

Health Service Executive

KPI Metadata 2013

Acute Hospitals including Clinical Programmes,
National Ambulance Service & National Cancer
Control Programme

[Version History](#)

Version 1: (22 May 2013)



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Acute Hospitals including Clinical Programmes: Emergency Care

1	KPI Title	Percentage 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 Registration refers to the first documentation of a patients' presence in ED taken as the arrival time. This may be registration or triage depending on which occurs first. Discharge refers to the time that a patient physically leaves the ED.
3	KPI Rationale	
	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two). <input type="checkbox"/> Person Centred Care <input type="checkbox"/> Effective Care Safe Care <input type="checkbox"/> Better Health and Wellbeing <input type="checkbox"/> Use of Information <input type="checkbox"/> Workforce <input type="checkbox"/> Use of Resources <input type="checkbox"/> Governance, Leadership and Management <input type="checkbox"/>
4	KPI Target	NSP 2013 Target: 9.6%
5	KPI Calculation	Count
6	Data Source	HIPE from 36 hospitals
	Data Completeness	100% 36/36
	Data Quality Issues	
7	Data Collection Frequency	<input checked="" type="checkbox"/> Daily <input checked="" type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> 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 on a (please indicate below) basis: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details: Please indicate who is responsible for monitoring this KPI: _____
12	KPI Reporting Frequency	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details:
13	KPI report period	<input type="checkbox"/> Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) <input checked="" type="checkbox"/> Monthly in arrears (June data reported in July) <input type="checkbox"/> Quarterly in arrears (quarter 1 data reported in quarter 2) <input type="checkbox"/> Rolling 12 months (previous 12 month period)
14	KPI Reporting Aggregation	<input checked="" type="checkbox"/> National <input checked="" type="checkbox"/> Regional <input type="checkbox"/> LHO Area <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> County <input type="checkbox"/> Institution <input type="checkbox"/> Other – give details:
15	KPI is reported in which	<input type="checkbox"/> Corporate Plan Report <input checked="" type="checkbox"/> Performance Report (NSP/CBP) <input type="checkbox"/> CompStat <input type="checkbox"/> 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		Derek McCormack, BIU Acute, Tel: 01 620 1690 E: Derek.mccormack@hse.ie
National Lead and Directorate		Dr. Ciaran Browne, National Lead Acute Hospital Services, Tel: 635 2232

Acute Hospitals including Clinical Programmes: Emergency Care

1	KPI Title	Total Emergency Department Time on KPI Percentage of all attendees at ED who are discharged or admitted within 6 hours of registration
2	KPI Description	% of all new ED patients who wait less than 6 hours Total Emergency Department Time (TEDT) is measured from Arrival to ED Departure Time.
3	KPI Rationale	<p>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.</p> <p>b. TEDT includes both productive clinical time and delays. This indicator aims to reduce the delays without compromising on quality of care (1).</p> <p>c. Prolonged durations of stay in EDs are associated with poorer patient outcomes (2,3).</p> <p>d. Research in an Irish ED demonstrated that patient mortality increased exponentially after 6 hours total time spent in the ED(4).</p> <p>e. Prolonged waiting times are associated with adverse outcomes for patients discharged from EDs.(5)</p> <p>f. Patients waiting more than 6 hours should be cared for in a more appropriate care setting than an ED</p> <p>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 nursing care.</p> <p>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 problems. This is why a 95% compliance target has been set.</p> <p>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.</p> <p>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 improvement towards achievement of the target. Secondary measures will also allow hospitals that meet the target to demonstrate exemplary performance in further reducing waiting times and will support benchmarking of hospital performance.</p> <p>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.</p> <p>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 to investigate whether this variance represents more efficient or unacceptably rushed care.</p>
	Indicator Classification	<p>Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two).</p> <p><input type="checkbox"/> Person Centred Care <input type="checkbox"/> Effective Care</p> <p>Safe Care <input type="checkbox"/> Better Health and Wellbeing <input type="checkbox"/> Use of Information <input type="checkbox"/></p> <p>Workforce <input type="checkbox"/> Use of Resources <input type="checkbox"/> Governance, Leadership and Management <input type="checkbox"/></p>
4	KPI Target	NSP 2013 Target: 95%
5	KPI Calculation	<p>Numerator - All new ED patients who are admitted to a ward or discharged in less than 6 hours from their Arrival Time.</p> <p>Denominator - All new patient attendances at EDs, Local Emergency Units and Local Injury Units within Emergency Care Networks.</p> <p>Inclusion criteria - All new patients attending units listed above.</p> <p>Exclusion criteria - Scheduled return patients</p> <p>Data report presentation - (a) all new 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</p> <p>For data definitions see EMP Report 2011.</p> <p>Numerator - All new ED patients who are admitted to a ward or discharged in less than 6 hours from their Arrival Time.</p>
6	Data Source	EDIS/PAS
	Data Completeness	Administrative data PAS for unit (some EDs do not currently have PAS systems which record this data – for further work)
	Data Quality Issues	
7	Data Collection Frequency	<input checked="" type="checkbox"/> Daily <input checked="" type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> 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 transferred to or admitted through an ED who requires EM clinical care or resources. This includes unscheduled return patients. Exclusion: Scheduled Return: A patient for whom a subsequent ED visit is arranged, but who remains under the care of EM. This may include patients attending EM review clinics.
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/PublicationsPolicyAndGuidance/DH_122868 . Accessed 13th January 2011 (2) Sprivilis 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 in-patient 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 on a (please indicate below) basis: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details: Please indicate who is responsible for monitoring this KPI: _____
12	KPI Reporting Frequency	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details: For 28 day periods commencing on national implementation start date
13	KPI report period	<input checked="" type="checkbox"/> Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) <input type="checkbox"/> Monthly in arrears (June data reported in July) <input type="checkbox"/> Quarterly in arrears (quarter 1 data reported in quarter 2) <input type="checkbox"/> Rolling 12 months (previous 12 month period)
14	KPI Reporting Aggregation	<input checked="" type="checkbox"/> National <input checked="" type="checkbox"/> Regional <input type="checkbox"/> LHO Area <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> County <input type="checkbox"/> Institution <input checked="" type="checkbox"/> Other – give details: Emergency Care Network Level
15	KPI is reported in which reports ?	<input type="checkbox"/> Corporate Plan Report <input checked="" type="checkbox"/> Performance Report (NSP/CBP) <input type="checkbox"/> CompStat <input type="checkbox"/> Other – give details:
16	Web link to data	http://www.hse.ie/eng/services/Publications/corporate/Performance_Reports_Monthly.html
17	Additional Information	EDIS implementation will ensure data available from all sites.
Contact details for Data		Derek McCormack, BIU Acute, Tel: 01 620 1690 E:Derek.mccormack@hse.ie
National Lead and Directorate		Dr. Siobhan O'Halloran, National Lead Acute Hospital Services, Tel: 635 2232

Acute Hospitals including Clinical Programmes: Emergency Care

1	KPI Title	Percentage of all attendees at ED who are discharged or admitted within 9 hours of registration
2	KPI Description	The percentage of patients discharged from ED and admitted to an inpatient bed within 9 hours of ED registration. Registration refers to the first documentation of a patients' presence in ED taken as the arrival time. This may be registration or triage depending on which occurs first. Discharge refers to the time that a patient physically leaves the ED.
3	KPI Rationale	Focusing on details of patients experience can help pinpoint problems with processes within the Emergency Department.
	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two). <input type="checkbox"/> Person Centred Care <input type="checkbox"/> Effective Care <input type="checkbox"/> Safe Care <input type="checkbox"/> Better Health and Wellbeing <input type="checkbox"/> Use of Information <input type="checkbox"/> Workforce <input type="checkbox"/> Use of Resources <input type="checkbox"/> Governance, Leadership and Management
4	KPI Target	NSP 2013 Target: 100%
5	KPI Calculation	
6	Data Source	
	Data Completeness	
	Data Quality Issues	
7	Data Collection Frequency	<input checked="" type="checkbox"/> Daily <input checked="" type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> 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 on a (please indicate below) basis: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details: Please indicate who is responsible for monitoring this KPI: _____
12	KPI Reporting Frequency	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details:
13	KPI report period	<input checked="" type="checkbox"/> Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) <input type="checkbox"/> Monthly in arrears (June data reported in July) <input type="checkbox"/> Quarterly in arrears (quarter 1 data reported in quarter 2) <input type="checkbox"/> Rolling 12 months (previous 12 month period)
14	KPI Reporting Aggregation	<input checked="" type="checkbox"/> National <input checked="" type="checkbox"/> Regional <input type="checkbox"/> LHO Area <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> County <input type="checkbox"/> Institution <input type="checkbox"/> Other – give details:
15	KPI is reported in which reports ?	<input type="checkbox"/> Corporate Plan Report <input checked="" type="checkbox"/> Performance Report (NSP/CBP) <input type="checkbox"/> CompStat <input type="checkbox"/> 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		Derek McCormack, BIU Acute, Tel: 01 620 1690 E: Derek.mccormack@hse.ie
National Lead and Directorate		Dr. Ciaran Browne, National Lead Acute Hospital Services, Tel: 635 2232

Acute Hospitals including Clinical Programmes: Emergency Care		
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 which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two). <input checked="" type="checkbox"/> Person Centred Care <input type="checkbox"/> Effective Care <input type="checkbox"/> Safe Care <input type="checkbox"/> Better Health and Wellbeing <input type="checkbox"/> Use of Information <input type="checkbox"/> Workforce <input checked="" type="checkbox"/> Use of Resources <input type="checkbox"/> Governance, Leadership and Management
4	KPI Target	NSP 2013 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	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.
	Data Completeness	
	Data Quality Issues	
7	Data Collection Frequency	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> 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 on a (please indicate below) basis: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details: Please indicate who is responsible for monitoring this KPI: _____
12	KPI Reporting Frequency	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details:
13	KPI report period	<input type="checkbox"/> Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) <input checked="" type="checkbox"/> Monthly in arrears (June data reported in July) <input type="checkbox"/> Quarterly in arrears (quarter 1 data reported in quarter 2) <input type="checkbox"/> Rolling 12 months (previous 12 month period)
14	KPI Reporting Aggregation	<input checked="" type="checkbox"/> National <input checked="" type="checkbox"/> Regional <input type="checkbox"/> LHO Area <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> County <input type="checkbox"/> Institution <input type="checkbox"/> Other – give details:
15	KPI is reported in which	<input type="checkbox"/> Corporate Plan Report <input checked="" type="checkbox"/> Performance Report (NSP/CBP) <input checked="" type="checkbox"/> CompStat <input type="checkbox"/> Other – give details:
16	Web link to data	http://www.hse.ie/eng/services/Publications/corporate/performance-reports/2012pr.html
17	Additional Information	
Contact details for Data		Derek McCormack, BIU Acute, Tel: 01 620 1690 E: Derek.mccormack@hse.ie
National Lead and Directorate		Dr. Ciaran Browne, National Lead Acute Hospital Services, Tel: 635 2232

Acute Hospitals including Clinical Programmes : % Discharges which are public

1	KPI Title	Percentage of discharges which are public: i) Inpatient ii) Day case iii) Elective iv) Non elective/emergency
2	KPI Description	Number of public discharges (adult and child) Public - refers to a patient's 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 i) Inpatient – A public patient admitted to hospital for treatment or investigation and is scheduled to stay for at least one night in the hospital ii) Day case – A public 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. iii) Elective Treatment – A public patient who has a planned or non-emergency admission or procedure that has been arranged in advance. iv) Non elective/emergency – A public patient who has an unplanned admission that is urgently required (e.g. MAU, SAU, Direct to Ward)
3	KPI Rationale	As a performance monitoring function to ensure hospital compliance with public private mix ratio of 80:20.
	Indicator Classification	<input type="checkbox"/> Person Centred Care <input checked="" type="checkbox"/> Effective Care Safe Care <input type="checkbox"/> Better Health and Wellbeing <input type="checkbox"/> Use of Information <input type="checkbox"/> Workforce <input type="checkbox"/> Use of Resources <input checked="" type="checkbox"/> Governance, Leadership and Management <input type="checkbox"/>
4	KPI Target	NSP 2013 Target: i) inpatient – 80% iii) elective – 80% ii) day case – 80% iv) non elective/emergency – 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	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> 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 on a (please indicate below) basis: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details: Please indicate who is responsible for monitoring this KPI: Hospital Manager
12	KPI Reporting Frequency	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details:
13	KPI report period	<input type="checkbox"/> Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) <input checked="" type="checkbox"/> Monthly in arrears (June data reported in July) <input type="checkbox"/> Quarterly in arrears (quarter 1 data reported in quarter 2) <input type="checkbox"/> Rolling 12 months (previous 12 month period)
14	KPI Reporting Aggregation	<input checked="" type="checkbox"/> National <input checked="" type="checkbox"/> Regional <input type="checkbox"/> LHO Area <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> County <input type="checkbox"/> Institution <input checked="" type="checkbox"/> Other – give details: Age band and Source of admission and Specialty and patient status
15	KPI is reported in which reports ?	<input type="checkbox"/> Corporate Plan Report <input checked="" type="checkbox"/> Performance Report (NSP/CBP) <input checked="" type="checkbox"/> CompStat <input type="checkbox"/> 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		Derek McCormack, BIU Acute, Tel: 01 620 1690 E:Derek.mccormack@hse.ie
National Lead and Directorate		Dr. Ciaran Browne, National Lead Acute Hospital Services, Tel: 635 2232 Simonetta Ryan, Principal Officer, Department of Health, Tel: 01 635 4301

Acute Hospitals including Clinical Programmes: Average Length of Stay

1	KPI Title	Overall ALOS for all inpatient discharges and deaths	
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 which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two). <input type="checkbox"/> Person Centred Care <input checked="" type="checkbox"/> Effective Care <input type="checkbox"/> Safe Care <input type="checkbox"/> Better Health and Wellbeing <input type="checkbox"/> Use of Information <input checked="" type="checkbox"/> <input type="checkbox"/> Workforce <input type="checkbox"/> Use of Resources <input type="checkbox"/> Governance, Leadership and Management <input type="checkbox"/>	
	4	KPI Target	NSP 2013 Target: 5.6
	5	KPI Calculation	Total bed days used/ Total inpatient discharges = Average length of stay
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	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> 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 on a (please indicate below) basis: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details: Please indicate who is responsible for monitoring this KPI: Hospital Manager	
12	KPI Reporting Frequency	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details:	
13	KPI report period	<input type="checkbox"/> Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) <input checked="" type="checkbox"/> Monthly in arrears (June data reported in July) <input type="checkbox"/> Quarterly in arrears (quarter 1 data reported in quarter 2) <input type="checkbox"/> Rolling 12 months (previous 12 month period)	
14	KPI Reporting Aggregation	<input checked="" type="checkbox"/> National <input checked="" type="checkbox"/> Regional <input type="checkbox"/> LHO Area <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> County <input type="checkbox"/> Institution <input checked="" type="checkbox"/> Other – give details: Ageband and Speciality & patient status	
15	KPI is reported in which reports ?	<input type="checkbox"/> Corporate Plan Report <input checked="" type="checkbox"/> Performance Report (NSP/CBP) <input type="checkbox"/> CompStat <input type="checkbox"/> 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		Derek McCormack, BIU Acute, Tel: 01 620 1690 E:Derek.mccormack@hse.ie	
National Lead and Directorate		Dr. Ciaran Browne, National Lead Acute Hospital Services, Tel: 635 2232 Simonetta Ryan, Principal Officer, Department of Health, Tel: 01 635 4301	

Acute Hospitals including Clinical Programmes: Average Length of Stay		
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 which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two). <input type="checkbox"/> Person Centred Care <input checked="" type="checkbox"/> Effective Care <input type="checkbox"/> Safe Care <input type="checkbox"/> Better Health and Wellbeing <input type="checkbox"/> Use of Information <input checked="" type="checkbox"/> <input type="checkbox"/> Workforce <input type="checkbox"/> Use of Resources <input type="checkbox"/> Governance, Leadership and Management <input type="checkbox"/>
4	KPI Target	NSP 2013 Target: 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 reporting 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
	Data Completeness	Coverage all acute hospitals in casemix programme
	Data Quality Issues	All acute hospitals in casemix programme reporting
7	Data Collection Frequency	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details:
8	Tracer Conditions	As per description no. 2 above
9	Minimum Data Set	HIPE
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 on a (please indicate below) basis: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details: Please indicate who is responsible for monitoring this KPI: Hospital Manager
12	KPI Reporting Frequency	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details:
13	KPI report period	<input type="checkbox"/> Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) <input checked="" type="checkbox"/> Monthly in arrears (June data reported in July) <input type="checkbox"/> Quarterly in arrears (quarter 1 data reported in quarter 2) <input type="checkbox"/> Rolling 12 months (previous 12 month period)
14	KPI Reporting Aggregation	<input checked="" type="checkbox"/> National <input checked="" type="checkbox"/> Regional <input type="checkbox"/> LHO Area <input checked="" type="checkbox"/> Hospital <input checked="" type="checkbox"/> County <input type="checkbox"/> Institution <input type="checkbox"/> Other – give details: Ageband and Speciality & patient status
15	KPI is reported in which reports ?	<input type="checkbox"/> Corporate Plan Report <input checked="" type="checkbox"/> Performance Report (NSP/CBP) <input type="checkbox"/> CompStat <input type="checkbox"/> 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		Fiachra Bane, HIPE, Tel: 045 988330 Email: fiachra.bane@hse.ie
National Lead and Directorate		Dr. Ciaran Browne, National Lead Acute Hospital Services, Tel: 635 2232 Simonetta Ryan, Principal Officer, Department of Health, Tel: 01 635 4301

Acute Hospitals including Clinical Programmes: Inpatient

1	KPI Title	% of elective inpatients who had principal procedure conducted on day of admission	
2	KPI Description	Elective inpatient admissions where the principal procedure was carried out on the day of admission as a percentage of all elective inpatient admissions where a procedure was carried out.	
3	KPI Rationale	To aid in the development of the Elective Surgery Programme which is designed to optimise length of patient stay increasing the rates of day surgery in accordance with national standards for day surgery and shortening the length of patient stay for selected common in-patient surgical procedures.	
	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two). <input checked="" type="checkbox"/> Person Centred Care <input type="checkbox"/> Effective Care <input type="checkbox"/> Safe Care <input type="checkbox"/> Better Health and Wellbeing <input type="checkbox"/> Use of Information <input type="checkbox"/> Workforce <input checked="" type="checkbox"/> Use of Resources <input type="checkbox"/> Governance, Leadership and Management	
	4	KPI Target	NSP 2013 Target: 75%
	5	KPI Calculation	Number of elective inpatient procedures carried out on day of admission *100/number of elective admissions where a procedure was carried out.
6	Data Source	Sourced from HIPE	
	Data Completeness	Coverage all acute hospitals in Casemix programme	
	Data Quality Issues	All acute hospitals reporting in Casemix programme	
7	Data Collection Frequency	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> 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 echoed nationally, but principally as a clinical audit measure, rather than a health outcome measure.	
11	KPI Monitoring	KPI will be monitored on a (please indicate below) basis: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details: Please indicate who is responsible for monitoring this KPI: Hospital Manager	
12	KPI Reporting Frequency	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details:	
13	KPI report period	<input type="checkbox"/> Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) <input type="checkbox"/> Monthly in arrears (June data reported in July) <input type="checkbox"/> Quarterly in arrears (quarter 1 data reported in quarter 2) <input type="checkbox"/> Rolling 12 months (previous 12 month period)	
14	KPI Reporting Aggregation	<input checked="" type="checkbox"/> National <input checked="" type="checkbox"/> Regional <input type="checkbox"/> LHO Area <input checked="" type="checkbox"/> Hospital <input checked="" type="checkbox"/> County <input type="checkbox"/> Institution <input checked="" type="checkbox"/> Other – give details:	
15	KPI is reported in which reports ?	<input type="checkbox"/> Corporate Plan Report <input checked="" type="checkbox"/> Performance Report (NSP/CBP) <input checked="" type="checkbox"/> CompStat <input type="checkbox"/> Other – give details:	
16	Web link to data	http://www.hse.ie/eng/services/Publications/corporate/Performance_Reports_Monthly.html	
17	Additional Information	Reporting of this metric is based on a rolling 12 month period 3 months in arrears.	
Contact details for Data Manager / Specialist Lead		Derek McCormack, BIU Acute, Tel: 01 620 1690 E:Derek.mccormack@hse.ie Fiachra Bane, HIPE, Tel: 045 988330 Email: fiachra.bane@hse.ie	
National Lead and Directorate		Dr. Ciaran Browne, National Lead Acute Hospital Services, Tel: 635 2232 Simonetta Ryan, Principal Officer, Department of Health, Tel: 01 635 4301	

Acute Hospitals including Clinical Programmes: Inpatient and Day Case Waiting Times		
1	KPI Title	No. of adults waiting >8 months (inpatient)
2	KPI Description	No. of adults waiting >8 months for inpatient procedure including GI endoscopy up to March 2013 excluding GI Endoscopy from April 2013). Inpatient – A patient admitted to hospital for treatment or investigation and is scheduled to stay in a designated inpatient bed for at least one overnight stay.
3	KPI Rationale	No adult should wait more than 8 months for an inpatient procedure.
	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two). <input type="checkbox"/> Person Centred Care <input checked="" type="checkbox"/> Effective Care
		Safe Care <input type="checkbox"/> Better Health and Wellbeing Use of Information <input type="checkbox"/>
		Workforce <input type="checkbox"/> Use of Resources <input type="checkbox"/> Governance, Leadership and Management
4	KPI Target	NSP 2013 Target: 0
5	KPI Calculation	No. of adults waiting >8 months (inpatient including GI Endoscopy up to March 2013, excluding GI Endoscopy from April 2013) . Calculation based on number of days since patient was added to waiting list of hospital PAS system
6	Data Source	Hospital PAS to NTPF
	Data Completeness	Sourced from NTPF by Business Intelligence Unit (BIU) - Acute, Corporate Planning and Performance
	Data Quality Issues	
7	Data Collection Frequency	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details:
8	Tracer Conditions	Inpatient awaiting an inpatient procedure, waiting for greater than 8 months
9	Minimum Data Set	Adult-Scope-OPD data report : Figure required by hospital HIPE, hospital name and Case type
10	International Comparison	Calculations of waiting lists and waiting times are to international best practice standards
11	KPI Monitoring	KPI will be monitored on a (please indicate below) basis: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details: Please indicate who is responsible for monitoring this KPI: Hospital Manager/NTPF
12	KPI Reporting Frequency	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details:
13	KPI report period	<input type="checkbox"/> Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) <input checked="" type="checkbox"/> Monthly in arrears (June data reported in July) <input type="checkbox"/> Quarterly in arrears (quarter 1 data reported in quarter 2) <input type="checkbox"/> Rolling 12 months (previous 12 month period)
14	KPI Reporting Aggregation	<input checked="" type="checkbox"/> National <input checked="" type="checkbox"/> Regional <input type="checkbox"/> LHO Area <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> County <input type="checkbox"/> Institution <input checked="" type="checkbox"/> Other – give details:
15	KPI is reported in which reports ?	<input type="checkbox"/> Corporate Plan Report <input checked="" type="checkbox"/> Performance Report (NSP/CBP) <input type="checkbox"/> CompStat <input type="checkbox"/> 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		Derek McCormack, BIU Acute, Tel: 01 620 1690 E:Derek.mccormack@hse.ie Sarah Daly, email sarah.daly@ntpf.ie
National Lead and Directorate		Dr. Ciaran Browne, National Lead Acute Hospital Services, Tel: 635 2232 Simonetta Ryan, Principal Officer, Department of Health, Tel: 01 635 4301

Acute Hospitals including Clinical Programmes : Inpatient and Day Case Waiting Times

1	KPI Title	No. of adults waiting >8 months (day case)
2	KPI Description	No. of adults waiting >8 months for day case procedure by end June 2013 including GI Endoscopy up to end March 2013 excluding GI endoscopy from April 2013. Day case – A patient who is admitted to a designated day bed 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	No adult should wait more than 8 months for a day case procedure.
	Indicator Classification	<input type="checkbox"/> Person Centred Care <input checked="" type="checkbox"/> Effective Care <input type="checkbox"/> Safe Care <input type="checkbox"/> Better Health and Wellbeing <input type="checkbox"/> Use of Information <input type="checkbox"/> Workforce <input type="checkbox"/> Use of Resources <input type="checkbox"/> Governance, Leadership and Management
4	KPI Target	NSP 2013 Target: 0
5	KPI Calculation	Adult Day Cases > 8 months (including GI Endoscopy up to end March 2013, excluding GI Endoscopy from April 2013). Calculation is based on number of days since a patient was added to the waiting list on the hospital PAS
6	Data Source	Hospital PAS to NTPF
	Data Completeness	Sourced from NTPF by Business Intelligence Unit (BIU) - Acute, Corporate Planning and Performance
	Data Quality Issues	
7	Data Collection Frequency	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details:
8	Tracer Conditions	Inpatient awaiting a day case procedure, waiting for greater than 8 months
9	Minimum Data Set	BIU report: data required by Month, Year, case_ind, Agency Code, 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 on a (please indicate below) basis: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details: Please indicate who is responsible for monitoring this KPI: Hospital Manager
12	KPI Reporting Frequency	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details:
13	KPI report period	<input type="checkbox"/> Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) <input checked="" type="checkbox"/> Monthly in arrears (June data reported in July) <input type="checkbox"/> Quarterly in arrears (quarter 1 data reported in quarter 2) <input type="checkbox"/> Rolling 12 months (previous 12 month period)
14	KPI Reporting Aggregation	<input checked="" type="checkbox"/> National <input checked="" type="checkbox"/> Regional <input type="checkbox"/> LHO Area <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> County <input type="checkbox"/> Institution <input checked="" type="checkbox"/> Other – give details:
15	KPI is reported in which reports ?	<input type="checkbox"/> Corporate Plan Report <input checked="" type="checkbox"/> Performance Report (NSP/CBP) <input type="checkbox"/> CompStat <input type="checkbox"/> 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		Derek McCormack, BIU Acute, Tel: 01 620 1690 E:Derek.mccormack@hse.ie Sarah Daly, email sarah.daly@ntpf.ie
National Lead and Directorate		Dr. Ciaran Browne, National Lead Acute Hospital Services, Tel: 635 2232 Simonetta Ryan, Principal Officer, Department of Health, Tel: 01 635 4301

Acute Hospitals including Clinical Programmes: Inpatient and Day Case Waiting Times

1	KPI Title	No. of children waiting >20 weeks (Inpatient)
2	KPI Description	No. of children waiting >20 weeks for an inpatient procedure including GI Endoscopy up to end March 2013 excluding GI Endoscopy From April 2013. Inpatient – A patient admitted to hospital for treatment or investigation and is scheduled to stay in a designated in-patient bed for at least one overnight stay.
3	KPI Rationale	No child should wait more than 20 weeks for an inpatient procedure.
	Indicator Classification	<input type="checkbox"/> Person Centred Care <input checked="" type="checkbox"/> Effective Care <input type="checkbox"/> Safe Care <input type="checkbox"/> Better Health and Wellbeing <input type="checkbox"/> Use of Information <input type="checkbox"/> Workforce <input type="checkbox"/> Use of Resources <input type="checkbox"/> Governance, Leadership and Management
4	KPI Target	NSP 2013 Target: 0
5	KPI Calculation	Number of children waiting >20 Weeks on Inpatient waiting list including GI Endoscopy up to end March 2013 excluding GI Endoscopy from April 2013
6	Data Source	Hospital PAS to NTPF
	Data Completeness	Sourced from NTPF by Business Intelligence Unit (BIU) - Acute, Corporate Planning and Performance
	Data Quality Issues	
7	Data Collection Frequency	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details:
8	Tracer Conditions	child awaiting an elective procedure, waiting for greater than 20 weeks
9	Minimum Data Set	BIU report: data required by Month, Year, case_ind, Agency Code, hospital_name, case_ind Adult/Child, HIPE Spec, Specialty and waiting period.
10	International Comparison	Calculations of waiting lists and waiting times are as to international best practice standards
11	KPI Monitoring	KPI will be monitored on a (please indicate below) basis: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details: Please indicate who is responsible for monitoring this KPI: Hospital Manager
12	KPI Reporting Frequency	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details:
13	KPI report period	<input type="checkbox"/> Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) <input checked="" type="checkbox"/> Monthly in arrears (June data reported in July) <input type="checkbox"/> Quarterly in arrears (quarter 1 data reported in quarter 2) <input type="checkbox"/> Rolling 12 months (previous 12 month period)
14	KPI Reporting Aggregation	<input checked="" type="checkbox"/> National <input checked="" type="checkbox"/> Regional <input type="checkbox"/> LHO Area <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> County <input type="checkbox"/> Institution <input checked="" type="checkbox"/> Other – give details:
15	KPI is reported in which reports ?	<input type="checkbox"/> Corporate Plan Report <input checked="" type="checkbox"/> Performance Report (NSP/CBP) <input type="checkbox"/> CompStat <input type="checkbox"/> 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	Derek McCormack, BIU Acute, Tel: 01 620 1690 E:Derek.mccormack@hse.ie Sarah Daly, email sarah.daly@ntpf.ie
	National Lead and Directorate	Dr. Ciaran Browne, National Lead Acute Hospital Services, Tel: 635 2232 Simonetta Ryan, Principal Officer, Department of Health, Tel: 01 635 4301

Acute Hospitals including Clinical Programmes: Inpatient and Day Case Waiting Times

1	KPI Title	No. of children waiting >20 Weeks (Day Case)
2	KPI Description	No. of children waiting >20 Weeks for a day case procedure including GI endoscopy up to end March 2013 excluding GI endoscopy from April 2013)
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	<input type="checkbox"/> Person Centred Care <input checked="" type="checkbox"/> Effective Care <input type="checkbox"/> Safe Care <input type="checkbox"/> Better Health and Wellbeing <input type="checkbox"/> Use of Information <input type="checkbox"/> Workforce <input type="checkbox"/> Use of Resources <input type="checkbox"/> Governance, Leadership and Management
	KPI Target	NSP 2013 Target: 0
5	KPI Calculation	Volume of child day cases waiting > 20 weeks including GI Endoscopy up to end March 2013 excluding GI
6	Data Source	Hospital PAS
	Data Completeness	Business Intelligence Unit (BIU) - Acute, Corporate Planning and Performance Sourced from NTPF.
	Data Quality Issues	
7	Data Collection	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> 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 on a (please indicate below) basis: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details: Please indicate who is responsible for monitoring this KPI: Hospital Manager
12	KPI Reporting Frequency	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details: For 28 day periods commencing on national implementation start date
13	KPI report period	<input type="checkbox"/> Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) <input checked="" type="checkbox"/> Monthly in arrears (June data reported in July) <input type="checkbox"/> Quarterly in arrears (quarter 1 data reported in quarter 2) <input type="checkbox"/> Rolling 12 months (previous 12 month period)
14	KPI Reporting Aggregation	<input checked="" type="checkbox"/> National <input checked="" type="checkbox"/> Regional <input type="checkbox"/> LHO Area <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> County <input type="checkbox"/> Institution <input checked="" type="checkbox"/> Other – give details:
15	KPI is reported in which reports ?	<input type="checkbox"/> Corporate Plan Report <input checked="" type="checkbox"/> Performance Report (NSP/CBP) <input type="checkbox"/> CompStat <input type="checkbox"/> 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	Derek McCormack, BIU Acute, Tel: 01 620 1690 E:Derek.mccormack@hse.ie Sarah Daly, email sarah.daly@ntpf.ie
	National Lead and Directorate	Dr. Ciaran Browne, National Lead Acute Hospital Services, Tel: 635 2232 Simonetta Ryan, Principal Officer, Department of Health, Tel: 01 635 4301

Acute Hospitals Acute Hospitals including Clinical Programmes: Colonoscopy / Gastrointestinal Service

1	KPI Title	No. of people waiting more than 4 weeks for an urgent colonoscopy
2	KPI Description	Number of patients receiving access to colonoscopy for urgent referral more than 4 weeks.
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 which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two). <input type="checkbox"/> Person Centred Care <input type="checkbox"/> Effective Care <input checked="" type="checkbox"/> Safe Care <input type="checkbox"/> Better Health and Wellbeing <input type="checkbox"/> Use of Information <input type="checkbox"/> Workforce <input type="checkbox"/> Use of Resources <input type="checkbox"/> Governance, Leadership and Management
4	KPI Target	NSP 2013 Target: 0
5	KPI Calculation	Number of urgent colonoscopy waiting greater than 4 weeks
6	Data Source	Coverage 37 hospitals 100%
	Data Completeness	37/37 hospitals reporting
	Data Quality Issues	
7	Data Collection Frequency	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> 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 monitored on a (please indicate below) basis: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details: Please indicate who is responsible for monitoring this KPI: Hospital Manager
12	KPI Reporting Frequency	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details:
13	KPI report period	<input type="checkbox"/> Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) <input checked="" type="checkbox"/> Monthly in arrears (June data reported in July) <input type="checkbox"/> Quarterly in arrears (quarter 1 data reported in quarter 2) <input type="checkbox"/> Rolling 12 months (previous 12 month period)
14	KPI Reporting Aggregation	<input checked="" type="checkbox"/> National <input checked="" type="checkbox"/> Regional <input type="checkbox"/> LHO Area <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> County <input type="checkbox"/> Institution <input checked="" type="checkbox"/> Other – give details:
15	KPI is reported in which reports ?	<input type="checkbox"/> Corporate Plan Report <input checked="" type="checkbox"/> Performance Report (NSP/CBP) <input checked="" type="checkbox"/> CompStat <input type="checkbox"/> 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		Derek McCormack, BIU Acute, Tel: 01 620 1690 E:Derek.mccormack@hse.ie
National Lead and Directorate		Dr. Ciaran Browne, National Lead Acute Hospital Services, Tel: 635 2232 Mary Jackson, Principal Officer, Department of Health, 01 635 4337

Acute Hospitals Acute Hospitals including Clinical Programmes: Colonoscopy / Gastrointestinal Service

1	KPI Title	No. of people waiting >13 weeks following a referral colonoscopy or OGD
2	KPI Description	Number of patients waiting for greater than 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 which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two). <input type="checkbox"/> Person Centred Care <input checked="" type="checkbox"/> Effective Care <input type="checkbox"/> Safe Care <input type="checkbox"/> Better Health and Wellbeing <input type="checkbox"/> Use of Information <input type="checkbox"/> Workforce <input type="checkbox"/> Use of Resources <input type="checkbox"/> Governance, Leadership and Management
4	KPI Target	NSP 2013 Target:
5	KPI Calculation	Number of patients waiting greater than 13 weeks for Gi Endoscopy
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	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details:
8	Tracer Conditions	As per description no. 2 above
9	Minimum Data Set	Hospital PAS to NTPF
10	International Comparison	Sourced from NTPF by Business Intelligence Unit (BIU) - Acute, Corporate Planning and Performance
11	KPI Monitoring	
12	KPI Reporting Frequency	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details:
13	KPI report period	<input type="checkbox"/> Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) <input checked="" type="checkbox"/> Monthly in arrears (June data reported in July) <input type="checkbox"/> Quarterly in arrears (quarter 1 data reported in quarter 2) <input type="checkbox"/> Rolling 12 months (previous 12 month period)
14	KPI Reporting Aggregation	<input checked="" type="checkbox"/> National <input checked="" type="checkbox"/> Regional <input type="checkbox"/> LHO Area <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> County <input type="checkbox"/> Institution Other – give details:
15	KPI is reported in which reports ?	<input type="checkbox"/> Corporate Plan Report <input checked="" type="checkbox"/> Performance Report (NSP/CBP) <input checked="" type="checkbox"/> CompStat <input type="checkbox"/> 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		Derek McCormack, BIU Acute, Tel: 01 620 1690 E:Derek.mccormack@hse.ie Sarah Daly, email sarah.daly@ntpf.ie
National Lead and Directorate		Dr. Ciaran Browne, National Lead Acute Hospital Services, Tel: 635 2232 Mary Jackson, Principal Officer, Department of Health, 01 635 4337

Acute Hospitals including Clinical Programmes: Delayed Discharges

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	Delayed discharge is used in assessment of quality of care, costs and efficiency and is used for health planning purposes.
	Indicator Classification	<input type="checkbox"/> Person Centred Care <input checked="" type="checkbox"/> Effective Care Safe Care <input type="checkbox"/> Better Health and Wellbeing <input type="checkbox"/> Use of Information <input type="checkbox"/> Workforce <input type="checkbox"/> Use of Resources <input type="checkbox"/> Governance, Leadership and Management <input checked="" type="checkbox"/>
	KPI Target	NSP 2013 Target: 10% reduction
4	KPI Calculation	Count of bed days lost
6	Data Source	National Delayed Discharge database to BIU Acute
	Data Completeness	
	Data Quality Issues	
7	Data Collection Frequency	<input checked="" type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> 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 on a (please indicate below) basis: <input checked="" type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details: Please indicate who is responsible for monitoring this KPI: Hospital Managers/Bed Mgrs/LHOs/RDOs/SDU
12	KPI Reporting Frequency	<input type="checkbox"/> Daily <input checked="" type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> 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) <input checked="" type="checkbox"/> Monthly in arrears (June data reported in July) <input type="checkbox"/> Quarterly in arrears (quarter 1 data reported in quarter 2) <input type="checkbox"/> Rolling 12 months (pr
14	KPI Reporting Aggregation	<input checked="" type="checkbox"/> National <input checked="" type="checkbox"/> Regional <input type="checkbox"/> LHO Area <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> County <input type="checkbox"/> Institution <input type="checkbox"/> Other – give details:
15	KPI is reported in which reports ?	<input type="checkbox"/> Corporate Plan Report <input checked="" type="checkbox"/> Performance Report (NSP/CBP) <input type="checkbox"/> CompStat <input type="checkbox"/> 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		Derek McCormack, BIU Acute, Tel: 01 620 1690 E: Derek.mccormack@hse.ie
National Lead and Directorate		Dr. Ciaran Browne, National Lead Acute Hospital Services, Tel: 635 2232

Acute Hospitals including Clinical Programmes: Delayed Discharges

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	Delayed discharge is used in assessment of quality of care, costs and efficiency and is used for health planning purposes.
	Indicator Classification	<input type="checkbox"/> Person Centred Care <input checked="" type="checkbox"/> Effective Care <input type="checkbox"/> Safe Care <input type="checkbox"/> Better Health and Wellbeing <input type="checkbox"/> Use of Information <input type="checkbox"/> Workforce <input type="checkbox"/> Use of Resources <input checked="" type="checkbox"/> Governance, Leadership and Management
	KPI Target	NSP 2013 Target : 10% reduction
4	KPI Calculation	Count
6	Data Source	National Delayed Discharge database tp BIU Acute.
	Data Completeness	
	Data Quality Issues	
7	Data Collection Frequency	<input checked="" type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> 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 on a (please indicate below) basis: <input checked="" type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details: Please indicate who is responsible for monitoring this KPI: Hospital Managers/Bed Mgrs/LHOs/RDOs/SDU
12	KPI Reporting Frequency	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> 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) <input checked="" type="checkbox"/> Monthly in arrears (June data reported in July) <input type="checkbox"/> Quarterly in arrears (quarter 1 data reported in quarter 2) <input type="checkbox"/> Rolling 12 months (pr
14	KPI Reporting Aggregation	<input checked="" type="checkbox"/> National <input checked="" type="checkbox"/> Regional <input type="checkbox"/> LHO Area <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> County <input type="checkbox"/> Institution <input type="checkbox"/> Other – give details:
15	KPI is reported in which reports ?	<input type="checkbox"/> Corporate Plan Report <input checked="" type="checkbox"/> Performance Report (NSP/CBP) <input type="checkbox"/> CompStat <input type="checkbox"/> 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		Derek McCormack, BIU Acute, Tel: 01 620 1690 E: Derek.mccormack@hse.ie
National Lead and Directorate		Dr. Ciaran Browne, National Lead Acute Hospital Services, Tel: 635 2232

Acute Hospitals including Clinical Programmes: Births		
1	KPI Title	Total number of births
2	KPI Description	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	<input checked="" type="checkbox"/> Person Centred Care <input type="checkbox"/> Effective Care Safe Care <input type="checkbox"/> Better Health and Wellbeing <input type="checkbox"/> Use of Information <input type="checkbox"/> Workforce Use of Resources <input checked="" type="checkbox"/> Governance, Leadership and Management <input type="checkbox"/>
4	KPI Target	NSP 2013 Target: 71,096
5	KPI Calculation	Number of Live Births + Number of Still Births Count
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	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details:
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 on a (please indicate below) basis: <input checked="" type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details: Please indicate who is responsible for monitoring this KPI: Hospital Manager
	KPI Reporting Frequency	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details:
13	KPI report period	<input checked="" type="checkbox"/> Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity)
		<input type="checkbox"/> Monthly in arrears (June data reported in July)
		<input type="checkbox"/> Quarterly in arrears (quarter 1 data reported in quarter 2)
		<input type="checkbox"/> Rolling 12 months (previous 12 month period)
14	KPI Reporting Aggregation	<input checked="" type="checkbox"/> National <input checked="" type="checkbox"/> Regional <input type="checkbox"/> LHO Area <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> County <input type="checkbox"/> Institution <input checked="" type="checkbox"/> Other – give details: Age band and Specialty
		<input type="checkbox"/> Corporate Plan Report <input checked="" type="checkbox"/> Performance Report (NSP/CBP) <input type="checkbox"/> CompStat <input type="checkbox"/> Other – give details:
15	KPI is reported in which reports ?	<input type="checkbox"/> Corporate Plan Report <input checked="" type="checkbox"/> Performance Report (NSP/CBP) <input type="checkbox"/> CompStat <input type="checkbox"/> 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		Derek McCormack, BIU Acute, Tel: 01 620 1690 E:Derek.mccormack@hse.ie
National Lead and Directorate		Dr. Ciaran Browne, National Lead Acute Hospital Services, Tel: 01 635 2232

Acute Hospitals including Clinical Programmes: Outpatients Activity

1	KPI Title	No. of people waiting longer than 52 weeks for OPD appointment
2	KPI Description	<p>This metric includes the total number of both new and return attendances.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>An attendance which follows an admission is considered to be a Return Attendance</p> <p>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.</p>
3	KPI Rationale	The monitoring of patient access.
	Indicator Classification	<input type="checkbox"/> Person Centred Care <input checked="" type="checkbox"/> Effective Care <input type="checkbox"/> Safe Care <input type="checkbox"/> Better Health and Wellbeing <input type="checkbox"/> Use of Information <input type="checkbox"/> Workforce <input checked="" type="checkbox"/> Use of Resources <input type="checkbox"/> Governance, Leadership and Management
4	KPI Target	NSP 2013 Target: 0
5	KPI Calculation	Total New + Return Outpatient attendances Count.
6	Data Source	Sourced from Hospitals PAS systems to NTPF/SDU
	Data Completeness	Coverage all acute hospitals 100%
	Data Quality Issues	All acute hospitals reporting
7	Data Collection Frequency	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> 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	<p>KPI will be monitored on a (please indicate below) basis:</p> <p><input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details:</p> <p>Please indicate who is responsible for monitoring this KPI: Hospital Manager</p>
12	KPI Reporting Frequency	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details:
13	KPI report period	<input checked="" type="checkbox"/> Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) <input type="checkbox"/> Monthly in arrears (June data reported in July) <input type="checkbox"/> Quarterly in arrears (quarter 1 data reported in quarter 2) <input type="checkbox"/> Rolling 12 months (previous 12 month period)
14	KPI Reporting Aggregation	<input checked="" type="checkbox"/> National <input checked="" type="checkbox"/> Regional <input type="checkbox"/> LHO Area <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> County <input type="checkbox"/> Institution <input checked="" type="checkbox"/> Other – give details: Age band and Specialty
15	KPI is reported in which reports ?	<input type="checkbox"/> Corporate Plan Report <input checked="" type="checkbox"/> Performance Report (NSP/CBP) <input checked="" type="checkbox"/> CompStat <input type="checkbox"/> Other – give details:
16	Web link to data	http://www.hse.ie/eng/services/Publications/corporate/Performance_Reports_Monthly.html
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 Sarah Daly, email sarah.daly@ntpf.ie
National Lead and Directorate		Dr. Ciaran Browne, National Lead Acute Hospital Services, Tel: 635 2232 Simonetta Ryan, Principal Officer, Department of Health, Tel: 01 635 4301

Acute Hospitals including Clinical Programmes: Outpatients Activity

1	KPI Title	New Attendance DNA rates
2	KPI Description	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	<input type="checkbox"/> Person Centred Care <input type="checkbox"/> Effective Care <input type="checkbox"/> Safe Care <input type="checkbox"/> Better Health and Wellbeing <input type="checkbox"/> Use of Information <input type="checkbox"/> Workforce <input checked="" type="checkbox"/> Use of Resources <input checked="" type="checkbox"/> Governance, Leadership and Management
4	KPI Target	NSP 2013 Target: 12%
5	KPI Calculation	Total New + Return Outpatient attendances 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	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> 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: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details: Please indicate who is responsible for monitoring this KPI: Hospital Manager/OPD Data Quality programme
12	KPI Reporting Frequency	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details:
13	KPI report period	<input checked="" type="checkbox"/> Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) <input type="checkbox"/> Monthly in arrears (June data reported in July) <input type="checkbox"/> Quarterly in arrears (quarter 1 data reported in quarter 2) <input type="checkbox"/> Rolling 12 months (previous 12 month period)
14	KPI Reporting Aggregation	<input checked="" type="checkbox"/> National <input checked="" type="checkbox"/> Regional <input type="checkbox"/> LHO Area <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> County <input type="checkbox"/> Institution <input checked="" type="checkbox"/> Other – give details: Age band and Speciality
15	KPI is reported in which reports ?	<input type="checkbox"/> Corporate Plan Report <input checked="" type="checkbox"/> Performance Report (NSP/CBP) <input checked="" type="checkbox"/> CompStat <input type="checkbox"/> Other – give details:
16	Web link to data	http://www.hse.ie/eng/services/Publications/corporate/Performance_Reports_Monthly.html
17	Additional Information	ICD code disaggregation will be considered in subsequent phases of Data Quality Programme
Contact details for Data		Mary O'Connell, AND, Outpatient Data Quality Pgm, Tel: 01 274 4271
National Lead and Directorate		Dr. Ciaran Browne, National Lead Acute Hospital Services, Tel: 635 2232 Simonetta Ryan, Principal Officer, Department of Health, Tel: 01 635 4301

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 of permanent kidney failure, 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 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). <input type="checkbox"/> Person Centred Care <input checked="" type="checkbox"/> Effective Care Safe Care <input type="checkbox"/> Better Health and Wellbeing <input checked="" type="checkbox"/> Use of Information Workforce <input type="checkbox"/> Use of Resources <input type="checkbox"/> Governance, Leadership and Management <input type="checkbox"/>
	KPI Target	Dialysis Modality: Haemodialysis Expected Activity 2013: 1669-1714
4	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	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Bi-annually <input checked="" type="checkbox"/> Annually <input type="checkbox"/> 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: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Bi-annually <input checked="" type="checkbox"/> Annually <input type="checkbox"/> Other – give details: Please indicate who is responsible for monitoring this KPI: Dr Liam Plant, NCD, NRO.
12	KPI Reporting Frequency	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Bi-annually <input checked="" type="checkbox"/> Annually <input type="checkbox"/> Other – give details:
13	KPI report period	<input type="checkbox"/> Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) <input type="checkbox"/> Monthly in arrears (June data reported in July) <input checked="" type="checkbox"/> Quarterly in arrears (quarter 1 data reported in quarter 2) <input type="checkbox"/> Rolling 12 months (previous 12 month period)
14	KPI Reporting Aggregation	<input checked="" type="checkbox"/> National <input checked="" type="checkbox"/> Regional <input checked="" type="checkbox"/> LHO Area <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> County <input type="checkbox"/> Institution <input type="checkbox"/> Other – give details:
15	KPI is reported in which reports ?	<input checked="" type="checkbox"/> Corporate Plan Report <input checked="" type="checkbox"/> Performance Report (NSP/CBP) <input type="checkbox"/> CompStat <input type="checkbox"/> 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 Clinical 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 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 <input type="checkbox"/> Effective Care Safe Care <input type="checkbox"/> Better Health and Wellbeing X Use of Information <input type="checkbox"/> Workforce <input type="checkbox"/> Use of Resources <input type="checkbox"/> Governance, Leadership and Management <input type="checkbox"/>
4	KPI Target	Dialysis Modality Home Therapies: Expected Activity 2013: 251-260
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 source is the twice-yearly ESKD patient Census from each of the Renal Units within the current Network of Units.
	Data Completeness	
	Data Quality Issues	
7	Data Collection Frequency	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Bi-annually <input checked="" type="checkbox"/> Annually <input type="checkbox"/> 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: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Bi-annually <input checked="" type="checkbox"/> Annually <input type="checkbox"/> Other – give details: Please indicate who is responsible for monitoring this KPI: __Dr Liam Plant
12	KPI Reporting Frequency	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Bi-annually <input checked="" type="checkbox"/> Annually <input type="checkbox"/> Other – give details:
13	KPI report period	<input type="checkbox"/> Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) <input type="checkbox"/> Monthly in arrears (June data reported in July) <input checked="" type="checkbox"/> Quarterly in arrears (quarter 1 data reported in quarter 2) <input type="checkbox"/> Rolling 12 months (previous 12 month period)
14	KPI Reporting Aggregation	<input checked="" type="checkbox"/> National <input checked="" type="checkbox"/> Regional <input checked="" type="checkbox"/> LHO Area <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> County <input type="checkbox"/> Institution <input type="checkbox"/> Other – give details:
15	KPI is reported in which reports ?	<input checked="" type="checkbox"/> Corporate Plan Report <input checked="" type="checkbox"/> Performance Report (NSP/CBP) <input type="checkbox"/> CompStat <input type="checkbox"/> 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 Clinical 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 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 / outdated 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). <input type="checkbox"/> Person Centred Care <input type="checkbox"/> Effective Care <input type="checkbox"/> Safe Care <input type="checkbox"/> Better Health and Wellbeing <input type="checkbox"/> Use of Information <input type="checkbox"/> Workforce <input type="checkbox"/> Use of Resources <input type="checkbox"/> Governance, Leadership and Management
4	KPI Target	NSP 2013 Target: 21,500
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	Each Hospital Laboratory
	Data Completeness	
	Data Quality Issues	
7	Data Collection Frequency	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> 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: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details: Please indicate who is responsible for monitoring this KPI: _____
12	KPI Reporting Frequency	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details:
13	KPI report period	<input type="checkbox"/> Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) <input type="checkbox"/> Monthly in arrears (June data reported in July) <input type="checkbox"/> Quarterly in arrears (quarter 1 data reported in quarter 2) <input type="checkbox"/> Rolling 12 months (previous 12 month period)
14	KPI Reporting Aggregation	<input checked="" type="checkbox"/> National <input type="checkbox"/> Regional <input type="checkbox"/> LHO Area <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> County <input type="checkbox"/> Institution <input type="checkbox"/> Other – give details:
15	KPI is reported in which reports ?	<input type="checkbox"/> Corporate Plan Report <input checked="" type="checkbox"/> Performance Report (NSP/CBP) <input type="checkbox"/> CompStat <input type="checkbox"/> 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		Tony Finch, Chief Scientific Officer, IBTS, Tel: 01 4322886
National Lead and Directorate		Dr. Philip Crowley, National Director Quality & Patient Safety Tel: 01 635 2038 Mary Jackson, Principal Officer, Department of Health, Tel: 01 635 4337

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 / outdated 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). <input type="checkbox"/> Person Centred Care <input type="checkbox"/> Effective Care <input type="checkbox"/> Safe Care <input type="checkbox"/> Better Health and Wellbeing <input type="checkbox"/> Use of Information <input type="checkbox"/> Workforce <input type="checkbox"/> Use of Resources <input type="checkbox"/> Governance, Leadership and Management
4	KPI Target	NSP 2013 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	Each Hospital Laboratory
	Data Completeness	
	Data Quality Issues	
7	Data Collection Frequency	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> 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 outdated 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 outdated figure.
10	International Comparison	Yes
11	KPI Monitoring	KPI will be monitored on a (please indicate below) basis: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details: Please indicate who is responsible for monitoring this KPI: _____
12	KPI Reporting Frequency	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details:
13	KPI report period	<input type="checkbox"/> Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) <input type="checkbox"/> Monthly in arrears (June data reported in July) <input type="checkbox"/> Quarterly in arrears (quarter 1 data reported in quarter 2) <input type="checkbox"/> Rolling 12 months (previous 12 month period)
14	KPI Reporting Aggregation	<input checked="" type="checkbox"/> National <input type="checkbox"/> Regional <input type="checkbox"/> LHO Area <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> County <input type="checkbox"/> Institution <input type="checkbox"/> Other – give details:
15	KPI is reported in which reports ?	<input type="checkbox"/> Corporate Plan Report <input checked="" type="checkbox"/> Performance Report (NSP/CBP) <input type="checkbox"/> CompStat <input type="checkbox"/> 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		Tony Finch, Chief Scientific Officer, IBTS, Tel: 01 4322886
National Lead and Directorate		Dr. Philip Crowley, National Director Quality & Patient Safety Tel: 01 635 2038 Mary Jackson, Principal Officer, Department of Health, Tel: 01 635 4337

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). <input type="checkbox"/> Person Centred Care <input type="checkbox"/> Effective Care <input type="checkbox"/> Safe Care <input type="checkbox"/> Better Health and Wellbeing <input type="checkbox"/> Use of Information <input type="checkbox"/> Workforce <input type="checkbox"/> Use of Resources <input type="checkbox"/> Governance, Leadership and Management
4	KPI Target	NSP 2013 Target: <11%
5	KPI Calculation	Total number of O Rhesus Negative units Total number of all red blood cells x 100 =
6	Data Source	Each Hospital Laboratory
	Data Completeness	
	Data Quality Issues	
7	Data Collection Frequency	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> 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 from each hospital and provides data for monitoring and trending use of O Rh Negative Red Cell units as a percentage of the total issue of all Red Cell units to each hospital.
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: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details: Please indicate who is responsible for monitoring this KPI: _____
12	KPI Reporting Frequency	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details:
13	KPI report period	<input type="checkbox"/> Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) <input type="checkbox"/> Monthly in arrears (June data reported in July) <input type="checkbox"/> Quarterly in arrears (quarter 1 data reported in quarter 2) <input type="checkbox"/> Rolling 12 months (previous 12 month period)
14	KPI Reporting Aggregation	<input checked="" type="checkbox"/> National <input type="checkbox"/> Regional <input type="checkbox"/> LHO Area <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> County <input type="checkbox"/> Institution <input type="checkbox"/> Other – give details:
15	KPI is reported in which reports ?	<input type="checkbox"/> Corporate Plan Report <input checked="" type="checkbox"/> Performance Report (NSP/CBP) <input type="checkbox"/> CompStat <input type="checkbox"/> 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		Tony Finch, Chief Scientific Officer, IBTS, Tel: 01 4322886
National Lead and Directorate		Dr. Philip Crowley, National Director Quality & Patient Safety Tel: 01 635 2038 Mary Jackson, Principal Officer, Department of Health, Tel: 01 635 4337

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). <input type="checkbox"/> Person Centred Care <input type="checkbox"/> Effective Care <input type="checkbox"/> Safe Care <input type="checkbox"/> Better Health and Wellbeing <input type="checkbox"/> Use of Information <input type="checkbox"/> Workforce <input type="checkbox"/> Use of Resources <input type="checkbox"/> Governance, Leadership and Management
4	KPI Target	NSP 2013 Target: <5%
5	KPI Calculation	Utilising data from IBTS and monthly retrieval of data from each hospital Number of red blood cell units rerouted $\frac{\text{Total red cell units rerouted}}{\text{Total red cell units}} \times 100 = \%$
6	Data Source	Each Hospital Laboratory
	Data Completeness	
	Data Quality Issues	
7	Data Collection Frequency	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> 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 thereby minimising the outdating of these Red Cell units.
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: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details: Please indicate who is responsible for monitoring this KPI: _____
12	KPI Reporting Frequency	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details:
13	KPI report period	<input type="checkbox"/> Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) <input type="checkbox"/> Monthly in arrears (June data reported in July) <input type="checkbox"/> Quarterly in arrears (quarter 1 data reported in quarter 2) <input type="checkbox"/> Rolling 12 months (previous 12 month period)
14	KPI Reporting Aggregation	<input checked="" type="checkbox"/> National <input type="checkbox"/> Regional <input type="checkbox"/> LHO Area <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> County <input type="checkbox"/> Institution <input type="checkbox"/> Other – give details:
15	KPI is reported in which reports ?	<input type="checkbox"/> Corporate Plan Report <input checked="" type="checkbox"/> Performance Report (NSP/CBP) <input type="checkbox"/> CompStat <input type="checkbox"/> 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		Tony Finch, Chief Scientific Officer, IBTS, Tel: 01 4322886
National Lead and Directorate		Dr. Philip Crowley, National Director Quality & Patient Safety Tel: 01 635 2038 Mary Jackson, Principal Officer, Department of Health, Tel: 01 635 4337

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 outdated monthly.
3	KPI Rationale	To review outdated 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). <input type="checkbox"/> Person Centred Care <input type="checkbox"/> Effective Care <input type="checkbox"/> Safe Care <input type="checkbox"/> Better Health and Wellbeing <input type="checkbox"/> Use of Information <input type="checkbox"/> Workforce <input type="checkbox"/> Use of Resources <input type="checkbox"/> Governance, Leadership and Management
4	KPI Target	NSP 2013 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	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> 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 units issued to each hospital.
9	Minimum Data Set	• Core data required from each hospital is the total issue of all Red Cell units and the associated outdated figures
10	International Comparison	No
11	KPI Monitoring	KPI will be monitored on a (please indicate below) basis: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details: Please indicate who is responsible for monitoring this KPI: _____
12	KPI Reporting Frequency	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details:
13	KPI report period	<input type="checkbox"/> Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) <input type="checkbox"/> Monthly in arrears (June data reported in July) <input type="checkbox"/> Quarterly in arrears (quarter 1 data reported in quarter 2) <input type="checkbox"/> Rolling 12 months (previous 12 month period)
14	KPI Reporting Aggregation	<input checked="" type="checkbox"/> National <input type="checkbox"/> Regional <input type="checkbox"/> LHO Area <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> County <input type="checkbox"/> Institution <input type="checkbox"/> Other – give details:
15	KPI is reported in which reports ?	<input type="checkbox"/> Corporate Plan Report <input checked="" type="checkbox"/> Performance Report (NSP/CBP) <input type="checkbox"/> CompStat <input type="checkbox"/> 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		Tony Finch, Chief Scientific Officer, IBTS, Tel: 01 4322886
National Lead and Directorate		Dr. Philip Crowley, National Director Quality & Patient Safety Tel: 01 635 2038 Mary Jackson, Principal Officer, Department of Health, Tel: 01 635 4337

Acute Hospitals including Clinical Programmes: Acute Medicine

1	KPI Title	Percentage of all new medical patients attending the acute medical assessment unit (AMAU) who spend less than 6 hours from first registration to AMAU departure
2	KPI Description	Total medical assessment time (TMAT) is measured from the time of first registration of a medical patient in the ED (or AMAU if patients go directly to AMAU) to the time of medical assessment unit departure time. The measures are the percentage of all new medical patients attending the AMAU * with who are ad
3	KPI Rationale	a) A 6 hour target for patients to be assessed in AMAU* 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.
	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two). <input type="checkbox"/> Person Centred Care <input checked="" type="checkbox"/> Effective Care Safe Care <input type="checkbox"/> Better Health and Wellbeing <input type="checkbox"/> Use of Information <input type="checkbox"/> Workforce <input type="checkbox"/> Use of Resources <input type="checkbox"/> Governance, Leadership and Management <input type="checkbox"/>
	KPI Target	NSP 2013 target: 95%
	KPI Calculation	Numerator – All new patients attending an AMAU* who are admitted to a ward or discharged from the AMAU in less than 6 hours from their registration time in ED (or registration in AMAU if they are directly referred to AMAU and do not go via ED) Denominator – All new
6	Data Source	ED/AMU system
	Data Completeness	
	Data Quality Issues	
7	Data Collection Frequency	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details:
8	Tracer Conditions	All patients referred to an AMU*.
9	Minimum Data Set	Acute 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 registered in AMAU if patient presents directly to AMAU. Date and Time patient discharged
10	International Comparison	
11	KPI Monitoring	KPI will be monitored on a (please indicate below) basis: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details: Please indicate who is responsible for monitoring this KPI: _____
12	KPI Reporting Frequency	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details:
13	KPI report period	<input checked="" type="checkbox"/> Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) <input type="checkbox"/> Monthly in arrears (June data reported in July) <input type="checkbox"/> Quarterly in arrears (quarter 1 data reported in quarter 2) <input type="checkbox"/> Rolling 12 months (pr
14	KPI Reporting Aggregation	<input checked="" type="checkbox"/> National <input checked="" type="checkbox"/> Regional <input checked="" type="checkbox"/> LHO Area <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> County <input type="checkbox"/> Institution <input type="checkbox"/> Other – give details: PCT
15	KPI is reported in which reports ?	<input type="checkbox"/> Corporate Plan Report <input checked="" type="checkbox"/> Performance Report (NSP/CBP) <input checked="" type="checkbox"/> CompStat <input type="checkbox"/> 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		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 Medicine		
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 Gastrol 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 specialty
	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two). <input type="checkbox"/> Person Centred Care <input type="checkbox"/> Effective Care <input type="checkbox"/> Safe Care <input type="checkbox"/> Better Health and Wellbeing <input type="checkbox"/> Use of Information <input type="checkbox"/> Workforce <input type="checkbox"/> Use of Resources <input type="checkbox"/> Governance, Leadership and Management
4	KPI Target	NSP 2013 Target: - 5.8 days
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	HIPE
	Data Completeness	
	Data Quality Issues	
7	Data Collection Frequency	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details:
8	Tracer Conditions	Discharges from medical specialties * 0100 cardiology, 0300 Dermatology, 0400 Endocrinology, 0402 Diabetes Melitus 0700 Gastrol 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.
9	Minimum Data Set	Total number of medical* discharges, these include AMAU same day discharges which are given an LOS= 0.
		Total number of bed days used for medical in patient discharges
10	International Comparison	
11	KPI Monitoring	KPI will be monitored on a (please indicate below) basis: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details: Please indicate who is responsible for monitoring this KPI: _____
12	KPI Reporting Frequency	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details:
13	KPI report period	<input checked="" type="checkbox"/> Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) <input type="checkbox"/> Monthly in arrears (June data reported in July) <input type="checkbox"/> Quarterly in arrears (quarter 1 data reported in quarter 2) <input type="checkbox"/> Rolling 12 months (pr
14	KPI Reporting Aggregation	<input checked="" type="checkbox"/> National <input type="checkbox"/> Regional <input type="checkbox"/> LHO Area <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> County <input type="checkbox"/> Institution <input type="checkbox"/> Other – give details: PCT
15	KPI is reported in which reports ?	<input type="checkbox"/> Corporate Plan Report <input checked="" type="checkbox"/> Performance Report (NSP/CBP) <input checked="" type="checkbox"/> CompStat <input type="checkbox"/> Other – give details:
16	Web link to data	http://www.hse.ie/eng/services/Publications/corporate/Performance_Reports_Monthly.html
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 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		
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 PLUS 15% within hospitals from end 2011 baseline (towards a maximum of 85%) e.g.if baseline 40% target would be 55%, baseline 82% target 85%, baseline 87% target 87%.See attached for further definitions.
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). <input checked="" type="checkbox"/> Person Centred Care <input type="checkbox"/> Effective Care <input type="checkbox"/> Safe Care <input checked="" type="checkbox"/> Better Health and Wellbeing <input type="checkbox"/> Use of Information <input type="checkbox"/> Workforce Use of Resources <input checked="" type="checkbox"/> Governance Leadership and Management <input type="checkbox"/>
4	KPI Target	NSP 2013 Target: plus 15% improvement on 2011 baseline towards maximum of 85% CompStat - Individual hospital targets have been set based on 2011 % DOSA Baseline
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	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> 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: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly Quarterly <input type="checkbox"/> Bi-annually Annually <input type="checkbox"/> Other – give details: Please indicate who is responsible for monitoring this KPI: RDOs, Hospitals, Surgery and Anaesthesia Programmes, ISD
12	KPI Reporting Frequency	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly Quarterly <input type="checkbox"/> Bi-annually Annually <input type="checkbox"/> 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) <input checked="" type="checkbox"/> Monthly in arrears (June data reported in July) <input type="checkbox"/> Quarterly in arrears (quarter 1 data reported in quarter 2) <input type="checkbox"/> Rolling 12 months (pr
14	KPI Reporting Aggregation	<input checked="" type="checkbox"/> National <input checked="" type="checkbox"/> Regional <input type="checkbox"/> LHO Area <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> County <input type="checkbox"/> Institution <input checked="" type="checkbox"/> Other – give details: Hospital group as appropriate in 2013
15	KPI is reported in which reports ?	<input checked="" type="checkbox"/> Corporate Plan Report Performance Report (NSP/CBP) <input checked="" type="checkbox"/> CompStat <input checked="" type="checkbox"/> Other – give details: SDU/ Surgery Programme/ Anaesthesia Programme reports.
16	Web link to data	N/A
17	Additional Information	
Contact details for Data		Therese Dalchan, therese.dalchan1@hse.ie tel 087-8041786
National Lead and Directorate		Prof. Frank Keane, Ken Mealy :fkeane@rcsi.ie & kmealy@rcsi.ie - Dr. Ciaran Browne, NationalLead for Acute and Palliative Care, ISD, HSE, Room 107, Dr Steevens Hospital tel 01-6201667

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 rates re monitored to ensure that there is not an associated inappropriate increase in vigilant HIPE coding of readmissions to surgical services 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). <input checked="" type="checkbox"/> Person Centred Care <input type="checkbox"/> Effective Care <input type="checkbox"/> Safe Care <input checked="" type="checkbox"/> Better Health and Wellbeing <input type="checkbox"/> Use of Information <input type="checkbox"/> Workforce <input type="checkbox"/> Use of Resources <input type="checkbox"/> Governance, Leadership and Management <input checked="" type="checkbox"/>
4	KPI Target	NSP 2013 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 hospitals. Surgery Programme mapping tables for surgical procedures and surgical specialities.
	Data Completeness	
	Data Quality Issues	
7	Data Collection Frequency	Daily Weekly <input checked="" type="checkbox"/> Monthly Quarterly <input type="checkbox"/> Bi-annually Annually <input type="checkbox"/> 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: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details: Please indicate who is responsible for monitoring this KPI: RDOs, Hospitals, Surgery Anaesthesia Programme, ISD
12	KPI Reporting Frequency	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details:
13	KPI report period	<input type="checkbox"/> Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity)
		<input checked="" type="checkbox"/> Monthly in arrears (May admissions who readmit are reported in August)
		<input type="checkbox"/> Quarterly in arrears (quarter 1 data reported in quarter 2)
		<input type="checkbox"/> Rolling 12 months (previous 12 month period)
14	KPI Reporting Aggregation	<input checked="" type="checkbox"/> National <input checked="" type="checkbox"/> Regional <input type="checkbox"/> LHO Area <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> County <input type="checkbox"/> Institution yes Other – give details: hospital groups as appropriate
15	KPI is reported in which reports ?	<input type="checkbox"/> Corporate Plan Report <input checked="" type="checkbox"/> Performance Report (NSP/CBP) <input type="checkbox"/> CompStat <input type="checkbox"/> Other – give details:
16	Web link to data	N/A
17	Additional Information	
Contact details for Data		Therese Dalchan, therese.dalchan1@hse.ie tel 087-8041786
National Lead and Directorate		Prof. Frank Keane, Ken Mealy :fkeane@rcsi.ie & kmealy@rcsi.ie - Dr. Ciaran Browne, NationalLead for Acute and Palliative Care, ISD, HSE, Room 107, Dr Steevens Hospital tel 01-6201667

Acute Hospitals including Clinical Programmes: Surgery

1	KPI Title	Surgical patient (corrected) average length of stay Note corrected refers to the Avlos figure being adjusted for increases in Daycase rates.
2	KPI Description	4.5% reduction on Dec 2012 figure 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 some cases you may need to choose two). <input checked="" type="checkbox"/> Person Centred Care <input type="checkbox"/> Effective Care <input type="checkbox"/> Safe Care <input checked="" type="checkbox"/> Better Health and Wellbeing <input type="checkbox"/> Use of Information <input checked="" type="checkbox"/> Workforce Use of Resources <input type="checkbox"/> Governance, Leadership and Management
4	KPI Target	NSP 2013 Target: for Dec 12 to Dec 13 is reduction of 4.5% on 2011 baseline CompStat - Individual hospital targets have been set based on 2012 Adjusted AvLOS
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	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly Quarterly <input type="checkbox"/> Bi-annually <input checked="" type="checkbox"/> Annually <input type="checkbox"/> 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: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly Quarterly <input type="checkbox"/> Bi-annually Annually <input type="checkbox"/> Other – give details: Please indicate who is responsible for monitoring this KPI: RDOs, Hospitals, Surgery Anaesthesia Programme, ISD
12	KPI Reporting Frequency	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly Quarterly <input type="checkbox"/> Bi-annually Annually <input type="checkbox"/> 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) <input checked="" type="checkbox"/> Monthly in arrears (June data reported in July) <input type="checkbox"/> Quarterly in arrears (quarter 1 data reported in quarter 2) <input type="checkbox"/> Rolling 12 months (previous 12 month period)
14	KPI Reporting Aggregation	<input checked="" type="checkbox"/> National <input checked="" type="checkbox"/> Regional <input type="checkbox"/> LHO Area <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> County <input type="checkbox"/> Institution <input checked="" type="checkbox"/> Other – give details: Hospital group as appropriate in 2013
15	KPI is reported in which reports ?	<input type="checkbox"/> Corporate Plan Report <input checked="" type="checkbox"/> Performance Report (NSP/CBP) <input checked="" type="checkbox"/> CompStat <input type="checkbox"/> Other – give details: Surgery or Anaesthesia Programmes or SDU reports
16	Web link to data	N/A

17	Additional Information	<p>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 usage from the total for</p>
Contact details for Data		Therese Dalchan, therese.dalchan1@hse.ie tel 087-8041786
National Lead and Directorate		Prof. Frank Keane, Ken Mealy :fkeane@rcsi.ie & kmealy@rcsi.ie - Dr. Ciaran Browne, NationalLead for Acute and Palliative Care, ISD, HSE, Room 107, Dr Steevens Hospital tel 01-6201667

12	KPI Reporting Frequency	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details: For 28 day periods commencing from national implementation date
13	KPI report period	<input checked="" type="checkbox"/> Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) <input type="checkbox"/> Monthly in arrears (June data reported in July) <input type="checkbox"/> Quarterly in arrears (quarter 1 data reported in quarter 2) <input type="checkbox"/> Rolling 12 months (previous 12 month period)
14	KPI Reporting Aggregation	<input checked="" type="checkbox"/> National <input checked="" type="checkbox"/> Regional <input type="checkbox"/> LHO Area <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> County <input type="checkbox"/> Institution <input type="checkbox"/> Other – give details: Emergency Care Network Governance Meeting
15	KPI is reported in which reports ?	<input type="checkbox"/> Corporate Plan Report <input checked="" type="checkbox"/> Performance Report (NSP/CBP) <input type="checkbox"/> CompStat <input type="checkbox"/> Other – give details:
16	Web link to data	http://www.hse.ie/eng/services/Publications/corporate/Performance_Reports_Monthly.html
17	Additional Information	EDIS and implementation of ambulance patient handover standard operating procedure will increase the quality and amount of data available.
Contact details for Data Manager / Specialist Lead		Derek McCormack, BIU Acute, Tel: 01 620 1690 Email:Derek.mccormack@hse.ie
National Lead and Directorate		Dr. Ciaran Browne, National Lead Acute Hospital Services, Dr. Steevens Tel: 01 635 2232

Acute Hospitals including Clinical Programmes: ED		
1	KPI Title	Percentage of new ED patients who leave before completion of treatment
2	KPI Description	Patients who register but leave an ED or other emergency care unit before discharge by a clinician. This includes patients who leave against medical advice and those who leave after registration or triage but before they have been seen by a clinician.
3	KPI Rationale	<p>a. Patients who leave the ED before being fully assessed, treated and formally discharged by a clinician may experience adverse clinical outcomes.</p> <p>b. More patients are likely to leave without assessment if there are prolonged ED waiting times. This is therefore a measure of patient access to care and a quality of care indicator.</p> <p>c. There is evidence to indicate that patient factors and hospital characteristics influence LBCT rates and that a proportion of these patients need subsequent urgent treatment (1).</p> <p>d. This measure includes patients who leave against medical advice, between registration and triage or after triage but before a clinician has completed their treatment.</p> <p>e. The right of a competent patient to leave against medical advice (AMA) is recognised, but this patient cohort is included in the measure as high rates of patients leaving against medical advice may point to poor “customer service” in the ED or other community factors requiring health service intervention. Patient compliance with treatment is a factor in this measure.</p> <p>f. Review of data at departmental level may point to individual patients who habitually attend but do not wait. These patients may need additional health or social care support and all EDs should have processes in place to identify such patients and organise appropriate care for them.</p>
	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two). <input type="checkbox"/> Person Centred Care <input type="checkbox"/> Effective Care <input type="checkbox"/> Safe Care <input type="checkbox"/> Better Health and Wellbeing <input type="checkbox"/> Use of Information <input type="checkbox"/> Workforce <input type="checkbox"/> Use of Resources <input type="checkbox"/> Governance, Leadership and Management
4	KPI Target	NSP 2013 Target: <5% of new patient attendances
5	KPI Calculation	Numerator: The number of patients who have left an emergency care unit before formal discharge by a clinician. Denominator: All new ED patients and unscheduled return patients. Inclusion criteria: All new ED patients and unscheduled return patients Exclusion criteria: Scheduled return patients
6	Data Source	Administrative data PAS for unit (some EDs do not currently have PAS systems which record this data – for further work)
	Data Completeness	
	Data Quality Issues	
7	Data Collection Frequency	<input checked="" type="checkbox"/> Daily <input checked="" type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details: Daily for 24 hours from midnight
8	Tracer Conditions	A patient who registers but leaves the ED before discharge by a clinician. It includes patients who leave against medical advice or before being seen by a treating clinician (e.g. doctor or advanced nurse practitioner).
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) New patient attendance: Data set identifier Unscheduled patient attendance Date patient presents Time patient presents: Arrival Time Discharge disposition: Confirm in data set – AMA, LBCT ID of EM clinician who discharged patient : Code for LBCT

10	International Comparison	National rates in the US are quoted as 1.7 per 100 visits each year but with marked inter-site variation (0.84% to 15%).(1) A rate of 3.6% is reported for the UK, with a range of 0-22% between EDs. A rate of 5% has been recommended in the UK but this excludes patients who have been seen by a decision maker and leave afterwards.(2) The current UK target that is comparable to Total ED Time is for 95% compliance at 4 hours. The LBCT KPI for Ireland includes patients who leave after being seen by a clinician and a longer TEDT; a target of 5% will be more difficult to achieve. 1. Acad Em Med 2009;16:949-955; Acad Em Med 2006;13:1074-1080. A&E Clinical Quality Indicators. Department of Health 17th December 2010. Available at http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_122868 . Accessed 13th January 2011.
11	KPI Monitoring	KPI will be monitored on a (please indicate below) basis: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details: Please indicate who is responsible for monitoring this KPI: _____
12	KPI Reporting Frequency	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details: For 28 day periods commencing on national implementation start date
13	KPI report period	<input checked="" type="checkbox"/> Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) <input type="checkbox"/> Monthly in arrears (June data reported in July) <input type="checkbox"/> Quarterly in arrears (quarter 1 data reported in quarter 2) <input type="checkbox"/> Rolling 12 months (previous 12 month period)
14	KPI Reporting Aggregation	<input checked="" type="checkbox"/> National <input checked="" type="checkbox"/> Regional <input type="checkbox"/> LHO Area <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> County <input type="checkbox"/> Institution <input type="checkbox"/> Other – give details: Emergency Care Network Governance Meeting
15	KPI is reported in which reports ?	<input type="checkbox"/> Corporate Plan Report <input checked="" type="checkbox"/> Performance Report (NSP/CBP) <input type="checkbox"/> CompStat <input type="checkbox"/> Other – give details:
16	Web link to data	http://www.hse.ie/eng/services/Publications/corporate/Performance_Reports_Monthly.html
17	Additional Information	EDIS implementation will increase the quality and amount of data available.
Contact details for Data		Derek McCormack, BIU Acute, Tel: 01 620 1690 Email:Derek.mccormack@hse.ie
Manager / Specialist Lead		
National Lead and Directorate		Dr. Ciaran Browne, National Lead Acute Hospital Services, Dr. Steevens Tel: 01 635 2232

Acute Hospitals including Clinical Programmes: ED		
1	KPI Title	Percentage of patients spending less than 24 hours in Clinical Decision Unit
2	KPI Description	The Clinical Decision Unit (CDU) length of stay is measured from the time of CDU Admission to the time of CDU departure.
3	KPI Rationale	CDU care is based on focussed, evidence based patient assessment, delivered within a limited time-frame by Consultants in EM. It requires timely access to CDU beds for patients requiring this service. The CDU length of stay target aims to protect access to CDU beds by monitoring patient length of stay and identifying patients who experience prolonged duration of CDU admission. Prolonged CDU admission may be indicative of inappropriate CDU referral or poor access to other services including in-patient admission under the care of other specialist teams or transfer to another hospital 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). <input type="checkbox"/> Person Centred Care <input type="checkbox"/> Effective Care Safe Care <input type="checkbox"/> Better Health and Wellbeing <input type="checkbox"/> Use of Information <input type="checkbox"/> Workforce <input type="checkbox"/> Use of Resources <input type="checkbox"/> Governance, Leadership and Management <input type="checkbox"/>
	KPI Target	NSP 2013 Target: 95%
	KPI Calculation	Number of patients admitted from ED or discharged from ED within 6 hours of registration *100/Total number of patients in ED
6	Data Source	
	Data Completeness	
	Data Quality Issues	
7	Data Collection Frequency	<input checked="" type="checkbox"/> Daily <input checked="" type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details:
8	Tracer Conditions	
9	Minimum Data Set	
10	International Comparison	
11	KPI Monitoring	KPI will be monitored on a (please indicate below) basis: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details: Please indicate who is responsible for monitoring this KPI: _____
12	KPI Reporting Frequency	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details:
13	KPI report period	<input checked="" type="checkbox"/> Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) <input type="checkbox"/> Monthly in arrears (June data reported in July) <input type="checkbox"/> Quarterly in arrears (quarter 1 data reported in quarter 2) <input type="checkbox"/> Rolling 12 months (previous 12 month period)
14	KPI Reporting Aggregation	<input checked="" type="checkbox"/> National <input checked="" type="checkbox"/> Regional <input type="checkbox"/> LHO Area <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> County <input type="checkbox"/> Institution <input type="checkbox"/> Other – give details: Emergency Care Network Governance Meeting
15	KPI is reported in which reports ?	<input type="checkbox"/> Corporate Plan Report <input checked="" type="checkbox"/> Performance Report (NSP/CBP) <input type="checkbox"/> CompStat <input type="checkbox"/> 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		Derek McCormack, BIU Acute, Tel: 01 620 1690 Email:Derek.mccormack@hse.ie
National Lead and Directorate		Dr. Ciaran Browne, National Lead Acute Hospital Services, Dr. Steevens Tel: 01 635 2232

15	KPI is reported in which reports ?	<input type="checkbox"/> Corporate Plan Report <input checked="" type="checkbox"/> Performance Report (NSP/CBP) <input type="checkbox"/> CompStat <input type="checkbox"/> 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
	Contact details for Data	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
	Manager / Specialist Lead	
	National Lead and Directorate	Dr. Aine Carroll, National Director, Clinical Strategy and Programmes Directorate, Tel 01 6352322

11	KPI Monitoring	KPI will be monitored on a (please indicate below) basis: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other Please indicate who is responsible for monitoring this KPI: Senior Hospital Management (hospital manager/CEO and Clinical Director)
12	KPI Reporting Frequency	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details:
13	KPI report period	<input type="checkbox"/> Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) <input type="checkbox"/> Monthly in arrears (June data reported in July) <input type="checkbox"/> Rolling 12 months (previous 12 month period) <input checked="" type="checkbox"/> 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	<input type="checkbox"/> National <input type="checkbox"/> Regional <input type="checkbox"/> LHO Area <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> County <input type="checkbox"/> Institution <input type="checkbox"/> Other – give details:
15	KPI is reported in which reports ?	<input type="checkbox"/> Corporate Plan Report <input checked="" type="checkbox"/> Performance Report (NSP/CBP) <input type="checkbox"/> CompStat <input type="checkbox"/> 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
Contact details for Data		Derek McCormack, BIU Acute, Tel: 01 620 1690 Email: Derek.mccormack@hse.ie Fiachra Bane, HIPE, Tel: 045 988330 Email: fiachra.bane@hse.ie
Manager / Specialist Lead		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
National Lead and Directorate		Dr. Ciaran Browne, National Lead Acute Hospital Services, Dr. Steevens Tel: 01 635 2232

Acute Hospitals including Clinical Programmes: 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). <input checked="" type="checkbox"/> Person Centred Care <input checked="" type="checkbox"/> Effective Care <input type="checkbox"/> Safe Care <input checked="" type="checkbox"/> Better Health and Wellbeing <input type="checkbox"/> Use of Information <input type="checkbox"/> Workforce <input type="checkbox"/> Use of Resources <input type="checkbox"/> Governance, Leadership and Management
	KPI Target	NSP 2013 Target: 50%
	KPI Calculation	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 and for whom the admission and discharge dates to stroke unit is known. Denominator = Total number of hospital bed days of patients with principal diagnosis of Intracerebral Haemorrhage (
6	Data Source	Data for numerator will be collected through the HIPE Portal/Stroke Register. 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.
	Data Quality Issues	This dependent on the patient data being entered 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	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input checked="" type="checkbox"/> 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 a YES response was made to Admitted to Stroke Unit on HIPE Portal Dataset and for whom the admission and discharge dates to stroke unit is known. Total number of hospital 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 a YES response was made to Admitted to stroke unit on HIPE Portal Dataset.
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: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details:
12	KPI Reporting Frequency	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details:
13	KPI report period	<input type="checkbox"/> Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) <input type="checkbox"/> Monthly in arrears (June data reported in July) <input type="checkbox"/> Quarterly in arrears (quarter 1 data reported in quarter 2) <input type="checkbox"/> Rolling 12 months (previous 12 month period) <input checked="" type="checkbox"/> 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	<input type="checkbox"/> National <input type="checkbox"/> Regional <input type="checkbox"/> LHO Area <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> County <input type="checkbox"/> Institution <input type="checkbox"/> Other – give details:
15	KPI is reported in which reports ?	<input type="checkbox"/> Corporate Plan Report <input checked="" type="checkbox"/> Performance Report (NSP/CBP) <input type="checkbox"/> CompStat <input type="checkbox"/> 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
Contact details for Data		Derek McCormack, BIU Acute, Tel: 01 620 1690 Email:Derek.mccormack@hse.ie Fiachra Bane, HIPE, Tel: 045 988330 Email: fiachra.bane@hse.ie
Manager / Specialist Lead		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
National Lead and Directorate		Dr. Ciaran Browne, National Lead Acute Hospital Services, Dr. Steevens Tel: 01 635 2232

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 of hospital care for heart failure.
	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two). <input type="checkbox"/> Person Centred Care <input type="checkbox"/> Effective Care <input type="checkbox"/> Safe Care <input type="checkbox"/> Better Health and Wellbeing <input type="checkbox"/> Use of Information <input type="checkbox"/> Workforce <input type="checkbox"/> Use of Resources <input type="checkbox"/> Governance, Leadership and Management
4	KPI Target	NSP 2013 Target 25%
5	KPI Calculation	% of patients admitted with heart failure who are readmitted as emergency admission with heart failure within 90 days of discharge. Denominator: all patients admitted with principal diagnosis of acute decompensated heart failure (ICD 10 AM codes will be used – I50, I420, I426, I427, I429, I110)
6	Data Source	HIPE Portal
	Data Completeness	
	Data Quality Issues	
7	Data Collection Frequency	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details:
8	Tracer Conditions	
9	Minimum Data Set	Minimum dataset collected via HIPE Portal on all patients admitted with acute decompensated heart failure. 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: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details: Please indicate who is responsible for monitoring this KPI: _____
12	KPI Reporting Frequency	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details:
13	KPI report period	<input checked="" type="checkbox"/> Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) <input type="checkbox"/> Monthly in arrears (June data reported in July) <input type="checkbox"/> Quarterly in arrears (quarter 1 data reported in quarter 2) <input type="checkbox"/> Rolling 12 months (previous 12 month period)
14	KPI Reporting Aggregation	<input checked="" type="checkbox"/> National <input checked="" type="checkbox"/> Regional <input type="checkbox"/> LHO Area <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> County <input type="checkbox"/> Institution <input type="checkbox"/> Other – give details:
15	KPI is reported in which reports ?	<input type="checkbox"/> Corporate Plan Report <input checked="" type="checkbox"/> Performance Report (NSP/CBP) <input type="checkbox"/> CompStat <input type="checkbox"/> 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		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. Ciaran Browne, National Lead Acute Hospital Services, Dr. Steevens Tel: 01 635 2232

Acute Hospitals including Clinical Programmes: Heart Failure		
1	KPI Title	Median (LOS) and bed days for patients admitted with principal diagnosis of acute decompensated heart failure
2	KPI Description	Median length of stay and bed days for patients admitted to hospital with principal diagnosis of acute decompensated heart failure
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 discharges for non-medical reasons.
	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two). <input type="checkbox"/> Person Centred Care <input type="checkbox"/> Effective Care
		Safe Care <input type="checkbox"/> Better Health and Wellbeing <input type="checkbox"/> Use of Information <input type="checkbox"/> Workforce <input type="checkbox"/> Use of Resources <input type="checkbox"/> Governance, Leadership and Management <input type="checkbox"/>
4	KPI Target	NSP 2013 Target: 7 days
5	KPI Calculation	Median length of stay for all patients discharged with principal diagnosis of heart failure (ICD 10 AM codes will be used – I50, I420, I426, I427, I429, I110)
6	Data Source	HIPE
	Data Completeness	
	Data Quality Issues	
7	Data Collection Frequency	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details:
8	Tracer Conditions	
9	Minimum Data Set	
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: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details: Please indicate who is responsible for monitoring this KPI: _____
12	KPI Reporting Frequency	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input checked="" type="checkbox"/> Annually <input type="checkbox"/> Other – give details:
13	KPI report period	<input checked="" type="checkbox"/> Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) <input type="checkbox"/> Monthly in arrears (June data reported in July) <input type="checkbox"/> Quarterly in arrears (quarter 1 data reported in quarter 2) <input type="checkbox"/> Rolling 12 months (previous 12 month period)
14	KPI Reporting Aggregation	<input checked="" type="checkbox"/> National <input checked="" type="checkbox"/> Regional <input type="checkbox"/> LHO Area <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> County <input type="checkbox"/> Institution <input type="checkbox"/> Other – give details:
15	KPI is reported in which reports ?	<input type="checkbox"/> Corporate Plan Report <input checked="" type="checkbox"/> Performance Report (NSP/CBP) <input type="checkbox"/> CompStat <input type="checkbox"/> 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		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. Ciaran Browne, National Lead Acute Hospital Services, Dr. Steevens Tel: 01 635 2232

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). <input type="checkbox"/> Person Centred Care <input type="checkbox"/> Effective Care <input type="checkbox"/> Safe Care <input type="checkbox"/> Better Health and Wellbeing <input type="checkbox"/> Use of Information <input type="checkbox"/> Workforce <input type="checkbox"/> Use of Resources <input type="checkbox"/> Governance, Leadership and Management
4	KPI Target	NSP 2013 Target: 70%
5	KPI Calculation	% of patients admitted with heart failure who are seen by the heart failure lead consultant or designated physician. Denominator: all patients admitted with principal diagnosis of acute decompensated heart failure as recorded by HIPE (ICD 10 AM codes will be used – I50, I420, I426, I427, I429, I110) Numerator: number of patients seen by HF lead consultant or designate as reported through heart failure data set
6	Data Source	
	Data Completeness	HIPE and HIPE Portal
	Data Quality Issues	
7	Data Collection Frequency	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details:
8	Tracer Conditions	
9	Minimum Data Set	Minimum dataset collected via HIPE Portal on all patients admitted with acute decompensated heart failure. 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: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details: Please indicate who is responsible for monitoring this KPI: _____
12	KPI Reporting Frequency	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input checked="" type="checkbox"/> Annually <input type="checkbox"/> Other – give details:
13	KPI report period	<input checked="" type="checkbox"/> Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) <input type="checkbox"/> Monthly in arrears (June data reported in July) <input type="checkbox"/> Quarterly in arrears (quarter 1 data reported in quarter 2) <input type="checkbox"/> Rolling 12 months (previous 12 month period)
14	KPI Reporting Aggregation	<input checked="" type="checkbox"/> National <input checked="" type="checkbox"/> Regional <input type="checkbox"/> LHO Area <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> County <input type="checkbox"/> Institution <input type="checkbox"/> Other – give details:
15	KPI is reported in which reports ?	<input type="checkbox"/> Corporate Plan Report <input checked="" type="checkbox"/> Performance Report (NSP/CBP) <input type="checkbox"/> CompStat <input type="checkbox"/> 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		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. Ciaran Browne, National Lead Acute Hospital Services, Dr. Steevens Tel: 01 635 2232

Acute Hospitals including Clinical Programmes: Acute Coronary Syndrome		
1	KPI Title	Percentage of STEMI 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 suddenly becomes at least partially blocked by a blood clot, causing at least some of the heart muscle being supplied by that artery to become infarcted (that is, to die). Heart attacks are divided into two types, according to their severity. A STEMI is the more severe type. PPCI: Primary percutaneous coronary intervention is an interventional procedure to open the coronary artery to unblock it and allow flow of blood to the heart muscle. Information is reported on for patients who present both Out of Hours and In hours (9-5 Mon to Fri).
3	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 small % of patients will be unable to get to a PPCI centre and so will receive the treatment of thrombolysis (TL).
	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two). <input type="checkbox"/> Person Centred Care <input checked="" type="checkbox"/> Effective Care Safe Care <input type="checkbox"/> Better Health and Wellbeing <input checked="" type="checkbox"/> Use of Information <input type="checkbox"/> Workforce <input type="checkbox"/> Use of Resources <input type="checkbox"/> Governance, Leadership and Management <input type="checkbox"/>
	KPI Target	NSP 2013 Target: 70%
4	KPI Target	NSP 2013 Target: 70%
5	KPI Calculation	Numerator: No of STEMI patients who got PPCI. Denominator: Total no of STEMI 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 available for 4 out of a possible 9 hospitals.
	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	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually Other
8	Tracer Conditions	STEMI = ICD 10 I21.0 – I21.3
9	Minimum Data Set	As set out in e-Heartbeat Basic demographic information, patient was a STEMI, was the patient contraindicated to reperfusion, did the patient get reperfusion by PPCI and what was date of 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: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input checked="" type="checkbox"/> Annually <input type="checkbox"/> Other – give details: Please indicate who is responsible for monitoring this KPI: Hospital Manager/CEO and ACS Programme
12	KPI Reporting Frequency	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input checked="" type="checkbox"/> Annually Other – give details:
13	KPI Report Period	<input type="checkbox"/> Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) <input type="checkbox"/> Monthly in arrears (June data reported in July) <input checked="" type="checkbox"/> Rolling 12 months (previous 12 month period) <input checked="" type="checkbox"/> Quarterly (in arrears)
14	KPI Reporting Aggregation	<input type="checkbox"/> National <input type="checkbox"/> Regional <input type="checkbox"/> LHO Area <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> County <input type="checkbox"/> Institution <input type="checkbox"/> Other – give details:
15	KPI is reported in which reports ?	<input type="checkbox"/> Corporate Plan Report <input checked="" type="checkbox"/> Performance Report (NSP/CBP) <input checked="" type="checkbox"/> CompStat <input type="checkbox"/> 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		Derek McCormack, BIU Acute, Tel: 01 620 1690 Email: Derek.mccormack@hse.ie Fiachra Bane, HIPE, Tel: 045 988330 Email: fiachra.bane@hse.ie
Manager / Specialist Lead		Prof Kieran Daly, University Hospital Galway Tel: 091 524 222.
National Lead and Directorate		Dr. Ciaran Browne, National Lead Acute Hospital Services, Dr. Steevens Tel: 01 635 2232 Dr. Aine Carroll, National Director, Clinical Strategy and Programmes Directorate, Tel: 01 6352322.

Acute Hospitals including Clinical Programmes: Acute Coronary Syndrome

Acute Hospitals including Clinical Programmes: Acute Coronary Syndrome		
1	KPI Title	Percentage reperfused STEMI patients (or LBBB) who get timely: a) PPCI or b) Thrombolysis
2	KPI Description	<p>STEMI (heart attack) patients who get timely reperfusion therapy are those that receive either PPCI or Thrombolysis within targeted times.</p> <p>LBBB: Left bundle branch block (LBBB) is a cardiac conduction abnormality seen on the electrocardiogram (ECG).[1] In this condition, activation of the left ventricle is delayed, which causes the left ventricle to contract later than the right ventricle.</p> <p>PPCI: Primary percutaneous coronary intervention is an interventional procedure to open the coronary artery to unblock it and allow flow of blood to the heart muscle.</p> <p>Thrombolysis: treatment with a clot busting drug to clear the blockage and restore blood flow.</p> <p>Timely PPCI reperfusion is defined as first medical contact (FMC) to balloon <= 120 mins or First door to balloon <= 120 mins. First Medical Contact (FMC) is defined as the date/time of the first 12 lead ECG that is positive to a STEMI.</p> <p>Timely Thrombolysis reperfusion: the number of STEMI pts receiving RT who got timely thrombolysis as defined: Door to needle <= 30 mins.</p> <p>STEMI, LBBB, PPCI and Thrombolysis are further defined in the European Society of Cardiology guideline "Acute Myocardial Infarction in patients presenting with ST-segment elevation (management of)" www.escardio.org/guidelines-surveys/esc-guidelines/ Information is reported on for patients who present both Out of Hours and In hours (9-5 Mon to Fri).</p>
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) at a PPCI Centre.
	Indicator Classification	<p>Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two).</p> <p><input type="checkbox"/> Person Centred Care <input checked="" type="checkbox"/> Effective Care</p> <p>Safe Care <input type="checkbox"/> Better Health and Wellbeing <input checked="" type="checkbox"/> Use of Information <input type="checkbox"/></p> <p>Workforce <input type="checkbox"/> Use of Resources <input type="checkbox"/> Governance, Leadership and Management <input type="checkbox"/></p>
4	KPI Target	NSP 2013 Target: a) PPCI = 70% b) Thrombolysis = 70%
5	KPI Calculation	<p>a) Timely PPCI Numerator: no of STEMI patients receiving RT who got timely PPCI Denominator : Total no of STEMI patients (or LBBB) who got PPCI</p> <p>b) Timely thrombolysis Numerator: no of STEMI pts receiving RT who got timely thrombolysis Denominator : Total no of STEMI patients (or LBBB) who got thrombolysis</p>
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 2013 and will be fully operation in 2013 in conjunction with all relevant hospitals (via hospital networks).
	Data Completeness	Data is available for 4 out of a possible 9 hospitals.
	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	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually Other
8	Tracer Conditions	STEMI = ICD 10 I21.0 – I21.3
9	Minimum Data Set	In essence to enable reporting on this KPI we need: Was patient a STEMI? Did patient get reperfusion therapy? What reperfusion therapy - PPCI or Thrombolysis? What was date/time of FMC? What Was date/time of first hospital door? What was date/time of reperfusion?
10	International Comparison	MINAP (UK) and European Society of Cardiology ACS/STEMI Guideline 2012+C64
11	KPI Monitoring	<p>KPI will be monitored on a (please indicate below) basis: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input checked="" type="checkbox"/> Annually <input type="checkbox"/> Other – give details:</p> <p>Please indicate who is responsible for monitoring this KPI: Hospital Manager/CEO and ACS Programme</p>
12	KPI Reporting Frequency	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input checked="" type="checkbox"/> Annually Other – give details:
13	KPI report period	<p><input type="checkbox"/> Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity)</p> <p><input type="checkbox"/> Monthly in arrears (June data reported in July)</p> <p><input checked="" type="checkbox"/> Rolling 12 months (previous 12 month period)</p> <p><input checked="" type="checkbox"/> Quarterly (in arrears)</p>

14	KPI Reporting Aggregation	<input type="checkbox"/> National <input type="checkbox"/> Regional <input type="checkbox"/> LHO Area <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> County <input type="checkbox"/> Institution <input type="checkbox"/> Other – give details:
15	KPI is reported in which reports ?	<input type="checkbox"/> Corporate Plan Report <input checked="" type="checkbox"/> Performance Report (NSP/CBP) <input checked="" type="checkbox"/> CompStat <input type="checkbox"/> 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 reports.
Contact details for Data		Derek McCormack, BIU Acute, Tel: 01 620 1690 Email:Derek.mccormack@hse.ie Fiachra Bane, HIPE, Tel: 045 988330 Email: fiachra.bane@hse.ie
Manager / Specialist Lead		Prof Kieran Daly, University Hospital Galway Tel: 091 524 222.
National Lead and Directorate		Dr. Ciaran Browne, National Lead Acute Hospital Services, Dr. Steevens Tel: 01 635 2232 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 and b) Non-STEMI patients
2	KPI Description	<p>The mean (average) and median (mid point) Length of Stay (LOS) and bed days for :</p> <p>a) STEMI 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 suddenly becomes at least partially blocked by a blood clot, causing at least some of the heart muscle being supplied by that artery to become infarcted (that is, to die). Heart attacks are divided into two types, according to their severity. A STEMI is the more severe type.</p> <p>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 suddenly becomes occluded by a blood clot, causing at least some of the heart muscle being supplied by that artery to become infarcted (that is, to die). Myocardial infarctions are divided into two types, according to their severity. A NSTEMI is the less severe type. In a NSTEMI, the blood clot only partly occludes the artery, and as a result only a portion of the heart muscle being supplied by the affected artery dies. Information is reported on for patients who present both Out of Hours and In hours (9-5 Mon to Fri).</p>
3	KPI Rationale	<p>For STEMI 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.</p> <p>For NSTEMI early angiography is now indicated to inform treatment. It has the added advantage of improving LOS considerably. Initial goal is reduction of 1 day but is likely to be greater once the programme is fully operational. Information is reported on for patients who present both Out of Hours and In hours (9-5 Mon to Fri).</p>
	Indicator Classification	<p>Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two).</p> <p><input type="checkbox"/> Person Centred Care <input checked="" type="checkbox"/> Effective Care</p> <p>Safe Care <input type="checkbox"/> Better Health and Wellbeing <input checked="" type="checkbox"/> Use of Information</p> <p>Workforce <input type="checkbox"/> Use of Resources <input type="checkbox"/> Governance, Leadership and Management <input type="checkbox"/></p>
4	KPI Target	NSP 2013 median target: a) Stemi = 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 unique pt identifier)
	Data Quality Issues	b) HIPE data can be behind.
7	Data Collection Frequency	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually Other
8	Tracer Conditions	STEMI = ICD 10 I21.0 – I21.3, NSTEMI = ICD 10 I21.4, I21.9, Note: On Emergency Admissions only
9	Minimum Data Set	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	<p>KPI will be monitored on a (please indicate below) basis:</p> <p><input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input checked="" type="checkbox"/> Annually <input type="checkbox"/> Other – give details:</p> <p>Please indicate who is responsible for monitoring this KPI: Hospital Manager/CEO and ACS Programme</p>
12	KPI Reporting Frequency	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input checked="" type="checkbox"/> Annually Other – give details:
13	KPI report period	<p><input type="checkbox"/> Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity)</p> <p><input type="checkbox"/> Monthly in arrears (June data reported in July)</p> <p><input checked="" type="checkbox"/> Rolling 12 months (previous 12 month period)</p> <p><input checked="" type="checkbox"/> Quarterly (in arrears)</p>
14	KPI Reporting Aggregation	<p><input type="checkbox"/> National <input type="checkbox"/> Regional <input type="checkbox"/> LHO Area <input checked="" type="checkbox"/> Hospital</p> <p><input type="checkbox"/> County <input type="checkbox"/> Institution <input type="checkbox"/> Other – give details:</p>
15	KPI is reported in which reports ?	<input type="checkbox"/> Corporate Plan Report <input checked="" type="checkbox"/> Performance Report (NSP/CBP) <input checked="" type="checkbox"/> CompStat <input type="checkbox"/> Other – give details:
16	Web link to data	http://www.hse.ie/eng/services/Publications/corporate/Performance_Reports_Monthly.html

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		Derek McCormack, BIU Acute, Tel: 01 620 1690 Email:Derek.mccormack@hse.ie
Manager / Specialist Lead		Fiachra Bane, HIPE, Tel: 045 988330 Email: fiachra.bane@hse.ie
Manager / Specialist Lead		Prof Kieran Daly, University Hospital Galway Tel: 091 524 222.
National Lead and Directorate		Dr. Ciaran Browne, National Lead Acute Hospital Services, Dr. Steevens Tel: 01 635 2232
National Lead and Directorate		Dr. Aine Carroll, National Director, Clinical Strategy and Programmes Directorate, Tel: 01 6352322.
National Lead and Directorate		Dr. Ciaran Browne, National Lead Acute Hospital Services, Dr. Steevens Tel: 01 635 2232

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*
3	KPI Rationale	Appropriate care in appropriate setting. Current wide variation between hospitals (2010 HIPE data: mean: 9.1 days: range 5-17 2010 HIPE data: median: 6 days: range 2-8)
	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases)
		Safe Care <input type="checkbox"/> Better Health and Wellbeing <input type="checkbox"/> Use of Information <input type="checkbox"/> Workforce <input type="checkbox"/> Use of Resources <input type="checkbox"/> Governance, Leadership and Management <input type="checkbox"/>
4	KPI Target	NSP 2013 Target: a)7.8 b)5
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: LOS of 50% of patients with Primary Dx of COPD
6	Data Source	HIPE
	Data Completeness	
	Data Quality Issues	
7	Data Collection Frequency	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details:
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 of stay Total
10	International Comparison	Comparison with UK
11	KPI Monitoring	KPI will be monitored on a (please indicate below) basis: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details: Please indicate who is responsible for monitoring this KPI: _____
12	KPI Reporting Frequency	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details:
13	KPI report period	<input checked="" type="checkbox"/> Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) <input type="checkbox"/> Monthly in arrears (June data reported in July) <input type="checkbox"/> Quarterly in arrears (quarter 1 data reported in quarter 2) <input type="checkbox"/> Rolling 12 months (previous 12 month period)
14	KPI Reporting Aggregation	<input checked="" type="checkbox"/> National <input checked="" type="checkbox"/> Regional <input type="checkbox"/> LHO Area <input type="checkbox"/> Hospital <input type="checkbox"/> County <input type="checkbox"/> Institution <input type="checkbox"/> Other – give details: Emergency Care Network Governance Meeting
15	KPI is reported in which reports ?	<input type="checkbox"/> Corporate Plan Report <input checked="" type="checkbox"/> Performance Report (NSP/CBP) <input type="checkbox"/> CompStat <input type="checkbox"/> Other – give details:
16	Web link to data	http://www.hse.ie/eng/services/Publications/corporate/Performance_Reports_Monthly.html
17	Additional Information	Median LOS is more accurate 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 Directorate		Dr. Ciaran Browne, National Lead Acute Hospital Services, Dr. Stevens Tel: 01 635 2232

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 or secondary diagnosis J40*-j47* within 90 days of discharge
3	KPI Rationale	Appropriate care in appropriate setting. Rest of sentence deleted
	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two). <input type="checkbox"/> Person Centred Care <input type="checkbox"/> Effective Care
		Safe Care <input type="checkbox"/> Better Health and Wellbeing <input type="checkbox"/> Use of Information <input type="checkbox"/>
		Workforce <input type="checkbox"/> Use of Resources <input type="checkbox"/> Governance, Leadership and Management <input type="checkbox"/>
4	KPI Target	NSP 2013 Target: 24%
5	KPI Calculation	Number of patients with primary or secondary Dx of J40-47 aged 35+yrs adm once in 90 day period as inpts vs number of patients with primary or secondary Dx of J40-47 aged 35+yrs adm as inpatients on more than one occasion in same time period.
6	Data Source	Hospital Site / HIPE
	Data Completeness	
	Data Quality Issues	
7	Data Collection Frequency	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input checked="" type="checkbox"/> 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 of stay Total
10	International Comparison	UK – NHS
11	KPI Monitoring	KPI will be monitored on a (please indicate below) basis: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details: Please indicate who is responsible for monitoring this KPI: _____
12	KPI Reporting Frequency	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details:
13	KPI report period	<input checked="" type="checkbox"/> Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) <input type="checkbox"/> Monthly in arrears (June data reported in July) <input type="checkbox"/> Quarterly in arrears (quarter 1 data reported in quarter 2) <input type="checkbox"/> Rolling 12 months (previous 12 month period)
14	KPI Reporting Aggregation	<input checked="" type="checkbox"/> National <input checked="" type="checkbox"/> Regional <input type="checkbox"/> LHO Area <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> County <input type="checkbox"/> Institution <input type="checkbox"/> Other – give details: Emergency Care Network Governance Meeting
15	KPI is reported in which reports ?	<input type="checkbox"/> Corporate Plan Report <input checked="" type="checkbox"/> Performance Report (NSP/CBP) <input type="checkbox"/> CompStat <input type="checkbox"/> 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		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. Ciaran Browne, National Lead Acute Hospital Services, Dr. Stevens Tel: 01 635 2232

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 AECOPD within 72 hrs of presentation that would otherwise require acute in-patient care
3	KPI Rationale	Appropriate care in appropriate setting See model of care
		Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two). <input type="checkbox"/> Person Centred Care <input type="checkbox"/> Effective Care
		Safe Care <input type="checkbox"/> Better Health and Wellbeing <input type="checkbox"/> Use of Information <input type="checkbox"/>
		Workforce <input type="checkbox"/> Use of Resources <input type="checkbox"/> Governance, Leadership and Management <input type="checkbox"/>
4	KPI Target	NSP 2013 Target: 15
5	KPI Calculation	Numerator: number of acute hospitals (with ED/AMAU/MAU) which see and admit patients with COPD with COPD Outreach programme Denominator: total number of acute hospitals (with ED/MAU) which see and admit patients with COPD
6	Data Source	Hospital Managers/RDOs
	Data Completeness	
	Data Quality Issues	
7	Data Collection Frequency	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input checked="" type="checkbox"/> Other – give details: ongoing
8	Tracer Conditions	
9	Minimum Data Set	Hospitals by name/type
10	International Comparison	British Thoracic Society
11	KPI Monitoring	KPI will be monitored on a (please indicate below) basis: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details: Please indicate who is responsible for monitoring this KPI: _____
12	KPI Reporting Frequency	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Bi-annually <input checked="" type="checkbox"/> Annually <input type="checkbox"/> Other – give details:
13	KPI report period	<input checked="" type="checkbox"/> Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) <input type="checkbox"/> Monthly in arrears (June data reported in July) <input type="checkbox"/> Quarterly in arrears (quarter 1 data reported in quarter 2) <input type="checkbox"/> Rolling 12 months (previous 12 month period)
14	KPI Reporting Aggregation	<input checked="" type="checkbox"/> National <input checked="" type="checkbox"/> Regional <input type="checkbox"/> LHO Area <input type="checkbox"/> Hospital <input type="checkbox"/> County <input type="checkbox"/> Institution <input type="checkbox"/> Other – give details: Emergency Care Network Governance Meeting
15	KPI is reported in which reports ?	<input type="checkbox"/> Corporate Plan Report <input checked="" type="checkbox"/> Performance Report (NSP/CBP) <input type="checkbox"/> CompStat <input type="checkbox"/> 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		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. Ciaran Browne, National Lead Acute Hospital Services, Dr. Steevens Tel: 01 635 2232

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
3	KPI Rationale	Evidence of improved quality of life for patients
	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two). <input type="checkbox"/> Person Centred Care <input type="checkbox"/> Effective Care Safe Care <input type="checkbox"/> Better Health and Wellbeing <input type="checkbox"/> Use of Information <input type="checkbox"/> Workforce <input type="checkbox"/> Use of Resources <input type="checkbox"/> Governance, Leadership and Management <input type="checkbox"/>
4	KPI Target	NSP 2013 Target: 20/32 (63%)
5	KPI Calculation	Numerator: number of acute hospitals (with ED/MAU) and number of LHOs which can access PRP Denominator: total number of acute hospitals (with ED/MAU) and LHOs
6	Data Source	
	Data Completeness	Specific question - Hospital Managers/LHO/RDOs/ ISA Managers
	Data Quality Issues	
7	Data Collection Frequency	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly Bi-annually Annually <input type="checkbox"/> Other – give details:
8	Tracer Conditions	
9	Minimum Data Set	Hospitals Name/Type LHOs Name
10	International Comparison	GOLD
11	KPI Monitoring	KPI will be monitored on a (please indicate below) basis: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details: Please indicate who is responsible for monitoring this KPI: _____
12	KPI Reporting Frequency	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly Bi-annually Annually <input type="checkbox"/> 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) <input type="checkbox"/> Monthly in arrears (June data reported in July) <input type="checkbox"/> Quarterly in arrears (quarter 1 data reported in quarter 2) <input type="checkbox"/> Rolling 12 months (previous 12 month period)
14	KPI Reporting Aggregation	<input checked="" type="checkbox"/> National <input checked="" type="checkbox"/> Regional <input checked="" type="checkbox"/> LHO Area <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> County <input type="checkbox"/> Institution <input type="checkbox"/> Other – give details: Emergency Care Network Governance Meeting
15	KPI is reported in which reports ?	<input type="checkbox"/> Corporate Plan Report <input checked="" type="checkbox"/> Performance Report (NSP/CBP) <input type="checkbox"/> CompStat <input type="checkbox"/> 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		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. Ciaran Browne, National Lead Acute Hospital Services, Dr. Steevens Tel: 01 635 2232

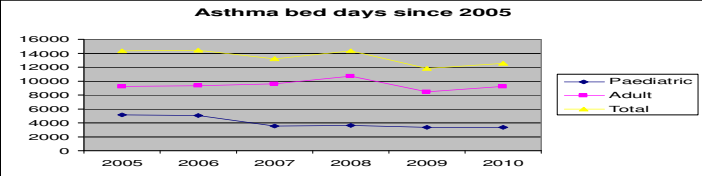
Acute Hospitals including Clinical Programmes: COPD		
1	KPI Title	Access to structured Pulmonary Rehabilitation Programme in Acute Hospital Services
2	KPI Description	Access to structured Pulmonary Rehabilitation Programme in Acute Hospital Services
3	KPI Rationale	Evidence of improved quality of life for patients
	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two). <input type="checkbox"/> Person Centred Care <input type="checkbox"/> Effective Care
		Safe Care <input type="checkbox"/> Better Health and Wellbeing <input type="checkbox"/> Use of Information <input type="checkbox"/>
		Workforce <input type="checkbox"/> Use of Resources <input type="checkbox"/> Governance, Leadership and Management <input type="checkbox"/>
4	KPI Target	NSP 2013 Target: 25 sites
5	KPI Calculation	Numerator: number of acute hospitals (with ED/MAU) and number of LHOs which can access PRP Denominator: total number of acute hospitals (with ED/MAU) and LHOs
6	Data Source	
	Data Completeness	Specific question - Hospital Managers/LHO/RDOs/ ISA Managers
	Data Quality Issues	
7	Data Collection Frequency	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly Bi-annually Annually <input type="checkbox"/> Other – give details:
8	Tracer Conditions	
9	Minimum Data Set	Hospitals Name/Type
		LHOs Name
10	International Comparison	GOLD
11	KPI Monitoring	KPI will be monitored on a (please indicate below) basis: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details:
		Please indicate who is responsible for monitoring this KPI: _____
12	KPI Reporting Frequency	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly Bi-annually Annually <input type="checkbox"/> 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)
		<input type="checkbox"/> Monthly in arrears (June data reported in July)
		<input type="checkbox"/> Quarterly in arrears (quarter 1 data reported in quarter 2)
		<input type="checkbox"/> Rolling 12 months (previous 12 month period)
14	KPI Reporting Aggregation	<input checked="" type="checkbox"/> National <input checked="" type="checkbox"/> Regional <input checked="" type="checkbox"/> LHO Area <input checked="" type="checkbox"/> Hospital
		<input type="checkbox"/> County <input type="checkbox"/> Institution <input type="checkbox"/> Other – give details: Emergency Care Network Governance Meeting
15	KPI is reported in which reports ?	<input type="checkbox"/> Corporate Plan Report <input checked="" type="checkbox"/> Performance Report (NSP/CBP) <input type="checkbox"/> CompStat <input type="checkbox"/> 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		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. Ciaran Browne, National Lead Acute Hospital Services, Dr. Steevens Tel: 01 635 2232

Acute Hospitals including Clinical Programmes: Asthma

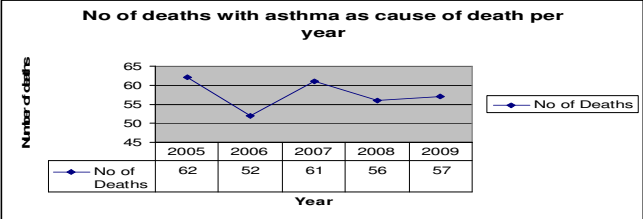
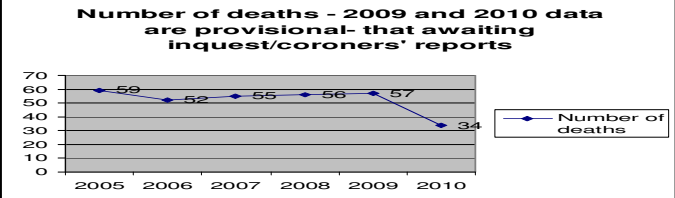
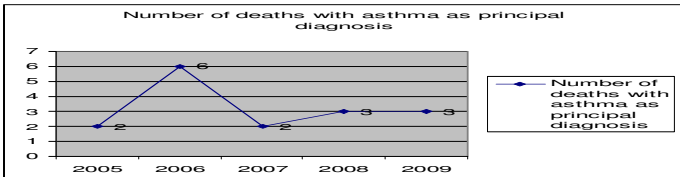
1	KPI Title	Percentage of nurses in primary and secondary care who are trained by national asthma programme
2	KPI Description	<p>% nurses in primary and secondary care who are trained by national asthma programme</p> <p>The first phase of National Asthma Training Programme is targeting:</p> <ul style="list-style-type: none"> • primary care nurses in PCTs, OOH services and GP practices; • secondary care nurses in ED departments and AMAUs. • Training is as defined by the asthma programme
3	KPI Rationale	<p>Asthma guidelines are not being implemented fully across primary and secondary care. There is agreement at National and Hospital level to implement the National Asthma Programme, therefore the National Asthma Programme is making the reasonable assumption that when nurses are trained that they will be facilitated to support guideline concordant asthma management.</p> <ul style="list-style-type: none"> • 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.
	Indicator Classification	<p>Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two).</p> <p><input type="checkbox"/> Person Centred Care <input type="checkbox"/> Effective Care</p> <p>Safe Care <input type="checkbox"/> Better Health and Wellbeing <input type="checkbox"/> Use of Information <input type="checkbox"/></p> <p>Workforce <input type="checkbox"/> Use of Resources <input type="checkbox"/> Governance, Leadership and Management <input type="checkbox"/></p>
	KPI Target	NSP 2013 Target: 90%
	KPI Calculation	<p>2 measures – primary and secondary care</p> <p>A. Primary Care: Numerator is the number of primary care sites (PCTs, OOH services and GP practices) with 90% of nurses asthma education trained / Denominator is the number of all primary care asthma treatment sites invited for asthma guidelines training</p> <p>B. Secondary Care :Numerator is the number of hospital EDs and AMAUs with 90% of nurses asthma education trained / Denominator is the number of all hospital EDs and/or AMAUs</p>
6	Data Source	RDOs via Regional Coordinator for National Clinical Care Programmes as agreed with the National Asthma Programme
	Data Completeness	
	Data Quality Issues	
7	Data Collection Frequency	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input checked="" type="checkbox"/> Annually <input type="checkbox"/> Other – give details:
8	Tracer Conditions	
9	Minimum Data Set	<p>RDOs, Hospital and Unit need the following on all nurses:</p> <ul style="list-style-type: none"> • Name of nurse • Place of work – for hospitals, include hospital and unit, for primary care - region • Grade of staff <p>Asthma training completed Y/N</p>
10	International Comparison	
11	KPI Monitoring	<p>KPI will be monitored on a (please indicate below) basis:</p> <p><input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details:</p> <p>Please indicate who is responsible for monitoring this KPI: _____</p>
12	KPI Reporting Frequency	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input checked="" type="checkbox"/> Annually <input type="checkbox"/> Other – give details:
13	KPI report period	<p><input checked="" type="checkbox"/> Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity)</p> <p><input type="checkbox"/> Monthly in arrears (June data reported in July)</p> <p><input type="checkbox"/> Quarterly in arrears (quarter 1 data reported in quarter 2)</p> <p><input type="checkbox"/> Rolling 12 months (previous 12 month period)</p>
14	KPI Reporting Aggregation	<p><input checked="" type="checkbox"/> National <input checked="" type="checkbox"/> Regional <input type="checkbox"/> LHO Area <input checked="" type="checkbox"/> Hospital</p> <p><input type="checkbox"/> County <input type="checkbox"/> Institution <input type="checkbox"/> Other – give details: PCTs, GP practices and OOH primary care</p>
15	KPI is reported in which reports ?	<input type="checkbox"/> Corporate Plan Report <input type="checkbox"/> Performance Report (NSP/CBP) <input type="checkbox"/> CompStat <input type="checkbox"/> Other – give details:
16	Web link to data	http://www.hse.ie/eng/services/Publications/corporate/Performance_Reports_Monthly.html
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 Fiachra Bane, HIPE, Tel: 045 988330 Email: fiachra.bane@hse.ie

Acute Hospitals including Clinical Programmes: Asthma

1	KPI Title	Number of asthma bed days prevented annually
2	KPI Description	Number of asthma bed days prevented Number of inpatient asthma bed days prevented is the number of asthma bed days expected (if the programme was not implemented) minus the number of asthma bed days observed after the programme is implemented. This should be per half year, year and since start of implementation of the programme.
3	KPI Rationale	<p>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</p> <p>It is predicted that with implementation of National Asthma Programme guideline concordant care in primary care and secondary care people with asthma should achieve better asthma control and:</p> <ul style="list-style-type: none"> • The number of people with asthma who develop acute exacerbations should be reduced • The quality of treatment will be optimised, therefore the number of people with acute asthma exacerbations, who require hospital admission, should be reduced
	Indicator Classification	<p>Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two).</p> <p><input type="checkbox"/> Person Centred Care <input type="checkbox"/> Effective Care</p> <p>Safe Care <input type="checkbox"/> Better Health and Wellbeing <input type="checkbox"/> Use of Information <input type="checkbox"/></p> <p>Workforce <input type="checkbox"/> Use of Resources <input type="checkbox"/> Governance, Leadership and Management <input type="checkbox"/></p>
4	KPI Target	NSP 2013 Target: 1,164 (10% Reduction)
5	KPI Calculation	<p>Report number of asthma bed days as reported in HIPE subtracted from number of asthma bed days in previous year as reported in HIPE</p> <ul style="list-style-type: none"> • Specified time periods – quarter (e.g. implementation monitoring), yearly (e.g. progress re indirect cost savings) and since programme start (e.g. overall success of programme to date – there may be plateaux to progress, but maintaining reduced admissions should be noted)
6	Data Source	
	Data Completeness	HIPE –at national level following bi-annual hard deadline -30th September and 31st of March
	Data Quality Issues	
7	Data Collection Frequency	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input checked="" type="checkbox"/> Annually <input type="checkbox"/> Other – give details:
8	Tracer Conditions	<p>Asthma, acute asthma, asthma exacerbation, predominantly allergic asthma, non-allergic asthma, mixed asthma, asthma unspecified, status asthmaticus, acute severe asthma</p> <p>ICD-10 codes J45* OR J46*</p> <p>Excludes: chronic asthmatic (obstructive) bronchitis (J44.-) / chronic obstructive asthma (J44.-) / eosinophilic asthma (J82) / lung diseases due to external agents (J60-J70</p>
9	Minimum Data Set	<p>Number of discharges</p> <p>Number of bed days</p> <p>Mean length of stay</p>
10	International Comparison	National Asthma Programme targets based on the experience of Asthma Programmes in Finland and British Colombia, Canada
11	KPI Monitoring	<p>KPI will be monitored on a (please indicate below) basis:</p> <p><input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details:</p> <p>Please indicate who is responsible for monitoring this KPI: _____</p>
12	KPI Reporting Frequency	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input checked="" type="checkbox"/> Annually <input type="checkbox"/> Other – give details:
13	KPI report period	<input checked="" type="checkbox"/> Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) <input type="checkbox"/> Monthly in arrears (June data reported in July) <input type="checkbox"/> Quarterly in arrears (quarter 1 data reported in quarter 2) <input type="checkbox"/> Rolling 12 months (previous 12 month period)

14	KPI Reporting Aggregation	<input checked="" type="checkbox"/> National <input checked="" type="checkbox"/> Regional <input type="checkbox"/> LHO Area <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> County <input type="checkbox"/> Institution <input type="checkbox"/> 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 days by these age groups will allow for analysis of trends of change after implementation starts																																
15	KPI is reported in which reports ?	<input type="checkbox"/> Corporate Plan Report <input checked="" type="checkbox"/> Performance Report (NSP/CBP) <input type="checkbox"/> CompStat <input type="checkbox"/> Other – give details: _____																																
16	Web link to data	http://www.hse.ie/eng/services/Publications/corporate/Performance_Reports_Monthly.html																																
17	Additional Information	<p>Trend data are taken from 6 years data and while there is a slightly decreasing trend overall, the adult trend is fairly stable, and the paediatric trend is stable for the last 4 reported years. (see table below)</p> <p>Validated HIPE data are usually available about 7-8 months after the year end. Provisional data are available sooner, but in 2010, the variation in provisional asthma bed days compared with validated asthma bed days ranged from 57% to 79% depending on age groups.</p> <table border="1" data-bbox="407 506 1052 762"> <thead> <tr> <th>Age group</th> <th>2010 provisional</th> <th>2010</th> <th>Percentage of final figure</th> </tr> </thead> <tbody> <tr> <td>"0-4"</td> <td>1420</td> <td>2001</td> <td>71.0%</td> </tr> <tr> <td>"5-14"</td> <td>894</td> <td>1380</td> <td>64.8%</td> </tr> <tr> <td>"15-44"</td> <td>2581</td> <td>3561</td> <td>72.5%</td> </tr> <tr> <td>"45-64"</td> <td>2433</td> <td>3226</td> <td>75.4%</td> </tr> <tr> <td>"65-74"</td> <td>1000</td> <td>1259</td> <td>79.4%</td> </tr> <tr> <td>"75+"</td> <td>661</td> <td>1155</td> <td>57.2%</td> </tr> <tr> <td>All ages</td> <td>8989</td> <td>12582</td> <td>71.4%</td> </tr> </tbody> </table> <p>Data quality (including completeness issues as above) should be taken into account in the interpretation of data that</p>	Age group	2010 provisional	2010	Percentage of final figure	"0-4"	1420	2001	71.0%	"5-14"	894	1380	64.8%	"15-44"	2581	3561	72.5%	"45-64"	2433	3226	75.4%	"65-74"	1000	1259	79.4%	"75+"	661	1155	57.2%	All ages	8989	12582	71.4%
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National Lead and Directorate	Dr. Ciaran Browne, National Lead Acute Hospital Services, Tel: 01 635 2232																																	

Acute Hospitals including Clinical Programmes: Asthma

1	KPI Title	Number of deaths caused by asthma annually														
2	KPI Description	<p>Number of deaths caused by asthma</p> <p>A. Number of deaths where asthma is considered the primary cause of death should be reported.</p> <p>B. Level of certainty about accuracy and completeness of A.</p>														
3	KPI Rationale	<p>Asthma deaths are potentially avoidable. Effective implementation of the National Asthma Programme should result in a dramatic reduction in asthma related deaths.</p> <p>In addition the healthcare history for each person who died as a result of asthma should be understood. Reporting will facilitate this understanding. Reporting of deaths due to asthma are currently problematic – however, monitoring of reported deaths due to asthma will go hand in hand with improving the accurate and timely classification of deaths due to asthma.</p>														
	Indicator Classification	<p>Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases)</p> <p>Safe Care <input type="checkbox"/> Better Health and Wellbeing <input type="checkbox"/> Use of Information <input type="checkbox"/></p> <p>Workforce <input type="checkbox"/> Use of Resources <input type="checkbox"/> Governance, Leadership and Management <input type="checkbox"/></p>														
4	KPI Target	NSP 2013 Target: 10% reduction (<56)														
		<p>90% reduction in mortality over 10 years - therefore only 5-6 deaths from asthma yearly after 10 years of implementing the National Asthma Programme and about 5 fewer deaths each year in the interim. Target is 55 in 2012; 50 in 2013; 45 in 2014.</p> <p>Baseline – there is no definitive source of data for deaths due to asthma – and each source varies but about or just under 60 in most recent validated year's data</p> <p>For example from 2005-2009:</p> <ul style="list-style-type: none"> – INIsPHO - there were between 52 and 62 deaths reported with asthma as cause of death in ROI <p>Expand table to see INIsPHO data</p>														
		 <table border="1" data-bbox="462 1081 885 1134"> <thead> <tr> <th>Year</th> <th>No of Deaths</th> </tr> </thead> <tbody> <tr> <td>2005</td> <td>62</td> </tr> <tr> <td>2006</td> <td>52</td> </tr> <tr> <td>2007</td> <td>61</td> </tr> <tr> <td>2008</td> <td>56</td> </tr> <tr> <td>2009</td> <td>57</td> </tr> </tbody> </table>	Year	No of Deaths	2005	62	2006	52	2007	61	2008	56	2009	57		
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2009	57															
		<p>– CSO vital statistics report between 52-59 deaths in 2005-2009 and 34 in 2010. However, CSO provides validated cause of death reports at least 2 years after the year end – await late registrations, coroners' reports etc. The latest validated cause of death data from CSO are from 2008. Validated 2010 data are expected in February 2013. CSO does not update published data in the interim.</p>														
		<p>Expand table to see CSO data</p>  <table border="1" data-bbox="462 1409 885 1528"> <thead> <tr> <th>Year</th> <th>Number of deaths</th> </tr> </thead> <tbody> <tr> <td>2005</td> <td>59</td> </tr> <tr> <td>2006</td> <td>52</td> </tr> <tr> <td>2007</td> <td>55</td> </tr> <tr> <td>2008</td> <td>56</td> </tr> <tr> <td>2009</td> <td>57</td> </tr> <tr> <td>2010</td> <td>34</td> </tr> </tbody> </table>	Year	Number of deaths	2005	59	2006	52	2007	55	2008	56	2009	57	2010	34
Year	Number of deaths															
2005	59															
2006	52															
2007	55															
2008	56															
2009	57															
2010	34															
		<p>– HIPE does not capture deaths due to asthma despite having codes for death – died with post mortem and died without post mortem. Reported number of deaths with asthma as principal diagnosis ranged from 2-6 per year</p>														
		<p>Expand table to see HIPE data</p>  <table border="1" data-bbox="462 1738 885 1858"> <thead> <tr> <th>Year</th> <th>Number of deaths with asthma as principal diagnosis</th> </tr> </thead> <tbody> <tr> <td>2005</td> <td>2</td> </tr> <tr> <td>2006</td> <td>6</td> </tr> <tr> <td>2007</td> <td>2</td> </tr> <tr> <td>2008</td> <td>3</td> </tr> <tr> <td>2009</td> <td>3</td> </tr> </tbody> </table>	Year	Number of deaths with asthma as principal diagnosis	2005	2	2006	6	2007	2	2008	3	2009	3		
Year	Number of deaths with asthma as principal diagnosis															
2005	2															
2006	6															
2007	2															
2008	3															
2009	3															
		Therefore, accurate and timely measurement of deaths due to asthma appears not to be possible – however, the proposed National Asthma Mortality Study will address these issues														
		NSP2013 Target:														

5	KPI Calculation	A. Sentinel KPI – number of deaths with asthma as cause of death B. Level of certainty about A. B1=High level of certainty. B2=Uncertain. Certainty will be determined by analysis of accuracy and completeness of the mortality data sources.
6	Data Source	Mortality Study being developed to use UK National Review of Asthma Deaths methodology
	Data Completeness	Hospital HIPE (“live”);
	Data Quality Issues	GRO;
7	Data Collection Frequency	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input checked="" type="checkbox"/> Annually <input type="checkbox"/> Other – give details:
8	Tracer Conditions	Deaths due to Asthma or Status Asthmaticus (J45* OR J46*) as a primary cause of death. COPD in young patients is likely to be misclassified asthma
9	Minimum Data Set	To be developed
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: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details: Please indicate who is responsible for monitoring this KPI: _____
12	KPI Reporting Frequency	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input checked="" type="checkbox"/> Annually <input type="checkbox"/> Other – give details:
13	KPI report period	<input type="checkbox"/> Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) <input type="checkbox"/> Monthly in arrears (June data reported in July) <input type="checkbox"/> Quarterly in arrears (quarter 1 data reported in quarter 2) <input type="checkbox"/> Rolling 12 months (previous 12 month period)
14	KPI Reporting Aggregation	<input checked="" type="checkbox"/> National <input type="checkbox"/> Regional <input type="checkbox"/> LHO Area <input type="checkbox"/> Hospital <input type="checkbox"/> County <input type="checkbox"/> Institution <input type="checkbox"/> Other – give details: By age groups 0-44 and 45+
15	KPI is reported in which reports ?	<input type="checkbox"/> Corporate Plan Report <input checked="" type="checkbox"/> Performance Report (NSP/CBP) <input type="checkbox"/> CompStat <input type="checkbox"/> 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		Derek McCormack, BIU Acute, Tel: 01 620 1690 Email:Derek.mccormack@hse.ie
National Lead and Directorate		Dr. Ciaran Browne, National Lead Acute Hospital Services, Dr. Steevens Tel: 01 635 2232

Acute Hospitals including Clinical Programmes: Diabetes

1	KPI Title	Percentage reduction 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. A reduction in lower limb amputations in patients with diabetes is expected on a population basis following the introduction of comprehensive integrated care and foot care for the population.
	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two). <input type="checkbox"/> Person Centred Care <input type="checkbox"/> Effective Care <input type="checkbox"/> Safe Care <input type="checkbox"/> Better Health and Wellbeing <input type="checkbox"/> Use of Information <input type="checkbox"/> Workforce <input type="checkbox"/> Use of Resources <input type="checkbox"/> Governance, Leadership and Management
	4	KPI Target
5	KPI Calculation	Numerator divided by Denominator expressed as a percentage. Numerator: 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 reporting. Denominator: the total number of lower limb amputations in patients with diabetes in 2009 resident in the area under reporting. The indicator should be expressed as a percentage variance on the 2009 figure.
6	Data Source	HIPE
	Data Completeness	
	Data Quality Issues	
7	Data Collection Frequency	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input checked="" type="checkbox"/> Annually <input type="checkbox"/> 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), hindquarter amputation (4437300), amputation above the knee (4436700), amputation below the knee (4436702), disarticulation at knee (4436701), amputation of toe (4433800), amputation of toe including metatarsal bone (4435800), disarticulation through toe (9055700), disarticulation through ankle (4436100), midtarsal amputation (4436400), transmetatarsal amputation (4436401), amputation of ankle through malleoli of tibia and fibula (4436101)
9	Minimum Data Set	<ul style="list-style-type: none"> • Number of discharges for lower limb amputations in patients with diabetes in the reporting year. • Number of discharges for lower limb amputations in patients with diabetes in the baseline year of 2009 resident in the area under reporting i.e. nationally or each HSE region.
10	International Comparison	
11	KPI Monitoring	KPI will be monitored on a (please indicate below) basis: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details: Please indicate who is responsible for monitoring this KPI: _____
12	KPI Reporting Frequency	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input checked="" type="checkbox"/> Annually <input type="checkbox"/> Other – give details:
13	KPI report period	<input type="checkbox"/> Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) <input type="checkbox"/> Monthly in arrears (June data reported in July) <input type="checkbox"/> Quarterly in arrears (quarter 1 data reported in quarter 2) <input type="checkbox"/> Rolling 12 months (previous 12 month period)
14	KPI Reporting Aggregation	<input checked="" type="checkbox"/> National <input checked="" type="checkbox"/> Regional <input type="checkbox"/> LHO Area <input type="checkbox"/> Hospital <input type="checkbox"/> County <input type="checkbox"/> Institution <input type="checkbox"/> Other – give details:
15	KPI is reported in which reports ?	<input type="checkbox"/> Corporate Plan Report <input checked="" type="checkbox"/> Performance Report (NSP/CBP) <input type="checkbox"/> CompStat <input type="checkbox"/> 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. Orlaith O Reilly, Director of Public Health, Public Health Department, Lacken, Dublin Road, Kilkenny Phone 056 7784124 email orlaith.oreilly@hse.ie

Acute Hospitals including Clinical Programmes: Diabetes		
1	KPI Title	Percentage reduction in hospital discharges for lower limb amputation and foot ulcers in diabetics
2	KPI Description	The percentage reduction in hospital discharges for lower limb amputation and foot ulcers in diabetic patients
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 complications which may lead to amputation. A reduction in lower limb amputations in patients with diabetes is expected on a population basis following the introduction of comprehensive integrated care and foot care for the population.
	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two). <input type="checkbox"/> Person Centred Care <input type="checkbox"/> Effective Care <input type="checkbox"/> Safe Care <input type="checkbox"/> Better Health and Wellbeing <input type="checkbox"/> Use of Information <input type="checkbox"/> Workforce <input type="checkbox"/> Use of Resources <input type="checkbox"/> Governance, Leadership and Management
4	KPI Target	NSP 2013 Target: 40%
5	KPI Calculation	Numerator divided by Denominator expressed as a percentage. Numerator: the number of discharges for foot ulcers in patients who have a diagnosis of diabetes in the given year, who are resident in the area under reporting. Denominator: the total number of discharges for foot ulcers in patients with diabetes in 2009 resident in the area under reporting. The indicator should be expressed as a percentage variance on the 2009 figure.
6	Data Source	HIPE
	Data Completeness	
	Data Quality Issues	
7	Data Collection Frequency	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input checked="" type="checkbox"/> Annually <input type="checkbox"/> 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 did NOT have an amputation of the lower limb: NOT (4437000, 4437300, 4436700, 4433800, 4435800, 9055700, 4436100, 4436400, 4436401, 4436101, 4436701, 4436702).
9	Minimum Data Set	• Number of discharges for lower limb ulcers in patients with diabetes in the reporting year. • Number of discharges for lower limb ulcers in patients with diabetes in the baseline year of 2009 resident in the area under reporting i.e. nationally or each HSE region.
10	International Comparison	Specific comparators not given
11	KPI Monitoring	KPI will be monitored on a (please indicate below) basis: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details: Please indicate who is responsible for monitoring this KPI: _____
12	KPI Reporting Frequency	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input checked="" type="checkbox"/> Annually <input type="checkbox"/> Other – give details:
13	KPI report period	<input checked="" type="checkbox"/> Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) <input type="checkbox"/> Monthly in arrears (June data reported in July) <input type="checkbox"/> Quarterly in arrears (quarter 1 data reported in quarter 2) <input type="checkbox"/> Rolling 12 months (previous 12 month period)
14	KPI Reporting Aggregation	<input checked="" type="checkbox"/> National <input checked="" type="checkbox"/> Regional <input type="checkbox"/> LHO Area <input type="checkbox"/> Hospital <input type="checkbox"/> County <input type="checkbox"/> Institution <input type="checkbox"/> Other – give details: Emergency Care Network Governance Meeting
15	KPI is reported in which reports ?	<input type="checkbox"/> Corporate Plan Report <input checked="" type="checkbox"/> Performance Report (NSP/CBP) <input checked="" type="checkbox"/> CompStat <input type="checkbox"/> 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. 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. Aine Carroll, National Director, Clinical Strategy and Programmes Directorate Tel: 01 6352322

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). <input type="checkbox"/> Person Centred Care <input type="checkbox"/> Effective Care <input type="checkbox"/> Safe Care <input type="checkbox"/> Better Health and Wellbeing <input type="checkbox"/> Use of Information <input type="checkbox"/> Workforce <input type="checkbox"/> Use of Resources <input type="checkbox"/> Governance, Leadership and Management
4	KPI Target	NSP 2013 Target: 90%
5	KPI Calculation	Numerator - number of people invited for retinopathy screening in the reporting time period, resident in the area. Denominator – number of people registered on the National Diabetic Retinopathy Database in the time period under reporting and in the report
6	Data Source	The National Cancer Screening Programme Diabetic Retinopathy Database.
	Data Completeness	
	Data Quality Issues	
7	Data Collection Frequency	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> 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: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details: Please indicate who is responsible for monitoring this KPI: _____
12	KPI Reporting Frequency	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details:
13	KPI report period	<input type="checkbox"/> Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) <input type="checkbox"/> Monthly in arrears (June data reported in July) <input type="checkbox"/> Quarterly in arrears (quarter 1 data reported in quarter 2) <input type="checkbox"/> Rolling 12 months (previous 12 month period)
14	KPI Reporting Aggregation	<input checked="" type="checkbox"/> National <input checked="" type="checkbox"/> Regional <input type="checkbox"/> LHO Area <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> County <input type="checkbox"/> Institution <input type="checkbox"/> Other – give details: Individual general practice
15	KPI is reported in which reports ?	<input type="checkbox"/> Corporate Plan Report <input type="checkbox"/> Performance Report (NSP/CBP) <input type="checkbox"/> CompStat <input type="checkbox"/> Other – give details:
16	Web link to data	http://www.hse.ie/eng/services/Publications/corporate/Performance_Reports_Monthly.html
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 Dr. Orlaith O Reilly, HSE Clinical Programmes
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
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). <input type="checkbox"/> Person Centred Care <input type="checkbox"/> Effective Care Safe Care <input type="checkbox"/> Better Health and Wellbeing <input type="checkbox"/> Use of Information <input type="checkbox"/> Workforce <input type="checkbox"/> Use of Resources <input type="checkbox"/> Governance, Leadership and Management <input type="checkbox"/>
4	KPI Target	NSP 2013 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	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> 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: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details: Please indicate who is responsible for monitoring this KPI: _____
12	KPI Reporting Frequency	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details:
13	KPI report period	<input type="checkbox"/> Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) <input type="checkbox"/> Monthly in arrears (June data reported in July) <input type="checkbox"/> Quarterly in arrears (quarter 1 data reported in quarter 2) <input type="checkbox"/> Rolling 12 months (previous 12 month period)
14	KPI Reporting Aggregation	<input checked="" type="checkbox"/> National <input checked="" type="checkbox"/> Regional <input type="checkbox"/> LHO Area <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> County <input type="checkbox"/> Institution <input type="checkbox"/> Other – give details:
15	KPI is reported in which reports ?	<input type="checkbox"/> Corporate Plan Report <input checked="" type="checkbox"/> Performance Report (NSP/CBP) <input type="checkbox"/> CompStat <input type="checkbox"/> 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		Fiachra Bane, HIPE, Tel: 045 988330 Email: fiachra.bane@hse.ie Derek McCormack, BIU Acute, Tel: 01 620 1690 E:Derek.mccormack@hse.ie
Manager / Specialist Lead		Sharon Morrow, RCPI, Tel: 01 6698820
National Lead and Directorate		Dr. Ciaran Browne, National Lead Acute Hospital Services, Tel: 01 635 2232

Acute Hospitals including Clinical Programmes: Epilepsy

1	KPI Title	Percentage reduction in no. of bed days for epilepsy inpatient discharges
2	KPI Description	% reduction in no. of bed days for epilepsy inpatients discharges No. of bed days for hospital inpatients with a principal diagnosis of epilepsy/ Status epilepticus/ Fit or Seizure NOS
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). <input type="checkbox"/> Person Centred Care <input type="checkbox"/> Effective Care Safe Care <input type="checkbox"/> Better Health and Wellbeing <input type="checkbox"/> Use of Information <input type="checkbox"/> Workforce <input type="checkbox"/> Use of Resources <input type="checkbox"/> Governance, Leadership and Management <input type="checkbox"/>
4	KPI Target	NSP 2013 Target: 10%
5	KPI Calculation	No. of bed days -----*100 No. of bed days for reference period For ICD10 CM codes G40* G41* and R568
6	Data Source	
	Data Completeness	HIPE
	Data Quality Issues	
7	Data Collection Frequency	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> 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: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details: Please indicate who is responsible for monitoring this KPI: _____
12	KPI Reporting Frequency	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details:
13	KPI report period	<input type="checkbox"/> Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) <input type="checkbox"/> Monthly in arrears (June data reported in July) <input type="checkbox"/> Quarterly in arrears (quarter 1 data reported in quarter 2) <input type="checkbox"/> Rolling 12 months (previous 12 month period)
14	KPI Reporting Aggregation	<input checked="" type="checkbox"/> National <input checked="" type="checkbox"/> Regional <input type="checkbox"/> LHO Area <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> County <input type="checkbox"/> Institution <input type="checkbox"/> Other – give details:
15	KPI is reported in which reports ?	<input type="checkbox"/> Corporate Plan Report <input checked="" type="checkbox"/> Performance Report (NSP/CBP) <input type="checkbox"/> CompStat <input type="checkbox"/> 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		Fiachra Bane, HIPE, Tel: 045 988330 Email: fiachra.bane@hse.ie Derek McCormack, BIU Acute, Tel: 01 620 1690 E:Derek.mccormack@hse.ie
National Lead and Directorate		Dr. Ciaran Browne, National Lead Acute Hospital Services, Tel: 01 635 2232

Acute Hospitals including Clinical Programmes: Dermatology OPD

1	KPI Title	Number of new patients waiting >3 months for dermatology OPD appointment
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). <input type="checkbox"/> Person Centred Care <input checked="" type="checkbox"/> Effective Care <input type="checkbox"/> Safe Care <input type="checkbox"/> Better Health and Wellbeing <input type="checkbox"/> Use of Information <input type="checkbox"/> Workforce <input type="checkbox"/> Use of Resources <input type="checkbox"/> Governance, Leadership and Management
	KPI Target	NSP 2013 Target: 10% improvement on baseline
	KPI Calculation	Number of new referrals waiting to be seen in hospital clinic by timeband
6	Data Source	Sourced from Hospitals PAS systems to NTPF Coverage all acute hospitals 100%
	Data Completeness	All acute hospitals reporting
	Data Quality Issues	
7	Data Collection Frequency	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details:
8	Tracer Conditions	New patients on OPD dermatology list for longer than three months
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: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details: Please indicate who is responsible for monitoring this KPI: Hospital Manager/NTPF/SDU
	KPI Reporting Frequency	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details:
13	KPI report period	<input checked="" type="checkbox"/> Current (e.g. quarterly data reported within the same quarter of activity)
		<input type="checkbox"/> Monthly in arrears (June data reported in July)
		<input type="checkbox"/> Quarterly in arrears (quarter 1 data reported in quarter 2)
		<input type="checkbox"/> Rolling 12 months (previous 12 month period)
14	KPI Reporting Aggregation	<input type="checkbox"/> National <input type="checkbox"/> Regional <input type="checkbox"/> LHO Area <input checked="" type="checkbox"/> Hospital
		<input type="checkbox"/> County <input type="checkbox"/> Institution <input type="checkbox"/> Other – give details:
15	KPI is reported in which reports ?	<input type="checkbox"/> Corporate Plan Report <input checked="" type="checkbox"/> Performance Report (NSP/CBP) <input type="checkbox"/> CompStat <input type="checkbox"/> Other – give details:
16	Web link to data	http://www.hse.ie/eng/services/Publications/corporate/Performance_Reports_Monthly.html
17	Additional Information	ICD code disaggregation will be considered in subsequent phases of Data Quality Programme.
Contact details for Data		Sharon Morrow – 087 6472805 email: sharonmorrow@rcpi.ie Dr Emer Feely, Department of Public Health, Dr Steeven's Hospital, Dublin 8
Manager / Specialist Lead		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	No. of new dermatology outpatients seen per hospital per year
2	KPI Description	
3	KPI Rationale	
	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two). <input type="checkbox"/> Person Centred Care <input type="checkbox"/> Effective Care <input type="checkbox"/> Safe Care <input type="checkbox"/> Better Health and Wellbeing <input type="checkbox"/> Use of Information <input type="checkbox"/> Workforce <input type="checkbox"/> Use of Resources <input type="checkbox"/> Governance, Leadership and Management
4	KPI Target	NSP 2013 Target: 40,000
5	KPI Calculation	
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	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> 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: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details: Please indicate who is responsible for monitoring this KPI: Hospital Manager/ Clinical Programme
12	KPI Reporting Frequency	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details:
13	KPI report period	<input type="checkbox"/> Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) <input type="checkbox"/> Monthly in arrears (June data reported in July) <input type="checkbox"/> Quarterly in arrears (quarter 1 data reported in quarter 2) <input type="checkbox"/> Rolling 12 months (previous 12 month period)
14	KPI Reporting Aggregation	<input type="checkbox"/> National <input type="checkbox"/> Regional <input type="checkbox"/> LHO Area <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> County <input type="checkbox"/> Institution <input type="checkbox"/> Other – give details:
15	KPI is reported in which reports ?	<input type="checkbox"/> Corporate Plan Report <input checked="" type="checkbox"/> Performance Report (NSP/CBP) <input type="checkbox"/> CompStat <input type="checkbox"/> Other – give details:
16	Web link to data	http://www.hse.ie/eng/services/Publications/corporate/Performance_Reports_Monthly.html
17	Additional Information	ICD code disaggregation will be considered in subsequent phases of Data Quality Programme.
Contact details for Data		Sharon Morrow – 087 6472805 email: sharonmorrow@rcpi.ie Dr Emer Feely, Department of Public Health, Dr Steeven's Hospital, Dublin 8
Manager / Specialist Lead		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	Referral: new 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 (e.g. per quarter) 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). <input type="checkbox"/> Person Centred Care <input type="checkbox"/> Effective Care <input type="checkbox"/> Safe Care <input type="checkbox"/> Better Health and Wellbeing <input type="checkbox"/> Use of Information <input type="checkbox"/> Workforce <input checked="" type="checkbox"/> Use of Resources <input checked="" type="checkbox"/> Governance, Leadership and Management
	KPI Target	NSP 2013 Target: 10% improvement on baseline
	2012 Target	Ratio 1:1
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	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> 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: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details: Please indicate who is responsible for monitoring this KPI: Hospital Manager/ Clinical Programme
12	KPI Reporting Frequency	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details:
13	KPI report period	<input type="checkbox"/> Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) <input type="checkbox"/> Monthly in arrears (June data reported in July) <input type="checkbox"/> Quarterly in arrears (quarter 1 data reported in quarter 2) <input type="checkbox"/> Rolling 12 months (previous 12 month period)
14	KPI Reporting Aggregation	<input type="checkbox"/> National <input type="checkbox"/> Regional <input type="checkbox"/> LHO Area <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> County <input type="checkbox"/> Institution <input type="checkbox"/> Other – give details:
15	KPI is reported in which reports ?	<input type="checkbox"/> Corporate Plan Report <input checked="" type="checkbox"/> Performance Report (NSP/CBP) <input type="checkbox"/> CompStat <input type="checkbox"/> Other – give details:
16	Web link to data	http://www.hse.ie/eng/services/Publications/corporate/Performance_Reports_Monthly.html
17	Additional Information	ICD code disaggregation will be considered in subsequent phases of Data Quality Programme.
Contact details for Data		Sharon Morrow – 087 6472805 email: sharonmorrow@rcpi.ie Dr Emer Feely, Department of Public Health, Dr Steeven's Hospital, Dublin 8
Manager / Specialist Lead		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 outpatients seen per hospital per year
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	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). <input type="checkbox"/> Person Centred Care <input type="checkbox"/> Effective Care <input type="checkbox"/> Safe Care <input type="checkbox"/> Better Health and Wellbeing <input type="checkbox"/> Use of Information <input type="checkbox"/> Workforce <input type="checkbox"/> Use of Resources <input type="checkbox"/> Governance, Leadership and Management
	KPI Target	NSP 2013 Target: 12,400
4	KPI Calculation	Number of new referrals waiting to be seen in hospital clinic by timeband.
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	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> 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: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details: Please indicate who is responsible for monitoring this KPI: _____
12	KPI Reporting Frequency	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details:
13	KPI report period	<input type="checkbox"/> Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) <input type="checkbox"/> Monthly in arrears (June data reported in July) <input type="checkbox"/> Quarterly in arrears (quarter 1 data reported in quarter 2) <input type="checkbox"/> Rolling 12 months (previous 12 month period)
14	KPI Reporting Aggregation	<input type="checkbox"/> National <input type="checkbox"/> Regional <input type="checkbox"/> LHO Area <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> County <input type="checkbox"/> Institution <input type="checkbox"/> Other – give details:
15	KPI is reported in which reports ?	<input type="checkbox"/> Corporate Plan Report <input checked="" type="checkbox"/> Performance Report (NSP/CBP) <input type="checkbox"/> CompStat <input type="checkbox"/> Other – give details:
16	Web link to data	http://www.hse.ie/eng/services/Publications/corporate/Performance_Reports_Monthly.html
17	Additional Information	ICD code disaggregation will be considered in subsequent phases of Data Quality Programme.
Contact details for Data		Sharon Morrow – 087 6472805 email: sharonmorrow@rcpi.ie
Manager / Specialist Lead		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	Referral: new 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 (e.g. per quarter) 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). <input type="checkbox"/> Person Centred Care <input type="checkbox"/> Effective Care <input type="checkbox"/> Safe Care <input type="checkbox"/> Better Health and Wellbeing <input type="checkbox"/> Use of Information <input type="checkbox"/> Workforce <input type="checkbox"/> Use of Resources <input type="checkbox"/> Governance, Leadership and Management
	KPI Target	NSP 2013 Target: 10% improvement on baseline
	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	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> 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: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details: Please indicate who is responsible for monitoring this KPI: _____
12	KPI Reporting Frequency	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details:
13	KPI report period	<input type="checkbox"/> Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) <input type="checkbox"/> Monthly in arrears (June data reported in July) <input type="checkbox"/> Quarterly in arrears (quarter 1 data reported in quarter 2) <input type="checkbox"/> Rolling 12 months (previous 12 month period)
14	KPI Reporting Aggregation	<input type="checkbox"/> National <input type="checkbox"/> Regional <input type="checkbox"/> LHO Area <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> County <input type="checkbox"/> Institution <input type="checkbox"/> Other – give details:
15	KPI is reported in which reports ?	<input type="checkbox"/> Corporate Plan Report <input checked="" type="checkbox"/> Performance Report (NSP/CBP) <input type="checkbox"/> CompStat <input type="checkbox"/> Other – give details:
16	Web link to data	http://www.hse.ie/eng/services/Publications/corporate/Performance_Reports_Monthly.html
17	Additional Information	ICD code disaggregation will be considered in subsequent phases of Data Quality Programme.
Contact details for Data		Sharon Morrow – 087 6472805 email: sharonmorrow@rcpi.ie Dr Emer Feely, Consultant Dept of Public Health, Dr Steeven's Hospital
Manager / Specialist Lead		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: Neurology OPD

1	KPI Title	No. of new neurology patient seen per year
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). <input type="checkbox"/> Person Centred Care <input type="checkbox"/> Effective Care <input type="checkbox"/> Safe Care <input type="checkbox"/> Better Health and Wellbeing <input type="checkbox"/> Use of Information <input type="checkbox"/> Workforce <input type="checkbox"/> Use of Resources <input type="checkbox"/> Governance, Leadership and Management
4	KPI Target	NSP 2013 Target: 15,400
5	KPI Calculation	Number of new referrals waiting to be seen in hospital clinic by timeband
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	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> 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: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details: Please indicate who is responsible for monitoring this KPI: _____
12	KPI Reporting Frequency	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details:
13	KPI report period	<input type="checkbox"/> Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) <input type="checkbox"/> Monthly in arrears (June data reported in July) <input type="checkbox"/> Quarterly in arrears (quarter 1 data reported in quarter 2) <input type="checkbox"/> Rolling 12 months (previous 12 month period)
14	KPI Reporting Aggregation	<input type="checkbox"/> National <input type="checkbox"/> Regional <input type="checkbox"/> LHO Area <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> County <input type="checkbox"/> Institution <input type="checkbox"/> Other – give details:
15	KPI is reported in which reports ?	<input type="checkbox"/> Corporate Plan Report <input checked="" type="checkbox"/> Performance Report (NSP/CBP) <input type="checkbox"/> CompStat <input type="checkbox"/> Other – give details:
16	Web link to data	http://www.hse.ie/eng/services/Publications/corporate/Performance_Reports_Monthly.html
17	Additional Information	ICD code disaggregation will be considered in subsequent phases of Data Quality Programme.
Contact details for Data		Sharon Morrow – 087 6472805 email: sharonmorrow@rcpi.ie Dr Emer Feely, Consultant Dept of Public Health, Dr Steeven's Hospital
Manager / Specialist Lead		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: Neurology OPD

1	KPI Title	Referral: new attendance ratio
2	KPI Description	This refers to the ratio of the number of new patients referred to a Neurology outpatient clinic over a certain time period (e.g. per quarter) 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). <input type="checkbox"/> Person Centred Care <input type="checkbox"/> Effective Care <input type="checkbox"/> Safe Care <input type="checkbox"/> Better Health and Wellbeing <input type="checkbox"/> Use of Information <input type="checkbox"/> Workforce <input checked="" type="checkbox"/> Use of Resources <input checked="" type="checkbox"/> Governance, Leadership and Management
	KPI Target	NSP 2013 Target: 1:3
	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	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> 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: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details: Please indicate who is responsible for monitoring this KPI: Hospital Manager/Clinical Lead/Programme
12	KPI Reporting Frequency	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details:
13	KPI report period	<input checked="" type="checkbox"/> Current (e.g. Current data reported biannually) <input type="checkbox"/> Monthly in arrears (June data reported in July) <input type="checkbox"/> Quarterly in arrears (quarter 1 data reported in quarter 2) <input type="checkbox"/> Rolling 12 months (previous 12 month period)
14	KPI Reporting Aggregation	<input checked="" type="checkbox"/> National <input checked="" type="checkbox"/> Regional <input type="checkbox"/> LHO Area <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> County <input type="checkbox"/> Institution <input type="checkbox"/> Other – give details:
15	KPI is reported in which reports ?	<input type="checkbox"/> Corporate Plan Report <input checked="" type="checkbox"/> Performance Report (NSP/CBP) <input type="checkbox"/> CompStat <input type="checkbox"/> Other – give details:
16	Web link to data	http://www.hse.ie/eng/services/Publications/corporate/Performance_Reports_Monthly.html
17	Additional Information	ICD code disaggregation will be considered in subsequent phases of Data Quality Programme.
Contact details for Data		Sharon Morrow – 087 6472805 email: sharonmorrow@rcpi.ie Dr Emer Feely, Consultant Dept of Public Health, Dr Steeven's Hospital
Manager / Specialist Lead		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

Pre-Hospital Emergency and Regrieval Care: Emergency Response Times

1	KPI Title	First response times to 112(999) emergency calls for Cardiac or Respiratory Arrest: i) % of Clinical Status 1 ECHO incidents receiving a first response 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 of the member of the public instructed to use an AED using a Community or Workplace AED via telephone instructions (Dispatch Life Support).
		Dispatch Life Support (DLS): An Emergency Medical Dispatcher whom is trained in line with the PHECC Training and Education Standards for EMS Call Taking and Dispatch, providing telephone instructions to a 999 caller, whom has access to an AED on how to perform CPR and use an AED, essentially providing a zero response time.
		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:

		<ul style="list-style-type: none"> • 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
		<p>Verification time: The time required to determine the caller's telephone number, exact location of the incident, the nature of the complaint and the AMPDS Dispatch Code by the call-taker in the Ambulance Control Centre.</p> <p>Response time: In order to calculate the response time the clock starts when the following details of the call have been ascertained:</p> <p>Caller's telephone number Exact location of the incident Nature of the chief complaint: and the AMPDS Dispatch Code</p> <p>The clock stops when a First Response is deployed at or arrives at the scene of the incident.</p> <p>Response time has two distinct phases, Activation Time and Response Time.</p> <p>Activation time: The time allocated from assignment of call to mobilisation of the responding resource.</p> <p>Response time: The time mobilisation of the resource to arrival at the patient</p>
3	KPI Rationale	The purpose of the metric is to drive improvements in responding to Cardiac or Respiratory Arrest. International Resuscitation Guidelines (ILCOR) have identified that patient survivability can be optimised if trained assistance can be provided 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).
		<input type="checkbox"/> Person Centred Care <input type="checkbox"/> Effective Care
		Safe Care <input type="checkbox"/> Better Health and Wellbeing <input type="checkbox"/> Use of Information <input type="checkbox"/>
		Workforce <input type="checkbox"/> Use of Resources <input type="checkbox"/> Governance, Leadership and Management <input type="checkbox"/>
4	KPI Target	2013 Target NSP 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	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details:
8	Tracer Conditions	In Accordance with AMPDS, Clinical Status 1 ECHO calls refers to a Cardiac or Respiratory Arrest to receive a first response in 7 minutes and 59 seconds or less
9	Minimum Data Set	Any Cardiac or Respiratory Arrest 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: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details: Please indicate who is responsible for monitoring this KPI: _____
12	KPI Reporting Frequency	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details:
13	KPI report period	<input type="checkbox"/> Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) <input type="checkbox"/> Monthly in arrears (June data reported in July) <input type="checkbox"/> Quarterly in arrears (quarter 1 data reported in quarter 2) <input type="checkbox"/> Rolling 12 months (previous 12 month period)
14	KPI Reporting Aggregation	<input type="checkbox"/> National <input type="checkbox"/> Regional <input type="checkbox"/> LHO Area <input type="checkbox"/> Hospital <input type="checkbox"/> County <input type="checkbox"/> Institution <input checked="" type="checkbox"/> Other – give details: Not yet known

15	KPI is reported in which reports ?	<input type="checkbox"/> Corporate Plan Report <input checked="" type="checkbox"/> Performance Report (NSP/CBP) <input type="checkbox"/> CompStat <input type="checkbox"/> 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		Pat McCreanor, Control and Performance Manager, NAS, Tel: 045 882 567 email: pat.mccreanor@hse.ie
National Lead and Directorate		Robert Morton, Director, NAS, email: robert.morton@hse.ie Simonetta Ryan, Principal Officer, Department of Health, Tel: 01 635 4301

Pre-Hospital Emergency and Regrieval Care: Emergency Response Times

1	KPI Title	First Responder response times to potential or actual 112(999) life threatening emergency calls other than Cardiac or Respiratory Arrest: i) % of Clinical Status 1 DELTA incidents receiving a first response within 7 minutes and 59 seconds or less.
2	KPI Description	<p>Clinical Status 1 DELTA Calls: Calls reporting an immediately life-threatening illness or injury</p> <p>First responder: An appropriately trained responder to Clinical Status 1 Calls dispatched by 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 or a minimum of the member of the public instructed to provide life saving treatment via telephone instructions (Pre Arrival Instructions).</p>
		<p>Pre Arrival Instructions (PAI): An Emergency Medical Dispatcher whom is trained in line with the PHECC Training and Education Standards for EMS Call Taking and Dispatch, providing telephone instructions to a 999 caller, on how to treat immediately life threatening injuries (e.g. severe haemorrhage), essentially providing a zero response time.</p>
		<p>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.</p>
		<p>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.</p>
		<p>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.</p>
		<p>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.</p>
		<p>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.</p>
		<p>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:</p>

		<ul style="list-style-type: none"> • 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
		<p>Verification time: The time required to determine the caller's telephone number, exact location of the incident, the nature of the complaint and the AMPDS Dispatch Code by the call-taker in the Ambulance Control Centre.</p> <p>Response time: In order to calculate the response time the clock starts when the following details of the call have been ascertained:</p> <p>Caller's telephone number Exact location of the incident Nature of the chief complaint: and the AMPDS Dispatch Code</p> <p>The clock stops when a First Response is deployed at or arrives at the scene of the incident.</p> <p>Response time has two distinct phases, Activation Time and Response Time.</p> <p>Activation time: The time allocated from assignment of call to mobilisation of the responding resource.</p> <p>Response time: The time mobilisation of the resource to arrival at the patient</p>
3	KPI Rationale	There is no clear evidence to support this KPI, however, international best practice is to provide a first response within within 7 minutes and 59 seconds
	Indicator Classification	<p>Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two).</p> <p><input type="checkbox"/> Person Centred Care <input type="checkbox"/> Effective Care</p> <p>Safe Care <input type="checkbox"/> Better Health and Wellbeing <input type="checkbox"/> Use of Information <input type="checkbox"/></p> <p>Workforce <input type="checkbox"/> Use of Resources <input type="checkbox"/> Governance, Leadership and Management <input type="checkbox"/></p>
4	KPI Target	2013 Targets NSP 24%
5	KPI Calculation	<p>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.</p> <p>Denominator: The total number of Clinical Status DELTA 1 calls received at the Ambulance Control Centre</p>
6	Data Source	
	Data Completeness	AMPDS (Advanced Medical Priority Dispatch System)
	Data Quality Issues	
7	Data Collection Frequency	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details:
8	Tracer Conditions	In Accordance with AMPDS, Clinical Status 1 DELTA calls refers to a potentially life threatening condition, other than Cardiac or Respiratory Arrest that requires a first response in 7 minutes and 59 seconds or less
9	Minimum Data Set	Any potentially life threatening condition, other than Cardiac or Respiratory Arrest 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	<p>KPI will be monitored on a (please indicate below) basis:</p> <p><input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details:</p> <p>Please indicate who is responsible for monitoring this KPI: _____</p>
12	KPI Reporting Frequency	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details:
13	KPI report period	<p><input type="checkbox"/> Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity)</p> <p><input type="checkbox"/> Monthly in arrears (June data reported in July)</p> <p><input type="checkbox"/> Quarterly in arrears (quarter 1 data reported in quarter 2)</p> <p><input type="checkbox"/> Rolling 12 months (previous 12 month period)</p>
14	KPI Reporting Aggregation	<p><input type="checkbox"/> National <input type="checkbox"/> Regional <input type="checkbox"/> LHO Area <input type="checkbox"/> Hospital</p> <p><input type="checkbox"/> County <input type="checkbox"/> Institution <input checked="" type="checkbox"/> Other – give details: Not yet known</p>

15	KPI is reported in which reports ?	<input type="checkbox"/> Corporate Plan Report <input checked="" type="checkbox"/> Performance Report (NSP/CBP) <input type="checkbox"/> CompStat <input type="checkbox"/> 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		Pat McCreanor, Control and Performance Manager, NAS, Tel: 045 882 567 email: pat.mccreanor@hse.ie
National Lead and Directorate		Robert Morton, Director, NAS, email: robert.morton@hse.ie Simonetta Ryan, Principal Officer, Department of Health, Tel: 01 635 4301

Pre-Hospital Emergency and Regrieval Care: Emergency Response Times

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	<p>Clinical Status 1 ECHO Calls: calls reporting a Cardiac or Respiratory Arrest</p> <p>Patient-carrying vehicle: any vehicle able to transport the patient in a clinically safe manner and dispatched by an NAS Control Centre. Examples include helicopter, lifeboat, aircraft, CEN* B compliant double-crewed fully equipped ambulance.</p> <p>Response time: the response time starts when the following details of the call have been ascertained: caller's telephone number; exact location of the incident; nature of the chief complaint and the AMPDS Dispatch Code. The clock stops when the transporting vehicle arrives at the scene of the incident.</p> <p>Response time has two distinct phases: activation time and response time.</p> <p>Activation time: from assignment of call to mobilisation of the responding resource.</p> <p>Response time: from mobilisation of the resource to arrival at the patient.</p> <p>CEN: Comité Européen de Normalisation (Committee for European Standardization)</p>
3	KPI Rationale	There is no clear evidence to support this KPI, however, international best practice is to provide a conveying response within within 18 minutes and 59 seconds
	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two).
		<input type="checkbox"/> Person Centred Care <input type="checkbox"/> Effective Care <input type="checkbox"/> Safe Care <input type="checkbox"/> Better Health and Wellbeing <input type="checkbox"/> Use of Information <input type="checkbox"/> Workforce <input type="checkbox"/> Use of Resources <input type="checkbox"/> Governance, Leadership and Management
4	KPI Target	2013 Target NSP 70%
5	KPI Calculation	<p>Numerator: The total number of Clinical Status 1 ECHO emergency calls responded to in 18 minutes and 59 seconds or less from the time a call is verified to the arrival of a transporting vehicle at the scene of an incident.</p> <p>Denominator: The total number of Clinical Status 1 ECHO calls received at the Ambulance Control Centre</p>
6	Data Source	AMPDS (Advanced Medical Priority Dispatch System)
	Data Completeness	
	Data Quality Issues	
7	Data Collection Frequency	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details:
8	Tracer Conditions	In Accordance with AMPDS Clinical Status 1 ECHO refers to a Cardiac or Respiratory Arrest responded to by a patient-carrying vehicle in 18 minutes and 59 seconds or less
9	Minimum Data Set	Any Cardiac or Respiratory Arrest responded to by a patient-carrying vehicle in 18 minutes and 59 seconds or less
10	International Comparison	The standard is based on HIQA Response Times and Quality Standards for Pre Hospital Emergency Care, published on 18 January 2011. These standards are based on an analysis of similar standards in other jurisdictions
11	KPI Monitoring	<p>KPI will be monitored on a (please indicate below) basis:</p> <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details:
12	KPI Reporting Frequency	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details:
13	KPI report period	<input type="checkbox"/> Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) <input type="checkbox"/> Monthly in arrears (June data reported in July) <input type="checkbox"/> Quarterly in arrears (quarter 1 data reported in quarter 2) <input type="checkbox"/> Rolling 12 months (previous 12 month period)
14	KPI Reporting Aggregation	<input type="checkbox"/> National <input type="checkbox"/> Regional <input type="checkbox"/> LHO Area <input type="checkbox"/> Hospital <input type="checkbox"/> County <input type="checkbox"/> Institution <input checked="" type="checkbox"/> Other – give details: Not yet known
15	KPI is reported in which reports ?	<input type="checkbox"/> Corporate Plan Report <input checked="" type="checkbox"/> Performance Report (NSP/CBP) <input type="checkbox"/> CompStat <input type="checkbox"/> 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		Pat McCreanor, Control and Performance Manager, NAS, Tel: 045 882 567 email: pat.mccreanor@hse.ie
National Lead and Directorate		Robert Morton, Director, NAS, email: robert.morton@hse.ie Simonetta Ryan, Principal Officer, Department of Health, Tel: 01 635 4301

Pre-Hospital Emergency and Regrieval Care: Emergency Response Times

1	KPI Title	% of Clinical Status 1 DELTA incidents responded to by a patient-carrying vehicle in 18 minutes and 59 seconds or less.
2	KPI Description	<p>Clinical Status 1 DELTA Calls: calls reporting a potentially life threatening condition other than Cardiac or Respiratory Arrest</p> <p>Patient-carrying vehicle: any vehicle able to transport the patient in a clinically safe manner and dispatched by an NAS Control Centre. Examples include helicopter, lifeboat, aircraft, CEN* B compliant double-crewed fully equipped ambulance.</p> <p>Response time: the response time starts when the following details of the call have been ascertained: caller's telephone number; exact location of the incident; nature of the chief complaint and the AMPDS Dispatch Code. The clock stops when the transporting vehicle arrives at the scene of the incident.</p> <p>Response time has two distinct phases: activation time and response time.</p> <p>Activation time: from assignment of call to mobilisation of the responding resource.</p> <p>Response time: from mobilisation of the resource to arrival at the patient.</p> <p>CEN: Comité Européen de Normalisation (Committee for European Standardization)</p>
3	KPI Rationale	There is no clear evidence to support this KPI, however, international best practice is to provide a conveying response within within 18 minutes and 59 seconds
	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two).
		<input type="checkbox"/> Person Centred Care <input type="checkbox"/> Effective Care <input type="checkbox"/> Safe Care <input type="checkbox"/> Better Health and Wellbeing <input type="checkbox"/> Use of Information <input type="checkbox"/> Workforce <input type="checkbox"/> Use of Resources <input type="checkbox"/> Governance, Leadership and Management
4	KPI Target	2013 Target: NSP 68%
5	KPI Calculation	<p>Numerator: The total number of Clinical Status 1 ECHO emergency calls responded to in 18 minutes and 59 seconds or less from the time a call is verified to the arrival of a transporting vehicle at the scene of an incident.</p> <p>Denominator: The total number of Clinical Status 1 ECHO calls received at the Ambulance Control Centre</p>
6	Data Source	AMPDS (Advanced Medical Priority Dispatch System)
	Data Completeness	
	Data Quality Issues	
7	Data Collection Frequency	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details:
8	Tracer Conditions	In Accordance with AMPDS, Clinical Status 1 DELTA calls refers to a potentially life threatening condition, other than Cardiac or Respiratory Arrest that requires a transporting vehicle response in 18 minutes and 59 seconds or less
9	Minimum Data Set	Any potentially life threatening condition, other than Cardiac or Respiratory Arrest requiring a transporting vehicle response within 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	<p>KPI will be monitored on a (please indicate below) basis:</p> <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details:
12	KPI Reporting Frequency	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details:
13	KPI report period	<input type="checkbox"/> Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) <input type="checkbox"/> Monthly in arrears (June data reported in July) <input type="checkbox"/> Quarterly in arrears (quarter 1 data reported in quarter 2) <input type="checkbox"/> Rolling 12 months (previous 12 month period)
14	KPI Reporting Aggregation	<input type="checkbox"/> National <input type="checkbox"/> Regional <input type="checkbox"/> LHO Area <input type="checkbox"/> Hospital <input type="checkbox"/> County <input type="checkbox"/> Institution <input checked="" type="checkbox"/> Other – give details: Not yet known
15	KPI is reported in which reports ?	<input type="checkbox"/> Corporate Plan Report <input checked="" type="checkbox"/> Performance Report (NSP/CBP) <input type="checkbox"/> CompStat <input type="checkbox"/> 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		Pat McCreanor, Control and Performance Manager, NAS, Tel: 045 882 567 email: pat.mccreanor@hse.ie
National Lead and Directorate		Robert Morton, Director, NAS, email: robert.morton@hse.ie Simonetta Ryan, Principal Officer, Department of Health, Tel: 01 635 4301

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	<p>Clinical Status 1 Delta Calls: calls reporting a potentially life-threatening illness or Injury</p> <p>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.</p> <p>Response time: the response time starts when the following details of the call have been ascertained: caller's telephone number; exact location of the incident; nature of the chief complaint. The clock stops when the transporting vehicle arrives at the scene of the incident.</p> <p>Response time has two distinct phases: activation time and response time.</p> <p>Activation time: from assignment of call to mobilisation of the responding resource.</p> <p>Response time: from mobilisation of the resource to arrival at the patient.</p> <p>* CEN: Comité Européen de Normalisation (Committee for European Standardization)</p>
3	KPI Rationale	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	<p>Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two).</p> <p><input type="checkbox"/> Person Centred Care <input type="checkbox"/> Effective Care</p> <p>Safe Care <input type="checkbox"/> Better Health and Wellbeing <input type="checkbox"/> Use of Information <input type="checkbox"/></p> <p>Workforce <input type="checkbox"/> Use of Resources <input type="checkbox"/> Governance, Leadership and Management <input type="checkbox"/></p>
4	KPI Target	NSP 2013 Target:
5	KPI Calculation	<p>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.</p> <p>Denominator: The total number of Clinical Status Delta 1 calls received at the Ambulance Control Centre</p>
6	Data Source	
	Data Completeness	AMPDS (Advanced Medical Priority Dispatch System)
	Data Quality Issues	
7	Data Collection Frequency	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> 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	<p>KPI will be monitored on a (please indicate below) basis:</p> <p><input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details:</p> <p>Please indicate who is responsible for monitoring this KPI: _____</p>
12	KPI Reporting Frequency	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details:
13	KPI report period	<input type="checkbox"/> Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) <input type="checkbox"/> Monthly in arrears (June data reported in July) <input type="checkbox"/> Quarterly in arrears (quarter 1 data reported in quarter 2) <input type="checkbox"/> Rolling 12 months (previous 12 month period)
14	KPI Reporting Aggregation	<input type="checkbox"/> National <input type="checkbox"/> Regional <input type="checkbox"/> LHO Area <input type="checkbox"/> Hospital <input type="checkbox"/> County <input type="checkbox"/> Institution <input checked="" type="checkbox"/> Other – give details: Not yet known
15	KPI is reported in which reports ?	<input type="checkbox"/> Corporate Plan Report <input checked="" type="checkbox"/> Performance Report (NSP/CBP) <input type="checkbox"/> CompStat <input type="checkbox"/> 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	Pat McCreanor, Control and Performance Manager, NAS, Tel: 045 882 567 email: pat.mccreanor@hse.ie
	National Lead and Directorate	Robert Morton, Assistant National Director, NAS, email: robert.morton@hse.ie Simonetta Ryan, Principal Officer, Department of Health, Tel: 01 635 4301
16	Web link to data	http://www.hse.ie/eng/services/Publications/corporate/Performance_Reports_Monthly.html
17	Additional Information	

Contact details for Data	Pat McCreanor, Control and Performance Manager, NAS, Tel: 045 882 567 email: pat.mccreanor@hse.ie
National Lead and Directorate	Robert Morton, Assistant National Director, NAS, email: robert.morton@hse.ie Simonetta Ryan, Principal Officer, Department of Health, Tel: 01 635 4301

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). <input checked="" type="checkbox"/> Person Centred Care <input type="checkbox"/> Effective Care <input type="checkbox"/> Safe Care <input type="checkbox"/> Better Health and Wellbeing <input type="checkbox"/> Use of Information <input type="checkbox"/> Workforce <input type="checkbox"/> Use of Resources <input type="checkbox"/> Governance, Leadership and Management
4	KPI Target	NSP 2013 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	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details: Please indicate who is responsible for monitoring this KPI: NCCP/Cancer Network Managers
12	KPI Reporting Frequency	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details:
13	KPI report period	<input type="checkbox"/> Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) <input type="checkbox"/> Monthly in arrears (June data reported in July) <input checked="" type="checkbox"/> Quarterly in arrears (quarter 1 data reported in quarter 2) <input type="checkbox"/> Rolling 12 months (previous 12 month period)
14	KPI Reporting Aggregation	<input checked="" type="checkbox"/> National <input type="checkbox"/> Regional <input type="checkbox"/> LHO Area <input type="checkbox"/> Hospital <input type="checkbox"/> County <input type="checkbox"/> Institution <input checked="" type="checkbox"/> Other – give details: Cancer Centre
15	KPI is reported in which reports ?	<input type="checkbox"/> Corporate Plan Report <input checked="" type="checkbox"/> Performance Report (NSP/CBP) <input type="checkbox"/> CompStat <input type="checkbox"/> 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 Directorate		Dr. Susan O'Reilly, National Director, NCCP Tel: 01 8287100 Mary Jackson, Principal Officer, Department of Health, Tel: 01 6354337

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). <input checked="" type="checkbox"/> Person Centred Care <input type="checkbox"/> Effective Care <input type="checkbox"/> Safe Care <input type="checkbox"/> Better Health and Wellbeing <input type="checkbox"/> Use of Information <input type="checkbox"/> Workforce <input type="checkbox"/> Use of Resources <input type="checkbox"/> Governance, Leadership and Management
4	KPI Target	NSP 2013 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. 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	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details: Please indicate who is responsible for monitoring this KPI: NCCP Cancer Network Managers
12	KPI Reporting Frequency	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details:
13	KPI report period	<input type="checkbox"/> Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) <input checked="" type="checkbox"/> Monthly in arrears (June data reported in July) <input type="checkbox"/> Quarterly in arrears (quarter 1 data reported in quarter 2) <input type="checkbox"/> Rolling 12 months (previous 12 month period)
14	KPI Reporting Aggregation	<input checked="" type="checkbox"/> National <input type="checkbox"/> Regional <input type="checkbox"/> LHO Area <input type="checkbox"/> Hospital <input type="checkbox"/> County <input type="checkbox"/> Institution <input checked="" type="checkbox"/> Other – give details: Cancer Centre
15	KPI is reported in which reports ?	<input type="checkbox"/> Corporate Plan Report <input checked="" type="checkbox"/> Performance Report (NSP/CBP) <input type="checkbox"/> CompStat <input type="checkbox"/> 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 Directorate		Dr. Susan O'Reilly, National Director, NCCP Tel: 01 8287100 Mary Jackson, Principal Officer, Department of Health, Tel: 01 6354337

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 referrals were triaged as urgent by the cancer centre and were offered an appointment within 10 working days 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). <input checked="" type="checkbox"/> Person Centred Care <input type="checkbox"/> Effective Care <input type="checkbox"/> Safe Care <input type="checkbox"/> Better Health and Wellbeing <input type="checkbox"/> Use of Information <input type="checkbox"/> Workforce <input type="checkbox"/> Use of Resources <input type="checkbox"/> Governance, Leadership and Management <input type="checkbox"/>
4	KPI Target	NSP 2013 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 appointment to attend a symptomatic breast clinic within 10 working days of the date of receipt of the referral letter in the cancer office Denominator: The total number of patients triaged as urgent by the cancer centre 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	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input checked="" type="checkbox"/> 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, 2006 Referrals: includes all sources of referrals and not just GP referrals A working day is defined as any day (other than Saturday, Sunday or bank holiday) on which scheduled clinics can be conducted. There may be additional days throughout the year that are designated as non working days (e.g. at Christmas) depending on the custom or practice of the hospital.
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 clinic
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: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details: Please indicate who is responsible for monitoring this KPI:
12	KPI Reporting Frequency	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details:
13	KPI report period	<input type="checkbox"/> Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) <input type="checkbox"/> Monthly in arrears (June data reported in July) <input checked="" type="checkbox"/> Quarterly in arrears (quarter 1 data reported in quarter 2) <input type="checkbox"/> Rolling 12 months (previous 12 month period)
14	KPI Reporting Aggregation	<input checked="" type="checkbox"/> National <input type="checkbox"/> Regional <input type="checkbox"/> LHO Area <input type="checkbox"/> Hospital <input type="checkbox"/> County <input type="checkbox"/> Institution <input checked="" type="checkbox"/> Other – give details: Cancer Centre
15	KPI is reported in which reports ?	<input type="checkbox"/> Corporate Plan Report <input checked="" type="checkbox"/> Performance Report (NSP/CBP) <input type="checkbox"/> CompStat <input type="checkbox"/> 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 Directorate		Dr. Susan O'Reilly, National Director, NCCP Tel: 01 8287100 Mary Jackson, Principal Officer, Department of Health, Tel: 01 6354337

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). <input checked="" type="checkbox"/> Person Centred Care <input type="checkbox"/> Effective Care <input checked="" type="checkbox"/> Safe Care <input checked="" type="checkbox"/> Better Health and Wellbeing <input type="checkbox"/> Use of Information <input type="checkbox"/> <input type="checkbox"/> Workforce <input type="checkbox"/> Use of Resources <input type="checkbox"/> Governance, Leadership and Management <input type="checkbox"/>
4	KPI Target	NSP 2013 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	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input checked="" type="checkbox"/> 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, HIQA, 2006 i Referrals: includes all sources of referrals and not just GP referralsii Non urgent includes early and routine referrals.
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 clinic
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: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details: Please indicate who is responsible for monitoring this KPI: NCCP Cancer network managers
12	KPI Reporting Frequency	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details:
13	KPI report period	<input type="checkbox"/> Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) <input type="checkbox"/> Monthly in arrears (June data reported in July) <input checked="" type="checkbox"/> Quarterly in arrears (quarter 1 data reported in quarter 2) <input type="checkbox"/> Rolling 12 months (previous 12 month period)
14	KPI Reporting Aggregation	<input checked="" type="checkbox"/> National <input type="checkbox"/> Regional <input type="checkbox"/> LHO Area <input type="checkbox"/> Hospital <input type="checkbox"/> County <input type="checkbox"/> Institution <input checked="" type="checkbox"/> Other – give details: Cancer Centre
15	KPI is reported in which reports ?	<input type="checkbox"/> Corporate Plan Report <input checked="" type="checkbox"/> Performance Report (NSP/CBP) <input type="checkbox"/> CompStat <input type="checkbox"/> 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 Directorate	Dr. Susan O'Reilly, National Director, NCCP Tel: 01 8287100 Mary Jackson, Principal Officer, Department of Health, Tel: 01 6354337
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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 success (i.e. reduction in mortality). 400k eligible.
	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two). <input type="checkbox"/> Person Centred Care <input checked="" type="checkbox"/> Effective Care <input type="checkbox"/> Safe Care <input type="checkbox"/> Better Health and Wellbeing <input type="checkbox"/> Use of Information <input type="checkbox"/> Workforce <input type="checkbox"/> Use of Resources <input type="checkbox"/> Governance, Leadership and Management
4	KPI Target	NSP 2013 target: 140,000
5	KPI Calculation	A sum of the number of new patients who attended for breast screening in the reporting month. 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	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> 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: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details: Please indicate who is responsible for monitoring this KPI: The NCSS Programme Evaluation Unit reports this data to the BEMT (Breast Executive Management Team) quarterly.
12	KPI Reporting Frequency	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details:
13	KPI report period	<input type="checkbox"/> Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) <input type="checkbox"/> Monthly in arrears (June data reported in July) <input checked="" type="checkbox"/> Quarterly in arrears (quarter 1 data reported in quarter 2) <input type="checkbox"/> Rolling 12 months (previous 12 month period)
14	KPI Reporting Aggregation	<input checked="" type="checkbox"/> National <input type="checkbox"/> Regional <input type="checkbox"/> LHO Area <input type="checkbox"/> Hospital <input type="checkbox"/> County <input type="checkbox"/> Institution <input type="checkbox"/> Other – give details:
15	KPI is reported in which reports ?	<input type="checkbox"/> Corporate Plan Report <input checked="" type="checkbox"/> Performance Report (NSP/CBP) <input type="checkbox"/> CompStat <input type="checkbox"/> 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		Dr. Deirdre Murray, NCCP Tel: 021 4927601 Email: DeirdreE.Murray@hse.ie
National Lead and Directorate		Dr. Susan O'Reilly, National Director, NCCP Tel: 01 8287100 Mary Jackson, Principal Officer, Department of Health, Tel: 01 6354337

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). <input checked="" type="checkbox"/> Person Centred Care <input type="checkbox"/> Effective Care <input type="checkbox"/> Safe Care <input type="checkbox"/> Better Health and Wellbeing <input type="checkbox"/> Use of Information <input type="checkbox"/> Workforce <input type="checkbox"/> Use of Resources <input type="checkbox"/> Governance, Leadership and Management
4	KPI Target	NSP 2013 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	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> 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: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details: Please indicate who is responsible for monitoring this KPI: NCCP Cancer Network Managers
12	KPI Reporting Frequency	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details:
13	KPI report period	<input type="checkbox"/> Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) <input type="checkbox"/> Monthly in arrears (June data reported in July) <input checked="" type="checkbox"/> Quarterly in arrears (quarter 1 data reported in quarter 2) <input type="checkbox"/> Rolling 12 months (previous 12 month period)
14	KPI Reporting Aggregation	<input checked="" type="checkbox"/> National <input type="checkbox"/> Regional <input type="checkbox"/> LHO Area <input type="checkbox"/> Hospital <input type="checkbox"/> County <input type="checkbox"/> Institution <input checked="" type="checkbox"/> Other – give details: Cancer Centre
15	KPI is reported in which reports ?	<input type="checkbox"/> Corporate Plan Report <input checked="" type="checkbox"/> Performance Report (NSP/CBP) <input type="checkbox"/> CompStat <input type="checkbox"/> 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 Directorate		Dr. Susan O'Reilly, National Director, NCCP Tel: 01 8287100 Mary Jackson, Principal Officer, Department of Health, Tel: 01 6354337

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). <input checked="" type="checkbox"/> Person Centred Care <input type="checkbox"/> Effective Care <input type="checkbox"/> Safe Care <input type="checkbox"/> Better Health and Wellbeing <input type="checkbox"/> Use of Information <input type="checkbox"/> Workforce <input type="checkbox"/> Use of Resources <input type="checkbox"/> Governance, Leadership and Management
4	KPI Target	NSP 2013 target:
	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	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> 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: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details: Please indicate who is responsible for monitoring this KPI: __NCCP Cancer Network managers
12	KPI Reporting Frequency	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details:
13	KPI report period	<input type="checkbox"/> Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) <input type="checkbox"/> Monthly in arrears (June data reported in July) <input checked="" type="checkbox"/> Quarterly in arrears (quarter 1 data reported in quarter 2) <input type="checkbox"/> Rolling 12 months (previous 12 month period)
14	KPI Reporting Aggregation	<input checked="" type="checkbox"/> National <input type="checkbox"/> Regional <input type="checkbox"/> LHO Area <input type="checkbox"/> Hospital <input type="checkbox"/> County <input type="checkbox"/> Institution <input checked="" type="checkbox"/> Other – give details: Cancer Centre
15	KPI is reported in which reports ?	<input type="checkbox"/> Corporate Plan Report <input checked="" type="checkbox"/> Performance Report (NSP/CBP) <input type="checkbox"/> CompStat <input type="checkbox"/> 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 Directorate	Dr. Susan O'Reilly, National Director, NCCP Tel: 01 8287100 Mary Jackson, Principal Officer, Department of Health, Tel: 01 6354337

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 <input checked="" type="checkbox"/> Effective Care Safe Care <input type="checkbox"/> Better Health and Wellbeing <input type="checkbox"/> Use of Information <input type="checkbox"/> Workforce <input type="checkbox"/> Use of Resources <input type="checkbox"/> Governance, Leadership and Management <input type="checkbox"/>
4	KPI Target	NSP 2013 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	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> 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: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details: Please indicate who is responsible for monitoring this KPI: NCCP Cancer Network Managers
12	KPI Reporting Frequency	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details:
13	KPI report period	<input checked="" type="checkbox"/> Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) <input type="checkbox"/> Monthly in arrears (June data reported in July) <input type="checkbox"/> Quarterly in arrears (quarter 1 data reported in quarter 2) <input type="checkbox"/> Rolling 12 months (previous 12 month period)
14	KPI Reporting Aggregation	<input checked="" type="checkbox"/> National <input type="checkbox"/> Regional <input type="checkbox"/> LHO Area <input type="checkbox"/> Hospital <input type="checkbox"/> County <input type="checkbox"/> Institution <input checked="" type="checkbox"/> Other – give details: Cancer Centre
15	KPI is reported in which reports ?	<input type="checkbox"/> Corporate Plan Report <input checked="" type="checkbox"/> Performance Report (NSP/CBP) <input type="checkbox"/> CompStat <input type="checkbox"/> 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 Directorate		Dr. Susan O'Reilly, National Director, NCCP Tel: 01 8287100 Mary Jackson, Principal Officer, Department of Health, Tel: 01 6354337

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 <input checked="" type="checkbox"/> Effective Care
		Safe Care <input type="checkbox"/> Better Health and Wellbeing <input type="checkbox"/> Use of Information <input type="checkbox"/>
		Workforce <input type="checkbox"/> Use of Resources <input type="checkbox"/> Governance, Leadership and Management <input type="checkbox"/>
4	KPI Target	NSP 2013 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	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> 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: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details: Please indicate who is responsible for monitoring this KPI: NCCP Cancer Network managers
12	KPI Reporting Frequency	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details:
13	KPI report period	<input checked="" type="checkbox"/> Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) <input type="checkbox"/> Monthly in arrears (June data reported in July) Quarterly in arrears (quarter 1 data reported in quarter 2) <input type="checkbox"/> Rolling 12 months (previous 12 month period)
14	KPI Reporting Aggregation	<input checked="" type="checkbox"/> National <input type="checkbox"/> Regional <input type="checkbox"/> LHO Area <input type="checkbox"/> Hospital <input type="checkbox"/> County <input type="checkbox"/> Institution <input checked="" type="checkbox"/> Other – give details: Cancer Centre
15	KPI is reported in which reports ?	<input type="checkbox"/> Corporate Plan Report <input checked="" type="checkbox"/> Performance Report (NSP/CBP) <input type="checkbox"/> CompStat <input type="checkbox"/> 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 Directorate		Dr. Susan O'Reilly, National Director, NCCP Tel: 01 8287100 Mary Jackson, Principal Officer, Department of Health, Tel: 01 6354337

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). <input checked="" type="checkbox"/> Person Centred Care <input type="checkbox"/> Effective Care <input type="checkbox"/> Safe Care <input type="checkbox"/> Better Health and Wellbeing <input type="checkbox"/> Use of Information <input type="checkbox"/> Workforce <input type="checkbox"/> Use of Resources <input type="checkbox"/> Governance, Leadership and Management
4	KPI Target	NSP 2013 target:
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	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> 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: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details: Please indicate who is responsible for monitoring this KPI: _____
12	KPI Reporting Frequency	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details:
13	KPI report period	<input type="checkbox"/> Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) <input type="checkbox"/> Monthly in arrears (June data reported in July) <input type="checkbox"/> Quarterly in arrears (quarter 1 data reported in quarter 2) <input type="checkbox"/> Rolling 12 months (previous 12 month period)
14	KPI Reporting Aggregation	<input checked="" type="checkbox"/> National <input type="checkbox"/> Regional <input type="checkbox"/> LHO Area <input type="checkbox"/> Hospital <input type="checkbox"/> County <input type="checkbox"/> Institution <input checked="" type="checkbox"/> Other – give details: Cancer Centre
15	KPI is reported in which reports ?	<input type="checkbox"/> Corporate Plan Report <input checked="" type="checkbox"/> Performance Report (NSP/CBP) <input type="checkbox"/> CompStat <input type="checkbox"/> 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 Directorate		Dr. Susan O'Reilly, National Director, NCCP Tel: 01 8287100 Mary Jackson, Principal Officer, Department of Health, Tel: 01 6354337

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). <input checked="" type="checkbox"/> Person Centred Care <input type="checkbox"/> Effective Care <input type="checkbox"/> Safe Care <input type="checkbox"/> Better Health and Wellbeing <input type="checkbox"/> Use of Information <input type="checkbox"/> Workforce <input type="checkbox"/> Use of Resources <input type="checkbox"/> Governance, Leadership and Management
4	KPI Target	NSP 2013 target: 8 Centres
5	KPI Calculation	Number of centres providing primary surgical treatment.
6	Data Source	National Cancer Control Programme
	Data Completeness	
	Data Quality Issues	
7	Data Collection Frequency	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> 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: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details: Please indicate who is responsible for monitoring this KPI: Cancer Network Managers
12	KPI Reporting Frequency	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details:
13	KPI report period	<input checked="" type="checkbox"/> Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) <input type="checkbox"/> Monthly in arrears (June data reported in July) <input type="checkbox"/> Quarterly in arrears (quarter 1 data reported in quarter 2) <input type="checkbox"/> Rolling 12 months (previous 12 month period)
14	KPI Reporting Aggregation	<input checked="" type="checkbox"/> National <input type="checkbox"/> Regional <input type="checkbox"/> LHO Area <input type="checkbox"/> Hospital <input type="checkbox"/> County <input type="checkbox"/> Institution <input checked="" type="checkbox"/> Other – give details: Cancer Centre
15	KPI is reported in which reports ?	<input type="checkbox"/> Corporate Plan Report <input checked="" type="checkbox"/> Performance Report (NSP/CBP) <input type="checkbox"/> CompStat <input type="checkbox"/> 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 Directorate		Dr. Susan O'Reilly, National Director, NCCP Tel: 01 8287100 Mary Jackson, Principal Officer, Department of Health, Tel: 01 6354337

National Cancer Control : Radiotherapy

1	KPI Title	Number of patients who completed radical radiotherapy treatment for cancer in the preceding quarter.
2	KPI Description	Number of patients who completed a course 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). <input checked="" type="checkbox"/> Person Centred Care <input type="checkbox"/> Effective Care <input type="checkbox"/> Safe Care <input type="checkbox"/> Better Health and Wellbeing <input type="checkbox"/> Use of Information <input type="checkbox"/> Workforce <input type="checkbox"/> Use of Resources <input type="checkbox"/> Governance, Leadership and Management
4	KPI Target	NSP 2013 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	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> 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: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details: Please indicate who is responsible for monitoring this KPI: Each radiotherapy clinic lead & team are responsible for signing off KPIs before they are submitted to the NCCP.
12	KPI Reporting Frequency	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details:
13	KPI report period	<input type="checkbox"/> Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) <input type="checkbox"/> Monthly in arrears (June data reported in July) <input checked="" type="checkbox"/> Quarterly in arrears (quarter 1 data reported in quarter 2) <input type="checkbox"/> Rolling 12 months (previous 12 month period)
14	KPI Reporting Aggregation	<input checked="" type="checkbox"/> National <input type="checkbox"/> Regional <input type="checkbox"/> LHO Area <input type="checkbox"/> Hospital <input type="checkbox"/> County <input type="checkbox"/> Institution <input checked="" type="checkbox"/> Other – give details: All radical tumour treatments within HSE funded radiotherapy facilities including purchased services from the private sector.
15	KPI is reported in which reports ?	<input type="checkbox"/> Corporate Plan Report <input checked="" type="checkbox"/> Performance Report (NSP/CBP) <input type="checkbox"/> CompStat <input type="checkbox"/> 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 Directorate		Dr. Susan O'Reilly, National Director, NCCP Tel: 01 8287100 Mary Jackson, Principal Officer, Department of Health, Tel: 01 6354337

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). <input checked="" type="checkbox"/> Person Centred Care <input type="checkbox"/> Effective Care <input type="checkbox"/> Safe Care <input type="checkbox"/> Better Health and Wellbeing <input type="checkbox"/> Use of Information <input type="checkbox"/> Workforce <input type="checkbox"/> Use of Resources <input type="checkbox"/> Governance, Leadership and Management
4	KPI Target	NSP 2013 target: To be determined
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 treatment in the reporting period. This excludes palliative patients.
6	Data Source	Electronic patient record
	Data Completeness	100% coverage
	Data Quality Issues	Some data definitions still being clarified
7	Data Collection Frequency	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> 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: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details: Please indicate who is responsible for monitoring this KPI: ___ Each radiotherapy clinic lead & team are responsible for signing off KPIs before they are submitted to the NCCP.
12	KPI Reporting Frequency	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details:
13	KPI report period	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details:
14	KPI Reporting	<input checked="" type="checkbox"/> National <input type="checkbox"/> Regional <input type="checkbox"/> LHO Area <input type="checkbox"/> Hospital <input type="checkbox"/> County <input type="checkbox"/> Institution <input checked="" type="checkbox"/> Other – give details: By HSE radiotherapy facilities (SLRON, CUH & UCHG) and publicly funded private sector facilities in Waterford & Limerick
	Aggregation	
15	KPI is reported in which reports ?	<input type="checkbox"/> Corporate Plan Report <input checked="" type="checkbox"/> Performance Report (NSP/CBP) <input type="checkbox"/> CompStat <input type="checkbox"/> 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: Deirdre.E.Murray@hse.ie
National Lead and Directorate		Dr. Susan O'Reilly, National Director, NCCP Tel: 01 8287100 Mary Jackson, Principal Officer, Department of Health, Tel: 01 6354337