

# QUALITY, SAFETY AND RESEARCH REPORT MILFORD CARE CENTRE 2013 - 2014

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## Quality and Safety for Patients, Service Users & Staff of Milford Care Centre

### Our commitment to quality and safety

In Milford, we view quality assurance as our commitment to provide the safest and highest levels of care for patients and their families at all times. It is an opportunity for us to continuously assess and improve our performance and realise our vision of providing outstanding care.

To support this we have formed several groups to continuously improve our care and ensure our Quality Improvement Goals are fulfilled and exceeded.

#### Quality Assurance and Safety Restructuring: *The Quality Groups*

In August 2012, the quality assurance and safety structure for Milford was reviewed and a new revised structure implemented. A number of quality assurance and safety sub groups have been being formed under specific service related headings including:

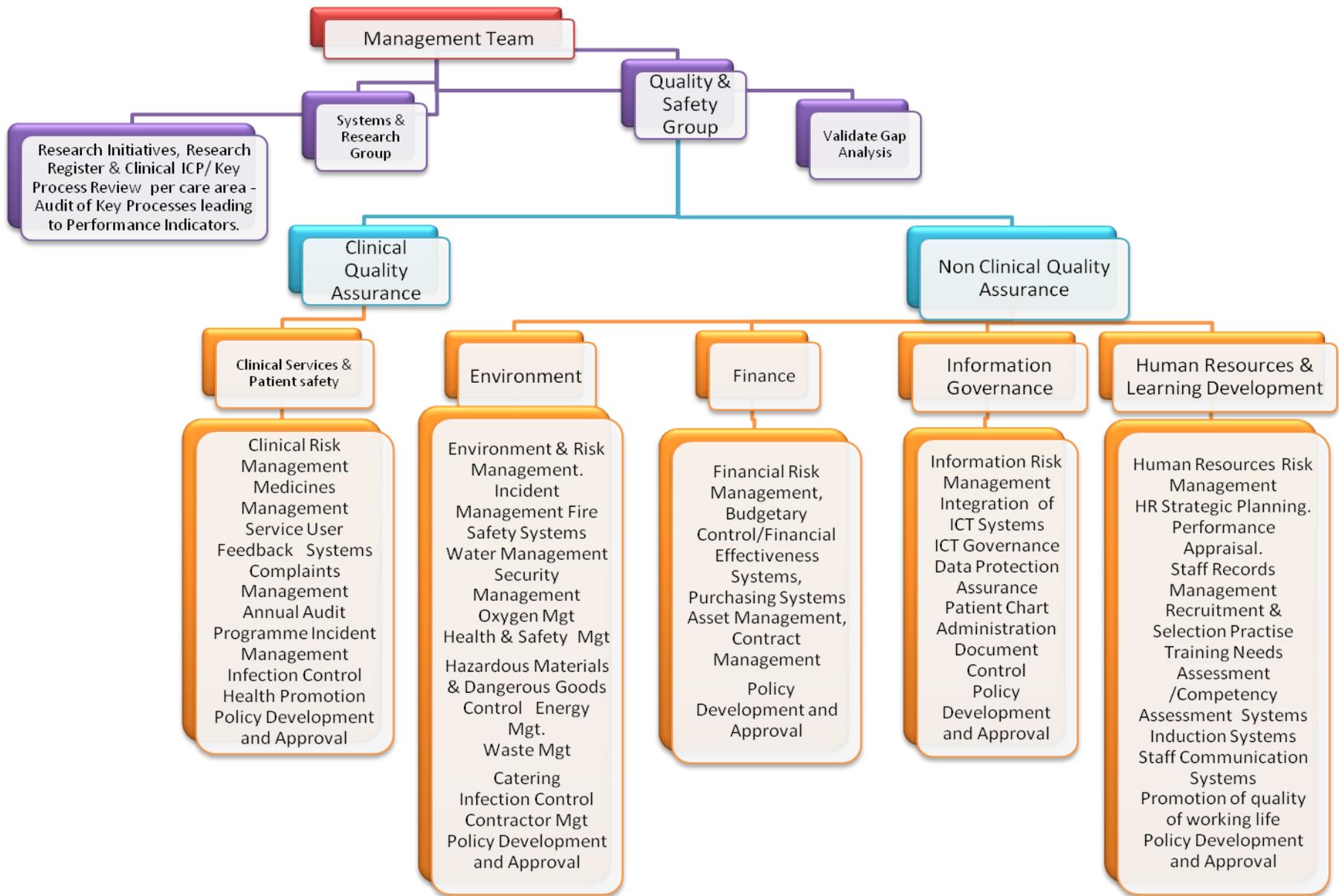
- Clinical Quality Assurance and Patient Safety
  - Hospice
  - Hospice at Home
  - Nursing Home
  - Day Care Palliative Care
  - Day Care of the Older Person
- Environment and Hygiene group
- Human resources / Learning and Development group
- Information Governance
- Finance group.

*These quality and safety groups are responsible, on behalf of Milford Care Centre, for ensuring the implementation of both quality assurance and continuous quality improvement*

In addition, a Clinical Systems and Research Group was established to drive research and quality innovation and a culture of continuous quality improvement within the organisation.

These groups will be in operation for 12 months by May 2014. This quality account is to report the work related to Milford Care Centre's efforts towards continuously improving the quality of our care, and to details of the future priorities for quality improvement that these groups have endorsed.

Milford interim quality and safety governance structure overleaf:



## Leaders in Quality Care

Milford Care Centre has a long history of striving to provide the highest of quality care, achieving gold standard independent accreditation with the Irish Health Services Accreditation Board in 2007. More recently, our quality drive has been guided by the Health Information and Quality Authority (HIQA) Standards. These include

*National Standards for Safer Better Healthcare and National Quality Standards for Residential Care Settings for Older People in Ireland.*

*Safeguarding  
quality in  
Irish Healthcare:  
The Health and  
Safety Authority  
(H.I.Q.A.)*

### **HIQA Residential Care Centre Inspection:**

Milford Nursing Home has been registered as a provider with the Health Information and Quality Authority (HIQA) for a number of years. In 2013, Milford Nursing Home welcomed an inspection by HIQA and a number of recommendations were made. The following table lists these recommendations and our actions:

HIQA recommendation	Milford Action
Ensure that the risk management policy covers the precautions in place to control all of the following specified risks: the unexplained absence of a resident; assault; accidental injury to residents or staff; aggression and violence; and self-harm.	Completed
Place a fire blanket in the designated smoking room	Completed
Maintain, in a safe and accessible place a record of all drugs and medicines prescribed, signed and dated by a medical practitioner.	Completed
Make a report in respect of any review conducted by the registered provider for the purposes of Regulation 35(1), and make a copy of the report available to residents	Completed
Keep each resident's care plan under formal review as required by the resident's changing needs or circumstances and no less frequent than at three-monthly intervals	Completed
Provide all relevant information about each resident who is temporarily absent from the designated centre for treatment at another designated centre, hospital or other place, to the receiving designated centre, hospital or other place; there is clear evidence of this	Completed
With reference to nationally agreed policy on the use of restraint and the centre's own audit findings review the use of bedrails and the documentation used to support their use. The use of bedrails is guided by the use of an objective risk-balancing assessment tool as outlined in national policy	Completed
Ensure that the use of CCTV is governed by a policy	Completed
Put in place recruitment procedures to ensure the authenticity of proof of the person's identity including a recent photograph as referred to in Schedule 2.	Completed
Put in place explicit recruitment procedures for the processing and management of Garda Síochána clearance reports	Completed

# Our Priorities for Improvement

## HIQA National Standards: Milford's Response

In 2012 HIQA issued the National Standards for Safer and Better Healthcare. These standards apply to all health care services and are an important element in the development of a licensing system to be operated by HIQA.

Based on these standards, Milford performed an Organisation- Wide Quality Improvement Programme.

We reviewed all our current organisational systems and processes relating to quality and service delivery. These were compared against several national standards and tools (e.g. HIQAs National Standards for Safer and Better Healthcare<sup>i</sup> along with the Health Service Executive's Quality Performance Improvement Tool<sup>ii</sup> and the "Towards Excellence in Palliative Care Self-Assessment tool"<sup>iii</sup>).

*Gap Analysis....*

*...to lead us forward*

Arising from this, areas for additional focus and improvement (called 'Gaps') were identified, collated and disseminated in a grid format (the 'compliance grid') to the above quality groups. As a result of this process each of the sub groups below initiated quality improvement plans.

### Clinical Assurance and Patient Safety Group

An annual audit programme has been developed for key clinical and non-clinical processes to inform the organisations quality improvement program. Implementation of the audit programme is being monitored through a compliance grid. The annual audit programme will be disseminated to staff via the intranet once available.

*We hope to motivate and aid staff learning through the Annual Audit programme and monitoring of audit compliance*

Reporting of the annual audit programme via the compliance grid is being implemented in consultation with the Practice Development and Student placement Coordinator, CNS in Infection Control and other auditors to facilitate summary analysis of audits including percentage compliance of audits. This aids comparisons across departments. Feedback from staff suggests that this aids learning and motivation to improve compliance.

**Some samples of our ongoing audits:**

<b>Audit Topic</b>	<b>Audit Findings</b>	<b>Actions to be Taken</b>
Medication Prescription & Administration Hospice	Frequency was recorded in all cases. There was a considerable improvement in utilisation of unjoined lower case text / block caps when writing prescriptions from the findings of 2010, 2011 and 2012 with compliance in all cases in the 2013 group. Prescriptions were in permanent black ink and clearly signed by the prescriber in all cases. Some areas for improvement identified.	Feedback to be provided to all relevant staff
Referral - Management of and response to - Hospice	All urgent referrals to the IPU are responded to within the defined criteria of 1-2 days.	Feedback to be provided to all relevant staff
Patient Assessment Hospice at Home	Evidence of assessment of patients' pain in almost all of the charts. Areas for improvement identified in respect of psychosocial issues and assessment of carers needs	CNM'S to present the audit results to the Hospice at Home Steering Group and staff. Response Plan to be scheduled by the CNMs with a view to aligning admission assessment process and documentation with Day Care & the Hospice.
Documentation in the Patient Chart - PC Day Care	All entries in permanent black ink and Legible, medical history recorded in all charts. Some areas for improvement identified	Staff to receive some education /refresher on compliance with elements of the NHO Code of Practice for Health Care Records Management.
Patient Assessment - PC Day Care	Evidence of assessment for many symptoms including pain, dyspnoea, reduced appetite, weight loss, wounds and others symptoms were assessed in all charts. Some areas for improvement identified	Review and redevelop the documentation proforma further to consultation and review of the literature to assure that evidence based practice can be promoted through comprehensive assessment and development of care plans according to prioritised need. Highlight aspects of the practice which may require increased knowledge and training through education sessions & staff meetings.

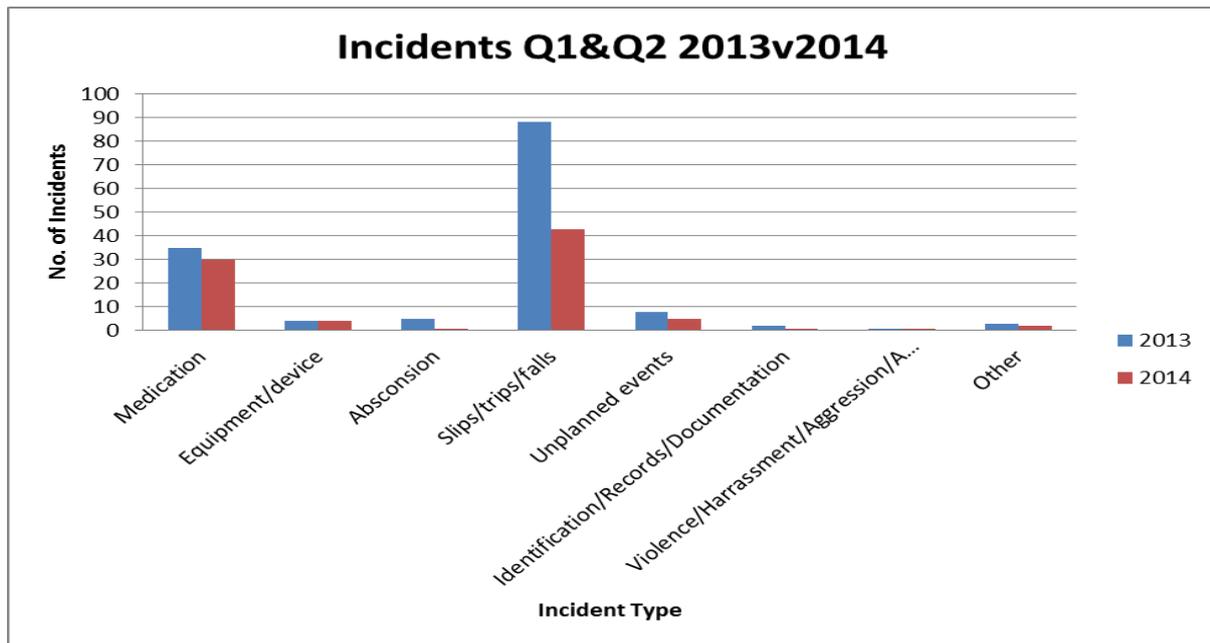
Restraint - Nursing Home	Since the last restraint audit the policy has been updated and additional documentation added – Restraint Risk Assessment and Alternatives to Restraints. Education sessions had occurred with staff nurses regarding the changes to the documentation. Audit in 2013 highlighted that the current multidisciplinary documentation does not support the ongoing practice and a review and alteration to the documentation needs to be facilitated.	Documentation with regard to bed rail use to be amended further to audit. Further staff education to be provided
Nursing Documentation in the Patient Chart - Nursing Home	No evidence of loose pages, all entries in permanent black ink, of documentation relating to consent is clearly signed.	Audit results to be fed back to staff
Nursing Documentation in the Patient Chart -Day Care COE	Medical Record Number was printed on the outside of all patient charts. All charts had a designated place for recording actual allergies/ alerts. Allergies/ alerts were signed & dated by staff in all charts. Some areas of non-compliance identified	Provide summary of results to nursing staff to seek out their views as regards recommendations aimed at further improving compliance with best practice in respect of nursing documentation {National Hospital Office Health Care Standards (2011) and An Bord Altranais, Guidelines on Good Record Keeping (2002)}
Medication Prescription & Administration - Day Care - Care of the Older Person	There was no evidence of Drug errors. Medications prescribed had been administered or reason for lack of administration was documented. Signature bank was completed. Medication Pathway present in all medical charts. Some areas for improvement identified.	Feedback to be provided to relevant parties regarding areas for improvement.

***Details of our current Patient Care Improvement Projects are outlined on page 9.***

## Health & Safety

### Incident Reporting

Below graph compares reported clinical incidents in Quarter 1 (Jan-March) and Quarter 2 (April-June) 2013 versus 2014. There was a significant decrease in Slips/Trips/Falls in 2014. Contributory factors identified as introduction of low low beds, extra posey alarms, and the increase in high dependency residents.



### Health & Safety audits

Audit Topic	Audit Details	Actions to be Taken
Fire Register Annual Audit	Last audit completed September 2013.	Feedback provided to all relevant staff. All findings actioned and completed. Next audit September 2014.
Medical Oxygen Audit	Audit completed March 2014. First medical oxygen audit completed. Areas for Improvement identified.	Feedback to be provided to all relevant staff. Next audit March 2015.
Water Management Audit	Water system audit review completed November 2013.	All recommendations reviewed and actioned. Meetings on-going to progress and review system controls. Next audit November 2014.
Dangerous Goods Audit	Last DGSA Audit completed June 2014.	Feedback provided to all relevant staff. Actions assigned and follow-up meetings to be arranged to check

		progress. Next audit December 2014.
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## Health & Safety training

Training Programmes Offered 2013	No of Sessions	No. of Staff
Fire Safety Training	23	175
Manual Handling Training	33	152
Safety Statement	1	6
Fire Drills	5	46
CPI Training	8	52
Occupational First Aid refresher/Defibrillator	2	15
Saleslogix	4	8
Policy training/toolbox talk sessions	7	37
Chemical awareness training	3	62
Chemical agent Risk Assessment Training	2	14

## Future plans

**Risk Register:** Current project for the Health and Safety Department is to amalgamate corporate and operational Risk Registers, to create an organisation-wide database of risks which is dynamic and easily managed and updated by October 2014.

**E-Learning:** It is planned to pilot one Health and Safety training course on an e-learning platform by December 2014, with a view to offering all Health and Safety theory training through e-learning, with some practical and didactic sessions being offered in addition.

## Clinical Systems and Research Group:

A clinical systems and research group was established to ensure a dedicated focus on both research and continuous quality improvement within the clinical areas. This group comprises of the clinical (patient care) leaders within Milford.

### Clinical Research:

Milford has performed a systematic evaluation of our research objectives and four primary areas in particular have been identified:

- **Continuous quality improvement**
- **Public Health and Palliative Care**
- **Education Delivery/Models**
- **Interventional studies**

The development of Milford's Research Strategy has been informed by this evaluation. Our strategy identified 49 potential research projects throughout the organisation and will guide and focus research activity within Milford Care Centre until 2018.

**Steps to Success: Our research activity resulting from our research strategy.**

**Research Awards.**

- Two Milford Care Centre staff were awarded two of the four Fellowships that were available from the All Ireland Institute of Palliative Care (AIHPC). A fifth project from Milford was the first runner up. These two research projects are well underway and aim to:
  - Assess the quality of care Milford Specialist Palliative Care provides from patients' perspectives using a validated tool (SKIPP) (*Martina O Reilly, Head of Education, Research & Quality*) and to examine the experience of E-Learning in Irish Hospices (*Joanne Callinan, Librarian, Dept. of Education, Research & Quality*)
- Limerick National City of Culture Research Scholarship was awarded to Milford Care Centre in partnership with Limerick Institute of Technology (LIT). This Masters level research focuses on
  - Enhancing the capacity of communities to live compassionately with death, dying, loss and care.
- The Irish Association of Palliative Care's annual Research Conference in February 2014 was the platform for presentation of 10 research projects from Milford. We were involved in both the first and second prize oral presentations (please see Appendix 1).

**Research Related Activity.**

- A number of relationships have been developed with key personnel within the University of Limerick and the All Ireland Institute of Hospice (AIHPC) and Palliative Care including, which are important to the continuation and further development of research activity within Milford.
- A register of past and current research in Milford Care Centre has been created. This register acknowledges past work and provides a repository of research questions, methodologies, findings and recommendations for future research proposals. It is anticipated that such a repository will inspire future research activity and encourage clinicians to further network and collaborate with colleagues.
- An appraisal system to facilitate critical review of research proposals has been developed in conjunction with University of Limerick.

***See also our Patient Care Improvement projects on page 9***

This represents a significant improvement in research output from Milford and also reflects the new and enhanced structures success. In summary, there have been major improvements in a very short period of time in the research structuring and networks for Milford.

#### Human Resources / Learning and Development Group

- **Performance Appraisal:** A Performance appraisal was initiated with Senior Management in 2013 and will be implemented across the organisation in 2014 to staff in all departments.
- **Staff Files:** Audits of staff files to ensure each staff record included signed contracts, garda clearance, job descriptions, references etc. were performed. A project group was established to develop a quality improvement plan in response to the areas of non-compliance identified. Staff files will be re audited in 2014 to determine improvements made in response.
- **Mandatory and Essential Training Framework:** Consultation was initiated with all key stakeholders in 2013 – this work will be finalised in the second quarter of 2014.
- **Review of Induction and of staff handbook:** The staff handbook and induction course were revised in 2013 for the information of new staff. The revised induction programme will be evaluated.
- **Staff Survey:** A measure of staffs views on the effectiveness of communication, leadership and safety in the organisation to be implemented in the third quarter of 2014.
- **Supporting our community:** Two new positions within the centre in 2014 aim to lead and support palliative care initiatives within the community.
  - Milford's "*Compassionate Communities*" Coordinator was appointed. The project aims to encourage communities to support people who are dying and reignite the principles of conversation, care and compassion within society (see [www.compassionatecommunities.ie](http://www.compassionatecommunities.ie)).
  - In conjunction with The Irish Hospice Foundation (I.H.F.) Milford has appointed the first of the three Regional Coordinators for End of Life Care (Residential Care) in Ireland. Part of the I.H.F. "*Changing Minds*" initiative , this project will support staff in residential care centers in the Mid-West to promote excellence in End of Life Care, particularly for those with dementia.

#### Environment and Hygiene Group

- **Infection Control Standards Self-Assessment:** Environmental and hygiene audits in each clinical area are being implemented by the CNS in Infection Control in collaboration with the Cleaning Services and clinical nurse managers in all care areas

- **Organisation- wide Risk Register:** Corporate and operational Risk Registers are being amalgamated.
- **Water Management/ Legionella Control :** An external review of controls was initiated in 2013. The recommendations are to be implemented in 2014.
- **Staff Health and safety Handbook and fire registers:** Handbooks and fire registers have been completed for Hospice shop, Ennis and the Nenagh office.

### Information Governance

- **Data Protection Training and Assurance:** A number of staff in key positions have received training from La Touché in respect of data protection. Subsequently, they have implemented a data protection training programme for staff in Milford during the first five months of 2014.
- **Development of the intranet:** An intranet site to aid communication with staff was initiated and is due for completion in June 2014.
- **Information Governance Self-Assessment:** A self-assessment against HIQA's Information Governance Standards was initiated in 2013. A quality improvement plan in response to areas for improvement identified will be developed and implemented in the second half of 2014.
- **Self-assessment against the NHO Code of Practise on record Keeping:** A Self-assessment against the NHO Code of Practise on record keeping standards on the administrative management of the patient chart was initiated. A quality improvement plan in response to areas for improvement identified is to be developed and implemented in second half of 2014.
- **Data Quality Assurance – Compliance:** An audit of patient registration and collation of the Administrative data on I Care in comparison to the National Hospitals Office Code of practise on record keeping was initiated. A quality improvement plan in response to areas for improvement identified is to be implemented in the second half of 2014.
- **Review of Statistics:** This project has not quite commenced yet. The Clinical leadership group have listed the clinical statistics they require and this is being reviewed from an administration perspective at present.

### Finance Group

- **Asset Register:** This is a two part project which aims firstly to provide a direct linkage between purchasing records and fixed asset and inventory registers to ensure that it is current and comprehensive:
  - **Financial Fixed Assets:** The development of an itemised list of the Cost and Net Book Value of Capitalised Assets.
  - **Asset Register.** Preparatory work has been initiated to facilitate the development of an inventory listing to inform the development of an asset register.

- **Automation of Purchase Ordering:** Once completed this project will result in an automated purchase ordering system, removing the need for manual order books and providing more comprehensive information on stock and purchase movements.
- **Sundry Operational Projects.** Areas of focus include
  - Completion of approved list of Suppliers and Contractors.
  - Review and Revision of Finance and Fundraising policies & procedures.
  - Pre- admission information on financial costs.
  - Developing process/templates to audit internal finance systems.

Our Current Patient Care  
Improvement Projects

Ten clinical quality improvement projects are currently being performed and due for completion in 2014:

**Specialist Palliative Care Day Care (SPCDC):**

- An improved therapeutic/ rehabilitative model of SPCDC was introduced in 2012 using focussed eight week cycles of day-care towards specifically defined goals. Patient’s progress through the cycles has been monitored with validated international tools. This has shown the benefit of the service for ambulatory patients with progressive illness and the results have been presented nationally, winning a prize at the IAPC in February 2014. This is currently submitted for international peer review publication. A new operations group has been established in June 2014 aiming to further drive quality and service delivery in the day-care setting.

**Physiotherapy and Occupational Therapies:**

- An audit and review of the falls and restraint policies.
- An audit of OPD appointments in clinical rooms in Ennis, NCW and MCC to increase access to the OT service is ongoing.

**Art Department:**

- The Art Department has developed an evaluation form for art therapy interventions and will use this to perform a baseline study of the effectiveness of art therapy interventions with a view to engaging in a cycle of continuous quality improvement within the service.

- The Art Department is developing a similar evaluation form for the art groups run by the Art Facilitators.

### **Dietetics**

- Designated Dietetics input is being piloted in Specialist Palliative care Day-Care and will be audited after 6 months. Patient's progress is being monitored using validated tools.

### **Music therapy**

- An evaluation of the therapeutic choir to aid stress management and relieve anxiety is underway.

### **Quality of healthcare assessments:**

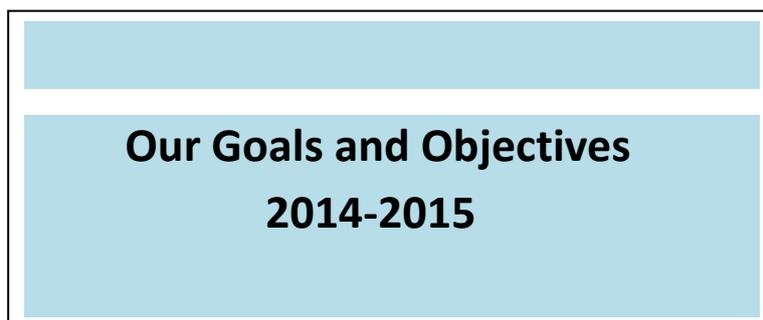
- An audit of the admission assessment in collaboration with hospice at home nursing and therapy and social care staff.
- Audit of the assessment and management of depression, documentation in the patient chart in accordance with the NHO's Code of practise on record keeping and medication administration in the Hospice.

### **Library**

- A review of mechanisms to increase access to research information is being performed.

### **Nursing- Hospice inpatient unit**

- A review of daily documentation as part of implementation of care bundles is progressing.



- **Performance Indicators:**  
In 2014 Milford Care Centre has been a pilot site for national Health Service Executive (HSE) process measures. Data collection has been completed and we are continuing to collect this data focusing on indicators relating to:

- 1) The assessment of and response to the patient's pain
- 2) Provision of contact details to facilitate access to support
- 3) Discharge communication

- **Process Indicators:**

The development of a set of service related key performance indicators for palliative care in conjunction with national palliative care clinical program. This work includes a systematic literature review and consultation with stakeholders to achieve consensus in respect of a small number of the most important clinical performance indicators. This commenced in April 2014.

- **Quality and Efficiency framework:**

The development and piloting of a national palliative care efficiency framework. This project includes the collection of data in respect of complexity of illness by measuring the problem severity, function, quality of life, health carer professional distress (0-3 tool). Such a methodology will facilitate palliative care services to measure complexity of interventions and impact of their work. This project commenced 1<sup>st</sup> May 2014.

- **Equipment Management:**

An audit and self-assessment against the HSE Medical Devices standard is due to be initiated by the representatives of the environmental and hygiene group. The work will ensure that medical devices are managed maintained and calibrated in accordance with best practise.

- **Integration of Sage, Saleslogix and TMS:**

The integration of the Finance, Saleslogix and human resources systems will reduce duplication of data entry between Finance, Human Resources General Services and Quality and Safety and reduce the potential for error. It will facilitate the more efficient management of medical devices, asset management and training records.

Further to the conduction of the gap analysis against the HIQA and other standards in addition to the projects devised, an annual audit programme has been developed for key clinical and non-clinical processes to inform the organisations quality improvement program. Implementation of the audit programme is being monitored through a compliance grid. The annual audit programme will be disseminated to staff via the intranet once available.

## Feedback from those who visit us

The whole team have respect and empathy for their patients and are caring towards family members

My Mum was frightened to come out but ye are so lovely.

Everything is exceptional with all ye have done

Wonderful care in Milford. Staff couldn't be friendlier. Very helpful and respectful. Nothing is too much trouble. It is home away from home really

Well done to all at Milford Hospice. To gardeners, cooks, cleaners, nursing, Doctors and all who pass this way, friends, families and patients. The good work is always evident

I found the Nursing Home to be a credit to all concerned. The size of the room and the bathroom was beyond my expectation. The Nurses and staff were so kind and courteous and caring. The food was excellent. Thanks to all.

Source: Comment Cards Various Areas of the centre

## Appendix 1:

Milford Care Centre research and audit activity was show cased at the 2014 Irish Association Palliative Care (IAPC) education and research study day. Milford Care Centre staff were 3 of the 9 platform presenters on the day. The speakers included:

- Dr Isae Kilonzo, Specialist Registrar, Title: **Do Specialist Palliative Day Care Services Improve Patient Outcome.** Dr Kilonzo's Presentation was awarded a special commendation on the day.
- Jim Rhatigan, Head of Therapy and Social Care, Title: **Compassionate Communities – Supporting People to talk more openly about death dying care and loss**
- Marie Wright, Pharmacist, Title: **Handing over the baton; near misses in patient medication at point of admission to inpatient specialist palliative care unit.**

The 1<sup>st</sup> prize winner with regard to oral presentations on the day was Dr Faith Cranfield, for a project entitled "Implementing a framework to measure patient complexity and associated service activity in Community Palliative Care. Dr Michael Lucey, Consultant in Palliative Medicine, Hospice is a co researcher on this project.

The 2<sup>nd</sup> prize was awarded to a presentation by Ms Ann O Connor, for a study entitled "Point Prevalence Survey of Infections and Antibiotics use in Specialist Palliative Care Inpatient Units. Geraldine Crowley, CNS Infection Control was a co researcher on this study.

A further 6 Milford Care Centre staff were involved in the presentation of posters at the recent Irish Association Palliative Care (IAPC) education and research study day.

- John Carney, SHO, Martina O Reilly, Dr Marion Conroy, Title: **Audit of referrals to a specialist palliative care unit (SPCU) – identifying areas for improvement.**
- Helen Flanagan, CNM, Dymphna Casey, Title: **Compassion Fatigue in Nursing staff caring for palliative patients in tertiary care settings in Ireland.**
- Emer Hough, CNM, Title: **Discussing place of death with patients and families: the perceptions of Irish palliative care professionals.**
- Claire Mc Arthur, Dietician, Dr Mark Tyrell, Title: **Pilot study evaluating the effect of the ethical framework for end of life care study sessions.**
- Martina O Reilly, Head of Education, Research and Quality, Dr Marion Conroy, Professor Phil Larkin, Professor David Meagher, Title: **Concordance between clinician and patient safety severity ratings of palliative care symptoms.**
- Geraldine Cooley, Libby McGrane, Kathryn Hanly, Geraldine Crowley, CNS Infection Control & Ann O Connor. Title: **"Point Prevalence Survey of Infections and Antimicrobial Use in Irish Specialist Palliative Care Inpatient Units".**

## References

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<sup>i</sup> Health Information and Quality Authority. National Standards for Safer Better Health Care. Cork: Health Information and Quality Authority; 2012

<sup>ii</sup> Health Service Executive, Quality Assessment and Improvement Tool Dublin: Health Service Executive; 2013.

<sup>iii</sup> Health Service Executive: Towards Excellence in Palliative Care Self-Assessment tool: Dublin Health Service Executive; 2012

<sup>1v</sup> Milford Care Centre Research Strategy 2013-2018: Milford Care Centre, Limerick.