



QA+I

QUALITY ASSESSMENT
& IMPROVEMENT

SPECIALIST
PALLIATIVE
CARE
May 2014

WORKBOOK

3

Safe Care and Support

Supporting services to deliver quality healthcare



Introduction

Welcome to the **Safe Care and Support** Quality Assessment and Improvement Workbook. This workbook will support assessment teams in preparing for assessment against Theme 3 of the National Standards for Safer Better Healthcare.

There are **7 Standards and 12 Essential Elements** of Quality under Theme 3. 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.

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.

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.

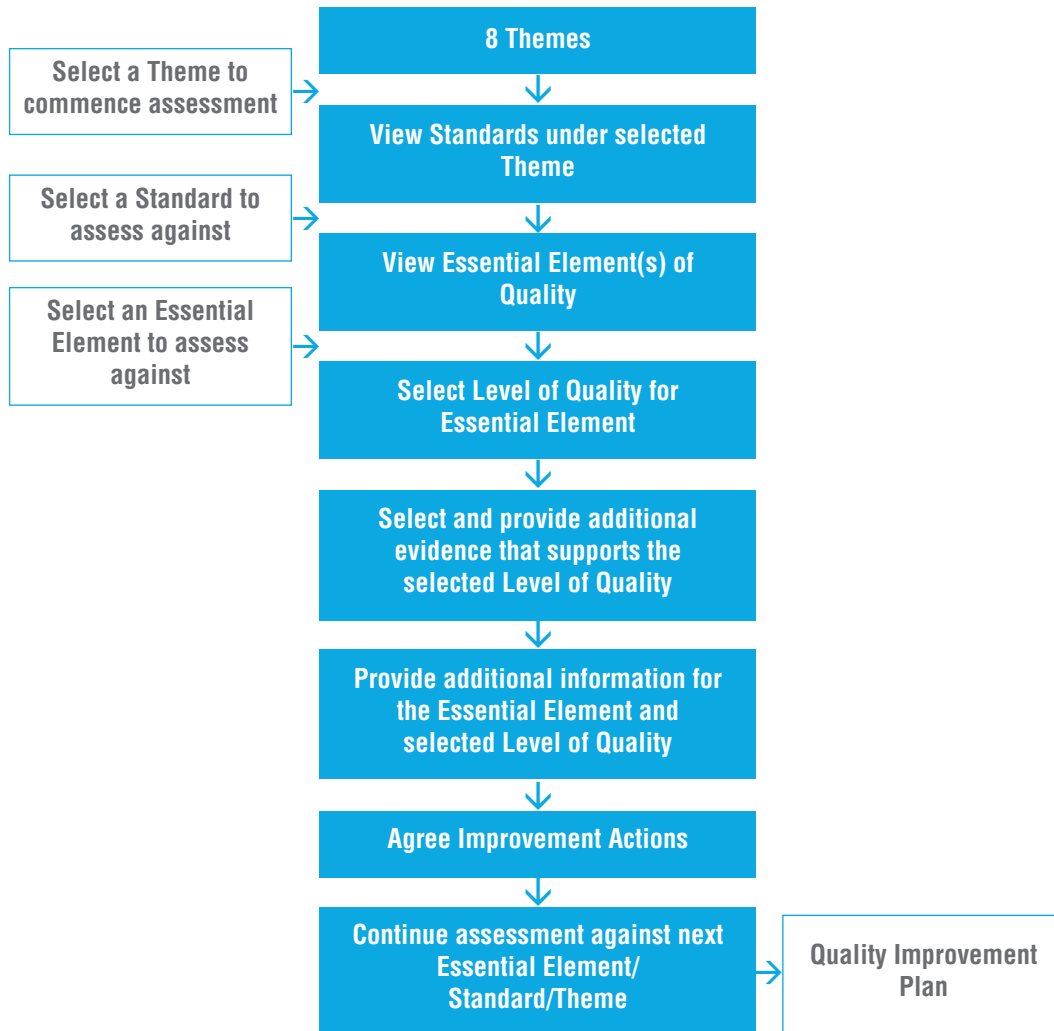
Similarly services may wish to consider the following bullets to guide them in providing additional information to support their assessment.

- 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



3. SAFE CARE AND SUPPORT

STANDARD	ESSENTIAL ELEMENTS	WHAT A SERVICE USER CAN EXPECT OR EXPERIENCE WHEN A SPECIALIST PALLIATIVE CARE SERVICE IS MEETING THIS STANDARD.
<p>STANDARD 3.1 Service providers protect service users from the risk of harm associated with the design and delivery of healthcare service.</p>	<ul style="list-style-type: none"> (A) Implementing National Standards, Policies, Procedures, Guidelines and Report Recommendations (B) Effective Risk Management System (C) Effective Prevention and Control Healthcare Associated Infection (HCAI) (D) Medication Management (E) Decontamination Management of Reusable Invasive Medical Devices (F) Management and Use of Medical Devices and Equipment 	<p>You can expect to be safe while receiving healthcare with your healthcare service continuously looking for ways to protect you from the risk of harm.</p>
<p>STANDARD 3.2 Service providers monitor and learn from information relevant to the provision of safe services and actively promote learning both internally and externally.</p>	<p>Responding to and Learning from Quality and Safety Information</p>	<p>Your service will look at different sources of information on the quality and safety of care it is providing to identify areas where improvements are required.</p>
<p>STANDARD 3.3 Service providers effectively identify, manage, respond to and report on patient safety incidents.</p>	<p>Effective Incident Management and investigation</p>	<p>While every effort will be made to ensure that your care is safe staff will know what to do if something goes wrong while providing care to you. They will look to find out what went wrong to try and prevent it happening again.</p>
<p>STANDARD 3.4 Service providers ensure all reasonable measures are taken to protect service users and families from abuse.</p>	<p>Protecting Service Users and Families from Abuse</p>	<p>The service will take the necessary steps to protect you and your family from different types of abuse while you are receiving healthcare.</p>
<p>STANDARD 3.5 Service providers fully and openly inform and support service users as soon as possible after an adverse event affecting them has occurred, or becomes known, and continue to provide information and support as needed.</p>	<p>Open Disclosure</p>	<p>If something goes wrong while you are receiving healthcare the service will be open and honest with you as soon as possible after the event and will support you through this event.</p>

3. SAFE CARE AND SUPPORT (cont.)

STANDARD	ESSENTIAL ELEMENTS	WHAT A SERVICE USER CAN EXPECT OR EXPERIENCE WHEN A SPECIALIST PALLIATIVE CARE SERVICE IS MEETING THIS STANDARD.
<p>STANDARD 3.6 Service providers actively support and promote the safety of service users as part of a wider culture of quality and safety.</p>	<p>Supporting and Embedding a Culture of Quality and Safety</p>	<p>The service places a high value on quality and patient safety and all staff seek to improve your experience when receiving healthcare.</p>
<p>STANDARD 3.7 Service providers implement, evaluate and publicly report on a structured patient safety improvement programme.</p>	<p>Patient Safety Improvement Programme</p>	<p>Services will have plans in place to reduce the likelihood of harm occurring to you and other service users while receiving healthcare.</p>

STANDARD 3.1

Service providers protect service users from the risk of harm associated with the design and delivery of healthcare

Essential Element (A): Implementing National Standards, Policies, Procedures, Guidelines and Report Recommendations.

Systematic assessments are undertaken and improvement plans developed against national standards, policies, guidelines and report recommendations.

LEVEL OF QUALITY	GUIDING PROMPTS	SELECT
Emerging Improvement (EI)	<ul style="list-style-type: none">• Governance arrangements support the implementation of standards, policies, guidelines and report recommendations.• Service undertakes relevant assessments supported by clear accountability arrangements.• Staff are provided with opportunities for education relevant to their role and responsibilities.	<input type="checkbox"/>
Continuous Improvement (CI)	<ul style="list-style-type: none">• Assessments are regularly undertaken and continuous improvement plans developed, implemented and monitored in line with governing arrangements.• Reports are submitted in line with governing arrangements with reciprocal communication.• Education and development needs are identified based upon findings from audits, reports and investigations.	<input type="checkbox"/>
Sustained Improvement (SI)	<ul style="list-style-type: none">• Arrangements are evaluated and agreed changes shared within the service.• There is an audit programme with regular reporting to governing committees.• Consistent performance against relevant structure, process and outcome measures which are reported regionally and nationally.• External audit report recommendations are implemented and progress reported locally and nationally.	<input type="checkbox"/>
Excellence (E)	<ul style="list-style-type: none">• Service benchmarks performance against structure, process and outcome measures.• There is leadership and involvement in local, regional and national quality initiatives which promotes a culture of improvement and learning throughout the service e.g. participation in national quality collaboratives.	<input type="checkbox"/>

Evidence to verify selected level of quality

Examples

- Evidence of implementing continuous quality improvement cycles within individual departments and disciplines
- Evaluation of governing arrangements for assessment and review against national standards, policies and guidelines.
- Audits of compliance with national standards.
- Audits of implementation of national policies, strategies, guidelines and pathways appropriate to clinical practice, human resources and organisation e.g. National Consent Policy, Children First: National Guidance for the Protection and Welfare of Children etc.
- Implementation plans for audit or inspection report recommendations.
- Reports on performance against structure, process and outcome measures.
- Education needs analysis, programme and records of attendance.
- Participation in national quality collaboratives e.g. collaboration and sharing of audit tools with a repository of validated audit and/or evaluation tools and standards to work from.

Add your own evidence

Additional information

STANDARD 3.1

Service providers protect service users from the risk of harm associated with the design and delivery of healthcare

Essential Element (B): Effective Risk Management System

An effective risk management system at all levels of service delivery to protect service users and the workforce.

LEVEL OF QUALITY	GUIDING PROMPTS	SELECT
Emerging Improvement (EI)	<ul style="list-style-type: none">• There is a risk management policy and system in place.• Risks are assessed and rated in line with the policy.• A corporate risk register is in place.• Relevant members of staff receive education and training on risk management policies and procedures.	<input type="checkbox"/>
Continuous Improvement (CI)	<ul style="list-style-type: none">• Outputs from the risk management system are reviewed in line with governing arrangements to support the delivery of quality safe care.• Risk registers are in place and are actively managed.• Risk management is included in staff induction and as deemed necessary by the service.• There is an audit programme in place.	<input type="checkbox"/>
Sustained Improvement (SI)	<ul style="list-style-type: none">• Risk management policy that supports an integrated risk management system and outlines accountability, escalation and communication of risks.• Outcome of audits on the risk management system informs further improvement and development of the system.• Reports are provided to governing committees to provide timely information and assurance that all risks to service users and staff (e.g. service change and changes in resource allocation) are effectively managed.	<input type="checkbox"/>
Excellence (E)	<ul style="list-style-type: none">• Service seeks to enhance its risk management system so that it can generate real-time quality and safety information.• Learning from the management of risks is shared throughout the service and with other service providers.• There is collaboration with other agencies to enhance learning in quality and safety.	<input type="checkbox"/>

STANDARD 3.1

Service providers protect service users from the risk of harm associated with the design and delivery of healthcare

Essential Element (C): Effective Prevention and Control of Healthcare Associated Infection

Effective governance and management systems are in place to reduce the risk of healthcare associated infections acknowledging the SPC environment and ethos.

LEVEL OF QUALITY	GUIDING PROMPTS	SELECT
Emerging Improvement (EI)	<ul style="list-style-type: none"> Governing arrangements with appropriate structures and clear accountability for Prevention and Control of Healthcare Associated Infection (PCHCAI) with defined responsibilities for externally contracted services. A communication plan to inform staff, service users and public on issues relevant to PCHCAI. Education programme for PCHCAI policies, procedures and guidelines with strong emphasis on hand hygiene and appropriate antibiotic use. Baseline assessment against the PCHCAI standards is undertaken. 	<input type="checkbox"/>
Continuous Improvement (CI)	<ul style="list-style-type: none"> Reports on compliance against PCHCAI Standards are submitted to governing committees with reciprocal links of communication. Regular review and implementation of inspection report recommendations and findings from other PCHCAI related sources of quality information. Monitoring of healthcare delivery measures relating to PCHCAI which are reported at a local, regional and national level. Antimicrobial resistance surveillance and an audit programme with associated improvement plans are in place. Areas of significant risk are identified and managed through the risk management process. Arrangements ensure visiting clinical, undergraduate and agency staff are competent in the core principles for PCHCAI. 	<input type="checkbox"/>
Sustained Improvement (SI)	<ul style="list-style-type: none"> Governing arrangements for PCHCAI are regularly evaluated to include specific PCHCAI strategies, cost effective initiatives and effectiveness of externally provided services. Strong linkages with regional PCHCAI governing structures and with national programmes. Structure, process and outcome measures are consistently achieved and demonstrate sustained good practice 	<input type="checkbox"/>
Excellence (E)	<ul style="list-style-type: none"> Strong leadership supports innovation and promotion of a culture for the control of PCHCAI. Service user and staff involvement is integrated into the improvement of PCHCAI. Service continuously benchmarks its performance regionally, nationally and internationally. Learning is shared throughout the service and the wider healthcare system. 	<input type="checkbox"/>

Evidence to verify selected level of quality

Examples

- Governing arrangements for PCHCAI e.g. committee terms of reference etc.
- PCHCAI policies, procedures and guidelines with clear accountabilities and responsibilities for PCHCAI.
- Assessments against PCHCAI national standards and reports to management team.
- PCHCAI Audit Programme (national & local) e.g. hand hygiene audits.
- Implementation of PCHCAI quality improvement plans.
- Agenda and minutes of PCHCAI meetings.
- HIQA PCHCAI inspection reports.
- Attendance by staff at education programme on PCHCAI.
- Report on relevant PCHCAI performance indicators that form part of the Organisation Quality Profile.

Add your own evidence

Additional information

STANDARD 3.1

Service providers protect service users from the risk of harm associated with the design and delivery of healthcare

Essential Element (D): Medication Management

There are effective systems in use to prevent medication incidents and to improve safety outcomes for service users.

LEVEL OF QUALITY	GUIDING PROMPTS	SELECT
Emerging Improvement (EI)	<ul style="list-style-type: none">• Arrangements support a service wide medication management system including high alert medications.• Service complies with relevant legislative, regulatory and professional requirements.• Medication policy and procedures are in place supported by an education programme.	<input type="checkbox"/>
Continuous Improvement (CI)	<ul style="list-style-type: none">• Reports on medication safety are submitted in line with governing arrangements with reciprocal lines of communication.• Regular review and implementation of inspection report recommendations is undertaken and findings sought from other sources of information.• Audit programme reviews medication management, monitors achievement of performance indicators and informs development of improvement plans.• Education programme reviewed to reflect findings from inspections and audits.	<input type="checkbox"/>
Sustained Improvement (SI)	<ul style="list-style-type: none">• Well established and evaluated service wide system for reporting, investigating and implementing improvements in response to medication safety incidents.• Medication management policy is reviewed regularly and changes incorporated.• Service implements the learning from local incidents and shares this throughout the service.	<input type="checkbox"/>
Excellence (E)	<ul style="list-style-type: none">• Service user, family and staff involvement is integrated into improvement of medication management.• The service reviews and implements national and international evidence.• Service user self-management protocols are embedded in medication safety practices.	<input type="checkbox"/>

Evidence to verify selected level of quality

Examples

- Governing arrangements e.g. drugs and therapeutics committee, terms of reference.
- Implementation of medication management PPPGs (policies, procedures, protocols and guidelines) e.g. safe prescribing of opioids; safe use of unlicensed medication.
- Access to organisation formulary/medicines guide.
- Audit of compliance with policy and procedures.
- Evaluation of improvement plans for medication management.
- Medication safety incident analysis and implementation of improvement plans.
- Education and training for staff, service users and families.
- Medication safety alerts communicated and acted on e.g. newsletters, email alerts, pharmacological alerts via Palliative Medicines Information Service.
- Evaluations and implementation of evidence based medication safety initiatives e.g. electronic prescribing, medication reconciliation and management of high alert medications.

Add your own evidence

Additional information

STANDARD 3.1

Service providers protect service users from the risk of harm associated with the design and delivery of healthcare

Essential Element (E): Decontamination Management of Reusable Invasive Medical Devices

There are effective systems to safely reprocess Reusable Invasive Medical Devices (RIMD) to reduce the risk of harm to service users.

LEVEL OF QUALITY	GUIDING PROMPTS	SELECT
Emerging Improvement (EI)	<ul style="list-style-type: none"> Governing arrangements with appropriate structures and clear accountability for RIMD with defined responsibilities for externally contracted services. Baseline assessment against the Standards and Recommended Practices for Decontamination of Reusable Invasive Medical Devices (version 2.1) is undertaken. Staff receive education and training on RIMD policies, procedures and guidelines including differentiation of single use, single patient use devices and equipment and those which can be decontaminated, sterilised and reused. 	<input type="checkbox"/>
Continuous Improvement (CI)	<ul style="list-style-type: none"> Reports on compliance with the Standards and Recommended Practices for Decontamination (version 2.1) are submitted in line with governing arrangements with reciprocal communication. Regular review and implementation of inspection report recommendations and findings from other sources of information. Audit programme monitors achievement of outcome measures and informs improvement plans. Education and development programmes are reviewed to respond to findings from inspections and audits. 	<input type="checkbox"/>
Sustained Improvement (SI)	<ul style="list-style-type: none"> Governing arrangements for RIMD are regularly evaluated to include specific strategies, cost effective initiatives and effectiveness of externally provided services. Strong linkages with regional RIMD governing structures and with national programmes. Outcome measures are consistently achieved and demonstrate sustained good practice. 	<input type="checkbox"/>
Excellence (E)	<ul style="list-style-type: none"> Service user and staff involvement is integrated into the improvement of recommended decontamination processes for RIMD. National and international best evidence is reviewed and implemented and learning is shared throughout the service and wider healthcare system. Service is audited by external (notified bodies) and continues to maintain ISO Certification. 	<input type="checkbox"/>

STANDARD 3.1

Service providers protect service users and families from the risk of harm associated with the design and delivery of healthcare

Essential Element (F): Management and Use of Medical Devices and Equipment

There are effective systems to safely manage medical devices and equipment to reduce the risk of harm to service users and staff.

LEVEL OF QUALITY	GUIDING PROMPTS	SELECT
Emerging Improvement (EI)	<ul style="list-style-type: none"> • Arrangements including service agreements support management and acquisition of medical devices and equipment in line with recommended policy and guidance. • Risks and incidents are identified, managed and reported through these arrangements. • There are plans for the appropriate circulation and response to medical device alerts. • An effective medical device and equipment asset management system is in place locally. • Baseline assessment against relevant standards is undertaken. 	<input type="checkbox"/>
Continuous Improvement (CI)	<ul style="list-style-type: none"> • Compliance with standards is monitored and reported in line with governing arrangements with reciprocal communication and improvement plans developed. • Quality assurance programmes ensure equipment operates within manufacturer's specification. • Ongoing user training in the safe and effective use of medical devices and equipment including differentiation of single use, single patient use devices and equipment and those which can be decontaminated, sterilised and reused. • Service reviews all service agreements for maintenance and repair. • Replacement needs for medical devices and equipment are identified based on service user safety, service continuity, regulatory compliance, financial resources with involvement of the relevant staff. • Service uses processes such as care bundles to manage risk with medical devices and invasive medical devices. 	<input type="checkbox"/>
Sustained Improvement (SI)	<ul style="list-style-type: none"> • Outcomes of reviews, self assessments and audits inform improvement plans. • An evaluation of circulated medical device and equipment alerts is completed. • Learning from local, national and international incidents is shared with staff. 	<input type="checkbox"/>
Excellence (E)	<ul style="list-style-type: none"> • Learning from incident analysis is shared throughout the healthcare system. • Documented competency based service provider and user training is in place. • Services use a national asset management system which takes account of medical device and equipment history and tracking. 	<input type="checkbox"/>

Evidence to verify selected level of quality

Examples

- Governing arrangements for medical device and equipment management e.g. medical device committee.
- Audits of compliance with e.g. HSE Standards and Code of Practice for the Management and Use of Medical Devices and Equipment.
- Needs analysis for medical devices and equipment replacement and procurement.
- Evaluations of medical devices and equipment prior to procurement.
- Inventory of medical devices / asset management system.
- Staff attendance at medical device and equipment education and training.
- Compliance with PCHAI in relation to medical devices.
- Medical device and equipment alerts communicated and acted on.
- Incident analysis and risk assessments form part of the Organisation Quality Profile.

Add your own evidence

Additional information

STANDARD 3.2

Service providers monitor and learn from information relevant to the provision of safe services and actively promote learning both internally and externally

Essential Element: Responding to and Learning from Quality and Safety Information

A system is in place which monitors and reports on the quality and safety of care delivered, enables improvement, and supports learning.

LEVEL OF QUALITY	GUIDING PROMPTS	SELECT
Emerging Improvement (EI)	<ul style="list-style-type: none">• Service has identified sources of information which provides insight into the quality and safety of care being delivered.• There are processes to monitor and report on quality and safety information.• Review and analysis of this information is undertaken by the governing committee.	<input type="checkbox"/>
Continuous Improvement (CI)	<ul style="list-style-type: none">• Arrangements support the collation and analysis of quality and safety information from all sources to inform development of responsive improvement plans.• Quality Profile is a standing agenda item on governing committees to facilitate monitoring of quality and safety information.	<input type="checkbox"/>
Sustained Improvement (SI)	<ul style="list-style-type: none">• Quality and safety information systems are well established and evaluated.• Governing committee receives reports and monitors performance against quality and safety indicators and implementation of improvement plans.• Learning from quality and safety information is analysed and shared across the service and externally as appropriate.	<input type="checkbox"/>
Excellence (E)	<ul style="list-style-type: none">• There is national and international benchmarking of quality and safety information which is publicly available.• Service seeks alternative approaches to support collation and analysis.• Shared learning from other local and national healthcare providers is disseminated throughout the service.	<input type="checkbox"/>

STANDARD 3.3

Service providers effectively identify, manage, respond to and report on patient safety incidents

Essential Element: Effective Incident Management and Investigation

Comprehensive system that supports incident management and investigation throughout the service.

LEVEL OF QUALITY	GUIDING PROMPTS	SELECT
Emerging Improvement (EI)	<ul style="list-style-type: none"> • Arrangements are in place to identify, manage, respond to, investigate and report service user safety and staff incidents. • Relevant staff receive incident management and investigation education and training on induction in line with national policy. • Incidents are reported internally and to external agencies e.g. State Claims Agency. 	<input type="checkbox"/>
Continuous Improvement (CI)	<ul style="list-style-type: none"> • Assurance of the quality of investigations undertaken through regular audit and evaluation (including timeliness). • Recommendations from investigations of incidents are implemented and learning shared. • Staff are informed of learning and resultant changes from incidents reported. • Contributory factors/risks identified through investigations are managed appropriately e.g. documented on the risk register. 	<input type="checkbox"/>
Sustained Improvement (SI)	<ul style="list-style-type: none"> • Good culture of incident reporting, management and investigation supported by continuous education. • Causal and contributory factors are analysed and reported through governing arrangements. • Progress of improvement plans from incident management and investigations is monitored. • Recommendations and structure, process and outcomes from investigations are shared with a national learning system (when available). 	<input type="checkbox"/>
Excellence (E)	<ul style="list-style-type: none"> • Analysis of incidents, investigations, their causal and contributory factors identified and their recommendations are annually reported. • Learning from international and national investigations informs improvements. • Risk rating before and after the implementation of investigation recommendations provides quantifiable measurement of improvement. • Quality assurance of investigations e.g. • improving investigator competence. 	<input type="checkbox"/>

STANDARD 3.4

Service providers insure all reasonable measures are taken to protect service users and their families from abuse

Essential Element: Protecting Service Users from Abuse

Risk of all types of abuse to service users is minimised in line with legislation, national policies and guidance.

LEVEL OF QUALITY	GUIDING PROMPTS	SELECT
Emerging Improvement (EI)	<ul style="list-style-type: none"> National policies and guidance are implemented to protect service users from abuse including assurance checks during recruitment and selection. Service cooperates to protect service users and their families from abuse with all relevant agencies both internally and externally. Staff are made aware of relevant legislation and national policies. 	<input type="checkbox"/>
Continuous Improvement (CI)	<ul style="list-style-type: none"> Adherence to policies, guidance and compliance with legislation is audited. All verified cases of abuse are reported to the relevant professional body in accordance with policy. Service users are facilitated to access support services. Staff are offered opportunities for education and training on their responsibilities in relation to identifying, reporting and responding to concerns. Governing committee receives reports on management of suspected and verified cases of abuse to service users and monitors implementation of recommendations. 	<input type="checkbox"/>
Sustained Improvement (SI)	<ul style="list-style-type: none"> There are named individuals to support service users and staff and keep them informed of progress and outcome of investigations. Cases are trended, analysed for causes and contributory factors. Analysis of these cases informs risk reduction strategies for identified high priorities. 	<input type="checkbox"/>
Excellence (E)	<ul style="list-style-type: none"> Learning from cases of abuse internal and external to the service is shared. Service seeks feedback from service users, families and staff to inform improvement in the management of cases of abuse. 	<input type="checkbox"/>

STANDARD 3.5

Service providers fully and openly inform and support service users as soon as possible after an adverse event affecting them has occurred, or becomes known, and continue to provide information and support as needed

Essential Element: Open Disclosure

Arrangements are in place to support a service in being open and transparent with service users and families following an adverse event.

LEVEL OF QUALITY	GUIDING PROMPTS	SELECT
Emerging Improvement (EI)	<ul style="list-style-type: none">• There is a commitment to the principles of openness and transparency with service users and families.• Processes are in place to inform and support service users and families following an adverse event.• Processes support and manage staff who are involved in an adverse event.• Service users/families and relevant staff have opportunities to be involved in the investigation process following an adverse event.	<input type="checkbox"/>
Continuous Improvement (CI)	<ul style="list-style-type: none">• Local policy and processes include acknowledging and apologising to service users/families when things go wrong.• Staff receives education and training on this policy.	<input type="checkbox"/>
Sustained Improvement (SI)	<ul style="list-style-type: none">• Effectiveness of the policy is reviewed through audits, service user, family and staff feedback.• Supports provided to service users, families and staff following an adverse event are evaluated and improvements made.• Findings from audits and evaluations are shared and inform improvements in staff education programme.• Service engages in service user and family safety surveys to evaluate the level of openness and transparency.	<input type="checkbox"/>
Excellence (E)	<ul style="list-style-type: none">• Service consistently engages with and learns from approaches and experiences of external services.	<input type="checkbox"/>

Evidence to verify selected level of quality

Examples

- Mission statement outlines principles of openness and transparency.
- Open disclosure policy and processes.
- Service users and their families are made aware of the open disclosure policy.
- Audit of compliance with agreed policy.
- Supports available for service users/families who experience an adverse event.
- Minutes available which reflect service user and family involvement in the investigation process.
- Arrangements in place to support staff involved in an adverse event e.g. debriefings, counselling, peer support programmes.
- Staff education / training on open disclosure policy.
- Evidence of shared learning following events.
- Processes are in place to inform and support service users and families in the event of an adverse incident.

Add your own evidence

Additional information

STANDARD 3.6

Service providers actively support and promote the safety of service users as part of a wider culture of quality and safety

Essential Element: Supporting and Embedding a Quality and Safety Culture

Placing quality, safety, improved service user and family experience and outcomes at the centre of care delivery.

LEVEL OF QUALITY	GUIDING PROMPTS	SELECT
Emerging Improvement (EI)	<ul style="list-style-type: none">• The service commits to improving quality and safety of services delivered.• Arrangements support the gathering of feedback from service users, families and staff.	<input type="checkbox"/>
Continuous Improvement (CI)	<ul style="list-style-type: none">• Quality and safety underpins the service's strategic plan.• Quality and safety is a standing agenda item on governing committees.• Governing committee receives quality and safety reports and implements actions.• Leaders and managers engage with staff to gather their ideas to support quality improvement.	<input type="checkbox"/>
Sustained Improvement (SI)	<ul style="list-style-type: none">• Quality and safety reports provide a comprehensive profile of care being delivered and are monitored by governing committees.• Quality indicators including service user, families and staff experience are monitored by governing committees.• The service evaluates its safety culture.	<input type="checkbox"/>
Excellence (E)	<ul style="list-style-type: none">• Service benchmarks performance against other service providers.• Service actively engages with other service providers to consider alternative approaches to improving service user and families experience and outcomes.	<input type="checkbox"/>

STANDARD 3.7

Service providers implement, evaluate and publicly report on a structured patient safety improvement programme

Essential Element: Patient Safety Improvement Programme

A patient safety improvement programme is developed and implemented within the service.

LEVEL OF QUALITY	GUIDING PROMPTS	SELECT
Emerging Improvement (EI)	<ul style="list-style-type: none">• Patient safety improvement projects are undertaken which take account of local and national programmes and policies.	<input type="checkbox"/>
Continuous Improvement (CI)	<ul style="list-style-type: none">• A patient safety improvement programme is in place which is aligned to the service's quality and safety objectives.• Programme is evidence based, reflects local and national priorities and local patient safety information including analysis of incidents and complaints.• Education programme supports implementation of patient safety improvement programme.	<input type="checkbox"/>
Sustained Improvement (SI)	<ul style="list-style-type: none">• Patient safety improvement programme is evaluated through performance indicators and benchmarks.• Progress reports on the implementation of the programme are reported to governing committees.• Improvement action plans are developed and implemented.	<input type="checkbox"/>
Excellence (E)	<ul style="list-style-type: none">• Public reporting of the patient safety improvement programme's goals and outcomes of evaluations.• Service users are involved in the evaluation of patient safety improvement projects.• Service explores other national and international patient safety improvement programmes to incorporate innovative approaches into their own programme.	<input type="checkbox"/>

