

## Welcome

In this issue of HIQA News, we bring you up to speed on some of the new initiatives we are embarking on in health technology assessment and health information, and update you on progress in the regulatory functions that we undertake in the area of adults and children's services and healthcare.

We recently announced details of our new child protection and welfare inspection remit and the Authority will shortly publish the first inspection report in this area. At the start of the year we published the first of a new programme of hygiene and infection prevention assessment reports. In this issue, we review recent activity by our nursing home inspectors, and progress on regulating residential services for people with disabilities.



We also report on our new training collaboration launched on 12 February between the Institute for Healthcare Improvement (IHI) and our Safety and Quality Improvement Directorate. We were delighted to have 45 of our health and social care participants with us in our Dublin offices for the launch and others from five of the participating sites in Cork, Galway, and Kildare who joined us via video or telephone link.

We also report on our patient discharge summary consultation and outline our consultation on draft thresholds for scheduled surgical procedures. Our Corporate Services team report on how we are driving down our energy consumption. As ever, we would welcome your feedback, so please feel free to write to us at [hiqanews@hiqa.ie](mailto:hiqanews@hiqa.ie).

With warm regards to everyone,

Dr Tracey Cooper, CEO, HIQA

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## Training for front-line staff

As part of our goal of helping those at the front line in health and social care to drive safety and quality improvement, HIQA has now become the 'hub' for the Institute for Healthcare Improvement (IHI) Regional Open School in Ireland. Staff from a number of hospitals and community nursing units will receive training in quality improvement science under the initiative.

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The IHI is an international not-for-profit organisation, providing seminars, online training, and other training opportunities to personnel at all levels, from chief executives to front-line staff. Through the online learning of the IHI Open School, health and social care professionals from all disciplines can acquire practical tools to enable sustainable improvements in their service.

In the first wave of HIQA's programme, front-line staff in four acute hospitals and six community hospitals will participate in the Open School and collaborate on quality improvement programmes. The inaugural meeting of the IHI Open School Hub in Ireland took place recently in our Dublin Regional Office.

This training programme will include a hands-on practical element to improve the care that residents and patients receive. The participants will implement a pilot project on the safe use of medicines in 2013, which will then be rolled out nationally next year.

We are working with stakeholders including members from the Health Service Executive (HSE), the Royal College of Surgeons in Ireland (RCSI) and other national agencies, who are providing technical advice, to ensure that our work is coordinated and that we make best use of resources.



At our IHI Open School Hub meeting were the team from Beaumont Hospital in Dublin. Back row (L-R): Helen Ryan, Niamh Kane, Kate Costello, Paul Troy, Angela Coogan, Helen Goode, Fiona Jacob, and Anne Marie Cushen. Front row (seated, L-R): Marie Kehoe O' Sullivan from HIQA, and Pauline Fordyce.

## Child protection and welfare inspections

We have started inspecting the HSE's Children and Family Services to measure its compliance with the [National Standards for the Protection and Welfare of Children](#). We are also assessing how the service undertakes its statutory functions and how it is implementing the Children First guidance on the protection and welfare of children.

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Our children's team has completed its first full inspection of a child protection and welfare service under our new *National Standards for the Protection and Welfare of Children*. This is the first time in Ireland that the State's children and families services will be subject to independent inspection and monitoring. Initially, the inspections will involve announced inspections of HSE local health areas (LHAs), with each LHA being inspected at least once every three years. The announced inspections will enable our inspectors to meet with children, their families and carers and hear their experiences of these services first-hand. Unannounced inspections will also be introduced.

The inspections provide a baseline on the extent to which the HSE is meeting the National Standards and will identify areas of good practice and areas that require further improvement. This forms part of the wider assessment by HIQA of how children's services are meeting standards and regulations in areas such as foster care, children's residential centres and special care units.

Phelim Quinn, our Director of Regulation, said the start of this monitoring and inspection process is a major step towards putting in place a system of external assurance on the quality and safety of child protection and welfare services in Ireland. Further inspections are now being planned and we will publish our inspection reports. The purpose of the National Standards is to provide a framework for the service to enable it to meet the requirements of a modern child protection and welfare service. This will ultimately minimise the risk of harm to children.

We have also recently published reports of our inspections into HSE foster care services in Louth, Dublin South East, Limerick, and Dublin North West. Our children's team inspection reports can be downloaded from [www.hiqa.ie](http://www.hiqa.ie).

Phelim and colleagues will continue to engage with the HSE to look at emerging themes from all our children's services inspections to determine what plans are needed for improvements in quality and safety and any changes required to national policy.



Phelim Quinn, HIQA's Director of Regulation, being interviewed by RTE News to mark the launch of our new child protection and welfare inspection function. Image: RTE News

## Registration and inspection of services for people with a disability

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In December 2012, we wrote to the providers of residential services for persons with disabilities (children and adults) to verify our information in relation to the services they provide. The information returned from service providers was reviewed in January 2013 and we are in consultation with a number of service providers to clarify outstanding queries. It is intended that this process will provide us with a national database of designated residential centres for adults and children with disabilities.

We also completed the consultation on the [Draft National Standards for Residential Centres for People with Disabilities](#). There was a considerable response to the consultation and we have taken into account the various views expressed. A statement of outcomes report on the consultation will be published along with the final Standards.

It is envisaged that inspections against these Standards and the relevant Regulations will commence later this year. The Board of HIQA has approved the Standards and these are now with the Minister for Health, Minister of State, Department of Health and Department of Justice, Equality and Defence with responsibility for Disability, Equality, Mental Health and Older People, and the Minister for Children and Youth Affairs for final approval.

Once the Standards are approved by the Ministers and the commencement order given, then all residential services must be registered with HIQA in order to operate. This is a substantial undertaking and significant body of work. At this point, HIQA estimates that there are approximately 1200 residential services, catering for over 10,000 people with disabilities.

Over the coming months, we will be organising meetings with service providers to enable them to best prepare for the commencement of regulations. Topics will include provider's responsibilities under the Health Act 2007, registration, regulations, standards and how we will monitor compliance within designated centres for both adults and children with disability. The dates for these will be communicated closer to the time.

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## Over 800 inspections of nursing homes in 2012

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The Authority's 838 inspections of nursing homes last year included 428 follow-up inspections, representing 51% of all inspections. Inspections are carried out to monitor ongoing compliance with standards and regulatory requirements and to ensure continual improvement.

Inspections form an important part of our monitoring activity. We also receive and process significant volumes of information about nursing homes, which helps us target our inspection activities where we believe risk to service users is greatest.

Our Regulation Directorate is responsible for all regulatory activities undertaken by HIQA. Since 1 July 2009, the Authority has been legally responsible for the registration and inspection of private, public (run by the Health Service Executive) and voluntary residential services for older people.

There are over 28,000 residents living in nursing homes and last year we completed the first cycle of registrations. Of the 568 centres operating on 30 June 2012, 99% (562) were registered by the Authority by the end of the first three-year inspection cycle, and the remaining six others have since been registered.

Of the 838 inspections carried out in 2012, there were four different kinds as follows:

- There were 22 inspections to check compliance with all of the Standards and Regulations, usually during a registration or registration renewal process. These types of inspections are called 'Full 18 outcome' inspections.
- There were 338 inspections to check ongoing compliance with key regulations and standards. These are called 'Ten outcome' monitoring inspections.
- There were 428 follow-up inspections – these are to check whether a provider has implemented required actions.
- There were 50 single/specific-issue inspections. These inspections are based on a notification or on information received.

Some of these inspections were announced (59) but most were unannounced (779).

Enforcement action is only taken by the Authority when there are reasonable grounds to believe that there are serious risks to the health and or welfare of residents or if there has been a substantial and significant breach of the regulations. A small number of centres closed last year as a result of enforcement action undertaken by HIQA. In total, 12 centres closed during 2012, seven of them closing voluntarily, and five were closed by direction of the courts.

During 2013, we will be reviewing our approach to enforcement, ensuring that when issues of non-compliance are identified providers will be afforded reasonable timeframes within which improvement can achieve compliance. However, and as stated, we will escalate our enforcement action where we believe there is a significant risk to the health, safety and welfare of residents.

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## HIQA infection prevention reports

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Our monitoring programme, which started in the last quarter of 2012, focuses on the essential capacity and capability elements needed to implement four

of the practices that international research has shown to make a major contribution towards reducing Healthcare Associated Infections and improve patient safety. These are:

1. Hand hygiene compliance.
2. The cleanliness of the environment and equipment.
3. The appropriate use of antimicrobial antibiotics (antimicrobial stewardship).
4. The prevention of Healthcare Associated Infections associated with invasive medical devices such as intravenous lines and urinary catheters.



First infection prevention and control assessment reports published

During Phase 1 of the programme, we carried out unannounced assessments in 12 hospitals covering 30 clinical areas. These provide a snapshot of hand hygiene and environmental cleanliness on the day of the assessment. In total, we observed 291 hand hygiene opportunities during the unannounced monitoring assessments, with 191 of these (66%) hand hygiene opportunities being taken. Of those 191, 50% were observed to comply with best practice hand hygiene technique.

In addition we carried out two announced assessments which focused on a broader range of topics including antimicrobial stewardship and the management of invasive medical devices. During these comprehensive assessments, we observed 58 hand hygiene opportunities and found that 47 of the 58 (81%) were taken. Of those, 74% were observed to comply with best practice hand hygiene technique.

In January, we published the first assessment reports for this important programme of work. Our reports detail examples of good practices found in the hospitals assessed and those areas where improvements are needed. While we found the cleanliness of the environment and equipment was generally good, we also found that a culture of hand hygiene is not yet embedded across the health system.

Phelim Quinn, our Director of Regulation, said poor hand hygiene is potentially putting patients at risk and that further improvements are required.

We will continue with this programme of announced and unannounced assessments, to ensure that hospitals have implemented their quality improvement plans, in order to provide assurances to the public that the National Standards are being implemented, and that patients are being safeguarded. Phase 2 of the monitoring programme started in January 2013, and will continue throughout this year and into 2014 to include announced assessments at all acute hospitals in Ireland.

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## Responses to discharges consultation

There has been an impressive response to our consultation on [Standardising Patient Discharge Summary Information](#) and we are processing the many responses received. Our Health Information Directorate has also published [Guidance on Messaging Standards for Ireland](#).

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Over 100 responses were received to our consultation, which has now closed, and a statement of outcomes document will be published in due course. This will summarise the feedback received and outline our comments on this feedback. Once all of the responses have been analysed, we will amend the draft standard as appropriate.

Meanwhile, we have also published *Guidance on Messaging Standards for Ireland*. The purpose of the Guidance document is to provide high-level guidance in respect of messaging standards in Ireland for the short to medium term. Messaging standards outline the structure, content and data requirements of electronic messages to enable effective and accurate sharing of information. We are currently developing Guidance on Clinical Coding and Clinical Terminology Systems for Ireland and a Guide to Interoperability Standards. All of this work is aimed at the health information community to support better decision making and consistency around future ehealth investments in order to drive further improvements in the quality and safety of services provided across the State.

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## HTA on scheduled surgical procedures

Our Health Technology Assessment Directorate is currently undertaking a series of assessments to advise the Health Service Executive (HSE) on potential clinical referral/treatment criteria for certain high volume scheduled surgeries. We are also [consulting with the public on the first of these draft assessments](#).

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We have convened a multidisciplinary Expert Advisory Group (EAG) to oversee the process and to provide access to expert advice and information as required.

The assessments will be carried out in groups, with the first four HTAs to be completed in the first quarter of this year. The four procedures being examined first are varicose vein surgery, grommet insertion and adenoidectomy, cataract surgery, and tonsillectomy. Draft recommended referral thresholds for these scheduled surgeries were recently published for public consultation where all interested parties will be able to provide feedback and suggestions. The consultation period will run until 13 March 2013. This is the first phase of a series of health technology assessments (HTAs) of scheduled surgical procedures being undertaken by HIQA at the request of the HSE. Following this the completed evaluation will be submitted as advice to the HSE and to the Minister for Health.



Dr Máirín Ryan, HIQA's Director of Health Technology Assessment

HIQA's Director of Health Technology Assessment Dr Máirín Ryan said the aim of the criteria is to reduce unnecessary referrals to surgeons thereby ensuring a more efficient referral process, standardising care provided and ultimately improving patient access to surgery. In 2011 the HSE reported a 22% increase in demand for elective surgical procedures. It is also reported that up to 50% of patients referred for outpatient appointments for selected procedures do not fulfil the clinical criteria for surgery.

Appropriate thresholds should minimise referral to surgical outpatients of patients who do not proceed to surgery. Patients and their general practitioners will be provided with greater clarity about the clinical criteria used by surgeons to inform the decision to operate or not. The potential benefits include reduced referrals to surgical outpatients and shortening of the patient's elective surgical journey. Streamlining referrals to surgeons should also help ensure that the right patients are referred for treatment at the right time, potentially releasing capacity and resources without increasing harm or reducing benefit. The use of transparent criteria may also allow for more efficient audit to ensure that there is equity of access to beneficial care throughout the publicly funded healthcare system.

## Significant interest in National Standards briefings

Almost 500 participants have attended, either in person or via the Internet, our information sessions on understanding our [National Standards for Safer Better Healthcare](#). Between September and November 2012 our Safety and Quality Improvement Directorate and Health Information Directorate ran a campaign to generate awareness and understanding of the [National Standards for Safer Better Healthcare](#) and associated guidance documents.

We held 11 Education and Awareness sessions in Dublin, Cork and Galway for front-line healthcare staff in public and private services. Six of these sessions were also offered as web conferences for staff who were unable to travel to the meeting venues and 300 staff participated in the briefings via the web.

The sessions covered:

- Presentations on the *National Standards for Safer Better Healthcare*.
- Guidance to accompany the National Standards.
- Guidance on Information Governance.
- A presentation on the role of the new Safety and Quality Improvement Directorate.



Pictured are the themes of the National Standards for Safer Better Healthcare

## Further appointments to HIQA Board

Four new members have been appointed to our Board by the Minister for Health – bringing the membership to its full complement.

The new members are:

- Anne Carrigy
- Mo Flynn
- Linda O'Shea Farren
- Una Geary.

Anne Carrigy retired as National Lead of Acute Hospital Services, Health Service Executive in December 2010. She was also President of An Bord Altranais and held a number of advisory and director roles over the years.

Mo Flynn is Chief Executive of Our Lady's Hospice and Care Services, Dublin. Previously she was the National Manager for Older People in the HSE. She has worked in child protection, mental health, disability services and

services for older people.

Linda O'Shea Farren is a solicitor and attorney-at-law. She has worked in investment banking, as a ministerial adviser to former Minister for Justice Nora Owen, and as Director of Legal and Corporate Affairs with the Irish Wheelchair Association.

Una Geary is a consultant in emergency medicine in Dublin and an honorary lecturer in the School of Medicine, Trinity College. She is a member of the Irish Committee for Emergency Medicine Training and Clinical Lead for the National Emergency Medicine Programme.

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## New Corporate Plan

Following the completion of the pre-consultation phase for our new Corporate Plan for 2013 to 2015, we received very informative feedback from a range of the stakeholders who work with us on a regular basis. We also consulted with our own staff and with our Board to gather their feedback on what our priorities should be for the next three years based on our legal remit. All feedback and submissions were reviewed in detail and from this a draft Corporate Plan is being prepared. The three-year plan for the Authority is proposing to concentrate on four outcomes to drive value and bring benefits to all of our stakeholders. These outcomes are that:

1. **Care is improved**
2. **People are safeguarded**
3. **People are informed**
4. **Policy and service decisions are informed.**

The next step is to ask our Board to review and approve the draft Corporate Plan. We will then undertake a full public consultation on it to ask the wider public what they think. Details on this public consultation will be available shortly on our website, [www.hiqa.ie](http://www.hiqa.ie). As a valued stakeholder, we will shortly send you a copy of the draft Plan as you may wish to provide feedback on it.

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## Award for HIQA IT team

We are pleased to report that our IT Department was the winner in the IT Department Category at the [it@cork Leaders Awards](#), held in November.

The judges placed particular value on our Clearview (corporate reporting) system for:

- its ability to strategically align our work programmes and activities with our Business Plan
- for the value and transparency it adds to managing of teams, projects and work programmes
- for the value it provides to corporate governance and risk management
- for its ability to align the tasks and goals on our performance management and development systems (PMDS) with our Business Plan.



Pictured are members of our IT Team shortly after receiving their award

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## New demographic dataset standards

Currently in Ireland there is no standard way or agreed guidance on the collection of demographic data, such as a person's name. This is a real risk for patient safety as it can reduce the ability to accurately identify individuals and provide appropriate quality and safe care for all people using our health and social care services.

Professor Jane Grimson, our Director of Health Information, said: "Having information that is complete and accurate about each person will reduce duplication in medical records, appointments and testing. This results in time-saving for the patient and cost savings."

To this end, we have developed a [draft national standard demographic dataset and associated guidance for use in all health and social care settings](#).

We are proposing that for each individual that uses health or social care services, a standard set of data that uniquely identifies each individual is recorded. The dataset is divided into five sections: identifiers, name details, address details, communication details and other details, including date of birth, gender, mother's birth surname and religion.



Full details on how to take part in the consultation are available from [www.hiqa.ie](http://www.hiqa.ie).

## We reduce our energy consumption

Our Corporate Services team has reported a dramatic drop in our energy consumption over the last two years in our head office in Mahon, Cork and our Dublin Regional Office in Smithfield. In 2012, the Authority recorded an overall improved energy performance by reducing its energy consumption by over 42% (against the benchmark year of 2010) or a 4% saving against 2011.

The energy consumed in our two buildings is used for heating, air conditioning, hot water, lighting and usage of office equipment. In 2012, our head office's energy consumption was 34% of our total consumption while the Dublin Regional Office accounted for 66% of the total energy used.

The improved energy performance recorded by the Authority is due to a number of initiatives including:

- continued engagement with the Office of Public Works' Energy at Work Programme
- creating an awareness among staff about participation in reducing energy consumption
- introduction of passive infra-red (PIR) sensors for lighting systems
- changing lighting lamps in the Dublin conference rooms
- completion of periodic energy audits.

The Authority plans to continue to maintain the initiatives previously established under the 'Optimising Power @ Work' energy campaign during the year.



## International News Round Up

We are coordinating a data collection exercise to obtain an insight into the healthcare quality management systems in place in EU member states. Our work on robot assisted surgery has resulted in two journal articles being published. We have also reviewed in detail ePrescribing practices in Australia, New Zealand, the Netherlands, England, Northern Ireland, and Scotland – with a short summary of findings from a number of other countries.

### European Union Network for Patient Safety and Quality of Care (PaSQ)

As national contact point for the European Union Network for Patient Safety and Quality of Care (PaSQ), HIQA is currently coordinating a data collection exercise to map and obtain an insight into the healthcare quality management systems in place in EU member states.

The project also aims to identify good organisational practices such as plans, strategies or programmes being used at a national level to improve the quality of healthcare. We have established a national group of stakeholders to work with us on this project and to identify examples of good practice in Ireland. For more information go to: <http://www.pasq.eu/>

### Health Technology Assessments (HTA) papers

HIQA's Health Technology Assessment team has had two journal articles published arising from work carried out on the Authority's HTA on robot assisted surgery. Abstracts of the articles are available to view on PubMed – one is in the [Archives of Gynecology and Obstetrics](#) and the other is in the [International Journal of Urology](#).

### International ePrescribing review published

HIQA's Health Information team has recently published [ePrescribing and Electronic Transfer of Prescription: An International Review](#). Informed by this we will develop standards in this area in 2013.

HIQA's *ePrescribing and Electronic Transfer of Prescription: An International Review* looked at a number of countries in detail: Australia, New Zealand, the Netherlands, England, Northern Ireland and Scotland with a short summary of the findings from the United States, Denmark and Sweden. A review of the ePrescribing element of the European eHealth Project (epSOS) is also included.

