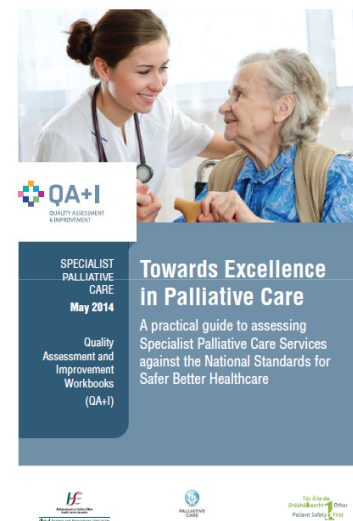


National Standards for Safer Better Healthcare (2012) in Palliative care

Palliative Care Standards Workshop

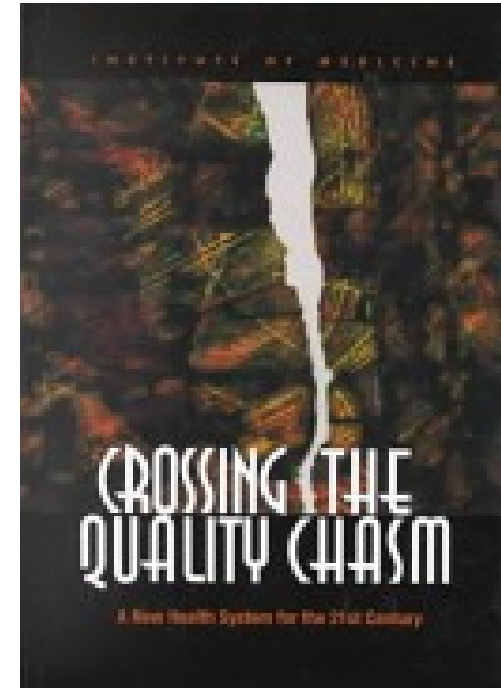
Our Lady's Hospice Harold's Cross, Dublin
June 14th 2016



*Ms Angela Alder, Assistant National Director for Quality and Patient Safety,
National Primary Care Division*

Defining Quality

- Institute of Medicine
 - Safety, Effectiveness, Equity, Timeliness, Efficiency, Patient-centredness
- NHS Scotland



- Person-centred care,
Safe care, Effective care

Mid Staffordshire Inquiry Feb 2013

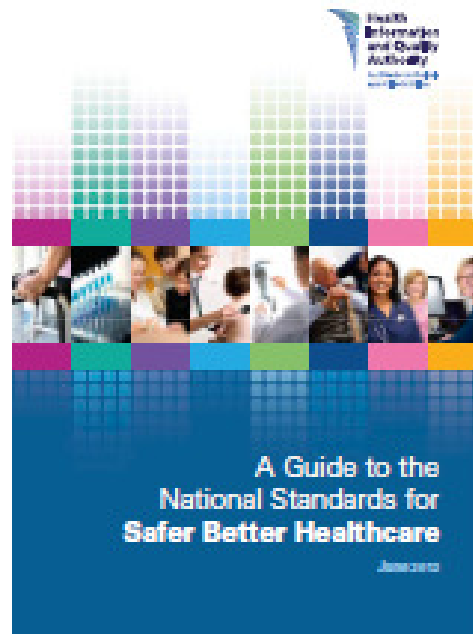


- Between 400 and 1,200 more patients died at Stafford hospital between 2005 and 2008 than would have normally been expected.
- *"Many patients suffered horrific experiences that will haunt them and their loved ones for the rest of their lives" ([Francis](#) 2010).*



Key Learning from the Mid Staffordshire when implementing the National Standards

- At the heart of the failure was the **lack of core standards** and the means of assessing compliance
- **Direct observation** of practice, contact with patients, families, front line staff and examination of real cases is key as opposed to reliance on files, minutes and doc's
- **Focus on real achievements and outcomes** for patients not just the presence of theoretical systems





Background

- The standards were developed by HIQA according to the function under section 8 (1) b of the Health Act 2007.
- The standards were launched in June 2012 by the Minister for Health
- These standards will form the basis for the future licensing of health services



National Quality Standards

- Provides common agreement on what constitutes a quality service
- Common language to quality
- Frames quality improvement work
- Provides a guide to improving quality and can act as a catalyst for continuous quality improvement

National Standards for Safer Better Healthcare





HIQA Principles “Approach to Regulation”

○ **Purpose of Improvement**

- Not to ensure compliance or even improvement to the point of compliance with minimal standards
- **Purpose to seek continual improvement**, with standards seen just as a measure of minimum compliance

○ (Better Regulation Commission, 2003)



HIQA Principles “ Approach to Regulation”

- **Focus on Outcomes & User Perspective**

- starting point is the experience of users, both as the user reports their experience of the services, and as the inspector perceives service delivery
- May then lead to examination of internal mgt arrangements



Early considerations for Palliative Care

- Need to focus on front line users experience
- Not starting from scratch a lot done already
- Move away from an 'assembly line' tick box ticking compliance exercise
- Services under significant pressure.
- Resources are a concern but standards are in place 4 years

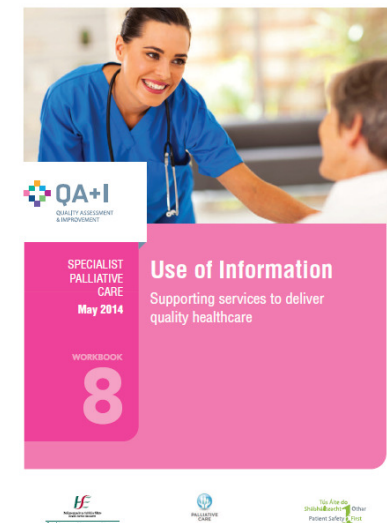
Overview of the Quality Assessment and Improvement Tool (QA&I Tool)





Background

- National Advisory Committee recommended that every Specialist Palliative Care Service should have an explicit commitment to quality improvement (DoHC, 2001)
- National Clinical Care Programmes developed the Quality Assessment & Improvement Tool in May 2014



THEME		NUMBER OF STANDARDS	NUMBER OF ESSENTIAL ELEMENTS
THEME 1	Person Centred Care and Support	9	9
THEME 2	Effective Care and Support	8	10
THEME 3	Safe Care and Support	7	12
THEME 4	Better Health and Wellbeing	1	1
THEME 5	Leadership, Governance and Management	11	12
THEME 6	Workforce	4	4
THEME 7	Use of Resources	2	2
THEME 8	Use of Information	3	3
TOTAL		45	53

Steps to Undertaking a Self Assessment



Steps in preparing to undertake self assessments?



Step 1 Clarify governance of the implementation of the National Standards

Step 2 Identify a national standards support group

Step 3 Agree a team based approach to assessing against the National Standards

Step 4 Agree scope of assessment within a setting


Step 5 Plan a schedule for undertaking the assessment against the National Standards

Step 6 Convene Standards Assessment Team(s)



Step 1 Governance in the SPC Service

- The senior management team is accountable and CEO has overall accountability
- CEO works in partnership with DoN, Clinical/Medical Director, Consultant and mgt team
- Agree work plan, monitoring QIPs etc
- Identify one agreed lead coordinator
(This is not to be misunderstood. There must be a team based approach to assessment)



Step 1 (Cont).. Governance at CHO and National Level

- It will be up to every SPC service to provide evidence to the Chief Officers of the CHOs that they have a plan in place to continuously improve standards of care.
- The CO will then assure the National Director for Primary care



Governance within the SPC Service

Figure 1





Step 2 National Standards Support Group

- This will be mentioned at the end of the workshop



Step 3 Team based within SPC Service

- Establish Standards assessment teams, no solitary assessments
- Agree time scales
- A designated lead within each SPC



Step 4 Scope of assessment

- The Standards Team for the SPC need to agree at what level the assessment will be conducted at:
 - Organisational level
 - Service Area level i.e. community palliative care, inpatient services, day hospice, bereavement. etc



Step 5 Assessment Schedule

- Planning the schedule for self assessing against the themes i.e. 56 essential elements
- Plan timelines and deliverable



Step 6 Convene Standards Assessment Teams

- Agree lead/facilitator for each assessment team
- Membership
- Time frame (dates etc)
- Set up system to store the evidence
- Undertake assessment



Self Assessment Using the QA+I Workbooks and what that involves



Key Points re the Quality Assessment and Improvement (QA&I)Tool

- The QA&I Tool is only one component of quality assurance and improvement others include service user/staff feedback, risk registers, incident logs, audits, walk arounds etc
- **The main focus should not be on perfecting the tool** but identifying quality improvement plans and monitoring against them and continuously improving

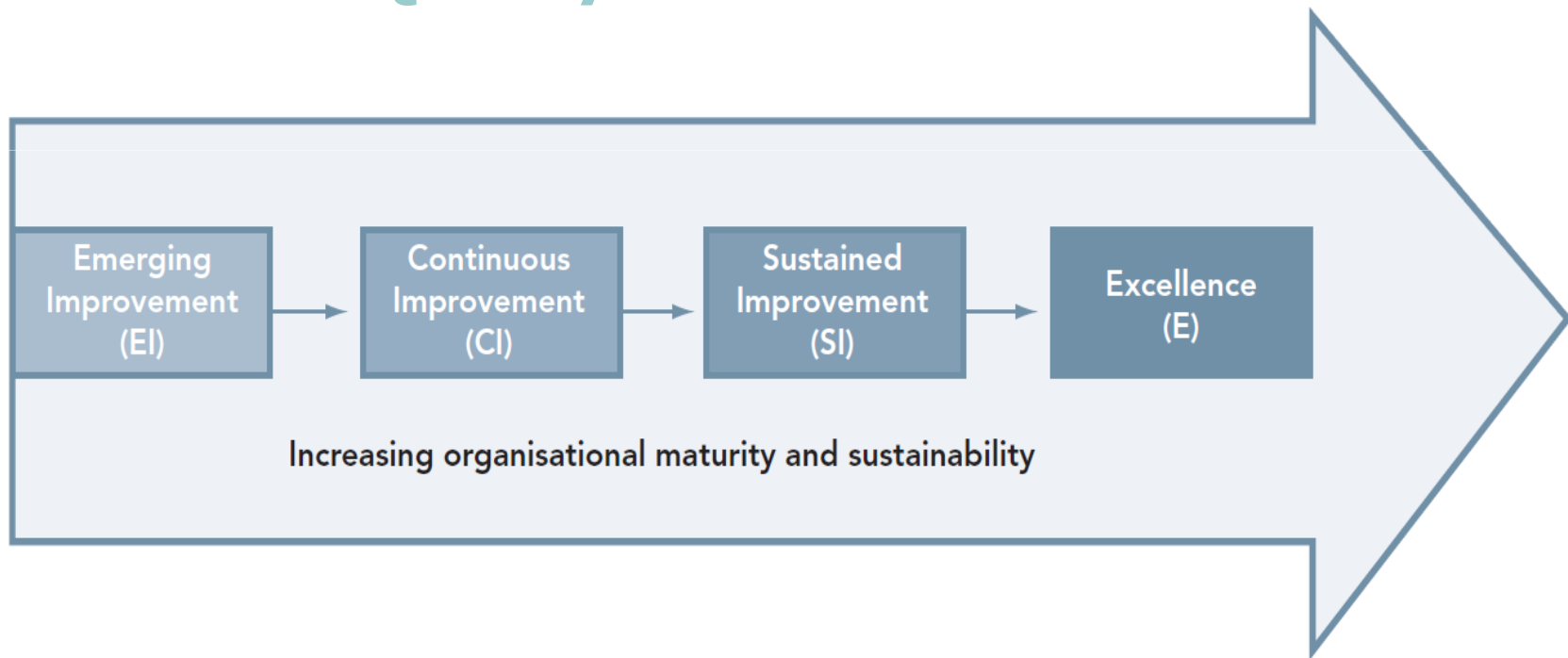


Levels of Quality

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.

Quality Continuum

Levels of Quality



STANDARD 1.1

The planning, design and delivery of services are informed by service users' identified needs and preferences

Essential Element: Service User Involvement

Specialist Palliative Care (SPC) service users are involved in the planning and delivery of healthcare services so that they are responsive to their needs and preferences.

LEVEL OF QUALITY	GUIDING PROMPTS	SELECT
Emerging Improvement (EI)	<ul style="list-style-type: none">• SPC service considers its population needs and preferences and uses this information to inform planning, design and delivery decisions.• SPC service has established methods that help service users and/or carers become involved in service planning, design and delivery.• Service users, carers and staff are made aware of the National Healthcare Charter.	<input type="checkbox"/>
Continuous Improvement (CI)	<ul style="list-style-type: none">• The SPC service's strategic plan reflects population needs and service user involvement.• An implementation plan for the National Healthcare Charter is in place.• The experiences of service user and carer are identified, measured and monitored.	<input type="checkbox"/>
Sustained Improvement (SI)	<ul style="list-style-type: none">• Evaluation of the involvement of service users and the extent to which their needs are being met is undertaken to improve service user experience.• Service user experience measures are used to inform quality improvement plans and leads to positive change for service users and their families.• Monitoring impact and auditing change as a result of service user participation is undertaken.	<input type="checkbox"/>
Excellence (E)	<ul style="list-style-type: none">• Services users/ carers are offered the opportunity to be involved in the auditing of palliative care services, where appropriate.• Service user/ carer involvement in palliative care service developments is reported publicly.• SPC service implements relevant national and international service user involvement strategies.• A variety of approaches to ensuring service user/ carer participation are used.	<input type="checkbox"/>

Evidence to verify selected level of quality

Examples

- Evidence of regional population needs assessment.
- Implementation plan for National Healthcare Charter.
- Implementation plan for the National Clinical Programme for Palliative Care outputs.
- Strategies which support service user/carer involvement.
- Surveys of service user/carer experience and preferences.
- Implementation of quality improvement plans based upon survey results.
- Evidence of changes in SPC service that reflect service user/ carer expressed preferences and/or priorities.
- Evidence that changes have occurred as a result of service user/ carer engagement / feedback.
- Staff education on implementation of principles of service user/ carer involvement.

Add your own evidence

Additional information



Quality Improvement Plans (QIPs)



Self Assessment and the Quality Improvement Plan (QIP)

- Key outputs of the assessment process within the QA+I tool is the development of a quality improvement plan.
- Following assessment agreed actions to improve quality will be recorded in this improvement plan.
- There needs to be evidence that the QIP is informed by the self assessment process.



Ensure Communication with staff

- Ensure clear communication process with all staff re the standards and the assessment process
- Provide feedback Session to all staff on the outcome of the assessment and QIPs



To Achieve Successful Implementation

- A team approach is essential.
- The standards require leadership and ownership by the entire management team
- Standards are NOT the responsibility of the quality lead or the risk manager.
- The standards can act as lever and catalyst for CQI



Discussion re QA+I Tool

Pros

- Provides management with a high level framework to standardise approach to CQI
- Identifies gaps very quickly to management
- Allows a corporate QIP to be developed

Cons

- Existing tool does not capture very well the front line users experience
- It has not been adapted for assessing pathways of care against the standards
- Can sometimes result in focus on the self assessment itself rather than the overall purpose of the assessment



Responsibility for the role out of the Standards

- It will be up to every Voluntary Provider to provide evidence to the Chief Officers of the CHOs that they have a plan in place to continuously improve standards of care.
- This will provide a platform in preparing for licensing



Open for Discussion and Views

Thank you

Angela Alder

National Lead for Quality and Patient Safety

National Primary Care Directorate

Acknowledgements: National QPS Directorate