

Welcome

Welcome to the latest issue of *HIQA News*.

I am delighted to have been asked to take on the position of Acting Chief Executive and to continue and build on the work of our first chief executive Tracey Cooper over the past eight years.

We have a very busy and important work programme ahead of us over the coming years. Central to the successful delivery of this programme is our fundamental commitment to transparency and independence that puts the people who use our health and social care services at the heart of what we do.

We have and will always act in the best interests of the public to drive safer better care. With that in mind, we will continue to work towards improving the quality, safety and effectiveness of health and social care services for the people of Ireland and to support informed decisions on how services are delivered.

In this issue of *HIQA News*, we report on the latest developments across our work. We recently published a review of governance of University of Limerick Hospitals, while our hygiene inspections in hospitals continue. All our inspection teams in nursing homes, children's services, and residential services for people with disabilities, are very busy.

We have published a number of important reports in the area of Health Information and as always, we welcome your feedback so please write to us at hiqanews@hiqa.ie.

Very best wishes to all.

Jane Grimson, Acting Chief Executive



Pictured at HIQA's Dublin Regional Office were members of the National Ambulance Service and HIQA staff who were attending a focus group as part of our review of pre-hospital emergency care services to ensure high quality in the assessment, diagnosis, clinical management and transport of acutely ill patients to appropriate healthcare facilities

Acting Chief Executive appointed

Our Director of Health Information and Deputy Chief Executive, Professor Jane Grimson, has agreed to take on

the position of Acting Chief Executive following the departure of our first chief executive Dr Tracey Cooper. Our Director of Health Information and Deputy Chief Executive, Professor Jane Grimson, has agreed to take on the position of Acting Chief Executive following the departure of our first chief executive Dr Tracey Cooper.



Our Chairperson Brian McEnery

Welcoming the development, our Chairperson Brian McEnery says, “We are fortunate to have someone of the calibre, dedication and professionalism of Jane Grimson to continue leading the Authority and ensuring our independent voice is heard in the interests of people who use our health and social care services. The Board and management of the Authority fully support Jane and look forward to working with her to ensure HIQA’s work has a substantial impact on the delivery of services in the public interest.”

HIQA submission on Universal Health Insurance White Paper

Our *National Standards for Safer Better Healthcare* should remain the basis for future licensing of all healthcare facilities in Ireland and only licensed centres should provide services under proposed Universal Health Insurance, says our submission to the Department of Health as part of the public consultation on the White Paper.

Our *National Standards for Safer Better Healthcare* should remain the basis for future licensing of all healthcare facilities in Ireland and only licensed centres should provide services under proposed Universal Health Insurance, says our submission to the Department of Health as part of the public consultation on the White Paper.

Our submission says it is imperative that national policy maintains these standards as the basis for future licensing of all healthcare facilities in Ireland, and that the UHI system should be based only on licensed facilities and services that observe and can demonstrate ongoing compliance with the *National Standards for Safer Better Healthcare*.



UHI provides an opportunity to improve healthcare data collection and quality, we also note.

It states: “Health information is generally created as a result of an encounter between an individual and the healthcare system. Under the new system, information, used efficiently and securely, should be available for direct patient care and for other purposes including UHI, clinical audit and population health. HIQA has an important role to play in setting standards for data definitions, data quality and standards to support interoperability and to monitor compliance..... The Health Information Bill, when published, will be a strong basis for progress in this regard. As noted in the White Paper, the introduction of health identifiers is an essential prerequisite for the introduction of UHI. HIQA is currently developing standards for the management and governance of these identifiers to ensure that they are implemented in such a way as to promote patient safety while protecting the privacy and confidentiality of personal health information.”

In developing UHI, measures need to be put in place to avoid significant increases in waiting times, particularly for access to primary care services, we state. We also advocate a central role for a health technology assessment (HTA) in selection of services, and believe adherence to our previously published HTA guidelines will help to control costs, as will adherence to previous recommendations we have made in the area of governance.

We also advocate that services provided under UHI should be based on high quality information. “It is rare that a new service is less expensive than an existing comparator. A health technology assessment (HTA) approach can ensure that potentially more costly innovative treatments that deliver good value for patients and good value for money will not be excluded from the basket of care,” our submission states.

HIQA, in its submission, says universal access to healthcare should be made on the basis of equity and that vulnerable people must not be disadvantaged during the phasing in of UHI. Our submission also notes that some proposed new functions may be at variance with other proposed new roles, and additional functions will have resource implications for the Authority, which will require a realistic appraisal if they are to be undertaken competently.

Governance review of University of Limerick Hospitals

We have published the [Report of the review of the governance arrangements as reflected in the safety, quality and standards of services at UL Hospitals](#).

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The governance review report has identified progress in the way in which services within the University of Limerick Hospitals group are being governed and organised. However, it also highlights a number of patient safety risks in the hospital group which must be addressed as a priority.

HIQA's Director of Regulation Phelim Quinn said that we found there was a clear willingness by the hospitals to change and improve services for the public, but that the absence of a statutory governance framework is hindering the development of strong governance and patient safety functions.

He commented: "There has been an extensive and positive journey of reconfiguration and reorganisation in the catchment area covered by UL Hospitals. Substantial governance and operational changes have occurred and these have the potential to improve services for patients. If such reorganisation can be supported and safely sustained, it would reflect the governance and accountability approaches previously recommended by the Authority and as advocated in the move to set up independent hospital trusts in Ireland."

The review was conducted with the cooperation of staff from the six hospitals in the hospital group. The single most significant risk identified by the HIQA review was the serious delays and risks for patients and staff due to persistent overcrowding in the Emergency Department of University Hospital Limerick in Dooradoyle (previously known as the Mid-Western Regional Hospital, Limerick).

The report identifies a number of specific actions requiring high priority by UL Hospitals that also require the support of the HSE nationally. These actions are aimed at reducing both actual and potential risks to the quality and safety of services associated with overcrowding in the Emergency Department. Phelim Quinn said UL Hospitals staff who were met by HIQA are committed to providing good safe care and to improving the services.

He concluded: "The momentum witnessed locally must now continue and be supported by the HSE nationally in order to ensure patients in the region continue to receive safer, better care. In the interests of the system-wide dissemination of learnings from such reviews, all public hospitals must consider the findings from this report and benchmark their own services against the progress and challenges reported on in this report."



Phelim Quinn from HIQA is interviewed by Siobhan Bastible from TV3 News about the new governance report

MoU between HIQA and Data Protection Commissioner

We have signed a Memorandum of Understanding (MoU) with the Data Protection Commissioner. We have signed a Memorandum of Understanding (MoU) with the Data Protection Commissioner.

The Memorandum of Understanding (MoU) outlines how both state agencies will work together to ensure that people's health and social care personal information is protected and used appropriately.

The MoU, signed by Professor Jane Grimson, Acting Chief Executive and Director of Health Information, HIQA, and Billy Hawkes, Data Protection Commissioner, covers areas of common interest and where cooperation will lead to better informed regulation. It also clarifies that both agencies have jurisdiction over different areas of regulation.

Professor Grimson said: "This Memorandum of Understanding is an important step forward for people who use health or social care services in Ireland. I look forward to HIQA working more closely with the office of the Data Protection Commissioner on areas of strategic and high-level operational interest."

Billy Hawkes said: "Irish people attach particular importance to the confidentiality of medical data. HIQA and my office are both committed to promoting high standards of data protection in the health sector. Working together as regulators in accordance with this MoU we can better achieve this important objective."

A full copy of the Memorandum of Understanding is available from www.hiqa.ie and www.dataprotection.ie.



Professor Jane Grimson from HIQA and Billy Hawkes, Data Protection Commissioner, at the signing of the Memorandum of Understanding

Residential services for people with a disability

It is just over seven months since HIQA started regulating residential services for people with disabilities and since we assumed the responsibility for registering and inspecting residential services for children and adults with disabilities, including respite services.

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for registering and inspecting residential services for children and adults with disabilities, including respite services.

It is a time of significant intensity and work as we focus on ensuring all residential services for people with disabilities are registered within the required legal timeframe. An analysis of activity between 1 November 2013 and mid May 2014 showed that we had carried out 149 inspections.

This table sets out the detail of these inspections.

Inspections November 2013 to mid-May 2014

Service	Type of inspection	Number carried out
Designated centres for disabilities – adult	10-Outcome inspection (looking at key areas of care)	111
Designated centres for disabilities – adult	18-Outcome (a full inspection)	17
Designated centres for disabilities – adult	Follow-up inspection	1
Designated centres for disabilities – adult	Single-issue inspection	13
Designated centres for disabilities – mixed (adults and children)	10-Outcome	2
Unit for disabilities – adult	18-Outcome inspection	3
Unit for disabilities – adult	Single-issue inspection	1
Unit for disabilities – mixed (adults and children)		1
	Total inspections	149



18-outcome inspections look at all areas of practice, whereas 10-outcome inspections consider key areas of practice. Both types focus on monitoring centres' compliance against the [National Standards for Residential Services for Children and Adults with Disabilities](#) and regulations. Single-issue inspections focus on specific key areas that our inspectors have concerns about and are undertaken generally in response to information we receive.

We have so far published over 40 inspection reports with inspection reports being published on an almost daily basis.

Registration update

Since we took on the legal responsibility for regulating residential services for people with disabilities, providers were given a six-month timeframe to 30 April 2014 to submit their updated details to be included in the list of designated centres, in line with section 69 of the Health Act 2007. This was to enable the collation of accurate information against each centre. Our registration office is currently compiling the information which will provide us with definitive details of all residential centres for people with disabilities. Based on the information we received to the end of April 2014, we had recorded 946 centres across 1700 individual service units.

We are currently working on developing a scheduling programme for registration activity for these centres to the end of the year, based on the information submitted. We have continued to invite providers to apply for registration and issue applications on an ongoing basis. By mid-May, we had issued 198 applications representing 87 providers. Disability service providers have been allocated a dedicated HIQA inspector manager to ensure oversight and consistency across services at both centre and unit level.

Significant milestone for HIQA

In April, we completed the first formal registration of a designated centre for people with disabilities in line with the provisions of the Health Act, 2007.

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the provisions of the Health Act, 2007.

All residential services for people with disabilities have to be registered with HIQA, and assessed against the Health Act 2007, regulations and national standards. HIQA has provided a lot of information to service providers and people participating in the management of centres to support them in preparing for registration and inspection. This includes information on:

- commencement and the legal framework
- inspection process
- monitoring process
- registration process.

Additional guidance issued by HIQA includes:

- [Guidance on registration and renewal of registration](#)
- [Guidance on the Inspection Process](#)
- [Guidance on Intimate Care](#)
- [Guidance on Risk Management](#)
- [Guidance on Statement of Purpose](#)
- [Residents' Finances](#)
- [Restrictive Procedures Guidance](#)
- [Intimacy and Sexual Relationships](#)
- [Statutory Notifications Guidance](#)
- [Regulatory Guidance on Residents Directory](#)
- [What constitutes a designated centre for people with disabilities?](#)

Meanwhile, we continue to maintain communication and hold regular meetings with a number of stakeholder groups. Bi-monthly meetings are held with a stakeholder group representing organisations providing these services and these meetings are considered invaluable as we receive feedback on the process of registration and inspection so far. The second stakeholder group we meet with is representative of advocacy groups and related organisations.

Good feedback and suggestions have come from this group, for example, on how we might use our relative and residents questionnaires. We also meet regularly with the Health Service Executive (HSE) where the discussions focus on the HSE as a provider and funder of services. Issues in relation to overall services are discussed as well as issues in relation to specific centres.

Revision of nursing home standards

We are planning to hold a public consultation to seek feedback on a revised set of national standards for nursing homes.

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As part of the process of revising the *National Standards for Residential Care Settings for Older People in Ireland*, our standards advisory group met in March with over 20 people from representative bodies for services for older people, in the private, public and voluntary sectors, in order to provide feedback on draft standards.

With the assistance of advisory group members, a targeted consultation has been held with key external and internal stakeholders in services for older people. Feedback from the targeted consultation will then feed into a revised set of draft national standards which we will circulate for wider public consultation later in the year.



HIQA publishes guidance aimed at reducing medication errors

We published [Principles of good practice in medication reconciliation](#) to offer guidance to healthcare professionals on reducing medication errors, which make up a significant number of patient safety events across the world.

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Medication reconciliation is the process of creating and maintaining the most accurate list possible of all medications a person is taking in order to identify any discrepancies and to ensure any changes are documented and communicated. This results in a complete list of medications which can then be communicated to the next care provider.

This document was developed by an advisory group and is based on the learning from the pilot projects that were completed as part of our Institute for Healthcare Improvement (IHI) programme in 2013. This involved ten pilot sites nationally: four acute hospitals and six nursing homes and or community hospitals.

The purpose of the medication reconciliation pilot project was to improve medication reconciliation for residents of nursing homes or community hospitals transferred to acute hospitals for treatment and who are subsequently discharged back from the acute hospital to the nursing homes or community hospitals.

Marie Kehoe-O'Sullivan, Director of Safety and Quality Improvement at HIQA, said: "As patients move between different healthcare settings, such as an acute hospital, nursing home or GP practice, there are increased risks of medication errors occurring. This may be as a result of medications being discontinued, new ones introduced or dosages changed. So it is imperative that any such changes are recorded and communicated to the patient's next healthcare professional."

"Properly implemented, medication reconciliation can have a hugely positive impact on patient safety as it can ensure that patients and doctors have accurate, up-to-date information on medications at all points within and between health and social care services. The medication incidents most commonly reported to Ireland's Clinical Indemnity Scheme in 2012 were medication reconciliation incidents, and this shows that there is a lot of room for improvement in this area."

To view our infographic on medicine reconciliation, [click here](#).



Marie Kehoe O'Sullivan, HIQA's Director of Safety and Quality Improvement

Guidance on pre-hospital emergency care services review

We have published a [guide to our review of pre-hospital emergency care services](#) to explain the approach that we will take when carrying out the review.

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Pre-hospital emergency care is the emergency care provided to a patient before transfer to a hospital or appropriate healthcare facility.

The objective of this review is for HIQA to establish that pre-hospital emergency services provided by the Health Service Executive's National Ambulance Service and Dublin Fire Brigade have the necessary elements in place to ensure high quality performance in the assessment, diagnosis, initial clinical management and transport of acutely ill patients to appropriate healthcare facilities.

Our review involves monitoring against the [National Standards for Safer Better Healthcare](#) and includes a combination of interview, focus groups, document assessment and on-site review. The findings will be published later in the year.

HIQA makes recommendations to adopt SNOMED CT for Ireland

We are making recommendations to the Minister for Health regarding the adoption of a national standard for clinical healthcare terminology in Ireland, an essential building block for rolling out the concept of eHealth and for electronic health records.

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The national standard that HIQA recommends is SNOMED CT (Systematized Nomenclature of Medicine – Clinical Terms). This is an electronic dictionary of healthcare terms, which are organised in a structured way, and which provides definitions, codes, and terms for words used in everyday clinical healthcare documentation and reporting. Its main aim is to encode the meanings that



are used in healthcare information and to support recording of healthcare data.

In the future, SNOMED – when used in conjunction with clinical practice management software – would allow for a vast range of clinical data to be accurately captured with the exact same code across multiple healthcare sites in Ireland, therefore allowing clearer identification of healthcare trends and improved data quality and reliability.

SNOMED CT provides the core general terminology for electronic health records, and its coverage includes: clinical findings, symptoms, diagnoses, procedures, body structures, organisms and other studies of the cause of diseases, substances, pharmaceuticals, devices and specimen.

It also facilitates information interchange and is central to an interoperable electronic health record. It allows a consistent way to index, store, retrieve, and aggregate clinical data across different specialties and healthcare sites. [The International Health Terminology Standards Development Organisation \(IHTSDO\)](#) – an international not-for-profit organisation based in Denmark – owns and administers the rights to [SNOMED CT](#) and related terminology standards.

Professor Jane Grimson, our Acting Chief Executive and Director of Health Information, said: “SNOMED CT is the most comprehensive clinical terminology currently available and was developed to improve the quality of clinical data in patient records to help improve the overall quality of care received by patients. There is no alternative terminology standard available with the same coverage and international acceptance as SNOMED CT.”

She described it as an essential building block for eHealth and for electronic health records as it supports the sharing of clinical information between different healthcare practitioners and across organisational boundaries. “It is critical to ensuring that accurate information can accompany the patient along the care pathway, thereby substantially reducing the amount of duplication and fragmentation, while at the same time improving data quality,” she added.

Our recommendations to the Minister for Health includes recommendations on purchasing an annual membership of the IHTSDO. The annual membership includes a national SNOMED CT licence for Ireland with the requirement that a National SNOMED CT Release Centre is established and resourced in order to support its implementation. The report includes the cost of implementing the recommendations.

New Board members appointed

Three new Board members have recently been appointed.
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Our new Board members are:

Mary Fennessy: Mary is Head of Social Work at the Lucena Child and Adolescent Mental Health Service since 1986. In 2004, Mary was seconded to the Commission to Inquire into Child Abuse. She served as Commissioner on the Confidential Committee and contributed to the compilation of the Ryan Report.

Mary worked as a statutory child protection social worker and senior practitioner in mental health in Southwark Social Services and Maudsley Hospital London, from 1976 to 1986.

She has served on National Committees including: Chairperson of CARE Campaign for the Care of Deprived Children; Council Member of Irish Association of Social Workers; co-founder and Chairperson of Social Workers in Child and Adolescent Mental Health; founder member of Child Care Committee, Irish Association of Social Workers.

Mary is a graduate of University College Dublin and is a practicing therapeutic social worker and a member of the Irish Association of Counselling and Psychotherapy.

Bairbre O’Neill: Bairbre is a barrister practising in the area of civil litigation, with a particular emphasis on commercial litigation and judicial review.

Bairbre has represented and advised a number of public bodies in connection with litigation and regulatory issues. Prior to practising in Ireland, Bairbre worked as an attorney in the New York offices of Paul Weiss Rifkind Wharton & Garrison LLP and Cleary Gottlieb Steen & Hamilton LLP.

Having graduated from the Honorable Society of King’s Inns, Bairbre was called to the Irish Bar in 2001 and to the New York Bar in 2003. Bairbre also holds a master of laws degree from Yale University, an honours LL.M. (master in laws) degree from Trinity College, Dublin, and an honours B.C.L. (bachelor of civil law) degree from University College, Dublin.

Judith Foley: Judith is an education officer in the Nursing and Midwifery Board of Ireland since 2003, with extensive experience in education and a strong background in paediatric nursing. Her role includes the development and support of all undergraduate pre-registration nurse education and training programmes. She is the lead regarding the statutory Education and Training Committee, Validation Committee and Standards

Committee of NMBI pertaining to all national nurse education and training matters.

Judith is a registered general nurse, registered children's nurse and registered nurse tutor, and holds a master degree in education from Trinity College Dublin and a bachelor of nursing studies degree from University College Dublin.

Prior to taking up her position in the NMBI, Judith worked at different levels in nursing and included a number of years in the clinical setting, particularly in the area of intensive care and in education as nurse tutor and principal nurse tutor.

She was a member of the steering and working group of the Department of Health, which explored the concept of direct entry regarding paediatric nurse education and the Paediatric Nurse Teachers Working Group, which explored the concept of an integrated, bachelor of science degree.

Currently she is a member of the National Project: Shaping the Future of Intellectual Disability in Ireland and the Quality and Qualifications Ireland Consultative Forum.

Hip, knee and shoulder procedure HTAs to be published

We have just concluded the public consultation period for Phase 3 of our health technology assessments of scheduled healthcare procedures.

We have just concluded the public consultation period for Phase 3 of our health technology assessments of scheduled healthcare procedures.

Draft reports, which were published for public consultation last April, recommended thresholds that patients should meet before they are referred for certain scheduled orthopaedic procedures. These reports focused on thresholds for hip and knee replacement and key-hole surgery of the knee and shoulder.

HIQA's Director of Health Technology Assessment, Dr Máirín Ryan, said it is intended that these reports will provide clarity around referral for general practitioners, other referring doctors and their patients. [The draft reports are available here](#). The completed reports will now be finalised and prepared for publication, and will be submitted to the Health Service Executive and to the Minister for Health.

The next phase of our scheduled procedures health technology assessment project is due to be submitted for public consultation in mid July. These reports will focus on upper gastrointestinal endoscopy, colonoscopy, hernia repair, gallstone removal and haemorrhoid procedures.

Meanwhile, we are also at an advanced stage of preparing new national guidelines on assessing cost-effectiveness evidence and an update of our clinical effectiveness guidelines. There will be a public consultation on these draft guidelines this summer. Work is also continuing on the evaluation of public access defibrillation.

In Research Ethics, we are participating in European meetings and in working groups on the forthcoming revision to the European legislation on clinical trials. We continue to work with the Department of Health on the content of the relevant pieces of legislation which will provide for a role for HIQA as the supervisory body for clinical trials and other health research ethics. We are planning to co-host an information session with the Department on 30 June 2014.



Dr Máirín Ryan, HIQA's Director of Health Technology Assessment

Significant improvements in nursing home care

We recently published our first [annual overview report on the regulation of designated centres for older people](#). We recently published our first [annual overview report on the regulation of designated centres for older people](#).

The report summarises the findings of the 697 individual inspection reports published by HIQA during 2013, analyses the regulatory activity that HIQA undertook as a result of these findings and provides an overview on the nursing home sector in Ireland.

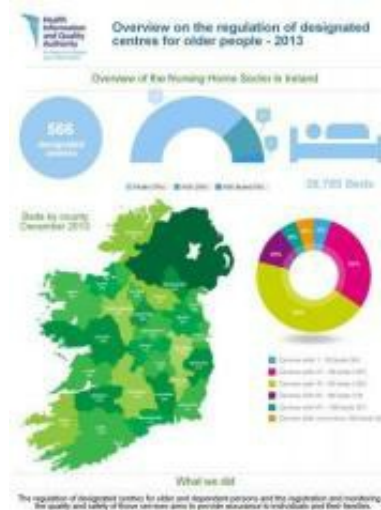
There have been significant improvements in the safety and quality of care provided to people living in residential care during the four-and-a-half years of HIQA regulation of nursing homes in Ireland. Nonetheless, it is clear from this report that there are areas where further improvement is required and we will focus on these areas as part of our continued regulatory activities during 2014.

In 2013, 814 inspections were carried out in 565 centres – 78% were unannounced and 22 % were announced inspections. Analysis of the action plans in 697 published reports shows that in the main services were mostly compliant with standards and regulations. Our inspectors identified 8,697 actions required for compliance with the regulations and National Standards across 565 residential centres. We found that 21% of these actions related specifically to risk management and health and safety. The risk management actions that services were required to take included putting in place comprehensive risk management policies and dealing with basic elements such as ensuring a centre's ability to identify, record, investigate and learn from serious incidents or untoward events.

Registered providers or persons in charge of designated centres for older people are legally required to notify HIQA without delay of certain adverse or potentially harmful events that have taken place within their centres. HIQA received 5,362 of these notifications in 2013, with 79% of them relating to serious incidents to residents while 373 notifications were about alleged, suspected or confirmed abuse of any resident. In addition, 293 were related to an outbreak of an infectious disease.

Commenting on the report, our Director of Regulation Phelim Quinn said we use this information and the outcomes of our inspection work to inform and plan for our subsequent regulatory activity. Good practice was observed in the majority of the centres inspected under specific themes of food and nutrition and end-of-life care, and our inspectors noted improvements in most centres following inspection. The Authority will be applying the same themed method of inspection to all remaining designated centres in 2014, with a view to identifying further inspection themes for 2015, based on our knowledge of the services.

View our [infographic on the findings of the nursing home overview report](#).



An extract from our infographic on the findings of the nursing home overview report

HIQA hosts social media event for regulators

HIQA hosted a half-day conference recently on behalf of the Health, Social Care and Regulators Forum. HIQA hosted a half-day conference recently on behalf of the Health, Social Care and Regulators Forum.

The Forum is made up of the chief executive officers of 19 public sector agencies and regulators who meet to share information and knowledge on areas of common public interest.

The conference took place in Dublin and was attended by 59 participants from 17 agencies, departments and organisations. It focused on public sector organisations' engagement with social media.

Nursing home regulation focus of health committee meeting

We recently attended the Oireachtas Joint Committee on Health and Children to discuss with Committee members the findings of our [annual overview report of our 2013 regulatory programme of designated centres for older people](#).

We recently attended the Oireachtas Joint Committee on Health and Children to discuss with Committee members the findings of our [annual overview report of our 2013 regulatory programme of designated centres for older people](#).

Addressing the Committee, our Director of Regulation Phelim Quinn, said this is the first overview report that we have produced. He said it describes designated nursing home services that are vastly better, and safer, than the services that were available when HIQA was first established in 2007, following public concern about Leas Cross nursing home in north Co Dublin. "Providers of residential services are to be commended for the significant improvements that have been achieved since then," Phelim told the meeting. Our report also makes clear that there are issues where further improvement is required, he said.



Phelim Quinn, HIQA's Director of Regulation

Phelim said the report outlines our evolving approaches to the regulation of services. He told the meeting: "We see regulation as a mechanism for improvement and we are always conscious of the burden that regulation can place on providers. We also take very seriously our responsibility as a State agency to provide value for taxpayers' money through our programmes of registration and inspection. As a regulator, we therefore aim to reduce the overall burden that is placed on service providers wherever possible while maintaining an emphasis on our objectives for safety and quality improvement."

He said we also recognise the need to ensure that our registration process enables the introduction of new beds into the system. "To this end, we have a priority system for the registration of new buildings. Providers who plan to apply to register a new designated centre are referred to our Registration Office, which makes them aware of obligations and requirements in respect of the service they intend to provide. Timelines are shortened to facilitate the swift introduction of quality beds into the system. This report details how we granted 21 new registrations in 2013." HIQA decisions on changing or removing conditions of registration resulted in an increase of 65 beds in total in 2013.

He went on to say that we remain unequivocal in the appropriate application of our enforcement powers where we believe that vulnerable people are at risk and said appropriate action needs to be taken to investigate and deal with suspected or confirmed abuse.

Addressing the Committee, he said: "I believe their wellbeing and interests would also be well served by enhanced legislation that enshrines in law the safeguarding of vulnerable adults in receipt of care services. It is important for our work that a culture exists where staff and providers have the confidence to report such matters to the regulator. HIQA would welcome an opportunity to work with Members of the Joint Oireachtas Committee on Health and Children towards the development of more effective national policy and up-to-date legislation that would address this issue."

Asked by Deputy Caoimhghín Ó Caoláin about timely engagement with residents to plan future health events and end-of-life care preferences, Phelim said one issue is the confidence of staff in nursing homes to engage in such a conversation. "It requires a lot of skill on the part of staff... When a person is admitted to a nursing home it may be for specific ill-health reasons that may indicate his or her condition is life-limiting. Early engagement with a resident and his or her family is important because advance care planning is the basis of good end-of-life care... There have been debates around do-not-resuscitate orders and this is the sort of question that is explored by a resident and his or her family with the GP or any other medical practitioner involved."

In response to a question from Deputy Seamus Healy – about public versus private nursing homes and if all facilities are dealt with on the same basis or whether different approaches taken – Phelim replied: "We register at the level of the designated centre. Whether public, private or voluntary, the designated centre is regulated in exactly the same way. We do not treat any sector differently because we are assessing compliance with standards and regulations. Therefore, we deal with them in exactly the same way."

In response to a question from Committee Chairman Jerry Buttimer on how we manage unsolicited information, Phelim, said: "We take all information we receive seriously. The information would go to the relevant case holder or inspector for the facility, who makes an assessment of the information and, sometimes, follows through to clarify any issues that need to be clarified regarding it... every one of them is followed up and has a specific file note on the outcome of our actions... we follow through on anonymous information if we believe it is of concern to quality of life."

Also addressing questions from Deputy Ciara Conway and Jerry Buttimer, Phelim said, "If there are specific issues we liaise primarily with the HSE about the potential replacement of a care scenario for a particular vulnerable adult. It comes back to the point... about the requirement for better national policy and legislation that clarifies that. There are times when we feel slightly hamstrung about how we can move some of these issues forward." He added there is a gap in the legislation, and current policy is not sufficiently focused on the resident and also does not allow us to consider the reasonableness of fees charged.

National guidelines on stakeholder engagement in health technology assessment (HTA) have been published by HIQA following a public consultation.

National guidelines on stakeholder engagement in health technology assessment (HTA) have been published by HIQA following a public consultation.

Dr Máirín Ryan, Director of HTA at HIQA, said: “The use of engagement facilitates stakeholder input into an assessment, ensuring they have a voice and that their perspective is given due consideration. Stakeholders may include patients or their representative organisations, service providers, health professionals, and policy and decision makers from both the Health Service Executive (HSE) and Department of Health.”

The [guidelines](#) outline the appropriate methods for involving them in the assessment of health technologies, and have been developed to outline best practice for being involved in this.

Dr Ryan said the guidelines apply to HTAs being conducted by, or on behalf of HIQA, the National Centre for Pharmacoeconomics, the Department of Health, and the Health Service Executive (HSE), on all healthcare treatments, including medications, procedures, medical devices, and broader public health initiatives. They are relevant to the assessment of both new and existing healthcare technologies.

“The guidelines are designed to give a high level overview of what stakeholder engagement is, why it should be used, and how it can be done. By incorporating stakeholder engagement in the technology assessment process, we are striving to ensure that funding decisions consider all the people directly affected by the decision,” Dr Máirín Ryan concluded.

New nursing home inspection guidance

Our Older Persons' Programme has published the [assessment and judgment frameworks](#) for nursing home inspections.

Our Older Persons' Programme has published the [assessment and judgment frameworks](#) for nursing home inspections.

The purpose of the assessment framework is to support our staff in gathering evidence when monitoring or assessing a nursing home. The judgment framework sets out the lines of enquiry explored by inspectors in order to assess compliance with the relevant standards and or regulation.

John Farrelly, Head of Older Persons' Programme with our Regulation Directorate, said: “The judgment framework sets out the critical service components required to meet the stated outcomes for residents. It assists inspectors to consider their findings within a framework of compliance and provides transparency for providers and the public on how judgments are made.”

The lines of enquiry provide key questions that inspectors use to guide how they source evidence and analyse it in a consistent way. Once an inspector has gathered sufficient evidence, he or she will refer to the judgment framework. These frameworks support inspectors to exercise professional judgment in assessing and judging compliance with standards and regulations. In the same way, they do not alter the fact that the responsibility for compliance sits with the people providing services along with a responsibility to provide tangible evidence of compliance.

“The assessment and judgment frameworks will be reviewed regularly and they will be amended to reflect the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, which will come into operation on 1 July 2014 and to reflect any changes made as part of the programme review,” John Farrelly concluded.

Hospital hygiene inspections continue

Our healthcare team continues to conduct inspections in acute hospitals across the country against the [National Standards for the Prevention and Control of Healthcare Associated Infections](#).

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It is intended that the team will visit each of the 49 acute public hospitals at least once in 2014, with unannounced inspections planned for all hospitals. Since the start of the year, we have conducted 23 unannounced inspections in hospitals (and carried out two re-inspections) and have published 13 inspection reports to date. Moreover, inspections have been conducted across all Health Service Executive (HSE) administrative areas, ranging in geographic location from the very south of the country to the very north of the country.

Meanwhile, [new guidance on unannounced inspections](#) for people providing health providers, which was published by the Authority in March, allows for re-inspection within six-weeks should hospitals perform poorly during the

first visit. This is in line with the Authority's strategy of using inspections to generate service improvements.



Health Information team update

Our Technical Standards group has been working on updating the General Practice Messaging Specification. Our Technical Standards group has been working on updating the General Practice Messaging Specification.

The General Practice Messaging Specification now includes use cases and message flows to support the electronic transfer of prescriptions. Meanwhile, we continue to develop management, information governance and technical standards to support the implementation and monitoring of identifiers for individuals, organisations and professionals.

We are also beginning a review of internal data sources to support further work on the use of information in health and social care. Work is ongoing on the development of recommendations on an integrated approach to national health data collections, and in the area of business intelligence strategy in the overall context of eStrategy development work.

HIQA's Children's Team

Our Children's Team has continued to undertake a wide range of inspections of children's services within our remit, including designated centres for children with a disability.

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Our Children's Team has completed the fieldwork for six inspections of children's residential care centres, two foster care inspections and two child protection and welfare inspections. We have also undertaken 20 monitoring inspections of designated centres for children with a disability, which are due to be published shortly, and three registration inspections. All of these reports will be available to read on www.hiqa.ie.

Stakeholder engagement meetings have taken place with Tusla, the new Child and Family Agency and the Department of Children and Youth Affairs, and communication protocols have been agreed with both agencies. Roadshows were held with Tusla in relation to child protection and welfare and foster care inspections in March 2014. These were very well attended and the presentations are available on www.hiqa.ie. Further sessions will be held with the State's detention school, special care units and private foster care providers in the coming months.

Child protection inspection update

Throughout 2014, inspections of child protection and welfare services will monitor compliance with all the relevant standards of the [National Standards for the Protection and Welfare of Children](#).

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Throughout 2014, inspections of child protection and welfare services will monitor compliance with all the relevant standards under the themes of individualised care and support, effective and safe care, leadership governance and management, use of information, workforce and use of resources. Monitoring inspections of foster care services will focus on 15 of the relevant standards under the themes of individualised care and support, effective care and leadership governance and management.

Following consultation with stakeholders last autumn, we are focusing on one specific issue when we are inspecting children's residential centres in 2014 – that is children with complex needs and behaviour that challenges. We are aware that some centres manage behaviours well while others have been challenged. Inspections from 2013 found incidences of, for example, fire setting and children using illicit drugs. It is acknowledged that this is a difficult service for Tusla, the new Child and Family Agency, to deliver to a small proportion of children in the care of the State. These children have a right to receive a service that meets their needs. Two roadshows were held with the Child and Family Agency in April to prepare it for these focused inspections and Tusla was invited to put forward five centres for inspection who were managing behaviour that challenges well.

An overview report of inspection findings from 2013 is also being prepared by the Children's Team and is expected to be published later this year.

International review on the use of information in health and social care

We have published a [review of international regulators and quality improvement agencies](#), which explores how these organisations use information in their work to improve health and social care services in their jurisdictions.

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The review looked at how information is used by regulators and other health and social care agencies in eight different jurisdictions in New Zealand, Canada and Europe. It included both regulators of health and social care as well as agencies responsible for improvement of safety and quality of care, and examined how they use information to inform their work. The findings in this report will go towards making sure that how HIQA gathers and uses information is based on international best practice.

Professor Jane Grimson, HIQA's Acting Chief Executive and Director of Health Information, commented that, "There were some interesting findings from specific jurisdictions, while a number of findings were common to all. These included the importance of developing an information or intelligence strategy; publicly reporting on quality and safety indicators; leveraging information that is routinely collected; the value of capturing patient experience information; ensuring that what is measured and reported on leads to real improvements for people; and ensuring that the people being targeted for this information can understand it."

International News Round Up

[Online debate on residential care for older people](#)

The issue of a global ageing population and its increasing demand on healthcare services is an emerging area for development, and [ISQua Education](#), the education section of the [International Society for Quality in Health Care](#), has decided to launch an online debate on the topic.

ISQua Education sought teams from [ISQua](#) and the [Institute for Healthcare Improvement \(IHI\)](#) to jointly [participate in a debate](#) on the following topic “By 2030, residential care for the aged will be unaffordable and the absence of alternatives will lead to a crisis in quality care for the aged”.

The debate was [opened by ISQua Immediate Past President Tracey Cooper](#), our outgoing [Chief Executive](#), and the summation and conclusion was given by Paul Bartels, Vice President of the European Society of Quality in Healthcare. The ISQua team supported the motion and IHI opposed it. All opposing arguments in the debate were published on the ISQua website and voting for the debate closed on 14 June. The results will be published on www.isqua.org on Friday 20 June 2014.

Latest Tweets @HIQA

[@HIQA](#)'s Tracy Ocarroll spok today at PHECC's [#healthinfoseminar](#) about standards for quality Information
5 days ago · reply

[@EmmaQBurns](#) to protect potentially vulnerable people disability centre names and addresses are not included
Read more <http://t.co/JdhxhjtKrl>
6 days ago · reply

UL Hospitals staff who were met by HIQA are committed to providing good safe care and to improving the services <http://t.co/anhnGHm8kM>
11 days ago · reply

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