National Standards for Safer Better Healthcare: How can I introduce these to my organisation?

Dr. Michael Lucey
Martina O’Reilly
What is this all about?


- HIQA can monitor compliance against these standards since June 2013. Licencing of Health care premises is planned for 2015.

- Applies to all healthcare services (excluding Mental Health Services) provided or funded by HSE.

- General standards – awaiting service specific standards.(including KPIs)
National Standards for Safer Better Healthcare

June 2012

Dr. M. Lucey
Key Dimensions

4 Key Patient Quality Dimensions:
1: Person-centered Care & Support
2: Effective Care & Support
3: Safe Care & Support
4: Better Health & Well Being

4 Key Organisational Dimensions:
5: Leadership, Governance and Management
6: Workforce
7: Use of Resources
8: Use of Information

Standard: In the context of this document a standard is a statement which describes the high level outcome required to contribute to quality and safety.
The planning, design and delivery of services are informed by service users’ identified needs and preferences.

Features of a service meeting this standard are likely to include:

1.1.1 Proactive and systematic identification of service users’ collective needs and preferences.

1.1.2 Formal consideration is given to service users’ collective priorities, needs and preferences in the planning, design and delivery of services.

1.1.3 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 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 Flexibility to respond to the changing needs and preferences of service users where this can be achieved safely, effectively and efficiently.

1.1.6 Coordination of care within and between services takes account of service users’ needs and preferences.

1.1.7 Feedback from service users being used to continuously improve the experience for all service users.

1.1.8 Regular evaluation of services to assess how well they are meeting the identified needs and preferences of service users.
Key Elements

4 Key Quality Dimensions:
1: Person-centered Care & Support (42)
2: Effective Care & Support (52)
3: Safe Care & Support (36)
4: Better Health & Well Being (5)

4 Key Organisational Dimensions:
5: Leadership, Governance and Management (45)
6: Workforce (29)
7: Use of Resources (13)
8: Use of Information (23)

245 Standards and ‘sub’ standards!
Standards

**Standard:** In the context of this document a standard is a statement which describes the high level outcome required to contribute to quality and safety.

- Open to significant interpretation, enabling organisations flexibility in approach.

- Challenge is how do we know we are moving in the right direction?
  
  - In order to *benchmark* compliance with any standards, there *must* be a either numbers (%compliance) or levels/ bands of compliance.
Clinical Program.

• Looked at this question.

• Developed workbooks to aid HIQA standard interpretation.

• Identified the essential element around each HIQA standard.

• Interpreted the standards for the palliative care service around 4 levels of quality.
  – Emerging improvement.
  – Continuous improvement.
  – Sustained improvement.
  – Excellence.

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Quality Assessment and Improvement Workbooks (‘QA & I’)

- Eight workbooks.
- Supplement HIQA standards.
- Help Palliative Care Services approach meeting the standards.
What's different about these?

• Move the standards closer to the palliative care service.
  – Yet, aren't restrictively prescriptive.

• Allow services to *progress* towards higher levels of quality excellence

• Gives examples of how an organisation might fulfil the standards.

• Incorporates *systems thinking* into the standards at the level of the palliative care service.
Levels of quality.

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

Structure and Process

Outcome and Monitoring

Innovation and Leadership
Development

• Expertise on accreditation, self assessment, standards implementation.

• Documents:
  – Towards Excellence in Palliative Care Self Assessment Tool (developed by the HSE South)
  – HSE Quality Assessment and Improvement workbooks for Acute Hospital services.

• Consultation process.
Standard 1.1
The planning, design and delivery of services are informed by service users’ identified needs and preferences.

Features of a service meeting this standard are likely to include:

1.1.1 Proactive and systematic identification of service users’ collective needs and preferences.

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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)

- 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.

Continuous Improvement (CI)

- 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.

Sustained Improvement (SI)

- 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 lead to positive change for service users and their families.
- Monitoring impact and auditing change as a result of service user participation is undertaken.

Excellence (E)

- 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.
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.

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<th>LEVEL OF QUALITY</th>
<th>GUIDING PROMPTS</th>
<th>SELECT</th>
</tr>
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| Emerging Improvement (EI) | • 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. |        |
| Continuous Improvement (CI) | • The SPC service’s strategic plan reflects population needs and service user involvement.  
• An implementation plan for the National Healthcare Charter is in place.  
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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.
Workbook

• Still allows organisations to create additional evidence to fulfil the levels of quality.

• Advocates a number of healthy quality assurance practices.
Quality profile

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/attendance

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

<table>
<thead>
<tr>
<th>Quality Indicators &amp; Outcome Measures for Acute Hospital Services</th>
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</thead>
<tbody>
<tr>
<td>ALDS—otal ALDS of all inpatients discharges and deaths</td>
</tr>
<tr>
<td>Surgical readmission rate</td>
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<tr>
<td>Readmission for acute medical condition within 28 days of</td>
</tr>
<tr>
<td>discharge</td>
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<tr>
<td>Serious adverse events, total adverse events reported</td>
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<tr>
<td>Mortality indicator</td>
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<tr>
<td>Mortality management</td>
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<tr>
<td>Transmission metrics</td>
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<tr>
<td>MRSA rate in acute hospitals</td>
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<tr>
<td>National rate of new cause of bloodstream infections</td>
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<tr>
<td>Compliance with WHO &amp; moments hand hygiene</td>
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<tr>
<td>Number and percentage of people who develop catheter</td>
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<tr>
<td>related bloodstream infections</td>
</tr>
<tr>
<td>Post operative sepsis</td>
</tr>
<tr>
<td>Surgical Site infection</td>
</tr>
<tr>
<td>Ventilator acquired pneumonitis</td>
</tr>
<tr>
<td>In hospital falls</td>
</tr>
<tr>
<td>Decubitus ulcer</td>
</tr>
<tr>
<td>Foreign body left in post operatively</td>
</tr>
<tr>
<td>Accidental puncture or laceration</td>
</tr>
<tr>
<td>Intravenous pneumothorax</td>
</tr>
<tr>
<td>Time to hip fracture surgery (recorded in hours)</td>
</tr>
<tr>
<td>Re-attendance at ED following recent discharge</td>
</tr>
<tr>
<td>Number of patients leaving ED without being seen</td>
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<tr>
<td>Numbers of patients cared for in inappropriate space</td>
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<tr>
<td>Failure to rescue (FTR)</td>
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<tr>
<td>DVT / PE</td>
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<td>Pneumonia</td>
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<tr>
<td>Sepsis / shock or cardiac arrest</td>
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<tr>
<td>Acute renal failure</td>
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<tr>
<td>GI haemorrhage / acute infection</td>
</tr>
<tr>
<td>Postoperative complications</td>
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<tr>
<td>Haemorrhage or haematoma</td>
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<tr>
<td>Pulmonary embolism or deep vein thrombosis</td>
</tr>
<tr>
<td>Respiratory failure</td>
</tr>
<tr>
<td>Wound dehiscence</td>
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<tr>
<td>In hospital fractures</td>
</tr>
</tbody>
</table>

A Practical Guide
Quality Assessment and Improvement: Specialist Palliative Care Services, 2014
How can I introduce these to my organisation?
Milford

• Quality restructuring 2012.
  – HIQA standards. (June 2012)
  – HSE standards and recommended practices.
  – Tallaght recommendations. (May 2012)

• What strategy?
  – 3 phases.
Strategy

Phase 1
Baseline Assessment

Phase 2
Structures and processes.

Phase 3
Serial Reporting
Phase 1
Baseline Assessment

- 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.
Standard 1.1

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

Features of a service meeting this standard are likely to include:

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**Identified Gaps:**

Source of template - Voluntary Hospitals Risk Management Forum
Evaluate Quality Gaps.

• Identified gaps.
  – Mostly documentation evidence gaps.

• Needed to evaluate these gaps and see how we can fill them.
  – ‘Gap analysis’

• **Question:**
  – *How can we, as an organisation, approach introducing a system that will implement CQI in all these areas?*
Strategy

Phase 1
Baseline Assessment

Phase 2
Structures and processes.

Phase 3
Serial Reporting
Phase 2
Structure and Process

• Look at the organisational structure. Can it address these quality gaps?

• Developed a process (project plan).
  – Each standard.
  – Are we achieving this?
  – How can we measure this?
  – Plan to improve.
  – Document progress.
Phase 2: Structures

- Needed a structure that would support a sustainable focus on
  - Project management
  - Documentation of Standard compliance.
  - Continuous quality improvement.

- Three types of group.
  - Supervisory group.
  - 2 Management groups.
  - 5 Working Groups.

- Three levels of reporting.
Management Team

Quality & Safety Group

Research Initiatives, Research Register & Clinical ICP/ Key Process Review per care area - Audit of Key Processes leading to Performance Indicators.

Clinical Quality Assurance

Clinical Services & Patient safety
- Clinical Risk Management
- Medicines Management
- Service User Feedback Systems
- Complaints Management
- Annual Audit Programme
- Incident Management
- Infection Control
- Health Promotion
- Policy Development and Approval

Environment and hygiene
- Environment & Risk Management
- Incident Management
- Fire Safety Systems
- Water Management
- Security Management
- Oxygen Mgt
- Health & Safety Mgt
- Hazardous Materials & Dangerous Goods
- Control Energy Mgt
- Waste Mgt
- Catering
- Infection Control
- Contractor Mgt
- Policy Development and Approval

Finance
- Financial Risk Management
- Budgetary Control/Financial Effectiveness
- Systems, Purchasing Systems
- Asset Management, Contract Management
- Policy Development and Approval

Information Governance
- Information Risk Management
- Integration of ICT Systems
- ICT Governance
- Data Protection Assurance
- Patient Chart Administration
- Document Control
- Policy Development and Approval

Human Resources & Learning Development
- Human Resources Risk Management
- HR Strategic Planning
- Performance Appraisal
- Staff Records Management
- Recruitment & Selection Practise
- Training Needs Assessment/Competency Assessment Systems
- Induction Systems
- Staff Communication Systems
- Promotion of quality of working life
- Policy Development and Approval

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Management Team

Level 1

- Clinical Services & Patient safety
  - Clinical Risk Management
  - Medicines Management
  - Service User Feedback Systems
  - Complaints Management
  - Annual Audit Programme
  - Incident Management
  - Infection Control
  - Health Promotion
  - Policy Development and Approval

- Environment and hygiene
  - Environment & Risk Management
  - Incident Management Fire
  - Safety Systems
  - Water Management
  - Security Management
  - Oxygen Mgt
  - Health & Safety Mgt
  - Hazardous Materials & Dangerous Goods Control
  - Energy Mgt
  - Waste Mgt
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  - Competency Assessment Systems
  - Induction Systems
  - Staff Communication Systems
  - Promotion of quality of working life
  - Policy Development and Approval

Level 2

- Clinical Quality Assurance
- Non Clinical Quality Assurance

Level 3

- Systems & Research Group
- Address Gap Analysis
- Quality & Safety Group

Research Initiatives, Research Register & Clinical ICP/Key Process Review per care area - Audit of Key Processes leading to Performance Indicators.

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Phase 2: Processes (project plans)

- Found that standards could be grouped together (‘collapsed’ or ‘chunked’)

- Some projects and documentation fulfill a number of standards.

- Much like the workbooks have done with essential elements.
<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>
</tr>
</thead>
<tbody>
<tr>
<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</strong></td>
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<tr>
<td>1.1, 2.1, 3.1, 4.1, 5.1, 6.1, 7.1, 8.1, 9.1, 10.1, 11.1, 12.1, 13.1</td>
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<tr>
<td><strong>Standard 1.2 - Service users have equitable access to healthcare services based on their assessed needs.</strong></td>
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<td><strong>Standard 1.3 - Service users experience healthcare which respects their diversity and protects their rights</strong></td>
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<td>1.3.1</td>
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<td><strong>Standard 1.4 - Service users are enabled to participate in making informed decisions about their care.</strong></td>
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<td>1.4.1, 1.4.2</td>
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<td>1.4.3</td>
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<td><strong>Standard 1.5 - Service users’ informed consent to care and treatment is obtained in accordance with legislation and best available evidence.</strong></td>
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<td>1.5.1</td>
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<td><strong>Standard 1.6 - Service users’ dignity, privacy and autonomy are respected and promoted.</strong></td>
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<td>1.6.1, 1.6.2, 1.6.3, 1.6.4</td>
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<td><strong>Standard 1.7 - Service providers promote a culture of kindness, consideration and respect.</strong></td>
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<td>1.7.1</td>
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<td><strong>Standard 1.8 - Service users’ complaints and concerns are responded to promptly, openly and effectively with clear communication</strong></td>
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<td>1.8.1</td>
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<td><strong>Standard 1.9 - Service users are supported in maintaining and improving their own health and wellbeing.</strong></td>
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<tr>
<td><strong>Theme 2 - Effective Care and Support</strong></td>
<td><strong>Standard 2.1 - Healthcare reflects national and international evidence of what is known to achieve best outcomes for service users.</strong></td>
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<td>2.1.1, 2.1.2, 2.1.3, 2.1.4</td>
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<td>2.1.5</td>
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<tr>
<td><strong>Standard 2.2 - Care is planned and delivered to meet the individual service user’s initial and ongoing assessed healthcare needs, while</strong></td>
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<td>2.2.1, 2.2.2</td>
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</table>
Phase 1
Baseline Assessment

Phase 2
Structures and processes.

Phase 3
Serial Reporting

Strategy
Phase 3
Serial Reporting

• Now we had the quality structure, the project plans, and the working groups to implement these and report progress.

• Commencement of quarterly reporting
Management Team

Research Initiatives, Research Register & Clinical ICP/ Key Process Review per care area - Audit of Key Processes leading to Performance Indicators.

Systems & Research Group

Validate Gap Analysis

Quality & Safety Group

Clinical Quality Assurance

Clinical Services & Patient safety

Clinical Risk Management Medicines Management Service User Feedback Systems Complaints Management Annual Audit Programme Incident Management Infection Control Health Promotion Policy Development and Approval

Environment and hygiene


Finance


Non Clinical Quality Assurance

Information Governance


Human Resources & Learning Development

Human Resources Risk Management HR Strategic Planning Performance Appraisal Staff Records Management Recruitment & Selection Practise Training Needs Assessment/Competency Assessment Systems Induction Systems Staff Communication Systems Promotion of quality of working life Policy Development and Approval

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Information Governance Group.

<table>
<thead>
<tr>
<th>Projects</th>
<th>Status</th>
<th>Priority</th>
<th>Lead</th>
<th>Others Involved</th>
<th>Target Completion Date</th>
<th>% Complete</th>
<th>Progress Made</th>
<th>Location of report / Evidence of Compliance</th>
</tr>
</thead>
</table>

06/11/2014
<table>
<thead>
<tr>
<th>Clinical Audits</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</th>
<th>Issues to be highlighted/Issues of Concern</th>
<th>Location of Audit Report</th>
</tr>
</thead>
<tbody>
<tr>
<td>Documentation in the Patient Chart - PC Day Care</td>
<td>Annual</td>
<td>02.10.2012</td>
<td>Not noted</td>
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<td>Clinical Services &amp; Patient Safety Group 2013 Audit Report</td>
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<tr>
<td>Falls</td>
<td>Annual</td>
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<td>Clinical Services &amp; Patient Safety Group 2013 Audit Report</td>
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<tr>
<td>Restraint</td>
<td>Annual</td>
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<td>Clinical Services &amp; Patient Safety Group 2013 Audit Report</td>
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Phase 3

• Quarterly analysis.

• Check variance from standards.

• Adapt projects to minimise variances.

• Measure again in next quarter

• Check variance from standards

• Adapt projects to minimise variances.

• etc
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 service user experience and excellent quality care.
In summary

• Baseline assessment.
• Identified of quality gaps.
• Performed a ‘Gap Analysis’.
• Restructured the quality governance of the organisation.
• Produced project plans.
• Implemented these and produced quarterly reports.
• Introduced cycles of CQI.
Simple
Management Team

Systems & Research Group

Clinical Quality Assurance

Clinical Services & Patient safety

Clinical Risk Management
Medicines Management
Service User Feedback Systems
Complaints Management
Annual Audit Programme Incident Management
Infection Control Health Promotion
Policy Development and Approval

Environment and hygiene

Environment & Risk Management
Incident Management Fire Safety Systems
Water Management Security Management
Oxygen Mgt Health & Safety Mgt
Waste Mgt Catering
Infection Control Contractor Mgt Policy Development and Approval

Quality & Safety Group

Validate Gap Analysis

Finance


Non Clinical Quality Assurance

Information Governance

Information Risk Management
Integration of ICT Systems
ICT Governance
Data Protection Assurance
Patient Chart Administration
Document Control
Policy Development and Approval

Information Risk Management
Human Resources Risk Management
HR Strategic Planning
Performance Appraisal
Staff Records Management Recruitment & Selection Practise
Training Needs Assessment/Competency Assessment Systems
Induction Systems
Staff Communication Systems
Promotion of quality of working life Policy Development and Approval

Human Resources & Learning Development

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Change Management Model

Continuous Improvement

Evaluate
Assess

People

Tools

Process

Manage Change

Design

Implement

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Valley of despair!
Expect the expected!

Basic principles

• Amicus change management framework:
• Combines 3 foundation issues with 5 change levers:
• **Foundation issues:**
  – Leadership.
  – Shared vision.
  – Culture
  – (ie. Proper Corporate Governance!)

5 Change levers

- Align a change team
- Involve Health Care professionals & administrative personnel.
- Develop tension for change
- Address resistance to change: Supportive manner.
- Build consistency
  Change process should be a continuous improvement cycle.

Buy in
Change team.

• Assembled line managers and representatives of all the working groups.

• Worked through all the standards and developed project plans together.

• Met with working groups individually and amended plans according to their ideas and further developed these.

• Meet each team quarterly for updates and further consultation.

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Currently

• Just finished Q4 reporting.
• Improving compliance.
• Meeting groups and refining projects.
• Published quality profile/account.
  – Itemises activities of each group.
  – Future plans.
Thank You