

IRISH HEALTH SERVICES



Accreditation

BOARD

Annual Report **2002**

A large, stylized logo consisting of three curved, overlapping lines in a light orange color, positioned behind the 'Annual Report' text.

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Irish Health Services Accreditation Board Establishment - Background

The Irish Health Services Accreditation initiative was originally proposed and instigated by the Dublin Academic Teaching Hospitals (DATH) Chief Executive group. This group comprises St. James's Hospital, Adelaide and Meath Hospital, Dublin (incorporating the National Children's Hospital), Beaumont Hospital, The Mater Hospital, St. Vincent's University Hospital and James Connolly Memorial Hospital. For the purpose of the initiative, the group was immediately extended to include all Major Academic Teaching Hospitals (MATH's) in Ireland, thus embracing University College Hospital, Galway and Cork University Hospital. The Department of Health and Children agreed to sponsor and fund the initiative.

An Accreditation Steering Group (ASG) was established in November 1998 to oversee and drive development of the Accreditation scheme. It was also necessary to assure buy in from the key stakeholders within the acute health care sector. With these issues in mind representation for membership of the ASG was sought and received from:

- Medical Professional Bodies
- Medical Colleges
- An Bord Altranais (Irish Nursing Board)
- Health Board Chief Executives
- Health Board Hospitals General Managers
- Dublin Academic Teaching Hospitals Chief Executives
- Irish Society for Quality in Healthcare

Nominations from these bodies included Dr Michael Boland, Prof. Des Canavan, Dr P.A. Carney, Prof. John Feely, Prof. John Fitzpatrick, Prof. Austin Leahy, Mr Michael Lyons, Mr Tony McNamara, Mr John Melvin, Prof. Colm O'Herlihy, Prof. Eamonn Quigley, Ms Yvonne O'Shea, Dr Sheelah Ryan,

The Steering Group was chaired by an independent Chairman, Mr Brian Sweeney, Chairman of Siemens Ireland. In addition Mr. John O'Brien, Chief Executive of St. James's Hospital, and Mr Vincent Barton, (later replaced by Mr. Denis O'Sullivan), Principal Officer, Department of Health and Children were engaged as advisors to the Group.

A Management sub-group of the ASG was tasked with reviewing the position with respect to Accreditation schemes worldwide. Following an initial high level but broadly based global scan a small number of schemes were considered for applicability to the Irish health system - comprised USA, Canada, UK and Australia. Based on a subsequent extensive tender process, the Canadian Council on Health Services Accreditation (CCHSA) was selected as a preferred provider of assistance in development of the Irish scheme.

The overall early stage aim of the exercise was to develop an Accreditation Scheme over a 1 year period around the 8 MATHs. This was facilitated by a Central Project Team. A detailed one year related work plan was developed incorporating the following components: Communications Plan, Standards Development, Accrediting Body and its Provisions, Surveyors Component, Non-Standards Components and Rollout of the Scheme.

Through the dedication and hard work of the Central Project Team, the participating hospitals, their Accreditation Project Managers and the members of their working groups, initial development targets were met on schedule. In total over 300 Irish health professionals and service users had input into the creation of the scheme. The project for the development of the Irish Accreditation Scheme was completed on target on 31st January 2001. This included all Standards and Non-Standards components of the Scheme, first wave surveyor requirements, determination and progression of Accrediting Body issues and Roll-out provisions

Core to the development of the scheme was the creation of a comprehensive set of acute care standards for the Irish health system. Final Standards were completed in late 2000. Standards and Criteria reflected the Quality Improvement process of Plan, Do, Check, Act . They form the cornerstone of the scheme and provide a framework within which identification and progression of quality improvement initiatives can be effected in participating organisations.

International validation of the Standards by the International Society of Quality in Healthcare (ISQua) was secured in January 2001. The Irish Health Services Accreditation Scheme was the first such scheme to have its provisions validated under the aegis of ISQua's Alpha Standards Assessment Programme.

Until such time as the Irish Health Services Accreditation Board had been statutorily established, an interim Implementation Steering Group (ISG) was charged with implementation of the scheme. The Steering Group, reflective in structure to the future Board, continued the work of the ASG specifically in relation to the roll out of the Accreditation Scheme and creation of the Accrediting Body itself.

Established via Statutory Instrument by the Minister for Health and Children, Mr. Micheál Martin T.D., in May of 2002, the Irish Health Services Accreditation Board was officially launched on the 3rd of October 2002 by Mr Brian Lenihan TD, Minister for State, Department of Health & Children.

Mission Statement & Role

Mission Statement

The mission of the *Irish Health Services Accreditation Board* is to be a key driver for the continuous quality improvement of the Irish health system.

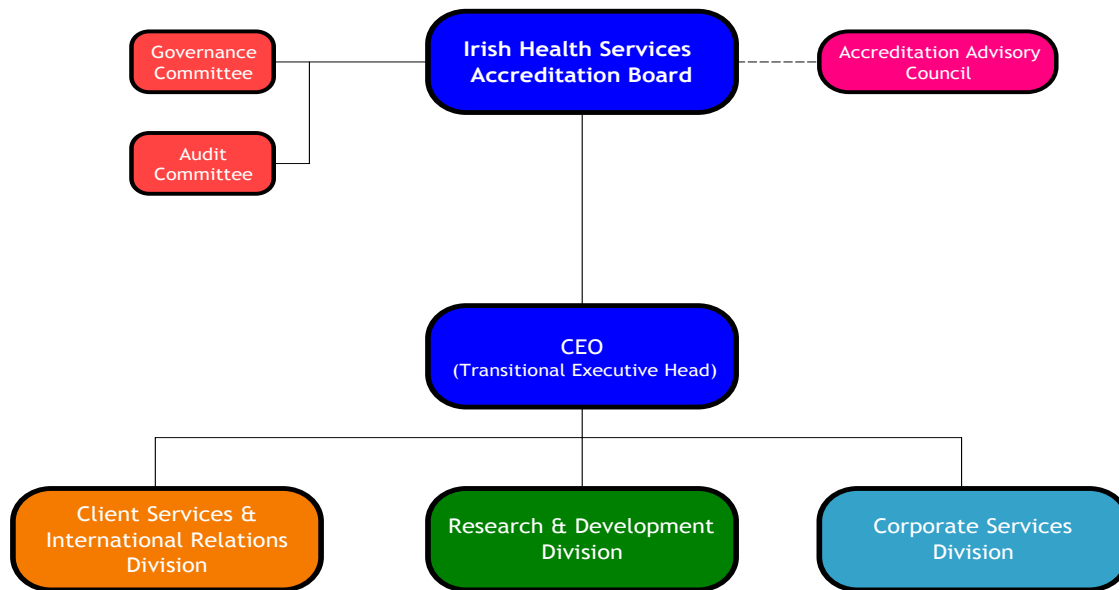
This shall be achieved through the provision of healthcare accreditation, related quality improvement activities and the highest international standards of service delivery to our clients. The services we provide shall have a primary focus on the safety and quality of healthcare delivered to patients/clients and their families.

Role of the Irish Health Services Accreditation Board

Key functions of the Irish Health Services Accreditation Board, as set out in Section 5 of the Establishment Order (Statutory Instrument No. 160 of 2002) are as follows:

- (a) to operate hospital accreditation programmes and to grant accreditation to hospitals meeting standards set or recognised by the Board;
- (b) to operate accreditation programmes in respect of such providers of other health services as may, from time to time, be deemed appropriate by the Minister after consultation with the Board, and to grant accreditation to such providers meeting standards set or recognised by the Board;
- (c) to operate such other schemes aimed at ensuring quality in the provision of health services as may, from time to time, be deemed appropriate by the Minister after consultation with the Board;
- (d) to do such other things as are incidental or conducive to carrying out the functions as set out above.

Governance & Executive



Irish Health Services Accreditation Board Membership

Mr. Brian Sweeney,
Chairman

Dr. Paul Armstrong,
Irish College of General Practitioners

Mr. Cormac Collins,
Non-health professional member of
public

Dr. John Donohoe,
Royal College of Physicians in Ireland

Ms. Elma Heidemann,
International Quality Expert

Mr. John Lamont,
Office for Health Management

Prof. Austin Leahy,
Royal College of Surgeons in Ireland

Dr. Sean Moroney,
National Standards Authority of
Ireland

Dr. Andrea Prothero,
Business / Strategy Expert

Ms. Anne Marie Ryan,
An Bord Altranais

Clare Keenan Daffy,
Non-health professional member of
public

IHSAB Executive

Mr John O Brien,
Transitional Executive Head

Mr John Sweeney,
Acting Director of Corporate Services/
Research & Development

Ms Roisin Boland,
Acting Director of Clients Services &
International Relations

Mr Kieran Ryan,
Implementation Executive

Ms Anne Maire Brooks
Research Executive (resigned Dec 2002)

Ms Deirdre Mooney,
Office Administrator

Legal & Banking

Auditors

Comptroller & Auditor General
Dublin Castle
Dublin 2

Bankers

Bank of Ireland
85 James's Street
Dublin 2

Legal Advisors

A & L Goodbody Solicitors
International Financial Services Centre
North Wall Quay
Dublin 1

Insurance Brokers

Marsh Ireland Ltd.,
10-11 South Leinster Street
Dublin 2

Corporate Reports

Report of the Chairman



It gives me great pleasure to present to you the inaugural Annual Report of the Irish Health Services Accreditation Board. The Irish Health Services Accreditation Board was established via Statutory Instrument on the 1st of May 2002 by the Minister for Health and Children, Mr. Micheál Martin T.D., and formally launched on the 3rd of October 2002 by Mr Brian Lenihan TD, Minister for State, Department of Health & Children.

I would like to take this opportunity to thank all those who have been involved in the development of the Scheme to date. Without such dedication it would not have been possible to achieve such an undertaking in such a short period of time. I would specifically like to thank Mr John O'Brien, currently the Board's Transitional Executive Head, for his excellent advice and insight from the very outset of this initiative. In addition I wish to express my sincere thanks to Mr Michael Kelly, Mr Denis O' Sullivan, Mr Paul McKiernan and their colleagues in the Department of Health and Children for their continued support. It goes without saying that a special tribute is due to our extremely hard working staff.

The introduction of Accreditation to Ireland provides our health services with a unique opportunity. Accreditation is an effective, internationally recognised evaluation process used by many countries world-wide to assess and promote quality in healthcare. Already we are seeing that health service organisations across Ireland are keen to subject themselves to an in-depth evaluation of the care and quality of services they provide to their patients/clients by reference to a set of standards validated by the International Society for Quality in Healthcare. The Irish Health Services Accreditation Board has to date received applications from 19 acute care organisations, (a total of 28 hospitals), with a total staff of more than 28,000 and an annual cumulative budget in excess of €1.5 billion.

To date Accreditation Surveys have been carried out in Six Major Academic Teaching Hospitals. I consider that the benefits to be gained from the Accreditation process are particularly relevant at the present time where the quality of health services are in the forefront, and where the improvement in quality and care arising from this initiative will be of great value.

With this in mind, over the next twelve months the Irish Health Services Accreditation Board will continue to develop an infrastructure that will allow it to be able to continually respond to the ever changing needs of the Irish health system, and most importantly the public who utilise it.

A handwritten signature in blue ink, which appears to read "Brian Sweeney". The signature is written in a cursive, flowing style.

Mr Brian Sweeney

Chairman



Report of the Transitional Executive Head

It is a great pleasure for me to provide this inaugural Executive report for the first period of operation of the Irish Health Services Accreditation Board.

Corporate Issues

The key corporate focus for 2002 centred on creation and establishment of the IHSAB. Following extensive options development and consideration, the Irish Health Service Accreditation Board (IHSAB) was created in May 2002 by Ministerial Establishment Order under the Health (Corporate Bodies) Act 1981.

The overriding design consideration with respect to the Board centred on assuring that the aims of objectivity, independence and competency were fully met in the resultant construct. The outcome reflects these considerations in a number of respects including arrangements that provide for independent Chairmanship, Health System representation, International accreditation and Business/Legal/Marketing expertise etc. in Board membership. Also a majority of Board members must always be non-Irish Health System based. Finally, provision is made for representation on the Board of two non-Health System members of the public. The Board was legally established in May 2002 and met inaugurally on Thursday 3rd October 2002.

As this report illustrates significant progress has been made over the year in establishing the IHSAB. Key areas of pursuance in this regard include accommodation establishment, Code of Practice development (Governance & Corporate), Induction/familiarisation/training for Board members etc. A central outstanding concern for the Board remains in the area of staffing. At year end, all staff were temporarily employed on a secondment basis. Particular exposure in this regard applies with respect to the CEO appointment. Pursuance of these matters to a satisfactory conclusion is anticipated during 2003.

Service Issues

Significant progress in Scheme development and implementation proceeded in 2002. Key highlights included the following:

- Receipt of Accreditation applications from 19 Hospital Groupings (comprising 28 individual Hospitals) by end 2002. This comprises 48% of the Acute Sector Public Hospital market.
- Completion of the first three major accreditation Surveys.
- Recruitment and training of 22 Surveyors by end of 2002 in the following categories:

Consultants - 8
Directors of Nursing - 6
Corporate Managers - 8

- Development and Implementation of comprehensive familiarisation, education and training programmes to support applicant organisations.
- Provision of introductory, briefing and education sessions on Accreditation generally and on the Irish Scheme at and to international fora.

- Direct involvement of up to 2000 Health sector staff in the process up to end of 2002.
- Securement of significant participation in and highly positive feedback on the scheme.
- Commencement of Effectiveness Studies designed to validate value of the scheme/process.
- Familiarisation and roll out of the scheme to all acute hospitals and Health Boards in the system.
- Development of education programmes around the scheme and on quality generally.

Clearly by reference to any criteria set, the organisation has performed highly creditably over the course of 2002. Focus in 2003, addition to continuation of Scheme implementation and roll out, will centre primarily on satisfactorily addressing the staffing issue, comprehensively reviewing and recasting the scheme and extending the scope and activities of the Board both nationally and internationally.

The Board is particularly grateful to the many health care organisations and their staff who have contributed significantly through their willing and enthusiastic participation to development and implementation of the scheme. The commitment and dedication of Surveyors was also centrally important to the success of the initiative. Finally and most importantly, my personal thanks are extended to all IHSAB personnel whose loyalty and contribution over the years has been exceptional. The success of the initiative is primarily the product of their endeavours.

Financial Statements

Financial Report for the Period Ended 31st December 2002

The financial statements for the year ended 31st December 2002 show the Board has a cumulative retained surplus of €1.490m. The Board became a legal entity on the 4th October 2002. Prior to this date the funding and expenditure of the Accreditation Implementation Steering Group was administered and accounted for by St James's Hospital.

For the period of actual operation of the Board in 2002, the financial statements show a surplus in the period of €0.119m. The opening income and expenditure surplus brought forward with the transfer of assets and liabilities of the Accreditation Implementation Steering Group was €1,371m.

The main expenditures in the period relate to the transfer of funding to agencies and hospitals in order to assist them in undertaking the work of implementing the accreditation process. The accommodation set up costs for the Board in relocating from St James's Hospital, the salaries of the employees of the Board and travel and training costs for accreditation staff and surveyors.

The surplus carried forward into 2003 will be used to fully develop the support and infrastructure for the implementation and monitoring of the Accreditation Scheme as it is rolled out. There is also the requirement to complete the set up and relocation of the Board and its facilities.

**Income and Expenditure Account
for Period Ended 31st December 2002**

	€
Income	
Determination Funding	665,907
Total Income	<u>665,907</u>
Expenditure	
Irish Health Agency funding transfer to other agencies	153,064
Grants to applicant organisations	101,260
Accommodation set up costs	98,609
Salaries	87,411
Travel and conferences expenses	23,186
Office expenses	26,115
Insurance	16,642
Accreditation surveys	12,531
Corporate support costs	19,158
Professional fees	3,338
Training & development	3,091
Sundry expenses	2,124
Total Expenditure	<u>546,531</u>
Net Surplus/ (Deficit) for the period	<u><u>119,376</u></u>

Balance Sheet as at the 31 December 2002

	31 December 2002 €	4 October 2002 €
<u>Current Assets</u>		
Sundry Debtors:		
St James's Hospital	3,091,110	2,425,203
Bank Current Accounts	0	0
	<u>3,091,110</u>	<u>2,425,203</u>
<u>Current Liabilities</u>		
Creditors and Accruals:		
St James's Hospital	1,600,839	1,054,308
Net Current Assets	<u><u>1,490,271</u></u>	<u><u>1,370,895</u></u>
Represented By:		
<u>Capital & Reserves</u>		
Income and Expenditure Account Surplus	1,490,271	1,370,895
	<u><u>1,490,271</u></u>	<u><u>1,370,895</u></u>

Council & Committees

Accreditation Advisory Council

Chairman: Prof. Frank Bradley

The Board has established an Accreditation Advisory Council (AAC) to assist it in discharging its functions. The Council is designed and structured to assure access for the Board to Key shareholders in and of the health system for contribution and advice on a continuous and ongoing basis. The AAC will comprise not less than 15 and not more than 35 members. Members of the AAC will be appointed on the nomination of bodies to be determined from time to time by the Board in consultation with the Chief Executive. The AAC will assemble twice annually. The first assembly session is due to be held in July 2003.

The Functions of the AAC are primarily as follows:

- to contribute to development and review of the Board's mission, values and vision;
- to contribute to development and review of the Board's strategic direction;
- to advise on development and review of accreditation programmes
- to advise on development and promotion of new services
- to advise on the development and review of standards and criteria across the full range of Accreditation and other quality programmes
- to advise on collaboration with other organisations on development and implementation of quality initiatives

Governance Committee

Chairman: Mr Brian Sweeney

The Governance Committee is a formally constituted committee of the Board which is composed of three non-executive members of the Board. The core purpose of the Governance Committee is to guide the Board on matters relating to the organisation's corporate governance activities and strategic development. The Committee also identifies and recommends to the Board criteria for Board membership and Chief Executive Officer selection and evaluation. The Governance Committee was established in December 2002.

Membership:

Mr Brian Sweeney
Prof. Austin Leahy
Ms. Anne Marie Ryan

Audit Committee

Chairperson: Dr Andrea Prothero

The Audit Committee is a formally constituted committee of the Board which is composed of four non-executive members of the Board. Established in December 2002, the core purpose of the Audit Committee is to assure and advise the Board on matters of fiduciary and other internal controls. The Audit Committee reviews and discusses with the internal and external auditor, the group's internal controls, internal audit function, choice of accounting policies, internal and external audit programmes, statutory auditors' report, financial reporting and other related matters.

Membership:

Dr Andrea Prothero
Dr Paul Armstrong
Mr Cormac Collins
Dr Sean Moroney

Client Services & International Relations Division

Acting Director: Ms. Roisin Boland

The Clients Services & International Relations Division has responsibility for all aspects of the applicant organisations accreditation process. In addition the Division is responsible for the development of international relations with relevant organisations. These activities include:

- Applicant Organisation Facilitation
- Provision of Education Programmes
- Peer Review Survey Co-ordination
- Survey Report Development
- Continuous Assessment Co-ordination
- Surveyor Development
- International Relations Development

Applicant Organisation Facilitation

In 2002 19 hospitals applied for Accreditation. 15 of the applications were single site surveys while 4 were multi-site surveys ranging from 2 to 5 sites. 8 of the applications were from Major Academic Teaching Hospitals while the remaining 11 were from larger regional hospitals and other smaller hospitals to which the standards are applicable.

Each organisation which applies for Accreditation is appointed a specific Client Services Liaison to assist the organisation through out all stages of the Accreditation process. The Client Services Liaison is responsible for the facilitation of the organisation, the provision of the education programme and the co-ordination of the Peer Review Survey as well as the Continuous Assessment.

Provision of Education Programmes

Each applicant organisation is offered an Education Programme to assist it in its development of the Accreditation process. The programme consists of four distinct elements:

- **Introduction to Accreditation**
This session provides participants with an overview of the Accreditation process. Suitable for all members of staff.
- **Standards Overview**
The session provides a more detailed understanding of the Standards. Suitable for all members of staff.
- **Accreditation Self Assessment**
This session helps the Self Assessment Teams understand their roles. Specifically aimed at members of the Self Assessment Teams.
- **Peer Review Survey Role Play**
This session is held just prior to the Peer Review Survey and helps the Self Assessment Teams understand what will be occurring during the Survey. Specifically aimed at members of the Self Assessment Teams.

In total there were 21 specific education sessions provided to applicant organisations in 2002.

Peer Review Survey Co-ordination

Three Peer Review Surveys were completed between June and December 2002 with a further 6 scheduled to take place in 2003 and 9 planned to take place throughout 2004, 1 hospital has deferred its application. The duration of each of the Surveys in 2002 was 5.5 days. Central to the underlying principles of the Accreditation Scheme is the self evaluation by the applicant organisations against the standards, the hospitals surveyed thus far have established between 11 to 18 Self-Assessment

Within the surveyed organisations approximately 1000 health services staff have been involved in Accreditation activities to date and in most cases the Self-Assessment Team are continuing to meet. An in-depth evaluation of the process is currently taking place involving the participants by means of questionnaire.

Survey Report Development

Upon completion of a Peer Review Survey the Client Services and International Relations Division is responsible for the analysis of the finding and the creation of the overall Survey Report from the Peer Review Surveyors findings.

This report is presented to the Internal Review Committee which in turn makes an award recommendation to the Board. The Board is then responsible for ratifying the award. This process was undertaken for each of the three Surveys carried out in 2002.

Various outcomes were identified through the reports provided to the three organisations. These included such areas as:

- **Leadership & Partnership**

The results of the first three Surveys identified large areas of variability between the organisations. Under Leadership and Partnership some scored strongly in areas relating to leadership structure and internal communications, others in the management of resources. However some of the identified major quality improvement opportunities also relate to these areas in other organisations.

In addition some other quality improvement opportunities were highlighted in areas such as strategic planning, and the development of partnerships with organisations outside of the hospitals. This variability was consistent in all areas of the standards. This indicates that there is currently a great opportunity for organisations to learn from each other.

- **Care/Service**

This variability in outcomes was similarly reflected in the delivery of care/service within the organisations. Levels of excellence were regularly identified in the provision of immediate patient care, while the monitoring and evaluation of the outcomes was often identified as an area for improvement. The development of integrated pathways of care was also seen as an improvement opportunity due to identified suboptimum integration of services in some areas.

The utilisation of resources was naturally an area examined in detail. Many of the organisations have made great advances in resource allocation through interdisciplinary care team involvement. However this is not seen across the board. Other major issues identified for the organisations include the continued practice of elective admission cancellation due to Accident and Emergency Department pressures.

- **Information Management**

Under the Information Management Standards organisations were, in the vast amount of cases, identified as possessing excellent process control over the vast array of information in transit within their organisations. Storage however was often found to be inadequate for the volumes involved.

Other areas for improvement included the need for ease of access to information out of hours.

- **Human Resources**

The findings in relation to Human Resources were the most consistent throughout the three hospitals. In relation to areas such as, for example, recruitment, in general the process was well developed, however it frequently resulted in numerous temporary contracts, often affecting staff morale.

Other strengths included the organisations identification of the need for staff professional development, yet little evidence of current development of such programmes exists.

- **Environmental Management**

Under the auspices of Environmental Management variability was once again the common factor. In some areas the main issues were due to the lack of available space. For others it related more to the proper utilisation and maintenance of the space provided. Issues were also raised in relation to fire safety. Environmental Safety/Risk and familiarisation training was identified as a major improvement opportunity, as well as the necessity for improved fire safety equipment.

Continuous Assessment Co-ordination

Continuous Quality Improvement is a foundation feature of the scheme. To facilitate its establishment and promulgation within an organisation, the scheme contains the following formal Continuous Assessment Provisions:

- Submission of progress report to IHSAB outlining progress with implementation of quality improvement programmes 1 year after award has been granted
- Review Visit at 18 months to assess progress in
 - implementing quality Improvement plan
 - addressing recommendations made in Accreditation Report

Continuous assessments have been scheduled for all three organisations who underwent Peer Review Surveyors in 2002.

Surveyor Development

The criteria to participate as a Peer Review Surveyor in the Scheme is that the applicant must be at a senior management position within the acute health services. Surveyors are recruited from 3 categories, Chief Executive/General Manager, Medical Consultant and Director of Nursing. In addition international Surveyors are also utilised to augment the survey process.

The IHSAB has currently trained 22 Surveyors with a further 10 due to complete training in early 2003. A total of 18 surveyors have been involved in the 3 surveys carried out in 2002, 11 of whom were Irish and 7 Canadian. Out of the 22 surveyors trained, 8 are Chief Executives/General Managers, 8 are Medical Consultants and 6

are Directors of Nursing. All of these surveyors are from the Major Academic Teaching Hospitals.

The Surveyors, who are currently in training, include 3 Chief Executives/General Managers, 4 Medical Consultants and 3 Directors of Nursing. These Surveyors represent various acute organisations from across the country.

International Relations Development

The Client Services and International Relations Division is responsible for the development of links with international organisations with a view to increasing the profile of the IHSAB and, where requested, provide advice and consultancy to the international community.

In January 2002 a delegation from the Danish Health Services visited the executive team for two days to gain insight into the Scheme. Two further visits are scheduled by health care personnel from Denmark in early 2003. During the course of the year presentations were also made to visitors from Malta, Australia and the Minister for Health from Egypt. A meeting was also held with the Clinical Standards Board of Scotland to discuss and compare both Schemes.

In 2002 staff members presented on behalf of the IHSAB at international conferences including the European Forum on Quality Improvement in Healthcare, held in Scotland in May, the European Conference on Health Records, held in Dublin in August, and the International Society for Quality in Health Care Conference held in Paris in November.

The IHSAB applied for full membership to the International Society for Quality in Healthcare's ALPHA programme in September 2002. This application will be completed in early 2003. In addition the IHSAB also became part of a European Health Accreditation Network developed to act as a forum for information exchange.

Research & Development Division

Acting Director: Mr. John Sweeney

The Research & Development Division has responsibility for all aspects of research and ongoing development within the Irish Health Services Accreditation Board. These activities include:

- Research
 - Organisational Process Evaluation
 - Accreditation Effectiveness Study
- Development
 - Accreditation Scheme Roll Out
 - Accreditation Scheme Review
 - Expansion of Accreditation Function
 - Education Development

Research:

Organisational Process Evaluation

The research function is central to all aspects of the ongoing development of the Irish Health Services Accreditation Board's service provision. It is the role of the Research & Development Division to provide research expertise to all areas of the IHSAB. This specific relates to all aspects of the IHSAB's quality system and internal controls. In 2002 the first stages of development of the Organisation's self evaluation and framework was put in place.

Effectiveness Study

The IHSAB has undertaken to carry out a detailed study on the effectiveness of Accreditation with regard to the overall improvement experienced by hospitals as a result of their involvement in the Accreditation process. This study is the first of its kind worldwide.

Carried out in conjunction with the National University of Ireland, Galway, and the Canadian Council on Health Services Accreditation, the overall aim of the study is to:

1. To identify and validate the benefits of accreditation to the Irish health system.
2. To assist IHSAB in identifying areas for improvement in the accrediting process and scheme.

The study comprises three main components as follows:

1. Continuous Quality Improvement (CQI) Study
To establish the extent to which participation in the Accreditation programme creates a culture of, and/or improves the focus on Continuous Quality Improvement (CQI) in the organisation.
2. Implementation Study (Case Study)
To examine the differing impacts of varying approaches in implementing the Accreditation programme, with respect to their relative efficacy in meeting the principles and objectives of the scheme.
3. Indicators Study
To examine the resultant effects of Accreditation on the use, benefit and outcome of indicators, for quality measurement and improvement in

participating organisations. To examine the extent, over time, to which accreditation contributes to improvement in an organisations performance.

2002 saw the first stage of completion. Participating organisations are currently examining the initial CQI findings for their organisations prior to the commencement of their Accreditation cycle. The result information from this study will also be utilised in the Acute Care Accreditation Scheme Review.

Development:

Acute Care Accreditation Scheme Roll Out

On completion of the development of the Accreditation Scheme in 2001, roll out to all acute care organisations on a phased basis was commenced.

The roll out consisted of multiple presentations to potential applicant organisations such that they were in a knowledgeable position to apply for accreditation. Phase 1 included the 8 Major Academic Teaching Hospitals involved in the project development, Phase 2 introduced the scheme to the larger regional hospitals, and Phase 3 incorporated all acute care organisations to which the standards were applicable.

By the end of 2002 presentations on the scheme had been made to all 58 applicable organisations. This resulted in 28 hospitals (48%) (19 applications including multiple site organisations) applying for accreditation. It is planned to complete roll out of all aspects of the Scheme by the end of 2003.

Acute Care Accreditation Scheme Review

In keeping with the IHSAB's focus on continuous quality improvement the project plan for the review of the scheme was agreed in October 2002. The review, to be instigated in the first quarter of 2003, aims to update product content and service to applicant organisations. The review will ensure, inter alia that the Scheme is in keeping with best practice and relevant national and international legislation and policies. It is intended to secure International Society for Quality in Health Care (ISQua) endorsement for the revised scheme on completion of the review.

Education Development

The education development function is carried out in consultation with the Client Services Division. The aim is to develop education programmes to assist organisations in utilising the Accreditation process as a quality improvement framework. In 2002 the first such programme for Accreditation Managers/ Co-ordinators was developed.

Expansion of Accreditation Function

The current focus of the Board is on the provision of Accreditation services to the acute sector. This will, over time, develop to incorporate other areas and functions of the health services. In order to develop this the IHSAB looks to work in synergy with other organisations which will expand its Accreditation function.

The first development in this regard relates to the assessment of clinical risk management in the acute care sector. In 2000 the Department of Health and Children decided to introduce a Clinical Indemnity Scheme (CIS) to rationalise the

medical indemnity arrangements by transferring to the State, via health boards, hospitals and other health agencies, responsibility for managing clinical negligence claims and associated risks. The development of this project was co-ordinated by the Medical Indemnity Project Office (MIPO).

In 2002 the MIPO requested that the IHSAB develop and administer the Clinical Risk Management Assessment Scheme for acute care organisations, covered by the Clinical Indemnity Scheme, and on behalf of the Clinical Indemnity Scheme. Initial development work was carried out by the IHSAB in relation to this scheme during 2002. Final development is awaiting the completed infrastructure of the Clinical Indemnity Scheme, scheduled for mid 2003.

Corporate Services Division

Acting Director: John Sweeney

The Corporate Services Division has responsibility for the establishment, development and management of the corporate and executive functions of the Board. These activities include:

- Governance
- Office Commissioning
- Staffing
- Operational/Quality Systems
- Executive Function

Governance

The governance aspects of the Board and related committees are co-ordinated and developed through the Corporate Services Division. In 2002 this included the effecting of Board induction training, and the co-ordination of the establishment of the Accreditation Advisory Council, the Governance Committee and the Audit Committee at the Board's behest.

The creation of corporate governance principles, in line with the IHSAB's Establishment Order and statutory regulations, was also instigated. This included the Board's Codes of Practice, Business and Ethical Conduct. These documents are scheduled for publication in the first half of 2003.

Office Commissioning

Upon the establishment of the Board in October 2002, premises for the organisation were approved and sanctioned in accordance with the Establishment Order. The Corporate Services Division was responsible for the identification and execution of the lease and co-ordination of the fit out and Information and Communication Technology (ICT) services such that it would fulfil the requirements of the IHSAB now and in the future. The Office of Public Works acted on behalf of the IHSAB in all aspects of negotiations, project management and procurement.

The office commissioning neared completion by the end of 2002, such that the occupation remained on target for March of 2003. The new offices are located in Beacon Court, Sandyford, Dublin 18, and will provide IHSAB with ample staff facilities as well as dedicated training rooms.

Staffing

A formal staffing structure and associated job descriptions was developed and approved by the Board in 2002. This structure is due to be implemented in the first half of 2003.

An interim executive was appointed by the Board until such time as the formal staffing structure is effected. The Accreditation Implementation Team has been seconded in this regard. Mr John O'Brien, Chief Executive, St. James's Hospitals was appointed as the Transitional Executive Head.

Operational/Quality Systems

In 2002 a framework of the IHSAB's operational and quality systems was developed. These systems are integrated into the Boards' corporate governance principles, strategic development plan, statutory requirements, health and safety requirements and the framework for ALPHA Accreditation by the International Society for Quality in Healthcare.

By the end of 2002 the first stages of development within the quality system had been initiated. This included the development of a Board mission statement and the creation of policies and evaluation systems within each of the service divisions. It is expected that all operational / quality system mechanisms will be fully developed by the end of 2003 culminating in full ALPHA Accreditation in early 2004.

Executive Function

The executive function relates to all aspects of finance, human resources, ICT as well as communications, legal and insurance activities of the IHSAB. With the establishment of the Board and the identification of new premises much work was carried out in 2002 to successfully effect all of these requirements. Specific aspects of the executive function were agreed to be sub contracted externally in the initial 12 to 16 months of the Board's existence. These functions included human resources, finance and procurement. A Service Level Agreement was signed with St. James's Hospital in this regard in December 2002.

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