NATIONAL STANDARDS FOR SAFER BETTER HEALTHCARE

Enabling Self-Assessment Utilising the QA+I Tool

National Patient Safety Conference Workshop

18th October 2018
Workshop Approach

Learning Outcomes

Self-Assessment

QA+I Tool

Open Disclosure

How To?

Role National Standards Lead
Saolta Self-Assessment Approach
Learning

What’s New?

Background
Navigation
Inputs
Outputs

Putting It All Together

Putting It All Together
Applying the Standards
Mr. Liam Woods
National Director Acute Operations
Self-Assessment

Ms. Tess Fogarty
Quality and Safety Manager, National Standards, Saolta University Healthcare Group
Saolta Hospitals Group
Quality & Safety Manager, National Standards

Purpose of Role | Key Roles & Responsibilities
To lead the monitoring of compliance with standards and to progress and support the Self-Assessment process and implementation of Quality Standards including the National Standards for Safer Better Healthcare for the Saolta Hospital Group. This role is new in Saolta since June 2017.

- Establish the current status in the implementation of local and national standards and recommendations within the Saolta Group.
- Develop compliance monitoring structures and processes.
- Support Hospitals in development of action plans, quality improvement plans and implementation of standards.
- Provide education and training in order to ensure that staff understand and fulfil their roles and responsibilities relating to the implementation of the Standards.
Key Drivers

- HSE Vision, Mission, Values & Goals
- HSE Service Plan 2018 Acute BIU
- Saolta Operational Plan QPS Objectives
- Framework for Improving Quality in our Health service
- Portlaoise Report 2015

HSE along with the Chief Executive Officers of each hospital group, must ensure that the new hospital groups prioritise the development of strong clinical networks underpinned by a group-based system of clinical and corporate governance informed by the National Standards for Safer Better Healthcare.
The 2012 National Standards for Safer Better Healthcare (NSSBH) remain the overarching Standards applicable to all inspections.

The fundamentals of our monitoring of compliance and completion of our self-assessment against NSSBH as integral proactive element of our Quality and Safety Framework, is valuable in the context of the on-going HIQA inspections.

The Standards and Essential elements under Theme 5; Leadership, Governance and Management hold particular relevance as they are a common essential element of all HIQAs inspections and assurance requirements.

The National Standards will also be a component of future licensing for acute hospitals.
Vision

Self-assessment against the National Standards for Safer Better Healthcare becomes an **integral, proactive, continuous** element of our Quality and Safety Framework.

Self-assessment is seen as an opportunity to demonstrate what we are doing well!

The National Standards become Real and Relevant to frontline staff and care delivery.

Recognise the *complete once, use multiple times* benefit.
Frontline Staff Engagement is Essential

Staff are engaged when they feel valued, are emotionally connected, fully involved enthusiastic and committed to providing a good service... when each person knows what they do and say matters and makes a difference. (HSE National Staff Engagement Forum, 2016).

Methods for Improving Quality and Safety (Health Service Executive, 2016a)

“All quality improvement methods highlight the importance of accessing the unique knowledge that frontline staff possess and involving them in any change and improvement process”.
Current Strategy

Hospital Level Self – Assessment is being applied with Governance through each sites Self- Assessment Team or Quality and Patient Safety Committee.

Currently Self - Assessment is being implemented within Saolta on a phased basis, utilising the HSE QA+I Tool as the central repository from which site reports and overall Saolta reports will be gleaned.

First reports from new 2018 version of the QA+I tool to be produced by sites already inputting in Nov. 2018.

The Self - Assessment Process and use of the 2018 QA+I tool will be progressing on all sites in Q4 2018 & Q1 2019.
Initial Planning & Analysis Phase: June-Sept. 2017

Preliminary site visits initially targeting GMs and site leads for Quality and Patient Safety to outline my Roles and Responsibilities and complete the Current State Analysis & GAP/SWOT Analysis in relation to the following:

- Identification of QPS Key Stakeholders, Local Governance & Management Structures
- The resources currently trained on the 2017 version of the QA+I Tool and resource allocation in relation to data inputting on the QA+I Tool
Critical Success Factors

Management Support and Leadership

A supportive quality focused culture implemented through strong multidisciplinary leadership from the Group and Hospital Quality and Safety Leads, General Managers, Hospital Management Team, Quality and Safety Committees and Clinical Directorate Leads.

Supportive local leadership and drivers within wards, departments and directorates to form a supportive environment for staff participation.

Designated Resources

Resource allocation for QA+I data inputting as the QA+I Tool will be utilised as the central repository and report source.

Critical Risk Factors

- Competing priorities impacting on the Hospitals ability to engage with the process.
- Lack of resources for data inputting on the QA+I Tool.
- The QA+I Tool was not seen as being user friendly and quality of reports from same not seen as valuable.
Initiation of Engagement

- Scheduled meetings with key management leads i.e. GM/HMT/Quality and Safety Committees.
- Development of Self-Assessment Strategy, communication & reporting systems.
- Development of Staff Information and Awareness campaign, posters etc.
- Development of Staff Support Toolkit, Excel submission templates.
- Sites advised to review historic data from previous submissions for relevance in particular QIPs cited at that time.
Development/Enhancement of Self Assessment Structures and Processes on Each Site

Key Elements

- Re-establish Multidisciplinary Standards Assessment Teams or equivalent on each site.
- Designated QPS leads in each hospital.
- Licensed QA+I Tool users on each site required for the data inputting.
- Standardize the approach to collation of information aligning same to the QA+I Tool.
- Ensure regular progress reports are submitted to all key stakeholders.
Development of Self-Assessment local collation Tools & submission processes: Feb.2018 to date.

Distribution of the excel templates I developed for data collation and promotion of standardised approach for submission, with added benefit of the excel records being the local record held within wards/depts.

Trial the use of Data Collation excel templates for Phase 1 of the Self-Assessment Commencing with:

Theme 1: Person Centred Care and Support

Theme 5: Leadership, Governance and Management
Saolta National Standards Working Group

Populated by site Quality & Safety Leads, and Data Inputters

I established this new Working Group which held its first meeting in Dec. 2017 and agreed terms of reference and membership and scheduled bi-monthly meetings.

The function of this Group is to develop and promote a Saolta collaborative approach to the National Standards Self-Assessment Process using the QA+I Tool and develop a culture of peer shared learning and experience in relation to:

➢ Self- Assessment Processes
➢ Evidence of Compliance (EOC) and Quality Improvement (QIP) Projects
➢ Use of the QA+I Tool
Competing Demands

Theme Based Monitoring Programmes, Assessments, Inspections, Risk Management, Complaints Management, Data Demands

Nutrition Hydration

Medication Safety

Hygiene Inspections

Q Pulse data base

Maternity Standards Assessment

NIMS data base

Nursing Metrics

Parliamentary Questions

Acute Hospital Business Intelligence Unit (BIU) KPIs

Health and Safety Audits

Hospital Patient Safety Indicator Reports

Infection Prevention and Control Self Assessment including RIMD Decontamination
Staff Information & Awareness Sessions
Information, Awareness & Support: Feb. 2018 to date


- Staff Information sessions provided to date on 5 of the 7 sites with dates anticipated for the remaining sites in Q4 2018.

- Individual line managers have benefitted from my provision of one on one meetings in relation to approaching their Self-Assessment and collation of Evidence of Compliance (EOC) and Quality Improvement Plan (QIP) information.

- Individual Team Meetings: Some departments in UHG found these beneficial as they focused on Self-Assessment in their specific context, hence making them more real and relevant to the front line Staff in those departments e.g. Bioengineering, Dietetics, Physiotherapists, Services Dept, Advanced Nurse Practitioners.
Facilitated Workshops for Line Managers

These facilitated workshops assist in collaborative brain-storming and sharing of EOC and QIP information and result in a suite of EOC and QIP information that can be utilised for self-assessment data.

Images: Theme 1 and Theme 5 Brainstorming PUH, RUH and SUH.

Feedback to date from these sessions has been very positive with the following comments cited on the Evaluation and Feedback forms:
- Brainstorming and discussion with other teams/disciplines very beneficial
- You made it easier to understand
- I will bring back to Staff on the floor and involve them
- We have a lot of compliance information already in the system
- Opportunity to reflect on what we are doing well
- Have better understanding of the themes and self assessment as relevant to my department.
Sample Poster

GUH Self-Assessment against the National Standards for Safer Better Healthcare

An Opportunity to demonstrate what we are doing well!

“We are all responsible, and together we can create a safer health care system”

Phased Approach
The dimensions of quality - the 8 Themes under the National Standards for Safer Better Healthcare are:

The 4 themes on the upper half of the figure, relate to dimensions of quality and safety. The 4 themes on the lower half of the figure, relate to key areas of capacity and capability.
<table>
<thead>
<tr>
<th>THEME</th>
<th>NUMBER OF STANDARDS</th>
<th>NUMBER OF ESSENTIAL ELEMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>THEME 1 Person Centred Care and Support</td>
<td>9</td>
<td>9</td>
</tr>
<tr>
<td>THEME 2 Effective Care and Support</td>
<td>8</td>
<td>10</td>
</tr>
<tr>
<td>THEME 3 Safe Care and Support</td>
<td>7</td>
<td>12</td>
</tr>
<tr>
<td>THEME 4 Better Health and Wellbeing</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>THEME 5 Leadership, Governance and Management</td>
<td>11</td>
<td>12</td>
</tr>
<tr>
<td>THEME 6 Workforce</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>THEME 7 Use of Resources</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>THEME 8 Use of Information</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>TOTAL</td>
<td>45</td>
<td>53</td>
</tr>
</tbody>
</table>
Initially only 2 of the 8 Themes are being assessed in order to test approach, framework and assessment tool and also in order to facilitate a phased approach being cognizant of competing priorities, workload and resources issues on each site.

The 2 Themes chosen:
Theme 1: Person Centred Care and Support

Theme 5: Leadership, Governance and Management.
There are 9 Standards and 9 Essential Elements of Quality under Theme 1.
There are **11 Standards and 12 Essential Elements** under Theme 5.
QA+I Tool

- The previous 2017 enhanced version had been used on 2 sites prior to the pilot.

- The Saolta Pilot of new Enhanced QA+I Tool 2018 version incorporating a training and education campaign, enhanced our understanding and utilisation of the tool and our data collation and submission processes.

- 3 sites within Saolta participated as pilots: Galway University Hospitals; Sligo University Hospital; Roscommon University Hospital

- Significant contribution from the pilot sites and in particular the data inputters has been acknowledged, as their feedback populated many of the enhancements to the benefit of future users of the 2018 QA+I Tool.
Lesson Learned So Far!

- Progress is dependent on adequate QPS resources
- Local leadership and champions are invaluable
- Standardised submission Templates and Facilitated workshops are beneficial.
- There is a significant amount of compliance information already in the system, hence avoid duplication
- Agreement on overall Quality Levels per site may pose challenges
Next Phase of the Self-Assessment
Phase 2: Self Assessment Against the Remaining 6 Themes

8 Standards & 10 Essential Elements.

3 Standards & 3 Essential Elements.

2 Standards & 2 Essential Elements.

7 Standards & 12 Essential Elements.

1 Standard & 1 Essential Element.

4 Standards & 4 Essential Elements.

Theme 8: Consider Topic Specific Subgroup

Theme 7: Consider Topic Specific Subgroup

Theme 6: Consider Topic Specific Subgroup
Where do we go from here?
The plan would be to proceed initially with the following themes central to the domains of Quality and Safety:

- **Theme 2: Effective Care & Support**
- **Theme 3: Safe Care & Support**
- **Theme 4: Better Health & Wellbeing**
## Theme 2: Effective Care & Support

### Effective Care and Support Standards

<table>
<thead>
<tr>
<th>Standard</th>
<th>Essential Elements</th>
<th>What a Patient Can Expect When a Service Is Meeting These Standards</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>STANDARD 2.1</strong> Healthcare reflects national and international evidence of what is known to achieve best outcomes for service users.</td>
<td>Implementing Best Available Evidence</td>
<td>There is an identified person who has overall responsibility and accountability for the quality and safety of the service that you are attending.</td>
</tr>
<tr>
<td><strong>STANDARD 2.2</strong> Care is planned and delivered to meet the individual service users' initial and ongoing assessed healthcare needs, while taking account of the needs of other service users.</td>
<td>Comprehensive Documented Assessment of Care, Recognising and Responding to Clinical De-Risking, Palliative Care</td>
<td>Your plan of care will be based on your assessed and ongoing needs. Care received will be timely and regularly reviewed and you will be involved in all decisions about your care.</td>
</tr>
<tr>
<td><strong>STANDARD 2.3</strong> Service users receive integrated care which is co-ordinated effectively within and between services.</td>
<td>Co-ordinated Integrated Care</td>
<td>Everyone involved in your care will be working together to ensure you receive care that is safe and effectively co-ordinated within and between services.</td>
</tr>
<tr>
<td><strong>STANDARD 2.4</strong> An identified healthcare professional has overall responsibility and accountability for a service user's care during an episode of care.</td>
<td>Lead Healthcare Professional</td>
<td>You will have an identified healthcare professional who will be in charge of your care at all times.</td>
</tr>
<tr>
<td><strong>STANDARD 2.5</strong> 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.</td>
<td>Information Enabling Clinical Decision Making</td>
<td>The healthcare professional caring for you will have timely access to all relevant information to support decisions that will be made with you about your care.</td>
</tr>
<tr>
<td><strong>STANDARD 2.6</strong> Care is provided through a model of service designed to deliver high quality, safe and reliable healthcare.</td>
<td>Service Delivery Model</td>
<td>You will be provided with clear information about the service and you will be informed of any changes to the services.</td>
</tr>
</tbody>
</table>

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#### NSSBH: QA+I Tool

**Supports:**
- [Acute Hospital Services](#)
- [Effective Care and Support](#)

**Supporting aims:**
- Deliver high quality care
- Improve patient experience
- Reduce healthcare errors
- Enhance accountability

**Key features:**
- Complies with NSSBH QA+I standards
- Supports continuous improvement
- Facilitates patient feedback
- Enhances healthcare quality
### Theme 3: Safe Care & Support

<table>
<thead>
<tr>
<th>Standards</th>
<th>Essential Elements</th>
<th>What a Patient Can Expect When a Service is Meeting These Standards</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>STANDARD 3.1</strong></td>
<td>Implementing National Standards, Policies, Procedures, Guidelines and Report Recommendations</td>
<td>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.</td>
</tr>
<tr>
<td><strong>STANDARD 3.2</strong></td>
<td>Responding to and Learning from Quality and Safety Information</td>
<td>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.</td>
</tr>
<tr>
<td><strong>STANDARD 3.3</strong></td>
<td>Effective Incident Management and Investigation</td>
<td>Staff will know what to do if something goes wrong while providing healthcare. They will look to find out what went wrong to try and prevent it happening again.</td>
</tr>
<tr>
<td><strong>STANDARD 3.4</strong></td>
<td>Protecting Service Users from Abuse</td>
<td>The service will take the necessary steps to protect you from different types of abuse while you are receiving healthcare.</td>
</tr>
<tr>
<td><strong>STANDARD 3.5</strong></td>
<td>Open Disclosure</td>
<td>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.</td>
</tr>
<tr>
<td><strong>STANDARD 3.6</strong></td>
<td>Supporting and Embedding a Culture of Quality and Safety</td>
<td>The service places a high value on quality and patient safety and all staff seek to improve your experience when receiving healthcare.</td>
</tr>
<tr>
<td><strong>STANDARD 3.7</strong></td>
<td>Patient Safety Improvement Programme</td>
<td>Services will have plans in place to reduce the likelihood of harm occurring to you and other patients while receiving healthcare.</td>
</tr>
</tbody>
</table>

**NOTE:** ELEMENTS ALREADY ADDRESSED THROUGH MONITORING PROGRAMMES—SEE ARROWS
Theme 4: Better Health & Wellbeing

- Culture of Quality and Safety
- Person-Centred Care and Support
- Leadership and Governance
- Use of Resources
- Use of Information
- Effective Care and Support
- Safe Care and Support
- Workforce

**Better Health and Wellbeing**

<table>
<thead>
<tr>
<th>Standards</th>
<th>Essential Elements</th>
<th>What a Patient Can Expect When a Service Is Meeting This Standard</th>
</tr>
</thead>
<tbody>
<tr>
<td>STANDARD 4.1</td>
<td>Supporting a Culture of Better Health and Wellbeing</td>
<td>Your healthcare service will work to optimise and promote better health and wellbeing for its service users and staff.</td>
</tr>
</tbody>
</table>
Thank You For Listening

Questions & Answers
QA+I Tool

Mr. Declan O’Keeffe
Senior Executive Officer
Quality & Patient Safety | Acute Operations | HSE
Development Timeline

2012
National Standards
NSSBH Launched by HIQA
Adopted by HSE

2013
Acute Care Collaborative
Developed & Released the QA+I Workbooks and the QA+I Tool

2017
QA+I Tool
Project Approval by National Director Acute Ops

2017
QA+I Tool
Project Steering Group Established to Implement Enhancements

2017
QA+I Tool
Modified Tool Released & National Survey Undertaken

2018
QA+I Tool
Enhanced QA+I Tool Launched 11th October
Survey Outcome

What You Said

Manageable To Use: 67%
Approval Rating: 60%
Use of Tool: 42%
Different Methods: 38%

Vast majority said additional features would be Useful or Very Useful
What You Said; What We Did

Key Enhancements

1. Improved Data Analysis:
   Graphs, Charts, Dashboards

2. Improved Storage & Access:
   Facilities to Attach Documents, Hyperlinks, and Access to Previous Self-Assessments

3. Improved Information Sharing & Range of Reports:
   Hospital, Hospital Group and National Reports

4. Improved Interface and Functionality
Metric to Measure % Essential Elements Assessed

Improved Data Analysis

0% Essential Elements Assessed (0/53)
Dashboard – Under Construction

Improved Data Analysis
Historical Self-Assessment Pre-Populated

Improved Storage and Access

Person Centred Care and Support

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

Service User Involvement

Service users are involved in the planning and delivery of healthcare services so that they are responsive to their needs and preferences

Evidence

Improvement Actions | Quality Level | Edits Log | Inactive Evidence | Inactive Improvement Actions

<table>
<thead>
<tr>
<th>Document name</th>
<th>Ref. No.</th>
<th>Location</th>
<th>Contact Name</th>
<th>Additional info</th>
<th>Attachments</th>
</tr>
</thead>
<tbody>
<tr>
<td>2017: Staff Information Material - Service User Rights &amp; Responsibilities</td>
<td>PF-CNOH-6</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2017: Service User Information Material - Complaints/ Feedback/ Rights &amp; Responsibilities</td>
<td>IM-CNOH-1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2017: National Patient Experience Survey May 2017</td>
<td>ED-CNOH-1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2017: Service User &amp; Staff Information Material - National Healthcare Charer Posters</td>
<td>PP-COR-1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2017: Complaints/ Log/ Trend Analysis</td>
<td>Q-Pulse &amp; Quality</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Person Centred Care and Support

1.2 Service users have equitable access to healthcare services based on their assessed needs

Fair Access to Healthcare Services

Service users have equitable access to services based on assessed needs and not restricted by geographical location, ability to pay or disability

Evidence

Improvement Actions | Quality Level | Edits Log | Inactive Evidence | Inactive Improvement Actions

<table>
<thead>
<tr>
<th>Action</th>
<th>Assigned to</th>
<th>Start Date</th>
<th>Due Date</th>
<th>Completed Date</th>
<th>Status</th>
<th>Additional Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>2017: Perform a risk assessment of the environment and facilities to ensure accessibility for all service users - place on annual risk schedule &amp; update risk register as required</td>
<td>TBA</td>
<td>30/05/2017</td>
<td>30/05/2017</td>
<td></td>
<td>Overdue</td>
<td></td>
</tr>
<tr>
<td>2017: Audit of compliance with Management of Referrals policy to be performed - place on audit schedule</td>
<td>TBA</td>
<td>30/05/2017</td>
<td>30/05/2017</td>
<td></td>
<td>Overdue</td>
<td></td>
</tr>
<tr>
<td>2017: Evaluate the experience of service users regarding accessibility of services</td>
<td>TBA</td>
<td>30/05/2017</td>
<td>30/05/2017</td>
<td></td>
<td>Overdue</td>
<td></td>
</tr>
</tbody>
</table>
Consolidated Reports

Improved Information Sharing & Range of Reports
Analysis of Assessment Reports

Improved Information Sharing & Range of Reports

Analysis of Assessment

<table>
<thead>
<tr>
<th>Category</th>
<th>Complete/Total Indicators</th>
<th>Emerging Improvement</th>
<th>Continuous Improvement</th>
<th>Sustained Improvement</th>
<th>Existence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Person-Centred Care and Support</td>
<td>0.8 (100%)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Effective Care and Support</td>
<td>0.4 (90%)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patient, Volunteer, &amp; Visitor</td>
<td>0.4 (90%)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Safety</td>
<td>0.2 (90%)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Learning, Training, and Education</td>
<td>0.2 (90%)</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Leadership, Governance, and Manag</td>
<td>0.2 (90%)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Workforce</td>
<td>0.2 (90%)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Use of Resources</td>
<td>0.2 (90%)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Values</td>
<td>0.2 (90%)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Number (%)</td>
<td>2.0 (45%)</td>
<td>12 (93%)</td>
<td>6 (11%)</td>
<td>6 (0%)</td>
<td>6 (0%)</td>
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</tbody>
</table>

Completed Assessment of all 6 Themes: Percent of Indicators for each Level of Quality

<table>
<thead>
<tr>
<th>Level of Quality</th>
<th>Completed Indicators</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emerging Improvement</td>
<td>2 (18%)</td>
</tr>
<tr>
<td>Continuous Improvement</td>
<td>12 (93%)</td>
</tr>
<tr>
<td>Sustained Improvement</td>
<td>6 (11%)</td>
</tr>
<tr>
<td>Existence</td>
<td>6 (0%)</td>
</tr>
</tbody>
</table>

Completed Assessment of all 6 Themes: Number of Indicators per Level of Quality for Each Theme

Person-Centred Care and Support

<table>
<thead>
<tr>
<th>Standard</th>
<th>Element</th>
<th>Emerging Improvement</th>
<th>Continuous Improvement</th>
<th>Sustained Improvement</th>
<th>Existence</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.1</td>
<td>Service User Involvement</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.2</td>
<td>Users have equitable access to healthcare services based on their assessed needs</td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>
### Evidence Reports

**Improved Information Sharing & Range of Reports**

**Evidence Report**

**QA+I**

**Quality Assessment & Improvement**

Acute Hospitals
Saolta University Health Care Group
Galway University Hospitals
Filtered by theme: Safe Care and Support

<table>
<thead>
<tr>
<th>Theme</th>
<th>Standard</th>
<th>Element</th>
<th>Document Name</th>
<th>Ref no.</th>
<th>Location</th>
<th>Contact Name</th>
<th>Additional Info</th>
<th>Attached file(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Safe Care and Support</td>
<td>3.1 Service providers protect service users from the risk of harm associated with the design and delivery of healthcare services</td>
<td>(a) Implementing National Standards, Policies, Procedures, Guidelines and Report Recommendations</td>
<td>2013: Instructions on how to complete the Incident Report form</td>
<td>ORG-QUAL-0065</td>
<td></td>
<td>P Nash</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Safe Care and Support</td>
<td>3.1 Service providers protect service users from the risk of harm associated with the design and delivery of healthcare services</td>
<td>(a) Implementing National Standards, Policies, Procedures, Guidelines and Report Recommendations</td>
<td>2013: Guidance for the review of Serious Incidents including children in care</td>
<td>EXT-HSE-0065</td>
<td></td>
<td>P Nash</td>
<td></td>
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<td>Safe Care and Support</td>
<td>3.1 Service providers protect service users from the risk of harm associated with the design and delivery of healthcare services</td>
<td>(a) Implementing National Standards, Policies, Procedures, Guidelines and Report Recommendations</td>
<td>2013: Q Pulse Training Manual</td>
<td>ORG-QUAL-0063</td>
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<td>P Nash</td>
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<td>(a) Implementing National Standards, Policies, Procedures, Guidelines and Report Recommendations</td>
<td>2013: Development, Review, Approval and Communication of Policies and Procedures in the Galway and Roscommon University Hospital Group.</td>
<td>ORG-QUAL-0047</td>
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HSE | NSSBH: QA+i Tool

QIP Reports
Improved Information Sharing & Range of Reports

![QIP Reports](image)

**Quality Improvement Plan**

**Person Centred Care and Support**

1.2 Service users have equitable access to healthcare services based on their assessed needs

**Fair Access to Healthcare Services**

<table>
<thead>
<tr>
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<th>Due Date</th>
<th>Completed Date</th>
<th>Status</th>
<th>Additional Information</th>
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<td>30/06/2017</td>
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<td>Signage will be reviewed as part of a research project with NUI Galway on Health Literacy among Ageing population Project ongoing.</td>
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<td>25/02/2016</td>
<td>31/03/2016</td>
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1.3 Service users experience healthcare which respects their diversity and protects their rights
Export to Excel

Improved Information Sharing & Range of Reports

Select Assessment: Evidence Report

Function: Acute Hospitals
Hospital Group: Saolta University Health Care Group
Hospital: Roscommon University Hospital
Directorate: --- Select Directorate ---

Select theme: All
No Contacts found

Current Assessment: Acute Hospitals, Saolta University Health Care Group, Roscommon University Hospital

Evidence Report

QA+I
QUALITY ASSESSMENT & IMPROVEMENT

Acute Hospitals
Saolta University Health Care Group
Roscommon University Hospital

Export current report to excel
### Person Centred Care and Support

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

**Service User involvement**

Service users are involved in the planning and delivery of healthcare services so that they are responsive to their needs and preferences.

---

#### Evidence

<table>
<thead>
<tr>
<th>Document name</th>
<th>Ref. No.</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>2017: Staff Information Material - Service User Rights &amp; Responsibilities</td>
<td>PP-CNOH-8</td>
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<tr>
<td>2017: Service User Information Material - Complaints/Feedback/Rights &amp; Responsibilities</td>
<td>IM-CNOH-1</td>
<td></td>
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<tr>
<td>2017: National Patient Experience Survey May 2017</td>
<td></td>
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</tr>
<tr>
<td>2017: Service User &amp; Staff Information Material - National Healthcare Charter Posters</td>
<td>ED-CNOH-1</td>
<td></td>
</tr>
</tbody>
</table>

---

**Switch Element**

Switch to an element below:

- 1.1... Service User Involvement...
- 1.2... Fair Access to Healthcare Services...
- 1.3... Protecting Service User Rights...
- 1.4... Shared Decision Making...
- 1.5... Informed Consent...
- 1.6... Respecting Privacy and Dignity...
- 1.7... Embedding a Culture of Kindness, Consideration and Respect...
- 1.8... Effective Management of Service User Feedback...
- 1.9... Enabling Better Health and Wellbeing...
Optional Automated Reminders for QIPs

Improved Interface & Functionality

[Image of a form titled 'Improvement Action']

- Feature
- Edits Log

* required field

Action *

Assigned to *(name) *

Please enter an email address if you wish a reminder to issue:

Assigned to *(email address) *

Due Date *

DD/MM/YYYY

Completed Date

DD/MM/YYYY

Additional information

Additional Information

Mark this as inactive

Close  Save changes
Resources Tab
Improved Interface & Functionality

Resources

- Evidence - 6 Key Things to Consider
  Provides examples of Evidence of Compliance

- General Guidance on the National Standards for Safer Better Healthcare
  HIQA - September, 2012

- Glossary of Terms
  General Guidance on the NSSBH - HIQA - September, 2012

- Implementing Open Disclosure
  Organisation Checklist

- Long Video - Key Enhancements
  Long Video - Key Enhancements

- National Standards for Safer Better Healthcare
  HIQA - June, 2012

- Overview of the Enhanced QA&I Tool 2018
  This is a brief introduction to the 2018 QA&I Tool
Guidance on Evidence of Compliance

Improved Interface & Functionality

Essential Element: Acute Hospitals - Saolta University Health Care Group - Roscommon University Hospital

Person Centred Care and Support
1.2 Service users have equitable access to healthcare services based on their assessed needs

Fair Access to Healthcare Services
Service users have equitable access to services based on assessed needs and not restricted by geographical location, ability to pay or disability

Essential criteria to meet each Standard are available when you click on the Show Key Criteria button above. In addition, more specific requirements identified by HIQA in relation to this particular Essential Element are available here.
Open Disclosure

Ms. Tess Fogarty
National Standards Lead, Saolta University Healthcare Group
## SAFE CARE AND SUPPORT

<table>
<thead>
<tr>
<th>STANDARDS</th>
<th>ESSENTIAL ELEMENTS</th>
<th>WHAT A PATIENT CAN EXPECT WHEN A SERVICE IS MEETING THESE STANDARDS</th>
</tr>
</thead>
</table>
| **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. | Open Disclosure | • 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. |
| **STANDARD 3.6**  
Service providers actively support and promote the safety of service users as part of a wider culture of quality and safety. | Supporting and Embedding a Culture of Quality and Safety | • The service places a high value on quality and patient safety and all staff seek to improve your experience when receiving healthcare. |
| **STANDARD 3.7**  
Service providers implement, evaluate and publicly report on a structured patient safety improvement programme. | Patient Safety Improvement Programme | • Services will have plans in place to reduce the likelihood of harm occurring to you and other patients while receiving healthcare. |
Examples of Evidence of Compliance

Ref: QA+I Tool

Users are advised to review these 6 criteria when determining appropriate evidence in relation to each of the Essential Elements.

1. Service User Involvement
3. Staff Training, Education & Development
4. Quality Assurance and Quality Improvement
5. Leadership, Governance and Management
6. Implementation of Best Practice
Open Disclosure

Key Criteria for Compliance Assessment, Measurement and Quality Levels

1. Evidence of Compliance with Policy
2. Implementation of Key Implementation Principles
3. Use of Organisation Checklist
Safe Care and Support

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.

Open Disclosure
Arrangements are in place to support a service in being open and transparent.

Essential criteria to meet each Standard are available when you click on this particular Essential Element are available here.

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.

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

3.5.1 Promotion of a culture of quality and safety which includes open disclosure with service users, and where appropriate their families and carers, following an adverse event.

3.5.2 Arrangements to support service users following an adverse event. Service users are informed about and provided with information on support services, including independent patient support services, and how to access them.

3.5.3 Ensuring service users have the opportunity to be involved in the investigation process following an adverse event are and kept informed of progress.

3.5.4 Actively seeking and taking into account the needs and preferences of service users affected by an adverse event.

3.5.5 Fair and transparent arrangements to support and manage staff who have been involved in an adverse event. The fitness of such staff to return to work is ascertained before they return to normal duties.
# Open Disclosure

Implementing Open Disclosure

## Organisation Checklist

<table>
<thead>
<tr>
<th>Section A: Leadership</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is there evidence of the Management Board Senior Management Team’s commitment to implementing the principles of open disclosure?</td>
</tr>
<tr>
<td>How is this evident to staff working in the service?</td>
</tr>
<tr>
<td>Have lead champions in Open Disclosure been identified?</td>
</tr>
<tr>
<td>Are lead champions in Open Disclosure working at senior clinician level?</td>
</tr>
<tr>
<td>How are staff made aware of these lead champions?</td>
</tr>
<tr>
<td>Are appropriate resources allocated to Open Disclosure? E.g., orientation, training, education, patient/service user information leaflets.</td>
</tr>
<tr>
<td>How does the organisation provide information to members of the public relating to their commitment to open disclosure?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Section B: Open Disclosure Committee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is an Open Disclosure committee established or is Open Disclosure a standing agenda item for existing committee(s)?</td>
</tr>
<tr>
<td>Does the designated committee/sub committee include service user representatives or receive input from service user representative groups?</td>
</tr>
<tr>
<td>How are the terms of reference and membership of the designated committee defined and communicated?</td>
</tr>
<tr>
<td>Does the committee include senior clinical representation from across the organisation?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Section C: Local Policy</th>
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</thead>
</table>

---

**HSE Open Disclosure Policy Launched**

12th November 2013

---

Open Disclosure

Communicating with service users and their families following adverse events in healthcare
The aim of this document is to assist your organisation in taking a structured, change management approach towards implementing the principles of OD, outlining your responsibilities, how you can demonstrate compliance with these responsibilities and indicating what supports are available to assist you in this process.

Contents

• Preparation
• Leadership
• Local Policy
• Support for Staff and Patients/Service Users
• Training
• Visibility
• Audit
• Evaluation
• Clinical Governance
Features of a good Open Disclosure Programme

Policy

The service operates an open disclosure policy.

The policy is consistent with the national policy and has been adapted to meet the specific needs of the service and service users.

The policy outlines clear governance process with lines of accountability and responsibility clear.

There is evidence that the policy has been circulated to all staff. There is evidence of continuous staff training on the policy.

There is evidence of self assessment/audit of compliance with the policy. Open disclosure is included in other relevant policies e.g. complaints management, incident management, incident reporting, look back reviews.

There is a review mechanism built in to the policy and evidence of policy review occurring.
Features of a good Open Disclosure Programme

Leadership

There is evidence of commitment of leaders/managers to this policy.

There are clear lines of accountability and responsibility in relation to the management of open disclosure.

There is a site lead on open disclosure in place.

There is an open disclosure team.

Open disclosure reports are produced annually with learning and actions to sustain continuous improvement.

Open disclosure is a permanent agenda item on QPS/Governance committee meetings.
Features of a good Open Disclosure Programme

Service Users

There is evidence of input from service users.

There are service users appointed to QPS/Governance committees

Service users/forum members are briefed on open disclosure.

Service users are consulted in relation to open disclosure.
Features of a good Open Disclosure Programme

Support for those involved in adverse events

There is evidence of good support systems for service users, their relevant persons and staff.

There is evidence of staff engagement e.g. staff are actively involved and included in event reviews, staff listening sessions.

There is a process in place to trigger staff support following an adverse event - e.g. trained staff in CISM, EAP, debriefing, AARs
Features of a good Open Disclosure Programme

Patients
Access to support services, bereavement counselling, designated key contact person, involvement in reviews, continuous communication, service user representation on committees, commitment to implementation of recommendations from reviews/complaints.

Service users are contacted after formal open disclosure meetings to establish their experience of the meeting, ensure all questions have been answered, establish any outstanding questions/concerns, keep updated on review process and implementation of recommendations.
Safe Care and Support

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.

Open Disclosure

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

---

### Evidence

<table>
<thead>
<tr>
<th>Reference</th>
<th>Document Name</th>
<th>Location</th>
<th>Contact Name</th>
<th>Additional Info</th>
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# Evidence Report

**Open Disclosure – Essential Element 3.5**

## Evidence Report

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Open Disclosure: QA+I Tool

QA+I Tool Workbook

QA+I Tool Quality Level Tab

EVIDENCE TO VERIFY SELECTED LEVEL OF QUALITY

EXAMPLES

- Mission statement outlines principles of openness and transparency.
- Open disclosure policy and processes.
- Audit of compliance with agreed policy.
- Supports for service users who experience an adverse event.
- Minutes which reflect service user involvement in the investigation process.
- Arrangements in place to support staff involved in an adverse event e.g. debriefings, counselling, peer support programmes.
- Attendance records at staff education / training on open disclosure policy.
- Evidence of shared learning following events.
Assigning the Quality Level

Continuous Improvement

To achieve a Quality level of **Continuous Improvement**; Sites would need to demonstrate evidence of meeting all of the criteria in the proposal.

Sustained Improvement

To achieve a Quality Level of **Sustained Improvement** sites should be able to demonstrate evidence of the following:

- Evaluation and self audit of compliance including feedback on service user experience of the Open Disclosure process, learning and action plans.
- Improved percentages in number of staff trained.
- Reporting of increased numbers of Open Disclosure happening with evidence of patient satisfaction in relation to the process.
Thank You

Project Steering Group
Gareth Clifford; QPS Acute Ops | Project Chair
Declan O’Keeffe; QPS Acute Ops | Project Lead
Tess Fogarty; Saolta | Hospital Group Representative
Helen Ryan; Beaumont | Hospital Representative
Clare Doherty; OoCIO | Technical Advisor

Acknowledgments:
Liam Woods, Margaret Brennan, Deirdre McNamara, Dr. Mary Browne, Acute Care Collaborative
Saolta Healthcare Group - GUH, Sligo and Roscommon
Bluewave Technology – system developers
Dashboard Development - OoCIO
Thank You For Listening

Questions & Answers