

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

Version for Rehabilitation and Community Inpatient Healthcare Services

September 2023

July 2018

Month Year

Title

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

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 person-centred standards and guidance, based on evidence and international best practice, for health and social care services in Ireland.
* **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 service providers of rehabilitation and community inpatient healthcare services to assess their level of compliance with the *National Standards for Safer Better Healthcare 2012.* This document is intended to allow service providers to subjectively 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 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).

**About the self-assessment tool**

This assessment tool is designed to enable HIQA to gain further information in relation to the nature of services provided by the Rehabilitation and Community Inpatient Healthcare Services. Information gathered will inform future regulatory activity.

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 of risk of harm:

* 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 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 we term ‘judgment descriptors’ — which are used to assess performance against each of the 11 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** Rehabilitation and Community Inpatient Healthcare Services (please describe the services provided in the hospital/healthcare service) (**maximum 250 words**)  |
|  |
| **Profile of Service** |
| **Beds** | **Total number of hospital beds in the service** |  |
| Of these beds how many are: |
| Convalescent beds |  |
| Rehabilitation specific beds |  |
| Step-down beds |  |
| Transitional care beds |  |
| Respite care beds |  |
| Assessment beds |  |
| Other, please specify  |  |
| **Workforce** | Please list all **medical staff** by role who work and or attend your service |
| **Role** | Whole-time equivalent (WTE) | Total cumulative number of hours **on site** in the service each week |
| Consultants (please list speciality) | Speciality | WTE |  |
|  |  |  |
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|  |  |  |
|  |  |  |
| Registrars | Speciality | WTE |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| Senior house officers (SHOs) | Speciality | WTE |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| General practitioners (GPs) |  |  |
| Medical officer |  |  |
| Other  | Speciality | WTE |  |
|  |  |  |
|  |  |  |
|  |  |  |
| Access to microbiologist | Yes | No |
| Access to public health doctor advice | Yes | No |
| Please list all **nursing and other staff** who work in your service |
| **Role** | Number of filled posts  | Number of unfilled posts |
| Director of nursing |  |  |
| Assistant director of nursing |  |  |
| Clinical nurse manager |  |  |
| Discharge planner or bed manager |  |  |
| **Role** | Number of filled posts  | Number of unfilled posts |
| Staff nurse |  |  |
| Healthcare assistant |  |  |
| Other (please name role) |  |  |
| Access to community Infection Prevention and Control nurse  | Yes | No |
| **Please list all Health and Social Care Professionals by role who work in your service** |
| **Role** | Total cumulative number of hours on site in this service each week |
| Dietitian |  |
| Occupational Therapist |  |
| Physiotherapist |  |
| Speech and Language Therapist |  |
| Social Worker |  |
| Psychologist |  |
| Other (please name role) |  |
| **Please list all pharmacy staff by role who work in your service** |
| Dispensing pharmacist |  |  |
| Clinical pharmacist |  |  |
| Pharmacy technician |  |  |
| If you do not have site-specific resources for any of the professionals listed above, do you have access to advice and support for these resources from another service or hospital? If yes, please give details below | Yes | No |
| Details of advice and support for site-specific resource |

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

|  |  |
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|  | **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** | **Yes** | **No** | **Comments** |
| A.1 | There are integrated corporate and clinical governance arrangements in place, which clearly:  |  |  |  |
| 1. define roles, accountability and responsibilities throughout the service for assuring the quality and safety of the service
 |  |  |  |
| 1. outlines the person with overall accountability and responsibility for the service
 |  |  |  |
| 1. identifies the senior person **onsite** with responsibility for operational management of the service (if different from above)
 |  |  |  |
| 1. identifies the designated person onsite, who is operationally in charge of the service outside of core working hours including weekends and public holidays
 |  |  |  |
| **Please review and tick Yes or No as appropriate when determining the service’s compliance with national standard 5.2** | **Yes** | **No** | **Comments** |
| 1. details who is in charge of the medical cover arrangements for the service during core working hours (9.00am-5.00pm)
 |  |  |  |
| 1. details who is in charge of the medical cover arrangements for the service during out of hours, at weekends and bank holidays.
 |  |  |  |
| A.2 | There arerepresentatives or leadsfor: |  |
| Community Infection Prevention and Control |  |  |  |
| Medication Safety/Drugs and Therapeutics  |  |  |  |
| Deteriorating Patient (including sepsis)  |  |  |  |
| Transitions of Care/Bed Manager/Discharge Coordinator  |  |  |  |
| A.3 | There is a committee/governance structure as follows: |  |
| Executive Management Team or equivalent |  |  |  |
| Quality and Safety Committee or equivalent |  |  |  |
| Infection Prevention and Control Committee (or could be an regular agenda item for meetings of another committee) |  |  |  |
| **Please review and tick Yes or No as appropriate when determining the service’s compliance with national standard 5.2** | **Yes** | **No** | **Comments** |
| Medication Safety/Drugs and Therapeutics Committee |  |  |  |
| Deteriorating Patient (including sepsis) Committee (or could be an regular agenda item for meetings of another committee) |  |  |  |
| Transitions of Care Committee (or could be an regular agenda item for meetings of another committee) |  |  |  |
| A.4 | The governance arrangements: |  |
| 1. regularly review information relating to the quality and safety outcomes for people using the service
 |  |  | *Please describe/list the information relating to the quality and safety outcomes reviewed here* |
| 1. provide assurance that the primary focus of the service is on quality and safety outcomes for people using the service.
 |  |  |  |
| 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. |  |  |  |
|  | **Please review and tick Yes or No as appropriate when determining the service’s compliance with national standard 5.2** | **Yes** | **No** | **Comments** |
| 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. |  |  |  |
| A.7 | Those governing the service publicly report on the quality and safety of their services. |  |  |  |
| 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.

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| --- | --- | --- | --- |
| **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 demonstrate how the standard has been met (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** | **Yes** | **No** | **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:  |  |  |  |
| 1. workforce management
 |  |  |  |
| 1. communication management
 |  |  |  |
| 1. information management
 |  |  |  |
| 1. risk management
 |  |  |  |
| 1. patient-safety improvement
 |  |  |  |
| 1. service design, improvement and innovation
 |  |  |  |
| 1. environment and physical infrastructure management
 |  |  |  |
| 1. financial and resource management
 |  |  |  |
|  | **Please review and tick Yes or No as appropriate when determining the service’s compliance with national** **standard 5.5** | **Yes** | **No** | **Comments** |
| B.2 | The management arrangements, structures and mechanisms include all levels of the service to achieve planned objectives for quality and safety. |  |  |  |
| 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 may include for example: |  |  |  |
| 1. staff absence/workforce shortages and turnover
 |  |  |  |
| 1. infectious outbreak management including COVID-19,
 |  |  |  |
| B.4 | There are arrangements in place to effectively plan and manage service change. These include, but are not limited to: |  |  |  |
| 1. identification of an accountable person responsible for leading and managing the change process
 |  |  |  |
| 1. identifying the staffing implications and determination of staffing requirements associated with the change process

  |  |  |  |
| 1. prior assessment of the service’s connectedness and dependency on other services.
 |  |  |  |
| 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.

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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 demonstrate how the standard has been met (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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| **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**  | **Yes** | **No** | **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 risks associated with the following: |  |  |  |
| 1. infection prevention and control
 |  |  |  |
| 1. medication safety
 |  |  |  |
| 1. deteriorating patient (e.g. arrangement with other services/facilities including transfer when a patient becomes acutely unwell
 |  |  |  |
| 1. transitions of care (e.g. moving patients from one location to another within the service, to another service/facility or discharged home).
 |  |  |  |
| C.2 | The service escalates risks to the Community Healthcare Organisation or equivalent if they cannot be addressed locally |  |  |  |
|  | **Please review and tick Yes or No as appropriate when** **determining the service’s compliance with national****standard 5.8**  | **Yes** | **No** | **Comments** |
| C.3 | There are arrangements in place to identify, document, monitor and analyse patient-safety incidents. |  |  |  |
| C.4 | There are effective internal and external communication processes to: |  |
| 1. learn from patient-safety incidents
 |  |  |  |
| 1. improve the quality, safety and reliability of the healthcare service.
 |  |  |  |
| C.5 | Information from the systematic monitoring of the service’s performance is used to improve the quality, safety and reliability of healthcare services.  |  |  |  |
| C.6  | Information from feedback, compliments and complaints from people who use the service is shared within and across services where relevant to promote learning. |  |  |  |
| C.7 | Effective communication with people who use the service, relevant patient support groups, external agencies and other service providers is supported and promoted. |  |  |  |
| 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.

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| **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 demonstrate how the standard has been met (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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| **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**  | **Yes** | **No** | **Comments** |
| D.1 | There is planning, organisation and management of the workforce which takes account of: |  |  |  |
| 1. the assessed needs of the population
 |  |  |  |
| 1. national and international best available evidence regarding the model or type of service being provided
 |  |  |  |
| 1. size, complexity and specialties of the service being provided
 |  |  |  |
| 1. number of staff required to deliver the service
 |  |  |  |
| 1. skill-mix and competencies required to deliver the service
 |  |  |  |
| 1. resources available
 |  |  |  |
| 1. changes in the workload
 |  |  |  |
| 1. succession planning
 |  |  |  |
| 1. relevant legislation and government policy.
 |  |  |  |
|  | **Please review and tick Yes or No as appropriate when determining the service’s compliance with national** **standard 6.1**  | **Yes** | **No** | **Comments** |
| 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. |  |  |  |
| D.3 | The organisation of the workforce is in line with best available evidence. |  |  |  |
| D.4 | Where the model of care delivery includes multidisciplinary teams, the workforce is organised and managed to work in such teams. |  |  |  |
| 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. |  |  |  |
| 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.

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| **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 demonstrate how the standard has been met (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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| **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** | **Yes** | **No** | **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. |  |  |  |
| 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. |  |  |  |
| 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
 |  |  |  |
| 1. is cared for in an environment that ensures their dignity and privacy when they are receiving personal care
 |  |  |  |
| 1. is made familiar with their immediate surroundings and advised about how to get assistance
 |  |  |  |
| 1. is supported with their specific individual needs to ensure their dignity and privacy is respected and maintained
 |  |  |  |
| **Please review and tick Yes or No as appropriate when determining the service’s compliance with national** **standard 1.6** | **Yes** | **No** | **Comments** |
| 1. has their autonomy promoted and supported while receiving care and treatment.
 |  |  |  |
| 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. |  |  |  |
| 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.

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| --- | --- | --- | --- |
| **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 demonstrate how the standard has been met (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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| **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** | **Yes** | **No** | **Comments** |
| F.1 | A culture of kindness, consideration and respect for people using the service is promoted and evaluated through: |  |
| 1. service design
 |  |  |  |
| 1. training and development of staff
 |  |  |  |
| 1. evaluation processes.
 |  |  |  |
| F.2 | People using the service are: |  |
| 1. communicated with in an open and sensitive manner
 |  |  |  |
| 1. actively listened to in line with their expressed preferences and needs
 |  |  |  |
| 1. offered opportunities to raise any issues relevant to their care and are supported to explore and discuss these issues.
 |  |  |  |
|  | **Please review and tick Yes or No as appropriate when determining the service’s compliance with national** **standard 1.7** | **Yes** | **No** | **Comments** |
| F.3 | The different stages of care (for example, approaching end-of-life) and treatments where a person using the service may bemore vulnerable than others are proactively identified,recognised and supportive mechanisms are implemented to support the person. |  |  |  |
| F.4 | People’s views, values and preferences are actively sought and taken into account in the provision of their care. |  |  |  |
| 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.

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| --- | --- | --- | --- |
| **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 demonstrate how the standard has been met (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).
 |
|  |
| **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** | **Yes** | **No** | **Comments** |
| G.1 | There is a complaints procedure in place that takes account of legislation, relevant regulations, national guidelines and best available evidence.  |  |  |  |
| G.2 | The complaints procedure is clear, transparent, open and accessible to people using the service. |  |  |  |
| G.3 | There is a person/complaints officer in place to manage complaints. |  |  |  |
| 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. |  |  |  |
| 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. |  |  |  |
| G.6 | There is a coordinated response to people who make acomplaint. The response includes:  |  |  |  |
| **Please review and tick Yes or No as appropriate when determining the service’s compliance with national** **standard 1.8** | **Yes** | **No** | **Comments** |
| 1. information from healthcare professionals when their care is shared or transferred from one service provider to another
 |  |  |  |
| 1. the sharing of people’s information is carried out in line with data protection legislation and best practice.
 |  |  |  |
| G.7 | People using the service/families are encouraged to provide feedback, raise a concern or make complaints verbally or in writing.  |  |  |  |
| 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.  |  |  |  |
| G.9 | There are arrangements in place to provide and or facilitate access to support services, such as independent advocacy services. |  |  |  |
| 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.

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| --- | --- | --- | --- |
| **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 demonstrate how the standard has been met (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** | **Yes** | **No** | **Comments** |
| H.1 | The physical environment, premises and facilities are compliant with relevant legislative requirements.  |  |  |  |
| H.2 | Premises and facilities are accessible and responsive to the physical and sensory needs of people using the service. |  |  |  |
| 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. |  |  |  |
| H.4 | The physical environment is developed and managed to promote better health and wellbeing for people who use the service and healthcare staff. |  |  |  |
| 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.  |  |  |  |
|  | **Please review and tick Yes or No as appropriate when determining the service’s compliance with national standard 2.7** | **Yes** | **No** | **Comments** |
| H.6 | There is appropriate management of hazardous materials and waste, including safe handling, storage, use and disposal.  |  |  |  |
| H.7 | There are appropriate measures in place to ensure the security of the premises. |  |  |  |
| H.8 | The physical environment is: |  |
| 1. risk assessed when the demand, services delivered or resources change
 |  |  |  |
| 1. planned and managed to maintain the quality and safety of care
 |  |  |  |
| 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 (e.g. exits clearly identified and not blocked). |  |  |  |
| H.10  | Risk assessments are completed for current or planned building works and or refurbishments for the following: |  |
| 1. service impact, including staffing requirement
 |  |  |  |
| 1. health and safety of staff and people using the service
 |  |  |  |
| **Please review and tick Yes or No as appropriate when determining the service’s compliance with national standard 2.7** | **Yes** | **No** | **Comments** |
| 1. infection prevention and control risk (e.g. aspergillus, legionella).
 |  |  |  |
| 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.

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| **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 demonstrate how the standard has been met (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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| **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**  | **Yes** | **No** | **Comments** |
| I.1 | The quality and safety of the care and its outcomes are measured using relevant national performance indicators and benchmarks for:  |  |
| 1. infection prevention and control
 |  |  | *Please list the key performance indicators used* |
| 1. medication safety
 |  |  | *Please list the key performance indicators used* |
| 1. deteriorating patient (patients who become acutely unwell)
 |  |  | *Please list the key performance indicators used* |
| 1. transitions of care
 |  |  | *Please list the key performance indicators used* |
| 1. other.
 |  |  | *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.  |  |  |  |
| I.3 | A variety of outcome measures are used to evaluate the effectiveness of healthcare including: |  |
| * 1. clinical outcomes
 |  |  |  |
| **Please review and tick Yes or No as appropriate when determining the service’s compliance with national standard 2.8**  | **Yes** | **No** | **Comments** |
| * 1. outcomes from the perspective of people using the service e.g. quality of life, functional outcome assessment
 |  |  |  |
| * 1. experience of care from the perspective of people using the service
 |  |  |  |
| * 1. feedback from healthcare professionals.
 |  |  |  |
| I.4 | Information from monitoring and evaluation is used to improve care and share learning. |  |  |  |
| There is an agreed annual audit plan. |  |  |  |
| Requested information is provided to relevant agencies, including national statutory bodies, in line with relevant legislation and good practice. |  |  |  |
| Clinical governance arrangements ensure findings from clinical audits are reported and monitored effectively. |  |  |  |
| I.5 | Clinical and non-clinical audits are used to monitor and evaluate service performance including, but not limited to: |  |
| **Please review and tick Yes or No as appropriate when determining the service’s compliance with national standard 2.8**  | **Yes** | **No** | **Comments** |
| 1. infection prevention and control
 |  |  | *Please list the non-clinical and clinical audits conducted* |
| 1. medication safety
 |  |  | *Please list the non-clinical and clinical audits conducted* |
|  c) deteriorating patient (observation of the unwell patient and sepsis) |  |  | *Please list the non-clinical and clinical audits conducted* |
| 1. transitions of care – communication/ISBAR-tool/clinical handover.
 |  |  | *Please list the non-clinical and clinical audits conducted* |
| I.6 | Improvements are implemented based on the findings of clinical and non-clinical audits.  |  |  |  |
| I.7 | Services share and publicly report information about the: |  |
| 1. quality and safety of care delivered
 |  |  |  |
| 1. quality improvement programmes.
 |  |  |  |
| 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.

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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 demonstrate how the standard has been met (500 word limit)
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 |
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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** | **Yes** | **No** | **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: |  |  |  |
| 1. patient-safety incidents and other incidents involving both people using services and staff
 |  |  |  |
| 1. complaints, concerns and compliments
 |  |  |  |
| 1. findings from risk assessments
 |  |  |  |
| 1. audits
 |  |  |  |
| 1. legal claims and or learning from legal cases both within the service and in other services
 |  |  |  |
| 1. satisfaction surveys.
 |  |  |  |
|  | **Please review and tick Yes or No as appropriate when determining the service’s compliance with national standard 3.1** | **Yes** | **No** | **Comments** |
| 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
 |  |  |  |
| 1. the necessary actions are taken to eliminate or minimise immediate and potential risks
 |  |  |  |
| 1. the evaluation of actions implemented is reported through governance structures.
 |  |  |  |
| J.3 | Risks associated with planned or implemented changes to the design and delivery of healthcare services are proactively identified and managed.  |  |  |  |
| J.4 | Arrangements are in place to minimise the risk of harm to people who use the service. |  |  |  |
| 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

  |  |  |  |
| **Please review and tick Yes or No as appropriate when determining the service’s compliance with national standard 3.1** | **Yes** | **No** | **Comments** |
| 1. people using the service are correctly identified so that they receive the treatment and care solely intended for them
 |  |  |  |
| 1. there are policies, procedures, protocols and or guidelines guiding the management and practice of patient identification.
 |  |  |  |
| J.6 | **Infection Prevention and Control**Governance, structures and processes are in place to: 1. prevent, identify, assess, monitor, manage and review the risk of harm in relation to the prevention and control of healthcare associated infections
 |  |  |  |
| 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
 |  |  |  |
| 1. ensure there is access to specialist infection prevention and control advice
 |  |  |  |
| **Please review and tick Yes or No as appropriate when determining the service’s compliance with national standard 3.1** | **Yes** | **No** | **Comments** |
| 1. The hospital has systems and processes in place to facilitate the prevention of, the prompt identification of, management of and learning from of outbreaks of infection and particularly during a pandemic
 |  |  | *If no, please explain what the service has 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
 |  |  |  |
| 1. ensure there are policies, procedures, protocols and or guidelines guiding the management and practice of infection prevention and control.
 |  |  |  |
| J.7 | **Medication Safety** Structures and processes are in place (from procurement to disposal) to:1. prevent, identify, assess, monitor, manage and review the risk of harm and potential for errors arising from medications use
 |  |  |  |
| **Please review and tick Yes or No as appropriate when determining the service’s compliance with national standard 3.1** | **Yes** | **No** | **Comments** |
| 1. ensure the risks of harm and potential for errors arising from medication safety incidents are used to inform and implement a medication safety programme
 |  |  |  |
| 1. ensure risk reduction strategies are implemented to reduce the risk of medicine-related error, including the identification of high-risk medications
 |  |  |  |
| 1. ensure there are policies, procedures, protocols and or guidelines guiding the safe use of medications.
 |  |  |  |
| J.8 | **The Deteriorating Patient**There are process, policies, procedures, protocols and or guidelines in place to guide staff recognise and respond people using the service whose condition acutely deteriorates. |  |  |  |
| 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
 |  |  |  |
|  | **Please review and tick Yes or No as appropriate when determining the service’s compliance with national standard 3.1** | **Yes** | **No** | **Comments** |
| 1. ensure the safe and timely referral of people who use the service within and between services
 |  |  |  |
| 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 and approved admission, discharge and transfer templates)
 |  |  |  |
| 1. ensure there are policies, procedures, protocols and or guidelines guiding the transitions of care.
 |  |  |  |
| 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.

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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** | **Yes** | **No** | **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. |  |  |  |
| The patient-safety incident management system: |  |
| 1. includes a structured incident reporting mechanism (e.g. national incident report form (NIRF)
 |  |  |  |
| 1. ensures patient safety incidents are reported in a timely manner through national reporting system (e.g. NIMS)
 |  |  |  |
| 1. includes a classification of patient-safety incidents using an agreed taxonomy
 |  |  |  |
| 1. enables the generation of information that is used to support the provision of safe services.
 |  |  |  |
|  | **Please review and tick Yes or No as appropriate when determining the service’s compliance with national standard 3.3** | **Yes** | **No** | **Comments** |
| K.2 | The patient-safety incident management system is supported by a clear incident management framework that: |  |
| 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.
 |  |  |  |
| 1. outlines the responsibility of healthcare staff to report incidents
 |  |  |  |
| 1. ensures information to promote improvements in safety and quality
 |  |  |  |
| 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
 |  |  |  |
| 1. keep people impacted by patient-safety incidents

(service users, family and staff) informed and supported during the review process. |  |  |  |
|  | **Please review and tick Yes or No as appropriate when determining the service’s compliance with national standard 3.3**  | **Yes** | **No** | **Comments** |
| K.4 | Staff working in the service are trained and knowledgeable in how to identify, manage, respond to and report on patient-safetyincidents. |  |  |  |
| K.5 | The effectiveness of the patient-safety incident management system is regularly reviewed and actions implemented to improve the systems and processes. |  |  |  |
| 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.

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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)