

## Photocall



*Michael Keating and Florence Farrelly from HIQA pictured at one of the HIQA information seminars for residential centres for people with disabilities*

## Message from our CEO, Phelim Quinn

Welcome to the latest edition of *HIQA News*.

We are always mindful that all our work must lead to improved quality and safety in health and social care, and improved quality of life for people living in various residential services that we regulate. I believe this approach is reflected in our [new Corporate Plan](#), which is published today.

In line with our new Corporate Plan 2016–2018, we will continue to focus on improving children and adults' rights and their experience of care. We are also

committed to further advancing strategic improvements in our health system through the development of national standards and the eHealth agenda, as well as developing our health technology assessment (HTA) function.

We recently held information seminars for centres where people with disability live, to update them on regulation, and have also met with the Health Service Executive (HSE) to outline our 2016 work programme in healthcare and adult social care services.

Hearing the voice of people who use health and social care services is hugely important, and we are delighted to be working in a formal partnership arrangement with the HSE and Department of Health on the first ever National Patient Experience survey.

We have also published our *Draft National Standards for Safer Better Maternity Services*.

The draft standards were developed with key stakeholders, including women and their partners, advocates and front-line staff. The public consultation on maternity standards is a real opportunity for people to be part of shaping the future of maternity care in Ireland.

Until next time, best wishes,

Phelim Quinn

# HIQA announces new three-year Corporate Plan



## *Our Corporate Plan*

We have today published our [Corporate Plan for 2016–2018](#). The plan outlines the direction and focus of the organisation for the next three years.

Our Chairperson Brian McEnery said: “People have a right to expect safe, effective, high-quality care when receiving health and social care services. Our new Corporate Plan enables HIQA to continue to be an independent central driving force in improving the health and social care system in Ireland.

“Between 2013 and 2015, HIQA’s Corporate Plan enabled HIQA to deliver on its commitment of ensuring that Irish health and social care services improved in terms of safety and quality. During this time HIQA expanded to meet the new functions and the new powers of regulation which were extended to us. We have committed to remaining responsive to the changing policy and service environment with the development of our new three-year Corporate Plan.”

A six-week public consultation was carried out on the draft *Corporate Plan 2016–2018*, following which our Board approved and submitted the Corporate Plan to the Minister for Health.

Brian McEnery continued: “Our Corporate Plan was developed following extensive consultation and engagement with our stakeholders. It identifies HIQA’s priorities for the next three years, and describes what we intend to achieve and how we intend to achieve it. It also outlines how we will meet our core legal responsibilities, and how we will plan and prepare for the future.”

Our Chief Executive Phelim Quinn added: “During the lifetime of this plan, HIQA will implement strategic initiatives that focus on improving safety, quality and protection of children and adults’ rights and their experience of care through the development of standards, our independent monitoring and regulation programmes and reporting on our findings. We are committed to further advancing health information and eHealth as well as continuing to build capacity to conduct and use health technology assessments across the health system. We plan on leading a partnership in developing the first National Patient Experience Survey in Ireland over the next three years to further improve the quality of care received in our services.

“Throughout all our work, we will ensure that we actively engage with the public and our stakeholders to communicate the work of HIQA in a clear and accessible way.”

The full Corporate Plan 2016–2018 can be found online at [www.hiqa.ie](http://www.hiqa.ie).

## Public consultation on new maternity service standards



We have launched a public consultation on [new draft National Standards for Safer Better Maternity Services](#) and are inviting feedback from all informed and interested parties until 5pm on Monday 16 May 2016.

Our Chief Executive Phelim Quinn commented that we are organizing a public consultation on these draft standards in order to provide an opportunity for people to be part of shaping the future of maternity care in Ireland. He says this marks a new beginning for anyone who uses maternity services. The draft national standards were developed with key stakeholders, including women and their partners, advocates and maternity services providers.

In recent years, Government, HIQA and other stakeholders have identified a need to improve Irish maternity services. A number of high-profile reviews and investigations undertaken by HIQA and others have found failings in the care and support provided to women in a number of maternity services, including HIQA's 2013 Galway and 2015 Portlaoise investigations. Following our Portlaoise investigation, we committed to developing these standards as an important mechanism for driving quality and safety.

Phelim Quinn stated: "Women should have appropriate access to the right level of maternity care at any given time. We hope that these standards will build confidence in Irish maternity services. The HIQA draft standards show women and their families what they can expect from maternity services and what safe, high-quality maternity services should look like when quality standards are implemented."

The draft standards were developed with a standards advisory group made up of a diverse range of interested and informed parties, including women who had recently used the maternity services, advocates, healthcare professionals, and representatives from the Department of Health and the Health Service Executive (HSE). HIQA also held 12 focus group meetings with women and their partners and with front-line staff working in maternity services.

Phelim Quinn concluded: "We encourage members of the public and all interested parties to provide feedback and become involved in the standards development process by submitting their views on the draft national standards."

The [draft standards are available in full on our website here](#).

A [guide to the draft standards is available here](#).

The [public consultation feedback form is available online](#) or in [.docx format](#).

## **New HIQA HTA on cervical cancer screening test**



*Our Director of HTA Dr Máirín Ryan*

We have started a new health technology assessment (HTA) evaluating the screening test used in the national cervical cancer screening programme, CervicalCheck.

This HTA will consider the clinical, economic and organizational implications of changing the test used by CervicalCheck, provided by the National Screening Service within the Health Service Executive.

At present, the screening programme tests for pre-cancerous changes in cervical cells using liquid-based cytology. The aim of the HTA will be to examine the impact

of using a test for certain strains of Human Papillomavirus (HPV) infection as the primary screening test.

Our Director of HTA Dr Máirín Ryan comments: “HPV is a common virus usually spread by skin-to-skin contact during sexual activity, and in most cases it causes no symptoms and is cleared by the body’s immune system. However, persistent infection with a number of specific HPV virus types is associated with an increased risk of developing cervical cancer.

“As well as looking at the effect of using a different primary screening test, another interesting aspect of this assessment will be examining the likely impact that the current HPV vaccination programme for young girls will have on the cervical cancer screening programme when this cohort enters the programme when they reach the age of 25.”

Further details of this HTA, including the full terms of reference, are available [here](#).

## **Information seminars held for disability centres**

During February and March, HIQA arranged regulation information seminars in Cork, Dublin and Galway for providers and persons in charge of residential centres for people with disabilities.



*Providers and persons in charge attending one of the HIQA seminars*

The seminars provided attendees with information about the new disability section in HIQA and our newly established inspection teams who focus solely on regulating centres for people with disabilities.

The seminars were very well attended, with each seminar being addressed by a keynote speaker from the [Centre for Disability Law and Policy in the National University of Ireland, Galway](#).

These speakers discussed the role of providers in promoting and protecting the rights of residents, and how those rights will be underpinned by the new [Assisted Decision-Making \(Capacity\) Act 2015](#).

Two workshop sessions were provided by members of our disability section's national management team.

Florence Farrelly and Michael Keating from HIQA provided a workshop on using regulations and [National Standards](#) as a governance framework to ensure that safe and good quality services are provided to residents.



Two of our inspectors, Gary Kiernan and Vincent Kearns, spoke about the regulation of centres for people with disabilities during 2015 and the learning for all providers from the outcomes of that activity. Key characteristics of good quality centres were:

- a staff culture of promoting and protecting the rights of residents
- services led by competent and knowledgeable persons in charge
- arrangements by providers to support the person in charge and to assure themselves of the quality of the service through a strong review and auditing process.

A further session on HIQA's new online portal for providers was given by Bob Hennessy, Head of the HIQA's Regulatory Support Service and Grace Kelly from our Registration Department.

Our Deputy Chief Inspector of Social Services, Finbarr Colfer, said: "This new portal will give providers a more reliable way to submit their notifications. Providers will also be able to view previously submitted notifications, while the portal is designed to reduce the administrative burden on providers."

Finbarr also noted that the feedback from attendees was broadly positive, and that they found the focus on the role of governance in centres to be helpful. "They also expressed satisfaction with the newly developed online portal, and provided helpful suggestions about how future seminars could be enhanced and improved."

## ‘Excellence Through People’ accreditation for HIQA



*Pictured are former Minister Gerald Nash; Phelim Quinn and Mary Brennan from HIQA receiving the award; and Maurice Buckley, CEO of the NSAI.*

HIQA was among 11 Irish organizations recognized for their commitment to people development at the ‘Excellence in People Development Awards’ hosted by the [NSAI](#) (National Standards Authority of Ireland).

The awards are a Government initiative that assesses employee development and similar initiatives using a business-improvement model that examines six areas of human-organizational interaction.

Following preparation by a cross-directorate team in HIQA and a formal audit, we were notified by the NSAI that our application was successful.

The Excellence Through People certification is Ireland's national standard for human resource development. This award is achieved by organizations that have best practice Human Resource Systems in place.

Maurice Buckley, CEO, NSAI said: "Since its establishment in 2012, NSAI has awarded over 126 Excellence Through People certificates to 58 organisations, both large and small, across a variety of industries in the public and private sectors."

## Update on smoking cessation HTA

Work is continuing on our health technology assessment (HTA) of different treatments to help people quit smoking.

The HTA will compare the clinical and cost-effectiveness of various treatments in order to identify those that will help most people to give up smoking for good, given the available resources.

Our Director of HTA Dr Máirín Ryan says, "An advisory group comprising experts from a number of different areas is currently being set up to advise our HTA evaluation team during its assessment, and a draft report will also be made available for public consultation prior to it being finalized."

Dr Ryan adds that this consultation will provide an opportunity for any interested parties to give feedback before the final report is published and submitted to the Minister for Health and the Health Service Executive (HSE). More details on this HTA are available on the HIQA website [here](#).

## Photocall — health technology assessment address



*HIQA's Dr Pat Moran speaking on systematic reviews and evidence synthesis in HTA at the NUIG Economics Seminar in February*

# The work of our technical standards team



Our technical standards team is part of our Health Information Directorate, and develops technical and information standards to support national and local projects in the area of eHealth.

These standards outline the structure, content and data requirements for clinical information to enable healthcare providers to safely and accurately share people's healthcare information.

HIQA develops technical standards in conjunction with an eHealth Standards Advisory Group (eSAG), which provides regular advice and subject-matter expertise on technical standards.

Some of the technical and information standards developed by the technical standards team and available on our website include:

- [General Practice Messaging Standard](#). This standard has been revised on two occasions, most recently in 2015
- [Data model for an electronic medicinal product reference catalogue — National Standard](#)
- [ePrescription data set clinical document architecture standard](#)
- [National standard demographic dataset and guidance for use in health and social care settings in Ireland](#)
- [National standard adverse reaction dataset and clinical document architecture \(CDA\) template](#)
- [Report and Recommendations on Patient Referrals from General Practice to Outpatient and Radiology Services, including the National Standard for Patient Referral Information](#)
- [National Standard for Patient Discharge Summary Information](#).

HIQA's Acting Director of Health Information Dr Kevin O'Carroll said: "An example of where technical standards have benefitted patients and the eHealth community in Ireland is the national eReferrals project. The referral standard — known as the 'National Standard for Patient Referral Information' — was used when electronic referrals were been piloted in the south of the country and in Tallaght Hospital in Dublin, and is now implemented at a national level."

Dr O'Carroll added that this standard will improve the quality of information exchange relating to eReferrals, thus improving patient safety and quality of care.

In addition, our technical standards team has provided high-level guidance to the health service through publishing guidance and recommendations on interoperability standards, messaging standards and terminology and classification standards.

Dr O'Carroll also commented: "Finally we can inform national policy through recommendations, and in 2014 we made recommendations on the adoption of the SNOMED CT (Systematized Nomenclature of Medicine — Clinical Terms) as a national standard. This is an electronic dictionary of healthcare terms for words used in everyday clinical healthcare documentation and reporting."

HIQA has also hosted and chaired both consultation workshops and educational workshops in order to improve knowledge regarding technical standards in healthcare.

## News from our Health Information team

In January, we made [recommendations on improving the coordination of patient safety intelligence](#) to promote patient safety, which were approved by our Board and submitted to the Minister for Health.

Ten recommendations were made, including a number in relation to patient safety incident reporting, which is a valuable source of patient safety intelligence. The recommendations were published in conjunction with two supporting documents, the [‘as-is’ analysis of patient safety intelligence systems and structures in Ireland](#), and an [international review of patient safety surveillance systems](#).

Our technical standards team had three standards approved by the HIQA Board in January:

- [National Standard Diagnosis Dataset and Clinical Document Architecture \(CDA\) Template](#)
- [National Standard Adverse Reaction Dataset and Clinical document Architecture \(CDA\) Template](#).
- [National standard demographic dataset and guidance for use in health and social care settings in Ireland](#)

The dataset and guidance sets out how health and social care providers should record demographic data about individuals accessing services.

Our guidance provides support and assistance to the health and social care sector to meet the requirements of the National Standard Demographic Dataset, and ensure

consistency in the recording of the data. We are currently working on standards for the national data collection and standards to support electronic prescribing.

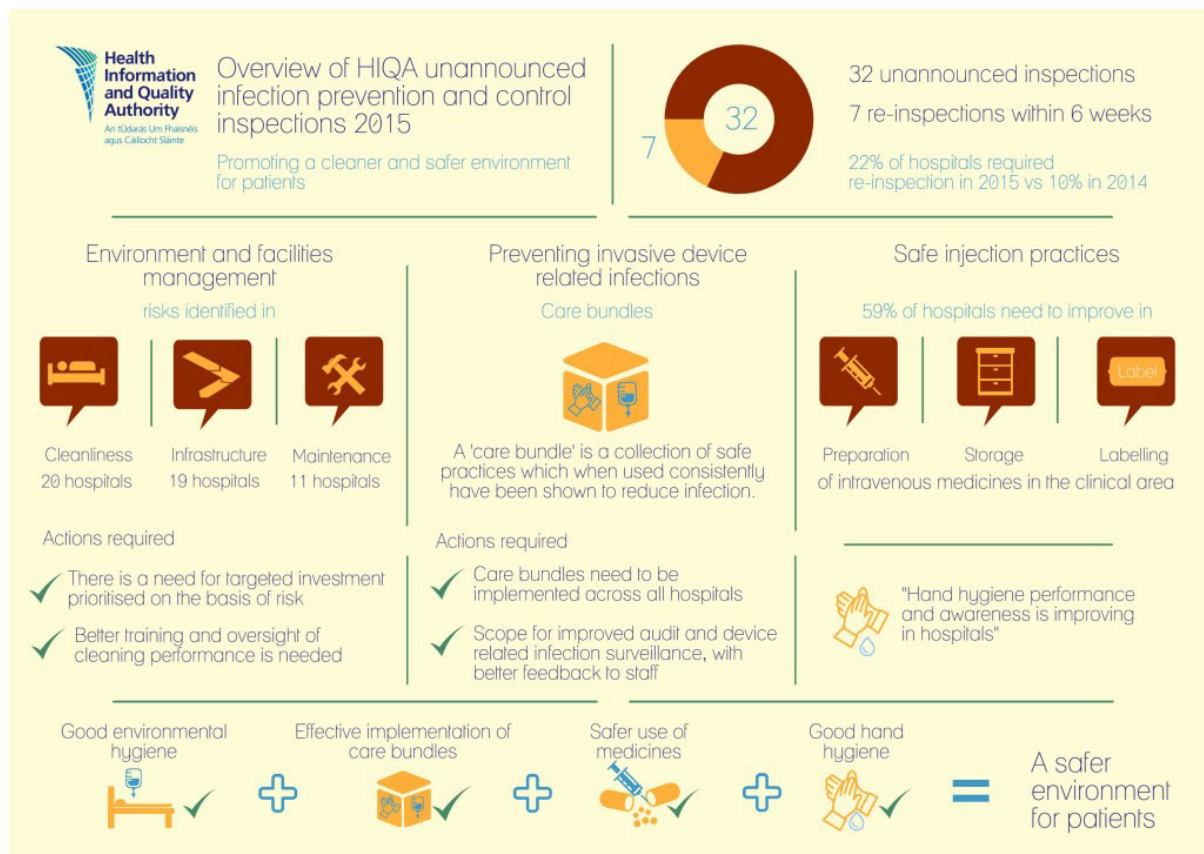
## Overview of HIQA hygiene inspections



*Susan Cliffe, Head of Healthcare Regulation*

We have just published an [overview of our unannounced hygiene inspections](#) carried out last year.





Our summary infographic of the infection prevention and control overview report for 2015

Irish hospitals and staff have shown commitment and progress in improving hand hygiene practices, according to a new HIQA report.

However, poor levels of overall environmental cleanliness are exposing patients to the risk of Healthcare Associated Infections.

One in five hospitals inspected in 2015 required a follow-up inspection for poor hygiene and maintenance issues. This represents a significant increase compared to 2014 where one in 10 hospitals required re-inspection.

Our Head of Healthcare Susan Cliffe said: “A clean and safe hospital environment is a fundamental expectation of patients, staff and visitors. An acceptable standard of basic cleanliness is both essential and achievable with better management and oversight of cleaning performance.”

We carried out 39 unannounced inspections in 32 public acute hospitals between January 2015 and December 2015. The aim of these inspections was to assess compliance against the *National Standards for the Prevention and Control of Healthcare Associated Infections*. Seven of the 32 hospitals inspected required a follow-up inspection primarily due to poor hygiene standards observed during inspections and poor maintenance and management of the environment and facilities.

In six of the seven re-inspections, hospitals had addressed most of the risks identified. However, no improvement in the standard of environmental hygiene was recorded in one hospital re-inspected. During the course of the 39 inspections, 64 clinical areas were inspected, including high-risk areas such as operating theatres, endoscopy suites, haematology, oncology, intensive care and coronary care units.

Some reoccurring findings relating to infrastructural deficiencies and maintenance included units that were outdated with inadequate infrastructure from an infection prevention and control perspective. Overcrowding with limited spacing between beds was an issue for staff trying to circulate and manoeuvre patients. The lack of proactive maintenance programmes resulted in worn and poorly maintained surfaces which do not facilitate effective cleaning.

The 2015 inspection programme saw the assessment of infection prevention care bundles for the first time. An infection prevention care bundle is a set of routinely applied evidence-based actions that, when applied consistently, have been proven to reduce the incidence of infection and protect patients – this is particularly relevant in preventing infection through the use of invasive medical devices. While some hospitals have made significant progress in embedding the use of infection prevention care bundles into everyday practice, implementation is not as advanced in other hospitals. In these hospitals, policies, training and patient information must be improved to ensure compliance.

More than half of hospitals inspected in 2015 (59%) need to take action to improve the preparation, labelling and storage of intravenous medication in the clinical area. Failure to adhere to these practices potentially increases the risk of transmission of infection. Observations during inspections included pre-prepared syringes of

medicines which were unlabelled or insufficiently labelled, inappropriately stored and left unattended and unsecured.

Susan Cliffe, our Head of Healthcare, added: “It was evident during inspections in 2015 that overall, a greater culture of compliance with hand hygiene has begun to emerge in most hospitals. This observation is supported by the reported findings from the HSE national audits that have shown steady improvement over time.

“Infection prevention care bundles are also an important element of infection prevention and while effective implementation was identified in some hospitals, care bundles need to be implemented in all acute hospitals where they are not already in place. Good practice includes the reliable application of care bundle steps, accompanied by audit and feedback to staff on compliance with care bundle measures, and device related infection surveillance”.

During 2016, we will continue our monitoring programme of unannounced inspections of public acute Irish hospitals to monitor compliance with the Infection Prevention and Control Standards. The focus of the inspections will build upon the approach and findings of 2015 with continued emphasis on areas that pose the highest risks to patients.

Read the [full report](#).

[View our summary infographic](#)

## **Update on the regulation of nursing homes**

In 2015, we completed 411 inspections of 343 nursing homes, both announced and unannounced, with at least one HIQA inspection in 59% of all nursing homes in Ireland.

Although there is evidence of compliance across all aspects of the regulations and Standards, further improvement is required.

John Farrelly, our Head of [Older Persons' Programme](#), commented: "Our findings of inspections last year indicate that where providers invest in governance, their capacity and capability to deliver higher levels of individualised care is also increased."

Increased attention is being given to conducting focused, themed inspections on best practice in dementia care in nursing homes.

John Farrelly continued: "These inspections use evidenced-based observational tools to measure quality of life through a time-sampling technique (in which the quality of interactions between residents and staff is estimated). The reports on these types of inspections are available on [www.hiqa.ie](http://www.hiqa.ie)."

In 2015, there were 12 more centres and 1,046 more nursing home beds, compared to 2014. There were 577 nursing homes with 30,106 beds. In 2014, there were 565 centres and 29,060 beds. Most nursing homes are privately run and the remainder are run by public and voluntary bodies.

We continue to welcome information from the public on their experience of care in nursing homes. John Farrelly commented: "It is interesting to note that we received 516 items of information about services provided to older people in 2015. These were from relatives, staff, residents and healthcare professionals."

We are actively developing and improving our regulatory practice to ensure that as a regulator we continually learn and improve. To this end, we are increasing training, professional development, and mentoring to support the continuous development of confident and competent inspectors, and consistent regulatory practice.

John Farrelly concluded: "In 2016, we will continue to build upon and improve the monitoring, inspection and regulatory approach. This will include a continued emphasis on best practice in dementia care, medication management, fire management, governance and leadership and person-centred health and social care".

# New national standards for nursing homes

Revised national standards for nursing homes have been approved by the Minister for Health and will be published shortly, with implementation of the new standards due to begin later in the year.

In early June, our Safety and Quality Improvement Team will be running four regional awareness sessions for nursing providers about the new standards. These will take place in south Dublin, north Dublin, Cork and Galway.

Our Director of Safety and Quality Improvement Marie Kehoe-O'Sullivan says briefing sessions will also be held with inspectors to update them on the changes to the standards. The new standards follow a public consultation on earlier draft standards published in 2014.

## Children's Team update

[Our Children's team](#) completed three child protection and welfare inspections during January, February and March 2016 in the final Child and Family Agency (Tusla) service areas not previously inspected.

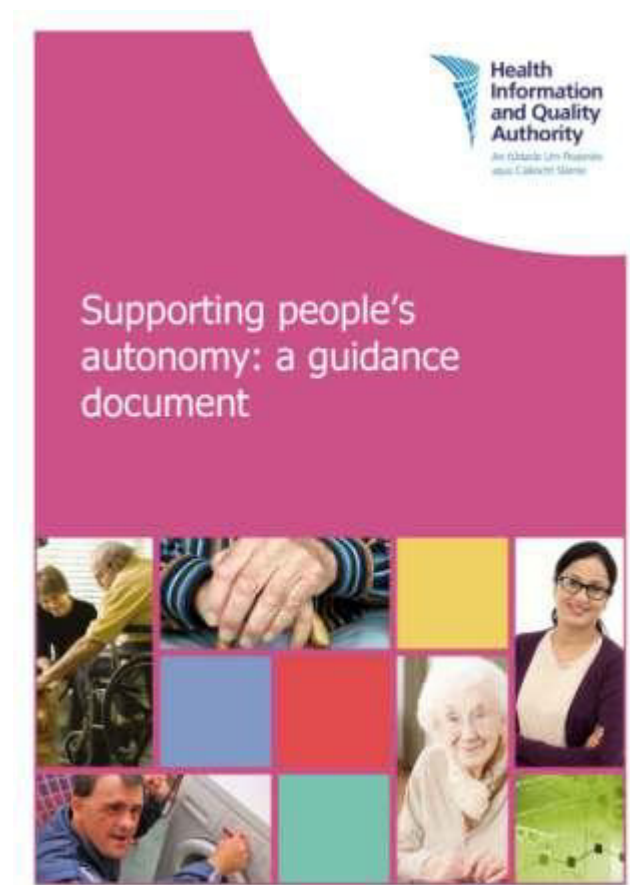
These inspections have taken place alongside the start of a review by HIQA into governance arrangements in Tusla's child protection and welfare services. Our review will continue throughout 2016.

Further inspections of private foster care services are planned in the months ahead and five children's residential centres have been inspected since the beginning of the year.

We are also inspecting the work of the National Review Panel, which is the body which reviews serious incidents including deaths of children in care.

There have been some changes in relation to the inspection of designated centres for children with a disability. The Children's Team has completed their work in the registration of several such centres and this will now be continued by staff under our disability programme.

## New guide to promoting people's decision-making rights



We have published [guidance for adult health and social care professionals to support the rights of people who use health and social services](#), in particular vulnerable people in their care, to make informed decisions and to live more independent lives.

Autonomy is about respecting people — such as nursing home residents — and their dignity, privacy and choices. The guidance stressed that people have a right to make

informed decisions that match their personal values and beliefs. This includes, for example, services finding out what can be done to help people live more independently.

Marie Kehoe-O'Sullivan, our Director of Safety and Quality Improvement, says the autonomy guidance is aimed at helping services demonstrate how they show respect for human dignity, how they provide person-centred care, and how they ensure an informed consent process that values personal choice and decision-making. By ensuring that people's autonomy is respected, service providers will improve the quality of care, safety and quality of life of people who use their services.

An expert group helped HIQA to develop the guidance, which uses a number of relevant examples and a process to help services promote autonomy in practical ways.

The guidance also addresses the question of balancing professional concerns about the potential risks arising from people's decisions about their care and treatment. Critical principles to promoting autonomy in health and social care settings include avoiding pre-judging, and communicating clearly and appropriately to establish, explore and promote their preferences.

Marie Kehoe-O'Sullivan continued: "It is important to note that not every choice can be fully facilitated. For example, if people's choices are unlawful, or those choices upset the lives of others (such as loud music in a shared bedroom) or the cost impacts on other people, then this choice may not be practicable. However, not having enough resources is not an acceptable excuse for providing poor care to people."

A 'promoting autonomy' leaflet is also available for people or families using health and social care services. This is being sent to health and social care providers, including general practitioners (GPs), for distribution to the public. This [guidance document](#) and [service user leaflet](#) are available to download from the HIQA website or by hard copy by contacting the Authority.

# Final cohort of Quality Improvement Programme graduates



*Some of the front-line health and social care staff who received their IHI award*

Over 400 front-line staff completed the quality improvement programme which HIQA has offered over the past three years in collaboration with the [Institute for Healthcare Improvement \(IHI\)](#).

Recently, 218 staff from very diverse areas in health and social care services graduated in two separate ceremonies in Dublin and Galway.

They included staff from all of the hospital groups, general practices, members of the Nursing and Midwifery Board, the Child and Family Agency (Tusla), and HIQA. Our Chairperson and Deputy-Chairperson of HIQA presented graduates with their certificates.



Marie Kehoe-O'Sullivan, Director of Safety and Quality Improvement says: "All participants completed 16 modules of the Institute for Healthcare Improvement (IHI) Open School programme on quality improvement methodologies and this was funded and supported by HIQA. In all, over the three years of the programme, over 400 front-line staff completed this programme."



*Pictured recently in Dublin are a group of front-line health and social care staff who graduated from the quality improvement science programme hosted by HIQA in collaboration with the Institute for Healthcare Improvement (IHI).*

# Passing of Roisin Boland, former International Quality Advisor with HIQA



*The late Roisin Boland*

*We were saddened to hear of the passing of Roisin Boland, our former International Quality Advisor. After leaving HIQA, she was Chief Executive Officer of The International Society for Quality in Health Care (ISQua), from 2008 to 2013. The [following article was first published on the ISQua website](#) and has been reproduced here with kind permission.*

It is with great sorrow that we announce the death of Roisin Boland.

Roisin had been involved with ISQua from 2000, first as a Member and then as a representative on our Accreditation Council and Board. In 2008 Roisin was appointed CEO of ISQua. This was a time of major change for the organisation and

her main objective was to establish ISQua in Dublin and at the same time drive the organisation towards realising its potential. This she completed with grace and skill.

Prior to joining ISQua, Roisin was the International Quality Advisor with the Health Information and Quality Authority, Ireland and was the CEO of the Irish Health Services Accreditation Board. A nurse by profession she also worked at a senior level in academic teaching hospitals in Ireland. Roisin held a Master of Business Administration and diplomas in management, communications and pharmacology. She often lectured on Masters and Undergraduate courses.

Roisin had very strong principles, was a generous friend and a pleasure to work with. She was always willing to help and her judgement and wisdom as well as her advice was always well thought out and helpful.

Roisin passed away peacefully, after bravely fighting a long illness, on Monday, 7th March 2016.

She will be sadly missed by all who knew her.

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