



Information and Analysis Team

The Information and Analysis team, QID, leads on information and measurement for quality improvement. Led by Dr. Jennifer Martin, the team includes Ms. Elaine Fallon, Dr. Michael Carton, Ms. Deirdre Carey, Ms. Grainne Cosgrove and Mr. Joseph Reeves.

There is a requirement for a more intelligent use of information across the whole system (HSE). The primary function of analysis of information for quality improvement is to support learning within a service and to direct frontline improvement activities (QID, 2015). In order to achieve this goal, the Information and Analysis team provide the clinical experience, measurement, statistical and quality improvement expertise to enable systematic, effective measurement in QID, Service Divisions and front line services, to improve quality within their specific areas for service users

Work 2015

1.0 Patient Safety Culture Survey

The Patient Safety Culture Survey is a system to proactively evaluate the culture of patient safety in each hospital as a tool to drive improvement. The Quality Improvement Division (QID), HSE, conducted the National Patient Safety Culture Survey with all acute hospitals in 2013. This included adaptation and development of a survey tool (AHRQ, 2004), a pilot, a national roll out involving data collation, data analysis and the production of draft results reports for each participating hospital (41 hospitals, 4,700 respondents). In 2015, we finalised draft reports and produced a Composite Results and Comparative Statistics Report to enable each hospital to compare its results with other hospitals.

2.0 Quality Indicators

Key Performance Indicators (KPIs) describe the performance of healthcare and related outcomes. Indicator measurement and monitoring serve many purposes including: ability to make comparisons (benchmarking) over time between organisations; ability to make judgments and set priorities; support of accountability, regulation, and accreditation and, the support of quality improvement.

In 2015, we undertook the development of a number of Quality Indicators: Falls; Pressure Ulcers; Adverse Events Indicators Phase 1 (In-hospital Fracture, Foreign body left in during procedure and Post operative wound dehiscence); Adverse Events Indicators Phase 2 (Post operative respiratory failure, Post operative haemorrhage/haematoma, Post operative DVT, Post operative pulmonary embolism and Haemolytic transfusion reaction); and, Deteriorating Patient Indicators (Sepsis and National Early warning Score) for inclusion in the National Service Plan. These KPIs became key enablers for each of the Service Divisions' ability to respond to the mandate from the Director General to develop two quality indicators per month between June and December 2015.



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3.0 Quality Profiles

A Quality Profile is a comprehensive, timely and reliable tool that describes the quality and safety of the healthcare provided within an individual service. What is unique about the Quality Profile is that it provides the CEO/senior most accountable manager with the evidence that is most relevant to them on the quality of care provided by their service. The service itself chooses the measures that are most useful in understanding the quality of their services and in helping them improve.

We partnered on three individual Quality Improvement projects in 2015 with the aim of developing and implementing a Quality Profile in frontline services. The first early adopter site was St. Brendan's Community Nursing Unit in Loughrea, Co. Galway. The learning from this project was instrumental in developing a set of web-pages and resources to support services in developing their own unique Quality Profiles. A poster presentation on this QI project was presented at the 2015 Patient Safety conference in the Aviva stadium, Dublin. A further two projects were also initiated in 2015 in Health and Wellbeing and Acute Hospital sites. These projects are due for completion in 2016. A further project with the Social Care division was also initiated in 2015 with the aim of presenting information at a divisional level that drives and demonstrates Quality Improvement. This type of intelligence report would provide a more high level view of the type of information presented in local Quality Profiles.

4.0 IPCRESS

In 2015, we continued to support the ICT project to procure a IPCRESS, an infection prevention and control software system. New governance arrangements and structures supporting have been put in place.

5.0 Patient Safety Statements

Patient Safety Statements aim to provide an immediate management reporting instrument on hospital services and outcomes and to highlight any potential safety issues in relation to hospital services. In 2015, we provided statistical and quality improvement support in developing the Irish Maternity Safety Statement. We are now supporting the development of the Irish Hospitals Patient Safety Statement (IHPSS).

6.0 Irish Hip Fracture Database

The Irish Hip Fracture Database (IHFD) is a clinically led, web-based audit of hip fracture care and outcomes, in National Office of Clinical Audit (NOCA). We provided the analysis and statistical support for this quality improvement initiative. In 2015, individual hospital reports were provided directly to hospitals and the second national report relating to 2014 discharges was published.

7.0 Reports

- Review of the Performance Report and Recommendations for Improvement, 2015
- Key Findings from the State Claims Agency Report "Clinical Incidents and Claims Report in Maternity and Gynaecology Services. A Five Year Review: 2010-2014"