

## Welcome

Welcome to the latest edition of HIQA News. Since our last edition, we have been meeting people providing residential services for people with disabilities and advocates of people using these services in advance of regulating the sector. We have also attended the [Oireachtas Joint Committee on Health and Children](#), signed a [Memorandum of Understanding with the Mental Health Commission](#) and sought the public's views on our latest health technology assessments.

We also report on the latest developments from our Children's Team, which has published a number of new inspection reports, and on an [overview of the foster care and children's residential services inspections](#) that took place in 2012. In this issue we look at our Health Information team's [National Standard for Patient Discharge Summary Information](#) that generated over 100 submissions during the public consultation – and thanks to everybody who took the time to feed back to us.

Our Safety and Quality Improvement Directorate has been meeting with health and social care providers on the development of focused improvement guidance for healthcare staff and working with nursing homes and hospitals to support improvements in medication safety for older and dependent people.

Finally, we also catch up on various other important aspects of our work and, as ever, we always welcome your feedback so please feel free to contact us at [hiqanews@hiqa.ie](mailto:hiqanews@hiqa.ie).

Very best wishes to all,

Tracey Cooper  
Chief Executive

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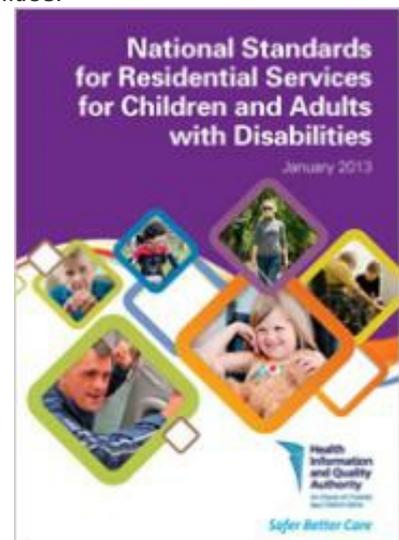
## Regulating residential services for people with a disability

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We have received sanction to recruit additional inspectors and regulatory officers to support the regulation of this sector. These new staff will join our existing team who will have the collective responsibility for the regulation of residential services for adults and children. The Authority has recently concluded a recruitment campaign to fill these vacancies and will shortly have additional staff in post.

A comprehensive training programme has been put in place for our existing inspection teams to ensure we are appropriately prepared for the new regulations. A substantial induction programme is also being finalised for all new staff. In consultation with those providing care, the Authority has scoped and quantified residential services for adults and children with disabilities in Ireland. This has greatly advanced our level of preparedness and understanding of the sector.



Following the publication of the regulations by the Government, all residential services for people with a disability will have to be registered with HIQA and we will be assessing organisations which provide residential care against the requirements in the Health Act 2007, the underpinning regulations, and the [National Standards for Residential Services for Children and Adults with Disabilities](#) which were published in May.

It is anticipated that the commencement date for the new regulations will be finalised in the coming weeks. We have helped inform the development of the regulations by the Department of Health, sharing our experience of regulating and monitoring residential centres for older people and children, and our wider experience in the monitoring of certain healthcare services.

We have calculated that there are approximately 9,800 people with a disability who live in residential care in Ireland. Care is provided in approximately 1700 residential services that are run by 88 providers across Ireland which includes a mix of State, private and voluntary providers. It is intended that a small number of registrations will start before the end of 2013.

In advance of this new function, the Authority continues to liaise with the people and organisations providing residential care and advocacy groups. Once regulation of this sector commences, it is intended to have further formal meetings and information sessions with all providers and persons participating in the management of these services in order to keep them informed of the latest developments in the process. The Authority's children's team is also preparing for the start of inspections of designated residential centres for children with a disability.

Commenting on these developments, HIQA's Director of Regulation Phelim Quinn said: "I want to thank and express my appreciation to the many people who have contributed to bringing us to where we are today, and for their ongoing support and encouragement. We are now ready to begin this vital work, which I believe is a landmark moment for people with a disability and their family members, being the first time that these services in this country will be independently scrutinised by a regulator."

"The [National Standards for Residential Services for Children and Adults with Disabilities](#) that we published before the summer will be used as a framework to drive continuous improvements in these services. We in HIQA passionately believe that children and adults using residential care services have the right to be safe, to receive good care and support, and to have access to the services they need to enable them to live a fulfilling life in as independent a way as possible."

The purpose of regulation is about supporting continuous improvement in the quality and safety of services and we will support the people providing the services to this end. "We look forward to beginning this important function and to making a difference to people with a disability living in residential care across the country and providing assurance to their family members and the public," Phelim Quinn concluded.

The National Standards can be downloaded from [www.hiqa.ie](http://www.hiqa.ie) in a variety of formats, including the [full Standards document](#), a [plain English guide to the Standards](#), an [easy to read version for adults](#) and one for [children](#). The Standards have been produced in Braille and there are [two audio versions](#): one is a short summary of the Standards, available on iTunes, and the other is the full standards, available on our website. There is also a short video about the Standards on [HIQA's YouTube channel](#). The video includes sign language and closed captioning.

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## HIQA at Oireachtas Joint Committee on Health and Children

We attended a recent meeting of the [Joint Oireachtas Committee on Health and Children](#), where we outlined our work on regulating residential services for people with a disability, monitoring measures to prevent and control Healthcare Associated Infections, and our new Corporate Plan.

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Representing the Authority were our Chief Executive Tracey Cooper, Phelim Quinn, our Director of Regulation, and Marty Whelan, our Head of Communications and Stakeholder Engagement.

Tracey told the meeting that as a learning organisation, we have a duty to ensure we learn from similar organisations and healthcare challenges in other jurisdictions in order to ensure that we do not replicate issues of concern that have already been identified elsewhere. She stated: "A particular example with which members may be familiar is the circumstances that have resulted in two public inquiries being undertaken into significant quality and safety failings that took place at the Mid Staffordshire NHS Foundation Trust in England. The reports of these inquiries identified significant issues at hospital, regional and national level and included the response of the healthcare regulators over time."

She added that such learning includes ensuring robust systems are in place for us to risk-assess information effectively at local and national level, the need for robust collaborative approaches with other regulators and the need to ensure our assessment and monitoring activities have a clear and unambiguous focus on what is most important, namely, the quality and safety of care as experienced by patients and other service users.

Also addressing the meeting on the regulation of residential services for people with disabilities, Phelim Quinn said we will engage with people providing care. Due to the fact that the profile of service providers is very different for the disability sector, we hope a number of service providers will come forward or volunteer to be first for inspection and registration, he said. There is significant anxiety among providers in regard to registration and we need to be able to demonstrate to providers that the process will not be overly onerous for them, Phelim added.

Tracey also discussed [our monitoring programme around the prevention and control of Healthcare Associated Infections](#), which she said is a top priority for us. Many infection prevention and control measures, including hand hygiene, do not require monetary investment, she stated, adding: "This is about leadership and behavioural change, about staff taking responsibility and being held accountable for what is a simple modern day duty of care. It is also about the empowerment of patients and their families to take personal responsibility for safeguarding themselves and to be comfortable in actively seeking assurance from staff that they have cleaned their hands." She said this must be a priority for the leadership of every health and social care facility.

Our new [Corporate Plan 2013 – 2015](#) will commit us to working with our stakeholders in a collaborative and constructive manner, Tracey also told the meeting. "In some instances we will develop memoranda of understanding (MOUs) which are formal commitments to collaborate with key stakeholders, including other regulators, to ensure that there is clarity around our respective roles and responsibilities, that information is exchanged to safeguard patients and that the overall burden that regulatory activity places on service providers is reduced wherever possible," she said.

Concluding her presentation, she said it is a difficult time for providing and maintaining good quality and safe health and social services but there are also opportunities in these times to ensure that services are as efficient and as effective as possible with an uncompromising focus on safety. "The impact of economic and fiscal constraints is significant and continues to be a challenge and a concern. Therefore, it will be more essential than ever that what we do and how we do it will have a maximum impact on people receiving services and that our focus is real, relevant and appropriate. In this climate, the focus for those providing services, and for us regulating services, will be about safety – getting services safe and keeping them safe."

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## HIQA presents at major pharmacy congress

Clare Harney, a member of our Health Information team, represented the Authority at the recent [International Pharmaceutical Federation \(FIP\) World Congress](#) in Dublin, which was co-hosted by the [Pharmaceutical Society of Ireland \(PSI\)](#), the regulatory body for pharmacy in Ireland.

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The International Pharmaceutical Federation and PSI welcomed nearly 3,000 participants from over 100 countries to Dublin for the FIP congress and coinciding Symposium for Senior Pharmaceutical Policy Makers 'Achieving Responsible Use of Medicines – Real Patients, Real Policy, What Really Works?' hosted by the Department of Health and Children.

Clare Harney from HIQA presented a European perspective on safeguarding patient confidentiality as part of a FIP Congress information session on 'Safeguarding Confidentiality'. She outlined our Health Information function and the importance of having accurate and relevant health information available to the right people at the right place and time.

She also discussed privacy and confidentiality rights in the EU; Irish data protection legislation and how this links in with EU legislation; and their impact on providing safe and effective care. Clare also highlighted the guidance and recommendations produced by HIQA to help health and social care practitioners to deliver safer care.

Minister for Health, Dr James Reilly opened the Congress and said it was a great honour for Ireland to again host the FIP World Congress after almost 40 years. He added: "In that time we have seen huge advances in medicines and healthcare with people now living healthier lives for much longer. With these benefits come challenges, which inform the theme of this Congress: how best to provide care to patients with complex needs?"

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## Corporate Plan published

Our [Corporate Plan 2013 – 2015](#) has been approved by the Minister for Health Dr James Reilly and has been laid before the Houses of the Oireachtas.

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HIQA Chief Executive Tracey Cooper said: “Our focus is, and always will be, on driving high quality and safe care for people accessing our health and social care services. With this in mind, and following a public consultation process, we have developed our new Corporate Plan. I want to thank our stakeholders and our staff for all of your significant contributions to what I believe is our most meaningful Corporate Plan to date.”

The Plan is influenced by our vision, mission and values, and it includes a strategy map on one page that spells out the direction that the Authority will take during the three-year Corporate Plan period and the outcomes we want to achieve in order to add value and have a maximum impact during what are challenging times for the country and our health system.



Tracey continued: “The expansion programme for the allocation of new functions to HIQA is significant. We will be regulating previously unregulated areas and it is also envisaged that we will take on further additional functions that include a substantive monitoring programme of healthcare facilities against the [National Standards for Safer Better Healthcare](#), the supervisory authority for research ethics, the competent authority for medical ionising radiation protection and the registration of children’s special care units. We will also move towards the development and implementation of a licensing system for healthcare facilities.”

Between now and 2015, an increasing focus for us will be informing decision making through providing advice in relation to the assessment of new and existing technologies and health information systems and management. We will also be supporting improvements through providing quality and safety development opportunities. Tracey concluded: “To address these challenges, we will ensure that any new functions are properly planned for, are as cost-effective as possible and that there are adequate systems and resources in place to support them.”

Meanwhile, we have also published our [2013 Business Plan](#), which has also been approved by the Minister for Health. Tracey said: “I’d like to thank everyone who was involved in contributing to all of the content in the Plan.”

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## New focused thematic inspections of nursing homes

Our Older Persons Programme has commenced inspections of two specific areas of care within 50 designated nursing homes throughout Ireland.

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The themed approach to inspection was introduced to encourage improvement within residential services for older people in specific areas.

The themes of end-of-life care and food and nutrition were chosen based on analysis of high risk areas and in consultation with inspection staff and external interested parties, with a view to improving care in these specific areas. As themes, they include both clinical issues and residents’ dignity features.

The introduction of a focused thematic approach underpins the Authority’s corporate and business objectives that:

- care is improved
- people are safeguarded
- people are informed
- policy and service decisions are informed.



Attending a recent HIQA seminar on the new type of inspections were (L-R) Mary Chester Wade, Co Tipperary; Elizabeth Archer, expert speaker, food and nutrition; Geraldine Ryan, HIQA; Mary Mason, Co Cork; Dr Kathy McLoughlin, expert speaker, end-of-life care; Mary O’Donnell, HIQA; Bridie Stephens and Julie Silke Daly, Co Roscommon; and Claire McCarthy, Co Cork

The first inspections have already started and it is expected they all will be completed by the end of 2013.

John Farrelly, Head of Older Persons Programme with HIQA, said: “As part of these thematic inspections, we have produced a self-assessment questionnaire for nursing home providers. Similarly, to assist providers we have also produced evidenced-based guidance for nursing homes on end-of-life care and food and nutrition. We have also hosted pre-inspection seminars for nursing home operators where we outlined the inspection methodology along with presentations by external experts in the chosen areas.”

“Each thematic inspection will be unannounced and carried out over one day by an inspector. Inspection reports will be produced and published for each of the 50 inspections, with qualitative and quantitative evidence. We will also publish a national overview of each area to include findings and policy recommendations so that learning can be shared throughout the sector and system. We envisage that this approach will lead to an improved quality of life for residents and increased learning in individual centres and the sector as a whole.”

## HIQA and Mental Health Commission sign MOU

The Health Information and Quality Authority and the [Mental Health Commission](#) have signed a [memorandum of understanding \(MOU\) on working together](#) in relation to the regulation of health, social care and mental health services in Ireland.

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The new MOU aims to promote collaboration in areas of joint strategic and operational interest, facilitate cooperation on the referral of concerns, which may fall under the remit of the other organisation, and enhance formal communication and information sharing activities for the benefit of patients and other people using these services.

Patricia Gilheaney, Chief Executive of the Commission, welcomed the development and said: “The Mental Health Commission promotes the highest standards in the delivery of mental health services and ensures the interests of those who are involuntarily admitted to Approved Centres are protected. This MOU will assist the two organisations to work in the best interest of people using services.”

Tracey Cooper, Chief Executive of the Authority, said: “This MOU will underpin future collaboration between us and more formally shape relations where some regulatory overlap may occur. We are delighted to put already informal cooperation between the two organisations on a more formal basis.”

This MOU will be reviewed to ensure that both organisations work together in the most beneficial way in the coming years.



Signing the Memorandum of Understanding were (L-R) Tracey Cooper from HIQA and Patricia Gilheaney, Chief Executive of the Mental Health Commission

## Supporting improvement in the health services

Acute hospitals and nursing homes taking part in our [Institute for Healthcare Improvement \(IHI\)](#) Open School initiative are on target and progressing very well with the education programme and associated action learning programme on improving medication reconciliation.

Acute hospitals and nursing homes taking part in our [Institute for Healthcare Improvement \(IHI\)](#) Open School initiative are on target and progressing very well with the education programme and associated action learning programme on improving medication reconciliation.

Medication reconciliation is a process that includes drafting a highly accurate list of medicines which a patient is currently taking. Ten sites around the country are undertaking the IHI Quality Improvement Science programme facilitated by the Safety and Quality Improvement Directorate in HIQA.

Marie Kehoe O'Sullivan, HIQA's Director of Safety and Quality Improvement, said all 10 sites have now identified their initial 'test of change' – these are changes that they could potentially make to help improve the medication reconciliation process – and are piloting those changes using the IHI tool.



Marie Kehoe O'Sullivan, HIQA's Director of Safety and Quality Improvement

Nursing homes have been linked up with an acute hospital that they would normally work with in order to advance the initiative.

Marie adds: "Plans are under way to hold a graduation ceremony for those who successfully complete the programme where they will be given an opportunity to showcase their improvements over the year. Candidates will be completing the programme in December 2013, with the graduation event planned for late January 2014."

She added discussions have started with disability services, children's services, ambulance services, primary care and service-user advocacy groups to modify the curriculum and provide this IHI programme to those services in 2014.

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## Inspections by HIQA's Children's Team

Our Children's Team has continued to undertake a wide range of inspections of children's residential services within our remit.

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Reports have been published recently of our inspections of HSE child protection services in Cork North Lee, Carlow / Kilkenny, Dublin South City, Cavan Monaghan, and Waterford local health areas. In the five inspection reports published to date, Standards were met in full in 37 instances; standards were met in part in 88 cases; and Standards were not met in 10 cases. Good practice was found across the child protection and welfare services assessed, but significant room for improvement was required in many facets of the services in order to protect and promote the safety and wellbeing of children.



A further report is being prepared and will be published in due course.

We have also published inspection reports on HSE foster care services in Dublin South/Dún Laoghaire), Wexford, Sligo/Leitrim, Laois/Offaly, Kerry, Dublin North West, Limerick, Dublin South East, Louth, and Mayo local health areas (LHAs). In the 10 foster care reports that we have published to date, we have found both good practice and areas where practices need to improve, and we have requested the HSE to implement over 400 actions across the 10 services inspected. Standards were met in full in 46 instances in the 10 HSE foster service areas inspected. In 166 cases, standards were met in part, while Standards were not met in 36 instances across the 10 LHAs assessed.

Our Children's Team has also published full or follow-up inspection reports on children's residential centres, a children's high support unit, Gleann Alainn Special Care Unit, Children Detention Schools on Oberstown Campus, and Ballydowd Special Care Unit. These reports have identified both good practices and areas of practice that required further development. You can read all of these reports on [www.hiqa.ie](http://www.hiqa.ie).

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## New National Standard for Patient Discharge Summary Information

Our Health Information Directorate has completed the development of the [National Standard for Patient Discharge Summary Information](#), which will provide the basis for communications between healthcare professionals.

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The purpose of this project was to develop a national standard for information to include in patient discharge summaries when people are being discharged from an acute hospital. It covers patient discharges directly from emergency departments, and discharge following admission to hospital. The new Standard defines the information required in a generic clinical discharge summary without being so detailed as to delay the sending of the summary on the day of discharge.

Professor Jane Grimson, HIQA's Director of Health Information, said: "Discharge planning occurs from early on in a patient's inpatient stay. In order to ensure continuity of care during the transition from secondary (for example, a local acute general hospital) or tertiary care (a national clinical



Professor Jane Grimson, HIQA's Director of Health Information

service based in an acute hospital) to primary care, good communication between healthcare practitioners is required. The clinical discharge summary generated at the end of an inpatient stay provides the basis for communication between healthcare professionals in different healthcare settings.” She added that the concept is to define at a high level the information which should be included in discharge summaries in order to ensure safe continuity of care. This project complements the National Standard for Patient Referral Information previously developed by the Authority.

A public consultation on a draft version of the Standard was undertaken at the end of 2012 and the beginning of 2013. A consultation document – Standardising Patient Discharge Summary Information: a Draft National Data Set for Consultation – was published for a 10-week consultation period in November 2012 to set out the draft set of headings to be included in discharge summaries. Targeted emails were sent to stakeholders inviting them to participate in the public consultation. Of the 107 submissions received (all via email) during the consultation, 59 were submitted on behalf of organisations and 48 were submitted in a personal capacity. Over 620 suggestions were received relating to additions, deletions and modifications to the draft dataset and all of these were carefully reviewed to inform the final National Standard.

The National Standard for Patient Discharge Summary Information defines the information required in a generic clinical discharge summary produced at the time of discharge from a secondary care or tertiary care setting. The Standard consists of the seven groups of headings:

- patient details
- primary care healthcare professional details
- admission and discharge information
- clinical information
- medication information
- follow up and future management
- person completing discharge summary.

The National Standard also covers patients who have been admitted electively (for planned procedures) to acute hospitals and also those whose admission was not planned (such being admitted through the emergency department). It also includes inpatient admissions and those admitted as a day case. Communications from outpatient departments were not included in this project. The new National Standard has been approved by the Board of the Authority and has been submitted to the Minister for Health for approval.

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## Overview of children’s residential centres and foster care

Our Children’s Team has published an overview of the findings of [2012 children’s inspection activity for foster care and children’s residential services](#).

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Phelim Quinn, HIQA’s Director of Regulation, said the overview examined the inspection reports for 33 residential centres for vulnerable children, mostly aged between 12 and 18 years. “Overall, HIQA found evidence of appropriately qualified, dedicated and committed staff. Intervention by these staff led to many positive outcomes for children and young people who use the services. However, HIQA inspectors noted considerable challenges for services, and that improvements were still required. The system was found to be under significant pressure in certain aspects, and in some instances, these pressures were placing children at risk,” Phelim stated.



Phelim Quinn, HIQA's Director of Regulation

The report also examined inspection reports for eight HSE foster care services. Overall, our inspectors found examples of high quality social work practice which supported the safety of children and promoted good outcomes for them. Inspectors also found that there were many good outcomes for children in terms of their health and their attendance at school. In their daily lives, children’s choices were considered and their dignity and privacy were respected. However, these outcomes were dependent upon the quality of foster carers who were not always adequately supported or monitored.

Inspectors also found that some children lived with unapproved foster carers and that the investigation by the HSE of allegations made against foster carers was not always timely. In many areas there were insufficient numbers of foster carers. The system of matching children’s needs with the skills of foster parents was often dependent solely on the availability of placements. Staff shortages had impacted on the HSE’s capacity to deliver a safe high quality fostering service.

Phelim concluded: “Following on from the analysis, and in order to meet the needs of children and young

people requiring residential care, a proactive national strategy is now required by the Health Service Executive National Office for Children and Family Services to support a responsive, flexible, localised service informed by the assessed needs of children and young people.”

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## New initiatives on patient demographic data

Our Health Information team continues to work on new initiatives in the areas of a new standard for patient demographic information, electronic prescribing, and research ethics.

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We have completed our consultation on the National Standard for Patient Demographic Information. A national demographic dataset is a standard set of data that uniquely and uniformly identifies each individual that avails of health and social care services. The dataset is divided into five sections: health identifiers, name details, address details, communication details and other details. The Authority now intends publishing the National Standard towards the end of 2013. Meanwhile, the Health Information team has begun developing standards in the area of electronic prescriptions, and is developing our research ethics function.

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## Importance of hand hygiene in hospitals highlighted

We are continuing to assess public acute hospitals on hygiene and infection prevention and control standards, and patients have welcomed the ongoing inspection process and the format of our inspection reports.

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Our Regulation team continues to assess public acute hospitals against the [National Standards for the Prevention and Control of Healthcare Associated Infections](#), with 36 hospitals nationwide now inspected, including a number of hospitals that we have inspected more than once.



[Reports on 37 inspections have now been published](#), and we have received feedback from patients and service users welcoming the ongoing monitoring activity of infection prevention and control standards in acute hospitals and the format of our inspection reports.

Mary Dunnion, Deputy Director of Regulation (Healthcare and Children's Services) with HIQA, said that because hand hygiene is recognised internationally as the single most important preventative measure in the transmission of Healthcare Associated Infections in healthcare services, a particularly focus of our inspections has been on the standard in relation to hand hygiene.

She continued: “Our particular focus at this time is on monitoring compliance with the relevant standard on hand hygiene amongst hospital staff. This is a critically important deterrent in patients acquiring Healthcare Associated Infections and remains a significant area of non-compliance. These findings have been reflected in our recent reports.”

We have undertaken both announced and unannounced monitoring assessments in several hospitals.

Mary concluded: “We are monitoring compliance with prevention and control of Healthcare Associated Infection (PCHCAI) standards in all hospitals and hospital groups, and have particularly received feedback from service users welcoming the PCHCAI monitoring activity and the format of our reports.”

Speaking at a recent presentation before the Oireachtas Joint Committee on Health and Children, HIQA Chief Executive Tracey Cooper said out of 36 hospitals assessed, 28 were unannounced inspections and eight were announced inspections. She said the main findings of these inspections were that:

- Overall, 1,045 opportunities to perform hand hygiene were assessed. 67% of opportunities were taken (72% of which were compliant with best practice) and 33% of opportunities were not taken. This demonstrates that a third of all hand hygiene opportunities did not take place.
- Of the six hospitals that have had more than one monitoring assessment, there have been demonstrable improvements in the hand hygiene culture.

- Other general areas requiring improvement waste and laundry management practices, the securing of 'clean' utility rooms and access to needles, syringes and medication, the securing of 'dirty' utility rooms, and access to chemicals such as cleaning products.

Tracey told the Committee: "In 2013, these aspects of preventing and controlling Healthcare Associated Infections should be embedded into the culture of all health and social care facilities. This patient safety area will continue to be a priority for the Authority and will become increasingly so when we begin a licensing system for healthcare facilities. We will expect avoidable and unnecessary harm to patients to be substantially reduced at that time."

Further information about the monitoring process is available at: <http://www.hiqa.ie/healthcare/focus-quality-safety/healthcare-associated-infections>.

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## Development of guidance for health and social care staff

Meetings have taken place between HIQA's Safety and Quality Improvement Directorate and health and social care providers on the development of targeted guidance documents for staff.

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According to Marie Kehoe O'Sullivan, HIQA's Director of Safety and Quality Improvement, HIQA will produce a number of short targeted guidance documents based on international best evidence following a liaison process with people providing services.

The Authority has met with representatives from the disability sector, children's services, ambulance services, and the Quality and Patient Safety Directorate in the HSE, to identify areas where the services themselves have pinpointed a need for short targeted guidance.

Work is under way in HIQA to develop these guidance documents and it is envisaged that six to eight guidance documents will be published by the end of the year on topics such as risk management, statement of purpose, and intimate care, amongst others.

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## Work continuing on thresholds for procedure referrals

We are now reviewing the feedback from our public consultation on draft recommendations for nine separate hand and spinal procedures as part of our series of health technology assessments (HTAs) of referral and treatment thresholds for scheduled procedures.

We are now reviewing the feedback from our public consultation on draft recommendations for nine separate hand and spinal procedures as part of our series of health technology assessments (HTAs) of referral and treatment thresholds for scheduled procedures.

Dr Máirín Ryan, HIQA's Director of Health Technology Assessment, commented: "The public consultation period for the HTA on scheduled surgical procedures has been completed and we would like to thank everyone for their detailed and constructive feedback. The high level of engagement with this process is indicative of the common purpose shared across a diverse range of stakeholders in our health system to drive improvements for the benefit of patients. All the feedback we received will now be considered in detail before finalising the reports for each of the procedures assessed in this phase, and making them publicly available on the HIQA website."



Dr Máirín Ryan, HIQA's Director of Health Technology Assessment

The draft HTAs were published for consultation in August. Their purpose is to evaluate the potential impact of introducing clinical referral or treatment thresholds for these procedures within the publicly funded healthcare system and to provide advice on potential minimum thresholds.

The implementation of a standard approach to referrals to secondary care services is designed to ensure that

patients most in need of treatment receive it as quickly as possible, according to Dr Ryan.

“Given the existing demand for these services and current waiting times to access them, it is vital that the right patients are referred for the appropriate treatment at the right time. Increased clarity around referral or treatment thresholds for general practitioners (GPs) could potentially minimise the referral of patients who do not then proceed to surgery, for example, and should help ensure that patients have timely access to beneficial care in the most appropriate treatment setting,” Dr Ryan said.

We convened a multidisciplinary Expert Advisory Group to guide the health technology assessment process and provide expert advice and information. The completed reports will be submitted to the Health Service Executive (HSE) and to the Minister for Health. The procedures examined are:

- [release of carpal tunnel](#)
- [surgery for Dupuytren’s contracture](#)
- [ganglion cyst surgery](#)
- [surgery for trigger finger/thumb](#)
- [spinal injections for pain due to degenerative lumbar spine disease](#)
- [vertebroplasty and kyphoplasty for osteoporotic vertebral compression fractures](#)
- [radiofrequency lesioning for chronic spinal pain](#)
- [surgery for adult degenerative lumbar spine disease](#)
- [spinal cord stimulation for chronic pain.](#)

Along with the individual procedure reports, a [draft analysis of the ethical implications](#) of introducing these thresholds on the wider health system was also put out for public consultation. A [background and methods document](#) has also been published. These reports are the latest phase in a series of health technology assessments focusing on thresholds for a number of procedures. We have previously published health technology assessments on thresholds for scheduled surgery for:

- [Cataract Surgery](#)
- [Tonsillectomy](#)
- [Grommet insertion and adenoidectomy for otitis media with effusion](#)
- [Varicose Vein Surgery.](#)

All of the reports are available to download from our website, [www.hiqa.ie](http://www.hiqa.ie).

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## New policy on managing complaints about HIQA

A team within our Regulation Directorate has recently carried out a review of how the Authority handles complaints made about the organisation.

A team within our Regulation Directorate has recently carried out a review of how the Authority handles complaints made about the organisation.



Following the review we have developed a new policy and procedure for the management and handling of complaints about the Authority. This also takes account of the fact that since May of this year [new legislation](#) brings over 180 additional public bodies, including HIQA, within the remit of the [Office of the Ombudsman](#). The Office of the Ombudsman may under certain circumstances examine complaints from members of the public who feel they have been unfairly treated by a public body.

The Policy will be supported by a number of other related policies and procedures. For more information on how and where to complain about health or social care services go to [www.healthcomplaints.ie](http://www.healthcomplaints.ie).

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## HIQA use of recycled copying paper

As part of our office management policy, our Corporate Services team is constantly seeking new ways to reduce our impact on the environment, including the promotion of the use of recycled paper in our offices.

As part of our office management policy, our Corporate Services team is constantly seeking new ways to reduce our impact on the environment,

including the promotion of the use of recycled paper in our offices.

Meiread Ashe, HIQA's Operations Manager, explained: "The success of our environmental initiatives has required the full participation of all our staff and success to date has been achieved by keeping initiatives simple – the fewer changes staff must make in their daily routines to reduce and recycle, the greater the success rate."



Actions taken to date to reduce our waste paper production and the impact of printing on the environment include:

- Actively encouraging staff to use less paper in their everyday tasks by using communication technologies.
- Defaulting printers to print on both sides of each page and in black and white, as colour printing is more energy and materials intensive than black and white.
- Separating waste paper at source on site by placing all waste documents in special bins.
- Since June of last year, we use non-bleached recycled paper for photocopiers at a reduced weight of 80gsm (grams per square metre).
- All documents released by HIQA under the Freedom of Information Act go out on this recycled paper.

Meiread continued: "We reduce the volume of our printed publications by making certain documents and publications, such as inspection reports, available on our website only, and by printing other material on recycled paper or sustainable alternatives. The use of 500 sheets of our recycled photocopying paper saves on average 79 litres of water, 16 kWh of electricity and 7.5 Kg of trees in its production, compared to using new paper."

Tracey Cooper, HIQA's Chief Executive, added: "Even the most successful recycling programs need continuous improvement, fresh thinking, and periodic overhauling and each year we have looked for new initiatives to minimise our impact on the environment. All environmental initiatives undertaken by the Authority have the full support of senior management, and this year we started providing annual figures on waste to an external monitoring agency."

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## International News Round Up

### Sharing the learning

As the national contact point for the [European Union Network for Patient Safety and Quality of Care, PaSQ Joint Action](#), the Authority has convened a national stakeholder group to work with us on a PaSQ event that Ireland is hoping to hold in 2014. One of the overall objectives of the [European Union Network for Patient Safety and Quality of Care, PaSQ Joint Action](#) is for member states to share, learn and exchange information, knowledge, skills and experiences related to patient safety, good clinical practices and good organisational practices by means of an exchange mechanism event. An exchange mechanism event can be in various formats, including a workshop, information and discussion meeting, webinar or study tour among others.

Members of the stakeholder group that we have convened include the Department of Health and the Health Service Executive (HSE) among others. Ireland is hoping to host an event as part of PaSQ in autumn 2014 and our Safety and Quality Improvement Directorate is in the initial stages of planning for such an event. We are currently working with the national stakeholder group to identify the types of learning that should be sought from our European partners in patient safety for such an event.

### HTA team to present at international meeting

Our Health Technology Assessment team has had six posters accepted for presentation at the International Society for Pharmacoeconomics and Outcomes Research ([ISPOR](#)) [16th Annual European Congress](#) being held in the Convention Centre Dublin between 2-6 November 2013. ISPOR has over 7,000 members from 100 countries.

### Health Information team article due out

Our Health Information team has had its first peer-reviewed publication accepted and published. The article entitled "Driving continuous improvement in health information with the development of Guiding Principles for national health data collections" by Barbara Foley, Rachel Flynn, Tracy O'Carroll and Jane Grimson appears online in the [September 2013 issue of the European Journal of ePractice](#).

## Latest Tweets @HIQA

Memorandum of Understanding between HIQA and Mental Health Commission to improve cooperation. Read more here <http://t.co/3DRPMpRlaw>  
yesterday · reply

Mairin Ryan from HIQA will present an update on Health Technology Assessment at the PMI Breakfast meeting tomorrow: <http://t.co/AeOQUHlwX9>  
5 days ago · reply

Call into the HIQA presentation at [#ISPCAN](#) on the introduction of standards and regulation - today at 3:40pm, Pembroke  
6 days ago · reply

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