



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

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Quality Improvement Division Operational Plan

9th February 2016

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Executive Summary

This is the second Operational Plan for the Quality Improvement Division (QID) since its establishment in 2015 and it builds on the work in 2015 to enable the HSE develop and implement a quality improvement agenda and capability across all levels of the HSE. 2016 is the first year that QID will fully focus on improving care as the remaining assurance functions have transitioned to the Quality Assurance and Verification division.

The mission of the QID team is to provide leadership by working with patients, families and all who work in the health system to innovate and improve quality and safety of care by championing, educating, partnering and demonstrating quality improvement. Our purpose is to work in partnership with all healthcare stakeholders to create safe quality care.

The approach we have adopted to deliver on our role is to:



The focus of this plan is to outline the Quality Improvement programmes and initiatives which the QID division will deliver over the coming year. Developing the Quality Improvement capability and capacity of staff in the HSE and HSE funded services to improve the quality of the services they provide to patients and service users is a strong theme within our operational plan.

All the activities of the division will be carried out in partnership with HSE healthcare services with the guiding aim of building sustainable improvements that are informed by the needs and views of patients, service users, and front line staff. This will be achieved through the application of proven quality improvement methodologies and processes that maximise the likelihood of sustainable success.

The Framework for Improving Quality:

The framework for Improving Quality (outlined below) was endorsed by the Leadership team in 2015 and will provide a consistent approach to developing a culture of personalised quality care and services that continuously improve. The testing of the Framework across multiple settings and services will be an important priority for the QID in 2016. Most of the priority actions will support the six drivers of the Framework and enable the system to use the Framework in the design, management, delivery, and improvement of services so as to achieve optimum success in quality improvement. The Framework for Quality was designed taking into consideration the relevant themes outlined within the National Standards for Safer Better Healthcare.



Drivers for Improving Quality

QID will continue to lead on and support quality improvement initiatives in the areas of leadership, governance for quality and safety, engaging staff, engaging patients, measuring and sharing information for learning, and a systematic approach to quality improvement using improvement science.

1. Leading for Improvement

Leadership development will continue with the National Quality Improvement Programme delivered in partnership by the Quality Improvement Division and the Royal College of Physicians in Ireland. The Diploma in Leadership and Quality in Healthcare will be delivered to another two cohorts of participants commencing in September 2016 (currently two groups are progressing through the Diploma having started in September 2015) and targeted quality educational programmes for the wider system, HSE divisions and the leadership team will take place in 2016. QID will also work in partnership with the HR Division in influencing and improving Leadership for Quality.

2. Engaging Patients

The QI division considers patient engagement as a vital element of feedback on the quality of patient experience. QID will demonstrate proven methodologies for engagement and will develop peer support networks for staff in this area. Helping the system articulate and demonstrate individualised Person Centred Care will be a priority for 2016. Patient engagement will also be supported through the development of the Patients for Patient Safety (WHO) initiative and the National Patients Forum.

3. Engaging Staff

QID will work in partnership with HR to deliver service level initiatives to promote positive and effective staff engagement which is a keystone of quality improvement. QID will work with healthcare services by demonstrating internationally proven and newly developed methodologies, building organisational leadership capacity and sharing learning. The need for this work is mandated not only by our organisational goals and values, by international research and evidence but by feedback received from staff at listening sessions. Staff are sharing with management their ideas about what is working well in their services and their ideas for quality improvement.

4. Measuring & Sharing

QID will champion improvement through targeted analysis of quality information; and provide education and support for measurement in quality improvement projects occurring in 2016. QID will continue to sponsor the National Office for Clinical Audit (NOCA, in collaboration with RCSI), who will commence work on sepsis audit and will submit Major Trauma Audit to NCEC for endorsement as a National Clinical Audit. QID will also sponsor the Specialty Quality Improvement Programmes in Histopathology, Radiology and GI Endoscopy (in collaboration with the RCPI).

5. Use of Improvement Science

The QI division will continue to promote and support the testing of various quality improvement methodologies. Patient safety programmes in the areas of HCAI and decontamination, medication safety, nutrition and hydration, and pressure ulcer prevention will continue with a stronger focus on capacity building within the services. A new initiative will be the use of QI surgeries to improve the coordination and effectiveness of delivery of these programmes and related safety programmes in Clinical Strategy and Programmes. This will commence in 2016.

6. Governance for quality

The Governance for Quality programme will begin to spread the learning from the Governance for Quality Improvement projects over the last two years. QID will use the 'board on board' model of leadership. The division will design Quality Profiles to provide timely, comprehensive, reliable information that describes the quality of care in a way that is fit for the purpose of the board/ senior management team in driving and demonstrating improvement. QID will partner with some hospital groups, CHOs, service divisions and the Quality Assurance and Verification division to design and test governance and measurement of quality and patient safety. The governance programme will align its work to that of the Strategic Reform Group in relation to its work in developing CHOs and HGs.

Supporting Services to improve quality

The joint working with the Social Care Division will continue in 2016 to support the emerging quality improvement teams in disability services and providing resources and toolkits for service improvement. The learning from Social care will be applied to pilot sites in Primary Care in 2016.

The project on PPPGs will deliver a governance framework for the development, approval, dissemination and management of PPGS, and will commence the implementation of an IT system as the basis of a national repository.

On an ongoing basis the QID will continue to provide online resources & toolkits, support and advice in the areas of governance, patient and staff engagement, measuring and use of information, and proven methodologies for quality improvement.

Joint working with other divisions:

QID will continue to develop joint working arrangements with other divisions on planning, implementing and sustaining quality improvement; these include HCAI with Health and Wellbeing; Leadership and Staff Engagement with HR; effective delivery of safety programmes with Clinical Strategies & Programs; and information sharing and analysis with Quality Assurance & Verification.

Dr. Philip Crowley

National Director

Quality Improvement Division

Introduction

Changing the culture of the HSE, to a culture focused on personalised care and commitment to continuous improvement is one of the main aims of reform. Capturing the patient/service user voice is an important element of the change to personalised care. The QID division has an important role in supporting this change by supporting staff to deliver on the changes necessary to improve the patient/service user experience. This will be achieved through the provision of education, resources, training, tools and methodologies for improvement and championing initiatives.

During 2015 the realignment of the resources of the division with QAV has been ongoing and the final staff reassignments came into effect on January 1st 2016.

2016 will be the first year where the division will be 100% focussed on quality improvement and will further develop and support implementation of existing quality initiatives with the service divisions and bring forward new programmes to support the goals of the Corporate Plan in the areas of person centred care, staff engagement and safety of services.

Sustainability of quality initiatives and sustaining the will of staff to continually improve standards of care are well known challenges for health services worldwide. The work of the QID will focus on building capacity and capability of staff to identify areas for improvement, deliver change with proven methodologies and tools, and sustain change through ongoing support.

At a strategic level the QID will work with all levels of the HSE to test and refine the framework for improving quality. The framework has been developed based on best practice and learning from internationally recognised organisations that have delivered sustained improvement over time in their service delivery systems. The six drivers of the Framework, when applied to healthcare delivery systems, are proven to result in real change over time.

Working with Services

During 2016 QID will be reviewing the operating model for the division. This will include working with divisions and service delivery organisations to ensure that system wide feedback is incorporated in the planning, prioritising, and review of delivery of the QI programme.

QID Developments and Reform Priorities 2016

Providing person centred care and developing a culture that is open and transparent, patient focussed, and committed to ongoing quality improvement are drivers in the reform process.

QID and the programme of work within this operation plan will strive to be a support to the reform process.

By applying the drivers for positive change outlined in the Framework for Improving Quality, the reform process can refocus on the purpose for change and garner the support of the stakeholders in the process: patients/service users and staff.

Stronger programme support will contribute to reform in the area of governance, patient and staff engagement, and leadership for quality.

The System Reform programme, including the Quality Improvement Operating Model and the Framework for Improving Quality will deliver the mechanisms for planning, prioritising, and programme management of the QI agenda that is driven by patient and service needs and priorities.

Risks to the Delivery of the Plan

As in any programme of work there are potential risks to the delivery of the plan. QID recognises this and risk management will be a part of the performance review process being initiated in Q1 2016 for its work programme. Identified risks include:

- Retention of staff that have been trained in Quality Improvement Methodologies.
- Capacity of the system to maintain a focus on QI and still deal with the day to day pressures of service delivery.
- Continued focus on what went wrong and not on what should/can be improved

One of the challenges with the implementation of the decentralised structures is to ensure that the many logistical and HR pressures that this reform programme can bring, does not compromise the focus on the needs of patients and service users.

Financial Framework

The operating budget of the QI Division for 2016 is €8m which covers pay costs for the division as well as the SLA's in place with RCPI and RCSI. This represents a budget increase of 5.2% on 2015 levels.

Additional funding 2016

Funding of €400,000 has been provided to fund developments initiated in 2015, to support the following programmes:

- Front Line Engagement
- HRB Research Collaborative
- Quality Improvement Initiatives

Workforce

At the beginning of 2016, there is 46.3 WTE staff working in the QI Division. Recruiting and retaining motivated and skilled staff is a high priority for the Division to enable the 100,000+ staff in the HSE deliver on QI in their services.

Accountability

The QI Division utilises the performance management process to ensure accountability within the division for the work plan and deliverables. The National Director accounts for the division's performance to the Director General. The development of the Quality Improvement operating model that is part of the reform programme will include feedback from the service delivery organisations on delivery and effectiveness of the QID work programme.

Priorities & Actions 2016

The priorities and actions for the plan are aligned to the six drivers of the Framework for Improving Quality and to the NSP2016.

The QID division invite all staff to avail of our comprehensive and practical online resources to proactively address Quality Improvement in your service. The QID division has a limited amount of resources; however our priority is to spread these resources across all levels of HSE services, with targeted Quality Improvement interventions for HSE Corporate, Hospital Groups, Community Healthcare Organisations, and the National Ambulance Service.

The following table is a summary of the priority areas for 2016.

QID - Priorities & Actions 2016

Framework for Improving Quality

Proposed partners	Activity	Outcome
All healthcare services and the Strategic Reform Programme	The Framework will be tested at all levels from front line to corporate in the HSE to validate the approach as being effective in changing the HSE and provider culture regarding quality of service delivery.	The system and services have a framework that works to support them in delivering on the QI agenda.

Governance for Quality

Proposed partners	Activity	Outcome
Hospital Groups, CHO's, National Ambulance Service, HSE Central and the Strategic Reform Programme	<p>Provide a comprehensive <i>Governance for Quality and Safety Toolkit and Online Resources</i></p> <p>Partner with nominated Board Members and Executive Management Teams for 'Board on Board' with Quality of Care QI Projects inclusive of quality profile</p> <p>Engage with National Ambulance Service and nominated CHO to conduct Governance Quality Improvement projects in 2016.</p> <p>Active participation in the design of the governance for quality elements of the new HG / CHO /NAS operating models.</p> <p>Support specific quality improvement initiatives with Social Care Division (SCD) in the areas of Quality Profiles and Governance for Quality and Safety in two SCD service areas with the SCD/QID team.</p>	<p>Integrated Governance for Quality and Safety resources</p> <p>Healthcare providers have structures, processes and oversight in place for Quality & Safety. Board members, executive management teams and committees engage with and act on quality information to improve care.</p> <p>Best practice governance for quality practices are applied to new operating models of Hospital Groups / CHO/ NAS.</p> <p>Improvement in governance of services supported by good quality data.</p>
Hospital Groups, CHO, NAS	Design and provide an education programme for Board Members and Executive Management Teams on governance for quality and safety.	Board Members and Executive Management Teams have clarity of roles and knowledge and skills for governing quality.
Undergraduates / Post Graduates	Contribute to Specialist undergraduate and post-graduate education programmes to include content on governance	Knowledge of governance for quality of participants in selected education programmes.

	for quality.	
Leadership for Quality Improvement		
Proposed partners	Activity	Outcome
All healthcare services	<p>Build QI knowledge and skills Deliver the Diploma in “Leadership and Quality in Healthcare” to 2 further cohorts of participants.</p> <p>Develop and deliver a series of QI workshops to a new audience and a new course in ‘Foundations in Quality Improvement’. Deliver ‘QI for HSE Leaders’ course.</p> <p>Deliver a series of 'New Perspectives in Quality' – four events with international speakers.</p> <p>Design and deliver three new courses to support the development of the Irish QI training Faculty.</p> <p>Develop and deliver “How to run a collaborative” course</p> <p>Support the development of a Quality Improvement Network comprising of people QI trained / interested in QI to support continued development and embedding QI across the system.</p>	<p>Improved QI capacity and capability throughout the healthcare system</p> <p>Nine workshops delivered, 26 new QI trained staff.</p> <p>HSE leadership team incorporate QI methods in their work.</p> <p>Participants engaged and equipped with QI knowledge.</p> <p>6 participants approved for faculty for 2016/17 academic year.</p> <p>Improved capacity and capability in Collaborative methodology.</p> <p>Staff connected and supported in further development of their knowledge and skills in QI to lead and support local service improvement.</p>
Clinical Directors and Lead NCHDs	<p>Clinical Director Programme Undertake a survey of clinical directorates by HG to ascertain progress of clinical directorate to inform Joint HSE/Forum of Irish Postgraduate Training Bodies</p> <p>Align the resources available in other QID programmes to support the development of CD’s and lead NCHD’s. Put a comprehensive and integrated education and training programme in place for CD’s and lead NCHD’s utilising QID, HR, OMNSD and professional colleges existing programmes.</p>	<p>HG’s act on survey findings to ensure CD role is fully effective in HG’s.</p> <p>The agenda and delivery of QI support is clear for CD’s.</p> <p>CD’s receive integrated training programme and are effective members of management teams.</p>

Patient/Service User Engagement		
Proposed partners	Activity	Outcome
Hospital Group / CHO	<p>Develop Resources and Channels for patient and service user engagement at HG/ CHO level. Provide advice and support on best practice patient / service user engagement.</p> <p>Partner with nominated services to conduct patient / Service user listening sessions.</p> <p>Partner with the National Clinical Program for Older people and Midland Regional Hospital and St. Vincent's University Hospital to prepare "What matters to me" story boards.</p>	<p>Build capacity and Enable the Hospital Groups and CHO's to set up Patient councils.</p> <p>Ensure the patient voice is being heard and affecting services.</p> <p>Focused awareness to the needs and wishes of older people attending healthcare services. Service delivery more personalised.</p>
HSE Central & National Patient Forum	Facilitate two way engagements between National Patient Forum and HSE Central.	Improved communications and joined up thinking on patient matters which result in improvements in patient care.
All services / Patients	<p>Other Patient Initiatives:</p> <p>Establish a network for patient liaison staff</p> <p>Promotion of "Hello My name is" Initiative</p> <p>Develop online resources for Open Disclosure and continue to roll out Open Disclosure Train the Trainer</p> <p>Promotion of National Accessibility Programme: Develop agreed systematic response to assisted decision making, disability access, advocacy in disability services.</p> <p>Develop transgender service development Proposal.</p>	<p>Integrated bundle of positive patient engagement to improve overall patient experience. Improved service user access and responding to service user individual needs.</p> <p>Improved service user access and response to service user individual needs.</p>
CHOs: Intellectual Disabilities	Organisational Model for developing person centred approaches developed and implementation commenced in ID settings	Support for culture change and person centred approaches in HSE services

Staff Engagement		
Proposed partners	Activity	Outcome
All Staff	Build organisational capacity and share learning In partnership with HR, establish a national forum for positive staff engagement, mechanisms for sharing learning, staff success stories and resources and design and deliver structured learning events to build leadership capacity.	Positive and effective staff engagement established as a keystone of QI with accessible resources for leaders.
Cavan Monaghan Hospital, Kerry Mental Health Services, Clare Primary Care (PCA2)	Staff Listening Complete programme of pilot staff listening sessions and action planning (if requested) with nominated services. Evaluate, share learning and provide feedback to DG and HSE Leadership team.	Top three feedback items considered for action planning and QI. Improved staff engagement. Leaders within the organisation endorse positive staff engagement as a keystone of quality improvement.
Kerry General Hospital, HSE Leadership Team, Clinical Director Teams	Frontline Ownership Initiative (FLO) Pilot and evaluate Front Line Ownership as a methodology for staff engagement and building capacity for change. Deliver education sessions to HSE Leadership Team, CDs and QID teams.	Staff engaged in quality improvement. Leaders within the organisation endorse positive staff engagement as a keystone of quality improvement.
Saollta Hospital Group and Blackrock hospice	Schwartz Rounds: Pilot and evaluate Schwartz Round as a methodology for staff engagement in two hospital sites.	Improved staff engagement. Leaders within the organisation endorse positive staff engagement as a keystone of quality improvement.

Measuring for Improvement		
Proposed partners	Activity	Outcome
Local healthcare Services	Publish 'Local Quality Profile' Toolkit for use at local service level.	Timely, comprehensive, reliable information that describes the quality of care provided used by services to drive and demonstrate improvement.
CHOs, Hospital Groups, National Ambulance Service	Partner with nominated organisations to design 'Hospital Group Quality Profile' as part of 'Board on Board' QI Projects. Design Quality Profile toolkit for other hospital groups. Engage with National Ambulance and CHO to conduct similar project in 2017.	

HSE Central	Partner with Primary Care, Social Care divisions to design Divisional Quality Profile. Partner with QAV and Health and Wellbeing Division to produce a National Quality Profile.	
All services	Support quality measurement for improvement by <ul style="list-style-type: none"> • Producing measurement guide on QID website • Providing measurement workshops • Providing measurement surgeries 	QI projects utilise robust QI measurement methodology to direct and evaluate the work.
Hospitals	<p>National Office for Clinical Audit(NOCA):</p> <p>Complete Deployment of NQAIS National Audit of Hospital Mortality (NAHM) to all acute hospitals. First report of National Mortality Rates</p> <p>Maintain Major Trauma Audit. Maintain data collection, review and interpretation nationally. Develop dashboard for MTA.</p> <p>Enhance support of Irish Hip Fracture Database.</p> <p>Continue deployment of National ICU Audit.</p> <p>Complete development of Organ Donation Audit Tool (ODTI).</p> <p>Complete design of Irish National Orthopaedic Register.</p> <p>Support National Sepsis Guideline audit</p>	<p>Clinicians and hospitals/hospital groups have information on the quality of their services in order to identify areas for improvement</p> <p>Action to improve trauma care based on findings.</p> <p>Clinicians and hospitals have information on the quality of their services and opportunity to address areas for improvement</p> <p>Use of information to improve services.</p> <p>Identify good practice and improve care where issues are identified.</p> <p>Initial use of data to assess care and implant effectiveness.</p> <p>Improved management of sepsis and better patient outcomes.</p>
Hospital Groups	<p>National Specialty QI Programmes:</p> <p>Embed QI programme in 100% of histopathology labs nationwide (25 public, 9 private) through publication of third National Histology QI Data Report, round 3 national targets and recommendations.</p>	Clinicians and hospitals/hospital groups have information on the quality of their services in order to direct areas for improvement

	<p>Implement Radiology National Quality Improvement Programme ICT system (peerVue and NQAIS) in 100% of hospitals with radiology facilities (50 Public / 22 private).</p> <p>Implement GI Endoscopy National Quality Improvement Programme ICT system in 100% of public sites (12/37 remaining).</p>	.
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All Services	<p>Guidance and support on Clinical Audit</p> <p>Ongoing support to clinicians and service managers on approach and implementation of clinical audit in their services for QI and QA purposes</p>	Clinicians and service managers can put workable audit plans in place and deliver on them.
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Use of Improvement Science: Application of Improvement Science to Improvement Projects at National and Local Levels		
Improving Medication - Safety Programme		
Proposed partners	Activity	Outcome
Hospital Groups	<p>Build on Medication Course and Summit in 2015, by following up with participants with support to acute staff to achieve sustainable improvement in medication safety.</p> <p>Develop dehydration and high risk medication initiative and initiate project in demonstration hospital(s) in partnership with QI Nourish Programme.</p> <p>Make results of Acute Hospital Drug Chart project available to hospitals.</p>	<p>Hospitals participating in collaborative improvement programme. Level of harm with scoped medication related area reduced in participating hospitals.</p> <p>Project initiated with partnering hospital(s).</p> <p>Drug charts project results available to hospitals.</p>
HSE Central	Working closely with primary care and social care division to promote service led medication related improvements.	Integrated and system wide approach to medication safety.

Improving Nutrition & Hydration – Safety Programme		
Proposed partners	Activity	Outcome
Hospital Groups / CHO's	Nourish (Improving Nutrition & Hydration) Raise awareness of disease related malnutrition through the “Sign Up” Improvement Campaign. Provide HG's with promotion resources during Nutrition and Hydration week.	HG's sign up to improvement campaign and increased awareness of disease related malnutrition.
	Nourish QI Network Provide direct support to front line teams by using screening (change package) to scale up and spread learning from sites where the package has been tested.	Increase in screening rates, leading to high risk patients receiving appropriate nutritional support.
	Fasting and NPO Test site to develop measures and process changes to improve compliance with evidence based fasting and NPO guidance.	Project Resources developed and shared with services. Reduction in mean fasting times in demonstration site.
	Develop dehydration and high risk medication initiative (acute kidney injury) and initiate project in demonstration site with SaferMeds QI Programme	Project initiated with partnering site.
	National Clinical Guideline Develop guideline for the prevention and treatment of under nutrition.	Clinicians have access to evidence based guidance for the prevention and treatment of under-nutrition in acute hospitals.

Pressure Ulcer Safety Programme		
Proposed partners	Activity	Outcome
Hospital Group / CHO's	Pressure Ulcer Collaborative Support the delivery of the “Pressure ulcer to zero collaborative” to Ireland East HG and corresponding CHOs in conjunction with HSE Pressure Ulcer Safety Programme and commence Phase 3 of collaborative in Q2 in a further hospital group/CHO area.	Pressure ulcers reduced by 50% across participating teams.

	<p>Raise awareness of pressure ulcers and their prevention across all settings within Irish Healthcare and within the public.</p> <p>Align and develop educational materials to support staff in preventing and improving pressure ulcer care.</p>	Reduction in pressure ulcers across all services
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HCAI – Safety Programme		
Proposed partners	Activity	Outcome
Hospital Groups/ Local healthcare Services / CHO	<p>Implement STOP campaign, including “how to” guide, communications plan, education programme</p> <p>Develop a measure of Infection preventions control services: support development of governance structures in non acute setting; and Identify key areas for improvement in conjunction with CIPCNs for IPC QI initiatives</p> <p>Set up QI network for HCAI/AMR for non acute services: develop ongoing communication channel for shared learning and effect sustainable system level changes</p>	<p>Campaign established, national guidelines, education, and measurement processes delivered = 80% reduction in device related blood stream infections.</p> <p>Priority OI HCAI AMR initiatives in place. Improved infection prevention and control</p> <p>Improved communication for CIPCNs across CHOs.</p>
CHO	<p>Hand Hygiene</p> <p>Deliver implementation plan for hand hygiene guidelines with a focus on primary care. Communications initiatives for WHO hand hygiene day – May 2016</p>	Primary care facilities have access to a practical guide for hand hygiene strategy. Improved hand hygiene practice leading to reduced HCAI.
CHO	<p>Improve antibiotic stewardship in Out of Hours centres. Conduct a QI project to improve use of preferred antibiotics in out of hour’s centres.</p> <p>Assess the feasibility of an antimicrobial usage audit tool and submission of associated funding application to Ehealth</p>	<p>Compliance with antibiotic guidance. Reduced antimicrobial resistance.</p> <p>If implemented, antimicrobial use tracked and improved</p>

Decontamination – Safety Program		
Proposed partners	Activity	Outcome
Hospital Groups	Revise Endoscopy standards and devise self assessment tool.	Self assessment tool can be used to measure against 2015 Endoscopy survey findings and improvement tracked.
	Roll out of national access to NSAI decontamination standards data base.	All hospitals have online access to up to date standards for audit and assessment.
Undergraduates / Post graduates	Develop Level 6 Minor Award in Sterile Service Decontamination in collaboration with IT Tallaght	If funded, decontamination staff will have a recognised basic level of training for their role. Improvement in decontamination practice.
Hospital Group	Develop a Community of Interest / Practice Platform to support problem solving at local level using the National Track and Trace System	HSE decontamination staff will have access to a National track and trace system upgraded to provide an online forum.

National HSE Safety Campaign		
Proposed partners	Activity	Outcome
All services	Design, develop and deliver a joint initiative with Clinical Strategies and Programs and the QAV Division for an integrated HSE Safety Programme .	Integrated approach across safety programmes. Healthcare services will have a clear understanding of the priority safety programme, plan for implementation and resources available.
	Design and deliver safety programme QI surgeries to improve the quality and outcomes of the national safety programmes.	Improved project performance and spread of good practice.

Social Care Division / QID Joint Program		
Proposed partners	Activity	Outcome
CHOs: Intellectual Disabilities	Implementation of the model of front line practice based support to residential intellectual disabilities services in order to meet the HIQA National Standards for residential services for Adults with Intellectual Disabilities.	Improved compliance with HIQA standards. Improved structures and processes in place for Quality at service level. Staff enabled to improve quality. Better experience for service users.
	Support national SCD-Disability Services in developing an action plan to sustain and spread improvements generated through this project and beyond its completion.	Capacity building to enable sustainability of improvements.

CHOs: Primary Care	Use the learning from work to date with SCD to test and evaluate the model of front line practice based support and improvement in primary care.	SCD staff will get exposure and practice in a structured model of service and quality improvement in front line services.
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National Policy, Procedure, Protocol Guideline (PPPG) Project		
Proposed partners	Activity	Outcome
HSE Corporate	Develop a HSE National PPPG Framework that will provide clear guidance to HSE staff and agencies funded by the HSE when developing PPPGs .This framework will clearly outline the elements and best practice in relation to the development process.	An agreed national process is in place for best practice regarding Policies, Procedures, Protocols and Guidelines in the policy-making cycle process within the HSE.
	Subject to Funding: Procure and have developed an implementation plan prepared for DMCS for HSE National PPPGs, that will include functional specifications for a DMCS for HSE National PPPGs and identify structures and processes required for the ongoing management and control of this DMCS.	Reduced duplication in the development and storage of PPPGs - Increased capacity to monitor compliance with regulatory requirements, national standards (HIQA, Mental Health Commission etc).

Global Health Partnership		
Proposed partners	Activity	Outcome
Health Services in Low Income Countries	Global health workforce policy support to Irish Aid (under MOU with HSE)	Participate in international Expert Group for UN High Level Commission on Health Employment and Economic Group.
	Provide technical assistance to WHO on global health workforce strategy (as interim Chair of Global Health Workforce Alliance)	WHO-managed network for global health workforce established. UN Commission report presented to UN General Assembly.
	ESTHER Programme (under membership of European ESTHER Alliance). Chair of Board of European ESTHER Alliance (EEA)	Irish hospitals and health care facilities establish links with institutions in low income countries. Fulfilment of EEA Strategic Objectives.
	Joint project with ESTHER France to strengthen hospitals and health services in Liberia following Ebola outbreak.	Improved infection, prevention and control in hospitals in Liberia.
	Collaboration with Mozambique Ministry of Health for quality improvement	Successful collaboration between QI Division and Mozambique. Improved service delivery in a resource poor environment.

	<p>Roll out of EQUALS Initiative to donate medical equipment and support specialist medical training in low income countries</p> <p>Collaborate with medical equipment suppliers and shipping companies to establish processes for equipment donation to low income countries</p>	<p>Established governance arrangements are in place for equipment donation and medical training.</p> <p>Irish companies are supporting HSE and RCPI with equipment donation and shipping. Local communities in resource poor settings gain access to treatments with high quality equipment.</p>
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