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Health Service Executive
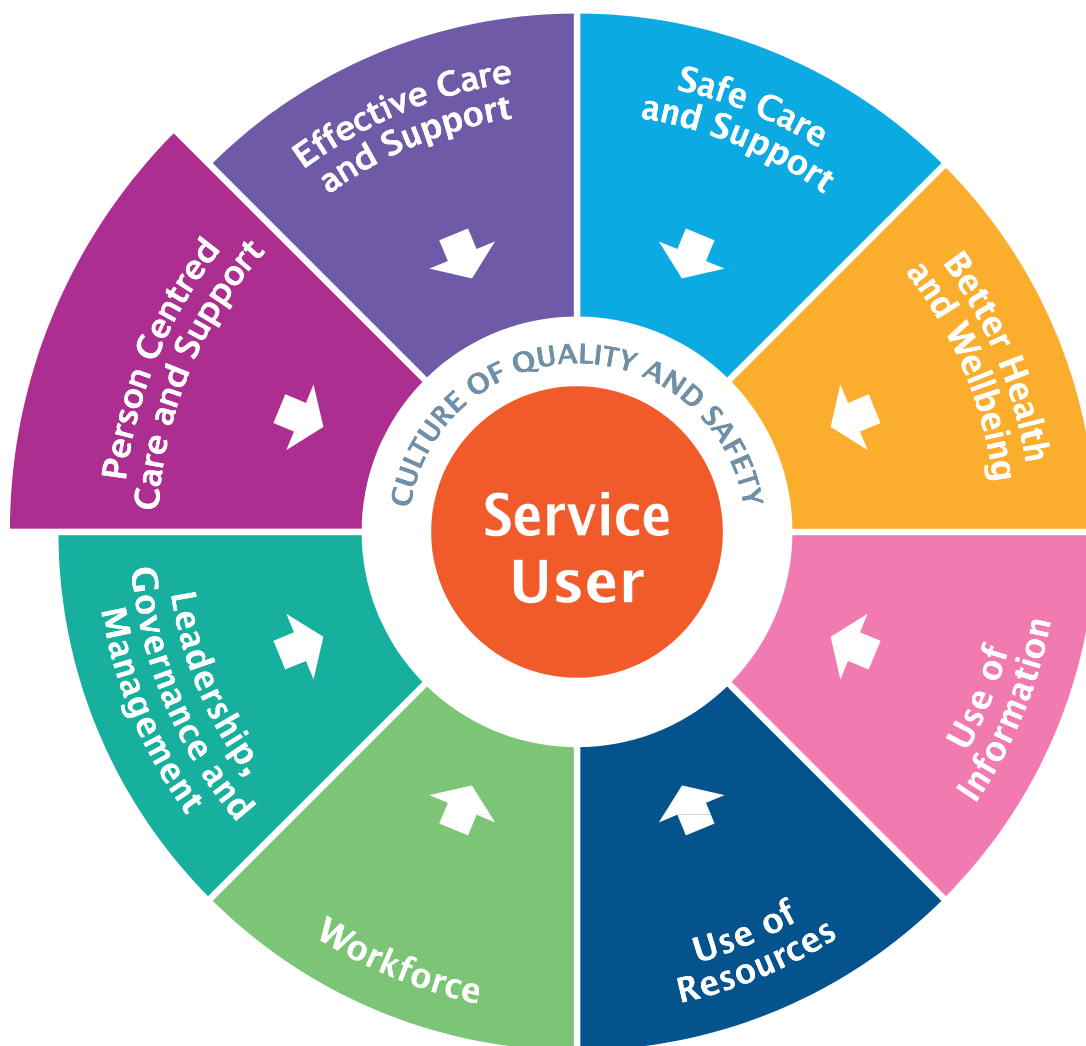
HSE Addiction Services
March 2017

Effective Care and Support

**The National Standards for
Safer Better Healthcare**

WORKBOOK

2

QUALITY ASSESSMENT
& IMPROVEMENT

QA+I

Addiction Services

EFFECTIVE CARE AND SUPPORT: QUALITY ASSESSMENT & IMPROVEMENT

INTRODUCTION

Welcome to the National Standards for Safer Better Healthcare, **Effective Care and Support** Quality Assessment and Improvement Workbook for the Addiction Services. This workbook will support you in assessing your service against Theme 2 of the National Standards for Safer Better Healthcare.

There are **8 Standards** and **10 Essential Elements** of Quality under Theme 2. The Essential Elements are specific, tangible translations of the National Standards. They represent those key aspects of quality you would expect to see within a service that is delivering safe, sustainable, high quality care. There are four Levels of Quality for each Essential Element. These Levels build on each other and allow services to objectively assess the level of quality and maturity that most accurately reflects their service. The content within each Level are guiding prompts to what a service should be achieving for that Level and are not specific criteria that must be in place.

Although the National Standards for Safer Better Healthcare and QuADS Organisational Standards were initiated in 2012, it is recognised that implementing these standards may be challenging and require significant effort by effort by the Addiction Services. Therefore a guiding principle of the assessment is to create a process of continuous quality improvement progressing towards full implementation. In some cases services may not have progressed as far along their quality journey compared to other services. This may result in services determining that for some Essential Elements and Standards they have not yet achieved 'Emerging Improvement', the first Level of Quality. In this instance services should not select a Level of Quality for these Essential Elements; instead they should consider outlining in the Additional Information section the necessary actions they need to implement to achieve 'Emerging Improvement' and higher Levels of Quality.

LEVELS OF QUALITY

Emerging Improvement (EI)	There is progress with a strong recognition of the need to further develop and improve existing governing structures and processes.
Continuous Improvement (CI)	There is significant progress in the development, implementation and monitoring of improved quality systems.
Sustained Improvement (SI)	Well established quality systems are evaluated, consistently achieve quality outcomes and support sustainable good practice.
Excellence (E)	The service is an innovative leader in consistently delivering good patient experience and excellent quality care.

A list of examples of evidence is provided to support you in verifying your chosen Quality Level for each Essential Element. . The examples provided are guided by the relevant QuADS Organisational Standards. This list is intended as a guide and services can add in additional evidence that better reflects their service.
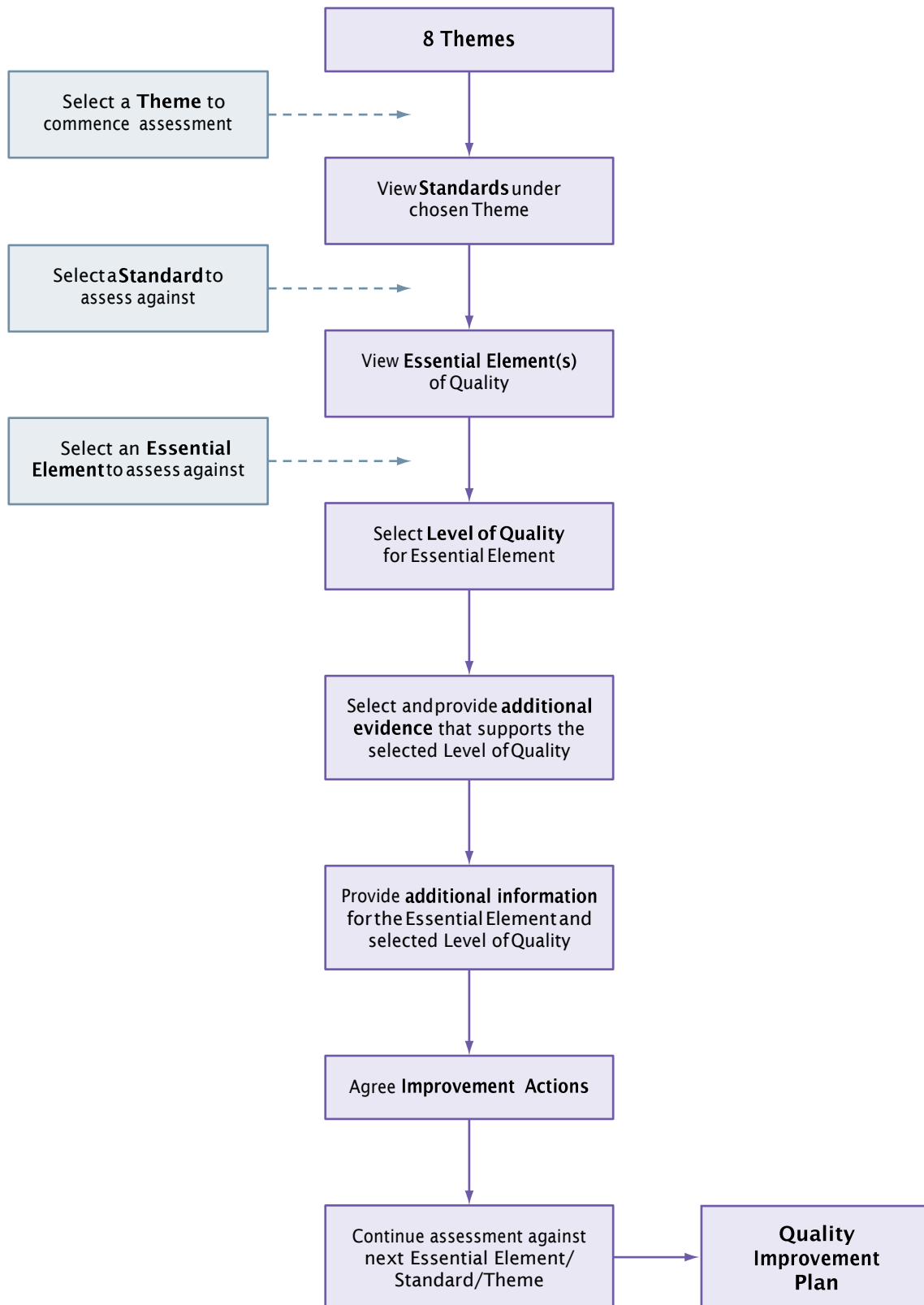
Similarly services may wish to consider the following points to guide them in providing Additional Information to support their assessment:

· Structures and processes in place and how they have been evaluated
· Strategies and plans developed and implemented
· Risks identified and improvement actions taken
· Challenges to progressing to higher levels of quality
· Outcomes achieved and examples of good practice.

The key output of this assessment is the development of Improvement Actions which will support the Addiction Services in implementing the National Standards for Effective Care and Support and improving the quality of your service.

An overview of the steps within the assessment process for the National Standards for Safer Better Healthcare is illustrated in Figure 1.

Addiction Services
EFFECTIVE CARE AND SUPPORT: QUALITY ASSESSMENT & IMPROVEMENT

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EFFECTIVE CARE AND SUPPORT

STANDARDS	ESSENTIAL ELEMENTS	WHAT A SERVICE USER CAN EXPECT WHEN AN ADDICTION SERVICE IS MEETING THESE STANDARDS
STANDARD 2.1 Healthcare reflects national and international evidence of what is known to achieve best outcomes for service users.	**Implementing Best Available Evidence**	· There is an identified person who has overall responsibility and accountability for the quality and safety of the addiction service that you are attending.
STANDARD 2.2 Care is planned and delivered to meet the individual service user's initial and ongoing assessed healthcare needs, while taking account of the needs of other service users.	**Comprehensive Documented Assessment of Care** **Recognising and Responding to Clinical Deterioration** **Palliative Care**	· Your plan of care will be based on your assessed and ongoing needs. Care received will be timely and regularly reviewed and you will be involved in all decisions about your care.
STANDARD 2.3 Service users receive integrated care which is co-ordinated effectively within and between services.	**Co-ordinated Integrated Care**	· Everyone involved in your care will be working together to ensure you receive care that is safely and effectively co-ordinated within and between services.
STANDARD 2.4 An identified healthcare professional has overall responsibility and accountability for a service user's care during an episode of care.	**Lead Healthcare Professional**	· You will have an identified healthcare professional who will be responsible for your care at all times.
STANDARD 2.5 All information necessary to support the provision of effective care, including information provided by the service user is available at the point of clinical decision making.	**Information Enabling Clinical Decision Making**	· The healthcare professional caring for you will have timely access to all relevant information to support decisions that will be made with you about your care.

STANDARD 2.6 Care is provided through a model of service designed to deliver high quality, safe and reliable healthcare.	**Service Delivery Model**	· You will be provided with clear information about the service and you will be informed of any changes to the services.
STANDARD 2.7 Healthcare is provided in a physical environment which supports the delivery of high quality, safe, reliable care and protects the health and welfare of service users.	**Supporting a Safe, Healthy Work Environment**	· You will receive care in healthcare facilities which are safe, effectively managed and protect your dignity and privacy.
STANDARD 2.8 The effectiveness of healthcare is systematically monitored, evaluated and continuously improved.	**Monitoring and Improving Healthcare Quality**	· Your healthcare service will monitor, evaluate and continuously improve the quality of care provided and seek your feedback to support this improvement.

STANDARD 2.1	Healthcare reflects national and international evidence of what is known to achieve best outcomes for service users.

Essential Element: Implementing Best Available Evidence

The Addiction Services are based on best available evidence and the knowledge and experience of service users and staff. This also applies to all addiction service providers funded by the CHO.

LEVEL OF QUALITY	GUIDING PROMPTS	SELECT
Emerging Improvement (EI)	· Policies and procedures are developed and aligned with evidence based practice. · Addiction Service staff are supported in accessing evidenced based information on delivery appropriate care. · Governance arrangements are in place across Addiction Services at all levels within the CHO to support the implementation of national and local policies, procedures, guidelines and care pathways	☐
Continuous Improvement (CI)	· Risk assessments are undertaken when Addiction Services within the CHO are unable to implement evidence based initiatives. · Training programmes for Addiction Service staff throughout the CHO focus on implementing agreed evidence based initiatives. · An audit programme supports the implementation of national and local policy and guidelines. · Relevant outcome measures are monitored and improvement actions developed.	☐
Sustained Improvement (SI)	· Recommendations from internal and external audit reports are implemented across all Addiction Services. · Relevant outcome measures are consistently achieved at all levels within the CHO. · Processes for the development and implementation of policies, guidelines and care pathways for Addiction Services are evaluated.	☐
Excellence (E)	· Local and national recognition of the implementation of evidence based initiatives across Addiction Services within the CHO. · Service benchmarks performance and shares learning with other service providers.	☐

EVIDENCE TO VERIFY SELECTED LEVEL OF QUALITY

EXAMPLES (incorporating relevant QuADS Organisational Standards)

· Regular learning needs analysis to demonstrate competency and capacity of staff providing addiction services based on best evidence
· Training for addiction service staff to appropriate evidence based interventions.
· Develop a plan and monitoring system for the implementation of relevant Programmes.
· Service has a strategy that facilitates development, implementation and review of service specific and corporate PPPGs in line with the HSE National PPPG Framework (2016).

· Prescribing in accordance with OST Clinical Guidelines, Guidelines for managing benzodiazapine dependence, and other relevant guidelines
· Clinical care pathways established, implemented and evaluated.
· Assessment process and prescribing response takes account of poly-drug use, including alcohol and prescribed drugs.
· Risk assessments and quality improvement plans to support the implementation of national clinical programmes, guidelines, policies and care pathways.
· Reports and improvement plans arising from audit programmes.
· Addiction Service Mission Statement
· Provision of information on BBVs and policy on viral testing and vaccination: testing for HAV, HBV, HCV and HIV
· The aims, objectives and working methods for all disciplines within the addiction services are clearly defined

ADD YOUR OWN EVIDENCE

ADDITIONAL INFORMATION

<table>
<tr><td>STANDARD
2.2</td><td>Care is planned and delivered to meet the individual service user's initial and ongoing assessed healthcare needs, while taking account of the needs of other service users.</td></tr>
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Essential Element: Comprehensive Documented Assessment of Care

Care is planned, agreed and documented to reflect individuals initial and ongoing assessed needs. This also applies to all addiction service providers funded by the CHO.

LEVEL OF QUALITY	GUIDING PROMPTS	SELECT
Emerging Improvement (EI)	· The individual care plan reflects the patients' initial and ongoing assessed needs. · A multidisciplinary approach to the service users needs forms the basis of the care plan. · An Addiction Service Team Assessment of service user needs is based on best available evidence. · Relevant members of Addiction Service staff receive training on developing care plans and accurate documentation of information.	☐
Continuous Improvement (CI)	· Evidence of regular review of care plans to meet the changing needs of the service user across all Addiction Services within the CHO. · Care plans are audited to ensure completeness, accuracy and timely review of assessments based on service users needs. · Audit results inform training programmes and improvement plans for Addiction Services. · Incidents are analysed and reported in line with governing arrangements. · Service user's assessed needs that cannot be met within the scope of the service are appropriately managed.	☐
Sustained Improvement (SI)	· Evaluation and implementation of audit report findings for all Addiction Services within the CHO. · Service user experience is reflected in evaluating the quality of care assessments. · Learning from incidents and investigations is shared and informs improvement plans for Addiction Services.	☐
Excellence (E)	· The Addiction Service learns from local, national and international investigations and quality improvements related to care planning.	☐

EVIDENCE TO VERIFY SELECTED LEVEL OF QUALITY

EXAMPLES (incorporating relevant QuADS Organisational Standards)

- Attendance at training for improving care assessments for all relevant addiction service staff.
- Audits of compliance with HSE Standards for the HSE Standards and Recommended Practices for Healthcare Records Management (2012).
- PPPGs on assessment, care planning and care review in line with NDRF
- Assessment processes are detailed and needs based
- Record of initial and comprehensive assessment in Service User file
- Service User is at the centre of the care planning process in line with the NDRF
- The care plan is holistic, documented, and developed between the service user and service provider based on SMART (Specific, Measurable, Attainable, Realistic and Time-bound) objectives.
- Care plans document and enable review of service user needs, goals, and progress in four specific areas: Drug and alcohol misuse, Health (physical and psychological), Offending, and Social functioning (including housing, employment and relationships)
- The date for the next care plan review is set and recorded
- The care plan is dated and signed by completing staff member and service user, and a copy of the plan is provided to the service user
- The care plan is reviewed routinely (every 3 months) and when a change in a service user's circumstances makes it necessary
- The review is dated and signed by completing staff member and service user and a copy of the plan is provided to the service user
- Service user feedback informs improvement plans for all addiction services within the CHO.
- Incident analysis and improvement plans for addiction services.
- Goals for achievement within the counselling/therapy process are agreed with the service user with regard to behavioural change related to drugs and/or alcohol use
- There are established protocols for joint peripatetic work
- The service has PPPGs for working with drug and/or alcohol using parents
- The service has PPPGs in line with Hidden Harm with the aim of increasing responsiveness to affected children

ADD YOUR OWN EVIDENCE

ADDITIONAL INFORMATION

Essential Element: Recognising and Responding to Clinical Deterioration

Patients whose condition is deteriorating are recognised and an appropriate timely response is taken across all addiction services throughout the CHO. This also applies to all addiction service providers funded by the CHO.

LEVEL OF QUALITY	GUIDING PROMPTS	SELECT
Emerging Improvement (EI)	· Governing arrangements at all levels for addiction services support the development, implementation, maintenance of service wide recognition and response systems to clinical deterioration. · Relevant members of addiction services staff receive training in recognising and responding to clinical deterioration.	☐
Continuous Improvement (CI)	· Audits on implementation of national and local policies and guidelines are reported in line with governing arrangements for all addiction services throughout the CHO. · Analysis of audits, feedback from addiction service staff and incidents inform improvement actions. · Circumstances and outcome of calls for emergency assistance are regularly reviewed and addiction service staff receive feedback on performance against outcome measures. · Patients, families and carers are informed of signs/symptoms of deterioration relevant to their condition and how to raise concerns.	☐
Sustained Improvement (SI)	· Consistent achievement of outcome measures relating to recognition and response systems for all addiction services throughout the CHO. · Evaluation of systems for responding to clinical deterioration and implementation of improvement plans. · Service disseminates and implements the learning from incidents involving failure to recognise and respond to clinical deterioration.	☐
Excellence (E)	· The service benchmarks its performance with other providers. · The service learns from national and international incidents and implements improvements locally.	☐

EVIDENCE TO VERIFY SELECTED LEVEL OF QUALITY

EXAMPLES (incorporating relevant QuADS Organisational Standards)

· Participation in Addiction Clinical Team meetings to discuss patient care.
· Primary care and secondary care have clear process/procedures in place for the transfer/referral of patients.
· Written procedures on referral in line with the NDRF
· Record of referrals in service user file
· Evaluation of arrangements to escalate care and call for emergency assistance.
· Review of out of hours services, responsiveness to emergency calls.
· Evaluation of service user information.
· Training on recognising and responding to clinical deterioration
· Analysis of incidents and implementation of improvement plans.
· Audit of compliance with national and local policies and guidelines.
· Implementation of learning from local, national and international incidents.

ADD YOUR OWN EVIDENCE

ADDITIONAL INFORMATION

Essential Element: **Palliative Care**[1]

Service users receive palliative care that is integrated, organised and appropriate to their needs and wishes. This also applies to all addiction service providers funded by the CHO.

LEVEL OF QUALITY	GUIDING PROMPTS	SELECT
Emerging Improvement (EI)	· Policies and procedures are developed in line with national programmes and standards to support the delivery of palliative care. · Staff responsible for the provision of palliative care have relevant competencies and training.	☐
Continuous Improvement (CI)	· Palliative care provision is reviewed and audited with improvement plans implemented. · Comprehensive, timely and interdisciplinary assessment of palliative care needs is based on best available evidence which forms the basis of care planning. · Feedback and incidents are analysed and addressed to improve the quality of palliative care. · Palliative care education and training programme supports clinical and non clinical staff.	☐
Sustained Improvement (SI)	· Service develops and monitors performance against palliative care quality indicators. · Delivery of palliative care is evaluated which includes feedback from families, carers and staff. · Implementation and monitoring of external report recommendations. · Learning is shared from audits, report recommendations and performance reports throughout the service.	☐
Excellence (E)	· Collaboration and partnerships between health and community services within the CHO to respond to the needs of people who have a life limiting illness. · Benchmarking with other service providers is undertaken to support the implementation of improved practice.	☐

[1] *Please refer to 'Towards Excellence in Specialist Palliative Care Quality Assessment and Improvement Workbooks' (November 2014).*

EVIDENCE TO VERIFY SELECTED LEVEL OF QUALITY

EXAMPLES (incorporating relevant QuADS Organisational Standards)

· Implementation of recommendations from National Advisory Committee on Palliative Care, 2001.
· Implementation of policies relating to palliative care.
· Implementation of National Clinical Programme for Palliative Care.
· Palliative care resources available across addiction services within the CHO (e.g. spiral symbol and information leaflets).
· Review of the design and dignity within the physical environment in partnership with service users and families.
· Attendance at staff training.
· Implementation of improvement plans from local and national audits (e.g. National Audit of End-of-Life Care).

ADD YOUR OWN EVIDENCE

ADDITIONAL INFORMATION

STANDARD 2.3	Service users receive integrated care which is co-ordinated effectively within and between services.

Essential Element: Co-ordinated Integrated Care

The integration, co-ordination and continuity of care between interdisciplinary teams and other service providers is effectively managed throughout the CHO. This also applies to all addiction service providers funded by the CHO.

LEVEL OF QUALITY	GUIDING PROMPTS	SELECT
Emerging Improvement (EI)	· Documented processes within addiction services support the co-ordination of care within and between teams and other health service providers. · Addiction services staff receive training to support the co-ordination of care within and between services with a strong focus on effective communication.	☐
Continuous Improvement (CI)	· Care pathways are developed and implemented within addiction services. · Service Users and relevant health and social care professionals are informed in advance of any plans to transfer or share any aspects of patient care. · Review and audits of policies, protocols and national guidance are undertaken for all addiction services within the CHO. · The analysis of incidents and identified trends inform improvement plans for addiction services within the CHO. · Findings from audits and incident analysis inform multidisciplinary team training.	☐
Sustained Improvement (SI)	· Addiction services provide an integrated model of care for the service user. · Reports from investigations and audit findings enhance governing arrangements for addiction services throughout the CHO. · Outcome measures are monitored and reported with improvement plans implemented across all addiction services within the CHO. · Service user, staff and other service provider feedback is incorporated into a review of current policies and guidance, communication arrangements and care pathways.	☐
Excellence (E)	· Development of strong links and partnership working with addiction and other service providers to enhance integration and co-ordination of care. · Sharing of information systems with other service providers.	☐

EVIDENCE TO VERIFY SELECTED LEVEL OF QUALITY

EXAMPLES (incorporating relevant QuADS Organisational Standards)

- Clinical Team meetings with all relevant addiction service staff to discuss and improve patient care.
- Implementation of national referral pathways/protocols between primary and secondary care.
- Services for pregnant women: The service has established links and protocols with representatives of the relevant statutory agencies
- Review of referral, transfer and case closure procedures in line with the NDRF to inform improvement plans for addiction services.
- Audit of compliance with referral, transfer and case closure procedures.
- Implementation of clinical handover policy.
- Review of incidents and implementation of improvement plans.
- PPPGs in line with the NDRF for sharing Service User information and inter-agency service provision detailed in Memorandums of Understanding
- Record of referral, transfer and case closure on Service User file

ADD YOUR OWN EVIDENCE

ADDITIONAL INFORMATION

STANDARD 2.4	An identified healthcare professional has overall responsibility and accountability for a service user's care during an episode of care.

Essential Element: Lead Healthcare Professional

Service users are informed of the lead healthcare professional that is responsible and accountable for their care in the addiction service. This also applies to all addiction service providers funded by the CHO.

LEVEL OF QUALITY	GUIDING PROMPTS	SELECT
Emerging Improvement (EI)	· Arrangements throughout the CHO support an identified lead healthcare professional responsible and accountable for the care of each service user whilst receiving primary healthcare. · Arrangements support the formal handover of care between health and social care professionals. · Information is provided to service users on how to contact their lead healthcare professional.	☐
Continuous Improvement (CI)	· Evidence and documentation of the identified lead healthcare professional and any changes in this lead role. · Audits of compliance with governing arrangements inform improvement plans for all addiction services throughout the CHO. · Effectiveness of clinical handover is monitored, reported and improvement plans implemented.	☐
Sustained Improvement (SI)	· Analysis and trending of incidents pertaining to clinical handover, inform improvement plans and evaluations across addiction services throughout the CHO. · Service learns from local incidents and shares learning. · Feedback from service users also informs improvement plans and evaluations.	☐
Excellence (E)	· Service learns from national and international experience and reflects this learning in its practice.	☐

EVIDENCE TO VERIFY SELECTED LEVEL OF QUALITY

EXAMPLES (incorporating relevant QuADS Organisational Standards)

- Named lead healthcare professional responsible and accountable for the Service User's care.
- Service User and family (with Service Users' consent) are provided with the contact details of the named lead healthcare professional.
- Assessment of the provision of contact details of lead healthcare professionals to Service Users.
- Service User experience surveys to determine Service Users being informed of their lead healthcare professional.
- Implementation and evaluation of clinical handover policy.
- Implementation of HSE National Integrated Care Guidance.
- Analysis and trending of incidents and implementation of improvement plans across addiction services within the CHO.
- Evaluation of service user feedback and implementation of improvement plans.
- Implementation of learning from national and international experience.
- Audit of healthcare records to determine documentation of lead health care professional.
- Service User care plan in service user file
- Care plan includes key worker(s) and case manager where relevant
- Referrals records include source of referral, case history, key contacts, actions to be taken (incl. staff responsible and timelines) and outcome of referral

ADD YOUR OWN EVIDENCE

ADDITIONAL INFORMATION

STANDARD 2.5	All information necessary to support the provision of effective care, including information provided by the service user is available at the point of clinical decision making.

Essential Element: Information Enabling Clinical Decision Making

Complete and accurate information is available and accessible to health and social care professionals within addiction services to support them in making effective clinical decisions with their patients. This also applies to all addiction service providers funded by the CHO.

LEVEL OF QUALITY	GUIDING PROMPTS	SELECT
Emerging Improvement (EI)	· Arrangements facilitate relevant addiction service staff members in accessing timely relevant information to assist clinical decision making. · Arrangements support the sharing of patient information internally and externally in a confidential manner. · Addiction service staff receives training on their obligations of complying with legislation when sharing information.	☐
Continuous Improvement (CI)	· Review and audit of access to healthcare information is undertaken across addiction services within the CHO. · Improvement plans are implemented to improve access to healthcare information. · Incidents are analysed, trended and improvement plans implemented. · Monitoring and reporting of outcome measures relating to timely access to healthcare information.	☐
Sustained Improvement (SI)	· Evaluation of staff and service user feedback informs improvements within addiction services throughout the CHO. · Sustainable achievement of relevant outcome measures. · Service implements the learning from incidents and shares this learning within the service.	☐
Excellence (E)	· Innovative approaches are adopted throughout the CHO to improving access to best available healthcare information.	☐

EVIDENCE TO VERIFY SELECTED LEVEL OF QUALITY

EXAMPLES (incorporating relevant QuADS Organisational Standards)

- Audit of implementation of HSE Standards for Healthcare Records Management.
- Audit of compliance with legislation (e.g. Data Protection Act).
- Minutes of multidisciplinary meetings.
- Staff training on healthcare records management, data protection and confidentiality including consent.
- Review of access to Service User healthcare information including assessment records and care plan.
- Implementation of improvement plans across addiction services throughout the CHO.
- Analysis of incidents and service user feedback, and identified trends, form part of the service's Quality Profile/report.
- Reporting of outcome measures.
- The Service User Confidentiality policy demonstrates recognition of shared care protocols
- Service user consent to share information is reviewed regularly and as necessary

ADD YOUR OWN EVIDENCE

ADDITIONAL INFORMATION

STANDARD 2.6	Care is provided through a model of service designed to deliver high quality, safe and reliable healthcare.

Essential Element: Service Delivery Model

Evidence based service delivery model underpins addiction service delivery throughout the CHO. This also applies to all service providers funded by the CHO.

LEVEL OF QUALITY	GUIDING PROMPTS	SELECT
Emerging Improvement (EI)	· Governance arrangements support implementation of an agreed addiction service delivery model within the CHO. · Statement of purpose reflects service delivery model. · Addiction service staff receives regular information regarding the agreed service delivery model.	☐
Continuous Improvement (CI)	· Review of governance arrangements to ensure safe transfer of care when care cannot be provided within the addiction healthcare delivery model. · Governing committees at all levels within the addiction services receive reports on implementation of service delivery model. · Review of implementation of the National Clinical Care Programmes to inform improvement plans. · Outcome measures are monitored and reported at all levels throughout the CHO. · Addiction services staff receive training to support implementation of service delivery model.	☐
Sustained Improvement (SI)	· Evaluations of the effectiveness of the addiction service delivery model are undertaken. · Service uses the learning from incidents, service user and staff feedback and external report recommendations to inform changes to model. · Performance against outcome measures also informs changes to service delivery model.	☐
Excellence (E)	· Service takes account of national and international evidence of service models and care pathways. · Service receives recognition for innovative effective changes to service delivery model.	☐

EVIDENCE TO VERIFY SELECTED LEVEL OF QUALITY

EXAMPLES (incorporating relevant QuADS Organisational Standards)

- Plan to support implementation of service delivery model based on the NDRF
- The treatment approach is set out in a clearly written format which includes: services rationale/philosophy; service structure; schedule/expected commitment; minimum quality standards; Service User induction process; outcome targets; code of conduct and behavioural boundaries.
- The needs of both opiate and non-opiate Service Users reflected in service delivery
- Addiction service PPPGs including on needle exchange for age 16 and under which takes account of the HSE National Consent Policy
- Review of staff and service user feedback informs improvements across addiction services within the CHO.
- Review of effectiveness of local implementation of National Clinical Care Programmes.
- Prescribing based on standards approved national and international guidelines
- Documented procedure for case closure/transfer which includes all key factors for case closure/transfer recorded on Service User file
- Attendance at relevant training for staff.
- Audit of compliance with legislation.
- Assessment based on the NDRF and includes information on method of drug consumption and injecting practices
- A variety of equipment (idu and non-idu) is provided to Service Users
- Advice on injecting techniques and sites provided based on assessed need
- A range of information is available on harm reduction
- There is a strategy to encourage the return of used needles
- The aims, objectives and working methods for outreach work are clearly defined

ADD YOUR OWN EVIDENCE

ADDITIONAL INFORMATION

STANDARD **2.7**	Healthcare is provided in a physical environment which supports the delivery of high quality, safe, reliable care and protects the health and welfare of service users.

Essential Element: Supporting a Safe, Healthy Work Environment

Arrangements are in place across addiction services throughout the CHO to ensure compliance with health and safety legislation and national standards. This also applies to all service providers funded by the CHO.

LEVEL OF QUALITY	GUIDING PROMPTS	SELECT
Emerging Improvement (EI)	· All addiction services throughout the CHO support compliance with Health and Safety legislation and relevant National Standards. · Site specific Safety Statement includes risk assessments undertaken to address all foreseeable risks to the health and safety of service users and staff. · All addiction service staff receive appropriate training in line with statutory and mandatory requirements and attendance is recorded and monitored.	☐
Continuous Improvement (CI)	· Action plans across addiction services are implemented to manage identified risks to service user and staff. · Governing committees within all addiction services review and monitor action plans and advise on escalation of risk to the risk register. · Site specific Safety Statement is annually reviewed and reflects changes in legislation. · An annual Health and Safety audit is undertaken in accordance with the Health and Safety Authority's audit tool. · All training programmes are reviewed and amended to reflect changes in legislation and findings from audits, incident analysis and inspection reports. · Plans to address non compliances are prioritised and progress reported in line with governing arrangements for addiction services within the CHO.	☐
Sustained Improvement (SI)	· Improvement plans that support a safe, healthy work environment are consistently implemented and monitored across addiction services within the CHO. · Addiction service Governance committees at all levels, receive assurance reports on implementation of recommendations from Health and Safety audits and other external audits.	☐

| Excellence (E) | · Innovative approaches are adopted to facilitate staff in maintaining knowledge of all relevant legislation, standards and national guidance.
· Service learns from national and international incidents and implements changes in practice. | ☐ |

EVIDENCE TO VERIFY SELECTED LEVEL OF QUALITY

EXAMPLES (incorporating relevant QuADS Organisational Standards)

- Audit of compliance with Health and Safety Legislation and National PCHAI Standards.
- Environmental risk assessments and resultant improvement plans.
- External risk assessments and implementation of report recommendations.
- Environmental improvement plans which include accessibility.
- Audit of compliance with policies and service level agreements which support safe facilities and environment.
- Analysis of service user and staff feedback to inform improvement plans.
- Attendance at relevant training by staff.
- Implementation of learning from national and international incidents.
- Performance against the Health and Safety Authority's audit tool is consistently demonstrating compliance with legislation.
- Services for u18s provided in appropriate and separate (time/space) from adult services.
- PPPGs on the management of equipment that takes account of infection controls, including needle stick injury, sharps bins, clinical waste and BBVs
- Job descriptions for outreach workers accurately reflect the tasks required for outreach work
- Outreach workers are provided with supervision and support

ADD YOUR OWN EVIDENCE

ADDITIONAL INFORMATION

STANDARD 2.8	The effectiveness of health care is systematically monitored, evaluated and continuously improved.

Essential Element: Monitoring and Improving Healthcare Quality

Healthcare quality is regularly monitored and reported at all levels to improve the quality of care provided across addiction services within the CHO. This also applies to all service providers funded by the CHO.

LEVEL OF QUALITY	GUIDING PROMPTS	SELECT
Emerging Improvement (EI)	· Governance arrangements within all addiction services support the reviewing, monitoring and reporting of quality of care provided within the CHO. · There are structured approaches within addiction services to monitoring and reporting of national and locally agreed quality and performance indicators and notifiable information (e.g. Compstat and quality profiles/reports). · Addiction service staff receive training on measuring and monitoring quality of healthcare.	☐
Continuous Improvement (CI)	· Performance reports, quality profiles and audit findings are reported and monitored at all levels throughout addiction services in line with local and national governing arrangements. · Improvement plans are developed and implemented in response to quality and performance information (e.g. analysis of complaints). · Indicators for healthcare quality include service user and staff experience. · Service participates in national audits and quality assurance programmes. · Addiction service staff receive regular updates on quality of care provided by the service.	☐
Sustained Improvement (SI)	· Service evaluates current sources of information to further develop its quality profile/report. · Service benchmarks performance with other providers and demonstrates consistent performance. · Progress on the implementation of quality and safety addiction healthcare initiatives is included in a publicly available annual report (i.e. quality profiles). · Review of national and international indicators, which are aligned with national initiatives, informs local adaptation across addiction services within the CHO.	☐

| Excellence (E) | · Learning from different measuring and monitoring approaches is shared with other service providers. | ☐ |

EVIDENCE TO VERIFY SELECTED LEVEL OF QUALITY

EXAMPLES (incorporating relevant QuADS Organisational Standards)

- Participation in clinical audit.
- Shared learning from audits.
- A Quality Profile which is regularly updated.
- Evaluation of implementation of local audit programme.
- Review of implementation of improvement plans across addiction services throughout the CHO.
- Results of benchmarking informing improvement plans.
- Monitoring and reporting of national key performance indicators incl. NDS progress reports.
- Quality and safety progress and improvements published in annual public report.
- Involvement in national quality assurance programmes and implementation of recommendations.
- Reporting of notifiable information to relevant national bodies.
- Return of NDTRS forms
- There is an established monitoring and evaluation system for outreach work including: clear goals and work targets for outreach work; no. of new service users contacted in a four week period; no. of service users remaining in contact with outreach service longer than three months; no. of service users referred per month to other providers; outcome measures to determine effectiveness of intervention.

ADD YOUR OWN EVIDENCE

ADDITIONAL INFORMATION

IMPROVEMENT ACTIONS FOR THEME 2: EFFECTIVE CARE AND SUPPORT

STANDARD	ESSENTIAL ELEMENT	IMPROVEMENT ACTION	RESPONSIBLE TEAM MEMBER	DUE DATE