



SPECIALIST
PALLIATIVE
CARE
May 2014

Quality
Assessment and
Improvement
Workbooks
(QA+I)

Towards Excellence in Palliative Care

A practical guide to assessing
Specialist Palliative Care Services
against the National Standards for
Safer Better Healthcare

Preface from National Director

I am pleased to commend *Towards Excellence in Palliative Care Quality Assessment and Improvement Workbooks for Specialist Palliative Care Services* to all staff engaged in providing specialist palliative care.

There is no doubt that demand for specialist palliative care services is increasing due to our ageing population, the rise in incidence of chronic diseases and a growing appreciation of the role of palliative care in the management of a broader range of conditions. The challenge this presents includes ensuring a continuous comprehensive process of evaluation of the quality of service provided.

Improving quality of care is at the heart of reform of the health service and we rely on our staff to translate strategic direction and intent into tangible benefits for patients and their families. This important resource will enable and support staff to assess current performance in a structured manner and drive forward patient centred quality improvements.

Ian Carter,
National Director

Foreword

The National Standards for Safer, Better Healthcare represent an important opportunity for staff to work together to make our health services even better, for everyone, now and into the future by establishing a shared understanding of quality and committing to place it at the heart of everything we do.

Staff working in specialist palliative care have long shared the vision of high quality healthcare services. Indeed, the drive to make a difference, caring for, supporting and enabling others is what motivated them to work in health and it aligns with their professional values and aspirations. The ethos of care and commitment extends back to the nineteenth century when the Irish Sisters of Charity established St Patrick's Hospital in 1870 in Cork and Our Lady's Hospice in Dublin in 1879. These achievements have been recognised internationally and, in 2010, the Economist Intelligence Unit ranked Ireland fourth in the worldwide Quality of Death Index.

However, ever-increasing challenges face us in our efforts to deliver reliable and responsive high quality palliative care today. These include increased public expectations, changes in lifestyles, demographic change, and the current economic climate that brings with it significant financial constraints. While our work to date provides a firm foundation to meet these challenges, we will need to continue to grow and develop services by doing some things in better ways.

The Specialist Palliative Care Quality Assessment and Improvement workbooks provide the basis for enabling staff to be engaged, valued and empowered in leading and driving quality improvement activities. The workbooks are based on knowledge about what works well in quality improvement, and build on the range of excellent progress and work already underway at local and national levels. Using the workbooks will allow services and teams to assess the current quality of the service that they are providing and will support them in prioritising improvement actions to move further along their quality improvement journey. It is only by ensuring that staff at all levels put quality at the centre of everything they do, that we will realise our ambition of ensuring that people with life-limiting conditions and their families experience the best quality of life possible.

I would like to thank all those individuals who have already committed to the process of quality improvement through their active engagement in the development of the workbooks.

I want to acknowledge the support of Dr Philip Crowley, National Director of Quality and Patient Safety (QPS) and Dr. Mary Browne, QPS Lead for the National Standards for giving permission to adapt the *Quality Assessment and Improvement Workbooks for Acute Hospitals* available from the Quality and Patient Safety webpage on www.hse.ie. This resource provided an invaluable guide in the development of this document and we are very grateful for their assistance, advice and support throughout the process.



Dr. Karen Ryan, FRCPI,
Clinical Lead, National Clinical Programme for Palliative Care

Table of Contents

1. BACKGROUND	4
2. PURPOSE	4
3. ASSURING QUALITY WITHIN SPECIALIST PALLIATIVE CARE (SPC) SERVICES	4
4. QUALITY PROFILES	5
5. QUALITY ASSESSMENT AND IMPROVEMENT WORKBOOKS FOR SPC SERVICES (QA+I WORKBOOKS)	5
6. PREPARING FOR ASSESSMENT AGAINST THE NATIONAL STANDARDS	5
7. GOVERNANCE WITHIN A SPC SERVICE	6
8. GOVERNANCE AT NATIONAL LEVEL	6
9. ESTABLISHMENT OF NATIONAL STANDARDS SUPPORT GROUP FOR SPC SERVICES	7
10. TEAM BASED APPROACH	7
11. SCOPE OF ASSESSMENT	7
12. SPC QUALITY ASSESSMENT	7
13. SERVICE AREA QUALITY ASSESSMENTS	8
14. ASSESSMENT SCHEDULE	8
15. CONVENE STANDARDS ASSESSMENT TEAM(S)	9
16. UNDERTAKE ASSESSMENT	9
17. NATIONAL STANDARDS AND ESSENTIAL ELEMENTS OF QUALITY	9
18. LEVELS OF QUALITY	10
19. QUALITY CONTINUUM	10
20. CHALLENGES TO AGREEING A LEVEL OF QUALITY	11
21. VERIFYING YOUR SELECTED LEVEL OF QUALITY	11
22. QUALITY IMPROVEMENT PLAN	11
23. ALGORITHM OF THE ASSESSMENT PROCESS	12
24. CONCLUSION	13
25. APPENDIX 1: EXAMPLE OF A QUALITY PROFILE	14

1. Background

The Report of the National Advisory Committee in Palliative Care recommended that every specialist palliative care service should have an explicit commitment to quality improvement (DoHC, 2001). In June 2012, the Minister for Health launched the National Standards for Safer Better Healthcare. The Standards describe a vision for high quality, safe healthcare and provide a framework for services to organise, manage and deliver safe and sustainable healthcare.

The National Clinical Programme for Palliative Care has collated knowledge and expertise on accreditation, self assessments and implementation of standards within the palliative care setting in order to develop a series of workbooks to support specialist palliative care services in assessing against the National Standards. A number of documents were of particular help in this process, namely the 'Towards Excellence in Palliative Care Self Assessment Tool' (developed by the HSE South Area Development Committee in Palliative Care and HSE South Regional Quality and Patient Safety Department) and the HSE Quality Assessment and Improvement workbooks for Acute Hospital services. An extensive consultation and engagement process with key stakeholders in specialist palliative care (SPC) also proved invaluable.

2. Purpose

The purpose of the workbooks is to assist specialist palliative care services in standardising and measuring the quality of their specialist palliative care provision against the National Standards for Safer, Better Healthcare.

3. Assuring quality within specialist palliative care (SPC) services

Assessing against quality standards supports specialist palliative care services in assuring themselves of the quality of care being provided. It is however just one of many components of a quality assurance system within a service. Other components include:

- Service user feedback experience feedback
- Staff feedback
- Findings from Quality and Safety Walk Arounds
- Risk management process
- Incident identification and analysis
- Clinical audit
- External audits of quality
- Monitoring of quality indicators
- Legal claims
- Reports from regulators
- Findings and recommendations from local, national and international reviews and investigations

4. Quality profiles

Quality profiles are a useful, dynamic tool for service providers to bring together in one place a wide range of meaningful information on the quality of care being provided. They are detailed reports signed off by the most senior manager which describes the quality of the healthcare provided within their service. Quality profiles enable constructive engagement locally regarding the information presented within the profile. Information is displayed in an easily accessible format that is regularly updated. The quality profile supports a Board/Service Management Team and frontline staff in assuring themselves of the quality of care that they are delivering. Quality profiles also assist services in preparing for internal or external audits and inspections. The Quality and Patient Safety Directorate is developing a template for a Hospital Quality Profile and the proposed content is set out in Appendix 1. This should serve as a reference document for the development of SPC quality profiles.

5. Quality assessment and improvement workbooks for SPC services (QA+I workbooks)

The QA+I workbooks for SPC supports the creation of momentum in improving quality across all SPC service areas. Using the workbooks to undertake an assessment against the National Standards provides an opportunity for SPC services to gain an informed picture of the quality of services and practices within their service areas. The assessment process allows services to identify gaps in current service provision, develop improvement plans to address these gaps and demonstrate accomplishments achieved in improving services and improving service users' experience of these services.

Licensing for healthcare services in Ireland is due to be in place by the end of 2015. Undertaking assessment against the National Standards using the QA+I tool will support services in furthering their progression to sustainable quality improvement prior to the introduction of licensing. The assessment process within the QA+I workbooks supports quality improvement within SPC services and is not intended to be an accreditation or licensing process.

6. Preparing for assessment against the national standards

There are six practical steps that SPC service providers can take to prepare their service for assessing against the National Standards. As the governance structures for quality and patient safety vary between different areas the approach outlined within this document can be tailored and adapted as required to reflect these individual arrangements

- | | |
|---------------|--|
| 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) |

7. Governance within a SPC service

Step 1 is to clarify governance of the implementation of the National Standards.

Central to the implementation of the National Standards is the need for a clear understanding of the accountability and leadership for quality and safety within SPC services. The senior management team of a SPC service is accountable for the provision of high quality, safe services. While a CEO/Senior Manager works in partnership with their Director of Nursing and Medical / Clinical Director/ Consultant in Palliative Medicine to embed quality and safety within their setting, the ultimate accountability for implementation of the National Standards resides with the CEO/Senior Manager.

8. Governance at national level

At national level the National Director with responsibility for Palliative Care will be responsible for assuring the Director General of the quality and safety of services being delivered within SPC services. The monitoring of the implementation of the National Standards using the SPC Assessment Reports generated from the QA+I tool for each SPC service will be a key method in providing this assurance.

9. Establishment of national standards support group for SPC services

Step 2 is the identification of the membership of a national standards support group to support the Standards implementation and assessment processes within SPC services.

The main functions of the national Standards Support Group for SPC services include:

- Providing support to SPC services in implementing and undertaking assessment against the National Standards.
- Supporting implementation and use of the QA+I tool.
- Gathering and sharing learning and best practice in undertaking assessments and developing quality improvement plans.
- Providing a forum to address issues that arise during assessments within one SPC service that may have implications for other locations.
- Reporting to the National Director with responsibility for Palliative Care the key challenges and issues arising from the assessment process.
- Providing peer validation of assessments to further improve the quality of assessments being undertaken.

The National Standards Support Group for SPC Services should have the necessary membership to support implementation and assessment across SPC services within their respective geographic areas, including the appropriate CEO/Senior Manager, Director of Nursing/ Midwifery, and senior Managers for Quality and Safety, Finance, Human Resources Manager, Health and Safety.

10. Team based approach

Step 3 requires a team based approach to assessing against the National Standards. A team based approach provides an opportunity for SPC services to get a shared understanding of the quality of care being provided within their services and those areas that need greater focus and action. This can be achieved by assessing against the Standards as a team, with representation from different areas within the service area as described below in step 4 rather than individuals undertaking solitary assessments. This team based approach supports the generation of discussion around the quality of service being delivered as well as the capacity and capability within a service to support that delivery.

11. Scope of assessment

Step 4 involves agreeing the scope of assessment within the service. Depending on the size and governance structures within individual SPC service areas and groups, assessment against the National Standards can take place at one or two levels.

1. SPC Organisational Level → Organisational Quality Assessment

2. Service Area Level → Service Area Quality Assessment

Examples of service area levels include community palliative care services, in-patient unit services, and day hospice services.

12. SPC quality assessment

A quality assessment will be undertaken if a decision is made to undertake just one level of assessment against the 8 Themes of the National Standards. A Standards Assessment Team should be established within the service to undertake this assessment and may include the following people depending upon the context and environment:

- Designated Lead.
- Members from Management Team.
- Clinical Leads (for each specialty).
- Assistant Directors of Nursing (for each specialty).
- Quality and Risk Manager.
- Health and Social Care Professionals
- Staff Nurses

The Standards Assessment Team can undertake the assessment as a whole or may decide to break into subgroups and address particular Themes. The final assessment report is reviewed and signed off by the Management Team (see Figure 1 for process map).

Figure 1



13. Service area quality assessments

As well as undertaking an assessment at an overall service level, a decision may be taken to also assess at service area levels (e.g. community palliative care services, in-patient unit services, bereavement services) to provide a more granular insight into the quality of care being provided. These **Service Area Quality Assessments** can be undertaken by each service area lead for the four Quality Themes within the National Standards: Theme 1 Person Centred Care and Support, Theme 2 Effective Care and Support, Theme 3 Safe Care and Support and Theme 4 Better Health and Wellbeing. Assessment reports from the service area Standards Assessment Teams can be submitted to the Quality and Safety governing committee for quality assurance and for monitoring of each of the service area's quality improvement plans. The assessment reports will inform the overall SPC service quality assessment.

Members of a Directorate Standards Assessment Team may include:

- Clinical/ Medical Director
- Director/Assistant Director of Nursing
- Clinical specialty leads
- Specialty lead nurses
- Health and social care professional
- Business manager
- Quality manager, risk manager, clinical audit co-ordinator

14. Assessment schedule

Step 5 focuses on planning the schedule for assessment against the national standards. In view of the size of the task in assessing against the 56 Essential Elements it is proposed that SPC services set out a realistic plan to undertake and complete assessments against the National Standards. The following table (Section 17 below) provides a summary of the number of Themes, Standards and Essential Elements associated with the National Standards. Agreeing a schedule with timelines and deliverables is essential when organising your QA+I work.

15. Convene standards assessment team(s)

Step 6 is the convening of the assessment team(s). The main points that will need to be discussed and agreed during this session include:

- Lead for (each) assessment team.
- The membership of assessment team (a record of attendance should be kept by the Lead).
- The timeframe for a completed assessment (based on proposed schedule in step 5).
- The dates, times and venues for these meetings.
- Identify and agree a facilitator for each meeting and to keep a log of QA+I activity and progress during the meetings.
- The preparatory work to be undertaken prior to each of the assessment meetings. (The assessment workbooks will support this preparatory work being undertaken for each Theme).
- Set up evidence portfolios within the service IT or records system that can store the evidence that will be required to verify the assessments undertaken. These portfolios will need to be set up and accessible for each assessment team.

16. Undertake assessment

Once all six steps outlined above, are completed, SPC services will be prepared to undertake assessment against the National Standards using the QA+I workbooks.

17. National standards and essential elements of quality

In the Quality and Assessment Improvement Workbooks for SPC services, The National Clinical Programme for Palliative Care has translated the 46 Standards under the eight Themes into 56 Essential Elements of Quality. These Essential Elements are specific, tangible translations of the Standards within a SPC service setting. They represent those key aspects of quality you would expect to see in place if each National Standard was implemented. The Essential Elements of Quality take account not only of the Standards but also of the 'Features' associated with each National Standard.

Themes		Number of standards	Number of essential elements
Theme 1	Person Centred Care and Support	9	9
Theme 2	Effective Care and Support	9	11
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	6
Theme 7	Use of Resources	2	2
Theme 8	Use of Information	3	3
	Totals	46	56

18. Levels of quality

For each Essential Element there are four incremental levels of quality. These levels of quality are foundation blocks which build on each other and allow services to objectively assess and select the level of quality and maturity that most accurately reflects their service for each Essential Element. The content within each level is specific for each Essential Element and should be viewed as guiding prompts to what a service should be achieving for each level and not specific criteria that must be in place.

Essential Elements 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 service user experience and excellent quality care.

19. Quality continuum

Progression through the levels assumes that the main aspects within the previous levels have been achieved. Progression along this continuum also indicates that the service is maturing, becoming more sustainable and demonstrating strong leadership and innovation.



20. Challenges to agreeing a level of quality

Given that the National Standards for Safer Better Healthcare are relatively new to the SPC 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 they are not yet achieving some of the National Standards. If this is the case the service should not select a level of quality for the Essential Element(s) associated with these Standards. Instead services should consider outlining in the Additional Information section the necessary actions they need to implement to be compliant.

21. Verifying your selected level of quality

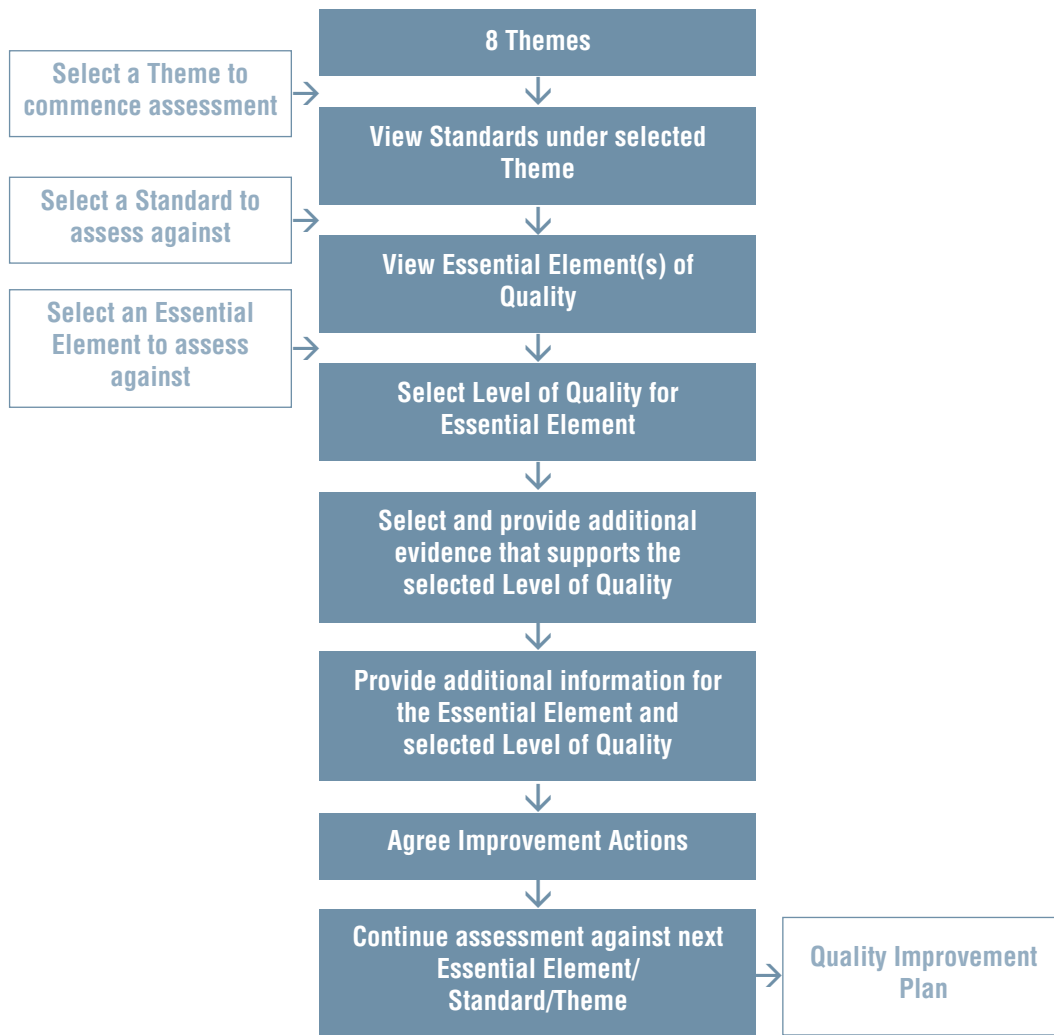
A list of examples of evidence is provided within the QA+I Workbooks to support SPC services in verifying their selected Level of Quality for each Essential Element. This list is intended as a guide and services can add in additional evidence that better supports their selected level. The Workbooks also contain an "Evidence to verify selected level of quality" and an "Additional Information" section that allows services to provide context and rationale on the selected level of quality for each Essential Element. This could include:

- Examples of structures and processes in place.
- Strategies and plans developed and implemented.
- Risks identified and improvement actions taken.
During the course of the assessment risks may be identified that are not already identified and documented by the service on its risk register. (In this instance the risk can be described in the additional information section and the necessary actions to address the risk. These actions will need to be linked to the service's risk management processes to ensure effective monitoring of these risks).
- Challenges which prevent progression to a higher level of quality.
- Outcomes achieved and examples of good practice.

22. Quality improvement plan

The key output of the assessment process within the QA+I workbooks is the development of a quality improvement plan. Following assessment of each Essential Element, agreed actions to improve quality will be recorded in this improvement plan. The plan is then implemented and monitored through governing arrangements within each individual SPC service. Following completion of the first assessment, the focus shifts to implementing and monitoring progress of the Quality Improvement Plans, including quarterly progress reports to the governing committees.

23. Algorithm of the assessment process



24. Conclusion

In striving to deliver quality care across a healthcare system, assessing against National Standards forms the foundation for services to improve quality and create an impetus for change. However the quality of a service provided should not be viewed through Standards alone. Instead services need to also assess quality from the perspective of the service user and take into account priority clinical care issues.

Examples of these include:

- Improving service user experience
- Greater person-centred care practices and outcomes
- Improved inter-disciplinary team working
- Medication Management
- Transfer of care within and between service providers
- Tissue viability management
- Falls prevention
- Healthcare records management

The National Standards will provide a framework to support assessment within these aspects of care. The Quality Assessment and Improvement Workbooks and supporting resources will support SPC services in assessing against the Essential Elements of Quality of the National Standards. Undertaking this assessment and putting in place quality improvement plans will support SPC services in assuring themselves, the public, commissioners and regulators of the quality and safety of care they provide.

25. Appendix 1: Example of a quality profile

1. Patient Experience

Patient Feedback
 Patient Experience Surveys
 Patient Forums
 Patient Champions
 Patient Experience Indicators
 Complaints analysis
 Incident Investigation learning

2. Staff Experience

Staff Experience Indicators - Safety Culture Survey
 Staff Health Promotion Programmes
 Staff Engagement / Feedback Initiatives/absenteeism

3. Quality Improvement

Implementation of National Policies / Guidelines / Standards
 Service Level Agreement Commitments
 Evaluation / Audit and Quality Improvement Plans
 Implementation of Internal / External Report
 Recommendations

4. Quality Indicators and Outcome Measures

Quality Indicators & Outcome Measures For Acute Hospital Services			
ALOS – overall ALOS of all inpatients discharges and deaths	MRSA rates in acute hospitals	In hospital falls	Failure to rescue (FTR)
Surgical readmission rate	National rate of new cases of clostridium difficile associated diarrhoea in acute hospitals	Decubitus ulcer	DVT/PE
Readmission for acute medical condition within 28 days of discharge	% Compliance with WHO 5 moments hand hygiene	Foreign body left in post operatively	Pneumonia
Serious adverse events/total adverse events reported	Number and percentage of people who develop catheter related blood stream infections	Accidental puncture or laceration	Sepsis / shock or cardiac arrest,
Mortality indicator	Post operative sepsis	iatrogenic pneumothorax	Acute renal failure
Medication management	Surgical Site Infection	Time to hip fracture surgery (recorded in hours)	GI haemorrhage / acute ulcer,
Transfusion reaction	Ventilator acquired pneumonia	Re-attendance at ED following recent discharge	Postoperative Complications
		Number of patients leaving ED without being seen	Haemorrhage or haematoma/
		Numbers of patients cared for in inappropriate space	Pulmonary embolism or deep vein thrombosis
			Respiratory failure
			Wound dehiscence
			In hospital fractures