HSE National Framework for developing Policies, Procedures, Protocols and Guidelines (PPPGs) 2016

Overview of the HSE PPPG Framework Part 1

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Ms. Brid Boyce

HSE National Quality Improvement Team Dr Steevens' Hospital Dublin





PPPG Programme Structure

• Part 1

Overview of the HSE National Framework for Developing PPPGs (2016)

- Part 2
 - Finding & Appraising the Evidence for PPPGs
- Part 3

Monitor, Audit, Evaluation & Review of PPPGs

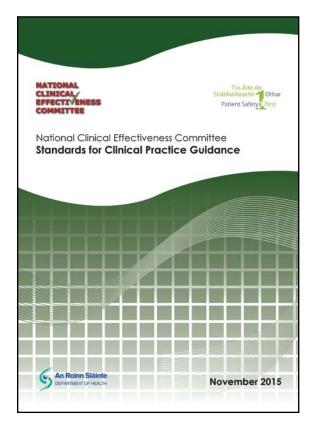




Programme Learning Outcomes

- Become familiar with the HSE PPPG Framework and how to use it
- Define Evidence Based Practice: Use EBP Framework to compose a question for literature search
- Locate the Evidence and Appraise the evidence
- Outline processes for monitoring, audit, evaluation & review of PPPGs.

NCEC Standards for Clinical Practice Guidance (2015)



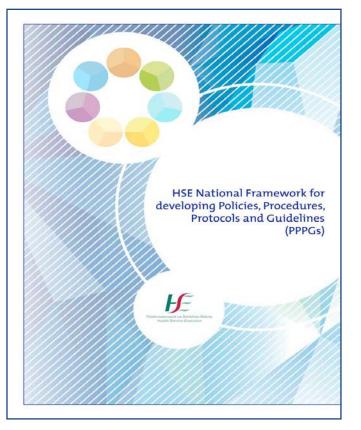
- DoH (NCEC) developed and published National Standards for Clinical Practice Guidance in November 2015.
 Objectives of the NCEC Standards are to:
 - Provide a standardised terminology & methodology for the development of evidence-based clinical practice nationally.
- Ensure consistency of approach and minimise duplication of clinical practice guidance in the health system.

Supports a number of existing national standards and key frameworks such as:

- Safer Better Healthcare (HIQA 2012)
- Quality Framework for Mental Health Services (MHC 2007) and many more.



HSE National Framework for developing PPPGs (2016)



The DoH published the NCEC standards for Health Services to implement.

HSE National Framework for developing PPPGs was developed to:

 Guide services on how to comply and use the NCEC Standards when developing PPPGs. This HSE Framework was published and launched at the DoH Patient Safety Conference in Dec 2016.

Scope: applies to both clinical and non-clinical PPPGs, this includes:

 Models of care, care bundles, care pathways, clinical decision aids, checklists and algorithms. These form part of the implementation toolbox and can be included as components in a PPPG rather than stand-alone practice guidance.



Background and Context

- NCEC (DoH) Standards for Clinical Practice Guidance (2015)
- Benefits of Robust PPPGs in place
- Various National Standards e.g. *National Standards for Safer Better Healthcare* (HIQA, 2012)
- *Quality Framework for Mental Health Services* (MHC, 2007) and other national frameworks
- Building a Culture of Patient Safety (DoHC 2008)
- Regulatory reports, inspections and recommendations from serious incidents have identified gaps (HIQA, MHC, H&SA) etc.
- HSE reports and recommendations etc
- Reduce duplication and variation in practice





What is Quality?

Doing the right thing <u>consistently</u> to ensure the best possible outcomes for patients, satisfaction for all customers, retention of talented staff and a good financial performance. (Leahy, 1998)





HSE National Framework for Improving Quality(2016) Drivers of Quality



Figure 1: Framework for Improving Quality (HSE, 2016)





Overview of HSE National Framework for developing PPPGs (2016)

Following extensive literature review and survey, the HSE National PPPG Framework was developed. The NCEC Standards for Clinical Practice Guidance were aligned to the 7 Stages in the PPPG Development Cycle.

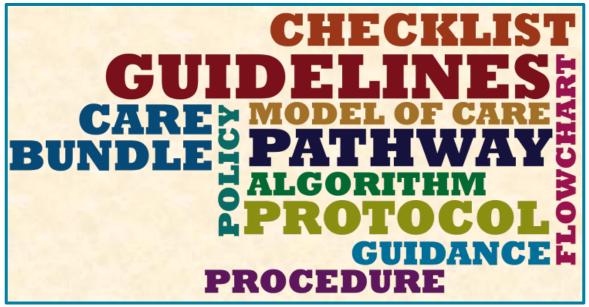
NB: The HSE PPPG Framework applies to all HSE staff and HSE funded services and covers clinical and nonclinical PPPGs.

There are six sections within the framework:

Section 1:	Definitions
Section 2:	Stages in the PPPG Development Cycle
Section 3:	Revised HSE National Template for Developing PPPGs (2016)
Section 4:	PPPG Checklist for developing clinical and Non-Clinical PPPGs
Section 5:	Proposed HSE National Central Repository for HSE National approved PPPGs
Section 6:	Implementation of the Framework

Section 1- Definitions

Section1: Definitions of a Policy, Procedure, Protocol and Guideline and when to use them







What is a Policy?

A policy is a written statement that clearly indicates the position and values of the organisation on a given subject.(HIQA, 2008).

It is a written operational statement of intent and explains the organisations stand on a subject and why there is a rule about it.





What is a Procedure?

A procedure is a written set of instructions that describe the approved and recommended steps of a particular act **or** sequence of events (HIQA, 2008).

Procedures supplement polices with specifics and completes the information users need.





What is a Protocol?

A protocol is a written plan that specifies procedures to be followed in defined situations:

A protocol represents a standard of care that describes an intervention or set of interventions.

Protocols are more explicit and specific in their detail than guidelines; in that they specify who does 'what', 'when' and 'how' (HSE, 2012).





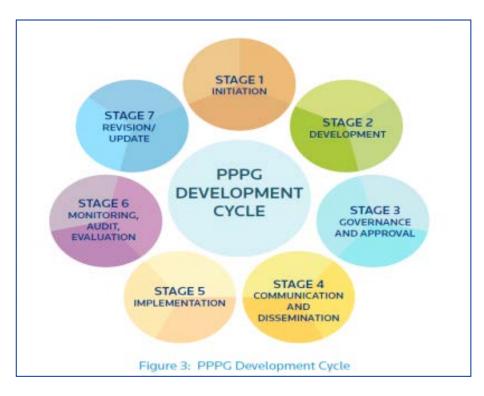
What is a Guideline?

• A guideline is defined as a principle or criterion that guides or directs action. Guideline development emphasises using clear evidence from the existing literature, rather than expert opinion alone (HSE, 2011).





Section 2 - Stages in the PPPG Development Cycle







Section 2 - Stages in the PPPG Development Cycle

- Stage 1 Initiation 12 standards
- Stage 2 Development
 10 standards
 - +3 standards for more complex PPPGs

These standards describe the methodology by which the PPPG was developed and is based on the principles of EBP: It involves the integration of the best research evidence with clinical professional expertise and patient values and cost.

Stage 3 – Governance

3 standards Refers to the process of acceptance, agreement and assessing quality standard of PPPGs

Stage 4 – Communication/Dissemination 3 standards Refers to the communication and dissemination of the approved PPPG to ensure that everyone who should be using it knows it has been developed and is able to locate it easily. • Stage 5 – Implementation 4 standards

Refers to the process of putting the new PPPG into practice.

 Stage 6 – Monitoring audit and evaluation (3 standards) Monitoring is a systematic process of gathering information and tracking over time. Audit is a formal review that usually includes planning, identifying risk areas.

Evaluation is a formal process to determine the extent to which the planned or desired outcomes of an intervention are achieved.

- Stage 7 Revision/Update
 - 2 standards Refers to the process of revising or updating the original PPPG as new evidence emerges

Stage 1. Initiation

Refers to the beginning or first step in developing a PPPG

Standards required for Initiation

- The decision making approach relating to type of PPPG guidance required, coverage of the PPPG (national, regional, local) and applicable settings are described.
- Synergies are maximised across departments/organisations (Hospitals/Hospital Groups/Community Healthcare Organisations (CHO)/National Ambulance Service (NAS) to avoid duplication and to optimise value for money and use of staff time and expertise.
- The scope of the PPPG is clearly described, specifying what is included and what lies outside the scope of the PPPG.
- The target users and the population/patient group to whom the PPPG is meant to apply are specifically described
- The views and preferences of the target population have been sought and taken into consideration (as required).





Contd. Stage 1. Initiation

Standards required for Initiation

- The overall objective(s) of the PPPGs are specifically described.
- The potential for improved health is described (e.g. clinical effectiveness, patient safety, quality improvement, health outcomes, quality of life, quality of care).
- Stakeholder identification and involvement: The PPPG Development Group includes individuals from all relevant stakeholders, staff and professional groups.
- Conflict of interest statements from all members of the PPPG Development Group are documented, with a description of mitigating actions if relevant.
- The PPPG is informed by the identified needs and priorities of service users and stakeholders.
- There is service user/lay representation on the PPPG Development Group (as required).
- Information and support is available for staff on the development of evidence-based clinical practice guidance.





Stage 1: Key points

- Mandatewho commissioned or decides that this PPPG is necessary?
- To avoid duplication decide should the PPPG be National Regional or in exceptional circumstances Local
- Establish a PPPG Development Group with key stakeholders and include patient representatives/service users as appropriate. Complete Conflict of Interest Declaration Form
- Be clear of your scope, out of scope, target users, population to whom it serves, objective(s) and desired outcome(s) when you are developing your PPPG
- Don't forget to use the PPPG checklist to ensure you are meeting the standards as you go along





Stage 2. Development

Describes the methodology by which the PPPG is developed. It involves the integration of the best research evidence with clinical/professional expertise, patient/client values and cost

Standards required for Development

- The clinical question(s) covered by the PPPG are specifically described.
- Systematic methods used to search for evidence are documented (for PPPGs which are adapted/adopted from international guidance, their methodology is appraised and documented).
- Critical appraisal/analysis of evidence using validated tools is documented (the strengths, limitations and methodological quality of the body of evidence are clearly described).
- The health benefits, side effects and risks have been considered and documented in formulating the PPPG.
- There is an explicit link between the PPPG guidance and the supporting evidence.





Contd. Stage 2 Development

Standards required for Development

- The PPPG guidance/recommendations are specific and unambiguous.
- The potential resource implications of developing and implementing the guidance are identified (e.g.) equipment, education/training, staff time and research.
- There is collaboration and education and training across all stakeholders in the planning and implementation phases to optimise patient flow and integrated care.
- Budget impact is documented, (resource required, if applicable).
- Education and training is provided for staff on the development and implementation of evidence-based clinical practice guidance (as appropriate).

Three additional standards are required for a small number of more complex PPPGs

- Cost effectiveness analysis is documented.
- A systematic literature review has been undertaken.
- Health Technology Assessment (HTA) has been undertaken.





Stage 2: Key points

Remember the 5 A's

- Ask ------Ask your clinical questions
- Acquire ----- Acquire the evidence
- Appraise-----Appraise the evidence
- Apply------Apply the evidence in practice
- Audit------ Audit and Evaluate and reflect your practice





Stage 3. Governance and Approval

Refers to the process of acceptance, agreement and assessing quality standard of PPPGs

Standards required for Governance and Approval

- Formal governance arrangements for PPPGs at local, regional and national level are established and documented.
- The PPPG has been reviewed by independent experts prior to publication (as required).
- Copyright and permissions are sought and documented.





Stage 3: Key points

- When the PPPG is ready for approval be sure you have the following key documentation ready to bring with you to be discussed with the person(s) signing off/or approving the PPPG:
 - Draft PPPG
 - Signed PPPG Checklist (usually signed by Chairperson of PPPG Development Group)
 - Signed Conflict of Interest Declaration Forms
 - Members of the PPPG Development Group (signed copy)
 - List of attendees of each PPPG meeting
 - Copyright and permissions sought if appropriate
 - Feedback from independent experts as appropriate
 - Members of the Approval Governance Group if appropriate (signed copy)
 - Other documentation as appropriate to the specific PPPG being developed e.g. list of clinical questions, literature searchers and appraisal sheets etc.
- A signed and dated master copy should be retained in an agreed central location





Stage 4. Communication and Dissemination

Refers to the active spread of new practices to the target audience using planned strategies (Nilsen, 2015)

Standards required for Communication and Dissemination

- A communication plan is developed to ensure effective communication and collaboration with all stakeholders throughout all stages.
- Plan and procedure for dissemination of the PPPG is described.
- The PPPG is easily accessible by all users (e.g. PPPG repository).





Stage 4: Key Points



Develop a plan for the PPPG on how you are going to:

- Disseminate
- Communicate
- Have the PPPG easily accessible to all relevant staff, stakeholders and service users as appropriate.





Stage 5. Implementation

Refers to the process of putting to use or integrating new practices within a setting (Nilsen, 2015)

Standards required for Implementation

- Written implementation plan is provided, with timelines, identification of responsible persons/units and integration into service planning process.
- Barriers and facilitators for implementation are identified, and aligned with implementation levers.
- Education and training is provided for staff on the development and implementation of evidence-based PPPGs (as required).
- There is collaboration across all stakeholders in the planning and implementation phases to optimise patient flow and integrated care.





Stage 5: Key Points



- Develop a plan describing how you are going to implement the PPPG you have developed and include barriers and facilitators
- Include in your service plan the budgetary requirements to implement the PPPG; e.g. piece of equipment, education & training, WTEs required etc., as appropriate
- It is necessary to outline specific actions, roles, timeframe and resources required.





Stage 6. Monitoring, Audit and Evaluation

The definition of Monitoring, Audit and Evaluation is described in Part 3

Standards required to Monitoring, Audit and Evaluation

- Process for monitoring and continuous improvement is documented.
- Audit criteria and audit process/plan are specified.
- Process for evaluation of implementation and effectiveness is specified.







Stage 6: Key points

- Decide how you are going to: Monitor Audit Evaluate the PPPG as appropriate
- Link with the experts within your area e.g. quality and clinical audit department etc., for their expertise, advice and support





Stage 7. Revision/Update

Refers to the process to ensure that the learning from the PPPG development and implementation process is used to amend and update or revise the original PPPG as new evidence emerges

Standards required for Revision/Update

- Documented process for revisions/updating and review, including timeframe is provided.
- Documented process for version control is provided.





Stage 7: Key points

Update or revise the PPPG every 3 years unless the need to revise the PPPG is identified by:

- Audit findings
- Evaluation
- Serious Incident
- Organisational Structural change
- Scope of Practice change
- Advances in Technology
- Significant changes in evidence or legislation/regulation etc.,





Section 3 – Template for developing PPPGs (2016)

Section 3 provides you with information on the new HSE National Template for developing PPPGs (2016) (pages 33-43).

This template replaces the HSE procedure for developing PPPGs document reference no. OQRO29 Revision no.3 revised March 2012. The new template is developed in two parts: Part **A** and Part **B**.

Part A: Outlines the step by step process to follow, it can be an algorithm, process flow chart, or Standard Operating Procedure (SOP) etc. **Part B** should be completed first to develop the PPPG and the core PPPG steps or recommendations that have been developed in **2.7** are inserted in **Part A**.

Part B: Outlines the stages in the PPPG development Cycle. Part B is completed first, as each stage in the PPPG development cycle is addressed.

You can access a copy (in word) of the HSE National PPPG Template through the following link: www.gualityimprovement.ie





Section 3 – Template for developing PPPGs (2016)

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Publication Date:				
Date for revision:				
Electronic Locatio	n:			
Version	Date Approved	List section nu	mbers changed	Author

Part A-Outline PPPG steps Part B - PPPG Development Cycle Table of Contents
1.0 Initiation
2.0 Development
3.0 Governance & Approval
4.0 Communication & Dissemination
5.0 Implementation
6.0 Monitoring, Audit & Evaluation
7.0 Revision/Update
8.0 References
9.0 Appendices

Time



Section 3 – Template for developing PPPGs (2016)

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Version	Date Approved	List section numbers changed	Author					

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PPPG Template

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PART B: PPPG Development Cycle

1.0 INITIATION

- 1.1 Purpose This describes the overall purpose of the PPPG.
- 1.2 Scope
 - The scope of this PPPG identifies what will (and will not) be covered by the PPPG
 - 1.2.1 Target users; identify who the intended audience is and how they may use the PPPG.
 - 1.2.2 Population to whom it applies; identify who will (and will not) be covered by the PPPG, age range, sex, (clinical) description, comorbidity (if applicable).

1.3 Objective(s)

The objective(s) of the PPPG deals with the potential impact of the PPPG on society and populations of patients or individuals. The specific objective(s) of the PPPG should be described in detail.

1.4 Outcome(s)

The outcome(s) of the PPPG deals with the end result or the consequence of the PPPG. The expected benefits from the PPPG should be specific to a problem or topic.

1.5 PPPG Development Group

See Appendix II for Membership of the PPPG Development Group Template. See Appendix III for PPPG Conflict of Interest Declaration Form Template.

1.6 PPPG Governance Group

1.6.1 See Appendix IV for Membership of the Approval Governance Group.

1.7 Supporting Evidence

- 1.7.1 List relevant legislation/PPPGs.
- 1.7.2 List PPPGs that are being replaced by this PPPG.
- 1.7.3 List related PPPGs.
- 1.8 Glossary of Terms (attach Appendix as appropriate).

2.0 DEVELOPMENT OF PPPG

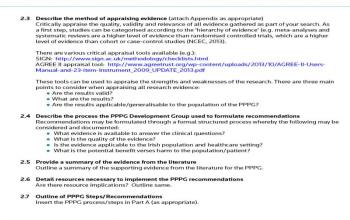
2.1 List the questions (clinical/non-clinical)

Identify areas of new and emerging evidence or areas where there is variation in practice, which will form the basis of the PPC and the type of evidence being gathered. In order to identify the evidence required to address the PPPC topic it is essential to define one or more key questions. Where applicable, clinical questions should be broken down into PICO(T) format (Population, Intervention, Comparison, Outcome, Time). The clinical questions should be clear, unambiguous, focused and corxise (NCEC, 2013).

2.2 Describe the literature search strategy (attach Appendix as appropriate)

Based on the key question(s) defined, a literature search strategy should be developed. The literature search strategy should be documented explicitly in order that it can be replicated. The following should be included: Databases searched, search terms, search limits, inclusion and exclusion criteria. If undertaking searches, utilise a literarian or other information specialist who has expertise and experience in this area (NCEC, 2013).

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3.0 GOVERNANCE AND APPROVAL

3.1 Outline Formal Governance Arrangements

3.1.1 Refer to Appendix IV for Membership of the Approval Governance Group.

- 3.2 List method for assessing the PPPG in meeting the Standards outlined in the HSE National Framework for developing PPPGs.
- 3.3 Attach any copyright/permission sought (attach Appendix as appropriate).
- 3.4 Insert approved PPPG Checklist (refer to section 4 of the HSE National Framework for developing PPPGs).

4.0 COMMUNICATION AND DISSEMINATION

4.1 Describe communication and dissemination plans (attach Appendix as appropriate).





PPPG Template

HSE National Framework for developing Policies, Procedures, Protocols and Guidelines (PPPGs) QPSD-D-015-1

5.0 IMPLEMENTATION

- 5.1 Describe implementation plan listing actions, barriers and facilitators and timelines (include implementation tools such as algorityms, teaching resources, checklists etc.).
- 5.2 Describe education/training plans required to implement the PPPG (attach Appendix as appropriate).
- 5.3 Identify lead person(s) responsible for the implementation of the PPPG.
- 5.4 Outline specific roles and responsibilities.

6.0 MONITORING, AUDIT AND EVALUATION

- 6.1 Describe the plan and identify lead person(s) responsible for the following processes:
 - 6.1.1 Monitoring.
 - 6.1.2 Audit.
 - 6.1.3 Evaluation

7.0 REVISION/UPDATE

- 7.1 Describe procedure for the update of the PPPG (including date for revision).
- 7.2 Identify method for amending PPPG if new evidence emerges.
- 7.3 Complete version control update on PPPG Template cover sheet.

8.0 REFERENCES

9.0 APPENDICES

Appendix I Signature Sheet

- Appendix II Membership of the PPPG Development Group Template
- Appendix III Conflict of Interest Declaration Form Template
- Appendix IV Membership of Approval Governance Group Template
- Appendix V Explanatory Guidance Manual for the PPPG Template

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Appendix I: Signature Sheet

I have read, understand and agree to adhere to this Policy, Procedure, Protocol or Guideline:

Print Name	Signature	Area of Work	Date

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Example of an approved HSE National Policy using Part A and Part B of the Template

Office of the Nursing Services Director Feidhmeannacht na Seirbhise Sláinte Health Service Executive National Policy for Pronouncement of Expected Death by Registered Nurses (2017) Is this document a:				
Policy 🗵	Pro	ocedure 🗌	Protocol 🗌 Guid	deline 🗌
Office of N	ursing and Midwifery	/ Services Direc	ctor, Clinical Strategy Programme Dir	vision
Title of P	Title of PPPG Development Group: National Policy for Pronouncement of Expected Death by Registered Nurses Working Group [For use in HSE residential, HSE long-stay and HSE specialist palliative care services only]			
Approved by: Clinical Strategy & Programmes Division Senior Management Team		es Division		
Referenc	e Number:		CSPD014/2017	
Version N	Number:		1	
Publicatio	on Date:		2017	
Date for	revision:		2020	
Electroni	c Location:		http://www.hse.ie/eng/about/V Practicedevelopment/PEDRN	
Version	Date Approved	List sec	tion numbers changed	Author

This is a controlled document: While this document may be printed the electronic version posted on the website is the controlled copy and can only be guaranteed for 24 hours after downloading. National Policy for Pronouncement of Expected Death by Registered Nurses (2017) is an example of an approved National PPPG using Part A and Part B of the Template.



Section 4 – PPPG Checklist for Clinical PPPGs

- This section provides you with two checklists clinical and non-clinical.
 It is a quality assurance method for assessing you have met the NCEC standards when developing your PPPG. One checklist applies to the development of clinical and the other applies to the development of non-clinical PPPGs. From 2017 the PPPG checklist must be used by all HSE staff when developing and approving PPPGs.
- When you are developing the PPPG review and sign the PPPG checklist to ensure you have met the NCEC standards outlined in section 2 of the framework.
- The signed PPPG checklist must accompany the final document in order for the PPPG to be approved.
- When the PPPG is approved by the commissioner/sponsor/appropriate governance structure, the final version can be converted to a PDF document to ensure the integrity of the PPPG.
- A signed and dated master copy including the appendices and checklist can be retained in an agreed central location where it will be document controlled prior to dissemination.
- You can access a copy (in word) of the PPPG Checklist both clinical and non-clinical through the following link: www.qualityimprovement.ie

Section 4 – PPPG Checklist for Clinical PPPGs

Stage 2 Development	Checklist
The clinical question(s) covered by the PPPG are specifically described.	
Systematic methods used to search for evidence are documented (for PPPGs which are adapted/ adopted from international guidance, their methodology is appraised and documented).	
Critical appraisal/analysis of evidence using validated tools is documented (the strengths, limitations and methodological quality of the body of evidence are clearly described).	
The health benefits, side effects and risks have been considered and documented in formulating the PPPG.	
There is an explicit link between the PPPG and the supporting evidence.	
PPPG guidance/recommendations are specific and unambiguous.	
The potential resource implications of developing and implementing the PPPG are Identified e.g. equipment, education/training, staff time and research.	
There is collaboration across all stakeholders in the planning and implementation phases to optimise patient flow and integrated care.	
Budget impact is documented (resources required).	
Education and training is provided for staff on the development and implementation of evidence- based clinical practice guidance (as appropriate).	
Three additional standards are applicable for a small number of more complex PPPCs: Cost effectiveness analysis is documented. A systematic literature review has been undertaken. Health Technology Assessment (HTA) has been undertaken.	

Stage 3 Governance and Approval	Checklist
Formal governance arrangements for PPPGs at local, regional and national level are established and documented.	
The PPPG has been reviewed by independent experts prior to publication (as required).	
Copyright and permissions are sought and documented.	

Stage 4 Communication and Dissemination	Checklist
A communication plan is developed to ensure effective communication and collaboration with all stakeholders throughout all stages.	
Plan and procedure for dissemination of the PPPG is described.	
The PPPG is easily accessible by all users e.g. PPPG repository.	

Stage 5 Implementation	Checklist
Written implementation plan is provided with timelines, identification of responsible persons/units and integration into service planning process.	
Barriers and facilitators for implementation are identified, and aligned with implementation levers.	
Education and training is provided for staff on the development and implementation of evidence- based PPPG (as required).	
There is collaboration across all stakeholders in the planning and implementation phases to optimise patient flow and integrated care.	
Stage 6 Monitoring, Audit, Evaluation	Checklist
Process for monitoring and continuous improvement is documented.	
Audit criteria and audit process/plan are specified.	
Process for evaluation of implementation and (clinical) effectiveness is specified.	
Stage 7 Revision/Update	Checklist

	Stage 7 Revision/Update	Checklis
	Documented process for revisions/updating and review, including timeframe is provided.	
	Documented process for version control is provided.	

I confirm that the above S	tandards have been met	in developing	the following	PPPG
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Name of PPPG:

Name of person signing off on the PPPG Checklist:

Time

Title of person signing off on the PPPG Checklist:

Signature of person signing off on the PPPG Checklist:

Date:

This signed PPPG Checklist must accompany the final PPPG document in order for the PPPG to be approved.

Section 4 – PPPG Checklist for Non-Clinical PPPGs

Stage 2 Development	Checklist
The clinical question(s) covered by the PPPG are specifically described.	
Systematic methods used to search for evidence are documented (for PPPGs which are adapted/ adopted from international guidance, their methodology is appraised and documented).	
Critical appraisal/analysis of evidence using validated tools is documented (the strengths, limitations and methodological quality of the body of evidence are clearly described).	
The health benefits, side effects and risks have been considered and documented in formulating the PPPG.	
There is an explicit link between the PPPG and the supporting evidence.	
PPPG guidance/recommendations are specific and unambiguous.	
The potential resource implications of developing and implementing the PPPG are Identified e.g. equipment, education/training, staff time and research.	
There is collaboration across all stakeholders in the planning and implementation phases to optimise patient flow and integrated care.	
Budget impact is documented (resources required).	
Education and training is provided for staff on the development and implementation of evidence- based clinical practice guidance (as appropriate).	
Three additional standards are applicable for a small number of more complex PPPGs: Cost effectiveness analysis is documented. A systematic literature review has been undertaken. Health Technology Assessment (HTA) has been undertaken.	

Stage 3 Governance and Approval	Checklist
Formal governance arrangements for PPPGs at local, regional and national level are established and documented.	
The PPPG has been reviewed by independent experts prior to publication (as required).	
Copyright and permissions are sought and documented.	

Stage 4 Communication and Disseminatio	n Ch	ecklist
A communication plan is developed to ensure effective communication stakeholders throughout all stages.	and collaboration with all	
Plan and procedure for dissemination of the PPPG is described.		
The PPPG is easily accessible by all users e.g. PPPG repository.		

Stage 5 Implementation	Checklist
Written implementation plan is provided with timelines, identification of responsible persons/units and integration into service planning process.	
Barriers and facilitators for implementation are identified, and aligned with implementation levers.	
Education and training is provided for staff on the development and implementation of evidence- based PPPG (as required).	
There is collaboration across all stakeholders in the planning and implementation phases to optimise patient flow and integrated care.	
Stage 6 Monitoring, Audit, Evaluation	Checklist
Process for monitoring and continuous improvement is documented.	
Audit criteria and audit process/plan are specified.	
Process for evaluation of implementation and (clinical) effectiveness is specified.	

Stage 7 Revision/Update	Checklist
Documented process for revisions/updating and review, including timeframe is provided.	
Documented process for version control is provided.	

I confirm that the above Standards have been met in developing the following PPPG:

Name of PPPG:

Name of person signing off on the PPPG Checklist: _____

Title of person signing off on the PPPG Checklist:

Signature of person signing off on the PPPG Checklist:

Date:

This signed PPPG Checklist must accompany the final PPPG document in order for the PPPG to be approved.





Section 5



HSE National Central Repository (NCR)

Function

- The main function for NCR is to be a national central location for all approved HSE national PPPGs (including clinical and non-clinical).
- Act as a contact focal point for HSE national PPPGs

Transition period

- A 3 year transition period will be required to update all existing approved HSE national PPPGs
- The updated HSE national PPPGs will be migrated onto the new proposed system once they have met the required standards
- Phase I of the PPPG Project is completed this included the development of the PPPG Framework and a number of key supporting training resources and tools, website and information sessions to support implementation etc
- **Phase II** is the next stage of the project and requires the nomination of a National Director on behalf of the HSE Leadership Team to lead its implementation as this involves:

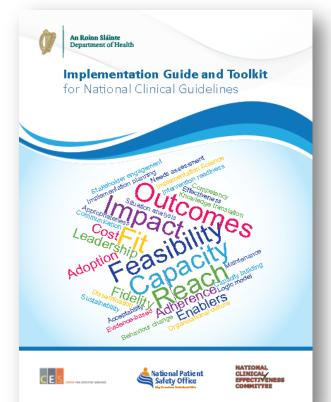
Establishment of a National HSE PPPG Governance Group to act as a centralised resource to provide clear governance to standardise the process for the development and the process of approval of all HSE national PPPGs and to oversee the establishment of a HSE National Central Repository (NCR) where they can be accessed.

(1st PPPG Governance Group meeting was held on 1st July 2019 and the process for establishing NCR is under way).





DoH Implementation Guide and Tool Kit for National Clinical Guidelines (2018)



This guide and tool kit was developed by the DoH in 2018 to support staff involved in the development and implementation of National Clinical Guidelines including policies, procedures, protocols, guidelines and audit recommendations. This guide provides the theory, steps and tools for each stage of implementation. Useful templates and worked examples are included in this guide. https://health.gov.ie/national-patientsafety-office/ncec/



DoH Implementation Plan Template (2018)

Building a Botter Health Service National Quality Improvement Team Framework for Improving Quality in our Health Service

Title of National PPPG: Reference Number: Publication Date: Implementation Plan for: (Insert name of Region/Service)

PPPG recommendation or number(s)	Implementation barriers / enablers	Action / intervention / task to implement recommendation	Lead responsibility for delivery of the action		eframo mpleti		Expected outcome and verification
,-,				Year	Year	Year	
				1	2	3	
				0	0	0	
				0	0	0	
				0	0	0	
				0	0	0	
				0	0	0	

Ref: Implementation Guide and Toolkit for National Clinical Guidelines Department of Health (DoH) September 2018





Implementation of overall PPPG

While the implementation plan is specific to the individual recommendations in the PPPG, some actions will assist with PPPG implementation as a whole. These include establishing an implementation team; developing a dissemination and communication plan and developing specific implementation tools and resources. In the boxes below, please give a high-level description of how these actions will be incorporated into the implementation of your PPPG:

Implementation team: Describe the structure and governance of your implementation team, list your implementation team members and specify meeting frequency. Outline planned training and capacity building for team members.

Dissemination and communication plan: Describe your communications strategy and dissemination plan for distributing, sharing, promoting and applying guideline recommendations e.g. publications/articles, presentations, awareness-raising activities, media, knowledge transfer, collaboration and networking.

Implementation tools: List the supporting tools and resources developed to support this PPPG and where these tools can be accessed, e.g. materials on website, patient information leaflets, training linked to CPD, e-learning, podcasts, study days, research, checklists, audit tools, seminars, conference, patient pathways, toolkits, algorithms, teaching aids, presentations.

Link to PPPG websitewww.qualityimprovement.ie

	About us	Framework for Improving Quality	Improvement Knowledge and Skills Guide	National Safety Programmes	Other Quality Improvement	Resources and Publications				
-	Quality Impro	ovement Division > Use of In	nprovement Methods > National Fram	ework for Developing Policies P	Programmes rocedures Protocols and Guida	ance				
	> About us		National Framew	vork for develo	oping					
	> Framewo Quality	ork for Improving	Policies, Procedu	res, Protocols	and					
	> Improver Skills Gui	ment Knowledge and ide	Guidelines (PPPG) Share: 🖬 🛉 🎔 •							
	> Leadersh	nip for Quality	USE OF IMPROV	VEMENT METHODS			Feedbac			
	> Person a	nd Family Engagement	Why do we need a National				ш.			
12	> Staff Eng	agement			otocols and Guidelines (PPPGs)	is essential to improve the				
	> Use of In	nprovement Methods	The <u>HSE National Framework for developing Policies, Procedures, Protocols and Guidelines (PPPGs)</u> is essential to improve the quality of health care provided by the HSE and to enhance organisational effectiveness.							
	Develop	al Framework for Ding Policies Procedures Ils and Guidance	The HSE currently has many PPPGs ir and evaluation of PPPGs. In 2015, NC extensive literature review and surve	EC developed <u>Standards for Cli</u>	inical Practice Guidance_(click) a	and in 2016; following an				
		ment for Quality	standards with the stages in the PPPO							
	> Governa	nce for Quality	There should be a consistent clear ap areas of this new national PPPG fram		plementation and evaluation o	f PPPGs. The two key innovative				
		re Application of	> PPPGs are evidence-based							

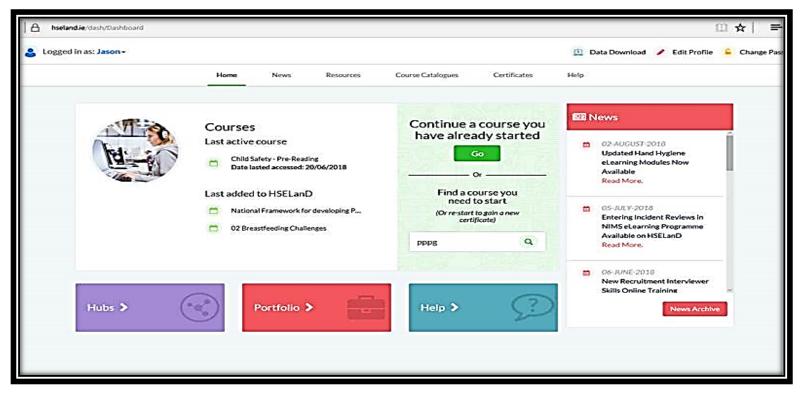
Resources Developed

- PPPG Website <u>www.qualityimprovement.ie</u>
- PPPG Programme (Accredited Category 1 NMBI 4.5 CPD Credits)
 - Part 1 Overview of PPPG Framework for developing PPPGs
 - Part 2 Finding and Appraising the Evidence
 - Part 3 Monitor, Audit, Evaluate and Review
- e-Learning Video on HSELand





You can access the PPPG Video by logging into HSELanD and type PPPG into search







Resources available on PPPG website <u>www.qualityimprovement.ie</u>

- NCEC Standards for Clinical Practice Guidance (2015)
- HSE National Template for developing PPPGs (2016)
- HSE Checklist for developing Clinical PPPGs (word version)
- HSE Checklist for developing Non-Clinical PPPGs (word version)
- Membership of the PPPG Development Group Template (word version)
- Membership of the Approval Governance Group Team (word version)
- Conflict of Interest Declaration Form Template (word version)
- PPPG Peer Review Feedback Template (word)





Useful Websites

Health Improvement Scotland: Methodology toolkit

<u>http://www.healthcareimprovementscotland.org/about_us/what_we_do/knowledge_management/knowledge_management</u> <u>resources/methodology_toolkit.aspxx</u>

Australian Commission on Safety and Quality in HealthCare: Clinical care standards <u>http://www.safetyandquality.gov.au/our-work/clinical-care-standards/</u>

Health Improvement Scotland: Evidence for healthcare improvement: evidence, advice, guidance and standards http://www.healthcareimprovementscotland.org/evidence.aspx

National Institute for Health and Care Excellence (NICE), UK: NICE pathways: <u>http://pathways.nice.org.uk/</u> NICE guidance <u>https://www.nice.org.uk/guidancee</u> NICE standards and indicators <u>https://www.nice.org.uk/standards-and-indicators</u>

Department of Health: Implementation Guide and Toolkit for National Clinical Guidelines <u>https://health.gov.ie/national-patient-safety-office/ncec/</u>

Department of Health http://health.gov.ie/national-patient-safety-office/ncec//







Champion Partner Enable Demonstrate



Brid Boyce

HSE National Quality Improvement Lead Member of the HSE National Quality Team

Twitter:@NationalQIWeb:www.qualityimprovement.ieEmail:Brid.boyce@hse.iePhone:087 2264615



