

Quality Improvement Division



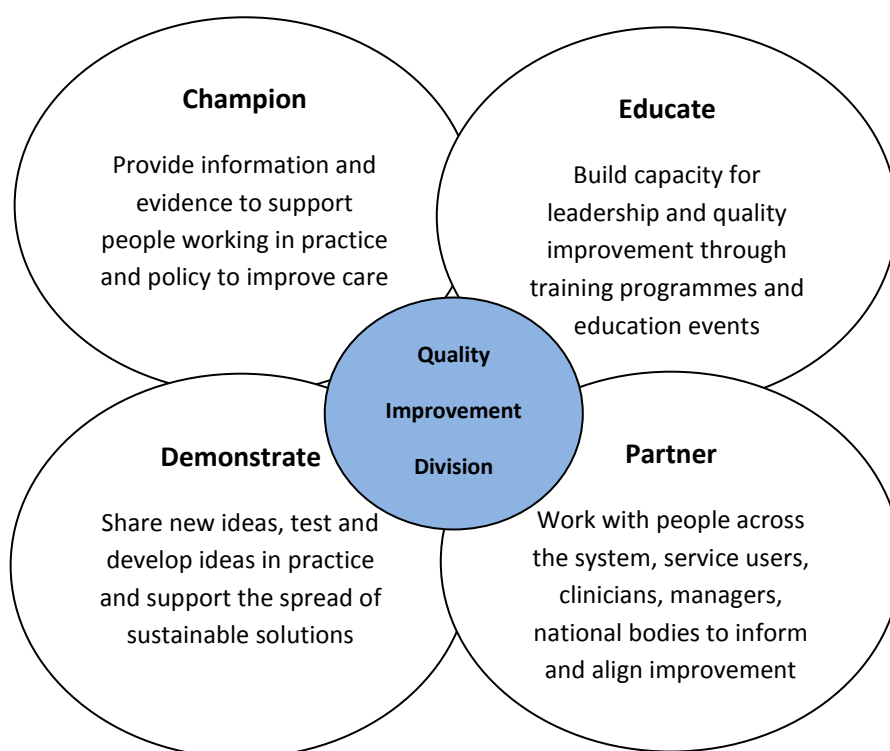
Operational Plan 2017

Quality Improvement Division (QID): Improving the quality and safety of our services

Executive Summary

Every person who uses our health service should receive a quality service, which is person-centred, effective, and safe and which promotes better health and wellbeing.

The mission of the QID team is to provide leadership by working with patients, families and all who work in the health system to innovate and improve quality and safety and influence a culture of continuous quality improvement. The QID management team and decision making process has been enhanced with the participation of two patient representatives who attend all management meetings. The role of the QID is to champion for Quality Improvement in service delivery, demonstrate proven methodologies and process, and to build capacity and capability for sustainable quality improvement through education of, and partnership with, all relevant stakeholders. The following model illustrates the approach that we have adapted to deliver on our role is to:



The key driver in the approach to culture change and quality improvement is building capacity and capability in front line services where the knowledge and experience exists to identify problems and come up with solutions for improvement and this is why QID have developed the *Framework for Improving Quality*. The Quality Improvement Division has developed comprehensive and practical publications and online resources to proactively address Quality Improvement in the HSE which are available at www.qualityimprovement.ie.

High Level Overview of Prioritised Project Aims for 2017

The Quality Improvement Division provides advice and support quality improvement projects and initiatives. We do this by partnering with frontline services however the implementation of these programmes remains with the leadership of frontline healthcare services (i.e. Hospital Groups, CHOs and NAS). The three main programmes of work (outlined below) are complementary to the national standards for healthcare and mental health that will form the basis for the licensing of services by the regulators.

1. Application of the Framework for Improving Quality in our Health Service

The "Framework for Improving Quality" resource has been developed to influence and guide our thinking, planning and delivery of care in our services. The application of the Framework has commenced with two acute hospitals and the National Rehabilitation Hospital. This will continue in 2017 and be expanded to CHOs and non-acute services. The QID will work with frontline services to apply the *Framework for Improving Quality* across their entire organisation to strengthen quality improvement capability and capacity and to support them in meeting the goals of the national standards for healthcare and mental health. In addition, there are priority projects to support the elements of the Framework:



Leadership - Continue the delivery of the Diploma in Leadership for Quality and implement the Clinical Director leadership programme to assist with the establishment of effective clinical directorate model. Promote in partnership with the HR division a distributive model of management where front line staff are enabled to act on their own ideas for improvement.

Governance – Strengthen governance focussing on quality and safety structures and processes by providing guidance and resources on implementation of Q&S committee and Quality and Safety Walk-rounds.

Staff Engagement - Support leaders to continue to develop their staff engagement skills to value staff and their input into improving the quality of care (for example Schwartz rounds, National Staff Engagement Forum, Microsystems, and sharing learning)

Patient Engagement - Promote the embedding of a Person Centred focus throughout the Health and Social Care Services and deliver the National Culture of Person Centeredness programme in Intellectual Disability Services. Continue to develop the role of the National patient Forum and the Patients for Patient Safety group.

Measurement – Support the health care system to utilise data in new ways to allow us to differentiate between random variation in performance and variation that we need to act on. Implement training programmes to enable healthcare staff to audit, collect, interpret and contextualise data so as to evaluate improvements in quality of care. Partner with frontline services, divisions and leadership team to examine quality of care outcomes and produce quality profiles that give insight into the quality of their care and results of improvement efforts. Support national clinical audit through the continued development and roll out of the National Audit of Hospital Mortality, Major Trauma Audit, Irish Hip Fracture Database, ICU audit and the Specialty Quality Improvement Programmes for Radiology, Histopathology and Endoscopy.

Quality Improvement Methods – Develop healthcare Quality Improvement knowledge and skills to enable staff to lead and support local service improvement including developing a competency framework for quality Improvement.

2. The Quality Improvement Safety Programmes

The quality improvement division works with frontline services across the following patient safety priorities as part of the National Patient Safety programme. The key aims of these priority programmes are as follows:

Medication Safety - Reduce patient harm associated with medicines use or their omission.

HCAI & AMR: Reduce harm and increase patient safety by implementing improvement programmes related to Antimicrobial Stewardship, Standard Precautions, and Device related infections.

Pressure Ulcer prevention: Continue implementation of the pressure ulcer to zero initiative (phase 3) to reduce harm associated with pressure ulcers.

Decontamination: Improve the reliability in the decontamination of reusable invasive medical devices in both acute and non-acute service delivery settings.

Falls prevention: Develop a national falls programme in 2017 for commencement in 2018 to reduce the incidence of preventable falls in HSE services.

3. Other Quality Improvement programmes led by the quality Improvement Division

Social Care Division/QID Quality Improvement Programme: To advise and support HSE residential services for adults with ID on enhancing structures and processes to improve the delivery of quality and person-centred services.

Policies Procedures Protocols and Guidelines (PPPGs): The implementation of the National HSE Framework for developing PPPGs (2016) including the development of an education and training programme, and to develop and make available a National Central Repository Office (NCRO) for all national HSE approved PPPG's and NCEC guidelines.

Assisted Decision Making: The division will continue to lead out on behalf of the HSE on the implementation of this legislative requirement.

Open disclosure: Work with the service delivery divisions to have Open Disclosure embedded and owned by the services.

Global Health: To establish a sustainable global health programme structure within the HSE to support north-south learning and solidarity and health development.

DoH National Patient Safety Office: Support the creation of the National Patient Safety Office in Department of Health

Supporting Frontline Services

In July 2016, QID conducted a survey with frontline services (HG's, CHO's, NAS) to assist us with the planning and prioritisation of projects for 2017. The overall response was 88% and the detailed responses to the survey have informed the overall programme of work for the Quality Improvement Division for 2017. Unfortunately it is not possible to respond to all of the requests for support contained within the survey due to limited resources, however we have taken stock of all of the feedback and we have worked closely with other corporate divisions to achieve better alignment of quality priorities for 2017.

Joint working with other divisions

QID will continue to develop joint working arrangements with other divisions on planning, implementing and sustaining quality improvement. These partnerships include working closely with the following divisions:

- Quality Assurance Division and Office of Chief Information Officer - Information sharing and analysis
- Health and Wellbeing Division – HCAI programme
- Clinical Strategies and Programmes Division, including Office of Nursing and Midwifery Services Director (ONMSD) - Across relevant safety programmes
- HR Division - Leadership and Staff Engagement
- Primary Care Division, Social Care Division, Mental Health Division, Acute Hospitals Division – ongoing quality and safety priorities and information sharing
- Bring a quality agenda to the HBS and Finance and ABF

QID Reform Priorities 2017

The Quality Improvement Division will work with the Service Improvement Programme in respect of Hospital Group and CHO governance structures and also in relation to the implementation of the Framework for Improving Quality. Whilst healthcare organisations are in the process of organisational change through the establishment of CHOs and Hospital Groups, it is vital that strong governance and accountability arrangements are in place at all times, in respect of service user quality and safety.

Risks to the Delivery of the QID Operation Plan

As in any programme of work there are potential risks to the delivery of the plan. The QID survey which we conducted in July 2016 highlighted many risks and challenges to quality and safety in the frontline. These include the lack of adequate resourcing of quality and safety staff. CHOs highlighted the slow pace of the evolution of QPS structures in their organisations. The survey also highlighted that the vast majority of the time of quality and safety resources in the frontline is consumed by risk management, complaints and investigations leaving very little time for proactive quality improvement initiatives. All of the above issues are risks to the implementation QI programmes and need to be managed effectively and will be a part of the ongoing divisional performance review process. Specific risks for QID are detailed as follows:

- Capacity of the system to maintain a focus on QI and still deal with the day to day pressures of service delivery
- Ongoing reform of healthcare structures
- Continued focus on what went wrong and not on what should/can be improved
- Staff turnover due to uncertainty regarding divisional changes
- Change of strategic direction post divisional changes

Financial Framework & Workforce

The operating budget of the QI Division for 2017 is €9.1m. As of the current date, there is 44 WTE staff working in the QI Division. Recruiting and retaining motivated and skilled staff at the centre is a high priority for the Division as it is best international practice to have a centre of expertise in order to support quality improvement and support the 105,000+ staff in the HSE deliver sustainable quality improvement in frontline services.

Accountability

Currently the QI Division utilises the performance management process to ensure accountability and reporting across projects and programmes is captured on project vision. The National Director accounts for the division's performance to the Director General.

Detailed QID Priority Programmes

Framework for Improving Quality Programmes			
Priority Area	Timeline	Performance measurement	Audience
Framework for Improving Quality			
Project 1: Apply the framework in 3/4 sites, known as demonstration sites	Q1 to Q4	Establishment of QI Teams for each site. Evidence and evaluation of work streams for each f/w driver. Assessment of cultural change overtime	Mayo University Hospital, Waterford University Hospital, National Rehabilitation Hospital. One CHO
Project 2: Develop a resource kit/tool kit/training etc skills & Knowledge to form the basis of Part 2 of the resource.	Q1 to Q4	Development of the QID Website. Online Resource kits for each of the drivers and evidence of online usage/ reviews	All HSE Services
Project 3: Making the framework 'matter' across the health and social care system.	Q1 to Q4	Level of awareness of the Framework. Framework prioritised in 2018 HG/CHO service and operation plans	All HSE Services
Project 4: Work-stream 4: Building QID capability and capacity to deliver the framework (input from Knowledge and Skills Team)	Q1 to Q4	Tailored plan for framework Knowledge and Skills developed	QID staff

Patient Engagement			
Project 1: Roll out of National Culture of Person Centeredness programme	Q1-Q4	Number of people trained. Awareness of PC culture before and after survey	Initially Disability in 2017 – all services
Project 2: Support Patients for Patient Safety Ireland Forum (PFPSF) and National Patient Forum (NPF). Assist with development of Patient Councils in Hospital Groups and CHOs	Q1-Q4	Strategic road map for involvement of NPF and PFPSF in service reform and service delivery. Number of patient councils set up in HG's and CHO's	Patient Forum, Patient Safety Ireland, CHO's HG's
Project 3: Provide facilitation and support to Assisted Decision	Q1-Q4	Compliance with the Assisted Decision	National Divisions, frontline

Making program and sustainability plan for future frontline ownership		Making (Capacity) Act of 2015. Number of people trained	services
Project 4: Develop sustainability plan for Open Disclosure handover to frontline services	Q1-Q4	Handover plan complete and signed off by leadership	National Divisions, frontline services
Quality Improvement Knowledge & Skills			
Project 1: Develop a QID plan for Building QI Knowledge and Skills	Q1-Q4 Ongoing	Completion of a QID Plan	Key Stakeholders/All Services
Project 2: Develop and Co-Design QI Competency Framework - June 2017	June 2017	Completion of Competency Framework.	Key Stakeholders/All Services
Project 3: Facilitate QI Curriculum Development	Q2	Completion of QI Curriculum taking into account other work in this area within the HSE	Quality Improvement Division
Project 4: Continue to deliver the Diploma in Leadership and Quality in Healthcare; Develop and commence a new Diploma in Leadership and Quality in Social Care	Q1-Q4	55 new graduates from Diploma in 2017. Curriculum for new programme delivered. Social Care programme filled by September 2017	All Services
Project 5: Continue to deliver the QI talk time initiative	Q1-Q4	50 of participants/groups per webinar + 80% participation rate by QID staff	HSE staff – Healthcare workers, frontline managers and corporate
Governance for Quality			
Project 1: Support with the Implementation of Quality and Safety Committees	Q1-Q4	- At least 4 Committee QI projects in 2017 - Improvement in functioning of committee (before and after survey)	CHO (level), Mental Health, NAS, and Social Care and Primary Care National Division Committee
Project 2: Support the Implementation of Quality and Safety Walk-rounds (QSWR) in Acute Hospitals	Q1-Q4	Completion of QSWR's in at least 4 hospitals. No. of actions complete after each QSWR.	Acute Hospitals - in line with service needs and capacity to partner.

Project 3 - Support Board on Board with Quality of Clinical Care QI Projects and Guidance and resources document	Q1-Q4	Completion of CUHTS project Completion of Phase 1 Saolta Completion of Boards Role in Improving Quality: Guidance and Resources	CUHTS EMT and Board. Saolta HG Board (phase 2 to be considered by new Saolta Group Board when appointed). Guidance and Resource: All HSE boards
Leadership - Clinical Director Programme			
Project 1: Support the development and implementation of the Clinical Director role, Clinical directorate model through engagement with leadership forum and education and training of clinical directors	Q1-Q4	Signed off model by Leadership team. Evidence of implementation of model within HG's, CHO, NAS	Clinical Directors, HSIP, NCHD's
Project 2: Develop Accredited Academic program for Clinical Directors to build capacity and expertise to clinicians taking up and delivering the CD Role in the health services	Q1-Q4	Accredited program content agreed and procurement complete. First cohort commenced program.	Clinical Directorate Team participants, Clinical Directors/ Consultants/ Executive Clinical Directors
Project 3: Support the future leadership capacity through support of the Lead NCHD Programme	Q1 - Q4	Number of workshops held	Lead NCHDS/ CDs/ECDs
Measurement for Improvement			
Project 1: Provide training and tools on Measurement for Improvement	Q1-Q4	Measurement for Improvement curriculum published. 5 workshops delivered, evaluated by participants as 'very satisfied' 20 measurement resources published online	CHO, HG, NAS, divisions, internal QID and participants in NQIP
Project 2: Provide advice and support on specific measurement queries /QI projects (e.g. patient experience survey primary care)	Q1-Q4	20 measurement surgeries. Satisfaction with surgery.	Safety programmes, national divisions, hospitals, CHOs, NAS, NOCA , SQI
Project 3: Support data for decision makers through the development of Quality Profiles and Dashboards	Q1-Q4	Measurement for Improvement/ SPC used as analytic tool at national level (national quality profile, social care quality profile, nursing metrics, primary care division outcome measures) and front line	HSE Leadership Team, Social Care Division, CHOs, HGs, NAS

		(including 3 acute hospitals and one social care service)	
Project 4: Clinical Audit Training Deliver clinical audit training to frontline staff and develop a sustainable education and training process delivered in a sustainable way in conjunction with national QPS leads	Q1-Q4	Delivery of one day courses on site. Terms of reference agreed. Process approved by QPS leads	Individual Hospitals who have requested training. QPS leads, Clinical lead co-ordinators. Primary care
Staff Engagement			
Project 1: Completion of Schwartz Rounds with existing sites and support and implementation in additional sites (approach dependent on resource available)	Q4	Standard Schwartz Round Evaluation Form. A pre and post measure, completion PRO-QOL.	Galway University Hospital, Blackrock Hospice and further site to be identified though expressions of interest.
Project 2: National Staff Engagement Forum (in partnership with the HR division)	Q4	Attendance at the Forum. Results of staff survey 2018 Staff feedback documented at each meeting (shared nationally)	Health Sector Staff
Project 3: Microsystems (Emergency Medicine Programme)	Q4	No. of sites actively engaged in QI using Microsystems approach. Ongoing qualitative evaluation with focus groups.	Emergency Department Staff, initially with one hospital group.
Project 4 : Knowledge Sharing and skills development for Staff Engagement (in partnership with the HR division)	Q4	Number of hits on social media platforms. Availability of education materials and toolkit for staff engagement	Mental health and acute hospital Cork. All staff

Safety Programmes

Priority Area	Timeline	Performance measurement	Audience
National Safety Campaign			
Project 1: Integrate all of the current national safety programs under umbrella brand/logo and campaign in conjunction with QAV and CSP Division	Q4 2016	To be scoped in conjunction with QAV, CSP Division	CHO staff, HG staff, NAS staff
Pressure Ulcer to Zero Collaborative <i>(Under umbrella of safety programmes and report to knowledge and skills)</i>			
<p>Project 1: Implementation of Pressure Ulcer Collaborative Phase 3</p> <p>Project 2: Continue sustainability and spread of Pressure Ulcer to Zero Safety Programme Phase 4</p> <p>Project 3: In conjunction with QAV further development of measurement system to indicate number of newly acquired pressure ulcers as reported through NIMS</p>	<p>Q 4 2016 – Q 4 2017</p> <p>Q4 2017 – Q4 2018</p> <p>Q 1-Q4</p>	<p>Phase 3 & Phase 4: Reduction \geq 50% in the number of pressure ulcers in participating units/wards in 18 months. Long term programme goal: Zero avoidable pressure ulcers by 2020. Measurement of pressure ulcer grades /consistency in reporting.</p>	<p>Phase 3: SSW & DML Hospital Groups</p> <p>Phase 4: CHO</p> <p>Acute services and CHOs</p>
Safer Meds			
Project 1 - Preventing Venous Thromboembolism (Blood Clots) – Improvement Collaborative with Adult Acute and Maternity Hospitals	Q1-Q3 2017	#Teams in collaborative / #Teams with measurement in Sharefile /ETL and QlikView working / #Teams reporting at each learning session/ % appropriate thromboprophylaxis (each hospital & in collaborative)	Multidisciplinary teams with senior clinical and governance support from adult acute hospitals
Project 3 - Make template for adult acute care drug chart available	Q1 2017	Chart updated / Template of modifiable pages. Template available on HSE website	Adult acute hospitals

Safety Programmes

Priority Area		Timeline	Performance measurement	Audience
Project 4 - Support projects, research and campaigns to reduce patient harm associated with medicines or their omission	Q1-Q4		Measures available for each sub-project	Varies for each sub-project
Decontamination Safety Programme				
Project 1 - Review Endoscopy Standards and Develop Self-Assessment Tools	Q1-Q4		Measure Compliance to Standards Using SAT	Acute Services
Project 2 - Capability Planning in Primary Care – Develop Minor award in Decontamination	Q1-Q4		# Student uptake/ Student Feedback/ Quality Improvement Projects	Primary Care
Project 3 – Test Implementation of Quality Management System Toolbox	Q1-Q3		External Certification of Navan Hospital CDU with NSAI under ISO 13485- Quality Management Systems for Medical Devices	Acute Service (Navan Hospital)
Project 4 - Building Networks and Developing Capability	Q1-Q3		Candidate Numbers Feedback Questionnaire	Acute Services
Project 5 - Building Networks via National Track and Trace System	Q1-Q3		Feedback Questioners Survey Monkey for feedback on Lectures	Acute Services
HCAI AMR Clinical Programme				
Project 1 - Line device infection QI project - STOP Campaign	Q2-Q3		STOP Audit tool inclusive of E.g. Number of lines inserted v number of lines used. Documented evidence of line review	1. Acute hospital doctors and nursing staff. 2. Quality staff in Acute hospitals.
Project 2 - Project Name: QI IPCN Network	Q1-Q4		Feedback from IPCN QI network events. Attendance at IPCN network events. Evidence of QI projects in related areas	IPCNs & QPS leads working in CHOs. In some instances other members of the IPC MDT

Safety Programmes

Priority Area	Timeline	Performance measurement	Audience
Project 3 - Standard precautions: Hand Hygiene train the trainer programme for non-acute settings	Q3	No. of hand Hygiene trainers trained. No. staff trained	QPS, all staff in CHOs – engagement and clinical grades
Project 4 – Antimicrobial Stewardship: OoH antimicrobial stewardship project and ‘Start Smart then Focus Collaborative’	Q1-Q4	Improvement measures associated with both projects e.g. number of antibiotics prescribed per consultation in OoH settings	Antimicrobial Pharmacists, Prescribers and patients
Falls Prevention Programme			
Project 1 - Develop a falls programme for roll out in 2018	Q1-Q4	Screening and risk assessment complete	CHO’s, HG’s

Other QID Programmes

Priority Area	Timeline	Performance measurement	Audience
PPPG's			
Project 1: Establish structures and processes to support the implementation of the framework	Q1 2016 – Q1 2017	To be agreed by National Director. Successful implementation of plan	To be agreed from National to service level. All HSE services. National PPPG Oversight Group
Project 2: Develop and implement an education and training programme to support divisions/services to meet the standards in the development of PPPGs	Q1-Q4	Successful development of education /training plan. Successful evaluation of the education and training delivered	All HSE Services
Priority 3 – Secure resources to enable the development and ongoing management of a National Central Repository Office (NCRO) for all national HSE approved PPPG's. MAYBE REMOVED DUE TO LACK OF FUNDING	Q2	To be agreed by National Director	National PPPG Oversight Group
Social Care Division/ QID Quality Improvement Programme			
Project 1: Support services to improve structures and processes for quality.	Q1-Q4	Linked to Evaluation Framework	Residential Disability Services for Adults with ID within the Programme scope. CHO's
Project 2 - Support services to apply quality improvement methodologies.	Q1-Q4	Linked to Evaluation Framework	Residential Disability Services for Adults with ID within the Programme scope.
Project 3 - Plan for the sustainability of QI in Disability Services and exit of QID from the Programme	Q1-Q4	Linked to Evaluation Framework	Residential Disability Services for Adults with ID within the Programme scope. Social Care Division / Quality Improvement Division

Other QID Programmes

Priority Area	Timeline	Performance measurement	Audience
National Speciality QI Programme			
Project 1: Embed QI programme in 100% of histopathology labs nationwide (25 public)	Q1-Q4	Fourth National Histopathology QI Data Analysis Report published	Acute Hospitals Site with histopathology labs
Project 2: Implement Radiology National Quality Improvement Programme ICT system (peerVue and NQAIS-Radiology) in 100% of hospitals with radiology facilities (50 public,22 private)	Q1-Q4	Roll out of ICT system in 100% of public hospitals with ICT capability complete	Acute Hospitals Site with Radiology units
Project 3 - Implement GI Endoscopy National Quality Improvement Programme ICT system, NQAIS-Endoscopy, in 100% of public sites (8/37 remaining) with compatible local IT systems.	Q1-Q4	Rollout of ICT system in 100% of public hospitals with ICT capability	Acute Hospitals Site with endoscopy units
National Office for Clinical Audit			
Project 1 - Implement National ICU & INOR audit (4 additional sites)	Q1-Q4	ICU live and INOR live in 4 new sites Set reports live for ODTI	Acute Hospitals with ICU , T&O
Project 2 - Publish NPEC low birth weight and perinatal mortality report 2015	Q1-Q4	National Reports 2016 published	Acute Hospitals – Maternity
Project 3 - Improve data completeness levels from 61% to 81% for MTA	Q1-Q4	National report 2016 is at hospital level due to reaching target for data completeness	Acute Hospitals - ED
Project 4 - NOCA work with HSE to provide data for KPI reporting and Best Practice Tariff.	Q1-Q4	Published report on findings of burden of data entry on nursing staff	Acute Hospitals, DoH, Clinical Programmes, Groups, Academic Partners, Patients Group
Other projects - Implement required enhancements to NAHM tool, Advance the IHFD audit to include hospital level data in national report for 2016 data. Provide KPI data to HSE BIU.	Q1-Q4	Required developments live in system.	Acute Hospitals

Other QID Programmes

Priority Area	Timeline	Performance measurement	Audience
Global Health			
Project 1 - Project Name: Establish Global Health Office	Q1-Q4	Plan approved by senior management. Office fully operational. Fulfil role as Chair of Global Health Workforce	Leadership Team. QI National Director. QID staff. International partners
Project 2 - Develop institutional partnerships with less developed countries, including HSE QI collaboration with Mozambique	Q1-Q4	Four new partnerships formalised. Completion of 7 month training programme with MoH and hospital teams. Forum held, Container delivered	Hospitals, CHOs, Public Health Depts../ Mozambique and Zambia Ministry of Health. HSE Staff involved in health partnerships
Priority 3 - Project Name: Facilitate HSE staff to get involved in global health activities	Q1-Q4	Procedure approved. HSE adopts Code of Practice for volunteering Agencies. Training course conducted	HSE staff
National Patient Office – Department of Health			
Project 1 - Support the Creation of the National Patient Safety Office in DoH – measurement Team	Q1-Q4		Department of Health