NURSING AND MIDWIFERY QUALITY CARE-METRICS:

MENTAL HEALTH 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:

MENTAL HEALTH 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 of 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
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Glossary/ Abbreviation of Terms

HSE	Health Service Executive
MDA	Misuse of Drugs Act
NMBI	Nursing and Midwifery Board of Ireland
NMPDU	Nursing and Midwifery Planning and Development Unit
ONMSD	Office of the Nursing and Midwifery Services Director
QCM	Quality Care-Metrics
SOP	Standard Operating Procedure

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 & Midwifery Planning & Development Unit (NMPDU) Directors, Project Officers and Workstream Working Group Members. Nurses working in the area of Mental Health have contributed greatly to the project by completing the Delphi Rounds. The research team is most grateful to all of the NMPDU staff, Workstream Working Group members, Area Directors of Mental Health Nursing, Practice Development Coordinators, Carer, Service User and all who have help develop this evidence-based suite of quality care process metrics and indicators.

We would also like to acknowledge 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.

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Introduction

In 2014, demand increased from Directors of Nursing & Midwifery to implement Quality-Care Metrics (QCM) nationally. As a result, the Office of Nursing & Midwifery Services Director (ONMSD) agreed to provide the national direction and support within a guiding framework to embed a system of nursing and midwifery Quality-Care Metrics within healthcare organisations (HSE Office of Nursing and Midwifery Services, 2015) across 7 areas; Community / PHN, Midwifery, Acute, Older People, Mental Health, Children's & Intellectual Disability.

This report presents the research process undertaken along with the final suite of mental health nursing process metrics and indicators developed from this research.

Executive Summary

Research Design

The study design has four phases as follows:

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

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

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

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

Main Findings

Following the Quality Care Metrics (QCM) Mental Health Metrics consensus meeting **9** process metrics and **73** indicators were agreed upon for the new suite of Mental Health Quality-Care Metrics.

Final Mental Health QCM Following Consensus Meeting

1. Assessment
2. Care Plan
3. Management of Risk
4. Management of Violence & Aggression
5. Physical Health & Wellbeing
6. Recovery Based Care
7. Nursing Communication
8. Medication Management
9. Service User Experience

Systematic Review

Aim:

To identify quality care **process** metrics and associated indicators for nursing and midwifery.

Definitions:

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: Systematic Literature Review.

Databases Searched: Eight databases were systematically searched including: Pubmed, Embase, PyscINFO, ASSIA, Cumulative Index of 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).

Study Selection: Studies were included if participants were registered nurses/midwives, as well as education programmes using nursing and midwifery metrics systems in acute, children, intellectual disability, mental health, midwifery, older persons, or public health or where participants were persons in receipt of nursing or midwifery care and services. Included studies made a clear reference to nursing or midwifery care processes and identified a specific quality process in use or proposed use. Studies were screened for work stream relevance initially with data extracted from included eligible studies. Figure 1 outlines the complete process flow diagram for the systematic literature review.

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

Results

The search conducted across 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 general, acute, children, intellectual disability, mental health, midwifery, older person, or public health nursing services and practice (see Figure 1).

Systematic Literature Review Mental Health Findings: **8** studies were identified as relevant to mental health nursing. A further 50 documents were identified from grey literature as relevant to mental health. Figure 1 shows a flow diagram of the study selection process. Mapping of metrics to supporting literature can be found in Appendix F.

Figure 1: Study Selection Process Flow Diagram for Mental Health Workstream

Adapted from: Moher D, Liberati A, Tetzlaff J, Altman DG, The PRISMA Group (2009). *Preferred Reporting Items for Systematic Reviews and Meta-Analyses: The PRISMA Statement.* PLoS Med 6(7): e10000097. doi:10.1371/journal.pmed1000097

For more information, visit www.prisma-statement.org.

Delphi Process

Two two-round Delphi surveys (phase 2 & 3) were conducted consisting of four rounds of data collection and analysis in each to condense the opinions of participants into group consensus on what (a) metrics and (b) their indicators should be used. Responses to each round were collated, analysed, and redistributed to participants for further comment in successive rounds. Each round had a response closing date 14 days after the date of invitation. E-mail reminders were sent to anyone who did not respond by day 7 from the date of invitation. Numbers of participants and response rates for each round for each round of the Delphi are presented in Table 1.

Quality Care Metrics Mental Health Delphi-Round 1: A total of 587 mental health nurses expressed interest in participating in the Mental Health QCM Delphi Survey. All those who expressed interest in participating were sent email invitations from SurveyMonkey to participate. A web link was also created as an additional collector. Round 1 of the Mental Health Metrics Delphi was launched on the 6th of June, 2017. At the beginning of the survey participants were provided with study details from a QCM Mental Health Study Information Sheet approved by the National University of Ireland, Galway (NUIG) Ethics Committee. The Delphi survey consists of consent to participate via I agree or do not agree button, questions regarding demographics, rating of included metrics from the current suite of Mental Health QCM (see Appendix 1) and open fields for participants suggested process metrics. Participants were asked to rate each metric from 1-9 (1-Not Important, 9-Very Important). Surveymonkey participants were updated weekly according to both Community Health Organisation (CHO) area and nursing grade (see Table 2) and circulated to project officers and directors of mental health nursing to track participation rate. Following removal of duplicates and cleaning of responses to include only those who have provided an email address, there were a total of 315 participants in Round 1 of the QCM Mental Health Metrics Delphi survey.

Quality Care Metrics Mental Health Delphi-Round 2: All who expressed interest and whose responses provided data from Round 1 were sent email invitations via Surveymonkey to participate in Round 2 of the Mental Health Metrics Round 2 Delphi. Participants were also sent confidential emails prior to the start of Round 2 with PDF copies of their individual Round 1 survey responses to allow them to re-rate the metrics based on both their responses and the group's responses. Round 2 of the Mental Health Metrics Delphi was launched on the 11th of July 2017 and remained open for three weeks. Following removal of duplicates there were a total of 250 participants. Participants' grades/roles in Table 3.

Quality Care Metrics Mental Health Delphi-Round 3: Round 3 of the Mental Health Metrics Delphi survey was open to new participants that had not previously participated in Round 1 or Round 2. Email invitations via Surveymonkey were sent to those who had previously completed Round 1 or Round 2 in additional to any new expressions of interest. Round 3 of the Mental Health Metrics Delphi was launched on the 22nd of August and remained open for three weeks. Following removal of duplicates there were a total of 286 participants. Participants' grades are presented in Table 4.

Quality Care Metrics Mental Health Delphi-Round 4: Email invitations for Round 4 of the Mental Health Metrics Delphi survey were only sent to those who provided data in the Round 3 survey. Participants were also sent confidential emails prior to the start of Round 4 with PDF copies of their individual Round 3 survey responses to allow them to re-rate the indicators based on both their responses and the group's responses. Round 4 of the Mental Health Metrics Delphi was launched on the 3rd of October 2017 and remained open for three weeks. Following the removal of duplicates there were a total of 157 participants. Participants' grades/roles are presented in Table 5.

Overall Delphi Responses

Table 1: QCM MH Final Delphi Responses by Round

FINAL NUMBER OF ROUND 1 PARTICIPANTS	315 (290 complete)
Response Rate Round 1	55.56%
FINAL NUMBER OF ROUND 2 PARTICIPANTS	250 (233 complete)
Response Rate Round 2	79.87%
FINAL NUMBER OF ROUND 3 PARTICIPANTS	250 (233 complete)
Response Rate Round 3	79.87%
FINAL NUMBER OF ROUND 4 PARTICIPANTS	157 (143 complete)
Response Rate Round 4	62.06%

Delphi Responses Per Round by Grade

Table 2: Mental Health Delphi Round 1 Participants by Grade

GRADE OF NURSING		Number of Round 1 Participants
Staff Nurse		57
Clinical Nurse Manager (1)		6
Clinical Nurse Manager (2)		76
Clinical Nurse Manager (3)		22
Assistant Director of Nursing		26
Director of Nursing		1
Community Mental Health Nurse		33
Nurse Practitioner/Registered Nurse Prescriber		5
Other		64
TOTAL	Answered	290
	Skipped	0

Table 3: Mental Health Delphi Round 2 Participants by Grade

GRADE OF NURSING		Number of Round 2 Participants
Staff Nurse		42
Clinical Nurse Manager (1)		3
Clinical Nurse Manager (2)		68
Clinical Nurse Manager (3)		17
Assistant Director of Nursing		29
Director of Nursing		3
Community Mental Health Nurse		26
Nurse Practitioner/Registered Nurse Prescriber		5
Clinical Nurse Specialist		22
Clinical Placement Coordinator		9
Other		13
TOTAL	Answered	237
	Skipped	13

Table 4: Mental Health Delphi Round 3 Participants by Grade

GRADE OF NURSING		Number of Round 3 Participants
Staff Nurse		41
Clinical Nurse Manager 1		7
Clinical Nurse Manager 2		75
Clinical Nurse Manager 3		14
Assistant Director of Nursing		27
Director of Nursing		4
Community Mental Health Nurse		30
Nurse Practitioner/Registered Nurse Prescriber		3
Other		60
TOTAL	Answered	261
	Skipped	25

Table 5: Mental Health Delphi Round 4 Participants by Grade

GRADE OF NURSING		Number of Round 4 Participants
Staff Nurse		22
Clinical Nurse Manager 1		2
Clinical Nurse Manager 2		47
Clinical Nurse Manager 3		10
Assistant Director of Nursing		18
Director of Nursing		3
Community Mental Health Nurse		18
Nurse Practitioner/Registered Nurse Prescriber		2
Other		35
TOTAL	Answered	157
	Skipped	0

Consensus Process

Consensus meeting: This phase comprised of a face-to-face meeting with key stakeholders (mental health nurses and service user representative- see table 6) to review the findings from the Delphi surveys and build consensus on process nursing metrics and their respective indicators. At this meeting, the prioritised metrics and associated indicators were discussed and agreed.

Participants were provided with a Nursing and Midwifery Judgement Framework Tool adapted from Flenady et al. (2016) to guide participants in determining if the process metric/ indicator was appropriate for inclusion in the final suite of metrics (see Figure 2). Consensus meeting participants voted on each metric and indicator (see Appendix G) as a yes or no to be included using the Poll Everywhere App. Metrics and indicators were required to be voted as 70% or higher to be included for the final suite of Mental Health Quality Care-Metrics and Indicators. Follow-up discussions and multiple rounds of voting were used where necessary.

Table 6 : Consensus Meeting Attendees Names, Grades & Locations

NAME	Grade of Nursing	Region/ CHO/Mental Health Unit
Terry Hayes	ADON	CHO 5
Kara Madden	Carer Representative	NA
Grace Kelly	ANP	CHO 1
Marie Therese Keating	CNS	CAMHS
Sinead Boyce	CNS	CHO 4
Joan Croke Power	CPC	CHO 5
Dorothy Mc Ginley	Student Allocation Officer (SALO)	CHO 1
Ann Hammersley	CNM2	Practice Development, CHO 3
Mark Stuart	CNM 2	FORENSICS IN MH
Eamon Mc Grath	ADON	CHO 8
Edel Kerrane	CNM2	CHO 8
Noreen Mulry	CPC	CHO 9
Farai Bvunzawabaya	CNM 2	IDS IN MH
Aidan Begley	CMHN	CHO 1
Anne Brennan	NMPD Director (Chair)	
Dr. Andrew Hunter	Academic Lead for MH	NUI Galway
Nora Barrett	Research Assistant	NUI Galway
Dr Louise Murphy	Academic	NUI Galway
Gillian Conway	Project Officer Lead for Workstream	NMPD, HSE West/Midwest
Caroline Kavanagh	Project Officer Co-Lead for Workstream	NMPD, HSE, Unit 7, Swords Co. Dublin

Figure 2: Nursing and Midwifery Quality Care Metrics Judgement Framework Tool used at the Mental Health Consensus Meeting on the 5th of December 2017

DOMAIN	
01	**PROCESS FOCUSED** The metrics/ indicator contributes clearly to the measurement of mental health 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)

Consensus Findings

After the consensus meeting, the metrics and their respective indicators were further reviewed by experts and the work stream group members aiming to clarify 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 9 metrics and 73 indicators for Mental Health Nursing were then finalised and are presented in Table 7.

Table 7: Agreed Metrics and Associated Indicators Following Consensus Meeting and Language Clarification

METRIC	INDICATOR
Assessment	Presenting complaints/reasons for admission/attendance is recorded and the admission date and times are recorded
	The service user's name, date of birth, and healthcare record number are on each page/screen
	Initial assessment includes contact details for family member/carer
	There is a documented reason if the service user refuses to give family member/ carer details
	Documented evidence of discharge planning is recorded from admission
	There is documented evidence of service user consent for family member/carer involvement in care and communication
	The service user is involved in all aspects of his/her assessments e.g. falls, risks, neglect etc. as per local policy
	It is documented that the mental health service, with the service user's informed consent has involved other named service providers in their assessment if required
Care Plan	There is documented evidence that the service user is involved in the co-production of their nursing care plan
	Nursing interventions are individualised and include nurse's name, signature, the date and time
	There is documented evidence that the nursing care plan has been reviewed on a regular basis, as defined by the individual clinical area
	There is documented evidence that information has been provided to the service user on their care and treatment plan
	There is documented evidence that the service user is involved in all aspects of his/ her treatment and care
	Any alterations in nursing documentation are as per NMBI Guidelines
	All records are legible, in permanent black ink
	Student entries are countersigned by the supervising nurse
	All entries are in chronological order
	Any abbreviations/grading systems used are from a national or locally approved list/system
Management of Risk	There is documented evidence that the service user has been systematically assessed for clinical risks by a nurse or other named professional
	Where risk is identified there is documentary evidence that a risk management plan is in place
	The nursing staff have documented and evaluated the actions taken in a response to any identified clinical risk
Management of Violence and Aggression	There is documented evidence that incidents of violence and aggression are recorded
	There is documented evidence that timely and appropriate post-incident debriefing has occurred for service users.
	There is documented evidence in the nursing care-plan of the nursing responses to violent and/or aggressive incidents

METRIC	INDICATOR
Physical Health and Wellbeing	There is documented evidence that that medical history is recorded in the service users' notes
	The allergy status is clearly identifiable on nursing documentation
	There is documented evidence of an ongoing a physical health assessment from admission/referral.
	There is documentary evidence that idenified physical health care needs are addressed in the nursing care plan
Recovery Based Care	The service user has been informed of / offered peer support to aid in their recovery
	The nurse has documented evidence that the service user has access to a recovery-based programme
	There is documented evidence that the service user is involved in all aspects of his/her recovery planning including discharge planning
	There is documented evidence in the nursing care plan that the nurse has provided Information about voluntary services that may help service users in their recovery process
Nursing Communication	There is evidence in the clinical notes that a nurse has communication with the service user as per care plan
	The nurse has offered the service user information regarding their rights
	There is documented evidence in the nursing care plan that the nurse has offered the service user with information on advocacy services and how to access them
	There is documented evidence to support the coordination of nursing care on transfer or discharge
	There is documented evidence that the service user's communication style and preferences are recorded in the nursing notes
Medication Management	There is documented evidence in the nursing care plan that medication side effects are assessed by the nurse
	A registered nurse is in possession of the keys for Medicinal Product Storage
	All medicinal products are stored in a locked cupboard or locked room
	All medication trolleys are locked and secured as per local organisational policy and open shelves on the medication trolley are free of medicinal products when not in use
	A current drug formulary is available on all medication trolleys
	Misuse Drug Act (MDA) drugs are checked & signed at each changeover of shifts by nursing staff (member of day staff & night staff)
	Two signatures are entered in the MDA drug register for each administration of an MDA drug
	The MDA drug cupboard is locked and keys for MDA cupboard are held by designated nurse
	MDA drug keys are kept separate from the other medication keys
	The individual's prescription documentation provides details of individual's legible name and health care record number
	The Individuals' identification band has correct and legible name and healthcare record number and/or photo ID if in use
	The allergy status is clearly identifiable on the front page of the prescription chart
	Prescribed medicines not administered have an omission code entered
	The generic name is used for each drug prescribed
	The date of commencement of the most recent prescription is recorded
	The prescription is written in block letters
	The correct legible dose of the medicine is recorded with correct use of abbreviations
	The route and/or site of administration is recorded
	The frequency of medicines administration is recorded and correct timings indicated

METRIC	INDICATOR
Medication Management	The minimum dose interval and/or 24 hour maximum dose is specified for all "as required" or PRN medicines
	The prescription has an identifiable prescriber's signature (in ink)
	Discontinued medicines are crossed off, dated and signed by a person with prescriber authority
Service User Experience	Were you provided information about this service?
	Were you introduced to the nurse or nurses responsible for your care?
	Do you know the names of your nursing team?
	Have you received information from your responsible nurse on how to manage symptoms of your illness?
	Has your medication and any potential benefits/side effects been explained to you by your responsible nurse?
	Have you got the relevant information on who to contact in times of a crisis?
	Were you involved in developing your nursing care plan?
	Were you offered a copy of your care plan?
	Have you been offered the opportunity to have your family member/carer involved in your care?
	Are you offered 1:1 nursing time as indicated in your care plan?
	Has information been offered on organised activities/groups in your area?
	Do the activities/groups offered support you in your recovery process?
	Is there the opportunity for access to outside space?
	Can you access fresh drinking water?

Conclusion

The research method and final set of Quality Care-Metrics and their associated indicators presented in this report reflect the methodologically robust and rigorous process outlined. Importantly the widespread engagement in the project by service users, family representative and mental health nurses of all grades and geographical areas nationally, via the work stream groups, the service user representatives and the project officers, has ensured that there is a real sense of ownership of the care process metrics and their indicators from stakeholders across all mental health care settings.

Recommendations

The development of this suite of process metrics and indicators for mental health nursing practice provides an opportunity for Ireland to take the lead internationally in generating evidence on the effectiveness of mental health nursing process metrics and associated indicators.

This initial work presented in this report should be followed up by a rigorous evaluation of the current status of process metric uptake and implementation in mental health nursing in Ireland, prior to implementation of this newly developed suite of metrics and indicators. Undertaking this evaluation to develop a baseline understanding prior to implementation will inform future implementation and identify potential confounding factors prior to implementation.

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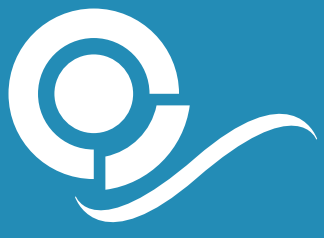
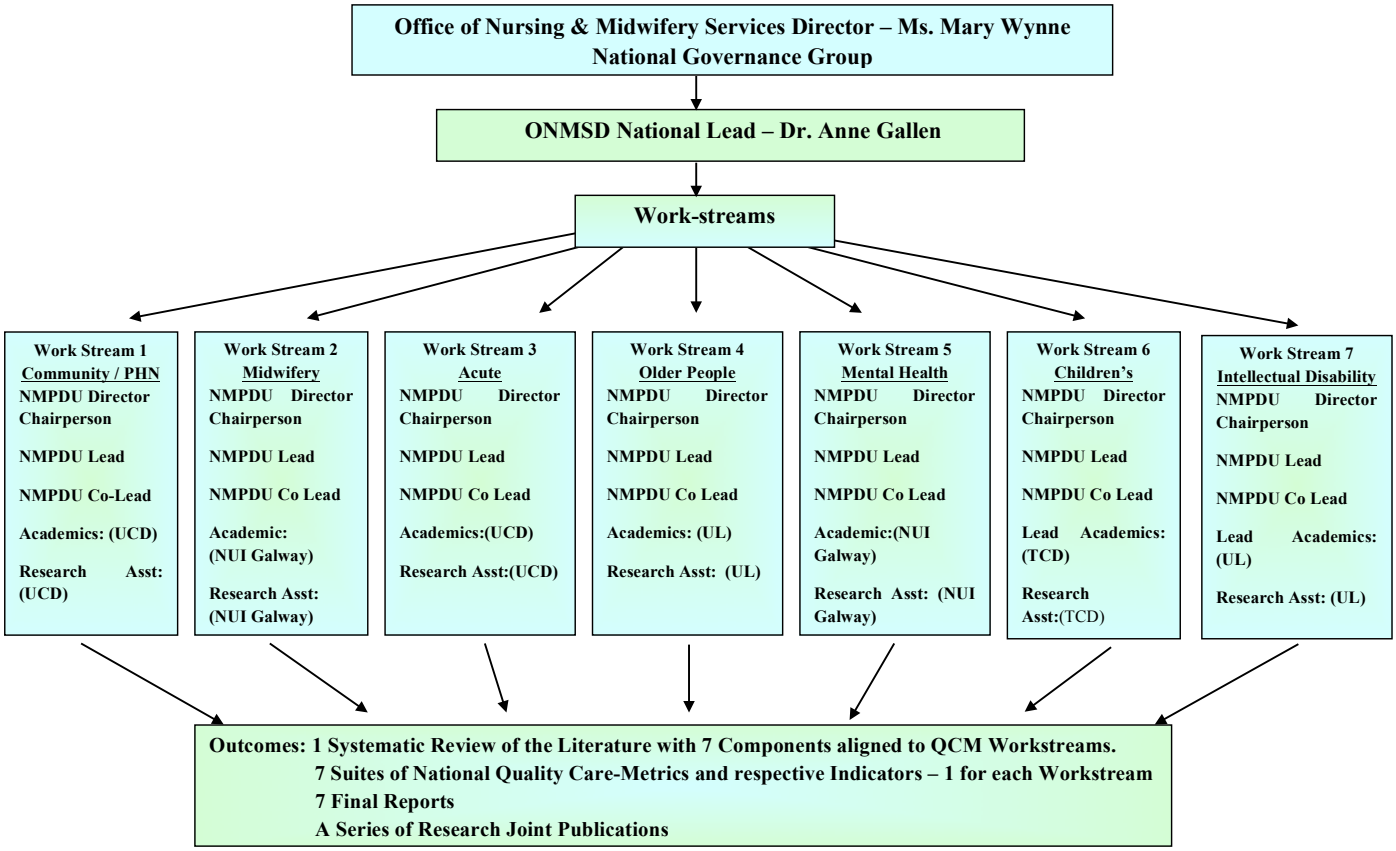
Appendices



NURSING & MIDWIFERY
QUALITY
CARE-METRICS

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



Appendix B:
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 : NMPD LEAD(S) - PREVIOUS:	**Ms. Margaret Nadin,** QCM Project Officer, NMPDU, HSE Dublin North East **Ms. Martina Giltenane,** QCM Project Officer, NMPDU, HSE Dublin North
NMPD CO-LEAD – CURRENT : NMPD CO-LEAD – PREVIOUS:	**Ms. Caroline Kavanagh,** QCM Project Officer, NMPDU, HSE Dublin North **Ms. Aoife Lane,** QCM Project Officer, NMPDU, HSE South (Cork/Kerry)
LEAD ACADEMIC (S)	**Prof. Declan Devane,** National University of Ireland Galway **Prof. Valerie Smith,** Trinity College Dublin
RESEARCH ASSISTANT	**Ms. Lisa Rogers,** University College Dublin **Ms. Bianca vanBavel,** University College Dublin
MIDWIFERY WORKSTREAM:	
NMPD DIRECTOR – CHAIRPERSON	**Ms. Mary Frances O`Reilly,** Director, NMPDU, HSE West/Mid-West
NMPD LEAD	**Ms. Margaret Nadin,** QCM Project Officer, NMPDU, HSE Dublin North East
NMPD CO-LEAD	**Ms. Gillian Conway,** QCM Project Officer, NMPDU , HSE West/Mid-West
LEAD ACADEMIC (S)	**Prof. Declan Devane,** National University of Ireland Galway **Prof. Valerie Smith,** Trinity College Dublin
RESEARCH ASSISTANT	**Ms. Nora Barrett,** National University of Ireland, Galway

ACUTE WORKSTREAM:	
NMPD DIRECTOR – CHAIRPERSON – CURRENT: NMPD DIRECTOR – CHAIRPERSON – PREVIOUS:	**Dr. Mark White,** Interim Area Director, NMPD, HSE South **Ms. Miriam Bell,** Interim Director, NMPDU, HSE South
NMPD LEAD –CURRENT : NMPD LEAD(S) - PREVIOUS:	**Ms. Leonie Finnegan,** QCM Project Officer, NMPDU, HSE South East **Ms. Paula Kavanagh,** QCM Project Officer, NMPDU, HSE North West
NMPD CO-LEAD – CURRENT : NMPD CO-LEAD – PREVIOUS:	**Ms. Ciara White,** QCM Project Officer, NMPDU, HSE Dublin North **Ms. Angela Killeen,** QCM Project Officer, NMPDU, HSE North West **Ms. Aoife Lane,** QCM Project Officer, NMPDU, HSE South (Cork/Kerry) **Ms. Loretto Grogan,** QCM Project Officer, NMPDU, Dublin South, Kildare & Wicklow
LEAD ACADEMIC (S)	**Prof. Laserina O`Connor,** University College Dublin **Prof. Eilish McAuliffe,** University College Dublin
RESEARCH ASSISTANT(S)	**Ms. Lisa Rogers,** University College Dublin **Ms. Bianca vanBavel,** University College Dublin

OLDER PERSONS WORKSTREAM:	
NMPD DIRECTOR – CHAIRPERSON – CURRENT: NMPD DIRECTOR – CHAIRPERSON – PREVIOUS:	**Ms. Joan Donegan,** Director, NMPDU, HSE North East **Ms. Deirdre Mulligan,** Interim Area Director, NMPDU, HSE North East
NMPD LEAD –CURRENT :	**Ms. Mary Nolan,** QCM Project Officer, NMPDU, HSE Midlands
NMPD CO-LEAD – CURRENT : NMPD CO-LEAD – PREVIOUS:	**Ms. Angela Killeen,** QCM Project Officer, NMPDU, HSE North West **Ms. Paula Kavanagh,** QCM Project Officer, NMPDU, HSE North West
LEAD ACADEMIC (S)	**Prof. Fiona Murphy,** University of Limerick **Dr. Owen Doody,** University of Limerick **Ms. Rosemary Lyons,** University of Limerick
RESEARCH ASSISTANT	**Dr. Duygu Sezgin,** Postdoctoral Researcher, University of Limerick

MENTAL HEALTH WORKSTREAM:	
NMPD DIRECTOR – CHAIRPERSON – CURRENT: NMPD DIRECTOR – CHAIRPERSON – PREVIOUS:	**Ms. Anne Brennan,** Director, NMPDU, HSE Dublin North **Mr. James Lynch,** Interim Director, NMPDU, HSE Dublin North
NMPD LEAD	**Ms. Gillian Conway,** QCM Project Officer, NMPDU , HSE West/Mid-West
NMPD CO-LEAD – CURRENT NMPD CO-LEAD(S) - PREVIOUS:	**Ms. Caroline Kavanagh,** QCM Project Officer, NMPDU, HSE Dublin North **Ms. Martina Giltenane,** QCM Project Officer, NMPDU, HSE Dublin North
LEAD ACADEMIC (S)	**Dr. Andrew Hunter,** National University of Ireland Galway
RESEARCH ASSISTANT	**Ms. Nora Barrett,** National University of Ireland, Galway

CHILDREN`S WORKSTREAM:	
NMPD DIRECTOR – CHAIRPERSON – CURRENT: NMPD DIRECTOR – CHAIRPERSON – PREVIOUS:	**Ms. Susanna Byrne,** Director, NMPDU, HSE Dublin South, Kildare & Wicklow **Ms. Aine Lynch,** Interim Director, NMPDU, HSE Dublin South, Kildare & Wicklow
NMPD LEAD –CURRENT : NMPD LEAD(S) - PREVIOUS:	**Ms. Ciara White,** QCM Project Officer, HSE Dublin North **Ms. Loretto Grogan,** QCM Project Officer, NMPDU, HSE Dublin South, Kildare & Wicklow
NMPD CO-LEAD – CURRENT :	**Ms. Mary Nolan,** QCM Project Officer, NMPDU, HSE Midlands
LEAD ACADEMIC (S)	**Dr. Maria Brenner,** Trinity College Dublin
RESEARCH ASSISTANT(S)	**Dr. Catherine Browne,** University College Dublin

INTELLECTUAL DISABILITY WORKSTREAM:	
NMPD DIRECTOR – CHAIRPERSON – CURRENT: NMPD DIRECTOR – CHAIRPERSON – PREVIOUS:	**Ms. Judy Ryan,** Interim Director, NMPDU, HSE Midlands **Ms. Eilish Croke,** Director, NMPDU, HSE Mid-Leinster
NMPD LEAD –CURRENT : NMPD LEAD(S) - PREVIOUS:	**Ms. Johanna Downey,** QCM Project Officer, NMPDU, HSE South (Cork/Kerry) **Ms. Aoife Lane,** QCM Project Officer, NMPDU, HSE South (Cork/Kerry) **Ms. Mary Nolan,** QCM Project Officer, NMPDU, HSE Midlands **Ms. Martina Giltenane,** QCM Project Officer, NMPDU, HSE Dublin North
NMPD CO-LEAD – CURRENT : NMPD CO-LEAD – PREVIOUS:	**Ms. Mary Nolan,** QCM Project Officer, NMPDU, HSE Midlands **Ms. Margaret Nadin,** QCM Project Officer, NMPDU, HSE Dublin North East
LEAD ACADEMIC (S)	**Prof. Fiona Murphy,** University of Limerick **Dr. Owen Doody,** University of Limerick **Ms. Rosemary Lyons,** University of Limerick
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 C:
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: • Acute Care • Midwifery • Children's Nursing • Older Persons	**Ms. Julie Nohilly,** Director of Nursing, Galway University Hospital **Ms. Mary Brosnan,** Director of Midwifery & Nursing, The National Maternity Hospital, Adjunct Associate Professor, UCD School of Nursing, Midwifery and Health Systems, **Ms. Suzanne Dempsey,** Chief Director of Nursing, Children's Hospital Group **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 D:
NURSING & MIDWIFERY QUALITY CARE-METRICS – MENTAL HEALTH WORK STREAM WORKING 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
MENTAL HEALTH WORKSTREAM:	
NMPD DIRECTOR – CHAIRPERSON –CURRENT: NMPD DIRECTOR – CHAIRPERSON – PREVIOUS:	**Ms. Anne Brennan,** Director, NMPDU, HSE Dublin North **Mr. James Lynch,** Interim Director, NMPDU, HSE Dublin North
NMPD LEAD	**Ms. Gillian Conway,** QCM Project Officer, NMPDU , HSE West/Mid-West
NMPD CO-LEAD – CURRENT : NMPD CO-LEAD – PREVIOUS:	**Ms. Caroline Kavanagh,** QCM Project Officer, NMPDU, HSE Dublin North **Ms. Martina Giltenane,** QCM Project Officer, NMPDU, HSE Dublin North
LEAD ACADEMIC (S)	**Dr. Andrew Hunter,** National University of Ireland Galway **Dr. Louise Murphy,** National University Ireland Galway
RESEARCH ASSISTANT	**Ms. Nora Barrett,** National University of Ireland, Galway

WORK STREAM WORKING GROUP	**Ms. Grace Kelly,** Advanced Nurse Practitioner **Ms. Betty Meehan,** Assistant Director of Nursing **Ms. Angela McManus,** Staff Nurse **Mr. Aidan Begley,** Community Mental Health Nurse **Ms. Claire Fitzgerald,** Staff Nurse **Dr. Christina Larkin,** Nurse Practice Development Coordinator **Ms. Ann Hammersley,** Clinical Nurse Manager **Ms. Catherine Drinan,** Clinical Placement Coordinator **Mr. David Nolan,** Assistant Director of Nursing **Ms. Sinead Boyce,** Clinical Nurse Specialist **Ms. Kasia Nolan,** Director of Nursing **Mr. Neil Crowhurst,** Community Mental Health Nurse **Ms. Joan Croke-Power,** Clinical Placement Coordinator **Ms. Deirdre MacNeill,** Nurse Practice Development Coordinator **Ms. Cora McKenna,** Director of Nursing **Ms. Mairead Kelly,** Clinical Nurse Manager 3 **Ms. Roisin Hall McHugh,** Clinical Nurse Manager 1 **Mr. Eamon McGrath,** Assistant Director of Nursing **Ms. Geraldine Goode,** Assistant Director of Nursing **Ms. Caitriona McDonagh,** Area Director of Nursing **Ms. Noreen Mulry,** Clinical Placement Coordinator **Mr. Michael Guilfoyle,** Clinical Nurse Manager 3 **Ms. Marie Teresa Keating,** Clinical Nurse Specialist **Mr. Farai Bvunzawabaya,** Clinical Nurse Manager 2 **Mr. Mark Stewart,** Clinical Nurse Manager 2 **Mr. Rory Doody,** Service User **Ms. Aisling Culhane,** Psychiatric Nurses Association **Ms. Kara Madden,** Carer **Mr. Terry Hayes,** Assistant Director of Nursing **Ms. Pauline McNabola,** Clinical Nurse Manager 3

Appendix E: Existing Mental Health Nursing Metrics at Start of the Quality Care Metrics Process

METRICS CURRENTLY IN USE	INDICATORS TO MEASURE THE METRIC
MEDICATION STORAGE AND CUSTODY	• A registered nurse/midwife is in possession of the keys for Medicinal Product Storage • All Medicinal products are stored in a locked cupboard or locked room. • All medication trolleys are locked and secured as per local organisational policy and open shelves on the medication trolley are free of medicinal products when not in use. • A drug Formulary is available on all Medication Trolleys.
MDA DRUGS	• MDA drugs are checked & signed at each changeover of shifts by midwifery staff. (By member of Day Staff & Night Staff). • Two signatures are entered in the MDA Drug Register for each administration of an MDA drug. • The MDA Drug cupboard is locked and keys for MDA cupboard are held by designated Midwife. • MDA drug keys are kept separate from other medication keys.
MEDICATION ADMINISTRATION	• The Individual's prescription documentation provides details of individual's legible name and health care record number. • The Individuals' identification band has correct and legible name and healthcare record number or photo ID is in use. • The Allergy Status is clearly identifiable on the front page of the prescription chart. • Prescribed Medication not administered have an omission code entered. • The individuals' locker and bedside/ or surrounding environment are free of unsecured prescribed medicinal products.
MEDICATION PRESCRIPTION	• The Generic name is used for each drug prescribed • The Start date is recorded • The Prescription is written in capital letters • The correct legible Dose of the drug is recorded and not abbreviated • The Route and/or Site of Administration is recorded • The Frequency of Administration is recorded & correct timings indicated • The minimum dose interval and/or 24-hour maximum dose is specified for all "as required" or PRN drugs • The Prescription has a legible Prescriber's Signature (in ink) • Discontinued drugs are crossed off, dated and signed by prescriber.
NURSING CARE PLAN: PERSONAL DETAILS	• The Individuals Name and Healthcare Record Number are on each page/screen. • Presenting Complaints/Reason for admission/attendance is recorded and the admission date and time are recorded. • Past medical/psychiatric history are recorded. • The Allergy Status is clearly identifiable on relevant nursing documentation.

NURSING CARE PLAN	• A Nursing Care Plan is evident and reflects current individuals' current condition. • Relevant risk assessments have been completed. • A Risk Management plan of care is evident if the individual is deemed at risk to self or others. • Nursing Interventions are individualised, dated, timed and signed. • Evaluation of the nursing care plan is evident and has been updated accordingly.
NURSE CARE PLAN: NMBI GUIDANCE	All entries are dated and timed (24 hour clock) • All written records are legible, in permanent ink and signed. • All entries are in chronological order. • All abbreviations/grading systems are from a national or local approved list/system. • Alterations/corrections are as per NMBI Guidance. • Student entries are countersigned by the supervising nurse.
PROVISION OF INFORMATION	• The service user has received information regarding their rights. • The service user has received an information booklet/leaflet about the unit/ward. • The service user has received written information on advocacy services and how to access same. • Information has been provided to the service user on their initial care and treatment plan. • The service user has received written information about voluntary services that may help them in their recovery process • The service user/family has been given information regarding the complaints procedures
DISCHARGE PLANNING	• There is documented evidence of Discharge Planning. • A Predicted Date of Discharge is documented. • There is evidence of Individual and Family Involvement in Communication in the Discharge Plan.

Appendix F: Mental Health Metrics & Supporting Literature Identified from Database Search & Grey Literature

Work Stream	Metric Identified	Summary	Supporting Literature	Grey Literature
MENTAL HEALTH	Care Plan & Assessment	Mental health specific guidance on initial; assessment and care planning.	Grabowski et al 2010 Yackel et al 2010	Health Service Executive (HSE) (2014) Mental Health Commission Judgement Support Framework (2016) Mental Health Commission (2009).
	Assessment and Management of Risk	Risk assessment and safety plus risk management procedures.	None	MHC (2007) Quality Framework for Mental Health Services in Ireland Mental Health Commission Judgement Support Framework (2016)
	Management of Violence & Aggression	Specific procedures re:. identification, de-escalation and management of potential and actual violence and aggression	None	Mental Health Commission Judgement Support Framework (2016) Best Practice Guidance for MH Services (2014)
	Physical Health and Wellbeing	All aspects of physical care, assessment, management, and referral.	Grabowski et al 2010	Mental Health Commission Judgement Support Framework (2016) Best Practice Guidance for MH Services (2014)
	Service User Experience	Identifying care process and experience from service user perspective.	None	Mental Health Commission Judgement Support Framework (2016) Best Practice Guidance for MH Services (2014)
	Recovery	Identifying recovery based practice and processes.	None	Best Practice Guidance for MH Services (2014)
	Communication	Identifying therapeutic and informative mental health nurse-service user communication	None	Mental Health Commission Judgement Support Framework (2016) Best Practice Guidance for MH Services (2014)

Appendix G:
Quality Care Metrics Mental Health Ratings of Importance Table from Delphi Round 4 Provided to Consensus Participants

(9 Metrics, 78 Indicators)

METRICS		INDICATORS	Not Important	Unsure of Importance	Very Important	TOTAL	Weighted Average
ASSESSMENT	1	Presenting Complaints/Reasons for admission/attendance is recorded and the admission date and times are recorded.	0.67%	0.67%	98.66%	**149**	2.98
	2	The Service User's Name/DoB and Healthcare Record Number are on each page/screen.	0.00%	4.70%	95.30%	**149**	2.95
	3	Initial assessment includes contact details for family member/carer.	0.00%	1.34%	98.66%	**149**	2.99
	4	There is a documented reason that the service user refuses to give next of family member/carer details.	2.68%	16.11%	81.21%	**149**	2.79
	5	There is documented evidence of discharge planning from admission.	4.03%	13.42%	82.55%	**149**	2.79
	6	There is documented evidence of service user consent for family member/carer involvement in care and communication.	1.34%	8.05%	90.60%	**149**	2.89
	7	The service user is involved in all aspects of his/her assessments e.g. falls, risks, neglect etc. as per local policy.	0.00%	7.38%	92.62%	**149**	2.93
	8	There is documented evidence that the service user is involved in all aspects of his/her treatment and care.	0.00%	4.70%	95.30%	**149**	2.95
	9	It is documented that the mental health service, with the service user's informed consent has involved other named service providers in their assessment if required.	0.67%	0.67%	98.66%	**149**	2.98
	10	Information has been provided to the service user on their care and treatment plan, and this is documented in their case notes	0.67%	0.67%	98.66%	**149**	2.98

METRICS		INDICATORS	Not Important	Unsure of Importance	Very Important	TOTAL	Weighted Average
CARE PLAN	1	All entries are in chronological order.	0.00%	5.37%	94.63%	**149**	2.95
	2	Nursing interventions are individualised and include nurse's title, name, signature, the date and time.	0.67%	8.05%	91.28%	**149**	2.91
	3	All records are legible, in permanent black ink.	0.67%	3.36%	95.97%	**149**	2.95
	4	Student entries are countersigned by the supervising nurse.	0.67%	6.71%	92.62%	**149**	2.92
	5	There is documented evidence that the service user is involved in a co-production of their nursing care plan.	1.34%	4.70%	93.96%	**149**	2.93
	6	Any alterations in nursing documentation are as per NMBI Guidelines.	2.01%	9.40%	88.59%	**149**	2.87
	7	There is documented evidence that the nursing care plan has been reviewed on a regular basis, as defined by the individual clinical area.	1.34%	14.77%	83.89%	**149**	2.83
	8	Any abbreviations/grading systems used are from a national or locally approved list/system.	1.34%	21.48%	77.18%	**149**	2.76
ASSESSMENT AND MANAGEMENT OF RISK	1	There is documented evidence that the service user has been systematically assessed for clinical risks by a nurse or other named professional.	0.00%	2.68%	97.32%	**149**	2.97
	2	Where risk is identified there is documentary evidence that a risk management plan is in place.	0.67%	1.34%	97.99%	**149**	2.97
	3	The nursing staff have documented and evaluated the actions taken tin response to any identified clinical risk.	0.00%	2.01%	97.99%	**149**	2.98
MANAGEMENT OF VIOLENCE AND AGGRESSION	1	There is documented evidence that all incidents of aggression and violence are recorded.	0.00%	1.34%	98.66%	**149**	2.99
	2	There is documented evidence **that timely and appropriate** post-incident debriefing has occurred for service users.	2.01%	8.72%	89.26%	**149**	2.87
	3	There is documented evidence **that timely and appropriate** post-incident debriefing has occurred for staff.	2.01%	8.72%	89.26%	**149**	2.87
	4	There is documented evidence in the nursing care-plan of nursing responses/interventions to violent and aggressive incidents and risk.	1.34%	7.38%	91.28%	**149**	2.9

METRICS		INDICATORS	Not Important	Unsure of Importance	Very Important	TOTAL	Weighted Average
PHYSICAL HEALTH AND WELLBEING	1	Relevant medical history is recorded in the patients' notes.	0.68%	5.41%	93.92%	**148**	2.93
	2	The allergy status is clearly identifiable on relevant nursing documentation.	0.00%	2.70%	97.30%	**148**	2.97
	3	Identified physical health care needs are documented in the nursing care plan .	1.35%	7.43%	91.22%	**148**	2.9
	4	There is documented evidence that the mental health nurse has offered that the service user has access to general health services, and referral to other health services as required.	2.03%	12.16%	85.81%	**148**	2.84
	5	There is documented evidence of an ongoing physical health assessment from admission/referral.	0.67%	10.07%	89.26%	**149**	2.89
	6	There is documentary evidence that identified physical health care needs are addressed in the nursing care plan.	4.03%	12.75%	83.22%	**149**	2.79
SERVICE USER EXPERIENCE	1	Were you given information about this service?	2.07%	3.45%	94.48%	**145**	2.92
	2	Were you introduced to the nurse or nurses responsible for your care?	0.69%	14.48%	84.83%	**145**	2.84
	3	Do you know the names of your nursing team?	2.76%	18.62%	78.62%	**145**	2.76
	4	Have you received information from your responsible nurse on how to manage symptoms of your illness?	1.38%	1.38%	97.24%	**145**	2.96
	5	Has your medication and any potential benefits/side effects been explained to you by your responsible nurse?	2.07%	3.45%	94.48%	**145**	2.92
	6	Have you got the relevant information on who to contact in times of a crisis?	0.69%	2.07%	97.24%	**145**	2.97
	7	Were you involved in developing your nursing care plan?	0.69%	4.83%	94.48%	**145**	2.94
	8	Were you offered a copy of your care plan?	2.07%	15.86%	82.07%	**145**	2.8
	9	Have you been offered the opportunity to have your family/carer involved in your care?	0.69%	6.21%	93.10%	**145**	2.92
	10	Are you offered 1:1 nursing time as indicated in your care plan?	0.69%	13.79%	85.52%	**145**	2.85
	11	Has information been offered on organised activities/groups in your area?	1.38%	6.90%	91.72%	**145**	2.9
	12	Do the activities/groups offered support you in your recovery process?	1.38%	8.97%	89.66%	**145**	2.88
	13	Is there the opportunity for access to outside space?	2.07%	6.90%	91.03%	**145**	2.89
	14	Can you access fresh drinking water?	1.38%	8.97%	89.66%	**145**	2.88

METRICS		INDICATORS	Not Important	Unsure of Importance	Very Important	TOTAL	Weighted Average
RECOVERY BASED CARE	1	The service user's health needs are assessed regularly as per their care plan, weekly or at least every 6 months.	0.69%	0.69%	98.62%	**145**	2.98
	2	The service user has been informed of / offered peer support to aid in their recovery.	1.38%	20.69%	77.93%	**145**	2.77
	3	The nurse has documented evidence that the service user has access to a recovery-based programme.	2.07%	9.66%	88.28%	**145**	2.86
	4	The service user is involved in all aspects of his/her recovery planning including discharge planning.	0.00%	3.36%	96.64%	**149**	2.97
	5	The nurse has provided information about voluntary services that may help service users in their recovery process.	5.37%	25.50%	69.13%	**149**	2.64
NURSING COMMUNICATION	1	There is evidence in the clinical notes that a nurse has communication with the service user as per care plan.	0.69%	5.52%	93.79%	**145**	2.93
	2	The nurse has offered the service user has received information regarding their rights.	0.69%	5.52%	93.79%	**145**	2.93
	3	The nurse has offered the service user with information on advocacy services and how to access them.	2.07%	14.48%	83.45%	**145**	2.81
	4	There is documented evidence to support the co-ordination of nursing care on transfer or discharge.	0.69%	4.14%	95.17%	**145**	2.94
	5	There is documented evidence that the service user's communication style and preferences are recorded in the nursing notes.	4.03%	18.12%	77.85%	**149**	2.74
MEDICATION MANAGEMENT METRIC	1	Medication side effects are assessed by the nurse and recorded in the notes.	0.70%	4.20%	95.10%	**143**	2.94
	2	A registered nurse is in possession of the keys for Medicinal Product Storage.	0.00%	4.90%	95.10%	**143**	2.95
	3	All Medicinal products are stored in a locked cupboard or locked room.	0.70%	0.70%	98.60%	**143**	2.98
	4	All medication trolleys are locked and secured as per local organisational policy and open shelves on the medication trolley are free of medicinal products when not in use.	0.00%	1.40%	98.60%	**143**	2.99
	5	A Drug Formulary is available on all Medication Trolleys.	2.10%	5.59%	92.31%	**143**	2.9
	6	MDA drugs are checked & signed at each changeover of shifts by nursing staff. (By member of Day Staff & Night Staff)	0.00%	5.59%	94.41%	**143**	2.94
	7	Two signatures are entered in the MDA Drug Register for each administration of an MDA drug.	0.00%	2.10%	97.90%	**143**	2.98

METRICS		INDICATORS	Not Important	Unsure of Importance	Very Important	TOTAL	Weighted Average
RECOVERY BASED CARE NURSING COMMUNICATION MEDICATION MANAGEMENT METRIC	8	The MDA Drug cupboard is locked and keys for MDA cupboard are held by designated nurse.	0.70%	2.10%	97.20%	**143**	2.97
	9	MDA drug keys are kept separate from other medication keys.	2.80%	6.29%	90.91%	**143**	2.88
	10	The individual's prescription documentation provides details of individual's legible name and health care record number.	0.70%	0.70%	98.60%	**143**	2.98
	11	The Individuals' identification band has correct and legible name and healthcare record number and/or photo ID if in use.	2.10%	6.29%	91.61%	**143**	2.9
	12	The Allergy Status is clearly identifiable on the front page of the prescription chart.	0.70%	0.70%	98.60%	**143**	2.98
	13	Prescribed Medication not administered have an omission code entered.	0.00%	1.40%	98.60%	**143**	2.99
	14	The individuals' locker and bedside/ or surrounding environment are free of unsecured prescribed medicinal products.	1.40%	5.59%	93.01%	**143**	2.92
	15	The Generic name is used for each drug prescribed.	2.10%	7.69%	90.21%	**143**	2.88
	16	The Start date for each drug is recorded.	1.40%	1.40%	97.20%	**143**	2.96
	17	The Prescription is written in block letters.	3.50%	8.39%	88.11%	**143**	2.85
	18	The correct legible Dose of the drug is recorded and not abbreviated.	0.70%	1.40%	97.90%	**143**	2.97
	19	The Route and/or Site of Administration is recorded.	0.70%	0.00%	99.30%	**143**	2.99
	20	The Frequency of Administration is recorded & correct timings indicated.	0.70%	0.00%	99.30%	**143**	2.99
	21	The minimum dose interval and/or 24 hour maximum dose is specified for all "as required" or PRN drugs	0.70%	1.40%	97.90%	**143**	2.97
	22	The Prescription has a legible Prescriber's Signature (in black ink)	1.40%	2.10%	96.50%	**143**	2.95
	23	Discontinued drugs are crossed off, dated and signed by prescriber.	0.70%	0.70%	98.60%	**143**	2.98

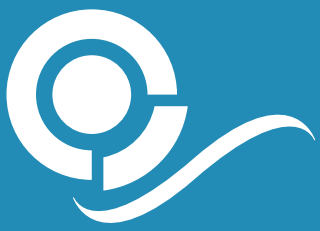
Appendix H:
Description of Nursing & Midwifery Grades

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.

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.

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.

Notes



NURSING & MIDWIFERY QUALITY CARE-METRICS

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