Health Service Executive

Primary Care Division

Key Performance
Indicator Metadata 2017

Primary Care - Community Intervention Team Referrals

1	**KPI Title**	Community Intervention Teams - No. of Referrals
2	**KPI Description - PC122** **PC122A** **PC122B** **PC122C** **PC122D**	This is a count of the number of referrals (by category*) accepted by Community Intervention Teams (CITs) in the reporting month. Referrals accepted must be recorded per patient, and should be allocated to one category only. (i.e patient referrals can not be reflected in more then one category). A referral relates to an episode of care and includes new referrals and re-referrals. An episode of care is defined as an intervention or series of interventions, required over one or more visits to address the patients identified clinical needs. A new referral is a referral for an episode of care for which the patient had not previously attended the CIT. A re referral is a referral for an episode of care for which the patient had previously attended the CIT. A patient who is reviewed by his / her team and whose episode of care is extended is not counted as a re-referral. *Categories include: **Admission Avoidance (includes OPAT) -** which facilitates avoidance of an acute hospital in-patient admission for a patient referred from the Emergency Department (ED) / Outpatient Department (OPD) / acute hospital unit / department. If the CIT was not able to accept the referral, the patient would require admission to an acute hospital as an in-patient. **Hospital Avoidance -** which facilitates the patient to avoid attending at an actute hospital. The referral may be made by an acute hospital unit / department, GP or other community source. If the CIT was not able to accept the referral, the patient would need to attend at an acute hospital for that episode of care. **Early Discharge (includes OPAT) -** which facilitates a patient to be discharged from an acute hospital. CIT acceptance of referral means the patients length of stay in hospital has been shortened. If the CIT was not able to accept the referral, the patient would remain as an in-patient. **Unscheduled referrals from community sources -** which facilitates a patient at home / in the community to access acute unplanned nursing care (ordinarily managed in the community) or carer support and therefore does not require acute hospital attendance. The referral may be made by a GP or other community source. **OPAT** refers to doctor referral for the administration of home intravenous (IV) antibiotics.
3	**KPI Rationale**	This metric allows the number of referrals, by category, accepted by the CIT in the reporting month to be captured and monitored.
	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two). ☑Person Centred Care ☑ Effective Care ☐ Safe Care ☐ Better Health and Wellbeing ☐Use of Information ☐Workforce ☐Use of Resources ☐Governance, ☐Leadership and Management
4	**KPI Target**	**NSP 2017 Target National** - 32,861 **Admission Avoidance (includes OPAT)** - 1,187 **Hospital Avoidance** - 21,629 **Early Discharge (includes OPAT)** - 6,072 **Unscheduled referrals from community sources**- 3,972
5	**KPI Calculation**	Count the number of referrals accepted (by category) by CITs during the reporting month.
6	**Data Source**	15 CITs and any new CITs established in 2017.
	Data Completeness	100 % data completeness
	Data Quality Issues	No
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**	Referrals (by category) accepted by CITs in the reporting month.
9	**Minimum Data Set**	Referrals (by category) accepted by CITs 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: Please indicate who is responsible at a local level for monitoring this KPI: KPI's are monitored and reviewed through meetings between the Primary Care Division Operations Team and the Community Healthcare Organisation (CHO) Team.
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 C69for example over a geographical location: ☑ National ☑ CHO ☑ LHO ☐ County ☐ Institution ☑Other – give details: - by CIT
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 Specialist Leads: Noreen Curtin, CIT/ OPAT Programme Manager, Brian Murphy, Head of Planning, Performance and Programme Management and Interim Head of Operations, Primary Care Division
National Lead and Division		John Hennessy, National Director, Primary Care Division, Health Service Executive.

Primary Care - Community Intervention Team Activity by Referral Source

1	**KPI Title**	Community Intervention Team Activity (by Referral Source)
2	**KPI Description PC123** **PC123A** **PC123B** **PC123C** **PC123D**	This is a count of the number of referrals (by referral source) accepted by the Community Intervention Teams (CITs) in the reporting month. Referrals accepted must be recorded per patient, and should be allocated to one referral source only. A referral relates to an episode of care and includes new referrals and re-referrals. An episode of care is defined as an intervention or series of interventions, required over one or more visits to address the patients identified clinical needs. A new referral is a referral for an episode of care for which the patient had not previously attended the CIT. A re-referral is a referral for an episode of care for which the patient had previously attended the CIT. Referral Sources include: ***Emergency Department (ED) /Acute Hospital Wards / Units / Departments** ***GP Referrals-** referrals from general practitioners ***Community Referrals** - all referrals from sources outside of acute hospital services excluding GP referrals eg. Public health nurses, residential units, community rehabilitation teams, hospice services etc ***OPAT Referrals-** doctor referrals for the administration of home IV antibiotics.
3	**KPI Rationale**	This metric allows the number of referrrals, by referral source, accepted by CITs in the reporting month to be captured and monitored.
	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**	**CIT Number of referrals - NSP 2017 National Target - 32,861** (CHO 1- 0, CHO 2 -3,252, CHO 3 - 4612, CHO 4 -3,661, CHO 5 - 4,150, CHO 6 - 1,242, CHO 7 - 7,669, CHO 8 - 2,656, CHO 9 - 5,619) **ED/Hospital Wards/Units - NSP 2017 National Target - 21,966** (CHO 1 - 0, CHO 2 - 2,039, CHO 3 - 2,964, CHO 4 -1,884, CHO 5 -2,361 ,CHO 6 - 688, CHO 7 -6,707, CHO 8 -1,898, CHO 9 - 3,425) **GP Referral - NSP 2017 National Target - 7,003** (CHO 1 - 0, CHO 2 - 836, CHO 3 -720, CHO 4 - 855, CHO 5 -1,455, CHO 6 - 466, CHO 7 - 540, CHO 8 - 409, CHO 9 - 1,722) **Community Referral - NSP 2017 National Target - 2,212** (CHO 1 - 0, CHO 2 - 164, CHO 3 - 784, CHO 4 - 671, CHO 5 - 0, CHO 6 - 0, CHO 7 - 158, CHO 8 - 186, CHO 9 - 249) **OPAT Referral - NSP 2017 National Target - 1,680** (CHO 1 - 0, CHO 2 - 213, CHO 3 - 144, CHO 4 - 251, CHO 5 - 334, CHO 6 - 88, CHO 7 - 264, CHO 8 - 163, CHO 9 - 223)
5	**KPI Calculation**	Count the number of referrals accepted (by referral source) by CITs in the reporting month.
6	**Data Source**	15 CITs and any new CITs established in 2017
	Data Completeness	100 % data completeness
	Data Quality Issues	No
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**	Referrals by referral source accepted in the reporting month
9	**Minimum Data Set**	Referrals by referral source accepted 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: Please indicate who is responsible at a local level for monitoring this KPI: KPI's are monitored and reviewed through meetings between the Primary Care Division Operations Team and the Community Healthcare Organisation (CHO) Team.
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 C18for example over a geographical location: ☑ National ☑ CHO ☑ LHO ☐ County ☐ Institution ☑Other – give details: - by CIT
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 Specialist Leads: Noreen Curtin, CIT/ OPAT Programme Manager, Brian Murphy, Head of Planning,Performance and Programme Management and Interim Head of Operations, Primary Care Division
	National Lead and Division	John Hennessy, National Director, Primary Care Division, Health Service Executive.

	Primary Care - Community Intervention Teams Outpatient Parenteral Antimicrobial Therapy (OPAT)	
1	KPI Title	Outpatient parenteral Antimicrobial Therapy (OPAT) Re-admission rate %
2	KPI Description PC98	This is a calculation of the number of patients accepted onto the OPAT programme (hospital referrals - excluding those with a diagnosis of cystic fibrosis) who require re-admission to hospital (related to their IV antibiotic treatment) during the reporting month expressed as a proportion of the overall number of patients accepted onto the OPAT programme during the reporting month multiplied by 100. OPAT referrals are doctor referrals for the administration of home intravenous (IV) antibiotics. The antibiotics may be health professional delivered i.e. HOPAT or self administered i.e. SOPAT.
3	KPI Rationale	This metric allows the appropriateness of referrals, the safety and clinical effectiveness of care to be monitored.
	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two). ☐Person Centred Care ☑ Effective Care ☐Safe Care ☐Better Health and Wellbeing ☐Use of Information ☐Workforce ☐Use of Resources ☐Governance, ☐Leadership and Management
4	KPI Target	NSP 2017 Target National - Readmission rate ≤ 5%
5	KPI Calculation	The number of patients referred from hospitals (excluding people with a diagnosis of cystic fibrosis) to the OPAT programme who require re-admission to hospital during their course of treatment, in the reporting month, is divided by the total number of patients referred from hospitals (excluding people with a diagnosis of cystic fibrosis) to the OPAT programme in the reporting month and is multiplied by 100.
6	Data Source	CIT OPAT Management Control Centre (MCC)
	Data Completeness	Hospital OPAT nurses, CIT's and private providers to the OPAT programme (nursing and compounded) report patient re-admission to MCC.
	Data Quality Issues	Dependent on complete returns being made to MCC
7	Data Collection Frequency	Indicate how often the data to support the KPI will be collected: ☐Daily ☐Weekly ☑Monthly ☐Quarterly ☐Annually
8	Tracer Conditions	Patients accepted on to the OPAT programme (hospital referrals excluding those with a diagnosis of cystic fibrosis and those requiring readmission to hospital during the course of their treatment.
9	Minimum Data Set	Patients accepted on to the OPAT programme (hospital referrals excluding those with a diagnosis of cystic fibrosis and those requiring readmission to hospital during the course of their treatment.
10	International Comparison	Yes. Readmission rate ≤ 5% is an international benchmark.
11	KPI Monitoring	KPI will be monitored on a (please indicate below) basis: ☐Daily ☐Weekly ☑ Monthly ☐Quarterly ☐Bi-annually ☐Annually ☐Other – give details: Please indicate who is responsible at a local level for monitoring this KPI: KPI's are monitored / reviewed and feedback is provided to Hospital Groups via the CIT OPAT Programme Manager and National OPAT Clinical Lead
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 ☑ Hospital ☑ Hospital Group ☐ CHO ☐ LHO ☐ 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 Specialist Leads: Noreen Curtin CIT / OPAT Programme Manager, Brian Murphy, Head of Planning, Performance and Programme Management and Interim Head of Operations, Primary Care Division.
National Lead and Division		John Hennessy, National Director, Primary Care Division, Health Service Executive.

Primary Care - Physiotherapy Referrals

1	**KPI Title**	No. of patient referrals
2	**KPI Description** **PC14**	This is a count of the total number of referrals for patients (by age band* and referral source**) accepted in the reporting period. Referrals include new patients (ie. not known to the service) and re-referrals (ie. previously discharged). ***Age Bands:** •0-17yrs; •18-64 yrs; •65 years and greater. ****Referral Source** •Acute Hospital •General Practitioners (GPs) •Others e.g. primary care team members, other health and social care professionals, voluntary organisations, community hospitals / nursing units, disability units, mental health units, nursing homes and individuals making self referrals.
3	**KPI Rationale**	This metric provides information on service demand and informs decisions in relation to the planning and management of staff and resource allocation.
	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 - 197,592** CHO 1 - 26,556, CHO 2 - 22,956, CHO 3 - 15,396, CHO 4- 28,260, CHO 5 - 25,548, CHO 6- 13,044, CHO 7 = 21,720, CHO 8- 27,276, CHO 9 - 16,836
5	**KPI Calculation**	Count the number of patient referrals accepted in the reporting month. The total number of referrals accepted by age band should equal the total number of referrals accepted by referral source.
6	**Data Source**	Physiotherapist records, Physiotherapy Manager, Primary Care General Manager, Community Healthcare Organisation (CHO) Head of Service Primary Care, Chief Officer and Business Information Unit (BIU) Community Healthcare Team.
	Data Completeness	100 % data completeness. Data excludes physiotherapy staff activity in acute hospital services, voluntary agencies, Child and Adolescent Mental Health Services, Mental Health Services, Community Mental Health Teams and therapy assistant activity. The activity includes individual physiotherapy staff activity and physiotherapy staff activity as part of multi-disciplinary teams.
	Data Quality Issues	No
7	**Data Collection Frequency**	Indicate how often the data to support the KPI will be collected: ☐Daily ☐Weekly ☑ Monthly ☐Quarterly ☐Bi-annually ☐Annually ☐Other – give
8	**Tracer Conditions**	•Accepted referrals •Age bands •Referral Sources
9	**Minimum Data Set**	•Accepted referrals •Age bands •Referral Sources
10	**International Comparison**	No
11	**KPI Monitoring**	KPI will be monitored on a (please indicate below) basis: ☐Daily ☐Weekly ☑Monthly ☐Quarterly ☐Bi-annually ☐Annually ☐Other – give details: Please indicate who is responsible at a local level for monitoring this KPI: Physiotherapy Manager. the Primary Care General Manager, CHO Head of Service Primary Care, 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 ☐ 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**	
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 Specialist Lead: Brian Murphy, Head of Planning, Performance and Programme Management and Interim Head of Operations Primary Care Division
	National Lead and Division	John Hennessy, National Director, Primary Care Division, Health Service Executive.

Primary Care - Physiotherapy First Assessment

1	**KPI Title**	No. of patients seen for a first time assessment
2	**KPI Description** **PC15**	This is a count of the total number of primary care physiotherapy patients seen for a first time assessment (by wait time***) in the reporting period. It includes both new referrals and re-referrals. *****Wait times include:** •0 ≤ 1 week (0-6 days) • 1 ≤ 4 weeks (7-27 days) • 4 ≤ 8 weeks (28-55 days) • 8 ≤ 12 weeks (56-83 days) • 12 ≤ 26 weeks (84-181 days) • 26 ≤ 29 weeks (182-272 days) • 39 ≤ 52 weeks (273-365 days) • >52 weeks.
3	**KPI Rationale**	This metric provides information on service demand and informs decisions in relation to the planning and management of staff and resource allocation.
	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 - 163,596** CHO 1 - 22,248, CHO 2 - 17,136, CHO 3 - 11,304, CHO 4 - 24,396, CHO 5 - 22,704, CHO 6 - 11,568, CHO 7 - 19,176, CHO 8 - 22,056, CHO 9 - 13,008
5	**KPI Calculation**	Count the total number of patients seen for a first time assessment in the reporting month.
6	**Data Source**	Physiotherapist records, Physiotherapy Manager, Primary Care General Manager, Community Healthcare Organisation (CHO) Head of Service Primary Care, Chief Officer and Business Information Unit (BIU) Community Healthcare Team.
	Data Completeness	100 % data completeness. Data excludes physiotherapy staff activity in acute hospital services, voluntary agencies, Child and Adolescent Mental Health Services, Mental Health Services, Community Mental Health Teams and therapy assistant activity. The activity includes individual physiotherapy staff activity and physiotherapy staff activity as part of multi-disciplinary teams.
	Data Quality Issues	No
7	**Data Collection Frequency**	Indicate how often the data to support the KPI will be collected: ☐Daily ☐Weekly ☑Monthly ☐Quarterly ☐Bi-annually ☐Annually ☐Other – give
8	**Tracer Conditions**	•Patients seen for a first time assessment •Wait times
9	**Minimum Data Set**	•Patients seen for a first time assessment •Wait times
10	**International Comparison**	No
11	**KPI Monitoring**	KPI will be monitored on a (please indicate below) basis: ☐Daily ☐Weekly ☑Monthly ☐Quarterly ☐Bi-annually ☐Annually ☐Other – give details: Please indicate who is responsible at a local level for monitoring this KPI: Physiotherapy Manager, the Primary Care General Manager, CHO Head of Service Primary Care, 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
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 ☐ 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**	
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 Specialist Lead: Brian Murphy, Head of Planning, Performance and Programme Management and Interim Head of Operations Primary Care Division
	National Lead and Division	John Hennessy, National Director, Primary Care Division, Health Service Executive.

Primary Care- Physiotherapy Patients Treated

1	**KPI Title**	No. of patients treated in the reporting month (monthly target)
2	**KPI Description** **PC16**	This is a count of the number of patients treated (by service setting****) in the reporting month. It includes patients (clients) that received a 'hands on' intervention in the reporting month i.e. new clients, existing clients, and those from previous caseload who were treated in the month. Patients who attended (i) individual appointments and (ii) group sessions are counted. ****Service Settings include:** •Domiciliary / Principal Setting: i.e client's home address or nursing home where the home is the client's main residence or any other setting to which the physiotherapist travels for individual physiotherapy contact / visit / appointment. It also includes a once-off school visit for an individual. •Other Individual or Clinic Setting: any setting where the therapist does not have to travel to treat the patient i.e one to one intervention that does not occur in a client's main residence. •Group: where a number of individuals attend for a combined session eg. Falls Class, Back Class, Pulmonary Rehabilitation.
3	**KPI Rationale**	This metric provides information on the number of individual patients treated i.e. receiving a 'hands on' intervention in the month and informs decisions in relation to the planning and management of staff and resource allocation.
	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 - 37,477** CHO 1 - 4,900, CHO 2 - 4,068, CHO 3 - 2,140, CHO 4 - 4,888, CHO 5 - 5,052, CHO 6 - 2,420, CHO 7 - 5,935, CHO 8 - 5,172, CHO 9 - 2,902
5	**KPI Calculation**	Count the number of patients that received an intervention in the reporting month. Include new clients, existing clients, and those from previous caseload who were treated in the month. Each patient is included only once in the count. If a patient is seen in more than one setting during the month count in one setting only (therapist can decide most relevant setting).
6	**Data Source**	Physiotherapist records, Physiotherapy Manager, Primary Care General Manager, Community Healthcare Organisation (CHO) Head of Service Primary Care, Chief Officer and Business Information Unit (BIU) Community Healthcare Team.
	Data Completeness	100 % data completeness. Data excludes physiotherapy staff activity in acute hospital services, voluntary agencies, Child and Adolescent Mental Health Services, Mental Health Services, Community Mental Health Teams and therapy assistant activity. The activity includes individual physiotherapy staff activity and physiotherapy staff activity as part of multi-disciplinary teams.
	Data Quality Issues	No
7	**Data Collection Frequency**	Indicate how often the data to support the KPI will be collected: ☐Daily ☐Weekly ☑ Monthly ☐Quarterly ☐Bi-annually ☐Annually ☐Other – give
8	**Tracer Conditions**	•Patients treated in the month •Service settings
9	**Minimum Data Set**	•Patients treated in the month •Service settings
10	**International Comparison**	No
11	**KPI Monitoring**	KPI will be monitored on a (please indicate below) basis: ☐Daily ☐Weekly ☑Monthly ☐Quarterly ☐Bi-annually ☐Annually ☐Other – give details: Please indicate who is responsible at a local level for monitoring this KPI: Physiotherapy Manager, the Primary Care General Manager, CHO Head of Service Primary Care, 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
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 ☐ 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 Specialist Lead: Brian Murphy, Head of Planning, Performance and Programme Management and Interim Head of Operations Primary Care Division
	National Lead and Division	John Hennessy, National Director, Primary Care Division, Health Service Executive.

Primary Care - Physiotherapy Contacts

1	**KPI Title**	Number of face to face contacts / visits
2	**KPI Description PC17**	This is a count of the total number of patient face to face contacts / visits / appointments (by service setting****) that took place on an individual or group basis during in the reporting month including contacts as part of a first time assessment. Contacts in respect of: • (i) new patients (i.e. not known to the service) (ii) re-referrals (i.e. previously discharged) iii) existing patients and (iv) those from previous caseloads who were treated in the reporting month are included. ******Service Settings include:** •Domiciliary / Principal Setting: i.e client's home address or nursing home where the home is the client's main residence or any other setting to which the physiotherapist travels for an individual physiotherapy contact / visit / appointment. It also includes a once-off school visit for an individual. •Other Individual or Clinic Setting: any setting where the therapist does not have to travel to treat the patient i.e one to one intervention that does not occur in a client's main residence. •Group: where a number of individuals attend for a combined session eg. Falls Class, Back Class, Pulmonary Rehabilitation. Each patient contact that takes place in a group setting is counted, however where the group is delivered by 2 physiotherapists each patient contact is counted once only and attributed to one therapist.
3	**KPI Rationale**	This metric captures the number of face to face contacts / visits / appointments in the month and provides information to support staff and resouce allocation.
	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 - 756,000** CHO 1 - 115,188, CHO 2 - 91,380, CHO 3 - 47,136, CHO 4 - 103,272, CHO 5 - 101,964, CHO 6 - 50,244, CHO 7 - 80,508, CHO 8 - 107,184, CHO 9 - 59,124
5	**KPI Calculation**	Count the number of patient face-to-face contacts / visits / appointments (by setting****) that took place, on an individual or group basis, during the reporting month including contacts as part of a first time assessment.
6	**Data Source**	Physiotherapist records, Physiotherapy Manager, Primary Care General Manager, Community Healthcare Organisation (CHO) Head of Service Primary Care, Chief Officer and Business Information Unit (BIU) Community Healthcare Team.
	Data Completeness	100 % data completeness. Data excludes physiotherapy staff activity in acute hospital services, voluntary agencies, Child and Adolescent Mental Health Services, Mental Health Services, Community Mental Health Teams and therapy assistant activity. The activity includes individual physiotherapy staff activity and physiotherapy staff activity as part of multi-disciplinary teams.
	Data Quality Issues	No
7	**Data Collection Frequency**	Indicate how often the data to support the KPI will be collected: ☐Daily ☐Weekly ☑ Monthly ☐Quarterly ☐Bi-annually ☐Annually ☐Other – give
8	**Tracer Conditions**	•Patient face-to-face contacts / visits / appointments •Service settings.
9	**Minimum Data Set**	•Patient face-to-face contacts / visits / appointments •Service settings.
10	**International Comparison**	No
11	**KPI Monitoring**	KPI will be monitored on a (please indicate below) basis: ☐Daily ☐Weekly ☑Monthly ☐Quarterly ☐Bi-annually ☐Annually ☐Other – give details: Please indicate who is responsible at a local level for monitoring this KPI: Physiotherapy Manager, the Primary Care General Manager, CHO Head of Service Primary Care, 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
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 ☐ 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 Specialist Lead: Brian Murphy, Head of Planning, Performance and Programme Management and Interim Head of Operations Primary Care Division
	National Lead and Division	John Hennessy, National Director, Primary Care Division, Health Service Executive.

Primary Care - Physiotherapy Waiting List Management

1	**KPI Title**	Total no. of physiotherapy patients on the assessment waiting list at the end of the reporting period
2	**KPI Description** **PC100** **PC100A** **PC 100B** **PC100C** **PC100D** **PC100E**	This is a count of the number of patients (by wait time***) on the waiting list for a first time / initial assessment at the end of the reporting month. ***Wait times include:** •0 ≤ 1 week (0-6 days) • 1 ≤ 4 weeks (7-27 days) • 4 ≤ 8 weeks (28-55 days) • 8 ≤ 12 weeks (56-83 days) • 12 ≤ 26 weeks (84-181 days) • 26 ≤ 29 weeks (182-272 days) • 39 ≤ 52 weeks (273-365 days) • >52 weeks.
3	**KPI Rationale**	This metric allows for waiting lists and times to be identified, monitored and actions to be taken to reduce wait times for patients.
	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two). ☐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 -30,454** CHO 1 - 3,796, CHO 2 - 4,230, CHO 3 - 3,644, CHO 4 - 2,694, CHO 5 - 3,933, CHO 6 - 1,378, CHO 7 - 2,751, CHO 8 - 4,492, CHO 9 - 3,536
5	**KPI Calculation**	Count the number of patients waiting for an assessment on the last day of the calendar month. The waiting time is measured from date of referral i.e. date of receipt of the referral by the service to the end of reporting month.
6	**Data Source**	Physiotherapist records, Physiotherapy Manager, Primary Care General Manager, Community Healthcare Organisation (CHO) Head of Service Primary Care, Chief Officer and Business Information Unit (BIU) Community Healthcare Team.
	Data Completeness	100 % data completeness. Data excludes physiotherapy staff activity in acute hospital services, voluntary agencies, Child and Adolescent Mental Health Services, Mental Health Services, Community Mental Health Teams and therapy assistant activity. The activity includes individual physiotherapy staff activity and physiotherapy staff activity as part of multi-disciplinary teams.
	Data Quality Issues	No
7	**Data Collection Frequency**	Indicate how often the data to support the KPI will be collected: ☐Daily ☐Weekly ☑ Monthly ☐Quarterly ☐Bi-annually ☐Annually ☐Other – give
8	**Tracer Conditions**	•Patients waiting to be seen for assessment •Wait times
9	**Minimum Data Set**	•Patients waiting to be seen for assessment •Wait times
10	**International Comparison**	No
11	**KPI Monitoring**	KPI will be monitored on a (please indicate below) basis: ☐Daily ☐Weekly ☑Monthly ☐Quarterly ☐Bi-annually ☐Annually ☐Other – give details: Please indicate who is responsible at a local level for monitoring this KPI: Physiotherapy Manager, the Primary Care General Manager, CHO Head of Service Primary Care, 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 ☐ 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 Specialist Lead: Brian Murphy, Head of Planning, Performance and Programme Management and Interim Head of Operations Primary Care Division
	National Lead and Division	John Hennessy, National Director, Primary Care Division, Health Service Executive.

Primary Care - Physiotherapy Waiting List Management

1	**KPI Title**	% of new physiotherapy patients seen for assessment within 12 weeks
2	**KPI Description** **PC15A & PC15B**	This is a calculation of the number of physiotherapy patients seen for assessment within 12 weeks of referral expressed as a proportion of the overall number of physiotherapy patients seen for assessment in the reporting period multiplied by 100.
3	**KPI Rationale**	The purpose of this metric is to monitor waiting lists and reduce wait times for patients.
	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two). ☐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 - 81%**
5	**KPI Calculation**	The number of new physiotherapy patients seen for first time assessment within 12 weeks of referral is expressed as a proportion of the overall number of new physiotherapy patients seen for first time assessment in the reporting period multiplied by 100. Numerator: Number of new physiotherapy patients seen for a first time assessment by wait times 0 ≤ 1 weeks + 1 ≤ 4 weeks + 4 ≤ 8 weeks + 8 ≤ 12 weeks Denominator: Total number of new physiotherapy patients seen for first time assessment by wait times 0 ≤ 1 weeks + 1 ≤ 4 weeks + 4 ≤ 8 weeks + 8 ≤ 12 weeks + 12 weeks ≤ 26 weeks + 26 weeks ≤ 39 weeks + 39 weeks ≤ 52 weeks + > 52 weeks) x 100
6	**Data Source**	Physiotherapist records, Physiotherapy Manager, Primary Care General Manager, Community Healthcare Organisation (CHO) Head of Service Primary Care, Chief Officer and Business Information Unit (BIU) Community Healthcare Team.
	Data Completeness	100 % data completeness. Data excludes physiotherapy staff activity in acute hospital services, voluntary agencies, Child and Adolescent Mental Health Services, Mental Health Services, Community Mental Health Teams and therapy assistant activity. The activity includes individual physiotherapy staff activity and physiotherapy staff activity as part of multi-disciplinary teams.
	Data Quality Issues	No
7	**Data Collection Frequency**	Indicate how often the data to support the KPI will be collected: ☐Daily ☐Weekly ☑ Monthly ☐Quarterly ☐Bi-annually ☐Annually ☐Other – give
8	**Tracer Conditions**	•New physiotherapy patients seen •Waiting times
9	**Minimum Data Set**	•New physiotherapy patients seen •Waiting times
10	**International Comparison**	No
11	**KPI Monitoring**	KPI will be monitored on a (please indicate below) basis: ☐Daily ☐Weekly ☑Monthly ☐Quarterly ☐Bi-annually ☐Annually ☐Other – give details: Please indicate who is responsible at a local level for monitoring this KPI: A213Physiotherapy Manager, the Primary Care General Manager, CHO Head of Service Primary Care, 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
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 C177for example over a geographical location: ☑ National ☑ CHO ☑ LHO ☐ 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 Specialist Lead: Brian Murphy, Head of Planning, Performance and Programme Management and Interim Head of Operations Primary Care Division
	National Lead and Division	John Hennessy, National Director, Primary Care Division, Health Service Executive.

Primary Care - Physiotherapy Waiting List Management

#		
1	**KPI Title**	% of physiotherapy patients on waiting list for assessment less than or equal to 52 weeks
2	**KPI Description PC100F & PC100G**	This is a calculation of the number of physiotherapy patients who are waiting less than or equal to 52 weeks to be seen by a physiotherapist expressed as a proportion of the overall number of physiotherapy patients waiting to be seen (all wait times***) at the end of the reporting month multiplied by 100. ***Wait times include: •0 ≤ 1 week (0-6 days) • 1 ≤ 4 weeks (7-27 days) • 4 ≤ 8 weeks (28-55 days) • 8 ≤ 12 weeks (56-83 days) • 12 ≤ 26 weeks (84-181 days) • 26 ≤ 29 weeks (182-272 days) • 39 ≤ 52 weeks (273-365 days) • >52 weeks.
3	**KPI Rationale**	This metric allows for waiting lists and times to be identified, monitored and actions to be taken to reduce wait times for patients.
	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two). ☐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 - 98%**
5	**KPI Calculation**	Count the total number of physiotherapy patients on the assessment waiting list at the end of the reporting period by wait band 0 ≤ 1 weeks + 1 ≤ 4 weeks + 4 ≤ 8 weeks + 8 ≤ 12 weeks + 12 weeks ≤ 26 weeks + 26 weeks ≤ 39 weeks + 39 weeks ≤ 52 weeks and express it as a proportion of the overall number of physiotherapy patients on the assessment waiting list at the end of the reporting period by wait bands 0 ≤ 1 weeks + 1 ≤ 4 weeks + 4 ≤ 8 weeks + 8 ≤ 12 weeks + 12 weeks ≤ 26 weeks + 26 weeks ≤ 39 weeks + 39 weeks ≤ 52 weeks + > 52 weeks and multiply by 100. Numerator: The number of physiotherapy patients waiting to be seen in wait bands 0 ≤ 1 weeks + 1 ≤ 4 weeks + 4 ≤ 8 weeks + 8 ≤ 12 weeks + 12 weeks ≤ 26 weeks + 26 weeks ≤ 39 weeks + 39 weeks ≤ 52 weeks Denominator: The number of physiotherapy patients waiting to be seen in wait bands 0 ≤ 1 weeks + 1 ≤ 4 weeks + 4 ≤ 8 weeks + 8 ≤ 12 weeks + 12 weeks ≤ 26 weeks + 26 weeks ≤ 39 weeks + 39 weeks ≤ 52 weeks + > 52 weeks x 100.
6	**Data Source**	Physiotherapist records, Physiotherapy Manager, Primary Care General Manager, Community Healthcare Organisation (CHO) Head of Service Primary Care, Chief Officer and Business Information Unit (BIU) Community Healthcare Team.
	Data Completeness	100 % data completeness. Data excludes physiotherapy staff activity in acute hospital services, voluntary agencies, Child and Adolescent Mental Health Services, Mental Health Services, Community Mental Health Teams and therapy assistant activity. The activity includes individual physiotherapy staff activity and physiotherapy staff activity as part of multi-disciplinary teams.
	Data Quality Issues	No
7	**Data Collection Frequency**	Indicate how often the data to support the KPI will be collected: ☐Daily ☐Weekly ☑ Monthly ☐Quarterly ☐Bi-annually ☐Annually ☐Other – give
8	**Tracer Conditions**	•Physiotherapy patients waiting to be seen •Waiting times
9	**Minimum Data Set**	•Physiotherapy patients waiting to be seen •Waiting times
10	**International Comparison**	No
11	**KPI Monitoring**	KPI will be monitored on a (please indicate below) basis: ☐Daily ☐Weekly ☑Monthly ☐Quarterly ☐Bi-annually ☐Annually ☐Other – give details: Please indicate who is responsible at a local level for monitoring this KPI: Physiotherapy Manager, the Primary Care General Manager, CHO Head of Service Primary Care, 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 ☐ 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 Specialist Lead: Brian Murphy, Head of Planning, Performance and Programme Management and Interim Head of Operations Primary Care Division
	National Lead and Division	John Hennessy, National Director, Primary Care Division, Health Service Executive.

Primary Care - Physiotherapy Waiting List Management

#	Field	Content
1	**KPI Title**	% of physiotherapy patients on waiting list for assessment less than or equal to 39 weeks
2	**KPI Description** **PC100H & PC100I**	This is a calculation of the number of physiotherapy patients who are waiting less than or equal to 39 weeks to be seen by a physiotherapist expressed as a proportion of the overall number of physiotherapy patients (all wait times***) waiting to be seen at the end of the reporting month multiplied by 100. *****Wait times include:** •0 ≤ 1 week (0-6 days) • 1 ≤ 4 weeks (7-27 days) • 4 ≤ 8 weeks (28-55 days) • 8 ≤ 12 weeks (56-83 days) • 12 ≤ 26 weeks (84-181 days) • 26 ≤ 29 weeks (182-272 days) • 39 ≤ 52 weeks (273-365 days) • >52 weeks.
3	**KPI Rationale**	This metric allows for waiting lists and times to be identified, monitored and actions to be taken to reduce wait times for patients.
	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two). ☐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 - 95%**
5	**KPI Calculation**	Count the total number of physiotherapy patients on the assessment waiting list at the end of the reporting period by wait band 0 ≤ 1 weeks + 1 ≤ 4 weeks + 4 ≤ 8 weeks + 8 ≤ 12 weeks + 12 weeks ≤ 26 weeks + 26 weeks ≤ 39 weeks and express it as a proportion of the total number of physiotherapy patients on the assessment waiting list at the end of the reporting period by wait band 0 ≤ 1 weeks + 1 ≤ 4 weeks + 4 ≤ 8 weeks + 8 ≤ 12 weeks + 12 weeks ≤ 26 weeks + 26 weeks ≤ 39 weeks + 39 weeks ≤ 52 weeks + > 52 weeks and multiply by 100. Numerator: The number of physiotherapy patients waiting to be seen in wait bands 0 ≤ 1 weeks + 1 ≤ 4 weeks + 4 ≤ 8 weeks + 8 ≤ 12 weeks + 12 weeks ≤ 26 weeks + 26 weeks ≤ 39 Denominator: The number of physiotherapy patients waiting to be seen in wait bands 0 - < 12 weeks + >12 weeks - ≤ 26 weeks + >26 weeks - ≤ 39 weeks + >39 weeks - ≤ 52 weeks + >52 weeks x 100.
6	**Data Source**	Physiotherapist records, Physiotherapy Manager, Primary Care General Manager, Community Healthcare Organisation (CHO) Head of Service Primary Care, Chief Officer and Business Information Unit (BIU) Community Healthcare Team.
	Data Completeness	100 % data completeness. Data excludes physiotherapy staff activity in acute hospital services, voluntary agencies, Child and Adolescent Mental Health Services, Mental Health Services, Community Mental Health Teams and therapy assistant activity. The activity includes individual physiotherapy staff activity and physiotherapy staff activity as part of multi-disciplinary teams.
	Data Quality Issues	No
7	**Data Collection Frequency**	Indicate how often the data to support the KPI will be collected: ☐Daily ☐Weekly ☑ Monthly ☐Quarterly ☐Bi-annually ☐Annually ☐Other – give
8	**Tracer Conditions**	•Physiotherapy patients waiting to be seen •Waiting times
9	**Minimum Data Set**	•Physiotherapy patients waiting to be seen •Waiting times
10	**International Comparison**	No
11	**KPI Monitoring**	KPI will be monitored on a (please indicate below) basis: ☐Daily ☐Weekly ☑Monthly ☐Quarterly ☐Bi-annually ☐Annually ☐Other – give details: Please indicate who is responsible at a local level for monitoring this KPI: Physiotherapy Manager, the Primary Care General Manager, CHO Head of Service Primary Care, 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 ☐ 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 Specialist Lead: Brian Murphy, Head of Planning, Performance and Programme Management and Interim Head of Operations Primary Care Division
	National Lead and Division	John Hennessy, National Director, Primary Care Division, Health Service Executive.

Primary Care - Physiotherapy Waiting List Management

#		
1	**KPI Title**	% of physiotherapy patients on waiting list for assessment less than or equal to 26 weeks
2	**KPI Description** **PC100J & PC100K**	This is a calculation of the number of physiotherapy patients who are waiting less than or equal to 26 weeks to be seen by a physiotherapist expressed as a proportion of all physiotherapy patients (all wait times**) waiting to be seen at the end of the reporting month multiplied by 100. **Wait times include:** •0 ≤ 1 week (0-6 days) • 1 ≤ 4 weeks (7-27 days) • 4 ≤ 8 weeks (28-55 days) • 8 ≤ 12 weeks (56-83 days) • 12 ≤ 26 weeks (84-181 days) • 26 ≤ 29 weeks (182-272 days) • 39 ≤ 52 weeks (273-365 days) • >52 weeks.
3	**KPI Rationale**	This metric allows for waiting lists and times to be identified, monitored and actions to be taken to reduce wait times for patients.
	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two). ☐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 - 88%**
5	**KPI Calculation**	Count the total number of physiotherapy patients on the assessment waiting list at the end of the reporting period by wait band 0 ≤ 1 weeks + 1 ≤ 4 weeks + 4 ≤ 8 weeks + 8 ≤ 12 weeks + 12 weeks ≤ 26 weeks and express it as a proportion of the total number of physiotherapy patients on the assessment waiting list at the end of the reporting period by wait band 0 ≤ 1 weeks + 1 ≤ 4 weeks + 4 ≤ 8 weeks + 8 ≤ 12 weeks + 12 weeks ≤ 26 weeks + 26 weeks ≤ 39 weeks + 39 weeks ≤ 52 weeks + > 52 weeks and multiply by 100. Numerator: <u>The number of physiotherapy patients waiting to be seen in wait bands 0 ≤ 1 weeks + 1 ≤ 4 weeks + 4 ≤ 8 weeks + 8 ≤ 12 weeks + 12 weeks ≤ 26 weeks</u> Denominator: The number of physiotherapy patients waiting to be seen in wait bands 0 - < 12 weeks + >12 weeks - ≤ 26 weeks + >26 weeks - ≤ 39 weeks + >39 weeks - ≤ 52 weeks + >52 weeks x 100.
6	**Data Source**	Physiotherapist records, Physiotherapy Manager, Primary Care General Manager, Community Healthcare Organisation (CHO) Head of Service Primary Care, Chief Officer and Business Information Unit (BIU) Community Healthcare Team.
	Data Completeness	100 % data completeness. Data excludes physiotherapy staff activity in acute hospital services, voluntary agencies, Child and Adolescent Mental Health Services, Mental Health Services, Community Mental Health Teams and therapy assistant activity. The activity includes individual physiotherapy staff activity and physiotherapy staff activity as part of multi-disciplinary teams.
	Data Quality Issues	No
7	**Data Collection Frequency**	Indicate how often the data to support the KPI will be collected: ☐Daily ☐Weekly ☑Monthly ☐Quarterly ☐Bi-annually ☐Annually ☐Other – give
8	**Tracer Conditions**	•Physiotherapy patients waiting to be seen •Waiting times
9	**Minimum Data Set**	•Physiotherapy patients waiting to be seen •Waiting times
10	**International Comparison**	No
11	**KPI Monitoring**	KPI will be monitored on a (please indicate below) basis: ☐Daily ☐Weekly ☑Monthly ☐Quarterly ☐Bi-annually ☐Annually ☐Other – give details: Please indicate who is responsible at a local level for monitoring this KPI: Physiotherapy Manager, the Primary Care General Manager, CHO Head of Service Primary Care, 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 ☐ 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 Specialist Lead: Brian Murphy, Head of Planning, Performance and Programme Management and Interim Head of Operations Primary Care Division
	National Lead and Division	John Hennessy, National Director, Primary Care Division, Health Service Executive.

Primary Care - General Practitioner (GP) Out of Hours Services Contacts

1	**KPI Title**	No. of contacts with GP Out of Hours Services
2	**KPI Description** **PC11**	This is a count of the total number of contacts (by category* and age**) made by patients with GP Out of Hours Services (excluding reduced hour services from 6pm-10pm and at weekends) during the reporting month. * Categories include: • triage only • treatment centres • home visits • other which refers to contacts where callers are seeking information, and are not triaged by a clinician. **Age bands include: • 0 - 16 years • 16 - 65 years • 65 years or over • unknown age.
3	**KPI Rationale**	To capture the number of contacts made by patients to GP Out of Hours Services nationally in order to monitor activity and service pressures.
	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two). ☑Person Centred Care ☑ Effective Care ☐ Safe Care ☐ Better Health and Wellbeing ☐Use of Information ☐ Workforce ☐Use of Resources ☐Governance, Leadership and Management
4	**KPI Target**	**NSP 2017 Target National - 1,055,388**
5	**KPI Calculation**	Count the total number of contacts (all categories* and ages**) made by patients to GP Out of Hours Services (excluding contacts with reduced hour services from 6pm-10pm and at weekends) during the reporting month. The total number of contacts by category should equal the total number of contacts by age
6	**Data Source**	GP Out of Hours Services, and Business Information Unit (BIU) Community Healthcare Team.
	Data Completeness	100 % data completeness Data does not include contacts with the reduced hour services from 6pm-10pm and at weekends.
	Data Quality Issues	No known data quality issues. Review of GP Out of Hours Services is to be completed in 2017.
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**	Contacts (all categories and ages) with GP Out of Hours Services during the reporting month.
9	**Minimum Data Set**	Contacts (all categories and ages) with GP Out of Hours Services during 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: Please indicate who is responsible at a local level for monitoring this KPI: GP Out of Hours Manager, Primary Care General Manager, the CHO Head of Service Primary Care, 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 ☐ County ☐ Institution ☑Other – give details: GP Out of Hours Service
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 Specialist Lead: Brian Murphy, Head of Planning, Performance and Programme Management and Interim Head of Operations, Primary Care Division.
	National Lead and Division	John Hennessy, National Director, Primary Care Division, Health Service Executive.

Primary Care - Occupational Therapy Referrals

1	**KPI Title**	Number of service user referrals
2	**KPI Description PC19**	This is a count of the number of referrals accepted for service users (by age band*) in the reporting month. It includes new referrals, re-referrals and reviews. Each referral should be date stamped on the day it is received and this is used as the referral date. *Age bands include: • 0 - 4 years • 5 - 17 years • 18 - 64 years • 65 years and over.
3	**KPI Rationale**	This KPI provides information on service demand and informs decisions in relation to the planning and management of staff and resource allocation.
	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 -93,264** CHO 1 - 11,304, CHO 2 - 7,776, CHO 3 - 8,220, CHO 4 - 9,636, CHO 5 - 10,212, CHO 6 - 6,732, CHO 7 - 12,924, CHO 8 - 15,348, CHO 9 - 11,112
5	**KPI Calculation**	Count the number of referrals (by age band*) that were accepted in the reporting month.
6	**Data Source**	Occupational Therapy (OT) records, OT Manager, Primary Care General Manager, Community Healthcare Organisation (CHO) Head of Service Primary Care, Chief Officer and Business Information Unit (BIU) Community Healthcare Team.
	Data Completeness	100% data available from all HSE areas nationally. This data includes all OT services provided within Primary and Community Services. It does not include service users in Mental Health, Acute Hospital care or voluntary agency settings.
	Data Quality Issues	No
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**	•Accepted referrals •Age bands
9	**Minimum Data Set**	•Accepted referrals •Age Bands
10	**International Comparison**	No
11	**KPI Monitoring**	KPI will be monitored on a (please indicate below) basis: ☐Daily ☐Weekly ☑Monthly ☐Quarterly ☐Bi-annually ☐Annually ☐Other – give details: Please indicate who is responsible at a local level C35for monitoring this KPI: OT Manager, Primary Care General Manager, the CHO Head of Service Primary Care, 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)
14	**KPI Reporting Aggregation**	Indicate the level of aggregation – for example over a geographical location: ☑ National ☑ CHO ☑ LHO ☐ 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 Specialist Lead: Brian Murphy, Head of Planning, Performance and Programme Management and Interim Head of Operations Primary Care Division
National Lead and Division		John Hennessy, National Director, Primary Care Division, Health Service Executive.

Primary Care - Occupational Therapy First Assessment

1	**KPI Title**	Number of new service users seen for a first assessment
2	**KPI Description** **PC20**	This is a count of the number of new service users (by age band* and wait time**) seen for a first assessment in the reporting month i.e. the number of service users seen for a first time / initial assessment in this episode of care. It includes service users re referred to the service in the reporting month. *Age bands include: • 0 - 4 years • 5 - 17 years • 18 - 64 years • 65 years and over. **Wait times include: • 0 - less than or equal to 12 weeks • Greater than 12 weeks and less than or equal to 26 weeks • Greater than 26 weeks and less than or equal to 39 weeks • Greater than 39 weeks and less than or equal to 52 weeks • Greater than 52 weeks.
3	**KPI Rationale**	This KPI provides information on service demand and informs decisions in relation to the planning and managment of staff and resource allocation.
	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 -90,605** CHO 1 - 10,291, CHO 2 - 6,699, CHO 3 - 7,380, CHO 4 - 11,022, CHO 5 - 9,671, CHO 6 - 6,780, CHO 7 - 12,966, CHO 8 - 14,048, CHO 9 - 11,748
5	**KPI Calculation**	Count the number of service users seen for a first assessment in the reporting month.
6	**Data Source**	Occupational Therapy (OT) records, OT Manager, Primary Care General Manager, Community Healthcare Organisation (CHO) Head of Service Primary Care, Chief Officer and Business Information Unit (BIU) Community Healthcare Team.
	Data Completeness	100% data available from all HSE areas nationally. This data includes all OT services provided within Primary and Community Services. It does not include service users in Mental Health, Acute Hospital care or voluntary agency settings.
	Data Quality Issues	No
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 service users seen for a first assesment • Age bands / categories
9	**Minimum Data Set**	• New service users seen for a first assessment • Age bands / categories
10	**International Comparison**	No
11	**KPI Monitoring**	KPI will be monitored on a (please indicate below) basis: ☐Daily ☐Weekly ☑Monthly ☐Quarterly ☐Bi-annually ☐Annually ☐Other – give details: Please indicate who is responsible at a local level C65for monitoring this KPI: OT Manager, Primary Care General Manager, the CHO Head of Service Primary Care, 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 ☐ 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 Specialist Lead: Brian Murphy, Head of Planning, Performance and Programme Management and Interim Head of Operations Primary Care Division
	National Lead and Division	John Hennessy, National Director, Primary Care Division, Health Service Executive.

Primary Care - Occupational Therapy Service Users Treated

1	**KPI Title**	No of service users treated (direct and indirect) monthly target
2	**KPI Description** **PC21**	This is a count of the total number of service users (by age band*) who received a service ((a) direct or (b) indirect) in the reporting month. (a) Service users (individual named clients) receive a direct service in the reporting month when they receive direct interventions during the month. Direct interventions refer to face to face interventions, delivered directly to, or on behalf of a named service user. The service user does not have to be present but the intervention is on his / her behalf and of a 'face to face' nature. Examples of direct interventions include • any face to face sessions; • service user specific parent / family training; • school / pre-school visit to or on behalf of a service user; • domiciliary visit to service user; • attendance at case conference; • school visit in advance of child attending school; • pre-discharge visit to service users home; • site meeting with Co Council / builder regarding housing adaptations. Each service user is counted only once in the reporting month. (b) Service users receive an indirect service in the reporting month when they receive <u>indirect interventions only and nil direct interventions</u> during the reporting month. Indirect interventions refer to meaningful interventions to, or on behalf of, a client in an indirect way. This implies it is of a non face to face nature via telephone, e-mail, written, etc. (Note: if a service user receives direct interventions they are not counted as receiving indirect interventions) *Age bands include: • 0 - 4 years • 5 - 17 years • 18 - 64 years • 65 years and over.
3	**KPI Rationale**	Occupational therapy is a client centred health profession concerned with promoting health and well being through occupation. The primary goal of occupational therapy is to enable people to participate in the activities of everyday life. Occupational therapists achieve this outcome by working with people and communities to enhance their ability to engage in the occupations they want to, need to, or are expected to do, or by modifying the occupation or the environment to better support their occupational engagement. Occupational therapy is carried out in Primary Care by assessing people and providing interventions, both directly and indirectly, in either home or clinic locations or other community settings e.g. community centres, day centres, community hospital etc. Home based interventions are an essential component of service delivery where assessing / treating the persons performance within his / her own environment is integral to successful outcomes. Service activity data (both direct and indirect) reflects the nature of interventions with people but does not reflect the amount of time involved.
	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 -20,675** CHO 1 - 2,621, CHO 2 - 1,949, CHO 3 - 1,419, CHO 4 - 2,267, CHO 5 - 1,973, CHO 6 - 1,464, CHO 7 - 2,599, CHO 8 - 3,684, CHO 9 - 2,699
5	**KPI Calculation**	Count the total number of service users who were treated i.e. service users who received a direct service and service users who received an indirect intervention only in the reporting month. Each service user is counted only once in the reporting month.
6	**Data Source**	Occupational Therapy (OT) records, OT Manager, Primary Care General Manager, Community Healthcare Organisation (CHO) Head of Service Primary Care, Chief Officer and Business Information Unit (BIU) Community Healthcare Team.
	Data Completeness	100% data available from all HSE areas nationally. This data includes all OT services provided within Primary and Community Services. It does not include service users in Mental Health, Acute Hospital care or voluntary agency settings.
	Data Quality Issues	No
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**	•Service users who received a direct intervention •Service users who received an indirect intervention only and nil direct interventions •Age bands.
9	**Minimum Data Set**	•Service users who received a direct intervention •Service users who received an indirect intervention only and nil direct interventions •Age bands.
10	**International Comparison**	No
11	**KPI Monitoring**	KPI will be monitored on a (please indicate below) basis: ☐Daily ☐Weekly ☑Monthly ☐Quarterly ☐Bi-annually ☐Annually ☐Other – give details: Please indicate who is responsible at a local level A97for monitoring this KPI: OT Manager, Primary Care General Manager, the CHO Head of Service Primary Care, 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 ☐ 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 Specialist Lead: Brian Murphy, Head of Planning, Performance and Programme Management and Interim Head of Operations Primary Care Division
	National Lead and Division	John Hennessy, National Director, Primary Care Division, Health Service Executive.

Primary Care - Occupational Therapy Waiting List Management

1	**KPI Title**	Total no. of occupational therapy service users on the assessment waiting list at the end of the reporting period
2	**KPI Description PC101** **PC101A** **PC101B** **PC101C** **PC101D** **PC101E**	This is a count of the number of service users (by age band* and wait time**) on the waiting list for a first time / initial assessment in this episode of care at the end of the reporting month. It includes service users re referred to the service on the last working day of the month. *Age bands include: • 0 - 4 years • 5 - 17 years • 18 - 64 years • 65 years and over. **Wait times include: • 0 - less than or equal to 12 weeks • Greater than 12 weeks and less than or equal to 26 weeks • Greater than 26 weeks and less than or equal to 39 weeks • Greater than 39 weeks and less than or equal to 52 weeks • Greater than 52 weeks.
3	**KPI Rationale**	This metric allows for waiting lists and times to be identified, monitored and actions to be taken to reduce wait times for service users.
	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 -25,874** CHO 1 - 1,240, CHO 2 - 2,275, CHO 3 -1,339, CHO 4 - 4,677, CHO 5 - 4,426, CHO 6 -1,523, CHO 7 - 3,171, CHO 8 - 4,123, CHO 9 - 3,100
5	**KPI Calculation**	Count all service users (all age bands*) whose referrals have been accepted by the Occupational Therapy Service who have not attended a first appointment with the service at the end of the reporting month by the length of time (all wait bands**) that they are waiting to be seen. The waiting time is measured from date of referral i.e. date of receipt of the referral by the service to the end of the reporting month.
6	**Data Source**	Occupational Therapy (OT) records, OT Manager, Primary Care General Manager, Community Healthcare Organisation (CHO) Head of Service Primary Care, Chief Officer and Business Information Unit (BIU) Community Healthcare Team.
	Data Completeness	100% data available from all HSE areas nationally. This data includes all OT services provided within Primary and Community Services. It does not include service users in Mental Health, Acute Hospital care or voluntary agency settings.
	Data Quality Issues	No
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**	•Service users waiting to be seen for assessment •Age bands •Wait times
9	**Minimum Data Set**	•Service users waiting to be seen for assessment •Age bands •Wait times
10	**International Comparison**	No
11	**KPI Monitoring**	KPI will be monitored on a (please indicate below) basis: ☐Daily ☐Weekly ☑Monthly ☐Quarterly ☐Bi-annually ☐Annually ☐Other – give details: Please indicate who is responsible at a local level for monitoring this KPI: OT Manager, Primary Care General Manager, the CHO Head of Service Primary Care, 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 ☐ 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 Specialist Lead: Brian Murphy, Head of Planning, Performance and Programme Management and Interim Head of Operations Primary Care Division
National Lead and Division		John Hennessy, National Director, Primary Care Division, Health Service Executive.

Primary Care - Occupational Therapy Waiting List Management

#	Field	Content
1	**KPI Title**	% of new occupational therapy service users seen for assessment within 12 weeks
2	**KPI Description** **PC20A & PC20B**	This is a calculation of the number of occupational therapy service users seen for assessment within 12 weeks of referral expressed as a proportion of the overall number of occupational therapy service users seen for assessment in the reporting period multiplied by 100.
3	**KPI Rationale**	The purpose of this metric is to monitor waiting lists and reduce wait times for service users.
	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 - 72%**
5	**KPI Calculation**	The number of new occupational therapy service users seen for first time assessment within 12 weeks of referral is expressed as a proportion of the overall number of new occupational therapy service users seen for first time assessment in the reporting period multiplied by 100. Numerator: Number of new occupational therapy service users seen for a first time assessment by wait time 0 ≤ 12 weeks Denominator: Total number of new occupational therapy service users seen for first time assessment by wait times 0 ≤ 12 weeks +> 12 weeks- ≤ 26 weeks + >26 weeks - ≤ 39 weeks + >39 weeks- ≤ 52 weeks + > 52 weeks) x 100.
6	**Data Source**	Occupational Therapy (OT) records, OT Manager, Primary Care General Manager, Community Healthcare Organisation (CHO) Head of Service Primary Care, Chief Officer and Business Information Unit (BIU) Community Healthcare Team.
	Data Completeness	100% data available from all HSE areas nationally. This data includes all OT services provided within Primary and Community Services. It does not include service users in Mental Health, Acute Hospital care or voluntary agency settings.
	Data Quality Issues	No
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 occupational therapy service users seen •Waiting times
9	**Minimum Data Set**	•New occupational therapy service users seen •Waiting times
10	**International Comparison**	No
11	**KPI Monitoring**	KPI will be monitored on a (please indicate below) basis: ☐Daily ☐Weekly ☑Monthly ☐Quarterly ☐Bi-annually ☐Annually ☐Other – give details: Please indicate who is responsible at a local level C145for monitoring this KPI: OT Manager, Primary Care General Manager, the CHO Head of Service Primary Care, Chief Officer and the Primary Care Division Operations Team via performance
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 ☐ County ☐ Institution ☐ Other – give details:
15	**KPI is reported in which reports ?**	☑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 Specialist Lead: Brian Murphy, Head of Planning, Performance and Programme Management and Interim Head of Operations Primary Care Division
	National Lead and Division	John Hennessy, National Director, Primary Care Division, Health Service Executive.

Primary Care - Occupational Therapy Waiting List Management

1	**KPI Title**	% of occupational therapy service users on waiting list for assessment less than or equal to 52 weeks
2	**KPI Description** **PC101F & PC101G**	This is a calculation of the number of new occupational therapy service users (all age bands*) who are waiting less than or equal to 52 weeks to be seen by an occupational therapist expressed as a proportion of the overall number of service users waiting to be seen (all wait times**) at the end of the reporting month multiplied by 100. *Age bands include: • 0 - 4 years • 5 - 17 years • 18 - 64 years • 65 years and over. **Wait times: • 0 - less than or equal to 12 weeks • Greater than 12 weeks and less than or equal to 26 weeks • Greater than 26 weeks and less than or equal to 39 weeks • Greater than 39 weeks and less than or equal to 52 weeks • Greater than 52 weeks.
3	**KPI Rationale**	The purpose of this metric is to monitor waiting lists and reduce wait times for service users.
	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 - 92%**
5	**KPI Calculation**	Count the total number of occupational therapy service users in all age bands i.e. 0-4yrs, 5-17yrs,18-64yrs and 65yrs and over on the assessment waiting list at the end of the reporting period by wait band i.e. 0 - < 12 weeks + >12 weeks - ≤ 26 weeks + >26 weeks - ≤ 39 weeks + >39 weeks - ≤ 52 weeks and express it as a proportion of the overall number of occupational therapy service users in all age bands i.e. 0-4yrs, 5-17yrs,18-64yrs and 65yrs and over on the assessment waiting list at the end of the reporting period by wait band i.e. 0 - < 12 weeks + >12 weeks - ≤ 26 weeks +>26 weeks - ≤ 39 weeks + >39 weeks - ≤ 52 weeks + >52 weeks and multiply by 100. Numerator: <u>The number of occupational therapy service users (all ages) waiting to be seen in wait bands 0 - < 12 weeks + >12 weeks - ≤ 26 weeks +>26 weeks - ≤ 39 weeks + >39 weeks - ≤ 52 weeks</u> Denominator: The number of occupational therapy service users (all ages) waiting to be seen in wait bands 0 - < 12 weeks + >12 weeks - ≤ 26 weeks +>26 weeks - ≤ 39 weeks + >39 weeks - ≤ 52 weeks + >52 weeks x 100.
6	**Data Source**	Occupational Therapy (OT) records, OT Manager, Primary Care General Manager, Community Healthcare Organisation (CHO) Head of Service Primary Care, Chief Officer and Business Information Unit (BIU) Community Healthcare Team.
	Data Completeness	100% data available from all HSE areas nationally. This data includes all OT services provided within Primary and Community Services. It does not include service users in Mental Health, Acute Hospital care or voluntary agency settings.
	Data Quality Issues	No
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**	•Occupational therapy service users waiting for assessment •Waiting times
9	**Minimum Data Set**	•Occupational therapy service users waiting for assessment •Waiting times
10	**International Comparison**	No
11	**KPI Monitoring**	KPI will be monitored on a (please indicate below) basis: ☐Daily ☐Weekly ☑Monthly ☐Quarterly ☐Bi-annually ☐Annually ☐Other – give details: Please indicate who is responsible at a local level for monitoring this KPI: OT Manager, Primary Care General Manager, the CHO Head of Service Primary Care, 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 ☐ 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 Specialist Lead: Brian Murphy, Head of Planning, Performance and Programme Management and Interim Head of Operations Primary Care Division
National Lead and Division		John Hennessy, National Director, Primary Care Division, Health Service Executive.

Primary Care - Occupational Therapy Waiting List Management

1	**KPI Title**	% of occupational therapy service users on waiting list for assessment less than or equal to 39 weeks
2	**KPI Description PC101H & PC101I**	This is a calculation of the number of new occupational therapy service users (all age bands*) who are waiting less than or equal to 39 weeks to be seen by an occupational therapist expressed as a proportion of the overall number of service users (all wait times**) waiting for these services at the end of the reporting month multiplied by 100. *Age bands include: • 0 - 4 years • 5 - 17 years • 18 - 64 years • 65 years and over. **Wait times: • 0 - less than or equal to 12 weeks • Greater than 12 weeks and less than or equal to 26 weeks • Greater than 26 weeks and less than or equal to 39 weeks • Greater than 39 weeks and less than or equal to 52 weeks • Greater than 52 weeks.
3	**KPI Rationale**	The purpose of this metric is to monitor waiting lists and reduce wait times for service users.
	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 - 73%**
5	**KPI Calculation**	Count the total number of occupational therapy service users in all age bands i.e. 0-4yrs, 5-17yrs,18-64yrs and 65yrs and over on the assessment waiting list at the end of the reporting period by wait band i.e. 0 - < 12 weeks + >12 weeks - ≤ 26 weeks + >26 weeks - ≤ 39 weeks and express it as a proportion of the total number of occupational therapy service users in all age bands i.e. 0-4yrs, 5-17yrs,18-64yrs and 65yrs and over on the assessment waiting list at the end of the reporting period by wait band i.e. 0 - < 12 weeks + >12 weeks - ≤ 26 weeks + >26 weeks - ≤ 39 weeks + >39 weeks - ≤ 52 weeks + >52 weeks and multiply by 100. Numerator: The number of occupational therapy service users (all ages) waiting to be seen in wait bands 0 - < 12 weeks + >12 weeks - ≤ 26 weeks + >26 weeks - ≤ 39 weeks Denominator: The number of occupational therapy service users (all ages) waiting to be seen in wait bands 0 - < 12 weeks + >12 weeks - ≤ 26 weeks + >26 weeks - ≤ 39 weeks + >39 weeks - ≤ 52 weeks + >52 weeks x 100.
6	**Data Source**	Occupational Therapy (OT) records, OT Manager, Primary Care General Manager, Community Healthcare Organisation (CHO) Head of Service Primary Care, Chief Officer and Business Information Unit (BIU) Community Healthcare Team.
	Data Completeness	100% data available from all HSE areas nationally. This data includes all OT services provided within Primary and Community Services. It does not include service users in Mental Health, Acute Hospital care or voluntary agency settings.
	Data Quality Issues	No
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**	•Occupational therapy service users waiting for assessment •Waiting times
9	**Minimum Data Set**	•Occupational therapy service users waiting for assessment •Waiting times
10	**International Comparison**	No
11	**KPI Monitoring**	KPI will be monitored on a (please indicate below) basis: ☐Daily ☐Weekly ☑Monthly ☐Quarterly ☐Bi-annually ☐Annually ☐Other – give details: Please indicate who is responsible at a local level for monitoring this KPI: OT Manager, Primary Care General Manager, the CHO Head of Service Primary Care, 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)
14	**KPI Reporting Aggregation**	Indicate the level of aggregation – for example over a geographical location: ☑ National ☑ CHO ☑ LHO ☐ 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 Specialist Lead: Brian Murphy, Head of Planning, Performance and Programme Management and Interim Head of Operations Primary Care Division
	National Lead and Division	John Hennessy, National Director, Primary Care Division, Health Service Executive.

Primary Care - Occupational Therapy Waiting List Management

1	**KPI Title**	% of occupational therapy service users on waiting list for assessment less than or equal to 26 weeks
2	**KPI Description** **PC101J & PC101K**	This is a calculation of the number of new occupational therapy service users (all age bands*) who are waiting less than or equal to 26 weeks to be seen by an occupational therapist expressed as a proportion of all service users (all wait times**) waiting for these services at the end of the reporting month multiplied by 100. *Age bands include: • 0 - 4 years • 5 - 17 years • 18 - 64 years • 65 years and over. **Wait times: • 0 - less than or equal to 12 weeks • Greater than 12 weeks and less than or equal to 26 weeks • Greater than 26 weeks and less than or equal to 39 weeks • Greater than 39 weeks and less than or equal to 52 weeks • Greater than 52 weeks.
3	**KPI Rationale**	The purpose of this metric is to monitor waiting lists and reduce wait times for service users.
	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 - 59%**
5	**KPI Calculation**	Count the total number of occupational therapy service users in all age bands i.e. 0-4yrs, 5-17yrs,18-64yrs and 65yrs and over on the assessment waiting list at the end of the reporting period by wait band i.e. 0 - < 12 weeks + >12 weeks - ≤ 26 weeks and express it as a proportion of the overall number of occupational therapy service users in all age bands i.e. 0-4yrs, 5-17yrs,18-64yrs and 65yrs and over on the assessment waiting list at the end of the reporting period by wait band i.e. 0 - < 12 weeks + >12 weeks - ≤ 26 weeks + >26 weeks - ≤ 39 weeks + >39 weeks - ≤ 52 weeks + >52 weeks and multiply by 100. Numerator: The number of occupational therapy service users (all ages) waiting to be seen in wait bands 0 - < 12 weeks + >12 weeks - ≤ 26 weeks Denominator: The number of occupational therapy service users (all ages) waiting to be seen in wait bands 0 - < 12 weeks + >12 weeks - ≤ 26 weeks + >26 weeks - ≤ 39 weeks + >39 weeks - ≤ 52 weeks + >52 weeks x 100.
6	**Data Source**	Occupational Therapy (OT) records, OT Manager, Primary Care General Manager, Community Healthcare Organisation (CHO) Head of Service Primary Care, Chief Officer and Business Information Unit (BIU) Community Healthcare Team.
	Data Completeness	100% data available from all HSE areas nationally. This data includes all OT services provided within Primary and Community Services. It does not include service users in Mental Health, Acute Hospital care or voluntary agency settings.
	Data Quality Issues	No
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**	•Occupational therapy service users waiting to be seen •Waiting times
9	**Minimum Data Set**	•Occupational therapy service users waiting to be seen •Waiting times
10	**International Comparison**	No
11	**KPI Monitoring**	KPI will be monitored on a (please indicate below) basis: ☐Daily ☐Weekly ☑Monthly ☐Quarterly ☐Bi-annually ☐Annually ☐Other – give details: Please indicate who is responsible at a local level for monitoring this KPI: OT Manager, Primary Care General Manager, the CHO Head of Service Primary Care, 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 ☐ 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 / A9Specialist Lead	Information Analyst: Geraldine Littler, Business Information Unit- Palliative Care & Social Inclusion, Planning and Business Information (PBI) 046 9251330 Email:Geraldine.Littler@hse.ie Specialist Lead: Brian Murphy, Head of Planning, Performance and Programme Management and Interim Head of Operations Primary Care Division
	National Lead and Division	John Hennessy, National Director, Primary Care Division, Health Service Executive.

Primary Care - Speech & Language Therapy Referrals

1	**KPI title**	No of patient referrals
2	**KPI Description PC113**	This is a count of the number of referrals (by diagnostic group* and age band**) received in the month that have been accepted. It includes: (i) new (i.e. not known to the service) (ii) re-referrals (i.e. previously discharged) and (iii) transfers from service, geographic area or team. A referral is only accepted and therefore counted when it is validated and deemed appropriate to the Speech & Language Therapy (SLT) service. Each accepted referral should be date stamped on the day it is received and this date is used as the referral date. *** Diagnostic Groups** • Primary Speech & Language (S&L) including clients whose diagnosis is not known at the point of referral • Intellectual Disability (Int.Dis)^ • Physical & Sensory Disability (PSD) including clients with developmental language disorder, severe sensori-neural hearing impairment / cleft palate / dyspraxia / progressive neurological disorder / acquired brain injury etc. as per National Physical and Sensory Disability Database • Autism Spectrum Disorder (ASD)^ • Mental Health^ • Feeding, Eating, Drinking, Swallowing Dysphagia (FEDS) • Within Normal Limits (WNL) ^Clients are only categorised into ID, ASD and mental health categories if a formal diagnosis has been made. Dual diagnosis clients are categorised based on the clinical decision of the SLT / team in accordance with the diagnosis having greatest impact on the clients life. ****Age Bands** • 0-4yrs 11 months • 5 yrs to 17yrs 11 months • 18 yrs to 64yrs 11months • 65+years.
3	**KPI Rationale**	This metric provides information on service demand and informs decisions in relation to the planning and management of staff and resource allocation.
	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 -52,584** CHO 1 - 5,556 CHO 2 - 4,896 CHO 3 - 4,332 CHO 4 - 6,924 CHO 5 - 5,436 CHO 6 - 3,036 CHO 7 - 6,060 CHO 8 - 7,968; CHO 9 - 8,376
5	**KPI Calculation**	Count the number of new plus re-referrals plus transfer referrals received and accepted in the month.
6	**Data Source**	SLT records, SLT Manager, Primary Care General Manager, Community Healthcare Organisation (CHO) Head of Service Primary Care, Chief Officer and Business Information Unit (BIU) Community Healthcare Team.
	Data Completeness	100 % data completeness. This data includes all SLT services provided within Primary and Community Services (primary care, older people and disability services) and voluntary agency settings. It does not include patients (clients) in Child and Adolescent Mental Health Services (CAMHS), Community Mental Health Teams (CMHTs) or acute hospital services.
	Data Quality Issues	No
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**	• Accepted referrals • Diagnostic groups • Age bands
9	**Minimum Data Set**	•No of accepted referrals • Diagnostic groups • Age bands
10	**International Comparison**	No
11	**KPI Monitoring**	KPI will be monitored on a (please indicate below) basis: ❑Daily ❑Weekly ☑Monthly ❑Quarterly ❑Bi-annually ❑Annually ❑Other – give details: Please indicate who is responsible at a local level for monitoring this KPI: SLT Manager, Primary Care General Manager, the CHO Head of Service Primary Care, 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)
14	**KPI Reporting Aggregation**	Indicate the level of aggregation for example over a geographical location: ☑ National ☑ CHO ☑ LHO ❑ 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 Specialist Lead: Brian Murphy Head of Planning, Performance and Programme Management / Interim Head of Operations Primary Care Division
National Lead and Division		John Hennessy, National Director, Primary Care Division, Health Service Executive.

Primary Care - Speech & Language Therapy Existing Patients Seen

1	**KPI title**	Existing patients seen in the month
2	**KPI Description PC114**	This is a count of the existing patients (people) (by age band**) seen in the reporting month. Each patient (client) is included only once in the count regardless of the number of contacts with the client, parent, carer, educator etc. An existing patient is a client: • who has already attended the service and is an open case • who attended for (i) an individual appointment or (ii) group session • for whom there was a client specific face to face contact with the parent, care, educator. ****Age Bands** • 0-4yrs 11 months • 5 yrs to 17yrs 11 months • 18 yrs to 64yrs 11months • 65+years.
3	**KPI Rationale**	This metric provides information on service demand and informs decisions in relation to the planning and management of staff and resource allocation.
	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 -16,958** CHO 1 - 2,394 CHO 2 - 1,630 CHO 3 - 1,239 CHO 4 - 2,736 CHO 5 - 2,226 CHO 6 - 944 CHO 7 - 1,655 CHO 8 - 2,846; CHO 9 - 1,288
5	**KPI Calculation**	Count the number of existing clients seen individually or in a group session in the reporting month. Count each client only once regardless of the number of contacts with the client, parent, carer, educator.
6	**Data Source**	Speech & Language Therapy (SLT) records, SLT Manager, Primary Care General Manager, Community Healthcare Organisation (CHO) Head of Service Primary Care, Chief Officer and Business Information Unit (BIU) Community Healthcare Team.
	Data Completeness	100% data completeness. This data includes all SLT services provided within Primary and Community Services (primary care, older people and disability services) and voluntary agency settings. It does not include patients (clients) in Child and Adolescent Mental Health Services (CAMHS), Community Mental Health Teams (CMHTs) or acute hospital services.
	Data Quality Issues	No
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**	• Existing clients seen •Open cases.
9	**Minimum Data Set**	• Existing clients seen •Open cases.
10	**International Comparison**	No
11	**KPI Monitoring**	KPI will be monitored on a (please indicate below) basis: ❑Daily ❑Weekly ☑Monthly ❑Quarterly ❑Bi-annually ❑Annually ❑Other – give details: Please indicate who is responsible at a local level for monitoring this KPI: SLT Manager, Primary Care General Manager, the CHO Head of Service Primary Care, 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)
14	**KPI Reporting Aggregation**	Indicate the level of aggregation for example over a geographical location: ☑ National ☑ CHO ☑ LHO ❑ 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 Specialist Lead: Brian Murphy Head of Planning, Performance and Programme Management / Interim Head of Operations Primary Care Division
	National Lead and Division	John Hennessy, National Director, Primary Care Division, Health Service Executive.

Primary Care - Speech & Language Therapy New Patients Seen

1	**KPI title**	New patients seen for initial assessment
2	**KPI Description PC115**	This is a count of the number of new patients (clients) (by diagnostic group* and age band**) seen for an initial assessment in the reporting month. Each client is counted once only in the reporting month regardless of the number of appointments attended to complete the initial assessment. A new client is a client that is seen face to face for the first time and includes referrals, re-referrals (i.e. previously discharged) and may include transfers from another SLT service, geographic area or team. Transfers already seen by a SLT in another service may not require an initial assessment. This decision will be based on the clinical judgement (depending on the extent / comprehensiveness of the assessment by the SLT who completed the most recent assessment). ***Diagnostic Groups** • Primary Speech & Language (S&L) including clients whose diagnosis is not known at the point of referral • Intellectual Disability (Int.Dis)^ • Physical & Sensory Disability (PSD) including clients with developmental language disorder, severe sensori-neural hearing impairment / cleft palate / dyspraxia / progressive neurological disorder / acquired brain injury etc. as per National Physical and Sensory Disability Database • Autism Spectrum Disorder (ASD)^ • Mental Health^ • Feeding, Eating, Drinking, Swallowing Dysphagia (FEDS) • Within Normal Limits (WNL) ^Clients are only categorised into ID, ASD and mental health categories if a formal diagnosis has been made. Dual diagnosis clients are categorised based on the clinical decision of the SLT / team in accordance with the diagnosis having greatest impact on the clients life. ****Age bands** • 0-4 yrs 11 months • 5yrs to 17yrs 11months • 18yrs to 64yrs 11months+ • 65+years.
3	**KPI Rationale**	This metric provides information on service demand and informs decisions in relation to the planning and management of staff and resource allocation.
	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 -44,040** CHO 1 - 4,296 CHO 2 - 4,572 CHO 3 - 3,492 CHO 4 - 6,576 CHO 5 - 4,500 CHO 6 - 1,860 CHO 7 - 4,872 CHO 8 - 6,912 CHO 9 - 6,960
5	**KPI Calculation**	Count the number of new clients seen face to face for the first time for an initial assessment. Include new clients (in all diagnostic groups and age bands) referred, re-referred or transferred (who based on the clinical judgement of the SLT) had an initial assessment during the reporting period.
6	**Data Source**	Speech & Language Therapy (SLT) records, SLT Manager, Primary Care General Manager, Community Healthcare Organisation (CHO) Head of Service Primary Care, Chief Officer and Business Information Unit (BIU) Community Healthcare Team.
	Data Completeness	100 % data completeness. This data includes all SLT services provided within Primary and Community Services (primary care, older people and disability services) and voluntary agency settings. It does not include patients (clients) in Child and Adolescent Mental Health Services (CAMHS), Community Mental Health Teams (CMHTs) or acute hospital services.
	Data Quality Issues	No
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 clients seen • Diagnostic groups • Age bands • Initial asessment.
9	**Minimum Data Set**	• New clients seen • Diagnostic groups • Age bands • Initial asessment.
10	**International Comparison**	No
11	**KPI Monitoring**	KPI will be monitored on a (please indicate below) basis: ❑Daily ❑Weekly ☑Monthly ❑Quarterly ❑Bi-annually ❑Annually ❑Other – give details: Please indicate who is responsible at a local level for monitoring this KPI: SLT Manager, Primary Care General Manager, the CHO Head of Service Primary Care, 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)
14	**KPI Reporting Aggregation**	Indicate the level of aggregation for example over a geographical location: ☑ National ☑ CHO ☑ LHO ❑ 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 Specialist Lead: Brian Murphy Head of Planning, Performance and Programme Management / Interim Head of Operations Primary Care Division
National Lead and Division		John Hennessy, National Director, Primary Care Division, Health Service Executive.

Primary Care - Speech & Language Therapy Waiting List Management Initial Assessment Number

1	**KPI title**	Total no. of speech and language patients waiting initial assessment at end of the reporting period
2	**KPI Description PC116**	This is a count of the number of patients (clients) (by wait time***) who are awaiting initial speech and lanaguage therapy assessment at the end of the reporting month. The initial assessment may be undertaken on a uni-disciplinary or multi-disciplinary basis. It includes clients (patients) referred: (i) for an individual assessment by a SLT (ii) to an identified multidisciplinary team for assessment (SLT required as part of that team assessment). It excludes clients: (i) who have received an SLT assessment and who require further diagnostic assessment (e.g. ADOS/DISCO) where the SLT is part of this assessment. ***Wait Times • 0 to 4 months • 4 months &1 day to 8 months • 8 months &1 day to 12 months • 12 months &1 day to 18 months • 18 months &1 day to 24 months • >24 months.
3	**KPI Rationale**	This metric provides information on service demand and informs decisions in relation to the planning and management of staff and resource allocation.
	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 -14,164** CHO 1 - 1,116 CHO 2 - 854 CHO 3 - 1,052 CHO 4 - 1,916 CHO 5 - 1,305 CHO 6 - 578 CHO 7 - 2,694 CHO 8 - 2,227 CHO 9 - 2,422
5	**KPI Calculation**	Count the number of clients referred for an individual SLT initial assessment and those referred to a multi-disciplinary team who require an initial SLT assessment as part of the team assessment and the length of time they are waiting for this assessment in accordance with the defined wait times.
6	**Data Source**	Speech & Language Therapy (SLT) records, SLT Manager, Primary Care General Manager, Community Healthcare Organisation (CHO) Head of Service Primary Care, Chief Officer and Business Information Unit (BIU) Community Healthcare Team.
	Data Completeness	100 % data completeness. This data includes all SLT services provided within Primary and Community Services (primary care, older people and disability services) and voluntary agency settings. It does not include patients (clients) in Child and Adolescent Mental Health Services (CAMHS), Community Mental Health Teams (CMHTs) or acute hospital services.
	Data Quality Issues	No
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**	• Clients referred and waiting for individual SLT initial assessment • Clients referred and waiting for multi-disciplinary assessment including SLT assessment • Wait Times.
9	**Minimum Data Set**	• Clients referred and waiting for individual SLT initial assessment • Clients referred and waiting for multi-disciplinary assessment including SLT assessment • Wait Times.
10	**International Comparison**	No
11	**KPI Monitoring**	KPI will be monitored on a (please indicate below) basis: ❑Daily ❑Weekly ☑Monthly ❑Quarterly ❑Bi-annually ❑Annually ❑Other – give details: Please indicate who is responsible at a local level for monitoring this KPI: SLT Manager, Primary Care General Manager, the CHO Head of Service Primary Care, 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)
14	**KPI Reporting Aggregation**	Indicate the level of aggregation for example over a geographical location: ☑ National ☑ CHO ☑ LHO ❑ 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 Specialist Lead: Brian Murphy Head of Planning, Performance and Programme Management / Interim Head of Operations Primary Care Division
	National Lead and Division	John Hennessy, National Director, Primary Care Division, Health Service Executive.

Primary Care - Speech & Language Therapy Waiting List Management Initial Therapy Number

1	KPI title	Total No. of speech and language patients waiting initial therapy at the end of the reporting period
2	KPI Description PC117	This is a count of the total number of patients (clients) (all age bands**) waiting for initial therapy across all wait times*** at the end of the reporting month. Patients are only removed from the waiting list when they have been seen for a first appointment, it is not sufficient for a patient to have been offered an appointment. **Age bands • 0-4 yrs 11 months • 5yrs to 17yrs 11months • 18yrs to 64yrs 11months • 65+years. ***Wait Times • 0 to 4 months • 4 months &1 day to 8 months • 8 months &1 day to 12 months • 12 months &1 day to 18 months • 18 months &1 day to 24 months • >24 months.
3	KPI Rationale	This metric provides information on service demand and informs decisions in relation to the planning and management of staff and resource allocation.
	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 -8,823** CHO 1 - 124 CHO 2 - 786 CHO 3 - 507 CHO 4 - 1,380 CHO 5 - 2,125 CHO 6 - 372 CHO 7 - 1,223 CHO 8 - 1,193 CHO 9 - 1,113
5	KPI Calculation	Count the total number of clients (all age bands) whose needs for SLT have been assessed and who are waiting for initial therapy, by the length of time they are waiting.
6	Data Source	Speech & Language Therapy (SLT) records, SLT Manager, Primary Care General Manager, Community Healthcare Organisation (CHO) Head of Service Primary Care, Chief Officer and Business Information Unit (BIU) Community Healthcare Team.
	Data Completeness	100 % data completeness. This data includes all SLT services provided within Primary and Community Services (primary care, older people and disability services) and voluntary agency settings. It does not include patients (clients) in Child and Adolescent Mental Health Services (CAMHS), Community Mental Health Teams (CMHTs) or acute hospital services.
	Data Quality Issues	No
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	• Clients whose needs for SLT have been assessed and are awaiting initial therapy • Wait times
9	Minimum Data Set	• Clients whose needs for SLT have been assessed and are awaiting initial therapy • Wait times
10	International Comparison	No
11	KPI Monitoring	KPI will be monitored on a (please indicate below) basis: ❑Daily ❑Weekly ☑Monthly ❑Quarterly ❑Bi-annually ❑Annually ❑Other – give details: Please indicate who is responsible at a local level for monitoring this KPI: SLT Manager, Primary Care General Manager, the CHO Head of Service Primary Care, 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)
14	KPI Reporting Aggregation	Indicate the level of aggregation for example over a geographical location: ☑ National ☑ CHO ☑ LHO ❑ 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 Specialist Lead: Brian Murphy Head of Planning, Performance and Programme Management / Interim Head of Operations Primary Care Division
National Lead and Division		John Hennessy, National Director, Primary Care Division, Health Service Executive.

Primary Care - Speech & Language Therapy Waiting List Management Initial Assessment Percentage

1	**KPI title**	% on waiting list for assessment less than or equal to 52 weeks
2	**KPI Description PC1116A (No) & PC1116B (%)**	This is a calculation of the number of patients (clients) (all ages**) on the waiting list for initial assessment by a speech and language therapist who are waiting less than or equal to 52 weeks expressed as a proportion of the overall number of patients (all ages**) waiting (all wait times***) for speech and language therapy initial assessment multiplied by 100. Clients are only removed from the waiting list when they have been seen for a first appointment. It is not sufficient for a client to have been offered an appointment date. **Age bands • 0-4 years 11 months • 5 years to 17years 11months • 18 years to 64years 11months • 65+years. ***Wait Times • 0 to 4 months • 4 months &1 day to 8 months • 8 months &1 day to 12 months • 12 months &1 day to 18 months • 18 months &1 day to 24 months • >24 months.
3	**KPI Rationale**	This metric allows waiting lists and times for initial assessment to be monitored in order to address waiting times for clients.
	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 - 100%**
5	**KPI Calculation**	Count the number of clients (all ages) waiting for initial assessment in wait bands: 0-4 months+4-8 months+8-12 months and express it as a proportion of the total number of clients (all ages)waiting for initial assessment in wait bands:0-4months+4-8 months+8-12 months+12-18 months+18-24months+>24 months multiplied by 100. Numerator: The number of clients (all ages) waiting for initial assessment in wait bands 0-4 months+4-8 months+8-12 months x100 Denominator:The number of clients (all ages) C228waiting for initial assessment in wait bands 0-4 months+4-8 months+8-12 months+12-18 months+18-24 months+>24 months.
6	**Data Source**	Speech & Language Therapy (SLT) records, SLT Manager, Primary Care General Manager, Community Healthcare Organisation (CHO) Head of Service Primary Care, Chief Officer and Business Information Unit (BIU) Community Healthcare Team.
	Data Completeness	100 % data completeness. This data includes all SLT services provided within Primary and Community Services (primary care, older people and disability services) and voluntary agency settings. It does not include patients (clients) in Child and Adolescent Mental Health Services (CAMHS), Community Mental Health Teams (CMHTs) or acute hospital services.
	Data Quality Issues	No
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**	• Clients on the waiting list for initial assessment • Wait times
9	**Minimum Data Set**	• Clients on the waiting list for initial assessment • Wait times
10	**International Comparison**	No
11	**KPI Monitoring**	KPI will be monitored on a (please indicate below) basis: ❑Daily ❑Weekly ☑Monthly ❑Quarterly ❑Bi-annually ❑Annually ❑Other – give details: Please indicate who is responsible at a local level for monitoring this KPI: SLT Manager, Primary Care General Manager, the CHO Head of Service Primary Care, 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)
14	**KPI Reporting Aggregation**	Indicate the level of aggregation for example over a geographical location: ☑ National ☑ CHO ☑ LHO ❑ 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 Specialist Lead: Brian Murphy Head of Planning, Performance and Programme Management / Interim Head of Operations Primary Care Division
National Lead and Division		John Hennessy, National Director, Primary Care Division, Health Service Executive.

Primary Care - Speech & Language Therapy Waiting List Management Initial Therapy Percentage

1	KPI title	% on waiting list for treatment less than or equal to 52 weeks
2	KPI Description PC117A(No) & PC117B(%)	This is a calculation of the number of patients (clients) (all ages**) on the waiting list for initial treatment by a speech and language therapist who are waiting less than or equal to 52 weeks for this treatment expressed as a proportion of the overall number of patients (all ages**) waiting (all wait times***) for speech and language therapy initial treatment multiplied by 100. Clients are only removed from the treatment waiting list when they have been seen for a first therapy appointment, it is not sufficient for a client to have been offered an appointment. **Age bands • 0-4 years 11 months • 5 years to 17years 11months • 18 years to 64years 11months • 65+years. ***Wait Times • 0 to 4 months • 4 months &1 day to 8 months • 8 months &1 day to 12 months • 12 months &1 day to 18 months • 18 months &1 day to 24 months • >24 months.
3	KPI Rationale	This metric allows waiting lists and times for initial treatment to be monitored in order to address waiting times for clients.
	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 - 100%
5	KPI Calculation	Count the number of clients (all ages) waiting for initial therapy in wait bands: 0-4mths+4-8mths+8-12mths and express it as a proportion of the overall number of clients (all ages) waiting for initial therapy in wait bands: 0-4mths+4-8mths+8-12mths+ 12-18mths +18-24mths + >24mths and multiply by 100. Numerator: The number of clients A328(all ages) waiting for initial therapy in wait bands 0-4mths+4-8mths+8-12mths
		x 100. Denominator: The total number of clients (all ages) waiting for initial therapy in wait bands 0-4mths+4-8mths+8-12mths+ 12-18mths +18-24mths + >24mths
6	Data Source	Speech & Language Therapy (SLT) records, SLT Manager, Primary Care General Manager, Community Healthcare Organisation (CHO) Head of Service Primary Care, Chief Officer and Business Information Unit (BIU) Community Healthcare Team.
	Data Completeness	100 % data completeness. This data includes all SLT services provided within Primary and Community Services (primary care, older people and disability services) and voluntary agency settings. It does not include patients (clients) in Child and Adolescent Mental Health Services (CAMHS), Community Mental Health Teams (CMHTs) or acute hospital services.
	Data Quality Issues	No
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	• Clients on the waiting list for initial therapy • Wait times
9	Minimum Data Set	• Clients on the waiting list for initial therapy • Wait times
10	International Comparison	No
11	KPI Monitoring	KPI will be monitored on a (please indicate below) basis: ❑Daily ❑Weekly ☑Monthly ❑Quarterly ❑Bi-annually ❑Annually ❑Other – give details: Please indicate who is responsible at a local level for monitoring this KPI: SLT Manager, Primary Care General Manager, the CHO Head of Service Primary Care, 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)
14	KPI Reporting Aggregation	Indicate the level of aggregation for example over a geographical location: ☑ National ☑ CHO ☑ LHO ❑ 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 Specialist Lead: Brian Murphy Head of Planning, Performance and Programme Management / Interim Head of Operations Primary Care Division
National Lead and Division		John Hennessy, National Director, Primary Care Division, Health Service Executive.

Primary Care - Speech & Language Therapy Service Improvement Initiative Initial Assessment

1	**KPI title**	New patients seen for initial assessment
2	**KPI Description PC115**	This is a count of the number of new patients (clients) (0-17 years 11 months) seen for an initial assessment in the reporting month as a result of increased capacity due to the additional staff allocations from the Service Improvement / Waiting List Initiative 2016. A new client is a client that is seen face to face for the first time and includes referrals, re-referrals (i.e. previously discharged) and may include transfers from another Speech and Language Therapy (SLT) service, geographic area or team. Transfers already seen by a SLT in another service may not require an initial assessment. This decision will be based on the clinical judgement (depending on the extent / comprehensiveness of the assessment by the SLT who completed the most recent assessment).
3	**KPI Rationale**	This metric provides information on the additional service activity due to the additional staff allocations from the Service Improvement / Waiting List Initiative 2016.
	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 -17,646** CHO 1 - 280 CHO 2 - 656 CHO 3 - 920 CHO 4 - 1,512 CHO 5 - 1,440 CHO 6 - 600 CHO 7 - 4,972 CHO 8 - 2,666 CHO 9 - 4,600
5	**KPI Calculation**	Count the number of new clients (0-17 years 11 months) seen face to face for the first time for an initial assessment in the reporting month as a result of increased capacity due to the additional staff allocations from the Service Improvement / Waiting List Initiative 2016. Include new clients referred, re-referred or transferred (who based on the clinical judgement of the SLT) had an initial assessment during the reporting period.
6	**Data Source**	Speech & Language Therapy (SLT) records, SLT Manager, Primary Care General Manager, Community Healthcare Organisation (CHO) Head of Service Primary Care, Chief Officer and Business Information Unit (BIU) Community Healthcare Team.
	Data Completeness	100 % data completeness.
	Data Quality Issues	No
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 clients seen 0 - 17 years 11 months • Initial asessment
9	**Minimum Data Set**	• New clients seen 0 - 17 years 11 months • Initial asessment
10	**International Comparison**	No
11	**KPI Monitoring**	KPI will be monitored on a (please indicate below) basis: ❑Daily ❑Weekly ☑Monthly ❑Quarterly ❑Bi-annually ❑Annually ❑Other – give details: Please indicate who is responsible at a local level for monitoring this KPI: SLT Manager, Primary Care General Manager, the CHO Head of Service Primary Care, 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)
14	**KPI Reporting Aggregation**	Indicate the level of aggregation for example over a geographical location: ☑ National ☑ CHO ☑ LHO ❑ 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 Specialist Lead: Brian Murphy Head of Planning, Performance and Programme Management / Interim Head of Operations Primary Care Division
	National Lead and Division	John Hennessy, National Director, Primary Care Division, Health Service Executive.

Primary Care - Speech & Language Therapy Service Improvement Initiative Initial Therapy Appointments

1	**KPI title**	No. of speech and language therapy initial therapy appointments
2	**KPI Description PC115**	This is a count of the number of client specific face to face appointments (initial therapy appointment and subsequent appointments, excluding assessment appointments) attended by clients 0-17 years 11 months from the initial therapy waiting list, in the reporting month, as a result of the increased capacity due to additional staff allocations from the Service Improvement / Waiting List Initiative 2016. All client specific face to face appointments (excluding assessment appointments) attended by the (i) client (ii) parent (iii) carer (iv) educator during the reporting month, regardless of when the client was removed from the initial therapy waiting list, are counted.
3	**KPI Rationale**	This metric provides information on the additional service activity due to the additional staff allocations from the Service Improvement / Waiting List Initiative 2016.
	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 -43,201** CHO 1 - 2,058 CHO 2 - 4,424 CHO 3 - 2,240 CHO 4 - 6,524 CHO 5 - 10,360 CHO 6 - 2,240 CHO 7 - 5,579 CHO 8 - 4,666 CHO 9 -5,110
5	**KPI Calculation**	Count all client specific face to face appointments (excluding assessment appointments) attended by clients (0-17 years 11 months, their parent, carer or educator) from the initial therapy waiting list, in the reporting month, as a result of the additional capacity due to increased staff allocations from the Service Improvement / Waiting List Initiative 2016, regardless of when the client was removed from the initial therapy waiting list.
6	**Data Source**	Speech & Language Therapy (SLT) records, SLT Manager, Primary Care General Manager, Community Healthcare Organisation (CHO) Head of Service Primary Care, Chief Officer and Business Information Unit (BIU) Community Healthcare Team.
	Data Completeness	100 % data completeness.
	Data Quality Issues	No
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**	•Clients 0-17 years 11 months • Initial therapy appointments attended • Additional capacity due to Service Improvement / Waiting List Initiative 2016 staff allocations
9	**Minimum Data Set**	• Clients 0-17 years 11 months • Initial therapy appointments attended • Additional capacity due to Service Improvement / Waiting List Initiative 2016 staff allocations
10	**International Comparison**	No
11	**KPI Monitoring**	KPI will be monitored on a (please indicate below) basis: ❑Daily ❑Weekly ☑Monthly ❑Quarterly ❑Bi-annually ❑Annually ❑Other – give details: Please indicate who is responsible at a local level for monitoring this KPI: SLT Manager, Primary Care General Manager, the CHO Head of Service Primary Care, 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)
14	**KPI Reporting Aggregation**	Indicate the level of aggregation for example over a geographical location: ☑ National ☑ CHO ☑ LHO ❑ 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 Specialist Lead: Brian Murphy Head of Planning, Performance and Programme Management / Interim Head of Operations Primary Care Division
National Lead and Division		John Hennessy, National Director, Primary Care Division, Health Service Executive.

Primary Care - Speech & Language Therapy Service Improvement Initiative Further Therapy Appointments

1	**KPI title**	No. of speech and language therapy further therapy appointments
2	**KPI Description PC115**	This is a count of the number of patient (client) specific face to face appointments (all appointments except assessment appointments) attended by clients 0-17 years 11 months from the further therapy waiting list, in the reporting month, as a result of increased capacity due to additional staff allocations from the Service Improvement / Waiting List Initiative 2016. All client specific face to face appointments (excluding assessment appointments) attended by the (i) client (ii) C379parent (iii) carer (iv) educator during the reporting month, regardless of when the client was removed from the further therapy waiting list, are counted.
3	**KPI Rationale**	This metric provides information on the additional service activity due to the additional staff allocations from the Service Improvement / Waiting List Initiative 2016.
	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 -39,316** CHO 1 - 3,052 CHO 2 - 2,828 CHO 3 - 5,950 CHO 4 - 6,230 CHO 5 - 1,120 CHO 6 - 910 CHO 7 - 8,120 CHO 8 - 4,666 CHO 9 - 6,440
5	**KPI Calculation**	Count all client specific face to face appointments (excluding assessment appointments) attended by clients (0-17 years 11 months, their parent, carer or educator) from the further therapy waiting list, in the reporting month, as a result of the additional capacity due to increased staff allocations from the Service Improvement / Waiting List Initiative 2016, regardless of when the client was removed from the further therapy waiting list.
6	**Data Source**	Speech & Language Therapy (SLT) records, SLT Manager, Primary Care General Manager, Community Healthcare Organisation (CHO) Head of Service Primary Care, Chief Officer and Business Information Unit (BIU) Community Healthcare Team.
	Data Completeness	100 % data completeness.
	Data Quality Issues	No
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**	• Clients 0-17 years 11 months • Further therapy appointments attended • Additional capacity due to Service Improvement / Waiting List Initiative 2016 staff allocations
9	**Minimum Data Set**	• Clients 0-17 years 11 months • Further therapy appointments attended • Additional capacity due to Service Improvement / Waiting List Initiative 2016 staff allocations
10	**International Comparison**	No
11	**KPI Monitoring**	KPI will be monitored on a (please indicate below) basis: ❑Daily ❑Weekly ☑Monthly ❑Quarterly ❑Bi-annually ❑Annually ❑Other – give details: Please indicate who is responsible at a local level for monitoring this KPI: SLT Manager, Primary Care General Manager, the CHO Head of Service Primary Care, 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)
14	**KPI Reporting Aggregation**	Indicate the level of aggregation for example over a geographical location: ☑ National ☑ CHO ☑ LHO ❑ 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 Specialist Lead: Brian Murphy Head of Planning, Performance and Programme Management / Interim Head of Operations Primary Care Division
	National Lead and Division	John Hennessy, National Director, Primary Care Division, Health Service Executive.

Primary Care - Podiatry Referrals

#	Field	Content
1	**KPI title**	No.of patient referrals
2	**KPI Description PC45**	This is a count of the number of referrals (by age band*) received in the month that have been accepted. It includes new referrals and re-referrals (ie. previously discharged). Each referral should be date stamped on the day it is received and this is used as the referral date. *Age bands include: • 0 - 4 years • 5 - 17 years • 18 - 64 years • 65 years and over.
3	**KPI Rationale**	This metric provides information on service demand and informs decisions in relation to the planning and management of staff and resource allocation.
	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 C46National -11,148** CHO 1 - 2,688, CHO 2 - 2,280, CHO 3 - 1,020, CHO 4 - 1,380, CHO 5 - 156, CHO 6 - No direct service, CHO 7 - No direct service, CHO 8 - 3,624, CHO 9 - No direct service
5	**KPI Calculation**	Count the number of referrals (new and re-referrals) by age band* accepted in the reporting month.
6	**Data Source**	Patient records, Podiatrists, Podiatry Manager, Primary Care General Manager, Community Healthcare Organisation (CHO) Head of Service Primary Care, Chief Officer and Business Information Unit (BIU) Community Healthcare Team.
	Data Completeness	Only collecting data from HSE direct services - system for collection of contracted service data to be developed. Data completeness is expected at 100%.
	Data Quality Issues	No
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**	• Accepted referrals • Age bands
9	**Minimum Data Set**	• Accepted referrals • Age bands
10	**International Comparison**	No
11	**KPI Monitoring**	KPI will be monitored on a (please indicate below) basis: ❑Daily ❑Weekly ☑Monthly ❑Quarterly ❑Bi-annually ❑Annually ❑Other – give details: Please indicate who is responsible at a local level for monitoring this KPI: Podiatrists / Podiatry Manager, the Primary Care General Manager, CHO Head of Service Primary Care, 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) ❑ Other – give details:
14	**KPI Reporting Aggregation**	Indicate the level of aggregation for example over a geographical location: ☑ National ☑ CHO ☑ LHO ❑ 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 Specialist Lead: Brian Murphy, Head of Planning, Performance and Programme Management and Interim Head of Operations Primary Care Division
	National Lead and Division	John Hennessy, National Director, Primary Care Division, Health Service Executive.

Primary Care - Podiatry Existing Patients Seen

#		
1	**KPI title**	Existing patients seen in the month
2	**KPI Description PC46**	This is a count of the number of existing patients (by age band*) seen face to face in the reporting month. An existing patient is a patient who is currently attending the service and is an open case. It includes patients who attend individual appointments or group sessions. Each patient is only included once in the count. New patients seen in the reporting month are not included. For the purpose of recording this metric an appointment is considered to be face face contact with a patient. *Age bands include: • 0 - 4 years • 5 - 17 years • 18 - 64 years • 65 years and over.
3	**KPI Rationale**	This metric provides information on service demand and informs decisions in relation to the planning and management of staff and resource allocation.
	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 -5,454** CHO 1 - 1,636, CHO 2 - 998, CHO 3 - 565, CHO 4 - 1,485, CHO 5 - 87, CHO 6 - No direct service, CHO 7 - No direct service, CHO 8 - 683, CHO 9 - No direct service
5	**KPI Calculation**	Count the number of existing patients seen face to face in the reporting month. Each patient is included only once in the count.
6	**Data Source**	Patient records, Podiatrists, Podiatry Manager, Primary Care General Manager, Community Healthcare Organisation (CHO) Head of Service Primary Care, Chief Officer and Business Information Unit (BIU) Community Healthcare Team.
	Data Completeness	Only collecting data from HSE direct services - system for collection of contracted service data to be developed. Data completeness is expected at 100%.
	Data Quality Issues	No
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**	• Existing patients seen • Age bands
9	**Minimum Data Set**	• Existing patients seen • Age bands
10	**International Comparison**	No
11	**KPI Monitoring**	KPI will be monitored on a (please indicate below) basis: ❑Daily ❑Weekly ☑Monthly ❑Quarterly ❑Bi-annually ❑Annually ❑Other – give details: Please indicate who is responsible at a local level for monitoring this KPI: Podiatrists / Podiatry Manager, the Primary Care General Manager, CHO Head of Service Primary Care, 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) ❑ Other – give details:
14	**KPI Reporting Aggregation**	Indicate the level of aggregation for example over a geographical location: ☑ National ☑ CHO ☑ LHO ❑ 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 Specialist Lead: Brian Murphy, Head of Planning, Performance and Programme Management and Interim Head of Operations Primary Care Division
	National Lead and Division	John Hennessy, National Director, Primary Care Division, Health Service Executive.

Primary Care - Podiatry New Patients Seen

1	**KPI title**	New patients seen
2	**KPI Description PC47**	This is a count of the number of new patients (by age band* and wait time**) seen face to face in the reporting month. A new patient is a patient that is seen for the first time in this episode of care. It includes patients re-referred to the service. An appointment is considered to be face face contact with a patient and may be for assessment/treatment/service. *Age bands include: • 0 - 4 years • 5 - 17 years • 18 - 64 years • 65 years and over. **Wait times include: • 0 - less than or equal to 12 weeks • Greater than 12 weeks and less than or equal to 26 weeks • Greater than 26 weeks and less than or equal to 39 weeks • Greater than 39 weeks and less than or equal to 52 weeks • Greater than 52 weeks.
3	**KPI Rationale**	This metric provides information on service demand and informs decisions in relation to the planning and managment of staff and resource allocation.
	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 -9,504** CHO 1 - 2,616, CHO 2 - 1,708, CHO 3 - 918, CHO 4 - 1,022, CHO 5 - 168, CHO 6 - No direct service, CHO 7 - No direct service, CHO 8 - 3,072, CHO 9 - No direct service
5	**KPI Calculation**	Count the number of new patients (including re-referrals) seen face to face in the reporting month.
6	**Data Source**	Patient records, Podiatrists, Podiatry Manager, Primary Care General Manager, Community Healthcare Organisation (CHO) Head of Service Primary Care, Chief Officer and Business Information Unit (BIU) Community Healthcare Team.
	Data Completeness	Only collecting data from HSE direct services - system of collection of contracted service data to be developed. Data completeness is expected at 100%.
	Data Quality Issues	No
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 face to face • Age bands • Wait times
9	**Minimum Data Set**	• New patients seen face to face • Age bands • Wait times
10	**International Comparison**	Not applicable
11	**KPI Monitoring**	KPI will be monitored on a (please indicate below) basis: ❑Daily ❑Weekly ☑Monthly ❑Quarterly ❑Bi-annually ❑Annually ❑Other – give details: Please indicate who is responsible at a local level for monitoring this KPI: Podiatrists / Podiatry Manager, the Primary Care General Manager, CHO Head of Service Primary Care, 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) ❑ Other – give details:
14	**KPI Reporting Aggregation**	Indicate the level of aggregation for example over a geographical location: ☑ National ☑ CHO ☑ LHO ❑ 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 Specialist Lead: Brian Murphy, Head of Planning, Performance and Programme Management and Interim Head of Operations Primary Care Division
	National Lead and Division	John Hennessy, National Director, Primary Care Division, Health Service Executive.

Primary Care - Podiatry Waiting List Management

1	KPI title	Total no. of podiatry patients on the treatment waiting list at the end of the reporting period
2	KPI Description PC104 PC104A PC104B PC104C PC104D PC104E	This is a count of the total number of podiatry patients (by age band* and wait time**) awaiting treatment (either individual or in a group environment) at the end of the reporting month. Patients are only removed from the waiting list when they have been seen for a first appointment, it is not sufficient for a patient to have been offered an appointment. Note the focus of this metric is on patients waiting for treatment, within some services assessment and treatment may occur at the same appointment. However, where a patient is assessed and must still wait for treatment it is this waiting time that is reported from referral date. Opt in patients are included on the waiting list. If they do not respond within four weeks then they are discharged and must be re-referred. It does not include patients overdue for review. *Age bands include: • 0 - 4 years • 5 - 17 years • 18 - 64 years • 65 years and over. **Wait times include: • 0 - less than or equal to 12 weeks • Greater than 12 weeks and less than or equal to 26 weeks • Greater than 26 weeks and less than or equal to 39 weeks • Greater than 39 weeks and less than or equal to 52 weeks • Greater than 52 weeks.
3	KPI Rationale	This metric allows for waiting lists and times to be identified, monitored and actions to be taken to reduce wait times for patients.
	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two). ❑ 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 -2,699** CHO 1 - 397, CHO 2 -609, CHO 3 - 504, CHO 4 - 597, CHO 5 -26, CHO 6 - No direct service, CHO 7 - No direct service, CHO 8 - 566, CHO 9 - No direct service
5	KPI Calculation	Count all patients (all age bands*) whose referrals have been accepted by the Podiatry Service who have not attended a first appointment with the service at the end of the reporting month by the length of time (all wait bands**) that they are waiting to be seen. The waiting time is measured from date of referral i.e. date of receipt of the referral by the service to the end of the reporting month.
6	Data Source	Patient records, Podiatrists, Podiatry Manager, Primary Care General Manager, Community Healthcare Organisation (CHO) Head of Service Primary Care, Chief Officer and Business Information Unit (BIU) Community Healthcare Team.
	Data Completeness	Only collecting data from HSE direct services - system of collection of contracted service data to be developed. Data completeness is expected at 100%.
	Data Quality Issues	No
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 waiting to be seen • Age bands • Wait times
9	Minimum Data Set	• Patients waiting to be seen • Age bands • Wait times
10	International Comparison	No
11	KPI Monitoring	KPI will be monitored on a (please indicate below) basis: ❑ Daily ❑ Weekly ☑ Monthly ❑ Quarterly ❑ Bi-annually ❑ Annually ❑ Other – give details: Please indicate who is responsible at a local level for monitoring this KPI: Podiatrists / Podiatry Manager, the Primary Care General Manager, CHO Head of Service Primary Care, 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) ❑ Other – give details:
14	KPI Reporting Aggregation	Indicate the level of aggregation for example over a geographical location: ☑ National ☑ CHO ☑ LHO ❑ 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 Specialist Lead: Brian Murphy, Head of Planning, Performance and Programme Management and Interim Head of Operations Primary Care Division
National Lead and Division		John Hennessy, National Director, Primary Care Division, Health Service Executive.

Primary Care - Podiatry Waiting List Management

#		
1	**KPI title**	% of podiatry patients on waiting list for treatment less than or equal to 52 weeks
2	**KPI Description** **PC104F(No) &PC104G(%)**	This is a calculation of the number of new podiatry patients (all age bands*) who are waiting less than or equal to 52 weeks to be seen by a podiatrist (either in an individual or in a group environment) expressed as a proportion of the overall number of podiatry patients (all wait times**) waiting for these services at the end of the reporting month multiplied by 100. It includes all patients on the waiting list at the end of the reporting month. Patients are only removed from the waiting list when they have been seen for a first appointment, it is not sufficient for a patient to have been offered an appointment. Note the focus of this metric is on patients waiting for treatment, within some services assessment and treatment may occur at the same appointment. However, where a patient is assessed and must still wait for treatment it is this waiting time that is reported from referral date. Opt in patients are included on the waiting list. If they do not respond within four weeks then they are discharged and must be re-referred. This metric should not include patients overdue for review. *Age bands include: • 0 - 4 years • 5 - 17 years • 18 - 64 years • 65 years and over. **Wait times include: • 0 - less than or equal to 12 weeks • Greater than 12 weeks and less than or equal to 26 weeks • Greater than 26 weeks and less than or equal to 39 weeks • Greater than 39 weeks and less than or equal to 52 weeks • Greater than 52 weeks.
3	**KPI Rationale**	The purpose of this metric is to monitor waiting lists and reduce wait times for patients.
	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two). ❑ 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 - 88%**
5	**KPI Calculation**	Count the total number of podiatry patients in all age bands i.e. 0-4yrs, 5-17yrs,18-64yrs and 65yrs and over on the treatment waiting list at the end of the reporting period by wait band i.e. 0 - < 12 weeks + >12 weeks - ≤ 26 weeks + >26 weeks - ≤ 39 weeks + >39 weeks - ≤ 52 weeks and express it as a proportion of the total number of podiatry patients in all age bands i.e. 0-4yrs, 5-17yrs,18-64yrs and 65yrs and over on the treatment waiting list at the end of the reporting period by wait band i.e. 0 - < 12 weeks + >12 weeks - ≤ 26 weeks + >26 weeks - ≤ 39 weeks + >39 weeks - ≤ 52 weeks + >52 weeks and multiply by 100. Numerator: The number of podiatry patients (all ages) waiting to be seen in wait bands 0 - < 12 weeks + >12 weeks - ≤ 26 weeks + >26 weeks - ≤ 39 weeks + >39 weeks - ≤ 52 weeks Denominator: The number of podiatry patients (all ages) waiting to be seen in wait bands 0 - < 12 weeks + >12 weeks - ≤ 26 weeks + >26 weeks - ≤ 39 weeks + >39 weeks - ≤ 52 weeks + >52 weeks x 100
6	**Data Source**	Patient records, Podiatrists, Podiatry Manager, Primary Care General Manager, Community Healthcare Organisation (CHO) Head of Service Primary Care, Chief Officer and Business Information Unit (BIU) Community Healthcare Team.
	Data Completeness	Only collecting data from HSE direct services - system of collection of contracted service data to be developed. Data completeness is expected at 100%.
	Data Quality Issues	No
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 waiting to be seen •Age bands •Wait times
9	**Minimum Data Set**	•Patients waiting to be seen •Age bands •Wait times
10	**International Comparison**	No
11	**KPI Monitoring**	KPI will be monitored on a (please indicate below) basis: ❑Daily ❑Weekly ☑Monthly ❑Quarterly ❑Bi-annually ❑Annually ❑Other – give details: Please indicate who is responsible at a local level for monitoring this KPI: Podiatrists / Podiatry Manager, the Primary Care General Manager, CHO Head of Service Primary Care, 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) ❑ Other – give details:
14	**KPI Reporting Aggregation**	Indicate the level of aggregation for example over a geographical location: ☑ National ☑ CHO ☑ LHO ❑ County ❑ Institution ❑ Other – give details:
15	**KPI is reported in which B216reports?**	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 Specialist Lead: Brian Murphy, Head of Planning, Performance and Programme Management and Interim Head of Operations Primary Care Division
	National Lead and Division	John Hennessy, National Director, Primary Care Division, Health Service Executive.

Primary Care - Podiatry Waiting List Management

#	Field	Content
1	KPI title	% of podiatry patients on waiting list for treatment less than or equal to 39 weeks
2	KPI Description PC104H(No) & PC104I(%)	This is a calculation of the number of new podiatry patients (all age bands*) who are waiting less than or equal to 39 weeks to be seen by a podiatrist (either in an individual or in a group environment) expressed as a proportion of the overall number of podiatry patients (all wait times**) waiting for these services at the end of the reporting month multiplied by 100. It includes all patients on the waiting list at the end of the reporting month. Patients are only removed from the waiting list when they have been seen for a first appointment, it is not sufficient for a patient to have been offered an appointment. Note the focus of this metric is on patients waiting for treatment, within some services assessment and treatment may occur at the same appointment. However, where a patient is assessed and must still wait for treatment it is this waiting time that is reported from referral date. Opt in patients are included on the waiting list. If they do not respond within four weeks then they are discharged and must be re-referred. This metric should not include patients overdue for review. *Age bands include: • 0 - 4 years • 5 - 17 years • 18 - 64 years • 65 years and over. **Wait times include: • 0 - less than or equal to 12 weeks • Greater than 12 weeks and less than or equal to 26 weeks • Greater than 26 weeks and less than or equal to 39 weeks • Greater than 39 weeks and less than or equal to 52 weeks • Greater than 52 weeks.
3	KPI Rationale	The purpose of this metric is to monitor waiting lists and reduce wait times for patients.
	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two). ❏ 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 - 71%**
5	KPI Calculation	Count the total number of podiatry patients in all age bands i.e. 0-4yrs, 5-17yrs,18-64yrs and 65yrs and over on the treatment waiting list at the end of the reporting period by wait band i.e. 0 - < 12 weeks + >12 weeks - ≤ 26 weeks + >26 weeks - ≤ 39 weeks and express it as a proportion of the total number of podiatry patients in all age bands i.e. 0-4yrs, 5-17yrs,18-64yrs and 65yrs and over on the treatment waiting list at the end of the reporting period by wait band i.e. 0 - < 12 weeks + >12 weeks - ≤ 26 weeks + >26 weeks - ≤ 39 weeks + >39 weeks - ≤ 52 weeks + >52 weeks and multiply by 100. Numerator: The number of podiatry patients (all ages) waiting to be seen in wait bands 0 - < 12 weeks + >12 weeks - ≤ 26 weeks + >26 weeks - ≤ 39 weeks Denominator: The number of podiatry patients (all ages) waiting to be seen in wait bands 0 - < 12 weeks + >12 weeks - ≤ 26 weeks + >26 weeks - ≤ 39 weeks + >39 weeks - ≤ 52 weeks + >52 weeks x 100.
6	Data Source	Patient records, Podiatrists, Podiatry Manager, Primary Care General Manager, Community Healthcare Organisation (CHO) Head of Service Primary Care, Chief Officer and Business Information Unit (BIU) Community Healthcare Team.
	Data Completeness	Only collecting data from HSE direct services - system of collection of contracted service data to be developed. Data completeness is expected at 100%.
	Data Quality Issues	No
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 waiting to be seen •Age bands •Wait times
9	Minimum Data Set	•Patients waiting to be seen •Age bands •Wait times
10	International Comparison	No
11	KPI Monitoring	KPI will be monitored on a (please indicate below) basis: ❏Daily ❏Weekly ☑Monthly ❏Quarterly ❏Bi-annually ❏Annually ❏Other – give details: Please indicate who is responsible at a local level for monitoring this KPI: Podiatrists / Podiatry Manager, the Primary Care General Manager, CHO Head of Service Primary Care, 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) ❏ Other – give details:
14	KPI Reporting Aggregation	Indicate the level of aggregation for example over a geographical location: ☑ National ☑ CHO ☑ LHO ❏ 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 Specialist Lead: Brian Murphy, Head of Planning, Performance and Programme Management and Interim Head of Operations Primary Care Division
	National Lead and Division	John Hennessy, National Director, Primary Care Division, Health Service Executive.

Primary Care - Podiatry Waiting List Management

1	**KPI title**	% of podiatry patients on waiting list for treatment less than or equal to 26 weeks
2	**KPI Description** **PC104J (No) & PC104K (%)**	This is a calculation of the number of new podiatry patients (all age bands*) who are waiting less than or equal to 26 weeks to be seen by a podiatrist (either in an individual or in a group environment) expressed as a proportion of the overall number of podiatry patients (all wait times**) waiting for these services at the end of the reporting month multiplied by 100. It includes all patients on the waiting list at the end of the reporting month. Patients are only removed from the waiting list when they have been seen for a first appointment, it is not sufficient for a patient to have been offered an appointment. Note the focus of this metric is on patients waiting for treatment, within some services assessment and treatment may occur at the same appointment. However, where a patient is assessed and must still wait for treatment it is this waiting time that is reported from referral date. Opt in patients are included on the waiting list. If they do not respond within four weeks then they are discharged and must be re-referred. This metric should not include patients overdue for review. *Age bands include: • 0 - 4 years • 5 - 17 years • 18 - 64 years • 65 years and over. **Wait times include: • 0 - less than or equal to 12 weeks • Greater than 12 weeks and less than or equal to 26 weeks • Greater than 26 weeks and less than or equal to 39 weeks • Greater than 39 weeks and less than or equal to 52 weeks • Greater than 52 weeks.
3	**KPI Rationale**	The purpose of this metric is to monitor waiting lists and reduce wait times for patients.
	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two). ❑ 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 - 62%**
5	**KPI Calculation**	Count the total number of podiatry patients in all age bands i.e. 0-4yrs, 5-17yrs,18-64yrs and 65yrs and over on the treatment waiting list at the end of the reporting period by wait band i.e. 0 - < 12 weeks + >12 weeks - ≤ 26 weeks and express it as a proportion of the total number of podiatry patients in all age bands i.e. 0-4yrs, 5-17yrs,18-64yrs and 65yrs and over on the treatment waiting list at the end of the reporting period by wait band i.e. 0 - < 12 weeks + >12 weeks - ≤ 26 weeks + >26 weeks - ≤ 39 weeks + >39 weeks - ≤ 52 weeks + >52 weeks and multiply by 100. Numerator: The number of podiatry patients (all ages) waiting to be seen in wait bands 0 - < 12 weeks + >12 weeks - ≤ 26 weeks Denominator: The number of podiatry patients (all ages) waiting to be seen in wait bands 0 - < 12 weeks + >12 weeks - ≤ 26 weeks - ≤ 39 weeks + >39 weeks - ≤ 52 weeks + >52 weeks x 100.
6	**Data Source**	Patient records, Podiatrists, Podiatry Manager, Primary Care General Manager, Community Healthcare Organisation (CHO) Head of Service Primary Care, Chief Officer and Business Information Unit (BIU) Community Healthcare Team.
	Data Completeness	Only collecting data from HSE direct services - system of collection of contracted service data to be developed. Data completeness is expected at 100%.
	Data Quality Issues	No
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 waiting to be seen •Age bands •Wait times
9	**Minimum Data Set**	•Patients waiting to be seen •Age bands •Wait times
10	**International Comparison**	No
11	**KPI Monitoring**	KPI will be monitored on a (please indicate below) basis: ❑Daily ❑Weekly ☑Monthly ❑Quarterly ❑Bi-annually ❑Annually ❑Other – give details: Please indicate who is responsible at a local level for monitoring this KPI: Podiatrists / Podiatry Manager, the Primary Care General Manager, CHO Head of Service Primary Care, 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) ❑ Other – give details:
14	**KPI Reporting Aggregation**	Indicate the level of aggregation for example over a geographical location: ☑ National ☑ CHO ☑ LHO ❑ 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 Specialist Lead: Brian Murphy, Head of Planning, Performance and Programme Management and Interim Head of Operations Primary Care Division
	National Lead and Division	John Hennessy, National Director, Primary Care Division, Health Service Executive.

Primary Care - Podiatry Waiting List Management

#	Field	Content
1	**KPI title**	% of podiatry patients on waiting list for treatment less than or equal to 12 weeks
2	**KPI Description PC104L (No) & PC104M(%)**	This is a calculation of the number of new podiatry patients (all age bands*) who are waiting less than or equal to 12 weeks to be seen by a podiatrist (either in an individual or in a group environment) expressed as a proportion of the overall number of podiatry patients (all wait times**) waiting for these services at the end of the reporting month multiplied by 100. It includes all patients on the waiting list at the end of the reporting month. Patients are only removed from the waiting list when they have been seen for a first appointment, it is not sufficient for a patient to have been offered an appointment. Note the focus of this metric is on patients waiting for treatment, within some services assessment and treatment may occur at the same appointment. However, where a patient is assessed and must still wait for treatment it is this waiting time that is reported from referral date. Opt in patients are included on the waiting list. If they do not respond within four weeks then they are discharged and must be re-referred. This metric should not include patients overdue for review. *Age bands include: • 0 - 4 years • 5 - 17 years • 18 - 64 years • 65 years and over. **Wait times include: • 0 - less than or equal to 12 weeks • Greater than 12 weeks and less than or equal to 26 weeks • Greater than 26 weeks and less than or equal to 39 weeks • Greater than 39 weeks and less than or equal to 52 weeks • Greater than 52 weeks.
3	**KPI Rationale**	The purpose of this metric is to monitor waiting lists and reduce wait times for patients.
	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two). ❑ 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 - 44%**
5	**KPI Calculation**	Count the total number of podiatry patients in all age bands i.e. 0-4yrs, 5-17yrs,18-64yrs and 65yrs and over on the treatment waiting list at the end of the reporting period by wait band i.e. 0 - < 12 weeks and express it as a proportion of the total number of podiatry patients in all age bands i.e. 0-4yrs, 5-17yrs,18-64yrs and 65yrs and over on the treatment waiting list at the end of the reporting period by wait band i.e. 0 - < 12 weeks + >12 weeks - ≤ 26 weeks + >26 weeks - ≤ 39 weeks + >39 weeks - ≤ 52 weeks + >52 weeks and multiply by 100. Numerator: The number of podiatry patients (all ages) waiting to be seen in wait bands 0 - < 12 weeks Denominator: The number of podiatry patients (all ages) waiting to be seen in wait bands 0 - < 12 weeks + >12 weeks - ≤ 26 weeks + >26 weeks - ≤ 39 weeks + >39 weeks - ≤ 52 weeks + >52 weeks x 100.
6	**Data Source**	Patient records, Podiatrists, Podiatry Manager, Primary Care General Manager, Community Healthcare Organisation (CHO) Head of Service Primary Care, Chief Officer and Business Information Unit (BIU) Community Healthcare Team.
	Data Completeness	Only collecting data from HSE direct services - system of collection of contracted service data to be developed. Data completeness is expected at 100%.
	Data Quality Issues	No
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 waiting to be seen •Age bands •Wait times
9	**Minimum Data Set**	•Patients waiting to be seen •Age bands •Wait times
10	**International Comparison**	Not applicable
11	**KPI Monitoring**	KPI will be monitored on a (please indicate below) basis: ❑Daily ❑Weekly ☑Monthly ❑Quarterly ❑Bi-annually ❑Annually ❑Other – give details: Please indicate who is responsible at a local level for monitoring this KPI: Podiatrists / Podiatry Manager, the Primary Care General Manager, CHO Head of Service Primary Care, 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) ❑ Other – give details:
14	**KPI Reporting Aggregation**	Indicate the level of aggregation for example over a geographical location: ☑ National ☑ CHO ☑ LHO ❑ 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 Specialist Lead: Brian Murphy, Head of Planning, Performance and Programme Management and Interim Head of Operations Primary Care Division
	National Lead and Division	John Hennessy, National Director, Primary Care Division, Health Service Executive.

Primary Care - Podiatry Patients with Diabetic Active Foot Disease

1	**KPI title**	No of patients with diabetic active foot disease treated in the reporting month
2	**KPI Description** **PC105**	This is a count of the total number of diabetic active foot disease patients (new and existing) seen by Primary Care Podiatry Services in the reporting month. It is reported as a subset of the total count of podiatry patients seen. Patients with diabetic active foot disease are described by the HSE National Diabetes Programme as: patients with an active foot ulcer (full break in the thickness of the skin) or Charcot foot.
3	**KPI Rationale**	In keeping with the HSE's National Diabetes Programme and Model of Care for the Diabetic Foot, management of diabetic foot wounds in the community is essential to reduce ever increasing amputation rates in diabetic patients in Ireland. Early detection of and intervention to diabetic foot wounds can significantly reduce the morbidity and mortality rates associated with this condition. As members of the Diabetes Foot Protection Teams, Primary Care Podiatrists in the community, provide essential treatments to these patients. This KPI allows for the identification of the number of patients with diabetic active foot disease treated by the primary care podiatry services each month to be established. It also allows for planning and management in relation to staffing and resource allocation in relation to such service demand.
	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 -166** CHO 1 - 44, CHO 2 -45, CHO 3 - 15, CHO 4 - 32, CHO 5 -8, CHO 6 - 1, CHO 7 - 6, CHO 8 - 14, CHO 9 - 1
5	**KPI Calculation**	Count the total number of patients (new and existing) with diabetic active foot disease who were treated by the Primary Care Podiatry Services in the reporting month. An individual patient is counted only once in the reporting month.
6	**Data Source**	The data source is the Primary Care Podiatry Service clinical diary / patient record, Podiatrists / Podiatry Managers, Primary Care General Manager, Community Healthcare Organisation (CHO) Head of Service Primary Care, Chief Officer and Business Information Unit (BIU) Community Healthcare Team.
	Data Completeness	Only collecting data from HSE direct services - system of collection of contracted service data to be developed. Data completeness is expected at 100%.
	Data Quality Issues	No
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 with Diabetic Active Foot Disease •Primary Care Podiatry Services •Patient treatments
9	**Minimum Data Set**	•Patients with Diabetic Active Foot Disease •Primary Care Podiatry Services •Patient treatments
10	**International Comparison**	No
11	**KPI Monitoring**	KPI will be monitored on a (please indicate below) basis: ❑Daily ❑Weekly ☑Monthly ❑Quarterly ❑Bi-annually ❑Annually ❑Other – give details: Please indicate who is responsible at a local level for monitoring this KPI: Podiatrists / Podiatry Managers, the Primary Care General Manager, CHO Head of Service Primary Care, 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) ❑ Other – give details:
14	**KPI Reporting Aggregation**	Indicate the level of aggregation for example over a geographical location: ☑National ☑CHO ☑ LHO ❑ 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 Specialist Leads: David Watterson David.Watterson@hse.ie Brian Murphy, Head of Planning, Performance and Programme Management and Interim Head of Operations Primary Care Division
	National Lead and Division	John Hennessy, National Director, Primary Care Division, Health Service Executive

Primary Care - Podiatry Treatment Contacts for Diabetic Active Foot Disease

1	**KPI title**	No of treatment contacts for diabetic active foot disease in the reporting month
2	**KPI Description PC106**	This is a count of the number of diabetic active foot disease treatment contacts, for new and existing patients, provided by Primary Care Podiatry Services each month. It is reported as a subset of the total count of podiatry treatment contacts. Patients with diabetic active foot disease are described by the HSE National Diabetes Programme as: patients with an active foot ulcer (full break in the thickness of the skin) or Charcot foot. This condition can result in multiple visits / treatment contacts for an individual patient each month to / by the podiatry service.
3	**KPI Rationale**	In keeping with the HSE's National Diabetes Programme and Model of Care for the Diabetic Foot, management of diabetic foot wounds in the community is essential to reduce ever increasing amputation rates in diabetic patients in Ireland. Early detection and intervention of diabetic foot wounds can significantly reduce the morbidity and mortality rates associated with this condition. As members of the Diabetes Foot Protection Teams, Primary Care Podiatrists in the community, provide essential treatments to these patients. This KPI allows for the identification of the number of treatment contacts the Primary Care Podiatry Service provides to patients with Diabetic Active Food Disease each month and for the quantum of service provided in each area to be established. It also allows for planning and management in relation to staffing and resource allocation in relation to such service demand.
	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 - 667** CHO 1 - 176, CHO 2 -180, CHO 3 - 61, CHO 4 - 126, CHO 5 -30, CHO 6 - 5, CHO 7 - 25, CHO 8 - 59, CHO 9 - 5
5	**KPI Calculation**	Count the number of treatment contacts provided to clients (new and existing) with Diabetic Active Foot Disease by the Primary Care Podiatry Services in the reporting month.
6	**Data Source**	The data source is the Primary Care Podiatry Service clinical diary / patient record, Podiatrists / Podiatry Managers, Primary Care General Manager, Community Healthcare Organisation (CHO) Head of Service Primary Care, Chief Officer and Business Information Unit (BIU) Community Healthcare Team.
	Data Completeness	Only collecting data from HSE direct services - system of collecting contracted service data to be developed. Data completeness is expected at 100%.
	Data Quality Issues	No
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**	•Diabetic Active Foot Disease as described the HSE National Diabetes Programme •Primary Care Podiatry Services •Patient treatment contacts
9	**Minimum Data Set**	•Diabetic Active Foot Disease as described the HSE National Diabetes Programme •Primary Care Podiatry Services •Patient treatment contacts
10	**International Comparison**	No
11	**KPI Monitoring**	KPI will be monitored on a (please indicate below) basis: ☐Daily ☐Weekly ☑Monthly ☐Quarterly ☐Bi-annually ☐Annually ☐Other – give details: Please indicate who is responsible at a local level for monitoring this KPI: Podiatrists / Podiatry Managers, the Primary Care General Manager, CHO Head of Service Primary Care, 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) ☐ Other – give details:
14	**KPI Reporting Aggregation**	Indicate the level of aggregation for example over a geographical location: ☑National ☑CHO ☑ LHO ☐ 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 Specialist Leads: David Watterson David.Watterson@hse.ie Brian Murphy, Head of Planning, Performance and Programme Management and Interim Head of Operations Primary Care Division
National Lead and Division		John Hennessy, National Director, Primary Care Division, Health Service Executive

Primary Care - Ophthalmology Referrals

1	**KPI title**	No. of patient referrals
2	**KPI Description** **PC52**	This is a count of the number of referrals (by age band*) received in the month that have been accepted. It includes new referrals and re-referrals (ie. previously discharged). Each referral should be date stamped on the day it is received and this is used as the referral date. *Age bands include: • 0 - 4 years • 5 - 17 years • 18 - 64 years • 65 years and over.
3	**KPI Rationale**	This metric provides information on service demand and informs decisions in relation to the planning and management of staff and resource allocation.
	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 -28,452** CHO 1 - 6,360; CHO 2 - 3,060; CHO 3 - 2,232; CHO 4 - 5,328; CHO 5 - 4,824; CHO 6 - 792; CHO 7 -1,116; CHO 8 -2,448; CHO 9 - 2,292
5	**KPI Calculation**	Count the number of referrals (new and re-referrals) by age band* accepted in the reporting month.
6	**Data Source**	Patient records, Ophthalmology Manager, Primary Care General Manager, Community Healthcare Organisation (CHO) Head of Service Primary Care, Chief Officer and Business Information Unit (BIU) Community Healthcare Team.
	Data Completeness	Data completeness is expected at 100%.
	Data Quality Issues	No
7	**Data Collection Frequency**	Indicate how often the data to support the KPI will be collected:C53 ❑Daily ❑Weekly ☑ Monthly ❑Quarterly ❑Bi-annually ❑Annually ❑Other – give details:
8	**Tracer Conditions**	• Accepted referrals • Age bands
9	**Minimum Data Set**	• Accepted referrals • Age bands
10	**International Comparison**	No
11	**KPI Monitoring**	KPI will be <u>monitored</u> on a (please indicate below) basis: ❑Daily ❑Weekly ☑Monthly ❑Quarterly ❑Bi-annually ❑Annually ❑Other – give details: Please indicate who is responsible at a local level for monitoring this KPI: Ophthalmology Service Manager, the Primary Care General Manager, CHO Head of Service Primary Care, 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) ❑ Other – give details:
14	**KPI Reporting Aggregation**	Indicate the level of aggregation for example over a geographical location: ☑ National ☑ CHO ☑ LHO ❑ 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 Specialist Lead: Brian Murphy, Head of Planning, Performance and Programme Management and Interim Head of Operations Primary Care Division
	National Lead and Division	John Hennessy, National Director, Primary Care Division, Health Service Executive.

Primary Care - Ophthalmology Existing Patients Seen

1	**KPI title**	Existing patients seen in the month
2	**KPI Description PC53**	This is a count of the number of existing patients (by age band*) seen face to face in the reporting month. An existing patient is a patient who is currently attending the service and is an open case. It includes patients who attend individual appointments or group sessions. Each patient is only included once in the count. New patients seen in the reporting month are not included. For the purpose of recording this metric an appointment is considered to be face face contact with a patient. *Age bands include: • 0 - 4 years • 5 - 17 years • 18 - 64 years • 65 years and over.
3	**KPI Rationale**	This metric provides information on service demand and informs decisions in relation to the planning and management of staff and resource allocation.
	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+C90 ☑ Use of Resources ❑ Governance, Leadership and Management
4	**KPI Target 2017**	**DOP 2017 Target National -5,281** CHO 1 - 1,906; CHO 2 - 426; CHO 3 - 521; CHO 4 -402; CHO 5 - 1,092; CHO 6 - 156; CHO 7 -230; CHO 8 - 273; CHO 9 - 275
5	**KPI Calculation**	Count the number of existing patients seen face to face in the reporting month. Each patient is included only once in the count.
6	**Data Source**	Patient records, Ophthalmology Manager, Primary Care General Manager, Community Healthcare Organisation (CHO) Head of Service Primary Care, Chief Officer and Business Information Unit (BIU) Community Healthcare Team.
	Data Completeness	Data completeness is expected at 100%.
	Data Quality Issues	No
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**	• Existing patients seen • Age bands
9	**Minimum Data Set**	• Existing patients seen • Age bands
10	**International Comparison**	No
11	**KPI Monitoring**	KPI will be monitored on a (please indicate below) basis: ❑Daily ❑Weekly ☑Monthly ❑Quarterly ❑Bi-annually ❑Annually ❑Other – give details: Please indicate who is responsible at a local level for monitoring this KPI: Ophthalmology Service Manager, the Primary Care General Manager, CHO Head of Service Primary Care, 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) ❑ Other – give details:
14	**KPI Reporting Aggregation**	Indicate the level of aggregation for example over a geographical location: ☑ National ☑ CHO ☑ LHO ❑ 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 Specialist Lead: Brian Murphy, Head of Planning, Performance and Programme Management and Interim Head of Operations Primary Care Division
National Lead and Division		John Hennessy, National Director, Primary Care Division, Health Service Executive.

Primary Care - Ophthalmology New Patients Seen

1	**KPI title**	New patients seen in the month
2	**KPI Description** **PC54**	This is a count of the number of new patients (by age band* and wait time**) seen face to face in the reporting month. A new patient is a patient that is seen for the first time in this episode of care. It includes patients re-referred to the service. An appointment is considered to be face face contact with a patient and may be for assessment/treatment/service. *Age bands include: • 0 - 4 years • 5 - 17 years • 18 - 64 years • 65 years and over. **Wait times include: • 0 - less than or equal to 12 weeks • Greater than 12 weeks and less than or equal to 26 weeks • Greater than 26 weeks and less than or equal to 39 weeks • Greater than 39 weeks and less than or equal to 52 weeks • Greater than 52 weeks.
3	**KPI Rationale**	This metric provides information on service demand and informs decisions in relation to the planning and managment of staff and resource allocation.
	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 -33,779** CHO 1 - 9,702; CHO 2 - 3,428; CHO 3 - 3,680; CHO 4 - 3,923; CHO 5 - 5,298; CHO 6 - 1,204; CHO 7 -1,408; CHO 8 - 1,593; CHO 9 - 3,543
5	**KPI Calculation**	Count the number of new patients (including re-referrals) seen face to face in the reporting month.
6	**Data Source**	Patient records, Ophthalmology Manager, Primary Care General Manager, Community Healthcare Organisation (CHO) Head of Service Primary Care, Chief Officer and Business Information Unit (BIU) Community Healthcare Team.
	Data Completeness	Data completeness is expected at 100%.
	Data Quality Issues	No
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 face to face • Age bands • Wait times
9	**Minimum Data Set**	• New patients seen face to face • Age bands • Wait times
10	**International Comparison**	No
11	**KPI Monitoring**	KPI will be <u>monitored</u> on a (please indicate below) basis: ❑Daily ❑Weekly ☑Monthly ❑Quarterly ❑Bi-annually ❑Annually ❑Other – give details: Please indicate who is responsible at a local level for monitoring this KPI: Ophthalmology Service Manager, the Primary Care General Manager, CHO Head of Service Primary Care, 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) ❑ Other – give details:
14	**KPI Reporting Aggregation**	Indicate the level of aggregation for example over a geographical location: ☑ National ☑ CHO ☑ LHO ❑ 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 Specialist Lead: Brian Murphy, Head of Planning, Performance and Programme Management and Interim Head of Operations Primary Care Division
National Lead and Division		John Hennessy, National Director, Primary Care Division, Health Service Executive.

Primary Care - Ophthalmology Waiting List Management

1	**KPI title**	Total no. of ophthalmology patients on the treatment waiting list at the end of the reporting period
2	**KPI Description PC107** **PC107A** **PC107B** **PC107C** **PC107D** **PC107E**	This is a count of the total number of ophthalmology patients (by age band* and wait time**) awaiting treatment at the end of the reporting month. Patients are only removed from the waiting list when they have been seen for a first appointment, it is not sufficient for a patient to have been offered an appointment. Note the focus of this metric is on patients waiting for treatment, within some services assessment and treatment may occur at the same appointment. However, where a patient is assessed and must still wait for treatment it is this waiting time that is reported from referral date. Opt in patients are included on the waiting list. If they do not respond within four weeks then they are discharged and must be re-referred. It does not include patients overdue for review. *Age bands include: • 0 - 4 years • 5 - 17 years • 18 - 64 years • 65 years and over. **Wait times include: • 0 - less than or equal to 12 weeks • Greater than 12 weeks and less than or equal to 26 weeks • Greater than 26 weeks and less than or equal to 39 weeks • Greater than 39 weeks and less than or equal to 52 weeks • Greater than 52 weeks.
3	**KPI Rationale**	This metric allows for waiting lists and times to be identified, monitored and actions to be taken to reduce wait times for patients.
	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two). ❑ 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 - 16,090** CHO 1 - 2,387; CHO 2 - 1,015; CHO 3 - 1,682; CHO 4 - 3,C176444; CHO 5 - 1,344; CHO 6 - 1,064; CHO 7 - 1,149; CHO 8 - 785; CHO 9 - 3,220
5	**KPI Calculation**	Count all patients (all age bands*) whose referrals have been accepted by the Ophthalmology Service who have not attended a first appointment with the service at the end of the reporting month by the length of time (all wait bands**) that they are waiting to be seen. The waiting time is measured from date of referral i.e. date of receipt of the referral by the service to the end of the reporting month.
6	**Data Source**	Patient records, Ophthalmology Manager, Primary Care General Manager, Community Healthcare Organisation (CHO) Head of Service Primary Care, Chief Officer and Business Information Unit (BIU) Community Healthcare Team.
	Data Completeness	Data completeness is expected at 100%.
	Data Quality Issues	No
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 waiting to be seen •Age bands •Wait times
9	**Minimum Data Set**	•Patients waiting to be seen •Age bands •Wait times
10	**International Comparison**	No
11	**KPI Monitoring**	KPI will be monitored on a (please indicate below) basis: ❑Daily ❑Weekly ☑Monthly ❑Quarterly ❑Bi-annually ❑Annually ❑Other – give details: Please indicate who is responsible at a local level for monitoring this KPI: Ophthalmology Service Manager, the Primary Care General Manager, CHO Head of Service Primary Care, 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) ❑ Other – give details:
14	**KPI Reporting Aggregation**	Indicate the level of aggregation for example over a geographical location: ☑ National ☑ CHO ☑ LHO ❑ 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 Specialist Lead: Brian Murphy, Head of Planning, Performance and Programme Management and Interim Head of Operations Primary Care Division
	National Lead and Division	John Hennessy, National Director, Primary Care Division, Health Service Executive.

Primary Care - Ophthalmology Waiting List Management

1	**KPI title**	% of ophthalmology patients on waiting list for treatment less than or equal to 52 weeks
2	**KPI Description** **PC107F (No) & PC107G (%)**	This is a calculation of the number of new ophthalmology patients (all age bands*) who are waiting less than or equal to 52 weeks to be seen expressed as a proportion of the overall patients (all wait times**) waiting for these services at the end of the reporting month multiplied by 100. It includes all patients on the waiting list at the end of the reporting month. Patients are only removed from the waiting list when they have been seen for a first appointment, it is not sufficient for a patient to have been offered an appointment. Note the focus of this metric is on patients waiting for treatment, within some services assessment and treatment may occur at the same appointment. However, where a patient is assessed and must still wait for treatment it is this waiting time that is reported from referral date. Opt in patients are included on the waiting list. If they do not respond within four weeks then they are discharged and must be re-referred. This metric should not include patients overdue for review. *Age bands include: • 0 - 4 years • 5 - 17 years • 18 - 64 years • 65 years and over. **Wait times include: • 0 - less than or equal to 12 weeks • Greater than 12 weeks and less than or equal to 26 weeks • Greater than 26 weeks and less than or equal to 39 weeks • Greater than 39 weeks and less than or equal to 52 weeks • Greater than 52 weeks.
3	**KPI Rationale**	The purpose of this metric is to monitor waiting lists and reduce wait times for patients.
	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two). ❑ 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 - 81%**
5	**KPI Calculation**	Count the total number of ophthalmology patients in all age bands i.e. 0-4yrs, 5-17yrs,18-64yrs and 65yrs and over on the treatment waiting list at the end of the reporting period by wait band i.e. 0 - < 12 weeks + >12 weeks - ≤ 26 weeks + >26 weeks - ≤ 39 weeks + >39 weeks - ≤ 52 weeks and express it as a proportion of the total number of ophthalmology patients in all age bands i.e. 0-4yrs, 5-17yrs,18-64yrs and 65yrs and over on the treatment waiting list at the end of the reporting period by wait band i.e. 0 - < 12 weeks + >12 weeks - ≤ 26 weeks + >26 weeks - ≤ 39 weeks + >39 weeks - ≤ 52 weeks + >52 weeks and multiply by 100. Numerator: The number of ophthalmology patients (all ages) waiting to be seen in wait bands 0 - < 12 weeks + >12 weeks - ≤ 26 weeks + >26 weeks - ≤ 39 weeks + >39 weeks - ≤ 52 weeks Denominator: The number of ophthalmology patients (all ages) waiting to be seen in wait bands 0 - < 12 weeks + >12 weeks - ≤ 26 weeks + >26 weeks - ≤ 39 weeks + >39 weeks - ≤ 52 weeks + >52 weeks x 100.
6	**Data Source**	Patient records, Ophthalmology Manager, Primary Care General Manager, Community Healthcare Organisation (CHO) Head of Service Primary Care, Chief Officer and Business Information Unit (BIU) Community Healthcare Team.
	Data Completeness	Data completeness is expected at 100%.
	Data Quality Issues	No
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 waiting to be seen •Age bands •Wait times
9	**Minimum Data Set**	•Patients waiting to be seen •Age bands •Wait times
10	**International Comparison**	No
11	**KPI Monitoring**	KPI will be monitored on a (please indicate below) basis: ❑Daily ❑Weekly ☑Monthly ❑Quarterly ❑Bi-annually ❑Annually ❑Other – give details: Please indicate who is responsible at a local level for monitoring this KPI: Ophthalmology Service Manager, the Primary Care General Manager, CHO Head of Service Primary Care, 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) ❑ Other – give details:
14	**KPI Reporting Aggregation**	Indicate the level of aggregation for example over a geographical location: ☑ National ☑ CHO ☑ LHO ❑ 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 Specialist Lead: Brian Murphy, Head of Planning, Performance and Programme Management and Interim Head of Operations Primary Care Division
	National Lead and Division	John Hennessy, National Director, Primary Care Division, Health Service Executive.

Primary Care - Ophthalmology Waiting List Management

1	**KPI title**	% of ophthalmology patients on waiting list for treatment less than or equal to 39 weeks
2	**KPI Description PC107H (No) & PC107I (%)**	This is a calculation of the number of new ophthalmology patients (all age bands*) who are waiting less than or equal to 39 weeks to be seen expressed as a proportion of the overall patients (all wait times**) waiting for these services at the end of the reporting month multiplied by 100. It includes all patients on the waiting list at the end of the reporting month. Patients are only removed from the waiting list when they have been seen for a first appointment, it is not sufficient for a patient to have been offered an appointment. Note the focus of this metric is on patients waiting for treatment, within some services assessment and treatment may occur at the same appointment. However, where a patient is assessed and must still wait for treatment it is this waiting time that is reported from referral date. Opt in patients are included on the waiting list. If they do not respond within four weeks then they are discharged and must be re-referred. This metric should not include patients overdue for review. *Age bands include: • 0 - 4 years • 5 - 17 years • 18 - 64 years • 65 years and over. **Wait times include: • 0 - less than or equal to 12 weeks • Greater than 12 weeks and less than or equal to 26 weeks • Greater than 26 weeks and less than or equal to 39 weeks • Greater than 39 weeks and less than or equal to 52 weeks • Greater than 52 weeks.
3	**KPI Rationale**	The purpose of this metric is to monitor waiting lists and reduce wait times for patients.
	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two). ❑ 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 - 61%**
5	**KPI Calculation**	Count the total number of ophthalmology patients in all age bands i.e. 0-4yrs, 5-17yrs,18-64yrs and 65yrs and over on the treatment waiting list at the end of the reporting period by wait band i.e. 0 - < 12 weeks + >12 weeks - ≤ 26 weeks + >26 weeks- ≤ 39 weeks and express it as a proportion of the total number of ophthalmology patients in all age bands i.e. 0-4yrs, 5-17yrs,18-64yrs and 65yrs and over on the treatment waiting list at the end of the reporting period by wait band i.e. 0 - < 12 weeks + >12 weeks - ≤ 26 weeks + >26 weeks - ≤ 39 weeks + >39 weeks - ≤ 52 weeks + >52 weeks and multiply by 100. Numerator: The number of ophthalmology patients (all ages) waiting to be seen in wait bands 0 - < 12 weeks + >12 weeks - ≤ 26 weeks + >26 weeks - ≤ 39 weeks Denominator: The number of ophthalmology patients (all ages) waiting to be seen in wait bands 0 - < 12 weeks + >12 weeks - ≤ 26 weeks + >26 weeks - ≤ 39 weeks + >39 weeks - ≤ 52 weeks + >52 weeks x 100.
6	**Data Source**	Patient records, Ophthalmology Manager, Primary Care General Manager, Community Healthcare Organisation (CHO) Head of Service Primary Care, Chief Officer and Business Information Unit (BIU) Community Healthcare Team.
	Data Completeness	Data completeness is expected at 100%.
	Data Quality Issues	No
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 waiting to be seen •Age bands •Wait times
9	**Minimum Data Set**	•Patients waiting to be seen •Age bands •Wait times
10	**International Comparison**	No
11	**KPI Monitoring**	KPI will be monitored on a (please indicate below) basis: ❑Daily ❑Weekly ☑Monthly ❑Quarterly ❑Bi-annually ❑Annually ❑Other – give details: Please indicate who is responsible at a local level for monitoring this KPI: Ophthalmology Service Manager, the Primary Care General Manager, CHO Head of Service Primary Care, 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) ❑ Other – give details:
14	**KPI Reporting Aggregation**	Indicate the level of aggregation for example over a geographical location: ☑ National ☑ CHO ☑ LHO ❑ 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 Specialist Lead: Brian Murphy, Head of Planning, Performance and Programme Management and Interim Head of Operations Primary Care Division
	National Lead and Division	John Hennessy, National Director, Primary Care Division, Health Service Executive.

Primary Care - Ophthalmology Waiting List Management

#	Field	Content
1	**KPI title**	% of ophthalmology patients on waiting list for treatment less than or equal to 26 weeks
2	**KPI Description PC107J (No) & PC107K (%)**	This is a calculation of the number of new ophthalmology patients (all age bands*) who are waiting less than or equal to 26 weeks to be seen expressed as a proportion of the overall patients (all wait times**) waiting for these services at the end of the reporting month multiplied by 100. It includes all patients on the waiting list at the end of the reporting month. Patients are only removed from the waiting list when they have been seen for a first appointment, it is not sufficient for a patient to have been offered an appointment. Note the focus of this metric is on patients waiting for treatment, within some services assessment and treatment may occur at the same appointment. However, where a patient is assessed and must still wait for treatment it is this waiting time that is reported from referral date. Opt in patients are included on the waiting list. If they do not respond within four weeks then they are discharged and must be re-referred. This metric should not include patients overdue for review. *Age bands include: • 0 - 4 years • 5 - 17 years • 18 - 64 years • 65 years and over. **Wait times include: • 0 - less than or equal to 12 weeks • Greater than 12 weeks and less than or equal to 26 weeks • Greater than 26 weeks and less than or equal to 39 weeks • Greater than 39 weeks and less than or equal to 52 weeks • Greater than 52 weeks.
3	**KPI Rationale**	The purpose of this metric is to monitor waiting lists and reduce wait times for patients.
	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two). ❑ 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 - 58%**
5	**KPI Calculation**	Count the total number of ophthalmology patients in all age bands i.e. 0-4yrs, 5-17yrs,18-64yrs and 65yrs and over on the treatment waiting list at the end of the reporting period by wait band i.e. 0 - < 12 weeks + >12 weeks - ≤ 26 weeks and express it as a proportion of the total number of ophthalmology patients in all age bands i.e. 0-4yrs, 5-17yrs,18-64yrs and 65yrs and over on the treatment waiting list at the end of the reporting period by wait band i.e. 0 - < 12 weeks + >12 weeks - ≤ 26 weeks + >26 weeks - ≤ 39 weeks + >39 weeks - ≤ 52 weeks + >52 weeks and multiply by 100. Numerator: The number of ophthalmology patients (all ages) waiting to be seen in wait bands 0 - < 12 weeks + >12 weeks - ≤ 26 weeks Denominator: The number of ophthalmology patients (all ages) waiting to be seen in wait bands 0 - < 12 weeks + >12 weeks - ≤ 26 weeks + >26 weeks - ≤ 39 weeks + >39 weeks - ≤ 52 weeks + >52 weeks x 100.
6	**Data Source**	Patient records, Ophthalmology Manager, Primary Care General Manager, Community Healthcare Organisation (CHO) Head of Service Primary Care, Chief Officer and Business Information Unit (BIU) Community Healthcare Team.
	Data Completeness	Data completeness is expected at 100%.
	Data Quality Issues	No
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 waiting to be seen •Age bands •Wait times
9	**Minimum Data Set**	•Patients waiting to be seen •Age bands •Wait times
10	**International Comparison**	No
11	**KPI Monitoring**	KPI will be monitored on a (please indicate below) basis: ❑Daily ❑Weekly ☑Monthly ❑Quarterly ❑Bi-annually ❑Annually ❑Other – give details: Please indicate who is responsible at a local level for monitoring this KPI: Ophthalmology Service Manager, the Primary Care General Manager, CHO Head of Service Primary Care, 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) ❑ Other – give details:
14	**KPI Reporting Aggregation**	Indicate the level of aggregation for example over a geographical location: ☑ National ☑ CHO ☑ LHO ❑ 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 Specialist Lead: Brian Murphy, Head of Planning, Performance and Programme Management and Interim Head of Operations Primary Care Division
	National Lead and Division	John Hennessy, National Director, Primary Care Division, Health Service Executive.

Primary Care - Ophthalmology Waiting List Management

#	Field	Content
1	**KPI title**	% of ophthalmology patients on waiting list for treatment less than or equal to 12 weeks
2	**KPI Description** **PC107L (No) & PC107M (%)**	This is a calculation of the number of new ophthalmology patients (all age bands*) who are waiting less than or equal to 12 weeks to be seen expressed as a proportion of the overall ophthalmology patients (all wait times**) waiting for these services at the end of the reporting month multiplied by 100. It includes all patients on the waiting list at the end of the reporting month. Patients are only removed from the waiting list when they have been seen for a first appointment, it is not sufficient for a patient to have been offered an appointment. Note the focus of this metric is on patients waiting for treatment, within some services assessment and treatment may occur at the same appointment. However, where a patient is assessed and must still wait for treatment it is this waiting time that is reported from referral date. Opt in patients are included on the waiting list. If they do not respond within four weeks then they are discharged and must be re-referred. This metric should not include patients overdue for review. *Age bands include: • 0 - 4 years • 5 - 17 years • 18 - 64 years • 65 years and over. **Wait times include: • 0 - less than or equal to 12 weeks • Greater than 12 weeks and less than or equal to 26 weeks • Greater than 26 weeks and less than or equal to 39 weeks • Greater than 39 weeks and less than or equal to 52 weeks • Greater than 52 weeks.
3	**KPI Rationale**	The purpose of this metric is to monitor waiting lists and reduce wait times for patients.
	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two). ❑ 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 - 50%**
5	**KPI Calculation**	Count the total number of ophthalmology patients in all age bands i.e. 0-4yrs, 5-17yrs,18-64yrs and 65yrs and over on the treatment waiting list at the end of the reporting period by wait band i.e. 0 - < 12 weeks and express it as a proportion of the total number of ophthalmology patients in all age bands i.e. 0-4yrs, 5-17yrs,18-64yrs and 65yrs and over .on the treatment waiting list at the end of the reporting period by wait band i.e. 0 - < 12 weeks + >12 weeks - ≤ 26 weeks + >26 weeks - ≤ 39 weeks + >39 weeks - ≤ 52 weeks + >52 weeks and multiply by 100. Numerator: <u>The number of ophthalmology patients (all ages) waiting to be seen in wait bands 0 - < 12 weeks</u> Denominator: The number of ophthalmology patients (all ages) waiting to be seen in wait bands 0 - < 12 weeks + >12 weeks - ≤ 26 weeks + >26 weeks - ≤ 39 weeks + >39 weeks - ≤ 52 weeks + >52 weeks x 100.
6	**Data Source**	Patient records, Ophthalmology Manager, Primary Care General Manager, Community Healthcare Organisation (CHO) Head of Service Primary Care, Chief Officer and Business Information Unit (BIU) Community Healthcare Team.
	Data Completeness	Data completeness is expected at 100%.
	Data Quality Issues	No
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 waiting to be seen •Age bands •Wait times
9	**Minimum Data Set**	•Patients waiting to be seen •Age bands •Wait times
10	**International Comparison**	No
11	**KPI Monitoring**	KPI will be <u>monitored</u> on a (please indicate below) basis: ❑Daily ❑Weekly ☑Monthly ❑Quarterly ❑Bi-annually ❑Annually ❑Other – give details: Please indicate who is responsible at a local level for monitoring this KPI: Ophthalmology Service Manager, the Primary Care General Manager, CHO Head of Service Primary Care, 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) ❑ Other – give details:
14	**KPI Reporting Aggregation**	Indicate the level of aggregation for example over a geographical location: ☑ National ☑ CHO ☑LHO ❑ 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 Specialist Lead: Brian Murphy, Head of Planning, Performance and Programme Management and Interim Head of Operations Primary Care Division
	National Lead and Division	John Hennessy, National Director, Primary Care Division, Health Service Executive.

Primary Care - Audiology Referrals

1	**KPI title**	No. of patient referrals
2	**KPI Description PC59**	This is a count of the number of referrals (by age band*) received in the month that have been accepted. It includes new referrals and re-referrals (ie. previously discharged). Each referral should be date stamped on the day it is received and this is used as the referral date. *Age bands include: • 0 - 4 years • 5 - 17 years • 18 - 64 years • 65 years and over.
3	**KPI Rationale**	This metric provides information on service demand and informs decisions in relation to the planning and management of staff and resource allocation.
	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 -22,620** CHO 1 - 3,144, CHO 2 - 3,240, CHO 3 - 1,392, CHO 4 - 3,108, CHO 5 - 3,180, CHO 6 - (Service included in CHO 9) ; CHO 7 - 3,432, CHO 8 - 2,232, CHO 9 - 2,892
5	**KPI Calculation**	Count the number of referrals (new and re-referrals) by age band* accepted in the reporting month.
6	**Data Source**	Patient records, Audiology Manager, Primary Care General Manager, Community Healthcare Organisation (CHO) Head of Service Primary Care, Chief Officer and Business Information Unit (BIU) Community Healthcare Team.
	Data Completeness	Data completeness is expected at 100%.
	Data Quality Issues	No
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**	• Accepted referrals • Age bands
9	**Minimum Data Set**	• Accepted referrals • Age bands
10	**International Comparison**	No
11	**KPI Monitoring**	KPI will be <u>monitored</u> on a (please indicate below) basis: ❑Daily ❑Weekly ☑Monthly ❑Quarterly ❑Bi-annually ❑Annually ❑Other – give details: Please indicate who is responsible at a local level for monitoring this KPI: Audiology Manager, Primary Care General Manager, the CHO Head of Service Primary Care, Chief Officer and the Primary Care Divsion 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) ❑ Other – give details:
14	**KPI Reporting Aggregation**	Indicate the level of aggregation for example over a geographical location: ☑ National ☑ CHO ☑ LHO ❑ 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 Specialist Lead: Brian Murphy, Head of Planning, Performance and Programme Management and Interim Head of Operations Primary Care Division
	National Lead and Division	John Hennessy, National Director, Primary Care Division, Health Service Executive.

Primary Care - Audiology Existing Patients Seen

1	**KPI title**	Existing patients seen in the month
2	**KPI Description** **PC60**	This is a count of the number of existing patients (by age band*) seen face to face in the reporting month. An existing patient is a patient who is currently attending the service and is an open case. It includes patients who attend individual appointments or group sessions. Each patient is only included once in the count. New patients seen in the reporting month are not included. For the purpose of recording this metric an appointment is considered to be face face contact with a patient. *Age bands include: • 0 - 4 years • 5 - 17 years • 18 - 64 years • 65 years and over.
3	**KPI Rationale**	This metric provides information on service demand and informs decisions in relation to the planning and management of staff and resource allocation.
	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 2,740** CHO 1 - 417, CHO 2 - 341, CHO 3 - 188, CHO 4 - 386, CHO 5 - 265, CHO 6 - (Service included in CHO 9), CHO 7 -489, CHO 8 - 298, CHO 9 - 352
5	**KPI Calculation**	Count the number of existing patients seen face to face in the reporting month. Each patient is included only once in the count.
6	**Data Source**	Patient records, Audiology Manager, Primary Care General Manager, Community Healthcare Organisation (CHO) Head of Service Primary Care, Chief Officer and Business Information Unit (BIU) Community Healthcare Team.
	Data Completeness	Data completeness is expected at 100%.
	Data Quality Issues	No
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**	• Existing patients seen • Age bands
9	**Minimum Data Set**	• Existing patients seen • Age bands
10	**International Comparison**	No
11	**KPI Monitoring**	KPI will be monitored on a (please indicate below) basis: ❏Daily ❏Weekly ☑Monthly ❏Quarterly ❏Bi-annually ❏Annually ❏Other – give details: Please indicate who is responsible at a local level for monitoring this KPI: Audiology Service Manager, Primary Care General Manager, the CHO Head of Service Primary Care, 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) ❏ Other – give details:
14	**KPI Reporting Aggregation**	Indicate the level of aggregation for example over a geographical location: ☑ National ☑ CHO ☑ LHO ❏ 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 Specialist Lead: Brian Murphy, Head of Planning, Performance and Programme Management and Interim Head of Operations Primary Care Division
	National Lead and Division	John Hennessy, National Director, Primary Care Division, Health Service Executive.

Primary Care - Audiology New Patients Seen

1	**KPI title**	New patients seen
2	**KPI Description PC61**	This is a count of the number of new patients (by age band* and wait time**) seen face to face in the reporting month. A new patient is a patient that is seen for the first time in this episode of care. It includes patients re-referred to the service. An appointment is considered to be face face contact with a patient and may be for assessment / treatment / service. *Age bands include: • 0 - 4 years • 5 - 17 years • 18 - 64 years • 65 years and over. **Wait times include: • 0 - less than or equal to 12 weeks • Greater than 12 weeks and less than or equal to 26 weeks • Greater than 26 weeks and less than or equal to 39 weeks • Greater than 39 weeks and less than or equal to 52 weeks • Greater than 52 weeks.
3	**KPI Rationale**	This metric provides information on service demand and informs decisions in relation to the planning and management of staff and resource allocation.
	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 -23,954** CHO 1 - 3,697, CHO 2 - 2,547, CHO 3 - 1,571, CHO 4 - 3,706, CHO 5 - 2,971, CHO 6 - (Service included in CHO 9), CHO 7 - 2,163, CHO 8 - 5,014, CHO 9 - 2,285
5	**KPI Calculation**	Count the number of new patients (including re-referrals) seen face to face in the reporting month.
6	**Data Source**	Patient records, Audiology Manager, Primary Care General Manager, Community Healthcare Organisation (CHO) Head of Service Primary Care, Chief Officer and Business Information Unit (BIU) Community Healthcare Team.
	Data Completeness	Data completeness is expected at 100%.
	Data Quality Issues	No
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 face to face • Age bands • Wait times
9	**Minimum Data Set**	• New patients seen face to face • Age bands • Wait times
10	**International Comparison**	No
11	**KPI Monitoring**	KPI will be monitored on a (please indicate below) basis: ❑Daily ❑Weekly ☑Monthly ❑Quarterly ❑Bi-annually ❑Annually ❑Other – give details: Please indicate who is responsible at a local level for monitoring this KPI: Audiology Service Manager, Primary Care General Manager, the CHO Head of Service Primary Care, 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) ❑ Other – give details:
14	**KPI Reporting Aggregation**	Indicate the level of aggregation for example over a geographical location: ☑ National ☑ CHO ☑ LHO ❑ 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 Specialist Lead: Brian Murphy, Head of Planning, Performance and Programme Management and Interim Head of Operations Primary Care Division
	National Lead and Division	John Hennessy, National Director, Primary Care Division, Health Service Executive.

Primary Care - Audiology Waiting List Management

1	**KPI title**	Total no. of audiology patients on the treatment waiting list at the end of the reporting period
2	**KPI Description** **PC108** **PC108A** **PC108B** **PC108C** **PC108D** **PC108E**	This is a count of the total number of audiology patients (by age band* and wait time**) awaiting treatment (either individual or in a group environment) at the end of the reporting month. Patients are only removed from the waiting list when they have been seen for a first appointment, it is not sufficient for a patient to have been offered an appointment. Note the focus of this metric is on patients waiting for treatment, within some services assessment and treatment may occur at the same appointment. However, where a patient is assessed and must still wait for treatment it is this waiting time that is reported from referral date. Opt in patients are included on the waiting list. If they do not respond within four weeks then they are discharged and must be re-referred. It does not include patients overdue for review. *Age bands include: • 0 - 4 years • 5 - 17 years • 18 - 64 years • 65 years and over. **Wait times: • 0 - less than or equal to 12 weeks • Greater than 12 weeks and less than or equal to 26 weeks • Greater than 26 weeks and less than or equal to 39 weeks • Greater than 39 weeks and less than or equal to 52 weeks • Greater than 52 weeks.
3	**KPI Rationale**	This metric allows for waiting lists and times to be identified, monitored and actions to be taken to reduce wait times for patients.
	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two). ❑ 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 - 14,650** CHO 1-2,341, CHO 2-2,300, CHO 3-1,222, CHO 4-1,579, CHO 5-1,702, CHO 6-(Service included in CHO 9), CHO 7-1,692, CHO 8-3,204, CHO 9-610
5	**KPI Calculation**	Count all patients (all age bands*) whose referrals have been accepted by the Audiology Service who have not attended a first appointment with the service at the end of the reporting month by the length of time (all wait bands**) that they are waiting to be seen. The waiting time is measured from date of referral i.e. date of receipt of the referral by the service to the end of the reporting month.
6	**Data Source**	Patient records, Audiology Manager, Primary Care General Manager, Community Healthcare Organisation (CHO) Head of Service Primary Care, Chief Officer and Business Informatuion Unit (BIU) Community Healthcare Team.
	Data Completeness	Data completeness is expected at 100%.
	Data Quality Issues	No
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 waiting to be seen •Age bands •Wait times
9	**Minimum Data Set**	•Patients waiting to be seen •Age bands •Wait times
10	**International Comparison**	Not applicable
11	**KPI Monitoring**	KPI will be monitored on a (please indicate below) basis: ❑Daily ❑Weekly ☑Monthly ❑Quarterly ❑Bi-annually ❑Annually ❑Other – give details: Please indicate who is responsible at a local level for monitoring this KPI: Audiology Service Manager, Primary Care General Manager, the CHO Head of Service Primary Care, 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) ❑ Other – give details:
14	**KPI Reporting Aggregation**	Indicate the level of aggregation for example over a geographical location: ☑ National ☑ CHO ☑ LHO ❑ 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 Specialist Lead: Brian Murphy, Head of Planning, Performance and Programme Management and Interim Head of Operations Primary Care Division
	National Lead and Division	John Hennessy, National Director, Primary Care Division, Health Service Executive.

Primary Care - Audiology Waiting List Management

1	**KPI title**	% of audiology patients on waiting list for treatment less than or equal to 52 weeks
2	**KPI Description PC108F(No) & PC108G(%)**	This is a calculation of the number of new audiology patients (all age bands*) who are waiting less than or equal to 52 weeks to be seen by an audiologist (either in an individual or in a group environment) expressed as a proportion of the overall number of audiology patients (all wait times**) waiting for these services at the end of the reporting month multiplied by 100. It includes all patients on the waiting list at the end of the reporting month. Patients are only removed from the waiting list when they have been seen for a first appointment, it is not sufficient for a patient to have been offered an appointment. Note the focus of this metric is on patients waiting for treatment, within some services assessment and treatment may occur at the same appointment. However, where a patient is assessed and must still wait for treatment it is this waiting time that is reported from referral date. Opt in patients are included on the waiting list. If they do not respond within four weeks then they are discharged and must be re-referred. This metric should not include patients overdue for review *Age bands include: • 0 - 4 years • 5 - 17 years • 18 - 64 years • 65 years and over. **Wait times include: • 0 - less than or equal to 12 weeks • Greater than 12 weeks and less than or equal to 26 weeks • Greater than 26 weeks and less than or equal to 39 weeks • Greater than 39 weeks and less than or equal to 52 weeks • Greater than 52 weeks.
3	**KPI Rationale**	The purpose of this metric is to monitor waiting lists and reduce wait times for patients.
	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two). ❑ 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 - 95%**
5	**KPI Calculation**	Count the total number of audiology patients in all age bands i.e. 0-4yrs, 5-17yrs,18-64yrs and 65yrs and over on the treatment waiting list at the end of the reporting period by wait band i.e. 0 - < 12 weeks + >12 weeks - ≤ 26 weeks + >26 weeks - ≤ 39 weeks + >39 weeks - ≤ 52 weeks and express it as a proportion of the total number of audiology patients in all age bands i.e. 0-4yrs, 5-17yrs,18-64yrs and 65yrs and over on the treatment waiting list at the end of the reporting period by wait band i.e. 0 - < 12 weeks + >12 weeks - ≤ 26 weeks + >26 weeks - ≤ 39 weeks + >39 weeks - ≤ 52 weeks + >52 weeks and multiply by 100. Numerator: The number of audiology patients (all ages) waiting to be seen in wait bands 0 - < 12 weeks + >12 weeks - ≤ 26 weeks + >26 weeks - ≤ 39 weeks + >39 weeks - ≤ 52 weeks Denominator: The number of audiology patients (all ages) waiting to be seen in wait bands 0 - < 12 weeks + >12 weeks - ≤
6	**Data Source**	Patient records, Audiology Manager, Primary Care General Manager, Community Healthcare Organisation (CHO) Head of Service Primary Care, Chief Officer and Business Information Unit (BIU) Community Healthcare Team.
	Data Completeness	Data completeness is expected at 100%.
	Data Quality Issues	No
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 waiting to be seen •Age bands •Wait times
9	**Minimum Data Set**	•Patients waiting to be seen •Age bands •Wait times
10	**International Comparison**	No
11	**KPI Monitoring**	KPI will be monitored on a (please indicate below) basis: ❑Daily ❑Weekly ☑Monthly ❑Quarterly ❑Bi-annually ❑Annually ❑Other – give details: Please indicate who is responsible at a local level for monitoring this KPI: Audiology Service Manager, Primary Care General Manager, the CHO Head of Service Primary Care, 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) ❑ Other – give details:
14	**KPI Reporting Aggregation**	Indicate the level of aggregation for example over a geographical location: ☑ National ☑ CHO ☑ LHO ❑ 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 Specialist Lead: Brian Murphy, Head of Planning, Performance and Programme Management and Interim Head of Operations Primary Care Division
	National Lead and Division	John Hennessy, National Director, Primary Care Division, Health Service Executive.

Primary Care - Audiology Waiting List Management

1	**KPI title**	% of audiology patients on waiting list for treatment less than or equal to 39 weeks
2	**KPI Description PC108H(No) & PC108I(%)**	This is a calculation of the number of new audiology patients (all age bands*) who are waiting less than or equal to 39 weeks to be seen by an audiologist (either in an individual or in a group environment) expressed as a proportion of the overall audiology patients (all wait times**) waiting for these services at the end of the reporting month multiplied by 100. It includes all patients on the waiting list at the end of the reporting month. Patients are only removed from the waiting list when they have been seen for a first appointment, it is not sufficient for a patient to have been offered an appointment. Note the focus of this metric is on patients waiting for treatment, within some services assessment and treatment may occur at the same appointment. However, where a patient is assessed and must still wait for treatment it is this waiting time that is reported from referral date. Opt in patients are included on the waiting list. If they do not respond within four weeks then they are discharged and must be re-referred. This metric should not include patients overdue for review. *Age bands include: • 0 - 4 years • 5 - 17 years • 18 - 64 years • 65 years and over. **Wait times include: • 0 - less than or equal to 12 weeks • Greater than 12 weeks and less than or equal to 26 weeks • Greater than 26 weeks and less than or equal to 39 weeks • Greater than 39 weeks and less than or equal to 52 weeks • Greater than 52 weeks.
3	**KPI Rationale**	The purpose of this metric is to monitor waiting lists and reduce wait times for patients.
	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two). ❑ 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 - 76%**
5	**KPI Calculation**	Count the total number of audiology patients in all age bands i.e. 0-4yrs, 5-17yrs,18-64yrs and 65yrs and over on the treatment waiting list at the end of the reporting period by wait band i.e. 0 - < 12 weeks + >12 weeks - ≤ 26 weeks + >26 weeks - ≤ 39 weeks and express it as a proportion of the total number of audiology patients in all age bands i.e. 0-4yrs, 5-17yrs,18-64yrs and 65yrs on the treatment waiting list at the end of the reporting period by wait band i.e. 0 - < 12 weeks + >12 weeks - ≤ 26 weeks + >26 weeks - ≤ 39 weeks + >39 weeks - ≤ 52 weeks + >52 weeks and multiply by 100. Numerator: The number of audiology patients (all ages) waiting to be seen in wait bands 0 - < 12 weeks + >12 weeks - ≤ 26 weeks + >26 weeks - ≤ 39 weeks Denominator: The number of audiology patients (all ages) waiting to be seen in wait bands 0 - < 12 weeks + >12 weeks - ≤ 26 weeks + >26 weeks - ≤ 39 weeks + >39 weeks - ≤ 52 weeks + >52 weeks x 100
6	**Data Source**	Patient records, Audiology Manager, Primary Care General Manager, Community Healthcare Organisation (CHO) Head of Service Primary Care, Chief Officer and Business Information Unit (BIU) Community Healthcare Team.
	Data Completeness	Data completeness is expected at 100%.
	Data Quality Issues	No
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 waiting to be seen •Age bands •Wait times
9	**Minimum Data Set**	•Patients waiting to be seen •Age bands •Wait times
10	**International Comparison**	No
11	**KPI Monitoring**	KPI will be monitored on a (please indicate below) basis: ❑Daily ❑Weekly ☑Monthly ❑Quarterly ❑Bi-annually ❑Annually ❑Other – give details: Please indicate who is responsible at a local level for monitoring this KPI: Audiology Service Manager, Primary Care General Manager, the CHO Head of Service Primary Care, 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) ❑ Other – give details:
14	**KPI Reporting Aggregation**	Indicate the level of aggregation for example over a geographical location: ☑ National ☑ CHO ☑ LHO ❑ 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 Specialist Lead: Brian Murphy, Head of Planning, Performance and Programme Management and Interim Head of Operations Primary Care Division
	National Lead and Division	John Hennessy, National Director, Primary Care Division, Health Service Executive.

Primary Care - Audiology Waiting List Management

1	**KPI title**	% of audiology patients on waiting list for treatment less than or equal to 26 weeks
2	**KPI Description PC108J(No) & PC108K(%)**	This is a calculation of the number of new audiology patients (all age bands*) who are waiting less than or equal to 26 weeks to be seen by an audiologist (either in an individual or in a group environment) expressed as a proportion of the overall number of audiology patients (all wait times**) waiting for these services at the end of the reporting month multiplied by 100. It includes all patients on the waiting list at the end of the reporting month. Patients are only removed from the waiting list when they have been seen for a first appointment, it is not sufficient for a patient to have been offered an appointment. Note the focus of this metric is on patients waiting for treatment, within some services assessment and treatment may occur at the same appointment. However, where a patient is assessed and must still wait for treatment it is this waiting time that is reported from referral date. Opt in patients are included on the waiting list. If they do not respond within four weeks then they are discharged and must be re-referred. This metric should not include patients overdue for review. *Age bands include: • 0 - 4 years • 5 - 17 years • 18 - 64 years • 65 years and over. **Wait times include: • 0 - less than or equal to 12 weeks • Greater than 12 weeks and less than or equal to 26 weeks • Greater than 26 weeks and less than or equal to 39 weeks • Greater than 39 weeks and less than or equal to 52 weeks • Greater than 52 weeks.
3	**KPI Rationale**	The purpose of this metric is to monitor waiting lists and reduce wait times for patients.
	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two). ❑ 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 - 64%**
5	**KPI Calculation**	Count the total number of audiology patients in all age bands i.e. 0-4yrs, 5-17yrs,18-64yrs and 65yrs and over on the treatment waiting list at the end of the reporting period by wait band i.e. 0 - < 12 weeks + >12 weeks - ≤ 26 weeks and express it as a proportion of the total number of audiology patients in all age bands i.e. 0-4yrs, 5-17yrs,18-64yrs and 65yrs and over on the treatment waiting list at the end of the reporting period by wait band i.e. 0 - < 12 weeks + >12 weeks - ≤ 26 weeks + >26 weeks - ≤ 39 weeks + >39 weeks - ≤ 52 weeks + >52 weeks and multiply by 100. Numerator: The number of audiology patients (all ages) waiting to be seen in wait bands 0 - < 12 weeks + >12 weeks - ≤ 26 weeks Denominator: The number of audiology patients (all ages) waiting to be seen in wait bands 0 - < 12 weeks + >12 weeks - ≤ 26 weeks + >26 weeks - ≤ 39 weeks + >39 weeks - ≤ 52 weeks + >52 weeks x 100.
6	**Data Source**	Patient records, Audiology Manager, Primary Care General Manager, Community Healthcare Organisation (CHO) Head of Service Primary Care, Chief Officer and Business Information Unit (BIU) Community Healthcare Team.
	Data Completeness	Data completeness is expected at 100%.
	Data Quality Issues	No
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 waiting to be seen •Age bands •Wait times
9	**Minimum Data Set**	•Patients waiting to be seen •Age bands •Wait times
10	**International Comparison**	No
11	**KPI Monitoring**	KPI will be monitored on a (please indicate below) basis: ❑Daily ❑Weekly ☑Monthly ❑Quarterly ❑Bi-annually ❑Annually ❑Other – give details: Please indicate who is responsible at a local level for monitoring this KPI: Audiology Service Manager, Primary Care General Manager, the CHO Head of Service Primary Care, 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) ❑ Other – give details:
14	**KPI Reporting Aggregation**	Indicate the level of aggregation for example over a geographical location: ☑ National ☑ CHO ☑ LHO ❑ 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 Specialist Lead: Brian Murphy, Head of Planning, Performance and Programme Management and Interim Head of Operations Primary Care Division
	National Lead and Division	John Hennessy, National Director, Primary Care Division, Health Service Executive.

Primary Care - Audiology Waiting List Management

1	**KPI title**	% of audiology patients on waiting list for treatment less than or equal to 12 weeks
2	**KPI Description PC108L(No) & PC108M(%)**	This is a calculation of the number of new audiology patients (all age bands*) who are waiting less than or equal to 12 weeks to be seen by an audiologist (either in an individual or in a group environment) expressed as a proportion of the overall audiology patients (all wait times**) waiting for these services at the end of the reporting month multiplied by 100. It includes all patients on the waiting list at the end of the reporting month. Patients are only removed from the waiting list when they have been seen for a first appointment, it is not sufficient for a patient to have been offered an appointment. Note the focus of this metric is on patients waiting for treatment, within some services assessment and treatment may occur at the same appointment. However, where a patient is assessed and must still wait for treatment it is this waiting time that is reported from referral date. Opt in patients are included on the waiting list. If they do not respond within four weeks then they are discharged and must be re-referred. This metric should not include patients overdue for review. *Age bands include: • 0 - 4 years • 5 - 17 years • 18 - 64 years • 65 years and over. **Wait times include: • 0 - less than or equal to 12 weeks • Greater than 12 weeks and less than or equal to 26 weeks • Greater than 26 weeks and less than or equal to 39 weeks • Greater than 39 weeks and less than or equal to 52 weeks • Greater than 52 weeks.
3	**KPI Rationale**	The purpose of this metric is to monitor waiting lists and reduce wait times for patients.
	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two). ❑ 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 - 50%**
5	**KPI Calculation**	Count the total number of audiology patients in all age bands i.e. 0-4yrs, 5-17yrs,18-64yrs and 65yrs and over on the treatment waiting list at the end of the reporting period by wait band i.e. 0 - < 12 weeks and express it as a proportion of the total number of audiology patients in all age bands i.e. 0-4yrs, 5-17yrs,18-64yrs and 65yrs and over on the treatment waiting list at the end of the reporting period by wait band i.e. 0 - < 12 weeks + >12 weeks - ≤ 26 weeks +>26 weeks - ≤ 39 weeks + >39 weeks - ≤ 52 weeks +>52 weeks and multiply by 100. Numerator: The number of audiology patients (all ages) waiting to be seen in wait bands 0 - < 12 weeks Denominator: The number of audiology patients (all ages) waiting to be seen in wait bands 0 - < 12 weeks + >12 weeks - ≤ 26 weeks + >26 weeks - ≤ 39 weeks + >39 weeks - ≤ 52 weeks +>52 weeks x 100.
6	**Data Source**	Patient records, Audiology Manager, Primary Care General Manager, Community Healthcare Organisation (CHO) Head of Service Primary Care, Chief Officer and Business Informatuion Unit (BIU) Community Healthcare Team.
	Data Completeness	Data completeness is expected at 100%.
	Data Quality Issues	No
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 waiting to be seen •Age bands •Wait times
9	**Minimum Data Set**	•Patients waiting to be seen •Age bands •Wait times
10	**International Comparison**	No
11	**KPI Monitoring**	KPI will be monitored on a (please indicate below) basis: ❑Daily ❑Weekly ☑Monthly ❑Quarterly ❑Bi-annually ❑Annually ❑Other – give details: Please indicate who is responsible at a local level for monitoring this KPI: Audiology Service Manager, Primary Care General Manager, the CHO Head of Service Primary Care, 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) ❑ Other – give details:
14	**KPI Reporting Aggregation**	Indicate the level of aggregation for example over a geographical location: ☑ National ☑ CHO ☑ LHO ❑ 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 Specialist Lead: Brian Murphy, Head of Planning, Performance and Programme Management and Interim Head of Operations Primary Care Division
	National Lead and Division	John Hennessy, National Director, Primary Care Division, Health Service Executive.

Primary Care - Dietetics Referrals

1	**KPI title**	No of patient referrals
2	**KPI Description PC66**	This is a count of the number of referrals (by age band*) received in the month that have been accepted. It includes new referrals and re-referrals (ie. previously discharged). Each referral should be date stamped on the day it is received and this is used as the referral date. *Age bands include: • 0 - 4 years • 5 - 17 years • 18 - 64 years • 65 years and over.
3	**KPI Rationale**	This metric provides information on service demand and informs decisions in relation to the planning and management of staff and resource allocation.
	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 -31,884** CHO 1 - 4,692, CHO 2 - 3,444, CHO 3 - 2,760, CHO 4 - 7,584, CHO 5 - 3,696, CHO 6 -2,460, CHO 7 - 2,856, CHO 8 - 1,896, CHO 9 - 2,496
5	**KPI Calculation**	Count the number of referrals (new and re-referrals) by age band* accepted in the reporting month.
6	**Data Source**	Patient records, Dietician Manager, Primary Care General Manager, Community Healthcare Organisation (CHO) Head of Service Primary Care, Chief Officer and Business Information Unit (BIU) Community Healthcare Team.
	Data Completeness	Data completeness is expected at 100%.
	Data Quality Issues	No
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**	• Accepted referrals • Age bands
9	**Minimum Data Set**	• Accepted referrals • Age bands
10	**International Comparison**	No
11	**KPI Monitoring**	KPI will be monitored on a (please indicate below) basis: ❑Daily ❑Weekly ☑Monthly ❑Quarterly ❑Bi-annually ❑Annually ❑Other – give details: Please indicate who is responsible at a local level for monitoring this KPI: Dietician Manager, the Primary Care General Manager, CHO Head of Service Primary Care, 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) ❑ Other – give details:
14	**KPI Reporting Aggregation**	Indicate the level of aggregation for example over a geographical location: ☑ National ☑ CHO ☑ LHO ❑ 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 Specialist Lead: Brian Murphy, Head of Planning, Performance and Programme Management and Interim Head of Operations Primary Care Division
National Lead and Division		John Hennessy, National Director, Primary Care Division, Health Service Executive.

Primary Care - Dietetics Existing Patients Seen

1	**KPI title**	Existing patients seen in the month
2	**KPI Description PC67**	This is a count of the number of existing patients (by age band*) seen face to face in the reporting month. An existing patient is a patient who is currently attending the service and is an open case. It includes patients who attend individual appointments or group sessions. Each patient is only included once in the count. New patients seen in the reporting month are not included. For the purpose of recording this metric an appointment is considered to be face face contact with a patient. *Age bands include: • 0 - 4 years • 5 - 17 years • 18 - 64 years • 65 years and over.
3	**KPI Rationale**	This metric provides information on service demand and informs decisions in relation to the planning and management of staff and resource allocation.
	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 -3,480** CHO 1 - 623, CHO 2 - 434, CHO 3 - 132, CHO 4 - 1,007, CHO 5 - 353, CHO 6 -289, CHO 7 - 311, CHO 8 - 164, CHO 9 - 167
5	**KPI Calculation**	Count the number of existing patients seen face to face in the reporting month. Each patient is included only once in the count.
6	**Data Source**	Patient records, Dietician Manager, Primary Care General Manager, Community Healthcare Organisation (CHO) Head of Service Primary Care, Chief Officer and Business Information Unit (BIU) Community Healthcare Team.
	Data Completeness	Data completeness is expected at 100%.
	Data Quality Issues	No
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**	• Existing patients seen • Age bands
9	**Minimum Data Set**	• Existing patients seen • Age bands
10	**International Comparison**	No
11	**KPI Monitoring**	KPI will be monitored on a (please indicate below) basis: ❑Daily ❑Weekly ☑Monthly ❑Quarterly ❑Bi-annually ❑Annually ❑Other – give details: Please indicate who is responsible at a local level for monitoring this KPI: Dietician Manager, the Primary Care General Manager, CHO Head of Service Primary Care, Chief Officer and the Primary Care Division Operations Team via performance meetings.
12	**KPI Reporting Frequency**	Indicate how often the KPI will be reported: C108 ❑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) ❑ Other – give details:
14	**KPI Reporting Aggregation**	Indicate the level of aggregation for example over a geographical location: ☑ National ☑ CHO ☑ LHO ❑ 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 Specialist Lead: Brian Murphy, Head of Planning, Performance and Programme Management and Interim Head of Operations Primary Care Division
National Lead and Division		John Hennessy, National Director, Primary Care Division, Health Service Executive.

Primary Care - Dietetics New Patients Seen

1	**KPI title**	New patients seen
2	**KPI Description PC68**	This is a count of the number of new patients (by age band* and wait time**) seen face to face in the reporting month. A new patient is a patient that is seen for the first time in this episode of care. It includes patients re-referred to the service. An appointment is considered to be face face contact with a patient and may be for assessment / treatment / service. *Age bands include: • 0 - 4 years • 5 - 17 years • 18 - 64 years • 65 years and over. **Wait times include: • 0 - less than or equal to 12 weeks • Greater than 12 weeks and less than or equal to 26 weeks • Greater than 26 weeks and less than or equal to 39 weeks • Greater than 39 weeks and less than or equal to 52 weeks • Greater than 52 weeks.
3	**KPI Rationale**	This metric provides information on service demand and informs decisions in relation to the planning and managment of staff and resource allocation.
	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 -23,457** CHO 1 - 3,516, CHO 2 - 2,402, CHO 3 - 1,320, CHO 4 - 5,158, CHO 5 -2,316, CHO 6 -2,076, CHO 7 - 2,180, CHO 8 - 3,132 CHO 9 - 1,356
5	**KPI Calculation**	Count the number of new patients (including re-referrals) seen face to face in the reporting month.
6	**Data Source**	Patient records, Dietician Manager, Primary Care General Manager, Community Healthcare Organisation (CHO) Head of Service Primary Care, Chief Officer and Business Information Unit (BIU) Community Healthcare Team.
	Data Completeness	Data completeness is expected at 100%.
	Data Quality Issues	No
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 face to face • Age bands • Wait times
9	**Minimum Data Set**	• New patients seen face to face • Age bands • Wait times
10	**International Comparison**	No
11	**KPI Monitoring**	KPI will be monitored on a (please indicate below) basis: ❑Daily ❑Weekly ☑Monthly ❑Quarterly ❑Bi-annually ❑Annually ❑Other – give details: Please indicate who is responsible at a local level for monitoring this KPI: Dietician Manager, the Primary Care General Manager, CHO Head of Service Primary Care, 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) ❑ Other – give details:
14	**KPI Reporting Aggregation**	Indicate the level of aggregation for example over a geographical location: ☑ National ☑ CHO ☑ LHO ❑ 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 Specialist Lead: Brian Murphy, Head of Planning, Performance and Programme Management and Interim Head of Operations Primary Care Division
	National Lead and Division	John Hennessy, National Director, Primary Care Division, Health Service Executive.

Primary Care - Dietetics Waiting List Management

1	**KPI title**	Total no. of dietetic patients on the treatment waiting list at the end of the reporting period
2	**KPI Description** **PC109** **PC109A** **PC109B** **PC109C** **PC109D** **PC109E**	This is a count of the total number of dietetic patients (by age band* and wait time**) awaiting treatment (either individual or in a group environment) at the end of the reporting month. Patients are only removed from the waiting list when they have been seen for a first appointment, it is not sufficient for a patient to have been offered an appointment. Note the focus of this metric is on patients waiting for treatment, within some services assessment and treatment may occur at the same appointment. However, where a patient is assessed and must still wait for treatment it is this waiting time that is reported from referral date. Opt in patients are included on the waiting list. If they do not respond within four weeks then they are discharged and must be re-referred. It does not include patients overdue for review. *Age bands include: • 0 - 4 years • 5 - 17 years • 18 - 64 years • 65 years and over. **Wait times include: • 0 - less than or equal to 12 weeks • Greater than 12 weeks and less than or equal to 26 weeks • Greater than 26 weeks and less than or equal to 39 weeks • Greater than 39 weeks and less than or equal to 52 weeks • Greater than 52 weeks.
3	**KPI Rationale**	This metric allows for waiting lists and times to be identified, monitored and actions to be taken to reduce wait times for patients.
	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two). ❑ 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 -8,843** CHO 1 - 1,065, CHO 2 - 1,492, CHO 3 - 514, CHO 4 - 1,240, CHO 5 -1,361, CHO 6 -291, CHO 7 - 789, CHO 8 - 1,576, CHO 9 - 515
5	**KPI Calculation**	Count all patients (all age bands*) whose referrals have been accepted by the Dietetic Service who have not attended a first appointment with the service at the end of the reporting month by the length of time (all wait bands**) that they are waiting to be seen. The waiting time is measured from date of referral i.e. date of receipt of the referral by the service to the end of the reporting month.
6	**Data Source**	Patient records, Dietician Manager, Primary Care General Manager, Community Healthcare Organisation (CHO) Head of Service Primary Care, Chief Officer and Business Information Unit (BIU) Community Healthcare Team.
	Data Completeness	Data completeness is expected at 100%.
	Data Quality Issues	No
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 waiting to be seen •Age bands •Wait times
9	**Minimum Data Set**	•Patients waiting to be seen •Age bands •Wait times
10	**International Comparison**	No
11	**KPI Monitoring**	KPI will be monitored on a (please indicate below) basis: ❑Daily ❑Weekly ☑Monthly ❑Quarterly ❑Bi-annually ❑Annually ❑Other – give details: Please indicate who is responsible at a local level for monitoring this KPI: Dietician Manager, the Primary Care General Manager, CHO Head of Service Primary Care, 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) ❑ Other – give details:
14	**KPI Reporting Aggregation**	Indicate the level of aggregation for example over a geographical location: ☑ National ☑ CHO ☑ LHO ❑ 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 Specialist Lead: Brian Murphy, Head of Planning, Performance and Programme Management and Interim Head of Operations Primary Care Division
	National Lead and Division	John Hennessy, National Director, Primary Care Division, Health Service Executive.

Primary Care - Dietetics Waiting List Management

1	**KPI title**	% of dietetic patients on waiting list for treatment less than or equal to 52 weeks
2	**KPI Description PC109F(No) & PC109G (%)**	This is a calculation of the number of new dietetic patients (all age bands*) who are waiting less than or equal to 52 weeks to be seen by a dietician (either in an individual or in a group environment) expressed as a proportion of the overall number of dietetic patients (all wait times**) waiting for these services at the end of the reporting month multiplied by 100. It includes all patients on the waiting list at the end of the reporting month. Patients are only removed from the waiting list when they have been seen for a first appointment, it is not sufficient for a patient to have been offered an appointment. Note the focus of this metric is on patients waiting for treatment, within some services assessment and treatment may occur at the same appointment. However, where a patient is assessed and must still wait for treatment it is this waiting time that is reported from referral date. Opt in patients are included on the waiting list. If they do not respond within four weeks then they are discharged and must be re-referred. This metric should not include patients overdue for review. *Age bands include: • 0 - 4 years • 5 - 17 years • 18 - 64 years • 65 years and over. **Wait times include: • 0 - less than or equal to 12 weeks • Greater than 12 weeks and less than or equal to 26 weeks • Greater than 26 weeks and less than or equal to 39 weeks • Greater than 39 weeks and less than or equal to 52 weeks • Greater than 52 weeks.
3	**KPI Rationale**	The purpose of this metric is to monitor waiting lists and reduce wait times for patients.
	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two). ❑ 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 - 96%**
5	**KPI Calculation**	Count the total number of dietetic patients in all age bands i.e. 0-4yrs, 5-17yrs,18-64yrs and 65yrs and over on the treatment waiting list at the end of the reporting period by wait band i.e. 0 - < 12 weeks + >12 weeks - ≤ 26 weeks + >26 weeks - ≤ 39 weeks + >39 weeks - ≤ 52 weeks and express it as a proportion of the total number of dietetic patients in all age bands i.e. 0-4yrs, 5-17yrs,18-64yrs and 65yrs and over on the treatment waiting list at the end of the reporting period by wait band i.e. 0 - < 12 weeks + >12 weeks - ≤ 26 weeks + >26 weeks - ≤ 39 weeks + >39 weeks - ≤ 52 weeks + >52 weeks and multiply by 100. Numerator: The number of dietetic patients (all ages) waiting to be seen in wait bands 0 - < 12 weeks + >12 weeks - ≤ 26 weeks + >26 weeks - ≤ 39 weeks + >39 weeks - ≤ 52 weeks Denominator: The number of dietetic patients (all ages) waiting to be seen in wait bands 0 - < 12 weeks + >12 weeks - ≤ 26 weeks + >26 weeks - ≤ 39 weeks + >39 weeks - ≤ 52 weeks + >52 weeks x 100
6	**Data Source**	Patient records, Dietician Manager, Primary Care General Manager, Community Healthcare Organisation (CHO) Head of Service Primary Care, Chief Officer and Business Information Unit (BIU) Community Healthcare Team.
	Data Completeness	Data completeness is expected at 100%.
	Data Quality Issues	No
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 waiting to be seen •Age bands •Wait times
9	**Minimum Data Set**	•Patients waiting to be seen •Age bands •Wait times
10	**International Comparison**	No
11	**KPI Monitoring**	KPI will be monitored on a (please indicate below) basis: ❑Daily ❑Weekly ☑Monthly ❑Quarterly ❑Bi-annually ❑Annually ❑Other – give details: Please indicate who is responsible at a local level for monitoring this KPI: Dietician Manager, the Primary Care General Manager, CHO Head of Service Primary Care, 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) ❑ Other – give details:
14	**KPI Reporting Aggregation**	Indicate the level of aggregation for example over a geographical location: ☑ National ☑ CHO ☑ LHO ❑ 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 Specialist Lead: Brian Murphy, Head of Planning, Performance and Programme Management and Interim Head of Operations Primary Care Division
	National Lead and Division	John Hennessy, National Director, Primary Care Division, Health Service Executive.

Primary Care - Dietetics Waiting List Management

1	**KPI title**	% of dietetic patients on waiting list for treatment less than or equal to 39 weeks
2	**KPI Description PC109H(No) & PC109I (%)**	This is a calculation of the number of new dietetic patients (all age bands*) who are waiting less than or equal to 39 weeks to be seen by a dietician (either in an individual or in a group environment) expressed as a proportion of the overall number of dietetic patients (all wait times**) waiting for these services at the end of the reporting month multiplied by 100. It includes all patients on the waiting list at the end of the reporting month. Patients are only removed from the waiting list when they have been seen for a first appointment, it is not sufficient for a patient to have been offered an appointment. Note the focus of this metric is on patients waiting for treatment, within some services assessment and treatment may occur at the same appointment. However, where a patient is assessed and must still wait for treatment it is this waiting time that is reported from referral date. Opt in patients are included on the waiting list. If they do not respond within four weeks then they are discharged and must be re-referred. This metric should not include patients overdue for review. *Age bands include: • 0 - 4 years • 5 - 17 years • 18 - 64 years • 65 years and over. **Wait times include: • 0 - less than or equal to 12 weeks • Greater than 12 weeks and less than or equal to 26 weeks • Greater than 26 weeks and less than or equal to 39 weeks • Greater than 39 weeks and less than or equal to 52 weeks • Greater than 52 weeks.
3	**KPI Rationale**	The purpose of this metric is to monitor waiting lists and reduce wait times for patients.
	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two). ❑ 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 - 80%**
5	**KPI Calculation**	Count the total number of dietetic patients in all age bands i.e. 0-4yrs, 5-17yrs,18-64yrs and 65yrs and over on the treatment waiting list at the end of the reporting period by wait band i.e. 0 - < 12 weeks + >12 weeks - ≤ 26 weeks + >26 weeks - ≤ 39 weeks and express it as a proportion of the total number of dietetic patients in all age bands i.e. 0-4yrs, 5-17yrs,18-64yrs and 65yrs and over on the treatment waiting list at the end of the reporting period by wait band i.e. 0 - < 12 weeks + >12 weeks - ≤ 26 weeks + >26 weeks - ≤ 39 weeks + >39 weeks - ≤ 52 weeks + >52 weeks and multiply by 100. Numerator: The number of dietetic patients (all ages) waiting to be seen in wait bands 0 - < 12 weeks + >12 weeks - ≤ 26 weeks + >26 weeks - ≤ 39 weeks Denominator: The number of dietetic patients (all ages) waiting to be seen in wait bands 0 - < 12 weeks + >12 weeks - ≤ 26 weeks + >26 weeks - ≤ 39 weeks + >39 weeks - ≤ 52 weeks + >52 weeks x 100.
6	**Data Source**	Patient records, Dietician Manager, Primary Care General Manager, Community Healthcare Organisation (CHO) Head of Service Primary Care, Chief Officer and Business Information Unit (BIU) Community Healthcare Team.
	Data Completeness	Data completeness is expected at 100%.
	Data Quality Issues	No
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 waiting to be seen •Age bands •Wait times
9	**Minimum Data Set**	•Patients waiting to be seen •Age bands •Wait times
10	**International Comparison**	No
11	**KPI Monitoring**	KPI will be monitored on a (please indicate below) basis: ❑Daily ❑Weekly ☑Monthly ❑Quarterly ❑Bi-annually ❑Annually ❑Other – give details: Please indicate who is responsible at a local level for monitoring this KPI: Dietician Manager, the Primary Care General Manager, CHO Head of Service Primary Care, 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) ❑ Other – give details:
14	**KPI Reporting Aggregation**	Indicate the level of aggregation for example over a geographical location: ☑ National ☑ CHO ☑ LHO ❑ 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 Specialist Lead: Brian Murphy, Head of Planning, Performance and Programme Management and Interim Head of Operations Primary Care Division
	National Lead and Division	John Hennessy, National Director, Primary Care Division, Health Service Executive.

		Primary Care - Dietetics Waiting List Management
1	**KPI title**	% of dietetic patients on waiting list for treatment less than or equal to 26 weeks
2	**KPI Description PC109J(No) & PC109K (%)**	This is a calculation of the number of new dietetic patients (all age bands*) who are waiting less than or equal to 26 weeks to be seen by a dietician (either in an individual or in a group environment) expressed as a proportion of the overall number of dietetic patients (all wait times**) waiting for these services at the end of the reporting month multiplied by 100. It includes all patients on the waiting list at the end of the reporting month. Patients are only removed from the waiting list when they have been seen for a first appointment, it is not sufficient for a patient to have been offered an appointment. Note the focus of this metric is on patients waiting for treatment, within some services assessment and treatment may occur at the same appointment. However, where a patient is assessed and must still wait for treatment it is this waiting time that is reported from referral date. Opt in patients are included on the waiting list. If they do not respond within four weeks then they are discharged and must be re-referred. This metric should not include patients overdue for review. *Age bands include: • 0 - 4 years • 5 - 17 years • 18 - 64 years • 65 years and over. **Wait times include: • 0 - less than or equal to 12 weeks • Greater than 12 weeks and less than or equal to 26 weeks • Greater than 26 weeks and less than or equal to 39 weeks • Greater than 39 weeks and less than or equal to 52 weeks • Greater than 52 weeks.
3	**KPI Rationale**	The purpose of this metric is to monitor waiting lists and reduce wait times for patients.
	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two). ❑ 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 - 70%**
5	**KPI Calculation**	Count the total number of dietetic patients in all age bands i.e. 0-4yrs, 5-17yrs,18-64yrs and 65yrs and over on the treatment waiting list at the end of the reporting period by wait band i.e. 0 - < 12 weeks + >12 weeks - ≤ 26 weeks and express it as a proportion of the total number of dietetic patients in all age bands i.e. 0-4yrs, 5-17yrs,18-64yrs and 65yrs and over on the treatment waiting list at the end of the reporting period by wait band i.e. 0 - < 12 weeks + >12 weeks - ≤ 26 weeks + >26 weeks - ≤ 39 weeks + >39 weeks - ≤ 52 weeks + >52 weeks and multiply by 100. Numerator: The number of dietetic patients (all ages) waiting to be seen in wait bands 0 - < 12 weeks + >12 weeks - ≤ 26 weeks Denominator: The number of dietetic patients (all ages) waiting to be seen in wait bands 0 - < 12 weeks + >12 weeks - ≤ 26 weeks + >26 weeks - ≤ 39 weeks + >39 weeks - ≤ 52 weeks + >52 weeks x 100.
6	**Data Source**	Patient records, Dietician Manager, Primary Care General Manager, Community Healthcare Organisation (CHO) Head of Service Primary Care, Chief Officer and Business Information Unit (BIU) Community Healthcare Team.
	Data Completeness	Data completeness is expected at 100%.
	Data Quality Issues	No
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 waiting to be seen •Age bands •Wait times
9	**Minimum Data Set**	•Patients waiting to be seen •Age bands •Wait times
10	**International Comparison**	No
11	**KPI Monitoring**	KPI will be monitored on a (please indicate below) basis: ❑Daily ❑Weekly ☑Monthly ❑Quarterly ❑Bi-annually ❑Annually ❑Other – give details: Please indicate who is responsible at a local level for monitoring this KPI: Dietician Manager, the Primary Care General Manager, CHO Head of Service Primary Care, 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) ❑ Other – give details:
14	**KPI Reporting Aggregation**	Indicate the level of aggregation for example over a geographical location: ☑ National ☑ CHO ☑ LHO ❑ 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 Specialist Lead: Brian Murphy, Head of Planning, Performance and Programme Management and Interim Head of Operations Primary Care Division
	National Lead and Division	John Hennessy, National Director, Primary Care Division, Health Service Executive.

Primary Care - Dietetics Waiting List Management

#	Field	Content
1	KPI title	% of dietetic patients on waiting list for treatment less than or equal to 12 weeks
2	KPI Descriptiion PC109L(No) & PC109M (%)	This is a calculation of the number of new dietetic patients (all age bands*) who are waiting less than or equal to 12 weeks to be seen by a dietician (either in an individual or in a group environment) expressed as a proportion of the overall number of patients (all wait times**) waiting for these services at the end of the reporting month multiplied by 100. It includes all patients on the waiting list at the end of the reporting month. Patients are only removed from the waiting list when they have been seen for a first appointment, it is not sufficient for a patient to have been offered an appointment. Note the focus of this metric is on patients waiting for treatment, within some services assessment and treatment may occur at the same appointment. However, where a patient is assessed and must still wait for treatment it is this waiting time that is reported from referral date. Opt in patients are included on the waiting list. If they do not respond within four weeks then they are discharged and must be re-referred. This metric should not include patients overdue for review. *Age bands include: • 0 - 4 years • 5 - 17 years • 18 - 64 years • 65 years and over. **Wait times include: • 0 - less than or equal to 12 weeks • Greater than 12 weeks and less than or equal to 26 weeks • Greater than 26 weeks and less than or equal to 39 weeks • Greater than 39 weeks and less than or equal to 52 weeks • Greater than 52 weeks.
3	KPI Rationale	The purpose of this metric is to monitor waiting lists and reduce wait times for patients.
	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two). ❑ 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 - 48%**
5	KPI Calculation	Count the total number of dietetic patients in all age bands i.e. 0-4yrs, 5-17yrs,18-64yrs and 65yrs and over on the treatment waiting list at the end of the reporting period by wait band i.e. 0 - < 12 weeks and express it as a proportion of the total number of dietetic patients in all age bands i.e. 0-4yrs, 5-17yrs,18-64yrs and 65yrs and over on the treatment waiting list at the end of the reporting period by wait band i.e. 0 - < 12 weeks + >12 weeks - ≤ 26 weeks + >26 weeks - ≤ 39 weeks + >39 weeks - ≤ 52 weeks + >52 weeks and multiply by 100. Numerator: The number of dietetic patients (all ages) waiting to be seen in wait band 0 - < 12 weeks Denominator: The number of dietetic patients (all ages) waiting to be seen in wait bands 0 - < 12 weeks + >12 weeks - ≤ 26 weeks + >26 weeks - ≤ 39 weeks + >39 weeks - ≤ 52 weeks + >52 weeks x 100
6	Data Source	Patient records, Dietician Manager, Primary Care General Manager, Community Healthcare Organisation (CHO) Head of Service Primary Care, Chief Officer and Business Information Unit (BIU) Community Healthcare Team.
	Data Completeness	Data completeness is expected at 100%.
	Data Quality Issues	No
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 waiting to be seen •Age bands •Wait times
9	Minimum Data Set	•Patients waiting to be seen •Age bands •Wait times
10	International Comparison	No
11	KPI Monitoriing	KPI will be monitored on a (please indicate below) basis: ❑Daily ❑Weekly ☑Monthly ❑Quarterly ❑Bi-annually ❑Annually ❑Other – give details: Please indicate who is responsible at a local level for monitoring this KPI: Dietician Manager, the Primary Care General Manager, CHO Head of Service Primary Care, 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) ❑ Other – give details:
14	KPI Reporting Aggregation	Indicate the level of aggregation for example over a geographical location: ☑ National ☑ CHO ☑ LHO ❑ 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 Specialist Lead: Brian Murphy, Head of Planning, Performance and Programme Management and Interim Head of Operations Primary Care Division
	National Lead and Division	John Hennessy, National Director, Primary Care Division, Health Service Executive.

Primary Care - Psychology Referrals

1	**KPI title**	No. of patient referrals
2	**KPI Description PC38**	This is a count of the number of referrals (by age band*) received in the month that have been accepted. It includes new referrals and re-referrals (ie. previously discharged). Each referral should be date stamped on the day it is received and this is used as the referral date. *Age bands include: • 0 - 4 years • 5 - 17 years • 18 - 64 years • 65 years and over.
3	**KPI Rationale**	This metric provides information on service demand and informs decisions in relation to the planning and management of staff and resource allocation.
	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 -13,212** CHO 1 - 1,356, CHO 2 - 1,212, CHO 3 -396, CHO 4 - 888, CHO 5 - 1,524, CHO 6 - 1,212, CHO 7 - 1,164, CHO 8 - 4,044, CHO 9 - 1,416
5	**KPI Calculation**	Count the number of referrals (new and re-referrals) by age band* accepted in the reporting month.
6	**Data Source**	Patient records, Psychology Manager, Primary Care General Manager, Community Healthcare Organisation (CHO) Head of Service Primary Care, Chief Officer and Business Information Unit (BIU) Community Healthcare Team.
	Data Completeness	Data relates to primary care psychology services only. Data completeness is expected at 100%.
	Data Quality Issues	No
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**	• Accepted referrals • Age bands
9	**Minimum Data Set**	• Accepted referrals • Age bands
10	**International Comparison**	Not applicable
11	**KPI Monitoring**	KPI will be monitored on a (please indicate below) basis: ❑Daily ❑Weekly ☑Monthly ❑Quarterly ❑Bi-annually ❑Annually ❑Other – give details: Please indicate who is responsible at a local level for monitoring this KPI: Psychology Manager, the Primary Care General Manager, CHO Head of Service Primary Care, 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) ❑ Other – give details:
14	**KPI Reporting Aggregation**	Indicate the level of aggregation for example over a geographical location: ☑ National ☑ CHO ☑ LHO ❑ 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 Specialist Lead: Brian Murphy, Head of Planning, Performance and Programme Management and Interim Head of Operations Primary Care Division
	National Lead and Division	John Hennessy, National Director, Primary Care Division, Health Service Executive.

Primary Care - Psychology Existing Patients Seen

1	**KPI title**	Existing patients seen in the month
2	**KPI Description PC39**	This is a count of the number of existing patients (by age band*) seen face to face in the reporting month. An existing patient is a patient who is currently attending the service and is an open case. It includes patients who attend individual appointments or group sessions. Each patient is only included once in the count. New patients seen in the reporting month are not included. For the purpose of recording this metric an appointment is considered to be face face contact with a patient. *Age bands include: • 0 - 4 years • 5 - 17 years • 18 - 64 years • 65 years and over.
3	**KPI Rationale**	This metric provides information on service demand and informs decisions in relation to the planning and management of staff and resource allocation.
	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 -2,312** CHO 1 - 548, CHO 2 -189, CHO 3 - 107, CHO 4 - 184, CHO 5 - 222, CHO 6 - 168, CHO 7 -132, CHO 8 - 643, CHO 9 - 119
5	**KPI Calculation**	Count the number of existing patients seen face to face in the reporting month. Each patient is included only once in the count.
6	**Data Source**	Patient records, Psychology Manager, Primary Care General Manager, Community Healthcare Organisation (CHO) Head of Service Primary Care, Chief Officer and Business Information Unit (BIU) Community Healthcare Team.
	Data Completeness	Data relates to primary care psychology services only. Data completeness is expected at 100%.
	Data Quality Issues	No
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**	• Existing patients seen • Age bands
9	**Minimum Data Set**	• Existing patients seen • Age bands
10	**International Comparison**	Not applicable
11	**KPI Monitoring**	KPI will be <u>monitored</u> on a (please indicate below) basis: ❑Daily ❑Weekly ☑Monthly ❑Quarterly ❑Bi-annually ❑Annually ❑Other – give details: Please indicate who is responsible at a local level for monitoring this KPI: Psychology Manager, the Primary Care General Manager, CHO Head of Service Primary Care, 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) ❑ Other – give details:
14	**KPI Reporting Aggregation**	Indicate the level of aggregation for example over a geographical location: ☑ National ☑ CHO ☑ LHO ❑ 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 Specialist Lead: Brian Murphy, Head of Planning, Performance and Programme Management and Interim Head of Operations Primary Care Division
	National Lead and Division	John Hennessy, National Director, Primary Care Division, Health Service Executive.

Primary Care - Psychology New Patients Seen

1	**KPI title**	New patients seen
2	**KPI Description PC40**	This is a count of the number of new patients (by age band* and wait time**) seen face to face in the reporting month. A new patient is a patient that is seen for the first time in this episode of care. It includes patients re-referred to the service. An appointment is considered to be face face contact with a patient and may be for assessment / treatment / service. *Age bands include: • 0 - 4 years • 5 - 17 years • 18 - 64 years • 65 years and over. **Wait times include: • 0 - less than or equal to 12 weeks • Greater than 12 weeks and less than or equal to 26 weeks • Greater than 26 weeks and less than or equal to 39 weeks • Greater than 39 weeks and less than or equal to 52 weeks • Greater than 52 weeks.
3	**KPI Rationale**	This metric provides information on service demand and informs decisions in relation to the planning and managment of staff and resource allocation.
	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 -10,152** CHO 1 - 1,200, CHO 2 - 1,032, CHO 3 - 84, CHO 4 - 420, CHO 5 -1,128, CHO 6 - 1,164, CHO 7 -1,644, CHO 8 - 2,748, CHO 9 - 732
5	**KPI Calculation**	Count the number of new patients (including re-referrals) seen face to face in the reporting month.
6	**Data Source**	Patient records, Psychology Manager, Primary Care General Manager, Community Healthcare Organisation (CHO) Head of Service Primary Care, Chief Officer and Business Information Unit (BIU) Community Healthcare Team.
	Data Completeness	Data relates to primary care psychology services only. Data completeness is expected at 100%.
	Data Quality Issues	No
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 face to face • Age bands • Wait times
9	**Minimum Data Set**	• New patients seen face to face • Age bands • Wait times
10	**International Comparison**	Not applicable
11	**KPI Monitoring**	KPI will be <u>monitored</u> on a (please indicate below) basis: ❑Daily ❑Weekly ☑Monthly ❑Quarterly ❑Bi-annually ❑Annually ❑Other – give details: Please indicate who is responsible at a local level for monitoring this KPI: Psychology Manager, the Primary Care General Manager, CHO Head of Service Primary Care, 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) ❑ Other – give details:
14	**KPI Reporting Aggregation**	Indicate the level of aggregation for example over a geographical location: ☑ National ☑ CHO ☑ LHO ❑ County ❑ Institution ❑ Other – give details:
15	**KPI is reported in which reports?**	Indicate where the KPI will be reported: ☑Performance Report
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 Specialist Lead: Brian Murphy, Head of Planning, Performance and Programme Management and Interim Head of Operations Primary Care Division
	National Lead and Division	John Hennessy, National Director, Primary Care Division, Health Service Executive.

Primary Care - Psychology Waiting List Management

1	**KPI title**	Total no. of psychology patients on the treatment waiting list at the end of the reporting period
2	**KPI Description PC103** **PC103A** **PC103B** **PC103C** **PC103D** **PC103E**	This is a count of the total number of psychology patients (by age band* and wait time**) awaiting treatment (either individual or in a group environment) at the end of the reporting month. Patients are only removed from the waiting list when they have been seen for a first appointment, it is not sufficient for a patient to have been offered an appointment. Note the focus of this metric is on patients waiting for treatment, within some services assessment and treatment may occur at the same appointment. However, where a patient is assessed and must still wait for treatment it is this waiting time that is reported from referral date. Opt in patients are included on the waiting list. If they do not respond within four weeks then they are discharged and must be re-referred. It does not include patients overdue for review. *Age bands include: • 0 - 4 years • 5 - 17 years • 18 - 64 years • 65 years and over. **Wait times include: • 0 - less than or equal to 12 weeks • Greater than 12 weeks and less than or equal to 26 weeks • Greater than 26 weeks and less than or equal to 39 weeks • Greater than 39 weeks and less than or equal to 52 weeks • Greater than 52 weeks.
3	**KPI Rationale**	This metric allows for waiting lists and times to be identified, monitored and actions to be taken to reduce wait times for patients.
	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two). ❏ 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 -7,068** CHO 1 - 848, CHO 2 - 679, CHO 3 - 483, CHO 4 - 957, CHO 5 -838, CHO 6 -371, CHO 7-548, CHO 8 - 1,267, CHO 9 - 1,077
5	**KPI Calculation**	Count all patients (all age bands*) whose referrals have been accepted by the Psychology Service who have not attended a first appointment with the service at the end of the reporting month by the length of time (all wait bands**) that they are waiting to be seen. The waiting time is measured from date of referral i.e. date of receipt of the referral by the service to the end of the reporting month.
6	**Data Source**	Patient records, Psychology Manager, Primary Care General Manager, Community Healthcare Organisation (CHO) Head of Service Primary Care, Chief Officer and Business Information Unit (BIU) Community Healthcare Team.
	Data Completeness	Data relates to primary care psychology services only. Data completeness is expected at 100%.
	Data Quality Issues	No
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 waiting to be seen •Age bands •Wait times
9	**Minimum Data Set**	•Patients waiting to be seen •Age bands •Wait times
10	**International Comparison**	Not applicable
11	**KPI Monitoring**	KPI will be monitored on a (please indicate below) basis: ❏Daily ❏Weekly ☑Monthly ❏Quarterly ❏Bi-annually ❏Annually ❏Other – give details: Please indicate who is responsible at a local level for monitoring this KPI: Psychology Manager, the Primary Care General Manager, CHO Head of Service Primary Care, 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) ❏ Other – give details:
14	**KPI Reporting Aggregation**	Indicate the level of aggregation for example over a geographical location: ☑ National ☑ CHO ☑ LHO ❏ 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 Specialist Lead: Brian Murphy, Head of Planning, Performance and Programme Management and Interim Head of Operations Primary Care Division
	National Lead and Division	John Hennessy, National Director, Primary Care Division, Health Service Executive.

Primary Care - Psychology Waiting List Management

1	**KPI title**	% of psychology patients on waiting list for treatment less than or equal to 52 weeks
2	**KPI Description PC103F (No) & PC103G (%)**	This is a calculation of the number of new psychology patients (all age bands*) who are waiting less than or equal to 52 weeks to be seen by a psychologist (either in an individual or in a group environment) expressed as a proportion of the overall number of patients (all wait times**) waiting for these services at the end of the reporting month multiplied by 100. It includes all patients on the waiting list at the end of the reporting month. Patients are only removed from the waiting list when they have been seen for a first appointment, it is not sufficient for a patient to have been offered an appointment. Note the focus of this metric is on patients waiting for treatment, within some services assessment and treatment may occur at the same appointment. However, where a patient is assessed and must still wait for treatment it is this waiting time that is reported from referral date. Opt in patients are included on the waiting list. If they do not respond within four weeks then they are discharged and must be re-referred. This metric should not include patients overdue for review. *Age bands include: • 0 - 4 years • 5 - 17 years • 18 - 64 years • 65 years and over. **Wait times include: • 0 - less than or equal to 12 weeks • Greater than 12 weeks and less than or equal to 26 weeks • Greater than 26 weeks and less than or equal to 39 weeks • Greater than 39 weeks and less than or equal to 52 weeks • Greater than 52 weeks.
3	**KPI Rationale**	The purpose of this metric is to monitor waiting lists and reduce wait times for patients.
	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two). ❑ 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 - 100%**
5	**KPI Calculation**	Count the total number of psychology patients in all age bands i.e. 0-4yrs, 5-17yrs,18-64yrs and 65yrs and over on the treatment waiting list at the end of the reporting period by wait band i.e. 0 - < 12 weeks + >12 weeks - ≤ 26 weeks + >26 weeks - ≤ 39 weeks + >39 weeks - ≤ 52 weeks and express it as a proportion of the total number of psychology patients in all age bands i.e. 0-4yrs, 5-17yrs,18-64yrs and 65yrs and over on the treatment waiting list at the end of the reporting period by wait band i.e. 0 - < 12 weeks + >12 weeks - ≤ 26 weeks + >26 weeks - ≤ 39 weeks + >39 weeks - ≤ 52 weeks + >52 weeks and multiply by 100. Numerator: The number of psychology patients (all ages) waiting to be seen in wait bands 0 - < 12 weeks + >12 weeks - ≤ 26 weeks + >26 weeks - ≤ 39 weeks + >39 weeks - ≤ 52 weeks Denominator: The number of psychology patients (all ages) waiting to be seen in wait bands 0 - < 12 weeks + >12 weeks - ≤ 26 weeks + >26 weeks - ≤ 39 weeks + >39 weeks - ≤ 52 weeks + >52 weeks x 100
6	**Data Source**	Patient records, Psychology Manager, Primary Care General Manager, Community Healthcare Organisation (CHO) Head of Service Primary Care, Chief Officer and Business Information Unit (BIU) Community Healthcare Team.
	Data Completeness	Data relates to primary care psychology services only. Data completeness is expected at 100%.
	Data Quality Issues	No
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 waiting to be seen •Age bands •Wait times
9	**Minimum Data Set**	•Patients waiting to be seen •Age bands •Wait times
10	**International Comparison**	Not applicable
11	**KPI Monitoring**	KPI will be monitored on a (please indicate below) basis: ❑Daily ❑Weekly ☑Monthly ❑Quarterly ❑Bi-annually ❑Annually ❑Other – give details: Please indicate who is responsible at a local level for monitoring this KPI: Psychology Manager, the Primary Care General Manager, CHO Head of Service Primary Care, 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) ❑ Other – give details:
14	**KPI Reporting Aggregation**	Indicate the level of aggregation for example over a geographical location: ☑ National ☑ CHO ☑ LHO ❑ 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 Specialist Lead: Brian Murphy, Head of Planning, Performance and Programme Management and Interim Head of Operations Primary Care Division
National Lead and Division		John Hennessy, National Director, Primary Care Division, Health Service Executive.

Primary Care - Psychology Waiting List Management

1	**KPI Title**	% of psychology patients on waiting list for treatment less than or equal to 39 weeks
2	**KPI Description** **PC103H (No) & PC103I (%)**	This is a calculation of the number of new psychology patients (all age bands*) who are waiting less than or equal to 39 weeks to be seen by a psychologist (either in an individual or in a group environment) expressed as a proportion of the overall number of patients (all wait times**) waiting for these services at the end of the reporting month multiplied by 100. It includes all patients on the waiting list at the end of the reporting month. Patients are only removed from the waiting list when they have been seen for a first appointment, it is not sufficient for a patient to have been offered an appointment. Note the focus of this metric is on patients waiting for treatment, within some services assessment and treatment may occur at the same appointment. However, where a patient is assessed and must still wait for treatment it is this waiting time that is reported from referral date. Opt in patients are included on the waiting list. If they do not respond within four weeks then they are discharged and must be re-referred. This metric should not include patients overdue for review. *Age bands include: • 0 - 4 years • 5 - 17 years • 18 - 64 years • 65 years and over. **Wait times include: • 0 - less than or equal to 12 weeks • Greater than 12 weeks and less than or equal to 26 weeks • Greater than 26 weeks and less than or equal to 39 weeks • Greater than 39 weeks and less than or equal to 52 weeks • Greater than 52 weeks.
3	**KPI Rationale**	The purpose of this metric is to monitor waiting lists and reduce wait times for patients.
	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two). ☐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 - 90%**
5	**KPI Calculation**	Count the total number of psychology patients in all age bands i.e. 0-4yrs, 5-17yrs,18-64yrs and 65yrs and over on the treatment waiting list at the end of the reporting period by wait band i.e. 0 - < 12 weeks + >12 weeks - ≤ 26 weeks + >26 weeks - ≤ 39 weeks and express it as a proportion of the total number of psychology patients in all age bands i.e. 0-4yrs, 5-17yrs,18-64yrs and 65yrs and over on the treatment waiting list at the end of the reporting period by wait band i.e. 0 - < 12 weeks + >12 weeks - ≤ 26 weeks + >26 weeks - ≤ 39 weeks + >39 weeks - ≤ 52 weeks + >52 weeks and multiply by 100. Numerator: The number of psychology patients (all ages) waiting to be seen in wait bands 0 - < 12 weeks + >12 weeks - ≤ 26 weeks + >26 weeks - ≤ 39 weeks Denominator: The number of psychology patients (all ages) waiting to be seen in wait bands 0 - < 12 weeks + >12 weeks - ≤ 26 weeks + >26 weeks - ≤ 39 weeks + >39 weeks - ≤ 52 weeks + >52 weeks x 100.
6	**Data Source**	Patient records, Psychology Manager, Primary Care General Manager, Community Healthcare Organisation (CHO) Head of Service Primary Care, Chief Officer and Business Information Unit (BIU) Community Healthcare Team.
	Data Completeness	Data relates to primary care psychology services only. Data completeness is expected at 100%.
	Data Quality Issues	No
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 waiting to be seen •Age bands •Wait times
9	**Minimum Data Set**	•Patients waiting to be seen •Age bands •Wait times
10	**International Comparison**	No
11	**KPI Monitoring**	KPI will be monitored on a (please indicate below) basis: ☐Daily ☐Weekly ☑Monthly ☐Quarterly ☐Bi-annually ☐Annually ☐Other – give details: Please indicate who is responsible at a local level for monitoring this KPI: Psychology Manager, the Primary Care General Manager, CHO Head of Service Primary Care, 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) ❑ Other – give details:
14	**KPI Reporting Aggregation**	Indicate the level of aggregation for example over a geographical location: ☑ National ☑ CHO ☑ LHO ☐ 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 Specialist Lead: Brian Murphy, Head of Planning, Performance and Programme Management and Interim Head of Operations Primary Care Division
	National Lead and Division	John Hennessy, National Director, Primary Care Division, Health Service Executive.

Primary Care - Psychology Waiting List Management

1	**KPI Title**	% of psychology patients on waiting list for treatment less than or equal to 26 weeks
2	**KPI Description** **PC103J (No) & PC103K (%)**	This is a calculation of the number of new psychology patients (all age bands*) who are waiting less than or equal to 26 weeks to be seen by a psychologist (either in an individual or a group environment) expressed as a proportion of all the overall number of patients (all wait times**) waiting for these services at the end of the reporting month multiplied by 100. It includes all patients on the waiting list at the end of the reporting month. Patients are only removed from the waiting list when they have been seen for a first appointment, it is not sufficient for a patient to have been offered an appointment. Note the focus of this metric is on patients waiting for treatment, within some services assessment and treatment may occur at the same appointment. However, where a patient is assessed and must still wait for treatment it is this waiting time that is reported from referral date. Opt in patients are included on the waiting list. If they do not respond within four weeks then they are discharged and must be re-referred. This metric should not include patients overdue for review. *Age bands include: • 0 - 4 years • 5 - 17 years • 18 - 64 years • 65 years and over. **Wait times include: • 0 - less than or equal to 12 weeks • Greater than 12 weeks and less than or equal to 26 weeks • Greater than 26 weeks and less than or equal to 39 weeks • Greater than 39 weeks and less than or equal to 52 weeks • Greater than 52 weeks.
3	**KPI Rationale**	The purpose of this metric is to monitor waiting lists and reduce wait times for patients.
	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two). ☐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 - 80%**
5	**KPI Calculation**	Count the total number of psychology patients in all age bands i.e. 0-4yrs, 5-17yrs,18-64yrs and 65yrs and over on the treatment waiting list at the end of the reporting period by wait band i.e. 0 - < 12 weeks + >12 weeks - ≤ 26 weeks and express it as a proportion of the total number of psychology patients in all age bands i.e. 0-4yrs, 5-17yrs,18-64yrs and 65yrs and over on the treatment waiting list at the end of the reporting period by wait band i.e. 0 - < 12 weeks + >12 weeks - ≤ 26 weeks + >26 weeks - ≤ 39 weeks + >39 weeks - ≤ 52 weeks + >52 weeks and multiply by 100. Numerator: The number of psychology patients (all ages) waiting to be seen in wait bands 0 - < 12 weeks + >12 weeks - ≤ 26 weeks Denominator: The number of psychology patients (all ages) waiting to be seen in wait bands 0 - < 12 weeks + >12 weeks - ≤ 26 weeks + >26 weeks - ≤ 39 weeks + >39 weeks - ≤ 52 weeks + >52 weeks x 100.
6	**Data Source**	Patient records, Psychology Manager, Primary Care General Manager, Community Healthcare Organisation (CHO) Head of Service Primary Care, Chief Officer and Business Information Unit (BIU) Community Healthcare Team.
	Data Completeness	Data relates to primary care psychology services only. Data completeness is expected at 100%.
	Data Quality Issues	No
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 waiting to be seen •Age bands •Wait times
9	**Minimum Data Set**	•Patients waiting to be seen •Age bands •Wait times
10	**International Comparison**	No
11	**KPI Monitoring**	KPI will be monitored on a (please indicate below) basis: ☐Daily ☐Weekly ☑Monthly ☐Quarterly ☐Bi-annually ☐Annually ☐Other – give details: Please indicate who is responsible at a local level C286for monitoring this KPI: Psychology Manager, the Primary Care General Manager, CHO Head of Service Primary Care, 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) ❑ Other – give details:
14	**KPI Reporting Aggregation**	Indicate the level of aggregation for example over a geographical location: ☑ National ☑ CHO ☑ LHO ☐ 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 Specialist Lead: Brian Murphy, Head of Planning, Performance and Programme Management and Interim Head of Operations Primary Care Division
	National Lead and Division	John Hennessy, National Director, Primary Care Division, Health Service Executive.

Primary Care - Psychology Waiting List Management

1	**KPI Title**	% of psychology patients on waiting list for treatment less than or equal to 12 weeks
2	**KPI Description** **PC103L (No) & PC103M (%)**	This is a calculation of the number of new psychology patients (all age bands*) who are waiting less than or equal to 12 weeks to be seen by a psychologist (either in an individual or in a group environment) expressed as a proportion of the overall number of patients (all wait times**) waiting for these services at the end of the reporting month multiplied by 100. It includes all patients on the waiting list at the end of the reporting month. Patients are only removed from the waiting list when they have been seen for a first appointment, it is not sufficient for a patient to have been offered an appointment. Note the focus of this metric is on patients waiting for treatment, within some services assessment and treatment may occur at the same appointment. However, where a patient is assessed and must still wait for treatment it is this waiting time that is reported from referral date. Opt in patients are included on the waiting list. If they do not respond within four weeks then they are discharged and must be re-referred. This metric should not include patients overdue for review. *Age bands include: • 0 - 4 years • 5 - 17 years • 18 - 64 years • 65 years and over. **Wait times include: • 0 - less than or equal to 12 weeks • Greater than 12 weeks and less than or equal to 26 weeks • Greater than 26 weeks and less than or equal to 39 weeks • Greater than 39 weeks and less than or equal to 52 weeks • Greater than 52 weeks.
3	**KPI Rationale**	The purpose of this metric is to monitor waiting lists and reduce wait times for patients.
	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two). ☐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 - 60%**
5	**KPI Calculation**	Count the total number of psychology patients in all age bands i.e. 0-4yrs, 5-17yrs,18-64yrs and 65yrs and over on the treatment waiting list at the end of the reporting period by wait band i.e. 0 - < 12 weeks and express it as a proportion of the total number of psychology patients in all age bands i.e. 0-4yrs, 5-17yrs,18-64yrs and 65yrs and over on the treatment waiting list at the end of the reporting period by wait band i.e. 0 - < 12 weeks + >12 weeks - ≤ 26 weeks + >26 weeks - ≤ 39 weeks + >39 weeks - ≤ 52 weeks + >52 weeks and multiply by 100. Numerator: The number of psychology patients (all ages) waiting to be seen in wait bands 0 - < 12 weeks Denominator: The number of psychology patients (all ages) waiting to be seen in wait bands 0 - < 12 weeks + >12 weeks - ≤ 26 weeks + >26 weeks - ≤ 39 weeks + >39 weeks - ≤ 52 weeks + >52 weeks x 100.
6	**Data Source**	Patient records, Psychology Manager, Primary Care General Manager, Community Healthcare Organisation (CHO) Head of Service Primary Care, Chief Officer and Business Information Unit (BIU) Community Healthcare Team.
	Data Completeness	Data relates to primary care psychology services only. Data completeness is expected at 100%.
	Data Quality Issues	No
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 waiting to be seen •Age bands •Wait times
9	**Minimum Data Set**	•Patients waiting to be seen •Age bands •Wait times
10	**International Comparison**	No
11	**KPI Monitoring**	KPI will be monitored on a (please indicate below) basis: ☐Daily ☐Weekly ☑Monthly ☐Quarterly ☐Bi-annually ☐Annually ☐Other – give details: Please indicate who is responsible at a local level for monitoring this KPI: Psychology Manager, the Primary Care General Manager, CHO Head of Service Primary Care, 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 ☐ 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 Specialist Lead: Brian Murphy, Head of Planning, Performance and Programme Management and Interim Head of Operations Primary Care Division
	National Lead and Division	John Hennessy, National Director, Primary Care Division, Health Service Executive.

Primary Care - Nursing Referrals

1	**KPI Title**	No of patient referrals
2	**KPI Description PC73**	This is a count of the number of referrals (by age band / category*) received in the month that have been accepted onto the caseload. It includes new, re-referrals (ie. previously discharged) and transfers. Each referral should be date stamped on the day it is received and this is used as the referral date. *Age bands / categories include: • 65 years and over • 18 - 64 years • 5 - 17 years • Patients with a disability (physical/sensory/intellectual) 18 - 64 years • Patients with a disability (physical/sensory/intellectual) 5 - 17 years • Clinical nursing activity for children 0 - 4 years (This does not include children seen under the core child health screening and surveillance programme).
3	**KPI Rationale**	This metric provides information on service demand and informs decisions in relation to the planning and management of staff and resource allocation.
	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 - 135,384**
5	**KPI Calculation**	Count the number of referrals (new, re-referrals and transfers) by age band and category* accepted in the reporting month.
6	**Data Source**	Public Health Nurses to the Director of Public Health Nursing (DPHN), the Primary Care General Manager, Community Healthcare Organisation (CHO) Head of Service Primary Care, Chief Officer and Business Information Unit (BIU) Community Healthcare Team.
	Data Completeness	Data gaps due to industrial relations issues being addressed in 2017
	Data Quality Issues	Data gaps due to industrial relations issues being addressed in 2017
7	**Data Collection** **Frequency**	Indicate how often the data to support the KPI will be collected: ☐Daily ☐Weekly ☑Monthly in arrears ☐Quarterly ☐Bi-annually ☐Annually ☐Other – give details: This data is reported monthly in arrears
8	**Tracer Conditions**	• Accepted referrals • Age bands / categories
9	**Minimum Data Set**	• Accepted referrals • Age bands / categories
10	**International Comparison**	Not applicable
11	**KPI Monitoring**	KPI will be monitored on a (please indicate below) basis: ☐Daily ☐Weekly ☑ Monthly in arrears ☐Quarterly ☐Bi-annually ☐Annually Other – give details: Please indicate who is responsible at a local level for monitoring this KPI: DPHN, Primary Care General Manager, the CHO Head of Service Primary Care, 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 in arrears ☐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 ☐ 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 Specialist Lead: Brian Murphy, Head of Planning, Performance and Programme Management and Interim Head of Operations Primary Care Division
	National Lead and Division	John Hennessy, National Director, Primary Care Division, Health Service Executive.

Primary Care - Nursing Existing Patients Seen

1	**KPI Title**	Existing patients seen in the month
2	**KPI Description PC74**	This is a count of the number of existing patients (by age band / category*) on the caseload who were seen (i.e. had face to face contact with the Public Health Nurse (PHN) / Registered General Nurse (RGN)) in the reporting month. An existing patient is a patient who is currently in receipt of a PHN service from a PHN/RGN and who receives a direct contact (face to face) service. Each patient is only included once in the count for the reporting month. New patients seen are not included. *Age bands / categories include: • 65 years and over • 18 - 64 years • 5 - 17 years • Patients with a disability (physical/sensory/intellectual) 18 - 64 years • Patients with a disability (physical/sensory/intellectual) 5 - 17 years • Clinical nursing activity for children 0 - 4 years (This does not include children seen under the core child health screening and surveillance programme).
3	**KPI Rationale**	This metric provides information on service demand and informs decisions in relation to the planning and management of staff and resource allocation.
	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 - 64,660**
5	**KPI Calculation**	Count the number of existing patients on the caseload seen face to face by the PHN / RGN in the reporting month. Each patient is only included once in the count.
6	**Data Source**	Public Health Nurses to the Director of Public Health Nursing (DPHN), the Primary Care General Manager, Community Healthcare Organisation (CHO) Head of Service Primary Care, Chief Officer and Business Information Unit (BIU) Community Healthcare Team
	Data Completeness	Data gaps due to industrial relations issues being addressed in 2017
	Data Quality Issues	Data gaps due to industrial relations issues being addressed in 2017
7	**Data Collection Frequency**	Indicate how often the data to support the KPI will be collected: ☐Daily ☐Weekly ☑Monthly in arrears ☐Quarterly ☐Bi-annually ☐Annually ☐Other – give details: This data is reported monthly in arrears.
8	**Tracer Conditions**	• Existing patients on the caseload seen • Age bands and categories
9	**Minimum Data Set**	• Existing patients on the caseload seen • Age bands and categories
10	**International Comparison**	Not applicable
11	**KPI Monitoring**	KPI will be monitored on a (please indicate below) basis: ☐Daily ☐Weekly ☑ Monthly in arrears ☐Quarterly ☐Bi-annually ☐Annually Other – give details: Please indicate who is responsible at a local level for monitoring this KPI: DPHN, Primary Care General Manager, the CHO Head of Service Primary Care, 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 in arrears ☐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 ☐ 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 Specialist Lead: Brian Murphy, Head of Planning, Performance and Programme Management and Interim Head of Operations Primary Care Division
	National Lead and Division	John Hennessy, National Director, Primary Care Division, Health Service Executive.

Primary Care - Nursing New Patients Seen

1	**KPI Title**	New patients seen in the month
2	**KPI Description PC75**	This is a count of the number of new patients (by age band / category*) seen (i.e. had face to face contact with the PHN / RGN) in the reporting month. A new patient is defined as a patient who is not currently known to the service and is seen for the first time in this episode of care. It includes re-referrals to the service. An appointment is considered to be a face face contact with a patient . *Age bands / categories include: • 65 years and over • 18 - 64 years • 5 - 17 years • Patients with a disability (physical/sensory/intellectual) 18 - 64 years • Patients with a disability (physical/sensory/intellectual) 5 - 17 years • Clinical nursing activity for children 0 - 4 years (This does not include children seen under the core child health screening and surveillance programme).
3	**KPI Rationale**	This metric provides information on service demand and informs decisions in relation to the planning and management of staff and resource allocation.
	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 123,024**
5	**KPI Calculation**	Count the number of new patients, including re-referrals, seen face to face in the reporting month.
6	**Data Source**	Public Health Nurses to the Director of Public Health Nursing (DPHN), the Primary Care General Manager, Community Healthcare Organisation (CHO) Head of Service Primary Care, Chief Officer and Business Informatuion Unit (BIU) Community Healthcare Team
	Data Completeness	Data gaps due to industrial relations issues being addressed in 2017
	Data Quality Issues	Data gaps due to industrial relations issues being addressed in 2017
7	**Data Collection** **Frequency**	Indicate how often the data to support the KPI will be collected: ☐Daily ☐Weekly ☑Monthly in arrears ☐Quarterly ☐Bi-annually ☐Annually ☐Other – give details: This data is reported monthly in arrears.
8	**Tracer Conditions**	• New patients seen face to face • Age bands / categories
9	**Minimum Data Set**	• New patients seen face to face • Age bands / categories
10	**International Comparison**	Not applicable
11	**KPI Monitoring**	KPI will be monitored on a (please indicate below) basis: ☐Daily ☐Weekly ☑ Monthly in arrears ☐Quarterly ☐Bi-annually ☐Annually Other – give details: Please indicate who is responsible at a local level for monitoring this KPI: DPHN, Primary Care General Manager, the CHO Head of Service Primary Care, 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 in arrears ☐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 ☐ 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 Specialist Lead: Brian Murphy, Head of Planning, Performance and Programme Management and Interim Head of Operations Primary Care Division
	National Lead and Division	John Hennessy, National Director, Primary Care Division, Health Service Executive.

Primary Care - Nursing Percentage Patients Seen within 12 Weeks

1	**KPI title**	Percentage of new patients accepted onto the caseload and seen within 12 weeks
2	**KPI Description PC110A**	This is a calculation of the number of new patients who have been accepted onto the PHN caseload and seen in the previous 12 weeks expressed as a proportion of the overall number of new patients accepted onto the caseload in the previous 12 weeks multiplied by 100.
3	**KPI Rationale**	Timely access to primary care nursing services is essential to ensure best patient outcomes. This metric allows for monitoring of patients who receive this service within 12 weeks of acceptance onto the PHN caseload.
	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 - 100%**
5	**KPI Calculation**	Count the number of new patients who have been accepted onto the caseload and have been seen by the PHN / RGN in the previous 12 weeks and express it as a proportion of the overall number of new patients accepted onto the caseload in the previous 12 weeks. Numerator: the number of new patients who have been accepted onto the caseload and have been seen by the PHN / RGN in the previous 12 weeks _____ x 100 Denominator: the overall number of new patients accepted onto the caseload in the previous 12 weeks
6	**Data Source**	Public Health Nurses to the Director of Public Health Nursing (DPHN), the Primary Care General Manager, Community Healthcare Organisation (CHO) Head of Service Primary Care, Chief Officer and Business Information Unit (BIU) Community Healthcare Team
	Data Completeness	Data gaps due to industrial relations issues being addressed in 2017
	Data Quality Issues	Data gaps due to industrial relations issues being addressed in 2017
7	**Data Collection Frequency**	Indicate how often the data to support the KPI will be collected: ❑Daily ❑Weekly ☑ Monthly in arrears ❑Quarterly ❑Bi-annually ❑Annually ❑Other – give details:
8	**Tracer Conditions**	•New patients accepted onto the caseload and seen in the previous 12 weeks •Total number of new patients accepted onto the caseload in the previous 12 weeks
9	**Minimum Data Set**	•New patients accepted onto the caseload and seen in the previous 12 weeks •Total number of new patients accepted onto the caseload in the previous 12 weeks
10	**International Comparison**	Not applicable
11	**KPI Monitoring**	KPI will be monitored on a (please indicate below) basis: ❑Daily ❑Weekly ☑Monthly in arrears ❑Quarterly ❑Bi-annually ❑Annually ❑Other – give details: Please indicate who is responsible at a local level for monitoring this KPI: DPHN, Primary Care General Manager, the CHO Head of Service Primary Care, 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 in arrears ❑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) ❑ Other – give details:
14	**KPI Reporting Aggregation**	Indicate the level of aggregation for example over a geographical location: ☑ National ☑ CHO ☑ LHO ❑ 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 Specialist Lead: Brian Murphy, Head of Planning, Performance and Programme Management and Interim Head of Operations Primary Care Division
	National Lead and Division	John Hennessy, National Director, Primary Care Division, Health Service Executive.

Primary Care - Child Health Child Development Health Screening

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1	**KPI Title**	% of children reaching 10 months within the reporting period who have had their child development health screening on time or before reaching 10 months of age
2	**KPI Description PC134**	This is a calculation of the percentage uptake of 7-9 months developmental screening by 10 months as completed by Public Health Nurses or Area Medical Officers (AMOs). A baby born between between 1st and 30th June 2016 will turn 10 months of age between 1st and 30th April 2017, babies born between 1st and 31st December 2016 will turn 10 months of age between 1st and 31st October 2017, etc.
3	**KPI Rationale**	Developmental screening is a procedure designed to identify children who should receive more intensive assessment or diagnosis, for potential developmental delays or physical defects (e.g. strabismus; undescended testes). It can allow for earlier detection of delays and improve child health and well-being outcomes for identified children.
	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 - 95%**
5	**KPI Calculation**	The number of babies receiving developmental screening by 10 months is divided by the number of babies reaching 10 months in the reporting period e.g. CHO has 89 babies who received screening, with 108 babies reaching 10 months of age in the reporting period, the percentage is calculated as: 89 /108 x 100% = 82%.
6	**Data Source**	Data is provided by PHNs to the Director of Public Health Nursing (DPHN), AMOs / Senior Area Medical Officers (SAMO) to the Principal Medical Officer (PMO), the Primary Care General Manager, Community Healthcare Organisation (CHO) Head of Service Primary Care, Chief Officer and Business Information Unit (BIU) Community Healthcare Team.
	Data Completeness	Data completeness is expected at 100%.
	Data Quality Issues	No
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 total number of babies reaching 10 months of age during the reporting period. •The number of babies reaching 10 months of age during the reporting period who have received their 7-9 month developmental check before reaching 10 months of age.
9	**Minimum Data Set**	•The total number of babies reaching 10 months of age during the reporting period •The number of babies reaching 10 months of age during the reporting period who have received their 7-9 month developmental check before reaching 10 months of age.
10	**International Comparison**	PHN's conduct development health screening as recommended by the Child Health Screening & Surveillance Programme (CHSS).
11	**KPI Monitoring**	KPI will be monitored on a (please indicate below) basis: ☐Daily ☐Weekly ☑Monthly in arrears ☐Quarterly ☐Bi-annually ☐Annually ☐Other – give details: Please indicate who is responsible at a local level C46for monitoring this KPI: PHN, DPHN, SAMO / PMO, Primary Care General Manager, the CHO Head of Service Primary Care, Chief Officer and the Primary Care Divsion Operations Team via performance meetings.
12	**KPI Reporting Frequency**	Indicate how often the KPI will be reported: ☐Daily ☐Weekly ☑Monthly in arrears ☐Quarterly ☐Bi-annually ☐Annually ☐Other – give details:
13	**KPI report period**	Indicate the period to which the data applies: ☐Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) ☑Monthly in arrears (June data reported in July) ☐Quarterly in arrears (quarter 1 data reported in quarter 2) ☐Rolling 12 months (previous 12 month period)
14	**KPI Reporting Aggregation**	Indicate the level of aggregation for example over a geographical location: ☑National ☑ CHO ☑LHO ☐ 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 Specialist Leads: Dr. Kevin Kelleher, AND, Health Protection, Health & Wellbeing Division Tel: 061 483347 Brian Murphy, Head of Planning, Performance and Programme Management and Interim Head of Operations Primary Care Division
	National Lead and Division	National Lead: John Hennessy, National Director, Primary Care Division, Health Service Executive.

Primary Care - Child Health Public Health Nurse Visits within 72 hours

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1	**KPI Title**	% of newborn babies visited by a PHN (Public Health Nurse) within 72 hours of discharge from maternity services.
2	**KPI Description PC133**	This is a calculation of the percentage of new born babies visited by a PHN for the first time within 72 hours of hospital discharge. A new born baby is defined as a : "baby who has never been discharged before, except those babies remaining in the care of Midwifery Services following early hospital discharge (e.g. Domino and Early Transfer Home Schemes) and some home births."
3	**KPI Rationale**	This data underpins PHN roles in supporting mother and baby and in health promotion. In particular a timely PHN visit supports breastfeeding and screens for, and responds to, post natal depression. Both of these are core elements of post-natal support.
	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 - 98%**
5	**KPI Calculation**	The percentage is calculated by dividing the number of new born babies visited by a PHN within 72 hours of their first discharge from hospital by the total number of newborn babies discharged from hospital following their birth during the reporting period and multiplying by 100. Numerator: Number of newborn babies visited by a PHN within 72 hours of discharge during the reporting period x100 Denominator: Number of newborn babies discharged during the reporting period (e.g. CHO has 369 babies discharged, 367 received a PHN Visit within 72 hours therefore 367 / 369 x100%= 99.5%)
6	**Data Source**	Data is provided by PHNs to the Director of Public Health Nursing (DPHN), the Primary Care General Manager, Community Healthcare Organisation (CHO) Head of Service Primary Care, Chief Officer and Business Information Unit (BIU) Community Healthcare Team.
	Data Completeness	Data completeness is expected at 100%.
	Data Quality Issues	No
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 total number of newborn babies discharged for the first time from hospital following their birth during the reporting period •Number of newborn babies visited by a PHN within 72 hours of hospital discharge.
9	**Minimum Data Set**	•The total number of newborn babies discharged for the first time from hospital following their birth during the reporting period •Number of newborn babies visited by a PHN within 72 hours of hospital discharge.
10	**International Comparison**	Community health services to mothers and babies are not standard or comparable across countries. Most other countries have a separate dedicated service that provides maternal and child health services alone and are thus able to achieve much more intensive visits and medical check for babies, young children and their mothers / families. WHO / UNICEF advocate timely, appropriate and accessible community health service support for new mothers and babies.
11	**KPI Monitoring**	KPI will be monitored on a (please indicate below) basis: ☐Daily ☐Weekly ☐ Monthly ☑Quarterly ☐Bi-annually ☐Annually ☐Other – give details: Please indicate who is responsible at a local level for monitoring this KPI: PHN, DPHN, Primary Care General Manager, the CHO Head of Service Primary Care, 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 in arrears (June data reported in July) ☑ Quarterly current (data reported by the 10th of the month following the quarter) ☐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
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 Specialist Leads: Dr. Kevin Kelleher, AND, Health Protection Health & Wellbeing Division Tel: 061 483347 Brian Murphy, Head of Planning, Performance and Programme Management and Interim Head of Operations Primary Care Division
	National Lead and Division	National Lead: John Hennessy, National Director, Primary Care Division, Health Service Executive.

Primary Care - Child Health Breastfeeding at First Public Health Nurse Visit

1	**KPI title**	% of babies breastfed (exclusively and not exclusively) at first PHN (Public Health Nurse) Visit
2	**KPI Description PC135**	This is a calculation of the percentage of babies seen at the first postnatal PHN visit that are breastfed (exclusively and not exclusively). The following definitions, adapted from the WHO definitions apply: Breastfeeding: The child has received breast milk (direct from the breast or expressed). Exclusive breastfeeding: The infant has received only breast milk from his / her mother, or expressed breast milk, and no other liquids or solids with the exception of drops or syrups consisting of vitamins, mineral supplements or medicines. Partial (not exclusive) breastfeeding: The infant receives some breastfeeds, and some artificial feeds, either milk or cereal or other foods (WHO 2003 & WHO/EURO 2001).
3	**KPI Rationale**	Increasing breastfeeding rates and duration is a Department of Health and HSE target. Not breastfeeding increases the risk of acute childhood illnesses and chronic diseases, with significant costs to the health service. International evidence show that increasing breastfeeding rates results in improved health and cost savings to the health service.
	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 - 58%**
5	**KPI Calculation**	The percentage is calculated by dividing the number of babies breastfed (exclusively and not exclusively) at the first PHN visit by the total number of babies seen at the first PHN visit for the reporting period and multiplying by 100. Numerator: the number of babies breastfed (exclusively and not exclusively) at the first PHN visit in the reporting period Denominator: the number of babies seen at the first PHN visit in the reporting period x 100.
6	**Data Source**	The data source is PHN records. Data is provided by PHNs to the Director of Public Health Nursing (DPHN), the Primary Care General Manager, Community Healthcare Organisation (CHO) Head of Service Primary Care, Chief Officer and Business Information Unit (BIU) Community Healthcare Team.
	Data Completeness	There is 100% coverage of this data across all LHOs.
	Data Quality Issues	No
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 babies seen at PHN visit •Number of babies breastfed exclusively and not exclusively.
9	**Minimum Data Set**	•Number of babies seen at PHN visit •Number of babies breastfed exclusively and not exclusively.
10	**International Comparison**	Exclusive breastfeeding for 6 months for all infants is recommended by the WHO and the Department of Health, thereafter, once complementary foods are introduced it is recommended that breastfeeding continues for up to 2 years or beyond. Prevalance of breastfeeding at up to 6 months is reported in Northern Ireland, including initiation and discharge data and data collected by health visitors at 10 days; 6 weeks; 3 months and 6 months.
11	**KPI Monitoring**	KPI will be monitored on a (please indicate below) basis: ❑Daily ❑Weekly ❑ Monthly ☑ Quarterly ❑Bi-annually ❑Annually ❑Other Please indicate who is responsible at a local level for monitoring this KPI: PHN, DPHN, Primary Care General Manager, the CHO Head of Service Primary Care, 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 within the same month of activity) ❑ Monthly in arrears (June data reported in July) ☑ Quarterly current (data reported by the 10th of the month following the quarter) ❑ 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 ❑ 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 Specialist Leads: Siobhan Hourigan, National Lead for Breastfeeding, Health & Wellbeing Division Brian Murphy, Head of Planning, Performance and Programme Management and Interim Head of Operations Primary Care Division
	National Lead and Division	National Lead: John Hennessy, National Director, Primary Care Division, Health Service Executive.

Primary Care- Child Health Breastfeeding at 3 Month Pubic Health Nurse Visit

1	**KPI title**	% of babies breastfed (exclusively and not exclusively) at 3 month PHN (Public Health Nurse) visit
2	**KPI Description PC136**	This is a calculation of the percentage of babies seen at the 3 month PHN developmental check visit that are breastfed (exclusively and not exclusively). The following definitions, adapted from the WHO definitions apply: Breastfeeding: the child has received breast milk (direct from the breast or expressed). Exclusive breastfeeding: the infant has received only breast milk from his/her mother, or expressed breast milk, and no other liquids or solids with the exception of drops or syrups consisting of vitamins, mineral supplements or medicines. Partial (not exclusive) breastfeeding: the infant receives some breastfeeds, and some artificial feeds, either milk or cereal or other foods (WHO 2003 & WHO/EURO 2001).
3	**KPI Rationale**	Increasing breastfeeding rates and duration is a Department of Health and HSE target. Not breastfeeding increases the risk of acute childhood illnesses and chronic diseases, with significant costs to the health service. International evidence show that increasing breastfeeding rates results in improved health and cost savings to the health service.
	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 - 40%**
5	**KPI Calculation**	The percentage is calculated by dividing the number of babies breastfed (exclusively and not excusively) at the 3 month PHN developmental check visit by the the total number of babies seen at the 3 month PHN developmental check visit and multiplying by 100. Numerator: the number of babies breastfed (exclusively and not exclusively) at 3 month PHN developmental check visit Denominator: the number of babies seen at 3 month PHN developmental check visit in the reporting period x 100
6	**Data Source**	The data source is PHN records. Data is provided by PHNs to the Director of Public Health Nursing (DPHN), the Primary Care General Manager, Community Healthcare Organisation (CHO) Head of Service Primary Care, Chief Officer and Business Information Unit (BIU) Community Healthcare Team.
	Data Completeness	There is 100% coverage of this data across all LHOs.
	Data Quality Issues	No
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 babies seen at 3 month PHN developmental check •Number of babies breastfeed exclusively and not exclusively.
9	**Minimum Data Set**	•Number of babies seen at 3 month PHN developmental check •Number of babies breastfeed exclusively and not exclusively.
10	**International Comparison**	Exclusive breastfeeding for 6 months for all infants is recommended by the WHO and the Department of Health, thereafter, once complementary foods are introduced it is recommended that breastfeeding continues for up to 2 years or beyond. Prevalance of breastfeeding at up to 6 months is reported in Northern Ireland, including initiation and discharge data and data collected by health visitors at 10 days; 6 weeks; 3 months and 6 months.
11	**KPI Monitoring**	KPI will be monitored on a (please indicate below) basis: ❑Daily ❑Weekly Monthly ☑Quarterly ❑Bi-annually ❑Annually ❑Other Please indicate who is responsible at a local level for monitoring this KPI: PHN, DPHN, Primary Care General Manager, the CHO Head of Service Primary Care, Chief Officer and the Primary Care Divsion 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 within the same month of activity) ❑Monthly in arrears (June data reported in July) ☑ Quarterly current (data reported by the 10th of the month following the quarter) ❑ Rolling 12 months (previous 12 month period) ❑ Other – give details:
14	**KPI Reporting Aggregation**	Indicate the level of aggregation for example over a geographical location: ☑National ☑ CHO ☑ LHO ❑ 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 Specialist Leads: Siobhan Hourigan, National Lead for Breastfeeding, Health & Wellbeing Division Brian Murphy, Head of Planning, Performance and Programme Management and Interim Head of Operations Primary Care Division
	National Lead and Division	National Lead: John Hennessy, National Director, Primary Care Division, Health Service Executive.

Primary Care - Orthodontics Active Treatment

1	**KPI Title**	Number of patients receiving active treatment at the end of the reporting period
2	**KPI Description** **PC23**	This is a count of the number of patients receiving active treatment at the end of the reporting period. It includes patients who are in retention and excludes patients receiving interceptive treatment. All children under 16 years of age are eligible for dental care. To receive orthodontic treatment a child must satisfy the clinical guidelines for orthodontic care and be referred for treatment. A patient is defined as being in active treatment with an orthodontist when he / she has a comprehensive treatment plan with fixed functional or removal appliance in situ.
3	**KPI Rationale**	To monitor the number of eligibile patients receiving orthodontic treatment in the reporting quarter.
	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 - 18,404**
5	**KPI Calculation**	Count the number of patients who are in the process of receiving orthodontic treatment at the end of the reporting period. Count at the end of each quarter, i.e. last day of March, June, September and December.
6	**Data Source**	Data is submitted by the Orthodontic Services (in the former Health Board areas) to the Community Healthcare Team in the Business Intelligence Unit (BIU). The BIU liaises with the National Oral Health Lead for validation purposes as necessary.
	Data Completeness	Data completeness is expected at 100%.
	Data Quality Issues	No
7	**Data Collection Frequency**	Indicate how often the data to support the KPI will be collected: ☐Daily ☐Weekly ☐Monthly ☑Quarterly ☐Bi-annually ☐Annually
8	**Tracer Conditions**	Patients receiving active orthodontic treatment at the end of the reporting period.
9	**Minimum Data Set**	Patients receiving active orthodontic treatment at the end of 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 Please indicate who is responsible at a local level A38for monitoring this KPI: Consultant Orthodontist / Orthodontic Manager, the CHO Head of Service Primary Care, 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 ☑Quarterly Current (data reported by the 10th of the month following the quarter) ☐Monthly in arrears (June data reported in July) ☐Quarterly in arrears (quarter 1 data reported in quarter 2) ☐Rolling 12 months (previous 12 month period) ☐Other - give details:
14	**KPI Reporting Aggregation**	Indicate the level of aggregation – for example over a geographical location: ☑ National ☑ Regional - former HSE Region ☐ County ☐ Institution ☑ Other – give details: former Health Board Area (except Dublin North East)
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 Specialist Lead: National Oral Health Lead, Primary Care Division
	National Lead and Division	John Hennessy, National Director, Primary Care Division, Health Service Executive.

Primary Care - Orthodontics Patient Assessments

1	**KPI Title**	% of referrals seen for assessment within 6 months
2	**KPI Description** **PC24 & PC24A**	This is a calculation of the number of referrals (patients) seen for assessment within six months of referral expressed as a proportion of the overall number of referrals (patients) seen for assessment in the reporting period multiplied by 100.
3	**KPI Rationale**	To monitor and reduce the length of time patients are waiting for an assessment following referral
	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 -C8275%**
5	**KPI Calculation**	The number of patients seen for assessment within 6 months of referral is divided by the total number of patients seen for assessment in the reporting period and multiplied by 100. <u>Numerator:</u> The number of patients assessed within 6 months of referral during the reporting period x 100 Denominator:Total number of patients assessed within the reporting period
6	**Data Source**	Data is submitted by the Orthodontic Services (in the former Health Board areas) to the Community Healthcare Team in the Business Intelligence Unit (BIU). The BIU liaises with the National Oral Health Lead for validation purposes as necessary.
	Data Completeness	Data completeness is expected at 100%.
	Data Quality Issues	No
7	**Data Collection Frequency**	Indicate how often the data to support the KPI will be collected: ☐Daily ☐Weekly ☐Monthly ☑Quarterly ☐Bi-annually ☐Annually
8	**Tracer Conditions**	Patients seen for assessment during the reporting period including those seen within six months of referral.
9	**Minimum Data Set**	Patients seen for assessment during the reporting period including those seen within six months of referral.
10	**International Comparison**	No
11	**KPI Monitoring**	KPI will be monitored on a (please indicate below) basis: ☐Daily ☐Weekly ☐Monthly ☑Quarterly ☐Bi-annually ☐Annually Please indicate who is responsible at a local level A58for monitoring this KPI: Consultant Orthodontist / Orthodontic Manager, the CHO Head of Service Primary Care, 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 ☑Quarterly Current (data reported by the 10th of the month following the quarter) ☐Monthly in arrears (June data reported in July) ☐Quarterly in arrears (quarter 1 data reported in quarter 2) ☐Rolling 12 months (previous 12 month period) ☐Other - give details:
14	**KPI Reporting Aggregation**	Indicate the level of aggregation – for example over a geographical location: ☑ National ☑Regional - former HSE Region ☐ County ☐ Institution ☑Other – give details: former Health Board area (except Dublin North East)
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 Specialist Lead: National Oral Health Lead,Primary Care Division
	National Lead and Division	John Hennessy, National Director, Primary Care Division, Health Service Executive.

Primary Care - Orthodontics Reduce Assessment Waiting Times

1	**KPI Title**	% of orthodontic patients on the waiting list for assessment less than or equal to 12 months
2	**KPI Description PC25 & PC25A**	This is a calculation of the number of patients waiting for assessment following referral less than or equal to 12 months expressed as a proportion of the overall number of patients on the waiting list for assessment during the reporting period multiplied by 100. Wait time is calculated from the referral date to the date of assessment. *Wait time is recorded as waiting: i)1-6 months ii)7-12 months iii)13-24 months iv)over 2 years.
3	**KPI Rationale**	To monitor and reduce the length of time patients are waiting for an assessment following referral
	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 100% on waiting list ≤ 12 months**
5	**KPI Calculation**	The number of patients on the assessment waiting list waiting less than or equal to 12 months (i.e with wait times 1-6 months + 7-12 months) is divided by the total number of patients on the waiting list (i.e with wait times 1-6 months+ 7-12 months+13-24 months+ over 2 years) during the reporting period and multiplied by 100. Numerator: The number of patients on the assessment waiting list <= 12 months during the reporting period x 100 Denominator: Total number of patients on the assessment waiting list during the reporting period.
6	**Data Source**	Data is submitted by the Orthodontic Services (in the former Health Board areas) to the Community Healthcare Team in the Business Intelligence Unit (BIU). The BIU liaises with the National Oral Health Lead for validation purposes as necessary.
	Data Completeness	Data completeness is expected at 100%.
	Data Quality Issues	No
7	**Data Collection Frequency**	Indicate how often the data to support the KPI will be collected: ☐Daily ☐Weekly ☐Monthly ☑Quarterly ☐Bi-annually ☐Annually
8	**Tracer Conditions**	•Number of patients waiting for assessment following referral •Wait times
9	**Minimum Data Set**	•Number of patients waiting for assessment following referral •Wait times
10	**International Comparison**	No
11	**KPI Monitoring**	KPI will be monitored on a (please indicate below) basis: ☐Daily ☐Weekly ☐Monthly ☑Quarterly ☐Bi-annually ☐Annually Please indicate who is responsible at a local level C92for monitoring this KPI: Consultant Orthodontist / Orthodontic Manager, the CHO Head of Service Primary Care, 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 ☑Quarterly Current (data reported by the 10th of the month following the quarter) ☐Monthly in arrears (June data reported in July) ☐Quarterly in arrears (quarter 1 data reported in quarter 2) ☐Rolling 12 months (previous 12 month period) ☐Other - give details:
14	**KPI Reporting Aggregation**	Indicate the level of aggregation – for example over a geographical location: ☑ National ☑Regional -former HSE Region ☐ County ☐ Institution ☑Other – give details: former Health Board Area (except Dublin North East)
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 Specialist Lead: National Oral Health Lead, Primary Care Division
	National Lead and Division	John Hennessy, National Director, Primary Care Division, Health Service Executive.

Primary Care - Orthodontics Percentage on Treatment Waiting List

1	**KPI Title**	Percentage of orthodontic patients on the treatment waiting list < 2 years
2	**KPI Description** **PC26 & PC26A** **PC27 & PC27A**	This is a calculation of the number of grade 4 and 5 orthodontic patients on the treatment waiting list < 2 years expressed as a proportion of the overall number of grade 4 and 5 orthodontic patients on the treatment waiting list at the end of the reporting period multiplied by 100. The Modified Index of Treatment Need is used by the Orthodontic Services to establish cases that are eligibile to receive treatment by the HSE Orthodontic Services. Grade 4 patients have severe degrees of irregularity that require treatment for health reasons, traumatic bites or functional problems. Patients waiting for growth to be completed are included. Grade 5 patients have very severe dental health problems, e.g. cleft lip & palate, upper front teeth that protrude more than 9mm, teeth cannot come into the mouth because of overcrowding, additional incisors or canines or any other cause. Patients waiting for growth to be completed are included. *Wait time is recorded as waiting: i) 1-6 months ii) 7-12 months iii) 13-24 months vi) 25-36 months vii) 37-48 months viii) over 4 years.
3	**KPI Rationale**	To monitor and address the waiting times of patients (grade 4 and grade 5) on the Orthodontic Treatment waiting lists.
	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two). ☑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 - 75%**
5	**KPI Calculation**	The number of orthodontic patients (grades 4 and 5) on the treatment waiting list < 2 years is divided by the overall number of orthodontic patients (grades 4 and 5) on the treatment waiting list at the end of the reporting period and multiplied by 100.
6	**Data Source**	Data is submitted by the Orthodontic Services (in the former Health Board areas) to the Community Healthcare Team in the Business Intelligence Unit (BIU). The BIU liaises with the National Oral Health Lead for validation purposes as necessary.
	Data Completeness	Data completeness is expected at 100%.
	Data Quality Issues	No
7	**Data Collection Frequency**	Indicate how often the data to support the KPI will be collected: ☐Daily ☐Weekly ☐Monthly ☑Quarterly ☐Bi-annually ☐Annually
8	**Tracer Conditions**	Number of orthodontic patients (grades 4 and 5) on the treatment waiting list including those waiting < 2 years
9	**Minimum Data Set**	Number of orthodontic patients (grades 4 and 5) on the treatment waiting list including those waiting < 2 years
10	**International Comparison**	No
11	**KPI Monitoring**	KPI will be monitored on a (please indicate below) basis: ☐Daily ☐Weekly ☐Monthly ☑Quarterly ☐Bi-annually ☐Annually Please indicate who is responsible at a local level C117for monitoring this KPI: Consultant Orthodontist / Orthodontic Manager, the CHO Head of Service Primary Care, 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 ☑Quarterly Current (data reported by the 10th of the month following the quarter) ☐Monthly in arrears (June data reported in July) ☐Quarterly in arrears (quarter 1 data reported in quarter 2) ☐Rolling 12 months (previous 12 month period)
14	**KPI Reporting Aggregation**	Indicate the level of aggregation – for example over a geographical location: ☑ National ☑ Regional-former HSE Region ❏ County ❏ Institution ☑Other – give details: former Health Board Area (except Dublin North East)
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 Specialist Lead: National Oral Health Lead, Primary Care Division
	National Lead and Division	John Hennessy, National Director, Primary Care Division, Health Service Executive.

Primary Care - Orthodontics Percentage on Treatment Waiting List

1	**KPI Title**	Percentage of orthodontic patients on the treatment waiting list < 4 years (grades 4 and 5)
2	**KPI Description** **PC26 & PC26A** **PC27 & PC27A**	This is a calculation of the number of grade 4 and 5 orthodontic patients on the treatment waiting lists < 4 years expressed as a proportion of the overall number of grade 4 and 5 orthodontic patients on the treatment waiting list at the end of the reporting period multiplied by 100. The Modified Index of Treatment Need is used by the Orthodontic Services to establish cases that are eligibile to receive treatment by the HSE Orthodontic Services. Grade 4 patients have severe degrees of irregularity that require treatment for health reasons, traumatic bites or functional problems. Patients waiting for growth to be completed are included. Grade 5 patients have very severe dental health problems, e.g. cleft lip & palate, upper front teeth that protrude more than 9mm, teeth cannot come into the mouth because of overcrowding, additional incisors or canines or any other cause. Patients waiting for growth to be completed are included. *Wait time is recorded as waiting: i) 1-6 months ii) 7-12 months iii) 13-24 months vi) 25-36 months vii) 37-48 months viii) over 4 years.
3	**KPI Rationale**	To monitor and address the waiting times of patients (grade 4 and grade 5) on the Orthodontic Treatment waiting lists.
	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two). ☑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 - 95%**
5	**KPI Calculation**	The number of orthodontic patients (grades 4 and 5) on the treatment waiting list < 4 years is divided by the overall number of orthodontic patients (grades 4 and 5) on the treatment waiting list at the end of the reporting period and multiplied by 100. .
6	**Data Source**	Data is submitted by the Orthodontic Services (in the former Health Board areas) to the Community Healthcare Team in the Business Intelligence Unit (BIU). The BIU liaises with the National Oral Health Lead for validation purposes as necessary.
	Data Completeness	Data completeness is expected at 100%.
	Data Quality Issues	No
7	**Data Collection Frequency**	Indicate how often the data to support the KPI will be collected: ☐Daily ☐Weekly ☐Monthly ☑Quarterly ☐Bi-annually ☐Annually
8	**Tracer Conditions**	Number of orthodontic patients (grades 4 and 5) on the treatment waiting list including those waiting < 4 years
9	**Minimum Data Set**	Number of orthodontic patients (grades 4 and 5) on the treatment waiting list including those waiting < 4 years
10	**International Comparison**	No
11	**KPI Monitoring**	KPI will be monitored on a (please indicate below) basis: ☐Daily ☐Weekly ☐Monthly ☑Quarterly ☐Bi-annually ☐Annually Please indicate who is responsible at a local level for monitoring this KPI: Consultant Orthodontist / Orthodontic Manager, the CHO Head of Service Primary Care, 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 ☑Quarterly Current (data reported by the 10th of the month following the quarter) ☐Monthly in arrears (June data reported in July) ☐Quarterly in arrears (quarter 1 data reported in quarter 2) ☐Rolling 12 months (previous 12 month period) ☐Other - give details:
14	**KPI Reporting Aggregation**	Indicate the level of aggregation – for example over a geographical location: ☑ National ☑ Regional-former HSE Region ❏ County ❏ Institution ☑Other – give details: former Health Board Area (except Dublin North East)
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 Specialist Lead: National Oral Health Lead, Primary Care Division
	National Lead and Division	John Hennessy, National Director, Primary Care Division, Health Service Executive.

Primary Care - Orthodontics Assessment Waiting List

1	**KPI Title**	Number of orthodontic patients on the assessment waiting list at the end of the reporting period
2	**KPI Description** **PC28**	This is a count of the total number of orthodontic patients who are awaiting assessment (all wait times*) for eligibility and categorisation of their orthodontic treatment requirements at the end of the reporting quarter. *Wait time is recorded as waiting: i) 1-6 months ii) 7-12 months iii) 13-24 months vi) > 2 years.
3	**KPI Rationale**	To monitor and address the number of patients on the orthodontic assessment waiting list.
	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two). ☑Person Centred Care ☑ Effective Care ☐Safe Care ☐Better Health and Wellbeing ☑Use of Information ☐Workforce ☐Use of Resources ☐Governance, Leadership and Management
4	**KPI Target 2017**	**DOP 2017 Target National - 6,720**
5	**KPI Calculation**	Count the total number of patients on the Orthodontic assessment waiting list at the end of the reporting quarter. Count at the end of each quarter, i.e. last day of March, June, September and December.
6	**Data Source**	Data is submitted by the Orthodontic Services (in the former Health Board areas) to the Community Healthcare Team in the Business Intelligence Unit (BIU). The BIU liaises with the National Oral Health Lead for validation purposes as necessary.
	Data Completeness	Data completeness is expected at 100%.
	Data Quality Issues	No
7	**Data Collection Frequency**	Indicate how often the data to support the KPI will be collected: ☐Daily ☐Weekly ☐Monthly ☑Quarterly ☐Bi-annually ☐Annually
8	**Tracer Conditions**	Number of orthodontic patients on the assessment waiting list at the end of the reporting period
9	**Minimum Data Set**	Number of orthodontic patients on the assessment waiting list at the end of 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 Please indicate who is responsible at a local level for monitoring this KPI: Consultant Orthodontist / Orthodontic Manager, the CHO Head of Service Primary Care, 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 ☑Quarterly Current (data reported by the 10th of the month following the quarter) ☐Monthly in arrears (June data reported in July) ☐Quarterly in arrears (quarter 1 data reported in quarter 2) ☐Rolling 12 months (previous 12 month period) ☐Other - give details:
14	**KPI Reporting Aggregation**	Indicate the level of aggregation – for example over a geographical location: ☑ National ☑Regional- former HSE Region ❑ County ❑ Institution ☑Other – give details: former Health Board Area (except Dublin North East)
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**	
	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 Specialist Lead: National Oral Health Lead, Primary Care Division
	National Lead and Division	John Hennessy, National Director, Primary Care Division, Health Service Executive.

Primary Care - Orthodontics Treatment Waiting List - Grade 4

1	**KPI Title**	Number of orthodontic patients on the treatment waiting list - grade 4 - at the end of the reporting period
2	**KPI Description** **PC29**	This is a count of the number of orthodontic patients (grade 4) on the treatment waiting list at the end of the reporting period. The Modified Index of Treatment Need is used by the Orthodontic Services to establish cases that are eligibile to receive treatment by the HSE Orthodontic Services. Grade 4 patients have severe degrees of irregularity that require treatment for health reasons, traumatic bites or functional problems. Patients waiting for growth to be completed are excluded.
3	**KPI Rationale**	To monitor and address the number of patients (grade 4) on the orthodontic treatment waiting list.
	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two). ☑Person Centred Care ☑ Effective Care ☐Safe Care ☐Better Health and Wellbeing ☑Use of Information ☐Workforce ☐Use of Resources ☐Governance, Leadership and Management
4	**KPI Target 2017**	**DOP 2017 Target National - 9,741**
5	**KPI Calculation**	Count the number of patients (grade 4) on the Orthodontic Treatment waiting at the end of the reporting period. Count at the end of each quarter, i.e. last day of March, June, September and December.
6	**Data Source**	Data is submitted by the Orthodontic Services (in the former Health Board areas) to the Community Healthcare Team in the Business Intelligence Unit (BIU). The BIU liaises with the National Oral Health Lead for validation purposes as necessary.
	Data Completeness	Data completeness is expected at 100%.
	Data Quality Issues	No
7	**Data Collection Frequency**	Indicate how often the data to support the KPI will be collected: ☐Daily ☐Weekly ☐Monthly ☑Quarterly ☐Bi-annually ☐Annually
8		Number of orthodontic patients (grade 4) on the treatment waiting list
9	**Minimum Data Set**	Number of orthodontic patients (grade 4) on the treatment waiting list
10	**International Comparison**	No
11	**KPI Monitoring**	KPI will be monitored on a (please indicate below) basis: ☐Daily ☐Weekly ☐Monthly ☑Quarterly ☐Bi-annually ☐Annually Please indicate who is responsible at a local level for monitoring this KPI: Consultant Orthodontist / Orthodontic Manager, the CHO Head of Service Primary Care, 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 ☑Quarterly Current (data reported by the 10th of the month following the quarter) ☐Monthly in arrears (June data reported in July) ☐Quarterly in arrears (quarter 1 data reported in quarter 2) ☐Rolling 12 months (previous 12 month period) ☐Other - give details:
14	**KPI Reporting Aggregation**	Indicate the level of aggregation – for example over a geographical location: ☑ National ❑ ☑Regional -former HSE Region (except Dublin North East) ❑ County ❑ Institution ☑Other – give details: former Health Board Area
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 Specialist Lead: National Oral Health Lead, Primary Care Division
	National Lead and Division	John Hennessy, National Director, Primary Care Division, Health Service Executive.

Primary Care - Orthodontics Treatment Waiting List Grade 5

1	**KPI Title**	Number of orthodontic patients on the treatment waiting list - grade 5 - at the end of the reporting period
2	**KPI Description** **PC30**	This is a count of the number of orthodontic patients (grade 5) on the treatment waiting list at the end of the reporting period. The Modified Index of Treatment Need is used by the Orthodontic Services to establish cases that are eligibile to receive treatment by the HSE Orthodontic Services. Grade 5 patients have very severe dental health problems, e.g. cleft lip & palate upper front teeth that protrude more than 9mm, teeth cannot come into the mouth because of overcrowding, additional incisors or canines or any other cause. Patients waiting for growth to be completed are included.
3	**KPI Rationale**	To monitor and address the number of patients (grade 5) on the orthodontic treatment waiting list.
	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two). ☑Person Centred Care ☑ Effective Care ☐Safe Care ☐Better Health and Wellbeing ☑Use of Information ☐Workforce ☐Use of Resources ☐Governance, Leadership and Management
4	**KPI Target 2017**	**DOP 2017 Target National - 8,136**
5	**KPI Calculation**	Count the number of patients (grade 5) on the Orthodontic Treatment waiting lists at the end of the reporting quarter. Count at the end of each quarter, i.e. last day of March, June, September and December.
6	**Data Source**	Data is submitted by the Orthodontic Services (in the former Health Board areas) to the Community Healthcare Team in the Business Intelligence Unit (BIU). The BIU liaises with the National Oral Health Lead for validation purposes as necessary.
	Data Completeness	Data completeness is expected at 100%. Former HSE region Dublin Mid Leinster (DML) patients attend St James's Hospital and are not included in the returns.
	Data Quality Issues	No
7	**Data Collection Frequency**	Indicate how often the data to support the KPI will be collected: ☐Daily ☐Weekly ☐Monthly ☑Quarterly ☐Bi-annually ☐Annually
8	**Tracer Conditions**	Number of orthodontic patients (grade 5) on the treatment waiting list
9	**Minimum Data Set**	Number of orthodontic patients (grade 5) on the treatment waiting list
10	**International Comparison**	No
11	**KPI Monitoring**	KPI will be monitored on a (please indicate below) basis: ☐Daily ☐Weekly ☐Monthly ☑Quarterly ☐Bi-annually ☐Annually Please indicate who is responsible at a local level for monitoring this KPI: Consultant Orthodontist / Orthodontic Manager, the CHO Head of Service Primary Care, 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 ☑Quarterly Current (data reported by the 10th of the month following the quarter) ☐Monthly in arrears (June data reported in July) ☐Quarterly in arrears (quarter 1 data reported in quarter 2) ☐Rolling 12 months (previous 12 month period) ☐Other - give details:
14	**KPI Reporting Aggregation**	Indicate the level of aggregation – for example over a geographical location: ☑ National ☑Regional -former HSE Region ☐ County ☐ Institution ☑Other – give details: former Health Board Area (except Dublin North East) C200
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 Specialist Lead: National Oral Health Lead, Primary Care Division
	National Lead and Division	John Hennessy, National Director, Primary Care Division, Health Service Executive.

Primary Care - Orthodontics Reduce Treatment Waiting List

1	**KPI Title**	Reduce the proportion of orthodontic patients on the treatment waiting list waiting longer than 4 years (grades 4 and 5)
2	**KPI Description** **PC31 & PC31A**	In order to reduce the proportion of orthodontic patients (grades 4 and 5) on the treatment waiting list waiting longer than 4 years for treatment, the percentage of patients (grades 4 and 5) on the treatment waiting list waiting longer than 4 years for treatment is calculated. Actions are then required to be undertaken to address these waiting times and to work towards achievement of the national target of 95% of these patients receiving their treatment within 4 years or < 5% being on the waiting list for treatment longer than 4 years.
3	**KPI Rationale**	To monitor the number of patients on the treatment waiting list and reduce the number waiting longer than four years for orthodontic treatment.
	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 - <5% of patients waiting over 4 years**
5	**KPI Calculation**	Calculate the percentage of orthodontic patients (grades 4 and 5) on the treatment waiting list that are waiting longer than 4 years by dividing the number of orthodontic patients (grades 4 and 5) on the treatment waiting list waiting longer than 4 years by the total number of orthodontic patients (grades 4 and 5) waiting at the end of the reporting period and multiplying by 100. Numerator: No. of patients (grades 4 and 5) on the treatment waiting list waiting longer than four years at the end of the reporting period Denominator: Total number of patients (grades 4 and 5) on the treatment waiting list at the end of the reporting period. x 100
6	**Data Source**	Data is submitted by the Orthodontic Services (in the former Health Board areas) to the Community Healthcare Team in the Business Intelligence Unit (BIU). The BIU liaises with the National Oral Health Lead for validation purposes as necessary.
	Data Completeness	Data completeness is expected at 100%.
	Data Quality Issues	No
7	**Data Collection Frequency**	Indicate how often the data to support the KPI will be collected: ☐Daily ☐Weekly ☐Monthly ☑Quarterly ☐Bi-annually ☐Annually
8	**Tracer Conditions**	Number of orthodontic patients (grades 4 and 5) on the treatment waiting list including those waiting over 4 years
9	**Minimum Data Set**	Number of orthodontic patients (grades 4 and 5) on the treatment waiting list including those waiting over 4 years
10	**International Comparison**	No
11	**KPI Monitoring**	KPI will be monitored on a (please indicate below) basis: ☐Daily ☐Weekly ☐Monthly ☑Quarterly ☐Bi-annually ☐Annually Please indicate who is responsible at a local level for monitoring this KPI: Consultant Orthodontist / Orthodontic Manager, the CHO Head of Service Primary Care, 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 ☑Quarterly Current (data reported by the 10th of the month following the quarter) ☐Monthly in arrears (June data reported in July) ☐Quarterly in arrears (quarter 1 data reported in quarter 2) ☐Rolling 12 months (previous 12 month period) ☐Other - give details:
14	**KPI Reporting Aggregation**	Indicate the level of aggregation – for example over a geographical location: ☑ National ☑Regional- former HSE Region ☐ County ☐ Institution ☑Other – give details: former Health Board Area (except Dublin North East)
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 Specialist Lead: National Oral Health Lead, Primary Care Division
	National Lead and Division	John Hennessy, National Director, Primary Care Division, Health Service Executive.

Primary Care - Oral Health Primary Dental Care Scheduled Assessment

1	**KPI title**	Number of new patients attending for scheduled assessment
2	**KPI Description PC32**	This is a count of the number of new patients attending dental services for scheduled assessment during the reporting period. A 'new patient' is defined as any patient who is being seen for the first time in any particular course of treatment and therefore does not have an existing treatment plan. Patients may be children (defined as aged < 16 years and adults defined as aged 16 years and >). 'Course of treatment' in this instance may refer to an examination only and does not imply that any active treatment is required. It should be noted that where any existing course of treatment exceeds 12 months in length it must be considered to have expired / been completed and the patient should be (re)assessed as a "new patient". A 'scheduled assessment' is any assessment or examination of a patient which has been organised in a planned way such as for children in targeted school classes or patients accessed in a planned manner through any special needs centre / unit etc. In essence, any assessment which is not unscheduled falls into this category. The term 'assessment' should be considered as encompassing any screening, inspection or examination with the person being counted and returned once even if the service arrangements include a two (or more)-stage process such as screening or inspection in school followed by an examination in the dental surgery.
3	**KPI Rationale**	This metric allows the number of new patients accessing the dental service for scheduled dental assessment in the reporting period to be monitored.
	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**	Unavailable
5	**KPI Calculation**	Count the total number of patients that had a scheduled assessment during the reporting period. Include all children in 'target classes', any other patients seen aged less than 16 years of age or aged 16 years and >. Children aged 6-8 years of age / 1st or 2nd class and 11-13 years of age / 5th or 6th class are also counted and returned separately.
6	**Data Source**	Dental records, Principal Dental Surgeon, Chief Officer and Business Intelligence Unit (BIU) Community Healthcare Team. The BIU liaises with the National Oral Health Lead for validation purposes as necessary.
	Data Completeness	Data incomplete due to IR issues, being addressed in 2017
	Data Quality Issues	Data incomplete due to IR issues, being addressed in 2017
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 attending for scheduled care
9	**Minimum Data Set**	New patients attending for scheduled care
10	**International Comparison**	No
11	**KPI Monitoring**	KPI will be monitored on a (please indicate below) basis: ❏Daily ❏Weekly ☑ Monthly ❏Quarterly ❏Bi-annually ❏Annually ❏Other – give details: Please indicate who is responsible at a local level for monitoring this KPI: Principal Dental Surgeon, the CHO Head of Service Primary Care, 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 ❏ Monthly in arrears (June data reported in July) ❏ Quarterly in arrears (quarter 1 data reported in quarter 2) ❏ Rolling 12 months (previous 12 month period) ❏ Other – give details:
14	**KPI Reporting Aggregation**	Indicate the level of aggregation – for example over a geographical location: ☑ National ☑ CHO ☑ LHO ❏ 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 Specialist Lead: National Oral Health Lead
	National Lead and Division	John Hennessy, National Director, Primary Care Division, Health Service Executive.

Primary Care - Oral Health Primary Dental Care Unscheduled Assessment

1	KPI title	Number of new patients attending for unscheduled assessment
2	KPI Description PC33	This is a count of the number of new patients attending dental services for unscheduled assessment during the reporting period. Patients may be children (defined as aged < 16 years and adults defined as aged 16 years and >). A 'new patient' is defined as any patient who is being seen for the first time in any particular course of treatment and therefore does not have an existing treatment plan. A course of treatment' in this instance may refer to an examination only and does not imply that any active treatment is required. It should be noted that where any existing course of treatment exceeds 12 months in length it must be considered to have expired / been completed and the patient should be (re)assessed as a "new patient". An 'unscheduled assessment' is any assessment or examination of a patient which has not been organised or initiated by the service. An 'unscheduled assessment' is one which has been initiated by the patient / parent / carer who contacts the dental service seeking care or advice. Such an attendance is often considered to be an 'emergency' or 'casual' attendance. The patient may have been given an appointment to attend for this unscheduled assessment or may turn up without any appointment.
3	KPI Rationale	This metric allows the number of new patients accessing the dental service for unscheduled assessment in the reporting period to be monitored. A low proportion of unscheduled assessments accessing the service is an indicator of better underlying dental health / overall health of the population.
	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two). ☑ 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	Unavailable
5	KPI Calculation	Count the number of patients (aged <16 years and aged 16 years and >) who attended for unscheduled care during the reporting period.
6	Data Source	Dental records, Principal Dental Surgeon, Chief Officer and Business Intelligence Unit (BIU) Community Healthcare Team. The BIU liaises with the National Oral Health Lead for validation purposes as necessary.
	Data Completeness	Data incomplete due to IR issues, being addressed in 2017
	Data Quality Issues	Data incomplete due to IR issues, being addressed in 2017
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 (aged <16 years and aged 16 years and >) attending for unscheduled assessment
9	Minimum Data Set	New patients (aged <16 years and aged 16 years and >) attending for unscheduled assessment
10	International Comparison	No
11	KPI Monitoring	KPI will be monitored on a (please indicate below) basis: ❑Daily ❑Weekly ☑ Monthly ❑Quarterly ❑Bi-annually ❑Annually ❑Other – give details: Please indicate who is responsible at a local level for monitoring this KPI: Principal Dental Surgeon, the CHO Head of Service Primary Care, 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 ❑ Monthly in arrears (June data reported in July) ❑ Quarterly in arrears (quarter 1 data reported in quarter 2) ❑ Rolling 12 months (previous 12 month period) ❑ Other – give details:
14	KPI Reporting Aggregation	Indicate the level of aggregation – for example over a geographical location: ☑ National ☑ CHO ☑ LHO ❑ 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 Specialist Lead: National Oral Health Lead
National Lead and Division		John Hennessy, National Director, Primary Care Division, Health Service Executive.

Primary Care - Oral Health Primary Dental Care Percentage New Patients who Commenced Treament

1	**KPI title**	Percentage of new patients who commenced treatment within three months of assessment
2	**KPI Description PC34 & PC34A**	This is a calculation of the number of new patients who commenced treatment within 3 months of scheduled assessment expressed as a proportion of the overall number of new patients who commenced treatment within the reporting period multiplied by 100. This metric is focused on those patients who attend for scheduled assessment only. As the HSE's routine dental services are delivered in a planned way based on need rather than demand, every patient who attends for "unscheduled assessment" is seeking emergency care and will require some treatment, even if that treatment consists of no more than reassurance or advice. In the majority of such cases the treatment is commenced, often completed, on the day of the unscheduled assessment, therefore unscheduled assessment is not included.
3	**KPI Rationale**	This metric allows waiting time from scheduled assessment to treatment commencement to be monitored.
	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 - 88%**
5	**KPI Calculation**	The number of new patients needing further treatment who commenced that treatment within three months of their scheduled assessment, in the reporting period, is divided by the total number of patients needing further treatment who commenced treatment in the reporting period and multiplied by 100. Numerator: No. of new patients needing further treatment who commenced treatment within 3 months of scheduled assessment during the reporting period Denominator: Total number of patients needing further treatment who commenced treatment during the reporting period x 100
6	**Data Source**	Dental records, Principal Dental Surgeon, Chief Officer, Business Intelligence Unit (BIU) Community Healthcare Team. The BIU liaises with the National Oral Health Lead for validation purposes as necessary.
	Data Completeness	Data incomplete due to IR issues, being addressed in 2017
	Data Quality Issues	Data incomplete due to IR issues, being addressed in 2017
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 commencing treatment during the reporting period including those commencing within three months.
9	**Minimum Data Set**	New patients commencing treatment during the reporting period including those commencing within three months.
10	**International Comparison**	No
11	**KPI Monitoring**	KPI will be monitored on a (please indicate below) basis: ❑Daily ❑Weekly ☑ Monthly ❑Quarterly ❑Bi-annually ❑Annually ❑Other – give details: Please indicate who is responsible at a local level for monitoring this KPI: Principal Dental Surgeon, the CHO Head of Service Primary Care, 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) ❑ Other – give details:
14	**KPI Reporting Aggregation**	Indicate the level of aggregation – for example over a geographical location: ☑ National ☑ CHO ☑ LHO ❑ 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 Specialist Lead: National Oral Health Lead
National Lead and Division		John Hennessy, National Director, Primary Care Division, Health Service Executive.

Primary Care-Health Amendment Act- Services to persons with State Acquired Hepatitis C

1	**KPI Title**	No. of Health Amendment Act cardholders who were reviewed
2	**KPI Description PC 119**	This is a count of the number of Health Amendment Act (HAA) 1996 cardholders who had their health needs reviewed during the reporting period. Individuals who contracted Hepatitis C from the administration within the state of contaminated blood or blood products and hold a HAA card are entitled to a range of services including General Practitioner services, all prescribed drugs, medicines and appliances, dental and ophthalmic services, home support, home nursing, counselling services and other services without charge. HAA cardholders have their health needs reviewed to ensure that adequate service responses are in place to address their needs. Recruitment delays have been experienced in the filling of the nursing posts approved to undertake these assessments.
3	**KPI Rationale**	Regular review of health needs ensures that adequate service responses are in place for HAA cardholders and that any changes in needs are addressed in collaboration with the individual cardholder.
	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 - 586** CHO 1-50, CHO 2-50, CHO 3-40, CHO 4-64, CHO 5-60, CHO 6-50, CHO 7-135, CHO 8-50, CHO 9-87
5	**KPI Calculation**	Count the number of HAA cardholders who were reviewed during the reporting quarter.
6	**Data Source**	Hepatitis C Liaison Officers, Hepatitis C Nurses, Hepatitis C National Co-ordinator and Business Information Unit (BIU) Community Healthcare Team.
	Data Completeness	100% Complete
	Data Quality Issues	No
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**	HAA Cardholders who were reviewed
9	**Minimum Data Set**	HAA Cardholders who were reviewed
10	**International Comparison**	No
11	**KPI Monitoring**	KPI will be monitored on a (please indicate below) basis: ❑Daily　　❑Weekly　　　❑Monthly　☑Quarterly ❑Bi-annually　❑Annually　　❑Other – give details: Please indicate who is responsible for monitoring this KPI: Hepatitis C National Cordinator
12	**KPI Reporting Frequency**	Indicate how often the KPI will be reported: ❑Daily　　❑　Weekly　❑Monthly　　☑ Quarterly　　❑ Bi-annually　　❑Annually ❑Other – give details:
13	**KPI report period**	Indicate the period to which the data applies: ❑Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) ❑Monthly in arrears (June data reported in July) ☑Quarterly current (data reported for each quarter by the 10th of the month following the end of the quarter) ❑Quarterly in arrears (quarter 1 data reported in quarter 2) ❑Biannually
14	**KPI Reporting** **Aggregation**	Indicate the level of aggregation – for example over a geographical location: ☑ National　☑ CHO ❑ 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 Specialist Leads: Brian Murphy, Head of Planning, Performance and Programme Management and Interim Head of Operations Primary Care Division, Ger Kane, Hepatitis C National Co-ordinator, Primary Care Division
	National Lead and Division	John Hennessy, National Director, Primary Care Division, Health Service Executive.

Primary Care - Healthcare Associated Infections Medication Management

1	**KPI Title**	Consumption of antibiotics in community settings (defined as daily doses per 1,000 population per day)
2	**KPI Description PC102**	This is a calculation of the rate of consumption of antibiotics in the ambulatory (non-hospital) setting where the monthly rate is reported as defined daily doses (DDD) per 1,000 population per day (DID).
3	**KPI Rationale**	Community antibiotic use is strongly linked to antimicrobial resistance, which is a major public health threat.
	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 - <21.7**
5	**KPI Calculation**	Monthly rate reported as defined daily doses (DDD) per 1,000 population per day (DID) Numerator data: Aggregate data on wholesale supply of systemic antimicrobials to community pharmacies, purchased from IMS Health Inc. (Accounts for at least 95% of community antibiotic sales. Prescription level data not available). Denominator data: CSO census data Other data: Updated ATC coding and DDD definitions from World Health Organisation (WHO) which can impact on interpretation of results).
6	**Data Source**	Since March 2007 the Health Protection Surveillance Centre (HPSC) has been co-ordinating the publication of data relating to antimicrobial consumption for acute public hospitals in Ireland.
	Data Completeness	100% complete
	Data Quality Issues	Changes to ATC coding and DDD definitions from WHO can impact on interpretation of results. Does not represent prescription level data.
7	**Data Collection Frequency**	Indicate how often the data to support the KPI will be collected: ❑Daily ❑Weekly ❑Monthly ☑ Quarterly ❑Bi-annually ❑Annually ❑Other – give details:
8	**Tracer Conditions**	Rates of penicillin and macrolide resistance among invasive strains of Streptococcus pneumoniae (EARS-Net data, via HPSC)
9	**Minimum Data Set**	Quarterly data supply from IMS Health
10	**International Comparison**	Uses WHO-approved methodology. Part of Europe-wide standardised surveillance programme (European Surveillance of Antimicrobial Consumption (ESAC) network). National data from all participating European countries available for comparison.
11	**KPI Monitoring**	KPI will be monitored on a (please indicate below) basis: Daily Weekly Monthly ☑Quarterly Bi-annually Annually Other – give details: Please indicate who is responsible at a local level for monitoring this KPI: the CHO Head of Service Primary Care, 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 1 Q in arrears ❑Bi-annually ❑Annually ❑Other – give details:
13	**KPI report period**	Indicate the period to which the data applies: ❑Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) ❑Monthly in arrears (June data reported in July) ☑Quarterly in arrears (quarter 1 data reported in quarter 2) ❑Biannually
14	**KPI Reporting Aggregation**	Indicate the level of aggregation – for example over a geographical location: ☑ National ❑ 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.hpsc.ie/a-z/microbiologyantimicrobialresistance/europeansurveillanceofantimicrobialconsumptionesac/publicmicroreports/
17	**Additional Information**	Reports on community antibiotic consumption for participating European countries available at www.ecdc.eu
Contact details for Data Manager /Specialist Lead		Specialist Lead: Dr. Robert Cunney, HPSC robert.cunney@hse.ie Tel: 01 8765300 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 and Division		John Hennessy, National Director, Primary Care Division, Health Service Executive.

Primary Care -Primary Care Reimbursement Service (PCRS) Medical Cards

1	KPI Title	Medical Cards - Number of persons covered
2	KPI Description PCRS1	This is a count of the number of people with eligibility for a Medical Card at the end of the reporting month. Medical Cards allow people to access family doctor or GP services, community health services, dental services, hospital care and a range of other benefits free of charge. Eligibility is determined based on a financial assessment of means. To qualify, weekly income must be below a certain limit for a particular family size. Cash income, savings, investments and property (except the family home) are taken into account while allowances are made for reasonable expenses in relation to rent / mortgage, childcare and travel to work expenses. Applicants whose weekly incomes are derived solely from Department of Social Protection or HSE allowances / payments, which are in excess of the Financial Guidelines, are eligible for a Medical Card. Those exempt from the means test include children in receipt of Domiciliary Care Allowance, children in foster care, children under 18 diagnosed with cancer, those with EU entitlement, people affected by the drug Thalidomide and women who have had a symphysiotomy. It is also possible to get a medical card if the costs of meeting ones medical needs cause undue financial hardship.
3	KPI Rationale	This metric allows us monitor the number of people with Medical Card eligibility for family doctor, community health services, dental services, hospital care and a range of other benefits.
	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 - 1,672,654**
5	KPI Calculation	Count the number of people with eligibility for a Medical Card at the end of the reporting month.
6	Data Source	PCRS
	Data Completeness	Completeness 100%
	Data Quality Issues	Subject to ongoing validation of HSE's PCRS database.
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 have eligibility for a Medical Card at the end of the reporting month.
9	Minimum Data Set	The number of people who have eligibility for a Medical Card at the end of 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: Please indicate who is responsible for monitoring this KPI: PCRS.
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 ☐ 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 Specialist Lead: David Stratton PCRS Email: David.Stratton@hse.ie Tel: 01 8647100
	National Lead and Division	Ann Marie Hoey, Assistant National Director, Primary Care Schemes & Eligibility, Primary Care Division, Health Service Executive.

Primary Care - Primary Care Reimbursement Service (PCRS) GP Visit Cards

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1	**KPI Title**	GP Visit Cards - Number of persons covered
2	**KPI Description PCRS2**	This is a count of the number of people with eligibility for a GP Visit Card (GPVC) at the end of the reporting month. Most people who get a GPVC do so because their income is below a certain level or where the costs of meeting their medical needs cause undue financial hardship. GPVCs allow individuals and families to visit their family doctor free of charge. Costs of prescribed drugs, medicines and other health services are not covered. Everyone aged 70 years or over, ordinarily resident in Ireland is eligible for free GP care regardless of income. All children who have not reached their sixth birthday, ordinarily resident in Ireland, are eligible for services under the GPVC for Children Under 6 Scheme.
3	**KPI Rationale**	This metric allows us to capture the number of people with eligibility for a GPVC at the end of the reporting period.
	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 - 528,593**
5	**KPI Calculation**	Count the total number of people with eligibility for a GPVC at the end of the reporting period.
6	**Data Source**	PCRS
	Data Completeness	Completeness 100%
	Data Quality Issues	Subject to ongoing validation of HSE's PCRS database.
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 have eligibility for a GPVC at the end of the reporting month.
9	**Minimum Data Set**	The number of people who have eligibility for a GPVC at the end of 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: Please indicate who is responsible for monitoring this KPI: PCRS
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 ☐ 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 Specialist Lead: David Stratton, PCRS Email: David.Stratton@hse.ie Tel: 01 8647100
	National Lead and Division	Ann Marie Hoey, Assistant National Director, Primary Care Schemes & Eligibility, Primary Care Division, Health Service Executive.

Primary Care - Primary Care Reimbursement Service (PCRS)
Medical Card / GP Visit Card - 15 day turnaround

1	**KPI Title**	Percentage of completed Medical / GP Visit Card (GPVC) applications processed within the 15 day turnaround
2	**KPI Description PCRS3**	This is a calculation of the percentage of the overall Medical Card / GPVC applications received by the HSE where Medical Card / GPVC applications are processed within 15 working days of receipt of application. Completed applications refer to those applications where there is sufficient information provided to allow the application to be processed and where there is no need to write to the client for additional information.
3	**KPI Rationale**	This metric allows us to capture the percentage of Medical Cards / GPVCs issued within 15 working days of receipt of a complete application by the HSE in order to ascertain the efficiency of the processing system.
	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 - 96%**
5	**KPI Calculation**	The number of completed Medical Card /GPVC applications processed within 15 days is divided by the overall number of completed Medical / GPVC applications received in the reporting month and multiplied by 100.
6	**Data Source**	PCRS
	Data Completeness	Completeness 100%
	Data Quality Issues	Subject to ongoing validation of HSE's PCRS database.
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**	Completed Medical Card / GPVC applications processed within the reporting month and within 15 working days.
9	**Minimum Data Set**	Completed Medical Card / GPVC applications processed within the reporting month and within 15 working days.
10	**International Comparison**	No
11	**KPI Monitoring**	KPI will be monitored on a (please indicate below) basis: ☐Daily ☐Weekly ☑Monthly ☐Quarterly ☐Bi-annually ☐Annually ☐Other – give details: Please indicate who is responsible for monitoring this KPI: PCRS
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 ☐ 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 Specialist Lead: David Stratton PCRS Email: David.Stratton@hse.ie Tel: 01 8647100
	National Lead and Division	Ann Marie Hoey, Assistant National Director, Primary Care Schemes & Eligibility, Primary Care Division, Health Service Executive.

Primary Care - Primary Care Reimbursement Service (PCRS)
Medical Card / GP Visit Card - Medical Officer Review within 5 days

1	KPI Title	Percentage of Medical Card / GP Visit Card (GPVC) applications, assigned for Medical Officer review, processed within 5 days
2	KPI Description PCRS4	This is a calculation of the percentage of the overall Medical Card / GPVC applications assigned for Medical Officer review that are processed within 5 days.
3	KPI Rationale	This metric allows us to capture the percentage of Medical Card / GPVC applications processsed within 5 days of receipt by the assigned Medical Officer in order to ascertain the efficiency of the processing system.
	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 - 91%**
5	KPI Calculation	The number of Medical Card / GPVC applications assigned for Medical Officer review, processed within 5 days is divided by the total number of Medical Card / GPVC applications assigned for Medical Officer review, during the reporting month and multiplied by 100.
6	Data Source	PCRS
	Data Completeness	Completeness 100%
	Data Quality Issues	Subject to ongoing validation of HSE's PCRS database.
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	Medical Card / GPVC applications assigned for medical officer review processed within the reporting period and within five working days.
9	Minimum Data Set	Medical Card / GPVC applications assigned for medical officer review processed within the reporting period and within five working days.
10	International Comparison	No
11	KPI Monitoring	KPI will be monitored on a (please indicate below) basis: ☐Daily ☐Weekly ☑Monthly ☐Quarterly ☐Bi-annually ☐Annually ☐Other – give details: Please indicate who is responsible for monitoring this KPI: PCRS
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 ☐ County ☐ Institution ☐Other – give details:
15	KPI is reported in which reports ?	Indicate where the KPI will be reported: ☑Performance Report
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 Specialist Lead: David Stratton PCRS Email: David.Stratton@hse.ie Tel: 01 8647100
	National Lead and Division	Ann Marie Hoey, Assistant National Director, Primary Care Schemes & Eligibility, Primary Care Division, Health Service Executive.

Primary Care - Primary Care Reimbursement Service (PCRS)
Medical Card / GP Visit Card Processing Financial Perspective

1	KPI title	% of Medical Card / GP Visit Card (GPVC) applications which are accurately processed from a financial perspective by National Medical Card Unit staff
2	KPI Description PCRS5	This is a calculation of the percentage of the overall number of Medical Card / GPVC applications that were processed without error, from a financial perspective, by National Medical Card Unit staff during the reporting month.
3	KPI Rationale	This metric allows us to calculate the percentage of the overall number of Medical Card / GPVC applications that were processed without error, from a financial perspective, by National Medical Card Unit staff and to ascertain the efficiency of the processing system.
	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 - 95%**
5	KPI Calculation	A sample size of between 5% and 10% of all Medical Card / GPVC applications processed by the National Medical Card Unit in the reporting month is quality checked. The number of Medical Card / GPVC applications processed without financial errors is identified. The percentage is calculated by dividing this number by the total number of applications quality checked in the reporting month and multiplying by 100.
6	Data Source	PCRS
	Data Completeness	Completeness 100%
	Data Quality Issues	Subject to ongoing validation of PCRS database
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	Medical Card / GPVC applications accurately processed from a financial perspective during the reporting month.
9	Minimum Data Set	Medical Card / GPVC applications accurately processed from a financial perspective during 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: Please indicate who is responsible at a local level for monitoring this KPI: PCRS
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) ☐ Other – give details:
14	KPI Reporting Aggregation	Indicate the level of aggregation – for example over a geographical location: ☑National ☐ CHO ☐ LHO ☐ 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 Specialist Lead: David Stratton PCRS Email: David.Stratton@hse.ie Tel: 01 8647100
	National Lead and Division	Ann Marie Hoey, Assistant National Director, Primary Care Schemes & Eligibility, Primary Care Division, Health Service Executive.

Primary Care - Primary Care Reimbursement Service (PCRS) Medical Card / GP Visit Card Processing End to End

1	**KPI title**	% of applications for Medical Cards / GP Visit Cards (GPVCs) that are processed from end to end without the need for additional information
2	**KPI Description PCRS6**	This is a calculation of the percentage of the overall number of applications for Medical Cards / GPVCs that are processed from end to end without the need to write to the client for additional information in the reporting month.
3	**KPI Rationale**	This metric allows us the capture the percentage of the overall number of Medical Card / GPVC applications that are processed from end to end without the need for additional information and to ascertain the efficiency of the application / processing systems.
	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 - 60%**
5	**KPI Calculation**	The number of applications for Medical / GPVCs processed from end to end without the need for additional information is divided by the total number of applications for medical card / GPVCs during the reporting month and is multiplied by 100.
6	**Data Source**	PCRS
	Data Completeness	Completeness 100%
	Data Quality Issues	Subject to ongoing validation of PCRS database.
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**	Applications for Medical Cards / GPVCs that are processed end to end without the need for additional information within the reporting month.
9	**Minimum Data Set**	Applications for Medical Cards / GPVCs that are processed end to end without the need for additional information within 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: Please indicate who is responsible for monitoring this KPI: PCRS
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) ❑ Other – give details:
14	**KPI Reporting Aggregation**	Indicate the level of aggregation – for example over a geographical location: ☑National ❑ CHO ❑ LHO ❑ 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 Specialist Lead: David Stratton PCRS Email: David.Stratton@hse.ie Tel: 01 8647100
	National Lead and Division	Ann Marie Hoey, Assistant National Director, Primary Care Schemes & Eligibility, Primary Care Division, Health Service Executive.

Primary Care - Primary Care Reimbursement Service (PCRS) Long Term Illness (LTI) Claims

1	**KPI Title**	Long Term Illness - Number of claims
2	**KPI Description** **PCRS7**	This is a count of the number of claims (prescriptions) under the LTI Scheme as recorded on the LTI database of paid claims for the reporting month. Clients with certain long-term illnesses or disabilities (Acute Leukaemia, Mental handicap, Cerebral Palsy, Mental Illness in a person under 16, Cystic Fibrosis, Multiple Sclerosis, Diabetes Insipidus, Muscular Dystrophies, Diabetes Mellitus, Parkinsonism, Epilepsy, Phenylketonuria, Haemophilia, Spina Bifida, Hydrocephalus and conditions arising from the use of Thalidomide) may apply to join the Long Term Illness Scheme. Once approved by the HSE clients are supplied with a Long Term Illness book. This Scheme does not depend on a person's income or other circumstances and is separate from the Medical Card Scheme and the GP Visit Card Scheme.
3	**KPI Rationale**	This metric allows us to monitor the number of claims made by clients with LTI during the reporting period.
	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 - 2,407,912**
5	**KPI Calculation**	Count the number of claims (prescriptions) as recorded on the LTI database of paid claims for the reporting month.
6	**Data Source**	PCRS
	Data Completeness	Completeness 100%
	Data Quality Issues	Subject to ongoing validation of HSE's PCRS database
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 claims as recorded on the LTI database of paid claims for the reporting month.
9	**Minimum Data Set**	The number of claims as recorded on the LTI database of paid claims for 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: Please indicate who is responsible for monitoring this KPI: PCRS
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 ☐ 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**	
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 Specialist Lead: David Stratton PCRS Email: David.Stratton@hse.ie Tel: 01 8647100
	National Lead and Division	Ann Marie Hoey, Assistant National Director, Primary Care Schemes & Eligibility, Primary Care Division, Health Service Executive.

Primary Care - Primary Care Reimbursement Service (PCRS) Long Term Illness (LTI) Items

1	**KPI Title**	Long Term Illness - Number of items
2	**KPI Description** **PCRS8**	This is a count of the number of items prescribed as recorded on the LTI database of paid claims for the reporting month. Clients with certain long-term illnesses or disabilities (Acute Leukaemia, Mental handicap, Cerebral Palsy, Mental Illness in a person under 16, Cystic Fibrosis, Multiple Sclerosis, Diabetes Insipidus, Muscular Dystrophies, Diabetes Mellitus, Parkinsonism, Epilepsy, Phenylketonuria, Haemophilia, Spina Bifida, Hydrocephalus and conditions arising from the use of Thalidomide) may apply to join the Long Term Illness Scheme. Once approved by the HSE clients are supplied with a LTI book. This book allows the client to avail of drugs, medicines, and medical and surgical appliances directly related to the treatment of their illness, free of charge.
3	**KPI Rationale**	This metric allows us to monitor the demand for and supply of prescription items by LTI cardholders. All LTI claims are processed by and paid for by the PCRS.
	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 - 8,657,750**
5	**KPI Calculation**	Count the number of items prescribed as recorded on the LTI database of paid claims for the reporting month.
6	**Data Source**	PCRS
	Data Completeness	Completeness 100%
	Data Quality Issues	Subject to ongoing validation of HSE's PCRS database
7	**Data Collection Frequency**	Indicate how often the data to support the KPI will be collected:
8	**Tracer Conditions**	The number of items recorded on the LTI database of paid claims for the reporting month.
9	**Minimum Data Set**	The number of items recorded on the LTI database of paid claims for 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: Please indicate who is responsible for monitoring this KPI: PCRS
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 ☐ 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**	
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 Specialist Lead: David Stratton PCRS Email: David.Stratton@hse.ie Tel: 01 8647100
	National Lead and Division	Ann Marie Hoey, Assistant National Director, Primary Care Schemes & Eligibility, Primary Care Division, Health Service Executive.

Primary Care - Primary Care Reimbursement Service (PCRS) Drug Payment Scheme (DPS) Claims

1	**KPI Title**	Drug Payment Scheme: No of claims
2	**KPI Description** **PCRS 9**	This is a count of the number of DPS claims (prescriptions) recorded on the DPS database of paid claims for the reporting month. Under the DPS, an individual or family in Ireland has to pay a maximum of €144 each month for approved prescribed drugs, medicines and certain appliances for use by that person or his or her family in that month. The amount is determined from time to time by the Minister for Health. Anyone ordinarily resident in Ireland can apply to join the scheme, regardless of family, financial circumstances or nationality. The scheme is aimed at those who do not have a medical card and normally have to pay the full cost of their medication. It also applies to those who have a GP Visit Card.
3	**KPI Rationale**	This metric allows monitoring of the number of claims made under the DPS in excess of €144 each month. All DPS claims are processed by and paid for by the PCRS.
	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 - 2,411,929**
5	**KPI Calculation**	Count the number of claims (prescriptions) on the DPS database of paid claims for the reporting month.
6	**Data Source**	PCRS
	Data Completeness	Completeness 100%
	Data Quality Issues	Subject to ongoing validation of HSE's PCRS database
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 claims on the DPS database of paid claims for the reporting month.
9	**Minimum Data Set**	The number of claims on the DPS database of paid claims for 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: Please indicate who is responsible for monitoring this KPI: PCRS
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 ☐ 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**	
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 Specialist Lead: David Stratton PCRS Email: David.Stratton@hse.ie Tel: 01 8647100
	National Lead and Division	Ann Marie Hoey, Assistant National Director, Primary Care Schemes & Eligibility, Primary Care Division, Health Service Executive.

Primary Care - Primary Care Reimbursement Service (PCRS) Drug Payment Scheme (DPS) Items

1	**KPI Title**	Drug Payment Scheme: No of items
2	**KPI Description** **PCRS10**	This is a count of the number of items prescribed as recorded on the DPS database of paid claims for the reporting month. Under the DPS, an individual or family in Ireland has to pay a maximum of €144 each month for approved prescribed drugs, medicines and certain appliances for use by that person or his or her family in that month. The amount is determined from time to time by the Minister for Health. Anyone ordinarily resident in Ireland can apply to join the scheme, regardless of family, financial circumstances or nationality. The scheme is aimed at those who do not have a medical card and normally have to pay the full cost of their medication. It also applies to those who have a GP Visit Card.
3	**KPI Rationale**	This metric allows us to monitor the number of items dispensed under the DPS.
	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 - 8,305,797**
5	**KPI Calculation**	Count the number of items prescribed on the DPS database of paid claims for the reporting month.
6	**Data Source**	PCRS
	Data Completeness	Completeness 100%
	Data Quality Issues	Subject to ongoing validation of HSE's PCRS database
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 items on the DPS database of paid claims for the reporting month.
9	**Minimum Data Set**	Number of items on the DPS database of paid claims for 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: Please indicate who is responsible for monitoring this KPI: PCRS
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 ☐ County ☐ Institution ☐Other – give details:
15	**KPI is reported in which reports ?**	Indicate where the KPI will be reported:
16	**Web link to data**	
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 Specialist Lead: David Stratton PCRS Email: David.Stratton@hse.ie Tel: 01 8647100
	National Lead and Division	Ann Marie Hoey, Assistant National Director, Primary Care Schemes & Eligibility, Primary Care Division, Health Service Executive.

Primary Care - Primary Care Reimbursement Service (PCRS)
General Medical Services Scheme (GMS) Prescriptions

1	**KPI Title**	GMS: Number of prescriptions
2	**KPI Description** **PCRS 11**	This is a count of the number of prescriptions for drugs, medicines and appliances supplied to eligible persons, through community pharmacies or dispensing doctors, under the GMS Scheme, as recorded on the GMS database of paid claims for the reporting month. In most cases a doctor completes a prescription for his / her client and the client takes this prescription to any pharmacy that has an agreement with the HSE to dispense GMS prescriptions. In rural areas a doctor may dispense for those persons who opt to have their medicines dispensed by him / her.
3	**KPI Rationale**	This metric allows us to monitor the number of prescriptions dispensed by community pharmacies / dispensing doctors under the GMS Scheme in the reporting month. All GMS claims are processed and paid by the PCRS.
	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 - 18,811,508**
5	**KPI Calculation**	Count the number of prescriptions (claims) on the GMS database of paid claims for the reporting month.
6	**Data Source**	PCRS
	Data Completeness	Completeness 100%
	Data Quality Issues	Subject to ongoing validation of HSE's PCRS database
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 prescriptions on the GMS database of paid claims for the reporting month.
9	**Minimum Data Set**	The number of prescriptions on the GMS database of paid claims for 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: Please indicate who is responsible for monitoring this KPI: PCRS
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 ☐ 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**	
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 Specialist Lead: David Stratton PCRS Email: David.Stratton@hse.ie Tel: 01 8647100
	National Lead and Division	Ann Marie Hoey, Assistant National Director, Primary Care Schemes & Eligibility, Primary Care Division, Health Service Executive.

Primary Care - Primary Care Reimbursement Service (PCRS)
General Medical Services Scheme (GMS) Items

1	**KPI Title**	GMS: Number of items
2	**KPI Description** **PCRS 12**	This is a count of the number of items prescribed on GMS prescriptions as recorded on the GMS database of paid claims for the reporting month. Drugs, medicines and appliances supplied under the GMS Scheme are provided through Community Pharmacies. In most cases a doctor completes a prescription for his / her client and the client takes this prescription to any pharmacy that has an agreement with the HSE to dispense GMS prescription forms. In rural areas a doctor may dispense for those persons who opt to have their medicines dispensed by him / her. All GMS claims are processed and paid by the PCRS.
3	**KPI Rationale**	This metric allows us to monitor the number of items prescribed on GMS prescription forms as dispensed by community pharmacies / dispensing doctors under the GMS Scheme 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 - 57,328,951**
5	**KPI Calculation**	Count the number of items prescribed and dispensed as recorded on the GMS database of paid claims for the reporting month.
6	**Data Source**	PCRS
	Data Completeness	Completeness 100%
	Data Quality Issues	Subject to ongoing validation of HSE's PCRS database
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**	Items recorded on the GMS database of paid claims for the reporting month.
9	**Minimum Data Set**	Items recorded on the GMS database of paid claims for 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: Please indicate who is responsible for monitoring this KPI: PCRS
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 ☐ 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**	
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 Specialist Lead: David Stratton PCRS Email: David.Stratton@hse.ie Tel: 01 8647100
	National Lead and Division	Ann Marie Hoey, Assistant National Director, Primary Care Schemes & Eligibility, Primary Care Division, Health Service Executive.

Primary Care - Primary Care Reimbursement Service (PCRS)
General Medical Services Scheme (GMS) Special Items of Service Claims

1	**KPI Title**	GMS: Number of claims – special items of service
2	**KPI Description** **PCRS 13**	This is a count of the number of claims for special items of service as recorded on the special items of service database of paid claims for the reporting month. General Practitioners can claim fees for specific special items of service provided to eligible persons under the Capitation Agreement and the Fee-per-Item Agreement.
3	**KPI Rationale**	This metric allows us to monitor levels of and claims for special items of service provided to eligible persons.
	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 - 1,074,865**
5	**KPI Calculation**	Count the number of special items of service claims as recorded on the special items of service database of paid claims for the reporting month.
6	**Data Source**	PCRS
	Data Completeness	Completeness 100%
	Data Quality Issues	Subject to ongoing validation of HSE's PCRS database
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 special items of service claims as per the special items of service database of paid claims in the reporting month.
9	**Minimum Data Set**	Number of special items of service claims as per the special items of service database of paid claims 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: Please indicate who is responsible for monitoring this KPI: PCRS
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 ☐ 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**	
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 Specialist Lead: David Stratton PCRS Email: David.Stratton@hse.ie Tel: 01 8647100
	National Lead and Division	Ann Marie Hoey, Assistant National Director, Primary Care Schemes & Eligibility, Primary Care Division, Health Service Executive.

	Primary Care - Primary Care Reimbursement Service (PCRS) **General Medical Services Scheme (GMS) Special Type Consultation Claims**	
1	**KPI Title**	GMS: Number of claims – special type consultations (STCs)
2	**KPI Description** **PCRS 14**	This is a count of the number of STC claims as recorded on the STC database of paid claims for the reporting month. A STC fee may be claimed when a GP provides a service to a GMS eligible person who is not on his / her GMS panel. All STC claims are processed and paid by the PCRS.
3	**KPI Rationale**	This metric allows us to monitor levels of and claims for STCs provided by General Practitioners to eligible persons.
	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 - 1,350,710**
5	**KPI Calculation**	Count the number of STC claims as recorded on the STC database of paid claims for the reporting month.
6	**Data Source**	Source PCRS
	Data Completeness	Completeness 100%
	Data Quality Issues	Subject to ongoing validation of HSE's PCRS database
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 STC claims as per the STC database of paid claims in the reporting month.
9	**Minimum Data Set**	Number of STC claims as per the STC database of paid claims 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: Please indicate who is responsible for monitoring this KPI: PCRS
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 ☐ 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**	
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 Specialist Lead: David Stratton PCRS Email: David.Stratton@hse.ie Tel: 01 8647100
	National Lead and Division	Ann Marie Hoey, Assistant National Director, Primary Care Schemes & Eligibility, Primary Care Division, Health Service Executive.

Primary Care - Primary Care Reimbursement Service (PCRS) High Tech Drugs

1	**KPI Title**	High Tech Drugs: Number of claims
2	**KPI Description** **PCRS 15**	This is a count of the number of claims for drugs where the drug code relates to High Tech medicines only as recorded on the High Tech database of paid claims for the reporting month. Such medicines are generally only prescribed or initiated in hospital and include items such as anti-rejection drugs for transplant patients or medicines used in conjunction with chemotherapy or growth hormones. These medicines are purchased by the HSE and supplied through community pharmacies for which pharmacies are paid a patient care fee.
3	**KPI Rationale**	This metric allows us monitor the number of claims for the supply and dispensing of High Tech medicines through Community Pharmacies. The cost of the medicines and patient care fees are paid by the PCRS.
	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 - 660,125**
5	**KPI Calculation**	Count the number of claims where the drug code relates to High Tech Medicines only, on the High Tech database of paid claims for the reporting month.
6	**Data Source**	PCRS
	Data Completeness	Completeness 100%
	Data Quality Issues	Subject to ongoing validation of HSE's PCRS database
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**	High Tech Drugs claims as recorded on the High Tech database of paid claims for the reporting month.
9	**Minimum Data Set**	High Tech Drugs claims as recorded on the High Tech database of paid claims for 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: Please indicate who is responsible for monitoring this KPI: PCRS
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 ☐ 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**	
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 Specialist Lead: David Stratton PCRS Email: David.Stratton@hse.ie Tel: 01 8647100
	National Lead and Division	Ann Marie Hoey, Assistant National Director, Primary Care Schemes & Eligibility, Primary Care Division, Health Service Executive.

Primary Care - Primary Care Reimbursement Service (PCRS) **Dental Treatment Service Scheme (DTSS) Treatments**		
1	**KPI Title**	Dental Treatment Service Scheme - DTSS: Number of treatments (above the line) Number of treatments (below the line)
2	**KPI Description** **PCRS 16 & 17**	This is a count of the number of above the line (ATL) (routine) and below the line (BTL) (complex) treatments, in respect of clients having eligibility for the DTSS, as recorded on the ATL & BTL Dental databases of paid claims for the DTSS in the reporting month. Under this scheme, eligible clients have access to a range of treatments and clinical procedures comprised of routine (ATL) treatments and full upper and lower dentures (BTL). Dentists may also prescribe a range of medicines to eligible persons.
3	**KPI Rationale**	This metric allow us to monitor how many treatments (ATL & BTL) have been availed of under the DTSS in a given month. All DTSS claims are processed by and paid for by the PCRS.
	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 1,256,417 - (Above the line - 1,190,453) (Below the line - 65,964)**
5	**KPI Calculation**	For ATL (routine) treatments -count all treatments on the ATL Dental database of paid claims for the reporting month, For BTL (complex) treatments - count all treatments on the BTL Dental database of paid claims for the reporting month.
6	**Data Source**	PCRS
	Data Completeness	Completeness 100%
	Data Quality Issues	Subject to ongoing validation of HSE's PCRS database
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**	ATL and BTL treatments for eligible clients as recorded on the ATL and BTL Dental database of paid claims in the reporting month.
9	**Minimum Data Set**	ATL and BTL treatments for eligible clients as recorded on the ATL and BTL Dental database of paid claims 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: Please indicate who is responsible for monitoring this KPI: PCRS
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 ☐ 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**	
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 Specialist Lead: David Stratton PCRS Email: David.Stratton@hse.ie Tel: 01 8647100
	National Lead and Division	Ann Marie Hoey, Assistant National Director, Primary Care Schemes & Eligibility, Primary Care Division, Health Service Executive.

Primary Care - Primary Care Reimbursement Service (PCRS)
Dental Treatment Service Scheme (DTSS) Patients Treated

1	**KPI Title**	Dental Treatment Services Scheme- DTSS: Number of patients who have received treatment (above the line) Number of patients who have received treatment (below the line).
2	**KPI Description** **PCRS 18 & 19**	This is a count of the number of clients having eligibility for the DTSS services who received above the line (ATL) (routine) and below the line (BTL) (complex) treatments under the DTSS based on the ATL and BTL Dental database of paid claims in the reporting month. Under the DTSS eligible clients have access to a range of treatments and clinical procedures comprised of routine (ATL) treatments and full upper and lower dentures (BTL). Dentists may also prescribe a range of medicines to eligible persons.
3	**KPI Rationale**	This metric allows us to monitor the number of patients who availed of DTSS ATL and BTL dental care in a given month. All DTSS claims are processed and paid for by the PCRS.
	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 - Above the line - 583,168 Below the line - 64,373**
5	**KPI Calculation**	For patients who have received ATL treatments- count all eligible clients (unique patient card details) recorded on the ATL Dental database of paid claims for the reporting month For patients who received BTL treatments- count all eligible clients (unique patient card details) recorded on the BTL Dental database of paid claims for the reporting month.
6	**Data Source**	PCRS
	Data Completeness	Completeness 100%
	Data Quality Issues	Subject to ongoing validation of HSE's PCRS database
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**	Eligible clients as recorded on the ATL and BTL Dental database of paid claims in the reporting month.
9	**Minimum Data Set**	Eligible clients as recorded on the ATL and BTL Dental database of paid claims 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: Please indicate who is responsible for monitoring this KPI: PCRS
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 ☐ 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**	
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 Specialist Lead: David Stratton PCRS Email: David.Stratton@hse.ie Tel: 01 8647100
	National Lead and Division	Ann Marie Hoey, Assistant National Director, Primary Care Schemes & Eligibility, Primary Care Division, Health Service Executive.

Primary Care - Primary Care Reimbursement Service (PCRS)
Community Ophthalmic Services Scheme Treatments

1	**KPI Title**	Community Ophthalmic Services Scheme - Number of treatments: (a) Adult (b) Children
2	**KPI Description** **PCRS 20 & 20A & 20B**	This is a count of the number of treatments (paid claims) provided in respect of (a) adults and (b) children having eligibility for the Community Ophthalmic Services Scheme based on the Optical Database of paid claims for the reporting month. Under the Health Service Executive Community Ophthalmic Services Scheme, eligible clients are entitled, free of charge, to eye examinations and necessary spectacles / appliances. Claims by optometrists / ophthalmologists are paid by the PCRS. Claims for spectacles provided under the Children's Scheme are also paid by the PCRS.
3	**KPI Rationale**	This metric allows us to monitor the number of treatments provided to adults and children with eligibility for the Community Ophthalmic Services Scheme 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 - Community Ophthalmic Services Scheme - Number of treatments - 857,617** **i) Adult - 765,132** **ii) Children - 92,485**
5	**KPI Calculation**	Count all claim numbers (unique claims identified) on the Optical Database of paid claims for (a) adults 'A' and (b) children 'C' in the reporting month.
6	**Data Source**	PCRS
	Data Completeness	Completeness 100%
	Data Quality Issues	Subject to ongoing validation of HSE's PCRS database
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**	Claims in respect of adults and children with eligibility for the Community Ophthalmic Services Scheme on the Optical Database of paid claims for the reporting month.
9	**Minimum Data Set**	Claims in respect of adults and children on the Optical Database of paid claims for 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: Please indicate who is responsible for monitoring this KPI: PCRS
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 ☐ 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**	
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 Specialist Lead: David Stratton PCRS Email: David.Stratton@hse.ie Tel: 01 8647100
	National Lead and Division	Ann Marie Hoey, Assistant National Director, Primary Care Schemes & Eligibility, Primary Care Division, Health Service Executive.

Primary Care - Tobacco Control Brief Intervention Training Smoking Cessation

1	**KPI title**	% of primary care staff to undertake brief intervention training for smoking cessation
2	**KPI Description PC99 & PC99A**	This is a calculation of the number of primary care staff (cumulatively to the end of the reporting quarter) who have undertaken brief intervention training for smoking cessation expressed as a proportion of the overall number of primary care staff targeted to undertake such training in the calendar year multiplied by the percentage annual target, multiplied by 100. A national training programme is being implemented across the HSE to deliver brief intervention (BI) smoking cessation training to frontline healthcare staff. Frontline staff refers to all grades of staff within the Medical / Dental, Nursing, Health and Social care professionals and Other Patient and Client Care. BI in smoking cessation involves providing opportunistic advice, discussion, negotiation or encouragement to quit smoking plus or minus a referral to an intensive cessation service, plus or minus referral for / prescription for evidence based treatments. It typically takes between 3 and 10 minutes. The training course is designed to develop skills in motivational interviewing for smoking cessation. Motivational interviewing is an evidence based treatment approach for helping patients / service users find internal motivation for lifestyle behaviour change. The programme is delivered by specialist trainers from Health Promotion / Acute cessation services.
3	**KPI Rationale**	The Tobacco Free Ireland policy document commits the HSE to training frontline healthcare staff in brief intervention in smoking cessation so that treating tobacco use becomes a core part of their work. All healthcare staff have a responsibility to treat tobacco addiction as a care issue and to promote cessation by actively advising, encouraging and supporting smokers to quit. Evidence from a number of surveys in 2014 show that approximately 6 in 10 service users who smoke were not offered support to quit when they visited a healthcare professional in the previous 12 month period. There is considerable evidence that interventions by health professionals assist smokers to quit. Specific training for frontline staff in treating tobacco use is essential to reducing the chronic disease burden that tobacco use causes. This training aligns with corporate Goal No. 1 and the HSE Healthy Ireland Implementation Plan.
	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**	**DOP 2017 Target - National - 5%**
5	**KPI Calculation**	The number of primary care staff who undertook brief intervention training for smoking cessation cumulatively to the end of the reporting quarter is divided by the target (annual) number of primary care staff identified to undertake this training, multiplied by the percentage annual target, multiplied by 100.
6	**Data Source**	Data is provided by health promotion trainers to the Health Promotion and Improvement Tobacco Coordinator Health and Wellbeing Division and to the Community Healthcare Team in the Business Intelligence Unit (BIU).
	Data Completeness	Data completeness is expected at 100%.
	Data Quality Issues	Manual system.
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**	• Primary care staff providing frontline services to patients / service users who completed brief intervention training for smoking cessation • Target number and percentage of primary care staff to undertake brief intervention training for smoking cessation
9	**Minimum Data Set**	• Primary care staff providing frontline services to patients / service users who completed brief intervention training for smoking cessation • Target number and percentage of primary care staff to undertake brief intervention training for smoking cessation
10	**International Comparison**	Yes, WHO tobacco indicators
11	**KPI Monitoring**	KPI will be monitored on a (please indicate below) basis: ❑Daily ❑Weekly ❑Monthly ☑Quarterly ❑Bi-annually ❑Annually ❑Other – give details: Please indicate who is responsible at a local level for monitoring this KPI: Health Promotion and Improvement Tobacco Coordinator, Health and Wellbeing Division, the Primary Care General Manager, the Community Healthcare Organisation (CHO) Head of Service Primary Care, 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: ☑ Quarterly Current (data reported by the 10th of the month following the quarter)
14	**KPI Reporting Aggregation**	Indicate the level of aggregation – for example over a geographical location: ☑ National ☑ CHO ❑ LHO ❑ 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**	
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 Specialist Lead: Geraldine Cully, Health Promotion and Improvement Tobacco Coordinator, Health and Wellbeing Division 086 8229197 Email:Geraldine.Cully@hse.ie
National Lead and Division		John Hennessy, National Director Primary Care Division, Health Service Executive. Stephanie O Keeffe, National Director Health and Wellbeing Division, Health Service Executive.