

## PHOTOCALL — European Network of HTA (EUnetHTA) Assembly



*Our Director of Health Technology Assessment (HTA), Dr Máirín Ryan, left, chairing the recent European Network of HTA (EUnetHTA) Assembly, held in Amsterdam, the Netherlands. The Assembly is made up of more than 70 HTA agencies from across the Member States.*

# Message from our CEO



Welcome to the latest issue of *HIQA News*, now coming to you every two months.

This time of year is a vital part of HIQA's strategic planning cycle. It is when we reflect on the effectiveness and impact of our work for the year and when we also look to the following year and the potential work programmes that lie ahead for our teams.

HIQA's Board and senior management team met during September to examine the key challenges and opportunities in Ireland's health and social care system and how HIQA can continue to contribute to making services safer and better. This edition of *HIQA News* reflects on the progress of some of our 2017 programmes and gives detail of some of our proposed new work for 2018.

In the last edition of *HIQA News*, we had been finalising the returns for the National Patient Experience (NPE) Survey, with the closing date for return of questionnaires being 26 July. Following validation of the returns, we can now report a 51% response rate (n=13,713), which is an outstanding result for Ireland's first ever National Patient Experience Survey. We anticipate that the launch and publication of the first national report will happen in early December.

Once again, I would like to thank all who responded and those who assisted in the promotion of the survey within our hospitals. At a recent meeting of the NPE Survey Steering Group, in addition to deciding to repeat the survey annually, a decision in principle was taken to include maternity services in the survey.

One other critical function due to start in the near future is the regulation of children's residential centres. This new legal function for HIQA will extend our role for the first time into the regulation of children's residential centres: the registration and inspection of services provided by Tusla and the private and voluntary sectors.

As part of HIQA's commitment to encourage improvement in services, on 21 September we launched [a consultation on draft national standards for children's residential centres](#). The closing date for the consultation is 2 November 2017.

Our Healthcare team is currently inspecting hospitals to assess medication safety practices. This edition of *HIQA News* outlines the work of the team on this critical patient safety issue. In addition, the Healthcare team has started planning for inspections of the decontamination of reusable invasive medical devices.

Finally, we are working closely with the Department of Health and the Office of the Chief Information Officer (HSE) on the second health information seminar entitled "National Health Information — Better Data, Better Decisions". The event which has a diverse range of speakers is being held on 4 October 2017 in Dublin Castle. We look forward to welcoming some of you to the event.

Best wishes

Phelim Quinn

Chief Executive Officer.

## Health technology assessment news

Our HTA team is continuing its research on extending the Human Papillomavirus (HPV) immunisation programme to include HPV vaccination of boys. The aim of this HTA is to investigate the clinical- and cost-effectiveness of expanding the HPV vaccination programme to include boys.

In other HTA news, the Collaboration in Ireland for Clinical Effectiveness Reviews (HRB-CICER) team within our HTA directorate is supporting the Childbirth Guideline Development Group — set up arising from the 2016 National Maternity Strategy report — to develop a guideline for classifying risk during pregnancy.

The HRB-CICER team is also developing part of the clinical evidence-base to support a clinical guideline on undernutrition in acute hospitals. Meanwhile, the HRB-CICER team continues to provide health economic assistance to the Guideline Development Group for the management of Type 1 diabetes in adults.

## Update from our Older Persons' team

While most nursing homes continue to provide good care, we continue to be concerned about a small number of centres.

Our Older Persons' team has had a busy year to date, with over 431 inspections completed so far.

Of these, at least 215 inspections were carried out to inform HIQA's decision when nursing homes were applying to renew their registration.

In addition, we have conducted 90 themed inspections so far this year focused on the care given to people with dementia.

These dementia-themed inspections try to gain an insight into the experiences of people with dementia of living in a nursing home.

Our nursing home inspection reports can be found [on our website here](#).

Meanwhile, while the majority of nursing homes continue to provide good quality and safe care, we remain concerned about a small number of centres.

In a very small number of cases, we are in the process of using our statutory powers to ensure that providers comply with the relevant regulations.

## News from our disabilities team

Our Disabilities team continues to respond to significant risk-related issues and high levels of non-compliance in a range of services.

The providers of some of these residential centres for people with disabilities are struggling to improve the safety and quality of life for residents.

In the year up to early September, we had published approximately 530 reports on inspections of residential centres for people with disabilities.

By the end of August 2017, 39 notices of proposal to cancel the registration of such centres had been issued by HIQA.

To date in 2017, HIQA has cancelled the registration of three centres.

Nonetheless, a number of centres have demonstrated a good level of compliance with the regulatory requirements, and our inspectors have seen many examples of centres that provide a good quality of service to residents.

At the end of August 2017, there were 1,089 designated centres in Ireland for people with disabilities, an increase of almost 20% since registration started in 2013.

So far, 856 of these centres have now been registered and some of those are currently preparing for renewal of registration, which happens every three years.

Meanwhile, the operational areas for HIQA's disability teams have been reviewed, and there are now five HIQA teams, each comprising an inspector manager, inspectors and regulatory officers.

We have reorganised the operational areas in order to respond to the increasing number of centres and to ensure our resources are appropriately allocated to ongoing risk-related regulation.

## Your views sought on draft standards for children's residential centres



We have launched a public consultation on draft National Standards for Children's Residential Centres. These centres are homes for children and young people who come into care when they cannot live with their own family.



As of June 2017, there were over 350 children and young people living in residential care in Ireland.

To ensure children and young people receive the best possible care and support while they live in care, we have developed draft national standards based on international best practice and in consultation with children living in residential care, their families and those involved in their care.

Rachel Flynn, HIQA's Director of Health Information and Standards, said: "It is important that all children in residential care are safe, listened to, involved in making decisions about their lives and that their rights are protected and promoted. Children also need to be supported to develop and to achieve their potential. The draft standards set out how children's residential centres can do this.

"These standards are about improving the experience of children living in care and will apply to all children's residential centres. They show what a child-centred, safe and effective children's residential centre should look like. They are also a guide for children living in residential centres and their families as to what they should expect from a service."

The draft standards have now been published to allow further feedback from all those interested in the development of National Standards for children's residential centres.

Rachel Flynn continued: "We welcome the views of children living in residential care, their families, the staff caring for them and anyone else who is interested in helping us to improve children's residential care."

The draft standards can be downloaded from [www.hiqa.ie](http://www.hiqa.ie). All feedback will be analysed and considered before the standards are finalised and submitted for ministerial approval. The deadline for submissions is 5pm on Thursday 2 November 2017.

[Read the standards.](#)

[View the consultation video.](#)

## **National Standards for the Conduct of Reviews of Patient Safety Incidents**

*National Standards for the Conduct of Reviews of Patient Safety Incidents in Acute Services* have been approved by the Minister for Health.

This is the first set of standards that HIQA has jointly developed with the Mental Health Commission.

The Standards aim to promote a framework for best practice in the conduct of reviews in patient safety incidents and intend to set a standard for cohesive, person-centred reviews of such incidents.

The Standards will be launched at the [2017 National Patient Safety Office Conference](#) in late October and will subsequently be published on the HIQA and Mental Health Commission's websites.

The two organisations will also publish a statement of outcomes document arising from the public consultation and a background document outlining the evidence-base for the standards.

## **Prevention and control of healthcare-associated infections in primary and community health and social care services**



We are continuing to develop draft national standards for the prevention and control of healthcare-associated infections in primary and community health and social care services (outside the hospital setting).

The draft standards aim to provide a framework to prevent or minimise the occurrence of healthcare-associated infections. This in turn will maximise the safety and quality of care delivered to people using these services in Ireland.



An Advisory Group has been convened and the first meeting will take place in October, while focus groups with people using services and staff have been planned for October and November.

The focus groups aim to gather information and obtain expert opinion from those who use or work in primary and community health and social care services. We are also working on a background document outlining national and international evidence that will inform the draft standards for public consultation.

## **National Patient Experience Survey to run annually**

The National Patient Experience Survey Steering Group has decided to run the survey annually. This will facilitate tracking and trending of the results, and will identify the changes and improvements that have taken place that effectively improve patient care. The next survey will take place in 2018.

By the end of 2017, a national report on the first National Patient Experience (NPE) Survey, six hospital group reports and 39 hospital reports will have been published on [www.patientexperience.ie](http://www.patientexperience.ie). They will provide an overview of the responses received to the survey, which closed in July.

In total, 26,635 hospital patients who met certain criteria during May 2017 had been invited to participate in the survey. More than 13,700 survey responses were received, resulting in a 51% response rate. The survey team here in HIQA would like to extend their thanks to all those involved.

In addition to a national quality improvement plan, each hospital and hospital group will set out the actions they will take in response to the findings. They will publish these actions in individual quality improvement plans that will also be published on [www.patientexperience.ie](http://www.patientexperience.ie).

Rachel Flynn, our Director of Health Information and Standards, commented: "In addition, the rich set of responses contained in the survey questionnaires will inform national policy. Please follow us on [Twitter](#) and [facebook](#) to keep up to date with progress on the NPE Survey."



# eHealth interoperability standards consultation



Through our health information function, we are working to ensure that high-quality health and social care information is available to support the delivery, planning and monitoring of services. As part of this role, HIQA develops technical standards that support eHealth interoperability.

Our Technical Standards team have recently undertaken a six-week public consultation on developing these eHealth interoperability standards. This was to find out where people believed they are required and where our work and that of the eHealth Standards Advisory Group should be targeted.

Submissions from the public consultation will help inform HIQA's work plan in this area. The technical standards will be developed in conjunction with the Advisory Group, which was established by HIQA to advise it when developing technical standards to support eHealth interoperability.

We received valuable feedback in response to the public consultation. These responses will now be analysed and the resulting information used to inform the work of HIQA and the eHealth Standards Advisory Group in how we develop national standards for eHealth interoperability.

Kevin O'Carroll, our Health Information Manager, Standards and Technology, commented: "HIQA will work with the Advisory Group to prioritise areas of work where standards should be developed in line with our guiding principles. We would like to thank you all for taking the time to respond to the consultation."

# General Practice Messaging Standard (GPMS)

Our Technical Standards team are finalising their revision of the General Practice Messaging Standard (GPMS), which was last updated in 2014.

Following input from informed and interested parties, the revised version of the Standard has been approved by the Senior Management Team within HIQA and our Board.

As part of the update, we have added new requirements to support the electronic sharing of antenatal care records between general practitioners (GPs) and hospital-based healthcare practitioners.

In addition, there are new requirements in relation to supporting letters from the outpatients department and the emergency department, the ordering of radiology investigations and sending certain cardiology results to GPs.

The revised standards will be published later this year.

## Photocall — meeting of National Safeguarding Committee



*Our CEO Phelim Quinn (left) was among those who attended a meeting of the National Safeguarding Committee's National Inter-Sectoral Committee for Safeguarding Vulnerable Adults, held in Dublin on 25 September. For more information on the committee's work on safeguarding, see [safeguardingcommittee.ie](http://safeguardingcommittee.ie).*

# Diverse range of speakers for upcoming health information seminar



*Rachel Flynn, our Director of Health Information and Standards*

HIQA, the Department of Health and the Office of the Chief Information Officer within the Health Service Executive (HSE) are holding the second health information seminar entitled 'National Health Information — Better data, better decisions' on Wednesday, 4 October 2017 in Dublin Castle.

Rachel Flynn, our Director of Health Information and Standards, commented: "This seminar will provide an opportunity for participants to provide input into national health information policy being developed by the Department of Health. This is very relevant in light of the forthcoming EU General Data Protection Regulation (GDPR), and it is also necessary to advance eHealth in Ireland, which will in turn enable integrated patient-centred care."

An exciting and diverse range of speakers will take part in the seminar. Tobi Henderson from the Canadian Institute for Health Information (CIHI) will present on current developments in relation to health information in Canada and CIHI's new Information Quality Framework.

Natalie Banner from the Wellcome Trust (UK) will speak about its new initiative 'Understanding Patient Data', which aims to support discussions with the public, patients and healthcare professionals about the use of health data and information.

A [link to the online registration for the seminar is available here](#).

# New catalogue of national data collections to be published

The updated *Catalogue of national health and social care data collections* has been finalised and will be published to coincide with the National Health Information Seminar being held on 4 October 2017.

These national data collections gather large volumes of data to provide information on Irish health and social care services, and this catalogue combines information about them in a single location.

The Catalogue was first published by HIQA in 2010 and this is the third revision. This important resource details the information currently being gathered by national health and social care data collections and will enable all stakeholders, including the general public, patients and people using services, clinicians, researchers, and healthcare providers to readily access information about health and social care data collections in Ireland.

It will also support decision-making, planning of services, policy-making and high-quality research. The new catalogue includes 120 data collections, reflecting a number of new additions, while a number of other data collections have been identified as being in development.

# Review programme to assess compliance with information management standards



Our Health Information Quality team is continuing with the rollout of a review programme to assess compliance with [Information management standards for national health and social care data collections](#).

Information and documentation reviews and detailed on-site visits to assess compliance with the standards are now well under way. An update on the programme will be provided at the 'National Health Information — Better data, better decisions' seminar on 4 October 2017.

# Prevention and control of healthcare-associated infections in public acute hospitals



Our unannounced inspections against the [\*National Standards for the prevention and control of healthcare-associated infections in acute healthcare services\*](#) are continuing during 2017.

Our Healthcare team has revised the monitoring programme and has published [updated inspection guidance](#). Our revised programme continues to build upon our previous work, with inspections under this programme starting in May 2017.

During August and September 2017, we have published reports of inspections of four acute hospitals.



HIQA has found varying practices in relation to infection prevention and control in each of the four hospitals inspected. In some situations, inspectors found that effective leadership, governance and management arrangements were essential to the prevention and control of healthcare-associated infection.

However, we also found opportunities for learning and improvement in each of the hospitals inspected. For example, we found issues with the overarching infrastructure at some hospitals, which was dated and did not facilitate hospitals complying with desirable standards.

All inspections reports are published [on our website here](#).

In the area of decontamination of reusable invasive medical devices, an external advisory group has been convened to assist with the design of an additional aspect of the monitoring programme against the [National Standards](#). The team are due to start inspections in this area in early 2018.

## Children's team monitoring activity in 2017



Our Children's Team has completed 10 thematic inspections of Child and Family Agency (Tusla) foster care services.

These have examined the recruitment, assessment, approval, supervision and review arrangements in place for foster carers.



In addition, there has been one risk-based inspection of a private foster care service completed to date in 2017.

We have also completed inspections of 19 children's residential centres.

We are also continuing to work with the Department of Children and Youth Affairs to progress the transfer of the registration and inspection function to HIQA for those children's residential centres operated by the statutory, private and voluntary sectors.

A monitoring inspection has taken place in each of the three special care units against the [\*National Standards for Special Care Units\*](#).

When the registration and inspection of these units is commenced under the Health Act 2007, HIQA will begin a programme of registration of these units.

A full inspection by HIQA of the Oberstown Children Detention Campus has been completed and the report is published.

Published reports are available at [www.hiqa.ie](http://www.hiqa.ie).

## Medication safety in public acute hospitals



*Sean Egan, HIQA's Head of Healthcare Regulation*

Our medication safety monitoring programme aims to examine and positively influence the use of evidence-based medication safety practice in public acute hospitals.

Under our programme, which started in November 2016, we monitor medication safety against the [\*National Standards for Safer Better Healthcare\*](#).

Our [Guide to the Health Information and Quality Authority's Medication Safety Monitoring Programme in Public Acute Hospitals](#) outlines the requirements for hospitals under phase one of the inspection programme.

Eight inspection reports on medication safety in public acute hospitals were published during August and September 2017.

Sean Egan, our Head of Healthcare Regulation, commented: "In general, HIQA found varying practices in relation to medication safety in all eight hospitals.

"We found medication safety was prioritised at organisational level and supported by senior management and staff in many of these hospitals. This had a positive effect on the systems, processes and practices that were in place to support medication safety.

"However, we also found opportunities for learning and improvement, including scope for improvement in working to promote a more effective culture of medication-related incident and near-miss reporting in order to maximise overall learning in several of the hospitals inspected."

Our medication safety inspection reports can be found [on our website here](#).

## The benefits of going outside in nursing homes



An outdoor space for residents of nursing homes should be a place of retreat, occupation and relaxation.

The regulations and National Standards require that the external grounds of a centre for older people are safe and accessible.

Our Older Persons' team has recently reviewed best practice in the use of outdoor space for nursing home residents.

Research shows that facilitating and encouraging residents to get outside can have benefits for their mental health and wellbeing.

Susan Cliffe, our Deputy Chief Inspector of Social Services, comments: "Getting outside as and when a person wants to can help reduce potential frustration or agitation that can come with the feeling of being inside all day, or the feeling from past work and life experience that they should be going somewhere else during the day.

"Having a pleasant, functional outdoor space for residents who may be no longer able go into the community as frequently as they wish can also help to break up the day and give a sense of purpose. In addition to getting fresh air, sunshine and exercise, incorporating time outside into a resident's daily routine can help regulate circadian rhythm and sleep cycles."

In assessing the available features of a garden or outdoor space, HIQA inspectors look for similar features as they would inside: good lighting, seating and handrails so that residents are encouraged and supported to incorporate the outdoors as part of their walking route or as a place to receive their visitors.

Points of interest can make the garden or outside space look more attractive to residents, while combining these points of interest — such as raised planting beds, washing lines and garden sheds — should be promoted within the daily routine, activities or reminiscence for residents.

While outdoor space may need to be contained for security and privacy reasons, it should not impact upon the homeliness of the space or make residents feel contained.

Good features in a garden can have benefits not only for the residents who choose to use it, but also for those residents who cannot or do not use it. Simple elements such as window boxes or bird feeders which can be seen from bedrooms or day rooms can provide a pleasant and stimulating view.

If it is difficult or inconvenient to get outside, an outdoor space for residents will not be a place of retreat, occupation and relaxation for them. Therefore, while the basic criteria of accessibility includes no steps, trip hazards or locked doors

obstructing the residents' route, we must also consider other non-physical barriers.

If signage to the garden or outdoor space is poor, or the view to the outdoor space is restricted in some way, a resident is less likely to be encouraged to use the space. Similarly, for residents who require staff assistance to move around, resources may make it difficult to escort a resident outside.

Susan Cliffe concluded: "Risk aversion by staff can also hinder outdoor access due to a perceived higher risk to residents due to injury or effects of weather. These can be mitigated by appropriate clothing, shelter or heated areas. With proper risk assessment, residents should be facilitated to spend time outside as far as is practicable."