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Escola Nacional de Saúde Pública

Universidade Nova de Lisboa



Country showcase: Ireland and Portugal

International Forum on Quality & Safety in Healthcare IHI/BMJ

Glasgow, 29 March 2019

Paulo Sousa – National School of Public Health - Universidade NOVA de Lisboa

Overview

- Contextual information about Portugal;
- Brief characterisation of the main aspects of the Portuguese Healthcare system;
- General description of the Quality structures, agenda and initiatives;
- Challenges and opportunities.

Demographic and economic context



- 10.5 million inhabitants*
- GDP per capita 21,136 US\$ (2017)*
- Life expectancy 81.2 years (84.3 y Vs 78.1 y)**
- Fertility rate (birth per woman) – 1.3*
- 22% of Population aged 65 or over (% of total)*

* World Bank, 2017

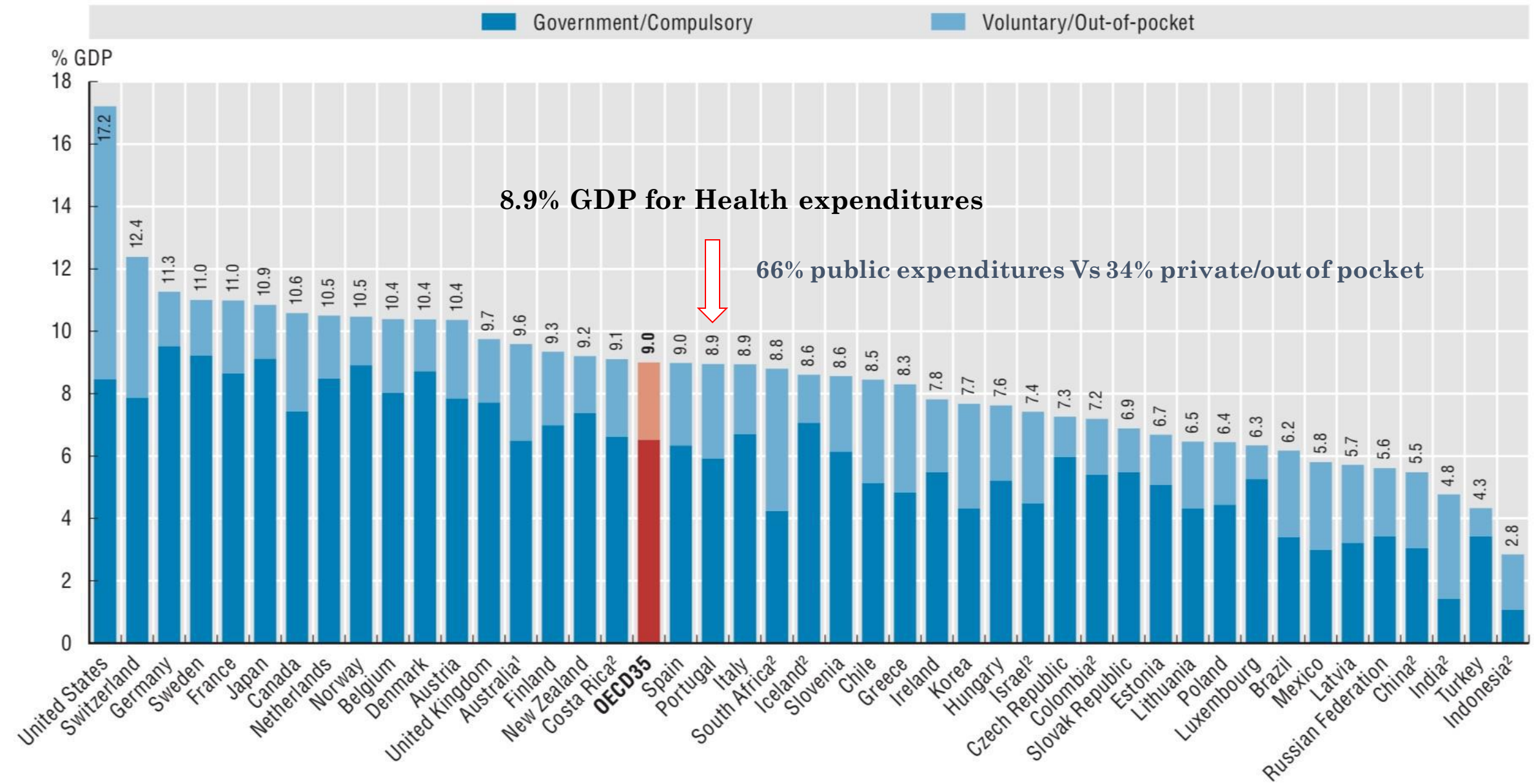
** OECD, 2018

Portuguese Healthcare System

- Based on a National Health Service (NHS), an universal tax-financed system.
- Planning and regulation take place largely at the central level by the Ministry of Health and its institutions, whereas the management of the NHS takes place at the regional level;
- Five Regional Health Administrations responsible for strategic management of population health, supervision of hospitals, management of the NHS primary care centres, and implementation of national health policy objectives
- The Azores and Madeira, as autonomous regions, have broad powers for their own health care planning and management.
- Healthcare providers are a mix of public, private and social/non-profit organisations

Portuguese NHS - Provision of services

- Primary care centres – 320 facilities covering a given geographical area and spread all over the country;
- Acute and specialized hospital care – 37 hospital centres (110 hospitals) covering a given geographical area;
- Long-term care and palliative care – (10,000 beds and 700 beds);
- 442.6 Physicians per 100,000 population (EU average 349.6)*
- 637.8 Nurses per 100,000 population (EU average 864.3)*
- Concentration in major urban centres and along the coast, leaving country side underserved.



% GDP Health expenditures in 2017 – Source OECD 2018

Quality and Safety structures

- **Portuguese Healthcare Regulation Authority**

- SINAS - aims to assess health care providers in terms of global quality of services.

- **Department for Quality in Health (DGH)**

- The National Strategy for Health Quality 2015–2020

- National Plan for Patient Safety 2015–2020.






































5 Regional Health Administrations (monitoring quality indicators – Primary care and hospitals)

- Waiting times (access)
 - Hospital acquired infections
 - Pressure ulcers
 - Falls
 - Etc..

Portuguese Healthcare Regulation Authority

- SINAS is intended not only to inform patients on quality of health care services, but also to encourage continuous improvement in the quality of these services.

Dimensions - Clinical excellence, patient safety, patient-centred, patient satisfaction

| Prestador | Excelência Clínica | Segurança do Doente | Instalações e Conforto | Focalização no Utente | Satisfação do Utente |
|---|---|---|---|---|---|
| Casa de Repouso de Coimbra |  1/16 áreas |  |  |  |  |
| Casa de Saúde da Boavista |  4/16 áreas |  |  |  |  |
| Casa de Saúde de Amares |  8/16 áreas |  |  |  |  |
| Casa de Saúde de São Lázaro |  3/16 áreas |  |  |  |  |
| Casa de Saúde de São Mateus |  2/16 áreas |  |  |  |  |
| CH Baixo Vouga, EPE - Hospital Distrital de Águeda | dimensão não avaliada 0/16 áreas |  |  |  |  |
| CH Baixo Vouga, EPE - Hospital Infante D. Pedro |  7/16 áreas |  |  |  |  |
| CH Baixo Vouga, EPE - Hospital Visconde Salreu de Estarreja | dimensão não avaliada 0/16 áreas |  |  |  |  |

Department for Quality in Health (DGH)

- The National Strategy for Health Quality 2015–2020
- National Plan for Patient Safety 2015–2020.
- Accreditation (model ACSA)
- National Standards
- Assess of Safety Culture
- National programme for the prevention and control of infections and antibiotic resistance (Epidemiological surveillance of Healthcare-associated infection and AMR – European level ECDC).
- National “Reporting system” of adverse events and incidents (repository)

Example of a QI initiative...in 2013

- Gulbenkian Report “**The Future for Health in**

THE GULBENKIAN CHALLENGES

- Reducing hospital acquired infections – halving rates in 10 hospitals
- Slowing growth in diabetes – preventing 50,000 people getting the disease
- Helping the country become a leader in early childhood health and achieving measurable improvements in the health and well-being of children

The Future for Health
everyone has a role to play

FUNDAÇÃO
CALOUSTE GULBENKIAN



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The Future for Health

everyone
has a role
to play

[including the one selected on this cover]

Context - HAI as a Public Health problem/issue

- **Prevalence of 10.5% Vs EU average 5.7%** (ECDC, 2013)
 - 29.3% HAI respiratory
 - 21.1% HAI urinary
 - 18,1% SSI
 - 8.1% Central Line Blood Stream Infection
 - others
- *“Patient and hospital characteristics that influence incidence of adverse events in acute public hospitals in Portugal: a retrospective cohort study.” – HAI 39.7% , Sousa, P. et al Int J Qual Health Care, 2018, 1–6 doi: 10.1093/intqhc/mzx190*
- **Estimated costs for Portugal – € 280 million /year** In: The Future for Health in Portugal, 2014

Infections studied and settings

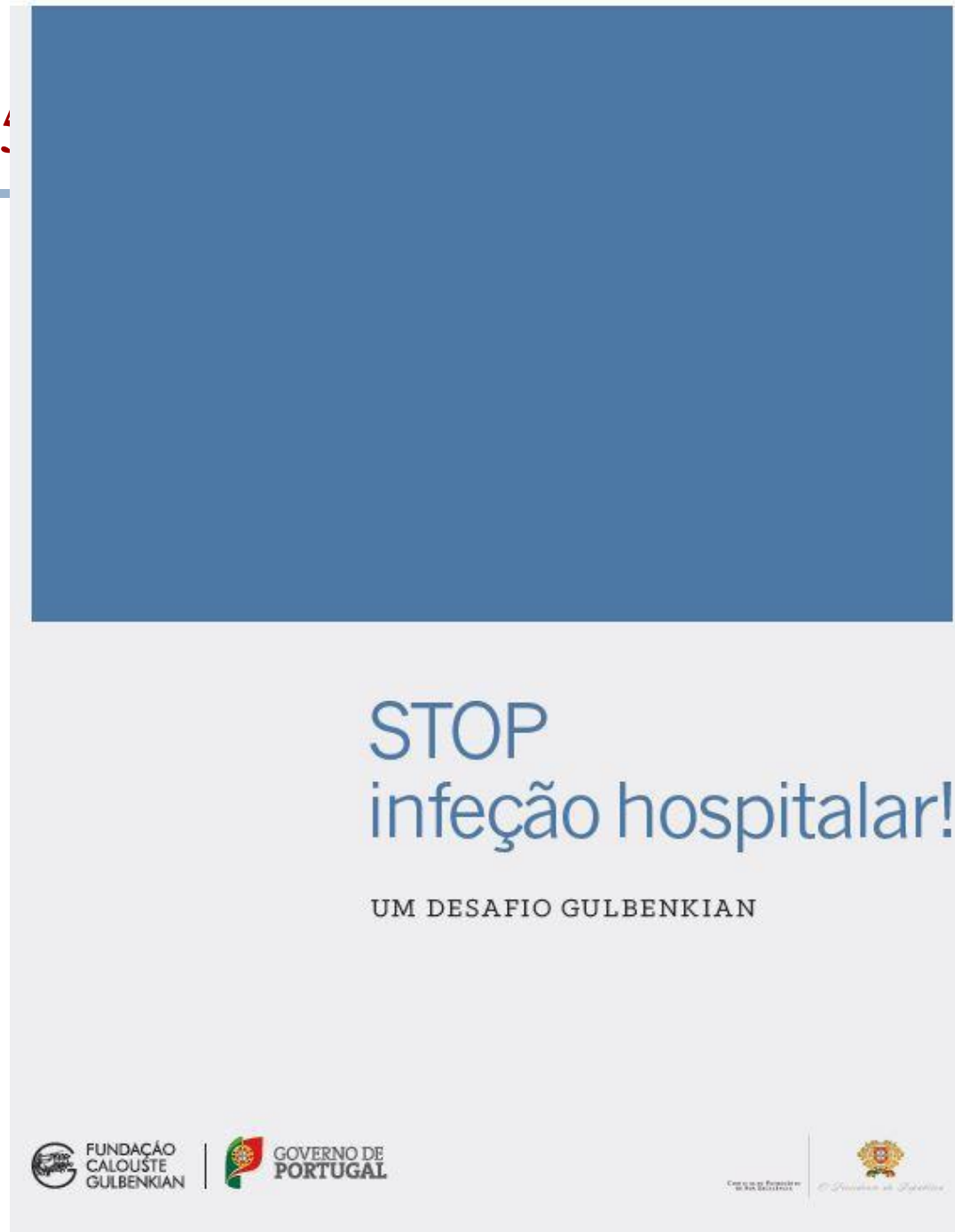
- CLABSI and VAP (ICU)
- CAUTI (general ward)
- SSI– Colon-recto; Gallbladder (General surgery) Knee and Hip prosthesis (Orthopaedics)

Rationale for these Infections

- **Magnitude** - epidemiologic; clinical, economical and social impact;
- **Recent data available** at the epidemiological surveillance (baseline);
- **Direct relation** with Quality of Care;
- **International comparison** (which helps to evaluate and compare— Benchmarking)
- **Avoidable** (could be preventable)

The beginning... (May 2014)

- Definition of the Executive and Scientific board (structure of coordination , and consulting)
- Support of the MoH
- Aligned with the PPCIRA
- International Partner
Institute for Healthcare Improvement (IHI)
- Tender to select Hospitals Centres
(voluntary and leadership)



Map with participant hospitals

12 Hospital centres , a total of 19 hospitals (30% volume of the NHS)

1 - Unidade Local de Saúde do
Nordeste

2- Hospital de Braga

3- Hospital de Guimarães

4- IPO Porto

5 – Hospital de São João

6- Unidade local de Saúde de
Matosinhos

7- Centro Hospitalar da Cova da
Beira

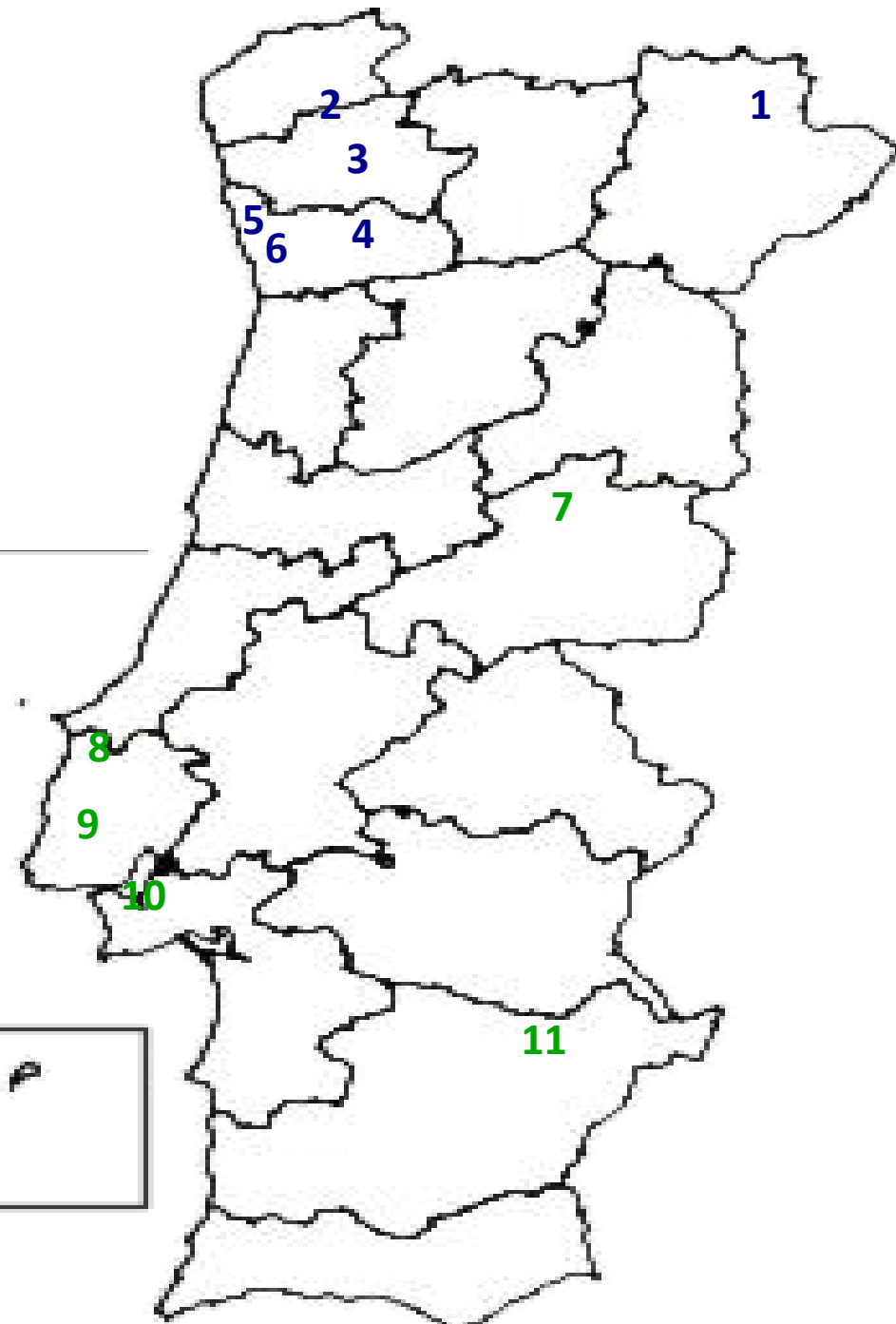
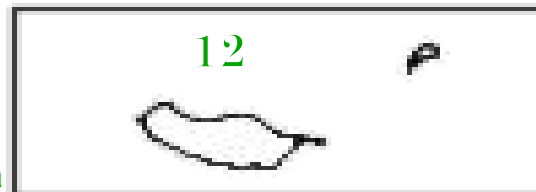
8- Centro Hospitalar de Lisboa
Central

9- Centro Hospitalar de Lisboa
Norte

10 – Centro Hospitalar Barreiro e
Montijo

11- Unidade Local de Saúde do
Baixo Alentejo

12- Hospital do Funchal - Madeira



Gulbenkian Stop Infecção Hospitalar!

**Model for
Improvement**

Collaboration, transparency

Knowledge & skills

**Evidence-based
interventions**

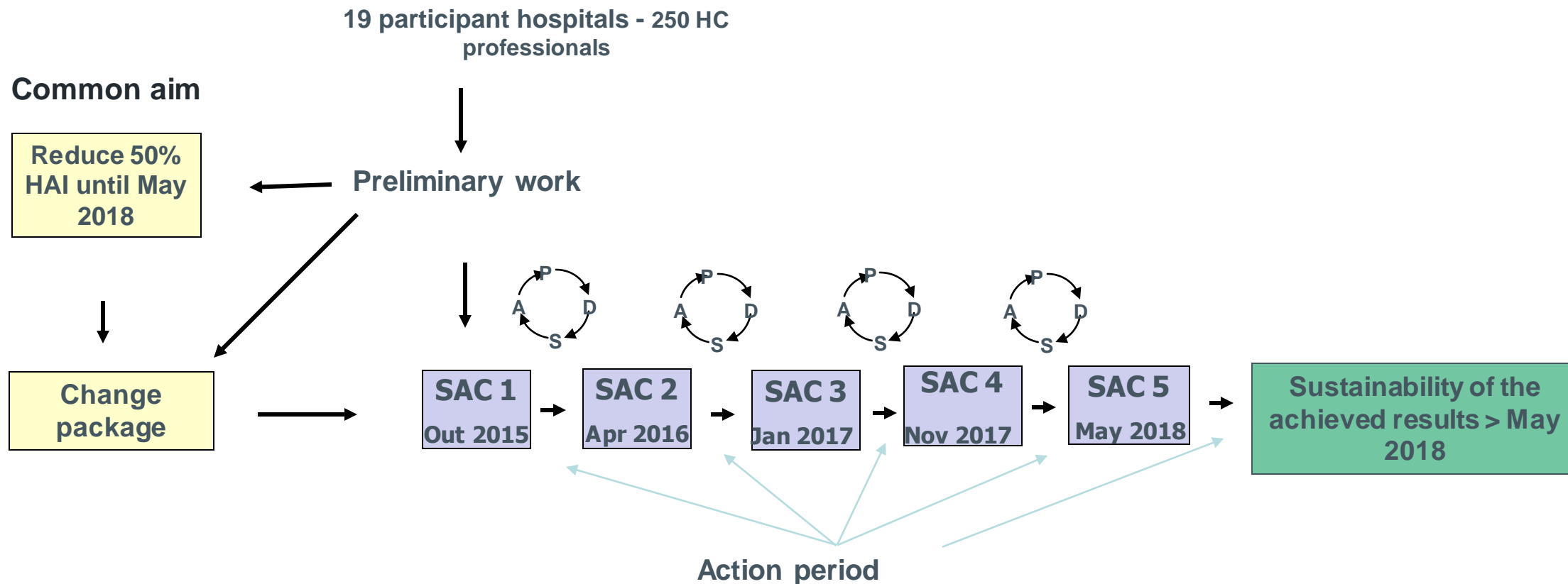
Common goal

Compelling vision



Logical model - Breakthrough Series Collaborative

(36 months)



Coaching: Monthly reports, virtual meetings, learning sessions and site visits

Measure and learning plan

i) **Monitoring the progresses :**

MUSIQ - Assess local aspects

PPS Monitoring the progress of project

ii) **Evaluate Safety Culture** HSOPSC da AHRQ (3 waves)

iii) **Indicators:** monthly report

Process (compliance to bundles, walk rounds, etc...)

Outcome (rate of infections, density incidence per 1,000 days; opportunities between infections , etc..)

Balanced (rate of re-intubation, etc...)

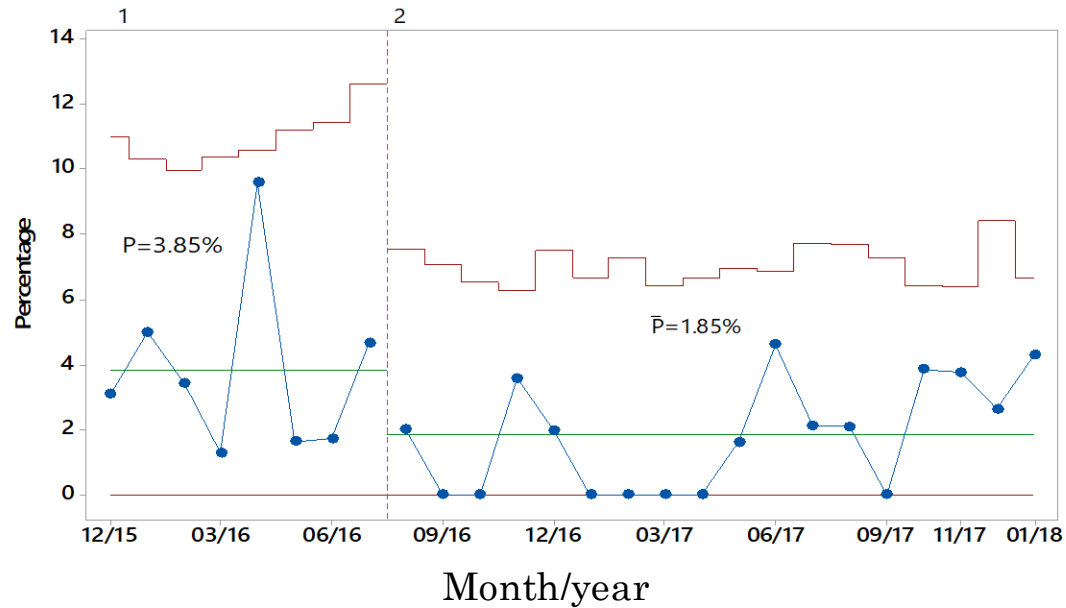
iv) **Costs estimation** (Business Case)

Summary of results

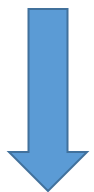
- i) Increased the % compliance of bundles for prevention CLABSI, CAUTI and VAP to around 95% (insertion and maintenance CVC and Urinary Catheter)
- ii) **Reduced CLABSI by 56%** from 2.7 to 1.2/1000 catheter days;
- iii) **Reduced CAUTI by 55%** from 8.2 to 4.0/1000 catheter days;
- iv) **Reduced VAP by 51%** from 9.1 to 4.5/1000 ventilator days

Outcome indicators

Rate of SSI Gallbladder (Cholecystectomy)

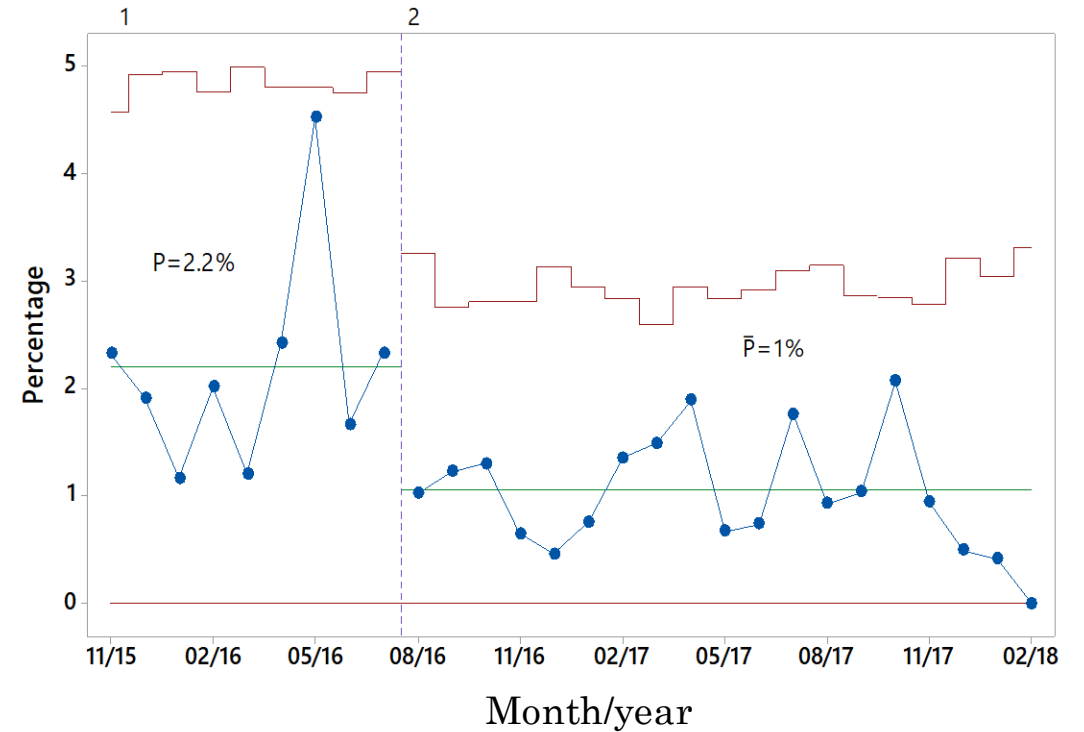


3.85% Vs 1.85%



52%

Rate of SSI orthopaedic



2.2% Vs 1.0%



55%

No improvements in SSI colon-rectum-
17.5%

Other gains achieved

- a) Reinforcement of team work (multidisciplinary briefings, Multiprofessional visits, etc..);
- b) Increase patient and family involvement;
- c) Increase of Leadership commitment;
- d) Systematic data collection and analysis;
- e) Sharing of results with all team members and group reflection
- f) Greater focus on process design – optimisation of processes
- g) Reinforcement of intra and inter networking between hospitals and teams.

Challenges and opportunities

- Political lack of awareness of the importance of QI and safety initiatives (investment instead of a expenses).
- Reinforce a culture/practice of collecting and analysing data in order to measure and assure

Quality and therefore to help driving improvements;

- Risk management approach in a more proactive way (reactive)
- Put Infections and AMR in the agenda as a real priority (not just in theory/speech)
- Dissemination of Stop Infecção Hospitalar! to all Hospitals of HC system and spread this methodology to other healthcare areas/issues.

You are all invited to Lisbon...



The poster features a blue and green geometric design. On the left, there is a photograph of a modern building with a glass facade. The text is arranged in a clean, professional layout with various logos and contact information.

**1-2
July 2019**

Organized by:
 **Escola Nacional
de Saúde Pública**
UNIVERSIDADE NOVA DE LISBOA

With Collaboration of:
 **GRC**
Clinical Risk Management
and Patient Safety Centre
of Excellence

 WHO Collaborating Centre
in Human Factors and Communication
for the Delivery of Safe and Quality Care

 **UNIVERSIDADE
NOVA
DE LISBOA**
NOVA health

**Healthcare Dynamics
Quality Improvement
and Patient Safety**

**2nd International Meeting on
Patient Safety for New Generation
of Healthcare Professionals**

Rectorate of Universidade NOVA de Lisboa (Campolide Campus)

Call for abstracts until 15th April
For more information: imps2019@ensp.unl.pt

 **ISQua**
International Society for Quality in Health Care

 **Institute for
Healthcare
Improvement**

 **IEA**
International Ergonomics Association

Further details - <https://imps2019.ensp.unl.pt/>

www.ensp.unl.pt

Healthcare and Quality Improvement in Ireland

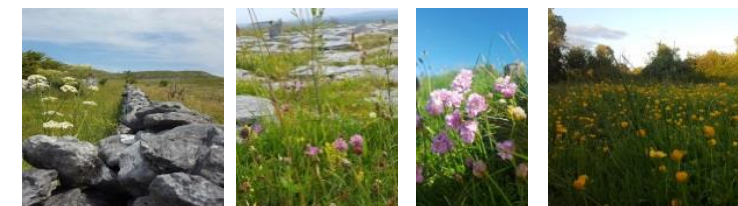
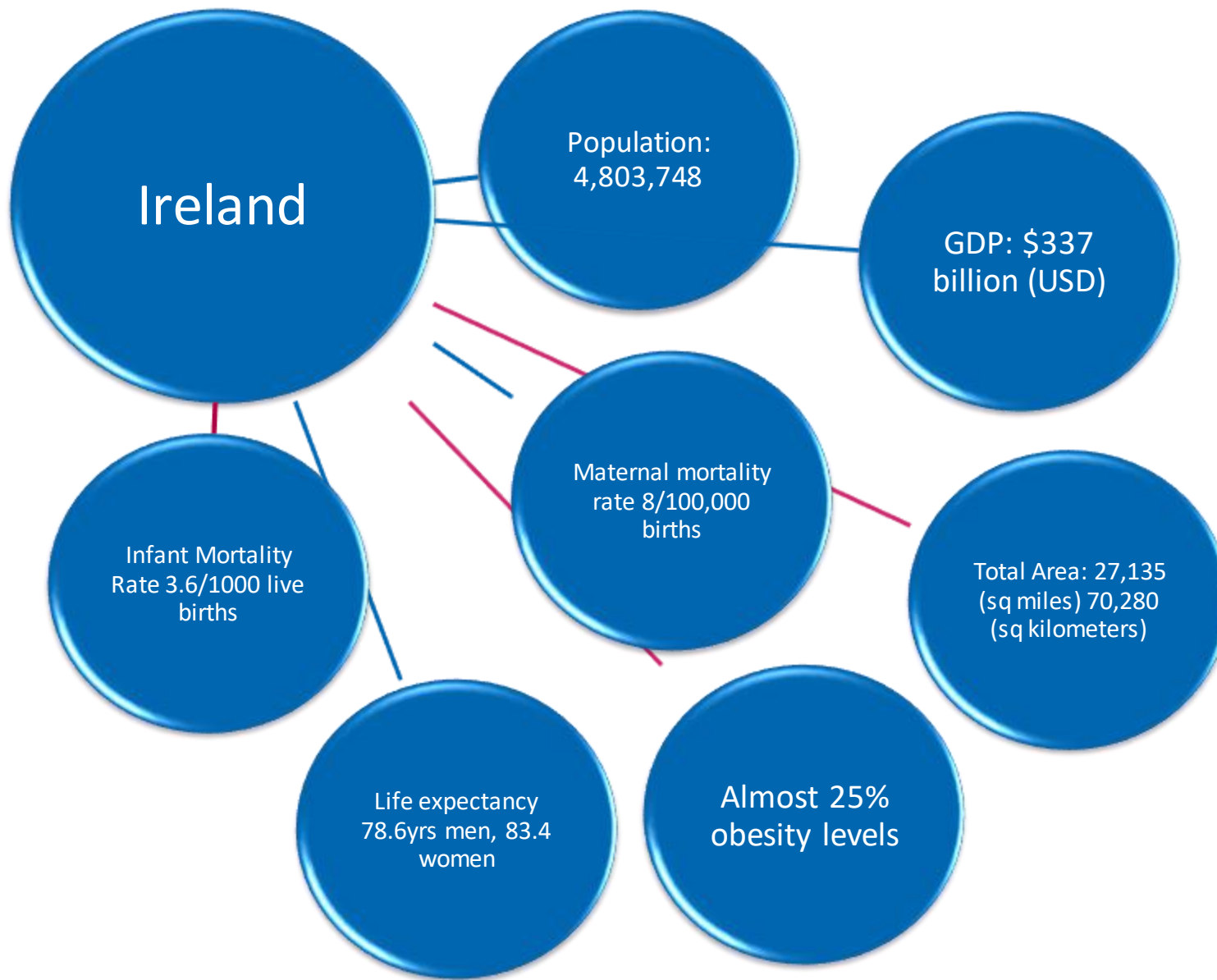
IHI Glasgow 2019

hello
my name is...

Dr. Philip Crowley
National Director Quality Improvement
Health Service Executive
Ireland

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Our staff and leadersh

- 110,000 employees
- Centralised command and control!
- Recruitment and retention



Funding

- 13 bn euro budget
- Inflation,
- Struggle to break even



Politics

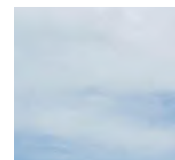
- Minority government
- Political pressures,
- Short term planning

The Irish health service 2019



How we work?

- Hospital care free for all
- Too many small hospitals
- Family doctor care free for 40% based on income - care not integrated well between primary care and hospitals
- Public/private mix - inequity
- 50% have private health insurance and can skip queues for specialist care



Future proofing

- New 10 year health plan agreed by all health parties - universal access to primary care/build community service/integration
- New hospital groups and community health organisations - Regional Integrated Care Organisations
- New technologies
- Demand is growing - demographic, risk factor challenges



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Challenges

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Building a
Better Health
Service
National Quality Improvement Team

Seirbhís Sláinte
Níos Fearr
á Forbairt



Framework for
Improving Quality

Surgeons operated on wrong organs in 19 cases of blunders

HSE apologises over baby deaths

€320k payout as hospital says sorry over death from dehydration

Access blocks ED and OPD

Medical, nursing and AHP recruitment

Limited measurement of quality

Lack of reliability

Variation everywhere you look

Centralisation in health care = failure

Sustaining improvement

Media Coverage

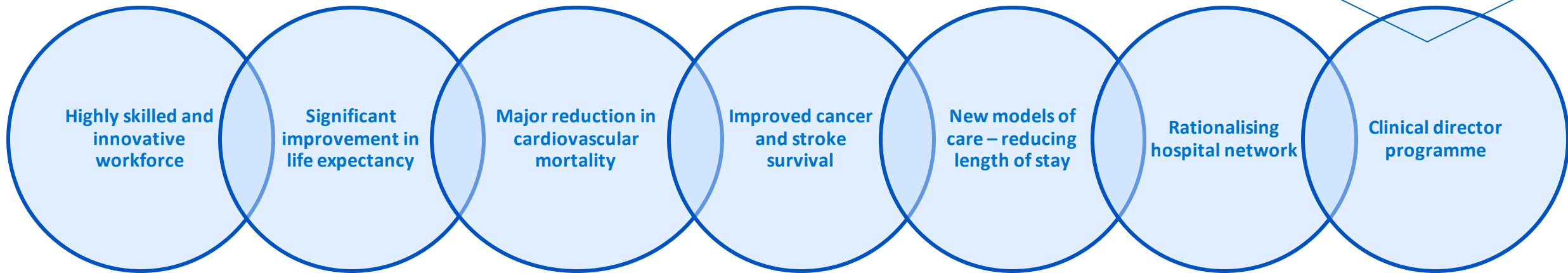
Brexit

Challenges

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Positives

- Nurse leadership well developed
- Junior doctor leader programme
- Allied health professionals developing

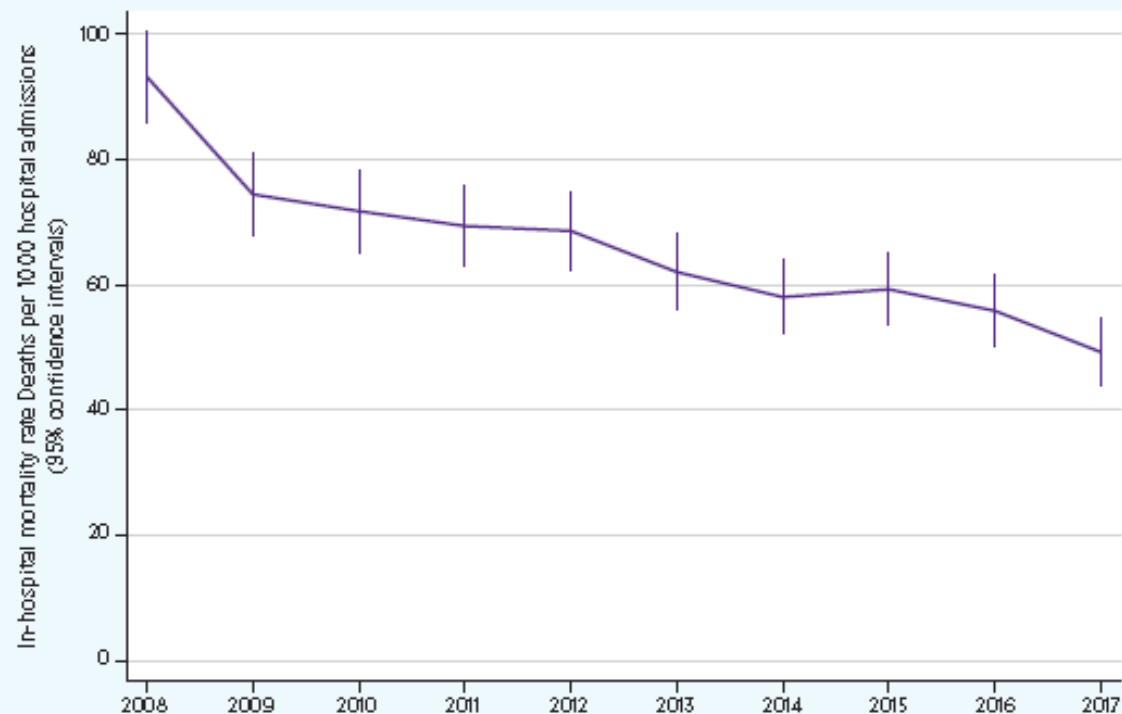


However...

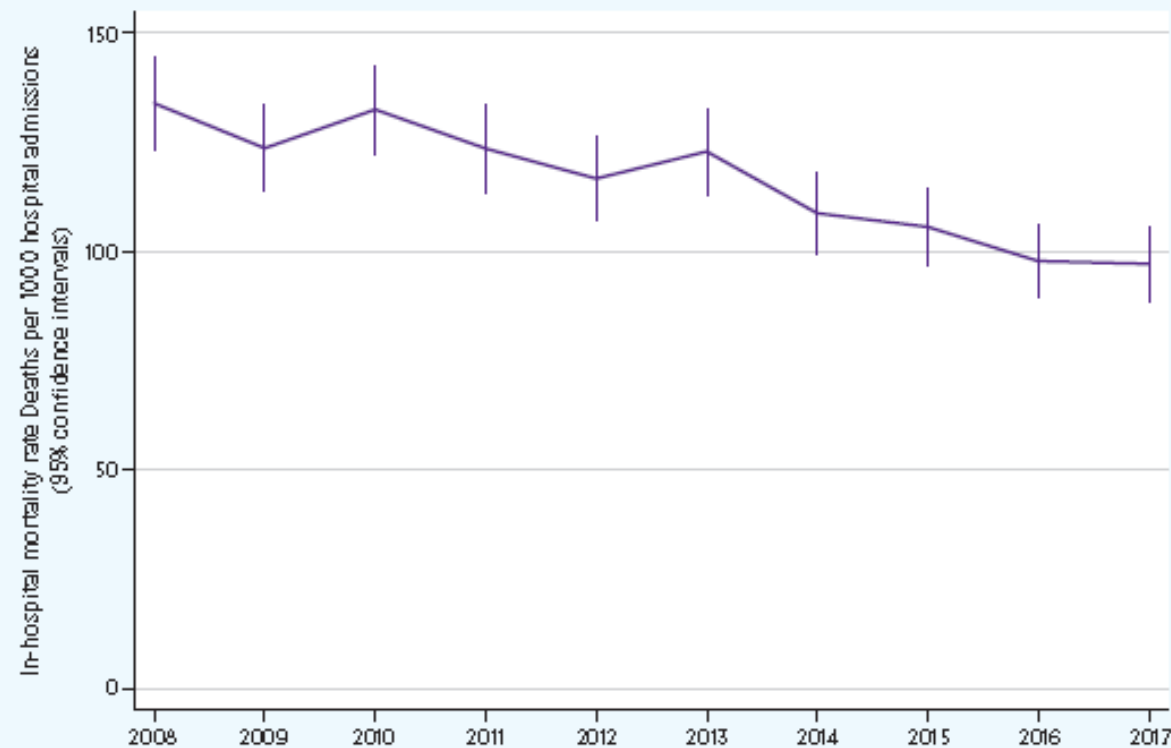
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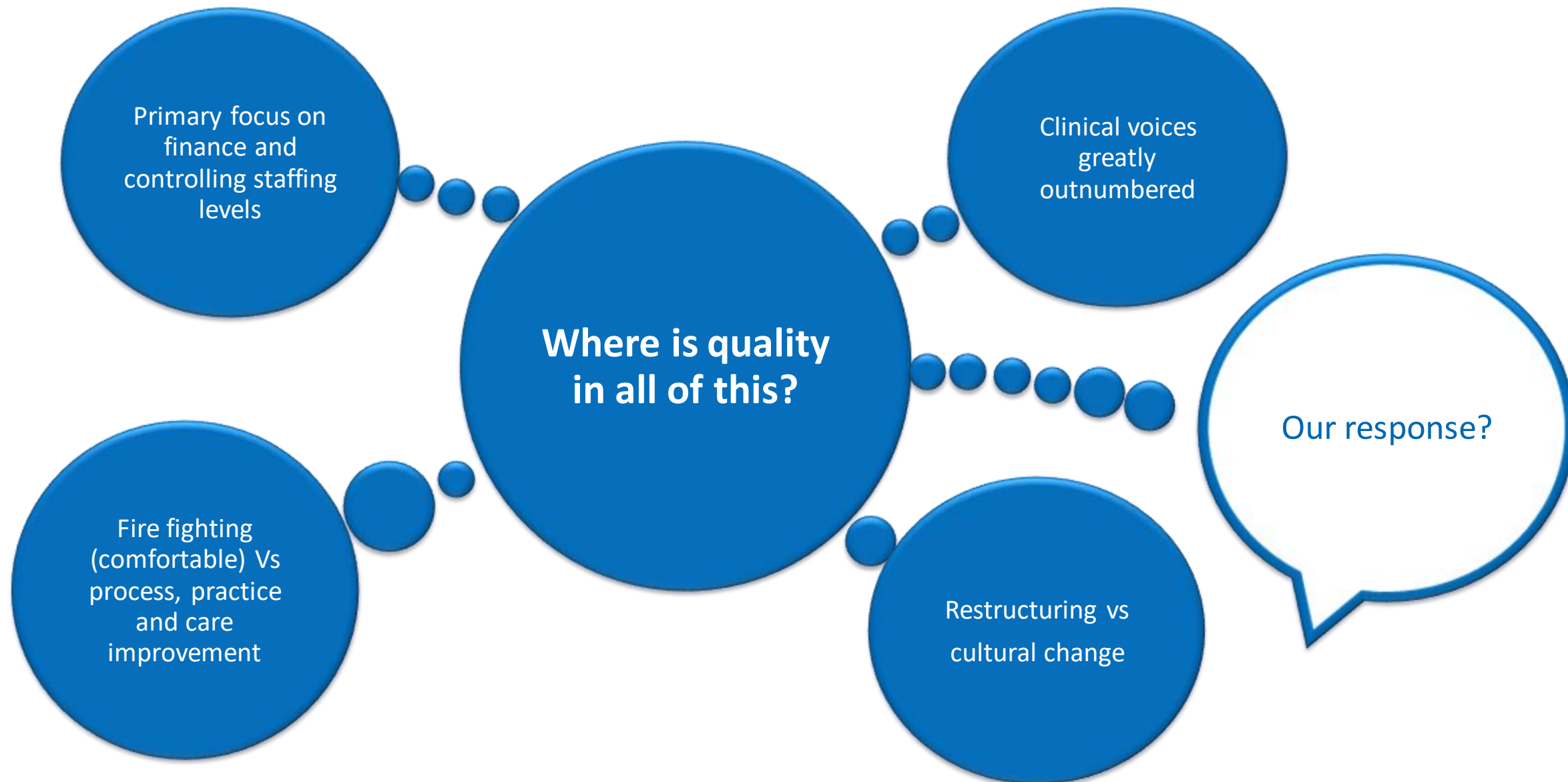


Acute Myocardial Infarction



Stroke - Ischaemic





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Framework for Improving Quality

Working on all 6 drivers



Leadership
collective/distributive, training leaders

Person and family
person centred care, patient activation, patient participation in decisions

Staff engagement
front line action to improve, Schwartz Rounds, National Staff Engagement Forum

Build QI knowledge and skills
Diploma

Measure for improvement
SPCs, funnel plots

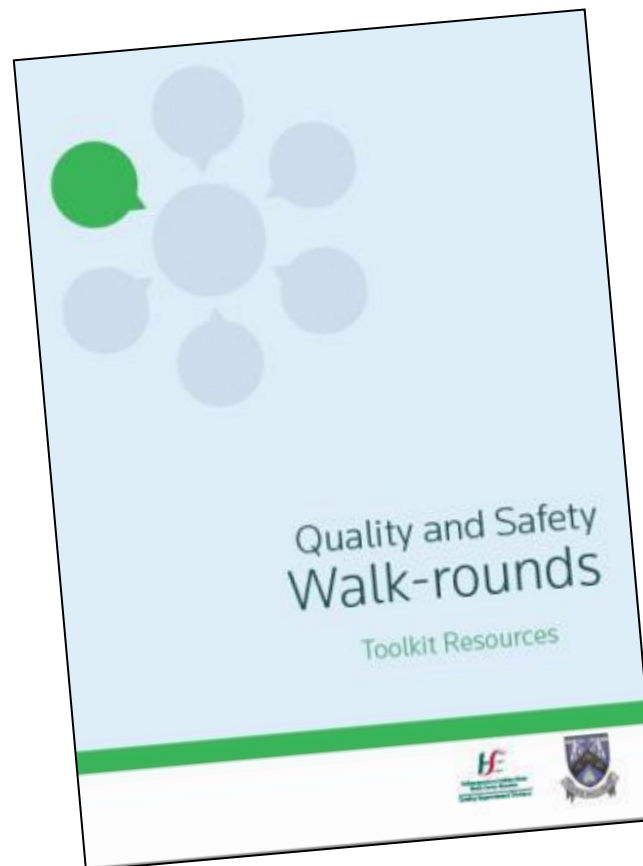
Governance
quality committees, walk-rounds

www.hse.ie/eng/about/Who/QID/

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Quality & Safety Walk-Rounds



Exposure to Leadership WalkRounds in neonatal intensive care units is associated with a better patient safety culture and less caregiver burnout

J Bryan Sexton,^{1,2} Paul J Sharek,^{3,4,5} Eric J Thomas,⁶ Jeffrey B Gould,^{3,4,7} Courtney C Nisbet,^{3,4} Amber B Amspoker,^{8,9} Mark A Kowalkowski,^{8,9} René Schwendimann,^{2,10} Jochen Profit^{3,4,7}

Providing feedback following Leadership WalkRounds is associated with better patient safety culture, higher employee engagement and lower burnout

J Bryan Sexton,^{1,2} Kathryn C Adair,³ Michael W Leonard,^{4,5} Terri Christensen Frankel,⁴ Joshua Proulx,⁴ Sam R Watson,⁶ Brooke Magnus,⁷ Brittany Bogan,⁸ Maleek Jamal,⁹ Rene Schwendimann,¹⁰ Allan S Frankel⁴

www.hse.ie/eng/about/who/qid/governancequality/resourcespublications

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New approaches

All staff lead



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Minding our staff - Schwartz Rounds



Top Tweet earned 4,354 impressions
#SchwartzRounds help us normalise the emotional impact of our work by sharing our stories. As staff we see & hold so much. Self care is key. pic.twitter.com/oyoM45p5Y3



Schwartz Rounds

Wednesday 30th March 2016
Conference Room 13:30 - 14:30 hrs
A light lunch will be available from 13.00
Theme: **'ISOLATION.'**

ALL staff are invited to attend the Schwartz Round (Clinical and non-clinical staff)

#SchwartzRounds help us normalise the emotional impact of our work by sharing our stories. As staff we see & hold so much. Self care is key. pic.twitter.com/oyoM45p5Y3



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Measurement for Improvement?

Acute Hospitals

Overview of Key Acute Hospital Activity

| Activity Area | Result YTD Jun 2017 | Expected Activity YTD | Result YTD Jun 2016 | SPLY % Var | Result Apr | Result May | Result Jun |
|-------------------------|---------------------|-----------------------|---------------------|------------|------------|------------|------------|
| Emergency Presentations | 707,379 | 701,626 | 688,837 | 2.7% | 118,561 | 130,335 | 119,594 |
| New FIF Admissions | 588,039 | 588,061 | 575,926 | 2.1% | 98,824 | 107,613 | 99,173 |
| OPD Attendances | 1,893,157 | 1,745,856 | 1,893,825 | -8.8% | 248,131 | 306,464 | 275,722 |

| Activity Area (HPE data month in arrears) | Result YTD May 2017 | Expected Activity YTD | Result YTD May 2016 | SPLY % Var | Result Mar | Result Apr | Result May |
|---|---------------------|-----------------------|---------------------|------------|------------|------------|------------|
| Inpatient (SPI) Discharges | 264,619 | 266,557 | 266,114 | -0.8% | 56,021 | 51,163 | 55,708 |

| Daycase Cases (including Dialysis) | | | Reporting Period June 2017 | | | | | | | | | | | | | | | |
|---|---------------------|-----------------------|----------------------------|--------------|-----------------------|-----------------------|-----------------------|------------------|-----------------------|--------------|-----------------------|--------------|-----------------------|--------------|-----------------------|-----------|--------|--------|
| Reporting Level | Reporting Frequency | Outcome Previous Year | TargetSEA Full Year | TargetEAYD | Activity YTD | % Var YTD V TargetSEA | Activity YTD SPLY | % Var YTD V SPLY | Apr-17 | May-17 | Apr-17 | May-17 | Apr-17 | May-17 | | | | |
| | | No. of Cases | No. of Weighted Units | No. of Cases | No. of Weighted Units | No. of Cases | No. of Weighted Units | No. of Cases | No. of Weighted Units | No. of Cases | No. of Weighted Units | No. of Cases | No. of Weighted Units | No. of Cases | No. of Weighted Units | | | |
| National Total | M-1M | 1,664,698 | 1,644,433 | 1,862,363 | 1,828,678 | 443,878 | 440,227 | 439,330 | 1.5% | 1,993 | 4,017,698 | 438,112 | 0.8% | 0.3% | 85,207 | 81,408 | 95,428 | 88,242 |
| Emergency | M-1M | 187,486 | 187,486 | 205,151 | 205,151 | 17,665 | 17,665 | 17,665 | 0.0% | 1,000 | 3,400,000 | 17,665 | 0.0% | 0.0% | 1,000 | 3,400,000 | 17,665 | 17,665 |
| Elective | M-1M | 1,477,212 | 1,456,947 | 1,657,212 | 1,623,527 | 186,217 | 182,562 | 181,665 | 1.7% | 0.5% | 3,617,698 | 420,447 | 0.8% | 0.3% | 84,207 | 79,008 | 93,763 | 80,577 |
| Maternity | M-1M | 6,911 | 6,905 | 6,760 | 6,758 | 7,991 | 5,118 | 3,360 | 5.2% | 0.0% | 2,000 | 3,000 | 5.0% | 39.2% | 553 | 735 | 581 | 850 |
| Manitowish Medical Center - University Hospital | M-1M | 54,798 | 50,081 | 50,287 | 50,853 | 23,187 | 24,807 | 23,034 | 0.5% | 3.6% | 23,230 | 23,034 | -1.5% | 3.0% | 4,238 | 4,713 | 4,741 | 5,714 |
| Midland Regional Hospital - Midland | M-1M | 16,128 | 16,128 | 16,128 | 16,128 | 4,401 | 4,474 | 4,438 | 0.2% | 3.6% | 4,474 | 4,438 | -0.8% | 1.4% | 810 | 780 | 781 | 1,000 |
| Midland Regional Hospital - Midland | M-1M | 16,128 | 16,128 | 16,128 | 16,128 | 4,401 | 4,474 | 4,438 | 0.2% | 3.6% | 4,474 | 4,438 | -0.8% | 1.4% | 810 | 780 | 781 | 1,000 |
| Our Lady's Hospital - Navan | M-1M | 1,000 | 1,000 | 1,000 | 1,000 | 1,000 | 1,000 | 1,000 | 0.0% | 0.0% | 1,000 | 1,000 | 0.0% | 0.0% | 1,000 | 1,000 | 1,000 | 1,000 |
| Our Lady's Hospital - Navan | M-1M | 1,000 | 1,000 | 1,000 | 1,000 | 1,000 | 1,000 | 1,000 | 0.0% | 0.0% | 1,000 | 1,000 | 0.0% | 0.0% | 1,000 | 1,000 | 1,000 | 1,000 |
| Queen Victoria Hospital - Wexford | M-1M | 1,000 | 1,000 | 1,000 | 1,000 | 1,000 | 1,000 | 1,000 | 0.0% | 0.0% | 1,000 | 1,000 | 0.0% | 0.0% | 1,000 | 1,000 | 1,000 | 1,000 |
| St. James's Hospital - Dublin | M-1M | 1,000 | 1,000 | 1,000 | 1,000 | 1,000 | 1,000 | 1,000 | 0.0% | 0.0% | 1,000 | 1,000 | 0.0% | 0.0% | 1,000 | 1,000 | 1,000 | 1,000 |
| St. James's Hospital - Dublin | M-1M | 1,000 | 1,000 | 1,000 | 1,000 | 1,000 | 1,000 | 1,000 | 0.0% | 0.0% | 1,000 | 1,000 | 0.0% | 0.0% | 1,000 | 1,000 | 1,000 | 1,000 |
| St. James's Hospital - Dublin | M-1M | 1,000 | 1,000 | 1,000 | 1,000 | 1,000 | 1,000 | 1,000 | 0.0% | 0.0% | 1,000 | 1,000 | 0.0% | 0.0% | 1,000 | 1,000 | 1,000 | 1,000 |
| St. James's Hospital - Dublin | M-1M | 1,000 | 1,000 | 1,000 | 1,000 | 1,000 | 1,000 | 1,000 | 0.0% | 0.0% | 1,000 | 1,000 | 0.0% | 0.0% | 1,000 | 1,000 | 1,000 | 1,000 |
| St. James's Hospital - Dublin | M-1M | 1,000 | 1,000 | 1,000 | 1,000 | 1,000 | 1,000 | 1,000 | 0.0% | 0.0% | 1,000 | 1,000 | 0.0% | 0.0% | 1,000 | 1,000 | 1,000 | 1,000 |
| St. James's Hospital - Dublin | M-1M | 1,000 | 1,000 | 1,000 | 1,000 | 1,000 | 1,000 | 1,000 | 0.0% | 0.0% | 1,000 | 1,000 | 0.0% | 0.0% | 1,000 | 1,000 | 1,000 | 1,000 |
| St. James's Hospital - Dublin | M-1M | 1,000 | 1,000 | 1,000 | 1,000 | 1,000 | 1,000 | 1,000 | 0.0% | 0.0% | 1,000 | 1,000 | 0.0% | 0.0% | 1,000 | 1,000 | 1,000 | 1,000 |
| St. James's Hospital - Dublin | M-1M | 1,000 | 1,000 | 1,000 | 1,000 | 1,000 | 1,000 | 1,000 | 0.0% | 0.0% | 1,000 | 1,000 | 0.0% | 0.0% | 1,000 | 1,000 | 1,000 | 1,000 |
| St. James's Hospital - Dublin | M-1M | 1,000 | 1,000 | 1,000 | 1,000 | 1,000 | 1,000 | 1,000 | 0.0% | 0.0% | 1,000 | 1,000 | 0.0% | 0.0% | 1,000 | 1,000 | 1,000 | 1,000 |
| St. James's Hospital - Dublin | M-1M | 1,000 | 1,000 | 1,000 | 1,000 | 1,000 | 1,000 | 1,000 | 0.0% | 0.0% | 1,000 | 1,000 | 0.0% | 0.0% | 1,000 | 1,000 | 1,000 | 1,000 |
| St. James's Hospital - Dublin | M-1M | 1,000 | 1,000 | 1,000 | 1,000 | 1,000 | 1,000 | 1,000 | 0.0% | 0.0% | 1,000 | 1,000 | 0.0% | 0.0% | 1,000 | 1,000 | 1,000 | 1,000 |
| St. James's Hospital - Dublin | M-1M | 1,000 | 1,000 | 1,000 | 1,000 | 1,000 | 1,000 | 1,000 | 0.0% | 0.0% | 1,000 | 1,000 | 0.0% | 0.0% | 1,000 | 1,000 | 1,000 | 1,000 |
| St. James's Hospital - Dublin | M-1M | 1,000 | 1,000 | 1,000 | 1,000 | 1,000 | 1,000 | 1,000 | 0.0% | 0.0% | 1,000 | 1,000 | 0.0% | 0.0% | 1,000 | 1,000 | 1,000 | 1,000 |
| St. James's Hospital - Dublin | M-1M | 1,000 | 1,000 | 1,000 | 1,000 | 1,000 | 1,000 | 1,000 | 0.0% | 0.0% | 1,000 | 1,000 | 0.0% | 0.0% | 1,000 | 1,000 | 1,000 | 1,000 |
| St. James's Hospital - Dublin | M-1M | 1,000 | 1,000 | 1,000 | 1,000 | 1,000 | 1,000 | 1,000 | 0.0% | 0.0% | 1,000 | 1,000 | 0.0% | 0.0% | 1,000 | 1,000 | 1,000 | 1,000 |
| St. James's Hospital - Dublin | M-1M | 1,000 | 1,000 | 1,000 | 1,000 | 1,000 | 1,000 | 1,000 | 0.0% | 0.0% | 1,000 | 1,000 | 0.0% | 0.0% | 1,000 | 1,000 | 1,000 | 1,000 |
| St. James's Hospital - Dublin | M-1M | 1,000 | 1,000 | 1,000 | 1,000 | 1,000 | 1,000 | 1,000 | 0.0% | 0.0% | 1,000 | 1,000 | 0.0% | 0.0% | 1,000 | 1,000 | 1,000 | 1,000 |
| St. James's Hospital - Dublin | M-1M | 1,000 | 1,000 | 1,000 | 1,000 | 1,000 | 1,000 | 1,000 | 0.0% | 0.0% | 1,000 | 1,000 | 0.0% | 0.0% | 1,000 | 1,000 | 1,000 | 1,000 |
| St. James's Hospital - Dublin | M-1M | 1,000 | 1,000 | 1,000 | 1,000 | 1,000 | 1,000 | 1,000 | 0.0% | 0.0% | 1,000 | 1,000 | 0.0% | 0.0% | 1,000 | 1,000 | 1,000 | 1,000 |
| St. James's Hospital - Dublin | M-1M | 1,000 | 1,000 | 1,000 | 1,000 | 1,000 | 1,000 | 1,000 | 0.0% | 0.0% | 1,000 | 1,000 | 0.0% | 0.0% | 1,000 | 1,000 | 1,000 | 1,000 |
| St. James's Hospital - Dublin | M-1M | 1,000 | 1,000 | 1,000 | 1,000 | 1,000 | 1,000 | 1,000 | 0.0% | 0.0% | 1,000 | 1,000 | 0.0% | 0.0% | 1,000 | 1,000 | 1,000 | 1,000 |
| St. James's Hospital - Dublin | M-1M | 1,000 | 1,000 | 1,000 | 1,000 | 1,000 | 1,000 | 1,000 | 0.0% | 0.0% | 1,000 | 1,000 | 0.0% | 0.0% | 1,000 | 1,000 | 1,000 | 1,000 |
| St. James's Hospital - Dublin | M-1M | 1,000 | 1,000 | 1,000 | 1,000 | 1,000 | 1,000 | 1,000 | 0.0% | 0.0% | 1,000 | 1,000 | 0.0% | 0.0% | 1,000 | 1,000 | 1,000 | 1,000 |
| St. James's Hospital - Dublin | M-1M | 1,000 | 1,000 | 1,000 | 1,000 | 1,000 | 1,000 | 1,000 | 0.0% | 0.0% | 1,000 | 1,000 | 0.0% | 0.0% | 1,000 | 1,000 | 1,000 | 1,000 |
| St. James's Hospital - Dublin | M-1M | 1,000 | 1,000 | 1,000 | 1,000 | 1,000 | 1,000 | 1,000 | 0.0% | 0.0% | 1,000 | 1,000 | 0.0% | 0.0% | 1,000 | 1,000 | 1,000 | 1,000 |
| St. James's Hospital - Dublin | M-1M | 1,000 | 1,000 | 1,000 | 1,000 | 1,000 | 1,000 | 1,000 | 0.0% | 0.0% | 1,000 | 1,000 | 0.0% | 0.0% | 1,000 | 1,000 | 1,000 | 1,000 |
| St. James's Hospital - Dublin | M-1M | 1,000 | 1,000 | 1,000 | 1,000 | 1,000 | 1,000 | 1,000 | 0.0% | 0.0% | 1,000 | 1,000 | 0.0% | 0.0% | 1,000 | 1,000 | 1,000 | 1,000 |
| St. James's Hospital - Dublin | M-1M | 1,000 | 1,000 | 1,000 | 1,000 | 1,000 | 1,000 | 1,000 | 0.0% | 0.0% | 1,000 | 1,000 | 0.0% | 0.0% | 1,000 | 1,000 | 1,000 | 1,000 |
| St. James's Hospital - Dublin | M-1M | 1,000 | 1,000 | 1,000 | 1,000 | 1,000 | 1,000 | 1,000 | 0.0% | 0.0% | 1,000 | 1,000 | 0.0% | 0.0% | 1,000 | 1,000 | 1,000 | 1,000 |
| St. James's Hospital - Dublin | M-1M | 1,000 | 1,000 | 1,000 | 1,000 | 1,000 | 1,000 | 1,000 | 0.0% | 0.0% | 1,000 | 1,000 | 0.0% | 0.0% | 1,000 | 1,000 | 1,000 | 1,000 |
| St. James's Hospital - Dublin | M-1M | 1,000 | 1,000 | 1,000 | 1,000 | 1,000 | 1,000 | 1,000 | 0.0% | 0.0% | 1,000 | 1,000 | 0.0% | 0.0% | 1,000 | 1,000 | 1,000 | 1,000 |
| St. James's Hospital - Dublin | M-1M | 1,000 | 1,000 | 1,000 | 1,000 | 1,000 | 1,000 | 1,000 | 0.0% | 0.0% | 1,000 | 1,000 | 0.0% | 0.0% | 1,000 | 1,000 | 1,000 | 1,000 |
| St. James's Hospital - Dublin | M-1M | 1,000 | 1,000 | 1,000 | 1,000 | 1,000 | 1,000 | 1,000 | 0.0% | 0.0% | 1,000 | 1,000 | 0.0% | 0.0% | 1,000 | 1,000 | 1,000 | 1,000 |
| St. James's Hospital - Dublin | M-1M | 1,000 | 1,000 | 1,000 | 1,000 | 1,000 | 1,000 | 1,000 | 0.0% | 0.0% | 1,000 | 1,000 | 0.0% | 0.0% | 1,000 | 1,000 | 1,000 | 1,000 |
| St. James's Hospital - Dublin | M-1M | 1,000 | 1,000 | 1,000 | 1,000 | 1,000 | 1,000 | 1,000 | 0.0% | 0.0% | 1,000 | 1,000 | 0.0% | 0.0% | 1,000 | 1,000 | 1,000 | 1,000 |
| St. James's Hospital - Dublin | M-1M | 1,000 | 1,000 | 1,000 | 1,000 | 1,000 | 1,000 | 1,000 | 0.0% | 0.0% | 1,000 | 1,000 | 0.0% | 0.0% | 1,000 | 1,000 | 1,000 | 1,000 |
| St. James's Hospital - Dublin | M-1M | 1,000 | 1,000 | 1,000 | 1,000 | 1,000 | 1,000 | 1,000 | 0.0% | 0.0% | 1,000 | 1,000 | 0.0% | 0.0% | 1,000 | 1,000 | 1,000 | 1,000 |
| St. James's Hospital - Dublin | M-1M | 1,000 | 1,000 | 1,000 | 1,000 | 1,000 | 1,000 | 1,000 | 0.0% | 0.0% | 1,000 | 1,000 | 0.0% | 0.0% | 1,000 | 1,000 | 1,000 | 1,000 |
| St. James's Hospital - Dublin | M-1M | 1,000 | 1,000 | 1,000 | 1,000 | 1,000 | 1,000 | 1,000 | 0.0% | 0.0% | 1,000 | 1,000 | 0.0% | 0.0% | 1,000 | 1,000 | 1,000 | 1,000 |
| St. James's Hospital - Dublin | M-1M | 1,000 | 1,000 | 1,000 | 1,000 | 1,000 | 1,000 | 1,000 | 0.0% | 0.0% | 1,000 | 1,000 | 0.0% | 0.0% | 1,000 | 1,000 | 1,000 | 1,000 |
| St. James's Hospital - Dublin | M-1M | 1,000 | 1,000 | 1,000 | 1,000 | 1,000 | 1,000 | 1,000 | 0.0% | 0.0% | 1,000 | 1,000 | 0.0% | 0.0% | 1,000 | 1,000 | 1,000 | 1,000 |
| St. James's Hospital - Dublin | M-1M | 1,000 | 1,000 | 1,000 | 1,000 | 1,000 | 1,000 | 1,000 | 0.0% | 0.0% | 1,000 | 1,000 | 0.0% | 0.0% | 1,000 | 1,000 | 1,000 | 1,000 |
| St. James's Hospital - Dublin | M-1M | 1,000 | 1,000 | 1,000 | 1,000 | 1,000 | 1,000 | 1,000 | 0.0% | 0.0% | 1,000 | 1,000 | 0.0% | 0.0% | 1,000 | 1,000 | 1,000 | 1,000 |
| St. James's Hospital - Dublin | M-1M | 1,000 | 1,000 | 1,000 | 1,000 | 1,000 | 1,000 | 1,000 | 0.0% | 0.0% | 1,000 | 1,000 | 0.0% | 0.0% | 1,000 | 1,000 | 1,000 | 1,000 |
| St. James's Hospital - Dublin | M-1M | 1,000 | 1,000 | 1,000 | 1,000 | 1,000 | 1,000 | 1,000 | 0.0% | 0.0% | 1,000 | 1,000 | 0.0% | 0.0% | 1,000 | 1,000 | 1,000 | 1,000 |
| St. James's Hospital - Dublin | M-1M | 1,000 | 1,000 | 1,000 | 1,000 | 1,000 | 1,000 | 1,000 | 0.0% | 0.0% | 1,000 | 1,000 | 0.0% | 0.0% | 1,000 | 1,000 | 1,000 | 1,000 |
| St. James's Hospital - Dublin | M-1M | 1,000 | 1,000 | 1,000 | 1,000 | 1,000 | 1,000 | 1,000 | 0.0% | 0.0% | 1,000 | 1,000 | 0.0% | 0.0% | 1,000 | 1,000 | 1,000 | 1,000 |
| St. James's Hospital - Dublin | M-1M | 1,000 | 1,000 | 1,000 | 1,000 | 1,000 | 1,000 | 1,000 | 0.0% | 0.0% | 1,000 | 1,000 | 0.0% | 0.0% | 1,000 | 1,000 | 1,000 | 1,000 |
| St. James's Hospital - Dublin | M-1M | 1,000 | 1,000 | 1,000 | 1,000 | 1,000 | 1,000 | 1,000 | 0.0% | 0.0% | 1,000 | 1,000 | 0.0% | 0.0% | 1,000 | 1,000 | 1,000 | 1,000 |
| St. James's Hospital - Dublin | M-1M | 1,000 | 1,000 | 1,000 | 1,000 | 1,000 | 1,000 | 1,000 | 0.0% | 0.0% | 1,000 | 1,000 | 0.0% | 0.0% | 1,000 | 1,000 | 1,000 | 1,000 |
| St. James's Hospital - Dublin | M-1M | 1,000 | 1,000 | 1,000 | 1,000 | 1,000 | 1,000 | 1,000 | 0.0% | 0.0% | 1,000 | 1,000 | 0.0% | 0.0% | 1,000 | 1,000 | 1,000 | 1,000 |
| St. James's Hospital - Dublin | M-1M | 1,000 | 1,000 | 1,000 | 1,000 | 1,000 | 1,000 | 1,000 | 0.0% | 0.0% | 1,000 | 1,000 | 0.0% | 0.0% | 1,000 | 1,000 | 1,000 | 1,000 |
| St. James's Hospital - Dublin | M-1M | 1,000 | 1,000 | 1,000 | 1,000 | 1,000 | 1,000 | 1,000 | 0.0% | 0.0% | 1,000 | 1,000 | 0.0% | 0.0% | 1,000 | 1,000 | 1,000 | 1,000 |
| St. James's Hospital - Dublin | M-1M | 1,000 | 1,000 | 1,000 | 1,000 | 1,000 | 1,000 | 1,000 | 0.0% | 0.0% | 1,000 | 1,000 | 0.0% | 0.0% | 1,000 | 1,000 | 1,000 | 1,000 |
| St. James's Hospital - Dublin | M-1M | 1,000 | 1,000 | 1,000 | 1,000 | 1,000 | 1,000 | 1,000 | 0.0 | | | | | | | | | |

| | | | | | | | | | | | | | | | |
|-------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Waitlist | | | | | | | | | | | | | | | |
| Inpatient | | | | | | | | | | | | | | | |
| Daycase | | | | | | | | | | | | | | | |
| Outpatient | | | | | | | | | | | | | | | |

Primary Care Balanced Scorecard/Heat Map

| | Reporting Frequency | TargetSEA Full Year | TargetEAYD | % Var YTD | CHO 1 | CHO 2 | CHO 3 | CHO 4 | CHO 5 | CHO 6 | CHO 7 | CHO 8 | CHO 9 | Current (-2) | Current (-1) | Current |
|---|---------------------|---------------------|------------|------------|-------|--------|--------|--------|-------|-------|------------|-------|-------|--------------|--------------|---------|
| Serious Reportable Events | | | | | | | | | | | | | | | | |
| Investigations completed within 120 days ² | M | 80% | N/A | | | | | | | | | | | | | |
| Service User Experience | | | | | | | | | | | | | | | | |
| Complaints investigated within 30 working days ⁴ | Q | 75% | 83% | 24% | | | | | | | | | | | 88% | 98% |
| M | 18,053 | 17,335 | 11.2% | No Service | 1,201 | 2,303 | 1,098 | 3,205 | 876 | 3,791 | 1,033 | 2,833 | 2,326 | 3,081 | 3,081 | |
| M | 2,352 | 2,488 | -15.4% | No Service | 511 | 316 | 437 | 435 | 38 | 213 | 144 | 238 | 425 | 436 | 413 | |
| Q | 87% | 88.0% | 1.0% | 96.3% | 90.2% | 96.8% | 96.8% | 96.8% | 96.8% | 97.3% | 98.0% | 96.7% | 98.8% | 97.5% | | |
| M-M | 82% | 83.3% | -1.8% | 91.7% | 93.8% | 84.7% | 94.2% | 94.2% | 92.7% | 93% | 94.1% | 95.2% | 93.8% | 91.7% | 94.1% | |
| M | 96% | 34.0% | -64.5% | | | | | | | | | | | 33.3% | 38.1% | 34.0% |
| M | 100% | 95.4% | -3.6% | 93.1% | 93.3% | 96.2% | 91.3% | 98.8% | 91.7% | 93.0% | 98.4% | 98.8% | 98.4% | 98.4% | 98.4% | |
| M | 88% | 92.0% | -5.7% | 94.7% | 78.0% | 98.8% | 95.8% | 95.3% | 95.4% | 98.0% | 92.0% | 96.2% | 93.8% | 93.8% | 92.5% | |
| M | 87% | 73.0% | -17.2% | 74.2% | 75.4% | 98.8% | 85.7% | 74.7% | 77.8% | 78.0% | 98.8% | 91.5% | 77.2% | 77.2% | 75.5% | |
| M | 98% | 97.0% | -0.5% | 98.3% | 98.3% | 100.0% | 100.0% | 100.0% | 95.4% | 95.4% | No Service | 93.2% | 98.0% | 95.8% | 90.3% | |
| M | 85% | 92.0% | -2.2% | 97.1% | 95.4% | 96.2% | 95.7% | 97.0% | 97.4% | 97.7% | 96.8% | 93.2% | 92.7% | 92.7% | 91.9% | |

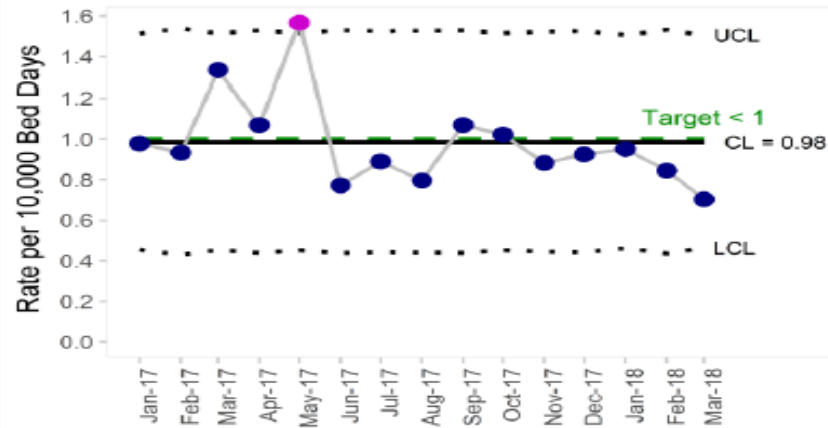
June 2017 Quarterly Report

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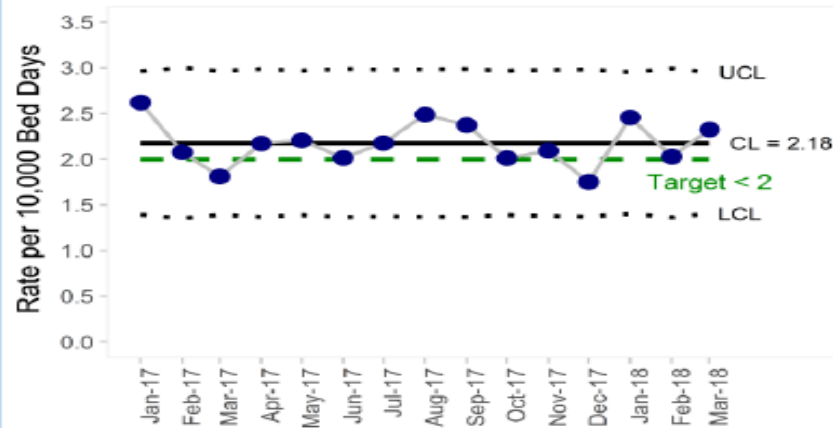
Hospital acquired cases of *S. aureus* bloodstream infection per 10,000 bed days used



Overall national performance within the last 9 months is stable and close to target

- The average rate of hospital acquired cases of *S. aureus* bloodstream infection since January 2017 is 0.98 cases per 10,000 bed days used. This equates to an average of 30 cases per month.
- The variation from month to month is within the expected range, i.e. the rate is stable, with the exception of May 2017 where the rate was above the upper control limit indicating that rate was higher than expected by chance alone.
- While the average rate is just below the target, it can be expected that the monthly rates will fluctuate between approximately 0.4 and 1.5 per 10,000 bed days due to normal variation.

Hospital acquired new cases of *C. difficile* infection per 10,000 bed days used

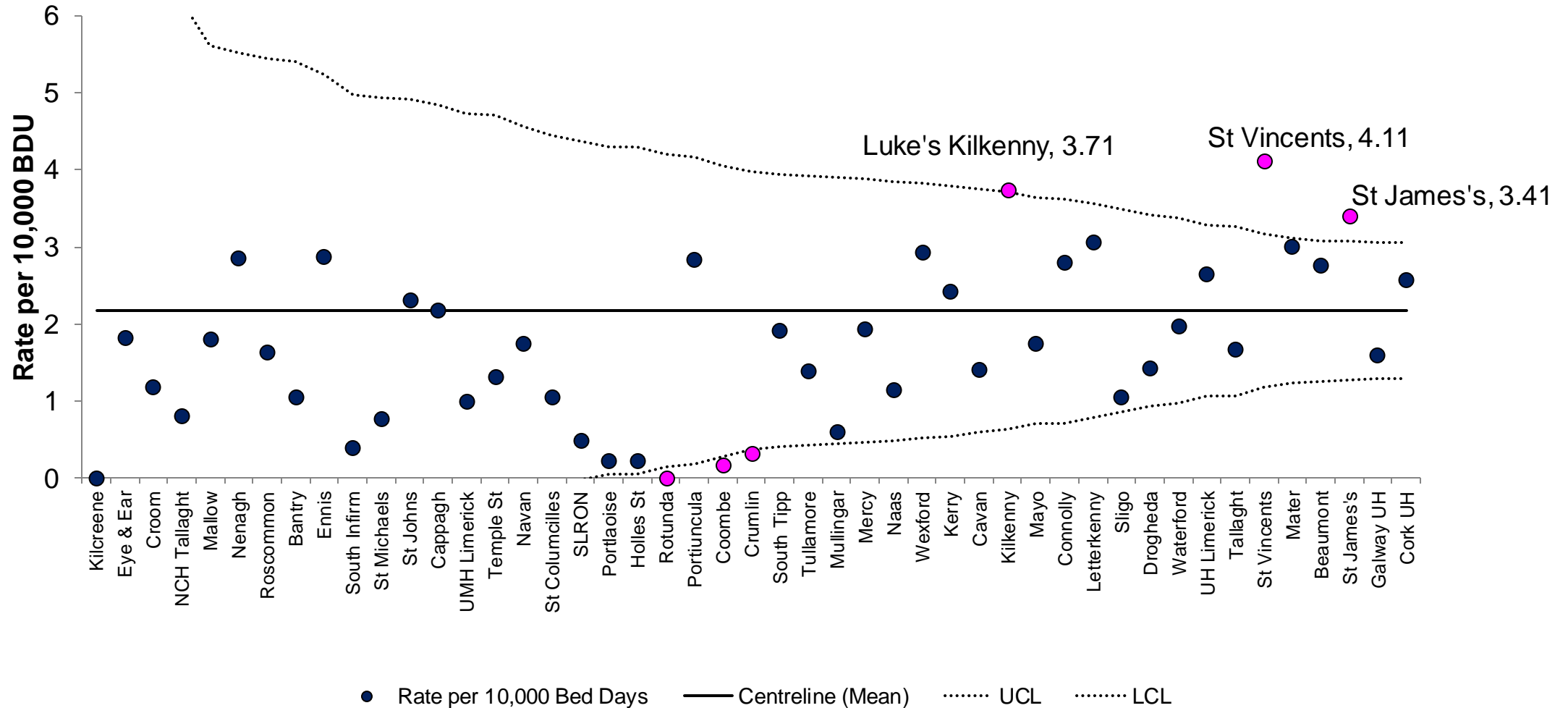


Overall national performance is stable but number of cases exceed the target. This indicates that action to improve should be directed at the whole system

- The average rate of hospital acquired new cases of *C. difficile* infection since January 2017 is 2.18 cases per 10,000 bed days used. This equates to an average of 67 cases per month.
- The target since 2017 is less than 2 cases per 10,000 bed days (a reduction from the 2016 target of <2.5)
- The variation from month to month is within the expected range, i.e. the rate is stable.
- It is expected that the monthly rate will fluctuate between 1.4 and 3 cases per 10,000 bed days by chance alone.

HSE Performance Profile Q2 2018: HCAI Analysis

Rate of hospital acquired new cases of C. difficile infection by hospital, July 2017 - June 2018



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Advances in QI in Ireland



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| | | | |
|---|---|--|---|
| Reduction in unnecessary admissions to a paediatric ward using an ambulatory model of care | Identification of the Underlying Causes of Acute Ischaemic Stroke and TIA through the use of appropriate investigations | Breast MRI Waiting List Improvement Initiative | Why are we waiting - access to pulmonary rehabilitation service from 22.4 months to 4.3 months. |
| Refusals to travel, patient empowerment and documentation improvement in the National Ambulance Service: A QI Project | CHATTERING: Clinical Handover Among Teams To Ensure Risks Identified and No Child Gets missed | Quality Improvement: The Deteriorating Child – Initiative and Collaboration | Expanding the SABR Lung Treatment Service in St. Luke's Radiation Oncology department at St. James Hospital |
| Improving the Care of Stroke Patients at St Vincent's University Hospital | Good to Go: The Introduction of Nurse Led Discharge | To Increase the Average Number of Patients Being Managed in the Maternity Day Unit | Patient Handover in General Paediatrics |
| Improving the Medication Safety in a Children's Hospice by Reducing the Risk of Harm from Internal Prescribing Errors | To Increase Social Inclusion for Individuals in Community Staffed Residences | Improving the Lung Cancer Patient Pathway | Implementing a Discharge Summary for Deceased Patients |
| South Doc Antibiotic Prescribing Improvement Project | Reduce the Incidence of Medication Errors at St Francis Hospice Dublin | Decision-making Process for Long-term Care Patients in the Mater Hospital | Improving care in an adult intellectual disabilities (ID) service through effective documentation of healthcare needs in the care plans of 28 residents |
| To provide early access to information (to support future independent living) for young people with an enduring mental illness... | My Clothes Matter To Me | Optimising Available Capacity of Physiotherapy Service | Using Data to Support improvement |



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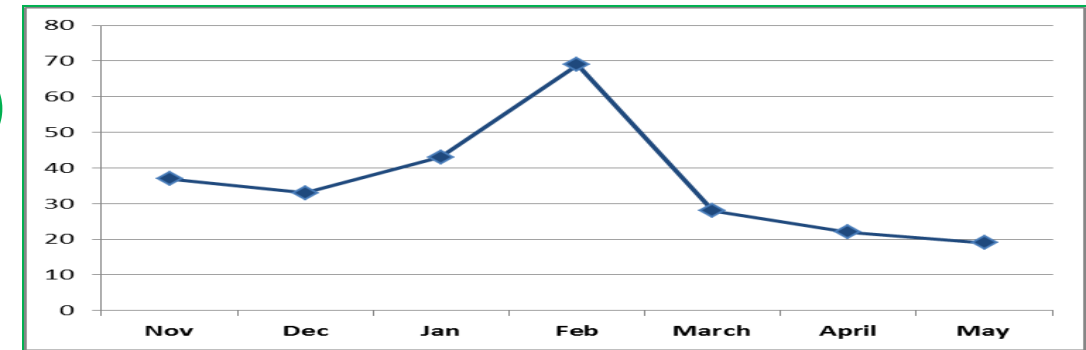
Outcome PUTZ Phases 1-3



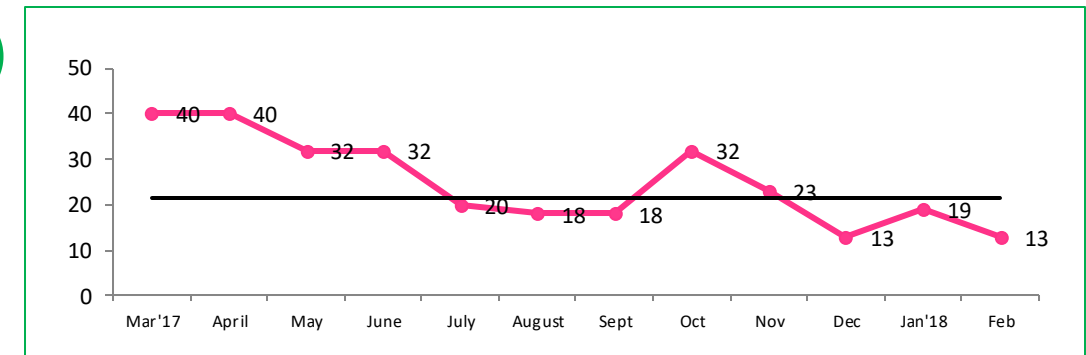
Phase 1 (73%)



Phase 2 (49%)



Phase 3 (67.5%)



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Preventing Blood Clots in Hospitals

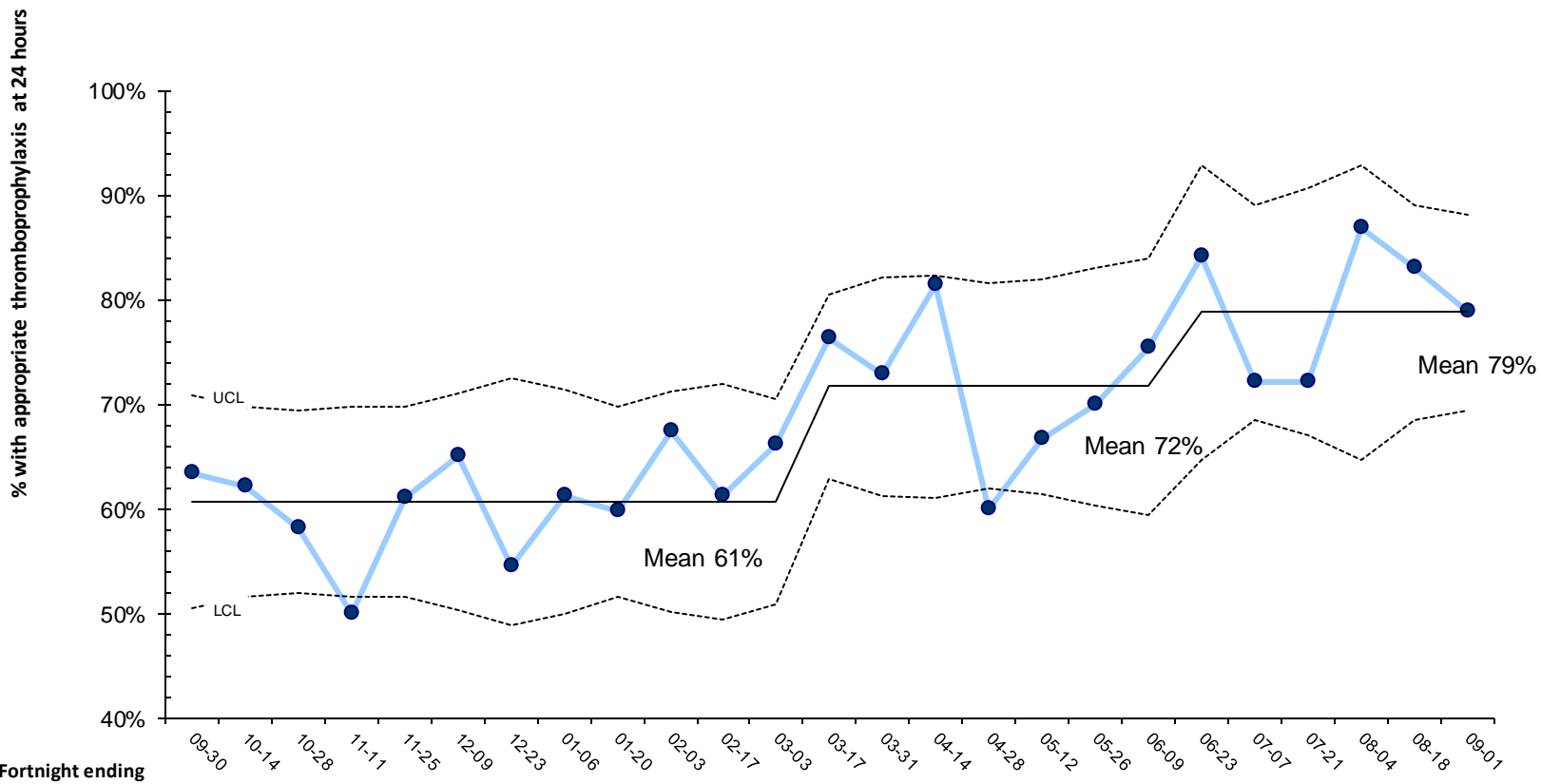
Improvement Collaborative Report
National Recommendations and
Improvement Toolkit



July 2018 National Medication Safety Improvement Programme
HSE Quality Improvement Division

Seirbhís Sláinte
Níos Fearr
& Forbairt Building a
Better Health
Service

% Appropriate Prophylaxis (P-chart)



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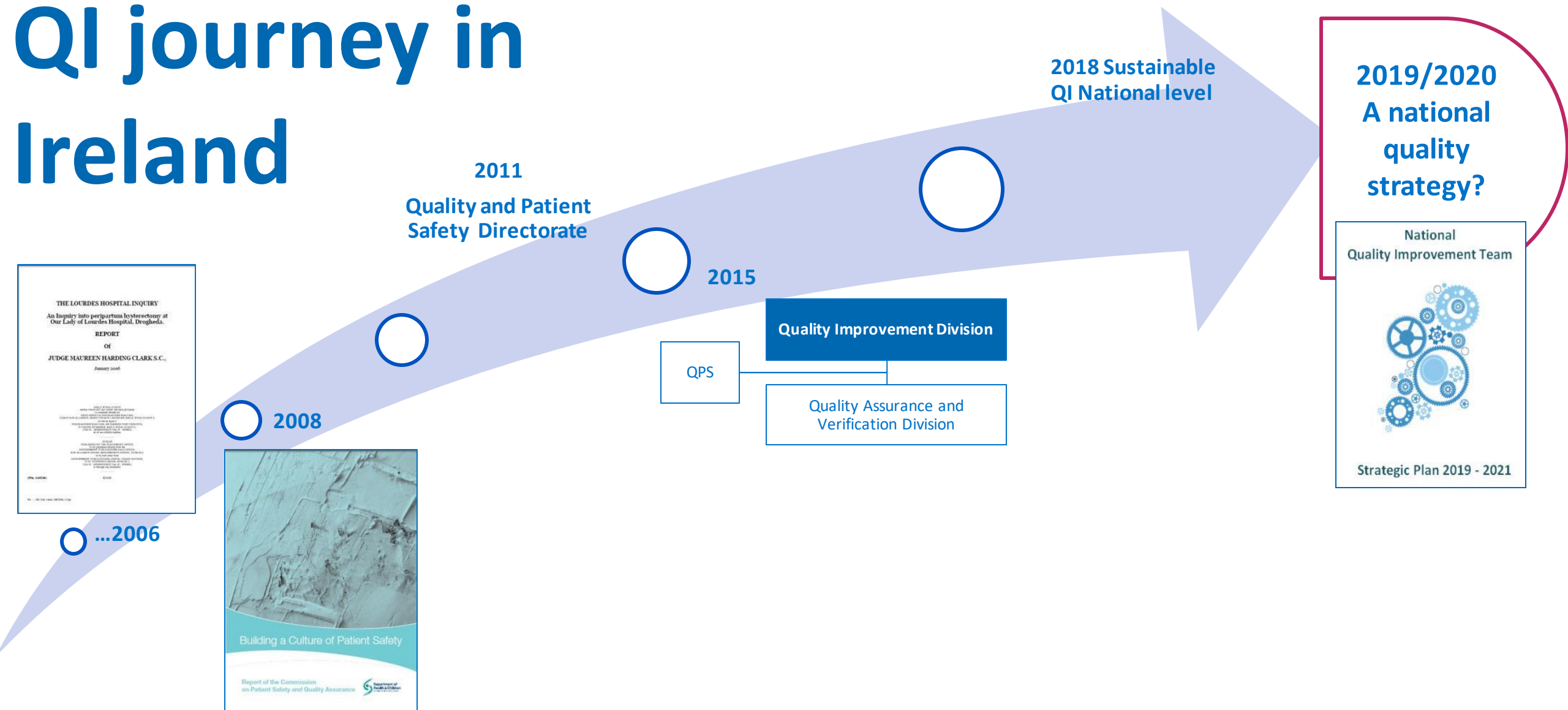
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National Quality Improvement Team

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Níos Fearr
& Forbairt



Framework for
Improving Quality

QI journey in Ireland



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Challenges for Sustainability

"We fixed it - but nobody
seemed to notice or say
thank you"

"The guys doing this
have all gone"

"The old way was easier"

"We've moved on to
something new"

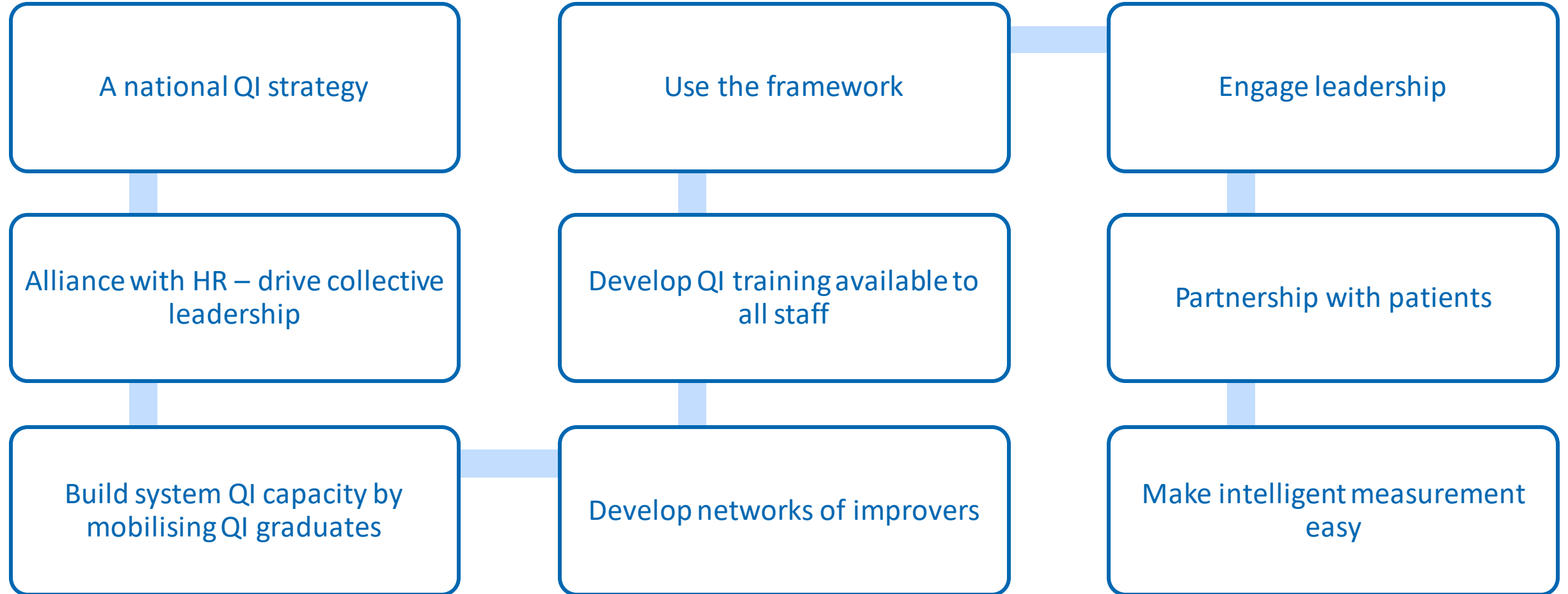
"Too busy to keep
going"

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Why has improvement been difficult to sustain?

- National QI lacked focus – too responsive
- Lack of dedicated improvement leads in the system
- Overwhelming focus on risk/safety
- Service pressures distract from improvement
- Leadership not focussed on QI
- Initiative leads get moved on - discontinuity

Towards sustainability



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Three-year Strategic Plan

Strategic Plan 2019 - 2021 *(Draft)*

- We want to partner with people who work in and use our services to achieve measurably better and safer care in a targeted way
- To help us understand how, we are engaging with stakeholders on we can support everyone with a role in improving quality



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Our strategic objectives

Sustainable QI
sustainable improvements in quality

Partner on

Falls

Pressure Ulcers

Medication Safety

QI for healthcare boards



School of QI
Build capability for QI

QI Connections
and connect for QI

Communicate

Evidence for Improvement
generate evidence for learning and improvement

Use and



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National QI new ways of working?

Develop clear QI counterparts in delivery organisations as basis for partnerships for improvement

Group Safety improvement programmes PUTZ, medication, decontamination, falls, EWS, Sepsis – build local capacity

Network development, webinars

Partnerships and academic linkages



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QI is a global issue for us:
Mozambique, Sudan and Ethiopia

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Níos Fearr
á Forbairt



Framework for
Improving Quality

NOCA National Office of
Clinical Audit



**ST. JAMES'S
HOSPITAL**



**BEAUMONT
HOSPITAL**

HRB Health
Research
Board



RCSI



RCSI INSTITUTE OF
LEADERSHIP



**ROYAL
COLLEGE OF
PHYSICIANS
OF IRELAND**



**Patients for Patient Safety
Ireland**

NDTP
National Doctors Training & Planning



RCQPS
Research Collaborative in
Quality and Patient Safety
HSE • HRB • RCPI



cooperation and working together
for health gain and social well being in border areas



**MATER MISERICORDIAE
UNIVERSITY HOSPITAL**



Temple Street
CHILDREN'S UNIVERSITY HOSPITAL



Trinity College Dublin
Coláiste na Tríonóide, Baile Átha Cliath
The University of Dublin



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Service | Seirbhís Sláinte
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á Forbairt
National Quality Improvement Team

**Framework for
Improving Quality**

Conclusions

Areas of priority focus include

Applying sustainable QI interventions

Dedicated improvement capacity close to the frontline

Collective leadership

Connecting and resourcing those trained in QI

Globally we need to learn from each other...

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Progress is impossible without change,
and those who cannot change their
minds, cannot change anything.

George Bernard Shaw

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Framework for
Improving Quality

Some of our resources



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or

engage with us on twitter...



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@Crowley_Philip

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