Palliative Care Standards Workshop

Milford Care Centre’s Perspective
Dr Martina O Reilly,
Head of Education, Research and Quality
Milford achieved accreditation with the Irish Health Services Accreditation Board in 2007

Reflections on the last time we pursued accreditation!
There were times!
The Paperwork!
Launch of the National Standards for Safer Better Healthcare (2012) – A Strategy was required!

Phase 1
Structures and processes

Phase 2
Review of the baseline assessment

Phase 3
Serial Reporting
Phase 1

Phase 1
Structures and processes

Phase 2
Review of the baseline assessment

Phase 3
Serial Reporting
Phase 2

Phase 1
Structures and processes

Phase 2
Review of the baseline assessment

Phase 3
Serial Reporting
Phase 2: Baseline Assessment & Validation by the sub groups

- Baseline assessment.
  - (HIQA, HSE, Tallaght standards)

- Identified ‘Quality Gaps’.

- Evaluated Gaps
  - ‘Gap Analysis’.

- Quality gap:
  - Any standard where we did not have documented evidence that we were compliant.
<table>
<thead>
<tr>
<th>MIQA National Standards Code</th>
<th>HOE Ref</th>
<th>Tailored Recommendations</th>
<th>Evidence</th>
<th>Action Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>The board CEO/GM or equivalent and leaders throughout the health service provider…</td>
<td>Structure in place and working Effectively</td>
<td>What is your evidence that your structures are in place and effective</td>
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</tbody>
</table>

**National Standards for Safer Better Healthcare - (HICQA)**

**Theme 1 - Person-Centred Care and Support**

**Standard 1.1 - The planning, design and delivery of services are informed by service users’ identified needs and preferences**

<p>| 1.1.1 | 111 | Proactive and systematic identification of service users’ collective needs and preferences. | | | | |
| 1.1.2 | 112 | Formal consideration is given to service users’ collective priorities, needs and preferences in the planning, design and delivery of services. | | | | |
| 1.1.3 | 113 | Involvement of service users at key stages in the planning and design of healthcare services. Service users are kept informed of key decisions during this process and how their needs and preferences have been considered. | | | | |
| 1.1.4 | 114 | Provision of services at a time and place which takes into account the expressed preferences of service users, where this provision can be achieved safely, effectively and efficiently. | | | | |
| 1.1.5 | 115 | Flexibility to respond to the changing needs and preferences of service users where this can be achieved safely, effectively and efficiently. | | | | |
| 1.1.6 | 116 | Coordination of care within and between services takes account of service users’ needs and preferences. | | | | |
| 1.1.7 | 117 | Feedback from service users being used to continuously improve the experience for all service users. | | | | |</p>
<table>
<thead>
<tr>
<th>Standards from which actions originated</th>
<th>Draft Action Plan further to high level review of National Standards for Safer Better Health Care</th>
<th>Actions Agreed</th>
<th>Team Leading</th>
<th>Responsible Person</th>
<th>Due Date</th>
<th>Status e.g. % Completed &amp; progress made</th>
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<tbody>
<tr>
<td></td>
<td><strong>Theme 1 - Person-Centred Care and Support</strong></td>
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<tr>
<td></td>
<td><strong>Standard 1.1 - The planning, design and delivery of services are informed by service users’ identified needs and preferences</strong></td>
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<tr>
<td>1.1.1, 1.1.5, 1.1.7, 1.1.8, 5.4.3</td>
<td>Restructure service users committee. Develop internet based feedback system. - Need a means of evidencing response to feedback received through surveys/evaluations of care. Hospice at Home evaluation required in 2013. Palliative Day Care survey/evaluation required in 2013 (Note: National Charter &amp; patient charter developed by the HSE)</td>
<td></td>
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<td>Quality Assurance &amp; Patient Safety</td>
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<tr>
<td>1.1.1, 1.1.4</td>
<td>Review of Implementation of Communication strategy required</td>
<td></td>
<td></td>
<td>Information &amp; ICT Governance</td>
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<tr>
<td>1.1.1, 1.1.2, 1.1.3, 2.2.1, 2.6.2, 2.6.4, 5.4.1, 5.4.3, 8.1.1, 7.1.1</td>
<td>Service user representative required for the steering committee developing the strategic plan. Is a review of the needs assessment prior to development of the strategic plan required?</td>
<td></td>
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<td>Chief Executive</td>
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<tr>
<td>1.1.4, 1.2.1, 1.3.2</td>
<td>No waiting list in place in the Hospice or Hospice at Home - to be confirmed through audit of referrals/development of KPI’s. Audit/Evaluation of waiting lists to occur in Day Care and Nursing Home</td>
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<td>Systems &amp; Research</td>
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<td></td>
<td><strong>Standard 1.2 - Service users have equitable access to healthcare services based on their assessed needs.</strong></td>
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<tr>
<td>1.2.3</td>
<td>National Referral criteria to be reviewed and adapted for Specialist Palliative Care Services. See 1.1.4 re Audit/Evaluation/KPI of waiting lists to occur in Hospice/ Hospice at Home/ Day Care and Nursing Home. Need KPI/Stats re management of referrals. Needs stats on access for patients with non malignant conditions as well as malignant conditions.</td>
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<td></td>
<td>Quality Assurance &amp; Patient Safety</td>
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<tr>
<td>1.2.4</td>
<td>Variety of leaflets for Hospice, Hospice at Home, individual therapies etc. Should be reviewed for effectiveness.</td>
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<td>Quality Assurance &amp; Patient Safety</td>
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<td></td>
<td><strong>Standard 1.3 - Service users experience healthcare which respects their diversity and protects their rights.</strong></td>
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</table>
### Theme 1 - Person-Centred Care and Support

**Standard 1.1** - The planning, design and delivery of services are informed by service users' identified needs and preferences.

**Standard 1.2** - Service users have equitable access to healthcare services based on their assessed needs.

**Standard 1.3** - Service users experience healthcare which respects their diversity and protects their rights.

**Standard 1.4** - Service users are enabled to participate in making informed decisions about their care.

<table>
<thead>
<tr>
<th>1.1, 1.4</th>
<th>Proactive and systematic identification of service users' collective needs and preferences. Provision of services at a time and place which takes into account the expressed preferences of service users, where this provision can be achieved safely, effectively and efficiently.</th>
<th>Review of implementation of communication strategy required</th>
<th>Information &amp; ICT Governance</th>
</tr>
</thead>
</table>

**Standard 1.5** - Service users' informed consent to care and treatment is obtained in accordance with legislation and best available evidence.

**Standard 1.6** - Service users' dignity, privacy and autonomy are respected and promoted.

**Standard 1.7** - Service providers promote a culture of kindness, consideration and respect.
Validate Gaps Analysis.

- Identified gaps.

- Each group had to evaluate gaps identified, decide if they agreed with them and see how we can fill them.

- E.g. Clinical Services and Patient Safety met – 4 times in June and July 2013 to go through the gap analysis for the clinical services
<table>
<thead>
<tr>
<th>Standards from which actions originated</th>
<th>Draft Action Plan/Items for discussion further to high level review of National Standards for Safer Better Health Care</th>
<th>Actions Agreed</th>
<th>Team Leader</th>
<th>Responsible Person</th>
<th>Day Date</th>
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<td><strong>Theme 1 - Person-Centred Care and Support</strong></td>
<td><strong>Standard 1.1 - The planning, design and delivery of services are informed by service users’ identified needs and preferences</strong></td>
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<tr>
<td>Hospice or Hospice at Home - to be confirmed through audit of referrals. Audit/Evaluation of waiting lists to occur in Day Care and Nursing Home? Can we evidence compliance by: collecting data from iCare re following (Need to Check with Carol) or do we need to audit referrals. iCare data:</td>
<td>No of patients on waiting list.</td>
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<tr>
<td>1.1.4, 1.2.3, 1.3.2</td>
<td>No. of patients who referred but not accepted for admission.</td>
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<tr>
<td><strong>Outcome:</strong> Need to audit outcome of admissions meetings &amp; conduct audits of referrals - 20 charts per area to be audited.</td>
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<td></td>
<td><strong>Outcome:</strong> May need to distinguish between patients with malignant &amp; non malignant patients. Plan of care re complex neuro conditions to be reviewed. Incorporate prompts re plan of care discussed with patient! expected length of stay discussed with patient &amp; audit.</td>
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**Table Notes:**
- IPU - Med Doctor, - 20 Charts. Hospice at Home - CNM3, Day Care COE - CNM2, NH CNM2 to talk to DON re collating figures! conducting an audit re Nursing Care.
- Clinical Assurance and Patient Safety
- Home referrals - (May already being collected)

**Table Details:**
- Provisions of accessible, clear, timely and relevant information to service users about their condition, treatment options and the services available to patients required. Could be evidenced through audit of criteria re care plan explained to patient in Hospice, signature of resident of the Nursing Home or care of the older person day care on their assessment care plan. Is there any such documentation in day care or Hospice at Home documentation?
Phase 3

Phase 1
Baseline Assessment

Phase 2
Structures and processes.

Phase 3
Serial Reporting
<table>
<thead>
<tr>
<th>Hospice Incidents</th>
<th>Report Frequency</th>
<th>Number of Incidents YTD</th>
<th>Incidence YTD</th>
<th>Variance from Previous Year</th>
<th>No of Injuries as a Result of Incidents YTD</th>
<th>Variance from Previous Year</th>
<th>No of High Risk Incidents YTD</th>
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<tbody>
<tr>
<td>Slip/Trip Fall</td>
<td>Quarterly</td>
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<tr>
<td>Medication Incidents</td>
<td>Quarterly</td>
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<tr>
<td>Treatment Incidents</td>
<td>Quarterly</td>
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<tr>
<td>Violence/Abuse/Abuse</td>
<td>Quarterly</td>
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<tr>
<td>Equipment/Device Incident</td>
<td>Quarterly</td>
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<tr>
<td>Infection Control</td>
<td>Quarterly</td>
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<td>Needlestick Injury</td>
<td>Quarterly</td>
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<tr>
<td>Unplanned Events</td>
<td>Quarterly</td>
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<td>Absorption</td>
<td>Quarterly</td>
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<tr>
<td>Other</td>
<td>Quarterly</td>
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Incident Management Key Messages: Increase in Medication incidents is due to increased reporting of interventions by Pharmacy.

Medication Management Key Messages:
**Feedback from Service Users**

**Key Messages from Service Users:**

**Evaluation of the quality of care provided by Milford's SPCS.** A prospective cohort and feasibility study was carried out in 2013/14. **Aim:** The aim of this study was to evaluate the impact of the care Milford's Palliative Care Services provide. **Methods:** The Christopher's Index of Patient Priorities (SKIPP) tool was administered twice (initial and follow-up) to a convenience sample of patients in a specialist palliative care inpatient, hospice at home and day care service. The initial SKIPP facilitated the patient's rating of contemporaneous and retrospective quality of life and impact of care on the most concerning symptom or issues. **Results:** Fifty two patients were recruited, 25 from the inpatient unit, 21 from the day-care setting and 6 from the community. One administration of the SKIPP detected a significant difference in quality of life after receipt of service. This was seen as the contemporaneous rating of QOL was higher (Md = 5, IQR – 3, n = 52) when compared with the retrospective rating. (Md = 4, IQR – 3, n = 52, p = 0.002.). Eighty three percent (83%, n=43) of patients reported that the receipt of service had resulted in an improvement in their QOL either to a great extent or a very great extent. From a feasibility of implementation perspective, almost three quarters of the patients requested assistance to complete the SKIPP. Sample size from the community service was too small to facilitate statistical analysis. **Conclusion:** Patients quality of life is improved to a great, or very great extent, for those people in the care of Milford's Palliative Inpatient and Day Care units.

<table>
<thead>
<tr>
<th>Hospice Clinical Audits/ Evaluations</th>
<th>Audit Frequency</th>
<th>Last Date Completed</th>
<th>% recommendations implemented since last audit</th>
<th>% Compliance achieved in the last Audit</th>
<th>% Compliance this audit</th>
<th>% Variance</th>
<th>Sample size this audit</th>
<th>Issues to be highlighted/ Location of audit report</th>
<th>Date Next Audit Due</th>
</tr>
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<tbody>
<tr>
<td>Documentation in the Patient Chart MFE</td>
<td>Jun-16</td>
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<tr>
<td>Department</td>
<td>Description</td>
<td>Method Frequency</td>
<td>Lead Date Completed</td>
<td>Documentation Agreed with Exit Audit</td>
<td>Compliance noted in the Exit Audit</td>
<td>Compliance in the Exit Audit</td>
<td>Variances</td>
<td>Comments on exit audit</td>
<td>Measures to be highlighted/Improve</td>
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<td>Demorallion in the Palliative Care MDT</td>
<td>Jan-15</td>
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<tr>
<td>Demorallion in the Palliative Care Compensatory Therapy</td>
<td>Aug-15</td>
<td>New Audit</td>
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<td>Demorallion in the Palliative Care Outcomes</td>
<td>Dec-19</td>
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<td>N/A</td>
<td>24,34X</td>
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<td>Radiology</td>
<td>Aug-15</td>
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<tr>
<td>Medication Prescribing &amp; Administration</td>
<td>Nurse Jan-16</td>
<td>Exit Location of Targren &amp; Tafeno 30046 &amp; dosage</td>
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**Compliance:**
- 100% of Client files were reviewed.
- 20% of Client files were reviewed.
- 80% of Client files were reviewed.
- 50% of Client files were reviewed.
- 25% of Client files were reviewed.
- 10% of Client files were reviewed.

**Variances:**
- 10% of Client files were reviewed.
- 20% of Client files were reviewed.
- 30% of Client files were reviewed.
- 40% of Client files were reviewed.
- 50% of Client files were reviewed.
- 60% of Client files were reviewed.

**Comments on exit audit:**
- Client files were reviewed.
- Client files were reviewed.
- Client files were reviewed.
- Client files were reviewed.
- Client files were reviewed.
- Client files were reviewed.

**Measures to be highlighted/Improve:**
- Client files were reviewed.
- Client files were reviewed.
- Client files were reviewed.
- Client files were reviewed.
- Client files were reviewed.
- Client files were reviewed.

**Location of audit report:**
- Clinical Engineering & Medical Affairs
- Clinical Engineering & Medical Affairs
- Clinical Engineering & Medical Affairs
- Clinical Engineering & Medical Affairs
- Clinical Engineering & Medical Affairs
- Clinical Engineering & Medical Affairs

**Date Final Audit Due:**
- Jan-17
- Jan-18
- Jan-19
- Jan-20
- Jan-21
- Jan-22
<table>
<thead>
<tr>
<th>Department</th>
<th>Fire Safety Training 1 yr cycle</th>
<th>Fire Safety Training 1.5 yr cycle</th>
<th>First Aid Training</th>
<th>Safeguarding the Vulnerable Adult</th>
<th>Mandatory Handling 2 yr cycle</th>
<th>Manual Handling 2/3 yr cycle</th>
<th>Hand Equipment &amp; Infection Control [Clinical staff]</th>
<th>Hand Equipment &amp; Infection Control [Non-clinical staff]</th>
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</thead>
<tbody>
<tr>
<td>Total</td>
<td>M/A</td>
<td>M/A</td>
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So what difference has all of this made?

- Clinical Audit tools
  - Referral – Management of and response to.
  - Admission Assessment and referrals to MDT member
  - Care plan reviewing
  - Medication Prescription & Administration
  - Discharge/ Transfer of Information Documentation Completion (Integrated Discharge Planning)
  - Documentation within the medical chart
  - Care at end of life
  - Resuscitation – documentation of patient status
  - Falls – identification of and response to risk
  - Screening & Assessment for Depression Audit
Environment Hygiene and Safety Group

- Infection Control Audits
  - Environmental Hygiene Audit – (Senior management engagement via walk abouts)
  - Sharps Management Audit
  - Hand Hygiene Audits
  - Clinical Waste Management

- Security Review
- Access Review
- Fire Register and fire doors
- Dangerous Goods Audit (includes medical oxygen and chemicals)
- Water Management Audit
Non Clinical Audits & Projects

- Completeness of Staff Files
- Mandatory and Essential Training Framework
- Performance Appraisal
- Review of Induction and of staff handbook
- Data Quality Assurance – Patient Registration & chart tracking
- Piloting a single patient chart in the community
- Working towards a common patient assessment
- Launch of the intranet
- Information Governance Self-Assessment
Efforts to communicate the output!
Quality Assurance and Patient Safety Report
Issue No. 6 Quarter 4, 2015

Report of the Nursing Home Residents Survey 2014/15

"A lack of voice for older people makes it very difficult for them to exercise choice and control over services and support...the voices of older people with high support needs in care homes are virtually silent."

This survey is carried out every 2 years, to evaluate the quality of care and services provided by Milford Nursing Home. The survey aims to provide an opportunity for residents (and representatives) to voice their opinions and views, and to provide an opportunity for residents (and representatives) to shape care and services.

The questionnaire was revised in an attempt to gain richer information regarding significant issues in long term care, including:
- Resident autonomy and choice
- Resident sense of self-satisfaction
- Psychological & spiritual need for quiet reflection in the latter life cycle

Fifteen residents returned the questionnaire, 13 female and 2 male (31.2% response rate). The average age of these residents was 84.5yrs. Nine residents’ representatives returned questionnaires.

Overall, the Nursing Home was highly rated. Residents rated the services as either excellent (7) or good (5). Residents’ representatives felt involved with the Nursing Home and rated its services as excellent (3) or very good (2).

Areas for improvement included residents’ rooms (peace and quietness); opportunities to enjoy meals, weekend activities, were staff have to spend time with residents and promoting resident autonomy. Other issues included low uptake of supports such as Art, OT, Music Therapy, Horse Riding or Pastoral Care, which is significant, as all are intrinsically linked to facilitating spirituality & meaning in one’s life.

The multidisciplinary team are in the process of reviewing the findings and had their first meeting in January, which aims to agree our multidisciplinary action plan to continue to improve the care/service we provide and enhance the lives of all residents living in Milford Nursing Home.

<table>
<thead>
<tr>
<th>Audit Topic</th>
<th>Audit Details</th>
<th>Actions to be Taken</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medication Administration</td>
<td>5% drop of 3% in compliance with the nursing home regulations in comparison to the 2014 audit results (94%). Demographic details were recorded in 20 charts. All entries were written in black ink. Signature bank present and corresponded to nurse initials in 20 charts supplied. There was at least one medication per 12 charts not administered but a total of 20 charts supplied. Of the medications not administered were used on 4 drug charts and the other 9 charts had no codes inserted.</td>
<td>To raise awareness of the importance of using the codes as outlined on the form the medication chart where applicable through education session.</td>
</tr>
<tr>
<td>Hand Hygiene Audit Hospice</td>
<td>To measure compliance with the World Health Organization 5 moments for hand hygiene. Compliance achieved, 70%, is a 5% decrease in compliance since 2014. Moment 1 - before patient contact remains most missed hand hygiene opportunity. Use of alcohol hand rub is, for the first time, greater than hand washing with soap and water.</td>
<td>The majority of staff in the Specialist Palliative Care Unit are due updates in hand hygiene training. Training dates have been scheduled. Individual verbal feedback given to health care workers after the observation period.</td>
</tr>
</tbody>
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Quality Assurance and Patient Safety Report
Issue No. 7 Quarter 1, 2016

Being Creative with Mandatory Training!
We are delighted to report that the new format for mandatory training in the IPU last January worked really well, with 51 staff attending over 2 days. It is challenging to ensure staff are up to date with all training whilst responding to all patients care needs sufficiently, so it is worth celebrating innovation in this area! Next planned training day is May 26th 2016.

January 2016 H.I.Q.A. Inspection
The Health Information & Quality Authority visited on 26th January. In keeping with our Residents & Representatives Nursing Home Survey results, HIQA found “The quality of residents’ lives was enhanced by the provision of a choice of interesting things for them to do during the day and an ethos of respect and dignity for both residents and staff was evident”. Areas for improvement related to the documentation processes with regard to residents’ care plans, medication charts, bedrails and learning from any incidents that occur. It is important to address any issue as a priority, and this was done immediately. Several audits have been completed which help to highlight issues, and action plans have been put in place, such as redesign of documentation and staff education.

Self-Assessment of the Quality of our SPCS
Like the Nursing Home Service, Milford’s Specialist Palliative Care Services are required to be assessed to ensure we provide a high quality service to our patients and loved ones. Small groups of staff have been meeting to assess how we are providing our services, using Palliative Care Quality Workbooks (QA&I Workbooks- Quality Assurance & Improvement Workbooks). Your line manager will be able to give you more information regarding the work of these groups. All 9 hospices around Ireland (including Laura Lynn the Children’s Hospice) have come together to form a programme to support & learn from each other. The aim of this group is to support Hospices to assess the quality of the services with the aim of improving SPCS now, rather than waiting for future H.I.Q.A. inspections.
**Spotlight on Policies**: Policies promote good practice and lessen misunderstanding about how situations should be dealt with.

"Policies are important after all I expect my child's teacher to be familiar with their Bullying Policy. So too, I need to know the policies for my work area"  
(Staff member)

"Policies are a requirement for safe care. Healthcare that is delivered according to policies, guidelines, protocols and care pathways that are based on best available evidence"  
(HIQA 2012)

From Health & Safety and Employment Law point of view it is really important to have policies and procedures in place in order to ensure correct procedures are followed at all times, and also to ensure there are clear instructions how to carry out work.

But compiling these policies is only the starting point for good quality care. To be effective, it is essential that we read, understand and implement them. Over 1300 policies were acknowledged from July-September 2015, but there are many more to be acknowledged.

It can be difficult to change our culture and our attitude and way of working but policies are written using best current international evidence-based practice and using them to carry out our work is vital. In this issue we look at the Catering Dept. Helen O Neill (Supervisor) talked to us about their very successful approach to staff acknowledging policies. Some of the approaches to issues include:

### Issues

<table>
<thead>
<tr>
<th>Issue</th>
<th>Solution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lost Passwords</td>
<td>“User name &amp; passwords were put on a card and laminated so that staff could stick it in their wallet to try hold on to it”.</td>
</tr>
<tr>
<td>Not knowing how to use Sales Logix</td>
<td>“Each staff member got one to one training on how to use saleslogix. Some I did the sessions with a few times and it’s going to be ongoing for some people if I feel they need guidance”</td>
</tr>
<tr>
<td>Forgetting how to use Sales Logix</td>
<td>“I showed the staff where to find the information if they weren’t sure how to access the system. The information is on sheets laminated on display beside the two computers that we use”</td>
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<tr>
<td>Poor confidence with computer skills</td>
<td>“Staff that are more experienced at using the system buddy other staff that may require help and this works well”</td>
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<tr>
<td>Culture of learning</td>
<td>“Normally three or four people work together in acknowledging the policies one will read out policy to the others then they all Acknowledge it “.</td>
</tr>
<tr>
<td>Not a priority</td>
<td>“The issue of policies is on every meeting agenda and progress report is given to staff”. ’</td>
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</tbody>
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### Solutions

- All meeting minutes are posted in each catering area after meetings for staff to read and the issue of policies is in the minutes to keep staff reminded that it's ongoing and that they need to keep checking if they have policies outstanding to be acknowledged".
QUALITY, SAFETY AND RESEARCH REPORT MILFORD CARE CENTRE 2014 - 2015

Pros & Cons

Pros
- Small, task orientated working group structure
- Accountability
- Clear delineation of roles and responsibilities.
- Clear reporting structure.
- Gap analysis / audit and performance management
- More focussed documentation
- Relevance of meetings.

Cons
- More Change!
- More meetings!
- More work!
- Excel is not the most loved!
- Services are integrated – smaller groups – means you have to liaise with colleagues more outside the group
Questions?

Thank You