

Photocall — HIQA @ Clinical Audit Conference



Pictured among the exhibitors at the recent National Office of Clinical Audit National Conference in Dublin was Barbara Foley from HIQA. The conference focused on the powers of transparency and data to systematically improve our healthcare system.

Message from our CEO, Phelim Quinn



Welcome to the latest issue of *HIQA News*, the first of 2018. On 1 January, special care units for children became designated centres under the Health Act 2007. This means centres for vulnerable and troubled young people must now comply with regulations and be registered and inspected by HIQA in order to operate.

Previously, we had monitored the country's special care units and reported publicly on our findings, but we had no enforcement powers. This new development gives HIQA extensive new powers to act in line with the revised legislation. We welcome this move and look forward to working further with the providers of these services to improve outcomes for the vulnerable young people receiving these services.

In 2018 we will work with our colleagues in the Department of Children and Youth Affairs to advance a similar model of regulation for children's residential centres in the public, private and voluntary sectors.

In the last three years — in recognition of our role and experience in regulation and oversight — we have advocated extensively for new models of regulation for other new and emerging models of care and in sectors where we believe service users are particularly vulnerable.

As a result, we researched and submitted papers to the Department of Health on the regulation of services provided to older people and people with a disability. In addition, we provided a scoping document based on international models for the licensing of healthcare services.

Our current powers enable HIQA to monitor public acute hospitals against nationally mandated standards. We publicly report on these monitoring programmes, but we do not have the power to enforce recommendations from our healthcare work. The legislation enables us to report issues of non-compliance to the Minister for Health or the Minister for Children and Youth Affairs that we believe are serious.

HIQA welcomes the concept of licensing and welcomes recent moves towards seeing it placed on a statutory footing by the Minister for Health.

As such, we will continue to work with the Department of Health, the Department of Children of Youth Affairs and other stakeholders to scope out how we collectively put in place the regulatory framework that is based on international best practice, relevant and fit for purpose, which we believe is needed to improve patient safety and to ensure high standards become the norm.

It must be emphasised that during the course of our work, we see excellent standards at play. In those areas we regulate, we are confident that working with providers we can improve standards when this is necessary.

In this issue of *HIQA News*, we update you on our work in the areas of nursing homes, residential centres for people with disabilities, children's residential services, acute hospitals, health technology assessment, health information, patients' experiences and your concerns.

We hope you find these updates interesting.

Best wishes, Phelim Quinn, CEO

New HTA economic evaluation guidelines

Our Health Technology Assessment (HTA) team has published two updated guidelines on how HTAs are carried out in Ireland.

They are [Guidelines for the Economic Evaluation of Health Technologies in Ireland](#) and [Guidelines for the Budget Impact Analysis of Health Technologies in Ireland](#).

The updated guidelines:

- will assist decision-makers in evaluating the cost-effectiveness and budget impact of health technologies
- aim to promote the use of a solid evidence-base to guide investment decisions in the Irish healthcare system
- will also help to ensure that healthcare interventions used in Ireland are clinically effective for patients, are affordable, and are good value for money.

Update on the National Patient Experience Survey



The National Patient Experience Survey Programme is finalising six hospital group reports, outlining each group's survey results, which will be published shortly.

We will also shortly publish a report providing in-depth detail of how the survey was developed.

The national report and 39 hospital reports were published on 11 December 2017 and can be found on www.patientexperience.ie — where you can also view a video on the results of the survey.

The National Patient Experience Survey will run again in May 2018, with patients who meet the criteria and who are discharged in May 2018 being invited to participate in the survey.

The 2018 survey will broaden the age range of patients surveyed. Last year, we surveyed inpatients aged 18 and upward — this year, we will survey inpatients who are aged 16 years of age and over.

Information sessions will take place with hospital groups towards the end of February to review and revise the online survey dashboard, survey processes and the communication mechanisms to ensure everyone is fully prepared for the 2018 undertaking.

Meanwhile, the National Patient Experience Survey team in HIQA is reaching out to all our stakeholders to inform them about the survey, the results and the plan for this year.

As part of this engagement effort, Conor Foley, National Patient Experience Senior Analyst, presented an academic poster at the recent [SPHeRE Network](#) 4th Annual Conference, 2018, held in the RCSI.



Conor Foley, National Patient Experience Senior Analyst with HIQA

There was significant interest in the survey at the SPHeRE Conference, and a number of the keynote speakers cited it as a positive example of public and patient involvement in health services research.

The team were also among the exhibitors at the recent [National Office of Clinical Audit National Conference in Dublin](#), which focused on the powers of transparency and data to systematically improve our healthcare system.

Please follow us on [twitter](#) and on [facebook](#) to keep up to date with progress on the National Patient Experience Survey.

Children's team to regulate country's special care units

Through the Office of the Chief Inspector of Social Services, HIQA is responsible for registering and inspecting designated centres and assessing whether registered providers comply with regulations and standards.

On 1 January 2018, special care units became designated centres under the Health Act 2007 (as amended). We had previously monitored the country's special care units and reported publicly on our findings.

However, becoming designated centres under the Act means that these centres must now be registered by HIQA in order to operate.

Our decisions to register centres will be informed by the provider's capacity to deliver a safe and effective service that complies with the Health Act 2007, and the regulations and national standards that apply to special care units.

Where providers do not have the capacity to do this, they can be refused registration or have specific conditions placed on their registration.

Two new regulations came into operation on 1 January 2018:

- One sets out requirements for the care and welfare of children in these units. These are cited as the Health Act 2007 (Care and Welfare of Children in Special Care Units) Regulations 2017.
- The other sets out the registration requirements: the Health Act 2007 (Registration of Designated Centres) (Special Care Units) Regulations 2017.

Currently, there are four special care units operating nationally. Where appropriate, we must register these units by 31 December 2018. Thereafter, these units will have to be re-registered every three years.

Meanwhile, we are 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 private and voluntary sector.

New reports on prevention and control of healthcare-associated infections in public acute hospitals



We are continuing with our inspections in public acute hospitals against [National Standards for the prevention and control of healthcare-associated infections in acute healthcare services](#).

Between October of last year and February 2018, our Healthcare team published 11 inspection reports under this programme. These reports relate to unannounced inspections in 10 hospitals and an announced inspection in one hospital.

HIQA found varying practices in relation to infection prevention and control in each of the 11 hospitals inspected. We also found opportunities for learning and improvement in each of these hospitals.

The inspections found issues with the overarching infrastructure which did not facilitate compliance with desirable standards. Examples of good practice were also seen.

However, similar to other hospitals, insufficient bed capacity, overcrowding and lack of available isolation rooms were also identified. These deficiencies contribute to the onset of outbreaks of infection and hinder their management.

Sean Egan, our Head of Healthcare Regulation, comments: “Each hospital must now develop, and is accountable for, a quality improvement plan that prioritises the improvements necessary to comply with the National Standards.”



Sean Egan, HIQA's Head of Healthcare Regulation

During 2017, we revised the monitoring programme against *National Standards for the prevention and control of healthcare-associated infections* and published [updated guidance for our inspections in this area](#).

The revised programme continues to build upon previous monitoring programmes. It seeks to determine if service providers have essential elements in place in order to prevent and control healthcare-associated infections.

To [view our inspection reports, click here](#).

Medication safety inspection reports published

We recently published four new inspection reports under our medication safety monitoring programme in public acute hospitals.

In general, HIQA's Healthcare team found varying medication safety practices in the four hospitals inspected.

For example, inspectors found that where medication safety was prioritised at organisational level and supported by senior management and staff, there was 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 in the hospitals inspected. For instance, we found scope to improve how hospitals promote a more effective culture of medication-related incident and near-miss reporting to maximise overall learning.

[Read our inspection reports here.](#)

National strategic approach needed to reduce medication errors in public acute hospitals

We have published an overview report of the findings of our medication safety monitoring programme from November 2016 to October 2017.

Thirty-four public acute hospitals were inspected as part of HIQA's programme during this period.

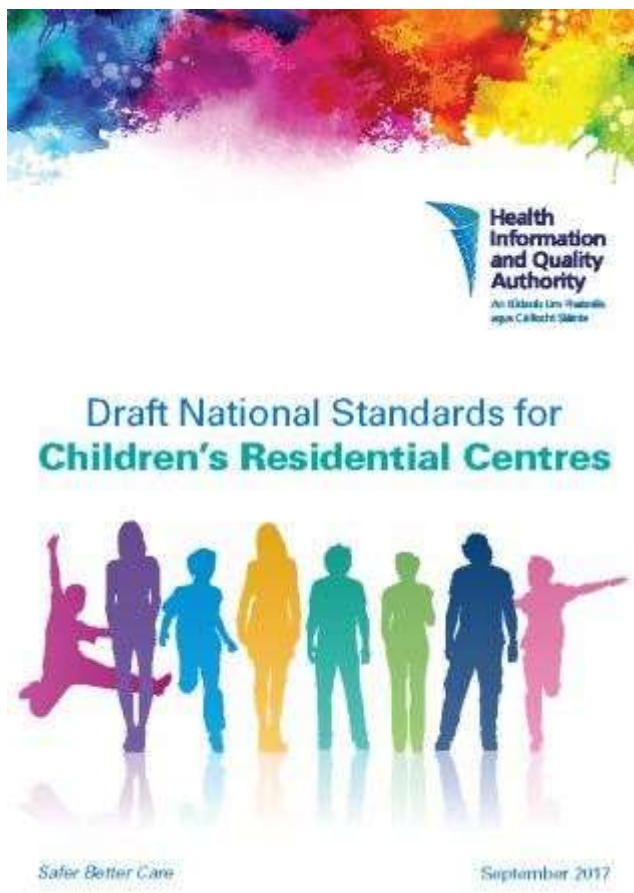
We found that although the majority of hospitals had some form of medication safety programme in place, one in three hospitals had no formal strategy or plan to direct medication safety improvement activities.

HIQA recommends that a national approach to strategic planning for medication safety is required to reduce the number of medication errors and improve patient safety with the use of medicines.

[Read the full overview report here.](#)

[Read the press release here.](#)

Latest news on National Standards for Children's Residential Centres



Cover page of our draft standards — once approved, the finalised standards will apply to all children's residential centres

Our National Standards for Children's Residential Centres have been completed and submitted to the Minister for Health for approval in consultation with the Minister for Children and Youth Affairs.

The standards were informed by extensive research and engagement with key informed and interested parties, including:

- children living in residential centres
- parents of children living in residential centres
- young people with care experience
- and front-line staff working with children in residential care.

The Standards Team in HIQA carried out a national public consultation on [a draft version of the standards](#) over a six-week period from September to November last year. A summary of the feedback received and the main amendments will be published alongside the final standards.

The finalised standards will describe what a child-centred, safe and effective children’s residential centre should look like.

Once approved by the Minister for Health in consultation with the Minister for Children and Youth Affairs, the standards will apply to all children’s residential centres.

Public consultation on new national infection prevention and control standards for community services



[Click here to watch our Director of Health Information and Standards Rachel Flynn](#) talk about the new infection prevention and control standards and how your views matter.

We are seeking your feedback by 14 March on newly published Draft national infection prevention and control standards for community services. These standards are aimed at all health and social care services provided in the community.

Rachel Flynn, our Director of Health Information and Standards, said healthcare-associated infections are becoming increasingly prevalent in community settings and can have a huge impact on people using services, causing upset and anxiety, serious illness, long-term disability and death.

Rachel commented: “Many healthcare-associated infections in the community can be prevented if services take basic infection prevention steps, such as promoting good hand hygiene practice, and making sure that patient care equipment and the care environment are kept clean.”



We want to hear the views of people who use community health and social care services and staff working in these services.

All submissions received during this public consultation process will be reviewed and will inform subsequent revisions to the draft standards. The main amendments will be published when the standards are published following approval by the Minister for Health.

Unfortunately, it will not be possible to accept late submissions after the closing date on 14 March. For further information or if you have any questions, you can email standards@hiqa.ie or call 01 814 7400 and ask to talk to a member of our Standards Team.

[Read the press release here.](#)

Watch our video on infection prevention and control standards for community services and how your views matter



[Click here to watch our Director of Health Information and Standards Rachel Flynn](#) talk about the new infection prevention and control standards and how your views matter.

New standards on safeguarding adults who may be at risk



Linda Weir, HIQA's Standards Manager

Our Standards Team has started to develop National Adult Safeguarding Standards jointly with the [Mental Health Commission](#) (MHC).

The standards will apply to all health and social care services in Ireland.

A Steering Group for the project has been set up, which comprises representatives from the MHC, HIQA and includes Patricia Rickard-Clarke, Chairperson of the National Safeguarding Committee.

A systematic literature review of published evidence in the area of safeguarding has started and will form part of the evidence-base that will inform the development of the standards.

An advisory group of interested and informed parties will be convened in the coming months. Its purpose will be to advise HIQA and the MHC on developing the standards.

The Team will also be engaging with front-line staff across a variety of health and social care services and people who use these services.

Linda Weir, who manages our Standards Team, commented: "This will be important to ensure that the standards are informed by people's direct experience of care and can be implemented in practice."

If people would like to get involved in developing these standards, we will be running focus groups to hear from people who use health and social care services and staff working in these services.

We will also be undertaking a public consultation to hear people's views on a draft set of standard later this year. If you would like to be involved or be kept informed of developments, please send an email to standards@higa.ie and we will get in touch with you.

New update of international review of ePrescribing

In order to inform the direction of community-based ePrescribing in Ireland, our Technical Standards team are in the process of finalising an updated international review of ePrescribing.

[Our original review of this area](#) was published in 2012 and it is now timely to update it in order to document the advances that have been made internationally in implementing ePrescribing.

The review will provide an update on the countries that had been detailed in the previous analysis, and it will include information on additional countries such as Estonia and Norway.

Kevin O'Carroll, who leads our Technical Standards team, commented: "In addition, this review will detail the new European initiative related to the cross-border sharing of patient information known as the eHealth Digital Services Infrastructure project.

"Ireland will be part of this initiative — which requires us to have the ability to share patients' prescriptions with other European countries in 2020. The review will be published in the coming months."

Update on implementing SNOMED CT in Ireland

SNOMED CT is the most comprehensive clinical terminology currently available and covers many aspect of healthcare including diseases, symptoms, procedures and medical devices.

It was developed to improve the quality of clinical data in patient records in order to help improve the overall quality of care received by patients.

SNOMED CT is owned and distributed around the world by SNOMED International and Ireland became the 29th Member of SNOMED International in 2016. A SNOMED CT Governance Group chaired by HIQA was set up in 2017 to oversee the implementation of SNOMED CT in Ireland.

Working in conjunction with the Office of the Chief Information Officer in the Health Service Executive (HSE) and SNOMED CT Governance Group, an initial strategy was agreed incorporating objectives related to:

- policies and procedures
- tooling
- education
- stakeholder engagement
- projects and implementations
- governance.

Each of these objectives have multiple actions associated with them and we look forward to progressing the implementation of SNOMED CT in Ireland throughout 2018.

Additional information on SNOMED CT may be found in our document [recommending SNOMED CT](#) as a national terminology and in the SNOMED CT Strategy Document published late in 2017, which is [available here](#).

Review Programme to assess compliance with information management standards



Barbara Foley, HIQA's Health Information Quality Manager



Our Health Information Quality team is implementing a new review programme to assess how national data collections in Ireland are complying with the [Information Management Standards for national data collections](#).

The aim of this programme is to improve information management practices within national health and social care data collections by assessing compliance with the standards in individual national data collections.

Barbara Foley, our Health Information Quality Manager, comments: "Ultimately, the review programme will drive improvements by identifying areas of good practice and areas where improvements are necessary across national data

collections."

HIQA is taking a phased approach to the review. Phase 1 includes major national data collections within the Health Service Executive (HSE). We developed 'prioritisation criteria' to determine the schedule for reviews during Phase 1. These

criteria included the quality and safety impact, the policy impact and other operational factors which may impact on the review programme.

There are four main stages involved in the review process:

- a self-assessment questionnaire
- an information request
- on-site assessments
- and reporting of the findings.

In 2017, HIQA began the first two detailed reviews of compliance against the Standards. The report of the findings for the first review will be published in the coming months, while the second review, which started in late 2017, is ongoing.

Guidance on a Data Quality Framework for health and social care

Our Health Information Quality team continues its work on the development of guidance for a data quality framework for health and social care organisations in Ireland.

In order to improve data quality, you must assure and measure this data to identify what needs to be improved. The aim of this guidance is to outline how health and social care services can systematically assess, monitor, evaluate and improve their data quality.

We have taken a number of steps to develop the guidance. Initially, we prepared a background paper to support guidance for a data quality framework, reviewing international experience and best practice in the field and then preparing an initial draft paper.

This draft data quality framework aimed to support health and social care services to take the steps necessary to improve the quality of their data.

We also have convened an Expert Working Group as a subgroup of the National Data Collections Advisory Group, whose aim is to contribute to developing the Guidance. Three meetings of this expert group have been held to date.

At its first meeting, a keynote presentation was given by an international expert on health data and information quality frameworks, Tobi Henderson from the Canadian Institute of Health Information (CIHI), who shared the learnings from the Canadian experience.

At the most recent working group meeting, held on 13 February, the expert group reviewed the draft guidance in detail. It is planned to conduct a targeted consultation

of the revised draft guidance during May to obtain further feedback on our draft proposals.

News from our older people's team



Throughout 2018, we look forward to continuing our work of regulating nursing homes and helping to raise awareness of the constant need for improvement in the quality of care available to older persons living in nursing homes.

In the course of our regulatory activity, we have consistently sought to raise the standard of care in nursing homes. In most nursing homes, we have seen this improvement reflected in the quality of care offered to residents.

Many of the nursing homes regulated by HIQA are entering their third and fourth cycles of registration. This means that many nursing homes have been regulated since 2009.

In 2018, we will continue to emphasise the need for a person-centred approach to the care of residents.

This year, the Office of the Chief Inspector within HIQA will publish a further overview report of our regulatory work in nursing homes, which will describe in more detail the work carried out by our nursing home team during 2017. We hope the overview will contribute to better and safer care in these centres.

How we manage concerns received from the public

Our Regulatory Support Services Team supports the administration of our regulatory and inspection processes.

One of the team's roles is to handle information that we receive from the public — including people using services and people working in or with services — in relation to concerns about health and social care services that HIQA regulates and monitors.

Under the Health Act 2007, HIQA does not have a remit to address individual complaints in relation to health and social care services. However, we receive what we term 'unsolicited information'.

This is information provided to us by anyone who has a concern or an issue with the care provided in nursing homes and residential centres for people with disabilities, children's services and healthcare services. All items of unsolicited information are risk rated and appropriate action is taken by HIQA.

Our Information Handling Centre team, which is part of our Regulatory Support Services team, receives these concerns from the public in various ways.

David Lowbridge from HIQA comments: "During 2017, the team processed more than 3,300 items of unsolicited information received by phone call, email and letter.

"As a result, the Information Handling Centre team created 1,586 concerns from the public during the year.

"These concerns are then escalated to the case-holding inspector for risk rating and that information is used to support our inspection and monitoring programmes."

If you wish to contact us in relation to a concern you may have about a specific designated centre, please email concerns@higa.ie.

You can find further information on our website by [clicking here](#). For information on complaining about health and social care services, see www.healthcomplaints.ie.

Staffing in residential services for people with disabilities



Finbarr Colfer, our Deputy Chief Inspector of Social Services

We often receive queries from people working in residential centres for people with disabilities about their shifts and working hours and asking what are the minimum number of staff required to safely provide care.

HIQA does not prescribe the level of staffing or qualifications required by staff in any centre as this is the responsibility of the provider. This is because the level of residents' needs will differ from centre to centre, as will the response to those needs.

Finbarr Colfer, Deputy Chief Inspector of Social Services, says: "Each service is required to ensure that they know the needs of residents and provide sufficient staff to meet those needs. Each resident is required to have a care plan in place which maximises their input and which outlines their care and support needs and how these needs are being met.

"On inspection, we check that there is sufficient staff on duty with the required knowledge and training to be able to meet the assessed needs of residents in their care.

"Following review of this information, our inspectors will then make a judgment as to whether the service is being run in line with the regulations and national standards and whether residents are receiving the appropriate care and support."

The regulations that refer to these particular requirements are Regulation 15 and Regulation 16 of the [Health Act 2007 \(Care and Support of Residents in Designated Centres for Persons \(Children and Adults\) with Disabilities\) Regulations 2013](#), available on our website.

While we inspect residential services for persons with disabilities (adults and children) on an ongoing basis, we do not have a regulatory remit in relation to employees' working terms and conditions in these centres.

It is the responsibility of the registered provider of designated centres to develop staff rosters for both day-time and night-time which provide for an appropriate staff skill-mix and numbers of staff to ensure a safe service is delivered for residents.

How this is managed over the 24-hour period is the responsibility of the person in charge. While we are often asked questions about day care services for people with disabilities and older people, we do not have a regulatory remit in relation to day care services.