

Welcome

Welcome to the latest issue of *HIQA News*.

All of our various teams have been extremely busy since the start of the year, and this issue of HIQA News reports on some of their work.

Our Healthcare Team has published its latest overview report on the level of compliance with infection prevention and control standards in our public acute hospitals.

While we saw some innovative practices in relation to hand hygiene and hospital cleanliness, there is untapped potential for sharing best practice among hospitals. This year, our focus in this area includes how hospitals use medicines to fight infections, and we report on this initiative.

We are determined to enforce high standards in residential centres for people with disabilities in this country, in light of recent revelations. Last year, our adult and children teams carried out a combined total of 678 inspections of centres for people with disabilities. As there are 920 designated centres for people with disabilities, our programme of registering these will be a main feature of work for 2015 and 2016.

Meanwhile, during the year ahead, our nursing home teams will be specifically inspecting dementia care in a number of these centres, with a view to promoting better care in this area. Another initiative we are embarking on this year will be focused inspections of malnutrition and dehydration in patients in acute hospitals.

We have launched a public consultation on standards for the new individual health identifier (IHI) and health services provider identifier, and are keen to hear your views on these.

Our Health Technology Assessment (HTA) Team is working on three HTAs, having just completed one on early warning and clinical handover systems.

We are continuing to work with providers of health and social care services to make real improvement for patients and people living in residential care settings.

We are also conscious of trying to reduce the administrative cost of regulation – and of meeting standards – on providers whenever possible and appropriate. To this end, we are reviewing our registration processes and have launched a [new portal \(Internet\) site for providers](#) of designated centres for older persons.

Until the next time, very best wishes to all.

Phelim Quinn, Chief Executive



HIQA attends eHealth Ireland

We attended the recent [eHealth Ireland](#) launch.
We attended the [eHealth Ireland](#) launch on 19 March.

The Chief Information Officer, Richard Corbridge, presented his vision for eHealth in Ireland along with new structures within his team to deliver eHealth to the Irish health and social care system.

The theme of the day was One ehealth Ireland, where Dr Áine Carroll, HSE National Director Clinical Strategy and Programmes, gave a presentation on eHealth from a clinical perspective.

Rachel Flynn, our Acting Director of Health Information, gave a presentation on eHealth standards and the importance of data quality.

Jim Breslin, Secretary General for the Department of Health, gave a presentation on the importance of eHealth, an update on the forthcoming Health Information Bill and the ministerial priorities in relation to health information for 2015.

Infection Prevention and Control Standards report

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However, unclean hospital equipment, and poor hand hygiene practice among some healthcare staff continues to place patients at unnecessary risk of acquiring a Healthcare Associated Infection.

An [overview report of our unannounced hygiene inspections](#) in almost all public acute hospitals over a 12-month period shows that while progress in working to meet national Infection Prevention and Control Standards has occurred in many hospitals, including the introduction of many innovative practices, all hospitals could do more to improve hand hygiene and environmental cleanliness.



Between February 2014 and January 2015, HIQA carried out 54 inspections of 49 out of the 50 public acute hospitals in Ireland. Inspections focused in particular on hospital cleanliness and hand hygiene. HIQA carried out unannounced follow-up re-inspections in five of the hospitals due to particularly poor compliance with standards and in order to promote rapid improvement between unannounced inspections.

Inspectors also saw examples of good local hand hygiene initiatives and equipment cleaning practice. HIQA's Acting Director of Regulation Mary Dunnion said patients have the right to expect that equipment used as part of their care is clean in the first instance and cleaned after use when it is shared with other patients.

She says: "Hospital management need to tackle the problems head on by prioritising environmental cleaning and maintenance in patient areas, and by supporting and ensuring staff compliance with hand hygiene training and implementation. Some hospitals have implemented effective processes to ensure that this is the case but HIQA would recommend that all hospitals should work together to better facilitate the sharing of good practice in addressing common problems for the benefit of all patients nationally."

“Patients too can play an important role in improving hand hygiene. We are recommending that patients and relatives should be made aware by hospitals of how to keep their hands clean as a matter of routine. Patients should be educated to clean their hands at appropriate times and in turn should be empowered and encouraged by hospitals to challenge staff to clean their hands. Some hospitals have already introduced measures to encourage patients to ask staff if they have washed their hands, for example, through poster campaigns or prompting badges on uniforms. This is worthy of more widespread exploration across Irish acute hospitals.”

Throughout 2015, we will be expanding the scope of our inspections to promote further compliance with the Infection Prevention and Control Standards. This will include a focus on how hospitals use antibiotics, and how hospitals implement infection prevention care bundles – a structured collection of evidence-based best practice interventions that when performed collectively, reliably and continuously can result in measurably reduced infection rates for patients.

Residential centres for adults with disabilities

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Where we find that this is not the case, we will take action to ensure that appropriate measures are taken to address this.

We are mindful of the anxiety now felt by many families of residents about how their loved ones are cared for, in light of revelations about poor standards of care in some residential centres for people with disabilities.

While we have seen excellent examples of care, we wish to reiterate that the basic human rights and dignity of residents and the quality of care they receive will as ever be to the fore in our regulation of this sector. We will be publishing an overview report of our findings in residential services in the next few weeks.

As we head into our second full year of regulation of residential centres for adults with disabilities and mixed centres for adults and children with disabilities, we have set out a number of priorities for 2015.

Our Adult Social Care Team is responsible for the regulation of adult services and mixed children and adult services. During 2014, there were 920 residential centres consisting of 1,362 residential units.

Of the 920 centres, 66 are for children with disabilities and our Children’s Team regulates these centres. The other 854 centres for adults and mixed children and adult services are regulated by our Adult Social Care Team.

2014 was the first full year of regulation of designated centres for people with disabilities, and the Adult Social Care Team carried out 603 inspections at 462 designated centres. This represents at least one inspection of 54% of the 854 designated centres that this Team regulates.

By the end of 2014, 49 centres for adults, and those accommodating both adults and children, had achieved full registration. Under the Health Act 2007, the remainder of the centres must be registered by 31 October 2016.

Finbarr Colfer, our Head of Programme, Disabilities, said: “As there are 920 designated centres, the programme of registering these will be a main feature of work for 2015 and 2016. In addition to this, we will also continue with our programme of inspections and other monitoring activities of these residential services throughout the year.”



New guidance on disability inspections

At the start of this year, we published the [Assessment](#) and [Judgment](#) Frameworks for inspections of residential services for people with a disability.

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These are documents which will be used as a guidance by our inspectors during inspections of these services.

Finbarr Colfer, our Head of Programme, Disabilities, said, “It is hoped that publishing these guidance documents will help providers to monitor their own compliance with the requirements of the regulations and Standards.”

Following feedback from providers and other stakeholders, a revised guidance document on identifying

designated centres for people with disabilities is currently being finalised.

Finbarr added: "It is hoped that this document will give further clarity to providers and the general public on the types of residential services for people with disabilities that are considered designated centres. Centres which are considered designated centres are required to register with us and comply with the regulations and Standards."

Unique health identifiers consultation

We are seeking your views on [how your individual health identifier is managed](#).

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We have published [draft Standards for public consultation](#) which lay the foundation for the introduction of individual health identifiers (IHI) to the Irish healthcare system.

An IHI is a lifetime non-transferable number that uniquely identifies each person that has used, is using or may use a health or social care service in Ireland. Its purpose is to accurately identify the person, thus enabling health and social care to be delivered to the right patient, in the right place and at the right time.

Legislation was introduced last year to allow two new registries to be created: one will contain information for people using health and social care services and the other is for organisations and professionals providing these services. The health services provider identifier (or HSPI) is a unique number that is assigned to a provider, such as a hospital or clinic.

The Health Service Executive (HSE) will set up and manage the two new national registers for health identifiers. HIQA's role is to develop information governance and management standards for the health identifiers operator (a business unit within the HSE to manage the health identifier record). We will then be responsible for monitoring the health identifiers operator against the information governance and management standards.

HIQA's Acting Director of Health Information Rachel Flynn said: "Individual health identifiers are the cornerstone of most electronic healthcare systems and are key for implementing electronic health records and eHealth solutions such as ePrescribing. We have developed these draft Standards to support the introduction of health identifiers into the Irish healthcare system by providing information governance and management standards that the health identifier operators must put into practice.

"IHIs are critical for the advancement of the eHealth strategy in Ireland. When introduced, they will play a crucial role in building safer, more efficient healthcare services by improving accuracy in identifying patients and their medical records. This will reduce the number of adverse events that can happen when delivering healthcare services, such as giving the patient incorrect medication, or admitting the wrong person for surgery."

We are working closely with the new Chief Information Officer, Richard Corbridge, to support the introduction of individual health identifiers.

We would value your feedback on this important initiative. The public consultation on the *draft information governance and management standards for the health identifiers operator in Ireland* will run until **24 April 2015**. The Standards – along with [details on how to take part in the consultation](#) – are available at www.hiqa.ie. When the public consultation is complete, all feedback will be analysed carefully and considered before the Standards are finalised.



Rachel Flynn, our
Acting Director of
Health Information

HIQA publishes Standards to support eHealth strategy

In an important step towards developing Ireland's eHealth strategy, we have published Standards for [electronic prescribing](#) and the [electronic transfer of prescriptions](#).

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The two Standards, [Data model for an electronic medicinal product reference catalogue – a National Standard](#) and [ePrescription dataset and clinical document architecture standard](#), outline a data model for a medicinal product reference catalogue, and a dataset and technical specification for electronic prescriptions.



HIQA's Acting Director of Health Information Rachel Flynn said ePrescribing has been identified as a key priority for Ireland in the [National eHealth Strategy](#) (2013), and multiple standards are required to enable its roll-out nationally. eHealth is an important enabler for transforming healthcare, and as one of the lead organisations in supporting the eHealth vision for Ireland, we are committed to supporting its

implementation.

Rachel Flynn added: “These Standards pave the way for improved health services by reducing medication prescription and transcription errors, leading to increased quality and efficiency, and safer services for patients. While ePrescribing is the direct computer-to-computer transmission of prescription information from GPs to pharmacies, these systems also allow for patient safety features including clinical decision support and the sharing of patient pharmacy data across multiple prescribers.”

Early warning and clinical handover systems

Introducing electronic early warning and clinical handover systems could lead to reduced mortality rates, better patient care, shorter waiting lists and a reduction in hospital overcrowding, a [new report from HIQA](#) has found.

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We have published the results of a [health technology assessment \(HTA\) of the use of information technology for early warning and clinical handover systems](#) to help identify patients whose clinical condition is deteriorating. Information technology has the potential to offer innovation in improving quality, safety and standardisation of care for patients.

Internationally, failure to identify the acutely deteriorating patient is considered a major cause of avoidable morbidity and mortality. The introduction of electronic early warning and clinical handover systems has been shown in other countries to be an efficient, accurate and auditable way of recording patients’ vital sign parameters.

Strong leadership and adequate resources – such as the appropriate level of trained staff to manage the identified deteriorating patient – are critical to successful implementation, and improvements in patient outcomes. Investing in electronic early warning systems should happen in parallel with a training programme for assessing and treating the acutely deteriorating patient. The clinical data collected through such systems can also greatly assist in audit and governance functions.

Other potential benefits include increased efficiencies gained from reduced vital-sign recording time, as much as 1.6 times faster than that of a paper-based system. This means more of the clinicians’ time is available to deliver care to patients. When this efficiency gain is coupled with improved accuracy of recording of vital signs and clinical handover information when staff go or come off shift, the benefits realised through a safer patient environment are important contributions to be noted.

Dr Máirín Ryan, our Director of Health Technology Assessment and Acting Deputy CEO, said: “The benefits, risks and costs of such technology are considered in this HTA to assist a coordinated evidence-based approach for integration of information technology into clinical effectiveness processes. Implementation will require significant capital investment, but has the potential to improve patient safety and efficiency of care, and increase acute hospital bed capacity through a reduction in average length of stay.”

This Health Technology Assessment was undertaken by HIQA following a request from the Chief Medical Officer of the Department of Health in October 2014. It was conducted with input from an expert advisory group (EAG) comprising representation from relevant stakeholders including clinical specialists, information technology specialists, a representative of a patient organisation, the Department of Health and the Health Service Executive (HSE).

This Health Technology Assessment is available on www.hiqa.ie.



Dr Máirín Ryan, HIQA's Director of Health Technology Assessment and Acting Deputy CEO

New National Standards for Special Care Units

We have published [new National Standards for Special Care Units](#) for children. We have published [new National Standards for Special Care Units](#) for children.

Special care units are secure, residential facilities for children in care aged between 11 and 17 years.

Vulnerable children are detained in special care under a High Court care order for short-term stabilisation when their behaviour poses a real and substantial risk of harm to themselves.

They are also kept in a special care unit where placement in such a unit is considered necessary for their care and protection.

These new standards have been developed to ensure that these children are provided with safe, high-quality intervention services.

When the relevant changes to the law are made, all special care units – run by the Child and Family Agency (Tusla), or run by a private organisation or a voluntary body – will have to be registered with HIQA.

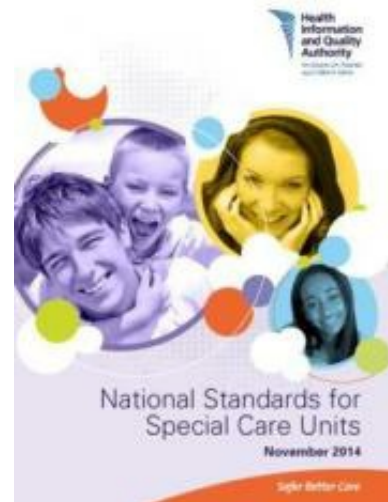
Marie Kehoe-O’Sullivan, HIQA’s Director of Safety and Quality Improvement, said: “Children in special care units are not there because they have committed a criminal offence. Children are only placed in special care units when such a placement is considered necessary for their care and welfare. These are vulnerable children and these units have an important role to play in promoting and safeguarding the rights of the children in their care.

“The overall aim of these care units is to provide focused care in a highly supportive environment, stabilising behaviour so that children are enabled to return to non-secure care within a short period of time. Each centre should promote a child-centred approach to service provision that meets the need of each child, while listening to their voice and promoting their rights.”

These new Standards, which will be supported by regulations, provide a framework for providers of special care services for the ongoing development of child-centred, high-quality, safe and effective residential services for children. They have been developed following a period of public consultation and we wish to thank those who took the time to communicate with us.

The Standards have been approved by the Board of the Authority; the Minister for Health Dr Leo Varadkar TD; and Minister for Children and Youth Affairs Dr James Reilly TD. They supersede the previous *National Standards for Special Care Units* (2001) developed by the Department of Health and Children.

The full version and or an easy to read version of these Standards is available from our website, www.hiqa.ie.



Inspections of services for children with disabilities

Our Children’s Team conducted 75 inspections of designated residential centres for children with disabilities in 2014.

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This consisted of 56 monitoring inspections and 19 registration inspections.

We registered seven designated centres for children with a disability.

Our 2015 inspections will focus on registration of designated centres for children with disabilities, with risk-based monitoring inspections taking place as required.

New portal for notifications by nursing homes

We have launched a [new portal \(Internet\) site for providers](#) of designated centres for older persons that will allow them to submit online a number of statutory notifications to us.

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Registered providers or persons in charge of designated centres for older people are required by legislation to notify us without delay of certain adverse or potentially harmful events that have taken place within their

centres.

The purpose of these notifications is to alert us to potential risks to the health, safety or wellbeing of residents.

The portal site has been tested with a number of nursing homes and supports us in taking our first step in reducing the administrative burden for providers and also for the Authority. To date, many of those nursing homes have successfully registered accounts with us, and have started to send in notifications using the new system.

Once logged in, providers will be able to:

- submit statutory notifications
- view a history of notifications sent to us
- get information on their account
- change their password
- request portal access for up to five members of their organisation.

All providers of designated centres for older persons can register for a portal account with us. In a recent six-month period we received over 6,000 notifications from older persons' centres. All come into the Authority on forms via email, post or fax and all have to be manually added to the IT system. The portal site will eliminate manual data processing.

This is the first phase of the portal and it will allow providers of designated centres for older persons to submit the following forms online: NF01, NF02, NF03, NF05, NF06, NF07, NF08, NF09, NF20, NF21, and the NF60.

Future phases will see all notifications for all providers of designated centres going onto the portal and it will be possible to look at doing online applications, payment of fees, thematic questionnaires and so on via the portal site.

We are very grateful to those providers who have worked with us to develop this system, which we hope will help make the notification process more efficient. The next step now is to invite all providers of designated centres for older persons to register. If providers have any questions in relation to the portal site, please email portalsupport@hiqa.ie.

You can also view our portal how-to videos on [our YouTube](#) channel.



Review of HIQA registration processes

We are improving the efficiency of our registration processes for nursing homes and residential centres for people with disabilities.

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Our Registration Team is an integral part of our Regulation Directorate, and is central to the registration of designated centres for older people and people with disabilities.

In order to see how effective our registration process is and see if it is fit for purpose, we reviewed it. The review included surveys with both internal stakeholders and external providers.

Phelim Quinn, our Chief Executive, said: "The overall registration process was found to be overly manual. Therefore, we have now started a Registration Review Project. While still very much at its formative stages, this project will implement the recommendations arising from the review, and aims to find further opportunities for making the registration process better and more effective."

HIQA to inspect use of infection medicines in hospitals

Throughout 2015, we will be expanding the scope of our hospital hygiene inspections to promote further compliance with the [Infection Prevention and Control Standards](#). This will include a focus on how hospitals use antibiotics to fight infections, a system called antimicrobial stewardship.

Throughout 2015, we will be expanding the scope of our hospital hygiene inspections to promote further compliance with the [Infection Prevention and Control Standards](#). This will include a focus on how hospitals use antibiotics to fight infections, a system called antimicrobial stewardship.

We have set up an external expert advisory group to help us review how hospitals use antibiotics to fight infections through a set of coordinated strategies to improve their use. This is with the goal of improving patients' health outcomes, reducing resistance to antibiotics, and decreasing unnecessary costs.



Our Infection Prevention and Control Standards and other national guidelines require every acute hospital in Ireland to have such coordinated strategies in place. In 2015, we intend to develop and circulate a self-assessment tool to be completed by all 50 public acute hospitals.

The resulting information from hospitals will allow us to determine each hospital's approach to making sure that they have the core elements of best practice in place. It will also allow us to determine, describe and share information on programmes currently in place across the Irish healthcare system.

The self-assessment exercise will be supplemented with additional announced on-site regulatory activity to verify findings and inform a subsequent publication. This publication will help share information on how hospitals approach the issue, and will inform where further improvements are needed. Full guidance will be provided to hospitals before monitoring activity begins.

Focus on dementia care in nursing homes

Our Older Persons' Programme plans to focus on dementia care in nursing homes in 2015 and 2016.



Pictured (L-R) at one of our information seminars on dementia care inspections are: Mary Condell (SAGE, Support and Advocacy Service for Older People), Aine Brady (SAGE), Cecelia Hayden (St Vincent's Hospital, Athy, Co Kildare), Dr Siobhan Kennelly (HSE), Lorna Peelo-Kilroe (HSE) and John Farrelly from HIQA.

Our Older Persons' Programme plans to focus on dementia care in nursing homes in 2015 and 2016.

The theme of dementia care was chosen based on an analysis of risk areas and in consultation with inspection staff and interested external parties.

An expert group was formed to advise on the inspection approach to encourage improvement within residential services for people with dementia. In order to facilitate quality improvement, we developed and published [evidence-based guidance on good practice in dementia care](#). This document identifies the key elements that a nursing home should have in place for safe, high-quality services for people with dementia.

John Farrelly, Head of Older Persons' Programme in HIQA, stated: "We also developed a quality improvement questionnaire to support providers and staff to benchmark their service against international best practice standards and guidelines in dementia care. The questionnaire contains a section to highlight areas of good practice, identify areas for improvement and an action plan to address improvements required."

As part of the planning for these new thematic inspections, we organised information seminars in Dublin and Cork for nursing homes, which were attended by over 900 providers and staff from nursing homes around the country. John Farrelly thanked all who attended, and added that a number of expert speakers shared their knowledge prior to the commencement of thematic dementia care inspections, and feedback from delegates at both events was very positive.

We will carry out unannounced inspections, normally by two inspectors over one day. The process will be

similar to other inspections but with a focus on dementia. Our inspectors will also spend periods observing residents in communal areas, using an observational tool to record and rate their observations. Inspectors will also use case-tracking to track the journey of some residents within the service.

New supporting documents for dementia care inspections

To support the roll out of inspections of dementia care in nursing homes, we have published a [number of supporting documents](#).

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John Farrelly, Head of Older Persons' Programme in HIQA, stated: "In order to optimise transparency in how we conduct thematic assessments and make our assessments of dementia care, we developed and published an [assessment framework](#) and a [judgment framework](#) relevant to the outcomes for dementia care. These frameworks will assist inspectors to be increasingly consistent in the way in which they make their assessments of compliance with standards and regulations."

The assessment framework contains two ways to describe judgments: compliant and non-compliant. There are four further descriptions of judgments reached to describe the level of compliance or non-compliance. These are: compliant or substantially compliant; and moderate or major non-compliance. These judgment descriptions relate to the impact the non-compliance has on the health, safety and wellbeing of the resident with dementia.

John Farrelly added: "As with our previous thematic inspections, the methodology includes a provider self-assessment to assist centres to reflect on the care they provide to residents. It will also enable action where necessary to improve the environment and the quality of care received by residents. The self-assessment is aligned to the judgment framework to enable providers to assess and grade their service compliance in relation to six outcomes.

"Each outcome includes an action section for providers to address any areas for improvement that they have identified. Only providers of selected designated centres will be required to complete and submit the self-assessment. This reflects a change from the previous thematic inspections, when all providers had to submit the self-assessment. In 2015, up to 78 centres are nominated by inspectors for a thematic inspection on dementia care. They will be notified via email that their dementia care may be inspected.

"We plan to conduct 75 of these inspections. While one has already been completed, most will take place later in the year. We will notify relevant providers of designated centres who may have a thematic inspection in 2015 to submit their self-assessment in advance of the inspection. The self-assessments are reviewed by inspectors prior to inspection along with other relevant materials."

The quality improvement questionnaire, the self-assessment tool and supporting documents were published on our website in February 2015. It is expected that most of the thematic inspections in dementia care will take place in the second part of 2015. This will provide a reasonable time frame for providers to benchmark their service and implement the quality improvements identified in advance of the thematic inspection.

Meanwhile, last year, we completed 197 thematic inspections in the areas of food and nutrition and end-of-life care. Data from these inspections will inform the annual overview report. Our Older Persons' Team also reports that the first round of registration renewals for designated centres for older people is progressing and is on target for completion by July 2015. A national roll out of medication management inspections is also planned for 2015, while a report on the outcomes of all aspects of regulatory monitoring will also be published in an overview report.

See also:

- [Assessment framework](#)
- [Judgment framework](#)
- [Self-assessment tool](#)
- [Guidance](#).

Quality of Interaction Schedule (QUIS) document

- [Observation sheet](#)
- [Example sheet](#)
- [A quality improvement questionnaire](#).

Energy awareness in HIQA

We are continuing in our efforts to reduce our energy consumption in both of our offices. We are continuing in our efforts to reduce our energy consumption in both of our offices.

We received Highly Commended Awards last year at the [Office of Public Works'](#)

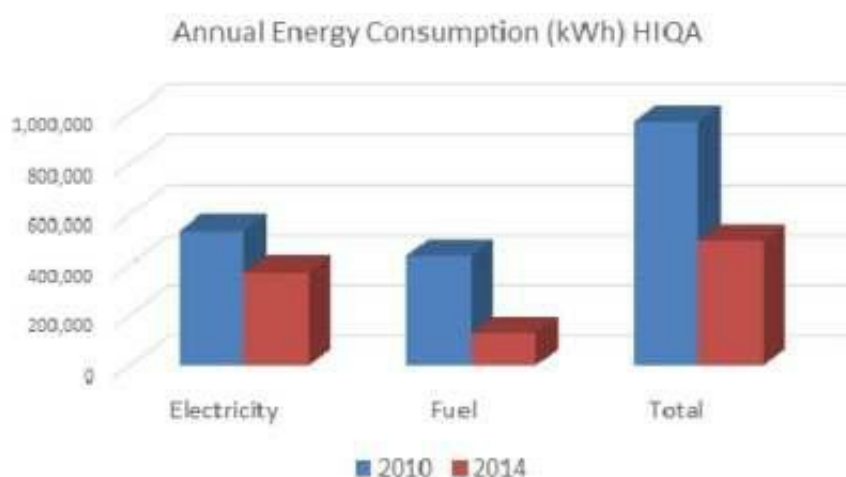
Optimising Power @ Work' Programme Regional Awards for our energy conservation efforts at both our Dublin and Cork offices.

In 2014, we recorded an improved energy performance by reducing our energy consumption by 48.9% compared with 2010 in both offices, when our expanded footprint in our Dublin building is discounted.

Total energy consumption savings for HIQA in Cork and Dublin can be seen in the graph here:



Meiread Ashe from HIQA presenting at the OPW event



Our improved energy performance was due to a number of factors, including continued active participation in the Office of Public Works' (OPW's) 'Optimising Power @ Work' with the assistance of the OPW.

In the buildings themselves, we installed energy monitoring devices to measure electricity consumption, with reports being generated regularly, and savings and or increases in energy consumption being identified.

Meiread Ashe, our Energy Officer from our Corporate Services Team, who received the OPW award on our behalf, commented: "Following presentations, HIQA management has given their full support to the energy conservation campaign. They have seen the benefits and invested further in energy saving projects. Simple things such as regular reminder emails are sent to all staff reminding them to 'switch off all non-essential electrical equipment' including computers, monitors, printers, lights and so on. We also did a walk around audit to identify possible solar gain areas in the building, and adjusted the time schedules and set-point temperatures in different areas of the building. We have also changed our lighting in some areas, installed sleep mode on inactive PCs, time clocks on vending machines, and set our photocopiers and printers to energy-saving mode."

Meiread Ashe concluded: "We will continue to monitor time schedules for heating and cooling throughout the year, and consider installing daylight blinds to reduce glare and allow daylight to enter the space in a controlled way. Daylight blinds prevent excessive solar glare reflection. We will be retrofitting florescent tubes and fittings with more efficient lighting, generating a 30% saving in those lighting costs."

Health technology assessment update

Our Health Technology Assessment team is currently carrying out three health technology assessments to inform decision-making within the health service.

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According to HIQA's Director of Health Technology Assessment and Acting Deputy CEO, Dr Máirín Ryan, these programmes of work include a cost-effectiveness analysis of a national atrial fibrillation screening programme for people over 65 years of age. This was among the recommendations contained in the [National Cardiovascular Health Policy 2010-2019](#).

Dr Ryan commented: "Atrial fibrillation is an uneven and often hurried heart rate that commonly causes inadequate blood flow to the body. It is the most common problem with the rhythm of the heartbeat seen in general practice and is associated with a five-fold increase in the risk of stroke. We expect this analysis will be completed by July 2015 and further details about this project can be obtained from the HIQA website."

The Directorate is also examining the clinical and cost implications of moving from universal to selective neonatal BCG vaccination for the prevention of tuberculosis (TB). Dr Ryan added: "This builds on previous work carried out by the National Centre for Pharmacoeconomics (NCPE), the National Immunisation Advisory Committee (NIAC), and the National TB Advisory Committee. Our work is designed to inform decision-making about potential changes to the current strategy for prevention and control of TB."

Developing new models of managing chronic disease (ongoing conditions that can be controlled and managed but not cured) has been identified as a key priority for the Irish health service in 2015. To support this work, we are conducting a series of assessments to join together the available evidence on both generic and disease-specific self-management and education programmes. If you would like more information on any of these health technology assessments please [contact us](#).



Dr Máirín Ryan, HIQA's Director of Health Technology Assessment and Acting Deputy CEO

Non-statutory foster care report published

We have published one foster care report on privately provided foster care services using our revised monitoring approach.

We have published one foster care report on privately provided foster care services using our revised monitoring approach.

This inspection found that children received a good quality of care. They were involved and participated in planning for their future. Their rights were promoted, valued and respected by foster carers. They were listened to and their voices were heard. We also found that foster carers were appropriately assessed and then approved by the Child and Family Agency's (Tusla's) foster care committees.



Our National Head of Children's Services Regulation, Vicky Blomfield, commented: "The quality of support to foster carers given by the private service was of good quality and all foster carers had an allocated link worker (a social worker who provides support specifically to the foster carer). However, the provider needed to be more pro-active in obtaining statutory documents for children such as care plans and minutes of child-in-care reviews in order to improve planning for children. The service was well managed but did not have strong quality assurance systems, and improvements were needed in the identification and management of organisational risk."

New special care unit inspection reports

Our Children's Team has recently published reports on the country's three special care units and the national children's detention school campus.

Our Children's Team has recently published reports on the country's three special care units and the national children's detention school campus.

These services are now supported by the Assessment Consultation Therapy Service (ACTS). ACTS is a national specialised clinical service which provides multidisciplinary consultation, assessment and focused

interventions to young people who have high-risk behaviours associated with complex clinical needs.

As a consequence, our Children's Team's business plan for 2015 includes an objective to undertake a literature review in relation to this issue and also a review of the inspection findings for 2014. The Team will also produce guidance for providers.

Changes to some children's residential services

Children's statutory residential care services have changed in the course of the last 18 months as the country's two high support units have ceased to operate.

Children's statutory residential care services have changed in the course of the last 18 months as the country's two high support units have ceased to operate.

The Child and Family Agency (Tusla) has stated that residential units will deliver a higher level of support within the community in the future to address any gaps created by the closure of high support services.

Our National Head of Children's Services Regulation, Vicky Blomfield, welcomed this change in strategy. She added: "During 2014, in order to be assured that residential services could provide higher levels of support, we focused on how residential services were managing children's behaviour that challenges. This programme has been extended into 2015 with a further 10 inspections to be carried out with the same focus."

Nutrition and hydration in acute hospitals

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A recent survey estimated one in three patients admitted to Irish hospitals are affected by malnutrition. Through implementing a nutrition and hydration monitoring programme, we hope to raise awareness of the benefits of investing in good nutritional practice and to promote improvement in this area for all patients.



Our Acting Director of Regulation Mary Dunnion commented: "Malnutrition has serious economic consequences for hospitals and clinical consequences for patients. A 2007 UK study found that while just 5% of cases of malnutrition occur in hospitals, government expenditure on hospitalised patients accounted for 42% of the budget allocated to malnutrition.

"It has also been found that by investing in nutritional care, the patient's quality of life is also improved due to lower rates of infection, muscle wasting, cognitive decline, morbidity and mortality."

This monitoring programme is still in its early stages. An expert advisory group has been set up, and a series of advisory group meetings are currently being held in Dublin. It is hoped that all hospitals will partake in a self-assessment monitoring process later this year. This will be followed by themed unannounced inspections in a small selection of hospitals.

International News Round Up

Review of patient safety surveillance systems

We are undertaking an international review of patient safety surveillance systems as part of a project to set up a national patient safety surveillance system in Ireland.

The Department of Health's Chief Medical Officer's report to the Minister for Health in 2014 on perinatal deaths in Portlaoise Hospital recommended the establishment of a 'National Patient Safety Surveillance System'.

To advance this, HIQA is developing recommendations on coordinating the gathering of patient-safety information in Ireland. This is part of our legal remit to improve the quality of existing information and to identify gaps where information is needed but is not currently available.

To this end, we are currently documenting the existing sources of patient-safety information in Ireland by undertaking an 'as is' analysis. We are also undertaking an international review of existing patient-safety surveillance systems, looking at models in four locations: Canada, Scotland, England and Denmark.

The international evidence coupled with the 'as is' analysis will form the basis for a set of recommendations to

Update on HIQA-IHI programme review



Marie Kehoe-O'Sullivan, HIQA's Director of Safety and Quality Improvement

Our quality improvement programme run with the US-based [Institute for Healthcare Improvement \(IHI\)](#) has had a significant impact on how many of its participants view their challenges at work, and their capacity to share with others and effect change.

That is the view of a final external evaluation of the programme, which says most of those who took part in the initial pilot phase of the programme – and who responded to a follow-up evaluation survey about its impact – appear to have learned a variety of new skills.

During 2013 HIQA introduced, via a licensing arrangement with IHI, a structured learning programme in quality improvement science tools and methodologies. Ten health and social care sites took part, involving 10 full-time clinicians on each site (making a full complement of 100).

IHI is an independent not-for-profit organisation based in Cambridge, Massachusetts, which aims to promote healthcare improvement worldwide. Our Director of Safety and Quality Improvement Marie Kehoe-O'Sullivan, said an impressive range of new projects has been undertaken in many of the sites.

“Judging from responses, it would appear that there have been some significant gains from the programme focus. Reflecting on the medication reconciliation project, people cited its impact on clinical, organisational and individual team effort, and only a minority indicated that the project had not touched on their activity,” she said.

“What the authors have reported also suggests that the harder – technical – skills have had lasting resonance. Newly developed skills have been shared and spread. While the content and method of delivery of the programme had been untried in Ireland, the degree of commitment and enthusiasm for it among the participants was clear to us during 2014.

“It seems to have had a lasting impact on most of those who responded to this survey. Those supporting this programme in the various centres are to be commended for their support. We had responses from 31 out of 100 participants, which is an acceptable response rate, but the findings need to be viewed in light of the fact that they represent a minority response.”

The external reviewers also found that there is an impressive range of follow-on projects reported and the use of improvement tools and techniques is ongoing. A number of recommendations were made, including that the development team at HIQA consider encouraging peer support and creating a network of those with experience, and providing time and space for them to meet to keep the project flame alive.

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