

PHOTOCALL — HIQA @ Irish Medical and Surgical Trade Association's Annual Conference



Yves Verboven (MedTech Europe), Dr Máirín Ryan (HIQA), Minister for Health Simon Harris TD, Justin Carty (IMSTA) and Mark McIntyre (IMSTA and Boston Scientific), pictured at the Irish Medical and Surgical Trade Association's Annual Conference in April, where Máirín was a guest speaker

Message from our CEO, Phelim Quinn



Welcome to the latest issue of *HIQA News*. Throughout 2018, we will be developing an ambitious Corporate Plan for the period 2019–2021. This plan will build on our work over the past 10 years, ensuring that we continue to make a positive and tangible impact for people using services.

The plan comes as we prepare for the increasing focus on health technology assessment (HTA) in Ireland and across Europe.

HTA is a multidisciplinary, scientific, research-based activity that collates all of the information that decision-makers need to support evidence-based decisions. While we conduct comprehensive HTAs to inform national health policy and health service decisions, demand for HTA advice from HIQA has increased greatly. Therefore, we will work to ensure that our capacity to deliver for the Irish health service is developed over the corporate plan period.

The significant growth in demand for HTA across Europe is due to a number of factors, including the rapid development and roll out of emerging and often costly, yet promising, health technologies.

European collaboration on HTA across Europe has culminated in the development of the proposal for a HTA regulation. Our HTA team recently attended the Oireachtas Joint Committee on Health to discuss the proposed regulation, which will formalise existing collaboration across EU member states in sharing the findings and learning from HTA.

To minimise duplication of effort and to maximise our efficiency, almost all HTAs carried out by HIQA to date have leveraged off work conducted elsewhere by updating evidence reviews or adapting economic models. Equally, evidence reviews and models developed by HIQA have been used by other European agencies.

We are currently working on a HTA of expanding the national immunisation programme to include Human Papillomavirus (HPV) vaccination of boys, while our HTA Team has also just started a new HTA of biomarker point-of-care testing to guide antimicrobial prescribing in primary care. The conduct of HTA requires substantial staff resources. It is also hoped that our new corporate plan will consider the development of further academic and service-based partnerships in our HTA work and will aim to explore and develop new and more efficient ways of communicating the results of our work in Ireland and across Europe.

Other developments that will have a significant focus in the next three years will be the increasing volume and diversification of our regulation and monitoring programmes. In preparation for these new programmes, HIQA will continue to work with the Department of Health and the Department of Children and Youth affairs in

the development of modern and relevant models based on international best practice.

We hope to engage widely with our stakeholders on proposals emerging from our corporate planning activity throughout 2018 and will keep you updated through forthcoming editions of HIQA news.

Finally, this issue of *HIQA News* brings you up to speed on our extensive regulation and monitoring work in the areas of disability, older people, children and healthcare services. We also report on new developments in our Health Information and Standards Team, including the expanded 2018 National Patient Experience Survey, which starts in May.

We hope you find these updates informative and welcome your feedback.

Until next time,

Phelim Quinn, CEO

New HTA on point-of-care testing to guide antimicrobial prescribing

Work has started on HIQA's health technology assessment (HTA) of point-of-care testing to guide antimicrobial prescribing in primary care.

Along with collaborators across the EU, the HTA team is also leading a relative effectiveness assessment on the same research topic: C-reactive protein point-of-care testing to guide antibiotic prescribing in primary care settings for acute respiratory tract infections.

Antimicrobial resistance is a growing and significant threat to public health, and it is widely recognised that antibiotic resistance is driven by excessive and inappropriate antibiotic prescribing.

Biomarkers, such as C-reactive protein, are often elevated in a person's blood in the presence of a bacterial infection. Therefore, biomarker point-of-care testing has the potential to guide antibiotic prescribing in patients presenting with symptoms of acute respiratory tract infections for whom there is clinical uncertainty regarding the presence of a bacterial infection.

The HIQA assessment will inform a decision as to whether point-of-care testing should be introduced to inform antibiotic prescribing in primary care in Ireland.

It will examine the clinical effectiveness of point-of-care testing for this indication and will include an economic evaluation and assessment of the budget impact, organisational and other implications associated with its introduction in primary care.

HIQA discusses EU regulation of HTA at Oireachtas Committee



Dr Máirín Ryan, our Deputy Chief Executive and Director of Health Technology Assessment (HTA) pictured with Dr Conor Teljeur from our HTA team ahead of both attending the Oireachtas Joint Committee on Health to discuss the proposed EU regulation on HTA.

We outlined the proposed new EU-wide regulation of health technology assessment (HTA) at a recent meeting of the Oireachtas Joint Committee on Health.

Our Deputy Chief Executive and Director of Health Technology Assessment, Dr Máirín Ryan and HTA Chief Scientist, Dr Conor Teljeur, addressed committee members.

The meeting was held to scrutinise the proposed EU regulation. Dr Ryan outlined five main issues that would ideally be addressed or clarified before the regulation entered into force.

Additionally, Dr Ryan provided the committee with an overview of how international collaboration is leveraged by HIQA to improve the quality and efficiency of HTA.

She highlighted the importance of EU-wide regulation and collaboration, adding that new health technologies are frequently considered for investment in many countries concurrently or within a similar time frame.

This offered the opportunity for joint production of HTA information, while economic models used in HTA and which are developed for one jurisdiction may be adapted to reflect healthcare delivery models in another.

Meanwhile, Dr Ryan was a speaker at the recent National Centre for Pharmacoeconomics conference (Update on Pharmacoeconomics in the Irish Healthcare Setting). At this event, Dr Ryan discussed HTA at HIQA, the HRB-CICER Programme and current developments in European collaboration on HTA.

HIQA will host the European Network of HTA's (EUnetHTA's) Executive Board in Dublin, from 15 to 17 May.

Dr Ryan was also a guest speaker at Irish Medical and Surgical Trade Association's Annual Conference in April, where she presented on how HTA can support the uptake of innovative treatments that make a real difference to patient outcomes.

In other HTA news, Dr Teljeur presented on the importance of evidence-based outcomes in health technology assessment during the National Healthcare Outcomes Conference, held in Dublin on 20 February 2018.

Photocall — SPHeRE Network Annual Conference



Paul Carty and Barrie Tyner (pictured) from our HTA team presented at the recent SPHeRE Network Annual Conference in Dublin, the theme of which was “The Value of Patient and Public Involvement in Research, Healthcare and Health Planning”.

Update from our HRB-CICER team

Appointed by the Minister for Health, the [National Clinical Effectiveness Committee](#) (NCEC) provides a framework for developing National Clinical Guidelines and National Clinical Audits.

In 2017, the Health Research Board (HRB) started funding of the Collaboration in Ireland for Clinical Effectiveness Reviews (HRB-CICER) to support the work of the National Clinical Effectiveness Committee.

Based in HIQA, the role of the HRB-CICER team is to independently review evidence and provide scientific support for the development of National Clinical Guidelines and National Clinical Audits by guideline development groups and audit governance committees, respectively.

The team comprises a dedicated multidisciplinary research team supported by staff from our Health Technology Assessment (HTA) team and the [HRB Centre for Primary Care Research](#) at the Royal College of Surgeons in Ireland (RCSI), as well as national and international clinical and methodological experts.

The HRB-CICER team undertakes systematic reviews of the clinical effectiveness and cost-effectiveness of interventions included in the guidelines as well as estimating the budget impact of implementing the guidelines.

The team works closely with the guideline development groups to ensure that its work informs the development of evidence-based recommendations within the national clinical guidelines.

The HRB-CICER team has provided a review of economic evidence and a budget impact analysis to support the Adult Type 1 Diabetes Mellitus National Clinical Guideline. It has also undertaken a systematic review of clinical and cost-effectiveness evidence to support the National Clinical Guideline on Prevention and Treatment of Undernutrition in the Acute Care Sector.

Other ongoing work is supporting the development of the following guidelines:

- risk classification during pregnancy
- update of the Irish Maternity Early Warning System (IMEWS)
- update of the National Early Warning Score (NEWS).

A number of training sessions have also been provided to guideline development groups.

News from our Disabilities Team



Finbarr Colfer, our Deputy Chief Inspector of Social Services

The legal timeframe for a final decision on residential centres for people with disabilities to be registered is fast approaching.

2018 is a very significant year for the registration of residential centres for people with disabilities, as the first cycle of registration draws to a close.

During this time, we have seen excellent services that promote and protect the rights of residents. We have also seen good services that needed to make some improvements in order to ensure that they met the regulatory requirements. We have seen centres where providers have used the initial registration cycle to improve their services, which has had a significant and positive impact on the quality of life for residents.

The first cycle of what we term 'section 69' registration for residential centres will come to a conclusion on 31 October 2018, and at the time of writing, there were 117 centres that had yet to complete the process.

As the available time frame decreases, providers of many of these remaining centres have yet to demonstrate a sufficient level of compliance in order to be registered by HIQA.

Therefore, we are engaging with the relevant providers to identify whether they have the capacity and ability to meet their regulatory responsibilities and bring their centres into compliance with the nationally mandated regulations and standards.

Whenever there are no serious risks to the safety and quality of life for residents, the Chief Inspector within HIQA will continue to consider plans from providers to address remaining areas of non-compliance.

Finbarr Colfer, our Deputy Chief Inspector of Social Services, comments: "We are conscious that the time frame is becoming very short. We would like to be in a position to register the centres but will only do so where the provider is ensuring a commitment to ongoing quality improvement in the service to residents. Where providers submit improvement plans for consideration, they must include specific, identifiable actions to address the areas of non-compliance and have a clear time frame."

Where providers fail to either address the areas of non-compliance or fail to submit an acceptable plan, the Chief Inspector is required by the Health Act 2007 to make a final registration decision by 31 October 2018

Finbarr Colfer concluded: "There is a significant risk that the Chief Inspector will be required to cancel the registration of some of those centres. However, we are conscious of the upset this may cause for residents and their families and are actively engaging with providers to ensure that they clearly understand what is required to achieve registration and prevent such a situation for residents and their families."

Update on the regulation of nursing homes



Our Older Persons' Team continues to implement our Enhanced Monitoring Approach in nursing homes and in tandem with this, nearly one in five nursing homes (over 18%) have had a HIQA inspection so far this year.

Susan Cliffe, Deputy Chief Inspector of Social Services, comments: "We have enhanced our inspection methodology by moving away from our 'outcomes-based' inspection approach towards a regulation-based inspection report.

"The appearance of our inspection reports will change to a format which will be clearer and easier to read. We hope that this new format will

continue to promote improvement by making it easier to recognise good practice in nursing homes while also identifying areas for improvement."

We continue to maintain regular contact with registered providers through our system of processing regulatory notices and renewal of registrations. We would like to thank the registered providers of nursing homes for their ongoing commitment to improving the safety and quality of care for older people in Ireland.

In the first three months of this year, we completed 143 inspections of nursing homes across Ireland. Of these, 92 inspections were carried out to inform a new registration application or application to vary an existing condition or to renew registration. In addition, 40 inspections focused on monitoring compliance.

As we continue into 2018, the team will maintain its focus on dementia care in nursing homes. This continues to be important due to the increased vulnerability of people who have dementia. So far in 2018, the team has completed 11 dementia-themed inspections, which have had a quality-improvement focus looking specifically at this area of care.

In 2017, we maintained our focus on dementia care in nursing homes. Last year, 103 inspections of nursing homes looked specifically at this area. We look forward to the publication of our 2017 Overview Report which will document in detail the work done by the team during 2017.

New monitoring programme for maternity services



Sean Egan, HIQA's Head of Healthcare Regulation

Our Healthcare team has begun the design phase of a new monitoring programme against the [National Standards for Safer Better Maternity Services](#).

This monitoring programme will measure hospital compliance with the National Standards.

Our programme will have a particular focus on how prepared hospitals are to deal with obstetric emergencies.

Sean Egan, our Head of Healthcare Regulation, commented: "Preparing for this programme will be aided through the input of a specially convened expert advisory group."

"This group met for the first time in April. It is intended that all 19 maternity units in the State will be inspected under this programme, with inspections due to start towards the end of 2018."

Medication safety in public acute hospitals

Our medication safety monitoring programme will continue during 2018.

We started a programme of monitoring in the area of medication safety in 2016, and continued this throughout 2017.

In 2018, we will focus on hospitals that have yet to be inspected and on re-inspecting hospitals that performed poorly in this area during 2016 and 2017.

Prevention and control of healthcare-associated infections in hospitals



We are continuing with our unannounced hygiene inspections in public acute hospitals.

These inspections are conducted against [*National Standards for the prevention and control of healthcare-associated infections in acute healthcare services*](#).

Our Healthcare team has published three inspection reports under this programme during March 2018.

We found varying practices in relation to infection prevention and control in each of the three hospitals inspected. Examples of good practice were seen, alongside 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.

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.

You can read all our published inspection reports on our website, www.hiqa.ie.

Children's Team update on foster care inspection programme



So far in 2018, our Children's Team has completed two further themed inspections of Child and Family Agency (Tusla) foster care services.

These inspections have taken place in Tusla's Dublin South West, Kildare, West Wicklow Service Area, and Tusla's Waterford and Wexford Service Area.

We carried out 14 such inspections last year, with one further inspection to yet take place.

Ann Ryan, our National Head of Programme Children's Services, comments: "This programme of themed inspection focuses on the assessment, approval, training, and support and supervision of foster carers."

In addition, since the year began, we have also completed thematic foster care inspections of three private foster care services (Care Visions, Oaklodge and Foster Care Ireland).

Following our previous thematic foster care inspections in 2017, a follow-up foster care monitoring programme is also underway in each of the four Tusla regional areas: West, South, Dublin North East, and Dublin Mid-Leinster.

This entails each service area within the four regions completing self-assessments against the [National Standards for Foster Care](#), relevant to the findings of these previous thematic inspections carried out by HIQA in 2017.

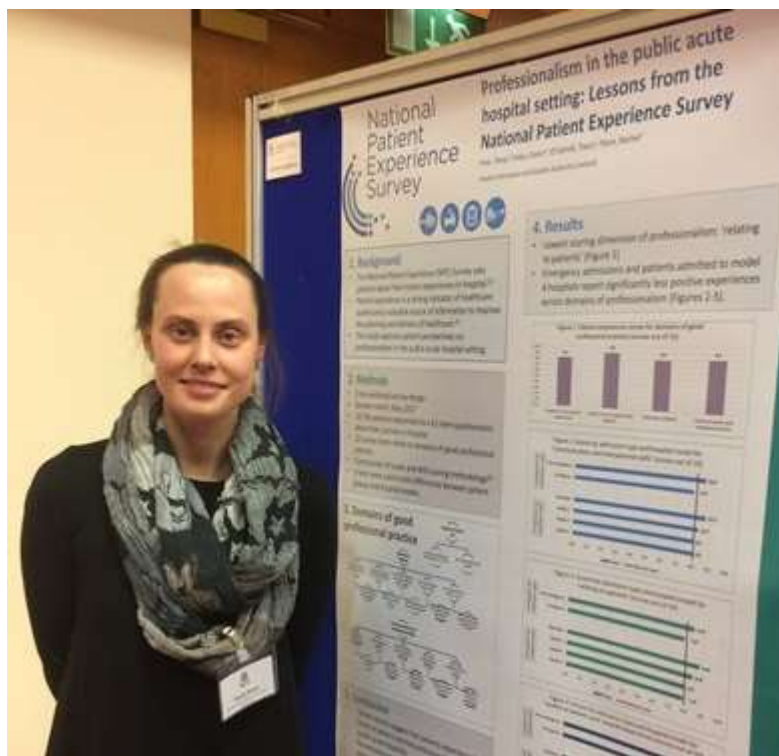
These self-assessments are submitted to HIQA. Following this, HIQA undertakes a combination of inspection fieldwork and desktop reviews, including an interview with each of the area managers and service director for the region.

Self-assessments have been returned for each of the service areas within the two Tusla regions where themed foster-care inspections took place in 2017 (Tusla's West and South regions).

In addition, inspection fieldwork has been completed in a sample of two service areas within the West and South regions (Sligo Leitrim and West Cavan; Mid West; Cork; and Carlow Kilkenny South Tipperary) and desktop reviews are in progress for the areas where fieldwork is not being undertaken.

In other news, so far this year, we have also completed six monitoring inspections of children's residential centres, and an inspection of Oberstown Children's Detention Campus. All published inspection reports are available on our website, www.hiqa.ie.

Photocall — Healthcare Professionalism in Ireland Conference



Pictured is Tessy Huss, our National Patient Experience Survey Project Lead, who won first prize for her research poster entitled 'Professionalism in the public acute hospital setting: Lessons from the National Patient Experience Survey' presented at the RCSI's inaugural conference on healthcare professionalism in Ireland, held in Dublin on 12 April. The poster details patient perspectives of professionalism in public acute hospitals and is based on the results of the 2017 National Patient Experience Survey. All posters presented on the day were automatically entered into a poster competition. Tess and the team's senior analyst Conor Foley designed the poster together.

2018 National Patient Experience Survey



Tracy O'Carroll, National Patient Experience Project Manager, left, and Trudi Mason from the survey team pictured at an information event in Galway on our 2018 National Patient Experience Survey

The National Patient Experience Survey 2018 has received ethical approval from the Royal College of Physicians of Ireland (RCPI). This year, the survey will be extended to 16 and 17 year olds.

As a result of the extension of the survey to this new group of patients, the survey, survey invitation letter, and a frequently asked questions document about the survey have been cognitively tested on 16 and 17 year olds, as well as clinicians and patient representatives.

Tracy O’Carroll, National Patient Experience Project Manager, stated: “The testing process will ensure that all participants can understand the survey. It will also ensure that it captures useful data to inform quality improvements and the experience of all patients in our healthcare service.”

Hospitals are sending the National Patient Experience Team details of quality improvements that are taking place as a result of the 2017 National Patient Experience Survey. We are publishing those quality improvement plans on the National Patient Experience website, www.patientexperience.ie.

With the survey go-live date of 1 May 2018 fast approaching, the survey team is hosting information sessions with hospital and hospital-group staff. These events outline how hospitals can help implement the survey in order to hear from as many participants as possible about patients’ experiences in our public acute hospitals.

Meanwhile, the Technical Report for the National Patient Experience Survey 2017 is now published. It outlines how the survey was planned, implemented and delivered in 2017, and it [can be found here](#). You can also follow our progress on www.patientexperience.ie or on [Twitter](#) and [facebook](#).

Photocall — National Patient Experience Survey @ UL Hospital Group



HIQA recently visited the UL Hospital Group to promote the 2018 National Patient Experience Survey, which starts in May. Pictured on right is Rachel Flynn, our Director of Health Information and Standards, along with June Boulger, the Health Service Executive (HSE) Lead for the National Patient Experience Survey (2nd from left), with the UL Hospital Group Team led by Miriam McCarthy and Catherine Hand, Patient Advocacy Liaison Managers.

Review of information management practices at BreastCheck



Our Health Information Quality team continues to implement a new structured review programme of assessing compliance with [Information Management Standards for national data collections](#) in Ireland.

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

In March 2018, HIQA published a review of information management practices at BreastCheck, the national breast cancer screening service. The review makes 11 recommendations.

Information management for screening services such as BreastCheck is crucial as a comprehensive service can only be delivered if the programme has a complete and accurate population register.

Draft national infection prevention and control standards for community services



Linda Weir, HIQA's Standards Manager

We received great public feedback on our Draft national infection prevention and control standards for community services, which are aimed at all health and social care services provided in the community. We are currently considering all of the submissions received.

Infection prevention and control refers to the measures that services put in place to ensure they are providing safe care in a clean environment. The standards aim to protect people using health and social care services in the community from the risk of acquiring an infection.

We carried out a national public consultation on the draft standards from 31 January until 14 March 2018.

Linda Weir, our Standards Manager, commented: "Over 60 submissions were received from a wide range of people and organisations. They included people who had used community health and social care services and front-line staff working in these services, such as general practitioners (GPs), infection prevention and control nurses and public health nurses.

"They also included organisations representing health and social services such as occupational therapy, dental services, practice nurses, physiotherapy, disability and older persons' services. Submissions were also received from national bodies

including the Department of Health, the Health Service Executive, the Health and Safety Authority and the State Claims agency.

“HIQA would like to thank everyone who submitted feedback as part of this consultation. We will review and consider all submissions received during the consultation process and revise the Standards as appropriate. The main amendments will be published in a Statement of Outcomes document when the finalised standards are published.”

The final national standards will be presented to the Board of HIQA for approval. Following approval by the Board, the national standards will then be submitted to the Minister for Health for approval.

Adult safeguarding standards for health and social care services



HIQA and the Mental Health Commission (MHC) are developing joint national adult safeguarding standards for health and social care services.

The standards will provide a framework for best practice in safeguarding adults in health and social care services. The scope of the national standards will include all health and social care services.

An Advisory Group, representing a wide range of stakeholders from health and social care services, met in mid March. The Standards team presented the findings to the group from national and international best practice in the area, mapping it against the national standards framework.

These findings will form the basis of a background document which will be launched at the 'Adult Safeguarding: Promoting Rights, Health and Wellbeing seminar' on 9 May 2018, in Dublin. The aim of the seminar is to raise awareness among practitioners, policy makers and people using services about what safeguarding is and why it is important.

Delegates will hear about recent developments in adult safeguarding from speakers from Scotland, England and Northern Ireland. The seminar will also provide an opportunity for those working in health and social care services to meet, engage with and learn from each other, and to contribute their views on the issues raised.

ePrescribing update from our Technical Standards team



In order to inform the future direction of community-based ePrescribing in Ireland, our Technical Standards team has recently finalised an updated international review of how other countries are using ePrescribing — how services generate a prescription electronically rather than in handwriting, how these are transferred and how they are used to support medication reconciliation.

Dr Kevin O'Carroll, who manages our Technical Standards team, commented: "Following on from this review, HIQA will now develop ePrescribing messaging standards for Ireland and recommendations on the governance and implementation

strategy for a national ePrescribing project. This will aim to ensure that Ireland follows best practice and learns from international experience elsewhere.”

This most recent ePrescribing review updates our previous analysis of a number of countries already using ePrescribing and includes information on the process in a number of additional countries, including Estonia and Norway. It also includes extra detail on the new European initiative for cross-border sharing of patient information — known as the OPEN NCP project.

Dr Kevin O’Carroll continued: “We will develop the messaging standards for ePrescribing based on the Health Level 7 version 2.4 standard (HL7 v2.4). The messaging standard will include definitions of scenarios, use-cases, message flows, datasets, messages and code sets for the purpose of electronic prescribing and dispensing in community pharmacy.”

HIQA will work with members of its eHealth Standards Advisory Group (eSAG) to develop the recommendations and messaging standards. We will hold a public consultation on a draft version of these documents later in the year when the international review will also be published in conjunction with those draft consultation documents.