

## Photocall



*Pictured are Martin O'Halloran, CEO of the Health and Safety Authority and our Chief Executive Phelim Quinn at the signing of an updated Memorandum of Understanding between both organisations.*

## Message from our CEO, Phelim Quinn

As we embark on 2016, I want to say a huge thank you to all who took time to contribute to the development of our Corporate Plan for the next three years, which we have now finalised and submitted to the Minister for Health.

Ultimately, the plan's aim is that HIQA — through its range of functions and interventions — has a significant role to play in ensuring that the Irish health and social care system is safe and of high quality, and that the experience of everyone who uses services progressively improves.

I believe our strategy for the next three years will help deliver on these goals, bringing about tangible improvements in care. Our focus will be on a number of critical outcomes, namely that:

- services are safer
- care is better
- decisions on how services are provided are informed
- quality and safety of services are assured.

I would acknowledge that excellent care is being provided in services across the country; however, some of our recent assessment activity has demonstrated that some areas of services need to improve to ensure that the safety and rights of those using services is a priority and that the lasting impact of poor care is being addressed appropriately by service providers.

One critical partnership initiative that we hope to lead on in the next three years is in the roll-out of the first ever national patient experience survey. It is now acknowledged that, together with other patient safety indicators and information about the performance of services, information received directly from service users is a vital barometer of quality and safety.

Work on this major initiative will start in early 2016. I appreciate that the pace of improvements in some areas remains a challenge. Nonetheless, we acknowledge the need for HIQA to work constructively with those providing services to ensure we can achieve improvements wherever needed.

We are also committed to constructively communicating and working with the general public. We do not have an exclusive role in promoting quality and improvement — for this, as ever, we will need your help.

In this current issue of *HIQA News*, we report on recent projects by our teams in Health Technology Assessment and Health Information, and on safety and

quality improvement projects. Our inspections in hospitals and various social care services continue apace by our highly committed teams.

Various new functions for HIQA have been announced, and we look forward to applying our experience to these areas in the years ahead. In the meantime, we will continue to work constructively to further boost quality and safety and the experience of those using services.

Best wishes,

Phelim Quinn

## **New HIQA HTA on chronic diseases care**



*Our Director of HTA Dr Máirín Ryan*

We have published a health technology assessment (HTA) with advice to the Health Service Executive (HSE) on the clinical and cost-effectiveness of self-management support interventions for a range of chronic diseases.

Chronic diseases are long-term conditions that are managed rather than cured, and which are responsible for a significant proportion of premature deaths and healthcare usage.

Many of these conditions can be prevented or delayed by reducing key risk factors such as smoking, obesity, excessive alcohol consumption, physical inactivity, hypertension and high cholesterol.

Self-management support interventions help patients to manage aspects of their chronic disease through education, training and support. They can include different components (for example, education, training, provision of information or equipment) and be delivered in different formats such as education and exercise programmes.

The specific diseases included in this HTA include asthma, diabetes (Type 1 and Type 2), chronic obstructive pulmonary disease (COPD) and cardiovascular disease (stroke, hypertension, coronary artery disease and heart failure).

The HTA also looked at the effectiveness of generic interventions that are not tailored for any specific disease or diseases and could in theory be used in populations with a range of chronic conditions.

The evidence, *Health technology assessment of chronic disease self-management support interventions*, has been approved by the HIQA Board and presented to the Health Service Executive (HSE).

Our Director of Health Technology Assessment, Dr Máirín Ryan said: “Evidence for the effectiveness of chronic disease support interventions paints a complex picture. Good evidence of clinical effectiveness was found for some disease-specific interventions. However, limited or no evidence of effectiveness was found for others.”

The HTA reviewed the evidence presented across 159 systematic reviews, incorporating results from over 2,000 randomised controlled trials. The [full health technology assessment](#) can be found here.

## HIQA recommends BCG vaccination changes



*Conor Teljeur, Senior Statistician with our HTA team*

We have recommended a change from a universal to a selective national neonatal BCG vaccination strategy and advise that any change in strategy must be supported by a clear commitment to improved systematic and comprehensive tuberculosis (TB) control measures.

We have published a [health technology assessment \(HTA\)](#) with advice to the Minister for Health on a change to Ireland's BCG vaccination programme.

The evidence, *Health technology assessment of a selective BCG vaccination programme*, has been approved by the HIQA Board and presented to the Minister for Health.

Conor Teljeur, Senior Statistician in our HTA team, said: “A recommendation to switch to a policy of selective neonatal vaccination has been made based on the best available evidence. However, this is only recommended if appropriate preventative and protective measures are in place. If selective vaccination is adopted, the most efficient method of delivering the programme needs to be determined to ensure best use of available resources and to minimise the impact of discontinuing universal vaccination.”

HIQA’s health technology assessment advises that sufficient resources for enhanced TB control and public awareness efforts must be provided before there is any change in national vaccination policy and strategy.

Conor Teljeur continued: “Selective vaccination would focus resources on those who are at higher risk of contracting TB; one in eight newborns will continue to be eligible for the vaccine. This includes infants born in, or whose parents are from, a country with a high incidence of TB, those in contact with patients with active respiratory TB, and members of an at-risk group, such as the Traveller community in Ireland. It would be important to consult with groups at higher risk to determine the most acceptable and efficient way to identify those eligible for vaccination.”

Our health technology assessment incorporates feedback from a public consultation. The [full health technology assessment document can be found here](#).

## **HIQA to carry out HTA of smoking interventions**

We have started work on a health technology assessment (HTA) of smoking cessation interventions. This follows a request from the Department of Health for HIQA to examine the clinical and cost-effectiveness of a number of different treatments to help people quit smoking.

The results of this HTA will inform health policy decisions about potential improvements to the provision of smoking cessation services within Ireland's public health service.

HIQA's Director of Health Technology Assessment Dr Máirín Ryan said: "By conducting this HTA, HIQA will be in a position to provide impartial, expert advice on the value (clinical and economic) of a range of smoking cessation therapies to ensure the best outcome for the public and a prudent use of resources."

The HTA evaluation team will be advised by an expert advisory group during the assessment. Interested parties will be invited to submit feedback via a public consultation on a draft HTA report before it is finalised and submitted as advice to the Minister for Health and the Health Service Executive (HSE).

## **Update on regulation of disability services**

During 2015, we continued our focus on registering residential centres for people with disabilities. We also inspected and took regulatory action in

response to findings of poor quality services and risks for residents in a number of centres.

Inspectors have seen many examples of services providing good standards of care and support to residents, where residents were supported to have a good quality of life and could participate in their local communities.

For example, inspectors met residents in a centre in the south of the country who were supported to actively participate in a film festival in their community, with one resident having an acting role in a movie.

Meanwhile, the provider of a service in the north east successfully helped a resident who was finding it difficult to understand and engage with inspectors. Another example of good practice was when inspectors visited a group of five residents living together in the midlands.

These residents enjoyed the visit and told inspectors about the support that staff gave them. With the assistance of key words, photographs and drawings on a copy of a personal plan, one resident was able to tell inspectors about the resident's goals and the support that the resident was receiving.

We also inspected a large campus setting in the West of Ireland for people with complex support needs. While the care model was a campus setting, and although some non-compliances existed, in general, inspectors found that staff across the services were caring, supportive and attentive to residents, and ensured that residents had a good quality of life.

However, during the year, in different parts of the country, we had to focus our inspection teams on taking regulatory action, up to and including court action. This involved circumstances where some providers had failed to adequately safeguard all residents and where inspectors found residents' wellbeing and quality of life had been significantly compromised.

While many of these actions related to large, outdated institutional care settings, usually referred to as congregated settings, there were also a number of community-based settings where risks were identified. In these centres, providers had failed to exercise adequate governance and oversight, and had not been effective in identifying and addressing unacceptable established care practices.

Finbarr Colfer, our National Head of Programme: Disability, commented: "As we head into 2016, the challenge for providers of some centres is to effectively address unacceptable standards of care with urgency in order to protect the rights and safety of vulnerable residents, and to ensure these residents receive the service that they are entitled to.

"HIQA will continue to monitor and take action in relation to such centres, and will also continue with its rolling programme to register all designated centres for people with disabilities, in compliance with the legal requirements."

# News from our Health Information team



*Rachel Flynn, our Director of Health Information*

We are finalising the revision of the National Demographic Data and Guidance, and have also developed datasets for adverse reactions and diagnosis.

Last October and November, we undertook public consultations on the three projects above and would like to thank all of those who made submissions.

Rachel Flynn, our Director of Health Information, commented: "We are currently finalising our standards and will be progressing them through our internal approval process.

"We are also finalising a set of recommendations on the coordination of patient safety surveillance in Ireland. Two expert advisory group meetings were held to assist in the development of the draft recommendations."

The finalised recommendations will be sent for approval to the HIQA Board in the near future, along with an international review of patient safety surveillance systems and an 'as-is' analysis of the current systems and structures in place in Ireland in relation to patient safety intelligence.

# Nursing home provider portal

We have launched the second phase of [our provider portal project](#). The portal allows providers of designated centres for older people to submit their regulatory notices online.

This second phase has introduced some key improvements to make the portal easier to use, such as:

- the ability to save notifications and return to them at a later date
- a longer time frame for providers to change their password
- the option to print and download notifications that providers previously submitted via the portal.

Our various teams have worked diligently to finish this phase of the project and they are delighted to see it realised.

The next phase of the project will include the portal being rolled out to providers of designated centres for people with disabilities.

Guidance and user videos to support the portal are available on our website.

The project is part of our ongoing commitment to make the process of regulation less burdensome for providers.

# Food and hydration in our hospitals



*Susan Cliffe, Head of Healthcare Regulation*

During 2015, we started on-site inspections of public acute hospitals looking at how they provide nutrition and hydration care.

As part of this initiative, we place significant emphasis on what patients have to say about their experience. The inspection phase of this review follows on from the initial stage whereby these hospitals were asked to complete a self-assessment questionnaire.

The review is part of our evolving approach to monitoring providers' compliance with the *National Standards for Safer Better Healthcare*, published in 2012. It aims to assess if hospitals have the essential elements of good nutrition and hydration care in place with a particular focus on nutrition screening and assessment.

Inspections aim to understand how nutrition and hydration care in a given hospital is being delivered and experienced by patients. During on-site visits, our inspectors select a number of inpatient areas and are present in the hospitals for all mealtimes.

We talk with patients, visitors and staff in relation to mealtime services and associated nutrition and hydration care. In doing this, we can learn first-hand if patients receive a good quality meal service and are helped with eating if they need assistance.

As part of our inspections, we also visit emergency departments and talk to patients — who are deemed admitted and who are waiting for a bed on a ward to become available — about their experience of nutrition.

Susan Cliffe, Head of Healthcare Regulation, commented: “Hospitals are asked at the beginning of the inspection if they want the team to visit a particular clinical area to highlight good practice and quality improvement in relation to nutrition and hydration care.”

Susan continued: “All public acute hospitals in the country, other than stand-alone maternity and paediatric hospitals, are included in this review. A national overview report will be published in the second quarter of 2016 to reflect findings of the self-assessment questionnaires and the on-site element of the review.”

Further information can be found in our *Guide to the Health Information and Quality Authority’s review of nutrition and hydration in public acute hospitals*. Our guide outlines the procedure for the monitoring process and how we expect hospitals to respond to findings on nutrition and hydration care.

## Children's Team news update



*Ann Ryan, our Head of Children's Programme*

During 2015, our Children's Team completed inspections of the child protection and welfare services provided in three of the Child and Family Agency's service areas, the most recent one being in its Dublin South East and Wicklow Service Area.

Our Head of Children's Programme, Ann Ryan, said: "Four foster care inspections were also completed, two of statutory provided services and two privately provided foster care services. Annual inspections of the special care units and the children's detention school also occurred."

As outlined in a previous edition of this newsletter, HIQA undertook a thematic monitoring programme to check practice in relation to behaviour that challenges in children's residential centres. Twenty centres were inspected as part of this programme during 2014 and 2015.

This thematic review was undertaken in response to the identification — during our inspections — of management of behaviour that challenges as a particular

challenge in residential care settings for children, and the need for deeper analysis and understanding of contributory factors.

Our inspectors saw many examples of good practice, including, for example, that the rights of young people were being promoted and respected, that young people had input into how behaviour was managed, and children, for the most part, felt valued, happy, content and relaxed.

There was evidence of good working relationships between staff and social workers, while staff teams were open to change and professional development. There were also good systems for managing complaints, while we also found that restrictive practices were used only as a last resort.

Poorer practices seen by our inspectors included children not being provided with copies of their care plans, teams not learning from significant events, inappropriate admissions of children, no 'model' of care in use to direct and inform the staff's practice, and staff being overwhelmed by the severity of some behaviour that children displayed.

# Antimicrobial stewardship checks in hospitals



*Sean Egan, Inspector Manager Healthcare Regulation*

The inspection phase of our review of antimicrobial stewardship has been underway since last October in a number of public acute hospitals.

Antimicrobial stewardship helps to combat antibiotic resistance by making sure the effectiveness of antimicrobial agents is preserved for as long as possible through careful and expert usage. All public acute hospitals are expected to have effective antimicrobial stewardship programmes in place. In short, the intention of these programmes is to ensure that every patient receives the right antimicrobial therapy, at the right dose, route and duration, for the right infection type at the right time.

Since last June, our hospital inspection programme, in line with monitoring compliance against the *National Standards for the Prevention and Control of Healthcare Associated Infections*, has had a strong focus on antimicrobial stewardship.

This national assurance review intends to recognise and share learning where good practice exists, and to identify potential scope for improvement where possible, in the interest of improving performance in all public acute hospitals.

The findings of the review will be published in early 2016. HIQA's [guide to the review](#) outlines the necessary governance structures, essential staffing requirements and recommended interventions required to implement antimicrobial stewardship effectively.

The recent announcement from China that a newly discovered gene has made infectious Gram-negative bacteria resistant to the last line of currently available antibiotics has brought into sharp focus the importance of vigilance when it comes to the proper usage of antimicrobials.

HIQA's Inspector Manager of Healthcare Regulation, Sean Egan, said: "Antimicrobial resistance poses a huge current and future challenge for health services globally. The ongoing discovery of new antibiotics has failed to keep pace with the emergence of antibiotic resistance.

"While there are a number of global initiatives underway to try to address this mismatch, in the short term it is unlikely that new antibiotics aimed at treating Gram-negative infection in particular will become available. Consequently, as a society we need to ensure that all possible measures are in place to preserve the utility of antibiotics that remain effective in treating such infection."

Sean Egan continued; "In a time of ever increasing global travel, the risk of the spread of resistant bacteria is heightened. It is critically important that all hospitals have appropriate defences in place to both mitigate the risk of transmission of multidrug resistant bacteria, and prevent their emergence through optimal usage of antimicrobials."

# Hygiene inspections in hospitals



Hygiene inspections are carried out against the *National Standards for the Prevention and Control of Healthcare Associated Infections*. Last year, 30 hospitals were inspected, with a requirement for seven re-inspections.

The aim of these inspections is to gather information about the cleanliness of each hospital's environment and its facilities, as well as the hospital's performance in relation to hand hygiene.

The main focus of these inspections relate to Standards 3 and 6 of the Infection Prevention and Control Standards. However, other Standards may be observed and reported on if concerns arise during an inspection.

This year, the focus of our inspections expanded to include Standard 8 by reviewing progress on the implementation of infection prevention care bundles.

These are a structured collection of evidence-based measures that when used reliably and consistently can reduce the risk of infection. They have been recommended in national guidelines to reduce the risk of infection that might occur in patients who have an intravenous line (drip line) or urinary catheter in place.

The effectiveness in implementing and monitoring infection prevention care bundles, alongside hand hygiene and cleanliness of the environment and equipment, continues to be reviewed through this monitoring programme.

## **Children's disability residential services**

We carried out 78 inspections of designated centres for children with disabilities last year.

Twenty one designated centres for children with a disability had been registered by late 2015.

In many centres, assessments of need, care planning, risk management and quality assurance systems were in their infancy. As a result of our interventions, we expect to see improvement in these areas across the sector in the coming year.

# Fire safety guidance for nursing homes



Our Older Persons' Team has published *Draft Fire Precautions in Designated Centres — Guidance for Registered Providers and Persons in Charge of Designated Centres for Older People*.

The draft guidance had been available for public consultation, and we will now be carefully considering submissions received. HIQA may make further amendments before publishing the final document.

The draft guidance sets out the measures that a nursing home should have in place to satisfy regulations on fire precaution in centres. It also outlines what HIQA inspectors would expect to see in a fully compliant centre.

The draft guidance reflects current and international best practice within the sector, including learning from incidents and fatal accident inquiries.

John Farrelly, our Deputy Chief Inspector of Social Services, says there are special fire safety issues to consider in nursing homes, such as the safe evacuation of people who have mobility issues or safe storage of highly flammable equipment, such as oxygen tanks.

We have been examining fire safety as part of our inspection programme since 2009 and have drafted this guidance in response to issues identified during inspections.

Nursing homes must give details of their compliance with fire safety regulations to HIQA on a regular basis as well as during the inspection process. HIQA has appointed a dedicated fire-estates inspector to support this inspection programme.

Meanwhile, following a change in Government policy, we will continue to work closely with the HSE on bringing all nursing homes up to a physical standard, by the year 2021, that will promote and protect residents' quality of life and dignity and privacy.

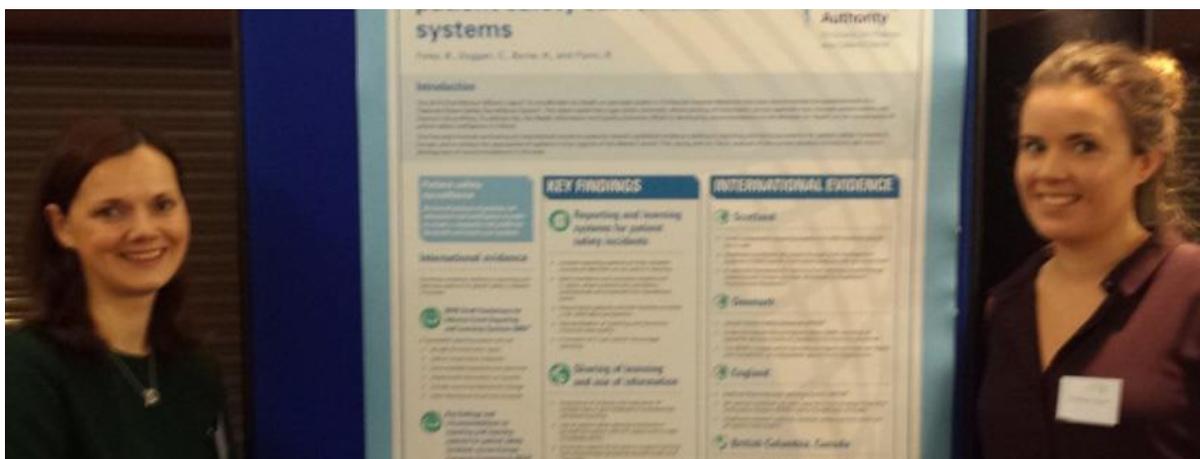
HIQA, as a statutory agency, is bound by Government policy. While we are disappointed that standards have not yet been met in some nursing homes to date, we welcome the commitment to invest in nursing homes to bring them up to the required standards.

## **Medication guidance for social care settings**

We have published [guidance on medicines management in social care settings such as nursing homes](#), with the aim of helping service providers meet regulations and implement national standards.

The guidance aims to enable service providers to identify the regulations, standards and good practice relevant to their service. The guidance can be used across all social care settings.

# Patient safety surveillance



*Pictured here are Barbara Foley and Cathy Duggan from our Health Information Team, who presented the poster at the National Patient Safety Conference, held in Dublin in November.*

Our Health Information team has developed recommendations on the coordination of patient safety intelligence in Ireland.

This follows a recommendation in the report of the Chief Medical Officer (CMO) on perinatal deaths at Midland Regional Hospital, Portlaoise.

It recommended setting up a National Patient Safety Surveillance System, which would pool risk information to create a composite risk profile for the health service.

The [CMO's report](#) outlined that there was a gap in coordinating national patient safety intelligence in Ireland, with no single agency carrying out this work.

To inform our recommendations for setting up such a system, in 2015, we carried out an international review of patient safety surveillance systems in other countries.

It examined the approaches undertaken in health systems in four countries, namely Canada (British Columbia), Denmark, England and Scotland.

Barbara Foley from our Health Information team, who led the project, commented: "Health services in these regions use a variety of approaches for reporting patient safety incidents. For example, England and Denmark use national reporting and learning systems, while there are well established provincial systems in Canada, such as British Columbia's Patient Safety and Learning System.

"The importance of coordinating and sharing patient safety intelligence was a key theme to emerge. For example, in NHS England, groups have been set up to pool patient safety information and intelligence from key organisations to ensure that different parts of the service are working together and provide a shared view of risks to quality. A similar network was also established in Scotland in 2014.

"There is substantial interest in our international review. We were invited to present the findings as a scientific poster at the National Patient Safety Conference, held in Dublin in November 2015, organised by the Department of Health. We also gave an oral presentation on the review at the Health Informatics Society of Ireland (HISI) conference in Dublin, in November 2015."

HIQA is also looking at what is currently being done in Ireland about patient safety surveillance. Last year, we carried out an 'as-is' analysis of patient safety systems and structures in Ireland. This analysis is being finalised and will outline the systems that are currently in place for reporting, analysing and implementing learning from patient safety incidents and adverse events at a national level.

Barbara continued: "An important finding identified during the 'as-is' analysis is the need for governance and coordination of national patient safety intelligence in Ireland. While patient safety data and information gathering is taking place among many single agencies, this intelligence is not part of an overall process of pooling intelligence to create a risk profile for the entire Irish healthcare system."

We also set up an external advisory group to provide expert opinion on patient safety surveillance in Ireland, to help us develop and finalise our recommendations. These recommendations and reports have been approved by the HIQA Board and will be issued to the Minister for Health, and published shortly.

## **New and revised standards in development**

The revised standards for older persons in residential care settings are awaiting approval by the Minister for Health.

It is anticipated that once the standards are approved, a series of regional information sessions will be held in order to raise awareness of the changes in the revised standards for nursing homes prior to using them as part of HIQA's inspection framework.

The process for the development of the *National Standards for Safer Better Maternity Services* is well underway. Our Standards Advisory Group has met on three occasions and reviewed an initial draft of the standards.

Seven focus groups have been held with front-line multidisciplinary healthcare staff that provide maternity services throughout the country as well as multiple service users. The output of these focus groups will further refine the standards. We hope to conduct a public consultation on the final draft standards during 2016.

Our revision of the *National Standards for the Prevention and Control of Healthcare Associated Infections* is also underway and a second Standards Advisory Group

meeting is planned for early 2016. A series of focus groups will also be held on the revised standards.

## HIQA attends informatics conference



Members of our Health Information Team contributed significantly to the Healthcare Informatics Society of Ireland annual meeting in November in Dublin.

Oral presentations were given by Kevin O'Carroll, Rachel Flynn, Tracy O'Carroll and Barbara Foley on various aspects of our work at this event. Barbara (pictured here at the event) spoke about our recommendations on the coordination of patient safety surveillance in Ireland.

# Plain English guides for health and social care staff



*Marie Kehoe-O'Sullivan, Director of Safety and Quality Improvement*

In November, we published two documents on communicating in plain English, which we have developed in collaboration with the [National Adult Literacy Agency \(NALA\)](#).

One document is for providers of adult services and the other is for providers of children's services. Plain English is a style of presenting information that helps someone understand it the first time they read or hear it. Removing long and complicated information and jargon in favour of clear and concise information allows service users to fully understand and access health and social care services.

The two documents are aimed at assisting service providers and include a guide for communicating with adults and a guide to communicating with children and their families.

According to NALA, one in six people in Ireland has a literacy difficulty, and find reading and understanding everyday texts difficult. To support these guides, HIQA has also released a short educational video which explains the concept of using plain English in practice.

Marie Kehoe-O'Sullivan, our Director of Safety and Quality Improvement, said: "This guidance will help health and social care service providers communicate more clearly with service users and their families and friends. It is possible to improve your service by taking account of the literacy and numeracy needs of your service users. In turn, this leads to a higher quality and safer service."

The documents can be found online here for:

- [Children](#)
- [Adults](#).

## Promoting people's autonomy

We will shortly publish guidance for providers of adult health and social care services to support staff in ensuring people's right to make autonomous informed decisions about their care is respected and promoted.

An accompanying 'promoting autonomy' leaflet for people using services has also been developed which will be sent to health and social care providers, including general practice (GP) practices.

# Latest newsletter for people living in nursing homes



## HIQA identified 5,864 corrective improvements at residential centres for older people

In 2024, the Health Information and Quality Authority (HIQA) carried out 738 inspections of 323 nursing homes, 59% of which were unannounced and 21% announced.

Mary Barron, HIQA's Director of Regulation, said, "We inspected 59% of nursing homes and published 302 inspection reports. The results show that in 4.3% cases regulations and standards were met, while there were 14.3% non-compliances. We asked providers to take 5,864 corrective actions to address non-compliances."

Inspection findings during 2024 signal that centres need to further develop their expertise in risk management, and staff to make the transition from complying with regulations and standards to providing a truly individualised service for each specific resident. Some residents still live in large and outdated open-plan wards, with little privacy and dignity.

There was a slight increase in the level of concerns brought to HIQA about nursing homes in 2024. HIQA received long-form of unassociated information relating to 303 centres, 19 of which just over half (33%) came from concerned relatives of residents. This is a 21% increase on the year before. In 2023, HIQA inspected 61% of centres which had been the subject of unassociated information.

During 2024, HIQA continued to focus on end-of-life care and food and nutrition. Good practice in both areas was found in most centres inspected, and at least 80% of centres were found to be fully or substantially compliant during the inspections.

However, data and staff showed 420 corrective actions were issued by the Authority in this regard.



### In this issue

- Advice from a relative on selecting a nursing home
- Grandparents now able to investigate complaints about private nursing homes
- Elder person nursing champion from Meath named nurse of the year in Wales
- All for people with dementia
- Working as your behalf?
- The letters page
- We need your support: Did you know?

On behalf of the National Relatives' Panel, we've just published the latest Reach newsletter for people who live in nursing homes and their relatives.

This issue includes a review of HIQA's work in regulating nursing homes, advice from a relative on selecting a nursing home, and other news.

# Supporting front-line staff to improve quality



*Marie Kehoe O'Sullivan, our Director of Safety and Quality Improvement (third from right), spoke at a recent conference run by the Health Service Executive (HSE) and Health Products Regulatory Authority (HPRA) on driving quality improvement in medical device management. Marie spoke of the role of standards in improving quality and safety.*

Our final cohort of 250 participants in the programme which HIQA has offered in collaboration with the [Institute for Healthcare Improvement \(IHI\)](#) will complete their 16 modules in tools and methodologies to improve the quality of health and social care.

This group includes front-line staff in HIQA, general practice, the Child and Family Agency (Tusla), and hospitals.

A graduation event is planned for the participants who successfully complete the programme early this year. As we near the completion of this programme, we would like to congratulate the more than 500 front-line staff members who participated in it and hope that they now use their skills to further promote safety and quality among their teams.

# HIQA's key role in EU health data project

Our Health Information Team has contributed significantly to the work of the EUPatient Registries Initiative (PARENT) as a collaborating partner.

The overall objective of the PARENT initiative is to support EU Member States in developing comparable and interoperable patient registries in fields of identified importance (such as chronic diseases, rare diseases and medical technology).

It also aimed to rationalise and harmonise the development and governance of patient registries, thus enabling analyses of secondary data for public health and research purposes.

To achieve this, it is essential to improve use of existing health registries data and processing data from their primary sources.

Our team was a key collaborator in the project and contributed extensively to its final deliverables, which included the development of a European-wide pilot registry of registries and also methodological guidelines and recommendations for efficient and rational governance of patient registries.

Further information and links to all of the documentation listed here can be accessed at [www.patientregistries.eu](http://www.patientregistries.eu).

## HIQA attends international plain English conference



Donal Bergin from HIQA pictured at the PLAIN 2015 conference with David Marsh of The Guardian. Photo via NALA

We attended a major international plain language conference, held in Dublin last September. Irish and international speakers discussed the importance of plain language in empowering people, and best training practices.

Over 250 delegates from 18 countries attended the [PLAIN 2015](#) Conference in Dublin Castle, among them Donal Bergin from our Communications team. Seventy contributors shared their expertise in communicating clearly in all aspects of business and life, including in the financial, legal, health and technology sector.

Hosted by the [National Adult Literacy Agency \(NALA\)](#), keynote speakers included European Ombudsman Emily O'Reilly; David Marsh, Production Editor of *The Guardian* newspaper in the UK; and David Berman, usability expert and advisor to the United Nations.

In a related development, our Chief Executive Phelim Quinn recently presented certificates to our staff who have completed plain English training with the NALA and our Communications Team. In recent years, 121 of our staff received NALA training in plain English.

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