Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Addiction Services

March 2017

UseofInformation

**The National Standards for
Safer Better Healthcare**

WORKBOOK

8

QUALITY ASSESSMENT
& IMPROVEMENT
QA+I

Effective Care and Support

Safe Care and Support

Person Centred Care and Support

Better Health and Wellbeing

CULTURE OF QUALITY AND SAFETY

Service User

Leadership, Governance and Management

Use of Information

Workforce

Use of Resources

Addiction Services

USE OF INFORMATION: QUALITY ASSESSMENT & IMPROVEMENT

INTRODUCTION

Welcome to the Use of Information Quality Assessment and Improvement Workbook for Addiction. This workbook will support assessment teams in preparing for assessment against Theme 8 of the National Standards for Safer Better Healthcare.

There are 3 Standards and 3 Essential Elements of Quality under Theme 8. 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.
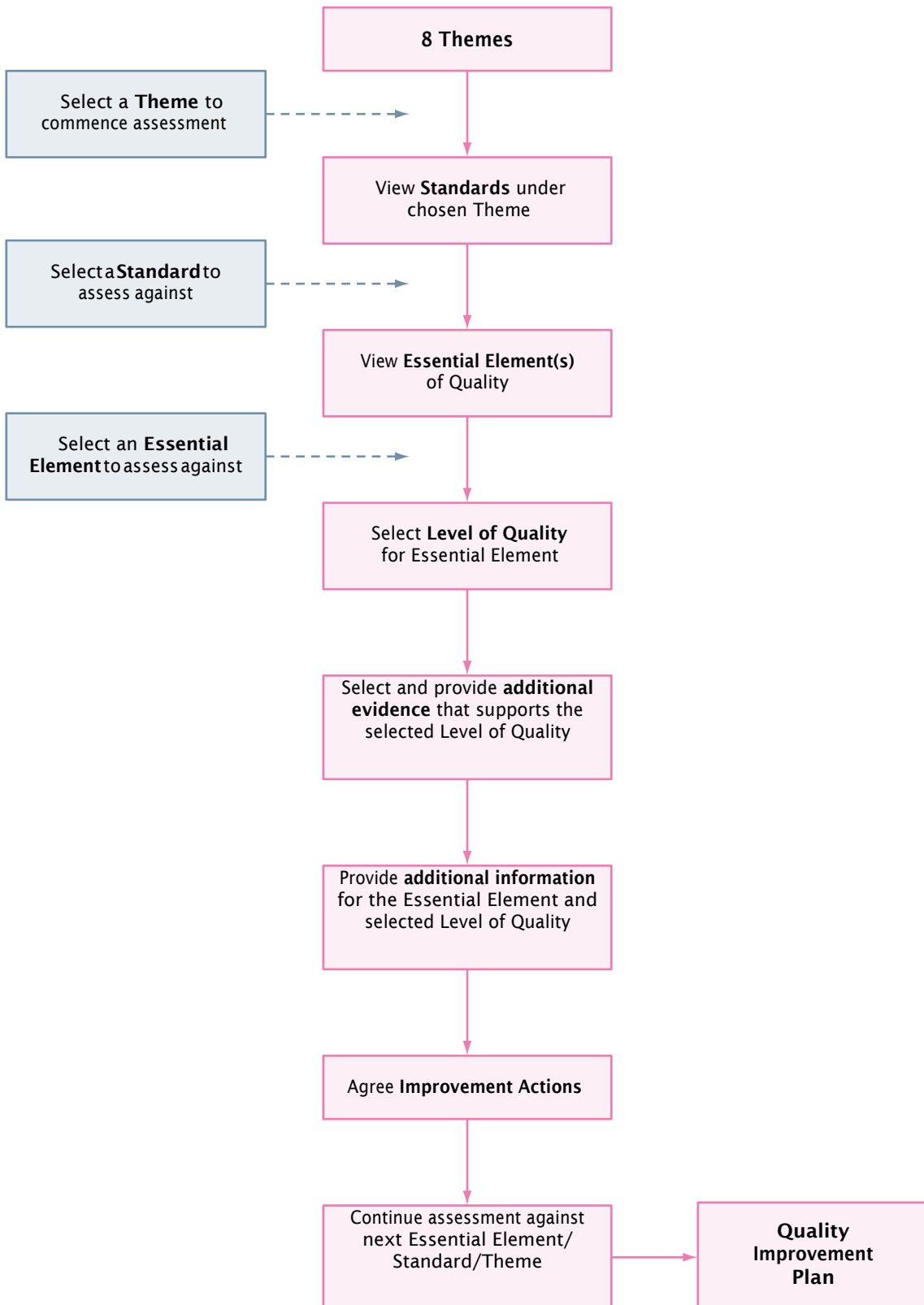
Similarly services may wish to consider the following bullets to guide them in providing additional information to support their assessment:

- 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 Information 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.

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USE OF INFORMATION: QUALITY ASSESSMENT & IMPROVEMENT

8 Themes

Select a **Theme** to commence assessment

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 INFORMATION

STANDARDS	ESSENTIAL ELEMENTS	WHAT A PATIENT CAN EXPECT WHEN A SERVICE IS MEETING THESE STANDARDS
STANDARD 8.1 Service providers use information as a resource in planning, delivering, managing and improving the quality, safety and reliability of healthcare.	**Enabling Effective Decision Making**	The service uses and learns from the information it collects to continuously check and improve the quality and safety of care.
STANDARD 8.2 Service providers have effective arrangements in place for information governance.	**Information Governance**	Information will only be shared with the permission of the service user thus ensuring that their rights to privacy and confidentiality are respected.
STANDARD 8.3 Service providers have effective arrangements for management of healthcare records.	**Effective Management of Healthcare Records**	Addiction staff working in the service will record information accurately, keep healthcare records safe and up to date and will comply with legislation and standards in managing personal health information.

STANDARD **8.1**	Service providers use information as a resource in planning, delivering, managing and improving the quality, safety and reliability of healthcare.

Essential Element: **Enabling Effective Decision Making**

Effective organisational and clinical decision making for all addiction services throughout the CHO is supported by quality information from multiple sources. This also applies to all addiction service providers funded by the CHO.

LEVEL OF QUALITY	GUIDING PROMPTS	SELECT
Emerging Improvement (EI)	· Arrangements throughout addiction services support the collation and analysis of available information to enable effective decision making. · Service uses this information to strategically plan for current and future addiction service needs. · Relevant members of addiction staff are trained on the collection and recording of data and use of information systems. · Addiction staff are supported in accessing evidence based information.	☐
Continuous Improvement (CI)	· Governing committees at all levels within addiction receive reports from relevant sources to include the achievement of performance measures. · The addiction service continually validates the accuracy of information provided. · Relevant members of addiction staff are trained on new information systems to maximise their full benefits. · Relevant addiction clinical staff are involved in procurement of information systems. · Planning for new information systems takes into account the compatibility and inter-operability within and between different systems.	☐
Sustained Improvement (SI)	· Information systems for addiction services are evaluated to improve their effectiveness. · The addiction service supports national priorities regarding data collection for research and quality improvement initiatives. · Co-ordination of care across addiction services is facilitated through the use of compatible and inter-operable external information systems.	☐

| Excellence (E) | · Information systems support electronic interfaces with GP practice management systems, within health services and with other service providers (i.e. acute hospitals). | ☐ |

EVIDENCE TO VERIFY SELECTED LEVEL OF QUALITY

EXAMPLES

- Arrangements to support addiction staff in accessing information (e.g. electronic inventory for policies and procedures, library).
- Systems and processes to enable internal and external sharing of information.
- Addiction staff training on legislation, standards and policies relating to information management.
- Audits of performance against turnaround time KPI's
- Addiction staff training needs analysis and associated training programmes.
- Relevant staff involvement in ICT procurement.
- Data validation initiatives informing improvements across addiction services.

ADD YOUR OWN EVIDENCE

ADDITIONAL INFORMATION

STANDARD 8.2	Service providers have effective arrangements in place for information governance.

Essential Element: Information Governance

Governance arrangements protect service users' information by ensuring that services comply with legislation and use information ethically 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)	· Arrangements for all addiction services throughout the CHO ensure the service manages its information systems and complies with legislation. · Addiction staff members receive training on information governance applicable to their role. · Data quality assurance activities are undertaken across addiction services throughout the CHO; addiction management team, network team to addiction team (PCT). · Service users receive information relevant to their personal health information (e.g. rights to access).	☐
Continuous Improvement (CI)	· Breaches of legislation and other incidents within addiction services are reported and improvement plans developed within the CHO. · Audit of compliance with policies, procedures and guidance on information governance. · Governing committees monitor implementation of improvement plans across addiction services. · Addiction training and induction programmes are reviewed to target priority areas. · Findings from data quality audits inform improvement plans. · Preventative maintenance programme of IT systems is in place.	☐
Sustained Improvement (SI)	· Outcome measures are consistently achieved across addiction services. · Learning from audits and incidents is shared and reflected in new addiction work practices. · Service user experience informs evaluations of information governance arrangements.	☐

Excellence (E)	· Service learns from national and international incidents relating to information governance and this is shared within addiction services.	☐

EVIDENCE TO VERIFY SELECTED LEVEL OF QUALITY

EXAMPLES

- Implementation and audit of compliance with HIQA's guidance on Information Governance.
- Implementation of improvement plans from assessments on information governing arrangements (e.g. HIQA self assessment tool).
- Submission of reports on compliance to governing committees
- Data assurance audits.
- HSE PPPGs on information systems, encryption and processing of information – audit of same
- Trained decision makers for legislative requirements (e.g. FOI, Data Protection).
- Attendance at staff training on information governance for addiction staff.
- Analysis of incidents and the identification of trends and implementation of improvement plans across addiction services.
- FOI leaflets and posters displayed prominently in service

ADD YOUR OWN EVIDENCE

ADDITIONAL INFORMATION

<table>
<tr><td>**STANDARD**
8.3</td><td>Service providers have effective arrangements for management of healthcare records.</td></tr>
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Essential Element: **Effective Management of Healthcare Records**

Health care records are managed in line with national standards and legislation 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)	· Arrangements within all addiction services support the effective management of healthcare records. · Addiction service regularly assesses against the HSE Standards for Healthcare Records Management. · Relevant members of addiction staff receive induction training and ongoing training for effective healthcare records management.	☐
Continuous Improvement (CI)	· Audit programme against HSE standards informs improvement plans for healthcare records management within addiction services. · Governing committee(s) receives reports on the implementation of improvement plans with reciprocal communication to relevant staff. · Incidents reported are analysed, trended and inform improvements across addiction services. · Achievement of outcome measures (e.g. turnaround times for clinics, tracking of healthcare records) is monitored and reported. · Internal and external audit findings inform addiction staff training programme and improvement initiatives. · Areas of identified risk are linked to the risk management process.	☐
Sustained Improvement (SI)	· Healthcare records management has been evaluated in terms of their effectiveness. · Service consistently achieves relevant outcome measures. · Addiction staff training programme is continually evaluated. · The learning from reported incidents is shared throughout addiction services and with other CHO's and providers when applicable.	☐

| Excellence (E) | · The service learns from national and international incidents and innovative initiatives relating to health care records management.

· The service implements innovative measures to improve the safety of healthcare records across addiction services (e.g. electronic healthcare records). | ☐ |

Addiction Services
USE OF INFORMATION: QUALITY ASSESSMENT & IMPROVEMENT

EVIDENCE TO VERIFY SELECTED LEVEL OF QUALITY

EXAMPLES

- Clear governing arrangements for health care records management with evaluations informing improvements within addiction services.
- Assessment against the HSE Standards for Healthcare Records Management.
- Internal and external audits on health care records management.
- Implementation of improvement plans based on findings from audits and assessments.
- Analysis of incidents and development of improvement actions through addiction services.
- Implementation of report recommendations pertaining to health care records.
- Addiction staff attendance at training and education sessions, including on NDTRS forms
- Reporting on achievement of outcome measures.

ADD YOUR OWN EVIDENCE

ADDITIONAL INFORMATION

IMPROVEMENT ACTIONS FOR THEME 8: USE OF INFORMATION

STANDARD	ESSENTIAL ELEMENT	IMPROVEMENT ACTION	RESPONSIBLE TEAM MEMBER	DUE DATE