

SUMMARY
DOCUMENT

NATIONAL SUMMARY GUIDANCE

FOR NURSING AND MIDWIFERY QUALITY CARE-METRICS
DATA MEASUREMENT IN

PUBLIC HEALTH NURSING SERVICES 2018

To be used in conjunction with the National Guideline for Nursing and Midwifery Quality Care-Metrics Data Measurement in Public Health Nursing Services 2018 (ONMSD 2018 - 031)

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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

CONTENTS

1.0	INITIATION OF QUALITY CARE-METRICS AT SERVICE LEVEL	6
1.1	PURPOSE	6
1.2	SCOPE	6
1.3	OBJECTIVE	7
1.4	OUTCOMES	7
2.0	METRICS, INDICATORS AND ADVICE FOR PUBLIC HEALTH NURSING SERVICES 2018	8
2.1	PRESSURE ULCER PREVENTION AND MANAGEMENT QUALITY CARE-METRIC	9
2.2	WOUND MANAGEMENT QUALITY CARE-METRIC	10
2.3	HEALTH CARE ASSOCIATED INFECTION PREVENTION AND CONTROL QUALITY CARE-METRIC	11
2.4	CONTINENCE ASSESSMENT AND MANAGEMENT QUALITY CARE-METRIC	11
2.5	CLIENT/FAMILY/CARER EXPERIENCE QUALITY CARE-METRIC	13
2.6	HEALTH PROMOTION QUALITY CARE-METRIC	14
2.7	CARE PLAN DEVELOPMENT AND EVALUATION QUALITY CARE-METRIC	14
2.8	MEDICATION SAFETY QUALITY CARE-METRIC	17
2.9	MATERNAL HEALTH QUALITY CARE-METRIC	18
2.10	INFANT NUTRITION QUALITY CARE-METRIC	19
2.11	CHILD DEVELOPMENT ASSESSMENT QUALITY CARE-METRIC	20
2.12	CHILD AND FAMILY HEALTH NEEDS ASSESSMENT QUALITY CARE-METRIC	20
2.13	CHILD WELFARE AND PROTECTION QUALITY CARE-METRIC	21
2.14	SAFEGUARDING VULNERABLE ADULT QUALITY CARE-METRIC	22
3.0	PROCESS FOR QUALITY CARE-METRICS DATA COLLECTION	23
3.1	PROCESS	23
3.2	SAMPLE SIZE	24
3.3	TIMING OF MONTHLY DATA COLLECTIONS	24
3.4	ACCESSING TEST YOUR CASE HSE (TYC HSE) SYSTEM	24
3.5	DATA ENTRY	26
4.0	QUALITY CARE-METRICS DATA ANALYSIS	28
4.1	SCORING SYSTEM	28
4.2	REPORTING	29

5.0	QUALITY CARE-METRICS ACTION PLANNING	34
5.1	ACCESSING ACTIONING PLANNING ON TYC HSE	34
5.2	SEVEN STEPS OF ACTION PLANNING	34
6.0	REFERENCES	38
7.0	APPENDICES	39
APPENDIX I:	GLOSSARY OF TERMS AND DEFINITIONS	40
APPENDIX II	ABBREVIATIONS	41
APPENDIX III	IMMEDIATE SAFETY/RISK IDENTIFICATION FORM FOR NURSING AND MIDWIFERY METRICS	42
APPENDIX IV	SUPPORTING EVIDENCE	44

FIGURES

Figure 1:	Public Health Nursing Services Quality Care-Metrics	8
Figure 2:	Undertaking Quality Care-Metrics at Service Level	23
Figure 3:	TYC HSE System	25
Figure 4:	Data Entry: TYC HSE System	26
Figure 5:	Data Entry: TYC HSE System (1)	26
Figure 6:	Data Entry: TYC HSE System (2)	27
Figure 7:	Traffic Light Scoring System	28
Figure 8:	Scoring System	28
Figure 9:	Accessing Reports from TYC HSE	29
Figure 10:	Create your own Report	30
Figure 11:	Create your own Report; Column Heading: Month and Row Heading: Section and Question	31
Figure 12:	Create your own Report; Results; Column Heading: Month and Row Heading: Section and Question	31
Figure 13:	Create your own Report; Results; Column Heading: Location and Row Heading: Section and Question	32
Figure 14:	Create your own Report; Results; Column Heading: Month and Row Heading: Location Grouping	33
Figure 15:	Create your own Report; Results; Column Heading: Section and Row Heading: Location Grouping	33
Figure 16:	Accessing Action Planning on TYC HSE	34
Figure 17:	SMART Goals	36

1.0 INITIATION OF QUALITY CARE-METRICS AT SERVICE LEVEL

1.1 PURPOSE

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

1.1.2 This summary guidance 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.

1.2 SCOPE

1.2.1 This summary guidance applies to all registered PHNs/registered nurses and midwives within Public Health Nursing services, who are engaged with Nursing and Midwifery Quality Care-Metrics in nursing and midwifery practice.

1.2.2 This summary guidance does not apply to other disciplines outside of nursing and midwifery.

1.2.3 The application of this summary guidance is aligned to the Nursing and Quality Care-Metrics Public Health Nursing Research Report (HSE 2018) and the National Guideline for Nursing and Midwifery Quality Care-Metrics Data Measurement in Public Health Nursing Services 2018 (ONMSD 2018 -031).

1.2.4 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 the Signature Sheet in the National Guideline for Nursing and Midwifery Quality Care-Metrics Data Measurement in Public Health Nursing Services 2018 (ONMSD 2018 - 031) to indicate that they have read, understood and agree to the guideline. The completed signature sheet should be retained at service level.

1.3 OBJECTIVE

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

1.4 OUTCOMES

1.4.1 Application of this summary guidance, in conjunction with the National Guideline for Nursing and Midwifery Quality Care-Metrics Data Measurement in Public Health Nursing Services (ONMSD 2018 - 031), will enable consistency in the reliability and validity of the data collection to support a standardised approach in Public Health Nursing services nationally.

1.4.2 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 1.



Figure 1: 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	I A pressure ulcer risk assessment was recorded using a validated tool
	<p>Mark Yes if pressure ulcers risk assessment was completed using a validated tool.</p> <p>Mark No if a pressure ulcer risk assessment was <u>not</u> completed, or if not dated, timed or signed by the assessing nurse.</p> <p>Recommended validated tool as per National Guideline for Wound Management 2018.</p> <p>Mark N/A if not applicable</p>
2	I There is evidence that the client's pressure ulcer risk was re-assessed and documented using a validated tool
	<p>Mark Yes if re-assessment has taken place within a 3 month period or more frequently if change in condition.</p> <p>Mark No if re-assessment has <u>not</u> taken place using a validated tool or is outside the three month period</p> <p>Mark N/A if individual is not due to have re-assessment of pressure ulcer risk within the time frame</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 If a pressure ulcer is present, the grade has been recorded on the relevant documentation
	<p>Mark Yes if clearly graded using the Pressure Ulcer Advisory Panel Classification system/ Pressure Ulcer Prevention Point Chart.</p> <p>Mark No if pressure ulcer is <u>not</u> clearly graded.</p> <p>Mark N/A if no pressure ulcer is present.</p>
4	I There is evidence that evaluations of the pressure ulcer has been recorded with the client's response to interventions documented
	<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</p> <p>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.</p> <p>Mark N/A if no pressure ulcer is present or if the date for evaluation is not yet due.</p>
5	I There is documented evidence of the use of pressure distributing devices and/or alternative pressure therapies based on skin assessment
	<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.</p> <p>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</p> <p>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	Mark Yes if there <u>is</u> documented evidence of the provision of verbal/written guidance to the individual/family/carer. Mark No if there is <u>no</u> document evidence of the provision of verbal guidance to the individual/family/carer.

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	Mark Yes if there <u>is</u> documented evidence of assessment of the wound using a validated tool. Mark No if there is <u>no</u> documentation of assessment of the wound using a validated tool. Mark N/A if the client does <u>not</u> have a wound. 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
2	I	The client's risk factors impacting effective wound healing have been Identified and documented as per the National Wound Management Guidelines
	A	Mark Yes if the risk factors <u>have been</u> identified and documented as per the National Wound Management Guidelines Mark No if risk factors have <u>not</u> been identified, documented/dated/timed and signed. Mark N/A if the client does <u>not</u> have a wound. 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
3	I	There is documented evidence that the wound care plan has been developed
	A	Mark Yes if there <u>is</u> documented evidence of a developed and completed wound care plan. Mark No if there is <u>no</u> documented evidence of a developed and completed wound care plan. Mark N/A if the client does <u>not</u> have a wound.
4	I	There is documented evidence that the wound care plan has been evaluated and updated if clinically indicated
	A	Mark Yes If there is documented evidence that the wound care plan has been evaluated and updated within the indicated timeframe. Mark No If there is <u>no</u> documented evidence that the wound care plan has been evaluated and updated within the indicated timeframe. Mark N/A if the client does <u>not</u> have a wound or if evaluation is not due.

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	I There is documented evidence that the client/family/carer has received the appropriate education pertinent to their individual circumstances
	<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	I An assessment has been completed and documented to identify the holistic needs of the client
	<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	I The documented care plan reflects the individuals current condition, the goals and plan which has been developed with the client/family/carer
	<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	I Evaluation of the care plan is documented and has been adjusted in accordance to the client's changing needs
	<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	I	A falls risk assessment has been recorded where indicated
	A	<p>Mark Yes if a falls risk assessment <u>has</u> been completed in full using a validated tool.</p> <p>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	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
	A	<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>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	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
	A	<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>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	I	There is documented evidence that the client's plan of care for pain is reassessed using a validated tool during the treatment period
	A	<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>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	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
	A	<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>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 <u>no</u> 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>
2	<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>

Note: Legislation, regulation and other publications, which are relevant to the Public Health Nursing Quality Care-Metrics development, are listed in Appendix IV

3.0 PROCESS FOR QUALITY CARE-METRICS DATA COLLECTION

3.1 PROCESS

3.1.1 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.

3.1.2 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.

3.1.3 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 2.0](#).

3.1.4 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.

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

Figure 2 outlines the process for undertaking Nursing and Midwifery Nursing and Midwifery Quality Care-Metrics

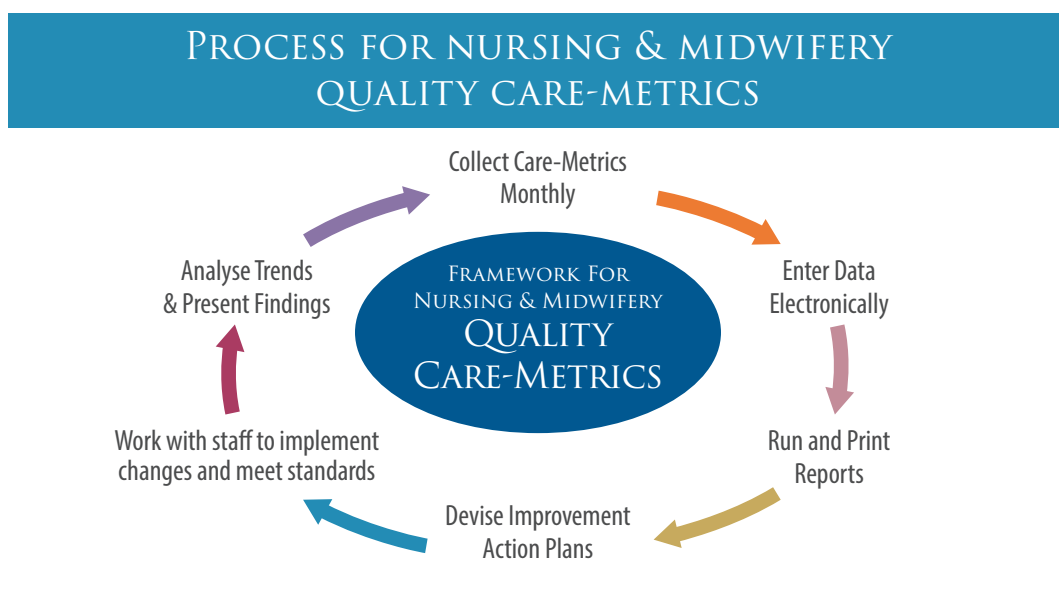


Figure 2: Undertaking Quality Care-Metrics at Service Level

3.2 SAMPLE SIZE

3.2.1 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.

3.2.2 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.

3.3 TIMING OF MONTHLY DATA COLLECTIONS

3.3.1 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.

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

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

3.4 ACCESSING TEST YOUR CASE HSE SYSTEM

3.4.1 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.

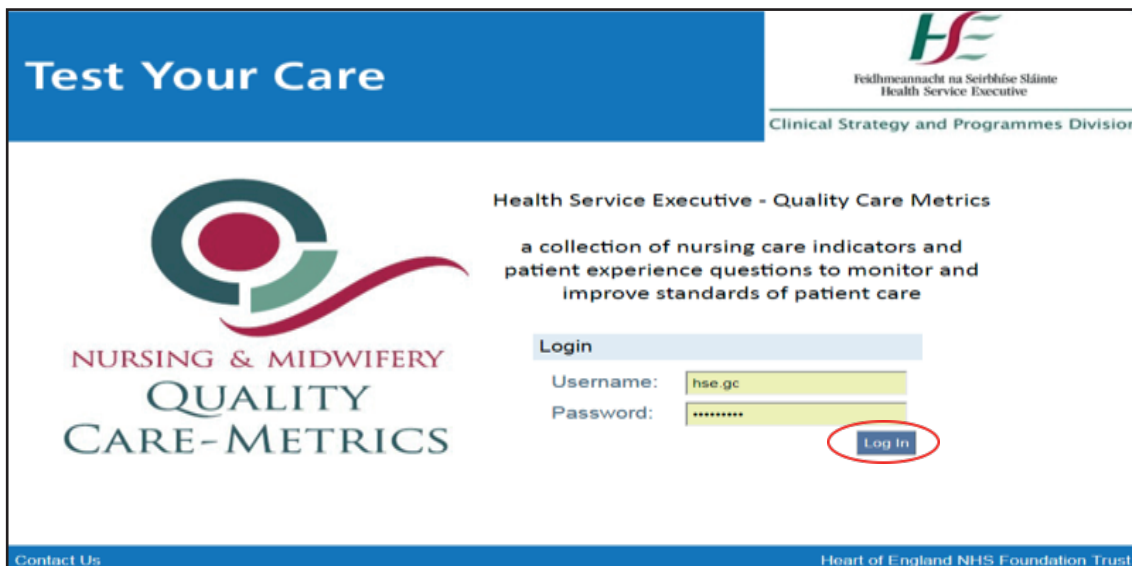


Figure 3: TYC HSE System

3.4.2 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 3.

3.4.3 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

3.4.4 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.

3.5 DATA ENTRY

3.5.1 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.

3.5.2 A drop down menu (Figure 4) 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 4: Data Entry: TYC HSE System

3.5.3 Data entry occurs through the selection of the predetermined answers ‘Yes/No/Not Applicable’ (Figure 5 and 6)

	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 5: 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

evan/Monaghan PHN Service > .demo. > .demo.

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 6: Data Entry: TYC HSE System (2)

4.0 QUALITY CARE-METRICS DATA ANALYSIS

4.1 SCORING SYSTEM

4.1.1 Scores are illustrated easily using a Traffic Lights Scoring System which highlights areas of improvement, areas of risk and areas of excellence (Figure 7). 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.

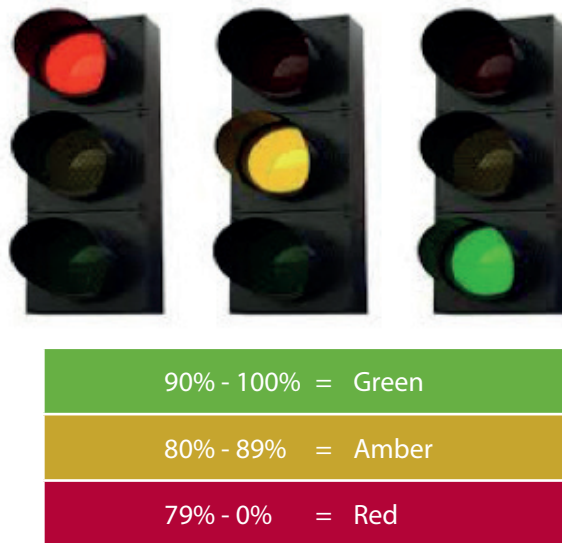


Figure 7: Traffic Light Scoring System

4.1.2 The highlighted score will be colour coded as illustrated in Figure 7 and is shown in three ways (Figure 8):

	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 8: Scoring System

4.2 REPORTING

4.2.1 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.

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

4.2.3 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.

4.2.4 To access reporting click the **Report** tab in the top right hand corner (Figure 9)

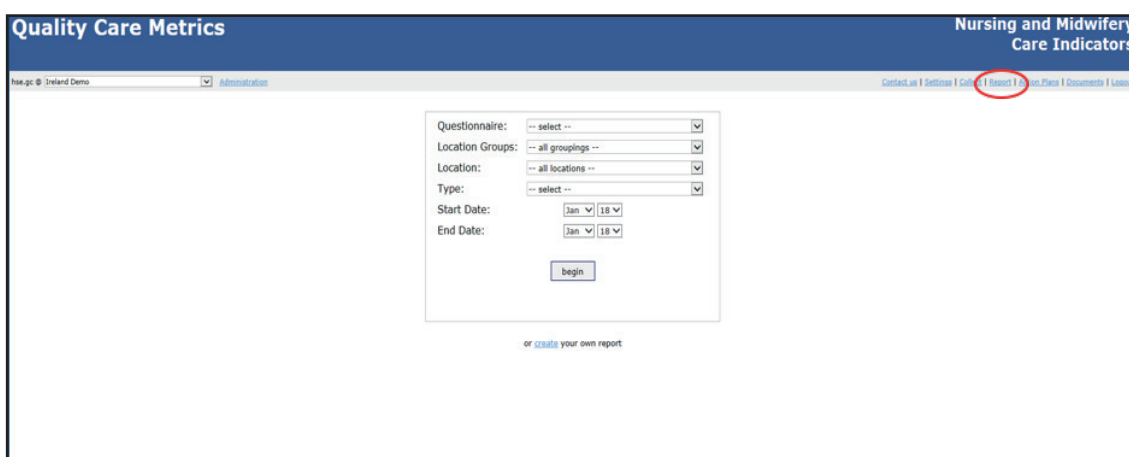


Figure 9: Accessing Reports from TYC HSE

4.2.5 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

4.2.6 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

4.2.7 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 10 and 11).

- 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'

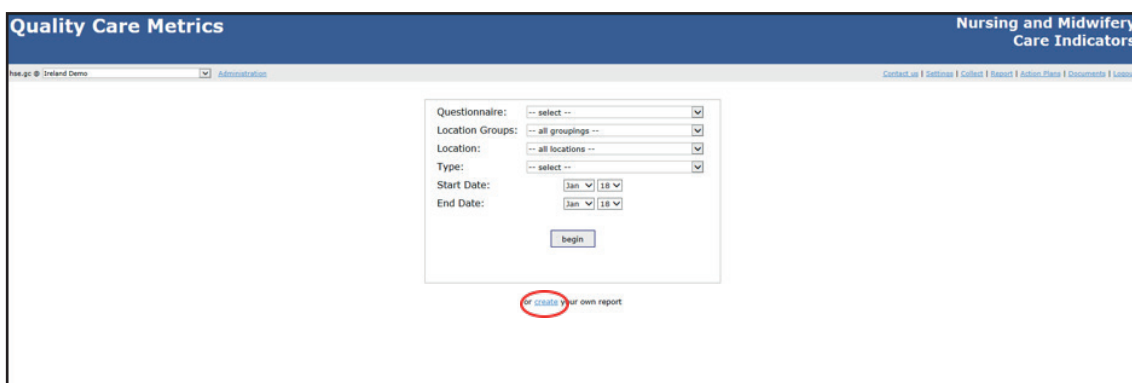


Figure 10: Create your own Report

Figure 11: 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 12).

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

4.2.8 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 10 and 13).

- 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'

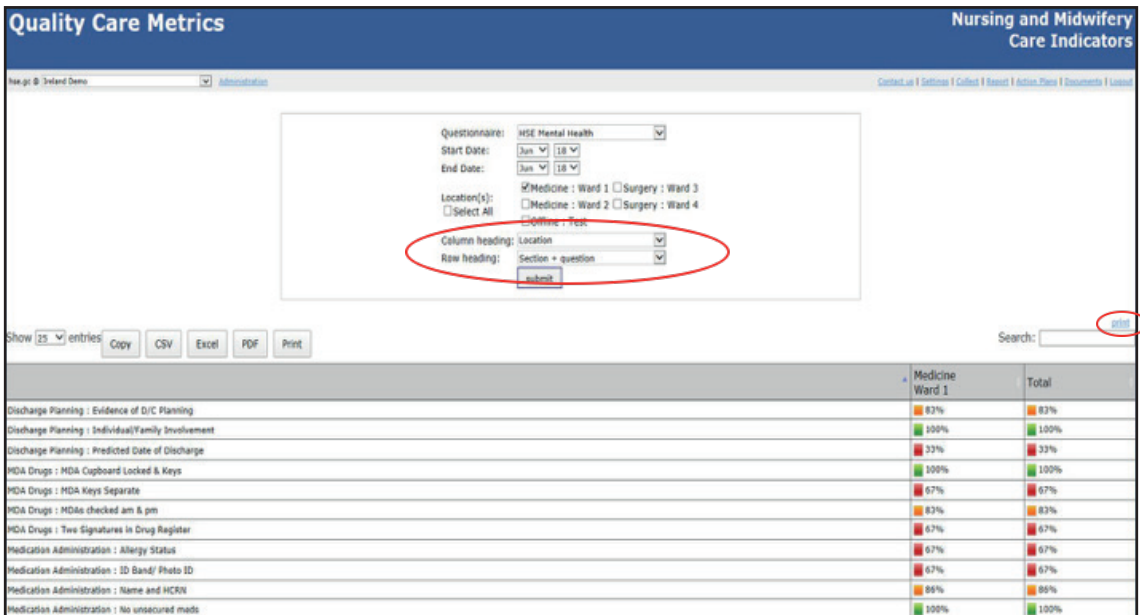


Figure 13: Create your own Report; Results; Column Heading: Location and Row Heading: Section and Question

- 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 13).

4.2.9 Create your own Report (3): if a more detailed report is required the 'Create your own report' option may be used (Figure 10 and 14).

- 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'

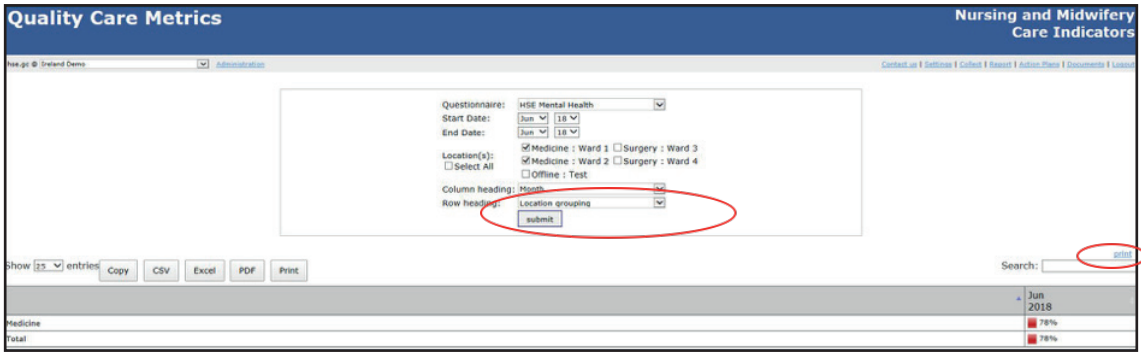


Figure 14: Create your own Report; Results; Column Heading: Month and Row Heading: Location Grouping

- This selection, 'Column Heading: Month and Row Heading: Location Grouping' supports the ADPHN to compare groupings/divisions per month if set up (Figure 14).

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 15).

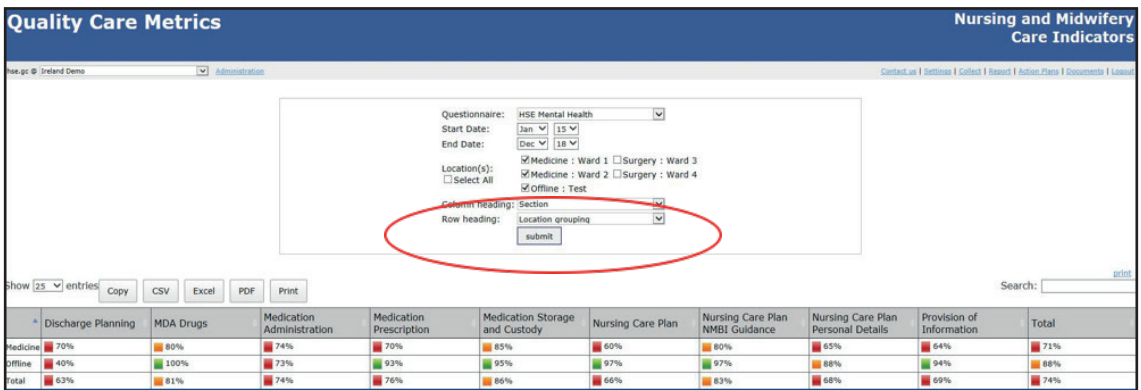


Figure 15: Create your own Report; Results; Column Heading: Section and Row Heading: Location Grouping

5.0 QUALITY CARE-METRICS ACTION PLANNING

5.1 ACCESSING ACTION PLANNING ON TEST YOUR CARE HSE

5.1.1 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 16.

The screenshot displays the 'Quality Care Metrics' web application interface. The header includes the title 'Quality Care Metrics' and 'Nursing and Midwifery Care Indicators'. A navigation menu at the top right contains links for 'Contact us', 'Settings', 'Collect', 'Report', 'Action Plans', 'Documents', and 'Logout'. The 'Action Plans' link is circled in red. The main content area shows a form with the following fields:

Questionnaire: HSE Acute Patient Experience	Location: Medicine : Ward 1		
Area / Issue(s): General Some nurses not washing hands between patients	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	Complete: <input type="text"/> <input type="button" value="save"/>

Figure 16: Accessing Action Planning on Test Your Care HSE

5.1.2 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.

5.2 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

5.2.1 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

5.2.2 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

5.2.3 STEP 3; WRITING THE ACTION PLAN

- Having identified what areas (metric/indicator) to tackle - be SMART as guided by Figure 17
- 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

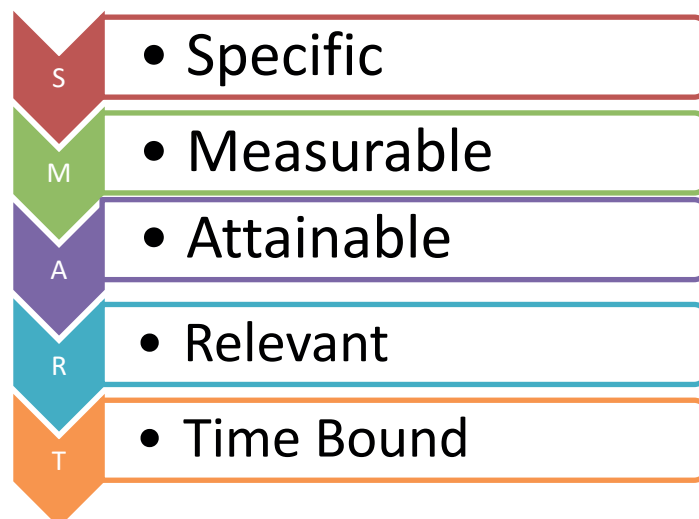


Figure 17: SMART Goals

5.2.4 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)

5.2.5 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

5.2.6 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?

5.2.7 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

6.0 REFERENCES

Foulkes, M. (2011) Nursing metrics: measuring quality in patient care. *Nursing Standard*. 25(42): 40-45.

Health Service Executive (HSE). (2018) *Nursing & Midwifery Nursing and Midwifery Quality-Care Metrics: Public Health Nursing Research Report*. Dublin: Health Service Executive.

Health Service Executive (HSE). (2018d) *National Guideline for Nursing and Midwifery Quality Care Metrics Data Measurement in Public Health Nursing Services*. Dublin: Health Services Executive.

McHugh, M. L. (2012) Interrater reliability: The Kappa Statistic. *Biochemia Medica*. 22(3): 276–282.

Please note that the full references for the Supporting Evidence (Appendix IV) are available in the National Guideline for Nursing and Midwifery Quality Care-Metrics Data Measurement in Public Health Nursing Services 2018 (ONMSD 2018 - 031)

APPENDIX I

GLOSSARY OF TERMS AND DEFINITIONS

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).

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).

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).

APPENDIX II

ABBREVIATIONS

ABA	An Bord Altranais
ADoN/ADoM	Assistant Director of Nursing/Assistant Director of Midwifery
ADPHN	Assistant Director Public Health Nursing
BOAT	Breast Feeding Observation Assessment Tool
CNM/CMM	Clinical Nurse Manager/Clinical Midwife Manager
DOB	Date of Birth
HIQA	Health Information and Quality Authority
HCRN	Healthcare Record Number
HSE	Health Service Executive
IMEWS	Irish Maternity Early Warning Score
MCN	Medical Council Number
MUST	Malnutrition Universal Screening Tool
NMBI	Nursing and Midwifery Board of Ireland
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
RN	Registered Nurse
RPHN	Registered Public Health Nurse
TYC HSE	Test Your Care Health Service Executive

APPENDIX III

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.

TO BE COMPLETED BY THE DATA COLLECTOR UNDERTAKING METRIC

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

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 IV SUPPORTING EVIDENCE

Legislation and regulation publications, which are relevant to the Public Health Nursing Services Quality Care-Metrics development are listed below.

The complete list of references can be accessed in the National Guideline for Nursing and Midwifery Quality Care-Metrics Data Measurement in Public Health Nursing Services 2018 (ONMSD 2018 - 031).

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)

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- *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)
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- *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)*

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- *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)*

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- *A Report on the Child and Family Health Needs Assessment Framework Project, (O'Dwyer, 2012)*
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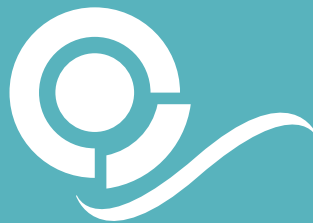
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- *Children First: National Guidance for the Protection and Welfare of Children, (Department of Children and Youth Affairs, 2011)*
- *National Standards for the Protection and Welfare of Children For Health Service Executive Children and Family Services, (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)*

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- *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)*

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- *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)*



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