

Acute Operations

WEBINAR

Enabling Continuous Hospital Self-Assessment Utilising the Enhanced QA&I Tool

Host: Declan O’Keeffe

11th December, 2018

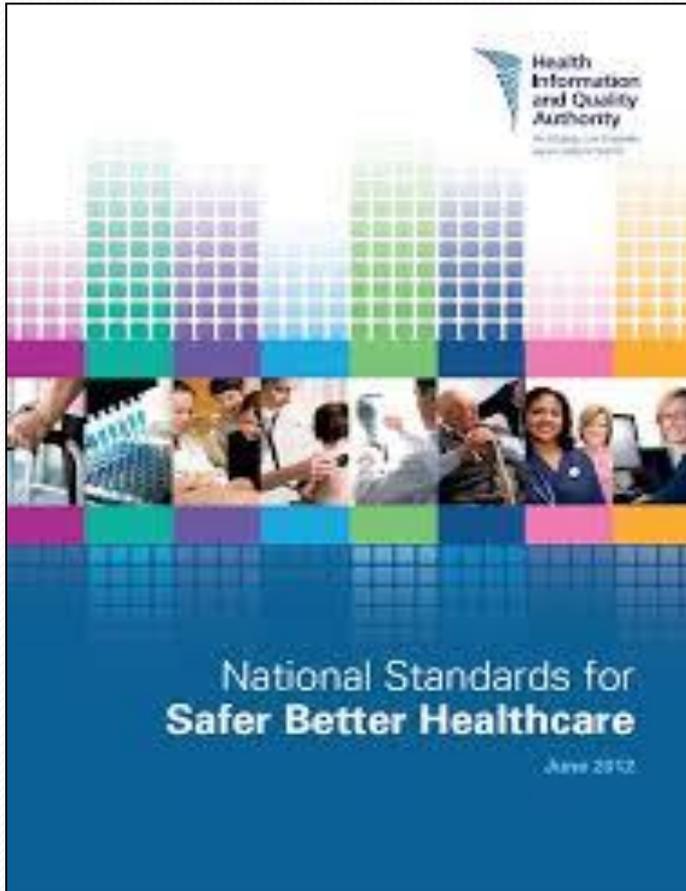


Webinar Objectives

- Increase awareness and understanding of how the Enhanced QA&I Tool can assist hospitals in self-assessing against the National Standards for Safer Better Health Care
- Outline background to the project on the Technical Enhancement of the QA&I Tool
- Demonstrate key enhancements / components of the Tool



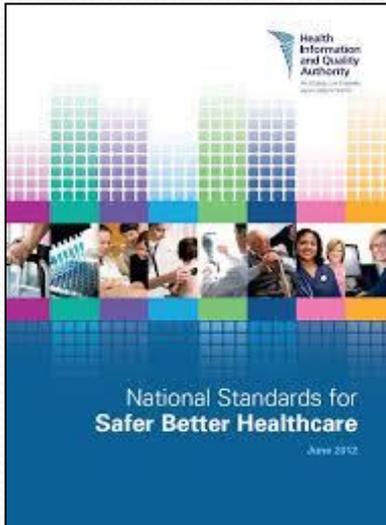
The National Standards for Safer Better Health Care



These standards are immensely important for patients, placing them at the heart of the care process.

They are aimed at protecting patients and improving services, and will form the basis for future licensing of all healthcare facilities in Ireland.

– HIQA, June, 2012



| THEME | | NUMBER OF STANDARDS | NUMBER OF ESSENTIAL ELEMENTS |
|----------------|---------------------------------------|---------------------|------------------------------|
| THEME 1 | Person Centred Care and Support | 9 | 9 |
| THEME 2 | Effective Care and Support | 8 | 10 |
| THEME 3 | Safe Care and Support | 7 | 12 |
| THEME 4 | Better Health and Wellbeing | 1 | 1 |
| THEME 5 | Leadership, Governance and Management | 11 | 12 |
| THEME 6 | Workforce | 4 | 4 |
| THEME 7 | Use of Resources | 2 | 2 |
| THEME 8 | Use of Information | 3 | 3 |
| TOTAL | | 45 | 53 |

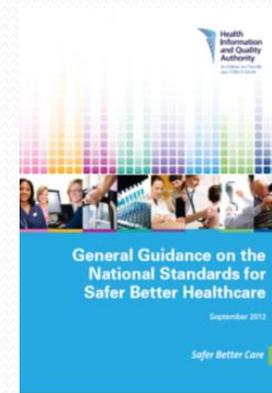
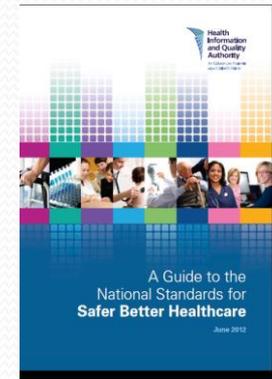
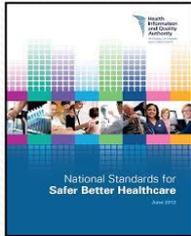
The dimensions of quality can be depicted as a wheel whereby:

The 4 themes on the upper half of the figure relate to dimensions of quality and safety.



The 4 themes on the lower half of the figure relate to key areas of capacity and capability

Self-Assessment Resources



The Vision for Self-Assessment against the NSSBHC

- Self - Assessment against the National Standards for Safer Better Healthcare should become an **integral, proactive and continuous** element of a hospital's Quality and Safety Framework.
- Self - Assessment can be seen as an opportunity to demonstrate what hospitals are doing well!
- Through Self-Assessment the National Standards can become real and relevant to front line staff and care delivery.



An Approach to Self-Assessment: Saolta University Health Care Group

Saolta established a new National Standards Working Group in December 2017 to develop and promote a collaborative approach within Saolta to the National Standards Self-Assessment process using the QA+I Tool and by developing a culture of peer shared learning and experience in relation to:

- Self- Assessment Processes
- Evidence of Compliance (EOC) and Quality Improvement (QIP) Projects
- Use of the QA+I Tool

The Saolta National Standards Working Group agreed on its terms of reference and membership and scheduled bi -monthly meetings. Data would be populated by Quality & Safety Leads and Data Inputters.

Saolta decided to adopt a phased approach being cognisant of competing priorities, workload and resources issues on each test site, focussing on just two of the eight Themes in order to test the approach, framework and the assessment tool.

Theme 1: Person Centred Care and Support

Theme 5: Leadership, Governance and Management.

HOW DO YOU EAT AN ELEPHANT ?



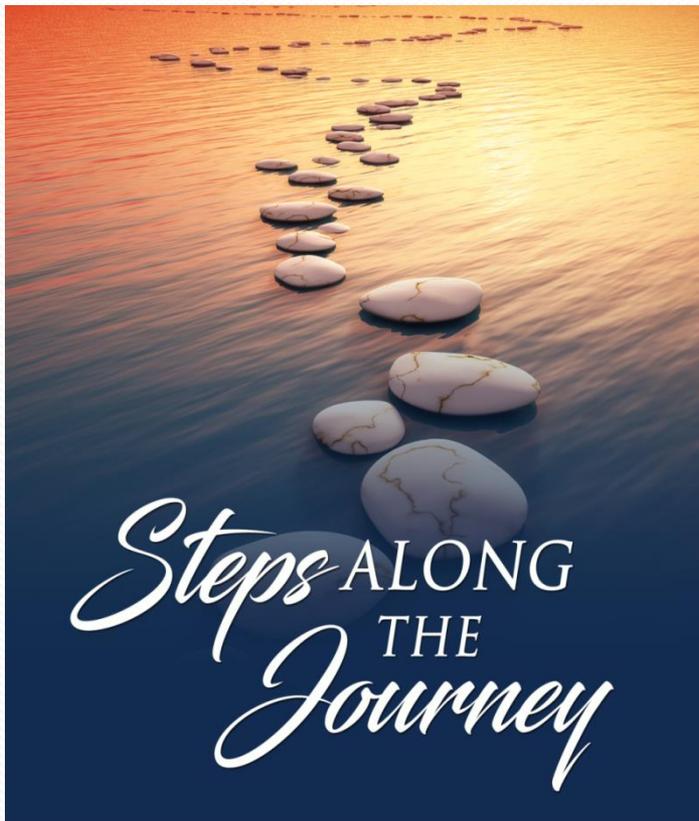
The Saolta Pilot of the Enhanced QA+I Tool incorporated a training and education campaign with an enhanced understanding and utilisation of the Tool and their data collation and submission processes.

Three sites within Saolta participated as pilots: Galway University Hospitals; Sligo University Hospital; Roscommon University Hospital.

Significant contribution from the pilot sites - in particular from the data inputters as their feedback contributed to many of the enhancements to the QA+I Tool.

Contact name for further information in relation to self-assessment at Saolta University Health Care Group: **Tess Fogarty, Quality and Safety Manager, Saolta** tess.fogarty@hse.ie

So far in this webinar, I have provided a brief overview of the National Standards and reviewed a model of self-assessment as undertaken by Saolta University Health Care Group.



In the following sections I will review the project on the **Enhanced QA&I Tool** and will highlight some of its key enhancements, before providing a more detailed demonstration of some of the Tool's key functionalities.

Development Timeline

National Standards
NSSBH Launched by HIQA
Adopted by HSE

QA+I Tool
Project Approval by National
Director Acute Ops

QA+I Tool
Project Steering Group
Established to Implement
Enhancements

2012

2013

2017

2017

2017

2018

Acute Care Collaborative
Developed & Released
the QA+I Workbooks and
the QA+I Tool

QA+I Tool
Modified Tool Released &
National Survey Undertaken

QA+I Tool
Enhanced QA+I Tool
Launched 11th October

Project Steering Group

Gareth Clifford, QPS Acute Ops | Project Chair (formerly Deirdre McNamara)

Declan O’Keeffe, QPS Acute Ops | Project Lead

Tess Fogarty, Saolta | Hospital Group Representative

Helen Ryan, Beaumont | Hospital Representative

Clare Doherty, OoCIO | Technical Advisor

Acknowledging the Support and Co-Operation of:

Liam Woods, Margaret Brennan, Dr. Mary Browne, Acute Care Collaborative

Saolta Healthcare Group - GUH, Sligo and Roscommon

Bluewave Technology – system developers

Dashboard Development - OoCIO

Project Objectives

- To identify key technical enhancements which could be made to the existing QA&I Tool
- To design, test and implement identified modifications
- To support and facilitate hospitals/hospital groups in optimising added value from the implementation of the enhancements



Anticipated Benefits from the Project

- Added value from the Tool
- Increased usage of the Tool
- Access to timely information at all levels
- National and HG level management information on the extent/degree of compliance with the National Standards



Project Development

- Project funding approved October, 2017
- 12 + Steering Group meetings
- Key enhancements identified and technical specification submitted to developers (Bluewave)
- Meeting held with Saolta senior management to arrange trial run of the enhanced Tool in summer 2018
- Initiated Development of Dashboard
- Launched the Enhanced QA&I Tool at the NPSO Conference 17/18 October, 2018
- 15 Training sessions with ongoing system support



Survey Outcome

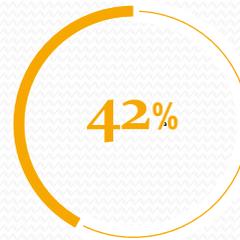
What You Said



Manageable To Use

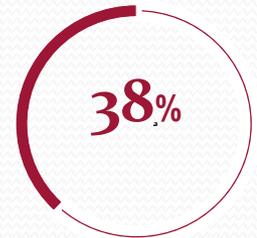


Approval Rating



Use of Tool

Rarely Use



Different Methods

Recording Self-
Assessment

Vast majority said additional features would be **Useful** or **Very Useful**

What Users Said.....We Did!

Key Enhancements : Four Categories

1

Improved Data Analysis

Graphs, Charts, Dashboards

2

Improved Storage & Access

Facilities to Attach Documents, Hyperlinks, and Access to Previous Self-Assessments

3

Improved Information Sharing & Range of Reports

Hospital, Hospital Group and National Reports

4

Improved Interface and Functionality

More On-Screen Prompts, On-Line Manual/Resources, Better Examples of Best Practice, Mobile/Tablet Access

Key Enhancements to the 2018 QA&I Tool include :

- A new metric to measure the percentage of Essential Elements assessed
- Historical self-assessment data is now pre-populated on the Tool
- Local files may be uploaded to the Tool to support evidence of compliance
- Automatic system reminders may be generated for Quality Improvement Plans
- Consolidated Reports can be generated at Hospital, HG and National level
- A Resources tab has been introduced which includes on-line access to training videos, User Guide, FAQs, Standards, weblinks etc
- Reports can now be exported to Excel
- Switching Elements is now easier
- Additional guidance on determining appropriate evidence of compliance

- Plus: Compatibility with mobile technology e.g. smartphones, tablets
- Plus: Dashboard is currently under development

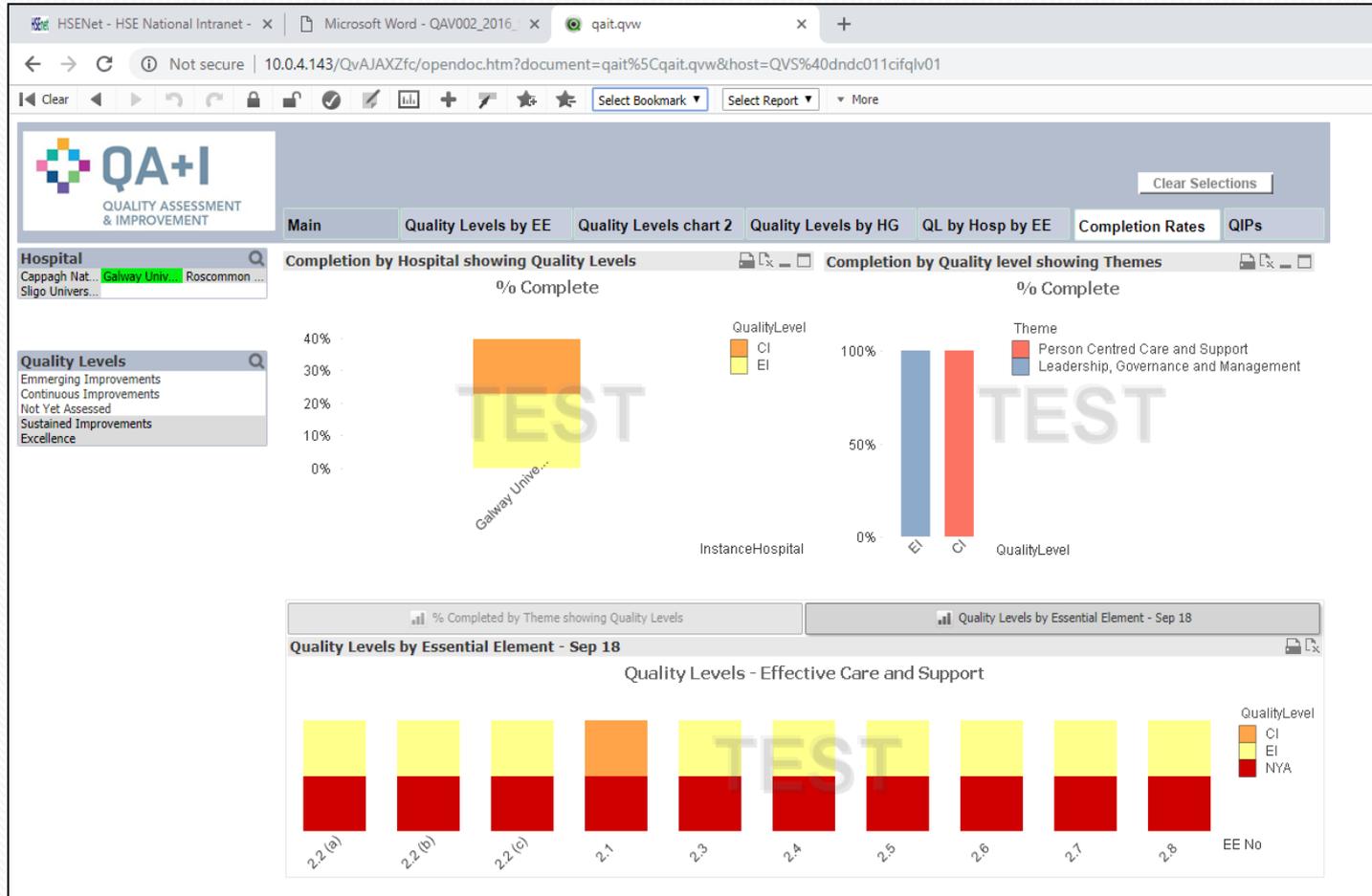


Metric to Measure % Essential Elements Assessed

Improved Data Analysis

The screenshot displays the QA+I tool interface. At the top, navigation links include Home, Reports, Resources, Admin, and a user profile for Declan O'Keeffe. The 'Select Assessment' section contains filters for Function (Acute Hospitals), Hospital Group, Hospital, and Directorate. A red box highlights the '0% Essential Elements Assessed (0/53)' indicator in the Directorate dropdown menu. Below this, the 'Themes' column lists categories like 'Person Centred Care and Support' (0/9), 'Effective Care and Support' (0/10), 'Safe Care and Support' (0/12), 'Better Health and Wellbeing' (0/1), 'Leadership, Governance and Management' (0/12), 'Workforce' (0/4), 'Use of Resources' (0/2), and 'Use of Information' (0/3). The 'Standards' column lists 1.1 through 1.9. The 'Essential Elements' column shows 'Service User Involvement'. A large grey box at the bottom center displays '0% Essential Elements Assessed (0/53)'. Red arrows point from the 'Person Centred Care and Support' theme and the '0% Essential Elements Assessed (0/53)' box in the Directorate filter to the main summary box.





2013 and 2017 Evidence of Compliance upload automatically

Person Centred Care and Support
1.1 The planning, design and delivery of services are informed by service users' identified needs and preferences
Service User Involvement
 Service users are involved in the planning and delivery of healthcare services so that they are responsive to their needs and preferences

Essential criteria to meet each Standard are available when you click on the Show Key Criteria button above. In addition, more specific requirements identified by HIQA in relation to this particular Essential Element are available [here](#)

| Document name | Ref. No. | Location | Contact name | Additional info | Attachments |
|---|-----------|--------------------------|--------------|-----------------|-------------|
| 2017: Staff Information Material - Service User Rights & Responsibilities | PP-CNOH-8 | | | | |
| 2017: Service User Information Material - Complaints/ Feedback/ Rights & Responsibilities | IM-CNOH-1 | | | | |
| 2017: National Patient Experience Survey May 2017 | | | | | |
| 2017: Service User & Staff Information Material - National Healthcare Charter Posters | ED-CNOH-1 | | | | |
| 2017: Complaints/ Log/ Trend Analysis | PP-COR-15 | Q-Pulse & Quality Office | | | |



Previous Quality Improvement Actions upload automatically

Person Centred Care and Support

1.2 Service users have equitable access to healthcare services based on their assessed needs

Fair Access to Healthcare Services

Service users have equitable access to services based on assessed needs and not restricted by geographical location, ability to pay or disability

[Close](#)
[Save Element](#)
[Show Key Criteria](#)
[Create Evidence](#)
[Print Evidence](#)
[Create Improvement Action](#)
[Print Improvement Actions](#)
[Switch Element ▾](#)

[Evidence](#)
[Improvement Actions](#)
[Quality Level](#)
[Edits Log](#)
[Inactive Evidence](#)
[Inactive Improvement Actions](#)

| Action | Assigned to | Start Date | Due Date | Completed Date | Status | Additional Information |
|---|-------------|------------|------------|----------------|---------|------------------------|
| 2017: Perform a risk assessment of the environment and facilities to ensure accessibility for all service users -place on annual risk schedule & update risk register as required | TBA | 30/05/2017 | 30/05/2017 | | Overdue | |
| 2017: Audit of compliance with Management of Referrals policy to be performed - place on audit schedule | TBA | 30/05/2017 | 30/05/2017 | | Overdue | |
| 2017: Evaluate the experience of service users regarding accessibility of services | TBA | 30/05/2017 | 30/05/2017 | | Overdue | |



Evidence [Close]

Feature | Edits Log

* required field

Description of Evidence *

Ref. No.

Location *

Contact Name *

Additional Information

Mark this as inactive **Yes**

Attachments (max. 5) There are no attached files.



Improvement Action

Feature | Edits Log

* required field

Action *

Assigned to (name) *

Please enter an email address if you wish a reminder to issue:

Assigned to (email address)

Due Date *

Completed Date

Additional information

Mark this as inactive

Close Save changes



Improved Interface & Functionality



Quality Assessment + Improvement Tool

Home

Reports ▾

Resources ⓘ

Resources

Evidence - 6 Key Things to Consider

Provides examples of Evidence of Compliance

Frequently Asked Questions (FAQ)

Provides answers to a number of User queries

General Guidance on the National Standards for Safer Better Healthcare

HIQA - September, 2012

Glossary of Terms

General Guidance on the NSSBH - HIQA - September, 2012

How to Export Reports from the Tool to Excel

Short Powerpoint video showing how to export reports to Excel

How to Log In to the QA&I Tool

Short Powerpoint video showing how to access the Tool

How to Set-Up an Email Reminder for Improvement Actions

Short Powerpoint video showing how to set up an email reminder for QIPs

How to Upload Files to the QA&I Tool

Short Powerpoint video showing how to upload files/documents from your PC

National Standards for Safer Better Healthcare

HIQA - June, 2012

Close



Person Centred Care and Support
1.1 The planning, design and delivery of services are informed by service users' identified needs and preferences
Service User Involvement
 Service users are involved in the planning and delivery of healthcare services so that they are responsive to their needs and preferences

Close Save Element Show Key Criteria Create Evidence Print Evidence Create Improvement Action Print Improvement Actions Switch Element ▾

Evidence Improvement Actions Quality Level Edits Log Inactive Evidence Inactive Improvement Actions

Essential criteria to meet each Standard are available when you click on the Show Key Criteria button above. In addition, more specific requirements for this particular Essential Element are available [here](#)

| Document name | Ref. No. | Location | Co na |
|---|-----------|----------|----------|
| 2017: Staff Information Material - Service User Rights & Responsibilities | PP-CNOH-8 | | |
| 2017: Service User Information Material - Complaints/ Feedback/ Rights & Responsibilities | IM-CNOH-1 | | |
| 2017: National Patient Experience Survey May 2017 | | | |
| 2017: Service User & Staff Information Material - National Healthcare Charter Posters | ED-CNOH-1 | | |

Switch to an element below

- 1.1... Service User Involvement...
- 1.2... Fair Access to Healthcare Services...
- 1.3... Protecting Service User Rights...
- 1.4... Shared Decision Making...
- 1.5... Informed Consent...
- 1.6... Respecting Privacy and Dignity...
- 1.7... Embedding a Culture of Kindness, Consideration and Respect...
- 1.8... Effective Management of Service User Feedback...
- 1.9... Enabling Better Health and Wellbeing...



Essential Element: Acute Hospitals - [Redacted]

Person Centred Care and Support

1.2 Service users have equitable access to healthcare services based on their assessed needs

Fair Access to Healthcare Services

Service users have equitable access to services based on assessed needs and not restricted by geographical location, ability to pay or disability

Close Save Element **Show Key Criteria** Create Evidence Print Evidence Create Improvement Action Print Improvement Actions Switch Element ▾

Evidence Improvement Actions Quality Level History Additional Information

Essential criteria to meet each Standard are available when you click on the Show Key Criteria button above. In addition, more specific requirements identified by HIQA in relation to this particular Essential Element are available [here](#)



Improved Information Sharing & Range of Reports

Analysis of Assessment
Acute Hospitals

| | Complete/Total indicators | Emerging Improvement | Continuous Improvement | Sustained improvement | Excellence |
|---------------------------------------|---------------------------|----------------------|------------------------|-----------------------|------------|
| Person Centred Care and Support | 9/9 (100%) | 0 | 0 | 0 | 0 |
| Effective Care and Support | 0/10 (0%) | 0 | 0 | 0 | 0 |
| Safe Care and Support | 0/12 (0%) | 0 | 0 | 0 | 0 |
| Better Health and Wellbeing | 5/1 (0%) | 0 | 0 | 0 | 0 |
| Leadership, Governance and Management | 12/12 (100%) | 0 | 0 | 0 | 0 |
| Workforce | 0/4 (0%) | 0 | 0 | 0 | 0 |
| Use of Resources | 0/2 (0%) | 0 | 0 | 0 | 0 |
| Use of Information | 0/3 (0%) | 0 | 0 | 0 | 0 |
| Total Number (%) | 21/93 (40%) | 0 | 0 | 0 | 0 |

Completed Assessment of all 8 Themes: Person Centred Care and Support

Completed Assessment of all 8 Themes: Number

Person Centred Care and Support

| Standard | Element | Emerging Improvement |
|---|------------------------------------|----------------------|
| 1.1 The planning, design and delivery of services are informed by service users' identified needs and preferences | Service User Involvement | 0 |
| 1.2 Service users have equitable access to healthcare services based on their assessed needs | Fair Access to Healthcare Services | 0 |

Evidence Report
Acute Hospitals
Filtered by theme: Safe Care and Support

| Theme | Standard | Element | Document Name | Ref no. | Location | Contact | Additional | Attached |
|-----------------------|--|--|--|---------|----------|---------|------------|----------|
| Safe Care and Support | 3.1 Service providers protect service users from the risk of harm associated with the design and delivery of healthcare services | (a) Implementing National Standards, Policies, Procedures, Guidelines and Report Recommendations | Implementing National Standards, Policies, Procedures, Guidelines and Report Recommendations | | | | | |
| | | | Implementing National Standards, Policies, Procedures, Guidelines and Report Recommendations | | | | | |
| Safe Care and Support | 3.1 Service providers protect service users from the risk of harm associated with the design and delivery of healthcare services | (a) Implementing National Standards, Policies, Procedures, Guidelines and Report Recommendations | Implementing National Standards, Policies, Procedures, Guidelines and Report Recommendations | | | | | |
| | | | Implementing National Standards, Policies, Procedures, Guidelines and Report Recommendations | | | | | |
| Safe Care and Support | 3.1 Service providers protect service users from the risk of harm associated with the design and delivery of healthcare services | (a) Implementing National Standards, Policies, Procedures, Guidelines and Report Recommendations | Implementing National Standards, Policies, Procedures, Guidelines and Report Recommendations | | | | | |
| | | | Implementing National Standards, Policies, Procedures, Guidelines and Report Recommendations | | | | | |

Quality Assessment + Improvement Tool DEV
Home Reports Resources Admin User: Declan O'Keefe Log out

Select Assessment: QIP Report

Function: Acute Hospitals Hospital Group: Hospital: Directorate: --- Select Directorate ---

Select Theme: Person Centred Care and Support Select Assigned to Person: All Select Status: All

View QIP Report Print QIP Report Export current report to excel

Current Assessment: Acute Hospitals, Saolta University Health Care Group, University Hospital Galway

Quality Improvement Plan
Acute Hospitals
Filtered by theme: Person Centred Care and Support

Person Centred Care and Support

1.2 Service users have equitable access to healthcare services based on their assessed needs

Fair Access to Healthcare Services

| Action | Assigned to | Start Date | Due Date | Completed Date | Status | Additional Information |
|---|-------------|------------|------------|----------------|---------|---|
| Complete Facilities Access audit | | 13/03/2014 | 30/06/2017 | | Overdue | Three disability access officers trained in GUH in Dec 2014. Roles in place since 2015. Access Officer Committee being established in 2016. See evidence records for more detail. Ongoing work in progress. |
| Continue Site Signage Project | | 10/06/2014 | 30/06/2017 | | Overdue | Signage will be reviewed as part of a research project with NUIG on Health Literacy among Ageing population Project ongoing. |
| Information portal web based available to all women and facility to translate leaflets into different languages | | 28/02/2018 | 31/03/2018 | | Overdue | |
| fdres | | 14/06/2018 | 30/06/2018 | | Overdue | |
| test | | 12/07/2018 | 12/07/2018 | | Overdue | |

1.3 Service users experience healthcare which respects their diversity and protects their rights



Improved Information Sharing & Range of Reports

Select Assessment: Evidence Report

Function: Acute Hospitals | Hospital Group: | Hospital: | Directorate: --- Select Directorate ---

Select theme: All | No Contacts found

[View Evidence Report](#) [Print Evidence Report](#) [Export current report to excel](#)

Current Assessment: Acute Hospitals,

Evidence Report

Acute Hospitals



[Export current report to excel](#)

Demonstration of some key functionalities

1. Logging In to the QA&I Tool
2. Generating Reports from the Tool
3. Exporting Reports from the Tool to Excel
4. Uploading Files to the Tool
5. Generating Email Reminders for QIPs
6. Making Historical data Inactive
7. Applying a Quality Level on the Tool



2018 QA+I TOOL

USER GUIDE FOR ACUTE HOSPITALS AND HOSPITAL GROUPS

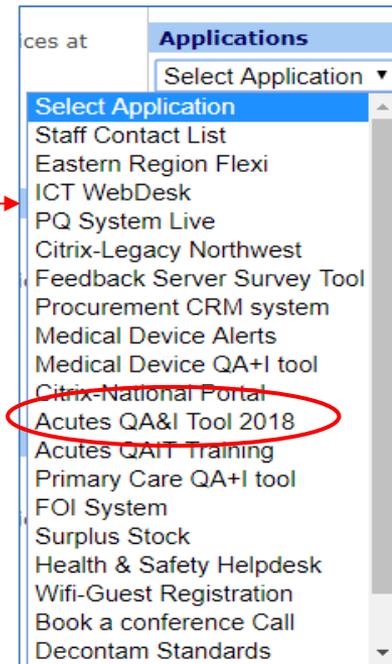
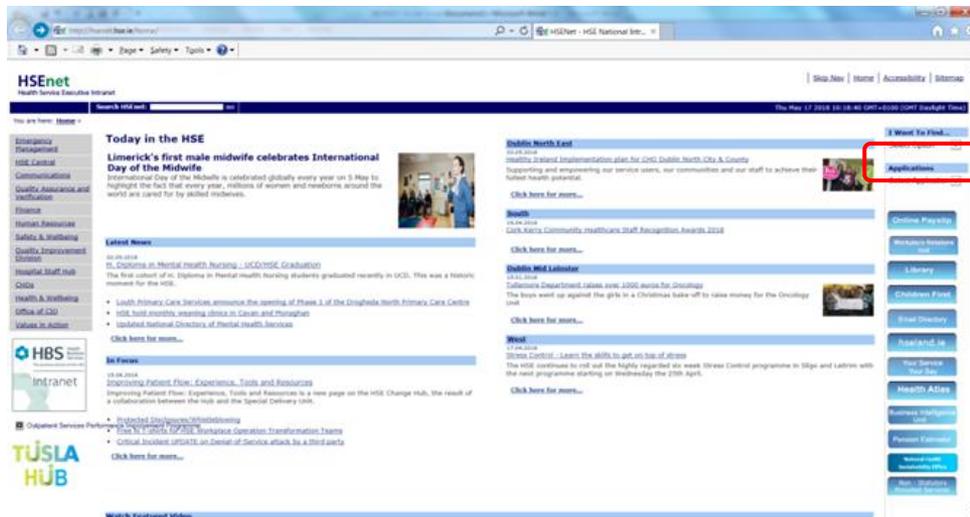
1. LOGGING IN TO THE QA&I TOOL

Demonstration of some key functionalities

1. **Logging In to the QA&I Tool**
2. Generating Reports from the Tool
3. Exporting Reports from the Tool to Excel
4. Uploading Files to the Tool
5. Generating Email Reminders for QIPs
6. Making Historical data Inactive
7. Applying a Quality Level on the Tool

Connecting to the QA& I Tool

1. Go the homepage of the HSEnet (or link directly to the Tool from a weblink)
2. Click on the Applications dropdown list and select **Acutes QA&I Tool 2018**



Connecting to the QA& I Tool

3. You will then be presented with the Server Log In screen where you must enter your Username and Password. Remember: Your Username is not case sensitive but your Password must be entered in lowercase only.



Server Login

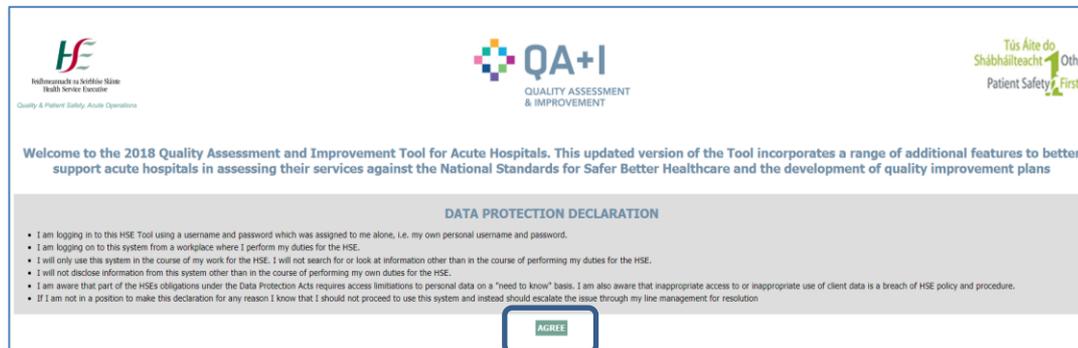
Please type your user name and password

User name: declan okeeffe

Password:

Log In

4. You are then presented with the Data Protection Declaration screen. Please click on Accept.



Quality & Patient Safety, Acute Operations

QUALITY ASSESSMENT & IMPROVEMENT

Tús Áite do Shábháilteacht 1 Othar
Patient Safety First

Welcome to the 2018 Quality Assessment and Improvement Tool for Acute Hospitals. This updated version of the Tool incorporates a range of additional features to better support acute hospitals in assessing their services against the National Standards for Safer Better Healthcare and the development of quality improvement plans

DATA PROTECTION DECLARATION

- I am logging in to this HSE Tool using a username and password which was assigned to me alone, i.e. my own personal username and password.
- I am logging on to this system from a workplace where I perform my duties for the HSE.
- I will only use this system in the course of my work for the HSE. I will not search for or look at information other than in the course of performing my duties for the HSE.
- I will not disclose information from this system other than in the course of performing my own duties for the HSE.
- I am aware that part of the HSE's obligations under the Data Protection Act requires access limitations to personal data on a "need to know" basis. I am also aware that inappropriate access to or inappropriate use of client data is a breach of HSE policy and procedure.
- If I am not in a position to make this declaration for any reason I know that I should not proceed to use this system and instead should escalate the issue through my line management for resolution

AGREE

2018 QA+I TOOL

USER GUIDE FOR ACUTE HOSPITALS AND HOSPITAL GROUPS

2. GENERATING REPORTS

Demonstration of some key functionalities

1. Logging In to the QA&I Tool
2. **Generating Reports from the Tool**
3. Exporting Reports from the Tool to Excel
4. Uploading Files to the Tool
5. Generating Email Reminders for QIPs
6. Making Historical data Inactive
7. Applying a Quality Level on the Tool

1. At the top of the screen you will notice there are several options, including Home, Reports and Resources. Click on Reports to access the Reports menu.

QA+I Quality Assessment + Improvement Tool Home **Reports** Resources Admin User: Declan O'Keefe Log out

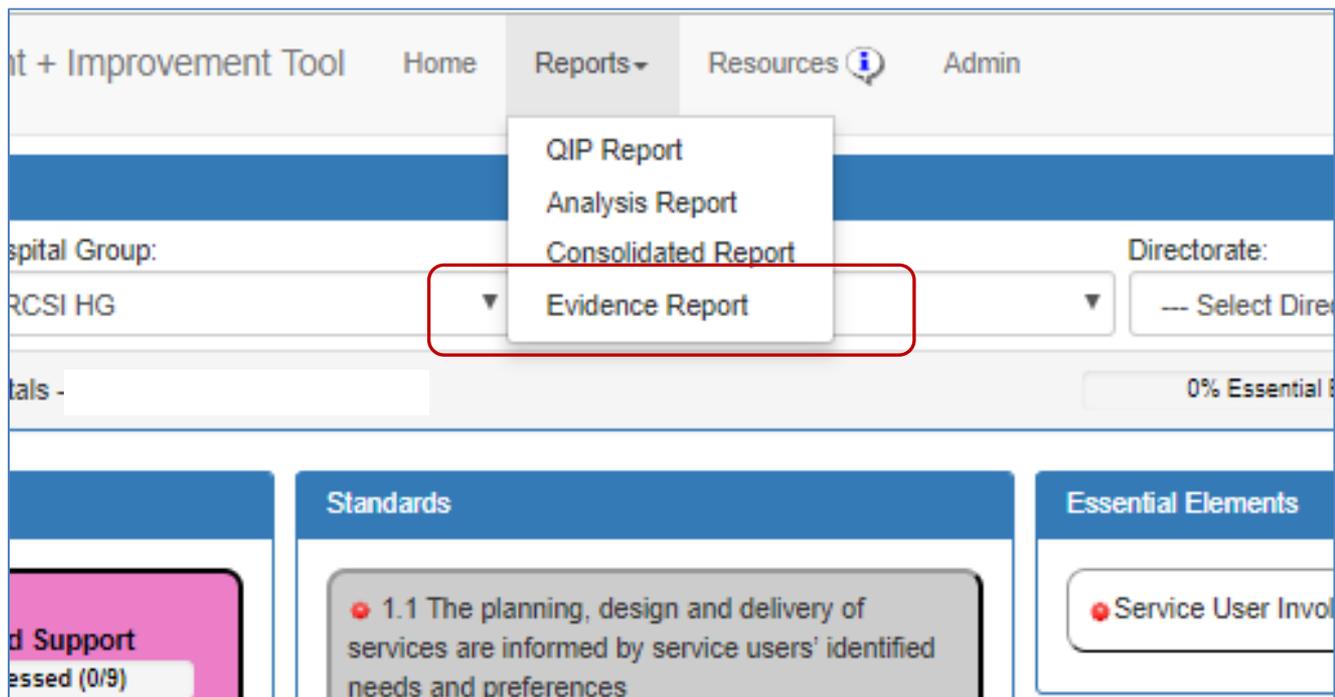
Select Assessment

Function: Acute Hospitals Hospital Group: Hospital: Directorate: --- Select Directorate ---

Current Assessment: Acute Hospitals - 0% Essential Elements Assessed (0/53)

| Themes | Standards | Essential Elements |
|---|--|--------------------------|
| Person Centred Care and Support 0% Essential Elements Assessed (0/9) | 1.1 The planning, design and delivery of services are informed by service users' identified needs and preferences | Service User Involvement |
| Effective Care and Support 0% Essential Elements Assessed (0/10) | 1.2 Service users have equitable access to healthcare services based on their assessed needs | |
| Safe Care and Support 0% Essential Elements Assessed (0/12) | 1.3 Service users experience healthcare which respects their diversity and protects their rights | |
| Better Health and Wellbeing 0% Essential Elements Assessed (0/1) | 1.4 Service users are enabled to participate in making informed decisions about their care | |
| Leadership, Governance and Management 0% Essential Elements Assessed (0/12) | 1.5 Service users' informed consent to care and treatment is obtained in accordance with legislation and best available evidence | |
| Workforce 0% Essential Elements Assessed (0/4) | 1.6 Service users' dignity, privacy and autonomy are respected and promoted | |
| Use of Resources 0% Essential Elements Assessed (0/2) | 1.7 Service providers promote a culture of kindness, consideration and respect | |
| Use of Information | | |

2. You will now see a dropdown list giving details of the types of reports that are available. In order to generate any of these report simply click on the report type. In this example, we will focus on generating an Evidence Report.



3. You will now be presented with the Evidence Report screen. This screen includes filters to allow you to select which of the Themes you wish to report on and also to select the name of the responsible person. Having made your selection then click on **View Evidence Report**.

The screenshot shows the 'Select Assessment: Evidence Report' interface. At the top, the QA+I logo and navigation menu are visible. The main area contains several dropdown menus: 'Function' (Acute Hospitals), 'Hospital Group' (empty), 'Hospital' (empty), and 'Directorate' (--- Select Directorate ---). Below these are 'Select Theme' (All) and 'Select Contact Name' (All). Two buttons, 'View Evidence Report' and 'Print Evidence Report', are positioned at the bottom right.

This screenshot shows the same interface as the previous one, but with the 'View Evidence Report' button highlighted by a red rectangle. The 'Select Theme' dropdown menu is open, displaying a list of themes: 'All', 'Person Centred Care and Support', 'Effective Care and Support', 'Safe Care and Support', 'Better Health and Wellbeing', 'Leadership, Governance and Management' (highlighted in blue), 'Workforce', 'Use of Resources', and 'Use of Information'. The 'View Evidence Report' button remains highlighted.

4. Your report will generate to screen as below. At this point you can elect to print the report or export it to Excel.

The screenshot shows the QA+I Quality Assessment + Improvement Tool interface. At the top, there is a navigation bar with 'Home', 'Reports', 'Resources', and 'Admin' menus, and a user profile for 'Declan O'Keeffe'. The main content area is titled 'Select Assessment: Evidence Report' and contains several dropdown menus for 'Function' (Acute Hospitals), 'Hospital Group', 'Hospital', 'Directorate', 'Select Theme' (Leadership, Governance and M), and 'Select Contact Name' (All). Below these are three buttons: 'View Evidence Report', 'Print Evidence Report', and 'Export current report to excel', which are circled in red. Below the form, the current assessment is identified as 'Acute Hospitals, Saolta University Health Care Group, Galway University Hospitals'. The main section is titled 'Evidence Report' and displays the QA+I logo and the text 'Acute Hospitals' and 'Filtered by theme: Leadership, Governance and Management'. Below this is a table with the following columns: Theme, Standard, Element, Document Name, Ref no., Location, Contact Name, Additional Info, and Attached file(s).

| Theme | Standard | Element | Document Name | Ref no. | Location | Contact Name | Additional Info | Attached file(s) |
|-------|----------|---------|---------------|---------|----------|--------------|-----------------|------------------|
| | 5.1 | | | | | | | |

5. You can print reports from the Report menu (as demonstrated above) or you can also elect to **Print Evidence** or **Print Improvement Actions** from within any of the Essential Elements.

The screenshot shows the 'Essential Element: Acute Hospitals' interface. The header is 'Essential Element: Acute Hospitals -'. Below this, the theme is 'Leadership, Governance and Management' and the standard is '5.1 Service providers have clear accountability arrangements to achieve the delivery of high quality, safe and reliable healthcare'. The element is 'Clear Accountability' with the description 'There is a clear scheme of accountability throughout the service for the quality of care delivered'. At the bottom, there is a row of buttons: 'Close', 'Save Element', 'Show Key Criteria', 'Create Evidence', 'Print Evidence', 'Create Improvement Action', 'Print Improvement Actions', and 'Switch Element'. The 'Print Evidence' and 'Print Improvement Actions' buttons are circled in red.

2018 QA+I TOOL

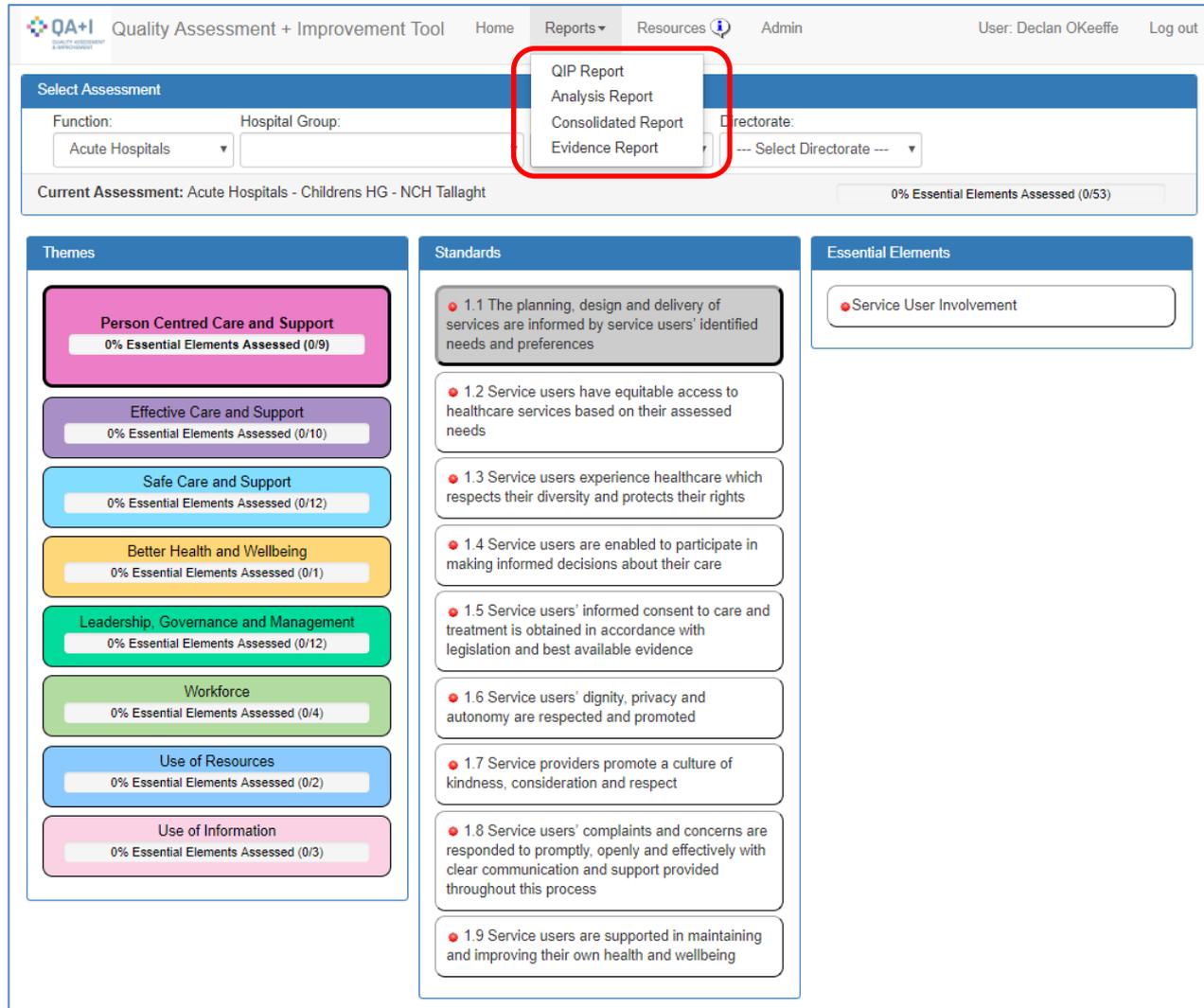
USER GUIDE FOR ACUTE HOSPITALS AND HOSPITAL GROUPS

3. EXPORTING TO EXCEL

Demonstration of some key functionalities

1. Logging In to the QA&I Tool
2. Generating Reports from the Tool
3. Exporting Reports from the Tool to Excel
4. Uploading Files to the Tool
5. Generating Email Reminders for QIPs
6. Making Historical data Inactive
7. Applying a Quality Level on the Tool

1. Click on the **Reports** tab to generate a report. In this tutorial we will select a **QIP Report**.



QA+I Quality Assessment + Improvement Tool Home Reports Resources Admin User: Declan O'Keeffe Log out

Select Assessment

Function: Acute Hospitals Hospital Group: Childrens HG - NCH Tallaght Directorate: --- Select Directorate ---

Current Assessment: Acute Hospitals - Childrens HG - NCH Tallaght 0% Essential Elements Assessed (0/53)

Themes

- Person Centred Care and Support
0% Essential Elements Assessed (0/9)
- Effective Care and Support
0% Essential Elements Assessed (0/10)
- Safe Care and Support
0% Essential Elements Assessed (0/12)
- Better Health and Wellbeing
0% Essential Elements Assessed (0/1)
- Leadership, Governance and Management
0% Essential Elements Assessed (0/12)
- Workforce
0% Essential Elements Assessed (0/4)
- Use of Resources
0% Essential Elements Assessed (0/2)
- Use of Information
0% Essential Elements Assessed (0/3)

Standards

- 1.1 The planning, design and delivery of services are informed by service users' identified needs and preferences
- 1.2 Service users have equitable access to healthcare services based on their assessed needs
- 1.3 Service users experience healthcare which respects their diversity and protects their rights
- 1.4 Service users are enabled to participate in making informed decisions about their care
- 1.5 Service users' informed consent to care and treatment is obtained in accordance with legislation and best available evidence
- 1.6 Service users' dignity, privacy and autonomy are respected and promoted
- 1.7 Service providers promote a culture of kindness, consideration and respect
- 1.8 Service users' complaints and concerns are responded to promptly, openly and effectively with clear communication and support provided throughout this process
- 1.9 Service users are supported in maintaining and improving their own health and wellbeing

Essential Elements

- Service User Involvement

2. Click on **View QIP Report**.

QA+I Quality Assessment + Improvement Tool DEV Home Reports Resources Admin User: Declan O'Keeffe Log out

Select Assessment: QIP Report

Function: Acute Hospitals Hospital Group: Hospital: Directorate: --- Select Directorate ---

Select Theme: All Select Assigned to Person: All Select Status: All

View QIP Report **Print QIP Report**

Current Assessment: Acute Hospitals, :

3. Notice that that a new tab named **Export current report to Excel** now appears on screen. Click to generate an Excel report.

QA+I Quality Assessment + Improvement Tool DEV Home Reports Resources Admin User: Declan O'Keeffe Log out

Select Assessment: QIP Report

Function: Acute Hospitals Hospital Group: Hospital: Directorate: --- Select Directorate ---

Select Theme: Person Centred Care and Supp Select Assigned to Person: All Select Status: All

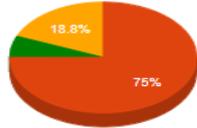
View QIP Report **Print QIP Report**
Export current report to excel

Current Assessment: Acute Hospitals,

Quality Improvement Plan

Acute Hospitals

Filtered by theme: Person Centred Care and Support



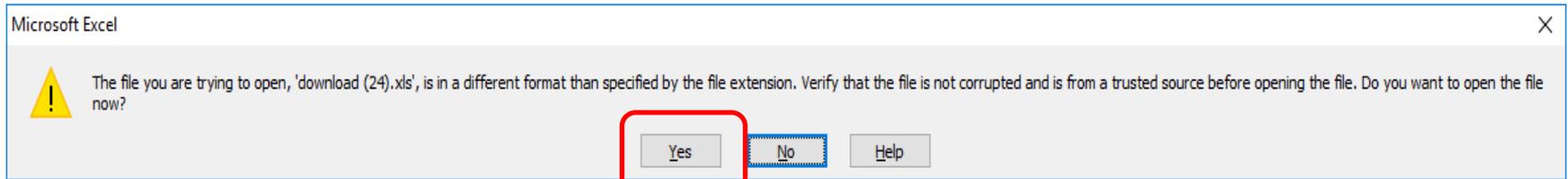
| Status | Count | Percentage |
|-------------|-------|------------|
| Overdue | 12 | 75% |
| Completed | 1 | 18.8% |
| In Progress | 3 | |

Person Centred Care and Support

1.2 Service users have equitable access to healthcare services based on their assessed needs

Fair Access to Healthcare Services

4. The following Excel dialog box may then appear. This notice will appear due to different versions of Excel. Simply select **Yes** to proceed and the Excel report will then display on screen.

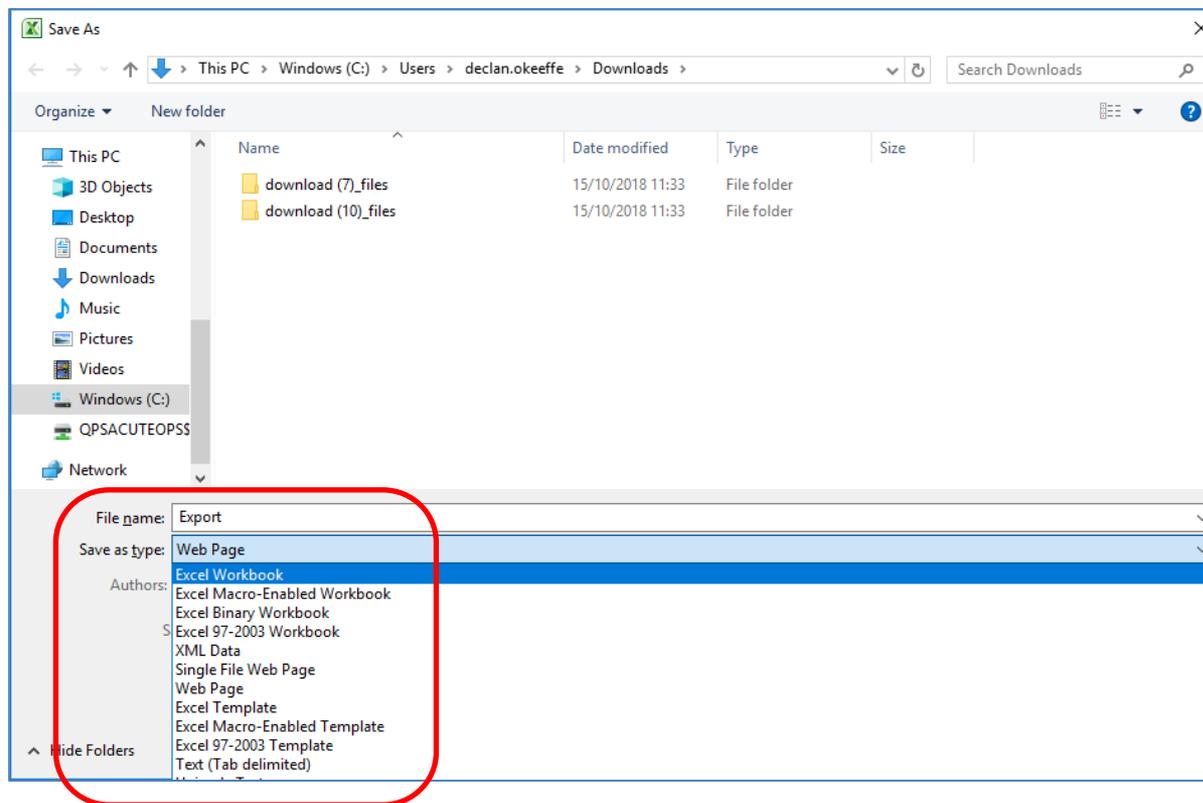


The screenshot shows an Excel spreadsheet with the following data:

| 1 | Theme | Standard | Element | Action | Assigned to | Start date | Due date | Completed date | Status | Additional Information |
|---|---------------------------------|--|------------------------------------|---|------------------------------|------------|------------|----------------|-----------|--|
| 2 | Person Centred Care and Support | 1.2 Service users have equitable access to healthcare services based on their assessed needs | Fair Access to Healthcare Services | Complete Facilities Access audit | Pauline Burke / Laura McHugh | 13/03/2014 | 30/06/2017 | | Overdue | Three disability access officers trained in GUH in Dec 2014. Roles in place since 2015. Access Officer Committee being established in 2016. See evidence records for more detail. Ongoing work in progress. |
| 3 | Person Centred Care and Support | 1.2 Service users have equitable access to healthcare services based on their assessed needs | Fair Access to Healthcare Services | Continue Site Signage Project | Chris Kane / G Ginnetty | 10/06/2014 | 30/06/2017 | | Overdue | Signage will be reviewed as part of a research project with NUIG on Health Literacy among Ageing population. Project ongoing. |
| 4 | Person Centred Care and Support | 1.2 Service users have equitable access to healthcare services based on their assessed needs | Fair Access to Healthcare Services | Information portal web based available to all women and facility to translate leaflets into different languages | WC Directorate | 28/02/2018 | 31/03/2018 | | Overdue | |
| 5 | Person Centred Care and Support | 1.2 Service users have equitable access to healthcare services based on their assessed needs | Fair Access to Healthcare Services | fdres | ck | 14/06/2018 | 30/06/2018 | | Overdue | |
| 6 | Person Centred Care and Support | 1.2 Service users have equitable access to healthcare services based on their assessed needs | Fair Access to Healthcare Services | test | test | 12/07/2018 | 12/07/2018 | | Overdue | |
| 7 | Person Centred Care and Support | 1.3 Service users experience healthcare which respects their diversity and protects their rights | Protecting Service User Rights | Smoke Free committee-geoff will update this qip record | G Ginnetty | 13/03/2014 | 30/06/2017 | | Overdue | Tobacco Free campus meetings held every 4-6 weeks in 2016. Tobacco Free Campus Policy updated. Patient and staff literature revised and distributed. Walkabouts of the campus by members of the group commenced for the purpose of increasing compliance and monitoring the effectiveness of the TFC policy. Stop Smoking Service recommenced in march 2016 with the appointment of a SWTE Smoking Cessation Advisor. Over 300 service users have been referred to service. Director of Nursing & Management to progress with full time Smoking Cessation Officer post - recruitment at CNMI/CNMI level. Part of Healthy Ireland Project |
| 8 | Person Centred Care and Support | 1.3 Service users experience healthcare which respects their diversity and protects their rights | Protecting Service User Rights | test | test | 30/08/2018 | 02/10/2018 | 30/08/2018 | Completed | |

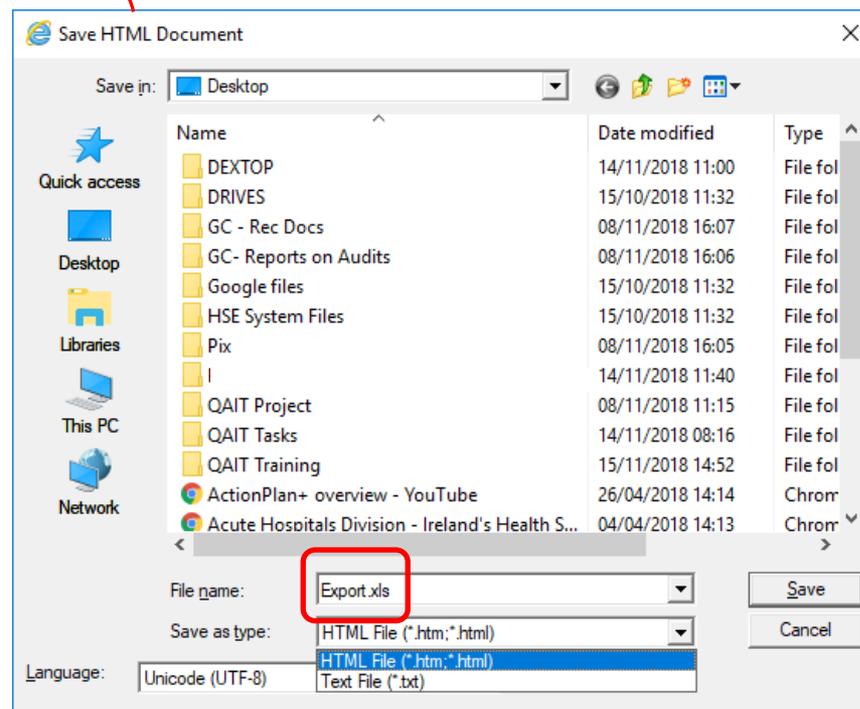
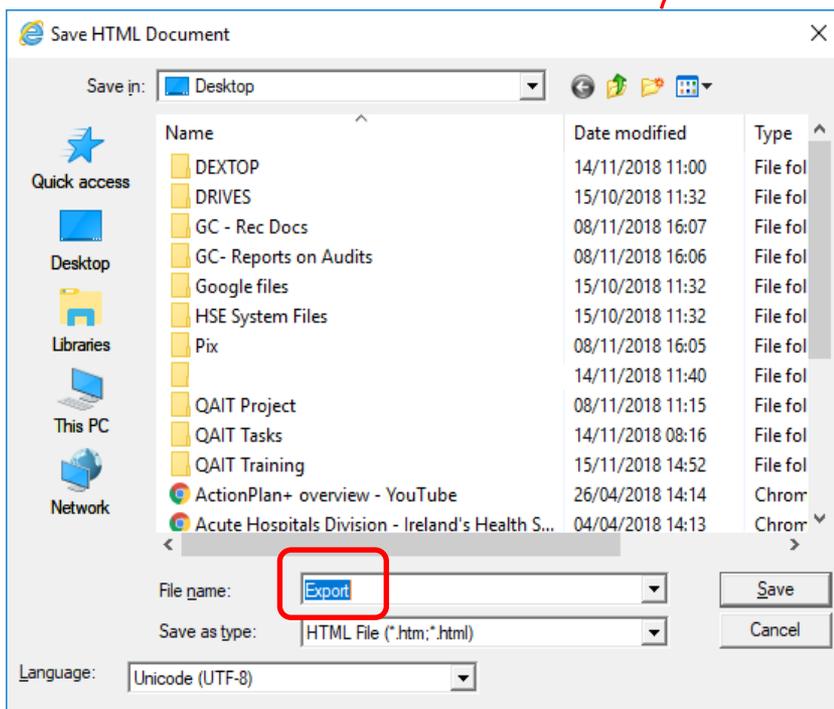
6. You can save the Excel report to your desktop if you wish. Please note that Chrome and Internet Explorer will handle this process differently. If you are using **Chrome** then you will see the following dialog box .

Save the report as an Excel file by selecting the file type from the drop-down list.



7. If you are using **Internet Explorer**, there is no Excel file type to select from (unlike Chrome).

Instead, you must enter an Excel file extension (.xls) when naming the report under File Name and then click on Save.



2018 QA+I TOOL

USER GUIDE FOR ACUTE HOSPITALS AND HOSPITAL GROUPS

4. UPLOADING FILES

Demonstration of some key functionalities

1. **Logging In to the QA&I Tool**
2. Generating Reports from the Tool
3. Exporting Reports from the Tool to Excel
4. **Uploading Files to the Tool**
5. Generating Email Reminders for QIPs
6. Making Historical data Inactive
7. Applying a Quality Level on the Tool

1. Click on the relevant **Essential Element**. In this tutorial we will select Essential Element 5.1

QA+I Quality Assessment + Improvement Tool DEV Home Reports Resources Admin User: Declan O'Keeffe Log out

Select Assessment

Function: Acute Hospitals Hospital Group: Hospital: Directorate: --- Select Directorate ---

Current Assessment: Acute Hospitals - South/South West HG - University Hospital Waterford 0% Essential Elements Assessed (0/53)

| Themes | Standards | Essential Elements |
|---|---|----------------------|
| Person Centred Care and Support 0% Essential Elements Assessed (0/9) | 5.1 Service providers have clear accountability arrangements to achieve the delivery of high quality, safe and reliable healthcare | Clear Accountability |
| Effective Care and Support 0% Essential Elements Assessed (0/10) | 5.2 Service providers have formalised governance arrangements for assuring the delivery of high quality, safe and reliable healthcare | |
| Safe Care and Support 0% Essential Elements Assessed (0/12) | 5.3 Service providers maintain a publicly available statement of purpose that accurately describes the services provided, including how and where they are provided | |
| Better Health and Wellbeing 0% Essential Elements Assessed (0/1) | 5.4 Service providers set clear objectives and develop a clear plan for delivering high quality, safe and reliable healthcare services | |
| Leadership, Governance and Management 0% Essential Elements Assessed (0/12) | 5.5 Service providers have effective management arrangements to support and promote the delivery of high quality safe and reliable healthcare services | |
| Workforce 0% Essential Elements Assessed (0/4) | 5.6 Leaders at all levels promote and strengthen a culture of quality and safety throughout the service | |
| Use of Resources 0% Essential Elements Assessed (0/2) | 5.7 Members of the workforce at all levels are enabled to exercise their personal and professional responsibility for the quality and safety of services provided | |
| Use of Information 0% Essential Elements Assessed (0/3) | 5.8 Service providers have systematic monitoring arrangements for identifying and acting on opportunities to continually improve the quality, safety and reliability of healthcare services | |



2. Click on **Create Evidence** to open the Create Evidence dialog box.

Essential Element: Acute Hospitals - []

Leadership, Governance and Management
5.1 Service providers have clear accountability arrangements to achieve the delivery of high quality, safe and reliable healthcare
Clear Accountability
There is a clear scheme of accountability throughout the service for the quality of care delivered

Close Save Element Show Key Criteria **Create Evidence** Print Evidence Create Improvement Action Print Improvement Actions Switch Element ▼

Evidence Improvement Actions Quality Level Edits Log Inactive Evidence Inactive Improvement Actions

Essential criteria to meet each Standard are available when you click on the Show Key Criteria button above. In addition, more specific requirements identified by HIQA in relation to this particular Essential Element are available here

3. Then click on one of the **Browse** buttons to access your Desktop files.

Feature Edits Log

* required field

Description of Evidence * Description of Evidence

Ref. No. Ref. No.

Location * Location

Contact Name * Contact Name

Additional Information Additional Information

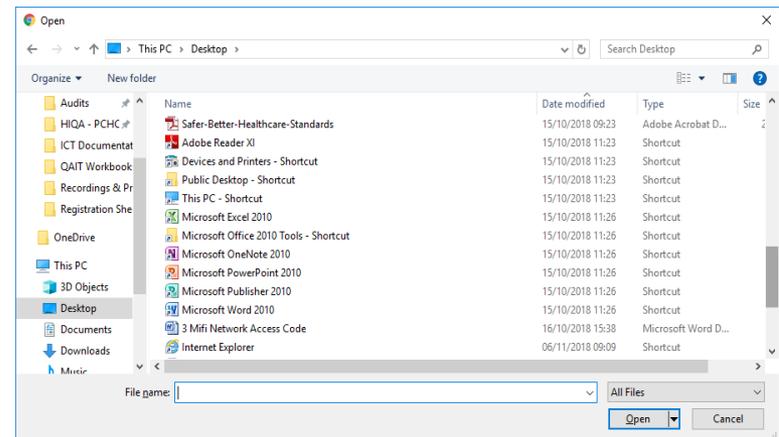
Mark this as inactive Yes

Attachments (max. 5) There are no attached files.

Browse

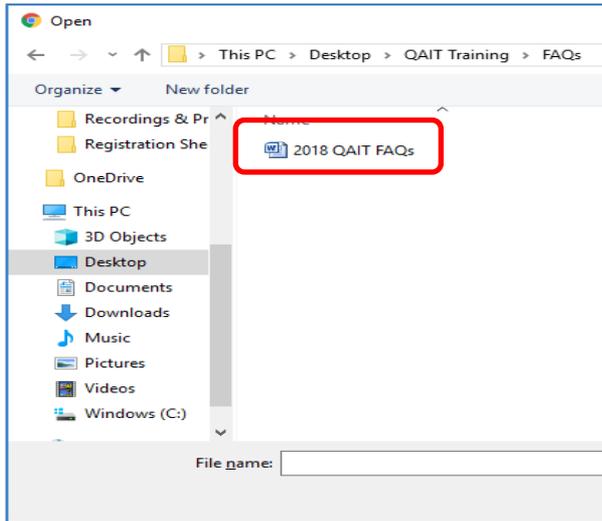
Browse

Close Save changes

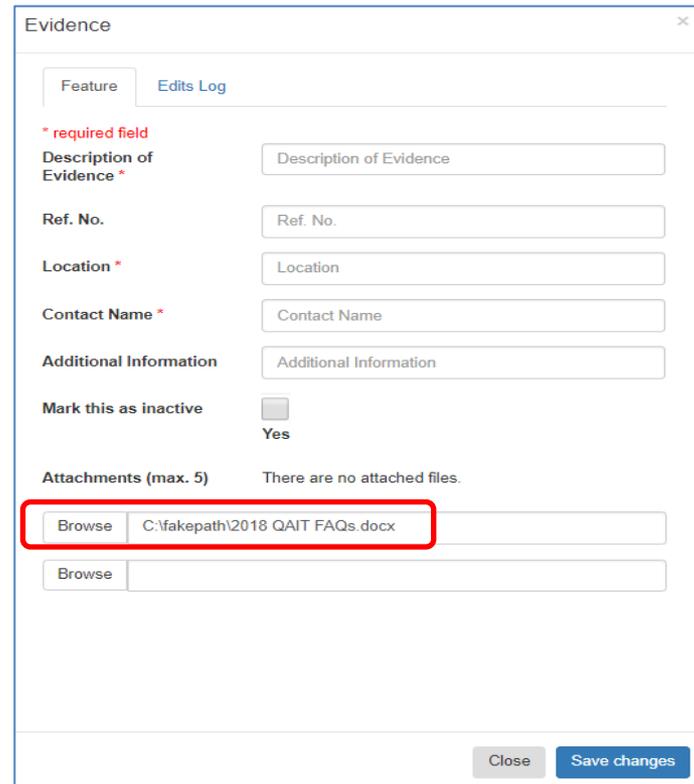


Desktop

4. Locate and click on your selected file from your Desktop folders.



5. Your selected file has now been successfully uploaded to the QA&I Tool.



Notes:

- files are uploaded to the server and are therefore available to view & download by other authorised users
- please be aware of your responsibility to ensure version control over the file you have uploaded
- you can upload up to a maximum of five files per Essential Element

2018 QA+I TOOL

USER GUIDE FOR ACUTE HOSPITALS AND HOSPITAL GROUPS

5. EMAIL REMINDERS FOR QIPs

Demonstration of some key functionalities

1. Logging In to the QA&I Tool
2. Generating Reports from the Tool
3. Exporting Reports from the Tool to Excel
4. Uploading Files to the Tool
5. **Generating Email Reminders for QIPs**
6. Making Historical data Inactive
7. Applying a Quality Level on the Tool

Automated Email Reminders for Quality Improvement Actions (QIPs)

- It is now possible to generate an automated email reminder in relation to QIPs. Generation of an automated email reminder is a completely optional feature on the enhanced QA&I Tool
- Once the email has been set up on the Tool, an automated 'no reply' email message will issue to the recipient **30 days** in advance of the due date of the QIP
- You can decide who should receive the automated email. For instance, it could issue to the person responsible for the QIP or to their PA or to a member of the QPS Team etc.
- The selected recipient will receive an email which identifies the QIP and states the due date
- The reminder will contain a hyperlink to the specific Essential Element for the convenience of the recipient - to enable this, the recipient would require to have access to the Tool
- This tutorial will outline the steps involved in setting-up the automated email reminder

1. Click on the relevant **Essential Element**. In this tutorial we will select Essential Element 1.2

The screenshot displays the 'Quality Assessment + Improvement Tool DEV' interface. At the top, there is a navigation bar with the logo, 'Quality Assessment + Improvement Tool DEV', and links for 'Home', 'Reports', 'Resources', and 'Admin'. The user is identified as 'User: Declan O'Keeffe' with a 'Log out' option.

The main content area is divided into three columns:

- Select Assessment:** This section contains dropdown menus for 'Function:' (set to 'Acute Hospitals'), 'Hospital Group:', 'Hospital:', and 'Directorate:' (set to '--- Select Directorate ---'). Below these is a summary bar showing 'Current Assessment: Acute Hospitals - :' and '0% Essential Elements Assessed (0/53)'.
- Themes:** A vertical list of eight themes, each with a progress bar showing '0% Essential Elements Assessed':
 - Person Centred Care and Support (0/9)
 - Effective Care and Support (0/10)
 - Safe Care and Support (0/12)
 - Better Health and Wellbeing (0/1)
 - Leadership, Governance and Management (0/12)
 - Workforce (0/4)
 - Use of Resources (0/2)
 - Use of Information (0/3)
- Standards:** A list of eight standards, each with a red dot icon:
 - 1.1 The planning, design and delivery of services are informed by service users' identified needs and preferences
 - 1.2 Service users have equitable access to healthcare services based on their assessed needs
 - 1.3 Service users experience healthcare which respects their diversity and protects their rights
 - 1.4 Service users are enabled to participate in making informed decisions about their care
 - 1.5 Service users' informed consent to care and treatment is obtained in accordance with legislation and best available evidence
 - 1.6 Service users' dignity, privacy and autonomy are respected and promoted
 - 1.7 Service providers promote a culture of kindness, consideration and respect
 - 1.8 Service users' complaints and concerns are responded to promptly, openly and effectively with clear communication and support provided
- Essential Elements:** This section is highlighted with a red box and contains a single element: 'Fair Access to Healthcare Services'.

2. Click on **Create Improvement Action** to open the Create Improvement Action dialog box.

Essential Element: Acute Hospitals - []

Person Centred Care and Support
1.1 The planning, design and delivery of services are informed by service users' identified needs and preferences
Service User Involvement
Service users are involved in the planning and delivery of healthcare services so that they are responsive to their needs and preferences

Close Save Element Show Key Criteria Create Evidence Print Evidence **Create Improvement Action** Print Improvement Actions Switch Element ▾

Evidence Improvement Actions Quality Level Edits Log Inactive Evidence Inactive Improvement Actions

3. Then click on the area highlighted below to enter the appropriate email address. Complete the remaining QIP details and click on the blue button marked Save Changes.

Improvement Action

Feature Edits Log

* required field

Action *

Assigned to (name) *

Please enter an email address if you wish a reminder to issue:

Assigned to (email address)

Due Date *

Completed Date

Additional information

Mark this as inactive

Yes

Close Save changes



Please enter an email address if you wish a reminder to issue:

Assigned to (email address)

4. An automated 'no reply' email will now issue **30 days in advance** of the due date of the QIP to the email address that has been inserted in the dialog box.
5. Below is a sample of the automated email message that is issued.

From: No Reply QAIT <hsepq.admin@hse.ie>
Date: 29/11/2018 08:03 (GMT+00:00)
To: "Declan O'Keeffe (Q.P.S., Acute Hospitals Division)" <Declan.OKeeffe@hse.ie>
Subject: QA&I Tool - Reminder to Review Quality Improvement Action

Dear User,

This is an automated reminder to review Quality Improvement Actions previously input on the QA&I Tool in relation to the following essential Element

Improvement Action: Test 28112018
Essential Element: [Fair Access to Healthcare Services](#)
Due date for Review: 28/12/2018

Thank you.

Issued by: Quality and Patient Safety, Acute Operations

6. Having clicked on the Essential Element hyperlink the recipient is taken to the QA&I Tool log-in screen where they must enter their Username and Password



Server Login

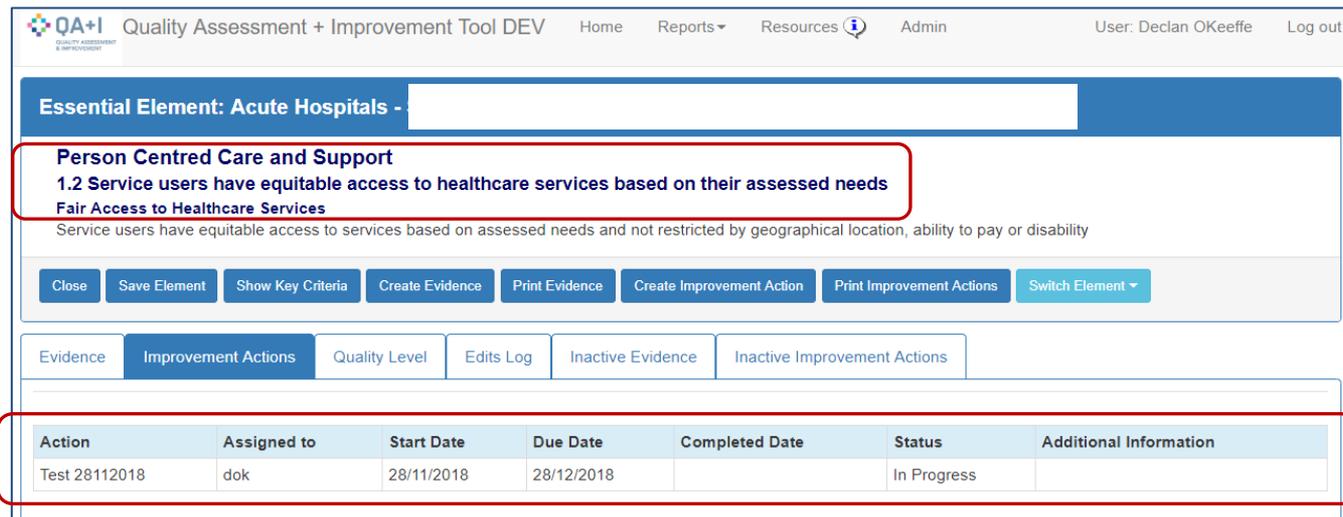
Please type your user name and password

User name: declan okeeffe

Password: *****

Log In

7. The recipient will require access to the QA&I Tool in order to proceed. However, if the recipient is already an authorised user they will be taken directly to the Improvement Actions screen for the relevant Essential Element – in this example, the Improvement Action called *Test 28112018* under Essential Element 1.2.



QA+I Quality Assessment + Improvement Tool DEV Home Reports Resources Admin User: Declan O'Keeffe Log out

Essential Element: Acute Hospitals -

Person Centred Care and Support
1.2 Service users have equitable access to healthcare services based on their assessed needs
Fair Access to Healthcare Services
Service users have equitable access to services based on assessed needs and not restricted by geographical location, ability to pay or disability

Close Save Element Show Key Criteria Create Evidence Print Evidence Create Improvement Action Print Improvement Actions Switch Element

Evidence Improvement Actions Quality Level Edits Log Inactive Evidence Inactive Improvement Actions

| Action | Assigned to | Start Date | Due Date | Completed Date | Status | Additional Information |
|---------------|-------------|------------|------------|----------------|-------------|------------------------|
| Test 28112018 | dok | 28/11/2018 | 28/12/2018 | | In Progress | |

2018 QA+I TOOL

USER GUIDE FOR ACUTE HOSPITALS AND HOSPITAL GROUPS

6. MAKING HISTORICAL DATA INACTIVE

Demonstration of some key functionalities

1. Logging In to the QA&I Tool
2. Generating Reports from the Tool
3. Exporting Reports from the Tool to Excel
4. Uploading Files to the Tool
5. Generating Email Reminders for QIPs
6. Making Historical data Inactive
7. Applying a Quality Level on the Tool

1. Historical **Evidence of Compliance** and **Improvement Actions** are now automatically available when you log in to your hospital on the QA&I Tool. Hospitals will need to consider whether older data should continue to be regarded as part of their current assessment.

QA+I Quality Assessment + Improvement Tool DEV Home Reports ▾ Resources ⓘ Admin User: Declan O'Keeffe Log out

Essential Element: Acute Hospitals - []

Leadership, Governance and Management
5.1 Service providers have clear accountability arrangements to achieve the delivery of high quality, safe and reliable healthcare
Clear Accountability
 There is a clear scheme of accountability throughout the service for the quality of care delivered

Close Save Element Show Key Criteria Create Evidence Print Evidence Create Improvement Action Print Improvement Actions Switch Element ▾

Evidence Improvement Actions Quality Level Edits Log Inactive Evidence Inactive Improvement Actions

Essential criteria to meet each Standard are available when you click on the Show Key Criteria button above. In addition, more specific requirements identified by HIQA in relation to this particular Essential Element are available [here](#)

| Document name | Ref. No. | Location | Contact name | Additional info | Attachments |
|---|----------|----------|--------------|-----------------|-------------|
| 2013 Implementation of recommendations from national and local investigations through the appropriate governance structures | | TBC | DOK | | |
| 2013 Feedback from National Lead on Clinical Governance on Quality and Safety Committee | | TBC | J. Soap | | |
| 2013 National Standards for Safer Better Healthcare Newsletter Issue 1 August 2013-roles and responsibilities for quality and safety outlined | | HR Files | DOK | | |

2. If historical Evidence or Improvement Actions are no longer considered valid or relevant, they should be moved to the **Inactive Evidence** or **Inactive Improvement Actions** tab. To do so, please double click anywhere on the row containing the evidence or improvement actions that you wish to make inactive. In this example, we are focussing on Evidence of Compliance for illustration.

The screenshot shows the 'Quality Assessment + Improvement Tool DEV' interface. The top navigation bar includes 'Home', 'Reports', 'Resources', and 'Admin'. The user is identified as 'Declan O'Keeffe'. The main content area is titled 'Essential Element: Acute Hospitals' and displays 'Leadership, Governance and Management' with a specific standard: '5.1 Service providers have clear accountability arrangements to achieve the delivery of high quality, safe and reliable healthcare'. Below this, there are several action buttons: 'Close', 'Save Element', 'Show Key Criteria', 'Create Evidence', 'Print Evidence', 'Create Improvement Action', 'Print Improvement Actions', and 'Switch Element'. A tabbed interface at the bottom shows 'Evidence', 'Improvement Actions', 'Quality Level', 'Edits Log', 'Inactive Evidence' (highlighted with a red box), and 'Inactive Improvement Actions'. A text block explains that essential criteria are available via 'Show Key Criteria' and that more specific requirements are available [here](#). Below this is a table with columns: 'Document name', 'Ref. No.', 'Location', 'Contact name', 'Additional info', and 'Attachments'. The first row of the table is highlighted with a red box.

| Document name | Ref. No. | Location | Contact name | Additional info | Attachments |
|---|----------|----------|--------------|-----------------|-------------|
| 2013 Implementation of recommendations from national and local investigations through the appropriate governance structures | | TBC | DOK | | |
| 2013 Feedback from National Lead on Clinical Governance on Quality and Safety Committee | | TBC | J. Soap | | |
| 2013 National Standards for Safer Better Healthcare Newsletter Issue 1 August 2013-roles and responsibilities for quality and safety outlined | | HR Files | DOK | | |

3. Having clicked on the row of data, you are then presented with the Evidence dialog box. Click on the box opposite **Mark this as Inactive**. You will be prompted to enter a reason as to why this evidence is to be made inactive. Then click on the **Save Changes** button.

Evidence ✕

Feature Edits Log

* required field

Description of Evidence * 2013 Implementation of recommendations from nati

Ref. No. Ref. No.

Location * TBC

Contact Name * DOK

Additional Information Additional Information

Mark this as inactive Yes

Attachments (max. 5) There are no attached files.

Browse

Browse

Close Save changes

Evidence ✕

Feature Edits Log

* required field

Description of Evidence * 2013 Implementation of recommendations from nati

Ref. No. Ref. No.

Location * TBC

Contact Name * DOK

Additional Information Additional Information

Mark this as inactive Yes

Reason why this is inactive New policy

Attachments (max. 5) There are no attached files.

Browse

Browse

Close Save changes

4. You will then see that the selected data has now moved from the active (current) data screen and has been re-located under the **Inactive Evidence** tab. Now, when you wish to report on the current assessment, this inactive will not be included.

The screenshot displays the QA+I Quality Assessment + Improvement Tool DEV interface. At the top, the header includes the QA+I logo, the text 'Quality Assessment + Improvement Tool DEV', and navigation links for 'Home', 'Reports', 'Resources', and 'Admin'. The user is identified as 'User: Declan O'Keeffe' with a 'Log out' option.

The main content area is titled 'Essential Element: Acute Hospitals'. Below this, the section is 'Leadership, Governance and Management' with a sub-section '5.1 Service providers have clear accountability arrangements to achieve the delivery of high quality, safe and reliable healthcare'. The specific criterion is 'Clear Accountability' with the text 'There is a clear scheme of accountability throughout the service for the quality of care delivered'.

A row of action buttons is visible: 'Close', 'Save Element', 'Show Key Criteria', 'Create Evidence', 'Print Evidence', 'Create Improvement Action', 'Print Improvement Actions', and 'Switch Element'. The 'Inactive Evidence' tab is highlighted with a red box.

Below the tabs, a table lists evidence items. The 'Inactive Evidence' tab is active, showing a table with the following data:

| Document name | Ref. No. | Location | Contact name | Additional info | Attachments | Inactive Reason |
|---|----------|----------|--------------|-----------------|-------------|-----------------|
| 2013 Implementation of recommendations from national and local investigations through the appropriate governance structures | | TBC | DOK | | | New policy |

5. However, if you wish to make this data active again, simply click anywhere on the row of data in question. This will then bring you back into the Evidence dialog box – on this occasion you have an option to make the item active again by clicking on the box opposite **Inactive, untick to make active**.

Evidence dialog box showing the 'Inactive, untick to make active' checkbox checked. The 'Save changes' button is highlighted.

Feature | Edits Log

* required field

Description of Evidence * | 2013 Implementation of recommendations from nati

Ref. No. | Ref. No.

Location * | TBC

Contact Name * | DOK

Additional Information | Additional Information

Inactive, untick to make active Yes

Reason why this is inactive | New policy

Attachments (max. 5) | There are no attached files.

Browse |

Browse |

Close | Save changes

Click on **Save Changes** and the item will be restored to the active (current) assessment.

Evidence | Improvement Actions | Quality Level | Edits Log | Inactive Evidence

Essential criteria to meet each Standard are available when you click on the Show Key Criteria but this particular Essential Element are available [here](#)

| Document name | Ref. No. | Loca |
|---|----------|------|
| 2013 Implementation of recommendations from national and local investigations through the appropriate governance structures | | TBC |

2018 QA+I TOOL

USER GUIDE FOR ACUTE HOSPITALS AND HOSPITAL GROUPS

7. APPLYING A QUALITY LEVEL

Demonstration of some key functionalities

1. Logging In to the QA&I Tool
2. Generating Reports from the Tool
3. Exporting Reports from the Tool to Excel
4. Uploading Files to the Tool
5. Generating Email Reminders for QIPs
6. Making Historical data Inactive
7. Applying a Quality Level on the Tool

1. Having collated and recorded Evidence of Compliance and Improvement Actions for an Essential Element you can then apply the appropriate Quality Level. Click on the **Quality Level** tab to view the four Quality Levels.

QA+I Quality Assessment + Improvement Tool DEV Home Reports Resources Admin User: Declan O'Keeffe Log out

Essential Element: Acute Hospitals -

Leadership, Governance and Management
5.1 Service providers have clear accountability arrangements to achieve the delivery of high quality, safe and reliable healthcare
Clear Accountability
 There is a clear scheme of accountability throughout the service for the quality of care delivered

Close Save Element Show Key Criteria Create Evidence Print Evidence Create Improvement Action Print Improvement Actions Switch Element

Evidence Improvement Actions **Quality Level** Edits Log Inactive Evidence Inactive Improvement Actions

Please note: appropriate Evidence of Compliance and/or Improvement Actions should be completed on the Tool prior to assigning or updating a Quality Level.

| | | |
|------------------------------|--|--|
| Emerging Improvement (EI): | | <ul style="list-style-type: none"> There is a clear formal scheme of accountability from the Board to the CEO, the Executive Management team and external to the service There is an identified named individual who has overall accountability There is a Management team / Governing Board who are accountable for the quality of care delivered Staff are made aware of their roles, responsibilities, accountabilities and reporting lines on induction |
| Continuous Improvement (CI): | | <ul style="list-style-type: none"> There is a clear scheme of accountability and delegation from the Board to the CEO and Executive Management team (General Manager to Management team) which cascades down to directorate, team and individual level The CEO / General Manager has clear documented, agreed objectives from the Board / Management team that accurately reflects their accountability, responsibility and authority Staff are aware of the accountability arrangements within the service for quality and safety Clear job descriptions set out accountability, responsibility and reporting structures for each position in the service |
| Sustained Improvement (SI): | | <ul style="list-style-type: none"> Accountability arrangements are reviewed to strengthen governance arrangements |
| Excellence (E): | | <ul style="list-style-type: none"> Governing committees e.g. Quality and Safety Board Committee and Quality and Safety Executive Committee reviews and implements learning from national and international report recommendations arising from investigations to further improve their accountability framework |

Unlick Quality Level

2. To apply the appropriate Quality Level simply click on the relevant button and click on **Save Element** to save your selection. In this example, the selected Quality Level is **Continuous Improvement**.

Leadership, Governance and Management

5.1 Service providers have clear accountability arrangements to achieve the delivery of high quality, safe and reliable healthcare

Clear Accountability

There is a clear scheme of accountability throughout the service for the quality of care delivered

[Close](#) [Save Element](#) [Show Key Criteria](#) [Create Evidence](#) [Print Evidence](#) [Create Improvement Action](#) [Print Improvement Actions](#) [Switch Element ▾](#)

[Evidence](#) [Improvement Actions](#) [Quality Level](#) [Edits Log](#) [Inactive Evidence](#) [Inactive Improvement Actions](#)

Please remember to save after setting the Quality Level

Please note: appropriate Evidence of Compliance and/or Improvement Actions should be completed on the Tool prior to assigning or updating a Quality Level.

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| Sustained Improvement (SI): | <input type="radio"/> | <ul style="list-style-type: none">Accountability arrangements are reviewed to strengthen governance arrangements |
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[Untick Quality Level](#)

3. If you wish to undo a selection, simply click on the **Untick Quality Level** button and then click on **Save Element** to save your changes.

Leadership, Governance and Management
5.1 Service providers have clear accountability arrangements to achieve the delivery of high quality, safe and reliable healthcare
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Close Save Element Show Key Criteria Create Evidence Print Evidence Create Improvement Action Print Improvement Actions Switch Element ▾

Evidence Improvement Actions **Quality Level** Edits Log Inactive Evidence Inactive Improvement Actions

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Untick Quality Level

Resources and Supports

Please note that the **Resources** tab on the QA&I Tool contains lots of supports for users, including:

- QA&I Tool User Guide
- FAQs
- Powerpoint Demonstrations on key functionalities
- Tips and Hints
- Glossary of Terms
- HIQA documents such as the National Standards, Guidance Document
- Self-Assessment Workbooks
- System Access Request Forms

Thank you for listening to this webinar.

Please email me at declan.okeeffe@hse.ie with any questions you may have with regard to this webinar or with any queries on the Acutes QA&I Tool.

Many thanks to Roisin Breen, QID for facilitating this event.

