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# CHANGE FOR THE BETTER

Health Management Institute of Ireland
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www.hmi.ie



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# Quality and Safety in Community Services

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# High Quality Health Services

- **Safe**
- **Effective**
- **Efficient**
- **Patient Centered**
- **Equitable**
- **Integrated**
- **Promotes Health**

- Quality care is not achieved by focusing on one or two aspects of this definition; high quality care encompasses all aspects with equal importance being placed on each.
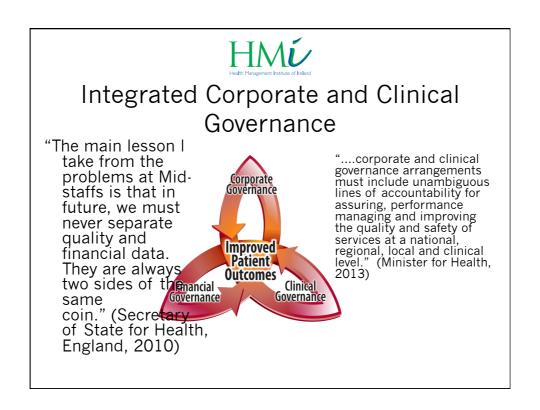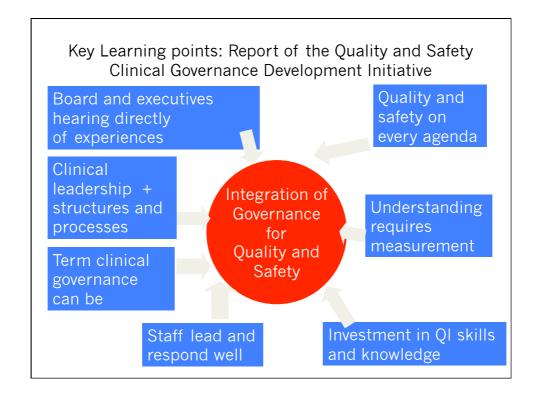
# What is Quality Governance?

- Board of the provider organisation is responsible for the quality of care delivered across all the services.

- Quality Governance refers to the *Values, Behaviours, Structures, and Processes* that need to be in place to enable a board to delegate levels of responsibility in order to discharge its responsibility for quality.
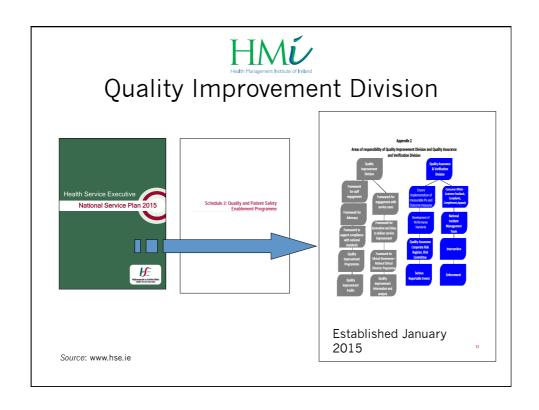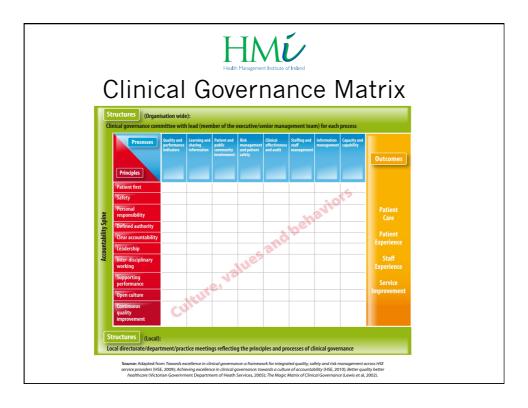
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# Integrated Corporate and Clinical Governance

"The main lesson I take from the problems at Mid-staffs is that in future, we must never separate quality and financial data. They are always two sides of the same coin." (Secretary of State for Health, England, 2010)

Corporate Governance

Improved Patient Outcomes

Financial Governance

Clinical Governance

"....corporate and clinical governance arrangements must include unambiguous lines of accountability for assuring, performance managing and improving the quality and safety of services at a national, regional, local and clinical level." (Minister for Health, 2013)

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Key Learning points: Report of the Quality and Safety Clinical Governance Development Initiative

Board and executives hearing directly of experiences

Quality and safety on every agenda

Clinical leadership + structures and processes

Integration of Governance for Quality and Safety

Understanding requires measurement

Term clinical governance can be

Staff lead and respond well

Investment in QI skills and knowledge

## Slide 1

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**Vision**

A healthier Ireland with a high quality health service valued by all

**Mission**

- People in Ireland are supported by health and social care services to achieve their full potential.
- People in Ireland can access safe, compassionate and quality care when they need it.
- People in Ireland can be confident that we will deliver the best health outcomes and value through optimising our resources.

## Slide 2

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# The Quality Improvement Division

Established in 2015 to support the development of a culture that ensures improvement of quality of care is at the heart of all services that the HSE delivers.

**Champion** — Provide information and evidence to support people working in practice and policy to improve care

**Educate** — Build capacity for leadership and quality improvement through training programmes and education events.

**Partner** — work with people across the system - patients, clinicians, managers, national bodies to inform and align improvement

**Demonstrate** — Share new ideas, test and develop ideas in practice and support the spread of sustainable solutions.

# Quality Improvement Division

Established January 2015

*Source*: www.hse.ie



# Guiding Principles

# Clinical Governance Matrix

Source: Adapted from *Towards excellence in clinical governance: a framework for integrated quality, safety and risk management across HSE service providers* (HSE, 2009); *Achieving excellence in clinical governance: towards a culture of accountability* (HSE, 2010); *Better quality better healthcare* (Victorian Government Department of Heath Services, 2005); *The Magic Matrix of Clinical Governance* (Lewis et al, 2002).

# Accountability Framework

- Makes explicit responsibilities of all managers
- Clear targets as set out in the Service Plan and divisional operational plans
- Monitored on a monthly basis
- Explicit arrangements for escalating areas of underperformance

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## Integrated Risk and Incident Management

**National Incident Management System**
- Planned and systematic approach to identifying, evaluating and responding to risks
- Provides assurances that responses are effective.
- Consists of proactive and reactive components.
- Proactive components include activities to prevent adverse impacts.
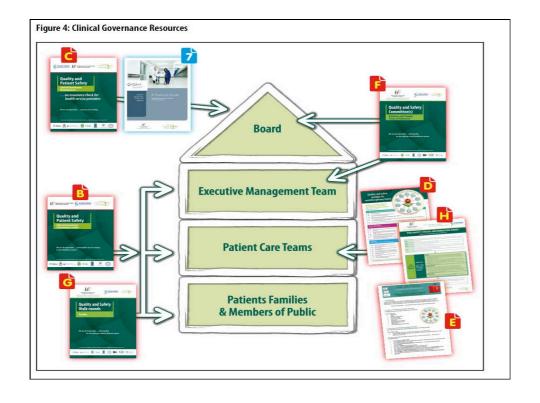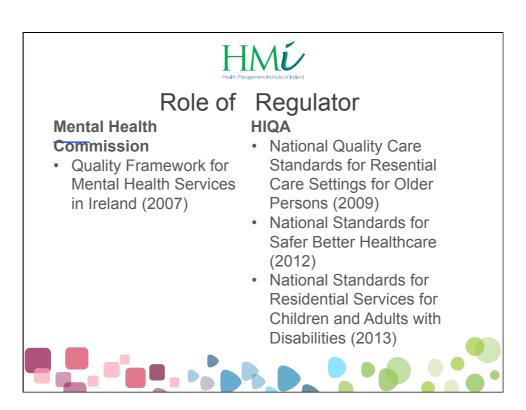- Reactive components include actions in response to adverse events.

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## Quality System

In 2014, all CHOs implemented the HSE Safety Incident Management Policy and Guidelines.

- A robust reporting and monitoring process in place in respect to serious incidents.
- A CHO Risk Register is in place with a reporting process from the each care division regarding their local risk registers.
- A Quality and Patient Safety Committee was established.
- Training has been provided in the area of serious incident management and systems analysis investigations, and this continues to be rolled out.
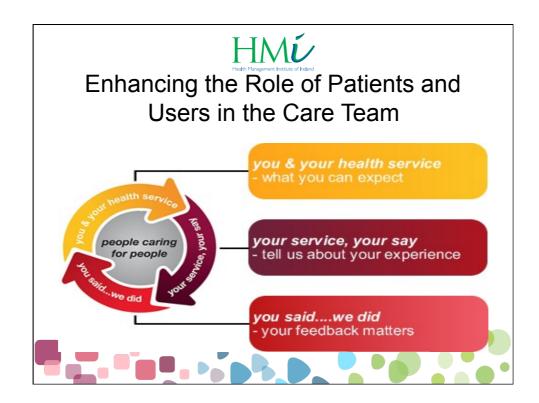
# What is Quality Improvement?

- The combined and unceasing efforts of everyone · healthcare professionals, patients and their families, researchers, payers, planners and educators · to make the changes that will lead to:
  - better patient outcomes (health)
  - better system performance (care), and
  - better professional development (learning)

Figure 5. Batalden-Davidoff definition of quality improvement

Better patient (population) outcome — Better professional development

Everyone

Better system performance

Source: Reproduced with permission from Batalden and Davidoff (2007).

What is "quality improvement" and how can it transform healthcare? Paul B Batalden & Frank Davidoff. *Quality of Health Care*, 2007 16: 2-3.



**Figure 4: Clinical Governance Resources**

Board

Executive Management Team

Patient Care Teams

Patients Families & Members of Public

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## Role of Regulator

**Mental Health Commission**

- Quality Framework for Mental Health Services in Ireland (2007)

**HIQA**

- National Quality Care Standards for Resential Care Settings for Older Persons (2009)
- National Standards for Safer Better Healthcare (2012)
- National Standards for Residential Services for Children and Adults with Disabilities (2013)

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## Improving the Quality of Care through National Standards

- National Standards for Safer Better Healthcare
  - Common agreement on what constitutes a quality service
  - Common language to quality
  - Frames quality improvement work
  - Provide a guide to improving quality

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## Enhancing the Role of Patients and Users in the Care Team

*you & your health service* - what you can expect

*your service, your say* - tell us about your experience

*you said....we did* - your feedback matters

people caring for people

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## Enhancing the Role of Patients and Users in the Care Team

- The SAGE Support and Advocacy Service for Older People aims to deliver a representative advocacy service to older people.
- Your service your say
- Mental health advocacy services
- Development of national patient survey tool

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**Enlightened employers know that investing in the wellbeing of their staff is money well spent**.

7.1% response rate: while low, it is still statistically representative.

- (89%) feel that their role makes a difference to patients
- (86%) trusted to do their job,
- (73%) clear, planned goals and objectives for their job
- (72%) feel satisfied with the quality of care they give to patients/clients
- (68%) considering their personal targets for their job to be realistic.
- (29%) claim to actually be involved in decisions that affect them in their work.
- (26%) claim to have all the equipment, support and resources required to do their job correctly, a level significantly below benchmarking norms.

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## Governance and Accountability Measures for Funded Agencies

- Health Act, 2004: A legal framework for relationship for providing financial support to voluntary service providers
- National Governance Framework
- Move from historic block funded grants to detailed service specification
- Strengthening governance and streamline service arrangements / grant agreements
- Using service arrangements to drive and incentivise change
- HSE Head of Compliance

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## Priority Areas

1. **Development of governance structure within CHOs**
- Management structure within CHO roles responsibilities
- Primary Care Team and network governance model structures for quality management at CHO
- Develop leadership capacity at all levels
- Continue to develop systems for quality improvement, risk management

- **2. Continue to engage with service users and develop models for participation**

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## Priority Areas

**3. Staff engagement, development and resource planning**

**4. Develop capacity to monitor and measure results**

**5. Developing and improving the physical clinical environment**

**6. Learn from reflecting on practice and sharing experience**

**7. Integration**

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Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

## We are on the start of a journey...

Synergy is better than my way or your way. It's our way.

Stephen Covey