

**Quality Care Metrics (QCM) Dashboard System**

**Nursing & Midwifery Quality Care Metrics Dashboard system**

This form is used to grant and amend access to a HSE Information System. The form must be completed by a user and signed by their Group Director of Nursing/Midwifery Services/ designated Information Owner and the QCM Dashboard Co-ordinator. \*Denotes mandatory fields or sections. **Incomplete forms will be returned to sender. All sections can be completed by typing the required information in Microsoft Word and using the *TAB* key to move from field to field.**

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| **1** | **\*User Details** | | | **HSE**  **Student  Work placement  Agency / Contractor** | | | | |
| **First Name:** | | **Middle Name:** | | | **Last Name:** | | | 1**HSE** **Personnel Number:** |
| **Grade / Job Title:** | | | | | | **HSE Landline / Mobile number:** | | |
| **Location / work address (Full):** | | | | | | | | |
| **Department Name and Address (Full):** | | | | | | | | |
| **Email address:** | | | **Logon User Name:** | | | | **Note: Name format used for logging onto PC or laptop** | |

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| **2** | **\*Information System Details** | | | | | | | | | | | | | | | | | | |
| **HSE Information System(s) Name: Nursing & Midwifery Quality Care Metrics** | | | | | | | | | | | | | | | | | | | |
| In order to access the QCM Dashboard, the user must meet the following criteria:   * Be a registered nurse or midwife * Be of the following grade: Chief Director of Nursing and Midwifery, Director of Nursing and Midwifery and Assistant Director of Nursing and Midwifery * Be affiliated to a hospital which collects HSE QCM data via TYC. | | | | | | | | | | | | | | | | | | | |
| **I require New Access – Please Tick** | | | | | | | **Note:** Service Desk Support, please add to the following AD group: | | | | | | | | | | | | |
| **QCM Dashboard Access** | | | | | | | **HEALTHIRL\CIF-QLV-TYC** | | | | | | | | | | | | |
| **3** | **\*User Declaration (Signatures must be handwritten)** | | | | | | | | | | | | | | | | | | |
| I have read and understood the statement above and the Health Service Executive’s policies available from <https://www.hse.ie/eng/services/publications/pp/ict/> governing the use of its I.T. resources. I agree to be bound by the terms therein. I understand that I may be subject to the HSE’s disciplinary procedures should I fail to comply with these policies. | | | | | | | | | | | | | | | | | | | |
| **Name:** | | | | | | | **\*Signature:** | | | | | | | | **Date:** | | | | |
| **4** | **\*Authorisation (Signatures must be handwritten)** | | | | | | | | | | | | | | | | | | |
| **Group Director of Nursing/Midwifery (Designated Information Owner) Name:** | | | | | | | | | | **(National QCM Dashboard Co-ordinator)**  **Name:** | | | | | | | | | |
| **\*Signature:** | | | | | | | | | | **\*Signature:** | | | | | | | | | |
| **Email address:** | | | | | | | | | | **Email address:** | | | | | | | | | |
| **Telephone / Mobile:** | | | | | | | | | | **Telephone / Mobile:** | | | | | | | | | |
| **Date:** | |  |  |  |  | | |  |  | **Date:** | |  | |  | |  |  |  |  |
| **Once completed and authorised, please attach to a NSD Self Service request ticket – [Link](https://nsdselfservice.healthirl.net/SelfService.BridgeIT" \l "dashboard)** | | | | | | | | | | | | | | | | | | | |



**1 If your Personnel number is unavailable, specify ‘TBA’ in this field. Please update the National Service Desk once your Personnel number has been advised or alternatively, if you have access to the Self Service facility, update this detail in your profile.**