## Metadata 2019

| No | Steps | Detail supporting KPI |
|---|---|---|
| 1 | KPI title & Number A16 | Outpatient Attendances - New : Return Ratio (excluding obstetrics, warfarin and haematology clinics) |
| 1b | KPI Short Title | OPD - N:R ratio (exclu obs, warf and haem clinics) |
| 2 | KPI Description | The number of new patients that attend a service compared to the number of review patients that attend a service. Expressed by setting out for each new patient attendance, how many review patients attendances occur. Trimmed to exclude large volume specialties of obstetrics and warfarin haematology clinics with expected ratios in excess of 2:1 |
| 3 | KPI Rationale | This is an access indicator. Lower ratios of review patients will facilitate more new patients to be seen thus reducing waiting lists |
| 3a | Indicator Classification | **National Scorecard Quadrant** a) Quality and Safety; b) Access; c) Finance, Governance and Compliance. d) Workforce; |
| 4 | KPI Target | Target 2019 = 1:2.3 |
| 4a | Target Trajectory | N/A |
| 4b | Volume metrics | Volume metrics |
| 5 | KPI Calculation | Number of new patients and number of review (return) patients seen in hospital clinic expressed as a ratio. Exclude obstetrics patients ( i.e., obstetrics, fetal assessment, ultrasound in Rotunda) and haematology/warfarin, then calculate new to review ratio |
| 6 | Data Sources | Hospitals |
| 6a | Data sign off | Acute Business Information Unit |
| 6b | Data Quality Issues | Exclusion process may not achieve goal. Roll out of new minimum data set and associated definitions required to ensure valid data |
| 7 | Data Collection Frequency | Daily; Weekly; Monthly; Quarterly; Bi-annual; Annual; Other – give details: |
| 8 | Tracer Conditions (clinical metrics only) | As per description no. 2 above |
| 9 | Minimum Data Set (MDS) | BIU- Acute OPD Template |
| 10 | International Comparison | No OPD measure of performance internationally due to different structures of health service delivery. |
| 11 | KPI Monitoring | Daily; Weekly; Monthly; Quarterly; Bi-annual; Annual; Other – give details: |
| 12 | KPI Reporting Frequency | Daily; Weekly; Monthly; Quarterly; Bi-annual; Annual; Other – give details: |
| 13 | KPI report period | Monthly M Quarterly Q Biannual BA Annual A<br><br>By exception<br>Monthly in arrears M-1M<br>Monthly two months in arrears M-2M<br>Quarterly in arrears Q-1Q<br>Quarterly one month in arrears Q-1M<br>Quarterly two quarters in arrears Q-2Q<br>Quarterly three quarters in arrears Q-3Q<br>Quarterly six months in arrears Q-2Q<br>Biannual one quarter in arrears BA-1Q<br>Biannual six months in arrears BA-2Q<br>Annual reported in 1st quarter A<br>Annual 12 months in arrears A-1A<br>Rolling 12 months Rolling 12M |
| 14 | KPI Reporting Aggregation | National; Region; Hospital Group; Hospital; CHO; sub-CHO level (please give details); Other, please specify |
| 15 | KPI is reported in which reports? | Annual Report; Performance Report/Profile; MDR ; Other |
| 16 | Web link to published data | http://www.hse.ie/eng/services/Publications |
| 17 | Additional Information | This KPI is noted in the Service Plan 2019 |
| | **It is policy to include data in Open Data publication. Please indicate if there is an exceptional reason for this to be delayed** | |
| **Contact details** | | **KPI owner/lead for implementation** |
| | | Name: OSPIP |
| | | Email address: ita.hegarty@hse.ie |
| | | Telephone Number 01 620 1800 |
| | | **Data support** |
| | | Name: Acute Business Information Unit |
| | | Email address: AcuteBIU@hse.ie |
| | | Telephone Number 01 620 1800 |
| **Governance/sign off** | | *This sign off is the governance at Divisional level in respect of management of the KPI including data provision, validation, and use in performance management* |
| | | Operational National Director: **National Director Acute Operations** |

| No | Steps | Detail supporting KPI |
|---|---|---|
| 1 | KPI title & Number A38 | HIPE Completeness – Prior month: % of cases entered into HIPE |
| 1b | KPI Short Title | HIPE – Prior month: % completion |
| 2 | KPI Description | Percentage of all discharges from a given month coded by the end of the following month |
| 3 | KPI Rationale | |
| 3a | Indicator Classification | **National Scorecard Quadrant** a) Quality and Safety; b) Access; c) Finance, Governance and Compliance. d) Workforce; |
| 4 | KPI Target | 95% |
| 4a | Target Trajectory | N/A |
| 4b | Volume metrics | N/A |
| 5 | KPI Calculation | Numerator: (Number of discharges exported to HIPE in report period)*100 Denominator: Total number of discharges on PAS elligible for HIPE coding in report period |
| 6 | Data Sources | HIPE and PAS data |
| 6a | Data sign off | HPO |
| 6b | Data Quality Issues | Only accurate if all PAS downloads are made e.g. Dialysis |
| 7 | Data Collection Frequency | Daily;  Weekly;  Monthly;  Quarterly; Bi-annual;  Annual;  Other – give details: |
| 8 | Tracer Conditions (clinical metrics only) | NA |
| 9 | Minimum Data Set (MDS) | HIPE and PAS data |
| 10 | International Comparison | NA |
| 11 | KPI Monitoring | Daily;  Weekly;  Monthly;  Quarterly;  Bi-annual; Annual;  Other – give details: |
| 12 | KPI Reporting Frequency | Daily;  Weekly;  Monthly;  Quarterly;  Bi-annual; Annual;  Other – give details: |
| 13 | KPI report period | By exception Monthly in arrears                    M-1M |
| 14 | KPI  Reporting Aggregation | National;  Region;  Hospital Group;  Hospital;  CHO;  sub-CHO level (please give details);  Other, please specify |
| 15 | KPI is reported in which reports? | Annual Report;  Performance Report/Profile;  Other |
| 16 | Web link to published data | http://www.hse.ie/eng/services/Publications |
| 17 | Additional Information | KPI noted in National Service Plan 2019 |
| Contact details | | **KPI owner/lead for implementation** |
| | | Name: Emer Gallagher |
| | | Email address: emer.gallagher1@hse.ie |
| | | Telephone Number  01 7718445 |
| | | **Data support** |
| | | Name: Acute Business Information Unit |
| | | Email address: AcuteBIU@hse.ie |
| | | Telephone Number  01 620 1800 |
| Governance/sign off | | *This sign off is the governance at Divisional level in respect of management of the KPI including data provision, validation, and use in performance management* |
| | | Operational National Director: **National Director Acute Operations** |

Acute Division -ABF (HIPE) - Metadata 2019

## Acute Division Inpatient & Day Case Waiting Times - Metadata 2019

| No | Steps | Detail supporting KPI |
|---|---|---|
| 1 | KPI title & Number A18a | % of adults waiting <15 months for an elective procedure (inpatient) |
| 1b | KPI Short Title | Adult El IP Waiting <15 months |
| 2 | KPI Description | % of adults waiting <15 months for inpatient procedure excluding GI Endoscopy. Inpatient – A patient admitted to hospital for treatment or investigation and is scheduled to stay in a designated inpatient bed. |
| 3 | KPI Rationale | No adult should wait more than 15 months for an IP procedure. Waiting times for inpatient and outpatient services are standard measures internationally. |
| 3a | Indicator Classification | **National Scorecard Quadrant**<br>a) Quality and Safety;<br>b) Access,<br>c) Finance, Governance and Compliance.<br>d) Workforce; |
| 4 | KPI Target | Target 2019: 85% |
| 4a | Target Trajectory | Target trajectory |
| 4b | Volume metrics | Volume metrics |
| 5 | KPI Calculation | |
| 6 | Data Sources | Data Sourced from NTPF. Data taken from last day Wednesday of month and submitted to BIU |
| 6a | Data sign off | NTPF |
| 6b | Data Quality Issues | |
| 7 | Data Collection Frequency | Daily; Weekly; Monthly; Quarterly; Bi-annual; Annual; Other – give details: |
| 8 | Tracer Conditions (clinical metrics only) | Patient awaiting an inpatient procedure, waiting less than 15 months |
| 9 | Minimum Data Set (MDS) | Basic demographic details, procedure details including urgency level |
| 10 | International Comparison | Waiting times for inpatient and outpatient services are standard measures internationally (AUS, CAN, GB, ECHI). |
| 11 | KPI Monitoring | Daily; Weekly; Monthly; Quarterly; Bi-annual; Annual; Other – give details: |
| 12 | KPI Reporting Frequency | Daily; Weekly; Monthly; Quarterly; Bi-annual; Annual; Other – give details: For 28 day periods commencing on national implementation start date |
| 13 | KPI report period | Monthly M<br>Quarterly Q<br>Biannual BA<br>Annual A<br><br>By exception<br>Monthly in arrears                M-1M<br>Monthly two months in arrears     M-2M<br>Quarterly in arrears             Q-1Q<br>Quarterly one month in arrears    Q-1M<br>Quarterly two quarters in arrears   Q-2Q<br>Quarterly three quarters in arrears Q-3Q<br>Quarterly six months in arrears     Q-2Q<br>Biannual one quarter in arrears    BA-1Q<br>Biannual six months in arrears     BA-2Q<br>Annual reported in 1st quarter      A<br>Annual 12 months in arrears       A-1A<br>Rolling 12 months Rolling        12M<br>Current - daily data reported on that same day of activity, monthly data reported within the same month of activity |
| 14 | KPI Reporting Aggregation | National; Region; Hospital Group; Hospital; CHO; sub-CHO level (please give details); Other, please specify |
| 15 | KPI is reported in which reports? | Annual Report; Performance Report/Profile; MDR ; Other: give details: 1)DOH Statistics for submission to EU. 2)Irish Kidney Association 3)United States International Renal Data System. 4)Irish Nephrology Society |
| 16 | Web link to published data | http://www.hse.ie/eng/services/Publications |
| 17 | Additional Information | This KPI is noted in the Service Plan 2019 |
| Contact details | | **KPI owner/lead for implementation** |
| | | Name: Eoin Darcy |
| | | Email address: eoin.darcy@ntpf.ie |
| | | Telephone Number: |
| | | **Data support** |
| | | Name: Acute Business Information Unit |
| | | Email address: AcuteBIU@hse.ie |
| | | Telephone Number 01 620 1800 |
| Governance/sign off | | *This sign off is the governance at Divisional level in respect of management of the KPI including data provision, validation, and use in performance management* |
| | | Operational National Director: **National Director Acute Operations** |

## Acute Division Inpatient & Day Case Waiting Times - Metadata 2019

| No | Steps | Detail supporting KPI |
|---|---|---|
| 1 | KPI title & Number A18b | % of adults waiting <15 months for an elective procedure (day case) |
| 1b | KPI Short Title | Adult EI DC Waiting <15 months |
| 2 | KPI Description | % of adults waiting <15 months for day case procedure excluding GI endoscopy – A patient who is admitted to a designated day bed/place on an elective basis for care and/or treatment. |
| 3 | KPI Rationale | No adult should wait more than 15 months for a day case procedure. |
| 3a | Indicator Classification | **National Scorecard Quadrant** a) Quality and Safety; b) Access; c) Finance, Governance and Compliance. d) Workforce; |
| 4 | KPI Target | Target 2019: 95% |
| 4a | Target Trajectory | Target trajectory |
| 4b | Volume metrics | Volume metrics |
| 5 | KPI Calculation | |
| 6 | Data Sources | Data Sourced from NTPF. Data taken from last day Wednesday of month and submitted to BIU |
| 6a | Data sign off | NTPF |
| 6b | Data Quality Issues | |
| 7 | Data Collection Frequency | Daily;   Weekly;   Monthly;   Quarterly; Bi-annual;   Annual;   Other – give details: |
| 8 | Tracer Conditions (clinical metrics only) | Patient awaiting a daycase procedure, waiting less than 15 months |
| 9 | Minimum Data Set (MDS) | Basic demographic details, procedure details including urgency level |
| 10 | International Comparison | Waiting times for inpatient and outpatient services are standard measures internationally (AUS, CAN, GB, ECHI). |
| 11 | KPI Monitoring | KPI will be monitored: Daily;   Weekly;   Monthly;   Quarterly;   Bi-annual; Annual;  Other – give details: |
| 12 | KPI Reporting Frequency | Daily;   Weekly;   Monthly;   Quarterly;   Bi-annual; Annual;  Other – give details: For 28 day periods commencing on national implementation start date |
| 13 | KPI report period | Monthly   M Quarterly   Q Biannual   BA Annual   A

By exception Monthly in arrears                M-1M Monthly two months in arrears     M-2M Quarterly in arrears                Q-1Q Quarterly one month in arrears     Q-1M Quarterly two quarters in arrears  Q-2Q Quarterly three quarters in arrears Q-3Q Quarterly six months in arrears     Q-2Q Biannual one quarter in arrears     BA-1Q Biannual six months in arrears     BA-2Q Annual reported in 1st quarter     A Annual 12 months in arrears        A-1A Rolling 12 months Rolling           12M Current: daily data reported on that same day of activity, monthly data reported within the same month of activity) |
| 14 | KPI Reporting Aggregation | National;   Region;   Hospital Group;   Hospital;   CHO;  sub-CHO level (please give details);  Other, please specify |
| 15 | KPI is reported in which reports? | Annual Report;   Performance Report/Profile;  MDR ;  Other: give details: 1)DOH Statistics for submission to EU. 2)Irish Kidney Association 3)United States International Renal Data System. 4)Irish Nephrology Society |
| 16 | Web link to published data | http://www.hse.ie/eng/services/Publications |
| 17 | Additional Information | This KPI is noted in the Service Plan 2019 |
| Contact details | | Name: Eoin Darcy |
| | | Email address: eoin.darcy@ntpf.ie |
| | | Telephone Number: |
| | | **Data support** |
| | | Name: Acute Business Information Unit |
| | | Email address: AcuteBIU@hse.ie |
| | | Telephone Number  01 620 1800 |
| | | *This sign off is the governance at Divisional level in respect of management of the KPI including data provision, validation, and use in performance management* |
| Governance/sign off | | Operational National Director: **National Director Acute Operations** |

## Acute Division Inpatient & Day Case Waiting Times - Metadata 2019

| No | Steps | Detail supporting KPI |
|---|---|---|
| 1 | KPI title & Number A20a | % of children waiting <15 months for an elective procedure (inpatient) |
| 1b | KPI Short Title | Children EI IP Waiting <15 months |
| 2 | KPI Description | % of children waiting <15 months for inpatient procedure excluding GI Endoscopy. Inpatient – A patient admitted to hospital for treatment or investigation and is scheduled to stay in a designated inpatient bed. |
| 3 | KPI Rationale | No child should wait more than 15 months for an IP procedure. Waiting times for inpatient and outpatient services are standard measures internationally. |
| 3a | Indicator Classification | **National Scorecard Quadrant**<br>a) Quality and Safety;<br>b) Access;<br>c) Finance, Governance and Compliance.<br>d) Workforce; |
| 4 | KPI Target | Target 2019: 85% |
| 4a | Target Trajectory | Target trajectory |
| 4b | Volume metrics | Volume metrics |
| 5 | KPI Calculation | |
| 6 | Data Sources | Data Sourced from NTPF. Data taken from last Wednesday of month and submitted to BIU<br>Child age is set at 15 (up to your 16th birthday) for hospitals that treat both Adults and Paeds. Everyone attending a children's only hospital would be considered a child and anyone attending Adults only hospital will be classed as an adult |
| 6a | Data sign off | NTPF |
| 6b | Data Quality Issues | |
| 7 | Data Collection Frequency | Daily;    Weekly;  Monthly;  Quarterly;<br>Bi-annual;   Annual;   Other – give details: |
| 8 | Tracer Conditions (clinical metrics only) | |
| 9 | Minimum Data Set (MDS) | Basic demographic details, procedure details including urgency level |
| 10 | International Comparison | Waiting times for inpatient and outpatient services are standard measures internationally (AUS, CAN, GB, ECHI). |
| 11 | KPI Monitoring | KPI will be monitored monthly |
| 12 | KPI Reporting Frequency | Daily;    Weekly;  Monthly;  Quarterly;    Bi-annual; Annual;  Other – give details:  For 28 day periods commencing on national implementation start date |
| 13 | KPI report period | Monthly      M<br>Quarterly    Q<br>Biannual      BA<br>Annual        A<br><br>By exception<br>Monthly in arrears                    M-1M<br>Monthly two months in arrears      M-2M<br>Quarterly in arrears                   Q-1Q<br>Quarterly one month in arrears     Q-1M<br>Quarterly two quarters in arrears   Q-2Q<br>Quarterly three quarters in arrears Q-3Q<br>Quarterly six months in arrears      Q-2Q<br>Biannual one quarter in arrears      BA-1Q<br>Biannual six months in arrears       BA-2Q<br>Annual reported in 1st quarter        A<br>Annual 12 months in arrears         A-1A<br>Rolling 12 months Rolling            12M<br>Current: daily data reported on that same day of activity, monthly data reported within the same month of activity) |
| 14 | KPI Reporting Aggregation | National;   Region;   Hospital Group;   Hospital;    CHO;  sub-CHO level (please give details);  Other, please specify |
| 15 | KPI is reported in which reports? | Annual Report;  Performance Report/Profile;  MDR ;  Other: give details: |
| 16 | Web link to published data | http://www.hse.ie/eng/services/Publications |
| 17 | Additional Information | This KPI is noted in the Service  Plan 2019 |
| Contact details | | Name:  Eoin Darcy |
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| | | **Data support** |
| | | Name: Acute Business Information Unit |
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| | | Telephone Number  01 620 1800 |
| | | *This sign off is the governance at Divisional level in respect of management of the KPI including data provision, validation, and use in performance management* |
| Governance/sign off | | Operational National Director: **National Director Acute Operations** |

# Acute Division Inpatient & Day Case Waiting Times - Metadata 2019

| No | Steps | Detail supporting KPI |
|---|---|---|
| 1 | **KPI title & Number A20b** | % of children waiting <15 months for an elective procedure (day case) |
| 1b | **KPI Short Title** | Children EI DC Waiting <15 months |
| 2 | **KPI Description** | % of children waiting <15 months for day case procedure excluding GI endoscopy – A patient who is admitted to a designated day bed/place on an elective basis for care and/or treatment. |
| 3 | **KPI Rationale** | No child should wait more than 15 months for a day case procedure. |
| 3a | **Indicator Classification** | **National Scorecard Quadrant** <br> a) Quality and Safety; <br> b) Access; <br> c) Finance, Governance and Compliance. <br> d) Workforce; |
| 4 | **KPI Target** | Target 2019: 90% |
| 4a | **Target Trajectory** | Target trajectory |
| 4b | **Volume metrics** | Volume metrics |
| 5 | **KPI Calculation** | |
| 6 | **Data Sources** | Data Sourced from NTPF. Data taken from last Wednesday of month and submitted to BIU <br> Child age is set at 15 (up to your 16th birthday) for hospitals that treat both Adults and Paeds. Everyone attending a children's only hospital would be considered a child and anyone attending Adults only hospital will be classed as an adult |
| 6a | **Data sign off** | NTPF |
| 6b | **Data Quality Issues** | |
| 7 | **Data Collection Frequency** | Daily; Weekly; Monthly; Quarterly; <br> Bi-annual; Annual; Other – give details: |
| 8 | **Tracer Conditions (clinical metrics only)** | |
| 9 | **Minimum Data Set (MDS)** | Basic demographic details, procedure details including urgency level |
| 10 | **International Comparison** | Waiting times for inpatient and outpatient services are standard measures internationally (AUS, CAN, GB, ECHI). |
| 11 | **KPI Monitoring** | Daily; Weekly; Monthly; Quarterly; Bi-annual; Annual; Other – give details: |
| 12 | **KPI Reporting Frequency** | Daily; Weekly; Monthly; Quarterly; Bi-annual; Annual; Other – give details: For 28 day periods commencing on national implementation start date |
| 13 | **KPI report period** | Monthly M <br> Quarterly Q <br> Biannual BA <br> Annual A <br><br> By exception <br> Monthly in arrears M-1M <br> Monthly two months in arrears M-2M <br> Quarterly in arrears Q-1Q <br> Quarterly one month in arrears Q-1M <br> Quarterly two quarters in arrears Q-2Q <br> Quarterly three quarters in arrears Q-3Q <br> Quarterly six months in arrears Q-2Q <br> Biannual one quarter in arrears BA-1Q <br> Biannual six months in arrears BA-2Q <br> Annual reported in 1st quarter A <br> Annual 12 months in arrears A-1A <br> Rolling 12 months Rolling 12M <br> Current - daily data reported on that same day of activity, monthly data reported within the same month of activity |
| 14 | **KPI Reporting Aggregation** | National; Region; Hospital Group; Hospital; CHO; sub-CHO level (please give details); Other, please specify |
| 15 | **KPI is reported in which reports?** | Annual Report; Performance Report/Profile; MDR ; Other: give details: 1)DOH Statistics for submission to EU. 2)Irish Kidney Association 3)United States International Renal Data System. 4)Irish Nephrology Society |
| 16 | **Web link to published data** | http://www.hse.ie/eng/services/Publications |
| 17 | **Additional Information** | This KPI is noted in the Service Plan 2019 |
| **Contact details** | | Name: Eoin Darcy |
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| | | **Data support** |
| | | Name: Acute Business Information Unit |
| | | Email address: AcuteBIU@hse.ie |
| | | Telephone Number 01 620 1800 |
| | | *This sign off is the governance at Divisional level in respect of management of the KPI including data provision, validation, and use in performance management* |
| **Governance/sign off** | | Operational National Director: **National Director Acute Operations** |

| No | Steps | Detail supporting KPI |
|---|---|---|
| **Acute Division Outpatient Waiting Times - Metadata 2019** | | |
| 1 | **KPI title & Number A23** | % of people waiting <52 weeks for first access to OPD services |
| 1b | **KPI Short Title** | OPD - Waiting <52 weeks |
| 2 | **KPI Description** | % of people waiting less than 12 months to be seen in outpatient services |
| 3 | **KPI Rationale** | 85% of patients should wait no more than 52 weeks for first access to outpatient services |
| 3a | **Indicator Classification** | **National Scorecard Quadrant**<br>a) Quality and Safety;<br>b) Access;<br>c) Finance, Governance and Compliance.<br>d) Workforce; |
| 4 | **KPI Target** | Target 2019: 80% |
| 4a | **Target Trajectory** | Target trajectory |
| 4b | **Volume metrics** | Volume metrics |
| 5 | **KPI Calculation** | Numerator: Number of outpatient patients waiting to be seen less than 52 weeks Denominator: Total number of patients waiting to be seen in Outpatients |
| 6 | **Data Sources** | Data Sourced from NTPF. Data taken from last day Wednesday of month and submitted to BIU |
| 6a | **Data sign off** | NTPF |
| 6b | **Data Quality Issues** | |
| 7 | **Data Collection Frequency** | Daily; Weekly; Monthly; Quarterly;<br>Bi-annual; Annual; Other – give details: |
| 8 | **Tracer Conditions (clinical metrics only)** | No. of patients waiting less than 52 weeks for first access to OPD services |
| 9 | **Minimum Data Set (MDS)** | Basic demographic details, procedure details including urgency level |
| 10 | **International Comparison** | Waiting times for inpatient and outpatient services are standard measures internationally (AUS, CAN, GB, ECHI). |
| 11 | **KPI Monitoring** | KPI will be monitored:<br>Daily; Weekly; Monthly; Quarterly; Bi-annual; Annual; Other – give details: |
| 12 | **KPI Reporting Frequency** | Daily; Weekly; Monthly; Quarterly; Bi-annual; Annual; Other – give details: For 28 day periods commencing on national implementation start date |
| 13 | **KPI report period** | Monthly M<br>Quarterly Q<br>Biannual BA<br>Annual A<br><br>By exception<br>Monthly in arrears M-1M<br>Monthly two months in arrears M-2M<br>Quarterly in arrears Q-1Q<br>Quarterly one month in arrears Q-1M<br>Quarterly two quarters in arrears Q-2Q<br>Quarterly three quarters in arrears Q-3Q<br>Quarterly six months in arrears Q-2Q<br>Biannual one quarter in arrears BA-1Q<br>Biannual six months in arrears BA-2Q<br>Annual reported in 1st quarter A<br>Annual 12 months in arrears A-1A<br>Rolling 12 months Rolling 12M<br>Current: daily data reported on that same day of activity, monthly data reported within the same month of activity) |
| 14 | **KPI Reporting Aggregation** | National; Region; Hospital Group; Hospital; CHO; sub-CHO level (please give details); Other, please specify |
| 15 | **KPI is reported in which reports?** | Annual Report; Performance Report/Profile; MDR ; Other: give details: 1)DOH Statistics for submission to EU. 2)Irish Kidney Association 3)United States International Renal Data System. 4)Irish Nephrology Society |
| 16 | **Web link to published data** | http://www.hse.ie/eng/services/Publications |
| 17 | **Additional Information** | This KPI is noted in the Service Plan 2019 |
| **Contact details** | | Name: Eoin Darcy |
| | | Email address: eoin.darcy@ntpf.ie |
| | | Telephone Number: |
| | | **Data support** |
| | | Name: Acute Business Information Unit |
| | | Email address: AcuteBIU@hse.ie |
| | | Telephone Number 01 620 1800 |
| | | ***This sign off is the governance at Divisional level in respect of management of the KPI including data provision, validation, and use in performance management*** |
| **Governance/sign off** | | Operational National Director: **National Director Acute Operations** |

## Acute Division Colonoscopy/Gastrointestinal Service - Metadata 2019

| No | Steps | Detail supporting KPI |
|---|---|---|
| 1 | **KPI title & Number** A25 | % of people waiting <13 weeks following a referral for routine colonoscopy or OGD |
| 1b | **KPI Short Title** | Routine GI <13 weeks |
| 2 | **KPI Description** | % of people waiting less than 13 weeks for a routine colonoscopy or OGD |
| 3 | **KPI Rationale** | 70% of patients should wait no more than 13 weeks for routing colonoscopy or OGD (including Day case and Inpatient intended management) |
| 3a | **Indicator Classification** | **National Scorecard Quadrant**<br>a) Quality and Safety;<br>b) Access;<br>c) Finance, Governance and Compliance.<br>d) Workforce; |
| 4 | **KPI Target** | Target 2019: 70% |
| 4a | **Target Trajectory** | N/A |
| 4b | **Volume metrics** | Volume metrics |
| 5 | **KPI Calculation** | Numerator: Number of patients waiting to be seen less than 13 weeks Denominator: Total number of patients waiting to be seen for a colonoscopy or OGD.<br>The following ICD10 codes are used to identify the patients waiting **OGD (Upper)**:<br>11820-00 Panendoscopy via Camera Capsule, 30473-00 Panendoscopy to duodenum (If specialty not ENT), 30473-01 Panendoscopy to duodenum with biopsy (If specialty not ENT), 30473-02 Panendoscopy through artificial storma, 30473-03 Panendoscopy to duodenum (If specialty not ENT), 30473-04 Oesophagoscopy with biopsy, 30473-05 Panendoscopy to ileum (If specialty not ENT), 30473-07 Panendoscopy to deodenum with administration of tattooing agent, 30478-03 Panendoscopy to duodenum with laser coagulation, 30478-04 Panendoscopy to duodenum with excision of lesion, 30478-05 Percutaneous endoscopic jejunostom [PEJ], 30478-06 Endoscopic administration of agent into bleeding lesion of oesophagus, 30478-07 Endoscopic administration of agent into lesion of stomach or duodenum, 30478-08 Removal of gastrostomy tube, 30478-09 Endoscopic adminstration of agent into bleeding lesion of oesophagoastric junction, 30478-10 Oesophagoscopy with removal of foreign body, 30478-11 Oesophagoscopy with diathermy, 30478-12 Oesophagoscopy with heater probe coagulation, 30478-13 Oesophagoscopy with excision of lesion, 30478-19 Oesophagoscopy with other coagulation, 30478-21 Panendoscopy to ileum with other coagulation, 41819-00 Panendoscopy to duodenum (If specialty not ENT), 41819-02 Panendoscopy to duodenum (If specialty not ENT), 90771-00 Panendoscopy via Camera Capsule, 30688-00 ndoscopic Ultrasound<br>**Colonoscopy (Lower )**<br>30473-06 Panendoscoy to ileum with biopsy, 30473-08 Panendoscopy to ileum with administration of tattooing agent, 30478-14 Panendoscopy to ileum with removal of foreign body, 30478-15 Panendoscopy to ileum with diathermy, 30478-16 Panendoscopy to ileum with heater probe coagulation, 30478-17 Panendoscopy to ileum with laser coagulation, 30478-18 Panendoscopy to ileum with excision of lesion, 30478-20 Panendoscopy to duodenum with other coagulation, 32084-00 Fibreoptic colonoscopy to caecum, 32084-01 Fibreoptic colonoscopy to caecum, 32084-02 Fibreoptic colonoscopy to hepatic flexure with Aministraton of tattoong agent, 32087-00 Fibreoptic conoloscopy to hepatic flexure, with polypectomy, 32090-00 Fibreoptic conoloscopy to caecum, 32090-01 Fibreoptic conoloscopy to caecum, with biopsy, 32090-02 Fibreoptic conoloscopy to caecum with administration of tattooing agent, 32093-00 Fibeoptic conoloscopy to caecum, with polypectomy |
| 6 | **Data Sources** | Data Sourced from: National Treatment Purchase Fund (NTPF) |
| 6a | **Data sign off** | NTPF |
| 6b | **Data Quality Issues** | NTPF |
| 7 | **Data Collection Frequency** | Daily;    Weekly;    Monthly;    Quarterly;<br>Bi-annual;    Annual;    Other – give details: |
| 8 | **Tracer Conditions (clinical metrics only)** | No of people waiting less than 13 weeks for a routine colonoscopy or OGD |
| 9 | **Minimum Data Set (MDS)** | BIU report: data required by Month, Year, case_ind, Agency Cod,e hospital_name, case_ind Adult/Child, HIPE Spec, Specialty and waiting period. |
| 10 | **International Comparison** | Waiting times for inpatient and outpatient services are standard measures internationally (AUS, CAN, GB, ECHI). |
| 11 | **KPI Monitoring** | KPI will be monitored: Daily;    Weekly;    Monthly;    Quarterly;    Bi-annual; Annual;  Other – give details: |
| 12 | **KPI Reporting Frequency** | Daily;    Weekly;    Monthly;    Quarterly;    Bi-annual; Annual;  Other – give details: For 28 day periods commencing on national implementation start date |
| 13 | **KPI report period** | Monthly    M |
| 14 | **KPI  Reporting Aggregation** | National;    Region;    Hospital Group;    Hospital;    CHO;  sub-CHO level (please give details);  Other, please specify |
| 15 | **KPI is reported in which reports?** | Annual Report;    Performance Report/Profile;  MDR ;  Other: give details: |
| 16 | **Web link to published data** | http://www.hse.ie/eng/services/Publications |
| 17 | **Additional Information** | This KPI is noted in the Service  Plan 2019 |
| **Contact details** | | Name:  Eoin Darcy |
| | | Email address: eoin.darcy@ntpf.ie |
| | | Telephone Number: |
| | | **Data support** |
| | | Name: Acute Business Information Unit |
| | | Email address: AcuteBIU@hse.ie |
| | | Telephone Number  01 620 1800 |
| | | ***This sign off is the governance at Divisional level in respect of management of the KPI including data provision, validation, and use in performance management*** |
| **Governance/sign off** | | Operational National Director: **National Director Acute Operations** |

## Acute Division Colonoscopy/Gastrointestinal Service - Metadata 2019

| No | Steps | Detail supporting KPI |
|---|---|---|
| 1 | KPI title & Number **A80** | No. of people waiting > four weeks for access to an urgent colonoscopy |
| 1b | KPI Short Title | Urgent colonoscopy greater than 4 weeks |
| 2 | KPI Description | Number of people waiting greater than 4 weeks for access to an urgent colonscopy |
| 3 | KPI Rationale | Access to an urgent colonscopy within 4 weeks |
| 3a | Indicator Classification | **National Scorecard Quadrant**<br>a) Quality and Safety;<br>b) Access;<br>c) Finance, Governance and Compliance.<br>d) Workforce; |
| 4 | KPI Target | Target 2019 : 0 |
| 4a | Target Trajectory | N/A |
| 4b | Volume metrics | Volume metrics |
| 5 | KPI Calculation | Count: Number of New patients waiting greater than 28 days for an Urgent Colonoscopy |
| 6 | Data Sources | Coverage 37 hospitals 100%<br>37/37 hospitals reporting |
| 6a | Data sign off | Name: Ciaran Browne |
| 6b | Data Quality Issues | |
| 7 | Data Collection Frequency | Daily;   Weekly;  Monthly;  Quarterly;<br>Bi-annual;   Annual;   Other – give details: |
| 8 | Tracer Conditions (clinical metrics only) | As per description no. 2 above |
| 9 | Minimum Data Set (MDS) | BIU – Acute - Urgent Colonoscopy Report |
| 10 | International Comparison | Often part of an indicator sub-set in international documents, may not be explicitly noted, but present in some form or another internationally. |
| 11 | KPI Monitoring | KPI will be monitored: Daily;   Weekly;  Monthly;   Quarterly;   Bi-annual; Annual;  Other – give details: |
| 12 | KPI Reporting Frequency | Daily;   Weekly;  Monthly;  Quarterly;   Bi-annual; Annual;  Other – give details:  For 28 day periods commencing on national implementation start date |
| 13 | KPI report period | Monthly      M<br>Quarterly    Q<br>Biannual     BA<br>Annual       A<br><br>By exception<br>Monthly in arrears                M-1M<br>Monthly two months in arrears     M-2M<br>Quarterly in arrears              Q-1Q<br>Quarterly one month in arrears    Q-1M<br>Quarterly two quarters in arrears  Q-2Q<br>Quarterly three quarters in arrears Q-3Q<br>Quarterly six months in arrears    Q-2Q<br>Biannual one quarter in arrears    BA-1Q<br>Biannual six months in arrears     BA-2Q<br>Annual reported in 1st quarter      A<br>Annual 12 months in arrears        A-1A<br>Rolling 12 months Rolling          12M<br>Current - daily data reported on that same day of activity, monthly data reported within the same month of activity |
| 14 | KPI  Reporting Aggregation | National;   Region;   Hospital Group;   Hospital;   CHO;  sub-CHO level (please give details);  Other, please specify |
| 15 | KPI is reported in which reports? | Annual Report;   Performance Report/Profile;  MDR ;  Other: give details: CompStat |
| 16 | Web link to published data | http://www.hse.ie/eng/services/Publications |
| 17 | Additional Information | This KPI is noted in the Service  Plan 2019 |
| **Contact details** | | **KPI owner/lead for implementation** |
| | | Name: Ciaran Browne |
| | | Email address: ciaran.browne@hse.ie |
| | | Telephone Number  01 635 2653 |
| | | **Data support** |
| | | Name: Acute Business Information Unit |
| | | Email address: AcuteBIU@hse.ie |
| | | Telephone Number  01 620 1800 |
| **Governance/sign off** | | *This sign off is the governance at Divisional level in respect of management of the KPI including data provision, validation, and use in performance management* |
| | | Operational National Director: **National Director Acute Operations** |

## Metadata 2019 - ED - 6 hour

| No | Steps | Detail supporting KPI |
|---|---|---|
| 1 | KPI title & Number A26 | % of all attendees at ED who are discharged or admitted within six hours of registration |
| 1b | KPI Short Title | ED - 6 hour |
| 2 | KPI Description | % of all ED patients who wait less than 6 hours. Total Emergency Department Time (TEDT) is measured from registration time to ED Departure Time. |
| 3 | KPI Rationale | a. A 6 hour target for ED has been included in the HSE service plan for a number of years and Patient Experience Time, which is equivalent to TEDT, has been collected at a number of EDs since 2010. |
| | | b. TEDT includes both productive clinical time and delays. This indicator aims to reduce the delays without compromising on quality of care (1). |
| | | c. Prolonged durations of stay in EDs are associated with poorer patient outcomes (2,3). |
| | | d. Research in an Irish ED demonstrated that patient mortality increased exponentially after 6 hours total time spent in the ED(4). |
| | | e. Prolonged waiting times are associated with adverse outcomes for patients discharged from EDs.(5) |
| | | f. Patients waiting more than 6 hours should be cared for in a more appropriate care setting than an ED |
| | | g. Patients who have completed their period of EM care draw on nursing and other ED resources that would be more effectively directed at new patients who require timely initial clinical assessment and nursing care. |
| | | h. This indicator sets an upper limit on the duration of ED patient care. However, a small minority of patients may require longer than 6 hours care in an ED setting due to the complexity of their presenting problems. This is why a 95% compliance target has been set. |
| | | i. An upper absolute limit of 9 hours is set to ensure that the 5% of patients who may not comply with the 6 hour target do not go on to have protracted waiting times. |
| | | j. Monitoring the median, mean and centiles will allow EDs that do not achieve the target initially to monitor the timeliness of the care they provide, to better understand performance and demonstrate improvement towards achievement of the target. Secondary measures will also allow hospitals that meet the target to demonstrate exemplary performance in further reducing waiting times and will support benchmarking of hospital performance. |
| | | k. The centile measures will also demonstrate any potentially unfavourable distortions in practice such as a rush to discharge or admit a disproportionate number of patients close to the 6-hour target time. |
| | | l. Efficient care should not be rushed. Comparison of median and 75th centile data between similar EDs will indicate if a particular unit is managing patients at an unexpectedly quick rate This will flag the need to investigate whether this variance represents more efficient or unacceptably rushed care. |
| 3a | Indicator Classification | **National Scorecard Quadrant** a) Quality and Safety; b) Access; c) Finance, Governance and Compliance. d) Workforce; |
| 4 | KPI Target | Target 2019: 75% |
| 4a | Target Trajectory | |
| 4b | Volume metrics | |
| 5 | KPI Calculation | Numerator - All ED patients who are admitted to a ward or discharged in less than 6 hours from their Arrival Time. Denominator - All patient attendances at Eds |
| 6 | Data Sources | ED System (PET) |
| 6a | Data sign off | Name: Ciara Hughes - EMP Programme Manager |
| 6b | Data Quality Issues | |
| 7 | Data Collection Frequency | Daily; Weekly; Monthly; Quarterly; Bi-annual; Annual; Other – give details: |
| 8 | Tracer Conditions (clinical metrics only) | All attendances to ED |
| 9 | Minimum Data Set (MDS) | Emergency Care Unit Identifier ID of hospital (to be confirmed or included in EMP dataset) Local service-user identifier UHI Unique Health Identifier (not yet applicable) Patient attendance Data set identifier new and unscheduled returns Date patient presents ED dataset Time patient presents Arrival Time Time patient admitted ED Departure Time for patient Time patient discharged ED Departure Time for patient ID of EM clinician who discharged patient Propose Irish Medical Council Registration Number ID of non-EM clinician who discharged patient Propose Irish Medical Council Registration Number |
| 10 | International Comparison | (1) A&E Clinical Quality Indicators. Department of Health 17th December 2010. Available at |
| | | http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/Publications |
| | | PolicyAndGuidance/DH_122868. Accessed 13th January 2011 |
| | | (2) Sprivulis PC, Da Silva J-A, Jacobs IG, Frazer ARL, Jelinek GA (2006) The Association between |
| | | hospital overcrowding and mortality among patients admitted via Western Australian emergency |
| | | departments MJA 184 (5): 208 |
| | | (3) Richardson DB (2001) The access-block effect: relationship between delay to reaching an inpatient |
| | | bed and in-patient length of stay MJA 177:49 |
| | | (4) Silke B, Plunkett P et al. European Journal of Emergency Medicine 2011 (in press) |
| | | (5) Guttman A, Schull MJ, Vermullen MJ, Stukel TA. Association between waiting times and short |
| | | term mortality and hospital admission after departure from emergency department: population based |
| | | cohort study from Ontario, Canada. BMJ 2011;342:d2983doi:10.1136/bmj.d2983. |
| | | (6) A six hour target for ED attendances is being used in New Zealand. New Zealand Ministry of |
| | | Health. Available at http://www.moh.govt.nz/moh.nsf/indexmh/ed-target. Accessed 13th January 2011 |
| 11 | KPI Monitoring | Daily; Weekly; Monthly; Quarterly; Bi-annual; Annual; Other – give details: |
| 12 | KPI Reporting Frequency | Daily; Weekly; Monthly; Quarterly; Bi-annual; Annual; Other – give details: |

## Metadata 2019 - ED - 6 hour

| No | Steps | Detail supporting KPI |
|---|---|---|
| 13 | **KPI report period** | Monthly        M<br>Quarterly    Q<br>Biannual    BA<br>Annual        A<br><br>By exception<br>Monthly in arrears                              M-1M<br>Monthly two months in arrears          M-2M<br>Quarterly in arrears                          Q-1Q<br>Quarterly one month in arrears        Q-1M<br>Quarterly two quarters in arrears    Q-2Q<br>Quarterly three quarters in arrears Q-3Q<br>Quarterly six months in arrears        Q-2Q<br>Biannual one quarter in arrears        BA-1Q<br>Biannual six months in arrears          BA-2Q<br>Annual reported in 1st quarter            A<br>Annual 12 months in arrears              A-1A<br>Rolling 12 months Rolling                  12M |
| 14 | **KPI  Reporting Aggregation** | National;    Region;    Hospital Group;    Hospital;       CHO;   sub-CHO level (please give details);  Other, please specify |
| 15 | **KPI is reported in which reports?** | Annual Report;   Performance Report/Profile;   MOR ;   Other |
| 16 | **Web link to published data** | http://www.hse.ie/eng/services/Publications |
| 17 | **Additional Information** | This KPI is noted in the Service  Plan 2019 |
| **Contact details** | | **KPI owner/lead for implementation** |
| | | Name: Ciara Hughes - EMP Programme Manager |
| | | Email address:  emp@rcsi.ie  / ciarah@rcsi.ie |
| | | Telephone Number  : 087  7845571 |
| | | **Data support** |
| | | Name: Acute Business Information Unit |
| | | Email address: AcuteBIU@hse.ie |
| | | Telephone Number  01 620 1800 |
| **Governance/sign off** | | *This sign off is the governance at Divisional level in respect of management of the KPI including data provision, validation, and use in performance management* |
| | | Operational National Director: **National Director Acute Operations** |

| No | Steps | Detail supporting KPI |
|---|---|---|
| **Metadata 2019 - ED - 9 hour** | | |
| **1** | **KPI title & Number A27** | % of all attendees at ED who are discharged or admitted within nine hours of registration |
| **1b** | **KPI Short Title** | ED - 9 hour |
| **2** | **KPI Description** | % of all ED patients who wait less than 9 hours. Total Emergency Department Time (TEDT) is measured from registration time to ED Departure Time. |
| **3** | **KPI Rationale** | a. A 9 hour target for ED has been included in the HSE service plan for a number of years and Patient Experience Time, which is equivalent to TEDT, has been collected at a number of EDs since 2010. |
| | | b. TEDT includes both productive clinical time and delays. This indicator aims to reduce the delays without compromising on quality of care (1). |
| | | c. Prolonged durations of stay in EDs are associated with poorer patient outcomes (2,3). |
| | | d. Research in an Irish ED demonstrated that patient mortality increased exponentially after 9 hours total time spent in the ED(4). |
| | | e. Prolonged waiting times are associated with adverse outcomes for patients discharged from EDs.(5) |
| | | f. Patients waiting more than 9 hours should be cared for in a more appropriate care setting than an ED |
| | | g. Patients who have completed their period of EM care draw on nursing and other ED resources that would be more effectively directed at new patients who require timely initial clinical assessment and nursing care. |
| | | h. Monitoring the median, mean and centiles will allow EDs that do not achieve the target initially to monitor the timeliness of the care they provide, to better understand performance and demonstrate improvement towards achievement of the target. Secondary measures will also allow hospitals that meet the target to demonstrate exemplary performance in further reducing waiting times and will support benchmarking of hospital performance. |
| | | i. The centile measures will also demonstrate any potentially unfavourable distortions in practice such as a rush to discharge or admit a disproportionate number of patients close to the 9-hour target time. |
| | | j. Efficient care should not be rushed. Comparison of median and 75th centile data between similar EDs will indicate if a particular unit is |
| **3a** | **Indicator Classification** | **National Scorecard Quadrant** <br> a) Quality and Safety; <br> b) Access; <br> c) Finance, Governance and Compliance. <br> d) Workforce; |
| **4** | **KPI Target** | Target 2019: 99% |
| **4a** | **Target Trajectory** | |
| **4b** | **Volume metrics** | |
| **5** | **KPI Calculation** | Numerator - All ED patients who are admitted to a ward or discharged in less than 9 hours from their Arrival Time. Denominator - All patient attendances at EDs |
| **6** | **Data Sources** | ED System (PET) |
| **6a** | **Data sign off** | Name: Ciara Hughes - EMP Programme Manager |
| **6b** | **Data Quality Issues** | |
| **7** | **Data Collection Frequency** | Daily; Weekly; Monthly; Quarterly; <br> Bi-annual; Annual; Other – give details: |
| **8** | **Tracer Conditions (clinical metrics only)** | All attendances to ED |
| **9** | **Minimum Data Set (MDS)** | Emergency Care Unit Identifier ID of hospital (to be confirmed or included in EMP dataset) Local service-user identifier UHI Unique Health Identifier (not yet applicable) Patient attendance Data set identifier new and unscheduled returns Date patient presents ED dataset Time patient presents Arrival Time Time patient admitted ED Departure Time for patient Time patient discharged ED Departure Time for patient ID of EM clinician who discharged patient Propose Irish Medical Council Registration Number ID of non-EM clinician who discharged patient Propose Irish Medical Council Registration Number |

| No | Steps | Detail supporting KPI |
|---|---|---|
| | | **Metadata 2019 - ED - 9 hour** |
| 10 | International Comparison | (1) A&E Clinical Quality Indicators. Department of Health 17th December 2010. Available at |
| | | http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/Publications |
| | | PolicyAndGuidance/DH_122868. Accessed 13th January 2011 |
| 11 | KPI Monitoring | Daily;    Weekly;    Monthly;    Quarterly;    Bi-annual;  Annual;  Other – give details: |
| 12 | KPI Reporting Frequency | Daily;    Weekly;  Monthly;    Quarterly;    Bi-annual; Annual;  Other – give details: |
| 13 | KPI report period | Monthly      M<br>Quarterly    Q<br>Biannual     BA<br>Annual        A<br><br>By exception<br>Monthly in arrears                     M-1M<br>Monthly two months in arrears     M-2M<br>Quarterly in arrears                    Q-1Q<br>Quarterly one month in arrears     Q-1M<br>Quarterly two quarters in arrears   Q-2Q<br>Quarterly three quarters in arrears Q-3Q<br>Quarterly six months in arrears      Q-2Q<br>Biannual one quarter in arrears      BA-1Q<br>Biannual six months in arrears       BA-2Q<br>Annual reported in 1st quarter         A<br>Annual 12 months in arrears         A-1A<br>Rolling 12 months Rolling             12M |
| 14 | KPI  Reporting Aggregation | National;   Region;   Hospital Group;   Hospital;     CHO;   sub-CHO level (please give details);  Other, please specify |
| 15 | KPI is reported in which reports? | Annual Report;  Performance Report/Profile;  MDR ;  Other |
| 16 | Web link to published data | http://www.hse.ie/eng/services/Publications |
| 17 | Additional Information | EDIS implementation will ensure data available from all sites.<br>This KPI is on CIF.  This KPI is reported in National Service Plan 2019 |
| **Contact details** | | **KPI owner/lead for implementation** |
| | | Name: Ciara Hughes - EMP Programme Manager |
| | | Email address:  emp@rcsi.ie  / ciarah@rcsi.ie |
| | | Telephone Number  : 087  7845571 |
| | | **Data support** |
| | | Name: Acute Business Information Unit |
| | | Email address: AcuteBIU@hse.ie |
| | | Telephone Number  01 620 1800 |
| **Governance/sign off** | | *This sign off is the governance at Divisional level in respect of management of the KPI including data provision, validation, and use in performance management* |
| | | Operational National Director: **National Director Acute Operations** |

| Metadata 2019 | | |
|---|---|---|
| **No** | **Steps** | **Detail supporting KPI** |
| 1 | **KPI title & Number** **A28** | % of ED patients who leave before completion of treatment |
| 1b | **KPI Short Title** | ED discharge prior to completion of treatment |
| 2 | **KPI Description** | % of ED patients who attend ED but leave before their treatment is completed.These patients are recorded as did not wait on hospital system or leave before treatment. |
| 3 | **KPI Rationale** | All patients attending ED have a right to treatment |
| 3a | **Indicator Classification** | **National Scorecard Quadrant** a) Quality and Safety; b) Access; c) Finance, Governance and Compliance. d) Workforce; |
| 4 | **KPI Target** | Target 2019: <5% |
| 4a | **Target Trajectory** | |
| 4b | **Volume metrics** | |
| 5 | **KPI Calculation** | Numerator: number of patients that Did Not Wait Denominator: Total patients attending ED X100 |
| 6 | **Data Sources** | Sourced from ED system (PET) |
| 6a | **Data sign off** | Name: Ciara Hughes - EMP Programme Manager |
| 6b | **Data Quality Issues** | Reporting all acute hospitals with recognised Emergency Departments |
| 7 | **Data Collection Frequency** | Daily;    Weekly;   Monthly;   Quarterly; Bi-annual;    Annual;   Other – give details: |
| 8 | **Tracer Conditions (clinical metrics only)** | |
| 9 | **Minimum Data Set (MDS)** | |
| 10 | **International Comparison** | |
| 11 | **KPI Monitoring** | Daily;    Weekly;   Monthly;   Quarterly;    Bi-annual; Annual;  Other – give details: |
| 12 | **KPI Reporting Frequency** | Daily;    Weekly;   Monthly;   Quarterly;    Bi-annual; Annual;  Other – give details: |
| 13 | **KPI report period** | Monthly     M Quarterly    Q Biannual     BA Annual      A  By exception Monthly in arrears                       M-1M Monthly two months in arrears      M-2M Quarterly in arrears                      Q-1Q Quarterly one month in arrears      Q-1M Quarterly two quarters in arrears   Q-2Q Quarterly three quarters in arrears Q-3Q Quarterly six months in arrears      Q-2Q Biannual one quarter in arrears      BA-1Q Biannual six months in arrears        BA-2Q Annual reported in 1st quarter          A Annual 12 months in arrears          A-1A Rolling 12 months Rolling            12M |
| 14 | **KPI  Reporting Aggregation** | National;   Region;   Hospital Group;   Hospital;     CHO;   sub-CHO level (please give details);  Other, please specify |
| 15 | **KPI is reported in which reports?** | Annual Report;  Performance Report/Profile;  MDR ;   Other |
| 16 | **Web link to published data** | http://www.hse.ie/eng/services/Publications |
| 17 | **Additional Information** | This KPI is noted in the Service  Plan 2019 |
| **Contact details** | | **KPI owner/lead for implementation** |
| | | Name: Ciara Hughes - EMP Programme Manager |
| | | Email address:  emp@rcsi.ie  / ciarah@rcsi.ie |
| | | Telephone Number  : 087  7845571 |
| | | **Data support** |
| | | Name: Acute Business Information Unit |
| | | Email address: AcuteBIU@hse.ie |
| | | Telephone Number  01 620 1800 |
| **Governance/sign off** | | *This sign off is the governance at Divisional level in respect of management of the KPI including data provision, validation, and use in performance management* |
| | | Operational National Director: **National Director Acute Operations** |

## Metadata 2019

| No | Steps | Detail supporting KPI |
|---|---|---|
| 1 | KPI title & Number A29 | % of all attendees at ED who are in ED <24 hours |
| 1b | KPI Short Title | ED < 24 hours |
| 2 | KPI Description | % of patients who attend ED who are in ED less than 24 hours |
| 3 | KPI Rationale | a. A 24 hour target for ED has been included in the HSE service plan for a number of years and Patient Experience Time, which is equivalent to TEDT, has been collected at a number of EDs since 2010. |
| | | b. TEDT includes both productive clinical time and delays. This indicator aims to reduce the delays without compromising on quality of care (1). |
| | | c. Prolonged durations of stay in EDs are associated with poorer patient outcomes (2,3). |
| | | d. Research in an Irish ED demonstrated that patient mortality increased exponentially after 24 hours total time spent in the ED(4). |
| | | e. Prolonged waiting times are associated with adverse outcomes for patients discharged from EDs.(5) |
| | | f. Patients waiting less than 24 hours should be cared for in a more appropriate care setting than an ED |
| | | g. Patients who have completed their period of EM care draw on nursing and other ED resources that would be more effectively directed at new patients who require timely initial clinical assessment and nursing care. |
| | | h. This indicator sets an upper limit on the duration of ED patient care. However, a small minority of patients should not require longer than 24 hours care in an ED setting due to the complexity of their presenting problems. This is why a 100% compliance target has been set. |
| | | i. An upper absolute limit of 24 hours is set to ensure that the 0% of patients who may not comply with the 24 hour target do not go on to have protracted waiting times. |
| | | j. Monitoring the median, mean and centiles will allow EDs that do not achieve the target initially to monitor the timeliness of the care they provide, to better understand performance and demonstrate improvement towards achievement of the target. Secondary measures will also allow hospitals that meet the target to demonstrate exemplary performance in further reducing waiting times and will support benchmarking of hospital performance. |
| | | k. The centile measures will also demonstrate any potentially unfavourable distortions in practice such as a rush to discharge or admit a disproportionate number of patients close to the 6-hour target time. |
| | | l. Efficient care should not be rushed. Comparison of median and 75th centile data between similar EDs will indicate if a particular unit is managing patients at an unexpectedly quick rate This will flag the need to investigate whether this variance represents more efficient or unacceptably rushed care. |
| 3a | Indicator Classification | **National Scorecard Quadrant** a) Quality and Safety; b) Access; c) Finance, Governance and Compliance. d) Workforce; |
| 4 | KPI Target | Target 2019: 99% |
| 4a | Target Trajectory | |
| 4b | Volume metrics | |
| 5 | KPI Calculation | All attendances that have an experience time of less than 24 hours = sum (total patients - greater 24 hour patients)/ total patients |
| 6 | Data Sources | Sourced from ED system (PET) |
| 6a | Data sign off | Name: Ciara Hughes - EMP Programme Manager |
| 6b | Data Quality Issues | Reporting all acute hospitals with recognised Emergency Departments |
| 7 | Data Collection Frequency | Daily; Weekly; Monthly; Quarterly; Bi-annual; Annual; Other – give details: |
| 8 | Tracer Conditions (clinical metrics only) | |
| 9 | Minimum Data Set (MDS) | |
| 10 | International Comparison | |
| 11 | KPI Monitoring | Daily; Weekly; Monthly; Quarterly; Bi-annual; Annual; Other – give details: |
| 12 | KPI Reporting Frequency | Daily; Weekly; Monthly; Quarterly; Bi-annual; Annual; Other – give details: |
| 13 | KPI report period | Monthly M |
| 14 | KPI Reporting Aggregation | National; Region; Hospital Group; Hospital; CHO; sub-CHO level (please give details); Other, please specify |
| 15 | KPI is reported in which reports? | Annual Report; Performance Report/Profile; MDR ; Other |
| 16 | Web link to published data | http://www.hse.ie/eng/services/Publications |
| 17 | Additional Information | This KPI is noted in the Service  Plan 2019 |
| **Contact details** | | **KPI owner/lead for implementation** |
| | | Name: Ciara Hughes - EMP Programme Manager |
| | | Email address:  emp@rcsi.ie  / ciarah@rcsi.ie |
| | | Telephone Number  : 087  7845571 |
| | | **Data support** |
| | | Name: Acute Business Information Unit |
| | | Email address: AcuteBIU@hse.ie |
| | | Telephone Number  01 620 1800 |
| **Governance/sign off** | | *This sign off is the governance at Divisional level in respect of management of the KPI including data provision, validation, and use in performance management* |
| | | Operational National Director: **National Director Acute Operations** |

## Metadata 2019 - ED - 75yrs+ - 6 hour

| No | Steps | Detail supporting KPI |
|---|---|---|
| 1 | KPI title & Number A32 | % of all attendees aged 75 years and over at ED who are discharged or admitted within six hours of registration |
| 1b | KPI Short Title | ED - 75yrs+ - 6 hour |
| 2 | KPI Description | % of all ED patients who wait less than 6 hours whom are aged over 75 years and over. Total Emergency Department Time (TEDT) is measured from Registration time to ED Departure Time. |
| 3 | KPI Rationale | a. A 6 hour target for ED has been included in the HSE service plan for a number of years and Patient Experience Time, which is equivalent to TEDT, has been collected at a number of EDs since 2010. |
| | | b. TEDT includes both productive clinical time and delays. This indicator aims to reduce the delays without compromising on quality of care (1). |
| | | c. Prolonged durations of stay in EDs are associated with poorer patient outcomes (2,3). |
| | | d. Research in an Irish ED demonstrated that patient mortality increased exponentially after 6 hours total time spent in the ED(4). |
| | | e. Prolonged waiting times are associated with adverse outcomes for patients discharged from EDs.(5) |
| | | f. Patients waiting more than 6 hours should be cared for in a more appropriate care setting than an ED |
| | | g. Patients who have completed their period of EM care draw on nursing and other ED resources that would be more effectively directed at new patients who require timely initial clinical assessment and nursing care. |
| | | h. This indicator sets an upper limit on the duration of ED patient care. However, a small minority of patients may require longer than 6 hours care in an ED setting due to the complexity of their presenting problems. |
| | | i. An upper absolute limit of 9 hours is set to ensure that the 5% of patients who may not comply with the 6 hour target do not go on to have protracted waiting times. |
| | | j. Monitoring the median, mean and centiles will allow EDs that do not achieve the target initially to monitor the timeliness of the care they provide, to better understand performance and demonstrate improvement towards achievement of the target. Secondary measures will also allow hospitals that meet the target to demonstrate exemplary performance in further reducing waiting times and will support benchmarking of hospital performance. |
| | | k. The centile measures will also demonstrate any potentially unfavourable distortions in practice such as a rush to discharge or admit a disproportionate number of patients close to the 6-hour target time. |
| | | l. Efficient care should not be rushed. Comparison of median and 75th centile data between similar EDs will indicate if a particular unit is managing patients at an unexpectedly quick rate This will flag the need to investigate whether this variance represents more efficient or unacceptably rushed care. |
| 3a | Indicator Classification | **National Scorecard Quadrant** a) Quality and Safety; b) Access; c) Finance, Governance and Compliance. d) Workforce; |
| 4 | KPI Target | Target 2019: 95% |
| 4a | Target Trajectory | |
| 4b | Volume metrics | |
| 5 | KPI Calculation | Numerator - All ED patients aged >75 years of age, who are admitted to a ward or discharged in less than 6 hours from their Arrival Time. Denominator - All patient attendances at ED who are aged over 75 years of age who are admitted or discharged |
| | | presentation - (a) all ED patients and unscheduled returns (b) all (a) who are subsequently admitted (c) all (a) who are discharged by an EM clinician. (d) all (a) who are discharged by a non-EM clinician (b) to (d) = level II data for EMP For data definitions see EMP Report 2011. Numerator - All ED patients who are admitted to a ward or discharged in less than 9 hours from their Arrival Time |
| 6 | Data Sources | ED System (PET) |
| 6a | Data sign off | Name: Ciara Hughes - EMP Programme Manager |
| 6b | Data Quality Issues | 19/19 hospitals reporting |
| 7 | Data Collection Frequency | Daily;    Weekly;    Monthly;    Quarterly; Bi-annual;    Annual;    Other – give details: |
| 8 | Tracer Conditions (clinical metrics only) | All attendances to ED |
| 9 | Minimum Data Set (MDS) | Emergency Care Unit Identifier ID of hospital (to be confirmed or included in EMP dataset) Local service-user identifier UHI Unique Health Identifier (not yet applicable) Patient attendance Data set identifier new and unscheduled returns Date patient presents ED dataset Time patient presents Arrival Time Time patient admitted ED Departure Time for patient Time patient discharged ED Departure Time for patient ID of EM clinician who discharged patient Propose Irish Medical Council Registration Number ID of non-EM clinician who discharged patient Propose Irish Medical Council Registration Number |
| 10 | International Comparison | (1) A&E Clinical Quality Indicators. Department of Health 17th December 2010. Available at |
| | | http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/Publications |
| | | PolicyAndGuidance/DH_122868. Accessed 13th January 2011 |
| | | Health. Available at http://www.moh.govt.nz/moh.nsf/indexmh/ed-target. Accessed 13th January 2011 |
| 11 | KPI Monitoring | Daily;    Weekly; Monthly;    Quarterly;    Bi-annual; Annual;  Other – give details: |
| 12 | KPI Reporting Frequency | Daily;    Weekly; Monthly;    Quarterly;    Bi-annual; Annual;  Other – give details: |

## Metadata 2019 - ED - 75yrs+ - 6 hour

| No | Steps | Detail supporting KPI |
|---|---|---|
| 13 | **KPI report period** | Monthly   M<br>Quarterly   Q<br>Biannual   BA<br>Annual   A<br><br>By exception<br>Monthly in arrears   M-1M<br>Monthly two months in arrears   M-2M<br>Quarterly in arrears   Q-1Q<br>Quarterly one month in arrears   Q-1M<br>Quarterly two quarters in arrears   Q-2Q<br>Quarterly three quarters in arrears Q-3Q<br>Quarterly six months in arrears   Q-2Q<br>Biannual one quarter in arrears   BA-1Q<br>Biannual six months in arrears   BA-2Q<br>Annual reported in 1st quarter   A<br>Annual 12 months in arrears   A-1A<br>Rolling 12 months Rolling   12M |
| 14 | **KPI Reporting Aggregation** | National;   Region;   Hospital Group;   Hospital;   CHO;   sub-CHO level (please give details);   Other, please specify |
| 15 | **KPI is reported in which reports?** | Annual Report;  Performance Report/Profile;  MDR ;  Other |
| 16 | **Web link to published data** | http://www.hse.ie/eng/services/Publications |
| 17 | **Additional Information** | This KPI is noted in the Service  Plan 2019 |
| **Contact details** | | **KPI owner/lead for implementation** |
| | | Name: Ciara Hughes - EMP Programme Manager |
| | | Email address:  emp@rcsi.ie  / ciarah@rcsi.ie |
| | | Telephone Number  : 087  7845571 |
| | | **Data support** |
| | | Name: Acute Business Information Unit |
| | | Email address: AcuteBIU@hse.ie |
| | | Telephone Number  01 620 1800 |
| **Governance/sign off** | | *This sign off is the governance at Divisional level in respect of management of the KPI including data provision, validation, and use in performance management* |
| | | Operational National Director: **National Director Acute Operations** |

## Metadata 2019 - ED - 75yrs+ - 9 hour

| No | Steps | Detail supporting KPI |
|---|---|---|
| 1 | KPI title & Number A30 | % of all attendees aged 75 years and over at ED who are discharged or admitted within nine hours of registration |
| 1b | KPI Short Title | ED - 75yrs+ - 9 hour |
| 2 | KPI Description | % of all ED patients 75 years who wait less than 9 hours. Total Emergency Department Time (TEDT) is measured from Registration to ED Departure Time. |
| 3 | KPI Rationale | a. A 9 hour target for ED has been included in the HSE service plan for a number of years and Patient Experience Time, which is equivalent to TEDT, has been collected at a number of EDs since 2010. |
| | | b. TEDT includes both productive clinical time and delays. This indicator aims to reduce the delays without compromising on quality of care (1). |
| | | c. Prolonged durations of stay in EDs are associated with poorer patient outcomes (2,3). |
| | | d. Research in an Irish ED demonstrated that patient mortality increased exponentially after 9 hours total time spent in the ED(4). |
| | | e. Prolonged waiting times are associated with adverse outcomes for patients discharged from EDs.(5) |
| | | f. Patients waiting more than 9 hours should be cared for in a more appropriate care setting than an ED |
| | | g. Patients who have completed their period of EM care draw on nursing and other ED resources that would be more effectively directed at new patients who require timely initial clinical assessment and nursing care. |
| | | h. This indicator sets an upper limit on the duration of ED patient care. However, a small minority of patients may require longer than 9 hours care in an ED setting due to the complexity of their presenting problems. |
| | | i. The centile measures will also demonstrate any potentially unfavourable distortions in practice such as a rush to discharge or admit a disproportionate number of patients close to the 9-hour target time. |
| | | j. Monitoring the median, mean and centiles will allow EDs that do not achieve the target initially to monitor the timeliness of the care they provide, to better understand performance and demonstrate improvement towards achievement of the target. Secondary measures will also allow hospitals that meet the target to demonstrate exemplary performance in further reducing waiting times and will support benchmarking of hospital performance. |
| | | k. The centile measures will also demonstrate any potentially unfavourable distortions in practice such as a rush to discharge or admit a disproportionate number of patients close to the 9-hour target time. |
| | | l. Efficient care should not be rushed. Comparison of median and 75th centile data between similar EDs will indicate if a particular unit is managing patients at an unexpectedly quick rate This will flag the need to investigate whether this variance represents more efficient or unacceptably rushed care. |
| 3a | Indicator Classification | **National Scorecard Quadrant**<br>a) Quality and Safety;<br>b) Access;<br>c) Finance, Governance and Compliance.<br>d) Workforce; |
| 4 | KPI Target | Target 2019: 99% |
| 4a | Target Trajectory | |
| 4b | Volume metrics | |
| 5 | KPI Calculation | Numerator - All ED patients aged >75 years of age, who are admitted to a ward or discharged in less than 9 hours from their Arrival Time. Denominator - All patient attendances at ED who are aged over 75 years of age who are admitted or discharged |
| 6 | Data Sources | ED System (PET) |
| 6a | Data sign off | Name: Ciara Hughes - EMP Programme Manager |
| 6b | Data Quality Issues | |
| 7 | Data Collection Frequency | Daily;   Weekly;   Monthly;   Quarterly;<br>Bi-annual;   Annual;   Other – give details: |
| 8 | Tracer Conditions (clinical metrics only) | All attendances to ED |
| 9 | Minimum Data Set (MDS) | Emergency Care Unit Identifier ID of hospital (to be confirmed or included in EMP dataset) Local service-user identifier UHI Unique Health Identifier (not yet applicable) Patient attendance Data set identifier new and unscheduled returns Date patient presents ED dataset Time patient presents Arrival Time Time patient admitted ED Departure Time for patient Time patient discharged ED Departure Time for patient ID of EM clinician who discharged patient Propose Irish Medical Council Registration Number ID of non-EM clinician who discharged patient Propose Irish Medical Council Registration Number |
| 10 | International Comparison | (1) A&E Clinical Quality Indicators. Department of Health 17th December 2010. Available at |
| | | http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/Publications |
| | | PolicyAndGuidance/DH_122868. Accessed 13th January 2011 |
| | | (2) Sprivulis PC, Da Silva J-A, Jacobs IG, Frazer ARL, Jelinek GA (2006) The Association between |
| | | hospital overcrowding and mortality among patients admitted via Western Australian emergency |
| | | departments MJA 184 (5): 208 |
| | | (3) Richardson DB (2001) The access-block effect: relationship between delay to reaching an inpatient |
| | | bed and in-patient length of stay MJA 177:49 |
| | | (4) Silke B, Plunkett P et al. European Journal of Emergency Medicine 2011 (in press) |
| | | **KPI owner/lead for implementation** |
| | | Name: Ciara Hughes - EMP Programme Manager |
| | | Email address: emp@rcsi.ie  / ciarah@rcsi.ie |
| | | Telephone Number : 087  7845571 |

| No | Steps | Detail supporting KPI |
|---|---|---|
| | **Metadata 2019 - ED - 75yrs+ - 9 hour** | |
| | | Data support |
| 11 | **KPI Monitoring** | Daily; Weekly; Monthly; Quarterly; Bi-annual; Annual; Other – give details: |
| 12 | **KPI Reporting Frequency** | Daily; Weekly; Monthly; Quarterly; Bi-annual; Annual; Other – give details: |
| 13 | **KPI report period** | Monthly M<br>Quarterly Q<br>Biannual BA<br>Annual A<br><br>By exception<br>Monthly in arrears M-1M<br>Monthly two months in arrears M-2M<br>Quarterly in arrears Q-1Q<br>Quarterly one month in arrears Q-1M<br>Quarterly two quarters in arrears Q-2Q<br>Quarterly three quarters in arrears Q-3Q<br>Quarterly six months in arrears Q-2Q<br>Biannual one quarter in arrears BA-1Q<br>Biannual six months in arrears BA-2Q<br>Annual reported in 1st quarter A<br>Annual 12 months in arrears A-1A<br>Rolling 12 months Rolling 12M |
| 14 | **KPI Reporting Aggregation** | National; Region; Hospital Group; Hospital; CHO; sub-CHO level (please give details); Other, please specify |
| 15 | **KPI is reported in which reports?** | Annual Report; Performance Report/Profile; MDR ; Other |
| 16 | **Web link to published data** | http://www.hse.ie/eng/services/Publications |
| 17 | **Additional Information** | This KPI is noted in the Service Plan 2019 |
| **Contact details** | | **KPI owner/lead for implementation** |
| | | Name: Ciara Hughes - EMP Programme Manager |
| | | Email address: emp@rcsi.ie / ciarah@rcsi.ie |
| | | Telephone Number : 087 7845571 |
| | | **Data support** |
| | | Name: Acute Business Information Unit |
| | | Email address: AcuteBIU@hse.ie |
| | | Telephone Number 01 620 1800 |
| **Governance/sign off** | | *This sign off is the governance at Divisional level in respect of management of the KPI including data provision, validation, and use in performance management* |
| | | Operational National Director: **National Director Acute Operations** |

| No | Steps | Detail supporting KPI |
|---|---|---|
| **Metadata 2019** | | |
| **1** | **KPI title & Number** <br> **A96** | % of all attendees aged 75 years and over at ED who are discharged or admitted within 24 hours of registration |
| **1b** | **KPI Short Title** | % of all attendees aged 75 years and over at ED who were discharged or admitted within 24 hours of registration |
| **2** | **KPI Description** | % of all ED patients 75 years who wait less than 24 hours. Total Emergency Department Time (TEDT) is measured from Registration time to ED Departure Time. |
| **3** | **KPI Rationale** | a. A 24 hour target for ED has been included in the HSE service plan for a number of years and Patient Experience Time, which is equivalent to TEDT, has been collected at a number of EDs since 2010. |
| | | b. TEDT includes both productive clinical time and delays. This indicator aims to reduce the delays without compromising on quality of care (1). |
| | | c. Prolonged durations of stay in EDs are associated with poorer patient outcomes (2,3). |
| | | d. Research in an Irish ED demonstrated that patient mortality increased exponentially after 24 hours total time spent in the ED(4). |
| | | e. Prolonged waiting times are associated with adverse outcomes for patients discharged from EDs.(5) |
| | | f. Patients waiting more than 24 hours should be cared for in a more appropriate care setting than an ED |
| | | g. Patients who have completed their period of EM care draw on nursing and other ED resources that would be more effectively directed at new patients who require timely initial clinical assessment and nursing care. |
| | | h. This indicator sets an upper limit on the duration of ED patient care. However, a small minority of patients may require longer than 24 hours care in an ED setting due to the complexity of their presenting problems. |
| | | i. The centile measures will also demonstrate any potentially unfavourable distortions in practice such as a rush to discharge or admit a disproportionate number of patients close to the 24-hour target time. |
| | | j. Monitoring the median, mean and centiles will allow EDs that do not achieve the target initially to monitor the timeliness of the care they provide, to better understand performance and demonstrate improvement towards achievement of the target. Secondary measures will also allow hospitals that meet the target to demonstrate exemplary performance in further reducing waiting times and will support benchmarking of hospital performance. |
| | | k. The centile measures will also demonstrate any potentially unfavourable distortions in practice such as a rush to discharge or admit a disproportionate number of patients close to the 24-hour target time. |
| | | l. Efficient care should not be rushed. Comparison of median and 75th centile data between similar EDs will indicate if a particular unit is managing patients at an unexpectedly quick rate This will flag the need to investigate whether this variance represents more efficient or unacceptably rushed care. |
| **3a** | **Indicator Classification** | **National Scorecard Quadrant** <br> a) Quality and Safety; <br> b) Access; <br> c) Finance, Governance and Compliance. <br> d) Workforce; |
| **4** | **KPI Target** | Target 2019: 99% |
| **4a** | **Target Trajectory** | |
| **4b** | **Volume metrics** | |
| **5** | **KPI Calculation** | Numerator - All ED patients aged >75 years of age, who are admitted to a ward or discharged in less than 24 hours from their Arrival Time. <br> Denominator - All patient attendances at ED who are aged over 75 years of age who are admitted or discharged |
| **6** | **Data Sources** | ED System (PET) |
| **6a** | **Data sign off** | Name: Ciara Hughes - EMP Programme Manager |
| **6b** | **Data Quality Issues** | |
| **7** | **Data Collection Frequency** | Daily; Weekly; Monthly; Quarterly; <br> Bi-annual; Annual; Other – give details: |
| **8** | **Tracer Conditions (clinical metrics only)** | All attendances to ED |
| **9** | **Minimum Data Set (MDS)** | Emergency Care Unit Identifier ID of hospital (to be confirmed or included in EMP dataset) Local service-user identifier UHI Unique Health Identifier (not yet applicable) Patient attendance Data set identifier new and unscheduled returns Date patient presents ED dataset Time patient presents Arrival Time Time patient admitted ED Departure Time for patient Time patient discharged ED Departure Time for patient ID of EM clinician who discharged patient Propose Irish Medical Council Registration Number ID of non-EM clinician who discharged patient Propose Irish Medical Council Registration Number |
| **10** | **International Comparison** | (1) A&E Clinical Quality Indicators. Department of Health 17th December 2010. Available at |
| | | http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/Publications |
| | | PolicyAndGuidance/DH_122868. Accessed 13th January 2011 |
| | | (2) Sprivulis PC, Da Silva J-A, Jacobs IG, Frazer ARL, Jelinek GA (2006) The Association between |
| | | hospital overcrowding and mortality among patients admitted via Western Australian emergency |
| | | departments MJA 184 (5): 208 |
| | | (3) Richardson DB (2001) The access-block effect: relationship between delay to reaching an inpatient |
| | | bed and in-patient length of stay MJA 177:49 |
| | | (4) Silke B, Plunkett P et al. European Journal of Emergency Medicine 2011 (in press) |
| | | **KPI owner/lead for implementation** |
| | | Name: Ciara Hughes - EMP Programme Manager |
| | | Email address: emp@rcsi.ie / ciarah@rcsi.ie |
| | | Telephone Number : 087 7845571 |
| | | |
| **11** | **KPI Monitoring** | Daily; Weekly; Monthly; Quarterly; Bi-annual; Annual; Other – give details: |
| **12** | **KPI Reporting Frequency** | Daily; Weekly; Monthly; Quarterly; Bi-annual; Annual; Other – give details: |

| No | Steps | Detail supporting KPI |
|---|---|---|
| | **Metadata 2019** | |
| 1 | **KPI title & Number**<br>**A96** | % of all attendees aged 75 years and over at ED who are discharged or admitted within 24 hours of registration |
| 13 | **KPI report period** | Monthly      M<br>Quarterly    Q<br>Biannual     BA<br>Annual       A<br><br>By exception<br>Monthly in arrears                          M-1M<br>Monthly two months in arrears       M-2M<br>Quarterly in arrears                        Q-1Q<br>Quarterly one month in arrears       Q-1M<br>Quarterly two quarters in arrears    Q-2Q<br>Quarterly three quarters in arrears Q-3Q<br>Quarterly six months in arrears       Q-2Q<br>Biannual one quarter in arrears       BA-1Q<br>Biannual six months in arrears         BA-2Q<br>Annual reported in 1st quarter          A<br>Annual 12 months in arrears            A-1A<br>Rolling 12 months Rolling               12M |
| 14 | **KPI  Reporting Aggregation** | National;   Region;   Hospital Group;   Hospital;      CHO;   sub-CHO level (please give details);  Other, please specify |
| 15 | **KPI is reported in which reports?** | Annual Report;  Performance Report/Profile;  MDR ;  Other |
| 16 | **Web link to published data** | http://www.hse.ie/eng/services/Publications |
| 17 | **Additional Information** | This KPI is noted in the Service  Plan 2019 |
| **Contact details** | | **KPI owner/lead for implementation** |
| | | Name: Ciara Hughes - EMP Programme Manager |
| | | Email address:  emp@rcsi.ie  / ciarah@rcsi.ie |
| | | Telephone Number  : 087  7845571 |
| | | **Data support** |
| | | Name: Acute Business Information Unit |
| | | Email address: AcuteBIU@hse.ie |
| | | Telephone Number  01 620 1800 |
| **Governance/sign off** | | *This sign off is the governance at Divisional level in respect of management of the KPI including data provision, validation, and use in performance management* |
| | | Operational National Director: **National Director Acute Operations** |

| No | Steps | Detail supporting KPI |
|---|---|---|
| | **Acute Division - LOS - Metadata 2019** | |
| 1 | **KPI title & Number A39** | ALOS for all inpatient discharges excluding LOS over 30 days |
| 1b | **KPI Short Title** | ALOS excl LOS >30 days |
| 2 | **KPI Description** | The average length of stay in days for all inpatient discharges and deaths excluding Length of Stay over 30 days.<br>Length of stay is counted from the date of admission of the patient to an inpatient hospital bed until their date of discharge. For the purposes of this metric, ALOS values greater than 30 days are set to 30 days. |
| 3 | **KPI Rationale** | Average length of stay (ALOS) is used in assessment of quality of care, costs and efficiency and is used for health planning purposes. |
| 3a | **Indicator Classification** | **National Scorecard Quadrant**<br>a) Quality and Safety;<br>b) Access;<br>c) Finance, Governance and Compliance.<br>d) Workforce; |
| 4 | **KPI Target** | ≤4.8 |
| 4a | **Target Trajectory** | |
| 4b | **Volume metrics** | |
| 5 | **KPI Calculation** | Mean: Numerator: Total Inpatient Beddays (based on trimmed length of stay) for patients in the period<br>Denominator: Total number of inpatient discharges for those in same period |
| 6 | **Data Sources** | Sourced from HIPE & Uncoded PAS data |
| 6a | **Data sign off** | HPO |
| 6b | **Data Quality Issues** | |
| 7 | **Data Collection Frequency** | Daily; Weekly; Monthly; Quarterly;<br>Bi-annual; Annual; Other – give details: |
| 8 | **Tracer Conditions (clinical metrics only)** | Trimmed length of stay (days) is calculated as the maximum of (discharge date – admission date and 30 days.)Where a case has been admitted and discharged on the same date, the length of stay is set to 0.5 days. |
| 9 | **Minimum Data Set (MDS)** | HIPE: Admission Date, Discharge Date, LOS |
| 10 | **International Comparison** | Average Length of Stay, broken down by clinical condition, is a recognised international metric (GB, CAN, AUS, ECHI) |
| 11 | **KPI Monitoring** | Daily; Weekly; Monthly; Quarterly; Bi-annual; Annual; Other – give details: |
| 12 | **KPI Reporting Frequency** | Daily; Weekly; Monthly; Quarterly; Bi-annual; Annual; Other – give details: |
| 13 | **KPI report period** | By exception<br>Monthly in arrears          M-1M |
| 14 | **KPI Reporting Aggregation** | National; Region; Hospital Group; Hospital; CHO; sub-CHO level (please give details); Other, please specify |
| 15 | **KPI is reported in which reports?** | Annual Report; Performance Report/Profile; MDR ; Other: CompStat |
| 16 | **Web link to published data** | http://www.hse.ie/eng/services/publications/ |
| 17 | **Additional Information** | The overall length of stay KPI is to be reported in the National Service Plan additional sub groupings of lengths of stay templates will be developed for reporting on AMP performance. |
| **Contact details** | | **KPI owner/lead for implementation** |
| | | Name: Emer Gallagher |
| | | Email address: emer.gallagher1@hse.ie |
| | | Telephone Number  01 7718445 |
| | | **Data support** |
| | | Name: Acute Business Information Unit |
| | | Email address: AcuteBIU@hse.ie |
| | | Telephone Number  01 620 1800 |
| **Governance/sign off** | | ***This sign off is the governance at Divisional level in respect of management of the KPI including data provision, validation, and use in performance management*** |
| | | Operational National Director: **National Director Acute Operations** |

## Acute Division - Medical - Metadata 2019

| No | Steps | Detail supporting KPI |
|---|---|---|
| 1 | KPI title & Number CPA11 | Medical patient average length of stay |
| 1b | KPI Short Title | Medical ALOS |
| 2 | KPI Description | The mean length of stay for patients admitted to the medical specialties as outlined in tracer conditions |
| 3 | KPI Rationale | Overall length of stay is a useful indicator for the efficiency of hospital performance, and the improvements in efficiencies which will be delivered by the implementation of the Acute Medicine Programme.  Length of stays for patients of medical specialties tend to be longer than other specialties and subsequent bed day usage of hospital bed stock tends to be greater.  Therefore the monitoring of AvLOS in medical patients is important and the overall figure is useful as a summary measure at national level.  More detailed monitoring of sub groups of AvLOS will be done through the Acute Medicine Programme. |
| 3a | Indicator Classification | **National Scorecard Quadrant**<br>a) Quality and Safety;<br>b) Access,<br>c) Finance, Governance and Compliance.<br>d) Workforce; |
| 4 | KPI Target | ≤7.2 with site specific targets |
| 4a | Target Trajectory | |
| 4b | Volume metrics | |
| 5 | KPI Calculation | Mean: **Numerator:** Total medical Inpatient Beddays for patients in the period<br>**Denominator:** Total number of  medical inpatient discharges for those in same period |
| 6 | Data Sources | HIPE & Uncoded PAS data |
| 6a | Data sign off | HPO |
| 6b | Data Quality Issues | |
| 7 | Data Collection Frequency | Daily;    Weekly;    Monthly;   Quarterly;<br>Bi-annual;    Annual;    Other – give details: |
| 8 | Tracer Conditions (clinical metrics only) | Discharges from medical specialties:<br>- 0100 Cardiology ,  0300 Dermatology ,  0400 Endocrinology ,  0402    Diabetes Melitus ,  0700 Gastro-Enterology ,  0800 Genito-Urinary Medicine, 0900 Geriatric Medicine ,  1100 Haematology ,  1102    Transfusion Medicine ,  1300 Neurology ,  1600 Oncology ,  2300 Nephrology, 2400 Respiratory Medicine ,  2500 Rheumatology ,  2700 Infectious Diseases ,  2702   Tropical Infectious Diseases ,  3000 Rehabilitation Medicine ,  3002     Spinal paralysis, 5000 General Medicine ,  6700 Clinical (medical) Genetics ,  7300 Palliative Medicine , 7700 Metabolic Medicine and 7900 Clinical Immunology<br>- Age>=16<br>- Non-maternity admission: Admission Type not equal to 6<br>- Sameday discharges (admission date=discharge date) have a LOS=0<br>This includes all emergency admission and elective stay patients for the above mentioned specialties<br>and excludes elective daycase, maternity and new born admissions<br>Excludes Children's Health Ireland (CHG), CHI Crumlin, CHI Temple Street, CHI Tallaght and Louth |
| 9 | Minimum Data Set (MDS) | HIPE: Specialty, Admission Date, Discharge Date, LOS, Age, Admission Type |
| 10 | International Comparison | Often part of an indicator sub-set in international documents, may not be explicitly noted, but present in some form or another internationally. |
| 11 | KPI Monitoring | Daily;    Weekly;    Monthly;    Quarterly;     Bi-annual; Annual;  Other – give details: |
| 12 | KPI Reporting Frequency | Daily;    Weekly;    Monthly;    Quarterly;     Bi-annual; Annual;  Other – give details: |
| 13 | KPI report period | By exception<br>Monthly in arrears                M-1M |
| 14 | KPI  Reporting Aggregation | National;   Region;    Hospital Group;    Hospital;    CHO;   sub-CHO level (please give details);  Other, please specify |
| 15 | KPI is reported in which reports? | Annual Report;  Performance Report/Profile;  MDR ;  Other: CompStat |
| 16 | Web link to published data | http://www.hse.ie/eng/services/Publications |
| 17 | Additional Information | The overall length of stay KPI is to be reported in the National Service Plan additional sub groupings of lengths of stay templates will be developed for reporting on AMP performance.<br>KPI noted in Divisional Operational Plan report & National Service Plan 2019 |
| Contact details | | **KPI owner/lead for implementation** |
| | | Name: Prof Garry Courtney & Dr Yvonne Smyth |
| | | Email address:   Garry.Courtney@hse.ie & yvonne.smyth@hse.ie |
| | | Telephone Number |
| | | **Data support** |
| | | Name: Acute Business Information Unit |
| | | Email address: AcuteBIU@hse.ie |
| | | Telephone Number  01 620 1800 |
| Governance/sign off | | *This sign off is the governance at Divisional level in respect of management of the KPI including data provision, validation, and use in performance management* |
| | | Operational National Director: **National Director Acute Operations** |

| No | Steps | Detail supporting KPI |
|---|---|---|
| | **Acute Division - Medical - Metadata 2019** | |
| **1** | **KPI title & Number CPA1** | % of medical patients who are discharged or admitted from AMAU within six hours AMAU registration |
| **1b** | **KPI Short Title** | AMAU within 6 hours |
| **2** | **KPI Description** | Total medical assessment time (TMAT) is measured from the time of arrival of a medical patient in the ED/AMAU to the time of medical assessment unit departure time. The measures are the percentage of all new medical patients attending the AMAU/MAU * who are admitted or discharged within 6 hours. |
| **3** | **KPI Rationale** | a) A 6 hour target for patients to be assessed in AMAU/AMU* is a performance indicator for the Acute Medicine Programme. b) TMAT includes both productive clinical times and delays. This indicator aims to reduce the delays without compromising quality of care. c) Long durations of stay in all types of Assessment Units are associated with poorer patient outcomes. d) A major objective of the Acute Medicine Programme is to increase the efficiency of patient assessment and to stream patients to the most appropriate destination for further care which is either admission to a short stay unit, specialist ward or discharged home with or without out patient review. e) This indicator sets an upper limit for the duration of Assessment Unit care. However a small minority of patients may require more than 6 hours due to the complexity of their presenting problems, this is why a 75% compliance target has been set. |
| **3a** | **Indicator Classification** | **National Scorecard Quadrant** a) Quality and Safety; b) Access; c) Finance, Governance and Compliance. d) Workforce; |
| **4** | **KPI Target** | 75% |
| **4a** | **Target Trajectory** | |
| **4b** | **Volume metrics** | |
| **5** | **KPI Calculation** | **Numerator** – All new patients attending an AMAU/MAU* who are admitted to a ward or discharged from the AMAU/MAU in less than 6 hours from their arrival time in ED. (or arrival in AMAU/MAU if they are directly referred to AMAU/MAU & do not go via ED) **Denominator** – All new patients attending an AMAU/AMU* |
| **6** | **Data Sources** | ED/AMU system |
| **6a** | **Data sign off** | |
| **6b** | **Data Quality Issues** | |
| **7** | **Data Collection Frequency** | Daily; Weekly; Monthly; Quarterly; |
| **8** | **Tracer Conditions (clinical** | All patients referred to an AMAU/MAU*. |
| **9** | **Minimum Data Set (MDS)** | Medical Assessment Unit Identifier/ID of hospital Patient Hospital Medical Record Number Unique Health Identifier (not yet available) Patient attendance – new and unscheduled returns Date and Time patient registered in ED Date and Time patient discharged from AMAU/MAU (AMAU/MAU departure time) |
| **10** | **International Comparison** | Often part of an indicator sub-set in international documents, may not be explicitly noted, but present in some form or another internationally. |
| **11** | **KPI Monitoring** | Daily; Weekly; Monthly; Quarterly; Bi-annual; Annual; Other – give details: |
| **12** | **KPI Reporting Frequency** | Daily; Weekly; Monthly; Quarterly; Bi-annual; Annual; Other – give details: |
| **13** | **KPI report period** | Monthly M |
| **14** | **KPI Reporting Aggregation** | National; Region; Hospital Group; Hospital; CHO; sub-CHO level (please give details); Other, please specify |
| **15** | **KPI is reported in which reports?** | Annual Report; Performance Report/Profile; MDR ; Other: CompStat |
| **16** | **Web link to published data** | http://www.hse.ie/eng/services/Publications |
| **17** | **Additional Information** | The overall length of stay KPI is to be reported in the National Service Plan additional sub groupings of lengths of stay templates will be developed for reporting on AMP performance. KPI noted in Divisional Operational Plan report & National Service Plan 2019 |
| **Contact details** | | **KPI owner/lead for implementation** |
| | | Name: Prof Garry Courtney & Dr Yvonne Smyth |
| | | Email address: Garry.Courtney@hse.ie & yvonne.smyth@hse.ie |
| | | Telephone Number |
| | | **Data support** |
| | | Name: Acute Business Information Unit |
| | | Email address: AcuteBIU@hse.ie |
| | | Telephone Number 01 620 1800 |
| **Governance/sign off** | | *This sign off is the governance at Divisional level in respect of management of the KPI including data provision, validation, and use in performance management* |
| | | Operational National Director: **National Director Acute Operations** |

| No | Steps | Detail supporting KPI |
|---|---|---|
| 1 | KPI title & Number CPA31 | % of all medical admissions via AMAU |
| 1b | KPI Short Title | % of all medical adm via AMAU |
| 2 | KPI Description | The percentage of total medical admissions to the hospital which are admitted via the Acute Medicine Assessment Unit or Medical Assessment Unit. |
| 3 | KPI Rationale | |
| 3a | Indicator Classification | **National Scorecard Quadrant**<br>a) Quality and Safety;<br>b) Access;<br>c) Finance, Governance and Compliance.<br>d) Workforce; |
| 4 | KPI Target | 45% |
| 4a | Target Trajectory | |
| 4b | Volume metrics | |
| 5 | KPI Calculation | Numerator: (Total medical inpatient discharges (including sameday discharges) admitted via AMAU in the period)*100<br>Denominator: Total number of inpatient medical discharges (elective and emergency) for those in same period |
| 6 | Data Sources | HIPE and uncoded PAS data |
| 6a | Data sign off | HPO |
| 6b | Data Quality Issues | |
| 7 | Data Collection Frequency | Daily;    Weekly;    Monthly;    Quarterly;<br>Bi-annual;    Annual;    Other – give details: |
| 8 | Tracer Conditions (clinical metrics only) | Discharges from medical specialties:<br>- 0100 Cardiology ,  0300 Dermatology ,  0400 Endocrinology ,  0402   Diabetes Melitus ,  0700 Gastro-Enterology ,  0800 Genito-Urinary Medicine, 0900 Geriatric Medicine ,  1100 Haematology ,  1102   Transfusion Medicine ,  1300 Neurology ,  1600 Oncology ,  2300 Nephrology, 2400 Respiratory Medicine ,  2500 Rheumatology ,  2700 Infectious Diseases ,  2702   Tropical Infectious Diseases ,  3000 Rehabilitation Medicine ,  3002    Spinal paralysis, 5000 General Medicine ,  6700 Clinical (medical) Genetics ,  7300 Palliative Medicine , 7700 Metabolic Medicine and 7900 Clinical Immunology<br>- Age>=16<br>- Non-maternity admission: Admission Type not equal to 6<br>- AMAU/MAU admission is based if case is admitted through AMAU/MAU ward (List of Wards in Appendix I)<br>Excludes Children's Health Ireland (CHG), CHI Crumlin, CHI Temple Street, CHI Tallaght, Louth, South Infirmary and St Michael |
| 9 | Minimum Data Set (MDS) | HIPE: Specialty, Admission Ward, Admission Date, Discharge Date, LOS, Age, Admission Type, Discharge Code |
| 10 | International Comparison | Often part of an indicator sub-set in international documents, may not be explicitly noted, but present in some form or another internationally. |
| 11 | KPI Monitoring | Daily;    Weekly;   Monthly;   Quarterly;    Bi-annual; Annual;  Other – give details: |
| 12 | KPI Reporting Frequency | Daily;    Weekly;   Monthly;   Quarterly;    Bi-annual; Annual;  Other – give details: |
| 13 | KPI report period | By exception<br>Monthly in arrears                M-1M |
| 14 | KPI  Reporting Aggregation | National;   Region;   Hospital Group;   Hospital;    CHO;   sub-CHO level (please give details);  Other, please specify |
| 15 | KPI is reported in which reports? | Annual Report;   Performance Report/Profile;  MDR ;  Other: CompStat |
| 16 | Web link to published data | http://www.hse.ie/eng/services/Publications |
| 17 | Additional Information | KPI noted in National Service Plan report 2019. This KPI was moved to NSP in 2017 was in DOP in 2016. |
| Contact details | | **KPI owner/lead for implementation** |
| | | Name: Prof Garry Courtney & Dr Yvonne Smyth |
| | | Email address:   Garry.Courtney@hse.ie & yvonne.smyth@hse.ie |
| | | Telephone Number |
| | | **Data support** |
| | | Name: Acute Business Information Unit |
| | | Email address: AcuteBIU@hse.ie |
| | | Telephone Number  01 620 1800 |
| Governance/sign off | | ***This sign off is the governance at Divisional level in respect of management of the KPI including data provision, validation, and use in performance management*** |
| | | Operational National Director: **National Director Acute Operations** |

| HIPE Hospital Number | Hospital Name | MAU Ward Name | ssward |
|---|---|---|---|
| 3 | St. Columcille's Hospital | 0708 | |
| 4 | Naas General Hospital | 0098 | |
| 5 | Mater Misericordiae University Hospital | MELS | RAPH |
| 7 | St. Vincent's University Hospital | AMAU | AMU |
| 7 | St. Vincent's University Hospital | STJOHN | STJOHN |
| 22 | Connolly Hospital | JCM021 | |
| 41 | Tallaght University Hospital | AU | AM |
| 100 | UH Waterford | AMU5 | AMU |
| 101 | St. Luke's General Hospital Kilkenny | MAU | |
| 103 | Wexford General Hospital | MAU | |
| 105 | South Tipperary General Hospital | AMAU | |
| 202 | Bantry General Hospital | BGHMAU | |
| 203 | Mercy University Hospital | AMAU | |
| 207 | Mallow General Hospital | MAU | |
| 235 | Cork University Hospital | AMAU | AMU |
| 236 | UH Kerry | AMAU | |
| 303 | UH Limerick | AMU | |
| 305 | St. John's Hospital Limerick | MAU | |
| 307 | Ennis Hospital | MAU | |
| 308 | Nenagh Hospital | 0403 | |
| 401 | Roscommon University Hospital | MAU | |
| 403 | Portiuncula | AMAU | |
| 404 | Galway University Hospitals | MAUTAR | SSUTIR |
| 405 | Mayo University Hospital | MAU | |
| 501 | MRH Tullamore | AMAU | |
| 503 | MRH Mullingar | MAU | |
| 601 | Letterkenny University Hospital | AMAU | SST |
| 602 | Sligo University Hospital | MAU | SMSS |
| 701 | Our Lady of Lourdes Hospital | MAU | SSUMED |
| 701 | Our Lady of Lourdes Hospital | AMAU | SSUMED |
| 702 | Cavan General Hospital | MAU | SSU |
| 702 | Cavan General Hospital | AMAU | SSU |
| 705 | Our Lady's Hospital Navan | MAU | |

## Acute Division - Medical - Metadata 2019

| No | Steps | Detail supporting KPI |
|---|---|---|
| 1 | KPI title & Number CPA53 | % of emergency re-admissions for acute medical conditions to the same hospital within 30 days of discharge |
| 1b | KPI Short Title | Emergency Re-Admissions - Medical |
| 2 | KPI Description | Percentage of emergency re-admissions for acute medical conditions to the same hospital within 30 days of discharge |
| 3 | KPI Rationale | |
| 3a | Indicator Classification | **National Scorecard Quadrant**<br>a) Quality and Safety;<br>b) Access;<br>c) Finance, Governance and Compliance.<br>d) Workforce; |
| 4 | KPI Target | ≤11.1% |
| 4a | Target Trajectory | |
| 4b | Volume metrics | |
| 5 | KPI Calculation | Numerator: (Number of medical inpatient discharges in the denominator period which resulted in an emergency readmission to the same hospital within 30 days)*100<br>Denominator: Number of medical inpatient discharges (elective and emergency) in the denominator period (denominator period is set 30 days in arrears)<br>Example: April 2016<br>Numerator: (Number of medical inpatient discharges in the denominator period which were readmitted as an emergency within 30 days of a previous discharge i.e. an emergency readmission occurring between 01MAR2016 and 31MAR2016 inclusive)*100<br>Denominator: : Number of medical inpatient discharges in the denominator period (denominator period is set 30 days in arrears i.e. medical inpatients discharged between 01MAR2016 and 31MAR2016 inclusive)<br>Medical inpatient excludes elective daycase, maternity and new born admissions. |
| 6 | Data Sources | HIPE and uncoded PAS data |
| 6a | Data sign off | HPO |
| 6b | Data Quality Issues | |
| 7 | Data Collection Frequency | Daily;    Weekly;    Monthly;    Quarterly;<br>Bi-annual;    Annual;    Other – give details: |
| 8 | Tracer Conditions (clinical metrics only) | Discharges from medical specialties:<br>- 0100 Cardiology ,  0300 Dermatology ,  0400 Endocrinology ,  0402    Diabetes Melitus ,  0700 Gastro-Enterology ,  0800 Genito-Urinary Medicine, 0900 Geriatric Medicine ,  1100 Haematology ,  1102    Transfusion Medicine ,  1300 Neurology ,  1600 Oncology ,  2300 Nephrology, 2400 Respiratory Medicine ,  2500 Rheumatology ,  2700 Infectious Diseases ,  2702    Tropical Infectious Diseases ,  3000 Rehabilitation Medicine ,  3002    Spinal paralysis, 5000 General Medicine ,  6700 Clinical (medical) Genetics ,  7300 Palliative Medicine , 7700 Metabolic Medicine and 7900 Clinical Immunology<br>- Age>=16<br>- Non-maternity admission: Admission Type not equal to 6<br>- Sameday discharges (admission date=discharge date) have a LOS=0<br>- Emergency readmissions have an Admission Type of 4 or 5<br>- Death are excluded from the denominator (Discharge code=6 or 7)<br>Excludes Children's Health Ireland (CHG), CHI Crumlin, CHI Temple Street, CHI Tallaght, Louth and South Infirmary |
| 9 | Minimum Data Set (MDS) | HIPE: Specialty, Admission Date, Discharge Date, LOS, Age, Admission Type, Discharge Code |
| 10 | International Comparison | |
| 11 | KPI Monitoring | Daily;    Weekly;    Monthly;    Quarterly;    Bi-annual; Annual;  Other – give details: |
| 12 | KPI Reporting Frequency | Daily;    Weekly;    Monthly;    Quarterly;    Bi-annual; Annual;  Other – give details: |
| 13 | KPI report period | Monthly        M<br>Quarterly     Q<br>Biannual      BA<br>Annual         A<br><br>By exception<br>Monthly in arrears                         M-1M<br>Monthly two months in arrears        M-2M |
| 14 | KPI  Reporting Aggregation | National;   Region;   Hospital Group;   Hospital;   CHO;   sub-CHO level (please give details);  Other, please specify |
| 15 | KPI is reported in which reports? | Annual Report;  Performance Report/Profile;  MDR ;  Other: CompStat |
| 16 | Web link to published data | http://www.hse.ie/eng/services/Publications |
| 17 | Additional Information | KPI noted in National Service Plan report 2019. This KPI was moved to NSP in 2017 was in DOP in 2016. |
| Contact details | | KPI owner/lead for implementation |
| | | Name: Prof Garry Courtney & Dr Yvonne Smyth |
| | | Email address:   Garry.Courtney@hse.ie & yvonne.smyth@hse.ie |
| | | Telephone Number |
| | | **Data support** |
| | | Name: Acute Business Information Unit |
| | | Email address: AcuteBIU@hse.ie |
| | | Telephone Number  01 620 1800 |
| Governance/sign off | | *This sign off is the governance at Divisional level in respect of management of the KPI including data provision, validation, and use in performance management* |
| | | Operational National Director: **National Director Acute Operations** |

## Acute Division - Surgery - Metadata 2019 Surgical ALOS

| No | Steps | Detail supporting KPI |
|----|-------|----------------------|
| 1 | KPI title & Number CPA12 | Surgical patient average length of stay |
| 1b | KPI Short Title | Surgical ALOS |
| 2 | KPI Description | A specified individual hospital target for average length of hospital stay for surgical inpatients (reference baseline adjusted to 2010 equivalent volumes which includes a factor for daycase conversion). A surgical inpatient is a patient who has a principal procedure as listed in the surgery programme procedure list (Appendix I) or is admitted to a specialty as listed in the surgery programme specialty list (Appendix II). Patients admitted to a surgical specialty may or my not have had a procedure carried out. |
| 3 | KPI Rationale | There is significant potential for improvement i.e. reduction in length of stay for surgical patients in Ireland. There is variation across hospitals and across case mix groupings which is demonstrated in 2011 HIPE analysis by Surgery Programme which allows individual hospitals to compare their performance against other anonymised hospitals and plan improvements. The NQAIS system allows users to compare their performance against optimum AvLoS for a selection of elective procedures. Reducing length of stay to optimum levels improves the patient pathway and experience, by reducing pre-operative and discharge delays. It also allows for better use of resources and improved access for patients awaiting surgical care. |
| 3a | Indicator Classification | **National Scorecard Quadrant** <br> a) Quality and Safety; <br> b) Access; <br> c) Finance, Governance and Compliance. <br> d) Workforce; |
| 4 | KPI Target | ≤5.5 |
| 4a | Target Trajectory | |
| 4b | Volume metrics | |
| 5 | KPI Calculation | The length of stay of all surgical inpatients divided by the numbers of surgical inpatients, adjusted for baseline and daycase conversion. (See additional notes for more details) |
| 6 | Data Sources | HIPE |
| 6a | Data sign off | HPO |
| 6b | Data Quality Issues | Will be dependant on accuracy and timely completion of Hospital HIPE coding <br> Coverage includes all acute hospitals except specialist paediatric and maternity hospitals. Surgery Programme mapping tables for surgical procedures and surgical specialties |
| 7 | Data Collection Frequency | Daily; Weekly; Monthly; Quarterly; Bi-annual; Annual; Other – give details: |
| 8 | Tracer Conditions (clinical metrics only) | Patients who has a principal procedure as listed in the surgery programme procedure list (Appendix I - ICD-10-AM/ACHI/ACS ) or is admitted to a specialty as listed in the surgery programme specialty list (Appendix II) <br> Excludes Children's Health Ireland (CHG), CHI Crumlin, CHI Temple Street, CHI Tallaght, Bantry, Ennis, Nenagh, Monaghan, RVEEH, Roscommon, Coombe, Cork Mat, Holles st., Limerick Mat, Rotunda. St Luke's Rathgar, St Josephs Raheny & Louth |
| 9 | Minimum Data Set (MDS) | - HIPE - Admission date, Discharge date, LOS, Specialty, Principal procedure <br> - 2010 Individual Hospital Baseline Volumes (Inpatients, Daycases, Beddays, Alos) |
| 10 | International Comparison | Collected in UK and internationally, often for particular surgical procedures e.g. fractured neck of femur. |
| 11 | KPI Monitoring | Daily; Weekly; Monthly; Quarterly; Bi-annual; Annual; Other – give details: |
| 12 | KPI Reporting Frequency | Daily; Weekly; Monthly; Quarterly; Bi-annual; Annual; Other – give details: |
| 13 | KPI report period | By exception <br> Monthly in arrears          M-1M |
| 14 | KPI Reporting Aggregation | National; Region; Hospital Group; Hospital; CHO; sub-CHO level (please give details); Other, please specify |
| 15 | KPI is reported in which reports? | Annual Report; Performance Report/Profile; MDR ; Other: CompStat |
| 16 | Web link to published data | http://www.hse.ie/eng/services/publications/ |

## Acute Division - Surgery - Metadata 2019 Surgical ALOS

| No | Steps | Detail supporting KPI |
|---|---|---|
| 17 | Additional Information | 2010 was taken as the base line year from which target reductions in average length of stay (AvLOS) / average bed day usage for treating inpatients were taken. Implied in the calculations was an assumption that over all volumes of surgical patients treated and the ratio split of daycase to inpatient for surgical patients would stay constant or equivalent to 2010 figures. In reality this assumption is not true, so to factor in actual figure for 2011, 2012 and so on, adjustments must be made before the target year figure can be compared with 2010 the base line figure.   To compare a year to be measured with the base line year (2010), an adjustment for the overall volume change must be made. This can be expressed as the overall surgical patient volume for 2010 divided by the overall surgical patient volume for the year being measured. With this adjustment ratio it can be said that total bed usage in 2010 is equivalent to the total bed day usage in the target year multiplied by the adjustment for overall volume. To look at the equivalent inpatient bed day usage in the target year subtract the 2010 daycase bed day usage from the total for that year (assume two daycases get done per day bed each day). This gives us a formula for actual bed day usage in the target year normalised for 2010 volumes and ratio of daycase to inpatient in 2010: <br> Target year day bed usage of bed days adjusted for 2010 volumes -2010 daycase bed usage + Target year inpatient bed usage of bed days adjusted for 2010 volumes <br> OR <br> 2010 tot volume/target year tot volume * Num daycases in target year *0.5 - Num daycases in 2010 year *0.5 +2010 tot volume/target year tot volume *Num inpatient cases in target year * Ave length of stay for inpatient in target year <br> Divide the actual bed day usage in the target year normalised for 2010 volumes and ratio of daycase to inpatient in 2010 by the number of inpatients treated in 2010 to give the adjusted AvLOS for inpatients in the target year.  The actual inpatient AvLOS for 2010 less the adjusted AvLOS for inpatient in the target year gives the change in AvLOS where a positive value is an improvement. <br> Divide them change in AvLOS by the actual inpatient AvLOS for 2010 to get the percentage change where a positive value is an improvement. <br> For example in 2011 the formula would look like <br> 400625/420606 *263,223*0.5 - 240336 * 0.5 +400625/420606 * 157383 *6.46138 <br> =973,794 bed days equivalent <br> ▶ 973,794/160,289 = 6.07505 is the adjusted AvLOS for 2011 <br> ▶ (6.628-6.075) / 6.628 = 8.34% improvement in equalised inpatient AvLOS between 2010 and 2011. <br><br> NOTE: Appendix IV contains a calculator which shows the above calculations in Excel and which can be used by hospitals to calculate their adjusted surgical ALOS. To do this hospitals should contact Gerry Kelliher for their baseline values |
| **It is policy to include data in Open Data publication. Please indicate if there is an <u>exceptional</u> reason for this to be delayed** | | |
| Contact details | KPI owner/lead for implementation | |
| | Name: Prof Deborah McNamara, Prof John Hyland joint leads for National Clinical Programme in Surgery | |
| | Email address:  deborahmcnamara@rcsi.com,  jhyland@rcsi.com; | |
| | Telephone Number: 01 402 8633 | |
| | Data support | |
| | Name: Acute Business Information Unit | |
| | Email address: AcuteBIU@hse.ie | |
| | Telephone Number  01 620 1800 | |
| Governance/sign off | *This sign off is the governance at Divisional level in respect of management of the KPI including data provision, validation, and use in performance management* | |
| | Operational National Director: **National Director Acute Operations** | |

## Acute Division - Surgery - Metadata 2019 Surgical DOSA

| No | Steps | Detail supporting KPI |
|---|---|---|
| 1 | KPI title & Number CPA27 | % of elective surgical inpatients who had principal procedure conducted on day of admission |
| 1b | KPI Short Title | Surgical DOSA |
| 2 | KPI Description | The percentage of inpatients having elective surgical procedures on the day of admission over the total number of all elective surgical inpatients who have surgery, will increase by a target of PLUS 5% to 10% within hospitals from end 2014 baseline (towards a maximum of 85%). Hospitals with a baseline above 70% will have a plus 5% increase, hospitals with a baseline below 60% will have a 10% increase and hospitals will have an increase of between 10% and 5% linearly adjusted for the baselines position in the range 60 to 70%, e.g.if baseline 40% target would be 50%, baseline 64% target 72%, baseline 82% target 85%, baseline 87% target 87%.See attached for further definitions. The baseline will be the higher of the hospitals 2014 target DoSA or the hospitals actual annual DoSA for 2014. |
| 3 | KPI Rationale | This indicator allows for measurement of the effect of improved pre-admission assessment services which facilitate day of surgery admission.  The enhancement of pre-admission assessment is a key theme of the Surgery and Anaesthesia programmes' models of care as this service allows for the reduction in pre-operative bed usage, allows for optimising patients' conditions before admission and helps to avoid cancellation of operations. |
| 3a | Indicator Classification | **National Scorecard Quadrant**<br>a) Quality and Safety;<br>b) Access,<br>c) Finance, Governance and Compliance.<br>d) Workforce; |
| 4 | KPI Target | 82% |
| 4a | Target Trajectory | |
| 4b | Volume metrics | |
| 5 | KPI Calculation | **Numerator:** (The number of elective surgical inpatients, in the reporting period, who had their primary surgical procedure on date of admission)*100<br>**Denominator:** The total number of elective surgical inpatients, in the reporting period, who had a primary surgical procedure. |
| 6 | Data Sources | HIPE |
| 6a | Data sign off | HPO |
| 6b | Data Quality Issues | Will be dependant on accuracy and timely completion of Hospital HIPE coding<br>Coverage includes all acute hospitals except specialist paediatric and maternity hospitals.  Surgery Programme mapping tables for surgical procedures and surgical specialties |
| 7 | Data Collection Frequency | Daily;     Weekly;   Monthly;   Quarterly;<br>Bi-annual;     Annual;   Other – give details: |
| 8 | Tracer Conditions (clinical metrics only) | - Discharges with a primary surgical procedure= (Patients who had a Principal procedure in Appendix I<br>OR<br>(Patients who had a Specialty in Appendix II and had a principal procedure))<br><br>- Inpatients only (ie. stay in hospital one or more nights)<br>- Elective discharges have an admission type =1 or 2<br>- Surgical procedure on date of admission = (date of admission=date of principal procedure)<br><br>(Procedure classification ICD-10-AM/ACHI/ACS )<br>Excludes Children's Health Ireland (CHG), CHI Crumlin, CHI Temple Street, CHI Tallaght, Coombe, Cork Mat, Holles st., Limerick Mat, Rotunda, St Columcilles, St Luke's Rathgar, Bantry, Ennis, Nenagh, Monaghan, St Josephs Raheny and Roscommon |
| 9 | Minimum Data Set (MDS) | HIPE- Admission Date, Discharge Date, Admission Type, Specialty, Primary Procedure, Date of primary procedure |
| 10 | International Comparison | Collected in UK and internationally, often referred to as DOA or Day of Admission rate. |
| 11 | KPI Monitoring | Daily;     Weekly;   Monthly;   Quarterly;     Bi-annual; Annual;  Other – give details: |
| 12 | KPI Reporting Frequency | Daily;     Weekly;   Monthly;   Quarterly;     Bi-annual; Annual;  Other – give details: |
| 13 | KPI report period | By exception<br>Monthly in arrears                M-1M |
| 14 | KPI  Reporting Aggregation | National;   Region;   Hospital Group;   Hospital;    CHO;   sub-CHO level (please give details);  Other, please specify |
| 15 | KPI is reported in which reports? | Annual Report   Performance Report/Profile;  MDR ;  Other: CompStat & SDU/ Surgery Programme/ Anaesthesia Programme reports. |
| 16 | Web link to published data | http://www.hse.ie/eng/services/publications/ |
| 17 | Additional Information | Notes for calculation of DOSA rate:<br>Number of elective inpatients who have their primary procedure on date of admission includes<br>All elective inpatient's who have one of the 1,011 commonly performed surgical procedures (Appendix I)as their primary procedure on the date of admission plus<br>All elective inpatient who were surgically admitted (had a specialty from Appendix II), did not have one of the 1,011 commonly performed surgical procedures as their primary procedure but had their primary procedure on day of admission.<br><br>Total number of elective inpatients who have their primary surgical procedure includes<br>All elective inpatient's who have one of the 1,011 commonly performed surgical procedures (Appendix I)as their primary procedure plus<br>All elective inpatient who were surgically admitted (had a specialty from Appendix II) and did not have one of the 1,011 commonly performed surgical procedures as their primary procedure.KPI noted in  National Service Plan 2019 |

## Acute Division - Surgery - Metadata 2019 Surgical DOSA

| No | Steps | Detail supporting KPI |
|---|---|---|
| **Contact details** | | **KPI owner/lead for implementation** |
| | | Name: Prof Deborah McNamara, Prof John Hyland joint leads for National Clinical Programme in Surgery |
| | | Email address:  deborahmcnamara@rcsi.com,  jhyland@rcsi.com; |
| | | Telephone Number: 01 402 8633 |
| | | **Data support** |
| | | Name: Acute Business Information Unit |
| | | Email address: AcuteBIU@hse.ie |
| | | Telephone Number  01 620 1800 |
| **Governance/sign off** | | *This sign off is the governance at Divisional level in respect of management of the KPI including data provision, validation, and use in performance management* |
| | | Operational National Director: **National Director Acute Operations** |

## Acute Division - Surgery - Metadata 2019 Surgical DOSA

| No | Steps | Detail supporting KPI |
|---|---|---|
| **Contact details** | | **KPI owner/lead for implementation** |
| | | Name: Prof Deborah McNamara, Prof John Hyland joint leads for National Clinical Programme in Surgery |

## Acute Division - Surgery - Metadata 2019

| No | Steps | Detail supporting KPI |
|---|---|---|
| 1 | KPI title & Number CPA28 | % day case rate for Elective Laparoscopic Cholecystectomy |
| 1b | KPI Short Title | Lap Chole daycase rate |
| 2 | KPI Description | The percentage daycase rate of Elective Laparoscopic Cholecystectomy should be at least 60%. Hospitals achieve target at 60% (target is greater than or equal to 60%) |
| 3 | KPI Rationale | It is better for the patient and a more efficient use of limited hospital resources to perform appropriate procedures as daycases on suitable patients, instead of keeping the patient unnecessarily in hospital for one of more nights. Elective Laparoscopic Cholecystectomy is a good example of surgical procedures which can be performed safely and effectively as a daycase. |
| 3a | Indicator Classification | **National Scorecard Quadrant** <br> a) Quality and Safety; <br> b) Access, <br> c) Finance, Governance and Compliance. <br> d) Workforce; |
| 4 | KPI Target | 60% |
| 4a | Target Trajectory | |
| 4b | Volume metrics | |
| 5 | KPI Calculation | Numerator: (The number of elective daycase discharges, in the reporting period, who had a Laparoscopic Cholecystectomy performed as a primary procedure)*100 <br> Denominator: All elective discharges (inpatient and daycase), in the reporting period, who had a Laparoscopic Cholecystectomy performed as a primary procedure. |
| 6 | Data Sources | HIPE |
| 6a | Data sign off | HPO |
| 6b | Data Quality Issues | Will be dependant on accuracy and timely completion of Hospital HIPE coding <br> Coverage includes all acute hospitals except specialist paediatric and maternity hospitals. Surgery Programme mapping tables for surgical procedures and surgical specialties |
| 7 | Data Collection Frequency | Daily; Weekly; Monthly; Quarterly; <br> Bi-annual; Annual; Other – give details: |
| 8 | Tracer Conditions (clinical metrics only) | Primary Procedure = 3044500 (ICD-10-AM/ACHI/ACS 30445-00 Laparoscopic cholecystectomy) <br> For the numerator elective discharges have an admission type =1 or 2 <br> Excludes Children's Health Ireland (CHG), CHI Crumlin, CHI Temple Street, CHI Tallaght, Kilcreene, Ennis, Nenagh, Croom, RVEEH, Monaghan, Cappagh, Coombe, Cork Mat, Holles st., Limerick Mat, Rotunda and St Luke's Rathgar |
| 9 | Minimum Data Set (MDS) | HIPE- Admission Date, Discharge Date, Admission Type, Specialty, Primary Procedure |
| 10 | International Comparison | Collected in UK and internationally. |
| 11 | KPI Monitoring | Daily; Weekly; Monthly; Quarterly; Bi-annual; Annual; Other – give details: |
| 12 | KPI Reporting Frequency | Daily; Weekly; Monthly; Quarterly; Bi-annual; Annual; Other – give details: |
| 13 | KPI report period | By exception <br> Monthly in arrears      M-1M |
| 14 | KPI Reporting Aggregation | National; Region; Hospital Group; Hospital; CHO; sub-CHO level (please give details); Other, please specify |
| 15 | KPI is reported in which reports? | Annual Report; Performance Report/Profile; MDR ; Other: CompStat |
| 16 | Web link to published data | http://www.hse.ie/eng/services/publications/ |
| 17 | Additional Information | Note: Daycase rates should be assessed at individual hospital and hospital group level. Some hospital groups choose to conduct elective daycase surgical activity at a specialist model 2 hospital for lower risk patients (eg. ASA of 1 or 2) and send higher risk patients to a larger model 3 or 4 hospital to mitigate risk of complications during daycase surgery posed by patients with higher risk (eg. ASA 3 or higher). Appropriately qualified Surgical and Anaesthetic personnel will select patients for model 2 daycase activity and model 3 / 4 daycase activity in a pre-admission assessment process.KPI noted in National Service Plan 2019 |
| **Contact details** | | **KPI owner/lead for implementation** |
| | | Name: Prof Deborah McNamara, Prof John Hyland joint leads for National Clinical Programme in Surgery |
| | | Email address: deborahmcnamara@rcsi.com, jhyland@rcsi.com; |
| | | Telephone Number: 01 402 8633 |
| | | **Data support** |
| | | Name: Acute Business Information Unit |
| | | Email address: AcuteBIU@hse.ie |
| | | Telephone Number 01 620 1800 |
| **Governance/sign off** | | *This sign off is the governance at Divisional level in respect of management of the KPI including data provision, validation, and use in performance management* |
| | | Operational National Director: **National Director Acute Operations** |

## Acute Division - Hip Fracture Surgery - Metadata 2019

| No | Steps | Detail supporting KPI |
|---|---|---|
| 1 | KPI title & Number A99 | % hip fracture surgery carried out within 48 hours of initial assessment (Hip fracture database) |
| 1b | KPI Short Title | % of patients with hip fracture who have surgery within 48 hours from first presentation |
| 2 | KPI Description | From time of presentation to first ED start of surgery recorded in exact hours and minutes as per the Irish Hip Fracture Database (Inclusive of all patients 0ver 60 with a primary or secondary diagnosis of a hip fracture as per HIPE Hip fracture: S72.0- S72.2 (including sub diagnoses) |
| 3 | KPI Rationale | To optimise the timing to surgery for patients with hip fracture to ensure international best practice standards are met to ensure the best outcomes for patients in terms of morbidity, functional ability and mortality. |
| 3a | Indicator Classification | **National Scorecard Quadrant** a) Quality and Safety; b) Access; c) Finance, Governance and Compliance. d) Workforce; |
| 4 | KPI Target | 85% (this excludes the patients awaiting medical review, investigation or stabilistaion |
| 4a | Target Trajectory | N/A |
| 4b | Volume metrics | Volume metrics |
| 5 | KPI Calculation | Numerator: The number of inpatient discharges in the reporting period where emergency hip fracture surgery was carried out within 48 hours of first presentation to ED on patients aged 60)*100                                   Denominator: The number of inpatient discharges in the reporting period where an emergency hip fracture surgery was carried out for patients aged over 60.(From time of presentation to first ED to start of surgery recorded in exact hours and minutes as per the Irish Hip Fracture Database (Inclusive of all patients 0ver 60 with a primary or secondary diagnosis of a hip fracture as per HIPE Hip fracture: S72.0- S72.2 (including sub diagnoses) |
| 6 | Data Sources | HIPE/ Irish Hip Fracture Database (IHFD) 100% data completeness |
| 6a | Data sign off | **Louise Brent NOCA** |
| 6b | Data Quality Issues | Data quality issue: incomplete data or incorrect times or no times entered |
| 7 | Data Collection Frequency | Daily;    Weekly;    Monthly;    Quarterly; Bi-annual;    Annual;    Other – give details: |
| 8 | Tracer Conditions (clinical metrics only) | Hip fracture: a principal or secondary diagnosis of S72.0- S72.2 (includeing sub diagnoses) who underwent surgery as per IHFD dataset Age >60 |
| 9 | Minimum Data Set (MDS) | IHFD Date and time of admission, date and time of surgery as per IHFD dataset |
| 10 | International Comparison | National Hip Fracture Database, UK, NHFD 2009-2016                              British orthopaedic Association and British Geriatrics Society. Blue Book 2007                National Institute for Health and Care Excellence . The management of hip fracture in adults 2011, National Institute for health and Care Excellence                                          Scottish Intercollegiate Guidelines Network 2009 |
| 11 | KPI Monitoring | Daily;    Weekly;  Monthly;    Quarterly;   Bi-annual; Annual;  Other – give details: |
| 12 | KPI Reporting Frequency | Daily;    Weekly;  Monthly;    Quarterly;   Bi-annual; Annual;  Other – give details: |
| 13 | KPI report period | By exception Quarterly in arrears                    Q-1Q |
| 14 | KPI  Reporting Aggregation | National;   Region;   Hospital Group;   Hospital;    CHO;   sub-CHO level (please give details);  Other, please specify |
| 15 | KPI is reported in which reports? | Annual Report;   Performance Report/Profile;  MDR ;  Other: CompStat |
| 16 | Web link to published data | http://www.hse.ie/eng/services/publications/ |
| 17 | Additional Information | KPI noted in National Service Plan and IHFD National Report |
| Contact details | | **KPI owner/lead for implementation** |
| | | Name: louisebrent@noca.ie, NOCA and John Cunningham, BIU Acute |
| | | Email Address: louisebrent@noca.ie,  john.cunningham4@hse.ie |
| | | Telephone Number:  Louise 0871159892, John 01 620 1845 |
| | | **Data support** |
| | | Name: Acute Business Information Unit |
| | | Email address: AcuteBIU@hse.ie |
| | | Telephone Number  01 620 1800 |
| Governance/sign off | | *This sign off is the governance at Divisional level in respect of management of the KPI including data provision, validation, and use in performance management* |
| | | Operational National Director: **National Director Acute Operations** |

| No | Steps | Detail supporting KPI |
|---|---|---|
| **Acute Division - Surgery - Metadata 2019** | | |
| 1 | KPI title & Number A45 | % of surgical re-admissions to the same hospital within 30 days of discharge |
| 1b | KPI Short Title | Emergency Re-Admissions - Surgical |
| 2 | KPI Description | Unplanned re- admission, 30 days post acute or elective, inpatient or day-case surgical admission to same hospital should remain below 3%. |
| 3 | KPI Rationale | As hospitals are encouraged to reduce surgical length of stay, it is important that re admission reates re monitored to ensure that there is not an associated inappropriate increase in vigilant HIPE coding of readmissions to surgical servcies in Ireland is considered a priority in terms of monitoring quality, the inclusion of this KPI will encourage compliance. |
| 3a | Indicator Classification | **National Scorecard Quadrant** <br> a) Quality and Safety; <br> b) Access; <br> c) Finance, Governance and Compliance. <br> d) Workforce; |
| 4 | KPI Target | ≤3% |
| 4a | Target Trajectory | N/A |
| 4b | Volume metrics | |
| 5 | KPI Calculation | Numerator: (Number of Surgical discharges (inpatient & daycase) in the denominator period which resulted in an emergency readmission to the same hospital within 30 days)*100 <br> Denominator: Number of Surgical discharges (elective and emergency) in the denominator period  (denominator period is set 30 days in arrears) <br> Example: April 2016 <br> Numerator: (Number of Surgical discharges in the denominator period which were readmitted as an emergency within 30 days of a previous discharge i.e. an emergency readmission occuring between 02MAR2016 and 30APR2016 inclusive)*100 <br> Denominator: Number of Surgical discharges in the denominator period (denominator period is set 30 days in arrears i.e. Surgical patients discharged between 02MAR2016 and 31MAR2016 inclusive) <br> Excludes Children's Health Ireland (CHG), CHI Crumlin, CHI Temple St, CHI Tallaght, St Luke's Rathgar, Coombe, Rotunda, Holles Street, Monaghan and Limerick Maternity |
| 6 | Data Sources | HIPE |
| 6a | Data sign off | HPO |
| 6b | Data Quality Issues | Will be dependant on accuracy and timely completion of Hospital HIPE coding <br> Coverage includes all acute hospitals except specialist paediatric and maternity hospitals.  Surgery Programme mapping tables for surgical procedures and surgical specialties |
| 7 | Data Collection Frequency | Daily;     Weekly;   Monthly;   Quarterly; <br> Bi-annual;    Annual;   Other – give details: |
| 8 | Tracer Conditions (clinical metrics only) | Denominator - Surgical Discharges = (Patients who had a Principal procedure in Appendix I <br> OR <br> (Patients who had a Specialty in Surgery Appendix II) <br> - Discharges following Emergency with an admission type of 4 or 5 or Elective with an admission type of 1 or 2 <br><br> Numerator - Emergency readmissions have an Admission Type of 4 or 5 within 30 days of the Original surgical discharges (ie. with an MRN and hospital the same as prior surgical discharge) <br><br> - Death are excluded from the denominator (Discharge code=6 or 7) <br><br> (Procedure classification ICD-10-AM/ACHI/ACS ) |
| 9 | Minimum Data Set (MDS) | HIPE: Specialty, ACHI principal procedure, Admission Date, Discharge Date,  Admission Type, Discharge Code |
| 10 | International Comparison | Collected in UK and internationally, often for particular surgical procedures e.g. fractured neck of femur. |
| 11 | KPI Monitoring | Daily;     Weekly;   Monthly;   Quarterly;     Bi-annual; Annual;  Other – give details: |
| 12 | KPI Reporting Frequency | Daily;     Weekly;   Monthly;   Quarterly;     Bi-annual; Annual;  Other – give details: |
| 13 | KPI report period | By exception <br> Monthly in arrears                    M-1M |
| 14 | KPI  Reporting Aggregation | National;   Region;   Hospital Group;   Hospital;     CHO;   sub-CHO level (please give details);  Other, please specify |
| 15 | KPI is reported in which reports? | Annual Report;   Performance Report/Profile;  MDR ;  Other: CompStat |
| 16 | Web link to published data | http://www.hse.ie/eng/services/publications/ |
| 17 | Additional Information | KPI noted in National Service Plan 2019 |
| **It is policy to include data in Open Data publication. Please indicate if there is an <u>exceptional</u> reason for this to be delayed** | | |
| Contact details | **KPI owner/lead for implementation** | |
| | Name: Prof Deborah McNamara, Ken Mealy joint leads for National Clinical Programme in Surgery | |
| | Email address:  deborahmcnamara@rcsi.com,  kmealy@rcsi.com; | |
| | Telephone Number: 01 402 8633 | |
| | **PBI data support** | |
| | Name: BIU Acute /  Gerry Kelliher National Clinical Programme in Surgery | |
| | Email Address: AcuteBIU@hse.ie / gerrykelliher@rcsi.com | |
| | Telephone Number:  01 620 1800 / 01-402-2143 M: 087-124-0759 | |
| Governance/sign off | *This sign off is the governance at Divisional level in respect of management of the KPI including data provision, validation, and use in performance management* | |
| | Operational National Director: **National Director Acute Operations** | |

Surgery Appendix I - Surgical primary procedures

| PrcNum | PrcDesc | PrcShrt |
|---|---|---|
| 3030000 | Sentinel lymph node biopsy | BREAST |
| 3033200 | Excision of lymph node of axilla | BREAST |
| 3033500 | Regional excision lymph nodes of axilla | BREAST |
| 3033600 | Radical excision of lymph nodes, axilla | BREAST |
| 3150000 | Excision of lesion of breast | BREAST |
| 3150001 | Open biopsy of breast | BREAST |
| 3151500 | Re-excision of lesion of breast | BREAST |
| 3151800 | Simple mastectomy, unilateral | BREAST |
| 3151801 | Simple mastectomy, bilateral | BREAST |
| 3152400 | Subcutaneous mastectomy, unilateral | BREAST |
| 3152401 | Subcutaneous mastectomy, bilateral | BREAST |
| 3153600 | Localisation of lesion of breast | BREAST |
| 3154800 | Core biopsy of breast | BREAST |
| 3155400 | Microdochotomy of breast | BREAST |
| 3155700 | Excision of duct (central) of breast | BREAST |
| 4552201 | Reduction mammoplasty, bilateral | BREAST |
| 4553000 | Recon breast using myocutaneous flap | BREAST |
| 4554200 | R/O breast tis expand & ins perm prosth | BREAST |
| 4554500 | Reconstruction of nipple | BREAST |
| 4554600 | Intraderm colour skin for nipple/areola | BREAST |
| 4554800 | Removal of breast prosthesis | BREAST |
| 4554802 | Adjustment of breast tissue expander | BREAST |
| 4555200 | R/O & replace breast prosth w exc capsl | BREAST |
| 4556601 | Injection into tissue expander | BREAST |
| 3310300 | Replace thoraco-aortic aneurysm w graft | CARDTO |
| 3841800 | Exploratory thoracotomy | CARDTO |
| 3842100 | Endoscopic pulmonary decortication | CARDTO |
| 3842101 | Pulmonary decortication | CARDTO |
| 3842400 | Pleurectomy | CARDTO |
| 3842402 | Pleurodesis | CARDTO |
| 3843600 | Thoracoscopy | CARDTO |
| 3843800 | Segmental resection of lung | CARDTO |
| 3843801 | Lobectomy of lung | CARDTO |
| 3844000 | Wedge resection of lung | CARDTO |
| 3844001 | Radical wedge resection of lung | CARDTO |
| 3844100 | Radical lobectomy | CARDTO |
| 3844101 | Radical pneumonectomy | CARDTO |
| 3844801 | Mediastinoscopy | CARDTO |
| 3846400 | Debridement of sternotomy wound | CARDTO |
| 3847700 | Mitral valve annuloplasty w ring ins | CARDTO |
| 3848800 | Replace aortic valve w mech prosthesis | CARDTO |
| 3848801 | Replace aortic valve w bioprosthesis | CARDTO |
| 3848802 | Replace mitral valve w mech prosthesis | CARDTO |
| 3848803 | Replacement of mitral valve w bioprosth | CARDTO |
| 3849700 | Coron art byps using 1 saph vein graft | CARDTO |
| 3849701 | Coron art byps using 2 saph vein grafts | CARDTO |
| 3849702 | Coron art byps using 3 saph vein grafts | CARDTO |
| 3849703 | Coron art byps usg >= 4 saph vein grafts | CARDTO |
| 3850000 | Coronary artery bypass, using 1 LIMA gft | CARDTO |
| 3850300 | Coronary artery bypass, >= 2 LIMA gft | CARDTO |
| 3855900 | Repair aortic arch & asc thoracic aorta | CARDTO |
| 3860000 | Cardiopulmonary bypass, central cannuln | CARDTO |
| 3870001 | Closure of patent ductus arteriosus | CARDTO |
| 3874202 | Closure of atrial septal defect | CARDTO |
| 3875102 | Closure of ventricular septal defect | CARDTO |
| 3875700 | Creat extrcardc cndt R ventrl & pulm art | CARDTO |
| 9017100 | Endoscopic pleurodesis | CARDTO |
| 3007101 | Rectal suction biopsy | COLORC |
| 3007534 | Biopsy of anus | COLORC |
| 3037523 | Endosc exam large intestine v laparotomy | COLORC |
| 3037528 | Temporary colostomy | COLORC |
| 3037529 | Temporary ileostomy | COLORC |
| 3056200 | Closure of loop ileostomy | COLORC |
| 3056201 | Cls ileostomy w restor conty wo resect | COLORC |
| 3056301 | Revision of stoma of large intestine | COLORC |
| 3200000 | Limited exc lrg intestine w stoma frm | COLORC |
| 3200001 | Right hemicolectomy w stoma formation | COLORC |
| 3200300 | Limited excision lrg intestine w anstms | COLORC |
| 3200301 | Right hemicolectomy with anastomosis | COLORC |

Surgery Appendix I - Surgical primary procedures

| PrcNum | PrcDesc | PrcShrt |
|--------|---------|---------|
| 3200400 | Subtotal colectomy w stoma formation | COLORC |
| 3200500 | Subtotal colectomy w anstms | COLORC |
| 3200501 | Extended right hemicolectomy w anstms | COLORC |
| 3200600 | Left hemicolectomy with anastomosis | COLORC |
| 3200601 | Left hemicolectomy w stoma formation | COLORC |
| 3200900 | Total colectomy with ileostomy | COLORC |
| 3201200 | Total colectomy w ileorectal anastomosis | COLORC |
| 3201500 | Total proctocolectomy with ileostomy | COLORC |
| 3202400 | High anterior resection rectum | COLORC |
| 3202500 | Low anterior resection rectum | COLORC |
| 3202600 | U/l anterior resection rectum | COLORC |
| 3202800 | U/l ant resec rectum w hand sut anstms | COLORC |
| 3203000 | Rectosigmoidectomy w stoma formation | COLORC |
| 3203300 | Restor continuity after Hartmann's proc | COLORC |
| 3203900 | Abdominoperineal proctectomy | COLORC |
| 3205101 | Tot proctcolecty ileoanal anstms & stoma | COLORC |
| 3206000 | Restorative proctectomy | COLORC |
| 3209600 | Full thickness biopsy of rectum | COLORC |
| 3209900 | Per anal submucosal exc, lsn/tis rectum | COLORC |
| 3210300 | Per anal exc lsn rect via strscp rtscp | COLORC |
| 3211100 | Reduction rectal mucosa, rectal prolapse | COLORC |
| 3211400 | Per anal release of rectal stricture | COLORC |
| 3211700 | Abdominal rectopexy | COLORC |
| 3213502 | Rubber band ligation of rectal prolapse | COLORC |
| 3213802 | Stapled haemorrhoidectomy | COLORC |
| 3215902 | Ins seton & exc anal fist inv low sphc | COLORC |
| 3216600 | Insertion of anal seton | COLORC |
| 3216601 | Adjustment of anal seton | COLORC |
| 3216602 | Removal of anal seton | COLORC |
| 3221300 | Insertion of sacral nerve electrodes | COLORC |
| 3559700 | Laparoscopic sacral colpopexy | COLORC |
| 9029702 | Endosc mucosal resec lrg intes | COLORC |
| 9031500 | Endoscopic e/o lesion  tissue anus | COLORC |
| 9031501 | Excision other lesion or tissue anus | COLORC |
| 9033800 | Incision of rectum or anus | COLORC |
| 9034100 | Other excision of lesion of rectum | COLORC |
| 9095200 | Incision of abdominal wall | COLORC |
| 9220800 | Anterior resec rectum level unspecified | COLORC |
| 3002300 | Excisional debridement of soft tissue | GENERL |
| 3007501 | Biopsy of soft tissue | GENERL |
| 3007517 | Biopsy of abdominal wall or umbilicus | GENERL |
| 3007537 | Biopsy of peritoneum | GENERL |
| 3009400 | Perc [needle] biopsy of soft tissue | GENERL |
| 3018600 | Removal of plantar wart | GENERL |
| 3019507 | Electrotherapy of multiple skin lesions | GENERL |
| 3022300 | Incision & drainage of haematoma of SSCT | GENERL |
| 3022301 | Incision & drainage of abscess of SSCT | GENERL |
| 3022303 | Incision & drain abscess, soft tissue | GENERL |
| 3022400 | Perc drainage abscess, soft tissue | GENERL |
| 3029701 | Subtot thyrdecty foll prev thyroid surg | GENERL |
| 3030800 | Subtotal thyroidectomy, bilateral | GENERL |
| 3031000 | Subtotal thyroidectomy, unilateral | GENERL |
| 3031500 | Subtotal parathyroidectomy | GENERL |
| 3031501 | Total parathyroidectomy | GENERL |
| 3037300 | Exploratory laparotomy | GENERL |
| 3037504 | Other colostomy | GENERL |
| 3037505 | Cholecystostomy | GENERL |
| 3037507 | Gastrostomy | GENERL |
| 3037509 | Excision of Meckel's diverticulum | GENERL |
| 3037510 | Suture of perforated ulcer | GENERL |
| 3037519 | Other repair of small intestine | GENERL |
| 3037800 | Division of abdominal adhesions | GENERL |
| 3038400 | Staging laparotomy for lymphoma | GENERL |
| 3039000 | Laparoscopy | GENERL |
| 3039200 | Debulking of intra-abdominal lesion | GENERL |
| 3039300 | Laparoscopic division abdo adhesions | GENERL |
| 3039400 | Drain intrabdo abscess haematoma cyst | GENERL |
| 3039600 | Debridement & lavage peritoneal cavity | GENERL |
| 3040300 | Repair of incisional hernia | GENERL |

Surgery Appendix I - Surgical primary procedures

| PrcNum | PrcDesc | PrcShrt |
|---|---|---|
| 3040301 | Repair of other abdominal wall hernia | GENERL |
| 3040303 | Reclosure postop disruption abdo wall | GENERL |
| 3040501 | Repair incisional hernia with prosthesis | GENERL |
| 3040504 | Repair other abdo wall hernia w prosth | GENERL |
| 3041200 | Intraoperative needle biopsy of liver | GENERL |
| 3043902 | Intraoperative u/s of biliary tract | GENERL |
| 3044300 | Cholecystectomy | GENERL |
| 3044500 | Laparoscopic cholecystectomy | GENERL |
| 3044600 | Lap cholecystectomy proceed open chole | GENERL |
| 3044800 | Lap chole R/O CBD calculus v cystic duct | GENERL |
| 3044900 | Lap chole R/O CBD calculus lap choledhty | GENERL |
| 3045401 | Cholecystectomy with choledochotomy | GENERL |
| 3047900 | Endoscopic laser therapy to oesophagus | GENERL |
| 3056202 | Closure of loop colostomy | GENERL |
| 3056203 | Cls colostomy w restor continuity | GENERL |
| 3056300 | Revision of stoma of small intestine | GENERL |
| 3056302 | Repair of parastomal hernia | GENERL |
| 3056500 | Resec small intestine w formation stoma | GENERL |
| 3056600 | Resec small intestine w anastomosis | GENERL |
| 3057100 | Appendicectomy | GENERL |
| 3057200 | Laparoscopic appendicectomy | GENERL |
| 3059700 | Splenectomy | GENERL |
| 3060100 | Repair diaphragmatic hernia, abdo appr | GENERL |
| 3060900 | Lap repair of femoral hernia, unilateral | GENERL |
| 3060902 | Lap repair inguinal hernia, unilateral | GENERL |
| 3060903 | Lap repair inguinal hernia, bilateral | GENERL |
| 3061400 | Repair of femoral hernia, unilateral | GENERL |
| 3061402 | Repair of inguinal hernia, unilateral | GENERL |
| 3061403 | Repair of inguinal hernia, bilateral | GENERL |
| 3061500 | Rep incarcerated obstr or strangd hernia | GENERL |
| 3061700 | Repair of umbilical hernia | GENERL |
| 3061701 | Repair of epigastric hernia | GENERL |
| 3064401 | Exploration of spermatic cord | GENERL |
| 3067600 | Incision of pilonidal sinus or cyst | GENERL |
| 3067601 | Excision of pilonidal sinus or cyst | GENERL |
| 3120500 | Exc lesion(s) of SSCT, other site | GENERL |
| 3123005 | Excision lesion(s) SSCT, genitals | GENERL |
| 3123501 | Excision lesion(s) of SSCT, neck | GENERL |
| 3123503 | Excision of lesion(s) SSCT, leg | GENERL |
| 3135000 | Excision of lesion of soft tissue, NEC | GENERL |
| 3146200 | Insertion of feeding jejunostomy tube | GENERL |
| 3147000 | Laparoscopic splenectomy | GENERL |
| 3155100 | Incision and drainage of breast | GENERL |
| 3156600 | Excision of accessory nipple | GENERL |
| 3208402 | Colonosc to heptc flexure w tattooing | GENERL |
| 3213800 | Haemorrhoidectomy | GENERL |
| 3214200 | Excision of anal skin tag | GENERL |
| 3214201 | Excision of anal polyp | GENERL |
| 3214700 | Incision of perianal thrombus | GENERL |
| 3215300 | Dilation of anus | GENERL |
| 3217400 | Drainage of intra-anal abscess | GENERL |
| 3217401 | Drainage of perianal abscess | GENERL |
| 3217402 | Drainage of ischiorectal abscess | GENERL |
| 3217700 | Removal of anal wart | GENERL |
| 3572601 | Staging laparotomy | GENERL |
| 3650001 | Total adrenalectomy, unilateral | GENERL |
| 3743800 | Partial excision of scrotum | GENERL |
| 3760401 | Exploration scrotal contents, bilateral | GENERL |
| 3761300 | Epididymectomy, unilateral | GENERL |
| 3762303 | Vasectomy, bilateral | GENERL |
| 3783000 | Hypospadias, staged repair, second stage | GENERL |
| 4380100 | Correction of malrotation of intestine | GENERL |
| 4652800 | Wedge resection of ingrown fingernail | GENERL |
| 4790600 | Debridement of toenail | GENERL |
| 4791500 | Wedge resection of ingrown toenail | GENERL |
| 4791600 | Partial resection of ingrown toenail | GENERL |
| 4791800 | Radical excision of ingrown toenail bed | GENERL |
| 6137300 | Gastro-oesophageal reflux study | GENERL |
| 9028200 | Excision of lymph node of other site | GENERL |

Surgery Appendix I - Surgical primary procedures

| PrcNum | PrcDesc | PrcShrt |
|--------|---------|---------|
| 9033100 | Oth proc abdomen, peritoneum or omentum | GENERL |
| 9040101 | Other procedures on testis | GENERL |
| 9207600 | Removal of impacted faeces | GENERL |
| 9209000 | R/O FB from rectum or anus wo incision | GENERL |
| 9220100 | Removal of foreign body wo incision NEC | GENERL |
| 9732308 | Surg R/O ? teeth w R/O bone | GENERL |
| 3550701 | Destruction of vulval wart | GYNEAC |
| 3550900 | Hymenectomy | GYNEAC |
| 3551300 | Treatment of Bartholin's gland cyst | GYNEAC |
| 3551800 | Aspiration of ovarian cyst | GYNEAC |
| 3552000 | Treatment Bartholin's gland abscess | GYNEAC |
| 3553300 | Vulvoplasty | GYNEAC |
| 3553600 | Hemivulvectomy | GYNEAC |
| 3553900 | Laser destruction of lesion of vulva | GYNEAC |
| 3553903 | Biopsy of vagina | GYNEAC |
| 3554800 | Radical vulvectomy | GYNEAC |
| 3555700 | Excision of lesion of vagina | GYNEAC |
| 3556600 | Excision of vaginal septum | GYNEAC |
| 3556800 | Sacrospinous colpopexy | GYNEAC |
| 3556900 | Enlargement of vaginal orifice | GYNEAC |
| 3557000 | Repair of ant vag compt, vag appr | GYNEAC |
| 3557100 | Repair of post vag compt, vag appr | GYNEAC |
| 3557300 | Repair of ant & post vag compt, vag appr | GYNEAC |
| 3557700 | Repair of pelvic floor prolapse | GYNEAC |
| 3559501 | Abdominal pelvic floor repair | GYNEAC |
| 3559900 | Sling procedure for stress incontinence | GYNEAC |
| 3559901 | Revision sling proc, stress incontinence | GYNEAC |
| 3560802 | Biopsy of cervix | GYNEAC |
| 3561100 | Cervical polypectomy | GYNEAC |
| 3561400 | Colposcopy | GYNEAC |
| 3561500 | Biopsy of vulva | GYNEAC |
| 3561800 | Cone biopsy of cervix | GYNEAC |
| 3562200 | Endoscopic endometrial ablation | GYNEAC |
| 3562300 | Myomectomy of uterus via hysteroscopy | GYNEAC |
| 3563000 | Diagnostic hysteroscopy | GYNEAC |
| 3563300 | Division of intrauterine adhesions | GYNEAC |
| 3563301 | Polypectomy of uterus via hysteroscopy | GYNEAC |
| 3563400 | Division uterine septum, hysteroscopy | GYNEAC |
| 3563702 | Lap diathermy of lesion of pelvic cavity | GYNEAC |
| 3563706 | Biopsy of ovary | GYNEAC |
| 3563707 | Lap rupture ovarian cyst or abscess | GYNEAC |
| 3563708 | Laparoscopic ovarian drilling | GYNEAC |
| 3563802 | Laparoscopic oophorectomy, unilateral | GYNEAC |
| 3563803 | Laparoscopic oophorectomy, bilateral | GYNEAC |
| 3563804 | Laparoscopic ovarian cystectomy, uni | GYNEAC |
| 3563805 | Laparoscopic ovarian cystectomy, bil | GYNEAC |
| 3563807 | Laparoscopic partial salpingectomy, uni | GYNEAC |
| 3563809 | Laparoscopic salpingectomy, unilateral | GYNEAC |
| 3563810 | Laparoscopic salpingectomy, bilateral | GYNEAC |
| 3563811 | Laparoscopic salpingo-oophorectomy, uni | GYNEAC |
| 3563812 | Laparoscopic salpingo-oophorectomy, bil | GYNEAC |
| 3564000 | Dilation & curettage of uterus [D&C] | GYNEAC |
| 3564001 | Curettage of uterus without dilation | GYNEAC |
| 3564700 | Large loop excision transformation zone | GYNEAC |
| 3564901 | Myomectomy of uterus via laparoscopy | GYNEAC |
| 3564903 | Myomectomy of uterus | GYNEAC |
| 3565300 | Subtotal abdominal hysterectomy | GYNEAC |
| 3565301 | Total abdominal hysterectomy | GYNEAC |
| 3565304 | Abdo hystrectmy w R/O adnexa | GYNEAC |
| 3565700 | Vaginal hysterectomy | GYNEAC |
| 3566400 | Rad abdo hystrectmy rad exc pelv lymph n | GYNEAC |
| 3567000 | Abdo hystrectmy rad exc pelv lymph nodes | GYNEAC |
| 3567302 | Vagl hystrectomy w R/O adnexa | GYNEAC |
| 3568800 | Laparoscopic sterilisation | GYNEAC |
| 3568801 | Sterilisation via vaginal approach | GYNEAC |
| 3569402 | Laparoscopic salpingolysis | GYNEAC |
| 3571304 | Ovarian cystectomy, unilateral | GYNEAC |
| 3571307 | Oophorectomy, unilateral | GYNEAC |
| 3571311 | Salpingo-oophorectomy, unilateral | GYNEAC |

| PrcNum | PrcDesc | PrcShrt |
|--------|---------|---------|
| 3571314 | Excision of lesion of pelvic cavity | GYNEAC |
| 3571700 | Ovarian cystectomy, bilateral | GYNEAC |
| 3571701 | Oophorectomy, bilateral | GYNEAC |
| 3571704 | Salpingo-oophorectomy, bilateral | GYNEAC |
| 3572000 | Debulking of lesion of pelvic cavity | GYNEAC |
| 3572300 | Lap pelv/abdo lymph sampling gyn malg | GYNEAC |
| 3575000 | Lap assisted vaginal hysterectomy | GYNEAC |
| 3575302 | Lap asst vag hystrectmy w R/O adnexa | GYNEAC |
| 9043800 | Other procedures on vagina | GYNEAC |
| 9044000 | Excision of lesion of vulva | GYNEAC |
| 9044600 | Other incision of vulva or perineum | GYNEAC |
| 9044801 | Total laparoscopic abdo hysterectomy | GYNEAC |
| 9044802 | Tot lap abdo hystrectmy w R/O adnexa | GYNEAC |
| 9044900 | Other repair of vagina | GYNEAC |
| 9210400 | Vaginal packing | GYNEAC |
| 9210700 | Insertion of other vaginal pessary | GYNEAC |
| 9211400 | Removal of other vaginal pessary | GYNEAC |
| 4188100 | Open tracheostomy, temporary | MXFDNT |
| 4559000 | Reconstruction of orbital cavity | MXFDNT |
| 4572600 | Osteotomy of mandible, bilateral | MXFDNT |
| 4572601 | Osteotomy of maxilla, bilateral | MXFDNT |
| 4572900 | Osteotomy mandible with IF, bilateral | MXFDNT |
| 4572901 | Osteotomy maxilla with IF, bilateral | MXFDNT |
| 4586500 | Arthrocentesis TMJ | MXFDNT |
| 4776200 | Open rdctn fx zygomatic bone | MXFDNT |
| 4776500 | Open rdctn fx zyg bone w ex fix, 1 | MXFDNT |
| 4776501 | Open rdctn fx zyg bone w IF, 1 site | MXFDNT |
| 4776801 | Open rdctn fx zyg bone w IF, 2 sites | MXFDNT |
| 4777700 | Open reduction of fracture of mandible | MXFDNT |
| 4778900 | Open rdctn fx mandible w IF | MXFDNT |
| 5210200 | R/O pin/screw/wire maxilla/mandible/zygo | MXFDNT |
| 9053002 | Closed rdctn fx facial bone, NEC | MXFDNT |
| 9621500 | Incision & drain of lesion in orl cavity | MXFDNT |
| 9724100 | Tooth root resection, per root | MXFDNT |
| 9731102 | Removal of 2 teeth or part(s) thereof | MXFDNT |
| 9731103 | Removal of 3 teeth or part(s) thereof | MXFDNT |
| 9731104 | Removal of 4 teeth or part(s) thereof | MXFDNT |
| 9731107 | R/O >= 15 teeth or part(s) thereof | MXFDNT |
| 9732201 | Full dental clearance | MXFDNT |
| 9732204 | Surg R/O 4 teeth wo R/O bone / div | MXFDNT |
| 9732205 | Surg R/O 5 - 9 teeth wo R/O bone / div | MXFDNT |
| 9732206 | Surg R/O 10 - 14 teeth wo R/O bone / div | MXFDNT |
| 9732208 | Surg R/O ? teeth wo R/O bone / div | MXFDNT |
| 9732301 | Surg R/O 1 tooth w R/O bone | MXFDNT |
| 9732302 | Surg R/O 2 teeth w R/O bone | MXFDNT |
| 9732303 | Surg R/O 3 teeth w R/O bone | MXFDNT |
| 9732304 | Surg R/O 4 teeth w R/O bone | MXFDNT |
| 9732305 | Surg R/O 5 - 9 teeth w R/O bone | MXFDNT |
| 9738100 | Surg exp unerupted tooth w stimtn & pack | MXFDNT |
| 9738200 | Surg exp unerptd tooth w orthdntc tractn | MXFDNT |
| 9757600 | Stainless steel crown | MXFDNT |
| 3901502 | Ins ICP monitoring device w monitoring | NEUROS |
| 3960000 | Drainage of intracranial haemorrhage | NEUROS |
| 3960301 | Removal intrcran haematoma w crniectmy | NEUROS |
| 3970300 | Biopsy of brain via burr holes | NEUROS |
| 3970600 | Bx of brain via osteoplastic craniotomy | NEUROS |
| 3970900 | Removal of lesion of cerebrum | NEUROS |
| 3970902 | Removal of lesion of cerebellum | NEUROS |
| 3971200 | Removal of lesion of cerebral meninges | NEUROS |
| 3971204 | Removal of other intracranial lesion | NEUROS |
| 3971501 | Prt exc pituitary gland, trnsphndl appr | NEUROS |
| 3972100 | Postop reopn of crniotmy/crniectmy site | NEUROS |
| 3980000 | Clipping of cerebral aneurysm | NEUROS |
| 3990000 | Drainage of intracranial infection | NEUROS |
| 4000302 | Insertion of ventriculoperitoneal shunt | NEUROS |
| 4000900 | Revision of ventricular shunt | NEUROS |
| 4000903 | Removal of ventricular shunt | NEUROS |
| 4001200 | Endoscopic third ventriculostomy | NEUROS |
| 4010300 | Repair of myelomeningocele | NEUROS |

Surgery Appendix I - Surgical primary procedures

| PrcNum | PrcDesc | PrcShrt |
|---|---|---|
| 4010600 | Hind brain decompression | NEUROS |
| 4030000 | Discectomy, 1 level | NEUROS |
| 4030300 | Discectomy for rec disc lesion, l lvl | NEUROS |
| 4030900 | Removal of spinal extradural lesion | NEUROS |
| 4031200 | Removal of spinal intradural lesion | NEUROS |
| 4033100 | Decomp of cervical spinal cord, 1 level | NEUROS |
| 4033200 | Decomp cerv spin cord w ant fusion 1 lvl | NEUROS |
| 4033300 | Cervical discectomy, 1 level | NEUROS |
| 4033400 | Decomp cervical spinal cord >=2 levels | NEUROS |
| 4035100 | Ant decomp thoracolumbar spinal cord | NEUROS |
| 4060003 | Other cranioplasty | NEUROS |
| 4070302 | Partial lobectomy of brain | NEUROS |
| 4157500 | R/O lesion of cerebellopontine angle | NEUROS |
| 6141300 | Cerebrospinal fluid shunt patency study | NEUROS |
| 9000702 | Other proc on brain & cerebral meninges | NEUROS |
| 9003300 | Endovas occl cerebral aneur / AV malform | NEUROS |
| 9033000 | Revision CSF shunt at peritoneal site | NEUROS |
| 1651100 | Insertion of cervical suture | OBSTET |
| 1652000 | Elective classical caesarean section | OBSTET |
| 1652001 | Emergency classical caesarean section | OBSTET |
| 1652002 | Elective lower segment caesarean section | OBSTET |
| 1652003 | Emergency lower segment caesarean sect | OBSTET |
| 1656400 | Postpartum evacuation of uterus by D&C | OBSTET |
| 1656401 | Postpartum evac uterus suction curettage | OBSTET |
| 1657300 | Sut third / fourth deg tear of perineum | OBSTET |
| 3564003 | Suction curettage of uterus | OBSTET |
| 3564303 | Dilation and evacuation of uterus [D&E] | OBSTET |
| 3567703 | Fetotoxic management R/O ectopic preg | OBSTET |
| 3567705 | Salpingectomy w removal tubal pregnancy | OBSTET |
| 3567800 | Lap salpingotomy w R/O tubal pregnancy | OBSTET |
| 3567801 | Lap salpingectomy w R/O tubal pregnancy | OBSTET |
| 9046502 | Other medical induction of labour | OBSTET |
| 9046505 | Medical and surgical induction of labour | OBSTET |
| 9046600 | Med augment after onset labour | OBSTET |
| 9046900 | Vacuum extraction | OBSTET |
| 9047200 | Episiotomy | OBSTET |
| 9047900 | Suture current obst laceration of vagina | OBSTET |
| 9048000 | Sut obst lacr bladder/urethra wo perinl | OBSTET |
| 9048100 | Suture 1st/2nd degree tear of perineum | OBSTET |
| 9048200 | Manual removal of placenta | OBSTET |
| 3005201 | Repair of wound of eyelid | OPHTHA |
| 3006102 | Removal superficial FB from cornea | OPHTHA |
| 3007102 | Biopsy of eyelid | OPHTHA |
| 3018900 | Removal of molluscum contagiosum | OPHTHA |
| 3123000 | Exc of lesion(s) SSCT, eyelid | OPHTHA |
| 4250300 | Ophthalmological examination | OPHTHA |
| 4250900 | Enucleation eyeball w integrated implant | OPHTHA |
| 4251500 | Evisceration of eyeball w ins implant | OPHTHA |
| 4252700 | Revision of anophthalmic socket | OPHTHA |
| 4253301 | Exploratory orbitotomy with biopsy | OPHTHA |
| 4255100 | Rep perf eyeball wound w sut cornea lacr | OPHTHA |
| 4255101 | Rep perf eyeball wound w sut sclera lacr | OPHTHA |
| 4257500 | Excision of cyst of tarsal plate | OPHTHA |
| 4258100 | Cauterisation of ectropion | OPHTHA |
| 4258400 | Tarsorrhaphy | OPHTHA |
| 4260800 | Ins oth nasolacrm tube lacm/conjnct sac | OPHTHA |
| 4261401 | Probing lacrimal passages, unilateral | OPHTHA |
| 4261501 | Probing of lacrimal passages, bilateral | OPHTHA |
| 4261700 | Incision of lacrimal punctum | OPHTHA |
| 4262200 | Occlusion lacm punctum by cautery | OPHTHA |
| 4265000 | Epithelial debridement of cornea | OPHTHA |
| 4265300 | Full thickness transplantation of cornea | OPHTHA |
| 4265601 | Reoperation keratoplasty, second proc | OPHTHA |
| 4266800 | Removal of corneal sutures | OPHTHA |
| 4267600 | Biopsy of conjunctiva | OPHTHA |
| 4268300 | Excision lesion or tissue of conjunctiva | OPHTHA |
| 4269805 | Other extraction of crystalline lens | OPHTHA |
| 4270100 | Insertion of foldable artificial lens | OPHTHA |
| 4270101 | Insertion of other artificial lens | OPHTHA |

Surgery Appendix I - Surgical primary procedures

| PrcNum | PrcDesc | PrcShrt |
|---|---|---|
| 4270204 | Phacoem & aspr cataract w IOL foldable | OPHTHA |
| 4270205 | Phacoem & aspr cataract w IOL other | OPHTHA |
| 4270209 | Oth extracapsular lens extr w IOL, other | OPHTHA |
| 4270210 | Other extraction lens with IOL, foldable | OPHTHA |
| 4270401 | Repositioning of artificial lens | OPHTHA |
| 4270700 | Replacement of artificial lens | OPHTHA |
| 4271901 | Removal of vitreous, anterior approach | OPHTHA |
| 4272201 | R/O vitreous w division of vitreal bands | OPHTHA |
| 4272500 | R/O vitr & preretnl memb w div vitrl bnd | OPHTHA |
| 4273100 | Capsulectmy lens by sclerotmy w R/O vitr | OPHTHA |
| 4273400 | Capsulotomy of lens | OPHTHA |
| 4274003 | Admin therapeutic agt in post chamber | OPHTHA |
| 4274300 | Irrigation of anterior chamber | OPHTHA |
| 4274604 | Trabeculectomy | OPHTHA |
| 4274605 | Other filtering proc for glaucoma NEC | OPHTHA |
| 4274900 | Revision of scleral fistulisation proc | OPHTHA |
| 4275200 | Insertion of aqueous shunt for glaucoma | OPHTHA |
| 4277301 | Repair retinal detachment by cryotherapy | OPHTHA |
| 4277600 | Repair retinal detach w scleral buckling | OPHTHA |
| 4280900 | Destruction retina by photocoagulation | OPHTHA |
| 4281200 | R/O surg impl material, post segment eye | OPHTHA |
| 4281800 | Cryotherapy of retina w external probe | OPHTHA |
| 4283300 | Strabismus proc inv 1 or 2 muscles 1 eye | OPHTHA |
| 4283301 | Strabismus proc inv 1 or 2 musc, 2 eyes | OPHTHA |
| 4283302 | Reop strabms 1 / 2 musc 1 eye 2nd proc | OPHTHA |
| 4285700 | Resut op wound foll prev intraocul proc | OPHTHA |
| 4286600 | Rep ect/entropion by rep infer retrac | OPHTHA |
| 4286601 | Rep ect/entropion oth rep infer retrac | OPHTHA |
| 4545100 | Full thickness skin graft of eyelid | OPHTHA |
| 4561400 | Reconstruction of eyelid | OPHTHA |
| 4561401 | Tarsal strip procedure | OPHTHA |
| 4561700 | Reduction of upper eyelid | OPHTHA |
| 4562301 | Cor ptosis frtalis musc tech w fasc slg | OPHTHA |
| 4562302 | Cor ptosis resec / advance levator musc | OPHTHA |
| 4562303 | Cor ptosis by oth levator muscle tech | OPHTHA |
| 4562305 | Correction of ptosis by other techniques | OPHTHA |
| 4562601 | Cor ectropion/entropion w wedge resect | OPHTHA |
| 4566501 | Full thickness wedge excision of eyelid | OPHTHA |
| 4567101 | Reconstruction eyelid, flap sgl/1st stg | OPHTHA |
| 4567401 | Recon eyelid usg flap, second stg | OPHTHA |
| 9006100 | Other procedures on eyeball | OPHTHA |
| 9006400 | Other keratoplasty | OPHTHA |
| 9006600 | Other repair of cornea | OPHTHA |
| 9006700 | Other procedures on cornea | OPHTHA |
| 9007500 | Other procedures for glaucoma | OPHTHA |
| 9007900 | Other repair of retinal detachment | OPHTHA |
| 9008400 | Incision of eyelid | OPHTHA |
| 1823300 | Spinal blood patch | OTOLAR |
| 3007500 | Biopsy of lymph node | OTOLAR |
| 3007525 | Biopsy of tonsils and adenoids | OTOLAR |
| 3007526 | Pharyngeal biopsy | OTOLAR |
| 3010400 | Excision of pre-auricular sinus | OTOLAR |
| 3024700 | Total excision of parotid gland | OTOLAR |
| 3025300 | Partial excision of parotid gland | OTOLAR |
| 3025600 | Excision of submandibular gland | OTOLAR |
| 3026602 | Removal calculus salivary gland / duct | OTOLAR |
| 3027200 | Partial excision of tongue | OTOLAR |
| 3027500 | Radical excision of intraoral lesion | OTOLAR |
| 3028600 | Excision of branchial cyst | OTOLAR |
| 3029600 | Total thyroidectomy, bilateral | OTOLAR |
| 3029700 | Tot thyrdecty foll prev thyroid surg | OTOLAR |
| 3030600 | Total thyroid lobectomy, unilateral | OTOLAR |
| 3031300 | Excision of thyroglossal cyst | OTOLAR |
| 3142300 | Excision of lymph node of neck | OTOLAR |
| 3142301 | Regional excision of lymph nodes of neck | OTOLAR |
| 3143500 | Radical excision of lymph nodes of neck | OTOLAR |
| 3532103 | Trnscath embolisation bl vesl, fce & nek | OTOLAR |
| 4150600 | Excision of aural polyp, external ear | OTOLAR |
| 4151200 | Reconstruction external auditory canal | OTOLAR |

Surgery Appendix I - Surgical primary procedures

| PrcNum | PrcDesc | PrcShrt |
|--------|---------|---------|
| 4153000 | Myringoplasty postaural or endaural appr | OTOLAR |
| 4153300 | Atticotomy | OTOLAR |
| 4154200 | Myringoplasty w ossicular chain recon | OTOLAR |
| 4154500 | Mastoidectomy | OTOLAR |
| 4155100 | Mstdecty, intact canal wall w myrgoply | OTOLAR |
| 4155700 | Modified radical mastoidectomy | OTOLAR |
| 4156000 | Modified rad mastoidectomy w myrgoply | OTOLAR |
| 4156600 | Rev intact canal wall tech mastoidectomy | OTOLAR |
| 4156601 | Revision modified radical mastoidectomy | OTOLAR |
| 4160800 | Stapedectomy | OTOLAR |
| 4161700 | Implantation cochlear prosthetic device | OTOLAR |
| 4162600 | Myringotomy, unilateral | OTOLAR |
| 4162601 | Myringotomy, bilateral | OTOLAR |
| 4162900 | Exploration of middle ear | OTOLAR |
| 4163200 | Myringotomy w insertion of tube, uni | OTOLAR |
| 4163201 | Myringotomy w insertion of tube, bil | OTOLAR |
| 4163500 | Excision of lesion of middle ear | OTOLAR |
| 4164400 | Excision rim perforated tympanic memb | OTOLAR |
| 4165600 | Arrest post nasal haem pack &/cauterise | OTOLAR |
| 4166800 | Removal of nasal polyp | OTOLAR |
| 4167102 | Septoplasty | OTOLAR |
| 4167103 | Septoplasty, submucous resec nasal sept | OTOLAR |
| 4167200 | Reconstruction of nasal septum | OTOLAR |
| 4167400 | Cauterisation/diathermy nasal turbinates | OTOLAR |
| 4167401 | Cauterisation or diathermy nasal septum | OTOLAR |
| 4167700 | Arrest ant nasal haem pack/cauterisation | OTOLAR |
| 4168300 | Division of nasal adhesions | OTOLAR |
| 4170400 | Aspr & lav nasal sinus thru nat ostium | OTOLAR |
| 4171601 | Intranasal maxillary antrostomy, uni | OTOLAR |
| 4171602 | Intranasal maxillary antrostomy, bil | OTOLAR |
| 4171603 | Intranasal R/O polyp, maxillary antrum | OTOLAR |
| 4173702 | Ethmoidectomy, unilateral | OTOLAR |
| 4173703 | Ethmoidectomy, bilateral | OTOLAR |
| 4173706 | Intranasal R/O polyp ethmoidal sinus | OTOLAR |
| 4176400 | Nasendoscopy | OTOLAR |
| 4176402 | Fibreoptic examination of pharynx | OTOLAR |
| 4178900 | Tonsillectomy without adenoidectomy | OTOLAR |
| 4178901 | Tonsillectomy with adenoidectomy | OTOLAR |
| 4179700 | Arrest haemorrhage following T & A | OTOLAR |
| 4180100 | Adenoidectomy without tonsillectomy | OTOLAR |
| 4180700 | Incision & drain peritonsillar abscess | OTOLAR |
| 4181001 | Uvulectomy | OTOLAR |
| 4182500 | Rigid oesophagoscopy w removal FB | OTOLAR |
| 4183400 | Total laryngectomy | OTOLAR |
| 4185200 | Laryngoscopy with removal of lesion | OTOLAR |
| 4185500 | Microlaryngoscopy | OTOLAR |
| 4186400 | Microlaryngoscopy w R/O lesion | OTOLAR |
| 4188000 | Percutaneous tracheostomy | OTOLAR |
| 4188500 | Tracheo-oesophageal fistulisation | OTOLAR |
| 4190400 | Bronchoscopy with dilation | OTOLAR |
| 4190700 | Insertion of nasal septal button | OTOLAR |
| 4262300 | Dacryocystorhinostomy [DCR] | OTOLAR |
| 4520601 | Simple and small local skin flap of nose | OTOLAR |
| 4560500 | Partial resection of mandible | OTOLAR |
| 4563800 | Total rhinoplasty | OTOLAR |
| 4565000 | Revision of rhinoplasty | OTOLAR |
| 4579400 | OI impl titanium fixture, atchmt BAHA | OTOLAR |
| 4579700 | OI, fix trnscut abtmt for atchmt BAHA | OTOLAR |
| 4773800 | Closed reduction fx nasal bone | OTOLAR |
| 9011800 | Other procedures on inner ear | OTOLAR |
| 9013100 | Local excision other intranasal lesion | OTOLAR |
| 9013300 | Other procedures on nose | OTOLAR |
| 9013500 | Excision of lesion of tongue | OTOLAR |
| 9013800 | Excision of lesion of salivary gland | OTOLAR |
| 9014100 | Local exc/destruction lesion bony plate | OTOLAR |
| 9014400 | Excision lesion of tonsils or adenoids | OTOLAR |
| 9056300 | Aspiration of soft tissue, NEC | OTOLAR |
| 9609400 | R/O asst/adaptive device/aid/equip | OTOLAR |
| 1331200 | Collection blood for dx purpose, neonate | PAEDIA |

Surgery Appendix I - Surgical primary procedures

| PrcNum | PrcDesc | PrcShrt |
|---|---|---|
| 1421201 | Gas reduction of intussusception | PAEDIA |
| 3027800 | Lingual fraenectomy | PAEDIA |
| 3065300 | Male circumcision | PAEDIA |
| 3557201 | Vaginotomy | PAEDIA |
| 3734200 | Urethroplasty - single stage procedure | PAEDIA |
| 3743500 | Fraenuloplasty of penis | PAEDIA |
| 3760404 | Expl scrotal contents fix testis, uni | PAEDIA |
| 3760405 | Expl scrotal contents fix testis, bil | PAEDIA |
| 3780300 | Orchidopexy for undescended testis, uni | PAEDIA |
| 3780301 | Orchidopexy for undescended testis, bil | PAEDIA |
| 3780900 | Rev orchidopexy for undscd testis, uni | PAEDIA |
| 3781800 | Glanuloplasty for hypospadias | PAEDIA |
| 3782100 | Distal hypospadias, single stage repair | PAEDIA |
| 3782700 | Hypospadias, staged repair, first stage | PAEDIA |
| 4393000 | Pyloromyotomy | PAEDIA |
| 4565900 | Correction of bat ear | PAEDIA |
| 9040202 | Dorsal or lateral slit of prepuce | PAEDIA |
| 3001701 | Exc debride brn < 10% BSA exc / debride | PLASTC |
| 3002600 | Repair wound SSCT, oth site superficial | PLASTC |
| 3005203 | Repair of wound of nose | PLASTC |
| 3006800 | Removal FB in soft tissue NEC | PLASTC |
| 3016500 | Lipectomy of abdominal apron | PLASTC |
| 3017700 | Lipectomy of abdominal apron, radical | PLASTC |
| 3033000 | Radical excision of lymph nodes of groin | PLASTC |
| 3123001 | Excision of lesion(s) SSCT, nose | PLASTC |
| 3123002 | Excision of lesion(s) SSCT, ear | PLASTC |
| 3123003 | Excision of lesion(s) SSCT, lip | PLASTC |
| 3123500 | Exc lesion(s) SSCT, oth site of head | PLASTC |
| 3156000 | Excision of accessory breast tissue | PLASTC |
| 3930000 | Primary repair of nerve | PLASTC |
| 3932100 | Transposition of nerve | PLASTC |
| 3932402 | R/O lsn from superficial perph nerve | PLASTC |
| 3932702 | R/O lsn from deep peripheral nerve | PLASTC |
| 4501802 | Fat graft | PLASTC |
| 4520000 | Simple & small local skin flap, oth site | PLASTC |
| 4520300 | Complicated/large local sk flap any site | PLASTC |
| 4520609 | Simp & sm loc sk flp of oth areas of fce | PLASTC |
| 4522400 | Small dir distant skin flap second stage | PLASTC |
| 4523900 | Revision of local skin flap | PLASTC |
| 4540000 | Split skin graft of sm granulating area | PLASTC |
| 4540600 | SSG to burn other sites inv < 3% BSA gft | PLASTC |
| 4540900 | SSG brn oth sit inv >= 3% & < 6% BSA gft | PLASTC |
| 4543900 | Small split skin graft of other site | PLASTC |
| 4551500 | Revision scar of other site <= 7 cm | PLASTC |
| 4551501 | Release of contracture of SSCT | PLASTC |
| 4551800 | Revision scar of other site > 7 cm | PLASTC |
| 4551900 | Revision of burn scar/contracture | PLASTC |
| 4552200 | Reduction mammoplasty, unilateral | PLASTC |
| 4552800 | Augmentation mammoplasty, bilateral | PLASTC |
| 4553900 | Recon breast w insertion tissue expander | PLASTC |
| 4555100 | R/O breast prosth w exc fibrous capsule | PLASTC |
| 4555500 | R/O silicone brst & replace oth prosth | PLASTC |
| 4555600 | Mastopexy | PLASTC |
| 4558400 | Liposuction | PLASTC |
| 4563200 | Rhinoplasty inv correction of cartilage | PLASTC |
| 4565603 | Composite graft to other site | PLASTC |
| 4565901 | Oth correction of external ear deformity | PLASTC |
| 4566000 | Reconstruction of ext ear, first stage | PLASTC |
| 4566500 | Full thickness wedge excision of lip | PLASTC |
| 4567700 | Primary repair of cleft lip, unilateral | PLASTC |
| 4570700 | Primary repair of cleft palate | PLASTC |
| 4571000 | Sec rep cleft palate, cls fist usg flap | PLASTC |
| 4571601 | Pharyngeal flap | PLASTC |
| 4578502 | Frntl advance w tot orbital advance, bil | PLASTC |
| 4578503 | Total cranial vault reconstruction | PLASTC |
| 4637200 | Palmar fasciectomy Dupuytren's, 1 digit | PLASTC |
| 4642000 | Primary repair extensor tendon of hand | PLASTC |
| 4642600 | Prim rep flexor tendon hand prx A1 pully | PLASTC |
| 4643200 | Prim rep flexor tend hand dstl A1 pully | PLASTC |

Surgery Appendix I - Surgical primary procedures

| PrcNum | PrcDesc | PrcShrt |
|---|---|---|
| 4645000 | Tenolysis of extensor tendon of hand | PLASTC |
| 4646400 | Amputation supernumerary digit of hand | PLASTC |
| 4646500 | Amputation of finger | PLASTC |
| 4648000 | Amputation finger incl metacarpal bone | PLASTC |
| 4648300 | Revision amputation stump of hand/finger | PLASTC |
| 4648600 | Primary repair of nail or nail bed | PLASTC |
| 4649200 | Correction contracture of digit of hand | PLASTC |
| 4649501 | Excision ganglion distal digit of hand | PLASTC |
| 4653400 | Radical excision of fingernail bed | PLASTC |
| 4796302 | Repair of tendon of hand, NEC | PLASTC |
| 5233700 | Repair of alveolar cleft | PLASTC |
| 9011100 | Other procedures on external ear | PLASTC |
| 9054500 | Incision of soft tissue of hand | PLASTC |
| 9054700 | Repair of muscle or fascia of hand, NEC | PLASTC |
| 9058202 | Suture of muscle or fascia, NEC | PLASTC |
| 9067300 | Correction of syndactyly | PLASTC |
| 9068600 | Nonexcisional debridement of burn | PLASTC |
| 9068601 | Non exc debridement skin & sbc tissue | PLASTC |
| 4437600 | Reamputation of amputation stump | TOLWRL |
| 4704800 | Closed reduction of dislocation of hip | TOLWRL |
| 4705100 | Open reduction of dislocation of hip | TOLWRL |
| 4706601 | Open rdctn dislocation of ankle with IF | TOLWRL |
| 4751601 | Closed reduction of fracture of femur | TOLWRL |
| 4751900 | IF fracture trochanteric/subcapitl femur | TOLWRL |
| 4752200 | Hemiarthroplasty of femur | TOLWRL |
| 4752500 | Clsd rdctn slip capital femoral epiphys | TOLWRL |
| 4752501 | Open rdctn slip capital femoral epiphys | TOLWRL |
| 4752800 | Open reduction of fracture of femur | TOLWRL |
| 4752801 | Open reduction fracture femur with IF | TOLWRL |
| 4753100 | Closed reduction fracture femur with IF | TOLWRL |
| 4754600 | Clsd rdctn fx mdl/lateral tibial plate | TOLWRL |
| 4754601 | Clsd rdctn fx mdl/lat tibial plate IF | TOLWRL |
| 4754901 | Open rdctn fx mdl/lat tibial plate w IF | TOLWRL |
| 4756400 | Closed reduction fracture shaft of tibia | TOLWRL |
| 4756600 | Closed rdctn fracture shaft tibia w IF | TOLWRL |
| 4756601 | Open rdctn fracture shaft of tibia w IF | TOLWRL |
| 4758500 | Internal fixation of fracture of patella | TOLWRL |
| 4759400 | Immobilisation of fracture of ankle, NEC | TOLWRL |
| 4759700 | Closed reduction of fracture of ankle | TOLWRL |
| 4760000 | Clsd rdctn fx ankle IF diats/fib/malus | TOLWRL |
| 4760001 | Open rdctn fx ankle IF diats/fib/malus | TOLWRL |
| 4760301 | Open rdctn fx ank IF 2 diats/fib/malus | TOLWRL |
| 4761501 | Open reduction fracture calcaneum w IF | TOLWRL |
| 4761503 | Open reduction fracture talus with IF | TOLWRL |
| 4762401 | Open rdctn fx tarsometatarsal jt w IF | TOLWRL |
| 4763601 | Closed rdctn fx of metatarsus with IF | TOLWRL |
| 4763901 | Open reduction fracture metatarsus w IF | TOLWRL |
| 4771100 | Application of halo | TOLWRL |
| 4792701 | R/O pin, screw or wire from femur | TOLWRL |
| 4793301 | Excision of exostosis of bne of foot | TOLWRL |
| 4798200 | Forage of neck and/or head of femur | TOLWRL |
| 4840002 | Osteotomy of metatarsal bone | TOLWRL |
| 4840003 | Osteotomy of toe | TOLWRL |
| 4840004 | Ostectomy of metatarsal bone | TOLWRL |
| 4840300 | Osteotomy metatarsal bone with IF | TOLWRL |
| 4840301 | Osteotomy of toe with internal fixation | TOLWRL |
| 4841800 | Osteotomy of tibia | TOLWRL |
| 4842700 | Osteotomy pelvis with internal fixation | TOLWRL |
| 4842701 | Osteotomy proximal femur with IF | TOLWRL |
| 4842706 | Osteotomy distal femur internal fixation | TOLWRL |
| 4850000 | Epiphysiodesis of femur | TOLWRL |
| 4911200 | Silastic replace of radial head of elbow | TOLWRL |
| 4930300 | Arthrotomy of hip | TOLWRL |
| 4931200 | Excision arthroplasty of hip | TOLWRL |
| 4931500 | Partial arthroplasty of hip | TOLWRL |
| 4931800 | Total arthroplasty of hip, unilateral | TOLWRL |
| 4931900 | Total arthroplasty of hip, bilateral | TOLWRL |
| 4932400 | Revision of total arthroplasty of hip | TOLWRL |
| 4933900 | Rev arthroplasty hip allogft acetabulum | TOLWRL |

Surgery Appendix I - Surgical primary procedures

| PrcNum | PrcDesc | PrcShrt |
|--------|---------|---------|
| 4936000 | Arthroscopy of hip | TOLWRL |
| 4950001 | Arthrotomy of knee | TOLWRL |
| 4950301 | Patellofemoral stabilisation | TOLWRL |
| 4951700 | Hemiarthroplasty of knee | TOLWRL |
| 4951800 | Total arthroplasty of knee, unilateral | TOLWRL |
| 4951900 | Total arthroplasty of knee, bilateral | TOLWRL |
| 4952700 | Revision of total arthroplasty of knee | TOLWRL |
| 4953900 | Arthroscopic reconstruction of knee | TOLWRL |
| 4953901 | Reconstruction of knee | TOLWRL |
| 4954200 | Arthro recon cruc ligmt w rep meniscus | TOLWRL |
| 4954201 | Recon cruciate ligmt knee w rep meniscus | TOLWRL |
| 4955700 | Arthroscopy of knee | TOLWRL |
| 4955701 | Arthroscopic biopsy of knee | TOLWRL |
| 4955800 | Arthroscopic debridement of knee | TOLWRL |
| 4955900 | Arthro chondroplasty knee w dril/implant | TOLWRL |
| 4956000 | Arthroscopic removal of loose body, knee | TOLWRL |
| 4956001 | Arthroscopic trimming ligament of knee | TOLWRL |
| 4956002 | Arthroscopic lateral release of knee | TOLWRL |
| 4956003 | Arthroscopic meniscectomy of knee | TOLWRL |
| 4956100 | Arthro lat release knee w debride/plasty | TOLWRL |
| 4956101 | Arthro meniscectomy knee, debride/plasty | TOLWRL |
| 4956102 | Arthro R/O loose bd knee debride/plasty | TOLWRL |
| 4956300 | Arthroscopic repair of meniscus of knee | TOLWRL |
| 4956600 | Arthroscopic synovectomy of knee | TOLWRL |
| 4956900 | Quadricepsplasty of knee | TOLWRL |
| 4970000 | Arthroscopy of ankle | TOLWRL |
| 4970301 | Arthroscopic trimming osteophyte, ankle | TOLWRL |
| 4970302 | Arthroscopic removal loose body of ankle | TOLWRL |
| 4970900 | Stabilisation of ankle | TOLWRL |
| 4971200 | Arthrodesis of ankle | TOLWRL |
| 4971800 | Other repair of tendon of ankle | TOLWRL |
| 4971801 | Repair of Achilles' tendon | TOLWRL |
| 4972401 | Reconstruction of Achilles' tendon | TOLWRL |
| 4972700 | Lengthening of Achilles' tendon | TOLWRL |
| 4980000 | Prim repair flexor/extensor tendon foot | TOLWRL |
| 4980900 | Open tenotomy of foot | TOLWRL |
| 4981500 | Triple arthrodesis of foot | TOLWRL |
| 4982100 | Cor hallux valgus/rigidus arthroply uni | TOLWRL |
| 4983300 | Cor h-valgus osteotmy 1st metarsl uni | TOLWRL |
| 4983600 | Cor h-valgus osteotomy 1st metarsl bil | TOLWRL |
| 4983700 | Cor hal val osteot metarsl trsf tend uni | TOLWRL |
| 4984500 | Arthrodesis 1st metatarsophalangeal jt | TOLWRL |
| 4984800 | Correction of hammer toe | TOLWRL |
| 4985100 | Correction hammer toe, internal fixation | TOLWRL |
| 5011800 | Arthrodesis of subtalar joint | TOLWRL |
| 5033300 | Excision of tarsal coalition | TOLWRL |
| 5034500 | Release of hyperextension deformity toe | TOLWRL |
| 5038100 | Anterior release of hip contracture uni | TOLWRL |
| 5039400 | Multiple peri-acetabular osteotomies | TOLWRL |
| 9055200 | Other repair of hip | TOLWRL |
| 9055800 | Open reduction of fracture of ankle | TOLWRL |
| 9055900 | Arthrodesis of toe | TOLWRL |
| 3002301 | Debride sft tis incl bone or cart | TORTHO |
| 3010700 | Excision of ganglion, NEC | TORTHO |
| 3011100 | Excision of large bursa | TORTHO |
| 3023500 | Repair of ruptured muscle, NEC | TORTHO |
| 3024100 | Excision of lesion of bone, NEC | TORTHO |
| 4633001 | Repair ligament or capsule of MCP joint | TORTHO |
| 4748600 | Open rdctn fx pelvis w IF ant segment | TORTHO |
| 4750100 | Open rdctn fracture acetabulum with IF | TORTHO |
| 4792100 | Insertion internal fixation device NEC | TORTHO |
| 4792700 | Removal of pin, screw or wire, NEC | TORTHO |
| 4793000 | Removal of plate, rod or nail, NEC | TORTHO |
| 4793001 | Removal of plate, rod or nail from femur | TORTHO |
| 4793600 | Excision of exostosis of large bone | TORTHO |
| 4795400 | Repair of tendon, NEC | TORTHO |
| 4795700 | Lengthening of tendon, NEC | TORTHO |
| 4796300 | Open tenotomy, not elsewhere classified | TORTHO |
| 4842400 | Osteotomy of pelvis | TORTHO |

Surgery Appendix I - Surgical primary procedures

| PrcNum | PrcDesc | PrcShrt |
|--------|---------|---------|
| 5010600 | Joint stabilisation, NEC | TORTHO |
| 5013000 | Application external fixation dev NEC | TORTHO |
| 5030900 | Adjustment ring fixator or similar dev | TORTHO |
| 5032100 | Release talipes equinovarus unilateral | TORTHO |
| 9056801 | Incision of bursa, NEC | TORTHO |
| 9057200 | Ostectomy, not elsewhere classified | TORTHO |
| 9057401 | Excision of joint, NEC | TORTHO |
| 9057500 | Excision of soft tissue, NEC | TORTHO |
| 9058000 | Debridement of open fracture site | TORTHO |
| 9066500 | Exc debridement skin & sbc tissue | TORTHO |
| 3540000 | Vertebroplasty, 1 vertebral body | TOSPIN |
| 3540001 | Vertebroplasty, >= 2 vertebral bodies | TOSPIN |
| 4030001 | Discectomy, >= 2 levels | TOSPIN |
| 4033001 | Spinal rhizolysis with laminectomy | TOSPIN |
| 4033500 | Decomp cervical spin cord w fus >= 2 lvl | TOSPIN |
| 4768400 | Immobilisation fracture/disloc of spine | TOSPIN |
| 4769000 | Clsd rdctn fx/disloc spine w immobils | TOSPIN |
| 4864200 | Posterior spinal fusion, 1 or 2 levels | TOSPIN |
| 4864500 | Posterior spinal fusion, >= 3 levels | TOSPIN |
| 4864800 | Posterolateral spinal fusion 1 or 2 lvl | TOSPIN |
| 4865400 | Post spinal fusion w laminectomy 1 level | TOSPIN |
| 4865700 | Post spinal fusion laminectomy >= 2 lvl | TOSPIN |
| 4866000 | Anterior spinal fusion, 1 level | TOSPIN |
| 4867800 | Simple internal fixation of spine | TOSPIN |
| 9002400 | Decomp lmbr spinal cnl, 1lvl | TOSPIN |
| 9002401 | Decomp lmbr spinal cnl, >= 2 lvl | TOSPIN |
| 9002500 | Rev spin proc w adjustment of spin fix | TOSPIN |
| 9002501 | Rev spin proc w R/O spinal fixation | TOSPIN |
| 9002503 | Other revision of spinal procedure | TOSPIN |
| 3933100 | Endoscopic release of carpal tunnel | TOUPRL |
| 3933101 | Release of carpal tunnel | TOUPRL |
| 4630000 | Arthrodesis interphalangeal joint, hand | TOUPRL |
| 4633000 | Repair ligament or capsule of IPJ hand | TOUPRL |
| 4636300 | Release of tendon sheath of hand | TOUPRL |
| 4636600 | Sbc fasciotomy Dupuytren's contracture | TOUPRL |
| 4636900 | Palmar fasciectomy Dupuytren's contract | TOUPRL |
| 4637500 | Palmar fasciectomy Dupuytren's, 2 digits | TOUPRL |
| 4638100 | Release IPJ capsule Dupuytren's contract | TOUPRL |
| 4639602 | Ostectomy of finger | TOUPRL |
| 4641700 | Transfer of tendon of hand | TOUPRL |
| 4649400 | Excision of ganglion of hand | TOUPRL |
| 4650000 | Excision of ganglion of dorsal wrist | TOUPRL |
| 4650100 | Excision of ganglion of volar wrist | TOUPRL |
| 4700900 | Closed reduction dislocation of shoulder | TOUPRL |
| 4701201 | Open reduction dislocation shoulder w IF | TOUPRL |
| 4701800 | Closed reduction of dislocation of elbow | TOUPRL |
| 4703600 | Closed reduction dislocation IPJ hand | TOUPRL |
| 4703900 | Open reduction dislocation IPJ hand | TOUPRL |
| 4704200 | Closed reduction dislocation MCP joint | TOUPRL |
| 4730000 | Closed reduction fx distal phalanx hand | TOUPRL |
| 4730001 | Closed rdctn fx distal phalanx hand IF | TOUPRL |
| 4730601 | Open rdctn fx distal phalanx hand w IF | TOUPRL |
| 4731200 | Closed rdctn fracture mid phalanx hand | TOUPRL |
| 4731201 | Closed rdctn fx mid phalanx hand w IF | TOUPRL |
| 4731801 | Open rdctn fx middle phalanx hand w IF | TOUPRL |
| 4732400 | Closed rdctn fx proximal phalanx hand | TOUPRL |
| 4732401 | Closed rdctn fx proximal phlx hand w IF | TOUPRL |
| 4733001 | Open rdctn fx proximal phalanx hand IF | TOUPRL |
| 4733600 | Closed reduction fracture of metacarpus | TOUPRL |
| 4733601 | Closed rdctn fracture metacarpus w IF | TOUPRL |
| 4734201 | Open rdctn fracture metacarpus w IF | TOUPRL |
| 4735701 | Open rdctn fracture carpal scaphoid IF | TOUPRL |
| 4736000 | Immobilisation fracture of distal radius | TOUPRL |
| 4736300 | Closed reduction fracture distal radius | TOUPRL |
| 4736301 | Closed rdctn fracture of distal ulna | TOUPRL |
| 4736302 | Closed rdctn fracture distal radius IF | TOUPRL |
| 4736600 | Open reduction fracture distal radius | TOUPRL |
| 4736602 | Open rdctn fracture distal radius w IF | TOUPRL |
| 4736603 | Open reduction fracture distal ulna w IF | TOUPRL |

Surgery Appendix I - Surgical primary procedures

| PrcNum | PrcDesc | PrcShrt |
|--------|---------|---------|
| 4738100 | Closed rdctn fracture shaft of radius | TOUPRL |
| 4738101 | Closed rdctn fracture shaft of ulna | TOUPRL |
| 4738102 | Closed rdctn fracture shaft radius w IF | TOUPRL |
| 4738402 | Open rdctn fracture shaft radius w IF | TOUPRL |
| 4738403 | Open rdctn fracture shaft of ulna w IF | TOUPRL |
| 4739001 | Closed rdctn fx shaft radius & ulna IF | TOUPRL |
| 4739301 | Open rdctn fx shaft radius & ulna IF | TOUPRL |
| 4739601 | Closed reduction fracture olecranon w IF | TOUPRL |
| 4739901 | Open reduction fracture olecranon w IF | TOUPRL |
| 4740500 | Closed rdctn fracture radial head/neck | TOUPRL |
| 4740501 | Closed rdctn fx radial head/neck w IF | TOUPRL |
| 4740801 | Open rdctn fracture radial head/neck IF | TOUPRL |
| 4742600 | Closed rdctn fracture proximal humerus | TOUPRL |
| 4742601 | Closed rdctn fx proximal humerus w IF | TOUPRL |
| 4742901 | Open rdctn fx proximal humerus w IF | TOUPRL |
| 4745001 | Open reduction fracture shaft humerus IF | TOUPRL |
| 4745100 | Closed rdctn fx shaft of humerus w IF | TOUPRL |
| 4745600 | Closed reduction fracture distal humerus | TOUPRL |
| 4745601 | Closed rdctn fx distal humerus w IF | TOUPRL |
| 4745901 | Open rdctn fracture distal humerus w IF | TOUPRL |
| 4746501 | Open reduction fracture clavicle w IF | TOUPRL |
| 4823300 | Bone graft to scaphoid internal fixation | TOUPRL |
| 4842100 | Osteotomy tibia with internal fixation | TOUPRL |
| 4890300 | Decompression of subacromial space | TOUPRL |
| 4890600 | Repair of rotator cuff | TOUPRL |
| 4890900 | Rep rotator cuff decomp subacrom space | TOUPRL |
| 4891500 | Hemiarthroplasty of shoulder | TOUPRL |
| 4891800 | Total arthroplasty of shoulder | TOUPRL |
| 4892100 | Revision total arthroplasty of shoulder | TOUPRL |
| 4893000 | Stabilisation of shoulder | TOUPRL |
| 4894500 | Arthroscopy of shoulder | TOUPRL |
| 4894800 | Arthroscopic debridement of shoulder | TOUPRL |
| 4895100 | Arthro decomp subacrom space | TOUPRL |
| 4895700 | Arthroscopic stabilisation of shoulder | TOUPRL |
| 4896000 | Arthroscopic reconstruction of shoulder | TOUPRL |
| 4910002 | Release of elbow contracture | TOUPRL |
| 4912104 | Arthroscopic release elbow contracture | TOUPRL |
| 4920000 | Arthrodesis of radiocarpal joint | TOUPRL |
| 4921800 | Arthroscopy of wrist | TOUPRL |
| 4922400 | Arthroscopic debridement of wrist | TOUPRL |
| 5033900 | Transfer ant tibialis tend to lat column | TOUPRL |
| 9053300 | Other repair of shoulder | TOUPRL |
| 3041500 | Segmental resection of liver | UGIHPB |
| 3041800 | Lobectomy of liver | UGIHPB |
| 3042100 | Trisegmental resection of liver | UGIHPB |
| 3044100 | Intraop u/s for staging intrabdo lesion | UGIHPB |
| 3046007 | Hepaticoenterostomy | UGIHPB |
| 3051101 | Laparoscopic gastric reduction | UGIHPB |
| 3051400 | Surg reversal proc for morbid obesity | UGIHPB |
| 3051801 | Prt distal gastrectomy gastjejnl anstms | UGIHPB |
| 3052100 | Total gastrectomy | UGIHPB |
| 3052300 | Subtotal gastrectomy | UGIHPB |
| 3052700 | Fundoplasty, laparoscopic approach | UGIHPB |
| 3052701 | Lap fundoplasty w closure diaph hiatus | UGIHPB |
| 3052702 | Fundoplasty, abdominal approach | UGIHPB |
| 3053500 | Oesphecty w thor oesphgast anstms | UGIHPB |
| 3053600 | Oesphecty w cerv oesphgast anstms | UGIHPB |
| 3054100 | Trnshtl oesphecty w oesphgast anstms | UGIHPB |
| 3058300 | Distal pancreatectomy | UGIHPB |
| 3058400 | Pancreaticoduodenectomy w stoma frm | UGIHPB |
| 9030600 | Lap insertion feeding jejunostomy tube | UGIHPB |
| 9031700 | Transplantation of liver | UGIHPB |
| 3007527 | Biopsy of penis | UROLOG |
| 3063100 | Excision of hydrocele | UROLOG |
| 3063500 | Repair of varicocele | UROLOG |
| 3064100 | Orchidectomy, unilateral | UROLOG |
| 3064102 | Orchidectomy ins testicular prosth uni | UROLOG |
| 3064407 | Excision of lesion of testicle | UROLOG |
| 3650300 | Renal transplantation | UROLOG |

Surgery Appendix I - Surgical primary procedures

| PrcNum | PrcDesc | PrcShrt |
|---|---|---|
| 3651600 | Lap complete nephrectomy, unilateral | UROLOG |
| 3651601 | Complete nephrectomy, unilateral | UROLOG |
| 3651604 | Lap nephrectomy trnsplnt, living donor | UROLOG |
| 3652200 | Laparoscopic partial nephrectomy | UROLOG |
| 3652201 | Partial nephrectomy | UROLOG |
| 3652800 | Laparoscopic radical nephrectomy | UROLOG |
| 3652801 | Radical nephrectomy | UROLOG |
| 3653101 | Nephroureterectomy | UROLOG |
| 3653701 | Exploration of kidney | UROLOG |
| 3655200 | Nephrostomy | UROLOG |
| 3656400 | Laparoscopic pyeloplasty | UROLOG |
| 3656401 | Pyeloplasty | UROLOG |
| 3660700 | Ins uretc stnt balln dilat nphrstmy tbe | UROLOG |
| 3660800 | Percutaneous replacement ureteric stent | UROLOG |
| 3662400 | Percutaneous nephrostomy | UROLOG |
| 3662702 | Perc nephroscopy w extr renal calculus | UROLOG |
| 3663900 | Perc nephroscopy frag & extr <=2 calc | UROLOG |
| 3665000 | Removal pyelostomy or nephrostomy tube | UROLOG |
| 3680300 | Ureteroscopy | UROLOG |
| 3680301 | Endoscopic dilation of ureter | UROLOG |
| 3680302 | Endosc manip uretc calc w ureterosc | UROLOG |
| 3680600 | Endoscopic biopsy of ureter | UROLOG |
| 3680602 | Endosc extr ureteric calc via ureterosc | UROLOG |
| 3680900 | Endosc fragmentation ureteric calculus | UROLOG |
| 3681101 | Endoscopic insertion of urethral stent | UROLOG |
| 3681200 | Cystoscopy | UROLOG |
| 3682101 | Endoscopic insertion of ureteric stent | UROLOG |
| 3682103 | Endoscopic replacement of ureteric stent | UROLOG |
| 3682400 | Endoscopic ureteric cath, unilateral | UROLOG |
| 3682700 | Endosc controlled hydrodilation bladder | UROLOG |
| 3683301 | Endoscopic removal of ureteric stent | UROLOG |
| 3683600 | Endoscopic biopsy of bladder | UROLOG |
| 3684000 | Endosc dest bladder lsn / tiss <= 2 cm | UROLOG |
| 3684002 | Endosc resec lsn / tiss bladder <= 2 cm | UROLOG |
| 3684200 | Endosc lavage blood clots from bladder | UROLOG |
| 3684500 | Endosc dest single lesion bladder > 2 cm | UROLOG |
| 3684501 | Endosc dest of multiple lesions bladder | UROLOG |
| 3684504 | Endosc resec single lsn bladder > 2 cm | UROLOG |
| 3684505 | Endosc resection mult lesions bladder | UROLOG |
| 3685400 | Endoscopic incision of bladder neck | UROLOG |
| 3686300 | Litholapaxy of bladder | UROLOG |
| 3700800 | Laparoscopic cystotomy [cystostomy] | UROLOG |
| 3700801 | Cystotomy [cystostomy] | UROLOG |
| 3700803 | Cystolithotomy | UROLOG |
| 3701100 | Percutaneous cystotomy [cystostomy] | UROLOG |
| 3701400 | Total excision of bladder | UROLOG |
| 3720004 | Retropubic prostatectomy | UROLOG |
| 3720300 | Transurethral resection of prostate | UROLOG |
| 3720302 | Trnsureth electrl vaporisation prostate | UROLOG |
| 3720900 | Radical prostatectomy | UROLOG |
| 3720901 | Laparoscopic radical prostatectomy | UROLOG |
| 3721000 | Rad prostatectomy w bladder neck recon | UROLOG |
| 3721100 | Rad prstectmy w recon, lymphadenectomy | UROLOG |
| 3721500 | Endoscopic biopsy of prostate | UROLOG |
| 3721900 | Transrectal needle biopsy of prostate | UROLOG |
| 3730300 | Dilation of urethral stricture | UROLOG |
| 3731500 | Urethroscopy | UROLOG |
| 3731802 | Endosc frag/extr urethral calculus | UROLOG |
| 3731803 | Endosc laser frag/extr ureth calculus | UROLOG |
| 3732401 | Internal urethrotomy | UROLOG |
| 3732700 | Optical urethrotomy | UROLOG |
| 3734000 | Div ureth slg foll stres incont proc | UROLOG |
| 3735400 | Meatotomy & hemicircumcisn f hypospadias | UROLOG |
| 3760102 | Excision of epididymal cyst, unilateral | UROLOG |
| 3760400 | Exploration scrotal contents, unilateral | UROLOG |
| 3783300 | Hypospadias rep postop urethral fistula | UROLOG |
| 5871801 | Retrograde urethrography | UROLOG |
| 9035400 | Other procedures on kidney | UROLOG |
| 9036000 | Other excision of lesion of bladder | UROLOG |

Surgery Appendix I - Surgical primary procedures

| PrcNum | PrcDesc | PrcShrt |
|--------|---------|---------|
| 9040201 | Division of penile adhesions | UROLOG |
| 9040300 | Local excision of lesion of penis | UROLOG |
| 9210100 | Irrigation other indwelling urinary cath | UROLOG |
| 9212000 | Removal of urethral stent | UROLOG |
| 9615800 | Bladder retraining | UROLOG |
| 3250401 | Interruption multiple tributaries of VV | VASCUL |
| 3250800 | Interruption sapheno-femoral jnct VV | VASCUL |
| 3250801 | Interruption sapheno-popliteal jnct VV | VASCUL |
| 3251100 | Interptn saphofemor saphopoptl jnct VV | VASCUL |
| 3251400 | Reoperation for varicose veins | VASCUL |
| 3270300 | Resection carotid artery w reanstms | VASCUL |
| 3271801 | Femoro-femoral crossover bypass | VASCUL |
| 3274200 | Fem-pop bypass usg vein below kne anstms | VASCUL |
| 3275100 | Fem-pop bypass usg synthc matrl abv knee | VASCUL |
| 3275400 | Fem-pop byps usg composite gft abv knee | VASCUL |
| 3275401 | Fem-pop byps usg composite gft blw knee | VASCUL |
| 3311500 | Replace infrarenal AAA with tube graft | VASCUL |
| 3311600 | Endovascular repair of aneurysm | VASCUL |
| 3311800 | Replace infrarnl AAA bifur gft iliac art | VASCUL |
| 3315400 | Replace rupt infrarenal AAA w tube gft | VASCUL |
| 3350000 | Carotid endarterectomy | VASCUL |
| 3353900 | Endarterectomy of extremities | VASCUL |
| 3354200 | Extended endarterectomy deep femoral art | VASCUL |
| 3380601 | Embolectomy/thrombectomy brachial artery | VASCUL |
| 3380609 | Embolectomy/thrombectomy, femoral artery | VASCUL |
| 3380610 | Embolectomy/thrombectomy, popliteal art | VASCUL |
| 3380612 | Emblectmy/thrmbectmy byps gft art extrem | VASCUL |
| 3411200 | Excision/ligation simple AV fistula limb | VASCUL |
| 3450901 | Arteriovenous anastomosis of upper limb | VASCUL |
| 3451200 | Construction AV fistula w graft of vein | VASCUL |
| 3451800 | Correction stenosis AV fistula | VASCUL |
| 3453006 | Revision of vascular access device | VASCUL |
| 3480900 | Femoral vein bypass | VASCUL |
| 3530306 | Perc transluminal balloon angioplasty | VASCUL |
| 3530906 | PTA perc w stenting, single stent | VASCUL |
| 3530907 | PTA perc w stenting, multiple stents | VASCUL |
| 3532104 | Trnscath embolisation bl vesl, chest | VASCUL |
| 4433800 | Amputation of toe | VASCUL |
| 4435800 | Amputation toe including metatarsal bone | VASCUL |
| 4436401 | Transmetatarsal amputation | VASCUL |
| 4436700 | Amputation above knee | VASCUL |
| 4436702 | Amputation below knee | VASCUL |
| 4502701 | Admin of agent into vascular anomaly | VASCUL |
| 9001300 | Biopsy of nerve | VASCUL |
| 9023000 | Embolectomy/thrombectomy of other artery | VASCUL |

Surgery Appendix II - The HIPE Specialties that are desiganted as surgical clinicians

| Specialty ( | HIPE Specilty Description | SurgClasTyp |
|---|---|---|
| 0600 | Otolaryngology | Otolaryngology |
| 0601 | Paediatric ENT | Paediatric |
| 1400 | Neurosurgery | Neurosurgery |
| 1402 | Paediatric Neurosurgery | Paediatric |
| 1500 | Obstetrics/Gynaecology | Gynaecology |
| 1503 | Gynaecology | Gynaecology |
| 1700 | Opthalmology | Opthalmology |
| 1702 | Neuro Opthalmic Surgery | Opthalmology |
| 1703 | Vitro Retinal Surgery | Opthalmology |
| 1800 | Orthopaedics | Orthopaedics |
| 1802 | Paediatric Orthopaedic S | Paediatric |
| 2000 | Plastic Surgery | Plastics |
| 2003 | Maxillo-Facial | Maxillofacial |
| 2600 | General Surgery | General |
| 2602 | Gastro Intestinal Surger | Split UGI Colorectal |
| 2603 | Hepato Biliary Surgery | UGI - hepato biliary |
| 2604 | Vascular Surgery | Vascular |
| 2605 | Breast Surgery | Breast |
| 7000 | Dental Surgery | Dental |
| 7001 | Oral Surgery | Dental |
| 7002 | Orthodontics | Dental |
| 7200 | Paediatric Surgery | Paediatric |
| 7600 | Cardio Thoracic Surgery | Cardio |
| 7701 | Oral Surgery | Dental |
| 7800 | Urology | Urology |
| 7802 | Renal Transplantation | Urology |
| 7803 | Paediatric Urology | Paediatric |

**NON Surgical** primary procedures as mapped following analysis of 2014, 2013, … 2010 data

| PrcNum | PrcDesc | PrcShrt |
|--------|---------|---------|
| 1182000 | Panendoscopy via camera capsule | XENSCP |
| 3045102 | Endoscopic replacement of biliary stent | XENSCP |
| 3045103 | Endoscopic removal of biliary stent | XENSCP |
| 3047300 | Panendoscopy to duodenum | XENSCP |
| 3047301 | Panendoscopy to duodenum with biopsy | XENSCP |
| 3047302 | Panendoscopy through artificial stoma | XENSCP |
| 3047303 | Oesophagoscopy | XENSCP |
| 3047304 | Oesophagoscopy with biopsy | XENSCP |
| 3047305 | Panendoscopy to ileum | XENSCP |
| 3047500 | Endoscopic dilation of gastric stricture | XENSCP |
| 3047602 | Endoscopic banding of oesophageal varice | XENSCP |
| 3047603 | Endoscopic banding of gastric varices | XENSCP |
| 3047800 | Panendoscopy to duodenum w R/O FB | XENSCP |
| 3047804 | Panendoscopy to duodenum w exc of lesion | XENSCP |
| 3047805 | Percutaneous endoscopic jejunostomy | XENSCP |
| 3047810 | Oesophagoscopy w removal foreign body | XENSCP |
| 3047819 | Oesophagoscopy with other coagulation | XENSCP |
| 3047820 | Panendoscopy to duodenum w other coagltn | XENSCP |
| 3047821 | Panendoscopy to ileum with other coagltn | XENSCP |
| 3048500 | Endoscopic sphincterotomy | XENSCP |
| 3049000 | Endoscopic ins oesophageal prosthesis | XENSCP |
| 3049102 | Endoscopic stenting of pancreatic duct | XENSCP |
| 3207500 | Rigid sigmoidoscopy | XENSCP |
| 3207501 | Rigid sigmoidoscopy with biopsy | XENSCP |
| 3207800 | Rigid sigmoidoscopy, polypectomy <= 9 | XENSCP |
| 3208400 | Fibreoptic colonoscopy t hepatic flexure | XENSCP |
| 3208401 | Fibreoptic colonoscopy heptc flexure, Bx | XENSCP |
| 3208700 | Fibroptc colonsc to hepatic flexure w PP | XENSCP |
| 3209000 | Fibreoptic colonoscopy to caecum | XENSCP |
| 3209001 | Fibreoptic colonoscopy to caecum w Bx | XENSCP |
| 3209002 | Colonosc to caecum w tattooing | XENSCP |
| 3209300 | Fibreoptic colonoscopy to caecum w PP | XENSCP |
| 3209400 | Endoscopic dilation colorectal stricture | XENSCP |
| 4181600 | Rigid oesophagoscopy | XENSCP |
| 4181900 | Other endoscopic dilation of oesophagus | XENSCP |
| 4182200 | Rigid oesophagoscopy with biopsy | XENSCP |
| 4183200 | Endoscopic balloon dilation oesophagus | XENSCP |
| 9030800 | Endoscopic dest lesion, large intestine | XENSCP |
| 1100000 | Electroencephalography | XNOSRG |
| 1101200 | Electromyography [EMG] | XNOSRG |
| 1101201 | Conduction studies on 1 nerve | XNOSRG |
| 1101202 | Conduction studies on 1 nerve with EMG | XNOSRG |
| 1101500 | Conduction studies on 2 or 3 nerves | XNOSRG |
| 1101501 | Conduction studies on 2 or 3 nerve w EMG | XNOSRG |
| 1101800 | Conduction studies on >= 4 nerves | XNOSRG |
| 1101801 | Conduction studies >=4 nerves w EMG | XNOSRG |
| 1101802 | Conductn stud, EMG sgl fibres nrv & musc | XNOSRG |
| 1121200 | Examination of optic fundi | XNOSRG |
| 1121500 | Retinal photography of 1 eye | XNOSRG |
| 1121800 | Retinal photography of both eyes | XNOSRG |
| 1122100 | Full quantitative comput perimetry bil | XNOSRG |
| 1130000 | Brain stem evoked response audiometry | XNOSRG |
| 1130600 | Other audiometry | XNOSRG |
| 1132400 | Tympanometry using standard probe tone | XNOSRG |
| 1150316 | Contin monitor pulmonary function >=6 hr | XNOSRG |
| 1150600 | Other measurement, respiratory function | XNOSRG |
| 1151200 | Contin measure relatnshp b flow & vol | XNOSRG |
| 1160000 | Cardiac intracavity blood press monitor | XNOSRG |
| 1160003 | Systemic arterial pressure monitoring | XNOSRG |
| 1170000 | Other electrocardiography [ECG] | XNOSRG |
| 1170900 | Holter ambulatory continuous ECG rcrd | XNOSRG |
| 1171200 | Cardiovascular stress test | XNOSRG |
| 1171800 | Testing of other cardiac pacemaker | XNOSRG |
| 1172400 | Upright tilt table testing | XNOSRG |
| 1180000 | Oesophageal motility test | XNOSRG |
| 1181000 | Measure gastoesph reflux 24hr pH monitor | XNOSRG |
| 1183000 | Anal manometry | XNOSRG |

Surgery Appendix III
**NON Surgical** primary procedures as mapped following analysis of 2014, 2013, … 2010 data

| PrcNum | PrcDesc | PrcShrt |
|--------|---------|---------|
| 1190000 | Urine flow study | XNOSRG |
| 1190300 | Cystometrography | XNOSRG |
| 1191700 | Cystometrography with >= 1 measurements | XNOSRG |
| 1191900 | CMG w contrst mict cystourethrography | XNOSRG |
| 1192100 | Bladder washout test study | XNOSRG |
| 1200000 | Skin sensitivity test usg <= 20 allrgn | XNOSRG |
| 1201500 | Epicut patch test usg all std allergens | XNOSRG |
| 1202100 | Epicut patch test using >= 51 allergens | XNOSRG |
| 1220300 | Polysomnography | XNOSRG |
| 1230600 | Bone densitometry usg dual energy xray | XNOSRG |
| 1253300 | Carbon labelled urea breath test | XNOSRG |
| 1310000 | Haemodialysis | XNOSRG |
| 1310001 | Intermittent haemofiltration | XNOSRG |
| 1310002 | Continuous haemofiltration | XNOSRG |
| 1310003 | Intermittent haemodiafiltration | XNOSRG |
| 1310004 | Continuous haemodiafiltration | XNOSRG |
| 1310007 | Intermittent peritonl dialysis long term | XNOSRG |
| 1310008 | Continuous peritonl dialysis long term | XNOSRG |
| 1310400 | Education & training for home dialysis | XNOSRG |
| 1310900 | Ins & fix indwel peritonl cath long term | XNOSRG |
| 1310901 | Replace indwel peritonl cath f dialysis | XNOSRG |
| 1311000 | R/O indwel peritoneal cath for dialysis | XNOSRG |
| 1340000 | Cardioversion | XNOSRG |
| 1370000 | Procurement bone marrow for trnsplnt | XNOSRG |
| 1370601 | Administration of whole blood | XNOSRG |
| 1370602 | Administration of packed cells | XNOSRG |
| 1370603 | Administration of platelets | XNOSRG |
| 1370605 | Administration of gamma globulin | XNOSRG |
| 1370606 | Allo bm/sc trnsplnt rel don w in vitro | XNOSRG |
| 1370607 | Autolgs bm/stem cel trnsplnt wo in vitro | XNOSRG |
| 1370608 | Autolgs bm/stem cell trnsplnt w in vitro | XNOSRG |
| 1370610 | Allo bm/sc trnsplnt oth don w in vitro | XNOSRG |
| 1375000 | Therapeutic plasmapheresis | XNOSRG |
| 1375001 | Therapeutic leukopheresis | XNOSRG |
| 1375002 | Therapeutic erythropheresis | XNOSRG |
| 1375004 | Apheresis of stem cells | XNOSRG |
| 1375005 | Apheresis stem cells w cryopreservation | XNOSRG |
| 1375006 | Other therapeutic haemapheresis | XNOSRG |
| 1375700 | Therapeutic venesection | XNOSRG |
| 1381500 | Central vein catheterisation | XNOSRG |
| 1381501 | Perc central vein catheterisation | XNOSRG |
| 1383900 | Collection blood for dx purposes | XNOSRG |
| 1384200 | Intra-arterial cannuln, blood gas anlys | XNOSRG |
| 1388200 | Mgmt contin ventilatory sup <= 24 hours | XNOSRG |
| 1388201 | Mgmt contin ventilatry sup > 24 < 96 hr | XNOSRG |
| 1388202 | Mgmt contin ventilatory sup >= 96 hours | XNOSRG |
| 1393902 | Maintenance alone vascular access device | XNOSRG |
| 1394202 | Maintenance alone drug delivery device | XNOSRG |
| 1405000 | Psoralens & UV A therapy of other site | XNOSRG |
| 1405001 | Ultraviolet B therapy of other site | XNOSRG |
| 1405002 | Narrow band UV B therapy, other site | XNOSRG |
| 1405300 | Psoralens & ultraviolet A therapy, hand | XNOSRG |
| 1405301 | Psoralens & ultraviolet A therapy, foot | XNOSRG |
| 1405302 | Psoralens & UV A therapy of hand & foot | XNOSRG |
| 1405303 | Ultraviolet B therapy of hand | XNOSRG |
| 1405305 | Ultraviolet B therapy of hand and foot | XNOSRG |
| 1405306 | Narrow band ultraviolet B of hand | XNOSRG |
| 1405307 | Narrow band ultraviolet B of foot | XNOSRG |
| 1405308 | Narrow band ultraviolet B of hand & foot | XNOSRG |
| 1410000 | Laser photocoag continuous, blood vessels | XNOSRG |
| 1410600 | Laser photocoag pulsed vasc lesions | XNOSRG |
| 1500000 | Radiation treatment superficial, 1 field | XNOSRG |
| 1500300 | Radiation Rx superficial >= 2 fields | XNOSRG |
| 1501201 | Brachytherapy, eye, using scleral plaque | XNOSRG |
| 1510000 | Radiation Rx, orthovoltage, 1 field | XNOSRG |
| 1510300 | Radiation Rx, orthovoltage, >= 2 fields | XNOSRG |
| 1522400 | Radiation Rx mgvlt 1fld sgl modlty linac | XNOSRG |

**NON Surgical** primary procedures as mapped following analysis of 2014, 2013, … 2010 data

| PrcNum | PrcDesc | PrcShrt |
|--------|---------|---------|
| 1523900 | Radiat mgvlt >= 2 fld sgl modlty linac | XNOSRG |
| 1525400 | Radiat Rx mgvlt 1field dual modlty linac | XNOSRG |
| 1526900 | Radiat mgvlt >= 2 fld dual modlty linac | XNOSRG |
| 1530400 | Brachythrpy intrauterine high dose rate | XNOSRG |
| 1531200 | Brachythrpy intravaginal high dose rate | XNOSRG |
| 1532000 | Brachytherapy IU & intravaginal high ds | XNOSRG |
| 1533800 | Brachythrpy w impl perm impl, prostate | XNOSRG |
| 1534200 | Construct applicn radioactive surf mould | XNOSRG |
| 1550000 | Radiation field setg usg simultr simple | XNOSRG |
| 1550300 | Radiation field setg usg simultr intrmed | XNOSRG |
| 1550600 | Radiat field setg using simulator complx | XNOSRG |
| 1550601 | Radiat fld setting usg dedicated CT scan | XNOSRG |
| 1550602 | Radiation field setting for IMRT | XNOSRG |
| 1551800 | Dosimetry by CT interfac computer simple | XNOSRG |
| 1552100 | Dosimetry CT interfac computer, intrmed | XNOSRG |
| 1552400 | Dosimetry CT interfac computer, complex | XNOSRG |
| 1552401 | Dosimetry by CT interfac comput for IMRT | XNOSRG |
| 1555601 | Dosimetry non-CT interfac comput 3DCRT | XNOSRG |
| 1560000 | Stereotactic radiation Rx, single dose | XNOSRG |
| 1560003 | Total body irradiation | XNOSRG |
| 1600900 | Admin therapeutic dose of Iodine 131 | XNOSRG |
| 1650100 | External version | XNOSRG |
| 1651200 | Removal of cervical suture | XNOSRG |
| 1651400 | Internal fetal monitoring | XNOSRG |
| 1660600 | Fetal blood sampling | XNOSRG |
| 1661500 | IU fetal intrapertl/vasc blood transfn | XNOSRG |
| 1821600 | Epidural infus local anaesthetic | XNOSRG |
| 1821627 | Epidural inj/o local anaesthetic | XNOSRG |
| 1821629 | Caudal inj/o local anaesthetic | XNOSRG |
| 1823600 | Admin anaes arnd perph br trigem nerve | XNOSRG |
| 1824200 | Admin anaes arnd occipital nerve | XNOSRG |
| 1825000 | Admin anaes arnd spin accessory nerve | XNOSRG |
| 1825200 | Admin anaes agent arnd cervical plexus | XNOSRG |
| 1825400 | Admin anaes agent arnd brachial plexus | XNOSRG |
| 1825600 | Admin anaes arnd suprascapular nrv | XNOSRG |
| 1825800 | Admin anaes arnd single intcstl nrv | XNOSRG |
| 1826000 | Admin anaes arnd mult intcstl nrv | XNOSRG |
| 1826201 | Admin anaes arnd ilio-inguinal nrv | XNOSRG |
| 1826202 | Admin anaes arnd genitofemoral nrv | XNOSRG |
| 1826400 | Admin anaes agent arnd pudendal nrv | XNOSRG |
| 1826600 | Admin anaes arnd ulnar nrv | XNOSRG |
| 1826602 | Admin anaes arnd median nrv | XNOSRG |
| 1827000 | Admin anaes arnd femoral nrv | XNOSRG |
| 1827202 | Admin anaes arnd popliteal nrv | XNOSRG |
| 1827203 | Admin anaes arnd sural nrv | XNOSRG |
| 1827400 | Admin anaes arnd paravert cervical nrv | XNOSRG |
| 1827401 | Admin anaes arnd paravert thoracic nrv | XNOSRG |
| 1827402 | Admin anaes arnd paravert lumbar nrv | XNOSRG |
| 1827403 | Admin anaes arnd paravert sacral nrv | XNOSRG |
| 1827404 | Admin anaes arnd paravert ccygl nrv | XNOSRG |
| 1827600 | Admin anaes arnd paravert nrv mult lvl | XNOSRG |
| 1827800 | Admin anaes arnd sciatic nrv | XNOSRG |
| 1828400 | Admin anaes arnd cervical portion SNS | XNOSRG |
| 1828601 | Admin anaes arnd lumbar portion SNS | XNOSRG |
| 1828602 | Admin anaes arnd oth sympathetic nrv | XNOSRG |
| 1828800 | Admin anaes arnd coeliac plexus | XNOSRG |
| 1829200 | Admin neurolytic into oth perph nrv | XNOSRG |
| 1836000 | Admin of botulinum toxin soft tis NEC | XNOSRG |
| 1836600 | Admin botulinum toxin for strabismus | XNOSRG |
| 1836800 | Admin of botulinum toxin into vocal cord | XNOSRG |
| 1837000 | Admin of botulinum toxin into eyelid | XNOSRG |
| 2200700 | Endotracheal intubation, single lumen | XNOSRG |
| 2206500 | Cold therapy | XNOSRG |
| 3002900 | Repair wnd SSCT oth site inv soft tis | XNOSRG |
| 3003200 | Repair wound SSCT face/neck superficial | XNOSRG |
| 3003500 | Repair wnd SSCT face/neck inv soft tis | XNOSRG |
| 3005200 | Repair of wound of external ear | XNOSRG |

**NON Surgical** primary procedures as mapped following analysis of 2014, 2013, … 2010 data

| PrcNum | PrcDesc | PrcShrt |
|---|---|---|
| 3005202 | Repair of wound of lip | XNOSRG |
| 3005500 | Dressing of wound | XNOSRG |
| 3006100 | R/O foreign body from SSCT wo incision | XNOSRG |
| 3006400 | R/O foreign body from SSCT w incision | XNOSRG |
| 3007100 | Biopsy of skin & subcutaneous tissue | XNOSRG |
| 3007516 | Biopsy of pancreas | XNOSRG |
| 3007519 | Biopsy of tongue | XNOSRG |
| 3007523 | Biopsy of oral cavity | XNOSRG |
| 3007524 | Biopsy of soft palate | XNOSRG |
| 3007528 | Biopsy of external ear | XNOSRG |
| 3008100 | Biopsy of bone marrow | XNOSRG |
| 3008400 | Percutaneous biopsy of bone marrow | XNOSRG |
| 3008700 | Aspiration biopsy of bone marrow | XNOSRG |
| 3009000 | Percutaneous needle biopsy of pleura | XNOSRG |
| 3009300 | Needle biopsy of vertebra | XNOSRG |
| 3009403 | Percutaneous [needle] biopsy of spleen | XNOSRG |
| 3009405 | Percutaneous needle biopsy of pancreas | XNOSRG |
| 3009406 | Perc needle Bx intra-abdominal mass | XNOSRG |
| 3009409 | Perc needle Bx salivary gland or duct | XNOSRG |
| 3009410 | Perc [needle] biopsy of thyroid gland | XNOSRG |
| 3009900 | Excision of sinus of SSCT | XNOSRG |
| 3010300 | Excision sinus inv soft tissue NEC | XNOSRG |
| 3018601 | Removal of palmar wart | XNOSRG |
| 3018901 | Removal of other wart | XNOSRG |
| 3019000 | Laser to lesion of face or neck | XNOSRG |
| 3019200 | Other destruction of lesion of skin | XNOSRG |
| 3019500 | Curettage lesion of skin, single lsn | XNOSRG |
| 3019501 | Curettage lsn skin, multiple lsn | XNOSRG |
| 3019502 | Laser to lesion of skin, single lesion | XNOSRG |
| 3019503 | Laser to multiple skin lesions | XNOSRG |
| 3019504 | Cryotherapy of single skin lesion | XNOSRG |
| 3019505 | Cryotherapy of multiple skin lesions | XNOSRG |
| 3019506 | Electrotherapy of single skin lesion | XNOSRG |
| 3020700 | Administration of agent into skin lesion | XNOSRG |
| 3021600 | Aspiration haematoma of SSCT | XNOSRG |
| 3021601 | Aspiration abscess of SSCT | XNOSRG |
| 3021602 | Other aspiration of SSCT | XNOSRG |
| 3022302 | Other incision & drainage of SSCT | XNOSRG |
| 3022401 | Perc drain intrabdo abs haematoma cyst | XNOSRG |
| 3028300 | Excision of cyst of mouth | XNOSRG |
| 3032900 | Excision of lymph node of groin | XNOSRG |
| 3040600 | Abdominal paracentesis | XNOSRG |
| 3040900 | Percutaneous [closed] liver biopsy | XNOSRG |
| 3044000 | Perc transhepatic cholangiography | XNOSRG |
| 3044001 | Percutaneous biliary drainage | XNOSRG |
| 3047306 | Panendoscopy to ileum with biopsy | XNOSRG |
| 3047307 | Panendo to duodnm w tattooing | XNOSRG |
| 3047600 | Endosc admin agt nonbleed lsn oesoph | XNOSRG |
| 3047801 | Panendoscopy to duodenum with diathermy | XNOSRG |
| 3047803 | Panend to duodnm w laser coagulation | XNOSRG |
| 3047806 | Endosc admin agt bleeding lsn oesoph | XNOSRG |
| 3047807 | Endosc admin agt lsn stomach/duodenum | XNOSRG |
| 3047808 | Removal of gastrostomy tube | XNOSRG |
| 3048100 | Initial ins perc endosc gastrostomy tube | XNOSRG |
| 3048200 | Repeat ins perc endosc gastrostomy tube | XNOSRG |
| 3048300 | Ins perc nonendosc gastrostomy button | XNOSRG |
| 3048400 | ERCP | XNOSRG |
| 3048401 | Endoscopic retrograde cholangiography | XNOSRG |
| 3048501 | Endosc sphincterotomy extr calculus CBD | XNOSRG |
| 3049100 | Endosc stenting other prt biliary tract | XNOSRG |
| 3049200 | Percutaneous stenting of biliary tract | XNOSRG |
| 3049201 | Percutaneous replacement biliary stent | XNOSRG |
| 3051500 | Gastro-enterostomy | XNOSRG |
| 3062800 | Percutaneous aspiration of hydrocele | XNOSRG |
| 3100000 | Micro controlled serial exc lsn skin | XNOSRG |
| 3120501 | Excision of ulcer of SSCT | XNOSRG |
| 3123004 | Excision lesion(s) SSCT, finger | XNOSRG |

**NON Surgical** primary procedures as mapped following analysis of 2014, 2013, … 2010 data

| PrcNum | PrcDesc | PrcShrt |
|---|---|---|
| 3123502 | Excision of lesion(s) SSCT, hand | XNOSRG |
| 3123504 | Excision of lesion(s) SSCT, foot | XNOSRG |
| 3153300 | Fine needle biopsy of breast | XNOSRG |
| 3213200 | Sclerotherapy for haemorrhoids | XNOSRG |
| 3213500 | Rubber band ligation of haemorrhoids | XNOSRG |
| 3217100 | Anorectal examination | XNOSRG |
| 3250000 | Micro injections of venular flares | XNOSRG |
| 3250001 | Multiple injections of varicose veins | XNOSRG |
| 3410614 | Interruption of other artery | XNOSRG |
| 3410900 | Biopsy of temporal artery | XNOSRG |
| 3452400 | Catheterisation/cannulation other artery | XNOSRG |
| 3452802 | Insertion of vascular access device | XNOSRG |
| 3453004 | Removal of venous catheter | XNOSRG |
| 3453005 | Removal of vascular access device | XNOSRG |
| 3530700 | PTA single carotid artery, single stent | XNOSRG |
| 3531700 | Perc cath w admin agt by contin infusion | XNOSRG |
| 3532000 | Open cath w admin thrmblytc/chemthpc agt | XNOSRG |
| 3532105 | Trnscath embolisation bl vesl, abdo | XNOSRG |
| 3532106 | Trnscath embolisation bl vesl, pelvis | XNOSRG |
| 3532110 | Trsncath embolisation oth bl vesl | XNOSRG |
| 3533000 | Perc insertion inferior vena cava filter | XNOSRG |
| 3533100 | Perc removal inferior vena cava filter | XNOSRG |
| 3550000 | Gynaecological examination | XNOSRG |
| 3550300 | Insertion intrauterine device | XNOSRG |
| 3550600 | Replacement of intrauterine device [IUD] | XNOSRG |
| 3550602 | Removal of intrauterine device [IUD] | XNOSRG |
| 3560800 | Cautery of cervix | XNOSRG |
| 3560801 | Other destruction of lesion of cervix | XNOSRG |
| 3562000 | Biopsy of endometrium | XNOSRG |
| 3570300 | Test for tubal patency | XNOSRG |
| 3654600 | ESWL of urinary tract | XNOSRG |
| 3656100 | Closed biopsy of kidney | XNOSRG |
| 3660400 | Passage ureteric stent v nephrostomy tbe | XNOSRG |
| 3662701 | Percutaneous nephroscopy with biopsy | XNOSRG |
| 3664900 | Replacement nephrostomy drainage tube | XNOSRG |
| 3680000 | Bladder catheterisation | XNOSRG |
| 3680001 | Endosc replace indwel urinary catheter | XNOSRG |
| 3680002 | Replacement of cystostomy tube | XNOSRG |
| 3680003 | Endosc R/O indwelling urinary catheter | XNOSRG |
| 3681201 | Cystoscopy through artificial stoma | XNOSRG |
| 3681800 | Endosc uretc cath fluorosc image UT uni | XNOSRG |
| 3681801 | Endosc uretc cath fluorosc image UT bil | XNOSRG |
| 3685100 | Endosc admin of agt into bladder wall | XNOSRG |
| 3721200 | Biopsy of prostate | XNOSRG |
| 3721800 | Percutaneous [needle] biopsy of prostate | XNOSRG |
| 3733900 | Inj/o paraurethral bulk, female incont | XNOSRG |
| 3741500 | Administration of agent into penis | XNOSRG |
| 3820000 | Right heart catheterisation | XNOSRG |
| 3820300 | Left heart catheterisation | XNOSRG |
| 3820900 | Card electrophysiological study <=3 cath | XNOSRG |
| 3821200 | Card electrophysiological study >=4 cath | XNOSRG |
| 3821500 | Coronary angiography | XNOSRG |
| 3821800 | Coronary angiography w left heart cath | XNOSRG |
| 3821801 | Coronary angiography w right heart cath | XNOSRG |
| 3821802 | Coronary angiography w L & R heart cath | XNOSRG |
| 3827001 | Perc balloon aortic valvuloplasty | XNOSRG |
| 3827500 | Bx myocardium by cardiac catheterisation | XNOSRG |
| 3828500 | Ins subcutaneously implanted monitor dev | XNOSRG |
| 3828600 | R/O subcutaneously implanted monitor dev | XNOSRG |
| 3828701 | Cath abltn arhytm crct / fcs NEC | XNOSRG |
| 3828702 | Cath abltn arhytm crct / fcs L atrl cham | XNOSRG |
| 3829001 | Cath abltn arhytm crct bth atrl chambers | XNOSRG |
| 3830000 | PTCA, 1 coronary artery | XNOSRG |
| 3830300 | PTCA, multiple coronary arteries | XNOSRG |
| 3830600 | Perc ins trnslml stent, sgl coron artery | XNOSRG |
| 3830601 | Perc ins mult trnslml stnt sgl coron art | XNOSRG |
| 3830602 | Perc ins >=2 trnslml stnt coron arteries | XNOSRG |

| PrcNum | PrcDesc | PrcShrt |
|--------|---------|---------|
| 3835000 | Ins perm trnsven elec oth cham pcmkr | XNOSRG |
| 3835001 | Replace trnsven elec oth cham pcmkr | XNOSRG |
| 3835300 | Insertion of cardiac pacemaker generator | XNOSRG |
| 3835301 | Replacement cardiac pacemaker generator | XNOSRG |
| 3835302 | R/O cardiac pacemaker generator | XNOSRG |
| 3835900 | Pericardiocentesis | XNOSRG |
| 3836800 | Ins perm trnsven elec L ventrl pcmkr | XNOSRG |
| 3839300 | Insertion of cardiac defib generator | XNOSRG |
| 3839301 | Replace cardiac defibrillator generator | XNOSRG |
| 3841500 | Incision of pleura | XNOSRG |
| 3841802 | Biopsy of lung | XNOSRG |
| 3874200 | Perc closure of atrial septal defect | XNOSRG |
| 3880000 | Diagnostic thoracentesis | XNOSRG |
| 3880300 | Therapeutic thoracentesis | XNOSRG |
| 3880600 | Insertion intercostal catheter for drain | XNOSRG |
| 3881200 | Percutaneous needle biopsy of lung | XNOSRG |
| 3900000 | Lumbar puncture | XNOSRG |
| 3901300 | Admin agent into zygo-apophyseal joint | XNOSRG |
| 3901301 | Admin agent into costotransverse joint | XNOSRG |
| 3901302 | Admin anaes post prim rami spin nrv | XNOSRG |
| 3901500 | Insertion of external ventricular drain | XNOSRG |
| 3910900 | Trigeminal gangliotomy by radiofrequency | XNOSRG |
| 3911800 | Perc nrotmy, facet jt denrv by radiofreq | XNOSRG |
| 3911801 | Perc nrotmy, facet jt denrv by cryoprobe | XNOSRG |
| 3912600 | Rev of impl spinal infus dev / pump | XNOSRG |
| 3912700 | Ins of impl spinal infusion dev / pump | XNOSRG |
| 3913000 | Perc insertion of epidural electrodes | XNOSRG |
| 3913102 | Testing of implanted neurostimulator | XNOSRG |
| 3913401 | Ins sbc impl neurostimulator | XNOSRG |
| 3913500 | R/O sbc impl neurostimulator | XNOSRG |
| 3914000 | Epidural injct for lysis of adhesions | XNOSRG |
| 3932300 | Other perc neurotomy by radiofrequency | XNOSRG |
| 3933000 | Open neurolysis of peripheral nerve, NEC | XNOSRG |
| 4033000 | Spinal rhizolysis | XNOSRG |
| 4080300 | Intracranial stereotactic localisation | XNOSRG |
| 4150000 | R/O FB from auditory canal wo incision | XNOSRG |
| 4164700 | Ear toilet, unilateral | XNOSRG |
| 4164701 | Ear toilet, bilateral | XNOSRG |
| 4165000 | Inspection tympanic membrane, unilateral | XNOSRG |
| 4165001 | Inspection tympanic membrane, bilateral | XNOSRG |
| 4165300 | Exam nasal cavity &/or postnasal space | XNOSRG |
| 4165900 | Removal of intranasal foreign body | XNOSRG |
| 4176100 | Exam nasal cavity &/or postnasal spc, Bx | XNOSRG |
| 4176401 | Sinoscopy | XNOSRG |
| 4176403 | Fibreoptic laryngoscopy | XNOSRG |
| 4183100 | Endoscopic pneumatic dilation oesophagus | XNOSRG |
| 4184900 | Laryngoscopy | XNOSRG |
| 4186100 | Microlaryngoscopy R/O lesion by laser | XNOSRG |
| 4188900 | Bronchoscopy | XNOSRG |
| 4189200 | Bronchoscopy with biopsy | XNOSRG |
| 4189500 | Bronchoscopy w removal foreign body | XNOSRG |
| 4189800 | Fibreoptic bronchoscopy | XNOSRG |
| 4189801 | Fibreoptic bronchoscopy with biopsy | XNOSRG |
| 4258700 | Correction trichiasis by cryothrpy 1 eye | XNOSRG |
| 4258704 | Correction trichiasis electrolysis 1 eye | XNOSRG |
| 4258705 | Correction trichiasis electrolysis, eyes | XNOSRG |
| 4259000 | Lateral canthoplasty | XNOSRG |
| 4262000 | Occlusion of lacrimal punctum by plug | XNOSRG |
| 4268600 | Excision of pterygium | XNOSRG |
| 4269802 | Phacoemulsification & aspr cataract | XNOSRG |
| 4270208 | Oth extrcpslr lens extr w IOL, foldable | XNOSRG |
| 4271902 | Mechanical fragmentation sec membrane | XNOSRG |
| 4273101 | Extr lens post cham sclerotmy w R/O vitr | XNOSRG |
| 4274002 | Admin therapeutic agt into ant chamber | XNOSRG |
| 4277000 | Destruction of ciliary body | XNOSRG |
| 4278200 | Trabeculoplasty by laser | XNOSRG |
| 4278500 | Iridotomy by laser | XNOSRG |

**NON Surgical** primary procedures as mapped following analysis of 2014, 2013, … 2010 data

| PrcNum | PrcDesc | PrcShrt |
|--------|---------|---------|
| 4278800 | Capsulotomy of lens by laser | XNOSRG |
| 4280600 | Destruction of lesion of iris by laser | XNOSRG |
| 4280901 | Repair retinal detach w photocoagulation | XNOSRG |
| 4281500 | Removal of silicone oil | XNOSRG |
| 4282401 | Subconjunctival administration of agent | XNOSRG |
| 4502502 | CO2 laser resurfacing to other site | XNOSRG |
| 4503000 | Exc vasc anomaly SSCT/mucous surf, small | XNOSRG |
| 4503306 | Excision vascular anomaly oth site | XNOSRG |
| 4550600 | Revision scar face <= 3 cm in length | XNOSRG |
| 4562600 | Correction ectropion/entropion by suture | XNOSRG |
| 4566502 | Full thickness wedge excision of ear | XNOSRG |
| 4651600 | Debridement of fingernail | XNOSRG |
| 4651601 | Removal of fingernail | XNOSRG |
| 4754000 | Application of hip spica | XNOSRG |
| 4770800 | Application of plaster jacket | XNOSRG |
| 4790601 | Removal of toenail | XNOSRG |
| 4863600 | Percutaneous lumbar discectomy | XNOSRG |
| 4955702 | Arthro exc meniscal margin/plica knee | XNOSRG |
| 5095000 | Radiofrequency ablation of liver | XNOSRG |
| 5502800 | Ultrasound of head | XNOSRG |
| 5503000 | Ultrasound of orbital contents | XNOSRG |
| 5503200 | Ultrasound of neck | XNOSRG |
| 5503600 | Ultrasound of abdomen | XNOSRG |
| 5503800 | Ultrasound of urinary tract | XNOSRG |
| 5505400 | Intra-operative ultrasound of other site | XNOSRG |
| 5507000 | Ultrasound of breast, unilateral | XNOSRG |
| 5511300 | M-mode & 2D real time u/s of heart | XNOSRG |
| 5511800 | 2D real time transoesophageal u/s heart | XNOSRG |
| 5524400 | Duplex u/s of vein in low limb, uni | XNOSRG |
| 5524401 | Duplex u/s of vein in low limb, bil | XNOSRG |
| 5527400 | Duplex u/s extracranial/carotid & vert | XNOSRG |
| 5560000 | Trnsrectl u/s prostate, bladder, urethra | XNOSRG |
| 5573100 | Ultrasound of female pelvis | XNOSRG |
| 5580800 | Ultrasound of shoulder or upper arm | XNOSRG |
| 5581600 | Ultrasound of hip | XNOSRG |
| 5583200 | Ultrasound of lower leg | XNOSRG |
| 5584800 | Intraoperative musculoskeletal u/s | XNOSRG |
| 5600100 | Computerised tomography of brain | XNOSRG |
| 5600700 | CT of brain with IV contrast medium | XNOSRG |
| 5601000 | Computerised tomography pituitary fossa | XNOSRG |
| 5601300 | Computerised tomography of orbit | XNOSRG |
| 5601301 | CT orbit with IV contrast medium | XNOSRG |
| 5601604 | CT middle ear & temporal bone, bil | XNOSRG |
| 5602200 | CT of facial bone | XNOSRG |
| 5602201 | CT of paranasal sinus | XNOSRG |
| 5603000 | CT facial bone paranasal sinus and brain | XNOSRG |
| 5610100 | CT of soft tissue of neck | XNOSRG |
| 5610700 | CT soft tissue neck w IV contrast medium | XNOSRG |
| 5622000 | CT of spine cervical region | XNOSRG |
| 5622100 | CT of spine thoracic region | XNOSRG |
| 5622300 | CT of spine lumbosacral region | XNOSRG |
| 5623300 | CT of spine multiple regions | XNOSRG |
| 5630100 | Computerised tomography of chest | XNOSRG |
| 5630101 | Computerised tomography chest & abdomen | XNOSRG |
| 5630700 | CT of chest w IV contrast medium | XNOSRG |
| 5630701 | CT chest & abdomen w IV contrast medium | XNOSRG |
| 5640100 | Computerised tomography of abdomen | XNOSRG |
| 5640700 | CT abdomen w IV contrast medium | XNOSRG |
| 5640900 | Computerised tomography of pelvis | XNOSRG |
| 5641200 | CT of pelvis with IV contrast medium | XNOSRG |
| 5650100 | CT of abdomen & pelvis | XNOSRG |
| 5650700 | CT abdomen & pelvis w IV contrast medium | XNOSRG |
| 5654900 | Computerised tomography of colon | XNOSRG |
| 5661900 | Computerised tomography of limb | XNOSRG |
| 5680100 | CT of chest, abdomen & pelvis | XNOSRG |
| 5680700 | CT chest abdo & pelvis IV contrst medium | XNOSRG |
| 5700100 | Computerised tomography of brain & chest | XNOSRG |

Surgery Appendix III
**NON Surgical** primary procedures as mapped following analysis of 2014, 2013, … 2010 data

| PrcNum | PrcDesc | PrcShrt |
|--------|---------|---------|
| 5735000 | Spr ang CT head &/ neck w IV CM | XNOSRG |
| 5735001 | Spr Ang CT upp extrem w IV CM | XNOSRG |
| 5735002 | Spr ang CT chest w IV CM | XNOSRG |
| 5735003 | Spr ang CT abdo w IVCM | XNOSRG |
| 5735004 | Spr ang CT AA bil ifem low extrem w IVCM | XNOSRG |
| 5735005 | Spr ang CT spine w IVCM | XNOSRG |
| 5735007 | Spr ang CT low extrem w IVCM | XNOSRG |
| 5735008 | Spr ang CT other site w IVCM | XNOSRG |
| 5850000 | Radiography of chest | XNOSRG |
| 5870000 | Radiography of urinary tract | XNOSRG |
| 5870600 | Intravenous pyelography | XNOSRG |
| 5871500 | Antegrade pyelography | XNOSRG |
| 5872100 | Retrograde micturating CUG | XNOSRG |
| 5890900 | Opaque meal phrynx/oesoph/stomch/duodnm | XNOSRG |
| 5891200 | Opaque meal pharynx through to colon | XNOSRG |
| 5892100 | Other opaque enema | XNOSRG |
| 5930000 | Radiography of breast, bilateral | XNOSRG |
| 5930300 | Radiography of breast, unilateral | XNOSRG |
| 5970000 | Discography | XNOSRG |
| 5971200 | Hysterosalpingography | XNOSRG |
| 5971800 | Phlebography | XNOSRG |
| 5973903 | Other sinography | XNOSRG |
| 5975100 | Arthrography | XNOSRG |
| 5990300 | Left ventriculography | XNOSRG |
| 5990303 | Aortography | XNOSRG |
| 5997002 | Cerebral angiography | XNOSRG |
| 5997003 | Peripheral arteriography | XNOSRG |
| 5997004 | Other arteriography | XNOSRG |
| 6010000 | Tomography | XNOSRG |
| 6050300 | Fluoroscopy | XNOSRG |
| 6130200 | Stress myocardial perfusion study | XNOSRG |
| 6132001 | Cardiac first pass blood flow study | XNOSRG |
| 6132800 | Lung perfusion study | XNOSRG |
| 6134800 | Lung perfusion and ventilation study | XNOSRG |
| 6136800 | Meckel's diverticulum study | XNOSRG |
| 6138600 | Renal study | XNOSRG |
| 6138601 | Renal cortical study | XNOSRG |
| 6138700 | Renal cortical study with SPECT | XNOSRG |
| 6138900 | Renal stud w preproc admin diuretic/ACE | XNOSRG |
| 6139000 | Renal stud diuretic admin second stud | XNOSRG |
| 6139700 | Nuclear medicine cystoureterography | XNOSRG |
| 6142100 | Whole body bone study | XNOSRG |
| 6144600 | Localised bone study | XNOSRG |
| 6144601 | Localised joint study | XNOSRG |
| 6144900 | Localised bone study with SPECT | XNOSRG |
| 6146900 | Lymphoscintigraphy | XNOSRG |
| 6147300 | Thyroid study | XNOSRG |
| 9001601 | Other procedure on nerves | XNOSRG |
| 9001800 | Epidural inj/o other/cmb thrpc subs | XNOSRG |
| 9002200 | Admin anaes arnd other perph nrv | XNOSRG |
| 9002800 | Epidural injection of steroid | XNOSRG |
| 9002801 | Epidural infusion of steroid | XNOSRG |
| 9002802 | Caudal injection of steroid | XNOSRG |
| 9002900 | Administration of sympatholytic agent | XNOSRG |
| 9004700 | Aspiration of thyroid | XNOSRG |
| 9011400 | Other proc on eardrum or middle ear | XNOSRG |
| 9011900 | Otoscopy | XNOSRG |
| 9014101 | Excision of other lesion of mouth | XNOSRG |
| 9016900 | Endoscopic wedge resection of lung | XNOSRG |
| 9017200 | Sequential single lung trnsplnt bil | XNOSRG |
| 9020300 | Adjust trnsven elec for card pacemaker | XNOSRG |
| 9020305 | Adjustment cardiac pacemaker generator | XNOSRG |
| 9020306 | Adjust cardiac defibrillator generator | XNOSRG |
| 9020307 | R/O cardiac defibrillator generator | XNOSRG |
| 9022000 | Catheterisation/cannulation of oth vein | XNOSRG |
| 9022400 | Repair of transposition of great vessels | XNOSRG |
| 9023400 | Testing of cardiac defibrillator | XNOSRG |

**NON Surgical** primary procedures as mapped following analysis of 2014, 2013, … 2010 data

| PrcNum | PrcDesc | PrcShrt |
|--------|---------|---------|
| 9028100 | Incision of lymphatic structure | XNOSRG |
| 9029500 | Endosc ins of colonic prosth | XNOSRG |
| 9029600 | Endosc cntl PU or bleeding | XNOSRG |
| 9029700 | Endosc mucosal resec oesophagus | XNOSRG |
| 9029800 | Transjugular liver biopsy | XNOSRG |
| 9033400 | Trnsjugular intrahep portosystemic shunt | XNOSRG |
| 9034401 | Admin/o thrpc agent to anorectal rgn | XNOSRG |
| 9034800 | Percutaneous aspiration of gallbladder | XNOSRG |
| 9035301 | Test for peritoneal dialysis adequacy | XNOSRG |
| 9036300 | Other diagnostic procedures on bladder | XNOSRG |
| 9046200 | Ins prostaglndn supostry induct abortion | XNOSRG |
| 9046500 | Medical induction of labour, oxytocin | XNOSRG |
| 9046501 | Medical induction labour, prostaglandin | XNOSRG |
| 9046503 | Surgical induction of labour by ARM | XNOSRG |
| 9046601 | Surgical augmentation of labour | XNOSRG |
| 9046602 | Medical & surgical augmentation labour | XNOSRG |
| 9046700 | Spontaneous vertex delivery | XNOSRG |
| 9046800 | Low forceps delivery | XNOSRG |
| 9046801 | Mid-cavity forceps delivery | XNOSRG |
| 9046901 | Failed vacuum extraction | XNOSRG |
| 9047000 | Spontaneous breech delivery | XNOSRG |
| 9047001 | Assisted breech delivery | XNOSRG |
| 9056000 | Admin of other agt into soft tissue NEC | XNOSRG |
| 9057400 | Excision of lesion of joint, NEC | XNOSRG |
| 9059300 | Oth dx proc muscle tend fascia bursa NEC | XNOSRG |
| 9059400 | Other dx proc on bone or joint NEC | XNOSRG |
| 9060601 | Removal of other soft tissue implant | XNOSRG |
| 9066000 | Administration of agent into SSCT | XNOSRG |
| 9066100 | Other incision of SSCT | XNOSRG |
| 9066200 | Laser to tattoo | XNOSRG |
| 9067600 | Other proc on skin & subcutaneous tissue | XNOSRG |
| 9067700 | Other phototherapy, skin | XNOSRG |
| 9072300 | Injection breast for augmentation, uni | XNOSRG |
| 9072400 | Breast stereotactic localisation | XNOSRG |
| 9072500 | Aspiration of breast | XNOSRG |
| 9076401 | Brachythrpy intracavitary high dose rate | XNOSRG |
| 9076500 | Construct & fitting immobils dev simple | XNOSRG |
| 9076501 | Construct, fitting immobils dev intrmed | XNOSRG |
| 9090100 | Magnetic resonance imaging of brain | XNOSRG |
| 9090101 | Magnetic resonance imaging of head | XNOSRG |
| 9090102 | Magnetic resonance imaging of neck | XNOSRG |
| 9090103 | Magnetic resonance imaging of spine | XNOSRG |
| 9090104 | Magnetic resonance imaging of chest | XNOSRG |
| 9090105 | Magnetic resonance imaging of abdomen | XNOSRG |
| 9090106 | Magnetic resonance imaging of pelvis | XNOSRG |
| 9090107 | Magnetic resonance imaging of extremity | XNOSRG |
| 9090108 | Magnetic resonance imaging of other site | XNOSRG |
| 9090109 | Functional MRI of brain | XNOSRG |
| 9090200 | Magnetic resonance angiography head/neck | XNOSRG |
| 9090204 | Magnetic resonance angiography, abdomen | XNOSRG |
| 9090206 | Magnetic resonance angiography low limb | XNOSRG |
| 9090502 | Whole body study with PET | XNOSRG |
| 9091200 | CT of spine unspecified region | XNOSRG |
| 9200100 | Other physiological assessment | XNOSRG |
| 9200300 | Alcohol detoxification | XNOSRG |
| 9200400 | Alcohol rehabilitation & detoxification | XNOSRG |
| 9200600 | Drug detoxification | XNOSRG |
| 9200900 | Combined alcohol & drug detoxification | XNOSRG |
| 9201100 | Video & radiotelemetered EEG monitoring | XNOSRG |
| 9201200 | Other sleep disorder function tests | XNOSRG |
| 9201300 | Intracarotid amobarbital test | XNOSRG |
| 9201600 | Tonometry | XNOSRG |
| 9203500 | Other intubation of respiratory tract | XNOSRG |
| 9203600 | Insertion of nasogastric tube | XNOSRG |
| 9204300 | Resp medication administered nebuliser | XNOSRG |
| 9204400 | Other oxygen enrichment | XNOSRG |
| 9204600 | Replacement of tracheostomy tube | XNOSRG |

**NON Surgical** primary procedures as mapped following analysis of 2014, 2013, ... 2010 data

| PrcNum | PrcDesc | PrcShrt |
|--------|---------|---------|
| 9204900 | R/O thoracotomy tube/pleural cv drain | XNOSRG |
| 9205200 | Cardiopulmonary resuscitation | XNOSRG |
| 9205500 | Other conversion of cardiac rhythm | XNOSRG |
| 9205600 | Monitoring cardiac output/blood flow NEC | XNOSRG |
| 9205700 | Telemetry | XNOSRG |
| 9205800 | Irrigation of vascular catheter | XNOSRG |
| 9206000 | Administration of autologous blood | XNOSRG |
| 9206100 | Administration of coagulation factors | XNOSRG |
| 9206200 | Administration of other serum | XNOSRG |
| 9206400 | Administration of other blood product | XNOSRG |
| 9206800 | Endoscopic insertion of duodenal prosth | XNOSRG |
| 9207700 | Other rectal irrigation | XNOSRG |
| 9207800 | Replace nasogastric/oesophagostomy tube | XNOSRG |
| 9207900 | Replace tube/enterostomy dev, sm intest | XNOSRG |
| 9208200 | Removal of peritoneal drainage device | XNOSRG |
| 9209700 | R/O T-tube other bile duct or liver tube | XNOSRG |
| 9210900 | Replacement of other vaginal pessary | XNOSRG |
| 9211900 | Removal other urinary drainage device | XNOSRG |
| 9213000 | Papanicolaou smear study | XNOSRG |
| 9213800 | Removal FB from head/neck wo incision | XNOSRG |
| 9214100 | Removal of device from abdomen | XNOSRG |
| 9214200 | Removal of other device from trunk | XNOSRG |
| 9214400 | Vaccination agnst typhoid & paratyphoid | XNOSRG |
| 9214900 | Admin diphtheria-tetanus-pertussis, cmb | XNOSRG |
| 9215600 | Admin of measles-mumps-rubella vaccine | XNOSRG |
| 9215700 | Vaccination against viral diseases, NEC | XNOSRG |
| 9215900 | Prophylactic vaccination agnst influenza | XNOSRG |
| 9216300 | Administration of botulism antitoxin | XNOSRG |
| 9216500 | Vaccination against pneumococcus | XNOSRG |
| 9216800 | Vaccination against hepatitis B | XNOSRG |
| 9216900 | Vaccination against hepatitis A | XNOSRG |
| 9217100 | Other vaccination or inoculation | XNOSRG |
| 9217200 | Passive immunis w norm immunoglobulin | XNOSRG |
| 9217300 | Passive immunisation with Rh(D) Ig | XNOSRG |
| 9217400 | Passive immunis w varicella-zoster Ig | XNOSRG |
| 9217600 | Passive immunisation w hepatitis B Ig | XNOSRG |
| 9217900 | Immunisation for allergy | XNOSRG |
| 9219900 | Extracorporeal shockwave lithotripsy NEC | XNOSRG |
| 9220000 | Removal of sutures, NEC | XNOSRG |
| 9220200 | R/O therapeutic device, NEC | XNOSRG |
| 9220400 | Noninvas dx tests/measure/investgtn NEC | XNOSRG |
| 9220900 | Management NIV support <= 24 hours | XNOSRG |
| 9220901 | Management NIV support > 24 < 96 hr | XNOSRG |
| 9220902 | Management NIV support >= 96 hours | XNOSRG |
| 9250000 | Routine preoperative anaes assessment | XNOSRG |
| 9250610 | Neuraxial block during labour, ASA 10 | XNOSRG |
| 9250619 | Neuraxial block during labour, ASA 19 | XNOSRG |
| 9250629 | Neuraxial block during labour, ASA 29 | XNOSRG |
| 9250699 | Neuraxial block during labour, ASA 99 | XNOSRG |
| 9250719 | Nrxl blck dur labour & delv proc, ASA 19 | XNOSRG |
| 9250799 | Nrxl blck dur labour & delv proc, ASA 99 | XNOSRG |
| 9250899 | Neuraxial block, ASA 99 | XNOSRG |
| 9251199 | Regnl block nerve of upp limb ASA 99 | XNOSRG |
| 9251499 | General anaesthesia, ASA 99 | XNOSRG |
| 9251599 | Sedation, ASA 99 | XNOSRG |
| 9251800 | IV postproc infus pt cntrl analgesia | XNOSRG |
| 9251999 | Intravenous regional anaesthesia, ASA 99 | XNOSRG |
| 9334100 | Electroconvulsive therapy [ECT] unsp Rx | XNOSRG |
| 9334101 | Electroconvulsive therapy [ECT] 1 Rx | XNOSRG |
| 9334108 | Electroconvulsive therapy [ECT] 8 Rx | XNOSRG |
| 9555000 | Allied health intervention, dietetics | XNOSRG |
| 9555001 | Allied health intervention, social work | XNOSRG |
| 9555002 | AH intervention, occupational therapy | XNOSRG |
| 9555003 | Allied health intervtn, physiotherapy | XNOSRG |
| 9555004 | Allied health intervention, podiatry | XNOSRG |
| 9555005 | Allied health intervtn, speech pathology | XNOSRG |
| 9555006 | Allied health intervention, audiology | XNOSRG |

**NON Surgical** primary procedures as mapped following analysis of 2014, 2013, … 2010 data

| PrcNum | PrcDesc | PrcShrt |
|--------|---------|---------|
| 9555008 | AH intervtn, prosthetics & orthotics | XNOSRG |
| 9555009 | Allied health intervention, pharmacy | XNOSRG |
| 9555010 | Allied health intervention, psychology | XNOSRG |
| 9555011 | Allied health intervention, other | XNOSRG |
| 9555012 | Allied health intervtn, pastoral care | XNOSRG |
| 9555013 | Allied health intervtn, music therapy | XNOSRG |
| 9555014 | AH intervention diabetes education | XNOSRG |
| 9601000 | Swallowing function assessment | XNOSRG |
| 9602000 | Skin integrity assessment | XNOSRG |
| 9602100 | Self care/self maintenance assessment | XNOSRG |
| 9602200 | Health maintenance or recovery assess | XNOSRG |
| 9602600 | Nutritional/dietary assessment | XNOSRG |
| 9602700 | Prescribed/self-selected medicatn assess | XNOSRG |
| 9603400 | Alcohol and other drug assessment | XNOSRG |
| 9603700 | Other assessment/consultation/evaluation | XNOSRG |
| 9606300 | Rotating chair evaln vestibular function | XNOSRG |
| 9607200 | Pscbd/self-sel medicatn counsel/eductn | XNOSRG |
| 9607300 | Substance addiction counsel/education | XNOSRG |
| 9607600 | Counsel/eductn hlth maintenance/recovery | XNOSRG |
| 9609000 | Other counselling or education | XNOSRG |
| 9609200 | Applicn/fit/adjust/replace oth dev/equip | XNOSRG |
| 9613000 | Skills train body position/mobility/move | XNOSRG |
| 9613900 | Exercise therapy, cardioresp/C-V system | XNOSRG |
| 9614000 | Skills train act self care/maintenance | XNOSRG |
| 9614100 | Skills train in act rel hlth maintenance | XNOSRG |
| 9614200 | Skills train use asst/adapt dev/equip | XNOSRG |
| 9615300 | Hydrotherapy | XNOSRG |
| 9615500 | Stimulation therapy, NEC | XNOSRG |
| 9617500 | Mental/behavioural assessment | XNOSRG |
| 9617600 | Behaviour therapy | XNOSRG |
| 9618800 | Other photography of eye | XNOSRG |
| 9619100 | Hyperbaric oxygen therapy, <= 90 minutes | XNOSRG |
| 9619500 | Administration of venom protein, other | XNOSRG |
| 9619501 | Admin of venom protein, rush protocol | XNOSRG |
| 9619600 | Intrartrl admin of pharmac agt antineopl | XNOSRG |
| 9619603 | Intrartrl admin of pharmac agt steroid | XNOSRG |
| 9619609 | Intrartrl admin pharmac agt oth & unsp | XNOSRG |
| 9619700 | IM admin of pharmac agt antineoplastic | XNOSRG |
| 9619703 | IM admin of pharmac agent steroid | XNOSRG |
| 9619709 | IM admin of pharmac agt oth & unsp agent | XNOSRG |
| 9619800 | Intrathcl admin of pharmac agt antineopl | XNOSRG |
| 9619809 | Intrathcl admin pharmac agt oth & unsp | XNOSRG |
| 9619900 | IV admin of pharmac agent antineoplastic | XNOSRG |
| 9619901 | IV admin of pharmac agent thrombolytic | XNOSRG |
| 9619902 | IV admin of pharmac agent anti-infective | XNOSRG |
| 9619903 | IV admin of pharmac agent steroid | XNOSRG |
| 9619904 | IV admin of pharmac agent antidote | XNOSRG |
| 9619906 | IV admin of pharmac agent insulin | XNOSRG |
| 9619907 | IV admin of pharmac agt nutritional subs | XNOSRG |
| 9619908 | IV admin of pharmac agent electrolyte | XNOSRG |
| 9619909 | IV admin of pharmac agt oth & unsp agent | XNOSRG |
| 9620000 | Sbc admin of pharmac agt antineoplastic | XNOSRG |
| 9620001 | Sbc admin of pharmac agent thrombolytic | XNOSRG |
| 9620002 | Sbc admin of pharmac agt anti-infective | XNOSRG |
| 9620003 | Sbc admin of pharmac agt steroid | XNOSRG |
| 9620004 | Sbc admin of pharmac agt antidote | XNOSRG |
| 9620006 | Sbc admin of pharmac agent, insulin | XNOSRG |
| 9620007 | Sbc admin pharmac agent nutritional subs | XNOSRG |
| 9620008 | Sbc admin of pharmac agent electrolyte | XNOSRG |
| 9620009 | Sbc admin of pharmac agt oth & unsp agt | XNOSRG |
| 9620100 | Intracv admin of pharmac agent antineopl | XNOSRG |
| 9620103 | Intracv admin of pharmac agent steroid | XNOSRG |
| 9620109 | Intracv admin pharmac agent oth & unsp | XNOSRG |
| 9620202 | Enteral admin pharmac agent anti-infect | XNOSRG |
| 9620203 | Enteral admin of pharmac agent steroid | XNOSRG |
| 9620207 | Enteral admin pharmac agent nutrit subs | XNOSRG |
| 9620300 | Oral admin of pharmac agent antineopl | XNOSRG |

**NON Surgical** primary procedures as mapped following analysis of 2014, 2013, … 2010 data

| PrcNum | PrcDesc | PrcShrt |
|---|---|---|
| 9620309 | Oral admin of pharmac agent oth & unsp | XNOSRG |
| 9620500 | Other admin of pharmac agent antineopl | XNOSRG |
| 9620503 | Other admin of pharmac agent steroid | XNOSRG |
| 9620509 | Other admin of pharmac agent oth & unsp | XNOSRG |
| 9620900 | Load drug delv dev antineopl agent | XNOSRG |
| 9620903 | Load drug delv device steroid | XNOSRG |
| 9620909 | Load drug delv device oth / unsp agt | XNOSRG |
| 9701100 | Comprehensive oral examination | XNOSRG |
| 9703900 | Tomography of skull, or prt of skull | XNOSRG |
| 9711100 | Removal of plaque or stain of teeth | XNOSRG |
| 9716100 | Fissure sealing, per tooth | XNOSRG |
| 9721300 | Treatment acute periodontal infection | XNOSRG |
| 9731101 | Removal of 1 tooth or part(s) thereof | XNOSRG |
| 9731105 | R/O 5 - 9 teeth or part(s) thereof | XNOSRG |
| 9731106 | R/O 10 - 14 teeth or part(s) thereof | XNOSRG |
| 9731108 | R/O ? teeth or part(s) thereof | XNOSRG |
| 9732200 | Surg R/O 1 tooth wo R/O bone / div | XNOSRG |
| 9732202 | Surg R/O 2 teeth wo R/O bone / div | XNOSRG |
| 9732203 | Surg R/O 3 teeth wo R/O bone / div | XNOSRG |
| 9732401 | Surg R/O 1 tooth w R/O bone / div | XNOSRG |
| 9738500 | Surgical repositioning unerupted tooth | XNOSRG |
| 9751101 | Metallic restoration tooth 1 surf direct | XNOSRG |
| 1821606 | Epdl infus other/cmb thrpc subs | XTORTH |
| 4739000 | Closed rdctn fx shaft radius & ulna | XTORTH |
| 4794800 | Removal of external fixation device | XTORTH |
| 5010000 | Arthroscopy joint, NEC | XTORTH |
| 5011500 | Manipulation/mobilisation of joint NEC | XTORTH |
| 5012400 | Aspiration jt/oth synovial cavity NEC | XTORTH |
| 5012401 | Admin agt into jt/oth synovl cavity NEC | XTORTH |
| 5020000 | Biopsy of bone, not elsewhere classified | XTORTH |
| 9001900 | Caudal inj/o oth/cmb therapeutic subs | XTORTH |

Adjusted Surgical ALOS Calculator

| Hospital |
| --- |
| |

| | Baseline Year 2010 | Current Values | Adjusted Current Values |
| --- | --- | --- | --- |
| Total number of Cases | 400,625 | 420,606 | 400,625 |
| Number of Daycases | 240,336 | 263,223 | 250,719 |
| Number of Inpatients | 160,289 | 157,383 | 149,906 |
| Inpatient ALOS | 6.628 | 6.461 | 6.075 |
| Inpatient Beddays | 1,062,395 | 1,016,911 | 973,794 |

**Basline values for 2010 have been provided by the Surgery and Anaesthesia Programme and should not be changed.**
**Baseline values are hospital specific. This file cannot be used to determine the current adjusted ALOS for another hospital.**
**Current values should be taken from the HIPE Portal and entered directly into this sheet.**
**Sameday cases are assigned a length of stay 0.5 days. The HIPE Portal assigns 1 day as default therefore this needs to**
**be adjusted prior to entering the values into this file.**
**Current ALOS values are adjusted for total number of cases and inpatient/daycase conversions.**

## Acute Division - Healthcare Associated Infections - Metadata 2019

| No | Steps | Detail supporting KPI |
|---|---|---|
| 1 | KPI title & Number CPA51 | Rate of new cases of hospital acquired Staph. Aureus bloodstream infection |
| 1b | KPI Short Title | Hospital acquired S. Aureus bloodstream infection/10,000 BDU |
| 2 | KPI Description | Rate of new cases of hospital-acquired *S. aureus* blood stream infection (per month per 10 000 bed days) within the reporting hospital where the first postive blood culture growing *S. aureus* (and clinical assessment as significant) was taken on or after the third day of hospital admission |
| 3 | KPI Rationale | To monitor progress towards the goal of reducing the occurrence of hospital acquired *S. aureus* blood stream infection in acute hospitals. |
| 3a | Indicator Classification | **National Scorecard Quadrant** <br> a) Quality and Safety; <br> b) Access; <br> c) Finance, Governance and Compliance. <br> d) Workforce; |
| 4 | KPI Target | <1/10,000 bed days used |
| 4a | Target Trajectory | N/A |
| 4b | Volume metrics | Volume metrics |
| 5 | KPI Calculation | **Numerator:** Number of cases of *S. aureus* blood stream infection. The defintion requires that the first postive blood culture is taken on or after the third day of hospital admission and clinical assessment as significant. **Denominator**: acute bed days used, provided by the HSE BIU acute unit. This is based on the average number of available acute in patient beds during the previous month numerator/denominator*10000 bdu |
| 6 | Data Sources | Source: Infection prevention and control and microbiology teams in acute hospitals |
| 6a | Data sign off | Data should be approved for issue to BIU by Hospital Manager or CEO |
| 6b | Data Quality Issues | Completeness:100% of all acute hospitals must participate <br> Quality: Does not account for hospital-acquired S. aureus bloodstream infections that present after hospital discharge, or for healthcare-associated cases outside of acute hosptial inpatient settings. |
| 7 | Data Collection Frequency | Daily; Weekly; Monthly; Quarterly ; Bi-annual; Annual; Other – give details: |
| 8 | Tracer Conditions (clinical metrics only) | EARS-Net quarterly surveillance data; enhanced EARS-Net surveilance data |
| 9 | Minimum Data Set (MDS) | Monthly data supplied by Acute Hospitals |
| 10 | International Comparison | N/A |
| 11 | KPI Monitoring | Daily; Weekly; Monthly; Quarterly; Bi-annual; Annual; Other – give details: |
| 12 | KPI Reporting Frequency | Daily; Weekly; Monthly; Quarterly; Bi-annual; Annual; Other – give details: |
| 13 | KPI report period | Monthly M |
| 14 | KPI Reporting Aggregation | National; Region; Hospital Group; Hospital; CHO; sub-CHO level (please give details); Other, please specify |
| 15 | KPI is reported in which reports? | Annual Report; Performance Report/Profile; MDR ; Other (Compstat) |
| 16 | Web link to published data | http://www.hse.ie/eng/services/publications/ |
| 17 | Additional Information | KPI noted in National Service Plan 2019 |
| Contact details | | **KPI owner/lead for implementation** |
| | | Name: Dr. Kevin Kelleher & Dr Martin Cormican, HSE HCAI and AMR Lead, HSE Health and Wellbeing Division |
| | | Email address: kevin.kelleher@hse.ie & hcainational.lead@hse.ie |
| | | Telephone Number: 091 544146 |
| | | **Data support** |
| | | Name: Acute Business Information Unit |
| | | Email address: AcuteBIU@hse.ie |
| | | Telephone Number 01 620 1800 |
| Governance/sign off | | *This sign off is the governance at Divisional level in respect of management of the KPI including data provision, validation, and use in performance management* |
| | | Operational National Director: **National Director Acute Operations** |

| No | Steps | Detail supporting KPI |
|---|---|---|
| | **Acute Division - Healthcare Associated Infections - Metadata 2019** | |
| 1 | KPI title & Number CPA52 | Rate of new cases of hospital acquired C. difficile infection |
| 1b | KPI Short Title | Hospital acquired new cases of C. difficile infection/ 10,000 BDU |
| 2 | KPI Description | Rate of new cases of  laboratory confirmed *C. difficile* infection ( per month per 10 000 bed days) associated diarrhoea in acute hospitals |
| 3 | KPI Rationale | To monitor progress towards the goal of reducing the occurrence of C. difficile infection in acute hospitals. |
| 3a | Indicator Classification | **National Scorecard Quadrant** <br> a) Quality and Safety; <br> b) Access; <br> c) Finance, Governance and Compliance. <br> d) Workforce; |
| 4 | KPI Target | <2/10,000 bed days used |
| 4a | Target Trajectory | Target trajectory |
| 4b | Volume metrics | Volume metrics |
| 5 | KPI Calculation | **Numerator:** Number of cases of acute hospital acquired C. difficile infection. Definition requires clinical features (diarrhoea), temporal association with hospitalisation and laboratory confirmation. **Denominator:** acute bed days used, provided by the HSE BIU acute unit. This is based on the average number of available acute in patient beds during the previous month <br> numerator/denominator*10000 bdu |
| 6 | Data Sources | Source:  Infection prevention and control and microbiology teams in acute hospitals. |
| 6a | Data sign off | Data should be approved for issue to BIU by Hospital Manager or CEO |
| 6b | Data Quality Issues | Completeness:100% of all acute hospitals must participate <br> Quality: Does include C. difficile infection cases with onset more than 4 weeks after acute hospital discharge |
| 7 | Data Collection Frequency | Daily;     Weekly;   Monthly;   Quarterly ; Bi-annual;    Annual;   Other – give details: |
| 8 | Tracer Conditions (clinical metrics only) | EARS-Net quarterly surveillance data; enhanced EARS-Net surveillance data |
| 9 | Minimum Data Set (MDS) | Monthly data supplied by Acute Hospitals |
| 10 | International Comparison | As there are differences in diagnostic methodologies and case definitions comparisons with international data must be made with caution. |
| 11 | KPI Monitoring | Daily;     Weekly;   Monthly;   Quarterly;     Bi-annual; Annual;  Other – give details: |
| 12 | KPI Reporting Frequency | Daily;     Weekly;   Monthly;   Quarterly;     Bi-annual; Annual;  Other – give details: |
| 13 | KPI report period | Monthly      M |
| 14 | KPI  Reporting Aggregation | National;   Region;   Hospital Group;   Hospital;    CHO;   sub-CHO level (please give details);  Other, please specify |
| 15 | KPI is reported in which | Annual Report;   Performance Report/Profile;  MDR ;  Other (compstat) |
| 16 | Web link to published data | http://www.hse.ie/eng/services/publications/ |
| 17 | Additional Information | KPI noted in National Service Plan 2019 |
| **Contact details** | | **KPI owner/lead for implementation** |
| | | Name: Dr. Kevin Kelleher & Dr Martin Cormican, HSE HCAI and AMR Lead, HSE Health and Wellbeing Division |
| | | Email address:  kevin.kelleher@hse.ie  & hcainational.lead@hse.ie |
| | | Telephone Number:  091 544146 |
| | | **Data support** |
| | | Name: Acute Business Information Unit |
| | | Email address: AcuteBIU@hse.ie |
| | | Telephone Number  01 620 1800 |
| **Governance/sign off** | | *This sign off is the governance at Divisional level in respect of management of the KPI including data provision, validation, and use in performance management* |
| | | Operational National Director: **National Director Acute Operations** |

## Acute Division - Healthcare Associated Infections - Metadata 2019

| No | Steps | Detail supporting KPI |
|---|---|---|
| 1 | **KPI title & Number A97** | % of acute hospitals implementing the requirements for screening of patients with CPE guidelines |
| 1b | **KPI Short Title** | % of acute hosp implementing requirements for screening of patients with CPE guidelines |
| 2 | **KPI Description** | The implementation of the above guideline as per the definition below will be reported to BIU by each hospital. The number of hospitals reporting positively will be represented as a % of all acute hospitals. |
| 3 | **KPI Rationale** | Carbapenemase Producing Enterobacteriaceae CPE (also referred to as carbapenem-resistant Enterobacteriaceae (CRE)) are an emerging threat to human health, particularly in hospital settings. CPE are gram-negative bacteria that are carried in the gut and are resistant to most, and sometimes all, available antibiotics. The true cost and extent of this increasing threat cannot be fully estimated at present. However, it has been identified that the impact has resulted in death amongst more than half of all patients who develop CPE infection, significant financial cost to the health system and challenges to effective patient flow in health care delivery for scheduled and unscheduled care. CPE are becoming increasingly common in Ireland. The future impact/spread of CPE in Ireland is difficult to predict as the national MDRO screening guidelines have not been fully implemented. This has resulted in an inability to accurately define a baseline of the current scale of the problem across acute and non-acute services. Expert opinion is that we are still in a position to contain this epidemic with full implementation of national and international guidance to manage the problem. Tracking implementation of the guidelines for screening for CPE facilitates monitoring of appropriate screening and will underpin accurate assessment of the situation in Ireland |
| 3a | **Indicator Classification** | **National Scorecard Quadrant** a) Quality and Safety; b) Access; c) Finance, Governance and Compliance. d) Workforce; |
| 4 | **KPI Target** | 100% |
| 4a | **Target Trajectory** | N/A |
| 4b | **Volume metrics** | N/A |
| 5 | **KPI Calculation** | The no. of acute hospitals reporting implementation of the " Requirements for screening of patients with CPE" as per the definition below, divided by the total number of acute hospitals, multiplied by 100. |
| 6 | **Data Sources** | Reported from Hospitals |
| 6a | **Data sign off** | Data should be approved for issue to BIU by Hospital Manager or CEO |
| 6b | **Data Quality Issues** | Dependant on hospitals being in a position to track required information and report same quarterly to BIU |
| 7 | **Data Collection Frequency** | Daily; Weekly; Monthly; Quarterly ; Bi-annual; Annual; Other – give details: |
| 8 | **Tracer Conditions (clinical metrics only)** | N/A |
| 9 | **Minimum Data Set (MDS)** | BIU Reporting template for same |
| 10 | **International Comparison** | Not Known |
| 11 | **KPI Monitoring** | Daily; Weekly; Monthly; Quarterly; Bi-annual; Annual; Other – give details: |
| 12 | **KPI Reporting Frequency** | Daily; Weekly; Monthly; Quarterly; Bi-annual; Annual; Other – give details: |
| 13 | **KPI report period** | Monthly M Quarterly Q Biannual BA Annual A |
| 14 | **KPI Reporting Aggregation** | National; Region; Hospital Group; Hospital; CHO; sub-CHO level (please give details); Other, please specify |
| 15 | **KPI is reported in which reports?** | Annual Report; Performance Report/Profile; MDR ; Other: DOP report |
| 16 | **Web link to published data** | None |
| 17 | **Additional Information** | KPI noted in National Service Plan 2019 |
| **Contact details** | | **KPI owner/lead for implementation** |
| | | Name: Dr. Kevin Kelleher & Dr Martin Cormican, HSE HCAI and AMR Lead, HSE Health and Wellbeing Division |
| | | Email address: kevin.kelleher@hse.ie & hcainational.lead@hse.ie |
| | | Telephone Number: 091 544146 |
| | | **Data support** |
| | | Name: Acute Business Information Unit |
| | | Email address: AcuteBIU@hse.ie |
| | | Telephone Number 01 620 1800 |
| **Governance/sign off** | | ***This sign off is the governance at Divisional level in respect of management of the KPI including data provision, validation, and use in performance management*** |
| | | Operational National Director: **National Director Acute Operations** |

| | | Appendix 1: "  Requirements for screening of patients with CPE"guidelines - DEFINITION OF IMPLEMENTATION | |
|---|---|---|
| | | **Above policy considered implementated if hospital can state yes to all of the following criteria** |
| | Criteria no. | Criteria |
| | 1 | Have " Requirements for screening of patients with CPE" guidelines been circulated to appropriate staff in the hospital? |
| | 2 | Does the hospital have a system in place for identifying patients requiring screening for CPE on admission? |
| | 3 | Does hospital policy determine that the following patients should be screened for CPE as per guideline above:<br>a. All contacts of a patient with CPE.  Where patients have been discharged, their record should be marked to ensure screening on next admission.  *(2,3)*<br>b. All admissions to critical care areas (Intensive Care Units, High Dependency Units), on admission and weekly thereafter.  *(4)*<br>c. All admissions to haematology and transplant wards on admission and weekly thereafter.<br>d. All patients who have received cancer chemotherapy in the previous 12 months.<br>e. All patients who were transferred from any other hospital in Ireland or elsewhere.<br>f. All patients who have been inpatients in any hospital in Ireland or elsewhere any time in the previous twelve months. Any hospital includes previous admissions to the hospital to which they are now being admitted. *(2,5)*<br>g. Renal dialysis patients at first dialysis in a unit, periodically during dialysis treatment (at intervals of not less than six months), and on return from dialysis elsewhere.<br>h. All patients who normally reside in a long term care facility. |
| | 4 | Does the hospital have a process in place for identifying CPE contacts on re- admission? |
| | 5 | Does the Infection Prevention & Control/ Antimicrobial Stewardship team review the effectiveness of local policy, implementation of guidelines above and review associated data on a monthly basis? |
| | 6 | Is the information returned to BIU regarding implemenation of this guideline reported to the hospital CEO or Senior Manager? |
| | | |
| | | [2]  *A key challenge for implementation is the ability to identify these patients readily. Information regarding inpatient stay in any other hospital in the previous 12 months and residence in a long-term care facility should be recorded routinely by the admissions office and should, whenever possible, be easy to obtain from the patient administration system.* |
| | | [3]  *Screening of contacts who have left the acute hospital is generally not appropriate until/unless they are subsequently readmitted to an acute hospital.* |
| | | [4]  *Hospitals with Neonatal Intensive Care Units (NICUs) may choose not to screen infants admitted to the NICU directly after their birth but should screen infants who are transferred from another hospital.* |
| | | [5]  *In some circumstances, it may be appropriate to screen patients who have previously been hospitalised more than one year ago. One year is an arbitrary cut-off, and it is acknowledged that some hospitals had significant issues with CPE as far back as 2011.* |

| No | Steps | Detail supporting KPI |
|---|---|---|
| 1 | KPI title & Number A98 | % of acute hospitals implementing the national policy on restricted antimicrobial agents |
| 1b | KPI Short Title | % of acute hosp implmenting the national policy on restricted antimicrobial agents |
| 2 | KPI Description | The implementation of the above policy as per the definition below will be reported to BIU by each hospital. The number of hospitals reporting positively will be represented as a % of all acute hospitals. |
| 3 | KPI Rationale | There is an increasing prevalence of antimicrobial resistant pathogens causing invasive infection in Ireland. In parallel with the increasing levels of antimicrobial resistance, there has been an upward trend in antimicrobial consumption in hospitals in recent years. Of particular concern is the increasing consumption of broad-spectrum antibiotics. For example, carbapenem consumption in hospitals has steadily increased over the past number of years, and this increase appears to be occurring in addition to (rather than instead of) consumption of other broad-spectrum antibiotics. The National Policy on Restricted Antimicrobial Agents (HSE) outlines the controls which should be in place at hospital level for the use of such agents. It is important to monitor the implemenation of this policy nationally to improve practice and minimise antimicrobial resistance. |
| 3a | Indicator Classification | **National Scorecard Quadrant**<br>a) Quality and Safety;<br>b) Access;<br>c) Finance, Governance and Compliance.<br>d) Workforce; |
| 4 | KPI Target | 100% |
| 4a | Target Trajectory | N/A |
| 4b | Volume metrics | |
| 5 | KPI Calculation | The no. of acute hospitals reporting implementation of the " National Policy on Restricted Antimicrobial Agents" as per the definition below, divided by the total number of acute hospitals, multiplied by 100. |
| 6 | Data Sources | Reported from Hospitals |
| 6a | Data sign off | Data should be approved for issue to BIU by Hospital Manager or CEO |
| 6b | Data Quality Issues | dependant on hospitals being in a position to track required information and report same quarterly to BIU |
| 7 | Data Collection Frequency | Daily;    Weekly;    Monthly;    Quarterly ; Bi-annual;    Annual;    Other – give details: |
| 8 | Tracer Conditions (clinical metrics only) | N/A |
| 9 | Minimum Data Set (MDS) | BIU Reporting template for same |
| 10 | International Comparison | Not Known |
| 11 | KPI Monitoring | Daily;    Weekly;   Monthly;    Quarterly;    Bi-annual; Annual;  Other – give details: |
| 12 | KPI Reporting Frequency | Daily;    Weekly;   Monthly;    Quarterly;    Bi-annual; Annual;  Other – give details: |
| 13 | KPI report period | Monthly        M<br>Quarterly    Q<br>Biannual      BA<br>Annual          A<br><br>By exception<br>Monthly in arrears                         M-1M<br>Monthly two months in arrears        M-2M<br>Quarterly in arrears                        Q-1Q<br>Quarterly one month in arrears        Q-1M<br>Quarterly two quarters in arrears     Q-2Q<br>Quarterly three quarters in arrears Q-3Q<br>Quarterly six months in arrears        Q-2Q<br>Biannual one quarter in arrears        BA-1Q<br>Biannual six months in arrears         BA-2Q<br>Annual reported in 1st quarter          A<br>Annual 12 months in arrears           A-1A<br>Rolling 12 months Rolling               12M |
| 14 | KPI  Reporting Aggregation | National;    Region;    Hospital Group;    Hospital;    CHO    sub-CHO level (please give details);  Other, please specify |
| 15 | KPI is reported in which reports? | Annual Report;    Performance Report/Profile;  MDR ;  Other: DOP Report |
| 16 | Web link to published data | None |
| 17 | Additional Information | KPI noted in National Service Plan 2019 |
| **Contact details** | | **KPI owner/lead for implementation** |
| | | Name: Dr. Kevin Kelleher & Dr Martin Cormican, HSE HCAI and AMR Lead, HSE Health and Wellbeing Division |
| | | Email address:  kevin.kelleher@hse.ie  & hcainational.lead@hse.ie |
| | | Telephone Number:  091 544146 |
| | | **Data support** |
| | | Name: Acute Business Information Unit |
| | | Email address: AcuteBIU@hse.ie |
| | | Telephone Number  01 620 1800 |
| **Governance/sign off** | | *This sign off is the governance at Divisional level in respect of management of the KPI including data provision, validation, and use in performance management* |
| | | Operational National Director: **National Director Acute Operations** |

## Acute Division - Medication Safety - Metadata 2019

| No | Steps | Detail supporting KPI |
|---|---|---|
| 1 | KPI title & Number A113 | Rate of medication incidents as reported to NIMS per 1,000 beds |
| 1b | KPI Short Title | Rate of medication incidents as reported to NIMS per 1,000 beds |
| 2 | KPI Description | An unplanned, unexpected or uncontrolled occurrence, which causes (or has the potential to cause) injury, ill-health and/or damage (State Claims Agency), related to medication. An incident can be a harmful incident (adverse event), a no harm incident, a near miss, dangerous occurrence (reportable circumstance) or complaint (State Claims Agency) This KPI relates to reported medication-related clinical incidents in acute services only. Where a patient is involved in the incident then the patient may be an inpatient, day case patient or outpatient or any other department patient while attending an acute hospital for services |
| 3 | KPI Rationale | Medicines are the most common treatment used in healthcare and contribute to significant improvement in health when used appropriately. However, medicines can also be associated with harm and the common use of medicine means they are associated with more errors and adverse events than any other aspect of healthcare. Reporting facilitates the identification of risk and opportunites for improvement. Improved reporting is a key recommendation (No.11) of HIQAs overview report on Medication Safety Monitoring Programme in Public Acute Hospitals https://www.hiqa.ie/sites/default/files/2018-01/Medication-Safety-Overview-Report.pdf |
| 3a | Indicator Classification | **National Scorecard Quadrant** a) Quality and Safety; |
| 4 | KPI Target | Rate of 2.4 per 1000 bed days. (See note below in Additional information) |
| 4a | Target Trajectory | N/A |
| 4b | Volume metrics | |
| 5 | KPI Calculation | Numerator: Total number of medication-related incidents as reported on NIMS NIMS: - Date of Incident: Reporting Month - Who Was Involved: Service User - Division: Acute Hospitals - Sub-Hazard Type: Medications Denominator: Total number of in-patient bed days Calculate rate by dividing the numerator by the denominator and multiplying by 1,000. |
| 6 | Data Sources | NIMS. (National Incident Management System) Data quality depends on completeness of reporting incidents. NIMS is an incident reporting system not an outcome reporting system |
| 6a | Data sign off | |
| 6b | Data Quality Issues | BIU provide bed days used each month as submitted by hospitals The denominator (bed days) does not reflect day case or outpatient activity and is therefore a proxy for inhospital activity. NIMS is unable to disaggregate inpatients from other patients types. Consequently, rates may be higher in some hospitals due to high volume day case and outpatient activity. Dependant on timely NIMS records being maintained. |
| 7 | Data Collection Frequency | Daily; Weekly; Monthly; Quarterly ; Bi-annual; Annual; Other – give details: |
| 8 | Tracer Conditions (clinical metrics only) | |
| 9 | Minimum Data Set (MDS) | NIMS and BDU reported to BIU |
| 10 | International Comparison | National Reporting and Learning System (UK). Quarterly Reports http://www.nrls.nhs.uk/resources/?entryid45=135610 |
| 11 | KPI Monitoring | Daily; Weekly; Monthly; Quarterly; Bi-annual; Annual; Other – give details: |
| 12 | KPI Reporting Frequency | Daily; Weekly; Monthly; Quarterly; Bi-annual; Annual; Other – give details: |
| 13 | KPI report period | By exception Monthly three months in arrears M-3M (All incidents that occurred in January will be extracted on the 1st day of May) |
| 14 | KPI Reporting Aggregation | National; Region; Hospital Group; Hospital; CHO; sub-CHO level (please give details); Other, please specify |
| 15 | KPI is reported in which reports? | Annual Report; Performance Report/Profile; MDR ; Other: Compstat, Quarterly Data Report |
| 16 | Web link to published data | http://www.hse.ie/eng/services/publications/ |
| 17 | Additional Information | Higher reporting rates provide the hospital with insight into some of its medication safety issues. Actions and improvement initiatives to reduce the risk of recurrence should result from analysis of incidents and trends. The mean rate of medication-related clinical incidents reported to NIMS from July 2016 to June 2018 was 2.38 (range 0.1-27.3) per 1000 bed days and reporting rates in UK hospitals are higher, with a mean above 5 per 1000 bed days. Hospitals should ensure their rate of medication-related clinical incident reporting consistently exceeds this mean figure, 2.4 reports per 1000 bed days. Hospitals shoud aim for 5 reports per 1000 bed days where feasible to achieve a reporting rate reflective of a positive patient safety culture. |
| Contact details | | **KPI owner/lead for implementation** |
| | | Name: Dr. Philip Crowley & Ciara Kirke, Clinical Lead Medication Safety Improvement Programme, HSE, Dr. Steevens Hospital, Dublin 8 |
| | | Email address: |
| | | Telephone Number: 01-635 2731 (Ciara Kirke) & Tel 01-635 2038 (Philip Crowley) |
| | | **Data support** |
| | | Name: Acute Business Information Unit |
| | | Email address: AcuteBIU@hse.ie |
| | | Telephone Number  01 620 1800 |
| Governance/sign off | | *This sign off is the governance at Divisional level in respect of management of the KPI including data provision, validation, and use in performance management* |
| | | Operational National Director: **National Director Acute Operations** |

## Acute Division National Early Warning System (NEWS) - Metadata 2019

| No | Steps | Detail supporting KPI |
|---|---|---|
| 1 | **KPI title & Number** **A114** | % of Hospitals with implementation of NEWS in all clinical areas of acute hospitals (as per 2019 definition) |
| 1b | **KPI Short Title** | % NEWS |
| 2 | **KPI Description** | % of Hospitals that confirm that they are implementing NEWS for non pregnant adult patients as per definition in Appendix 1. |
| 3 | **KPI Rationale** | To monitor the implentation of NEWS. To improve the governance of NEWS by the use of outcome data. To improve the recognition and response of deteriorating adult non-pregnant patients. To ensure adequate numbers of healthcare professionals are trained in the use of NEWS. |
| 3a | **Indicator Classification** | **National Scorecard Quadrant** a) Quality and Safety; b) Access; c) Finance, Governance and Compliance. d) Workforce; |
| 4 | **KPI Target** | Target 2019: 100% |
| 4a | **Target Trajectory** | |
| 4b | **Volume metrics** | N/A |
| 5 | **KPI Calculation** | Numerator: The total number of hospitals who confirm that they are implementing NEWS for non pregnant adult (16 years and over) patients as per definition in Appendix 1 multipled by 100. Denominator: The total number of hospitals (currently 49) |
| 6 | **Data Sources** | Acute Hospitals |
| 6a | **Data sign off** | Hospital CEO/GM |
| 6b | **Data Quality Issues** | Not all Maternity Hospital/Units/Department will admit non-pregnant adult patients and not all Paediatric Hospitals/Units/Department will admit non-pregnant adult patients. |
| 7 | **Data Collection Frequency** | Daily;    Weekly;    Monthly;    Quarterly; Bi-annual;    Annual;    Other – give details: |
| 8 | **Tracer Conditions (clinical metrics only)** | Cardiorespiratory arrest, unplanned admission/readmissions to ICU |
| 9 | **Minimum Data Set (MDS)** | NEWS Quarterly Report |
| 10 | **International Comparison** | NEWS1 (UK), NEWS2 (UK) https://www.rcplondon.ac.uk/projects/outputs/national-early-warning-score-news-2 |
| 11 | **KPI Monitoring** | Daily;    Weekly;    Monthly;    Quarterly;    Bi-annual; Annual;  Other – give details: |
| 12 | **KPI Reporting Frequency** | Daily;    Weekly;    Monthly;    Quarterly;    Bi-annual; Annual;  Other – give details: |
| 13 | **KPI report period** | Monthly        M Quarterly    Q Biannual       BA Annual          A By exception Monthly in arrears                            M-1M Monthly two months in arrears        M-2M Quarterly in arrears                          Q-1Q Quarterly one month in arrears          Q-1M Quarterly two quarters in arrears      Q-2Q Quarterly three quarters in arrears  Q-3Q Quarterly six months in arrears          Q-2Q Biannual one quarter in arrears         BA-1Q Biannual six months in arrears          BA-2Q Annual reported in 1st quarter             A Annual 12 months in arrears             A-1A Rolling 12 months Rolling              12M |
| 14 | **KPI  Reporting Aggregation** | National;    Region;    Hospital Group;    Hospital;    CHO;    sub-CHO level (please give details);  Other, please specify |
| 15 | **KPI is reported in which reports?** | Annual Report;  Performance Report/Profile;  MDR ;  Other: give details: 1)DOH Statistics for submission to EU. 2)Irish Kidney Association 3)United States International Renal Data System. 4)Irish Nephrology Society |
| 16 | **Web link to published data** | N/A |
| 17 | **Additional Information** | Is the data for this KPI available through Corporate Information Facility (CIF)?    No.  Noted in National Service Plan 2019. |
| **Contact details** | | **KPI owner/lead for implementation** |
| | | Name: Avilene Casey |
| | | Email address:  Avilene.casey1@hse.ie |
| | | Telephone Number:    056 7785518 |
| | | **Data support** |
| | | Name: Acute Business Information Unit |
| | | Email address: AcuteBIU@hse.ie |
| | | Telephone Number  01 620 1800 |
| **Governance/sign off** | | *This sign off is the governance at Divisional level in respect of management of the KPI including data provision, validation, and use in performance management* |
| | | Operational National Director: **National Director Acute Operations** |

| | Appendix 1: NEWS - DEFINITION OF IMPLEMENTATION 2019 for all Hospitals |
|---|---|
| | **NEWS considered implemented if hospital can state yes to all of the following criteria for all adult (16 years and over) non-pregnant patients** |
| 1 | Is there a local National Early Warning System (NEWS)/EWS Governance Group in place and meetings held on quarterly basis with reports, including the elements of this KPI, submitted to and reviewed by hospital CEO/GM/Clinical Director? |
| 2 | Is the percentage of nursing staff who have completed NEWS training measured, monitored and a plan in place to achieve a minimum of the target of 85% trained? |
| 3 | Is the percentage of medical staff who have completed NEWS training measured, monitored and a plan in place to achieve a minimum of the target of 85% trained? |
| 4 | Prior to Goverance Group quarterly meetings has there been an audit of hospital's recognition and response practices against key NEWS recommendations (audit of minimum 5 healthcare records quarterly) and reported to the Governance group? |
| 5 | Are plans underway to ensure that the aggregatted outcomes (total number of cardiorespiratory arrests, unplanned admissions to ICU and readmissions to ICU) are monitored, reviewed and managed at local level? |
| 6 | Have identified deficits/gaps been formulated into an improvement plan with key actions and timeframes identifed and reported on quarterly to CEO/GM/Clinical Director? |

**Appendix 2: NEWS Hospitals list.**

Children's Health Ireland (CHI at Crumlin, CHI at Tallaght, CHI at Temple St)
Coombe Women and Infants University Hospital
MRH Portlaoise
MRH Tullamore
Naas General Hospital
St. James's Hospital
St. Luke's Radiation Oncology Network
Tallaght University Hospital
Cappagh National Orthopaedic Hospital
Mater Misericordiae University Hospital
MRH Mullingar
National Maternity Hospital
Our Lady's Hospital Navan
Royal Victoria Eye and Ear Hospital
St. Columcille's Hospital
St. Luke's General Hospital Kilkenny
St. Michael's Hospital
St. Vincent's University Hospital
Wexford General Hospital
Beaumont Hospital
Cavan General Hospital includes Monaghan General Hospital
Connolly Hospital
Louth County Hospital
Our Lady of Lourdes Hospital
Rotunda Hospital
Galway University Hospitals
Letterkenny University Hospital
Mayo University Hospital
Portiuncula University Hospital
Roscommon University Hospital
Sligo University Hospital
Bantry General Hospital
Cork University Hospital
Cork University Maternity Hospital
Lourdes Orthopaedic Hospital Kilcreene
Mallow General Hospital
Mercy University Hospital
South Infirmary Victoria University Hospital
South Tipperary General Hospital
UH Kerry
UH Waterford
Croom Orthopaedic Hospital
Ennis Hospital
Nenagh Hospital
St. John's Hospital Limerick
UH Limerick
UMH Limerick

## Acute Division Paediatric Early Warning System (PEWS) - Metadata 2019

| No | Steps | Detail supporting KPI |
|---|---|---|
| 1 | **KPI title & Number A56** | % of hospitals with implementation of PEWS (Paediatric Early Warning System) |
| 1b | **KPI Short Title** | PEWS |
| 2 | **KPI Description** | The Irish Paediatric Early Warning System (PEWS) should be used in any inpatient setting where children are admitted and observations are routinely required, in accordance with NCG no.12 PEWS Recommendation 1 and as per Paediatric Model of Care: up to the eve of their 16th birthday unless in a planned transition of care up to the eve of their 18th birthday. |
| 3 | **KPI Rationale** | To monitor the implementation of PEWS |
| 3a | **Indicator Classification** | **National Scorecard Quadrant** <br>a) Quality and Safety; <br>b) Access; <br>c) Finance, Governance and Compliance. <br>d) Workforce; |
| 4 | **KPI Target** | Target 2019: 100% |
| 4a | **Target Trajectory** | Target trajectory |
| 4b | **Volume metrics** | Volume metrics |
| 5 | **KPI Calculation** | Numerator: The total number of hospitals in Ireland requiring PEWS where children are treated and PEWS should be implemented. <br>Denominator: The total number of hospitals in Ireland confirming implementation of PEWS according to the definition attached. (31 hospitals to date, List attached) |
| 6 | **Data Sources** | Verified by hospital PEWS governance group chair as per definition attached and reported by hospital/hospital group to HSE BIU |
| 6a | **Data sign off** | |
| 6b | **Data Quality Issues** | |
| 7 | **Data Collection Frequency** | Daily;    Weekly;    Monthly;    Quarterly; <br>Bi-annual;    Annual;    Other – give details: |
| 8 | **Tracer Conditions (clinical metrics only)** | N/A |
| 9 | **Minimum Data Set (MDS)** | |
| 10 | **International Comparison** | N/A |
| 11 | **KPI Monitoring** | Daily;    Weekly;    Monthly;    Quarterly;    Bi-annual; Annual;   Other – give details: |
| 12 | **KPI Reporting Frequency** | Daily;    Weekly;    Monthly;    Quarterly;    Bi-annual; Annual;   Other – give details: |
| 13 | **KPI report period** | Monthly        M <br>Quarterly     Q <br>Biannual      BA <br>Annual         A <br><br>By exception <br>Monthly in arrears                          M-1M <br>Monthly two months in arrears        M-2M <br>Quarterly in arrears                        Q-1Q <br>Quarterly one month in arrears       Q-1M <br>Quarterly two quarters in arrears    Q-2Q <br>Quarterly three quarters in arrears Q-3Q <br>Quarterly six months in arrears       Q-2Q <br>Biannual one quarter in arrears       BA-1Q <br>Biannual six months in arrears        BA-2Q <br>Annual reported in 1st quarter          A <br>Annual 12 months in arrears           A-1A <br>Rolling 12 months Rolling              12M |
| 14 | **KPI Reporting Aggregation** | National;    Region;    Hospital Group;    Hospital;    CHO;   sub-CHO level (please give details);  Other, please specify |
| 15 | **KPI is reported in which reports?** | Annual Report;    Performance Report/Profile;  MDR ;  Other: give details: National Service Plan 2018 |
| 16 | **Web link to published data** | N/A |
| 17 | **Additional Information** | Is the data for this KPI available through Corporate Information Facility (CIF)?    No.  Noted in National Service Plan 2019. |
| **Contact details** | | **KPI owner/lead for implementation** |
| | | Name:  Siobhan Horkan Programme Manager NCPPN, RCPI |
| | | Email Address: siobhanhorkan@rcpi.ie |
| | | Telephone Number: |
| | | **Data support** |
| | | Name: Acute Business Information Unit |
| | | Email address: AcuteBIU@hse.ie |
| | | Telephone Number  01 620 1800 |
| **Governance/sign off** | | *This sign off is the governance at Divisional level in respect of management of the KPI including data provision, validation, and use in performance management* |
| | | Operational National Director: **National Director Acute Operations** |

| Appendix 1: PEWS - DEFINITION OF IMPLEMENTATION 2019 | |
|---|---|
| **PEWS considered implementated if hopital can state yes to all of the following criteria** | |
| **Crite ria no.** | **Criteria** |
| 1 | Is there a local PEWS Governance Group in place and meetings on a quarterly basis? |
| 2 | Is there a named consultant lead for PEWS? |
| 3 | Is there a named nurse lead for PEWS? |
| 4 | Is there a PEWS training programme in place for nurses in the hospital? |
| 5 | Is there a PEWS training programme in place for doctors who may attend paediatric patients in the hospital? |
| 6 | Are all admitted children monitored using PEWS? |
| 7 | Is the national PEWS audit tool utilised at least monthly with a minimum of 5 charts in each relevant clinical area? (this data is taken from the |
| 8 | Is there evidence that where a deficit/gap is identified through audit, appropriate quality improvement plans are recorded and actioned? |
| 9 | Is the minimum recommended dataset for clinical outcomes (NCG No. 12 section 1.13) being recorded at local level? |
| 10 | Has the data submitted in this report been verified / approved by the PEWS governance Chair as per definition attached ? Enter the name of the |

**Appendix 2: PEWS List of Hospitals**

Children's Health Ireland (CHI at Crumlin, CHI at Tallaght, CHI at Temple St)
MRH Portlaoise
MRH Tullamore
Cappagh National Orthopaedic Hospital
MRH Mullingar
Royal Victoria Eye and Ear Hospital
St. Luke's General Hospital Kilkenny
Wexford General Hospital
Beaumont Hospital
Cavan General Hospital includes Monaghan General Hospital
Our Lady of Lourdes Hospital
Galway University Hospitals
Letterkenny University Hospital
Mayo University Hospital
Portiuncula University Hospital
Roscommon University Hospital
Sligo University Hospital
Cork University Hospital
Mercy University Hospital
South Infirmary Victoria University Hospital
South Tipperary General Hospital
UH Kerry
UH Waterford
Croom Orthopaedic Hospital
Ennis Hospital
Nenagh Hospital
UH Limerick

| No | Steps | Detail supporting KPI |
|---|---|---|
| | **Acute Operations National Standards for Safer Better Healthcare - Metadata 2019** | |
| 1 | KPI title & Number A117 | % of hospitals that have completed a self-assessment against all 53 essential elements of the National Standards for Safer, Better Healthcare |
| 1b | KPI Short Title | % of hospitals that have completed a self-assessment against all 53 essential elements of the National Standards for Safer, Better Healthcare |
| 2 | KPI Description | The National Standards for Safety Better Healthcare comprises 45 standards across 8 themes. The Quality Assessment and Improvement (QA+I) tool, developed by the Acute Care Collaborative in 2013, translated the the 45 Standards across the 8 themes into 53 Essential Elements of Quality. These Essential Elements are specific, tangible translations of the Standards within an acute hospital setting. They represent those key aspects of quality you would expect to see in place if each National Standard was implemented. The Essential Elements of Quality take account not only of the Standards but also of the 'Features' associated with each National Standard. The number of essential elements assessed by quality level can be extracted from the QA+I Tool which is available to each hospital for their use. |
| 3 | KPI Rationale | This KPI supports each hospital in assessing the quality and patient safety of their services in line with NSSBH. |
| 3a | Indicator Classification | **National Scorecard Quadrant** a) Quality and Safety; b) Access; c) Finance, Governance and Compliance. d) Workforce; |
| 4 | KPI Target | Target 2019: 100% of all hospitals must have, at a minimum, assessed themselves against all of the essential elements |
| 4a | Target Trajectory | N/A |
| 4b | Volume metrics | |
| 5 | KPI Calculation | Numerator: Number of Hospitals that declare 'Yes' to having self-assessed themselves against all 53 essential elements Denominator: Number of Included Hospitals (n=44) Calculate percentage by dividing the numerator by the denominator and multiplying by 100. |
| 6 | Data Sources | Source: 44 Acute Hospitals - Cavan & Monaghan considered as one. Standalone maternity hospitals excluded (n=5) as they use the National Standars for Safer, Better Maternity Services |
| 6a | Data sign off | Data provided by Hospitals to the Acute Business Information Unit |
| 6b | Data Quality Issues | If hospitals have not self-assessed themselves against all 53 essential elements they must declare 'no' |
| 7 | Data Collection Frequency | Daily;    Weekly;    Monthly;    Quarterly; Bi-annual;    Annual;    Other – give details: |
| 8 | Tracer Conditions (clinical metrics only) | N/A |
| 9 | Minimum Data Set (MDS) | Data supplied by individual Acute Hospitals |
| 10 | International Comparison | N/A |
| 11 | KPI Monitoring | Daily;    Weekly;    Monthly;    Quarterly;    Bi-annual; Annual;  Other – give details: |
| 12 | KPI Reporting Frequency | Daily;    Weekly;    Monthly;    Quarterly;    Bi-annual; Annual;  Other – give details: |
| 13 | KPI report period | Monthly    M Quarterly    Q Biannual    BA (2019 data collected in July 2019 and reported in August 2019) Annual    A |
| 14 | KPI  Reporting Aggregation | National;    Region;    Hospital Group;    Hospital;    CHO;   sub-CHO level (please give details);   Other, please specify |
| 15 | KPI is reported in which reports? | Annual Report;   Performance Report/Profile;   MDR ;   Other |
| 16 | Web link to published data | http://www.hse.ie/eng/services/publications/ |
| 17 | Additional Information | KPI noted in  National Service Plan 2019 |
| Contact details | | **KPI owner/lead for implementation** |
| | | Name: Margaret Brennan, Quality and Patient Safety Lead, Acute Operations |
| | | Email address: |
| | | Telephone Number 076-6959935 |
| | | **Data support** |
| | | Name: Acute Business Information Unit |
| | | Email address: AcuteBIU@hse.ie |
| | | Telephone Number  01 620 1800 |
| Governance/sign off | | *This sign off is the governance at Divisional level in respect of management of the KPI including data provision, validation, and use in performance management* |
| | | Operational National Director: **National Director Acute Operations** |

| No | Steps | Detail supporting KPI |
|---|---|---|
| | **Acute Division HPSIR - Metadata 2019** | |
| **No** | **Steps** | **Detail supporting KPI** |
| 1 | KPI title & Number A62 | % of acute hospitals which have completed and published monthly hospital patient safety indicator report |
| 1b | KPI Short Title | Acute Hospital Safety Statements |
| 2 | KPI Description | The percentage of acute hospitals who have completed a monthly Hospital Patient Safety Indicator Report (HPSIR), discussed the HPSIR at hospital management meetings each month (verified by hospital General Manager/CEO signature), and published on hospital websites by the last day of the following month that it is reported on, i.e. January data is published on last day of March and reported in April. |
| 3 | KPI Rationale | The objective in publishing the HPSIR is to provide public assurance, by communicating with its patients, staff and wider public in an open and transparent manner, that important patient safety indicators are being monitored by hospital management on a continual basis. <br> The HPSIR is not intended to be used for comparative purposes as the clinical acitivity, patient profile and complexity of each hospital can differ significantly. |
| 3a | Indicator Classification | **National Scorecard Quadrant** <br> a) Quality and Safety; <br> b) Access; <br> c) Finance, Governance and Compliance. <br> d) Workforce; |
| 4 | KPI Target | 100% |
| 4a | Target Trajectory | N/A |
| 4b | Volume metrics | Volume metrics |
| 5 | KPI Calculation | Numerator: Total number of acute hospitals who have completed and published the HPSIR on the last day of the following month that it is reported on (i.e. January data is published on last day of March) <br> Denominator: Total number of acute hospitals <br> Calculate percentage by dividing the numerator by the denominator and multiplying by 100. |
| 6 | Data Sources | BIU: Data taken from BIU MDR to populate the HPSIR for that particular month will not reflect further changes that may occur in later versions of the BIU MDR. |
| 6a | Data sign off | |
| 6b | Data Quality Issues | |
| 7 | Data Collection Frequency | Daily;     Weekly;    Monthly;    Quarterly; <br> Bi-annual;    Annual;    Other – give details: |
| 8 | Tracer Conditions (clinical metrics only) | |
| 9 | Minimum Data Set (MDS) | Number of HPSIRs completed, signed and published. |
| 10 | International Comparison | N/A |
| 11 | KPI Monitoring | Daily;     Weekly;    Monthly;    Quarterly;     Bi-annual; Annual;  Other – give details: |
| 12 | KPI Reporting Frequency | Daily;     Weekly;    Monthly;    Quarterly;     Bi-annual; Annual;  Other – give details: |
| 13 | KPI report period | By exception <br> Monthly three months in arrears    M-3M |
| 14 | KPI  Reporting Aggregation | National;    Region;    Hospital Group;    Hospital;    CHO;   sub-CHO level (please give details);  Other, please specify |
| 15 | KPI is reported in which reports? | Annual Report;   Performance Report/Profile;  MDR ;  Other |
| 16 | Web link to published data | http://www.hse.ie/eng/services/list/3/acutehospitals/patientcare/Hospital-Patient-Safety-Indicators-Reports/ |
| 17 | Additional Information | |
| **Contact details** | | **KPI owner/lead for implementation** |
| | | Name: Margaret Brennan, Quality and Patient Safety Lead, Acute Operations |
| | | Email address: |
| | | Telephone Number 076-6959935 |
| | | **Data support** |
| | | Name: Acute Business Information Unit |
| | | Email address: AcuteBIU@hse.ie |
| | | Telephone Number  01 620 1800 |
| **Governance/sign off** | | *This sign off is the governance at Divisional level in respect of management of the KPI including data provision, validation, and use in performance management* |
| | | Operational National Director: **National Director Acute Operations** |

## Acute Division - Hospital Services: Clinical Programmes - Stroke Care Metadata 2019

| No | Steps | Detail supporting KPI |
|---|---|---|
| 1 | KPI title & Number CPA19 | % acute stroke patients who spend all or some of their hospital stay in an acute or combined stroke unit |
| 1b | KPI Short Title | Stroke Care - Acute or Combined Stroke Unit |
| 2 | KPI Description | Care of patients with acute stroke in an acute, combined (acute and rehabilitation) or rehabilitation stroke unit Acute Stroke Patient: patients with principal diagnosis of Intracerebral Haemorrhage ( ICD I61); Cerebral Infarction (Ischaemic Stroke) (ICD I63); Stroke, not spec as haemorrhage or infarction (ICD I64) for whom a YES response was made to Admitted to Stroke Unit on HIPE Portal Dataset. Acute or Combined Stroke Unit: An identified area within a hospital used exclusively or predominantly for the care of stroke patients, supported by a trained specialist multidisciplinary team, with regular multidisciplinary team meetings, availability of equipment and skills for physiological monitoring (blood pressure, blood oxygen, blood glucose and heart rhythm), and defined structures for audit, governance, and education/training. |
| 3 | KPI Rationale | To monitor development of acute and rehabilitation stroke services in accordance with the national stroke programme (national policy and national guidelines) and to assess patient access to acute stroke unit care |
| 3a | Indicator Classification | **National Scorecard Quadrant** a) Quality and Safety; b) Access; c) Finance, Governance and Compliance. d) Workforce; |
| 4 | KPI Target | Target 2019 - 90% |
| 4a | Target Trajectory | N/A |
| 4b | Volume metrics | Volume metrics |
| 5 | KPI Calculation | Numerator = Number of patients with principal diagnosis of Intracerebral Haemorrhage ( ICD I61); Cerebral Infarction (Ischaemic Stroke) (ICD I63); Stroke, not spec as haemorrhage or infarction (ICD I64) for whom a YES response was made to Admitted to Stroke Unit on HIPE Portal Dataset. Denominator = Total number of patients with principal diagnosis of Intracerebral Haemorrhage (ICD I61); Cerebral Infarction (Ischaemic Stroke) (ICD I63); Stroke, not spec as haemorrhage or infarction (ICD I64) for whom a YES + NO response was made to Admitted to stroke unit on HIPE Portal Dataset. This is expressed as a percentage |
| 6 | Data Sources | Data for numerator will be collected through the HIPE Portal/Stroke Regsister. Data for the denominator will be collected through HIPE and HIPE Portal/Stroke Register. |
| 6a | Data sign off | National Stroke Programme |
| 6b | Data Quality Issues | Information is available for 25 out of a possible 28 hospitals who can provide this service. Dependent on the patient data being enetered on the Stroke Register/HIPE Portal and the variable Admitted to Stroke Unit YES/NO being recorded. Data not meeting these criteria should not be used. |
| 7 | Data Collection Frequency | Daily; Weekly; Monthly; Quarterly; Bi-annual; Annual; Other – give details: Data entered onto Stroke Register/HIPE Portal on an ongoing basis at each hospital |
| 8 | Tracer Conditions (clinical metrics only) | Intracerebral Haemorrhage ( ICD I61) Cerebral Infarction (Ischaemic Stroke) (ICD I63); Stroke, not spec as haemorrhage or infarction (ICD I64) |
| 9 | Minimum Data Set (MDS) | Basic demographic information as well as information on principal diagnosis of: Intracerebral Haemorrhage ( ICD I61), Cerebral Infarction (Ischaemic Stroke) (ICD I63); Stroke, not spec as haemorrhage or infarction (ICD I64) |
| 10 | International Comparison | Yes, Royal College of Physicians Sentinel Stroke National Audit Programme https://www.strokeaudit.org/Home.aspx |
| 11 | KPI Monitoring | Daily; Weekly; Monthly; Quarterly; Bi-annual; Annual; Other – give details: |
| 12 | KPI Reporting Frequency | Daily; Weekly; Monthly; Quarterly; Bi-annual; Annual; Other – give details: |
| 13 | KPI report period | Audit Data is annual taken in 'a point in time during current year' and will be reported to BIU Acute in Dec of reporting year e.g. May and will be reported in December. By exception Quarterly two quarters in arrears Q-2Q |
| 14 | KPI Reporting Aggregation | National; Region; Hospital Group; Hospital; CHO; sub-CHO level (please give details); Other, please specify |
| 15 | KPI is reported in which reports? | Annual Report; Performance Report/Profile; MDR ; Other CompStat |
| 16 | Web link to published data | http://www.hse.ie/eng/services/publications/ |
| 17 | Additional Information | KPI noted in Divisional Operational Plan report 2019 |

**It is policy to include data in Open Data publication. Please indicate if there is an _exceptional_ reason for this to be delayed**

| Contact details | KPI owner/lead for implementation |
|---|---|
| | Dr Ronan Collins, Consultant Stroke Physican, Clinical Lead National Stroke Programme |
| | Email address: ronan.collins@tuh.ie |
| | Telephone Number: 0863874938 |
| | **Data support** |
| | Name:Joan McCormack |
| | Email Address: joanmccormack@rcpi.ie |
| | Telephone Number: 01 8639621 |
| Governance/sign off | *This sign off is the governance at Divisional level in respect of management of the KPI including data provision, validation, and use in performance management* |
| | Operational National Director: **National Director Acute Operations** |

## Acute Division - Hospital Services: Clinical Programmes - Stroke Care Metadata 2019

| No | Steps | Detail supporting KPI |
|---|---|---|
| 1 | KPI title & Number CPA20 | % of patients with confirmed acute ischaemic stroke who receive thrombolysis |
| 1b | KPI Short Title | % of patients with confirmed acute ischaemic stroke who receive thrombolysis |
| 2 | KPI Description | Confirmed acute ischaemic stroke: principal diagnosis of Cerebral Infarction (Ischaemic Stroke) (ICD I63) or Stroke, not spec as haemorrhage or infarction (ICD I64) for whom a YES response was made to 'Did the patient recieve IV Thrombolysis' -Thrombolysis: Thrombolysis is the breakdown (lysis) of blood clots by pharmacological means. It is colloquially referred to as clot busting for this reason. It works by stimulating fibrinolysis by plasmin through infusion of analogs of tissue plasminogen activator (tPA), the protein that normally activates plasmin. |
| 3 | KPI Rationale | To monitor development of acute and rehabilitation stroke services in accordance with the national stroke programme (national policy and national guidelines) To assess patient access to acute stroke care. |
| 3a | Indicator Classification | **National Scorecard Quadrant** a) Quality and Safety; b) Access; c) Finance, Governance and Compliance. d) Workforce; |
| 4 | KPI Target | Target 2019 - 12% |
| 4a | Target Trajectory | N/A |
| 4b | Volume metrics | Volume metrics |
| 5 | KPI Calculation | Numerator = Number of patients with principal diagnosis of Cerebral Infarction (Ischaemic Stroke) (ICD I63) or Stroke, not spec as haemorrhage or infarction (ICD I64) for whom a YES response was made to did the patient recieve IV Thrombolysis? Denominator = Number of patients with principal diagnosis of Cerebral Infarction (Ischaemic Stroke) (ICD I63) or Stroke, not spec as haemorrhage or infarction (ICD I64) for whom a YES/NO/Contraindicated response was made to did the patient recieve IV thrombolysis? |
| 6 | Data Sources | Data for numerator and denominator will be collected through the HIPE Portal/Stroke Regsister. |
| 6a | Data sign off | National Stroke Programme |
| 6b | Data Quality Issues | List of hospitals and date of commencement of Stroke Register forwarded to BIU. Completeness of data dependent on local data input by Stroke team and HIPE coders. Information is available for 23 out of a possible 26 hospitals who can provide this service. This is dependent on the patient data being eneterd on the Stroke Register/HIPE Portal and the variable Treated with Thrombolysis being recorded. Data not meeting these criteria should not be used. Currently information is available for 23 out of a possible 26 hospitals. |
| 7 | Data Collection Frequency | Daily; Weekly; Monthly; Quarterly; |
| 8 | Tracer Conditions (clinical metrics only) | Cerebral Infarction (Ischaemic Stroke) (ICD I63); Stroke, not spec as haemorrhage or infarction (ICD I64) |
| 9 | Minimum Data Set (MDS) | NUMBER OF PATIENTS WITH PRINCIPAL DIAGNOSIS OF CEREBRAL INFARCTION (ISCHAEMIC STROKE) (ICD I63) or STROKE, NOT SPEC AS HAEMORRHAGE OR INFARCTION (ICD I64)FOR WHOM A 1. YES RESPONSE WAS SELECTED TO DID THE PATIENT RECIEVE IV THROMBOLYSIS  NUMBER OF PATIENTS WITH PRINCIPAL DIAGNOSIS OF CEREBRAL INFARCTION (ISCHAEMIC STROKE) (ICD I63) or STROKE, NOT SPEC AS HAEMORRHAGE OR INFARCTION (ICD I64) FOR WHOM A 1 YES 2 NO 5 CONTRAINDICATED RESPONSE WAS MADE TO DID THE PATIENT RECIEVE IV THROMBOLYSIS |
| 10 | International Comparison | Yes, Royal College of Physicians Sentinel Stroke National Audit Programme https://www.strokeaudit.org/Home.aspx |
| 11 | KPI Monitoring | Daily; Weekly; Monthly; Quarterly; Bi-annual; Annual; Other – give details: |
| 12 | KPI Reporting Frequency | Daily; Weekly; Monthly; Quarterly; Bi-annual; Annual; Other – give details: |
| 13 | KPI report period | Audit Data is annual taken in 'a point in time during current year' and will be reported to BIU Acute in Dec of reporting year e.g. May and will be reported in December. By exception Quarterly two quarters in arrears Q-2Q |

## Acute Division - Hospital Services: Clinical Programmes - Stroke Care Metadata 2019

| No | Steps | Detail supporting KPI |
|----|-------|----------------------|
| 14 | **KPI  Reporting Aggregation** | National;   Region;   Hospital Group;     Hospital;     CHO;   sub-CHO level (please give details);  Other, please specify |
| 15 | **KPI is reported in which reports?** | Annual Report;   Performance Report/Profile;  MDR ;  Other CompStat |
| 16 | **Web link to published data** | http://www.hse.ie/eng/services/publications/ |
| 17 | **Additional Information** | KPI noted in Divisional Operational Plan report 2019 |
| **Contact details** | | **KPI owner/lead for implementation** |
| | | Dr Ronan Collins, Consultant Stroke Physican, Clinical Lead  National Stroke Programme |
| | | Email address:            ronan.collins@tuh.ie |
| | | Telephone Number:  0863874938 |
| | | **Data support** |
| | | Name:Joan McCormack |
| | | Email Address: joanmccormack@rcpi.ie |
| | | Telephone Number:  01 8639621 |
| **Governance/sign off** | | ***This sign off is the governance at Divisional level in respect of management of the KPI including data provision, validation, and use in performance management*** |
| | | Operational National Director: **National Director Acute Operations** |

## Acute Division - Hospital Services: Clinical Programmes - Stroke Care Metadata 2019

| No | Steps | Detail supporting KPI |
|---|---|---|
| 1 | KPI title & Number CPA21 | % of hospital stay for acute stroke patients in stroke unit who are admitted to an acute or combined stroke unit |
| 1b | KPI Short Title | % of hospital stay for acute stroke patients in stroke unit who are admitted to an acute or combined stroke unit |
| 2 | KPI Description | Care of patients with acute stroke in an acute, combined (acute and rehabilitation) or rehabilitation stroke unit. Acute Stroke Patient: patients with principal diagnosis of Intracerebral Haemorrhage ( ICD I61); Cerebral Infarction (Ischaemic Stroke) (ICD I63); Stroke, not spec as haemorrhage or infarction (ICD I64) for whom a YES response was made to Admitted to Stroke Unit on HIPE Portal Dataset. Acute or Combined Stroke Unit: An identified area within a hospital used exclusively or predominantly for the care of stroke patients, supported by a trained specialist multidisciplinary team, with regular multidisciplinary team meetings, availability of equipment and skills for physiological monitoring (blood pressure, blood oxygen, blood glucose and heart rhythm), and defined structures for audit, governance, and education/training. |
| 3 | KPI Rationale | Care of patients with acute stroke in an acute, combined (acute and rehabilitation) or rehabilitation stroke unit. Acute Stroke Patient: patients with principal diagnosis of Intracerebral Haemorrhage ( ICD I61); Cerebral Infarction (Ischaemic Stroke) (ICD I63); Stroke, not spec as haemorrhage or infarction (ICD I64) for whom a YES response was made to Admitted to Stroke Unit on HIPE Portal Dataset. Acute or Combined Stroke Unit: An identified area within a hospital used exclusively or predominantly for the care of stroke patients, supported by a trained specialist multidisciplinary team, with regular multidisciplinary team meetings, availability of equipment and skills for physiological monitoring (blood pressure, blood oxygen, blood glucose and heart rhythm), and defined structures for audit, governance, and education/training. |
| 3a | Indicator Classification | **National Scorecard Quadrant** a) Quality and Safety; b) Access; c) Finance, Governance and Compliance. d) Workforce; |
| 4 | KPI Target | Target 2019 - 90% |
| 4a | Target Trajectory | N/A |
| 4b | Volume metrics | Volume metrics |
| 5 | KPI Calculation | Numerator = Number of stroke unit bed days of patients with principal diagnosis of Intracerebral Haemorrhage ( ICD I61); Cerebral Infarction (Ischaemic Stroke) (ICD I63); Stroke, not spec as haemorrhage or infarction (ICD I64) for whom a YES response was made to Admitted to Stroke Unit on HIPE Portal Dataset and for whom the admission and discharge dates to stroke unit is known. Denominator = Total number of hospital bed days of patients with principal diagnosis of Intracerebral Haemorrhage ( ICD I61); Cerebral Infarction (Ischaemic Stroke) (ICD I63); Stroke, not spec as haemorrhage or infarction (ICD I64) for whom a YES response was was made to Admitted to stroke unit on HIPE Portal Dataset                This is expressed as a percentage. |
| 6 | Data Sources | Data for numerator will be collected through the HIPE Portal/Stroke Regsister. Data for the denominator will be collected through the HIPE and HIPE Portal/Stroke Register |
| 6a | Data sign off | National Stroke Programme |
| 6b | Data Quality Issues | List of hospitals and date of commencement of Stroke Register forwarded to BIU.     Completeness of data dependent on local data input by Stroke team and HIPE coders.  Information is available for 25 out of a possible 28 hospitals who can provide this service. This is dependent on the patient data being enetered on the Stroke Register/HIPE Portal and the variables Admitted to Stroke Unit,Date of Admission to Stroke Unit and Date of Discharge from Stroke Unit being recorded.  Data not meeting these criteria should not be used. Currently information is available for 25 out of a possible 27 hospitals. |
| 7 | Data Collection Frequency | Daily;     Weekly;     Monthly;    Quarterly; Bi-annual;     Annual;    Other – give details:  Data entered onto Stroke Register/HIPE Portal on an ongoing basis at each hospital |
| 8 | Tracer Conditions (clinical metrics only) | Intracerebral Haemorrhage ( ICD I61) Cerebral Infarction (Ischaemic Stroke) (ICD I63); Stroke, not spec as haemorrhage or infarction (ICD I64) |
| 9 | Minimum Data Set (MDS) | Number of stroke unit bed days of patients with principal diagnosis of Intracerebral Haemorrhage ( ICD I61); Cerebral Infarction (Ischaemic Stroke) (ICD I63); Stroke, not spec as haemorrhage or infarction (ICD I64) for whom a YES response was made to Admitted to Stroke Unit on HIPE Portal Dataset and for whom the admission and discharge dates to stroke unit is known. Total number of hospital bed days of patients with principal diagnosis of Intracerebral Haemorrhage ( ICD I61); Cerebral Infarction (Ischaemic Stroke) (ICD I63); Stroke, not spec as haemorrhage or infarction (ICD I64) for whom a YES response was made to Admitted to stroke unit on HIPE Portal Dataset. |
| 10 | International Comparison | Yes, Royal College of Physicians Sentinel Stroke National Audit Programme  https://www.strokeaudit.org/Home.aspx |
| 11 | KPI Monitoring | Daily;     Weekly;  Monthly;   Quarterly;   Bi-annual; Annual;  Other – give details: |
| 12 | KPI Reporting Frequency | Daily;     Weekly;  Monthly;   Quarterly;   Bi-annual; Annual;  Other – give details: |
| 13 | KPI report period | Audit Data is annual  taken in 'a point in time during current year' and will be reported to BIU Acute in Dec of reporting year e.g. May and will be reported in December. By exception Quarterly two quarters in arrears   Q-2Q |

| No | Steps | Detail supporting KPI |
|---|---|---|
| | **Acute Division - Hospital Services: Clinical Programmes - Stroke Care Metadata 2019** | |
| 14 | **KPI Reporting Aggregation** | National; Region; Hospital Group; Hospital; CHO; sub-CHO level (please give details); Other, please specify |
| 15 | **KPI is reported in which reports?** | Annual Report; Performance Report/Profile; MDR ; Other CompStat |
| 16 | **Web link to published data** | http://www.hse.ie/eng/services/publications/ |
| 17 | **Additional Information** | KPI noted in Divisional Operational Plan report 2019 |
| **Contact details** | | **KPI owner/lead for implementation** |
| | | Dr Ronan Collins, Consultant Stroke Physican, Clinical Lead  National Stroke Programme |
| | | Email address:          ronan.collins@tuh.ie |
| | | Telephone Number:  0863874938 |
| | | **Data support** |
| | | Name:Joan McCormack |
| | | Email Address: joanmccormack@rcpi.ie |
| | | Telephone Number:  01 8639621 |
| **Governance/sign off** | | *This sign off is the governance at Divisional level in respect of management of the KPI including data provision, validation, and use in performance management* |
| | | Operational National Director: **National Director Acute Operations** |

## Acute Division Acute Coronary Syndrome - Metadata 2019

| No | Steps | Detail supporting KPI |
|---|---|---|
| 1 | KPI title & Number CPA25 | % STEMI patients (without contraindication to reperfusion therapy) who get PPCI |
| 1b | KPI Short Title | STEMI-PPCI |
| 2 | KPI Description | STEMI patients:   STEMI is an acronym meaning "ST segment elevation myocardial infarction," which is a type of heart attack. This is determined by an electrocardiogram (ECG) test. Myocardial infarctions (heart attacks) occur when a coronary artery suddenly becomes at least partially blocked by a blood clot, causing at least some of the heart muscle being supplied by that artery to become infarcted (that is, to die). Heart attacks are divided into two types, according to their severity - STEMI and Non STEMI. A STEMI is the more severe type of heart attack<br>LBBB: Left bundle branch block (LBBB) is a cardiac conduction abnormality seen on the electrocardiogram (ECG). In this condition, activation of the left ventricle is delayed, which causes the left ventricle to contract later than the right ventricle.<br>PPCI: Primary percutaneous coronary intervention is an interventional procedure to open the cornonary artery to unblock it and allow flow of blood to the heart muscle.<br>Information is reported on for patients who present both Out of Hours and In hours (9-5 Mon to Fri). |
| 3 | KPI Rationale | International evidence supports the treatment of primary percutaneous coronary intervention (PPCI) undertaken at a Cath lab centre with sufficient throughput where this treatment can be initiated within the  time of 120 mins from first medical contact. A small  % of patients will be unable to get to a PPCI centre and so will receive the treatment of thrombolysis (TL). |
| 3a | Indicator Classification | **National Scorecard Quadrant**<br>a) Quality and Safety;<br>b) Access;<br>c) Finance, Governance and Compliance.<br>d) Workforce; |
| 4 | KPI Target | Target 2019: 95% |
| 4a | Target Trajectory | Target trajectory |
| 4b | Volume metrics | Volume metrics |
| 5 | KPI Calculation | Numerator:  No of STEMI (or LBBB) patients who got PPCI.<br>Denominator:  Total no of STEMI (or LBBB) patients minus those contraindicated -  Expressed as a percentage. |
| 6 | Data Sources | A new system of electronic data collection (e-Heartbeat Portal) using HIPE portal in  PCI centres  commenced in 4 PPCI centres in 2012 and has expanded to all 9 PPCI/PCI centres. |
| 6a | Data sign off | |
| 6b | Data Quality Issues | Data is availabe for 8 out of a possible 9 hospitals for 2014/15 data. Data is dependant on correct data input . A comprehensive manual is available and the software has some validation features. |
| 7 | Data Collection Frequency | Daily;     Weekly;    Monthly;    Quarterly;<br>Bi-annual;    Annual;    Other – give details: |
| 8 | Tracer Conditions (clinical metrics only) | STEMI  =  ICD 10   I21.0 – I21.3 (Interpreted from medical record by Heartbeat coillators) |
| 9 | Minimum Data Set (MDS) | As set out in e-Heartbeat Manual<br>Basic demographic information, patient was a STEMI (or LBBB),  was the patient contraindicated to reperfusion, did the patient get reperfusion by PPCI and what was date of reperfusion. |
| 10 | International Comparison | Yes, MINAP (UK) and European Society of Cardiology ACS/STEMI Guideline  2012 |
| 11 | KPI Monitoring | Daily;     Weekly;    Monthly;    Quarterly;    Bi-annual; Annual;  Other – give details: |
| 12 | KPI Reporting Frequency | Daily;     Weekly;    Monthly;    Quarterly;    Bi-annual; Annual;  Other – give details: |
| 13 | KPI report period | Monthly       M<br>Quarterly     Q<br>Biannual      BA<br>Annual         A<br><br>By exception<br>Rolling 12 months Rolling          12M - Rolling 12 months (previous 12 month period) reported a quarter in arrears e.g. 1 July 2014 to 30 June 2015 and reported a quarter in arrears i.e. Oct 2015 |
| 14 | KPI  Reporting Aggregation | National;   Region;    Hospital Group;    Hospital;    CHO;   sub-CHO level (please give details);  Other, please specify |
| 15 | KPI is reported in which reports? | Annual Report;  Performance Report/Profile;  MDR ;  Other: give details: 1)DOH Statistics for submission to EU. 2)Irish Kidney Association 3)United States International Renal Data System. 4)Irish Nephrology Society |
| 16 | Web link to published data | http://www.hse.ie/eng/services/publications/ |
| 17 | Additional Information | KPI noted in  National Service Plan 2019 |
| Contact details | | **KPI owner/lead for implementation** |
| | | Name: Brendan Cavanagh (ACS Programme Manager) |
| | | Email address:  brendan.cavanagh@hse.ie |
| | | Telephone Number: |
| | | **Data support** |
| | | Name: Acute Business Information Unit |
| | | Email address: AcuteBIU@hse.ie |
| | | Telephone Number  01 620 1800 |
| Governance/sign off | | ***This sign off is the governance at Divisional level in respect of management of the KPI including data provision, validation, and use in performance management*** |
| | | Operational National Director: **National Director Acute Operations** |

## Acute Division Acute Coronary Syndrome- Metadata 2019

| No | Steps | Detail supporting KPI |
|---|---|---|
| 1 | KPI title & Number CPA26 | % of reperfused STEMI patients (or LBBB) who get timely PPCI |
| 1b | KPI Short Title | % reperfused STEMI patients (or LBBB) who get timely PPCI |
| 2 | KPI Description | STEMI (heart attack) patients who get timely reperfusion therapy are those that receive either PPCI or Thrombolysis within targeted times. LBBB: Left bundle branch block (LBBB) is a cardiac conduction abnormality seen on the electrocardiogram (ECG). In this condition, activation of the left ventricle is delayed, which causes the left ventricle to contract later than the right ventricle. PPCI: Primary percutaneous coronary intervention is an interventional procedure to open the coronary artery to unblock it and allow flow of blood to the heart muscle. Timely PPCI reperfusion is defined as first medical contact (FMC) to balloon <= 120 mins or First door to balloon <= 120 mins. First Medical Contact (FMC) is defined as the date/time of the first 12 lead ECG that is positive to a STEMI.(or LBBB) STEMI, LBBB, PPCI and Thrombolysis are further defined in the European Society of Cardiology guideline "Acute Myocaridal Infraction in patients presending with ST-segment elevation (management of)' www.escardio.org/guidelines-surveys/esc-guidelines/ Information is reported on for patients who present both Out of Hours and In hours (9-5 Mon to Fri). |
| 3 | KPI Rationale | International evidence supports swift restoration of blood flow to blocked coronary artery as a medical emergency. Past treatment has mainly been rapid thrombolysis at local hospital (TL) but newest form of treatment is emergency primary angioplasty (PPCI) at a PPCI Centre. |
| 3a | Indicator Classification | **National Scorecard Quadrant** a) Quality and Safety; b) Access; c) Finance, Governance and Compliance. d) Workforce; |
| 4 | KPI Target | Target 2019: 80% |
| 4a | Target Trajectory | Target trajectory |
| 4b | Volume metrics | Volume metrics |
| 5 | KPI Calculation | Numerator: no of STEMI (or LBBB) patients receiving PPCI who got timely PPCI Denominator : Total no of STEMI (or LBBB) patients who got PPCI |
| 6 | Data Sources | A new system of electronic data collection (e-Heartbeat Portal) using HIPE portal in PCI centres commenced in 4 PPCI centres in 2012 and has expanded to all 9 PPCI/PCI centres |
| 6a | Data sign off | |
| 6b | Data Quality Issues | Data is availabe for 8 out of a possible 9 hospitals for 2014/15 data. Data is dependant on correct data input . A comprehensive manual is available and the software has some validation features. |
| 7 | Data Collection Frequency | Daily; Weekly; Monthly; Quarterly; Bi-annual; Annual; Other – give details: |
| 8 | Tracer Conditions (clinical metrics only) | STEMI = ICD 10 I21.0 – I21.3 (Interpreted from medical record by Heartbeat coillators) |
| 9 | Minimum Data Set (MDS) | As set out in e-Heartbeat Manual In essence to enable reporting on this KPI we need: Was patient a STEMI (or LBBB)? Did patient get reperfusion therapy? Di patient get PPCI ? What was date/time of FMC? What was date/time of first hospital door? What was date/time of PPCI? |
| 10 | International Comparison | MINAP (UK) and European Society of Cardiology ACS/STEMI Guideline 2012 |
| 11 | KPI Monitoring | Daily; Weekly; Monthly; Quarterly; Bi-annual; Annual; Other – give details: |
| 12 | KPI Reporting Frequency | Daily; Weekly; Monthly; Quarterly; Bi-annual; Annual; Other – give details: |
| 13 | KPI report period | Monthly M Quarterly Q Biannual BA Annual A By exception Rolling 12 months Rolling 12M - Rolling 12 months (previous 12 month period) reported a quarter in arrears e.g. 1 July 2014 to 30 June 2015 and reported a quarter in arrears i.e. Oct 2015 |
| 14 | KPI Reporting Aggregation | National; Region; Hospital Group; Hospital; CHO; sub-CHO level (please give details); Other, please specify |
| 15 | KPI is reported in which reports? | Annual Report; Performance Report/Profile; MDR ; Other: give details: 1)DOH Statistics for submission to EU. 2)Irish Kidney Association 3)United States International Renal Data System. 4)Irish Nephrology Society |
| 16 | Web link to published data | http://www.hse.ie/eng/services/publications/ |
| 17 | Additional Information | KPI noted in National Service Plan 2019 |
| Contact details | | **KPI owner/lead for implementation** |
| | | Name: Brendan Cavanagh (ACS Programme Manager) |
| | | Email address: brendan.cavanagh@hse.ie |
| | | Telephone Number: |
| | | **Data support** |
| | | Name: Acute Business Information Unit |
| | | Email address: AcuteBIU@hse.ie |
| | | Telephone Number 01 620 1800 |
| Governance/sign off | | *This sign off is the governance at Divisional level in respect of management of the KPI including data provision, validation, and use in performance management* |
| | | Operational National Director: **National Director Acute Operations** |

## Acute Division Irish Maternity Early Warning System (IMEWS) - Metadata 2019

| No | Steps | Detail supporting KPI |
|---|---|---|
| 1 | KPI title & Number A115 | % of maternity units / hospitals with full implementation of IMEWS (as per 2019 definition) |
| 1b | KPI Short Title | IMEWS % Maternity |
| 2 | KPI Description | % of maternity units and/hospitals that verify that they are implementing IMEWS as per Appendix 1 below. |
| 3 | KPI Rationale | To monitor and understand the implementation of IMEWS. Results will inform progress made and areas that may require support and improvement. IMEWS supports the detection of pregnant and postpartum women who require escalation of care. |
| 3a | Indicator Classification | **National Scorecard Quadrant**<br>a) Quality and Safety;<br>b) Access;<br>c) Finance, Governance and Compliance.<br>d) Workforce; |
| 4 | KPI Target | Target 2019: 100% |
| 4a | Target Trajectory | |
| 4b | Volume metrics | |
| 5 | KPI Calculation | Numerator: Total number of Maternity Units/Hospitals who have confirmed that they are implementing IMEWS as per definition in Appendix 1 multipiled by 100<br>Denominator: Total number of Maternity Units/Hospitals in the HSE (currently 19) see Appendix 2 below. |
| 6 | Data Sources | Maternity Units and Maternity Hospitals report  data to BIU via Hospital Groups |
| 6a | Data sign off | Hospital CEO |
| 6b | Data Quality Issues | |
| 7 | Data Collection Frequency | Daily;     Weekly;    Monthly;   Quarterly;<br>Bi-annual;    Annual;    Other – give details: |
| 8 | Tracer Conditions (clinical metrics only) | |
| 9 | Minimum Data Set (MDS) | IMEWS Quarterly Report |
| 10 | International Comparison | |
| 11 | KPI Monitoring | Daily;     Weekly;   Monthly;   Quarterly;    Bi-annual; Annual;  Other – give details: |
| 12 | KPI Reporting Frequency | Daily;     Weekly;   Monthly;   Quarterly;    Bi-annual; Annual;  Other – give details: |
| 13 | KPI report period | Monthly       M<br>Quarterly     Q<br>Biannual      BA<br>Annual        A<br><br>By exception<br>Monthly in arrears                    M-1M<br>Monthly two months in arrears      M-2M<br>Quarterly in arrears                   Q-1Q<br>Quarterly one month in arrears      Q-1M<br>Quarterly two quarters in arrears    Q-2Q<br>Quarterly three quarters in arrears Q-3Q<br>Quarterly six months in arrears      Q-2Q<br>Biannual one quarter in arrears      BA-1Q<br>Biannual six months in arrears       BA-2Q<br>Annual reported in 1st quarter         A<br>Annual 12 months in arrears         A-1A<br>Rolling 12 months Rolling           12M - Rolling 12 months (previous 12 month period) reported a quarter in arrears e.g. 1 July 2014 to 30 June 2015 and reported a quarter in arrears i.e. Oct 2015 |
| 14 | KPI  Reporting Aggregation | National;    Region;   Hospital Group;    Hospital;    CHO;   sub-CHO level (please give details);  Other, please specify |
| 15 | KPI is reported in which reports? | Annual Report;  Performance Report/Profile;  MDR ;  Other: give details: 1)DOH Statistics for submission to EU. 2)Irish Kidney Association 3)United States International Renal Data System. 4)Irish Nephrology Society |
| 16 | Web link to published data | http://www.hse.ie/eng/services/publications/ |
| 17 | Additional Information | KPI noted in  National Service Plan 2019 |
| Contact details | | KPI owner/lead for implementation |
| | | Name: Killian Mc Grane National Programme Director of National Women & Infants Health Programme |
| | | Email address:   kililan.mcgrane@hse.ie |
| | | Telephone Number: |
| | | **Data support** |
| | | Name: Acute Business Information Unit |
| | | Email address: AcuteBIU@hse.ie |
| | | Telephone Number  01 620 1800 |
| Governance/sign off | | *This sign off is the governance at Divisional level in respect of management of the KPI including data provision, validation, and use in performance management* |
| | | Operational National Director: **National Director Acute Operations** |

| | |
|---|---|
| **Appendix 1: IMEWS - DEFINITION OF IMPLEMENTATION 2019 for Maternity Units/Hospitals** | |
| **IMEWS considered implementated if each unit/hospital can state yes to all of the following criteria** | |
| 1 | Is there a local Governance Group in place and meetings held on a quarterly basis to review IMEWS **implementation and audit** data? |
| 2 | Is there a named local co-ordinator for IMEWS? |
| 3 | Is there a named local Consultant lead for IMEWS? |
| 4 | Are IMEWS training records maintained locally? |
| 5 | Is there an ongoing IMEWS clinically based training programme in place for relevant clinical staff in the hospital? |
| 6 | Excluding women in labour, **high dependency, recovery and critical care,** are all pregnant and postpartum women monitored using IMEWS? |
| 7 | Is the national IMEWS audit tool on **completion** utilised at least monthly with a minimum of 10 charts per **clinical area/ward** in your maternity hospital/unit? |
| 8 | Is the national IMEWS audit tool on esclation and response utilised at least quarterly with a minimum of 15 episodes per **clinical area/ward** for your maternity hospital/unit? |
| 9 | Is there evidence that if an issue is identified following audit, appropriate quality improvement plans are recorded and actioned? |
| 10 | Has the data submitted in this report been reviewed by the Chair of the Local Goverenance Group? |

**Appendix 2: IMEWS Maternity Unit/Hospitals list.**

Coombe Women and Infants University Hospital

MRH Portlaoise

MRH Mullingar

National Maternity Hospital

St. Luke's General Hospital Kilkenny

Wexford General Hospital

Cavan General Hospital

Our Lady of Lourdes Hospital

Rotunda Hospital

Galway University Hospitals

Letterkenny University Hospital

Mayo University Hospital

Portiuncula University Hospital

Sligo University Hospital

Cork University Maternity Hospital

South Tipperary General Hospital

UH Kerry

UH Waterford

UMH Limerick

## Acute Division Irish Maternity Early Warning System (IMEWS) - Metadata 2019

| No | Steps | Detail supporting KPI |
|---|---|---|
| 1 | KPI title & Number A116 | % of all hospitals with implementation of IMEWS (as per 2019 definition) |
| 1b | KPI Short Title | IMEWS % hospitals |
| 2 | KPI Description | % of hospitals that verify that they are implementing IMEWS for any pregnant or postpartum woman in ED or on a General Ward as per Appendix 1 below. |
| 3 | KPI Rationale | To monitor and understand the implementation of IMEWS. Results will inform progress made and areas that may require support and improvement. IMEWS supports the detection of pregnant and postpartum women who require escalation of care. |
| 3a | Indicator Classification | **National Scorecard Quadrant** a) Quality and Safety; b) Access; c) Finance, Governance and Compliance. d) Workforce; |
| 4 | KPI Target | Target 2019: 100% |
| 4a | Target Trajectory | |
| 4b | Volume metrics | |
| 5 | KPI Calculation | Numerator: Total number of hospitals who have confirmed that they are implementing IMEWS as per definition in Appendix 1 multipiled by 100 <br><br> Denominator: Total number of hospitals with non-maternity beds in the HSE (currently 44) see Appendix 2 below |
| 6 | Data Sources | Hospitals report data to BIU via Hospital Groups |
| 6a | Data sign off | Hospital CEO |
| 6b | Data Quality Issues | Not all non-maternity hospitals will admit pregnant or postpartum women during the year |
| 7 | Data Collection Frequency | Daily;   Weekly;   Monthly;  Quarterly; Bi-annual;   Annual;   Other – give details: |
| 8 | Tracer Conditions (clinical metrics only) | |
| 9 | Minimum Data Set (MDS) | IMEWS Quarterly Report |
| 10 | International Comparison | |
| 11 | KPI Monitoring | Daily;   Weekly;   Monthly;   Quarterly;   Bi-annual; Annual;  Other – give details: |
| 12 | KPI Reporting Frequency | Daily;   Weekly;   Monthly;   Quarterly;   Bi-annual; Annual;  Other – give details: |
| 13 | KPI report period | Monthly       M <br> Quarterly     Q <br> Biannual      BA <br> Annual        A <br><br> By exception <br> Monthly in arrears                        M-1M <br> Monthly two months in arrears        M-2M <br> Quarterly in arrears                       Q-1Q <br> Quarterly one month in arrears        Q-1M <br> Quarterly two quarters in arrears      Q-2Q <br> Quarterly three quarters in arrears   Q-3Q <br> Quarterly six months in arrears         Q-2Q <br> Biannual one quarter in arrears         BA-1Q <br> Biannual six months in arrears           BA-2Q <br> Annual reported in 1st quarter           A <br> Annual 12 months in arrears             A-1A <br> Rolling 12 months Rolling        12M - Rolling 12 months (previous 12 month period) reported a quarter in arrears e.g. 1 July 2014 to 30 June 2015 and reported a quarter in arrears i.e. Oct 2015 |
| 14 | KPI  Reporting Aggregation | National;    Region;   Hospital Group;   Hospital;     CHO;   sub-CHO level (please give details);  Other, please specify |
| 15 | KPI is reported in which reports? | Annual Report;   Performance Report/Profile;  MDR ;  Other: give details: 1)DOH Statistics for submission to EU. 2)Irish Kidney Association 3)United States International Renal Data System. 4)Irish Nephrology Society |
| 16 | Web link to published data | http://www.hse.ie/eng/services/publications/ |
| 17 | Additional Information | KPI noted in  National Service Plan 2019 |
| Contact details | | **KPI owner/lead for implementation** |
| | | Name:  Killian Mc Grane National Programme Director of National Women & Infants Health Programme |
| | | Email address:   kililan.mcgrane@hse.ie |
| | | Telephone Number: |
| | | **Data support** |
| | | Name: Acute Business Information Unit |
| | | Email address: AcuteBIU@hse.ie |
| | | Telephone Number  01 620 1800 |
| Governance/sign off | | *This sign off is the governance at Divisional level in respect of management of the KPI including data provision, validation, and use in performance management* |
| | | Operational National Director: **National Director Acute Operations** |

| | Appendix 1: IMEWS - DEFINITION OF IMPLEMENTATION 2019 for Hospitals with Non-maternity beds |
|---|---|
| | **IMEWS considered implemented if hospital can state yes to all of the following criteria** |
| 1 | Is there a local Governance Group in place and meetings held on a quarterly basis to review IMEWS **implementation and audit** data? |
| 2 | Is there a named local co-ordinator for IMEWS? |
| 3 | Is there a named local Consultant lead for IMEWS? |
| 4 | Are IMEWS training records maintained locally? |
| 5 | Excluding women in labour, **high dependency, recovery and critical care,** are all pregnant and postpartum women monitored using IMEWS? |
| 6 | Is the national IMEWS audit tool on completion and esclation utilised annually for up to10 charts for maternity patients in ED or on a General ward in a General Hospital? |
| 7 | Is there evidence that if an issue is identified following audit, appropriate quality improvement plans are recorded and actioned? |
| 8 | Has the data submitted in this report been reviewed by the Chair of the Local Goverenance Group? |

**Appendix 2: IMEWS Hospitals with Non-maternity beds list.**

Children's Health Ireland (CHI at Crumlin, CHI at Tallaght, CHI at Temple St)
MRH Portlaoise
MRH Tullamore
Naas General Hospital
St. James's Hospital
St. Luke's Radiation Oncology Network
Tallaght University Hospital
Cappagh National Orthopaedic Hospital
Mater Misericordiae University Hospital
MRH Mullingar
Our Lady's Hospital Navan
Royal Victoria Eye and Ear Hospital
St. Columcille's Hospital
St. Luke's General Hospital Kilkenny
St. Michael's Hospital
St. Vincent's University Hospital
Wexford General Hospital
Beaumont Hospital
Cavan General Hospital includes Monaghan General Hospital
Connolly Hospital
Louth County Hospital
Our Lady of Lourdes Hospital
Galway University Hospitals
Letterkenny University Hospital
Mayo University Hospital
Portiuncula University Hospital
Roscommon University Hospital
Sligo University Hospital
Bantry General Hospital
Cork University Hospital
Lourdes Orthopaedic Hospital Kilcreene
Mallow General Hospital
Mercy University Hospital
South Infirmary Victoria University Hospital
South Tipperary General Hospital
UH Kerry
UH Waterford
Croom Orthopaedic Hospital
Ennis Hospital
Nenagh Hospital
St. John's Hospital Limerick
UH Limerick

## Acute Division Maternity Patient Safety Statements - Metadata 2019

| No | Steps | Detail supporting KPI |
|---|---|---|
| 1 | **KPI title & Number**<br>**A61** | % maternity hospitals / units which have completed and published Maternity Patient Safety Statement and discussed same at hospital management team / Hospital Group / NWIHP meetings each month |
| 1b | **KPI Short Title** | Maternity Safety Statements |
| 2 | **KPI Description** | % the 19 maternity units which have completed and published maternity patient safety statement ( see attached template) and discussed same at hospital management team meetings each month (verified by signature in statement or published directly on hospital websites including 3 Dublin Maternity Hospitals by the last day of month following the month that is being reported on- i.e. jan info published on HSE or Hospitals own website end of Feb and reported in March to BIU)<br>Statements completed by maternity units, signed by Hospital Group CEO and Clinical Director  or   and published by Hospital Group or HSE as appropiate or completed and published directly on hospital websites including 3 Dublin Maternity Hospitals.<br>Acute Hospital Division/ Women & infants programme will submit data on rates of completion per count to BIU. Where a hospital is not fully completing all 17 metrics this should be reported as a non-submission.  Only hospitals which have fully completed and published get reported in National Service Plan/ Management Data Report. |
| 3 | **KPI Rationale** | No. of statements, if completed, signed and published. No. of safety statements completed and published and signed and No. of Maternity units (19 in total) |
| 3a | **Indicator Classification** | **National Scorecard Quadrant**<br>a) Quality and Safety;<br>b) Access;<br>c) Finance, Governance and Compliance.<br>d) Workforce; |
| 4 | **KPI Target** | 100% |
| 4a | **Target Trajectory** | |
| 4b | **Volume metrics** | |
| 5 | **KPI Calculation** | No of hospitals which have completed (as above)X 100, divided by No. of maternity Units |
| 6 | **Data Sources** | |
| 6a | **Data sign off** | |
| 6b | **Data Quality Issues** | |
| 7 | **Data Collection Frequency** | Daily;     Weekly;    Monthly;    Quarterly;<br>Bi-annual;    Annual;    Other – give details: |
| 8 | **Tracer Conditions (clinical metrics only)** | This Statement is used to inform local hospital and hospital Group management in carrying out their role in safety and quality improvement. The objective in publishing the Statement each month is to provide public assurance that maternity services are delivered in an environment that promotes open disclosure.<br><br>It is not intended that the monthly Statement be used as a comparator with other units or that statements would be aggregated at hospital Group or national level. It assists in an early warning mechanism for issues that require local action and/ or escalation. It forms part of the recommendations in the following reports:<br>• HSE Midland Regional Hospital, Portlaoise Perinatal Deaths, Report to the Minister for Health from Dr. Tony Holohan, Chief Medical Officer, 24 February 2014; and<br>• HIQA Report of the Investigation into the Safety, Quality and Standards of Services Provided by the HSE to patients in the Midland Regional Hospital, Portlaoise, 8 May 2015.<br><br>It is important to note tertiary and referral maternity centres will care for a higher complexity of patients (mothers and babies), therefore clinical activity in these centres will be higher and therefore no comparisons should be drawn with units that do not look after complex cases. |
| 9 | **Minimum Data Set (MDS)** | |
| 10 | **International Comparison** | No. HSE Leading international safety management tool for maternity services. |
| 11 | **KPI Monitoring** | |
| 12 | **KPI Reporting Frequency** | Daily;     Weekly;    Monthly;     Quarterly;     Bi-annual; Annual;  Other – give details: |
| 13 | **KPI report period** | By exception<br>Monthly two months in arrears        M-2M |
| 14 | **KPI  Reporting Aggregation** | National;   Region;   Hospital Group;   Hospital;    CHO;  sub-CHO level (please give details);  Other, please specify |
| 15 | **KPI is reported in which reports?** | Annual Report;  Performance Report/Profile;  MDR ;  Other: give details: 1)DOH Statistics for submission to EU. 2)Irish Kidney Association 3)United States International Renal Data System. 4)Irish Nephrology Society |
| 16 | **Web link to published data** | http://www.hse.ie/eng/services/publications/ |
| 17 | **Additional Information** | KPI noted in  National Service Plan 2019 |
| **Contact details** | | **KPI owner/lead for implementation** |
| | | Name:  Killian Mc Grane National Programme Director of National Women & Infants Health Programme |
| | | Email address:   kililan.mcgrane@hse.ie |
| | | Telephone Number: |
| | | **Data support** |
| | | Name: Acute Business Information Unit |
| | | Email address: AcuteBIU@hse.ie |
| | | Telephone Number  01 620 1800 |
| **Governance/sign off** | | *This sign off is the governance at Divisional level in respect of management of the KPI including data provision, validation, and use in performance management* |
| | | Operational National Director: **National Director Acute Operations** |

## Metadata 2019

| No | Steps | Detail supporting KPI |
|---|---|---|
| 1 | KPI title & Number NCCP24 | % of new patients attending rapid access breast, lung and prostate clinics within recommended timeframe |
| 1b | KPI Short Title | Access to cancer RACs |
| 2 | KPI Description | % of new patients attending rapid access breast, lung and prostate clinics in the cancer centres and appropriate satellite units within recommended timeframe. |
| 3 | KPI Rationale | Timely access to a specialist opinion is a key component of a quality cancer service |
| 3a | Indicator Classification | **National Scorecard Quadrant**<br>a) Quality and Safety;<br>b) Access;<br>c) Finance, Governance and Compliance.<br>d) Workforce; |
| 4 | KPI Target | Target 2019: 95% |
| 4a | Target Trajectory | Constant |
| 4b | Volume metrics | Volume metrics |
| 5 | KPI Calculation | Numerator : The number of new patients attending rapid access breast, lung and prostate clinics within recommended timeframe.<br>Denominator: the number of new patients attending rapid access breast, lung and prostate clinic |
| 6 | Data Sources | NCCP HealthAtlas Portal |
| 6a | Data sign off | Name: Dr. Deirdre Murray |
| 6b | Data Quality Issues | None |
| 7 | Data Collection Frequency | Daily;    Weekly;   Monthly;   Quarterly;<br>Bi-annual;    Annual;    Other – give details: |
| 8 | Tracer Conditions (clinical metrics only) | |
| 9 | Minimum Data Set (MDS) | Composite metric |
| 10 | International Comparison | Composite metric |
| 11 | KPI Monitoring | Daily;    Weekly;   Monthly;   Quarterly;    Bi-annual; Annual;  Other – give details: |
| 12 | KPI Reporting Frequency | Daily;    Weekly;   Monthly;   Quarterly;    Bi-annual; Annual;  Other – give details: |
| 13 | KPI report period | Monthly       M<br>Quarterly     Q<br>Biannual      BA<br>Annual        A<br><br>By exception<br>Monthly in arrears                M-1M<br>Monthly two months in arrears     M-2M<br>Quarterly in arrears              Q-1Q<br>Quarterly one month in arrears    Q-1M<br>Quarterly two quarters in arrears Q-2Q<br>Quarterly three quarters in arrears Q-3Q<br>Quarterly six months in arrears   Q-2Q<br>Biannual one quarter in arrears   BA-1Q<br>Biannual six months in arrears    BA-2Q<br>Annual reported in 1st quarter     A<br>Annual 12 months in arrears       A-1A<br>Rolling 12 months Rolling        12M |
| 14 | KPI Reporting Aggregation | National;   Region;   Hospital Group;   Hospital;     CHO;   sub-CHO level (please give details);  Other, please specify |
| 15 | KPI is reported in which reports? | Annual Report    Performance Report/Profile;  MDR ;  Other |
| 16 | Web link to published data | |
| 17 | Additional Information | |
| **Contact details** | | **KPI owner/lead for implementation** |
| | | Name: Dr. Jerome Coffey, National Director, NCCP |
| | | Email address: |
| | | Telephone Number: 01 8287100 |
| | | **Data support** |
| | | Name: Dr. Deirdre Murray |
| | | Email Address: DeirdreE.Murray@hse.ie |
| | | Telephone Number: 021 4927601 |
| **Governance/sign off** | | *This sign off is the governance at Divisional level in respect of management of the KPI including data provision, validation, and use in performance management* |
| | | Operational National Director: **National Director Acute Operations** |

## Cancer Services Symptomatic Breast Cancer Services - Metadata 2019

| No | Steps | Detail supporting KPI |
|---|---|---|
| 1 | KPI title & Number NCCP6 | % of attendances whose referrals were triaged as non-urgent by the cancer centre and adhered to the national standard of 12 weeks for non-urgent referrals (% offered an appointment that falls within 12 weeks) |
| 1b | KPI Short Title | % of attendances whose referrals were triaged as non-urgent 12 wks |
| 2 | KPI Description | % of attendances whose referrals were triaged as non-urgent by the cancer centre and adhered to the national standard of 12 weeks for non-urgent referrals (% offered an appointment that falls within 12 weeks). |
| 3 | KPI Rationale | Monitoring access and adherence to HIQA standards |
| 3a | Indicator Classification | **National Scorecard Quadrant** a) Quality and Safety; b) Access; c) Finance, Governance and Compliance. d) Workforce; |
| 4 | KPI Target | Target 2019: 95% |
| 4a | Target Trajectory | Target trajectory |
| 4b | Volume metrics | Volume metrics |
| 5 | KPI Calculation | Numerator:The number of patients triaged by the cancer centre as non-urgent who attended a symptomatic breast clinic (during the reporting month) within 12 weeks (less than or equal to 84 days) of the date of receipt of the referral letter in the cancer office or were offered an appointment to attend a symptomatic breast clinic within 12 weeks (less than or equal to 84 days) of the date of receipt of the referral letter in the cancer office. Denominator:The total number of patients triaged by the cancer centre as non-urgent who attended a symptomatic breast clinic during the reporting month. Percentage calculation undertaken by NCCP. |
| 6 | Data Sources | Symptomatic breast database in the cancer centres 100% coverage |
| 6a | Data sign off | Name: Dr. Deirdre Murray |
| 6b | Data Quality Issues | None |
| 7 | Data Collection Frequency | Daily;    Weekly;   Monthly;   Quarterly; Bi-annual;   Annual;   Other – give details:  At the end of the clinic |
| 8 | Tracer Conditions (clinical metrics only) | All patients who attend the symptomatic breast disease clinic and who adhere to the criteria for urgent referral to the clinic as defined by the NCCP SOP for referral & Triage (2008) and the NCCP GP referral guideline |
| 9 | Minimum Data Set (MDS) | 1. The date of receipt of the referral letter in the cancer centre. 2. The level of urgency assigned to the referral by the cancer centre. 3. The date of the first appointment offered to the patient 4. The date of attendance at the symptomatic breast clinic |
| 10 | International Comparison | Activity data used to compile information on access standards are defined in the strategy for implementation of safer better healthcare in the symptomatic breast services which has been developed by the NCCP in accordance with the HIQA 2012 National Standards. Internationally, wait times of up to 12 weeks have been shown not to influence survival:  Association of Breast Surgery  (EJSO), 2009. Clinical standards - management of breast cancer services. Scotland 2008 |
| 11 | KPI Monitoring | Daily;    Weekly;   Monthly;   Quarterly;    Bi-annual; Annual;  Other – give details:  Please indicate who is responsible for monitoring this KPI: NCCP/Group CEO/Hospital Manager |
| 12 | KPI Reporting Frequency | Daily;    Weekly;   Monthly;   Quarterly;    Bi-annual; Annual;  Other – give details: |
| 13 | KPI report period | Monthly     M Quarterly    Q Biannual     BA Annual      A |
| 14 | KPI  Reporting Aggregation | National;   Region;   Hospital Group;   Hospital;     CHO;   sub-CHO level (please give details);   Other, please specify  Cancer Centre |
| 15 | KPI is reported in which reports? | Annual Report;   Performance Report/Profile;  MDR ;  Other: give details: CompStat |
| 16 | Web link to published data | http://www.hse.ie/eng/services/publications/ |
| 17 | Additional Information | As reported in the HSE Performance Report. |
| Contact details | | **KPI owner/lead for implementation** |
| | | Name: Dr. Jerome Coffey, National Director, NCCP |
| | | Email address: |
| | | Telephone Number: 01 8287100 |
| | | **Data support** |
| | | Name: Dr. Deirdre Murray |
| | | Email Address: DeirdreE.Murray@hse.ie |
| | | Telephone Number: 021 4927601 |
| Governance/sign off | | ***This sign off is the governance at Divisional level in respect of management of the KPI including data provision, validation, and use in performance management*** |
| | | Operational National Director: **National Director Acute Operations** |

## Cancer Services Symptomatic Breast Cancer Services - Metadata 2019

| No | Steps | Detail supporting KPI |
|---|---|---|
| 1 | KPI title & Number NCCP8 | % of new attendances to the rapid access clinic, triaged as urgent, that have a subsequent primary diagnosis of breast cancer |
| 1b | KPI Short Title | Clinical Detection Rate Breast Cancer - % - Urgent - New |
| 2 | KPI Description | % of patients who were triaged as urgent that were subsequently diagnosed with a breast cancer |
| 3 | KPI Rationale | Monitoring adequacy of GP referral criteria and hospital triage process |
| 3a | Indicator Classification | **National Scorecard Quadrant** <br> a) Quality and Safety; <br> b) Access; <br> c) Finance, Governance and Compliance. <br> d) Workforce; |
| 4 | KPI Target | Target 2019: >6% |
| 4a | Target Trajectory | Target trajectory |
| 4b | Volume metrics | Volume metrics |
| 5 | KPI Calculation | Numerator: The total number of patients triaged by the cancer centre as urgent (during the reporting month) who were subsequently diagnosed with breast cancer. <br> Denominator:The number of patients triaged by the cancer centre as urgent who attended a symptomatic breast clinic (during the reporting month) <br> Percentage calculation undertaken by NCCP. |
| 6 | Data Sources | Symptomatic breast database in the cancer centres <br> 100% coverage |
| 6a | Data sign off | Name: Dr. Deirdre Murray |
| 6b | Data Quality Issues | None |
| 7 | Data Collection Frequency | Daily;  Weekly;  Monthly;  Quarterly; <br> Bi-annual;  Annual;  Other – give details:  At the end of the clinic |
| 8 | Tracer Conditions (clinical metrics only) | |
| 9 | Minimum Data Set (MDS) | 1. The date of receipt of the referral letter in the cancer centre. <br> 2. The level of urgency assigned to the referral by the cancer centre. <br> 3. The patients diagnosis <br> 4. The date of discussion at MDM |
| 10 | International Comparison | International studies have found that between 6 and 10% of patients who attend rapid access clinics for symptomatic breast disease are subsequently diagnosed with cancer (Cochrane, 1997; Patel, 2000) |
| 11 | KPI Monitoring | Daily;  Weekly;  Monthly;  Quarterly;  Bi-annual; Annual;  Other – give details: <br> Please indicate who is responsible at a local level for monitoring this KPI: NCCP/Group CEO/Hospital Manager |
| 12 | KPI Reporting Frequency | Daily;  Weekly;  Monthly;  Quarterly;  Bi-annual; Annual;  Other – give details: |
| 13 | KPI report period | By exception <br> Rolling 12 months Rolling      12M - (Jan to Dec 2015 reported in Jan 2016) |
| 14 | KPI  Reporting Aggregation | National;  Region;  Hospital Group;  Hospital;  CHO;  sub-CHO level (please give details); Other, please specify - Cancer Centre |
| 15 | KPI is reported in which reports? | Annual Report;  Performance Report/Profile;  MDR ;  Other: give details: CompStat |
| 16 | Web link to published data | http://www.hse.ie/eng/services/publications/ |
| 17 | Additional Information | As reported in the HSE Performance Report. |
| Contact details | | **KPI owner/lead for implementation** |
| | | Name: Dr. Jerome Coffey, National Director, NCCP |
| | | Email address: |
| | | Telephone Number: 01 8287100 |
| | | **Data support** |
| | | Name: Dr. Deirdre Murray |
| | | Email Address: DeirdreE.Murray@hse.ie |
| | | Telephone Number: 021 4927601 |
| Governance/sign off | | ***This sign off is the governance at Divisional level in respect of management of the KPI including data provision, validation, and use in performance management*** |
| | | Operational National Director: **National Director Acute Operations** |

## Cancer Services - Lung Cancer- Metadata 2019

| No | Steps | Detail supporting KPI |
|---|---|---|
| 1 | KPI title & Number NCCP13 | % of new attendances to the rapid access clinic that have a subsequent primary diagnosis of lung cancer |
| 1b | KPI Short Title | Clinical Detection Rate Lung Cancer - % - New |
| 2 | KPI Description | % of patients who attended the rapid access lung clinic and were subsequently diagnosed with a lung cancer |
| 3 | KPI Rationale | Monitoring adequacy of GP referral criteria and hospital triage process |
| 3a | Indicator Classification | **National Scorecard Quadrant** <br> a) Quality and Safety; <br> b) Access; <br> c) Finance, Governance and Compliance. <br> d) Workforce; |
| 4 | KPI Target | Target 2019: >25% |
| 4a | Target Trajectory | Target trajectory |
| 4b | Volume metrics | Volume metrics |
| 5 | KPI Calculation | Numerator:The total number of patients that attended the lung rapid access clinic (during the reporting month) who were subsequently diagnosed with a lung cancer. <br> Denominator:The number of patients that attended the lung rapid access clinic (during the reporting month) <br> Percentage calculation undertaken by NCCP. |
| 6 | Data Sources | RALC database in the cancer centre 100% coverage |
| 6a | Data sign off | Name: Dr. Deirdre Murray |
| 6b | Data Quality Issues | No data quality issues |
| 7 | Data Collection Frequency | Daily;    Weekly;  Monthly;  Quarterly; <br> Bi-annual;   Annual;   Other – give details: |
| 8 | Tracer Conditions (clinical metrics only) | |
| 9 | Minimum Data Set (MDS) | 1. The date of attendance in the cancer centre. <br> 2. The patient's diagnosis |
| 10 | International Comparison | No equivalent international studies available |
| 11 | KPI Monitoring | Daily;    Weekly;  Monthly;  Quarterly;    Bi-annual; Annual;  Other – give details: |
| 12 | KPI Reporting Frequency | Daily;    Weekly;  Monthly;  Quarterly;    Bi-annual; Annual;  Other – give details: |
| 13 | KPI report period | By exception <br> Rolling 12 months Rolling        12M  (e.g. Jan to Dec 2015 reported in Jan 2016) |
| 14 | KPI  Reporting Aggregation | National;  Region;   Hospital Group;    Hospital;    CHO;  sub-CHO level (please give details);  Other, please specify |
| 15 | KPI is reported in which reports? | Annual Report;  Performance Report/Profile;  MDR ;  Other: give details: CompStat |
| 16 | Web link to published data | http://www.hse.ie/eng/services/publications/ |
| 17 | Additional Information | As reported in the HSE Performance Report. |
| **Contact details** | | **KPI owner/lead for implementation** |
| | | Name: Dr. Jerome Coffey, National Director, NCCP |
| | | Email address: |
| | | Telephone Number: 01 8287100 |
| | | **Data support** |
| | | Name: Dr. Deirdre Murray |
| | | Email Address: DeirdreE.Murray@hse.ie |
| | | Telephone Number: 021 4927601 |
| **Governance/sign off** | | *This sign off is the governance at Divisional level in respect of management of the KPI including data provision, validation, and use in performance management* |
| | | Operational National Director: **National Director Acute Operations** |

| | Cancer Services - Prostate Cancer- Metadata 2019 | |
|---|---|---|
| **No** | **Steps** | **Detail supporting KPI** |
| 1 | KPI title & Number NCCP19 | % of new attendances to the rapid access clinic that have a subsequent primary diagnosis of prostate cancer |
| 1b | KPI Short Title | Clinical Detection Rate Prostate Cancer - % - New |
| 2 | KPI Description | % of patients who attended the rapid access prostate clinic and were subsequently diagnosed with a prostate cancer |
| 3 | KPI Rationale | Monitoring adequacy of GP referral criteria and hospital triage process |
| 3a | Indicator Classification | **National Scorecard Quadrant** a) Quality and Safety; b) Access; c) Finance, Governance and Compliance. d) Workforce; |
| 4 | KPI Target | Target 2019 :> 30% |
| 4a | Target Trajectory | Target trajectory |
| 4b | Volume metrics | Volume metrics |
| 5 | KPI Calculation | Numerator:The number of patients that attended the prostate rapid access clinic (during the reporting month) Denominator:The total number of patients hat attended the prostate rapid access clinic (during the reporting month) who were subsequently diagnosed with a pirmary prostate cancer. Percentage calculation undertaken by NCCP. |
| 6 | Data Sources | Rapid access prostate clinic returns 100% coverage |
| 6a | Data sign off | Name: Dr. Deirdre Murray |
| 6b | Data Quality Issues | None |
| 7 | Data Collection Frequency | Daily;     Weekly;    Monthly;    Quarterly; Bi-annual;    Annual;    Other – give details: |
| 8 | Tracer Conditions (clinical metrics only) | All patients referred to the rapid access prostate clinic who adhere to the criteria for referral as defined by the National Prostate Cancer GP Referral Guidelines, NCCP1 |
| 9 | Minimum Data Set (MDS) | 1. The date of attendance in the cancer centre. 2. The patient's diagnosis |
| 10 | International Comparison | No standard international metric available for rapid access prostate cancer clinics |
| 11 | KPI Monitoring | Daily;    Weekly;   Monthly;   Quarterly;     Bi-annual; Annual;  Other – give details: |
| 12 | KPI Reporting Frequency | Daily;    Weekly;   Monthly;   Quarterly;     Bi-annual; Annual;  Other – give details: |
| 13 | KPI report period | By exception Rolling 12 months Rolling      12M (e.g. Jan to Dec 2015 reported in Jan 2016) |
| 14 | KPI Reporting Aggregation | National;  Region;  Hospital Group;   Hospital;     CHO;   sub-CHO level (please give details);  Other - Cancer Centre |
| 15 | KPI is reported in which reports? | Annual Report;  Performance Report/Profile;  MDR ;  Other: give details: CompStat |
| 16 | Web link to published data | http://www.hse.ie/eng/services/publications/ |
| 17 | Additional Information | As reported in the HSE Performance Report. |
| **Contact details** | | **KPI owner/lead for implementation** |
| | | Name: Dr. Jerome Coffey, National Director, NCCP |
| | | Email address: |
| | | Telephone Number: 01 8287100 |
| | | **Data support** |
| | | Name: Dr. Deirdre Murray |
| | | Email Address: DeirdreE.Murray@hse.ie |
| | | Telephone Number: 021 4927601 |
| **Governance/sign off** | | *This sign off is the governance at Divisional level in respect of management of the KPI including data provision, validation, and use in performance management* |
| | | Operational National Director: **National Director Acute Operations** |

## Cancer Services - Radiotherapy- Metadata 2019

| No | Steps | Detail supporting KPI |
|---|---|---|
| 1 | KPI title & Number NCCP22 | % of patients undergoing radical radiotherapy treatment who commenced treatment within 15 working days of being deemed ready to treat by the radiation oncologist (palliative care patients not included) |
| 1b | KPI Short Title | % Radiotherapy Treatment within 15 working days |
| 2 | KPI Description | % of patients undergoing radical treatment for any cancer diagnosis who commenced treatment within 15 working days of being deemed ready to treat by the radiation oncologist. This exculdes patients referred for palliative treatment. |
| 3 | KPI Rationale | Monitors efficiency of the radiotherapy planning processes. |
| 3a | Indicator Classification | **National Scorecard Quadrant**<br>a) Quality and Safety;<br>b) Access;<br>c) Finance, Governance and Compliance.<br>d) Workforce; |
| 4 | KPI Target | NSP 2019: 90% |
| 4a | Target Trajectory | |
| 4b | Volume metrics | |
| 5 | KPI Calculation | Numerator: Number of patients refrered for radiotherapy whose radiotherapy treatment commenced within 15 days of being deemed ready to treat within the reporting period.<br>Denominator: Total number of patients deemed ready to treat referred for radiotherapy |
| 6 | Data Sources | Electronic patient record<br>100% coverage |
| 6a | Data sign off | Name: Dr. Deirdre Murray |
| 6b | Data Quality Issues | Some data definitions still being clarified |
| 7 | Data Collection Frequency | Daily;    Weekly;  Monthly;   Quarterly;<br>Bi-annual;    Annual;    Other – give details: |
| 8 | Tracer Conditions (clinical metrics only) | Patients who completed radical treatment for all cancers (C00 * - C96*) |
| 9 | Minimum Data Set (MDS) | 1. Diagnosis<br>2. Date of ready to treat<br>3. Date of start of treatment<br>4. Date of completion of treatment |
| 10 | International Comparison | Yes - This benchmark is in line with British Columbia Guidelines & ahead of standards in the UK.https://www.wp.dh.gov.uk/publications/files/2012/11/Radiotherapy-Services-in-England-2012.pdf |
| 11 | KPI Monitoring | Daily;    Weekly;  Monthly;    Quarterly;    Bi-annual; Annual;  Other – give details: |
| 12 | KPI Reporting Frequency | Daily;    Weekly;  Monthly;    Quarterly;    Bi-annual; Annual;  Other – give details: |
| 13 | KPI report period | Monthly      M<br>Quarterly    Q<br>Biannual     BA<br>Annual       A<br><br>By exception<br>Monthly in arrears                        M-1M<br>Monthly two months in arrears        M-2M<br>Quarterly in arrears                       Q-1Q<br>Quarterly one month in arrears       Q-1M<br>Quarterly two quarters in arrears    Q-2Q<br>Quarterly three quarters in arrears Q-3Q<br>Quarterly six months in arrears       Q-2Q<br>Biannual one quarter in arrears       BA-1Q<br>Biannual six months in arrears         BA-2Q<br>Annual reported in 1st quarter          A<br>Annual 12 months in arrears           A-1A<br>Rolling 12 months Rolling          12M (e.g. Jan to Dec 2015 reported in Jan 2016) |
| 14 | KPI  Reporting Aggregation | National;   Region;   Hospital Group;    Hospital;     CHO;   sub-CHO level (please give details);   Other - By HSE radiotherapy facilities (SLRON, CUH & UCHG) and that for public patients treated under an SLA in private sector facilities in private facilities |
| 15 | KPI is reported in which reports? | Annual Report; Performance Report/Profile;  MDR ;  Other: give details: CompStat |
| 16 | Web link to published data | http://www.hse.ie/eng/services/publications/ |
| 17 | Additional Information | As reported in the HSE Performance Report. |
| Contact details | | **KPI owner/lead for implementation** |
| | | Name: Dr. Jerome Coffey, National Director, NCCP |
| | | Email address: |
| | | Telephone Number: 01 8287100 |
| | | **Data support** |
| | | Name: Dr. Deirdre Murray |
| | | Email Address: DeirdreE.Murray@hse.ie |
| | | Telephone Number: 021 4927601 |
| Governance/sign off | | *This sign off is the governance at Divisional level in respect of management of the KPI including data provision, validation, and use in performance management* |
| | | Operational National Director: **National Director Acute Operations** |

## Acute Division - Discharge Activity - Metadata 2019

| No | Steps | Detail supporting KPI |
|---|---|---|
| 1 | **KPI title & Number A3** | Inpatient |
| 1b | **KPI Short Title** | IP Cases |
| 2 | **KPI Description** | Number of Inpatient discharges |
| 3 | **KPI Rationale** | |
| 3a | **Indicator Classification** | **National Scorecard Quadrant**<br>a) Quality and Safety;<br>b) Access;<br>c) Finance, Governance and Compliance.<br>d) Workforce; |
| 4 | **KPI Target** | National 637,173 |
| 4a | **Target Trajectory** | |
| 4b | **Volume metrics** | National 637,173 IEHG 132,078 DMHG 96,761 RCSI HG 102,365 ULHG 52,698 SSWHG 113,568 Saolta HG 114,703 Childrens HG 25,000 |
| 5 | **KPI Calculation** | Number of Inpatient discharges |
| 6 | **Data Sources** | HIPE and uncoded PAS data |
| 6a | **Data sign off** | HPO |
| 6b | **Data Quality Issues** | |
| 7 | **Data Collection Frequency** | Daily;    Weekly;    Monthly;    Quarterly;<br>Bi-annual;    Annual;    Other – give details: |
| 8 | **Tracer Conditions (clinical metrics only)** | Inpatients Only |
| 9 | **Minimum Data Set (MDS)** | HIPE:   Discharge Date, Patient Type |
| 10 | **International Comparison** | N/A |
| 11 | **KPI Monitoring** | Daily;    Weekly;    Monthly;    Quarterly;    Bi-annual;  Annual;  Other – give details: |
| 12 | **KPI Reporting Frequency** | Daily;    Weekly;    Monthly;    Quarterly;    Bi-annual; Annual;  Other – give details: |
| 13 | **KPI report period** | By exception<br>Monthly in arrears                     M-1M |
| 14 | **KPI  Reporting Aggregation** | National;   Region;   Hospital Group;   Hospital;    CHO;   sub-CHO level (please give details);  Other, please specify |
| 15 | **KPI is reported in which reports?** | Annual Report ;  Performance Report/Profile;  MDR ;  Other |
| 16 | **Web link to published data** | **N/A** |
| 17 | **Additional Information** | This KPI is noted in the Service Plan 2019 |
| **Contact details** | | **KPI owner/lead for implementation** |
| | | Name:  Emer Gallagher |
| | | Email address: emer.gallagher1@hse.ie |
| | | Telephone Number  01 7718445 |
| | | **Data support** |
| | | Name: Acute Business Information Unit |
| | | Email address: AcuteBIU@hse.ie |
| | | Telephone Number  01 620 1800 |
| **Governance/sign off** | | *This sign off is the governance at Divisional level in respect of management of the KPI including data provision, validation, and use in performance management* |
| | | Operational National Director: **National Director Acute Operations** |

| No | Steps | Detail supporting KPI |
|---|---|---|
| **Acute Division - Discharge Activity - Metadata 2019** | | |
| 1 | **KPI title & Number A5** | Day case (includes dialysis) |
| 1b | **KPI Short Title** | DC (inclu dialysis) |
| 2 | **KPI Description** | Total number of daycase discharges |
| 3 | **KPI Rationale** | |
| 3a | **Indicator Classification** | **National Scorecard Quadrant**<br>a) Quality and Safety;<br>b) Access;<br>c) Finance, Governance and Compliance.<br>d) Workforce; |
| 4 | **KPI Target** | National 1,069,702 |
| 4a | **Target Trajectory** | |
| 4b | **Volume metrics** | National 1,069,702 IEHG 193,738 DMHG 225,964 RCSI HG 155,117 ULHG 60,520 SSWHG 214,373 Saolta HG 191,206 Childrens HG 28,784 |
| 5 | **KPI Calculation** | Total number of daycase discharges |
| 6 | **Data Sources** | HIPE and uncoded PAS data |
| 6a | **Data sign off** | HPO |
| 6b | **Data Quality Issues** | |
| 7 | **Data Collection Frequency** | Daily;    Weekly;    Monthly;    Quarterly;<br>Bi-annual;    Annual;    Other – give details: |
| 8 | **Tracer Conditions (clinical metrics only)** | Daycases Only |
| 9 | **Minimum Data Set (MDS)** | HIPE:  Discharge Date, Patient Type |
| 10 | **International Comparison** | N/A |
| 11 | **KPI Monitoring** | Daily;    Weekly;    Monthly;    Quarterly;    Bi-annual; Annual;  Other – give details: |
| 12 | **KPI Reporting Frequency** | Daily;    Weekly;    Monthly;    Quarterly;    Bi-annual; Annual;  Other – give details: |
| 13 | **KPI report period** | By exception<br>Monthly in arrears                M-1M |
| 14 | **KPI  Reporting Aggregation** | National;   Region;   Hospital Group;   Hospital;    CHO;   sub-CHO level (please give details);  Other, please specify |
| 15 | **KPI is reported in which reports?** | Annual Report;  Performance Report/Profile;  MDS ;  Other |
| 16 | **Web link to published data** | N/A |
| 17 | **Additional Information** | This KPI is noted in the Service Plan 2019 |
| **Contact details** | | **KPI owner/lead for implementation** |
| | | Name:  Emer Gallagher |
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| | | Telephone Number  01 620 1800 |
| **Governance/sign off** | | *This sign off is the governance at Divisional level in respect of management of the KPI including data provision, validation, and use in performance management* |
| | | Operational National Director: **National Director Acute Operations** |

## Acute Division - Discharge Activity - Metadata 2019

| No | Steps | Detail supporting KPI |
|---|---|---|
| 1 | KPI title & Number A7 | Total inpatient and day cases |
| 1b | KPI Short Title | Total IPDC Cases |
| 2 | KPI Description | Total number Inpatient and Daycase discharges |
| 3 | KPI Rationale | |
| 3a | Indicator Classification | **National Scorecard Quadrant** <br> a) Quality and Safety; <br> b) Access; <br> c) Finance, Governance and Compliance. <br> d) Workforce; |
| 4 | KPI Target | National 1,706,875 |
| 4a | Target Trajectory | |
| 4b | Volume metrics | National 1,706,875 IEHG 325,816 DMHG 322,725 RCSI HG 257,482 ULHG 113,218 SSWHG 327,941 Saolta HG 305,909 Childrens HG 53,784 |
| 5 | KPI Calculation | Total number Inpatient and Daycase discharges |
| 6 | Data Sources | HIPE, uncoded PAS data, HPO |
| 6a | Data sign off | HPO |
| 6b | Data Quality Issues | |
| 7 | Data Collection Frequency | Daily;     Weekly;    Monthly;    Quarterly; <br> Bi-annual;    Annual;    Other – give details: |
| 8 | Tracer Conditions (clinical metrics only) | Daycases Only |
| 9 | Minimum Data Set (MDS) | HIPE:  Discharge Date, Patient Type,HPO: weighted Units |
| 10 | International Comparison | N/A |
| 11 | KPI Monitoring | Daily;     Weekly;   Monthly;    Quarterly;     Bi-annual; Annual;  Other – give details: |
| 12 | KPI Reporting Frequency | Daily;     Weekly;   Monthly;    Quarterly;     Bi-annual; Annual;  Other – give details: |
| 13 | KPI report period | By exception <br> Monthly in arrears                M-1M |
| 14 | KPI  Reporting Aggregation | National;   Region;    Hospital Group;    Hospital;    CHO;   sub-CHO level (please give details);  Other, please specify |
| 15 | KPI is reported in which reports? | Annual Report;  Performance Report/Profile;  MDR ;  Other |
| 16 | Web link to published data | N/A |
| 17 | Additional Information | This KPI is noted in the Service Plan 2019 |
| Contact details | | **KPI owner/lead for implementation** |
| | | Name:  Emer Gallagher |
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| | | Telephone Number  01 7718445 |
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| | | Telephone Number  01 620 1800 |
| Governance/sign off | | *This sign off is the governance at Divisional level in respect of management of the KPI including data provision, validation, and use in performance management* |
| | | Operational National Director: **National Director Acute Operations** |

## Acute Division - Discharge Activity - Metadata 2019

| No | Steps | Detail supporting KPI |
|---|---|---|
| 1 | KPI title & Number A12 | Emergency inpatient discharges |
| 1b | KPI Short Title | Emergency IP discharges |
| 2 | KPI Description | Total number of emergency inpatient discharges |
| 3 | KPI Rationale | |
| 3a | Indicator Classification | **National Scorecard Quadrant**<br>a) Quality and Safety;<br>b) Access,<br>c) Finance, Governance and Compliance.<br>d) Workforce; |
| 4 | KPI Target | National 444,010 |
| 4a | Target Trajectory | |
| 4b | Volume metrics | National 444,010 IEHG 91,162 DMHG 63,046 RCSI HG 71,260 ULHG 40,053 SSWHG 77,164 Saolta HG 82,938 Childrens HG 18,387 |
| 5 | KPI Calculation | Total Number of Emergency Inpatient Discharges |
| 6 | Data Sources | HIPE and uncoded PAS data |
| 6a | Data sign off | HPO |
| 6b | Data Quality Issues | |
| 7 | Data Collection Frequency | Daily;    Weekly;    Monthly;    Quarterly;<br>Bi-annual;    Annual;    Other – give details: |
| 8 | Tracer Conditions (clinical metrics only) | Admission Type equal to 4, 5 or 7<br>Inpatients Only |
| 9 | Minimum Data Set (MDS) | HIPE: Discharge Date, Patient Type, Admission Type |
| 10 | International Comparison | NA |
| 11 | KPI Monitoring | Daily;    Weekly;    Monthly;    Quarterly;    Bi-annual; Annual;  Other – give details: |
| 12 | KPI Reporting Frequency | Daily;    Weekly;    Monthly;    Quarterly;    Bi-annual; Annual;  Other – give details: |
| 13 | KPI report period | By exception<br>Monthly in arrears                M-1M |
| 14 | KPI  Reporting Aggregation | National;   Region;   Hospital Group;   Hospital;    CHO;   sub-CHO level (please give details);  Other, please specify |
| 15 | KPI is reported in which reports? | Annual Report;  Performance Report/Profile;  MDR ;  Other |
| 16 | Web link to published data | NA |
| 17 | Additional Information | This KPI is noted in the Service Plan 2019 |
| **Contact details** | | **KPI owner/lead for implementation** |
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| **Governance/sign off** | | ***This sign off is the governance at Divisional level in respect of management of the KPI including data provision, validation, and use in performance management*** |
| | | Operational National Director: **National Director Acute Operations** |

| No | Steps | Detail supporting KPI |
|---|---|---|
| | **Acute Division - Discharge Activity - Metadata 2019** | |
| 1 | **KPI title & Number A13** | Elective inpatient discharges |
| 1b | **KPI Short Title** | Elective IP Discharges |
| 2 | **KPI Description** | Total Number of elective inpatient discharges |
| 3 | **KPI Rationale** | |
| 3a | **Indicator Classification** | **National Scorecard Quadrant**<br>a) Quality and Safety;<br>b) Access;<br>c) Finance, Governance and Compliance.<br>d) Workforce; |
| 4 | **KPI Target** | National 85,660 |
| 4a | **Target Trajectory** | |
| 4b | **Volume metrics** | National 85,660 IEHG 17,113 DMHG 12,295 RCSI HG 10,235 ULHG 6,306 SSWHG 18,687 Saolta HG 14,411 Childrens HG 6,613 |
| 5 | **KPI Calculation** | Total Number of elective inpatient discharges |
| 6 | **Data Sources** | HIPE and uncoded PAS data |
| 6a | **Data sign off** | HPO |
| 6b | **Data Quality Issues** | |
| 7 | **Data Collection Frequency** | Daily; Weekly; Monthly; Quarterly;<br>Bi-annual; Annual; Other – give details: |
| 8 | **Tracer Conditions (clinical metrics only)** | Admission Type equal to 1 or 2<br>Inpatients Only |
| 9 | **Minimum Data Set (MDS)** | HIPE: Discharge Date, Patient Type, Admission Type |
| 10 | **International Comparison** | NA |
| 11 | **KPI Monitoring** | Daily; Weekly; Monthly; Quarterly; Bi-annual; Annual; Other – give details: |
| 12 | **KPI Reporting Frequency** | Daily; Weekly; Monthly; Quarterly; Bi-annual; Annual; Other – give details: |
| 13 | **KPI report period** | By exception<br>Monthly in arrears                M-1M |
| 14 | **KPI  Reporting Aggregation** | National; Region; Hospital Group; Hospital; CHO; sub-CHO level (please give details); Other, please specify |
| 15 | **KPI is reported in which reports?** | Annual Report; Performance Report/Profile; MDR ; Other |
| 16 | **Web link to published data** | NA |
| 17 | **Additional Information** | This KPI is noted in the Service Plan 2019 |
| **Contact details** | | **KPI owner/lead for implementation** |
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| **Governance/sign off** | | *This sign off is the governance at Divisional level in respect of management of the KPI including data provision, validation, and use in performance management* |
| | | Operational National Director: **National Director Acute Operations** |

## Acute Division - Discharge Activity - Metadata 2019

| No | Steps | Detail supporting KPI |
|---|---|---|
| 1 | KPI title & Number A14 | Maternity inpatient discharges |
| 1b | KPI Short Title | Maternity IP Discharges |
| 2 | KPI Description | Total number of Maternity Inpatient Discharges |
| 3 | KPI Rationale | |
| 3a | Indicator Classification | **National Scorecard Quadrant**<br>a) Quality and Safety;<br>b) Access,<br>c) Finance, Governance and Compliance.<br>d) Workforce; |
| 4 | KPI Target | National 107,503 |
| 4a | Target Trajectory | |
| 4b | Volume metrics | National 107,503 IEHG 23,803 DMHG 21,420 RCSI HG 20,870 ULHG 6,339 SSWHG 17,717 Saolta HG 17,354 |
| 5 | KPI Calculation | Total number of Maternity Inpatient Discharges |
| 6 | Data Sources | HIPE |
| 6a | Data sign off | HPO |
| 6b | Data Quality Issues | |
| 7 | Data Collection Frequency | Daily; Weekly; Monthly; Quarterly; Bi-annual; Annual; Other – give details: |
| 8 | Tracer Conditions (clinical metrics only) | Admission Type equal to 6<br>Inpatients Only |
| 9 | Minimum Data Set (MDS) | HIPE: Discharge Date, Patient Type, Admission Type |
| 10 | International Comparison | NA |
| 11 | KPI Monitoring | Daily; Weekly; Monthly; Quarterly; Bi-annual; Annual; Other – give details: |
| 12 | KPI Reporting Frequency | Daily; Weekly; Monthly; Quarterly; Bi-annual; Annual; Other – give details: |
| 13 | KPI report period | By exception<br>Monthly in arrears             M-1M |
| 14 | KPI Reporting Aggregation | National; Region; Hospital Group; Hospital; CHO; sub-CHO level (please give details); Other, please specify |
| 15 | KPI is reported in which reports? | Annual Report; Performance Report/Profile; MDR ; Other |
| 16 | Web link to published data | NA |
| 17 | Additional Information | This KPI is noted in the Service Plan 2019 |
| **Contact details** | | **KPI owner/lead for implementation** |
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| | | **Data support** |
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| | | Telephone Number  01 620 1800 |
| **Governance/sign off** | | *This sign off is the governance at Divisional level in respect of management of the KPI including data provision, validation, and use in performance management* |
| | | Operational National Director: **National Director Acute Operations** |

## Acute Division - Discharge Activity ≥ 75 years - Metadata 2019

| No | Steps | Detail supporting KPI |
|---|---|---|
| 1 | KPI title & Number A103 | Inpatient discharges ≥75 years |
| 1b | KPI Short Title | IPCases ≥75 years |
| 2 | KPI Description | Number of Inpatient discharges ≥ 75 years |
| 3 | KPI Rationale | |
| 3a | Indicator Classification | **National Scorecard Quadrant**<br>a) Quality and Safety;<br>b) Access,<br>c) Finance, Governance and Compliance.<br>d) Workforce; |
| 4 | KPI Target | National 124,094 |
| 4a | Target Trajectory | |
| 4b | Volume metrics | National 124,094 IEHG 27,735 DMHG 17,933 RCSI HG 18,921 ULHG 11,272 SSWHG 23,688 Saolta HG 24,545 |
| 5 | KPI Calculation | Total Number of Inpatient Discharges ≥ 75 years |
| 6 | Data Sources | HIPE and uncoded PAS data |
| 6a | Data sign off | HPO |
| 6b | Data Quality Issues | |
| 7 | Data Collection Frequency | Daily; Weekly; Monthly; Quarterly;<br>Bi-annual; Annual; Other – give details: |
| 8 | Tracer Conditions (clinical metrics only) | Age ≥ 75 years<br>Inpatients Only |
| 9 | Minimum Data Set (MDS) | HIPE: Discharge Date, Patient Type, Age |
| 10 | International Comparison | NA |
| 11 | KPI Monitoring | Daily; Weekly; Monthly; Quarterly; Bi-annual; Annual; Other – give details: |
| 12 | KPI Reporting Frequency | Daily; Weekly; Monthly; Quarterly; Bi-annual; Annual; Other – give details: |
| 13 | KPI report period | By exception<br>Monthly in arrears M-1M |
| 14 | KPI Reporting Aggregation | National; Region; Hospital Group; Hospital; CHO; sub-CHO level (please give details); Other, please specify |
| 15 | KPI is reported in which reports? | Annual Report; Performance Report/Profile; MDR ; Other |
| 16 | Web link to published data | NA |
| 17 | Additional Information | This KPI is noted in the Service Plan 2019 |
| **Contact details** | | **KPI owner/lead for implementation** |
| | | Name: Emer Gallagher |
| | | Email address: emer.gallagher1@hse.ie |
| | | Telephone Number 01 7718445 |
| | | **Data support** |
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| **Governance/sign off** | | *This sign off is the governance at Divisional level in respect of management of the KPI including data provision, validation, and use in performance management* |
| | | Operational National Director: **National Director Acute Operations** |

## Acute Division - Discharge Activity ≥ 75 years - Metadata 2019

| No | Steps | Detail supporting KPI |
|---|---|---|
| 1 | KPI title & Number A104 | Day case discharges ≥75 years |
| 1b | KPI Short Title | DC Cases ≥75 years |
| 2 | KPI Description | Total number of daycase discharges ≥ 75 years |
| 3 | KPI Rationale | |
| 3a | Indicator Classification | **National Scorecard Quadrant** a) Quality and Safety; b) Access; c) Finance, Governance and Compliance. d) Workforce; |
| 4 | KPI Target | National 190,526 |
| 4a | Target Trajectory | |
| 4b | Volume metrics | National 190,526 IEHG 37,097 DMHG 37,665 RCSI HG 28,112 ULHG 11,167 SSWHG 37,925 Saolta HG 38,560 |
| 5 | KPI Calculation | Total Number of Daycase discharges ≥ 75 years |
| 6 | Data Sources | HIPE and uncoded PAS data |
| 6a | Data sign off | HPO |
| 6b | Data Quality Issues | |
| 7 | Data Collection Frequency | Daily;    Weekly;    Monthly;    Quarterly; Bi-annual;    Annual;    Other – give details: |
| 8 | Tracer Conditions (clinical metrics only) | Age ≥ 75 Years Daycases Only |
| 9 | Minimum Data Set (MDS) | HIPE: Discharge Date, Patient Type, Age |
| 10 | International Comparison | NA |
| 11 | KPI Monitoring | Daily;    Weekly;    Monthly;    Quarterly;    Bi-annual; Annual;  Other – give details: |
| 12 | KPI Reporting Frequency | Daily;    Weekly;    Monthly;    Quarterly;    Bi-annual; Annual;  Other – give details: |
| 13 | KPI report period | By exception Monthly in arrears                          M-1M |
| 14 | KPI  Reporting Aggregation | National;    Region;    Hospital Group;    Hospital;    CHO;    sub-CHO level (please give details);  Other, please specify |
| 15 | KPI is reported in which reports? | Annual Report;   Performance Report/Profile;  MDR ;  Other |
| 16 | Web link to published data | NA |
| 17 | Additional Information | This KPI is noted in the Service Plan 2019 |
| Contact details | | **KPI owner/lead for implementation** |
| | | Name:  Emer Gallagher |
| | | Email address: emer.gallagher1@hse.ie |
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| Governance/sign off | | ***This sign off is the governance at Divisional level in respect of management of the KPI including data provision, validation, and use in performance management*** |
| | | Operational National Director: **National Director Acute Operations** |

## Metadata 2019

| No | Steps | Detail supporting KPI |
|---|---|---|
| 1 | **KPI title & Number**<br>**A9** | New ED attendances |
| 1b | **KPI Short Title** | New ED attendances |
| 2 | **KPI Description** | Total number of new patients who present themselves to hospital Emergency Department (ED).<br>An ED is a hospital facility that provides 24/7 access for undifferentiated emergency and urgent presentations across the entire spectrum of medical, surgical, trauma and behavioural conditions.<br>An Emergency Department "New Attendance" is an individual unscheduled visit by one patient to receive treatment from the Emergency Medicine Service. |
| 3 | **KPI Rationale** | It is an important measure for clinical audit/governance and planning of services and to measure the unplanned attendances to each hospital to measure demand on the entire service. Due to the unplanned nature of patient attendance, the department must provide initial treatment for a broad spectrum of illnesses and injuries, some of which may be life-threatening and require immediate attention. |
| 3a | **Indicator Classification** | **National Scorecard Quadrant**<br>a) Quality and Safety;<br>b) Access,<br>c) Finance, Governance and Compliance.<br>d) Workforce; |
| 4 | **KPI Target** | Target 2019: 1,228,415 |
| 4a | **Target Trajectory** | Monthly profile |
| 4b | **Volume metrics** | Volume metrics |
| 5 | **KPI Calculation** | Count of Number of ED Attendances |
| 6 | **Data Sources** | Sourced from Hospitals |
| 6a | **Data sign off** | Name: Ciara Hughes - EMP Programme Manager |
| 6b | **Data Quality Issues** | Reporting all acute hospitals with recognised Emergency Departments |
| 7 | **Data Collection Frequency** | Daily;    Weekly;   Monthly;   Quarterly;<br>Bi-annual;   Annual;   Other – give details: |
| 8 | **Tracer Conditions (clinical metrics only)** | Emergency Attendance |
| 9 | **Minimum Data Set (MDS)** | BIU – Acute MDR |
| 10 | **International Comparison** | Yes |
| 11 | **KPI Monitoring** | Daily;    Weekly;   Monthly;   Quarterly;    Bi-annual; Annual;  Other – give details: |
| 12 | **KPI Reporting Frequency** | Daily;    Weekly;   Monthly;   Quarterly;    Bi-annual; Annual;  Other – give details: |
| 13 | **KPI report period** | Monthly         M<br>Quarterly     Q<br>Biannual      BA<br>Annual         A<br><br>By exception<br>Monthly in arrears                  M-1M<br>Monthly two months in arrears      M-2M<br>Quarterly in arrears                Q-1Q<br>Quarterly one month in arrears      Q-1M<br>Quarterly two quarters in arrears   Q-2Q<br>Quarterly three quarters in arrears Q-3Q<br>Quarterly six months in arrears     Q-2Q<br>Biannual one quarter in arrears     BA-1Q<br>Biannual six months in arrears      BA-2Q<br>Annual reported in 1st quarter        A<br>Annual 12 months in arrears         A-1A<br>Rolling 12 months Rolling           12M |
| 14 | **KPI  Reporting Aggregation** | National;   Region;   Hospital Group;   Hospital;    CHO;   sub-CHO level (please give details);  Other, please specify |
| 15 | **KPI is reported in which reports?** | Annual Report;  Performance Report/Profile;  MDR ;  Other |
| 16 | **Web link to published data** | http://www.hse.ie/eng/services/Publications |
| 17 | **Additional Information** | This KPI is noted in the Service  Plan 2019 |
| **Contact details** | | **KPI owner/lead for implementation** |
| | | Name: Ciara Hughes - EMP Programme Manager |
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| | | Telephone Number  : 087  7845571 |
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| **Governance/sign off** | | *This sign off is the governance at Divisional level in respect of management of the KPI including data provision, validation, and use in performance management* |
| | | Operational National Director: **National Director Acute Operations** |

## Metadata 2019

| No | Steps | Detail supporting KPI |
|---|---|---|
| 1 | KPI title & Number A10 | Return ED attendances |
| 1b | KPI Short Title | Return ED attendances |
| 2 | KPI Description | Total number of scheduled and unscheduled return attendances at the Emergency Department.<br>Return Attendances include:<br>Scheduled Return: A planned follow-up attendance at the same department, and for the same incident as the first attendance. This includes patients attending EM review clinics.<br><br>Unscheduled 24-hour Return: An unplanned attendance at the same department and for the same incident within 24 hours of the first attendance.<br><br>Unscheduled Seven-day Return: An unplanned attendance at the same department and for the same incident within seven days of the first attendance.<br><br>Unscheduled 28-day Return: An unplanned attendance at the same department and for the same incident within 28 days of the first attendance. |
| 3 | KPI Rationale | It is an important measure for clinical audit/governance and planning of services and to measure the unplanned attendances to each hospital to measure demand on the entire service. Due to the unplanned nature of patient attendance, the department must provide initial treatment for a broad spectrum of illnesses and injuries, some of which may be life-threatening and require immediate attention. |
| 3a | Indicator Classification | **National Scorecard Quadrant**<br>a) Quality and Safety;<br>b) Access,<br>c) Finance, Governance and Compliance.<br>d) Workforce; |
| 4 | KPI Target | Target 2019: 99,570 |
| 4a | Target Trajectory | Monthly profile |
| 4b | Volume metrics | Volume metrics |
| 5 | KPI Calculation | Count of Number of Return ED Attendances |
| 6 | Data Sources | Sourced from Hospitals systems |
| 6a | Data sign off | Name: Ciara Hughes - EMP Programme Manager |
| 6b | Data Quality Issues | Reporting all acute hospitals with recognised Emergency Departments |
| 7 | Data Collection Frequency | Daily; Weekly; Monthly; Quarterly; |
| 8 | Tracer Conditions (clinical metrics only) | As per description no. 2 above |
| 9 | Minimum Data Set (MDS) | BIU – Acute MDR |
| 10 | International Comparison | Yes |
| 11 | KPI Monitoring | Daily; Weekly; Monthly; Quarterly; Bi-annual; Annual; Other – give details: |
| 12 | KPI Reporting Frequency | Daily; Weekly; Monthly; Quarterly; Bi-annual; Annual; Other – give details: |
| 13 | KPI report period | Monthly M<br>Quarterly Q<br>Biannual BA<br>Annual A<br><br>By exception<br>Monthly in arrears M-1M<br>Monthly two months in arrears M-2M<br>Quarterly in arrears Q-1Q<br>Quarterly one month in arrears Q-1M<br>Quarterly two quarters in arrears Q-2Q<br>Quarterly three quarters in arrears Q-3Q<br>Quarterly six months in arrears Q-2Q |
| 14 | KPI Reporting Aggregation | National; Region; Hospital Group; Hospital; CHO; sub-CHO level (please give details); Other, please specify |
| 15 | KPI is reported in which reports? | Annual Report; Performance Report/Profile; MDR ; Other |
| 16 | Web link to published data | http://www.hse.ie/eng/services/Publications |
| 17 | Additional Information | This KPI is noted in Divisional Operational Plan 2019 |
| Contact details | | **KPI owner/lead for implementation** |
| | | Name: Ciara Hughes - EMP Programme Manager |
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| | | Telephone Number : 087 7845571 |
| | | **Data support** |
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| Governance/sign off | | *This sign off is the governance at Divisional level in respect of management of the KPI including data provision, validation, and use in performance management* |
| | | Operational National Director: **National Director Acute Operations** |

## Metadata 2019

| No | Steps | Detail supporting KPI |
|---|---|---|
| 1 | KPI title & Number A94 | Injury Unit attendances |
| 1b | KPI Short Title | LIU attendances |
| 2 | KPI Description | Total number of patients who present themselves to an Injury Unit. An Injury Unit provides care for non-life threatening or limb-threatening injuries, for limited hours' of patient access. |
| 3 | KPI Rationale | It is an important measure for clinical audit/governance and planning of services and to measure the unplanned attendances to each hospital to measure demand on the entire service. |
| 3a | Indicator Classification | **National Scorecard Quadrant** a) Quality and Safety; b) Access; c) Finance, Governance and Compliance. d) Workforce; |
| 4 | KPI Target | Target 2019: 96,518 |
| 4a | Target Trajectory | Monthly profile |
| 4b | Volume metrics | Volume metrics |
| 5 | KPI Calculation | Count of Other Presentations |
| 6 | Data Sources | Sourced from Hospitals systems |
| 6a | Data sign off | Name: Ciara Hughes - EMP Programme Manager |
| 6b | Data Quality Issues | Reporting all acute hospitals with recognised Emergency Departments |
| 7 | Data Collection Frequency | Daily;    Weekly;   Monthly;   Quarterly; |
| 8 | Tracer Conditions (clinical | Emergency Presentation other than New or Return |
| 9 | Minimum Data Set (MDS) | BIU – Acute MDR |
| 10 | International Comparison | Yes |
| 11 | KPI Monitoring | Daily;    Weekly;   Monthly;   Quarterly;    Bi-annual; Annual;  Other – give details: |
| 12 | KPI Reporting Frequency | Daily;    Weekly;   Monthly;   Quarterly;    Bi-annual; Annual;  Other – give details: |
| 13 | KPI report period | Monthly     M Quarterly    Q Biannual     BA Annual        A By exception Monthly in arrears                M-1M Monthly two months in arrears     M-2M Quarterly in arrears                Q-1Q Quarterly one month in arrears     Q-1M Quarterly two quarters in arrears   Q-2Q Quarterly three quarters in arrears Q-3Q Quarterly six months in arrears    Q-2Q Biannual one quarter in arrears     BA-1Q Biannual six months in arrears      BA-2Q Annual reported in 1st quarter      A Annual 12 months in arrears       A-1A Rolling 12 months Rolling         12M |
| 14 | KPI  Reporting Aggregation | National;   Region;  Hospital Group;  Hospital;    CHO;  sub-CHO level (please give details);  Other, please specify |
| 15 | KPI is reported in which reports? | Annual Report;  Performance Report/Profile;  MDR ;  Other |
| 16 | Web link to published data | http://www.hse.ie/eng/services/Publications |
| 17 | Additional Information | This KPI is noted in Divisional Operational Plan 2019 |
| Contact details | | KPI owner/lead for implementation |
| | | Name: Ciara Hughes - EMP Programme Manager |
| | | Email address: emp@rcsi.ie  / ciarah@rcsi.ie |
| | | Telephone Number  : 087  7845571 |
| | | Data support |
| | | Name: Acute Business Information Unit |
| | | Email address: AcuteBIU@hse.ie |
| | | Telephone Number  01 620 1800 |
| Governance/sign off | | *This sign off is the governance at Divisional level in respect of management of the KPI including data provision, validation, and use in performance management* |
| | | Operational National Director: **National Director Acute Operations** |

## Metadata 2019

| No | Steps | Detail supporting KPI |
|---|---|---|
| 1 | KPI title & Number A95 | Other Emergency Presentations |
| 1b | KPI Short Title | Other emergency presentations (excls LIU) |
| 2 | KPI Description | Total number of patients who present themselves to hospital as emergency other than New or Return at an Emergency Department or attendances at an injury unit. They include Paediatric Assessment Unit (PAU's) and Surgical Assessment Unit (SAU's), and emergency presentations direct to wards. |
| 3 | KPI Rationale | It is an important measure for clinical audit/governance and planning of services and to measure the unplanned attendances to each hospital |
| 3a | Indicator Classification | National Scorecard Quadrant<br>a) Quality and Safety;<br>b) Access,<br>c) Finance, Governance and Compliance.<br>d) Workforce; |
| 4 | KPI Target | Target 2019: 50,633 |
| 4a | Target Trajectory | Monthly profile |
| 4b | Volume metrics | Volume metrics |
| 5 | KPI Calculation | Count of Other Presentations |
| 6 | Data Sources | Sourced from Hospitals systems |
| 6a | Data sign off | Name: Ciara Hughes - EMP Programme Manager |
| 6b | Data Quality Issues | Reporting all acute hospitals with recognised Emergency Departments |
| 7 | Data Collection Frequency | Daily;    Weekly;    Monthly;    Quarterly; |
| 8 | Tracer Conditions (clinical metrics only) | Emergency Presentation other than New or Return |
| 9 | Minimum Data Set (MDS) | BIU – Acute MDR |
| 10 | International Comparison | Yes |
| 11 | KPI Monitoring | Daily;    Weekly;    Monthly;    Quarterly;    Bi-annual; Annual;  Other – give details: |
| 12 | KPI Reporting Frequency | Daily;    Weekly;    Monthly;    Quarterly;    Bi-annual; Annual;  Other – give details: |
| 13 | KPI report period | Monthly       M<br>Quarterly    Q<br>Biannual     BA<br>Annual        A<br><br>By exception<br>Monthly in arrears                        M-1M<br>Monthly two months in arrears      M-2M<br>Quarterly in arrears                       Q-1Q<br>Quarterly one month in arrears      Q-1M<br>Quarterly two quarters in arrears   Q-2Q<br>Quarterly three quarters in arrears Q-3Q<br>Quarterly six months in arrears      Q-2Q<br>Biannual one quarter in arrears      BA-1Q<br>Biannual six months in arrears        BA-2Q<br>Annual reported in 1st quarter          A<br>Annual 12 months in arrears          A-1A<br>Rolling 12 months Rolling              12M |
| 14 | KPI  Reporting Aggregation | National;   Region;   Hospital Group;   Hospital;    CHO;   sub-CHO level (please give details);  Other, please specify |
| 15 | KPI is reported in which reports? | Annual Report;  Performance Report/Profile;  MDR ;  Other |
| 16 | Web link to published data | http://www.hse.ie/eng/services/Publications |
| 17 | Additional Information | This KPI is noted in Divisional Operational Plan 2019 |
| Contact details | | KPI owner/lead for implementation |
| | | Name: Ciara Hughes - EMP Programme Manager |
| | | Email address:  emp@rcsi.ie  / ciarah@rcsi.ie |
| | | Telephone Number  : 087  7845571 |
| | | Data support |
| | | Name: Acute Business Information Unit |
| | | Email address: AcuteBIU@hse.ie |
| | | Telephone Number  01 620 1800 |
| Governance/sign off | | *This sign off is the governance at Divisional level in respect of management of the KPI including data provision, validation, and use in performance management* |
| | | Operational National Director: **National Director Acute Operations** |

| Metadata 2019 | | |
|---|---|---|
| **No** | **Steps** | **Detail supporting KPI** |
| 1 | **KPI title & Number A17** | Total no. of births |
| 1b | **KPI Short Title** | Number of births |
| 2 | **KPI Description** | Includes the total number of live births and still births greater than or equal to 500grms. |
| 3 | **KPI Rationale** | Monitoring Function. Standard indicator of obstetric performance. An indicator needed for calculating population growth. |
| 3a | **Indicator Classification** | **National Scorecard Quadrant** a) Quality and Safety; b) Access; c) Finance, Governance and Compliance. d) Workforce; |
| 4 | **KPI Target** | Target 2019: 60,861 |
| 4a | **Target Trajectory** | Monthly profile |
| 4b | **Volume metrics** | Volume metrics |
| 5 | **KPI Calculation** | Count: Number of Live Births + Number of Still Births |
| 6 | **Data Sources** | Sourced from Hospitals PAS systems |
| 6a | **Data sign off** | Name: Acute Business Information Unit |
| 6b | **Data Quality Issues** | 19/19 hospitals reporting |
| 7 | **Data Collection Frequency** | Daily; Weekly; Monthly; Quarterly; |
| 8 | **Tracer Conditions (clinical metrics only)** | Total number of live births and still births greater than or equal to 500grms. |
| 9 | **Minimum Data Set (MDS)** | BIU – Acute MDR |
| 10 | **International Comparison** | Yes |
| 11 | **KPI Monitoring** | Daily; Weekly; Monthly; Quarterly; Bi-annual; Annual; Other – give details: |
| 12 | **KPI Reporting Frequency** | Daily; Weekly; Monthly; Quarterly; Bi-annual; Annual; Other – give details: |
| 13 | **KPI report period** | Monthly        M Quarterly        Q Biannual        BA Annual        A

By exception
Monthly in arrears                    M-1M
Monthly two months in arrears        M-2M
Quarterly in arrears                    Q-1Q
Quarterly one month in arrears        Q-1M
Quarterly two quarters in arrears    Q-2Q
Quarterly three quarters in arrears Q-3Q
Quarterly six months in arrears        Q-2Q
Biannual one quarter in arrears        BA-1Q
Biannual six months in arrears        BA-2Q
Annual reported in 1st quarter        A
Annual 12 months in arrears        A-1A
Rolling 12 months Rolling        12M |
| 14 | **KPI  Reporting Aggregation** | National;   Region;   Hospital Group;   Hospital;   CHO;   sub-CHO level (please give details);  Other, please specify |
| 15 | **KPI is reported in which reports?** | Annual Report;  Performance Report/Profile;  MDR ;  Other |
| 16 | **Web link to published data** | http://www.hse.ie/eng/services/Publications |
| 17 | **Additional Information** | This KPI is noted in the Service  Plan 2019 |
| **Contact details** | | **KPI owner/lead for implementation** |
| | | Name: Acute Business Information Unit |
| | | Email address: AcuteBIU@hse.ie |
| | | Telephone Number  01 620 1800 |
| | | **Data support** |
| | | Name: Acute Business Information Unit |
| | | Email address: AcuteBIU@hse.ie |
| | | Telephone Number  01 620 1800 |
| **Governance/sign off** | | *This sign off is the governance at Divisional level in respect of management of the KPI including data provision, validation, and use in performance management* |
| | | Operational National Director: **National Director Acute Operations** |

## Metadata 2019

| No | Steps | Detail supporting KPI |
|---|---|---|
| 1 | **KPI title & Number A15** | No. of new and return outpatient attendances |
| 1b | **KPI Short Title** | Total opd attendances |
| 2 | **KPI Description** | This metric includes the total number of both new and return attendances. New attendance = A first new attendances at a consultant led Outpatient clinic<br>Return Attendance - Attendance by a patient who has been treated as an outpatient at least once previously, or as an inpatient or day case. |
| 3 | **KPI Rationale** | The monitoring of outpatient attendance levels |
| 3a | **Indicator Classification** | **National Scorecard Quadrant**<br>a) Quality and Safety;<br>b) Access;<br>c) Finance, Governance and Compliance.<br>d) Workforce; |
| 4 | **KPI Target** | Target 2019: 3,339,859 |
| 4a | **Target Trajectory** | Monthly profile |
| 4b | **Volume metrics** | Volume metrics |
| 5 | **KPI Calculation** | Count. Total New + Return Outpatient attendances |
| 6 | **Data Sources** | Sourced from Hospitals PAS systems |
| 6a | **Data sign off** | Name: OSPIP |
| 6b | **Data Quality Issues** | All acute hospitals reporting |
| 7 | **Data Collection Frequency** | Daily;    Weekly;    Monthly;    Quarterly;<br>Bi-annual;    Annual;    Other – give details: |
| 8 | **Tracer Conditions (clinical** | Qualifies as an outpatient attendance |
| 9 | **Minimum Data Set (MDS)** | BIU - Acute OPD Template |
| 10 | **International Comparison** | No OPD measure of performance internationally due to different structures of health service delivery. |
| 11 | **KPI Monitoring** | Daily;    Weekly;    Monthly;    Quarterly;    Bi-annual; Annual;  Other – give details: |
| 12 | **KPI Reporting Frequency** | Daily;    Weekly;    Monthly;    Quarterly;    Bi-annual; Annual;  Other – give details: |
| 13 | **KPI report period** | Monthly      M<br>Quarterly    Q<br>Biannual      BA<br>Annual        A<br><br>By exception<br>Monthly in arrears                      M-1M<br>Monthly two months in arrears      M-2M<br>Quarterly in arrears                     Q-1Q<br>Quarterly one month in arrears       Q-1M<br>Quarterly two quarters in arrears    Q-2Q<br>Quarterly three quarters in arrears Q-3Q<br>Quarterly six months in arrears      Q-2Q<br>Biannual one quarter in arrears      BA-1Q<br>Biannual six months in arrears       BA-2Q<br>Annual reported in 1st quarter         A<br>Annual 12 months in arrears          A-1A<br>Rolling 12 months Rolling            12M |
| 14 | **KPI  Reporting Aggregation** | National;    Region;    Hospital Group;    Hospital;    CHO;    sub-CHO level (please give details);  Other, please specify |
| 15 | **KPI is reported in which reports?** | Annual Report;   Performance Report/Profile;  MDR ;  Other |
| 16 | **Web link to published data** | http://www.hse.ie/eng/services/Publications |
| 17 | **Additional Information** | This KPI is noted in the Service  Plan 2019 |
| **Contact details** | | **KPI owner/lead for implementation** |
| | | Name: OSPIP |
| | | Email address: ita.hegarty@hse.ie |
| | | Telephone Number  01 620 1800 |
| | | **Data support** |
| | | Name: Acute Business Information Unit |
| | | Email address: AcuteBIU@hse.ie |
| | | Telephone Number  01 620 1800 |
| **Governance/sign off** | | *This sign off is the governance at Divisional level in respect of management of the KPI including data provision, validation, and use in performance management* |
| | | Operational National Director: **National Director Acute Operations** |

| Metadata 2019 | | |
|---|---|---|
| **No** | **Steps** | **Detail supporting KPI** |
| 1 | **KPI title & Number**<br>**A48** | No. of bed days lost through delayed discharges |
| 1b | **KPI Short Title** | Delayed Discharges - Bed Days |
| 2 | **KPI Description** | This metric looks at the number of bed days lost due to delayed discharge.<br>Delayed Discharge: A patient who remains in hospital after a senior doctor (consultant or registrar grade) has documented in the medical chart that the patient can be discharged.<br>New categorisation of delayed discharges grouped under Type A - Destination Home, Type B - Destination Long<br>Term Nursing Care, Type C - Other Destination and Outcomes. |
| 3 | **KPI Rationale** | Delayed discharge is used in assessment of quality of care, costs and efficiency and is used for health planning purposes. |
| 3a | **Indicator Classification** | **National Scorecard Quadrant**<br>a) Quality and Safety;<br>b) Access;<br>c) Finance, Governance and Compliance.<br>d) Workforce; |
| 4 | **KPI Target** | Target 2019:  <200,750 |
| 4a | **Target Trajectory** | N/A |
| 4b | **Volume metrics** | Volume metrics |
| 5 | **KPI Calculation** | Count of bed days lost to patients who are Delayed Discharges. |
| 6 | **Data Sources** | National Delayed Discharge database to BIU Acute |
| 6a | **Data sign off** | Name: Unscheduled Care Lead |
| 6b | **Data Quality Issues** | |
| 7 | **Data Collection Frequency** | Daily;    Weekly;    Monthly;    Quarterly;<br>Bi-annual;    Annual;    Other – give details: |
| 8 | **Tracer Conditions (clinical metrics only)** | Bed days lost |
| 9 | **Minimum Data Set (MDS)** | Categorisation of delayed discharges grouped under Type A - Destination Home, Type B - Destination Long<br>Term Nursing Care, Type C - Other Destination and Outcomes |
| 10 | **International Comparison** | Yes, similar information gathered in other countries |
| 11 | **KPI Monitoring** | Daily;     Weekly; Monthly;   Quarterly;    Bi-annual; Annual;  Other – give details: |
| 12 | **KPI Reporting Frequency** | Daily;     Weekly; Monthly;   Quarterly;     Bi-annual; Annual;  Other – give details: |
| 13 | **KPI report period** | Monthly     M<br>Quarterly    Q<br>Biannual     BA<br>Annual       A<br><br>By exception<br>Monthly in arrears                M-1M<br>Monthly two months in arrears      M-2M<br>Quarterly in arrears              Q-1Q<br>Quarterly one month in arrears     Q-1M<br>Quarterly two quarters in arrears    Q-2Q<br>Quarterly three quarters in arrears Q-3Q<br>Quarterly six months in arrears      Q-2Q<br>Biannual one quarter in arrears     BA-1Q<br>Biannual six months in arrears      BA-2Q<br>Annual reported in 1st quarter        A<br>Annual 12 months in arrears        A-1A<br>Rolling 12 months Rolling          12M |
| 14 | **KPI  Reporting Aggregation** | National;   Region;   Hospital Group;   Hospital;    CHO;   sub-CHO level (please give details);  Other, please specify |
| 15 | **KPI is reported in which reports?** | Annual Report;  Performance Report/Profile;  MDR ;  Other |
| 16 | **Web link to published data** | http://www.hse.ie/eng/services/Publications |
| 17 | **Additional Information** | This KPI is noted in the Service  Plan 2019 |
| **Contact details** | | **KPI owner/lead for implementation** |
| | | Name: Unscheduled Care Lead |
| | | Email address: acutehospitals@hse.ie |
| | | Telephone Number |
| | | **Data support** |
| | | Name: Acute Business Information Unit |
| | | Email address: AcuteBIU@hse.ie |
| | | Telephone Number  01 620 1800 |
| **Governance/sign off** | | *This sign off is the governance at Divisional level in respect of management of the KPI including data provision, validation, and use in performance management* |
| | | Operational National Director: **National Director Acute Operations** |

| Metadata 2019 | | |
|---|---|---|
| **No** | **Steps** | **Detail supporting KPI** |
| 1 | KPI title & Number A49 | No. of beds subject to delayed discharges |
| 1b | KPI Short Title | Delayed Discharges - Beds |
| 2 | KPI Description | This metric looks at the number of beds subject to delayed discharge. Delayed Discharge: A patient who remains in hospital after a senior doctor (consultant or registrar grade) has documented in the medical chart that the patient can be discharged. New categorisation of delayed discharges grouped under Type A - Destination Home, Type B - Destination Long Term Nursing Care, Type C - Other Destination and Outcomes. |
| 3 | KPI Rationale | Delayed discharge is used in assessment of quality of care, costs and efficiency and is used for health planning purposes. |
| 3a | Indicator Classification | **National Scorecard Quadrant** a) Quality and Safety; b) Access; c) Finance, Governance and Compliance. d) Workforce; |
| 4 | KPI Target | Target 2019:  <550 |
| 4a | Target Trajectory | N/A |
| 4b | Volume metrics | Volume metrics |
| 5 | KPI Calculation | Count of bed in use to patients who are Delayed Discharges at one point in time. |
| 6 | Data Sources | National Delayed Discharge database to BIU Acute |
| 6a | Data sign off | Name: Unscheduled Care Lead |
| 6b | Data Quality Issues | |
| 7 | Data Collection Frequency | Daily;   Weekly;   Monthly;   Quarterly; Bi-annual;   Annual;   Other – give details: |
| 8 | Tracer Conditions (clinical metrics only) | Bed subject to delayed discharge. |
| 9 | Minimum Data Set (MDS) | Categorisation of delayed discharges grouped under Type A - Destination Home, Type B - Destination Long Term Nursing Care, Type C - Other Destination and Outcomes. |
| 10 | International Comparison | Yes, similar information gathered in other countries |
| 11 | KPI Monitoring | Daily;     Weekly;   Monthly;   Quarterly;     Bi-annual; Annual;  Other – give details: |
| 12 | KPI Reporting Frequency | Daily;     Weekly;   Monthly;   Quarterly;     Bi-annual; Annual;  Other – give details: |
| 13 | KPI report period | Monthly     M Quarterly    Q Biannual     BA Annual       A<br><br>By exception Monthly in arrears                    M-1M Monthly two months in arrears      M-2M Quarterly in arrears                   Q-1Q Quarterly one month in arrears     Q-1M Quarterly two quarters in arrears   Q-2Q Quarterly three quarters in arrears Q-3Q Quarterly six months in arrears      Q-2Q Biannual one quarter in arrears      BA-1Q Biannual six months in arrears       BA-2Q Annual reported in 1st quarter         A Annual 12 months in arrears          A-1A Rolling 12 months Rolling             12M |
| 14 | KPI  Reporting Aggregation | National;   Region;   Hospital Group;   Hospital;    CHO;   sub-CHO level (please give details);  Other, please specify |
| 15 | KPI is reported in which reports? | Annual Report;   Performance Report/Profile;   MDR ;   Other |
| 16 | Web link to published data | http://www.hse.ie/eng/services/Publications |
| 17 | Additional Information | This KPI is noted in the Service  Plan 2019 |
| **Contact details** | | **KPI owner/lead for implementation** |
| | | Name: Unscheduled Care Lead |
| | | Email address: acutehospitals@hse.ie |
| | | Telephone Number |
| | | **Data support** |
| | | Name: Acute Business Information Unit |
| | | Email address: AcuteBIU@hse.ie |
| | | Telephone Number  01 620 1800 |
| **Governance/sign off** | | *This sign off is the governance at Divisional level in respect of management of the KPI including data provision, validation, and use in performance management* |
| | | Operational National Director: **National Director Acute Operations** |

## Acute Division - Healthcare Associated Infections - Metadata 2019

| No | Steps | Detail supporting KPI |
|---|---|---|
| 1 | **KPI title & Number** **A105** | No. of new cases of CPE |
| 1b | **KPI Short Title** | No. of new cases of CPE |
| 2 | **KPI Description** | No. of new cases of CPE (Carbapenemase Producing Enterobacterales) reported in swabs/ faeces or other samples by acute hospitals |
| 3 | **KPI Rationale** | Carbapenemase Producing Enterobacterales CPE (also referred to as carbapenem-resistant Enterobacterales (CRE)) are an emerging threat to human health, particularly in hospital settings. CPE are gram-negative bacteria that are carried in the gut and are resistant to most, and sometimes all, available antibiotics. The true cost and extent of this increasing threat cannot be fully estimated at present. However, CPE blood stream infection has been associated with death in up to half of all patients affected by it. The incidence on CPE can also result in significant financial cost to the health system and challenges to effective patient flow in health care delivery for scheduled and unscheduled care. CPE are becoming increasingly common in Ireland. Expert opinion is that we may still be in a position to contain this epidemic with full implementation of national and international guidance to manage the problem. Tracking of incidence of CPE infections is key to accurate assessment of the situation in Ireland. |
| 3a | **Indicator Classification** | **National Scorecard Quadrant** a) Quality and Safety; b) Access; c) Finance, Governance and Compliance. d) Workforce; |
| 4 | **KPI Target** | N/A |
| 4a | **Target Trajectory** | N/A |
| 4b | **Volume metrics** | N/A |
| 5 | **KPI Calculation** | CPE002 (Number of patients confirmed with newly detected CPE from rectal swabs/ faeces) plus CPE 003 (Number of patients confirmed with newly detected CPE from any other site) |
| 6 | **Data Sources** | CPE Report to BIU monthly from Acute Hospitals |
| 6a | **Data sign off** | Data should be approved for issue to BIU by Hospital Manager or CEO |
| 6b | **Data Quality Issues** | Dependant on accurate reporting from Hospitals. To avoid duplication confirmed CPE should be counted once only and for the purpose of this return it should be associated with the month during which a rapid confirmation assay positive result performed either in house or at reference laboratory becomes available to the Infection Prevention Control team at the hospital making the return. (For example if a patient has a CPE detected from a rectal swab in January and again in February from any site (rectal/other), the patient is counted once only in January, with all subsequent CPE isolates, from this patient to be excluded) |
| 7 | **Data Collection Frequency** | Daily; Weekly; Monthly; Quarterly ; Bi-annual; Annual; Other – give details: |
| 8 | **Tracer Conditions (clinical metrics only)** | see above No. 5 |
| 9 | **Minimum Data Set (MDS)** | BIU Reporting template for same |
| 10 | **International Comparison** | A number of other countries track incidence of CPE using various systems e.g. UK and Israel. |
| 11 | **KPI Monitoring** | Daily; Weekly; Monthly; Quarterly; Bi-annual; Annual; Other – give details: |
| 12 | **KPI Reporting Frequency** | Daily; Weekly; Monthly; Quarterly; Bi-annual; Annual; Other – give details: |
| 13 | **KPI report period** | Monthly M Quarterly Q Biannual BA Annual A <br><br> By exception <br> Monthly in arrears        M-1M <br> Monthly two months in arrears    M-2M <br> Quarterly in arrears        Q-1Q <br> Quarterly one month in arrears   Q-1M <br> Quarterly two quarters in arrears  Q-2Q <br> Quarterly three quarters in arrears Q-3Q <br> Quarterly six months in arrears    Q-2Q |
| 14 | **KPI Reporting Aggregation** | National; Region; Hospital Group; Hospital; CHO; sub-CHO level (please give details); Other, please specify |
| 15 | **KPI is reported in which reports?** | Annual Report; Performance Report/Profile; MDR ; Other |
| 16 | **Web link to published data** | CPE in HSE Acute Hospitals in Ireland Monthly Report available on www.HPSC.ie |
| 17 | **Additional Information** | KPI noted in National Service Plan 2019 |
| **Contact details** | | **KPI owner/lead for implementation** |
| | | Name: Dr. Kevin Kelleher & Dr Martin Cormican, HSE HCAI and AMR Lead, HSE Health and Wellbeing Division |
| | | Email address: kevin.kelleher@hse.ie & hcainational.lead@hse.ie |
| | | Telephone Number: 091 544146 |
| | | **Data support** |
| | | Name: Acute Business Information Unit |
| | | Email address: AcuteBIU@hse.ie |
| | | Telephone Number 01 620 1800 |
| **Governance/sign off** | | ***This sign off is the governance at Divisional level in respect of management of the KPI including data provision, validation, and use in performance management*** |
| | | Operational National Director: **National Director Acute Operations** |