

QID Operations Plan

Q1 –Q2 2018

1.1: Programme Name: Implementation of the Framework for Improving Quality

1 Application of the Framework for Improving Quality in 3 demonstration sites	Time line	Measurement	Target Audience/ Service	Resources to be Developed
<ul style="list-style-type: none"> • Complete the application of all drivers of the framework for Improving Quality in 3 demonstration sites. • Complete review of learning • Share the learning through the Publication of Part 2 of the Framework for Improving Quality • Identify measures for sustainability using the learning from the application of the framework 	Q2	Specific measures to be agreed with the sites.	3 demonstration sites (MUH/NRH/UHW)	Tools for each Driver. Tools developed locally as part of the implementation process and made available through the Knowledge and skills team.
	Q1			
	Q2			
	Q2	The learning from the Demonstration Sites and other QID work is published and communicated to the wider system.		

1.2: Programme Name: Governance for Quality

1. Quality and Safety Walk-rounds Lead: Siobhan Reynolds/John Fitzsimons	Time line	Measurement	Target Audience/ Service	Resources developed
<ul style="list-style-type: none"> Implementation of walk-rounds in Cavan General Hospital Share learning from Older Persons (Longford, Killarney, St. Mary's). Support implementation of quality and safety walk-rounds in Mayo University Hospital 	Q1	<ul style="list-style-type: none"> Evaluation survey of training participants and number of QSWR's complete in Cavan in 2018 Mini case study/poster for QSWR's published by Social Care team 	Cavan General Mayo University Hospital All services All services	<ul style="list-style-type: none"> Case study Training resources published on webpage
	Q2			
	Q2-Q3			

2. CHO Quality and Safety Committee Development Lead: Siobhan Reynolds/Tina Brennan	Timeline	Measurement	Target Audience/ Service	Resources developed
<ul style="list-style-type: none"> Share and document learning from CHO 8 (TB) Share and document learning from CHO 5 committee mapping and QPS governance framework (TB) Provide support and advice to CHO 6 (monthly) (SR) Participate in PHSI/PWC Workshop series planning implementation of CHO QS Operational module (TB) Facilitate CHO Quality and Safety Committee Development Learning Set (monthly call conference x 1 hour plus follow up) (TB/SR) 	Q1	<ul style="list-style-type: none"> Completion – outcome survey CHO Level QS Committee Functioning 	CHO's	<ul style="list-style-type: none"> Mapping tool resource Mini case study/poster
	Q2			
	Q2			
	Q2			
	Q2			

3. Project Name: Develop Proposal for Board Governance for Quality Education Master Class Lead: Siobhan Reynolds / Karen Reynolds*	Time line	Measurement	Target Audience/ Service	Resources developed
<ul style="list-style-type: none"> • Complete assessment of needs with targeted audience • Engage with key stakeholders to develop proposal • Establish potential cost / resource requirement • Complete options appraisal for master class • Submit proposal to the QID management team for agreement 	Q2		Non-executive directors and executive directors within HG's / Voluntary Hospitals	Options appraisal/ proposal

Notes: SR also supporting application of the Framework for Improving Quality in NRH. *QI Facilitator currently on leave.

1.3: Programme Name: Patient and Family Engagement

1. Providing guidance, support and resources on patient and family engagement		Measurement	Target Audience/ Service	Resources developed
Provide resources, advice and support to service providers and national divisions on methods of patient and family engagement to include: <ul style="list-style-type: none"> Process Patient Representative Engagement Request Forms. Prepare a proposal on strategy for HSE Leadership team/Directorate on patient and family engagement. 	Q1 – Q4 2018 Q1-Q4 2018 Q1 2018	Resources designed and made available to staff and patients Number of forms completed and submitted to the patient engagement team Proposal prepared and presented to the Leadership team	Front line staff, centre programmes, patient representatives	Patient Representative Engagement Request Form Proposal/discussion paper
2. National Patient Forum Patient Representative Panel	Timeline	Measurement	Target Audience/ Service	Resources developed
<ul style="list-style-type: none"> Facilitating a two - way engagement process between the National Patient Forum and the Patient Representative Panel and HSE National Divisions and Clinical Programmes to ensure patient involvement in planning, national strategy and policy design. Identifying opportunities for input into service planning and corporate plan development. 	Q1 - Q4 2018 Ongoing	Number of patient representative members on management teams, strategic and policy groups. Number of focus groups, co-design workshop facilitated. Evaluation form patient representatives	Patient representatives, advocacy groups, national divisions, clinical programmes, DoH. National Patient Forum members, national divisions	Discussion paper on the role of the National Patient Forum Patient representative engagement request form
3. Networking Group for PALS and quality and safety staff	Timeline	Measurement	Target Audience/ Service	Resources developed
<ul style="list-style-type: none"> Facilitating learning and sharing of knowledge and experience with PALS, quality and safety staff and other staff working on patient engagement in acute hospitals through the networking group. 	Q1 – Q4 2018 Ongoing	Networking events Resources shared with the group Evaluation form for staff	PALS, quality and safety staff, other staff working on patient engagement, national divisions	Case studies Checklists for implementation Resources shared by members of the group and guest speakers

		involved in networking group	and clinical programmes.	
4. Patients for Patient Safety Ireland	Timeline	Measurement	Target Audience/ Service	Resources developed
<ul style="list-style-type: none"> Supporting and facilitating the work of Patients for Patient Safety Ireland (PFPSI) in pursuing the agenda identified by the group: recruitment of new members, introducing PALS in all acute hospitals, role of PALS, Open Disclosure, Sepsis management and areas of specific interest to individual members. 	Q1 – Q4 2018 Ongoing Q1 2018 Q1 – Q4 2018 Q1- Q2 2018 Q4 2018	Involvement of PFPSI members in the design of national policies, patient safety initiatives, working groups and committees, participation in conferences and other events.	Patients, family members, national divisions, DoH.	Patient stories PFPSI website Posters for presentation at conferences Leaflets to recruit new members Annual report

1.4: Programme Name: National Programme To Enhance Cultures of Person Centredness

1. Programmes for 2018	Timeline	Measurement	Target Audience/ Service	Resources developed
Programmes for 2018 <ul style="list-style-type: none"> Revise and strengthen application and recruitment of candidate process Plan and provide two programmes Provide support to 2018 cohort of participants including site visits to participating sites Conduct ongoing evaluation as per 10 point plan 	Q2 2018 – Q1 2019	<ul style="list-style-type: none"> Twice yearly programme reports Monthly divisional reports 	<ul style="list-style-type: none"> Prog. 1: ID Adult Residential Services Prog. 2: HSE wide 	Facilitation resources PowerPoint presentations

2. Building supports for sustainability.	Timeline	Measurement	Target Audience/ Service	Resources developed
<ul style="list-style-type: none"> Co-design and implement a network of accredited facilitators to share learning and lead ongoing culture development in their organisations Develop a hub for resources and support for person-centred culture development within QID including: expertise, guidance, resources, sharing of initiatives and experiences Development of a programme profile on social media 	Q1 2017 – Q4 2019	<ul style="list-style-type: none"> Twice yearly programme reports Monthly divisional reports 	<ul style="list-style-type: none"> Programme participants QID HSE wide 	Social media hub for participants

3. Explore feasibility of bespoke programmes.	Timeline	Measurement	Target Audience/ Service	Resources developed
<ul style="list-style-type: none"> HR/ hospital proposal developed and under negotiation Plan for Older Persons Services developed and under negotiation Provision of foundation workshops Provide ongoing information sessions on the programme 	Q1 2018 and ongoing	<ul style="list-style-type: none"> Twice yearly programme reports Monthly divisional reports 	HR/ HG OPS HSE wide All	<ul style="list-style-type: none"> Proposals PowerPoint presentation Foundation workshop plans and resources

1.5: Leadership

1.5 (A) Programme Name: Social Care Division

1. Plan for the sustainability of QI in Disability Services	Timeline	Measurement	Target Audience/ Service	Resources developed
Project 2 - Plan for the sustainability of QI in Disability Services implemented by SCD with support from QID.	Q1 – Q4	Number of Staff identified to lead sustainability plan across CHO areas. Number of CHOs that have commenced roll out of Sustainability plan Number of services supported and level of support provided.	Residential Disability Services for Adults with ID within the Programme scope. Social Care Division / Quality Improvement Division	N/A
2. Providing support to ID Services	Timeline	Measurement	Target Audience/ Service	Resources developed
Provide Support to SCD ID Services pending rollout of sustainability plan by Social Care	Q1-Q2 potentially (Q3 – Q4) depending on SCD requirements (for discussion with National Directors QID and SCD)	Number of services supported and level of support provided. Level of improvement in HIQA reports	Residential Disability Services for Adults with ID within the Programme scope. Social Care Division / Quality Improvement Division	Toolbox updated Various templates to support services in managing their QIP's/HIQA Judgement Framework

1.5 (B) Programme Name: Clinical Director Programme

1. Clinical Director Programme – strategic level	Timeline	Measurement	Target Audience/ Service	Resources developed
<ul style="list-style-type: none"> Working with the governance group Joint HSE/Forum of Irish Postgraduate Training Bodies to provide Development of a shared vision for clinical leadership and implementation plan, governance and monitoring mechanisms. National guidance on Clinical Directorate structures and models and implementation. Integrate and advocate for clinical leadership as a central tenet in all work stream and developments through the Health Service Improvement Programme 	Q1 – Q2 Q1-Q2 ongoing	Roadmap for CD development and roll out Support to pilot sites	Joint HSE/Forum membership	Minutes agenda position papers
2. Clinical Director Profile	Timeline	Measurement	Target Audience/ Service	Resources developed
<ul style="list-style-type: none"> Develop clinical director programme webpage - www.clinicaldirector.ie Develop twitter profile @cdprogramme 	2018 2018	No.s of Likes and retweets	All HSE Staff	Webpage Twitter account
3. CD Workshops and Masterclasses	Timeline	Measurement	Target Audience/ Service	Resources developed
Aim to provide 2-3 workshops/masterclasses for Clinical Directors, Clinical Leads and NCHDs	Q2 Q3 Q4			Materials, presentations and photos for the webpage and twitter profile
4. Clinical Director Executive Skills Programme	Timeline	Measurement	Target Audience/ Service	Resources developed
To provide in collaboration with the RCSI, the second CD Executive Skills Programme	Q2- Q4	Evaluations post module and on programme completion	Clinical Consultants	
5. Multidisciplinary Clinical Directorate Team Training	Timeline	Measurement	Target Audience/ Service	Resources developed
<ul style="list-style-type: none"> Explore training options for C Directorate Teams akin to the CD Bespoke programmes provided by RCSI funded by HR Explore and advocate for professional training 			Multidisciplinary Clinical Directorate Teams in Acutes Services and CHOs	Materials, presentations and photos for the webpage and twitter profile

<p>for the triumvirate especially Business managers as a priority to support the CD and overall directorate.</p> <ul style="list-style-type: none">• Provide follow support from QI framework expertise within QID to the four HGs upon completion of the CD Leadership programme e.g. staff engagement and QI measurement for improvement planned for Saolta HG				
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1.6 Programme Name: Measurement for improvement:

Two specific areas of work that represent partnerships with other teams in QID are included in Part 4 of this document. These are:

- Including Patients Perspectives in the NOCA Irish Hip Fracture Database
- Developing the Quality and Safety Agenda item at HSE Directorate meetings

Brief description of planned work	Timeline	Measurement	Target Audience/ Service	Resources developed
Evaluation Support for QID to carry out self-evaluation of programmes of work. [QID-Measurement for Improvement does not have capacity to do evaluation for specific programmes of work] This includes support for Schwartz, PUTZ, Microsystems and delivery of a QID evaluation workshop.	Q2-Q4 2018	Increase in capacity within QID to conduct self-evaluation Number and Quality of evaluations carried out in 2018	QID	Self- Evaluation Tool
Training and Education Provide training in Measurement for Improvement for specific QID programmes (e.g. ED Microsystems, PUTZ etc.) Finalise draft Measurement for Improvement curriculum in line with QID knowledge and skills programme Develop online training resources and material to support measurement for improvement learning at level 1 of the Measurement for Improvement Curriculum (including short videos on specific aspects of measurement)	Q1-Q4 2018 Q2-Q4 2018 Q2 2018- Q4 2019	Training evaluation forms completed by workshop participants Feedback from key stakeholders and experts in measurement for improvement Feedback from key stakeholders and experts in measurement for improvement	Specific QID programmes All services and parts of the organisation from frontline to leadership. All services and parts of the organisation from frontline and leadership.	Slide sets and Subject specific worked examples Measurement for Improvement Curriculum Short Videos, Slide sets, worked examples, online training material, guidance notes etc.
Research Programmes 1. QID are working in partnership with the co-LEAD (collective leadership and safety cultures) research group, UCD to support a PhD scholarship aimed at developing methodologies	Jan 2018- Dec 2020	Completed PhD Thesis addressing the aim described	All services and parts of the organisation from frontline to	PhD Thesis and associated publications (including peer reviewed publications)

<p>around measurement of safety culture to support quality improvement.</p> <p>2. QID continue to support the Research Collaborative in Quality and Patient Safety in partnership with the health research board (HRB) and the Royal College of Physicians of Ireland (RCPI).</p>	ongoing	All funded research projects meet criteria for funding including as set down by HRB international peer review process	leadership. All services and parts of the organisation from frontline to leadership.	Research specifically aimed at addressing issues in quality improvement and safety
<p>Measurement for Improvement support for specific programmes of work</p> <p>The QID measurement for Improvement team provides support to the following programmes of work. This support may include training and education, advice on use of measurement for improvement methodologies</p> <p>ED Microsystems (QID and CSPD)</p> <p>PUTZ collaborative (QID) VTE Collaborative (QID)</p> <p>Quality Care Metrics (ONMSD)</p> <p>NOCA (through governance committees for specific national audits)</p> <p>Sepsis Programme (CSPD)</p> <p>Part II of the framework for improving quality in our health service (includes measurement support for sites implementing the framework)</p>	<p>Q1-Q4 2018</p> <p>Q2-Q3 2018</p> <p>Q1-Q4 2018</p> <p>Q1-Q4 2018</p> <p>Ongoing</p> <p>Q3-Q4 2018</p> <p>Q1-Q2 2018</p>	For all programmes of work, measurement includes feedback from partners on the effectiveness of support provided by QID measurement for Improvement team.	Specific programmes of work as listed	All resources generated as a result of providing this kind of support (including guidance notes, templates, worked examples) will be made available through the QID website.
<p>Consultancy/ Measurement Surgeries</p> <p>The QID Measurement for Improvement team responds to specific queries from the system on the use of measurement for improvement, (including both Quantitative and Qualitative measurement).</p>	Q1-Q4 2018	Evaluation of effectiveness of consultancy with partners	All services and parts of the organisation from frontline to leadership.	All resources (including guidance notes, templates, worked examples) are made available through QID website

<p>Develop tools and resources Continue to develop comprehensive methodologies, tools and guides for both qualitative and quantitative QI measurement</p>	<p>Q1-Q4 2018</p>	<p>Evaluation of usefulness of tools and resources with partners</p>	<p>All services and parts of the organisation from frontline to leadership.</p>	<p>Tools and resources include guidance notes, templates, slide-sets, worked examples, videos, webinar recordings. All resources are made available through the QID website</p>
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1.7: Programme Name: Staff Engagement for Improving Quality

1. Build leadership capacity for staff engagement for improving quality	Timeline	Measurement	Target Audience/ Service	Resources developed
<p>1. Develop curriculum for 'everyone' and 'QI Team' aligned to QID Knowledge and Skills Guide</p> <p>2. Develop resources to support leadership skills for staff engagement including</p> <ol style="list-style-type: none"> a. Toolkits for staff engagement and microsystems b. Online content c. QITalktime webinars d. Liberating Structures introductory and advanced training sessions e. Leaderships intro training with HR f. Engagement Platform to support staff <p>3. Deliver leadership skills training to support targeted programmes</p>	<p>Q4 2018</p> <p>Q4 2018</p> <p>Q4 2018</p>	<p>Curriculum published and available on website</p> <p>Content developed and available on website Kirkpatrick evaluation</p> <p>Impact evaluated through existing programme effectiveness or individual Kirkpatrick model</p>	<p>All staff</p> <p>All staff</p> <p>Leadership teams</p> <ul style="list-style-type: none"> • Clinical Directorate Programme in Saolta Group • Lead NCHD Programme • Pressure Ulcers to Zero • Decontamination Unit • QI Framework 	<p>Curriculum for 'Everyone' under the knowledge and skills guide Toolkit for Valuing Voices</p> <p>Joint toolkit to support staff engagement / Microsystems training</p> <p>Develop online content to support skills development</p> <p>Develop QI Talktime content</p>

2. Schwartz Rounds	Timeline	Measurement	Target Audience/ Service	Resources developed
Establish Schwartz Rounds throughout the organisation 1. Completion of independent evaluation 2. Day two training for 30 sites 3. Day one training for 20 sites 4. Schwartz Rounds Conference 5. Information day and QI talk time 6. Sharing learning via QI Talktime	Q2 Q4 Q4 Q1 Q1 and Q2 Q3	External Qualitative feedback forms Qualitative feedback forms Qualitative feedback forms	Pilot sites Whole organisation	Information day Follow up comms campaign

3. Microsystems in collaboration with Emergency Medicine Programme	Timeline	Measurement	Target Audience/ Service	Resources developed
Microsystems in collaboration with Emergency Medicine Programme <ul style="list-style-type: none"> • Training Day 3 DML hospital group – 7 frontline ED teams – in collaboration with Measurement for Improvement Team • Sponsorship sign-up and Training Day 1 for HG3 • Training Day 2 for HG3 , site support • Celebration Day DML hospital group teams • On-going development of Microsystems sustainability plan for DML hospital group 	Q1-2018 Q3-2018 Q4 - 2018 Q2 – 2018 Q2 - 2018	<ul style="list-style-type: none"> • Number of ED teams participating in training • Number of staff trained – 35 DML Group • Number of participating staff from 3rd hospital group • Kirkpatrick evaluation of training • Celebration Day evaluation • Qualitative evaluation report from HG1 • Resources developed 	<ul style="list-style-type: none"> • Consultants, nurses, allied health, health care assistants, porters, security staff, clerical • ED staff 	Microsystems Toolkit Training curriculum QI Talktime

4. National Staff Engagement Forum	Timeline	Measurement	Target Audience/ Service	Resources developed
<ol style="list-style-type: none"> 1. Partner with HR to facilitate quarterly meeting of the National Staff Engagement Forum 2. Engage with key stakeholders in relation to progressing the work of the Forum 3. Leadership forum at the Healthcare Leadership Masterclass 4. Establish community of practice for strategic partners in collaboration with HR 	<p>Q4</p> <p>Q4</p> <p>Q2</p>	<p>Attendance at the Forum</p> <p>Engagement with online resources</p> <p>Engagement via event</p> <p>Central platform for engagement</p>	<p>Forum members</p> <p>All organisation</p> <p>900 Healthcare leaders</p> <p>Strategic partners</p>	<p>Toolkit</p> <p>Communications</p> <p>Posters</p> <p>Leaflets</p>

1.8: Programme Name: Knowledge and Skills

1. Provide Diploma in Leadership and Quality in Healthcare x 2	Timeline	Measurement	Target Audience/ Service	Resources developed
	1 st one – 2 nd Qtr. 2018 2 nd one – 4 th Qtr. 2018	Number of participants completing diploma. Feedback from participants	HSE Staff	Curriculum
2. Provide Diploma in Quality for Community Care x 1	Timeline	Measurement	Target Audience/ Service	Resources developed
	2 nd Qtr. 2018	Number of participants completing diploma. Feedback and evaluation on curriculum	Chief Health Officers and CHO staff	Existing. Diploma adapted for Community
3 (A) Provide QI in Action to CHO Staff x 1 (B) Provide QI in Action to GP's x 1	Timeline	Measurement	Target Audience/ Service	Resources developed
	2 nd Qtr. 2018	Number of participants completing course. Feedback from participants	Chief Health Officers and CHO staff	N/A
4. Provide Training on Measurement – Evening session(s)	Timeline	Measurement	Target Audience/ Service	Resources developed
	TBA	Number of participants. Feedback from participants	TBA but will be for a specific target group requiring additional training in measurement	N/A
5. Education and training programme and e-learning module for PPPG	Timeline	Measurement	Target Audience/ Service	Resources developed

Support HSE staff with an education and training programme to include an e-learning and I day Programme/workshop in the implementation of the PPPG Framework	Q1/Q2 2018	Successful development of e-Learning and I Day Programme/Workshop. Successful evaluation of the education and training delivered	All HSE Services	National Framework for developing PPPGs and associated tools on website
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Part 2: Safety Programmes

2.1 Programme Name: Decontamination Safety

1. Project Name: Endoscopy Acute – ISO 13485 Certification	Timeline	Measurement	Target Audience/ Service	Resources developed
<ol style="list-style-type: none"> 1. Work with Temple Street Hospital to implement QMS into Endoscopy 2. Complete documentation and internal Audit 3. External Audit with NSAI 4. Take learning and system / documentation and embed into New Children's Hospital Group 	Target =Oct 2018 Q1 2018 Q2 2018 Q 3 2018 Q4 2018	1 st External Certification to ISO 13485 with NSAI for Endoscopy Migrate system to New Children's Hospital Group	Acute Endoscopy Decontamination Services	ISO Sterile Service Department Implemented in 2017
2. Project Name: Acute Decontamination Network event –	Timeline	Measurement	Target Audience/ Service	Resources developed
<ol style="list-style-type: none"> 1. Identify sponsorship for Event 2. Identify Speakers Raise awareness 3. Foundation Programme 1 Posters 4. Network 5. Gather Feedback to inform next Events , would they benefit from more QI 	March Jan 2018 Jan 2018 Jan 2018 Feb 2018	Feedback process similar to 2018	Acute Endoscopy and Surgical Instrument Decontamination Managers and Private Hospitals	Feedback from Network Event 2017 – very successful but have Endoscopy on one day and Surgical Instrument Decontamination on Second Day
3. Project Name: Primary Care Education Programme IT Tallaght	Timeline	Measurement	Target Audience/ Service	Resources developed
<ol style="list-style-type: none"> 1. Present to Primary Care CHO's 2. Invitation to attend with defined LOC's 3. Identify 10 participants – one from each CHO-Run Programme 4. Deliver QI Learning Session 5. Gather Feedback to inform Syllabus Improvement and Student Learning 	Sept 2018 Q1 2018 Q1 2018 Q3 2018 Q4 2018 Q4 2018	Feedback similar to Endoscopy and Surgical Instrument Minor Awards	Primary Care	Learning from Endoscopy and Surgical Instrument Minor Award Programmes

4.Project Name: Acute – Foundation Programme QI	Timeline	Measurement	Target Audience/ Service	Resources developed
Identify 5 Teams of 3 (One from Private) Communicate and agree projects Roll out 2 nd Programme Feb 1 st Poster Presentations IDI November and Network Event March 2019	Feb- May 2018 Dec 2017 Jan 2018 Feb 2018 Nov 2018	Feedback on learning for each session and QI Projects delivered	Acute and One Private	Foundation Programme 1

Project Name: Acute – Role Over from 2017	Timeline	Measurement	Target Audience/ Service	Resources developed
Endoscopy Standards and SAT	Q1 2018	Feedback on Documents	Acute	Standard 1 of 3, partial of development Standard 2

2.2 Programme Name: Medication Safety Improvement Programme

1.Preventing VTE (blood clots) spread & sustainability	Timeline	Measurement	Target Audience/ Service	Resources developed
Report and recommendations, toolkit available VTE webinars, Coaching for new hospitals Patient information, with Thrombosis Ireland Develop and pilot measurement (KPI / similar)	Q2 2018 Q1, Q3 2018 Q2 2018 Q2 2018	Report and materials on website Webinars delivered Pilots completed, materials available Indicator being piloted	Acute hospitals and patients	Report, toolkit Webinars Patient information Indicator

2. Medication record (drug chart) templates	Timeline	Measurement	Target Audience/ Service	Resources developed
Determine needs and current models Develop templates for piloting Pilot Update and make available	Q2 2018 Q3 2018 Q3-4 2018 Q4 2018- Q2 2019	Models and examples scoped Templates developed with pilot sites Pilots completed with feedback Final templates developed and made available on website	Disability Older persons Hospice Mental health	Templates (draft) Templates (final)

3. Strategic improvements to reduce harm (in line with Safermeds priorities, WHO Global Challenge, patient surveys)	Timeline	Measurement	Target Audience/ Service	Resources developed
Engaging stakeholders & supporting Challenge/med safety agenda, especially transitions, polypharmacy, high-risk medication	Q1-4 2018	Engagement & commitment by decision-makers especially relating to longer term workforce planning	All settings	Medication safety improvement forum meeting and active Report, guidance 2 sessions
Guidance – D&Ts, workforce, processes	Q1-4 2018	Guidance produced & engagement	Acute hospitals	Campaign materials
Supporting patient understanding of medication	Q2 2018Q3	Learning sessions delivered (NB Acutes leading; no session in Q1).	All settings Community	
Explore potential for sick day rules campaign to prevent acute kidney injury	and Q4 2018	Engagement and commitment by decision-makers, project planned	especially pharmacy, patients	

2.3 Programme Name: Pressure Ulcer Prevention Safety Programme

1. Pressure Ulcer to Zero Collaborative (PUTZ) (Phase 3 SSWHG & DMLHG)	Timeline	Measurement	Target Audience/ Service	Resources developed
<p>PUTZ Phase 3</p> <p>PUTZ Sustainability and spread PUTZ 3workshop PART 1</p> <p>Measurement for sustainability Phase 3 workshop (PUTZ 3 and microsystems)PART 2</p>	<p>Q1 2017 - Q1 2018</p> <p>Q1</p> <p>Q3- Q4 2018</p>	<p>Reduction in the number of newly acquired Pressure ulcers in participating sites (SSW & DMLHG) up to end of Feb 2018 12 month period) to measure for sustained reduction $\geq 50\%$</p> <p>Number site coordinators and site measurement heroes in attendance</p> <p>Number of participants that can create SPCs#</p> <p>Participant and faculty evaluations</p> <p>Number sites continuing to record and report monthly ward acquired pressure ulcers that participate and bring site data to workshop</p> <p>Story boards</p>	<p>SSW and DMLH participating teams (n =23)</p> <p>SSW and DMLH site coordinators and measurement heroes</p> <p>SSW and DMLH site coordinators and measurement heroes</p>	<p>Collaborative & Masterclass curricula to include tools, presentations, webinars, activities</p> <p>PUTZ 3 report</p> <p>Masterclass content, activities, power point presentations</p>
<p>Collaborative Development Programme</p> <ul style="list-style-type: none"> Develop a training programme on how to run collaboratives Compile the existing resources and toolkits into a package that can be delivered by the service leads to their own teams Test the training and resources with QID staff before delivering to services Make all the toolkits and resources available Provide facilitation and mentoring support at the initial learning session(s) for the services 	<p>Q2</p> <p>Q 2</p> <p>June Q3</p>	<p>Training programme and education materials</p> <p>Evaluate training programmes using Kirkpatrick model</p> <p>Number of staff trained in QID</p> <p>Number of staff trained in services</p> <p>Number of services that plan, commence a collaborative in 2018</p>	<p>All services – initially CHO area</p>	<p>Service Collaborative Package</p> <p>Under development Training programme curriculum</p> <p>Train the trainer programme</p>

collaborative <ul style="list-style-type: none"> Provide on-going mentoring support using blended mediums 		Accessibility of resources		
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2.Support further development QI capability and capacity across HSE and with external partners (QAV, RCSI – costing, Global health, ONMSD, NLIC, Communications)	Timeline	Measurement	Target Audience/ Service	Resources developed
<ul style="list-style-type: none"> Further development PU Review Toolkit (led by QAV) to improve accuracy in reporting of Pressure Ulcers through NIMS 	Q 3 2017 - Q1 2018	Increase in reporting of all grades in pressure ulcers across all services using NIMS	All services reporting SRE's through NIMS NIMS	(QID resource = time)
<ul style="list-style-type: none"> Support ONMSD development Pressure Ulcer prevention education programme to support implementation of wound care guidelines (working group level) (TBC) 	Q1 – Q4 2018	100% PUTZ participants complete the education programme	Frontline teams	2 x QI Talktime webinars, posters, power point presentations, access to education programme
<ul style="list-style-type: none"> Facilitate QI methodology and practical application sessions at <i>"The Peta Taaffe Leadership Programme for Clinical Nurse and Midwife Managers"</i> x 5 (NLIC, ONMSD) 	Q2_ Q4 2018	Participant practical application of methodology	Clinical Nurse and Midwife managers and equivalent grades	Develop introductory programme at team level
<ul style="list-style-type: none"> Continue to support Global health through leading pressure Ulcer prevention initiative in Maputo 	Q4 2017 - Q3 2018 TBC	Reduction in newly acquired pressure ulcers Qi capacity and capability of participating teams Spread of initiative	Frontline teams EMB acute services	Programme developed to include workshops, PowerPoint's, posters, activities
<ul style="list-style-type: none"> Support RCSI prospective study to cost managing pressure ulcers within an acute setting in Ireland (Enabler) 	Q1 – Q4	Costing model for pressure ulcer prevention	All services	Webpage hosting Webinars, PowerPoint presentations, information, posters
<ul style="list-style-type: none"> Continue to build comms network for PUTZ participants (webpage, twitter, online tutorials...) 	Q1 – Q 4		All PUTZ Phases participants and	Twitter account

<ul style="list-style-type: none">Facilitate co-design session in QI on MSC in Healthcare leadership RCSI	Q1 2018		wider frontline communities Healthcare leaders	
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Part 3: Other

3.1: Programme Name: Open Disclosure

1. Oversight of the national training programme	Timeline	Measurement	Target Audience/ Service	Resources developed
Milestones	Ongoing	<ul style="list-style-type: none"> • Database training records – number of staff trained per CHO/HGs/NAS/Other • National database of trainers – number of staff trained as trainers • Site visits • One to one visits with area leads • Performance measurement tools for local measurement 	All CHOs, Hospital Groups and NAS	Numerous online resources for trainers, clinicians and organisations plus national documents

2. Development of guidance for GPs and roll out of open disclosure programme to GP services	Timeline	Measurement	Target Audience/ Service	Resources developed
Milestones	Ongoing	<ul style="list-style-type: none"> • Database records of training to GPs – number of GPs trained • Feedback from GPs 	ICGP. General Practices / GP Training scheme	Online databases

3. Development of an open disclosure e-learning module	Timeline	Measurement	Target Audience/ Service	Resources developed
Milestones	Ongoing	<ul style="list-style-type: none"> • Module will be tested by a multidisciplinary team • Quiz with 80% pass rate to measure learning – audit of results • Feedback/evaluation will be a mandatory part of the 	All health and social care staff	Online programme

		programme		
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4. Roll out of the ASSIST ME staff support model	Timeline	Measurement	Target Audience/ Service	Resources developed
Milestones	Ongoing	<ul style="list-style-type: none"> • Evaluation programme • Uptake on programme 		ASSIST ME booklet on-line

5. Review of national documents with integration of new legislation and learning to date	Timeline	Measurement	Target Audience/ Service	Resources developed
Milestones	Ongoing	<ul style="list-style-type: none"> • Feedback from multidisciplinary group 	Hospitals initially followed by CHOs	National documents on-line

3.2 Programme Name: ADM

1. Establish HSE ADM National Unit	Timeline	Measurement	Target Audience/ Service	Resources developed
	Q1- Q4 2018	<ul style="list-style-type: none"> Project manager recruited National lead- training and education recruited Resources secured for training and education programme Resources secured for impact and economic assessment of the 2015 Act 	All services	Staff recruited
2. Provide Guidance, Information and Support on the ADM Act	Timeline	Measurement	Target Audience/ Service	Resources developed
Provide Guidance, Information and Support on the ADM Act <ul style="list-style-type: none"> Complete suite of guides on the ADM Act Disseminate Guides and information on the Act Undertake a national impact assessment on the Act Provide information, briefing and consultation sessions on the Act Support the establishment of CHO/Hospital Group Implementation teams Develop an organisational implementation plan for 2019 	Q1-Q4 2018	<ul style="list-style-type: none"> Completed suite of guides Report of national impact assessment 1,000 staff provided with information sessions Framework to establish implementation teams in all CHO's and Acute Hospitals 2019 Implementation Plan 	All staff, targeted services	Suite of national guides Report of the national impact and economic assessment of the Act on Services ADM Implementation plan for CHO's and Hospital Groups 2019 Implementation plan

3.Establish HSE National ADM Education and Training Programme	Timeline	Measurement	Target Audience/ Service	Resources developed
<ul style="list-style-type: none"> • Develop national ADM training and education plan • Develop on-line explainer video • Develop additional programmes and materials to support learning e.g. specialist training on specific aspects of the Act 	Q1-Q4 2018	<ul style="list-style-type: none"> • National Education and Training Programme • On-line Explainer Video • Suite of supporting materials on the Act • Programme for specialist training on the Act 	All staff, service user groups	<ul style="list-style-type: none"> • On-line Explainer Video • Suite of supporting training and education materials on the act

4.Oversee the development of Advance Healthcare Directives Codes of Practice (on behalf of the Minister for Health)	Timeline	Measurement	Target Audience/ Service	Resources developed
<ul style="list-style-type: none"> • Produce three draft codes of practice • Undertake a national consultation • Finalise and present codes to the Director of the Decision Support Service 	Q1-Q4 2018	<ul style="list-style-type: none"> • Three finalised codes of practice • Comprehensive national consultation 	All staff, regulatory bodies, trade unions, professional bodies, service user groups	<ul style="list-style-type: none"> • Three draft codes of practice on Advance Healthcare Directives • Report on the national consultation process

3.3 Programme Name: Global Health

1.ESTABLISH GLOBAL HEALTH OFFICE	Timeline	Measurement	Target Audience/ Service	Resources developed
1. Fully establish office facilities and administrative systems	Q2	Admin systems in place	HSE wide	Admin procedures
2. Secure staffing arrangements for Global Health Programme	Q3	Staff positions approved and filled		
3. Secure funding agreement with Irish Aid	Q1	Agreement signed		HSE Charter
4. Develop HSE Global Health Charter	Q4	Charter approved		

2.IMPLEMENT PARTNERSHIPS PROGRAMME UNDER MOU WITH IRISH AID	Timeline	Measurement	Target Audience/ Service	Resources developed
1. Manage ESTHER Ireland Programme	Q1-4	New strategy developed; disbursement of grants	Participating staff and institutions	
2. Implement Mozambique collaboration	Q1-4			
3. Establish plans for collaboration with new partner countries	Q1-3	Reports on country visits; twinning agreements		
4. Provide technical expertise to Irish Aid	Q1-4	Reports on country visits		
5. Establish equipment donation facilities within HSE	Q2	Reports for Irish Aid Permanent HSE facility in operation		

3.RELEASE AND SUPPORT OF HSE STAFF TO WORK OVERSEAS	Timeline	Measurement	Target Audience/ Service	Resources developed
1. Approve process guide for release and support of staff	Q2	Process guide approved	HSE Staff	Process guide
2. Implement training workshop on global health and development for HSE staff	Q3	Training workshop completed		
3. Establish mechanism for deployment with International Committee of Red Cross	Q3	Mechanisms agreed		

Part 4: Cross team priority projects

4.1: Conduct co-design workshop with patient representatives, clinicians and NOCA	Timeline	Measurement	Target Audience/ Service	Resources developed
<p>Facilitated by Measurement team and Patient and Family Engagement to provide guidance on co-creation of the selected methods to capture analyse and present the patient perspective in NOCA Irish Hip Fracture Database and annual report).</p> <p>Build capacity to conduct similar co-design workshops.</p> <p>Publish a case study on the approach and benefits to including the patient from the outset.</p>	Dec 2017- Dec 2018	<p>NOCA annual reports with patient perspective included.</p> <p>Number of individuals outside QID with capacity to run similar co-design workshops.</p> <p>Capture feedback from patients and staff on the approach taken.</p>	All those wishing to incorporate the patient / service user perspective in annual reports or governance groups	<p>Case study.</p> <p>Guidance notes on conducting a co-design workshop.</p>

4.2: Developing the Quality and Safety Agenda item at HSE Directorate meetings	Timeline	Measurement	Target Audience/ Service	Resources developed
<p>Series of structured interviews with directorate members to identify needs and desired direction of work</p> <p>Facilitated workshop to review findings of interviews, discuss options and plan direction of work</p> <p>Develop mechanism to provide the HSE directorate with the information on quality and safety, fit for the purposes of governing the HSE, examined by the directorate monthly and used to improve the quality of care provided.</p>	Jan 2018 – Dec 2018	Qualitative information on the usefulness of the Profile for the target audience and its impact on decision making	HSE directorate	<p>Further development of National Quality Profile</p> <p>Communication tool for quality and safety information as a basis for decision making</p>