

## Welcome

Welcome to the latest issue of *HIQA News*.

It is a privilege to address you in my new capacity of Chief Executive of HIQA and to say that I am looking forward to working with you to provide high quality and well informed care.

It has been another challenging year for many people receiving services across health and social care, and we have tried to be practical and pragmatic in our approach to our work.

The recent revelations about appalling standards of care in one unit in a residential care centre for people with disabilities in the West of Ireland shows we must redouble our efforts to ensure very vulnerable people in our society receive safe and dignified care.

Our work in promoting the safety and quality of services extends across a range of functions, including developments in health information, setting and monitoring standards, health technology assessments, and regulation and oversight of services. All of these roles contribute significantly in providing assurance to the public.

However, I believe that there is a collective requirement to ensure that the required systems and practices are in place, supported by a culture of compassion, for the benefit of people receiving services. People providing good care must be enabled to promote and advocate for vulnerable patients and residents without fear of the consequences.

Despite the disclosures of recent weeks, we are nonetheless encouraged by the willingness of various health and social care providers to work with us. 2015 marks the final year of our current corporate plan. During this final year, we want to continue working with those providers to keep the needs of vulnerable service users at the core of what we do.

In the coming weeks we will also be setting out our work plan for 2015. It is intended that there will be a clear emphasis on how we intend to use our functions to promote and protect the rights of vulnerable service users.

In this issue of *HIQA News*, we highlight our recent initiatives and ongoing work, and some of our plans for 2015. As the New Year beckons for us all, we want to say thank you for your continued support, and a very happy Christmas and a peaceful New Year to all.

Phelim Quinn, Chief Executive



*Our new CEO Phelim Quinn (left) is congratulated by our Chairperson Brian McEnery*

## How we use sources of information

We are committed to redoubling our efforts to ensure highly vulnerable people in our society receive high quality, compassionate and dignified care.

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Recent revelations on RTÉ about how residents were treated in one unit of a residential care centre in the West of Ireland have shocked the nation. We too were shocked and dismayed by the images broadcast.

HIQA is determined to work with residents, their families and providers to ensure the system supports those providing good care. We cannot tolerate poor standards of care or service provision. To that end, we routinely receive, analyse and assess the risks around information that we receive from a range of sources, such as care staff.

This is in addition to our inspection of services, and all of this together informs our understanding of the potential risks to residents living in residential centres. The information we receive generally involves specified notifications on issues and incidents from registered providers that they are legally obligated to tell us about.

It also includes information forwarded to us by people who may be residents, relatives, staff members, advocates or third parties who have direct contact with a resident or residents, where they are concerned about the service being delivered. We refer to this type of information as 'concerns' and we strongly encourage staff, families and any interested party to tell us about practice that worries them.

These sources of information inform the regulatory approach we take – including whether to conduct an unannounced inspection. All information is followed up and where appropriate relevant statutory agencies are informed. In all instances, the safety and wellbeing of residents is paramount. Concerns that have been presented to HIQA, about the health and social care of older people and people with disabilities, generally related to:

- complaints
- contract for the provision of service
- health and safety risk management
- health and social care needs
- residents' rights and dignity
- safe and suitable premises
- safeguarding and safety
- suitable staff
- staffing levels
- nursing care and staff input
- provision of healthcare.

All information received, regardless of where it comes from, is carefully analysed and acted on. The action taken will depend on the seriousness of the information. Since HIQA began regulating residential centres in 2009, information we received has resulted in enforcement action been taken by HIQA, up to and including court appearances and closure of centres.



Information that we have received has also led to significant improvements in the quality of care that is provided. If anybody is worried about the quality and safety of care, or where they are concerned about the treatment of vulnerable people, [our Concerns Team](#) can be contacted at 021-2409646.

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## New CEO appointed to lead HIQA

We have appointed a new Chief Executive following a competitive selection process.

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In November we announced the appointment of Phelim Quinn as our new Chief Executive. Phelim assumed the post immediately.

In a message to staff following the announcement, he said: "I regard my appointment as a huge privilege and I welcome the opportunity to work with all of you in this leadership position."

Making the announcement, our Chairperson Brian McEnery said, "The Board is delighted to be in position to appoint someone of the calibre and experience of Phelim Quinn as CEO."

Brian went to say that Phelim is a highly motivated professional with outstanding leadership qualities combined with the vision and energy to lead the Authority into its next phase of development.

"Phelim has an undoubted commitment to maintaining the independence of the Authority, and ensuring that the best interests of all people using our health and social care services are central to our mission. The Board and management of the Authority fully support Phelim and look forward to working with him in ensuring our work has a substantial impact on the quality and safety of Ireland's health and social care services."

Phelim was appointed as Director of Regulation and Chief Inspector of Social Services with HIQA in November 2012. He was recently appointed as Acting Chief Executive Officer, and has previously worked in Northern Ireland's equivalent to HIQA, the [Regulation and Quality Improvement Authority](#).

Commenting on his appointment, Phelim said he was delighted and honoured to have this opportunity to make what he believed would be a significant contribution to the way in which our health and social care services are delivered.

He added: "HIQA's role is key in driving improvements and innovation in the quality of health and social services for the people of Ireland. I look forward to taking up the post and I am anxious to ensure that – in addition to influencing and driving improvements in the way our services are delivered – HIQA's role in the regulation of services will have a central focus on ensuring that the most vulnerable in our society in receipt of services are safeguarded by our work."



Phelim Quinn, our new Chief Executive

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## Acting Director of Regulation appointed

We have announced the appointment of Mary Dunnion as Acting Director of Regulation following an internal selection process.

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Mary joined HIQA in early 2009 as Regional Inspection Coordinator in the Healthcare Directorate. She was subsequently appointed as Deputy Director of Programme for Healthcare and Children's Services.

She will take up her new post shortly following a review of workload and associated logistics within the healthcare and children's section of our Regulation Directorate.

She takes over from the previous director, Phelim Quinn, who is the new CEO of HIQA. In line with legislation, Phelim will retain the role of Chief Inspector of Social Services in the Authority. Mary will be joining the Executive Management Team.

Prior to joining HIQA, Mary worked in the acute healthcare sector in a variety of clinical, educational, nursing and senior general management positions. She holds qualifications in nursing science, health, safety at work, human resource management,



Our new Acting Director of Regulation Mary Dunnion

## HIQA publishes review of pre-hospital emergency care services

We have published our [review of pre-hospital emergency care services](#) in the Republic of Ireland.

We have published our [review of pre-hospital emergency care services](#) in the Republic of Ireland.

The report, entitled *Review of pre-hospital emergency care services to ensure high quality in the assessment, diagnosis, clinical management and transporting of acutely ill patients to appropriate healthcare facilities*, sets out 12 specific recommendations and other opportunities for improvement. HIQA believes these will increase the safety and quality of pre-hospital emergency care services that are provided by the HSE's National Ambulance Service and by Dublin Fire Brigade.

Addressing the Oireachtas Joint Committee on Health and Children immediately following the publication of our report, our new CEO Phelim Quinn said further areas that require improvement are also included throughout this report. "It is expected that on foot of these recommendations, and this report, that both service providers will formulate written plans aimed at driving the necessary improvements in the quality and safety of the State's pre-hospital emergency care services.

"Eight of the recommendations relate to the provision of emergency ambulance services nationally, and must be addressed collectively as well as individually by the National Ambulance Service and Dublin Fire Brigade. Four of the recommendations specifically relate to the service that the National Ambulance Service provides, and these must be addressed by the National Ambulance Service and the HSE."

Earlier, he said: "There is scope for significant improvement for patients in pre-hospital emergency care services. Many of the required changes that this HIQA review outlines can be achieved with strong leadership, effective performance management, staff buy-in and a detailed and strategic approach. By implementing the advice outlined in this review and its 12 crucial recommendations, the HSE and Dublin Fire Brigade can deliver sustainable and substantial improvements to the quality and safety of pre-hospital emergency care services across the State."

The National Ambulance Service and Dublin Fire Brigade should now publish a joint action plan that will outline steps to improve individual and collective performance on all of the matters identified in our review. And as acute hospitals move towards a model of hospital groups, State-funded ambulance services should be fully included in this strategic planning process. Phelim Quinn concluded: "The Review Team wish to thank all staff in both ambulance services for their time, assistance and cooperation in facilitating the undertaking of this review. We will be working with all interested parties in progressing the implementation of our recommendations to promote safer and more effective services for patients who may require an ambulance."



Pictured at the press conference launching the ambulance services report were, L-R, Marty Whelan from HIQA, Gabriel (Gabe) Mc Clean (review team), Phelim Quinn and Mary Dunnion from HIQA.

## Public access defibrillation HTA published

We have published our [health technology assessment \(HTA\) of public access defibrillation](#).

We have published our [health technology assessment \(HTA\) of public access defibrillation](#).

In the HTA report, we have advised the Minister for Health that if such a programme is introduced in Ireland, it should only be considered in conjunction with measures to increase the use of publicly-accessible defibrillators.

HIQA was asked by the previous Minister for Health to undertake this health technology assessment, to inform decision-making on the Public Health (Availability of Defibrillators) Bill 2013. The Bill proposes the mandatory provision of static automated external defibrillators in a comprehensive list of designated places around the country.

HIQA's Director of Health Technology Assessment Dr Máirín Ryan said: "HIQA's analysis shows that, depending on the number of building types included, this type of programme would involve the provision of between 2,000 and 38,000 additional defibrillators and would save between two and 10 additional lives annually, at a total cost of between €5.3 million and €105 million over the first five years. Based on current data, none of the public access defibrillation programmes that we assessed would be considered cost-effective using conventional willingness to pay thresholds."



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

Today in Ireland between 8,000 and 10,000 defibrillators are available, including at many of the high incidence locations where cardiac incidents are most likely to happen. Targeted placing of defibrillators in higher-incidence locations and a national defibrillator register linked to emergency medical services, together with significantly increased use of defibrillators via heightened public awareness, could render public access defibrillation programmes more cost-effective.

Máirín concluded: "Any prospective programme should start by targeting the mandatory deployment of defibrillators at locations with the highest incidence of out-of-hospital-cardiac-arrest."

View the [publication here](#)

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## Update on our IHI programme

We have just received the final external evaluation of our quality improvement programme run with the [Institute for Healthcare Improvement \(IHI\)](#), which provides education in quality improvement science tools and methodologies.

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Our Director of Safety and Quality Improvement Marie Kehoe-O'Sullivan, says: "The final phase of a three-part external evaluation of the quality Improvement training programme that we run in collaboration with the Institute for Healthcare Improvement – piloted in 2013 – has confirmed that the lessons learned from the online course have been used to develop further quality improvement projects."

"The evaluation highlighted the positive sustainable impact that the programme had on participants."

The Institute for Healthcare Improvement (IHI) is an independent not-for-profit organisation based in Cambridge, Massachusetts, which aims to promote healthcare improvement worldwide.



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

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## HIQA promotes use of plain English

We are trying to write our reports more clearly so that all our readers can have a better understanding of the work we do.

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We have been working with the [National Adult Literacy Agency \(NALA\)](#) to help us write reports in a way that most people will understand in the first reading.

Between December 2013 and November 2014, 121 staff received training in writing HIQA reports in plain English, including 87 inspectors and regulatory officers.

The training has been jointly presented by representatives of NALA and our Communications Department, and feedback has been very positive.

We have also been working with NALA to develop guidance for health and social care providers on communicating in plain English when working with children and adults. Two guidance documents written in plain English will be published shortly:

- Guidance for providers of health and social care services for children: Communicating in plain English with children and their families
- Guidance for providers of health and social care services: Communicating in plain English with adults.

Claire O'Riordan, Plain English Coordinator with NALA, commented: "NALA commends HIQA's efforts to use and to promote plain English. NALA believes that this is the type of leadership that is required from regulatory and other bodies to make sure that documents for the public are written in plain English."

We will be planning further plain English and report writing support for our staff in the coming months in order to continue the process of developing a culture of plain English in all our published work.



## New recommendations on data usage

We have just issued a set of [recommendations](#) to the Minister for Health on a more integrated approach to national health and social care data collections.

We have just issued a set of [recommendations](#) to the Minister for Health on a more integrated approach to national health and social care data collections.

We have also published a [detailed international review](#) of approaches other countries have taken to integrate their national collections.

National health and social care data collections provide a national overview of data about a particular health or social care service. They range in size from large national data repositories, such as the Hospital In-Patient Enquiry Scheme (HIPE) and the National Intellectual Disability Database to smaller patient registries such as the Alpha-1 patient registry.

Historically in Ireland, as in many other countries, national data collections have evolved over time in a largely uncoordinated fashion, despite examples of very good practice.

Our report aims to provide recommendations for a more integrated approach to National Health and Social Care Data Collections in Ireland.

Implementing these recommendations should reduce fragmentation and duplication and ensure a more consistent approach to improving the quality of data collected.

### HIQA's recommendations are as follows:

1. The development of a strategic framework for national health and social care data collections in Ireland should be prioritised, setting out a roadmap and informing policy development for these collections.
2. Oversight for all national health and social care data collections should be assigned to a specific organisation at a national level.
3. National health and social care data collections should be included in national information and ICT strategies, and also in the implementation of key ICT projects.
4. All national health and social care data collections should comply with legislative and regulatory requirements, such as national health information standards.
5. The organisation responsible for the oversight of national data collections should develop a data quality framework to drive improvements in the data quality of all national data collections.
6. The use of, and access to, information from national data collections should be optimised to deliver better outcomes for the public, while protecting the privacy and confidentiality of personal data.

Commenting on the development, Our Acting Director of Health Information, Rachel Flynn, stressed: "Recommendation 1, above, is the principal recommendation in this HIQA report. A strategic framework, including a detailed roadmap, needs to be developed to inform policy development. This would lead to greater integration of our national health and social care data collections. Implementation of such a roadmap would take many years but, as other countries have found, it would reduce fragmentation and duplication, and would therefore reduce costs and would deliver better value for money."



Rachel Flynn, our Acting Director of Health Information

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## Focus on dementia care in inspections of nursing homes

Our [Older Persons' Programme](#) plans to expand the themed approach to inspection and focus on dementia care in 2015 and 2016.



*In 2015, we will be focusing on dementia care in nursing homes, and have formed an expert group to advise on the inspection approach. We recently hosted a meeting of the group in our Dublin office, pictured here with HIQA staff. It includes representatives from private nursing homes, dementia care trainers, the Dementia Services Information Centre, the Health Service Executive, Alzheimer's Society of Ireland, and medicine and psychiatry of later life.*

Our [Older Persons' Programme](#) plans to expand the themed approach to inspection and focus on dementia care in 2015 and 2016.

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

An expert group was formed to advise on the inspection approach to encourage improvement within residential services for people with dementia. Members of the expert group are:

- Valerie Joy (Lisheen Nursing Home), Nursing Homes Ireland
- Jackie O'Toole, Person Centred Healthcare Training (PACHT)
- Matthew Gibb, Dementia Services Information Centre (DSIC)
- Celia Hayden (Clinical Nurse Specialist), Health Service Executive
- Ruth O'Gorman, Alzheimer's Society of Ireland
- Professor Greg Swanwick, Psychiatry of Later Life
- Kate Irving, Dublin City University
- Dr Siobhan Kennelly, (Geriatrician) Health Service Executive.

Information seminars for providers are scheduled for 26 January in Cork and 9 February in Dublin. It is expected that thematic inspections in dementia care will begin in March 2015.

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## Children's Team update

Our children's team has continued to inspect [Tusla – the Child and Family Agency's](#) foster care, child protection and welfare services, residential centres and special care units. Our children's team has continued to inspect [Tusla – the Child and Family Agency's](#) foster care, child protection and welfare services, residential centres and special care units.

In addition, we have carried out monitoring inspections on the State's detention school campus, a private foster care service and designated centres for children with a disability. All of these inspections have identified both improvements and gaps in services.

The Child and Family Agency's child protection and welfare services have recently been inspected in relation to referrals about children living in direct provision accommodation. It is expected that this report will be published in the New Year.

Data received from the Child and Family Agency and inspection findings have shown that there are long waiting lists for child protection and welfare initial assessments and allocation of cases to social workers. We continue to have concerns about the high number of high-priority child protection and welfare cases where children have not been allocated a social worker.

The report of foster care services in Dublin South West / Kildare West Wicklow area has also been published. Inspectors found that a significant number of children in foster care placements did not have an allocated social worker and foster carers who did not have a link worker. In response, the Child and Family Agency is allocating additional social workers to address these deficits.

We carried out 10 inspections of residential centres in 2014 as part of a residential inspection project with a focus on behaviour that challenges. A number of centres were found to have excellent practices in place. However, three of the centres that we visited faced serious challenges in this area of care. Another 10 centres were inspected as part of a risk-based approach to monitoring.

Meanwhile, we have held information sessions with the detention school managers and private foster care providers to brief them on the new assessment frameworks for our monitoring and inspection procedures and revised judgment descriptors. All of the presentations and guidance documents are now available on our website [www.hiqa.ie](http://www.hiqa.ie).



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## Inspection of children's disability centres

This year we have carried out 50 monitoring inspections and 19 registration inspections of residential centres for children with disabilities.

This year we have carried out 50 monitoring inspections and 19 registration inspections of residential centres for children with disabilities.

As of early December, we have registered six designated centres for children with a disability in 2014.

[Inspections](#) have resulted in mixed findings with some examples of excellent practice in working with children with a disability. Inspectors saw good quality communication supports, such as picture exchange communication systems (PECS). We found that children were participating in and enjoying community activities.

In many centres, risk management and quality assurance systems were in their infancy and we expect to see improvement in this regard across the sector. In a small number of designated centres for children with a disability, inspectors found that there were serious physical risks to children, such as scalding from very hot water.

Medication management has not been always rigorous and this is a particular concern in a social care model. Many staff in the centres inspected come from non-nursing backgrounds and medication management is not part of their professional training. It is particularly important to have a good medication management system, which is regularly checked.

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## Information days for disability service providers

As part of the responsive regulation approach, we have hosted seminars for providers of designated centres for people with disabilities.

As part of the responsive regulation approach, we have hosted seminars for providers of designated centres for people with disabilities.

Our seminars were held in November, three in Dublin, one in Cork and one in Sligo.

The seminars focused on the registration process, and giving information to providers to assist them with managing registration applications for their centres.

Finbarr Colfer, our National Head of Programme for Disability Services, said: "Seminars were organised on a workshop basis to give providers an opportunity to ask for clarifications from presenters and also to share their experiences and to promote peer learning. Providers also asked for an overview of the first year of regulation and this was incorporated into the seminar."



Carol Grogan from HIQA addresses one of the seminars for providers.

Before organising the seminars, we consulted with our provider representative panel. That panel consists of delegates from the National Federation of Voluntary Bodies, Disability Federation of Ireland, Not for Profit Business Association and the Irish Council for Social Housing.

Meanwhile, you can [read our published inspection reports here](#).

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## Public contribute feedback to HTAs

Our Health Technology Assessment team has recently completed public consultations for two assessments that it has been working on.

The first concerned the [assessment of a national public access defibrillation programme](#) which aims to improve survival from out-of-hospital cardiac arrest. We received submissions through the public consultation on the health technology assessment of public access defibrillation from industry, healthcare organisations and from people in a personal capacity.

Each submission was read in its entirety, broken down into individual comments, and recorded to create a database of comments. Amendments, where applicable, were made and responses to comments were documented.

Dr Máirín Ryan, our Director of Health Technology Assessment, commented: "We were pleased with the high level of feedback we received from this process. We were also delighted with the response to our public consultation on [referral thresholds for five common gastrointestinal procedures](#). These were carried out as part of a bigger project evaluating the potential impact of introducing clinical referral or treatment thresholds for procedures within the publicly-funded healthcare system."

The assessment aims to provide evidence-based advice on potential referral or treatment thresholds for procedures where effectiveness may be limited for some patients unless undertaken within strict clinical criteria. The procedures examined in this phase were:



- upper gastrointestinal symptoms suspected of indicating malignancy
- lower gastrointestinal symptoms suspected of indicating malignancy
- groin (inguinal or femoral) hernia
- gallstone disease
- haemorrhoid procedures.

Following the consultation, these reports were finalised with consideration of the feedback we received, and are now available on the [HIQA website](#).



HIQA infographic on its health technology assessment of a national public access defibrillation programme

## The living environment in nursing homes

All designated centres for older persons are required to comply with the Health Act 2007, regulations and National Standards.

All designated centres for older persons are required to comply with the Health Act 2007, regulations and National Standards.

At the commencement of regulation of designated centres for older persons in 2009, the National Standards set July 2015 as an appropriate time frame during which all centres could come into compliance in relation to the physical environment.

In modern Ireland, it is fitting that our most vulnerable are accommodated in facilities which respect an individual resident's privacy and dignity.

In March 2013, a regulatory notice was issued to all providers that clearly set out requirements and time frames for compliance.

The notice emphasised the obligation on providers to ensure premises are suitable for the purpose of achieving the aims and objectives set out in the statement of purpose.

John Farrelly, Head of Older Persons' Programme in HIQA, explained: "A suitable premises is one which ensures the privacy and dignity of residents and provides sufficient physical space to meet each resident's

assessed needs. Our approach is that registration of designated centres will only be renewed when the premises are suitable and fit for purpose. If this is not the case, then a specific, measurable, realistic and time-bound plan is required which clearly sets out how compliance will be achieved.”

He also commented: “Most providers have worked hard over the last six years and invested in their centres. However, if a centre continues to remain non-compliant or no plan has been agreed to reach compliance, the Authority may attach appropriate conditions to the registration renewal of specific centres.”

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## Revision of standards for nursing homes

The eight-week public consultation on the [draft standards for residential care setting for older people in Ireland](#) has ended, with significant feedback received from interested parties and the public.

The eight-week public consultation on the [draft standards for residential care setting for older people in Ireland](#) has ended, with significant feedback received from interested parties and the public.

The consultation closed on 24 September. We received a total of 122 submissions from individuals and organisations, which were considered carefully by our Standards Advisory Group which met on 29 October 2014 to review the feedback and revised draft standards.

The draft standards were amended following feedback and were approved by the Board of the Authority in November 2014 and will be published in the near future. They will now be presented to the Minister for Health for approval with a view to commencing monitoring against the revised standards in summer 2015.

Our Director of Safety and Quality Improvement Marie Kehoe-O’Sullivan, says: “The Authority would like to thank all individuals and organisations who took the time to submit feedback on the public consultation on the *Revision of the National Standards for Residential Care Settings for Older People*.”



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

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## Draft National Standards for Special Care Units

[Draft National Standards for Special Care Units](#) were published for a six-week public consultation from 29 September 2014 to 10 November 2014.

[Draft National Standards for Special Care Units](#) were published for a six-week public consultation from 29 September 2014 to 10 November 2014.

Our Director of Safety and Quality Improvement Marie Kehoe-O’Sullivan said she wanted to thank those who took the time to submit feedback during the public consultation.

The consultation was in advance of changes to the legislation which will give HIQA legal power to inspect and register these units. These standards will apply to special care provided to children under the Health Act 2007 and the Child Care (Amendment) Act 2011.

The draft standards were amended following feedback from the public consultation and were approved by the Board of the Authority in November 2014. The standards will be presented for approval to the Minister for Health and the Minister for Children and Youth Affairs.

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## Health Information team members at major Irish event

Five members of our Health Information team gave presentations at this year’s [Annual Conference of Healthcare Informatics Society of Ireland](#) in Dublin Castle.

Our presentations included an international review on the use of information for the regulation of health and social care, and international approaches towards integration of national health and social care data collections.



At the Annual Conference of the Healthcare Informatics Society of Ireland were (L-R) Norah Murphy, Linda Weir, Tracy O'Carroll, Barbara Foley and Sarah Jordan, all from HIQA

## International News Round Up

### Reducing avoidable harm in hospitals



As part of our work with the European Union Network for Patient Safety and Quality of Care (PASQ) Joint Action, we ran the PaSQ Exchange conference and workshop on 'Health and Social Care Priorities for Ireland – Learning with Europe'. The event took place on 2 October 2014 in Dublin Castle and was attended by over 120 delegates from Ireland and Europe.

The event addressed three themes: care of the deteriorating patient, medication safety and the vulnerable elderly. The conference opened with a presentation from Dr Ralph So from the Netherlands, who addressed how the methods employed by the Albert Schweitzer Hospital resulted in real improvements in the quality of care for the deteriorating patient.

Setting up a frailty unit within a hospital and the benefits to the patient was discussed by Paul Harriman, from Sheffield Teaching Hospitals NHS Trust. Anne-Grete Skjellanger from Norway spoke about how from 2010 to 2013 nearly 40% of avoidable harm in hospitals has been reduced in Norway through the introduction of a patient safety programme that includes medication safety.

Our Director of Safety and Quality Improvement Marie Kehoe-O'Sullivan, says: "It was a very worthwhile day.

The afternoon sessions provided an opportunity for the European delegates to learn from some of the work undertaken in Ireland in the prevention of Healthcare Associated Infections; rapid response teams; medication safety; and care of our older people – in particular in relation to the prevention of falls and pressure ulcers.”

To read presentations or see further photos from the event, go to the PaSQ website, [www.pasq.eu](http://www.pasq.eu).

Pictured above at the PaSQ Exchange conference and workshop were: (L-R) Darragh O’Loughlin, General Secretary, Irish Pharmacy Union; Dr Fidelma Fitzpatrick, National Clinical Lead – prevention of HCAI and antimicrobial resistance; Professor Cillian Twomey, Consultant Geriatrician (retired) and HIQA Board member; Dr Maria Donnelly, Consultant in Anaesthesia and Intensive Care, Tallaght Hospital, Dublin; Dr Ralph So, Intensivist, Medical Manager of Dept of Quality, Safety and Innovation, Albert Schweitzer Hospital, The Netherlands; Irene O’Byrne Maguire, Clinical Risk Advisor, Co-Leader of the AFFINITY project; Dr Vida Hamilton, Consultant Anaesthetist, Waterford Regional Hospital; Phelim Quinn and Marie Kehoe-O’Sullivan from HIQA; Dr Mary Browne, Leader, National Standards Implementation Team, QPS Directorate, HSE; Anne-Grete Skjellanger, Head of Secretariat, Norwegian Patient Safety Campaign; and Geraldine Colohan, Chief Pharmacist, Portiuncula Hospital.

## EPSO Conference Dublin 2014



*Pictured at the EPSO event were (L–R), Patricia Gilheaney, Chief Executive, Mental Health Commission; Glenn Houston, Chief Executive, Regulation and Quality Improvement Authority, Northern Ireland; Joeske Vos, Director, EURinSPECT /Head EPSO Secretariat; Professor Paul Robben, Advisor Research and Innovation at Dutch Healthcare Inspectorate IGZ and professor at Erasmus University Rotterdam, The Netherlands; and Phelim Quinn, CEO, HIQA.*

Evaluating risk management in health services was the key theme at the 18<sup>th</sup> [EPSO \(European Partnership for Supervisory Organisations in Health Services and Social Care\)](#) conference co-hosted by HIQA and the Mental Health Commission in September.

EPSO is a network of regulators in EU member states and EEA countries. Its objectives are to improve the quality of healthcare and social care in Europe by the exchange of ideas, research outcomes, information and good practice, and joint co-operation in specific areas.

Delegates Barbara Foley and Tracy O’Carroll from HIQA’s Health Information Directorate were among experts from regulatory and supervisory organisations across Europe who attended the conference.

The pair presented an international review on the use of information for the regulation of health and social care, which was published by the Authority in April 2014. This led to a lively discussion among delegates about how regulators exploit data and information in measuring and managing their regulatory operations.

Tracy O’Carroll explains: “This session provided the opportunity to benefit from input from regulators across Europe, to study how they use information to identify risk, manage operations and report on findings. It was hugely beneficial to hear what other regulators have in place for collecting and reporting information to inform

risk, and to know that the tools that HIQA has developed and plans to develop are similar to our European counterparts.”

Tom O'Regan, Lead Senior Manager of Information and Performance at HIQA, also presented at the conference. He gave an overview of the risk profiling tool used by HIQA.

The conference was also told of recent French progress towards developing a risk-based tool to support healthcare regulation. There was also an outline of recent Swedish experience in the same area, which all contributed to a larger discussion between EPSO's working group on risk.

It is now intended to have webinars between conference delegates, and to continue the discussion on risk and the use of information. Webinars will be a valuable source of information to inform the progress of business intelligence within HIQA. It is also planned to hold a follow-up workshop at the next EPSO conference in Norway in April 2015.

## Latest Tweets @HIQA

Job opportunities available at HIQA - Inspection staff for children's services <http://t.co/iRC1iZx63r> #jobfairy #healthcarejobs #irishjobs  
4 days ago · reply

Read @HIQA's statements on ombudsman's comments <http://t.co/CCyL3HZXr6>  
5 days ago · reply

HIQA's Phelim Quinn and Mary Dunnion speaking at cmtte on health and children <http://t.co/VM4V4baZQT>  
14 days ago · reply

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