



# Addiction Services

March 2017

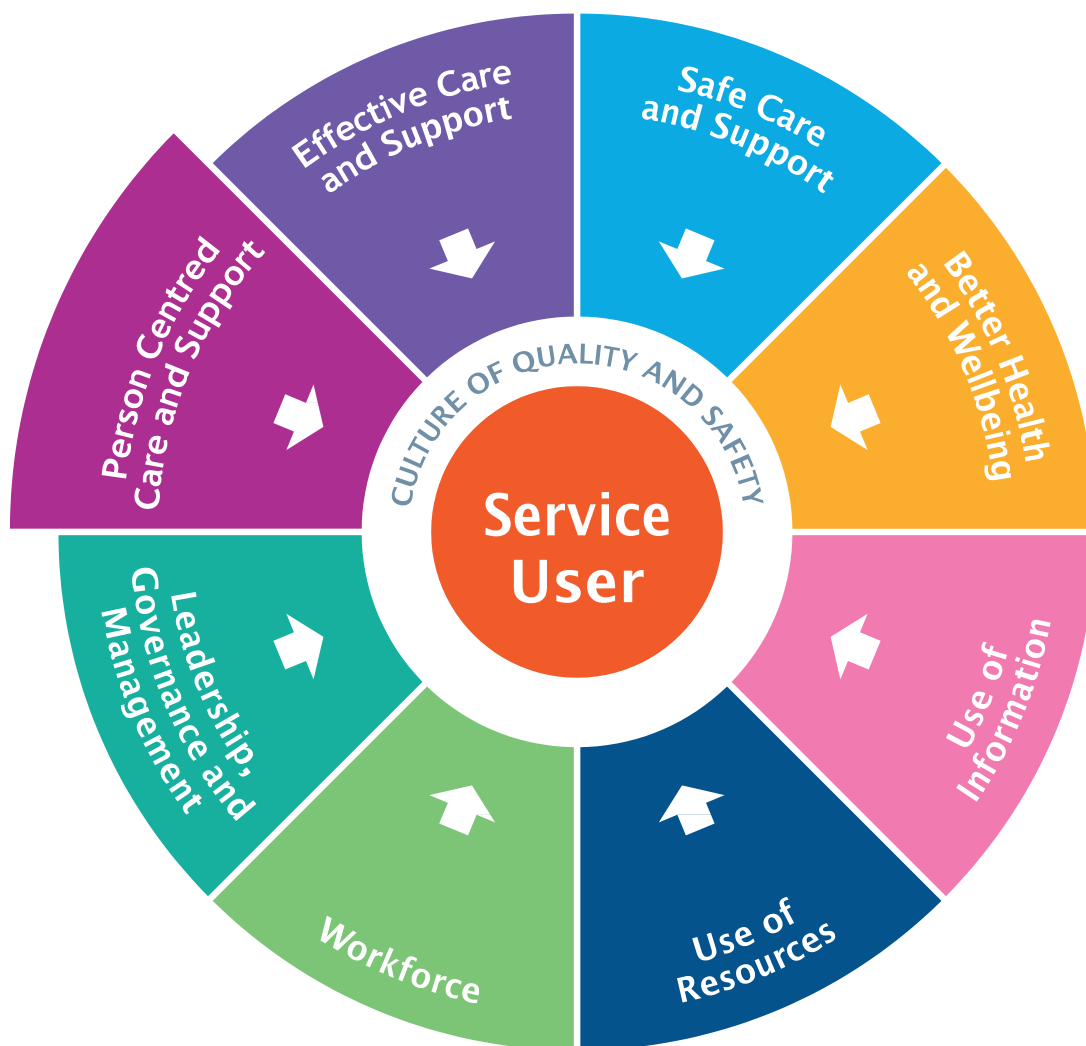
## Safe Care and Support

The National Standards for Safer Better  
Healthcare

WORKBOOK

3





## INTRODUCTION

Welcome to the Safe Care and Support Quality Assessment and Improvement Workbook for Addiction Services. This workbook will support assessment teams in preparing for assessment against Theme 3 of the National Standards for Safer Better Healthcare.

There are 7 Standards and 12 Essential Elements of Quality under Theme 3. 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. Progress through these ascending Levels of Quality assumes that the main aspects of quality within the previous level have been achieved before you move to the next level.

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 HSE 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 selected Level of Quality for each Essential Element. This list is intended as a guide and services can include additional evidence that better supports their selected level.

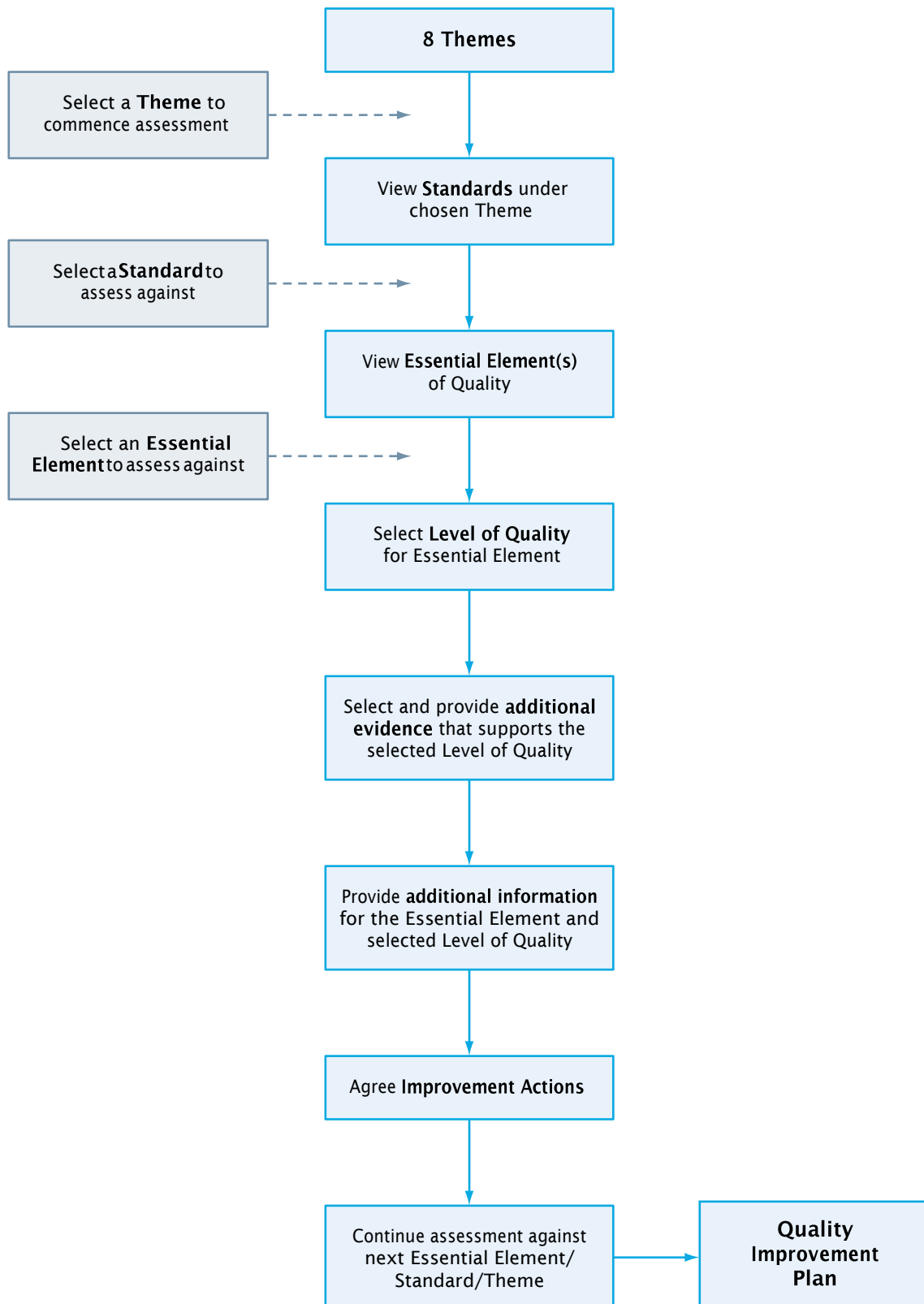
Similarly services may wish to consider the following bullets to guide them in providing additional information to support their assessment:

- 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 addiction services in implementing the National Standards for Safe Care and Support and improving the quality of your service.

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

FIGURE 1: OVERVIEW OF ASSESSMENT PROCESS



## SAFE CARE AND SUPPORT

STANDARDS	ESSENTIAL ELEMENTS	WHAT A SERVICE USER CAN EXPECT WHEN AN ADDICTION SERVICE IS MEETING THESE STANDARDS
<b>STANDARD 3.1</b> Service providers protect service users from the risk of harm associated with the design and delivery of healthcare service.	Implementing National Standards, Policies, Procedures, Guidelines and Report Recommendations	<ul style="list-style-type: none"> <li>You can expect to be safe while receiving care and your addiction service will continuously look for ways to protect you from the risk of harm.</li> </ul>
	Effective Risk Management System	
	Effective Prevention and Control of HAI	
	Medication Management	
	Decontamination Management of Reusable Invasive Medical Devices	
	Management and Use of Medical Devices and Equipment	
<b>STANDARD 3.2</b> Service providers monitor and learn from information relevant to the provision of safe services and actively promote learning both internally and externally.	Responding to and Learning from Quality and Safety Information	<ul style="list-style-type: none"> <li>Your service will look at different sources of information on the quality and safety of care it is providing to identify areas where improvements are required.</li> </ul>
<b>STANDARD 3.3</b> Service providers effectively identify, manage, respond to and report on patient safety incidents.	Effective Incident Management and Investigation	<ul style="list-style-type: none"> <li>Staff will know what to do if something goes wrong while providing healthcare. They will look to find out what went wrong to try and prevent it happening again.</li> </ul>
<b>STANDARD 3.4</b> Service providers ensure all reasonable measures are taken to protect service users from abuse.	Protecting Service Users from Abuse	<ul style="list-style-type: none"> <li>The service will take the necessary steps to protect you from different types of abuse while you are receiving healthcare.</li> </ul>

## SAFE CARE AND SUPPORT

STANDARDS	ESSENTIAL ELEMENTS	WHAT A PATIENT CAN EXPECT WHEN A SERVICE IS MEETING THESE STANDARDS
<b>STANDARD 3.5</b> Service providers fully and openly inform and support service users as soon as possible after an adverse event affecting them has occurred, or becomes known, and continue to provide information and support as needed.	<b>Open Disclosure</b>	<ul style="list-style-type: none"> <li>· If something goes wrong while you are receiving healthcare the service will be open and honest with you as soon as possible after the event and will support you through this event.</li> </ul>
<b>STANDARD 3.6</b> Service providers actively support and promote the safety of service users as part of a wider culture of quality and safety.	<b>Supporting and Embedding a Culture of Quality and Safety</b>	<ul style="list-style-type: none"> <li>· The service places a high value on quality and patient safety and all staff seek to improve your experience when receiving healthcare.</li> </ul>
<b>STANDARD 3.7</b> Service providers implement, evaluate and publicly report on a structured patient safety improvement programme.	<b>Patient Safety Improvement Programme</b>	<ul style="list-style-type: none"> <li>· Services will have plans in place to reduce the likelihood of harm occurring to you and other patients while receiving healthcare.</li> </ul>

## STANDARD 3.1

Service providers protect service users from the risk of harm associated with the design and delivery of healthcare.

### Essential Element: Implementing National Standards, Policies, Procedures, Guidelines and Report Recommendations

Systematic assessments are undertaken across all addiction services throughout the CHO and improvement plans developed against national standards, policies, guidelines and report recommendations. This also applies to all addiction service providers funded by the CHO.

LEVEL OF QUALITY	GUIDING PROMPTS	SELECT
Emerging Improvement (EI)	<ul style="list-style-type: none"> <li>Governance arrangements support the implementation of standards, policies, guidelines and report recommendations at CO, addiction service management team, network, and/or Primary Care Team (PCT) level.</li> <li>Service undertakes relevant assessments of addiction services supported by clear accountability arrangements.</li> <li>Addiction service staff receives training relevant to their role and responsibilities.</li> </ul>	<input type="checkbox"/>
Continuous Improvement (CI)	<ul style="list-style-type: none"> <li>Assessments across all addiction services are regularly undertaken and improvement plans developed, implemented and monitored in line with governing arrangements.</li> <li>Reports are submitted in line with governing arrangements with reciprocal communication.</li> <li>Training needs of addiction service staff are identified based upon findings from audits, reports and investigations.</li> </ul>	<input type="checkbox"/>
Sustained Improvement (SI)	<ul style="list-style-type: none"> <li>Arrangements are evaluated and agreed changes shared across addiction services within the CHO.</li> <li>There is an audit programme with regular reporting to governing committees at CO, addiction management team, network, and/or level.</li> <li>Consistent performance against outcome measures which are reported regionally and nationally.</li> <li>External audit report recommendations are implemented and progress reported locally and nationally.</li> </ul>	<input type="checkbox"/>



Excellence  
(E)

- Service benchmarks performance against outcome measures.
- There is leadership and involvement in local, regional and national quality initiatives which promotes a culture of improvement and learning throughout all addiction services within the CHO.



## EVIDENCE TO VERIFY SELECTED LEVEL OF QUALITY

### EXAMPLES (incorporating relevant QuADS Organisational Standards)

- Evaluation of governing arrangements for assessment and review against national standards, policies and guidelines (e.g. Incident management, infection control).
- Audits of implementation and compliance with national standards across addiction services.
- Audits of implementation of national policies and strategies.
- Implementation plans for audit or inspection report recommendations.
- Training needs analysis, programme and records of attendance for addiction staff.
- Participation in national primary care focused quality collaboratives.
- Prescribing PPPGs and interventions comply with statutory and professional requirements
- PPPGs on the care and control of controlled drugs and prescriptions incl. when prescriptions are lost, venue and frequency of dispensing and advice to Service Users on safe storage of medication
- PPPGs on return of used needles and on dealing with drug-related litter

### ADD YOUR OWN EVIDENCE


### ADDITIONAL INFORMATION


## STANDARD 3.1

Service providers protect service users from the risk of harm associated with the design and delivery of healthcare.

### Essential Element: Effective Risk Management System

An effective risk management system at all levels of service delivery to protect service users and the workforce across all addiction services throughout the CHO. This also applies to all addiction service providers funded by the CHO.

LEVEL OF IMPROVEMENT	GUIDING PROMPTS	SELECT
Emerging Improvement (EI)	<ul style="list-style-type: none"> <li>• A risk management policy and procedure supports an integrated risk management system and outlines accountability, escalation and communication of risks for all addiction services throughout the CHO.</li> <li>• Risks are assessed and rated in line with the policy.</li> <li>• A corporate risk register is in place.</li> <li>• Relevant members of addiction staff receive training on risk management policies and procedures.</li> </ul>	<input type="checkbox"/>
Continuous Improvement (CI)	<ul style="list-style-type: none"> <li>• Outputs from the risk management systems are reviewed in line with governing arrangement to support the delivery of quality safe care throughout addiction services.</li> <li>• Risk registers are in place and are actively managed.</li> <li>• Risk management is included in induction for members of staff and as deemed necessary by the service.</li> <li>• There is an audit programme for addiction in place within the CHO.</li> </ul>	<input type="checkbox"/>
Sustained Improvement (SI)	<ul style="list-style-type: none"> <li>• Outcome of audits on the risk management system informs further improvement and development of the risk management system.</li> <li>• Reports are provided to governing committees at all levels within addiction to provide timely information and assurance that all risks to service users and staff (e.g. service change and changes in resource allocation) are effectively managed.</li> </ul>	<input type="checkbox"/>

## Excellence (E)

- Service seeks to enhance its risk management system so that it can generate real-time quality and safety information at all levels within addiction.
- Learning from the management of risks is shared throughout the CHO and with other service providers.
- There is collaboration with other agencies to enhance learning.



## EVIDENCE TO VERIFY SELECTED LEVEL OF QUALITY

### EXAMPLES (incorporating relevant QuADS Organisational Standards)

- Local risk management procedure in place in line with risk management policy.
- Escalation of risks through governing arrangements based on policy and local procedures.
- Integrated risk reports (e.g. incidents, complaints, legal claims form part of the service Quality Profile).
- Active risk registers.
- Risk assessments and improvement plans for addiction services throughout the CHO.
- Risk minimising action plans (e.g. changes to services).
- Reports to/from national incident reporting database.
- Working with other services/agencies to share the learning from managing risks.
- Relevant members of staff participate in a risk management training programme.
- Initial and comprehensive assessment PPPGs and templates include risk assessment

### ADD YOUR OWN EVIDENCE

### ADDITIONAL INFORMATION

## STANDARD 3.1

Service providers protect service users from the risk of harm associated with the design and delivery of healthcare.

### Essential Element: Effective Prevention and Control of Healthcare Associated Infection (PCHAI)

Effective governance and management systems are in place to reduce the risk of healthcare associated infections for all addiction services throughout the CHO. This also applies to all addiction service providers funded by the CHO.

LEVEL OF PERFORMANCE	GUIDING PROMPTS	SELECT
Emerging Improvement (EI)	<ul style="list-style-type: none"> <li>Governing arrangements with appropriate structures, and clear accountability for PCHAI with defined responsibilities for externally contracted services, are in place at all levels within addiction.</li> <li>A communication plan to inform staff, service users and public on issues relevant to PCHAI.</li> <li>An education programme for PCHAI policies, procedures and guidelines with strong emphasis on hand hygiene and appropriate antibiotic use for addiction management and staff members at all levels.</li> <li>Baseline assessment against the PCHAI standards is undertaken.</li> </ul>	<input type="checkbox"/>
Continuous Improvement (CI)	<ul style="list-style-type: none"> <li>Reports on compliance against PCHAI standards are submitted to governing committees at all levels within primary care with reciprocal links of communication.</li> <li>Regular review and implementation of inspection report recommendations and findings from other PCHAI related sources of quality information.</li> <li>Monitoring of outcome measures which are reported at a local, regional and national level.</li> <li>Antimicrobial resistance surveillance and an audit programme with associated improvement plans in place across addiction services throughout the CHO.</li> <li>Areas of significant risk are identified and managed through the risk management process.</li> <li>Arrangements ensure visiting clinical, undergraduate and agency staff are competent in the core principles for PCHAI.</li> </ul>	<input type="checkbox"/>

<p><b>Sustained Improvement (SI)</b></p>	<ul style="list-style-type: none"> <li>· Governing arrangements for PCHAI are regularly evaluated across addiction services to include specific PCHAI strategies, cost effective initiatives and effectiveness of externally provided services.</li> <li>· Strong linkages with other CHO PCHAI governing structures and with national programmes (e.g. hospital trusts).</li> <li>· Outcome measures are consistently achieved and demonstrate sustained good practice.</li> </ul>	<input type="checkbox"/>
<p><b>Excellence (E)</b></p>	<ul style="list-style-type: none"> <li>· Strong leadership at all levels within addiction supports innovation and promotion of a culture for PCHAI.</li> <li>· Service user and addiction staff involvement is integrated into the improvement of PCHAI.</li> <li>· Services continuously benchmarks its performance regionally, nationally and internationally.</li> <li>· Learning is shared throughout all addiction services and the wider healthcare system.</li> </ul>	<input type="checkbox"/>

## EVIDENCE TO VERIFY SELECTED LEVEL OF QUALITY

### EXAMPLES (incorporating relevant QuADS Organisational Standards)

- Governing arrangements for PCHAI (e.g. committee terms of reference etc.)
- PCHAI policies, procedures and guidelines with clear accountabilities and responsibilities for PCHAI.
- Assessments against PCHAI national standards and reports to relevant governing committees within the CHO.
- PCHAI Audit Programme (national & local) (e.g. hand hygiene audits).
- Implementation of PCHAI quality improvement plans across addiction services throughout the CHO.
- Agenda and minutes of PCHAI meetings.
- HIQA PCHAI inspection reports.
- Attendance by addiction staff members at training programme on PCHAI.
- Report on PCHAI performance indicators form part of the addiction services Quality Profile/report (e.g. community antibiotic consumption rates)
- Advice provided on safer injecting based on Service User's assessed need.

### ADD YOUR OWN EVIDENCE

### ADDITIONAL INFORMATION



## STANDARD 3.1

Service providers protect service users from the risk of harm associated with the design and delivery of healthcare.

### Essential Element: Medication Management

There are effective systems in use to prevent medication incidents across all addiction services throughout the CHO, and to improve safety outcomes for service users. This also applies to all addiction service providers funded by the CHO.

LEVEL OF IMPROVEMENT	GUIDING PROMPTS	SELECT
Emerging Improvement (EI)	<ul style="list-style-type: none"> <li>• Arrangements at all levels within addiction support a service wide medication management system including high alert medications.</li> <li>• Service complies with relevant legislative, regulatory and professional requirements.</li> <li>• Medication policy and procedures are in place supported by an education programme.</li> <li>• There is a mechanism for the circulation of medication alerts.</li> </ul>	<input type="checkbox"/>
Continuous Improvement (CI)	<ul style="list-style-type: none"> <li>• Reports on medication safety are submitted in line with governing arrangements with reciprocal lines of communication throughout addiction services within the CHO.</li> <li>• Regular review and implementation of inspection report recommendations and findings from other sources of information.</li> <li>• Audit programme reviews medication management, monitors achievement of performance indicators and informs development of improvement plans across all addiction services.</li> <li>• Training programme for addiction staff reviewed to reflect findings from inspections and audits.</li> </ul>	<input type="checkbox"/>
Sustained Improvement (SI)	<ul style="list-style-type: none"> <li>• Well established and evaluated service wide system for reporting, investigating and implementing improvements across addiction services in response to medication safety incidents.</li> <li>• Medication management policy is reviewed regularly and changes incorporated.</li> <li>• Service implements the learning from local incidents and shares this throughout the CHO.</li> </ul>	<input type="checkbox"/>

## Excellence (E)

- Service user and addiction staff involvement is integrated into improvement of medication management.
- The service reviews and implements national and international evidence across all addiction services within the CHO.
- Self-management protocols are embedded in medication safety practices.



## EVIDENCE TO VERIFY SELECTED LEVEL OF QUALITY

### EXAMPLES (incorporating relevant QuADS Organisational Standards)

- Medication safety audits undertaken by GP's.
- Governing arrangements (e.g. drugs and therapeutics committee, terms of reference).
- Prescribing PPPGs and interventions comply with statutory and professional requirements
- Implementation of medication management policy and procedures.
- Medication safety alerts communicated and acted on (e.g. newsletters and email alerts).
- Drugs specific alerts
- Audit of compliance with policy and procedures.
- Evaluation of improvement plans for medication management.
- Medication safety incident analysis and implementation of improvement plans.
- Education and training for staff and service users.
- Medication safety alerts communicated and acted on.
- Evaluations and implementation of evidence based medication safety initiatives
- PPPGs on the care and control of controlled drugs and prescriptions incl. when prescriptions are lost, venue and frequency of dispensing and advice to Service Users on safe storage of medication.

### ADD YOUR OWN EVIDENCE


### ADDITIONAL INFORMATION


# STANDARD 3.1

Service providers protect service users from the risk of harm associated with the design and delivery of healthcare.

Not Applicable to the Addiction Services

## Essential Element: Decontamination Management of Reusable Invasive Medical Devices

There are effective systems across all addiction services within the CHO to safely reprocess Reusable Invasive Medical Devices (RIMD) to reduce the risk of harm to service users. This also applies to all addiction service providers funded by the CHO.

LEVEL OF IMPROVEMENT	GUIDING PROMPTS	SELECT
Emerging Improvement (EI)	<ul style="list-style-type: none"> <li>Governing arrangements with appropriate structures and clear accountability for RIMD with defined responsibilities for externally contracted services are in place for addiction services.</li> <li>Baseline assessment against the Standards and Recommended Practices for Decontamination of Reusable Invasive Medical Devices is undertaken.</li> <li>Addiction staff members receive training relevant to their role and responsibilities on RIMD policies, procedures and guidelines.</li> </ul>	<input type="checkbox"/>
Continuous Improvement (CI)	<ul style="list-style-type: none"> <li>Reports on compliance with the Standards and recommended practices are submitted in line with governing arrangements with reciprocal communication across addiction services.</li> <li>Regular review and implementation of inspection report recommendations and findings from other sources of information.</li> <li>Audit programme monitors achievement of outcome measures and informs improvement plans for addiction services.</li> <li>Training programme is reviewed to respond to findings from inspections and audits.</li> </ul>	<input type="checkbox"/>
Sustained Improvement (SI)	<ul style="list-style-type: none"> <li>Governing arrangements for RIMD are regularly evaluated to include specific strategies, cost effective initiatives and effectiveness of externally provided services.</li> <li>Strong linkages with regional RIMD governing structures and with national programmes.</li> <li>Outcome measures are consistently achieved and demonstrate sustained good practice across addiction services throughout the CHO.</li> </ul>	<input type="checkbox"/>

## Excellence (E)

- Service user and addiction staff involvement is integrated into the improvement of RIMD.
- National and international best evidence is reviewed and implemented and learning is shared throughout the CHO and wider healthcare system.
- Service is audited by external (notified bodies).



## EVIDENCE TO VERIFY SELECTED LEVEL OF QUALITY

### EXAMPLES (incorporating relevant QuADS Organisational Standards)

- This standard is not applicable to Addiction Services

### ADD YOUR OWN EVIDENCE

### ADDITIONAL INFORMATION

## STANDARD 3.1

Service providers protect service users from the risk of harm associated with the design and delivery of healthcare.

### Essential Element: Management and use of Medical Devices and Equipment

There are effective systems across all addiction services throughout the CHO to safely manage medical devices and equipment to reduce the risk of harm to service users and staff. This also applies to all addiction service providers funded by the CHO.

LEVEL OF PERFORMANCE	GUIDING PROMPTS	SELECT
Emerging Improvement (EI)	<ul style="list-style-type: none"> <li>• Arrangements across addiction services, including service agreements, support management and acquisition of medical devices and equipment are in line with recommended policy and guidance.</li> <li>• Risks and incidents are identified, managed and reported through these arrangements.</li> <li>• There are plans for the appropriate circulation and response to medical device alerts across all addiction services.</li> <li>• An effective medical device and equipment asset management system is in place locally.</li> <li>• Baseline assessment against relevant standards across all addiction services throughout the CHO is undertaken.</li> </ul>	<input type="checkbox"/>
Continuous Improvement (CI)	<ul style="list-style-type: none"> <li>• Compliance with standards is monitored and reported in line with governing arrangements with reciprocal communication and improvement plans for addiction services within the CHO.</li> <li>• Quality assurance programmes ensure equipment operates within manufacturer's specification.</li> <li>• Ongoing user training for relevant addiction staff in the safe and effective use of medical devices and equipment.</li> <li>• Service reviews all service agreements for maintenance and repair.</li> <li>• Replacement needs for medical devices and equipment across addiction services are identified based on safety, service continuity, regulatory compliance, financial resources with involvement of the relevant staff.</li> </ul>	<input type="checkbox"/>

<b>Sustained Improvement (SI)</b>	<ul style="list-style-type: none"> <li>• Outcomes of reviews, self assessments and audits inform improvement plans across addiction services throughout the CHO.</li> <li>• An evaluation of circulated medical device and equipment alerts is completed.</li> <li>• Learning from local, national and international incidents is shared across all addiction services.</li> </ul>	<input type="checkbox"/>
<b>Excellence (E)</b>	<ul style="list-style-type: none"> <li>• Services use a national asset management system which takes account of medical device and equipment history and tracking.</li> <li>• Learning from incident analysis is shared throughout the CHO and wider healthcare system.</li> <li>• Documented competency based service provider and user training is in place.</li> </ul>	<input type="checkbox"/>



## EVIDENCE TO VERIFY SELECTED LEVEL OF QUALITY

### EXAMPLES (incorporating relevant QuADS Organisational Standards)

- Governing arrangements for medical device and equipment management across all addiction services throughout the CHO (e.g. medical device committee).
- Audits of compliance with HSE Standards and Code of Practice for the management and use of medical devices and equipment.
- Needs analysis for medical devices and equipment replacement and procurement.
- Evaluations of medical devices and equipment prior to procurement.
- Inventory of medical devices/asset management system.
- Emergency bags stored on site in clinics. Relevant training provided
- Relevant members of addiction staff attend medical device and equipment training.
- Compliance with PCHAI in relation to medical devices.
- Medical device and equipment alerts communicated and acted on.
- Incident analysis and risk assessments form part of the service Quality Profile/report
- Variety of IDU and non-IDU equipment available
- PPPGs on return of used needles and on dealing with drug-related litter.

### ADD YOUR OWN EVIDENCE

### ADDITIONAL INFORMATION

## STANDARD 3.2

Service providers monitor and learn from information relevant to the provision of safe services and actively promote learning both internally and externally.

### Essential Element: Responding to and learning from Quality and Safety Information

A system is in place for addiction services which monitors and reports on the quality and safety of care delivered, enables improvement and supports learning. This also applies to all addiction service providers funded by the CHO.

LEVEL OF PERFORMANCE	GUIDING PROMPTS	SELECT
Emerging Improvement (EI)	<ul style="list-style-type: none"> <li>There are identified sources of information which provides insight into the quality and safety of care being delivered across addiction services throughout the CHO.</li> <li>There are processes at all levels within addiction to monitor and report on quality and safety information.</li> <li>Review and analysis of this information is undertaken by the relevant governing committee(s).</li> </ul>	<input type="checkbox"/>
Continuous Improvement (CI)	<ul style="list-style-type: none"> <li>Governance arrangements, from the CO, addiction management team, to network and/or addiction team and PCT, support the collation and analysis of quality and safety information from all sources to inform development of responsive improvement plans.</li> <li>Quality and safety reports (i.e. quality profile) are a standing agenda item on all governance committees to facilitate monitoring of the quality and safety of addiction delivered throughout the CHO.</li> <li>There is evidence of shared learning between addiction services.</li> </ul>	<input type="checkbox"/>
Sustained Improvement (SI)	<ul style="list-style-type: none"> <li>Quality and safety information systems are well established and evaluated across addiction services.</li> <li>Governing committee(s), from addiction management team, to network and/or PCT, receives reports and monitors performance against quality and safety indicators and other relevant information.</li> <li>Learning from the quality and safety information analysed is shared across the CHO and externally as appropriate.</li> </ul>	<input type="checkbox"/>

## Excellence (E)

- National and international benchmarking of quality and safety information across addiction services which is publicly available.
- Service seeks alternative approaches to support collation and analysis.
- Shared learning from other local and national healthcare providers is disseminated throughout addiction services.



## EVIDENCE TO VERIFY SELECTED LEVEL OF QUALITY

### EXAMPLES (incorporating relevant QuADS Organisational Standards)

- Governance arrangements at all levels within addiction which reviews and monitors quality and safety information.
- Performance Report on Quality and Safety Indicators.
- Quality and safety profile of the service (e.g. complaints, incidents, risk register, service user feedback etc.)
- Agendas with quality and safety reports as a standing item.
- Quality and safety improvement plans.
- Minutes of meetings reflecting discussion on quality and safety information.
- Presentations by your service at local, national and international meetings and conferences.

### ADD YOUR OWN EVIDENCE


### ADDITIONAL INFORMATION


## STANDARD 3.3

Service providers effectively identify, manage, respond to and report on patient safety incidents.

### Essential Element: Effective Incident Management and Investigation

Comprehensive system that supports incident management and investigation 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)	<ul style="list-style-type: none"> <li>• Arrangements are in place to identify, manage, respond to, investigate and report patient safety and staff incidents across addiction services within the CHO.</li> <li>• Relevant members of addiction staff receive incident management and investigation training on induction in line with national policy.</li> <li>• Incidents are reported internally and to external agencies in accordance with national policy.</li> </ul>	<input type="checkbox"/>
Continuous Improvement (CI)	<ul style="list-style-type: none"> <li>• Assurance of the quality of investigations undertaken through regular audit and evaluation.</li> <li>• Recommendations from investigations of incidents are implemented and learning shared across addiction services and other Divisions within the CHO.</li> <li>• Addiction staff are informed of learning and resultant changes from incidents reported.</li> <li>• Contributory factors/risks identified through investigations are managed appropriately (e.g. documented on the risk register).</li> </ul>	<input type="checkbox"/>

<b>Sustained Improvement (SI)</b>	<ul style="list-style-type: none"> <li>• Good culture of incident reporting, management and investigation supported by continuous training across addiction at all levels.</li> <li>• Causal and contributory factors are analysed and reported through governing arrangements.</li> <li>• Progress of improvement plans from incident management and investigations is monitored.</li> <li>• Recommendations and outcomes from investigations are shared via a national learning system (when available).</li> </ul>	<input type="checkbox"/>
<b>Excellence (E)</b>	<ul style="list-style-type: none"> <li>• Analysis of incidents, investigations, their causal and contributory factors identified and their recommendations across addiction services are reported annually.</li> <li>• Learning from international and national investigations informs improvements.</li> <li>• Risk rating before and after the implementation of investigation recommendations provides quantifiable measurement of improvement.</li> <li>• Quality assurance of investigations (e.g. improving investigator competence).</li> </ul>	<input type="checkbox"/>

## EVIDENCE TO VERIFY SELECTED LEVEL OF QUALITY

### EXAMPLES (incorporating relevant QuADS Organisational Standards)

- Audit of compliance with national policies for incident management and investigation.
- Local procedures are in place for incident management in line with national policy.
- Health and safety policy includes details of risk assessment and management procedures.
- Communication to addiction staff regarding incident analysis and learning.
- Implementation plan for recommendations arising from incident investigations.
- Reports of investigations and recommendations.
- Record of attendance at staff education and training for addiction staff members.
- Audits of the management of investigations.
- Outcomes of national and international investigations are discussed and learning shared across addiction services.
- Communication with external agencies regarding incidents.

### ADD YOUR OWN EVIDENCE


### ADDITIONAL INFORMATION


## STANDARD 3.4

Service providers ensure all reasonable measures are taken to protect service users from abuse.

### Essential Element: Protecting Service Users from Abuse

Risk of all types of abuse to service users across all addiction services throughout the CHO is minimised in line with legislation, national policies and guidance. This also applies to all addiction service providers funded by the CHO.

LEVEL OF IMPROVEMENT	GUIDING PROMPTS	SELECT
Emerging Improvement (EI)	<ul style="list-style-type: none"> <li>National policies and guidance are implemented across all addiction services to protect service users from abuse including assurance checks during recruitment and selection.</li> <li>Service co-operates to protect service users from abuse with all relevant agencies both internally and externally.</li> <li>Addiction staff members are made aware of relevant legislation and national policies.</li> </ul>	<input type="checkbox"/>
Continuous Improvement (CI)	<ul style="list-style-type: none"> <li>Adherence to policies, guidance and compliance with legislation is audited throughout addiction services within the CHO.</li> <li>All verified cases of abuse are reported to the relevant professional body in accordance with policy.</li> <li>Service users are facilitated to access support services.</li> <li>Addiction staff members receive training on their responsibilities in relation to identifying, reporting and responding to concerns.</li> <li>Governing committee(s) receives reports on management of suspected and verified cases of abuse to service users and monitors implementation of recommendations.</li> </ul>	<input type="checkbox"/>
Sustained Improvement (SI)	<ul style="list-style-type: none"> <li>There are named individuals within addiction to support service users and staff and keep them informed of progress and outcome of investigations.</li> <li>Cases are trended, analysed for causes and contributory factors.</li> <li>Analysis of these cases informs risk reduction strategies for identified high priorities within addiction services.</li> </ul>	<input type="checkbox"/>



## Excellence (E)

- Learning from cases of abuse internal and external to addiction services is shared.
- Service seeks feedback from service users and staff to inform improvement in the management of cases of abuse.



## EVIDENCE TO VERIFY SELECTED LEVEL OF QUALITY

### EXAMPLES (incorporating relevant QuADS Organisational Standards)

- Implementation of protection against abuse PPPGs which are in line with national policies (e.g. HSE 'Trust in Care' policy and Children First National Guidance for the Protection and Welfare of Children, 2011).
- Evidence of Garda vetting and reference checks
- Reports on investigations provided to governing committee(s).
- Implementation of report recommendations from cases of Service User abuse.
- Cases of abuse are analysed, trends identified and findings disseminated to all addiction services.
- Analysis of cases of abuse informing risk reduction strategies.
- Training for addiction staff on the prevention, identification and response to suspected abuse.
- Information available to service users and staff on abuse.
- Information for young people written in such a way which is accessible to the target group

### ADD YOUR OWN EVIDENCE

### ADDITIONAL INFORMATION

## STANDARD 3.5

Service providers fully and openly inform and support service users as soon as possible after an adverse event affecting them has occurred, or becomes known, and continue to provide information and support as needed.

### Essential Element: Open Disclosure

Arrangements are in place to support all addiction services in being open and transparent with service users following an adverse event. This also applies to all addiction service providers funded by the CHO.

LEVEL OF QUALITY	GUIDING PROMPTS	SELECT
Emerging Improvement (EI)	<ul style="list-style-type: none"> <li>There is a commitment to the principles of openness and transparency with service users across all addiction services throughout the CHO.</li> <li>Processes are in place to inform and support service users following an adverse event.</li> <li>Processes support and manage addiction staff who are involved in an adverse event.</li> <li>Service users and relevant addiction staff members have opportunities to be involved in the investigation process following an adverse event.</li> </ul>	<input type="checkbox"/>
Continuous Improvement (CI)	<ul style="list-style-type: none"> <li>Local policy and processes include acknowledging and apologising to service users when things go wrong.</li> <li>Addiction staff members receive education and training on this policy.</li> </ul>	<input type="checkbox"/>
Sustained Improvement (SI)	<ul style="list-style-type: none"> <li>Effectiveness of the policy across primary services is reviewed through audits, service user and staff feedback.</li> <li>Supports provided to service users and addiction staff following an adverse event are evaluated and improvements made.</li> <li>Findings from audits and evaluations are shared and inform improvements in staff education programme.</li> <li>Addiction services engage in quality and safety culture surveys to evaluate level of openness and transparency.</li> </ul>	<input type="checkbox"/>

Excellence  
(E)

- Service consistently engages with and learns from approaches and experiences of external services.



## EVIDENCE TO VERIFY SELECTED LEVEL OF QUALITY

### EXAMPLES (incorporating relevant QuADS Organisational Standards)

- Open disclosure policy and processes.
- Audit of compliance with agreed policy.
- Supports for service users who experience an adverse event.
- Complaints PPPGs (Your Service Your Say)
- Minutes which reflect service user involvement in the investigation process.
- Arrangements in place to support addiction staff involved in an adverse event.
- Attendance records at staff education/training on open disclosure and Your Service Your Say.
- Evidence of shared learning following events.

### ADD YOUR OWN EVIDENCE


### ADDITIONAL INFORMATION


## STANDARD 3.6

Service providers actively support and promote the safety of service users as part of a wider culture of quality and safety.

### Essential Element: **Supporting and Embedding a Quality and Safety Culture**

Placing quality, safety and improved service user experience and outcomes at the centre of addiction service delivery throughout the CHO. This also applies to all addiction service providers funded by the CHO.

LEVEL OF QUALITY	GUIDING PROMPTS	SELECT
Emerging Improvement (EI)	<ul style="list-style-type: none"> <li>The service commits to improving quality and safety of addiction services delivered throughout the CHO.</li> <li>Arrangements throughout the CHO support the gathering of feedback from service users and addiction staff.</li> </ul>	<input type="checkbox"/>
Continuous Improvement (CI)	<ul style="list-style-type: none"> <li>Quality and safety underpins the service's strategic plan.</li> <li>Quality and safety is a standing agenda item on governing committees at all levels of addiction.</li> <li>Governing committee(s) receive quality and safety reports and implements actions across relevant addiction services.</li> <li>Leaders and managers at all levels within addiction engage with front line staff to gather their ideas to support quality improvement.</li> </ul>	<input type="checkbox"/>
Sustained Improvement (SI)	<ul style="list-style-type: none"> <li>Quality and safety reports provide a comprehensive profile of care being delivered across addiction services throughout the CHO and are monitored by governing committee(s).</li> <li>Quality indicators including service user and addiction staff experience are monitored by governing committees.</li> <li>The service evaluates its safety culture.</li> </ul>	<input type="checkbox"/>

Excellence  
(E)

- Service benchmarks performance against other service providers.
- Service actively engages with other service providers to consider alternative approaches to improving service user experience and outcomes.



## EVIDENCE TO VERIFY SELECTED LEVEL OF QUALITY

### EXAMPLES (incorporating relevant QuADS Organisational Standards)

- Quality and safety is a standing agenda item of governing committees at all levels throughout the CHO.
- Submission of quality and safety reports to governing committees.
- Active leadership to support quality and safety across all addiction services within the CHO (e.g. through mission statement, quality and safety).
- Use of safety tools (e.g. tool box talks).
- Training on quality improvement methodologies for relevant members of addiction staff.
- Addiction staff and service users' feedback on quality and safety.
- Participation in patient safety culture survey.
- Relevant members of addiction staff participate in quality and leadership programmes.
- Leaflets and posters displayed in the service explaining Your Service Your Say to service users

### ADD YOUR OWN EVIDENCE


### ADDITIONAL INFORMATION




## STANDARD 3.7

Service providers implement, evaluate and publicly report on a structured patient safety improvement programme.

### Essential Element: Patient Safety Improvement Programme

A patient safety improvement programme for addiction is developed and implemented within the CHO. This also applies to all addiction service providers funded by the CHO.

LEVEL OF COMPLIANCE	GUIDING PROMPTS	SELECT
Emerging Improvement (EI)	<ul style="list-style-type: none"> <li>Quality and safety improvement projects for addiction are undertaken within the CHO which takes account of local and national programmes and policies.</li> </ul>	<input type="checkbox"/>
Continuous Improvement (CI)	<ul style="list-style-type: none"> <li>A quality and safety improvement programme for addiction is in place which is aligned to the service's quality and safety objectives.</li> <li>Programme is evidence based, reflects local and national priorities and local patient safety information.</li> <li>Education programme supports implementation of patient safety improvement programme.</li> </ul>	<input type="checkbox"/>
Sustained Improvement (SI)	<ul style="list-style-type: none"> <li>Quality and safety improvement programme for addiction is evaluated through performance indicators and benchmarks.</li> <li>Progress reports on the implementation of the programme are reported to the relevant governance committees within the CHO.</li> <li>Improvement action plans are developed and implemented across addiction services within the CHO.</li> </ul>	<input type="checkbox"/>

## Excellence (E)

- Public reporting of the safety improvement programme's goals and the outcomes of any evaluations.
- Service users are involved in the evaluation of safety improvement projects.
- Service explores other national and international safety improvement programmes to incorporate innovative approaches into their own programme.



## EVIDENCE TO VERIFY SELECTED LEVEL OF QUALITY

### EXAMPLES (incorporating relevant QuADS Organisational Standards)

- Patient safety improvement projects.
- Implementation plans and evaluations of projects and overall programme.
- Progress reports and achievement of outcome measures for addiction initiatives.
- Staff training on quality improvement initiatives for addiction staff members.
- Service user involvement in evaluation of projects.
- Implementation plan for National Clinical Programmes.
- Implementation of international and other national safety programmes.

### ADD YOUR OWN EVIDENCE


### ADDITIONAL INFORMATION


## IMPROVEMENT ACTIONS FOR THEME 3: SAFE CARE AND SUPPORT

STANDARD	ESSENTIAL ELEMENT	IMPROVEMENT ACTION	RESPONSIBLE TEAM MEMBER	DUE DATE

