 **About the Health Information and Quality Authority (HIQA)**

Sample Self-Assessment Tool to assess compliance with the National Standards for Safer Better Healthcare

Version for Acute Hospitals

July 2018

September 2023

The Health Information and Quality Authority (HIQA) is an independent statutory authority established to promote safety and quality in the provision of health and social care services for the benefit of the health and welfare of the public.

HIQA’s mandate to date extends across a wide range of public, private and voluntary sector services. Reporting to the Minister for Health and engaging with the Minister for Children and Youth Affairs, HIQA has responsibility for the following:

* **Setting standards for health and social care services** —Developing personcentred standardsand guidance,based on evidenceand internationalbest practice, forhealth and socialcare services inIreland.
* **Regulating social care services** — The Office of the Chief Inspector within HIQA is responsible for registering and inspecting residential services for older people and people with a disability, and children’s special care units.
* **Regulating health services —** Regulating medical exposure to ionising radiation.
* **Monitoring services** — Monitoring the safety and quality of health services and children’s social services, and investigating as necessary serious concerns about the health and welfare of people who use these services.
* **Health technology assessment** — Evaluating the clinical and cost-effectiveness of health programmes, policies, medicines, medical equipment, diagnostic and surgical techniques, health promotion and protection activities, and providing advice to enable the best use of resources and the best outcomes for people who use our health service.
* **Health information** — Advising on the efficient and secure collection and sharing of health information, setting standards, evaluating information resources and publishing information on the delivery and performance of Ireland’s health and social care services.
* **National Care Experience Programme** — Carrying out national service-user experience surveys across a range of health services, in conjunction with the Department of Health and the HSE.

**Introduction**

This self-assessment questionnaire has been developed by the Health Information and Quality Authority (HIQA). Its purpose is to aid acute hospitals to assess their level of compliance with the *National Standards for Safer Better Healthcare, 2012.* On commencement of the Patient Safety (Notifiable Incidents and Open Disclosure) Act 2023 and related expansion of HIQA’s monitoring remit, this document may also be relevant to new healthcare service providers delivering acute care.

Using this document, service providers can individually assess their own performance against the national standards, which in turn helps to identify where they are doing well and where they need to improve to ensure the quality and safety of healthcare services in Ireland.

Full information on all the national standards and how HIQA assesses compliance against all 45 national standards of the *National Standards for Safer Better Healthcare* can be found in the assessment-judgment framework for the *National Standards for Safer Better Healthcare 2012* and the *Guidance for the Assessment-Judgment Framework for the National Standards for Safer Better Healthcare*, available at [www.hiqa.ie](http://www.hiqa.ie).

**About the self-assessment tool**

This self-assessment tool has been solely developed for HIQA’s revised monitoring approach against the *National Standards for Safer Better Healthcare, 2012* with a focus on 11 core national standards and how they relate specifically to four identified key areas where the risk of harm is greater:

* Infection Prevention and Control
* Medication Safety
* The Deteriorating Patient[[1]](#footnote-1)
* Transitions of Care.[[2]](#footnote-2)

**Section 1** of the self-assessment tool relates to the service details

**Section 2** of the self-assessment tool relates to the Dimension of Capacity and Capability

* Theme 5: Leadership, Governance and Management
* Theme 6: Workforce

**Section 3** of the self-assessment tool relates to the Dimension of Quality and Safety

* Theme 1: Person-Centred Care and Support
* Theme 2: Effective Care and Support
* Theme 3: Safe Care and Support.

**Judgment descriptors**

The following table (Table 1) shows the levels of compliance — which HIQA term ‘judgment descriptors’ — which are used to assess performance against each of the 11 core national standards monitored during HIQA’s programme of monitoring. As part of this self-assessment you are asked to select the descriptor which most accurately describes how you are meeting each of the standards.

|  |  |  |  |
| --- | --- | --- | --- |
| **Compliant** | **Substantially Compliant** | **Partially Compliant** | **Non-Compliant** |
| A judgment of compliant means that the service is in compliance with the relevant national standard. | A judgment of substantially compliant means that the service meets most of the requirements of the relevant national standard, but some action is required to be fully compliant. | A judgment of partially compliant means that the service meets some of the requirements of the relevant national standard, while other requirements are not met. These deficiencies may present moderate risks, which could lead to significant risks for people using the service over time if not addressed. | A judgment of non-compliant means that the service has identified one or more findings, which indicate that the relevant national standard has not been met, and the deficiency is such that it represents a significant risk to people using the service. |

**Section 1: General information on the service**

Click in the boxes below to add responses about your healthcare service.

|  |
| --- |
| **Profile of Hospital/healthcare service** (please describe the services provided in the hospital/healthcare service) (**maximum 250 words**) |
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| --- | --- | --- | --- |
| **Workforce** | | | |
| **Please list number of approved whole-time equivalent (WTE) posts filled and unfilled (at time of completion of Self-Assessment Tool):** | | | |
| **Staff** | **Status** | **Number of Filled Posts** | **Number of Unfilled Posts** |
| * Medical | Permanent |  |  |
| Agency |  |  |
| Locum |  |  |
| * Nursing | Permanent |  |  |
| Agency |  |  |
| * Midwifery | Permanent |  |  |
| Agency |  |  |
| * Healthcare Assistant | Permanent |  |  |
| Agency |  |  |
| * Maternity care Assistant | Permanent |  |  |
| Agency |  |  |
| * Infection Prevention and Control Team | **Nursing** | **Number of Filled Posts** | **Number of Unfilled Posts** |
| Grade |  |  |
| Grade |  |  |
| Grade |  |  |
| **Medical** | | |
| Grade |  |  |
| Grade |  |  |
| Grade |  |  |
| **Other (please state)** | | |
| Grade |  |  |
| Grade |  |  |
| Grade |  |  |
| * Clinical pharmacists | Permanent |  |  |
| Agency |  |  |
| Locum |  |  |
| * Dispensing pharmacist | Permanent |  |  |
| Agency |  |  |
| Locum |  |  |
| * Pharmacy technician | Permanent |  |  |
| Agency |  |  |
| Locum |  |  |
| * Discharge planning team | **Nursing** | **Number of Filled Posts** | **Number of Unfilled Posts** |
| Grade |  |  |
| Grade |  |  |
| Grade |  |  |
| **Clerical** | | |
| Grade |  |  |
| Grade |  |  |
| Grade |  |  |

**Section 2: Dimension of Capacity and Capability**

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| **A Theme 5: Leadership, Governance and Management** | | | | | | | |
| **Standard 5.2: Service providers have formalised governance arrangements for assuring the delivery of high-quality, safe and reliable healthcare.** | | | | | | | |
| **Please review and tick Yes or No as appropriate when determining the service’s compliance with national standard 5.2** | | | | | | **Comments** | |
| A.1 | There are integrated corporate and clinical governance arrangements in place which: | Yes | | No | |  | |
| 1. clearly define roles, accountability and responsibilities throughout the service for assuring the quality and safety of the service | Yes | | No | |  | |
| 1. are appropriate for the size, scope and complexity of the service provided | Yes | | No | |  | |
| 1. are clearly outlined and described in a document that is publicly available. | Yes | | No | |  | |
| A.2 | There are **Designated Leads** for: |  | | | |  | |
| Infection Prevention and Control | Yes | | No | |  | |
| Medication Safety | Yes | | No | |  | |
| Deteriorating Patient (including sepsis) | Yes | | No | |  | |
| Transitions of Care. | Yes | | No | |  | |
| A.3 | There is a **committee structure** for:  Executive Management Team or equivalent | Yes | | No | |  | |
| Quality and Safety Committee or equivalent | Yes | | No | |  | |
| Infection Prevention and Control | Yes | | No | |  | |
| Medication Safety | Yes | | No | |  | |
| Deteriorating Patient (including sepsis) | Yes | | No | |  | |
| Transitions of Care (or could be an regular agenda item for meetings of another committee). | Yes | | No | |  | |
| A.4 | The governance arrangements: |  | | | |  | |
| 1. regularly review information relating to the quality and safety outcomes for people using the service | Yes | | No | |  | |
| 1. provide assurance that the primary focus of the service is on quality and safety outcomes for people using the service. | Yes | | No | |  | |
| A.5 | The governance arrangements ensure the collective interests of people who use the service are taken into consideration when decisions are being made about the planning, design and delivery of services. | Yes | | No | |  | |
| A.6 | The governance arrangements provide assurance that the people involved in the governance of the service have the skills and competencies necessary to provide effective assurance of high-quality, safe and reliable healthcare. | Yes | | No | |  | |
| A.7 | Those governing the service publicly report on the quality and safety of their services. | Yes | | No | |  | |
| Please insert additional comments or clarifications related to national standard 5.2 here, referencing the question number where relevant. | | | | | | | |
| Self-assessment of compliance with national standard 5.2 – tick the box that best reflects the service’s level of compliance with the national standard.   |  |  |  |  | | --- | --- | --- | --- | | **1.**  **Compliant** | **2.**  **Substantially Compliant** | **3.**  **Partially Compliant** | **4.**  **Non-Compliant** |   If you selected a judgment descriptor of:   * 1 or 2 (Compliant or substantially compliant), please briefly outline the initiatives or measures the service have in place to meet the standard (500 word limit) * 3 or 4 (Partially compliant or non-compliant), please specify the reason why you have made this judgement, and outline measures that you have put in place to address any risk issues that may result from these deficits (500 word limit). | | | | | | | |
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| **B Theme 5: Leadership, Governance and Management** | | | | | | | |
| **Standard 5.5: Service providers have effective management arrangements to support and promote the delivery of high-quality, safe and reliable healthcare services.** | | | | | | | |
| **Please review and tick Yes or No as appropriate when determining the service’s compliance with national standard 5.5** | | | | | | | **Comments** |
| B.1 | Management arrangements effectively and efficiently achieve planned objectives, which includes reviewing and identifying gaps in management arrangements and taking action to address these gaps. This may include (but are not limited to): | | Yes | | No | |  |
| 1. workforce management | | Yes | | No | |  |
| 1. communication management | | Yes | | No | |  |
| 1. information management | | Yes | | No | |  |
| 1. risk management | | Yes | | No | |  |
| 1. patient-safety improvement | | Yes | | No | |  |
| 1. service design, improvement and innovation | | Yes | | No | |  |
| 1. environment and physical infrastructure management | | Yes | | No | |  |
| 1. financial and resource management | | Yes | | No | |  |
| 1. major emergency management. | | Yes | | No | |  |
| B.2 | The management arrangements, structures and mechanisms include all levels of the service to achieve planned objectives for quality and safety. | | Yes | | No | |  |
| B.3 | There are arrangements in place to identify, prepare, respond to and manage increases or decreases in service demand, including short-term changes, predictable changes and sudden or unexpected changes in demand. These include: | | Yes | | No | |  |
| 1. major emergencies | | Yes | | No | |  |
| 1. escalations or surges in admissions and in the number of people attending emergency departments | | Yes | | No | |  |
| 1. predictable seasonal changes in demand, such as winter surges | | Yes | | No | |  |
| 1. workforce shortages and turnover | | Yes | | No | |  |
| 1. infectious outbreak management | | Yes | | No | |  |
| 1. practice drills for selected major disaster or emergency scenarios. | | Yes | | No | |  |
| B.4 | There are arrangements in place to effectively plan and manage service change and transition, including: | | Yes | | No | |  |
| 1. identification of an accountable person responsible for leading and managing the change process | | Yes | | No | |  |
| 1. setting clear objectives for the service change and transition | | Yes | | No | |  |
| 1. prior assessment of service interdependencies | | Yes | | No | |  |
| 1. estimate current and future demand and capacity | | Yes | | No | |  |
| 1. staffing requirements | | Yes | | No | |  |
| 1. consideration of impact and associated risks | | Yes | | No | |  |
| 1. implementation of communication and engagement strategies | | Yes | | No | |  |
| 1. development and monitoring of performance indicators relevant to change and service transition. | | Yes | | No | |  |
| Please insert additional comments or clarifications related to national standard 5.5 here, referencing the question number where  relevant. | | | | | | | |
| Self-assessment of compliance with national standard 5.5 – tick the box that best reflects the service’s level of compliance with the national standard.   |  |  |  |  | | --- | --- | --- | --- | | **1.**  **Compliant** | **2.**  **Substantially Compliant** | **3.**  **Partially Compliant** | **4.**  **Non-Compliant** |   If you selected a judgment descriptor of:   * 1 or 2 (Compliant or substantially compliant), please briefly outline the initiatives or measures the service have in place to meet the standard (500 word limit) * 3 or 4 (Partially compliant or non-compliant), please specify the reason why you have made this judgement, and outline measures that you have put in place to address any risk issues that may result from these deficits (500 word limit). | | | | | | | |
|  | | | | | | | |
| **C Theme 5: Leadership, Governance and Management** | | | | | | | |
| **Standard 5.8: Service providers have systematic monitoring arrangements for identifying and acting on opportunities to continually improve the quality, safety and reliability of healthcare services.** | | | | | | | |
| **Please review and tick Yes or No as appropriate when determining the service’s compliance with national standard 5.8** | | | | | | | **Comments** |
| C.1 | There are risk management structures and processes in place to proactively identify, manage and minimise risk These include, but are not limited to the following: | | Yes | | No | |  |
| 1. infection prevention and control | | Yes | | No | |  |
| 1. medication safety | | Yes | | No | |  |
| 1. deteriorating patient | | Yes | | No | |  |
| 1. transitions of care. | | Yes | | No | |  |
| C.2 | There are arrangements in place to identify, document, monitor  and analyse patient-safety incidents. | | Yes | | No | |  |
| C.3 | There are effective internal and external communication processes to: | |  | | | |  |
| 1. learn from patient-safety incidents | | Yes | | No | |
| 1. improve the quality, safety and reliability of the healthcare service. | | Yes | | No | |  |
| C.4 | Information from the systematic monitoring of the service’s performance is used to improve the quality, safety and reliability of healthcare services. | | Yes | | No | |  |
| C.5 | Information from feedback, compliments and complaints from people who use the service is shared within and across services where relevant to promote learning. | | Yes | | No | |  |
| C.6 | The service has an overarching quality and safety programme, approved by the governing body, to actively assess, monitor, and improve the quality, safety and reliability of healthcare services. | | Yes | | No | |  |
| C.7 | Information and data is provided to national quality and safety improvement programmes. | | Yes | | No | |  |
| C.8 | There is a proactive approach to learning from the findings and recommendations from national and international reviews and investigations. | | Yes | | No | |  |
| C.9 | Effective communication with people who use the service, relevant patient support groups, external agencies and other service providers is supported and promoted. | | Yes | | No | |  |
| Please insert additional comments or clarifications related to national standard 5.8 here, referencing the question number where  relevant. | | | | | | | |
| Self-assessment of compliance with national standard 5.8 – tick the box that best reflects the service’s level of compliance  with the national standard.   |  |  |  |  | | --- | --- | --- | --- | | **1.**  **Compliant** | **2.**  **Substantially Compliant** | **3.**  **Partially Compliant** | **4.**  **Non-Compliant** |   If you selected a judgment descriptor of:   * 1 or 2 (Compliant or substantially compliant), please briefly outline the initiatives or measures the service have in place to meet the standard (500 word limit) * 3 or 4 (Partially compliant or non-compliant), please specify the reason why you have made this judgement, and outline measures that you have put in place to address any risk issues that may result from these deficits (500 word limit). | | | | | | | |
|  | | | | | | | |
| **D Theme 6: Workforce** | | | | | | | |
| **Standard 6.1: Service providers plan, organise and manage their workforce to achieve the service objectives for high-quality, safe and reliable healthcare.** | | | | | | | |
| **Please review and tick Yes or No as appropriate when determining the service’s compliance with national standard 6.1** | | | | | | | **Comments** |
| D.1 | There is planning, organisation and management of the workforce which takes account of: | | Yes | | No | |  |
| 1. the assessed needs of the population | | Yes | | No | |  |
| 1. national and international best available evidence regarding the model or type of service being provided | | Yes | | No | |  |
| 1. size, complexity and specialties of the service being provided | | Yes | | No | |  |
| 1. number of staff required to deliver the service | | Yes | | No | |  |
| 1. skill-mix and competencies required to deliver the service | | Yes | | No | |  |
| 1. resources available | | Yes | | No | |  |
| 1. changes in the workload | | Yes | | No | |  |
| 1. succession planning | | Yes | | No | |  |
| 1. relevant legislation and government policy. | | Yes | | No | |  |
| D.2 | The workforce is planned, managed and developed to ensure it consistently responds, in a timely manner, to changes in the workload or in available resources. | | Yes | | No | | *Please describe supports available to employees* |
| D.3 | The organisation of the workforce is in line with best available evidence. | | Yes | | No | |  |
| D.4 | Where the model of care delivery includes multidisciplinary teams, the workforce is organised and managed to work in such teams. | | Yes | | No | |  |
| D.5 | There is regular review and evaluation of the management of the workforce, the service’s response to changes in workload and resources available. | | Yes | | No | |  |
| Please insert additional comments or clarifications related to national standard 6.1 here, referencing the question number where  relevant. | | | | | | | |
| Self-assessment of compliance with national standard 6.1 – tick the box that best reflects the service’s level of compliance with the national standard.   |  |  |  |  | | --- | --- | --- | --- | | **1.**  **Compliant** | **2.**  **Substantially Compliant** | **3.**  **Partially Compliant** | **4.**  **Non-Compliant** |   If you selected a judgment descriptor of:   * 1 or 2 (Compliant or substantially compliant), please briefly outline the initiatives or measures the service have in place to meet the standard (500 word limit) * 3 or 4 (Partially compliant or non-compliant), please specify the reason why you have made this judgement, and outline measures that you have put in place to address any risk issues that may result from these deficits (500 word limit). | | | | | | | |
|  | | | | | | | |
| **E Theme 1: Person-centred Care and Support** | | | | | | | |
| **Standard 1.6: Service users’ dignity, privacy and autonomy are respected and promoted.** | | | | | | | |
| **Please review and tick Yes or No as appropriate when determining the service’s compliance with national standard 1.6** | | | | | | | **Comments** |
| E.1 | Care, including end-of-life care, is designed and delivered in a manner that promotes the dignity, privacy and autonomy of people using the service. | | Yes | | No | |  |
| E.2 | The physical environment is appropriately designed and managed to ensure that the dignity, privacy and autonomy of people using the service is promoted and protected. | | Yes | | No | |  |
| E.3 | There are structures and processes in place to ensure that a person using the service: | |  | | | |  |
| 1. is communicated with in a manner that respects their dignity and privacy | | Yes | | No | |  |
| 1. is cared for in an environment that ensures their dignity and privacy when they are receiving personal care | | Yes | | No | |  |
| 1. is made familiar with their immediate surroundings and advised about how to get assistance | | Yes | | No | |  |
| 1. is supported with their specific individual needs to ensure their dignity and privacy is respected and maintained | | Yes | | No | |  |
| 1. has their autonomy promoted and supported while receiving care and treatment. | | Yes | | No | |  |
| E.4 | There are structures and processes in place to ensure that the personal information of people using the service is protected at all times in line with legislation and best available evidence. | | Yes | | No | |  |
| Please insert additional comments or clarifications related to national standard 1.6 here, referencing the question number where  relevant. | | | | | | | |
| Self-assessment of compliance with national standard 1.6 – tick the box that best reflects the service’s level of compliance with the national standard.   |  |  |  |  | | --- | --- | --- | --- | | **1.**  **Compliant** | **2.**  **Substantially Compliant** | **3.**  **Partially Compliant** | **4.**  **Non-Compliant** |   If you selected a judgment descriptor of:   * 1 or 2 (Compliant or substantially compliant), please briefly outline the initiatives or measures the service have in place to meet the standard (500 word limit) * 3 or 4 (Partially compliant or non-compliant), please specify the reason why you have made this judgement, and outline measures that you have put in place to address any risk issues that may result from these deficits (500 word limit). | | | | | | | |
|  | | | | | | | |
| **F Theme 1: Person-centred Care and Support** | | | | | | | |
| **Standard 1.7: Service providers promote a culture of kindness, consideration and respect.** | | | | | | | |
| **Please review and tick Yes or No as appropriate when determining the service’s compliance with national standard 1.7** | | | | | | | **Comments** |
| F.1 | A culture of kindness, consideration and respect for people using the service is promoted and evaluated. This is done through: | | Yes | | No | |  |
| 1. service design | | Yes | | No | |  |
| 1. training and development of staff | | Yes | | No | |  |
| 1. evaluation processes. | | Yes | | No | |  |
| F.2 | People using the service are: | |  | | | |  |
| 1. communicated with in an open and sensitive manner | | Yes | | No | |  |
| 1. actively listened to in line with their expressed preferences and needs | | Yes | | No | |  |
| 1. offered opportunities to raise any issues relevant to their care and are supported to explore and discuss these issues. | | Yes | | No | |  |
| F.3 | The different stages of care (for example, approaching end-of-  life) and treatments where a person using the service may be  more vulnerable than others are proactively identified,  recognised and supportive mechanisms are implemented to  support the person. | | Yes | | No | |  |
| F.4 | People’s views, values and preferences are actively sought and  taken into account in the provision of their care. | | Yes | | No | |  |
| Please insert additional comments or clarifications related to national standard 1.7 here, referencing the question number where  relevant. | | | | | | | |
| Self-assessment of compliance with national standard 1.7 – tick the box that best reflects the service’s level of compliance with the national standard.   |  |  |  |  | | --- | --- | --- | --- | | **1.**  **Compliant** | **2.**  **Substantially Compliant** | **3.**  **Partially Compliant** | **4.**  **Non-Compliant** |   If you selected a judgment descriptor of:   * 1 or 2 (Compliant or substantially compliant), please briefly outline the initiatives or measures the service have in place to meet the standard (500 word limit) * 3 or 4 (Partially compliant or non-compliant), please specify the reason why you have made this judgement, and outline measures that you have put in place to address any risk issues that may result from these deficits (500 word limit). | | | | | | | |
|  | | | | | | | |
| **G Theme 1: Person-centred Care and Support** | | | | | | | |
| **Standard 1.8: Service users’ complaints and concerns are responded to promptly, openly and effectively with clear communication and support provided throughout this process.** | | | | | | | |
| **Please review and tick Yes or No as appropriate when determining the service’s compliance with national standard 1.8** | | | | | | | **Comments** |
| G.1 | The is a complaints procedure in place that takes account of legislation, relevant regulations, national guidelines and best available evidence. | | Yes | | No | |  |
| G.2 | The complaints procedure is clear, transparent, open and  accessible to people using the service. | | Yes | | No | |  |
| G.3 | There is a complaints officer in place. | | Yes | | No | |  |
| G.4 | There is oversight and monitoring of the timeliness of response and management of complaints, taking into account the requirements to fully address the issues raised by the complainant. | | Yes | | No | |  |
| G.5 | The complaints procedure identifies the expectations of people using the service who make complaints and ensures their expectations are taken into account, explored and addressed. | | Yes | | No | |  |
| G.6 | There is a coordinated response to people who make a  complaint. The response includes: | | Yes | | No | |  |
| 1. information from healthcare professionals when their care is shared or transferred from one service provider to another | | Yes | | No | |  |
| 1. the sharing of people’s information is carried out in line with data protection legislation and best practice. | | Yes | | No | |  |
| G.7 | People using the service are encouraged to provide feedback, raise a concern or make complaints verbally or in writing. | | Yes | | No | |  |
| G.8 | There are arrangements in place to ensure a person’s care is not negatively affected as a result of them having made a complaint. | | Yes | | No | |  |
| G.9 | There are arrangements in place to provide and or facilitate access to support services, such as independent advocacy services. | | Yes | | No | |  |
| Please insert additional comments or clarifications related to national standard 1.8 here, referencing the question number where  relevant. | | | | | | | |
| Self-assessment of compliance with national standard 1.8 – tick the box that best reflects the service’s level of compliance with the national standard.   |  |  |  |  | | --- | --- | --- | --- | | **1.**  **Compliant** | **2.**  **Substantially Compliant** | **3.**  **Partially Compliant** | **4.**  **Non-Compliant** |   If you selected a judgment descriptor of:   * 1 or 2 (Compliant or substantially compliant), please briefly outline the initiatives or measures service have in place to meet the standard (500 word limit) * 3 or 4 (Partially compliant or non-compliant), please specify the reason why you have made this judgement, and outline measures that you have put in place to address any risk issues that may result from these deficits (500 word limit). | | | | | | | |
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| **H Theme 2: Effective Care and Support** | | | | |
| **Standard 2.7: Healthcare is provided in a physical environment which supports the delivery of high quality, safe, reliable care and protects the health and welfare of service users.** | | | | |
| **Please review and tick Yes or No as appropriate when determining the service’s compliance with national standard 2.7** | | | | **Comments** |
| H.1 | The physical environment, premises and facilities are compliant with relevant legislative requirements. | Yes | No |  |
| H.2 | Premises and facilities are accessible and responsive to the physical and sensory needs of people using the service. | Yes | No |  |
| H.3 | The physical environment is planned, designed, developed and maintained to achieve the best possible outcomes for people using the service within the available resources. | Yes | No |  |
| H.4 | The physical environment is developed and managed to promote better health and wellbeing for people who use the service and healthcare staff. | Yes | No |  |
| H.5 | The physical environment is developed and managed to minimise risks (to people who use the service and to healthcare staff) of acquiring a healthcare-associated infection. | Yes | No |  |
| H.6 | There is appropriate management of hazardous materials and waste, including safe handling, storage, use and disposal. | Yes | No |  |
| H.7 | There are appropriate measures in place to ensure the security of the premises. | Yes | No |  |
| H.8 | The physical environment is: |  | |  |
| 1. assessed when the demand, services delivered or resources change | Yes | No |  |
| 1. planned and managed to maintain the quality and safety of care. | Yes | No |  |
| H.9 | Risks associated with changes to the physical environment where care is delivered are identified, evaluated and  the necessary action taken to eliminate or minimise such risks. | Yes | No |  |
| H.10 | Risk assessments are completed for current or planned building works and or refurbishments for the following: |  | |  |
| 1. service impact | Yes | No |  |
| 1. health and safety | Yes | No |  |
| 1. infection prevention and control risk (e.g. aspergillus, legionella). | Yes | No |  |
| Please insert additional comments or clarifications related to national standard 2.7 here, referencing the question number where  relevant. | | | | |
| Self-assessment of compliance with national standard 2.7 – tick the box that best reflects the service’s level of compliance with the national standard.   |  |  |  |  | | --- | --- | --- | --- | | **1.**  **Compliant** | **2.**  **Substantially Compliant** | **3.**  **Partially Compliant** | **4.**  **Non-Compliant** |   If you selected a judgment descriptor of:   * 1 or 2 (Compliant or substantially compliant), please briefly outline the initiatives or measures the service have in place to meet the standard (500 word limit) * 3 or 4 (Partially compliant or non-compliant), please specify the reason why you have made this judgement, and outline measures that you have put in place to address any risk issues that may result from these deficits (500 word limit). | | | | |
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| **I Theme 2: Effective Care and Support** | | | | |
| **Standard 2.8: The effectiveness of healthcare is systematically monitored, evaluated and continuously improved.** | | | | |
| **Please review and tick Yes or No as appropriate when determining the service’s compliance with national standard 2.8** | | | | **Comments** |
| I.1 | The quality and safety of the care and its outcomes are measured using relevant national performance indicators and benchmarks. National performance indicators and benchmarks are used to measure performance for: | Yes | No |  |
| 1. infection prevention and control | Yes | No | *Please list the key performance indicators used* |
| 1. medication safety | Yes | No | *Please list the key performance indicators used* |
| 1. deteriorating patient | Yes | No | *Please list the key performance indicators used* |
| 1. transitions of care | Yes | No | *Please list the key performance indicators used* |
| 1. other, please list areas and key performance indicators used. | Yes | No | *Please list the key performance indicators used* |
| I.2 | Where national performance indicators and benchmarks do not exist, performance indicators and benchmarks are developed, adopted and or adapted in line with best available evidence. | Yes | No |  |
| I.3 | A variety of outcome measures are used to evaluate the effectiveness of healthcare including: | Yes | No |  |
| * 1. clinical outcomes | Yes | No |  |
| * 1. outcomes from the perspective of people using the service e.g. quality of life, functional outcome assessment | Yes | No |  |
| * 1. experience of care from the perspective of people using the service | Yes | No |  |
| * 1. feedback from healthcare professionals. | Yes | No |  |
| I.4 | Information from monitoring and evaluation is used to improve care and share learning. | Yes | No |  |
| There is an agreed annual audit plan. | Yes | No |  |
| The agreed annual audit plan incorporates participation in national audit programmes and local targeted audits based on service requirements and priorities. | Yes | No |  |
| Requested information is provided to relevant agencies, including national statutory bodies, in line with relevant legislation and good practice. | Yes | No |  |
| Evidence-based methodologies, in line with national guidelines, are used when conducting audits. | Yes | No |  |
| Clinical governance arrangements ensure findings from clinical audits are reported and monitored effectively. | Yes | No |  |
| I.5 | Clinical and non-clinical audits are used to monitor and evaluate service performance including, but not limited to: |  | |  |
| 1. infection prevention and control | Yes | No |  |
| 1. medication safety | Yes | No |  |
| 1. deteriorating patient – Early Warning System (EWS), sepsis | Yes | No |  |
| 1. transitions of care – communication/ISBAR-tool/clinical handover. | Yes | No |  |
| I.6 | Improvements are implemented based on the findings of clinical and non-clinical audits. | Yes | No |  |
| I.7 | Services share and publicly report information about the: |  | |  |
| 1. quality and safety of care delivered | Yes | No |  |
| 1. quality improvement programmes. | Yes | No |  |
| Please insert additional comments or clarifications related to national standard 2.8 here, referencing the question number where  relevant. | | | | |
| Self-assessment of compliance with national standard 2.8 – tick the box that best reflects the service’s level of compliance with the national standard.   |  |  |  |  | | --- | --- | --- | --- | | **1.**  **Compliant** | **2.**  **Substantially Compliant** | **3.**  **Partially Compliant** | **4.**  **Non-Compliant** |   If you selected a judgment descriptor of:   * 1 or 2 (Compliant or substantially compliant), please briefly outline the initiatives or measures the service have in place to meet the standard (500 word limit) * 3 or 4 (Partially compliant or non-compliant), please specify the reason why you have made this judgement, and outline measures that you have put in place to address any risk issues that may result from these deficits (500 word limit). | | | | |
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| **J Theme 3: Safe Care and Support** | | | | |
| **Standard 3.1: Service providers protect service users from the risk of harm associated with the design and delivery of healthcare services.** | | | | |
| **Please review and tick Yes or No as appropriate when determining the service’s compliance with national standard 3.1** | | | | **Comments** |
| J.1 | There are arrangements in place to ensure there is proactive monitoring, analysis and response to information significant to the delivery of safe services. This information includes: | Yes | No |  |
| 1. patient-safety incidents and other incidents involving both people using services and staff | Yes | No |  |
| 1. complaints, concerns and compliments | Yes | No |  |
| 1. findings from risk assessments | Yes | No |  |
| 1. legal claims and or learning from legal cases both within the service and in other services | Yes | No |  |
| 1. audits - including, but not limited to:  * infection prevention and control |  | |  |
| Yes | No |
| * medication safety | Yes | No |
| * deteriorating patient (EWS, sepsis) | Yes | No |
| * transition of care (communication/clinical handover) | Yes | No |
| 1. satisfaction surveys, including the National Care Experience Programme | Yes | No |  |
| 1. findings and recommendations from national and international reviews and investigations | Yes | No |  |
| 1. clinical coding, activity and performance data | Yes | No |  |
| 1. learning from coroners’ cases. | Yes | No |  |
| J.2 | There are structures and processes in place to ensure: |  | |  |
| 1. immediate and potential risks to people using the service are proactively identified, evaluated and managed e.g. there is a risk management policy in place which includes review of risk assessments and risk register | Yes | No |  |
| 1. the necessary actions are taken to eliminate or minimise immediate and potential risks | Yes | No |  |
| 1. the evaluation of actions implemented is reported through governance structures. | Yes | No |  |
| J.3 | Risks associated with planned or implemented changes to the design and delivery of healthcare services are proactively identified and managed. | Yes | No |  |
| J.4 | Arrangements are in place to minimise the risk of harm to people who use the service. | Yes | No |  |
| J.5 | **Patient Identification**  Structures and processes are place to ensure:   1. the risk of harm associated with incorrect patient identification is minimised and or eliminated | Yes | No |  |
| 1. people using the service are correctly identified so that they receive the treatment and care solely intended for them | Yes | No |  |
| 1. there are policies, procedures, protocols and or guidelines guiding the management and practice of patient identification. | Yes | No |  |
| J.6 | **Infection Prevention and Control**  Structures and processes are in place to:   1. identify, assess, monitor, manage and review the risk of harm in relation to the prevention and control of healthcare associated infections | Yes | No |  |
| 1. ensure there is a well-organised, planned and managed infection prevention and control programme that is coordinated and integrated with an antimicrobial stewardship programme | Yes | No |  |
| 1. ensure there is access to specialist infection prevention and control advice | Yes | No |  |
| 1. ensure there are systems and processes in place to facilitate the prevention of, the prompt identification of, management of and learning from of outbreaks of infection | Yes | No | *If no, please explain what is in place to identify*  *and manage outbreaks of infection*. |
| 1. ensure there is a process for sharing information about infection status between and with other services | Yes | No |  |
| 1. ensure there are policies, procedures, protocols and or guidelines guiding the management and practice of infection prevention and control. | Yes | No |  |
| J.7 | **Medication Safety**  Structures and processes are in place (from procurement to disposal) to:   1. identify, assess, monitor, manage and review the risk of harm and potential for errors arising from medications use | Yes | No |  |
| 1. ensure the risks of harm and potential for errors arising from medication are used to inform and implement a medication safety programme | Yes | No |  |
| 1. ensure risk reduction strategies are implemented to reduce the risk of medicine-related error, including the identification of high-risk medications | Yes | No |  |
| 1. ensure the medication safety programme is in line with legal requirements, national policy and guidelines and best available national and international evidence | Yes | No |  |
| 1. ensure there are policies, procedures, protocols and or guidelines guiding the safe use of medications. | Yes | No |  |
| J.8 | **The Deteriorating Patient**  Structure and processes are in place to identify and reduce the risk of harm associated with a delay in recognising and responding to people using the service whose condition acutely deteriorates (EWS and sepsis). | Yes | No |  |
| There is an overarching Deteriorating Patient Recognition and Response Improvement Programme (DPIP), which includes the recognition and response to sepsis is in place. | Yes | No |  |
| There are policies, procedures, protocols and or guidelines guiding the early detection and emergency response for patients whose condition is deteriorating. | Yes | No |  |
| J.9 | **Transitions of Care**  Structure and processes are in place to:     1. identify and reduce the risk of harm associated with transitions in care, including but not limited to reducing the risk of harm associated with transfer in and between healthcare services | Yes | No |  |
| 1. ensure the safe and timely referral of people who use the service within and between services | Yes | No |  |
| 1. ensure accurate communication when information is being shared between different healthcare professionals and services.(e.g. shift and interdepartmental handover, using the ISBAR tool) | Yes | No |  |
| 1. ensure there are policies, procedures, protocols and or guidelines guiding the transitions of care. | Yes | No |  |
| Please insert additional comments or clarifications related to national standard 3.1 here, referencing the question number where  relevant. | | | | |
| Self-assessment of compliance with national standard 3.1 – tick the box that best reflects the service’s level of compliance with the national standard.   |  |  |  |  | | --- | --- | --- | --- | | **1.**  **Compliant** | **2.**  **Substantially Compliant** | **3.**  **Partially Compliant** | **4.**  **Non-Compliant** |   If you selected a judgment descriptor of:   * 1 or 2 (Compliant or substantially compliant), please briefly outline the initiatives or measures the service have in place to meet the standard (500 word limit) * 3 or 4 (Partially compliant or non-compliant), please specifiy the reason why you have made this judgement, and outline measures that you have put in place to address any risk issues that may result from these deficits (500 word limit). | | | | |
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| **K Theme 3: Safe Care and Support** | | | | |
| **Standard 3.3: Service providers effectively identify, manage, respond to and report on patient-safety incidents.** | | | | |
| **Please review and tick Yes or No as appropriate when determining the service’s compliance with national standard 3.3** | | | | **Comments** |
| K.1 | There is a patient-safety incident management system to identify, manage, respond to and report patient-safety incidents in line with national legislation, policy and guidelines. | Yes | No |  |
| The patient-safety incident management system: |  | |  |
| 1. includes a structured incident reporting mechanism (e.g. national incident report form (NIRF) | Yes | No |  |
| 1. ensures patient safety incidents are reported in a timely manner through national reporting system (e.g. NIMS) | Yes | No |  |
| 1. includes a classification of patient-safety incidents using an agreed taxonomy | Yes | No |  |
| 1. enables the generation of information that is used to support safe services. | Yes | No |  |
| K.2 | The patient-safety incident management system is supported by a clear incident management framework that: | Yes | No |  |
| 1. defines the:  * roles and responsibilities of individuals and committees * type of incidents to be reported * process for reporting, investigating and monitoring patient-safety incidents. | Yes | No |  |
| Yes | No |
| Yes | No |
| 1. outlines the responsibility of healthcare staff to report incidents | Yes | No |  |
| 1. ensures information arising from patient safety incidents is used to inform the governing body, the workforce and people using the service in order to promote improvements in safety and quality | Yes | No |  |
| 1. informs staff of arrangements for reporting, investigating and monitoring patient-safety incidents | Yes | No |  |
| 1. informs people who use the service of the arrangements in place for reporting, investigating and monitoring patient-safety incidents (e.g. as part of an investigation process) | Yes | No |  |
| 1. ensures the reporting of patient-safety incidents is outlined in a policy, procedure, guideline or protocol. | Yes | No |  |
| K.3 | There are arrangements in place to: |  | |  |
| 1. ensure that reviews to identify the causes of patient-safety incidents are conducted in a fair and effective way | Yes | No |  |
| 1. keep people impacted by patient-safety incidents   (service users, family and staff) informed and supported during the review process. | Yes | No |  |
| K.4 | Arrangements are in place to implement recommendations from investigations of patient-safety incidents and to monitor the effectiveness of any action taken. | Yes | No |  |
| K.5 | Staff working in the service are trained and knowledgeable in how to identify, manage, respond to and report on patient-safety incidents. | Yes | No |  |
| K.6 | The effectiveness of the patient-safety incident management system is regularly reviewed and actions implemented to improve the systems and processes. | Yes | No |  |
| Please insert additional comments or clarifications related to national standard 3.3 here, referencing the question number where  relevant. | | | | |
| Self-assessment of compliance with national standard 3.3 – tick the box that best reflects the service’s level of compliance with the national standard.   |  |  |  |  | | --- | --- | --- | --- | | **1.**  **Compliant** | **2.**  **Substantially Compliant** | **3.**  **Partially Compliant** | **4.**  **Non-Compliant** |   If you selected a judgment descriptor of:   * 1 or 2 (Compliant or substantially compliant), please briefly outline the initiatives or measures the service have in place to meet the standard (500 word limit) * 3 or 4 (Partially compliant or non-compliant), please specify the reason why you have made this judgement, and outline measures that you have put in place to address any risk issues that may result from these deficits (500 word limit). | | | | |
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**Notes**



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1. HIQA will monitor the systems and processes service providers have in place to ensure early detection and emergency response for a patient whose condition is deteriorating. [↑](#footnote-ref-1)
2. Transitions of care refers to the various points where a person using the service moves to, or returns from, a particular physical location or makes contact with a healthcare professional for the purpose of receiving healthcare. This includes transitions between home, hospital, residential care settings and consultations with different healthcare providers in outpatient facilities. [↑](#footnote-ref-2)