Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Addiction Services

March 2017

UseofResources

**The National Standards for
Safer Better Healthcare**

QUALITY ASSESSMENT
& IMPROVEMENT
QA+I

Service User

CULTURE OF QUALITY AND SAFETY

Effective Care and Support

Safe Care and Support

Person Centred Care and Support

Better Health and Wellbeing

Leadership, Governance and Management

Use of Information

Workforce

Use of Resources

INTRODUCTION

Welcome to the **Use of Resources** Quality Assessment and Improvement Workbook for Addiction. This workbook will support assessment teams in preparing for assessment against **Theme 7** of the National Standards for Safer Better Healthcare.

There are **2 Standards** and **2 Essential Elements** of Quality under Theme 7. 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 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.
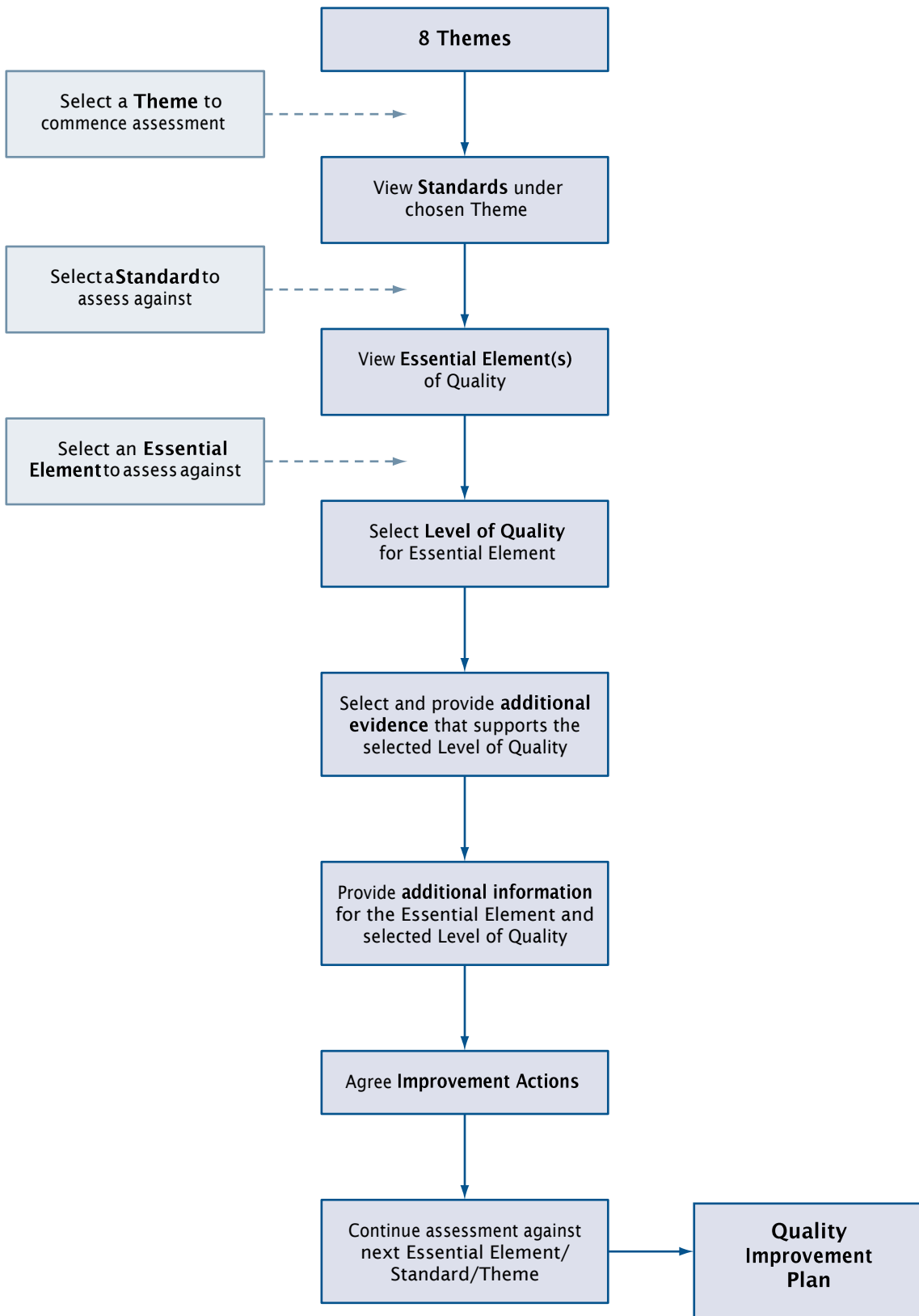
Similarly services may wish to consider the following bullets to guide them in providing additional information to support their assessment.

- 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 Use of Resources 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.

Select a **Theme** to commence assessment

8 Themes

View **Standards** under chosen Theme

Select a **Standard** to assess against

View **Essential Element(s)** of Quality

Select an **Essential Element** to assess against

Select **Level of Quality** for Essential Element

Select and provide **additional evidence** that supports the selected Level of Quality

Provide **additional information** for the Essential Element and selected Level of Quality

Agree **Improvement Actions**

Continue assessment against next Essential Element/ Standard/Theme

Quality Improvement Plan

USE OF RESOURCES

STANDARDS	ESSENTIAL ELEMENTS	WHAT A PATIENT CAN EXPECT WHEN A SERVICE IS MEETING THESE STANDARDS
STANDARD 7.1 Service providers plan and manage the use of resources to deliver high quality, safe and reliable healthcare efficiently and sustainably.	**Governance and Management of Resources**	• The addiction service is making the best use of resources available to them and takes account of the views of service users and addiction staff in using resources.
STANDARD 7.2 Service providers have arrangements in place to achieve best possible quality and safety outcomes for service users for the money and resources used.	**Best Outcomes and Value for Resources Used**	• The addiction service continually seeks to get best value for resources used in delivering safe, quality healthcare.

STANDARD **7.1**	Service providers plan and manage the use of resources to deliver high quality, safe and reliable healthcare efficiently and sustainably.

Essential Element: **Governance and Management of Resources**

The use of resources are planned, managed and effectively governed for 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)	• Governance arrangements support clear lines of accountability for management of resources for addiction services throughout the CHO. • Finance committee supports and provides assurance to executive governing committees. • The addiction service plan and operational plan aligns the financial plan allocation to service plan objectives, and contingency plans are developed. • Performance reports against the service plan are developed, monitored and reported to governing committees with reciprocal feedback to addiction staff members. • Risk assessments of significant resource decisions for addiction services are undertaken to include impact on service user safety and quality.	☐
Continuous Improvement (CI)	• Implementation of plans to address variances in performance against the addiction service plan and operational plan. • Internal and external resource audits are completed and inform addiction action plans. • Consultation and transparency on resource decisions for addiction services throughout the CHO with service users and addiction staff members. • Ongoing service planning takes into account capital and equipment needs and reduction of waste. • Resource decisions within the addiction service are informed by quality and safety priorities, ethical implications, risk assessments, benchmarking and the views of service users and addiction staff members. • Systems are developed to gain better understanding of the costs of the service	☐
Sustained Improvement (SI)	• Consistent performance in achieving service plan targets within budget allocation. • Consistent achievement of savings targets within the addiction service. • Audit structures are well established and provide timely accurate information on use of resources throughout addiction services, which informs good decision making.	☐

| Excellence (E) | • Partnership with other agencies to improve financial intelligence.
• Reporting on the use of resources across addiction services is available to service users.
• Fully costed pathways and services to support implementation of government policy. | ☐ |

EVIDENCE TO VERIFY SELECTED LEVEL OF QUALITY

EXAMPLES

- Governing arrangements that support resource management.
- Terms of reference for finance and audit committees.
- Risk assessments of significant cost containment plans.
- Reports on achievement of service plan key performance indicators.
- Reports from the financial audit or reviewing compliance with national financial regulations.
- Signed review of internal controls assurance.
- Continuous self-assessment against quality standards framework included in Addiction Services Operational Plan
- Financial strategy included as part of the Addiction Services Operational Plan
- Record of feedback from Service User representatives to Management Teams

ADD YOUR OWN EVIDENCE

ADDITIONAL INFORMATION

Addiction Services

USE OF RESOURCES: QUALITY ASSESSMENT & IMPROVEMENT

STANDARD 7.2	Service providers have arrangements in place to achieve best possible quality and safety outcomes for service users for the money and resources used.

Essential Element: Best Outcomes and Value for Resources Used

The service continually seeks better outcomes to get best value for resources used in delivering 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)	• Individual and collective accountability and responsibility for resource management is clear to all addiction staff members throughout the CHO. • The service plan outlines quality and safety outcomes for resources allocated for addiction services. • The addiction service procures in line with national procurement policy. • Best available evidence is used to inform investment decisions in addiction services.	☐
Continuous Improvement (CI)	• Reports on resource management are developed, monitored and reported to governing committees with reciprocal feedback to addiction staff members (e.g. planned and actual financial outcomes and quality outcomes). • Governing addiction committees systematically review contracts to optimise quality and cost. • Addiction staff members are encouraged to submit their views and ideas on opportunities for improving quality and safety outcomes. • Addiction staff members are encouraged to submit their views and ideas on the elimination of waste and duplication of efforts within the addiction service. • Cost effectiveness of new and existing services and technologies are reviewed and inform planning of addiction services. • Implementation of addiction initiatives that improve outcomes and reduce costs (PCHAI, medication safety and diabetes management).	☐
Sustained Improvement (SI)	• Consistent achievement of outcomes (e.g. quality outcome and financial targets). • Active engagement with addiction leads to improve the cost effectiveness of the addiction services provided. • Learning from service evaluations informs changes to current and future service plans for addiction.	☐
Excellence (E)	• Addiction governing committees learn from other service providers to improve outcomes for resources used. • Partnership with other internal and external services to improve outcomes for service users.	☐

Addiction Services
USE OF RESOURCES: QUALITY ASSESSMENT & IMPROVEMENT

EVIDENCE TO VERIFY SELECTED LEVEL OF QUALITY

EXAMPLES

- Job descriptions reflect accountability for use of resources.
- Compliance with national procurement policy.
- Health technology assessments informing resource decisions.
- Implementation and evaluation of cost saving initiatives within addiction (e.g. preferred drugs list initiative).
- Improved performance against quality indicators with no increase in resources.
- Implementation of initiatives within addiction at all levels based on staff feedback to reduce duplication and waste.
- Implementation of effective international initiatives.
- Service should aim to develop systems which identify costs per service user episode

ADD YOUR OWN EVIDENCE

ADDITIONAL INFORMATION

IMPROVEMENT ACTIONS FOR THEME 7: USE OF RESOURCES

STANDARD	ESSENTIAL ELEMENT	IMPROVEMENT ACTION	RESPONSIBLE TEAM MEMBER	DUE DATE