DML Excellence Awards 2016 Report

Project No: 410 – Evolving existing clinical management systems to evidence-based, best practice systems.

Address: National Maternity Hospital, Holles St.

Location: Ireland East Hospitals Group

Brief Description (up to 200 words)

This project was triggered by internal and external stakeholder (including services users) demand for more efficient, effective, evidence-based clinical incident management systems plus the commitment of the Clinical Risk Department (CRD) Team to ensure the very best investigation system is in operation – understanding the context and constraints of the NMH's existing environment, resources and culture.

Following critical review of existing clinical incident management systems through bench-marking with local, national and international systems plus a review of the published evidence-based across the "evidence hierarchy", the CRD Team identified the complelling need to evolve existing systems to meet current and potential future NMH needs, current published standards and guidelines (HSE, HIQA, IEHG, etc.) as well as evidence-based best practice – all to foster a "just" patient safety and learning culture.

The project involved critical development of an evidence-based, holistic "system" (policy, procedure, guidelines) plus the identification, pilot and implementation of a cost-effective, "fit-for-purpose" IT platform ("Database Oasis") to provide critical and flexible recording, analysis and reporting capabilities for all stakeholder requirements.

Additionally a prospective evaluation approach was developed and implemented with the future integration with risk and audit systems into a single system also a key, underpinning design requirement.

Main goal(s) and aims of the Project

Aim:

To develop more efficient, effective, evidence-based clinical incident management systems in the NMH, within the context and constraints of existing environment, resources and culture to meet current and potential future NMH needs, current published standards and guidelines (HSE, HIQA, IEHG, etc.) as well as evidence-based best practice-all to foster a "just" patient safety and learning culture.

Objectives:

1. **By the end of October 2015 to research, identify, design, develop, pilot and implement a cost-effective, "fit-for-purpose" IT database platform to provide critical and flexible recording, analysis and reporting capabilities for all stakeholder requirements.**
2. **By the end of December 2015 to research, identify, design, develop, pilot and implement new evidence-based clinical incident management policy, procedure and guideline to meet current and future NMH and regulatory requirements (standards) – critically intergrated with the new IT database platform.**
3. **By the end of December 2015 to design and implement an evaluation plan (prospective, formative and summative) for the new evidence-based clinical incident management systems to identify success and opportunities for improvement and learning.**
4. **By the end of June 2016 to design and implement an evaluation plan (prospective, formative and summative) for all stakeholers associated with the new evidence-based clinical incident management systems to identify success, opportunity for improvement and learning.**
5. **To foster a "just" patient safety and learning culture throughout the implementation of the new clinical incident management system through communication, collaboration and involvement of all stakeholders as appropriate.**

Outline of Approach – main steps taken to implement the Project

A "Risk, Audit and Safety (RAS)" project plan was developed (aligned with the PRINCE2 evidence-based project management methodology) detailing responsible authorities, scope and objectives, benefits, approaches/dependencies, high-level risks, project organisation, project communications and a high-level plan (presented as a Gantt Chart).

The high-level plan indicated the following main steps:

1. **Project preparation/planning (including overall project planning, stakeholder engagement, evaluation planning, project risk management, evidence-based review, etc.).**
2. **Process mapping, analysis and re-engineering (current state and future state analysis plus gap analysis).**
3. **Identified resource acquisition and design/development (leadership mandate, human, IT, funding, etc.).**
4. **Training and piloting of new process.**
5. **Pilot review, application of updates and roll-out of new, approved/improved process (incl. strategic measures).**
6. **Lessons-learned, project close and ID of post-project actions.**