GUIDING FRAMEWORK

For the Implementation of Nursing and Midwifery Quality Care-Metrics in the Health Service Executive Ireland
GUIDING FRAMEWORK
FOR THE IMPLEMENTATION OF
NURSING AND MIDWIFERY
QUALITY CARE-METRICS IN THE
HEALTH SERVICE EXECUTIVE IRELAND

HEALTH SERVICE EXECUTIVE

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Clinical Governance is a framework through which healthcare teams are accountable for the quality, safety and satisfaction of patients in the care they deliver (HSE, 2012). For health care staff, this means specifying the clinical standards you are going to deliver and showing everyone the measurements you have made to demonstrate that you have done what you set out to do (HSE, 2014).

Indicators are measurement tools, screens, or flags that are used as guides to monitor, evaluate and improve the quality of patient care, clinical support services and organisational function that affect patient outcomes (Mainz, 2003). Indicators can be related to structure, process or outcome of healthcare (Donabedian, 1978).

Measurement is the process of data gathering following an observation, collection or monitoring process. Data can be quantitative or qualitative.

Metrics are quantifiable measurements of nursing and midwifery care, where care can be monitored against agreed standards or benchmarks (Foulkes, 2011).

Nursing/Midwifery sensitive indicators identify the structures and processes of care that influence care outcomes which are distinct and specific to nursing and differ from medical indicators of care quality (Montalvo, 2007).

Quality Care-Metrics are a measure of the nursing and midwifery clinical care processes, in healthcare settings in Ireland, aligned to evidenced based standards and agreed through national consensus.

Quality of care can be defined as “the degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge” (Institute of Medicine, 2001).

Abbreviations

*CNM/ CMM* Clinical Nurse Manager/ Clinical Midwife Manager

*HEFT* Heart of England Foundation Trust

*HIQA* Health Information and Quality Authority

*HSE* Health Service Executive

*ICT* Information Communication Technology

*IT* Information Technology

*NMBI* Nursing & Midwifery Board of Ireland

*NMPD* Nursing & Midwifery Planning and Development

*UK* United Kingdom

*ONMSD* Office of the Nursing and Midwifery Services Director

*SOP* Standard Operating Procedures

*TYC* Test your Care
Nurses and midwives are at the centre of patient care and are key drivers of quality improvement. Improving patient safety and the quality of care delivery is embedded within our professions and is at the core of what we do every day. Measuring the quality of care delivered provides an assurance mechanism that captures the contribution and performance of nurses and midwives in a way that is transparent and focused on improvement in Ireland.

Measuring care processes and patient/client outcomes is a relatively new development in healthcare. The purpose of Quality Care-Metrics is to assist healthcare organisations to assess the extent to which nursing and midwifery interventions have an impact on patient safety, quality and professional work environments. Quality Care-Metrics will support nurses and midwives in all healthcare divisions in their efforts to achieve clinical excellence.

Striving for clinical excellence in care delivery will ensure that our patients’ needs are met, that they are safe and comfortable and that they are in receipt of the highest quality care that we can provide. Meaningful monitoring to improve the quality of care and the best possible outcomes for patients/clients can be achieved through front-line staff that are engaged and committed to a structure of fundamental care standards.

Quality Care-Metrics will enable nurses and midwives to quantify their contribution to care provision that is safe, beneficial, patient-centred, timely and efficient. This framework will guide nurses and midwives on their journey to implement Quality Care-Metrics in the future.

My sincere thanks to Anne Gallen Director, NMPD North West for her leadership and tenacity in driving this extremely important initiative.

Dr. Michael Shannon

Nursing & Midwifery Services Director, Assistant National Director, Clinical Strategy & Programmes Division HSE & Adjunct Professor UCD School of Nursing and Midwifery and Health Systems & Fellow Faculty of Nursing & Midwifery, FFNMRCISI (Ad Eundem).
1.1 Introduction

Patient safety is one of the most critical issues facing healthcare today. The delivery of care that is safe, patient-centred, compassionate, effective and efficient is the responsibility of all health care professionals. As nurses and midwives are at the centre of the care delivery continuum delivering clinical care around the clock, their contribution to influence high quality, safe care is immense. Research suggests that errors and patient harm are caused by system and process failures (Institute of Medicine, 1999). Clinical care processes delivered by nurses and midwives are based on scientific evidence, standards and/or professional consensus. Measuring the degree to which nurses and midwives adhere to care processes plays an important role in assuring, sustaining and improving the safety and quality of care delivered to patient and clients.

Nursing and Midwifery Quality Care-Metrics present ways of measuring the quality of nursing and midwifery care utilising care process quality indicators, which provide a framework for how the fundamentals of nursing care can be measured (Foulkes, 2011). Measurements of clinical care and outcomes have, in the past, proved to be complex and were not always nurse or midwife specific. Many healthcare providers and organisations lack basic information on the quality of nursing and midwifery care. Anecdotal evidence was often used as an indicator of concerns in relation to care delivery. Feedback in a systematic way to the individual nurse or organisation was not always available. Thus, Quality Care-Metrics aim to illuminate the contribution of nursing and midwifery to safe and effective care and provide the evidence and assurance to managers, governance structures and regulators that care quality is a priority for the professions of nursing and midwifery. Furthermore Nursing and Midwifery Quality Care-Metrics are fundamentally a continuous quality improvement journey highlighting areas of practice that require improvement and measuring for tangible evidence that improvement efforts are impacting in the delivery of care.
1.2 Background

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

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

A small number of acute hospitals had also commenced measuring nursing and midwifery care processes. These sites either employed external agencies to develop a system to meet their single site requirements or used the Microsoft excel application. In 2014, the ONMSD entered into a service level agreement with HEFT to provide access to the Test Your Care System nationally to HSE organisations across the Republic of Ireland. The online web based measurement system TYC is now widely available to all Directors of Nursing/Midwifery who wish to embed Quality Care-Metrics within their local quality governance frameworks.
Chapter 2  
Quality Care-Metrics

2.1 What are Quality Care-Metrics?

Quality Care-Metrics are a measure of the quality of nursing and midwifery clinical care processes aligned to evidenced based standards and agreed through national consensus in healthcare settings in Ireland. The process of national consensus is achieved through care group workstreams (Appendix One).

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

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

- **Structure**: Physical and organisational characteristics where health care occurs.
- **Process**: Focus on the care delivered to patients (e.g. services or treatments).
- **Outcome**: Effects on health care on the status of patients and populations.

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

**Process indicators** relate to the transactions between patients and care providers. It examines how care is provided in terms of its appropriateness, acceptability, completeness and competency. It includes dimensions such as communication, patient knowledge and the quality of the care intervention, the technical delivery of care and the interpersonal aspect of the clinician – patient relationship. Nursing and Midwifery Quality Care-Metrics examine indicators which measure the process components of care.
Outcome indicators refer to the end points of care such as improvement in function, recovery or survival and seek to capture whether the goals of care were achieved. They include measures such as immunisation rate, failure to rescue rate, falls incidence and hospital acquired pressure ulcers.

Nursing and Midwifery Quality Care-Metrics currently consist of a core suite of quality indicators across seven care groups, Acute, Older Persons, Mental Health, Intellectual Disability, Midwifery, Public Health Nursing Services and Children’s services (Appendix 2). Figure 2 demonstrates the standards of care being measured and monitored across the regions utilising Quality Care-Metrics.

Figure 2: Core Suite of Quality Care- Metrics

## 2.2 Rationale for Measuring Nursing & Midwifery Care

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

For nursing and midwifery, Quality Care-Metrics provide a standardised system to measure the fundamentals of care where care can be monitored and improved against evidenced based standards and professional consensus. In a climate of greater fiscal controls on health budgets, focused attention is needed to maintain high-quality care delivery.
There is an increased onus on healthcare providers to provide tangible evidence that they are assessing, monitoring and measuring the quality of care delivery. Nursing and Midwifery Quality Care-Metrics provide a framework to identify gaps in care delivery, enabling action planning for quality improvement and provide the mechanism by which care providers can be accountable for the quality of their care delivery.

### 2.3 Clinical Governance

HSE (2014) defines clinical governance as

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

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

### 2.4 Benefits

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

- monitors and assesses performance against evidenced based standards
- quantifies trends and characteristics
- highlights exceptional care and areas of risk which require immediate attention
- provides a standardised system to track and benchmark the quality of care
- offers direction on educational needs for healthcare staff
- promotes staff engagement and accountability for the quality of care.

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

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

3.2 Foundations of the Framework

This conceptual model was developed to support the implementation of Nursing & Midwifery Quality Care-Metrics to ensure a systematic, cohesive and sustainable approach. The model is based on a clear vision statement, a set of core principles and a step-by-step guide (See Figure 3: Model for Implementation).

Figure 3: Model for Implementation of Quality Care-Metrics
3.2.1 **Vision Statement:**

The vision statement outlines the purpose and ambition in the introduction of Quality Care-Metrics to HSE and Voluntary healthcare organisations in Ireland.

3.2.2 **Core Principles:**

The ten clinical governance principles in Figure 4, developed by the HSE (2012) provide the foundations for the conceptual model for the implementation of Quality Care-Metrics.

*Figure 4: Guiding Principles for Clinical Governance (HSE, 2012)*

A descriptor for each of the ten Guiding Principles is provided, which outlines in more detail, information relating to each of the principles and their relationship with clinical governance in order to improve patient outcomes.
## Guiding Principles Descriptor

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

Source: HSE (2012) *Quality and Patient Safety, Clinical Governance Information Leaflet*
### Figure 5: 15 Steps to Support Implementation of Quality Care-Metrics

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

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

• Initiation
• Planning
• Implementation
• Mainstreaming

The steps to support implementation are outlined in Figure 5 (previous page).

3.3 Governance

The ONMSD provides the overarching national governance that enables the development of a robust system and infrastructure for the introduction of Quality Care-Metrics in clinical organisations, where Directors of Nursing/Midwifery wish to implement same. The initiative is managed and co-ordinated by a national lead and is supported by eight project officers from NMPD. In addition, the ONMSD provides the leadership to enable the development of a suite of Quality Care-Metrics that are sensitive to nursing and midwifery care processes. The development of new nurse/midwife-sensitive Quality Care-Metrics are organised through seven work-streams (see Figure 6).

Governance for the implementation of Quality Care-Metrics in clinical organisations is the responsibility of Directors of Nursing & Midwifery. The ONMSD is not responsible for the data and evidence generated from the Test Your Care (TYC) system. Directors of Nursing & Midwifery are accountable for the quality of nursing and midwifery care delivery and to ensure appropriate governance systems are in place to assess, monitor and review care standards.
Figure 6: Nursing & Midwifery Quality Care-Metrics Governance Flow Chart

ONMSD Governance Group

National Lead

Directors of NMPD & NMPD Project Officers

Directors of Nursing/Midwifery, Clinical Experts, Educationalists and Research Advisors

Workstreams

01 Acute
02 Older Person
03 Mental Health
04 Intellectual Disability
05 Midwifery
06 Children
07 Public Health Nursing Community

Outcome: National Nursing & Midwifery Quality Care-Metrics for each Work Stream
3.4 Roles & Responsibilities

The Directors of Nursing and Midwifery Planning and Development (NMPD) play a key role in supporting and advising on the implementation and management of Quality Care-Metrics in clinical organisations. Each NMPD Director has identified a project officer to support nominated service leads, to establish and embed Quality Care-Metrics in practice. The roles and responsibilities of key stakeholders are outlined below:

3.4.1 Nursing & Midwifery Planning and Development Unit Director

- Advise and support the development and implementation of nursing and midwifery Quality Care-Metrics in healthcare organisations within their region
- Provide resources to implement Quality Care-Metrics
- Establish, monitor and evaluate progress aligned to NMPD regional implementation plan
- Contribute to the development of new nurse/midwife-sensitive Quality Care-Metrics by the provision of an NMPD Director as chairperson to each of the work-streams
- Ensure that development of new nurse/midwife-sensitive Quality Care-Metrics is based on national standardised criteria
- Facilitate the review of metrics as new evidence presents within defined timelines
- Make recommendations as required to the National Lead.

3.4.2 Nursing and Midwifery Quality Care-Metrics Project Officer

Each NMPD has identified a Project Officer within their region to enable implementation at local and regional level and to support the development of new Quality Care-Metrics in the established work-streams. Additional responsibilities include:

- Work collaboratively under the direction of the National Lead in order to ensure consistency of approach and that the goals and targets agreed on behalf of the ONMSD are achieved
- Contribute to local implementation plans developed and agreed with their respective NMPD Director
- Lead on the development of new metrics through the established care group workstreams
- Work collaboratively with Quality Care-Metrics Service Leads in individual healthcare organisations to support implementation of agreed Quality Care-Metrics
- Provide education sessions to individual healthcare organisations with a view to undertaking a Train the Trainer approach for ongoing education
• Train and support Quality Care-Metrics Data collectors on the use of the Test Your Care (TYC) system to collect data, generate reports and formulate action plans
• Allocate usernames and passwords to new users on the TYC system
• Liaise with nominated Project Officer in relation to new site setup on the TYC system and any technical issues experienced by users which may require escalation to the TYC Information Technology (IT) support person
• Monitor and track the uptake and usage of Quality Care-Metrics within clinical services
• Participate in Nursing and Midwifery Quality Care-Metrics National Group meetings
• Support the National Lead in the promotion, marketing and evaluation of Quality Care-Metrics, to include conference presentations and journal publications.

3.4.3 DIRECTOR OF NURSING AND MIDWIFERY

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

3.4.4 NOMINATED SERVICE LEAD WITHIN THE SERVICES

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

Attend required meetings with Director of Nursing/Midwifery to report on Quality Care-Metrics data results.

Liaise with NMPD Project Officer on Quality Care-Metrics data collected and reports as required.

Escalate as appropriate risk incidents identified during Quality Care-Metrics data collection.

### 3.4.5 Clinical Nurse/Midwife Manager

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

### 3.4.6 Quality Care-Metrics Data Collector

The Quality Care-Metrics Data collector should not be directly employed within the collection area the Quality Care-Metric. They should:

- Have a working knowledge of the Standard Operating Procedure (SOP) as appropriate to each metric, to ensure accuracy, standardisation and consistency in the interpretation of the metric.
- Attend the required training session(s) on Quality Care-Metrics.
- Have a working knowledge of the TYC system prior to conducting data collection.
- Liaise with Clinical Nurse/Midwife Managers to arrange suitable time for data collection.
- Undertake data collection on a monthly basis and enter into the TYC system using allocated username and password.
- Provide feedback as appropriate to Clinical Nurse/Midwife Managers.
- Provide information to CNM’s/CMM’s and takes appropriate action taken where areas of risk are identified (Appendix Four).
4.1 Access to Test Your Care

The TYC System is available nationally to agreed services implementing Nursing and Midwifery Quality Care-Metrics. The TYC system is accessible via the Internet on [www.testyourcare.com](http://www.testyourcare.com).

Users access the Quality Care-Metrics System on TYC using a personalised username and password issued by the regional NMPD Project Officer. Names of individuals who may access the data entry field and the reporting fields are determined by the clinical service and supplied to the NMPD Project Officer who arranges the issuing of passwords.

4.2 Log in to Test Your Care

Users log on to the Internet browser and open the website [www.testyourcare.com](http://www.testyourcare.com). Enter username and password and click the login button. The level of access users will have to the TYC System is authorised by the Quality Care-Metrics Service lead within organisations. The service lead also has the responsibility to disseminate initial username and passwords to users. Passwords can then be changed by the user by going to Settings on TYC toolbar and entering a password of their choice. Username and passwords should not be shared as they are unique to users and allow access to either data entry or reporting or both. If the user only has access to reporting, the data entry option will not be accessible. The screen will automatically open in the Data Entry section if the user has both data entry and reporting entitlements.
Users will only have access to the locations in their own hospital/Service or as agreed by the relevant Director of Nursing/Midwifery.

Options available on the system are:

1. “Collect” Data Entry (To enter the Care-Metric responses for each clinical area)
2. “Report” Reporting on the results of the Care-Metric responses per clinical area
3. “Action Plans” This section gives access to an online action plan to address scores under 100% as deemed appropriate by each manager.
4. “Documents” This section maintains a library of documents such as the SOPs for each Quality Care-Metric and the templates for data collection.

### 4.3 Data Entry

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

1. Select “Questionnaire” (Metric) using the drop-down lists
2. Select the location you would like to collect data for
3. Select “Begin”
4. Once selected, the number of times data has been collected and entered this month will be displayed.

A drop down menu is utilised to select the questionnaire of choice and also the location where it is being undertaken. Data entry occurs through the selection of the predetermined answers (Yes/No/Not Applicable):

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

Data should be collected between the 1st and the last day of each month. Data entered will automatically be entered in the current month. It is not possible to retrospectively enter data for the previous month. Best practice would suggest that all data should be entered on the day of measurement which will give immediate and efficient access to the results.
4.4 Scoring System

Reports are illustrated easily using a Traffic Lights System which highlights areas of improvement, areas of risk and areas of excellence.

<table>
<thead>
<tr>
<th>SCORE</th>
<th>ACTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Over 90%</td>
<td>(Green) Target achieved</td>
</tr>
<tr>
<td>80% - 89%</td>
<td>(Amber) Aim to achieve incremental improvement over the next 6 months</td>
</tr>
<tr>
<td>0 - 79%</td>
<td>(Red) Areas of risk which require action as agreed with senior management</td>
</tr>
</tbody>
</table>

The highlighted score will be colour coded as above and is shown in three ways:

- **Box**: This shows the score remains unchanged from previous month
- **Upward Arrow**: This shows the score has improved/increased since previous month
- **Downward Arrow**: This shows the score has decreased from previous month.

![Traffic Lights System illustration]
4.5 Reporting

Reports from the Test Your Care System are accessible by month, location and by survey. A traffic light coding system is in place to demonstrate survey results. Areas of good practice are demonstrated using green lights. Areas requiring some improvement are displayed with amber lights and areas requiring immediate attention and action plans are shown using red lights. Trend analysis can be achieved using the graphical representation of the results.

To access reporting use the Report link in the top right hand corner.

Select “Create your own Report”. There are many options available to report the data in different formats. Examples of same are outlined below.

Report A: Location by Month by Question

- Select the Metric (questionnaire) you wish to report on. (Leave Month set at all)
- Choose the location for which you wish to receive results. Tick only that location.
- In Column heading, select “Month”. This will give results for all months with data entered.
- In the Row Heading: select “Section and Question”. This gives the responses to each Question and identifies the individual indicators in which the standard was not met.
Report B: Comparison Results with other wards/Locations

- Select the Metric (Questionnaire) you wish to see results for (Leave month on Right at “all”)
- **Column Heading:** Choose “Month”
- **Row Heading:** Select “Location”
- Select Print or just view it on screen

This report gives the overall scores for each clinical area for each month. It does not give the question answers just an overview.

Report C: Comparison Report Per specific month with Question Responses

- Select the Metric (Questionnaire)
- Choose Month from drop down menu on right i.e. October 2014
- **Select Location by using tick box, or select all**
- **Column Heading:** Choose Location
- **Row Heading:** Select Section and Question
- Select Print or just view it on screen

Different options for Column and Row heading can be selected in order to generate other reports.
4.6 Action Plans

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

TYC can also generate an “Action Plan” Report through Reporting by selecting Action Plan from the drop down menu. This report is available to managers in order to oversee, highlight issues, or provide recommendations on the actions arising from the Quality Care-Metric measurement.
In the busy day to day world of clinical practice, many nurses and midwives may not have the time to read lengthy reports on various quality initiatives. By compiling the relevant and key information onto a clinical dashboard, information is available at a glance that will guide ward or unit staff on how they are performing. Clinical dashboards (See Figure 7) are also an excellent way of communicating information throughout the organisation and it can be customised to portray individual ward/unit level data or hospital wide information.

**Figure 7: Clinical Dashboard Example**

Using a clinical dashboard with nurse/midwife-sensitive quality care-metrics that are colour coded in red, amber or green, provides instant feedback on care quality performance and allows teams to see at a quick glance where care is good and where improvement is required. Further work to support the development of clinical dashboards for nursing and midwifery will be progressed in conjunction with HSE ICT. Handheld ICT tablets to facilitate point of care data collection may be used to assist nurses and midwives in the implementation of Quality Care-Metrics.
Patient safety and care quality are key priorities for the professions of nursing and midwifery. As fiscal constraints and staffing and skill mix concerns continue to dominate healthcare debate, it is crucial for nursing and midwifery to be able to demonstrate their contribution to high quality effective, efficient and safe patient care. Quality Care-Metrics provide a structure and framework to enable care quality measurement of nursing and midwifery processes aligned to evidenced based standards and national consensus. Identifying the unique contribution of nurses and midwives to quality care is a constant challenge and under-recognition may leave nursing/midwifery services vulnerable to cost cutting measures (Griffiths et al., 2008).

Nursing and Midwifery Quality Care-Metrics allow organisations to demonstrate care delivered aligned to evidenced based standards. It enables identification of areas where practice is good, which must be recognised and celebrated, as well as those areas that require improvement. The cyclical process of monthly data collection, electronic data entry, reporting, devising and implementation of action plans, data analysis and trending provides the framework to achieve continuous quality improvement.

The promotion of a culture of measurement for improvement embeds the foundation for patient safety and care quality. Encouraging ownership among nurses and midwives at ward level enables decisions in regard to quality improvement within the clinical environment. In addition, encouraging engagement of front-line staff is the key to embedding Quality Care-Metrics into routine clinical practice.

Introducing Quality Care-Metrics is a fundamental step in progressing the patient safety and quality improvement agenda and can help to strengthen clinical governance with real-time data and evidence on the quality of nursing/midwifery care processes.
REFERENCES


APPENDICES
The aim of the Quality Care-Metrics work-streams is to enable the development of a suite of standardised metrics for the nursing and midwifery profession and to guide and facilitate the use of these metrics within services, where Directors of Nursing/Midwifery identify a requirement. This initiative is supported and enabled by the Office of the Nursing and Midwifery Services Director (ONMSD).

This work will be operationalised through seven work-streams. Each work-stream will have a Lead Project Officer and a Co-Lead Project Officer who will act as facilitators to a group of key national clinical expert stakeholders. Work stream leads and co-leads will be Project Officers from NMPD and will be supported by an NMPD Director.

### Quality Care-Metrics Work-streams

<table>
<thead>
<tr>
<th>STREAM 01</th>
<th>STREAM 02</th>
<th>STREAM 03</th>
<th>STREAM 04</th>
<th>STREAM 05</th>
<th>STREAM 06</th>
<th>STREAM 07</th>
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<tbody>
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<td>MIDWIFERY</td>
<td>CHILDRENS</td>
<td>PUBLIC HEALTH/NURSING/COMMUNITY</td>
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</table>

### Objectives:

- Develop a national suite of Quality Care-Metrics for the nursing and midwifery profession aligned to the seven work-streams, using a standardised framework
- Identify, develop, agree and validate a minimum of 3 metrics per work-stream over a 12 month period. (Core metrics may apply across the various work-streams e.g Medications)
- Guide, support and enable the development of a guiding framework and supporting documentation for Nursing & Midwifery Quality Care-Metrics
- Provide the required guidance and support to enable evaluation of the metrics.
Appendix Two
Core Set of Quality Care-Metrics Poster

**Nursing & Midwifery Quality Care-Metrics**

A National Quality Initiative supported by the ONMSD

A standardised suite of quality care-metrics for the nursing and midwifery profession in Ireland

**Introduction**

Nursing and midwifery quality care-metrics are supported nationally by Dr. Michael Shannon, Office of Nursing and Midwifery Services Director (ONMSD), to assist services to provide assurance of the quality and standards of nursing and midwifery care provided. Ms Anne Gallen, Director NMPD North West is the National Lead. The initiative has seven workstreams with a project lead and co-lead and is supported by the eight NMPD Directors. Each workstream has key clinical professional representatives with inter-professional contributions to support the development, standardisation and implementation of nursing and midwifery quality care-metrics in clinical services.

**Workstreams**

Nursing and Midwifery Quality Care-Metrics standardised across seven workstreams

**Process for Nursing & Midwifery Quality Care-Metrics**

- Collect Care-Metrics Monthly
- Analyse Trends & Present Findings
- Enter Data Electronically
- Generate Improvement Action Plans
- Run and Print Reports
- Work with staff to implement changes and meet standards

**Why Do Quality Care-Metrics?**

- M Measurement of Standards
- E Engagement of Staff
- T Timely Information
- R Results-open & transparent
- I Improvement for Service Users
- C Culture Change
- S Shared Learning

**A Core Set of Metrics for Measurement and Monitoring of Standards**

<table>
<thead>
<tr>
<th>Aacute Services</th>
<th>Older Person Services</th>
<th>Mental Health Services</th>
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</tbody>
</table>

**To Implement quality care-metrics in your service, contact the project lead in your NMPDU**

National Lead: Anne Gallen
Phone: 087 2221682
Email: anne.gallen@hse.ie

ADP Lead: Aoife Lane
Phone: 086 7672341

ACNA WHITE care of NUI OR Phone: 01 6202377

MARY NOYAH care of 17/50 OR Phone: 087 9797605

LOUISE FINNAGES care of 53 OR Phone: 087 1402012

PAULINE KIWUNDA care of 01 OR Phone: 087 9309673

MARGARET HARKIN care of 01 OR Phone: 087 9363093

YAHUZA JEMBRI care of 01 OR Phone: 087 9333182

GOLLIN Conroy care of 01 OR Phone: 087 9333182

**GUIDING FRAMEWORK**

Nursing and Midwifery Quality Care-Metrics

35
### State of Readiness & Capacity Checklist

The ONMSD and NMPD are progressing Quality Care-Metrics nationally. If you are interested in implementing metrics, can you self-assess your organisation in relation to key factors on how ready your service is to begin the implementation process. This information will assist NMPD Project Leads in developing a plan for implementation regionally and nationally. It will assist you in identifying what is required in order to increase your organisation’s readiness to successfully implement Nursing & Midwifery Quality Care-Metrics. Thank you for your assistance.

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

Please return to your local NMPD Quality Care-Metrics Project Officer:

(Adapted from Beckhard and Harris, Readiness-Capacity Assessment Chart (1987, p.63)
The data collector has identified the following immediate safety or risk issues (Example Safety Issue Identified: cupboard unsecured) which requires attention by the clinical nurse/midwife manager or nurse/midwife in charge on the day of the metric being undertaken. This Immediate Safety/Risk Identification Form is to highlight an issue that may need to be addressed immediately by the clinical nurse/midwife manager or nurse/midwife in charge prior to the formal report findings of the Metric. It is the responsibility of the clinical nurse/midwife manager or nurse/midwife in charge to act immediately on the issues outlined in line with the safety/risk identified. It is their responsibility to inform their relevant Clinical Nurse Manager 3/ADON of the issue in a timely fashion and outline to the CNM3/ADON the action they took to alleviate or eliminate safety/risk identified. During the conduction of metrics in the ward today, the following safety/risk concerns are identified.

<table>
<thead>
<tr>
<th>TO BE COMPLETED BY THE DATA COLLECTOR UNDERTAKING METRIC</th>
</tr>
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<tbody>
<tr>
<td>Name of Hospital/Service Location:</td>
</tr>
<tr>
<td>Name of Ward:</td>
</tr>
<tr>
<td>Name of Auditor:</td>
</tr>
<tr>
<td>Metric Title:</td>
</tr>
<tr>
<td>Date:</td>
</tr>
<tr>
<td>Safety/Risk Issue Identified:</td>
</tr>
<tr>
<td>Name of CNM or Nurse/Midwife in charge informed of Safety/Risk Issue:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>TO BE COMPLETED BY CNM OR NURSE IN CHARGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Unit Nursing Officer/ADON informed of Safety/Risk Issue</td>
</tr>
<tr>
<td>Please sign to confirm the relevant CNM3/ADON has been informed and record date informed.</td>
</tr>
<tr>
<td>Date: ________________________________</td>
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<tr>
<td>Signature of CNM/Nurse in Charge</td>
</tr>
</tbody>
</table>

Appendix Four
Immediate Safety/Risk Identification Form for Nursing and Midwifery
APPENDIX FIVE
FREQUENTLY ASKED QUESTIONS DOCUMENT

NURSING & MIDWIFERY
QUALITY CARE-METRICS

TEST YOUR CARE

FREQUENTLY ASKED QUESTIONS AND ANSWERS
What are Nursing and Midwifery Quality Care-Metrics?

Quality Care-Metrics are a measure of the quality of nursing and midwifery clinical care processes aligned to evidenced based standards and agreed through national consensus in healthcare settings in Ireland. Nursing Metrics provide a measure of fundamental nursing care, where performance can be monitored against agreed standards or benchmarks (Griffiths, 2008). Metrics enable nursing/midwifery staff to frequently review real time data that is shared with them and improve clinical practice appropriately (Harrison, 2011).

Why introduce Nursing and Midwifery Quality Care-Metrics?

Directors of Nursing and Midwifery identified a need for measuring the process of care delivery for nurses and midwives in order to:

- Provide real time data on quality care delivery
- Identify and acknowledge services that are delivering safe, quality care to agreed evidence based standards
- Advance improvements in clinical practice
- Highlight areas requiring support for improvements in care delivery
- Establish good processes that will inevitably improve the standard of care and create good outcomes for patients.

What are the core Quality Care-Metrics?

A core set of metrics for measurement and monitoring of standards

<table>
<thead>
<tr>
<th>ACUTE SERVICES</th>
<th>OLDER PERSON SERVICES</th>
<th>MENTAL HEALTH SERVICES</th>
<th>INTELLECTUAL DISABILITY SERVICES</th>
<th>MIDWIFERY SERVICES</th>
<th>CHILDREN’S SERVICES</th>
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</table>
How is the Sample of patients chosen?

Samples of 25% of patients are randomly selected per month from each ward, with the exception of Delivery Suite, where ten patients’ notes are randomly sampled per month.

How do we analyse the data?

The information is inputted at ward level into a licensed web based package called Test your Care available through your local NMPD. It is accessible on any computer which has access to the Internet. The same core metrics are recorded by all hospitals and services that use the Test Your Care (TYC) package. TYC calculates percentages of inputted data, using a traffic light system (Green for meeting the standard, Orange for near to attaining the standard and Red—not meeting the standard).

Who do I go to and what do I do if I want to start measuring metrics in my area?

Contact your NMPD. All NMPD Directors have a dedicated Metrics Project Officer to assist services.

Attend an information session on Nursing/Midwifery Quality Care-Metrics. DoN’s and senior managers complete a state of readiness form.

A Service Lead is nominated by the DON/M to assist with implementation in each service. User names and passwords for the Test Your Care System are issued to selected staff in each service.

Who provides training on Test Your Care and Metrics?

The NMPD Metrics Project Officer will provide training to your managers and project lead who then implement it across their service. The Metrics Project Officer from your local NMPD will be available to help and support services on implementation of the Nursing and Midwifery Quality Care–Metrics.
Who has access to the results?

The Director of Nursing/Midwifery has live access to all results and identifies specific staff and managers (Staff Nurses, CNM1/2’s, CNM3 and ADONS) who will have access to results. Access to data is secure and password protected. Reports showing results are displayed monthly in each service.

What happens to results?

The Director of Nursing/Midwifery has access to all results and determines the access and distribution of same. A Governance structure is recommended for each unit/service, where trends and action plans are discussed to determine progress in reaching all standards. Action plans are developed where standards are not met, which assists staff in planning how to achieve the standard.

Where do I go for further information?

Contact your local NMPD and get in touch with your Metrics Project Officer.

List of Project Officers per Region

<table>
<thead>
<tr>
<th>Project Officers</th>
<th>Name</th>
<th>Email Address</th>
<th>Land Line</th>
<th>Mobile</th>
</tr>
</thead>
<tbody>
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<td>HSE South (Cork/Kerry)</td>
<td>Aoife Lane</td>
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<td>021 492 1206</td>
<td>086 787 2204</td>
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<td>087 956 8274</td>
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<td>01 620 1737</td>
<td>087 645 8059</td>
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<tr>
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<td>01 890 8703</td>
<td>087 640 0454</td>
</tr>
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