



An Stiúrthóireacht um Ardchaighdeán
agus Sábháilteacht Othar
Oifig an Phríomhoifigigh Cliniciúil

National Quality and
Patient Safety Directorate
Office of the Chief Clinical Officer

Overview of new revisions of Pressure Ulcers and Falls Review Tools and the Guideline for Undertaking a Look-back Review 9.3.2023

National Quality and Patient Safety Directorate
Incident Management Team





Introduction and agenda

- **Welcome**
- **Introduction to Panel:**
 - Dr. Orla Healy, National Clinical Director, National Quality and Patient Safety Directorate (NQPSD)
 - Lorraine Schwanberg, Assistant National Director, QPS Incident Management Team
 - Dr. Samantha Hughes, QPS Incident Management Team
- **Outline of session:**
 - Overview of Pressure Ulcers and Falls Tools
 - Key changes in 2022 versions
 - Details of changes to the Guideline for Undertaking a Look-back Review
 - Q&A



How today's session will run



Your microphone has been muted



If you are experiencing sound issues, Dial in: (01) 5260058 (Ireland) +44-20-7660-8149 (UK), Access code: 27311964095#



This is an interactive session: If you would like to comment please use the chat box



If there is not enough time to answer all questions we will endeavour to respond after the webinar



Slides used in this webinar will be available on the NQPSD website

Note: This webinar will be recorded and available on the NQPSD Website

Available at: <https://www.hse.ie/eng/about/who/nqpsd/qps-incident-management/>



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National Quality and
Patient Safety Directorate
Office of the Chief Clinical Officer

Pressure Ulcers/ Falls A Practical Guide for Review Revision 2, October 2022 Brief Overview

National Quality and Patient Safety Directorate
Incident Management Team





Pressure Ulcers and Falls – Review Tools

- IMF developed in 2018 and updated in 2020
- Pressure Ulcers and Falls Review Tools developed in 2018 and updated in 2022 by expert working groups and coordinated by QPS IM Team
- **Objective:** Provide a practical tool - step by step, systems approach to the review of PU and Falls incidents – following the 6 step IM process, systems analysis approach and incorporating consideration of relevant Human Factor/ Contributory Factors.
- Tools follow 6 step IM process:
 - Prevention through supporting a culture where safety is a priority
 - Identification and immediate actions required
 - Initial reporting and notification
 - Assessment and categorisation
 - Review and analysis
 - Improvement planning and monitoring



Pressure Ulcers and Falls – Review Tools

- Tools to be applied to Category 2 incidents – but may be considered for some Category 1 incidents (by the SIMT)
- Decision making and governance through the SAO/LAO and SIMT/ Quality and Safety Committees as appropriate (as per IMF)
- The Preliminary Assessment Form (PAF) guides reviewers through a series of questions related to potential contributory factors to the incident
- Key questions are asked and key risk factors are probed. This is not intended to be an exhaustive list.
- Discussed at SIMT/ Q&S Committee meeting.
- Decision made re requirement for review and level of review



Pressure Ulcers and Falls – Review Tools

- **Concise Tool:** Staff and Service Users should still be linked with to ensure that all views and recollections are obtained to get a complete picture of events and also to identify key questions for the review
- If Concise Review required: Concise report template is completed – i.e the identification of the Statement of Findings and associated factors, Incidental Findings, Notable Practice, Recommendations and arrangements for sharing the learning.
- **Note:** The Statement of Findings is **pre-populated** in both tools– considered by the expert groups to best represent the overarching finding why the incident occurs. This does not preclude the identification of additional Statement of Findings if warranted by the review. The review team to provide the context by describing the related factors that need to be addressed.



Pressure Ulcers and Falls – Review Tools

- An action plan is developed by the service to address recommendations
- The key objective of this session is to describe the changes made to the Review Guides - presented in the following slides
- Open Disclosure and open communications are critical components at every stage of the IM process
- Reporting on NIMS is also a key element in the management and review of the incident.



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Pressure Ulcers A Practical Guide for Review Revision 2, October 2022

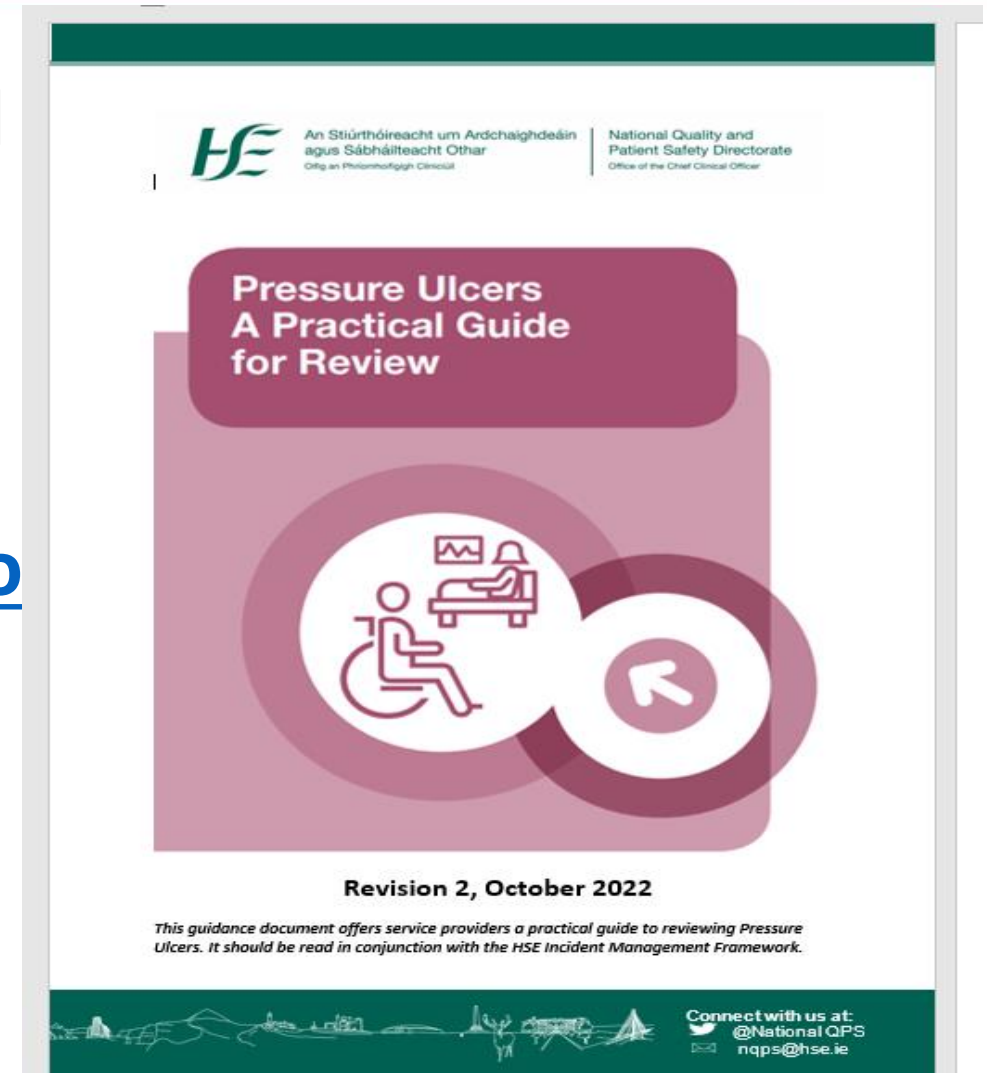
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Incident Management Team





Pressure Ulcers— A Practical Guide for Review

- Overview of Changes to Review Tool
- Specific Changes to the tool
- Available at:
<https://www.hse.ie/eng/about/who/nqpsd/qps-incident-management/>





Pressure Ulcers – A Practical Guide for Review

1st Revision in 2018

- Developed by National Quality Assurance and Verification (QAV) Division. Aligned to Incident Management Framework 2018.
- QAV now part of National Quality and Patient Safety Directorate (NQPSD)

2nd Revision in 2022.

- Updated by Incident Management Team, NQPSD, in conjunction with working group.
- Consultation with system via National QPS Leads
- Finalised in October 2022



Pressure Ulcers – A Practical Guide for Review

- Dr. Samantha Hughes, QPS Incident Management Team
- Professor Zena Moore, Professor and Head of the School of Nursing and Midwifery, Royal College of Surgeons in Ireland
- Fiona Concannon, Clinical Nurse Specialist Tissue Viability and Wound Management, CHO 9
- Maureen Nolan, Director of Nursing, ONMSD
- Gillian O'Brien, Registered Advanced Nurse Practitioner Tissue Viability, Naas Hospital
- Helen Meagher, Registered Advanced Nurse Practitioner Tissue Viability, UL Hospitals Group, University Hospital Limerick



General changes to Pressure Ulcers Review Tool

1. General:

- Inclusion of Reader Information on page 2
 - To provide greater transparency re development and linkages to other documents/teams etc.
 - To document the review process/ dates/ persons involved/ approval
- Use of the term “Service User” to include Service user and/or family
- Definition of the term “Service User” in document and to include reference to Relevant Person (see next slide)
- **Overall – changes made to align the review tool with IMF 2020, update evidence, strengthen the requirement for Open Disclosure and to highlight requirement /importance of reporting on NIMS**



Definition of Service User

The term **Service User** is used in this document to include any persons who use health and social care service within HSE or HSE funded acute hospitals, mental health and social care inpatient/residential facilities and the community

The term Service User also includes their appropriate **Relevant Person** who has been legally assigned, or who has been nominated in writing to the health services provider, as a person to whom clinical information in relation to the patient may be disclosed.

Relevant Persons is defined in the Civil Liability (Amendment) Act 2017 as:
“Relevant person”, in relation to a patient, means a person— (a) who is— (i) a parent, guardian, son or daughter, (ii) a spouse, or (iii) a civil partner of the patient, (b) who is cohabiting with the patient or (c) whom the patient has nominated in writing to the health services provider as a person to whom clinical information in relation to the patient may be disclosed .



General changes to Pressure Ulcer Review Tool

2. Introduction:

- Updated to include reference to:
 - HSE Patient Safety Strategy (2019 – 2024) and inclusion of Pressure Ulcers as a Common Cause of Harm
 - More recent NIMS data
 - Most up to date Pressure Ulcers data and evidence in the literature

3. Scope (unchanged)

- The review of pressure ulcers identified and reported for Service Users within HSE and HSE-funded acute hospitals, mental health and social care inpatient/residential facilities and the community.



General changes to Pressure Ulcer Review Tool

4. Definitions/Staging

- Removal of 2004 definitions for Avoidable/Unavoidable Pressure Ulcers as are obsolete and cause of PU will be determined by the Preliminary Assessment and/or the Review Process.
- Reference to HSE Wound Management Guidelines (2018) re Pressure Ulcer Staging
- Inclusion of information re *stable eschar* : *Stable eschar (dry adherent, intact without erythema or fluctuance) on the heel serves as the body's biological cover and should not be removed. It should be documented as at least Category / Stage III until proven otherwise. (as per HSE Wound Management Guidelines 2018)*



Pressure Ulcers Review Tool: Changes to Steps

5. Step 1 Pressure Ulcer Prevention:

- Updated evidence/ data from NIMS and literature
- Enhanced referencing to NIMS

6. Step 2: Identification of a Pressure Ulcer

- Reference to OD Policy (and throughout Tool)

7. Step 3: Initial Reporting and Notification

- Addition of additional information in boxes (Note 1 and 2) to clarify staging and reporting of PUs (see next slides)
- References to completion of NIRF
- Inclusion of reporting requirement to Mental Health Commission



Pressure Ulcers Review Tool: Changes to Steps

Note 1: Pressure Ulcer Present on Admission (changes in red)

There is no requirement to report pressure ulcers which are present on admission to a facility or present at the time of first contact in the community. Rather these should be noted in the healthcare record of the Service User and their care plan should reflect any actions required to prevent further deterioration. **This is because the pressure ulcer should already been reported on NIMS by the service in which the Service User was previously being cared for (see below).**

Remember: When referring a Service User externally to another healthcare facility, or internally to another ward, the referring service/team must document on the Service User's accompanying documentation and healthcare records that the pressure ulcer has been reported at local and national level.



Pressure Ulcers Review Tool: Changes to Steps

Note 2: Pressure Ulcer Staging and NIMS (changes in red)

In cases where there is suspected deep pressure and shear induced tissue damage, depth unknown, it is estimated that it could take 3-10 days from the initial insult causing the damage, to become a Stage III or IV Pressure Ulcer. In such circumstances when completing Section G of the National Incident Report Form (NIRF) (**NIRF 01, Person**), in the section Musculoskeletal/Soft Tissue, select 'Other' and enter 'Non-blanchable redness and purple/maroon discoloration of intact skin'.

When the Pressure Ulcer is stageable, **if the Service User is still a patient in the department/ service in which the initial NIRF was completed, then the original NIRF and the associated incident on NIMS are updated to denote the staging of the pressure ulcer.**

However, if during the period from initial insult to staging of the pressure ulcer, the Service User is moved from the department/service, the need for the completion of incident reporting to capture the staging of the pressure ulcer, should form part of the handover of care.

When the pressure ulcer becomes stageable, a further NIRF form should be completed by the receiving department/service denoting the stage of the pressure ulcer. This second NIRF (and any subsequent NIRFs related to this pressure ulcer) should be linked to the original NIRF on NIMS so that it is captured on NIMS that the incidents are related.



Pressure Ulcers Review Tool: Changes to Steps

8. Step 4: Assessment and Categorisation

- Inclusion of line “However, it is important that services continue to monitor and assess these pressure ulcers to identify any deterioration.”
- Preliminary Assessment process improved to better align with IMF 2020
- Inclusion of text for clarification: *Based on this determination, a decision is taken in relation to the conduct of a review. A Comprehensive Review approach to review is generally accepted as most appropriate for Category 1 incidents. However, a Concise approach to review may be considered for some Category 1 incidents (Refer to the Incident Management Framework for further guidance on the level of review to be adopted).*



Pressure Ulcers Review Tool: Changes to Steps

9. Step 5: Review and Analysis

- Reference to completing NIMS reporting screens for aggregate analysis
- Inclusion of *Statement of Findings* instead of *Key Causal Factors*
- Inclusion of CLEAR principles for recommendations as per IMF 2020
- Enhanced alignment to IMF 2020

10. Step 6: Improvement Planning and Monitoring

- Reference to HSE Framework for Improving Quality to support the improvement process

11. References

- Increased and more recent references to enhance evidence base



Pressure Ulcers Review Tool: Changes to Preliminary Assessment Form

12. Preliminary Assessment Form: Part A

All Sections: inclusion of space for identification of immediate improvements

Section 1

- Removal of Name/DOB for confidentiality/ anonymity
- Option to affix Service User label if copy of form placed in healthcare record
- Inclusion of:
 - Date notified to SAO/LAO (to aid NIMS data entry and analysis)
 - Date of SIMT/QPS meeting (to aid NIMS data entry and analysis)
 - Location of Service (for clarity and analysis)
 - Ward/Unit/Care/Service Setting (for clarity and analysis)
 - Any other relevant details (to allow for inclusion of additional information to support decision making)



Pressure Ulcer Review Tool: Changes to Preliminary Assessment Form

12. Preliminary Assessment Form (PAF): Part A

Section 3 – Section 9:

- These sections were re-formatted to align with the layout of the Concise Report Template
- In the PAF the criteria were categorised under headings different to those used in the Report template. The criteria in the PAF are now aligned under key elements of the Contributory Factor Framework i.e.
 - Issues relating to Service user
 - Issues relating to Environment and Equipment
 - Issues Relating to Task and Team
 - Issues relating to Policies and Procedures
 - Issues relating to Staff Training and Education
 - Issues relating to Communication

End of Part A: Space to add name of person(s) completing the PAF, Part A



Pressure Ulcer Review Tool: Changes to Preliminary Assessment Form

13. Preliminary Assessment Form: Part B

- This whole section amended to align with Part B of the Preliminary Assessment Form in the IMF 2020
- Comprehensive Review:
 - Review Panel Approach removed as no longer in the IMF 2020
- Level of Independence:
 - Reference to forthcoming Regional Health Areas
- Contacts
 - Service user Liaison changed to Service user Designate Support Person in line with IMF



Pressure Ulcer Review Tool : Changes to Review Report Template

14. Concise Review Report Template

Part 1

- Part A of Preliminary Assessment Form and Sections 2-9 of part 1 of the Report Template are now identical to reduce duplication. Part A of PAF can be copied and pasted directly in to Part 1 of the Review Report Template

Part 2

- Inclusion of Statement of Findings instead of Key Causal Factors
- Inclusion of CLEAR principles for recommendations as per IMF 2020



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Service User Falls A Practical Guide for Review Revision 2, October 2022

National Quality and Patient Safety Directorate
Incident Management Team





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1st Revision in 2018

- Developed by National Quality Assurance and Verification (QAV) Division. Aligned to Incident Management Framework 2018.
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- Consultation with system via National QPS Leads
- Finalised in October 2022



Service User Falls – A Practical Guide for Review

Working Group

- Dr. Samantha Hughes, QPS Incident Management Team
- Louise Brent, National Irish Hip Fracture Database Coordinator, National Office of Clinical Audit
- Melissa Currid, Operational Lead, ICPOP Sligo Leitrim
- Nicole Lam, Guidance Development and Research Lead, National Disability Operations Quality Improvement
- Catriona O' Sullivan, Assistant Risk Manager, Cork University Hospital, South/Southwest Hospital Group
- Daragh Rodger, Advanced Nurse Practitioner, Care of the Older Adult Community, St Mary's Hospital, Phoenix Park, Dublin
- Martina Vaughan, NMPD Officer West Mid-West /Older Person Services
- Linkages with National QPS, Acute Operations and QPS Community Healthcare



General changes to Falls Review Tool

1. General:

- Inclusion of Reader Information on page 2
 - To provide greater transparency re development and linkages to other documents/teams etc
 - To document the review process/ dates/ persons involved/ approval
- Use of the term “Service User” to include Service user and/or family
- Definition of the term “Service User” in document and to include reference to Relevant Person (see next slide)
- **Overall – changes made to align the review tool with IMF 2020, update evidence, strengthen the requirement for Open Disclosure and to highlight requirement /importance of reporting on NIMS**



Definition of Service User

The term Service User is used in this document to include any persons who use health and social care service within HSE or HSE funded services and who have suffered a fall.

The term Service User also includes their appropriate **Relevant Person** who has been legally assigned, or who has been nominated in writing to the health services provider, as a person to whom clinical information in relation to the patient may be disclosed.

Relevant Persons is defined in the Civil Liability (Amendment) Act 2017 as:
“Relevant person”, in relation to a patient, means a person— (a) who is— (i) a parent, guardian, son or daughter, (ii) a spouse, or (iii) a civil partner of the patient, (b) who is cohabiting with the patient or (c) whom the patient has nominated in writing to the health services provider as a person to whom clinical information in relation to the patient may be disclosed .



General changes to Falls Review Tool

2. Introduction:

- Updated to include reference to:
 - HSE Patient safety Strategy (2019 – 2024) and inclusion of Falls as a Common Cause of Harm
 - More recent NIMS data
 - Most up to date Falls data and evidence in the literature
 - Findings from the Falls Audits undertaken in 2020 by the National Office of Clinical Audit (NOCA)

3. Scope

- Expanded to include **all** HSE and HSE funded services
- Previous scope limited application to “HSE and HSE funded acute hospitals and residential services for older people.”



Falls Review Tool: Changes to Steps

4. Summary Process Map

- Page 8 (Process Map): inclusion of “Initiate Open Disclosure” to reflect increased emphasis on Open Disclosure in IMF 2020

5. Step 1 (Falls Prevention):

Expansion of this section to include a wider range of risk factors, including:

- Expanded section to provide more advice re prevention and risk assessment
- Falls risk factors for persons with disabilities and mental health conditions
- WHO advice re age (60 years +) as a risk factor in general
- Age (45 years +) as a risk factor for people with disabilities (Disability NCP)
- Reference to Patient Safety Strategy and actions related to falls.



Falls Review Tool: Changes to Steps

6. Step 2: Identification of a fall

- Inclusion of diagram and reference to the multi-factors that can contribute to a fall (extrinsic and intrinsic factors)

7. Step 3: Initial Reporting and Notification

- Enhanced references to NIMS and requirement for reporting (manually or via electronic point of entry)
- Expansion on section re reporting to HIQA and Mental health Commission.



Falls Review Tool: Changes to Steps

8. Step 4: Assessment and Categorisation

- **Category 1 Major/Extreme:** For clarity this is changed to:
 - Serious falls resulting in death or major permanent incapacity. This includes injuries leading to transient or permanent functional or cognitive decline/deterioration. (reference to fractures removed as these under “Moderate” on impact table)
- Increased reference to NIMS and reporting on NIMS review screens
- Inclusion of “or equivalent” in relation to Quality & Safety Committee/ Advisor
- Re Category 3 (page 15) inclusion of:

“The review of Category 3 incidents should occur both at the time of occurrence/ identification to identify any immediate actions required and further discussed as part of the business of the service’s multidisciplinary team meeting”



Falls Review Tool: Changes to Steps

9. Step 5: Review and Analysis

- Reference to completing NIMS reporting screens for aggregate analysis
- Inclusion of Statement of Findings instead of Key Causal Factors
- Inclusion of CLEAR principles for recommendations as per IMF 2020

10. Step 6: Improvement Planning and Monitoring

- Reference to HSE Framework for Improving Quality to support the improvement process

11. References

- Increased and more recent references to enhance evidence base



Falls Review Tool: Changes to Preliminary Assessment Form

12. Preliminary Assessment Form: Part A

Section 1

- Removal of Name/DOB for confidentiality
- Option to affix Service User label if copy of form placed in healthcare record
- Inclusion of:
 - Date notified to SAO/LAO (to aid NIMS data entry and analysis)
 - Date of SIMT meeting (to aid NIMS data entry and analysis)
 - Location of Service (due to expansion of scope)
 - Ward/Unit/Care/Service Setting (due to expansion of scope)
 - Reason for admission (to provide more context on service user if admitted)
 - Exact location of Service User at time of fall (to provide more context)
 - State if fall was witnessed or unwitnessed (to provide more context for review)
 - Reference to Designated Support Person (to align with IMF)
- Addition of space for adding name/date of person who completed the form



Falls Review Tool: Changes to Preliminary Assessment Form

12. Preliminary Assessment Form: Part A

Section 2: Fall Risk Factor

- Inclusion (due to feedback from consultation) of:
 - Age Risk factors (General/ physical or intellectual disability/ admission)
 - Previous fall within last 12 months
 - Intellectual/Physical Disability (for additional information)
 - Other Health Conditions: reference to osteoporosis and malnutrition etc
 - Medications: increased list of **example** medications to be considered
- Please note – the list of risk factors in Section 2 is not intended to be a complete list but is provided to act as an aid to identifying all risk factors for the service user.



Falls Review Tool: Changes to Preliminary Assessment Form

12. Preliminary Assessment Form: Part A

Section 3: Environment and Equipment

- Inclusion of:
 - Tethers (e.g. Drip/ Monitor)
 - Section for team to identify immediate areas for improvement

Section 4: Staffing

- Inclusion of:
 - Section for team to identify immediate areas for improvement

Section 5: Task and Team

- Inclusion of:
 - If required, was a falls care plan in place supported by a timely review process
 - Section for team to identify immediate areas for improvement



Falls Review Tool: Changes to Preliminary Assessment Form

13. Preliminary Assessment Form: Part B

- This whole section amended to align with Part B of the Preliminary Assessment Form in the IMF 2020
- Comprehensive Review:
 - Review Panel Approach removed as no longer in the IMF 2020
- Level of Independence:
 - Reference to forthcoming Regional Health Areas
- Contacts
 - Service user Liaison changed to Service user Designate Support Person in line with IMF



Falls Review Tool: Changes to Review Report Template

14. Concise Review Report Template

Part 1

- Part A of Preliminary Assessment Form and Sections 2-6 of part 1 of the Report Template are now identical to reduce duplication. Part A of PAF can be copied and pasted directly in to Part 1 of the Review Report Template – additional info to be included where identified by Review

Part 2

- Inclusion of Statement of Findings instead of Key Causal Factors
- Inclusion of CLEAR principles for recommendations as per IMF 2020



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Guideline for Conducting a Look-back Review Revision 3, November 2022

National Quality and Patient Safety Directorate
Incident Management Team



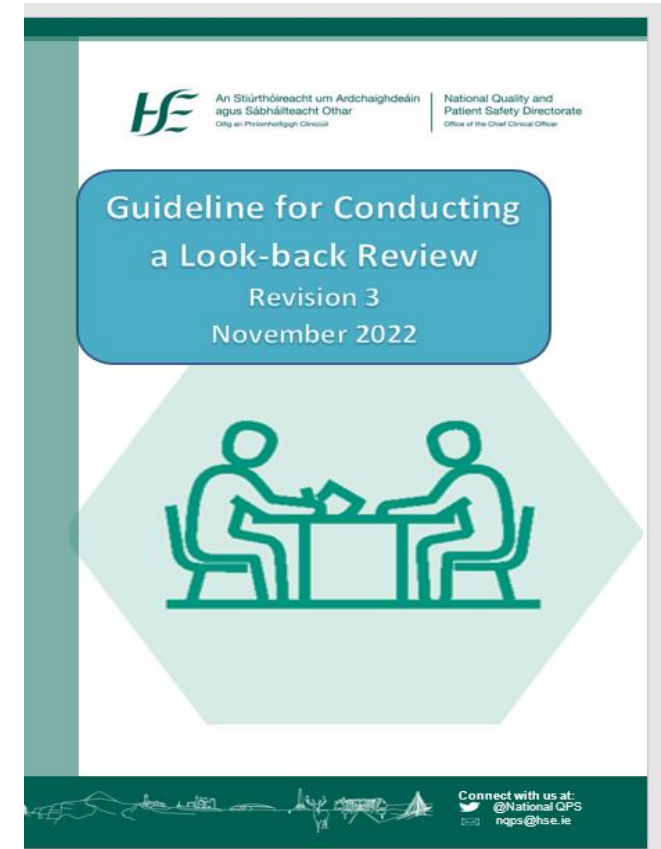


Guideline for conducting a Look-back Review (LBR)

A Look-back Review is defined in the Incident Management Framework as a review where a number of people may have been exposed to a specific hazard in order to identify if any of those exposed have been harmed and how to take care of them.

The Look-back Review process consists of four key steps:

- Consideration of the Preliminary Assessment Form to identify the need for a Look-back Review
- Implementation of a Look-back Review Risk Assessment to identify the need to progress to the Audit and Recall Stages of the Look-back Review Process
- Audit Stage
- Recall Stage



Available at: <https://www.hse.ie/eng/about/who/nqpsd/qps-incident-management/>



Guideline for conducting a Look-back Review (LBR)

2nd Revision in 2015

- Developed by National Quality Assurance and Verification (QAV) Division in conjunction with Dr. Orla Healy. Aligned to Incident Management Policy, 2014
- QAV now part of National Quality and Patient Safety Directorate (NQPSD)

2nd Revision in 2022.

- Updated by Incident Management Team, NQPSD, in conjunction with Dr. Orla Healy, QPS Leads and staff with recent experience in LBRs
- Consultation with system via National QPS Leads
- Finalised in November 2022



General changes to LBR Guideline

General:

- Inclusion of Reader Information on page 2
 - To provide greater transparency re development and linkages to other documents/teams etc.
 - To document the review process/ dates/ persons involved/ approval
- Inclusion of Foreword
 - Reference to Patient Safety Strategy
 - Reference to linkages to Incident Management Framework
 - Promotion of principles of Just Culture, Open Disclosure
 - Reference to National Quality and Patient Safety Directorate
- **Overall - changes made to align the review tool with IMF 2020, update evidence, strengthen the requirement for Open Disclosure and to highlight requirement /importance of reporting on NIMS**



Specific changes to LBR Guideline

Section 1. Policy Statement:

- Updated to include reference to:
 - Reviews by National Independent Review Panel (NIRP)
 - To highlight that a LBR does not replace the requirement to undertake a Systems Analysis Review of the incident to identify systemic issues

Section 2. Purpose

- Promotion of principles of People Centeredness, Just Culture, Open Disclosure, fair Procedure and Natural Justice

Section 3. Scope

- Updated to include reference to:
 - HPSC re notifiable infectious diseases and outbreaks/ management of infections and blood-borne diseases
 - National Independent Review Panel re some category 1 incidents and requirements for LBR



Specific changes to LBR Guideline

Section 4. Policy and Legislative Context

- Updated to include most recent relevant legislation and policy – including GDPR, Patient Safety Bill, Civil Liability Act (Open Disclosure)

Section 5. Glossary of Terms and Definitions:

- Expansion of this section to include additional terms and to align with IMF 2020 and current definitions



Specific changes to LBR Guideline

Section 6. Roles and Responsibilities

- Aligns roles with IMF and with current HSE processes and structures
- Aligns the process with the roles of the Serious Incident Management Team (SIMT) as per IMF 2020
- Enhancement of communication process by SAO i.e.
 - Consideration of Preliminary Assessment Form (new step)
 - Communication of Preliminary Assessment to National Directors through appropriate governance structures
 - Implementation of the Patient Safety Notification (PSN) Protocol
- Includes roles of Director QPS/ Heads of Quality Safety and Service Improvement (HSSI)
- Includes roles of National Quality and Patient Safety Directorate (NQPSD)



Specific changes to LBR Guideline

Section 7.1, Look-back Review Process- introduction

- Introduces a 4 phase approach and the inclusion of a new step – Preliminary Assessment – to align with IMF. Previous process had 3 phases (Risk Assessment/Audit/ Recall)
- Figure 1 A: Introduces the SIMT and Preliminary Assessment stage (to consider if a Look-back Review is required)

Section 7.2, Stage 1:

- Describes process for SIMT and Preliminary Assessment Stage in line with IMF 2020
- Describes suggested composition of SIMT
- Describes governance responsibility for the LBR (through SIMT)
- Refers to process for obtaining additional expertise (if required) via Forum of Postgraduate Training Bodies and in line with IMF 2020
- Highlights requirement for reporting on NIMS
- Highlights requirement for Open Disclosure and the requirement to identify systemic issues



Specific changes to LBR Guideline

Section 7.3, Stage 2: Look-back Risk Assessment Stage

- Clarity of role of SIMT in process, including:
 - Agreeing TOR
 - Commissioning experts to undertake a LBR Risk Assessment
 - Immediate actions, including Open Disclosure, immediate safety concerns and service contingencies
 - Communication plans (internal and external)
 - Decision to proceed to Audit and Recall stage
- Clarity around what the LBR Risk Assessment will look at
- Enhancement of communication process by SAO/ LBR Commissioner i.e.
 - Communication of decision to proceed to Audit and Recall Stages to National Directors through appropriate governance structures
 - Implementation of the Patient Safety Notification (PSN) Protocol by the LBR Commissioner
 - The relevant Operational National Director and National Clinical Director of NQPSD will be alerted through the PSN Protocol, who will inform the Chief Operating Officer and Chief Clinical Officer respectively. The COO and CCO will then communicate this to the CEO of the HSE and the Safety and Quality Committee of the HSE Board.



Specific changes to LBR Guideline

Section 7.4, Stage 3: Audit Stage

- Enhanced process map for greater clarity
- Reference to additional/ new templates in Appendix section
- Clarity of role of SIMT in process, including:
 - Agreeing TOR
 - Establishing a Look-back Review Work Plan
 - Agreeing Audit Tool/ process
 - Agreeing Audit prioritisation
 - Development of a Data Collection Tool
 - Addressing and communicating immediate safety concerns
 - Establishment of a Recall Team (if indicated by audit)
 - Agreeing processes for Communications
 - Providing an Information Line



Specific changes to LBR Guideline

Section 7.5, Stage 4: Recall Stage

- Enhanced process map for greater clarity
- Reference to additional/ new templates in Appendix section
- Clarity of role of SIMT in process, including:
 - Agreeing TOR
 - Establishing Recall Team(s)
 - Agreeing Recall Processes
 - Agreeing processes for Communications (with Recall Team and Nationally)
 - Addressing and communicating immediate safety concerns
 - Ensuring findings of the Recall Team are managed and actioned – including appropriate follow up of affected persons
 - Managing identified incidents via the IMF (including SA review)



Specific changes to LBR Guideline

Section 7.6 Closing the Loop

- Clarity re LBR report and content of same
- Reference to new report template Appendix section
- Reference to IMF re governance and sign off process for the report
- Reference to NIMS reporting

Section 7.7 Communications Plan

- Clarity re “Statutorily required” to participate in Recall Stage: *For example: In the case of a requirement under communicable disease regulations, if person concerned was a minor or a ward of court.*



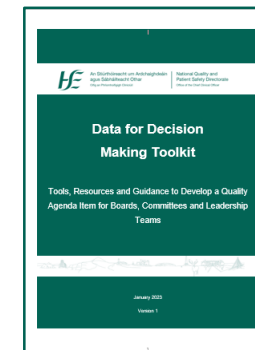
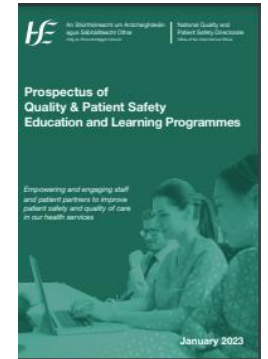
Specific changes to LBR Guideline

Appendices

- General: updated to reflect new HSE logos/ colours etc.
- All: terminology aligned to IMF (e.g. SIMT) and IMF 2020 referenced as appropriate
- Appendix 5: inclusion of most recent IT guidance
- Appendix 6 (A,B,C): Terms of Reference aligned to IMF, reference to Preliminary Assessment and IMF
- Appendix 7: **New** report template
- Appendix 8: LBR Guideline Process Checklist: Updated to reflect the changes in the LBR process (e.g. Preliminary Assessment Stage)

New NQPSD Resources

- [Patient Safety Together](#): a freely available online resource that shares up to date patient safety information for the purpose of sharing learning and supporting healthcare improvement
Patient Safety Together | patientsafetytogether@hse.ie | www.hse.ie/pst/
- [NQPSD new website](#)
- [QPS Prospectus of Education and Learning Programmes 2023](#)
- [Human Factors eLearning Programme](#)
- [Data for Decision Making ToolKit](#)
- [Pressure Ulcer and Falls Concise Review Tool](#) (revised)
- [Look Back Review Guideline](#) (revised)
- [After Action Review \(AAR\) Video Resources](#)





An Stiúrtóireacht um Ardchaighdeán
agus Sábháilteacht Othar
Oifig an Phríomhoifigigh Cliniciúil

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