IMO Guide to the HIQA National Standards for Safer Better Healthcare

IRISH MEDICAL
ORGANISATION
Ceardchumann Dochtúirí na hÉireann

Introduction

The HIQA (Health Information and Quality Authority) National Standards for Safer Better Healthcare were approved by the Minister for Health in June 2012 and became immediately applicable to all health services provided or funded by the HSE including but not limited to: hospital care, ambulance services, community care, primary care and general practice. The National Standards for Safer Better Healthcare are to form the basis of a new licensing system for healthcare providers details of which are yet to be published.

The IMO is keen to support our members in achieving compliance with the National Standards for Safer Better Healthcare and we have developed the following guidance which essentially provides a link to template polices and protocols and other useful resources. While the IMO guidance cannot guarantee compliance with HIQA Standards it will aim to support members in their endeavours to provide high quality, safe healthcare services to patients and will be regularly updated. Much of the Guidance will be most appropriate to GPs as they are responsible for implementing standards in their individual practice. However there will be any areas that will be of relevance to all or most physicians.

IMO Guidance should be used in conjunction with the HIQA National Standards for Safer Better Healthcare and the HIQA General Guidance on National Standards for Safer Better Healthcare

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Disclaimer
NB: This booklet should be treated as a **guidance only**.

This document has been produced to assist doctors in complying with the HIQA standards. While every effort has been made to ensure that this guide is complete the IMO does not accept any liability for any errors or omissions and it remains the obligation of the practitioner to ensure they are compliant with any and all legislation and standards.

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1. Reviewing Your Services and Seeking Patient Feedback

Standard 1.1 refers to the planning, design and delivery of services which must be informed by patient's needs and preferences.

Healthcare Needs Assessment
HIQA guidance suggests that planning of services should be based on a population needs assessment. However GPs should note that under the GMS Contract your hours of availability shall have regard to the patient needs in the locality and these shall not be changed without the prior approval of the HSE. In addition you cannot change your centre of practice or open or close additional centre(s) of practice without the prior approval of the HSE.

As a healthcare service provider you should be regularly reviewing your services in order to make your Practice more responsive to your patients' needs. You can be actively be seeking and acting on feedback from your patients through either a feedback form or through Patient Satisfaction Surveys.

It is not sufficient to simply seek feedback from your clients. You must be able to show that you have taken action in relation to the design and delivery of your services as a result of the feedback you have received. Ensure you keep a record of any action that you have taken.

Appendix 1a and 1b – Sample Feedback Policy and Sample Feedback Form

Useful links if you are considering carrying out a **Patient Satisfaction survey**:

- HSE Staff Guide Using patient feedback to improve healthcare services - http://www.hse.ie/eng/services/yourhealthservice/hcharter/ask/feedbackstaffguide.pdf
- Northern Ireland General Practice Patient Survey http://publicdata.eu/dataset/northern_ireland_general_practice_patient_survey/resource/4ddd7469-5181-4c3c-bdeb-c16047555895
- ISQSH - Measurement of Patient Satisfaction Guidelines http://www.dohc.ie/issues/health_strategy/action48.pdf?direct=1

2. Accessible Premises

Standard 1.2 requires you to ensure that your services are accessible to all patients in your community by:

- Complying with legislative requirements regarding accessibility for wheelchair users
- Providing assistive technology to facilitate patients with physical or sensory disability
- Establishing clear signs and directions your services
- Providing information in different formats to suit community

Broadly the legislation regarding accessibility is as follows:

- Building Regulations (Part M Amendment) 2010 require that, new buildings constructed after 1st January 2001, and material changes to existing buildings constructed after 1st June 1992, are wheelchair accessible.

- The Disability Act 2005 places an obligation on public bodies to make their buildings, services and information accessible to people with disabilities and requires the preparation of Sectoral Plans to support continued improvements in six key areas of public service provision.
- Under the Equality Status Acts 2000 - 2004 providers of goods and services are required to accommodate the needs of people with disabilities through making reasonable changes in what they do and how they do it where, without these changes, it would be very difficult or impossible for people with disabilities to obtain those goods or services -unless this special treatment or special facilities cost more than a nominal cost. (The meaning of nominal cost will depend on the circumstances of each case such as the resources of the service provider).

The following handbooks and Guides may assist you if you wish to take other measures to make your premises more accessible:

The National Disability Authority (NDA) have also developed *a Access Handbook Template - A Tool to Help Manage the Accessibility of the Built Environment* which can be downloaded at http://www.nda.ie/cntmgmtnew.nsf/0/1E4453E67C647DCB80257088005E9F3A/$File/access_handbook_00.htm

> *This access handbook has been designed as an internal document for the use of management, maintenance personnel and new staff; and which all staff should be aware of. The purpose of the access handbook is to provide a simple way of listing and explaining the features and facilities of a building, which must be maintained and/or improved in order to ensure access for everyone…*
>
> *The access handbook highlights:*
>
> - *Background information on access;*
> - *How to get to the [insert building name] building using various modes of transport;*
> - *Areas that need to be kept clear to ensure maximum accessibility;*
> - *Guidelines for accessible signage;*
> - *Management responsibilities;*
> - *How to Carry out a Maintenance Audit;*
> - *Means of escape.*

Useful links for ensuring **accessibility** of your services.

- The National Disability Authority (NDA) have a comprehensive publication entitled "Building for Everyone" which demonstrates how to design an accessible bathroom, install a ramp, widen doors etc. http://www.universaldesign.ie/buildingforeveryone
- The Irish Wheelchair Association have developed Best Practice Access Guidelines: Designing Accessible Environments, 2014 which can be downloaded from http://www.iwa.ie/downloads/about/iwa-access-guidelines.pdf

In respect of accessibility GP's should also be aware of their obligations under Equality legislation, namely the Equal Status Act 2000, as amended the Equality Act 2004. The provision of medical care is a service and GP's must ensure there is no discrimination in the provision of this service on one of

the 9 grounds, being Gender, Civil Status, Family Status, Age, Race, Religion, Disability, Sexual Orientation, Membership of the Traveller community (please also see Standard 1.3).

Relevant GMS Contractual provisions: The GMS Contract provides that there should no be discrimination between patients under the GMS and private patients in relation to treatment or surgery arrangements.

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3. Equality and Diversity

Standard 1.3 requires that all patients are treated equally and no patients are discriminated against on the grounds of age, gender, sexual orientation, disability, marital status, family status, race, religious belief, or membership of the Traveller Community.

The Equal Status Acts 2000–2008:
- promote equality;
- prohibit certain kinds of discrimination across nine grounds; age, gender, sexual orientation, disability, marital status, family status, race, religious belief, or membership of the Traveller Community;
- prohibit sexual harassment and harassment;
- prohibit victimisation;
- require reasonable accommodation of people with disabilities;
- allow a broad range of positive action measures.

The Acts apply to people who:
- buy and sell a wide variety of goods;
- use or provide a wide range of services;
- obtain or dispose of accommodation;
- attend at, or are in charge of, educational establishments.

Staff should receive training in Equality and Diversity. This training should be refreshed as necessary. Keep a spreadsheet of staff who have received training.

Appendix 2 – Sample Code of Conduct for General Practice

Useful links:

- The Equality Authority have produced a pamphlet for health service organisations which provides information on the provisions of the Equality Status Acts 2000 to 2004 and sets out the characteristics and practices of equality competent health service organisations. http://www.equality.ie/Files/Equal%20Status%20Acts%202000%20to%202004%20and%20Provision%20of%20Health%20Services.pdf

National Disability Authority (NDA) Guidelines for Purchasers of Disability Equality Training - Embedding disability equality into the ethos of your organisation http://www.nda.ie/cntmgmtnew.nsf/0/645DE815F254418D802570C000555E0F/$File/guidelines_disability_b_03.htm

4. Informed Consent

Standard 1.4 is about ensuring that patients have the necessary information to make an informed decision about their care while Standard 1.5 is about ensuring that providers have suitable arrangements and systems in place for obtaining patient consent to care and treatment in line with legislation and best practice.

When seeking informed consent the amount of information required will depend on the nature of the condition, the complexity and risks associated with the investigative or treatment procedure. The ***Medical Council 2009 Guide to Professional Conduct and Ethics for Registered Medical Practitioners*** lists the information that should be provided to patients prior to giving consent including:

- *details of the diagnosis, and prognosis, and the likely prognosis if the condition is left untreated;*
- *uncertainties about the diagnosis, including options for further investigation prior to treatment;*
- *options for treatment or management of the condition, including the option not to treat;*
- *the purpose of a proposed investigation or treatment;*
- *details of the procedures or therapies involved, including methods of pain relief;*
- *preparation for the procedure; and what the patient might experience during or after the procedure, including common and serious side effects;*
- *for each option, explanations of the likely benefits and the probabilities of success; discussion of any serious or frequently occurring risks, and of any lifestyle changes which may be caused by, or necessitated by, the treatment;*
- *advice about whether a proposed treatment is experimental;*
- *how and when the patient's condition and any side effects will be monitored or re-assessed;*
- *the name of the doctor who will have overall responsibility for the treatment and, where appropriate, names of the senior members of his or her team;*
- *whether doctors in training will be involved, and the extent to which students may be involved in an investigation or treatment;*
- *a reminder that patients can change their minds about a decision at any time;*
- *a reminder that patients have a right to seek a second opinion;*
- *where applicable, details of costs or charges which the patient may have to meet.*

In order to show that you have suitable systems and arrangements in place it is recommended that:

- Procedures or guidelines are in place for obtaining informed consent and available to all staff;
- All staff should be receive training in the consent process and a record of training should be kept;
- Patient consent forms should be used for complex procedures;
- Ensure that your patient records contain the options and risks that have been explained to the patient, as well as any decision aids and leaflets given to patients;

- Consider carrying out of an audit of the consent process.
- Ensure that you are kept up to date with any changes in legislation.

The *HSE's National Consent Policy*
http://www.hse.ie/eng/services/list/3/nas/news/National_Consent_Policy.pdf provides a comprehensive guide to legislation and best practice in obtaining patient consent including:

- *Consent in Irish Law*
- *Obtaining valid consent*
- *Providing Information and discussing treatment options*
- *Ensuring consent is voluntary*
- *Capacity*
- *Emergency situations*
- *Refusal of treatment*
- *Consent in Children and Minors*
- *Consent for Research*
- *Do Not Attempt Resuscitation (DNAR) Orders*

Useful Links
- Medical Council 2009 Guide to Professional Conduct and Ethics for Registered Medical Practitioners http://www.medicalcouncil.ie/News-and-Publications/Publications/Information-for-Doctors/Guide-to-Professional-Conduct-and-Ethics-for-Registered-Medical-Practitioners.pdf
- Medical Council Good Practice in Seeking Informed Consent to Treatment http://www.medicalcouncil.ie/News-and-Publications/Publications/Information-for-Doctors/Good-Medical-Practice-in-Seeking-Informed-Consent-to-Treatment-pdf.pdf
- Medisec advice on consent to medical treatment http://www.medisec.ie/a-z/consent-to-medical-treatment
- Consent to Medical Treatment in Ireland - An MPS Guide for Clinicians http://www.medicalprotection.org/Default.aspx?DN=f74874e6-80ec-46e1-830e-3927f22ed592

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5. Information for Patients (Displaying a Price List and Practice Information)

Pricelist
A pricelist for routine procedures should be publicly displayed in your reception and waiting room.

- GP Consultation normal hours
- GP consultation out-of-hours
- GP Consultation home visit
- GP consultation home visit out-of-hours
- Consultation with nurse
- Vaccines

- Blood pressure monitoring
- Letters/certs/forms
- Medico-legal reports

Blank fee listing

Practice Leaflet

You should also include a pricelist in your Practice Leaflet or on your Practice website. Remember all information you provide on your Practice leaflet and/or on your website must be factually accurate and not misleading.

Consider including the following details in your practice leaflet:

Details about the Doctor:

- Full name
- Sex
- Registered Number
- Medical qualifications
- Date and place of first registration

Working Arrangements:

- Appointment arrangements
- Consulting Hours
- How urgent and non-urgent appointments can be made
- How to obtain urgent and non-urgent domiciliary visits
- Out of hours arrangements
- How patients can make complaints about the practice
- Practice area

Services and Facilities

- Whether minor surgery is provided
- Letters/certs/forms
- Medico-legal reports

- Contraception
- Child health surveillance
- Maternity services
- Special clinics
- Access for disabled persons

Practice Structure:

- Whether the practice is a partnership
- Whether medical students, trainees and assistants may be in attendance
- Number and roles of employed staff
- Contact Details (address, telephone)

Pricelist for Routine Procedures

- GP Consultation normal hours
- GP consultation out-of-hours
- GP Consultation home visit
- GP consultation home visit out-of-hours
- Consultation with nurse
- Vaccines
- Blood pressure monitoring

Information should also be available about common conditions (e.g., in the form of leaflets, booklets, service user discussions, information evenings). These leaflets should be available in different languages where possible. Information about patient support services and advocacy groups are also recommended.

6. Complaints Procedure

A Complaints procedure should be put in place where people who use services or others acting on their behalf are sure that their comments and complaints are listened to and acted on effectively.

Ensure you have written information for patients about how to make a complaint. A patient should be informed of the complaints procedure via leaflets, website information and posters. Staff should be encouraged to report verbal complaints. Appoint a "complaints manager" and "responsible person" within the practice. The responsible person should be the partner in the practice. A common arrangement is for the practice manager to act as complaints manager and a GP partner to take on responsibility as the responsible person. Learn and share issues highlighted from complaints, e.g., during team meetings.

- Ensure you have written information for patients about how to make a complaint.
  A patient should be informed of the complaints procedure via leaflets, website information and posters. Staff should be encouraged to report verbal complaints.
- Appoint a "complaints manager" and "responsible person" within the practice. The responsible person should be the partner in the practice. A common arrangement is for the practice manager to act as complaints manager and a GP partner to take on responsibility as the responsible person.
- Where possible a complaint should be investigated by a partner and not the subject of the complaint
- The complaints policy must be available to staff, e.g., on the practice intranet.
- There should be a time limit in place to ensure the timely outcome of complaints
- Comment cards and a suitable collection box can be placed in the waiting room.
- If the complaint cannot be resolved by the Practice a patient should be informed of his other options to complain depending on whether he/she is a public or private patient
- If a public patient is unhappy with the response to the complaint they may contact the HSE Complaints officer, if they are not satisfied with the response from the HSE they have recourse to the Ombudsman or Ombudsman for Children. The patient may also make a complaint to a professional, service or medicines regulator:

  - Professional regulators include the Medical Council, The Nursing and Midwifery Board of Ireland, the Pharmaceutical Society of Ireland, the Opticians Board and CORU.
  - Service quality regulators include the Mental Health Commission and the Health Information and Quality Authority (HIQA).
  - Medicines and healthcare product regulators include the Irish Medicines Board and the Food Safety Authority of Ireland (FSAI).

- If a private patient is unhappy with the response to the complaint at first instance they have recourse to a regulator such as the Medical Council.
  Contact details are as follows:

- Link to HSE Complaints Procedure "Your Service Your Say":
  www.hse.ie/eng/services/yourhealthservice/focus/ysys.html
- Link to the Ombudsman Complaints Procedure http://www.ombudsman.gov.ie/en/Make-a-Complaint/
- Link to the Ombudsman for Children Complaints Procedure: http://www.oco.ie/complaints/
- Link to the Medical Council Complaints Procedure: http://www.medicalcouncil.ie/Public-Information/Making-a-Complaint-/

- A patient should also be informed of the option to use a patient advocacy group should they so wish. The following are a list of patient advocacy groups:
  - http://www.patientadvocate.ie/
  - http://irishpatients.ie/news/
  - http://www.patientfocus.ie/site/index.php

Useful Links

- www.healthcomplaints.ie provides information on how to make a complaint or give feedback about health and social care services in Ireland

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7. The Health and Well-being of Patients is Actively Promoted

Standard 4.1 and Standard 1.9 require that service providers actively promote better health and well-being in partnership with their patients.

GPs must ensure they comply with contractual arrangements:

- To prevent or manage chronic conditions
- To identify patients eligible for national screening or vaccination programmes.

You may also:

- Use patient consultations to discuss lifestyle issues, and encourage vaccination or screening programmes. Ensure that patient records reflect discussions with patients on healthy lifestyle options, information leaflets or support groups.
- Display information in your waiting room in relation to common conditions (diabetes, asthma), patient support groups, lifestyle issues (tobacco, alcohol, drugs, diet and physical activity), breast-feeding, childhood immunisation, vaccinations, sexual health, mental health... Ensure that information displayed is factual and not misleading.

ICGP How to leaflets provide information on how to use practice management systems to identify patients with particular conditions

http://www.icgp.ie/go/in_the_practice/information_technology/_how_to_leaflets

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8. Statement of Purpose

Service Providers must have a written Statement of Purpose that is publicly available and includes:

- name and address of the service provider
- legal status of the service provider
- description of the governance arrangements for the service including the scheme of delegation
- the name of the identified person with overall responsibility and accountability for the quality and safety of the service
- the aims and objectives of the service
- the types of services provided such as medical services, surgical services, and the specific services and specialities under each of these
- location(s) of where services are delivered
- details of any services the service provider is publicly funded to provide and details of any 'unfunded' services provided.

The statement of purpose should be reviewed if any changes are made to the services provided.

Health and Safety at Work

Theme 3

1. Risk Assessment

Standard 3.1 requires that the risk of harm to patients, employees and the general public is reduced through regular risk assessment.

Under the Health and Safety at Work Act 2005 every employer and self-employed person is required to manage health and safety at work including the identification and assessment of hazards and risks in their place of work and to prepare a safety statement.

A risk assessment is simply a careful examination of what, in your work, could cause harm to people, so that you can weigh up whether you have taken enough precautions or should do more to prevent harm*. (Health and Safety Executive, UK 2011)*

Don't over-complicate the process. Generally there are a number of steps to carrying out a Risk Assessment:

1. Identify the hazards and risks
2. Identify the likelihood of who might be harmed and how
3. Establish the measures to be taken in order to reduce the risk
4. Allocate responsibility and a timeline for implementation
5. Review your assessment and update if necessary

The **Health and Safety Authority (HSA)** have produced a useful **Audit Tool** to assist in the continuous development and implementation of a safety and health management system for the healthcare sector.

http://www.hsa.ie/eng/Publications_and_Forms/Publications/HealthCare_Sector/Auditing_a_Safety_and_Health_Management_System_-_A_Safety_and_Health_Audit_Tool_for_the_Healthcare_Sector.html

This document is to be cross referenced with Guidance Document of the Healthcare Sector.

http://www.hsa.ie/eng/Publications_and_Forms/Publications/HealthCare_Sector/Guidance_Document_for_the_Healthcare_Sector_-_How_to_develop_and_implement_a_Safety_and_Health_Management_System.html

Most of you will be aware of where the risks lie in your workplace. Standard 3.1 also identifies a number of areas associated with increased risk of harm. A risk assessment should be carried out in each of these areas if applicable:

> – prevention and control of Healthcare Associated Infections
> – medication management
> – management of blood and blood components
> – transfers of care within and between service providers
> – tissue viability management
> – management of nutritional needs
> – management and use of equipment and medical devices
> – falls and fracture prevention
> – surgical and invasive procedures
> – medical use of ionising radiation
> – research and clinical trials
> – healthcare records management
> – patient identification.

IMO Memo – Risk Assessments and Safety Statements

Useful Links

The Medical Protection Society have a number of publications to help identify and manage risk in your practice.

- MPS Avoiding Problems – Managing the Risks in General Practice in Ireland
  http://www.medicalprotection.org/ireland/booklets/managing-the-risks-in-general-practice
- MPS Avoiding Problems – Managing the Risks in Hospital Practice in Ireland
  http://www.medicalprotection.org/ireland/booklets/managing-the-risks-in-hospital-practice
- MPS Avoiding easy mistakes: Five medico-legal hazards for interns and SHOs
  http://www.medicalprotection.org/ireland/booklets/medicolegal-hazards
- **HSE Risk Assessment Tool:**
  http://www.hse.ie/eng/about/Who/qualityandpatientsafety/resourcesintelligence/Quality_and_Patient_Safety_Documents/riskoctober.pdf

- The *UK Health and Safety Executive* also have a Five Step Guide to Risk Assessment
http://www.hse.gov.uk/pubns/indg163.pdf

Incident Management Policy

1. **Patient-safety incident management policy**

Standard 3.3 requires service providers to put in place a Patient-safety incident management policy that ensures that patient safety incidents are reported in a timely manner through appropriate reporting systems and in line with legislation and best practice.

The HSE require that all persons/agencies providing services on behalf of, or funded by HSE must have in place policies and procedures compatible and consistent with the HSE Incident Management Policy and Procedure.

HSE Incident Management Policy and Procedure:
http://www.hse.ie/eng/about/Who/qualityandpatientsafety/resourcesintelligence/Quality_and_Patient_Safety_Documents/incident.pdf

Healthcare Professionals should also report adverse reactions to medication and medical devices to the Health Products Regulatory Authority

http://www.hpra.ie/homepage/about-us/report-an-issue

You must be able to show that you have taken measures to improve patient care and safety by learning from adverse events, incidents, errors and near misses that happen. Keep a record of learning and any improvements made to services on foot of an incident.

1. Protection of Patients from Abuse

This standard requires that measures are taken to protect children and vulnerable adults from abuse in line with best-practice and legislation. Ensure you have a clear policy in place for protecting children and vulnerable adults from abuse and neglect and for reporting suspected incidences of abuse.

There are two recent pieces of legislation that you should be familiar with. The **National Vetting Bureau (Children and Vulnerable Persons) Act 2012** which is due to come into effect in 2014, will make it mandatory for persons working with children or vulnerable adults to be vetted by the Gardaí. The **Criminal Justice (Withholding of Information on Offences Against Children and Vulnerable Persons) Act 2012** which came into force on 1st August 2012. It is now an offence to withhold information on certain offences against children and vulnerable adults from the Garda Síochána including murder, assault, false imprisonment, trafficking, rape, sexual assault and incest.

A third piece of legislation, the **Children First Bill 2014**, when enacted will introduce mandatory reporting of suspected child abuse and neglect to the Children and Family Agency and put other elements of the **Children First Guidelines** on a statutory footing.

Currently under **Medical Council 2009 Guide to Professional Conduct and Ethics for Registered Medical Practitioners**, doctors are required to report concerns regarding alleged or suspected sexual, physical or emotional abuse or neglect of children to the appropriate authority or statutory

agency without delay and all practitioners who treat children should be familiar with and comply with the **Children First Guidelines.**
http://www.hse.ie/eng/services/publications/Children/cf2011.pdf

2. **Child Protection Policy and Procedures**

The Children & Family Services functions of the HSE are now part of the Child and Family Agency, **Tusla** which was established by law on 1 January 2014. www.tusla.ie

On the Tusla website you can find an **Interim Guide for the Development of Child Protection and Welfare Policy, Procedures & Practices**

http://www.tusla.ie/uploads/content/HSE-INTERIM-GUIDE-FOR-THE-DEVELOPMENT-OF-CHILD-PROTECTION-AND-WELFARE-POLICY-PROCEDURES-PRACTICES-2012.pdf

The Guide provides reflective questions to assist in developing Child Protection and Welfare Policy, Procedures & Practices including:

- Child Protection Policy Statement

- Definitions of Abuse

- Reporting Procedures

- Designated Liaison Person

- Guidance on Confidentiality

- Record Keeping

- Safe Recruitment Procedures for Workers

- Safe Management of Workers including Supervision & Support, Training & Induction

- Procedure for Allegations of Abuse Against Workers

- Code of Behaviour

- Parental Involvement/ Sharing Information

- Involving Children/ Sharing Information

- Complaints Procedure

- Accidents/Incidents Procedure

When developing child protection policies and procedures, definitions, reporting procedures and guidance on confidentiality should correspond to the **Children First Guidelines** and should not deviate in any way.

On the Tusla website you can also find a Child Protection and Welfare Practice Handbook
http://www.tusla.ie/uploads/content/CF_WelfarePracticehandbook.pdf

Information about Children First Training

http://www.tusla.ie/children-first/roles-and-responsibilities/organisations/children-first-training/

Details of the Garda vetting Procedure can be found at:

http://www.garda.ie/Controller.aspx?Page=1535&Lang=1

3. **Protection of Elderly and Vulnerable Adults from Abuse**

As with Child Protection ensure that you have policies and procedures in place to protect elderly and vulnerable adults from abuse including

- Policy Statement

- Definitions of Abuse

- Reporting Procedures including the designation of person responsible for reporting allegations

- Guidance on Confidentiality and Sharing of Information

- Record keeping

- Safe Recruitment and Selection Procedures for Employees

- Induction, Supervision & Training

- Procedure for Allegations of Abuse Against Workers

- Code of Behaviour

- Complaints Procedure

- Accidents/Incidents Procedure

For further information on elder abuse and reporting procedures go to the HSE website
http://www.hse.ie/eng/services/list/4/olderpeople/elderabuse/Protect_Yourself/

Also see **HSE's Policy for Health Service Employers on Upholding the Dignity and Welfare of Patients and the Procedure for Managing Allegations of Abuse against Staff Members**:
http://www.hse.ie/eng/staff/Resources/HR/Trust_in_Care.pdf

4. Chaperone policy

A chaperone policy can help protect patients from potential abuse. Draw up a chaperone policy for your practice. Keep a log of evidence that staff have read the policy – this could be in the form of a spreadsheet. Ensure that non clinical staff who act as chaperones are trained. Keep evidence of training.

The MPS Factsheet on using Chaperones is available at:
http://www.medicalprotection.org/Default.aspx?DN=3f048173-bd39-465b-a5c4-6461c2a07d69

5. Open Disclosure

Standard 3.5 requires healthcare service providers to have in place an "open disclosure policy" which assures that patients are informed in an open and transparent manner following an adverse event.

Section 18.3 of the *Medical Council Guide to Professional Conduct and Ethics* also states that

Patients and their families are entitled to honest, open and prompt communication with them about adverse events that may have caused them harm. Therefore you should:

- *acknowledge that the event happened,*

- *explain how it happened,*

- *apologise, if appropriate, and*

- *give an assurance as to how lessons have been learned to minimise the chance of this event happening again in the future.*

Link to HSE *Open Disclosure Policy*:
http://www.hse.ie/eng/about/Who/qualityandpatientsafety/nau/Open_Disclosure/opendiscFiles/opendiscpolicyoct13.pdf

Legislation is not yet in place to protect medical practitioners from admitting liability when apologising to patients following an adverse event. The IMO recommend that all medical practitioners should hold clinical indemnity insurance and that practitioners should contact their indemnifier following an adverse event for support and advice with open disclosure.

Theme 4 Health and Well-Being

1. Health and Well-being

Standard 4.1 and standard 1.9 require that the health and well-being of patients is promoted, protected an improved. The current GMS contract is a diagnosis and treatment contract and there is no provision for the management of chronic disease. However these standards require that patients receive advice and information that will help them lead a healthier lifestyle. Use patient consultations to discuss lifestyle issues, and encourage vaccination or screening programmes. Ensure that patient records reflect discussions with patients on healthy lifestyle options, information leaflets or support groups.

Display information in your waiting room in relation to common conditions (diabetes, asthma), patient support groups, lifestyle issues (tobacco, alcohol, drugs, diet and physical activity), breast-feeding, childhood immunisation, vaccinations, sexual health, mental health, etc. Ensure that information displayed is factual and not misleading.

A system to identify patients who are eligible for national screening or vaccination should also be put in place. ICGP How to leaflets provide information on how to use practice management systems to carry out a practice audit or to identify patients with particular conditions

http://www.icgp.ie/go/in_the_practice/information_technology/_how_to_leaflets

Theme 5: Leadership, Governance and Management

Accountability & Governance Arrangements

Standards 5.1 and 5.2 require that healthcare service providers have clear accountability and governance arrangements in place including:

- An identified individual who has overall responsibility for quality and safety of service
- Governance structure/ organisational chart documenting accountability and reporting arrangements for all staff
- Procedures for new staff to understand their responsibilities and accountabilities of their role – All staff should have a detailed job description with clear objectives and responsibilities and explicit reporting relationships to the identified individual with overall responsibility

The HIQA Guidance describes the functions of Governance to include (but are not limited to):

- *specifying the accountability and reporting structures in the service, for instance through a scheme of delegation*
- *ensuring the service is compliant with relevant legislation and other external requirements*
- *setting the direction of the service by developing an overall strategy and related plans that take account of national strategies and policies*
- *ensuring the development of policies and procedures to guide the provision of services*
- *ensuring that information, including clinical information, is managed and used effectively for the delivery of high quality, safe and reliable healthcare*

- *ensuring the workforce is planned, configured and managed to provide high quality, safe and reliable healthcare*
- *managing and mitigating risks including clinical, financial, viability and reputational risks*
- *ensuring the provision of sustainable services through the effective management of available resources*
- *monitoring and managing the performance of the service to ensure the achievement of the service's objectives.*

9. Statement of Purpose

Service Providers must have a written Statement of Purpose that is publicly available and includes:

- name and address of the service provider
- legal status of the service provider
- description of the governance arrangements for the service including the scheme of delegation
- the name of the identified person with overall responsibility and accountability for the quality and safety of the service
- the aims and objectives of the service
- the types of services provided such as medical services, surgical services, and the specific services and specialities under each of these
- location(s) of where services are delivered
- details of any services the service provider is publicly funded to provide and details of any 'unfunded' services provided.

The statement of purpose should be reviewed if any changes are made to the services provided.

1. Management

Standard 5.5 requires that all healthcare service providers have effective management arrangements in place. Again these management arrangements should reflect the size and scope of the service. It is necessary to identify and nominate a person responsible for each of the following areas. In a small practice there may be just one person responsible for all of these areas:

- workforce management
- communication management
- information management
- risk management
- patient-safety improvement
- service design, improvement and innovation
- environment and physical infrastructure management
- financial and resource management

Management personnel must have the required competencies to carry out their responsibilities.

1. **Developing a Culture of Quality and Patient Safety**

Standard 5.6 requires that Service Providers promote and strengthen a culture of quality and safety within the organisation. Ensure that a commitment to patient safety is expressly articulated in the mission statement, service design, code of governance, code of conduct and behaviour, allocation of resources and training development and evaluation process.

Managers have clearly defined roles and responsibilities and competencies required.

Ensure quality and safety issues are on the agenda both at management meetings and team meetings.

2. **Code of Conduct and Behaviour**

While health professionals are expected to adhere to the code of conduct of their professional regulatory body, healthcare providers should have a code of conduct and behaviour in place which describes the values, principles and expected behaviour of all members of the workforce.

Standard 5.7 requires that the workforce are supported and enabled to exercise their personal and professional responsibilities in relation to quality and safety.
- All staff should be provided with a clear job description outlining their roles and responsibilities and clear lines of accountability
- On commencement of employment all staff agree to adhere to the services code of conduct and behaviour
- On induction all staff are informed of procedures for reporting patient safety incidents including adverse events, near misses and no harm events
- Managers use weekly meetings to as an opportunity to discuss all aspects of patient safety

Standard 5.8 requires that all healthcare providers have structured arrangements in place to identify and act on opportunities for improving quality and safety. These arrangements include:

- **regular risk assessments** to identify and minimise clinical risk, financial risk and viability risk. *See Standard 3.1*
- a **Patient-safety incident management policy** that ensures that patient safety incidents are documented and analysed and that learning from incidents is used to improve services. *See Standard 3.3*
- procedures to receive and act on **patient feedback**. *See Standard 1.8*
- procedures to measure and improve **performance** against key indicators

These arrangements present opportunities for improvement in quality and safety and contribute to the healthcare providers Patient Safety Improvement Programme.

5.9 There should be formal agreements to ensure quality and safety of services resourced externally including recruitment agencies. The service should regularly check that any service provided on their behalf are safe and of high quality and comply with formal contracted agreements.

1. **Legislative Review**

Standard 5.10 requires that healthcare providers carry out a regular review of Irish and European legislation to assure compliance and that a documented risk assessment takes place where any gap in compliance is identified.

Standard 5.11 requires that healthcare providers regularly review alerts, standards, guidance and recommendations from regulatory bodies relevant to the services they provide. A system should be to ensure that urgent alerts are identified and acted on.

Relevant regulatory bodies include (but are not limited to):

- An Bord Altranais www.nursingboard.ie
- Data Protection Commissioner www.dataprotection.ie
- Environmental Protection Agency www.epa.ie
- Equality Authority www.equality.ie
- Food Safety Authority of Ireland www.fsai.ie
- Health and Safety Authority www.hsa.ie
- Health and Social Care Professionals Council www.coru.ie
- Health Information and Quality Authority www.hiqa.ie
- Health Products Regulatory Authority www.hpra.ie
- Medical Council www.medicalcouncil.ie
- Mental Health Commission www.mhcirl.ie
- Radiological Protection Institute