

SPECIALIST PALLIATIVE CARE May 2014 **Use of Information**Supporting services to deliver

quality healthcare

WORKBOOK

8









Introduction

Welcome to the **Use of Information** Quality Assessment and Improvement Workbook. This workbook will support assessment teams in preparing for assessment against Theme 8 of the National Standards for Safer Better Healthcare.

There are **3 Standards and 3 Essential Elements** of Quality under Theme 8. 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.

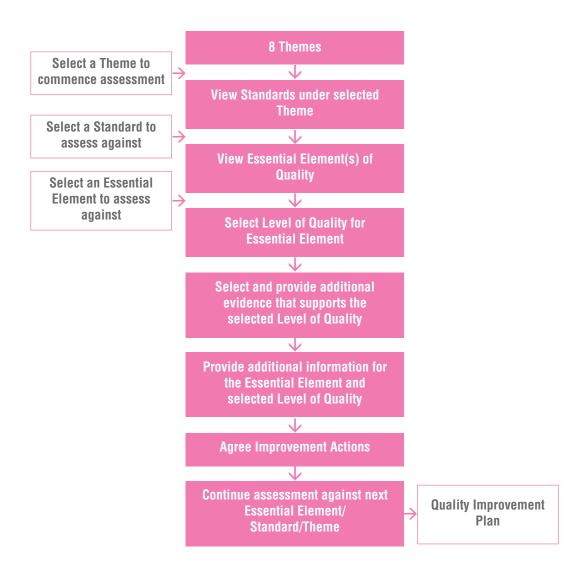
Similarly services may wish to consider the following bullets to guide them in providing additional information to support their assessment.

- 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



8. USE OF INFORMATION

STANDARD	ESSENTIAL ELEMENTS	WHAT A SERVICE USER CAN EXPECT OR EXPERIENCE WHEN A SPECIALIST PALLIATIVE CARE SERVICE IS MEETING THIS STANDARD.
STANDARD 8.1 Service providers use information as a resource in planning, delivering, managing and improving the quality, safety and reliability of healthcare.	Enabling Effective Decision-Making	The service uses and learns from the information it collects to continuously check and improve the quality and safety of the care provided to you.
STANDARD 8.2 Service providers have effective arrangements in place for information governance.	Information Governance	Information will only be shared with your permission so that your rights to privacy and confidentiality are respected.
STANDARD 8.3 Service providers have effective arrangements for management of healthcare records.	Effective Management of Healthcare Records	Staff working in your palliative care service will record information about you accurately, keep your healthcare records safe and up to date and will comply with legislation and standards in managing personal health information.

STANDARD 8.1

Service providers use information as a resource in planning, delivering, managing and improving the quality, safety and reliability of healthcare

Essential Element: Enabling Effective Decision-Making

Effective organisational decision-making is supported by quality information from multiple sources.

LEVEL OF QUALITY	GUIDING PROMPTS	SELECT
Emerging Improvement (EI)	 Service arrangements support the collation and analysis of available information to enable effective organisational decision-making. Service uses this information to strategically plan for current and future service needs. Relevant staff are provided with educated on the collection and recording of data and use of information systems. Staff are supported in accessing evidence based information. 	
Continuous Improvement (CI)	 Governing committees receive reports from relevant sources of information to include trend analysis and achievement of performance measures. Service continually validates the accuracy of information provided. Relevant staff are provided with education on new information systems to maximise their full benefits. Relevant clinical staff are involved in procurement of information systems. Planning for new information systems takes into account the compatibility and inter-operability within and between different systems. 	
Sustained Improvement (SI)	 Information systems are evaluated to improve their effectiveness e.g. validity and timeliness of data captured and analysed. Service supports national priorities regarding data collection for research and quality improvement initiatives. Co-ordination of care is facilitated through the use of compatible and interoperable external information systems. 	
Excellence (E)	Organisation information systems support electronic interface with other management systems and groups including other service providers.	

Evidence to verify selected level of quality

Examples

- Arrangements to support staff in accessing information e.g. electronic inventory for policies and procedures, library, ward internet access.
- Systems and processes to enable internal and external storage and sharing of information.
- · Staff education on legislation, standards and policies relating to information management.
- Strategic plans for future ICT systems needs.
- Staff development needs analysis and associated education and development programmes.
- Relevant staff involvement in ICT procurement.
- Data validation initiatives informing improvements.

Add your own evidence
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STANDARD 8.2

Service providers have effective arrangements in place for information governance

Essential Element: Information Governance

Governance arrangements protect service users' information by ensuring that services comply with legislation and use information ethically.

LEVEL OF QUALITY	GUIDING PROMPTS	SELECT
Emerging Improvement (EI)	 Arrangements ensure the service manages its information systems and complies with legislation. Staff are provided with educated on information governance applicable to their role. The service undertakes data quality assurance activities. Service users can easily access information relevant to their personal health information e.g. rights to access. 	
Continuous Improvement (CI)	 Breaches of legislation and other incidents are reported and improvement plans developed. Audit of compliance with policies, procedures and guidance on information governance. Governing committees monitor implementation of improvement plans. Education and induction programmes are reviewed to target priority areas. Findings from data quality audits inform improvement plans. Preventative maintenance programme of information technology (IT) systems is in place. 	
Sustained Improvement (SI)	 Reports on performance against measures of healthcare delivery relevant to information governance are available e.g. timely response to Freedom of Information (FOI) requests. Learning from relevant audits and incidents is shared and reflected in new work practices. Service user and families experience informs evaluations of information governance arrangements. 	
Excellence (E)	Service learns from national and international incidents relating to information governance and this is shared within the service.	

Evidence to verify selected level of quality

Examples

- Implementation and audit of compliance with HIQA's guidance on information governance.
- Implementation of improvement plans from assessments on information governing arrangements e.g. HIQA self assessment tool.
- Submission of reports on compliance to governing committees.
- Undertaking data assurance audits.
- · Implementing security measures through encryption and auditing its use.
- Trained decision makers for legislative requirements e.g. FOI, Data Protection.
- Attendance at staff education on information governance.
- Analysis of incidents and implementation of improvement plans.

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Addtional information

STANDARD 8.3

Service providers have effective arrangements for management of healthcare records

Essential Element: Effective Management of Healthcare Records

Healthcare records are managed in line with national standards and legislation.

LEVEL OF QUALITY	GUIDING PROMPTS	SELECT
Emerging Improvement (EI)	 Arrangements support the effective management of healthcare records. Service regularly assesses against the HSE Standards for Healthcare Records Management. Relevant staff receive induction and ongoing education regarding effective healthcare records management. 	
Continuous Improvement (CI)	 Audit programme against the HSE Standards informs improvement plans for health care records management. Governing committee receives reports on the implementation of improvement plans with reciprocal communication to relevant staff. Incidents reported are analysed, trended and inform improvements and outcomes discussed with staff involved. Achievement of outcome measures (e.g. patient waiting times for admission, first visit, tracking of healthcare records) is monitored and reported. Audit findings inform staff education programme and improvement initiatives. Areas of identified risk (e.g. duplicate records or temporary charts) are linked to the risk management process. 	
Sustained Improvement (SI)	 Arrangements have been evaluated in terms of their effectiveness. Service consistently achieves relevant outcome measures. Staff education programme is continually evaluated for effectiveness, impact and evidence base. The learning from reported incidents is shared throughout the service. 	
Excellence (E)	 Service learns from national and international incidents and innovative initiatives relating to health care records management. The service implements innovative measures to improve the safety of healthcare records e.g. electronic healthcare records. 	

Evidence to verify selected level of quality

Examples

- Clear governing arrangements for health care records management with evaluations informing improvements.
- Assessment against HSE Standards for Healthcare Records Management.
- · Audits on health care records management.
- Implementation of improvement plans based on findings from audits and assessments.
- Audit and analysis of incidents and development of improvement action planning.
- Implementation of report recommendations pertaining to health care records.
- Staff attend education and development sessions.
- · Reporting on achievement of performance measures.

Add your own evidence
Addtional information

Improvement Actions for Theme 8: Use of Information

Essential Element	Responsible Team Member	Due Date