



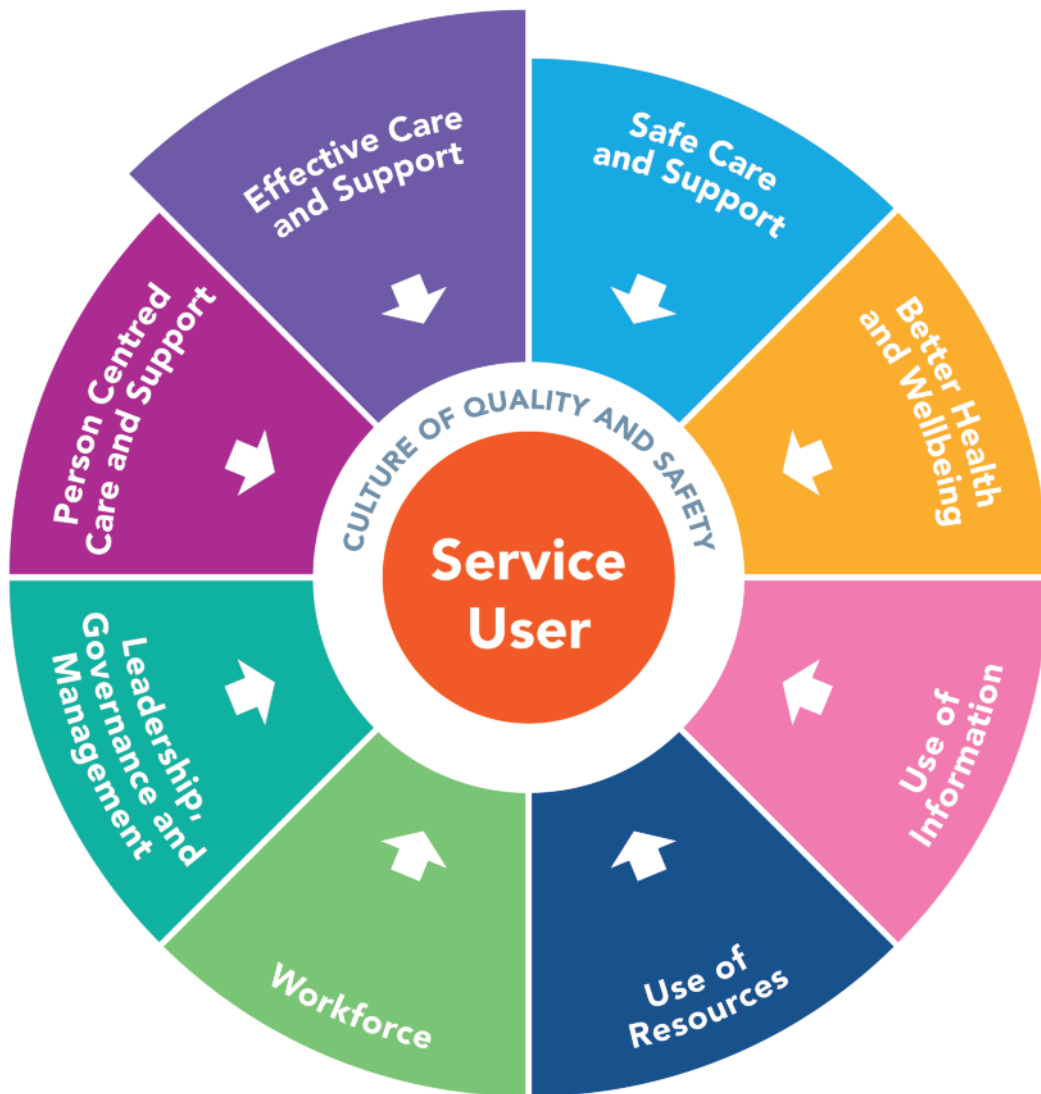
SPECIALIST  
PALLIATIVE  
CARE  
May 2014

WORKBOOK

2

# Effective Care and Support

Supporting services to deliver quality healthcare



## Introduction

Welcome to the **Effective Care and Support** Quality Assessment and Improvement Workbook. This workbook will support assessment teams in preparing for assessment against Theme 1 of the National Standards for Safer Better Healthcare. Teams can use this workbook to familiarise themselves with the assessment process prior to undertaking assessment using the web enabled Quality Assessment and Improvement Tool.

There are **8 Standards and 10 Essential Elements** of Quality under Theme 1. The Essential Elements are specific, tangible translations of the National Standards. They represent those key aspects of quality you would expect to see within a service that is delivering safe, sustainable, high quality care. There are four Levels of Quality for each Essential Element. These Levels build on each other and allow services to objectively assess the Level of Quality and maturity that most accurately reflects their service. The contents within each Level are guiding prompts as to what a service should be achieving for that Level and are not specific criteria that must be in place. Progress through these ascending Levels of Quality assumes that the main aspects of quality within the previous Level have been achieved before you move to the next Level.

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

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

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

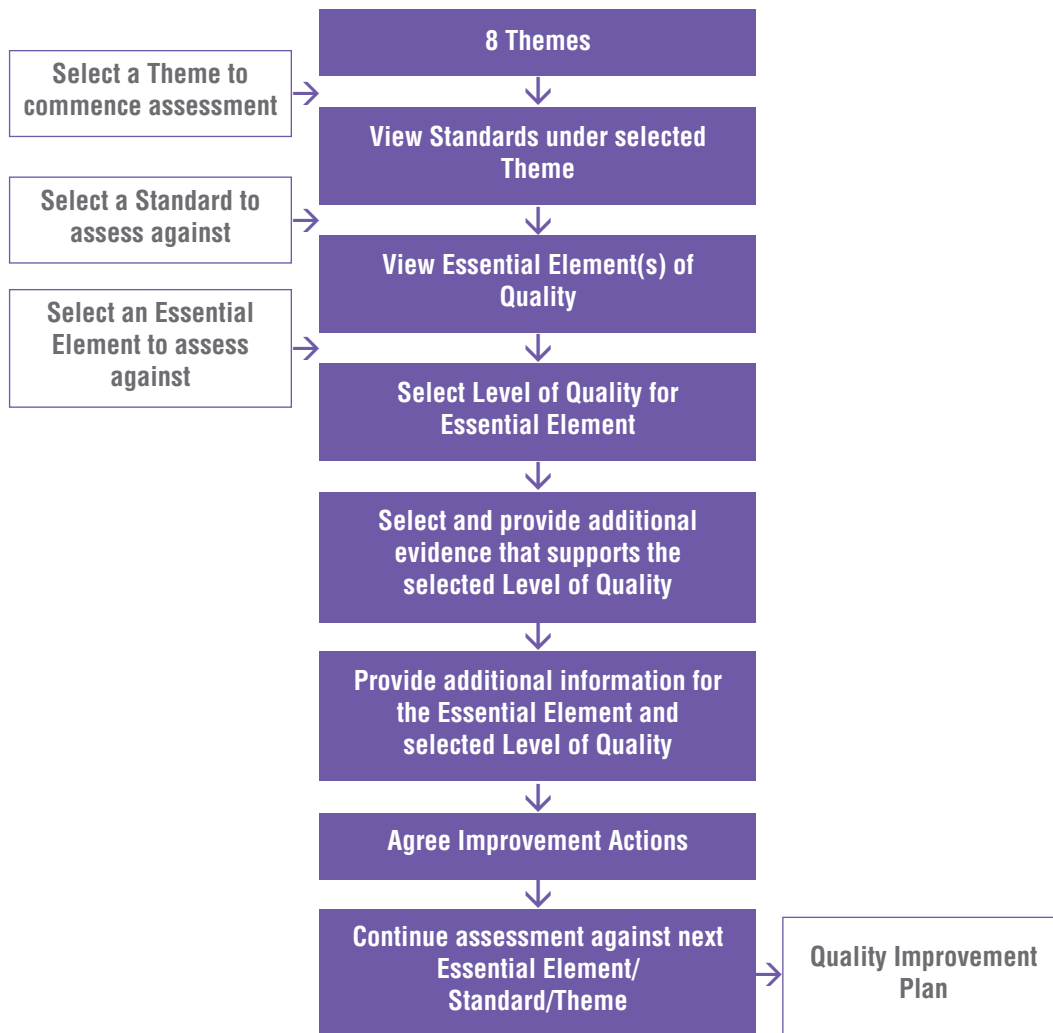
Similarly services may wish to consider the following bullets to guide them in providing additional information to support their assessment.

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

The key output of this assessment is the development of improvement actions which will support your service in implementing the National Standards for Person Centred Care and Support and improving the quality of your service.

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

**Figure 1 Overview of Assessment Process**



## 2. EFFECTIVE CARE AND SUPPORT

STANDARD	ESSENTIAL ELEMENTS	WHAT A SERVICE USER CAN EXPECT OR EXPERIENCE WHEN A SPECIALIST PALLIATIVE CARE SERVICE IS MEETING THIS STANDARD.
<b>STANDARD 2.1</b> Healthcare reflects national and international evidence of what is known to achieve best outcomes for service users.	Implementing Best Available Evidence	SPC provided will be based on the best available evidence to maximise your health benefit.
<b>STANDARD 2.2</b> Care is planned and delivered to meet the individual service user's initial and ongoing assessed care needs, while taking account of the needs of other service users.	(A) Comprehensive Documented Assessment of Need (B) Recognising and Responding to the Imminently Dying Person (C) The Provision of Specialist Palliative Care	Your plan of care will be based on your assessed and ongoing palliative care needs. Palliative care received will be timely and regularly reviewed and you will be involved in all decisions about your care.
<b>STANDARD 2.3</b> Service users receive integrated care which is co-ordinated effectively within and between services.	Safe and Co-ordinated Transfer of Care	Your palliative care will be safely and effectively co-ordinated within and between services at all times and you and your family will receive appropriate information.
<b>STANDARD 2.4</b> An identified healthcare professional has overall responsibility and accountability for a service user's care during an episode of care.	Lead Healthcare Professional	You will have an identified lead healthcare professional accountable and responsible for your care at all times.
<b>STANDARD 2.5</b> All information necessary to support the provision of effective care, including information provided by the service user, is available at the point of clinical decision making.	Information Enabling Clinical Decision Making	The SPC professional caring for you will have timely access to all relevant information provided to support decision making.
<b>STANDARD 2.6</b> Care is provided through a model of service designed to deliver high quality, safe and reliable healthcare	Service Delivery Model	You will be provided with clear information about the palliative care service and you will be informed of any changes to the service.
<b>STANDARD 2.7</b> Healthcare is provided in a physical environment which supports the delivery of high quality, safe, reliable care and protects the health and welfare of service users.	A Physical Environment that Protects Health and Welfare	You will receive palliative care in healthcare facilities which are safe, effectively managed and protect your dignity and privacy.
<b>STANDARD 2.8</b> The effectiveness of healthcare is systematically monitored, evaluated and continuously improved.	Monitoring and Improving Healthcare Quality	Your SPC service will monitor, evaluate and continuously improve the quality of palliative care provided and seek your feedback to support this improvement.

## STANDARD 2.1

### Healthcare reflects national and international evidence of what is known to achieve best outcomes for service users

#### Essential Element: Implementing Best Available Evidence

Specialist Palliative Care (SPC) is based on best available evidence and the knowledge and experience of service users and staff.

LEVEL OF QUALITY	GUIDING PROMPTS	SELECT
<b>Emerging Improvement (EI)</b>	<ul style="list-style-type: none"><li>• A range of strategies to support evidence based practice are utilised by the organisation e.g. decision-support systems and other reminders, audit and feedback, production of educational materials, use of interactive educational meetings.</li><li>• Policies and procedures are reviewed for alignment with evidence-based practice and strategies are developed for updating those that are not.</li><li>• Staff are supported in accessing evidenced based information.</li><li>• The potential for innovation and calculated risk taking is acknowledged and promoted as a necessary process when developing evidence and applying to practice.</li></ul>	<input type="checkbox"/>
<b>Continuous Improvement (CI)</b>	<ul style="list-style-type: none"><li>• Governance arrangements are in place for the support of evidence based practice e.g. policies, procedures, protocols, guidelines (PPPGs) and care pathways.</li><li>• There is an agreed plan supporting implementation of the National Clinical Programme for Palliative Care initiatives.</li><li>• The experiences of service users, families and staff are used to inform the ongoing implementation and adaptation of evidence-based practices to effectively meet the needs of service users and their families.</li><li>• Baselines of performance are measured as a snapshot of how the organization is currently performing and performance data is used as a learning/quality improvement tool e.g.<ol style="list-style-type: none"><li>1. Are we doing evidence-based work?</li><li>2. Are we doing it well? and</li><li>3. Is it leading to desired outcomes?</li></ol></li></ul>	<input type="checkbox"/>
<b>Sustained Improvement (SI)</b>	<ul style="list-style-type: none"><li>• Recommendations from internal and external audit reports are implemented.</li><li>• Relevant regional and national targets for measures of healthcare delivery are regularly achieved.</li><li>• Evaluation of implementation of evidence based practice strategies is undertaken.</li></ul>	<input type="checkbox"/>
<b>Excellence (E)</b>	<ul style="list-style-type: none"><li>• Service benchmarks performance and shares learning with other service providers.</li><li>• Organisations do not only replicate what has been done elsewhere, they use research findings to develop innovative approaches to improved healthcare delivery and share the learning with other organisations.</li></ul>	<input type="checkbox"/>

## Evidence to verify selected level of quality

### Examples

- Opportunities and resources are provided for SPC staff to access best available information.
- Attendance at education/development events.
- Develop a plan and monitoring system for the implementation of the National Clinical Programme for Palliative Care.
- Arrangements to support and manage policy development and review.
- Clinical Care Pathways established, implemented and evaluated.
- Risk assessments on the implementation of National Clinical Programme for Palliative Care, guidelines, policies and care pathways.
- Governance and shared decision making structures explicitly support innovation and calculated risk-taking as part of a learning culture. *Note Calculated risk-taking does not over-ride professional and organisational responsibility to do no harm.*
- Implementation of clinical audit programme.

## Add your own evidence

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## Additional information

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## STANDARD 2.2

Care provision is planned and delivered to meet the individual service user's initial and ongoing assessed healthcare needs, while taking account of the needs of other service users

### Essential Element (A): Comprehensive Documented Assessment of Need

SPC provision is planned, agreed and documented to reflect individual's initial and ongoing assessed needs.

LEVEL OF QUALITY	GUIDING PROMPTS	SELECT
<b>Emerging Improvement (EI)</b>	<ul style="list-style-type: none"> <li>A comprehensive and timely interdisciplinary assessment of the needs of service user and family forms the basis of the plan of care.</li> <li>A unified approach to assessing and recording the needs of service users is adopted.</li> <li>The individualised care plan is based on the identified and expressed preferences, values, goals, and needs of the service user and family and is developed with support for decision-making.</li> <li>Staff working in SPC services are provided with education on developing individualised care plans and accurate documentation of information.</li> </ul>	<input type="checkbox"/>
<b>Continuous Improvement (CI)</b>	<ul style="list-style-type: none"> <li>Changes to the individualised care plan are based on the evolving needs and preferences of the service user and family over time and recognise the complex, competing, and shifting priorities in goals of care.</li> <li>Service users are offered education opportunities and are supported to develop self-management skills (e.g. equipping service users and families to manage medical and care aspects of illness, managing life roles and promoting adaptation to the changing dynamics brought on by illness and its progression).</li> <li>SPC care plans are audited to ensure completeness, accuracy and timely review of assessments.</li> <li>Service user assessed palliative care needs that cannot be met within the scope of the service are appropriately recognised and managed.</li> </ul>	<input type="checkbox"/>
<b>Sustained Improvement (SI)</b>	<ul style="list-style-type: none"> <li>Family is offered education and supported to provide safe and appropriate comfort measures to the individual where desired and appropriate.</li> <li>There is service user involvement in evaluating the quality of SPC assessments and care plans.</li> <li>Circumstances and structure, process and outcomes of SPC emergency assistance are regularly reviewed and staff receive feedback on performance.</li> </ul>	<input type="checkbox"/>
<b>Excellence (E)</b>	<ul style="list-style-type: none"> <li>Family is provided with backup resources in response to urgent needs.</li> <li>The service learns from national and international incidents and quality improvement initiatives relating to care planning and implements improvements locally.</li> <li>The organisation seeks opportunities to lead and support quality improvement initiatives relating to care planning at regional and national levels.</li> </ul>	<input type="checkbox"/>





## STANDARD 2.2

Care is planned and delivered to meet the individual service user's initial and ongoing healthcare needs, while taking account of the needs of other service users

### Essential Element (B): Recognising and Responding to the Imminently Dying Person

Service users whose condition is deteriorating are recognised and an appropriate timely response is taken.

LEVEL OF QUALITY	GUIDING PROMPTS	SELECT
<b>Emerging Improvement (EI)</b>	<ul style="list-style-type: none"> <li>The care plan is revised to meet the unique needs of the service user and family at this phase of the illness.</li> <li>Service user and family wishes regarding care setting for death are documented. Any inability to meet these needs and preferences is reviewed and addressed, as far as is possible, by the team.</li> <li>The service facilitates religious, spiritual or cultural rituals or practices as desired by service user/ family at and after the time of death.</li> <li>Post-death care is provided in a respectful manner and in accordance with religious and cultural values and legal requirements.</li> <li>A bereavement plan is developed for service users' families that is based on social, cultural and spiritual grief assessment.</li> </ul>	<input type="checkbox"/>
<b>Continuous Improvement (CI)</b>	<ul style="list-style-type: none"> <li>Service users/ families are informed of signs and symptoms of deterioration relevant to their condition (where appropriate and desired) and how to raise concerns.</li> <li>The family is offered opportunities for education regarding the signs and symptoms of approaching death in a developmentally, culturally, and age-appropriate manner.</li> <li>Arrangements are in place which provides families and carers with appropriate, relevant and accessible information and training to enable them to carry out their caring responsibilities.</li> <li>Improvements to the care of the dying person are influenced by feedback from staff and audits.</li> </ul>	<input type="checkbox"/>
<b>Sustained Improvement (SI)</b>	<ul style="list-style-type: none"> <li>Systems for responding to the imminently dying person are evaluated and improvements implemented.</li> <li>Service disseminates the learning from incidents involving failure to recognise and respond to clinical deterioration.</li> </ul>	<input type="checkbox"/>
<b>Excellence (E)</b>	<ul style="list-style-type: none"> <li>The service benchmarks its performance with other providers.</li> <li>The service learns from national and international incidents and quality improvement initiatives and implements improvements locally.</li> <li>The service actively seeks new knowledge and innovations in improving the care of the dying person and creates appropriate change.</li> </ul>	<input type="checkbox"/>



## STANDARD 2.2

Care is planned and delivered to meet the individual service user's initial and ongoing assessed healthcare needs, while taking account of the needs of other service users

### Essential Element (C): The Provision of Specialist Palliative Care

Service users receive palliative care that is integrated, organised and appropriate to their needs and wishes.

LEVEL OF QUALITY	GUIDING PROMPTS	SELECT
<b>Emerging Improvement (EI)</b>	<ul style="list-style-type: none"><li>• Service users' and families' understanding of disease, and treatments is assessed and documented.</li><li>• Regular, ongoing assessment of physical, psychological, social and spiritual distress and functional impairment are documented through a systematic process.</li><li>• The response to distress is prompt and tracked through documentation in the person's record.</li><li>• The outcome of management is the safe and timely reduction of distress levels, to a level that is acceptable to the person (or the family if the person is unable to report distress).</li></ul>	<input type="checkbox"/>
<b>Continuous Improvement (CI)</b>	<ul style="list-style-type: none"><li>• Treatment alternatives are clearly documented and communicated and permit the service user and family to make informed choices.</li><li>• The provision of care is reviewed and audited with improvement plans implemented.</li><li>• Feedback and incidents are analysed and addressed to improve the quality of care.</li><li>• Palliative care education and development programmes support clinical and non clinical staff.</li></ul>	<input type="checkbox"/>
<b>Sustained Improvement (SI)</b>	<ul style="list-style-type: none"><li>• Service develops and monitors performance measures relating to the provision of palliative care.</li><li>• Delivery of palliative care is evaluated which includes feedback from families/carers.</li><li>• There is implementation and monitoring of external report recommendations.</li><li>• Learning is shared from audits, report recommendations and performance reports throughout the service.</li></ul>	<input type="checkbox"/>
<b>Excellence (E)</b>	<ul style="list-style-type: none"><li>• There is collaboration and partnerships between hospital and community services to respond to the needs of individuals who have a life limiting illness.</li><li>• Benchmarking with other service providers is undertaken to support the implementation of improved practice.</li></ul>	<input type="checkbox"/>



## STANDARD 2.3

### Service users receive integrated care which is co-ordinated effectively within and between services

#### Essential Element: Safe and Co-ordinated Transfer of Care

The co-ordination and continuity of care between and within interdisciplinary teams and other service providers is effectively managed.

LEVEL OF QUALITY	GUIDING PROMPTS	SELECT
<b>Emerging Improvement (EI)</b>	<ul style="list-style-type: none"> <li>Staff are provided with education and development opportunities to support the co-ordination of care within and between services with a strong focus on effective communication.</li> <li>SPC staff understand and show respect for the roles of other services in the provision of care.</li> <li>Services implement processes to ensure effective inter-professional communication within teams and between them and other service providers with whom the service user has contact.</li> <li>The outcome of consultations in which key information is discussed is recorded in service user's notes and communicated to other professionals involved in their care.</li> </ul>	<input type="checkbox"/>
<b>Continuous Improvement (CI)</b>	<ul style="list-style-type: none"> <li>Service users and other service providers e.g. primary care and hospital teams are informed in advance of any plans to transfer or share any aspects of their care.</li> <li>Mechanisms are developed to promote continuity of care but as yet are not consistent across the organisation,</li> <li>Review and audits of policies, protocols and national guidance relating to coordination and integration of care are undertaken.</li> <li>Findings from relevant audits and incident analysis inform multidisciplinary team development and education.</li> </ul>	<input type="checkbox"/>
<b>Sustained Improvement (SI)</b>	<ul style="list-style-type: none"> <li>The findings from service user/family experience surveys are monitored and inform quality improvement plans.</li> <li>Organisations engage in the provision of an integrated model of care.</li> </ul>	<input type="checkbox"/>
<b>Excellence (E)</b>	<ul style="list-style-type: none"> <li>Organisation leaders strongly support integration as practice model with expected change in service delivery, and resources provided for development.</li> <li>Integrated care and all components embraced by all providers in care system and there is active involvement in practice change.</li> <li>Sharing of information systems with other service providers contributes to seamless service provision.</li> </ul>	<input type="checkbox"/>

## Evidence to verify selected level of quality

### Examples

- Implementation of HSE Code of Practice for integrated discharge planning including the Rapid Discharge Planning Pathway.
- Implementation of Clinical Handover policy.
- Audit of compliance with PPPGs relating to coordination and integration of care.
- National referral pathways.
- Audit of national referral pathways and protocols e.g. PC referral form.
- Review of incidents and implementation of improvement plans.
- Implementation of recommendations from investigations.
- Review of referral and transfer protocols and policies.
- Referring physicians and healthcare providers are routinely informed about the availability and benefits of hospice and other community resources for care for their service users and families as appropriate and indicated.
- Policies for formal written and verbal communication about all domains in the plan of care are established between SPC services, and other major healthcare providers involved in the care of service users.
- Policies enable timely and effective sharing of information among teams while safeguarding privacy.
- Where possible SPC staff routinely participate in each other's team meetings to promote regular professional communication, collaboration, and an integrated plan of care on behalf of service users and families.
- SPC service and other major community providers, seeks opportunities to collaborate and work in partnership to promote increased access to quality palliative care across the continuum.
- There is a focus on developing person-centred workplaces using a team approach.

### Add your own evidence

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### Additional information

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## STANDARD 2.4

**An identified lead healthcare professional has overall responsibility and accountability for a service user's care during an episode of care**

### Essential Element: Lead Healthcare Professional

Service users and families know the identified lead healthcare professional that is responsible and accountable for their care.

LEVEL OF QUALITY	GUIDING PROMPTS	SELECT
<b>Emerging Improvement (EI)</b>	<ul style="list-style-type: none"><li>• There is an identified lead healthcare professional responsible and accountable for the care of each person whilst receiving palliative care.</li><li>• Arrangements support the formal handover of care between healthcare professionals.</li><li>• Information is provided to service users and families on how to contact lead healthcare professional.</li></ul>	<input type="checkbox"/>
<b>Continuous Improvement (CI)</b>	<ul style="list-style-type: none"><li>• Clear documentation of the identified lead healthcare professional and any changes in this lead role.</li><li>• Effectiveness of clinical handover is documented, monitored, reported and improvement plans implemented.</li></ul>	<input type="checkbox"/>
<b>Sustained Improvement (SI)</b>	<ul style="list-style-type: none"><li>• Analysis and trending of incidents pertaining to clinical handover inform improvement plans and evaluations.</li><li>• Service learns from local events and shares learning within the service.</li><li>• Feedback from service users and families also informs improvement plan and evaluations.</li></ul>	<input type="checkbox"/>
<b>Excellence (E)</b>	<ul style="list-style-type: none"><li>• Service learns from national and international experience and reflects this learning in its practice.</li></ul>	<input type="checkbox"/>





## STANDARD 2.5

All information necessary to support the provision of effective care, including information provided by the service user and family is available at the point of clinical decision making

### Essential Element: Information Enabling Clinical Decision Making

Complete and accurate information is available and accessible to healthcare professionals to support them in making effective clinical decisions.

LEVEL OF QUALITY	GUIDING PROMPTS	SELECT
<b>Emerging Improvement (EI)</b>	<ul style="list-style-type: none"><li>• Evidence-based clinical content is readily available to staff e.g. guidelines, literature.</li><li>• Protocols are developed and readily available to staff.</li><li>• Arrangements support the sharing of service user information internally and externally in a confidential manner.</li><li>• Staff receive opportunities for education and training on their obligations of complying with legislation when sharing information.</li></ul>	<input type="checkbox"/>
<b>Continuous Improvement (CI)</b>	<ul style="list-style-type: none"><li>• Information systems that support palliative care provision are in place e.g. assessment instruments, flow sheets, drug interaction databases.</li><li>• Review and audit of access to, and utilisation of, necessary healthcare information is undertaken.</li><li>• Improvement plans are implemented to improve access to, and utilisation of, necessary healthcare information.</li><li>• Incidents are analysed and trended and improvement plans implemented.</li></ul>	<input type="checkbox"/>
<b>Sustained Improvement (SI)</b>	<ul style="list-style-type: none"><li>• Interdisciplinary care plans, evidence-based clinical practice guidelines and integrated documentation is in place.</li><li>• Evaluation and inclusion of staff feedback informs improvements.</li><li>• Sustainable achievement of relevant performance measures.</li><li>• Service learns from incidents and shares learning within the service.</li></ul>	<input type="checkbox"/>
<b>Excellence (E)</b>	<ul style="list-style-type: none"><li>• Clinical decision support is embedded within electronic health records.</li><li>• Drug-decision support and e-prescribing is in place.</li><li>• E-learning platforms are in place supported by a performance and learning management system.</li></ul>	<input type="checkbox"/>

## Evidence to verify selected level of quality

### Examples

- Audit of implementation of national standards for health care records management and storage.
- Review of access to healthcare information.
- Implementation of improvement plans.
- Staff attendance at education, development and training.
- Minutes of MDT meetings.
- Evidence of compliance with legislation e.g. Data Protection Act.
- Analysis and trending of incidents.
- Evidence of FOI compliance.
- Evidence of compliance with information governance e.g. 'What You Should Know About Information Governance, A Guide for Health and Social Care Staff' (HIQA); Guidance on Information Governance for Health and Social Care Services in Ireland' (HIQA, 2012)
- Management of information for secondary users i.e. next of kin, bereaved family members.
- Existence of order sets, care plans, evidence-based clinical and drug reference and decision-support tools.
- Receipt of health alerts from public agencies.
- Integrated documentation.

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### Additional information

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## STANDARD 2.6

### Care is provided through a model of service designed to deliver high quality, safe and reliable healthcare

#### Essential Element: Service Delivery Model

Evidence based service delivery models underpin service delivery.

LEVEL OF QUALITY	GUIDING PROMPTS	SELECT
<b>Emerging Improvement (EI)</b>	<ul style="list-style-type: none"> <li>• Governance arrangements support implementation of agreed service delivery model.</li> <li>• Statement of purpose reflects service delivery model.</li> <li>• Staff receive regular information regarding the agreed service delivery model.</li> <li>• Service implements relevant National Clinical Programmes.</li> </ul>	<input type="checkbox"/>
<b>Continuous Improvement (CI)</b>	<ul style="list-style-type: none"> <li>• Review of governance arrangements to ensure safe transfer of care when care can not be provided within current service delivery model.</li> <li>• Governing committees receive reports on implementation of service delivery model.</li> <li>• Review of the implementation of the National Clinical Programmes inform improvement plans.</li> <li>• Performance measures are monitored and reported.</li> <li>• Staff receive opportunities for education, development and training to support implementation of service delivery model.</li> </ul>	<input type="checkbox"/>
<b>Sustained Improvement (SI)</b>	<ul style="list-style-type: none"> <li>• Evaluations of the effectiveness of service delivery model are undertaken including assessment of case mix and case load of service users.</li> <li>• Service uses the learning from incidents, service user and family, staff feedback and external report recommendations to change model.</li> <li>• Performance against process and outcome measures also informs changes to service delivery model.</li> <li>• The service contributes to regional and national agendas to improve the evidence base for specialist palliative care.</li> </ul>	<input type="checkbox"/>
<b>Excellence (E)</b>	<ul style="list-style-type: none"> <li>• Service takes account of national and international evidence of service models and care pathways.</li> <li>• The organisation seeks opportunities to lead and support quality improvement initiatives relating to models of service delivery at regional and national levels.</li> <li>• Service receives recognition for innovative effective changes to service delivery model.</li> </ul>	<input type="checkbox"/>

## Evidence to verify selected level of quality

### Examples

- Opportunities for SPC staff to access information relevant to model of care e.g. Report of the National Advisory Committee on Palliative Care (2001)
- Plan to support implementation of service delivery model
- Attendance at relevant staff education, development and training.
- Review of case mix and case load of service users to inform changes in model i.e. Minimum Data Set (MDS) in Palliative Care.
- Review of effectiveness of implementation of National Clinical Programmes.
- Audit of compliance with legislation e.g. European Working Time Directive (EWTD).
- Review of staff, service user and family feedback inform improvements.
- Publicly available statement of purpose.
- Reporting of performance measures.

## Add your own evidence

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## Additional information

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## STANDARD 2.7

Healthcare is provided in a physical environment which supports the delivery of high quality, safe, reliable care and protects the health and welfare of service users and their families

### Essential Element: A Physical Environment that Protects Health and Welfare

The service has appropriate arrangements in place to ensure compliance with Health and Safety Legislation and National Standards.

LEVEL OF QUALITY	GUIDING PROMPTS	SELECT
<b>Emerging Improvement (EI)</b>	<ul style="list-style-type: none"> <li>Service is fully aware of its obligations to comply with Health and Safety legislation and relevant National Standards.</li> <li>Site specific Safety Statement includes all relevant risk assessments undertaken to address all foreseeable risks to the health and safety of service users, families and staff.</li> <li>All staff receive appropriate education and training opportunities in line with statutory and mandatory requirements and attendance is recorded and monitored.</li> </ul>	<input type="checkbox"/>
<b>Continuous Improvement (CI)</b>	<ul style="list-style-type: none"> <li>Action plans are implemented to manage identified risks to service users, families and staff.</li> <li>Health and Safety committee review and monitor action plans and advise on escalation of risk to the risk register.</li> <li>Service carries out a Health and Safety audit in accordance with the Health and Safety Authority's audit tool on an annual basis.</li> <li>All education and development programmes are reviewed and amended to reflect changes in legislation.</li> <li>The setting addresses the unique care needs of children as service users, family members, or visitors.</li> <li>Staff acknowledge personal responsibility in contributing to a conducive physical environment e.g. staff generated noise reduction; respect for service users personal space and need for privacy; innovative ways to further create suitable therapeutic environments.</li> </ul>	<input type="checkbox"/>
<b>Sustained Improvement (SI)</b>	<ul style="list-style-type: none"> <li>Audit results and corrective actions are implemented within agreed timeframes and are monitored by the Health and Safety Committee.</li> <li>Plans to address non compliances are prioritised and progress reported to in line with governance arrangements.</li> <li>Governing committees receive assurance reports to demonstrate recommendations from the Health and Safety audit have been implemented within the agreed timeframes.</li> </ul>	<input type="checkbox"/>
<b>Excellence (E)</b>	<ul style="list-style-type: none"> <li>Performance against the Health and Safety Authority's audit tool is consistently demonstrating compliance with legislation.</li> <li>Governing committee has adopted innovative approaches to facilitating staff in maintaining knowledge of all relevant legislation.</li> </ul>	<input type="checkbox"/>



## STANDARD 2.8

### The effectiveness of health care is systematically monitored, evaluated and continuously improved

#### Essential Element: Monitoring and Improving Healthcare Quality

Healthcare quality is regularly monitored and reported to improve the quality of care provided.

LEVEL OF QUALITY	GUIDING PROMPTS	SELECT
<b>Emerging Improvement (EI)</b>	<ul style="list-style-type: none"><li>• Governance arrangements support the monitoring and reporting of healthcare quality.</li><li>• There are structured approaches to monitoring and reporting of national and locally agreed quality and performance indicators e.g. Compstat and Quality Profiles.</li><li>• Staff are provided with opportunities for relevant education, development and training on measuring and monitoring quality of healthcare.</li></ul>	<input type="checkbox"/>
<b>Continuous Improvement (CI)</b>	<ul style="list-style-type: none"><li>• Performance reports, quality profiles and audit findings are reported in line with governing arrangements.</li><li>• Improvement plans are developed in response to quality and performance information.</li><li>• Indicators for healthcare quality include service user, family and staff experience.</li><li>• Service participates in national audits and quality assurance programmes which inform quality improvement plans.</li><li>• Staff receive regular updates on quality of care findings provided by the service.</li></ul>	<input type="checkbox"/>
<b>Sustained Improvement (SI)</b>	<ul style="list-style-type: none"><li>• Service evaluates current sources of information to further develop its Quality Profile.</li><li>• A review of national and international indicators is undertaken to inform local adaptation.</li><li>• Service benchmarks performance with other providers and demonstrates consistent performance.</li><li>• An annual report is publicly reported which includes the services Quality Profile.</li></ul>	<input type="checkbox"/>
<b>Excellence (E)</b>	<ul style="list-style-type: none"><li>• Learning from different measuring and monitoring approaches is shared with other service providers.</li><li>• Service receives recognition for innovative approaches.</li></ul>	<input type="checkbox"/>





