
NURSING AND MIDWIFERY QUALITY CARE-METRICS:

# INTELLECTUAL DISABILITY SERVICES RESEARCH REPORT

JUNE 2018

NURSING & MIDWIFERY QUALITY CARE-METRICS

Office of the Nursing & Midwifery Services Director

Tús Áite do Shábháilteacht Othar
Patient Safety First

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

NURSING AND MIDWIFERY QUALITY CARE-METRICS:

# Intellectual Disability Services Research Report


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# Foreword

Dear Colleagues,

As nurses and midwives, the continuous improvement of patient/client care is a central component of our ethical responsibility, professional accountability and nursing and midwifery values. Every day we engage in numerous healthcare interventions where our knowledge, clinical expertise and professional judgement guide our practice to ensure high quality, safe care delivery. Knowing however what quality nursing and midwifery care is, and how to measure it has always been a challenge, both in Ireland and internationally.

Many quality improvement approaches in healthcare tend to focus on outcomes, such as morbidity, length of stay, readmission rates, infection rates, number of medication errors and pressure ulcers. Measuring outcomes is an important indicator for healthcare and provides a retrospective view of the quality and safety of care. To determine however the quality of nursing and midwifery care, and in particular our contribution to patient safety and continuous quality improvement, we need to be able to clearly articulate and measure what it is that we do. These are the important aspects of our daily professional practice, the fundamentals of care, often referred to as our clinical care processes.

In 2016, my Office commissioned a national research study to establish from both the academic literature and the consensus of front-line nurses and midwives, the important dimensions of nursing and midwifery care that should be measured, reflecting on the processes by which we provide care, and the values underpinning our practice. The voice of nurses and midwives in this research has been the major force to communicate the professional standards for excellence in care quality. The culmination of this work has resulted in a suite of seven Quality-Care Metrics reports.

I wish to acknowledge the clinical leadership of all the nurses and midwives who contributed and engaged in this research. In particular I wish to thank the Directors of Nursing and Midwifery for their support, the Directors and Project Officers of the Nursing and Midwifery Planning and Development Units, members of the work stream working groups and the research teams of University College Dublin, University of Limerick, and the National University Ireland Galway who guided us through the academic journey. I would also like to acknowledge the Patient Representatives for their contribution and the expert external reviewer, Professor Mary Ellen Glasgow, Dean and Professor of Nursing, Duquesne University, Pittsburgh, USA. Details of the governance structure and membership of the range of stakeholders who supported this work are outlined in the Appendices.

Finally, I wish to convey my thanks to Dr Anne Gallen for taking the national lead to co-ordinate this significant quality initiative that supports nurses and midwives at the point of care delivery to engage in continuous quality improvement and positively influence the patient/client experience.

**Ms. Mary Wynne**

Interim Nursing & Midwifery Services Director
Assistant National Director
Office of Nursing & Midwifery Services Director

**Dr. Anne Gallen**

National Lead
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# Acknowledgements

The Nursing and Midwifery Quality Care Metrics Project was commissioned by the HSE Office of Nursing and Midwifery Services. The research team has worked closely with the Nursing and Midwifery Planning and Development Unit (NMPDU) Directors, Project Officers and Work-stream Working Group members. Nurses within the Intellectual Disability Services have also contributed tremendously to the project by completing the Delphi Rounds. The team is most grateful to all the NMPDU staff, Work-stream Working Group members and all participants who have helped develop this evidence based suite of quality care process metrics and indicators for the Intellectual Disability Services.

We would also like to ackowledge the contribution of Professor Mary Ellen Glasgow, Dean and Professor of Nursing, Duquesne University, Pittsburgh, USA, who contributed as the international expert reviewer to the research study.

# Contents

# Glossary/ Abbreviation of Terms

| | |
|---|---|
| **ANA** | American Nurses Association |
| **ASSIA** | Applied Social Sciences Index and Abstracts |
| **CALNOC** | Collaborative Alliance for Nursing Outcomes |
| **CDSR** | Cochrane Database of Systematic Reviews |
| **CENTRAL** | Cochrane Central Register of Controlled Trials |
| **CINAHL** | Cumulative Index of Nursing and Allied Health Literature |
| **CNM1** | Clinical Nurse Manager 1 |
| **CNM2** | Clinical Nurse Manager 2 |
| **CNM3** | Clinical Nurse Manager 3 |
| **CNS** | Clinical Nurse Specialist |
| **DARE** | Database of Abstract of Reviews of Effects |
| **DML** | Dublin Mid-Leinster |
| **DON** | Director of Nursing |
| **Embase** | Excerpta Medica Database |
| **HIQA** | Health Information and Quality Authority |
| **HSE** | Health Service Executive |
| **ID** | Intellectual Disability |
| **MDA** | Misuse of Drugs Act |
| **MDT** | Multidisciplinary Team |
| **MRN-** | Medical Record Number |
| **ND** | No Date |
| **NHS** | National Health Service |
| **NMBI** | Nursing and Midwifery Board of Ireland |
| **NMPDU** | Nursing and Midwifery Board of Ireland |
| **NPDC** | Nursing and Midwifery Planning and Development Units |
| **NUI** | National University of Ireland |
| **ONMSD** | Office of the Nursing and Midwifery Services Director |
| **PDF** | Portable Document Format |
| **PHN** | Public Health Nurse |
| **PPPG** | Policies, Procedures, Protocols and Guidelines |
| **PRISMA** | Preferred Reporting Items for Systematic Reviews and Meta-Analyses |
| **PRN** | Pro re nata/ When necessary |
| **Pubmed** | Public Medline |
| **PyscINFO** | Psychological Information Database |
| **QCM** | Quality Care Metrics |
| **SOP** | Standard Operating Procedure |
| **UCD** | University College Dublin |
| **UK** | United Kingdom |
| **UL** | University of Limerick |
| **US** | United States |

# Figure



# Tables

# Executive Summary

## Background

This report presents the findings of a Nursing and Midwifery Quality Care Metrics project for Intellectual Disability (ID) Services in Ireland. The aim of the project was to identify a final suite of nursing quality care process metrics and associated indicators. To achieve this purpose, seven work streams (acute, mental health, public health nursing, children, midwifery, older person, and intellectual disability services) were established and led by the Nursing and Midwifery Planning and Development Units (NMPDU) project officers (Appendix 1, 2, 3). Academic support was provided from three universities in Ireland (National University of Ireland Galway, University College Dublin and University of Limerick). It was agreed that a 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. A Quality Care Process Indicator is a quantifiable measure that captures what nurses are doing to provide that care in relation to a specific tool or method.

## Design

A two-stage project design approach was taken consisting of a systematic review of the literature and a Delphi consensus process. Ethical approval was obtained and project governance processes were established. The systematic literature review was initially conducted to identify process metrics and relevant indicators across all seven work streams nationally. Eight databases were included in the initial search. For ID specific metrics and indicators, grey literature was sourced from ID services nationally and supplemented by hand searching to ensure a comprehensive search strategy. From this initial search, no articles were identified which were directly relevant to ID, however, 14 articles were drawn upon the generic nursing literature, and 21 documents from the grey literature were identified. A total of 35 documents related to ID were included in the review. Following this, 20 existing and 16 new ID metrics were identified to be put forward to the second stage of the project which was the Delphi process.

The Delphi process consisted of four survey rounds. The first two rounds asked participants to rate the presented metrics for inclusion in the final suite of ID metrics while the third and fourth rounds asked participants to rate the associated indicators. 401 ID nurses were recruited with the overall response rate being over 50% for all of the rounds. At the end of the four Delphi survey rounds, 12 ID metrics and 84 associated indicators were identified.

The survey rounds were followed by a consensus meeting conducted on 29th of November 2017. A total of 12 panel members including academics, NMPDU project officers, Directors of Nursing, clinical practitioners, and other invited experts voted anonymously for each metric and its associated indicators. Each metric and indicator were discussed and then voted on by the panel members with each metric and indicator having to achieve 70% of the votes to be included in the final suite.

## Findings

A total of 12 metrics and 79 indicators reached the 70% threshold and were included in the final suite of Nursing and Midwifery Quality Care Metrics for ID (Figure 1).

## Conclusion

The aim of the Nursing Quality Care Metrics project was to identify a final suite of nursing quality care process metrics and associated indicators for ID to facilitate providing evidence of the nursing contribution to high quality, safe, patient care. Through a robust approach of a systematic literature review and a Delphi consensus process, a total of 12 nursing care process metrics and 79 indicators for ID were identified.

## Recommendation

The implementation of these process metrics and indicators into the healthcare setting is due to begin in 2018. An evaluation of the developed metrics and indicators from the Nursing and Midwifery Quality Care-Metrics Project is recommended using a robust research design. This will enable the examination of the impact of the metrics and indicators on nursing and midwifery care processes, while attempting to control for risk of biases.

**Figure 1: Final Suite of Intellectual Disability Services Nursing Metrics and Associated Indicators**

## 01 Nursing Documentation

- Nursing written records are legible, in permanent ink and signed
- Documented alterations/corrections are as per NMBI Guidance
- Personal information is stored securely with access only to relevant persons in order to protect the privacy and confidentially of the individual's details
- Documented entries are dated and timed (24 hour clock)
- Documented entries are in chronological order
- Documented abbreviations/grading systems are from a national or local approved list/system
- All student nurse documented entries are countersigned by the supervising nurse

## 02 Medicines Management

- All medicinal products are stored in a locked cupboard/trolleys/ or room
- Misuse of Drugs Act (MDA) are checked & signed at each shift changeover by registered nursing staff (member of day & night staff)
- Two signatures are entered in the MDA Drug Register for each administration of an MDA.
- The MDA cupboard is locked and keys are held by the designated nurse
- MDA drug keys are kept separate from other medication keys
- The person's prescription documentation provides details of person's legible name, unique identifier and photo ID
- The Allergy Status is clearly identifiable on the front page of the prescription chart
- Prescribed medicines not administered have an omission code entered and appropriate action taken
- The prescription start date is recorded
- The correct legible dose of drug is recorded with correct use of abbreviations
- The route and/or site of administration is recorded
- The frequency of medicines administration is as prescribed
- The minimum dose interval and/or 24hr maximum dose is specified for all PRN medicines

## 02 Medicines Management (continued)

- The prescription has the prescriber's signature (in ink) and Medical Council Number/Nursing and Midwifery Board of Ireland personal identification number
- Discontinued medicines are crossed off, dated and signed by person with prescriptive authority
- All medicines are reviewed in accordance with medication protocols
- A current Drug Formulary is available at the point of administration
- The generic name is used for each medicine unless the prescriber indicates a branded medicine and states "do not substitute"
- There is a support plan for self-administration of medication
- Self-administration of medicines is monitored for compliance and safety

## 03 Environment

- Policies, Procedures, Protocols and Guidelines (PPPGs) are current and signed by each registered nurse
- There is evidence of an action plan based upon the most recent regulatory inspection
- Environmental and infection control audits have been conducted and relevant action plans are in place

## 04 Safeguarding

- Safeguarding policies are reviewed and up to date
- Information is provided to the person regarding their rights (support to exercise their rights, advocacy, safeguarding/ protection) in accessible formats
- Where there is evidence of a safeguarding concern there is documentation of registered nurses compliance with the safeguarding policy
- A personalised risk assessment has been carried out in consultation with the person and relevant persons (family, advocates and the multidisciplinary team) and evident in the nursing care plans
- A plan is in place on the person's personal property, finances and possessions
- When assisting the person in the management of their finances, there is evidence that clear records are maintained, reconciled and subject to audit

## 05 Person Centred Communication

- A communication assessment has been conducted and a plan is documented
- The person's choice is obtained, respected and documented
- Communication strategies are identified in the person's care plan
- The person's communication level and style are documented
- Non-verbal and atypical communication behavioural patterns are documented
- There is documented evidence of a multidisciplinary team approach
- Information provided is in an accessible format for the individual
- Where non-engagement occurs, this is noted in the person's care plan

## 06 Physical Health Assessments

- A comprehensive health assessment has been conducted
- Known associated health risk factors are identified within the care plan
- A recognised assessment tool for persons with an intellectual disability has been used or appropriate tool adapted for specific areas e.g. pain, oral care, nutrition, hydration
- The person has been supported to engage in health screening
- The health care plan demonstrates a systematic approach to nursing care, management and interventions
- Physical health checks are conducted at least annually
- An individualised health passport has been developed in conjunction with the person

## 07 Mental Health Assessment

- A nursing mental health assessment has been conducted and documented
- A diagnosis of mental health illness is documented
- The individuals care plan demonstrates the nursing care, management and interventions to support the person's mental health and well-being

**Figure 1: Final Suite of Intellectual Disability Services Nursing Metrics and Associated Indicators** *(continued)*

## 08 Risk Assessment and Management

- There is evidence of positive proactive risk assessment and an action plan for identified risks within the person's care plan
- Appropriate referral and resulting consultations have occurred to address identified risks and are documented
- Incidents are documented within the care plan and escalated/ reported as appropriate
- A risk re-assessment is conducted and documented

## 09 Nursing Care Plan

- The personal plan is based on a model of care (Nursing Care Plan is based on an identified model of care)
- An assessment of need has been conducted and documented
- An individualised plan of care has been developed
- All documented nursing interventions are dated, timed and signed
- The care plan reflects the person's current health needs
- There is evidence of regular review of the care plan, dated, timed and signed

## 10 Person Centred Planning

- A personal plan/assessment of all aspects of the person's life has been conducted
- Actions/interventions are devised to support the person within their personal plan
- There is evidence of the person's involvement in their Personal Plan
- The person's level of need and preferences regarding the provision of intimate personal support are identified
- Self-advocacy/choices are recorded, respected and documented
- A transition plan exists across each life course stage

## 11 Positive Behaviour Support

- An assessment of distress has been conducted
- A personal behavioural plan exists
- Proactive and reactive behavioural strategies are identified and evident
- There is evidence that positive behavioural support strategies are reviewed by the multidisciplinary team

| | |
|---|---|
| 12<br>END OF LIFE/<br>PALLIATIVE CARE | • An end of life care plan is evident and documented<br>• The person has been supported to make end of life decisions and this process is evident within the personal care plan<br>• An ongoing assessment of changing health needs is evident and document<br>• A collaborative approach is in evidence across services<br>• There is evidence of ongoing information sharing with the individual regarding their end of life |

**Figure 1: Final Suite of Intellectual Disability Services Nursing Metrics and Associated Indicators** *(continued)*

# Introduction

Measures of nursing and midwifery care processes (metrics and their associated indicators) encompass all transactions associated with how care is provided, from technical delivery to interpersonal relationships of care. In Ireland, a national research project was conducted to develop one common, evidence-based metric system to measure nursing and midwifery quality care processes. Nationally, seven work streams were identified (acute, mental health, public health nursing, children, midwifery, older person, and intellectual disability services). Each work stream was led by an NMPDU project officer and consisted of an academic team and key stakeholders including Directors of Nursing and clinical practitioners. The project aimed to critically review the scope of existing metrics and indicators and to identify additional relevant metrics and indicators for nursing and midwifery quality care processes. It consisted of two stages; a systematic review of the literature and a Delphi study. The Delphi component consisted of a four round survey and a face to face consensus meeting. The first two rounds of the survey were to identify potential metrics with rounds three and four then identifying potential indicators for these metrics. This process culminated in a final consensus meeting with key stakeholders in which a suite of quality care process metrics and indicators were identified for each of the seven work streams.

This report presents the project findings for Intellectual Disability (ID) Services Quality Care Nursing Process Metrics and Indicators in which a suite of 12 metrics and 79 associated indicators were identified. The findings of stage 1 (literature review) and stage 2 (the Delphi consensus process) will be presented in turn.

# Stage 1: Systematic Literature Review

Initially this was conducted across all seven work-streams and aimed to identify within the literature the quality care process metrics and associated indicators for nursing and midwifery.

It soon became clear that it was essential to establish an agreed definition of metrics and indicators. Following discussion and review of the literature the following definitions were agreed:

A **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.

A **Quality Care Process Indicator** is a quantifiable measure that captures what nurses are doing to provide that care in relation to a specific tool or method.

## Methods

Established and robust processes for systematically reviewing literature were used (Moher et al. 2009).

### Search strategy

Eight databases were systematically searched including: PyscINFO, Embase, Pubmed, ASSIA, Cumulative Index to Nursing and Allied Health Literature (CINAHL), Cochrane Database of Systematic Reviews (CDSR), Cochrane Central Register of Controlled Trials (CENTRAL), and Database of Abstract of Reviews of Effects (DARE). Publications were also identified from hand searching and reviewing the relevant ID grey literature.

The search limits were studies published between 2007 and 2017, in English language where full text were available. For this purpose a systematic review procedure was adapted using the search terms nurs*:ab,ti OR midwi*:ab,ti AND ('minimum data set':ab,ti OR indicator*:ab,ti OR metric*:ab,ti OR 'quality measure*':ab,ti) AND [english]/lim AND [2007-2017]/py. The search was not limited for study design but widened to comprise all types of sources including grey literature.

## Screening and identification of studies

Covidence software (Cochrane 2016) was used to manage the retrieved studies. After duplicates were removed, each title was reviewed independently by at least two members of the national academic teams. Disputes were settled by discussion and negotiation. For all the remaining studies, the full abstracts were reviewed by two academics again with disputes resolved by the process outlined above.

As the initial review was to include all seven work streams, studies were included if participants were registered nurses/midwives. Also included were education programmes using nursing and midwifery metrics systems in acute, mental health, public health nursing, children, midwifery, older person or intellectual disability services where participants were persons in receipt of nursing or midwifery care and services. Included studies had to make a clear reference to nursing or midwifery care processes and identified a specific quality process in use or proposed use.

## Systematic review results

The search conducted across the eight databases resulted in 15, 304 citations. Following removal of duplicates, 7,524 unique references were identified and independently screened for selection. Following title and abstract screening, 218 citations were retained for full-text screening. Following full text screening, 112 articles were included upon the basis that they met the study's inclusion criteria. These articles were then tagged depending on their relevance to acute, mental health, public health nursing, children, midwifery, older person, and intellectual disability services. From this initial search, no articles were identified which were directly relevant to ID, however, 14 articles were drawn upon the generic nursing literature.

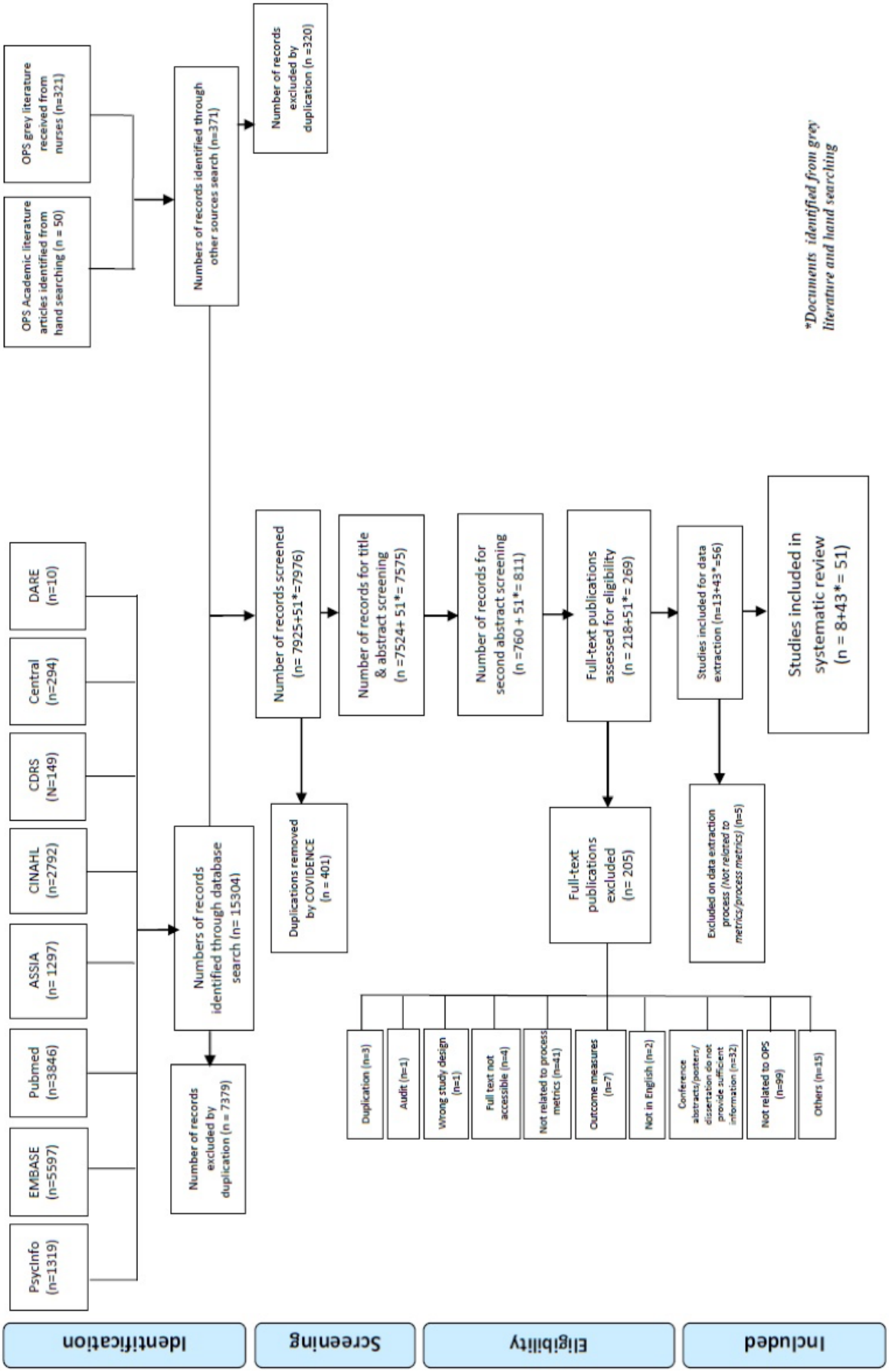
Additional searches included grey literature relevant to ID and publications identified from hand searching. From this search, 21 documents from grey literature were identified as relevant and included in the review. This resulted in 35 studies out of 7689 included after full text screening (Figure 2, Appendix 4 and 5).

A data extraction form was designed and studies were critically appraised. After several rounds of paper review, appraisal and data extraction by the four members of the ID academic team, 36 ID metrics were identified (Table 1). Twenty of the identified metrics were existing metrics with 16 new metrics identified. These new metrics were:

- Developing and maintaining positive relationships to meet client needs,
- Person centred communication provided appropriate to their communication needs,
- Positive behaviour support,
- Providing support for making choices and plans,
- Action plan in place,

- Infection prevention,
- Relevant health needs assessments have been carried out,
- Relevant individual health action plans,
- Appropriate screening plan,
- Health promotion,
- Pain assessment, monitoring and observing for verbal and non-verbal signals,
- Pain management,
- End of life and palliative care,
- Person centred plan to meet identified social needs e.g. family contact,
- Social skills e.g. skills for education, work and independent living,
- Mental health screening and action plan in place.

**Figure 2: PRISMA Flow Diagram for the Systematic Literature Review**



Following the systematic review process, an Intellectual Disability Services Working Group Meeting was held on the 29th of May, 2017 (Membership Appendix 6). This was to discuss the metrics extracted from the systematic literature review as well as the existing metrics from the 2015 ID Standard Operating Procedure for Nursing and Midwifery Quality Care Metrics. Following this discussion, 36 potential ID metrics were included in Round 1 of the Delphi survey (Table 1).

## Table 1. Existing and new Intellectual Disability (ID) services metrics for Round 1 of the Delphi survey

| Existing metrics | New metrics |
|---|---|
| 1. Person centred planning | 21. Developing and maintaining positive relationships to meet client needs |
| 2. Staff to respect residents privacy and dignity | 22. Person centred communication provided appropriate to their communication needs |
| 3. Protecting personal space | 23. Positive behaviour support |
| 4. Intimate care | 24. Providing support for making choices and plans |
| 5. Obtaining consent | 25. Action plan in place |
| 6. Medication storage and custody | 26. Infection prevention |
| 7. MDA drugs | 27. Relevant health needs assessments have been carried out |
| 8. Medication administration | 28. Relevant individual health action plans |
| 9. Medication prescription | 29. Appropriate screening plan |
| 10. Personal details | 30. Health promotion |
| 11. Nursing care plan | 31. Pain assessment, monitoring and observing for verbal and non-verbal signals |
| 12. NMBI guidance | 32. Pain management |
| 13. Environment (calm and safe) | 33. End of life and palliative care |
| 14. Risk assessment and management | 34. Person centred plan to meet identified social needs e.g. family contact |
| 15. Safeguarding | 35. Social skills e.g. skills for education, work and independent living |
| 16. Physical restraints | 36. Mental health screening and action plan in place |
| 17. Chemical restraints | |
| 18. Health education for clients | |
| 19. Appropriate record keeping and access to records | |
| 20. Effective transfer of information in client transitions e.g. transfer to community setting | |

# Stage 2: Delphi Consensus Process

This stage consisted of a four-round online Delphi survey to develop consensus on prioritised metrics and indicators. At the end of the first two rounds, the metrics were identified and at the end of Round 3 and 4, the indicators for those metrics were identified.

## Sampling frame for the Delphi Surveys

The target population were nurses working in ID across Ireland who could complete the survey electronically. There was an absence of guidance on optimal sample size requirements for consensus development studies such as this. Completed survey sample sizes were estimated based on that which would be required for the sample to be representative of a given total population using 95% confidence level and a confidence interval of 5. Thus the required sample size was calculated as 300 (using the above parameters) for the ID work stream. 401 ID nurses expressed an interest in participating in the surveys.

## Recruitment to the Delphi surveys

With the support of the Office of the Nursing and Midwifery Services Director (ONMSD), Senior Clinical Managers were requested to distribute an information pack to potential participants in their area. This information pack provided information on the study and invited them to participate. Any potential participants had an opportunity to contact the academic team directly to clarify any issues prior to making a decision to participate.

An invitation e-mail was then circulated to participants who gave their email address as above. On receipt of this, the academic team forwarded further information, instructions and the survey instrument.

## Data collection

The Delphi surveys consisted of four rounds of data collection and analysis to synthesise the opinions of participants into a group consensus on which metrics (Rounds 1 and 2) and their indicators (Round 3 and 4) should be used. An online survey software system was used to distribute the surveys. All survey rounds collected participants' demographic information (grade, work place, years of experience) and the list of metrics/indicators. Participants were asked to rate each metric/indicator between 1 and 9 on a Likert scale where 1 to 3 was not important, 4 to 6 was important but not crucial, and 7 to 9 was very important.

Responses to each round were collated, analysed, and redistributed to participants for further comment in successive rounds. Each round had a closing date 21 days after the date of invitation with weekly e-mail reminders sent.

## Data analysis

Data analysis for all four rounds was conducted using this rule:

All outcomes from the rounds, including newly identified metrics/indicators, will be forwarded to the next round and re-rated by the participants, with knowledge of the group's results from the previous round. Consensus on inclusion of a metric/indicator will be determined where 70% or more of participants score the metrics as 7 to 9 (very important) and less than 15% of participants score the metric as 1 to 3 (not important).

The data obtained from the Delphi surveys was analysed using simple descriptive statistics to summarise data.

## Ethical considerations

Ethical approval to conduct this study was obtained from the University of Limerick Research Ethics Committee. Participation in the survey was by an 'opt-in' informed consent approach. Participants gave consent to participate by clicking on an 'I consent to participate in this study' link prior to being able to access the Round 1 instrument. The online survey software system used to facilitate the online surveys maintained data behind a firewall. Only the academic team had access to the data through use of a password and user identifier.

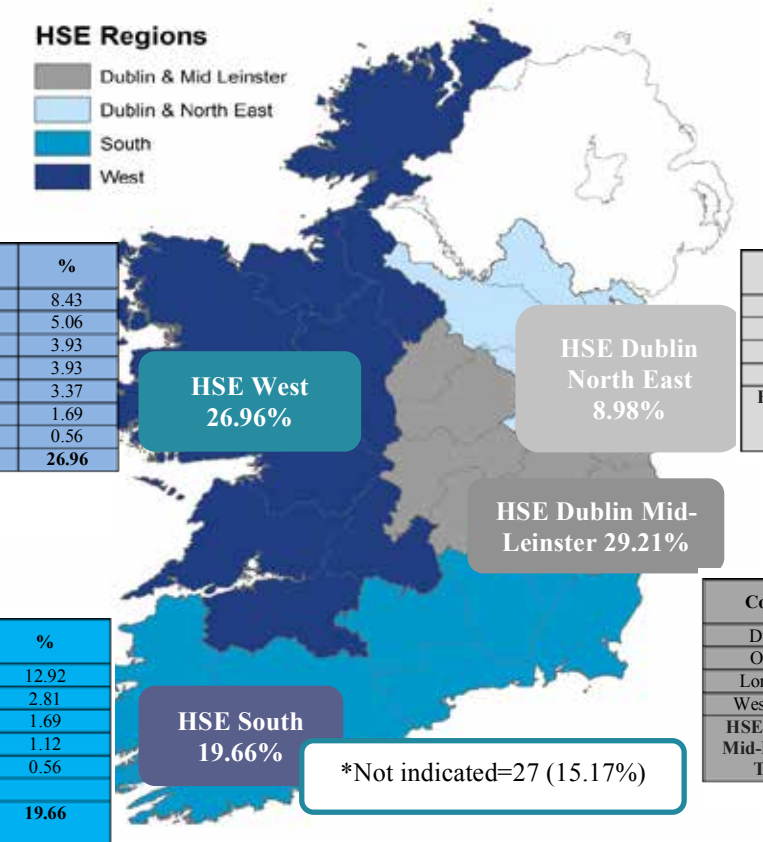
## Delphi Survey Round 1

Round 1 of the Delphi survey was distributed on the 6th of June 2017 and ended on 26th of June. The 401 ID nurses recruited were sent the invitation for Round one through their individual emails including the survey's web link. 233 responded an overall response rate of 58.10% (n= 233), dropping to 51.87% as 208 nurses completed all metrics related questions on the survey.

## Demographics

Most of the nurses were based in services in the HSE Dublin Mid-Leinster area (Figure 3), were staff nurse level (32.88%) and their average years of experience was 20.00 (Table 2).

**Figure 3: Intellectual Disability Services Participants by Location at Close of Round 1**
*(Total responses: 178, Skipped: 55)*




| County | Number of participants | % |
|---|---|---|
| Galway | 15 | 8.43 |
| Donegal | 9 | 5.06 |
| Limerick | 7 | 3.93 |
| Mayo | 7 | 3.93 |
| Tipperary | 6 | 3.37 |
| Sligo | 3 | 1.69 |
| Clare | 1 | 0.56 |
| **HSE West Total** | **48** | **26.96** |

| County | Number of participants | % |
|---|---|---|
| Cavan | 7 | 3.93 |
| Louth | 6 | 3.37 |
| Meath | 2 | 1.12 |
| Monaghan | 1 | 0.56 |
| **HSE Dublin N. East Total** | **16** | **8.98** |

| County | Number of participants | % |
|---|---|---|
| Cork | 23 | 12.92 |
| Waterford | 5 | 2.81 |
| Kilkenny | 3 | 1.69 |
| Kerry | 2 | 1.12 |
| Wexford | 1 | 0.56 |
| Carlow | 1 | |
| **HSE South Total** | **35** | **19.66** |

| County | Number of participants | % |
|---|---|---|
| Dublin | 47 | 26.40 |
| Offaly | 2 | 1.12 |
| Longford | 2 | 1.12 |
| Westmeath | 1 | 0.56 |
| **HSE Dublin Mid-Leinster Total** | **52** | **29.21** |

## Table 2. Intellectual Disability Services Participants by Grade at Close of Round 1(Total responses: 219, Skipped: 14)

| GRADE | Number of participants | % |
|---|---|---|
| Staff nurse | 72 | 32.88% |
| CNM2 | 47 | 21.46% |
| CNM1 | 29 | 13.24% |
| CNM3 | 14 | 6.39% |
| CNS | 13 | 5.94% |
| Director of Nursing | 11 | 5.02% |
| Educator | 4 | 1.83% |
| Assistant Director of Nursing | 3 | 1.37% |
| Other | 26 | 11.87% |

## Metric Ratings

The findings of the metrics rating are presented in Table 3, with 35 of the 36 metrics initially making it through to round 2 of the Delphi survey. In accordance with the analysis rule, none of these metrics were rated between 1 and 3 by more than 15% of the participants and so could be included.

The participants were also given the opportunity to add suggestions for new areas of practice to be included as potential new metrics in the next round of the survey. These 208 qualitative comments were analysed, categorised under 23 common themes and mapped under either existing or new metrics.

As one of the 36 metrics was not rated between 7 and 9 by 70% or more of the nurses, the initial number of ID metrics at the end of Round 1 was 35. After completing mapping nurses' comments under new areas of practice they were compiled and summarised in nine new areas of practice, these being 1-Environmental restraints, 2-Meaningful and purposeful activities, 3-Sexuality and relationship, 4-Family centred care, 5-Advocacy, 6-Transition planning, life stages and social inclusion, 7-Nutritional health, 8-Long term conditions, 9-Managing personal finances. Thus on completion of Round 1 of the Delphi survey, the total number of metrics for Round 2 was 44 (Table 3).

## Table 3. Intellectual Disability (ID) services Metrics rated in Round 1

| ID metrics rated 70% and above | | % of participants |
|---|---|---|
| 1 | Staff to respect residents privacy and dignity | 97.65 |
| 2 | Medication administration | 96.71 |
| 3 | Risk assessment and management | 96.70 |
| 4 | Safeguarding | 96.23 |
| 5 | Person centred planning | 96.23 |
| 6 | Medication storage and custody | 94.34 |
| 7 | Intimate care | 93.86 |
| 8 | Nursing care plan | 91.98 |
| 9 | Obtaining consent | 91.98 |
| 10 | Relevant health assessments have been carried out | 91.47 |
| 11 | Medication prescriptions | 91.04 |
| 12 | Positive behaviour support | 90.52 |
| 13 | Pain assessment, monitoring and observing for verbal and non-verbal signals | 90.39 |
| 14 | Relevant individual health action plans | 89.58 |
| 15 | Pain management | 88.95 |
| 16 | Person centred communication provided appropriate to their communication needs | 87.21 |
| 17 | Effective transfer of information in client transitions e.g. transfer to community setting | 87.20 |
| 18 | End of life and palliative care | 87.02 |
| 19 | MDA Drugs | 86.32 |
| 20 | Appropriate record keeping and access to records | 86.26 |
| 21 | Mental health screening and action plan in place | 86.07 |
| 22 | Infection prevention | 85.37 |
| 23 | Protecting personal space | 84.43 |
| 24 | Providing support for making choices and plans | 83.88 |
| 25 | NMBI guidance | 82.07 |
| 26 | Action plan in place | 81.99 |
| 27 | Environment (calm and safe) | 81.60 |
| 28 | Appropriate screening plan | 80.57 |
| 29 | Personal details | 79.71 |
| 30 | Developing and maintaining positive relationships to meet client needs | 79.61 |
| 31 | Person centred plan to meet identified social needs e.g. family contact | 78.85 |
| 32 | Chemical restraints | 78.78 |
| 33 | Physical restraints | 74.53 |
| 34 | Social skills e.g skills for education, work and independent living | 73.56 |
| 35 | Health promotion | 73.46 |
| **Metrics that were identified from the nurses' qualitative comments** | | |
| 36 | Environmental restraints | NA |
| 37 | Meaningful and purposeful activities | NA |
| 38 | Sexuality and relationship | NA |
| 39 | Family centred care | NA |
| 40 | Advocacy | NA |
| 41 | Transition planning, life stages and social inclusion | NA |
| 42 | Nutritional health | NA |
| 43 | Long term conditions | NA |
| 44 | Managing personal finances | NA |
| **ID metrics rated below 70%- excluded** | | **% of participants** |
| 45 | Health education for clients | 56.93 |

# Delphi Survey Round 2

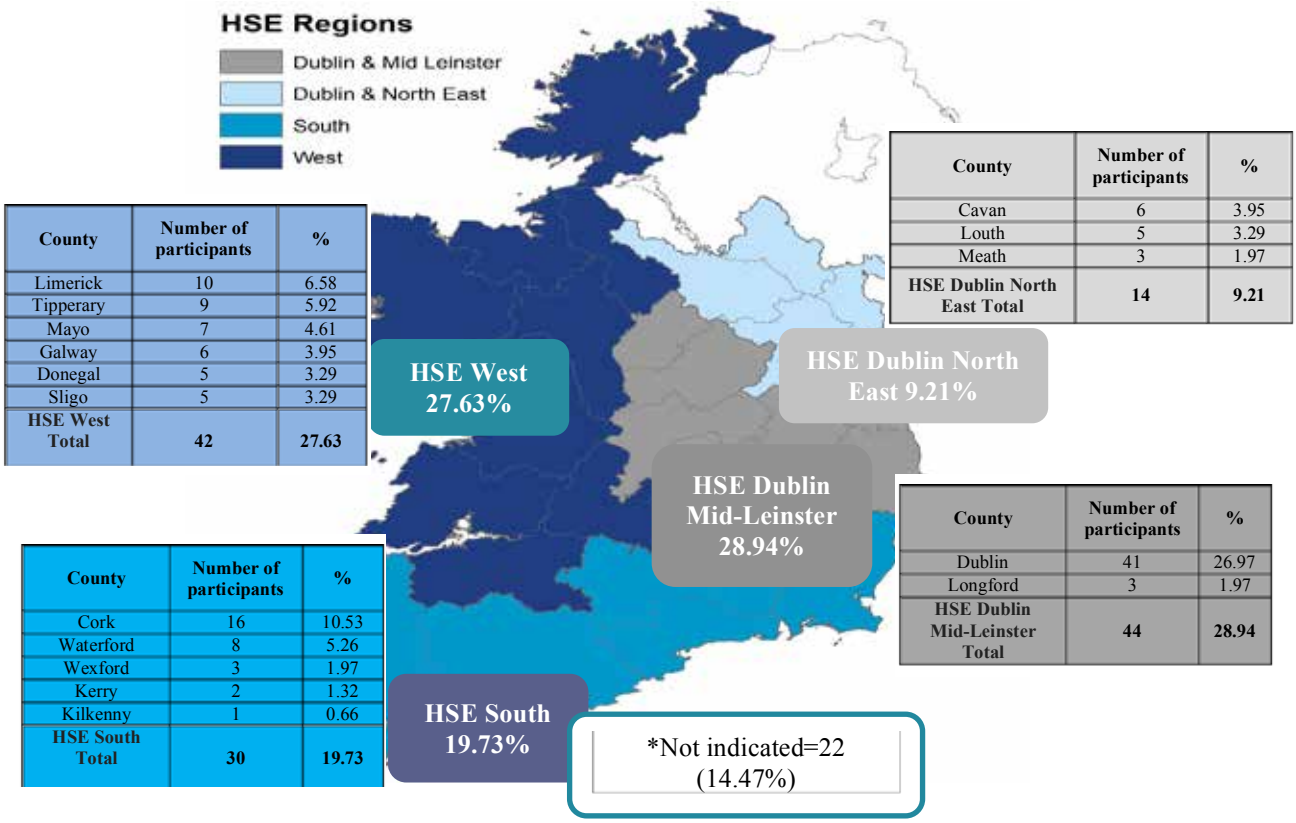
The second round survey was distributed on the 11th of July 2017, weekly reminders were sent and the data collection period ended on 31st of July 2017.

The 233 ID nurses responding to the first round were sent an invitation for Round 2 by email. 218 participated in the survey with an overall response rate of 93.56% (n= 218) dropping to 89.90% with 196 nurses completing all metrics related questions on the survey.

## Demographics

Most of the nurses were based in services in the HSE Dublin Mid-Leinster area (Figure 4), most were staff nurse level (27.05%) and their average years of experience was 20.88 (Table 4).

**Figure 4: Intellectual Disability Services Participants by Location at Close of Round 2**
*(Total responses: 152, Skipped: 66)*




| County | Number of participants | % |
|---|---|---|
| Limerick | 10 | 6.58 |
| Tipperary | 9 | 5.92 |
| Mayo | 7 | 4.61 |
| Galway | 6 | 3.95 |
| Donegal | 5 | 3.29 |
| Sligo | 5 | 3.29 |
| **HSE West Total** | **42** | **27.63** |

| County | Number of participants | % |
|---|---|---|
| Cavan | 6 | 3.95 |
| Louth | 5 | 3.29 |
| Meath | 3 | 1.97 |
| **HSE Dublin North East Total** | **14** | **9.21** |

| County | Number of participants | % |
|---|---|---|
| Cork | 16 | 10.53 |
| Waterford | 8 | 5.26 |
| Wexford | 3 | 1.97 |
| Kerry | 2 | 1.32 |
| Kilkenny | 1 | 0.66 |
| **HSE South Total** | **30** | **19.73** |

| County | Number of participants | % |
|---|---|---|
| Dublin | 41 | 26.97 |
| Longford | 3 | 1.97 |
| **HSE Dublin Mid-Leinster Total** | **44** | **28.94** |

### Table 4. Intellectual Disability Services Participants by Grade at Close of Round 2 (Total responses: 207, Skipped: 11)

| GRADE | Number of participants | % |
|---|---|---|
| Staff nurse | 56 | 27.05% |
| CNM2 | 48 | 23.19% |
| CNM1 | 35 | 16.91% |
| CNM3 | 15 | 7.25% |
| CNS | 12 | 5.80% |
| Director of Nursing | 8 | 3.86% |
| Educator | 5 | 2.42% |
| Assistant Director of Nursing | 4 | 1.93% |
| Other | 24 | 11.59% |

## Metric Ratings

Forty-three of the 44 metrics were rated 70% and over and none were rated between 1 and 3 by more than 15% of the nurses, they were therefore included (Table 5). Only one of the 44 metrics was rated between 7 and 9 by less than 70% of the nurses and thus was excluded. That was; Sexuality and relationship (68.37%).

## Table 5. Intellectual Disability Services Metrics re-rated in Round 2

| | ID metrics rated 70% and above | % of participants |
|---|---|---|
| 1 | Medication administration | 99.51 |
| 2 | Safeguarding | 99.51 |
| 3 | Medication storage and custody | 98.53 |
| 4 | Person centred planning | 98.52 |
| 5 | Risk assessment and management | 97.54 |
| 6 | Intimate care | 97.54 |
| 7 | Staff to respect residents privacy and dignity | 97.04 |
| 8 | Relevant health assessments have been carried out | 96.50 |
| 9 | Medication prescriptions | 96.06 |
| 10 | Relevant individual health action plans | 96.00 |
| 11 | Nursing care plan | 95.56 |
| 12 | Positive behaviour support | 95.50 |
| 13 | Person centred communication provided appropriate to their communication needs | 95.50 |
| 14 | Obtaining consent | 95.07 |
| 15 | Appropriate record keeping and access to records | 94.00 |
| 16 | Pain management | 93.97 |
| 17 | MDA Drugs | 93.59 |
| 18 | End of life and palliative care | 93.47 |
| 19 | Providing support for making choices and plans | 93.00 |
| 20 | Effective transfer of information in client transitions e.g. transfer to community setting | 92.50 |
| 21 | Infection prevention | 91.62 |
| 22 | Pain assessment, monitoring and observing for verbal and non-verbal signals | 91.46 |
| 23 | Mental health screening and action plan in place | 91.46 |
| 24 | Developing and maintaining positive relationships to meet client needs | 91.00 |
| 25 | Action plan in place | 90.50 |
| 26 | Environment (calm and safe) | 88.68 |
| 27 | Person centred plan to meet identified social needs e.g. family contact | 88.44 |
| 28 | Advocacy | 88.27 |
| 29 | Personal details | 88.17 |
| 30 | NMBI guidance | 88.17 |
| 31 | Appropriate screening plan | 87.00 |
| 32 | Transition planning, life stages and social inclusion | 86.74 |
| 33 | Protecting personal space | 86.20 |
| 34 | Nutritional health | 84.69 |
| 35 | Meaningful and purposeful activities | 84.69 |
| 36 | Long term conditions | 82.65 |
| 37 | Chemical restraints | 82.27 |
| 38 | Physical restraints | 81.77 |
| 39 | Health promotion | 81.50 |
| 40 | Social skills e.g skills for education, work and independent living | 79.40 |
| 41 | Environmental restraints | 73.47 |
| 42 | Managing personal finances | 73.47 |
| 43 | Family centred care | 70.92 |

| OPS metrics rated below 70% - excluded | | % of participants |
|---|---|---|
| 44 | Sexuality and relationship | 68.37 |

After the end of Round 2, 43 metrics were identified. After discussions in a work-stream meeting, these 43 metrics were re-formulated into 12 metrics. However, seven of these metrics required indicator development as there was little or no supporting literature. The work-stream members were tasked to draw on clinical expertise nationally in order to derive indicators required for these metrics. These were collated by the academic team ready for the third round of the Delphi survey.

# Delphi Survey Round 3

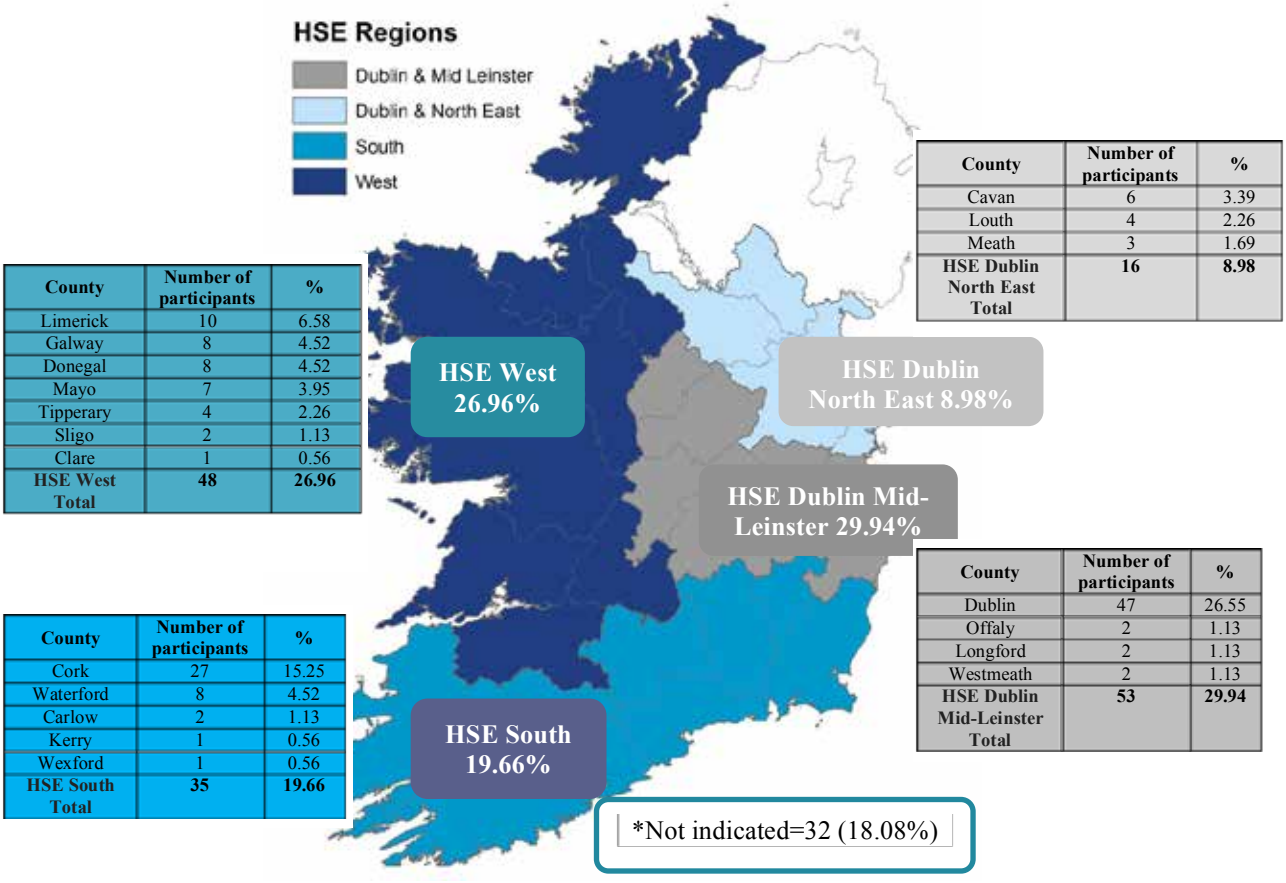
This round of the Delphi differed from Round 1 and 2 in that now the set of metrics with their respective indicators were distributed to the participants. Twelve metrics and 95 indicators were sent.

Using a Likert scale as before, participants were asked to rate the indicators using the 1 to 9 scale. This third round was distributed on the 22nd of August 2017, weekly reminders were sent and the data collection period ended on 11st of September 2017.
401 nurses were originally recruited for the QCM study; however six of them dropped out through Round 1 and 2, thus invitations were sent to 395 ID nurses. The overall response rate for Round 3 was 59.24% (n=234), dropping to 48.60% as 192 nurses completed all indicators related questions on the survey.

## Demographics

Most of the nurses were based in the HSE Dublin Mid-Leinster area (Figure 5), were staff nurse level (30.77%) and their average years of experience was 21.66 (Table 6).

**Figure 5: Intellectual Disability Services Participants by Location at Close of Round 3**
*(Total responses: 177, Skipped: 57)*




| County | Number of participants | % |
|---|---|---|
| Limerick | 10 | 6.58 |
| Galway | 8 | 4.52 |
| Donegal | 8 | 4.52 |
| Mayo | 7 | 3.95 |
| Tipperary | 4 | 2.26 |
| Sligo | 2 | 1.13 |
| Clare | 1 | 0.56 |
| **HSE West Total** | **48** | **26.96** |

| County | Number of participants | % |
|---|---|---|
| Cavan | 6 | 3.39 |
| Louth | 4 | 2.26 |
| Meath | 3 | 1.69 |
| **HSE Dublin North East Total** | **16** | **8.98** |

| County | Number of participants | % |
|---|---|---|
| Dublin | 47 | 26.55 |
| Offaly | 2 | 1.13 |
| Longford | 2 | 1.13 |
| Westmeath | 2 | 1.13 |
| **HSE Dublin Mid-Leinster Total** | **53** | **29.94** |

| County | Number of participants | % |
|---|---|---|
| Cork | 27 | 15.25 |
| Waterford | 8 | 4.52 |
| Carlow | 2 | 1.13 |
| Kerry | 1 | 0.56 |
| Wexford | 1 | 0.56 |
| **HSE South Total** | **35** | **19.66** |

### Table 6. Intellectual Disability Services Participants by Grade at Close of Round 3 (Total responses: 221, Skipped: 13)

| GRADE | Number of participants | % |
|---|---|---|
| Staff nurse | 68 | 30.77% |
| CNM2 | 43 | 19.46% |
| CNM1 | 29 | 13.12% |
| CNM3 | 16 | 7.24% |
| CNS | 10 | 4.52% |
| Director of Nursing | 8 | 3.62% |
| Assistant Director of Nursing | 7 | 3.17% |
| Educator | 5 | 2.26% |
| Other | 35 | 15.84% |

## Indicator Ratings

As in Round 1 and 2, the same analysis rule was used. 93 of the 95 indicators relevant to the 12 metrics achieved the 70% threshold with none of these indicators being rated between 1 and 3 by more than 15% of the participants. These were therefore included (Table 7). Only two indicators out of 95 were rated between 7 and 9 by less than 70% and thus were excluded. These related to the environment and the safeguarding metrics (Table 7).

As in Round 1, nurses could add their suggestions for other indicators. There were 88 qualitative comments received and after analysis of these the indicators were further reviewed, refined, collapsed or separated where necessary. Following this process, the final number of indicators to be included in Round 4 was 84.

### Table 7. Intellectual Disability Services Indicators rated in Round 3

| METRICS | INDICATORS | Rated % |
|---|---|---|
| **01 NMBI guidance** | 1. All written records are legible, in permanent ink and signed | 98.13 |
| | 2. Alterations/corrections are as per NMBI Guidance | 92.06 |
| | 3. Personal information is stored appropriately with access only to relevant persons in order to protect the privacy and confidentially of the individual's details. | 96.26 |
| | 4. All entries are dated and timed (24 hour clock) | 89.72 |
| | 5. All entries are in chronological order | 80.37 |
| | 6. All abbreviations/grading systems are from a national or local approved list/system | 89.72 |
| | 7. Student entries are countersigned by the supervising nurse | 85.05 |

| | | |
|---|---|---|
| 02 Medication | 8. All Medicinal products are stored in a locked cupboard/trolleys/ fridge or locked room | 97.12 |
| | 9. MDA Drugs are checked & signed at each changeover of shifts by nursing staff (By member of Day staff & Night Staff) | 94.24 |
| | 10. Two signatures are entered in the MDA Drug Register for each administration of an MDA Drug | 94.20 |
| | 11. The MDA Drug cupboard is locked and keys for MDA cupboard are held by designated nurse | 94.71 |
| | 12. The client's prescription documentation provides details of client's legible name, unique identifier and photo ID | 98.48 |
| | 13. The Allergy Status is clearly identifiable on the front page of the prescription chart | 99.45 |
| | 14. Prescribed Medication not administered have an omission code entered | 96.12 |
| | 15. The start date is recorded | 90.87 |
| | 16. The correct legible Dose of drug is recorded and not abbreviated | 94.71 |
| | 17. The Route and/or Site of Administration is recorded | 96.14 |
| | 18. The Frequency of Administration is recorded & correct timings indicated | 95.61 |
| | 19. The minimum dose interval and/or 24 hour maximum dose is specified for all "as required" or PRN drugs | 98.53 |
| | 20. The Prescription has the Prescriber's Signature (in ink) and MRN/NMBI PIN number | 94.68 |
| | 21. Discontinued drugs are crossed off, dated and signed by prescriber | 94.22 |
| | 22. The resident's psychotropic medication is subject to a review as appropriate | 96.64 |
| | 23. PRN protocol for psychotropic medication is in place. | 96.63 |
| | 24. A registered nurse is in possession of the keys for Medicinal Product Storage | 80.34 |
| | 25. A Drug Formulary is available at the point of administration | 89.45 |
| | 26. The prescription is written in capital letters or un-joined lowercase letters and legible | 88.47 |
| | 27. MDA drug keys are kept separate from other medication keys | 77.91 |
| | 28. The Generic name is used for each drug prescribed | 79.39 |
| 03 Environment | 29. There is a policy in place on provision of behavioural support. | 90.25 |
| | 30. Policies/Procedures and Guidelines are available in this unit/ ward with a signature list of all nurses verifying they have read the contents. | 84.87 |
| | 31. There is evidence of an action plan based on the most recent HIQA Inspection Report. | 84.88 |
| | 32. A safe and clutter free environment is maintained. | 77.56 |
| | 33. Health Promotion Material/leaflets are available and appropriate to the person's level of understanding. | 60.98 |
| 04 Safeguarding | 34. There is information available to people of their rights to be free from abuse and supported to exercise these rights, including access to advocacy | 95.61 |
| | 35. Safeguarding policies and associated procedures are up to date and accessible to all staff | 95.12 |
| | 36. All members of staff on duty have received training regarding safeguarding of vulnerable adults | 97.07 |
| | 37. Risk assessments relating to vulnerable adults in the Nursing Care plan have been carried out in consultation with the vulnerable person, their family, advocates and the multidisciplinary team as appropriate | 91.70 |

'Table 7. Intellectual disability services indicators rated in round 3 (continued)

| | | |
|---|---|---|
| **04 Safeguarding** *(continued)* | 38. There is evidence that there is a current policy on the prevention, detection and response to abuse, including reporting of concerns and/or allegations of abuse to statutory agencies | 98.06 |
| | 39. Where the person cannot manage their personal finances, there is documented evidence that support is provided | 95.12 |
| | 40. When assisting service users in the management of their money, there is evidence that clear records are maintained, reconciled and subject to audit, in order to demonstrate that clients' money is being managed properly and is accounted for. | 95.13 |
| | 41. There is evidence that there is a current policy in place on service user's personal property, personal finances and possessions | 92.20 |
| | 42. There is evidence that there is a record of the designated centre's charges to service users in their contract of care. | 90.24 |
| | 43. Organisation service users finance audits are complete and up to date | 91.22 |
| | 44. There is information available to the person on the complaints procedure in appropriate format | 89.27 |
| | 45. There is clear evidence that the service user has access to and retains control of their financial affairs | 89.27 |
| | 46. Client's consent is obtained prior to disclosing information to family and friends as appropriate. | 89.76 |
| | 47. A visitors book is kept and maintained | 66.34 |
| **05 Person centred communication** | 48. A communication assessment is conducted. | 91.00 |
| | 49. The person's communication level and style are documented. | 92.50 |
| | 50. Non-verbal and atypical behavioural patterns are documented. | 91.50 |
| | 51. Communication strategies and barriers to good communication are identified in the persons care plan. | 90.50 |
| | 52. The person's choice is obtained and respected. | 96.50 |
| | 53. There is evidence of a MDT approach | 90.50 |
| | 54. Information is provided in an accessible format. | 85.00 |
| | 55. Where non-engagement occurs this is noted in the persons care plan e.g. refusal in oral hygiene. | 86.50 |
| **06 Physical health assessments** | 56. A comprehensive health assessment has been conducted addressing each body system/head to toe assessment. | 92.00 |
| | 57. Know associated risk factors are identified within the persons care plan. | 95.00 |
| | 58. A recognised intellectual disability assessment tool has been used or appropriate tool adapted for specific areas e.g. pain. | 93.00 |
| | 59. The person has been supported to engage in health screening. | 90.50 |
| | 60. Care plan demonstrates management and interventions. | 93.00 |
| | 61. An annual physical health check is conducted. | 89.00 |
| | 62. A health passport exists. | 82.00 |
| **07 Mental health** | 63. A diagnosis of mental health is documented. | 90.50 |
| | 64. Care plan demonstrates management and interventions to support the person's mental health and well-being. | 94.50 |
| | 65. A mental health assessment has been conducted. | 79.00 |
| **08 Risk assessment and management** | 66. An individualised risk assessment has been conducted. | 92.50 |
| | 67. There is evidence of an action plan for identified risks within the persons care plan. | 93.00 |
| | 68. Appropriate referral/consultations have occurred to address identified risk/s. | 94.00 |
| | 69. Incidences are documentation within the care plan and reported within the organisation. | 92.50 |
| | 70 A risk re-assessment is conducted within a 3 month period. | 74.00 |

'Table 7. Intellectual disability services indicators rated in round 3 (continued)

| | | |
|---|---|---|
| **09 Nursing care plan** | 71. An assessment of need has been conducted. | 92.82 |
| | 72. An individualised plan of care exists. | 96.41 |
| | 73. All nursing interventions are dated and signed. | 95.89 |
| | 74. The nursing care plan reflects the clients' current condition. | 98.98 |
| | 75. Evaluation of the nursing care plan is evident and is reviewed regularly. | 96.41 |
| | 76. The Nursing Care Plan is based on an identified model/s of care. | 77.95 |
| **10 Person centred planning** | 77. A comprehensive personalised assessment of all aspects of the person's life has been conducted. | 94.87 |
| | 78. Actions/interventions are devised to support the person within a personalised plan. | 95.90 |
| | 79. There is evidence of the person's involvement in their Personal Plan/The person is supported to make decisions regarding their life. | 90.26 |
| | 80. The person's level of need and preferences regarding the provision of intimate personal care and support are identified. | 96.41 |
| | 81. Self-advocacy/choices are recorded and respected. | 92.31 |
| | 82. There is evidence that the person's wishes are respected in relation to the level of family involvement in decision making. | 89.75 |
| | 83. A transition plan exists across each life course stage. | 81.54 |
| **11 Positive behaviour support** | 84. Measures are identified to lower the risk rating within the persons support plan. | 91.75 |
| | 85. Proactive and reactive strategies are evident. | 94.33 |
| | 86. There is evidence that behaviour support strategies are reviewed by MDT. | 93.29 |
| | 87. Specialist referral/consultations have occurred. | 90.72 |
| | 88. An assessment of distress has been conducted. | 85.06 |
| | 89. A personal behavioral plan exists. | 89.18 |
| | 90. A behavioral risk assessment has been conducted. | 88.65 |
| **12 End of life/ palliative care** | 91. An ongoing assessment of health status is in operation. | 93.82 |
| | 92. A collaborative approach is in operation across services. | 92.27 |
| | 93. Information has been provided to the person at a level appropriate to their understanding regarding end-of-life care. | 91.23 |
| | 94. An end of life care plan is in operation. | 87.62 |
| | 95. The person has been supported to make decisions and this process is evident within the persons care plan. | 89.69 |

'Table 7. Intellectual disability services indicators rated in round 3 (continued)

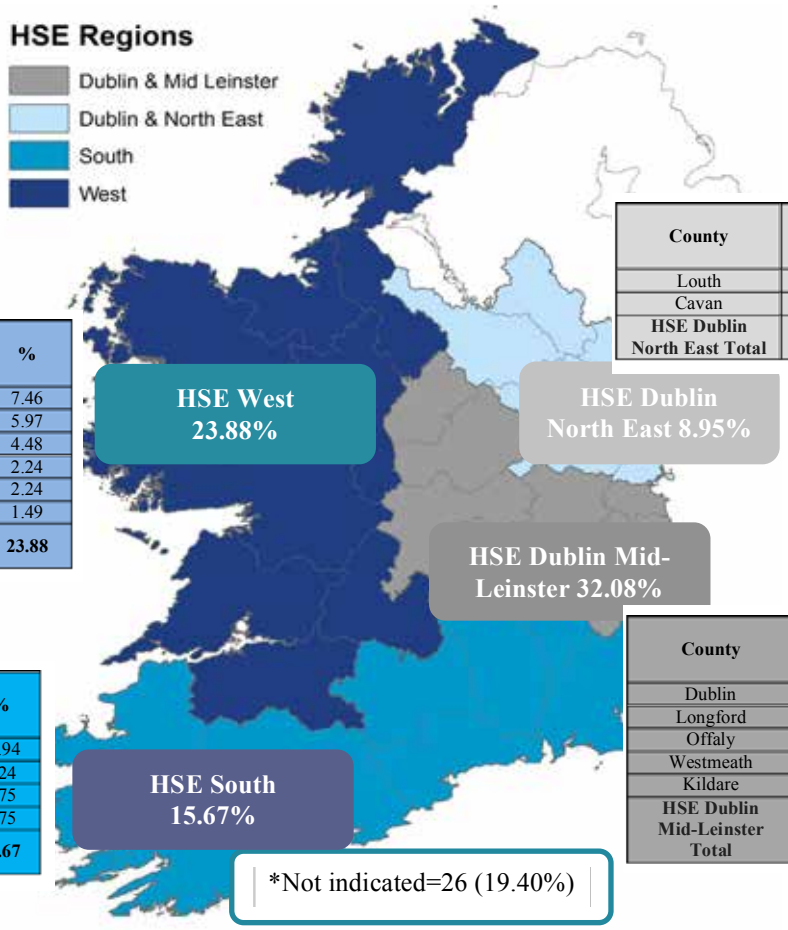
# Delphi Survey Round 4

The fourth round of the Delphi Survey was distributed on the 3rd of October 2017, weekly reminders were sent and the data collection period ended on the 23rd of October 2017.

## Demographics

234 ID nurses were sent the web-link with 177 participating in the survey an overall response rate of 75.64% (n= 177), dropping to 61.96% with 145 nurses completing all indicators related questions on the survey. Most of the nurses were in the HSE Dublin Mid-Leinster area (Figure 6), were staff nurse level (34.36%) and their average years of experience was 20.80 (Table 8).

**Figure 6: Intellectual Disability Services Participants by Location at Close of Round 4**
*(Total responses: 134, Skipped: 43)*




| County | Number of participants | % |
|---|---|---|
| Limerick | 10 | 7.46 |
| Mayo | 8 | 5.97 |
| Galway | 6 | 4.48 |
| Donegal | 3 | 2.24 |
| Sligo | 3 | 2.24 |
| Tipperary | 2 | 1.49 |
| **HSE West Total** | **32** | **23.88** |

| County | Number of participants | % |
|---|---|---|
| Louth | 7 | 5.22 |
| Cavan | 5 | 3.73 |
| **HSE Dublin North East Total** | **12** | **8.95** |

| County | Number of participants | % |
|---|---|---|
| Cork | 16 | 11.94 |
| Waterford | 3 | 2.24 |
| Kerry | 1 | 0.75 |
| Wexford | 1 | 0.75 |
| **HSE South Total** | **21** | **15.67** |

| County | Number of participants | % |
|---|---|---|
| Dublin | 38 | 28.36 |
| Longford | 2 | 1.49 |
| Offaly | 1 | 0.75 |
| Westmeath | 1 | 0.75 |
| Kildare | 1 | 0.75 |
| **HSE Dublin Mid-Leinster Total** | **43** | **32.08** |

### Table 8. Intellectual Disability Services Participants by Grade at Close of Round 4 (Total responses: 163, Skipped: 14)

| GRADE | Number of participants | % |
|---|---|---|
| Staff nurse | 56 | 34.36% |
| CNM2 | 28 | 17.18% |
| CNM1 | 16 | 9.82% |
| CNM3 | 10 | 6.13% |
| CNS | 9 | 5.52% |
| Director of Nursing | 7 | 4.29% |
| Assistant Director of Nursing | 6 | 3.68% |
| Educator | 1 | 0.61% |
| Other | 30 | 18.40% |

## Indicator Ratings

Using the analysis rule as before; all 84 indicators were rated between 7 and 9 by 70% or more of participants. None of the indicators were rated between 1 and 3 by more than 15% of the nurses.

The final result of the Delphi survey process after the four rounds of the Delphi survey was the identification of 12 metrics and 81 indicators (Table 9).

## Table 9. Intellectual Disability Services Indicators re-rated in Round 4

| METRICS | INDICATORS | Rated % |
|---|---|---|
| **01 NMBI guidance** | 1. All written records are legible, in permanent ink and signed | 99.35 |
| | 2. Alterations/corrections are as per NMBI Guidance | 98.06 |
| | 3. Personal information is stored appropriately with access only to relevant persons in order to protect the privacy and confidentially of the individual's details. | 98.06 |
| | 4. All entries are dated and timed (24 hour clock) | 96.77 |
| | 5. All entries are in chronological order | 91.61 |
| | 6. All abbreviations/grading systems are from a national or local approved list/system | 92.90 |
| | 7. Student entries are countersigned by the supervising nurse. | 87.10 |
| **02 Medication** | 8. All Medicinal products are stored in a locked cupboard/trolleys/ fridge or room | 99.33 |
| | 9. MDA Drugs are checked & signed at each shift changeover by nursing staff (member of day & night staff) | 98.67 |
| | 10. Two signatures are entered in the MDA Drug Register for each administration of an MDA | 96.67 |
| | 11. The MDA cupboard is locked and keys for MDA cupboard are held by designated nurse | 99.33 |
| | 12. MDA drug keys are kept separate from other medication keys | 84.67 |
| | 13. The client's prescription documentation provides details of client's legible name, unique identifier and photo ID | 98.67 |
| | 14. The Allergy Status is clearly identifiable on the front page of the prescription chart | 99.33 |
| | 15. Prescribed Medication not administered have an omission code entered | 96.67 |
| | 16. The start date is recorded | 95.33 |
| | 17. The correct legible Dose of drug is recorded and not abbreviated | 98.00 |
| | 18. The Route and/or Site of Administration is recorded | 98.00 |
| | 19. The Frequency of Administration is recorded & correct timings indicated | 98.67 |
| | 20. The minimum and maximum dose within a 24 hour interval is specified for all "as required/PRN drugs" | 99.33 |
| | 21. The Prescription has the Prescriber's Signature (in ink) and MRN/NMBI PIN number | 97.33 |
| | 22. Discontinued drugs are crossed off, dated and signed | 96.67 |
| | 23. The resident's psychotropic medication are reviewed as appropriate | 100.0 |
| | 24. A PRN protocol for psychotropic medication is developed and in place. | 98.67 |
| | 25. A Drug Formulary is available at the point of administration | 88.00 |
| | 26. The Generic name is used for each drug prescribed | 83.33 |
| | 27. There is support for self-administration of medication and this is monitored for compliance and safety | 85.33 |
| **03 Environment** | 28. A behavioural support policy is in place. | 95.95 |
| | 29. Policies/Procedures and Guidelines are available in this unit/ ward with each nurses signature. | 89.86 |
| | 30. There is evidence of an action plan based upon the most recent HIQA Inspection Report. | 88.51 |
| | 31. A safe and clutter free environment is maintained. Hand hygiene and infection control audits have been conducted and relevant action plans are in place. | 88.51 |

| | | |
|---|---|---|
| **04 Safeguarding** | 32. User friendly is information provided to people regarding their rights (support to exercise their rights, advocacy, safeguarding/ protection) | 93.24 |
| | 33. All safeguarding policies are reviewed and up to date | 96.62 |
| | 34. Risk assessments have been carried out in consultation with the vulnerable person, their family, advocates and the multidisciplinary team and evident in the Nursing Care plans | 95.27 |
| | 35. Staff adhere to current policies on the prevention, detection and response to abuse, including reporting of concerns and/or allegations of abuse to statutory agencies | 99.32 |
| | 36. When assisting service users in the management of their money, there is evidence that clear records are maintained, reconciled and subject to audit, in order to demonstrate that clients' money is being managed properly and is accounted for. | 96.62 |
| | 37. A policy/plan is in place on service user's personal property, personal finances and possessions | 94.59 |
| | 38. Client's consent is obtained prior to disclosing information to family and friends as appropriate. | 87.84 |
| **05 Person centred communication** | 39. A communication assessment has been conducted. | 95.95 |
| | 40. The person's communication level and style are documented. | 97.30 |
| | 41. Non-verbal and atypical behavioural patterns are documented. | 97.30 |
| | 42. Communication strategies and barriers to good communication are identified in the persons care plan. | 93.92 |
| | 43. The person's choice is obtained and respected. | 98.65 |
| | 44. There is evidence of a MDT approach | 96.62 |
| | 45. Information provided is in an accessible format for the individual. | 87.84 |
| | 46. Where non-engagement occurs, this is noted in the persons care plan e.g. refusal in oral hygiene. | 89.19 |
| **06 Physical health assessments** | 47. A comprehensive health assessment has been conducted addressing a systematic head to toe assessment. | 98.65 |
| | 48. Known associated risk factors are identified within the persons care plan. | 98.65 |
| | 49. A recognised assessment tool for persons with an intellectual disability has been used or appropriate tool adapted for specific areas e.g. pain, oral care, nutrition. | 98.65 |
| | 50. The person has been supported to engage in health screening. | 96.62 |
| | 51. Care plan demonstrates assessment, management and interventions. | 99.32 |
| | 52. Annual physical health checks are conducted. | 93.24 |
| | 53. A health passport is developed and available to the person. | 89.19 |
| **07 Mental health** | 54. A mental health assessment has been conducted. | 81.51 |
| | 55. A diagnosis of mental health is documented. | 94.52 |
| | 56. Care plan demonstrates management and interventions to support the person's mental health and well-being. | 97.95 |
| **08 Risk assessment and management** | 57. An individualised risk assessment has been conducted. | 97.95 |
| | 58. There is evidence of an action plan for identified risks within the persons care plan. | 95.89 |
| | 59. Appropriate referral/consultations have occurred to address identified risk/s. | 97.95 |
| | 60. Incidences are documented within the care plan and reported within the organisation. | 96.58 |
| | 61. A risk re-assessment is conducted within a 3 month period. | 79.45 |

TABLE 9. INTELLECTUAL DISABILITY SERVICES INDICATORS RE-RATED IN ROUND 4 (CONTINUED)

| | | |
|---|---|---|
| **09 Nursing care plan** | 62. The Nursing Care Plan is based on an identified model/s of care. | 74.66 |
| | 63. An assessment of need has been conducted. | 94.52 |
| | 64. An individualised plan of care has been developed. | 98.63 |
| | 65. All nursing interventions are dated and signed. | 97.26 |
| | 66. The care plan reflects the clients' current condition. | 98.63 |
| | 67. Evidence of regular review of the care plan, dated and signed. | 96.58 |
| **10 Person centred planning** | 68. A comprehensive personalised assessment of all aspects of the person's life has been conducted. | 97.26 |
| | 69. Actions/interventions are devised to support the person within a personalised plan. | 97.95 |
| | 70. There is evidence of the person's involvement in their Personal Plan | 93.15 |
| | 71. The person's level of need and preferences regarding the provision of intimate personal care and support are identified. | 95.89 |
| | 72. Self-advocacy/choices are recorded and respected. | 92.47 |
| | 73. A transition plan exists across each life course stage. | 84.25 |
| **11 Positive behaviour support** | 74. Measures are identified to lower the risk rating within the persons support plan. | 95.86 |
| | 75. Proactive and reactive strategies are identified and evident. | 98.62 |
| | 76. There is evidence that behavioural support strategies are reviewed by the MDT. | 95.86 |
| | 77. Specialist referrals/consultations have occurred. | 94.48 |
| | 78. An assessment of distress has been conducted. | 85.52 |
| | 79. A personal behavioral plan exists. | 95.17 |
| **12 End of life/ palliative care** | 80. An ongoing assessment of health status is in operation. | 93.79 |
| | 81. A collaborative approach is in operation across services. | 95.86 |
| | 82. Information has been provided to the person at a level appropriate to their understanding regarding their end-of-life care. | 91.72 |
| | 83. An end of life care plan is in operation. | 86.21 |
| | 84. The person has been supported to make end of life decisions and this process is evident within the persons care plan. | 88.28 |

TABLE 9. INTELLECTUAL DISABILITY SERVICES INDICATORS RE-RATED IN ROUND 4 (CONTINUED)

# Consensus meeting phase

Following the Delphi survey rounds, the next phase of the Delphi process consisted of a face-to-face meeting with key stakeholders to review the findings from the Delphi surveys and build consensus on the final suite of metrics and respective indicators. Prior to this was a Pre-consensus meeting of the work-stream in which there was a rigorous appraisal of each indicator with particular reference to relevance and wording.

The final ID work-stream consensus meeting was held on the 29th of November 2017 in Dublin. Participants at this meeting were representatives of the work stream key stakeholders with consideration to grade and geographical representation. There were a total of 20 participants. Sixteen members performed voting who were nurses from different levels and four of them were invited as experts for the consensus meeting. The purpose of the meeting was that through face to face discussion, each metric and indicator would be voted on resulting in a final suite of metrics and indicators for ID.

Attention was paid to identifying the optimum way to run this consensus meeting. A systematic review of the literature was conducted prior to the meeting to identify good guidelines. Following this, guidance was provided to the participants including ground rules (Gagnier et al 2013, McMillan et al 2016, Nair et al 2011, Van Ganzewinkel et al 2011) (Figure 7). An electronic voting system was planned to be used to ensure anonymity of the voting process. Due to technical issues, a paper based voting was performed by asking members to raise hands to vote for metrics and indicators.

**Figure 7: Guidance document for the Consensus meeting**

| STEPS FOR MANAGING THE FACE TO FACE CONSENSUS MEETING | |
|---|---|
| 01 | Welcome & introduction by the Chairperson. Setting and agreement of ground rules. |
| 02 | Explain the identified percentage needed for agreement through the voting process.<br>- 70% and over for agreement was required. |
| 03 | Introduce the system to be used for voting.<br>- PDF version of the metrics and indicators were shared prior to the consensus meeting.<br>- QCM metrics and indicators evaluation tool were introduced.<br>- The voting system of the tool "Yes/No" was explained. |
| 04 | A paper based voting which was performed by asking members to raise hands to vote for metrics and indicators. |
| 05 | The percentage of "Yes" and "No" votes was calculated with each single metric and indicator requiring to achieve 70% of the vote. |

In addition a framework to aid in the selection and voting of the metrics and indicators was developed. Again, this was devised following a systematic review of the literature and expert review. Four core attributes of a metric and indicator were identified these being "Process Focused", "Important", "Operational", and "Feasible" (Figure 8). The tool was designed to aid the participants in making their voting choices.

**Figure 8: Framework for selecting Nursing and Midwifery Quality Care Process Metrics and Indicators**

FRAMEWORK FOR SELECTING NURSING AND MIDWIFERY QUALITY CARE PROCESS METRICS AND INDICATORS

**01** **PROCESS FOCUSED**

The metric/ indicator contributes clearly to the measurement of nursing care processes.

**02** **IMPORTANT**

The data generated by the metric/indicator will likely make an important contribution to improving nursing care processes.

**03** **OPERATIONAL**

Reference standards are developed for each metric or it is feasible to do so.

The indicators for the respective metric can be measured.

**04** **FEASIBLE**

It is feasible to collect and report data for the metric/indicator in the relevant setting.

Modified from: eRegistries indicator evaluation tool (Flenady et al. 2016 and Campbell et al. 2011)

Each of the ID metrics and indicators were discussed by the consensus group members with some edits to wording performed and some indicators being merged together prior to voting. In total, 12 of 12 metrics and 80 of the 84 associated indicators reached 70% and thus were included in the new suite of ID Quality Care Process Metrics and Indicators (Table 10).

## Table 10. Intellectual Disability Services Metrics and Indicators results from Consensus Meeting

| METRICS | INDICATORS | Rated % |
|---|---|---|
| **NMBI guidance 16/16* (100%)** | 1. All nursing written records are legible, in permanent ink and signed. | 100% |
| | 2. Alterations/corrections are as per NMBI Guidance. | 100% |
| | 3. Personal information is stored appropriately with access only to relevant persons in order to protect the privacy and confidentially of the individual's details. | 100% |
| | 4. All entries are dated and timed (24 hour clock). | 100% |
| | 5. All entries are in chronological order. | 100% |
| | 6. All abbreviations/grading systems are from a national or local approved list/system. | 100% |
| | 7. All student nurse entries are countersigned by the supervising nurse. | 100% |
| **Medication 16/16* (100%)** | 8. All Medicinal products are stored in a locked cupboard/trolleys/ fridge or room. | 100% |
| | 9. MDA Drugs are checked & signed at each shift changeover by nursing staff (member of day & night staff). | 100% |
| | 10. Two signatures are entered in the MDA Drug Register for each administration of an MDA. | 100% |
| | 11. The MDA cupboard is locked and keys for MDA cupboard are held by designated nurse. | 100% |
| | 12 MDA drug keys are kept separate from other medication keys. | 100% |
| | 13. The person's prescription documentation provides details of person's legible name, unique identifier and photo ID. | 100% |
| | 14. The Allergy Status is clearly identifiable on the front page of the prescription chart. | 100% |
| | 15. Prescribed Medication not administered have an omission code entered. | 100% |
| | 16. The prescription start date is recorded. | 100% |
| | 17. The correct legible Dose of drug is recorded and not abbreviated. | 100% |
| | 18. The Route and/or Site of Administration is recorded. | 100% |
| | 19. The Frequency of Administration is recorded & correct timings indicated. | 100% |
| | 20. The minimum and maximum dose within a 24 hour interval is specified for all "as required/PRN drugs". | 100% |
| | 21. The Prescription has the Prescriber's Signature (in ink) and MRN/NMBI PIN number. | 100% |
| | 22 Discontinued drugs are crossed off, dated and signed. | 100% |
| | 23. The person's psychotropic medication are reviewed as appropriate. | 100% |
| | 24. A PRN protocol for psychotropic medication is developed and in place. | 100% |
| | 25 A current Drug Formulary is available at the point of administration. | 100% |
| | 26. The Generic name is used for each drug prescribed. | 93.3% |
| | 27. There is support plan for self-administration of medication. | 100% |
| | 28. Self-administration of medication is monitored for compliance and safety. | 100% |

| | | |
|---|---|---|
| **Environment 12/16* (75%)** | 29. Policies/Procedures and Guidelines are available in this unit with each nurses signature. | 93.3% |
| | 30. There is evidence of an action plan based upon the most recent Inspection Reports. | 100% |
| | 31. Environmental and infection control audits have been conducted and relevant action plans are in place. | 100% |
| **Safeguarding 16/16* (100%)** | 32. User friendly information is provided to people regarding their rights (support to exercise their rights, advocacy, safeguarding/ protection). | 100% |
| | 33. All safeguarding policies are reviewed and up to date. | 100% |
| | 34. A personalised risk assessments have been carried out in consultation with relevant persons (family, advocates and the multidisciplinary team) and evident in the Nursing Care Plans. | 100% |
| | 35. Staff adhere to current policies on the prevention, detection and response to abuse, including reporting of concerns and/or allegations of abuse. | 100% |
| | 36. When assisting persons in the management of their finances, there is evidence that clear records are maintained, reconciled and subject to audit, in order to demonstrate that persons' money is being managed properly and is accounted for. | 100% |
| | 37. A plan is in place on person's personal property, finances and possessions | 100% |
| | 38. Client's consent is obtained prior to disclosing information to family and friends as appropriate. | 0% |
| **Person centred communication 16/16* (100%)** | 39. A communication assessment has been conducted and a plan is evident. | 100% |
| | 40. The person's communication level and style are documented. | 100% |
| | 41. Non-verbal and atypical behavioural patterns are documented. | 100% |
| | 42. Communication strategies are identified in the persons care plan. | 100% |
| | 43. The person's choice is obtained and respected. | 100% |
| | 44. There is evidence of a multidisciplinary team approach. | 100% |
| | 45. Information provided is in an accessible format for the individual. | 100% |
| | 46. Where non-engagement occurs, this is noted in the persons care plan (e.g. refusal - oral hygiene). | 100% |
| **Physical health assessments 16/16* (100%)** | 47. A comprehensive health assessment has been conducted. | 100% |
| | 48. Known associated health risk factors are identified within the care plan. | 100% |
| | 49. A recognised assessment tool for persons with an intellectual disability has been used or appropriate tool adapted for specific areas e.g. pain, oral care, nutrition, hydration. | 100% |
| | 50. The person has been supported to engage in health screening. | 100% |
| | 51. The health care plan demonstrates a systematic approach to nursing care, management and interventions. | 100% |
| | 52. Physical health checks are conducted at least annually. | 100% |
| | 53. An individualised health passport has been developed in conjunction with the person. | 100% |
| **Mental health 16/16* (100%)** | 54. A nursing mental health assessment has been conducted. | 100% |
| | 55. A diagnosis of mental health is documented. | 100% |
| | 56. Care plan demonstrates a systematic approach to nursing care management and interventions to support the person's mental health and well-being. | 100% |

TABLE 10. INTELLECTUAL DISABILITY SERVICES METRICS AND INDICATORS RESULTS FROM CONSENSUS MEETING (CONTINUED)

| | | |
|---|---|---|
| **Risk assessment and management 16/16* (100%)** | 57. An individualised risk assessment has been conducted. | 0% |
| | 58. There is evidence of risk assessment and an action plan for identified risks within the persons care plan. | 100% |
| | 59. Appropriate referral/consultations have occurred to address identified risk/s. | 100% |
| | 60. Incidences are documented within the care plan and escalated/ reported as appropriate. | 100% |
| | 61. A risk re-assessment is conducted as appropriate. | 100% |
| **Nursing care plan 16/16* (100%)** | 62. The Nursing Care Plan is based on an identified model/s of care. | 100% |
| | 63. An assessment of need has been conducted. | 100% |
| | 64. An individualised plan of care has been developed. | 100% |
| | 65. All nursing interventions are dated and signed. | 100% |
| | 66. The care plan reflects the persons' current health needs. | 100% |
| | 67. Evidence of regular review of the care plan, dated and signed. | 100% |
| **Person centred planning 16/16* (100%)** | 68. A comprehensive personalised assessment of all aspects of the person's life has been conducted. | 100% |
| | 69. Actions/interventions are devised to support the person within a personalised plan. | 100% |
| | 70. There is evidence of the person's involvement in their Personal Plan. | 100% |
| | 71. The person's level of need and preferences regarding the provision of intimate personal support are identified. | 100% |
| | 72. Self-advocacy/choices are recorded and respected. | 100% |
| | 73. A transition plan exists across each life course stage. | 100% |
| **Positive behaviour support 16/16* (100%)** | 74. Measures are identified to lower the risk rating within the persons support plan. | 0% |
| | 75. An assessment of distress has been conducted. | 100% |
| | 76. A personal behavioural plan exists. | 100% |
| | 77. Specialist referrals/consultations have occurred. | 0% |
| | 78. Proactive and reactive behavioural strategies are identified and evident. | 100% |
| | 79. There is evidence that positive behavioural support strategies are reviewed by the multidisciplinary team. | 100% |
| **End of life/ palliative care 16/16* (100%)** | 80. An end of life care plan is in operation. | 100% |
| | 81. The person has been supported to make end of life decisions and this process is evident within the persons care plan. | 100% |
| | 82. An ongoing assessment of changing health needs is in operation. | 100% |
| | 83. A collaborative approach is in operation across services. | 100% |
| | 84. Information has been provided to the person at a level appropriate to their understanding regarding their end-of-life care. | 100% |

**Number of "Yes" votes/Number of members participated in voting*

TABLE 10. INTELLECTUAL DISABILITY SERVICES METRICS AND INDICATORS RESULTS FROM CONSENSUS MEETING (CONTINUED)

A final suite of 12 metrics and 80 indicators for Intellectual Disability Services were identified through a national consensus process (Figure 9 and Appendix 6). This final suite of ID metrics and indicators has been mapped where possible to the relevant literature and standards (Appendix 4 and 5).

**Figure 9: Intellectual Disability Services Nursing Metrics and Associated Indicators at the end of Consensus Meeting**

| NMBI guidance |
|---|
| • All nursing written records are legible, in permanent ink and signed.<br>• Alterations/corrections are as per NMBI Guidance.<br>• Personal information is stored appropriately with access only to relevant persons in order to protect the privacy and confidentially of the individual's details.<br>• All entries are dated and timed (24 hour clock).<br>• All entries are in chronological order.<br>• All abbreviations/grading systems are from a national or local approved list/system.<br>• All student nurse entries are countersigned by the supervising nurse. |
| **Medication** |
| • All Medicinal products are stored in a locked cupboard/trolleys/fridge or room.<br>• MDA Drugs are checked & signed at each shift changeover by nursing staff (member of day & night staff).<br>• Two signatures are entered in the MDA Drug Register for each administration of an MDA.<br>• The MDA cupboard is locked and keys for MDA cupboard are held by designated nurse.<br>• MDA drug keys are kept separate from other medication keys.<br>• The person's prescription documentation provides details of person's legible name, unique identifier and photo ID.<br>• The Allergy Status is clearly identifiable on the front page of the prescription chart.<br>• Prescribed Medication not administered have an omission code entered.<br>• The prescription start date is recorded.<br>• The correct legible Dose of drug is recorded and not abbreviated.<br>• The Route and/or Site of Administration is recorded.<br>• The Frequency of Administration is recorded & correct timings indicated.<br>• The minimum and maximum dose within a 24 hour interval is specified for all "as required/ PRN drugs".<br>• The Prescription has the Prescriber's Signature (in ink) and MRN/NMBI PIN number.<br>• Discontinued drugs are crossed off, dated and signed.<br>• The person's psychotropic medication are reviewed as appropriate.<br>• A PRN protocol for psychotropic medication is developed and in place.<br>• A current Drug Formulary is available at the point of administration.<br>• The Generic name is used for each drug prescribed.<br>• There is support plan for self-administration of medication.<br>• Self-administration of medication is monitored for compliance and safety. |
| **Environment** |
| • Policies/Procedures and Guidelines are available in this unit with each nurses signature.<br>• There is evidence of an action plan based upon the most recent Inspection Reports.<br>• Environmental and infection control audits have been conducted and relevant action plans are in place. |

| Safeguarding |
|---|
| • User friendly information is provided to people regarding their rights (support to exercise their rights, advocacy, safeguarding/protection).<br>• All safeguarding policies are reviewed and up to date.<br>• Personalised risk assessments have been carried out in consultation with relevant persons (family, advocates and the multidisciplinary team) and evident in the Nursing Care Plans.<br>• Staff adhere to current policies on the prevention, detection and response to abuse, including reporting of concerns and/or allegations of abuse.<br>• When assisting persons in the management of their finances, there is evidence that clear records are maintained, reconciled and subject to audit, in order to demonstrate that persons' money is being managed properly and is accounted for.<br>• A plan is in place on person's personal property, finances and possessions. |
| **Person centred communication** |
| • A communication assessment has been conducted and a plan is evident.<br>• The person's communication level and style are documented.<br>• Non-verbal and atypical behavioural patterns are documented.<br>• Communication strategies are identified in the persons care plan.<br>• The person's choice is obtained and respected.<br>• There is evidence of a multidisciplinary team approach.<br>• Information provided is in an accessible format for the individual.<br>• Where non-engagement occurs, this is noted in the persons care plan (e.g. refusal - oral hygiene). |
| **Physical health assessments** |
| • A comprehensive health assessment has been conducted.<br>• Known associated health risk factors are identified within the care plan.<br>• A recognised assessment tool for persons with an intellectual disability has been used or appropriate tool adapted for specific areas e.g. pain, oral care, nutrition, hydration.<br>• The person has been supported to engage in health screening.<br>• The health care plan demonstrates a systematic approach to nursing care, management and interventions.<br>• Physical health checks are conducted at least annually.<br>• An individualised health passport has been developed in conjunction with the person. |
| **Mental health** |
| • A nursing mental health assessment has been conducted.<br>• A diagnosis of mental health is documented.<br>• Care plan demonstrates a systematic approach to nursing care management and interventions to support the person's mental health and well-being. |
| **Risk assessment and management** |
| • There is evidence of risk assessment and an action plan for identified risks within the persons care plan.<br>• Appropriate referral/consultations have occurred to address identified risk/s.<br>• Incidences are documented within the care plan and escalated/reported as appropriate.<br>• A risk re-assessment is conducted as appropriate. |

**Figure 9: Intellectual Disability Services Nursing Metrics and Associated Indicators at the end of Consensus Meeting** *(continued)*

| Nursing care plan |
| --- |
| • The Nursing Care Plan is based on an identified model/s of care.<br>• An assessment of need has been conducted.<br>• An individualised plan of care has been developed.<br>• All nursing interventions are dated and signed.<br>• The care plan reflects the persons' current health needs.<br>• Evidence of regular review of the care plan, dated and signed. |
| **Person centred planning** |
| • A comprehensive personalised assessment of all aspects of the person's life has been conducted.<br>• Actions/interventions are devised to support the person within a personalised plan.<br>• There is evidence of the person's involvement in their Personal Plan.<br>• The person's level of need and preferences regarding the provision of intimate personal support are identified.<br>• Self-advocacy/choices are recorded and respected.<br>• A transition plan exists across each life course stage. |
| **Positive behaviour support** |
| • An assessment of distress has been conducted.<br>• A personal behavioural plan exists.<br>• Proactive and reactive behavioural strategies are identified and evident.<br>• There is evidence that positive behavioural support strategies are reviewed by the multidisciplinary team. |
| **End of life/palliative care** |
| • An end of life care plan is in operation.<br>• The person has been supported to make end of life decisions and this process is evident within the persons care plan.<br>• An ongoing assessment of changing health needs is in operation.<br>• A collaborative approach is in operation across services.<br>• Information has been provided to the person at a level appropriate to their understanding regarding their end-of-life care. |

**Figure 9: Intellectual Disability Services Nursing Metrics and Associated Indicators at the end of Consensus Meeting** *(continued)*

After the consensus meeting, the metrics and their respective indicators were further reviewed by experts and the work stream group members aiming to align wherever possible the language used across all seven work streams. This was to ensure best fit with the 'Test Your Care System'. Following this, the suite of 12 metrics and 79 indicators for Intellectual Disability Services was then finalised (Figure 10).

**Figure 10: Final Suite of Intellectual Disability Services Nursing Metrics with associated indicators**

## 01 Nursing Documentation

- Nursing written records are legible, in permanent ink and signed
- Documented alterations/corrections are as per NMBI Guidance
- Personal information is stored securely with access only to relevant persons in order to protect the privacy and confidentially of the individual's details
- Documented entries are dated and timed (24 hour clock)
- Documented entries are in chronological order
- Documented abbreviations/grading systems are from a national or local approved list/system
- All student nurse documented entries are countersigned by the supervising nurse

## 02 Medicines Management

- All medicinal products are stored in a locked cupboard/trolleys/ or room
- Misuse of Drugs Act (MDA) are checked & signed at each shift changeover by registered nursing staff (member of day & night staff)
- Two signatures are entered in the MDA Drug Register for each administration of an MDA.
- The MDA cupboard is locked and keys are held by the designated nurse
- MDA drug keys are kept separate from other medication keys
- The person's prescription documentation provides details of person's legible name, unique identifier and photo ID
- The Allergy Status is clearly identifiable on the front page of the prescription chart
- Prescribed medicines not administered have an omission code entered and appropriate action taken
- The prescription start date is recorded
- The correct legible dose of drug is recorded with correct use of abbreviations
- The route and/or site of administration is recorded
- The frequency of medicines administration is as prescribed
- The minimum dose interval and/or 24hr maximum dose is specified for all PRN medicines
- The prescription has the prescriber's signature (in ink) and Medical Council Number/Nursing and Midwifery Board of Ireland personal identification number

## 02 Medicines Management (continued)

- Discontinued medicines are crossed off, dated and signed by person with prescriptive authority
- All medicines are reviewed in accordance with medication protocols
- A current Drug Formulary is available at the point of administration
- The generic name is used for each medicine unless the prescriber indicates a branded medicine and states "do not substitute"
- There is a support plan for self-administration of medication
- Self-administration of medicines is monitored for compliance and safety

## 03 Environment

- Policies, Procedures, Protocols and Guidelines (PPPGs) are current and signed by each registered nurse
- There is evidence of an action plan based upon the most recent regulatory inspection
- Environmental and infection control audits have been conducted and relevant action plans are in place

## 04 Safeguarding

- Safeguarding policies are reviewed and up to date
- Information is provided to the person regarding their rights (support to exercise their rights, advocacy, safeguarding/ protection) in accessible formats
- Where there is evidence of a safeguarding concern there is documentation of registered nurses compliance with the safeguarding policy
- A personalised risk assessment has been carried out in consultation with the person and relevant persons (family, advocates and the multidisciplinary team) and evident in the nursing care plans
- A plan is in place on the person's personal property, finances and possessions
- When assisting the person in the management of their finances, there is evidence that clear records are maintained, reconciled and subject to audit

**Figure 10: Final Suite of Intellectual Disability Services Nursing Metrics with associated indicators** *(continued)*

## 05 Person Centred Communication

- A communication assessment has been conducted and a plan is documented
- The person's choice is obtained, respected and documented
- Communication strategies are identified in the person's care plan
- The person's communication level and style are documented
- Non-verbal and atypical communication behavioural patterns are documented
- There is documented evidence of a multidisciplinary team approach
- Information provided is in an accessible format for the individual
- Where non-engagement occurs, this is noted in the person's care plan

## 06 Physical Health Assessments

- A comprehensive health assessment has been conducted
- Known associated health risk factors are identified within the care plan
- A recognised assessment tool for persons with an intellectual disability has been used or appropriate tool adapted for specific areas e.g. pain, oral care, nutrition, hydration
- The person has been supported to engage in health screening
- The health care plan demonstrates a systematic approach to nursing care, management and interventions
- Physical health checks are conducted at least annually
- An individualised health passport has been developed in conjunction with the person

## 07 Mental Health Assessment

- A nursing mental health assessment has been conducted and documented
- A diagnosis of mental health illness is documented
- The individuals care plan demonstrates the nursing care, management and interventions to support the person's mental health and well-being

**Figure 10: Final Suite of Intellectual Disability Services Nursing Metrics with associated indicators** *(continued)*

## 08 Risk Assessment and Management

- There is evidence of positive proactive risk assessment and an action plan for identified risks within the person's care plan
- Appropriate referral and resulting consultations have occurred to address identified risks and are documented
- Incidents are documented within the care plan and escalated/ reported as appropriate
- A risk re-assessment is conducted and documented

## 09 Nursing Care Plan

- The personal plan is based on a model of care (Nursing Care Plan is based on an identified model of care)
- An assessment of need has been conducted and documented
- An individualised plan of care has been developed
- All documented nursing interventions are dated, timed and signed
- The care plan reflects the person's current health needs
- There is evidence of regular review of the care plan, dated, timed and signed

## 10 Person Centred Planning

- A personal plan/assessment of all aspects of the person's life has been conducted
- Actions/interventions are devised to support the person within their personal plan
- There is evidence of the person's involvement in their Personal Plan
- The person's level of need and preferences regarding the provision of intimate personal support are identified
- Self-advocacy/choices are recorded, respected and documented
- A transition plan exists across each life course stage

**Figure 10: Final Suite of Intellectual Disability Services Nursing Metrics with associated indicators** *(continued)*

| | |
|---|---|
| 11 Positive behaviour support | • An assessment of distress has been conducted<br>• A personal behavioural plan exists<br>• Proactive and reactive behavioural strategies are identified and evident<br>• There is evidence that positive behavioural support strategies are reviewed by the multidisciplinary team |
| 12 End of life/palliative care | • An end of life care plan is evident and documented<br>• The person has been supported to make end of life decisions and this process is evident within the personal care plan<br>• An ongoing assessment of changing health needs is evident and document<br>• A collaborative approach is in evidence across services<br>• There is evidence of ongoing information sharing with the individual regarding their end of life |

**Figure 10: Final Suite of Intellectual Disability Services Nursing Metrics with associated indicators** *(continued)*

# Discussion

From the literature review, it was apparent that there was a lack of what might be considered fully formulated metrics in which all the attributes of a metric - care process, standard and measurement - were immediately apparent. Types of evidence reviewed tended to be practice based, but not strong evidence. It was apparent that there was a lack of indicators developed with each metric. There were 218 full-text publications out of 7925 assessed for eligibility; and of these 218, none of them were included for data extraction. The main reasons for excluding studies were; "not being related to ID metrics", "being conference abstracts/posters/dissertation previews which do not provide sufficient information" and "not being related to process metrics".

Related to this was the type of evidence underpinning the identified metrics and indicators. It is recognised that there are different forms of evidence including research evidence, practice evidence and patient evidence. The grey literature was very useful in identifying important practice areas of concern to practitioners and regulators in the Irish context but within it there was considerable variation ranging from full procedure guidelines with underpinning evidence through to checklists. The grey and non-grey literature successfully identified practice evidence to find areas of practice considered relevant, but there was little higher level research evidence supporting the metrics and indicators identified in this document. Similarly, there was little patient and public evidence to further support which areas of practice might be considered relevant. For Intellectual Disability specific metrics and indicators, grey literature was sourced from Intellectual Disability services nationally and supplemented by hand searching to ensure a comprehensive search strategy. However, the grey literature does not clearly identify metrics but provides valuable background to existing and potentially new metrics.

An important part of the final selection process was an awareness of the quality of the metrics and indicators. The evaluation tool used identified four key attributes of metrics and indicators these being process focused, important, operational and feasible. The robust design employed in the project means that the metrics and indicators can be considered as process focused and important to practice and practitioners. The points identified above indicate for the third domain- operational –that there are some considerations. Not all of the metrics and indicators had reference standards and a research evidence base underpinning them although they have a strong practice evidence base. This then impacts on the fourth evaluation attribute of feasibility. The lack of fully formulated indicators in the literature which could be used meant these had to be formulated and devised by the work stream members. The literature strongly recommends that metrics and indicators are piloted before full usage to avoid unintended and adverse consequences (Campbell et al. 2011), thus pilot testing of these indicators in particular is recommended.

# Conclusion

The aim of the Nursing Quality Care Metrics project was to identify a final suite of nursing quality care process metrics and associated indicators for ID to facilitate providing evidence of the nursing contribution to high quality, safe, patient care.

Through a robust approach of a systematic literature review and a Delphi consensus process, a total of 12 nursing care process metrics and 79 indicators for ID were identified.

# Recommendations

The implementation of the 12 quality care process metrics and 79 associated indicators is due to begin in Intellectual Disability Services in 2018. To examine the effectiveness of the developed suite, we recommend a robust evaluation of the metrics and associated indicators on nursing and midwifery care processes. Adherence is a key challenge for any new guideline or measurement and in order to ensure the suite is fully utilised it would be important to explore any issues that might arise during the testing of the metrics and indicators. Consequently, there is a need to evaluate not only summative endpoint outcomes following implementation but also a requirement to perform formative and process evaluations of implementation (Stetler et al. 2006). Thus an implementation science approach is advised to complete the robust evaluation of the developed suite. Implementation science is defined as the study of methods to promote the systematic uptake of evidence based practice into routine care, to improve the quality and effectiveness of health systems (Eccles and Mittman 2006). Thus, using this approach would aid in examining the impact of the newly developed metrics and indicators on nursing and midwifery care processes.

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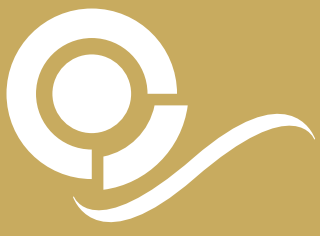
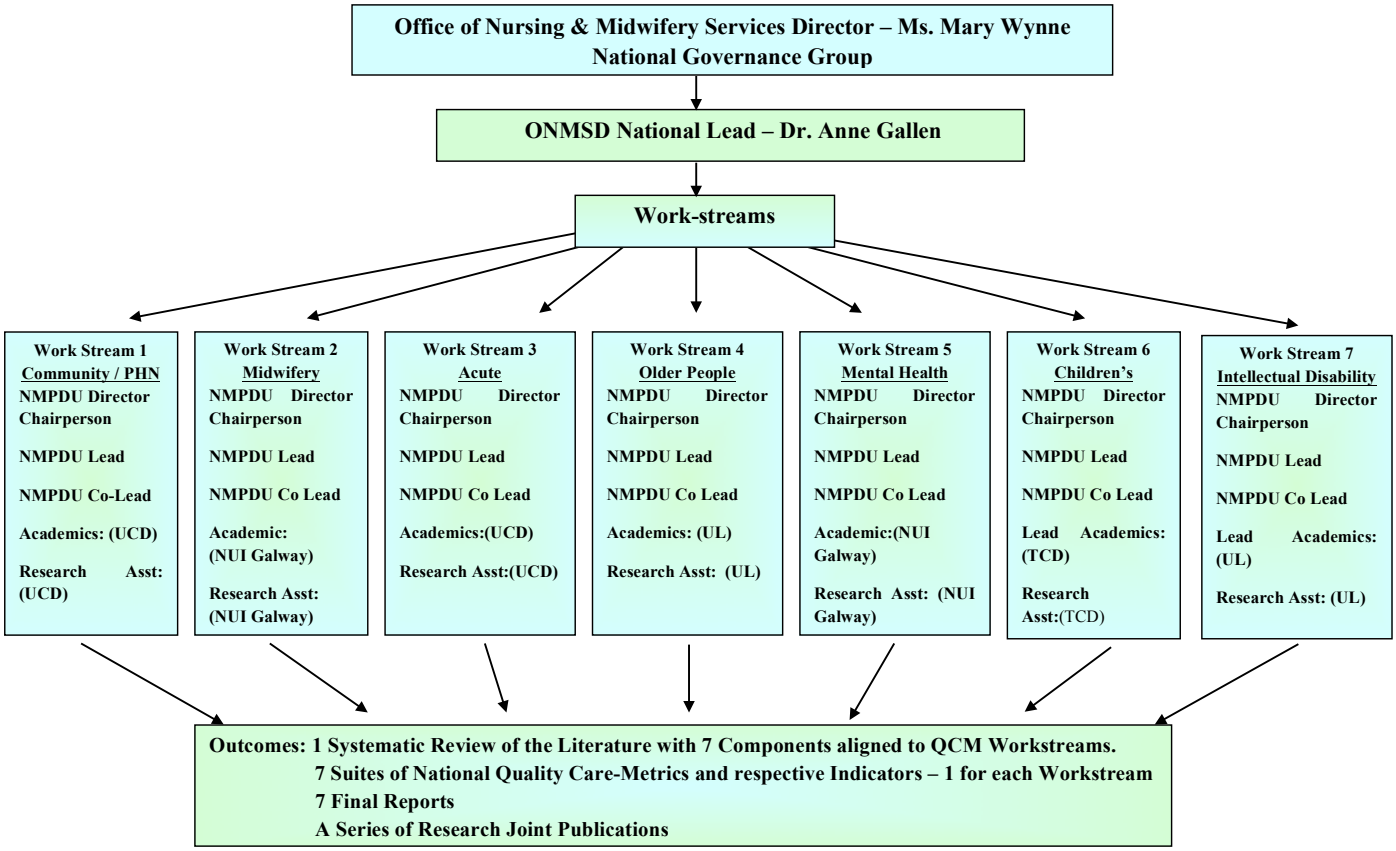
# Appendices



NURSING & MIDWIFERY
QUALITY
CARE-METRICS

## Appendix 1:
# Nursing and Midwifery Quality Care-Metrics Governance Flow Chart



## Appendix 2:
# Nursing & Midwifery Quality Care-Metrics – Academic & NMPD Steering Group Membership

| | |
|---|---|
| OFFICE OF NURSING & MIDWIFERY SERVICE DIRECTOR | **Ms. Mary Wynne,** HSE, Interim Nursing and Midwifery Services Director & Assistant National Director, Office of the Nursing & Midwifery Services Director |
| NATIONAL LEAD | **Dr. Anne Gallen,** Director, NMPDU, HSE North West |
| COMMUNITY/PHN WORKSTREAM: | |
| NMPD DIRECTOR – CHAIRPERSON: | **Ms. Carmel Buckley,** Director, NMPDU, HSE South (Cork/Kerry) |
| NMPD LEAD – CURRENT :<br>NMPD LEAD(S) - PREVIOUS: | **Ms. Margaret Nadin,**<br>QCM Project Officer, NMPDU, HSE Dublin North East<br>**Ms. Martina Giltenane,**<br>QCM Project Officer, NMPDU, HSE Dublin North |
| NMPD CO-LEAD – CURRENT :<br>NMPD CO-LEAD – PREVIOUS: | **Ms. Caroline Kavanagh,**<br>QCM Project Officer, NMPDU, HSE Dublin North<br>**Ms. Aoife Lane,**<br>QCM Project Officer, NMPDU, HSE South (Cork/Kerry) |
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| LEAD ACADEMIC (S) | **Prof. Declan Devane,** National University of Ireland Galway<br>**Prof. Valerie Smith,** Trinity College Dublin |
| RESEARCH ASSISTANT | **Ms. Nora Barrett,** National University of Ireland, Galway |

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|---|---|
| NMPD DIRECTOR – CHAIRPERSON – CURRENT:<br>NMPD DIRECTOR – CHAIRPERSON – PREVIOUS: | **Dr. Mark White,** Interim Area Director, NMPD, HSE South<br><br>**Ms. Miriam Bell,** Interim Director, NMPDU, HSE South |
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| OLDER PERSONS WORKSTREAM: | |
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| NMPD DIRECTOR – CHAIRPERSON – CURRENT:<br>NMPD DIRECTOR – CHAIRPERSON – PREVIOUS: | **Ms. Joan Donegan,** Director, NMPDU, HSE North East<br><br>**Ms. Deirdre Mulligan,** Interim Area Director, NMPDU, HSE North East |
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| RESEARCH ASSISTANT | **Dr. Duygu Sezgin,** Postdoctoral Researcher, University of Limerick |

| MENTAL HEALTH WORKSTREAM: | |
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| CHILDREN`S WORKSTREAM: | |
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| INTELLECTUAL DISABILITY WORKSTREAM: | |
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| NMPD DIRECTOR – CHAIRPERSON – CURRENT:<br>NMPD DIRECTOR – CHAIRPERSON – PREVIOUS: | **Ms. Judy Ryan,** Interim Director, NMPDU, HSE Midlands<br>**Ms. Eilish Croke,** Director, NMPDU, HSE Mid-Leinster |
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| RESEARCH ASSISTANT | **Dr. Duygu Sezgin,** Postdoctoral Researcher, University of Limerick |

| ADDITIONAL MEMBERS: | |
|---|---|
| PROJECT OFFICER | **Ms. Deirdre Keown ,** QCM Project Officer, NMPDU, HSE, North West |
| ADMINISTRATION | **Ms. Anita Gallagher,** NMPDU, HSE, North West |

## Appendix 3:
# Nursing & Midwifery Quality Care-Metrics – National Governance Steering Group Membership

| | |
|---|---|
| Chairperson | **Ms. Mary Wynne,** HSE, Interim Nursing and Midwifery Services Director & Assistant National Director, Office of the Nursing & Midwifery Services Director |
| Area Director NMPD | **Ms. Catherine Killilea,** Area Director, HSE, NMPDU South |
| ONMSD National Lead QCM | **Dr. Anne Gallen,** Director, HSE, NMPD North West |
| QCM Academic Group Representative | **Prof. Laserina O`Connor,** University College Dublin |
| QCM NMPD Project Officers Representative | **Ms. Gillian Conway,** QCM Project Officer, NMPD, HSE West/Mid-West |
| Hospital Group Chief Nurse Representatives / IADNAM DON/M Representatives:<br>• Acute Care<br>• Midwifery<br>• Children's Nursing<br>• Older Persons | **Ms. Julie Nohilly,** Director of Nursing, Galway University Hospital<br>**Ms. Mary Brosnan,** Director of Midwifery & Nursing, The National Maternity Hospital, Adjunct Associate Professor, UCD School of Nursing, Midwifery and Health Systems,<br>**Ms. Suzanne Dempsey,** Chief Director of Nursing, Children's Hospital Group<br>**Ms. Georgina Bassett,** National Leadership & Innovation Centre for Nursing and Midwifery NLIC, Office of the Nursing & Midwifery Services Director ONMSD |
| Area Director of Mental Health Nursing Representative | **Ms. Catherine Adams,** Office of the Area Director of Nursing, Mid-West Mental Health Services |
| Director of Public Health Nursing | **Ms. Mary B Finn-Gilbride,** Director Public Health Nursing, HSE South, Upper George's Street, Wexford |
| Director of Nursing Intellectual Disability | **Ms. Theresa O'Loughlin,** Oakridge Children's Services Manager, Daughters of Charity Disability Support Services |
| HSE Quality Improvement Division Representative | **Dr. Jennifer Martin,** Quality Improvement Division Lead on Measurement for Improvement, Stewart's Hospital, Dublin |
| HSE ICT Representative | **Mr. Pat Kelly,** Corporate IT Delivery Director, Office of the CIO |
| INMO Representative | **Ms. Martina Harkin-Kelly,** President, Irish Nurses & Midwives Organisation |
| PNA Representative | **Ms. Aisling Culhane,** Research and Development Advisor, Psychiatric Nurses Association |
| SIPTU Representative | **Ms. Aideen Carberry,** Assistant Organiser, SIPTU Health Division |
| Patient Representative | **Ms. Anne Harris,** Development & Case Support - Southern Area, SAGE (Support & Advocacy Service) |
| Secretary to the Group | **Ms. Anita Gallagher,** HSE, NMPD North West |

# Appendix 4: Supporting literature mapped to final suite of ID metrics

| NURSING DOCUMENTATION | |
|---|---|
| RELEVANT LITERATURE | Chang et al 2015<br>Chin et al 2011<br>Chow et al 2015<br>Data Protection – It's Everyone's Responsibility An Introductory Guide for Health Service Staff ND Guideline to be followed by staff working in HSE DML Intellectual Disability Services when supporting an individual with Epilepsy 2015<br>Halloran et al 2015<br>The National Database of Nursing Quality Indicators 2011 |
| STANDARD | HIQA 2016<br>NMBI Practice Standards and Guidelines for Nurses and Midwives with Prescriptive Authority 2010<br>NMBI Standards for Medicines Management for Nurses and Midwives 2015 |
| **MEDICINES MANAGEMENT** | |
| RELEVANT LITERATURE | Chin et al 2011<br>Procedure for the use of Restrictive Interventions for Adult Intellectual Disability Services HSE DML Laois/ Offaly/ Longford/ Westmeath 2015 |
| STANDARD | CALNOC Collaborative Alliance for Nursing Outcomes 2015<br>Guidance to Nurses and Midwives on Medication Management 2007<br>HIQA 2016<br>NMBI Practice Standards and Guidelines for Nurses and Midwives with Prescriptive Authority 2010<br>NMBI Standards for Medicines Management for Nurses and Midwives 2015 |
| **ENVIRONMENT** | |
| RELEVANT LITERATURE | Cappucciati et al 2013<br>Chang et al 2015<br>Dreesen et al 2014<br>Guideline on Infection Prevention and Control for Community Intellectual Disability Services 2016 |
| STANDARD | HIQA 2016 |

| SAFEGUARDING | |
|---|---|
| RELEVANT LITERATURE | Chin et al 2011<br>Currie 2008<br>Spring 2009<br>Procedure for the use of Restrictive Interventions for Adult Intellectual Disability Services HSE DML Laois/ Offaly/ Longford/ Westmeath 2015<br>Guideline to be followed by staff working in HSE DML Guideline on Advocacy 2016<br>Guideline on Privacy for Individuals with an Intellectual Disability within Residential, Respite or Day Services in Laois/Offaly/Longford/Westmeath 2015 |
| STANDARD | NMBI Code of Professional Conduct and Ethics 2014 |

| PERSON CENTRED COMMUNICATION | |
|---|---|
| RELEVANT LITERATURE | Dreesen et al 2014<br>Guideline on Person Centred Planning for Adult Intellectual Disability Services HSE Midlands Region 2016 |
| STANDARD | NMBI Code of Professional Conduct and Ethics 2014 |

| PHYSICAL HEALTH ASSESSMENTS | |
|---|---|
| RELEVANT LITERATURE | Bergquist-Beringer et al. 2009<br>Brown 2009<br>Burfield et al. 2012<br>Chang et al 2015<br>Chaboyer et al 2016<br>Chin et al 2011<br>Dreesen et al 2014<br>Guideline to be followed by staff working in HSE Midland Area Intellectual Disability Services when supporting individuals during their Mealtime (Protected Mealtimes) 2016<br>Guideline on Management of Enteral Tube Feeding for Patients/Service Users in Primary/Social Care Settings 2015<br>Endacott et al. 2011<br>Nursing Assessment and Treatment of Hypoglycaemia in Residents/ Service Users with Diabetes 2015<br>Promotion of Continence and the Management of Incontinence Guidelines 2015<br>Provision of Nutritionally Balanced Meals in Residential Care for Older People & Intellectual Disabilities 2015<br>Recording Residents/ Service Users Daily Fluid Balance in HSE Dublin Mid-Leinster Older Person and Intellectual Disability Day and Residential Services Laois /Offaly Longford Westmeath Area 2013 |
| STANDARD | HIQA 2016<br>US Nursing Home Quality Measures<br>Harrington 2016<br>US Nursing Home Compare |

| MENTAL HEALTH ASSESSMENT | |
|---|---|
| RELEVANT LITERATURE | Chang et al 2015<br>Chin et al 2011<br>Dreesen et al 2014 |
| STANDARD | NMBI Professional guidance 2015 |

| RISK ASSESSMENT AND MANAGEMENT | |
|---|---|
| RELEVANT LITERATURE | Chang et al 2015 |
| STANDARD | NMBI Professional guidance 2015 |

| NURSING CARE PLAN | |
|---|---|
| RELEVANT LITERATURE | Bergquist-Beringer et al. 2009<br>Chaboyer et al 2016<br>Chin et al 2011<br>Chow et al 2015<br>Dreesen et al 2014<br>Guideline on the use of Standardised Abbreviation List for the HSE DML Intellectual Disability Services Laois/Offaly/Longford/Westmeath 2015 Spring 2009<br>Halloran et al 2015<br>Record Retention Periods Health Service Policy 2013<br>Guideline on Intimate Physical Care to HSE Adult Intellectual Disability Residential service in Laois/Offaly/Longford/Westmeath 2016<br>Promotion of Continence and the Management of Incontinence Guidelines 2015 |
| STANDARD | NMBI Professional guidance 2015 |

| PERSON CENTRED PLANNING | |
|---|---|
| RELEVANT LITERATURE | Chow et al 2015<br>Dreesen et al 2014<br>Guideline on the use of Standardised Abbreviation List for the HSE DML Intellectual Disability Services Laois/Offaly/Longford/Westmeath 2015<br>Halloran et al 2015<br>Record Retention Periods Health Service Policy 2013<br>Guideline on Person Centred Planning for Adult Intellectual Disability Services HSE Midlands Region 2016<br>Guideline on Referral, Admission, Transfer and Discharge procedure for adults with an intellectual disability to a HSE Intellectual Disability Residential Service Laois/Offaly/Longford/ Westmeath 2015 |
| STANDARD | NMBI Professional guidance 2015<br>NMBI Code of Professional Conduct and Ethics 2014 |

| POSITIVE BEHAVIOUR SUPPORT | |
|---|---|
| RELEVANT LITERATURE | Bone Health Policy and Guidelines 2015<br>Cappucciati et al 2013<br>Chang et al 2015<br>Dreesen et al 2014<br>Procedure for Listening and Responding to Individuals who demonstrate Behaviours of Concern 2015 |
| STANDARD | HIQA 2016 |

| MEDICINES PRESCRIBING | |
|---|---|
| RELEVANT LITERATURE | (Medication prescription metric ND) |
| STANDARD | (NMBI Practice Standards and Guidelines for Nurses and Midwives with Prescriptive Authority 2010) |

| END OF LIFE/PALLIATIVE CARE | |
|---|---|
| RELEVANT LITERATURE | End- of -Life care in local HSE Intellectual Disability Service in Laois/ Offaly/Longford/ Westmeath 2015<br>Endacott et al 2011 |
| STANDARD | HIQA 2016 |

# Appendix 5: Evidence sources for metrics and indicators

## Database search (general)


1. Bergquist-Beringer, S., Davidson, J., Agosto, C., Linde, N.K., Abel, M., Spurling, K., Dunton, N. and Christopher, A. (2009) 'Evaluation of the National Database of Nursing Quality Indicators (NDNQI) training program on pressure ulcers', The Journal of Continuing Education in Nursing, 40(6), 252-258, available: doi: 10.3928/00220124-20090522-05

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10. Dreesen, M., Foulon, V., Vanhaecht, K., Pourcq, L. D., Hiele, M. and Willems, L. (2014) 'Identifying patient-centered quality indicators for the care of adult home parenteral nutrition (HPN) patients', Journal of Parenteral and Enteral Nutrition, 38(7), 840-46, available: doi: 10.1177/0148607113495891.

11. Endacott, R., Benbenishty, J., Ganz, F.D.K., Ben Nun, M., Chamberlain, W., Ryan, H. and Boulanger, C. (2010) 'Applicability of palliative quality measures to end of life care in ICUs in the UK and Israel', S388-S388

12. Halloran, E.J. and Halloran, D.C. (2015) Nurses' own recordkeeping: the nursing minimum data set revisited, CIN: Computers, Informatics, Nursing, 33(11), 487-494, available: doi: 10.1097/CIN.0000000000000187

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## Relevant Standards

1. 1. Collaborative Alliance for Nursing Outcomes (CALNOC) (2015) CALNOC Resources, available: http://www.calnoc.org/?16 [accessed 05 April 2017]

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# Appendix 6:
# Nursing and Midwifery Quality Care Metrics - Intellectual Disability Workstream Working Group Membership

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|---|---|
| OFFICE OF NURSING & MIDWIFERY SERVICE DIRECTOR | **Ms. Mary Wynne,** HSE, Interim Nursing and Midwifery Services Director & Assistant National Director, Office of the Nursing & Midwifery Services Director |
| NATIONAL LEAD | **Dr. Anne Gallen,** Director, NMPDU, HSE North West |
| INTELLECTUAL DISABILITY WORKSTREAM: | |
| NMPD DIRECTOR – CHAIRPERSON –CURRENT:<br>NMPD DIRECTOR – CHAIRPERSON – PREVIOUS: | **Ms. Judy Ryan,** Interim Director, NMPDU, HSE Midlands<br><br>**Ms. Eilish Croke,** Director, NMPDU, HSE Mid-Leinster |
| NMPD LEAD –CURRENT :<br><br>NMPD LEAD(S) - PREVIOUS: | **Ms. Johanna Downey,** QCM Project Officer, NMPDU, HSE South (Cork/Kerry)<br><br>**Ms. Aoife Lane,** QCM Project Officer, NMPDU, HSE South (Cork/Kerry)<br>**Ms. Mary Nolan,** QCM Project Officer, NMPDU, HSE Midlands<br>**Ms. Martina Giltenane,** QCM Project Officer, NMPDU, HSE Dublin North |
| NMPD CO-LEAD – CURRENT :<br>NMPD CO-LEAD – PREVIOUS: | **Ms. Mary Nolan,** QCM Project Officer, NMPDU, HSE Midlands<br>**Ms. Margaret Nadin,** QCM Project Officer, NMPDU, HSE Dublin North East |
| LEAD ACADEMIC (S) | **Prof. Fiona Murphy,** University of Limerick<br>**Dr. Owen Doody,** University of Limerick<br>**Ms. Rosemary Lyons,** University of Limerick |
| RESEARCH ASSISTANT | **Dr. Duygu Sezgin,** Postdoctoral Researcher, University of Limerick |
| EXPERTS | **Maurice Healy,** Advanced Nurse Practitioner, Brothers of Charity , West<br>**Maire Fitzpatrick,** Clinical Nurse Specialist, Cheeverstown, Dublin<br>**Sarah Keegan,** Clinical Nurse Specialist, St Michaels HSE, Dublin<br>**Marie Kehoe,** General Manager, HSE Disability Services<br>**Liam Hamill,** Clinical Nurse Manager 2, St Joseph's Intellectual Disability Services, Dublin |

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|---|---|
| WORKSTREAM MEMBERS | **Nora Fitzgerald,** Clinical Nurse Manager 2, COPE, Cork<br>**Mary B Rice,** NMPD Officer West Mid-West<br>**Teresa O Malley,** NPDC,HSE Intellectual Disability Services, Donegal<br>**Michael Stokes,** Service Manager,<br>Daughters of Charity(DOC) Dublin<br>**Patricia Boylan,** Clinical Nurse Specialist, Cheeverstown, Dublin<br>**Grainne Bourke,** Director of Nursing, St Michaels HSE, Dublin<br>**Niamh Walsh,** Staff Nurse, HSE Intellectual Disability Services,<br>Donegal,<br>**Karen O Leary,** Clinical Nurse Manager 2,<br>Intellectual Disability Services Waterford<br>**Michelle Davitt,** Clinical Nurse Manager 2,<br>Intellectual Disability Services Waterford<br>**Glynis O Connor,** CPC, Daughters of Charity(DOC) Dublin<br>**Sharon Joyce,** Staff Nurse, Daughters of Charity(DOC) Dublin North<br>**Caroline O Brien,** Practice Development, North East<br>**Margaret Conway,** Practice Development, South East<br>**Cathy Hennebry,** Voluntary Directors of Nursing Group.<br>**Laserina McGuire,** Practice Development, Dublin South<br>**Stephen Cullen,** Clinical Nurse Manager 1, Dublin North<br>**Una Tomany,** Director of Nursing, North East<br>**Michelle Hand,** Clinical Nurse Manager 2, North East<br>**Ronan O`Murchu,** Clinical Nurse Manager 3/<br>Advanced Nurse Practitioner, COPE/HSE South<br>**Catherine Casey Farrell,** Senior Service Manager Clinical<br>Governance Lead, South East<br>**Anne Harney,** Service Manager, Midlands<br>**Lisa Duffy,** Dublin South Kildare Wicklow.<br>**Kathleen Swan,** Practice Development Coordinator,<br>Dublin South Kildare Wicklow<br>**Paula Hand,** Director of Nursing, St John of Gods, North East.<br>**Wanetta Duff,** Assistant Director of Nursing,<br>Dublin North East Louth Meath.<br>**Sr Marian Harte,** Chair of the Voluntary DONs.<br>**Patient Representative,** Inclusion Ireland facilitated clients to<br>attend workshops. |

# Appendix 7:
# Description of Nursing & Midwifery Grades

| Grade | Description |
|---|---|
| **Staff Nurse / Staff Midwife / Registered Nurse Community / Registered Midwife Community** | Relates to a nurse or midwife registered in the general, midwifery, children's, psychiatric or intellectual disability division of the professional register of the Nursing & Midwifery Board of Ireland. The role includes assessing, planning, implementing and evaluation of care to the highest professional and ethical standards within the model of care relevant to the care setting. Generally reports to a Clinical Nurse/Midwife Manager grade and is professionally accountable to nursing/midwifery management levels. |
| **Public Health Nurse (PHN)** | Registered in the PHN division of the professional register of the Nursing & Midwifery Board of Ireland. Works as a member of the primary care team and provides a range of nursing and midwifery services to people of all ages in the community. Reports to the Assistant Director of Public Health Nursing |
| **Clinical Nurse/ Midwife Manager 1 (CNM/CMM 1)** | Registered in the general, midwifery, children's, psychiatric or intellectual disability division of the professional register of the Nursing & Midwifery Board of Ireland. Provides clinical and professional leadership and development to the nursing/midwifery team. Responsible for the management and delivery of care to the optimum standard within the designated area of responsibility. Generally reports to the Clinical Nurse/Midwife Manager 2 or 3 grades, depending on the structure of the organisation, and is professionally accountable to the Assistant Director or Director of Nursing/Midwifery. |
| **Clinical Nurse/ Midwife Manager 2 (CNM/CMM2)** | Registered in the general, midwifery, children's, psychiatric or intellectual disability division of the professional register of the Nursing & Midwifery Board of Ireland. Responsible for the management of a nursing/midwifery team and the service delivery within a specific area. Generally reports to a Clinical Nurse/ Midwife Manager 3 or Assistant Director of Nursing/Midwifery grade, and is professionally accountable to the Assistant Director or Director of Nursing/ Midwifery. |
| **Clinical Nurse/ Midwife Manager 3 (CNM/CMM 3)** | Registered in the general, midwifery, children's, psychiatric or intellectual disability division of the professional register of the Nursing & Midwifery Board of Ireland. Usually responsible for more than one clinical area within the organisation. The role incorporates resource management and the continuing professional leadership of nursing and midwifery teams. Reports to the Assistant Director or Director of Nursing/Midwifery. |

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| **Clinical Nurse/ Midwife Specialist (CNSp/CMSp)** | Registered in the general, midwifery, children's, psychiatric or intellectual disability division of the professional register of the Nursing & Midwifery Board of Ireland. Works in a clinical area of speciality practice which requires the application of specially focused knowledge and skills for safe care delivery. The specialist practice encompasses a major clinical focus. A level 8 postgraduate qualification and experience in the clinical specialist field are required for appointment. Reports to the Assistant Director or Director of Nursing/ Midwifery/PHN. |
| **Community Mental Health Nurse (CMHN)** | Registered in the psychiatric division of the professional register of the Nursing & Midwifery Board of Ireland. Works in a community area of speciality practice which requires the application of specially focused knowledge and skills for safe care delivery. The specialist practice encompasses a major clinical focus. A level 8 postgraduate qualification and experience in the clinical specialist field are required for appointment. Reports professionally and is operationally accountable to the Area Director of Nursing. |
| **Clinical Skills Facilitator** | Registered in the general, midwifery, children's, psychiatric or intellectual disability division of the professional register of the Nursing & Midwifery Board of Ireland. Provides clinical support, education and guidance to nurses, midwives and students to support them to achieve/maintain their required clinical skills and competencies. |
| **Practice Development Co-ordinator (PDC)** | Registered in the general, midwifery, children's, psychiatric or intellectual disability division of the professional register of the Nursing & Midwifery Board of Ireland. Works at the grade of an Assistant Director of Nursing/Midwifery/ PHN with a specific focus on the development of nursing/midwifery practice. Reports to the Director of Nursing/Midwifery/Public Health Nursing |
| **Advanced Nurse/Midwife Practitioner (AN/MP)** | Registered in the AN/MP professional register of the Nursing & Midwifery Board of Ireland. Uses advanced nursing/midwifery knowledge and critical thinking skills as an autonomous practitioner to deliver optimum care through caseload management of acute and chronic illness. The role is an expert in clinical practice, educated to Master's level 9 or above and reports professionally to the Director of Nursing/Midwifery/PHN. |
| **Assistant Director of Nursing/ Midwifery/ Public Health Nursing (ADON/M/PHN)** | Registered in the general, midwifery, children's, psychiatric or intellectual disability division of the professional register of the Nursing & Midwifery Board of Ireland. Manages the service delivery function and the nursing and midwifery teams within the area of responsibility. The role encompasses strategic planning and development. Reports to the Director of Nursing / Midwifery / Public Health Nursing |
| **Director of Nursing/ Midwifery/ Public Health Nursing (DON/M/PHN)** | Registered in the general, midwifery, children's, psychiatric or intellectual disability division of the professional register of the Nursing & Midwifery Board of Ireland. Responsible for all of the nursing and midwifery teams within the specific organisation. Works as part of the senior management team to achieve the organisational goals. Reports operationally to the General Manager/CEO. In acute hospital care the professional reporting relationship is to the Chief Director of Nursing/Midwifery. |

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| **Nurse / Midwife Lecturer /Educator / Tutor / Specialist Co-ordinator** | Registered on the Nurse Tutor division of the professional register of the Nursing & Midwifery Board of Ireland. Normally employed within an educational institution with responsibility for the delivery of nursing and midwifery education at undergraduate, postgraduate or continuing professional development level. |
| **Director of Centre of Nursing/ Midwifery Education (CNME)** | Registered on the general, midwifery, children's, psychiatric or intellectual disability division of the professional register of the Nursing & Midwifery Board of Ireland. Responsible for overseeing the delivery of continuing professional development education, training and development to enable registered nurses, midwives and healthcare assistants to maintain and develop knowledge, skills and competence. |
| **Director of Nursing & Midwifery Planning and Development Unit (NMPDU)** | Registered on the general, midwifery, children's, psychiatric or intellectual disability division of the professional register of the Nursing & Midwifery Board of Ireland. Leads and manages a nursing and midwifery team within a designated regional area to provide strategic, professional, practice, education and clinical leadership to enable the future development of nursing and midwifery services |
| **Nursing & Midwifery Planning & Development Officer (NMPD Officer)** | Registered on the general, midwifery, children's, psychiatric or intellectual disability division of the professional register of the Nursing & Midwifery Board of Ireland. The role is to support and enhance healthcare delivery through the development of nursing and midwifery in acute hospital and/or community healthcare organisations. |

NURSING & MIDWIFERY

# QUALITY CARE-METRICS

JUNE 2018

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

Health Service Executive
Dr. Steevens' Hospital
Dublin 8
Ireland

**www.hse.ie/go/onmsd**