Strategic framework for reform of the health service

Introduction:

In 2012 the Department of Health (2012) (DoH) launched its Strategic Framework for Reform of the Health Service. The rationale behind the release of this Framework, through the Health Service Executive (HSE) was the continued improvement of societal health and wellbeing within the State of Ireland. Four key areas were identified for reform: Health and Well Being; keeping people healthy, Service Reforms; providing healthcare that people need, Structural Reforms; delivering high quality services and Financial Reform; getting the best value for health system resources.

To achieve these reforms there must be a symbiotic relationship in situ between all four key areas, providing the best provision of care and best practice to all stakeholders involved, through the continued and correlated use of Management, Leadership, Quality Management and Information Management. Examining some of the principles of Information and Quality Management this student will endeavour to critically discuss some key areas.

Information Management:

With the advancement in technology, reliance on and use of computer based Information Management has increased dramatically. Insuring the design, implementation and continued development of Information Management there are a number of key principles to successful Information Management including effective Management of Information and Data Knowledge.

Management of Information:

Effective Management of Information is a multifaceted combination of People, Process, Technology and Content and it is how these are managed that allow us to provide a high quality of care to all. It is how this information is managed that allows recognises the value of information, whilst being readily available, protected & shared and is always evidence based. A good process of Management Information allows all healthcare professionals collect data and to communicate this information through various avenues to other health care professionals, not only allowing for a greater flow of information, but also an ease of access to the relevant concise information. Patient records can now be accessed and shared with far greater ease than they have historically (Wallis 2011) remotely by authorised professionals, access to imaging data and laboratory results is almost instantaneous allowing for Healthcare professionals to make informed decisions. Data can be collected and correlated to local and national policy makers regarding the provision of health care, including Care Planning, Prioritising Workloads and Resource planning (Murnane 2005)

Effectual Information Management can help maintain and protect documented information. Two separated inquires exposed the purposeful practice of interfering with documented records, Leas Cross (O'Neill 2006)and the Neary Report (Harding Clark 2006), indeed Sexton *et al* . hypothesised that written nursing handovers could be simplified, leading to increased efficacy in time management ergo allowing more time for patient interactions through the centralised use of patient information and reducing potential for errors. Spooner *et al.* (2013)

Data Knowledge:

One of the challenges of having a good information Management system in situ is to ensure that the data correlation is relevant, true and fit for purpose. Data collection as outlined by the Health Information Quality Authority (HIQA) (HIQA 2012) should be, where possible collected once and then used continually, thus preventing the patient asked on numerous occasions for the same information, this is more applicable to long term service users of health care. Due to the enormity of data available it must be validated, reliable, accurate and complete where possible, however, records must be updated following all interactions between patients and caregivers insuring that the most up-to-date information is readily available.

Good data may give the care giver/hospital a competitive advantage, allowing all stakeholders to make strategic, informed decisions, increase productivity leading to a possible long term increase cost efficiency, however, it must be noted that this data knowledge should be bidirectional allowing for patients to access the Data Services such as the HSE Dashboard. Data is only as good as what is imputed on to the system, therefore clinical governance needs to be policed to ensure good quality data is entered, there may be initial cost implications during data gathering.

Whilst there are multifaceted benefits of implementaning, maintaining and continual development of good information management systems and Data Quality protocols in place it; must be also noted that there are a number of areas of concern, most notably patient confidentiality, insuring the safety of all patient records, implementation and upkeep costs, fail safe back up and intrusion systems and lack of end user involvement in the design process and implementation of the Information Management system (Huryk 2010).

One must also examine the legality and accountability of information transcribed onto databases/patient records and examine who is going to manage and take ownership of these E documentations, as this is currently still an area growing concern, taking into account what are the consequences for those who misuse and abuse data collected and stored under The Data Protection Act 2003. (Irish Government 2003)

Quality in Health Care:

Over the past number of years there have been a growing number of inquiries into the quality of care delivered to the Lourdes Hospital Inquiry (Government of Ireland 2006), Leas Cross (DoH 2009) and the more recent Halappanavar case (HIQA 2013), whereby the provision and delivery of care has been called into account in a legal context. All reports make various recommendations; however, it is how these recommendations and findings are then implemented into an accountable structure regarding the delivery of healthcare. From an Irish context, Evidence based standards in collaboration with users of healthcare are pivotal to the continual improvement of our Health Service (DoHC 2001)

Quality Improvement:

Critical to the establishing a basis for quality improvement and reform in healthcare is the establishing and contextualising the values, mission and core competencies of the organisation. This should incorporate codes, responsibilities for performance and quality, documentation of key policies and procedures, public information on available services, relevant updated information. Procedures must be systematic, measurable and comply to

local, national and in some cases, international law(s) and health policies, more importantly, for the delivery of care one must embrace the Patient/Service User/Client into the melee to create a Person Centred delivery of service orchestrated by Quality Improvements, these may encompass medical errors and empowering the patient but must have their foundations built upon evidence based practice (HSE 2012).

In theory, this sounds achievable and one may question why such measures were not in place already, however in practice, there are a number of elements to consider that may impact on quality improvements. A recent report from The Commission on Patient Safety and Quality Assurance (Department of Health, 2011) identified " *cultural issues* " as a major obstacle to accepting change, most notably from an organisational and professional stance. Therefore, it is essential that to have effective leadership in place to help with the development and implementation of change, however, as Fealy *et al* . (2010) summarised that there are a number of barriers to nurses developing as efficient interdisciplinary leaders which need to be addressed.

Patient/Service User Focus:

There have been a number of initiatives to establish a patient/service user focus within healthcare. From a service user perspective the HSE has established a ' Patient Form' allowing service users the prospect of having active participation in the design, implementation and assessment of developing ' National Clinical Care Programmes' (HSE 2014)

National Standards Agencies such as the Mental Health Commission (MHC) and HIQA have been established to protect the service user and caregiver. The Quality Framework for Mental Health Services in Ireland (MHC 2007) delivers a structure manner for safeguarding continual improvements and monitoring of all mental health services, by setting expectations of all those who come into contact with the Mental Health Services in Ireland, aided by a modality of staff and services being proactive. There is a greater duty with the service user to have increased impetus in their own care through the knowledge of services available, focus groups and readily available Patient Information Leaflets.

Conclusion:

Oroviogoicoechea *et al.* (2008) recognise that there is a strong association between the Quality of Care offered to patients and Quality of Information, received, documented and managed, as with all systems, there is scope for improvement, however, following on from lessons learnt we have seen the introduction and implementation of Policy and procedures with the setting up of the Government Standards Body of HIQA as a state body with the power to implement changes and recommendations. Health must stop treating itself as an isolated entity and embrace modern technological developments in information management as they do within other areas in the delivery of care, such as Imaging, Surgical Interventions and so forth, however strong and systematic procedures should be in situ to insure the safe management of Patient information. Correct Clinical Governance will ensure that standards are met and that policy and procedures are stringently adhered to, however

this can only be accomplished by nurses' accepting changes, evaluating evidence based practice and performing to the best of their ability.

References:

Department of Health and Children (2001) *Quality and Fairness, a health system for you, Health Strategy* , Stationary Office: Dublin.

Department of Health (2009) *The Leas Cross Commission The Commission of Investigation (Leas Cross Nursing Home) Final Report June 2009.* Stationary Office: Dublin.

Department of Health (2011) *Report of the Implementation Steering Group on the Recommendations of the Commission on Patient Safety and Quality Assurance* . DoH, Dublin.

Department of Health (2012) *Future Health* . A Strategic Framework for Reform of the Health Services 2012- 2016. DoH, Dublin.

Gerard M Fealy, Martin S McNamara, Mary Casey, Ruth Geraghty, Michelle Butler,

Phil Halligan, Margaret Treacy and Maree Johnson (2010) *Barriers to clinical leadership development: Findings from a national survey.* Blackwell Publishing Ltd, Journal of Clinical Nursing, 20, 2023–2032

Government of Ireland. 2006. *The Lourdes Hospital Inquiry: An inquiry into peripartum hysterectomy at Our Lady of Lourdes Hospital, Drogheda* . (By Judge Harding Clark).

Stationery Office, Dublinhttp://health. gov. ie/wp-content/uploads/2014/05/lourdes. pdf(Accessed 07/10/14)

Harding Clarke, M. (2006). *The Lourdes Hospital Enquiry* ; An inquiry into peripartum hysterectomy at Our Lady of Lourdes Hospital, Drogheda, Stationary Office. Dublin

Health Information and Quality Authority, (2012) *Guidance on information governance for health and social care services in Ireland* : Health Information and Quality Authority. Dublin

Health Information and Quality Authority, (2013) *Patient Safety Investigation report into services at University Hospital Galway (UHG) and as reflected in the care provided to Savita Halappanavar.* Health Information and Quality Authority. Dublin

Health Service Executive (2012). A vision for Psychiatric /Mental Health Nursing. Health Service Executive. Dublin

Health Service Executive (2014)http://www. hse. ie/portal/eng/about/Who/qualityandpatientsafety/Advocacy/QPS_service_users/Service_User_Involvement_in_Clinical_Care. html(Accessed 06/10/14)

Huryk, L. (2010) Factors influencing nurses' attitudes towards healthcare information technology. *Journal of Nursing Management* . 18, 5, 606-612.

Irish Government (2003) Data Protection (Amendment) Act.. The Stationary Office. Dublin

Mental Health Commission (2007) *Quality Framework: Mental Health Services in Ireland* . Mental Health Commission, Dublin

Murnana, R., (2005) *Empowering nurses—Improving care Nurses' response to the new Health Services Reform Programme in Ireland.* International Journal of Medical Informatics 74, 861—868

O'Neill, D. (2006) *A review of the deaths at Ideas Cross Nursing Home 2002-2005* , Dublin: Department of Health and Children.

Oroviogoicoechea, C. Elliot, B. & Watson, R. (2008) Journal of Clinical Nursing 17, 567–575.

Sexton, A. C., Chan C., Elliot M. , Stuart J. , Jaysuriya R. & Crookes P. (2004) *Nursing handovers: do we really need them?* Journal of Nursing Management 12, 37–42

Spooner, A. J., Chaboyer, W., Corley, A., Hammond N., Fraser JF. *International Journal of Nursing Practice* 2013; 19: 214–220

Wallis, A. (2012) *Management* , http://rcnpublishing. com/doi/abs/10. 7748/nm2012. 03. 18. 10. 14. c8957(Accessed 08/10/14)