Primary Care Division - Social Inclusion Key Performance Indicator Metadata 2017

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Health Service Executive

Primary Care Division - Social Inclusion

Key Performance Indicator Metadata 2017

Social Inclusion : Substance Misuse

1	**KPI Title**	**No. of substance misusers who present for treatment**
2	**KPI Description**	This is a count of the number of substance users (all ages) who present for treatment at a HSE treatment centre. Substance use includes illicit drugs (opiates, cannabis, heroin, cocaine) and alcohol. Presentation includes self, family, GP referral etc.
3	**KPI Rationale**	Speedy access to treatment is critical when substance users are at the stage of the change cycle to present for treatment, particularly so for young people.
	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two). ☐ Person Centred Care ☑ Effective Care ☐Safe Care, ☐ Better Health and Wellbeing, ☐ Use of Information, ☐ Workforce, ☐ Use of Resources, ☐ Governance, ☐ Leadership and Management
4	**KPI Target**	**2017 Operational Plan Target: 6,760** CHO 1 - 804, CHO 2- 624, CHO 3-288, CHO 4-512, CHO 5-1,316, CHO 6-588, CHO 7-1,276, CHO 8-652, CHO 9-700
5	**KPI Calculation**	Count all substance users (all ages) who present for treatment at a HSE treatment centre during the reporting quarter.
6	**Data Source**	Information is sourced by the HSE Addiction Service providers. Data is collated / verified via the Health Research Board (HRB) or Community Healthcare Organisation (CHO) (6, 7 & 9). The validated information is returned to the relevant CHO for submission to the Business Information Unit (BIU).
	Data Completeness	Data completeness is expected at 100%.
	Data Quality Issues	Data quality issues are addressed as they arise.
7	**Data Collection Frequency**	☐Daily ☐Weekly ☐Monthly ☑Quarterly, one quarter in arrears ☐Bi-annually ☐Annually ☐Other – give details:
8	**Tracer Conditions**	Substance users who present for treatment at a HSE treatment centre during the reporting quarter.
9	**Minimum Data Set**	The minimum dataset is a National Drug Treatment Reporting System (NDTRS) form with standard demographic information, diagnosis, treatment record, referral reason etc.
10	**International Comparison**	Yes, through European Monitoring Centre for Drugs and Drug Addiction (EMCDDA).
11	**KPI Monitoring**	KPI will be monitored on a (please indicate below) basis: ☐Daily ☐Weekly ☐ Monthly ☑Quarterly ☐Bi-annually ☐Annually ☐Other – give details: Please indicate who is responsible for monitoring this KPI: The validated data is monitored by the Primary Care Lead/Social Inclusion Manager, the Chief Officer and the Primary Care Division Operational Team via performance meetings. This data is returned to the BIU for publication in the national Performance Report (PR). As the data is reported quarterly, one quarter in arrears, quarter 4 data is returned by 15th April, quarter 1 data is returned by 15th July, quarter 2 data is returned by 15th Oct and quarter 3 data returned by 15th Jan.
12	**KPI Reporting Frequency**	☐Daily ☐Weekly ☐ Monthly ☑ Quarterly, one quarter in arrears ☐Bi-annually ☐Annually ☐Other – give details:
13	**KPI report period**	☐Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) ☐Monthly in arrears (June data reported in July) ☑ Quarterly in arrears (quarter 1 data reported in quarter 2) ☐Rolling 12 months (previous 12 month period)
14	**KPI Reporting Aggregation**	☑ National ☑CHO ☑LHO Area ☐ Hospital ☐ County ☐ Institution ☐Other – give details:
15	**KPI is reported in which reports ?**	☑ Performance Report (NSP) ☐Other – give details:
16	**Web link to data**	http://www.hse.ie/eng/services/publications/
17	**Additional Information**	
	Contact details for Data Manager / Specialist Lead	**Information Analyst:** Geraldine Littler, Business Information Unit – Palliative Care & Social Inclusion Planning and Business Information (PBI), 046 9251330 Email: Geraldine.Littler@hse.ie
		National Lead: Joseph Doyle, National Planning Specialist, National Social Inclusion Office Email: joseph.doyle@hse.ie

Social Inclusion : Substance Misuse

1	KPI Title	**No. of substance misusers who present for treatment who receive an assessment within two weeks**
2	KPI Description	This is a count of the number of substance users (all ages) who having presented for treatment at a HSE treatment centre have received an assessment of their needs within two weeks (14 days) of their presentation for treatment. Substance use includes illicit drugs (opiates, cannabis, heroin, cocaine) and alcohol. Presentation includes self, family, GP referral etc. Needs assessment aims to determine the seriousness and urgency of the drug/alcohol problem. An assessment of both the nature and extent of the addiction as well as the service user's motivation to engage with treatment and rehabilitation services is carried out. It also includes any immediate risk factors and whether or not the service user is suitable for treatment at a particular centre.
3	KPI Rationale	Speedy access to treatment is critical when substance users are at the stage of the change cycle to present for treatment, particularly so for young people.
	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two). ☐ Person Centred Care ☑ Effective Care ☐Safe Care, ☐ Better Health and Wellbeing, ☐ Use of Information, ☐ Workforce, ☐ Use of Resources, ☐ Governance, ☐ Leadership and Management
4	KPI Target	**2017 Operational Plan Target: 4,748** CHO1 348 CHO2 616 CHO3 256 CHO4 280 CHO5 1024 CHO6 432 CHO7 1088 CHO8 216 CHO9 488
5	KPI Calculation	Count all susbstance users (all ages) who having presented for treatment at a HSE treatment centre, have had a needs assessment completed within two weeks (14 days) of their presentation date (referral date), during the reporting quarter.
6	Data Source	Information is sourced by the HSE Addiction Service providers. Data is collated / verified via the Health Research Board (HRB) or Community Healthcare Organisation (CHO) (6, 7 & 9). The validated information is returned to the relevant CHO for submission to the Business Information Unit (BIU).
	Data Completeness	Data completeness is expected at 100%.
	Data Quality Issues	Data quality issues are addressed as they arise.
7	Data Collection Frequency	☐Daily ☐Weekly ☐Monthly ☑Quarterly, one quarter in arrears ☐Bi-annually ☐Annually ☐Other – give details: This metric is to be reported quarterly in arrears.
8	Tracer Conditions	Numbers of substance users who having presented for treatment have had their needs assessed within two weeks (14 days) of presentation.
9	Minimum Data Set	The minimum dataset is a National Drug Treatment Reporting System (NDTRS) form with standard demographic information, diagnosis, treatment record, referral reason etc.
10	International Comparison	Yes, through European Monitoring Centre for Drugs and Drug Addiction (EMCDDA).
11	KPI Monitoring	KPI will be monitored on a (please indicate below) basis: ☐Daily ☐Weekly ☐ Monthly ☑Quarterly ☐Bi-annually ☐Annually ☐Other – give details: Please indicate who is responsible for monitoring this KPI: The validated data is monitored by the Primary Care Lead/Social Inclusion Manager, the Chief Officer and the Primary Care Division Operational Team via performance meetings. This data is returned to the BIU for publication in the national Performance Report (PR). As the data is reported quarterly, one quarter in arrears, quarter 4 data is returned by 15th April, quarter 1 data is returned by 15th July, quarter 2 data is returned by 15th Oct and quarter 3 data returned by 15th Jan.
12	KPI Reporting Frequency	☐Daily ☐Weekly ☐ Monthly ☑ Quarterly, one quarter in arrears ☐Bi-annually ☐Annually ☐Other – give details:
13	KPI report period	☐Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) ☐Monthly in arrears (June data reported in July) ☑ Quarterly in arrears (quarter 1 data reported in quarter 2) ☐Rolling 12 months (previous 12 month period)
14	KPI Reporting Aggregation	☑ National ☑CHO ☑LHO Area ☐ Hospital ☐ County ☐ Institution ☐Other – give details:
15	KPI is reported in which reports ?	☑ Performance Report (NSP) ☐Other – give details:
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		National Lead: Joseph Doyle, National Planning Specialist, National Social Inclusion Office Email: joseph.doyle@hse.ie

Social Inclusion : Substance Misuse

1	**KPI Title**	**% of substance misusers who present for treatment who receive an assessment within two weeks**
2	**KPI Description**	This is a calculation of the percentage of the overall number of substance users (all ages) who having presented for treatment at a HSE treatment centre, received an assessment of their needs within two weeks (14 days) of their presentation for treatment. Substance use includes illicit drugs (opiates, cannabis, heroin, cocaine) and alcohol. Presentation includes self, family, GP referral etc. Needs assessment aims to determine the seriousness and urgency of the drug/alcohol problem. An assessment of both the nature and extent of the addiction as well as the service user's motivation to engage with treatment and rehabilitation services is carried out. It also includes any immediate risk factors and whether or not the service user is suitable for treatment at a particular centre.
3	**KPI Rationale**	Speedy access to treatment is critical when substance users are at the stage of the change cycle to present for treatment, particularly so for young people.
	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two). ☐ Person Centred Care ☑ Effective Care ☐Safe Care, ☐ Better Health and Wellbeing, ☐ Use of Information, ☐ Workforce, ☐ Use of Resources, ☐ Governance, ☐ Leadership and Management
4	**KPI Target**	**2017 Operational Plan Target: 100%**
5	**KPI Calculation**	The number of substance users (all ages) who presented for treatment at a HSE treatment centre and had an assessment completed within two weeks (14 days) is divided by the total number of substance users (all ages) who presented for treatment at a HSE treatment centre during the reporting quarter and is then multiplied by 100.
6	**Data Source**	Information is sourced by the HSE Addiction Service providers. Data is collated / verified via the Health Research Board (HRB) or Community Healthcare Organisation (CHO) (6, 7 & 9). The validated information is returned to the relevant CHO for submission to the Business Information Unit (BIU).
	Data Completeness	Data completeness is expected at 100%.
	Data Quality Issues	Data quality issues are addressed as they arise.
7	**Data Collection Frequency**	☐Daily ☐Weekly ☐Monthly ☑Quarterly one quarter in arrears ☐Bi-annually ☐Annually ☐Other – give details:
8	**Tracer Conditions**	Number of substance users who having presented for treatment have had their needs assessed within two weeks (14 days) of presentation.
9	**Minimum Data Set**	The minimum dataset is a National Drug Treatment Reporting System (NDTRS) form with standard demographic information, diagnosis, treatment record, referral reason etc.
10	**International Comparison**	Yes, through European Monitoring Centre for Drugs and Drug Addiction (EMCDDA).
11	**KPI Monitoring**	KPI will be monitored on a (please indicate below) basis: ☐Daily ☐Weekly ☐ Monthly ☑Quarterly ☐Bi-annually ☐Annually ☐Other – give details: Please indicate who is responsible for monitoring this KPI: The validated data is monitored by the Primary Care Lead/Social Inclusion Manager, the Chief Officer and the Primary Care Division Operational Team via performance meetings. This data is returned to the BIU for publication in the national Performance Report (PR). As the data is reported quarterly, one quarter in arrears, quarter 4 data is returned by 15th April, quarter 1 data is returned by 15th July, quarter 2 data is returned by 15th Oct and quarter 3 data returned by 15th Jan.
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16	**Web link to data**	http://www.hse.ie/eng/services/publications/
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	Contact details for Data Manager / Specialist Lead	**Information Analyst:** Geraldine Littler, Business Information Unit – Palliative Care & Social Inclusion Planning and Business Information (PBI), 046 9251330 Email: Geraldine.Littler@hse.ie
		National Lead: Joseph Doyle, National Planning Specialist, National Social Inclusion Office Email: joseph.doyle@hse.ie

Social Inclusion : Substance Misuse

1	**KPI Title**	**No. of substance misusers (over 18 years) for whom treatment has commenced following assessment**
2	**KPI Description**	This is a count of the number of substance users, aged 18 years and over, who having completed a needs assessment have commenced treatment at a HSE treatment centre. Substance use includes illicit drugs (opiates, cannabis, heroin, cocaine) and alcohol. Treatment includes Brief Intervention, individual counselling, group counselling, group education / awareness programme, medication-free therapy, social and / or occupational reintegration, family therapy, structured after care programme, opioid substitution treatment (OST), detoxification etc.
3	**KPI Rationale**	Speedy access to treatment is critical when substance users are at the stage of the change cycle to present for treatment.
	Indicator Classification	☐Person Centred Care ☑ Effective Care ☐Safe Care, ☐ Better Health and Wellbeing, ☐ Use of Information, ☐ Workforce, ☐ Use of Resources, ☐ Governance, ☐ Leadership and Management
4	**KPI Target**	**2017 Operational Plan Target: 5,932** CHO 1-664, CHO 2-616, CHO 3-240, CHO 4-440, CHO 5-1,212, CHO 6-532, CHO 7-1,136, CHO 8-516, CHO 9-576
5	**KPI Calculation**	Count the number of substance users aged 18 years and over who having had their needs assessed, commenced treatment at a HSE treatment centre, during the reporting quarter.
6	**Data Source**	Information is sourced by the HSE Addiction Service providers. Data is collated / verified via the Health Research Board (HRB) or Community Healthcare Organisation (CHO) (6, 7 & 9). The validated information is returned to the relevant CHO for submission to the Business Information Unit (BIU).
	Data Completeness	Data completeness is expected at 100%.
	Data Quality Issues	Data quality issues are addressed as they arise.
7	**Data Collection Frequency**	☐Daily ☐Weekly ☐Monthly ☑Quarterly one quarter in arrears ☐Bi-annually ☐Annually ☐Other – give details:
8	**Tracer Conditions**	The number of people aged 18 years and over who have been assessed and commenced treatment for their substance use.
9	**Minimum Data Set**	The minimum dataset is a National Drug Treatment Reporting System (NDTRS) form with standard demographic information, diagnosis, treatment record, referral reason etc.
10	**International Comparison**	Yes, through European Monitoring Centre for Drugs and Drug Addiction (EMCDDA).
11	**KPI Monitoring**	KPI will be monitored on a (please indicate below) basis: ☐Daily ☐Weekly ☐ Monthly ☑Quarterly ☐Bi-annually ☐Annually ☐Other – give details: Please indicate who is responsible for monitoring this KPI: The validated data is monitored by the Primary Care Lead/Social Inclusion Manager, the Chief Officer and the Primary Care Division Operational Team via performance meetings.This data is returned to the BIU for publication in the national Performance Report (PR). As the data is reported quarterly, one quarter in arrears, quarter 4 data is returned by 15th April, quarter 1 data is returned by 15th July, quarter 2 data is returned by 15th Oct and quarter 3 data returned by 15th Jan.
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14	**KPI Reporting Aggregation**	☑ National ☑CHO ☑LHO Area ☐ Hospital ☐ County ☐ Institution ☐Other – give details:
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		National Lead: Joseph Doyle, National Planning Specialist, National Social Inclusion Office Email: joseph.doyle@hse.ie

Social Inclusion : Substance Misuse

1	**KPI Title**	**No. of substance misusers (over 18 years) for whom treatment has commenced within one calendar month following assessment**
2	**KPI Description**	This is a count of the number of substance users, aged 18 years and over, who having completed a needs assessment have commenced treatment at a HSE treatment centre within one calendar month (30 days) of this assessment. Substance use includes illicit drugs (opiates, cannabis, heroin, cocaine) and alcohol. Treatment includes Brief Intervention, individual counselling, group counselling, group education / awareness programme, medication-free therapy, social and / or occupational reintegration, family therapy, structured after care programme, opioid substitution treatment (OST), detoxification etc.
3	**KPI Rationale**	Speedy access to treatment is critical when substance users are at the stage of the change cycle to present for treatment.
	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two). ☐Person Centred Care, ☑ Effective Care ☐Safe Care, ☐ Better Health and Wellbeing, ☐ Use of Information, ☐ Workforce, ☐ Use of Resources, ☐ Governance, ☐ Leadership and
4	**KPI Target**	**2017 Operational Plan Target: 5,304** CHO 1-656, CHO 2-552, CHO 3-148, CHO 4-440, CHO 5-1,204, CHO 6-380, CHO 7-892, CHO 8-512, CHO 9-520
5	**KPI Calculation**	Count all substance users aged 18 years and over who having completed a needs assessment have commenced treatment for their substance use at a HSE treatment centre within one calendar month (30 days) of that assessment, during the reporting quarter.
6	**Data Source**	Information is sourced by the HSE Addiction Service providers. Data is collated / verified via the Health Research Board (HRB) or Community Healthcare Organisation (CHO) (6, 7 & 9). The validated information is returned to the relevant CHO for submission to the Business Information Unit (BIU).
	Data Completeness	Data completeness is expected at 100%.
	Data Quality Issues	Data quality issues are addressed as they arise.
7	**Data Collection Frequency**	☐Daily ☐Weekly ☐Monthly ☑Quarterly one quarter in arrears ☐Bi-annually ☐Annually ☐Other – give details:
8	**Tracer Conditions**	The number of people aged 18 years and over who have been assessed and deemed appropriate for treatment for substance use at a HSE treatment centre and have commenced treatment within one calendar month of
9	**Minimum Data Set**	The minimum dataset is a National Drug Treatment Reporting System (NDTRS) form with standard demographic information, diagnosis, treatment record, referral reason etc.
10	**International Comparison**	Yes, through European Monitoring Centre for Drugs and Drug Addiction (EMCDDA).
11	**KPI Monitoring**	KPI will be monitored on a (please indicate below) basis: ☐Daily ☐Weekly ☐ Monthly ☑Quarterly ☐Bi-annually ☐Annually ☐Other – give details: Please indicate who is responsible for monitoring this KPI: The validated data is monitored by the Primary Care Lead/Social Inclusion Manager, the Chief Officer and the Primary Care Division Operational Team via performance meetings. This data is returned to the BIU for publication in the national Performance Report (PR). As the data is reported quarterly, one quarter in arrears, quarter 4 data is returned by 15th April, quarter 1 data is returned by 15th July, quarter 2 data is returned by 15th Oct and quarter 3 data returned by 15th Jan.
12	**KPI Reporting Frequency**	☐Daily ☐Weekly ☐ Monthly ☑ Quarterly one quarter in arrears ☐Bi-annually ☐Annually ☐Other – give details:
13	**KPI report period**	☐Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) ☐Monthly in arrears (June data reported in July) ☑ Quarterly in arrears (quarter 1 data reported in quarter 2) ☐Rolling 12 months (previous 12 month period)
14	**KPI Reporting Aggregation**	☑ National ☑CHO ☑LHO Area ☐ Hospital ☐ County ☐ Institution ☐Other – give details:
15	**KPI is reported in which reports ?**	☑ Performance Report (NSP) ☐Other – give details:
16	**Web link to data**	http://www.hse.ie/eng/services/publications/
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	Contact details for Data Manager / Specialist Lead	**Information Analyst:** Geraldine Littler, Business Information Unit – Palliative Care & Social Inclusion Planning and Business Information (PBI), 046 9251330 Email: Geraldine.Littler@hse.ie **National Lead:** Joseph Doyle, National Planning Specialist, National Social Inclusion Office Email: joseph.doyle@hse.ie

Social Inclusion : Substance Misuse

1	**KPI Title**	**%. of substance misusers (over 18 years) for whom treatment has commenced within one calendar month following assessment**
2	**KPI Description**	This is a calculation of the percentage of the overall number of substance users aged 18 years and over who having completed a needs assessment commenced treatment for their substance use at a HSE treatment centre within one calendar month (30 days). Substance use includes illicit drugs (opiates, cannabis, heroin, cocaine) and alcohol. Treatment includes Brief Intervention, individual counselling, group counselling, group education / awareness programme, medication-free therapy, social and / or occupational reintegration, family therapy, structured after care programme, opioid substitution treatment (OST), detoxification etc.
3	**KPI Rationale**	Speedy access to treatment is critical when substance users are at the stage of the change cycle to present for treatment. This is a performance indicator in the National Drugs Strategy (Interim 2009-2016).
	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two). ☐Person Centred Care, ☑Effective Care ☐Safe Care, ☐ Better Health and Wellbeing, ☐ Use of Information, ☐ Workforce, ☐ Use of Resources, ☐ Governance, ☐ Leadership and
4	**KPI Target**	**2017 Operational Plan Target: 100%**
5	**KPI Calculation**	The number of substance users aged 18 years and over for whom treatment commenced at a HSE treatment centre within one calendar month (30 days) of assessment is divided by the total number of substance users aged 18 years and over who commenced treatment at a HSE treatment centre during the reporting quarter and is then multiplied by 100.
6	**Data Source**	Information is sourced by the HSE Addiction Service providers. Data is collated / verified via the Health Research Board (HRB) or Community Healthcare Organisation (CHO) (6, 7 & 9). The validated information is returned to the relevant CHO for submission to the Business Information Unit (BIU).
	Data Completeness	Data completeness is expected at 100%.
	Data Quality Issues	Data quality issues are addressed as they arise.
7	**Data Collection Frequency**	☐Daily ☐Weekly ☐Monthly ☑Quarterly one quarter in arrears ☐Bi-annually ☐Annually ☐Other – give details:
8	**Tracer Conditions**	The number of people aged 18 years and over who have been assessed and commenced treatment for their substance use at a HSE treatment centre within one calendar month.
9	**Minimum Data Set**	The minimum dataset is a National Drug Treatment Reporting System (NDTRS) form with standard demographic information, diagnosis, treatment record, referral reason etc.
10	**International Comparison**	Yes, through European Monitoring Centre for Drugs and Drug Addiction (EMCDDA).
11	**KPI Monitoring**	KPI will be monitored on a (please indicate below) basis: ☐Daily ☐Weekly ☐ Monthly ☑Quarterly ☐Bi-annually ☐Annually ☐Other – give details: Please indicate who is responsible for monitoring this KPI: The validated data is monitored by the Primary Care Lead/Social Inclusion Manager, the Chief Officer and the Primary Care Division Operational Team via performance meetings. This data is returned to the BIU for publication in the national Performance Report (PR). As the data is reported quarterly, one quarter in arrears, quarter 4 data is returned by 15th April, quarter 1 data is returned by 15th July, quarter 2 data is returned by 15th Oct and quarter 3 data returned by 15th Jan.
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14	**KPI Reporting Aggregation**	☑ National ☑CHO ☑LHO Area ☐ Hospital ☐ County ☐ Institution ☐Other – give details:
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	Contact details for Data Manager / Specialist Lead	**Information Analyst:** Geraldine Littler, Business Information Unit – Palliative Care & Social Inclusion Planning and Business Information (PBI), 046 9251330 Email: Geraldine.Littler@hse.ie
		National Lead: Joseph Doyle, National Planning Specialist, National Social Inclusion Office Email: joseph.doyle@hse.ie

Social Inclusion : Substance Misuse

1	**KPI Title**	**No. of substance misusers (under 18 years) for whom treatment has commenced following assessment**
2	**KPI Description**	This is a count of the number of substance users under 18 years of age, who having completed a needs assessment have commenced treatment for their substance use at a HSE treatment centre during the reporting quarter. Substance use includes illicit drugs (opiates, cannabis, heroin, cocaine) and alcohol. Treatment includes Brief Intervention, individual counselling, group counselling, group education / awareness programme, medication-free therapy, social and / or occupational reintegration, family therapy, structured after care programme, opioid substitution treatment (OST), detoxification etc.
3	**KPI Rationale**	Speedy access to treatment is critical when substance users are at the stage of the change cycle to present for treatment, particularly so for young people.
	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two). ☐ Person Centred Care, ☑ Effective Care ☐Safe Care, ☐ Better Health and Wellbeing, ☐ Use of Information, ☐ Workforce, ☐ Use of Resources, ☐ Governance, ☐ Leadership and Management
4	**KPI Target**	**2017 Operational Plan Target: 348** CHO 1-44, CHO 2-84, CHO 3-4, CHO 4-32, CHO 5-52, CHO 6-0, CHO 7-116, CHO 8-0, CHO 9-16
5	**KPI Calculation**	Count all substance users aged under 18 years who having completed a needs assessment have commenced treatment at a HSE treatment centre during the reporting quarter.
6	**Data Source**	Information is sourced by the HSE Addiction Service providers. Data is collated / verified via the Health Research Board (HRB) or Community Healthcare Organisation (CHO) (6, 7 & 9). The validated information is returned to the relevant CHO for submission to the Business Information Unit (BIU).
	Data Completeness	Data completeness is expected at 100%.
	Data Quality Issues	Data quality issues are addressed as they arise.
7	**Data Collection Frequency**	☐Daily ☐Weekly ☐Monthly ☑Quarterly one quarter in arrears ☐Bi-annually ☐Annually ☐Other – give details:
8	**Tracer Conditions**	The number of people under the age of 18 years, who have been assessed and have commenced treatment for their substance use at a HSE treatment centre.
9	**Minimum Data Set**	The minimum dataset is a National Drug Treatment Reporting System (NDTRS) form with standard demographic information, diagnosis, treatment record, referral reason etc.
10	**International Comparison**	Yes, through European Monitoring Centre for Drugs and Drug Addiction (EMCDDA).
11	**KPI Monitoring**	KPI will be monitored on a (please indicate below) basis: ☐Daily ☐Weekly ☐ Monthly ☑Quarterly ☐Bi-annually ☐Annually ☐Other – give details: Please indicate who is responsible for monitoring this KPI: The validated data is monitored by the Primary Care Lead/Social Inclusion Manager, the Chief Officer and the Primary Care Division Operational Team via performance meetings. This data is returned to the BIU for publication in the national Performance Report (PR). As the data is reported quarterly, one quarter in arrears, quarter 4 data is returned by 15th April, quarter 1 data is returned by 15th July, quarter 2 data is returned by 15th Oct and quarter 3 data returned by 15th Jan.
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13	**KPI report period**	☐Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) ☐Monthly in arrears (June data reported in July) ☑ Quarterly in arrears (quarter 1 data reported in quarter 2) ☐Rolling 12 months (previous 12 month period)
14	**KPI Reporting Aggregation**	☑ National ☑CHO ☑LHO Area ☐ Hospital ☐ County ☐ Institution ☐Other – give details:
15	**KPI is reported in which reports ?**	☑ Performance Report (NSP) ☐Other – give details:
16	**Web link to data**	http://www.hse.ie/eng/services/publications/
17	**Additional Information**	
	Contact details for Data Manager / Specialist Lead	**Information Analyst:** Geraldine Littler, Business Information Unit – Palliative Care & Social Inclusion Planning and Business Information (PBI), 046 9251330 Email: Geraldine.Littler@hse.ie Email: joseph.doyle@hse.ie

Social Inclusion : Substance Misuse

1	**KPI Title**	**No. of substance misusers (under 18 years) for whom treatment has commenced within one week following assessment**
2	**KPI Description**	This is a count of the number of substance users, aged under 18 years, who having completed a needs assessment have commenced treatment at a HSE treatment centre within one week (seven days) of this assessment. Substance use includes illicit drugs (opiates, cannabis, heroin, cocaine) and alcohol. Treatment includes Brief Intervention, individual counselling, group counselling, group education / awareness programme, medication-free therapy, social and / or occupational reintegration, family therapy, structured after care programme, opioid substitution treatment (OST), detoxification etc.
3	**KPI Rationale**	Speedy access to treatment is critical when substance users are at the stage of the change cycle to present for treatment, particularly so for young people.
	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two). ☐ Person Centred Care, ☑Effective Care ☐Safe Care, ☐ Better Health and Wellbeing, ☐ Use of Information, ☐ Workforce, ☐ Use of Resources, ☐ Governance, ☐ Leadership and Management
4	**KPI Target**	**2017 Operational Plan Target: 296** CHO 1-24, CHO 2-76, CHO 3-4, CHO 4-32, CHO 5-52, CHO 6-0, CHO 7-92, CHO 8-0, CHO 9-16
5	**KPI Calculation**	Count all substance users aged under 18 years of age who having completed a needs assessment have commenced treatment at a HSE treatment centre within one week (seven days) of this assessment, during the reporting quarter.
6	**Data Source**	Information is sourced by the HSE Addiction Service providers. Data is collated / verified via the Health Research Board (HRB) or Community Healthcare Organisation (CHO) (6, 7 & 9). The validated information is returned to the relevant CHO for submission to the Business Information Unit (BIU).
	Data Completeness	Data completeness is expected at 100%.
	Data Quality Issues	Data quality issues are addressed as they arise.
7	**Data Collection Frequency**	☐Daily ☐Weekly ☐Monthly ☑Quarterly one quarter in arrears ☐Bi-annually ☐Annually ☐Other – give details:
8	**Tracer Conditions**	The number of people under the age of 18 years who have been assessed and commenced treatment for their substance use at a HSE treatment centre within one week of this assessment.
9	**Minimum Data Set**	The minimum dataset is a National Drug Treatment Reporting System (NDTRS) form with standard demographic information, diagnosis, treatment record, referral reason etc.
10	**International Comparison**	Yes, through European Monitoring Centre for Drugs and Drug Addiction (EMCDDA).
11	**KPI Monitoring**	KPI will be monitored on a (please indicate below) basis: ☐Daily ☐Weekly ☐ Monthly ☑Quarterly ☐Bi-annually ☐Annually ☐Other – give details: Please indicate who is responsible for monitoring this KPI: The validated data is monitored by the Primary Care Lead/Social Inclusion Manager, the Chief Officer and the Primary Care Division Operational Team via performance meetings. This data is returned to the BIU for publication in the national Performance Report (PR). As the data is reported quarterly, one quarter in arrears, quarter 4 data is returned by 15th April, quarter 1 data is returned by 15th July, quarter 2 data is returned by 15th Oct and quarter 3 data returned by 15th Jan.
12	**KPI Reporting Frequency**	☐Daily ☐Weekly ☐ Monthly ☑Quarterly one quarter in arrears ☐Bi-annually ☐Annually ☐Other – give details:
13	**KPI report period**	☐Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) ☐Monthly in arrears (June data reported in July) ☑ Quarterly in arrears (quarter 1 data reported in quarter 2) ☐Rolling 12 months (previous 12 month period)
14	**KPI Reporting Aggregation**	☑ National ☑CHO ☑LHO Area ☐ Hospital ☐ County ☐ Institution ☐Other – give details:
15	**KPI is reported in which reports ?**	☑Performance Report (NSP) ☐Other – give details:
16	**Web link to data**	http://www.hse.ie/eng/services/publications/
17	**Additional Information**	
	Contact details for Data Manager / Specialist Lead	**Information Analyst:** Geraldine Littler, Business Information Unit – Palliative Care & Social Inclusion Planning and Business Information (PBI), 046 9251330 Email: Geraldine.Littler@hse.ie
		National Lead: Joseph Doyle, National Planning Specialist, National Social Inclusion Office Email: joseph.doyle@hse.ie

Social Inclusion : Substance Misuse

1	**KPI Title**	**% of substance misusers (under 18 years) for whom treatment has commenced within one week following assessment**
2	**KPI Description**	This is a calculation of the percentage of the overall number of substance users under 18 years of age, who having been assessed for treatment have commenced that treatment at a HSE treatment centre within one week (seven days) of their assessment. Needs assessment aims to determine the seriousness and urgency of the drug / alcohol problem. An assessment of both the nature and extent of the addiction as well as the service user's motivation to engage with treatment and rehabilitation services is carried out. It also includes any immediate risk factors and whether or not the service user is suitable for treatment at a particular centre. Treatment includes Brief Intervention, individual counselling, group counselling, group education / awareness programme, medication-free therapy, social and / or occupational reintegration, family therapy, structured after care programme, opioid substitution treatment (OST), detoxification etc.
3	**KPI Rationale**	Speedy access to treatment is critical when substance users are at the stage of the change cycle to present for treatment, particularly so for young people. This is a performance indicator in the National Drugs Strategy (Interim 2009-2016).
	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two). ☐ Person Centred Care, ☑ Effective Care ☐Safe Care, ☐ Better Health and Wellbeing, ☐ Use of Information, ☐ Workforce, ☐ Use of Resources, ☐ Governance, ☐ Leadership and Management
4	**KPI Target**	**2017 Operational Plan Target: 100%**
5	**KPI Calculation**	The number of substance users aged under 18 years for whom treatment at a HSE treatment centre commenced within one week (seven days) following assessment is divided by the total number of substance users aged under 18 years treated at a HSE treatment centre during the reporting quarter and is then multiplied by 100.
6	**Data Source**	Information is sourced by the HSE Addiction Service providers. Data is collated / verified via the Health Research Board (HRB) or Community Healthcare Organisation (CHO) (6, 7 & 9). The validated information is returned to the relevant CHO for submission to the Business Information Unit (BIU).
	Data Completeness	Data completeness is expected at 100%.
	Data Quality Issues	Data quality issues are addressed as they arise.
7	**Data Collection Frequency**	☐Daily ☐Weekly ☐Monthly ☑Quarterly one quarter in arrears ☐Bi-annually ☐Annually ☐Other – give details:
8	**Tracer Conditions**	The number of people under the age of 18 years who have been assessed and commenced treatment at a HSE treatment centre for their substance use within one week of this assessment.
9	**Minimum Data Set**	The minimum dataset is a National Drug Treatment Reporting System (NDTRS) form with standard demographic information, diagnosis, treatment record, referral reason etc.
10	**International Comparison**	Yes, through European Monitoring Centre for Drugs and Drug Addiction (EMCDDA).
11	**KPI Monitoring**	KPI will be monitored on a (please indicate below) basis: ☐Daily ☐Weekly ☐ Monthly ☑Quarterly ☐Bi-annually ☐Annually ☐Other – give details: Please indicate who is responsible for monitoring this KPI: The validated data is monitored by the Primary Care Lead/Social Inclusion Manager, the Chief Officer and the Primary Care Division Operational Team via performance meetings.This data is returned to the BIU for publication in the national Performance Report (PR). As the data is reported quarterly, one quarter in arrears, quarter 4 data is returned by 15th April, quarter 1 data is returned by 15th July, quarter 2 data is returned by 15th Oct and quarter 3 data returned by 15th Jan.
12	**KPI Reporting Frequency**	☐Daily ☐Weekly ☐ Monthly ☑ Quarterly one quarter in arrears ☐Bi-annually ☐Annually ☐Other – give details:
13	**KPI report period**	☐Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) ☐Monthly in arrears (June data reported in July) ☑ Quarterly in arrears (quarter 1 data reported in quarter 2) ☐Rolling 12 months (previous 12 month period)
14	**KPI Reporting Aggregation**	☑ National ☑CHO ☑LHO Area ☐ Hospital ☐ County ☐ Institution ☐Other – give details:
15	**KPI is reported in which reports ?**	☑ Performance Report (NSP) ☐Other – give details:
16	**Web link to data**	http://www.hse.ie/eng/services/publications/
17	**Additional Information**	
	Contact details for Data Manager / Specialist Lead	**Information Analyst:** Geraldine Littler, Business Information Unit – Palliative Care & Social Inclusion Planning and Business Information (PBI), 046 9251330 Email: Geraldine.Littler@hse.ie **National Lead:** Joseph Doyle, National Planning Specialist, National Social Inclusion Office Email: joseph.doyle@hse.ie

Social Inclusion : Substance Misuse

1	**KPI Title**	**% of substance misusers (over 18 years) for whom treatment has commenced who have an assigned key worker**
2	**KPI Description**	This is a calculation of the percentage of the overall substance users aged 18 years and over who have commenced treatment for their substance use at a HSE treatment centre that have an assigned key worker. Substance use includes illicit drugs (opiates, cannabis, heroin, cocaine) and alcohol. A key worker is the named person assigned to work closely with the service user and provide a range of psycho-social interventions/advocacy for that service user.
3	**KPI Rationale**	Key workers work with substance users to ensure that comprehensive needs assessments are undertaken and to advocate for these needs to be met through the delivery / review of the individuals care plan. It is therefore important to track the number and percentage of substance users who have access to the support of a key worker.
	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two). ☐Person Centred Care, ☑Effective Care ☐Safe Care, ☐ Better Health and Wellbeing, ☐ Use of Information, ☐ Workforce, ☐ Use of Resources, ☐ Governance, ☐ Leadership and
4	**KPI Target**	**2017 Operational Plan Target: 100%**
5	**KPI Calculation**	The number of substance users aged 18 years and over who commenced treatment for their substance use at a HSE treatment centre who have an assigned key worker is divided by the total number of substance users aged 18 years and over who commenced treatment at a HSE treatment centre, during the reporting quarter, and is then multiplied by 100.
6	**Data Source**	Information is sourced by the HSE Addiction Service providers. Data is collated / verified via the Health Research Board (HRB) or Community Healthcare Organisation (CHO) (6, 7 & 9). The validated information is returned to the relevant CHO for submission to the Business Information Unit (BIU).
	Data Completeness	Data completeness is expected at 100%.
	Data Quality Issues	Data quality issues are addressed as they arise.
7	**Data Collection Frequency**	☐Daily ☐Weekly ☐Monthly ☑Quarterly one quarter in arrears ☐Bi-annually ☐Annually ☐Other – give details
8	**Tracer Conditions**	The number of people aged 18 years and over who have commenced treatment for their substance use at a HSE treatment centre that have been assigned a key worker.
9	**Minimum Data Set**	The minimum dataset is a National Drug Treatment Reporting System (NDTRS) form with standard demographic information, diagnosis, treatment record, referral reason etc.
10	**International Comparison**	Yes, through European Monitoring Centre for Drugs and Drug Addiction (EMCDDA).
11	**KPI Monitoring**	KPI will be monitored on a (please indicate below) basis: ☐Daily ☐Weekly ☐ Monthly ☑Quarterly ☐Bi-annually ☐Annually ☐Other – give details: Please indicate who is responsible for monitoring this KPI: The validated data is monitored by the Primary Care Lead/Social Inclusion Manager, the Chief Officer and the Primary Care Division Operational Team via performance meetings. This data is returned to the BIU for publication in the national Performance Report (PR). As the data is reported quarterly, one quarter in arrears, quarter 4 data is returned by 15th April, quarter 1 data is returned by 15th July, quarter 2 data is returned by 15th Oct and quarter 3 data returned by 15th Jan.
12	**KPI Reporting Frequency**	☐Daily ☐Weekly ☐ Monthly ☑ Quarterly one quarter in arrears ☐Bi-annually ☐Annually ☐Other – give details:
13	**KPI report period**	☐Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) ☐Monthly in arrears (June data reported in July) ☑ Quarterly in arrears (quarter 1 data reported in quarter 2) ☐Rolling 12 months (previous 12 month period)
14	**KPI Reporting Aggregation**	☑ National ☑CHO ☑LHO Area ☐ Hospital ☐ County ☐ Institution ☐Other – give details:
15	**KPI is reported in which reports ?**	☑ Performance Report (NSP) ☐Other – give details:
16	**Web link to data**	http://www.hse.ie/eng/services/publications/
17	**Additional Information**	
	Contact details for Data Manager / Specialist Lead	**Information Analyst:** Geraldine Littler, Business Information Unit – Palliative Care & Social Inclusion Planning and Business Information (PBI), 046 9251330 Email: Geraldine.Littler@hse.ie
		National Lead: Joseph Doyle, National Planning Specialist, National Social Inclusion Office Email: joseph.doyle@hse.ie

Social Inclusion : Substance Misuse

1	**KPI Title**	**% of substance misusers (over 18 years) for whom treatment has commenced who have a written care plan**
2	**KPI Description**	This is a calculation of the percentage of the overall substance users, aged 18 years and over, for whom treatment has commenced at a HSE treatment centre who have a written care plan. Substance use includes illicit drugs (opiates, cannabis, heroin, cocaine) and alcohol. Based on the National Drugs and Rehabilitation Framework (http://www.hrb.ie/fileadmin/Staging/Documents/In_House_Research_Info_Systems/ADRU/NDTRS/National_Drug_Treatment_Reporting_System__NDTRS__Protocol_for_completing_the_hard_copy_form.pdf) a care plan is a documented agreement of a plan of action between the service user and service provider across four key domains: drug and alcohol misuse, health (physical and psychological), offending and social functioning (including housing, employment and relationships).
3	**KPI Rationale**	Care planning is a process for setting goals based on the needs identified through an assessment and planning interventions to meet these goals with the service user. Care planning is a core requirement of structured substance use treatment. It is therefore important to track the number and percentage of substance users with a written care plan.
	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two). Person Centred Care, ☑Effective Care ☐Safe Care, ☐ Better Health and Wellbeing, ☐ Use of Information, ☐ Workforce, ☐ Use of Resources, ☐ Governance, ☐ Leadership and Management
4	**KPI Target**	**2017 Operational Plan Target: 100%**
5	**KPI Calculation**	The number of substance users aged 18 years and over who commenced treatment for their substance use at a HSE treatment centre who have a written care plan is divided by the number of substance users aged 18 years and over who commenced treatment at a HSE treatment centre during the reporting quarter and is then multiplied by 100
6	**Data Source**	Information is sourced by the HSE Addiction Service providers. Data is collated / verified via the Health Research Board (HRB) or Community Healthcare Organisation (CHO) (6, 7 & 9). The validated information is returned to the relevant CHO for submission to the Business Information Unit (BIU).
	Data Completeness	Data completeness is expected at 100%.
	Data Quality Issues	Data quality issues are addressed as they arise.
7	**Data Collection Frequency**	☐Daily ☐Weekly ☐Monthly ☑Quarterly one quarter in arrears ☐Bi-annually ☐Annually ☐Other – give details:
8	**Tracer Conditions**	The number of people aged 18 years and over who commenced treatment for their substance use at a HSE treatment centre who have a written care plan.
9	**Minimum Data Set**	The minimum dataset is a National Drug Treatment Reporting System (NDTRS) form with standard demographic information, diagnosis, treatment record, referral reason etc.
10	**International Comparison**	Yes, through European Monitoring Centre for Drugs and Drug Addiction (EMCDDA).
11	**KPI Monitoring**	KPI will be monitored on a (please indicate below) basis: ☐Daily ☐Weekly ☐ Monthly ☑Quarterly ☐Bi-annually ☐Annually ☐Other – give details: Please indicate who is responsible for monitoring this KPI: The validated data is monitored by the Primary Care Lead/Social Inclusion Manager, the Chief Officer and the Primary Care Division Operational Team via performance meetings. This data is returned to the BIU for publication in the national Performance Report (PR). As the data is reported quarterly, one quarter in arrears, quarter 4 data is returned by 15th April, quarter 1 data is returned by 15th July, quarter 2 data is returned by 15th Oct and quarter 3 data returned by 15th Jan.
12	**KPI Reporting Frequency**	☐Daily ☐Weekly ☐ Monthly ☑ Quarterly one quarter in arrears ☐Bi-annually ☐Annually ☐Other – give details:
13	**KPI report period**	☐Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) ☐Monthly in arrears (June data reported in July) ☑ Quarterly in arrears (quarter 1 data reported in quarter 2) ☐Rolling 12 months (previous 12 month period)
14	**KPI Reporting Aggregation**	☑ National ☑CHO ☑LHO Area ☐ Hospital ☐ County ☐ Institution ☐Other – give details:
15	**KPI is reported in which reports ?**	☑ Performance Report (NSP) ☐Other – give details:
16	**Web link to data**	http://www.hse.ie/eng/services/publications/
17	**Additional Information**	
	Contact details for Data Manager / Specialist Lead	**Information Analyst:** Geraldine Littler, Business Information Unit – Palliative Care & Social Inclusion Planning and Business Information (PBI), 046 9251330 Email: Geraldine.Littler@hse.ie
		National Lead: Joseph Doyle, National Planning Specialist, National Social Inclusion Office Email: joseph.doyle@hse.ie

Social Inclusion : Substance Misuse

1	**KPI Title**	**% of substance misusers (under 18 years) for whom treatment has commenced who have an assigned key worker**
2	**KPI Description**	This is a calculation of the percentage of the overall substance users aged under 18 years who have commenced treatment for their substance use at a HSE treatment centre that have an assigned key worker. Substance use includes illicit drugs (opiates, cannabis, heroin, cocaine) and alcohol. A key worker is the named person assigned to work closely with the service user and provide a range of psycho-social interventions/advocacy for that service user.
3	**KPI Rationale**	Key workers work with substance users to ensure that comprehensive needs assessments are undertaken and to advocate for these needs to be met through the delivery / review of the individuals care plan. It is therefore important to track the number and percentage of substance users who have access to the support of a key worker.
	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two). ☐Person Centred Care, ☑Effective Care ☐Safe Care, ☐ Better Health and Wellbeing, ☐ Use of Information, ☐ Workforce, ☐ Use of Resources, ☐ Governance, ☐ Leadership and Management
4	**KPI Target**	**2017 Operational Plan Target: 100%**
5	**KPI Calculation**	The number of substance users aged under 18 years who commenced treatment for their substance use at a HSE treatment centre who have an assigned key worker is divided by the total number of substance users aged under 18 years who commenced treatment at a HSE treatment centre, during the reporting quarter, and is then multiplied by 100.
6	**Data Source**	Information is sourced by the HSE Addiction Service providers. Data is collated / verified via the Health Research Board (HRB) or Community Healthcare Organisation (CHO) (6, 7 & 9). The validated information is returned to the relevant CHO for submission to the Business Information Unit (BIU).
	Data Completeness	Data completeness is expected at 100%.
	Data Quality Issues	Data quality issues are addressed as they arise.
7	**Data Collection Frequency**	☐Daily ☐Weekly ☐Monthly ☑Quarterly one quarter in arrears ☐Bi-annually ☐Annually ☐Other – give details:
8	**Tracer Conditions**	The number of people under the age of 18 years who have commenced treatment for their substance use at a HSE treatment centre that have an assigned key worker.
9	**Minimum Data Set**	The minimum dataset is a National Drug Treatment Reporting System (NDTRS) form with standard demographic information, diagnosis, treatment record, referral reason etc.
10	**International Comparison**	Yes, through European Monitoring Centre for Drugs and Drug Addiction (EMCDDA).
11	**KPI Monitoring**	KPI will be monitored on a (please indicate below) basis: ☐Daily ☐Weekly ☐ Monthly ☑Quarterly ☐Bi-annually ☐Annually ☐Other – give details: Please indicate who is responsible for monitoring this KPI: The validated data is monitored by the Primary Care Lead/Social Inclusion Manager, the Chief Officer and the Primary Care Division Operational Team via performance meetings. This data is returned to the BIU for publication in the national Performance Report (PR). As the data is reported quarterly, one quarter in arrears, quarter 4 data is returned by 15th April, quarter 1 data is returned by 15th July, quarter 2 data is returned by 15th Oct and quarter 3 data returned by 15th Jan.
12	**KPI Reporting Frequency**	☐Daily ☐Weekly ☐ Monthly ☑Quarterly one quarter in arrears ☐Bi-annually ☐Annually ☐Other – give details:
13	**KPI report period**	☐Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) ☐Monthly in arrears (June data reported in July) ☑ Quarterly in arrears (quarter 1 data reported in quarter 2) ☐Rolling 12 months (previous 12 month period)
14	**KPI Reporting Aggregation**	☑ National ☑CHO ☑LHO Area ☐ Hospital ☐ County ☐ Institution ☐Other – give details:
15	**KPI is reported in which reports ?**	☑ Performance Report (NSP) ☐Other – give details:
16	**Web link to data**	http://www.hse.ie/eng/services/publications/
17	**Additional Information**	
	Contact details for Data Manager / Specialist Lead	**Information Analyst:** Geraldine Littler, Business Information Unit – Palliative Care & Social Inclusion Planning and Business Information (PBI), 046 9251330 Email: Geraldine.Littler@hse.ie
		National Lead: Joseph Doyle, National Planning Specialist, National Social Inclusion Office Email: joseph.doyle@hse.ie

Social Inclusion : Substance Misuse

1	**KPI Title**	**% of substance misusers (under 18 years) for whom treatment has commenced who have a written care plan**
2	**KPI Description**	This is a calculation of the percentage of the overall substance users, aged under 18 years, for whom treatment has commenced at a HSE treatment centre who have a written care plan. Substance use includes illicit drugs (opiates, cannabis, heroin, cocaine) and alcohol. Based on the National Drugs and Rehabilitation Framework (http://www.hrb.ie/fileadmin/Staging/Documents/In_House_Research_Info_Systems/ADRU/NDTRS/National_Drug_Treatment_Reporting_System__NDTRS__Protocol_for_completing_the_hard_copy_form.pdf) a care plan is a documented agreement of a plan of action between the service user and service provider across four key domains: drug and alcohol misuse, health (physical and psychological), offending and social functioning (including housing, employment and relationships).
3	**KPI Rationale**	Care planning is a process for setting goals based on the needs identified through an assessment and planning interventions to meet these goals with the service user. Care planning is a core requirement of structured substance use treatment. It is therefore important to track the number and percentage of substance users with a written care plan
	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two). ☐Person Centred Care, ☑Effective Care ☐Safe Care, ☐ Better Health and Wellbeing, ☐ Use of Information, ☐ Workforce, ☐ Use of Resources, ☐ Governance, ☐ Leadership and Management
4	**KPI Target**	**2017 Operational Plan Target: 100%**
5	**KPI Calculation**	The number of substance users aged under 18 years who commenced treatment for their substance use at a HSE treatment centre who have a written care plan is divided by the number of substance users aged under 18 years who commenced treatment at a HSE treatment centre, during the reporting quarter, and is then multiplied by 100.
6	**Data Source**	Information is sourced by the HSE Addiction Service providers. Data is collated / verified via the Health Research Board (HRB) or Community Healthcare Organisation (CHO) (6, 7 & 9). The validated information is returned to the relevant CHO for submission to the Business Information Unit (BIU).
	Data Completeness	Data Completeness is expected at 100%.
	Data Quality Issues	Data quality issues are addressed as they arise.
7	**Data Collection Frequency**	☐Daily ☐Weekly ☐Monthly ☑Quarterly one quarter in arrears ☐Bi-annually ☐Annually ☐Other – give details:
8	**Tracer Conditions**	The number of people aged under 18 years who commenced treatment for their substance use at a HSE treatment centre who have a care plan.
9	**Minimum Data Set**	The minimum dataset is a National Drug Treatment Reporting System (NDTRS) form with standard demographic information, diagnosis, treatment record, referral reason etc
10	**International Comparison**	Yes, through European Monitoring Centre for Drugs and Drug Addiction (EMCDDA)
11	**KPI Monitoring**	KPI will be monitored on a (please indicate below) basis: ☐Daily ☐Weekly ☐ Monthly ☑Quarterly ☐Bi-annually ☐Annually ☐Other – give details: Please indicate who is responsible for monitoring this KPI: The validated data is monitored by the Primary Care Lead/Social Inclusion Manager, the Chief Officer and the Primary Care Division Operational Team via performance meetings. This data is returned to the BIU for publication in the national Performance Report (PR). As the data is reported quarterly, one quarter in arrears, quarter 4 data is returned by 15th April, quarter 1 data is returned by 15th July, quarter 2 data is returned by 15th Oct and quarter 3 data returned by 15th Jan.
12	**KPI Reporting Frequency**	☐Daily ☐Weekly ☐ Monthly ☑ Quarterly one quarter in arrears ☐Bi-annually ☐Annually ☐Other – give details:
13	**KPI report period**	☐Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) ☐Monthly in arrears (June data reported in July) ☑ Quarterly in arrears (quarter 1 data reported in quarter 2) ☐Rolling 12 months (previous 12 month period)
14	**KPI Reporting Aggregation**	☑ National ☑CHO ☑LHO Area ☐ Hospital ☐ County ☐ Institution ☐Other – give details:
15	**KPI is reported in which reports ?**	☑ Performance Report (NSP) ☐Other – give details:
16	**Web link to data**	http://www.hse.ie/eng/services/publications/
17	**Additional Information**	
	Contact details for Data Manager / Specialist Lead	**Information Analyst:** Geraldine Littler, Business Information Unit – Palliative Care & Social Inclusion Planning and Business Information (PBI), 046 9251330 Email: Geraldine.Littler@hse.ie
		National Lead: Joseph Doyle, National Planning Specialist, National Social Inclusion Office Email: joseph.doyle@hse.ie

Social Inclusion: Opioid Substitution

1	**KPI Title**	**Total no. of clients in receipt of opioid substitution treatment (outside prisons)**
2	**KPI Description**	This is a count of the number of clients (outside prisons) receiving opioid substitution treatment (OST) in all settings (clinics, with level 1 and 2 General Practitioners (GPs)) at the end of the calendar month as recorded on the central treatment lists (CTLs). In Ireland, OST refers to the provision of both methadone and buprenorphine / buprenorphine-naloxone only products. OST is provided in HSE drug treatment clinics and by GPs (levels 1 and 2) who have completed recognised training programmes co-ordinated by the Irish College of General Practitioners (ICGP). As per HSE published OST Guidelines (https://www.hse.ie/eng/services/publications/Primary/clinical-guidelines-for-opioid-substitution-treatment.pdf), OST is described within the five phases of: assessing dependency (not specific to level 1 or 2 GPs), induction, stabilisation, maintenance and detoxification. Level 1 GPs can treat clients in the maintenance and detoxification phases of OST in their own practice. Level 2 GPs can treat clients at all phases of OST. OST should be provided at the lowest level of complexity, matching the clients needs and as close to the clients home as possible.
3	**KPI Rationale**	OST is considered a key component in the treatment of opioid dependence and plays an important role in rehabilitation and recovery. It is provided in HSE drug treatment clinics and by level 1 and 2 GPs. It is important to track the overall numbers in treatment in all service settings
	Indicator Classification	Please tick which indicator classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two). ☐ Person Centred Care, ☑Effective Care, ☐ Safe Care, ☐ Better Health and Wellbeing, ☐ Use of Information, ☐ Workforce, ☐ Use of Resources, ☐ Governance, ☐ Leadership and Management
4	**KPI Target**	**2017 Operational Plan Target: 9,700** CHO 1-94, CHO 2-136, CHO 3-294, CHO 4-438, CHO 5-464, CHO 6-991, CHO 7-3,733, CHO 8-594, CHO 9-2,956
5	**KPI Calculation**	Count, the number of clients (outside prisons) in all settings (HSE drug treatment clinics, level 2 and 1 GPs) recorded on the CTLs as receiving OST at the end of the calendar month.
6	**Data Source** **Data Completeness** **Data Quality Issues**	The CTL consists of a complete register of all individuals receiving methadone (as treatment for problem with opiate use) in Ireland and is the administrative database to regulate the dispensing of methadone treatment. A separate database records individuals in receipt of buprenorphine / buprenorphine-naloxone products. Collectively these are referred to here as the CTLs.
7	**Data Collection Frequency**	☐Daily ☐Weekly ☑Monthly in arrears ☐Quarterly ☐Bi-annually ☐Annually ☐Other – give details:
8	**Tracer Conditions**	Clients in receipt of OST in HSE drug treatment clinics or with level 2 or 1 GPs at the end of the calendar month as recorded on the CTLs.
9	**Minimum Data Set**	The minimum dataset comprises the CTL entry forms (methadone and buprenorphine / buprenorphine-naloxone) which record prescribing clinic and treatment date.
10	**International Comparison**	Engagement and retention of clients in OST is an internationally recognised metric.
11	**KPI Monitoring**	KPI will be monitored on a (please indicate below) basis: ☐Daily ☐Weekly ☑ Monthly in arrears ☐Quarterly ☐Bi-annually ☐Annually ☑ Other – give details: Please indicate who is responsible for monitoring this KPI: The Data Collection Co-ordinator in the National Social Inclusion Office receives and collates the data obtained from the CTL Data Co-ordinator. The National Social Inclusion Office validates the data and forwards it to the Business Information Unit (BIU) for reporting by the 15th of the month for publication in the national Performance Report .
12	**KPI Reporting Frequency**	☐Daily ☐Weekly ☑Monthly in arrears ☐ Quarterly ☐Bi-annually ☐Annually ☐Other – give details:
13	**KPI report period**	☐Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) ☑Monthly in arrears (June data reported in July) ☐Quarterly in arrears (quarter 1 data reported in quarter 2) ☐Rolling 12 months (previous 12 month period)
14	**KPI Reporting Aggregation**	☑ National ☑CHO ☑LHO Area ☐ Hospital ☐ County ☐ Institution ☐Other – give details:
15	**KPI is reported in which reports?**	Indicate where the KPI will be reported: ☑ Performance Report (NSP) ☐Other – give details:
16	**Web link to data**	http://www.hse.ie/eng/services/publications/
17	**Additional Information**	
Contact details for Data Manager / Specialist Lead		**Information Analyst:** Geraldine Littler, Business Information Unit – Palliative Care & Social Inclusion Planning and Business Information (PBI), 046 9251330 Email: Geraldine.Littler@hse.ie
		Email: joseph.doyle@hse.ie

Social Inclusion: Opioid Substitution

1	**KPI Title**	**No. of clients in opioid substitution treatment in clinics**
2	**KPI Description**	This is a count of the number of clients (outside prisons) receiving opioid substitution treatment (OST) in HSE drug treatment clinics at the end of the calendar month as recorded on the central treatment lists (CTLs). In Ireland, opioid substitution treatment refers to the provision of both methadone and buprenorphine / buprenorphine-naloxone only products. OST is provided in HSE drug treatment clinics and by GPs (levels 1 and 2) who have completed recognised training programmes co-ordinated by the Irish College of General Practitioners (ICGP). As per HSE published OST Guidelines (https://www.hse.ie/eng/services/publications/Primary/clinical-guidelines-for-opioid-substitution-treatment.pdf), OST is described within the five phases of: assessing dependency, induction, stabilisation, maintenance and detoxification. HSE drug treatment clinics can treat clients at all phases of OST. OST should be provided at the lowest level of complexity, matching the clients needs and as close to the clients home as possible.
3	**KPI Rationale**	OST is considered a key component of the treatment of opioid dependence and plays an important role in rehabilitation and recovery. It is provided in HSE drug treatment clinics and by level 1 and 2 GPs. It is important to track the numbers in treatment in the clinic setting.
	Indicator Classification	Please tick which indicator classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two). ☐ Person Centred Care, ☑Effective Care ☐Safe Care, ☐Better Health and Wellbeing, ☐ Use of Information, ☐ Workforce, ☐ Use of Resources, ☐ Governance, ☐ Leadership and Management
4	**KPI Target**	**2017 Operational Plan Target: 5,084** CHO 1-0, CHO 2-49, CHO 3-134, CHO 4-326, CHO 5-172, CHO 6-477, CHO 7-2,023, CHO 8-196, CHO 9-1,707
5	**KPI Calculation**	Count, the number of clients (outside prisons) receiving OST in HSE drug treatment clinics at the end of the calendar month as recorded on the CTLs.
6	**Data Source** **Data Completeness** **Data Quality Issues**	The CTL consists of a complete register of all individuals receiving methadone (as treatment for problem with opiate use) in Ireland and is the administrative database to regulate the dispensing of methadone treatment. A separate database records individuals in receipt of buprenorphine / buprenorphine-naloxone products. Collectively these are referred to here as the CTLs.
7	**Data Collection Frequency**	☐Daily ☐Weekly ☑Monthly in arrears ☐Quarterly ☐Bi-annually ☐Annually ☐Other – give details:
8	**Tracer Conditions**	Clients in receipt of OST in HSE drug treatment clinics at the end of the calendar month as recorded on the CTLs.
9	**Minimum Data Set**	The minimum dataset comprises the CTL entry forms (methadone and buprenorphine / buprenorphine-naloxone) which record prescribing clinic and treatment date.
10	**International Comparison**	Engaging and retaining clients in OST is an internationally recognised metric.
11	**KPI Monitoring**	KPI will be monitored on a (please indicate below) basis: ☐Daily ☐Weekly ☑ Monthly in arrears ☐Quarterly ☐Bi-annually ☐Annually ☐Other – give details: Please indicate who is responsible for monitoring this KPI: The Data Collection Co-ordinator in the National Social Inclusion Office receives and collates the data obtained from the CTL Data Co-ordinator.The National Social Inclusion Office validates the data and forwards it to the Business Information Unit (BIU) for reporting by the 15th of the month for publication in the national Performance Report (PR).
12	**KPI Reporting Frequency**	☐ Daily ☐ Weekly ☑ Monthly in arrears ☐ Quarterly ☐ Bi-annually ☐ Annually ☐ Other – give details:
13	**KPI report period**	☐Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) ☑Monthly in arrears (June data reported in July) ☐Quarterly in arrears (quarter 1 data reported in quarter 2) ☐Rolling 12 months (previous 12 month period)
14	**KPI Reporting Aggregation**	☑ National ☑CHO ☑LHO Area ☐ Hospital ☐ County ☐ Institution ☐Other – give details:
15	**KPI is reported in which reports?**	Indicate where the KPI will be reported: ☑ Performance Report (NSP) ☐Other – give details:
16	**Web link to data**	http://www.hse.ie/eng/services/publications/
17	**Additional Information**	
Contact details for Data Manager / Specialist Lead		**Information Analyst:** Geraldine Littler, Business Information Unit – Palliative Care & Social Inclusion Planning and Business Information (PBI), 046 9251330 Email: Geraldine.Littler@hse.ie
		National Lead: Joseph Doyle, National Planning Specialist, National Social Inclusion Office Email: joseph.doyle@hse.ie

Social Inclusion: Opioid Substitution

1	KPI Title	No. of clients in opioid substitution treatment with level 2 GPs
2	KPI Description	This is a count of the number of clients (outside prisons) receiving opioid substitution treatment (OST) from level 2 GPs at the end of the calendar month as recorded on the central treatment lists (CTLs). In Ireland, OST refers to the provision of both methadone and buprenorphine / buprenorphine-naloxone only products. OST is provided in HSE drug treatment clinics and by GPs (levels 1 and 2) who have completed recognised training programmes co-ordinated by the Irish College of General Practitioners (ICGP). As per HSE published OST Guidelines (https://www.hse.ie/eng/services/publications/Primary/clinical-guidelines-for-opioid-substitution-treatment.pdf), OST is described within the five phases of: assessing dependency (not specific to level 1 or 2 GPs), induction, stabilisation, maintenance and detoxification. Level 2 GPs can treat clients at all phases of OST. OST should be provided at the lowest level of complexity, matching the clients needs and as close to the clients home as possible.
3	KPI Rationale	OST is considered a key component in the treatment of opioid dependence and plays an important role in rehabilitation and recovery. It is provided in HSE drug treatment clinics and by level 1 and 2 GPs. It is important to track the numbers in treatment with level 2 GPs.
	Indicator Classification	Please tick which indicator classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two). ☐Person Centred Care, ☑Effective Care ☐Safe Care, ☐Better Health and Wellbeing, ☐ Use of Information, ☐ Workforce, ☐ Use of Resources, ☐ Governance, ☐ Leadership and Management
4	KPI Target	**2017 Operational Plan Target: 2,108** CHO 1-65, CHO 2-0, CHO 3-35, CHO 4-13, CHO 5-25, CHO 6-340, CHO 7-865, CHO 8-206, CHO 9-559
5	KPI Calculation	Count the number of clients (outside prisons) receiving OST from level 2 GPs at the end of the calendar month as recorded on the CTLs.
6	Data Source Data Completeness Data Quality Issues	The CTL consists of a complete register of all individuals receiving methadone (as treatment for problem with opiate use) in Ireland and is the administrative database to regulate the dispensing of methadone treatment. A separate database records individuals in receipt of buprenorphine / buprenorphine-naloxone products. Collectively these are referred to here as the CTLs.
7	Data Collection Frequency	☐Daily ☐Weekly ☑Monthly in arrears ☐Quarterly ☐Bi-annually ☐Annually ☐Other – give details:
8	Tracer Conditions	Clients in receipt of OSTwith level 2 GP's during the calendar month as recorded on the CTLs.
9	Minimum Data Set	The minimum dataset comprises the CTL entry forms (methadone and buprenorphine / buprenorphine-naloxone) which record prescribing clinic and treatment date.
10	International Comparison	Engaging and retaining clients in OST is an internationally recognised metric.
11	KPI Monitoring	KPI will be monitored on a (please indicate below) basis: ☐Daily ☐Weekly ☑ Monthly in arrears ☐Quarterly ☐Bi-annually ☐Annually ☑ Other – give details: Please indicate who is responsible for monitoring this KPI: The Data Collection Co-ordinator in the National Social Inclusion Office receives and collates the data obtained from the CTL Data Co-ordinator.The National Social Inclusion Office validates the data and forwards it to the Business Information Unit (BIU) for reporting by the 15th of the month for publication in the national Performance Report (PR).
12	KPI Reporting Frequency	☐Daily ☐Weekly ☑Monthly in arrears ☐ Quarterly ☐Bi-annually ☐ Annually ☐Other – give details:
13	KPI report period	☐Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) ☑Monthly in arrears (June data reported in July) ☐Quarterly in arrears (quarter 1 data reported in quarter 2) ☐Rolling 12 months (previous 12 month period)
14	KPI Reporting Aggregation	☑ National ☑CHO ☑LHO Area ☐ Hospital ☐ County ☐ Institution ☐Other – give details:
15	KPI is reported in which reports?	Indicate where the KPI will be reported: ☑ Performance Report (NSP) ☐Other – give details:
16	Web link to data	http://www.hse.ie/eng/services/publications/
17	Additional Information	
Contact details for Data Manager / Specialist Lead		**Information Analyst:** Geraldine Littler, Business Information Unit – Palliative Care & Social Inclusion Planning and Business Information (PBI), 046 9251330 Email: Geraldine.Littler@hse.ie
		Email: joseph.doyle@hse.ie

Social Inclusion: Opioid Substitution

1	KPI Title	No. of clients in opioid substitution treatment with level 1 GPs
2	KPI Description	This is a count of the number of clients (outside prisons) receiving opioid substitution treatment (OST) with level 1 GPs at the end of the calendar month as recorded on the central treatment lists (CTLs). In Ireland, OST refers to the provision of both methadone and buprenorphine / buprenorphine-naloxone only products. OST is provided in HSE drug treatment clinics and by GPs (levels 1 and 2) who have completed recognised training programmes co-ordinated by the Irish College of General Practitioners (ICGP). As per HSE published OST Guidelines (https://www.hse.ie/eng/services/publications/Primary/clinical-guidelines-for-opioid-substitution-treatment.pdf), OST is described within the five phases of: assessing dependency (not specific to level 1 or 2 GPs), induction, stabilisation, maintenance and detoxification. Level 1 GPs can treat clients, who have been referred from HSE drug treatment centres or from level 2 GPs, in the maintenance and detoxification phases of OST in their own practice. OST should be provided at the lowest level of complexity, matching the clients needs and as close to the clients home as possible. In line with this principle, once a person is in the maintenance phase he / she should be referred to a Level 1 GP.
3	KPI Rationale	OST is considered a key component in the treatment of opioid dependence and plays an important role in rehabilitation and recovery. It is provided in HSE drug treatment clinics and by level 1 and 2 GPs. It is important to track the number of clients in the maintenance and detoxification phases of OST with level 1 GPs.
	Indicator Classification	Please tick which indicator classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two). ☐Person Centred Care, ☑Effective Care ☐Safe Care, ☐Better Health and Wellbeing, ☐ Use of Information, ☐ Workforce, ☐ Use of Resources, ☐ Governance, ☐ Leadership and Management
4	KPI Target	**2017 Operational Plan Target: 2,508** CHO 1-29, CHO 2-87, CHO 3-125, CHO 4-99, CHO 5-267, CHO 6-174, CHO 7-845, CHO 8-192, CHO 9-690
5	KPI Calculation	Count, the number of clients (outside prisons) receiving OST from level 1 GPs at the end of the calendar month as recorded on the CTLs.
6	Data Source Data Completeness Data Quality Issues	The CTL consists of a complete register of all individuals receiving methadone (as treatment for problem with opiate use) in Ireland and is the administrative database to regulate the dispensing of methadone treatment. A separate database records individuals in receipt of buprenorphine / buprenorphine-naloxone products. Collectively these are referred to here as the CTLs.
7	Data Collection Frequency	☐Daily ☐Weekly ☑Monthly in arrears ☐Quarterly ☐Bi-annually ☐Annually ☐Other – give details:
8	Tracer Conditions	Clients in receipt of OST with level 1 GPs during the calendar month as recorded on the CTLs.
9	Minimum Data Set	The minimum dataset comprises the CTL entry forms (methadone and buprenorphine / buprenorphine-naloxone) which record prescribing clinic and treatment date.
10	International Comparison	Engaging and retaining clients in OST is an internationally recognised metric.
11	KPI Monitoring	KPI will be monitored on a (please indicate below) basis: ☐Daily ☐Weekly ☑ Monthly in arrears ☐Quarterly ☐Bi-annually ☐Annually ☑ Other – give details: Please indicate who is responsible for monitoring this KPI:The Data Collection Co-ordinator in the National Social Inclusion Office receives and collates the data obtained from the CTL Data Co-ordinator.The National Social Inclusion Office validates the data and forwards it to the Business Information Unit (BIU) for reporting by the 15th of the month for publication in the national Performance Report (PR).
12	KPI Reporting Frequency	☐Daily ☐Weekly ☑Monthly in arrears ☐ Quarterly ☐Bi-annually ☐Annually ☐Other – give details:
13	KPI report period	☐Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) ☑Monthly in arrears (June data reported in July) ☐Quarterly in arrears (quarter 1 data reported in quarter 2) ☐Rolling 12 months (previous 12 month period)
14	KPI Reporting Aggregation	☑ National ☑CHO ☑LHO Area ☐ Hospital ☐ County ☐ Institution ☐Other – give details:
15	KPI is reported in which reports?	Indicate where the KPI will be reported: ☑ Performance Report (NSP) ☐Other – give details:
16	Web link to data	http://www.hse.ie/eng/services/publications/
17	Additional Information	
Contact details for Data Manager / Specialist Lead	**Information Analyst:** Geraldine Littler, Business Information Unit – Palliative Care & Social Inclusion Planning and Business Information (PBI), 046 9251330 Email: Geraldine.Littler@hse.ie **National Lead:** Joseph Doyle, National Planning Specialist, National Social Inclusion Office Email: joseph.doyle@hse.ie	

Social Inclusion: Opioid Substitution		
1	**KPI Title**	**No. of clients transferred from clinics to level 1 GPs**
2	**KPI Description**	This is a count of the number of clients (outside prisons) in receipt of opioid substitution treatment (OST) in a HSE drug treatment clinic whose treatment has been transferred from a clinic to a level 1 GP during the calendar month as recorded on the central treatment lists (CTLs). In Ireland, OST refers to the provision of both methadone and buprenorphine / buprenorphine-naloxone only products. OST is provided in HSE drug treatment clinics and by GPs (levels 1 and 2) who have completed recognised training programmes co-ordinated by the Irish College of General Practitioners (ICGP). As per HSE published OST Guidelines (https://www.hse.ie/eng/services/publications/Primary/clinical-guidelines-for-opioid-substitution-treatment.pdf), OST is described within the five phases of: assessing dependency (not specific to level 1 or 2 GPs), induction, stabilisation, maintenance and detoxification. Level 1 GPs can treat clients in the maintenance and detoxification phases of OST in their own practice. OST should be provided at the lowest level of complexity, matching the clients needs and as close to the clients home as possible. In line with this principle, once a person is in the maintenance phase he / she should be referred to a Level 1 GP.
3	**KPI Rationale**	OST is considered a key component in the treatment of opioid dependence and plays an important role in rehabilitation and recovery. It is provided in HSE drug treatment clinics and by level 1 and 2 GPs. It is important to track the clients who having initiated treatment in HSE drug treatment clinics, are then transferred to level 1 GP's in the maintenance and detoxification phases of OST.
	Indicator Classification	Please tick which indicator classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two). ☐Person Centred Care, ☑Effective Care ☐Safe Care, ☐Better Health and Wellbeing, ☐ Use of Information, ☐ Workforce, ☐ Use of Resources, ☐ Governance, ☐ Leadership and Management
4	**KPI Target**	**2017 Operational Plan Target: 300** CHO 1-0, CHO 2-5, CHO 3-9, CHO 4-18, CHO 5-60, CHO 6-27, CHO 7-86, CHO 8-12, CHO 9-83
5	**KPI Calculation**	Count, the number of clients (outside prisons) receiving OST from a level 1 GP whose treatment was transferred from a HSE drug treatment clinic to a level 1 GP during the calendar month as recorded on the CTLs.
6	**Data Source** **Data Completeness** **Data Quality Issues**	The CTL consists of a complete register of all individuals receiving methadone (as treatment for problem with opiate use) in Ireland and is the administrative database to regulate the dispensing of methadone treatment. A separate database records individuals in receipt of buprenorphine / buprenorphine-naloxone products. Collectively these are referred to here as the CTLs.
7	**Data Collection Frequency**	☐Daily ☐Weekly ☑Monthly in arrears ☐Quarterly ☐Bi-annually ☐Annually ☐Other – give details:
8	**Tracer Conditions**	Clients in receipt of OST with level 1 GP's transferred from HSE drug treatment clinics during the calendar month as recorded on the CTLs.
9	**Minimum Data Set**	The minimum dataset comprises the CTL entry forms (methadone and buprenorphine / buprenorphine-naloxone) which record prescribing clinic and treatment date.
10	**International Comparison**	Engaging and retaining clients in OST is an internationally recognised metric.
11	**KPI Monitoring**	KPI will be monitored on a (please indicate below) basis: ☐Daily ☐Weekly ☑ Monthly in arrears ☐Quarterly ☐Bi-annually ☐Annually ☐Other – give details: Please indicate who is responsible for monitoring this KPI:The Data Collection Co-ordinator in the National Social Inclusion Office receives and collates the data obtained from the CTL Data Co-ordinator.The National Social Inclusion Office validates the data and forwards it to the Business Information Unit (BIU) for reporting by the 15th of the month for publication in the national Performance Report (PR).
12	**KPI Reporting Frequency**	☐Daily ☐Weekly ☑Monthly in arrears ☐ Quarterly ☐Bi-annually ☐Annually ☐Other – give details:
13	**KPI report period**	☐Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) ☑Monthly in arrears (June data reported in July) ☐Quarterly in arrears (quarter 1 data reported in quarter 2) ☐Rolling 12 months (previous 12 month period)
14	**KPI Reporting Aggregation**	☑ National ☑CHO ☑LHO Area ☐ Hospital ☐ County ☐ Institution ☐Other – give details:
15	**KPI is reported in which reports?**	Indicate where the KPI will be reported: ☑ Performance Report (NSP) ☐Other – give details:
16	**Web link to data**	http://www.hse.ie/eng/services/publications/
17	**Additional Information**	
Contact details for Data Manager / Specialist Lead		**Information Analyst:** Geraldine Littler, Business Information Unit – Palliative Care & Social Inclusion Planning and Business Information (PBI), 046 9251330 Email: Geraldine.Littler@hse.ie
		National Lead: Joseph Doyle, National Planning Specialist, National Social Inclusion Office Email: joseph.doyle@hse.ie

Social Inclusion: Opioid Substitution		
1	**KPI Title**	**No. of clients transferred from clinics to level 2 GP's**
2	**KPI Description**	This is a count of the number of clients (outside prisons) receiving opiate substitution treatment (OST) from a level 2 GP whose treatment was transferred from a HSE drug treatment clinic to a level 2 GP during the calendar month as recorded on the central treatment lists (CTLs). In Ireland, OST refers to the provision of both methadone and buprenorphine / buprenorphine-naloxone only products. OST is provided in HSE drug treatment clinics and by GPs (levels 1 and 2) who have completed recognised training programmes co-ordinated by the Irish College of General Practitioners (ICGP). As per HSE published OST Guidelines (https://www.hse.ie/eng/services/publications/Primary/clinical-guidelines-for-opioid-substitution-treatment.pdf), OST is described within the five phases of: assessing dependency (not specific to level 1 or 2 GPs), induction, stabilisation, maintenance and detoxification. OST should be provided at the lowest level of complexity, matching the clients needs and as close to the clients home as possible.
3	**KPI Rationale**	OST is considered a key component in the treatment of opioid dependence and plays an important role in rehabilitation and recovery. It is provided in HSE drug treatment clinics and by level 1 and 2 GPs. It is important to track the number of clients who have initiated treatment in HSE drug treatment clinics whose treatment is then transferred to level 2 GPs.
	Indicator Classification	Please tick which indicator classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two). ☐Person Centred Care, ☑Effective Care ☐Safe Care, ☐Better Health and Wellbeing, ☐ Use of Information, ☐ Workforce, ☐ Use of Resources, ☐ Governance, ☐ Leadership and Management
4	**KPI Target**	**2017 Operational Plan Target: 140** CHO 1-0, CHO 2-0, CHO 3-2, CHO 4-8, CHO 5-6, CHO 6-15, CHO 7-50, CHO 8-9, CHO 9-50
5	**KPI Calculation**	Count the number of clients (outside prisons) receiving OST from level 2 GPs whose treatment transferred from a HSE drug treatment clinic to a level 2 GP during the calendar month as recorded on the CTLs.
6	**Data Source** **Data Completeness** **Data Quality Issues**	The CTL consists of a complete register of all individuals receiving methadone (as treatment for problem with opiate use) in Ireland and is the administrative database to regulate the dispensing of methadone treatment. A separate database records individuals in receipt of buprenorphine / buprenorphine-naloxone products. Collectively these are referred to here as the CTLs.
7	**Data Collection Frequency**	☐Daily ☐Weekly ☑Monthly in arrears ☐Quarterly ☐Bi-annually ☐Annually ☐Other – give details:
8	**Tracer Conditions**	Clients in receipt of OST with level 2 GPs who were transferred from HSE drug treatment clinics during the calendar month as recorded on the CTLs.
9	**Minimum Data Set**	The minimum dataset comprises the CTL entry forms (methadone and buprenorphine / buprenorphine-naloxone) which record prescribing clinic and treatment date.
10	**International Comparison**	Engaging and retaining clients in OST is an internationally recognised metric.
11	**KPI Monitoring**	KPI will be monitored on a (please indicate below) basis: ☐Daily ☐Weekly ☑ Monthly in arrears ☐Quarterly ☐Bi-annually ☐Annually ☐Other – give details: Please indicate who is responsible for monitoring this KPI:The Data Collection Co-ordinator in the National Social Inclusion Office receives and collates the data obtained from the CTL Data Co-ordinator.The National Social Inclusion Office validates the data and forwards it to the Business Information Unit (BIU) for reporting by the 15th of the month for publication in the national Performance Report (PR).
12	**KPI Reporting Frequency**	☐Daily ☐Weekly ☑Monthly in arrears ☐ Quarterly ☐Bi-annually ☐Annually ☐Other – give details:
13	**KPI report period**	☐Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) ☑Monthly in arrears (June data reported in July) ☐Quarterly in arrears (quarter 1 data reported in quarter 2) ☐Rolling 12 months (previous 12 month period)
14	**KPI Reporting Aggregation**	☑ National ☑CHO ☐LHO Area ☐ Hospital ☐ County ☐ Institution ☐Other – give details:
15	**KPI is reported in which reports?**	Indicate where the KPI will be reported: ☑ Performance Report (NSP) ☐Other – give details:
16	**Web link to data**	http://www.hse.ie/eng/services/publications/
17	**Additional Information**	
Contact details for Data Manager / Specialist Lead		**Information Analyst:** Geraldine Littler, Business Information Unit – Palliative Care & Social Inclusion Planning and Business Information (PBI), 046 9251330 Email: Geraldine.Littler@hse.ie
		National Lead: Joseph Doyle, National Planning Specialist, National Social Inclusion Office Email: joseph.doyle@hse.ie

		Social Inclusion: Opioid Substitution
1	**KPI Title**	**No. of clients transferred from level 2 to level 1 GPs**
2	**KPI Description**	This is a count of the number of clients (outside prisons) receiving opioid substitution treatment (OST) from level 1 GPs whose treatment transferred from a level 2 to a level 1 GP during the calendar month as recorded on the central treatment lists (CTLs). In Ireland, OST refers to the provision of both methadone and buprenorphine / buprenorphine-naloxone only products. OST is provided in HSE drug treatment clinics and by GPs (levels 1 and 2) who have completed recognised training programmes co-ordinated by the Irish College of General Practitioners (ICGP). As per HSE published OST Guidelines (https://www.hse.ie/eng/services/publications/Primary/clinical-guidelines-for-opioid-substitution-treatment.pdf), OST is described within the five phases of: assessing dependency (not specific to level 1 or 2 GPs), induction, stabilisation, maintenance and detoxification. Level 2 GPs can treat clients at all phases of OST. Level 1 GPs can treat clients in the maintenance and detoxification phases of OST in their own practice. OST should be provided at the lowest level of complexity, matching the clients needs and as close to the clients home as possible. In line with this principle, once a person is in the maintenance phase he / she should be referred to a Level 1 GP.
3	**KPI Rationale**	OST is considered a key component in the treatment of opioid dependence and plays an important role in rehabilitation and recovery. It is provided in HSE drug treatment clinics and by level 1 and 2 GPs. It is important to track the number of clients in the maintenance and detoxification phases of OST whose treatment is transferred from a level 2 to al level 1 GP.
	Indicator Classification	Please tick which indicator classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two). ☐Person Centred Care, ☑Effective Care ☐Safe Care, ☐Better Health and Wellbeing, ☐ Use of Information, ☐ Workforce, ☐ Use of Resources, ☐ Governance, ☐ Leadership and Management
4	**KPI Target**	**2017 Operational Plan Target: 150** CHO 1-10, CHO 2-0, CHO 3-6, CHO 4-10, CHO 5-10, CHO 6-16, CHO 7-48, CHO 8-10, CHO 9-40
5	**KPI Calculation**	Count the number of clients (outside prisons) receiving OST from a level 1 GP whose treatment was transferred from a level 2 GP to a level 1 GP during the calendar month as recorded on the CTLs.
6	**Data Source** **Data Completeness** **Data Quality Issues**	The CTL consists of a complete register of all individuals receiving methadone (as treatment for problem with opiate use) in Ireland and is the administrative database to regulate the dispensing of methadone treatment. A separate database records individuals in receipt of buprenorphine / buprenorphine-naloxone products. Collectively these are referred to here as the CTLs.
7	**Data Collection Frequency**	☐Daily ☐Weekly ☑Monthly in arrears ☐Quarterly ☐Bi-annually ☐Annually ☐Other – give details:
8	**Tracer Conditions**	Clients whose OST transferred from a level 1 GP to a level 2 GP during the calendar month as recorded on the CTLs.
9	**Minimum Data Set**	The minimum dataset comprises the CTL entry forms (methadone and buprenorphine / buprenorphine-naloxone) which record prescribing clinic and treatment date.
10	**International Comparison**	Engaging and retaining clients in OST is an internationally recognised metric.
11	**KPI Monitoring**	KPI will be monitored on a (please indicate below) basis: ☐Daily ☐Weekly ☑ Monthly in arrears ☐Quarterly ☐Bi-annually ☐Annually ☐Other – give details: Please indicate who is responsible for monitoring this KPI:The Data Collection Co-ordinator in the National Social Inclusion Office receives and collates the data obtained from the CTL Data Co-ordinator.The National Social Inclusion Office validates the data and forwards it to the Business Information Unit (BIU) for reporting by the 15th of the month for publication in the national Performance Report (PR).
12	**KPI Reporting Frequency**	☐Daily ☐Weekly ☑Monthly in arrears ☐ Quarterly ☐Bi-annually ☐Annually ☐Other – give details:
13	**KPI report period**	☐Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) ☑Monthly in arrears (June data reported in July) ☐Quarterly in arrears (quarter 1 data reported in quarter 2) ☐Rolling 12 months (previous 12 month period)
14	**KPI Reporting Aggregation**	☑ National ☑CHO ☑LHO Area ☐ Hospital ☐ County ☐ Institution ☐Other – give details:
15	**KPI is reported in which reports?**	Indicate where the KPI will be reported: ☑ Performance Report (NSP) ☐Other – give details:
16	**Web link to data**	http://www.hse.ie/eng/services/publications/
17	**Additional Information**	
Contact details for Data Manager / Specialist Lead		**Information Analyst:** Geraldine Littler, Business Information Unit – Palliative Care & Social Inclusion Planning and Business Information (PBI), 046 9251330 Email: Geraldine.Littler@hse.ie **National Lead:** Joseph Doyle, National Planning Specialist, National Social Inclusion Office Email: joseph.doyle@hse.ie

Social Inclusion: Opioid Substitution

1	**KPI Title**	**Total no. of new clients in receipt of opioid substitution treatment (outside prisons)**
2	**KPI Description**	This is a count of the total number of new clients (outside prisons) who received opioid substitution treatment (OST) in HSE drug treatment clinics and with level 2 GPs during the calendar month as recorded on the central treatment lists (CTLs). A new client is a client who has not previously received OST or has not received it in the preceding five years. In Ireland, OST refers to the provision of both methadone and buprenorphine / buprenorphine-naloxone only products. OST is provided in HSE drug treatment clinics and by GPs (levels 1 and 2) who have completed recognised training programmes co-ordinated by the Irish College of General Practitioners (ICGP). As per HSE published OST Guidelines (https://www.hse.ie/eng/services/publications/Primary/clinical-guidelines-for-opioid-substitution-treatment.pdf), OST is described within the five phases of: assessing dependency (not specific to level 1 or 2 GPs), induction, stabilisation, maintenance and detoxification. OST should be provided at the lowest level of complexity, matching the clients needs and as close to the clients home as possible.
3	**KPI Rationale**	OST is considered a key component in the treatment of opioid dependence and plays an important role in rehabilitation and recovery. It is initiated in HSE drug treatment clinics and by level 2 GPs. It is important to track the overall number of new clients in treatment in clinics and with level 2 GPs.
	Indicator Classification	Please tick which indicator classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two). ☐Person Centred Care, ☑Effective Care ☐Safe Care, ☐Better Health and Wellbeing, ☐ Use of Information, ☐ Workforce, ☐ Use of Resources, ☐ Governance, ☐ Leadership and Management
4	**KPI Target**	**2017 Operational Plan Target: 645** CHO 1-20, CHO 2-12, CHO 3-40, CHO 4-101, CHO 5-58, CHO 6-56, CHO 7-181, CHO 8-55, CHO 9-122
5	**KPI Calculation**	Count the number of new clients (outside prisons) who commenced OST in HSE drug treatment clinics and with level 2 GPs during the calendar month as recorded on the CTLs.
6	**Data Source** **Data Completeness** **Data Quality Issues**	The CTL consists of a complete register of all individuals receiving methadone (as treatment for problem with opiate use) in Ireland and is the administrative database to regulate the dispensing of methadone treatment. A separate database records individuals in receipt of buprenorphine / buprenorphine-naloxone products. Collectively these are referred to here as the CTLs.
7	**Data Collection Frequency**	☐Daily ☐Weekly ☑Monthly in arrears ☐Quarterly ☐Bi-annually ☐Annually ☐Other – give details:
8	**Tracer Conditions**	New clients (outside prisons) who are in receipt of OST in HSE drug treatment clinics or with level 2 GPs as recorded on the CTLs.
9	**Minimum Data Set**	The minimum dataset comprises the CTL entry forms (methadone and buprenorphine / buprenorphine-naloxone) which record prescribing clinic and treatment date.
10	**International Comparison**	Engaging and retaining clients in OST is an internationally recognised metric.
11	**KPI Monitoring**	KPI will be monitored on a (please indicate below) basis: ☐Daily ☐Weekly ☑ Monthly in arrears ☐Quarterly ☐Bi-annually ☐Annually ☐Other – give details: Please indicate who is responsible for monitoring this KPI:The Data Collection Co-ordinator in the National Social Inclusion Office receives and collates the data obtained from the CTL Data Co-ordinator.The National Social Inclusion Office validates the data and forwards it to the Business Information Unit (BIU) for reporting by the 15th of the month for publication in the national Performance Report (PR).
12	**KPI Reporting Frequency**	☐Daily ☐Weekly ☑Monthly in arrears ☐ Quarterly ☐Bi-annually ☐Annually ☐Other – give details:
13	**KPI report period**	☐Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) ☑Monthly in arrears (June data reported in July) ☐Quarterly in arrears (quarter 1 data reported in quarter 2) ☐Rolling 12 months (previous 12 month period)
14	**KPI Reporting Aggregation**	☑ National ☑CHO ☑LHO Area ☐ Hospital ☐ County ☐ Institution ☐Other – give details:
15	**KPI is reported in which reports?**	Indicate where the KPI will be reported: ☑ Performance Report (NSP) ☐Other – give details:
16	**Web link to data**	http://www.hse.ie/eng/services/publications/
17	**Additional Information**	
	Contact details for Data Manager / Specialist Lead	**Information Analyst:** Geraldine Littler, Business Information Unit – Palliative Care & Social Inclusion Planning and Business Information (PBI), 046 9251330 Email: Geraldine.Littler@hse.ie
		National Lead: Joseph Doyle, National Planning Specialist, National Social Inclusion Office Email: joseph.doyle@hse.ie

Social Inclusion: Opioid Substitution

1	**KPI Title**	**Total no. of new clients in receipt of opioid substitution treatment (clinics)**
2	**KPI Description**	This is a count of the number of new clients (outside prisons) in receipt of opioid substitution treatment (OST) in HSE drug treatment clinics during the calendar month as recorded on the central treatment lists (CTLs). In Ireland, OST refers to the provision of both methadone and buprenorphine / buprenorphine-naloxone only products. OST is provided in HSE drug treatment clinics and by GPs (levels 1 and 2) who have completed recognised training programmes co-ordinated by the Irish College of General Practitioners (ICGP). As per HSE published OST Guidelines (https://www.hse.ie/eng/services/publications/Primary/clinical-guidelines-for-opioid-substitution-treatment.pdf), OST is described within the five phases of: assessing dependency (not specific to level 1 or 2 GPs), induction, stabilisation, maintenance and detoxification. HSE drug treatment clinics treat clients at all phases of OST. OST should be provided at the lowest level of complexity, matching the clients needs and as close to the clients home as possible.
3	**KPI Rationale**	OST is considered a key component in the treatment of opioid dependence and plays an important role in rehabilitation and recovery. HSE drug treatment clinics treat clients at all phases of OST. It is important to track the number of new clients initiating treatment in these HSE drug treatment clinics.
	Indicator Classification	Please tick which indicator classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two). ☐Person Centred Care, ☑Effective Care ☐Safe Care, ☐Better Health and Wellbeing, ☐ Use of Information, ☐ Workforce, ☐ Use of Resources, ☐ Governance, ☐ Leadership and Management
4	**KPI Target**	**2017 Operational Plan Target: 507** CHO 1-0, CHO 2-12, CHO 3-37, CHO 4-100, CHO 5-57, CHO 6-13, CHO 7-154, CHO 8-33, CHO 9-101
5	**KPI Calculation**	Count the number of new clients (outside prisons) who commenced OST in HSE drug treatment clinics during the calendar month as recorded on the CTLs.
6	**Data Source** **Data Completeness** **Data Quality Issues**	The CTL consists of a complete register of all individuals receiving methadone (as treatment for problem with opiate use) in Ireland and is the administrative database to regulate the dispensing of methadone treatment. A separate database records individuals in receipt of buprenorphine / buprenorphine-naloxone products. Collectively these are referred to here as the CTLs.
7	**Data Collection Frequency**	☐Daily ☐Weekly ☑Monthly in arrears ☐Quarterly ☐Bi-annually ☐Annually ☐Other – give details:
8	**Tracer Conditions**	New clients who commenced OST in HSE drug treatment clinics during the calendar month as recorded on the CTLs.
9	**Minimum Data Set**	The minimum dataset comprises the CTL entry forms (methadone and buprenorphine / buprenorphine-naloxone) which record prescribing clinic and treatment date.
10	**International Comparison**	Engaging and retaining clients in OST is an internationally recognised metric.
11	**KPI Monitoring**	KPI will be monitored on a (please indicate below) basis: ☐Daily ☐Weekly ☑ Monthly in arrears ☐Quarterly ☐Bi-annually ☐Annually ☐Other – give details: Please indicate who is responsible for monitoring this KPI:The Data Collection Co-ordinator in the National Social Inclusion Office receives and collates the data obtained from the CTL Data Co-ordinator.The National Social Inclusion Office validates the data and forwards it to the Business Information Unit (BIU) for reporting by the 15th of the month for publication in the national Performance Report (PR).
12	**KPI Reporting Frequency**	☐Daily ☐Weekly ☑Monthly ☐ Quarterly ☐Bi-annually ☐Annually ☐Other – give details:
13	**KPI report period**	☐Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) ☑Monthly in arrears (June data reported in July) ☐Quarterly in arrears (quarter 1 data reported in quarter 2) ☐Rolling 12 months (previous 12 month period)
14	**KPI Reporting Aggregation**	☑ National ☑CHO ☑LHO Area ☐ Hospital ☐ County ☐ Institution ☐Other – give details:
15	**KPI is reported in which reports?**	Indicate where the KPI will be reported: ☑ Performance Report (NSP) ☐Other – give details:
16	**Web link to data**	http://www.hse.ie/eng/services/publications/
17	**Additional Information**	
	Contact details for Data Manager / Specialist Lead	**Information Analyst:** Geraldine Littler, Business Information Unit – Palliative Care & Social Inclusion Planning and Business Information (PBI), 046 9251330 Email: Geraldine.Littler@hse.ie
		National Lead: Joseph Doyle, National Planning Specialist, National Social Inclusion Office Email: joseph.doyle@hse.ie

Social Inclusion: Opioid Substitution

1	**KPI Title**	**Total no. of new clients in receipt of opioid substitution treatment (level 2 GP)**
2	**KPI Description**	This is a count of the number of new clients (outside prisons) in receipt of opioid substitution treatment (OST) with level 2 GPs in the calendar month as recorded on the central treatment lists (CTLs). A new client is a client who has not previously received OST or has not received it in the preceding five years. In Ireland, OST refers to the provision of both methadone and buprenorphine / buprenorphine-naloxone only products. OST is provided in HSE drug treatment clinics and by GPs (levels 1 and 2) who have completed recognised training programmes co-ordinated by the Irish College of General Practitioners (ICGP). As per HSE published OST Guidelines (https://www.hse.ie/eng/services/publications/Primary/clinical-guidelines-for-opioid-substitution-treatment.pdf), OST is described within the five phases of: assessing dependency (not specific to level 1 or 2 GPs), induction, stabilisation, maintenance and detoxification. Level 2 GPs can treat clients at all phases of OST. OST should be provided at the lowest level of complexity, matching the clients needs and as close to the clients home as possible.
3	**KPI Rationale**	OST is considered a key component in the treatment of opioid dependence and plays an important role in rehabilitation and recovery. It is initiated in HSE drug treatment clinics and by level 2 GPs. It is important to track the number of new clients initiating treatment with level 2 GPs.
	Indicator Classification	Please tick which indicator classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two). ☐Person Centred Care, ☑Effective Care ☐Safe Care, ☐Better Health and Wellbeing, ☐ Use of Information, ☐ Workforce, ☐ Use of Resources, ☐ Governance, ☐ Leadership and Management
4	**KPI Target**	**2017 Operational Plan Target: 138** CHO 1-20, CHO 2-0, CHO 3-3, CHO 4-1, CHO 5-1, CHO 6-43, CHO 7-27, CHO 8-22, CHO 9-21
5	**KPI Calculation**	Count the number of new clients (outside prisons) in receipt of OST with level 2 GPs at the end of the calendar month as recorded on the CTLs.
6	**Data Source** **Data Completeness** **Data Quality Issues**	The CTL consists of a complete register of all individuals receiving methadone (as treatment for problem with opiate use) in Ireland and is the administrative database to regulate the dispensing of methadone treatment. A separate database records individuals in receipt of buprenorphine / buprenorphine-naloxone products. Collectively these are referred to here as the CTLs.
7	**Data Collection Frequency**	☐Daily ☐Weekly ☑Monthly in arrears ☐Quarterly ☐Bi-annually ☐Annually ☐Other – give details:
8	**Tracer Conditions**	New clients in receipt of OST with level 2 GPs during the calendar month as recorded on the CTLs.
9	**Minimum Data Set**	The minimum dataset comprises the CTL entry forms (methadone and buprenorphine / buprenorphine-naloxone) which record prescribing clinic and treatment date.
10	**International Comparison**	Engaging and retaining clients in OST is an internationally recognised metric.
11	**KPI Monitoring**	KPI will be monitored on a (please indicate below) basis: ☐Daily ☐Weekly ☑ Monthly in arrears ☐Quarterly ☐Bi-annually ☐Annually ☐Other – give details: Please indicate who is responsible for monitoring this KPI:The Data Collection Co-ordinator in the National Social Inclusion Office receives and collates the data obtained from the CTL Data Co-ordinator.The National Social Inclusion Office validates the data and forwards it to the Business Information Unit (BIU) for reporting by the 15th of the month for publication in the national Performance Report (PR).
12	**KPI Reporting Frequency**	☐Daily ☐Weekly ☑Monthly in arrears ☐ Quarterly ☐Bi-annually ☐Annually ☐Other – give details:
13	**KPI report period**	☐Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) ☑Monthly in arrears (June data reported in July) ☐Quarterly in arrears (quarter 1 data reported in quarter 2) ☐Rolling 12 months (previous 12 month period)
14	**KPI Reporting Aggregation**	☑ National ☑CHO ☐☑LHO Area ☐ Hospital ☐ County ☐ Institution ☐Other – give details:
15	**KPI is reported in which reports?**	Indicate where the KPI will be reported: ☑ Performance Report (NSP) ☐Other – give details:
16	**Web link to data**	http://www.hse.ie/eng/services/publications/
17	**Additional Information**	
Contact details for Data Manager / Specialist Lead		**Information Analyst:** Geraldine Littler, Business Information Unit – Palliative Care & Social Inclusion Planning and Business Information (PBI), 046 9251330 Email: Geraldine.Littler@hse.ie
		National Lead: Joseph Doyle, National Planning Specialist, National Social Inclusion Office Email: joseph.doyle@hse.ie

Social Inclusion: Opioid Substitution

1	**KPI Title**	**Number of pharmacies providing opioid substitution treatment**
2	**KPI Description**	This is a count of the number of pharmacies authorised by the HSE Addiction Services to dispense methadone and buprenorphine / buprenorphine-naloxone only products and to provide related services to clients in the calendar month as recorded on the central treatment lists (CTLs). In Ireland, opioid substitution treatment (OST) refers to the provision of both methadone and buprenorphine / buprenorphine-naloxone. Methadone and buprenorphine / buprenorphine-naloxone only products are prescribed by doctors and dispensed by pharmacists for approved clients.
3	**KPI Rationale**	OST is considered a key component in the treatment of opioid dependence and plays an important role in rehabilitation and recovery. It is important to track the number of pharmacies authorised to dispense methadone and buprenorphine / buprenorphine-naloxone only products and to provide related services to clients in their own local areas.
	Indicator Classification	Please tick which indicator classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two). ☐Person Centred Care, ☑Effective Care ☐Safe Care, ☐Better Health and Wellbeing, ☐ Use of Information, ☐ Workforce, ☐ Use of Resources, ☐ Governance, ☐ Leadership and Management
4	**KPI Target**	**2017 Operational Plan Target: 654** CHO 1-26, CHO 2-42, CHO 3-44, CHO 4-69, CHO 5-74, CHO 6-60, CHO 7-134, CHO 8-96, CHO 9-109.
5	**KPI Calculation**	Count, the number of pharmacies, authorised by the HSE Addiction Services to dispense methadone and buprenorphine / buprenorphine-naloxone only products and provide related services to clients in the calendar month as recorded on the CTLs.
6	**Data Source** **Data Completeness** **Data Quality Issues**	The CTL consists of a complete register of all individuals receiving methadone (as treatment for problem with opiate use) in Ireland and is the administrative database to regulate the dispensing of methadone treatment. A separate database records individuals in receipt of buprenorphine / buprenorphine-naloxone products. Collectively these are referred to here as the CTLs.
7	**Data Collection Frequency**	☐Daily ☐Weekly ☑ Monthly in arrears ☐Quarterly ☐Bi-annually ☐Annually ☐Other – give details:
8	**Tracer Conditions**	Pharmacies providing OST in the calendar month as recorded on the CTLs.
9	**Minimum Data Set**	The minimum dataset comprises the CTL entry forms (methadone and buprenorphine / buprenorphine-naloxone only products) which record prescribing clinic, dispensing pharmacy and treatment date.
10	**International Comparison**	Engaging and retaining clients in OST is an internationally recognised metric.
11	**KPI Monitoring**	KPI will be monitored on a (please indicate below) basis: ☐Daily ☐Weekly ☑ Monthly in arrears ☐Quarterly ☐Bi-annually ☐Annually ☐Other – give details: Please indicate who is responsible for monitoring this KPI:The Data Collection Co-ordinator in the National Social Inclusion Office receives and collates the data obtained from the CTL Data Co-ordinator.The National Social Inclusion Office validates the data and forwards it to the Business Information Unit (BIU) for reporting by the 15th of the month for publication in the national Performance Report (PR).
12	**KPI Reporting Frequency**	☐Daily ☐Weekly ☑Monthly in arrears ☐ Quarterly ☐Bi-annually ☐Annually ☐Other – give details:
13	**KPI report period**	☐Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) ☑Monthly in arrears (June data reported in July) ☐Quarterly in arrears (quarter 1 data reported in quarter 2) ☐Rolling 12 months (previous 12 month period)
14	**KPI Reporting Aggregation**	☑ National ☑CHO ☐☑LHO Area ☐ Hospital ☐ County ☐ Institution ☐Other – give details:
15	**KPI is reported in which reports?**	Indicate where the KPI will be reported: ☑ Performance Report (NSP) ☐Other – give details:
16	**Web link to data**	http://www.hse.ie/eng/services/publications/
17	**Additional Information**	
Contact details for Data Manager / Specialist Lead		**Information Analyst:** Geraldine Littler, Business Information Unit – Palliative Care & Social Inclusion Planning and Business Information (PBI), 046 9251330 Email: Geraldine.Littler@hse.ie
		National Lead: Joseph Doyle, National Planning Specialist, National Social Inclusion Office Email: joseph.doyle@hse.ie

Social Inclusion: Opioid Substitution		
1	KPI Title	**Number of people obtaining opioid substitution treatment from pharmacies**
2	KPI Description	This is a count of the number of people obtaining opioid substitution treatment (OST) from pharmacies in the calendar month as recorded on the central treatment lists (CTLs). In Ireland, OST refers to the provision of both methadone and buprenorphine / buprenorphine-naloxone only products. Opioid dependent persons are registered with a HSE drug treatment centre, a level 2 or 1 GP and a specific pharmacy. Pharmacists dispense OST and provide related services to clients registered with their pharmacies.
3	KPI Rationale	OST is considered a key component in the treatment of opioid dependence and plays an important role in rehabilitation and recovery. It is provided in HSE drug treatment clinics and by level 2 and 1 GPs. It is important to track the number of people availing of OST and related services, from pharmacies, in their own local areas.
	Indicator Classification	Please tick which indicator classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two). ☐Person Centred Care, ☑Effective Care ☐Safe Care, ☐Better Health and Wellbeing, ☐ Use of Information, ☐ Workforce, ☐ Use of Resources, ☐ Governance, ☐ Leadership and Management
4	KPI Target	**2017 Operational Plan Target: 6,630** CHO 1-101, CHO 2-143, CHO 3-279, CHO 4-429, CHO 5-509, CHO 6-608, CHO 7-2,079, CHO 8-639, CHO 9-1,843
5	KPI Calculation	Count the number of people availing of OST from pharmacies in the calendar month as recorded on the CTLs.
6	Data Source Data Completeness Data Quality Issues	The CTL consists of a complete register of all individuals receiving methadone (as treatment for problem with opiate use) in Ireland and is the administrative database to regulate the dispensing of methadone treatment. A separate database records individuals in receipt of buprenorphine / buprenorphine-naloxone products. Collectively these are referred to here as the CTLs.
7	Data Collection Frequency	☐Daily ☐Weekly ☑Monthly in arrears ☐Quarterly ☐Bi-annually ☐Annually ☐Other – give details:
8	Tracer Conditions	People registered with pharmacies to receive OST services during the calendar period as recorded on the CTLs.
9	Minimum Data Set	The minimum dataset comprises the CTL entry forms (methadone and buprenorphine / buprenorphine-naloxone) which record prescribing clinic, dispensing pharmacy and treatment date.
10	International Comparison	Engaging and retaining clients in OST is an internationally recognised metric.
11	KPI Monitoring	KPI will be monitored on a (please indicate below) basis: ☐Daily ☐Weekly ☑ Monthly in arrears ☐Quarterly ☐Bi-annually ☐Annually ☐Other – give details: Please indicate who is responsible for monitoring this KPI:The Data Collection Co-ordinator in the National Social Inclusion Office receives and collates the data obtained from the CTL Data Co-ordinator.The National Social Inclusion Office validates the data and forwards it to the Business Information Unit (BIU) for reporting by the 15th of the month for publication in the national Performance Report (PR).
12	KPI Reporting Frequency	☐Daily ☐Weekly ☑Monthly in arrears ☐ Quarterly ☐Bi-annually ☐Annually ☐Other – give details:
13	KPI report period	☐Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) ☑Monthly in arrears (June data reported in July) ☐Quarterly in arrears (quarter 1 data reported in quarter 2) ☐Rolling 12 months (previous 12 month period)
14	KPI Reporting Aggregation	☑ National ☑CHO ☐☑LHO Area ☐ Hospital ☐ County ☐ Institution ☐Other – give details:
15	KPI is reported in which reports?	Indicate where the KPI will be reported: ☑ Performance Report (NSP) ☐Other – give details:
16	Web link to data	http://www.hse.ie/eng/services/publications/
17	Additional Information	
Contact details for Data Manager / Specialist Lead		**Information Analyst:** Geraldine Littler, Business Information Unit – Palliative Care & Social Inclusion Planning and Business Information (PBI), 046 9251330 Email: Geraldine.Littler@hse.ie
		National Lead: Joseph Doyle, National Planning Specialist, National Social Inclusion Office Email: joseph.doyle@hse.ie

Social Inclusion : Alcohol Misuse

1	**KPI Title**	**No. of problem alcohol users who present for treatment**
2	**KPI Description**	This is a count of the number of alcohol users (all ages) who presented for treatment at a HSE treatment centre during the reporting quarter. Presentation includes self, family, GP referral etc. Treatment includes: Brief Intervention; individual counselling; group counselling; group education/awareness programmes; medication-free therapy; social and/or occupational reintegration; family therapy; structured after care programmes; detoxification etc.
3	**KPI Rationale**	Speedy access to treatment is critical when alcohol users are at this stage of the change cycle, particularly so for young people.
	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two). ☐ Person Centred Care, ☑ Effective Care ☐Safe Care, ☐ Better Health and Wellbeing, ☐ Use of Information, ☐ Workforce, ☐ Use of Resources, ☐ Governance, ☐ Leadership and Management
4	**KPI Target**	**2017 Operational Plan Target: 3,736,** CHO 1-580, CHO 2-76, CHO 3-28, CHO 4-552, CHO 5-780, CHO 6-680, CHO 7-344, CHO 8-420, CHO 9-276
5	**KPI Calculation**	Count alcohol users (all ages) who presented for treatment at a HSE treatment centre during the reporting quarter.
6	**Data Source**	Information is sourced by the HSE Addiction Service providers. Data is collated / verified by the Health Research Board (HRB) or Community Healthcare Organisations (CHO) (6,7& 9). The validated information is returned to the relevant CHO for submission to the Business Information Unit (BIU).
	Data Completeness	Data completeness is expected at 100%.
	Data Quality Issues	Data quality issues are addressed as they arise.
7	**Data Collection Frequency**	☐Daily ☐Weekly ☐Monthly ☑Quarterly one quarter in arrears ☐Bi-annually ☐Annually ☐Other – give details:
8	**Tracer Conditions**	Alcohol users presenting for treatment to a HSE treatment centre during the reporting quarter.
9	**Minimum Data Set**	The minimum dataset is a National Drug Treatment Reporting System (NDTRS) form with standard demographic information, diagnosis, treatment record and referral reason.
10	**International Comparison**	Yes through the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA).
11	**KPI Monitoring**	KPI will be monitored on a (please indicate below) basis: ☐Daily ☐Weekly ☐ Monthly ☑Quarterly ☐Bi-annually ☐Annually ☐Other – give details: Please indicate who is responsible for monitoring this KPI: The validated data is monitored by the Primary Care Lead/Social Inclusion Manager, the Chief Officer and the Primary Care Division Operational Team via performance meetings. This data is returned to the BIU for publication in the national Performance Report (PR). As the data is reported quarterly, one quarter in arrears, quarter 4 data is returned by 15th April, quarter 1 data is returned by 15th July, quarter 2 data is returned by 15th Oct and quarter 3 data returned by 15th Jan.
12	**KPI Reporting Frequency**	☐Daily ☐Weekly ☐ Monthly ☑ Quarterly one quarter in arrears ☐Bi-annually ☐Annually ☐Other – give details:
13	**KPI report period**	☐Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) ☐Monthly in arrears (June data reported in July) ☑ Quarterly in arrears (quarter 1 data reported in quarter 2) ☐Rolling 12 months (previous 12 month period)
14	**KPI Reporting Aggregation**	☑ National ☑CHO ☑LHO Area ☐ Hospital ☐ County ☐ Institution ☐Other – give details:
15	**KPI is reported in which reports ?**	☑ Performance Report (NSP) ☐Other – give details:
16	**Web link to data**	http://www.hse.ie/eng/services/publications/
17	**Additional Information**	
	Contact details for Data Manager / Specialist Lead	**Information Analyst:** Geraldine Littler, Business Information Unit, Palliative Care & Social Inclusion, Planning and Business Information(PBI), Tel: 046 9251330 Email: Geraldine.Littler @hse.ie
		National Lead: Joseph Doyle, National Planning Specialist, National Social Inclusion Office Email: joseph.doyle@hse.ie

Social Inclusion : Alcohol Misuse

1	**KPI Title**	**No. of problem alcohol users who present for treatment who receive an assessment within two weeks**
2	**KPI Description**	This is a count of the number of alcohol users (all ages) who having presented for treatment at a HSE treatmet centre had their needs assessed within two weeks (14 days) of such presentation, during the reporting quarter. Presentation includes self, family, GP referral etc. Needs assessment aims to determine the seriousness and urgency of the alcohol problem. An assessment of both the nature and extent of the addiction as well as the service user's motivation to engage with treatment and rehabilitation services is carried out. Any immediate risk factors and whether or not the service user is suitable for treatment at a particular centre are also identified.Treatment includes: Brief Intervention; individual counselling; group counselling; group education/awareness programmes; medication-free therapy; social and/or occupational reintegration; family therapy; structured after care programmes; detoxification etc.
3	**KPI Rationale**	Speedy access to treatment is critical when alcohol users are at this stage of the change cycle, particularly so for young people.
	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two). ☐ Person Centred Care, ☑ Effective Care ☐Safe Care, ☐ Better Health and Wellbeing, ☐ Use of Information, ☐ Workforce, ☐ Use of Resources, ☐ Governance, ☐ Leadership and Management
4	**KPI Target**	**2017 Operational Plan Target: 1,900** CHO 1-256, CHO 2-68, CHO 3-20, CHO 4-272, CHO 5-616, CHO 6-336, CHO 7-140, CHO 8-128, CHO 9-64
5	**KPI Calculation**	Count the number of alcohol users (all ages) who presented for treatment during the reporting quarter who had their needs assessed within two weeks (14 days) of their presentation for treatment (referral date).
6	**Data Source**	Information is sourced by the HSE Addiction Service providers. Data is collated / verified by the Health Research Board (HRB) or Community Healthcare Organisations (CHO) (6,7& 9). The validated information is returned to the relevant CHO for submission to the Business Information Unit (BIU).
	Data Completeness	Data completeness is expected at 100%.
	Data Quality Issues	Data quality issues are addressed as they arise.
7	**Data Collection Frequency**	☐Daily ☐Weekly ☐Monthly ☑Quarterly one quarter in arrears ☐Bi-annually ☐Annually ☐Other – give details:
8	**Tracer Conditions**	Alcohol users presenting for treatment who had their needs assessed within two weeks of presentation.
9	**Minimum Data Set**	The minimum dataset is a National Drug Treatment Reporting System (NDTRS) form with standard demographic information, diagnosis, treatment record and referral reason.
10	**International Comparison**	Yes through the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA).
11	**KPI Monitoring**	KPI will be monitored on a (please indicate below) basis: ☐Daily ☐Weekly ☐ Monthly ☑Quarterly ☐Bi-annually ☐Annually ☐Other – give details: Please indicate who is responsible for monitoring this KPI: The validated data is monitored by the Primary Care Lead/Social Inclusion Manager, the Chief Officer and the Primary Care Division Operational Team via performance meetings. This data is returned to the BIU for publication in the national Performance Report (PR). As the data is reported quarterly, one quarter in arrears, quarter 4 data is returned by 15th April, quarter 1 data is returned by 15th July, quarter 2 data is returned by 15th Oct and quarter 3 data returned by 15th Jan.
12	**KPI Reporting Frequency**	☐Daily ☐Weekly ☐ Monthly ☑ Quarterly one quarter in arrears ☐Bi-annually ☐Annually ☐Other – give details:
13	**KPI report period**	☐Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) ☐Monthly in arrears (June data reported in July) ☑ Quarterly in arrears (quarter 1 data reported in quarter 2) ☐Rolling 12 months (previous 12 month period)
14	**KPI Reporting Aggregation**	☑ National ☑CHO ☑LHO Area ☐ Hospital ☐ County ☐ Institution ☐Other – give details:
15	**KPI is reported in which reports ?**	☑ Performance Report (NSP) ☐Other – give details:
16	**Web link to data**	http://www.hse.ie/eng/services/publications/
17	**Additional Information**	
	Contact details for Data Manager / Specialist Lead	**Information Analyst:** Geraldine Littler, Business Information Unit Palliative Care & Social Inclusion, Planning and Business Infromation (PBI) Tel: 046 9251330 Email: Geraldine.Littler@hse.ie
		National Lead: Joseph Doyle, National Planning Specialist, National Social Inclusion Office Email: joseph.doyle@hse.ie

Social Inclusion : Alcohol Misuse

1	**KPI Title**	**% of problem alcohol users who present for treatment who receive an assessment within two weeks**
2	**KPI Description**	This is a calculation of the percentage of the overall number of alcohol users (all ages) who having presented for treatment at a HSE treatment centre had their needs assessed within two weeks (14 days) of their presentation for treatment during the reporting quarter. Presentation includes self, family, GP referral etc. Needs assessment aims to determine the seriousness and urgency of the alcohol problem. An assessment of both the nature and extent of the addiction as well as the service user's motivation to engage with treatment and rehabilitation services is carried out. Any immediate risk factors and whether or not the service user is suitable for treatment at a particular centre are also identified. Treatment includes: Brief Intervention; individual counselling; group counselling; group education/awareness programmes; medication-free therapy; social and/or occupational reintegration; family therapy; structured after care programmes; detoxification etc.
3	**KPI Rationale**	Speedy access to treatment is critical when alcohol users are at this stage of the change cycle, particularly so for young people.
	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two). ☐ Person Centred Care, ☑ Effective Care ☐Safe Care, ☐ Better Health and Wellbeing, ☐ Use of Information, ☐ Workforce, ☐ Use of Resources, ☐ Governance, ☐ Leadership and Management
4	**KPI Target**	**2017 Operational Plan Target: 100%**
5	**KPI Calculation**	The number of alcohol users (all ages) who presented for treatment during the reporting period who had their needs assessed within two weeks (14 days) of their presentation for treatment is divided by the total number of alcohol users (all ages) who presented for treatment and is multiplied by 100. Numerator The number of alcohol users (all ages) who presented for treatment during the reporting period who had their needs assessed within two weeks (14 days) of their presentation for treatment Denominator the total number of alcohol users (all age groups) who presented for treatment multiplied by 100.
6	**Data Source**	Information is sourced by the HSE Addiction Service providers. Data is collated / verified by the Health Research Board (HRB) or Community Healthcare Organisations (CHO) (6,7& 9). The validated information is returned to the relevant CHO for submission to the Business Information Unit (BIU).
	Data Completeness	Data completeness is expected at 100%.
	Data Quality Issues	Data quality issues are addressed as they arise.
7	**Data Collection Frequency**	☐Daily ☐Weekly ☐Monthly ☑Quarterly one quarter in arrears ☐Bi-annually ☐Annually ☐Other – give details:
8	**Tracer Conditions**	Alcohol users presenting for treatment who are assessed within two weeks.
9	**Minimum Data Set**	The minimum dataset is a National Drug Treatment Reporting System (NDTRS) form with standard demographic information, diagnosis, treatment record and referral reason.
10	**International Comparison**	Yes through the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA).
11	**KPI Monitoring**	KPI will be monitored on a (please indicate below) basis: ☐Daily ☐Weekly ☐ Monthly ☑Quarterly ☐Bi-annually ☐Annually ☐Other – give details: Please indicate who is responsible for monitoring this KPI: The validated data is monitored by the Primary Care Lead/Social Inclusion Manager, the Chief Officer and the Primary Care Division Operational Team via performance meetings. This data is returned to the BIU for publication in the national Performance Report (PR). As the data is reported quarterly, one quarter in arrears, quarter 4 data is returned by 15th April, quarter 1 data is returned by 15th July, quarter 2 data is returned by 15th Oct and quarter 3 data returned by 15th Jan.
12	**KPI Reporting Frequency**	☐Daily ☐Weekly ☐ Monthly ☑ Quarterly in quarter in arrears ☐Bi-annually ☐Annually ☐Other – give details:
13	**KPI report period**	☐Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) ☐Monthly in arrears (June data reported in July) ☑ Quarterly in arrears (quarter 1 data reported in quarter 2) ☐Rolling 12 months (previous 12 month period)
14	**KPI Reporting Aggregation**	☑ National ☑CHO ☑LHO Area ☐ Hospital ☐ County ☐ Institution ☐Other – give details:
15	**KPI is reported in which reports ?**	☑ Performance Report (NSP) ☐Other – give details:
16	**Web link to data**	http://www.hse.ie/eng/services/publications/
17	**Additional Information**	
	Contact details for Data Manager / Specialist Lead	**Information Analyst:** Geraldine Littler, Business Information Uinit Palliative Care & Social Inclusion, Planning and Business Information (PBI) Tel: 046 9251330 Email: Geraldine.Littler@hse.ie **National Lead:** Joseph Doyle, National Planning Specialist, National Social Inclusion Office Email: joseph.doyle@hse.ie

Social Inclusion : Alcohol Misuse

1	**KPI Title**	**No. of problem alcohol users (over 18 years) for whom treatment has commenced following assessment**
2	**KPI Description**	This is a count of the number of alcohol users aged 18 years and over, who having had their needs for treatment asessed have commenced treatment in a HSE treatment centre during the reporting quarter. Needs assessment aims to determine the seriousness and urgency of the alcohol problem. An assessment of both the nature and extent of the addiction as well as the service user's motivation to engage with treatment and rehabilitation services is carried out. Any immediate risk factors and whether or not the service user is suitable for treatment at a particular centre are also identified. Treatment includes: Brief Intervention; individual counselling; group counselling; group education/awareness programmes; medication-free therapy; social and/or occupational reintegration; family therapy; structured after care programmes; detoxification etc.
3	**KPI Rationale**	Speedy access to treatment is critical when alcohol users are at this stage of the change cycle.
	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two). ☐ Person Centred Care, ☑ Effective Care ☐Safe Care, ☐ Better Health and Wellbeing, ☐ Use of Information, ☐ Workforce, ☐ Use of Resources, ☐ Governance, ☐ Leadership and Management
4	**KPI Target**	**2017 Operational Plan Target: 3,424** CHO 1-512, CHO 2-68, CHO 3-20, CHO 4-496, CHO 5-732, CHO 6-680, CHO 7-344, CHO 8-324, CHO 9-248
5	**KPI Calculation**	Count the number of alcohol users aged 18 years and over who during the reporting quarter had their needs assessed and commenced treatment to respond to these needs.
6	**Data Source**	Information is sourced by the HSE Addiction Service providers. Data is collated / verified by the Health Research Board (HRB) or Community Healthcare Organisations (CHO) (6,7& 9). The validated information is returned to the relevant CHO for submission to the Business Information Unit (BIU).
	Data Completeness	Data completeness is expected at 100%.
	Data Quality Issues	Data quality issues are addressed as they arise.
7	**Data Collection Frequency**	☐Daily ☐Weekly ☐Monthly ☑Quarterly one quarter in arrears ☐Bi-annually ☐Annually ☐Other – give details:
8	**Tracer Conditions**	Alcohol users 18 years of age and over who commenced treatment
9	**Minimum Data Set**	The minimum dataset is a National Drug Treatment Reporting System (NDTRS) form with standard demographic information, diagnosis, treatment record and referral reason.
10	**International Comparison**	Yes through the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA).
11	**KPI Monitoring**	KPI will be monitored on a (please indicate below) basis: ☐Daily ☐Weekly ☐ Monthly ☑Quarterly ☐Bi-annually ☐Annually ☐Other – give details: Please indicate who is responsible for monitoring this KPI: The validated data is monitored by the Primary Care Lead/Social Inclusion Manager, the Chief Officer and the Primary Care Division Operational Team via performance meetings. This data is returned to the BIU for publication in the national Performance Report (PR). As the data is reported quarterly, one quarter in arrears, quarter 4 data is returned by 15th April, quarter 1 data is returned by 15th July, quarter 2 data is returned by 15th Oct and quarter 3 data returned by 15th Jan.
12	**KPI Reporting Frequency**	☐Daily ☐Weekly ☐ Monthly ☑ Quarterly one quarter in arrears ☐Bi-annually ☐Annually ☐Other – give details:
13	**KPI report period**	☐Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) ☐Monthly in arrears (June data reported in July) ☑ Quarterly in arrears (quarter 1 data reported in quarter 2) ☐Rolling 12 months (previous 12 month period)
14	**KPI Reporting Aggregation**	☑ National ☑CHO ☑LHO Area ☐ Hospital ☐ County ☐ Institution ☐Other – give details:
15	**KPI is reported in which reports ?**	☑ Performance Report (NSP) ☐Other – give details:
16	**Web link to data**	http://www.hse.ie/eng/services/publications/
17	**Additional Information**	
	Contact details for Data Manager / Specialist Lead	**Information Analyst:** Geraldine Littler, Business Information Unit Palliative Care & Social Inclusion, Planning and Business Information (PBI) Tel 046 9251330 Email: Geraldine.Littler@hse.ie
		National Lead: Joseph Doyle, National Planning Specialist, National Social Inclusion Office Email: joseph.doyle@hse.ie

Social Inclusion : Alcohol Misuse

1	**KPI Title**	**No. of problem alcohol users (over 18 years) for whom treatment has commenced within one calendar month following assessment**
2	**KPI Description**	This is a count of the number of alcohol users aged 18 years and over, who having had their needs for treatment assessed have commenced treatment in a HSE treatment centre within one calendar month of this assessment, during the reporting quarter. Needs assessment aims to determine the seriousness and urgency of the alcohol problem. An assessment of both the nature and extent of the addiction as well as the service user's motivation to engage with treatment and rehabilitation services is carried out. Any immediate risk factors and whether or not the service user is suitable for treatment at a particular centre are also identified. Treatment includes: Brief Intervention; individual counselling; group counselling; group education/awareness programmes; medication-free therapy; social and/or occupational reintegration; family therapy; structured after care programmes; detoxification etc. Calendar month is defined as 30 days.
3	**KPI Rationale**	Speedy access to treatment is critical when alcohol users are at this stage of the change cycle.
	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two). ☐ Person Centred Care, ☑ Effective Care ☐Safe Care, ☐ Better Health and Wellbeing, ☐ Use of Information, ☐ Workforce, ☐ Use of Resources, ☐ Governance, ☐ Leadership and Management
4	**KPI Target**	**2017 Operational Plan Target: 2,956** CHO 1-508, CHO 2-68, CHO 3-20, CHO 4-496, CHO 5-728, CHO 6-348, CHO 7-228, CHO 8-312, CHO 9-248
5	**KPI Calculation**	Count the number of alcohol users aged 18 years and over who commenced treatment within one calendar month (30 days) of having their needs assessed during the reporting quarter.
6	**Data Source**	Information is sourced by the HSE Addiction Service providers. Data is collated / verified by the Health Research Board (HRB) or Community Healthcare Organisations (CHO) (6,7& 9). The validated information is returned to the relevant CHO for submission to the Business Information Unit (BIU).
	Data Completeness	Data completeness is expected at 100%.
	Data Quality Issues	Data quality issues are addressed as they arise.
7	**Data Collection Frequency**	☐Daily ☐Weekly ☐Monthly ☑Quarterly one quarter in arrears ☐Bi-annually ☐Annually ☐Other – give details:
8	**Tracer Conditions**	Alcohol users aged 18 years and over who commenced treatment within one calendar month of assessment
9	**Minimum Data Set**	The minimum dataset is a National Drug Treatment Reporting System (NDTRS) form with standard demographic information, diagnosis, treatment record and referral reason.
10	**International Comparison**	Yes through the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA).
11	**KPI Monitoring**	KPI will be monitored on a (please indicate below) basis: ☐Daily ☐Weekly ☐ Monthly ☑Quarterly . Please indicate who is responsible for monitoring this KPI: The validated data is monitored by the Primary Care Lead/Social Inclusion Manager, the Chief Officer and the Primary Care Division Operational Team via performance meetings. This data is returned to the BIU for publication in the national Performance Report (PR). As the data is reported quarterly, one quarter in arrears, quarter 4 data is returned by 15th April, quarter 1 data is returned by 15th July, quarter 2 data is returned by 15th Oct and quarter 3 data returned by 15th Jan.
12	**KPI Reporting Frequency**	☐Daily ☐Weekly ☐ Monthly ☑ Quarterly one quarter in arrears ☐Bi-annually ☐Annually ☐Other – give details:
13	**KPI report period**	☐Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) ☐Monthly in arrears (June data reported in July) ☑ Quarterly in arrears (quarter 1 data reported in quarter 2) ☐Rolling 12 months (previous 12 month period)
14	**KPI Reporting Aggregation**	☑ National ☑CHO ☑LHO Area ☐ Hospital ☐ County ☐ Institution ☐Other – give details:
15	**KPI is reported in which reports ?**	☑ Performance Report (NSP) ☐Other – give details:
16	**Web link to data**	http://www.hse.ie/eng/services/publications/
17	**Additional Information**	
	Contact details for Data Manager / Specialist Lead	**Information Analyst:** Geraldine Littler, Business Information Unit Palliative Care & Social Inclusion, Planning and Business Information (PBI) Tel 046 9251330. Email: Geraldine.Littler@hse.ie
		National Lead: Joseph Doyle, National Planning Specialist, National Social Inclusion Office Email: joseph.doyle@hse.ie

Social Inclusion : Alcohol Misuse

1	**KPI Title**	**% of problem alcohol users (over 18 years) for whom treatment has commenced within one calendar month following assessment**
2	**KPI Description**	This is a calculation of the number of problem alcohol users aged 18 years and over who having had their needs assessed have commenced treatment in a HSE treatment centre within one calendar month, expressed as a percentage of all those aged over 18 years who have commenced treatment within one calendar month during the reporting quarter. Needs assessment aims to determine the seriousness and urgency of the alcohol problem. An assessment of both the nature and extent of the addiction as well as the service user's motivation to engage with treatment and rehabilitation services is carried out. Any immediate risk factors and whether or not the service user is suitable for treatment at a particular centre are also identified.treatment. Treatment includes: Brief Intervention; individual counselling; group counselling; group education/awareness programmes; medication-free therapy; social and/or occupational reintegration; family therapy; structured after care programmes; detoxification etc. Calendar month is defined as 30 days.
3	**KPI Rationale**	Speedy access to treatment is critical when alcohol users are at this stage of the change cycle. This is a performance indicator in the National Drugs Strategy (Interim 2009-2016).
	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two). ☐ Person Centred Care, ☑ Effective Care ☐Safe Care, ☐ Better Health and Wellbeing, ☐ Use of Information, ☐ Workforce, ☐ Use of Resources, ☐ Governance, ☐ Leadership and Management
4	**KPI Target**	**2017 Operational Plan Target: 100%**
5	**KPI Calculation**	The number of alcohol users aged 18 years and over who commenced treatment within one calendar month of having their needs assessed during the reporting quarter is divided by the toal number of alcohol users aged 18 years and over who commenced treatment during the reporting quarter and then multiplied by 100. Numerator The number of alcohol users aged 18 years and over who commenced treatment within one calendar month of having their needs assessed during the reporting quarter Denominator the total number of alcohol users aged over 18 years who commenced treatment during the reporting quarter multiplied by 100.
6	**Data Source**	Information is sourced by the HSE Addiction Service providers. Data is collated / verified by the Health Research Board (HRB) or Community Healthcare Organisations (CHO) (6,7& 9). The validated information is returned to the relevant CHO for submission to the Business Information Unit (BIU).
	Data Completeness	Data completeness is expected at 100%.
	Data Quality Issues	Data quality issues are addressed as they arise.
7	**Data Collection Frequency**	☐Daily ☐Weekly ☐Monthly ☑Quarterly one quarter in arrears ☐Bi-annually ☐Annually ☐Other – give details:
8	**Tracer Conditions**	Alcohol users aged 18 years of age and over who commenced treatment within one calendar month of assessment
9	**Minimum Data Set**	The minimum dataset is a National Drug Treatment Reporting System (NDTRS) form with standard demographic information, diagnosis, treatment record and referral reason.
10	**International Comparison**	Yes through the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA).
11	**KPI Monitoring**	KPI will be monitored on a (please indicate below) basis: ☐Daily ☐Weekly ☐ Monthly ☑Quarterly ☐Bi-annually ☐Annually ☐Other – give details: Please indicate who is responsible for monitoring this KPI: The validated data is monitored by the Primary Care Lead/Social Inclusion Manager, the Chief Officer and the Primary Care Division Operational Team via performance meetings. This data is returned to the BIU for publication in the national Performance Report (PR). As the data is reported quarterly, one quarter in arrears, quarter 4 data is returned by 15th April, quarter 1 data is returned by 15th July, quarter 2 data is returned by 15th Oct and quarter 3 data returned by 15th Jan.
12	**KPI Reporting Frequency**	☐Daily ☐Weekly ☐ Monthly ☑ Quarterly one quarter in arrears ☐Bi-annually ☐Annually ☐Other – give details:
13	**KPI report period**	☐Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) ☐Monthly in arrears (June data reported in July) ☑ Quarterly in arrears (quarter 1 data reported in quarter 2) ☐Rolling 12 months (previous 12 month period)
14	**KPI Reporting Aggregation**	☑ National ☑CHO ☑LHO Area ☐ Hospital ☐ County ☐ Institution ☐Other – give details:
15	**KPI is reported in which reports ?**	☑ Performance Report (NSP) ☐CompStat ☐Other – give details:
16	**Web link to data**	http://www.hse.ie/eng/services/publications/
17	**Additional Information**	
	Contact details for Data Manager / Specialist Lead	**Information Analyst:** Geraldine Littler, Business Information Unit Palliative Care & Social Inclusion, Planning and Business Information (PBI) Tel: 046 9251330. Email: Geraldine.Littler@hse.ie
		National Lead: Joseph Doyle, National Planning Specialist, National Social Inclusion Office Email: joseph.doyle@hse.ie

Social Inclusion : Alcohol Misuse

1	**KPI Title**	**No. of problem alcohol users (under 18 years) for whom treatment has commenced following assessment**
2	**KPI Description**	This is a count of the number of alcohol users aged under 18 years who having had their needs for treatment assessed have commenced treatment in a HSE treatment centre during the reporting quarter. Needs assessment aims to determine the seriousness and urgency of the alcohol problem. An assessment of both the nature and extent of the addiction as well as the service user's motivation to engage with treatment and rehabilitation services is carried out. Any immediate risk factors and whether or not the service user is suitable for treatment at a particular centre are also identified.Treatment includes: Brief Intervention; individual counselling; group counselling; group education/awareness programmes; medication-free therapy; social and/or occupational reintegration; family therapy; structured after care programmes; detoxification etc.
3	**KPI Rationale**	Speedy access to treatment is critical when problem alcohol users are at this stage of the change cycle, particularly so for young people.
	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two). ☐ Person Centred Care, ☑ Effective Care ☐Safe Care, ☐ Better Health and Wellbeing, ☐ Use of Information, ☐ Workforce, ☐ Use of Resources, ☐ Governance, ☐ Leadership and Management
4	**KPI Target**	**2017 Operational Plan Target: 36** CHO 1-12, CHO 2-0, CHO 3-0, CHO 4-8, CHO 5-16, CHO 6-0, CHO 7-0, CHO 8-0, CHO 9-0
5	**KPI Calculation**	Count the number of alcohol users aged under 18 years who having had their needs assessed commenced treatment during the reporting quarter.
6	**Data Source**	Information is sourced by the HSE Addiction Service providers. Data is collated / verified by the Health Research Board (HRB) or Community Healthcare Organisations (CHO) (6,7& 9). The validated information is returned to the relevant CHO for submission to the Business Information Unit (BIU).
	Data Completeness	Data completeness is expected at 100%.
	Data Quality Issues	Data quality issues are addressed as they arise.
7	**Data Collection Frequency**	☐Daily ☐Weekly ☐Monthly ☑Quarterly one quarter in arrears ☐Bi-annually ☐Annually ☐Other – give details:
8	**Tracer Conditions**	Alcohol users under 18 years of age who have commenced treatment
9	**Minimum Data Set**	The minimum dataset is a National Drug Treatment Reporting System (NDTRS) form with standard demographic information, diagnosis, treatment record and referral reason.
10	**International Comparison**	Yes through the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA).
11	**KPI Monitoring**	KPI will be monitored on a (please indicate below) basis: ☐Daily ☐Weekly ☐ Monthly ☑Quarterly ☐Bi-annually ☐Annually ☐Other – give details: Please indicate who is responsible for monitoring this KPI: The validated data is monitored by the Primary Care Lead/Social Inclusion Manager, the Chief Officer and the Primary Care Division Operational Team via performance meetings. This data is returned to the BIU for publication in the national Performance Report (PR). As the data is reported quarterly, one quarter in arrears, quarter 4 data is returned by 15th April, quarter 1 data is returned by 15th July, quarter 2 data is returned by 15th Oct and quarter 3 data returned by 15th Jan.
12	**KPI Reporting Frequency**	☐Daily ☐Weekly ☐ Monthly ☑ Quarterly one quarter in arrears ☐Bi-annually ☐Annually ☐Other – give details:
13	**KPI report period**	☐Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) ☐Monthly in arrears (June data reported in July) ☑ Quarterly in arrears (quarter 1 data reported in quarter 2) ☐Rolling 12 months (previous 12 month period)
14	**KPI Reporting Aggregation**	☑ National ☑CHO ☑LHO Area ☐ Hospital ☐ County ☐ Institution ☐Other – give details:
15	**KPI is reported in which reports ?**	☑ Performance Report (NSP) ☐CompStat ☐Other – give details:
16	**Web link to data**	http://www.hse.ie/eng/services/publications/
17	**Additional Information**	
	Contact details for Data Manager / Specialist Lead	**Information Analyst:** Geraldine Littler, Business Information Unit Palliative Care & Social Inclusion, Planning and Business Information (PBI) Tel 046 9251330. Email: Geraldine.Littler@hse.ie
		National Lead: Joseph Doyle, National Planning Specialist, National Social Inclusion Office Email: joseph.doyle@hse.ie

Social Inclusion : Alcohol Misuse

1	**KPI Title**	**No. of problem alcohol users (under 18 years) for whom treatment has commenced within one week following assessment**
2	**KPI Description**	This is a count of the number of alcohol users aged under 18 years who having had their needs for treatment assessed have commenced treatment in a HSE treatment centre within one week (7 days) of assessment during the reporting quarter. Needs assessment aims to determine the seriousness and urgency of the alcohol problem. An assessment of both the nature and extent of the addiction as well as the service user's motivation to engage with treatment and rehabilitation services is carried out. Any immediate risk factors and whether or not the service user is suitable for treatment at a particular centre are also identified.Treatment includes: Brief Intervention; individual counselling; group counselling; group education/awareness programmes; medication-free therapy; social and/or occupational reintegration; family therapy; structured after care programmes; detoxification etc.
3	**KPI Rationale**	Speedy access to treatment is critical when problem alcohol users are at this stage of the change cycle, particularly so for young people.
	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two). ☐ Person Centred Care, ☑ Effective Care ☐Safe Care, ☐ Better Health and Wellbeing, ☐ Use of Information, ☐ Workforce, ☐ Use of Resources, ☐ Governance, ☐ Leadership and Management
4	**KPI Target**	**2017 Operational Plan Target: 28** CHO 1-4, CHO 2-0, CHO 3-0, CHO 4-8, CHO 5-16, CHO 6-0, CHO 7-0, CHO 8-0, CHO 9-0
5	**KPI Calculation**	Count the number of alcohol users aged under 18 years who during the reporting quarter had their needs assessed and commenced treatment in response to these needs within one week (7 days).
6	**Data Source**	Information is sourced by the HSE Addiction Service providers. Data is collated / verified by the Health Research Board (HRB) or Community Healthcare Organisations (CHO) (6,7& 9). The validated information is returned to the relevant CHO for submission to the Business Information Unit (BIU).
	Data Completeness	Data completeness is expected at 100%.
	Data Quality Issues	Data quality issues are addressed as they arise.
7	**Data Collection Frequency**	☐Daily ☐Weekly ☐Monthly ☑Quarterly one quarter in arrears ☐Bi-annually ☐Annually ☐Other – give details:
8	**Tracer Conditions**	Alcohol users under 18 years of age who commenced treatment within one week of having their needs assessed
9	**Minimum Data Set**	The minimum dataset is a National Drug Treatment Reporting System (NDTRS) form with standard demographic information, diagnosis, treatment record and referral reason.
10	**International Comparison**	Yes through the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA).
11	**KPI Monitoring**	KPI will be monitored on a (please indicate below) basis: ☐Daily ☐Weekly ☐ Monthly ☑Quarterly ☐Bi-annually ☐Annually ☐Other – give details: Please indicate who is responsible for monitoring this KPI:The validated data is monitored by the Primary Care Lead/Social Inclusion Manager, the Chief Officer and the Primary Care Division Operational Team via performance meetings. This data is returned to the BIU for publication in the national Performance Report (PR). As the data is reported quarterly, one quarter in arrears, quarter 4 data is returned by 15th April, quarter 1 data is returned by 15th July, quarter 2 data is returned by 15th Oct and quarter 3 data returned by 15th Jan.
12	**KPI Reporting Frequency**	☐Daily ☐Weekly ☐ Monthly ☑ Quarterly one quarter in arrears ☐Bi-annually ☐Annually ☐Other – give details:
13	**KPI report period**	☐Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) ☐Monthly in arrears (June data reported in July) ☑ Quarterly in arrears (quarter 1 data reported in quarter 2) ☐Rolling 12 months (previous 12 month period)
14	**KPI Reporting Aggregation**	☑ National ☑CHO ☑LHO Area ☐ Hospital ☐ County ☐ Institution ☐Other – give details:
15	**KPI is reported in which reports ?**	☑ Performance Report (NSP) ☐CompStat ☐Other – give details:
16	**Web link to data**	http://www.hse.ie/eng/services/publications/
17	**Additional Information**	
	Contact details for Data Manager / Specialist Lead	**Information Analyst:** Geraldine Littler, Business Information Unit Palliative Care & Social Inclusion, Planning and Business Information (PBI). Tel 046 9251330. Email: Geraldine.Littler@hse.ie
		National Lead: Joseph Doyle, National Planning Specialist, National Social Inclusion Office Email: joseph.doyle@hse.ie

Social Inclusion : Alcohol Misuse

1	**KPI Title**	**% of problem alcohol users (under 18 years) for whom treatment has commenced within one week following assessment**
2	**KPI Description**	This is a calculation of the number of alcohol users aged under 18 years who having had their needs assessed for treatment have commenced treatment in a HSE treatment centre within one week (7 days) of assessment expressed as a percentage of all those alcohol ussers aged under 18 years for whom treatment commenced during the reporting quarter. Needs assessment aims to determine the seriousness and urgency of the alcohol problem. An assessment of both the nature and extent of the addiction as well as the service user's motivation to engage with treatment and rehabilitation services is carried out. Any immediate risk factors and whether or not the service user is suitable for treatment at a particular centre are also identified.Treatment includes: brief intervention; individual counselling; group counselling; group education/awareness programmes; medication-free therapy; social and/or occupational reintegration; family therapy; structured after care programmes; detoxification etc.
3	**KPI Rationale**	Speedy access to treatment is critical when alcohol users are at this stage of the change cycle, particularly so for young people. This is a performance indicator in the National Drugs Strategy (Interim 2009-2016).
	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two). ☐ Person Centred Care, ☑ Effective Care ☐Safe Care, ☐ Better Health and Wellbeing, ☐ Use of Information, ☐ Workforce, ☐ Use of Resources, ☐ Governance, ☐ Leadership and Management
4	**KPI Target**	**2017 Operational Plan Target: 100%**
5	**KPI Calculation**	The number of alcohol users aged under 18 years who during the reporting quarter commenced treatment within one week (7 days) of having their needs assessed is divided by the total number of alcohol users aged under 18 years who during the reporting quarter having had their needs assessed commenced treatment within one week of assessment and is multiplied by 100. Numerator The number of alcohol users aged under 18 years who during the reporting quarter commenced treatment within one week (7 days) of having had their needs assessed. Denominator The total number of alcohol users aged under 18 years who during the reporting quarter having had their needs assessed commenced treatment x 100.
6	**Data Source**	Information is sourced by the HSE Addiction Service providers. Data is collated / verified by the Health Research Board (HRB) or Community Healthcare Organisations (CHO) (6,7& 9). The validated information is returned to the relevant CHO for submission to the Business Information Unit (BIU).
	Data Completeness	Data completeness is expected at 100%.
	Data Quality Issues	Data quality issues are addressed as they arise.
7	**Data Collection Frequency**	☐Daily ☐Weekly ☐Monthly ☑Quarterly one quarter in arrears ☐Bi-annually ☐Annually ☐Other – give details: This metric is to be reported quarterly in arrears.
8	**Tracer Conditions**	Alcohol users aged under 18 years who have commenced treatment within one week of having their needs assessed
9	**Minimum Data Set**	The minimum dataset is a National Drug Treatment Reporting System (NDTRS) form with standard demographic information, diagnosis, treatment record and referral reason.
10	**International Comparison**	Yes through the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA).
11	**KPI Monitoring**	KPI will be monitored on a (please indicate below) basis: ☐Daily ☐Weekly ☐ Monthly ☑Quarterly ☐Bi-annually ☐Annually ☐Other – give details: Please indicate who is responsible for monitoring this KPI: The validated data is monitored by the Primary Care Lead/Social Inclusion Manager, the Chief Officer and the Primary Care Division Operational Team via performance meetings. This data is returned to the BIU for publication in the national Performance Report (PR). As the data is reported quarterly, one quarter in arrears, quarter 4 data is returned by 15th April, quarter 1 data is returned by 15th July, quarter 2 data is returned by 15th Oct and quarter 3 data returned by 15th Jan.
12	**KPI Reporting Frequency**	☐Daily ☐Weekly ☐ Monthly ☑ Quarterly one quarter in arrears ☐Bi-annually ☐Annually ☐Other – give details:
13	**KPI report period**	☐Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) ☐Monthly in arrears (June data reported in July) ☑ Quarterly in arrears (quarter 1 data reported in quarter 2) ☐Rolling 12 months (previous 12 month period)
14	**KPI Reporting Aggregation**	☑ National ☑CHO ☑LHO Area ☐ Hospital ☐ County ☐ Institution ☐Other – give details:
15	**KPI is reported in which reports ?**	☑Performance Report (NSP) ☐CompStat ☐Other – give details:
16	**Web link to data**	http://www.hse.ie/eng/services/publications/
17	**Additional Information**	
	Contact details for Data Manager / Specialist Lead	**Information Analyst:** Geraldine Littler, Business Information Unit Palliative Care & Social Inclusion, Planning and Business Information (PBI) Tel: 046 9251330. Email: Geraldine.Littler@hse.ie
		National Lead: Joseph Doyle, National Planning Specialist, National Social Inclusion Office Email: joseph.doyle@hse.ie

Social Inclusion : Alcohol Misuse

1	**KPI Title**	**% of problem alcohol users (over 18 years) for whom treatment has commenced who have an assigned key worker**
2	**KPI Description**	This is a calculation of the number of alcohol users aged 18 years and over who have commenced treatment in a HSE treatment centre and have been assigned a key worker expressed as a percentage of all those alcohol users aged 18 years and over for whom treatment has commenced during the reporting quarter. Treatment includes:Brief Intervention; individual counselling; group counselling; group education/awareness programmes; medication-free therapy; social and/or occupational reintegration; family therapy; structured after care programmes; detoxification etc. A key worker is the named person assigned to work closely with the service user and provide a range of psycho-social interventions / advocacy for that service user.
3	**KPI Rationale**	Key workers work with alcohol users to ensure that comprehensive needs assessments are undertaken and to advocate for these needs to be met through the delivery / review of the individuals care plan. It is therefore important to track the number and percentage of alcohol users who have access to the suppoert of a key worker.
	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two). ☐ Person Centred Care, ☑ Effective Care ☐Safe Care, ☐ Better Health and Wellbeing, ☐ Use of Information, ☐ Workforce, ☐ Use of Resources, ☐ Governance, ☐ Leadership and Management
4	**KPI Target**	**2017 Operational Plan Target: 100%**
5	**KPI Calculation**	The number of alcohol users aged 18 years and over who have commenced treatment and have been assigned a key worker during the reporting quarter is divided by the total number of alcohol users aged 18 years and over for whom treatment has commenced during the reporting period and is then multiplied by 100. Numerator The number of alcohol users aged 18 years and over who have commenced treatment and have been assigned a key worker during the reporting quarter Denominator the total number of alcohol users aged 18 years and over for whom treatment has commenced during the reporting quarter x 100.
6	**Data Source**	Information is sourced by the HSE Addiction Service providers. Data is collated / verified by the Health Research Board (HRB) or Community Healthcare Organisations (CHO) (6,7& 9). The validated information is returned to the relevant CHO for submission to the Business Information Unit (BIU).
	Data Completeness	Data completeness is expected at 100%.
	Data Quality Issues	Data quality issues are addressed as they arise.
7	**Data Collection Frequency**	☐Daily ☐Weekly ☐Monthly ☑Quarterly one quarter in arrears ☐Bi-annually ☐Annually ☐Other – give details: This metric is to be reported quarterly in arrears.
8	**Tracer Conditions**	Alcohol users aged 18 years and over who have commenced treatment and have been assigned a key worker.
9	**Minimum Data Set**	The minimum dataset is a National Drug Treatment Reporting System (NDTRS) form with standard demographic information, diagnosis, treatment record and referral reason.
10	**International Comparison**	Yes through the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA).
11	**KPI Monitoring**	KPI will be monitored on a (please indicate below) basis: ☐Daily ☐Weekly ☐ Monthly ☑Quarterly ☐Bi-annually ☐Annually ☐Other – give details: Please indicate who is responsible for monitoring this KPI: The validated data is monitored by the Primary Care Lead/Social Inclusion Manager, the Chief Officer and the Primary Care Division Operational Team via performance meetings. This data is returned to the BIU for publication in the national Performance Report (PR). As the data is reported quarterly, one quarter in arrears, quarter 4 data is returned by 15th April, quarter 1 data is returned by 15th July, quarter 2 data is returned by 15th Oct and quarter 3 data returned by 15th Jan.
12	**KPI Reporting Frequency**	☐Daily ☐Weekly ☐ Monthly ☑ Quarterly one quarter in arrears ☐Bi-annually ☐Annually ☐Other – give details:
13	**KPI report period**	☐Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) ☐Monthly in arrears (June data reported in July) ☑ Quarterly in arrears (quarter 1 data reported in quarter 2) ☐Rolling 12 months (previous 12 month period)
14	**KPI Reporting Aggregation**	☑ National ☑CHO ☑LHO Area ☐ Hospital ☐ County ☐ Institution ☐Other – give details:
15	**KPI is reported in which reports ?**	☑ Performance Report (NSP) ☐CompStat ☐Other – give details:
16	**Web link to data**	http://www.hse.ie/eng/services/publications/
17	**Additional Information**	
	Contact details for Data Manager / Specialist Lead	**Information Analyst:** Geraldine Littler, Business Information Unit Palliative Care & Social Inclusion, Planning and Business Information (PBI). Tel 046 9251330. Email: Geraldine. Littler@hse.ie
		National Lead: Joseph Doyle, National Planning Specialist, National Social Inclusion Office Email: joseph.doyle@hse.ie

Social Inclusion : Alcohol Misuse

1	**KPI Title**	**% of problem alcohol users (over 18 years) for whom treatment has commenced who have a written care plan**
2	**KPI Description**	This is a calculation of the number of alcohol users aged 18 years and over who have commenced treatment in a HSE treatment centre and have a written care plan expressed as a percentage of all those alcohol users aged 18 years and over for whom treament has commenced during the reporting quarter. Treatment includes: Brief Intervention; individual counselling; group counselling; group education/awareness programmes; medication-free therapy; social and/or occupational reintegration; family therapy; structured after care programmes; detoxification etc.Based on the National Drugs and Rehabilitation Framework (http://www.hrb.ie/fileadmin/Staging/Documents/In_House_Research_Info_Systems/ADRU/NDTRS/National_Drug_Treatment_Reporting_System__NDTRS__Protocol_for_completing_the_hard_copy_form.pdf) a care plan is a documented agreement of a plan of action between the service user and service provider across four key domains: drug and alcohol misuse, health (physical and psychological), offending and social functioning (including housing, employment and relationships).
3	**KPI Rationale**	Care planning is a process for setting goals based on the needs identified through an assessment and planning interventions to meet these goals with the service user. Care planning is a core requirement of structured substance use treatment. It is therefore important to track the number and percentage of substance users with a written care plan.
	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two). ☐ Person Centred Care, ☑ Effective Care ☐Safe Care, ☐ Better Health and Wellbeing, ☐ Use of Information, ☐ Workforce, ☐ Use of Resources, ☐ Governance, ☐ Leadership and Management
4	**KPI Target**	**2017 Operational Plan Target: 100%**
5	**KPI Calculation**	The number of alcohol users aged 18 years and over who have commenced treatment and have a written care plan during the reporting quarter is divided by all those alcohol users aged 18 years and over for whom treament has commenced during the reporting quarter and then multiplied by 100. Numerator The number of alcohol users aged 18 years and over who have commenced treatment and have a written care plan during the reporting quarter. Denominator all those alcohol users aged 18 years and over for whom treament has commenced during the reporting quarter multiplied by 100.
6	**Data Source**	Information is sourced by the HSE Addiction Service providers. Data is collated / verified by the Health Research Board (HRB) or Community Healthcare Organisations (CHO) (6,7& 9). The validated information is returned to the relevant CHO for submission to the Business Information Unit (BIU).
	Data Completeness	Data completeness is expected at 100%.
	Data Quality Issues	Data quality issues are addressed as they arise.
7	**Data Collection Frequency**	☐Daily ☐Weekly ☐Monthly ☑Quarterly one quarter in arrears ☐Bi-annually ☐Annually ☐Other – give details:
8	**Tracer Conditions**	Alcohol users aged 18 years and over who have commenced treatment and have a written care plan in place
9	**Minimum Data Set**	The minimum dataset is a National Drug Treatment Reporting System (NDTRS) form with standard demographic information, diagnosis, treatment record and referral reason.
10	**International Comparison**	Yes through the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA).
11	**KPI Monitoring**	KPI will be monitored on a (please indicate below) basis: ☐Daily ☐Weekly ☐ Monthly ☑Quarterly ☐Bi-annually ☐Annually ☐Other – give details: Please indicate who is responsible for monitoring this KPI: The validated data is monitored by the Primary Care Lead/Social Inclusion Manager, the Chief Officer and the Primary Care Division Operational Team via performance meetings. This data is returned to the BIU for publication in the national Performance Report (PR). As the data is reported quarterly, one quarter in arrears, quarter 4 data is returned by 15th April, quarter 1 data is returned by 15th July, quarter 2 data is returned by 15th Oct and quarter 3 data returned by 15th Jan.
12	**KPI Reporting Frequency**	☐Daily ☐Weekly ☐ Monthly ☑ Quarterly one quarter in arrears ☐Bi-annually ☐Annually ☐Other – give details:
13	**KPI report period**	☐Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) ☐Monthly in arrears (June data reported in July) ☑ Quarterly in arrears (quarter 1 data reported in quarter 2) ☐Rolling 12 months (previous 12 month period)
14	**KPI Reporting Aggregation**	☑ National ☑CHO ☑LHO Area ☐ Hospital ☐ County ☐ Institution ☐Other – give details:
15	**KPI is reported in which reports ?**	☑ Performance Report (NSP) ☐CompStat ☐Other – give details:
16	**Web link to data**	http://www.hse.ie/eng/services/publications/
17	**Additional Information**	
	Contact details for Data Manager / Specialist Lead	**Information Analyst:** geraldine Littler, Business Information Unit Palliative Care & Social Inclusion, Planning and Business Information (PBI) Tel 046 9251330. Email: Geraldine.Littler@hse.ie **National Lead:** Joseph Doyle, National Planning Specialist, National Social Inclusion Office Email: joseph.doyle@hse.ie

Social Inclusion : Alcohol Misuse

1	**KPI Title**	**% of problem alcohol users (under 18 years) for whom treatment has commenced who have an assigned key worker**
2	**KPI Description**	This is a calculation of the number of alcohol users aged under 18 years who have commenced treatment in a HSE treatment centre and have an assigned key worker during the reporting quarter expressed as a percentage of all those alcohol users aged under 18 years for whom treatment commenced during the reporting quarter. Treatment includes: Brief Intervention; individual counselling; group counselling; group education/awareness programmes; medication-free therapy; social and/or occupational reintegration; family therapy; structured after care programmes; detoxification etc. A key worker is the named person assigned to work closely with the service user and provide a range of psycho-social interventions / advocacy for that service user.
3	**KPI Rationale**	Key workers work with alcohol users to ensure that comprehensive needs assessments are undertaken and to advocate for these needs to be met through the delivery / review of the individuals care plan. It is therefore important to track the number and percentage of alcohol users who have access to the suppoert of a key worker.
	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two). ☐ Person Centred Care, ☑ Effective Care ☐Safe Care, ☐ Better Health and Wellbeing, ☐ Use of Information, ☐ Workforce, ☐ Use of Resources, ☐ Governance, ☐ Leadership and Management
4	**KPI Target**	**2017 Operational Plan Target: 100%**
5	**KPI Calculation**	The number of alcohol users aged under 18 years who have commenced treatment and have an assigned key worker during the reporting quarter is divided by the total number of alcohol users aged under 18 years for whom treatment commenced during the reporting quarter and then multiplied x 100. Numerator The number of alcohol users aged under 18 years who have commenced treatment and have an assigned key worker during the reporting quarter Denominator the total number of alcohol users aged under 18 years for whom treatment commenced during the reporting quarter multiplied x 100.
6	**Data Source**	Information is sourced by the HSE Addiction Service providers. Data is collated / verified by the Health Research Board (HRB) or Community Healthcare Organisations (CHO) (6,7& 9). The validated information is returned to the relevant CHO for submission to the Business Information Unit (BIU).
	Data Completeness	Data completeness is expected at 100%.
	Data Quality Issues	Data quality issues are addressed as they arise.
7	**Data Collection Frequency**	☐Daily ☐Weekly ☐Monthly ☑Quarterly one quarter in arrears ☐Bi-annually ☐Annually ☐Other – give details:
8	**Tracer Conditions**	Alcohol users aged under 18 years who have commenced treatment and have an assigned key worker in place
9	**Minimum Data Set**	The minimum dataset is a National Drug Treatment Reporting System (NDTRS) form with standard demographic information, diagnosis, treatment record and referral reason.
10	**International Comparison**	Yes through the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA).
11	**KPI Monitoring**	KPI will be monitored on a (please indicate below) basis: ☐Daily ☐Weekly ☐ Monthly ☑Quarterly ☐Bi-annually ☐Annually ☐Other – give details: Please indicate who is responsible for monitoring this KPI: The validated data is monitored by the Primary Care Lead/Social Inclusion Manager, the Chief Officer and the Primary Care Division Operational Team via performance meetings. This data is returned to the BIU for publication in the national Performance Report (PR). As the data is reported quarterly, one quarter in arrears, quarter 4 data is returned by 15th April, quarter 1 data is returned by 15th July, quarter 2 data is returned by 15th Oct and quarter 3 data returned by 15th Jan.
12	**KPI Reporting Frequency**	☐Daily ☐Weekly ☐ Monthly ☑ Quarterly one quarter in arrears ☐Bi-annually ☐Annually ☐Other – give details:
13	**KPI report period**	☐Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) ☐Monthly in arrears (June data reported in July) ☑ Quarterly in arrears (quarter 1 data reported in quarter 2) ☐Rolling 12 months (previous 12 month period)
14	**KPI Reporting Aggregation**	☑ National ☑CHO ☑LHO Area ☐ Hospital ☐ County ☐ Institution ☐Other – give details:
15	**KPI is reported in which reports ?**	☑ Performance Report (NSP) ☐CompStat ☐Other – give details:
16	**Web link to data**	http://www.hse.ie/eng/services/publications/
17	**Additional Information**	
	Contact details for Data Manager / Specialist Lead	**Information Analyst:** Geraldine Littler, Business Information Unit Palliative Care & Social Inclusion, Planning and Business Information (PBI). Tel: 046 9251330. Email: Geraldine.Littler@hse.ie
		National Lead: Joseph Doyle, National Planning Specialist, National Social Inclusion Office Email: joseph.doyle@hse.ie

Social Inclusion : Alcohol Misuse

1	**KPI Title**	**% of problem alcohol users (under 18 years) for whom treatment has commenced who have a written care plan**
2	**KPI Description**	This is a calculation of the number of alcohol users aged under 18 years who have commenced treatment in a HSE treatment centre and have a written care plan during the reporting quarter expressed as a percentage of all those alcohol users aged under 18 years for whom treatment has commenced during the reporting quarter. Treatment includes: Brief Intervention; individual counselling; group counselling; group education/awareness programmes; medication-free therapy; social and/or occupational reintegration; family therapy; structured after care programmes; detoxification etc. Based on the National Drugs and Rehabilitation Framework (http://www.hrb.ie/fileadmin/Staging/Documents/In_House_Research_Info_Systems/ADRU/NDTRS/National_Drug_Treatment_Reporting_System__NDTRS__Protocol_for_completing_the_hard_copy_form.pdf) a care plan is a documented agreement of a plan of action between the service user and service provider across four key domains: drug and alcohol misuse, health (physical and psychological), offending and social functioning (including housing, employment and relationships).
3	**KPI Rationale**	Care planning is a process for setting goals based on the needs identified through an assessment and planning interventions to meet these goals with the service user. Care planning is a core requirement of structured alcohol use treatment. It is therefore important to track the number and percentage of alcohol users with a written care plan.
	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two). ☐ Person Centred Care, ☑ Effective Care ☐Safe Care, ☐ Better Health and Wellbeing, ☐ Use of Information, ☐ Workforce, ☐ Use of Resources, ☐ Governance, ☐ Leadership and Management
4	**KPI Target**	**2017 Operational Plan Target: 100%**
5	**KPI Calculation**	The number of alcohol users aged under 18 years who have commenced treatment and have a written care plan during the reporting quarter is divided by the total number of alcohol users aged under 18 years for whom treatment has commenced during the reporting quarter and then multiplied x 100. <u>Numerator</u> The number of alcohol users aged under 18 years who have commenced treatment and have a written care plan during the reporting quarter <u>Denominator</u> the total number of alcohol users aged under 18 years for whom treatment has commenced during the reporting quarter multiplied x 100.
6	**Data Source**	Information is sourced by the HSE Addiction Service providers. Data is collated / verified by the Health Research Board (HRB) or Community Healthcare Organisations (CHO) (6,7& 9). The validated information is returned to the relevant CHO for submission to the Business Information Unit (BIU).
	Data Completeness	Data completeness is expected at 100%.
	Data Quality Issues	Data quality issues are addressed as they arise.
7	**Data Collection Frequency**	☐Daily ☐Weekly ☐Monthly ☑Quarterly one quarter in arrears ☐Bi-annually ☐Annually ☐Other – give details: This metric is to be reported quarterly in arrears.
8	**Tracer Conditions**	Alcohol users aged under 18 years who have commenced treatment and have a written care plan in place
9	**Minimum Data Set**	The minimum dataset is a National Drug Treatment Reporting System (NDTRS) form with standard demographic information, diagnosis, treatment record and referral reason.
10	**International Comparison**	Yes through the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA).
11	**KPI Monitoring**	KPI will be monitored on a (please indicate below) basis: ☐Daily ☐Weekly ☐ Monthly ☑Quarterly ☐Bi-annually ☐Annually ☐Other – give details: Please indicate who is responsible for monitoring this KPI:C318
12	**KPI Reporting Frequency**	☐Daily ☐Weekly ☐ Monthly ☑ Quarterly ☐Bi-annually ☐Annually ☐Other – give details:
13	**KPI report period**	☐Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) ☐Monthly in arrears (June data reported in July) ☑ Quarterly in arrears (quarter 1 data reported in quarter 2) ☐Rolling 12 months (previous 12 month period)
14	**KPI Reporting Aggregation**	☑ National ☑CHO ☑LHO Area ☐ Hospital ☐ County ☐ Institution ☐Other – give details:
15	**KPI is reported in which reports ?**	☑ Performance Report (NSP) ☐Other – give details:
16	**Web link to data**	http://www.hse.ie/eng/services/publications/
17	**Additional Information**	
	Contact details for Data Manager / Specialist Lead	**Information Analyst:** Geraldine Littler, Business Information Unit Palliative Care & Social Inclusion, Planning and Business Information (PBI) Tel: 046 9251330. Email: Geraldine.Littler@hse.ie
		National Lead: Joseph Doyle, National Planning Specialist, National Social Inclusion Office Email: joseph.doyle@hse.ie

Social Inclusion : Alcohol Misuse

1	**KPI Title**	**No. of staff trained in SAOR Screening and Brief Intervention for problem alcohol and substance use**
2	**KPI Description**	This is a count of the number of staff (in HSE and other statutory support services, in community and voluntary sectors) in the S (Support) A (Ask and Assess) O (Offer assistance) R (Referral) Screening and Brief Intervention methodologies for problem alcohol and substance use. Substance use includes illicit drugs (opiates, heroin, cannabis and cocaine) and alcohol.
3	**KPI Rationale**	Problem alcohol and substance use has emerged as a considerable burden on individual health and the social fabric of Ireland. Health Services have been identified as appropriate settings in which to detect and offer an intervention in relation to problem substance and alcohol use. In order for this to happen staff training is essential. The agreed HSE national model in screening and brief intervention for addiction and substance use is the SAOR model.
	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two). ☐ Person Centred Care, ☑ Effective Care ☐Safe Care, ☐ Better Health and Wellbeing, ☐ Use of Information, ☐ Workforce, ☐ Use of Resources, ☐ Governance, ☐ Leadership and Management
4	**KPI Target**	**2017 Operational Plan Target: 778 CHO 1-18, CHO 2-200, CHO 3-50, CHO 4-100, CHO 5-80, CHO 6-70, CHO 7-100, CHO 8-100, CHO 9-60**
5	**KPI Calculation**	Count the number of staff (in HSE and other statutory support services, in community and voluntary sectors) who have completed training during the reporting quarter.
	Data Source	Data is collated by the Community Healthcare Organisations and submitted to the National Social Inclusion Office. Data is validated by the National Social Inclusion Office and forwarded to the Business Information Unit (BIU) for publication in the national Performance Report (PR). As the data is reported quarterly, one quarter in arrears, quarter 4 data is returned by 15th April, quarter 1 data is returned by 15th July, quarter 2 data is returned by 15th Oct and quarter 3 data returned by 15th Jan.
	Data Completeness	Data completeness is expected at 100%.
	Data Quality Issues	Data quality issues are addressed as they arise.
7	**Data Collection Frequency**	☐Daily ☐Weekly ☐Monthly ☑Quarterly one quarter in arrears ☐Bi-annually ☐Annually ☐Other – give details:
8	**Tracer Conditions**	Staff trained in SAOR screening and brief intervention for problem alcohol and substance misuse.
9	**Minimum Data Set**	Number of staff trained in SAOR screening and brief intervention for problem alcohol and substance misuse.
10	**International Comparison**	No
11	**KPI Monitoring**	KPI will be monitored on a (please indicate below) basis: ☐Daily ☐Weekly ☐ Monthly ☑Quarterly ☐Bi-annually ☐Annually ☐Other – give details: Please indicate who is responsible for monitoring this KPI:The validated data is monitored by the Primary Care Lead/Social Inclusion Manager, the Chief Officer and the Primary Care Division Operational Team via performance meetings. This data is returned to the BIU for publication in the national Performance Report (PR). As the data is reported quarterly, one quarter in arrears, quarter 4 data is returned by 15th April, quarter 1 data is returned by 15th July, quarter 2 data is returned by 15th Oct and quarter 3 data returned by 15th Jan.
12	**KPI Reporting Frequency**	☐Daily ☐Weekly ☐ Monthly ☑ Quarterly one quarter in arrears ☐Bi-annually ☐Annually ☐Other – give details:
13	**KPI report period**	☐Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) ☐Monthly in arrears (June data reported in July) ☑ Quarterly in arrears (quarter 1 data reported in quarter 2) ☐Rolling 12 months (previous 12 month period)
14	**KPI Reporting Aggregation**	☑ National ☑CHO ☑LHO Area ☐ Hospital ☐ County ☐ Institution ☐Other – give details:
15	**KPI is reported in which reports ?**	☑ Performance Report (NSP) ☐Other – give details:
16	**Web link to data**	http://www.hse.ie/eng/services/publications/
17	**Additional Information**	
	Contact details for Data Manager / Specialist Lead	**Information Analyst:** Geraldine Littler, Business Information Unit Palliative Care & Social Inclusion, Planning and Business Infromation (PBI). Tel: 046 9251330. Email: Geraldine.Littler@hse.ie **National Lead:** Joseph Doyle, National Planning Specialist, National Social Inclusion Office Email: joseph.doyle@hse.ie

Social Inclusion : Needle Exchange

1	**KPI Title**	**No. of pharmacies recruited to provide Needle Exchange Programme**
2	**KPI Description**	This is a count of the number of pharmacies recuited i.e. with a service level agreement (SLA) with the HSE and available to provide needle exchange as part of the Needle Exchange Programme at the end of the reporting month. The Programme is an anonymous and confidential service available in Community Healthcare Organisations (CHOs) 1,2,3,4,5 and 8. It is available to substance users to ensure that people who inject drugs have access to sterile equipment and can dispose of used equipment in a safe manner. Pharmacists participating in the programme encourage cliients to return used equipment in the sharps bins provided, to attend addiction clinics for treatment; to meet with outreach workers for support on injecting technique if appropriate and to get tested for blood borne
3	**KPI Rationale**	Pharmacies are recruited to ensure nationwide coverage with more than one pharmacy recruited in most major towns. The rationale is to give clients choice; to avoid clients convening in one pharmacy and to ensure service continuation should one pharmacy close or need to cease the needle exchange service.
	Indicator Classification	❑ Person Centred Care ☑Effective Care ❑ Safe Care ☑Better Health and Wellbeing ❑ Use of Information ❑ Workforce ❑ Use of Resources ❑ Governance, ❑ Leadership and Management
4	**KPI Target**	**2017 Operational Plan Target: 112** CHO 1-12, CHO 2-11, CHO 3-16, CHO 4-21, CHO 5-18, CHO 6-0, CHO 7-0, CHO 8-34, CHO 9-0
5	**KPI Calculation**	Count the number of pharmacies with an agreed SLA to provide a needle exchange service at the end of the reporting month.
6	**Data Source**	Records submitted by pharmacies and the Needle Exchange Programme National Liaison Pharmacist.
	Data Completeness	Data completeness is expected at 100%.
	Data Quality Issues	Data quality issues are addressed as they arise.
7	**Data Collection Frequency**	❑Daily ❑Weekly ☑Monthly ❑Quarterly ❑Bi-annually ❑Annually ❑Other – give details: monthly metric reported tri monthly one quarter in arrears.
8	**Tracer Conditions**	Pharmacies recruited to provide Needle Exchange Programme.
9	**Minimum Data Set**	Pharmacies recruited to provide Needle Exchange Programme.
10	**International Comparison**	Needle exchange data is reported annually by 29 countries to the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA). Ireland provides needle exchange programme data only.
11	**KPI Monitoring**	KPI will be monitored on a (please indicate below) basis: ❑Daily ❑Weekly ❑Monthly ❑Quarterly ❑Bi-annually ❑Annually ☑ Other – give details: monthly metric reported tri monthly one quarter in arrears. Please indicate who is responsible for monitoring this KPI: Data is monitored by the Pharmacy Needle Exchange Steering Group, Programme Lead & National Liaison Pharmacist. Data is forwarded to the National Social Inclusion Office for verification and returned to the Business Information Unit (BIU) for publication in the national Performance Report (PR). As data is reported trimonthly in arrears, quarter 4 (October / November / December) data is returned by 15th April, quarter 1 (January / February / March) data is returned by 15th July, quarter 2 (April / May / June) data is returned by 15th October and quarter 3 (July / August / September) data is returned by 15th January.
12	**KPI Reporting Frequency**	❑Daily ❑Weekly ❑Monthly ❑Quarterly ❑Bi-annually ❑Annually ☑Other – give details: monthly metric reported tri monthly one quarter in arrears.
13	**KPI report period**	❑Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) ❑Monthly in arrears (June data reported in July) ☑ Quarterly in arrears (quarter 1 data reported in quarter 2, Q3 in Q4) ❑Rolling 12 months (previous 12 month period) ☑Other – give details: monthly metric reported tri monthly one quarter in arrears.
14	**KPI Reporting Aggregation**	☑ National ☑CHO ❑LHO Area ❑ Hospital ❑ County ❑ Institution ❑Other – give details:
15	**KPI is reported in which reports ?**	☑Performance Report (NSP) ❑Other – give details:
16	**Web link to data**	http://www.hse.ie/eng/services/publications/
17	**Additional Information**	
	Contact details for Data Manager / Specialist Lead	**Information Analyst:** Geraldine Littler, Business Information Unit – Palliative Care & Social Inclusion Planning and Business Information (PBI), 046 9251330 Email: Geraldine.Littler@hse.ie
		National Lead: Joseph Doyle, National Planning Specialist, National Social Inclusion Office Email: joseph.doyle@hse.ie

Social Inclusion : Needle Exchange

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1	**KPI title**	**No. of unique individuals attending pharmacy needle exchange**
2	**KPI Description**	This is a count of the number of unique individuals (clients) attending pharmacies as part of the Needle Exchange Programme in the reporting month. The Needle Exchange Programme is an anonymous and confidential service available in Community Healthcare Organisations (CHOs) 1,2,3,4,5 and 8. Pharmacists participating in the programme encourage clients to return used equipment in the sharps bins provided, to attend addiction clinics for treatment; to meet with outreach workers for support on injecting technique if appropriate and to get tested for blood borne viruses. A unique identifier is used for each client attending. Each unique client is free to attend the pharmacy as many times as he / she needs to in the month and is encouraged to take enough needles to ensure clean equipment for every hit/injection.
3	**KPI Rationale**	The Pharmacy Needle Exchange Programme is available to substance users to ensure that people who inject drugs have access to sterile equipment and can dispose of used equipment in a safe manner.
	Indicator Classification	Please tick Indicator Classification this indicator applies to: ❑ Person Centred Care ☑ Effective Care ❑ Safe Care ☑ Better Health and Wellbeing ❑ Use of Information ❑ Workforce ❑ Use of Resources ❑ Governance, ❑ Leadership and Management
4	**KPI Target**	**2017 Operational Plan Target: 1,647** CHO 1-39, CHO 2-128, CHO 3-279, CHO 4-383, CHO 5-337, CHO 6-0, CHO 7-0, CHO 8-481, CHO 9-0
5	**KPI Calculation**	Count the number of unique individuals attending pharmacies as part of the Needle Exchange Programme in the reporting month.
6	**Data Source**	Records submitted by pharmacies and the Needle Exchange Programme National Liaison Pharmacist.
	Data Completeness	Data completeness is expected at 100%.
	Data Quality Issues	Data quality issues are addressed as they arise.
7	**Data Collection Frequency**	Indicate how often the data to support the KPI will be collected: ❑Daily ❑Weekly ☑ Monthly ❑Quarterly ❑Bi-annually ❑Annually ❑Other – give details: monthly metric reported tri monthly one quarter in arrears.
8	**Tracer Conditions**	Unique individuals attending Pharmacy Needle Exchange Programme.
9	**Minimum Data Set**	Unique individuals attending Pharmacy Needle Exchange Programme.
10	**International Comparison**	Needle exchange data is reported annually by 29 countries to the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA). Ireland provides needle exchange programme data only.
11	**KPI Monitoring**	KPI will be <u>monitored</u> : ❑Daily ❑Weekly ❑Monthly ❑Quarterly ❑Bi-annually ❑Annually ☑Other – give details: monthly metric reported tri monthly one quarter in arrears. Please indicate who is responsible for monitoring this KPI: Data is monitored by the Pharmacy Needle Exchange Steering Group, Programme Lead & National Liaison Pharmacist. Data is forwarded to the National Social Inclusion Office for verification and returned to the Business Information Unit (BIU) for publication in the national Performance Report (PR). As data is reported trimonthly in arrears, quarter 4 (October / November / December) data is returned by 15th April, quarter 1 (January / February / March) data is returned by 15th July, quarter 2 (April / May / June) data is returned by 15th October and quarter 3 (July / August / September) data is returned by 15th January.
12	**KPI Reporting Frequency**	Indicate how often the KPI will be reported: ❑Daily ❑Weekly ❑ Monthly ❑Quarterly ❑Bi-annually ❑Annually ☑Other – give details: monthly metric reported tri monthly one quarter in arrears.
13	**KPI report period**	Indicate the period to which the data applies ❑ Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) ❑ Monthly in arrears (June data reported in July) ❑ Quarterly in arrears (quarter 1 data reported in quarter 2) ❑ Rolling 12 months (previous 12 month period) ☑Other – give details: monthly metric reported tri monthly one quarter in arrears.
14	**KPI Reporting Aggregation**	Indicate the level of aggregation – for example over a geographical location: ☑ National ☑CHO ❑LHO Area ❑ Hospital ❑ County ❑ Institution ❑Other – give details:
15	**KPI is reported in which reports?**	Indicate where the KPI will be reported: ☑Performance Report (NSP) ❑Other – give details:
16	**Web link to data**	http://www.hse.ie/eng/services/publications/
17	**Additional Information**	
	Contact details for Data Manager /Specialist Lead	**Information Analyst:** Geraldine Littler, Business Information Unit – Palliative Care & Social Inclusion Planning and Business Information (PBI), 046 9251330 Email: Geraldine.Littler@hse.ie
	National Lead and Division	**National Lead:** Joseph Doyle, National Planning Specialist, National Social Inclusion Office Email: joseph.doyle@hse.ie

Social Inclusion : Needle Exchange

1	**KPI title**	**Total no.of clean needles provided each month**
2	**KPI Description**	This is a count of the total number of clean needles provided to clients in the reporting month. Clients can request a 3 or a 10 needle pack. Pharmacists record the size and number of packs given out and this is used to calculate the number of clean needles provided.
3	**KPI Rationale**	The Pharmacy Needle Exchange Programme is available to substance users to ensure that people who inject drugs have access to sterile equipment and can dispose of used equipment in a safe manner. While all clients are encouraged to take enough equipment to ensure they have clean injecting equipment for every injection, some prefer the more discreet 3 packs. Clients are free to attend the pharmacy as many times as necessary in the month to ensure clean needle supplies.
	Indicator Classification	Please tick Indicator Classification this indicator applies to: ❑ Person Centred Care ☑ Effective Care ❑ Safe Care ☑Better Health and Wellbeing ❑ Use of Information ❑ Workforce ❑ Use of Resources ❑ Governance, Leadership and Management
4	**KPI Target**	**2017 Operational Plan Target: 23727** CHO 1-771, CHO 2-1,807, CHO 3-4,394, CHO 4-5,221, CHO 5-5,152, CHO 6-0, CHO 7-0, CHO 8-6,382, CHO 9-0
5	**KPI Calculation**	The number of 3 and 10 needle packs given out is recorded in each pharmacy. Each 10 pack is multiplied by 10, each 3 pack multiplied by 3 and the total number of needles provided each month is calculated.
6	**Data Source**	Records submitted by pharmacies and the Needle Exchange Programme National Liaison Pharmacist.
	Data Completeness	Data completeness is expected at 100%.
	Data Quality Issues	Data quality issues are addressed as they arise.
7	**Data Collection Frequency**	Indicate how often the data to support the KPI will be collected: ❑Daily ❑Weekly ☑ Monthly ❑Quarterly ❑Bi-annually ❑Annually ❑Other – give details: monthly metric reported tri monthly one quarter in arrears.
8	**Tracer Conditions**	Number of needle packs provided each month.
9	**Minimum Data Set**	Number of needle packs provided each month.
10	**International Comparison**	Needle exchange is reported annually by 29 countries to the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA). Ireland provides needle exchange programme data only.
11	**KPI Monitoring**	KPI will be monitored : ❑Daily ❑Weekly ❑Monthly ❑Quarterly ❑Bi-annually ❑Annually ☑Other – give details: monthly metric reported tri monthly one quarter in arrears. Plea+C7 Pharmacist. Data is forwarded to the National Social Inclusion Office for verification and returned to the Business Information Unit (BIU) for publication in the national Performance Report (PR). As data is reported trimonthly in arrears, quarter 4 (October / November / December) data is returned by 15th April, quarter 1 (January / February / March) data is returned by 15th July, quarter 2 (April / May / June) data is returned by 15th October and quarter 3 (July / August / September) data is returned by 15th January.
12	**KPI Reporting Frequency**	Indicate how often the KPI will be reported: ❑Daily ❑Weekly ❑ Monthly ❑Quarterly ❑Bi-annually ❑Annually ☑Other – give details: monthly metric reported tri monthly one quarter in arrears.
13	**KPI report period**	Indicate the period to which the data applies ❑ Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) ❑ Monthly in arrears (June data reported in July) ❑Quarterly in arrears (quarter 1 data reported in quarter 2) ❑ Rolling 12 months (previous 12 month period) ☑Other – give details: monthly metric reported tri monthly one quarter in arrears.
14	**KPI Reporting Aggregation**	Indicate the level of aggregation – for example over a geographical location: ☑ National ☑CHO ❑LHO Area ❑ Hospital ❑ County ❑ Institution ❑Other – give details:
15	**KPI is reported in which reports?**	Indicate where the KPI will be reported: ☑Performance Report (NSP) ❑Other – give details:
16	**Web link to data**	http://www.hse.ie/eng/services/publications/
17	**Additional Information**	
	Contact details for Data Manager /Specialist Lead	**Information Analyst:** Geraldine Littler, Business Information Unit – Palliative Care & Social Inclusion Planning and Business Information (PBI), 046 9251330 Email: Geraldine.Littler@hse.ie
	National Lead and Division	**National Lead:** Joseph Doyle, National Planning Specialist, National Social Inclusion Office Email: joseph.doyle@hse.ie

Social Inclusion : Needle Exchange

1	KPI title	**Average no. of clean needles (and accompanying injecting paraphenilia) per unique individual each month**
2	KPI Description	This is a calculation of the average no. of clean needles (and anciliary injecting equipment) that each unique client is provided with each month.
3	KPI Rationale	Clients are encouraged to take enough sterile injecting packs to ensure they have clean equpiment for each injection. The greater number of packs given out the greater the likelihood of clean equipment being used for each injection. Many variables can influence this metric such as: variation in frequency of injection (from multiple injections daily to weekend use only); peer collection; on opiate substitution therapy; client willingness to carry packs; and geography/distance from the service.
	Indicator Classification	Please tick Indicator Classification this indicator applies to: ❑ Person Centred Care ☑Effective Care ❑ Safe Care ☑Better Health and Wellbeing ❑ Use of Information ❑ Workforce ❑ Use of Resources ❑ Governance, Leadership and Management
4	KPI Target	**2017 Operational Plan Target:** 14 CHO 1-14, CHO 2-14, CHO 3-14, CHO 4-14, CHO 5-14, CHO 6-0, CHO 7-0, CHO 8-14, CHO 9-0
5	KPI Calculation	The total number of needles provided each month is divided by the total number of unique individuals availing of the service each month.
6	Data Source	Records submitted by pharmacies and the Needle Exchange Programme National Liaison Pharmacist.
	Data Completeness	Data completeness is expected at 100%.
	Data Quality Issues	Data quality issues are addressed as they arise.
7	Data Collection Frequency	Indicate how often the data to support the KPI will be collected: ❑Daily ❑Weekly ☑Monthly ❑Quarterly ❑Bi-annually ❑Annually ❑Other – give details: monthly metric reported tri monthly one quarter in arrears.
8	Tracer Conditions	Clean needles and accompanying paraphenilia provided to unique clients per month.
9	Minimum Data Set	Clean needles and accompanying paraphenilia provided to unique clients per month.
10	International Comparison	Needle exchange is reported annually by 29 countries to the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA).Ireland provides needle exchange programme data only.
11	KPI Monitoring	KPI will be monitored : ❑Daily ❑Weekly ❑ Monthly ❑ Quarterly ❑Bi-annually ❑Annually ☑Other – give details: monthly metric reported tri monthly one quarter in arrears. Please indicate who is responsible for monitoring this KPI: Data is monitored by the Pharmacy Needle Exchange Steering Group, Programme Lead & National Liaison Pharmacist. Data is forwarded to the National Social Inclusion Office for verification and returned to the Business Information Unit (BIU) for publication in the national Performance Report (PR). As data is reported trimonthly in arrears, quarter 4 (October / November / December) data is returned by 15th April, quarter 1 (January / February / March) data is returned by 15th July, quarter 2 (April / May / June) data is returned by 15th October and quarter 3 (July / August / September) data is returned by 15th January.
12	KPI Reporting Frequency	Indicate how often the KPI will be reported: ❑Daily ❑Weekly ❑ Monthly ❑ Quarterly ❑Bi-annually ❑Annually ☑ Other – give details: monthly metric reported tri monthly one quarter in arrears.
13	KPI report period	Indicate the period to which the data applies ❑ Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) ❑ Monthly in arrears (June data reported in July) ❑Quarterly in arrears (quarter 1 data reported in quarter 2) ❑ Rolling 12 months (previous 12 month period) ☑Other – give details: monthly metric reported tri monthly one quarter in arrears.
14	KPI Reporting Aggregation	Indicate the level of aggregation – for example over a geographical location: ☑ National ☑CHO ❑LHO Area ❑ Hospital ❑ County ❑ Institution ❑Other – give details:
15	KPI is reported in which reports?	Indicate where the KPI will be reported: ☑Performance Report (NSP) ❑Other – give details:
16	Web link to data	http://www.hse.ie/eng/services/publications/
17	Additional Information	
	Contact details for Data Manager /Specialist Lead	**Information Analyst:** Geraldine Littler, Business Information Unit – Palliative Care & Social Inclusion Planning and Business Information (PBI), 046 9251330 Email: Geraldine.Littler@hse.ie
	National Lead and Division	**National Lead:** Joseph Doyle, National Planning Specialist, National Social Inclusion Office Email: joseph.doyle@hse.ie

Social Inclusion : Needle Exchange

1	**KPI title**	**No. and % of needle / syringe packs returned**
2	**KPI Description**	This is a count / calculation of the number and percentage of needle / syringe packs returned to pharmacies. Personal sharps bins are also provided to clients in each injecting pack. The number of needle / syringe packs provided and sealed personal sharps bins returned to the pharmacy for safe disposal is recorded.
3	**KPI Rationale**	Clients are encourged to bring back used injecting equipment in the personal sharps bins provided in the injecting packs. If used equipment is not returned there is a risk that it will contribute to drug related litter which poses a public health risk in terms of the transmission of blood borne viruses and also draws unwanted attention towards street drug use. Clients are educated on these risks.
	Indicator Classification	Please tick Indicator Classification this indicator applies to: ❑ Person Centred Care ☑Effective Care ❑ Safe Care ☑Better Health and Wellbeing ❑ Use of Information ❑ Workforce ❑ Use of Resources ❑ Governance, ❑ Leadership and Management
4	**KPI Target**	**2017 Operational Plan Target:** 1,166 (30%) CHO 1-28 (30%), CHO 2-86 (30%), CHO 3-204 (30%), CHO 4-295 (30%), CHO 5-253 (30%), CHO 6-0 (30%), CHO 7-0 (30%), CHO 8-300 (30%), CHO 9-0 (30%)
5	**KPI Calculation**	The total number of syringe packs (10 and 3 packs) provided is counted. The number of personal sharps bins returned is recorded.The percentage returned is calculated by dividing the number of bins returned by the number of packs provided and multiplied by 100.
6	**Data Source**	Records submitted by pharmacies and the Needle Exchange Programme National Liaison Pharmacist.
	Data Completeness	Data completeness is expected at 100%.
	Data Quality Issues	Data quality issues are addressed as they arise.
7	**Data Collection Frequency**	Indicate how often the data to support the KPI will be collected: ❑Daily ❑Weekly ☑Monthly ❑Quarterly ❑Bi-annually ❑Annually ❑Other – give details: monthly metric reported tri monthly one quarter in arrears.
8	**Tracer Conditions**	Needle and syringe packs provided and personal sharps bins returned.
9	**Minimum Data Set**	Needle and syringe packs provided and personal sharps bins returned.
10	**International Comparison**	Needle exchange is reported annually by 29 countries to the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA). Ireland provides needle exchange programme data only.
11	**KPI Monitoring**	KPI will be <u>monitored</u> : ❑Daily ❑Weekly Monthly ❑Quarterly ❑Bi-annually ❑Annually ☑Other – give details: monthly metric reported tri monthly one quarter in arrears. Please indicate who is responsible for monitoring this KPI: Data is monitored by the Pharmacy Needle Exchange Steering Group, Programme Lead & National Liaison Pharmacist. Data is forwarded to the National Social Inclusion Office for verification and returned to the Business Information Unit (BIU) for publication in the national Performance Report (PR). As data is reported trimonthly in arrears, quarter 4 (October / November / December) data is returned by 15th April, quarter 1 (January / February / March) data is returned by 15th July, quarter 2 (April / May / June) data is returned by 15th October and quarter 3 (July / August / September) data is returned by 15th January.
12	**KPI Reporting Frequency**	Indicate how often the KPI will be reported: ❑Daily ❑Weekly ❑ Monthly ❑Quarterly ❑Bi-annually ❑Annually ☑Other – give details: monthly metric reported tri monthly one quarter in arrears.
13	**KPI report period**	Indicate the period to which the data applies ❑ Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) ❑ Monthly in arrears (June data reported in July) ❑Quarterly in arrears (quarter 1 data reported in quarter 2) ❑ Rolling 12 months (previous 12 month period) ☑Other – give details: monthly metric reported tri monthly one quarter in arrears.
14	**KPI Reporting Aggregation**	Indicate the level of aggregation – for example over a geographical location: ☑ National ☑CHO ❑LHO Area ❑ Hospital ❑ County ❑ Institution ❑Other – give details:
15	**KPI is reported in which reports?**	Indicate where the KPI will be reported: ☑Performance Report (NSP) ❑Other – give details:
16	**Web link to data**	http://www.hse.ie/eng/services/publications/
17	**Additional Information**	
	Contact details for Data Manager /Specialist Lead	**Information Analyst:** Geraldine Littler, Business Information Unit – Palliative Care & Social Inclusion Planning and Business Information (PBI), 046 9251330 Email: Geraldine.Littler@hse.ie
	National Lead and Division	**National Lead:** Joseph Doyle, National Planning Specialist, National Social Inclusion Office Email: joseph.doyle@hse.ie

**Social Inclusion : Homeless Services**
1	**KPI Title**	**No. and % of individual service users admitted to homeless emergency accommodation hostels / facilities who have medical cards**
2	**KPI Description**	This is a count and a calculation of the number and percentage of service users (individuals who have been assessed as being homeless) placed in an emergency accommodation hostel or facility (i.e. accommodation facility for short term / emergency use for people experiencing homelessness) during the reporting quarter, that have a current medical card.
3	**KPI Rationale**	Health and well being may be severely compromised when an individual is homeless so it is critical that homeless people, facilitated by a medical card, can access primary care services quickly and easily.
	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two). ☑ Person Centred Care, ☐Effective Care ☐Safe Care, ☑ Better Health and Wellbeing, ☐ Use of Information, ☐ Workforce, ☐Use of Resources, ☐ Governance, ☐ Leadership and Management
4	**KPI Target**	**2017 Operational Plan Target: 1,121 (75%)** CHO 1-55 (75%), CHO 2-85 (75%), CHO 3-152 (75%), CHO 4-395 (75%), CHO 5-93 (75%), CHO 6-7 (75%), CHO 7-57 (75%), CHO 8-98 (75%), CHO 9-179 (75%)
5	**KPI Calculation**	(i) Count the number of service users admitted to emergency accommodation homeless services during the reporting quarter who had a medical card. (ii) Count the total number of service users admitted to emergency accommodation homeless services during the reporting quarter. Service users who are admitted more than once during the quarter should only be counted once for that quarter. (iii) Calculate the percentage by dividing the number of service users admitted to emergency accommodation homeless services during the reporting quarter who had a medical card by the total number of service users admitted to emergency accommodation homeless services during the reporting quarter and multiply by 100.
6	**Data Source**	Data is sourced from emergency accomodation providers who return it to Communtiy Healthcare Organisation (CHO) Social Inclusion Services for verification/ validation.
	Data Completeness	Data completeness is expected at 100%.
	Data Quality Issues	Data quality issues are addressed as they arise.
7	**Data Collection Frequency**	☐Daily ☐Weekly ☐Monthly ☑Quarterly ☐Bi-annually ☐Annually ☐Other – give details:
8	**Tracer Conditions**	People presenting as homeless who require emergency accomodation who have a medical card.
9	**Minimum Data Set**	Iindividual service users admitted to homeless emergency accommodation hostels / facilities with medical cards
10	**International Comparison**	No
11	**KPI Monitoring**	KPI will be monitored on a quarterly basis: ☐Daily ☐Weekly ☐ Monthly ☑ Quarterly ☐Bi-annually ☐Annually ☐Other – give details: Locally validated data is monitored by the CHO Primary Care Lead /Social Inclusion Manager, the Chief Officer and the Primary Care Division Operational Team via performance meetings. The data is returned to the Business Information Unit (BIU) for publication in the national Performance Report (PR). As the data is reported quarterly, quarter 1 data is returned by 15th April, quarter 2 data is returned by 15th July, quarter 3 data is returned by 15th Oct and quarter 4 data returned by 15th Jan.
12	**KPI Reporting Frequency**	☐Daily ☐Weekly ☐Monthly ☑Quarterly ☐Bi-annually ☐Annually ☐Other – give details:
13	**KPI report period**	☐Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) ☐Monthly in arrears (June data reported in July) ☑Quarterly ☐Quarterly in arrears (quarter 1 data reported in quarter 2) ☐Rolling 12 months (previous 12 month period)
14	**KPI Reporting Aggregation**	☑ National ☑CHO ☐LHO Area ☐ Hospital ☐ County ☐ Institution ☐Other – give details:
15	**KPI is reported in which reports?**	☑Performance Report (NSP) ☐CompStat ☐Other – give details:
16	**Web link to data**	http://www.hse.ie/eng/services/publications/
17	**Additional Information**	
	**Contact details for Data Manager / Specialist Lead**	Information Analyst: Geraldine Littler, Business Information Unit – Palliative Care & Social Inclusion Planning and Business Information (PBI), 046 9251330 Email: Geraldine.Littler@hse.ie Specialist Lead: Joseph Doyle, National Planning Specialist, National Social Inclusion Office Email: joseph.doyle@hse.ie
	**National Lead/Division**	National Lead: Diane Nurse, National Social Inclusion Office Tel: 01 6201666

Social Inclusion : Homeless Services		
1	**KPI Title**	**No. and % of service users admitted during the quarter who did not have a valid medical card on admission and who were assisted by hostel staff to acquire a medical card during the quarter**
2	**KPI Description**	This is a count and calculation of the number and percentage of service users (individuals who have been assessed as being homeless) admitted to emergency accommodation homeless hostels / facilities (i.e. accommodation facility for short term / emergency use for people experiencing homelessness) who did not have a current medical card on admission and who were assisted by hostel staff to acquire one during the reporting quarter.
3	**KPI Rationale**	Health and well being may be severely compromised when an individual is homeless so it is critical that homeless people, facilitated by a medical card, can access primary care services quickly and easily.
	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two). ☑ Person Centred Care, ☐Effective Care ☐Safe Care, ☑ Better Health and Wellbeing, ☐ Use of Information, ☐ Workforce, ☐Use of Resources, ☐ Governance, ☐ Leadership and Management
4	**KPI Target**	**2017 Operational Plan Target: 281 (70%)** CHO 1-8 (70%), CHO 2-18 (70%), CHO 3-29 (70%), CHO 4-130 (70%), CHO 5-17 (70%), CHO 6-2 (70%), CHO 7-8 (70%), CHO 8-24 (70%), CHO 9-45 (70%)
5	**KPI Calculation**	(i) Count the number of service users admitted to emergency accommodation homeless services during the reporting quarter who did not have a current medical card and who were assisted to acquire one during the quarter. (ii) Count the total number of service users admitted to emergency accommodation homeless services during the reporting quarter. Service users who were admitted more than once during the reporting quarter should only be counted once for that quarter. (iii) Calculate the percentage by dividing the number of service users admitted to emergency accommodation homeless services during the reporting quarter who did not have a medical card and were assisted to acquire one by the total number of service users admitted to emergency accommodation homeless services during the reporting quarter and multiply by 100.
6	**Data Source**	Data is sourced from emergency accomodation providers who return it to Communtiy Healthcare Organisation (CHO) Social Inclusion Services for verification/ validation.
	Data Completeness	Data completeness is expected at 100%.
	Data Quality Issues	Data quality issues are addressed as they arise.
7	**Data Collection Frequency**	☐Daily ☐Weekly ☐Monthly ☑Quarterly ☐Bi-annually ☐Annually ☐Other – give details:
8	**Tracer Conditions**	People presenting as homeless who require emergency accomodation who are assisted to acquire a medical card.
	Minimum Data Set	Individual service users admitted to homeless emergency accommodation hostels / facilities assisted to acquire a medical card.
10	**International Comparison**	No
11	**KPI Monitoring**	KPI will be monitored on a quarterly basis: ☐Daily ☐Weekly ☐ Monthly ☑ Quarterly ☐Bi-annually ☐Annually ☐Other – give details: Locally validated data is monitored by the CHO Primary Care Lead /Social Inclusion Manager, the Chief Officer and the Primary Care Division Operational Team via performance meetings. The data is returned to the Business Information Unit (BIU) for publication in the national Performance Report (PR). As the data is reported quarterly, quarter 1 data is returned by 15th April, quarter 2 data is returned by 15th July, quarter 3 data is returned by 15th Oct and quarter 4 data returned by 15th Jan
12	**KPI Reporting Frequency**	☐Daily ☐Weekly ☐Monthly ☑Quarterly ☐Bi-annually ☑Annually ☐Other – give details:
13	**KPI report period**	☐Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) ☐Monthly in arrears (June data reported in July), ☑Quarterly ☐Quarterly in arrears (quarter 1 data reported in quarter 2) ☐Rolling 12 months (previous 12 month period)
14	**KPI Reporting Aggregation**	☑ National ☑CHO ☐LHO Area ☐ Hospital ☐ County ☐ Institution ☐Other – give details:
15	**KPI is reported in which reports?**	☑Performance Report (NSP) ☐CompStat ☐Other – give details:
16	**Web link to data**	http://www.hse.ie/eng/services/publications/
17	**Additional Information**	
	Contact details for Data Manager / Specialist Lead	Information Analyst: Geraldine Littler, Business Information Unit – Palliative Care & Social Inclusion Planning and Business Information (PBI), 046 9251330 Email: Geraldine.Littler@hse.ie Specialist Lead: Joseph Doyle, National Planning Specialist, National Social Inclusion Office Email: joseph.doyle@hse.ie
	National Lead/Division	National Lead: Diane Nurse, National Social Inclusion Office Tel: 01 6201666

Social Inclusion : Homeless Services

#	Field	Content
1	KPI Title	**No. and % of service users admitted to homeless emergency accommodation hostels / facilities whose health needs have been assessed within two weeks of admission**
2	KPI Description	This is a count and a calculation of the number and percentage of service users (individuals who have been assessed as being homeless) admitted to emergency accommodation homeless hostels / facilities (i.e. accommodation facility for short term / emergency use for people experiencing homelessness) whose health needs (health needs assessment is a detailed assessment of an individual's health needs and is an integral part of an overall assessement process which is a fundamental component of the care/support planning system. It is completed in co operation with the service users key worker / project worker and should cover the full range of a person's health and care related needs including general healthcare, mental health, and addiction issues) have been assessed within two weeks (14 calendar days) of the date of their admission.
3	KPI Rationale	Under national homeless policy, the HSE is responsible for the health and in house care needs of homeless persons across the hostel network. Completion of a health needs assessment is required to facilitate the effective operation of a care planning system to address the health and care needs of homeless people. Care / support plans are prepared to enable homeless persons to maximise their potential and return to independent living, where possible. This approach has proven internationally to significantly improve outcomes for service users with varying support needs.
	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two). ☑ Person Centred Care, ☐Effective Care ☐Safe Care, ☑ Better Health and Wellbeing, ☐ Use of Information, ☐ Workforce, ☐ Use of Resources, ☐ Governance, ☐ Leadership and Management
4	KPI Target	**2017 Operational Plan Target: 1,272 (85%)** CHO 1-62 (85%), CHO 2-97 (85%), CHO 3-173 (85%), CHO 4-448 (85%), CHO 5-105 (85%), CHO 6-8 (85%), CHO 7-65 (85%), CHO 8-111 (85%), CHO9 - 203 (85%)
5	KPI Calculation	(i) Count the number of service users admitted to homeless emergency accommodation hostels / facilities whose health needs were assessed within two weeks of their date of admission, during the reporting quarter. (ii) Count the total number of service users admitted to homeless emergency accommodation hostels / facilities during the reporting quarter. The number is cumulative in the quarter and each person should be counted once only in each quarter. (iii) Calculate the percentage by dividing the number of service users admitted to homeless emergency accommodation hostels / facilities whose health needs were assessed within two weeks of their date of admission, during the reporting quarter, by the total number of service users admitted to homeless emergency accommodation hostels / facilities during the reporting quarter and multiply by 100.
6	Data Source	Data is sourced from emergency accomodation providers who return it to Communtiy Healthcare Organisation (CHO) Social Inclusion Services for verification/ validation.
	Data Completeness	Data completeness is expected at 100%.
	Data Quality Issues	Data quality issues are addressed as they arise.
7	Data Collection Frequency	☐Daily ☐Weekly ☐Monthly ☑Quarterly ☐Bi-annually ☐Annually ☐Other – give details:
8	Tracer Conditions	Service users admitted to homeless accommodation whose health needs were assessed
9	Minimum Data Set	Service users admitted to homeless emergency accommodation / facilities whose health needs were assessed within two weeks of admission
10	International Comparison	No
11	KPI Monitoring	KPI will be monitored on a quarterly basis: ☐Daily ☐Weekly ☐ Monthly ☑ Quarterly ☐Bi-annually ☐Annually ☐Other – give details: Locally validated data is monitored by the CHO Primary Care Lead /Social Inclusion Manager, the Chief Officer and the Primary Care Division Operational Team via performance meetings. The data is returned to the Business Information Unit (BIU) for publication in the national Performance Report (PR). As the data is reported quarterly, quarter 1 data is returned by 15th April, quarter 2 data is returned by 15th July, quarter 3 data is returned by 15th Oct and quarter 4 data returned by 15th Jan
12	KPI Reporting Frequency	☐Daily ☐Weekly ☐Monthly ☑Quarterly ☐Bi-annually ☑Annually ☐Other – give details:
13	KPI report period	☐Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) ☐Monthly in arrears (June data reported in July), ☑Quarterly ☐Quarterly in arrears (quarter 1 data reported in quarter 2) ☐Rolling 12 months (previous 12 month period)
14	KPI Reporting Aggregation	☑ National ☑CHO ☐LHO Area ☐ Hospital ☐ County ☐ Institution ☐Other – give details:
15	KPI is reported in which reports?	☑Performance Report (NSP) ☐CompStat ☐Other – give details:
16	Web link to data	http://www.hse.ie/eng/services/publications/
17	Additional Information	
	Contact details for Data Manager / Specialist Lead	Information Analyst: Geraldine Littler, Business Information Unit – Palliative Care & Social Inclusion Planning and Business Information (PBI), 046 9251330 Email: Geraldine.Littler@hse.ie Specialist Lead: Joseph Doyle, National Planning Specialist, National Social Inclusion Office Email: joseph.doyle@hse.ie
	National Lead/Division	National Lead: Diane Nurse, National Social Inclusion Office Tel: 01 6201666

Social Inclusion : Homeless Services

1	KPI Title	**No. and % of service users admitted to homeless emergency accommodation hostels / facilities whose health needs have been assessed and are being supported to manage their physical / general health, mental health and addiction issues as part of their care / support plan**
2	KPI Description	This is a count and a calculation of the number and percentage of service users (individuals who have been assessed as being homeless) admitted to emergency accommodation homeless hostels / facilities (i.e. accommodation facility for short term / emergency use for people experiencing homelessness) whose health needs have been assessed and that person(s) is being supported by hostel staff to manage their physical/general health, mental health and addiction issues, where required as part of their care / support plan. This plan is an individualised plan formulated by a care worker in consultation with the service user, his / her family and other appropriate professionals that describes what kind of services and care that person should receive. It is a key component in the implementation of an effective care and case management approach.
3	KPI Rationale	Under national homeless policy, the HSE is responsible for the health and in house care needs of homeless persons. A significant amount of HSE homeless funding is provided to meet the pay costs of care staff who work with and support homeless persons across the hostel network. Support provided by hostel staff in addressing the health needs of homeless persons is key to the effective operation of a care planning system which is crucial to enable them to maximise their potential and return to independent living, where possible. This approach has proven internationally to significantly improve outcomes for service users with varying support needs.
	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two). ☑ Person Centered Care, ☐Effective Care ☐Safe Care, ☑ Better Health and Wellbeing, ☐ Use of Information, ☐ Workforce, ☐ Use of Resources, ☐ Governance, ☐ Leadership and Management
4	KPI Target	**2017 Operational Plan Target: 1,017 (80%)** CHO 1-50 (80%), CHO 2-78 (80%), CHO 3-138 (80%), CHO 4-358 (80%), CHO 5-84 (80%), CHO 6-6 (80%), CHO 7-52 (80%), CHO 8-89 (80%), CHO 9-162 (80%)
5	KPI Calculation	(i) Count the number of people admitted to homeless emergency accommodation hostels/ facilities whose needs were assessed and were supported to manage their physical/mental health as part of their care/support plan during the reporting quarter. (ii) Count the total number of people admitted to homeless emergency accommodation hostels/ facilities during the reporting quarter.The number is cumulative in the quarter and each person should be counted once only. (iii) Calculate the percentage by dividing the number of people admitted to homeless emergency accommodation hostels/ facilities whose needs were assessed and were supported to manage their physical/mental health as part of their care/support plan during the reporting quarter by the total number of people admitted to homeless emergency accommodation hostels/ facilities during the reporting quarter and multiply by 100.
6	Data Source	Data is sourced from emergency accomodation providers who return it to Communtiy Healthcare Organisation (CHO) Social Inclusion Services for verification/ validation.
	Data Completeness	Data completeness is expected at 100%.
	Data Quality Issues	Data quality issues are addressed as they arise.
7	Data Collection Frequency	☐Daily ☐Weekly ☐Monthly ☑Quarterly ☐Bi-annually ☐Annually ☐Other – give details:
8	Tracer Conditions	Service users presenting as homeless and admitted to emergency accommodation who had their needs assessed and were being supported to manage their needs as part of their care plan.
9	Minimum Data Set	Service users admitted to emergency accommodation who had their needs assessed and were being supported to manage their needs as part of their care plan.
10	International Comparison	No
11	KPI Monitoring	KPI will be monitored on a quarterly basis: ☐Daily ☐Weekly ☐ Monthly ☑ Quarterly ☐Bi-annually ☐Annually ☐Other – give details: Locally validated data is monitored by the CHO Primary Care Lead /Social Inclusion Manager, the Chief Officer and the Primary Care Division Operational Team via performance meetings. The data is returned to the Business Information Unit (BIU) for publication in the national Performance Report (PR). As the data is reported quarterly, quarter 1 data is returned by 15th April, quarter 2 data is returned by 15th July, quarter 3 data is returned by 15th Oct and quarter 4 data returned by 15th Jan.
12	KPI Reporting Frequency	☐Daily ☐Weekly ☐Monthly ☑Quarterly ☐Bi-annually ☑Annually ☐Other – give details:
13	KPI report period	☐Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) ☐Monthly in arrears (June data reported in July), ☑Quarterly ☐Quarterly in arrears (quarter 1 data reported in quarter 2) ☐Rolling 12 months (previous 12 month period)
14	KPI Reporting Aggregation	☑ National ☑CHO ☐LHO Area ☐ Hospital ☐ County ☐ Institution ☐Other – give details:
15	KPI is reported in which reports?	☑Performance Report (NSP) ☐CompStat ☐Other – give details:
16	Web link to data	http://www.hse.ie/eng/services/publications/
17	Additional Information	
	Contact details for Data Manager / Specialist Lead	Information Analyst: Geraldine Littler, Business Information Unit – Palliative Care & Social Inclusion Planning and Business Information (PBI), 046 9251330 Email: Geraldine.Littler@hse.ie Specialist Lead: Joseph Doyle, National Planning Specialist, National Social Inclusion Office Email: joseph.doyle@hse.ie
	National Lead/Division	National Lead: Diane Nurse, National Social Inclusion Office Tel: 01 6201666

Social Inclusion: Traveller Health

1	**KPI Title**	Number of people who received health information on type 2 diabetes and cardiovascular health
2	**KPI Description**	This is a count of the number of people (all ages), per Community Healthcare Organisation (CHO), who were provided with health information on type 2 diabetes and cardiovascular health, on an individual (one to one) or group basis and / or were signposted to appropriate services during the reporting quarter. Health information can include verbal or written information. Information on type 2 diabetes may include iinformation on diet, exercise, weight management, blood sugar monitoring, medication management etc. Information on cardio vascular health may include information on diet, exercise, blood pressure monitoring, medication management etc.
3	**KPI Rationale**	The All Ireland Traveller Health Study - published in September 2010 - found that: • 52% of Travellers aged 40 – 60 had been diagnosed with high blood pressure in the past 12 months compared to 35% of the general Irish Population. • 25 % of Travellers died from Heart Disease / Stroke. Provision of information on type 2 diabetes and cardiovascular health helps raise awareness of health conditions prevalent among the Traveller population and to sign post people to appropriate services. Monitoring the number of people, per CHO, who receive this information allows us to measure the level of awareness of these conditions and to support those requiring further assessment / management to be referred to appropriate services.
	Indicator Classification	☑Person Centred Care ☐Effective Care
		☐Safe Care ☑Better Health and Wellbeing ☐Use of Information
		☐Workforce ☐Use of Resources ☐Governance ☐Leadership and Management
4	**KPI Target**	**2017 Operational Plan Target** 3,481 (Annual target) CHO 1-246, CHO 2-697, CHO 3-351, CHO 4-321, CHO 5-396, CHO 6-130, CHO 7-477, CHO 8-587, CHO 9-276
5	**KPI Calculation**	Count the number of people (all ages), per CHO, who received health information on type 2 diabetes and cardiovascular health and / or were signposted to appropriate services during the reporting quarter. The annual target is calculated by adding the Quarter 1 to Quarter 4 activity.
6	**Data Source**	Traveller Health Units (THUs), National Social Inclusion Office and the Business Information Unit (BIU).
	Data Completeness	Data completeness is expected at 100%.
	Data Quality Issues	Data quality issues are addressed as they arise.
7	**Data Collection Frequency**	☐Daily ☐Weekly ☐Monthly ☑Quarterly Bi-annually ☐Annually ☐Other – give details:
8	**Tracer Conditions**	The number of people who received health information on type 2 diabetes and cardiovascular health and / or were signposted to appropriate services.
9	**Minimum Data Set**	THU / CHO records of individual and group health information provision on type 2 diabetes and cardiovascular health and signposting to appropriate services.
10	**International Comparison**	No.
11	**KPI Monitoring**	KPI will be monitored on a (please indicate below) basis: ☐Daily ☐Weekly ☐ Monthly ☑Quarterly ☐Bi-annually ☐Annually ☐Other – give details: Data is submitted to the designated person responsible for THU management within the CHO who in turn submits it to the National Social Inclusion Office for onward forwarding to the BIU. This process is being reviewed in 2017 with a view to establishing a direct submission process from the CHOs to the BIU.
12	**KPI Reporting Frequency**	☐Daily ☐Weekly ☐Monthly ☑Quarterly ☐Bi-annually ☐Annually ☐Other – give details:
13	**KPI report period**	☐Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) ☐Monthly in arrears (June data reported in July) ☑Quarterly in arrears (quarter 1 data reported in quarter 2) ☐Rolling 12 months (previous 12 month period)
14	**KPI Reporting Aggregation**	☑ National ☑CHO ☐LHO Area ☐ Hospital ☐ County ☐ Institution ☐Other – give details:
15	**KPI is reported in which reports ?**	☑Performance Report (NSP) ☐Other – give details:
16	**Web link to data**	http://www.hse.ie/eng/services/publications/
17	**Additional Information**	
Contact details for Data Manager / Specialist Lead		**Information Analyst:** Geraldine Littler, Business Information Unit -Palliative Care & Social Inclusion Planning and Business Information (PBI), 046 9251330 Email: Geraldine.Littler@hse.ie
		National Lead: Diane Nurse, National Social Inclusion Lead, National Social Inclusion Office Email:Diane.Nurse@hse.ie

Social Inclusion: Traveller Health

1	**KPI Title**	**No. of people who received awareness and participated in positive mental health initiatives**
2	**KPI Description**	This is a count of the number of people (all ages), per Community Healthcare Organisation (CHO), who received information on positive mental health, greater mental health and well being awareness and took part in positive mental health initiatives and / or were signposted to appropriate services during the reporting quarter. Positive mental health initiatives may include awareness raising of the importance of stress relief, regular exercise, smoking cessation, provision of relaxation sessions, classes etc. Participation can be on an individual (one to one) or group basis.
3	**KPI Rationale**	Monitoring the number of people, per CHO, who receive information on and participate in positive mental health promotion initiatives and / or were signposted to appropriate services allows us to measure the level of mental health and well being awareness and signposting to appropriate services in the Traveller population.
	Indicator Classification	☑Person Centred Care ☐Effective Care
		☐Safe Care ☑Better Health and Wellbeing ☐Use of Information
		☐Workforce ☐Use of Resources ☐Governance, Leadership and Management
4	**KPI Target**	**2017 Operational Plan Target: 3,481** (Annual Target) CHO 1-246, CHO 2-697, CHO 3-351, CHO 4-321, CHO 5-396, CHO 6-130, CHO 7-477, CHO 8-587, CHO 9-276
5	**KPI Calculation**	Count the number of people (all ages), per CHO, who received information on and participated in positive mental health promotion initiatives and / or were signposted to appropriate services during the reporting quarter. The annual target is calculated by adding the Quarte 1 to Quarter 4 activity.
6	**Data Source**	Traveller Health Units(THUs), National Social Inclusion Office and the Business Information Unit (BIU).
	Data Completeness	Data completeness is expected at 100%.
	Data Quality Issues	Data quality issues are addressed as they arise.
7	**Data Collection Frequency**	☐Daily ☐Weekly ☐Monthly ☑Quarterly ☐Bi-annually ☐Annually ☐Other – give details:
8	**Tracer Conditions**	The number of people who received information on and participated in positive mental health promotion initiatives and / or were signposted to appropriate services.
9	**Minimum Data Set**	THU and CHO records of individual and group mental health promotion information provision and mental health promotion initiatives and signposting to appropriate services.
10	**International Comparison**	No.
11	**KPI Monitoring**	KPI will be monitored on a (please indicate below) basis:
		☐Daily ☐Weekly ☐ Monthly ☑Quarterly ☐Bi-annually ☐Annually ☐Other – give details:
		Data is submitted to the designated person responsible for THU management within the CHO who in turn submits it to the National Social Inclusion Office for onward forwarding to the BIU. This process is being reviewed in 2017 with a view to establishing a direct submission process from the CHOs to the BIU.
12	**KPI Reporting Frequency**	☐Daily ☐Weekly ☐Monthly ☑Quarterly ☐Bi-annually ☐Annually ☐Other – give details:
13	**KPI report period**	☐Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity)
		☐Monthly in arrears (June data reported in July)
		☑Quarterly in arrears (quarter 1 data reported in quarter 2)
		☐Rolling 12 months (previous 12 month period)
14	**KPI Reporting Aggregation**	☑ National ☑CHO ☐LHO Area ☐ Hospital
		☐ County ☐ Institution ☐Other – give details:
15	**KPI is reported in which reports ?**	☑Performance Report (NSP) ☐CompStat ☐Other – give details:
16	**Web link to data**	http://www.hse.ie/eng/services/publications/
17	**Additional Information**	
Contact details for Data Manager / Specialist Lead		**Information Analyst:** Geraldine Littler, Business Information Unit-Palliative Care & Social Inclusion Planning and Business Information (PBI), 046 9251330 Email:Geraldine.Littler@hse.ie
		National Lead: Diane Nurse, National Social Inclusion Lead, National Social Inclusion Office Email: Diane.Nurse@hse.ie