



Tallaght
University
Hospital

Ospidéal
Ollscoile
Thamhlachta

An Academic Partner of Trinity College Dublin

Quality, Safety and Risk Management Strategy 2022 - 2024



People Caring for People to Live Better Lives

Tallaght University Hospital

2021 Quality, Safety, Risk management at a glance

750 

STAFF SUPPORTED TO WRITE/EDIT
POLICIES & PROCEDURES

350

Documents uploaded
to Q-Pulse



700 hours

Clinical Audit staff
coaching & mentoring



372

Staff trained/coached in
quality improvement



22 Staff

Graduated in Green
Belt Lean Six Sigma

Patient Safety &
Quality Walkarounds:

**16 Clinical areas
visited**



Clinical Audit &
QI Symposium:

46 submissions



31

Number of
investigations
undertaken



16

SIMT MEETINGS
HELD



25

Reports
provided
to families



65

New Claims
in progress

61

CLAIMS CLOSED



137 hours

Risk training/mentoring



9

Zero Harm
Events



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Foreword

On behalf of the Board of Directors & the Executive Management Team, we are delighted to introduce Tallaght University Hospital's first hospital wide Quality, Safety and Risk Management Strategy.

Tallaght University Hospital (TUH) is an academic teaching hospital that serves a diverse community with evolving health needs who expect timely and effective care, free from harm delivered as close to home as is possible.

The Hospital is committed to, and has actively driven innovation and research in quality and patient safety. The strategy builds on these strong foundations of quality improvement such as Lean Six Sigma and is linked to important aspects of the Hospital's strategic plan 2019-2024. It elevates specific quality goals that are core to achieving excellence in healthcare.

The four goals are;

- To deliver person-centred care,
- Grow our people and strengthen our quality organisation,
- Strive for excellence in Quality, Safety & Risk and
- Support quality assurance processes.

Three important enablers' quality culture, digital health and advanced analytics have been identified as essential elements to advance our four strategic goals. Strengthening our capability in each of these areas will be vital not only to achieve our goals but to support all quality improvement at TUH.

Quality care is care that is safe, effective, efficient, and provided with compassion, partnering and a quality culture. This strategy aims to bring together the wide range of improvement work that is already happening across the organisation under the umbrella of a Quality Academy, in order to ensure a consistent and sustainable approach to quality improvement informed by patient and staff experience. The strategy outlines how, through quality improvement, we will support staff in their dual roles of performing the job they were trained to do as well as improving the system within a culture that supports research and innovation that focuses on adding value.

The triple aim of global healthcare is to improve the individual's experience of care; improve the health of populations; and reduce the per capita cost of health care (Berwick, 2021).

The Hospital has a strong record of quality improvement and patient safety focus in areas such as Medication Safety, Pressure Ulcer to Zero as well as Patient Safety and Quality Walkarounds attended by members of the Executive Management Team and Hospital Board. We would like to acknowledge the ongoing support provided by the Meath Foundation for Quality Improvement projects. Since 2014, the Meath Foundation has provided funding for over 47 initiatives that have sustainably improved patient care. The Mairéad Shields Quality Improvement & Innovation Award will support the delivery of a high impact multidisciplinary EMT lead/ sponsored Quality Improvement project on an annual basis and the theme for 2022 centres on Safer Mobility & Falls Prevention.

Unforeseen events such as the ongoing COVID-19 pandemic and the more recent Conti Cyber Attack in Ireland have made all of us in healthcare reflect on what the hospital of the future will look like. This unique and challenging time in healthcare, has highlighted the importance of being able to deliver safe, seamless and sustainable care under even the most extreme of circumstances. The use of virtual health technology for screening, monitoring, and e-visits as well as peoples preference to stay away from the Hospital during the pandemic, offers a glimpse into how the Hospital without walls of the future might operate.

“
The future depends
on what we do in
the present.”

Mahatma Gandhi

The publication of HIQA's Monitoring Programme and Business Plan 2021 incorporating 5 year strategic objectives provides a structure to support the sharing of learning and good practice among the healthcare community. HIQA clearly sets out a 'Floor to Board' approach in monitoring patient experience of person centred care against 11 core standards and this is reflected in the objectives outlined in the QSRM Strategy.

The Hospital is committed to the delivery of effective, safe, person centred care by highly trained and motivated staff as enshrined in our CARE values of Collaboration, Achievement, Respect and Equity. We recognise that Quality is a shared accountability throughout the Hospital - everyone has a role to play. The QSRM strategy outlines how we will 'Grow our people and strengthen our Quality Organisation' in order to deliver the best care to our patients no matter how challenging the times.



*Lucy Nugent, Chief Executive Officer
and Liam Dowdall, Chairman*

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Background and Process

In 2021, TUH agreed to formulate and publish a 2022 – 2024 QSRM strategy aligned with the Hospital’s five-year corporate strategy published earlier in 2020. This is TUH’s first published QSRM strategy and will be regularly reviewed during implementation.

Figure 1 – TUH Corporate Strategy Objectives

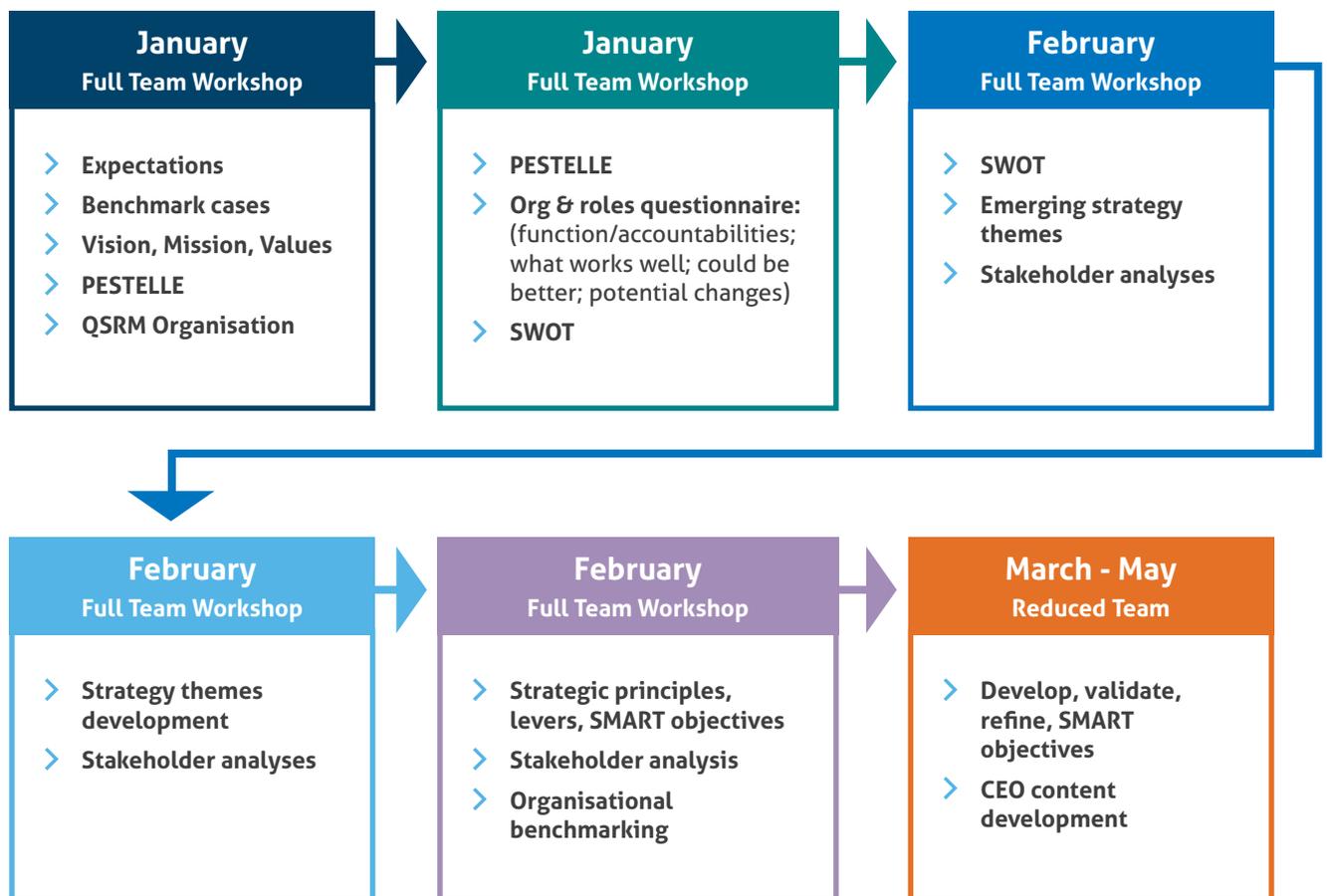
-  **1. Good Access** – TUH will be a leader in patient flow improvement and will significantly improve waiting times for patients across all service areas
-  **2. Highly Integrated Care** – We will redesign models of care from a patient perspective to ensure they receive high quality care and a positive experience in the right place, delivered by the right people at the right time
-  **3. Enhanced infrastructure** – We will develop the capacity and infrastructure to deliver excellent care to all our patients
-  **4. Digital Enablement** – We will transform the way we deliver care through programmes of digital enablement
-  **5. Research & Innovation** – We aim to build a reputation for translational research, implementation science and innovation to underpin safer, better and more integrated care
-  **6. People** – We will become a ‘magnet’ organisation that attracts, develops and retains top talent as an employer of choice

While not explicitly listed in the Hospital's strategic objectives, the QSRM function spans all of the above areas and impacts and is impacted by all six objectives. The aim of the new QSRM strategy is to ensure clear, meaningful, and effective alignment of the QSRM vision, mission, and strategic objectives with those of the Hospital. It includes development of a collaboration and communications framework outlining how people will work together to successfully deliver the strategy. In so doing, QSRM will support excellence in the provision of healthcare services to patients and communities.

A series of strategy workshops commenced in January 2021 with the full QSRM Team through the end of February, per Figure 2 below. Subsequent workshops involved a reduced Team to validate and finesse the developed strategy objectives.

There was significant early focus on the QSRM organisation structure, roles, key functional accountabilities, stakeholder perception and engagements, and day-to-day challenges. Later workshops focused on appropriately positioning and articulating strategic principles, levers, and objectives, which were reviewed with the CEO on 10th June 2021.

Figure 2 – Strategy Development Process



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Strategic Context

Numerous themes arose during the situational analysis which helped guide the strategy development scope and direction. Some of the more significant themes are as follows:

Safety II v Safety I Focus

There is a need to recognise, measure, acknowledge, celebrate and learn from when things go well in our organisation. Patients who are safe, don't have to wait, have care organised around their priorities and have good outcomes, will have a positive experience. A Safety-II approach is one that recognises that care is usually safe and effective, even under varying conditions and by understanding why things usually go well, as opposed to poorly, quality of care can be further improved.

Promote a Just, Quality 'Culture'

A just, quality culture ensures openness, staff confidence and management support to highlight quality of care issues or concerns. Encouraging and growing such a culture will enable a more transparent and trusting organisation in relation to all aspects of quality and safety under pinned by organisational learning.

Primary Importance of Advanced Analytics to support Patient-Centred, Harm-Free Care

High quality timely data is required to identify actual as well as potential harm events, in order to recognise and respond swiftly to emerging trends to reduce further harm as well as proactively identifying areas for quality improvement initiatives. The implementation of the MEG point of occurrence Incident Reporting System for clinical and medication safety incidents along with the Infonetica System for Clinical Audit are key enablers. New and innovative data analysis and reporting tools will support evidence – informed quality improvement.

Build on current QSRM Team strengths

Recognise QSRM is a small team with a large reach throughout the Hospital. Acknowledge QSRM's strong track record in supporting staff to deliver quality improvement to date. Continue to grow the QSRM team both in capability and capacity, in order to support the delivery of a clearly articulated QSRM vision, mission, and strategy to better serve patients and staff at TUH.

Strengthening partnerships with QSRM Stakeholders

The launch of this strategy will provide further opportunities to engage with all key stakeholders within TUH in order to grow and enhance existing strong working partnerships. We will develop new working relationships based on mutually agreed shared priorities that centre on achieving best possible patient outcomes as well as improving staff satisfaction. The development of a collaboration and communication framework will shape and facilitate effective working relationships into the future.

Build and promote the TUH Quality and Safety Brand

The QSRM team identified the need to develop and promote a strong brand presence in order to increase the visibility, impact and reach of the Directorate throughout TUH and beyond.

Establish a Quality Academy

QI links front-line staff with a fundamental responsibility to improve the systems they work in. Everyone has two jobs, first to do the job they are trained to do and second, to improve the system in which they do that job. QSRM recognise the challenges to consistent and sustained implementation of QI whereby staff want to improve care but may lack the time or training to do so. Establish a Quality Academy to develop core knowledge and build QI capacity within all staff at TUH in order that they can apply QI learning to address identified gaps in quality. Support EMT to provide visible leadership for large scale QI projects to address Hospital wide issues.

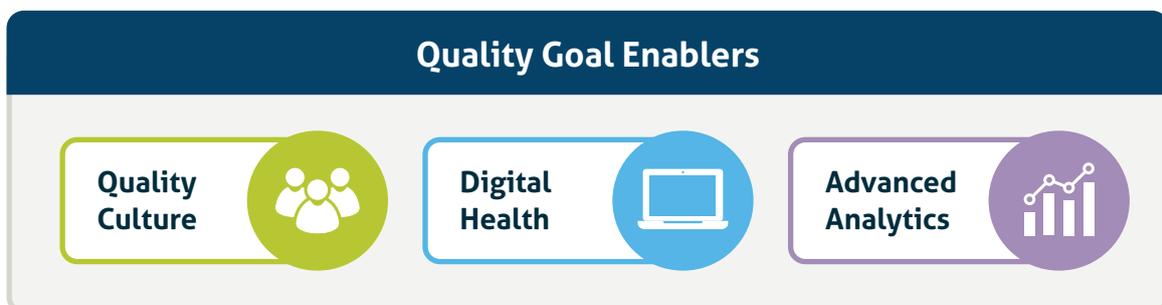
Support External Accreditation

The goal to achieve external accreditation is aligned with and supports execution of the QSRM strategy as set out in the National Standards for Safer Better Healthcare 2012. Licensing for all Hospitals in the State is currently under discussion with legislation pending.

“

We are what we repeatedly do. Excellence therefore, is not an act but a habit. ”

Aristotle



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Our Vision and Mission

The QSRM Team’s vision and mission statements align closely with the Hospital’s including the common themes of high-quality care, patient and community focus, an empowered organisation and quality improvement.

Figure 3 – QSRM Vision and Mission

Our Vision

We will empower a culture of high quality care by harnessing the collective expertise of everyone in the organisation to deliver “Care at its Best” for every patient, every time.

Our Hospital is recognised as a leading organisation in the provision of Quality Improvement Initiatives and Patient Safety.

Our Mission

Support excellence in the provision of healthcare services to the patients and the communities we serve. We will do this by;

- Working to identify and support strengths as well as opportunities for improvement across the Hospital
- Learning to do better through patient and staff engagement
- Understanding what is happening in our services so that we know what may need improvement

Values

Our CARE values – for patients, their families, our community and staff are:

- C Collaborate** – together and with our academic and care partners
- A Achieve** – our goals, positive outcomes and wellbeing
- R Respect** – for patients, each other and our environment
- E Equity** – for patients and staff

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Strategic Principles, Levers and Objectives

Consideration of the contextual themes developed in Section 3 resulted in the identification of four priority QSRM areas, or principles. Levers were then developed describing the enablers for each principle. Finally, Specific, Measurable, Attainable, Relevant, and Time-bound (SMART) objectives were defined with targeted outcomes per Figure 4 through Figure 8.

Figure 4 – QSRM Strategic Principle, Levers and Objectives

Principles: Deliver Person-Centred Care (Patient, family, carer & staff)	
Levers	Smart Objectives
1. Ensure a 'Patient First' approach in everything we do by engaging patients and families as partners in care.	1. Re-instate annual patient experience survey in collaboration with PALS / PCAC by Q4 2022.
2. Deliver safe, reliable patient care.	2. Increase patient satisfaction score, TUH committed percentage versus baseline, via targeted QI initiatives by Q4 2023 and annually thereafter.
3. Promote a culture of openness, compassion and respect in everything we do.	3. Champion "Values in Action programme" in collaboration with HR by Q3 2022. Validate positive behavioural impact via user experience toolkit by Q2 2023.

Principles: Grow Our People & Strengthen Our Quality (Internal & external stakeholders)

Levers	Smart Objectives
Be a 'Learning' organisation that: 1. Proactively delivers safety and harm prevention and acknowledges good performance.	1. Deliver a stakeholder engagement framework by Q4 2022, including: 1.1 Mutually agreed shared commitments. 1.2 A clear concise QSRM charter. 1.3 Rotating quality leads in every specialty and service by Q4 2024.
2. Provides quality leadership through organisation-wide collaboration, innovation and standardised quality improvement.	2. Lead the development and delivery of an Annual Quality Report across all specialties and services by Q4 2023.
3. Commits to measurable improvements in key safety areas; Falls, VTE, Urinary Catheter Infections, C. Diff.	3. Deliver 2 high impact, Safety-II priority QI initiatives in collaboration with clinical directorates annually.
4. Attracts, develops, supports and retains highly skilled staff.	4. Deliver incremental QSRM mentorship, coaching and training to TUH staff to ensure safer, better care and improved patient outcomes.

Principles: Strive for Excellence in Quality, Safety & Risk avoidance

Levers	Smart Objectives
Driver of Quality & Safety initiatives across TUH through: 1. A continuous focus on safety, reducing common causes of harm.	1. Drive adoption of a standardised QI methodology, using QI tools, techniques and tracking to achieve 90% successfully delivered projects per intake from Q4 2022.
2. High impact data driven Quality Improvement.	2. Champion the delivery of 2 EMT led QI projects annually based on patient and staff feedback.
3. Proactive, patient centred risk management.	3. Lead 2 initiatives to reduce serious incidents by 5% annually from Q2 2023.
4. Promote a culture of honest and open communication.	4. Validate the practice of meaningful Open Disclosure by TUH staff through audit of reported clinical incidents.

Principles: Governance (Spans all Pillars)

Levers	Smart Objectives
Assurance, legislation, regulations, quality & patient safety structures, ethics, Policy compliance, patient charter.	1. Lead TUH achievement of external regulatory accreditation by 2024. 2. Launch a QSRM dashboard across TUH by Q4 2022. 3. Lead compliance audits on 5% of high impact PPPGs annually on a rolling basis commencing Q2 2022.

Figure 5 – Deliver Person-Centred Care Principle

Principles: Deliver Person-Centred Care (Patient, family, carer & staff)	
Levers	Smart Objectives
1. Ensure a 'Patient First' approach in everything we do by engaging patients and families as partners in care.	1. Re-instate annual patient experience survey in collaboration with PALS / PCAC by Q4 2022.
2. Deliver safe, reliable patient care.	2. Increase patient satisfaction score, TUH committed percentage versus baseline, via targeted QI initiatives by Q4 2023 and annually thereafter.
3. Promote a culture of openness, compassion and respect in everything we do.	3. Champion "Values in Action programme" in collaboration with HR by Q3 2022. Validate positive behavioural impact via user experience toolkit by Q2 2023.

By harnessing the experiences, insight and expertise of patients, carers and the communities that serve them, we aim to support the delivery of care that is individualised to the unique needs and preferences of each patient. In order to engage meaningfully with patients to understand their care needs and preferences, the QSRM Directorate will collaborate with Patient Advocacy Liaison Service (PALS) and Patient & Community Advisory Council (PCAC) to design and deliver annual patient experience surveys as a means of producing actionable results to drive quality improvements. By bringing staff and patients together to share feedback from surveys, there will be opportunities to facilitate service co-design in order to provide truly patient-centred care.

By harnessing the experiences, insight and expertise of patients, carers and the communities that serve them, we aim to support the delivery of care that is individualised to the unique needs and preferences of each patient.

Quality Goal Enablers

Safe
Care



Seamless
Care



Sustainable
Care



Looking Back

Mary, a 78 year-old woman with advanced kidney disease attended the kidney clinic regularly and had chosen to have home based peritoneal dialysis. Mary was clear that she did not want haemodialysis as it would limit her ability to do what was important to her; to look after her grandchildren and travel to stay with her sister at weekends. Due to the COVID-19 Pandemic, Mary's admission for peritoneal catheter insertion was unavoidably cancelled. Mary subsequently presented acutely unwell and required emergency start haemodialysis that was complicated by catheter infection and pneumonia. Mary spent four weeks in hospital and two weeks in convalescence.

Mary finally commenced peritoneal dialysis 4 months after her initial admission and was able to mind her grandchildren again. She returned to driving after six months and travels to stay with her sister regularly.

The Hospital responded to this issue by establishing an innovative outsourcing solution to ensure that patients had their catheters inserted at the right time, with follow up including training often delivered in the patient's home to minimise hospital visits during the COVID-19 Pandemic.

Looking Forward

We will listen to and learn from experiences of patients, families and staff. We will work together to deliver patient centred care that is coordinated, easily accessible and respectful of patient preference with a focus on both physical needs as well as emotional support and, that recognises the role of family and friends.

We will support staff in smarter ways of working in order to improve patient care as well as increase their own job satisfaction.

Figure 6 – Grow Our People and Strengthen Our Quality Organisation Principle

Principles: Grow Our People & Strengthen Our Quality Organisation (Internal & external stakeholders)	
Levers	Smart Objectives
Be a 'Learning' organisation that: 1. Proactively delivers safety and harm prevention and acknowledges good performance.	1. Deliver a stakeholder engagement framework by Q4 2022, including: 1.1 Mutually agreed shared commitments. 1.2 A clear concise QSRM charter. 1.3 Rotating quality leads in every specialty and service by Q4 2024.
2. Provides quality leadership through organisation-wide collaboration, innovation and standardised quality improvement.	2. Lead the development and delivery of an Annual Quality Report across all specialties and services by Q4 2023.
3. Commits to measurable improvements in key safety areas; Falls, VTE, Catheter-related Infections, C. Diff.	3. Deliver 2 high impact, Safety-II priority QI initiatives in collaboration with clinical directorates annually.
4. Attracts, develops, supports and retains highly skilled staff.	4. Deliver incremental QSRM mentorship, coaching and training to TUH staff to ensure safer, better care and improved patient outcomes.

Improving the staff experience is crucial, specifically in moments of stress. One of the main challenges for clinical staff across the health service is burnout which has only intensified since the COVID-19 Pandemic. Healthcare professionals are working longer and harder than ever, spending more time on administrative processes rather than with patients. We will support staff in smarter ways of working in order to improve patient care as well as increase their own job satisfaction.

TUH has a long tradition in quality improvement, introducing Six Sigma methodology in 2001 in response to the initial introduction of accreditation. Lean methodology was introduced in 2008 and the Hospital today uses a combined Lean Six Sigma methodology for all its Quality Improvement projects.

Our definition of Quality is focussed on two specific strategies, Discipline (Technical Strategy) and Attitude (People Strategy). The technical strategy is about an agreed approach to Continuous Improvement (tools, techniques and methodology) and applying this approach consistently in order to drive all improvements in a structured and measurable way.

The people strategy component is about ensuring that all those impacted by the change(s) clearly understand “the need for change” and what they need to do to bring about that change. The focus here is on clear and continuous communication of the “need” for change and the “vision” of their day to day roles and activities during and upon completion of the change.

Since 2001 to date, we have trained approximately 1,200 staff in quality improvement methodologies including 400 staff across the organisation as Lean Six Sigma Green Belts.

Quality initiatives are driven at either a local, departmental or corporate level in the organisation. As well as supporting multiple small scale projects, QSRM have undertaken to deliver two high impact Safety-II QI initiatives in collaboration with clinical directors annually.

Looking Back

Paul, an 84 year old man with advanced Parkinson's was admitted for investigation of anaemia. He was fasted for a procedure until late in the afternoon, at which point the procedure was unavoidably cancelled until the following day. He remained fasting apart from drinking clear fluids. Several doses of his Parkinson's medications were withheld while he was fasting. Early the following morning, whilst getting out of bed, he fell and fractured his hip necessitating emergency surgery and a protracted inpatient stay, followed by admission to a rehabilitation unit. He was discharged home 10 weeks after his initial admission.

All falls that result in patient harm are subject to review for learning. In this case, the after action review noted that Paul had been identified as having a high risk of falls in hospital and all necessary supports were in place, however, prolonged fasting along with missed Parkinson's medications likely contributed to Paul's fall. The review team made a series of recommendations as follows;

To reduce risk of malnutrition and dehydration, guidelines in regards fasting have been successfully implemented for patients having planned surgical procedures. Medication Safety campaigns and the Adult Medicines Guide highlight that Parkinson's medication should not be held, including before surgery, and to seek expert advice on other routes of administering the medication. Equivalent guidelines need to be developed and implemented in regards patients fasting for non-surgical (medical and X-ray) procedures.

Looking Forward

The goal to reduce patient harm from falls is a key quality and safety focus for TUH and is reported at EMT and Hospital Board level on a monthly basis. The findings of the review confirmed that areas of excellent practice already existed at departmental level, but that this learning was not readily disseminated across the whole Hospital. By growing QI capability, we want to make it easier for healthcare teams to produce sustained whole hospital change through cross Directorate collaboration and networking.

Figure 7 – Strive for Excellence in Quality, Safety and Risk Avoidance Principle

Principles: Strive for Excellence in Quality, Safety & Risk avoidance	
Levers	Smart Objectives
Driver of Quality & Safety initiatives across TUH through: <ol style="list-style-type: none"> 1. A continuous focus on safety, reducing common causes of harm. 	<ol style="list-style-type: none"> 1. Drive adoption of a standardised QI methodology, using QI tools, techniques and tracking to achieve 90% successfully delivered projects per intake from Q4 2022.
<ol style="list-style-type: none"> 2. High impact data driven Quality Improvement. 	<ol style="list-style-type: none"> 2. Champion the delivery of 2 EMT led/ sponsored QI projects annually based on patient and staff feedback.
<ol style="list-style-type: none"> 3. Proactive, patient centred risk management. 	<ol style="list-style-type: none"> 3. Lead 2 initiatives to reduce serious incidents by 5% annually from Q2 2023.
<ol style="list-style-type: none"> 4. Promote a culture of honest and open communication. 	<ol style="list-style-type: none"> 4. Validate the practice of meaningful Open Disclosure by TUH staff through audit of reported clinical incidents.

The QSRM Strategy serves two important purposes:

1. To highlight where we will focus our organisational quality initiatives which will be monitored and reviewed annually
2. To identify the important enablers that will be required in order to achieve these goals and support all quality improvement at TUH

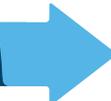
Patient safety literature has long highlighted the impact of medical error and hospital acquired harm on patient outcomes. The approach to safety in health care is evolving to focus on identifying and reducing risks, over the goal of absolute safety or zero harm. Greater emphasis is being placed on creating the resilient systems needed to achieve safety even under varying and complex conditions. We know that we are moving patients faster and more often between both clinical services and care environments, all the while patients, families and community colleagues expect seamless care including timely and accurate handover of information. QSRM chairs the Clinical Handover Committee with the aim to embed standardised patient-centred handover including at transitions of care and leveraging the digital solutions offered by the evolving Electronic Patient Record (Project Synergy).

Prioritizing safety will mean continuing to focus on eliminating preventable harm to patients, while recognising that health care is a complex high risk environment. QSRM will promote the adoption of the Safety-II approach to managing patient safety. We will strive to create a healthy, resilient workforce that is highly attuned to anticipating, identifying and mitigating risks.



Looking Back

Acute aortic dissection (AD) is a rare condition that is often fatal when the diagnosis is missed or delayed. Atypical presentation and lack of awareness amongst clinical staff are the main reasons for missed diagnosis. Improved diagnosis is achieved through raising clinical awareness and increased detection through CT scanning. In response to a number of missed cases of aortic dissection, a Pilot Pathway for AD through the Emergency Department (ED) at TUH was developed and implemented by key stakeholders including General Surgery, Radiology and Emergency Medicine. A programme of regular education including simulation and increased CT scanning of patients in TUH ED presenting with suspected aortic dissection has resulted in no missed aortic dissection in the year 2021.



Looking Forward

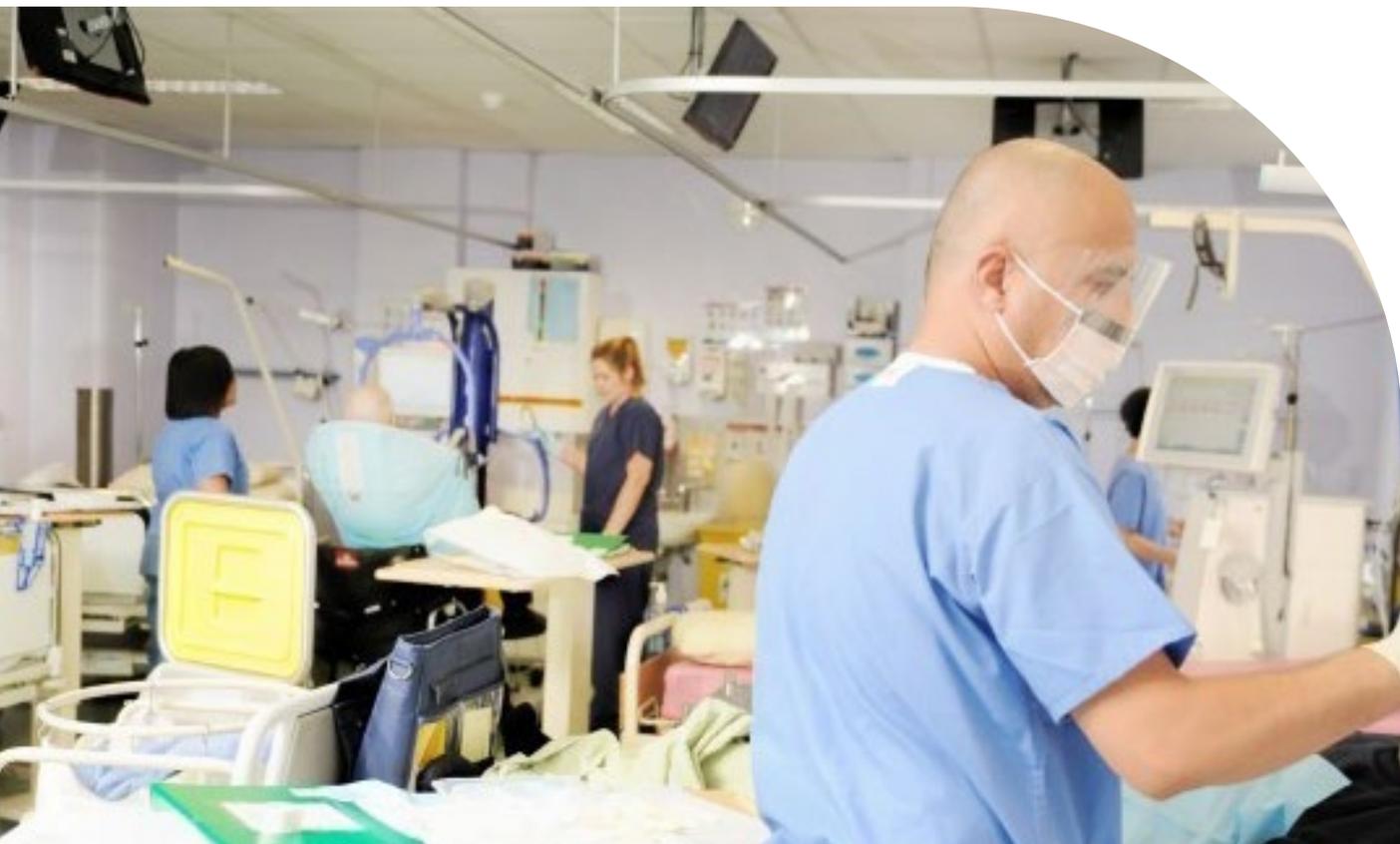
We will support healthcare teams to work collaboratively to reduce avoidable harm from serious incidents through rigorous application of QI methodologies. We will share learning from QI initiatives in order that improvements are embedded in practice across the whole organisation in a manner that is sustainable.

Figure 8 – Governance Principle

Principles: Governance (Spans all Pillars)	
Levers	Smart Objectives
Assurance, legislation, regulations, quality & patient safety structures, ethics, Policy compliance, patient charter.	<ol style="list-style-type: none"> 1. Lead TUH achievement of external regulatory accreditation by 2024. 2. Launch a QSRM dashboard across TUH by Q4 2022. 3. Lead compliance audits on 5% of high impact PPPGs annually on a rolling basis commencing Q2 2022.

We will support quality assurance processes including the development of a QSRM Quality Dashboard to provide visibility of quality metrics from 'Floor to Board' in order to demonstrate, both within our organisation and externally, our commitment to ongoing improvement in patient care.

We will strive to create a healthy, resilient workforce that is highly attuned to anticipating, identifying and mitigating risks.



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Implementation Timelines

The Director of QSRM and her team will lead the delivery of this strategy in collaboration with Executive Management Team and other stakeholders. An initial and important action, is the establishment of a collaboration and communication framework in Q2 2022 which will inform and help refine the QSRM strategy implementation plan.

In preparation for the implementation of the QSRM Strategy, the Hospital has already supported investment including in essential ICT infrastructure to support clinical audit, policy development and management through Q-Pulse upgrade, as well as point of occurrence electronic reporting of Clinical and Medication Safety incidents. Additionally, the Hospital and DMHG QPS division have supported additional posts in Medication Safety, Quality Improvement and Patient Safety.

The Hospital is determined to see this plan implemented in full. Some tangible examples of action include;

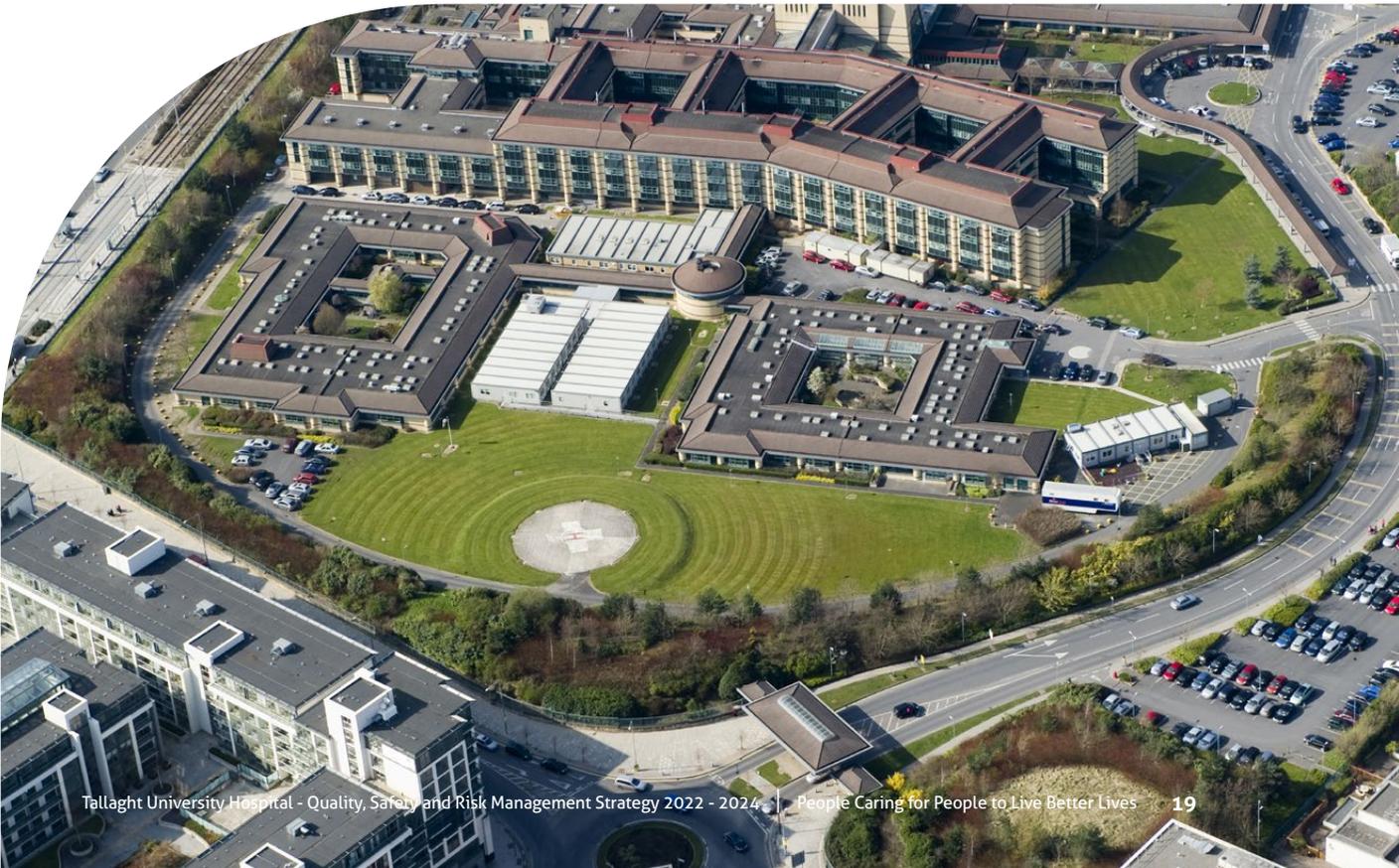
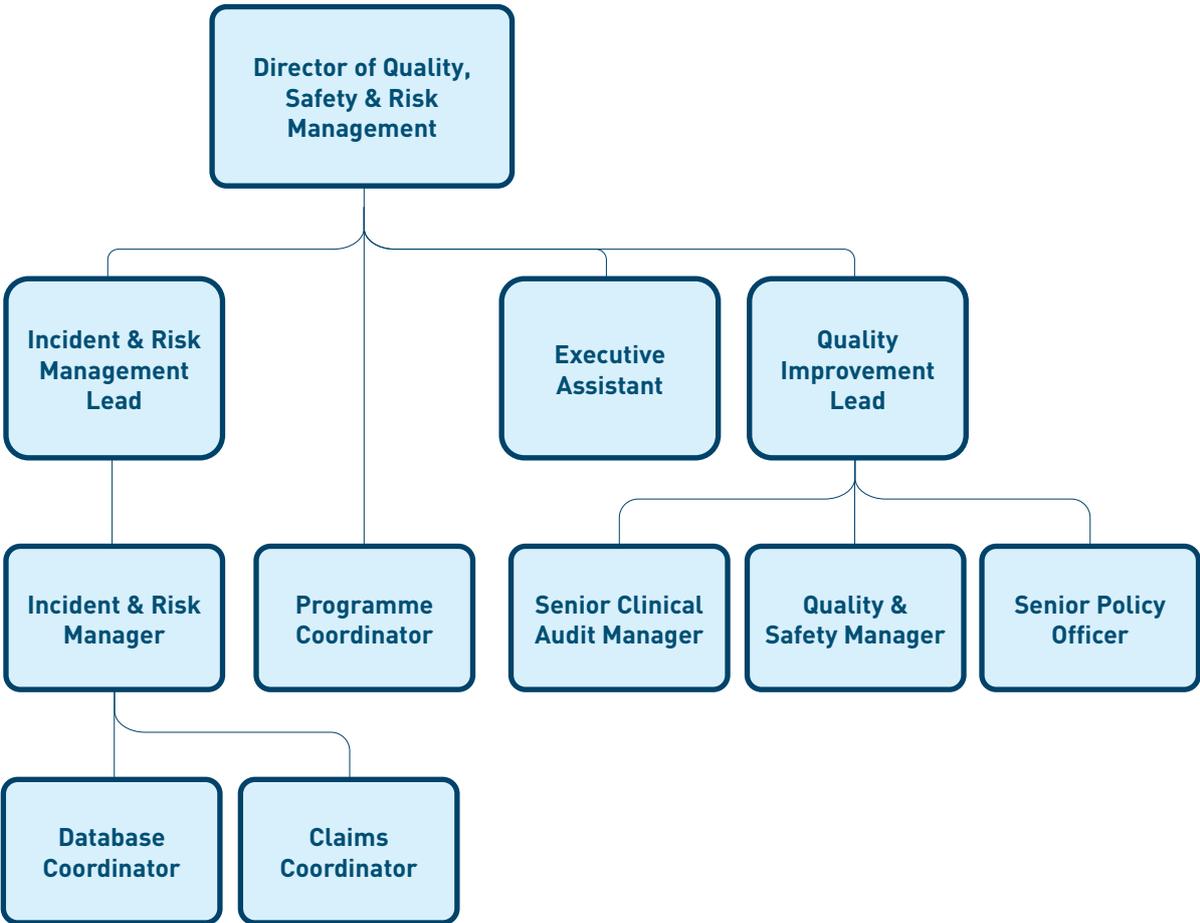
The Mairéad Shields Quality Improvement & Innovation Award – theme for 2022 Safer Mobility and Falls Prevention. Preliminary work completed for Quality Academy including module development to accompany core training programme. Half of the attendees at the February Lean Six Sigma training programme were medical staff. The incident management process is supported by a robust SIMT committee whose role is to encourage learning through patient and staff engagement. The risk management team oversees the SIMT performance tracker and provides assurance that recommendations are actioned and implemented to prevent future incident recurrence. Staff are educated on their role and responsibilities concerning the management of risks and when things go wrong they are supported in a compassionate and respectful manner.

Figure 9 – Strategy Implementation Timelines

ID	TUH QRSM Strategy	2022				2023				2024			
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
1	DELIVER PERSON-CENTRED CARE												
2	Annual Patient Survey in Collaboration with PCAC												
3	Patient satisfaction score (TUH committed % versus baseline)												
4	Champion "Values in Action programme" in collaboration with HR												
5	Validate positive behavioural impact via staff survey												
6	GROW OUR PEOPLE & STRENGTHEN OUR QUALITY ORGANISATION												
7	Stakeholder Engagement framework internal & external												
8	Agree shared commitments												
9	QSRM Charter												
10	Identify and rotate Quality leads in every speciality/service												
11	Development & Delivery of Annual Quality Report (all specialities / services)												
12	Deliver Annually 2 Safety-II priority QI initiatives in collaboration with clinical directorates												
13	QSRM function mentoring, coaching and training via multi modal platforms												
14	Mentoring												
15	Coaching												
16	Training												
17	STRIVE FOR EXCELLENCE IN QUALITY, SAFETY & RISK AVOIDANCE												
18	Standardised QI Methodology with 100% successfully delivered projects												
19	2 EMT led QI Projects annually												
20	2 initiatives to reduce serious incidents by 5% annually												
21	Validate the practice of meaningful Open Disclosure by TUH staff through audit of reported clinical incidents												
22	GOVERNANCE												
23	Lead achievement of External regulatory accreditation												
24	QSRM dashboard												
25	Compliance audits on 5% high impact PPPGs annually (rolling basis)												

*Q1 Planning **Q1 Start

QSRM Organisational Chart 2022



7

Acknowledgements

TUH wish to acknowledge the contribution made by the QSRM Team to complete this strategy despite the challenges of the pandemic and recent cyber attack.

Name	Title
Prof. Catherine Wall	Director of QSRM, Consultant Nephrologist
Ms. Mary Hickey	Quality Improvement Lead
Ms. Frances Ni Fhlannchadha	Incident & Risk Management Lead
Broader QSRM Team	
Ms. Sharon Doyle	Executive Assistant
Ms. Averil Larke	Senior Policy Officer
Ms. Sinead Palmer	Senior Clinical Audit Manager
Ms. Jane Reilly	Claims Co-ordinator
Ms. Clare Kenny	Database Co-ordinator
Ms. Geraldine McMahon	Risk & Incident Manager
Ms. Caitriona Kelly	Programme Co-ordinator
Mr. Cormac Walsh	Strategy Process Facilitator, MedModus
Mr. Déaglán MagFhloinn	CEO, MedModus

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