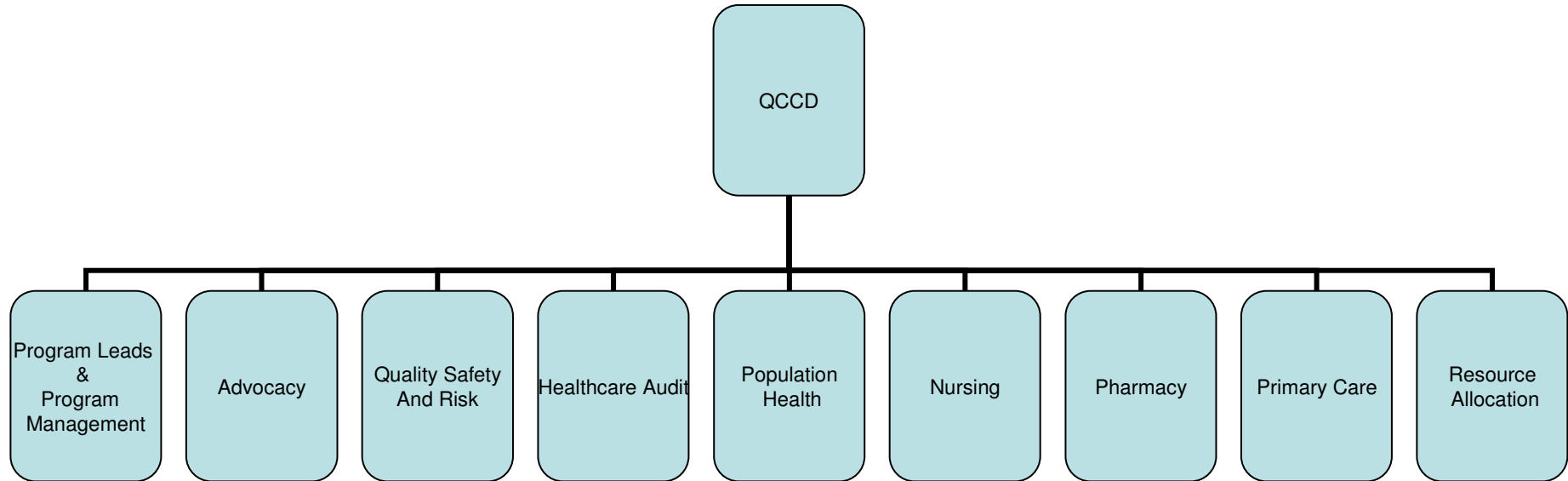


MDT Audit and Quality improvement day
20th May 2010

*Working together to ensure
Strong, effective governance and
Safer, better care*

What is the structure of the Directorate



What is the mission of the Quality & Clinical Care Directorate?

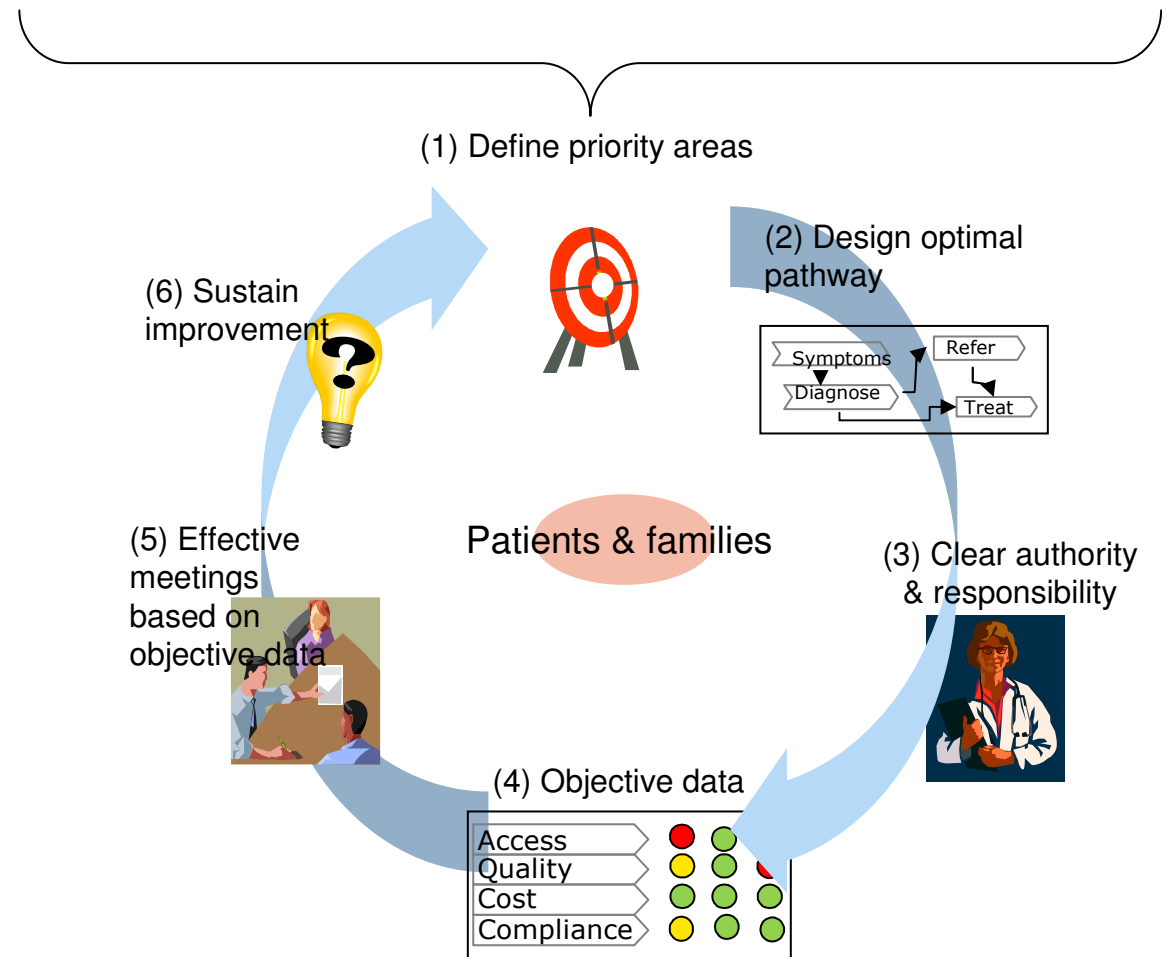
The Mission of the Quality & Clinical Care Directorate is to enable better clinical and social care at less cost that results in high quality and safe sustainable services

What is the vision of the Quality & Clinical Care Directorate?

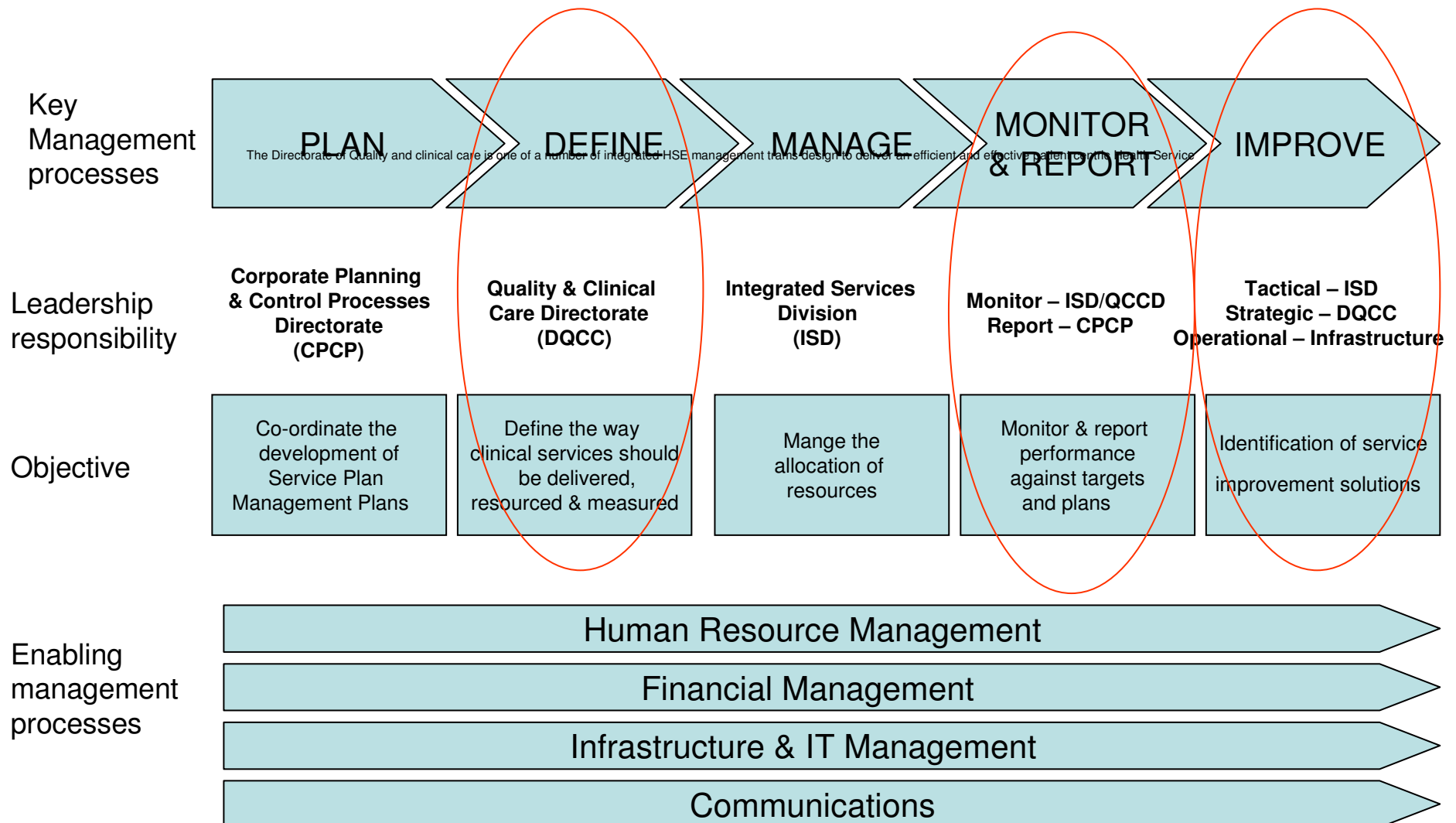
Embed a cycle of continuous improvement throughout healthcare



- (1) Define priority areas and agree national & local access, quality, cost & compliance targets
- (2) Adherence to national guidelines, operational standards & care pathways
- (3) Clear authority and accountability to clinicians for resource & clinical decision making
- (4) Transparent & objective data (access, quality, cost and compliance)
- (5) Effective meetings based on objective data to address performance & track implementation of actions.
- (6) Sustain and generate ongoing improvement



How does the Directorate link to other HSE Management functions?



Clinical care programmes

What are the clinical programs & initiatives?

1. Chronic disease management programs

- Stroke
- Acute coronary syndrome
- Heart failure
- Asthma/COPD
- Diabetes
- Epilepsy
- Mental health

2. Outpatient management programs

- Dermatology
- Neurology
- Rheumatology
- Orthopaedics

3. Emergency function related programs

- Acute Medicine
- Elective surgery
- Diagnostic Imaging
- Care of the elderly

4. Other Clinical program areas

- Obstetrics
- Paediatrics
- ICU
- HCAI
- Primary care
- Neurorehab

5. Enabling programmes

- Development of a resource allocation model
- Pharma strategy
- Implementation of Clinical Directorates
- Defining a standard approach to delivering change

Clinical Care Programmes: Deliverables

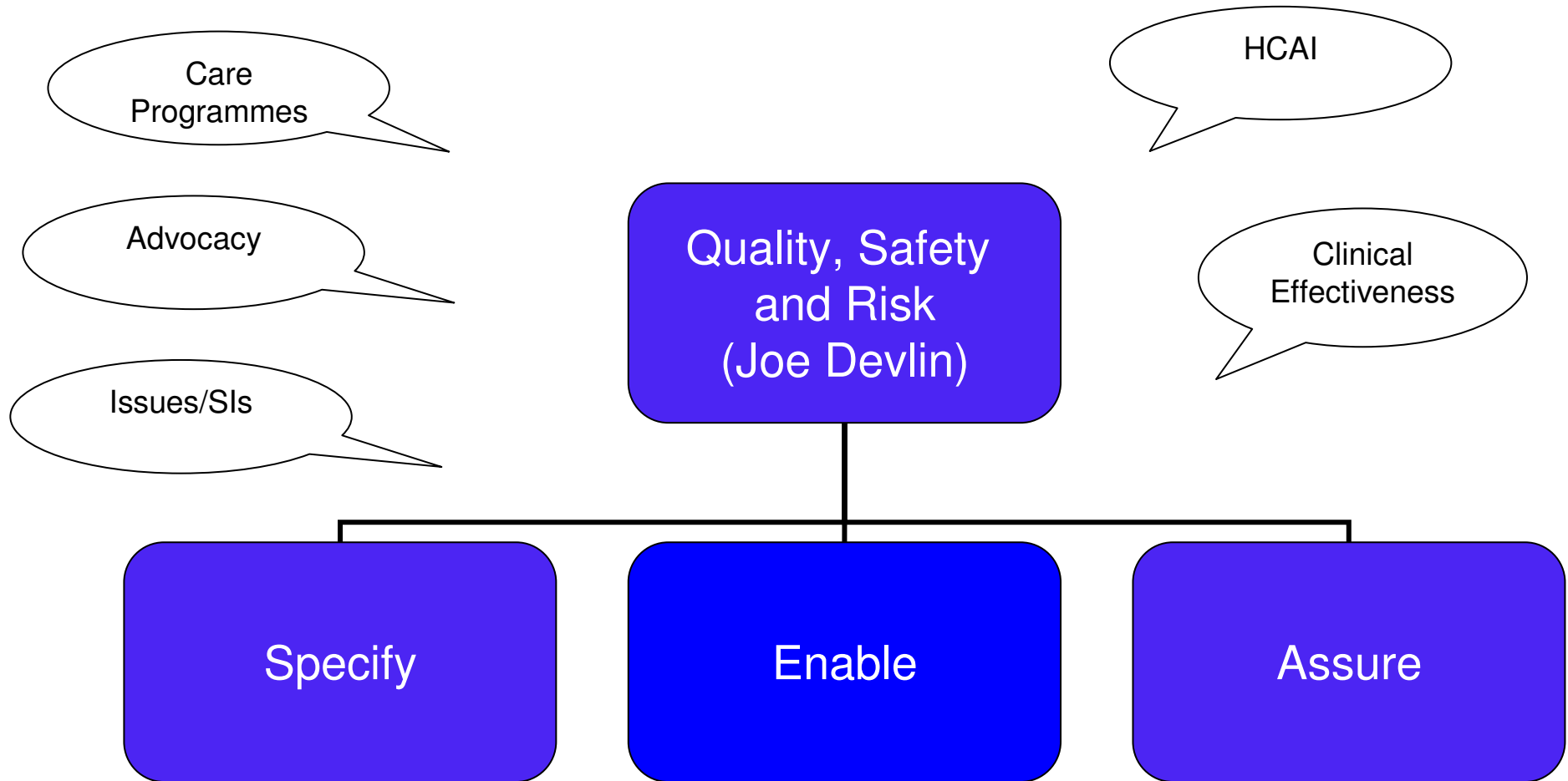
- Overall service model (model of care)
- Specific solutions with implementation plan
- Guidelines, integrated care pathways, process maps and patient/doctor information
- Structure and process by which clinicians have authority to manage local services
- Manpower planning & education
- Reconfiguration recommendations
- Research recommendations
- Performance Measurement

Why take a programmatic approach to change?

- Structured approach to disease management to ensure patients gets the right treatment
- Change is led by experienced clinicians with expertise in disease and service delivery.
- Generates clinical buy-in and ownership from the start. Also provides opportunity for bottom-up and top down change by engaging Colleges and professional bodies.
- Enables greater organisational responsiveness i.e. frontline staff can access the top of the organisation in one step via the national lead.
- Provides a sustained focus
- The appointment of Prof. Keane as the Director of the National Cancer Control Programme (NCCP), demonstrates the importance of having an expert in the relevant clinical area to engage with evidence to the public, media, politicians and other clinicians

Quality, Safety & Risk

Structure



Specify

Receive and determine standards and recommended practice guidelines for care quality, safety and risk management together with related key performance indicators for the entire organisation

- Status of Standards
- Updates & Reviews of Standards
- Receipt of Standards
- Guidance documents to support implementation of Standards
- Interface with external stakeholders (e.g. HIQA)
- Integrate care programmes when complete
- Work with 'enable' & 'assure' arms to agree implementation & monitoring schedule and reports

Enable

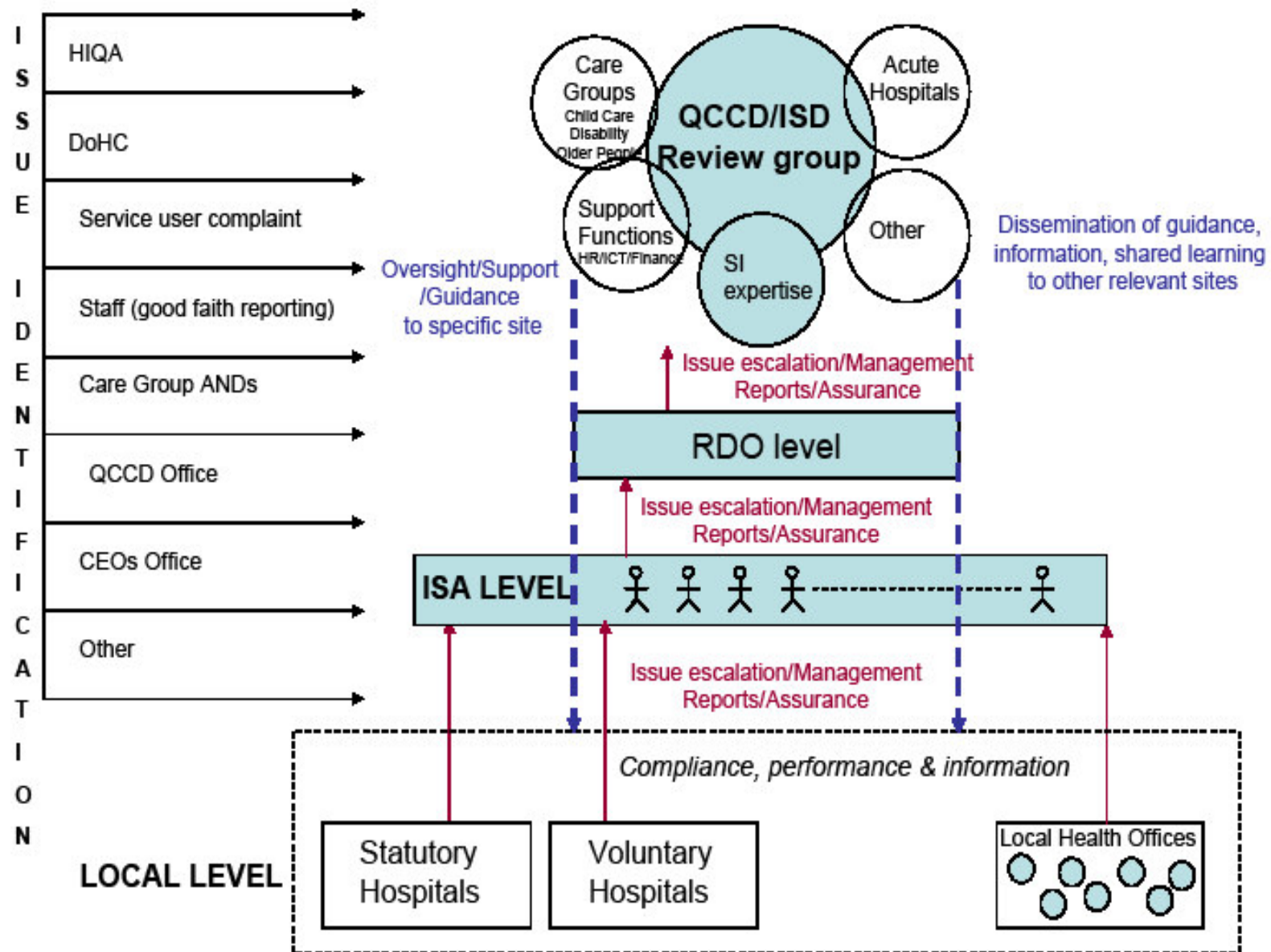
Build capacity within the organisation to deliver on the quality, safety and risk management agenda by providing support, documented guidance, education, training and direct assistance to enable local service providers to demonstrably improve the safety and quality of care provided to patients/service users

- Workplan for implementation of each Standard/recommended practice/ Framework element
- Develop self-assessment tools & peer review materials
- Develop training materials
- Organise and run training sessions/ programmes
- Activate & support self-assessments
- Support for development of QIPs
- Build & support capacity in the system
- Share best practice
- Share learning

Assure

Monitor compliance with key health and personal social services standards together with performance against key clinical and other performance indicators to provide assurances to the National Directors of QCCD/ISD

- Collate information (national) from self-assessments & peer review
- Collate information (national) from implementation of QIPs
- Collate information on performance targets
- Receive information from SIMT/corporate risk register/complaints/incidents/PMU/HealthStat/CPCP, etc
- Review relevant reports from external stakeholders (e.g. HIQA/MHC)
- Analyse information
- Identify national priorities/areas for improvement/areas of concern (may require close monitoring/liaise with healthcare audit)



QSR priorities for 2010

Core Processes

- Clinical Audit
 - Surgical Audit
- Risk Register
- Incident Management (Incl. Complaints)
- Investigation Processes
 - Underperforming clinicians

Low scoring areas 2009 SA

- Service user involvement
- Accountability – organisational design
- Communication & Consultation

QSR priorities for 2010...contd

Standards

- Review Standards & self-assessments
- Link with HIQA
- Collapse self-assessments where possible
- Develop 'register' of Standards/legislation for HSE
- Peer review programme

Process

Define & agree process for specify/enable/assure functions



HIQA

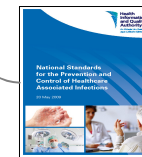
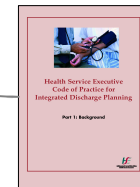
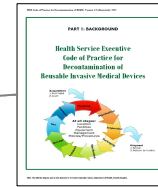
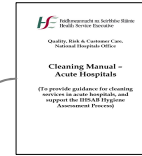
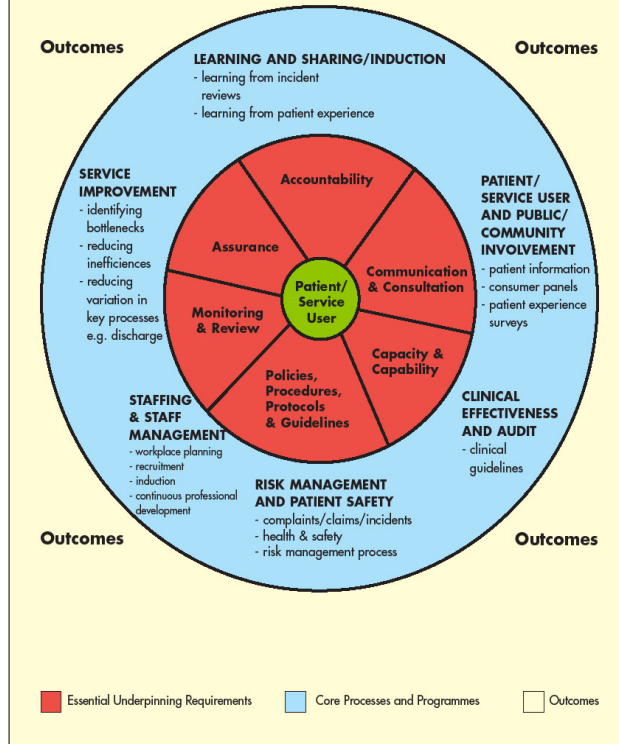
DoHC

MHC

Other



Integrated Quality, Safety and Risk Framework



Quality & Clinical Care Assurance

Quality & Clinical Care Assurance

- QCC Assurance as part of the HSE assurance framework will provide assurance on compliance to standards, policies and procedures, directed by National Director of QCC
- This Assurance is provided by testing the self assessment/peer review (Level 1 assurance) on the level of compliance to which standards for Healthcare activity are met across the system
- *This assurance will add value to our services by building trust and confidence that we are improving patient experiences and delivering Quality and Safe sustainable services. NSP2010*

Quality Clinical Care Assurance

- Conduct audits in line with Audit Programme
- Where non compliance with Policies, Procedures, and Guidelines are identified:
 - Identify reasons why they are not met
 - and make recommendations to implement change to achieve the required standard/best practice
- Follow up audits will monitor the implementation of the recommendations
- Ensure that the learning from each audit will be shared across the organization