Health Service Executive

Palliative Care

Key Performance Indicator Metadata 2017

Primary Care - Palliative Care Inpatient Palliative Care Services

#	Field	Content
1	**KPI Title**	Access to specialist inpatient bed within seven days (during the reporting month)
2	**KPI Description**	This is a calculation of the number of patients who were admitted to a specialist inpatient palliative care bed within seven days of referral or request for transfer expressed as a proportion of all patients admitted to a specialist inpatient bed in the reporting month multiplied by 100. **For the purpose of this metric return, the services submit the relevant numbers with the percentage calculated by the Business Information Unit (BIU).**
		A referral is defined as a request for a service to be provided to a specific person. It is usually in writing but not necessarily so.
		An enquiry or request for information is not in itself a referral. If an enquiry subsequently leads to a request for service, the latter is the referral.
		There are two types of referral - 1) Active; 2) Inactive (pending or deferred or prospective).
		1) Active: An active patient referral is in respect of a patient who is available to immediately take up the offer of service. The term active is used to distinguish referrals that request a service to start as soon as possible from the common situation in palliative care whereby referrals are made in a prospective manner i.e. made in advance for a service that may be required at some stage in the future.
		2) Inactive: An inactive patient referral is in respect of a patient who is not available to take up the offer of service. These referrals should not be considered active until a service has been formally requested and the patient is available to take up the service.
		Following referral / request for transfer the patient is triaged / assessed by the specialist palliative care clinical lead before suitability for admission is agreed.
		Wait time (in number of days) to admission is calculated from the date of referral / request for transfer to the date of admission to the specialist palliative care inpatient unit . Each day (inclusive of weekends and bank holidays) that the patient waits to be admitted is counted, with wait times categorised as follows: 0-7 days; 8-14 days; 15-28 days; greater than 28 days.
		Note it is important **not to include** prospective (ie. inactive, pending, or deferred) referrals as active referrals when wait times are being calculated as the time of initial prospective referral will artificially lengthen wait times.
3	**KPI Rationale**	To determine the proportion (percentage) of patients accessing specialist inpatient beds within seven days.
	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two). ☑ Person Centred Care, ☑ Effective Care, ☐ Safe Care, ☐ Better Health and Wellbeing, ☐ Use of Information, ☐ Workforce, ☐ Use of Resources, ☐ Governance, ☐Leadership and Management
4	**KPI Target 2017**	**NSP 2017 Target - 98%**
5	**KPI Calculation**	Count the number of patients admitted to a specialist inpatient bed within seven days of assessment / request for transfer and express it as a proportion of the overall number of patients admitted to specialist inpatient beds in the reporting period and multiply by 100. Example, 200 patients were admitted to specialist inpatient beds in the reporting month i.e.of these 154 patients waited 0-7 days, 35 patients waited 8-14 days, 5 patients waited 15-28 days & 6 patients waited >28 days for admission. Calculation for access within seven days is as follows: 154 / (154+35+5+6) →154/(200) → 0.770, multiplied by 100 = 77%. **For the purpose of this metric return, the services submit the relevant numbers with the percentage calculated by the BIU.**
6	**Data Source**	Data is sourced by the specialist palliative care units who forward it to their Community Healthcare Organisation (CHO). The CHO submits the validated data to the BIU Community Healthcare Team.
	Data Completeness	Data completeness is expected at 100%.
	Data Quality Issues	Data quality issues are addressed as they arise along the data pathway.
7	**Data Collection Frequency**	Indicate how often the data to support the KPI will be collected: ☐ Daily ☐ Weekly ☑ Monthly ☐ Quarterly ☐ Bi-annually ☐ Annually ☐Other – give details:
8	**Tracer Conditions**	The number of people admitted to specialist palliative care inpatient units and wait times for admission in particular wait time 0-7 days.C21.
9	**Minimum Data Set**	The number of people admitted to specialist palliative care inpatient units and wait times for admission in particular wait time 0-7 days.
10	**International Comparison**	http://www.ncpc.org.uk/mds
11	**KPI Monitoring**	KPI will be monitored on a (please indicate below) basis: ☐ Daily ☐ Weekly ☑Monthly ☐ Quarterly ☐ Bi-annually ☐ Annually ☐ Other – give details: The validated data is monitored by the National Lead for Palliative Care, the CHO Chief Officer and the Primary Care Division Operations Team via performance meetings.
12	**KPI Reporting Frequency**	Indicate how often the KPI will be reported: ☐ Daily ☐ Weekly ☑ Monthly ☐ Quarterly ☐ Bi-annually ☐ Annually ☐ Other – give details:
13	**KPI report period**	Indicate the period to which the data applies: ☑ Current (e.g. daily data reported on that same day of activity, monthly data reported by the 10th of the following month) ☐ Monthly in arrears (June data reported in July) ☐ Quarterly in arrears (quarter 1 data reported in quarter 2) ☐ Rolling 12 months (previous 12 month period)
14	**KPI Reporting Aggregation**	Indicate the level of aggregation – for example over a geographical location: ☑ National ☑ CHO ☑ LHO Area ☐ Hospital ☐ County ☑ Institution ☐ Other – give details:
15	**KPI is reported in which reports ?**	Indicate where the KPI will be reported: ☑ Performance Report ☐Other – give details:
16	**Web link to data**	http://www.hse.ie/eng/services/publications/
17	**Additional Information**	
	Contact details for Data Manager / Specialist Lead	**Information Analyst :** Geraldine Littler, Business Information Unit- Palliative Care & Social Inclusion, Planning and Business Information (PBI) 046 9251330 Email:Geraldine.Littler@hse.ie **National Lead:** Sheilagh Reaper-Reynolds Email: sheilagh.reaper-reynolds@hse.ie
	National Director and Division	John Hennessy, National Director, Primary Care Division, Health Service Executive.

Primary Care - Palliative Care Inpatient Palliative Care Services

1	**KPI Title**	Number accessing specialist inpatient bed within seven days (during the reporting month)
2	**KPI Description**	This is a count of the number of patients who were admitted to a specialist palliative care inpatient unit within seven days of referral or request for transfer to the date of admission A referral is defined as a request for a service to be provided to a specific person. It is usually in writing but not necessarily so.There are two types of referral: 1) Active; 2) Inactive (pending or deferred or prospective). 1) Active: An active patient referral is in respect of a patient who is available to immediately take up the offer of service. The term active is used to distinguish referrals that request a service to start as soon as possible from the common situation in palliative care whereby referrals are made in a prospective manner i.e. made in advance for a service that may be required at some stage in the future. 2) Inactive: An inactive patient referral is in respect of a patient who is not available to take up the offer of service straight away. This referral group should not be considered to be active until a service has been formally requested and the patient is available to take up the service. Following referral / request for transfer the patient is triaged / assessed by the specialist palliative care clinical lead before suitability for admission is agreed. Wait time (in number of days) to admission is calculated from the date of referral / request for transfer to the date of admission to the specialist palliative care inpatient unit. Each day (inclusive of weekends and bank holidays) that the patient waits to be admitted is counted, with wait times categorised as follows: 0-7 days; 8-14 days; 15-28 days; greater than 28 days. Note it is important **not to include** prospective (ie. inactive, pending, or deferred) referrals as active referrals when wait times are being calculated as the time of initial prospective referral will artificially lengthen wait times.
3	**KPI Rationale**	To determine the number of patients accessing specialist inpatient beds within seven days of referral / request for transfer
	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two). ☑ Person Centred Care, ☑ Effective Care, □ Safe Care, □ Better Health and Wellbeing, □ Use of Information, □ Workforce, □ Use of Resources, □ Governance, □Leadership and Management
4	**KPI Target 2017**	**NSP 2017 Target National - 3,555** CHO 1 - 355, CHO 2 - 333, CHO 3 - 593, CHO 4 - 728, CHO 5 - 92, CHO 6 -152, CHO 7 -679, CHO 8 - (no service), CHO 9 -623
5	**KPI Calculation**	Count the total number of patients accessing specialist palliative care inpatient beds within seven days of referral / request for transfer.
6	**Data Source**	Data is sourced by the specialist palliative care units who forward it to their Community Healthcare Organisation (CHO). The CHO submits the validated data to the BIU Community Healthcare Team.
	Data Completeness	Data completeness is expected at 100%.
	Data Quality Issues	Data quality issues are addressed as they arise along the data pathway.
7	**Data Collection Frequency**	Indicate how often the data to support the KPI will be collected: □ Daily □ Weekly ☑ Monthly □ Quarterly □ Bi-annually □ Annually □Other – give details:
8	**Tracer Conditions**	The number of people admitted to specialist palliative care inpatient units within seven days of referral / request for transfer.
9	**Minimum Data Set**	The number of people admitted to specialist palliative care inpatient units within seven days of referral / request for transfer.
10	**International Comparison**	http://www.ncpc.org.uk/mds
11	**KPI Monitoring**	KPI will be monitored on a (please indicate below) basis: □ Daily □ Weekly ☑Monthly □ Quarterly □ Bi-annually □ Annually □ Other – give details: The validated data is monitored by the National Lead for Palliative Care, the CHO Chief Officer and the Primary Care Division Operations Team via performance meetings. A18
12	**KPI Reporting Frequency**	Indicate how often the KPI will be reported: □ Daily □ Weekly ☑ Monthly □ Quarterly □ Bi-annually □ Annually □ Other – give details:
13	**KPI report period**	Indicate the period to which the data applies: ☑ Current (e.g. daily data reported on that same day of activity, monthly data reported by the 10th of the following month) □ Monthly in arrears (June data reported in July) □ Quarterly in arrears (quarter 1 data reported in quarter 2) □ Rolling 12 months (previous 12 month period)
14	**KPI Reporting Aggregation**	Indicate the level of aggregation – for example over a geographical location: ☑ National ☑ CHO ☑ LHO Area □ Hospital □ County ☑ Institution □ Other – give details:
15	**KPI is reported in which reports ?**	Indicate where the KPI will be reported: ☑ Performance Report □Other – give details:
16	**Web link to data**	http://www.hse.ie/eng/services/publications/
17	**Additional Information**	
	Contact details for Data Manager / Specialist Lead	**Information Analyst :** Geraldine Littler, Business Information Unit- Palliative Care & Social Inclusion, Planning and Business Information (PBI) 046 9251330 Email:Geraldine.Littler@hse.ie **National Lead:** Sheilagh Reaper-Reynolds Email: sheilagh.reaper-reynolds@hse.ie
	National Director and Division	John Hennessy, National Director, Primary Care Division, Health Service Executive.

Primary Care - Palliative Care Inpatient Palliative Care Services

1	KPI Title	Access to specialist palliative care inpatient bed from eight to 14 days (during the reporting month)
2	KPI Description	This is a calculation of the number of patients who were admitted to a specialist inpatient palliative care bed within eight to 14 days of referral or request for transfer expressed as a proportion of all patients admitted to a specialist inpatient bed in the reporting month multiplied by 100. **For the purpose of this metric return, the services submit the relevant numbers with the percentage calculated by the Business Information Unit (BIU).** A referral is defined as a request for a service to be provided to a specific person. It is usually in writing but not necessarily so. There are two types of referral: 1) Active; 2) Inactive (pending or deferred or prospective). 1) Active: An active patient referral is in respect of a patient who is available to immediately take up the offer of service.The term active is used to distinguish referrals that request a service to start as soon as possible from the common situation in palliative care whereby referrals are made in a prospective manner i.e. made in advance for a service that may be required at some stage in the future. 2) Inactive: An inactive patient referral is in respect of a patient who is not available to take up the offer of service straight away. This referral group should not be considered to be active until a service has been formally requested and the patient is available to take up the service. Following referral / request for transfer the patient is triaged / assessed by the specialist palliative care clinical lead before suitability for admission is agreed. Wait time (in number of days) to admission is calculated from the date of referral / request for transfer to the date of admission to the specialist palliative care inpatient unit. Each day (inclusive of weekends and bank holidays) that the patient waits to be admitted is counted, with wait times categorised as follows: 0-7 days; 8-14 days; 15-28 days; greater than 28 days. Note it is important **not to include** prospective (ie. inactive, pending, or deferred) referrals as active referrals when wait times are being calculated as the time of initial prospective referral will artificially lengthen wait times.
3	KPI Rationale	To determine the proportion (percentage) of patients accessing specialist inpatient beds between eight to 14 days of referral / request for transfer.
	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two). ☑ Person Centred Care, ☑ Effective Care, ☐ Safe Care, ☐ Better Health and Wellbeing, ☐ Use of Information, ☐ Workforce, ☐ Use of Resources, ☐ Governance, ☐Leadership and Management
4	KPI Target 2017	**NSP 2017 Target - 2%**
5	KPI Calculation	Count the number of patients admitted to a specialist inpatient bed within eight to 14 days of referral / request for transfer and express it as a proportion of the overall number of patients admitted to specialist inpatient beds in the reporting period and multiply by 100. Example, 200 patients were admitted to specialist inpatient beds in the reporting month, of these 154 patients waited 0-7 days, 35 patients waited 8-14 days, 5 patients waited 15-28 days & 6 patients waited >28 days for admission. Calculation for access between eight to 14 days is as follows: (35) / (154+35+5+6) → 35 / (200) → 0.175, multiplied by 100 = 17.5% **For the purpose of this metric return, the services submit the relevant numbers with the percentage calculated by the BIU.**
6	Data Source	Data is sourced by the specialist palliative care units who forward it to their Community Healthcare Organisation (CHO). The CHO submits the validated data to the BIU Community Healthcare Team.
	Data Completeness	Data completeness is expected at 100%.
	Data Quality Issues	Data quality issues are addressed as they arise along the data pathway.
7	Data Collection Frequency	Indicate how often the data to support the KPI will be collected: ☐ Daily ☐ Weekly ☑ Monthly ☐ Quarterly ☐ Bi-annually ☐ Annually ☐Other – give details:
8	Tracer Conditions	The number of people admitted to specialist palliative care inpatient units and wait times for admisssion in particular wait time 8-14 days.
9	Minimum Data Set	The number of people admitted to specialist palliative care inpatient units and wait times for admission in particular wait time 8-14 days.
10	International Comparison	http://www.ncpc.org.uk/mds
11	KPI Monitoring	KPI will be monitored on a (please indicate below) basis: ☐ Daily ☐ Weekly ☑Monthly ☐ Quarterly ☐ Bi-annually ☐ Annually ☐ Other – give details: The validated data is monitored by the National Lead for Palliative Care, the CHO Chief Officer and the Primary Care Division Operations Team via performance meetings.
12	KPI Reporting Frequency	Indicate how often the KPI will be reported: ☐ Daily ☐ Weekly ☑ Monthly ☐ Quarterly ☐ Bi-annually ☐ Annually ☐ Other – give details:
13	KPI report period	Indicate the period to which the data applies: ☑ Current (e.g. daily data reported on that same day of activity, monthly data reported by the 10th of the following month) ☐ Monthly in arrears (June data reported in July) ☐ Quarterly in arrears (quarter 1 data reported in quarter 2) ☐ Rolling 12 months (previous 12 month period)
14	KPI Reporting Aggregation	Indicate the level of aggregation – for example over a geographical location: ☑ National ☑ CHO ☑ LHO Area ☐ Hospital ☐ County ☑ Institution ☐ Other – give details:
15	KPI is reported in which reports ?	Indicate where the KPI will be reported: ☑ Performance Report ☐Other – give details:
16	Web link to data	http://www.hse.ie/eng/services/publications/
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	Contact details for Data Manager / Specialist Lead	**Information Analyst :** Geraldine Littler, Business Information Unit- Palliative Care & Social Inclusion, Planning and Business Information (PBI) 046 9251330 Email:Geraldine.Littler@hse.ie **National Lead:** Sheilagh Reaper-Reynolds Email: sheilagh.reaper-reynolds@hse.ie
	National Director and Division	John Hennessy, National Director, Primary Care Division, Health Service Executive.

Primary Care - Palliative Care Inpatient Palliative Care Services

1	**KPI Title**	Percentage of patients triaged within one working day of referral (Inpatient Unit)
2	**KPI Description**	This is a calculation of the number of patients triaged within one working day of referral or request for transfer expressed as a proportion of all patients referred / requesting transfer in the reporting month multiplied by 100. **For the purpose of this metric return, the services submit the relevant numbers with the percentage calculated by the Business Information Unit (BIU).** A referral is defined as a request for a service to be provided to a specific person. It is usually in writing but not necessarily so. An enquiry or request for information is not in itself a referral. If an enquiry subsequently leads to a request for service, the latter is the referral. **Triage** is defined as the examination of the patient referral form, patient notes, scans and reports to ascertain the appropriate timeframe for delivery of specialist palliative care inpatient services to a patient. All patients are triaged. The triage categories are as follows: Category 1: This is an **urgent referral** where the patient is in severe physical, psychosocial or spiritual distress and not responding to current management or standard protocols of care or rapidly deteriorating or imminently dying Category 2: This is an **early referral** where the patient has poorly controlled symptoms or a prognosis of only short weeks or acute psychosocial stressors Category 3: This is a **routine referral** where the patient's current symptoms and available supports or care are such that the situation is reasonably stable. The patient triaged to Category 3 should be visited within 2 weeks from receipt of referral. Time to triage is calculated by counting the number of days (working days i.e. Monday to Friday excluding week ends and bank holidays i.e. based on 5 / 7 days of service provision) from receipt of referral, or request for patient transfer into service, to date of triage.
3	**KPI Rationale**	To determine the proportion (percentage) of referred patients triaged within a specific and appropriate timeframe of one working day.
	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two). ☑ Person Centred Care, ☑ Effective Care, □ Safe Care, □ Better Health and Wellbeing, □ Use of Information, □ Workforce, □ Use of Resources, □ Governance, □Leadership and Management
4	**KPI Target 2017**	**NSP 2017 Target - 90%**
5	**KPI Calculation**	Count the number of patients triaged within one working day of referral or request for transfer and express it as a proportion of all patients referred / requesting transfer in the reporting month and multiply by 100. Example: Total number of referrals received = 90, Total number of these referrals triaged within 1 working day = 78 Calculation: (78/90) x100 = 86.7% **For the purpose of this metric return, the services submit the relevant numbers with the percentage calculated by the BIU.**
6	**Data Source**	Data is sourced by the specialist palliative care units who forward it to their Community Healthcare Organisation (CHO). The CHO submits the validated data to the BIU Community Healthcare Team.
	Data Completeness	Data completeness is expected at 100%.
	Data Quality Issues	Data quality issues are addressed as they arise along the data pathway.
7	**Data Collection Frequency**	Indicate how often the data to support the KPI will be collected: □ Daily □ Weekly ☑ Monthly □ Quarterly □ Bi-annually □ Annually □ Other – give details:
8	**Tracer Conditions**	The number of people triaged within one working day of referral and the total number of people referred / requesting transfer in the reporting month.
9	**Minimum Data Set**	The number of people triaged within one working day of referral and the total number of people referred / requesting transfer in the reporting month.
10	**International Comparison**	http://www.ncpc.org.uk/mds-annual-questionnaires
11	**KPI Monitoring**	KPI will be monitored on a (please indicate below) basis: □ Daily □ Weekly ☑Monthly □ Quarterly □ Bi-annually □ Annually □ Other – give details: The validated data is monitored by the National Lead for Palliative Care, the CHO Chief Officer and the Primary Care Division Operations Team via performance meetings.
12	**KPI Reporting Frequency**	Indicate how often the KPI will be reported: □ Daily □ Weekly ☑ Monthly □ Quarterly □ Bi-annually □ Annually □ Other – give details:
13	**KPI report period**	Indicate the period to which the data applies: □ Current (e.g. daily data reported on that same day of activity, monthly data reported by the 10th of the following month) ☑ Monthly in arrears (June data reported in July) □ Quarterly in arrears (quarter 1 data reported in quarter 2) □ Rolling 12 months (previous 12 month period)
14	**KPI Reporting Aggregation**	Indicate the level of aggregation – for example over a geographical location: ☑ National ☑ CHO ☑ LHO Area □ Hospital □County ☑ Institution □ Other – give details:
15	**KPI is reported in which reports ?**	Indicate where the KPI will be reported: ☑ Performance Report □ Other – give details:
16	**Web link to data**	http://www.hse.ie/eng/services/publications/
17	**Additional Information**	
	Contact details for Data Manager / Specialist Lead	**Information Analyst :** Geraldine Littler, Business Information Unit- Palliative Care & Social Inclusion, Planning and Business Information (PBI) 046 9251330 Email:Geraldine.Littler@hse.ie **National Lead:** Sheilagh Reaper-Reynolds Email: sheilagh.reaper-reynolds@hse.ie
	National Director and Division	John Hennessy, National Director, Primary Care Division, Health Service Executive.

Primary Care - Palliative Care Inpatient Palliative Care Services

1	**KPI Title**	Number of patients in receipt of treatment in specialist palliative care inpatient units (during the reporting month)
2	**KPI Description**	This is a count of the total number of patients who received treatment in a specialist palliative care inpatient unit during the reporting month. All patients are to be counted with each patient counted once only. If a patient is referred twice then they are still counted once only.
3	**KPI Rationale**	To determine the total number of patients who received a service in a specialist palliative care inpatient unit in the reporting month.
	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two). ☑ Person Centred Care, ☑ Effective Care, □ Safe Care, □ Better Health and Wellbeing, □ Use of Information, □ Workforce, □ Use of Resources, □ Governance, □Leadership and Management
4	**KPI Target 2017**	**DOP 2017 Target National - 494** CHO 1 - 41, CHO 2 - 45, CHO 3 - 70, CHO 4 - 127, CHO 5 - 7, CHO 6 - 32, CHO 7 - 82, CHO 8 - (no service), CHO 9 - 90
5	**KPI Calculation**	Count the number of patients who received treatment in a specialist palliative care inpatient unit in the reporting month.
6	**Data Source**	Data is sourced by the specialist palliative care units who forward it to their Community Healthcare Organisation (CHO). The CHO submits the validated data to the Business Information Unit (BIU) Community Healthcare Team.
	Data Completeness	Data completeness is expected at 100%.
	Data Quality Issues	Data quality issues are addressed as they arise along the data pathway.
7	**Data Collection Frequency**	Indicate how often the data to support the KPI will be collected: □ Daily □ Weekly ☑ Monthly □ Quarterly □ Bi-annually □ Annually □Other – give details:
8	**Tracer Conditions**	Patients in receipt of specialist palliative inpatient treatment in the reporting month.
9	**Minimum Data Set**	Patients in receipt of specialist palliative inpatient treatment in the reporting month.
10	**International Comparison**	http://www.ncpc.org.uk/mds
11	**KPI Monitoring**	KPI will be monitored on a (please indicate below) basis: □ Daily □ Weekly ☑Monthly □ Quarterly □ Bi-annually □ Annually □ Other – give details: The validated data is monitored by the National Lead for Palliative Care, the CHO Chief Officer and the Primary Care Division Operations Team via performance meetings.
12	**KPI Reporting Frequency**	Indicate how often the KPI will be reported: □ Daily □ Weekly ☑ Monthly □ Quarterly □ Bi-annually □ Annually □ Other – give details:
13	**KPI report period**	Indicate the period to which the data applies: ☑ Current (e.g. daily data reported on that same day of activity,monthly data reported by the 10th of the following month) □ Monthly in arrears (June data reported in July) □ Quarterly in arrears (quarter 1 data reported in quarter 2) □ Rolling 12 months (previous 12 month period)
14	**KPI Reporting Aggregation**	Indicate the level of aggregation – for example over a geographical location: ☑ National ☑ CHO ☑ LHO Area □ Hospital □ County ☑ Institution □ Other – give details:
15	**KPI is reported in which reports ?**	Indicate where the KPI will be reported: ☑ Performance Report □ Other – give details:
16	**Web link to data**	http://www.hse.ie/eng/services/publications/
17	**Additional Information**	
	Contact details for Data Manager / Specialist Lead	**Information Analyst :** Geraldine Littler, Business Information Unit- Palliative Care & Social Inclusion, Planning and Business Information (PBI) 046 9251330 Email:Geraldine.Littler@hse.ie **National Lead:** Sheilagh Reaper-Reynolds Email: sheilagh.reaper-reynolds@hse.ie
	National Director and Division	John Hennessy, National Director, Primary Care Division, Health Service Executive.

Primary Care - Palliative Care Inpatient Palliative Care Services

1	**KPI Title**	Number of new patients seen or admitted to the specialist palliative care service (monthly cumulative)
2	**KPI Description**	This is a count of the total number of new (first time ever) patients who received (i.e. were seen in or admitted to) a specialist inpatient palliative care service during the reporting month. A patient can only be 'new' on the first time referred. Patients discharged and then re-referred, regardless of timeframe, are not to be considered a new patient but a re-referral.
3	**KPI Rationale**	To determine the number of new patients accessing the service. This will inform service delivery and decisions going forward especially with regard to service provision / prediction of service provision.
	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two). ☑ Person Centred Care, ☑ Effective Care, □ Safe Care, □ Better Health and Wellbeing, □ Use of Information, □ Workforce, □ Use of Resources, □ Governance, □Leadership and Management
4	**KPI Target 2017**	**DOP 2017 Target National - 3,110** CHO 1 - 270, CHO 2 - 304, CHO 3 - 400, CHO 4 - 790, CHO 5 - 40, CHO 6 - 200, CHO 7 - 496, CHO 8 - (no service), CHO 9 - 610
5	**KPI Calculation**	Count all new (first time ever) patients who received a service in the specialist palliative care inpatient unit during the reporting month.
6	**Data Source**	Data is sourced by the specialist palliative care units who forward it to their Community Healthcare Organisation (CHO). The CHO submits the validated data to the Business Information Unit (BIU) Community Healthcare Team.
	Data Completeness	Data completeness is expected at 100%.
	Data Quality Issues	Data quality issues are addressed as they arise along the data pathway.
7	**Data Collection Frequency**	Indicate how often the data to support the KPI will be collected: □ Daily □ Weekly ☑ Monthly □ Quarterly □ Bi-annually □ Annually □Other – give details:
8	**Tracer Conditions**	New patients seen or admitted to specialist palliative care inpatient services for the first time ever in the reporting period.
9	**Minimum Data Set**	New patients seen or admitted to specialist palliative care inpatient services for the first time ever in the reporting period.
10	**International Comparison**	http://www.ncpc.org.uk/mds
11	**KPI Monitoring**	KPI will be monitored on a (please indicate below) basis: □ Daily □ Weekly ☑Monthly □ Quarterly □ Bi-annually □ Annually □ Other – give details: The validated data is monitored by the National Lead for Palliative Care, the CHO Chief Officer and the Primary Care Division Operations Team via performance meetings.
12	**KPI Reporting Frequency**	Indicate how often the KPI will be reported: □ Daily □ Weekly ☑ Monthly □ Quarterly □ Bi-annually □ Annually □ Other – give details:
13	**KPI report period**	Indicate the period to which the data applies: ☑ Current (e.g. daily data reported on that same day of activity, monthly data reported by the 10th of the following month) □ Monthly in arrears (June data reported in July) □ Quarterly in arrears (quarter 1 data reported in quarter 2) □ Rolling 12 months (previous 12 month period)
14	**KPI Reporting Aggregation**	Indicate the level of aggregation – for example over a geographical location: ☑ National ☑ CHO ☑ LHO Area □ Hospital □ County ☑ Institution □ Other – give details:
15	**KPI is reported in which reports ?**	Indicate where the KPI will be reported: ☑ Performance Report □Other – give details:
16	**Web link to data**	http://www.hse.ie/eng/services/publications/
17	**Additional Information**	
	Contact details for Data Manager / Specialist Lead	**Information Analyst :** Geraldine Littler, Business Information Unit- Palliative Care & Social Inclusion, Planning and Business Information (PBI) 046 9251330 Email:Geraldine.Littler@hse.ie **National Lead:** Sheilagh Reaper-Reynolds Email: sheilagh.reaper-reynolds@hse.ie
	National Director and Division	John Hennessy, National Director, Primary Care Division, Health Service Executive.

Primary Care - Palliative Care Inpatient Palliative Care Services

1	KPI Title	Number of admissions to specialist palliative care inpatient units (monthly cumulative)
2	KPI Description	This is a count of the total number of admissions of patients who were deemed appropriate for admission and to receive treatment in a specialist palliative care inpatient unit / service / hospice during the reporting month. Each admission is counted. If a patient is admitted twice during the reporting period then they are counted twice.
3	KPI Rationale	To determine the total number of admissions to specialist palliative care inpatient units during the month.
	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two). ☑ Person Centred Care, ☑ Effective Care, ☐ Safe Care, ☐ Better Health and Wellbeing, ☐ Use of Information, ☐ Workforce, ☐ Use of Resources, ☐ Governance, ☐Leadership and Management
4	KPI Target 2017	**DOP 2017 Target National - 3,815** CHO 1 - 360, CHO 2 - 350, CHO 3 - 580, CHO 4 - 910, CHO 5 - 75, CHO 6 - 250, CHO 7- 620, CHO 8 - (no service), CHO 9 - 670
5	KPI Calculation	Count the total number of admissions for specialist palliative care inpatient stays during the reporting month.
6	Data Source	Data is sourced by the specialist palliative care units who forward it to their Community Healthcare Organisation (CHO). The CHO submits the validated data to the Business Information Unit (BIU) Community Healthcare Team.
	Data Completeness	Data completeness is expected at 100%.
	Data Quality Issues	Data quality issues are addressed as they arise along the data pathway.
7	Data Collection Frequency	Indicate how often the data to support the KPI will be collected: ☐ Daily ☐ Weekly ☑ Monthly ☐ Quarterly ☐ Bi-annually ☐ Annually ☐Other – give details:
8	Tracer Conditions	New patients seen or admitted to specialist palliative care inpatient services for the first time ever in the reporting period.
9	Minimum Data Set	New patients seen or admitted to specialist palliative care inpatient services for the first time ever in the reporting period
10	International Comparison	Yes. E.g. http://www.ncpc.org.uk/mds
11	KPI Monitoring	KPI will be monitored on a (please indicate below) basis: ☐ Daily ☐ Weekly ☑Monthly ☐ Quarterly ☐ Bi-annually ☐ Annually ☐ Other – give details: The validated data is monitored by the National Lead for Palliative Care, the CHO Chief Officer and the Primary Care Division Operations Team via performance meetings.
12	KPI Reporting Frequency	Indicate how often the KPI will be reported: ☐ Daily ☐ Weekly ☑ Monthly ☐ Quarterly ☐ Bi-annually ☐ Annually ☐ Other – give details:
13	KPI report period	Indicate the period to which the data applies: ☑ Current (e.g. daily data reported on that same day of activity, monthly data reported by the 10th of the following month) ☐ Monthly in arrears (June data reported in July) ☐ Quarterly in arrears (quarter 1 data reported in quarter 2) ☐ Rolling 12 months (previous 12 month period)
14	KPI Reporting Aggregation	Indicate the level of aggregation – for example over a geographical location: ☑ National ☑ CHO ☑ LHO Area ☐ Hospital ☐ County ☑ Institution ☐ Other – give details:
15	KPI is reported in which reports ?	Indicate where the KPI will be reported: ☑ Performance Report ☐Other – give details:
16	Web link to data	http://www.hse.ie/eng/services/publications/
17	Additional Information	
	Contact details for Data Manager / Specialist Lead	**Information Analyst :** Geraldine Littler, Business Information Unit- Palliative Care & Social Inclusion, Planning and Business Information (PBI) 046 9251330 Email:Geraldine.Littler@hse.ie **National Lead:** Sheilagh Reaper-Reynolds Email: sheilagh.reaper-reynolds@hse.ie
	National Director and Division	John Hennessy, National Director, Primary Care Division, Health Service Executive.

Primary Care - Palliative Care Inpatient Palliative Care Services

1	**KPI Title**	Percentage of patients with a multidisciplinary care plan documented within five working days of initial assessment (Inpatient Unit)
2	**KPI Description**	This is a calculation of the number of patients in receipt of specialist palliative care inpatient services who having been discussed at a multidisciplinary team meeting within five days of initial assessment have a documented multidisciplinary care plan as a result of this discussion expressed as a proportion of all patients admitted to a specialist palliative care inpatient unit during the reporting period multiplied by 100. **For the purpose of this metric return, the services submit the relevant numbers with the percentage calculated by the Business Information Unit (BIU).** It does not include patients who are waiting for services or patients who are refusing a service or are deemed inappropriate for the service. The constitution of multi disciplinary teams (mdts) vary across services. A mdt is any group of health care workers who are members of different disciplines each providing specific services to the patient. The gold standard mdt is described in the 2001 NACPC report but this comprehensive mdt model is not compulsory to fulfil this metric. A multidisciplinary care plan is defined as: a comprehensive plan required to meet the needs of the individual and based on a holistic needs assessment covering the four domains of palliative care: (a) physical well-being (b) social and occupational well-being (c) psychological well-being (d) spiritual well-being This plan is a reflection of the discussions held during the mdt meeting and is not filled out independently by disciplines. A sample template care plan form is available at,https://www.hse.ie/eng/about/Who/clinical/natclinprog/palliativecareprogramme/Resources/a3poster.pdf Time to documentation of the care plan is calculated by counting the number of working days (Monday to Friday excluding weekends and bank holidays, and is based on 5/7 days of service provision) from initial assessment to documentation of the multidisciplinary care plan.
3	**KPI Rationale**	To determine the proportion (percentage) of patients who have been discussed at a multidisciplinary team meeting within a specified timeframe of five working days from initial assessment and have a documented multidisciplinary care plan as a result of this discussion.
	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two). ☑ Person Centred Care, ☑ Effective Care, □ Safe Care, □ Better Health and Wellbeing, □ Use of Information, □ Workforce, □ Use of Resources, □ Governance, □Leadership and Management
4	**KPI Target 2017**	**NSP 2017 Target - 90%**
5	**KPI Calculation**	Count the number of patients in an specialist palliative care inpatient unit discussed at a mdt meeting within five working days of initial assessment who have a documented multidisciplinary care plan as a result of this discussion and express it as a proportion of all patients admitted to a specialist palliative care inpatient unit in the reporting period and multiply by 100. Example: Total number of patients admitted to a specialist palliative care inpatient unit = 90 Total number of these who have been discussed at a mdt meeting within five working days of admission and have a documented multidisciplinary care plan as a result of this discussion = 78 Calculation: (78 / 90) x100 = 86.7% **For the purpose of this metric return, the services submit the relevant numbers with the percentage calculated by the BIU.**
6	**Data Source**	Data is sourced by the specialist palliative care units who forward it to their Community Healthcare Organisation (CHO). The CHO submits the validated data to the BIU Community Healthcare Team.
	Data Completeness	Data completeness is expected at 100%.
	Data Quality Issues	Data quality issues are addressed as they arise along the data pathway.
7	**Data Collection Frequency**	Indicate how often the data to support the KPI will be collected: □ Daily □ Weekly ☑ Monthly □ Quarterly □ Bi-annually □ Annually □Other – give details:
8	**Tracer Conditions**	The number of patients admitted to specialist palliative care inpatient units who have a documented multidisciplinary care plan within five working days of initial assessment as a result of discussion at a mdt meeting and the overall number of patients admitted to a specialist palliative care inpatient unit.
9	**Minimum Data Set**	The number of patients discussed at a mdt within five working days of initial assessment in an in-patient unit with a documented multidisciplinary care plan as a result of this discussion and the overall number of patients admitted to a specialist palliative care inpatient unit.
10	**International Comparison**	http://www.ncpc.org.uk/mds-annual-questionnaires
11	**KPI Monitoring**	KPI will be monitored on a (please indicate below) basis: □ Daily □ Weekly ☑Monthly □ Quarterly □ Bi-annually □ Annually □ Other – give details: The validated data is monitored by the National Lead for Palliative Care, the CHO Chief Officer and the Primary Care Division Operations Team via performance meetings.
12	**KPI Reporting Frequency**	Indicate how often the KPI will be reported: □ Daily □ Weekly ☑ Monthly □ Quarterly □ Bi-annually □ Annually □ Other – give details:
13	**KPI report period**	Indicate the period to which the data applies: ☑ Current (e.g. daily data reported on that same day of activity, monthly data reported by the 10th of the following month) □ Monthly in arrears (June data reported in July) □ Quarterly in arrears (quarter 1 data reported in quarter 2) □ Rolling 12 months (previous 12 month period)
14	**KPI Reporting Aggregation**	Indicate the level of aggregation – for example over a geographical location: ☑ National ☑ CHO ☑ LHO Area □ Hospital □ County ☑ Institution □ Other – give details:
15	**KPI is reported in which reports ?**	Indicate where the KPI will be reported: ☑ Performance Report □Other – give details:
16	**Web link to data**	http://www.hse.ie/eng/services/publications/
17	**Additional Information**	
	Contact details for Data Manager / Specialist Lead	**Information Analyst :** Geraldine Littler, Business Information Unit- Palliative Care & Social Inclusion, Planning and Business Information (PBI) 046 9251330 Email:Geraldine.Littler@hse.ie **National Lead:** Sheilagh Reaper-Reynolds Email: sheilagh.reaper-reynolds@hse.ie
	National Director and Division	John Hennessy, National Director, Primary Care Division, Health Service Executive.

Primary Care - Palliative Care Intermediate Care

1	KPI Title	Number of patients in receipt of care in designated palliative care support beds (during the reporting month)
2	KPI Description	This is a count of the number of patients in receipt of care in a designated palliative care support bed in the reporting month. A palliative care support bed (Level 2 or Intermediate Care bed) is a bed / service providing an intermediate level of inpatient palliative care for patients in a local environment. A person who requires respite, control of symptoms or end of life care (cancer and non-cancer) may be deemed suitable for admission to a palliative care support bed. Each patient is counted once only in the reporting month.
3	KPI Rationale	To determine and monitor the total number of patients who received care in designated palliative care support beds during the month.
	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two). ☑ Person Centred Care, ☑Effective Care, □ Safe Care, □ Better Health and Wellbeing, □ Use of Information, □ Workforce, □ Use of Resources, □ Governance, □ Leadership and Management
4	KPI Target 2017	**DOP 2017 Target National - 176** CHO 1 - 21, CHO 2 - 4, CHO 3 - 19, CHO 4 - 31, CHO 5 - 33, CHO 6 - 13, CHO 7- 40, CHO 8 - 15, CHO 9 - 0
5	KPI Calculation	Count the total number of patients who received care in a designated palliative care support bed in the reporting month.
6	Data Source	Data in relation to specialist palliative care units and designated beds is submitted to the Community Healthcare Organisation (CHO). The CHO submits the validated data to the Business Information Unit (BIU) Community Healthcare Team.
	Data Completeness	Data completeness is expected at 100%.
	Data Quality Issues	Data quality issues are addressed as they arise along the data pathway.
7	Data Collection Frequency	Indicate how often the data to support the KPI will be collected: □ Daily □ Weekly ☑ Monthly □ Quarterly □ Bi-annually □ Annually □ Other – give details:
8	Tracer Conditions	Number of patients who received care in designated palliative care support beds in the reporting month.
9	Minimum Data Set	Number of patients who received care in designated palliative care support beds in the reporting month.
10	International Comparison	No
11	KPI Monitoring	KPI will be monitored on a (please indicate below) basis: □ Daily □ Weekly ☑ Monthly □ Quarterly □ Bi-annually □ Annually ☑Other – give details The validated data is monitored by the National Lead for Palliative Care, the CHO Chief Officer and the Primary Care Division Operations Team via performance meetings.
12	KPI Reporting Frequency	Indicate how often the KPI will be reported: □ Daily □ Weekly ☑ Monthly □ Quarterly □ Bi-annually □ Annually □ Other – give details:
13	KPI report period	Indicate the period to which the data applies: ☑ Current (e.g. daily data reported on that same day of activity, monthly data reported by the 10th of the following month) □Monthly in arrears (June data reported in July) □ Quarterly in arrears (quarter 1 data reported in quarter 2) □ Rolling 12 months (previous 12 month period)
14	KPI Reporting Aggregation	Indicate the level of aggregation – for example over a geographical location: ☑ National ☑ CHO ☑ LHO Area □ Hospital □County □ Institution □ Other – give details:
15	KPI is reported in which reports ?	Indicate where the KPI will be reported: ☑ Performance Report (NSP) □Other – give details:
16	Web link to data	http://www.hse.ie/eng/services/publications/
17	Additional Information	
	Contact details for Data Manager / Specialist Lead	**Information Analyst :** Geraldine Littler, Business Information Unit- Palliative Care & Social Inclusion, Planning and Business Information (PBI) 046 9251330 Email:Geraldine.Littler@hse.ie **National Lead:** Sheilagh Reaper-Reynolds Email: sheilagh.reaper-reynolds@hse.ie
	National Director and Division	John Hennessy, National Director, Primary Care Division, Health Service Executive.

Primary Care - Palliative Care Day Care

#	Field	Content
1	**KPI Title**	Number of patients in receipt of specialist palliative day care services (during the reporting month)
2	**KPI Description**	The is a count of the number of patients (each patient is counted once only) in receipt of specialist palliative day care / day hospice services during the reporting month. Specialist palliative day care / day hospice services are provided to patients in a day care / day hospice setting. All patients in receipt of specialist palliative day care / day hospice services on the first day of the month and all new patients who attend specialist palliative day care during the month are included.
3	**KPI Rationale**	To determine the total number of patients who received specialist palliative day care / day hospice services during the reporting month.
	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two). ☑ Person Centred Care, ☑ Effective Care, □ Safe Care, □ Better Health and Wellbeing, □ Use of Information, □ Workforce, □ Use of Resources, □ Governance, □Leadership and Management
4	**KPI Target 2017**	**DOP 2017 Target National - 355** CHO 1 - 15, CHO 2 - 35, CHO 3 - 40, CHO 4 - 120, CHO 5 - 0, CHO 6 - 40, CHO 7 - 40, CHO 8 - 0, CHO 9 - 65
5	**KPI Calculation**	Count the total number of patients (each patient is counted once only) who received specialist palliative day care / day hospice services during the reporting month.
6	**Data Source**	Data is sourced by the specialist palliative care units who forward it C19to their Community Healthcare Organisation (CHO). The CHO submits the validated data to the Business Information Unit (BIU) Community Healthcare Team.
	Data Completeness	Data completeness is expected at 100%.
	Data Quality Issues	Data quality issues are addressed as they arise along the data pathway.
7	**Data Collection Frequency**	Indicate how often the data to support the KPI will be collected: □ Daily □ Weekly ☑ Monthly □ Quarterly □ Bi-annually □ Annually □ Other – give details:
8	**Tracer Conditions**	The number of patients in receipt of specialist palliative care services in a day care / day hospice setting.
9	**Minimum Data Set**	The number of patients (people) in receipt of specialist palliative care services in a day care / day hospice setting.
10	**International Comparison**	http://www.ncpc.org.uk/mds
11	**KPI Monitoring**	KPI will be monitored on a (please indicate below) basis: □ Daily □ Weekly ☑ Monthly □ Quarterly □ Bi-annually □ Annually ☑Other – give details The validated data is monitored by the National Lead for Palliative Care, the CHO Chief Officer and the Primary Care Division Operations Team via performance meetings.
12	**KPI Reporting Frequency**	Indicate how often the KPI will be reported: □ Daily □ Weekly ☑ Monthly □ Quarterly □ Bi-annually □ Annually □ Other – give details:
13	**KPI report period**	Indicate the period to which the data applies: ☑ Current (e.g. daily data reported on that same day of activity, monthly data reported by the 10th of the following month) □ Monthly in arrears (June data reported in July) □ Quarterly in arrears (quarter 1 data reported in quarter 2) □ Rolling 12 months (previous 12 month period)
14	**KPI Reporting Aggregation**	Indicate the level of aggregation – for example over a geographical location: ☑ National ☑ CHO ☑ LHO Area □ Hospital □ County □ Institution □ Other – give details:
15	**KPI is reported in which reports ?**	Indicate where the KPI will be reported: ☑ Performance Report □Other – give details:
16	**Web link to data**	http://www.hse.ie/eng/services/publications/
17	**Additional Information**	
	Contact details for Data Manager / Specialist Lead	**Information Analyst :** Geraldine Littler, Business Information Unit- Palliative Care & Social Inclusion, Planning and Business Information (PBI) 046 9251330 Email:Geraldine.Littler@hse.ie **National Lead:** Sheilagh Reaper-Reynolds Email: sheilagh.reaper-reynolds@hse.ie
	National Lead and Division	John Hennessy, National Director, Primary Care Division, Health Service Executive.

Primary Care - Palliative Care Day Care

#	Field	Content
1	**KPI Title**	Number of new patients who received specialist palliative day care services (monthly cumulative)
2	**KPI Description**	This is a count of the number of new patients (each patient is counted once only) in receipt of specialist palliative day care / day hospice services, for the first time ever, during the reporting month. A patient can only be 'new' on the first time referred. Patients discharged and then re-referred, regardless of timeframe, are not to be considered a new patient but a re-referral. All new patients who attend specialist palliative day care services for the first time ever during the month are included. Specialist palliative day care / day hospice is care provided to patients in a day care / day hospice setting.
3	**KPI Rationale**	To determine the total number of new patients who received specialist palliative day care / day hospice during the month.
	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two). ☑ Person Centred Care, ☑ Effective Care, □ Safe Care, □ Better Health and Wellbeing, □ Use of Information, □ Workforce, □ Use of Resources, □ Governance, □Leadership and Management
4	**KPI Target 2017**	**DOP 2017 Target National - 1,010** CHO 1-C6490, CHO 2 - 65, CHO 3 - 120, CHO 4 - 375, CHO 5 - 0, CHO 6 - 120, CHO 7 - 120, CHO 8 - 0, CHO 9 - 120
5	**KPI Calculation**	Count the total number of new patients who received specialist palliative day care / day hospice services during the reporting month.
6	**Data Source**	Data is sourced by the specialist palliative care units who forward it to their Community Healthcare Organisation (CHO). The CHO submits the validated data to the Business Information Unit (BIU) Community Healthcare Team.
	Data Completeness	Data completeness is expected at 100%.C40
	Data Quality Issues	Data quality issues are addressed as they arise along the data pathway.
7	**Data Collection Frequency**	Indicate how often the data to support the KPI will be collected: □ Daily □ Weekly ☑ Monthly □ Quarterly □ Bi-annually □ Annually □ Other – give details:
8	**Tracer Conditions**	The number of new people in receipt of specialist palliative care services in a day care / day hospice setting for the first time ever.
9	**Minimum Data Set**	The number of new people in receipt of specialist palliative care services in a day care / day hospice setting for the first time ever.
10	**International Comparison**	http://www.ncpc.org.uk/mds
11	**KPI Monitoring**	KPI will be monitored on a (please indicate below) basis: □ Daily □ Weekly ☑ Monthly □ Quarterly □ Bi-annually □ Annually ☑Other – give details The validated data is monitored by the National Lead for Palliative Care, the CHO Chief Officer and the Primary Care Division Operations Team via performance meetings.
12	**KPI Reporting Frequency**	Indicate how often the KPI will be reported: □ Daily □ Weekly ☑ Monthly □ Quarterly □ Bi-annually □ Annually □ Other – give details:
13	**KPI report period**	Indicate the period to which the data applies: ☑Current (e.g. daily data reported on that same day of activity, monthly data reported by the 10th of the following month) □ Monthly in arrears (June data reported in July) □ Quarterly in arrears (quarter 1 data reported in quarter 2) □ Rolling 12 months (previous 12 month period)
14	**KPI Reporting Aggregation**	Indicate the level of aggregation – for example over a geographical location: ☑ National ☑ CHO ☑ LHO Area □ Hospital □County □ Institution □ Other – give details:
15	**KPI is reported in which reports ?**	Indicate where the KPI will be reported: ☑ Performance Report □Other – give details:
16	**Web link to data**	http://www.hse.ie/eng/services/publications/
17	**Additional Information**	
	Contact details for Data Manager / Specialist Lead	**Information Analyst :** Geraldine Littler, Business Information Unit- Palliative Care & Social Inclusion, Planning and Business Information (PBI) 046 9251330 Email:Geraldine.Littler@hse.ie **National Lead:** Sheilagh Reaper-Reynolds Email: sheilagh.reaper-reynolds@hse.ie
	National Director and Division	John Hennessy, National Director, Primary Care Division, Health Service Executive.

Primary Care - Palliative Care Community Palliative Care Services

1	**KPI Title**	Access to specialist palliative care services in the community provided within seven days (normal place of residence) (during the reporting month)
2	**KPI Description**	This is a calculation of the number of patients accessing specialist palliative care services in their normal place of residence, in the community, within seven days of referral or request for transfer expressed as a proportion of the overall number of patients accessing these services within the reporting month multiplied by 100. **For the purpose of this metric return, the services submit the relevant numbers with the percentage calculated by the Business Information Unit (BIU).** **Home is defined as** the patient's normal place of residence i.e. where he / she lives, and may include his / her home, carers home, nursing home, community nursing unit, community hospital, district hospital etc. **A referral is defined as** a request for a service to be provided to a specific person. It is usually in writing but not necessarily so. An enquiry or request for information is not in itself a referral. If an enquiry subsequently leads to a request for service, the latter is the referral. There are two types of referral - 1) Active; 2) Inactive (pending or deferred or prospective). 1) Active: An active patient referral is in respect of a patient who is available to immediately take up the offer of service. The term active is used to distinguish referrals that request a service to start as soon as possible from the common situation in palliative care whereby referrals are made in a prospective manner i.e. made in advance for a service that may be required at some stage in the future. 2) Inactive: An inactive patient referral is in respect of a patient who is not available to take up the offer of service straight away. This referral group should not be considered to be active until a service has been formally requested and the patient is available to take up the service. Following referral / request for transfer the patient is triaged / assessed by the specialist palliative care clinical lead before suitability for services in the community is agreed. Time to access services is counted as the number of days (all days) from referral, or request for transfer, to the date of the first face to face home care visit. There are four wait time categories i.e. 0-7 days; 8-14 days; 15-28 days; greater than 28 days. Note it is important **not to include** prospective (ie.inactive, pending, or deferred) referrals as active referrals when wait times are being calculated as the time of initial prospective referral will artificially lengthen wait times.
3	**KPI Rationale**	To determine the proportion (percentage) of patients accessing specialist palliative care services in the community within seven days of referral / request for transfer.
	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two). ☑ Person Centred Care, ☑ Effective Care, □ Safe Care, □ Better Health and Wellbeing, □ Use of Information, □ Workforce, □ Use of Resources, □ Governance, □Leadership and Management
4	**KPI Target 2017**	**NSP 2017 Target - 95%**
5	**KPI Calculation**	Count the number of patients who accessed specialist palliative care services in their normal place of residence, in the community, within seven days of referral and express it as a proportion of the overall number of patients accessing these services within the reporting period and multiply by 100. Example 200 patients accessed specialist palliative care services in the community in the reporting month, of these 154 patients waited 0-7 days, 35 patients waited 8-14 days, 5 patients waited 15-28 days & 6 patients waited >28 days for first face to face visit. Calculation for access within seven days is as follows: 154 / (154+35+5+6) →154 / (200) → 0.770, multiplied by 100 = 77%. **For the purpose of this metric return, the services submit the relevant numbers with the percentage calculated by the BIU.**
6	**Data Source**	Data is sourced by the specialist palliative care units who forward it to their Community Healthcare Organisation (CHO). The CHO submits the validated data to the BIU Community Healthcare Team.
	Data Completeness	Data completeness is expected at 100%.
	Data Quality Issues	Data quality issues are addressed as they arise along the data pathway.
7	**Data Collection Frequency**	Indicate how often the data to support the KPI will be collected: □ Daily □ Weekly ☑ Monthly □ Quarterly □ Bi-annually □ Annually □Other – give details:
8	**Tracer Conditions**	The overall number of people accessing specialist palliative care services in the community and wait times to access these services in particular wait time 0 - 7 days.
9	**Minimum Data Set**	The overall number of people accessing specialist palliative care services in the community and wait times to access these services in particular wait time 0 - 7 days.
10	**International Comparison**	http://www.ncpc.org.uk/mds
11	**KPI Monitoring**	KPI will be monitored on a (please indicate below) basis: □ Daily □ Weekly ☑ Monthly □ Quarterly □ Bi-annually □ Annually ☑Other – give details The validated data is monitored by the National Lead for Palliative Care, the CHO Chief Officer and the Primary Care Division Operations Team via performance meetings.
12	**KPI Reporting Frequency**	Indicate how often the KPI will be reported: □ Daily □ Weekly ☑ Monthly □ Quarterly □ Bi-annually □ Annually □ Other – give details:
13	**KPI report period**	Indicate the period to which the data applies: ☑Current (e.g. daily data reported on that same day of activity, monthly data reported by the 10th of the following month) □Monthly in arrears (June data reported in July) □ Quarterly in arrears (quarter 1 data reported in quarter 2) □ Rolling 12 months (previous 12 month period)
14	**KPI Reporting Aggregation**	Indicate the level of aggregation – for example over a geographical location: ☑ National ☑ CHO ☑ LHO Area □ Hospital □County □ Institution □ Other – give details:
15	**KPI is reported in which reports ?**	Indicate where the KPI will be reported: ☑ Performance Report □Other – give details:
16	**Web link to data**	http://www.hse.ie/eng/services/publications/
17	**Additional Information**	
	Contact details for Data Manager / Specialist Lead	**Information Analyst :** Geraldine Littler, Business Information Unit- Palliative Care & Social Inclusion, Planning and Business Information (PBI) 046 9251330 Email:Geraldine.Littler@hse.ie **National Lead:** Sheilagh Reaper-Reynolds Email: sheilagh.reaper-reynolds@hse.ie
	National Director and Division	John Hennessy, National Director, Primary Care Division, Health Service Executive.

Primary Care - Palliative Care Community Palliative Care Services

1	**KPI Title**	Access to specialist palliative care services in the community provided to patients in their place of residence within 8 - 14 days (normal place of residence) (during the reporting month)
2	**KPI Description**	This is a calculation of the number of patients accessing specialist palliative care services in their normal place of residence, in the community, within eight to 14 days of referral or request for transfer expressed as a proportion of the overall number of patients accessing these services within the reporting month multiplied by 100. **For the purpose of this metric return, the services submit the relevant numbers with the percentage calculated by the Business Information Unit (BIU).** Home is defined as the patient's normal place of residence i.e. where he / she lives, and may include his / her home, a carers home, nursing home, community nursing unit, community hospital, district hospital etc. A referral is defined as a request for a service to be provided to a specific person. It is usually in writing but not necessarily so. An enquiry or request for information is not in itself a referral. If an enquiry subsequently leads to a request for service, the latter is the referral. There are two types of referral - 1) Active; 2) Inactive (pending or deferred or prospective). 1) Active: An active patient referral is in respect of a patient who is available to immediately take up the offer of service. The term active is used to distinguish referrals that request a service to start as soon as possible based on the common situation in palliative care whereby referrals are made in a prospective manner i.e. made in advance for a service that may be required at some stage in the future. 2) Inactive: An inactive patient referral is in respect of a patient who is not available to take up the offer of service straight away. This referral group should not be considered to be active until a service has been formally requested and the patient is available to take up the service. Following referral / request for transfer the patient is triaged / assessed by the specialist palliative care clinical lead before suitability for services in the community is agreed. Time to access services is counted as the number of days (all days) from referral, or request for transfer, to the date of the first face to face home care visit. There are four wait time categories i.e. 0-7 days; 8-14 days; 15-28 days; greater than 28 days. Note it is important **not to include** prospective (ie. inactive, pending, or deferred) referrals as active referrals when wait times are being calculated as the time of initial prospective referral will artificially lengthen wait times.
3	**KPI Rationale**	To determine the proportion (percentage) of patients having a first face to face specialist palliative care visit in the community within eight to 14 days of referral / request for transfer.
	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two). ☑ Person Centred Care, ☑ Effective Care, □ Safe Care, □ Better Health and Wellbeing, □ Use of Information, □ Workforce, □ Use of Resources, □ Governance, □Leadership and Management
4	**KPI Target 2017**	**DOP 2017 Target - 3%**
5	**KPI Calculation**	Count the number of patients who accessed specialist palliative care services in their normal place of residence, in the community, within eight to 14 days of referral or request to transfer and express it as a proportion of the overall number of patients accessing these services within the reporting period and multiply by 100. Example 200 patients accessed specialist palliative care services in the community in the reporting month, of these 154 patients waited 0-7 days, 35 patients waited 8-14 days, 5 patients waited 15-28 days & 6 patients waited >28 days for first face to face visit. Calculation for access within 8-14 days is as follows: (35) / (154+35+5+6) → 35 / (200) → 0.175, multiplied by 100 = 17.5% **For the purpose of this metric return, the services submit the relevant numbers with the percentage calculated by the BIU.**
6	**Data Source**	Data is sourced by the specialist palliative care units who forward it to their Community Healthcare Organisation (CHO). The CHO submits the validated data to the BIU Community Healthcare Team.
	Data Completeness	Data completeness is expected at 100%.
	Data Quality Issues	Data quality issues are addressed as they arise along the data pathway.
7	**Data Collection Frequency**	Indicate how often the data to support the KPI will be collected: □ Daily □ Weekly ☑ Monthly □ Quarterly □ Bi-annually □ Annually □Other – give details:
8	**Tracer Conditions**	The overall number of people accessing specialist palliative care services in the community and wait times to access these services in particular wait time 8 - 14 days.
9	**Minimum Data Set**	The overall number of people accessing specialist palliative care services in the community and wait times to access these services in particular wait time 8 -14 days.
10	**International Comparison**	http://www.ncpc.org.uk/mds
11	**KPI Monitoring**	KPI will be monitored on a (please indicate below) basis: □ Daily □ Weekly ☑ Monthly □ Quarterly □ Bi-annually □ Annually ☑Other – give details The validated data is monitored by the National Lead for Palliative Care, the CHO Chief Officer and the Primary Care Division Operations Team via performance meetings.
12	**KPI Reporting Frequency**	Indicate how often the KPI will be reported: □ Daily □ Weekly ☑ Monthly □ Quarterly □ Bi-annually □ Annually □ Other – give details:
13	**KPI report period**	Indicate the period to which the data applies: ☑Current (e.g. daily data reported on that same day of activity, monthly data reported by the 10th of the following month) □Monthly in arrears (June data reported in July) □ Quarterly in arrears (quarter 1 data reported in quarter 2) □ Rolling 12 months (previous 12 month period)
14	**KPI Reporting Aggregation**	Indicate the level of aggregation – for example over a geographical location: ☑ National ☑ CHO ☑ LHO Area □ Hospital □County □ Institution □ Other – give details:
15	**KPI is reported in which reports ?**	Indicate where the KPI will be reported: ☑ Performance Report □Other – give details:
16	**Web link to data**	http://www.hse.ie/eng/services/publications/
17	**Additional Information**	
	Contact details for Data Manager / Specialist Lead	**Information Analyst :** Geraldine Littler, Business Information Unit- Palliative Care & Social Inclusion, Planning and Business Information (PBI) 046 9251330 Email:Geraldine.Littler@hse.ie **National Lead:** Sheilagh Reaper-Reynolds Email: sheilagh.reaper-reynolds@hse.ie
	National Director and Division	John Hennessy, National Director, Primary Care Division, Health Service Executive.

Primary Care - Palliative Care Community Palliative Care Services

1	KPI Title	Access to specialist palliative care services in the community provided to patients in their place of residence within 15+ days (normal place of residence) (during the reporting month)
2	KPI Description	This is a calculation of the number of patients accessing specialist palliative care services in their normal place of residence, in the community, within 15+ days of referral, or request for transfer, expressed as a proportion of the overall number of patients accessing these services within the reporting month multiplied by 100. **For the purpose of this metric return, the services submit the relevant numbers with the percentage calculated by the Business Information Unit (BIU).** Home is defined as the patient's normal place of residence i.e. where he / she lives, and may include his / her home, a carers home, nursing home, community nursing unit, community hospital, district hospital etc. A referral is defined as a request for a service to be provided to a specific person. It is usually in writing but not necessarily so. An enquiry or request for information is not in itself a referral. If an enquiry subsequently leads to a request for service, the latter is the referral. There are two types of referral - 1) Active; 2) Inactive (pending or deferred or prospective). 1) Active: An active patient referral is in respect of a patient who is available to immediately take up the offer of service. The term active is used to distinguish referrals that request a service to start as soon as possible based on the common situation in palliative care whereby referrals are made in a prospective manner i.e. made in advance for a service that may be required at some stage in the future. 2) Inactive: An inactive patient referral is in respect of a patient who is not available to take up the offer of service straight away. This referral group should not be considered to be active until a service has been formally requested and the patient is available to take up the service. Following referral / request for transfer the patient is triaged / assessed by the specialist palliative care clinical lead before suitability for services in the community is agreed. Time to access services is counted as the number of days (all days) from referral, or request for transfer, to the date of the first face to face home care visit. There are four wait time categories i.e. 0-7 days; 8-14 days; 15-28 days; greater than 28 days. Note it is important **not to include** prospective (ie. inactive, pending, or deferred) referrals as active referrals when wait times are being calculated as the time of initial prospective referral will artificially lengthen wait times.
3	KPI Rationale	To determine the proportion (percentage) of patients having a first face to face specialist palliative care visit in the community within 15+ days of referral / request for transfer.
	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two). ☑ Person Centred Care, ☑ Effective Care, □ Safe Care, □ Better Health and Wellbeing, □ Use of Information, □ Workforce, □ Use of Resources, □ Governance, □Leadership and Management
4	KPI Target 2017	**DOP 2017 - Target: 2%**
5	KPI Calculation	Count the number of patients who accessed specialist palliative care services in their normal place of residence, in the community, within 15+ days of referral / request for transfer and express it as a proportion of the overall number of patients accessing these services within the reporting period and multiply by 100. Example 200 patients accessed specialist palliative care services in the community in the reporting month, of these 154 patients waited 0-7 days, 35 patients waited 8-14 days, 5 patients waited 15-28 days & 6 patients waited >28 days for first face to face visit. Calculation for access within 15+ days is as follows (5 + 6) / (154+35+5+6) →11 / (200) →0.055, multiplied by 100 = 5.5% **For the purpose of this metric return, the services submit the relevant numbers with the percentage calculated by the BIU.**
6	Data Source	Data is sourced by the specialist palliative care units who forward it to their Community Healthcare Organisation (CHO). The CHO submits the validated data to the BIU Community Healthcare Team.
	Data Completeness	Data completeness is expected at 100%.
	Data Quality Issues	Data quality issues are addressed as they arise along the data pathway.
7	Data Collection Frequency	Indicate how often the data to support the KPI will be collected: □ Daily □ Weekly ☑ Monthly □ Quarterly □ Bi-annually □ Annually □Other – give details:
8	Tracer Conditions	The overall number of people accessing specialist palliative care services in the community and wait times to access these services in particular wait times 15 -28 days and >28 days.
9	Minimum Data Set	The overall number of people accessing specialist palliative care services in the community and wait times to access these services in particular wait times 15 -28 days and >28 days.
10	International Comparison	http://www.ncpc.org.uk/mds
11	KPI Monitoring	KPI will be monitored on a (please indicate below) basis: □ Daily □ Weekly ☑ Monthly □ Quarterly □ Bi-annually □ Annually ☑Other – give details The validated data is monitored by the National Lead for Palliative Care, the CHO Chief Officer and the Primary Care Division Operations Team via performance meetings.
12	KPI Reporting Frequency	Indicate how often the KPI will be reported: □ Daily □ Weekly ☑ Monthly □ Quarterly □ Bi-annually □ Annually □ Other – give details:
13	KPI report period	Indicate the period to which the data applies: ☑Current (e.g. daily data reported on that same day of activity, monthly data reported by the 10th of the following month) □Monthly in arrears (June data reported in July) □ Quarterly in arrears (quarter 1 data reported in quarter 2) □ Rolling 12 months (previous 12 month period)
14	KPI Reporting Aggregation	Indicate the level of aggregation – for example over a geographical location: ☑ National ☑ CHO ☑ LHO Area □ Hospital □County □ Institution □ Other – give details:
15	KPI is reported in which reports ?	Indicate where the KPI will be reported: ☑ Performance Report □Other – give details:
16	Web link to data	http://www.hse.ie/eng/services/publications/
17	Additional Information	
	Contact details for Data Manager / Specialist Lead	**Information Analyst :** Geraldine Littler, Business Information Unit- Palliative Care & Social Inclusion, Planning and Business Information (PBI) 046 9251330 Email:Geraldine.Littler@hse.ie **National Lead:** Sheilagh Reaper-Reynolds Email: sheilagh.reaper-reynolds@hse.ie
	National Director and Division	John Hennessy, National Director, Primary Care Division, Health Service Executive.

Primary Care - Palliative Care Community Palliative Care Services

1	**KPI Title**	Percentage of patients triaged within one working day of referral (Community)
2	**KPI Description**	This is a calculation of the number of patients triaged within one working day of referral or request for patient transfer to service expressed as a proportion of all patients referred / requesting transfer in the reporting month multiplied by 100. A referral is defined as a request for a service to be provided to a specific person. It is usually in writing but not necessarily so. An enquiry or request for information is not in itself a referral. If an enquiry subsequently leads to a request for service, the latter is the referral. Triage is defined as the examination of the patient referral form, patient notes, scans and reports to ascertain the appropriate timeframe for delivery of specialist palliative care in the community. All patients are triaged. The triage categories are as follows: Category 1: This is an urgent referral where the patient is in severe physical, psychosocial or spiritual distress and not responding to current management or standard protocols of care or rapidly deteriorating or imminently dying Category 2: This is an early referral where the patient has poorly controlled symptoms or a prognosis of only short weeks or acute psychosocial stressors Category 3: This is a routine referral where the patient's current symptoms and available supports or care are such that the situation is reasonably stable. The patient triaged to Category 3 should be visited within 2 weeks from receipt of referral. Time to triage is calculated by counting the number of days (working days i.e. Monday to Friday excluding week ends and bank holidays i.e. based on 5 / 7 days of service provision) from receipt of referral, or request for patient transfer into service, to date of triage.
3	**KPI Rationale**	To determine the proportion (percentage) of referred patients triaged within the specific and appropriate timeframe of one working day.
	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two). ☑ Person Centred Care, ☑ Effective Care, □ Safe Care, □ Better Health and Wellbeing, □ Use of Information, □ Workforce, □ Use of Resources, □ Governance, □Leadership and Management
4	**KPI Target 2017**	**NSP 2017 Target - 90%**
5	**KPI Calculation**	Count the number of patients triaged within one working day of referral / request for transfer, and express it as a proportion of all patients referred / requesting transfer in the reporting month. Example: Total number of referrals / requests for transfer received = 90 Total number of these referrals triaged within 1 working day= 78 Calculation: (78 / 90) x 100 = 86.7% **For the purpose of this metric return, the services submit the relevant numbers with the percentage calculated by the BIU.**
6	**Data Source**	Data is sourced by the specialist palliative care units who forward it to their Community Healthcare Organisation (CHO). The CHO submits the validated data to the BIU Community Healthcare Team.
	Data Completeness	Data completeness is expected at 100%.
	Data Quality Issues	Data quality issues are addressed as they arise along the data pathway.
7	**Data Collection Frequency**	Indicate how often the data to support the KPI will be collected: □ Daily □ Weekly ☑ Monthly □ Quarterly □ Bi-annually □ Annually □Other – give details:
8	**Tracer Conditions**	The number of people triaged within one working day of referral / request for transfer and the total number of partients referred / requesting transfer in the reporting month.
9	**Minimum Data Set**	The number of people triaged within one working day of referral / request for transfer and the total number of partients referred / requesting transfer in the reporting month.
10	**International Comparison**	http://www.ncpc.org.uk/mds-annual-questionnaires
11	**KPI Monitoring**	KPI will be monitored on a (please indicate below) basis: □ Daily □ Weekly ☑ Monthly □ Quarterly □ Bi-annually □ Annually ☑Other – give details The validated data is monitored by the National Lead for Palliative Care, the CHO Chief Officer and the Primary Care Division Operations Team via performance meetings.
12	**KPI Reporting Frequency**	Indicate how often the KPI will be reported: □ Daily □ Weekly ☑ Monthly □ Quarterly □ Bi-annually □ Annually □ Other – give details:
13	**KPI report period**	Indicate the period to which the data applies: ☑Current (e.g. daily data reported on that same day of activity, monthly data reported by the 10th of the following month) □Monthly in arrears (June data reported in July) □ Quarterly in arrears (quarter 1 data reported in quarter 2) □ Rolling 12 months (previous 12 month period)
14	**KPI Reporting Aggregation**	Indicate the level of aggregation – for example over a geographical location: ☑ National ☑ CHO ☑ LHO Area □ Hospital □County □ Institution □ Other – give details:
15	**KPI is reported in which reports ?**	Indicate where the KPI will be reported: ☑ Performance Report □Other – give details:
16	**Web link to data**	http://www.hse.ie/eng/services/publications/
17	**Additional Information**	
	Contact details for Data Manager / Specialist Lead	**Information Analyst :** Geraldine Littler, Business Information Unit- Palliative Care & Social Inclusion, Planning and Business Information (PBI) 046 9251330 Email:Geraldine.Littler@hse.ie **National Lead:** Sheilagh Reaper-Reynolds Email: sheilagh.reaper-reynolds@hse.ie
	National Director and Division	John Hennessy, National Director, Primary Care Division, Health Service Executive.

Primary Care - Palliative Care Community Palliative Care Services

1	**KPI Title**	No. of patients who received treatment in their normal place of residence
2	**KPI Description**	This is a count of the total number of patients who received specialist palliative care in the community during the reporting month. Specialist palliative care in the community is care provided to patients in their normal place of residence i.e. their home, carers home, nursing home, community nursing unit, community hospital, district hospital etc. All patients in receipt of specialist palliative care in the community (home care) on the first day of the month and all new patients who received a first face to face visit during the month are included with each patient counted once only in the reporting month.
3	**KPI Rationale**	To determine the total number of patients who received specialist palliative care in the community (home care) during the reporting month.
	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two). ☑ Person Centred Care, ☑ Effective Care, □ Safe Care, □ Better Health and Wellbeing, □ Use of Information, □ Workforce, □ Use of Resources, □ Governance, □Leadership and Management
4	**KPI Target 2017**	**NSP 2017 Target National - 3,620** CHO 1 - 410, CHO 2 - 410, CHO 3 - 485, CHO 4 - 600, CHO 5 - 450, CHO 6 - 260, CHO 7 - 275, CHO 8 - 430, CHO 9 - 300
5	**KPI Calculation**	Count the total number of patients who received specialist palliative care in the community (home care) during the reporting month.
6	**Data Source**	Data is sourced by the specialist palliative care units who forward it to their Community Healthcare Organisation (CHO). The CHO submits the validated data to the Business Information Unit (BIU) Community Healthcare Team.
	Data Completeness	Data completeness is expected at 100%.
	Data Quality Issues	Data quality issues are addressed as they arise along the data pathway.
7	**Data Collection Frequency**	Indicate how often the data to support the KPI will be collected: □ Daily □ Weekly ☑ Monthly □ Quarterly □ Bi-annually □ Annually □Other – give details:
8	**Tracer Conditions**	The number of people who received specialist palliative care services (home care) in the community in the reporting month.
9	**Minimum Data Set**	The number of people who received specialist palliative care services (home care) in the community in the reporting month.
10	**International Comparison**	http://www.ncpc.org.uk/mds
11	**KPI Monitoring**	KPI will be monitored on a (please indicate below) basis: □ Daily □ Weekly ☑ Monthly □ Quarterly □ Bi-annually □ Annually ☑Other – give details The validated data is monitored by the National Lead for Palliative Care, the CHO Chief Officer and the Primary Care Division Operations Team via performance meetings.
12	**KPI Reporting Frequency**	Indicate how often the KPI will be reported: □ Daily □ Weekly ☑ Monthly □ Quarterly □ Bi-annually □ Annually □ Other – give details:
13	**KPI report period**	Indicate the period to which the data applies: ☑Current (e.g. daily data reported on that same day of activity, monthly data reported by the 10th of the following month) □Monthly in arrears (June data reported in July) □ Quarterly in arrears (quarter 1 data reported in quarter 2) □ Rolling 12 months (previous 12 month period)
14	**KPI Reporting Aggregation**	Indicate the level of aggregation – for example over a geographical location: ☑ National ☑ CHO ☑ LHO Area □ Hospital □County □ Institution □ Other – give details:
15	**KPI is reported in which reports ?**	Indicate where the KPI will be reported: ☑ Performance Report □Other – give details:
16	**Web link to data**	http://www.hse.ie/eng/services/publications/
17	**Additional Information**	
	Contact details for Data Manager / Specialist Lead	**Information Analyst :** Geraldine Littler, Business Information Unit- Palliative Care & Social Inclusion, Planning and Business Information (PBI) 046 9251330 Email:Geraldine.Littler@hse.ie **National Lead:** Sheilagh Reaper-Reynolds Email: sheilagh.reaper-reynolds@hse.ie
	National Director and Division	John Hennessy, National Director, Primary Care Division, Health Service Executive.

Primary Care - Palliative Care Community Palliative Care Services

1	**KPI Title**	Number of new patients seen by specialist palliative care services in their normal place of residence.
2	**KPI Description**	This is a count of the number of new (first time ever) patients seen by the specialist palliative care (home care) team in the community during the reporting month A patient can only be 'new' on the first time referred. Each patient is counted once only. Patients discharged and then re-referred, regardless of timeframe, are not to be considered a new patient but a re-referral. Home is defined as the patient's normal place of residence i.e. where he / she lives, and may include his / her home, carers home, nursing home, community nursing unit, community hospital, district hospital etc.
3	**KPI Rationale**	To determine the number of new patients in receipt of specialist palliative care in the community during the reporting month. This will inform service delivery and decisions with regard to service provision / prediction of service provision.
	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two). ☑ Person Centred Care, ☑ Effective Care, □ Safe Care, □ Better Health and Wellbeing, □ Use of Information, □ Workforce, □ Use of Resources, □ Governance, □Leadership and Management
4	**KPI Target 2017**	**DOP 2017 Target National - 9,610** CHO 1 - 900, CHO 2 - 1,120, CHO 3 - 910, CHO 4 - 1,550, CHO 5 - 1,050, CHO 6 - 830, CHO 7 - 940, CHO 8 - 1,360, CHO 9 - 950
5	**KPI Calculation**	Count all new people who were seen by the specialist palliative care team for the first time ever in their normal place of residence in the community in the reporting month.
6	**Data Source**	Data is sourced by the specialist palliative care units who forward it to their Community Healthcare Organisation (CHO). The CHO submits the validated data to the Business Information Unit (BIU) Community Healthcare Team.
	Data Completeness	Data completeness is expected at 100%.
	Data Quality Issues	Data quality issues are addressed as they arise along the data pathway.
7	**Data Collection Frequency**	Indicate how often the data to support the KPI will be collected: □ Daily □ Weekly ☑ Monthly □ Quarterly □ Bi-annually □ Annually □Other – give details:
8	**Tracer Conditions**	New patients seen for the first time ever in their normal place of residence by the specialist palliative care team.
9	**Minimum Data Set**	New patients seen for the first time ever in their normal place of residence by the specialist palliative care team.
10	**International Comparison**	http://www.ncpc.org.uk/mds
11	**KPI Monitoring**	KPI will be monitored on a (please indicate below) basis: □ Daily □ Weekly ☑ Monthly □ Quarterly □ Bi-annually □ Annually ☑Other – give details The validated data is monitored by the National Lead for Palliative Care, the CHO Chief Officer and the Primary Care Division Operations Team via performance meetings.
12	**KPI Reporting Frequency**	Indicate how often the KPI will be reported: □ Daily □ Weekly ☑ Monthly □ Quarterly □ Bi-annually □ Annually □ Other – give details:
13	**KPI report period**	Indicate the period to which the data applies: ☑Current (e.g. daily data reported on that same day of activity, monthly data reported by the 10th of the following month) □Monthly in arrears (June data reported in July) □ Quarterly in arrears (quarter 1 data reported in quarter 2) □ Rolling 12 months (previous 12 month period)
14	**KPI Reporting Aggregation**	Indicate the level of aggregation – for example over a geographical location: ☑ National ☑ CHO ☑ LHO Area □ Hospital □County □ Institution □ Other – give details:
15	**KPI is reported in which reports ?**	Indicate where the KPI will be reported: ☑ Performance Report □Other – give details:
16	**Web link to data**	http://www.hse.ie/eng/services/publications/
17	**Additional Information**	
	Contact details for Data Manager / Specialist Lead	**Information Analyst :** Geraldine Littler, Business Information Unit- Palliative Care & Social Inclusion, Planning and Business Information (PBI) 046 9251330 Email:Geraldine.Littler@hse.ie **National Lead:** Sheilagh Reaper-Reynolds Email: sheilagh.reaper-reynolds@hse.ie
	National Director and Division	John Hennessy, National Director, Primary Care Division, Health Service Executive.

Primary Care - Palliative Care Children's Palliative Care Services

1	**KPI Title**	No. of children in the care of the children's outreach nurse
2	**KPI Description**	This is a count of the total number of children who were on the **active** patient list of the children's outreach nurse (clinical nurse co-ordinator) in the reporting month. It includes children on the list on the first day of the month plus new children plus transfers accepted and receiving active care during the reporting month.
3	**KPI Rationale**	To determine the number of children / families being supported by the service and to assist in service planning.
	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two). ☑ Person Centred Care, ☑Effective Care □ Safe Care, □ Better Health and Wellbeing, □ Use of Information, □ Workforce, □ Use of Resources, □ Governance, □ Leadership and Management
4	**KPI Target 2017**	**NSP 2017 Target National - 269** CHO 1 - 25, CHO 2 - 29, CHO 3 - 32, CHO 4 - 29, CHO 5 - 41, CHO 6 - 15, CHO 7 - 33, CHO 8 - 35, CHO 9 - 30
5	**KPI Calculation**	Count the total number of children in the active care of the children's outreach nurse (clinical nurse co-ordinator) during the reporting month.
6	**Data Source**	Data is sourced by the children's outreach nurse (clinical nurse co-ordinator) who submits it to the Business Information Unit (BIU) Community Healthcare Team.
	Data Completeness	Data completeness is expected at 100%.
	Data Quality Issues	Data quality issues are addressed as they arise along the data pathway.
7	**Data Collection Frequency**	Indicate how often the data to support the KPI will be collected: □ Daily □ Weekly ☑ Monthly □ Quarterly □ Bi-annually □ Annually □Other – give details:
8	**Tracer Conditions**	The number of children in the active care of the childrens outreach nurse (clinical nurse co-ordinator) in the reporting month.
9	**Minimum Data Set**	The number of children in the active care of the childrens outreach nurse (clinical nurse co-ordinator) in the reporting month.
10	**International Comparison**	No
11	**KPI Monitoring**	KPI will be monitored on a (please indicate below) basis: oDaily oWeekly ☑Monthly oQuarterly oBi-annually oAnnually oOther – give details: Data is monitored by the children's outreach nurse (clinical nurse co-ordinator) and the National Lead for Palliative Care.
12	**KPI Reporting Frequency**	Indicate how often the KPI will be reported: □ Daily □ Weekly ☑ Monthly □ Quarterly □ Bi-annually □ Annually □ Other – give details:
13	**KPI report period**	Indicate the period to which the data applies: ☑ Current (e.g. daily data reported on that same day of activity, monthly data reported by the 10th of the following month) □ Monthly in arrears (June data reported in July) □ Quarterly in arrears (quarter 1 data reported in quarter 2) □ Rolling 12 months (previous 12 month period)
14	**KPI Reporting Aggregation**	Indicate the level of aggregation – for example over a geographical location: ☑ National ☑ CHO ☑ LHO Area □ Hospital □County □ Institution □ Other – give details:
15	**KPI is reported in which reports ?**	Indicate where the KPI will be reported: ☑ Performance Report □Other – give details:
16	**Web link to data**	http://www.hse.ie/eng/services/publications/
17	**Additional Information**	
	Contact details for Data Manager / Specialist Lead	**Information Analyst :** Geraldine Littler, Business Information Unit- Palliative Care & Social Inclusion, Planning and Business Information (PBI) 046 9251330 Email:Geraldine.Littler@hse.ie **National Lead:** Sheilagh Reaper-Reynolds Email: sheilagh.reaper-reynolds@hse.ie
	National Director and Division	John Hennessy, National Director, Primary Care Division, Health Service Executive.

Primary Care - Palliative Care Children's Palliative Care Services

1	KPI Title	No. of new children in the care of the children's outreach nurse
2	KPI Description	This is a count of the number of new children seen face to face, for the first time ever, by the childrens outreach nurse (clinical nurse co-ordinator) in an acute hospital setting and in the home, in the reporting month. Each new child is counted once only when initially seen on first face to face contact.
3	KPI Rationale	To determine the number of new children / families being supported by the service and to assist in service planning.
	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two). ☑ Person Centred Care, ☑Effective Care, □ Safe Care, □ Better Health and Wellbeing, □ Use of Information, □ Workforce, □ Use of Resources, □ Governance, □ Leadership and Management
4	KPI Target 2017	**NSP 2017 Target - to be set**
5	KPI Calculation	Count the total number of children in the care of (seen by) the childrens outreach nurse (clinical nurse co-ordinator) in an acute hospital setting and in the home in the reporting month. For children seen in the home, data is returned by the Local Health Office (LHO) address of the child.
6	Data Source	Data is sourced by the childrens outreach nurse (clinical nurse co-ordinator) who submits it to the Business Information Unit (BIU) Community Healthcare Team.
	Data Completeness	Data completeness is expected at 100%.
	Data Quality Issues	Data quality issues are addressed as they arise along the data pathway.
7	Data Collection Frequency	Indicate how often the data to support the KPI will be collected: □ Daily □ Weekly ☑ Monthly □ Quarterly □ Bi-annually □ Annually □Other – give details:
8	Tracer Conditions	The number of new children seen by the childrens outreach nurse for the first time ever during the reporting month.
9	Minimum Data Set	The number of new children seen by the childrens outreach nurse for the first time ever during the reporting month.
10	International Comparison	No
11	KPI Monitoring	KPI will be monitored on a (please indicate below) basis: oDaily oWeekly ☑Monthly oQuarterly oBi-annually oAnnually oOther – give details: Data is monitored by the children's outreach nurse (clinical nurse co-ordinator) and the National Lead for Palliative Care.
12	KPI Reporting Frequency	Indicate how often the KPI will be reported: □ Daily □ Weekly ☑ Monthly □ Quarterly □ Bi-annually □ Annually □ Other – give details:
13	KPI report period	Indicate the period to which the data applies: ☑ Current (e.g. daily data reported on that same day of activity, monthly data reported by the 10th of the following month) □ Monthly in arrears (June data reported in July) □ Quarterly in arrears (quarter 1 data reported in quarter 2) □ Rolling 12 months (previous 12 month period)
14	KPI Reporting Aggregation	Indicate the level of aggregation – for example over a geographical location: ☑ National ☑ CHO □ LHO Area □ Hospital □ County □ Institution □ Other – give details:
15	KPI is reported in which reports ?	Indicate where the KPI will be reported: ☑ Performance Report (NSP) □Other – give details:
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17	Additional Information	
	Contact details for Data Manager / Specialist Lead	**Information Analyst :** Geraldine Littler, Business Information Unit- Palliative Care & Social Inclusion, Planning and Business Information (PBI) 046 9251330 Email:Geraldine.Littler@hse.ie
	National Director and Division	John Hennessy, National Director, Primary Care Division, Health Service Executive.

Primary Care - Palliative Care Children's Palliative Care Services

1	**KPI Title**	Number of children in the care of the specialist paediatric palliative care team in an acute hospital setting in the month
2	**KPI Description**	This is a count of the total number of children who received care from the Specialist Paediatric Palliative Care Teams in Our Lady's Children's Hospital Crumlin and Children's University Hospital Temple Street during the reporting month. The Specialist Paediatric Palliative Care Teams in Our Lady's Children's Hospital Crumlin and Children's University Hospital Temple Street provide care to children in the hospital and support to former patients and their families living at home. The total number of children recorded at Our Lady's Children's Hospital, Crumlin and Children's University Hospital Temple Street include all children under the care of the Consultant Paediatrician with a Special Interest in Palliative Medicine and may be resident anywhere in the country.
3	**KPI Rationale**	To determine the number of children / families being supported by the service and to assist in service planning.
	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two). ☑ Person Centred Care, ☑Effective Care, ☐ Safe Care, ☐ Better Health and Wellbeing, ☐ Use of Information, ☐ Workforce, ☐ Use of Resources, ☐ Governance, ☐ Leadership and Management
4	**KPI Target 2017**	**NSP 2017 Target - 20** Our Lady's Children's Hospital, Crumlin - 20 Children's University Hospital Temple Street to be set in 2017.
5	**KPI Calculation**	Count the total number of children in the care of the specialist palliative care teams Our Lady's Children's Hospital Crumlin and Children's University Hospital Temple Street in the reporting month.
6	**Data Source**	Data is sourced by the Specialist Palliative Care teams who submit it to the Business Information Unit (BIU) Community Healthcare Team.
	Data Completeness	Data completeness is expected at 100%.
	Data Quality Issues	Data quality issues are addressed as they arise along the data pathway.
7	**Data Collection Frequency**	Indicate how often the data to support the KPI will be collected: ☐ Daily ☐ Weekly ☑ Monthly ☐ Quarterly ☐ Bi-annually ☐ Annually ☐ Other – give details:
8	**Tracer Conditions**	Children in the care of the specialist palliative care teams Our Lady's Children's Hospital, Crumlin and Children's University Hospital Temple Street in the reporting month.
9	**Minimum Data Set**	Children in the care of the specialist palliative care teams Our Lady's Children's Hospital, Crumlin and Children's University Hospital Temple Street in the reporting month.
10	**International Comparison**	No+C67
11	**KPI Monitoring**	KPI will be monitored on a (please indicate below) basis: oDaily oWeekly ☑Monthly oQuarterly oBi-annually oAnnually oOther – give details: Data is monitored by the children's outreach nurse (clinical nurse co-ordinator) and the National Lead for Palliative Care.
12	**KPI Reporting Frequency**	Indicate how often the KPI will be reported: ☐ Daily ☐ Weekly ☑ Monthly ☐ Quarterly ☐ Bi-annually ☐ Annually ☐ Other – give details:
13	**KPI report period**	Indicate the period to which the data applies: ☑ Current (e.g. daily data reported on that same day of activity, monthly data reported by the 10th of the following month) ☐Monthly in arrears (June data reported in July) ☐Quarterly in arrears (quarter 1 data reported in quarter 2) ☐Rolling 12 months (previous 12 month period)
14	**KPI Reporting Aggregation**	Indicate the level of aggregation – for example over a geographical location: ☑ National ☐ CHO ☐ LHO Area ☑ Hospital ☐ County ☐ Institution ☐ Other – give details:
15	**KPI is reported in which reports ?**	Indicate where the KPI will be reported: ☑ Performance Report ☐Other – give details:
16	**Web link to data**	http://www.hse.ie/eng/services/publications/
17	**Additional Information**	
	Contact details for Data Manager / Specialist Lead	**Information Analyst :** Geraldine Littler, Business Information Unit- Palliative Care & Social Inclusion, Planning and Business Information (PBI) 046 9251330 Email:Geraldine.Littler@hse.ie **National Lead:** Sheilagh Reaper-Reynolds Email: sheilagh.reaper-reynolds@hse.ie
	National Director and Division	John Hennessy, National Director, Primary Care Division, Health Service Executive.

Primary Care - Palliative Care Children's Palliative Care Services

#	Field	Content
1	**KPI Title**	Number of children in the care of the specialist paediatric palliative care team in an acute hospital setting
2	**KPI Description**	This is a count of the total number of new children seen for the first time ever by the Specialist Paediatric Palliative Care team during the reporting month. Each new child is counted once only when initially seen on a first face to face contact.
3	**KPI Rationale**	To determine the number of new children / families being supported by the service and to assist in service planning.
	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two). ☑ Person Centred Care, ☑Effective Care, □Safe Care, □ Better Health and Wellbeing, □ Use of Information, □ Workforce, □ Use of Resources, □ Governance, □ Leadership and Management
4	**KPI Target 2017**	**NSP 2017 Target - 63** Our Lady's Children's Hospital, Crumlin - 63 Children's University Hospital Temple Street to be set in 2017.
5	**KPI Calculation**	Count the total number of new children in the care of the Specialist Palliative Care Team in Our Lady's Childrens Hospital Crumlin and Children's University Hospital Temple Street seen for the first time ever during the reporting period.
6	**Data Source**	Data is sourced by the specialist palliative care teams who submit it to the Business Information Unit (BIU) Community Healthcare Team.
	Data Completeness	Data completeness is expected at 100%.
	Data Quality Issues	Data quality issues are addressed as they arise along the data pathway.
7	**Data Collection Frequency**	Indicate how often the data to support the KPI will be collected: □ Daily □ Weekly ☑ Monthly □ Quarterly □ Bi-annually □ Annually □ Other – give details:
8	**Tracer Conditions**	New children seen for the first time ever by the specialist palliative care teams in Our Lady's Children's Hospital, Crumlin and Children's University Hospital Temple Street
9	**Minimum Data Set**	New children seen for the first time ever by the specialist palliative care teams in Our Lady's Children's Hospital, Crumlin and Children's University Hospital Temple Street
10	**International Comparison**	No
11	**KPI Monitoring**	KPI will be monitored on a (please indicate below) basis: oDaily oWeekly ☑Monthly oQuarterly oBi-annually oAnnually oOther – give details: Data is monitored by the children's outreach nurse (clinical nurse co-ordinator) and the National Lead for Palliative Care.
12	**KPI Reporting Frequency**	Indicate how often the KPI will be reported: □ Daily □ Weekly ☑ Monthly □ Quarterly □ Bi-annually □ Annually □ Other – give details:
13	**KPI report period**	Indicate the period to which the data applies: ☑ Current (e.g. daily data reported on that same day of activity, monthly data reported by the 10th of the following month) □ Monthly in arrears (June data reported in July) □ Quarterly in arrears (quarter 1 data reported in quarter 2) □ Rolling 12 months (previous 12 month period)
14	**KPI Reporting Aggregation**	Indicate the level of aggregation – for example over a geographical location: ☑ National □ CHO □ LHO Area ☑ Hospital □ County □ Institution □ Other – give details:
15	**KPI is reported in which reports ?**	Indicate where the KPI will be reported: ☑ Performance Report □Other – give details:
16	**Web link to data**	http://www.hse.ie/eng/services/publications/
17	**Additional Information**	
	Contact details for Data Manager / Specialist Lead	**Information Analyst :** Geraldine Littler, Business Information Unit- Palliative Care & Social Inclusion, Planning and Business Information (PBI) 046 9251330 Email:Geraldine.Littler@hse.ie **National Lead:** Sheilagh Reaper-Reynolds Email: sheilagh.reaper-reynolds@hse.ie
	National Director and Division	John Hennessy, National Director, Primary Care Division, Health Service Executive.

Primary Care - Palliative Care Acute Services Palliative Care

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1	**KPI Title**	Number of new referrals for inpatient services seen by the specialist palliative care team
2	**KPI Description**	This is a count of the total number of new patients referred for inpatient palliative care services seen for the first time ever (new referrals) by the specialist palliative care team, as an inpatient or an outpatient in an acute hospital setting, during the reporting month. A patient can only be 'new' on the first time referred. Patients discharged and then re-referred, regardless of timeframe, are not to be considered a new patient but a re-referral. Care provided by the specialist palliative home care team who work in an acute hospital is not included.
3	**Rationale**	To determine the total number of patients (new referrals) seen by the specialist palliative care team in the reporting month and demand for these services.
	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two). ☑ Person Centred Care, ☑Effective Care, □ Safe Care, □ Better Health and Wellbeing, □ Use of Information, □ Workforce, □ Use of Resources, □ Governance, □ Leadership and Management
4	**KPI Target 2017**	**NSP 2017 Target National - 12,300** CHO 1 - 874, CHO 2 - 1,564, CHO 3 - 878, CHO 4 - 2,064, CHO 5 - 966, CHO 6 - 984, CHO 7 - 1,976, CHO 8 -1,258, CHO 9 - 1,736
5	**KPI Calculation**	Count the total number of new patients referred for inpatient palliative care services seen for the first time ever by the specialist palliative care team in an acute hospital setting, in the reporting period.
6	**Data Source**	Data is sourced by the specialist palliative care teams in acute hospitals who submit the validated data to the Business Information Unit (BIU) Community Healthcare Team.
	Data Completeness	Data completeness is expected at 100%.
	Data Quality Issues	Data quality issues are addressed as they arise along the data pathway.
7	**Data Collection Frequency**	Indicate how often the data to support the KPI will be collected: □ Daily □ Weekly ☑ Monthly □ Quarterly □ Bi-annually □ Annually □ Other – give details:
8	**Tracer Conditions**	New patients referred for inpatient palliative care services seen by the Specialist Palliative Care Team in an acute hospital setting in the reporting month.
9	**Minimum Data Set**	New patients referred for inpatient palliative care services seen by the Specialist Palliative Care Team in an acute hospital setting in the reporting month.
10	**International Comparison**	No
11	**KPI Monitoring**	KPI will be monitored on a (please indicate below) basis: □ Daily □ Weekly ☑Monthly □ Quarterly □ Bi-annually □ Annually □ Other – give details: Data is monitored by the Specialist Palliative Care team, hospital management and the National Lead for Palliative Care.
12	**KPI Reporting Frequency**	Indicate how often the KPI will be reported: □ Daily □ Weekly ☑ Monthly □ Quarterly □ Bi-annually □ Annually □ Other – give details:
13	**KPI report period**	Indicate the period to which the data applies: ☑ Current (e.g. daily data reported on that same day of activity, monthly data reported by the 10th of the following month) □ Monthly in arrears (June data reported in July) □ Quarterly in arrears (quarter 1 data reported in quarter 2) □ Rolling 12 months (previous 12 month period)
14	**KPI Reporting Aggregation**	Indicate the level of aggregation – for example over a geographical location: ☑ National □ CHO □ LHO Area ☑ Hospital
15	**KPI is reported in which reports ?**	Indicate where the KPI will be reported: ☑ Performance Report □ Other – give details:
16	**Web link to data**	http://www.hse.ie/eng/services/publications/
17	**Additional Information**	
	Contact details for Data Manager / Specialist Lead	**Information Analyst :** Geraldine Littler, Business Information Unit- Palliative Care & Social Inclusion, Planning and Business Information (PBI) 046 9251330 Email:Geraldine.Littler@hse.ie **National Lead:** Sheilagh Reaper-Reynolds Email: sheilagh.reaper-reynolds@hse.ie
	National Director and Division	John Hennessy, National Director, Primary Care Division, Health Service Executive.

Primary Care - Palliative Care Acute Services Palliative Care

1	**KPI Title**	Specialist palliative care services provided in the acute setting to new patients and re referral within two days
2	**KPI Description**	This is a count of the total number of patients i.e. new patients (seen for the first time ever) and patients re referred to the specialist palliative care services, that were seen by the specialist palliative care team in an acute hospital setting (on an out-patient or inpatient basis), within two days of referral. The wait time (number of days on a full Monday to Sunday seven day service basis) to be seen is counted from the date of referral to the date the patient is actually seen.
3	**Rationale**	To determine the wait times for patients to be seen by the specialist palliative care team.
	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two). ☑ Person Centred Care, ☑Effective Care, □ Safe Care, □ Better Health and Wellbeing, □ Use of Information, □ Workforce, □ Use of Resources, □ Governance, □ Leadership and Management
4	**KPI Target 2017**	**NSP 2017 Target National - 13,520** CHO 1 - 724, CHO 2 - 1,934, CHO 3 - 846, CHO 4 - 2,056, CHO 5 - 1,576, CHO 6 - 1,522, CHO 7 - 1,812, CHO 8 - 1,372, CHO 9 -1,678
5	**KPI Calculation**	Count the total number of patients (new patients and re-referrals) seen by the specialist palliative care team in an acute hospital setting, within two days of referral.
6	**Data Source**	Data is sourced by the specialist palliative care teams in acute hospitals who submit the validated data to the Business Information Unit (BIU) Community Healthcare Team.
	Data Completeness	Data completeness is expected at 100%.
	Data Quality Issues	Data quality issues are addressed as they arise along the data pathway.
7	**Data Collection Frequency**	Indicate how often the data to support the KPI will be collected: □ Daily □ Weekly ☑ Monthly □ Quarterly □ Bi-annually □ Annually □ Other – give details:
8	**Tracer Conditions**	Number of patients seen within two days of referral by the specialist palliative care team in an acute hospital setting in the reporting period
9	**Minimum Data Set**	Number of patients seen within two days of referral by the specialist palliative care team in an acute hospital setting in the reporting period.
10	**International Comparison**	No
11	**KPI Monitoring**	KPI will be monitored on a (please indicate below) basis: □ Daily □ Weekly ☑Monthly □ Quarterly □ Bi-annually □ Annually □ Other – give details: Data is monitored by the Specialist Palliative Care team, hospital management and the National Lead for Palliative Care.
12	**KPI Reporting Frequency**	Indicate how often the KPI will be reported: □ Daily □ Weekly ☑ Monthly □ Quarterly □ Bi-annually □ Annually □ Other – give details:
13	**KPI report period**	Indicate the period to which the data applies: ☑ Current (e.g. daily data reported on that same day of activity, monthly data reported by the 10th of the following month) □ Monthly in arrears (June data reported in July) □ Quarterly in arrears (quarter 1 data reported in quarter 2) □ Rolling 12 months (previous 12 month period)
14	**KPI Reporting Aggregation**	Indicate the level of aggregation – for example over a geographical location: ☑ National ☑ CHO □ LHO Area ☑ Hospital
15	**KPI is reported in which reports ?**	Indicate where the KPI will be reported: ☑ Performance Report □Other – give details:
16	**Web link to data**	http://www.hse.ie/eng/services/publications/
17	**Additional Information**	
	Contact details for Data Manager / Specialist Lead	**Information Analyst :** Geraldine Littler, Business Information Unit- Palliative Care & Social Inclusion, Planning and Business Information (PBI) 046 9251330 Email:Geraldine.Littler@hse.ie **National Lead:** Sheilagh Reaper-Reynolds Email: sheilagh.reaper-reynolds@hse.ie
	National Director and Division	John Hennessy, National Director, Primary Care Division, Health Service Executive.