. Tel 01-635 2000.

	Acute Division - Inpatient & Day Case Waiting Times	
1	**KPI title**	No. of adults waiting > 8 months for an elective procedure (inpatients)
2	**KPI Description**	No. of adults waiting >8 months for inpatient procedure excluding GI Endoscopy. Inpatient – A patient admitted to hospital for treatment or investigation and is scheduled to stay in a designated inpatient bed.
3	**KPI Rationale**	No adult should wait more than 8 months for an IP procedure. Waiting times for inpatient and outpatient services are standard measures internationally.
	Indicator Classification	Please tick Indicator Classification this indicator applies to:
		❑ Person Centred Care ☑ Effective Care ❑ Safe Care
		❑ Better Health and Wellbeing ❑ Use of Information ❑ Workforce
		❑ Use of Resources ❑ Governance, Leadership and Management
4	**KPI Target**	0 waiting
5	**KPI Calculation**	Adult Inpatient > 8 months excluding GI endoscopy. Calculation is based on number of bed days since a patient was added to the waiting list on the hospital PAS.
6	**Data Source**	Hospital PAS
	Data Completeness	Business Information Unit (BIU) - Acute, Corporate Planning and Performance
	Data Quality Issues	Sourced from NTPF.
7	**Data Collection Frequency**	Indicate how often the data to support the KPI will be collected:
		❑Daily ❑Weekly ☑ Monthly ❑Quarterly ❑Bi-annually ❑Annually ❑Other – give details:
8	**Tracer Conditions**	patient awaiting an inpatient procedure, waiting greater then 8 months
9	**Minimum Data Set**	Adult-Scope-OPD data report : Figure required by hospital HIPE, hospital name and Case type
10	**International Comparison**	Waiting times for inpatient and outpatient services are standard measures internationally (AUS, CAN, GB, FSHI)
11	**KPI Monitoring**	KPI will be monitored :
		❑Daily ❑Weekly ☑ Monthly ❑Quarterly ❑Bi-annually ❑Annually ❑Other
		Please indicate who is responsible at a local level for monitoring this KPI:
12	**KPI Reporting Frequency**	Indicate how often the KPI will be reported:
		❑Daily ❑Weekly ☑ Monthly ❑Quarterly ❑Bi-annually ❑Annually ❑Other – give details:
13	**KPI report period**	Indicate the period to which the data applies
		❑ Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity)
		☑ Monthly in arrears (June data reported in July)
		❑ Quarterly in arrears (quarter 1 data reported in quarter 2)
		❑ Rolling 12 months (previous 12 month period)
		❑ Other – give details:
14	**KPI Reporting Aggregation**	Indicate the level of aggregation – for example over a geographical location:
		☑ National ☑ Regional ❑ LHO Area ☑ Hospital
		❑ County ❑ Institution ❑ Other – give details:
15	**KPI is reported in which reports?**	Indicate where the KPI will be reported:
		☑ Performance Assurance Report (NSP) ❑CompStat ❑Other – give details:
16	**Web link to data**	http://www.hse.ie/eng/services/Publications/corporate/performanceassurancereports/
17	**Additional Information**	
Contact details for Data Manager /Specialist Lead		Derek McCormack, BIU Acute, Tel: 01 620 1690 E:Derek.mccormack@hse.ie Brian Parsons, NTPF
National Lead and Division		Dr Tony O'Connell, National Director Acute Hospitals Division, Dr. Steevens Hospital, Dublin 8. Tel 01-635 2000.

		Acute Division - Inpatient & Day Case Waiting Times
1	**KPI title**	No. of adults waiting > 8 months for an elective procedure (day case)
2	**KPI Description**	No. of adults waiting >8 months for day case procedure excluding GI endoscopy – A patient who is admitted to a designated day bed/place on an elective basis for care and/or treatment.
3	**KPI Rationale**	No adult should wait more than 8 months for a day case procedure.
	Indicator Classification	Please tick Indicator Classification this indicator applies to: ❏ Person Centred Care ☑ Effective Care ❏ Safe Care ❏ Better Health and Wellbeing ❏ Use of Information ❏ Workforce ❏ Use of Resources ❏ Governance, Leadership and Management
4	**KPI Target**	2014 Target = 0
5	**KPI Calculation**	Adult Day Cases > 8 months excluding GI Endoscopy from April 2014). Calculation is based on number of days since a patient was added to the waiting list on the hospital PAS
6	**Data Source** **Data Completeness** **Data Quality Issues**	Hospital PAS Business Information Unit (BIU) - Acute, Corporate Planning and Performance Sourced from NTPF.
7	**Data Collection Frequency**	Indicate how often the data to support the KPI will be collected: ❏Daily ❏Weekly ☑ Monthly ❏Quarterly ❏Bi-annually ❏Annually ❏Other – give details:
8	**Tracer Conditions**	patient awaiting a day case procedure, waiting greater then 8 months
9	**Minimum Data Set**	BIU report: data required by Month, Year, case_ind, Agency Cod,e hospital_name, case_ind Adult/Child, HIPE Spec, Specialty and waiting period.
10	**International Comparison**	Calculations of waiting lists and waiting times are to international best practice standards
11	**KPI Monitoring**	KPI will be monitored : ❏Daily ❏Weekly ☑ Monthly ❏Quarterly ❏Bi-annually ❏Annually ❏Other – give details: Hospital Manager Please indicate who is responsible at a local level for monitoring this KPI: Hospital Manager
12	**KPI Reporting Frequency**	Indicate how often the KPI will be reported: ❏Daily ❏Weekly ☑ Monthly ❏Quarterly ❏Bi-annually ❏Annually ❏Other – give details:
13	**KPI report period**	Indicate the period to which the data applies ❏ Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) ☑ Monthly in arrears (June data reported in July) ❏ Quarterly in arrears (quarter 1 data reported in quarter 2)
14	**KPI Reporting Aggregation**	Indicate the level of aggregation – for example over a geographical location: ☑ National ☑ Regional ❏ LHO Area ☑ Hospital ❏ County ❏ Institution ❏ Other – give details:
15	**KPI is reported in which reports?**	Indicate where the KPI will be reported: ☑ Performance Assurance Report (NSP) ❏CompStat ❏Other – give details:
16	**Web link to data**	http://www.hse.ie/eng/services/Publications/corporate/performanceassurancereports
17	**Additional Information**	
Contact details for Data Manager /Specialist Lead		Derek McCormack, BIU Acute, Tel: 01 620 1690 E:Derek.mccormack@hse.ie Brian Parsons, NTPF
National Lead and Division		Dr Tony O'Connell, National Director Acute Hospitals Division, Dr. Steevens Hospital, Dublin 8. Tel 01-635 2000.

	Acute Division - Inpatient & Day Case Waiting Times	
1	**KPI title**	No. of children waiting > 20 weeks for an elective procedure (inpatient)
2	**KPI Description**	No. of children waiting >20 weeks for an inpatient procedure excluding GI Endoscopy. Inpatient – A patient admitted to hospital for treatment or investigation and is scheduled to stay in a designated bed
3	**KPI Rationale**	No child should wait more than 20 weeks for an inpatient procedure.
	Indicator Classification	Please tick Indicator Classification this indicator applies to:
		❑ Person Centred Care ☑ Effective Care ❑ Safe Care
		❑ Better Health and Wellbeing ❑ Use of Information ❑ Workforce
		❑ Use of Resources ❑ Governance, Leadership and Management
4	**KPI Target**	NSP Target 2014: 0
5	**KPI Calculation**	Number of children waiting >20 Weeks on Inpatient waiting list excluding GI Endoscopy
6	**Data Source**	Hospital PAS
	Data Completeness	Business Information Unit (BIU) - Acute, Corporate Planning and Performance
	Data Quality Issues	Sourced from NTPF.
7	**Data Collection Frequency**	Indicate how often the data to support the KPI will be collected: ❑Daily ❑Weekly ☑ Monthly ❑Quarterly ❑Bi-annually ❑Annually ❑Other – give details:
8	**Tracer Conditions**	child awaiting an elective procedure, waiting for greater then 20 weeks
9	**Minimum Data Set**	BIU report: data required by Month, Year, case_ind, Agency Cod,e hospital_name, case_ind Adult/Child, HIPE Spec, Specialty and waiting period.
10	**International Comparison**	Waiting times for inpatient and outpatient services are standard measures internationally (AUS, CAN, GB, ECHI).
11	**KPI Monitoring**	KPI will be monitored : ❑Daily ❑Weekly ☑ Monthly ❑Quarterly ❑Bi-annually ❑Annually ❑Other – give details: Hospital Manager
		Please indicate who is responsible at a local level for monitoring this KPI: Hospital Manager
12	**KPI Reporting Frequency**	Indicate how often the KPI will be reported: ❑Daily ❑Weekly ☑ Monthly ❑Quarterly ❑Bi-annually ❑Annually ❑Other
13	**KPI report period**	Indicate the period to which the data applies
		☑ Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity)
		❑ Monthly in arrears (June data reported in July)
14	**KPI Reporting Aggregation**	Indicate the level of aggregation – for example over a geographical location: ☑ National ☑ Regional ❑ LHO Area ☑ Hospital
		❑ County ❑ Institution ❑ Other – give details:
15	**KPI is reported in which reports?**	Indicate where the KPI will be reported: ☑ Performance Assurance Report (NSP) ❑CompStat ❑Other – give details:
16	**Web link to data**	http://www.hse.ie/eng/services/Publications/corporate/performanceassurancereports/
17	**Additional Information**	
Contact details for Data Manager /Specialist Lead		Derek McCormack, BIU Acute, Tel: 01 620 1690 E:Derek.mccormack@hse.ie Brian Parsons, NTPF
National Lead and Division		Dr Tony O'Connell, National Director Acute Hospitals Division, Dr. Steevens Hospital, Dublin 8. Tel 01-635 2000.
	KPI Metadata Guidelines 2014	

	Acute Division - Inpatient & Day Case Waiting Times	
1	**KPI title**	No. of children waiting > 20 weeks for an elective procedure (day case)
2	**KPI Description**	No. of children waiting >20 Weeks for a day case procedureexcluding GI endoscopy
3	**KPI Rationale**	No Child should wait more than 20 Weeks for a day case procedure. Waiting times for inpatient and outpatient services are standard measures internationally.
	Indicator Classification	Please tick Indicator Classification this indicator applies to:
		❑ Person Centred Care ☑ Effective Care ❑ Safe Care
		❑ Better Health and Wellbeing ❑ Use of Information ❑ Workforce
		❑ Use of Resources ❑ Governance, Leadership and Management
4	**KPI Target**	NSP Target 2014 = 0
5	**KPI Calculation**	Volume of child day cases waiting > 20 weeks excluding GI Endoscopy
6	**Data Source**	Hospital PAS
	Data Completeness	Business Information Unit (BIU) - Acute, Corporate Planning and Performance
	Data Quality Issues	Sourced from NTPF.
7	**Data Collection Frequency**	Indicate how often the data to support the KPI will be collected:
		❑Daily ❑Weekly ☑ Monthly ❑Quarterly ❑Bi-annually ❑Annually ❑Other – give details:
8	**Tracer Conditions**	Child awaiting a day case procedure for over 20 weeks
9	**Minimum Data Set**	Basic demographic details, procedure details including urgency level
10	**International Comparison**	Waiting times for inpatient and outpatient services are standard measures internationally (AUS, CAN, GB, ECHI).
11	**KPI Monitoring**	KPI will be monitored :
		❑Daily ❑Weekly ☑ Monthly ❑Quarterly ❑Bi-annually ❑Annually ❑Other – give details:
		Please indicate who is responsible at a local level for monitoring this KPI: Hospital Manager
12	**KPI Reporting Frequency**	Indicate how often the KPI will be reported:
		❑Daily ❑Weekly ☑ Monthly ❑Quarterly ❑Bi-annually ❑Annually ❑Other – give details: For 28 day periods commencing on national implementation start date
13	**KPI report period**	Indicate the period to which the data applies
		❑ Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity)
		☑ Monthly in arrears (June data reported in July)
		❑ Quarterly in arrears (quarter 1 data reported in quarter 2)
14	**KPI Reporting Aggregation**	Indicate the level of aggregation – for example over a geographical location:
		☑ National ☑ Regional ❑ LHO Area ☑ Hospital
		❑ County ❑ Institution ☑ Other – give details:
15	**KPI is reported in which reports?**	Indicate where the KPI will be reported:
		☑ Performance Assurance Report (NSP) ❑CompStat ❑Other – give details:
16	**Web link to data**	http://www.hse.ie/eng/services/Publications/corporate/performanceassurancereports/
17	**Additional Information**	
Contact details for Data Manager /Specialist Lead		Derek McCormack, BIU Acute, Tel: 01 620 1690 E:Derek.mccormack@hse.ie
		Brian Parsons, NTPF
National Lead and Division		Dr Tony O'Connell, National Director Acute Hospitals Division, Dr. Steevens Hospital, Dublin 8. Tel 01-635 2000.

KPI Metadata Guidelines 2014

Acute Division

#		
1	**KPI title**	No. of people waiting > 4 weeks for an urgent colonscopy
2	**KPI Description**	Number of patients waiting greater than 4 weeks for an urgent colonscopy.
3	**KPI Rationale**	No patient should wait more than 4 weeks for urgent colonoscopy from time of referral. Recognised metric in providing rapid diagnosis of colon cancer; this leads to demonstrably improved patient outcomes.
	Indicator Classification	Please tick Indicator Classification this indicator applies to:
		❑ Person Centred Care ❑ Effective Care √ Safe Care
		❑ Better Health and Wellbeing ❑ Use of Information ❑ Workforce
		❑ Use of Resources ❑ Governance, Leadership and Management
4	**KPI Target**	NSP Target 2014= 0
5	**KPI Calculation**	Number of urgent colonoscopy waiting greater than 4 weeks
6	**Data Source** **Data Completeness** **Data Quality Issues**	Coverage 36 hospitals 100% 36/36 hospitals reporting
7	**Data Collection Frequency**	Indicate how often the data to support the KPI will be collected: ❑Daily ❑Weekly √ Monthly ❑Quarterly ❑Bi-annually ❑Annually ❑Other – give details:
8	**Tracer Conditions**	As per description no. 2 above
9	**Minimum Data Set**	BIU – Acute - Urgent Colonoscopy Report
10	**International Comparison**	Often part of an indicator sub-set in international documents, may not be explicitly noted, but present in some form or another internationally.
11	**KPI Monitoring**	KPI will be <u>monitored</u> :
		❑Daily ❑Weekly √ Monthly ❑Quarterly ❑Bi-annually ❑Annually ❑Other – give details:
		Please indicate who is responsible at a local level for monitoring this KPI:
12	**KPI Reporting Frequency**	Indicate how often the KPI will be reported: ❑Daily ❑Weekly √Monthly ❑Quarterly ❑Bi-annually ❑Annually ❑Other – give details:
13	**KPI report period**	Indicate the period to which the data applies
		❑ Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity)
		√ Monthly in arrears (June data reported in July)
		❑ Quarterly in arrears (quarter 1 data reported in quarter 2)
		❑ Rolling 12 months (previous 12 month period)
		❑ Other – give details:
14	**KPI Reporting Aggregation**	Indicate the level of aggregation – for example over a geographical location:
		√ National √ Regional ❑ LHO Area √ Hospital
		❑ County ❑ Institution √ Other – give details:
15	**KPI is reported in which reports?**	Indicate where the KPI will be reported:
		❑ Corporate Plan Report ❑ Performance Report (NSP/CBP) ❑CompStat ❑Other – give details:
16	**Web link to data**	http://www.hse.ie/eng/services/Publications/corporate/performanceassurancereports/
17	**Additional Information**	
	Contact details for Data Manager /Specialist Lead	Derek McCormack, BIU Acute, Tel: 01 620 1690 E:Derek.mccormack@hse.ie
	National Lead and Division	Dr Tony O'Connell, National Director Acute Hospitals Division, Dr. Steevens Hospital, Dublin 8. Tel 01-635 2000.

KPI Metadata Guidelines 2014

Acute Division

1	**KPI title**	No. of people waiting > 13 weeks following a referral for routine colonscopy or OGD
2	**KPI Description**	Number of patients waiting greater then 13 weeks from referral to colonoscopy and OGD services.
3	**KPI Rationale**	As a performance monitoring function to monitor and manage waiting lists.
	Indicator Classification	Please tick Indicator Classification this indicator applies to:
		❏ Person Centred Care √ Effective Care ❏ Safe Care
		❏ Better Health and Wellbeing ❏ Use of Information ❏ Workforce
		❏ Use of Resources ❏ Governance, Leadership and Management
4	**KPI Target**	NSP Target 2014 : 0
5	**KPI Calculation**	Number of patients waiting greater than 13 weeks for routine Colonscopy or OGD
6	**Data Source**	Hospital PAS
	Data Completeness	Business Intelligence Unit (BIU) - Acute, Corporate Planning and Performance
	Data Quality Issues	Sourced from NTPF
7	**Data Collection Frequency**	Indicate how often the data to support the KPI will be collected:
		❏Daily ❏Weekly √ Monthly ❏Quarterly ❏Bi-annually ❏Annually ❏Other – give
8	**Tracer Conditions**	As per description no. 2 above
9	**Minimum Data Set**	Hospital PAS to NTPF Sourced from NTPF by Business Information Unit (BIU) - Acute, Corporate Planning and Performance
10	**International Comparison**	Often part of an indicator sub-set in international documents, may not be explicitly noted, but present in some form or another internationally.
11	**KPI Monitoring**	KPI will be monitored :
		❏Daily ❏Weekly √ Monthly ❏Quarterly ❏Bi-annually ❏Annually ❏Other – give details:
		Please indicate who is responsible at a local level for monitoring this KPI:
12	**KPI Reporting Frequency**	Indicate how often the KPI will be reported:
		❏Daily ❏Weekly √Monthly ❏Quarterly ❏Bi-annually ❏Annually ❏Other – give details:
13	**KPI report period**	Indicate the period to which the data applies
		❏ Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity)
		√ Monthly in arrears (June data reported in July)
		❏ Quarterly in arrears (quarter 1 data reported in quarter 2)
		❏ Rolling 12 months (previous 12 month period)
		❏ Other – give details:
14	**KPI Reporting Aggregation**	Indicate the level of aggregation – for example over a geographical location:
		√ National √ Regional ❏ LHO Area √ Hospital
		❏ County ❏ Institution ❏ Other – give details:
15	**KPI is reported in which reports?**	Indicate where the KPI will be reported:
		❏ Corporate Plan Report √ Performance Report (NSP/CBP) √CompStat ❏Other – give details:
16	**Web link to data**	http://www.hse.ie/eng/services/Publications/corporate/performanceassurancereports/
17	**Additional Information**	
	Contact details for Data Manager /Specialist Lead	Derek McCormack, BIU Acute, Tel: 01 620 1690 E:Derek.mccormack@hse.ie Brian Parsons, NTPF
	National Lead and Division	Dr Tony O'Connell, National Director Acute Hospitals Division, Dr. Steevens Hospital, Dublin 8. Tel 01-635 2000.

KPI Metadata Guidelines 2014

Acute Division

#		
1	**KPI title**	% of all attendees at ED who are discharged or admitted within 6 hours of registration
2	**KPI Description**	% of all ED patients who wait less than 6 hours. Total Emergency Department Time (TEDT) is measured from Arrival to ED Departure Time.
3	**KPI Rationale**	a. A 6 hour target for ED has been included in the HSE service plan for a number of years and Patient Experience Time, which is equivalent to TEDT, has been collected at a number of Eds since 2010.
		b. TEDT includes both productive clinical time and delays. This indicator aims to reduce the delays without compromising on quality of care (1).
		c. Prolonged durations of stay in EDs are associated with poorer patient outcomes (2,3).
		d. Research in an Irish ED demonstrated that patient mortality increased exponentially after 6 hours total time spent in the ED(4).
		e. Prolonged waiting times are associated with adverse outcomes for patients discharged from EDs.(5)
		f. Patients waiting more than 6 hours should be cared for in a more appropriate care setting than an ED
		g. Patients who have completed their period of EM care draw on nursing and other ED resources that would be more effectively directed at new patients who require timely initial clinical assessment and
		h. This indicator sets an upper limit on the duration of ED patient care. However, a small minority of patients may require longer than 6 hours care in an ED setting due to the complexity of their presenting
		i. An upper absolute limit of 9 hours is set to ensure that the 5% of patients who may not comply with the 6 hour target do not go on to have protracted waiting times.
		j. Monitoring the median, mean and centiles will allow EDs that do not achieve the target initially to monitor the timeliness of the care they provide, to better understand performance and demonstrate
		k. The centile measures will also demonstrate any potentially unfavourable distortions in practice such as a rush to discharge or admit a disproportionate number of patients close to the 6-hour target time.
		l. Efficient care should not be rushed. Comparison of median and 75th centile data between similar EDs will indicate if a particular unit is managing patients at an unexpectedly quick rate This will flag the need
	Indicator Classification	Please tick Indicator Classification this indicator applies to:
		√ Person Centred Care √ Effective Care ❑ Safe Care
		❑ Better Health and Wellbeing ❑ Use of Information ❑ Workforce
		❑ Use of Resources ❑ Governance, Leadership and Management
4	**KPI Target**	Target 95%
5	**KPI Calculation**	Numerator - All ED patients who are admitted to a ward or discharged in less than 6 hours from their Arrival Time. Denominator - All patient attendances at Eds Exclusion criteria
		presentation - (a) all ED patients and unscheduled returns (b) all (a) who are subsequently admitted (c) all (a) who are discharged by an EM clinician. (d) all (a) who are discharged by a non-EM clinician (b) to (d) = level II data for EMP For data definitions see EMP Report 2011. Numerator - All ED patients who are admitted to a ward or discharged in less than 6 hours from their Arrival Time
6	**Data Source**	EDIS/PAS
	Data Completeness	
	Data Quality Issues	
7	**Data Collection Frequency**	Indicate how often the data to support the KPI will be collected:
		❑Daily ❑Weekly √ Monthly ❑Quarterly ❑Bi-annually ❑Annually ❑Other – give details:
8	**Tracer Conditions**	All attendances to ED

9	Minimum Data Set	Emergency Care Unit Identifier ID of hospital (to be confirmed or included in EMP dataset) Local service-user identifier UHI Unique Health Identifier (not yet applicable) Patient attendance Data set identifier new and unscheduled returns Date patient presents ED dataset Time patient presents Arrival Time Time patient admitted ED Departure Time for patient Time patient discharged ED Departure Time for patient ID of EM clinician who discharged patient Propose Irish Medical Council Registration Number ID of non-EM clinician who discharged patient Propose Irish Medical Council Registration Number
10	International Comparison	(1) A&E Clinical Quality Indicators. Department of Health 17th December 2010. Available at http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/Publications
		PolicyAndGuidance/DH_122868. Accessed 13th January 2011
		(2) Sprivulis PC, Da Silva J-A, Jacobs IG, Frazer ARL, Jelinek GA (2006) The Association between
		hospital overcrowding and mortality among patients admitted via Western Australian emergency
		departments MJA 184 (5): 208
		(3) Richardson DB (2001) The access-block effect: relationship between delay to reaching an inpatient
		bed and in-patient length of stay MJA 177:49
		(4) Silke B, Plunkett P et al. European Journal of Emergency Medicine 2011 (in press)
		(5) Guttman A, Schull MJ, Vermullen MJ, Stukel TA. Association between waiting times and short
		term mortality and hospital admission after departure from emergency department: population based
		cohort study from Ontario, Canada. BMJ 2011;342:d2983doi:10.1136/bmj.d2983.
		(6) A six hour target for ED attendances is being used in New Zealand. New Zealand Ministry of
		Health. Available at http://www.moh.govt.nz/moh.nsf/indexmh/ed-target. Accessed 13th January 2011
11	KPI Monitoring	KPI will be monitored :
		❑Daily ❑Weekly √ Monthly ❑Quarterly ❑Bi-annually ❑Annually ❑Other – give details:
		Please indicate who is responsible at a local level for monitoring this KPI:
12	KPI Reporting Frequency	Indicate how often the KPI will be reported:
		❑Daily ❑Weekly √Monthly ❑Quarterly ❑Bi-annually ❑Annually ❑Other – give details:
13	KPI report period	Indicate the period to which the data applies
		√ Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity)
		❑ Monthly in arrears (June data reported in July)
		❑ Quarterly in arrears (quarter 1 data reported in quarter 2)
		❑ Rolling 12 months (previous 12 month period)
		❑ Other – give details:
14	KPI Reporting Aggregation	Indicate the level of aggregation – for example over a geographical location:
		√ National ❑ Regional ❑ LHO Area ❑ Hospital
		❑ County ❑ Institution ❑ Other – give details:
15	KPI is reported in which reports?	Indicate where the KPI will be reported:
		❑ Corporate Plan Report √ Performance Report (NSP/CBP) ❑CompStat ❑Other – give details:
16	Web link to data	http://www.hse.ie/eng/services/Publications/corporate/performanceassurancereports/
17	Additional Information	EDIS implementation will ensure data available from all sites.
Contact details for Data Manager /Specialist Lead		Derek McCormack, BIU Acute, Tel: 01 620 1690 E:Derek.mccormack@hse.ie
National Lead and Division		Dr Tony O'Connell, National Director Acute Hospitals Division, Dr. Steevens Hospital, Dublin 8. Tel 01-635 2000.

KPI Metadata Guidelines 2014

Acute Division

1	**KPI title**	% of all attendees at ED who are discharged or admitted within 9 hours of registration
2	**KPI Description**	% of all ED patients who wait less than 9 hours. Total Emergency Department Time (TEDT) is measured from Arrival to ED Departure Time.
3	**KPI Rationale**	a. A 9 hour target for ED has been included in the HSE service plan for a number of years and Patient Experience Time, which is equivalent to TEDT, has been collected at a number of Eds since 2010.
		b. TEDT includes both productive clinical time and delays. This indicator aims to reduce the delays without compromising on quality of care (1).
		c. Prolonged durations of stay in EDs are associated with poorer patient outcomes (2,3).
		d. Research in an Irish ED demonstrated that patient mortality increased exponentially after 9 hours total time spent in the ED(4).
		e. Prolonged waiting times are associated with adverse outcomes for patients discharged from EDs.(5)
		f. Patients waiting more than 9 hours should be cared for in a more appropriate care setting than an ED
		g. Patients who have completed their period of EM care draw on nursing and other ED resources that would be more effectively directed at new patients who require timely initial clinical assessment and
		h. This indicator sets an upper limit on the duration of ED patient care. However, a small minority of patients may require longer than 9 hours care in an ED setting due to the complexity of their presenting
		j. Monitoring the median, mean and centiles will allow EDs that do not achieve the target initially to monitor the timeliness of the care they provide, to better understand performance and demonstrate
		k. The centile measures will also demonstrate any potentially unfavourable distortions in practice such as a rush to discharge or admit a disproportionate number of patients close to the 9-hour target time.
		l. Efficient care should not be rushed. Comparison of median and 75th centile data between similar EDs will indicate if a particular unit is managing patients at an unexpectedly quick rate This will flag the need
	Indicator Classification	Please tick Indicator Classification this indicator applies to:
		√ Person Centred Care √ Effective Care ❑ Safe Care
		❑ Better Health and Wellbeing ❑ Use of Information ❑ Workforce
		❑ Use of Resources ❑ Governance, Leadership and Management
4	**KPI Target**	Target 95%
5	**KPI Calculation**	Numerator - All ED patients who are admitted to a ward or discharged in less than 9 hours from their Arrival Time. Denominator - All patient attendances at Eds
		presentation - (a) all ED patients and unscheduled returns (b) all (a) who are subsequently admitted (c) all (a) who are discharged by an EM clinician. (d) all (a) who are discharged by a non-EM clinician (b) to (d) = level II data for EMP For data definitions see EMP Report 2011. Numerator - All ED patients who are admitted to a ward or discharged in less than 9 hours from their Arrival Time
6	**Data Source** **Data Completeness** **Data Quality Issues**	EDIS/PAS
7	**Data Collection Frequency**	Indicate how often the data to support the KPI will be collected:
		❑Daily ❑Weekly √ Monthly ❑Quarterly ❑Bi-annually ❑Annually ❑Other – give details:
8	**Tracer Conditions**	All attendances to ED
9	**Minimum Data Set**	Emergency Care Unit Identifier ID of hospital (to be confirmed or included in EMP dataset) Local service-user identifier UHI Unique Health Identifier (not yet applicable) Patient attendance Data set identifier new and unscheduled returns Date patient presents ED dataset Time patient presents Arrival Time Time patient admitted ED Departure Time for patient Time patient discharged ED Departure Time for patient ID of EM clinician who discharged patient Propose Irish Medical Council Registration Number ID of non-EM clinician who discharged patient Propose Irish Medical Council Registration Number

10	International Comparison	(1) A&E Clinical Quality Indicators. Department of Health 17th December 2010. Available at
		http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/Publications
		PolicyAndGuidance/DH_122868. Accessed 13th January 2011
		Health. Available at http://www.moh.govt.nz/moh.nsf/indexmh/ed-target. Accessed 13th January 2011
11	KPI Monitoring	KPI will be monitored :
		❑Daily ❑Weekly √ Monthly ❑Quarterly ❑Bi-annually ❑Annually ❑Other – give details:
		Please indicate who is responsible at a local level for monitoring this KPI:
12	KPI Reporting Frequency	Indicate how often the KPI will be reported:
		❑Daily ❑Weekly √Monthly ❑Quarterly ❑Bi-annually ❑Annually ❑Other – give details:
13	KPI report period	Indicate the period to which the data applies
		√ Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity)
		❑ Monthly in arrears (June data reported in July)
		❑ Quarterly in arrears (quarter 1 data reported in quarter 2)
		❑ Rolling 12 months (previous 12 month period)
		❑ Other – give details:
14	KPI Reporting Aggregation	Indicate the level of aggregation – for example over a geographical location:
		√ National ❑ Regional ❑ LHO Area ❑ Hospital
		❑ County ❑ Institution ❑ Other – give details:
15	KPI is reported in which reports?	Indicate where the KPI will be reported:
		❑ Corporate Plan Report √ Performance Report (NSP/CBP) ❑CompStat ❑Other – give details:
16	Web link to data	http://www.hse.ie/eng/services/Publications/corporate/performanceassurancereports/
17	Additional Information	EDIS implementation will ensure data available from all sites.
Contact details for Data Manager /Specialist Lead		Derek McCormack, BIU Acute, Tel: 01 620 1690 E:Derek.mccormack@hse.ie
National Lead and Division		Dr Tony O'Connell, National Director Acute Hospitals Division, Dr. Steevens Hospital, Dublin 8. Tel 01-635 2000.

		KPI Metadata Guidelines 2014
	Acute Division	
1	**KPI title**	Reduction of Trolley Waits
2	**KPI Description**	New KPI 2014: The Trolley Wait Performance is a monthly measure. It is the % difference between the cumulative trolleys for the month in the current year compared to the cumulative trolleys for the same month in the prior year. In all cases, the trolleys in question are the trolleys counted by the INMO at 8:00am and reported daily by them as the Trolley Watch count on their website. For the avoidance of doubt, the trolleys count used in this KPI does not include the INMO Ward Watch count. This KPI applies to all acute hospitals submitting daily Trolley Wait reports.
3	**KPI Rationale**	Both HSE & Government Priority to improve emergency waits and flows in ED
	Indicator Classification	Please tick Indicator Classification this indicator applies to:
		☒ Person Centred Care ❑ Effective Care ❑ Safe Care
		❑ Better Health and Wellbeing ❑ Use of Information ❑ Workforce
		❑ Use of Resources ❑ Governance, Leadership and Management
4	**KPI Target**	10%
5	**KPI Calculation**	((Total Monthly Trolleys Prior Year) – (Total Monthly Trolleys Current Year) x 100) / (Total Monthly Trolleys Prior Year) %
6	**Data Source**	Primary source: INMO via INMO website
	Data Completeness	Secondary Source: Information Unit – Department of Health
	Data Quality Issues	Data Completeness: As reported by INMO
		Data Quality: As reported by INMO
7	**Data Collection Frequency**	Indicate how often the data to support the KPI will be collected:
		☒Daily ❑Weekly √ Monthly ❑Quarterly ❑Bi-annually ❑Annually ❑Other – give details:
8	**Tracer Conditions**	INMO Daily Trolley Count
9	**Minimum Data Set**	INMO Daily Trolley Count
10	**International Comparison**	Often part of an indicator sub-set in international documents, may not be explicitly noted, but present in some form or another internationally.
11	**KPI Monitoring**	KPI will be monitored :
		❑Daily ❑Weekly x Monthly ❑Quarterly ❑Bi-annually ❑Annually ❑Other – give details:
		Please indicate who is responsible at a local level for monitoring this KPI:
12	**KPI Reporting Frequency**	Indicate how often the KPI will be reported:
		❑Daily ❑Weekly ☒Monthly ❑Quarterly ❑Bi-annually ❑Annually ❑Other – give details:
13	**KPI report period**	Indicate the period to which the data applies
		❑ Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity)
		√ Monthly in arrears (June data reported in July)
		❑ Quarterly in arrears (quarter 1 data reported in quarter 2)
		❑ Rolling 12 months (previous 12 month period)
		❑ Other – give details:
14	**KPI Reporting Aggregation**	Indicate the level of aggregation – for example over a geographical location:
		❑ National ❑ Regional ❑ LHO Area ✠ Hospital X Hospital Group
		❑ County ❑ Institution ❑ Other – give details:
15	**KPI is reported in which reports?**	Indicate where the KPI will be reported:
		❑ Corporate Plan Report √ Performance Report (NSP/CBP) ❑CompStat ❑Other – give details:
16	**Web link to data**	http://www.inmo.ie/6022
17	**Additional Information**	As reported in the Performance Report
	Contact details for Data Manager	Derek McCormack, BIU Acute, Tel: 01 620 1690 E:Derek.mccormack@hse.ie
	National Lead and Division	Dr Tony O'Connell, National Director Acute Hospitals Division, Dr. Steevens Hospital, Dublin 8. Tel 01-635 2000.

KPI Metadata Guidelines 2014

Acute Division - HIQA Tallaght Report

1	**KPI title**	% of patients being cared for in inappropriate location in ED
2	**KPI Description**	The % of patients who are not physically located in a designated bed space whilst awaiting admission in ED. A Designated Bed Space must have: 1. A bed 2. Fixed curtains (specific to the bed space & part of the physical design) 3. Access to oxygen & suction facilities 4. Access to bathroom facilities 5. A named consultant and nursing team assigned 6. Any patient accommodated on a documented pathway of care
3	**KPI Rationale**	improve areas where patients are being cared.
	Indicator Classification	Please tick Indicator Classification this indicator applies to:
		√ Person Centred Care √ Effective Care ❑ Safe Care
		❑ Better Health and Wellbeing ❑ Use of Information ❑ Workforce
		❑ Use of Resources ❑ Governance, Leadership and Management
4	**KPI Target**	<5% of the total patients awaiting admission at 8am
5	**KPI Calculation**	Total number of patients awating admission from ED who are not in a designated bed space at 8am / Total number of pateints awatiing admission from ED at 8am
6	**Data Source**	Reported from census return from hospitals. Census on inappropriate location undertaken
	Data Completeness	Coverage all hospitals with recognised Emergency Departments
	Data Quality Issues	Reporting all acute hospitals with recognised Emergency Departments
7	**Data Collection Frequency**	Indicate how often the data to support the KPI will be collected: ❑Daily ❑Weekly √Monthly ❑Quarterly ❑Bi-annually ❑Annually ❑Other – give details:
8	**Tracer Conditions**	Census from hospitals with recognised Emergency Departments
9	**Minimum Data Set**	BIU – Acute MDR
10	**International Comparison**	No
11	**KPI Monitoring**	KPI will be monitored : ❑Daily ❑Weekly √ Monthly ❑Quarterly ❑Bi-annually ❑Annually ❑Other – give details: Please indicate who is responsible at a local level for monitoring this KPI:
12	**KPI Reporting Frequency**	Indicate how often the KPI will be reported: ❑Daily ❑Weekly √Monthly ❑Quarterly ❑Bi-annually ❑Annually ❑Other – give details:
13	**KPI report period**	Indicate the period to which the data applies
		❑ Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity)
		❑ Monthly in arrears (June data reported in July)
		√ Quarterly in arrears (quarter 1 data reported in quarter 2)
		❑ Rolling 12 months (previous 12 month period)
		❑ Other – give details:
14	**KPI Reporting Aggregation**	Indicate the level of aggregation – for example over a geographical location: √ National √ Regional ❑ LHO Area √ Hospital
		❑ County ❑ Institution ❑ Other – give details:
15	**KPI is reported in which reports?**	Indicate where the KPI will be reported: ❑ Corporate Plan Report √ Performance Report (NSP/CBP) ❑CompStat ❑Other – give details:
16	**Web link to data**	http://www.hse.ie/eng/services/Publications/corporate/performanceassurancereports/
17	**Additional Information**	
Contact details for Data Manager /Specialist Lead		Ciaran Browne, National Acutes Directorate, Dr Steevens Hospital, Dublin 8. Tel 01-635 2000 ciaran.browne@hse.ie
National Lead and Division		Dr Tony O'Connell, National Director Acute Hospitals Division, Dr. Steevens Hospital, Dublin 8. Tel 01-635 2000.

KPI Metadata Guidelines 2014

Acute Division - HIQA Tallaght Report

#	Field	Content
1	**KPI title**	% of patients who re-attend the ED with the same clinical condition within 7 days
2	**KPI Description**	The % of ED attendances who return to the ED with the same clinical condition within 7 days of being discharged from the ED / hospital.
3	**KPI Rationale**	potential to improve performance
	Indicator Classification	Please tick Indicator Classification this indicator applies to:
		❑ Person Centred Care √ Effective Care ❑ Safe Care
		❑ Better Health and Wellbeing ❑ Use of Information ❑ Workforce
		❑ Use of Resources ❑ Governance, Leadership and Management
4	**KPI Target**	<5% of the total ED attenances over period
5	**KPI Calculation**	Numberator: Total number of patients who return to the ED within 7 days of being discharged from the ED / hospital Denominator Total number of (new and return) ED pateints
6	**Data Source** **Data Completeness** **Data Quality Issues**	Hospital PAS Coverage all hospitals with recognised Emergency Departments Reporting all acute hospitals with recognised Emergency Departments
7	**Data Collection Frequency**	Indicate how often the data to support the KPI will be collected: ❑Daily ❑Weekly √Monthly ❑Quarterly ❑Bi-annually ❑Annually ❑Other – give details:
8	**Tracer Conditions**	
9	**Minimum Data Set**	BIU – Acute MDR
10	**International Comparison**	No
11	**KPI Monitoring**	KPI will be monitored :
		❑Daily ❑Weekly ❑ Monthly ❑Quarterly ❑Bi-annually ❑Annually ❑Other – give details:
		Please indicate who is responsible at a local level for monitoring this KPI:
12	**KPI Reporting Frequency**	Indicate how often the KPI will be reported: ❑Daily ❑Weekly √Monthly ❑Quarterly ❑Bi-annually ❑Annually ❑Other – give details:
13	**KPI report period**	Indicate the period to which the data applies
		❑ Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity)
		❑ Monthly in arrears (June data reported in July)
		√ Quarterly in arrears (quarter 1 data reported in quarter 2)
		❑ Rolling 12 months (previous 12 month period)
		❑ Other – give details:
14	**KPI Reporting Aggregation**	Indicate the level of aggregation – for example over a geographical location: √ National √ Regional ❑ LHO Area √ Hospital
		❑ County ❑ Institution ❑ Other – give details:
15	**KPI is reported in which reports?**	Indicate where the KPI will be reported: ❑ Corporate Plan Report √ Performance Report (NSP/CBP) ❑CompStat ❑Other – give details:
16	**Web link to data**	http://www.hse.ie/eng/services/Publications/corporate/performanceassurancereports/
17	**Additional Information**	This is new KPI for 2014
	Contact details for Data Manager /Specialist Lead	Ciaran Browne, National Acutes Directorate, Dr Steevens Hospital, Dublin 8. Tel 01-635 2000 ciaran.browne@hse.ie
	National Lead and Division	Dr Tony O'Connell, National Director Acute Hospitals Division, Dr. Steevens Hospital, Dublin 8. Tel 01-635 2000.

	KPI Metadata Guidelines 2014	
	Acute Division - HIQA Tallaght Report	
1	**KPI title**	% of patients who leave the ED without completing their treatment
2	**KPI Description**	Percentage of patients who have registered in ED but leave before being seen or before completion of their treatment.
3	**KPI Rationale**	potential to improve performance
	Indicator Classification	Please tick Indicator Classification this indicator applies to:
		√ Person Centred Care √ Effective Care √ Safe Care
		❑ Better Health and Wellbeing √ Use of Information ❑ Workforce
		❑ Use of Resources ❑ Governance, Leadership and Management
4	**KPI Target**	2014 target = <5%
5	**KPI Calculation**	Number of patients who have registered in ED but leave before being seen or before completion of their treatment *100/ Total ED attendances
6	**Data Source**	BIU - MDR
	Data Completeness	
	Data Quality Issues	
7	**Data Collection Frequency**	Indicate how often the data to support the KPI will be collected:
		❑Daily ❑Weekly ❑ Monthly ❑Quarterly ❑Bi-annually ❑Annually ❑Other – give details:
8	**Tracer Conditions**	
9	**Minimum Data Set**	BIU – Acute MDR
10	**International Comparison**	Often part of an indicator sub-set in international documents, may not be explicitly noted, but present in some form or another internationally.
11	**KPI Monitoring**	KPI will be monitored :
		❑Daily ❑Weekly √ Monthly ❑Quarterly ❑Bi-annually ❑Annually ❑Other – give details:
		Please indicate who is responsible at a local level for monitoring this KPI:
12	**KPI Reporting Frequency**	Indicate how often the KPI will be reported:
		❑Daily ❑Weekly √Monthly ❑Quarterly ❑Bi-annually ❑Annually ❑Other – give details:
13	**KPI report period**	Indicate the period to which the data applies
		❑ Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity)
		√ Monthly in arrears (June data reported in July)
		❑ Quarterly in arrears (quarter 1 data reported in quarter 2)
		❑ Rolling 12 months (previous 12 month period)
		❑ Other – give details:
14	**KPI Reporting Aggregation**	Indicate the level of aggregation – for example over a geographical location:
		√ National √ Regional ❑ LHO Area √ Hospital
		❑ County ❑ Institution ❑ Other – give details:
15	**KPI is reported in which reports?**	Indicate where the KPI will be reported:
		√ Corporate Plan Report √ Performance Report (NSP/CBP) CompStat ❑Other – give details:
16	**Web link to data**	http://www.hse.ie/eng/services/Publications/corporate/performanceassurancereports/
17	**Additional Information**	
Contact details for Data Manager		Derek McCormack, BIU Acute, Tel: 01 620 1690 E:Derek.mccormack@hse.ie
National Lead and Division		Dr Tony O'Connell, National Director Acute Hospitals Division, Dr. Steevens Hospital, Dublin 8. Tel 01-635 2000.

KPI Metadata Guidelines 2014

Acute Division - OPD (monthly)

#	Field	Details
1	**KPI title**	No. of people waiting longer than 52 weeks for OPD appointment
2	**KPI Description**	Total number of people waiting longer than 52 weeks for an Out patient appointment
3	**KPI Rationale**	The monitoring of patient access.
	Indicator Classification	Please tick Indicator Classification this indicator applies to: ❑ Person Centred Care √ Effective Care ❑ Safe Care ❑ Better Health and Wellbeing ❑ Use of Information ❑ Workforce √ Use of Resources ❑ Governance, Leadership and Management
4	**KPI Target**	2014 Target = 0
5	**KPI Calculation**	Count of people waiting longer than 52 weeks for an Out patient appointment in acute hospitals
6	**Data Source**	Sourced from Hospitals PAS systems
	Data Completeness	Coverage all acute hospitals 100%
	Data Quality Issues	All acute hospitals reporting
7	**Data Collection Frequency**	Indicate how often the data to support the KPI will be collected: ❑Daily ❑Weekly √ Monthly ❑Quarterly ❑Bi-annually ❑Annually ❑Other – give details:
8	**Tracer Conditions**	As per description no. 2 above
9	**Minimum Data Set**	BIU- NTPF
10	**International Comparison**	No OPD measure of performance internationally due to different structures of health service delivery.
11	**KPI Monitoring**	KPI will be monitored : ❑Daily ❑Weekly √Monthly ❑Quarterly ❑Bi-annually ❑Annually ❑Other – give details: Please indicate who is responsible at a local level for monitoring this KPI:
12	**KPI Reporting Frequency**	Indicate how often the KPI will be reported: ❑Daily ❑Weekly √Monthly ❑Quarterly ❑Bi-annually ❑Annually ❑Other – give details:
13	**KPI report period**	Indicate the period to which the data applies ❑ Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) √ Monthly in arrears (June data reported in July) ❑ Quarterly in arrears (quarter 1 data reported in quarter 2) ❑ Rolling 12 months (previous 12 month period) ❑ Other – give details:
14	**KPI Reporting Aggregation**	Indicate the level of aggregation – for example over a geographical location: √ National √ Regional ❑ LHO Area √ Hospital ❑ County ❑ Institution ❑ Other – give details:
15	**KPI is reported in which reports?**	Indicate where the KPI will be reported: ❑ Corporate Plan Report √ Performance Report (NSP/CBP) √CompStat ❑Other – give details:
16	**Web link to data**	http://www.hse.ie/eng/services/Publications/corporate/performanceassurancereports/
17	**Additional Information**	ICD code disaggregation will be considered in subsequent phases of Data Quality Programme
	Contact details for Data Manager /Specialist Lead	Derek McCormack, BIU Acute, Tel: 01 620 1690 E:Derek.mccormack@hse.ie Brian Parsons, NTPF
	National Lead and Division	Dr Tony O'Connell, National Director Acute Hospitals Division, Dr. Steevens Hospital, Dublin 8. Tel 01-635 2000.

KPI Metadata Guidelines 2014

Acute Division - Acute Medical Patient Processing

1	**KPI title**	% of medical patients who are discharged or admitted from AMAU within 6 hours AMAU registration
2	**KPI Description**	Total medical assessment time (TMAT) is measured from the time of arrival of a medical patient in the ED to the time of medical assessment unit departure time. The measures are the percentage of all new medical patients attending the AMU * with who are admitted or discharged within 6 hours, and within 9 hours. The mean and upper and lower 95th centiles should be presented.
3	**KPI Rationale**	a) A 6 hour target for patients to be assessed in AMU* is a performance indicator for the Acute Medicine Programme. b) TMAT includes both productive clinical times and delays. This indicator aims to reduce the delays and outcome without compromising quality of care. c) Long durations of stay in all types of Assessment Units are associated with poorer patient outcomes. d) A major objective of the Acute Medicine Programme is to increase the efficiency of patient assessment and to stream patients to the most appropriate destination for further care which is either admission to a short stay unit, specialist ward or discharged home with or without out patient review. e) This indicator sets an upper limit for the duration of Assessment Unit care. However a small minority of patients may require more than 6 hours due to the complexity of their presenting problems, this is why a 95% compliance target has been set.
	Indicator Classification	Please tick Indicator Classification this indicator applies to:
		❑ Person Centred Care √ Effective Care ❑ Safe Care
		❑ Better Health and Wellbeing ❑ Use of Information ❑ Workforce
		❑ Use of Resources ❑ Governance, Leadership and Management
4	**KPI Target**	2014 target =95%
5	**KPI Calculation**	**Numerator** – All new patients attending an AMU* who are admitted to a ward or discharged from the AMU in less than 6 hours from their arrival time in ED. (or arrival in AMU if they are directly referred to AMU and do not go via ED) **Denominator** – All new patients attending an AMU* A similar calculation for 9 hours. The figures to be expressed as a percentage within 6 hours, 9 hours with 95% confidence intervals.
6	**Data Source**	ED/AMU system
	Data Completeness	
	Data Quality Issues	
7	**Data Collection Frequency**	Indicate how often the data to support the KPI will be collected: ❑Daily ❑Weekly ❑ Monthly ❑Quarterly ❑Bi-annually ❑Annually ❑Other – give details:
8	**Tracer Conditions**	All patients referred to an AMU*.
9	**Minimum Data Set**	Medical Assessment Unit Identifier/ID of hospital Patient Hospital Medical Record Number Unique Health Identifier (not yet available) Patient attendance – new and unscheduled returns Date and Time patient registered in ED Date and Time patient discharged from AMU (AMU departure time)
10	**International Comparison**	Often part of an indicator sub-set in international documents, may not be explicitly noted, but present in some form or another internationally.
11	**KPI Monitoring**	KPI will be monitored :
		❑Daily ❑Weekly √ Monthly ❑Quarterly ❑Bi-annually ❑Annually ❑Other – give details:
		Please indicate who is responsible at a local level for monitoring this KPI:

12	KPI Reporting Frequency	Indicate how often the KPI will be reported:
		❏Daily ❏Weekly √Monthly ❏Quarterly ❏Bi-annually ❏Annually ❏Other – give details:
13	KPI report period	Indicate the period to which the data applies
		√ Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity)
		❏ Monthly in arrears (June data reported in July)
		❏ Quarterly in arrears (quarter 1 data reported in quarter 2)
		❏ Rolling 12 months (previous 12 month period)
		❏ Other – give details:
14	KPI Reporting Aggregation	Indicate the level of aggregation – for example over a geographical location:
		√ National √ Regional √ LHO Area √ Hospital
		❏ County ❏ Institution ❏ Other – give details:
15	KPI is reported in which reports?	Indicate where the KPI will be reported:
		☑ Performance Assurance Report (NSP) ☑ CompStat ❏Other – give details:
16	Web link to data	http://www.hse.ie/eng/services/Publications/corporate/performanceassurancereports/
17	Additional Information	
Contact details for Data Manager /Specialist Lead		Derek McCormack, BIU Acute, Tel: 01 620 1690 Email:Derek.mccormack@hse.ie Fiachra Bane, HIPE, Tel: 045 988330 Email: fiachra.bane@hse.ie
National Lead and Division		Dr Tony O'Connell, National Director Acute Hospitals Division, Dr. Steevens Hospital, Dublin 8. Tel 01-635 2000.

	Acute Division - ALOS	
1	**KPI title**	Medical patient average length of stay
2	**KPI Description**	The mean length of stay for patients admitted to the following medical specialties; 0100 Cardiology 0300 Dermatology 0400 Endocrinology 0402 Diabetes Melitus 0700 Gastro-Enterology 0800 Genito-Urinary Medicine 0900 Geriatric Medicine 1100 Haematology 1102 Transfusion Medicine 1300 Neurology 1600 Oncology 2300 Nephrology 2400 Respiratory Medicine 2500 Rheumatology 2700 Infectious Diseases 2702 Tropical Infectious Diseases 3000 Rehabilitation Medicine 3002 Spinal paralysis 5000 General Medicine 6700 Clinical (medical) Genetics 7300 Palliative Medicine 7700 Metabolic Medicine 7900 Clinical Immunology
3	**KPI Rationale**	Overall length of stay is a useful indicator for the efficiency of hospital performance, and the improvements in efficiencies which will be delivered by the implementation of the Acute Medicine Programme. Length of stays for patients of medical specialties tend to be longer than other specialties and subsequent bed day usage of hospital bed stock tends to be greater. Therefore the monitoring of AvLOS in medical patients is important and the overall figure is useful as a summary measure at national level. More detailed monitoring of sub groups of AvLOS will be done through the Acute Medicine Programme.
	Indicator Classification	Please tick Indicator Classification this indicator applies to: √ Person Centred Care √ Effective Care ❑ Safe Care ❑ Better Health and Wellbeing ❑ Use of Information ❑ Workforce ❑ Use of Resources ❑ Governance, Leadership and Management
4	**KPI Target**	NSP Target 2014 = 5.8
5	**KPI Calculation**	Number of bed days used for medical in patients divided by number of medical discharges including same day discharges.
6	**Data Source** **Data Completeness** **Data Quality Issues**	HIPE
7	**Data Collection Frequency**	Indicate how often the data to support the KPI will be collected: ❑Daily ❑Weekly √ Monthly ❑Quarterly ❑Bi-annually ❑Annually ❑Other – give details:
8	**Tracer Conditions**	Discharges from medical specialties * (Cardiology, Dermatology, Endocrinology, Gastro-Enterology, Genito-Urinary Medicine, Geriatric Medicine, Haematology, Neurology, Oncology, Nephrology, Respiratory Medicine, Rheumatology, Infectious Diseases, General Medicine, Palliative Medicine, Rehabilitation Medicine, Clinical Medical Genetics, Metabolic Medicine, and Clinical immunology)
9	**Minimum Data Set**	Total number of medical* discharges, these include AMU same day discharges which are given an LOS= 0. Total number of bed days used for medical in patient discharges
10	**International Comparison**	Often part of an indicator sub-set in international documents, may not be explicitly noted, but present in some form or another internationally.
11	**KPI Monitoring**	KPI will be monitored : ❑Daily ❑Weekly √ Monthly ❑Quarterly ❑Bi-annually ❑Annually ❑Other – give details: Please indicate who is responsible at a local level for monitoring this KPI:
12	**KPI Reporting Frequency**	Indicate how often the KPI will be reported: ❑Daily ❑Weekly √Monthly ❑Quarterly ❑Bi-annually ❑Annually ❑Other – give details:
13	**KPI report period**	Indicate the period to which the data applies ❑ Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) √ Monthly in arrears (June data reported in July) ❑ Quarterly in arrears (quarter 1 data reported in quarter 2` ❑ Rolling 12 months (previous 12 month period) ❑ Other – give details:
14	**KPI Reporting Aggregation**	Indicate the level of aggregation – for example over a geographical location: √ National √ Regional ❑ LHO Area √ Hospital ❑ County ❑ Institution ❑ Other – give details:
15	**KPI is reported in which reports?**	Indicate where the KPI will be reported: ❑ Corporate Plan Report √ Performance Report (NSP/CBP) √CompStat ❑Other – give details:
16	**Web link to data**	http://www.hse.ie/eng/services/Publications/corporate/performanceassurancereports/
17	**Additional Information**	The overall length of stay KPI is to be reported in the National Service Plan additional sub groupings of lengths of stay templates will be developed for reporting on AMP performance.
	Contact details for Data Manager /Specialist Lead	Derek McCormack, BIU Acute, Tel: 01 620 1690 E:Derek.mccormack@hse.ie Dr Orlaith O'Reilly, Director of Public Health tel 056 7784124
	National Lead and Division	Dr Tony O'Connell, National Director Acute Hospitals Division, Dr. Steevens Hospital, Dublin 8. Tel 01-635 2000.

Acute Hospitals including Clinical Programmes: Surgery

1	**KPI Title**	Surgical patient (corrected) average length of stay
2	**KPI Description**	A specified individual hospital target for average length of hospital stay for surgical inpatients (reference baseline adjusted to 2010 equivalent volumes which includes a factor for day case conversion). A surgical inpatient is a patient who has a surgical procedure as per surgery programme. Definition (see attached) or is admitted under surgical care (may or may not have a non-surgical procedure) and remains in hospital at least one night.
3	**KPI Rationale**	There is significant potential for improvement i.e. reduction in length of stay for surgical patients in Ireland. There is variation across hospitals and across case mix groupings which is demonstrated in 2011 HIPE analysis by Surgery Programme which allows individual hospitals to compare their performance against other anonymised hospitals and plan improvements. The NQAIS system allows users to compare their performance against optimum AvLoS for a selection of elective procedures. Reducing length of stay to optimum levels improves the patient pathway and experience, by reducing pre-operative and discharge delays. It also allows for better use of resources and improved access for patients awaiting surgical care.
	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in Safe Care☐ Better Health and Wellbeing ☐Use of Information☐ Workforce √Use of Resources☐Governance, Leadership and Management☐
4	**KPI Target**	NSP 2014 Target: for Dec 13 to Dec 14 will be set based on a reduction of 4.5% on 2012 baseline for hospitals deducted from 1.) their end of year annual average for 2013 where those hospitals have achieved or exceeded their 2013 target or 2.) deducted from the 2013 end of year target for hospitals that did not achieve the 2013 AvLOS target set by the National Clinical Programme in surgery for that hospital. Hospital groups will be assessed based on a appropriate volume weighted target based on the targets for the hospitals in that group.
5	**KPI Calculation**	The length of stay of all surgical inpatients divided by the numbers of surgical inpatients, adjusted for baseline and day case conversion
6	**Data Source**	HIPE Data.
	Data Completeness	Will be dependant on accuracy and timely completion of Hospital HIPE coding.
	Data Quality Issues	Coverage includes all acute hospitals except specialist paediatric and maternity hospitals. Surgery Programme mapping tables for surgical procedures and surgical specialties
7	**Data Collection Frequency**	☐Daily ☐Weekly √Monthly Quarterly ☐Bi-annually √Annually ☐Other – give details: START Q2 END 2013
8	**Tracer Conditions**	AvLoS= Average length of stay. ICD 10 Codes=International Classification of Disease (ICD) 10.
9	**Minimum Data Set**	HIPE recorded data for every episode for surgical inpatients.
10	**International Comparison**	Collected in UK and internationally, often for particular surgical procedures e.g. fractured neck of femur
11	**KPI Monitoring**	KPI will be monitored on a (please indicate below) basis: ☐Daily ☐Weekly √Monthly Quarterly ☐Bi-annually Annually ☐Other – give details: Please indicate who is responsible for monitoring this KPI: Hospital Groups, Hospitals, Surgery A
12	**KPI Reporting Frequency**	☐Daily ☐Weekly √Monthly Quarterly ☐Bi-annually Annually ☐Other – give details:
13	**KPI report period**	Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) √Monthly in arrears (June data reported in July) ☐Quarterly in arrears (quarter 1 data reported in quarter 2) ☐Rolling 12 months (pr
14	**KPI Reporting Aggregation**	√National √Regional ☐ LHO Area √Hospital ☐ County ☐ Institution √Other – give details: Hospital group as appropriate in 2013
15	**KPI is reported in which reports ?**	☐ Corporate Plan Report √Performance Report (NSP/CBP) ☐√CompStat ☐ √Other – give details:Surgery or Anaesthesia Programmes or SDU reports
16	**Web link to data**	http://www.hse.ie/eng/services/Publications/corporate/performanceassurancereports/
17	**Additional Information**	2010 was taken as the base line year from which target reductions in average length of stay (AvLOS) / average bed day usage for treating inpatients were taken. Implied in the calculations was an assumption that over all volumes of surgical patients treated and the ratio split of day cases to inpatient for surgical patients would stay constant or equivalent to 2010 figures. In reality this assumption is not true, so to factor in actual figure for 2011, 2012 and so on, adjustments must be made before the target year figure can be compared with 2010 the base line figure. To compare a year to be measured with the base line year (2010), an adjustment for the overall volume change must be made. This can be expressed as the overall surgical patient volume for 2010 divided by the overall surgical patient volume for the year being measured. With this adjustment ratio it can be said that total bed usage in 2010 is equivalent to the total bed day usage in the target year multiplied by the adjustment for overall volume. To look at the equivalent inpatient bed day usage in the target year subtract the 2010 day case bed day Target year day bed usage of bed days adjusted for 2010 volumes -2010 day case bed usage + Target

Acute Hospitals including Clinical Programmes: Surgery

		OR
		2010 tot volume/target year tot volume * Num day cases in target year *0.5 - Num day cases in 2010 year *0.5 +2010 tot volume/target year tot volume *Num inpatient cases in target year * Ave length of stay for inpatient in target year Divide the actual bed day usage in the target year normalised for 2010 volumes and ratio of day case to inpatient in 2010 by the number of inpatients treated in 2010 to give the adjusted AvLOS for inpatients in the target year. The actual inpatient AvLOS for 2010 less the adjusted AvLOS for inpatien in the target year gives the change in AvLOS where a positive value is an improvement. Divide them change in AvLOS by the actual inpatient AvLOS for 2010 to get the percentage change where a positive value is an improvement. For example in 2011 the formula would look like 400625/420606 *263,223*0.5 - 240336 * 0.5 +400625/420606 * 157383 *6.46138 =973,794 bed days equivalent ►973,794/160,289 = 6.07505 is the adjusted AvLOS for 2011 ► (6.628-6.075) / 6.628 = 8.34% improvement in equalised inpatient AvLOS between 2010 and 2011. Note: the list of primary surgical procedures may be increased from 830 following an analysis of the 20
Contact details for Data Manager / Specialist Lead		Gerry Kelliher, Business intelligence manager, HSE, National Clinical Programme for Surgery tel 0871240759
National Lead and Directorate		Prof. Frank Keane, Ken Mealy, Sean Johston :fkeane@rcsi.ie, kmealy@rcsi.ie & sjohnston@rcsi.ie - Dr. Ciaran Browne, NationalLead for Acute and Palliative Care, ISD, HSE, Room 107, Dr Steevens Hospital tel 01-6201667

Acute Division - ALOS

#	Field	Content
1	KPI title	ALOS for all inpatients
2	KPI Description	The average number of patient days for an admitted patient episode.
3	KPI Rationale	Average length of stay (ALOS) is used in assessment of quality of care, costs and efficiency and is used for health planning purposes.
	Indicator Classification	Please tick Indicator Classification this indicator applies to: ❑ Person Centred Care ❑ Effective Care ❑ Safe Care ❑ Better Health and Wellbeing ❑ Use of Information ❑ Workforce ❑ Use of Resources ❑ Governance, Leadership and Management
4	KPI Target	NSP Target 2014 ; 5.6
5	KPI Calculation	Total bed days used Total inpatient discharges = Average length of stay
6	Data Source	Sourced from HIPE
	Data Completeness	Coverage all acute hospitals 100%
	Data Quality Issues	All acute hospitals reporting
7	Data Collection Frequency	Indicate how often the data to support the KPI will be collected: ❑Daily ❑Weekly √ Monthly ❑Quarterly ❑Bi-annually √Annually ❑Other – give details:
8	Tracer Conditions	As per description no. 2 above
9	Minimum Data Set	BIU – Acute MDR
10	International Comparison	Average Length of Stay, broken down by clinical condition, is a recognised international metric (GB, CAN, AUS, ECHI)
11	KPI Monitoring	KPI will be monitored : ❑Daily ❑Weekly √ Monthly ❑Quarterly ❑Bi-annually ❑Annually ❑Other – give details: Please indicate who is responsible at a local level for monitoring this KPI:
12	KPI Reporting Frequency	Indicate how often the KPI will be reported: ❑Daily ❑Weekly √Monthly ❑Quarterly ❑Bi-annually ❑Annually ❑Other – give details:
13	KPI report period	Indicate the period to which the data applies √ Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) ❑ Monthly in arrears (June data reported in July) ❑ Quarterly in arrears (quarter 1 data reported in quarter 2) ❑ Rolling 12 months (previous 12 month period) ❑ Other – give details:
14	KPI Reporting Aggregation	Indicate the level of aggregation – for example over a geographical location: √ National √ Regional ❑ LHO Area √ Hospital ❑ County ❑ Institution ❑ Other – give details:
15	KPI is reported in which reports?	Indicate where the KPI will be reported: ❑ Corporate Plan Report √ Performance Report (NSP/CBP) √CompStat ❑Other – give details:
16	Web link to data	http://www.hse.ie/eng/services/Publications/corporate/performanceassurancereports/
17	Additional Information	The overall length of stay KPI is to be reported in the National Service Plan additional sub groupings of lengths of stay templates will be developed for reporting on AMP performance.
	Contact details for Data Manager	Derek McCormack, BIU Acute, Tel: 01 620 1690 E:Derek.mccormack@hse.ie
	National Lead and Division	Dr Tony O'Connell, National Director Acute Hospitals Division, Dr. Steevens Hospital, Dublin 8. Tel 01-635 2000.

		Acute Division - ALOS
1	KPI title	Overall Average Length of Stay (ALOS) for all inpatient discharges and deaths excluding LOS over 30 days
2	KPI Description	The average length of stay in days for all inpatient discharges and deaths excluding Length of Stay over 30 days. Length of stay is counted from the date of admission of the patient to an inpatient hospital bed until their date of discharge. For the purposes of this metric, ALOS values greater than 30 days are set to 30 days.
3	KPI Rationale	Average length of stay (ALOS) is used in assessment of quality of care, costs and efficiency and is used for health planning purposes.
	Indicator Classification	Please tick Indicator Classification this indicator applies to: ❑ Person Centred Care √ Effective Care ❑ Safe Care ❑ Better Health and Wellbeing ❑ Use of Information ❑ Workforce ❑ Use of Resources ❑ Governance, Leadership and Management
4	KPI Target	NSP Target 2014 ; 4.5
5	KPI Calculation	Trimmed length of stay (days) is calculated as the maximum of (discharge date – admission date and 30 days.)Where a case has been admitted and discharged on the same date, the length of stay is set to 0.5 days. The overall average length of stay is then calculated as the total number of beddays, trimmed as above, across inpatient discharges/deaths in the reporting period divided by the total number of inpatient discharges/deaths in the reposting period. Reporting of this metric is based on a rolling 12 month period 3 months in arrears.
6	Data Source	Sourced from Hospitals PAS systems through HIPE
	Data Completeness	Coverage all acute hospitals 100%
	Data Quality Issues	All acute hospitals reporting
7	Data Collection Frequency	Indicate how often the data to support the KPI will be collected: ❑Daily ❑Weekly √ Monthly ❑Quarterly ❑Bi-annually √Annually ❑Other – give details:
8	Tracer Conditions	As per description no. 2 above
9	Minimum Data Set	BIU – Acute MDR
10	International Comparison	Average Length of Stay, broken down by clinical condition, is a recognised international metric (GB, CAN, AUS, ECHI)
11	KPI Monitoring	KPI will be monitored : ❑Daily ❑Weekly √ Monthly ❑Quarterly ❑Bi-annually ❑Annually ❑Other – give details: Please indicate who is responsible at a local level for monitoring this KPI:
12	KPI Reporting Frequency	Indicate how often the KPI will be reported: ❑Daily ❑Weekly √Monthly ❑Quarterly ❑Bi-annually ❑Annually ❑Other – give details:
13	KPI report period	Indicate the period to which the data applies ❑ Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) √ Monthly in arrears (June data reported in July) ❑ Quarterly in arrears (quarter 1 data reported in quarter 2) ❑ Rolling 12 months (previous 12 month period) ❑ Other – give details:
14	KPI Reporting Aggregation	Indicate the level of aggregation – for example over a geographical location: √ National √ Regional ❑ LHO Area √ Hospital ❑ County ❑ Institution ❑ Other – give details:
15	KPI is reported in which reports?	Indicate where the KPI will be reported: ❑ Corporate Plan Report √ Performance Report (NSP/CBP) √CompStat ❑Other – give details:
16	Web link to data	http://www.hse.ie/eng/services/Publications/corporate/performanceassurancereports/
17	Additional Information	The overall length of stay KPI is to be reported in the National Service Plan additional sub groupings of lengths of stay templates will be developed for reporting on AMP performance.
	Contact details for Data Manager	Derek McCormack, BIU Acute, Tel: 01 620 1690 E:Derek.mccormack@hse.ie
	National Lead and Division	Dr Tony O'Connell, National Director Acute Hospitals Division, Dr. Steevens Hospital, Dublin 8. Tel 01-635 2000.

KPI Metadata Guidelines 2014

Acute Division - Outpatient attendances (monthly)

#		
1	**KPI title**	Outpatient Attendances
2	**KPI Description**	This metric includes the total number of both new and return attendances. New Consultant-Attendance - The first face-to-face attendance with a Consultant or a member of the Consultant's Surgical or Medical Team as a result of a referral and for which the Consultant will have an identifiable record.
		The attendance may occur in a hospital Outpatient Department or on an outreach basis in a Health Centre or Primary Care Centre as a result of a referral, provided such attendance takes place in a clinic as defined elsewhere in this document.
		Only Consultant delivered Outpatient services, and not that of any other discipline are to be included. An attendance following referral from a Triage Physiotherapist Clinic or Triage Nurse Clinic may be considered as a new attendance.
		Return Attendance - Attendance by a patient who has been treated at least once previously as an outpatient with the same condition/ complaint, at a Consultant OPD Clinic, or as an inpatient.
		An attendance which follows an admission is considered to be a Return Attendance
		An attendance where the patient is referred by the OPD Consultant or a member of that team following an ED Attendance is considered to be a Return Attendance.
3	**KPI Rationale** **Indicator Classification**	The monitoring of patient access. Please tick Indicator Classification this indicator applies to: ❑ Person Centred Care ❑ Effective Care ❑ Safe Care ❑ Better Health and Wellbeing ❑ Use of Information ❑ Workforce ❑ Use of Resources ❑ Governance, Leadership and Management
4	**KPI Target**	2014 Expected Activity: 2,571,115
5	**KPI Calculation**	Count of new and return attendances at outpatient department in all acute hospitals
6	**Data Source** **Data Completeness** **Data Quality Issues**	Sourced from Hospitals PAS systems Coverage all acute hospitals 100% All acute hospitals reporting
7	**Data Collection Frequency**	Indicate how often the data to support the KPI will be collected: ❑Daily ❑Weekly √ Monthly ❑Quarterly ❑Bi-annually ❑Annually ❑Other – give details:
8	**Tracer Conditions**	As per description no. 2 above
9	**Minimum Data Set**	BIU- Acute OPD Template
10	**International Comparison**	No OPD measure of performance internationally due to different structures of health service delivery.
11	**KPI Monitoring**	KPI will be monitored : ❑Daily ❑Weekly ❑ Monthly ❑Quarterly ❑Bi-annually ❑Annually ❑Other – give details: Please indicate who is responsible at a local level for monitoring this KPI:
12	**KPI Reporting Frequency**	Indicate how often the KPI will be reported: ❑Daily ❑Weekly √Monthly ❑Quarterly ❑Bi-annually ❑Annually ❑Other – give details:
13	**KPI report period**	Indicate the period to which the data applies ❑ Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) √ Monthly in arrears (June data reported in July) ❑ Quarterly in arrears (quarter 1 data reported in quarter 2) ❑ Rolling 12 months (previous 12 month period) ❑ Other – give details:
14	**KPI Reporting Aggregation**	Indicate the level of aggregation – for example over a geographical location: √ National √ Regional ❑ LHO Area √ Hospital ❑ County ❑ Institution √ Other – give details:
15	**KPI is reported in which reports?**	Indicate where the KPI will be reported: ❑ Corporate Plan Report √ Performance Report (NSP/CBP) √CompStat ❑Other – give details:
16	**Web link to data**	http://www.hse.ie/eng/services/Publications/corporate/performanceassurancereports/
17	**Additional Information**	ICD code disaggregation will be considered in subsequent phases of Data Quality Programme
Contact details for Data Manager **/Specialist Lead**		Derek McCormack, BIU Acute, Tel: 01 620 1690 E:Derek.mccormack@hse.ie Oliver Plunkett, National Lead for Outpatient Services Performance Improvement Programme, HSE, Oak House, Millennium Park, Naas, Co. Kildare tel 045 880420
National Lead and Division		Dr Tony O'Connell, National Director Acute Hospitals Division, Dr. Steevens Hospital, Dublin 8. Tel 01-635 2000.

Acute Hospitals including Clinical Programmes:Dermatology OPD

1	KPI Title	No. of new dermatology patients seen
2	KPI Description	New outpatient – attendance by a patient at a hospital clinic, for a planned treatment or consultation, who has not been treated at least once previously as an outpatient with the same condition (same consultant) within the previous 12 months.
3	KPI Rationale	This indicator is a key access indicator. All consultants should be seeing a minimum number of patients per year in order to meet demand. The number of outpatients to be seen per hospital per year can then be calculated.
	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two). √Person Centred Care √Effective Care Safe Care☐ Better Health and Wellbeing ☐Use of Information☐ Workforce☐Use of Resources☐Governance, Leadership and Management ☐
4	KPI Target	NSP 2014 Target: 40,000
5	KPI Calculation	Number of new attendances seen in hospital clinic
6	Data Source	Sourced from Hospitals PAS systems
	Data Completeness	Coverage all acute hospitals 100%
	Data Quality Issues	All acute hospitals reporting
7	Data Collection Frequency	☐Daily ☐Weekly √Monthly ☐Quarterly ☐Bi-annually ☐Annually ☐Other – give details:
8	Tracer Conditions	As per description no. 2 above
9	Minimum Data Set	BIU – Acute MDR
10	International Comparison	No OPD measure of performance internationally due to different structures of health service delivery.
11	KPI Monitoring	KPI will be monitored on a (please indicate below) basis: ☐Daily ☐Weekly √Monthly ☐Quarterly ☐Bi-annually ☐Annually ☐Other – give details: Please indicate who is responsible for monitoring this KPI: Hospital Manager/ Clinical Program
12	KPI Reporting Frequency	☐Daily ☐Weekly √Monthly ☐Quarterly ☐Bi-annually ☐Annually ☐Other – give details:
13	KPI report period	☐Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) √Monthly ☐Quarterly in arrears (quarter 1 data reported in quarter 2) ☐Rolling 12 months (previous 12 month period)
14	KPI Reporting Aggregation	☐ National ☐Regional ☐ LHO Area ☑Hospital ☐ County ☐ Institution ☐Other – give details:
15	KPI is reported in which reports ?	☐ Corporate Plan Report ☑Performance Report (NSP/CBP) ☐CompStat ☐Other – give details:
16	Web link to data	http://www.hse.ie/eng/services/Publications/corporate/performanceassurancereports/
17	Additional Information	ICD code disaggregation will be considered in subsequent phases of Data Quality Programme.
Contact details for Data Manager / Specialist Lead		Roisin breen – 085 8043250 email:Roisinbreen@rcpi.ie Dr Emer Feely, Department of Public Health, Dr Steeven's Hospital, Dublin 8 Ph: 01-6352115/ 2294 e-mail: emer.feely@hse.ie
National Lead and Directorate		Dr. Aine Carroll, National Director, Clinical Strategy and Programmes Directorate Tel: 01 6352322

Acute Hospitals including Clinical Programmes:Dermatology OPD

1	**KPI Title**	New:Return attendance ratio
2	**KPI Description**	This refers to the ratio of the number of new patients referred to an outpatient clinic over a certain time period to the number of new outpatients seen in that clinic over the same time period.
3	**KPI Rationale**	This is an access indicator. A mismatch between the number of referrals and the number of new patients seen leads to the formation of a waiting list.
	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two). √Person Centred Care √Effective Care Safe Care☐ Better Health and Wellbeing ☐Use of Information☐ Workforce☐ Use of Resources☑ Governance, Leadership and Management ☑
4	**KPI Target**	NSP 2014 Target: 10% improvement on baseline 1:1 ratio
5	**KPI Calculation**	Ratio of new referrals to hospital clinic per month: new patients seen in hospital clinic per month
6	**Data Source**	Sourced from Hospitals PAS systems
	Data Completeness	Coverage all acute hospitals 100%
	Data Quality Issues	All acute hospitals reporting
7	**Data Collection Frequency**	☐Daily ☐Weekly ✓Monthly ☐Quarterly ☐Bi-annually ☐Annually ☐Other – give details:
8	**Tracer Conditions**	As per description no. 2 above
9	**Minimum Data Set**	BIU – Acute MDR
10	**International Comparison**	No OPD measure of performance internationally due to different structures of health service delivery.
11	**KPI Monitoring**	KPI will be monitored on a (please indicate below) basis: ☐Daily ☐Weekly ☐✓ Monthly ☐Quarterly ☐Bi-annually ☐Annually ☐Other – give details: Please indicate who is responsible for monitoring this KPI: Hospital Manager/ Clinical Progra
12	**KPI Reporting Frequency**	☐Daily ☐Weekly √Monthly Quarterly Bi-annually ☐Annually ☐Other – give details:
13	**KPI report period**	☐Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) √Monthly ☐Quarterly in arrears (quarter 1 data reported in quarter 2) ☐Rolling 12 months (previous 12 month period)
14	**KPI Reporting Aggregation**	☐ National ☐Regional ☐ LHO Area ✓ Hospital ☐ County ☐ Institution ☐Other – give details:
15	**KPI is reported in which reports ?**	☐ Corporate Plan Report ✓Performance Report (NSP/CBP) ☐CompStat ☐Other – give details:
16	**Web link to data**	http://www.hse.ie/eng/services/Publications/corporate/performanceassurancereports/
17	**Additional Information**	ICD code disaggregation will be considered in subsequent phases of Data Quality Programme.
	Contact details for Data **Manager / Specialist Lead**	Roisin breen – 085 8043250 email:Roisinbreen@rcpi.ie Dr Emer Feely, Department of Public Health, Dr Steeven's Hospital, Dublin 8 Ph: 01-6352115/ 2294 e-mail: emer.feely@hse.ie
	National Lead and Directorate	 Dr. Aine Carroll, National Director, Clinical Strategy and Programmes Directorate Tel: 01 6352322

Acute Hospitals including Clinical Programmes: Rheumatology OPD

1	**KPI Title**	Number of new rheumatology patients seen
2	**KPI Description**	New outpatient – attendance by a patient at a hospital clinic, for a planned treatment or consultation, who has not been treated at least once previously as an outpatient with the same condition (same consultant) within the previous 12 months.
3	**KPI Rationale**	This indicator is a key access indicator. All consultants should be seeing a minimum number of patients per year in order to meet demand. The number of outpatients to be seen per hospital per year can then be calculated.
	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two). ☐Person Centred Care ☐Effective Care Safe Care☐ Better Health and Wellbeing ☐Use of Information☐ Workforce☐Use of ResourcesYes✓Governance, Leadership and Management ☐
4	**KPI Target**	NSP 2014 Target: 12,400
5	**KPI Calculation**	Number of new attendances seen in hospital clinic
6	**Data Source**	Sourced from Hospitals PAS systems
	Data Completeness	Coverage all acute hospitals 100%
	Data Quality Issues	All acute hospitals reporting
7	**Data Collection Frequency**	☐Daily ☐Weekly ✓Monthly ☐Quarterly ☐Bi-annually ☐Annually ☐Other – give details:
8	**Tracer Conditions**	As per description no. 2 above
9	**Minimum Data Set**	BIU – Acute MDR
10	**International Comparison**	No OPD measure of performance internationally due to different structures of health service delivery. Target number of new attendances per consultant post have been agreed, based on BSR recommendations
11	**KPI Monitoring**	KPI will be monitored on a (please indicate below) basis: ☐Daily ☐Weekly ✓Monthly ☐Quarterly ☐Bi-annually ☐Annually ☐Other – give details: Please indicate who is responsible for monitoring this KPI:_____
12	**KPI Reporting Frequency**	☐Daily ☐Weekly ✓Monthly oQuarterly ☐Bi-annually ☐Annually ☐Other – give details:
13	**KPI report period**	☐Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) ✓Monthly ☐Quarterly in arrears (quarter 1 data reported in quarter 2) ☐Rolling 12 months (previous 12 month period)
14	**KPI Reporting Aggregation**	☐ National ☐Regional ☐ LHO Area ✓ Hospital ☐ County ☐ Institution ☐Other – give details:
15	**KPI is reported in which reports ?**	☐ Corporate Plan Report ✓Performance Report (NSP/CBP) ☐CompStat ☐Other – give details:
16	**Web link to data**	http://www.hse.ie/eng/services/Publications/corporate/performanceassurancereports/
17	**Additional Information**	ICD code disaggregation will be considered in subsequent phases of Data Quality Programme.
	Contact details for Data Manager / Specialist Lead	Roisin Breen – 085-8043250 email: Roisinbreen@rcpi.ie Data reported by Mary O'Connell
	National Lead and Directorate	Dr. Aine Carroll, National Director, Clinical Strategy and Programmes Directorate Tel: 01 6352322

1	**KPI Title**	New:Return attendance ratio
2	**KPI Description**	This refers to the ratio of the number of return patients seen in a Rheumatology outpatient clinic over a certain time period to the number of new outpatients seen in that clinic over the same time period.
3	**KPI Rationale**	This is an access indicator. A high number of return appointments will limit the number of possible new appointments.
	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two). ☐Person Centred Care ☐Effective Care
		Safe Care☐ Better Health and Wellbeing ☐ Use of Information☐
		Workforce☐ Use of Resources ☑ Governance, Leadership and Management ☑
4	**KPI Target**	NSP 2014 Target: 1:4
5	**KPI Calculation**	Ratio of return appointments to new appointments seen in hospital clinic in that time period
6	**Data Source**	Sourced from Hospitals PAS systems
	Data Completeness	Coverage all acute hospitals 100%
	Data Quality Issues	All acute hospitals reporting
7	**Data Collection Frequency**	☐Daily ☐Weekly ☑Monthly ☐Quarterly ☐Bi-annually ☐Annually ☐Other – give details:
8	**Tracer Conditions**	Patients referred to Neurology OPD
9	**Minimum Data Set**	BIU – Acute MDR
10	**International Comparison**	No OPD measure of performance internationally due to different structures of health service delivery.
11	**KPI Monitoring**	KPI will be monitored on a (please indicate below) basis: ☐Daily ☐Weekly ☐✓ Monthly ☐Quarterly ☐Bi-annually ☐Annually ☐Other – give details: Please indicate who is responsible for monitoring this KPI: Hospital Manager/ Clinical Progra
12	**KPI Reporting Frequency**	☐Daily ☐Weekly √Monthly Quarterly Bi-annually ☐Annually ☐Other – give details:
13	**KPI report period**	☐Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) ☐✓ Monthly ☐Quarterly in arrears (quarter 1 data reported in quarter 2) ☐Rolling 12 months (previous 12 month period)
14	**KPI Reporting Aggregation**	☑ National ☑ Regional ☐ LHO Area ☑ Hospital ☐ County ☐ Institution ☐Other – give details:
15	**KPI is reported in which reports ?**	☐ Corporate Plan Report ☑ Performance Report (NSP/CBP) ☐CompStat ☐Other – give details:
16	**Web link to data**	http://www.hse.ie/eng/services/Publications/corporate/performanceassurancereports/
17	**Additional Information**	
	Contact details for Data Manager / Specialist Lead	Roisin Breen – 085-8043250 email: Roisinbreen@rcpi.ie Data reported by Mary O'Connell
	National Lead and Directorate	Dr. Aine Carroll, National Director, Clinical Strategy and Programmes Directorate Tel: 01 6352322

Acute Hospitals including Clinical Programmes: Neurology OPD

1	KPI Title	No. of new neurology patients seen
2	KPI Description	New outpatient – attendance by a patient at a hospital clinic, for a planned treatment or consultation, who has not been treated at least once previously as an outpatient with the same condition (same consultant) within the previous 12 months.
3	KPI Rationale	This indicator is a key access indicator
	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two). ☐Person Centred Care ☐Effective Care Safe Care☐ Better Health and Wellbeing ☐Use of Information☐ Workforce☐Use of Resources✓☐Governance, Leadership and Management ☐
4	KPI Target	NSP 2014 Full year target: 15,400. Half year target: 7,700
5	KPI Calculation	Number of new attendances seen in hospital clinic
6	Data Source	Sourced from Hospitals PAS systems
	Data Completeness	Coverage all acute hospitals 100%
	Data Quality Issues	All acute hospitals reporting
7	Data Collection Frequency	☐Daily ☐Weekly ✓Monthly ☐Quarterly ☐Bi-annually ☐Annually ☐Other – give details:
8	Tracer Conditions	As per description no. 2 above
9	Minimum Data Set	BIU – Acute MDR
10	International Comparison	Target number of new attendances per consultant post have been agreed, based on British Association of Neurologists recommendations.
11	KPI Monitoring	KPI will be monitored on a (please indicate below) basis: ☐Daily ☐Weekly ☐ Monthly ☐Quarterly ☐Bi-annually ☐Annually ☐Other – give details: Please indicate who is responsible for monitoring this KPI: Neurology programme
12	KPI Reporting Frequency	☐Daily ☐Weekly ☐Monthly Quarterly ☐Bi-annually ☐Annually ☐Other – give details:
13	KPI report period	☐Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) ☐Monthly in arrears (June data reported in July) ☐Quarterly in arrears (quarter 1 data reported in quarter 2) ☐Rolling 12 months (pr
14	KPI Reporting Aggregation	☐ National ☐Regional ☐ LHO Area ✓ Hospital ☐ County ☐ Institution ☐Other – give details:
15	KPI is reported in which reports ?	☐ Corporate Plan Report ☑ Performance Report (NSP/CBP) ☐CompStat ☐Other – give details:
16	Web link to data	http://www.hse.ie/eng/services/Publications/corporate/performanceassurancereports/
17	Additional Information	ICD code disaggregation will be considered in subsequent phases of Data Quality Programme.
Contact details for Data Manager / Specialist Lead		Roisin Breen – 085-8043250 email: Roisinbreen@rcpi.ie Data reported by Mary O'Connell
National Lead and Directorate		Dr. Aine Carroll, National Director, Clinical Strategy and Programmes Directorate Tel: 01 6352322

Acute Hospitals including Clinical Programmes: Neurology OPD

1	**KPI Title**	New:Return attendance ratio
2	**KPI Description**	This refers to the ratio of the number of return patients seen in a Neuroology outpatient clinic over a certain time period to the number of new outpatients seen in that clinic over the same time period.
3	**KPI Rationale**	This is an access indicator. A high number of return appointments will limit the number of possible new appointments.
	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two). ☐Person Centred Care ☐Effective Care
		Safe Care☐ Better Health and Wellbeing ☐ Use of Information☐
		Workforce☐ Use of Resources ☑ Governance, Leadership and Management ☑
4	**KPI Target**	NSP 2014 Target: 1:3
5	**KPI Calculation**	Ratio of return appointments to new appointments seen in hospital clinic in that time period
6	**Data Source**	Sourced from Hospitals PAS systems
	Data Completeness	Coverage all acute hospitals 100%
	Data Quality Issues	All acute hospitals reporting
7	**Data Collection Frequency**	☐Daily ☐Weekly ☑Monthly ☐Quarterly ☐Bi-annually ☐Annually ☐Other – give details:
8	**Tracer Conditions**	Patients referred to Neurology OPD
9	**Minimum Data Set**	BIU – Acute MDR
10	**International Comparison**	No OPD measure of performance internationally due to different structures of health service delivery.
11	**KPI Monitoring**	KPI will be monitored on a (please indicate below) basis: ☐Daily ☐Weekly ☐✓ Monthly ☐Quarterly ☐Bi-annually ☐Annually ☐Other – give details: Please indicate who is responsible for monitoring this KPI: Hospital Manager/ Clinical Progra
12	**KPI Reporting Frequency**	☐Daily ☐Weekly √Monthly Quarterly Bi-annually ☐Annually ☐Other – give details:
13	**KPI report period**	☐Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) ☐✓ Monthly ☐Quarterly in arrears (quarter 1 data reported in quarter 2) ☐Rolling 12 months (previous 12 month period)
14	**KPI Reporting Aggregation**	☑ National ☑ Regional ☐ LHO Area ☑ Hospital ☐ County ☐ Institution ☐Other – give details:
15	**KPI is reported in which reports ?**	☐ Corporate Plan Report ☑ Performance Report (NSP/CBP) ☐CompStat ☐Other – give details:
16	**Web link to data**	http://www.hse.ie/eng/services/Publications/corporate/performanceassurancereports/
17	**Additional Information**	
	Contact details for Data **Manager / Specialist Lead**	Roisin Breen – 085-8043250 email: Roisinbreen@rcpi.ie Data reported by Mary O'Connell
	National Lead and Directorate	Dr. Aine Carroll, National Director, Clinical Strategy and Programmes Directorate Tel: 01 6352322

	KPI Metadata Guidelines 2014	
	Acute Division	
1	**KPI title**	% Discharges which are public; Inpatient
2	**KPI Description**	Number of Inpatient discharges – (adult and child) Inpatient – A patient admitted to hospital for treatment or investigation and is scheduled to stay for at least one night in the hospital
		Public refers to a patients status on discharge or placement on waiting list. A patient is considered 'Public' where their stay in hospital is covered by GMS medical card or patient pays the appropriate Government levy.
3	**KPI Rationale**	As a performance monitoring function to ensure hospital compliance with public private mix ratio of 80:20.
	Indicator Classification	Please tick Indicator Classification this indicator applies to:
		❑ Person Centred Care √ Effective Care ❑ Safe Care
		❑ Better Health and Wellbeing ❑ Use of Information ❑ Workforce
		√ Use of Resources ❑ Governance, Leadership and Management
4	**KPI Target**	Target 2014: inpatient – 80%
5	**KPI Calculation**	Numerator:Number of patient discharges which were public (adult and child) x 100
		Denominator: Total number of patient discharges (adult and child)
6	**Data Source** **Data Completeness** **Data Quality Issues**	Sourced from Hospitals PAS systems Coverage all acute hospitals 100% All acute hospitals reporting
7	**Data Collection Frequency**	Indicate how often the data to support the KPI will be collected: ❑Daily ❑Weekly √Monthly ❑Quarterly ❑Bi-annually ❑Annually ❑Other – give details:
8	**Tracer Conditions**	As per description no. 2 above
9	**Minimum Data Set**	BIU – Acute MDR
10	**International Comparison**	Yes, this is an internationally recognised metric (AUS, CAN, GB, ECHI)
11	**KPI Monitoring**	KPI will be monitored :
		❑Daily ❑Weekly √ Monthly ❑Quarterly ❑Bi-annually ❑Annually ❑Other – give details:
		Please indicate who is responsible at a local level for monitoring this KPI:
12	**KPI Reporting Frequency**	Indicate how often the KPI will be reported: ❑Daily ❑Weekly √Monthly ❑Quarterly ❑Bi-annually ❑Annually ❑Other – give details:
13	**KPI report period**	Indicate the period to which the data applies
		❑ Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity)
		√ Monthly in arrears (June data reported in July)
		❑ Quarterly in arrears (quarter 1 data reported in quarter 2)
		❑ Rolling 12 months (previous 12 month period)
		❑ Other – give details:
14	**KPI Reporting Aggregation**	Indicate the level of aggregation – for example over a geographical location:
		√ National √Regional ❑ LHO Area √Hospital
		❑ County ❑ Institution √Other – give details:
15	**KPI is reported in which reports?**	Indicate where the KPI will be reported: ❑ Corporate Plan Report √ Performance Report (NSP/CBP) √CompStat ❑Other – give details:
16	**Web link to data**	http://www.hse.ie/eng/services/Publications/corporate/performanceassurancereports/
17	**Additional Information**	
Contact details for Data Manager /Specialist Lead		Derek McCormack, BIU Acute, Tel: 01 620 1690 E:Derek.mccormack@hse.ie
National Lead and Division		Dr Tony O'Connell, National Director Acute Hospitals Division, Dr. Steevens Hospital, Dublin 8. Tel 01-635 2000.

	Acute Division	

1	**KPI title**	% Discharges which are public: Day Case
2	**KPI Description**	Public refers to a patients status on discharge or placement on waiting list. A patient is considered 'Public' where their stay in hospital is covered by GMS medical card or patient pays the appropriate Government levy.
		Day case – A patient who is admitted to hospital on an elective basis for care and/or treatment which does not require the use of a hospital bed overnight and who is discharged as scheduled.
3	**KPI Rationale**	As a performance monitoring function to ensure hospital compliance with public private mix ratio of 80:20.
	Indicator Classification	Please tick Indicator Classification this indicator applies to:
		❑ Person Centred Care √ Effective Care ❑ Safe Care
		❑ Better Health and Wellbeing ❑ Use of Information ❑ Workforce
		√ Use of Resources ❑ Governance, Leadership and Management
4	**KPI Target**	Target 2014: day case – 80%
5	**KPI Calculation**	Numerator:Number of patient discharges which were public (adult and child) x 100
		Denominator: Total number of patient discharges (adult and child)
6	**Data Source**	Sourced from Hospitals PAS systems
	Data Completeness	Coverage all acute hospitals 100%
	Data Quality Issues	All acute hospitals reporting
7	**Data Collection Frequency**	Indicate how often the data to support the KPI will be collected:
		❑Daily ❑Weekly √Monthly ❑Quarterly ❑Bi-annually ❑Annually ❑Other – give details:
8	**Tracer Conditions**	As per description no. 2 above
9	**Minimum Data Set**	BIU – Acute MDR
10	**International Comparison**	Yes, this is an internationally recognised metric (AUS, CAN, GB, ECHI)
11	**KPI Monitoring**	KPI will be monitored :
		❑Daily ❑Weekly √ Monthly ❑Quarterly ❑Bi-annually ❑Annually ❑Other – give details:
		Please indicate who is responsible at a local level for monitoring this KPI:
12	**KPI Reporting Frequency**	Indicate how often the KPI will be reported:
		❑Daily ❑Weekly √Monthly ❑Quarterly ❑Bi-annually ❑Annually ❑Other – give details:
13	**KPI report period**	Indicate the period to which the data applies
		❑ Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity)
		√ Monthly in arrears (June data reported in July)
		❑ Quarterly in arrears (quarter 1 data reported in quarter 2)
		❑ Rolling 12 months (previous 12 month period)
		❑ Other – give details:
14	**KPI Reporting Aggregation**	Indicate the level of aggregation – for example over a geographical location:
		√ National √Regional ❑ LHO Area √Hospital
		❑ County ❑ Institution √Other – give details:
15	**KPI is reported in which reports?**	Indicate where the KPI will be reported:
		❑ Corporate Plan Report √ Performance Report (NSP/CBP) √CompStat ❑Other – give details:
16	**Web link to data**	http://www.hse.ie/eng/services/Publications/corporate/performanceassurancereports/
17	**Additional Information**	
	Contact details for Data Manager	Derek McCormack, BIU Acute, Tel: 01 620 1690 E:Derek.mccormack@hse.ie
	National Lead and Division	Dr Tony O'Connell, National Director Acute Hospitals Division, Dr. Steevens Hospital, Dublin 8. Tel 01-635 2000.

Hospital Services: Clinical Programmes - Stroke Care

1	**KPI Title**	The percentage of acute stroke patients who spend all or some of their hospital stay in an acute or combined stroke unit
2	**KPI Description**	Care of patients with acute stroke in an acute, combined (acute and rehabilitation) or rehabilitation stroke unit with sufficient beds to admit all cases requiring acute care or rehabilitation.
3	**KPI Rationale**	To monitor development of acute and rehabilitation stroke services in accordance with the national stroke programme (national policy and national guidelines) and to assess patient access to acute stroke unit care.
	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two). ☑ Person Centred Care ☑ Effective Care Safe Care ☑ Better Health and Wellbeing ☐Use of Information☐ Workforce☐Use of Resources☐Governance, Leadership and Management ☐
4	**KPI Target**	NSP 2014 Target: 50%
5	**KPI Calculation**	Numerator = Number of patients with principal diagnosis of Intracerebral Haemorrhage (ICD I61); Cerebral Infarction (Ischaemic Stroke) (ICD I63); Stroke, not spec as haemorrhage or infarction (ICD I64) for whom a YES response was made to Admitted to Stro
6	**Data Source**	Data for numerator will be collected through the HIPE Portal/Stroke Regsister. Data for the denominator will be collected through the HIPE and HIPE Portal/Stroke Register
	Data Completeness	Information is available for 25 out of a possible 27 hospitals who can provide this service.
	Data Quality Issues	This dependent on the patient data being enetered on the Stroke Register/HIPE Portal and the variable Admitted to Stroke Unit YES/NO being recorded. Data not meeting these criteria should not be used.
7	**Data Collection Frequency**	☐Daily ☐Weekly ☐Monthly ✓Quarterly ☐Bi-annually ☐Annually ✓Other – give details: Data entered onto Stroke Register/HIPE Portal on an ongoing basis at each hospital
8	**Tracer Conditions**	Intracerebral Haemorrhage (ICD I61) Cerebral Infarction (Ischaemic Stroke) (ICD I63);
9	**Minimum Data Set**	Basic demographic information as well as information on principal diagnosis of: Intracerebral Haemorrhage (ICD I61), Cerebral Infarction (Ischaemic Stroke) (ICD I63); Stroke, not spec as haemorrhage or infarction (ICD I64)
10	**International Comparison**	Yes, Royal College of Physicians UK National Sentinel Stroke Clinical Audit 2010 Round 7 https://audit.rcplondon.ac.uk/SentinelStroke/page/page.aspx?pc=welcome
11	**KPI Monitoring**	KPI will be monitored on a (please indicate below) basis: ☐Daily ☐Weekly ☐ Monthly ☑ Quarterly ☐Bi-annually ☐Annually ☐Other – give details: Please indicate who is responsible for monitoring this KPI:
12	**KPI Reporting Frequency**	☐Daily ☐Weekly ☐Monthly ☑ Quarterly ☐Bi-annually ☐Annually ☐Other – give details:
13	**KPI report period**	☐Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) ☐Monthly in arrears (June data reported in July) Quarterly 6 months in arrears ☐Rolling 12 months (previous 12 month period)
14	**KPI Reporting Aggregation**	☐ National ☐Regional ☐ LHO Area ☑ Hospital ☐ County ☐ Institution ☐Other – give details:
15	**KPI is reported in which reports ?**	☐ Corporate Plan Report ☑ Performance Report (NSP/CBP) ☐CompStat ☐Other – give details:
16	**Web link to data**	http://www.hse.ie/eng/services/Publications/corporate/performanceassurancereports/
17	**Additional Information**	As reported in the HSE Performance Report
	Contact details for Data Manager / Specialist Lead	Derek McCormack, BIU Acute, Tel: 01 620 1690 Email:Derek.mccormack@hse.ie Fiachra Bane, HIPE, Tel: 045 988330 Email: fiachra.bane@hse.ie
	National Lead and Directorate	Dr. Aine Carroll, National Director, Clinical Strategy and Programmes Directorate, Tel 01 6352322

Acute Division - Stroke

1	**KPI Title**	The percentage of patients with confirmed acute ischaemic stroke in whom thrombolysis is not contraindicated who receive thrombolysis
2	**KPI Description**	Confirmed acute ischaemic stroke: principal diagnosis of Cerebral Infarction (Ischaemic Stroke) (ICD I63) or Stroke, not spec as haemorrhage or infarction (ICD I64) for whom a YES/Combined IV & Intra-Arterial Thromb/Combined IV & Clot Retrieval/Intra-Arterial Thromb Only response was made to Treated with Thrombolysis Thrombolysis: Thrombolysis is the breakdown (lysis) of blood clots by pharmacological means. It is colloquially referred to as clot busting for this reason. It works by stimulating fibrinolysis by plasmin through infusion of analogs of tissue plasminogen activator (tPA), the protein that normally activates plasmin.
3	**KPI Rationale**	To monitor development of acute and rehabilitation stroke services in accordance with the national stroke programme (national policy and national guidelines) To assess patient access to acute stroke care.
	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two). ☑ Person Centred Care ☑ Effective Care
		Safe Care ☑ Better Health and Wellbeing ☐Use of Information☐
		Workforce☐Use of Resources☐Governance, Leadership and Management ☐
4	**KPI Target**	NSP 2014 Target: At least 9% of eligible patients with a principal diagnosis of Cerebral Infarction (Ischaemic Stroke) (ICD I63) or Stroke, not spec as haemorrhage or infarction (ICD I64) should receive thrombolysis.
5	**KPI Calculation**	Numerator = Number of patients with principal diagnosis of Cerebral Infarction (Ischaemic Stroke) (ICD I63) or Stroke, not spec as haemorrhage or infarction (ICD I64) for whom a YES/Combined IV & Intra-Arterial Thromb/Combined IV & Clot Retrieval/Intra-Arterial Thromb Only response was made to Treated with Thrombolysis? Denominator = Number of patients with principal diagnosis of Cerebral Infarction (Ischaemic Stroke) (ICD I63) or Stroke, not spec as haemorrhage or infarction (ICD I64) for whom a YES/NO/Combined IV & Intra-Arterial Thromb/Combined IV & Clot Retrieval/Thrombolysis Contraindicated/Intra-Arterial Thromb Only/Other response was made to Treated with Thrombolysis
6	**Data Source**	Data for numerator and denominator will be collected through the HIPE Portal/Stroke Regsister.
	Data Completeness	List of hospitals and date of commencement of Stroke Register forwarded to BIU. Completeness of data dependent on local data input by Stroke team and HIPE coders. Information is available for 25 out of a possible 27 hospitals who can provide this service.
	Data Quality Issues	This dependent on the patient data being enetered on the Stroke Register/HIPE Portal and the variable Treated with Thrombolysis being recorded. Data not meeting these criteria should not be used. Currently information is available for 25 out of a possible 27 hospitals.
7	**Data Collection Frequency**	☐Daily ☐Weekly ☐Monthly ☑ Quarterly ☐Bi-annually ☐Annually ☑ Other – give details: Data entered onto Stroke Register/HIPE Portal on an ongoing basis at each hospital.
8	**Tracer Conditions**	Cerebral Infarction (Ischaemic Stroke) (ICD I63) Stroke, not spec as haemorrhage or infarction (ICD I64)

9	Minimum Data Set	NUMBER OF PATIENTS WITH PRINCIPAL DIAGNOSIS OF CEREBRAL INFARCTION (ISCHAEMIC STROKE) (ICD I63) or STROKE, NOT SPEC AS HAEMORRHAGE OR INFARCTION (ICD I64) FOR WHOM A 1. YES 3. COMBINED IV & INTRA-ARTERIAL THROMB 4. COMBINED IV & CLOT RETRIEVAL 6. INTRA-ARTERIAL THROMB ONLY RESPONSE WAS SELECTED TO TREATED WITH THROMBOLYSIS NUMBER OF PATIENTS WITH PRINCIPAL DIAGNOSIS OF CEREBRAL INFARCTION (ISCHAEMIC STROKE) (ICD I63) or STROKE, NOT SPEC AS HAEMORRHAGE OR INFARCTION (ICD I64) FOR WHOM A 1 YES 2 NO 3 COMBINED IV & INTRA-ARTERIAL THROMB 4 COMBINED IV & CLOT RETRIEVAL 5 THROMB CONTRAINDICATED 6 INTRA-ARTERIAL THROMB ONLY 7 CLOT RETRIEVAL ONLY 8 OTHER RESPONSE WAS MADE TO TREATED WITH THROMBOLYSIS
10	International Comparison	Yes, Royal College of Physicians UK National Sentinel Stroke Clinical Audit 2010 Round 7 https://audit.rcplondon.ac.uk/SentinelStroke/page/page.aspx?pc=welcome
11	KPI Monitoring	KPI will be monitored on a (please indicate below) basis: ☐Daily ☐Weekly ☐ Monthly ☑ Quarterly ☐Bi-annually ☐Annually ☐Other Please indicate who is responsible for monitoring this KPI: Senior Hospital Management (hospital manager/CEO and Clinical Director)
12	KPI Reporting Frequency	☐Daily ☐Weekly ☐Monthly ☑ Quarterly ☐Bi-annually ☐Annually ☐Other – give details:
13	KPI report period	☐Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) ☐Monthly in arrears (June data reported in July) ☐Rolling 12 months (previous 12 month period) ☑ Quarterly (6 months in arrears) - Quarter 4 2012 data reported in Quarter 2 2013; Quarter 1 2013 reported in Quarter 3 2013 and Quarter 2 2013 reported in Quarter 4 2013.
14	KPI Reporting Aggregation	☐ National ☐Regional ☐ LHO Area ☑ Hospital ☐ County ☐ Institution ☐Other – give details:
15	KPI is reported in which reports ?	☐ Corporate Plan Report ☑ Performance Report (NSP/CBP) ☐CompStat ☐Other – give details:
16	Web link to data	http://www.hse.ie/eng/services/Publications/corporate/performanceassurancereports/
17	Additional Information	As reprted in the HSE Performance Report
Contact details for Data Manager / Specialist Lead		Derek McCormack, BIU Acute, Tel: 01 620 1690 Email:Derek.mccormack@hse.ie Fiachra Bane, HIPE, Tel: 045 988330 Email: fiachra.bane@hse.ie
National Lead and Directorate		Dr. Aine Carroll, National Director, Clinical Strategy and Programmes Directorate, Tel 01 6352322

Acute Division - Stroke

1	**KPI Title**	Percentage of hospital stay for acute stroke patients in stroke unit who are admitted to an acute or combined stroke unit.
2	**KPI Description**	Care of patients with acute stroke in an acute, combined (acute and rehabilitation) or rehabilitation stroke unit with sufficient beds to admit all cases requiring acute care or rehabilitation Acute Stroke Patient: patients with principal diagnosis of Intracerebral Haemorrhage (ICD I61); Cerebral Infarction (Ischaemic Stroke) (ICD I63); Stroke, not spec as haemorrhage or infarction (ICD I64) for whom a YES response was made to Admitted to Stroke Unit on HIPE Portal Dataset. Acute or combined stroke unit: An identified area within a hospital used exclusively or predominantly for the care of stroke patients, supported by a trained specialist multidisciplinary team, with regular multidisciplinary team meetings, availability of equipment and skills for physiological monitoring (blood pressure, blood oxygen, blood glucose and heart rhythm), and defined structures for audit, governance, and education/training.
3	**KPI Rationale**	To monitor development of acute and rehabilitation stroke services in accordance with the national stroke programme (national policy and national guidelines), to assess patient access to acute stroke unit care. Patients with a principal diagnosis of Intracerebral Haemorrhage (ICD I61); Cerebral Infarction (Ischaemic Stroke) (ICD I63); Stroke, not spec as haemorrhage or infarction (ICD I64) should spend at least 50% of their hospital stay in the stroke unit.
	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two). ☑ Person Centred Care ☑ Effective Care Safe Care ☑ Better Health and Wellbeing ☐Use of Information☐ Workforce☐Use of Resources☐Governance, Leadership and Management ☐
4	**KPI Target**	NSP 2014 Target: 50%
5	**KPI Calculation**	Numerator = Number of stroke unit bed days of patients with principal diagnosis of Intracerebral Haemorrhage (ICD
6	**Data Source**	Data for numerator will be collected through the HIPE Portal/Stroke Regsister. Data for the denominator will be collected through the HIPE and HIPE Portal/Stroke Register
	Data Completeness	List of hospitals and date of commencement of Stroke Register forwarded to BIU. Completeness of data dependent on local data imput by Stroke team and HIPE coders. Information is available for 25 out of a possible 27 hospitals who can provide this service - Feb 2013
	Data Quality Issues	This dependent on the patient data being enetered on the Stroke Register/HIPE Portal including the dates of admission and discharge to the stroke unit being recorded. Data not meeting these criteria should not be used. Currently information is available for 25 out of a possible 27 hospitals - Feb 2013.
7	**Data Collection** **Frequency**	☐Daily ☐Weekly ☐Monthly ☑ Quarterly ☐Bi-annually ☐Annually ☑ Other – give details: Data entered onto Stroke Register/HIPE Portal on an ongoing basis at each hospital
8	**Tracer Conditions**	Intracerebral Haemorrhage (ICD I61) Cerebral Infarction (Ischaemic Stroke) (ICD I63); Stroke, not spec as haemorrhage or infarction (ICD I64)
9	**Minimum Data Set**	Number of stroke unit bed days of patients with principal diagnosis of Intracerebral Haemorrhage (ICD I61); Cerebral Infarction (Ischaemic Stroke) (ICD I63); Stroke, not spec as haemorrhage or infarction (ICD I64) for whom
10	**International Comparison**	Yes, Royal College of Physicians UK National Sentinel Stroke Clinical Audit 2010 Round 7 https://audit.rcplondon.ac.uk/SentinelStroke/page/page.aspx?pc=welcome
11	**KPI Monitoring**	KPI will be monitored on a (please indicate below) basis: ☐Daily ☐Weekly ☐ Monthly ☑ Quarterly ☐Bi-annually ☐Annually ☐Other – give details: Please indicate who is responsible for monitoring this KPI: Senior Hospital Management (hospital manager/CEO and Clinical Director)
12	**KPI Reporting Frequency**	 ☐Daily ☐Weekly ☐Monthly ☑ Quarterly ☐Bi-annually ☐Annually ☐Other – give details:

13	KPI report period	☐Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity)
		☐Monthly in arrears (June data reported in July)
		☐Quarterly in arrears (quarter 1 data reported in quarter 2)
		☐Rolling 12 months (previous 12 month period) ☑
		Quarterly (6 months in arrears) - Quarter 4 2012 data reported in Quarter 2 2013; Quarter 1 2013 reported in Quarter 3 2013 and Quarter 2 2013 reported in Quarter 4 2013
14	KPI Reporting Aggregation	☐ National ☐Regional ☐ LHO Area ☑ Hospital
		☐ County ☐ Institution ☐Other – give details:
15	KPI is reported in which reports ?	☐ Corporate Plan Report ☑ Performance Report (NSP/CBP) ☐CompStat ☐Other – give details:
16	Web link to data	http://www.hse.ie/eng/services/Publications/corporate/performanceassurancereports/
17	Additional Information	As reported in the HSE Performance Report
Contact details for Data **Manager / Specialist Lead**		Derek McCormack, BIU Acute, Tel: 01 620 1690 Email:Derek.mccormack@hse.ie
		Fiachra Bane, HIPE, Tel: 045 988330 Email: fiachra.bane@hse.ie
		Prof Peter Kelly, Mater Hospital, Dublin, Prof. Joe Harbison, St. James Hospital, Dublin 8
National Lead and Directorate		Dr. Aine Carroll, National Director, Clinical Strategy and Programmes Directorate, Tel 01 6352322

Acute Hospitals including Clinical Programmes: Heart Failure

1	KPI Title	Rate (%) readmission for heart failure within 3 months following discharge from hospital
2	KPI Description	Rate of readmission for heart failure within 3 months following discharge from hospital
3	KPI Rationale	Patients are at highest risk of readmission to hospital within 90 days of discharge. International evidence shows that structured programmes for heart failure can greatly reduce the readmission rate and this is accepted as an excellent measure of quality
	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two). ☐Person Centred Care ☐Effective Care Safe Care☐ Better Health and Wellbeing ☐Use of Information☐ Workforce☐Use of Resources☐Governance, Leadership and Management ☐
4	KPI Target	NSP 2014 Target 20%
5	KPI Calculation	Numerator: All patients admitted with heart failure who are referred to the Heart Failure Team who are readmitted as emergency admission with heart failure within 90 days of discharge. Denominator: all patients admitted with principal diagnosis of acute d
6	Data Source	
	Data Completeness	HIPE Portal Add on Screen for Heart Failure
	Data Quality Issues	
7	Data Collection Frequency	☐Daily ☐Weekly ☐Monthly ✓Quarterly ☐Bi-annually ☐Annually ☐Other – give details:
8	Tracer Conditions	
9	Minimum Data Set	Minimum dataset collected via HIPE Portal Add on screen on all patients admitted with acute decompensated heart failure who are referred to the HF Team. Data collected at two time points – time of discharge and at 3-month follow up out-patient visit.
10	International Comparison	Readmission indicator used in a number of countries
11	KPI Monitoring	KPI will be monitored on a (please indicate below) basis: ☐Daily ☐Weekly ☐ Monthly ✓Quarterly ☐Bi-annually ☐Annually ☐Other – give details: Please indicate who is responsible for monitoring this KPI:_____
12	KPI Reporting Frequency	☐Daily ☐Weekly ☐Monthly ✓Quarterly ☐Bi-annually ☐Annually ☐Other – give details:
13	KPI report period	Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) ☐Monthly in arrears (June data reported in July) ☐Quarterly in arrears (quarter 1 data reported in quarter 2) ☐Rolling 12 months (previous 12 month period) ✓Quarterly (6 months in arrears) - Quarter 4 2013 data reported in Quarter 2 2014; Quarter 1 2014 reported in Quarter 3 2014 and Quarter 2 2014 reported in Quarter 4 2014
14	KPI Reporting Aggregation	✓ National ✓Regional ☐ LHO Area ✓ Hospital ☐ County ☐ Institution ☐Other – give details:
15	KPI is reported in which reports ?	☐ Corporate Plan Report ✓Performance Report (NSP/CBP) ☐CompStat ☐Other – give details:
16	Web link to data	http://www.hse.ie/eng/services/Publications/corporate/performanceassurancereports/
17	Additional Information	
Contact details for Data Manager / Specialist Lead		Derek McCormack, BIU Acute, Tel: 01 620 1690 Email:Derek.mccormack@hse.ie Fiachra Bane, HIPE, Tel: 045 988330 Email: fiachra.bane@hse.ie
National Lead and Directorate		Dr. Aine Carroll, National Director, Clinical Strategy and Programmes Directorate, Tel 01 6352322

Acute Hospitals including Clinical Programmes: Heart Failure

1	**KPI Title**	Median (LOS) for patients admitted with principal diagnosis of acute decompensated heart failure
2	**KPI Description**	Median length of stay for patients admitted to hospital with principal diagnosis of acute decompensated heart failure who are referred to the Heart Failure Team
3	**KPI Rationale**	Structured heart failure programmes should provide quicker access to specialist heart failure services resulting in quicker stabilisation and shorter time to discharge. Median LOS is preferred to mean LOS because of significant numbers of delayed dischar
	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two). ☐Person Centred Care ☐Effective Care Safe Care☐ Better Health and Wellbeing ☐Use of Information☐ Workforce☐Use of Resources☐Governance, Leadership and Management ☐
4	**KPI Target**	NSP Target 2014 6 days
5	**KPI Calculation**	Median length of stay for all patients discharged with principal diagnosis of heart failure who were referred to the Heart Failure Team
6	**Data Source** **Data Completeness** **Data Quality Issues**	HIPE but only for those patients who have data recorded on the HIPE Portal Add-On Screen for Heart Failure with a Principal Diagnosis of HF (ICD-10 I50, I420, I426, I427, I429, I110)
7	**Data Collection Frequency**	☐Daily ☐Weekly ☐Monthly ✓Quarterly ☐Bi-annually ☐Annually ☐Other – give details:
8	**Tracer Conditions**	
9	**Minimum Data Set**	Minimum dataset collected via HIPE Portal Add on screen on all patients admitted with acute decompensated heart failure who are referred to the HF Team. Data collected at two time points – time of discharge and at 3-month follow up out-patient visit.
10	**International Comparison**	Length of stay data available from only a few countries.
11	**KPI Monitoring**	KPI will be monitored on a (please indicate below) basis: ☐Daily ☐Weekly ☐ Monthly ✓Quarterly ☐Bi-annually ☐Annually ☐Other – give details: Please indicate who is responsible for monitoring this KPI:_____
12	**KPI Reporting Frequency**	☐Daily ☐Weekly ☐Monthly ✓Quarterly ☐Bi-annually ✓Annually ☐Other – give details:
13	**KPI report period**	Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) ☐Monthly in arrears (June data reported in July) ☐Quarterly in arrears (quarter 1 data reported in quarter 2) ☐Rolling 12 months (previous 12 month period) ✓ Quarterly (6 months in arrears) - Quarter 4 2013 data reported in Quarter 2 2014; Quarter 1 2014 reported in Quarter 3 2014 and Quarter 2 2014 reported in Quarter 4 2014
14	**KPI Reporting Aggregation**	✓ National ✓Regional ☐ LHO Area ✓ Hospital ☐ County ☐ Institution ☐Other – give details:
15	**KPI is reported in which reports ?**	☐ Corporate Plan Report ✓Performance Report (NSP/CBP) ☐CompStat ☐Other – give details:
16	**Web link to data**	http://www.hse.ie/eng/services/Publications/corporate/performanceassurancereports/
17	**Additional Information**	
	Contact details for Data Manager / Specialist Lead	Derek McCormack, BIU Acute, Tel: 01 620 1690 Email:Derek.mccormack@hse.ie Fiachra Bane, HIPE, Tel: 045 988330 Email: fiachra.bane@hse.ie
	National Lead and Directorate	Dr. Aine Carroll, National Director, Clinical Strategy and Programmes Directorate, Tel 01 6352322

Acute Hospitals including Clinical Programmes: Heart Failure

1	KPI Title	Percentage of patients with acute decompensated heart failure who are seen by the HF programme during their hospital stay
2	KPI Description	The percentage of patients with acute decompensated heart failure who are seen by the heart failure programme during their hospital stay.
3	KPI Rationale	In order to achieve the planned benefits of the heart failure programme it is necessary that patients are seen by the heart failure programme and assessed by the lead consultant or his/her designate.
	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two). ☐Person Centred Care ☐Effective Care Safe Care☐ Better Health and Wellbeing ☐Use of Information☐ Workforce☐Use of Resources☐Governance, Leadership and Management ☐
4	KPI Target	NSP 2014 Target 80%
5	KPI Calculation	% of patients admitted with heart failure who are seen by the heart failure lead consultant or designated physician. Numerator: number of patients seen by HF Lead Consultant or designate as reported through heart failure minimum data set captured via HIPE
6	Data Source	
	Data Completeness	HIPE Portal Add on Screen for Heart Failure
	Data Quality Issues	
7	Data Collection Frequency	☐Daily ☐Weekly ☐Monthly ✓Quarterly ☐Bi-annually ☐Annually ☐Other – give details:
8	Tracer Conditions	
9	Minimum Data Set	Minimum dataset collected via HIPE Portal Add on screen on all patients admitted with acute decompensated heart failure who are referred to the HF Team. Data collected at two time points – time of discharge and at 3-month follow up out-patient visit.
10	International Comparison	
11	KPI Monitoring	KPI will be monitored on a (please indicate below) basis: ☐Daily ☐Weekly ☐ Monthly ✓ Quarterly ☐Bi-annually ☐Annually ☐Other – give details: Please indicate who is responsible for monitoring this KPI:_____
12	KPI Reporting Frequency	☐Daily ☐Weekly ☐Monthly ✓Quarterly ☐Bi-annually ✓Annually ☐Other – give details:
13	KPI report period	Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) ☐Monthly in arrears (June data reported in July) ☐Quarterly in arrears (quarter 1 data reported in quarter 2) ☐Rolling 12 months (previous 12 month period) ✓ Quarterly (6 months in arrears) - Quarter 4 2013 data reported in Quarter 2 2014; Quarter 1 2014 reported in Quarter 3 2014 and Quarter 2 2014 reported in Quarter 4 2014
14	KPI Reporting Aggregation	✓ National ✓Regional ☐ LHO Area ✓ Hospital ☐ County ☐ Institution ☐Other – give details:
15	KPI is reported in which reports ?	☐ Corporate Plan Report ✓Performance Report (NSP/CBP) ☐CompStat ☐Other – give details:
16	Web link to data	http://www.hse.ie/eng/services/Publications/corporate/performanceassurancereports/
17	Additional Information	
	Contact details for Data Manager / Specialist Lead	Derek McCormack, BIU Acute, Tel: 01 620 1690 Email:Derek.mccormack@hse.ie Fiachra Bane, HIPE, Tel: 045 988330 Email: fiachra.bane@hse.ie
	National Lead and Directorate	Dr. Aine Carroll, National Director, Clinical Strategy and Programmes Directorate, Tel 01 6352322

Acute Hospitals including Clinical Programmes: Acute Coronary Syndrome

1	KPI Title	Percentage of STEMI (or LBBB) patients (without contraindication to Reperfusion therapy (RT)) who get PPCI
2	KPI Description	STEMI patients: STEMI is an acronym meaning "ST segment elevation myocardial infarction," which is a type of heart attack. This is determined by an electrocardiogram (ECG) test. Myocardial infarctions (heart attacks) occur when a coronary artery sudden
	KPI Rationale	International evidence supports the treatment of primary percutaneous coronary intervention (PPCI) undertaken at a Cath lab centre with sufficient throughput where this treatment can be initiated within the time of 120 mins from first medical contact. A
3	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two). ☐Person Centred Care ☑ Effective Care Safe Care☐ Better Health and Wellbeing ☑ Use of Information☐ Workforce☐Use of Resources☐Governance, Leadership and Management ☐
4	KPI Target	Target: 75%
5	KPI Calculation	Numerator: No of STEMI (or LBBB) patients who got PPCI. Denominator: Total no of STEMI (or LBBB) patients minus those contraindicated - Expressed as a percentage.
6	Data Source	A new system of electronic data collection (e-Heartbeat Portal) using HIPE portal in PCI centres commenced in 4 PPCI centres in 2012 and will be fully operation in 2013 in conjunction with all relevant hospitals (via hospital networks)
	Data Completeness	Data is availabe for 5 out of a possible 9 hospitals but will be from all 9 hospitals by start of 2014..C33
	Data Quality Issues	Data is dependant on correct data input and the number of hospitals will be expanded during the year.
7	Data Collection Frequency	☐Daily ☐Weekly ☐Monthly ☑ Quarterly ☐Bi-annually ☐Annually Other
8	Tracer Conditions	STEMI = ICD 10 I21.0 – I21.3 (Interpreted from medical record by Heartbeat coillators)
9	Minimum Data Set	As set out in e-Heartbeat Manual Basic demographic information, patient was a STEMI (or LBBB), was the patient contraindicated to reperfusion, did the patient get reperfusion by PPCI and what was dateof reperfusion.
10	International Comparison	Yes, MINAP (UK) and European Society of Cardiology ACS/STEMI Guideline 2012
11	KPI Monitoring	KPI will be monitored on a (please indicate below) basis: ☐Daily ☐Weekly ☐ Monthly ☑ Quarterly ☐Bi-annually ☑ Annually ☐Other – give details: Please indicate who is responsible for monitoring this KPI:
12	KPI Reporting Frequency	☐Daily ☐Weekly ☐Monthly ☑ Quarterly ☐Bi-annually ☑ Annually Other – give details:
13	KPI Report Period	☐Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) ☐Monthly in arrears (June data reported in July) ☑ Rolling 12 months (previous 12 month period)
14	KPI Reporting Aggregation	☐ National ☐Regional ☐ LHO Area ☑ Hospital ☐ County ☐ Institution ☐Other – give details:
15	KPI is reported in which reports ?	☐ Corporate Plan Report ☑ Performance Report (NSP/CBP) ☑ CompStat ☐Other – give details:
16	Web link to data	http://www.hse.ie/eng/services/Publications/corporate/performanceassurancereports/
17	Additional Information	As reported in the Performance Report.
Contact details for Data Manager / Specialist Lead		Derek McCormack, BIU Acute, Tel: 01 620 1690 Email:Derek.mccormack@hse.ie Fiachra Bane, HIPE, Tel: 045 988330 Email: fiachra.bane@hse.ie
National Lead and Directorate		Dr. Aine Carroll, National Director, Clinical Strategy and Programmes Directorate, Tel: 01 6352322.

Acute Hospitals including Clinical Programmes: Acute Coronary Syndrome

1	KPI Title	Percentage reperfused STEMI (or LBBB) patients who get timely:a) PPCI or b) Thrombolysis
2	KPI Description	STEMI (heart attack) patients who get timely reperfusion therapy are those that receive either PPCI or Thrombolysis within targeted times. LBBB: Left bundle branch block (LBBB) is a cardiac conduction abnormality seen on the electrocardiogram (ECG). In t
		Timely Thrombolysis reperfusion: the number of STEMI (or LBBB) pts receiving RT who got timely thrombolysis as defined: Door to needle <= 30 mins.
3	KPI Rationale	International evidence supports swift restoration of blood flow to blocked coronary artery as a medical emergency. Current treatment is mainly rapid thrombolysis at local hospital (TL) but newest form of treatment is emergency primary angioplasty (PPCI) a
	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two). ☐Person Centred Care ☑ Effective Care
		Safe Care☐ Better Health and Wellbeing ☑ Use of Information☐
		Workforce☐Use of Resources☐Governance, Leadership and Management ☐
4	KPI Target	Target: a) PPCI = 75% b) Thrombolysis = 75%
5	KPI Calculation	a) Timely PPCI Numerator: no of STEMI (or LBBB) patients receiving RT who got timely PPCI Denominator : Total no of STEMI (or LBBB) patients who got PPCI b) Timely thrombolysis Numerator: no of STEMI (or LBBB) patients receiving RT who got timely th
6	Data Source	A new system of electronic data collection (e-Heartbeat Portal) using HIPE portal in PCI centres commenced in 5 PPCI centres in 2013 and will be fully operation in 2013 in conjunction with all relevant hospitals (via hospital networks).
	Data Completeness	Data is availabe for 5 out of a possible 9 hospitals but will be from all 9 hospitals by start of 2014..
	Data Quality Issues	Data is dependant on correct data input and the number of hospitals will be expanded during the year.
7	Data Collection Frequency	☐Daily ☐Weekly ☐Monthly ☑ Quarterly ☐Bi-annually ☐Annually Other
8	Tracer Conditions	STEMI = ICD 10 I21.0 – I21.3 (Interpreted from medical record by Heartbeat coillators)
9	Minimum Data Set	As set out in e-Heartebat Manual In essence to enable reporting on this KPI we need: Was patient a STEMI (or LBBB)? Did patient get reperfusion therapy? What reperfusion therapy - PPCI or Thrombolysis? What was date/time of FMC? What was date/time of fi
10	International Comparison	MINAP (UK) and European Society of Cardiology ACS/STEMI Guideline 2012+C64
11	KPI Monitoring	KPI will be monitored on a (please indicate below) basis: ☐Daily ☐Weekly ☐ Monthly ☑ Quarterly ☐Bi-annually ☑ Annually ☐Other – give details: Please indicate who is responsible for monitoring this KPI:
12	KPI Reporting Frequency	☐Daily ☐Weekly ☐Monthly ☑ Quarterly ☐Bi-annually ☑ Annually Other – give details:
13	KPI report period	☐Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) ☐Monthly in arrears (June data reported in July) ☑ Rolling 12 months (previous 12 month period)
14	KPI Reporting Aggregation	☐ National ☐Regional ☐ LHO Area ☑ Hospital ☐ County ☐ Institution ☐Other – give details:
15	KPI is reported in which reports ?	☐ Corporate Plan Report ☑ Performance Report (NSP/CBP) ☑ CompStat ☐Other – give details:
16	Web link to data	http://www.hse.ie/eng/services/Publications/corporate/performanceassurancereports/
17	Additional Information	As reported in the performance reports.
	Contact details for Data Manager / Specialist Lead	Derek McCormack, BIU Acute, Tel: 01 620 1690 Email:Derek.mccormack@hse.ie Fiachra Bane, HIPE, Tel: 045 988330 Email: fiachra.bane@hse.ie
	National Lead and Directorate	Dr. Aine Carroll, National Director, Clinical Strategy and Programmes Directorate, Tel: 01 6352322.

Acute Hospitals including Clinical Programmes: Acute Coronary Syndrome

1	KPI Title	Mean and Median LOS and bed days for a) STEMI (or LBBB) and b) Non-STEMI patients
2	KPI Description	The mean (average) and median (mid point) Length of Stay (LOS) and bed days for : a) STEMI (or LBBB) STEMI is an acronym meaning "ST se
		b) NonSTEMI patients NSTEMI is an acronym meaning "non-ST segment elevation myocardial infarction," which is a type of heart attack. This is determined by a electrocardiogram (ECG) test. Myocardial infarctions (heart attacks) occur when a coronary artery
3	KPI Rationale	For STEMI (or LBBB) the change in treatment from thrombolysis to primary angioplasty will result in a reduction in LOS of ~1 day when the programme is fully up and running. For NSTEMI early angiography is now indicated to inform treatment. It has the ad
	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two). ☐Person Centred Care ☑ Effective Care Safe Care☐ Better Health and Wellbeing ☑Use of Information Workforce☐Use of Resources☐Governance, Leadership and Management ☐
4	KPI Target	Median target: a) Stemi (or LBBB) = 4 bed days b) NonStemi = 6 bed days
5	KPI Calculation	Count - Using the calculation for mean being average and for median with ranking and calculation of midpoint
6	Data Source	HIPE but
	Data Completeness	a) awareness needed that it is not possible to link patient data (until there is a unique patient identifier)
	Data Quality Issues	b) HIPE data can be behind.
7	Data Collection Frequency	☐Daily ☐Weekly ☐Monthly ☑ Quarterly ☐Bi-annually ☐Annually Other
8	Tracer Conditions	STEMI = ICD 10 I21.0 – I21.3, NSTEMI = ICD 10 I21.4, I21.9, Note: On Emergency Admissions only (Coded by HIPE coders)
9	Minimum Data Set	As set out in e-Heartbeat Manual Date of admission, date of discharge, ICD codes, Emergency Admission
10	International Comparison	Yes, MINAP (UK) and European Society of Cardiology ACS/STEMI Guideline 2012
11	KPI Monitoring	KPI will be monitored on a (please indicate below) basis: ☐Daily ☐Weekly ☐ Monthly ☑ Quarterly ☐Bi-annually ☑ Annually ☐Other – give details: Please indicate who is responsible for monitoring this KPI:
12	KPI Reporting Frequency	☐Daily ☐Weekly ☐Monthly ☑ Quarterly ☐Bi-annually ☑ Annually Other – give details:
13	KPI report period	☐Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) ☐Monthly in arrears (June data reported in July) ☑ Rolling 12 months (previous 12 month period)
14	KPI Reporting Aggregation	☐ National ☐Regional ☐ LHO Area ☑ Hospital ☐ County ☐ Institution ☐Other – give details:
15	KPI is reported in which reports ?	☐ Corporate Plan Report ☑ Performance Report (NSP/CBP) ☑ CompStat ☐Other – give details:
16	Web link to data	http://www.hse.ie/eng/services/Publications/corporate/performanceassurancereports/
17	Additional Information	As patients are transferred for investigation and treatment from local hospital to PPCI centre and back the true LOS can only be calculated with the use of a patient identifier. This is likely to need approval of Data Commissioner.
	Contact details for Data Manager / Specialist Lead	Derek McCormack, BIU Acute, Tel: 01 620 1690 Email:Derek.mccormack@hse.ie Fiachra Bane, HIPE, Tel: 045 988330 Email: fiachra.bane@hse.ie
	National Lead and Directorate	Dr. Aine Carroll, National Director, Clinical Strategy and Programmes Directorate, Tel: 01 6352322.

Acute Hospitals including Clinical Programmes: Surgery

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1	**KPI Title**	Percentage of elective surgical inpatients who had principal procedure conducted on day of admission
2	**KPI Description**	The percentage of inpatients having elective surgical procedures on the day of admission over the total number of all elective surgical inpatients who have surgery, will increase by a target of PLUS 5% to 10% within hospitals from end 2013 baseline (towards a maximum of 85%). Hospitals with a baseline above 70% will have a plus 5% increase, hospitals with a baseline below 60% will have a 10% increase and hospital with a baseline will have an increase of between 10% and 5% linearly adjusted for the baselines position in the range 60 to 70%, e.g.if baseline 40% target would be 50%, baseline 64% target 72%, baseline 82% target 85%, baseline 87% target 87%.See attached for further definitions. The baseline will be the higher of the hospitals 2013 target DoSA or the hospitals actual annual DoSA for 2013.
3	**KPI Rationale**	This indicator allows for measurement of effect of improved pre-admission assessment services which facilitate day of surgery admission. The enhancement of pre-admission assessment is a key theme of the Surgery and Anaesthesia programmes' models of care as this service allows for reduction in pre-operative bed usage, allows for optimising patients' conditions before admission and helps to avoid cancellation of operations.
	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two). √Person Centred Care ☐Effective Care Safe Care☐ Better Health and Wellbeing ☐Use of Information☐ Workforce √Use of Resources☐Governance, Leadership and Management ☐
4	**KPI Target**	NSP 2014 Target will be set for each hospital and the target for hospital groups will be a volume weighted target based on the targets for the individual hospitals in that group. The individual hospital targets will be an increase of between PLUS 5% to 10% be set based on the 2013 year end annualised DOSA rate for hospital that achieved their target or the 2013 target for hospitals that have not reached their target (towards a maximum of 85%). The increase for each will be determined by their 2013 year end annualised DoSA rate where Hospitals with a baseline above 70% will have a plus 5% increase, hospitals with a baseline below 60% will have a 10% increase and the remaining hospitals will have an increase of between 10% and 5% linearly adjusted for the baselines position in the range 60 to 70% (formula would be 10% minus half the percentage over 60% in the hospitals metric e.g. a hospital with a DOSA rate of 64.6% at the end of 2013 would get a target of 10 – 4.6/2 = 7.7 so the new target would be 72.3% for DOSA)
5	**KPI Calculation**	Monthly % DOSA rate = number of elective inpatients who have their primary procedure on date of admission, divided by the total number of elective inpatients who have a primary surgical procedure multiplied by 100..
6	**Data Source**	HIPE Data.
	Data Completeness	Will be dependant on accuracy and timely completion of Hospital HIPE coding.
	Data Quality Issues	Coverage includes all acute hospitals except specialist paediatric and maternity hospitals. Surgery Programme mapping tables for surgical procedures and surgical specialities.
7	**Data Collection Frequency**	☐Daily ☐Weekly √Monthly Quarterly ☐Bi-annually ☐Annually ☐Other – give details: START JAN 2013
8	**Tracer Conditions**	ICD 10 Codes= International Classification of Disease (ICD) 10.
9	**Minimum Data Set**	HIPE recorded data for every episode for surgical admissions .
10	**International Comparison**	Collected in UK and internationally, often referred to as DOA or Day of Admission rate.
11	**KPI Monitoring**	KPI will be monitored on a (please indicate below) basis: ☐Daily ☐Weekly √Monthly Quarterly ☐Bi-annually Annually ☐Other – give details: Please indicate who is responsible for monitoring this KPI: Hospital Groups, Hospitals, Surgery a
12	**KPI Reporting Frequency**	☐Daily ☐Weekly √Monthly Quarterly ☐Bi-annually Annually ☐Other – give details:
13	**KPI report period**	Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) √ Monthly in arrears (June data reported in July) ☐Quarterly in arrears (quarter 1 data reported in quarter 2) ☐Rolling 12 months (pr
14	**KPI Reporting Aggregation**	√National √Regional ☐ LHO Area √Hospital ☐ County ☐ Institution √Other – give details: Hospital group as appropriate in 2013
15	**KPI is reported in which reports ?**	√Corporate Plan Report Performance Report (NSP/CBP) √CompStat √Other – give details: SDU/ Surgery Programme/ Anaesthesia Programme reports.
16	**Web link to data**	http://www.hse.ie/eng/services/Publications/corporate/performanceassurancereports/

17	Additional Information	Notes for calculation of DOSA rate: Number of elective inpatients who have their primary procedure on date of admission includes All elective inpatient's who have one of the 830 commonly performed surgical procedures as their primary procedure on the date of admission plus All elective inpatient who were surgically admitted, did not have one of the 830 commonly performed surgical procedures as their primary procedure but had their primary procedure on day of admission. Total number of elective inpatients who have their primary surgical procedure includes All elective inpatient's who have one of the 830 commonly performed surgical procedures as their primary procedure plus All elective inpatient who were surgically admitted and did not have one of the 830 commonly performed surgical procedures as their primary procedure.
Contact details for Data Manager / Specialist Lead		Gerry Kelliher, Business intelligence manager,HSE, National Clinical Programme for Surgery, RCSI, 2 Proud's lane, Dublin 2. Tel 0871240759
National Lead and Directorate		Dr Tony O'Connell, National Director Acute Hospitals Division, Dr. Steevens Hospital, Dublin 8. Tel 01-635 2000.

		Acute Hospitals including Clinical Programmes: Surgery
1	KPI Title	Percentage of surgical re-admissions to the same hospital within 30 days of discharge
2	KPI Description	Unplanned re- admission, 30 days post acute or elective, inpatient or day-case surgical admission to same hospital should remain below 3%.
3	KPI Rationale	As hospitals are encouraged to reduce surgical length of stay, it is important that re admission reates re monitored to ensure that there is not an associated inappropriate increase in vigilant HIPE coding of readmissions to surgical servcies in Ireland is considered a priority in terms of monitoring quality, the inclusion of this KPI will encourage compliance.
	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two). ☐√Person Centred Care ☐Effective Care Safe Care☐ Better Health and Wellbeing ☐Use of Information☐ Workforce☐ √Use of Resources☐Governance, Leadership and Management ☐
4	KPI Target	NSP 2014 Target: <3%
5	KPI Calculation	Number of surgical inpatients (elective and acute, inpatient and daycase) readmitted as an emergency re-admission, within 30 days of discharge from same hospital, as a percentage of all surgical admissions (elective and acute, inpatient and daycase) in the same month.
6	Data Source	HIPE Data. Will be dependant on accuracy (particularly precise coding of "type of admission" field) and timely completion of Hospital HIPE coding. Coverage includes all acute hospitals except specialist paediatric and maternity hosptials. Surgery Programme mapping tables for surgical procedures and surgical specialities.
	Data Completeness	
	Data Quality Issues	
7	Data Collection Frequency	Daily Weekly √Monthly √Quarterly ☐Bi-annually √Annually ☐Other – give details: Starts Jan 2013
8	Tracer Conditions	ICD 10 Codes= International Classification of Disease (ICD) 10.
9	Minimum Data Set	HIPE recorded data for every episode for surgical admissions and emergency readmissions.
10	International Comparison	Collected in UK and internationally, often for particular surgical procedures e.g. fractured neck of femur.
11	KPI Monitoring	KPI will be monitored on a (please indicate below) basis: ☐Daily ☐Weekly √Monthly Quarterly ☐Bi-annually ☐Annually ☐Other – give details: Please indicate who is responsible for monitoring this KPI: Hospital Groups, Hospitals, Surgery Anaesthesia Programme, ISD
12	KPI Reporting Frequency	❑Daily ❑Weekly ✓Monthly Quarterly ☐Bi-annually ☐Annually ❑Other – give details:
13	KPI report period	☐Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) √3 Monthly in arrears (May admissions who readmit are reported in August) ☐Quarterly in arrears (quarter 1 data reported in quarter 2) ☐Rolling 12 months (previous 12 month period)
14	KPI Reporting Aggregation	✓National ✓Regional ☐ LHO Area ✓ Hospital ☐ County ☐ Institution yes Other – give details: hospital groups as appropriate
15	KPI is reported in which reports ?	☐ Corporate Plan Report ✓Performance Report (NSP/CBP) ☐CompStat ☐Other – give details:
16	Web link to data	http://www.hse.ie/eng/services/Publications/corporate/performanceassurancereports/
17	Additional Information	
	Contact details for Data Manager / Specialist Lead	Gerry Kelliher, Business intelligence manager,HSE, National Clinical Programme for Surgery, RCSI, 2 Proud's lane, Dublin 2. Tel 0871240759
	National Lead and Directorate	Prof. Frank Keane, Ken Mealy, Sean Johston :fkeane@rcsi.ie, kmealy@rcsi.ie & sjohnston@rcsi.ie - Dr Tony O'Connell, National Director Acute Hospitals Division, Dr. Steevens Hospital, Dublin 8. Tel 01-635 2000

Acute Division - Delayed Discharges (monthly)

1	**KPI title**	% of emergency hip fracture surgery carried out within 48 hours (pre-op LOS: 0,1 OR 2)
2	**KPI Description**	The % of emergency hip fracture surgeries with the principal procedure carried out on days 0, 1 or 2 of the stay.
3	**KPI Rationale** **Indicator Classification**	Please tick Indicator Classification this indicator applies to: √ Person Centred Care ❑ Effective Care ❑ Safe Care ❑ Better Health and Wellbeing ❑ Use of Information ❑ Workforce √ Use of Resources ❑ Governance, Leadership and Management
4	**KPI Target**	NSP 2014 Target: 95%
5	**KPI Calculation**	Emergency hip fracture surgeries are identified from the HIPE system as cases with a type of admission of 4 or 5, a principal diagnosis of S72.0, S72.1 or S72.2 (including sub diagnoses) and a principal procedure in procedure blocks 1479, 1486, 1489, 1487, 1488, 1491 or 1492. This metric is also restricted to patients aged over 65. Pre-op length of stay is calculated as date of principal procedure-date of admission. Numerator: The numerator is the number of cases in the reporting period where an emergency hip fracture surgery was carried on days 0, 1 or 2 for a patient aged over 65. Denominator: The number of cases in the reporting period where an emergency hip fracture surgery was carried out.
6	**Data Source** **Data Completeness** **Data Quality Issues**	HIPE. As there is a 12 coding timeline for HIPE data reporting this metric on data any more current than 3 months in arrears may result in cases not being reported.
7	**Data Collection Frequency**	Indicate how often the data to support the KPI will be collected: ❑Daily ❑Weekly √Monthly ❑Quarterly ❑Bi-annually ❑Annually ❑Other – give details:
8	**Tracer Conditions**	Emergency hip fracture surgeries are identified from the HIPE system as cases with a type of admission of 1 or 2, a principal diagnosis of S72.0, S72.1 or S72.2 (including sub diagnoses) and a principal procedure in procedure blocks 1479, 1486, 1489, 1487, 1488, 1491 or 1492.
9	**Minimum Data Set**	Date of admission, date of principal procedure, ICD10-AM principal diagnosis, ACHI principal procedure, age
10	**International Comparison**	
11	**KPI Monitoring**	KPI will be monitored : ❑Daily ❑Weekly √ Monthly ❑Quarterly ❑Bi-annually ❑Annually ❑Other – give details: Please indicate who is responsible at a local level for monitoring this KPI:
12	**KPI Reporting Frequency**	Indicate how often the KPI will be reported: ❑Daily ❑Weekly √Monthly ❑Quarterly ❑Bi-annually ❑Annually ❑Other – give details:
13	**KPI report period**	Indicate the period to which the data applies ❑ Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) √ Monthly in arrears (June data reported in July) ❑ Quarterly in arrears (quarter 1 data reported in quarter 2) ❑ Rolling 12 months (previous 12 month period) ❑ Other – give details:
14	**KPI Reporting Aggregation**	Indicate the level of aggregation – for example over a geographical location: √ National √ Regional ❑ LHO Area √ Hospital ❑ County ❑ Institution ❑ Other – give details:
15	**KPI is reported in which reports?**	Indicate where the KPI will be reported: ❑ Corporate Plan Report ❑ Performance Report (NSP/CBP) ❑CompStat ❑Other – give details:
16	**Web link to data**	http://www.hse.ie/eng/services/Publications/corporate/performanceassurancereports/
17	**Additional Information**	
	Contact details for Data	Derek McCormack, BIU Acute, Tel: 01 620 1690 E:Derek.mccormack@hse.ie
	National Lead and Division	Dr Tony O'Connell, National Director Acute Hospitals Division, Dr. Steevens Hospital, Dublin 8. Tel 01-635 2000.

Acute Division - Hospital Mortality (Annual)

1	**KPI title**	Standardised Mortality Rate (SMR) for inpatients deaths by hospital and clinical condition
2	**KPI Description**	SMR for inpatient deaths is the ratio of the actual number of in-hospital deaths within 30 days of admission for specific clinical conditions to the expected number of in-hospital deaths for that clinical condition
3	**KPI Rationale**	Hospital standardised mortality ratios (HSMRs) are being considered more and more to be a reliable indicator of the quality of care within a country's hospital service. Variation between hospital mortality rates can be broadly explained by one or more of the following: data quality, randomness; case variation of patients presenting for care; socio economic status; and differences in the actual quality of care. A number of similar methodologies can be used to largely "remove" the other factors and leave quality of care as the potential reason for the variation. However, it is recognised that methodologies for identifying outlying institutions are, at best, screening tests. They do not definitively indicate that an institution is providing poor quality of care, only that further investigation may be warranted. The literature on comparative hospital mortality strongly advises that it is used as part of a wider suite of quality indicators forthe continuous assessment of hospital groups.
	Indicator Classification	Please tick Indicator Classification this indicator applies to: ❑ Person Centred Care X Effective Care ❑ Safe Care ❑ Better Health and Wellbeing ❑ Use of Information ❑ Workforce ❑ Use of Resources ❑ Governance, Leadership and Management
4	**KPI Target**	Those hospitals above the 99.8% interval/limit are considered as "outliers", where there is a one in 500 chance that the result is due to randomness.
5	**KPI Calculation**	The hospital standardised mortality ratio (HSMR) is calculated using the equation: HSMR = [Observed number of deaths X 100]/Expected number of deaths Calculation of expected deaths per hospital: The expected number of deaths per hospital is calculated by summing the predicted number of deaths per CCS group for each institution. The observed number of deaths per institution is extracted from HIPE discharge data. Confidence intervals (95%, 99.8%) are computed around each HSMR value. Where the (appropriate) confidence interval overlaps 100 it suggests that there is no significant difference between the hospital's mortality rate and the national average; where the lower confidence interval does not reach 100, the hospital mortality rate is considered higher than national average; and where the upper confidence interval does not reach 100 the hospital mortality rate is considered lower than the national average

6	**Data Source** **Data Completeness** **Data Quality Issues**	Data source: HIPE Inclusions and exclusions:
		All public hospital discharge episodes (HIPE) available to the National Casemix Programme, HSE, in 2013 will be included. Maternity and paediatric discharges are EXCLUDED. In addition, any hospital episode with the ICD-10-AM code Z515 (palliative care) occurring in either the principle or secondary diagnosis fields are excluded from the analysis.
		Hospital discharge episodes are grouped using the Agency for Healthcare Research and Quality (AHRQ) Clinical Classification Software (CCS). This system collapses all ICD-10 diagnostic codes to 260 clinically meaningful groups therefore allowing adequate numbers of deaths within groups for statistical analysis. The following predictor variables are included in the model:
		1. Type of admission
		2. Source of admission
		3. Number of admissions in the previous 12 months
		4. Age on admission
		5. Gender
		6. Medical card status (HP Index to follow)
		7. Month of admission
		8. Charlson co-morbidity score (modified) http://www.ncbi.nlm.nih.gov/pubmed/21764557
		The Charlson co-morbidity score consists of 17 medical conditions with attached weights that predict the risk ⌀
7	**Data Collection Frequency**	Indicate how often the data to support the KPI will be collected:
		❑Daily ❑Weekly x Monthly ❑Quarterly ❑Bi-annually ❑Annually ❑Other – give details:
8	**Tracer Conditions**	
9	**Minimum Data Set**	The observed and expected number of deaths per institution is extracted from HIPE discharge data.
10	**International Comparison**	Not possible
11	**KPI Monitoring**	KPI will be monitored :
		❑Daily ❑Weekly Monthly ❑Quarterly ❑Bi-annually XAnnually ❑Other – give details: Quarterly in arrears
		Please indicate who is responsible at a local level for monitoring this KPI: Hospital Quality and Patient Safety Committee and Clinical Director
12	**KPI Reporting Frequency**	Indicate how often the KPI will be reported:
		❑Daily ❑Weekly ❑Monthly ❑Quarterly ❑Bi-annually XAnnually ❑Other – give details:
13	**KPI report period**	Indicate the period to which the data applies
		❑ Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity)
		❑ Monthly in arrears (June data reported in July)
		❑ Quarterly in arrears (quarter 1 data reported in quarter 2)
		❑ Rolling 12 months (previous 12 month period)
		X Other – give details: Annually in arrears
14	**KPI Reporting Aggregation**	Indicate the level of aggregation – for example over a geographical location:
		X National X Regional ❑ LHO Area XHospital
		❑ County ❑ Institution ❑ Other – give details:
15	**KPI is reported in which reports?**	Indicate where the KPI will be reported:
		❑ Corporate Plan Report X Performance Report (NSP/CBP) ❑CompStat ❑Other – give details:
16	**Web link to data**	
17	**Additional Information**	
Contact details for Data Manager /Specialist Lead		Name:Jennifer Martin Email address:Jennifer.martin@hse.ie Contact Number:0876111291. Howard Johnson. Email: Howard.johnson@hse.ie Contact number:01 6352040
National Lead and Division		Dr. Philip Crowley, National Director Quality and Patient Safety
		Dr Tony O'Connell, National Director Acute Hospitals Division, Dr. Steevens Hospital, Dublin 8.
		Tel 01-6352000.

KPI Metadata Guidelines 2014

Acute Division - Re-Admission (Monthly)

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1	**KPI title**	% of emergency re-admissions for acute medical conditions to the same hospital within 28 days of discharge
2	**KPI Description**	Percentage of emergency re-admissions for acute medical conditions to the same hospital within 28 days of discharge
3	**KPI Rationale** **Indicator Classification**	Please tick Indicator Classification this indicator applies to: ❑ Person Centred Care ❑ Effective Care ❑ Safe Care ❑ Better Health and Wellbeing ❑ Use of Information ❑ Workforce ❑ Use of Resources ❑ Governance, Leadership and Management
4	**KPI Target**	2014 Target = 9.6%
5	**KPI Calculation**	Number of medical inpatients (definition set out by the Acute Medicine Programme (AMP)) readmitted as an emergency re-admission, within 28 days of discharge from same hospital, as a percentage of all medical inpatient admissions (elective and emergency). Deaths are excluded from the denominator. Both uncoded PAS and coded HIPE data is used.
6	**Data Source** **Data Completeness** **Data Quality Issues**	Coded HIPE and uncoded PAS data
7	**Data Collection Frequency**	Indicate how often the data to support the KPI will be collected: √Daily √Weekly ❑ Monthly ❑Quarterly ❑Bi-annually ❑Annually ❑Other – give details:
8	**Tracer Conditions**	The terms/definitions which would be used to differentiate those who should be included in the data. Inclusion: New ED Patient Attendance: A patient who attends ED requesting emergency care for the first time with a particular condition and any patient
9	**Minimum Data Set**	
10	**International Comparison**	
11	**KPI Monitoring**	KPI will be monitored : ❑Daily ❑Weekly √ Monthly ❑Quarterly ❑Bi-annually ❑Annually ❑Other – give details:
		Please indicate who is responsible at a local level for monitoring this KPI:
12	**KPI Reporting Frequency**	Indicate how often the KPI will be reported: ❑Daily ❑Weekly √Monthly ❑Quarterly ❑Bi-annually ❑Annually ❑Other – give details:
13	**KPI report period**	Indicate the period to which the data applies
		❑ Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity)
		√ Monthly in arrears (June data reported in July)
		❑ Quarterly in arrears (quarter 1 data reported in quarter 2
		❑ Rolling 12 months (previous 12 month period)
		❑ Other – give details:
14	**KPI Reporting Aggregation**	Indicate the level of aggregation – for example over a geographical location: √ National √ Regional ❑ LHO Area √ Hospital
		❑ County ❑ Institution ❑ Other – give details:
15	**KPI is reported in which reports?**	Indicate where the KPI will be reported: ❑ Corporate Plan Report √ Performance Report (NSP/CBP) ❑CompStat ❑Other – give details:
16	**Web link to data**	http://www.hse.ie/eng/services/Publications/corporate/performanceassurancereports/
17	**Additional Information**	
	Contact details for Data Manager /Specialist Lead	Derek McCormack, BIU Acute, Tel: 01 620 1690 E:Derek.mccormack@hse.ie
	National Lead and Division	Dr Tony O'Connell, National Director Acute Hospitals Division, Dr. Steevens Hospital, Dublin 8. Tel 01-635 2000.

Acute Division - Medication Safety Management Medication Management

1	**KPI title**	% of medication errors causing harm/ no harm/ death reported to CIS - as a % of bed days or population
2	**KPI Description**	This data will be at a national level broken down by severity rating. These severity ratings are derived from the outcome of the injury at the time of the incident as below: Negligible: No adverse outcome, or minor injury not requiring first aid Minor: minor injury or illness, requiring first aid Moderate: moderate injury requiring medical treatment or significant injury requiring medical treatment Major: Long-term disability/Incapacity (incl. psychosocial) Extreme: Permanent/Incapacity (incl. psychosocial) or death. This measure is reported as a rate; per average acute hospital bed days occupied
3	**KPI Rationale**	To indicate progress towards the goal of reducing medication incidents in acute settings.
	Indicator Classification	Please tick Indicator Classification this indicator applies to:
		❑ Person Centred Care ❑ Effective Care √ Safe Care
		❑ Better Health and Wellbeing ❑ Use of Information q Workforce
		❑ Use of Resources ❑ Governance, Leadership and Management
4	**KPI Target**	Hospital variance with national baseline
5	**KPI Calculation**	**Numerator: number of incidents per month in each of the following severity categories: (i) neglible (ii) minor (iii) moderate (iv) major (v) extreme (vi) not known.** Denominator: acute bed days used. This is based on the average number of available acute in-patient beds during the previous month.
6	**Data Source**	**Source:** CIS NAEMS hospitals must participate quality checks will be required **Completeness:** All acute **Quality:** NAEMS is a new system and
	Data Completeness	
	Data Quality Issues	
7	**Data Collection Frequency**	❑Daily ❑Weekly Monthly √ Quarterly ❑Bi-annually ❑Annually ❑Other – give details:
8	**Tracer Conditions**	
9	**Minimum Data Set**	Monthly data on medication incidents supplied by Acute Hospitals (including Voluntary hospitals) to
10	**International Comparison**	N/A
11	**KPI Monitoring**	KPI will be monitored : ❑Daily ❑Weekly Monthly √ Quarterly ❑Bi-annually ❑Annually ❑Other – give details: Please indicate who is responsible at a local level for monitoring this KPI: Nominated member of the senior
12	**KPI Reporting Frequency**	Indicate how often the KPI will be reported: ❑Daily ❑Weekly Monthly √ Quarterly ❑Bi-annually ❑Annually ❑Other – give details:
13	**KPI report period**	Indicate the period to which the data applies
		√ Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) reported quarterly
		Monthly in arrears (June data reported in July)
		Quarterly in arrears (quarter 1 data reported in quarter 2)
		❑ Rolling 12 months (previous 12 month period)
		❑ Other – give details:
14	**KPI Reporting Aggregation**	Indicate the level of aggregation – for example over a geographical location: √National Regional ❑ LHO Area Hospital
		❑ County ❑ Institution ❑ Other – give details:
15	**KPI is reported in which reports?**	Indicate where the KPI will be reported: ❑ Corporate Plan Report √ Performance Report (NSP/CBP) ❑CompStat ❑Other – give details:
16	**Web link to data**	
17	**Additional Information**	
	Contact details for Data Manager /Specialist Lead	Name: Dr Jennifer Martin and Ms Cora McCaughan, QPS for initial; hospitals thereafter
	National Lead and Division	Dr. Philip Crowley, National Director Quality and Patient Safety Dr Tony O'Connell, Director of Acute Hospitals

Acute Hospitals including Clinical Programmes: Dialysis Modality

1	**KPI Title**	Dialysis Modality – Haemodialysis
2	**KPI Description**	Haemodialysis is type of treatment that replicates many of the functions of the kidneys. It is often used to treat cases ofpermanent kidney failuire,which is also known as End-Stage Kidney Disease (ESKD).
3	**KPI Rationale**	This KPI allows the National Renal Office to strategically plan for renal dialysis requirements each year, and also to plan ahead and anticipate additional patient requirements. It assists in the operation and planning needs of the current network of Rena
	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two). ☐Person Centred Care ☑ffective Care
		Safe Care Better Health and Wellbeing ☑ Use of Information
		Workforce☐Use of Resources☐Governance, Leadership and Management ☐
4	**KPI Target**	Target 2014: Dialysis Modality: Haemodialysis Expected Activity 2014: 1644-1712
5	**KPI Calculation**	Number of ESKD patients treated by Centre Haemodialysis, counted at a single point in time (30th June and 31st
6	**Data Source**	Data source is the Twice-yearly Activity Census from each of the Renal Units within the current Network of Renal units
	Data Completeness	Complete.
	Data Quality Issues	It is envisaged that the Kidney Disease Clinical Patient Management System (KDCPMS) will capture the KPI data when it is fully operational within all the Parent Renal Units and Satellite Haemodialysis Units.
7	**Data Collection Frequency**	☐Daily ☐Weekly ☐Monthly ☐Quarterly ✓Bi-annually ✓Annually ☐Other – give details:
8	**Tracer Conditions**	In patients with ESKD, Haemodialysis is a treatment that replicates many of the functions of the kidneys.
9	**Minimum Data Set**	Twice-yearly Census of Renal Units in June and December each year
10	**International Comparison**	The closest jurisdiction with which comparisons can be made is the United Kingdom. The UK Renal Registry reports on an Annual basis.Within this dataset are available comparative metrics from Northern Ireland.
11	**KPI Monitoring**	KPI will be monitored on a (please indicate below) basis:
		☐Daily ☐Weekly ☐ Monthly ☐Quarterly ✓Bi-annually ✓Annually ☐Other – give details:
		Please indicate who is responsible for monitoring this KPI: Dr Liam Plant, NCD, NRO.
12	**KPI Reporting Frequency**	☐Daily ☐Weekly ☐Monthly ☐Quarterly ✓Bi-annually ✓Annually ☐Other – give details:
13	**KPI report period**	☐Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity)
		☐Monthly in arrears (June data reported in July)
		✓Quarterly in arrears (quarter 1 data reported in quarter 2)
		☐Rolling 12 months (pr
14	**KPI Reporting Aggregation**	✓National ✓Regional ✓ LHO Area ✓ Hospital
		☐ County ☐ Institution ☐Other – give details:
15	**KPI is reported in which reports ?**	✓ Corporate Plan Report ✓Performance Report (NSP/CBP) ☐CompStat ☐Other – give details:
16	**Web link to data**	[Data and information is recorded on the National Renal Office Website@www.hse/go/nro](http://www.hse/go/nro)
17	**Additional Information**	The roll out of the Kidney Disease Clinical Patient Mnagement System(KDCPMS) will increase the quality of data available.
	Contact details for Data Manager / Specialist Lead	Pat O'Connor,National Renal Office,T:01-6201806 E: patj.oconnor@hse.ie
	National Lead and Directorate	Dr Liam Plant,National Clinical Director, National Renal Office E: nro@hse.ie

Acute Hospitals including Clinical Programmes: Dialysis Modality

1	**KPI Title**	Dialysis Modality - Home Therapies
2	**KPI Description**	Home Therapies describe forms of permanent dialysis treatments used in the treatment of permanent kidney failure, also called End-stage Kidney Disease (ESKD). These treatments take place in patients' homes and are a form of supported self-care.
3	**KPI Rationale**	The KPI allows the National Renal Office to strategically plan for renal dialysis requirements each year. It assists in the operation and planning needs of the current network of Renal Units in the country.
	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two). X Person Centred Care ☐Effective Care
		Safe Care☐ Better Health and Wellbeing X Use of Information☐
		Workforce☐Use of Resources☐Governance, Leadership and Management ☐
4	**KPI Target**	Target 2014: Dialysis Modality Home Therapies: Expected Activity 2014: 258-273
5	**KPI Calculation**	Number of patients treated by Home Peritoneal Dialysis and Home Haemodialysis, counted at a single point in time (30th June and 31st December) each year under the governance of the 11 Parent Renal Units.
6	**Data Source** **Data Completeness** **Data Quality Issues**	Data source is the twice-yearly ESKD patient Census from each of the Renal Units within the current Network of Units.
7	**Data Collection Frequency**	☐Daily ☐Weekly ☐Monthly ☐Quarterly ✓Bi-annually ✓Annually ☐Other – give details:
8	**Tracer Conditions**	Dialysis therapies replicate many of the functions of the failed kidneys in patients with ESKD.
9	**Minimum Data Set**	Twice yearly Census of Renal Units in June and December each year.
10	**International Comparison**	The closest jurisdiction with which a comparison can be made is the United Kingdom. The UK Renal Registry reports on an annual basis. Within that dataset are activity levels from Northern Ireland.
11	**KPI Monitoring**	KPI will be monitored on a (please indicate below) basis: ☐Daily ☐Weekly ☐ Monthly ☐Quarterly ✓Bi-annually ✓Annually ☐Other – give details: Please indicate who is responsible for monitoring this KPI:__Dr Liam Plant
12	**KPI Reporting Frequency**	☐Daily ☐Weekly ☐Monthly ☐Quarterly ✓Bi-annually ✓Annually ☐Other – give details:
13	**KPI report period**	☐Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) ☐Monthly in arrears (June data reported in July) ✓Quarterly in arrears (quarter 1 data reported in quarter 2) ☐Rolling 12 months (pr
14	**KPI Reporting Aggregation**	✓National ✓Regional ✓ LHO Area ✓ Hospital ☐ County ☐ Institution ☐Other – give details:
15	**KPI is reported in which reports ?**	✓Corporate Plan Report ✓Performance Report (NSP/CBP) ☐CompStat ☐Other – give details:
16	**Web link to data**	Data and Information is recorded on the National Renal Office Website @www.hse/go/nro
17	**Additional Information**	The roll out of the Kidney Disease Cliical Patient Management System(KDCPMS) will increase the quality of data available.
	Contact details for Data Manager / Specialist Lead	Pat O'Connor, National Renal Office T@ 01-6201806 E:patj.oconnor@hse.ie
	National Lead and Directorate	Dr Liam Plant, National Clinical Director,National Renal Office E:nro@hse.ie

Acute Division - Delayed Discharges (monthly)

1	**KPI title**	Reduction in bed days lost through delayed discharges
2	**KPI Description**	This metric looks at the number of bed days lost due to delayed discharge. Delayed Discharge: A patient who remains in hospital after a senior doctor (consultant or registrar grade) has documented in the medical chart that the patient can be discharged. New categorisation of delayed discharges grouped under Type A - Destination Home, Type B - Destination Long Term Nursing Care, Type C - Other Destination and Outcomes.
3	**KPI Rationale** **Indicator Classification**	Delayed discharge is used in assessment of quality of care, costs and efficiency and is used for health planning purposes. Please tick Indicator Classification this indicator applies to: ❑ Person Centred Care ❑ Effective Care ❑ Safe Care ❑ Better Health and Wellbeing ❑ Use of Information ❑ Workforce ❑ Use of Resources ❑ Governance, Leadership and Management
4	**KPI Target**	NSP 2014 Target: 10% reduction
5	**KPI Calculation**	Count of bed days lost to patients who are in Delayed Discharges.
6	**Data Source** **Data Completeness** **Data Quality Issues**	National Delayed Discharge database to BIU Acute
7	**Data Collection Frequency**	Indicate how often the data to support the KPI will be collected: √Daily ❑Weekly ❑ Monthly ❑Quarterly ❑Bi-annually ❑Annually ❑Other – give details:
8	**Tracer Conditions**	bed days lost
9	**Minimum Data Set**	New categorisation of delayed discharges grouped under Type A - Destination Home, Type B - Destination Long Term Nursing Care, Type C - Other Destination and Outcomes
10	**International Comparison**	Yes, similar information gathered in other countries
11	**KPI Monitoring**	KPI will be monitored : √❑Daily ❑Weekly ❑ Monthly ❑Quarterly ❑Bi-annually ❑Annually ❑Other – give details: Please indicate who is responsible at a local level for monitoring this KPI:
12	**KPI Reporting Frequency**	Indicate how often the KPI will be reported: √Daily ❑Weekly √Monthly ❑Quarterly ❑Bi-annually ❑Annually ❑Other – give details:
13	**KPI report period**	Indicate the period to which the data applies ❑ Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) √ Monthly in arrears (June data reported in July) ❑ Quarterly in arrears (quarter 1 data reported in quarter 2) ❑ Rolling 12 months (previous 12 month period) ❑ Other – give details:
14	**KPI Reporting Aggregation**	Indicate the level of aggregation – for example over a geographical location: √ National √ Regional ❑ LHO Area √ Hospital ❑ County ❑ Institution ❑ Other – give details:
15	**KPI is reported in which reports?**	Indicate where the KPI will be reported: ❑ Corporate Plan Report √ Performance Report (NSP/CBP) ❑CompStat ❑Other – give details:
16	**Web link to data**	http://www.hse.ie/eng/services/Publications/corporate/performanceassurancereports/
17	**Additional Information**	
	Contact details for Data Manager /Specialist Lead	Derek McCormack, BIU Acute, Tel: 01 620 1690 E:Derek.mccormack@hse.ie
	National Lead and Division	Dr Tony O'Connell, National Director Acute Hospitals Division, Dr. Steevens Hospital, Dublin 8. Tel 01-635 2000.

KPI Metadata Guidelines 2014

Acute Division - Delayed Discharges (monthly)

1	**KPI title**	Reduction in no. of people subject to delayed discharges
2	**KPI Description**	This metric looks at the number of people subject to delayed discharge. Delayed Discharge: A patient who remains in hospital after a senior doctor (consultant or registrar grade) has documented in the medical chart that the patient can be discharged. New categorisation of delayed discharges grouped under Type A - Destination Home, Type B - Destination Long Term Nursing Care, Type C - Other Destination and Outcomes.
3	**KPI Rationale** **Indicator Classification**	Delayed discharge is used in assessment of quality of care, costs and efficiency and is used for health planning purposes. Please tick Indicator Classification this indicator applies to: ❑ Person Centred Care √ Effective Care ❑ Safe Care ❑ Better Health and Wellbeing ❑ Use of Information ❑ Workforce ❑ Use of Resources √ Governance, Leadership and Management
4	**KPI Target**	NSP 2014 Target : 10% reduction
5	**KPI Calculation**	Count of bed days lost to patients who are in Delayed Discharges.
6	**Data Source** **Data Completeness** **Data Quality Issues**	National Delayed Discharge database to BIU Acute.
7	**Data Collection Frequency**	Indicate how often the data to support the KPI will be collected: √Daily ❑Weekly ❑ Monthly ❑Quarterly ❑Bi-annually ❑Annually ❑Other – give details:
8	**Tracer Conditions**	People subject to delayed discharge.
9	**Minimum Data Set**	New categorisation of delayed discharges grouped under Type A - Destination Home, Type B - Destination Long Term Nursing Care, Type C - Other Destination and Outcomes.
10	**International Comparison**	Yes, similar information gathered in other countries
11	**KPI Monitoring**	KPI will be monitored : √❑Daily ❑Weekly ❑ Monthly ❑Quarterly ❑Bi-annually ❑Annually ❑Other – give details: Please indicate who is responsible at a local level for monitoring this KPI:
12	**KPI Reporting Frequency**	Indicate how often the KPI will be reported: ❑Daily ❑Weekly √Monthly ❑Quarterly ❑Bi-annually ❑Annually ❑Other – give details:
13	**KPI report period**	Indicate the period to which the data applies ❑ Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) √ Monthly in arrears (June data reported in July) ❑ Quarterly in arrears (quarter 1 data reported in quarter 2) ❑ Rolling 12 months (previous 12 month period) ❑ Other – give details:
14	**KPI Reporting Aggregation**	Indicate the level of aggregation – for example over a geographical location: √ National √ Regional ❑ LHO Area √ Hospital ❑ County ❑ Institution ❑ Other – give details:
15	**KPI is reported in which reports?**	Indicate where the KPI will be reported: ❑ Corporate Plan Report √ Performance Report (NSP/CBP) ❑CompStat ❑Other – give details:
16	**Web link to data**	http://www.hse.ie/eng/services/Publications/corporate/performanceassurancereports/
17	**Additional Information**	
Contact details for Data Manager /Specialist Lead		Derek McCormack, BIU Acute, Tel: 01 620 1690 E:Derek.mccormack@hse.ie
National Lead and Division		Dr Tony O'Connell, National Director Acute Hospitals Division, Dr. Steevens Hospital, Dublin 8. Tel 01-635 2000

Acute Hospitals including Clinical Programmes: COPD

1	**KPI Title**	Mean and Median LOS (and bed days) for patients with COPD
2	**KPI Description**	Mean and Median Acute hospital stay – excluding day cases – as recorded on HIPE of patients aged 35+years with primary diagnosis J40*- j47*. In a rolling twelve month period.
3	**KPI Rationale**	Information gathered will provide the information needed to plan nationally, the most appropriate care in the appropriate setting, therefore maximising resources.
	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases
		Safe Care☐ Better Health and Wellbeing ☐ Use of Information☐
		Workforce☐ Use of Resources☑ Governance, Leadership and Management ☐
4	**KPI Target**	NSP 2014 Target: Mean LOS = 7.8 days Median LOS = 5 days
5	**KPI Calculation**	Mean: Numerator: LOS (BDU for those with Primary Dx of COPD)x100 in period Denominator: total number of discharges for those with that Diagnosis in same period Median: midpoint where LOS is such that half the discharges of patients with primary diagnosis
6	**Data Source**	HIPE Data available from all acute hospitals who are admitting patients with COPD No data qualit
	Data Completeness	
	Data Quality Issues	
7	**Data Collection Frequency**	☐Daily ☐Weekly ☑Monthly Quarterly ☐Bi-annually ☐Annually Other – give details:
8	**Tracer Conditions**	Aged 35+yrs, ICD-10 codes:J40, J41, J42, J43, J44, J45, J46 and J47
9	**Minimum Data Set**	HIPE: hospital name Age + 35 Admission type Non day primary Diagnosis J40* to J47* ICD-10 codes Number mean Events/discharges Median L
10	**International Comparison**	Yes, comparison with UK
11	**KPI Monitoring**	KPI will be monitored on a (please indicate below) basis: ☐Daily ☐Weekly ☑Monthly ☐Quarterly ☐Bi-annually ☐Annually ☐Other Please indicate who is responsible for monitoring this KPI: Hospital Manager/ Programme
12	**KPI Reporting Frequency**	☐Daily ☐Weekly ☐Monthly ☑Quarterly ☐Bi-annually ☐Annually ☐Other – give details:
13	**KPI report period**	Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) ☐Monthly in arrears (June data reported in July) √Quarterly in arrears (quarter 1 data reported in quarter 2) ☐Rolling 12 months (pre
14	**KPI Reporting Aggregation**	☑ National ☑ Regional ☐ LHO Area ☑ Hospital ☐ County ☐ Institution ☐Other – give details:
15	**KPI is reported in which reports ?**	☐ Corporate Plan Report ☑ Performance Report (NSP/CBP) ☐CompStat ☐Other – give details:
16	**Web link to data**	http://www.hse.ie/eng/services/Publications/corporate/performanceassurancereports/
17	**Additional Information**	Median LOS is more useful indicator especially for chronic conditions due to asymmetric distribution
	Contact details for Data Manager / Specialist Lead	Derek McCormack, BIU Acute, Tel: 01 620 1690 Email:Derek.mccormack@hse.ie Fiachra Bane, HIPE, Tel: 045 988330 Email: fiachra.bane@hse.ie
	National Lead and	Dr. Aine Carroll, National Director, Clinical Strategy and Programmes Directorate, Tel: 01 6352322.

Acute Hospitals including Clinical Programmes: COPD

1	**KPI Title**	Percentage re-admission to same acute hospitals of patients with COPD within 90 days
2	**KPI Description**	Re-admission to same hospital excluding day cases – as recorded on HIPE of patients aged 35+years with primary diagnosis J40*-j47* within 90 days of discharge. In a rolling twelve month period.
3	**KPI Rationale**	Appropriate care in appropriate setting.
	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two). ☐Person Centred Care ☑Effective Care
		Safe Care☐ Better Health and Wellbeing ☐Use of Information☐
		Workforce☐ Use of Resources☑ Governance, Leadership and Management ☐
4	**KPI Target**	NSP 2014 Target: 24%
5	**KPI Calculation**	Number of patients with primary diagnosis of J40-47 aged 35+yrs admitted once in 90 day period as an inpatient vs number of patients with primary diagnosis of J40-47 aged 35+yrs admitted as inpatients on more than one occasion in same time period.
6	**Data Source**	Hospital Site / HIPE
	Data Completeness	Hospital Site / HIPE
	Data Quality Issues	
7	**Data Collection Frequency**	☐Daily ☐Weekly ☐Monthly ☑Quarterly ☐Bi-annually ☐Annually ☑Other – give details: HIPE - Each hospital site can supply this detail
8	**Tracer Conditions**	Aged 35+yrs, ICD-10 codes:J40*-J47*
9	**Minimum Data Set**	HIPE: hospital name Age + 35 Admission type Non day primary Diagnosis J40* - J47* ICD-10 codes Number mean Events/discharges Median Length
10	**International Comparison**	UK – NHS
11	**KPI Monitoring**	KPI will be monitored on a (please indicate below) basis: ☐Daily ☐Weekly ☑ Monthly ☐Quarterly ☐Bi-annually ☐Annually ☐Other – give details: Please indicate who is responsible for monitoring this KPI:_RDO/BIU__
12	**KPI Reporting Frequency**	☐Daily ☐Weekly ☐Monthly ☑ Quarterly ☐Bi-annually ☐Annually ☐Other – give details:
13	**KPI report period**	Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) ☐Monthly in arrears (June data reported in July) √Quarterly in arrears (quarter 1 data reported in quarter 2) ☐Rolling 12 months (pre
14	**KPI Reporting Aggregation**	☑ National ☑ Regional ☐ LHO Area ☑ Hospital ☐ County ☐ Institution ☐Other – give details: Emergency Care Network Governance Meeting
15	**KPI is reported in which reports ?**	☐ Corporate Plan Report ☑ Performance Report (NSP/CBP) ☐CompStat ☐Other – give details:
16	**Web link to data**	http://www.hse.ie/eng/services/Publications/corporate/performanceassurancereports/
17	**Additional Information**	
	Contact details for Data Manager / Specialist Lead	Derek McCormack, BIU Acute, Tel: 01 620 1690 Email:Derek.mccormack@hse.ie Fiachra Bane, HIPE, Tel: 045 988330 Email: fiachra.bane@hse.ie
	National Lead and	Dr. Aine Carroll, National Director, Clinical Strategy and Programmes Directorate, Tel: 01 6352322.

Acute Hospitals including Clinical Programmes: COPD

1	**KPI Title**	Number of acute hospitals with COPD outreach programme
2	**KPI Description**	The number of acute hospitals with COPD Early supported discharge programme, by a COPD Outreach service, for specified patients with uncomplicated <u>Acute Exacerbation COPD</u> within 72 hrs of presentation that would otherwise require acute in-patient care
3	**KPI Rationale**	Appropriate care in appropriate setting. Defined in the model of care.
	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two). ☐Person Centred Care ☑ Effective Care
		Safe Care☐ Better Health and Wellbeing ☐Use of Information☐
		Workforce☐Use of Resources☐Governance, Leadership and Management ☐
4	**KPI Target**	NSP 2014 Target: 15
5	**KPI Calculation**	Count - number of hospitals who have copd outreach service in place
6	**Data Source**	Hospital Managers/RDOs supply to National COPD Programme to BIU acute
	Data Completeness	
	Data Quality Issues	
7	**Data Collection Frequency**	☐Daily ☐Weekly ☐Monthly Quarterly ☐Bi-annually ☐Annually ☑Other – give details: ongoing
8	**Tracer Conditions**	Acute Hospital with a COPD Programme
9	**Minimum Data Set**	Hospitals by name/type
10	**International Comparison**	Yes, British Thoracic Society
11	**KPI Monitoring**	KPI will be monitored on a (please indicate below) basis: ☐Daily ☐Weekly ☐ Monthly ☑ Quarterly ☐Bi-annually ☐Annually ☐Other – give details: Please indicate who is responsible for monitoring this KPI: National COPD Programme
12	**KPI Reporting Frequency**	☐Daily ☐Weekly ☐Monthly ☐Quarterly ☑ Bi-annually ☑ Annually ☐Other – give details:
13	**KPI report period**	☑Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) ☐Monthly in arrears (June data reported in July) ☐Quarterly in arrears (quarter 1 data reported in quarter 2) ☐Rolling 12 months (pr
14	**KPI Reporting Aggregation**	☑ National ☑ Regional ☐ LHO Area ☑ Hospital ☐ County ☐ Institution ☐Other – give details: Emergency Care Network Governance Meeting
15	**KPI is reported in which reports ?**	☐ Corporate Plan Report ☑ Performance Report (NSP/CBP) ☐CompStat ☐Other – give details:
16	**Web link to data**	http://www.hse.ie/eng/services/Publications/corporate/performanceassurancereports/
17	**Additional Information**	
	Contact details for Data Manager / Specialist Lead	Derek McCormack, BIU Acute, Tel: 01 620 1690 Email:Derek.mccormack@hse.ie Fiachra Bane, HIPE, Tel: 045 988330 Email: fiachra.bane@hse.ie
	National Lead and	Dr. Aine Carroll, National Director, Clinical Strategy and Programmes Directorate, Tel: 01 6352322.

Acute Hospitals including Clinical Programmes: COPD

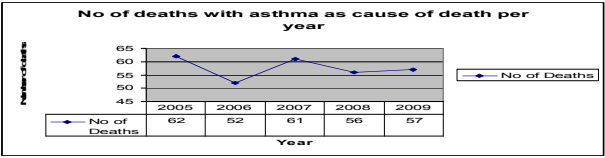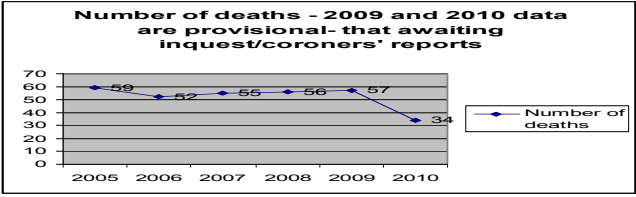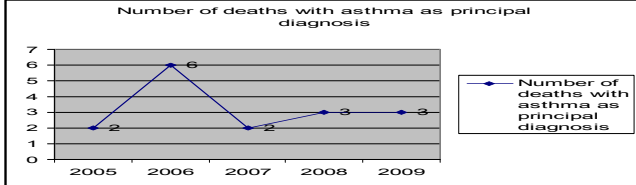|		
1	**KPI Title**	Access to structured Pulmonary Rehabilitation Programme in Local Health Area
2	**KPI Description**	Access to structured Pulmonary Rehabilitation Programme in Local Health Area Pulmonary Rehabilitation is defined "as evidence based multidisciplinary and comprehensive intervention for patients with chronic respiratory
3	**KPI Rationale**	Evidence of improved quality of life for patients. Research shows that the benefits of pulmonary rehabilitation for patients with COPD are widely accepted. High levels of scientific evidence have demonstrated improved exercise capacity and health related
	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two). ☐Person Centred Care ☑Effective Care
		Safe Care☐ Better Health and Wellbeing ☐Use of Information☐
		Workforce☐Use of Resources☐Governance, Leadership and Management ☐
4	**KPI Target**	NSP 2014 Target: 20/32 LHOs (63%)
5	**KPI Calculation**	Numerator: number of LHOs which can access PRP Denominator: total number of LHOs
6	**Data Source**	The National COPD Programme maintain a record of hospitals and local health areas which provide/ have access to a structured pulmonary rehabilitation programme. This is achieved by contacting each site and requesting updates on the status of the service
	Data Completeness	
	Data Quality Issues	Specific question - Hospital Managers/LHO/RDOs/ ISA Managers
7	**Data Collection Frequency**	☐Daily ☐Weekly ☐Monthly ☐Quarterly ☑ Bi-annually Annually ☐Other – give details:
8	**Tracer Conditions**	LHO with a structured Pulmonary Rehabilitation Programme
9	**Minimum Data Set**	 LHOs Name
10	**International Comparison**	Yes, Global Initiative for Chronic Obstructive Lung Disease (GOLD).
11	**KPI Monitoring**	KPI will be monitored on a (please indicate below) basis: ☐Daily ☐Weekly ☐ Monthly ☐Quarterly ☑ Bi-annually ☐Annually ☐Other – give details: Please indicate who is responsible for monitoring this KPI: National COPD Programme
12	**KPI Reporting Frequency**	 ☐Daily ☐Weekly ☐Monthly ☐Quarterly ☑ Bi-annually Annually ☐Other – give details:
13	**KPI report period**	☑Current (e.g. biannually data reported within the last 6 months of activity) ☐Monthly in arrears (June data reported in July) ☐Quarterly in arrears (quarter 1 data reported in quarter 2) ☐Rolling 12 months (previous 12 month period)
14	**KPI Reporting Aggregation**	☑ National ☑ Regional ☑ LHO Area Hospital ☐ County ☐ Institution ☐Other – give details: Emergency Care Network Governance Meeting
15	**KPI is reported in which reports ?**	☐ Corporate Plan Report ☑ Performance Report (NSP/CBP) ☐CompStat ☐Other – give details:
16	**Web link to data**	http://www.hse.ie/eng/services/Publications/corporate/performanceassurancereports/
17	**Additional Information**	
	Contact details for Data Manager / Specialist Lead	Derek McCormack, BIU Acute, Tel: 01 620 1690 Email:Derek.mccormack@hse.ie Fiachra Bane, HIPE, Tel: 045 988330 Email: fiachra.bane@hse.ie
	National Lead and	Dr. Aine Carroll, National Director, Clinical Strategy and Programmes Directorate, Tel: 01 6352322.

Acute Hospitals including Clinical Programmes: COPD		

1	**KPI Title**	Access to structured Pulmonary Rehabilitation Programme in Acute Hospital Servcies
2	**KPI Description**	Access to structured Pulmonary Rehabilitation Programme in Acute Hospital Servcies - Pulmonary Rehabilitation is defined "as evidence based multidisciplinary and comprehensive intervention for patients with chronic respiratory diseases who are symptomati
3	**KPI Rationale**	Evidence of improved quality of life for patients. Research shows that the benefits of pulmonary rehabilitation for patients with COPD are widely accepted. High levels of scientific evidence have demonstrated improved exercise capacity and health related
	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two). ☐Person Centred Care ☑ Effective Care
		Safe Care☐ Better Health and Wellbeing ☐Use of Information☐
		Workforce☐Use of Resources☐Governance, Leadership and Management ☐
4	**KPI Target**	NSP 2014 Target: 25 sites
5	**KPI Calculation**	Count
6	**Data Source**	The National COPD Programme maintain a record of hospitals and local health areas which provide/ have access to a structured pulmonary rehabilitation programme. This is achieved by contacting each site and requesting updates on the status of the service
	Data Completeness	
	Data Quality Issues	
7	**Data Collection Frequency**	☐Daily ☐Weekly ☐Monthly ☐Quarterly ☑ Bi-annually Annually ☐Other – give details:
8	**Tracer Conditions**	Acute Hospital with access to a structured Pulmonary Rehabilitation Programme
9	**Minimum Data Set**	Hospitals Name/Type
10	**International Comparison**	Yes, Global Initiative for Chronic Obstructive Lung Disease (GOLD).
11	**KPI Monitoring**	KPI will be monitored on a (please indicate below) basis: ☐Daily ☐Weekly ☐ Monthly ☐Quarterly ☑ Bi-annually ☐Annually ☐Other Please indicate who is responsible for monitoring this KPI: National COPD programme
12	**KPI Reporting Frequency**	☐Daily ☐Weekly ☐Monthly ☐Quarterly ☑ Bi-annually Annually ☐Other – give details:
13	**KPI report period**	☑Current (e.g. biannually data reported within the last 6 months of activity) ☐Monthly in arrears (June data reported in July) ☐Quarterly in arrears (quarter 1 data reported in quarter 2) ☐Rolling 12 months (previous 12 month period)
14	**KPI Reporting Aggregation**	☑ National ☑ Regional LHO Area ☑ Hospital ☐ County ☐ Institution ☐Other – give details: Emergency Care Network Governance Meeting
15	**KPI is reported in which reports ?**	☐ Corporate Plan Report ☑ Performance Report (NSP/CBP) CompStat ☐Other – give details:
16	**Web link to data**	http://www.hse.ie/eng/services/Publications/corporate/performanceassurancereports/
17	**Additional Information**	
	Contact details for Data Manager / Specialist Lead	Derek McCormack, BIU Acute, Tel: 01 620 1690 Email:Derek.mccormack@hse.ie Fiachra Bane, HIPE, Tel: 045 988330 Email: fiachra.bane@hse.ie
	National Lead and	Dr. Aine Carroll, National Director, Clinical Strategy and Programmes Directorate, Tel: 01 6352322.

Acute Hospitals including Clinical Programmes: Asthma

1	**KPI Title**	Percentage of nurses in primary and secondary care who are trained by national asthma programme
2	**KPI Description**	% nurses in primary and secondary care who are trained by national asthma programme The first phase of National Asthma Training Programme is targeting: • primary care nurses in PCTs, OOH services and GP practices; • secondary care nurses in ED departm
3	**KPI Rationale**	Completion of the Asthma Education programme is required in order to implement National Asthma Programme guideline concordant care. Competence in managing asthma is a necessary competence for all health care providers. There is agreement at National and
	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two). ☐Person Centred Care ☑Effective Care
		Safe Care ☑ Better Health and Wellbeing ☐Use of Information☐
		Workforce☐Use of Resources☐Governance, Leadership and Management ☐
4	**KPI Target**	NSP 2014 Target: 70%
5	**KPI Calculation**	Numerator is the number of nurses in ED/AMU/ PN/OOH who are trained. / Denominator is the total number of nurses who are targeted for training.
6	**Data Source**	Clinical Nurse Specialist records details of nurse who has been trained, and currently submits to National Asthma Programme. In future years this will be submitted via regional structures.
	Data Completeness	
	Data Quality Issues	Data quality issues - numbers trained can change with staff movement
7	**Data Collection Frequency**	☐Daily ☐Weekly ☐Monthly ☐Quarterly ☐Bi-annually Annually ☑Other – data collected when training course run by Clinical nurse specialist
8	**Tracer Conditions**	Nurse demographic details and confirmation that training is complete
9	**Minimum Data Set**	NAP, RDOs, Hospital and Unit need the following on all nurses: • Name of nurse • Place of work – for hospitals, include hospital and unit, for primary care - Region • Grade of staff Asthma training completed Y/N
10	**International Comparison**	Similar training being carried out in other EU countries e.g. Finland
11	**KPI Monitoring**	KPI will be monitored on a (please indicate below) basis: ☐Daily ☐Weekly ☐ Monthly ☑Quarterly ☐Bi-annually ☐Annually ☐Other Please indicate who is responsible for monitoring this KPI: National Asthma Programme
12	**KPI Reporting Frequency**	☐Daily ☐Weekly ☐Monthly ☐Quarterly ☐Bi-annually ☑Annually ☐Other – give details:
13	**KPI report period**	☑Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) Annual. 2012 data reported Jan 2013 ☐Monthly in arrears (June data reported in July) ☐Quarterly in arrears (quarter 1 data reported
14	**KPI Reporting Aggregation**	✓ National ✓Regional ✓LHO Area ✓ Hospital ☐ County ☐ Institution ☐Other – give details: PCTs, GP practices and OOH primary care
15	**KPI is reported in which reports ?**	☐ Corporate Plan Report ☑Performance Report (NSP/CBP) ☐CompStat ☐Other – give details:
16	**Web link to data**	http://www.hse.ie/eng/services/Publications/corporate/performanceassurancereports/
17	**Additional Information**	Trained staff members may move in or out of a health care facility, therefore regular confirmation of trained status of staff important
	Contact details for Data Manager / Specialist Lead	Derek McCormack, BIU Acute, Tel: 01 620 1690 Email:Derek.mccormack@hse.ie Noreen Curtin, Programme Manager, Clinical Strategy and Programm
	National Lead and	Dr. Aine Carroll, National Director, Clinical Strategy and Programmes Directorate, Tel: 01 6352322.

Acute Hospitals including Clinical Programmes: Asthma

1	**KPI Title**	Number of deaths caused by asthma annually
2	**KPI Description**	Number of deaths where asthma is considered the primary cause of death should be reported.
3	**KPI Rationale**	Asthma deaths are potentially avoidable. Effective implementation of the National Asthma Programme should result in a dramatic reduction in asthma related deaths as patients asthma will be better controlled. In addition the healthcare history for each
	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two). ☐Person Centred Care ☐Effective Care
		Safe Care☑ Better Health and Wellbeing ☐Use of Information☐
		Workforce☐Use of Resources☐Governance, Leadership and Management ☐
4	**KPI Target**	NSP 2013 Target: 10% reduction (<56) NSP 2014 Target: 10% reduction ie < 50 deaths
5	**KPI Calculation**	A. Sentinel KPI – number of deaths with asthma as cause of death
6	**Data Source**	Source - CSO Mortality Study being developed to use UK National Review of Asthma Deaths methodology Hospital HIPE ("live"); GRO; C
	Data completeness	
	Data Quality Issues	There are at least two areas of uncertainty in relation to asthma mortality data validity – accuracy of death certification and the considerable variation between CSO provisional and finalised data. The CSO makes the assumption that all deaths are accurat
7	**Data Collection Frequency**	☐Daily ☐Weekly ☐Monthly ☑Quarterly ☐Bi-annually Annually ☐Other – give details:
8	**Tracer Conditions**	CSO finalised data on deaths where asthma was the underlying cause using ICD 10 codes J45-J46.
9	**Minimum Data Set**	Number of deaths where asthma is considered the primary cause of death
10	**International Comparison**	National Asthma Programme targets based on the experience of Asthma Programmes in Finland and British Colombia, Canada
11	**KPI Monitoring**	KPI will be monitored on a (please indicate below) basis: ☐Daily ☐Weekly ☐ Monthly ☑Quarterly ☐Bi-annually ☐Annually ☐Other – give details: Please indicate who is responsible for monitoring this KPI: National Asthma Programme
12	**KPI Reporting Frequency**	☐Daily ☐Weekly ☐Monthly ☐Quarterly ☐Bi-annually ☑Annually ☐Other – give details:

13	KPI report period	☑Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) ☐Monthly in arrears (June data reported in July) ☐Quarterly in arrears (quarter 1 data reported in quarter 2) ☐Rolling 12 months (pr
14	KPI Reporting Aggregation	☑ National ☐Regional ☐ LHO Area ☐ Hospital ☐ County ☐ Institution ☐Other – give details: By age groups 0-44 and 45+
15	KPI is reported in which reports ?	☐ Corporate Plan Report ☑Performance Report (NSP/CBP) ☐CompStat ☐Other – give details:
16	Web link to data	http://www.hse.ie/eng/services/Publications/corporate/performanceassurancereports/
17	Additional Information	
	Contact details for Data Manager / Specialist Lead	Derek McCormack, BIU Acute, Tel: 01 620 1690 Email:Derek.mccormack@hse.ie Dr Pat Manning, Midlands Regional Hospital Mullingar Noreen Curtin, Programme Manager, Clinical
	National Lead and Directorate	Dr. Aine Carroll, National Director, Clinical Strategy and Programmes Directorate, Tel: 01 6352322.

Acute Hospitals including Clinical Programmes: Asthma

1	**KPI Title**	Number of asthma in-patient bed days used
2	**KPI Description**	Number of inpatient asthma bed days used
3	**KPI Rationale**	OECD reports on avoidable admission rates for asthma which indicates that there is room for improvement in Ireland. see http://www.oecd.org/dataoecd/55/2/44117530.pdf It is predicted that with implementation of National Asthma Programme guideline concord
3	**Indicator Classification**	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases
		Safe Care☐ Better Health and Wellbeing ☐ Use of Information☐
	Indicator Classification	Workforce☐ Use of Resources☑ Governance, Leadership and Management ☐
4	**KPI Target**	NSP 2014 Target: 10% reduction - 9568 bed days (2011 level)
5	**KPI Calculation**	Report number of asthma in-patient bed days used as reported in HIPE •
6	**Data Source**	HIPE –at national level following bi-annual hard deadline -30th September and 31st of March. HIPE Online Portal can provide timely data, however, completeness depends on each hospital providing timely data and this is not guaranteed at present
	Data Completeness	There may be delays in hospitals completing HIPE entries.
	Data Quality Issues	If there are delays in completing HIPE entries, this will result in the appearance of less bed days used. Data is not validated until months later. 2012 data validated July/ Aug 2013
7	**Data Collection Frequency**	☐Daily ☐Weekly ☑Monthly ☐Quarterly ☐Bi-annually Annually ☐Other – give details:
8	**Tracer Conditions**	Asthma, acute asthma, asthma exacerbation, predominantly allergic asthma, non-allergic asthma, mixed asthma, asthma unspecified, status asthmaticus, acute severe asthma ICD-10 codes J45* OR J46* Excludes: chronic asthmatic (obstructive) bronchitis (J44.
9	**Minimum Data Set**	Number of in-patient discharges Number of in-patient bed days
10	**International Comparison**	National Asthma Programme targets based on the experience of Asthma Programmes in Finland and British Colombia, Canada
11	**KPI Monitoring**	KPI will be monitored on a (please indicate below) basis: ☐Daily ☐Weekly ☐ Monthly ☐Quarterly ☑Bi-annually ☐Annually ☐Other – give details: Please indicate who is responsible for monitoring this KPI: BIU/ National Asthma Programme
12	**KPI Reporting Frequency**	☐Daily ☐Weekly ☐Monthly √Quarterly ☐Bi-annually ☑Annually ☐Other – give details:
13	**KPI report period**	Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) ☐Monthly in arrears (June data reported in July) √Quarterly in arrears (quarter 1 data reported in quarter 2) ☐Rolling 12 months (pre
14	**KPI Reporting** **Aggregation**	☑National ☑Regional ☐ LHO Area ☑ Hospital ☐ County ☐ Institution ☐Other – give details: Age groups – 0-4; 5-14; 15-44; 45-64; 65-74; 75+. Asthma bed days and mean lengths of stay vary for different age groups. Monitoring asthma bed d
15	**KPI is reported in which reports ?**	☐ Corporate Plan Report ☑Performance Report (NSP/CBP) ☐CompStat ☐Other – give details:
16	**Web link to data**	http://www.hse.ie/eng/services/Publications/corporate/performanceassurancereports/
17	**Additional Information**	
Contact details	**Web link to data**	Derek McCormack, BIU Acute, Tel: 01 620 1690 Email:Derek.mccormack@hse.ie Noreen Curtin, Programme Manager, Clinical Strategy and Programm
National Lead	**Additional Information**	Dr. Aine Carroll, National Director, Clinical Strategy and Programmes Directorate, Tel: 01 6352322.

Acute Hospitals including Clinical Programmes: Diabetes		
1	**KPI Title**	Percentage change in lower limb amputation from Diabetes
2	**KPI Description**	The percentage change in lower limb amputations in patients with diabetes from the 2009 baseline
3	**KPI Rationale**	Diabetes is one of the leading causes of lower limb amputations. The Diabetes Programme aims to provide improved diabetic control through integrated care and improved recognition and management of diabetic foot complications which may lead to amputation.
	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two). ☐Person Centred Care ✓Effective Care
		Safe Care☐ Better Health and Wellbeing✓ ☐Use of Information☐
		Workforce☐Use of Resources ✓☐Governance, Leadership and Management ☐
4	**KPI Target**	NSP 2014 Target: 40%
5	**KPI Calculation**	The total number of lower limb amputations in patients with diabetes in 2009 resident in the area under reporting minus the number of lower limb amputations in patients who have a diagnosis of diabetes in the given year who are resident in the area under
6	**Data Source**	
	Data Completeness	HIPE
	Data Quality Issues	
7	**Data Collection Frequency**	☐Daily ☐Weekly ☐Monthly ☐Quarterly ☐Bi-annually ✓Annually ☐Other – give details:
8	**Tracer Conditions**	The terms/definitions which would be used to differentiate those who should be included in the data. Discharges from hospital (daycases and inpatients) with any diagnosis of Diabetes (E10-E14) who had an amputation procedure: amputation at hip (4437000)
9	**Minimum Data Set**	• Number of discharges for lower limb amputations in patients with diabetes in the reporting year, resident in the area under reporting • Number of discharges for lower limb amputations in patients with diabetes in the baseline year of 2009 resident in th
10	**International Comparison**	The terms/definitions which would be used to differentiate those who should be included in the data. Discharges from hospital (daycases and inpatients) with any diagnosis of Diabetes (E10-E14) who had an amputation procedure: amputation at hip (4437000)
11	**KPI Monitoring**	KPI will be monitored on a (please indicate below) basis: ☐Daily ☐Weekly ☐ Monthly ☐Quarterly ☐Bi-annually ✓Annually ☐Other – give details: Please indicate who is responsible for monitoring this KPI:_____
12	**KPI Reporting Frequency**	❏Daily ❏Weekly ❏Monthly ❏Quarterly ❏Bi-annually ✓Annually ❏Other – give details:
13	**KPI report period**	☐Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) ☐Monthly in arrears (June data reported in July) Quarterly in arrears (previous year's data reported in quarter 2) √ annually ☐Rolling 12 mon
14	**KPI Reporting Aggregation**	✓ National ✓Regional ☐ LHO Area ☐ Hospital ☐ County ☐ Institution ☐Other – give details:
15	**KPI is reported in which reports ?**	☐ Corporate Plan Report ✓Performance Report (NSP/CBP) ☐CompStat ☐Other – give details:
16	**Web link to data**	http://www.hse.ie/eng/services/Publications/corporate/performanceassurancereports/
17	**Additional Information**	
Contact details for Data Manager / Specialist Lead		Dr. Orlaith O Reilly, Director of Public Health, Public Health Department, Lacken, Dublin Road, Kilkenny Phone 056 7784124 email orlaith.oreilly@hse.ie
National Lead and Directorate		
		Dr. Ronan Canavan, Clinical Lead for Diabetes. Telephone No. 01 2214407

**Acute Hospitals including Clinical Programmes: Diabetes**

#	Field	Content
1	**KPI Title**	Percentage change in hospital discharges for foot ulcers in diabetics
2	**KPI Description**	The percentage change in hospital discharges for foot ulcers in diabetic patients from the 2009 baseline
3	**KPI Rationale**	Diabetes is one of the leading causes of foot ulcers, which may lead to lower limb amputations. The Diabetes Programme aims to provide improved diabetic control through integrated care and improved recognition and management of diabetic foot complication
	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two). ☐Person Centred Care ✓Effective Care Safe Care☐ Better Health and Wellbeing ✓Use of Information☐ Workforce☐Use of Resources✓Governance, Leadership and Management ☐
4	**KPI Target**	NSP 2014 Target: 40%
5	**KPI Calculation**	The total number of discharges for foot ulcers in patients with diabetes in 2009 resident in the area under reporting minus the number of discharges for foot ulcers in patients who have had a diagnosis of diabetes in the given year who are resident in the
6	**Data Source**	
	Data Completeness	HIPE
	Data Quality Issues	
7	**Data Collection Frequency**	☐Daily ☐Weekly ☐Monthly ☐Quarterly ☐Bi-annually ✓Annually ☐Other – give details:
8	**Tracer Conditions**	Ulcers in lower limb in Diabetics, excluding amputations Discharges from hospital (daycases and inpatients) with any diagnosis of Diabetes (E10-E14) who had an ulcer of the lower limb: L97 AND (E10*, E11*, E13*, E14*), E10.73, E11.73, E13.73, E14.73) and
9	**Minimum Data Set**	• Number of discharges for ulcers in patients with diabetes in the reporting year, resident in the area under reporting • Number of discharges for foot ulcers in patients with diabetes in the baseline year of 2009 resident in the area under reporting i.e
10	**International Comparison**	Specific comparators not given
11	**KPI Monitoring**	KPI will be monitored on a (please indicate below) basis: ☐Daily ☐Weekly ☐ Monthly ☐Quarterly ☐Bi-annually ✓Annually ☐Other – give details: Please indicate who is responsible for monitoring this KPI:_____
12	**KPI Reporting Frequency**	☐Daily ☐Weekly ☐Monthly ☐Quarterly ☐Bi-annually ✓Annually ☐Other – give details:
13	**KPI report period**	✓Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) ☐Monthly in arrears (June data reported in July) ✓Quarterly in arrears (previous year's data reported in quarter 2) ☐Rolling 12 mont
14	**KPI Reporting Aggregation**	✓ National ✓Regional ☐ LHO Area ☐ Hospital ☐ County ☐ Institution ☐Other – give details: Emergency Care Network Governance Meeting
15	**KPI is reported in which reports ?**	☐ Corporate Plan Report ✓Performance Report (NSP/CBP) ✓CompStat ☐Other – give details:
16	**Web link to data**	http://www.hse.ie/eng/services/Publications/corporate/performanceassurancereports/
17	**Additional Information**	
	Contact details for Data Manager / Specialist Lead	Dr. Orlaith O Reilly, Director of Public Health, Public Health Department, Lacken, Dublin Road, Kilkenny Phone 056 7784124 email orlaith.oreilly@hse.ie
	National Lead and Directorate	Dr. Ronan Canavan, Clinical Lead for Diabetes. Telephone No. 01 2214407

	Acute Hospitals including Clinical Programmes: Diabetes

1	**KPI Title**	Percentage of registered Diabetics invited for retinopathy screening
2	**KPI Description**	The percentage of diabetics registered on the National Diabetic Retinopathy Screening Database who were invited for retinopathy screening in the year of reporting.
3	**KPI Rationale**	Diabetic retinopathy is one of the leading causes of blindness. The systematic annual screening of all diabetics for retinopathic eye changes and their referral and provision of treatment can significantly reduce sight loss.
	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two). ☐Person Centred Care ✓Effective Care
		Safe Care☐ Better Health and Wellbeing✓ ☐Use of Information☐
		Workforce☐Use of Resources✓Governance, Leadership and Management ☐
4	**KPI Target**	NSP 2014 Target: 90%
5	**KPI Calculation**	Numerator - number of people invited for retinopathy screening in the reporting time period. Denominator – number of people registered on the National Diabetic Retinopathy Database in the time period under reporting. KPI to be expressed as a percentage
6	**Data Source**	
	Data Completeness	The National Cancer Screening Programme Diabetic Retinopathy Database.
	Data Quality Issues	
7	**Data Collection Frequency**	☐Daily ☐Weekly ☐Monthly ✓Quarterly ☐Bi-annually ☐Annually ☐Other – give details:
8	**Tracer Conditions**	To be developed by the NCSS from the database specification
9	**Minimum Data Set**	To be determined by the NCSS in the data specification
10	**International Comparison**	The English Diabetic Retinopathy Screening Service targets a 90% invitation rate for retinopathy screening for registered diabetics.
11	**KPI Monitoring**	KPI will be monitored on a (please indicate below) basis: ☐Daily ☐Weekly ☐ Monthly ✓Quarterly ☐Bi-annually ☐Annually ☐Other – give details: Please indicate who is responsible for monitoring this KPI:_____
12	**KPI Reporting Frequency**	☐Daily ☐Weekly ☐Monthly ✓Quarterly ☐Bi-annually ☐Annually ☐Other – give details:
13	**KPI report period**	☐Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) ☐Monthly in arrears (June data reported in July) Quarterly in arrears (quarter 1 data reported in quarter 2) ☐Rolling 12 months (pr
14	**KPI Reporting Aggregation**	✓ National ✓Regional ☐ LHO Area Hospital ☐ County ☐ Institution ☐Other – give details: Individual general practice
15	**KPI is reported in which reports ?**	☐ Corporate Plan Report ✓Performance Report (NSP/CBP) ✓CompStat ☐Other – give details:
16	**Web link to data**	http://www.hse.ie/eng/services/Publications/corporate/performanceassurancereports/
17	**Additional Information**	This KPI will be provided following the roll out of the National Diabetic Retinopathy Screening Programme by the NCSS in 2012
	Contact details for Data Manager / Specialist Lead	Pat Cafferty, National Cancer Screening Service, Tel: 01 865 9300
	National Lead and Directorate	Dr. Aine Carroll, National Director, Clinical Strategy and Programmes Directorate Tel: 01 6352322

Acute Hospitals including Clinical Programmes: Epilepsy

1	KPI Title	Percentage reduction in median LOS for epilepsy inpatient discharges
2	KPI Description	% reduction in median LOS for epilepsy patients Median (50th percentile) for length of stay for hospital inpatients with a principal diagnosis of epilepsy/ Status epilepticus/fit or seizure NOS. Epilepsy ICD codes G40, G41, R561 and R568
3	KPI Rationale	Adherence to model of care should lead to more efficient use of resources and reduction in median LOS
	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two). ☐Person Centred Care ☐Effective Care Safe Care☐ Better Health and Wellbeing ☐Use of Information☐ Workforce☐Use of Resources☐Governance, Leadership and Management ☐
4	KPI Target	NSP 2014 Target: 10%
5	KPI Calculation	Median LOS ----------------------------*100 Median LOS same quarter reference period For (ICD10 CM codes G40* G41* and R56.8)
6	Data Source	
	Data Completeness	HIPE
	Data Quality Issues	
7	Data Collection Frequency	☐Daily ☐Weekly ✓Monthly ☐Quarterly ☐Bi-annually ☐Annually ☐Other – give details:
8	Tracer Conditions	None
9	Minimum Data Set	HIPE
10	International Comparison	Not available
11	KPI Monitoring	KPI will be monitored on a (please indicate below) basis: ☐Daily ☐Weekly ✓Monthly ☐Quarterly ☐Bi-annually ☐Annually ☐Other – give details: Please indicate who is responsible for monitoring this KPI: Hospital Managers/Clinical Leads
12	KPI Reporting Frequency	☐Daily ☐Weekly ☐Monthly ✓Quarterly ☐Bi-annually ☐Annually ☐Other – give details:
13	KPI report period	☐Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) ✓Monthly in arrears (June data reported in July) √Quarterly in arrears (quarter 1 data reported in quarter 2) ☐Rolling 12 months (pr
14	KPI Reporting Aggregation	✓ National ✓Regional ☐ LHO Area ✓ Hospital ☐ County ☐ Institution ☐Other – give details:
15	KPI is reported in which reports ?	☐ Corporate Plan Report ✓Performance Assurance Report ☐CompStat ☐Other – give details:
16	Web link to data	http://www.hse.ie/eng/services/Publications/corporate/performanceassurancereports/
17	Additional Information	
	Contact details for Data Manager / Specialist Lead	Fiachra Bane, HIPE, Tel: 045 988330 Email: fiachra.bane@hse.ie Dr. Colin Doherty,
	National Lead and Directorate	Dr Tony O'Connell, National Director Acute Hospitals Division, Dr. Steevens Hospital, Dublin 8. Tel 01-635 2000.

Acute Hospitals including Clinical Programmes: Epilepsy

1	**KPI Title**	Percentage reduction in the number of discharges with principal diagnosis of epilepsy
2	**KPI Description**	% reduction in no. of epilepsy inpatients discharges with principal diagnosis of Epilepsy ICD codes G40, G41, R561 and R568. Baseline is rolling twelve months from 2012.
3	**KPI Rationale**	Adherence to model of care should lead to more efficient use of resources and reduction in bed days
	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two). ☐Person Centred Care ☐Effective Care Safe Care☐ Better Health and Wellbeing ☐Use of Information☐ Workforce☐Use of Resources☐Governance, Leadership and Management ☐
4	**KPI Target**	NSP 2014 Target: 10%
5	**KPI Calculation**	Count
6	**Data Source**	
	Data Completeness	HIPE
	Data Quality Issues	
7	**Data Collection Frequency**	☐Daily ☐Weekly ✓Monthly ☐Quarterly ☐Bi-annually ☐Annually ☐Other – give details:
8	**Tracer Conditions**	None
9	**Minimum Data Set**	HIPE
10	**International Comparison**	Not available
11	**KPI Monitoring**	KPI will be monitored on a (please indicate below) basis: ☐Daily ☐Weekly ☐ Monthly ☐✓Quarterly ☐Bi-annually ☐Annually ☐Other – give details: Please indicate who is responsible for monitoring this KPI: Hospital Managers/Clinical Leads
12	**KPI Reporting Frequency**	☐Daily ☐Weekly ☐Monthly ✓Quarterly ☐Bi-annually ☐Annually ☐Other – give details:
13	**KPI report period**	☐Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) ✓Monthly in arrears (June data reported in July) √Quarterly in arrears (quarter 1 data reported in quarter 2) ☐Rolling 12 months (pr
14	**KPI Reporting Aggregation**	✓ National ✓Regional ☐ LHO Area ✓ Hospital ☐ County ☐ Institution ☐Other – give details:
15	**KPI is reported in which reports ?**	☐ Corporate Plan Report ✓Performance Assurance Report ☐CompStat ☐Other – give details:
16	**Web link to data**	http://www.hse.ie/eng/services/Publications/corporate/performanceassurancereports/
17	**Additional Information**	
	Contact details for Data Manager / Specialist Lead	Fiachra Bane, HIPE, Tel: 045 988330 Email: fiachra.bane@hse.ie Dr Colin Doherty,
	National Lead and Directorate	Dr Tony O'Connell, National Director Acute Hospitals Division, Dr. Steevens Hospital, Dublin 8. Tel 01-635 2000.

Acute Hospitals including Clinical Programmes: Blood Policy

1	**KPI Title**	Number of units of platelets ordered in the reporting period
2	**KPI Description**	To record the platelet usage / outdating per hospital on a monthly basis and trend the National usage monthly.
3	**KPI Rationale**	To review usage and evaluate. To trend the usage of platelets month on month and year on year.
	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two). ☐Person Centred Care ☐Effective Care Safe Care☐ Better Health and Wellbeing ☐ Use of Information☐ Workforce☐ Use of Resources ☑ Governance, Leadership and Management ☐
4	**KPI Target**	NSP 2014 Target: 21,178 Nationally
5	**KPI Calculation**	Utilising data from IBTS and monthly retrieval of data from each hospital record the total number of units ordered nationally.
6	**Data Source**	
	Data Completeness	Each Hospital Laboratory
	Data Quality Issues	
7	**Data Collection Frequency**	☐Daily ☐Weekly ☑ Monthly ☐Quarterly ☐Bi-annually ☐Annually ☐Other – give details:
8	**Tracer Conditions**	Total number of platelets issued to each hospital for therapeutic use to be recorded. This data is collected on a monthly basis from each hospital and provides data for monitoring and trending the use of platelets on a hospital, regional and national basis.
9	**Minimum Data Set**	Core data required from each hospital is the total platelet order for each month with the associated platelet usage.
10	**International Comparison**	Yes
11	**KPI Monitoring**	KPI will be monitored on a (please indicate below) basis: ☐Daily ☐Weekly ☑ Monthly ☐Quarterly ☐Bi-annually ☐Annually ☐Other – give details: Please indicate who is responsible for monitoring this KPI: Hospital Manager
12	**KPI Reporting Frequency**	☐Daily ☐Weekly ☑ Monthly ☐Quarterly ☐Bi-annually ☐Annually ☐Other – give details:
13	**KPI report period**	☐Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) ☑ Monthly in arrears (June data reported in July) ☐Quarterly in arrears (quarter 1 data reported in quarter 2)
14	**KPI Reporting Aggregation**	☑ National ☐Regional ☐ LHO Area ☑ Hospital ☐ County ☐ Institution ☐Other – give details:
15	**KPI is reported in which reports ?**	☑ Performance Assurance Report (NSP) ☐CompStat ☐Other – give details:
16	**Web link to data**	http://www.hse.ie/eng/services/Publications/corporate/performanceassurancereports/
17	**Additional Information**	
	Contact details for Data Manager / Specialist Lead	Specialist Lead: Tony Finch, Chief Scientist.
	National Lead and Directorate	Dr Tony O'Connell, National Director Acute Hospitals Division, Dr. Steevens Hospital, Dublin 8. Tel 01-635 2000

Acute Hospitals including Clinical Programmes: Blood Policy

1	**KPI Title**	Percentage of units of platelets outdated in the reporting period
2	**KPI Description**	To record the platelet usage / outdating per hospital on a monthly basis and trend the National usage quarterly.
3	**KPI Rationale**	To review usage and evaluate
	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two). ☐Person Centred Care ☐Effective Care Safe Care☐ Better Health and Wellbeing ☐Use of Information☐ Workforce☐ Use of Resources☑ Governance, Leadership and Management ☐
4	**KPI Target**	NSP 2014 Target: <8%
5	**KPI Calculation**	Utilising data from IBTS and monthly retrieval of data from each hospital Number of outdated units Total number of units x 100 =
6	**Data Source**	
	Data Completeness	Each Hospital Laboratory
	Data Quality Issues	
7	**Data Collection Frequency**	☐Daily ☐Weekly ☑ Monthly ☐Quarterly ☐Bi-annually ☐Annually ☐Other – give details:
8	**Tracer Conditions**	Total number of platelets outdated to be ordered for each hospital. This data is collected on a monthly basis for each hospital and provides data for monitoring and trending the outdating rate for platelets on a hospital, regional and national basis.
9	**Minimum Data Set**	The core data required from each hospital is the total platelet order for each month with the associated outdating figure.
10	**International Comparison**	Yes
11	**KPI Monitoring**	KPI will be monitored on a (please indicate below) basis: ☐Daily ☐Weekly ☑ Monthly ☐Quarterly ☐Bi-annually ☐Annually ☐Other – give details: Please indicate who is responsible for monitoring this KPI: Hospital Manager
12	**KPI Reporting Frequency**	☐Daily ☐Weekly ☑ Monthly ☐Quarterly ☐Bi-annually ☐Annually ☐Other – give details:
13	**KPI report period**	☐Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) ☑ Monthly in arrears (June data reported in July) ☐Quarterly in arrears (quarter 1 data reported in quarter 2) ☐Rolling 12 months (pr
14	**KPI Reporting Aggregation**	☑ National ☐Regional ☐ LHO Area ☑ Hospital ☐ County ☐ Institution ☐Other – give details:
15	**KPI is reported in which reports ?**	☑ Performance Assurance Report (NSP) ☐CompStat ☐Other – give details:
16	**Web link to data**	http://www.hse.ie/eng/services/Publications/corporate/performanceassurancereports/
17	**Additional Information**	
	Contact details for Data	Specialist Lead: Tony Finch, Chief Scientist.
	National Lead and Directorate	Dr Tony O'Connell, National Director Acute Hospitals Division, Dr. Steevens Hospital, Dublin 8. Tel 01-635 2000

Acute Hospitals including Clinical Programmes: Blood Policy

1	**KPI Title**	Percentage usage of O Rhesus negative red blood cells
2	**KPI Description**	To monitor and minimise the % of O Rhesus Negative units nationally, as a percentage of all red blood cells.
3	**KPI Rationale**	Minimise over usage of O Rhesus negative red blood cells
	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two). ☐Person Centred Care ☑ Effective Care
		Safe Care☐ Better Health and Wellbeing ☐Use of Information☐
		Workforce☐Use of Resources☐Governance, Leadership and Management ☐
4	**KPI Target**	NSP 2014 Target: <11%
5	**KPI Calculation**	Total number of O Rhesus Negative units Total number of all red blood cells x 100 =
6	**Data Source**	
	Data Completeness	Each Hospital Laboratory
	Data Quality Issues	
7	**Data Collection Frequency**	☐Daily ☐Weekly ☑Monthly ☐Quarterly ☐Bi-annually ☐Annually ☐Other – give details:
8	**Tracer Conditions**	The total number of O Rh Negative Red Cell units issued to each hospital to be recorder. This data is collected on a monthly basis form each hospital and provides data for monitoring and trending use of O Rh Negative Red Cell units as a percentage of the total.
9	**Minimum Data Set**	Core data required from each hospital is the total issue of all Red Cell units and the associated issue of O Rh Negative Red Cell units.
10	**International Comparison**	No
11	**KPI Monitoring**	KPI will be monitored on a (please indicate below) basis: ☐Daily ☐Weekly ☑ Monthly ☐Quarterly ☐Bi-annually ☐Annually ☐Other – give details: Please indicate who is responsible for monitoring this KPI: Hospital Manager
12	**KPI Reporting Frequency**	☐Daily ☐Weekly ☑ Monthly ☐Quarterly ☐Bi-annually ☐Annually ☐Other – give details:
13	**KPI report period**	☐Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) ☑Monthly in arrears (June data reported in July) ☐Quarterly in arrears (quarter 1 data reported in quarter 2) ☐Rolling 12 months
14	**KPI Reporting Aggregation**	☑ National ☐Regional ☐ LHO Area ☑ Hospital ☐ County ☐ Institution ☐Other – give details:
15	**KPI is reported in which reports ?**	☑ Performance Assurance Report (NSP) ☐CompStat ☐Other – give details:
16	**Web link to data**	http://www.hse.ie/eng/services/Publications/corporate/performanceassurancereports/
17	**Additional Information**	
	Contact details for Data	Specialist Lead: Tony Finch, Chief Scientist.
	National Lead and Directorate	Dr Tony O'Connell, National Director Acute Hospitals Division, Dr. Steevens Hospital, Dublin 8. Tel 01-635 2000

Acute Hospitals including Clinical Programmes: Blood Policy

1	KPI Title	Percentage of red blood cell units rerouted to hub hospital
2	KPI Description	To record the number of red cell units re-routed in order to utilise short dated units and reduce outdating.
3	KPI Rationale	Minimising of outdated products and utilisation of short date units.
	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two). ☐Person Centred Care ☐Effective Care
		Safe Care☐ Better Health and Wellbeing ☐Use of Information☐
		Workforce☐ Use of Resources ☑ Governance, Leadership and Management ☐
4	KPI Target	NSP 2014 Target: <5%
5	KPI Calculation	Utilising data from IBTS and monthly retrieval of data from each hospital Number of red blood cell units rerouted Total red cell units x 100 = %
6	Data Source	
	Data Completeness	Each Hospital Laboratory
	Data Quality Issues	
7	Data Collection Frequency	☐Daily ☐Weekly ☑ Monthly ☐Quarterly ☐Bi-annually ☐Annually ☐Other – give details:
8	Tracer Conditions	Total number of Red Cell units re-routed between hospitals in their network group. This data is collected on a monthly basis from each hospital and provides data for monitoring and trending the re-routing of all Red Cell units between hospitals.
9	Minimum Data Set	Core data required from each hospital is the total red cell unit order and the number of Red Cell units re-routed
10	International Comparison	No
11	KPI Monitoring	KPI will be monitored on a (please indicate below) basis: ☐Daily ☐Weekly ☑ Monthly ☐Quarterly ☐Bi-annually ☐Annually ☐Other – give details: Please indicate who is responsible for monitoring this KPI: Hospital Manager
12	KPI Reporting Frequency	☐Daily ☐Weekly ☑ Monthly ☐Quarterly ☐Bi-annually ☐Annually ☐Other – give details:
13	KPI report period	☐Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) ☑ Monthly in arrears (June data reported in July) ☐Quarterly in arrears (quarter 1 data reported in quarter 2) ☐Rolling 12 months (pr
14	KPI Reporting Aggregation	☑ National ☐Regional ☐ LHO Area ☑ Hospital ☐ County ☐ Institution ☐Other – give details:
15	KPI is reported in which reports ?	☑ Performance Assurance Report (NSP) ☐CompStat ☐Other – give details:
16	Web link to data	http://www.hse.ie/eng/services/Publications/corporate/performanceassurancereports/
17	Additional Information	
	Contact details for Data	Specialist Lead: Tony Finch, Chief Scientist.
	National Lead and Directorate	Dr Tony O'Connell, National Director Acute Hospitals Division, Dr. Steevens Hospital, Dublin 8. Tel 01-635 2000

Acute Hospitals including Clinical Programmes: Blood Policy

1	**KPI Title**	Percentage of red blood cell units returned out of total red blood cell units ordered
2	**KPI Description**	To record the number of red cell units outdated per hospital on a monthly basis and trend the National outdating monthly.
3	**KPI Rationale**	To review outdating and evaluate.
	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two). ☐Person Centred Care ☐Effective Care
		Safe Care☐ Better Health and Wellbeing ☐Use of Information☐
		Workforce☐Use of Resources☐Governance, Leadership and Management ☐
4	**KPI Target**	NSP 2014 Target: <1%
5	**KPI Calculation**	Total number of Red Cell Units outdated x 100 = Total number of Red Cell units issued
6	**Data Source**	Each Hospital Laboratory
	Data Completeness	
	Data Quality Issues	
7	**Data Collection Frequency**	☐Daily ☐Weekly ☑ Monthly ☐Quarterly ☐Bi-annually ☐Annually ☐Other – give details:
8	**Tracer Conditions**	The total number of Red Cell units outdated at each hospital to be recorded. This data is collected on a monthly basis from each hospital and provides data for monitoring and trending of Red Cell units outdated as a percentage of the total Red Cell unit.
9	**Minimum Data Set**	Core data required from each hospital is the total issue of all Red Cell units and the associated outdating figures.
10	**International Comparison**	No
11	**KPI Monitoring**	KPI will be monitored on a (please indicate below) basis: ☐Daily ☐Weekly ☑ Monthly ☐Quarterly ☐Bi-annually ☐Annually ☐Other – give details: Please indicate who is responsible for monitoring this KPI: Hospital Manager
12	**KPI Reporting Frequency**	☐Daily ☐Weekly ☑ Monthly ☐Quarterly ☐Bi-annually ☐Annually ☐Other – give details:
13	**KPI report period**	☐Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) ☑ Monthly in arrears (June data reported in July) ☐Quarterly in arrears (quarter 1 data reported in quarter 2) ☐Rolling 12 months
14	**KPI Reporting Aggregation**	☑ National ☐Regional ☐ LHO Area ☑ Hospital ☐ County ☐ Institution ☐Other – give details:
15	**KPI is reported in which reports ?**	☑ Performance Assurance Report (NSP) ☐CompStat ☐Other – give details:
16	**Web link to data**	http://www.hse.ie/eng/services/Publications/corporate/performanceassurancereports/
17	**Additional Information**	
	Contact details for Data	Specialist Lead: Tony Finch, Chief Scientist.
	National Lead and Directorate	Dr Tony O'Connell, National Director Acute Hospitals Division, Dr. Steevens Hospital, Dublin 8. Tel 01-635 2000

Acute Division - Healthcare Associated Infections

1	**KPI Title**	Rate of MRSA bloodstream infections in acute hospitals per 1,000 bed days used
2	**KPI Description**	Number of MRSA blood stream infections reported via EARS-Net per 1000 bed days used per quarter for each acute hospital. MRSA blood stream infections as a % of all Staphylococcus aureus (S.Aureus) infection in hospitals.
3	**KPI Rationale**	To indicate progress towards the goal of reducing MRSA in acute settings against the National target setting within the "Say No to Infection Strategy".
	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two). ☐Person Centred Care ☑Effective Care
		Safe Care☑ Better Health and Wellbeing ☐Use of Information☐
		Workforce☐Use of Resources☐Governance, Leadership and Management ☐
4	**KPI Target**	<0.057 Target 2014
5	**KPI Calculation**	Under the case definition for EARSS, data are collected on the first bloodstream isolate of S. aureus per patient per quarter. The following data are included in each report: • The number of S. aureus isolates, including the number of MRSA isolates. • The percentage MRSA • The S. aureus and MRSA rates per 1,000 bed-days used Denominator: acute beddays used, provided by the HSE BIU acute Unit. This is based on the average number of available acute in-patient beds during the previous month, and not on the total bed capacity of a hospital. It does not include long-stay or day case (including dialysis) bed use, but does include acute psychiatric bed use.
6	**Data Source**	Rate of MRSA comes from microbiology laboratories in acute hospitals and information on bed days used is provided by the HSE BIU acute Unit.
	Data Completeness	100% participation by hospital laboratories
	Data Quality Issues	Does not distinguish between true bloodstream infections and blood culture contaminants. Does not indicate where bloodstream infections were acquired (community, reporting hospital or other heathcare setting).
7	**Data Collection Frequency**	☐Daily ☐Weekly ☐Monthly ☑ Quarterly ☐Bi-annually ☐Annually Other
8	**Tracer Conditions**	Patients demographic details as well as EARs-net core data reference www.HPSC.ie
9	**Minimum Data Set**	Quarterly data supply from Hospital Microbiology laboratories as per EARS-Net protocol, the European Antimicrobial Resistance Surveillance Network (EARS-Net) collects information on antibiotic resistance of bacteria causing invasive infection.
10	**International Comparison**	Yes, European surveillance system: data can be compared with results from other participating countries
11	**KPI Monitoring**	KPI will be monitored on a (please indicate below) basis: ☐Daily ☐Weekly ☐ Monthly ☑Quarterly ☐Bi-annually ☐Annually ☐Other Please indicate who is responsible for monitoring this KPI: Hospital Manager
12	**KPI Reporting Frequency**	☐Daily ☐Weekly ☐Monthly ☑Quarterly ☐Bi-annually ☐Annually ☐Other – give details:
13	**KPI report period**	☐Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) ☐Monthly in arrears (June data reported in July) ☑Quarterly in arrears (quarter 1 data reported in quarter 2) ☐Rolling 12 months
14	**KPI Reporting Aggregation**	☑National ☐Regional ☐ LHO Area ☑ Hospital ☐ County ☐ Institution ☐Other – give details:
15	**KPI is reported in which reports**	☑Performance Assurance Report (NSP) ☑CompStat ☐Other – give details:
16	**Web link to data**	http://www.hpsc.ie/hpsc/A-Z/MicrobiologyAntimicrobialResistance/EuropeanAntimicrobial ResistanceSurveillanceSystemEARSS/EARSSSurveillanceReports/
17	**Additional Information**	
	Contact details for Data Manager / Specialist Lead	Dr. Robert Cunney, HPSC robert.cunney@hse.ie Tel: 01 8765300
	National Lead and Division	Dr. Philip Crowley, National Director Quality and Patient Safety Tel: 01 635 2038

KPI Metadata Guidelines 2014

Acute Division - Healthcare Associated Infections

1	**KPI Title**	Rate of new cases of Clostridium difficile associated diarrhoea in acute hospitals per 10,000 bed days used.
2	**KPI Description**	National rate of new cases of hospital-acquired Clostridium difficile infection in acute hospitals.
3	**KPI Rationale**	C. difficile is a potentially preventable healthcare associated infection that causes significant morbidity and mortality. It has caused a number of significant outbreaks in hospitals and long term care facilities. Rates are linked to antibiotic prescribing patterns and adherence with infection prevention and control procedures.
	Indicator Classification	☐Person Centred Care ☑Effective Care
		Safe Care☑ Better Health and Wellbeing ☐Use of Information☐
		Workforce☐Use of Resources☐Governance, Leadership and Management ☐
4	**KPI Target**	Target 2014: <2.5
5	**KPI Calculation**	Numerator data: New cases of Clostridium difficile associated diarrhoea in acute hospitals as per national case definition. Denominator data: 10,000 bed days used
6	**Data Source** **Data Completeness** **Data Quality Issues**	Data provided by acute hospitals (microbiologists, infection control nurses, surveillance & laboratory scientists) to HPSC on a quarterly basis.
7	**Data Collection Frequency**	☐Daily ☐Weekly ☐Monthly ☑Quarterly ☐Bi-annually ☐Annually ☐Other – give details:
8	**Tracer Conditions**	Antibiotic consumption rates in hospitals
9	**Minimum Data Set**	Protocol www.hpsc.ie
10	**International Comparison**	National case definition identical to EU and US case definitions therefore comparable with countries that use these case definitions.
11	**KPI Monitoring**	KPI will be monitored on a (please indicate below) basis: ☐Daily ☐Weekly ☐ Monthly ☑Quarterly ☐Bi-annually ☐Annually ☐Other – Please indicate who is responsible for monitoring this KPI: Hospital Managers
12	**KPI Reporting Frequency**	☐Daily ☐Weekly ☐Monthly ☑Quarterly ☐Bi-annually ☐Annually ☐Other – give details:
13	**KPI report period**	☐Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) ☐Monthly in arrears (June data reported in July) ☑Quarterly in arrears (quarter 1 data reported in quarter 2) ☐Rolling 12 months (pr
14	**KPI Reporting Aggregation**	☑National ☑ Regional ☐ LHO Area ☑ Hospital ☐ County ☐ Institution ☐Other – give details:
15	**KPI is reported in which reports ?**	☑Performance Assurance Report (NSP) ☑CompStat ☐Other – give details:
16	**Web link to data**	http://www.hpsc.ie/hpsc/A-Z/Gastroenteric/Clostridiumdifficile/CdifficileSurveillance/
17	**Additional Information**	As reported in the Performance Assurance Report
	Contact details for Data Manager / Specialist Lead	Dr Karen Burns, karen.burns1@hse.ie & Dr Fiona Roche, fionamary.roche@hse.ie Tel: 01 8765300
	National Lead and Division	Dr. Philip Crowley, National Director Quality and Patient Safety Tel: 01 635 2038

KPI Metadata Guidelines 2014

Acute Division - Healthcare Associated Infections

1	**KPI Title**	Median hospital total antibiotic consumption rate (DDD per 100 bed days used) per hospital
2	**KPI Description**	The total antibiotic consumption rate (defined daily dose per 100 bed days) per hospital.
3	**KPI Rationale**	Antibiotic use in hospitals is a risk factor for antimicrobial resistance, and for MRSA and *C. difficile* infection rates. Antibiotic use also represents a major cost for hospitals
	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two). ☐Person Centred Care ☑Effective Care Safe Care☑ Better Health and Wellbeing ☐Use of Information☐ Workforce☐ Use of Resources☑ Governance, Leadership and Management ☐
4	**KPI Target**	Target 2014: 83
5	**KPI Calculation**	The principle measure of antibiotic consumption for each hospital is the inpatient antibiotic consumption rate, expressed as DDD (defined daily dose) per 100 bed days used.
6	**Data Source**	Hospital Pharmacies to HPSC
	Data Completeness	Data provided by 95% of acute hospitals
	Data Quality Issues	Does not represent prescription level data. Does not indicate appropriateness of antibiotic use (some hospitals may have a high level of antibiotic use that is appropriate to their patient population. Some hospital pharmacies are unable to provide data due to lack of an appropriate IT system.
7	**Data Collection Frequency**	☐Daily ☐Weekly ☐Monthly ☐Quarterly ☑Bi-annually ☐Annually ☐Other
8	**Tracer Conditions**	Antibiotic consumption rate
9	**Minimum Data Set**	Protocol www.hpsc.ie
10	**International Comparison**	Hospital antibitoic consumption data collected as part of ESAC-Net: data comparible with other participating European countries
11	**KPI Monitoring**	KPI will be monitored on a (please indicate below) basis: ☐Daily ☐Weekly ☐ Monthly ☐Quarterly ☑ Bi-annually ☐Annually ☐Other Please indicate who is responsible for monitoring this KPI: Hospital Managers/ Pharmacists
12	**KPI Reporting Frequency**	☐Daily ☐Weekly ☐Monthly ☐Quarterly ☑Bi-annually ☐Annually ☐Other
13	**KPI report period**	☐Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) ☐Monthly in arrears (June data reported in July) ☑Biannual ☐Rolling 12 months (previous 12 month period)
14	**KPI Reporting Aggregation**	☑National ☑ Regional ☐ LHO Area ☑Hospital ☐ County ☐ Institution ☐Other – give details:
15	**KPI is reported in which reports**	☑Performance Assurance Report (NSP) ☐CompStat ☐Other – give details:
16	**Web link to data**	http://www.hpsc.ie/hpsc/A-Z/MicrobiologyAntimicrobialResistance/EuropeanSurveillanceof AntimicrobialConsumptionESAC/SurveillanceReports/
17	**Additional Information**	Reports on hospital antibiotic consumption for participating European countries available at
Contact details for Data Manager / National Lead and Division		Dr. Robert Cunney, HPSC robert.cunney@hse.ie Tel: 01 8765300
		Dr. Philip Crowley, National Director Quality and Patient Safety Tel: 01 635 2038

KPI Metadata Guidelines 2014

	Acute Division - Healthcare Associated Infections	

1	**KPI Title**	Alcohol Hand Rub consumption (litres per 1,000 bed days used)
2	**KPI Description**	This is the volume of alcohol rub used by hospitals, which is an acceptable method of assessing hand hygiene compliance. It is expressed as volume (in litres) per 1000 beddays used in the hospital. It excludes alcohol rub that is used for pre-operative.
3	**KPI Rationale**	Alcohol based hand rubs are recommended as a primary means of hand hygiene in the Irish national guidelines. Measurement of alcohol hand rub consumption is a process indicator for hand hygiene compliance.
	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two). ☐Person Centred Care ☐Effective Care
		Safe Care☑ Better Health and Wellbeing ☐Use of Information☐
		Workforce☐Use of Resources☐Governance, Leadership and Management ☐
4	**KPI Target**	Target 2014: 25
5	**KPI Calculation**	The rate of usage per hospital is calculated as per the total volume of hand rub consumed in litres per 1000 bed days used. This is measured quarterly and annually. Hospital activity data, bed days used are obtained from the Performance Management Unit
6	**Data Source**	Hospital pharmacies and supplies departments (reporting to HPSC)
	Data Completeness	Reported by all acute hospitals
	Data Quality Issues	Does not distinguish between staff, patient and visitor use of alcohol hand gel. Hospitals reporting via supplies departments may have artificially high rates of use, due to batch delivery of supplies.
7	**Data Collection Frequency**	☐Daily ☐Weekly ☐Monthly ☑ Quarterly Bi-annually ☐Annually ☐Other – give details:
8	**Tracer Conditions**	Alcohol Hand Rub consumption
9	**Minimum Data Set**	Protocol www.hpsc.ie
10	**International Comparison**	Internationally recognised process indicator, allowing direct comparison with data from other countries.
11	**KPI Monitoring**	KPI will be monitored on a (please indicate below) basis: ☐Daily ☐Weekly ☐ Monthly ☑ Quarterly ☐Bi-annually ☐Annually ☐Other – give details: Please indicate who is responsible for monitoring this KPI: Hospital Managers
12	**KPI Reporting Frequency**	☐Daily ☐Weekly ☐Monthly ☐Quarterly ☑ Bi-annually ☐Annually ☐Other – give details:
13	**KPI report period**	☐Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) ☐Monthly in arrears (June data reported in July) ☑ Biannually ☐Rolling 12 months (previous 12 month period)
14	**KPI Reporting Aggregation**	☑ National ☑ Regional ☐ LHO Area ☑ Hospital ☐ County ☐ Institution ☐Other – give details:
15	**KPI is reported in which reports ?**	☑ Performance Assurance Report (NSP) ☑ CompStat ☐Other – give details:
16	**Web link to data**	http://www.hpsc.ie/hpsc/A-Z/Gastroenteric/Handwashing/AlcoholHandRubConsumptionSurveillance/
17	**Additional Information**	
Contact details for Data Manager / National Lead and Division		Dr. Robert Cunney, HPSC robert.cunney@hse.ie Tel: 01 8765300
		Dr. Philip Crowley, National Director Quality and Patient Safety Tel: 01 635 2038

KPI Metadata Guidelines 2014

Acute Division - Healthcare Associated Infections

1	**KPI Title**	% compliance of hospital staff with the World Health Organisation's (WHO) 5 moments of hand hygiene using the national hand hygiene audit tool
2	**KPI Description**	Compliance of hospital staff with the World Health Organisations (WHO) 5 moments of hand hygiene using the national hand hygiene audit tool.
3	**KPI Rationale**	Hand hygiene is one of the most effective means of reducing healthcare associated infection (HCAI). However, compliance by healthcare workers with recommended hand hygiene frequencies and techniques has been reported as suboptimal. WHO recommends direct observation (hand hygiene audit) as the gold standard of measuring adherence to hand hygiene guidelines.
	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two). ☐Person Centred Care ☐Effective Care Safe Care☑ Better Health and Wellbeing ☐Use of Information☐ Workforce☐Use of Resources☐Governance, Leadership and Management ☐
4	**KPI Target**	Target 2014: 90%
5	**KPI Calculation**	Count
6	**Data Source**	Observational audit of hand hygiene compliance by healthcare staff in hospitals. National lead
	Data Completeness	Complete reporting by all acute hospitals.
	Data Quality Issues	No external validation of oberservational audits: risk obererver bias and "Hawthorne" effect
7	**Data Collection Frequency**	☐Daily ☐Weekly ☐Monthly ☐Quarterly ☑Bi-annually ☐Annually ☐Other – give details:
8	**Tracer Conditions**	Alcohol hand rub usage in hosptials, Clostridium Difficle and MRSA Rates
9	**Minimum Data Set**	Compliance with WHO 5 moments of hand hygiene
10	**International Comparison**	Broad comparisons can be made with other countries that use WHO methodology, however the exact method use to collect the data (sample size, auditor) varies from country to country
11	**KPI Monitoring**	KPI will be monitored on a (please indicate below) basis: ☐Daily ☐Weekly ☐ Monthly ☐Quarterly ☑ Bi-annually ☐Annually ☐Other – give details: Please indicate who is responsible for monitoring this KPI: Hospital Managers
12	**KPI Reporting Frequency**	☐Daily ☐Weekly ☐Monthly ☐Quarterly ☑Bi-annually ☐Annually ☐Other – give details:
13	**KPI report period**	☐Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) ☐Monthly in arrears (June data reported in July) ☐Quarterly in arrears (quarter 1 data reported in quarter 2) ☑ Biannual
14	**KPI Reporting Aggregation**	☑National ☑ Regional ☐ LHO Area ☑ Hospital ☐ County ☐ Institution ☐Other – give details:
15	**KPI is reported in which reports**	☑Performance Assurance Report (NSP) ☐CompStat ☐Other – give details:
16	**Web link to data**	http://www.hpsc.ie/hpsc/A-Z/Gastroenteric/Handwashing/HandHygieneAudit/
17	**Additional Information**	
Contact details for Data Manager /		Ms Sheila Donlon, HPSC sheila.donlon1@hse.ie Tel: 01 8765300
National Lead and Division		Dr. Philip Crowley, National Director Quality and Patient Safety Tel: 01 635 2038

KPI Metadata Guidelines 2014

Acute Division - Patient Experience (Annually)

1	**KPI title**	% of hospitals conducting annual patient experience surveys amongst representative samples of their patient poplulation
2	**KPI Description**	Survey conducted amongst a representative sample of the patient population, measuring person centred care, and the principles outlined in the National Healthcare Charter.
3	**KPI Rationale**	To measure patient experience amongst a representative sample of services users
	Indicator Classification	Please tick Indicator Classification this indicator applies to:
		√ Person Centred Care √ Effective Care √Safe Care
		√ Better Health and Wellbeing √ Use of Information Workforce
		❑ Use of Resources √ Governance, Leadership and Management
4	**KPI Target**	2014 Target= 100% (set in NSP 2014)
5	**KPI Calculation**	
6	**Data Source**	**Source:** Quality team in acute hospitals
	Data Completeness	**Completeness:**100% of all acute hospitals must participate. However at present time of completing this metadata the following hospitals have commenced work on measuring patient experience; Sligo, UHG, Portiuncla, Mayo, St James's, St Luke's, Kilkenny, Ker**ry General**
	Data Quality Issues	**Quality:** Validated survey tools should be used, to measure patient experience. Sampling methods, sample size, response rates and survey methods need to be in line with best practice research methodology.
7	**Data Collection Frequency**	Indicate how often the data to support the KPI will be collected: ❑Daily ❑Weekly ❑ Monthly ❑Quarterly ❑Bi-annually √Annually ❑Other – give details:
8	**Tracer Conditions**	
9	**Minimum Data Set**	
10	**International Comparison**	
11	**KPI Monitoring**	KPI will be monitored : ❑Daily ❑Weekly ❑ Monthly ❑Quarterly ❑Bi-annually √Annually ❑Other – give details: Please indicate who is responsible at a local level for monitoring this KPI: Nominated member of the senior management team of each hospital with responsibility for gathering patient feedback and reporting on patient experience
12	**KPI Reporting Frequency**	Indicate how often the KPI will be reported: ❑Daily ❑Weekly ❑Monthly ❑Quarterly ❑Bi-annually √Annually ❑Other – give details:
13	**KPI report period**	Indicate the period to which the data applies ❑ Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) Monthly in arrears (June data reported in July) ❑Quarterly in arrears (quarter 1 data reported in quarter 2 ❑ Rolling 12 months (previous 12 month period) √ Other – give details: Data is quarterly -in-arrears however it is reported annually. The data is collected in the quarter prior to the survey. Each hospital does survey at individual times but data is taken from quarter previous to survey (hence quarterly in arrears)
14	**KPI Reporting Aggregation**	Indicate the level of aggregation – for example over a geographical location: √National √ Regional ❑ LHO Area √ Hospital ❑ County ❑ Institution ❑ Other – give details:
15	**KPI is reported in which reports?**	Indicate where the KPI will be reported: ❑ Corporate Plan Report √ Performance Report (NSP/CBP) ❑CompStat ❑Other – give details:
16	**Web link to data**	http://www.hse.ie/eng/services/Publications/corporate/performanceassurancereports/
17	**Additional Information**	Contact the National Advocacy, Unit HSE for access to survey tools and support. Work is ongoing to get all hospitals included in patient experience.
Contact details for Data Manager /Specialist Lead		Name: June Boulger, National Lead Patient and Public Involvement, 086-8069829/ june.boulger2@hse.ie
National Lead and Division		Dr. Philip Crowley, National Director Quality and Patient Safety / Dr. Tony O'Connell, Director of Acute Hospitals, Dr Steevens Hospital, Dublin 8.

Acute Division - HR Compliance with EWTD (Monthly)

1	**KPI title**	European Working Time Directive compliance for NCHDs
2	**KPI Description**	Compliance with aspects of the European Working Time Directive and associated European Commission reporting requirements for Non-Consultant Hospital Doctors (NCHDs) employed in HSE and HSE-funded agencies
		European Working Time Directive requirements are set out in SI 494 of 2004, SI 593 of 2010 and related HSE and DoH guidance the most recent of which is 'Guidance on EWTD requirements - 18th Jan 12'. European Commission reporting requirements are set out in correspondence from the European Commission to the Minister for Health of 13th February 2013 and 24th August 2013
3	**KPI Rationale**	The HSE is required to collect information on EWTD compliance by the Department of Health to facilitate reporting to the European Commission. Separately, the HSE has agreed to proposals from the Labour Relations Commission to publish data on EWTD compliance and compliance with a maximum 24 hour shift.
		NCHD Contract 2010 introduced a requirement for a maximum 24 hour shift in February 2010. In October 2013, the HSE agreed to LRC proposals to ensure all NCHDs were compliant with a maximum 24 hour shift.
	Indicator Classification	Safe Care, Workforce
4	**KPI Target**	% compliance with a maximum 24 hour shift
5	**KPI Calculation**	NCHD Contract 2010 and LRC proposals of October 2013 require NCHD compliance with a maximum shift on-site on-call of 24 hours. The KPI is calculated in the case of the target by expressing the numerator (those NCHDs compliant with the target) as a percentage of the denominator (the total population of NCHDs). Data is provided in respect of each grade of NCHD - Intern, Senior House Officer, Registrar and Specialist / Senior Registrar - and for all NCHDs.
6	**Data Source**	HR data provided via the Office of the National Director of HR
	Data Completeness	HR data relies on a individual hospital returns for all NCHDs employed to the Office of the National Director of HR.
		Data Completeness and any Data Quality issues
	Data Quality Issues	this KPI applies to 100% of NCHDs employed in HSE and HSE-funded agencies
		Data returns to date cover approximately 88% of NCHDs employed.
7	**Data Collection Frequency**	Data is collected on a monthly basis.
8	**Tracer Conditions**	working hours - defined as time spent on-call on-site
9	**Minimum Data Set**	see attached appendix
10	**International Comparison**	No - Ireland and Greece are only two EU states with significant non-compliance with the EWTD
11	**KPI Monitoring**	Indicate how often the KPI will be monitored and by whom
		KPI will be monitored on a (please indicate below) basis:
		Monthly
		Please indicate who is responsible at a local level for monitoring this KPI:
		Medical Manpower Managers / Medical administration
12	**KPI Reporting Frequency**	Monthly
13	**KPI report period**	Monthly in arrears
14	**KPI Reporting Aggregation**	this refers to the combination of results to provide a broader picture of performance for example over a geographical location.
		National
15	**KPI is reported in which reports?**	
		Performance report, Compstat
15	**Web link to data**	http://www.hse.ie/eng/services/Publications/corporate/performanceassurancereports/
16	**Additional Information**	Include any additional information relevant to the KPI e.g. New new collection mechanisms are being developed
	Contact details for Data Manager and or Specialist Lead	Andrew Condon, email: andrew.condon@hse.ie, tel: 0871215490
	National Director and Division	Dr Tony O'Connell, National Director Acute Hospitals Division, Dr. Steevens Hospital, Dublin 8. Tel 01-635 2000.

KPI Metadata Guidelines 2014

Acute Division - HR Compliance with EWTD (Monthly)

#	Field	Value
1	**KPI title**	European Working Time Directive compliance for NCHDs
2	**KPI Description**	Compliance with aspects of the European Working Time Directive and associated European Commission reporting requirements for Non-Consultant Hospital Doctors (NCHDs) employed in HSE European Working Time Directive requirements are set out in SI 494 of 2004, SI 593 of 2010 and related HSE and DoH guidance the most recent of which is 'Guidance on EWTD requirements - 18th Jan 12'. European Commission reporting requirements are set out in correspondence from the European Commission to the Minister for Health of 13th February 2013 and 24th August 2013
3	**KPI Rationale**	The HSE is required to collect information on EWTD compliance by the Department of Health to facilitate reporting to the European Commission. Separately, the HSE has agreed to proposals from the Labour Relations Commission to publish data on EWTD compliance and compliance with a maximum 24 hour shift.
		NCHD Contract 2010 introduced a requirement for a maximum 24 hour shift in February 2010. In October 2013, the HSE agreed to LRC proposals to ensure all NCHDs were compliant with a maximum 24 hour shift.
	Indicator Classification	Safe Care, Workforce
4	**KPI Target**	% compliance with a maximum 24 hour shift
5	**KPI Calculation**	NCHD Contract 2010 and LRC proposals of October 2013 require NCHD compliance with a maximum shift on-site on-call of 24 hours. The KPI is calculated in the case of the target by expressing the numerator (those NCHDs compliant with the target) as a percentage of the denominator (the total population of NCHDs). Data is provided in respect of each grade of NCHD - Intern, Senior House Officer, Registrar and Specialist / Senior Registrar - and for all NCHDs.
6	**Data Source**	HR data provided via the Office of the National Director of HR
	Data Completeness	HR data relies on a individual hospital returns for all NCHDs employed to the Office of the National Director of HR.
		Data Completeness and any Data Quality issues
	Data Quality Issues	this KPI applies to 100% of NCHDs employed in HSE and HSE-funded agencies
		Data returns to date cover approximately 88% of NCHDs employed.
7	**Data Collection Frequency**	Data is collected on a monthly basis.
8	**Tracer Conditions**	working hours - defined as time spent on-call on-site
9	**Minimum Data Set**	see attached appendix
10	**International Comparison**	No - Ireland and Greece are only two EU states with significant non-compliance with the EWTD
11	**KPI Monitoring**	KPI will be monitored on a (please indicate below) basis:
		Monthly
		Please indicate who is responsible at a local level for monitoring this KPI:
		Medical Manpower Managers / Medical administration
12	**KPI Reporting Frequency**	Monthly
13	**KPI report period**	Monthly in arrears
14	**KPI Reporting Aggregation**	
		National
15	**KPI is reported in which reports?**	
		Performance report, Compstat
15	**Web link to data**	http://www.hse.ie/eng/services/Publications/corporate/performanceassurancereports/
16	**Additional Information**	Include any additional information relevant to the KPI e.g. New new collection mechanisms are being developed
	Contact details for Data Manager and or Specialist Lead	Andrew Condon, email: andrew.condon@hse.ie, tel: 0871215490
	National Director and Division	Dr Tony O'Connell, National Director Acute Hospitals Division, Dr. Steevens Hospital, Dublin 8. Tel 01-635 2000.

KPI Metadata Guidelines 2014

Acute Division - National Early Warning Score (NEWS)

1	**KPI title**	% of Hospitals with full implementation of NEWS in all clinical areas of acute Hospitals and single speciality hospitals
2	**KPI Description**	This indicator describes the total number of hosptials dealing with adult non-pregnant paitents where the NEWS is operational on a defined group of patients (predominately in-patients). There is a standardised definition of implemenation used across all hospitals. Data is reported from hospitals to BIU. It is reported as a snap shot of data based on last day of each quarter i.e. 30th June returned in 15th July, 30th Sept returned on 15th October, 31st Dec returned on 15th Jan 2015. All hospitals to report based on this snap shot date so hospitals can be compared like with like.
3	**KPI Rationale**	To monitor the numbers of hospitals that have implemented the NEWS in their all appropriate clinical areas of their hosptial.
	Indicator Classification	Please tick Indicator Classification this indicator applies to: Person Centred Care Effective Care ☑ Safe Care Better Health and Wellbeing Use of Information Workforce Use of Resources Governance, Leadership and Management
4	**KPI Target**	2014 Target = 95%
5	**KPI Calculation**	Numerator: Total number of Hospitals who have completed implementation of the NEWS in all appropriate clinical areas (see below for definition of implemented). Denominator: Total number of acute hospitals in the HSE Excluded Hospitals - Paediatric Only Hospitals The NEWS is defined as implemented within the hospital when it is being performed on the following (all situations must be met): • On all (adult non-pregnant) in-patients (as per HIQA requirement) • On any outpatient/day service (adult non-pregnant) patients who attend acute hospitals for an invasive procedure or who receive sedation (as per National Clinical Guideline –NCEC – DoH (2013) • On (adult non-pregnant) patients when a decision is made to admit in the Emergency Department • Where continuous monitoring of (adult non-pregnant) patients is performed, the NEWS should be performed on patients upon discharge from ICU, CCU & Operating Theatre Recovery Room back to the ward. This is to provide a baseline for ward staff for the early detection of deterioration in a patient's Additional note: NEWS should be performed on non-pregnant patients attending maternity hospitals and so maternity hospitals should return a NEWS implementation status (for these cohorts
6	**Data Source** **Data Completeness** **Data Quality Issues**	Q1 Baseline questionnaire reponse - Q2-Q4 BIU self-report
7	**Data Collection Frequency**	Indicate how often the data to support the KPI will be collected: Daily Weekly Monthly ☑ Quarterly Bi-annually Annually Other – give details:
8	**Tracer Conditions**	
9	**Minimum Data Set**	Full implementation records in each acute hospital
10	**International Comparison**	
11	**KPI Monitoring**	KPI will be monitored : Hospital Manager Daily Weekly Monthly ☑ Quarterly Bi-annually Annually Other – give details: Please indicate who is responsible at a local level for monitoring this KPI:
12	**KPI Reporting Frequency**	Indicate how often the KPI will be reported: Daily Weekly Monthly ☑ Quarterly Bi-annually Annually Other – give details:
13	**KPI report period**	Indicate the period to which the data applies Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) Monthly in arrears (June data reported in July) ☑ Quarterly in arrears (quarter 1 data reported in quarter 2)
14	**KPI Reporting Aggregation**	Indicate the level of aggregation – for example over a geographical location: ☑National ☑ Regional LHO Area ☑ Hospital County Institution Other – give details:
15	**KPI is reported in which reports?**	Indicate where the KPI will be reported: ☑ Performance Assurance Report (NSP) CompStat Other – give details:
16	**Web link to data**	http://www.hse.ie/eng/services/Publications/corporate/ performanceassurancereports/
17	**Additional Information**	
	Contact details for Data Manager	Celine Conroy celine.conroy@hse.ie National Early Waring Score contact in National Acute Medicine Programme
	/Specialist Lead	Dr. Ciaran Browne, Acutes Division, Dr Steevens Hospital, Dublin 8..
	National Lead and Division	Dr Tony O'Connell, National Director Acute Hospitals Division, Dr. Steevens Hospital, Dublin 8. Tel 01-635 2000.

KPI Metadata Guidelines 2014

Acute Division - National Early Warning Score (NEWS)

1	**KPI title**	% of all clinical staff who have been trained in the COMPASS programme
2	**KPI Description**	This indicator describes the number of clinical staff (head count not WTE & excludes paediatric staff) in all clinical areas who have been trained in the COMPASS Programmein acute hospitals. Data reported from hospitals to BIU. It is reported as a snap shot of data based on last day of each quarter i.e. 30th June returned in 15th July, 30th Sept returned on 15th October, 31st Dec returned on 15th Jan 2015. All hospitals to report based on this snap shot date so hospitals can be compared like with like.
3	**KPI Rationale**	The COMPASS programme is an interdisciplinary education programme designed to enhance our healthcare professionals' understanding of patients who are clinically deteriroating, and the significance of altered clinical observations. It also seeks to improve communication between health care professionals and adopt a patient centred, quality driven approach, enhancing the timely management of patients. The COMPASS programme incorporates the National Early Warning Score, which is based on patients vital signs for the early detection and management of deterioration in a patient's condition.
	Indicator Classification	Please tick Indicator Classification this indicator applies to: Person Centred Care Effective Care ☑ Safe Care Better Health and Wellbeing Use of Information Workforce Use of Resources Governance, Leadership and Management
4	**KPI Target**	End of 2014 Target 95% trained >95%
5	**KPI Calculation**	Numerator: Total number of Doctors, Nurses and Health and Social Care professionals (Headcount) who are involved in direct patient care and monitoring who are trained in the COMPASS Programme Denominator: Total number of Doctors, Nurses and Health and Social Care professionals (Headcount) who are involved in direct patient care Exclusions that apply for both numerator and denominator: Doctors, nurses and health and social care professional not involved in direct patient care (e.g. researchers, nurse administrators, AHPs with no direct patient care duties, etc), Paediatric Staff, Agency Staff Clarifications: Locum Staff should be included in both the numerator and denominator, Figures should be based on a standardised census dates at quarter end - 30th June returned in 15th July, 30th Sept returned on 15th October, 31st Dec returned on 15th Jan 2015.
6	**Data Source** **Data Completeness** **Data Quality Issues**	Q1 Baseline questionnaire reponse - Q2-Q4 BIU MDR self-report 100% Manual collection. Training records need to be verified at staff member level (named)
7	**Data Collection Frequency**	Indicate how often the data to support the KPI will be collected: Daily Weekly Monthly ☑ Quarterly Bi-annually Annually Other – give details:
8	**Tracer Conditions**	
9	**Minimum Data Set**	
10	**International Comparison**	
11	**KPI Monitoring**	KPI will be <u>monitored</u> : Daily Weekly Monthly ☑ Quarterly Bi-annually Annually Other – give details: Please indicate who is responsible at a local level for monitoring this KPI: Hospital Manager
12	**KPI Reporting Frequency**	Indicate how often the KPI will be reported: Daily Weekly Monthly ☑ Quarterly Bi-annually Annually Other – give details:
13	**KPI report period**	Indicate the period to which the data applies Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) Monthly in arrears (June data reported in July) ☑ Quarterly in arrears (quarter 1 data reported in quarter 2) Rolling 12 months (previous 12 month period)
14	**KPI Reporting Aggregation**	Indicate the level of aggregation – for example over a geographical location: ☑ National ☑ Regional LHO Area ☑ Hospital County Institution Other – give details:
15	**KPI is reported in which reports?**	Indicate where the KPI will be reported: ☑ Performance Assurance Report (NSP) ☑ CompStat qOther – give details:
16	**Web link to data**	http://www.hse.ie/eng/services/Publications/corporate/performanceassurancereports
17	**Additional Information**	
Contact details for Data Manager **/Specialist Lead**		Celine Conroy celine.conroy@hse.ie National Early Waring Score contact in National Acute Medicine Programme/ Dr. Ciaran Browne, Acutes Division, Dr Steevens Hospital, Dublin 8..
National Lead and Division		Dr Tony O'Connell, National Director Acute Hospitals Division, Dr. Steevens Hospital, Dublin 8. Tel 01-635 2000.

KPI Metadata Guidelines 2014

<table>
<tr><td colspan="3" style="background:#1a7a6a;color:white">Acute Division - Commencement of assessment against the National Standards for Safer Better Healthcare</td></tr>
<tr><td colspan="3" style="background:#8b0000"></td></tr>
<tr><td>1</td><td>**KPI title**</td><td>% of hospitals who have commenced first assessment against the NSSBH</td></tr>
<tr><td>2</td><td>**KPI Description**</td><td>Each hospital may adopt its own approach to the process of assessment. For this KPI commencement of assessment can be confirmed if there is a lead for the process identified and in place at the site; there is access to the QA+I tool to record the process; and an initial meeting has been held on site to start the process.</td></tr>
<tr><td>3</td><td>**KPI Rationale**</td><td>In preparation for the licensing process and associated monitoring programme by HIQA against the Safer Better Healthcare this measure sets out to establish the level of implementation of the Natioanl Standards at hospital level.</td></tr>
<tr><td></td><td>**Indicator Classification**</td><td>Please tick Indicator Classification this indicator applies to:
❑ Person Centred Care   ❑ Effective Care   ❑ Safe Care
❑ Better Health and Wellbeing   ❑ Use of Information   ❑ Workforce
❑ Use of Resources   √ Governance, Leadership and Management</td></tr>
<tr><td>4</td><td>**KPI Target**</td><td>2014 Target = 95%</td></tr>
<tr><td>5</td><td>**KPI Calculation**</td><td>Numerator 1: Number of hospitals who report that they have commenced the assessment process;
Denominator 1: The number of acute hospitals (including specialist acute hospitals.</td></tr>
<tr><td>6</td><td>**Data Source**
Data Completeness
Data Quality Issues</td><td>Source: Hospital
Completeness:100% of all acute hospitals

Quality: not known</td></tr>
<tr><td>7</td><td>**Data Collection Frequency**</td><td>Indicate how often the data to support the KPI will be collected:
❑Daily   ❑Weekly   ❑ Monthly   √Quarterly   ❑Bi-annually   ❑Annually   ❑Other – give details:</td></tr>
<tr><td>8</td><td>**Tracer Conditions**</td><td></td></tr>
<tr><td>9</td><td>**Minimum Data Set**</td><td>Quarterly data supplied by Acute Hospitals</td></tr>
<tr><td>10</td><td>**International Comparison**</td><td>N/A</td></tr>
<tr><td>11</td><td>**KPI Monitoring**</td><td>KPI will be monitored :

❑Daily ❑Weekly ❑ Monthly √Quarterly   ❑Bi-annually   ❑Annually   ❑Other – give details:
Please indicate who is responsible at a local level for monitoring this KPI:</td></tr>
<tr><td>12</td><td>**KPI Reporting Frequency**</td><td>Indicate how often the KPI will be reported:
❑Daily   ❑Weekly ❑Monthly   √Quarterly   ❑Bi-annually   ❑Annually ❑Other – give details:</td></tr>
<tr><td>13</td><td>**KPI report period**</td><td>Indicate the period to which the data applies
❑ Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity)
❑ Monthly in arrears (June data reported in July)
√ Quarterly in arrears (quarter 1 data reported in quarter 2)
❑ Rolling 12 months (previous 12 month period)
❑ Other – give details:</td></tr>
<tr><td>14</td><td>**KPI Reporting Aggregation**</td><td>Indicate the level of aggregation – for example over a geographical location:
√ National   ❑ Regional   ❑ LHO Area   √ Hospital
❑ County   ❑ Institution   ❑ Other – give details:</td></tr>
<tr><td>15</td><td>**KPI is reported in which reports?**</td><td>Indicate where the KPI will be reported:
❑ Corporate Plan Report √ Performance Report (NSP/CBP)   ❑CompStat ❑Other – give details:</td></tr>
<tr><td>16</td><td>**Web link to data**</td><td>http://www.hse.ie/eng/services/Publications/corporate/performanceassurancereports/</td></tr>
<tr><td>17</td><td>**Additional Information**</td><td></td></tr>
<tr><td colspan="2">**Contact details for Data Manager /Specialist Lead**</td><td>Dr Ciaran Browne, Dr Steevens Hospital, Dublin 8. Mr. John Kenny Programme Manager | Quality and Patient Safety Division| Health Service Executive | Dr. Steevens Hospital | Steevens Lane | Dublin 8 tel</td></tr>
<tr><td colspan="2">**National Lead and Division**</td><td>Dr Tony O'Connell, National Director Acute Hospitals Division, Dr. Steevens Hospital, Dublin 8.
Tel 01-635 2000.</td></tr>
</table>

Acute Division - Completion of first assessment against the National Standards for Safer Better Healthcare

1	**KPI title**	% of hospitals who have completed first assessment against the NSSBH
2	**KPI Description**	Each hospital may adopt its own approach to the process of assessment. For this KPI completion of first assessment can be confirmed if there has been an assessment completed at hospital level; the information is logged on the QA+I tool; and quality improvement plans have been agreed and recorded to address gaps identified in the assessment process.
3	**KPI Rationale**	In preparation for the licensing process and associated monitoring programme by HIQA against the Safer Better Healthcare this measure sets out to establish the level of implementation of the Natioanl Standards at hospital level.
	Indicator Classification	Please tick Indicator Classification this indicator applies to: ❑ Person Centred Care ❑ Effective Care ❑ Safe Care ❑ Better Health and Wellbeing ❑ Use of Information ❑ Workforce ❑ Use of Resources √Governance, Leadership and Management
4	**KPI Target**	2014 Target = 95%
5	**KPI Calculation**	Numerator 1: Number of hospitals who report that they have completed the assessment process; Denominator 1: The number of acute hospitals (including specialist acute hospitals.
6	**Data Source** **Data Completeness** **Data Quality Issues**	Source: Hospital Completeness:100% of all acute hospitals must participate
7	**Data Collection Frequency**	Indicate how often the data to support the KPI will be collected: ❑Daily ❑Weekly ❑ Monthly √Quarterly ❑Bi-annually ❑Annually ❑Other – give details:
8	**Tracer Conditions**	
9	**Minimum Data Set**	Quarterly data supplied by Acute Hospitals
10	**International Comparison**	N/A
11	**KPI Monitoring**	KPI will be monitored : ❑Daily ❑Weekly ❑ Monthly √Quarterly ❑Bi-annually ❑Annually ❑Other – give details: Please indicate who is responsible at a local level for monitoring this KPI:
12	**KPI Reporting Frequency**	Indicate how often the KPI will be reported: ❑Daily ❑Weekly ❑Monthly √Quarterly ❑Bi-annually ❑Annually ❑Other – give details:
13	**KPI report period**	Indicate the period to which the data applies ❑ Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) ❑ Monthly in arrears (June data reported in July) √ Quarterly in arrears (quarter 1 data reported in quarter 2) ❑ Rolling 12 months (previous 12 month period) ❑ Other – give details:
14	**KPI Reporting Aggregation**	Indicate the level of aggregation – for example over a geographical location: √ National ❑ Regional ❑ LHO Area √ Hospital ❑ County ❑ Institution ❑ Other – give details:
15	**KPI is reported in which reports?**	Indicate where the KPI will be reported: ❑ Corporate Plan Report √ Performance Report (NSP/CBP) ❑CompStat ❑Other – give details:
16	**Web link to data**	http://www.hse.ie/eng/services/Publications/corporate/performanceassurancereports/
17	**Additional Information**	
Contact details for Data Manager **/Specialist Lead**		Dr Ciaran Browne, Dr Steevens Hospital, Dublin 8. Mr. John Kenny Programme Manager	Quality and Patient Safety Division| Health Service Executive	Dr. Steevens Hospital	Steevens Lane	Dublin 8 tel 086 380 1162

National Lead and Division	Dr Tony O'Connell, National Director Acute Hospitals Division, Dr. Steevens Hospital, Dublin 8. Tel 01-635 2000.

KPI Metadata Guidelines 2014

Acute Division - MFTP

#		
1	**KPI title**	HIPE Completeness - Prior Month - % of cases entered into HIPE
2	**KPI Description**	Percentage of all discharges from a given month coded by the end of the following month
3	**KPI Rationale** **Indicator Classification**	Please tick Indicator Classification this indicator applies to: ❑ Person Centred Care ❑ Effective Care ❑ Safe Care ❑ Better Health and Wellbeing ❑ Use of Information ❑ Workforce ❑ Use of Resources ❑ Governance, Leadership and Management
4	**KPI Target**	2014 Target = >95%
5	**KPI Calculation**	Percentage of all discharges from a given month coded by the end of the following month
6	**Data Source** **Data Completeness** **Data Quality Issues**	Coded HIPE
7	**Data Collection Frequency**	Indicate how often the data to support the KPI will be collected: ❑Daily ❑Weekly ✓ Monthly ❑Quarterly ❑Bi-annually ❑Annually ❑Other – give details:
8	**Tracer Conditions**	
9	**Minimum Data Set**	
10	**International Comparison**	
11	**KPI Monitoring**	KPI will be monitored : ❑Daily ❑Weekly ❑ Monthly ❑Quarterly ❑Bi-annually ❑Annually ❑Other – give details: Please indicate who is responsible at a local level for monitoring this KPI:
12	**KPI Reporting Frequency**	Indicate how often the KPI will be reported: ❑Daily ❑Weekly ✓Monthly ❑Quarterly ❑Bi-annually ❑Annually ❑Other – give details:
13	**KPI report period**	Indicate the period to which the data applies ❑ Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) ✓ Monthly in arrears (June data reported in July) ❑ Quarterly in arrears (quarter 1 data reported in quarter 2) ❑ Rolling 12 months (previous 12 month period) ❑ Other – give details:
14	**KPI Reporting Aggregation**	Indicate the level of aggregation – for example over a geographical location: ❑ National ❑ Regional ❑ LHO Area ❑ Hospital ❑ County ❑ Institution ❑ Other – give details:
15	**KPI is reported in which reports?**	Indicate where the KPI will be reported: ❑ Corporate Plan Report ❑ Performance Report (NSP/CBP) ❑CompStat ❑Other – give details:
16	**Web link to data**	http://www.hse.ie/eng/services/Publications/corporate/performanceassurancereports/
17	**Additional Information**	
Contact details for Data Manager /Specialist Lead		Derek McCormack, BIU Acute, Tel: 01 620 1690 E:Derek.mccormack@hse.ie Fiachra Bane, Senior Casemix/HIPE Analyst, National Casemix Programme, HSE, Oak House,
National Lead and Division		Dr Tony O'Connell, National Director Acute Hospitals Division, Dr. Steevens Hospital, Dublin 8. Tel 01-635 2000.

National Cancer Control : Symptomatic Breast Cancer Services

1	**KPI Title**	Total number of urgent attendances
2	**KPI Description**	The number of new patients who attended the symptomatic breast clinic, whose referrals were triaged as urgent by the cancer centre.
3	**KPI Rationale**	Monitoring activity and breakdown of urgent/routine attendances.
	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two). ☑ Person Centred Care ☐Effective Care Safe Care☐ Better Health and Wellbeing ☐Use of Information☐ Workforce☐Use of Resources☐Governance, Leadership and Management ☐
4	**KPI Target**	NSP 2014 target: 13,900
5	**KPI Calculation**	A sum of the number of new patients who attended the cancer centre in the previous calendar month, whose referrals were triaged as urgent according to National Quality Assurance Standards for Symptomatic Breast Disease Services, by the specialist team. Calculation undertaken by the cancer centre.
6	**Data Source**	Symptomatic breast database in the cancer centres
	Data Completeness	100% coverage
	Data Quality Issues	None
7	**Data Collection Frequency**	☐Daily ☐Weekly ☐Monthly ☐Quarterly ☐Bi-annually ☐Annually ☑ Other – give details: At the end of the clinic
8	**Tracer Conditions**	All patients who attend the symptomatic breast disease clinic and who adhere to the criteria for urgent referral to the clinic as defined by the National Quality Assurance Standards for Symptomatic Breast Disease Services, HIQA, 20061
9	**Minimum Data Set**	1. The level of urgency assigned to the referral by the cancer centre. 2. The date of attendance at the symptomatic breast clinic
10	**International Comparison**	Activity data that is used to compile information on access standards that are defined in the Irish National Quality Assurance Standards for Symptomatic Breast Disease Services, HIQA, 2006
11	**KPI Monitoring**	KPI will be monitored on a (please indicate below) basis: ☐Daily ☐Weekly Monthly ☑ Quarterly ☐Bi-annually ☐Annually ☐Other – give details: Please indicate who is responsible for monitoring this KPI:NCCP/Cancer Network Managers
12	**KPI Reporting Frequency**	☐Daily ☐Weekly Monthly ☑ Quarterly ☐Bi-annually ☐Annually ☐Other – give details:
13	**KPI report period**	☐Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) ☐Monthly in arrears (June data reported in July) ☑ Quarterly ☐Rolling 12 months (previous 12 month period)
14	**KPI Reporting Aggregation**	☑ National ☐Regional ☐ LHO Area ☐Hospital ☐ County ☐ Institution ☑ Other – give details: Cancer Centre
15	**KPI is reported in which reports ?**	☐ Corporate Plan Report ✓Performance Report (NSP/CBP) ☐CompStat ☐Other – give details:
16	**Web link to data**	http://www.hse.ie/eng/services/Publications/corporate/Performance_Reports_Monthly.html
17	**Additional Information**	As reported in the HSE Performance Report. 1 http://www.hiqa.ie/system/files/Symptomatic_breast_Disease_Standards.pdf
	Contact details for Data Manager / Specialist Lead	Dr. Deirdre Murray, NCCP Tel: 021 4927601 Email: DeirdreE.Murray@hse.ie
	National Lead and Division	Dr. Susan O'Reilly, National Director, NCCP Tel: 01 8287100

	National Cancer Control : Symptomatic Breast Cancer Services	
1	KPI Title	Total number of non urgent attendances
2	KPI Description	The number of new patients who attended the symptomatic breast clinic, whose referral was triaged as non-urgent by the cancer centre.
3	KPI Rationale	Monitoring activity and breakdown of urgent/routine attendances
	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two). ☑ Person Centred Care ☐Effective Care
		Safe Care ☑ Better Health and Wellbeing ☐ Use of Information☐
		Workforce☐Use of Resources☐Governance, Leadership and Management ☐
4	KPI Target	NSP 2014 target: 25,200
5	KPI Calculation	A sum of the number of new patients who attended the cancer centre in the previous calendar month, whose referrals were triaged as non urgent according to National Quality Assurance Standards for Symptomatic Breast Disease Services by the specialist team.
6	Data Source	Symptomatic breast database in the cancer centres
	Data Completeness	100% coverage
	Data Quality Issues	None
7	Data Collection Frequency	☐Daily ☐Weekly ☐Monthly ☐Quarterly ☐Bi-annually ☐Annually ☑ Other – give details: At the end of the clinic
8	Tracer Conditions	All patients who attend the symptomatic breast disease clinic and who adhere to the criteria for non-urgent referral to the clinic as defined by the National Quality Assurance Standards for Symptomatic Breast Disease Services, HIQA, 20061.
9	Minimum Data Set	1. The level of urgency assigned to the referral by the cancer centre. 2. The date of attendance at the symptomatic breast clinic
10	International Comparison	Activity data that is used to compile information on access standards that are defined in the Irish National Quality Assurance Standards for Symptomatic Breast Disease Services, HIQA, 2006.
11	KPI Monitoring	KPI will be monitored on a (please indicate below) basis: ☐Daily ☐Weekly oMonthly ☑ Quarterly ☐Bi-annually ☐Annually ☐Other – give details: Please indicate who is responsible for monitoring this KPI: NCCP Cancer Network Managers
12	KPI Reporting Frequency	 ☐Daily ☐Weekly Monthly ☑Quarterly ☐Bi-annually ☐Annually ☐Other – give details:
13	KPI report period	☐Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) Monthly in arrears (June data reported in July) ☑ Quarterly ☐Rolling 12 months (previous 12 month period)
14	KPI Reporting Aggregation	☑ National ☐Regional ☐ LHO Area ☐Hospital ☐ County ☐ Institution ☑ Other – give details: Cancer Centre
15	KPI is reported in which reports ?	☑ Performance Assurance Report (NSP) ☐CompStat ☐Other – give details:
16	Web link to data	http://www.hse.ie/eng/services/Publications/corporate/Performance_Reports_Monthly.html
17	Additional Information	As reported in the HSE Performance Report. 1 http://www.hiqa.ie/system/files/Symptomatic_breast_Disease_Standards.pdf
	Contact details for Data Manager / Specialist Lead	Dr. Deirdre Murray, NCCP Tel: 021 4927601 Email: DeirdreE.Murray@hse.ie
	National Lead and Division	Dr. Susan O'Reilly, National Director, NCCP Tel: 01 8287100

National Cancer Control : Symptomatic Breast Cancer Services

1	**KPI Title**	Number and percentage of attendances whose referrals were triaged as urgent by the cancer centre and adhered to the HIQA standard of 2 weeks for urgent referrals, (No. and percentage offered an appointment that falls within 2 weeks).
2	**KPI Description**	The number and percentage of attendances, whose referralsi were triaged as urgent by the cancer centre and were offered an appointment within 10 working days ii of the date of receipt of a letter of referral in the cancer office
3	**KPI Rationale**	Monitoring timely access to breast rapid access clinics
	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two). ✓Person Centred Care ☐Effective Care Safe Care✓ Better Health and Wellbeing ☐Use of Information☐ Workforce☐Use of Resources☐Governance, Leadership and Management ☐
4	**KPI Target**	NSP 2014 target: 13,200 (95% adherence)
5	**KPI Calculation**	Numerator: The number of patients triaged as urgent by the cancer centre who attended a symptomatic breast clinic (during the reporting month) within 10 working days of the date of receipt of the referral letter in the cancer office or were offered an ap
6	**Data Source**	Symptomatic breast database in the cancer centres
	Data Completeness	100% coverage
	Data Quality Issues	None
7	**Data Collection Frequency**	☐Daily ☐Weekly ☐Monthly ☑ Quarterly ☐Bi-annually ☐Annually ☑Other – give details: At the end of the clinic
8	**Tracer Conditions**	All patients who attend the symptomatic breast disease clinic and who adhere to the criteria for urgent referral to the symptomatic breast disease clinic as defined by the National Quality Assurance Standards for Symptomatic Breast Disease Services, HIQA
9	**Minimum Data Set**	1. The date of receipt of the referral letter in the cancer centre. 2. The level of urgency assigned to the referral by the cancer centre. 3. The date of the first appointment offered to the patient 4. The date of attendance at the symptomatic breast cli
10	**International Comparison**	Access standard as defined in the Irish National Quality Assurance Standards for Symptomatic Breast Disease Services, HIQA, 2006. Similar access standard in the UK – NHS Cancer Plan 2000.
11	**KPI Monitoring**	KPI will be monitored on a (please indicate below) basis: ☐Daily ☐Weekly ☑ Monthly ☐Quarterly ☐Bi-annually ☐Annually ☐Other – give details: Please indicate who is responsible for monitoring this KPI:_____
12	**KPI Reporting Frequency**	☐Daily ☐Weekly Monthly ☑ Quarterly ☐Bi-annually ☐Annually ☐Other – give details:
13	**KPI report period**	☐Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) ☐Monthly in arrears (June data reported in July) ☑ Quarterly ☐Rolling 12 months (previous 12 month period)
14	**KPI Reporting Aggregation**	☑ National ☐Regional ☐ LHO Area ☐Hospital ☐ County ☐ Institution ☑Other – give details: Cancer Centre
15	**KPI is reported in which reports ?**	☑ Performance Assurance Report (NSP) ☐CompStat ☐Other – give details:
16	**Web link to data**	http://www.hse.ie/eng/services/Publications/corporate/Performance_Reports_Monthly.html
17	**Additional Information**	As reported in the HSE Performance Report. 1 http://www.hiqa.ie/system/files/Symptomatic_breast_Disease_Standards.pdf
	Contact details for Data	Dr. Deirdre Murray, NCCP Tel: 021 4927601 Email: DeirdreE.Murray@hse.ie
	National Lead and Division	Dr. Susan O'Reilly, National Director, NCCP Tel: 01 8287100

National Cancer Control : Symptomatic Breast Cancer Services

1	**KPI Title**	Number and percentage of attendances whose referrals were triaged as non-urgent by the cancer centre and adhered to the HIQA standard of 12 weeks for non urgent referrals. (No. and percentage offered an appointment that falls within 12 weeks).
2	**KPI Description**	The number and percentage of attendances whose referrals i were triaged as non-urgent ii by the cancer centre and were offered an appointment for a symptomatic breast clinic within 12 weeks (less than or equal to 84 days) of the date of receipt of the referral letter in the cancer office.
3	**KPI Rationale**	Monitoring access and adherence to HIQA standards
	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two). ☑ Person Centred Care ☐ Effective Care Safe Care ☑ Better Health and Wellbeing ☐ Use of Information☐ Workforce☐Use of Resources☐Governance, Leadership and Management ☐
4	**KPI Target**	NSP 2014 target: 23,940, 95% adherence
5	**KPI Calculation**	Numerator:The number of patients triaged by the cancer centre as non-urgent who attended a symptomatic breast clinic (during the reporting month) within 12 weeks (less than or equal to 84 days) of the date of receipt of the referral letter in the cancer office or were offered an appointment to attend a symptomatic breast clinic within 12 weeks (less than or equal to 84 days) of the date of receipt of the referral letter in the cancer office. Denominator:The total number of patients triaged by the cancer centre as non-urgent who attended a symptomatic breast clinic during the reporting month. Percentage calculation undertaken by NCCP.
6	**Data Source**	Symptomatic breast database in the cancer centres
	Data Completeness	100% coverage
	Data Quality Issues	None
7	**Data Collection Frequency**	☐Daily ☐Weekly ☐Monthly ☐Quarterly ☐Bi-annually ☐Annually ✓Other – give details: At the end of the clinic
8	**Tracer Conditions**	All patients referred to the symptomatic breast disease clinic who adhere to the criteria for non-urgent referral to the symptomatic breast disease clinic as defined by the National Quality Assurance Standards for Symptomatic Breast Disease Services, HIQ
9	**Minimum Data Set**	1. The date of receipt of the referral letter in the cancer centre. 2. The level of urgency assigned to the referral by the cancer centre. 3. The date of the first appointment offered to the patient 4. The date of attendance at the symptomatic breast cli
10	**International Comparison**	Access standard as defined in the Irish National Quality Assurance Standards for Symptomatic Breast Disease Services, HIQA, 2006
11	**KPI Monitoring**	KPI will be monitored on a (please indicate below) basis: ☐Daily ☐Weekly ☑ Monthly oQuarterly ☐Bi-annually ☐Annually ☐Other – give details: Please indicate who is responsible for monitoring this KPI:_NCCP Cancer network managers
12	**KPI Reporting Frequency**	☐Daily ☐Weekly Monthly ☑ Quarterly ☐Bi-annually ☐Annually ☐Other – give details:
13	**KPI report period**	☐Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) ☐Monthly in arrears (June data reported in July) ☑ Quarterly ☐Rolling 12 months (previous 12 month period)
14	**KPI Reporting Aggregation**	☑ National ☐Regional ☐ LHO Area ☐Hospital ☐ County ☐ Institution ☑ Other – give details: Cancer Centre
15	**KPI is reported in which reports ?**	☐ Corporate Plan Report ✓Performance Report (NSP/CBP) ☐CompStat ☐Other – give details:
16	**Web link to data**	http://www.hse.ie/eng/services/Publications/corporate/Performance_Reports_Monthly.html
17	**Additional Information**	As reported in the HSE Performance Report. 1 http://www.hiqa.ie/system/files/Symptomatic_breast_Disease_Standards.pdf
	Contact details for Data Manager / Specialist Lead	Dr. Deirdre Murray, NCCP Tel: 021 4927601 Email: DeirdreE.Murray@hse.ie
	National Lead and Division	Dr. Susan O'Reilly, National Director, NCCP Tel: 01 8287100

National Cancer Control : Breast Cancer Screening

1	**KPI Title**	Number of women who attend for breast screening
2	**KPI Description**	Number of women aged between 50 and 64 years screened per month
3	**KPI Rationale**	The percentage of women in the target age group being screened must reach at least 70% for programme effectiveness (i.e. reduction in mortality). 400k eligible (over two years)
	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two). ☐Person Centred Care ☑ Effective Care Safe Care☐ Better Health and Wellbeing ☑ Use of Information☐ Workforce☐Use of Resources☐Governance, Leadership and Management ☐
4	**KPI Target**	NSP 2014 target: 140,000
5	**KPI Calculation**	A sum of the number of women who attended for breast screening in the reporting period. Calculation undertaken by the Performance Evaluation Unit of the screening service.
6	**Data Source**	National cancer screening service (part of the HSE – National Cancer Control Programme).
	Data Completeness	100% coverage
	Data Quality Issues	None
7	**Data Collection Frequency**	☐Daily ☐Weekly ☐Monthly ☑ Quarterly ☐Bi-annually ☐Annually ☐Other – give details:
8	**Tracer Conditions**	Women aged between 50 and 64 years who attend for breast screening
9	**Minimum Data Set**	1. Medical record number 2. Mammogram date
10	**International Comparison**	Yes. Ireland is in line with European Guidelines for Quality Assurance in Breast Cancer Screening & Diagnosis.
11	**KPI Monitoring**	KPI will be monitored on a (please indicate below) basis: ☐Daily ☐Weekly Monthly ☑ Quarterly ☐Bi-annually ☐Annually ☐Other – give details: Please indicate who is responsible for monitoring this KPI: The NCSS Programme Evaulation Unit
12	**KPI Reporting Frequency**	☐Daily ☐Weekly Monthly ☑ Quarterly ☐Bi-annually ☐Annually ☐Other – give details:
13	**KPI report period**	☐Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) ☐Monthly in arrears (June data reported in July) ☑ Quarterly in arrears (quarter 1 data reported in quarter 2) ☐Rolling 12 months (pr
14	**KPI Reporting Aggregation**	☑ National ☐Regional ☐ LHO Area ☐Hospital ☐ County ☐ Institution ☐ Other – give details:
15	**KPI is reported in which reports ?**	☑ Performance Assurance Report (NSP) ☐CompStat ☐Other – give details:
16	**Web link to data**	http://www.hse.ie/eng/services/Publications/corporate/Performance_Reports_Monthly.html
17	**Additional Information**	
	Contact details for Data Manager / Specialist Lead	Dr Therese Mooney, Head of Programme Evaluation Unit, NCSS. Tel: 01 8659300. Email: therese.mooney@ncss.ie
	National Lead and Directorate	Dr. Susan O'Reilly, National Director, NCCP Tel: 01 8287100 Michael Conroy, Principal Officer, Department of Health, Tel: 01 6354221

National Cancer Control : Lung Cancers

1	**KPI Title**	No. of Attendances at rapid access lung clinic
2	**KPI Description**	Total number of new, return attendances and DNAs to the rapid access lung clinic
3	**KPI Rationale**	Monitor activity of rapid access clinics to enable future planning of services
	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two). ☑ Person Centred Care ☐Effective Care Safe Care ☑ Better Health and Wellbeing ☐ Use of Information☐ Workforce☐ Use of Resources☐ Governance, Leadership and Management ☐
4	**KPI Target**	NSP 2014 target: 2,700
5	**KPI Calculation**	A sum of the number of new and return attendances and new and return DNAs at a lung cancer rapid access clinic on a date between the first and the last date inclusive of any given month. Calculation undertaken by the cancer centre.
6	**Data Source**	Cancer Centre
	Data Completeness	100% coverage
	Data Quality Issues	None
7	**Data Collection Frequency**	☐Daily ☐Weekly ☑ Monthly Quarterly ☐Bi-annually ☐Annually ☐Other – give details:
8	**Tracer Conditions**	All patients referred to the rapid access lung clinic who adhere to the criteria for referral to the rapid access lung clinic as defined by the National Lung Cancer Rapid Access Service GP Referral Guidelines, NCCP1 New attendance is defined as an attendance by a patient who has not been investigated at least once previously as an outpatient at a lung cancer rapid access clinic with the same condition/complaint within the previous 12 months and has not been treated previously for lung cancer in the cancer centre at any time. Return attendance is defined as an attendance by a patient who has been seen at least once previously as an outpatient at a lung cancer rapid access clinic with the same condition/complaint within the previous 12 months.
9	**Minimum Data Set**	1. The date of new patient attendance at the rapid access lung clinic 2. The date of return patient attendance at the rapid access lung clinic 3. The date of DNAs
10	**International Comparison**	No
11	**KPI Monitoring**	KPI will be monitored on a (please indicate below) basis: ☐Daily ☐Weekly √Monthly Quarterly ☐Bi-annually ☐Annually ☐Other – give details: Please indicate who is responsible for monitoring this KPI: NCCP Cancer Network Managers
12	**KPI Reporting Frequency**	☐Daily ☐Weekly ☐Monthly ☑ Quarterly ☐Bi-annually ☐Annually ☐Other – give details:
13	**KPI report period**	☐Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) ☐Monthly in arrears (June data reported in July) ☑ Quarterly ☐Rolling 12 months (previous 12 month period)
14	**KPI Reporting Aggregation**	☑ National ☐Regional ☐ LHO Area ☐Hospital ☐ County ☐ Institution ☑ Other – give details: Cancer Centre
15	**KPI is reported in which reports ?**	☑ Performance Assurance Report (NSP) ☐CompStat ☐Other – give details:
16	**Web link to data**	http://www.hse.ie/eng/services/Publications/corporate/Performance_Reports_Monthly.html
17	**Additional Information**	Monthly returns are aggregated to produce quarterly KPIs.
	Contact details for Data Manager / Specialist Lead	Dr. Deirdre Murray, NCCP Tel: 021 4927601 Email: DeirdreE.Murray@hse.ie
	National Lead and Division	Dr. Susan O'Reilly, National Director, NCCP Tel: 01 8287100

National Cancer Control : Lung Cancers

1	**KPI Title**	Number & percentage of patients attending the rapid access clinic who attended or were offered an appointment within 10 working days of receipt of referral in the cancer centre
2	**KPI Description**	Number and percentage of patients attending the rapid access clinic that attended or were offered an appointment within 10 working days of receipt of referral in the cancer centre.
3	**KPI Rationale**	Monitoring timely access to Rapid Access Clinics
	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two). ☑ Person Centred Care ☐Effective Care Safe Care ☑ Better Health and Wellbeing ☐ Use of Information☐ Workforce☐Use of Resources☐Governance, Leadership and Management ☐
4	**KPI Target**	NSP 2014 target: 95%
	2012 Target	NSP 2012 Target – 95%
5	**KPI Calculation**	Numerator:The number of patients who attended or were offered an appointment to attend a rapid access lung clinic (during the reporting month) within 10 working days of the date of receipt of the referral letter in the cancer centre. Denominator:The total number of patients who attended a rapid access lung clinic during the reporting month. Percentage calculation undertaken by NCCP.
6	**Data Source**	Cancer Centre
	Data Completeness	100% coverage
	Data Quality Issues	None
7	**Data Collection Frequency**	☐Daily ☐Weekly ☑ Monthly oQuarterly ☐Bi-annually ☐Annually ☐Other – give details:
8	**Tracer Conditions**	All patients referred to the rapid access lung clinic who adhere to the criteria for referral to the rapid access lung clinic as defined by the National Lung Cancer Rapid Access Service GP Referral Guidelines, NCCP1
9	**Minimum Data Set**	1. The date of receipt of the referral letter in the cancer centre. 2. The date of the first appointment offered to the patient 3. The date of attendance at the rapid access lung clinic
10	**International Comparison**	Similar access standard in the UK – NHS Cancer Plan 2000
11	**KPI Monitoring**	KPI will be monitored on a (please indicate below) basis: ☐Daily ☐Weekly ☑ Monthly Quarterly ☐Bi-annually ☐Annually ☐Other – give details: Please indicate who is responsible for monitoring this KPI:__NCCP Cancer Network managers
12	**KPI Reporting Frequency**	☐Daily ☐Weekly ☐Monthly ☑ Quarterly ☐Bi-annually ☐Annually ☐Other – give details:
13	**KPI report period**	☐Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) ☐Monthly in arrears (June data reported in July) ☑ Quarterly ☐Rolling 12 months (previous 12 month period)
14	**KPI Reporting Aggregation**	☑ National ☐Regional ☐ LHO Area ☐Hospital ☐ County ☐ Institution ☑ Other – give details: Cancer Centre
15	**KPI is reported in which reports ?**	☑ Performance Assurance Report (NSP) ☐CompStat ☐Other – give details:
16	**Web link to data**	http://www.hse.ie/eng/services/Publications/corporate/Performance_Reports_Monthly.html
17	**Additional Information**	As reported in the HSE Performance Report. 1http://www.hse.ie/eng/services/Find_a_Service/HospsCancer/dooradoyle/MWCC/RapidAccessGuide.pdf
	Contact details for Data	Dr. Deirdre Murray, NCCP Tel: 021 4927601 Email: DeirdreE.Murray@hse.ie
	National Lead and Division	Dr. Susan O'Reilly, National Director, NCCP Tel: 01 8287100

National Cancer Control : Prostate Cancers

1	**KPI Title**	Number of centres providing surgical services for prostate cancers
2	**KPI Description**	Number of centres providing primary surgery for prostate cancer.
3	**KPI Rationale**	Monitoring service development and centralisation
	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two).
		Person Centred Care ☑ Effective Care
		Safe Care☐ Better Health and Wellbeing ☐Use of Information☐
		Workforce☐Use of Resources☐Governance, Leadership and Management ☐
4	**KPI Target**	NSP 2014 target: 7 centres
5	**KPI Calculation**	Number of centres providing primary surgical treatment
6	**Data Source**	Cancer Centre
	Data Completeness	100% coverage
	Data Quality Issues	None
7	**Data Collection Frequency**	☐Daily ☐Weekly Monthly ☑ Quarterly ☐Bi-annually ☐Annually ☐Other – give details:
8	**Tracer Conditions**	Men with prostate cancer (C61*) who require primary surgical treatment (radical prostatectomy) for treatment of their disease
9	**Minimum Data Set**	Number of centres providing primary surgical treatment for prostate cancer
10	**International Comparison**	No
11	**KPI Monitoring**	KPI will be monitored on a (please indicate below) basis:
		☐Daily ☐Weekly Monthly ☑ Quarterly ☐Bi-annually ☐Annually ☐Other – give details:
		Please indicate who is responsible for monitoring this KPI: NCCP Cancer Network Managers
12	**KPI Reporting Frequency**	☐Daily ☐Weekly ☐Monthly ☑ Quarterly ☐Bi-annually ☐Annually ☐Other – give details:
13	**KPI report period**	☐Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity)
		☐Monthly in arrears (June data reported in July)
		☑ Quarterly
		☐Rolling 12 months (previous 12 month period)
14	**KPI Reporting Aggregation**	☑ National ☐Regional ☐ LHO Area ☐Hospital
		☐ County ☐ Institution ☑ Other – give details: Cancer Centre
15	**KPI is reported in which reports ?**	☑ Performance Assurance Report (NSP) ☐CompStat ☐Other – give details:
16	**Web link to data**	http://www.hse.ie/eng/services/Publications/corporate/Performance_Reports_Monthly.html
17	**Additional Information**	As reported in the PR
	Contact details for Data	Dr. Deirdre Murray, NCCP Tel: 021 4927601 Email: DeirdreE.Murray@hse.ie
	National Lead and Division	Dr. Susan O'Reilly, National Director, NCCP Tel: 01 8287100

National Cancer Control : Prostate Cancers

1	**KPI Title**	Number of new / return attendances and DNAs at rapid access prostate clinics
2	**KPI Description**	Total number of new, return attendances and DNAs to the rapid access prostate clinic
3	**KPI Rationale**	Attendance figures will monitor activity rates at these new clinics and support evaluation of the effectiveness of the referrals process
	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two). Person Centred Care ☑ Effective Care Safe Care☐ Better Health and Wellbeing ☐Use of Information☐ Workforce☐Use of Resources☐Governance, Leadership and Management ☐
4	**KPI Target**	NSP 2014 target: 2,970
5	**KPI Calculation**	A sum of the number of new and return attendances and new and return DNAs at a prostate cancer rapid access clinic between the first and the last date inclusive of any given month. Calculation undertaken by the cancer centre.
6	**Data Source**	Rapid access prostate clinic returns
	Data Completeness	100% coverage
	Data Quality Issues	None
7	**Data Collection Frequency**	☐Daily ☐Weekly ☑ Monthly Quarterly ☐Bi-annually ☐Annually ☐Other – give details:
8	**Tracer Conditions**	All patients referred to the rapid access prostate clinic who adhere to the criteria for referral as defined by the National Prostate Cancer GP Referral Guidelines, NCCP.1 New attendance is defined as an attendance by a patient who has not been investigated at least once previously as an outpatient at a prostate cancer rapid access clinic with the same condition/complaint within the previous 18 months and has not been treated previously for prostate cancer in the cancer centre at any time. Return attendance is defined as an attendance by a patient who has been seen at least once previously as an outpatient at a prostate cancer rapid access clinic with the same condition/complaint within the previous 18 months.
9	**Minimum Data Set**	1. The date of new patient attendance at the rapid access prostate clinic 2. The date of return patient attendance at the rapid access prostate clinic 3. The date of DNAs
10	**International Comparison**	
11	**KPI Monitoring**	KPI will be monitored on a (please indicate below) basis: ☐Daily ☐Weekly Monthly ☑ Quarterly ☐Bi-annually ☐Annually ☐Other – give details: Please indicate who is responsible for monitoring this KPI:_NCCP Cancer Network managers
12	**KPI Reporting Frequency**	☐Daily ☐Weekly ☐Monthly ☑ Quarterly ☐Bi-annually ☐Annually ☐Other – give details:
13	**KPI report period**	☐Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) ☐Monthly in arrears (June data reported in July) ☑ Quarterly ☐Rolling 12 months (previous 12 month period)
14	**KPI Reporting Aggregation**	☑ National ☐Regional ☐ LHO Area ☐Hospital ☐ County ☐ Institution ☑ Other – give details: Cancer Centre
15	**KPI is reported in which reports ?**	☑ Performance Assurance Report (NSP) ☐CompStat ☐Other – give details:
16	**Web link to data**	http://www.hse.ie/eng/services/Publications/corporate/Performance_Reports_Monthly.html
17	**Additional Information**	As reported in the Performance Report. 1http://www.hse.ie/eng/services/Find_a_Service/HospsCancer/dooradoyle/MWCC/ProstateCancerReferralGuide.pdf
	Contact details for Data	Dr. Deirdre Murray, NCCP Tel: 021 4927601 Email: DeirdreE.Murray@hse.ie
	National Lead and Division	Dr. Susan O'Reilly, National Director, NCCP Tel: 01 8287100

National Cancer Control :Prostate Cancers

1	**KPI Title**	Number and percentage of patients attending the rapid access clinic who attended or were offered an appointment within 20 working days of receipt of referral in the cancer centre.
2	**KPI Description**	Number and percentage of patients seen or offered an appointment in a rapid access clinic to be seen within 20 working days of referral from a GP.
3	**KPI Rationale**	This is in accordance with clinical guidelines on access to diagnosis with the ultimate aim of best outcome for the patient.
	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two). ☑ Person Centred Care ☐Effective Care Safe Care ☑ Better Health and Wellbeing ☐ Use of Information☐ Workforce☐Use of Resources☐Governance, Leadership and Management ☐
4	**KPI Target**	NSP 2014 target: 90%
5	**KPI Calculation**	Numerator: the number of patients who attended or were offered an appointment to attend (in the reporting period) a rapid access prostate clinic within 20 working days of the date of receipt of referral letter in the cancer centre. Denominator: total number of patients who attended a rapid access prostate clinic during the reporting period.
6	**Data Source**	Rapid access prostate clinic returns from cancer centres.
	Data Completeness	100% coverage
	Data Quality Issues	None
7	**Data Collection Frequency**	☐Daily ☐Weekly ☑ Monthly Quarterly ☐Bi-annually ☐Annually ☐Other – give details:
8	**Tracer Conditions**	All patients referred to the rapid access prostate clinic who adhere to the criteria for referral as defined by the National Prostate Cancer GP Referral Guidelines, NCCP1
9	**Minimum Data Set**	1. The date of receipt of the referral letter in the cancer centre. 2. The date of the first appointment offered to the patient 3. The date of attendance at the rapid access prostate clinic
10	**International Comparison**	No standard international metric available for rapid access prostate cancer clinics
11	**KPI Monitoring**	KPI will be monitored on a (please indicate below) basis: ☐Daily ☐Weekly ☑ Monthly ☐Quarterly ☐Bi-annually ☐Annually ☐Other – give details: Please indicate who is responsible for monitoring this KPI: Hospital Manager
12	**KPI Reporting Frequency**	☐Daily ☐Weekly Monthly ☑ Quarterly ☐Bi-annually ☐Annually ☐Other – give details:
13	**KPI report period**	☐Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) ☐Monthly in arrears (June data reported in July) ☑ Quarterly ☐Rolling 12 months (previous 12 month period)
14	**KPI Reporting Aggregation**	☑ National ☐Regional ☐ LHO Area ☐Hospital ☐ County ☐ Institution ☑ Other – give details: Cancer Centre
15	**KPI is reported in which reports ?**	☑ Performance Assurance Report (NSP) ☐CompStat ☐Other – give details:
16	**Web link to data**	http://www.hse.ie/eng/services/Publications/corporate/Performance_Reports_Monthly.html
17	**Additional Information**	Monthly returns are aggregated to produce quarterly KPIs
Contact details for Data		Dr. Deirdre Murray, NCCP Tel: 021 4927601 Email: DeirdreE.Murray@hse.ie
National Lead and Division		Dr. Susan O'Reilly, National Director, NCCP Tel: 01 8287100

National Cancer Control :Rectal Cancers

1	KPI Title	Number of centres providing services for rectal cancers
2	KPI Description	Number of centres providing primary surgical treatment for rectal cancer.
3	KPI Rationale	Monitor the implementation of service centralisation. Best practice is that specialised cancer patients are treated in high volume specialised centres with access to full multidisciplinary team.
	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two). ☑ Person Centred Care ☐Effective Care
		Safe Care ☑ Better Health and Wellbeing ☐ Use of Information☐
		Workforce☐Use of Resources☐Governance, Leadership and Management ☐
4	KPI Target	NSP 2014 target: 8 Centres
5	KPI Calculation	Number of centres providing primary surgical treatment.
6	Data Source	
	Data Completeness	National Cancer Control Programme
	Data Quality Issues	
7	Data Collection Frequency	☐Daily ☐Weekly Monthly ☑ Quarterly ☐Bi-annually ☐Annually ☐Other – give details:
8	Tracer Conditions	People with rectal cancer (C19*, C20*) who require primary surgical treatment for treatment of their disease.
9	Minimum Data Set	Number of centres providing primary surgical treatment for rectal cancer
10	International Comparison	No
11	KPI Monitoring	KPI will be monitored on a (please indicate below) basis: ☐Daily ☐Weekly Monthly ☑ Quarterly ☐Bi-annually ☐Annually ☐Other – give details: Please indicate who is responsible for monitoring this KPI: Cancer Network Managers
12	KPI Reporting Frequency	☐Daily ☐Weekly ☐Monthly ☑ Quarterly ☐Bi-annually ☐Annually ☐Other – give details:
13	KPI report period	☐Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) ☐Monthly in arrears (June data reported in July) ☑ Quarterly ☐Rolling 12 months (previous 12 month period)
14	KPI Reporting Aggregation	☑ National ☐Regional ☐ LHO Area ☐Hospital ☐ County ☐ Institution ☑ Other – give details: Cancer Centre
15	KPI is reported in which reports ?	☑ Performance Assurance Report (NSP) ☐CompStat ☐Other – give details:
16	Web link to data	http://www.hse.ie/eng/services/Publications/corporate/Performance_Reports_Monthly.html
17	Additional Information	As reported in thePerformance Report
Contact details for Data Manager / Specialist Lead		Dr. Deirdre Murray, NCCP Tel: 021 4927601 Email: DeirdreE.Murray@hse.ie
National Lead and Division		Dr. Susan O'Reilly, National Director, NCCP Tel: 01 8287100

National Cancer Control : Radiotherapy

1	**KPI Title**	Number and % of patients undergoing radical radiotherapy treatment who commenced treatment within 15 working days of being deemed ready to treat by the radiation oncologist.
2	**KPI Description**	Number of patients who completed a coure of radical treatment for any cancer diagnosis in the preceding quarter. This excludes patients referred for palliative treatment.
3	**KPI Rationale**	Key determinant for national capacity planning for linear accelerator requirements
	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two). ☑ Person Centred Care ☑ Effective Care Safe Care☐ Better Health and Wellbeing ☐Use of Information☐ Workforce☐Use of Resources☐Governance, Leadership and Management ☐
4	**KPI Target**	NSP 2014 target: To be determined
5	**KPI Calculation**	A sum of the number of patients who completed radiotherapy treatment for cancer in the five HSE radiotherapy facilities plus publicly purchased services from two private centres.
6	**Data Source**	Electronic patient record
	Data Completeness	100% coverage
	Data Quality Issues	None
7	**Data Collection Frequency**	☐Daily ☐Weekly Monthly ☑ Quarterly ☐Bi-annually ☐Annually ☐Other – give details:
8	**Tracer Conditions**	Patients who completed radical treatment for cancer in the preceding quarter.
9	**Minimum Data Set**	1. Diagnosis 2. Date of treatment completion
10	**International Comparison**	Not applicable for volume related metrics
11	**KPI Monitoring**	KPI will be monitored on a (please indicate below) basis: ☐Daily ☐Weekly Monthly ☑ Quarterly ☐Bi-annually ☐Annually ☐Other – give details: Please indicate who is responsible for monitoring this KPI: Each radiotherapy clinic lead & team
12	**KPI Reporting Frequency**	☐Daily ☐Weekly ☐Monthly ☑ Quarterly ☐Bi-annually ☐Annually ☐Other – give details:
13	**KPI report period**	☐Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) ☐Monthly in arrears (June data reported in July) ☑ Quarterly ☐Rolling 12 months (previous 12 month period)
14	**KPI Reporting** **Aggregation**	☑ National ☐Regional ☐ LHO Area ☐Hospital ☐ County ☐ Institution ☑ Other – give details: All radical tumour treatments within HSE funded radiotherapy faciliites inlcuding purchased services from the private sector.
15	**KPI is reported in which reports ?**	☑ Performance Assurance Report (NSP) ☐CompStat ☐Other – give details:
16	**Web link to data**	http://www.hse.ie/eng/services/Publications/corporate/Performance_Reports_Monthly.html
17	**Additional Information**	Monthly returns are aggregated to produce quarterly KPIs
	Contact details for Data	Dr. Deirdre Murray, NCCP Tel: 021 4927601 Email: DeirdreE.Murray@hse.ie
	National Lead and Division	Dr. Susan O'Reilly, National Director, NCCP Tel: 01 8287100

National Cancer Control : Radiotherapy

1	KPI Title	Number and percentage of patients undergoing radical radiotherapy treatment who commenced treatment within 15 working days of being deemed ready to treat by the radiation oncologist.
2	KPI Description	Number of patients undergoing radical treatment for any cancer diagnosis who commenced treatment within 15 working days of being deemed ready to treat by the radiation oncologist. This excludes patients referred for palliative treatment.
3	KPI Rationale	Radiotherapy treatment should commence within a clinically acceptable timeframe once the patient is deemed ready to treat
	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two). ☑ Person Centred Care ☐Effective Care Safe Care Better Health and Wellbeing ☐Use of Information Workforce☐ Use of Resources Governance, Leadership and Management ☐
4	KPI Target	NSP 2014 target: 90%
5	KPI Calculation	Denominator: Number of patients referred for radiotherapy whose radiotherapy treatment commenced within 15 days of being deemed ready to treat within the reporting period. Numerator: Total number of patients deemed ready to treat referred for radiotherapy
6	Data Source	Electronic patient record
	Data Completeness	100% coverage
	Data Quality Issues	Some data definitions still being clarified
7	Data Collection Frequency	☐Daily ☐Weekly Monthly ☑ Quarterly ☐Bi-annually ☐Annually ☐Other – give details:
8	Tracer Conditions	Patients who completed radical treatment for all cancers (C00 * - C96*)
9	Minimum Data Set	1. Diagnosis 2. Date of ready to treat 3. Date of start of treatment 4. Date of completion of treatment
10	International Comparison	Yes - This benchmark is in line with British Columbia Guidelines & ahead of standards in the UK.https://www.wp.dh.gov.uk/publications/files/2012/11/Radiotherapy-Services-in-England-2012.pdf
11	KPI Monitoring	KPI will be monitored on a (please indicate below) basis: ☐Daily ☐Weekly ☐ Monthly ☐Quarterly ☐Bi-annually ☐Annually ☐Other – give details: Please indicate who is responsible for monitoring this KPI:___Each radiotherapy clinic lead &
12	KPI Reporting Frequency	☐Daily ☐Weekly ☐Monthly ☑ Quarterly ☐Bi-annually ☐Annually ☐Other – give details:
13	KPI report period	☐Daily ☐Weekly ☐Monthly ☑ Quarterly ☐Bi-annually ☐Annually ☐Other – give details:
14	KPI Reporting Aggregation	☑ National ☐Regional ☐ LHO Area ☐Hospital ☐ County ☐ Institution ☑ Other – give details: By HSE radiotherapy facilities (SLRON, CUH & UCHG) and publicly funded private sector facilities in Waterford & Limerick
15	KPI is reported in which reports ?	☑ Performance Assurance Report (NSP) ☐CompStat ☐Other – give details:
16	Web link to data	http://www.hse.ie/eng/services/Publications/corporate/Performance_Reports_Monthly.html
17	Additional Information	As reported in the Performance Report
	Contact details for Data	Dr. Deirdre Murray, NCCP Tel: 021 4927601 Email: DeirdreE.Murray@hse.ie
	National Lead and Division	Dr. Susan O'Reilly, National Director, NCCP Tel: 01 8287100

	National Ambulance Service	
1	**KPI Title**	First Responder response times to potential or actual 112(999) life threatening emergency calls: i) % of Clinical Status 1 ECHO incidents responded to by a first responder in 7 minutes and 59 seconds or less.
2	**KPI Description**	**Clinical Status 1 ECHO Calls**: Calls reporting an immediately life-threatening cardiac or respiratory arrest. First responder: An appropriately trained responder to Clinical Status 1 Calls dispatched through the Ambulance Control Centre. Community First Responders, in general, should be dispatched through the National Ambulance Service with the exception of some stand alone Community First Responders in remote or rural areas who are dispatched locally following a 999/112 call. The First Responder can either be an Advanced Paramedic or a minimum response of a Cardiac First Responder (CFR).
		Cardiac First Response (CFR): A Cardiac First Responder has completed Pre-Hospital Emergency Care Council's (PHECC) standard of education and training in Cardiac First Response (CFR) at the levels of CFR responder or CFR practitioner. The standard outlines the care management of major life-threatening emergencies, including heart attack, cardiac arrest, foreign body airway obstruction and stroke and includes Aspirin administration. The CFR+ standard is designed, as an extra module to the CFR responder level course, for specific groups with a paediatric AED requirement. Its aim is to enable course participants to develop competency in AED use, including paediatric pads where available, on a child. The practitioner level CFR course is aimed at healthcare professionals/ practitioners and includes additional skills such as oxygen use, pulse checks and two-rescuer CPR.
		Emergency Medical Technician (EMT): An Emergency Medical Technician is a registered practitioner who has completed PHECC's Standard of Education & Training at EMT level. Practitioners at this level are authorised to provide a range of medications by CPG and registered medical practitioner instructions. The duration of education an training is five weeks and is designed to provide the EMT with the knowledge and skills for working primarily in patient transport services and in supporting the pre-hospital response to patients accessing the 999/112 emergency medical services.
		Occupational First Aid (OFA): The occupational first aider is trained according the health and Safety Authority and FETAC (Level 5) standard and is specific to the provision of first aid in a place of work in compliance with the Health and Welfare at Work (General Application) Regulations (S.I. No. 229 of 2007). The OFA is trained to provide treatment for a minor injury and preserving life or minimising the consequences of injury or illness until handover to an appropriate healthcare professional/practitioner.
		Emergency Medical Technician (EMT): An Emergency Medical Technician is a registered practitioner who has completed PHECC's Standard of Education & Training at EMT level. Practitioners at this level are authorised to provide a range of medications by CPG and registered medical practitioner instructions. The duration of education an training is five weeks and is designed to provide the EMT with the knowledge and skills for working primarily in patient transport services and in supporting the pre-hospital response to patients accessing the 999/112 emergency medical services.
		Paramedic (P): A Paramedic is a registered practitioner who has completed PHECC's standard of education and training at Paramedic level. This is the minimum clinical level that is recommended to provide care and transport of an ill or injured patient following a 999/112 call. The Paramedic is principally engaged in assessing patient's needs, making informed clinical decisions, planning and administering procedures and medications and monitoring patients' responses both on scene and during transport.
		Advanced Paramedic (AP): An Advanced Paramedic (AP) is a registered practitioner who has completed as a minimum the PHECC's standard of education and training at Paramedic and has in excess of 6 years experience working with the ambulance service. The APs have obtained a Graduate Diploma from a recognized third level institution and undergone further training which enables them to perform additional procedures at the scene of an emergency including:

		• Intubation - during advanced cardiac life support procedures, an advanced paramedic can place a sterile tube into the trachea or throat to help the casualty breathe;
		• Cardiac resuscitation - including CPR, defibrillation and drug administration;
		Intravenous fluid resuscitation - administration of fluids to support critically ill patients;
		  Pain management - administration of drugs to relieve pain;
		  Chest decompression - placement of a needle/tube in the chest to relieve pressure due to a collapsed lung;
		  Administration of intravenous (IV) and intramuscular (IM) medications (drugs or fluids introduced directly into a vein or a muscle) to treat various medical conditions;
		  Stabilisation of cardiac conditions: drugs may be administered to regulate the patient's heart rate when required

		Verification time: The time required to determine the caller's telephone number, exact location of the incident and the nature of the complaint, by the call-taker in the Ambulance Control Centre. Response time: In order to calculate the response time the clock starts when the following details of the call have been ascertained: Caller's telephone number Exact location of the incident; and Nature of the chief complaint The clock stops when the First Responder arrives at the scene of the incident. Response time has two distinct phases, Activation Time and Response Time. Activation time: The time allocated from assignment of call to mobilisation of the responding resource. Response time: The time mobilisation of the resource to arrival at the patient.
3	KPI Rationale	The purpose of the metric is to drive improvements in responding to life threatening illness. International Resuscitation Guidelines (ILCOR) have identified that patient survivability can be optimised if trained assistance can arrive within 8 minutes of the initial insult.
	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two). ☐Person Centred Care ☐Effective Care Safe Care☐ Better Health and Wellbeing ☐Use of Information☐ Workforce☐Use of Resources☐Governance, Leadership and Management ☐
4	KPI Target	NSP 2014 Target: 50%
5	KPI Calculation	Numerator: The total number of Clinical Status 1 ECHO emergency calls responded to in 7 minutes and 59 seconds or less from the time a call is verified to the arrival of a First Responder at the scene of an incident. Denominator: The total number of Clinical Status ECHO 1 calls received at the Ambulance Control Centre
6	Data Source	
	Data Completeness	AMPDS (Advanced Medical Priority Dispatch System)
	Data Quality Issues	
7	Data Collection Frequency	☐Daily ☐Weekly ✓Monthly ☐Quarterly ☐Bi-annually ☐Annually ☐Other – give details:
8	Tracer Conditions	In Accordance with AMPDS, Clinical Status 1 ECHO calls refers to a potentially life threatening illness or injury of cardiac origin to be responded to by a first responder in 7 minutes and 59 seconds or less.
9	Minimum Data Set	Any potentially life threatening injury of cardiac origin requiring a first response in 7 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 the 18th January 2011. These standards are based on an analysis of similar standards in other jurisdictions.
11	KPI Monitoring	KPI will be monitored on a (please indicate below) basis: ☐Daily ☐Weekly ☐ Monthly ☐Quarterly ☐Bi-annually ☐Annually ☐Other – give details: Please indicate who is responsible for monitoring this KPI: NAS
12	KPI Reporting Frequency	☐Daily ☐Weekly ✓Monthly ☐Quarterly ☐Bi-annually ☐Annually ☐Other – give details:
13	KPI report period	☑Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) ☐Monthly in arrears (June data reported in July) ☐Quarterly in arrears (quarter 1 data reported in quarter 2) ☐Rolling 12 months (pr
14	KPI Reporting Aggregation	☐National ☐Regional ☐ LHO Area ☐ Hospital ☐ County ☐ Institution ✓Other – give details: Not yet known
15	KPI is reported in which reports ?	☑ Performance Assurance Report (NSP) ☐CompStat ☐Other – give details:
16	Web link to data	http://www.hse.ie/eng/services/Publications/corporate/Performance_Reports_Monthly.html
17	Additional Information	
Contact details for Data Manager / Specialist Lead		Pat McCreanor, Control and Performance Manager, NAS, Tel: 045 882 567 email: pat.mccreanor@hse.ie
National Lead and Division		Martin Dunne, Director NAS, email: Martin.dunne@hse.ie , Acute Division.

National Ambulance Service

1	KPI Title	First Responder response times to potential or actual 112(999) life threatening emergency calls: i) % of Clinical Status 1 Delta incidents responded to by a first responder in 7 minutes and 59 seconds or less.
2	KPI Description	**Clinical Status 1 Delta Calls:** Calls reporting an immediately life-threatening illness or injury First responder: An appropriately trained responder to Clinical Status 1 Calls dispatched through the Ambulance Control Centre. Community First Responders, in general, should be dispatched through the National Ambulance Service with the exception of some stand alone Community First Responders in remote or rural areas who are dispatched locally following a 999/112 call. The First Responder can either be an Advanced Paramedic or a minimum response of a Cardiac First Responder (CFR).
		Cardiac First Response (CFR): A Cardiac First Responder has completed Pre-Hospital Emergency Care Council's (PHECC) standard of education and training in Cardiac First Response (CFR) at the levels of CFR responder or CFR practitioner. The standard outlines the care management of major life-threatening emergencies, including heart attack, cardiac arrest, foreign body airway obstruction and stroke and includes Aspirin administration. The CFR+ standard is designed, as an extra module to the CFR responder level course, for specific groups with a paediatric AED requirement. Its aim is to enable course participants to develop competency in AED use, including paediatric pads where available, on a child. The practitioner level CFR course is aimed at healthcare professionals/ practitioners and includes additional skills such as oxygen use, pulse checks and two-rescuer CPR.
		Emergency First Response (EFR): An Emergency First Responder (EFR) is a Cardiac First Responder who has in addition completed a 5-day course designed for persons working as a non-transporting pre-hospital Responder. The EFR is trained to recognise and assess common life-threatening and common serious medical conditions. The PHECC Clinical Practice Guidelines authorise the EFR to administer oxygen and assist patients with the self administration of prescribed Salbutamol, GTN and Glucose gel medications. For the trauma patient the EFR's scope of practice extends to manual stabilisation of the cervical spine and collar application.
		Occupational First Aid (OFA): The occupational first aider is trained according the health and Safety Authority and FETAC (Level 5) standard and is specific to the provision of first aid in a place of work in compliance with the Health and Welfare at Work (General Application) Regulations (S.I. No. 229 of 2007). The OFA is trained to provide treatment for a minor injury and preserving life or minimising the consequences of injury or illness until handover to an appropriate healthcare professional/practitioner.
		Emergency Medical Technician (EMT): An Emergency Medical Technician is a registered practitioner who has completed PHECC's Standard of Education & Training at EMT level. Practitioners at this level are authorised to provide a range of medications by CPG and registered medical practitioner instructions. The duration of education an training is five weeks and is designed to provide the EMT with the knowledge and skills for working primarily in patient transport services and in supporting the pre-hospital response to patients accessing the 999/112 emergency medical services.
		Paramedic (P): A Paramedic is a registered practitioner who has completed PHECC's standard of education and training at Paramedic level. This is the minimum clinical level that is recommended to provide care and transport of an ill or injured patient following a 999/112 call. The Paramedic is principally engaged in assessing patient's needs, making informed clinical decisions, planning and administering procedures and medications and monitoring patients' responses both on scene and during transport.
		Advanced Paramedic (AP): An Advanced Paramedic (AP) is a registered practitioner who has completed as a minimum the PHECC's standard of education and training at Paramedic and has in excess of 6 years experience working with the ambulance service. The APs have obtained a Graduate Diploma from a recognized third level institution and undergone further training which enables them to perform additional procedures at the scene of an emergency including:

		•Intubation - during advanced cardiac life support procedures, an advanced paramedic can place a sterile tube into the trachea or throat to help the casualty breathe;
		• Cardiac resuscitation - including CPR, defibrillation and drug administration;
		• Cardiac resuscitation - including CPR, defibrillation and drug administration;
		  Intravenous fluid resuscitation - administration of fluids to support critically ill patients;
		  Pain management - administration of drugs to relieve pain;
		  Chest decompression - placement of a needle/tube in the chest to relieve pressure due to a collapsed lung;
		  Administration of intravenous (IV) and intramuscular (IM) medications (drugs or fluids introduced directly into a vein or a muscle) to treat various medical conditions;
		  Stabilisation of cardiac conditions: drugs may be administered to regulate the patient's heart rate when required

		Verification time: The time required to determine the caller's telephone number, exact location of the incident and the nature of the complaint, by the call-taker in the Ambulance Control Centre. **Response time:** In order to calculate the response time the clock starts when the following details of the call have been ascertained: Caller's telephone number Exact location of the incident; and Nature of the chief complaint The clock stops when the First Responder arrives at the scene of the incident. Response time has two distinct phases, Activation Time and Response Time. **Activation time:** The time allocated from assignment of call to mobilisation of the responding resource. **Response time:** The time mobilisation of the resource to arrival at the patient
3	KPI Rationale	The purpose of the metric is to drive improvements in responding to life threatening illness. International Resuscitation Guidelines (ILCOR) have identified that patient survivability can be optimised if trained assistance can arrive within 8 minutes of the initial insult.
	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two). ☐Person Centred Care ☐Effective Care Safe Care☐ Better Health and Wellbeing ☐Use of Information☐ Workforce☐Use of Resources☐Governance, Leadership and Management ☐
4	KPI Target	NSP 2014 Target: 24%
5	KPI Calculation	Numerator: The total number of Clinical Status 1 Delta emergency calls responded to in 7 minutes and 59 seconds or less from the time a call is verified to the arrival of a First Responder at the scene of an incident. Denominator: The total number of Clinical Status Delta 1 calls received at the Ambulance Control Centre.
6	Data Source	
	Data Completeness	AMPDS (Advanced Medical Priority Dispatch System)
	Data Quality Issues	
7	Data Collection Frequency	☐Daily ☐Weekly ✓Monthly ☐Quarterly ☐Bi-annually ☐Annually ☐Other – give details:
8	Tracer Conditions	
9	Minimum Data Set	
10	International Comparison	The standard is based on HIQA Response Times and Quality Standards for Pre Hospital Emergency Care published on the 18th January 2011. These standards are based on an analysis of similar standards in other jurisdictions
11	KPI Monitoring	KPI will be monitored on a (please indicate below) basis: ☐Daily ☐Weekly ☐ Monthly ☐Quarterly ☐Bi-annually ☐Annually ☐Other – give details: Please indicate who is responsible for monitoring this KPI:_____
12	KPI Reporting Frequency	☐Daily ☐Weekly ✓Monthly ☐Quarterly ☐Bi-annually ☐Annually ☐Other – give details:
13	KPI report period	☐Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) ☐Monthly in arrears (June data reported in July) ☐Quarterly in arrears (quarter 1 data reported in quarter 2) ☐Rolling 12 months (pr
14	KPI Reporting Aggregation	☐National ☐Regional ☐ LHO Area ☐ Hospital ☐ County ☐ Institution ✓Other – give details: Not yet known
15	KPI is reported in which reports ?	☐ Corporate Plan Report ✓Performance Report (NSP/CBP) ☐CompStat ☐Other – give details:
16	Web link to data	http://www.hse.ie/eng/services/Publications/corporate/Performance_Reports_Monthly.html
17	Additional Information	
Contact details for Data Manager / Specialist Lead		Pat McCreanor, Control and Performance Manager, NAS, Tel: 045 882 567 email: pat.mccreanor@hse.ie
National Lead and Division		Martin Dunne, Director NAS, email: Martin.dunne@hse.ie , Acute Division.

	National Ambulance Service	
1	KPI Title	% of Clinical Status 1 ECHO incidents responded to by a patient-carrying vehicle in 18 minutes and 59 seconds or less.
2	KPI Description	Clinical Status 1 ECHO Calls: calls reporting an immediately life-threatening illness or Injury Patient-carrying vehicle: any vehicle able to transport the patient in a clinically safe manner and dispatched from an Ambulance Service Control Centre. Examples include helicopter, lifeboat, aircraft, CEN* B compliant double-crewed fully equipped ambulance. 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. The clock stops when the transporting vehicle arrives at the scene of the incident. Response time has two distinct phases: activation time and response time. Activation time: from assignment of call to mobilisation of the responding resource. Response time: from mobilisation of the resource to arrival at the patient. CEN: Comité Européen de Normalisation (Committee for European Standardization
3	KPI Rationale	To improve responses to life-threatening illness. International Resuscitation Guidelines (ILCOR) have identified that patient survivability can be optimised if trained assistance can arrive within 7 minutes and 59 seconds of the initial insult.
	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two). ☐Person Centred Care ☐Effective Care Safe Care☐ Better Health and Wellbeing ☐Use of Information☐ Workforce☐Use of Resources☐Governance, Leadership and Management ☐
4	KPI Target	NSP 2014 Target: 80%
5	KPI Calculation	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. Denominator: The total number of Clinical Status 1 ECHO calls received at the Ambulance Control Centre.
6	Data Source	
	Data Completeness	AMPDS (Advanced Medical Priority Dispatch System)
	Data Quality Issues	
7	Data Collection Frequency	☐Daily ☐Weekly ✓Monthly ☐Quarterly ☐Bi-annually ☐Annually ☐Other – give details:
8	Tracer Conditions	In Accordance with AMPDS Clinical Status 1 Echo refers to a potentially life-threatening illness or injury of cardiac origin responded to by a patient-carrying vehicle in 18 minutes and 59 seconds or less
9	Minimum Data Set	Any potentially life-threatening illness or injury of cardiac origin 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	KPI will be monitored on a (please indicate below) basis: ☐Daily ☐Weekly ☐ Monthly ☐Quarterly ☐Bi-annually ☐Annually ☐Other – give details: Please indicate who is responsible for monitoring this KPI: NAS
12	KPI Reporting Frequency	☐Daily ☐Weekly ✓Monthly ☐Quarterly ☐Bi-annually ☐Annually ☐Other – give details:
13	KPI report period	☐Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) ☐Monthly in arrears (June data reported in July) ☐Quarterly in arrears (quarter 1 data reported in quarter 2) ☐Rolling 12 months (pr
14	KPI Reporting Aggregation	☐National ☐Regional ☐ LHO Area ☐ Hospital ☐ County ☐ Institution ✓Other – give details: Not yet known
15	KPI is reported in which reports ?	☑ Performance Assurance Report (NSP) ☐CompStat ☐Other – give details:
16	Web link to data	http://www.hse.ie/eng/services/Publications/corporate/Performance_Reports_Monthly.html
17	Additional Information	
	Contact details for Data Manager / Specialist Lead	Pat McCreanor, Control and Performance Manager, NAS, Tel: 045 882 567 email: pat.mccreanor@hse.ie
	National Lead and Division	Martin Dunne, Director NAS, email: Martin.dunne@hse.ie , Acute Division.

National Ambulance Service

1	**KPI Title**	Percentage of Clinical Status 1 DELTA incidents responded to by a patient-carrying vehicle in 18 minutes and 59 seconds or less.
2	**KPI Description**	Clinical Status 1 Delta Calls: calls reporting a potentially life-threatening illness or Injury Patient-carrying vehicle: any vehicle able to transport the patient in a clinically safe manner and dispatched from an Ambulance Service Control Centre. Examples include helicopter, lifeboat, aircraft, CEN* B compliant double-crewed fully equipped ambulance. 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. The clock stops when the transporting vehicle arrives at the scene of the incident. Response time has two distinct phases: activation time and response time. Activation time: from assignment of call to mobilisation of the responding resource. Response time: from mobilisation of the resource to arrival at the patient. * CEN: Comité Européen de Normalisation (Committee for European Standardization)
3	**KPI Rationale**	To improve responses to potentially life-threatening illness. International evidence has identified that specific categories of patients have improved outcomes if delivered to the appropriate centre within a specific timeframe.
	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two). ☐Person Centred Care ☐Effective Care
		Safe Care ☑ Better Health and Wellbeing ☐Use of Information☐
		Workforce☐Use of Resources☐Governance, Leadership and Management ☐
4	**KPI Target**	NSP 2014 Target: 80%
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 Delta 1 calls received at the Ambulance Control Centre
6	**Data Source**	
	Data Completeness	AMPDS (Advanced Medical Priority Dispatch System)
	Data Quality Issues	
7	**Data Collection Frequency**	☐Daily ☐Weekly ✓Monthly ☐Quarterly ☐Bi-annually ☐Annually ☐Other – give details:
8	**Tracer Conditions**	In Accordance with AMPDS Clinical Status 1 Delta refers to a potentially life-threatening non cardiac illness or injury responded to by a patient-carrying vehicle in 18 minutes and 59 seconds or less
9	**Minimum Data Set**	Any potentially life-threatening non cardiac illness or injury 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**	KPI will be monitored on a (please indicate below) basis: ☑Daily ☐Weekly ☐ Monthly ☐Quarterly ☐Bi-annually ☐Annually ☐Other – give details: Please indicate who is responsible for monitoring this KPI: NAS
12	**KPI Reporting Frequency**	☐Daily ☐Weekly ✓Monthly ☐Quarterly ☐Bi-annually ☐Annually ☐Other – give details:
13	**KPI report period**	☐Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) ☐Monthly in arrears (June data reported in July) ☐Quarterly in arrears (quarter 1 data reported in quarter 2) ☐Rolling 12 months (pr
14	**KPI Reporting Aggregation**	☐National ☐Regional ☐ LHO Area ☐ Hospital ☐ County ☐ Institution ☑ Other – give details: Not yet known
15	**KPI is reported in which reports ?**	☑ Performance Assurance Report (NSP) ☐CompStat ☐Other – give details:
16	**Web link to data**	http://www.hse.ie/eng/services/Publications/corporate/Performance_Reports_Monthly.html
17	**Additional Information**	
	Contact details for Data Manager / Specialist Lead	Pat McCreanor, Control and Performance Manager, NAS, Tel: 045 882 567 email: pat.mccreanor@hse.ie
	National Lead and Division	Martin Dunne, Director NAS, email: Martin.dunne@hse.ie , Acute Division.