



**DECEMBER 2012 BULLETIN**

**Overview**

Since the launch of the National Standards for Safer Better Healthcare in June, the Quality and Patient Safety (QPS) Directorate has been working closely with frontline service providers (including private and voluntary) and Regional Directors of Operations (through their regional quality managers) to develop a collaborative, consistent, continuous quality improvement approach to implementation.

Since its establishment in September 2012 the Safer Better Healthcare - Acute Care Collaborative has met three times and has been instrumental in progressing work relating to the National Standards. This includes agreement on a national strategic approach to supporting implementation and the development of a tool to support assessment against the Standards.

**Quality and Performance Improvement Tool**

The Quality and Performance Improvement Tool has been developed to support service providers in assessing against the National Standards. A review of assessment tools currently used within other health care systems and international corporate organisations was undertaken. This identified a number of different concepts and approaches to self assessment which helped influence the development of the tool.

To support the population of the tool each region took ownership of a theme from the National Standards and translated the individual standards within that Theme into Core Quality Elements. This exercise was undertaken to provide greater clarity to service providers as to what they could expect to see in their services

The Core Quality Elements are practical, specific, tangible quality outcomes that have been identified for each National Standard.

**Table 1:** Core Quality Elements identified for the first four Standards within Theme 2, Effective Care and support.

<b>Standard</b>	<b>Core Quality Elements</b>
<b>Standard 2.1</b>  <b>Healthcare reflects national and international evidence of what is known to achieve best outcomes for service users.</b>	Evidence Based Practice
<b>Standard 2.2</b>  <b>Care is planned and delivered to meet the individual service user's initial and ongoing assessed healthcare needs, while taking account of the needs of other service users.</b>	Personalised and responsive care planning
<b>Standard 2.3</b>  <b>Service users receive integrated care which is co-ordinated effectively within and between services.</b>	Safe and coordinated transfer of care
<b>Standard 2.4</b>  <b>An identified healthcare professional has overall responsibility and accountability for a service user's care during an episode of care.</b>	Lead Healthcare professional

Four Performance Levels (1-4) for each Core Quality Element were also developed which sets out what the service should have in place for each level of performance. These levels allow providers to assess with greater objectivity how well their service is meeting that Core Quality Element and therefore in turn the related Standard.

**Performance Level 1:** There is an *awareness* of the need to improve performance with an agreed understanding of *priority areas*.

**Performance Level 2:** There is *emerging progress* to actively improve performance through the development of plans and processes in *priority areas*.

**Performance Level 3:** There are *satisfactory quality systems* and processes in place. These support *sustainability* and *improvement* through out the service.

**Performance Level 4:** There are *mature quality systems* and processes in place. These systems support *sustainable* good practice and *innovation* through out the service.

Progression through performance levels assumes that the main aspects within the previous levels have been achieved. Service Providers will assess against these Core Quality Elements and choose the level that best describes their service's current level of performance. The tool also supports the development of quality improvement plans as the higher levels of performance identify for providers what needs to be considered to improve performance. The tool therefore supports both the assessment and improvement processes

Please see **page 4** for an example of a Core Quality Element and its four populated Performance Levels

In some cases, services may discover that their particular service is not meeting all of the aspects detailed for a particular performance level and where this occurs services have the opportunity to provide a narrative description which validates their selected level. Finally, a list of suggested evidence that would help verify a service's selected performance level for each Core Quality Element has been included. This is not an exhaustive list and a service has the ability to add additional supporting evidence.

Services can use this tool to:

- Assess how well they are currently meeting the National Standards for Safer Better Healthcare
- Assess their level of performance for each Core Quality Element of the National Standards
- Identify those areas where performance is good, areas that require greater improvement or those areas that require prioritisation and immediate action as they present a significant risk to the safety of service users.

The final version of this tool will be available on the electronic Quality Management System and will provide a user friendly, automated system to facilitate assessment against the National Standards.

The QPS Directorate and the Acute Care Collaborative request your involvement in the final stages of the development of this tool. A public consultation on the tool is starting on **Tuesday 18th December** 2012 for six weeks. Information on this consultation can be found at:

[www.hse.ie/go/saferbetterhealthcare](http://www.hse.ie/go/saferbetterhealthcare)  
(live from the 18th December).

### Information sessions – QPS Directorate

The QPS Directorate has been providing information sessions across the four regions on the work of the Directorate that supports implementation of the National Standards for Safer Better Healthcare. The sessions focused on:

#### 1. Acute Care Collaborative

a. Strategic approach to implementation of the National Standards Quality and Performance Improvement tool

#### 2. National Advocacy Unit

- a. You and Your Health Service – National Healthcare Charter
- b. Your Service Your Say – patient feedback  
You Said We did – best practice examples

#### 3. Updates on current projects within QPS

- a. Clinical Governance Development
- Patient Safety Culture Survey

To date twelve sessions have been delivered across the four regions over the last six weeks. The QPS Directorate would like to thank all those who attended the sessions as well as those who helped organise them at each of the different locations.

Region	Locations	Dates
DML	Naas General Hospital	23 <sup>rd</sup> Oct 2012
DML	MRH Tullamore	6 <sup>th</sup> Nov 2012
DML	MRH Portlaoise	6 <sup>th</sup> Nov 2012
Dublin	Dr. Steevens Hospital, Dublin	13 <sup>th</sup> Nov 2012
DNE	DNE QPS Managers Forum Swords	14 <sup>th</sup> Nov 2012
West	Mid-Western Regional Hospital Group	22 <sup>nd</sup> Nov 2012
West	Galway University Hospital Group, Galway	3 <sup>rd</sup> Dec 2012
South	Cork University Hospital	4 <sup>th</sup> Dec 2012
South	Mercy Hospital and South Infirmary	4 <sup>th</sup> Dec 2012
South	Waterford Regional Hospital	6 <sup>th</sup> Dec 2012
South	Wexford General Hospital	6 <sup>th</sup> Dec 2012
DML	MRH Mullingar	10 <sup>th</sup> Dec 2012

Future planned sessions:

Region	Locations	Dates
DML	Kilkenny General Hospital	15 <sup>th</sup> January 2013
DML	South Tipperary General Hospital	15 <sup>th</sup> January 2013
West	Sligo General Hospital	25 <sup>th</sup> January 2013
West	Mayo General	25 <sup>th</sup> January 2013

### Next Steps – January and February 2013

1. Support the consultation on the Quality and Performance Improvement Tool. Collate and discuss feedback within the Acute Care Collaborative and finalise tool.
2. Build the tool into the electronic Quality Management System.
3. Pilot the tool with a number of service providers.
4. Develop a guidance document and service user manual to support pilot.

<b>Standard 2.1</b>  <b>Core Quality Element</b>	<b>Performance Level 1</b>  There is an awareness of the need to improve performance with an agreed understanding of priority areas.	<b>Performance Level 2</b>  There is emerging progress to actively improve performance through the development of plans and processes in priority areas.	<b>Performance Level 3</b>  There are satisfactory quality systems and processes in place. These support sustainability and improvement throughout service	<b>Performance Level 4</b>  There are mature quality systems and processes in place. These systems support sustainable good practice and innovation throughout the service.	<b>Agreed Level</b>
<b>Evidenced Based Practice</b>  The delivery of care is based on the Integration of best available evidence, health-care professional knowledge and experience and service user's individual needs and circumstances.	<p>The service has an awareness of National Clinical Care Programmes, national policies and guidelines, Clinical Care Pathways, Care bundles and evidence based clinical information which applies to their service.</p> <p>The service has taken a number of measures and evidence based practice is being used within some clinical areas and Multidisciplinary teams.</p>	<p>The service actively identifies, appraises, circulates and implements National Clinical Care Programmes, national policies and guidelines, Clinical Care Pathways, Care bundles and evidence based clinical information which applies to their service.</p> <p>The service has arrangements in place to support the development and implementation of local evidence based policies, procedures and guidelines by the multidisciplinary team.</p> <p>The workforce is aware of how to access evidence based policies, procedures and guidelines to support effective clinical care.</p>	<p>There are systems and processes in place to support the Implementation of the National clinical programmes, policies and guidelines, clinical care pathways and care bundles. Issues impeding progress are reported to the Management Team and where relevant to National Clinical Programme leads.</p> <p>National policies and guidelines are adapted for use in local practice. The service is aware of those national policies and guidelines which have not been adopted or adapted locally and there is an agreed plan for addressing this.</p> <p>There is a programme of education and training in place to support healthcare professionals in the Implementation of evidence based practice.</p> <p>There is some recognition locally of quality initiatives undertaken.</p>	<p>The Governing Board and Management Team support the implementation of evidence based practice initiatives and allocate appropriate resources to enable them.</p> <p>Arrangements are in place to evaluate the effectiveness of the National Clinical Care Programmes, national policies and guidelines, Clinical Care Pathways, Care bundles.</p> <p>Service user feedback forms part of the evaluation.</p> <p>The service publicises their quality initiatives and shares learning with other healthcare services.</p>	Level 1 <input type="checkbox"/> Level 2 <input type="checkbox"/> Level 3 <input type="checkbox"/> Level 4 <input type="checkbox"/>

Further Information can be obtained by contacting the National Standards Implementation Team

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