Introduction
The Measurement for Improvement team combines expertise in the science of quality improvement, statistical analytics and qualitative research with clinical expertise. We work in partnership with Health and Social Care Services. Our mission is to educate and enable people to collect, interpret and contextualise data, to evaluate and drive improvements in quality of care. Our vision is that quality of care is improved by the routine use of the right information, being measured in the right way to make better decisions.

The team includes Dr. Jennifer Martin, Deirdre Carey, Dr. Michael Carton, Grainne Cosgrove, Dr. Gemma Moore and Joseph Reeves.

Achievements 2016

Expanding the Evidence Base
We aim to expand the evidence base, within the Irish Health and Social Care sector, using both Quantitative and Qualitative, Quality Improvement methods, through partnering with services and supporting research to, design, test, use, transfer and spread new measurement methods.

National Quality Profile
A Proof of Concept National Quality was developed and presented to the HSE Leadership Team in December 2016 following consultation with key stakeholders. In addition a test of automating the production of Statistical Process Control (SPC) charts for the National Quality Profile was successfully completed with the Office of the Chief Information Officer.

Social Care, National Division, Quality Profile
In a partnership project with the Social Care Division, the Quality Profile continues to develop and now includes SPC Charts to explain the role of variation in data collected for a number of measures that are important to social care service users e.g. Compliance with HIQA standards and Pressure Ulcer incidence.

Temple Street Board Quality Dashboard
In partnership with Temple Street, the Temple Street Board of Directors review quality of clinical care indicators presented in SPC charts at monthly board meetings.

Primary Care Quality and Safety Committee – Quality Outcomes, and support for analysing and presenting survey information
Working with the National Primary Care Quality and Safety Committee, MIT identified and analysed, using SPC, potential measures of outcomes that matter to primary care patients. This proof of concept was successful and sent to the PC executive for action in 2017. MIT provided guidance on Survey Design and subsequent analysis of responses of the primary care survey of service users and of two surveys of the National Primary Care Quality and Safety Committee.
The first National Sepsis Report was published in December 2016 based on data analysis provided by the Measurement for Improvement Team.

National Audit of Hospital Mortality
The first report of the National Audit of Hospital Mortality was published in December 2016, supported with analysis and statistical advice from MIT.

Irish Hip Fracture Database (IHFD)
The third national report, based on 2015 data analysis provided by MIT, was published in November 2016. MIT also provided separate annual analysis for each of the sixteen reporting hospitals.

Development of Measurement for Improvement Tools
We aim to develop a suite of tested quantitative and qualitative measurement tools and methodologies, to support Quality Improvement in Health and Social Care Services.

A collection of online resources were developed and launched on the MIT webpage throughout 2016. The resources include introduction to measurement for improvement and key concepts, guidance on designing, administrating and analysing surveys, guidance on conducting qualitative evaluation and research including designing research questions, qualitative methods and analysis, checklist to prioritise measures of quality of care, guidance and tools to create and interpret SPC charts, template to develop measurement plan, sample driver diagrams and a range of resources to create a quality profile. In addition, MIT presentations and publications of interest are available.

Education and Training
We aim to build internal capacity within Irish Health and Social Care Services in Measurement for Improvement, through Education and Training.

MIT Curriculum
The draft Measurement for Improvement Curriculum was completed and sent for international expert review. The curriculum identifies the needs of those engaged in measurement for improvement work. It identifies key content areas, tasks and required knowledge for measurement for improvement practitioners at five increasing levels from entry level to expert. It will be used as the basis to deliver training focused on the measurement driver in the Framework for Improving Quality in Our Health Service.

Training and Education Workshops delivered
Workshops on measurement for improvement were delivered to Public Health, Primary Care. In partnership with NQIP and international expert Lloyd Provost, a 'Measurement for Improvement' week was delivered with one day to each of the following: those engaging in QI projects, health care decision makers, including HSE leadership team, health care data analysts, QI measurement experts, and an open meeting for all those interested in measurement for improvement.
**Evaluation Framework**
The MIT were involved in the selection and development of a Self-Evaluation Framework for use within the HSE in conjunction with Health and Wellbeing.

**Champion and Promote Measurement for Improvement**

We aim to champion the routine use of Measurement for Improvement and increase its visibility, through the promotion of best practice and evidence that it works in the Irish Context. Quality improvement and measurement for improvement were promoted through the use of twitter accounts for members of the Measurement for Improvement Team, and through the use of a QID hashtag #HSEQICConnect which generated over 300,000 twitter impressions and over 500 tweets between May and December 2016.

**Consultancy and advice**

We aim to respond to the specific measurement for improvement needs of healthcare providers, by advising, undertaking analysis and providing specialised support to enable them to; use measurement and to evaluate and drive improvements which can be evidenced, in the quality of care within their own areas.

During 2016, MIT provided analysis and expert advice to a wide range of groups looking to understand and/or improve the quality of their services. Groups include: Pressure Ulcer Collaborative, Medication Safety Programme, SDQ/QID QI programme, Person and Family Engagement programme, Specialty Quality Improvement Programmes, National Office of Clinical Audit and St. Vincent’s University Hospital.

Projects include: Paediatric Early Warning Score Programme, Health Care Associated Infections, Out of Hours Primary Care Service, Schwartz Rounds, Mental Health Incident Report Analysis, Primary Care and other service patient experience measures, Nursing Metrics and Patient Safety Statements.