



# National Quality Improvement Team

## Annual Report 2018



Building a  
Better Health  
Service

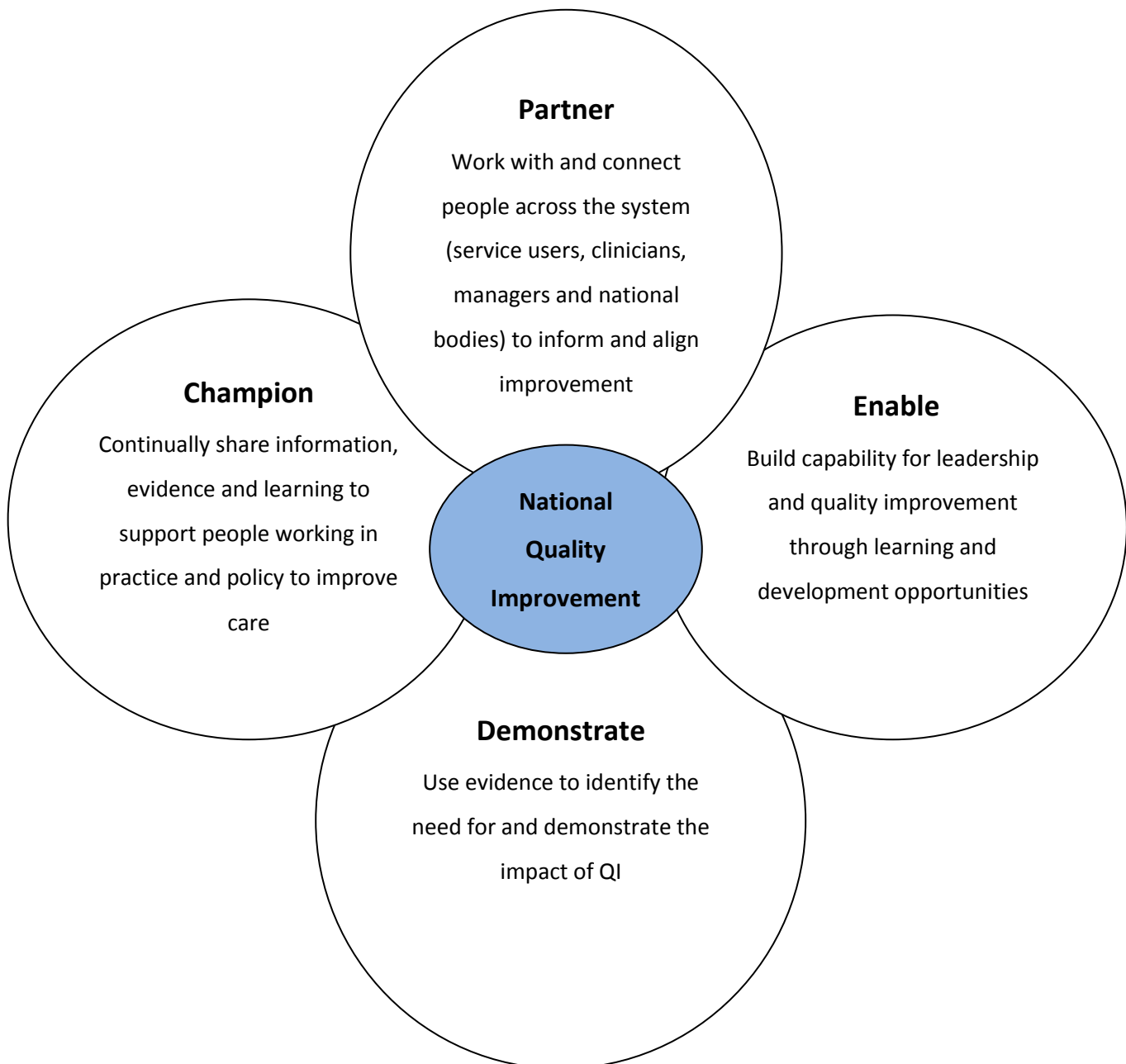
Seirbhís Sláinte  
Níos Fearr  
á Forbairt

National Quality Improvement Team

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## Mission of the National Quality Improvement Team:

*“We work in partnership with staff and people who use our health and social care services to lead innovation and sustainable QI to achieve measurably better and safer care”*



## Introduction

This report is a high level overview of work completed by the National Quality Improvement Team (formerly known as the Quality Improvement Division) in 2018. The intended audience is anyone who wishes to get an understanding of the quality improvement initiatives that the National Quality Improvement Team leads out on or supports in the healthcare service. To achieve our mission the National Quality Improvement Team will work across all levels of our health and social care service to champion, partner, enable and demonstrate for sustainable quality improvement.

## About the National Quality Improvement Team

The National Quality Improvement (QI) team is now placed within the office of the Chief Clinical Officer (CCO), and we are privileged to be in a position to have a leadership and supporting role for improvement activity across the Irish healthcare service. Improving quality of care and practice is a valued responsibility of staff and organisations within the Irish healthcare service and this is reflected in the many improvement activities undertaken by different local and national teams. We are continually committing to and delivering on this responsibility which can be an everyday challenge for teams because of the pressurised environment within which many health and social care staff work and the many demands being placed on them.

## National Quality Improvement Team Strategic Plan (2019-2022)

The National Quality Improvement team developed a 3 year Strategic Plan to assist with the implementation and alignment of New Ways of Working reform project at HSE corporate level. This strategic plan aims to support a coordinated and prioritised approach to improvement work within the office of the CCO. It sets out how staff in the National QI Team through partnerships across the service will provide the necessary leadership, knowledge and skills to support services to innovate and sustainably improve quality of care and practice.

## Our aims for supporting improvement within our healthcare service:

- Partner with staff and people who use our health and social care services to achieve measurable and sustainable improvements in quality
- Proactively enable a culture of person centredness within our health and social care services that continually improve quality of care, practice and experience
- Promote learning and development through connectivity, research and continual evaluation of improvement work

Our aims have been informed by our learning and experience of improvement projects and programmes within the Irish healthcare service and also learning from other international healthcare services and are also in keeping with Sláintecare 2018.

The National Quality Improvement Team will deliver on our objectives in 2019 through the combined National QI teams programmes outlined below:

1. Sustainable QI Projects
2. School of QI
3. QI Connections
4. Evidence for Improvement

For more information on the National Quality Improvement Strategic Plan, please see the hyperlink below:

<https://www.hse.ie/eng/about/who/qid/aboutqid/strategic-plan-2019-2021.pdf>

## Framework for Improving Quality

The Framework for Improving Quality in our health service (HSE, 2016) influences and orientates the planning and delivery of care across our health services towards improving quality. It has been tested with a number of services within the Irish healthcare setting and the findings showed positive benefits in using the Framework but with clear recommendations how as a national QI team we can greater support services in using the Framework.

<https://www.hse.ie/eng/about/who/qid/framework-for-quality-improvement/>

## The Six Drivers for Improving Quality are:

1. Leadership for Quality
2. Person and Family Engagement
3. Staff Engagement
4. Use of Improvement Methods
5. Measurement for Improvement
6. Governance for Quality



# **2018 Quality Improvement Projects Summary**

## Framework for Improving Quality

### Evaluation of the Framework for Improving Quality

A detailed review was completed to evaluate the impact of the Framework for Improving Quality in Our health services within demonstration sites. The purpose of the review was also to summarise the implementation approaches, achievements and challenges to using the Framework in four different settings. The achievements of the four programmes were many and varied.

This review has determined that the key success factors included:

- The identification of key planned areas of work at the outset in partnership with the services contributed to the successful and shared application of the Framework. This enabled a clear and consistent vision, mission and goals to be agreed and worked towards in a planned and comprehensive manner
- Applying a co-design approach whereby sites took ownership and leadership of the work so that sustainability and spread were achievable, while QID providing consistent key support
- Due consideration and time allocated to planning for the application and implementation of the Framework in partnership with the sites, with written plans and a core consistent working group
- Effective communication, coordination and engagement between QID and the sites/services, as well as communication to wider audiences e.g. staff and service users; ensured that each test of change using the Institute for Healthcare Improvement (IHI) model for improvement was coordinated, manageable and consistent
- Access to resources, skills and knowledge pertaining to the six drivers from other driver teams within National Quality Improvement Team, in a coordinated and pre-agreed manner. This reflected the support of the organisation to ensure each driver had appropriate supports at each stage of application and with equal emphasis in its approach

To date, there have been many achievements across all areas of work applying and using the Framework; likewise there have also been challenges.

The lessons learned from the implementation of the Framework for Improving Quality in Our Health Services include the following:

- Approaching the application of the Framework for Improving Quality (2016), this should be undertaken in a coordinated, planned, organised and agreed manner with services. While the Framework has been applied using both a scheduled and responsive approach to a crisis, it is preferable that it is applied in a pre-agreed planned manner with services and sites
- In instances where the services welcome and support the scheduled application of the Framework for Improving Quality, outcomes were likely to be achieved in an effective and timely manner. Effective communication with all stakeholders from the outset and throughout the process of application should be agreed. A co-designed approach is recommended with clear roles and responsibilities from both service sites and QI team. This is necessary to ensure that the Quality Improvement team provide the best support

and that the site takes ownership and lead with the agreed changes

### **Applying the HSE Framework for Improving Quality in the National Rehabilitation Hospital (NRH)**

**Team members:** Roisin Breen and Siobhan Reynolds

**Aim of the project:** To partner in using the *Framework for Improving Quality* to:

- Maximise the potential to deliver and sustain a culture of continuous quality improvement in NRH
- Create a common language and template in NRH for the success factors involved when undertaking and sustaining quality improvement

The key milestones completed for this project are summarised under the two headings below:

#### **1. A more organised approach to Quality Improvement Update 2018**

Many staff members have undertaken training in quality improvement. There is no defined organisational system or centre point to coordinate and support ongoing training needs for staff to ensure a supported and consistent approach to quality improvement or for project approval. Establishing a process for coordinating quality improvement projects will support an organised approach to identifying improvement areas, the factors required to ensure sustained improvement and the necessary resources.

Two small working groups were set up to address the following:

- QI Register and a Project Assessment Review (PAR) Team established
- QI Toolkit and NRH Community of Improvers developed and set up
- Testing of QI tools with selected NRH projects
- Induction presentation designed for new staff
- 3 two hour sessions (June, July and August) and 1 day *Introduction to the NRH QI Toolkit* (September and December) – 18 people trained

#### **2. Daytime Safety Huddle Update 2018**

A culture of safety is built on high awareness of real and potential safety issues at all times within all levels of NRH organisational operations. Huddles, sometimes known as safety briefings or daily check-ins, can help organisations develop a culture of safety by providing a forum for frontline personnel to share safety concerns, develop plans, and also celebrate successes. A working group was established with the aim of implementing an NRH Daily Operational and Safety Huddle (DOSH) at the end of 2017.

- Huddle Working Group established (monthly meetings) with representatives from each discipline
- Location and support for huddle allocated
- Huddle Prompt Sheets designed by QID – Medical /Nursing / Unit and Chair of Huddle
- Reference sites contacted – links set up by QID for NRH to listen in on reference sites
- Huddle Action Log established – tracking actions as a result of huddle



- Huddle Highlights implemented
- Evaluation of huddle completed in September 2018

**Contact details: Roisin Breen, Quality Improvement Facilitator**

**Email address:** [Roisin.Breen@hse.ie](mailto:Roisin.Breen@hse.ie)

### **Applying the HSE Framework for Improving Quality in the Mayo University Hospital (MUH)**

**Team members:** Greg Price, Elaine Fallon and Maureen Flynn

**Aim of the project:** The overall aim is to achieve excellence by meaningful patient engagement in service delivery from bed side (frontline) to the management table; driven by engaged staff from all disciplines and grades, who are empowered by a commitment of support from senior management, for continuous quality improvement.

The key milestones completed for this project are summarised as follows:

1. **Leadership for Quality:** aligning all services around clinical directorates with strong clinical leadership, with the introduction of Quality and Safety Walk-rounds by the executive management team.
2. **Person and Family Engagement:** development of the role of patient advisor, a recruitment, education and orientation process (supported by Accreditation Canada). This resulted in a strong patient voice in improvements across the hospital.
3. **Staff Engagement:** development of a staff engagement forum, access to emails for all staff, the forum supports frontline staff suggestions and ideas for improvement, introduction of Schwartz rounds (a support to staff in gaining insights to the joy and personal impact of working in healthcare).
4. **Use of Improvement Methods:** development of capacity and capability for improvement – access to IHI foundation in QI training for staff, supporting leaders to undertake a Diploma in Leadership and Quality Improvement, hosting a biannual quality symposium with over 30 QI posters sharing and learning at the 2018 event.
5. **Measurement for Quality:** identification of indicators of quality and safety of care and the design of a process to measure, report on and display (excellence boards) for all staff, patients and visitors to see improvement over time (also shared on website).
6. **Governance for Quality:** Quality and safety integrated within the business of HMT rather than setting up separate quality and safety committees. Alignment of HMT weekly meeting with National Standards for Safer Better Healthcare. Annual schedule of formal hospitals committee reporting to HMT. Templates created for key documents; tested by HMT and then used by all other committees/directorates for consistency (terms of reference, meeting agenda, meeting minutes and action log, structured report to HMT).
7. **Measurement of Improvement:** Measurement is integral. “Excellence boards” were introduced throughout the hospital showing monthly data on progress towards targets.

**Contact details: Greg Price, Assistant National Director and Maureen Flynn, Director of Nursing, National Quality Improvement Team.**

Email address: [Greg.Price@hse.ie](mailto:Greg.Price@hse.ie) and [Maureena.Flynn@hse.ie](mailto:Maureena.Flynn@hse.ie)

## Leadership

### Education Commissioned for 2018:

#### **1. Diploma in Leadership and Quality in Healthcare**

The Diploma in Leadership and Quality in Healthcare is a collaboration between the HSE and RCPI and runs from September to June each year. There are 11 in-house training days, with additional online learning and mentoring sessions. The most crucial aspect of the Diploma is the application of theory and methodology in a real world setting. Participants will undertake a year-long quality improvement project in the workplace, tackling a problem specific to their day-to-day service and formulating a practical, realistic, measurable plan of action, with plenty of guidance and mentoring from our QI Faculty.

In 2018, 106 participants graduated from the RCPI having completed the Diploma in Leadership and Quality in Healthcare and a further 56 commenced the 2018-2019 Diploma programme. This gives a total of over 550 graduates to date that have completed the Diploma and quality improvement projects across the Irish Health System. This has heightened awareness of quality in leadership teams and senior management across all services and demonstrates the HSE commitment to developing leadership and knowledge in QI.

#### **2. Quality Improvement In Action**

In November 2018 a 5 month QI in Action programme commenced. This programme which consists of 5 half day sessions spread across 5 months welcomed 25 people from Community Healthcare Organisations. The programme equips participants with foundational knowledge of quality improvement methodologies and will support them in identifying areas for improvement in their local setting. They will be mentored in using QI tools and techniques to implement a QI project in their local settings.

**Contact details: Dr. Mary Browne, Lead School of Quality Improvement**

Email address: [mary.browne7@hse.ie](mailto:mary.browne7@hse.ie)

### Clinical Directorate Programme

The Clinical Director Programme sits within the National Quality Improvement Team and is designed to support Clinical Directors in their role and also to support the development of the Clinical Directorate (CD) model in hospital groups and Community Health Organisation structures.

**Team members:** The National CD Programme is led by Dr. Julie McCarthy, National Clinical Lead and Ms. Angela Hughes, Programme Manager.

The programme provides education and training opportunities for Clinical Directors and their multidisciplinary teams through a series of masterclasses and workshops with international leadership and quality experts, national best practice project developments and current topical presentations.

Key milestones achieved for this project in 2018 include:

## 1. Clinical Directorate Team Leadership Development:

Four Future Leaders Programmes secured from HR and tailored to meet the needs of the Clinical Directors and their multidisciplinary Clinical Directorate teams. The Children's Hospital Group completed CD Team Leadership development programme in 2018.

## 2. Clinical Director Executive Skills Programme:

The first formal education programme in Ireland for Clinical Directors and Consultants aspiring to undertake such leadership roles in healthcare was completed in March 2018 provided by the Institute of Leadership, RCSI. The programme comprises of three modules of three days (total 9 days). The second cohort of 32 CDs commenced in November 2018.

**Contact details: Angela Hughes, Programme Lead**

<https://www.hse.ie/eng/about/who/qid/leadershipquality/clinical-director>

## Use of Improvement Methods

### QI Talktime

In December 2016 the HSE Quality Improvement Division introduced QITALKTIME, a Web based series of talks aimed at building a network of quality improvers in our health service. The webinars are open to anyone in any part of the health system who is interested in improving quality.

**Team members:** Roisin Breen and Noemi Palacios

QITalktime aims to:

- Connect likeminded Quality Improvers
- Assist with sharing of learning and experiences of service redesign and improvement
- Provide participants with education, practical tips and tools to assist in the implementation of the HSE Framework for Improving Quality



Key milestones achieved for this project include:

1. QITalktime webinars have been delivered on a wide range of topics with national and international speakers since QITalktime began. In 2018, 16 webinars (x 2 monthly) were delivered with a 3 month summer break.
2. Feedback was collected in April 2018 using the survey monkey platform and 28 people responded.

Highlights of the survey include:

- 76% for the webinars very helpful or extremely helpful
- 90% availed of the website and 70% had watched recorded webinar retrospectively
- 82% of respondents found QITalktime very accessible
- 15% of respondents listened in a group rather than on their own

3. QITalktime webpage is very active e.g. 380 hits in June 2018. An up to date catalogue of WebEx recordings and slide sets are available.
4. QITalktime initiative was accepted for poster presentation at International Forum on Quality and Safety in Healthcare in Glasgow which will take place in March 2019.

<https://www.hse.ie/eng/about/who/qid/resourcespublications/qitalktime.html>

**Contact details:** Roisin Breen, Quality Improvement Facilitator

**Email address:** [Roisin.Breen@hse.ie](mailto:Roisin.Breen@hse.ie)

### **Improvement Knowledge and Skills Guide**

The Improvement Knowledge and Skills Guide is a self-assessment tool to help healthcare staff and their organisations assess their current level of knowledge and skills in relation to quality improvement and to identify future learning and development needs. The guide is structured around the six drivers of the Framework for Improving Quality and the four levels of the learning and development journey in improvement - (Everyone, Team, Champion and Advisor). The Guide can be accessed online at:

<https://www.hse.ie/eng/about/who/qid/improvement-knowledge-and-skillsguide/>

A survey monkey version of the guide is also available which allows for quick and easy reporting. To access this version or to seek support in using the guide, please contact:

**Contact details:** Veronica Hanlon, School of QI, Quality Improvement Team

**Email address:** [Veronica.Hanlon@hse.ie](mailto:Veronica.Hanlon@hse.ie)

## **Measurement for Improvement**

The aim of this programme is to improve the quality of care through the routine use of the right information; being measured in the right way to make better decisions. This aim was achieved through supporting National Quality Improvement Team programmes (listed elsewhere in the Annual Report) and through a number of specific measurement projects in 2018 outlined below.

**Team members:** Dr. Jennifer Martin (Lead for Measurement for Improvement), Dr. Michael Carton (Senior Scientist), Gráinne Cosgrove (Senior Statistician), Dr. Gemma Moore (Qualitative Research and Evaluation Officer), Emma Hogan (Statistician), Nicola O'Grady (Clinical Audit and Quality Improvement, joined in September 2018) and Joseph Reeves (Clerical/Admin)

Key milestones delivered in 2018 include:

### **1. Directorate Quality Agenda Quality Improvement Project**

QID completed a co-design project with the HSE Directorate on developing and implementing a Quality Agenda item at their monthly Directorate meetings. The purpose of this project was to identify the picture of quality of care, including both quantitative and qualitative information to support the Directorate leading the organisation in improving Quality and Safety. In November 2018 the project commenced, bringing important Quality and Safety

information together at the start of Directorate meeting, discussing a Directorate Quality Profile (quantitative information on key quality indicators) and testing different modes to listen to the patient and staff experiences of quality in our health service. The learning from this QI project will form the basis for a suite of resources and tools that will support others in the organisation to provide leadership in improving quality of care.

### **2. Improving National Performance Reporting using Statistical Process Control**

QID collaborated with the Corporate Reporting team in the HSE, to visually present data for a number of key performance indicators in the National Performance Report, using Statistical Process Control (SPC) charts and funnel plots to provide information in a format that enhances quality of care evaluation and promotes its improvement. This project will also inform the QlikSense project scheduled for 2019, which will allow for automation of production of SPC charts and funnel plots for use by multiple different stakeholders.

### **3. Bringing the patient perspective to national audit**

QID partnered with NOCA to include patient perspectives in their annual audit reports and on their website to enhance the picture of quality and safety and patient's experience of care. A patient story was included in the National ICU Audit report (published in February, 2019). Forthcoming resources will provide guidance on co-design and co-production with patients, choosing appropriate methods and ensuring ethical best practice.



Patient Perspectives Co-Design Workshop

### **4. Using measurement for improvement to support Sepsis Programme**

QID continued to support the National Sepsis Programme in analysing, interpreting and reporting data on patients with sepsis based on the principles of measurement for improvement. The findings were presented in the Third National Sepsis Report and the overall programme received the Excellence in Quality Care Award at the 2018 Health Service Excellence Awards.

### **5. Measurement for Improvement Training**

- QID developed resources, and provided a range of training to individuals and organisations, on measurement for improvement, including the following: The measurement for improvement curriculum was tested in delivering training to microsystems, PUTZ and others
- The measurement for improvement curriculum was updated to include lesson plans and slide decks for curriculum levels one and two, with additional material for level three under development. This has been aligned with the knowledge and skills guide levels “Everyone”, “Team” and “Team Measurement Lead”

- Bespoke training and one to one sessions were delivered to a number of organisations and programmes who are now using measurement for improvement techniques

### 6. Research on Quality and Safety

In 2018, QID funded a PhD to develop evidence to guide how capacity and capability in measurement for improvement can best be fostered in the healthcare system in Ireland.

The Research Collaborative in Patient Safety (RCQPS) was evaluated. It found that overall the programme contributed to research on quality and safety, and in addition identified a number of improvements which are being implemented in 2019.

### 7. Clinical Audit Training and Resources

In 2018, QID provided clinical audit training to 781 staff in hospitals and community settings. This half day training equips staff with necessary skills to carry out clinical audits and built capacity and capability within organisations. Follow up support and advice was provided to support staff conducting clinical audits. Excel based audit tools were developed to enable staff to analyse the data from their audit. A number of audit tools for mental health services and one for national disabilities were also developed. Audit tool templates were developed to allow staff to develop their own audit tools, these tools analyse the audit data and present it graphically.

Further information on clinical audit and audit tools are available at:

<https://www.hse.ie/eng/about/who/qid/measurementquality/clinical-audit/>

<https://www.hse.ie/eng/about/who/qid/other-quality-improvement-programmes/auditsupport/>

**Clinical Audit - Contact details: Nicola O' Grady**

**Email address:** [Nicolam.ogrady@hse.ie](mailto:Nicolam.ogrady@hse.ie)

### 8. Resources and Tools

QID added to the number of resources, tools and templates on measurement for improvement, which are available at: <https://www.hse.ie/eng/about/who/qid/measurementquality/measurementimprovement/>

**Contact Details: Dr. Jennifer Martin, Quality Improvement Division Lead on Measurement for Improvement**

**Email address:** [Jennifer.Martin@hse.ie](mailto:Jennifer.Martin@hse.ie)

<https://www.hse.ie/eng/about/who/qid/measurementquality/measurementimprovement/>

## **Governance and Measurement for Quality**

### 1 Temple Street Children's University Hospital Board QI Project

The Governance for Quality and Measurement for Improvement teams together supported Temple Street Children's University Hospital Board. The aim of the project was that the Board would discuss, make assessments and recommendations on selected quality of clinical care indicator information.

Project milestones achieved in 2018 include:

- Partnered to complete Bringing the Board of Directors on Board with Quality and Safety of Clinical Care at Temple Street Children's University Hospital (TSCUH) through a co-designed QI project with board members



- Published case study report, provided on line resource toolkit and video reflections with CEO and Chair of the board. Supported the handover of the learning and next steps from TSCUH to the Children's Health Ireland Board



Launch of Temple Street Children's University Hospital Case Study Report – "on the couch" session, from the left, Mona Baker, Eilish Hardiman, Dr. Adrienne Foran, Dr. David Vaughan, Dr. Philip Crowley and Dr. Jennifer Martin

### Governance for Quality

The aim of this programme is to provide quality improvement support to frontline services (or divisions working with the frontline) and advice across the key components of effective governance for quality and safety in healthcare services.

**Team members:** Maureen Flynn (Lead Governance and Staff Engagement for Quality), Karen Reynolds (Quality Improvement Facilitator), Siobhan Reynolds (Quality Improvement Facilitator), Tina Brennan (Project Manager for QI projects with CHO 5 and 8 while also taking up new role across QID) and Anne Marie Heffernan (Clerical/Admin)

Key milestones delivered for the governance programme in 2018 include:

#### **1. Support the implementation of Quality and Safety Walk-rounds (QSWR)**

The overarching aim of the Quality and Safety Walk-rounds (QSWRs) initiative is to enhance the safety culture.

Milestones achieved include:

- Design of training resources and materials
- Provided guidance and support on implementation post training
- Delivery of Education and Training in partnership with National Older Persons Services in St. Mary's Hospital Phoenix Park, Kerry Community Hospital, St. Josephs Care Centre Longford

- QSWRs Education and Training in Cavan General Hospital and Mayo University Hospital

### 2. Support with the Development of CHO Quality and Safety Committees

The aim of this project was to support the Chief Officer in putting in place a strong QPS committee governance structure in line with best practice as outlined in the 2016 Committee Guidance Publication.

The project milestones delivered include:

- Support and advice to CHO Quality and Safety Quality and Safety leads in respect of CHO Committee development in line with HSE, QID Quality and Safety Committee publication in October 2016
- Facilitation of monthly learning set with Quality Leads on CHO Quality and Safety Committee Development. Transition to the newly established CHO Quality and Safety Leads Forum
- Partner with two CHOs for committee development projects to include: assessment of committee documentation; committee mapping process; design of organograms and development of committee framework (in final phase)

### 3. Support Boards in their use of 'A Board's Role in Improving Quality and Safety Guidance and Resources'

The aim is to equip Board members with the knowledge and skills to discuss, access and make recommendations on quality of clinical care indicators.

Project milestones achieved include:

- Designed and co-facilitated a workshop with the Board of the Childrens Hospital Group on their role in the improving quality, resulting in a board initiated action plan for 2019
- Maintained QID website with Board Guidance and Resources
- Presentations given to the Board of Dublin Dental University Hospital, University Limerick Hospitals Board, Mayo University Hospital Quality Symposium, Ireland East Hospital Group, Diploma group (cohorts 12, 13 and 14), CHO QS corporate induction



Participation with Programme for Healthcare Improvement – in development of CHO Quality and Safety Operating Model

- Facilitation of monthly Governance for Quality and Safety Development Learning Set – for nominated quality and safety staff in Acute Hospitals
- Publication of monthly Quality and Safety Column in the INMO World of Irish Nursing
- Publications in Health Matters Guidelines aim to strengthen quality and safety as patient voices shape decisions (Spring 2018); National Rehabilitation Hospital Launces Improvement Goal in Partnership with HSE (Summer 2018) and From Bedside to Boardroom A quality Journey (Winter 2019)

**Contact details: Maureen Flynn, Lead for Governance for Quality**

**Email address: [Maureena.Flynn@hse.ie](mailto:Maureena.Flynn@hse.ie)**



<https://www.hse.ie/eng/about/who/qid/governancequality/>



Creative Expression of National QI Team



Christmas photo of National QI

## Staff Engagement

The team in the Quality Improvement Division believe passionately in the knowledge, creativity and commitment of staff and their unique insight and potential to improve quality. Staff Engagement is a key driver on the Framework for Improving Quality in our Health Service (HSE, 2016) and is intrinsically linked to the other drivers in creating cultures of person centred quality care that continuously improves.

**Team members:** Juanita Guidera, Lisa Toland, Maureen Flynn and Noemi Palacios

The QID Staff Engagement Improving Quality Team focused on building leadership capacity for staff engagement for improving quality through the co-design of resources to support leaders culminating in the publication of 'A Practical Toolkit – Leadership Skills for Engaging Staff in Improving Quality'. The guide was developed in collaboration with National Staff Engagement Forum members and launched at an event for HSE Leaders with guest speakers from Northwell Health in the US in September 2018.

Key achievement for the staff engagement programme includes the following:

### **1. Building Leadership Capacity for Staff Engagement for improving quality**

The team designed and delivered programmes on Leadership skills for Engaging Staff in Quality Improvement, Valuing Voices, Advanced Skills for Staff Engagement and Liberating Structures at multiple levels throughout the organisation. The work included engagement with leadership teams, the Clinical Directorate Programme, the National Ambulance Service, Leading Care I and II Programmes, Lead Non Consultant Hospital Doctor (NCHD) Programme, Decontamination Services, RCPI Diploma in Leadership and QI and QI leaders throughout the service. In November 2018, the QID team partnered with the Q Community Northern Ireland to co-host an Advanced Leadership Skills Programme using Liberating Structures for quality improvement leaders.

### **2. Partnering with services**

The programme partnered with key services such as the Cork University Maternity Hospital to train

facilitators who led a quality improvement initiative 'CUMH Ideas Forum' which saw the hospital focusing on improvements they could make in clinical care, efficiency and other areas.

### **3. Supporting ED teams using QI Microsystems approach**

Clinical microsystems is now well established as a preferred quality improvement (QI) approach for Emergency Departments (EDS) in Ireland and is increasingly being employed as the quality tool of choice in other clinical disciplines and departments. Our ongoing focus on building capacity for and learning from a microsystems approach to QI, in 2018 included

- (i) A North/South two day Microsystems Workshop in collaboration with Western Trust and CAWT
- (ii) 3 Day Training, coaching for 7 frontline ED teams in the DML hospital group in collaboration with Measurement for Improvement Team Celebration Day DML hospital group
- (iii) Sponsorship sign-up and Training Day 1 for UL Hospital Group and
- (iv) Microsystems facilitated programme for Physiotherapy Managers OLOL Day 1.

The work on Microsystems was presented internationally with oral presentations at the annual MCA in Sheffield, UK in June and at ISQUA in Kuala Lumpur in September with poster presentations at the NPSO, Dublin and the IAEM, Dublin in 2018.

### **4. Supporting services introducing Schwartz Rounds**

In tandem with this work is the QIDs role in supporting services to establish and sustain Schwartz Rounds in collaboration with the Point of Care Foundation, United Kingdom. Schwartz Rounds are conversations with staff about the emotional impact of their work and have been shown to improve teamwork and reduce psychological distress in staff. 2018 saw the Inaugural Schwartz Rounds Conference 'Fostering care and compassion' in Dublin Castle, a live QI Talktime and training for additional Schwartz Rounds Teams which saw the number of services who are now leading the introduction of Schwartz Rounds rise to 20. The team also presented at national and international conferences on this topic.

### **5. Engagement Communications**

The team had a targeted communications focus and resources were shared via twitter where the team had in excess of 554,300 hits and the HSE Leadership Masterclass. The team also focused on the development of the website ([www.staffengagement.ie](http://www.staffengagement.ie)) to make the resources accessible to a broader audience and hosted /delivered live webinars on staff engagement, liberating structures and microsystems via QI Talktime and the Q Community.

## **Training and Conferences**

- Paper accepted for International Society of the Psychoanalytic Study of Organisations
- Facilitated and presented to over 70 conferences and training events in 2018



Staff participating in Liberating Structures Training



Lecture for Healthcare Leaders from Michael J Dowling, President and CEO of Northwell Health and Chair, Board of Directors, Institute for Healthcare Improvement (IHI)



Staff participating in the Cork University Maternity Hospital Ideas Forum Action Planning Session



Speakers at the Inaugural Schwartz Rounds Conference - Fostering Compassion and Connection in Dublin Castle

## **Partnering with Patients, Service Users and Family Members**

### **Patient Engagement:**

**Team members:** Mila Whelan, Nicola Williams and Orla O'Reilly

The key objectives of the Patient and Family Engagement team in 2018 were to provide leadership, promote and facilitate involving patients, service users, family members and carers in the planning, design and delivery of services by:

1. Providing guidance, support and resources to national teams and on best practice in patient engagement.
2. Facilitating meaningful engagement at national level through the National Patient Forum, Patients for Patient Safety Ireland, The National Patient Representative Panel and other advocacy and patient support groups. In 2018 we have continued to promote and facilitate engagement between these patient groups, HSE, Department of Health, HIQA and other agencies.

Key achievements of the Patient and Family Engagement programme include:

## 1. Patient Engagement and Representation

- **Consultation with patient representatives on the Review of Hospital Car Parking Charges** - which was commissioned by the Minister for Health during which 45 patient representatives attended the focus group and feedback from this focus group was incorporated into the report and submitted to the Hospital Car Parking Charges Review Group
- **National Electronic Health Record (HER) Programme** - facilitated the recruitment and co-ordination of 18 patient representatives for a number of project groups, including Acute EHR Project, Community EHR Project, Mental Health, Child Health, Health and Wellbeing, Primary Care, Disability Services, Older Person Services, Integration Capability and Shared Record Project
- **Developing Patient Safety Strategy Focus Group** - facilitated a focus group with patient representatives to influence the development of a Patient Safety Strategy, the aim of which is to make healthcare safer and reduce harm to patients
- **Post Mastectomy Products** - facilitated the engagement with cancer support centres, including two focus groups to engage with patients who have had surgery for breast cancer
- **Communication of Critical Laboratory results** - facilitated the recruitment of patient representatives to work with the National Clinical Programme for Pathology which was requested to prioritise development of guidance for communication of critical laboratory results in the community
- **National Acute Floor Implementation Oversight Group** - facilitated the identification and recruitment of patient representatives to sit on the Oversight Group
- **National Health and Social Care Professions Office Innovation and Best Practice Awards 2018** - facilitated the recruitment of two patient representatives to make up part of the finalist judging panel for the National Health and Social Care Professions Innovation and Best Practice Awards 2018
- **HSE Drugs Committee** - facilitated the recruitment of two patient representatives were recruited for the HSE Drugs Committee
- **MedLIS Focus Group** - facilitated the set-up of a focus group conducted with patient representatives to look at the laboratory test requests, which cover blood samples, skin biopsies and urine samples but excludes radiology reports
- **Working Group for HSE National Volunteer Policy** - facilitated the recruitment of patient representatives, patient liaison officers and volunteers for the working group to work on the National Volunteer Policy. This is a collaboration with Mental Health Engagement team, with an input from Volunteer Ireland
- **Cross-border Healthcare Intervention Trials in Ireland Network (CHITIN)** - facilitated the recruitment of patient representative to work on the CHITIN cross-border partnership. The HITs will help prevent and cure illness and promote improved health and wellbeing in NI, RoI and Irish cross-border areas
- **EMPOWER: Enhancing meaningful involvement opportunities in research** - four patient representatives attended the PPI Ignite at NUI Galway which hosted an information and education day for the public,

including members of community groups and of patient organisations, focussed on working with researchers to guide and influence research

- **Future Leaders Programme, Service User Engagement** - facilitated the recruitment of four patient representatives to participate in a joint facilitated workshop with HSE staff to share their experiences of the health services
- **HSE Leadership Academy** - facilitated the recruitment of patient representatives for the videos which will form part of the HSE Leadership Academy course content and to participate in interactive workshops
- **HIQA eHealth Standards Advisory Group** - facilitated the recruitment of patient representative for the above advisory group which was established in order to progress the development of eHealth Interoperability Standards for Ireland

## 2. Patient Advocacy

- Managing Service Level Agreement (SLA) with Sage Advocacy, including quarterly review meetings to discuss the implementation of the SLA and other meetings also helping resolve difficulties encountered by them in dealings with some services on behalf of people
- Managing Service Level Agreement (SLA) with Patient Focus, including quarterly review meetings to discuss to discuss the implementation of the SLA. Numerous meetings from May to July following difficulties with Governance Structure and then decision to merge Patient Focus with Sage, which led to further meetings with all stakeholders
- Assistance and support provided to the Cervical Screening Programme:
  - Organised communication by post on behalf of Dr. Scally for meetings in Dublin, Cork and Galway for the 221 affected people following the publication of this report and attended those meetings for the purposes of verification of people
  - Assisted with the communication to approximately 1, 800 people involved with the RCOG review.
  - Liaised with Screening and Communications in relation to the interim recommendations of Dr. Scally and assisted in the recruitment of the Patient and Public Involvement (PPI) panel for the implementation of those recommendations as they related to communication with people who avail of cervical screening. This PPI panel has also been used to source Patient Experience Advisors for other committees that have been set up within screening
  - Recruited patient experience advisors for Quality Safety and Risk committee within screening
  - Prepared a short paper for National Director of Screening Service on Governance of Patient Experience Advisor input into all aspects of Screening
- Providing guidance and advice on the implementation of the “Hello *my name is*” initiative in hospitals and CHOs
- Promoting “*What Matters to You*” initiative as a way of providing care that is more compassionate and person centred

- On-going liaison with the Sufferers of Unique Narcolepsy Disorder (SOUND), St. James's Hospital Centre for Narcolepsy and reimbursement of expenses to Narcolepsy patients

**Contact details: Mila Whelan, Lead for Patient and Family Engagement**

**Email:** [Mila.Whelan@hse.ie](mailto:Mila.Whelan@hse.ie)

<https://www.hse.ie/eng/about/who/qid/person-family-engagement/>

### Open Disclosure

**Lead:** Angela Tysall

The aim of the Open Disclosure programme is to develop and implement the HSE Open Disclosure policy across all health and social care services. Work continued in 2018 in relation to the implementation of the National Open Disclosure Policy. The responsibility for the implementation of this policy rests with Hospital Groups, Community Healthcare Organisations and National Ambulance National Screening Service.

Key milestones and achievement for the OD programme include:

#### (A) Training for staff on Policy

- Over 31,500 staff have attended training to date
- 362 staff have completed Train the Trainer (TTT) course
- Work has commenced on a three module e-learning programme

(B) Implementation of Scally recommendations – There are 9 recommendations relating to Open Disclosure in the Scally Report. Significant work has been undertaken in relation to the implementation of these recommendations including:

- Work on the revision of the HSE Open Disclosure policy
- The establishment of a national governance framework for Open Disclosure
- Development of a specific communication and open disclosure training programme for Doctors

#### (C) Establishment of national open disclosure office:

Recruitment for this office has commenced. The role of this office will be to provide strategic governance and oversight for the HSE on the implementation of the following:

- (i) HSE Open Disclosure policy and accompanying guidelines
- (ii) Part 4 of the Civil Liability (Amendment) Act 2017
- (iii) The Civil Liability (Open Disclosure) (Prescribed Statement) Regulations 2018
- (iv) The provisions relating to Open Disclosure within the forthcoming Patient Safety Bill

(D) Roll out of Part 4 of the Civil Liability Amendment Act and regulations which commenced in September 2018

(E) Work has continued on the development of Open Disclosure performance measurement tools for OD

(F) Work has commenced on the collection of OD data on NIMS



(G) Open Disclosure has been embedded in the Pharmaceutical Society of Ireland code of conduct for Pharmacists



Train the Trainer Course Open Disclosure Voluntary Bodies - Monasterevin July 2018



Group exercise at Open Disclosure Train the Trainer Programme Naas 2018



Group exercise at Open Disclosure Train the Trainer Programme Naas 2018

**Contact details: Angela Tysall, Programme Lead in Open Disclosure**

**Email address:** [Angela.Tysall@hse.ie](mailto:Angela.Tysall@hse.ie)

<https://www.hse.ie/eng/about/who/qid/other-quality-improvement-programmes/opendisclosure/more-information.html>

### **ADM, Consent and Accessibility National Office**

**Team members:** Caoimhe Gleeson; Marie Tighe and Jacqueline Grogan

The HSE ADM, Consent and Accessibility Office was set up in 2018.

Key achievements of the ADM programme include:

- Drafted three statutory Codes of Practice for Health and Social Care Professionals on the Assisted Decision Making (Capacity) 2015 Act for submission to the Director of the Decision Support Service in relation to the following:
  - Code of Practice on Advance Healthcare Directives for Health and Social Care Professionals
  - Code of Practice on How to Make an Advance Healthcare Directive
  - Code of Practice on Designated Healthcare Representatives
- Managed a national consultation on the draft codes of practice on Advance Healthcare Directives
- Commenced the drafting of the Code of Practice for Health and Social Care Professionals on the Assisted Decision Making (Capacity) Act 2015 for submission to the Director of the Decision Support Service

- Advised on 11 non-healthcare codes of practice through the National Disability Authority Technical Advisory Group on the Assisted Decision Making (Capacity) Act 2015
- Advised on the draft Heads of Bill on Deprivation of Liberty Safeguards led by the Department of Health
- Provided information and briefing sessions across all services including executive management and senior management teams on the implications of the 2015 Act for services (Acute, Community and Voluntary Services to 6,483 people)
- Provided advice and input into the review of the National Safeguarding Policy
- Collaborated with the National Safeguarding Office and the Office of Legal Services on current processes for applications for wardship, its transition into the 2015 Act, the National Consent Policy and Next of Kin
- Commenced the development of a national training and education plan for the 2015 Act which includes the development of the following components:
  - National e-learning programme and supporting training tools
  - National explainer video
  - Guidance materials
  - Specialist face-to-face training
- Oversight of the Public Sector Duty audit in collaboration with the National Social Inclusion Office and Public Health Department
- Oversight of on-going legislative requirements of Part 3 of the Disability Act 2015
- On-going collaboration with the Director of the Decision Support Service
- Co-ordinated input into HIQA Human Rights standards
- Responded to PQ's, media and other queries in relation to ADM, Accessibility and the National Consent Policy
- Management and updating of [www.assisteddecisionmaking.ie](http://www.assisteddecisionmaking.ie)

**Contact details:** Jacqueline Grogan, Assisted Decision Making Project Manager

**Email address:** [Jacqueline.Grogan@hse.ie](mailto:Jacqueline.Grogan@hse.ie)

[www.assisteddecisionmaking.ie](http://www.assisteddecisionmaking.ie)

### **Programme to Enable Cultures of Person-Centredness**

**Team members:** Margaret Codd and Lorna Peelo Kilroe.

The focus of the programme is twofold: to develop facilitators within the system who can lead workplace culture change in the multiplicity of settings within the HSE; and to enable a culture of person-centredness within the health and social care system that positively impacts on experience of people who use services, their families and staff.

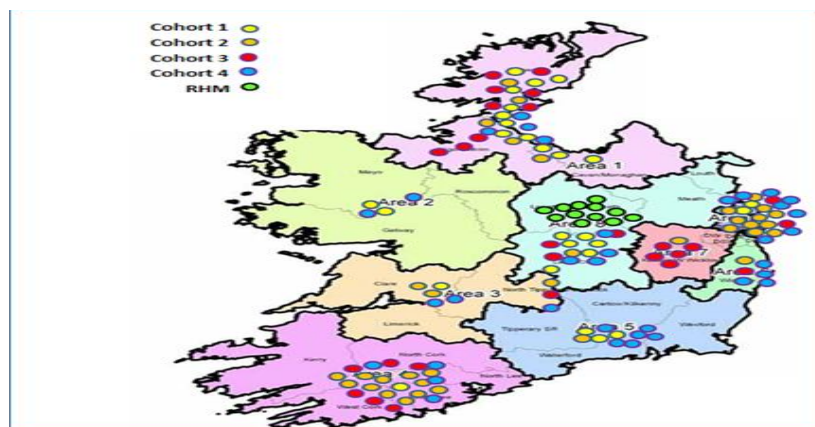
### **Achievements for the programme included:**

- Since this facilitator development programme started, 18 acute hospitals have engaged in the national programme: 11 national programmes in 2017 and 7 national programmes in 2018. In total 60 facilitators



(cohort 1 and 2) have completed the programme some from acute hospitals, and a further 61 (cohort 3 and 4) are undertaking the programme this year

- Staff in the Regional Hospital Mullingar are undertaking a bespoke one year programme, to develop facilitators who can drive person-centred culture change within the hospital. In collaboration with National HR, staff from a variety of disciplines are engaged and this work is running in parallel to the national programme. The map shows the spread of engagement across the country currently and plans are underway with the programme team to refine a model for engagement for 2019 programme



Map of Person Centred Groups

### **National Quality Improvement Safety Programmes**

<https://www.hse.ie/eng/about/who/qid/nationalsafetyprogrammes/>

#### **Decontamination Safety Programme**

**Lead:** Caroline Conneely

The Decontamination Safety Programme published two documents in 2018 to support safe decontamination practice. “Revised Compliance Requirements for Transport of Uncleaned Reusable Invasive Medical Devices (RIMD) by Road” published in June 2018 in collaboration with the Quality Improvement Division and the National Health and Safety Function. “Standards and Recommended Practices for the Commissioning, Validation and Testing in Endoscope Decontamination Facilities” was published in August 2018 and circulated to all service providers. The achievements for decontamination programme include:

#### **1. Foundation Program for Quality Improvement in Decontamination Practice**

The Foundation Program for Quality Improvement in Decontamination Practice, established in 2017, has now worked with 12 Acute public hospital decontamination teams, 2 private hospital teams and 1 primary care dental team and will work with a further 12 teams across all services in 2019. The program has realised significant cost savings and improvements in service delivery. The positive outcomes of this unique programme were published in Germany, Brazil and the UK and presented at the World Conference in Mexico and Australia and the National Decontamination and Endoscopy Conferences in 2018, with significant international interest in adopting the

programme structure by the World Federation for Hospital Decontamination. In addition, 2 National Decontamination Network events were held in 2018, with posters and presentations supporting the sharing and spread of learning from QI Projects, enabling hospitals to adapt improvement projects into their own local context. The Foundation Programme was delivered as a QI Module on the Undergraduate BSc Degree in Sterile Service Management.

### **2. Academically Accredited Minor Award Programmes**

To date two academically accredited minor award programmes have been developed in collaboration with IT Tallaght focusing on surgical instrument and endoscope decontamination practice, with a further two new minor award programmes supporting safe practice in Primary Care Dental and Acute Radiology services developed and delivered in 2018. A total of 150 decontamination practitioners, across all services, engaged in these education programmes in 2018 alone, with each participant completing a QI project in their area of work. In 2019, focus will be placed on building a Community of Practice to share QI learning from IT Tallaght and QI Foundation Programme projects with Acute and Primary Care services. Two new documents to support safe practice will be published in Quarter2, 2019 and 2 further Network events are planned for March and October 2019.

**Contact details: Caroline Conneely, National Decontamination Quality Lead**

**E-mail:** [Caroline.Conneely1@hse.ie](mailto:Caroline.Conneely1@hse.ie)

<https://www.hse.ie/eng/about/who/qid/nationalsetyprogrammes/decontamination>

### **Medication Safety Improvement Programme (Safer Meds)**

**Team members:** Ciara Kirke, Alison Cronin, Muriel Pate (from May 2018) and Maeve Raeside (to October 2018)

The 2018 summary of projects and support delivered included:

#### **1. Preventing blood clots (venous thromboembolism, VTE) in hospitals**

The Preventing VTE in Hospitals quality improvement collaborative achieved a one third increase in appropriate blood clot prevention across the 27 participating hospitals, from September 2016 to 2017. In 2018, the Safermeds programme delivered:

- A survey of participating hospitals
- In partnership with Thrombosis Ireland patient charity, patient alert cards and posters to facilitate better recognition of signs and symptoms of blood clots
- Preventing Blood Clots in Hospitals: Improvement Collaborative Report, National Recommendations and Improvement Toolkit, issued in July/August
- An update webinar and email, phone and online forum support
- A healthcare-associated VTE key performance indicator for the internal quarterly data report initially
- Multiple presentations and media coverage

#### **2. Medication without Harm Challenge**

The team Clinical Lead is an expert contributor to development of the third WHO Global Patient Safety Challenge,

Medication Without Harm, and is lead author of the WHO technical report, Medication Safety in Transitions of Care, due to be launched in early 2019. The Safermeds team are engaging with Department of Health and national stakeholders to explore Ireland's response to the Challenge. The team have commenced work streams to address the Challenge, continuing in 2019.

### 3. Medication Safety

The team contributed to multiple steering and working groups delivering medication safety improvements, including multiple eHealth groups, medication management in disability, psychotropic medication in people with dementia national clinical guideline development group, minimising risk with valproate in women and girls, developing transfer tool, National Patient Experience Survey, nursing metrics, patient safety strategy, quality improvement strategy, HIQA, NCCP and PSI steering groups and research collaborations as well as providing education and training, information and support to HSE and external colleagues.

This includes presentations at:

- Pharmacy Leadership Global Forum on Patient Safety (Trinity College)
- National Patient Safety in Anaesthesia Symposium
- Irish Medication Safety Network conference
- World Health Organisation consultation meeting (invited expert)
- Healthcare Informatics Society of Ireland conference
- MSc in Advanced Leadership Programme
- National Integrated Care Forum
- St Vincent's University Hospital Medication Safety Meeting
- Medicines management masterclasses in Limerick, Galway and Cork
- Mallow Hospital Grand Rounds
- Let's Talk Clots, Belfast
- VTE Dublin (panel member)
- National Patient Safety Conference, Oman (keynote speaker)
- Clinical Pharmacists' Meeting

**Contact details: Ciara Kirke, Clinical Lead, Medication Safety**

Email: [Safermeds@hse.ie](mailto:Safermeds@hse.ie)

[www.safermeds.ie](http://www.safermeds.ie)

## **National Pressure Ulcers Prevention Safety Programme**

**Team members:** Lorraine Murphy, Orlaith Branagan and Catherine Hogan

The following key project milestones were delivered in 2018:

- Phase 3 of the PUTZ collaborative (PUTZ 3) commenced in March 2017 with pre-work in progress from November 2016 and concluded in March 2018. Phase 3 focused on the acute sector with an initial 23 multidisciplinary teams participating from all acute hospitals in the South South-West Hospital Group (SSWHG) and Dublin Midlands Hospital Group (DMLHG). Phase 3 is based on the Institute for Healthcare Improvement (IHI) (2003) Breakthrough Series Collaborative Model and the Framework for Improving Quality (HSE, 2016). In Phase 3 a 67.2% reduction in newly acquired pressure ulcers was achieved at 12 months to February 2018. A sustainability Masterclass for Phase 2 & 3 team facilitated in Q1 2018
- Sustainability workshop (Q1 2018)

### **How to run a Collaborative Programme (x 2 strands)**

The aim of the project was to develop a training programme on how to run a collaborative and included the following milestones:

- Compile the existing resources and toolkits into a package that can be delivered by the service leads to their own teams
- Test the training and resources with QID staff before delivering to services
- Training programme curriculum and service delivery package curriculum ready for testing
- Phase 3 of the PUTZ collaborative (PUTZ 3) commenced in March 2017 with pre-work in progress from November 2016 and concluded in March 2018. Phase 3 focused on the acute sector with an initial 23 multidisciplinary teams participating from all acute hospitals in the South South-West Hospital Group (SSWHG) and Dublin Midlands Hospital Group (DMLHG). Phase 3 is based on the Institute for Healthcare Improvement (IHI) (2003) Breakthrough Series Collaborative Model and the Framework for Improving Quality (HSE, 2016). In Phase 3 a 67.2% reduction in newly acquired pressure ulcers was achieved at 12 months to February 2018. A sustainability Masterclass for Phase 2 & 3 team facilitated in Q1 2018

**Contact details:** Lorraine Murphy, National Lead Pressure Ulcer to Zero

**Email:** [pressureulcerstozero@hse.ie](mailto:pressureulcerstozero@hse.ie)

## **Falls Prevention (Initial Scoping)**

**Lead:** Dr. Teresa O'Callaghan

High level engagement with all stakeholders as requested and programme of work regarding Reducing Falls and improving Bone Health Awareness is ready to commence.

Work complete in 2018:

- Developed methods and methodology presentation for Knowledge and skills guide by the end of June

- Supported the review of curriculum document getting started guide for collaboratives and other related works as requested
- Inputted into the development of both network of improvers priority and sustainability of QI priority

### Other Quality Improvement Projects

#### Policies, Procedures, Protocols and Guidelines (PPPG)

A number of key supporting resources and tools was developed in 2017 and 2018 to support staff with the implementation of the HSE PPPG Framework and are available on the PPPG website.

Key project milestones delivered include:

1. PPPG Training Programme and an e-learning PPPG video.
2. Information sessions on the roll out of the PPPG Training Programme commenced in 2018.

Phase II of the project will commence in 2019 involves the establishment of a National HSE PPPG Governance Group to act as a centralised resource to provide clear governance to standardise the process for the development and approval of all HSE national PPPGs being developed and the development of a HSE National Central Repository ( NCR) for all HSE nationally approved PPPGs to be viewed and downloaded by staff and the public.



**Contact details:** Brid Boyce, Quality Improvement Advisor

**Email address:** [Brid.Boyce@hse.ie](mailto:Brid.Boyce@hse.ie)

<https://www.hse.ie/eng/about/who/qid/use-of-improvement-methods/nationalframeworkdevelopingpolicies/national-framework-for-developing-policies-procedures-protocols-and-guidelines-pppg-.html>

#### Quality Improvement Programme in Social Care – Disability Services

The Social Care Division (SCD) and the Quality Improvement Division (QID) jointly resource a cross-divisional Quality Improvement Programme to advise and support HSE residential services for adults with ID on enhancing structures and processes to improve the delivery of quality and person-centred services and to work with staff and service users. The Programme commenced in March 2015. Support was aligned to the six drivers of the HSE *Framework for Improving Quality (2016)*.

**Team members:** Maria Lordan Dunphy, Carmel Donohoe, Roisin Egerton, Patricia Gibbons, Marie Gilligan Caroline Lennon Nally, Denise Mc Ardle and Eileen Tormey

Summary of key project milestones delivered in 2018 within this programme include:

## **1. In-depth Service Support (January 2018 – April 2018)**

From January to April 2018 the QI Programme team provided intensive support to HSE residential services for adults with ID in CHO 1 Donegal and Sligo through coaching, mentoring and guidance. This support was provided both at wider service level and also at local house/unit level, where required. This involved actively supporting staff to identify and action the requirements outlined in HIQA compliance plans.

## **2. QI Programme Toolbox (PDF document and online resource)**

In late 2015, the QI Team developed a bespoke Toolbox for Disability Services. It was comprised of a carefully selected range of resources to support the efforts of residential services in implementing good practice and improving the delivery of quality safe services. In November 2017, as part of the Sustainability Plan for Disability Services, the Toolbox resource was formally handed over to Disability Services for management and maintenance of it. In April 2018, the QI Programme team supported Disability Services in updating the Toolbox in line with the Enhanced Monitoring Approach announced by HIQA.

## **3. Designated Centre Management Walk-Rounds Guide**

The QI Programme Team developed a Management Walk-Round Guide to help managers in residential ID services to assess the effectiveness of the governance arrangements that designated centres had in place to meet National Standards and regulatory compliance. Where issues were identified, the Guide prompted managers to identify both immediate and longer-term actions, including target timeframes and persons responsible, to address areas for improvement identified in the designated centre. The Designated Centre Management Walk-Rounds Guide was revised and updated by the QI programme Team in May 2018 and handed over to Disability Services for circulation and maintenance.

## **4. HIQA Self-Assessment Workbook and Guidance Document**

In order to assist residential Disability Services in understanding and addressing the enhanced HIQA monitoring approach, the QI Programme Team developed a responsive Excel workbook and guidance document to support Disability Services. In June 2018, the National Disability Services Office distributed the workbook and a related guidance document to residential Disability Services.

## **5. Regional SCD Workshops**

In October 2018, the National Disability Services Office held regional workshops in Cork, Sligo and Dublin (x2) for Service Managers, PICs, CEOs and Social Care Leaders, at which facilitation support was provided by members of the QI Programme Team. The main objective of the workshop was to provide attendees with an opportunity to work through the dimensions and regulations as laid out in the HIQA enhanced monitoring framework. HIQA inspectors were in attendance at each session to give an overview of the monitoring approach and answer any questions from the audience.

## **6. Sustainability Plan for Disability Services**

A sustainability plan was developed which identified structures and processes required to monitor, sustain, and progress QI Programme achievements in Disability Services as well as help build capacity and capability for QI. It included:

- Integrated Training Plan for Disability Service Staff
- HSE QID / RCPI QI Diploma
- Developing Cultures of Person-Centredness Programme
- Workshops to support staff and provide information on regulations and standards
- Toolbox with appropriate resources, in line with HIQA monitoring approaches
- HIQA Self-Assessment Workbook and Guidance Document

Other team achievements include:

- **Team Participation in National Forums/Groups**

As well as supporting Disability Services, QID members of the QI Programme Team maximised the use of their available time by supporting national groups and other QI Division Programmes. By participating in these other groups and programmes, the Team had an opportunity to bring back new ideas to residential Disability Services as well as spread learning from the QI Programme work across other divisions and networks.

- **QI Programme Newsletters**

In April 2016, the QI Programme Team developed and circulated newsletters to Disability Services bi-annually (April 2016, Sept 2016, April 2017 and November 2017. The final newsletter was circulated in April 2018).

- **QI Educational Opportunities for Services - National Developing Cultures of Person-Centredness Programme**

The QI Programme Team regularly observed and documented that Disability Services required improvement in culture, particularly as regards person-centredness. To enable staff to help address this, members of the QI Programme Team and Disability Service staff participated in the National Developing Cultures of Person-Centredness (DCPC) Programme. This involved a year-long programme of work (2017 – 2018) in practice development and facilitation methods, developing work-based facilitators to lead culture change and person-centred practice in local Disability Services.



QI Team members and Disability Service Staff participating in the National  
Developing Cultures of Person-Centredness Programme

**Contact details: Maria Lordan Dunphy, Assistant National Director of Quality Improvement**

**Email address: [Maria.LordanDunphy@hse.ie](mailto:Maria.LordanDunphy@hse.ie)**



### **RCOG Expert Panel Review Support Programme (RCOG Review)**

**Team members:** Maria Lordan Dunphy, Carmel Donohoe, Róisín Egerton, Patricia Gibbons, Marie Gilligan, Denise McArdle and Eileen Tormey

#### **Background**

In May 2018, the establishment of an independent Expert Review Panel was commissioned by the Minister for Health as part of the Irish Government's investigation into Cervical Check– the National Cervical Screening Programme. The Review is being carried out by the Royal College of Obstetricians and Gynaecologists (RCOG) in the UK. The purpose of the review is to provide women who participated in the CervicalCheck and who developed cervical cancer with independent clinical assurance about the timing of their diagnosis and any issues relating to their treatment and outcome. The review will also help to assess the overall quality of the CervicalCheck screening programme.



On 1<sup>st</sup> August 2018, Ms Maria Lordan Dunphy, Assistant National Director of Quality Improvement, was appointed to lead and manage the Programme on behalf of the HSE and assemble a cross-divisional interdisciplinary Programme Team to undertake the work.

#### **Programme Aims and Objectives**

The aim the RCOG Support Programme is to provide structures and processes necessary to support the independent Expert Review Panel on behalf of the HSE, from August 2018 through Q3 2019 (to include the proposed duration of the Expert Review Panel's work as well as a period of handover and sustainability planning).

#### **The objectives of the RCOG Support Programme are to:**

1. Establish the required leadership, governance and staff resources to develop and maintain the Programme.
2. Support the Expert Review Panel to enable them to address the Terms of Reference agreed between the RCOG, the Department of Health and the HSE to agreed timelines.
3. Assist the National Screening Service (NSS) in developing a plan to sustain improvements generated through the RCOG Support Programme. A permanent team will be established by the NSS to provide continuity from this process to progress RCOG and Scally Inquiry recommendations.

QI Division team members working on this project have taken lead roles in coordinating critical project work streams, including: project management and coordination, acute and community services liaison, laboratory logistics coordination, and information services coordination. Team members have contributed to the Programme using key skills in Quality Improvement, audit, evaluation, project management, facilitation, coaching, data analysis, and stakeholder engagement.

There is regular analysis of RCOG Support programme requirements as they relate to the assistance of staff from the QI Division, and QID staff continues to work on other Divisional projects while assisting with this important international review.

**Contact details:** Maria Lordan Dunphy, Assistant National Director of Quality Improvement

**Email address:** [Maria.LordanDunphy@hse.ie](mailto:Maria.LordanDunphy@hse.ie)



## Global Health

The aim of the programme is to establish the Global Health Office and implement partnership programmes under MoU with Irish Aid and co-ordinate the release and support of HSE staff to work overseas.

**Team members:** David Weakliam, Mary Lawless, Brid Boyce, Róisín Egerton and Maria Lordan Dunphy

Key project milestones delivered in 2018 include:

- Funding agreement signed with Irish Aid
- Admin systems put in place to support programme
- Two new institutional health partnerships accredited
- Held Partnerships Forum
- Delivered technical assistance to Irish Aid for global Product Development Partnerships
- Delivered training workshop in health and development for HSE staff

**Summary of other team achievements include:**

- Participated in European ESTHER Alliance meeting, Bonn, May 2018
- Presented at THET conference, London, September 2018
- Presented at Irish Forum for Global Health conference, Dublin, October 2018
- Presented at ESTHER Partnerships Forum, Dublin, November 2018
- Poster accepted for International Forum on Quality and Safety in Healthcare 2019, Scotland



International health and development training for healthcare workers Achill Workshop 12<sup>th</sup> – 14<sup>th</sup>

October 2018

### **Further Information**

More information is available on the Quality Improvement Division section of the HSE website:

<https://www.hse.ie/eng/about/who/qid/>



The Global Health Programme Team visiting a rural health post in Ethiopia.

## National Clinical Audits Sponsored by the National Quality Improvement Team

### National Audits - Specialty Quality Improvement Programmes (SQI)

The three National Speciality Quality Improvement (SQI) Programmes in 2018 continued to support local clinicians and services to monitor and improve services in Histopathology, Radiology and GI Endoscopy. The programmes are managed by the Royal College of Physicians Ireland and funded by QID.

Key milestones in 2018 include:

- **Histopathology QI Programme (HQI):** 100% involvement of 25 public hospitals and 7 private hospitals. Publication of 5th National Data Report. Work continued to ensure integration of NQAIS Histopathology with the new national MedLis Project rollout and a number of presentations were delivered at international level
- **GI Endoscopy QI Programme:** 39 hospitals live on NQAIS Endoscopy, with 32 public and 7 private hospitals participating. The 3rd National Data Report was published and work continued on a key project that will see an overhaul of NQAIS-Endoscopy, along with other NQAIS modules in order to increase user friendliness and intuitiveness
- **Radiology QI Programme:** The final application of the National Clinical Audit in Radiology was submitted to National Clinical Effectiveness Committee in September 2018. In addition the programme has rolled out an ICT solution, PeerVue for collecting QI data in 44 public hospitals with four more public and two private sites due to go live in early 2019

Further information on all three programmes can be found at: <https://www.rcpi.ie/quality-improvement-programmes/national-quality-improvement-programme>

### National Office of Clinical Audit



NOCA continues to enable those who manage and deliver healthcare to improve the quality of care through national clinical audit. NOCA is funded by QID, governed by an independent voluntary board and operationally supported by the Royal College of Surgeons in Ireland.

The current national audits governed by NOCA are as follows:

- Irish National Orthopaedic Register (INOR)
- Irish National Intensive Care Audit (INICUA), incorporating the Paediatric Intensive Care Audit Network (PICANet)
- Irish Hip Fracture Database (IHFD),
- Major Trauma Audit (MTA)
- National Audit of Hospital Mortality (NAHM)
- National Perinatal Epidemiology Centre (NPEC)

2018 key milestones included:

- The NOCA Annual Conference 2018, in association with RCSI Charter Week, attended by over 400 members of the healthcare community
- INICUA is now live in 18 hospitals, which incorporates 16 adult hospitals and 2 paediatric hospitals
- A pilot of a Bed Information System for ICU's was commenced
- INOR is now live in 5 hospitals
- MTA published a second national report
- IHFD published the fifth annual national report at the 7<sup>th</sup> Irish Hip Fracture Meeting
- Best Practice Tariff (BPT) for hip fractures based on the Irish Hip Fracture Standards was rolled out
- NAHM published their third Annual Report
- The National Perinatal Epidemiology Centre (NPEC) published four reports in 2018 – Perinatal Mortality in Ireland Annual Report 2016, Severe Maternal Morbidity in Ireland Annual Report 2016 & Very Low Birth Weight Infants in the Republic of Ireland Annual Report 2016 and Mortality Risk Amongst Very Low Birth Weight Infants Born in the Republic of Ireland 2014-2016
- NOCA hosted national training days for audit coordinators from INICUA, MTA and INOR. NPEC held a study day in 2018

For more information on NOCA and audits go to <https://www.noca.ie/>



Golden Hip Award and Certificate



ICU Audit Nurses from hospitals around the country



NOCA Annual Conference with Ken Mealy, Colette and Conor O' Keane presenting the inaugural NOCA Quality Improvement Champion Award to Dr. Shane Broderick and Alison Reynolds for their introduction of TraumaDoc



Building a  
Better Health  
Service

Seirbhís Sláinte  
Níos Fearr  
á Forbairt

National Quality Improvement Team

#### How to contact us

**Dr. Philip Crowley National Director**  
**National Quality Improvement Team**

**Ms. Audrey McEntagart**  
**P.A. to Dr. Philip Crowley**  
**National Quality Improvement Team**  
**Tel: +353(0)1 6352038**  
**Email: [nationalqid@hse.ie](mailto:nationalqid@hse.ie)**

#### School of Quality Improvement

**Lead: Dr. Mary Browne**  
**Tel: +353 87 2253395**  
**[Mary.Browne7@hse.ie](mailto:Mary.Browne7@hse.ie)**

#### Quality Improvement Connections

**Lead: Ms. Maureen Flynn**  
**Tel: +353 87 9317014**  
**[Maureena.Flynn@hse.ie](mailto:Maureena.Flynn@hse.ie)**

#### Evidence for Improvement

**Lead: Dr. Jennifer Martin**  
**Tel: +353 87 6111291**  
**[Jennifer.Martin@hse.ie](mailto:Jennifer.Martin@hse.ie)**

#### Sustainable Quality Improvement Projects

**Lead: Ms. Maria Lordan Dunphy**  
**Tel: +353 87 7992864**  
**[Maria.LordanDunphy@hse.ie](mailto:Maria.LordanDunphy@hse.ie)**