



NATIONAL GUIDELINE FOR
NURSING AND MIDWIFERY QUALITY CARE-METRICS
DATA MEASUREMENT IN

PUBLIC HEALTH NURSING SERVICES 2018

OFFICE OF THE
NURSING AND MIDWIFERY SERVICES DIRECTOR
HEALTH SERVICE EXECUTIVE



NURSING & MIDWIFERY
QUALITY
CARE-METRICS



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive



Office of the
Nursing & Midwifery
Services Director



**National Guideline for Nursing and Midwifery Quality Care-Metrics
Data Measurement in Public Health Nursing Services 2018**

Is this document a:

Policy

Procedure

Protocol

Guideline

Office of the Nursing and Midwifery Services Director,
Clinical Strategy and Programmes Division

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PART A: OUTLINE OF GUIDELINE STEPS

1.0 INITIATION OF QUALITY CARE- METRICS AT SERVICE LEVEL

1.1 GLOSSARY OF TERMS AND DEFINITIONS

Clinical Governance:

“The system through which healthcare teams are accountable for the quality, safety and satisfaction of patients in the care they have delivered. For healthcare staff, this means specifying the clinical standards you are going to deliver and showing everyone the measurements you have made to demonstrate that you have done what you set out to do” (HSE 2014).

Documented:

The process of writing or electronically generating information that describes the care or service provided to the service user. Through documentation, nurses communicate to other health care professionals their observations, decisions, actions and outcomes of care (HSE 2018a).

Evidence Based Practice:

Evidence based practice is the integration of best research evidence with clinical expertise and patient values in order to improve healthcare outcomes (Stevens 2013).

Inter-rater Reliability:

Measurement of the extent to which data collectors (raters) assign the same score to the same variable (indicator) is called inter-rater reliability (McHugh 2012). (Two data collectors collect the same sample data independently and then compare scores).

Nursing Metrics:

Nursing metrics are agreed standards of measurement for nursing and midwifery care, where care can be monitored against agreed standards and benchmarks (Foulkes 2011).

Policy:

A policy is a written statement that clearly indicates the position and values of the organisation on a given subject (HSE 2016).

Procedure:

A procedure is a written set of instructions that describe the approved and recommended steps for a particular act or sequence of events (HSE 2016).

Nursing and Midwifery Quality-Care Metrics:

Nursing and Midwifery Quality-Care Metrics assist healthcare organisations to assess the extent to which nursing and midwifery interventions have an impact on patient safety, quality and professional work environments. Nursing and Midwifery Quality-Care Metrics provide a measurement of the quality of nursing and midwifery clinical care processes (HSE 2018).

Quality Care Process Metric:

Is a quantifiable measure that captures quality in terms of how (or to what extent) nursing care is being done in relation to an agreed standard (HSE 2018).

Quality Care Process Indicator:

Is a quantifiable measure that captures what nurses and midwives are doing to provide that care in relation to a specific tool or method (HSE 2018).

Quality Care-Metric Data Collectors:

Quality Care-Metric data collectors are individuals within the organisation who are responsible for collecting data and data entry on a monthly basis to Test Your Care HSE (TYC HSE) (HSE 2018).

1.2 ABBREVIATIONS

AAPT	Action-American Pain Society pain Taxonomy
ABA	An Bord Altranais
ADoN/ADoM	Assistant Director of Nursing/Assistant Director of Midwifery
ADPHN	Assistant Director Public Health Nursing
BGS	British Geriatric Association
BOAT	Breast Feeding Observation Assessment Tool
CDSR	Cochrane Database of Systematic Reviews
CENTRAL	Cochrane Central Register of Controlled Trials
CINAHL	Cumulative Index to Nursing and Allied Health Literature
CNM/CMM	Clinical Nurse Manager/Clinical Midwife Manager
DARE	Database of Abstract of Reviews of Effects
DOB	Date of Birth
DOH	Department of Health
GP	General Practitioner
HEFT	Heart of England Foundation Trust
HIQA	Health Information and Quality Authority
HCRN	Healthcare Record Number
HSE	Health Service Executive
IMEWS	Irish Maternity Early Warning Score
IT	Information Technology
MCN	Medical Council Number
MDRO	Multi Drug Resistant Organism
MRSA	Methicillin Resistant Staphylococcus Aureus
MUST	Malnutrition Universal Screening Tool
NCEC	National Clinical Effectiveness Committee
NHS	National Health Service (United Kingdom)
NICE	National Institute for Health Care Excellence
NMBI	Nursing and Midwifery Board of Ireland
NMPDU	Nursing and Midwifery Planning and Development Unit
ONMSD	Office of the Nursing and Midwifery Services Director
PHN	Public Health Nurse
PIN	Personal Identification Number
PPPG	Policies, Procedures, Protocols and Guidelines
QCM	Nursing and Midwifery Quality-Care Metrics
RCN	Royal College of Nursing
RN	Registered Nurse
RPHN	Registered Public Health Nurse
TYC	Test Your Care
TYC HSE	Test Your Care Health Service Executive
WHO	World Health Organisation

1.3 INTRODUCTION

1.3.1 Patient safety is one of the most critical issues facing healthcare today. The delivery of care that is safe, patient-centred, compassionate, effective and efficient is the responsibility of all health care professionals. As nurses and midwives are at the centre of the care delivery continuum delivering clinical care around the clock, their contribution to influence high quality, safe care is immense. Research suggests that errors and patient harm are caused by system and process failures (Institute of Medicine 1999).

1.3.2 Nurses and midwives are a well-educated, highly skilled and experienced and a valuable resource to the health service, their contribution makes a significant impact to optimise patient care delivery and outcomes. Quality Care-Metrics provide nurses and midwives with a framework and a measurement tool to engage in continuous quality improvement at the point of care delivery in order to positively influence the care experience for patients, clients and families.

1.3.3 This National Guideline outlines the essential criteria that need to be in place by the health service provider in order to participate in Quality Care-Metrics and to ensure fidelity of data quality. The ONMSD is responsible for leading the national implementation of nursing and midwifery Quality Care-Metrics in Ireland. A suite of documents to support this initiative is available at the following link: www.hse.ie/eng/about/who/onmsd/safecare/qcm

1.3.4 Clinical care processes delivered by nurses and midwives are based on scientific evidence, standards and/ or professional consensus. Measuring the degree to which nurses and midwives adhere to care processes plays an important role in assuring, sustaining and improving the safety and quality of care delivered to patient and clients.

1.3.5 Nursing and Midwifery Quality Care-Metrics present ways of measuring the quality of nursing and midwifery care utilising care process quality indicators, which provide a framework for how the fundamentals of nursing care can be measured (Foulkes 2011).

1.3.6 Measurements of clinical care and outcomes have, in the past, proved to be complex and were not always nurse or midwife specific. Many healthcare providers and organisations lack basic information on the quality of nursing and midwifery care. Anecdotal evidence was often used as an indicator of concerns in relation to care delivery. Feedback in a systematic way to the individual nurse/midwife or organisation was not always available.

1.3.7 Nursing and Midwifery Quality Care-Metrics aim to illuminate the contribution of nursing and midwifery to safe and effective care and provide the evidence and assurance to managers, governance structures and regulators that care quality is a priority for the professions of nursing and midwifery.

1.3.8 Nursing and Midwifery Quality Care-Metrics are fundamentally a continuous quality improvement journey highlighting areas of practice that require improvement and measuring for tangible evidence that improvement efforts are impacting in the delivery of care.

1.4 BACKGROUND

1.4.1 The concept arose from work undertaken in the United Kingdom by the Heart of England NHS Foundation Trust (HEFT). The Chief Nurse at HEFT developed a web based tool entitled Test Your Care (TYC) to monitor patient safety and promote care quality following an increase in complaints, falls, pressure ulcers and medication management errors.

1.4.2 In 2011, through Nursing & Midwifery Planning & Development Units (NMPDU), Nursing and Midwifery Quality Care-Metrics were developed and implemented in over 100 clinical areas across the North West, North East & Dublin North and endorsed by the Office of the Nursing & Midwifery Services Director (ONMSD) Health Service Executive (HSE).

1.4.3 In the Republic of Ireland, a small number of acute hospitals had also commenced measuring nursing and midwifery care processes. These sites either employed external agencies to develop a system to meet their single site requirements or used the Microsoft excel application.

1.4.4 In 2014, the ONMSD entered into a service level agreement with HEFT to provide access to the TYC System nationally to HSE organisations across the Republic of Ireland. The online web based measurement system TYC HSE is now widely available to all Directors of Nursing/Midwifery who wish to embed Nursing and Midwifery Quality Care-Metrics within their local quality governance frameworks.

1.5 WHAT ARE QUALITY CARE-METRICS?

1.5.1 Nursing and Midwifery Quality Care-Metrics are a measure of the quality of nursing and midwifery clinical care processes aligned to evidenced based standards and agreed through national consensus in healthcare settings in Ireland. The process of national consensus is achieved through workstream working groups (HSE 2018).

1.5.2 The Donabedian (1966) conceptual framework (Figure 1) is one of the most commonly used measurement framework to estimate care quality and broadly falls into the categories of structure, process and outcome. Healthcare quality as defined by Donabedian, has been universally accepted and is widely used in the empirical literature in the development of quality standards (Haj et al 2013).

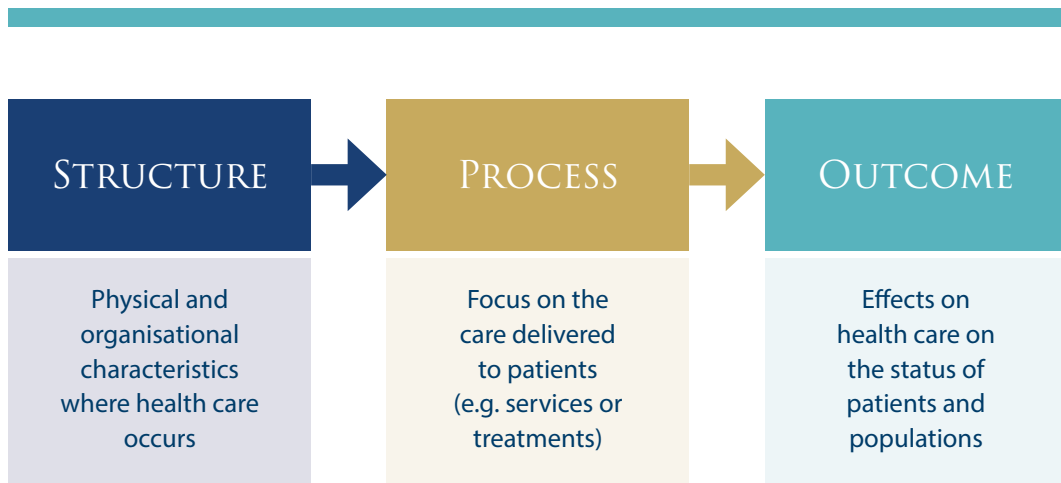


Figure 1: Donabedian's Conceptual Model for Evaluating Quality of Care (1966)

1.5.3 Structural indicators describe all the factors that affect the context in which care is delivered to include the physical facility, equipment, human resources as well as organisational characteristics such as staff training and qualifications.

1.5.4 Process indicators relate to the transactions between patients and care providers. It examines how care is provided in terms of its appropriateness, acceptability, completeness and competency. It includes dimensions such as communication, patient knowledge and the quality of the care intervention, the technical delivery of care and the interpersonal aspect of the clinician – patient relationship. Nursing and Midwifery Quality Care-Metrics examine indicators which measure the process components of care.

1.5.5 Outcome indicators refer to the end points of care such as improvement in function, recovery or survival and seek to capture whether the goals of care were achieved. They include measures such as immunisation rate, failure to rescue rate, falls incidence, hospital acquired pressure ulcers.

WORK-STREAMS

Nursing and Midwifery Quality Care-Metrics standardised across seven workstreams



Figure 2: Quality Care-Metrics Work Streams

1.5.6 Nursing and Midwifery Quality Care-Metrics currently consist of a core suite of quality indicators across seven care groups; Public Health Nursing services, Acute, Older Persons, Mental Health, Intellectual Disability, Midwifery and Children's services (Figure 2). Figure 3 demonstrates the updated metrics which are available for measurement and monitoring across the regions utilising the Quality Care-Metrics TYC HSE system.

NURSING AND MIDWIFERY QUALITY CARE-METRICS (2018)

Acute Care Services	Children's Services	Intellectual Disability Services	Older Persons Services	Mental Health Services	Public Health Nursing Services	Midwifery Services	Theatre
Patient Monitoring and Surveillance Health Care Associated Infection Prevention and Control Pain Assessment and Management Nutrition and Hydration Continence Assessment and Management Care Plan Development and Evaluation Care Plan NMBI Guidance Medication Safety Medication Storage and Custody Falls and Injury Management Delirium Prevention and Management Wound Care Management Pressure Ulcer Prevention and Management	Medicines Management Nursing Care Planning Healthcare Associated Infection Prevention Nutrition Pain Assessment and Management Vital Signs Monitoring/PEWS Child and Adolescent Mental Health Discharge Planning	Nursing Documentation Medication Management Environment Safeguarding Person Centred Communication Physical health Assessments Mental health Assessment Risk Assessment and Management Nursing Care Plan Person Centred Planning Positive Behaviour Support End of Life/Palliative care	Skin Integrity Assessment and Management of Pressure Ulcers Optimizing Nutrition and Hydration Pain Assessment and Management Medicines Prescribing Medicines Administration Infection Prevention and Control Activities of Daily Living Falls Risk Falls Prevention Continence Assessment, Promotion and Management Frailty Nursing Assessment End of Life and Palliative Care Psychological Nursing Assessment Responsive Behaviour Support Safeguarding Vulnerable Adults Social Assessment Activities (Holistic)/Social Engagement Person Centred Care Planning MDA Medicines Medicine Storage and Custody Person Experience	Assessment Care Plan Management of Risk Management of Violence and Aggression Physical Health and Wellbeing Recovery Based Care Nursing Communication Medication Management Service User Experience	Pressure Ulcer Prevention and Management Wound Care Management Health Care Associated Infection Prevention & Control Continence Assessment and Management Client/Family/Carer Experience Health Promotion Care Plan Development and Evaluation Medication Safety Maternal Health Infant Nutrition Child Development Assessment Child and Family Health Needs Assessment Child Welfare and Protection Safeguarding Vulnerable Adult	Midwifery Plan of Care Booking Abdominal Examination (after 24 weeks gestation) on Current or Last Assessment Intrapartum Fetal Wellbeing Intrapartum Fetal Wellbeing Cardiography (CTG) Intrapartum Maternal Wellbeing Risk Assessment for Venous Thromboembolism (VTE) in Pregnancy & the Puerperium Immediate Post Birth Care Communication (Clinical Midwifery Handover) Pain Management (other than labour) Infant Feeding Postnatal Care (daily midwifery care processes) Post Birth Discharge Planning for Home Medication Administration Medication, Storage and Custody (excluding MDAs) MDA Scheduled Controlled Drugs Intravenous Fluid Therapy Clinical Record Keeping IMEWS Documentation Standards IMEWS Parameters	Communication Tissue Viability Pain Management Immediate Post-Operative Care

Figure 3: Nursing and Midwifery Quality Care-Metrics (2018)

1.6 RATIONALE FOR MEASURING NURSING AND MIDWIFERY CARE

1.6.1 The quality of healthcare is a national and international concern. Increasing reports of patient harm and poor quality care has created the requirement for healthcare professionals to question what is known about the quality of care being delivered in the clinical environment. In most organisations there is a wealth of data but no systematic means to collate, analyse and interpret data that will track the quality of care delivery.

1.6.2 For Nursing and Midwifery Quality Care-Metrics provide a standardised system to measure the fundamentals of care where care can be monitored and improved against evidenced based standards, and professional consensus. In a climate of greater fiscal controls on health budgets, focused attention is needed to maintain high-quality care delivery. There is an increased onus on healthcare providers to provide tangible evidence that they are assessing, monitoring and measuring the quality of care delivery.

1.6.3 Nursing and Midwifery Quality Care-Metrics provide a framework to identify gaps in care delivery, enabling action planning for quality improvement and provide the mechanism by which care providers can be accountable for the quality of their care delivery.

1.7 CLINICAL GOVERNANCE

1.7.1 HSE (2014) defines clinical governance as: *“The system through which healthcare teams are accountable for the quality, safety and satisfaction of patients in the care they have delivered. For healthcare staff, this means specifying the clinical standards you are going to deliver and showing everyone the measurements you have made to demonstrate that you have done what you set out to do”.*

1.7.2 Nursing and Midwifery Quality Care-Metrics supports Directors of Nursing/Midwifery to provide an accountability system that enables assessing, monitoring, reporting and feedback to teams about performance and identifies areas for improvement (HSE 2014; Donaldson et al 2005); using “real time” information regarding the quality of care patients/clients are receiving.

1.8 BENEFITS

1.8.1 Nursing and Midwifery Quality Care-Metrics provide a measuring system for individual nurses and midwives and their managers that:

- Monitors and assesses performance against evidenced based standards
- Quantifies trends and characteristics
- Highlights exceptional care and areas of risk which require immediate attention
- Provides a standardised system to track and benchmark the quality of care
- Offers direction on educational needs for healthcare staff
- Promotes staff engagement and accountability for the quality of care

1.8.2 In addition to providing real time information to nurses and midwives about how patients are benefiting from quality care delivery, metric data enables managers to monitor individual ward performance and organisational progress in delivering safer, quality focused patient care.

1.9 PURPOSE

1.9.1 The purpose of this guideline is to ensure a consistent approach to the implementation of Nursing and Midwifery Quality Care-Metrics by the Public Health Nursing services.

1.9.2 This guideline provides a standardised approach which will guide Nursing and Midwifery Quality Care-Metrics data collectors to interpret individual metric questions consistently thereby providing reliability and validity in the data collection process across all Public Health Nursing services nationally. The quality of data is very important as it may be used to inform the delivery of care. In this regard, it is vital that services know how reliable their data actually is.

1.10 SCOPE

1.10.1 This guideline applies to all registered PHN's/registered nurses and midwives within Public Health Nursing services, who are engaged with Nursing and Midwifery Quality Care-Metrics in nursing and midwifery practice.

1.10.2 This guideline does not apply to other disciplines outside of nursing and midwifery.

1.10.3 Application of the guideline in individual HSE and HSE funded facilities is subject to local agreement, the development and application of a local supporting PPPG and the establishment of local governance structures.

1.10.4 The application of this guideline is aligned to the Nursing and Quality Care-Metrics Public Health Nursing Research Report (HSE 2018).

1.10.5 All nurses and midwives within Public Health Nursing services, who are engaged with Nursing and Midwifery Quality Care-Metrics in nursing and midwifery practice, should complete Appendix 1, Signature Sheet to indicate that they have read, understood and agree to the guideline. The completed signature sheet should be retained at service level.

1.11 OBJECTIVE

1.11.1 The objective of this guideline is to enable nurses and midwives to engage with and implement Quality Care-Metrics using a consistent and standardised approach.

1.12 OUTCOMES

1.12.1 The guideline provides a framework for nurses and midwives to engage in care measurements for continuous quality improvement.

1.12.2 Application of this guideline will enable consistency in the reliability and validity of the data collection to support a standardised approach in Public Health Nursing services nationally.

1.12.3 Measurement of the quality of care delivered provides an assurance mechanism that captures the contribution and performance of nurses and midwives in a way that is transparent and focuses on improvement.

2.0 METRICS, INDICATORS & ADVICE FOR PUBLIC HEALTH NURSING SERVICES

The following Nursing and Midwifery Quality Care-Metrics are available for Public Health Nursing services as outlined in Figure 4.



Figure 4: Public Health Nursing Services Quality Care-Metrics

2.1 PRESSURE ULCER PREVENTION AND MANAGEMENT QUALITY CARE-METRIC

PRESSURE ULCER PREVENTION AND MANAGEMENT I = Indicator, A = Data Collectors Advice, N/A = Not Applicable	
1	<p>I A pressure ulcer risk assessment was recorded using a validated tool</p>
	<p>Mark Yes if pressure ulcers risk assessment was completed using a validated tool. Mark No if a pressure ulcer risk assessment was <u>not</u> completed, or if not dated, timed or signed by the assessing nurse. Recommended validated tool as per National Guideline for Wound Management 2018. Mark N/A if not applicable</p>
2	<p>I There is evidence that the client's pressure ulcer risk was re-assessed and documented using a validated tool</p>
	<p>Mark Yes if re-assessment has taken place within a 3 month period or more frequently if change in condition. Mark No if re-assessment has <u>not</u> taken place using a validated tool or is outside the three month period Mark N/A if individual is not due to have re-assessment of pressure ulcer risk within the time frame Note: Please see 6.7 (6) regarding NMBI Guidelines on the inclusion of date/time (using a 24hour clock) and signature on all nursing documentation and assessments</p>
3	<p>I If a pressure ulcer is present, the grade has been recorded on the relevant documentation</p>
	<p>Mark Yes if clearly graded using the Pressure Ulcer Advisory Panel Classification system/ Pressure Ulcer Prevention Point Chart. Mark No if pressure ulcer is <u>not</u> clearly graded. Mark N/A if no pressure ulcer is present.</p>
4	<p>I There is evidence that evaluations of the pressure ulcer has been recorded with the client's response to interventions documented</p>
	<p>Mark Yes if the care plan has been re-evaluated within the agreed timeframe and there is documented evidence of the client's response to interventions i.e. what the client articulates Mark No if there is <u>no</u> documented evidence of re-evaluation of pressure ulcer in the care plan or if there is no documented evidence of client's response to interventions in the care plan. Mark N/A if no pressure ulcer is present or if the date for evaluation is not yet due.</p>
5	<p>I There is documented evidence of the use of pressure distributing devices and/or alternative pressure therapies based on skin assessment</p>
	<p>Mark Yes if there <u>is</u> documented evidence of the use of pressure distributing devices and/or alternative pressure therapies based on skin assessment. Mark No if there is <u>no</u> documented evidence of pressure distributing devices and/or alternative pressure therapies being used based on skin assessment Mark N/A if there is <u>no</u> documented evidence of pressure distributing devices and/or alternative pressure therapies being used based on skin assessment required.</p>

6	I	There is document evidence of verbal and written guidance provided to the client/family/carer to reduce the risk of developing a pressure ulcer
	A	<p>Mark Yes if there <u>is</u> documented evidence of the provision of verbal/written guidance to the individual/family/carer.</p> <p>Mark No if there is <u>no</u> document evidence of the provision of verbal guidance to the individual/family/carer.</p>

2.2 WOUND CARE MANAGEMENT QUALITY CARE-METRIC

WOUND CARE MANAGEMENT		
I = Indicator, A = Data Collectors Advice, N/A = Not Applicable		
1	I	There is documented evidence of assessment of the wound using a validated tool
	A	<p>Mark Yes if there <u>is</u> documented evidence of assessment of the wound using a validated tool.</p> <p>Mark No if there is <u>no</u> documentation of assessment of the wound using a validated tool.</p> <p>Mark N/A if the client does <u>not</u> have a wound.</p> <p>Note: Please see 6.7 (6) regarding NMBI Guidelines on the inclusion of date/time (using a 24hour clock) and signature on all nursing documentation and assessments</p>
2	I	The client's risk factors impacting effective wound healing have been Identified and documented as per the National Wound Management Guidelines
	A	<p>Mark Yes if the risk factors <u>have been</u> identified and documented as per the National Wound Management Guidelines</p> <p>Mark No if risk factors have <u>not</u> been identified, documented/dated/timed and signed.</p> <p>Mark N/A if the client does <u>not</u> have a wound.</p> <p>Note: Please see 6.7 (6) regarding NMBI Guidelines on the inclusion of date/time (using a 24hour clock) and signature on all nursing documentation and assessments</p>
3	I	There is documented evidence that the wound care plan has been developed
	A	<p>Mark Yes if there <u>is</u> documented evidence of a developed and completed wound care plan.</p> <p>Mark No if there is <u>no</u> documented evidence of a developed and completed wound care plan.</p> <p>Mark N/A if the client does <u>not</u> have a wound.</p>
4	I	There is documented evidence that the wound care plan has been evaluated and updated if clinically indicated
	A	<p>Mark Yes If there is documented evidence that the wound care plan has been evaluated and updated within the indicated timeframe.</p> <p>Mark No If there is <u>no</u> documented evidence that the wound care plan has been evaluated and updated within the indicated timeframe.</p> <p>Mark N/A if the client does <u>not</u> have a wound or if evaluation is not due.</p>

2.3 HEALTH CARE ASSOCIATED INFECTION PREVENTION AND CONTROL QUALITY CARE-METRIC

HEALTH CARE ASSOCIATED INFECTION PREVENTION AND CONTROL	
I = Indicator, A = Data Collectors Advice, N/A = Not Applicable	
1	<p>I There is documented evidence that the client's infection risk has been assessed and recorded</p>
	<p>Mark Yes if infection status/alert <u>is</u> recorded. Mark No if there is <u>no</u> documented evidence of infection status/alert (cannot be left blank).</p>
2	<p>I There is documented evidence of the education given, if the client has been identified as an infection control risk</p>
	<p>Mark Yes if there <u>is</u> documented evidence of the education given if the client has been identified as an infection control risk. Mark No if there is <u>no</u> documented evidence of the education given if the client has been identified as an infection risk. Mark N/A if the client has <u>not</u> been identified as an infection control risk.</p>

2.4 CONTINENCE ASSESSMENT AND MANAGEMENT QUALITY CARE-METRIC

CONTINENCE ASSESSMENT AND MANAGEMENT	
I = Indicator, A = Data Collectors Advice, N/A = Not Applicable	
1	<p>I There is documented evidence that a continence assessment has been completed</p>
	<p>Mark Yes if there is documented evidence that a continence assessment has been completed annually or earlier if there is a change in client's condition. Mark No if there is <u>no</u> documented evidence of a completed continence assessment annually or earlier if there is a change in client's condition. Mark N/A if the client does not require a continence assessment.</p>
2	<p>I There is documented evidence that a continence re-assessment within 1 year has been completed at a minimum</p>
	<p>Mark Yes if there is documented evidence that timely re-assessment has been completed within the year or earlier if there is a change in the client's condition. Mark No if there is <u>no</u> documented evidence that timely re-assessment has been completed within the year or earlier if there is a change in the client's condition. Mark N/A if the client does <u>not</u> require a continence re-assessment.</p>

3	<p>I There is documented evidence of education given to the client regarding therapeutic options to improve continence control</p> <p>Mark Yes if there <u>is</u> documented evidence of education given to the client regarding therapeutic options to manage continence.</p> <p>Mark No if there is <u>no</u> documented evidence of education given to client regarding therapeutic options to manage continence regarding therapeutic options to manage continence.</p> <p>Mark N/A if client does <u>not</u> require information to manage continence.</p> <p>Note: Client's understanding of the education given should always be checked.</p>
4	<p>I There is documented evidence of the appropriate containment products prescribed and the education given to the client on the correct use and management of containment products</p> <p>Mark Yes if there <u>is</u> documented evidence of the appropriate containment products prescribed/ the education given to the client, on the correct use and management of containment products.</p> <p>Mark No If there is <u>no</u> documented evidence.</p> <p>Mark N/A if client does <u>not</u> require containment products.</p> <p>Note: Client's understanding of the education given should always be checked.</p>
5	<p>I If a client has a urinary catheter insitu, the rationale for insertion, type of catheter, size of catheter and the date of insertion have been documented as per National Guidelines</p> <p>Mark Yes if the rationale for insertion, type of catheter, size of catheter and the date of insertion <u>have</u> been documented in client passport / care plan as per national or local guidelines.</p> <p>Mark No if the rationale for insertion, type of catheter, size of catheter, the date of insertion has <u>not</u> been documented as per national or local guidelines.</p> <p>Mark N/A if the client does <u>not</u> have a urinary catheter.</p>
6	<p>I The education given to the client/family/carer on catheter management has been documented as per National Guidelines</p> <p>Mark Yes if the education given to the client/family/carer on urinary catheter management <u>has</u> been documented as per national/local guidelines.</p> <p>Mark No if there is <u>no</u> documented evidence of education given to the client/family/carer on catheter management.</p> <p>Mark N/A if the client does <u>not</u> have a urinary catheter.</p> <p>Note: Client's understanding of the education given should always be checked.</p>
7	<p>I There is documented evidence that the client's bowel pattern has been assessed and documented using a validated tool</p> <p>Mark Yes if there <u>is</u> documented evidence that the client's bowel pattern has been assessed using a validated tool.</p> <p>Mark No if there is <u>no</u> documented evidence that the client's bowel pattern has been assessed using a validated tool.</p> <p>Mark N/A if the client does <u>not</u> require bowel pattern assessment.</p>

8	I	A bowel management plan has been developed with the client/family/carer
	A	<p>Mark Yes if there <u>is</u> documented evidence that a bowel management plan has been developed with the client/family/carer/continence advisor/multidisciplinary team/National Rehabilitation Hospital</p> <p>Mark No if there is <u>no</u> documented evidence that a bowel management plan has been developed with the client/family/carer continence advisor/multidisciplinary team/National Rehabilitation Hospital.</p> <p>Mark N/A if the client does <u>not</u> require bowel management plan.</p>
9	I	There is documented evidence that the bowel management plan has been reassessed and evaluated
	A	<p>Mark Yes if there <u>is</u> documented evidence that the bowel management plan has been reassessed and evaluated within the agreed timeframe in the care plan.</p> <p>Mark No if there is <u>no</u> documented evidence that the bowel management plan has been reassessed and evaluated within the agreed timeframe in the care plan.</p> <p>Mark N/A if the client does <u>not</u> require bowel management re assessment plan.</p>

2.5 CLIENT/FAMILY/CARER EXPERIENCE QUALITY CARE-METRIC

CLIENT/FAMILY/CARER EXPERIENCE		
I = Indicator, A = Data Collectors Advice, N/A = Not Applicable		
1	I	There is documented evidence that verbal/written informed consent was obtained prior to delivering healthcare interventions to the client
	A	<p>Mark Yes if there <u>is</u> documented evidence that verbal/written informed consent was obtained prior to delivering healthcare interventions to the client.</p> <p>Mark No if there is <u>no</u> documented evidence that verbal/written informed consent was obtained prior to delivering healthcare interventions to the client.</p>
2	I	There is documented evidence that verbal/written informed consent has been obtained prior to referring the client to other service providers
	A	<p>Mark Yes if there <u>is</u> documented evidence that verbal/written informed consent has been obtained prior to referring the client to other service providers.</p> <p>Mark No if there is <u>no</u> documented evidence that verbal/written informed consent has been obtained prior to referring the client to other service providers or if this information was not dated/timed and signed.</p> <p>Mark N/A if the client has <u>not</u> been referred to other service providers.</p>

2.6 HEALTH PROMOTION QUALITY CARE-METRIC

HEALTH PROMOTION	
I = Indicator, A = Data Collectors Advice, N/A = Not Applicable	
1	<p>I There is documented evidence that the client/family/carer has received the appropriate education pertinent to their individual circumstances</p>
	<p>Mark Yes if there <u>is</u> documented evidence that the client/family/carer has received the appropriate education pertinent to their individual circumstances/assessed needs.</p> <p>A Mark No if there is <u>no</u> documented evidence that the client/family/carer has received the appropriate education pertinent to their individual circumstances/assessed needs.</p> <p>Note: Client's understanding of the education given should always be checked.</p>

2.7 CARE PLAN DEVELOPMENT AND EVALUATION QUALITY CARE-METRIC

CARE PLAN DEVELOPMENT AND EVALUATION	
I = Indicator, A = Data Collectors Advice, N/A = Not Applicable	
1	<p>I An assessment has been completed and documented to identify the holistic needs of the client</p>
	<p>Mark Yes if a nursing assessment <u>has</u> been completed and documented using a recognised model of nursing that identifies the holistic needs of the client.</p> <p>A Mark No if there is <u>no</u> documented nursing assessment identifying the holistic needs of the client or if a recognised model of nursing is <u>not</u> in use.</p>
2	<p>I The documented care plan reflects the individuals current condition, the goals and plan which has been developed with the client/family/carer</p>
	<p>Mark Yes if the documented care plan reflects the individual's current condition, identified needs and goals and interventions which have been agreed with the client/family/carer.</p> <p>A Mark No if the documented care plan does <u>not</u> reflect the individual's current condition, identified needs and goals and interventions which have been agreed with the client/family/carer.</p>
3	<p>I Evaluation of the care plan is documented and has been adjusted in accordance to the client's changing needs</p>
	<p>Mark Yes if there is evidence of evaluation of the care plan and it is reviewed/updated in accordance with the client's changing needs.</p> <p>A Mark No if there is <u>no</u> evidence of evaluation of the care plan or review/updating in accordance with the client's changing needs.</p> <p>Mark N/A if evaluation date has <u>not</u> yet been reached.</p>

4	I	There is documented evidence in the care plan that discharge planning has been initiated in collaboration with the client/family/carer and other service providers where indicated
	A	<p>Mark Yes if there <u>is</u> documented evidence in the client record/care plan that discharge planning has been initiated in collaboration with the client/family/carer and other service providers where indicated.</p> <p>Mark No if there is <u>no</u> documented evidence in the client record/care plan that the discharge planning has been initiated in collaboration with the Client/family/Carer and other service providers.</p>
5	I	On discharge, all education given to the client/family/carer has been documented including the contact details for the Public Health Nursing service if further support is required in the future
	A	<p>Mark Yes if, on discharge education given to the client/family/carer has been documented including the contact details for the Public Health Nursing service.</p> <p>Mark No if there is <u>no</u> documented evidence that education given to the client/family/carer has been recorded, including the contact details for the Public Health Nursing service.</p> <p>Note: Client's understanding of the education given should always be checked.</p>
6	I	All entries into client records are documented in accordance with NMBI Guidelines
	A	<p>Mark Yes if <u>all</u> entries in the client's records are documented in accordance with NMBI guidelines i.e. the client's name and date of birth are on each page/, all entries are written in permanent ink/are legible/dated timed (using the 24 hour clock) and signed by the nurse. Nursing interventions are individualised and in in chronological order.</p> <p>Mark No if all elements are <u>not</u> presented.</p> <p>Note: If there are alterations/corrections to notes these must be, bracketed with a single line through them/dated/signed by the nurse altering the records.</p>
7	I	There is documented evidence that the client's risk of malnutrition has been screened using a validated tool
	A	<p>Mark Yes if there <u>is</u> documented evidence that a nutritional risk assessment has been completed using a validated tool e.g. MUST.</p> <p>Mark No if there is <u>no</u> documented evidence that a nutritional risk assessment has been completed using a validated tool e.g. MUST.</p> <p>Mark N/A if client is <u>not</u> identified as at risk of malnutrition.</p>
8	I	There is documented evidence that a plan of care has been developed based on the client's risk of malnutrition
	A	<p>Mark Yes if there <u>is</u> documented evidence of a care plan with strategies to meet the client's needs.</p> <p>Mark No if there is <u>no</u> documented evidence of a care plan with strategies to meet the client's needs</p> <p>Mark N/A if client is <u>not</u> identified as at risk of malnutrition.</p>
9	I	There is documented evidence that the client's risk of malnutrition has been screened again as appropriate
	A	<p>Mark Yes if re assessment has taken place within the agreed time frame as per the care plan.</p> <p>Mark No if reassessment has <u>not</u> taken place within the agreed time frame as per the care plan.</p> <p>Mark N/A If client is <u>not</u> at risk of malnutrition.</p> <p>Note: Check that re assessment for malnutrition has been completed in line with guidelines for implementing the tool.</p>

10	<p>I A falls risk assessment has been recorded where indicated</p> <p>Mark Yes if a falls risk assessment <u>has</u> been completed in full using a validated tool.</p> <p>A Mark No if a falls risk assessment has <u>not</u> been completed in full using a validated tool.</p> <p>Mark N/A if client does <u>not</u> require falls assessment.</p>
11	<p>I There is documented evidence that the client/family/carer are made aware of the client's falls risk and have been provided with information relating to interventions to prevent falls</p> <p>Mark Yes if there <u>is</u> documented evidence that the client/family/carer have been informed of the client's falls risk and have been provided with information relating to interventions to minimise/reduce falls risk.</p> <p>A Mark No if there is <u>no</u> documented evidence that the client/family/carer have been informed of the client's falls risk and have <u>not</u> been provided with information relating to interventions to minimise/reduce falls risk.</p> <p>Mark N/A if client does <u>not</u> require a falls assessment</p>
12	<p>I There is a completed and documented comprehensive pain assessment using a validated tool, that is consistent with the client's age, condition and ability to understand when indicated</p> <p>Mark Yes if there <u>is</u> documented evidence that a completed and comprehensive pain assessment, has been carried out using a validated tool, that is consistent with the client's age, condition and ability to understand when indicated</p> <p>A Mark No if <u>all</u> elements of the pain assessment tool are <u>not</u> completed or tool is not consistent with client's age, condition and ability to understand.</p> <p>Mark N/A if client does <u>not</u> require a pain assessment.</p>
13	<p>I There is documented evidence that the client's plan of care for pain is reassessed using a validated tool during the treatment period</p> <p>Mark Yes if there <u>is</u> documented evidence that client's pain is re-assessed within the agreed timeframe as per care plan using a validated tool.</p> <p>A Mark No if there is <u>no</u> documented evidence that client's pain is re-assessed within the agreed timeframe as per care plan using a validated tool</p> <p>Mark N/A if client does <u>not</u> require a pain assessment.</p>
14	<p>I Interventions are documented and communicated with the relevant healthcare provider, when there is a need for the initiation of pain management or report of severe pain using a validated tool</p> <p>Mark Yes if pain interventions <u>are</u> documented and communicated with the relevant healthcare provider (e.g. medical doctor, ANP palliative care/pain management, allied health professional) when there is a need for the initiation of pain management or report of severe pain using a validated tool.</p> <p>A Mark No if pain interventions are <u>not</u> documented and communicated with the relevant healthcare provider (e.g. medical doctor, ANP palliative care/pain management, allied health professional) when there is a need for the initiation of pain management or report of severe pain using a validated tool.</p> <p>Mark N/A if client does <u>not</u> require a pain assessment</p>

2.8 MEDICATION SAFETY QUALITY CARE-METRIC

MEDICATION SAFETY I = Indicator, A = Data Collectors Advice, N/A = Not Applicable	
1	<p>I There is documented evidence of the client’s medication history, current medication treatment plan and adherence to treatment plan</p> <p>Mark Yes if there <u>is</u> documented evidence of the client’s medication history, current medication treatment plan and adherence to treatment plan.</p> <p>A Mark No if there is <u>no</u> documented evidence of the client’s medication history, current medication treatment plan and adherence to treatment plan.</p> <p>Mark N/A if the client is <u>not</u> prescribed any medication.</p>
2	<p>I All prescribed medications are administered in accordance with local and national policies, procedures, protocols and guidelines (PPPGs)</p> <p>Mark Yes if <u>all</u> prescribed medications by the nurse are administered in accordance with local and national PPPGs.</p> <p>A Mark No if medications administered by the nurse are <u>not</u> in accordance with local and national policies, procedures, protocols and guidelines.</p> <p>Mark N/A if the client is <u>not</u> prescribed any medication or if the client is self medicating e.g. Insulin injections.</p>
3	<p>I Prescribed medications not administered have an omission code entered and appropriate action taken</p> <p>Mark Yes if omission codes are used and prescription sheet contains the initials of the nurse omitting the drug (Only applicable if a nurse is administering medication).</p> <p>A Mark No if <u>no</u> omission code is used and prescription sheet does not contain the initials of the nurse omitting the drug.</p> <p>Mark N/A if all drugs are administered and there is <u>no</u> requirement for an omission code or if the medication is not given by a nurse.</p>
4	<p>I Monitored and documented the client’s response to the medications administered</p> <p>Mark Yes if there <u>is</u> documented evidence of the client’s response to the medication administered.</p> <p>A Mark No if there is <u>no</u> documented evidence to the client’s response to the medication administered.</p> <p>Mark N/A if the client is <u>not</u> prescribed any medication.</p>
5	<p>I If an adverse drug event (harm which may be preventable or not) and/or error has occurred there is documented evidence of appropriate monitoring and intervention in accordance with medication PPPGs</p> <p>Mark Yes if there <u>is</u> documented evidence of appropriate monitoring and intervention of an adverse drug event and/or error where either has occurred.</p> <p>A Mark No if there is <u>no</u> documented evidence of an adverse drug event and/or error where either has occurred</p> <p>Mark N/A if there is <u>no</u> adverse drug event and/or error</p>

6	I	The administration, management and disposal of Controlled Drugs and recording of same is in accordance with NMBI Guidelines and local PPPGs
	A	<p>Mark Yes if the administration, management and disposal of Controlled Drugs and recording of same <u>are</u> in accordance with NMBI Guidelines and local PPPGs.</p> <p>Mark No if the administration, management and disposal of Controlled Drugs and recording of same are <u>not</u> in accordance with NMBI Guidelines and local PPPGs.</p> <p>Mark N/A if client is <u>not</u> prescribed controlled drugs.</p>
7	I	There is documented evidence of the education provided to the client on prescribed medications administered
	A	<p>Mark Yes if there <u>is</u> documented evidence of the education provided to the client on prescribed medications administered by the nurse</p> <p>Mark No if there is <u>no</u> documented evidence of the education provided to the client on prescribed medications administered by the nurse.</p> <p>Mark N/A if the client is <u>not</u> receiving any medication administered by the nurse.</p>

2.9 MATERNAL HEALTH QUALITY CARE-METRIC

MATERNAL HEALTH		
I = Indicator, A = Data Collectors Advice, N/A = Not Applicable		
1	I	There is documented evidence that a comprehensive assessment has been completed
	A	<p>Mark Yes if there <u>is</u> documented evidence that a comprehensive maternal health assessment record has been completed between the time frame of 0- three months.</p> <p>Mark No if there is <u>no</u> documented evidence that a comprehensive maternal health assessment record has been completed within the time frame of 0- 3 months.</p>
2	I	Any specific physical, social, mental or environmental problems have been identified and documented as appropriate
	A	<p>Mark Yes if there <u>is</u> evidence of specific physical, social, mental and environmental problems which have been documented in the maternal health record.</p> <p>Mark No if there is <u>no</u> evidence of specific physical, social, mental and environmental problems which have been documented in the maternal health record.</p> <p>Mark N/A if <u>no</u> specific physical, social, mental or environmental problems have been identified.</p>
3	I	There is documented evidence that all interventions have been evaluated as appropriate
	A	<p>Mark Yes if there <u>is</u> documented evidence that all interventions have been evaluated as per time frame in the care plan.</p> <p>Mark No if there is <u>no</u> documented evidence that all interventions have been evaluated as per time frame in the care plan.</p> <p>Mark N/A if <u>no</u> interventions are required.</p>
4	I	At the first postnatal visit and subsequent follow up visits, a holistic plan of care has been developed
	A	<p>Mark Yes if a holistic plan of care <u>is</u> evident.</p> <p>Mark No if <u>no</u> holistic plan of care is evident.</p>

5	I	Using a validated tool in the postnatal period to assess if a mother is at risk at developing a mental health problem, there is documented evidence of the support provided and the referrals made
	A	<p>Mark Yes if there <u>is</u> documented evidence that a validated tool has been completed to screen the mother for postnatal depression, a support plan developed with the Mother and appropriated referrals made.</p> <p>Mark No if <u>any one</u> of the above elements is <u>not</u> documented.</p> <p>Mark N/A if screening for postnatal depression is <u>not</u> appropriate.</p>
6	I	The information and education provided to the mother/family about maternal health has been documented
	A	<p>Mark Yes if the information and education provided to the mother/family about maternal health <u>has</u> been documented.</p> <p>Mark No if there is <u>no</u> documented evidence of information and education provided to the mother/family about maternal health.</p>

2.10 INFANT NUTRITION QUALITY CARE-METRIC

INFANT NUTRITION		
I = Indicator, A = Data Collectors Advice, N/A = Not Applicable		
1	I	There is documented evidence of the information given to mothers who are breast feeding
	A	<p>Mark Yes if there <u>is</u> documented evidence of the information given to mothers who are breast feeding.</p> <p>Mark No if there is <u>no</u> documented evidence of the information given to mothers who choose are breast feeding.</p> <p>Mark N/A if the mother has chosen <u>not</u> to breast feed</p>
2	I	There is documented evidence that any challenges relating to breastfeeding have been assessed using a validated tool
	A	<p>Mark Yes if there <u>is</u> documented evidence that any challenges relating to breastfeeding has been assessed using a validated tool.</p> <p>Mark No if there is <u>no</u> documented evidence that any challenges relating to breastfeeding has been assessed using a validated tool.</p> <p>Mark N/A if the mother has chosen <u>not</u> to breast feed.</p>
3	I	There is documented evidence that breast feeding has been evaluated
	A	<p>Mark Yes if there <u>is</u> documented evidence that breastfeeding has been evaluated.</p> <p>Mark No if there is <u>no</u> documented evidence that breastfeeding has been evaluated.</p> <p>Mark N/A If the mother has chosen <u>not</u> to breast feed</p>
4	I	There is documented evidence that tailored education has been given to those who have chosen to formula feed their infant
	A	<p>Mark Yes if there <u>is</u> documented evidence that tailored education has been given to those who have chosen to formula feed their infant.</p> <p>Mark No if there is <u>no</u> documented evidence that tailored education has been given to those who have chosen to formula feed their infant.</p> <p>Mark N/A If the mother has chosen to breast feed</p>

2.11 CHILD DEVELOPMENT ASSESSMENT QUALITY CARE-METRIC

CHILD DEVELOPMENT ASSESSMENT	
I = Indicator, A = Data Collectors Advice, N/A = Not Applicable	
1	<p>I The child's health and development progress has been assessed and documented at each core health visit in accordance with National Guidelines</p> <p>Mark Yes if there <u>is</u> documented evidence the child's health and development progress has been assessed and documented at each core health visit in accordance with National Guidelines.</p> <p>A Mark No if there is no documented evidence that the child's health and development progress has been assessed and documented at each core health visit in accordance with National Guidelines</p>
	<p>I A care plan outlining the needs of the child has been developed with the family</p> <p>Mark Yes if there <u>is</u> documented evidence that a care plan identifying the needs of the child has been developed with the family.</p> <p>A Mark No if there is <u>no</u> documented evidence of a care plan outlining the needs of the child has been developed with the family.</p> <p>Mark N/A if the child is meeting all developmental milestones.</p>
3	<p>I There is documented evidence that the care plan has been evaluated and updated</p> <p>Mark Yes if there <u>is</u> documented evidence that the care plan has been evaluated and updated.</p> <p>A Mark No if there is <u>no</u> documented evidence that that the care plan has been evaluated and updated or if the documentation is not dated/timed or signed.</p> <p>Mark N/A if a care plan is <u>not</u> required.</p>

2.12 CHILD AND FAMILY HEALTH NEEDS ASSESSMENT QUALITY CARE-METRIC

CHILD AND FAMILY HEALTH NEEDS ASSESSMENT	
I = Indicator, A = Data Collectors Advice, N/A = Not Applicable	
1	<p>I There is documented evidence that a comprehensive assessment of the child and family's health needs was completed where specific concerns were identified</p> <p>Mark Yes if there <u>is</u> documented evidence that a comprehensive assessment of the child and family's health needs was completed where specific concerns were identified (as per criteria in the Family Needs assessment guideline) e.g. every core visit.</p> <p>A Mark No if there is <u>no</u> documented evidence that a comprehensive assessment of the child and family's health needs was completed where specific concerns were identified (as per criteria in the Family Needs assessment guideline)</p> <p>Mark N/A if there is <u>no</u> specific concern/s has been identified.</p> <p>Note: Please see 6.7 (6) regarding NMBI Guidelines on the inclusion of date/time (using a 24hour clock) and signature on all nursing documentation and assessments</p>

2	I	There is documented evidence that the child and family's health needs interventions are recorded
	A	<p>Mark Yes if there <u>is</u> documented evidence that the child and family's health needs interventions are recorded i.e. support plan of care</p> <p>Mark No if there is <u>no</u> documented evidence that the child and family's health needs, support plan of care is evaluated.</p> <p>Mark N/A if <u>no</u> intervention/s has been identified.</p>
3	I	There is documented evidence that the child and family's health needs interventions are evaluated
	A	<p>Mark Yes if there <u>is</u> documented evidence that the child and family's health needs, support plan is evaluated.</p> <p>Mark No if there is <u>no</u> documented evidence that the child and family's health needs, support plan of care has been evaluated.</p> <p>Mark N/A if the evaluation is <u>not</u> required</p>
4	I	There is documented evidence that an appropriate referral has been made in accordance with the Local and National Guidelines
	A	<p>Mark Yes if there <u>is</u> documented evidence that an appropriate referral has been made in accordance with the Local and National Guidelines i.e. Children's First, Child and Family Assessment Guideline.</p> <p>Mark No if there is <u>no</u> documented evidence that an appropriate referral has been made in accordance with the Local and National Guidelines or if the documentation is not dated/ timed or signed.</p> <p>Mark N/A if referral is <u>not</u> required.</p>

2.13 CHILD WELFARE AND PROTECTION QUALITY CARE-METRIC

CHILD WELFARE AND PROTECTION		
I = Indicator, A = Data Collectors Advice, N/A = Not Applicable		
1	I	If a child welfare/protection issue is identified or it is reported, there is documented evidence of the issue and the referral made in accordance with local policy and national guidelines
	A	<p>Mark Yes if a child welfare/protection issue is identified which includes documented details of issue and the referral made is in accordance with local policy and national guidelines or if there is documented evidence that a referral has been made online to TUSLA</p> <p>Mark No if a child welfare/protection issue is identified and but does not include documented details of the issue or does <u>not</u> include the referrals made in accordance with local policy and national guidelines.</p> <p>Mark N/A if <u>no</u> child welfare/protection issue has been identified.</p>
2	I	The information provided to the parents about the referral or the rationale for not informing the parents has been documented
	A	<p>Mark Yes if there <u>is</u> documented evidence about the information provided to the parents about the referral or the rationale for not informing the parents has been documented.</p> <p>Mark No if there is <u>no</u> documented evidence regarding the information provided to the parents about the referral or if the rationale for not informing the parents has not been documented or if the documentation is not dated/timed or signed.</p> <p>Mark N/A if referral is not required</p>

3	I	If there is an immediate risk to the child’s safety, there is documented evidence that the appropriate services have been contacted and an urgent referral in accordance with local policy and national guidelines
	A	<p>Mark Yes if there is an immediate risk to the child’s safety and there is documented evidence that the appropriate services have been contacted and an urgent referral in accordance with local policy and national guidelines has been initiated.</p> <p>Mark No if there is <u>no</u> documented evidence that the appropriate services have been contacted and no urgent referral has been initiated in accordance with local policy and national guidelines or if the documentation is not dated/timed or signed.</p> <p>Mark N/A if referral is <u>not</u> required</p>

2.14 SAFEGUARDING VULNERABLE ADULT QUALITY CARE-METRIC

SAFEGUARDING VULNERABLE ADULT		
I = Indicator, A = Data Collectors Advice, N/A = Not Applicable		
1	I	There is documented evidence that an immediate plan of care has been developed if a client has been identified as a vulnerable adult or where there are safeguarding concerns
	A	<p>Mark Yes if there <u>is</u> documented evidence that an immediate plan of care has been developed if a client has been identified as a vulnerable adult or where there are safeguarding concerns.</p> <p>Mark No if there is <u>no</u> documented evidence that an immediate plan of care has been developed if a client has been identified as a vulnerable adult or where there are safeguarding concerns.</p> <p>N/A if the client is <u>not</u> identified as a vulnerable adult or where there are <u>no</u> safeguarding concerns.</p> <p>Note: Please see 6.7 (6) regarding NMBI Guidelines on the inclusion of date/time (using a 24hour clock) and signature on all nursing documentation and assessments</p>
2	I	There is documented evidence that the required interventions are recorded
	A	<p>Mark Yes if there <u>is</u> documented evidence that the required interventions are recorded.</p> <p>Mark No if there is <u>no</u> documented evidence that the required interventions were recorded or if the documentation is not dated/timed or signed.</p> <p>Mark N/A if intervention/s is <u>not</u> required.</p>
3	I	If a client has been identified as at risk of abuse or has suffered abuse/harm, there is documented evidence that a referral has been sent to the appropriate services according to local and national Policy
	A	<p>Mark Yes if there <u>is</u> documented evidence that a client who has been identified as at risk of abuse or has suffered abuse/harm, that a referral has been sent to the appropriate services according to local and national Policy.</p> <p>Mark No if there is <u>no</u> documented evidence that a client who has been identified as at risk of abuse or has suffered abuse/harm, that a referral has not been sent to the appropriate services according to local and national Policy or if the documentation has not dated/timed or signed.</p> <p>Mark N/A if referral is <u>not</u> required</p>

3.0 IMPLEMENTATION FRAMEWORK

3.1 PURPOSE

The purpose of this implementation framework is to provide support and guidance to nursing and midwifery organisations within the HSE, who wish to implement the Nursing and Midwifery Quality Care-Metrics initiative. A standardised approach to implementation of Nursing and Midwifery Quality Care-Metrics across HSE and voluntary organisations will ensure consistency in the measurement of the standard of care across all services.

3.2 FOUNDATIONS OF THE FRAMEWORK

This framework was developed to support the implementation of Nursing and Midwifery Quality Care-Metrics to ensure a systematic, cohesive and sustainable approach. The framework is based on a clear vision statement, a set of core principles and a step-by-step guide (see Figure 5: Framework for Implementation).

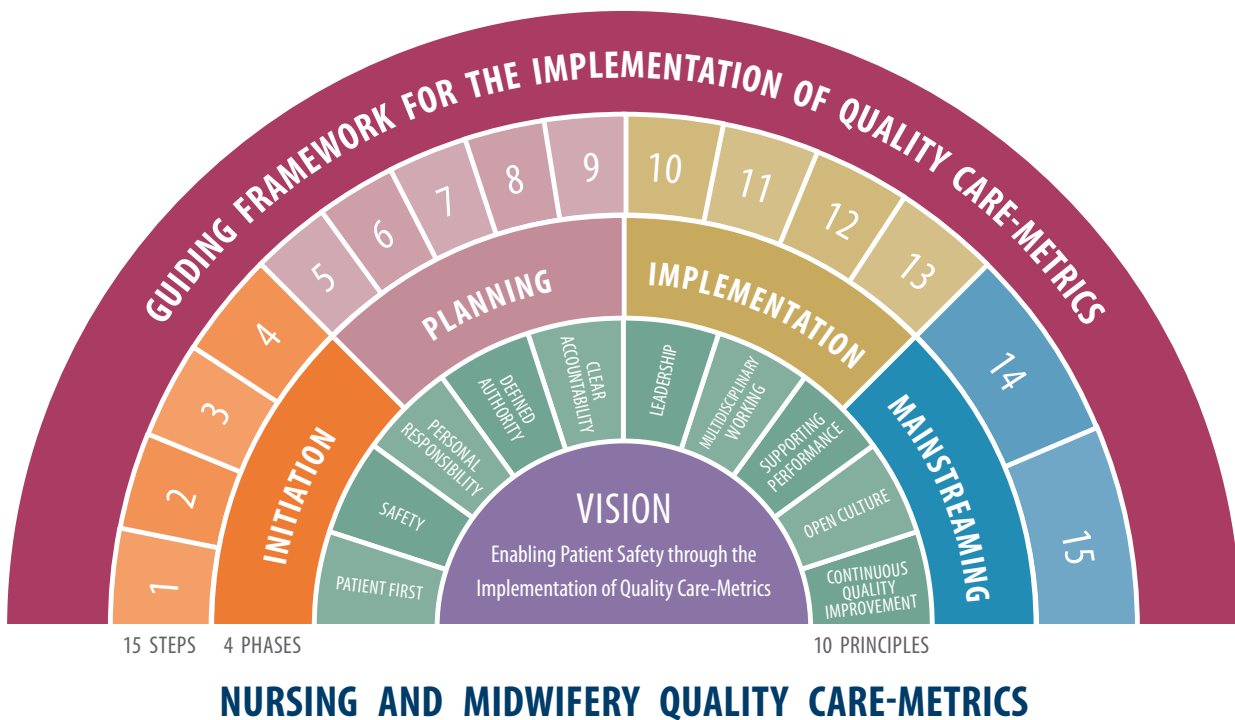


Figure 5: Framework for Implementation of Quality Care-Metrics

3.2.1 Vision Statement: The vision statement outlines the purpose and ambition in the introduction of Nursing and Midwifery Quality Care-Metrics to HSE and Voluntary healthcare organisations in Ireland.

3.2.2 Core Principles: The ten core principles in Figure 6 replicate the clinical governance principles developed by the HSE (2012) and provide the foundations for patient safety and quality improvement. A descriptor for each of the 10 Guiding Principles is provided (Figure 7), which outlines in more detail, information relating to the each of the principles and their relationship with clinical governance in order to improve patient outcomes.



Figure 6: Guiding Principles for Clinical Governance (HSE 2012)

GUIDING PRINCIPLES DESCRIPTOR <i>(Source: HSE (2012a) Quality and Patient Safety, Clinical Governance Information Leaflet)</i>	
PATIENT FIRST	Based on a partnership of care between patients, families, carers and healthcare providers in achieving safe, easily accessible, timely and high quality service across the continuum of care.
SAFETY	Identification and control of risks to achieve effective, efficient and positive outcomes for patients and staff.
PERSONAL RESPONSIBILITY	Where individuals, whether members of healthcare teams, patients or members of the public, take responsibility for their own and others healthcare needs.
DEFINED AUTHORITY	The scope given to staff at each level of the organisation to carry out their responsibilities. The individual's authority to act, the resources available and the boundaries of the role are confirmed by their direct line manager.
CLEAR ACCOUNTABILITY	A system whereby individuals, functions or committees agree accountability to a single individual.
LEADERSHIP	Motivating people towards a common goal and driving sustainable change to ensure safe high quality delivery of clinical and social care.
INTER-DISCIPLINARY WORKING	Work processes that respect and support the unique contribution of each individual member of a team in the provision of clinical and social care. Interdisciplinary working focuses on the interdependence between individuals and groups in delivering services. This requires proactive collaboration between all members.
SUPPORTING PERFORMANCE	In a continuous process, managing performance in a supportive way, taking account of clinical professionalism and autonomy in the organisational setting. Supporting a director/manager in managing the service thereby contributing to the capability and the capacity of the individual and organisation. Measurement of the patients and staff experience being central in performance measurement (as set out in the National Charter 2010).
OPEN CULTURE	A culture of trust, openness, respect and caring where achievements are recognised. Open discussion of adverse events are embedded in everyday practice and communicated openly to patients. Staff willingly report adverse events and errors, so there can be a focus on learning, research, improvement, and appropriate action taken where there have been failings in the delivery of care.
CONTINUOUS QUALITY IMPROVEMENT	A learning environment and a system that seeks to improve the provision of services with an emphasis on maintaining quality in the future and not just controlling processes. Once specific expectations and the means to measure them have been established, implementation aims at preventing future failures and involves setting goals, education and the measurement of results so that improvement is on-going.

Figure 7: Guiding Principles Descriptor

3.2.3 Implementation Phases

The introduction of Nursing & Midwifery Quality Care-Metrics is based on the four stages of the project management lifecycle which are:

- Initiation
- Planning
- Implementation
- Mainstreaming

The steps to support implementation are outlined in Figure 8.

Figure 8: 15 Steps to Support Implementation of Quality Care-Metrics

INITIATION	STEP 01	NMPDU invite expressions of interest from services	➔	Services contact their regional NMPD
	STEP 02	NMPDU provide information sessions	➔	Services are invited to send key managers and staff
	STEP 03	Services prepare, complete and submit State of Readiness Checklist to NMPDU	➔	Services need to have systems and processes in place to implement Quality Care-Metrics
	STEP 04	Director of Nursing/Midwifery enables an appropriate Governance structure to oversee the implementation and maintenance of the Quality Care-Metrics Initiative	➔	This involves identification of: service lead and data collectors, agreement on set of monthly metrics and establishment of membership of governance group with terms of reference
PLANNING	STEP 05	Director of Nursing/Midwifery informs NMPDU of Service Lead	➔	Local implementation plan is developed
	STEP 06	Director of Nursing/Midwifery agrees the number of sites, data sharing and order of priority	➔	Service lead informs NMPDU Quality Care-Metrics Project Officer of site names & prefix for TYC HSE
	STEP 07	Sites go live on TYC HSE	➔	NMPDU Quality Care-Metrics Project Officer arranges site set up on TYC HSE
	STEP 08	Director of Nursing/Midwifery agrees and identifies data collectors to undertake Quality Care-Metrics monthly	➔	Service Lead requests usernames and passwords from NMPDU Quality Care-Metrics Project Officer for all authorised staff to access TYC HSE
	STEP 09	Data collectors, managers and staff undertake Quality Care-Metrics education session	➔	NMPDU Quality Care-Metrics Project Officer provides initial education session to relevant staff followed by Train the Trainer approach thereafter
IMPLEMENTATION	STEP 10	Data collectors undertake collection of Quality Care-Metrics in agreed sites monthly as per implementation plan	➔	Immediate Risk/Safety Forms and brief feedback are provided to ADPHN/RPHN/RPHN Practice Development co ordinator onsite. Data is entered onto TYC HSE
	STEP 11	ADPHN/RPHN/RPHN Practice Development Co Ordinator or designate views results and prints same for team	➔	ADPHN/RPHN/RPHN Practice Development Co Ordinator enables team discussion on achieving quality standards
	STEP 12	ADPHN/RPHN/RPHN Practice Development Co Ordinator or designate draws up action plans for any amber or red indicators	➔	Service Lead and ADPHN/RPHN/RPHN Practice Development Co Ordinator liaise re action plans each month
	STEP 13	Results, action plans and interventions presented at relevant governance and management meetings	➔	Service lead provides reports and findings at appropriate governance meetings
MAINSTREAMING	STEP 14	Communicate and disseminate results and findings	➔	Choose dissemination routes
	STEP 15	Monitor, review and evaluate local implementation plan at set intervals	➔	Update local implementation plan, Introduce further sites Provide training for new members of staff

3.3 GOVERNANCE

3.3.1 The ONMSD provides the overarching national governance that enables the development of a robust system and infrastructure for the introduction of Nursing and Midwifery Quality Care-Metrics in clinical organisations.

3.3.2 The initiative is managed and co-ordinated by a national lead and is supported by project officers from each NMPDU.

3.3.3 In addition, the ONMSD provides the leadership to enable the development of a suite of Nursing and Midwifery Quality Care-Metrics that are sensitive to nursing and midwifery care processes. The development of new nurse/midwife-sensitive Nursing and Midwifery Quality-Care Metrics were organised through seven work-streams (see Figure 9).

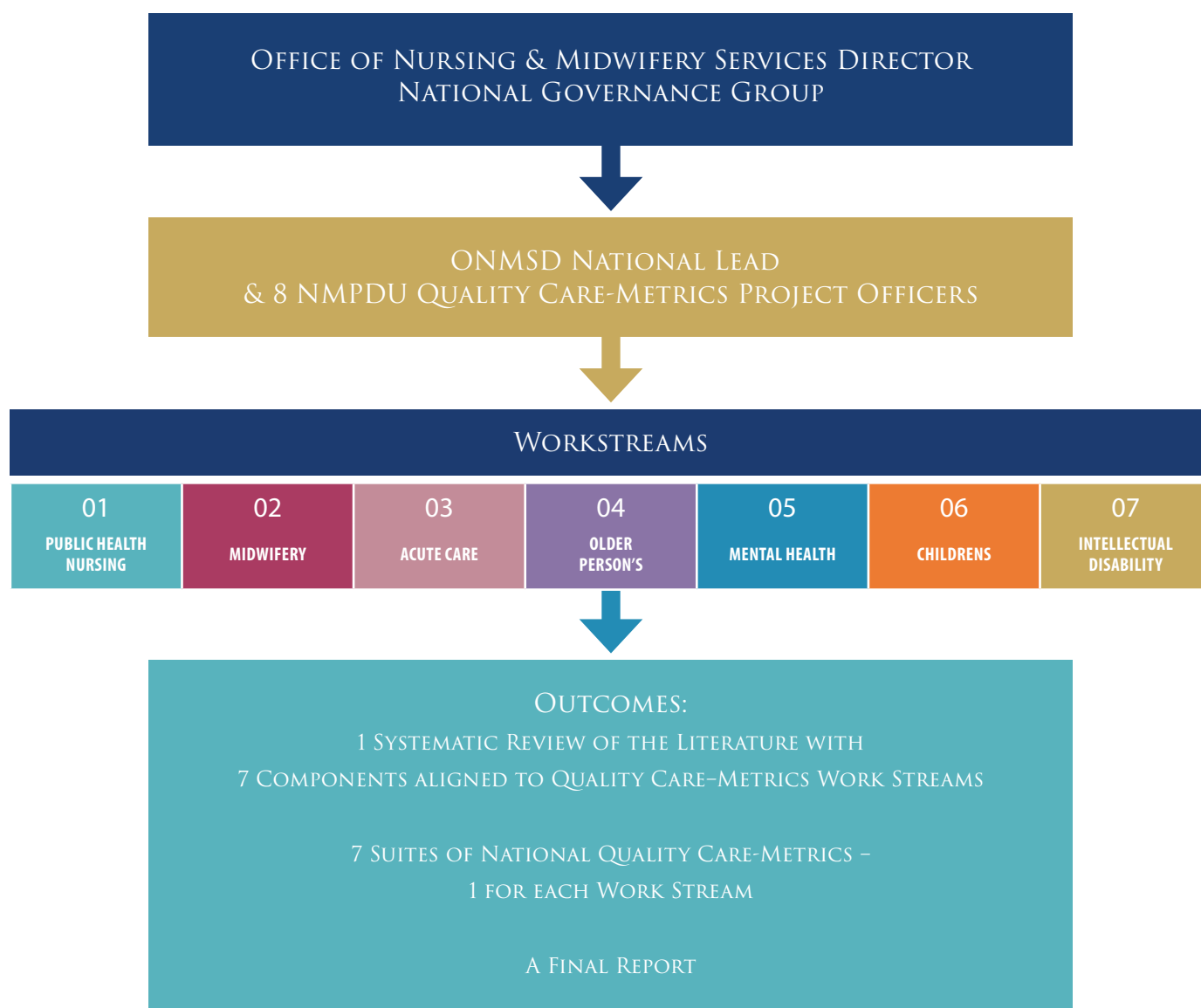


Figure 9: Nursing and Midwifery Quality Care-Metrics Governance Flow Chart

3.3.4 The ONMSD is not responsible for the data and evidence generated from the data collection system on <http://www.testyourcarehse.com>. Directors of Nursing & Midwifery are the accountable officers for all data generated on the TYC HSE system.

3.3.5 NMPDU Directors play a key role in supporting and advising on the implementation and management of Nursing and Midwifery Quality Care-Metrics in clinical organisations.

3.3.6 Each NMPDU Director has identified a project officer to support nominated service leads, to establish and embed Nursing and Midwifery Quality Care-Metrics in practice.

3.3.7 Governance for the implementation of Nursing and Midwifery Quality Care-Metrics in clinical organisations is the responsibility of Directors of Nursing & Midwifery.

3.3.8 Directors of Nursing & Midwifery are accountable for the quality of nursing and midwifery care delivery and to ensure appropriate governance and leadership structures are in place to assess, monitor and review care standards to include;

- Development of a plan for the monitoring, audit and evaluation of Nursing and Midwifery Quality Care-Metrics including timelines and identification of the lead person(s) responsible for these processes.
- Identification of the specific outcomes which the implementation of Nursing and Midwifery Quality Care-Metrics aims to achieve and processes to measure these outcomes
- Development of a communication plan for the dissemination of the Nursing and Midwifery Quality Care-Metrics results/findings to the relevant stakeholders (as appropriate) at ward/unit or management level
- Implementation of processes to support continuous improvement in the development, implementation, monitoring, auditing and evaluation of Nursing and Midwifery Quality Care-Metrics data measurement in Public Health Nursing services such as PPPG Development Groups, project sponsors or appropriate governance group, quality and safety groups/committees etc.

3.4 STATE OF READINESS AND CAPACITY CHECKLIST

3.4.1 If a nursing or midwifery service has interest in implementing Nursing and Midwifery Quality-Care Metrics, this service can self-assess their organisation in relation to key factors on how ready they are to begin the implementation process using the State of Readiness and Capacity Checklist as outlined in Figure 10.

Rate your organisation from the perspectives of capacity and readiness to implement the Quality Care-Metrics	READINESS <i>How would you rate your organisation's readiness?</i>			CAPACITY <i>How would you rate your organisation's capacity?</i>		
	High	Medium	Low	High	Medium	Low
Areas for Consideration						
The Management team are fully supportive of the implementation of Nursing and Midwifery Quality Care-Metrics						
There is a level of shared understanding among nursing and midwifery staff with regards to Quality Care-Metrics.						
A Quality Care-Metrics Implementation and Governance Plan is in place or in development e.g. phased roll-out, selection of specific metrics to be collected						
There is a level of resources available to support the Quality Care-Metrics implementation. Consider:						
• A Quality Care-Metrics Project Lead/Champion with allocated time & responsibility						
• Identified Quality Care-Metrics Data Collectors						
• ICT resources and support e.g. Laptops, printers, tablets etc						
• Internet and Wi-fi availability: online or offline collection will both be possible						
There is a defined reporting process to feedback and disseminate findings from the Quality Care-Metrics e.g. ward communication boards, monthly staff meetings						
There is an action plan review process and governance system to escalate and action on any risks or poor performance identified in Quality Care-Metrics measurement.						
There is a Whole Systems Approach on how findings can be disseminated and utilised in conjunction with key nursing and midwifery data to improve care delivery						

Figure 10: State of Readiness and Capacity Checklist

3.4.2 Providing this information assists the Nursing and Midwifery Quality-Care Metrics Project Officers in developing a regional and national plan for implementation. It also assists the service in identifying what is required in order to increase their organisation's readiness to successfully implement the Nursing and Midwifery Nursing and Midwifery Quality-Care Metrics.

4.0 IMPLEMENTATION AT SERVICE LEVEL

4.1 IMPLEMENTATION PLAN

4.1.1 The implementation framework as set out in Figure 5 should be used at local level to support the implementation of Nursing and Midwifery Quality Care-Metrics in order to support a systematic, cohesive and sustainable approach to the implementation process.

4.1.2 As part of the development of an implementation plan, due consideration should be given to the identification of required actions, facilitators and the determined timelines for implementation in addition to any possible barriers which may impede the implementation process.

4.1.3 To determine the readiness of the organisation to commence the implementation process, the State of Readiness and Capacity Checklist (Figure 10) must be completed and submitted to the Nursing and Midwifery Quality Care-Metrics Project Officer prior to commencement of the implementation process.

4.2 EDUCATION/TRAINING PLANS FOR IMPLEMENTATION

4.2.1 Education/training plans should be developed by the nominated service lead at service level to meet local requirements. This can be completed in collaboration with the relevant NMPDU, Nursing and Midwifery Quality Care-Metrics Project Officer who may provide information/education sessions to individual healthcare organisations with a view to the services undertaking a Train the Trainer approach for on-going education.

4.2.2 The Nursing and Midwifery Quality Care-Metrics hub on HSELand is also available to support education/training plans as it is an online resource that provides relevant information and learning resources on Nursing and Midwifery Quality-Care Metrics for nurses and midwives.

4.3 IDENTIFICATION OF LEAD PERSON(S) RESPONSIBLE FOR IMPLEMENTATION

4.3.1 As part of the governance structure at service level to support the implementation of Nursing and Midwifery Quality Care-Metrics, the Director of Nursing and Midwifery is required to nominate a Service Lead who will co-ordinate the implementation process through the development of local implementation plan.

4.4 SPECIFIC ROLES AND RESPONSIBILITIES

4.4.1 NURSING & MIDWIFERY PLANNING AND DEVELOPMENT UNIT DIRECTOR

- Advise and support the development and implementation of Nursing and Midwifery Quality Care-Metrics in healthcare organisations within their region
- Provide resources to implement Nursing and Midwifery Quality Care-Metrics
- Establish, monitor and evaluate progress aligned to NMPDU regional implementation plans
- Make recommendations as required to the National Lead

4.4.2 NMPDU QUALITY CARE-METRICS PROJECT OFFICER

- Each NMPDU has identified a Project Officer within their region to enable implementation at local and regional level and to support the development of new Quality Care-Metrics in the established work-streams.
- Work collaboratively under the direction of the National Lead in order to ensure consistency of approach and that the goals and targets agreed on behalf of the ONMSD are achieved
- Contribute to local implementation plans developed and agreed with their respective NMPDU Director
- Lead on the development of new metrics through the established care group work streams
- Work collaboratively with Nursing and Midwifery Quality Care-Metrics Service Leads in individual healthcare organisations to support implementation of agreed Nursing and Midwifery Quality Care-Metrics
- Provide information/education sessions to individual healthcare organisations with a view to the services undertaking a Train the Trainer approach for on-going education
- Arrange the issue of usernames and passwords to new users on the TYC HSE system
- Liaise with Nominated Service Lead in relation to new site setup on the TYC HSE system and any technical issues experienced by users which may require escalation to the TYC HSE IT support person

- Monitor and track the uptake and usage of Nursing and Midwifery Quality Care-Metrics within clinical services
- Participate in Nursing and Midwifery Quality Care-Metrics National Group meetings
- Support the National Lead in the promotion, marketing and evaluation of Nursing and Midwifery Quality Care-Metrics to include conference presentations and journal publications

4.4.3 DIRECTOR OF NURSING AND MIDWIFERY

- Liaise with Regional NMPDU Director and/or Regional NMPDU Nursing and Midwifery Quality Care-Metrics Project Officer in order to introduce Nursing and Midwifery Quality Care-Metrics within their organisation
- Approve the implementation of Nursing and Midwifery Quality Care-Metrics within their organisation
- Nominate a Nursing and Midwifery Quality Care-Metrics Service Lead and delegate responsibility for implementation in agreed locations
- Agree the governance structure for the management of Nursing and Midwifery Quality Care-Metrics data internally to include data collection methods, monitoring of results, action planning and follow-up
- Create a vision for how Nursing and Midwifery Quality Care-Metrics data contribute to the hospital and/or services quality governance framework

4.4.4 NOMINATED SERVICE LEAD

- Coordinate and manage the implementation of Nursing and Midwifery Quality Care-Metrics within the organisation
- Agree Nursing and Midwifery Quality Care-Metrics for implementation with the Director of Nursing/Midwifery
- Facilitate training sessions for Nursing/Midwifery Nursing and Midwifery Quality Care-Metrics data collectors on the TYC HSE system and establish a train the trainer approach for future education
- Participate in the Nursing and Midwifery Quality Care-Metrics local governance committee
- In conjunction with the Director of Nursing/Midwifery, identify data collectors with senior Nurse/Midwifery management experience
- Establish a monthly process for data collection
- Liaise with RPHN/CNM on action plans where performance improvement is required at ward/unit level
- In conjunction with RPHN/CNM and RPHN Practice Development Coordinator, contribute to practice issues highlighted as part of this process and take remedial action as appropriate

- Attend required meetings with Director of Nursing/Midwifery to report on Nursing and Midwifery Quality Care-Metrics data results
- Liaise with NMPDU Nursing and Midwifery Quality Care-Metrics Project Officer on Nursing and Midwifery Quality Care-Metrics data collected and reports as required
- Escalate risk incidents identified during Nursing and Midwifery Quality Care-Metrics data collection as appropriate

4.4.5 CLINICAL NURSE/MIDWIFE MANAGER

- Liaise and support the Nursing and Midwifery Quality Care-Metrics data collectors to undertake data collection in their area of responsibility
- Receive and act on feedback from Nursing and Midwifery Quality Care-Metrics data collectors
- Review online reports on the TYC HSE System
- Devise responsive action plans consistent with Nursing and Midwifery Quality Care-Metrics results as required in consultation with line manager
- Provide feedback to ward/unit healthcare staff on Quality Care-Metrics results, acknowledging the achievement of standards and leading on improvement action plans as required
- Display and share Nursing and Midwifery Quality Care-Metrics reports on unit/ward notice board
- Present evidence of Nursing and Midwifery Quality Care-Metrics results to appropriate Nursing/Midwifery governance structures

4.4.6 QUALITY CARE-METRICS DATA COLLECTOR

The Nursing and Midwifery Quality Care-Metrics Data collector should not be directly employed within the collection area. He/she should:

- Have a working knowledge of the guideline as appropriate to each metric, to ensure accuracy, standardisation and consistency in the interpretation of the metric
- Attend the required training session(s) on Nursing and Midwifery Quality Care-Metrics
- Have a working knowledge of the TYC HSE system prior to conducting data collection
- Liaise with ADPHN's/RPHN's/ CNM's/CMM's to arrange suitable time for data collection
- Undertake data collection on a monthly basis and enter into the TYC HSE system using allocated username and password
- Provide feedback as appropriate to ADPHN's/RPHN's/CNM's/CMM's
- Provide information to ADPHN's/RPHN's / CNM's/CMM's and appropriate action taken where areas of risk are identified

5.0 PROCESS FOR QUALITY CARE-METRICS DATA COLLECTION

5.1 PROCESS

5.1.1 The process for data collection should ensure that collection is peer to peer and that staff ADPHN/RPHN/RN/CNMs do not collect in the area in which they are working. Including procedures such as “inter-rater reliability” checks will support data quality.

5.1.2 Data collectors are selected within each organisation by their Director of Nursing/ Midwifery. Authorisation is given to enter data on the TYCHSE System using an individualised username and password.

5.1.3 The data collector is required to confirm that they have a working knowledge of the guideline as appropriate to each metric, to ensure accuracy, standardisation and consistency in the interpretation of the metric – as outlined in [Section 2 Part A](#).

5.1.4 Data collectors should be mindful of the clinical area they are attending, following protocols for that service, to include: obtaining permission as required entering the clinical area, dress code as per policy and adherence to infection prevention and control procedures in the clinical area.

5.1.5 At all times, individuals should be treated with respect and dignity and afforded the necessary confidentiality and anonymity.

Figure 11 outlines the process for undertaking Nursing and Midwifery Nursing and Midwifery Quality Care-Metrics

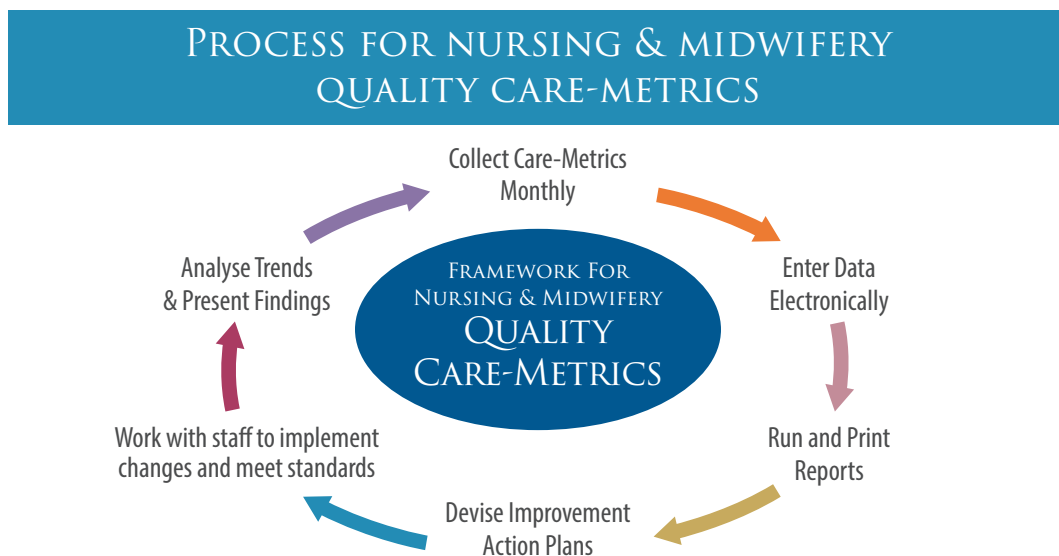


Figure 11: Undertaking Quality Care-Metrics at Service Level

5.2 SAMPLE SIZE

5.2.1 Sample Size Selection in Ward/Unit Based Areas

- Based on total bed capacity, samples of 25% of patient/service user records are randomly selected per month from each ward/unit/location/network. Following guidance from the HSE Quality Improvement Division, it is recommended that a minimum of 5 data collections per month for each ward/unit/location/network are conducted.
- Where the bed capacity or occupancy for a particular ward/unit/location/network is fewer than 5, it is recommended that Nursing and Midwifery Quality-Care Metrics data is collected from all patient/service user records per month.
- Where a sample of 25% of patients/service users exceeds 10, it is recommended that the number of data collections per month should equal 10.

5.2.2 Sample Size Selection in Caseload Based Services

- In services such as operating theatres, procedure areas, labour suites or day service areas the monthly sample recommended is 10 cases per month. Similarly in Public Health Nursing Areas, the sample caseload should be 10 cases per network each month.

5.3 TIMING OF MONTHLY DATA COLLECTIONS

5.3.1 Data may be collected anytime between the first and the last day of each month. Data entered will automatically be entered in the current month.

5.3.2 Best practice requires that all data is entered on the day of measurement which will give immediate and efficient access to the results.

5.3.3 Data collectors are only required to examine the care records for the 72 hours preceding data collection.

5.4 ACCESSING TEST YOUR CASE HSE SYSTEM

5.4.1 The TYC HSE System is available nationally to agreed services implementing of Nursing and Midwifery Quality Care-Metrics. The level of access users will have to the TYC HSE system is authorised by the Nursing and Midwifery Quality Care-Metrics Service Lead within organisations. Names of individuals who may access the data entry field and the reporting fields are determined by the Nominated Service Lead and supplied to the Nursing and Midwifery Quality Care-Metrics Project Officer who arranges the issuing of passwords.

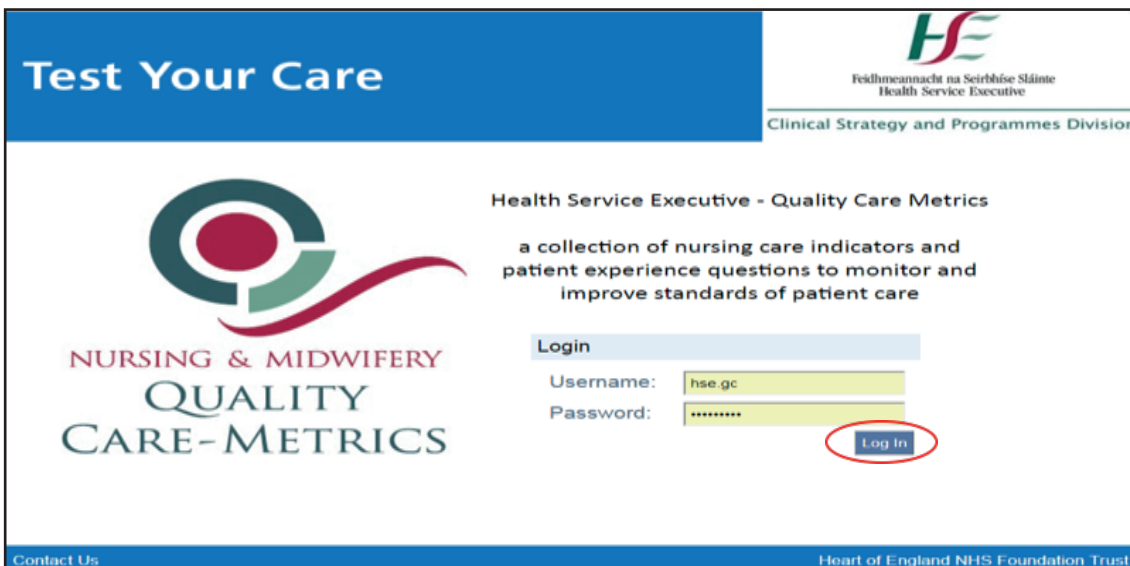


Figure 12: TYC HSE System

5.4.2 To access the TYC HSE System, users log on to the Internet browser and open the website <http://www.testyourcarehse.com>. Users enter a username and password and click the login button. The TYC HSE system disseminates the initial username and password to the user via two emails. Passwords can then be changed by the user by going to the Settings options on the TYC HSE toolbar and entering a password of choice. Username and passwords should not be shared as they are unique to users and allow access to either data entry or reporting or both. The home page of the TYC HSE System is illustrated in Figure 12.

5.4.3 Users will only have access to the locations in their own hospital/service or as agreed by the relevant Director of Nursing/Midwifery. Options available on the system are:

- **Collect:** Data Entry (to enter the Nursing and Midwifery Quality Care-Metric responses for each clinical area)
- **Report:** Reporting on the results of the Nursing and Midwifery Care-Metric responses per clinical area
- **Action Plans:** This section gives access to an online action plan to address scores under 100% as deemed appropriate by each manager
- **Documents:** This section contains supporting documentation including the National Guidelines for each Quality Care-Metric and the templates for data collection

5.4.4 Access to Collecting: ADPHN/RPHN/Nurses/Midwives are given permission for collecting at 2 levels within TYC HSE and access should be given for the required level only:

- Collect only
- Collect and Report

If the user only has access to reporting, the data entry option will not be accessible. The screen will automatically open in the Data Entry section if the user has both data entry and reporting entitlements.

5.5 DATA ENTRY

5.5.1 The TYC HSE System will open automatically on the data entry screen (Collect). If this does not occur, the data collector/user should click the **Collect** link in the middle of the toolbar on the top right of screen.

5.5.2 A drop down menu (Figure 13) is utilised to select the questionnaire of choice and also the location where it is being undertaken. To undertake data entry:

- Select the relevant questionnaire
- Select the relevant location
- Select **“Begin”**; once selected, the number of times data has been accessed and saved **this month** will be displayed

Figure 13: Data Entry: TYC HSE System

5.5.3 Data entry occurs through the selection of the predetermined answers ‘Yes/No/Not Applicable’ (Figure 14 and 15)

	Yes	No	N/A
The Individuals name and date of birth are on each page/screen and the initial assessment date and time are recorded			
Presenting reason for and source of referral/admission to caseload is recorded and appropriate for the PHN Service			
The Nursing assessment is evident and is sensitive to the patients condition, includes an assessment of physical, psychological, social and environmental well-being			
Past Nursing, Obstetric, Medical, Surgical, Mental Health and Social History are recorded as appropriate			
The Nursing Assessment includes the views and observations of the patient			
Clinically Indicated Assessments have been completed and fully documented, dated, timed and signed			
Medications and Allergy Status are clearly documented in the appropriate section of the nursing assessment. Where there are none known, this is also clearly documented			
Where a RPHN/RGN is administering prescribed medication the prescription is available in the nursing documentation, is legible, is signed by the registered prescriber, is updated within a specified timeframe in line with local policy and a care plan is initiated			
There is documented evidence that the infection status has been discussed with the patient, recorded within the patient's documentation and updated as appropriate			

Figure 14: Data Entry: TYC HSE System (1)

- Select the appropriate response for each question, on completing a section the user should click the **Next** button
- **Yes** answer has a score of 10/10
- **No** answer has a score of 0/10
- **N/A** answer does not have a score and doesn't affect the overall result
- Once all questions have been answered, click the **Finish** button to **save** and the data entered for that patient/service user will be uploaded to the server
- At any time the user can **abandon** the current collection; however abandoned collections are not saved or included in the reports

Quality Care Metrics HSE Public Health Nursing Service

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Nursing Assessment | Nursing and Midwifery Care Plan | NMBI Guidance | **Discharge Planning and Caseload Management** abandon

	Yes	No	N/A
Provision of Public Health Nursing Service discharge plan (and estimated discharge date if appropriate) has been documented and communicated to the patient			
There is evidence of a comprehensive nursing assessment for patient discharge			
There is documented evidence of communications with the patient and/or Primary Care Team members involved in patient care regarding discharge from RPHN caseload			
There is documented evidence that the patient is involved in their discharge plan and has received and understood appropriate written and verbal health care education and advice in preparation for self care upon discharge			
The decision to discharge the patient is based on the achievement of nursing objectives			
Where the patient has been discharged or transferred to another service there is documentation to identify what information has been provided on discharge or transfer to receiving service			

progress: 27/27 Finish

Figure 15: Data Entry: TYC HSE System (2)

6.0 QUALITY CARE-METRICS DATA ANALYSIS

6.1 SCORING SYSTEM

6.1.1 Scores are illustrated easily using a Traffic Lights Scoring System which highlights areas of improvement, areas of risk and areas of excellence (Figure 16). Areas of good practice are demonstrated using green lights. Areas requiring some improvement are displayed with amber lights and areas requiring immediate attention and action plans are shown using red lights.

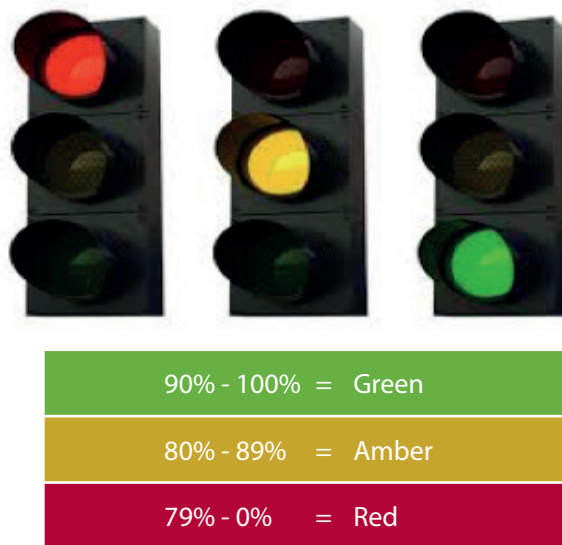


Figure 16: Traffic Light Scoring System

6.1.2 The highlighted score will be colour coded as illustrated in Figure 16 and is shown in three ways (Figure 17):

	Across Arrow	This shows that the results remain unchanged from the previous month
	Down Arrow	This show that the results have decreased from the previous month
	Up Arrow	This show that the results have increased/improved from the previous month

Figure 17: Scoring System

6.2 REPORTING

6.2.1 Reports are created to assist in the systematic measuring of quality of Nursing and Midwifery clinical care processes. Reports identify and acknowledge services that are delivering safe, quality care and agreed standards and identify opportunity for quality improvements.

6.2.2 Reporting in TYC HSE provides a visual **real-time** summary of Care Indicator or Patient Experience collections.

6.2.3 When new services are being configured, it is important 'Location Groupings' are discussed with the Nominated Service Lead. This option facilitates collective reporting for senior managers if required, however, individual locations may be adequate for reporting requirements.

6.2.4 To access reporting click the **Report** tab in the top right hand corner (Figure 18)

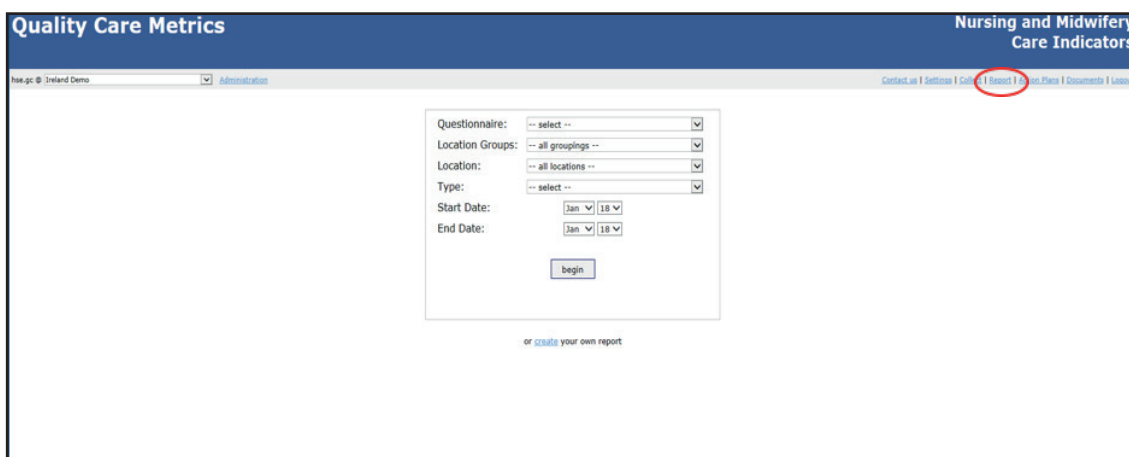


Figure 18: Accessing Reports from TYC HSE

6.2.5 Summary Report: A common report is the 'Summary Report' which gives an overall score for each metric and the results can be exported into excel/word etc. if needed. This report can also provide details on the specific metrics by drilling into the relevant month in addition to identifying trends.

- **Questionnaire** – Select the relevant questionnaire e.g. Public Health Nursing ,Acute, Theatre, Children's,
- **Location Groups** – Select groupings such as medical, surgical, or if a particular group is not required, select all
- **Location** – Select the name of the ward, unit or theatre or all locations to get an overall hospital /care facility/network score
- **Type** –Select Summary

6.2.6 Collection Summary Report: A common report is the 'Collection Summary Report' which gives an overall view of collections and the results can be exported into excel/word etc. if needed. This report can also provide details on the specific metrics by drilling into either the number of collections or the relevant month.

- **Questionnaire** – Select the relevant questionnaire e.g. Public Health Nursing ,Acute, Theatre, Children's,
- **Location Groups** – Select groupings such as antenatal, labour, postnatal or if a particular group is not required, select all
- **Location** – Select the name of the ward, unit or theatre or all locations to get an overall hospital /care facility/network score
- **Type** –Select Summary

6.2.7 Create your own Report (1): if a more detailed report is required to ascertain precisely which indicators within a metric scored low, the 'Create your own report' option may be used (Figure 19 and 20).

- Once in Report tab click on **Create your own report**
- **Questionnaire** – Select the relevant questionnaire e.g. HSE PHN, HSE Children's, HSE Theatre etc.
- Select the **start** and **end date**
- **Location** – select network/area from the list
- **Column Heading** –select 'month'(this puts the month(s) across the top of the page for viewing)
- **Row Heading** – select **Section and question** to show results for each question (indicator) within a metric
- Click **submit** button
- A print friendly version of the report is available by clicking the 'print'

Figure 19: Create your own Report

Quality Care Metrics Nursing and Midwifery Care Indicators

Hse.qc © Ireland Test Administration Contact Us | Settings | Collect | Report | Action Plans | Documents | Logout

Questionnaire: HSE Hh Service User Experience

Start Date: Jan 17

End Date: Jan 18

Location(s): demo : demo Test : Ward 3
 Test : Ward 1 Test : Ward 4
 Test : Ward 2

Column heading: Month

Row heading: Section + question

submit

Figure 20: Create your own Report; Column Heading: Month and Row Heading: Section and Question

- This selection, 'Column Heading: Month and Row Heading: Section and Question' supports the ADPHN/RPHN to investigate what areas of good practice require recognition and what areas need improvements (Figure 21).

	Jan 2018	Mar 2018	Jun 2018
Medication Storage and Custody : RGN/RNM holds keys	100%	100%	100%
Medication Storage and Custody : Meds in locked room/cupboard	100%	100%	100%
Medication Storage and Custody : Trolleys locked, no open meds		100%	100%
Medication Storage and Custody : Drug Formulary available	100%	100%	100%
MDA Drugs : MDAs checked am & pm	100%	100%	100%
MDA Drugs : Two Signatures in Drug Register	100%	100%	100%
MDA Drugs : MDA Cupboard Locked & Keys	100%	100%	100%
MDA Drugs : MDA Keys Separate	100%	100%	100%
Medication Administration : Name and HCRN	0%	60%	100%

Figure 21: Create your own Report; Results; Column Heading: Month and Row Heading: Section and Question

6.2.8 Create your own Report (2): if a more detailed report is required to compare locations (wards / units) across a service the 'Create your own report' option may also be used (Figure 19 and 22).

- Once in Report tab click on **Create your own report**
- **Questionnaire** – Select the relevant questionnaire for the relevant service
- Select the **start** and **end date**
- **Location** – select network/area from the list
- **Column Heading** – select 'location' or 'location grouping'(this puts the location (s) or the location grouping (s) across the top of the page for viewing)
- **Row Heading** – select **Section and question** to show results for each question (indicator) within a metric
- Click **submit** button
- A print friendly version of the report is available by clicking the 'print'

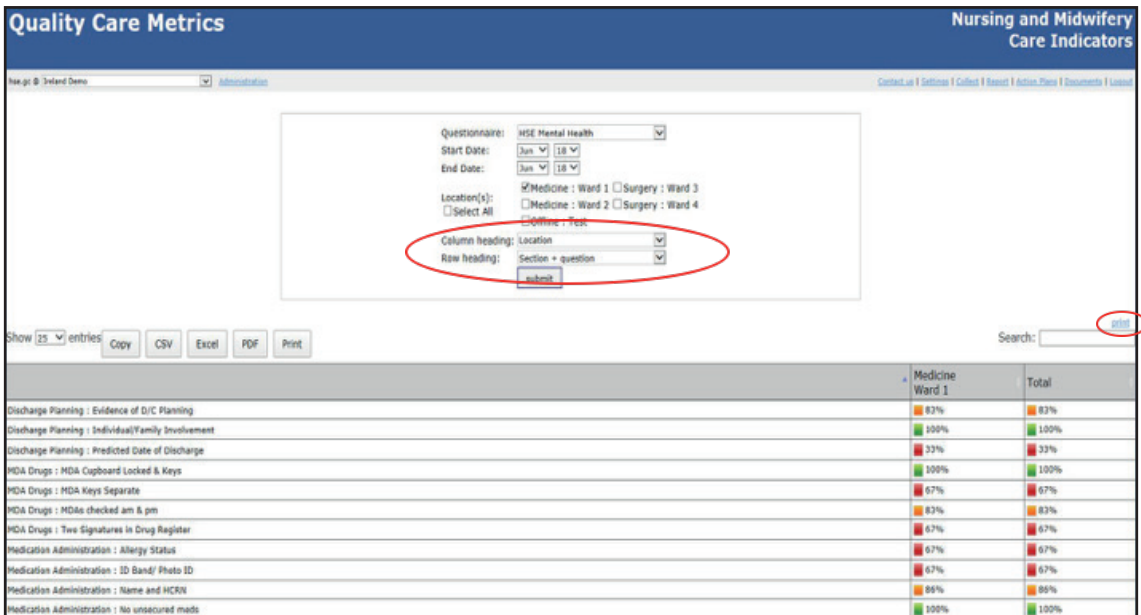


Figure 22: Create your own Report; Results; Column Heading: Location and Row Heading: Section and Question

- This selection, **‘Column heading: Location and Row Heading: Section and Question’** supports the RPHN/CNM to compare indicators in each area for shared learning (Figure 22).

6.2.9 Create your own Report (3): if a more detailed report is required the ‘Create your own report’ option may be used (Figure 19 and 23).

- Once in Report tab click on **Create your own report**
- **Questionnaire** – Select the relevant questionnaire e.g. Public Health Nursing , Mental Health, Acute, Children’s
- Select the **start** and **end date**
- **Location** –Select **network/area** or **select all** from the list
- **Column Heading** –select **month** (this puts the month (s) across the top of the page for viewing)
- **Row Heading** – select **location grouping** to show overall results for location grouping
- Click **submit** button
- A print friendly version of the report is available by clicking the ‘print’

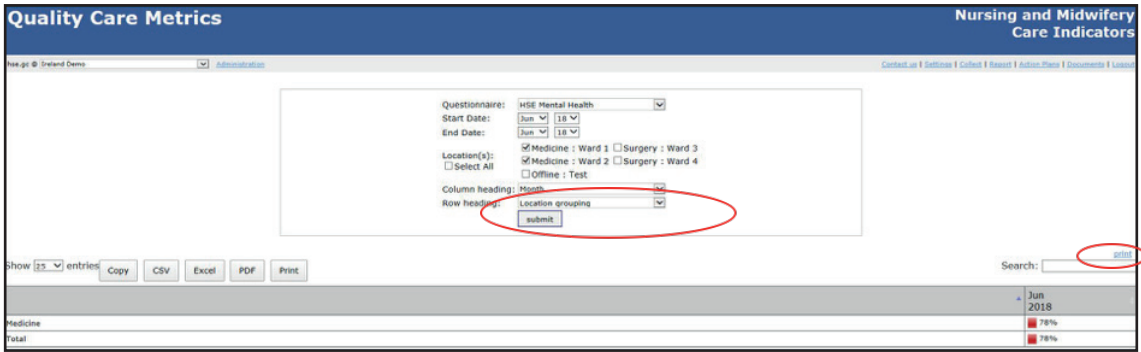


Figure 23: Create your own Report; Results; Column Heading: Month and Row Heading: Location Grouping

- This selection, 'Column Heading: Month and Row Heading: Location Grouping' supports the ADPHN to compare groupings/divisions per month if set up (Figure 23).

Alternatively, for more detail in relation to each metric, select **section** in the **Column Heading** – (this puts the metrics across the top of the page for viewing) (Figure 24).

	Discharge Planning	MDA Drugs	Medication Administration	Medication Prescription	Medication Storage and Custody	Nursing Care Plan	Nursing Care Plan NMBI Guidance	Nursing Care Plan Personal Details	Provision of Information	Total
Medicine	70%	80%	74%	70%	85%	60%	80%	65%	94%	71%
Offline	40%	100%	72%	93%	95%	97%	97%	98%	94%	88%
Total	63%	81%	74%	76%	86%	66%	83%	68%	69%	74%

Figure 24: Create your own Report; Results; Column Heading: Section and Row Heading: Location Grouping

7.0 QUALITY CARE-METRICS ACTION PLANNING

7.1 ACCESSING ACTION PLANNING ON TEST YOUR CARE HSE

7.1.1 Action Plan Reporting is available for each location to keep an electronic record of action plans arising from measurement of the metrics. Action plans are completed by going to the top right hand corner and selecting the Action Plans Link. Click “Action Plans” and complete the data fields as per example below in Figure 25.

The screenshot shows a web application interface for 'Quality Care Metrics' under the heading 'Nursing and Midwifery Care Indicators'. At the top, there is a navigation bar with the user 'ireland.demo @ Ireland Demo' and links for 'Contact us', 'Settings', 'Collect', 'Report', 'Action Plans', 'Documents', and 'Logout'. The 'Action Plans' link is highlighted with a red circle. Below the navigation bar is a form with several sections: 'Questionnaire' (HSE Acute Patient Experience), 'Location' (Medicine : Ward 1), 'Area / Issue(s)' (General), 'Recommendation(s)' (Check that signs are in appropriate places. Reminder at report times this month to abrasive 5 moments of hand hygiene. Dora to ensure all staff have attended hand hygiene session within last 2 years. Each nurse to be observed in hand washing technique by Dora.), 'Progress' (20/12/2016. All staff have been observed to be competent with hand hygiene. Final 3 staff members booked for revision training. Awaiting metric results Jan 4th.), 'Lead' (Staff Nurse Dora Brown), 'Target' (04 Jan 2017), 'Review' (04 Feb 2017), and 'Complete' (empty) with a 'save' button.

Figure 25: Accessing Action Planning on Test Your Care HSE

7.1.2 Users can also generate or print an “Action Plan Report” through the report option and then by selecting Action Plan from the drop down menu. This report is available to managers in order to oversee, highlight issues, or provide recommendations on the actions arising from the Nursing and Midwifery Quality-Care Metrics measurement.

7.2 SEVEN STEPS OF ACTION PLANNING

- Understanding Quality Care-Metrics results
- Communicating and discussing Quality Care-Metrics results
- Developing focused Action Plans in response to Quality Care-Metrics results
- Communicating Action Plans and deliverables
- Implementing Action Plans
- Accessing progress and evaluating the impact
- Sharing what works

7.2.1 STEP 1; UNDERSTANDING NURSING AND MIDWIFERY QUALITY-CARE METRICS RESULTS

- Review Nursing and Midwifery Quality-Care Metrics results and interpret them before developing the action plan. Need a detailed report? –‘Create Your Own Report’ on TYC HSE
- Identify and prioritise with the team a manageable number of areas for improvement
- Use clinical judgement – choose the indicators/questions which require the most urgent action to keep the patient safe

7.2.2 STEP 2; COMMUNICATING AND DISCUSSING RESULTS - HOLDING TEAM MEETING/HUDDLE

- Bring the *detailed report* to the team meeting/huddle
- *Choose what to tackle first* - There may be several questions/indicators that require attention, however the team will need to determine priority areas first
- *Be specific* - Identify specific tasks and activities that are required to address the area requiring improvement
- *Extra resources* – Identify external resources (outside my unit) required to tackle this e.g. expertise, education, equipment
- *Timeframes*: Assign realistic timeframes to each specific task or activity
- *Be collaborative* – ask staff to highlight issues which may be causing low scores /poor care on this issue. Ask - What makes it difficult for staff to do it this way/ carry out this check...?
- *Lead person* -Identify who on the team will be responsible for leading on the Action Plan and encouraging the team
- What might block this plan?-*Identify* potential obstacles that may be encountered when trying to implement change and try to understand resistance

7.2.3 STEP 3; WRITING THE ACTION PLAN

- Having identified what areas (metric/indicator) to tackle - be SMART as guided by Figure 26
- Use plain English
- Address one issue per action plan otherwise the action plan can become unfocussed and confusing to follow
- State clearly what the team is expected to do - the identified actions should be precise in what needs to be done and the changes that need to be made
- Write a plan that relates directly to the individual workplace and that is under the team's area of influence
- Be realistic with identified target dates

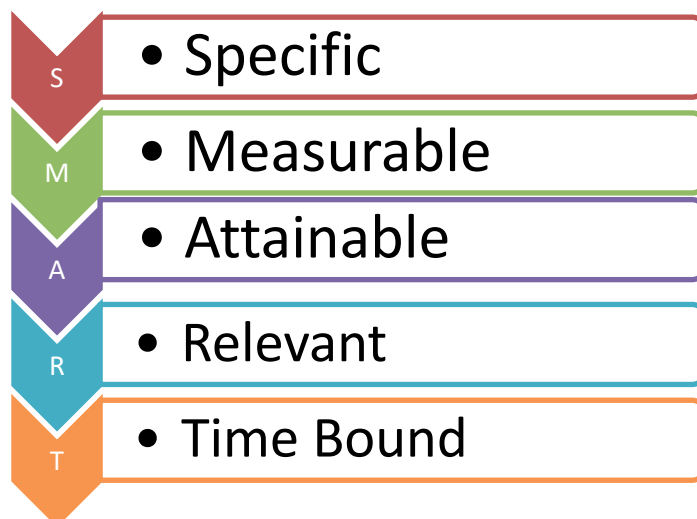


Figure 26: SMART Goals

7.2.4 STEP 4; COMMUNICATE THE ACTION PLAN

- Make sure the nursing team are informed about the action plan
- Print off current Action Plans and display on notice board or communication board or Quality Improvement board
- Discuss after all hand-overs one day per week (...each Tuesday discuss what action plans are on-going – 5 minutes) to keep it on the ward/unit agenda)

7.2.5 STEP 5; IMPLEMENT THE ACTION PLAN

- Vital - taking *action* makes the real difference.
- Changes do not have to be major or require significant resources
- Make Action Plans small and manageable

7.2.6 STEP 6; ASSESS YOUR PROGRESS

- Ask staff how they are getting on with this change
- Don't wait for the next metric result Keep an eye to see if the change is being carried out
- Fill in the progress part of the action plan
- If the change has worked, tell staff
- If the change has not worked – ask why?
- Were the changes outlined in the action plan not carried out?
- Were the 'wrong changes' planned - was there something different that could have done?

7.2.7 STEP 7; SHARE WHAT WORKS

- Share with ADPHN/RPHN/RN colleagues at meetings
- Be honest about the parts that were hard/didn't work
- Get ideas from action plans from other areas already completed

8.0 QUALITY CARE-METRICS HUB

8.1 The Nursing and Midwifery Quality-Care Metrics hub on HSELand is located within the ONMSD Nursing and Midwifery Hub at <http://qcmhub.hseland.ie/using-tyc/>

8.2 The aim of the hub is to create an online resource that provides relevant information and learning resources on Nursing and Midwifery Quality-Care Metrics for nurses and midwives.

8.3 The hub guides 'Test Your Care' users and potential users through

- 'QCM Explained'
- 'Implementing QCM'
- Using 'Test Your Care'
- 'Improving Practice' section focused on action planning
- 'News' to keep users and those with an interest in QCM up to date in QCM project developments
- 'Help and Resources' to support implementation processes

Testimony from expert users from around the country is also featured to encourage those starting their journey

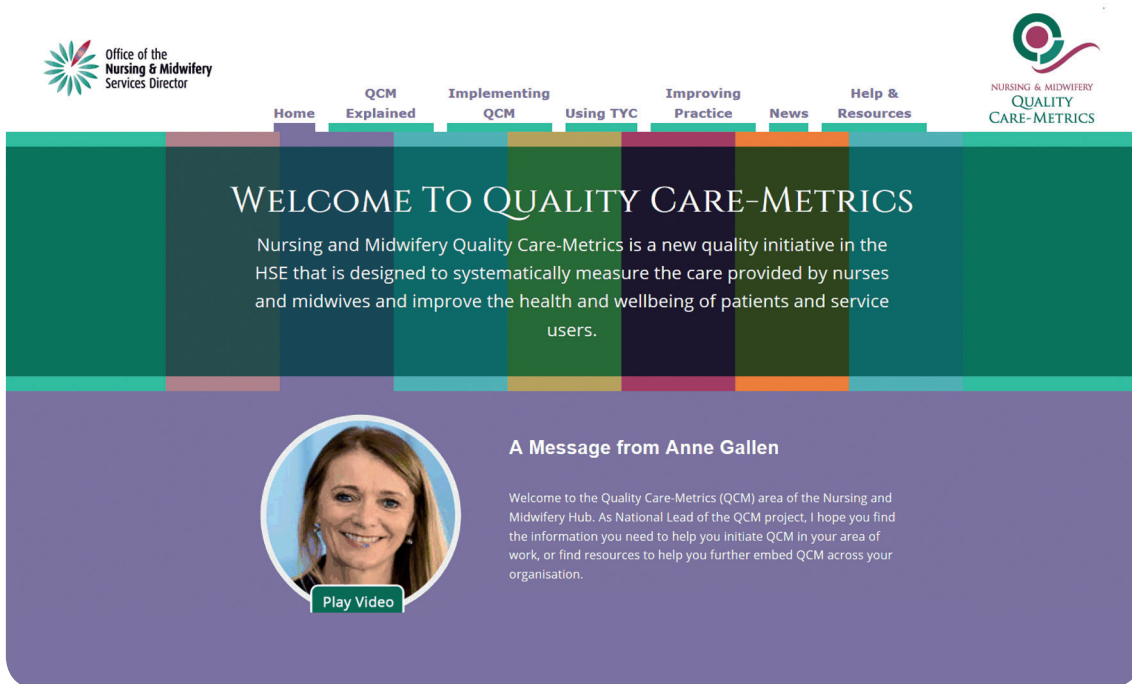


Figure 27: Quality Care-Metrics Hub

8.4 To access the Quality Care-Metrics hub on HSELand:

- Log in to www.HSELand.ie
- Go to - All hubs
- Go to - Nursing and Midwifery
- Go to - Quality Improvement
- Go to - Quality Care-Metrics

PART B: GUIDELINE DEVELOPMENT CYCLE

1.0 INITIATION

1.1 PURPOSE

Please refer to Part A, 1.9

1.2 SCOPE

Please refer to Part A, 1.10

1.3 OBJECTIVE

Please refer to Part A, 1.11

1.4 OUTCOMES

Please refer to Part A, 1.12

1.5 GUIDELINE DEVELOPMENT GROUP

1.5.1 This guideline has been developed by the National Quality Care-Metrics Project Lead and team (NMPDU Quality Care-Metrics Project Officers) under the guidance of the ONMSD. Refer to Appendix III for Membership of the Guideline Development Group.

1.5.2 Guideline Conflict of Interest Declaration Forms have been completed by each member of the Guideline Development Group as per Appendix IV and are retained with the master copy of this guideline.

1.5.3 Additional contributors and reviewers of this guideline are identified within Appendix V.

1.6 GUIDELINE GOVERNANCE GROUP

1.6.1 The ONMSD Governance Group has provided governance for the project and guideline development. Refer to Appendix V for Membership of the Guideline Governance Group.

1.7 SUPPORTING EVIDENCE

1.7.1 Legislation and regulation publications, which are relevant to the Public Health Nursing Services Quality Care-Metrics development were reviewed and are incorporated in the development of this guideline and are listed below. In addition, existing policy and standards were reviewed and incorporated into the development of the guideline.

METRIC: PRESSURE ULCER PREVENTION AND MANAGEMENT

- *National Wound Management Guidelines* (HSE, 2018)
- *Pressure Ulcers: Prevention and Management*. NICE Guideline CG17, (NICE,2014a)
- *Prevention and Treatment of Pressure Ulcers: Quick Reference Guide* (National Pressure Ulcer Advisory Panel, European Pressure Ulcer Advisory Panel, & Pan Pacific Pressure Injury Alliance, 2014)
- *International Guideline; Pressure Ulcer Treatment Technical Report*, (National Pressure Ulcer Advisory Panel (NPUAP) & European Pressure Ulcer Advisory Panel, 2009)
- *Position Statement on Staging*, (National Pressure Ulcer Advisory Panel, 2017)
- *EPUAP Classification System for Pressure Ulcers: European Reliability Study*, (Beeckman et al, 2007)
- *National Standards for Safer Better Healthcare*, (HIQA 2012a)
- *A Nursing Information Model Process for Interoperability*, (Chow et al, 2015)
- *Developing a Pressure Ulcer Risk Factor Minimum Data Set and Risk Assessment Framework*, (Coleman et al, 2014)
- *The Effect of a Patient Centred Care Bundle Intervention on Pressure Ulcer Incidence (INTACT): A Cluster Randomised Trial*, (Chaboyer et al, 2016)
- *Changes in Patient Health Outcomes from Admission to Discharge in Acute Care*, (Hall et al, 2013)
- *The Design of the SAFE or SORRY?: A Clustered Randomised Trial on the Development and Testing of an Evidence Based Inpatient Safety Program for the Prevention of Adverse Events*, (Van Gaal et al, 2009)
- *Adverse Risk: A Dynamic Interaction Model of Patient Moving and Handling*, (Griffiths, 2012)
- *Quality of Care of Nurse-Led and Allied Health Personnel-Led Primary Care Clinics*, (Chin et al, 2011)

- *Quality Indicators in Community Care*, (Bowers, 2014)
- *Guide to the Health Information and Quality Authority's Review of Nutrition and Hydration in Public Acute Hospitals*, (HIQA, 2016a)
- *Differences in Nutritional Care in Pressure Ulcer Patients Whether or Not Using Nutritional Guidelines*, (Meijers et al, 2008)
- *Pressure Ulcer Prevention and Management for Adults*, (HSE, 2014a)

METRIC: WOUND CARE MANAGEMENT

- *National Wound Management Guidelines* (HSE, 2018)
- *National Best Practice and Evidence Based Guidelines for Wound Management*. Dublin, (HSE, 2009)
- *Quality of Care of Nurse-Led and Allied Health Personnel-Led Primary Care Clinics*, (Chin et al, 2011)
- *Wound Management by Registered Nurses in the Community, Ireland*: (HSE, 2014b)

METRIC: HEALTH CARE ASSOCIATED INFECTION PREVENTION AND CONTROL

- *National Standards for the Prevention and Control of Healthcare-Associated Infections in Acute Healthcare Services*, (HIQA, 2017)
- *Prevention and Control Methicillin-Resistant Staphylococcus Aureus (MRSA) National Clinical Guideline No.2*, (Department of Health, 2013)
- *Guidelines for the Prevention and Control of Multi-Drug Resistant Organisms (MDRO) Excluding MRSA in the Healthcare Setting*, (Royal College of Physicians & HSE, 2012)
- *Guiding Framework for the Education, Training and Competence Validation in Venepuncture and Peripheral Intravenous Cannulation for Nurses and Midwives*, (HSE, 2017a)
- *Central Venous Access Device (CVAD) Assessment, Care and Monitoring*, (HSE, 2017b)
- *Nursing Quality Indicators: The Next Steps in Enhancing Quality in Emergency Care*, (Bennett, 2012)
- *Vital Improvement*, (Bucsit, 2012)
- *Guideline on the use of Standard and Transmission Based Precautions in the Prevention and Control of Infection*, (HSE, 2016a)
- *Guideline for the Control of MRSA PHN Department Dublin West*, (HSE, 2016b)
- *Guideline for the Care and Management of a Central Venous Access Device (CVAD) when Used for a Child in the Community*, (HSE, 2012a)
- *National Patient Safety Goals; Effective January 2018*, (The Joint Commission, 2017)

METRIC: CONTINENCE ASSESSMENT AND MANAGEMENT: CONTINENCE CONTROL

- *Urinary Incontinence in Women, NICE Quality Standard QS77, (NICE, 2015)*
- *Guidelines on Urinary Incontinence. (Lucas et al, 2015)*
- *Urinary Incontinence in Women: Management. NICE Guideline CG171. (NICE, 2013a)*
- *Changes in Patient Health Outcomes from Admission to Discharge in Acute Care, (Hall et al, 2013)*
- *Quality of Care of Nurse-Led and Allied Health Personnel-Led Primary Care Clinics, (Chin et al, 2011)*

METRIC: CONTINENCE ASSESSMENT AND MANAGEMENT: CATHETER CARE

- *Guidelines for the Prevention of Catheter Associated Urinary Tract Infection, (HSE, 2011)*
- *The Design of the SAFE or SORRY?; A Clustered Randomised Trial on the Development and Testing of an Evidence Based Inpatient Safety Program for the Prevention of Adverse Events, (Van Gaal et al, 2009)*
- *Quality Indicators in Community Care, (Bowers, 2014)*

METRIC: CONTINENCE ASSESSMENT AND MANAGEMENT: BOWEL CARE

- *Guidelines for Management of Neurogenic Bowel Dysfunction in Individuals with Central Neurological Conditions, (Multidisciplinary Association of Spinal Cord Injured Professionals, 2012)*
- *The Management of Diarrhoea in Adults; RCN Guidance for Nursing Staff, (RCN, 2013)*
- *FFaecal Incontinence in Adults. NICE Guideline CG49, (NICE,2014b)*
- *Management of Constipation in Adult Patients Receiving Palliative Care: National Clinical Guideline No. 10, (DOH, 2015a)*
- *Validity and Reliability of the Bristol Stool Form Scale in Healthy Adults and Patients with Diarrhoea-Predominant Irritable Bowel Syndrome, (Blake et al, 2016)*

METRIC: CLIENT/FAMILY/CARER EXPERIENCE

- *National Consent Policy, (HSE, 2014c)*
- *National Standards for Safer Better Healthcare, (HIQA 2012)*
- *Family Caregiver Satisfaction with Home-based Nursing and Physician Care Over the Palliative Care Trajectory, (Guerriere et al, 2013)*
- *Distinguishing Between Task and Contextual Performance for Nurses: Development of a Job Performance Scale, (Greenslade & Jimmieson, 2007)*

- *Measuring What Matters: Top-Ranked Quality Indicators For Hospice and Palliative Care from the American Academy of Hospice and Palliative Medicine and Hospice and Palliative Nurses Association*, (Dy et al, 2015)
- *Undertaking a Family Carer Needs Assessment*, (HSE, 2013a)

METRIC: HEALTH PROMOTION

- *Implementation of Clinical Guidelines for Adults with Asthma and Diabetes: A Three-Year Follow-Up Evaluation of Nursing Care*, (Higuchi et al, 2011)
- *Quality of Care of Nurse-Led and Allied Health Personnel-Led Primary Care Clinics*, (Chin et al, 2011)
- *Implementing the Scottish Recovery Indicator: A Community Nursing Service Perspective*, (Armstrong, 2012)
- *Distinguishing Between Task and Contextual Performance for Nurses: Development of a Job Performance Scale*, (Greenslade & Jimmieson, 2007)

METRIC: CARE PLAN DEVELOPMENT AND EVALUATION

- *Requirements and Standards for Nurse Registration Education Programmes, 3rd Edition*, (ABA, 2005)
- *Developing a Community Nursing and Midwifery Response to an Integrated Model of Care (DRAFT)* (DOH, 2017)
- *Changes in Patient Health Outcomes from Admission to Discharge in Acute Care*, (Hall et al, 2013)
- *National Standards for Safer Better Healthcare*, (HIQA 2012)
- *Guideline for the assessment of adults referred to the PHN service by RPHNs/RGNs/Locum PHN/Locum RGN*, (HSE, 2016c)
- *Family Caregiver Satisfaction with Home-based Nursing and Physician Care Over the Palliative Care Trajectory*, (Guerriere et al, 2013)
- *Distinguishing Between Task and Contextual Performance for Nurses: Development of a Job Performance Scale*, (Greenslade & Jimmieson, 2007)
- *Measuring What Matters: Top-Ranked Quality Indicators For Hospice and Palliative Care from the American Academy of Hospice and Palliative Medicine and Hospice and Palliative Nurses Association*, (Dy et al, 2015)

METRIC: CARE PLAN DEVELOPMENT AND EVALUATION: DISCHARGE PLANNING

- *Integrated Care Guidance: A Practical Guide to Discharge and Transfer from Hospital (v.2)*, (HSE, 2014d)

- *Integrated Care Guidance: A Practical Guide to Discharge 9 Step Checklist*, (HSE, 2014e)
- *The SIGN Discharge Document*, SIGN Guideline 128, (SIGN, 2012)
- *Discharge of a Client from Public Health Nursing Active Caseload*, DRAFT, HSE, 2017c)
- *Discharge of a Client from Public Health Nursing Active Caseload*, (HSE, 2013b)
- *Discharge Documentation of Patients Discharged to Subacute Facilities: A Three Year Quality Improvement Process Across an Integrated Health Care System*, (Gandara et al, 2010)

METRIC: CARE PLAN DEVELOPMENT AND EVALUATION: FALLS MANAGEMENT

- *Falls in Older People*. NICE Quality Standard QS86. National Institute for Health and Care Excellence (NICE) (2015a, updated 2017)
- *Falls in Older People: Assessing Risk and Prevention*, NICE Guideline CG161, (NICE, 2013)
- *Strategy to Prevent Falls and Fractures in Ireland's Ageing Population*, (HSE, 2008)
- *Management of Hip Fracture in Older People: A National Clinical Guideline*, SIGN Guideline 111, (SIGN, 2009)
- *National Standards for Safer Better Healthcare*, (HIQA 2012)
- *Clinical Practice Guidelines: Prevention of Falls in Older Persons*, (American Geriatric Society/ British Geriatric Society, 2010)
- *Quality of Care of Nurse-Led and Allied Health Personnel-Led Primary Care Clinics*, (Chin et al, 2011)
- *Fall and Injury Prevention*, (Currie, 2006)
- *Quality Indicators in Community Care*, (Bowers, 2014)
- *Adverse Risk: A Dynamic Interaction Model of Patient Moving and Handling*, (Griffiths, 2012)
- *The Design of the SAFE or SORRY?: A Clustered Randomised Trial on the Development and Testing of an Evidence Based Inpatient Safety Program for the Prevention of Adverse Events*, (Van Gaal et al, 2009)
- *Fit for Frailty: Consensus Best Practice Guidelines*, (BGS, 2017)
- *A Global Clinical Measure of Fitness and Frailty in Elderly People*, (Rockwood et al, 2005)
- *Guideline on Falls Risk For Older People in the Community (FROP-Com) Screen*, (HSE, 2013c)
- *National Patient Safety Goals; Effective January 2018*, (The Joint Commission, 2017)

METRIC: CARE PLAN DEVELOPMENT AND EVALUATION: FALLS RISK ASSESSMENT TOOLS

- *Usefulness of the Berg Balance Scale in Stroke Rehabilitation: A Systematic Review*, (Blum & Korner-Bitensky, 2008)
- *The Berg Balance Scale has High Intra- and Inter-Rater Reliability but Absolute Reliability Varies Across the Scale: A Systematic Review*, (Downs et al, 2013)
- *Reliability and Validity of the Dynamic Gait Index in Persons With Chronic Stroke*, (Jonsdottir & Cattaneo, 2007)
- *The Dynamic Gait Index in Healthy Older Adults: The Role of Stair Climbing, Fear of Falling and Gender*, (Herman et al, 2009)
- *Validity of the Dynamic Gait Index in People With Multiple Sclerosis*, (Forsberg et al, 2013)
- *Minimal Detectable Change of the Timed "Up & Go" Test and the Dynamic Gait Index in People With Parkinson Disease* (Huang et al, 2011)
- *Timed Up and Go Test and Risk of Falls in Older Adults: A Systematic Review*, (Beauchet et al, 2011)
- *Validity of the Timed Up and Go Test as a Measure of Functional Mobility in Persons With Multiple Sclerosis*, (Sebastiao et al, 2016)
- *Reliability and Validity of the Timed Up and Go Test With a Motor Task in People With Chronic Stroke*, (Chan et al, 2017)

METRIC: CARE PLAN DEVELOPMENT AND EVALUATION: NUTRITION

- *Nutrition Support in Adult, Quality Standard QS24*, (NICE, 2012)
- *Identifying Patient-Centred Quality Indicators for the Care of Adult Home Parenteral Nutrition (HPN) Patients*, (Dressen et al, 2014)
- *Guideline on Nutritional Screening of adults by community nurses using the 'Malnutrition Universal Screening Tool' ('MUST') and first line dietary management including the use of Oral Nutritional Supplements*, (HSE, 2017d)
- *Guideline on the Management of Clients on Home Enteral Feeding.*, (HSE,2009a)

METRIC: CARE PLAN DEVELOPMENT AND EVALUATION: PAIN

- *Pharmacological Management of Cancer Pain in Adults: National Clinical Guideline No.9*, (DOH, 2015b)
- *Neuropathic Pain in Adults: Pharmacological Management in Nonspecialist Settings. NICE Guideline CG173*. (NICE 2013b)
- *Management of Chronic Pain*, SIGN Guideline 136, (SIGN, 2013)
- *Joint Commission Enhances Pain Assessment and Management Requirements for Accredited Hospitals* (The Joint Commission,2017a)

- *The ACTION-APS-AAPM Pain Taxonomy (AAAPT) Multidimensional Approach to Classifying Acute Pain Conditions*, (Kent et al, 2017)
- *The ACTION-American Pain Society Pain Taxonomy (AAPT): An Evidence-Based and Multi-Dimensional Approach to Classifying Chronic Pain Conditions*, (Fillingam et al, 2014)
- *AAPT Diagnostic Criteria for Chronic Cancer Pain Conditions*, (Paice et al, 2017)
- *Adverse Risk: A Dynamic Interaction Model of Patient Moving and Handling*, (Griffiths, 2012)
- *Vital Improvement*, (Bucsit, 2012)
- *Changes in Patient Health Outcomes from Admission to Discharge in Acute Care*, (Hall et al, 2013)
- *Measurement of Pain*, (Huskisson, 1974)
- *Pain: Understanding of Assessment Management and Treatments*, (National Pharmaceutical Council and Joint Commission on Accreditation of Healthcare Organisations, 2001)

METRIC: CARE PLAN DEVELOPMENT AND EVALUATION: PAIN ASSESSMENT TOOLS

- *The Brief Pain Inventory: User Guide*, (Cleeland, 2009)
- *The Edmonton Symptom Assessment System (ESAS): A Simple Method for the Assessment of Palliative Care Patients*, (Bruera et al, 1991)
- *Validation of the Edmonton Symptom Assessment Scale*, (Chang et al, 2000)
- *Clinical Practice Guidelines for the Management of Pain, Agitation, and Delirium in Adult Patients in the Intensive Care Unit*, (Barr et al, 2013)
- *Measuring Pain in Non-Verbal Critically Ill Patients: Which Pain Instrument?* (Payen & Gelinas, 2014)
- *Validity of Four Pain Intensity Rating Scales*, (Ferreira-Valente et al, 2011)
- *The Behaviour Pain Assessment Tool for Critically Ill Adults: A Validation Study in 28 Countries*, (Gelinas et al, 2017)
- *Effectiveness and Safety of the Awakening and Breathing Coordination, Delirium Monitoring/Management, and Early Exercise/Mobility (ABCDE) Bundle*, (Balas et al, 2014)
- *Reliability of the Sedation-Agitation Scale between Nurses and Doctors*, (Ryder-Lewis & Nelson, 2008)
- *Patterns of Pain and Interference in Patients with Painful Bone Metastases: A Brief Pain Inventory Validation Study*, (Wu et al, 2010)
- *Brief Pain Inventory Review*, (Stanhope, 2016)

- *The LANSS Pain Scale: the Leeds Assessment of Neuropathic Symptoms and Signs*, (Bennett, 2001)
- *Development of a Neuropathic Pain Questionnaire*, (Krause, 2003)
- *Comparison of Pain Syndromes Associated with Nervous or Somatic Lesions and Development of a New Neuropathic Pain Diagnostic Questionnaire (DN4)*, (Bouhassira et al, 2005)
- *Validation and Reliability of the Neuropathic Pain Scale (NPS) in Multiple Sclerosis*, (Rog et al, 2007)
- *Management of Postoperative Pain: A Clinical Practice Guideline From the American Pain Society, the American Society of Regional Anesthesia and Pain Medicine, and the American Society of Anesthesiologists' Committee on Regional Anesthesia, Executive Committee, and Administrative Council Guidelines*, (Chou et al, 2016)
- *Implementing the ABCDE Bundle into Everyday Care: Opportunities, Challenges and Lessons Learned for Implementing the ICU Pain, Agitation and Delirium (PAD) Guideline*, (Balas et al, 2013)
- *Short Form McGill Pain Questionnaire*, (Melzack, 1987)
- *Can the Neuropathic Pain Scale Discriminate Between Non-Neuropathic and Neuropathic Pain?* (Fishbain et al, 2008)

METRIC: MEDICATION SAFETY

- *Guidance to Nurses and Midwives on Medication Management*, (ABA, 2007)
- *Medicines Management Guidance*, (HIQA, 2015)
- *Standards for Medicines Management for Nurses and Midwives (DRAFT)*, (NMBI, 2015)
- *Multimorbidity and Polypharmacy. Key Therapeutic Topic KTT18*, (NICE, 2017)
- *Polypharmacy Guidance* (NHS, 2015)
- *Guide to the Health Information and Quality Authority's Medication Safety Monitoring Programme in Public Acute Hospitals*, (HIQA, 2016b)
- *Medicines Optimisation*, NICE Guideline NG5, (NICE, 2016)
- *Opioids for Cancer Pain - An Overview of Cochrane Reviews*, (Wiffen et al, 2017)
- *Fall and Injury Prevention*, (Currie, 2006)
- *Quality of Care of Nurse-Led and Allied Health Personnel-Led Primary Care Clinics*, (Chin et al, 2011)
- *Discharge Documentation of Patients Discharged to Subacute Facilities: A Three Year Quality Improvement Process Across an Integrated Health Care System*, (Gandara et al, 2010)
- *National Patient Safety Goals; Effective January 2018*, (The Joint Commission, 2017)
- *Assessment of the Clients' Ability to Self-administer Medication and Provision of Supportive Measures for Self-administration of Medication*, (HSE,2009b)

- *Procedure on the Role of the Registered Nurse in Medication Management in the Community Palliative Care Setting*, (HSE, 2014f)
- *Medication Administration in the Public Health Nursing Service*, (HSE,2009C)
- *Management of a Client who is Non-complaint with Prescribed Treatments/ Recommended Supports*, (HSE, 2016)

METRIC: MATERNAL HEALTH

- *Postnatal Care Up-to-8 Weeks After Birth*. NICE guideline CG37, (NICE,2015b)
- *Perinatal Mental Health Care: Best Practice Principles for Midwives, Public Health Nurses and Practice Nurses*, (Higgins et al, 2017)
- *WHO Recommendations on Postnatal Care of the Mother and Newborn*, (WHO, 2014a)
- *Standard Operating Procedure for Public Health Nursing Service Primary Visit (First Newborn and Postnatal Visit)*, (HSE, 2011b)
- *Guideline on Routine Postnatal Care*, (HSE, 2011c)
- *Procedure for Screening for Depression in Women in the Antenatal and Postnatal Period and the Provision of Appropriate Interventions by Registered Public Health Nurses and Registered Midwives working in the Public Health Nursing Services*, (HSE, 2016e)

METRIC: INFANT NUTRITION

- *Breastfeeding in a Healthy Ireland: Health Service Breastfeeding Action Plan 2016-2021*, (HSE, 2016f)
- *Creating a Better Future Together: National Maternity Strategy 2016-2026*, (DOH, 2016)
- *Standard Operating Procedure for Public Health Nursing Service Primary Visit (First Newborn and Postnatal Visit)*, (HSE, 2011d)
- *Breastfeeding Policy for Primary Care Teams and Community Healthcare Settings*, (HSE, 2015b)
- *Guideline for the Observation of a Breastfeed & the Breastfeeding Observation Assessment Tool (B.O.A.T)*, (HSE, 2014)
- *Supporting New Mothers with Breastfeeding*, (HSE, 2013d)
- *Initiating Breastfeeding after Birth*, (HSE, 2013e)
- *Informing All Pregnant Women of the Benefits of and Management of Breastfeeding*, (HSE, 2013f)
- *Guideline on the Management of Breast Feeding in the Community*, (HSE, 2016g)
- *Formula Feeding in the Community*, (HSE, 2016h)
- *Communicating the Infant Feeding Policy at Midland Regional Hospital Portlaoise*, (HSE, 2016i)

- *Promoting Infant Feeding and Lactation Management through Evidence Informed Practice, Education and Training at Midland Regional Hospital Portlaoise, (HSE, 2016j)*
- *Considerations when Deciding on Treatment and/or Medication for a Breastfeeding Mother, and where to Source Information at Midlands Regional Hospital Portlaoise, (HSE, 2016k)*
- *Hospital Discharge of the Breastfeeding Baby and Mother and Supports Available to her in the Community Midland Regional Hospital Portlaoise, (HSE, 2016l)*

METRIC: CHILD DEVELOPMENT ASSESSMENT

- *Core Child Health Surveillance Programme: Birth to 3.5years, (HSE, 2012b)*
- *Management of The Core Child Health Developmental Visits for Children Referred to the Early Intervention Services, (HSE, 2011e)*
- *Guideline on Defaulted Core Health Check Visits, (HSE, 2016m)*
- *Procedure for Public Health Nurses when Examining Infants and Children, (HSE, 2016n)*
- *Policy on the Nursing Management of Children with Complex or Special Healthcare Needs Referred to the Public Health Nursing Services, (HSE, 2014g)*

METRIC: CHILD AND FAMILY HEALTH NEEDS ASSESSMENT

- *A Report on the Child and Family Health Needs Assessment Framework Project, (O'Dwyer, 2012)*
- *Guideline on the use of the Child and Family Health Needs Assessment Framework for Public Health Nurses and Registered Midwives Working in the Public Health Nursing Service, (HSE, 2013g)*

METRIC: CHILD WELFARE AND PROTECTION

- *Children First: National Guidance for the Protection and Welfare of Children, (Department of Children and Youth Affairs, 2011)*
- *National Standards for the Protection and Welfare of Children For Health Service Executive Children and Family Services, (HIQA, 2012b)*
- *Child Protection Reports: Key Issues Arising for Public Health Nurses, (Hanafin, 2013)*
- *Child Protection Reporting Guideline for Public Health Nurses and Registered General Nurses, (HSE, 2016o)*

METRIC: SAFEGUARDING VULNERABLE ADULT

- *Safeguarding Vulnerable Adults, (Department of Social Protection, 2017)*
- *Safeguarding Vulnerable Persons at Risk of Abuse National Policy & Procedures, (HSE, 2014h)*
- *Global Status Report on Violence Prevention, (WHO, 2014b)*

- *Elder Abuse and Legislation in Ireland, (National Centre for the Protection of Older People, 2007)*
- *Guidelines for Responding to Allegations of Elder Abuse: HSE Elder Abuse Policy, (HSE, 2012c)*
- *HSE Policy and Procedures for Responding to Allegations of Extreme Self-Neglect. (HSE, 2012d)*

1.7.2 PPPGs being replaced by this PPPG:

- *Guiding Framework for the implementation of Nursing and Midwifery Quality Care-Metrics in the Health Service Executive Ireland. (HSE 2015)*
- *National Guideline for Nursing and Midwifery Quality Care Metrics Data Measurement in Public Health Nursing Services. HSE, (2018d)*

1.7.3 Related PPPGs:

- *National Guideline for Nursing and Midwifery Quality Care Metrics Data Measurement in Acute Health Services. HSE, (2018a)*
- *National Guideline for Nursing and Midwifery Quality Care Metrics Data Measurement in Midwifery Services. HSE, (2018b)*
- *National Guideline for Nursing and Midwifery Quality Care Metrics Data Measurement in Intellectual Disability Services. HSE, (2018c)*
- *Standard Operating Procedure for Nursing and Midwifery QCM Data Collection in Mental Health Services. (HSE 2015a)*
- *National Guideline for Nursing and Midwifery Quality Care Metrics Data Measurement in Older Person Services. HSE, (2018e)*
- *National Guideline for Nursing and Midwifery Quality Care Metrics Data Measurement in Children's Services. HSE, (2018f)*

1.8 GLOSSARY OF TERMS AND DEFINITIONS

Please refer to Part A, 1.1

1.9 ABBREVIATIONS

Please refer to Part A, 1.2

2.0 DEVELOPMENT OF GUIDELINE

2.1 DEVELOPMENT

2.1.1 The development of this guideline is to support implementation of the Public Health Nurses Services Nursing and Midwifery Quality Care-Metrics (2018)

2.1.2 This guideline has been developed following a robust research project which aimed to (a) critically review the scope of existing Nursing and Midwifery Quality Care Process Metrics and relative indicators and (b) identify additional metrics and indicators relevant to the Public Health Nursing Services. This was undertaken through the completion of a systematic review and consensus methodology.

2.1.3 The development and content of this document has been informed in part by the Nursing and Midwifery Quality Care-Metrics Public Health Nurses Research Report (HSE 2018). This report outlines the research process undertaken as a collaborative between the ONMSD National Nursing and Midwifery Quality Care-Metrics Project Team and University College Dublin (UCD) School of Nursing, Midwifery and Health Systems. It includes the final suite of Public Health Nursing Process Metrics and Indicators developed from the research.

2.1.4 The Public Health Nursing Process Metrics and Indicators are adapted from national and international evidence based practice including PPPGs and reflect what mental health nurses nationally felt was important to measure.

2.1.5 Evidence of the sources for Nursing and Midwifery Quality Care-Metrics generated from this robust research is available in the Nursing and Midwifery Quality Care-Metrics Public Health Nursing Research Report (HSE 2018) and as listed in 1.7 above.

2.2 RESEARCH DESIGN

The study design had four phases as follows:

Phase 1: A systematic literature review to identify metrics that have been used in the respective fields and the indicators for same.

Phase 2: A two-round online Delphi survey of midwives to develop consensus on metrics to be measured.

Phase 3: A two-round online Delphi survey of midwives to develop consensus on indicators for prioritised metrics.

Phase 4: A face-to-face consensus interviews with key stakeholders to review the findings and build consensus on metrics and indicators.

2.3 LITERATURE SEARCH STRATEGY

2.3.1 **Aim:** The systematic review sought to identify reported quality care process metrics and associated indicators across across 7 workstreams i.e., Public Health Nursing, Midwifery, Acute, Older People, Mental Health, Children's and Intellectual Disability.

2.3.2 **Databases Searched:** Eight electronic databases were searched, each from January 1st 2007 to December 31st 2017: PubMed, Embase, Applied Social Sciences Index and Abstracts (ASSIA), PsychINFO, Cumulative Index to Nursing and Allied Health Literature (CINAHL), Cochrane Database of Systematic Reviews (CDSR), Cochrane Central Register of Controlled Trials (CENTRAL) and Database of Abstracts of Reviews of Effects (DARE). To identify additional studies that were not retrieved from the primary database search, the grey literature was appraised. Figure 28: Outlines the complete process flow diagram for the systemic literature review.

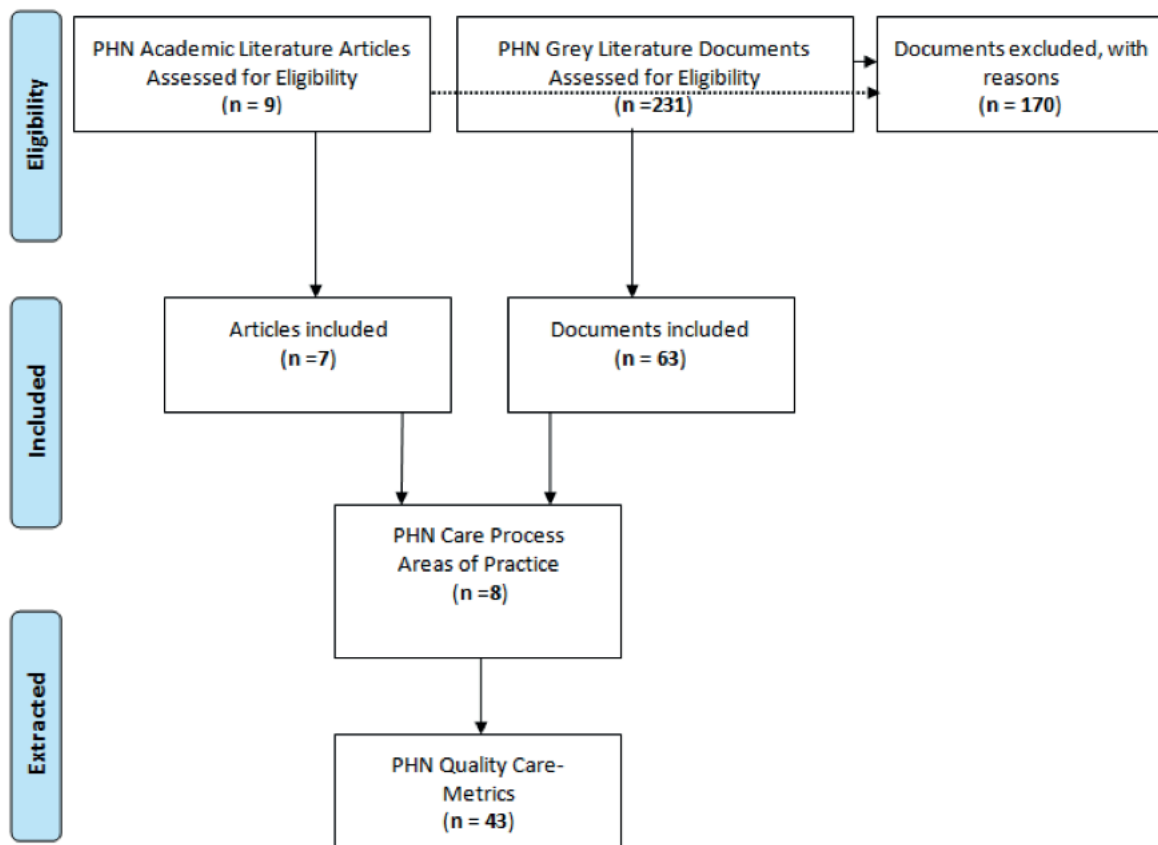
2.3.3 **Study Selection:** Studies were included if participants were registered nurses or midwives, as well as education programmes using nursing and midwifery metric systems in acute, children, intellectual disability, mental health, midwifery, older person, or public health nursing services or where participants were persons in receipt of nursing or midwifery care and services. An additional inclusion criterion was that studies should make a clear reference to nursing or midwifery care processes and identify a specific quality process in use or proposed use.

2.4 METHOD OF EVIDENCE APPRAISAL

2.4.1 **Data Extraction:** Work stream specific data extraction was conducted by two reviewers using a purposefully designed data extraction tool.

2.5 SUMMARY OF THE EVIDENCE FROM THE LITERATURE

2.5.1 **Results:** For the Public Health Nursing (PHN) setting, the review comprised of 9 eligible academic studies and 231 eligible grey literature documents. Following full text review, 70 of these documents were included and 43 existing PHN quality care process metrics were identified. Due to heterogeneity in the literature in relation to study design, meta-analysis was not possible, and a narrative synthesis was undertaken.



Reasons for Exclusion:

- Not related to process metrics
- Conference abstracts/posters/dissertation previews only that do not provide sufficient information
- Not accessible
- Not in English
- Outcome measure
- Duplication
- Audit
- Original publication >10 years

Figure 28: Study Selection Process Flow Diagram for Public Health Nursing Work Stream

2.6 CONSENSUS PROCESS

2.6.1 Delphi Process: Two two-round Delphi surveys (Phase 2 & 3) were conducted consisting of four rounds of data collection and analysis in each to condense the opinions of participants into group consensus on what (a) metrics and (b) their indicators should be used. Responses to each round were collated, analysed, and redistributed to participants for further comment in successive rounds (HSE 2018).

2.6.2 Consensus Meeting:

A face-to-face consensus meeting between the research team, the NMPD director, NMPD Project Officers and the PHN Work-stream Working Group members was held on November 30th 2017. The purpose of this Consensus Meeting was to review the findings from the Delphi process and build consensus on the prioritised quality care process metrics and respective indicators. Participants at this meeting were representative of PHN Work-stream key stakeholders with regards to grade and geographical representation. In addition to the PHN Work-stream Working Group members and the NMPD team, additional specialist experts from the field of community nursing were present to add further clarity and validity pertinent to their respective suite of quality care process metrics and indicators. Participants were provided with a Nursing and Midwifery Judgement Framework Tool adapted from Flenady et al. (2016) to use as guide in determining if the process metric/indicator was appropriate for inclusion in the final suite of metrics (Figure 29).

DOMAIN	
01	PROCESS FOCUSED The metrics/ indicator contributes clearly to the measurement of nursing care processes.
02	IMPORTANT The data generated by the metric/indicator will likely make an important contribution to improving nursing care processes.
03	OPERATIONAL Reference standards are developed for each metric or it is feasible to do so. The indicators for the respective metric can be measured.
04	FEASIBLE It is feasible to collect and report data for the metric/indicator in the relevant setting.

Modified from: eRegistries indicator evaluation tool (Flenady et al. 2016)

Figure 29: Nursing and Midwifery Quality Care-Metrics Judgement Framework Tool

2.6.3 Consensus Findings: Following the Public Health Nursing Nursing and Midwifery Quality-Care Metrics consensus meeting, 14 nursing quality care process metrics and 67 associated indicators were agreed for the public health nursing services new suite of Nursing and Midwifery Quality-Care Metrics as included in Part A, 2.0.

2.7 RESOURCES NECESSARY TO IMPLEMENT THE GUIDELINE RECOMMENDATIONS

2.7.1 The resources required for the implementation of the guideline recommendations e.g. Quality Care-Metrics at service level, are outlined within 3.2.3 *Implementation Phases; 15 Steps to Support Implementation* and 3.4, *State of Readiness and Capacity Checklist*.

2.7.2 Consideration of each Implementation Phase and Completion of the State of Readiness and Capacity Checklist will provide services with the opportunity to identify what resources may be required locally.

2.7.3 Directors of Nursing and Midwifery should be cognisant of local structures and/or requirements when completing the *State of Readiness and Capacity Checklist*.

2.8 OUTLINE OF GUIDELINE STEPS/ RECOMMENDATIONS

Refer to Part A

3.0 GOVERNANCE AND APPROVAL

3.1 FORMAL GOVERNANCE ARRANGEMENTS

3.1.1 The National Nursing and Midwifery Nursing and Midwifery Quality-Care Metrics Approval Governance Group (Appendix VI) provided formal governance for the project, the Director of the ONMSD is the designated chairperson for this group.

3.1.2 The National Nursing and Midwifery Nursing and Midwifery Quality-Care Metrics Approval Governance Group worked to an agreed scope and terms of reference. Roles and responsibilities of this advisory group membership along with the process of meeting were clearly outlined and agreed.

3.1.3 The National Nursing and Midwifery Nursing and Midwifery Quality-Care Metrics Project Lead reported to the National Nursing and Midwifery Nursing and Midwifery Quality-Care Metrics Approval Governance Group and the ONMSD. The national project plan and work of the National Nursing and Midwifery Nursing and Midwifery Quality-Care Metrics Project Officer Group was presented by the National Project Lead at all governance meetings.

3.2 GUIDELINE DEVELOPMENT STANDARDS

3.2.1 The guideline was developed within the HSE National Framework for Developing PPPGs (2016) and has adhered to the NCEC standards as set out within.

3.3 COPYRIGHT/PERMISSION SOUGHT

3.3.1 Not required.

3.4 GUIDELINE CHECKLIST

3.4.1 The approved checklist has been completed as per Section 4 of the HSE National Framework for developing PPPGs (2016) and is retained with the master copy of this guideline.

4.0 COMMUNICATION AND DISSEMINATION

4.1 Staff will be made aware of this guideline through HSE Directorate communication mechanisms, nursing forums and the ONMSD communication process. This guideline will be available on <http://www.hse.ie/eng/about/Who/ONMSD/>

5.0 IMPLEMENTATION

- 5.1 Implementation Plan: Refer to Part A, 4.1
- 5.2 Education/Training plans required for Implementation: Refer to Part A, 4.2
- 5.3 Identification of Lead Person(s) responsible for Implementation: Refer to Part A, 4.3
- 5.4 Specific Roles and Responsibilities: Refer to Part A, 4.4

6.0 MONITORING, AUDIT AND EVALUATION

6.1 The ONMSD provides the overarching governance and leadership to support structures for monitoring, audit and evaluation of PPPGs related to Nursing and Midwifery Quality-Care Metrics through the ONMSD Governance Group.

6.2 The National Nursing and Midwifery Quality-Care Metrics Project team is responsible for the development and dissemination of this guideline to support services in the implementation process for Nursing and Midwifery Nursing and Midwifery Quality-Care Metrics Data Measurement within the Public Health Nursing Services.

7.0 REVISION/UPDATE

7.1 This guideline will be due for revision three years from approval. The procedure for this revision will be in alignment with the HSE National Framework for developing PPPGs (2016).

7.2 In the event of new evidence emerging which relates directly to this guideline, a working group will be convened to revise and amend the guideline if warranted.

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APPENDIX I SIGNATURE SHEET

I have read, understand and agree to adhere to this Guideline:

PRINT NAME	SIGNATURE	AREA OF WORK	DATE

APPENDIX II

IMMEDIATE SAFETY/RISK IDENTIFICATION FORM FOR NURSING AND MIDWIFERY METRICS

The data collector has identified the following immediate safety or risk issues (Example Safety Issue Identified: cupboard unsecured) which requires attention by the ADPHN/RPHN in charge on the day of the metric being undertaken.

This Immediate Safety/Risk Identification Form is to highlight an issue that may need to be addressed immediately by the ADPHN/RPHN in charge prior to the formal report findings of the Metric. It is the responsibility of the clinical nurse/midwife manager or nurse/midwife in charge to act immediately on the issues outlined in line with the safety/risk identified. It is their responsibility to inform their relevant ADPHN of the issue in a timely fashion and outline to the ADPHN the action they took to alleviate or eliminate safety/risk identified.

During the conduction of metrics in the ward today, the following safety/risk concerns are identified.



TO BE COMPLETED BY THE DATA COLLECTOR UNDERTAKING METRIC

Name of Hospital/Service Location:	
Name of Network/Area	
Name of Auditor:	
Metric Title:	
Date:	
Safety/Risk Issue Identified:	
Name of ADPHN or RPHN / RPHN Practice Development co ordinator in charge informed of Safety/Risk Issue:	

TO BE COMPLETED BY CNM OR NURSE IN CHARGE

Name of ADPHN informed of Safety/Risk Issue		
Please sign to confirm the relevant ADPHN/ RPHN/RPHN Practice Development Co ordinator has been informed and record date informed.	Date: 	Signature of ADPHN or RPHN in Charge

Please retain this Form for reference on your ward for a period of one year



APPENDIX III

MEMBERSHIP OF THE GUIDELINE DEVELOPMENT GROUP (NATIONAL QUALITY CARE-METRICS PROJECT TEAM)

Chairperson: Dr. Anne Gallen National Lead for Nursing & Midwifery Quality Care-Metrics
Angela Killeen NMPDU Quality Care-Metrics Project Officer, NMPD HSE North West
Ciara White NMPDU Quality Care-Metrics Project Officer, NMPD HSE Dublin North
Deirdre Keown NMPDU Quality Care-Metrics Project Officer, NMPDU HSE North West
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Gillian Conway NMPDU Quality Care-Metrics Project Officer, NMPDU HSE West/Mid-West
Johanna Downey NMPDU Quality Care-Metrics Project Officer, NMPDU HSE South
Leonie Finnegan NMPDU Quality Care-Metrics Project Officer, NMPDU HSE South East
Margaret Nadin NMPDU Quality Care-Metrics Project Officer, NMPDU HSE Dublin North East
Mary Nolan NMPDU Quality Care-Metrics Project Officer, NMPDU HSE Midlands

APPENDIX IV CONFLICT OF INTEREST DECLARATION

A Conflict of Interest Declaration Form has been completed by each member of the Guideline Development Group (National Quality Care-Metrics Project Team) and is retained with the master copy of the guideline.

APPENDIX V
ADDITIONAL CONTRIBUTORS/GUIDELINE
REVIEWERS

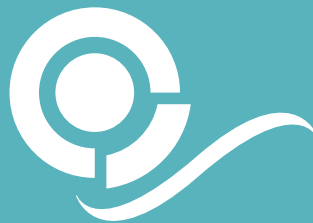
Ms Carmel Buckley	AREA DIRECTOR, NMPDU, HSE SOUTH
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APPENDIX VI

MEMBERSHIP OF THE APPROVAL GOVERNANCE GROUP (ONMSD GOVERNANCE GROUP)

<p>Chairperson: Ms Mary Wynne Director of the Office of the Nursing and Midwifery Services Director</p>	<p>SIGNATURE: <i>Mary Wynne</i></p> <p>DATE: 5TH DECEMBER 2018</p>
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<p>Dr Anne Gallen (NMPDU) ONMSD National Lead QCM</p>
<p>Professor Laserina O'Connor (UCD) QCM Academic Group Rep</p>
<p>Ms Gillian Conway (NMPDU) QCM NMPD Project Officers Rep</p>
<p>Hospital Group Chief Nurse Reps / IADNAM DON/M Reps:</p>
<p>Ms Julie Nohilly Acute Care</p>
<p>Ms Mary Brosnan Midwifery</p>
<p>Ms Suzanne Dempsey Children's Nursing</p>
<p>Ms Georgina Bassett Older Persons Care</p>
<p>Ms Catherine Adams Area Director of Mental Health Nursing Rep</p>
<p>Ms Mary B Finn-Gilbride Director of Public Health Nursing</p>
<p>Ms Theresa O'Loughlin Director of Nursing Intellectual Disability</p>
<p>Dr Jennifer Martin HSE Quality Improvement Division Rep</p>
<p>Mr Pat Kelly HSE ICT Rep</p>
<p>Ms Martina Harkin-Kelly INMO Rep</p>
<p>Ms Aisling Culhane PNA Rep</p>
<p>Ms Aideen Carberry SIPTU Rep</p>
<p>Ms Anne Harris Patient Voice</p>
<p>Ms Anita Gallagher Secretary to the Group</p>



NURSING & MIDWIFERY
QUALITY
CARE-METRICS

DECEMBER 2018

Office of the Nursing and Midwifery Services Director
Clinical Strategy and Programmes Division

Health Service Executive
Dr. Steevens' Hospital
Dublin 8
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