Cáilíocht Náisiúnta agus Sábháilteacht Othar
Oifig an Phríomhoifigigh Cliniciúil
National Quality and Patient Safety
Office of the Chief Clinical Officer

EQUIPS/UL
Patient Safety in the Community



Quality Improvement in Action
Tuesday 20th January 12:50 – 13:10



Majella Daly
Assistant National Director, Audit, Improvement and Education
HSE National Quality & Patient Safety

Learning Objectives

- Role of NQPS in Quality Improvement - what we do to support you.
- Understand the steps involved in QI with some practical tools
- Examples of QI in action
- Recommend further educational and training resources for QI that may be utilised in healthcare settings.



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National Quality and Patient Safety

Office of the Chief Clinical Officer



The QPS Audit, Improvement and Education Team

We work with individuals and teams to design and deliver programmes and resources aimed at building **skills, knowledge and confidence in using improvement methods** to address patient safety priorities. This enables our health service to deliver better care and outcomes for staff and patients.

Principal focus: 13 common causes of harm outlined in the HSE Patient Safety Strategy
DPIP, Sepsis, Medication Safety, Wound Management.

Programme workstreams:

1. Delivery of Clinical Audit and QI capacity-building programmes, including: self-directed eLearning modules, online and virtual workshops, QI project clinics, advising on programmatic approach to QI.
2. Co-design, testing and publication of evidence-based Clinical Audit QI tools and resources, designed for an Irish context.
3. Connecting and building professional networks for enabling and enhancing Clinical Audit and QI at all levels.

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Quality Improvement

What is Quality Improvement?



All Improvement requires change…

but not every change is improvement

The Improvement Guide, 2009

What is Quality Improvement?



Quality Improvement is the combined and unceasing efforts of <u>everyone</u> (incl. healthcare professionals, patients and families) to make changes that will lead to:

- **Better patient outcomes**
- **Better experiences of care**
- **Continued development and supported staff**

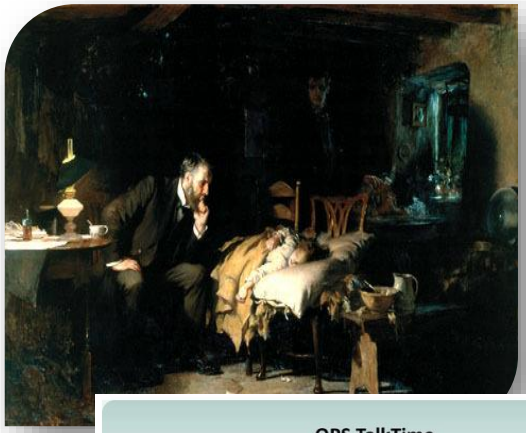
Defining Quality Improvement (HSE, 2016) (adapted from Batalden, Davidoff Quality Safety Health Care 2007)

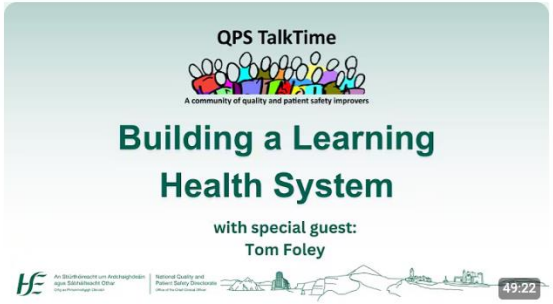
Also …

Quality Improvement: A systematic and coordinated approach to solving a problem using specific methods and tools with the aim of bringing about a measurable improvement *(The Health Foundation)*

What is a Learning Health System?

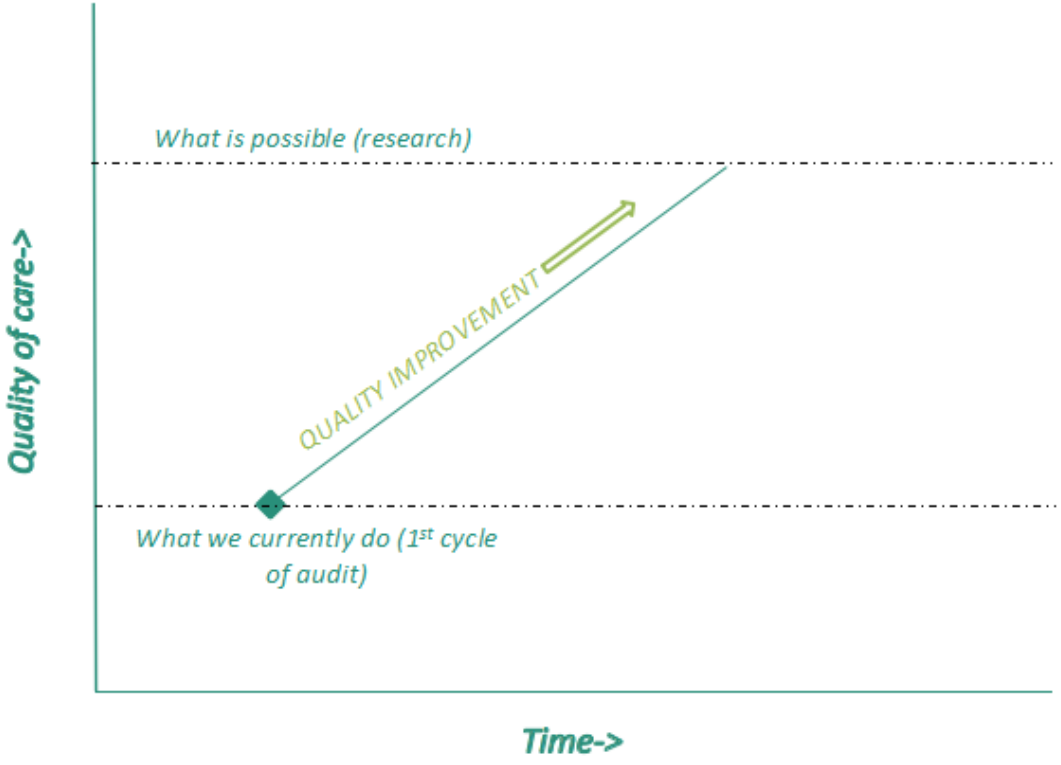
A learning health systems is defined as a health systems “*in which internal data and experience are systematically integrated with external evidence, and that knowledge is put into practice. As a result, patients get higher quality, safer, more efficient care, and healthcare delivery organizations become better places to work*”.





Watch to find out more @NationalQPS Youtube Channel

QI vs Audit vs Research



- **Audit**– How are we performing currently against a standard?
- **Research**– What new knowledge can we discover?
- **QI**– How do we improve to bridge that gap

Domains of Quality

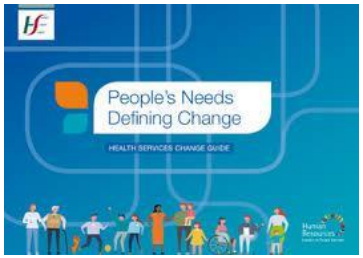
HIQA National Standards





Approaches to Improvement













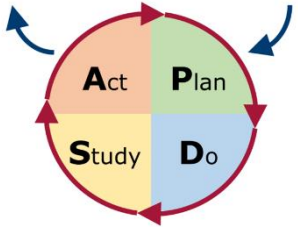
"MEMO: It has come to my attention that every time we solve one problem, we create two more. From now on, all problem solving is forbidden."

Model for Improvement

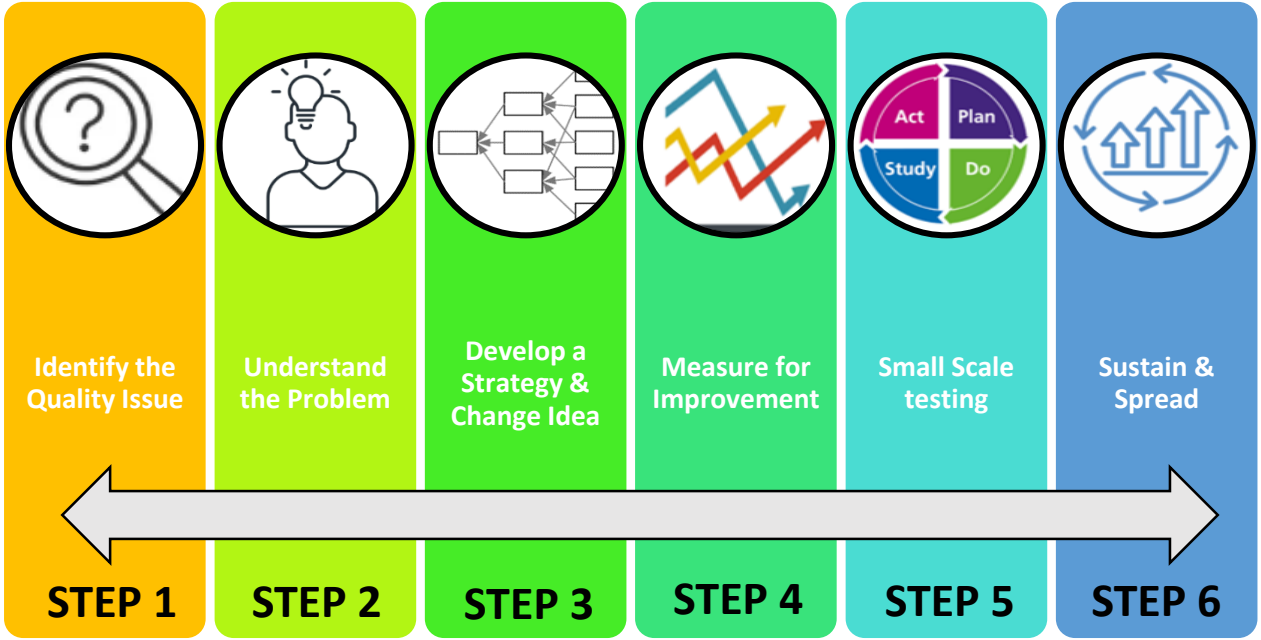
What are we trying to accomplish?

How will we know that a change is an improvement?

What change can we make that will result in improvement?



Steps to Implementing a QI Project



Opportunities for improvement.



Feedback
Have you received any comments, or complaints from patients or staff?



Safety
Has there been a safety incident or adverse event in your area?



Audit Results
Can you improve on your audit results?



Performance
Are you and your team meeting your goals and targets?



Flow
Are there bottlenecks in your process or patient flow?



Waste
Do you see waste in your process or area?

THINK ABOUT: Your own area of work or service. Is there a particular area that you think could be improved?

Step 1: Identify the Quality Issue



Hunches

- Patient feedback
- Staff experience
- Subject experts
- Clinical insight
- Identified Risks

Data

- KPIs
- Audits- local and national
- Complaints
- Compliments
- Incidents
- Claims

Standards

- HIQA
- MHC
- Legal obligations

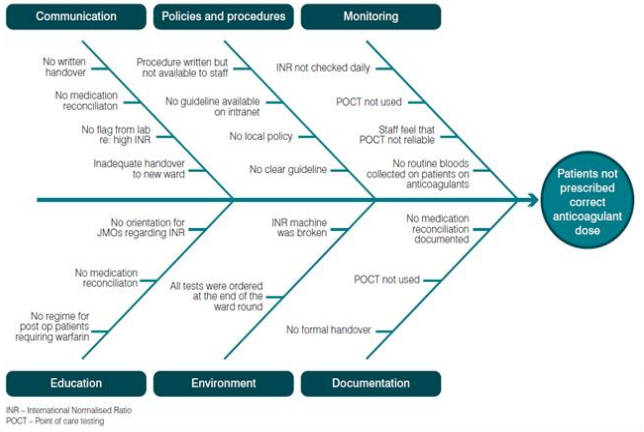
Evidence

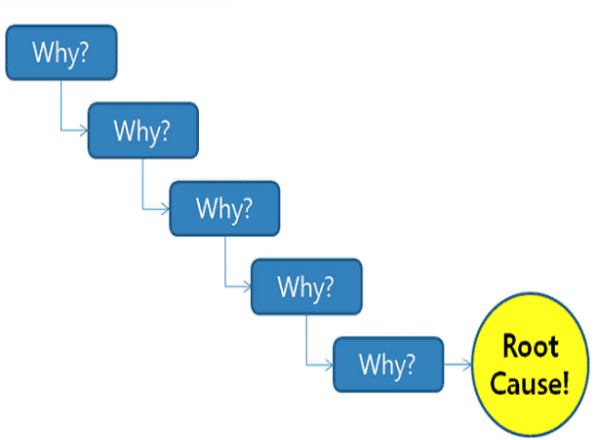
- Research
- Published Studies
- Conference Proceedings

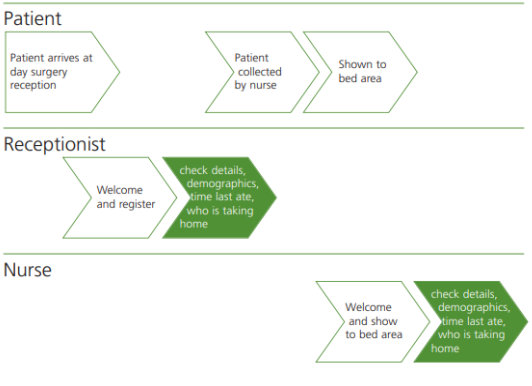
More…

Step 2: Understand the Problem









Fishbone Diagram

5 Why's

Swim Lane Process Map

Leadership for Improvement

"Leadership is not about titles, positions, or flowcharts. It is about one life influencing another."

– John C. Maxwell



Engaging for Improvement



?
%

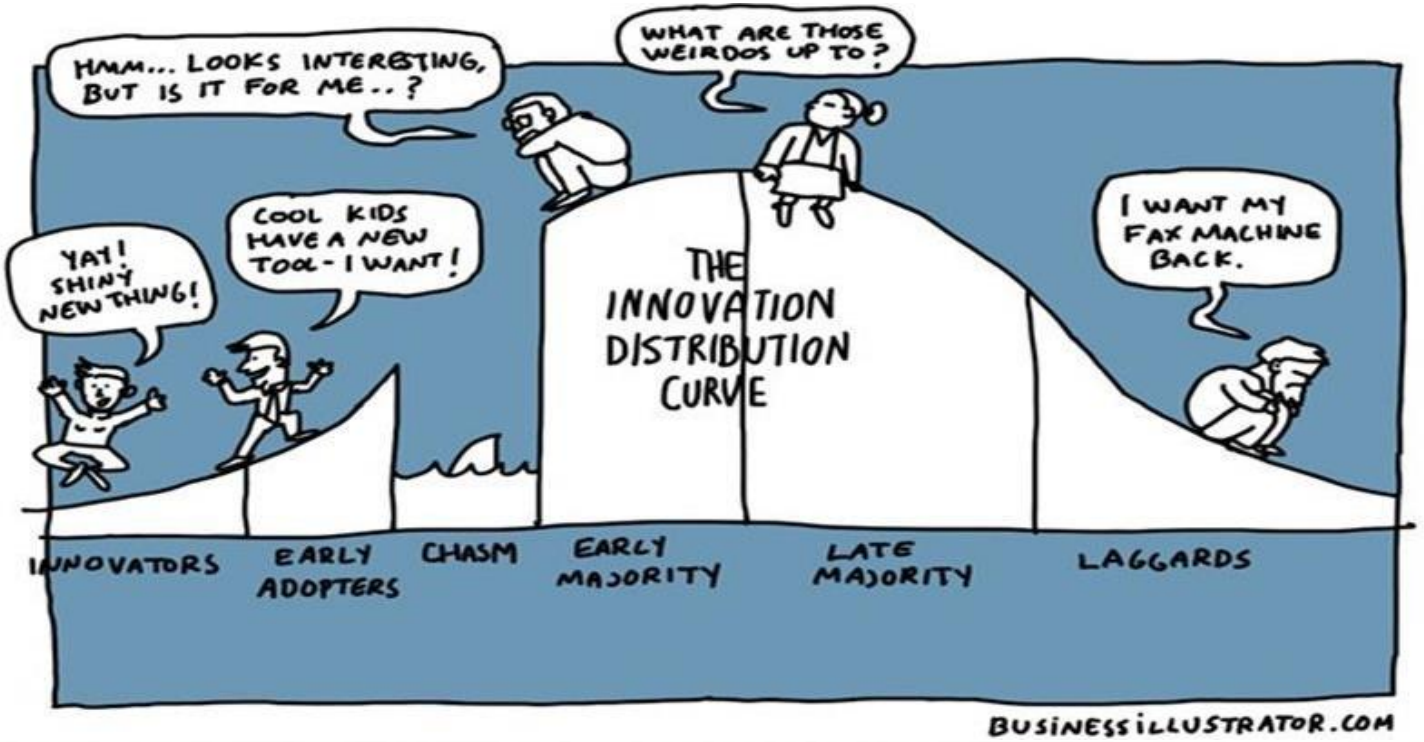
5%



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95%

Engaging for Improvement



Patient Safety Strategy



Quality Care Metrics



Mental Health and Disability services

- - https://www.youtube.com/watch?v=g4fu0_0lGLQ



Successful Audit and QI Project

Project	Delirium Identification and Management in the Emergency Department (CAAW week 2025 presentation)
Location	University Hospital Kerry
Aim	The aim of this audit to assess compliance with the ED delirium pathway in UHK that involves 24 hour screening for a delirium in all patients >65 years.
Details	• The 4AT screening tool in triage or at first contact is gold standard practice in the care of the older person. • In December 2023 4AT screening on every patient over 65 years was commenced in UHK as part of an ED delirium pathway. • Retrospective audit of medical and nursing notes on all patients presenting to the ED over a 30-hour period. • Of the 34 notes reviewed only 5 (14.7%) of the patients had a delirium screen recorded in the ED booklet.(1st Audit) • QI: Following consultation with senior nursing staff, the referral process to inpatient bed management was revised to include a mandatory 4AT score as a prerequisite for bed allocation. Changes to documentation supported this. • Re-audit showed an increase from 14.7% compliance with delirium screening to 90.91% following a change in processes.
Learning included:	• Requiring nurses to report the 4AT score to bed management as a condition for admission integrated the screening task into existing workflow, reducing reliance on memory and increasing accountability. This system-level change leveraged human factors principles by embedding a cognitive prompt at a key decision-making juncture, thereby supporting task completion and improving compliance, sustaining the QI.

Successful QI Projects

Project	**Improving Clinical Handover**
Location	Cavan General Hospital
Aim	To investigate and improve the quality of clinical handover within the department of Obstetrics & Gynaecology at Cavan General Hospital using the plan, do, study, Act (PDSA) cycle.
Details	• Investigated the current clinical handover practice within the department of Obstetrics & Gynaecology. • Explored tests of change to improve the quality of clinical handover, in order to meet the best practice standards for clinical handover as laid out by the HSE. • Implemented a clinical handover amongst NCHD's, in order to be able to trace accountability. • Used the clinical handover model to create a toolkit from this project that can be applied to other handovers within other specialties, and across both acute sites within the RCSI hospital group.
Learning included:	• Consensus that normal clinical handover face-to-face meetings are maintained, supporting best practice guidance that verbal handover should not be replaced, only supported, by organised systems. • Greater mutual appreciation and understanding of roles of manager and clinician • Difficult to bring about behavioural change in a large organisation

Successful QI Projects

Project	**Reducing DNAs in surgical and urology outpatient (OPD) appointments; a quality improvement project (2023)**
Location	Portiuncula University Hospital, Ballinasloe
Aim	Reduce general surgery and urology OPD DNA rates, which were 11.1% (general surgery) and 21.5% (urology) in August 2022.
Details	Four change strategies adopted to reduce DNA: • Standardised scheduling timelines; • Standardised appointment letter and validated accurate contact details; • Issued reminder letters 2 weeks prior to appointments; and • Offered patient's choice in appointment date if unable to attend.
Learning included:	In general surgery, the OPD DNA rate decreased from 11.1% to 6.3% in the first 2 weeks of the study. Urology OPD DNA rate reduced from 21.5% to 7.4% in the first 2 weeks of the study. These represent promising provisional results, demonstrating significant reduction in OPD DNA rates with easy-to-implement interventions.

O'Donnell O, Dowling C, Garvin J. Practical and easy-to-implement steps to effectively reduce patients who do not attend (DNA) surgical outpatient appointments; a quality improvement project from Portiuncula University Hospital, Ballinasloe. Mesentery Peritoneum 2023;7:AB068 .

Successful QI Projects

Project	**Do our Cardiac Rehabilitation patients achieve healthy Blood Pressure?**
Location	HSE Kerry Chronic Disease Hub- Cardiology
Aim	To ensure BP (an important risk factor) is monitored during the patients' journey through cardiac rehabilitation.
Details	• Cardiovascular disease is the cause of 26.5% of all deaths in Ireland. People with established cardiovascular disease, are strongly encouraged to attend cardiac rehab (CR), as attendance has consistently demonstrated reduced morbidity, hospitalisations and mortality while also increasing quality of life. The 2024 European Society of Cardiology Guidelines define hypertension as office systolic BP of ≥140 mmHg or diastolic BP of ≥90 mmHg. • This was a retrospective study and included all 27 patients who completed the Kerry CDH CR programme from January to June 2024. • An excel formula was used to calculate how many patients had systolic BP >140mmgh at pre-assessment and post-assessment respectively. • The results of this audit inspired further reflection regarding the accuracy of BP recording in a clinic setting. It is acknowledged that BP readings in clinic setting may not accurately reflect a person's true BP, due to many factors including "White Coat Syndrome". • **QI:** Future patients with elevated in-clinic BP readings asked to complete a Home BP recording sheet, following ESC guidelines for same. • When a week of Home BP recordings are completed, the CR team will act accordingly, consulting with the patients GP or Cardiologist if needed.
Learning included:	The human factors involved in this audit include the patients, particularly those who have white coat syndrome, in the context of the second human factor of the clinical setting. This was addressed by educating the patients and teaching them how to record their own BP their home environment.

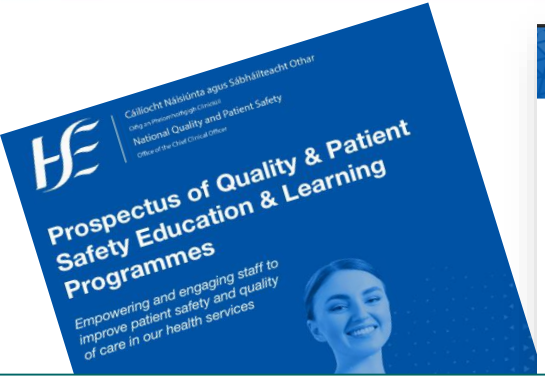
Key Success Factors QI Projects

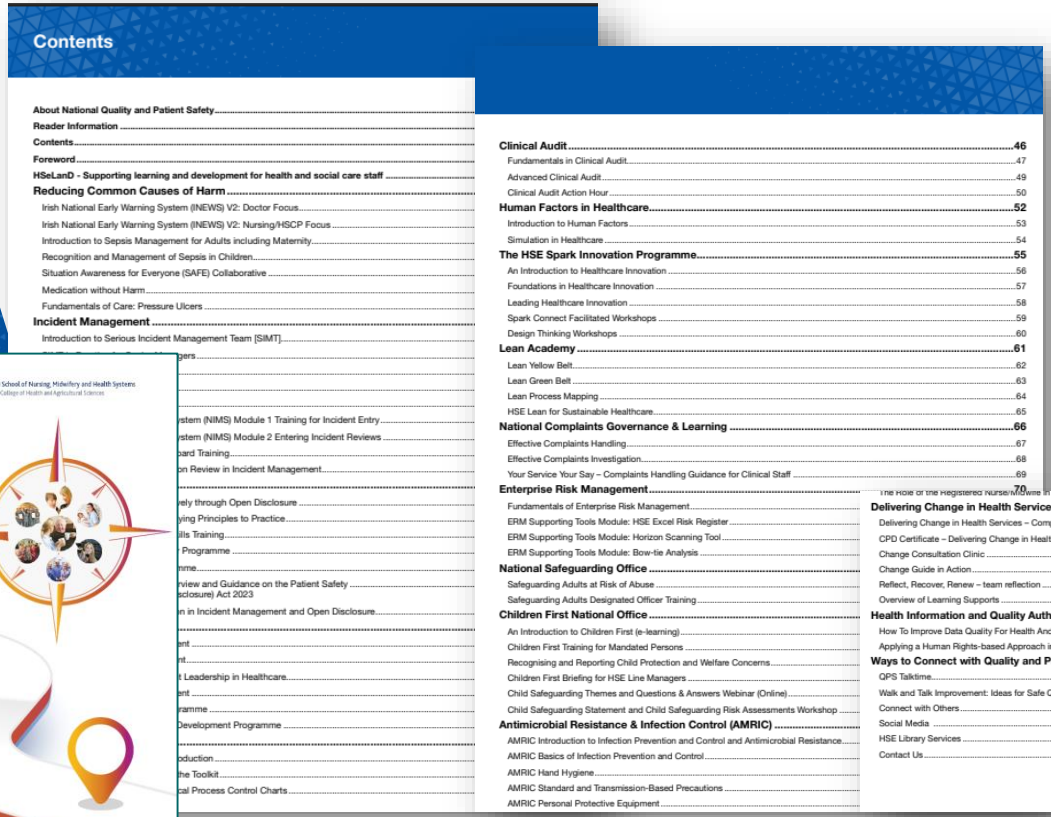
1. Frontline staff Initiative and Engagement
2. Multidisciplinary Collaboration
3. Education and Communication
4. Clear, Measurable Goals
5. Sustainability and Monitoring
6. Data-Driven Interventions

Leadership for Improvement



Annual Prospectus of QPS Education and Learning Programmes




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Recognition and Management of Sepsis in Children
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Safeguarding Adults Designated Officer Training
Children First National Office
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Children First Training for Mandated Persons
Recognising and Reporting Child Protection and Welfare Concerns
Children First Briefing for HSE Line Managers
Child Safeguarding Themes and Questions & Answers Webinar (Online)
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AMRIC Introduction to Infection Prevention and Control and Antimicrobial Resistance
AMRIC Basics of Infection Prevention and Control
AMRIC Hand Hygiene
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Interested in this and other QI resources?
Contact QPS.Improvement@hse.ie

QI Education Programmes

Step 1

- **Introduction to Quality Improvement**
- **Working as a Team for Improvement**

~30 min self-directed eLearning modules on HSELanD

hseland.ie

Step 2

- **Foundation in Quality Improvement**

~180 min self-directed eLearning module on HSELanD

hseland.ie

NEW

Quality Coach Development Programme

7 modules delivered virtually with coaching circles and mentoring

+ TTT programme

Step 4

- **In-depth QI programmes with the RCPI (funded by NQPSD)**
  - RCPI PG Cert in QI Leadership
  - S.A.F.E. Programme
  - Embedding QI in Critical Care Outreach
  - STEMI Collaborative

ROYAL COLLEGE OF PHYSICIANS OF IRELAND



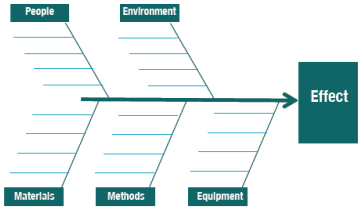
Interested in this and other QI resources?
Contact QPS.Improvement@hse.ie

New! Quality Improvement Guide & Toolkit

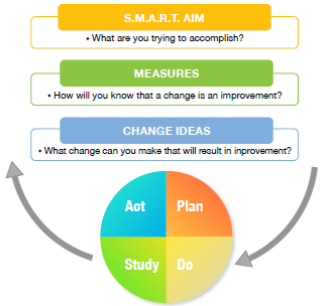




Explore Areas to Improve



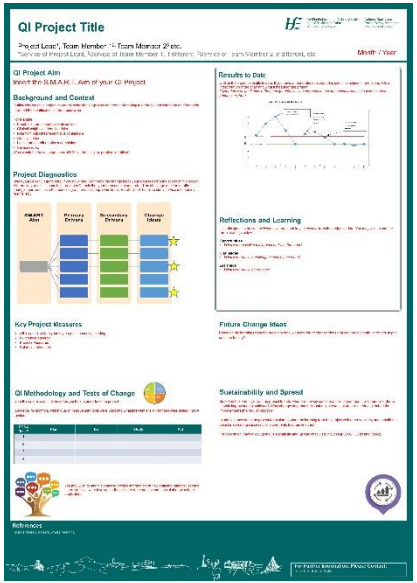
Understand the Challenge



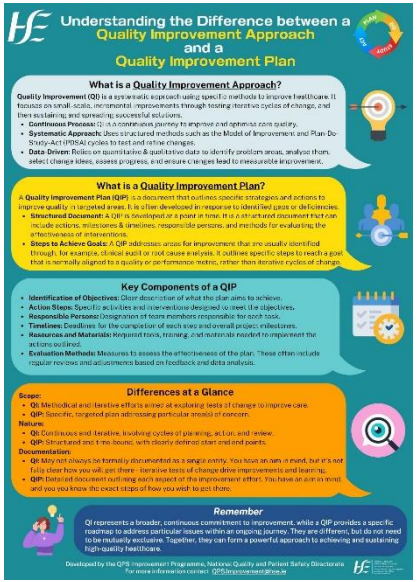
SCAN ME

Interested in this and other QI resources?
Contact QPS.Improvement@hse.ie

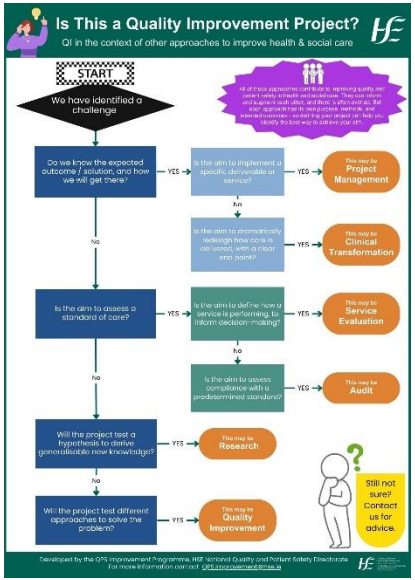
NEW Quality Improvement Resources



QI Poster template



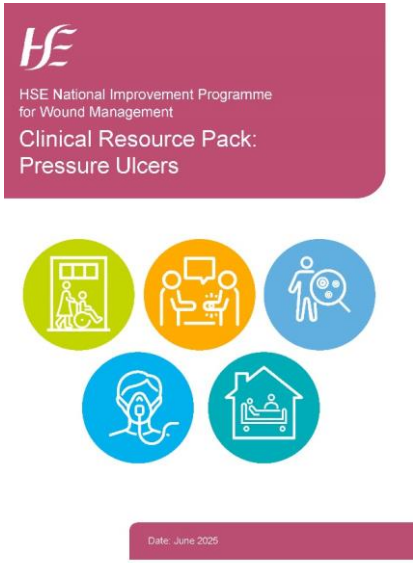
QI Approach vs QI Plan



QI Decision Tree



Access the New Pressure Ulcers and Lower Limb Ulcers Clinical Resource Packs





Interested in this and other QI resources?
Contact QPS.Improvement@hse.ie

QUICKPatientSafety Mobile App



An engaging app for healthcare professionals, bringing you on an interactive pathway of learning & activities using clinical care bundles, QI methods and case studies. You can use it on a phone or desktop.

The first two patient safety areas addressed through the app are:

- Reducing the risk harm from falls
- Reducing the rate of acquired pressure ulcers.

We are testing the app with pilot participants in hospitals, community services and hospice services.

Scan a QR code below

SCAN

GET IT ON Google Play

Download on the App Store

Access content On a Computer

Apply to join the Q Community

Q is a vibrant community of almost 6,000 people across the UK and Ireland, collaborating to improve the safety and quality of health and care. And membership is free!

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> Being a member of the Q Community not only gives me access to amazing expertise and a wealth of resources, but I love the strong community spirit in Q. There is great enthusiasm and therefore great sharing and learning among our members. It is a real privilege and pleasure to be part of this vibrant community here in Ireland and beyond.



Interested in joining?
Contact QPS.Improvement@hse.ie

Listen to the Walk & Talk Improvement Podcast

Improve patient care by capturing the personal stories of people who work in and use health services.

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Also available on Spotify, Amazon, Google, YouTube



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National Quality and Patient Safety Resources

To access resources to help you in your work, use the QR codes below or access our website www.hse.ie/nqps

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QPS Competency Navigator

Find out more about the Quality and Patient Safety Competency Navigator self-assessment tool. It will help you identify and develop the key competencies needed to provide safe and quality care. It will also sign-post you to relevant educational resources and learning opportunities.



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QPS TalkTime webinars

Watch **our NQPSD YouTube Channel** to see past QPS TalkTime webinars on everything from psychological safety, leadership, major causes of harm and so much more.



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Walk and Talk Improvement Podcast

Listen to the Walk and Talk Improvement podcast to hear from national and international experts on topics which will help you in your work. Episodes are available on most podcast platforms including iTunes, Spotify, Amazon Music, Google Podcasts and YouTube



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Patient Safety Together

Patient Safety Together: learning, sharing and improving

Patient Safety Together is the sharing of learning component of the patient safety programme to support the HSE Patient Safety Strategy. Access HSE national patient safety alerts, HSE patient safety supplements or patient safety stories.

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QPS Improvement

Access self directed learning or tools to help you in your quality and patient safety improvement work. There are lots of tools in the Quality Improvement Guide and Toolkit 2024 and guidance in the Quality Improvement Collaborative Handbook 2023.



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Learn more about clinical audit

Find out more about clinical audit on the National Centre for Clinical Audit website with information about upcoming training, HSE NCCA Clinical Audit Practical Guide 2023, Clinical Audit Toolkit, National Centre for Clinical Audit Nomenclature – Glossary of Terms for Clinical Audit, Data Protection and GDPR FAQ's for Clinical Audit and much more.



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Learn about the Patient Safety Act, Open Disclosure, Just Culture or Incident Management

You can watch the latest webinars on the Patient Safety Act in the National Open Disclosure Office monthly webinars. You can also access the latest polices and procedures in incident management or open disclosure.

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Use this QR Code to join our mailing list

You can also access our website to learn more about educational opportunities, data for decision making, becoming a member of the Q Community, the EQUIPS network and so much more...



@NationalQPS

To access these and all our resources see www.hse.ie/nqps

#QIreland
#patientsafety

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NOCA 2026 Conference:

Date & Venue: February 10 @ 09:30am RCSI, Dublin 2

Link to conference page:
https://www.noca.ie/news-events/noca-annual-conference-2026/

Call for Abstracts:

- **The deadline for the submission of abstracts is 12pm on Wednesday 14th January 2026. Evaluation Committee's decision will be communicated by 5pm on Friday 16th January 2026.**
- **If you have any questions regarding the conference or abstract submission, please contact auditinfo@noca.ie.**
- **Abstracts should showcase how data have been used to: identify opportunities for improvement/test and implement change / embed learning into everyday practice /improve outcomes, experience, safety or equity of care.**

MS Forms Application Link : CLICK HERE



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ISQUA Conference:

Date & Venue: 27th – 30th September 2026, at the Convention Centre Dublin

Link to conference page:
https://isqua.org/events/dublin-2026.html

Call for Abstracts:

- The Call for Papers will officially open on 12th November 2025 and close on February 4th 2026.
- The theme for this years conference is '*Thriving Through Compassion and Community: Sharing Stories for the Future of Health Systems'.*
- The links below for the various different sessions take you to the guidelines page and abstract submission page.

Short Oral Lightning Talk and Poster Display:

- Submission Guidelines
- Submit your Abstract

Long Session (45+ Minutes) Submission:

- Submission Guidelines
- Submit your Abstract



And finally…



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Connect with us!

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