



QA+I

QUALITY ASSESSMENT
& IMPROVEMENT

ACUTE
HOSPITAL
SERVICES

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WORKBOOK

8

Use of Information

Supporting services to deliver
quality healthcare



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Quality and Patient Safety Directorate

Tús Áite do
Shábháilteacht **1** Othar
Patient Safety **1** First



INTRODUCTION

Welcome to the **Use of Information** Quality Assessment and Improvement Workbook. This workbook will support assessment teams in preparing for assessment against Theme 8 of the National Standards for Safer Better Healthcare. Teams can use this workbook to familiarise themselves with the assessment process prior to undertaking assessment using the web enabled Quality Assessment and Improvement Tool.

There are **3 Standards** and **3 Essential Elements** of Quality under Theme 8. The Essential Elements are specific, tangible translations of the National Standards. They represent those key aspects of quality you would expect to see within a service that is delivering safe, sustainable, high quality care. There are four Levels of Quality for each Essential Element. These Levels build on each other and allow services to objectively assess the Level of Quality and maturity that most accurately reflects their service. The content within each Level are guiding prompts to what a service should be achieving for that Level and are not specific criteria that must be in place. Progress through these ascending Levels of Quality assumes that the main aspects of quality within the previous level have been achieved before you move to the next level.

Given that the National Standards for Safer Better Healthcare are relatively new to the healthcare system, it is recognised that implementing these standards may be challenging and require significant effort by services. Therefore a guiding principle of the assessment is to create a process of continuous quality improvement progressing towards full implementation. In some cases services may not have progressed as far along their quality journey compared to other services. This may result in services determining that for some Essential Elements and Standards they have not yet achieved 'Emerging Improvement', the first Level of Quality. In this instance services should not select a Level of Quality for these Essential Elements; instead they should consider outlining in the Additional Information section the necessary actions they need to implement to achieve 'Emerging Improvement' and higher Levels of Quality.

LEVELS OF QUALITY

Emerging Improvement (EI)	There is progress with a strong recognition of the need to further develop and improve existing governing structures and processes.
Continuous Improvement (CI)	There is significant progress in the development, implementation and monitoring of improved quality systems.
Sustained Improvement (SI)	Well established quality systems are evaluated, consistently achieve quality outcomes and support sustainable good practice.
Excellence (E)	The service is an innovative leader in consistently delivering good patient experience and excellent quality care.

A list of examples of evidence is provided to support you in verifying your selected Level of Quality for each Essential Element. This list is intended as a guide and services can include additional evidence that better supports their selected Level.

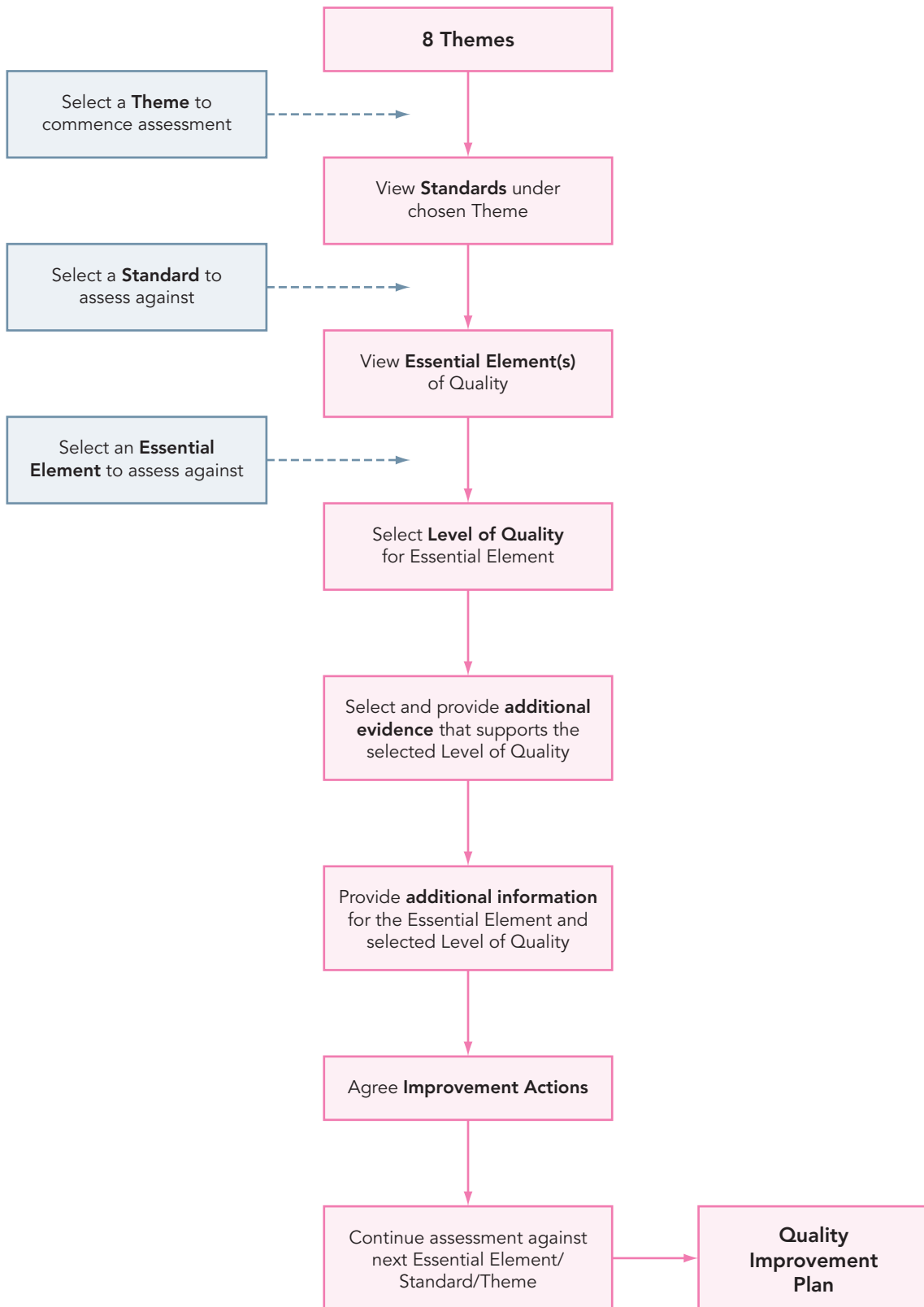
Similarly services may wish to consider the following bullets to guide them in providing additional information to support their assessment.

- Structures and processes in place and how they have been evaluated.
- Strategies and plans developed and implemented.
- Risks identified and improvement actions taken.
- Challenges to progressing to higher levels of quality.
- Outcomes achieved and examples of good practice.

The key output of this assessment is the development of Improvement Actions which will support your service in implementing the National Standards for Use of Information and improving the quality of your service.

An overview of the steps within the process to assess against the National Standards for Safer Better Healthcare is illustrated in Figure 1.

FIGURE 1: OVERVIEW OF ASSESSMENT PROCESS



USE OF INFORMATION

STANDARDS	ESSENTIAL ELEMENTS	WHAT A PATIENT CAN EXPECT WHEN A SERVICE IS MEETING THESE STANDARDS
<p>STANDARD 8.1 Service providers use information as a resource in planning, delivering, managing and improving the quality, safety and reliability of healthcare.</p>	<p>Enabling Effective Decision Making</p>	<ul style="list-style-type: none"> • The service uses and learns from the information it collects to continuously check and improve the quality and safety of the care provided to you.
<p>STANDARD 8.2 Service providers have effective arrangements in place for information governance.</p>	<p>Information Governance</p>	<ul style="list-style-type: none"> • Information will only be shared with your permission so that your rights to privacy and confidentiality are respected.
<p>STANDARD 8.3 Service providers have effective arrangements for management of healthcare records.</p>	<p>Effective Management of Healthcare Records</p>	<ul style="list-style-type: none"> • Staff working in your healthcare service will record information about you accurately, keep your healthcare records safe and up to date and will comply with legislation and standards in managing personal health information.

STANDARD
8.1

Service providers use information as a resource in planning, delivering, managing and improving the quality, safety and reliability of healthcare.

Essential Element: **Enabling Effective Decision Making**

Effective organisational decision making is supported by quality information from multiple sources.

LEVEL OF QUALITY	GUIDING PROMPTS	SELECT
Emerging Improvement (EI)	<ul style="list-style-type: none"> • Service arrangements support the collation and analysis of available information to enable effective decision making. • Service uses this information to strategically plan for current and future service needs. • Relevant staff are trained on the collection and recording of data and use of information systems. • Staff are supported in accessing evidence based information. 	<input type="checkbox"/>
Continuous Improvement (CI)	<ul style="list-style-type: none"> • Governing committees receive reports from relevant sources of information to include trend analysis and achievement of performance measures. • Service continually validates the accuracy of information provided. • Relevant staff are trained on new information systems to maximise their full benefits. • Relevant clinical staff are involved in procurement of information systems. • Planning for new information systems takes into account the compatibility and inter-operability within and between different systems. 	<input type="checkbox"/>
Sustained Improvement (SI)	<ul style="list-style-type: none"> • Information systems are evaluated to improve their effectiveness e.g. validity and timeliness of data captured and analysed. • Service supports national priorities regarding data collection for research and quality improvement initiatives. • Co-ordination of care is facilitated through the use of compatible and inter-operable external information systems. 	<input type="checkbox"/>
Excellence (E)	<ul style="list-style-type: none"> • Hospital information systems support electronic interfaces with GP practice management systems, within hospital groups and with other service providers. 	<input type="checkbox"/>

STANDARD 8.2

Service providers have effective arrangements in place for information governance.

Essential Element: Information Governance

Governance arrangements protect service users' information by ensuring that services comply with legislation and use information ethically.

LEVEL OF QUALITY	GUIDING PROMPTS	SELECT
Emerging Improvement (EI)	<ul style="list-style-type: none"> • Arrangements ensure the service manages its information systems and complies with legislation. • Staff receive training on information governance applicable to their role. • The service undertakes data quality assurance activities. • Service users receive information relevant to their personal health information e.g. rights to access. 	<input type="checkbox"/>
Continuous Improvement (CI)	<ul style="list-style-type: none"> • Breaches of legislation and other incidents are reported and improvement plans developed. • Audit of compliance with policies, procedures and guidance on information governance. • Governing committees monitor implementation of improvement plans. • Training and induction programmes are reviewed to target priority areas. • Findings from data quality audits inform improvement plans. • Preventative maintenance programme of IT systems is in place. 	<input type="checkbox"/>
Sustained Improvement (SI)	<ul style="list-style-type: none"> • Outcome measures are consistently achieved e.g. timely response to FOI requests. • Learning from audits and incidents is shared and reflected in new work practices. • Service user experience informs evaluations of information governance arrangements. 	<input type="checkbox"/>
Excellence (E)	<ul style="list-style-type: none"> • Service learns from national and international incidents relating to information governance and this is shared within the service. 	<input type="checkbox"/>

STANDARD
8.3

Service providers have effective arrangements for management of healthcare records.

Essential Element: **Effective Management of Healthcare Records**

Healthcare records are managed in line with national standards and legislation.

LEVEL OF QUALITY	GUIDING PROMPTS	SELECT
Emerging Improvement (EI)	<ul style="list-style-type: none"> • Arrangements support the effective management of healthcare records. • Service regularly assesses against the HSE Standards for Healthcare Records Management. • Relevant staff receive induction training and ongoing training for effective healthcare records management. 	<input type="checkbox"/>
Continuous Improvement (CI)	<ul style="list-style-type: none"> • Audit programme against the HSE Standards informs improvement plans for health care records management. • Governing committee receives reports on the implementation of improvement plans with reciprocal communication to relevant staff. • Incidents reported are analysed, trended and inform improvements. • Achievement of outcome measures (e.g. turnaround times for clinics, tracking of healthcare records) is monitored and reported. • Internal and external audit findings inform staff training programme and improvement initiatives. • Areas of identified risk (e.g. duplicate records or temporary charts) are linked to the risk management process. 	<input type="checkbox"/>
Sustained Improvement (SI)	<ul style="list-style-type: none"> • Arrangements have been evaluated in terms of their effectiveness. • Service consistently achieves relevant outcome measures. • Staff training programme is continually evaluated. • The learning from reported incidents is shared throughout the service. 	<input type="checkbox"/>
Excellence (E)	<ul style="list-style-type: none"> • Service learns from national and international incidents and innovative initiatives relating to health care records management. • The service implements innovative measures to improve the safety of healthcare records e.g. electronic healthcare records. 	<input type="checkbox"/>

IMPROVEMENT ACTIONS FOR THEME 8: USE OF INFORMATION

STANDARD	ESSENTIAL ELEMENT	IMPROVEMENT ACTION	RESPONSIBLE TEAM MEMBER	DUE DATE

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