



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

Draft National Standards for Safer Better Healthcare

Consultation Document
September 2010



About the Health Information and Quality Authority

The Health Information and Quality Authority is the independent Authority which has been established to drive continuous improvement in Ireland's health and social care services. The Authority was established as part of the Government's overall Health Service Reform Programme.

The Authority's mandate extends across the quality and safety of the public, private (within its social care function) and voluntary sectors. Reporting directly to the Minister for Health and Children, the Health Information and Quality Authority has statutory responsibility for:

Setting Standards for Health and Social Services — Developing person centred standards, based on evidence and best international practice, for health and social care services in Ireland (except mental health services)

Social Services Inspectorate — Registration and inspection of residential homes for children, older people and people with disabilities. Inspecting children detention schools and foster care services. Monitoring day and pre-school facilities¹

Monitoring Healthcare Quality — Monitoring standards of quality and safety in our health services and investigating as necessary serious concerns about the health and welfare of service users

Health Technology Assessment — Ensuring the best outcome for the service user by evaluating the clinical and economic effectiveness of drugs, equipment, diagnostic techniques and health promotion activities

Health Information — Advising on the collection and sharing of information across the services, evaluating information and publishing information about the delivery and performance of Ireland's health and social care services



The Health Information and Quality Authority is a signatory to Patient Safety First - an awareness raising initiative through which healthcare organisations declare their commitment to patient safety. Through participation in this initiative, those involved aspire to play their part in improving the safety and quality of healthcare services. This commitment is intended to create momentum for positive change towards increased patient safety.

¹ Not all parts of the relevant legislation, the Health Act 2007, have yet been commenced.

Table of Contents

Introduction	3
1. Setting the Scene	3
2. A Vision for High Quality and Safe Healthcare	5
3. Building a Culture of Quality and Safety	6
4. Purpose of the Standards	6
5. Scope of the Standards	7
6. How the Draft Standards were Developed	8
7. What Areas of Healthcare the Draft Standards Cover	9
8. Standards and Licensing	11
9. Implementing the Standards	12
10. Consultation Process	15
11. Next Steps	16
12. Structure of the Draft National Standards	16
Consultation Questions	17
Standards and Criteria	18
■ Theme 1: Person-Centred Care	18
■ Theme 2: Leadership, Governance and Management	26
■ Theme 3: Effective Care	36
■ Theme 4: Safe Care	48
■ Theme 5: Workforce	54
■ Theme 6: Use of Resources	64
■ Theme 7: Use of Information	70
■ Theme 8: Promoting Better Health	74
Appendix 1: Membership of the Standards Advisory Group	78
Glossary of Terms	79
Note on Selected Bibliography	84

Introduction

1 Setting the Scene

Many countries have identified the need to drive improvements in the quality and safety of healthcare. Like most jurisdictions, Ireland has many examples of good healthcare, as well as experiences of service users being let down by serious failings in their care. Consequently, the need for greater reliability and less variation in the quality of Irish healthcare has been well recognised.

Following the Government's health strategy *Quality and Fairness – A Health System for You* (2001), a programme of policy and structural reform is underway aimed at driving the necessary improvements. Setting and monitoring compliance with standards are important levers in this process, helping set public, provider and professional expectations. This allows everyone involved in healthcare to play a part in securing continuous improvement. Importantly, standards for healthcare provide a basis for identifying and addressing deterioration in quality and safety as well as planning and measuring improvements.

The Health Information and Quality Authority (the Authority) has the national statutory role² for developing standards for the quality and safety of healthcare services (excluding mental health services).

This consultation document presents for public consultation proposed new national standards for the quality and safety of healthcare services in Ireland. The Authority is fully committed to stakeholder consultation and values all feedback provided as part of the standards development process. These national standards have been designed to describe the principles of how healthcare should be provided in any care setting.

In the future, the Authority will monitor compliance with these national standards - but they have not been developed solely for that purpose. Service users (this includes patients, carers, family and representatives where applicable) can use the national standards to help them understand what high quality and safe healthcare should be and what they should expect from a well-run service. This information will help service users to voice their expectations of healthcare services. The national standards also provide a sound basis for anyone planning, funding or providing healthcare services to work towards achieving and maintaining high quality, safe and reliable care.

² *The Authority is given the remit for setting standards for quality and safety in healthcare services under section 8 of the Health Act 2007. This includes services provided or funded by the Health Service Executive.*

These standards present an important and far-reaching opportunity to drive improvements in healthcare in Ireland. Everyone in the State has a stake in this objective and so it is vital that as many members of the public, service users and service providers as possible have the chance to shape the standards' development by participating in this consultation. This document describes how the standards are intended to work within the diverse healthcare system. It presents the national standards under eight themes for consultation.

CONSULTATION QUESTIONS

This document has a number of **consultation questions** for people to consider – you'll find them highlighted in boxes throughout the introduction. These questions, along with others, can also be found in the Consultation Feedback Form, which is available from www.hiqa.ie

2 A vision for high quality and safe healthcare

In developing standards, it is important to ensure they begin shaping a vision for what high quality, safe healthcare looks like. The Authority's review of the experience of other countries in the development of standards, what service users and the public have told us and our activities in reviewing health services in Ireland indicate the main attributes of high quality healthcare are that:

- service users are treated with consideration and respect and have the information they need to make decisions
- service providers put service users' needs and preferences at the centre of its activity
- it is clear who is responsible and accountable for the quality and safety of care and the service is planned and managed to ensure safer better healthcare
- services are based on good evidence of what works best and strive for excellence by monitoring how well they do and introducing changes to improve
- the safety of patients is paramount and steps are taken to anticipate and avoid adverse events and to reduce their impact if they do occur
- services are designed for reliability - minimising inconsistency, variation in provision and the likelihood of things going wrong
- people working in the service are recruited, supported, organised and developed to enable the delivery of high quality, safe care
- people working in the service maintain the skills, competencies and knowledge necessary to deliver high quality, safe care
- accurate and timely information is used to support effective care and to drive improvement in care
- service providers take every opportunity to enable people who use services to increase control over their own health and the factors that influence it.

These attributes should be achieved whilst making the best use of available healthcare resources.

It is this vision for high quality and safe healthcare that has guided our work in developing these draft national standards.

3 Building a culture of quality and safety

The culture within a healthcare service has an important impact on improving the quality and safety of the care provided. A 'quality and safety culture' ensures that these issues are seen as important to all the people working within that service - it shapes how they behave with each other and with people receiving care. Furthermore, it affects the openness and transparency of all relationships within and outside the service and importantly, affects the trust and confidence in that service.

Since 2007 the Authority has been setting standards for quality and safety in healthcare and promoting a culture of quality and safety through monitoring compliance with these standards. Over this period, based on our experience and learning, the Authority has been building towards developing the *National Standards for Safer Better Healthcare*.

In 2008 the Commission on Patient Safety and Quality Assurance (the Commission) recognised the importance of a 'quality and safety culture' in its report, *Building a Culture of Patient Safety*. The Commission's recommendations, which were endorsed by Government, provided direction on how to build a patient safety culture and recognised the importance of national standards for quality and safety in this process.

The *National Standards for Safer Better Healthcare* will promote a culture in which all involved in healthcare (service users, carers relatives, funders, providers and clinicians) are supported and encouraged on a day-to-day basis to play their part in making care safer and better.

4 Purpose of the Standards

The national standards aim to give a shared voice to the expectations of the public, of service users and of service providers. They are intended to provide a roadmap for a high quality, safe and reliable healthcare service and in particular:

- offer a common language to describe what high quality, safe and reliable healthcare services look like
- create a basis for improving the quality and safety of healthcare services by identifying strengths and highlighting areas for improvement
- be used in day-to-day practice to encourage a consistent level of quality and safety across the country and across all services
- promote practice that is up-to-date, effective, and consistent
- enable providers to be accountable to service users and funding agencies for the quality and safety of services by setting out how they should organise, deliver and improve services.

This means that a variety of service providers can use the national standards to improve the quality and safety of care continuously.

5 Scope of the Standards

These draft national standards are designed to be applicable to all healthcare services (excluding mental health). These services include, but are not limited to: hospital care, ambulance services, community care, primary care and general practice.

The national standards set expectations for how clinical care is delivered, for example, that it should be timely, evidence-based and reflect patients' needs. However, these national standards do not describe the detail of clinical practice as this detail will change and develop and so should be set out in guidelines that are developed and regularly reviewed by clinicians (see Section 9).

The Authority has previously introduced standards for hygiene, the prevention and control of healthcare associated infections and symptomatic breast disease services. These continue to remain in force until they are formally revoked. The Authority will review the role and application of these existing standards in light of the implementation of the *National Standards for Safer Better Healthcare* (subject to the outcome of this consultation and Ministerial approval). The Authority will advise the Minister for Health and Children on the future application of existing standards following this review.

These draft national standards have been developed to describe quality and safety requirements for healthcare service providers (except mental health services). Standards for other care services, or covering other aspects of healthcare services, are developed and monitored through other means:

- the Authority has developed standards for social care (including children's services, residential care for older people and residential services for people with disabilities) and these can be found on the Authority's website (www.hiqa.ie)
- the Mental Health Commission, an independent statutory body set up under the Mental Health Act 2001, regulates mental health services. The Mental Health Commission developed standards for mental health services in 2007 and these can be found on their website (www.mhcirl.ie)
- professional regulatory bodies, for example, the Medical Council of Ireland or An Bord Altranais, regulate the competence and performance of individual professional practitioners
- the Health and Safety Authority (www.hsa.ie), in accordance with the Safety, Health and Welfare at Work Act, 2005, monitors the health and safety at work of all those employed by a service.

The standards have been designed to complement the requirements of other regulatory organisations.

6 How the Draft Standards were developed

These draft national standards have been developed through a process that reflects best practice in healthcare regulation.

A review of international and national literature was undertaken and used to inform the development of the draft national standards. They take account of published research, standards in other countries, expert opinion, Government policy and reports by both national and international governmental and non-governmental organisations. In drafting these standards the Authority aimed to make them as clear and easy to follow and understand as possible.

The Authority also conducted a national representative poll asking members of the public for their opinion on the important areas of quality and safety in healthcare. Findings from this research can be found on www.hiqa.ie

CONSULTATION QUESTION 1

Is the language used clear and is the layout and design of the standards clear, easy to follow and understand?

In addition, the Authority consulted with other national and international regulatory organisations. The Authority also hosted and attended a series of meetings with a range of interested parties to present the concepts and background to the draft national standards.

The Authority convened an Advisory Group made up of a diverse range of stakeholders, including service user representatives, clinicians and service providers. The function of the group was to advise the Authority, support consultation and information exchange and advise on further steps, including implementation of the national standards. The Authority would like to acknowledge with gratitude the hard work and commitment of the Standards Advisory Group. Membership of this group is given in Appendix 1.

7 What areas of healthcare the Draft Standards cover

The main attributes set out in the vision for quality and safety in healthcare (see Section 2) were used by the Authority as the basis for the *National Standards for Safer Better Healthcare*.

The standards therefore reflect the fact that service users experience the quality of a service through different aspects of their care: whether it is person-centred, safe, effective or promotes better health. In addition, certain characteristics are needed in a service to deliver quality such as governance, leadership, management, workforce, use of resources and use of information.

CONSULTATION QUESTION 2

Do the quality and safety themes and standards cover all the important topics or are there any topics that should be included or excluded?

Consequently the Authority organized these draft national standards according to eight themes. Each theme identifies the key topics for quality and safety which are addressed by the standards. The topics covered under these themes reflect current priorities in the context of Irish health services.

As Figure 1 illustrates, the eight themes are intended to work together. Collectively, they describe how a service provides high quality, safe and reliable care centred on the service user.

Figure 1: Themes for Quality and Safety



8 Standards and Licensing

Standards

When approved by the Minister for Health and Children these standards will have immediate effect under section 8 of the Health Act 2007 and the Authority will then monitor compliance with the National Standards for Safer, Better Healthcare in public or voluntary healthcare services provided or funded by the HSE (excluding mental health services).

Licensing

Following on from the recommendations of the Commission on Patient Safety and Quality Assurance, the Government has proposed the introduction of a statutory licensing system that applies to both publicly and privately funded healthcare services. Under such a system, a service would need to obtain a licence in order to deliver healthcare. It is intended (subject to legislation currently under development) that these national standards will provide the basis of such a licensing system and so in the future will be applied as enforceable requirements to a wider range of healthcare providers, including private and independent healthcare providers. The Authority will provide detailed information about how the standards will be applied within a licensing system in due course.

CONSULTATION QUESTION 3

Do you think these standards are suitable to be used as the basis for the future healthcare licensing system?

In the meantime, it is important those healthcare services, that may in the future be subject to licensing, consider the implications of these draft national standards.

9 Implementing the Standards

Resources

This consultation comes at a time of significant challenge for health services, especially, but not solely, those that are funded publicly. In Ireland, as internationally, the potential costs of providing healthcare continue to rise with advances in technology and medical science and the increasing age of the population. At the same time, funding available for healthcare is under pressure. Therefore, using resources effectively and efficiently is even more important.

The Authority regards these draft national standards as describing how existing total resources available for healthcare should best be deployed.

Meeting these draft national standards will require service providers to deliver high quality, safe healthcare by aligning their resources appropriately to the stated purpose of their services while applying evidence for what works best and is safe. They do not presume that the way services are organised and provided currently will necessarily be capable of meeting the requirements of the standards. Local and national changes in the allocation of healthcare resources to meet the standards may therefore be needed. This places a high importance on how service providers nationally and locally plan and use available resources to be safe and sustainable.

Interpreting Standards into specific services

When the Authority was first established in 2007 it considered the long-term approach to developing standards and concluded that an approach of developing an extensive series of detailed service-specific standards was not the best way forward for three main reasons:

- it is important to get standards in place covering as many services as possible rather than one part of the health service at a time
- standards implemented service-by-service could create unintended distortion of practice if, for example, areas covered by standards received resources or were prioritised preferentially compared to those areas not yet under standards.
- detailed clinical standards could fall out of step with evidence-based clinical practice, which is subject to continuous development and change. Evidence-based practice is better addressed through clinical guidelines that can be kept up to date more easily, with standards driving the adoption of guidelines.

CONSULTATION QUESTION 4

Do you think these standards can apply to all the healthcare settings mentioned?

Consequently, the Authority has developed these draft national standards to set out the **key principles** of quality and safety that should be applied in any healthcare service setting. This is based on the idea that while the detail of healthcare service delivery will vary greatly between, for example, a 900-bed hospital compared to a primary care team or between a community-based diabetes service compared to cardiothoracic surgery, the principles of quality, safety and reliability are universal and can be applied into any setting.

This variation between healthcare services raises two important questions:

- how do different service types interpret these standards in their setting?
- how can we ensure specific specialties or services implement current evidence-based practice?

Different service types

The draft national standards set out how any healthcare service provider can improve the quality and safety of the healthcare it delivers. How different service providers achieve this will vary across different areas of healthcare service provision, for example, an ambulance service compared to a maternity service. Factors such as leadership, governance and management will look different for a large teaching hospital compared to a small primary care clinic.

In implementing these standards, all service providers will need to consider in detail how and whether their current service arrangements meet the requirements of the standards. The primary obligation will be on service providers to meet the standards and demonstrate this to service users and the public.

However, given that the standards are new to the healthcare system, the Authority will issue formal **guidance** alongside the standards outlining examples of steps service providers can take to meet the standards. Initially this will be general guidance and some guidance for specific service types (for example, acute hospital services or ambulance services). In time guidance may be added to include service-based topics (for example, maternity services or renal dialysis care). These draft national standards include an obligation on service providers to take full account of such formal guidance issued by the Authority when planning and delivering services. The Authority will work with key stakeholders, including service users, relevant experts and frontline staff, to ensure the guidance is appropriate and will issue updated versions as necessary.

CONSULTATION QUESTION 5

For which service types do you think specific guidance should be developed?

Ensuring evidence-based clinical practice

Service users, the public, service providers and clinicians expect services to implement recognised good clinical practice which is based on best available evidence about what works best and is safe. It is expected that service providers and clinicians will implement and audit good clinical practice.

Implementing clinical guidelines is an internationally recognised way of getting evidence into practice. The Commission for Patient Safety and Quality Assurance recommended the establishment of a national leadership role for the development and promotion of clinical guidelines and audit in Irish healthcare, as part of a national clinical effectiveness and governance framework. It has been proposed that a national committee will be established to oversee the development and/or adoption of clinical guidelines consistent with overall health system priorities. The committee membership will include a wide spectrum of stakeholders including service-user representatives, clinicians, the Authority, the Department of Health and Children and healthcare providers. Following quality assurance of the proposed guidelines, the committee will recommend them for Ministerial approval as national clinical guidelines. It is envisaged that national clinical audit programmes related to these guidelines will also be set by this committee.

The prioritisation of the development, adoption or adaptation of clinical guidelines has a significant impact on the strategic direction of health services in Ireland and will influence the allocation of resources and configuration of services in the future. Therefore the process for prioritisation should be undertaken with the involvement of key stakeholders and be informed by best available evidence, national policy and available resources.

National standards are an important driver for the implementation of national clinical guidelines and participation in audit at all levels of healthcare. These national standards require service providers to have arrangements in place to implement national clinical guidelines (standard 3.1). In this way, the standards give strength to clinical practice guidelines which have been developed, regularly reviewed and updated by the relevant clinical experts.

CONSULTATION QUESTION 6

Do you think these standards will support evidence-based practice for example through the requirement for implementation of national clinical guidelines?

In the future, it is envisaged that the requirement to implement national clinical guidelines will be part of the regulatory framework and underpinned by licensing legislation.

10 Consultation Process

The national standards are available for public consultation for a six week period. In this way, the public, service users and service providers will have the opportunity to provide feedback and participate in the standards development process. We invite all interested parties, including people who use services, their families and carers and service providers, to submit their views on the national standards.

The closing date for receipt of comments is 4 November 2010.

How to make a submission

A number of consultation questions have been prepared for your consideration when reviewing the standards. These questions are not intended, in any way, to limit feedback and any other comments are welcome.

There are several ways to tell us what you think:



Your comments can be submitted by downloading and completing the consultation feedback form available from www.hiqa.ie and e-mailing your completed forms to consultation@hiqa.ie.

You can print off a copy of the feedback form from our website and post it to us at:



Health Information and Quality Authority
National Standards for Safer Better Healthcare Consultation
George's Court, George's Lane,
Smithfield, Dublin 7



For further information or if you have any questions:

You can talk to the consultation team by calling (01) 8147446

How we will use your comments

Following the consultation, the Authority will analyse the submissions and make further amendments to the document, we will present the main amendments in a Statement of Outcomes document which we will make publicly available.

This is your opportunity to participate in the development of national standards for healthcare services. We wish to thank you in advance for taking the time to submit your comments.

11 Next steps

The Authority will consider and review all submissions received during the consultation process. Following this process the Authority will finalise the national standards for quality and safety.

The final draft national standards will be presented to the Board of the Authority for their approval. Following approval by the Board the draft national standards will be submitted for approval to the Minister for Health and Children.

12 Structure of the Draft National Standards

The draft national standards are set out in full in the pages that follow. Each standard consists of five sections:

- **standard statement** which describes the high level outcome required to contribute to quality and safety
- **criteria** that, taken together, will enable progress towards achieving the standard
- **why is this important** - an explanation of why the standard and criteria are important for service users and service providers
- **what this means for you as a service users** - guidance for service users on what each standard will mean for them
- illustrative examples of **steps** service providers may take towards meeting the standard. These examples are for illustrative purposes only.

Consultation Questions

This document has a number of consultation questions for people to consider. These questions can also be found in the Consultation Feedback Form, which is available from www.hiqa.ie

Question 1

Is the language used clear and is the layout and design of the standards clear, easy to follow and understand?

Question 2

Do the quality and safety themes and standards cover all the important topics or are there any topics that should be included or excluded?

Question 3

Do you think these standards are suitable to be used as the basis for the future healthcare licensing system?

Question 4

Do you think these standards can apply to all the healthcare settings mentioned?

Question 5

For which service types do you think specific guidance should be developed?

Question 6

Do you think these standards will support evidence-based practice for example through the requirement for implementation of national clinical guidelines?

Standards and Criteria

Theme 1: Person-Centred Care



What is person-centred care?

Person-centred care centres on the needs and rights of service users, respects their values and preferences and actively involves them in the provision of care. Care should be based on what is important to the service user from their perspective.

Why is this important?

A person-centred service is important as it ensures that the needs, values and preferences of people who use the service and their carers are respected and taken into account when designing, planning and delivering services.

Service users' satisfaction with their experience of healthcare is an important outcome. The service user's involvement in decisions about their own care plays an important role in improving their health outcomes.

Standard 1.1

Service users' needs and preferences are at the centre of service design, planning and delivery.

Criteria

- 1.1.1 Service providers, when planning and delivering care, take into account the needs and preferences of service users and provide feedback to them.
- 1.1.2 Care is provided at a time and place that is accessible and convenient to service users, where this can be achieved safely, effectively and efficiently.
- 1.1.3 Service providers coordinate care delivery and share information within and between services to provide the best possible experience and outcome for service users.
- 1.1.4 Service providers communicate with, and involve, service users at all stages of the planning, delivery, monitoring and evaluation of care.
- 1.1.5 Service providers continuously improve the service-user experience, based on the feedback of service users.

Why is this important?

The person who uses services should be at the centre of their own care, treatment and support. Service providers need to ensure that everything that is done is based on what is important to that person from their own perspective, whilst taking into account the needs of other service users.

Care should be planned and delivered to provide the best possible experience and outcomes for services users by focusing on what is important to them. In particular the planning and delivery of care should focus on the coordination of care delivery, timeliness, sharing of information, communication with and involvement of service users and accessibility.

What this means for you as a service user

- your preferences and views are taken into account when and where services are provided
- the service provider welcomes your comments on the quality and safety of the care you are receiving or have received
- the people caring for you communicate openly with you
- the care you receive is delivered in an environment that is accessible to you and other service users.

Illustrative examples of steps service providers may take towards meeting this standard

- service providers involve and ask service users, from all population groups, for feedback on the planning, design and delivery of care within a primary care setting this may mean that established processes are in place to identify and record individual service user's health needs
- service providers in all settings, including hospitals, community and primary care clinics, ask service users for their feedback on the convenience of their opening hours and how easy it is to access services, including physical access, and take steps to address any issues raised
- service providers set in place processes and protocols to ensure that the care of each service user is coordinated between and within services. This includes the sharing of information when the service user moves from one service to another or within the same service. For example, for ambulance services this would include the recording of all relevant information and interventions performed at the incident site and en route and handing over that information when care is transferred
- service providers actively communicate with service users in developing policies, for example in acute hospitals this may mean the development of and implementation of a specific policy for communicating with patients diagnosed as requiring end-of-life care.

Standard 1.2

Service users actively participate in the provision of their own care.

Criteria

- 1.2.1 Service providers actively communicate with service users and enable them to participate in making informed decisions about their own care and treatment, and in maintaining and improving their own health and well being.
- 1.2.2 Service providers provide service users with accessible, clear and relevant information about their condition and treatment options.
- 1.2.3 Service providers provide service users with accessible, clear and relevant information about the services and how service providers interact with service users.

Why is this important?

The service user is usually the person who knows most about their needs and preferences - they are also usually the best person to ask about their condition and history. People providing care need to know as much as possible about the person they are treating in order to achieve the best outcomes.

Service users are more likely to benefit from the care they receive if they take an active part in decisions about their care and the options available to them. When people know and understand the care they are receiving, they are more likely to be more comfortable with it and this will enable good decision making.

What this means for you as a service user

- you are supported in managing and improving your own treatment and care wherever possible
- you are encouraged to express your views and are actively involved in making decisions and setting goals for your care and treatment
- your choices in relation to treatment and care will be respected, wherever possible
- you are given information that will help you in making decisions about your care
- the information you receive is made available to you in a format and language which you can understand
- you understand what care and treatment you receive and are prepared for it.

Illustrative examples of steps service providers may take towards meeting this standard

- information is provided to service users in different ways and formats. For example, community clinics provide service users with information on common conditions
- information about services is made widely available in many different formats and languages. The information includes the type of services delivered, opening hours, complaints process, how service users can feedback and get involved in service design and delivery
- service providers make sure that each service user is as informed as possible about the care they receive or are about to receive
- service providers review the information formats used and take steps to make sure that information is accessible to people with disabilities. For example this may mean using a larger font for printed material.

Standard 1.3

Service users are treated with consideration and respect.

Criteria

- 1.3.1 The views, values and preferences of service users are actively sought and respected. These are taken into account in the provision of their care.
- 1.3.2 Service providers openly and actively communicate with service users.
- 1.3.3 Complaints, concerns and compliments are promptly, effectively and fairly received, addressed and acted upon. Service users are communicated with and supported throughout this process.
- 1.3.4 Service users are facilitated, insofar as is reasonably practicable, to exercise civil, political and religious rights as enshrined in Irish law.
- 1.3.5 Service users' dignity, privacy and autonomy are respected and protected.
- 1.3.6 Service users receive care based on need, and which is respectful of their age, gender, sexual orientation, disability, marital status, social class, family status, race, religious belief, or membership of the Traveller Community (not an exhaustive list).
- 1.3.7 Service users' informed consent to care and treatment is obtained in accordance with legislation and current evidence-based guidelines.
- 1.3.8 Service providers are clear in advance with individual service users regarding any direct costs to them of services provided.

Why is this important?

People receiving care should be treated with kindness, dignity and respect. The people working in health services should respect the rights of everyone, especially the people receiving healthcare.

Service providers should do everything they can to protect their service users and respect their rights especially when they are less able to stand up for themselves. This includes protection of a person's right to receive healthcare only when they have decided they want it and they have given informed consent.

What this means for you as a service user

- you are treated with consideration and respect by people providing your care at all times
- your complaints, concerns, comments and compliments are listened to, dealt with fairly and acted upon promptly
- your care is not negatively affected as a result of you having made a complaint or having expressed a concern
- you are provided with information to help you make decisions about your care and treatment; this includes information about alternatives, risks and benefits
- you understand and give your permission for, or agree to, any examinations, care, treatment and support which you may receive
- if there are any fees for your care, you can expect to be told what these fees are.

Illustrative examples of steps service providers may take towards meeting this standard

- the views and values of service users are actively sought by different methods including for example service user panels, advocacy services and service-user surveys. The most appropriate method will depend on the size and scope of the service. For smaller service providers this may mean using service-user surveys
- service providers deliver care based on need and which respects all service users. This may involve tailoring services for particular groups for example making services accessible to people with physical disabilities or people with communication difficulties.

Theme 2: Leadership, Governance and Management



What is leadership, governance and management?

Leadership, governance and management are the organisational arrangements which support the workforce, including managers and clinicians, to do the right thing or make the right decision at the right time. They involve embedding the right culture by inspiring and influencing those who work in the service. This also requires determining the service's direction, setting its objectives, developing its policies, planning, controlling and organising how the service delivers its stated purpose through informed decisions and actions. It also includes the deployment of the necessary resources to enable delivery and continuous improvement of high quality, safe and reliable healthcare.

Why is this important?

Whether related to the shape of a national service, the running of a hospital, the organisation of a clinic or the care of an individual service user, healthcare is essentially made up of a series of short, medium and longer-term decisions. It is vital that these decisions are made appropriately and transparently and that they take account of the views, preferences and needs of service users. The process and manner by which these decisions are taken is included in leadership, governance and management.

High quality, safe care requires good leadership, governance and management to make all the parts of the service work together effectively to benefit the users and take their views fully into account. It is important in small teams as well as large organisations. It requires people (as individuals and collectively) to be accountable by taking responsibility for decisions, using resources efficiently and where required to direct those who work in the service to deliver the desired outcome. Clear direction and roles in a service ensure that all parts of the service work towards the common goal of safer, better healthcare. Quality improvement and learning systems ensure change happens in the right direction. The absence of clear and effective leadership, governance and management has been highlighted repeatedly both nationally and internationally as a factor in serious patient safety incidents and service failures.

Standard 2.1

Service providers develop and implement clear plans that incorporate the views of clinicians, service users and the public.**Criteria**

- 2.1.1 Service providers set clear direction for delivering quality and safety using short, medium and long term plans. These plans take into account national standards and policy, stakeholders' views, the needs of the population served, best available evidence and resources available.
- 2.1.2 Service providers review and identify gaps in their core capabilities required to achieve their planned objectives and take actions to address these gaps. These core capabilities include (but are not limited to):
- workforce – incorporating workforce planning, recruitment, performance management, leadership, education and development
 - communication – incorporating communication with service users and the public, within the service, and with other service providers
 - information management – incorporating knowledge management, information technology, information governance and data quality
 - risk management – incorporating management of risk to service users and to service providers
 - patient safety incident management – incorporating serious reportable event policy
 - service quality improvement – incorporating performance monitoring, patient safety improvement programmes, service design improvement and innovation
 - physical assets and environment management
 - resource management – incorporating financial risk and viability management, investment and disinvestment, productivity and value for money.
- 2.1.3 Service providers have in place management arrangements, structures and mechanisms, including annual business plans, to achieve their planned objectives for quality and safety.
- 2.1.4 Service providers plan and manage change and service transition effectively through:
- identifying a named accountable person responsible for leading the change process
 - setting clear objectives for the change and service transition

- prior assessment of service interdependencies at local, regional and national levels
- modelling of demand and capacity
- assessing staffing implications and determining requirements
- consideration of impact on stakeholders
- implementation of communication and engagement strategies
- development and monitoring of performance indicators relevant to change and service transition.

Why is this important?

Being clear about the vision and objectives of the service ensures that all involved understand what is required to achieve safer, better healthcare. To ensure that these objectives are achieved, these plans should take into account the needs of service users, incorporate clear strategies for core capabilities such as communication and reflect best available evidence and good decision making. Monitoring and reporting how well a service meets its objectives keeps everyone's attention on the goals to be achieved and allows service users to know that the service is working well for them.

What this means for you as a service user

- the service is clear about what it plans to do and you can easily access its plans
- the services you receive are delivered as part of a long-term plan designed to make sure the needs of your community and particular service users, for example older people, are met appropriately, effectively and efficiently
- the people responsible for planning and delivering services make a point of finding out what is important to service users and build these views into plans for services.

Illustrative examples of steps service providers may take towards meeting this standard

- the objectives set by service providers reflect national policies, the needs of the population served and the views of service users. The objectives should be relevant to the service. For example, an acute hospital sets objectives to improve its management of information or community-based multidisciplinary care teams set objectives to increase the service user satisfaction ratings
- on an annual basis the achievement of objectives is reviewed and reported by the service providers to the relevant bodies. For example, HSE Primary Care Teams report on their performance through the local and regional structures to the Integrated Services Directorate.

Standard 2.2

Service providers have clear leadership, accountability, governance and management arrangements to achieve the delivery of high quality, safe and reliable healthcare.

Criteria

- 2.2.1 A named individual with the overall responsibility for the service (for example, the Chief Executive or Lead Clinician) is accountable for the quality and safety of healthcare provided and formally reports on the performance through relevant governance structures including, where relevant, directly to board level or equivalent. This information is clearly communicated with all stakeholders.
- 2.2.2 Service providers delegate clinical responsibility and accountability for patient safety and quality to a Lead Clinician at Clinical Directorate level or equivalent. This Lead Clinician formally reports on the performance through relevant governance structures.
- 2.2.3 Service providers have in place governance arrangements including a code of governance which clearly defines roles, accountability and responsibilities throughout the service, and which provides assurance arrangements for the quality and safety of health services provided.
- 2.2.4 Leaders at all levels demonstrate and embed a culture of quality and safety throughout the service.
- 2.2.5 Service users are routinely represented and involved in decision making within the service, including at board level or equivalent.
- 2.2.6 Service providers delivering publicly-funded healthcare put in place contracts of agreement for the provision of services between themselves and funding organisations and third party providers. The contracts of agreement include scope of service provided, resources, quality assurance and governance arrangements.
- 2.2.7 Service providers monitor the performance of the service against their objectives including resource management, and benchmark, manage, and report this performance through the relevant governance structures.

Why is this important?

Healthcare is a complex activity involving people working together. It can involve decisions and choices at national, regional, local and individual service user levels. Clear accountability and authority structures help to ensure that all the people and complex parts of care work well together, in the clear knowledge of their respective responsibilities.

A well-governed service is characterised by open and transparent communication systems, monitoring and benchmarking outcomes, respect for service users' rights and dignity and responding to any concerns or complaints in a prompt manner. The inclusion of service users in planning, delivering and reviewing services ensures that the services respond better to their needs and thereby maximises the benefits of the services' activities.

What this means for you as a service user

- you can expect that you will receive healthcare which has been planned for by the service provider's leaders and managers with the input from service users
- you can expect that the service is led by a suitable and competent individual who has the appropriate training and experience to undertake the role
- the service has set clear objectives and everyone works to achieve these objectives
- you are provided with opportunities to participate in decision-making.

Illustrative examples of steps service providers may take towards meeting this standard

- service providers have a named individual who is accountable for the quality and safety of healthcare and who reports through a governance structure that is appropriate for the size, scope and status of the service. For example, a large service provider may have a Chief Executive who reports to a board while a primary care team may have a named lead clinician who is accountable and who reports through the primary care team governance structures
- service users are facilitated to be involved in decisions about service design and delivery by, for example in a large service provider, having a service-user representative on the board and making the minutes of board meetings publicly available
- service-user involvement in monitoring and evaluating services is facilitated by, for example, departments within large acute hospitals regularly involving national patient representative and advocacy organisations in the monitoring and benchmarking of their performance.

Standard 2.3

Staff at all levels are enabled to take responsibility for the quality and safety of care through transparent and effective accountability arrangements.

Criteria

- 2.3.1 Clinical and managerial responsibility, accountability and authority regarding quality and safety of healthcare is clearly stated and implemented at every level of the service.
- 2.3.2 Service providers support and manage teams and individuals in effectively exercising their personal and professional accountability for the provision of high quality, safe and reliable healthcare.
- 2.3.3 Service providers ensure that the conduct and provision of services are compliant with relevant Irish and European legislation.

Why is this important?

When people have clear authority to make decisions and act on them, they can manage and deliver high quality safe care and take opportunities to improve care.

Effective arrangements for responsibility and authority mean that people are focused on what they can do to deliver high quality safe healthcare. When people working in the service know who they report to and who reports to them, they are better able to focus their work on the goals of the service as a whole. Transparent responsibility and accountability also allow service users and the workforce to communicate and make improvements efficiently.

Service providers that are compliant with legislation uphold the rights of service users and at least meet the minimum requirements for keeping people safe and treating them fairly. As the activities of a service change and legislation and regulations change, it is important that the service continually checks that its work meets the requirements of Irish and European laws and regulations.

What this means for you as a service user

- you know who runs the service and who is responsible for your care
- you can expect that those who care for you are clear about their responsibilities and accountability
- you can expect that everyone working in the service has a clear understanding of their role, accountability, responsibility and authority in delivering you the best possible care
- you can be confident that the service complies with the law and meets the requirements set down by the State and the European Union.

Illustrative examples of steps service providers may take towards meeting this standard

- service providers conduct regular reviews of legislation, determine what is relevant for their services and take steps to address any identified gaps. Examples of relevant legislation that could apply in many services include health and safety legislation, equality legislation and employment legislation
- service providers make sure that the responsibility, accountability and authority for quality and safety at all levels within a service is clear and communicated throughout the service.

Standard 2.4

A structured quality improvement and learning system is in place which enables the delivery of high quality, safe healthcare.

Criteria

- 2.4.1 Service providers actively promote and support a positive culture of high quality and safety, and take measures to embed this culture.
- 2.4.2 Service providers review the quality and safety of their services and actively develop, participate in and continuously evaluate quality and safety improvement programmes.
- 2.4.3 Service providers act on standards, guidance and recommendations as formally issued by the Health Information and Quality Authority when planning and delivering services.
- 2.4.4 Service providers safeguard service users and their workforce by proactively identifying, managing, minimising and eliminating risks, including clinical, financial and viability risks.
- 2.4.5 Service providers proactively identify, document, monitor, analyse and learn from patient safety incidents and implement and communicate learning internally and externally.
- 2.4.6 Service providers support and enable open communication with service users.
- 2.4.7 Service providers actively promote open communication within the service, with service users, with independent patient advocacy groups, with external agencies and with other service providers.
- 2.4.8 Service providers actively manage and monitor complaints and feedback from service users. This information is communicated and used to promote learning and improvement.

Why is this important?

The objective of a quality improvement and learning system is to enable the delivery of a high quality and safe service to service users. The essential elements of such a system include a culture of quality and safety, structured quality and safety improvement programmes, quality and safety management, open communication and education and development programmes.

Quality improvement focuses on improving the process of care and refers to meeting the needs and, where possible, exceeding the expectations of service users. This can ultimately be achieved by having systems which learn from when things go wrong as well as when things go right.

What this means for you as a service user

- you can be sure that your comments and complaints are listened to and acted on
- the people caring for you provide high quality safe care because the culture of the organisation directs and supports them in doing so
- you can be sure that if anything has gone wrong in the past, the service has made changes to prevent the same thing happening again or minimise the risk of it happening again
- you can be sure that the people caring for you have suitable training and experience to anticipate and prevent things going wrong.

Illustrative examples of steps service providers may take towards meeting this standard

- service providers review the quality of the services provided and develop and implement programmes aimed at improving the service quality. These programmes reflect the size and scope of the service and may mean adapting national programmes to the service, such as Safe Surgery Saves Lives. Service providers may also develop programmes that address local issues for example local targeted programmes for increasing access to services for minority groups
- service providers systematically identify and minimise risks for service users and the workforce. For example, in primary care risks for service users of interventions such as minor surgery are identified and processes put in place to minimise these risks and they are explained to service users so that they can give informed consent.

Theme 3: Effective Care



What is effective care?

Effective care delivers best achievable outcomes consistently, meets service users' assessed needs and reflects best available evidence and high quality information.

Why is this important?

Effective care is important in ensuring that service users get the best outcomes from their healthcare. An effective service continually looks for opportunities to improve how it cares for service users. It does this by being clear about what it does, putting evidence of what works into practice, and discarding practices that are shown not to work. Effectiveness is not just about making use of the latest treatments - it is also about ensuring that each service user receives well-coordinated care and the right care for them at the right time.

Standard 3.1

Care meets service users' assessed needs and is based on best available evidence and information.

Criteria

- 3.1.1 Service user's individual care needs are assessed promptly by the practitioner best placed to plan for and deliver their care.
- 3.1.2 Care meets the individual service user's assessed needs while taking account of the needs of other service users.
- 3.1.3 Care responds to individual service user's ongoing needs based on continuing review - it is timely and clinically appropriate.
- 3.1.4 Service providers plan and provide care that takes into consideration the priorities and needs of all its service users.
- 3.1.5 Care reflects national and international evidence of what is known to work best, where it exists.
- 3.1.6 Care is delivered according to national clinical guidelines.
- 3.1.7 All relevant information necessary to support the provision of effective care is available at the point of clinical decision making, including information provided by the service user.
- 3.1.8 Service users are actively supported to maintain and improve their own health and well being.
- 3.1.9 Service providers support clinicians to make clinical decisions that maximise benefits to patients and minimise unnecessary treatment and care.

Why is this important?

As service users have different needs, it is important that each individual's needs are assessed so that the care they get is most appropriate for them. Effective care is based on evidence of what has been proven to work best and reflects the assessed needs of the individual service user. Clinical decision making should be based on balanced assessments of the benefits to service users of proposed treatment and care. Such decisions should not be unduly influenced by a concern to avoid litigation.

An effective service is also responsive and can adapt to the needs of service users. Service users' needs change, new technologies and treatments are developed and an approach that worked in the past may not necessarily be as effective in the future. A responsive service is agile and needs to be able to change as the needs of service users change, as the environment changes, and as new evidence becomes available.

What this means for you as a service user

- your needs are assessed by talking to you and examining you so that you receive the right care for your needs and the best possible care outcomes for you
- you can expect to receive timely care when you need it from staff who have the skills required to provide your care
- the care you receive will respond to your immediate and ongoing needs
- decisions about your care are based on the best available evidence and the most up-to-date knowledge of what works best. You will be involved in making these decisions
- you will not receive care which will not be of benefit to you.

Illustrative examples of steps service providers may take towards meeting this standard

- the service provider promptly assesses the needs of each service user and develops individual care plans based on this assessment, the evidence of what is known to work best and balancing this with the needs of other service users. This includes prescribing medication for episodic illnesses as well as a long-term care plans for more complex conditions
- each service user's needs are continuously reviewed and any deterioration is quickly responded to for example, by rapid access clinics or escalation responses within clinical teams
- information, advice and support is given to service users to enable them to take steps to improve their own health
- service providers have in place systems that ensure the necessary information required to make decisions is easily accessible, comprehensive and accurate at the point of clinical decision making for example, comprehensive, accurate and up-to-date healthcare records available in outpatients and clinics.

Standard 3.2

Service providers deliver care using service models designed for high quality, safe and reliable healthcare.

Criteria

- 3.2.1 Service providers clearly define their service model and openly communicate the scope, objectives and intended quality outcomes of their services.
- 3.2.2 Service providers deliver care using high quality, safe and reliable service models that have the required clinical services, meet legislative requirements and take into account best available evidence, national policies and local population health needs.
- 3.2.3 Services are provided to sufficient numbers of patients to maintain the skills and competence of clinical teams and to give clinical teams adequate experience of the management of complex and rare conditions and complications.
- 3.2.4 Service providers deliver sustainable healthcare services able to meet legislative requirements within available resources and recruit the necessary number of competent staff to deliver the defined service model.
- 3.2.5 Service providers have the appropriate clinical services and support arrangements, facilities and a sufficient number of competent staff and clinical teams to deliver their defined service model.
- 3.2.6 Services are effectively planned, managed and delivered to maintain the quality and safety of care when demand, service requirements, resources or capabilities change.
- 3.2.7 Service providers operate within their stated scope and purpose of care and proposed changes are communicated to relevant stakeholders and necessary approval is sought, where applicable.

Why is this important?

Healthcare is complex and cannot be effective if it is not well organised and managed. Services should be planned, configured and delivered based on best available evidence and information. Services must be clearly described, including the outcomes intended for people using the services. This is so that people using and delivering the service can be confident that the resources and capability of the service are being put to best use. When it is clear what a service does, and can do, the service avoids taking on things it cannot do effectively or safely.

Service providers need to plan and manage their activities to provide high quality, safe healthcare. Good planning within the service is helped by the use of evidence and guidance produced in Ireland and other countries. Services must be large enough for its teams to maintain and update their skills and knowledge by treating a sufficient number of cases each year.

What this means for you as a service user

- clear information is available to you regarding the services provided, the type of care and treatment which you can expect to receive and the range of needs that the service intends to meet
- the service works to provide your care based on the most up-to-date knowledge and what has been agreed nationally to be the best approach
- you can expect that you will only receive care which is within the organisation's scope of practice and expertise
- your experience of the service is what you would expect from a well-run organisation.

Illustrative examples of steps service providers may take towards meeting this standard

- service providers give clear publicly available information outlining the scope of their service, including the types of services provided (and not provided), the objectives of the service and anticipated outcomes
- service providers take full account of potential surges in demand by putting in place contingency and emergency plans
- service providers ensure that relevant stakeholders, such as regulatory bodies, are officially informed of proposed changes in the stated scope and purpose of care as this may be subject to an approval process under licensing requirements or specialist registration.

Standard 3.3

The quality of care is continuously monitored and improved.

Criteria

- 3.3.1 Service providers monitor and evaluate the quality and safety of the care they provide and its outcomes, using appropriate benchmarks and performance indicators.
- 3.3.2 Service providers act upon the findings from monitoring and evaluation to demonstrate learning and improve care. This includes, where necessary, discontinuing ineffective or unsafe care.
- 3.3.3 Service providers conduct local, targeted audits, which are in line with service requirements and priorities, and participate in national audits, and implement improvements based on the findings.
- 3.3.4 Service providers disseminate information and report publicly about the quality and safety of their care and their quality improvement programmes.
- 3.3.5 Service providers provide requested information to relevant agencies, including national statutory bodies, in line with relevant legislation and good practice.

Why is this important?

Monitoring the quality of care allows a service provider to know that the care it provides is effective, to know what is working, what is not and to act on that knowledge. Monitoring and reporting on the quality of care also allows service users to be confident that they will receive effective care.

Health services change over time, they cannot stand still. For a service to achieve and sustain the best outcomes, it needs to ensure that its changes are for the better and continuously seeks opportunities to improve.

What this means for you as a service user

- you can expect to benefit from high quality, safe healthcare delivered by an organisation that regularly checks how well it is performing, cooperates with monitoring programmes and participates in improvement activities
- you will be involved in providing feedback to the service regarding the quality of care which you received, so that the service can improve care for future service users.

Illustrative examples of steps service providers may take towards meeting this standard

- service providers monitor and evaluate the quality and safety of the care they provide using a variety of mechanisms, including satisfaction surveys, patient experience audits, 'walkabouts', benchmarking and performance indicators
- service providers participate in national audit as part of national audit programmes and also develop and conduct local audits based on their service requirements and areas identified as priorities for the service users and service providers.

Standard 3.4

Care is actively coordinated and integrated within and between services.

Criteria

- 3.4.1 Service providers actively coordinate the provision of care in partnership with service users, in particular when care is provided by more than one service provider.
- 3.4.2 Service providers actively cooperate with each other, in particular when service users are transferring within and between services.
- 3.4.3 Service providers share necessary information to facilitate the transfer or sharing of care in a timely and appropriate manner.
- 3.4.4 An identified lead practitioner is accountable and responsible for the coordination of care during an episode of care.

Why is this important?

Continuity of care is important for each service user to ensure that no one, and no part of their treatment, falls through gaps in the provision of services. Service providers should actively coordinate and integrate the delivery of healthcare within their service and with other service providers to maintain this continuity of care.

What this means for you as a service user

- where more than one provider, service, team or individual is involved, or where you are moved between services, including where your care is transferred to another service, you can expect to receive safe and coordinated care, treatment and support
- you can expect all people involved in your care to be working together, cooperating with each other and exchanging information to ensure that you receive the best possible care
- information on your needs will be readily available at each point of clinical decision making and transferred to any other provider, service, team or individual involved in your care to make sure that you receive safe and coordinated care, treatment and support

Illustrative examples of steps service providers may take towards meeting this standard

- the service provider is in regular contact and shares information with other providers to make sure that service users receive coordinated and continuous care, for example between acute hospital and a primary care team
- the service provider clearly communicates to service users who the lead practitioner responsible and accountable for their care is and how they can best contact them.

Standard 3.5

Care achieves best possible clinical outcomes for service users.

Criteria

- 3.5.1 Service providers deliver clinical care that reflects best available evidence, according to agreed national clinical guidelines, protocols and pathways.
- 3.5.2 Service providers deliver clinical care according to locally agreed protocols and pathways that are clearly described, based on evidence and needs-specific.
- 3.5.3 Service providers monitor and evaluate their clinical performance by conducting regular clinical audits in accordance with national guidelines and good practice, and implement improvements based on the findings of these audits.
- 3.5.4 Service providers implement and act on the findings of an annual clinical audit forward plan which is in line with service requirements and priorities. This plan is reported against, and monitored by, the clinical governance arrangements of the service, and includes local audits and participation in national audits.

Why is this important?

Achieving the best possible outcomes for service users is the key priority for any health service.

The care that is most likely to achieve the best possible outcomes is care that has been tried and shown to work. For many conditions evidence exists about what types of medicine, care or treatment work. Guidelines, pathways and protocols draw this evidence together and provide an efficient and effective way of ensuring practice is based on evidence and is of consistently high quality.

Clinical audit is the principal method used to monitor clinical quality and provides a mechanism for identifying opportunities for improvement.

What this means for you as a service user

- the service is centred on achieving the best health outcomes for you
- you can expect to receive care that is based on what is known to work best
- the service evaluates the outcomes of your care so that it can make any changes that will improve the care provided by the service.

Illustrative examples of steps service providers may take towards meeting this standard

- the delivery of clinical care is supported by the best available evidence and nationally agreed guidelines, if available
- the service provider has appropriate processes in place to monitor and evaluate their clinical outcomes
- clinical audits are undertaken by service providers and if the best possible outcomes are not achieved, the service providers take action by revising practices and amending care pathways.

Theme 4: Safe Care



What is safe care?

The provision of healthcare includes some element of risk. Providing safe care means that service providers take steps to proactively identify and minimise these risks. Safe care also involves the promotion of a culture of safety and making evidence-based decisions to maximise the health outcomes for service users. It includes taking steps to promote reliability, reduce variation in the care provided and minimise harm to service users. In the event that adverse events do occur, service providers should ensure that their service learns from such events to reduce the likelihood of them reoccurring.

Why is this important?

It is important that people who use the service are as safe as they can be and that risks are minimised. A service focused on safe care is continually looking for ways to be more reliable, reduce variation and to improve the safety of the care it delivers. It actively engages in initiatives to improve safety and minimise risk to service users. It learns from previous adverse events that have occurred and puts measures in place to prevent them happening again.

Standard 4.1

Service providers protect the safety, health and welfare of service users.**Criteria**

- 4.1.1 Service providers actively support and promote a culture of quality and safety including patient safety.
- 4.1.2 Leaders at all levels, including clinical leaders, are responsible for demonstrating and embedding a culture of quality and safety including patient safety.
- 4.1.3 Service providers develop, implement, evaluate and publicly report on a formal patient-safety improvement programme, as part of an overall quality improvement programme.
- 4.1.4 Service providers actively develop, implement and monitor the impact of annual patient-safety improvement programmes which are based on assessed local priorities and national initiatives incorporating specific evidence based interventions.
- 4.1.5 Service providers plan, organise and deliver services, including the care environment, to protect the health and welfare of service users and staff.
- 4.1.6 Service providers minimise the risk to service users of abuse from service providers and other service users, including physical or psychological ill-treatment, theft, misuse or misappropriation of money or property, sexual abuse, neglect and acts of omission which cause harm or place at risk of harm, while receiving care.
- 4.1.7 Service providers obtain informed consent from service users and act in accordance with it in providing care and treatment.
- 4.1.8 Service providers develop, implement and monitor relevant programmes to maximise the safety and quality of core care processes. These core care processes should include:
 - protection of children and vulnerable adults from abuse
 - continuity of care, including transfers between and within service providers
 - prevention and control of healthcare associated infections
 - medication management, including safe prescribing and reconciliation
 - haemovigilance
 - tissue viability management
 - nutritional care (in particular for inpatient/residential services)
 - equipment and medical devices management
 - falls prevention
 - healthcare records and information management
 - end-of-life care.

Why is this important?

A safe service means that service providers do everything they can to safeguard service users and to ensure that service users receive care that is safe.

Patient safety is part of everybody's job in health services. An effective governance structure enables a service to focus on patient safety. A service that focuses on safe care is constantly looking at the service that it provides and how it can deliver safer care and promote a culture of safety. It identifies and focuses on specific initiatives or interventions that can help to make care safer for service users and communicates these in an annual programme of patient safety.

A service that focuses on safe care implements these patient safety initiatives and then evaluates them, to determine how they have made care safer for service users. It disseminates information on its experiences of implementing such initiatives publicly in order to improve patient safety and promote learning within the service and the health system at large.

What this means for you as a service user

- the service is not just reacting when things go wrong - it is actively looking for ways to make its care provision safer
- the service learns from organisations such as the World Health Organization about the best ways of keeping users safe
- information about patient safety is available to you
- the service will make sure they give you safe, effective care and protect you from the risk of abuse
- if you are staying overnight in a service, the service provider will make sure you have enough fluids and nutritious food.

Illustrative examples of steps service providers may take towards meeting this standard

- service providers develop and implement patient safety improvement programmes tailored to the size and scope of the service. For example, an acute care hospital and community care services can establish medication safety and falls prevention programmes that reflect best available evidence
- the physical environment, for example an ambulances or ward area, in which care is delivered is clean so that the risk of healthcare associated infections is minimised
- service providers have protocols and policies in place that aim to protect children and vulnerable adults
- service providers manage the processes that are core to the delivery of high quality, safe care, including medication management, by using best available evidence.

Standard 4.2

Service providers plan and deliver services to minimise risks to service users associated with the delivery of care.

Criteria

- 4.2.1 Service providers safeguard service users by proactively identifying, managing and minimising the risks associated with the design and delivery of services and implement the consequent improvements.
- 4.2.2 Service providers have arrangements in place to identify, manage and respond to patient safety incidents to minimise their effects.
- 4.2.3 Service providers effectively document, report on and respond to patient safety incidents in a timely manner and in line with national legislation, policy, guidelines and guidance. These patient safety incidents include:
- serious reportable events
 - adverse events
 - near misses
 - no harm events.
- 4.2.4 Service providers monitor, analyse and trend and respond to patient safety information including patient safety incidents and ensure that lessons are learnt and disseminated.
- 4.2.5 Service users are informed as soon as practicable after an adverse event affecting them has occurred or becomes known and they are actively informed at all further stages.
- 4.2.6 Leaders at all levels facilitate a culture of quality and safety which includes 'open communication' with service users, and where applicable their families and carers, following an adverse event.
- 4.2.7 Service users are supported by the service provider following an adverse event and they are informed of and receive information on support services, including independent patient advocacy services, and how to access them.
- 4.2.8 Service providers actively promote learning both internally and externally to the service to minimise the risk of patient safety incidents from reoccurring.

Why is this important?

Healthcare delivery is multifaceted and complex, centred around service users' needs and involving many different people delivering many different interventions, steps and processes. There is the potential for things to go wrong at different steps in the delivery of care.

A patient safety incident is an event or circumstance that could have resulted, or did result, in unnecessary harm to a patient.

Identifying potential risks or areas where things can go wrong enable service providers to put steps in place to prevent the possibility of such events occurring. Identifying risks and putting steps or strategies in place to prevent them does not mean that they will never occur but it means that the potential for things to go wrong has been minimised. Therefore, it is important that service providers collect information about patient safety incidents that occur, that they have processes in place to respond to patient safety incidents, that they actively learn from the incidents and implement changes to minimise the risk of reoccurrence.

It is particularly important that, if things do go wrong and a service user is harmed, service providers manage the adverse event in order to minimise the impact of the harm on the service users. Open communication about what has happened with service users, and support for them, their families and carers following an adverse event is crucially important to facilitate learning following such events.

What this means for you as a service user

- no healthcare is completely free from risk but the service is doing all it can to stop anything going wrong in your care
- if things do go wrong, the service learns and makes changes so the same thing does not happen again. The service also learns from things that have gone wrong elsewhere
- if something does go wrong in your care, the service will be open and honest with you about it as soon as practicable after the event has been identified.

Illustrative examples of steps service providers may take towards meeting this standard

- service providers identify, and respond to patient safety incidents promptly and in accordance with national guidance. The service user is informed as soon as practicable and then supported throughout the process of response and the review of why the event happened
- a patient-safety incident is reported to the appropriate body depending on the seriousness and type of incident and guided by national guidance and policy. For serious reportable events such as wrong site surgery, death or serious injury associated with medication management, the incident is reported to an identified national body.

Theme 5: Workforce



What is workforce?

The workforce consists of the people who work in, for, or with the service provider, including staff members. To provide high quality, safe healthcare and to improve it on an ongoing basis requires a skilled, knowledgeable and competent workforce.

Why is this important?

The quality and safety of healthcare depends on the people who deliver it. Therefore, the workforce should have, maintain and continuously develop the knowledge, skills, attitudes and behaviours to provide safe and high quality care.

Standard 5.1

Service providers plan, organise and manage their workforce to achieve their objectives for high quality, safe healthcare.

Criteria

- 5.1.1 Service providers plan, configure and manage their workforce to deliver high quality, safe healthcare. In planning, configuring and managing their workforce service providers take the following into account:
- needs assessment of service users
 - skill-mix requirements
 - the time and resources needed to provide care
 - the size, complexity and specialties of the service
 - national and international evidence-based practice, policy and guidelines
 - risk analysis
 - resources available
 - changes in workload.
- 5.1.2 Service providers facilitate multidisciplinary team-working to deliver integrated and coordinated care.

Why is this important?

In order to ensure the delivery of high quality, safe healthcare, it is essential that a service has a sufficient number of suitably qualified and competent individuals. In order to meet the changing needs of service users being cared for, service providers must configure the workforce so that the skill mix within the workforce enables the provision of safe, high quality care. Service providers should work in partnership with the workforce in order to achieve their objectives.

What this means for you as a service user

- you can expect that at all times staff caring for you are sufficiently qualified, skilled and experienced to meet your care requirements.

Illustrative examples of steps service providers may take towards meeting this standard

- service providers plan and organise their workforce and its make up to make sure that service users receive care that is safe and of consistently high quality
- clinicians work together as part of multidisciplinary teams to deliver integrated and coordinated care
- service providers have contingency plans in place, for example community and primary care clinics have contingency plans to ensure that essential care is provided when staff are absent.

Standard 5.2

Service providers recruit people with the required competencies to provide high quality and safe care.

Criteria

- 5.2.1 Service providers ensure that the workforce have the required experience, registration (where relevant), credentials and competencies to deliver high quality, safe care.
- 5.2.2 Service providers select, recruit and manage the workforce in accordance with legislation and informed by evidence-based human resource practices.
- 5.2.3 Service providers provide a formal mandatory induction programme for their workforce, including a module on patient safety and team working.

Why is this important?

The workforce is integral to the delivery of a high quality and safe service. By implementing effective human resource policies and procedures, a service can ensure that members of the workforce have the required skills, qualifications and experience to undertake their role.

Service users need to be confident that the care they receive is delivered by skilled, knowledgeable, qualified and competent people.

What this means for you as a service user

- you can expect that the healthcare you receive is provided by appropriately skilled and competent staff
- all staff providing your care have been recruited following effective recruitment procedures to ensure that they have the required qualification, skills, abilities and experience necessary to perform the work and are registered with the relevant professional body, where this is required.

Illustrative examples of steps service providers may take towards meeting this standard

- service providers manage their staff, using up-to-date, evidence-based human resource practices such as staff engagement, competency development and workforce planning
- service providers provide induction training for their workforce and ensure that all staff undertake this training.

Standard 5.3

The workforce have and maintain the competencies required to deliver high quality and safe care.

Criteria

- 5.3.1 Service providers facilitate each member of the workforce in maintaining and improving their skills, knowledge and competencies to fulfil their roles and responsibilities in delivering high quality and safe care.
- 5.3.2 Service providers facilitate members of the workforce to maintain the relevant professional registration requirements.
- 5.3.3 Service providers regularly review the development needs of their workforce to deliver high quality and safe care and take appropriate action to address any identified gaps.
- 5.3.4 Service providers have in place an education and development programme that enables their workforce to deliver high quality and safe care. This programme includes clear programme objectives, with a specific focus on patient safety and team working.
- 5.3.5 Service providers supervise, monitor and review the provision of care to ensure all members of the workforce work within the boundaries of their skills and experience.
- 5.3.6 Service providers facilitate members of the workforce to seek support or advice, including seeking advice from decision makers and senior team members.
- 5.3.7 The workforce has the skills, attitudes and behaviours to work as part of a multidisciplinary team in order to deliver safe and integrated care within and between services.
- 5.3.8 Each member of the workforce adheres to a code of governance with a code of conduct and behaviour which promotes the achievement of high quality and safe care. This code includes guidance on advocacy, ethics, probity, patient safety, respect and consideration and managing complaints.

Why is this important?

All aspects of healthcare provision change and develop over time and therefore the workforce needs to update and maintain their knowledge and skills continuously. This applies where the staff are directly employed or in a contractual arrangement. Keeping the skills and knowledge of the workforce up-to-date requires not only the right courses and programmes for the right staff members, but also less formal on-the-job training, guidance, support and advice.

What this means for you as a service user

- you can expect that everyone involved in providing your healthcare receives appropriate training, professional development, supervision and appraisal so that they provide you with high quality, safe healthcare
- you can expect that the members of the workforce providing your care have their qualifications, knowledge and skills updated on a regular basis.

Illustrative examples of steps service providers may take towards meeting this standard

- service providers put in place arrangements to monitor, review and support their workforce. Members of the workforce have an individual learning and development plan, which identifies the individual and organisational needs and sets out how to achieve them
- service providers support their workforce in their continuing professional development
- service providers have in place a code of governance, which includes a code of conduct for their workforce. All members of the workforce are aware of and adhere to this code.

Standard 5.4

Service providers support their workforce in delivering high quality, safe care.

Criteria

- 5.4.1 Service providers support and promote a culture that values, respects, actively listens and responds to the views and feedback of the workforce.
- 5.4.2 Service providers monitor, manage and develop the performance of their workforce, at individual and team level, and take action to address identified areas for improvement.
- 5.4.3 Service providers maintain a working environment that supports and protects the workforce in delivering care. This includes taking measures to minimise the risk of violence, bullying and harassment by other staff or people using the services.
- 5.4.4 Service providers inform the relevant professional body where they consider that the performance or conduct of a professional may be below the requirements of the professional body.

Why is this important?

People need supervision and feedback to be sure they are doing a good job and getting the right training and support. The service provider should be able to assure the public, service users and their workforce that everyone working in the service is doing their job as well as it can be done.

What this means for you as a service user

- everyone involved in the provision of your care is doing their job professionally and competently
- the people who work in the service are supported in the delivery of high quality, safe care
- service providers identify concerns about the performance of a member of the workforce promptly and necessary actions are taken to protect service users.

Illustrative examples of steps service providers may take towards meeting this standard

- service providers encourage members of the workforce to provide feedback and identify opportunities for improvement
- service providers provide a working environment that supports their workforce, for example, by providing policies including policies on retention, access to occupational support and dignity and respect at work
- service providers have policies and procedures in place to minimise the risk of members of their workforce being subjected to violence, harassment and bullying by other staff or people using the services
- the performance of members of the workforce is managed and improved through a performance management and development system.

Theme 6: Use of Resources



What is use of resources?

Healthcare requires financial, human, physical and natural resources. In most settings, staff costs make up the vast majority of expenditure. People therefore are both healthcare's most important asset and largest cost. The cost of consumables such as drugs and disposable products is another, often significant, aspect of healthcare budgets and the physical assets of healthcare providers such as buildings and equipment frequently represent extensive investments. The day-to-day and longer-term use of these resources plays a major role in achieving high quality, safe and equitable healthcare. Service providers need to comply with relevant financial and corporate legislation, policies and guidelines.

Why is this important?

Decisions about how resources are used will have a fundamental impact on the quality and safety of services. In many communities, healthcare providers are among the largest employers of people, the biggest purchasers and users of goods and services, the most consumptive of natural resources such as water and energy and the largest producers of waste. In most countries, the demand for healthcare resources is increasing – driven by changes such as ageing populations and advances in medical science and technology.

Whether publicly or privately funded, resources for healthcare are finite - and the effective, responsible stewardship of resources, including deciding how they are allocated, is a fundamental success factor in delivering high quality, safe and reliable healthcare. Healthcare providers experiencing financial pressures are at risk of compromising quality and safety unless their financial decisions are fully integrated with quality and safety decisions.

Taken together this means the quality and safety of healthcare is intrinsically linked to how the use of resources is planned, managed and delivered.

Standard 6.1

Service providers plan and manage the use of resources to achieve quality and safety efficiently and sustainably.

Criteria

- 6.1.1 Service providers effectively and efficiently allocate their available resources, including human resources, to achieve their objectives for quality and safety using clear financial and capital plans.
- 6.1.2 Service providers regularly assess the potential impact of their financial performance on the quality and safety of service provision.
- 6.1.3 Service providers consider explicitly the quality and safety implications of financial decisions and undertake a risk assessment of such decisions, taking account of clinical and service users' views.
- 6.1.4 Service providers plan and manage their physical assets based on analysis of what is needed to deliver their objectives for quality and safety.
- 6.1.5 Service providers delivering publicly-funded healthcare plan and manage the use of resources to achieve their objectives in line with national policies.

Why is this important?

Delivering healthcare requires human, physical and financial resources. Good planning and management will ensure that these resources are used efficiently, waste is minimised and resources are directed where they are needed to optimise the provision of high quality, safe healthcare.

The way resources are used affects the quality, safety and sustainability of services, and decisions and choices made by those responsible for them must be informed, rational and accountable. For publicly-funded services, the way such decisions are made must be well understood by staff and transparent to service users and the public.

In driving for greater efficiency, the service must maintain the quality of the care it provides and in driving for high quality care, the service cannot deploy resources it does not have, nor deploy them without regard to the needs of other parts of the service.

The physical assets of health services not only define the environment in which services are delivered to service users, but also cost money to maintain and run. In addition, the configuration of physical resources can impact significantly on the provision of high quality, safe care. This means healthcare services need to manage carefully and proactively their physical resources to ensure they are fit for the purpose for which they are intended.

What this means for you as a service user

- you can be confident that the service provider is able to meet the financial demands of providing high quality, safe healthcare
- you can be confident that the service is making the best use of its resources in caring for you
- your care is efficient, as well as safe and of high quality.

Illustrative examples of steps service providers may take towards meeting this standard

- service providers make the best use of resources through regular planning and review of their available resources. They regularly consider their financial performance (such as their budget position) alongside quality indicators such as waiting times or length of stay for inpatients
- when service providers have to make savings to their allocated budget, they consider the potential implications for quality and safety of care.

Standard 6.2

Service providers have effective arrangements in place to deliver the best possible quality and safety for the money spent.

Criteria

- 6.2.1 Service providers plan, design, develop and maintain their resources to deliver value for money.
- 6.2.2 Service providers regularly review and assess the efficiency and cost-effectiveness of services and technologies using best available evidence in order to maximise quality and safety and to inform investment and disinvestment decisions.
- 6.2.3 Service providers delivering publicly funded healthcare have transparent and effective decision making arrangements for the use of resources.
- 6.2.4 Service providers delivering publicly funded healthcare actively promote individual and collective responsibility for resource management and raise awareness within their workforce of the resource consequences of delivering services.
- 6.2.5 Service providers delivering publicly funded healthcare procure external goods and services which deliver the best possible outcomes for the money spent.
- 6.2.6 Service providers actively manage the use of natural resources to reduce the impact on the environment through setting targets and implementing plans to achieve these.

Why is this important?

A well run service knows how it is using resources, and, as new evidence and technologies emerge, continuously seeks opportunities to provide better care for equal or fewer resources. This may involve making informed investment and disinvestment decisions as appropriate. At times it may be possible to provide the same treatment for lower cost, or to provide a different, less costly, treatment that produces equally good (or better) outcomes.

Health services can be highly consumptive of natural resources such as energy and water - they may also produce high levels of waste of varying levels of hazard. In many communities, health services will be among the biggest users of natural resources and producers of waste. This places a high responsibility on those providing health services to have active plans aimed at reducing the environmental impact of their activities both for the benefit of the environment and to ensure the most efficient use of resources available.

What this means for you as a service user

- the health service you use makes best use of natural resources
- you can expect that service providers take steps to identify and reduce any waste of resources
- the care you receive is provided by a service that has resources in place to provide care safely within clearly defined scope and objectives.

Illustrative examples of steps service providers may take towards meeting this standard

- the findings from cost effectiveness and productivity reviews are used to improve the quality and safety of care, for example through service innovation, active efficiency programmes or re-design of services
- service providers raise awareness amongst their workforce of the costs of healthcare delivery and staff members' personal responsibility to deliver care as efficiently as possible.

Theme 7: Use of Information



What is use of information?

High quality, safe and reliable healthcare is informed by and uses all types of information. Information is needed for designing, delivering and improving healthcare.

The use and management of information means taking raw data (facts and statistics before they have been organised or put in context) and turning them into information that can be used intelligently in practice.

Use of information includes the collection and reporting of data (ensuring its reliability and validity) and converting it into information that can be used effectively and efficiently. Managing information also means managing the technology required to gather and process data and information, including the software and hardware.

Why is this important?

Service providers need to manage personal information in a sensitive and responsible manner.

Quality information needs to be used as a valuable resource³ to support the achievement of high quality, safe healthcare. Service providers need quality data and information to plan services as a whole, to know where they are using their resources and to make sure each treatment is safe and grounded in evidence.

In order for information to be put to good use, people need to be able to trust it. Service providers need to put systems in place to make sure that data collected is of high quality (accurate, complete, valid, timely, reliable and relevant).

³ *Quality information is information that is accurate, valid, reliable, timely, complete and relevant*

Standard 7.1

Service providers actively collect, manage and use quality information as a resource in delivering and improving the quality and safety of healthcare.

Criteria

- 7.1.1 Service providers protect the security, privacy and confidentiality of personal health information and the right of service users to access their own records.
- 7.1.2 Service providers ensure that healthcare records and information, both in paper and electronic format, are of a high quality. In particular this includes information that is up-to-date, accurate, easily accessible at all times, relevant, comprehensive and legible.
- 7.1.3 Service providers ensure necessary information is shared between and within services to facilitate the delivery of high quality, safe care.
- 7.1.4 Service providers ensure service users are identified uniquely to avoid duplication and misidentification.
- 7.1.5 Service providers make decisions based on quality information, that supports effective:
 - delivery of care
 - strategic planning, including an assessment of the needs of the population served
 - performance monitoring and audit
 - use of resources.
- 7.1.6 Service providers manage data and information, including healthcare records, reflecting best available evidence and in line with legislation, national health information standards and nationally agreed definitions, where they exist.
- 7.1.7 Service providers monitor and evaluate the effectiveness of their information management arrangements and take steps to address any identified areas for improvement.

Why is this important?

The appropriate management and use of information supports healthcare providers in providing care that is grounded in evidence. In order to make informed decisions, best practice information and information to support decision making need to be available at the point of clinical decision making.

It is important that service users and providers can trust the data collected and used for planning and delivering services to ensure high quality, safe healthcare. In order to avoid duplication of records and misidentification of patients it is important that service providers can uniquely identify individual patients.

What this means for you as a service user

- the service uses information to make better decisions about your care
- personal information about you is kept securely and safely
- you can access your own personal records and information
- relevant and necessary information about you is shared within the service and with other service providers to ensure high quality, safe healthcare
- information used by service providers is relevant to the continuing safe delivery of healthcare.

Illustrative examples of steps service providers may take towards meeting this standard

- service providers make sure that their healthcare records contain core information about each service user, are up-to-date, accurate, easily accessible, secure, comprehensive and legible at all times.

Theme 8: Promoting Better Health



What is promoting better health?

Promoting better health means supporting people to make healthy choices. For service providers this includes working in partnership with people to support them in taking steps that lead to better health, such as giving up smoking or taking more exercise.

It also includes working with people to prevent and control major chronic diseases and the factors that cause them (for instance cancer, cardiovascular disease), prevention of illness (for instance by vaccination and immunisation) and early intervention (for instance through screening programmes).

Why is this important?

When service users attend a healthcare service, they are often more receptive to health promotion messages in relation to their lifestyle choices. Promoting better health enables people to increase control over their own health and the factors that influence it and thereby improve their health.

By working in partnership with the community served, providers can help to reduce health inequalities by focusing on those conditions which have the greatest effect on the population served.

Standard 8.1

Service providers promote, protect and improve the health of service users.

Criteria

- 8.1.1 Service providers, in partnership with service users, identify and take opportunities to promote better health while delivering care.
- 8.1.2 Service providers actively promote and support a culture of quality and safety including promoting better health and take measures to embed this culture.
- 8.1.3 Service providers actively develop and deliver programmes or initiatives to promote better health, in line with their objectives and in partnership with service users. These are proportionate to the context, nature and scale of services provided and take account of national policies, stakeholders' views, the needs of the population served and the best evidence and resources available.
- 8.1.4 Service providers actively identify the health priorities of service users and develop initiatives to minimise inequalities in health outcomes.
- 8.1.5 Service providers actively collaborate and work in partnership with each other, with national agencies and with non-healthcare organisations (where appropriate) to promote the health of service users.

Why is this important?

Promoting better health is a core activity of any service provider. A service that is focussed on promoting better health is one which is constantly looking for ways and opportunities to maintain and improve the health of the population served. It identifies and focuses on specific initiatives or interventions that promote healthy choices, prevent ill health, intervene early to prevent deterioration and support service users in improving their own wellbeing.

The service provider plans and communicates these initiatives and interventions. It implements and then evaluates these plans to identify whether they have made a difference to the health of the population served. It disseminates publicly information on promoting better health initiatives and encourage learning within the service and the health system at large.

What this means for you as a service user

- you can expect that you will receive advice, information, education and support to improve your control over your own health
- you are given information and support to enable you to make choices for a healthier lifestyle
- the service's health promotion activity is relevant to you because it has been planned for by the service provider's leaders and managers with input from service users.

Illustrative examples of steps service providers may take towards meeting this standard

- service providers take every interaction with service users as an opportunity to work in partnership with them to promote better health. For example, patients attending outpatients or primary care clinics for management of their chronic condition are offered information on the causes and the contributing factors in the development of this disease
- service providers work with other agencies including local authorities and education authorities to promote better health. For example, programmes and initiatives for preventing obesity can be developed and implemented with input from local schools, local authorities, local primary care teams and local hospitals.

Appendix 1

Membership of the Standards Advisory Group

Paul Armstrong	Forum of Irish Postgraduate Training Bodies – ICGP
Mary Boyd	Irish Association of Directors of Nursing and Midwifery (joined April 2010)
Margaret Brennan	Health Service Executive
Fergus Clancy	Independent Hospital Association of Ireland
Philip Crowley	Department of Health and Children
Brian Conlan	Dublin Academic Teaching Hospitals
Joe Devlin	Health Service Executive
Eugene Donoghue	Health and Social Care Regulatory Forum
Debbie Dunne	Clinical Indemnity Scheme (deputising for Ailis Quinlan)
Patricia Gilheaney	Mental Health Commission
Tom Gorey	Forum of Irish Postgraduate Training Bodies- Surgeons
Ginny Hanrahan	The Health and Social Care Professionals’ Council (resigned January 2010)
Paul Kavanagh	Health Service Executive (resigned May 2010)
Leo Kearns	Forum of Irish Postgraduate Training Bodies
Thomas Kearns	Health and Social Care Regulatory Forum (deputising for Eugene Donoghue)
Ken Lowry	Forum of Irish Postgraduate Training Bodies - Anaesthetists
Deirdre Madden	Faculty of Law, University College Cork
Pat McCreanor	Pre Hospital Emergency Care (joined April 2010)
Jeanne Moriarty	Forum of Irish Postgraduate Training Bodies (deputising for Ken Lowry)
Stephen Mulvany	Health Service Executive
Margaret Murphy	WHO Patients for Patient Safety Programme
Muireann Ni Chroninin	Forum of Irish Postgraduate Training Bodies - Paediatricians
Ailis Ni Rian	Forum of Irish Postgraduate Training Bodies - ICGP (deputising for Paul Armstrong)
Irene O’Connor	Irish Association of Directors of Nursing and Midwifery
Lisa O’Farrell	Mental Health Commission (deputising for Patricia Gilheaney)
Kieran O’Leary	Diabetes Federation of Ireland
Ailis Quinlan	Clinical Indemnity Scheme
Geraldine Regan	Health Management Institute of Ireland
Jim Reilly	Patient Focus
Kieran Ryan	Forum of Irish Postgraduate Training Bodies - Surgeons (deputising for Tom Gorey)
Winifred Ryan	Health Service Executive (joined April, 2010, replacing Paul Kavanagh)

Glossary of Terms

Abuse: A single or repeated act or lack of appropriate action occurring within any relationship where there is an expectation of trust, which causes harm or distress to a person or violates their human or civil rights.

Accountability: Being answerable to another person or organisation for decisions, behaviour and the consequences.

Adverse event: An incident which results in harm to a patient. See also 'Near Miss Incident', 'No Harm Event', 'Patient Safety Incident', and 'Serious Reportable Event'.

Advocacy: The practice of an individual acting independently of the service provider, on behalf of, and in the interests of a service user, who may feel unable to represent themselves, including taking action to help people say what they want, secure their rights and represent their interests.

Needs assessment: Systematic identification of a population's needs or the assessment of individuals to determine the proper level of services needed.

Healthcare Audit: The assessment of performance against any requirements in a healthcare organisation. These requirements include clinical and non clinical criteria.

Benchmark: A continuous process of measuring and comparing care and services with similar service providers.

Best available evidence: The consistent and systematic identification, evaluation and selection of data and information to evaluate options and make decisions in relation to a specific clinical question.

Case mix: the types of patients and complexity of the patients' conditions treated by a healthcare service, including diagnosis, treatments given and resources required for care.

Clinical audit: Clinical audit is a clinically led improvement process that seeks to improve patient care and outcomes through systematic review of care against explicit requirements, acting to improve care when requirements are not met and continuously monitoring and evaluating action plans.

Clinical governance: A system through which service providers are accountable for continuously improving the quality of their clinical practice and safeguarding high standards of care by creating an environment in which excellence in clinical care will flourish.

Clinical guidelines: Systematically developed statements to assist clinicians and service users decisions about appropriate health care for specific circumstances.

Clinician: A health professional engaged in the clinical care of service users, for example, a doctor or nurse.

Competency: The knowledge, skills, abilities, behaviours and expertise sufficient to be able to perform a particular task and activity.

Complaint: An expression of dissatisfaction with any aspect of service provision.

Confidential information: Information or data which is not publicly available and has limits set on those who can access, use, disclose and distribute it.

Criteria: Measures which, taken together, will enable progress towards achieving the standard. See also 'Standard'.

Culture: The shared attitudes, beliefs and values that define a group or groups of people and shape and influence perceptions and behaviours.

Data: Numbers, symbols, words, images, graphics that have yet to be organised or analysed.

Decision makers: Those with the authority and responsibility to choose between two or more courses of action.

Effective: A measure of the extent to which a specific intervention, procedure, treatment, or service, when delivered, does what it is intended to do for a specified population.

Efficient: Bringing resources together to achieve optimal results with minimal waste.

Episode of care: A period of care for a specific medical problem or condition. It may be continuous or it may consist of a series of intervals marked by one or more brief separations. An episode of care is initiated with an initial assessment and acceptance by the organisation and is usually completed with discharge or appropriate referral.

Evaluation: A formal process to determine the extent to which the planned or desired outcomes of an intervention are achieved.

Evidence: Data and information used to make decisions. Evidence can be derived from research, experiential learning, indicator data and evaluations. Evidence is used in a systematic way to evaluate options and make decisions.

Evidence-based practice: The practice of using current best available clinical evidence and individual clinical expertise or judgment to make decisions about the care of individual patients.

Governance: The function of determining the organisation's direction, setting objectives and developing policy to guide the organisation in achieving its objectives and stated purpose.

Guidance: Examples of steps service providers can take to meet the standards.

Guidelines: See 'clinical guidelines'

Haemovigilance: System of monitoring and control of the use of blood products.

Health: the state of complete physical, mental and social well being and not merely the absence of disease or infirmity.

Healthcare: Services received by individuals or communities to promote, maintain, monitor or restore health.

Health information: Information, recorded in any form or medium, which is created or communicated by an organisation or individual relating to the past, present or future, healthcare of an individual or group of individuals. It also includes information relating to the management of the health and social care system.

Healthcare associated infections: Infections that are acquired as a result of healthcare interventions.

Information: Information is data that has been processed or analysed to produce something useful.

Informed consent: Voluntary authorisation by a service user with full comprehension of the risks and benefits involved for diagnostic or investigative procedures and for medical and surgical treatment.

Leadership: The process of examining an organisation or service and defining a vision for the future and bringing about that vision by changing the behaviour, attitudes and ways of working of those working in the organisation or service.

Healthcare licensing system: The mandatory process by which a governmental authority grants permission to a healthcare organisation to operate.

Monitoring: Systematic process of gathering information and tracking change over time. Monitoring provides a verification of progress towards achievement of objectives and goals.

Multidisciplinary working: A group of people from various disciplines who work as part of a team. Ideally members of a multidisciplinary team share expertise in order to deliver a holistic service.

Near miss incident: A patient safety incident which did not cause harm (e.g. a unit of blood being connected to the wrong service user's intravenous line, but the error was detected before the infusion started). See also 'Adverse Event', 'No Harm Event', 'Patient Safety Incident', and 'Serious Reportable Event'.

No harm event: A patient safety incident in which an event reached a service user, but results in no harm to the service user. See also 'Adverse event', 'Near miss incident', 'Patient safety incident', and 'Serious reportable Event'.

Patient safety incident: An event or circumstance which could have resulted, or did result, in unnecessary harm to a patient. Patient safety incidents may result from intended and unintended acts. See also 'Adverse event', 'Near miss incident', 'No harm event' and 'Serious reportable event'.

Performance indicators: Specific and measurable elements of practice that can be used to assess quality of care; quantitative measures of structures, processes or outcomes that may be correlated with the quality of care delivered.

Point of clinical decision making: The physical location at which the service user receives healthcare or interacts with a healthcare provider.

Policy: A written operational statement of intent which helps staff make sound decisions and take actions that are legal, consistent with the aims of the service provider, and in the best interests of service users.

Procedure: A written set of instructions that describe the approved steps to be taken to fulfil a policy.

Protocol: A written series of steps describing how to carry out an episode of care or treatment, usually including a list of required equipment and instruments, precautions and follow up.

Quality in healthcare: The degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge.

Regulation: A sustained and focused control exercised by a public agency over activities that are valued by a community.

Reliable healthcare: A reliable health service consistently performs its intended function in the required time under normal circumstances

Risk: The likelihood of an adverse event or outcome. For service providers this may relate to the health and wellbeing of service users, staff and visitors.

Risk management: The systematic identification, evaluation and management of risk. A continuous process with the aim of reducing risk to an organisation and individuals.

Serious reportable event: An incident that is designated as reportable to a specific national agency in order to promote systematic learning and improvement in healthcare safety. See also 'Adverse event', 'Near miss incident', 'No harm event' and 'Patient safety incident'.

Service provider: A person or organisation that provide services.

Service user: Users of healthcare services, this includes patients, carers, family and representatives where applicable.

Service: Anywhere health or social care is provided. Examples include but are not limited to: acute hospitals, community hospitals, nursing homes/hospitals, district hospitals, health centres, dental clinics, childcare residential services, GP surgeries, home care, etc. Service includes any facilities, services or provision delivered on behalf of the service.

Skill mix: The combination of skills needed in the workforce to accomplish the specific tasks or perform the given functions required for safe high quality care. The skill mix may be shared among one or more staff members, posts or occupational groups.

Stakeholder: A person, group or organisation who affects or can be affected by the actions of or has an interest in the services provided.

Standard: A statement which describes the high level outcome required to contribute to quality and safety.

Strategy: A plan of action designed to achieve a particular objective.

Tissue viability management: The prevention, assessment and treatment of pressure ulcers or “bed sores.”

Workforce: The people who work in, for or with the service provider. This includes staff and management that are employed, self-employed, visiting, temporary, volunteers, contracted or anyone who is responsible or accountable to the organisation when providing a service to the service user.

Note on Selected Bibliography

The selected bibliography is available from www.hiqa.ie

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