

Commission on Patient Safety and Quality Assurance

Minutes of 11th meeting

14 December 2007

Summary of Action Points

	Action	By whom	Deadline
1	Form drafting committee	Chair	Meet before 17 th January
2	Facilitate additional research for subgroup 1	DoHC	ASAP
3	Circulate list of individuals/organisations invited to make submissions	Secretariat	ASAP
4	Subgroup reports to be produced	Chair of each subgroup	ASAP
	Circulate	Secretariat	

Commission Members in attendance:

Chair: Dr. Deirdre Madden, Senior Lecturer in Law, University College Cork
Dr. Richard Brennan, General Practitioner, Kilkenny
Dr. Eibhlín Connolly, Deputy Chief Medical Officer, Dept of Health and Children
Dr. Tracey Cooper, CEO, Health Information and Quality Authority
Ms. Mary Duff, Director of Nursing, St. Vincent's Hospital
Prof. Muiris X. FitzGerald, Physician
Mr Paul Fox, Process Engineering Manager, Bausch and Lomb, Waterford
Ms Margaret Murphy, Patient/Carer representative, Cork
Dr. Alf Nicholson, Consultant Paediatrician, Our Lady of Lourdes Hospital
Mr Tiberius Pereira, Patient/Carer Representative, Dublin
Dr. Ailis Quinlan, Clinical Indemnity Scheme
Dr. Gabriel Scally, Regional Director of Public Health, NHS
Mr Dermot Smyth, Assistant Secretary, Department of Health and Children

Secretariat:

Mr. Luke Mulligan, Department of Health and Children
Ms. Susan Reilly, Department of Health and Children
Ms. Ailish Corr, Department of Health and Children

Introductions

The Chair opened the meeting and thanked those in attendance.

Agenda Item 1 – Apologies

Mr. Tim Delaney, Head of Pharmacy, AMNCH
Ms. Edwina Dunne, Head of Quality & Risk, HSE
Dr. Mary Hynes, Director of Quality and Risk, National Hospitals Office, HSE

Agenda Item 2 - Minutes of Previous Meeting / matters arising

The minutes of the last meeting were agreed.

Action points from minutes

Action Point 1 – Values/principles agreed.

Action Point 2 – Draft outline of framework document circulated.

Action Point 3 – Analysis of submissions circulated.

Action Point 4 – Chair to follow up initial contact with the Competition Authority in relation to a possible meeting with the Commission in the New Year.

Agenda Item 3 – Correspondence

The Chair received a letter from the CEO of the Mental Health Commission requesting a nomination from the MHC to the Commission on Patient Safety. The Chair advised the CEO that as the Commission was appointed by the Minister for Health and Children all correspondence in this regard should be referred to the Minister.

Agenda Item 4 – Presentation by Chair on Analysis of Submissions

The Chair gave a presentation on the common themes emerging from the submissions received as part of the public consultation process. The issues raised in the submissions listed in order of the number of papers which referred to them were as follows:

1. Risk management
2. Participation of patients/carers/public
3. Audit
4. Quality assurance system
5. Licensing
6. Clinical governance and leadership
7. Evidence-based practice
8. Collaboration between regulators
9. Medication safety
10. Use of IT, bar-coding, unique patient identifiers
11. Education and training
12. Physical environment/resources
13. Health promotion; continuity of care in community; regulation of health service managers; efficient complaints process; credentialing; Health Technology Assessment; radiation safety.

A number of issues were raised in the course of the discussion.

- In general, the submissions supported the issues already identified by the Commission;
- The submissions should be integrated throughout the report rather than a stand-alone chapter;
- Disappointment was expressed at the lack of submissions from organisations in the patient/carer and education/training areas;

- A common theme expressed was the importance of patients seeing the right professional (supported by the right team) in the right environment at the right time;
- Good workforce planning is essential to the delivery of safe services.

Agenda Item 5 – Presentation by Chair on Draft Framework for Report

The Chair presented a draft framework for the Report. A number of issues were raised in the course of the subsequent discussion:

- Further research is required in specific areas: Governance/Management structures, Medication Safety and IT;
- A small drafting group will be established to include the Chair of the Commission, the chairs of each sub-group, and the secretariat. The group will meet early in January to agree a strategy for writing the report and decide how to manage the process;
- It was agreed that the chair of each sub-group will present the reports from their group and the drafting group will decide how best to use the information provided;
- Report must be directed at all sections of the population and should be applicable throughout the whole health service including mental health and disability.
- Report should include a good scene setting feature to include broad international perspective.

Additional Research

Dr. Philip Crowley will present a paper to the Commission on patient participation.

Dr. Paul Kavanagh will be asked to undertake research on systems for dissemination of evidence-based practice, IT/traceability for patients and medication, and health information systems.

Dr. Deirdre Mulholland will be asked to research Governance/Management structures and accountability in the health services.

Dr. Ailis Quinlan agreed to ask Irish Medication Safety Network to produce report on work they have completed so far.

Agenda Item 6 – Reports from subgroups

Each of the sub-groups gave a summary of the areas covered by them during the morning and the issues that arose.

Sub-group 1 discussed the draft framework document circulated by the Chair and identified gaps in the current health system and the priorities which would relate to this sub-group in particular. Some of the gaps identified included: appropriate training for hospital management; lack of public information re standards/accreditation; medication safety issues in hospitals and community; lack of

accountability or appropriate governance structures; lack of patient participation in service delivery planning; and tracking/credentialing of professionals;

The priorities identified were: governance with managerial and clinical accountability; medication safety; partnership with patients/public; education and training on patient safety for healthcare staff; national database of practitioners, tracking negligence actions, professional misconduct etc; single point of contact for public and streamlined approach from hospital to primary and community care.

Sub-group 2 discussed the previous day's Stakeholder Consultation meeting which was organised by the State Claims Agency (CIS) to discuss the concept of Open Disclosure within the Irish health services.

The group discussed the need to fill in the "missing pieces" on open disclosure. This will include international experience, literature review, the gaps in the Irish system and recommendations. It was noted that HIQA/WHO have been undertaking a joint project on open disclosure for the last 6 months which is due for publication in the New Year. Ms Coates undertook to produce a paper for the subgroup by 14th January, 2008.

Subgroups 3 and 4 discussed the value of regulation and agreed that it must be effective, fair and proportionate. Subgroup 3 is to look at the use of 'measurable outcomes' (e.g. infection control) in some particular jurisdictions in which licensing currently operates.

Governing Bodies in healthcare system:

An updated paper was presented setting out a summary of conclusions from the last report and emerging questions. Additional research was presented on the Council for Healthcare Regulatory Excellence (CHRE), the over-arching bodies in Canada and how complaints are handled in New Zealand.

The following points were noted during the subsequent discussion:

- All regulatory bodies provide similar functions but may be transacted differently.
- What lessons can Ireland learn from other jurisdictions?
- Is there a role for a harmonising and coordinating body to ensure that regulatory bodies protect the public interest, collaborate on areas of common interest, improve quality of regulation through external review, support complainants by directing them appropriately and provide one-stop shop for complaints and/or to take initiative in investigating system problems?
- Has there been any independent review of the CHRE?
- Should maintenance of professional standards be made a statutory requirement for maintenance of registration?
- Should credentialing be used as a professional regulatory intervention in Ireland?

Regulation

An updated paper was presented which noted that, in principle, the purpose of regulation is threefold:

- to **improve** performance and quality
- to provide **assurance** that minimally acceptable standards are achieved
- to provide **accountability** both for levels of performance and value for money.

Licensing:

Licensure is usually a mandatory process by which a governmental authority grants permission to an individual practitioner or health care organization to operate or to engage in an occupation or profession. There is no one model in existence that would suit the Irish situation perfectly.

Accreditation:

Accreditation is a formal process by which a recognised body, usually a non-governmental organisation (NGO), assesses and recognises that a health care organisation meets applicable pre-determined and published standards.

Certification:

Certification is a process by which an authorised body, either a governmental or non-governmental organisation, evaluates and recognises either an individual or an organisation as meeting pre-determined requirements or criteria.

Inspection

Inspection is a mechanism of external oversight whereby teams of experts make periodic visits to a regulated organisation in order to assess its performance.

The following points were noted during discussion:

- Regulation should provide assurance that systems for safety and quality are in place and are working well.
- Regulation of the individual professional offers an important safeguard, but it is not enough in itself. There is also a need to make sure that the organisations they work within have appropriate systems and procedures to assure safety and quality, and that controls are in place to ensure continuity of services.
- The research evidence about the impact of regulatory interventions, including licensing and accreditation, on the quality of healthcare is drawn primarily from observational studies i.e. case control and cohort studies.
- The evidence also comes mainly from the US and therefore they may be difficult to interpret in the context of other countries.
- Absence of evidence does not mean absence of effectiveness.

A.O.B.

Drafting group to meet on 10 January.

Subgroup 1 to have full-day meeting at end January.

Sub-groups 3 & 4 to meet on 16 January.

The Commission was informed that

- the researchers for sub-group 3 plan on visiting the NHS to finalise their research relating to the UK jurisdiction and will look at any other areas suggested by the other sub-groups.
- The Department of Health has been successful in its bid for the Secretariat of The International Society for Quality in Healthcare (ISQUa) currently based in Australia and this will be helpful to the research function of the Commission over the coming months.

Next meeting

Date: 17 January 2008

Venue: Conrad Hotel, Dublin 2

Signed _____

Dr Deirdre Madden

Chairperson

Commission on Patient Safety and Quality Assurance

Date _____