

The role of the Health Information and Quality Authority in setting standards for health information

IEQAS, October 2nd, 2008

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Health Information and Quality Authority**

Overview

- Health Information and Quality Authority (HIQA)
- Health Information
- Role of HIQA



**To drive continuous improvements
in the quality and safety of health
and social care in Ireland.**

Background

- Health Act 2007, establishment 15 May 2007
- Independent - reporting to Minister for Health and Children
- Close relationship with people using the service, professionals, providers, public, communities, media, stakeholders
- Person-centred ethos of “working with” not “doing to”

Functions

- Set standards for Health and Social Care
- Monitor quality and safety in Healthcare
- Social Services Inspection – residences for older people, people with disabilities, children, etc
- Health Technology Assessment - colorectal cancer, HPV in cervical screening
- Health Information

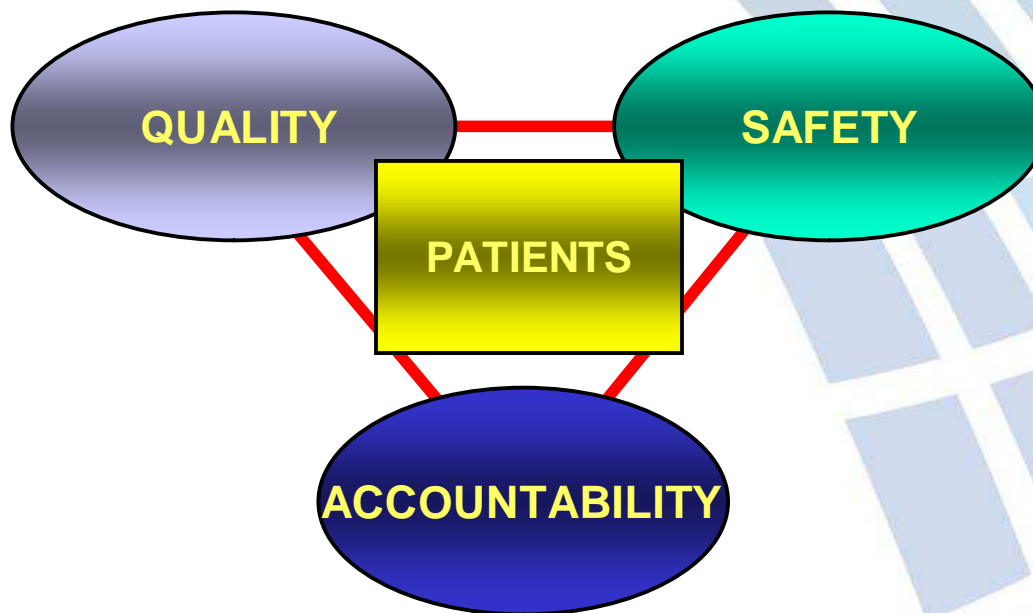
Quality and Safety in Healthcare

- Set meaningful, evidence-based standards –
symptomatic breast disease, infection prevention and control
- Mandatory quality assurance reviews
- Undertake themed reviews, value for money
- Investigate serious concerns
- Publish all reports – identify and recommend areas for improvement and good practice
- Patient safety initiatives - working with the WHO
World Alliance for Patient Safety

HIQA principles

- Standards and quality assurance system will be developed in partnership with service users and professionals
- Minimise distraction of frontline staff from service delivery – business as usual principle
- HIQA will be a catalyst, but quality and safety will only be improved by frontline professionals and managers

The HIQA Triangle



Quality

- Develop a standards framework – both minimum and stretching
- Implement organisational quality assurance programme
- Conduct themed reviews on specific issues
- Undertake value for money assessments

A safe, high quality system...

Focused on
needs and wishes of
service users

Effective governance,
leadership and
decision making

Strives for clinical
excellence – skills,
teams, evidence, audit

Able to change –
planning, resources
and monitoring

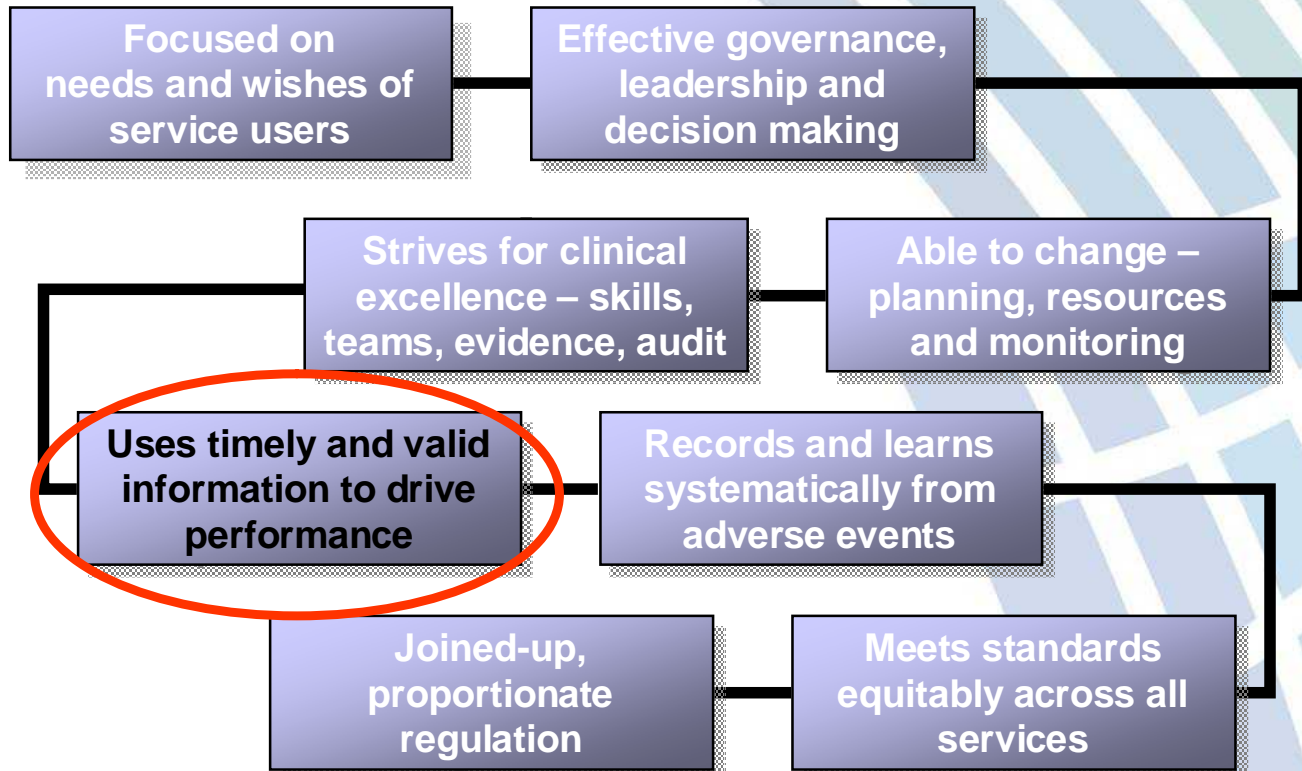
Uses timely and valid
information to drive
performance

Records and learns
systematically from
adverse events

Joined-up,
proportionate
regulation

Meets standards
equitably across all
services

A safe, high quality system...



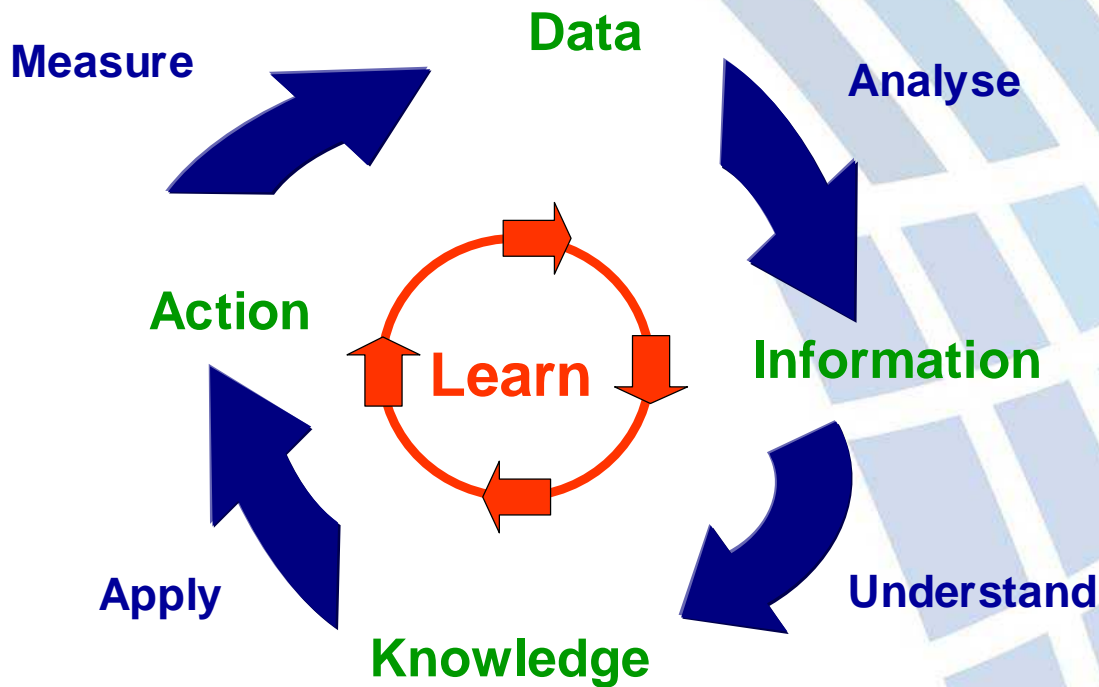


Health is information intensive

HI Directorate

- Develop the **standards** for the **collection and sharing** of information across the health and social services.
- Identify **gaps** in the collection and sharing of information and make recommendations on the corrective action to be taken
- Collaborate with key stakeholders to co-drive the **development and implementation of ICT** across the health system
- **Evaluate, interpret and publish** available information on our health and social care services and on population health

Learning Cycle





Beacon Consultants Clinic



QUINNhealthcare



The National Cancer Incidence, Mortality and Survival



Fóidmeannacht na Seirbhíse Sláinte
Health Service Executive

Current information infrastructure in Ireland very fragmented

Hospit



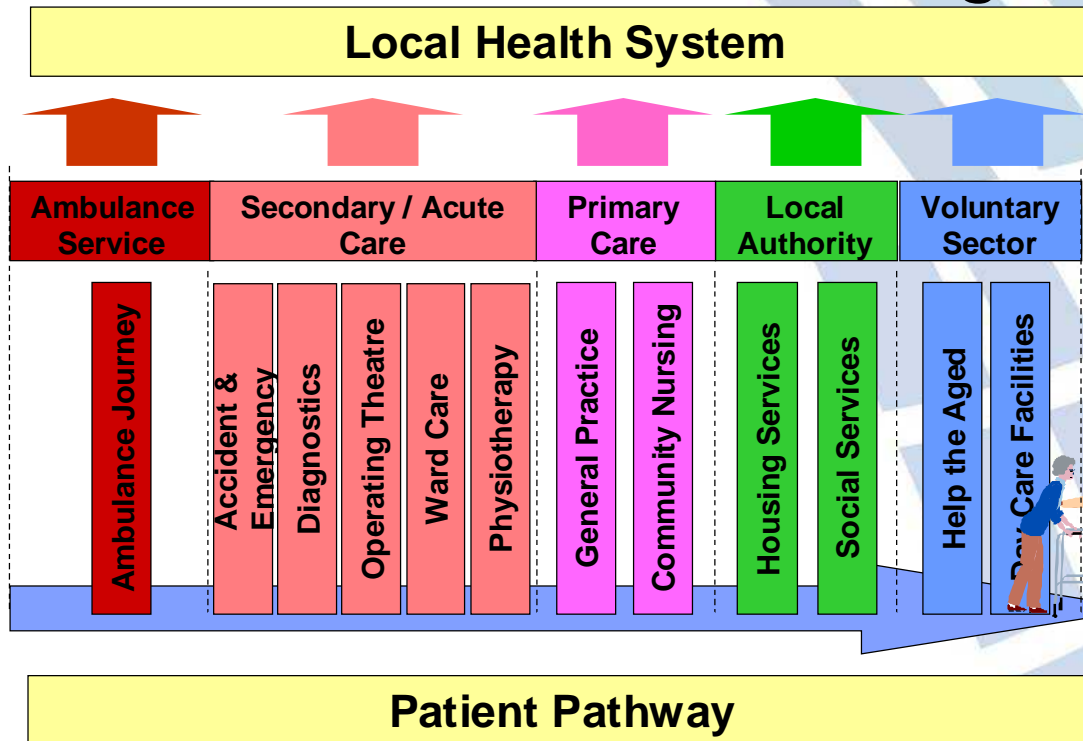
National treatment purchase fund



National Perinatal Reporting System (NPRS)



Information flows the wrong way



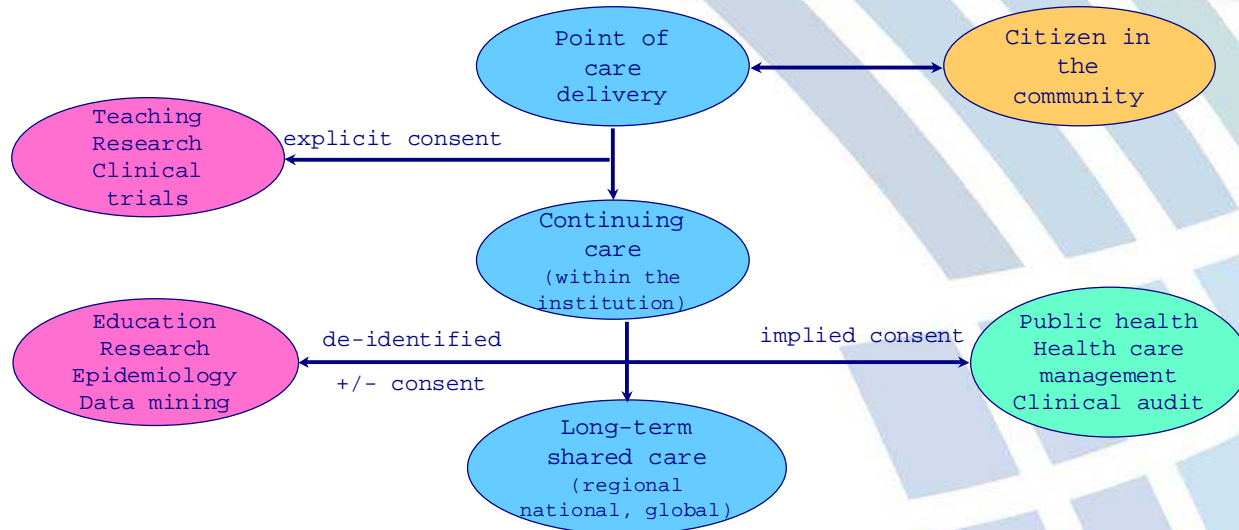
**Health information is
expensive to collect
so
create once,
use many times**

6 rules for health information collection

Can the information be used:

1. By the patient for self-management?
2. As part of the patient-provider encounter?
3. For decision support/clinical governance?
4. For administrative purposes?
5. For management/policy/planning?
6. For research?

Clinical data life cycle



Governance requirements

- Completeness
- Faithfulness
- Consistent semantics
- Medico-legal integrity
- Standards conformance
- Privacy management

Holistic requirements

- Empowering and respecting
- Educating
- Supporting diverse cultures and professions
- Capable of evolution

Clinical records - paper



- Lack structure
- Fragmented and cumbersome
- Fragile and degradable
- One task at a time
- One place at a time
- Difficult to reuse information
- No decision support tools

But...

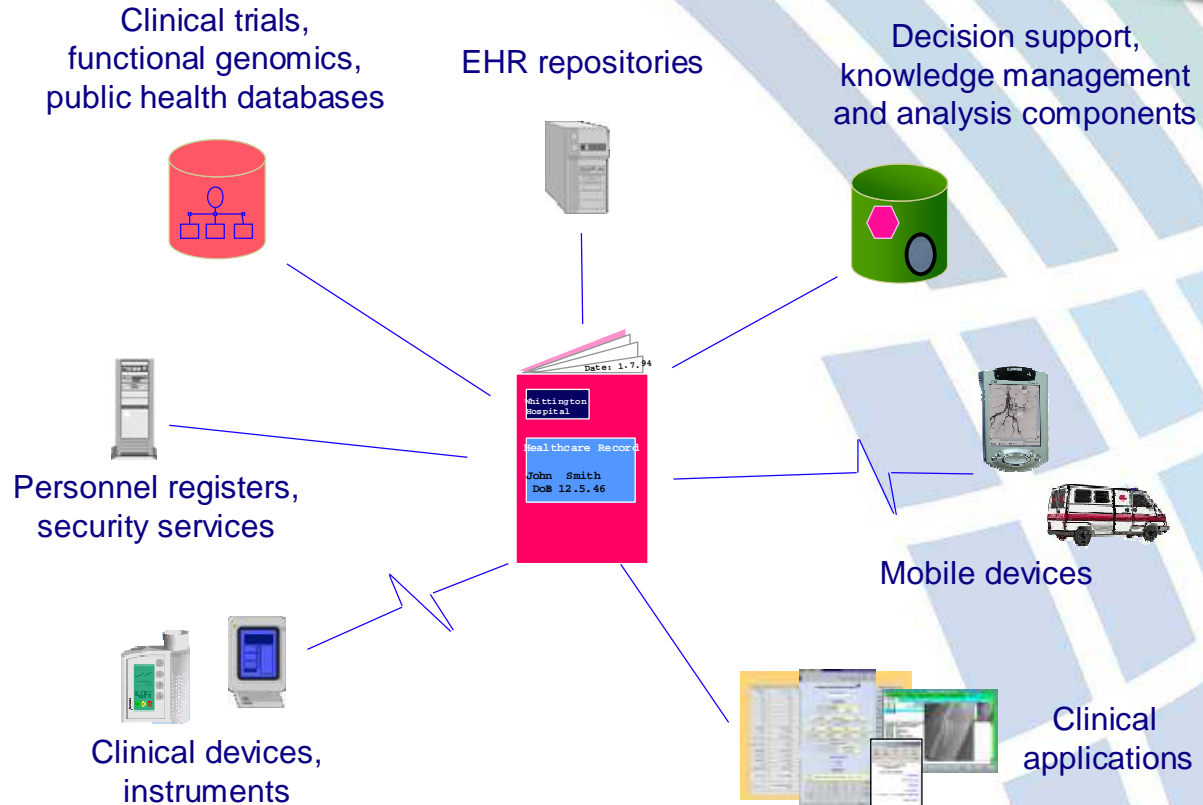
- Easily browsed
- Portable and self-contained
- Directly accessible

Electronic health records



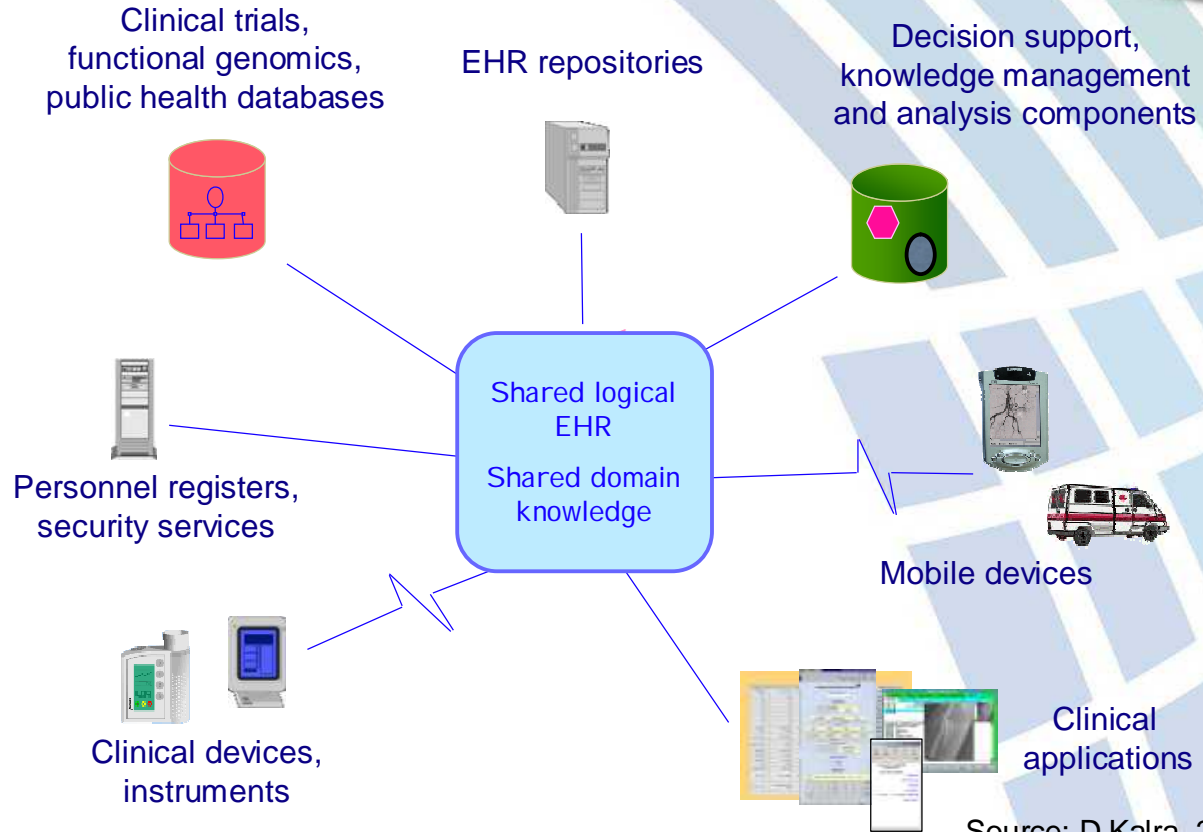
- Available, transferable, shareable
- Support multiple views
- Provide abstraction, reporting
- Support clinical audit
- Enforce standards
- Provide embedded decision support
- Rich source of clinical data for research
- Point of care

The virtual EHR



Source: D Kalra, 2008

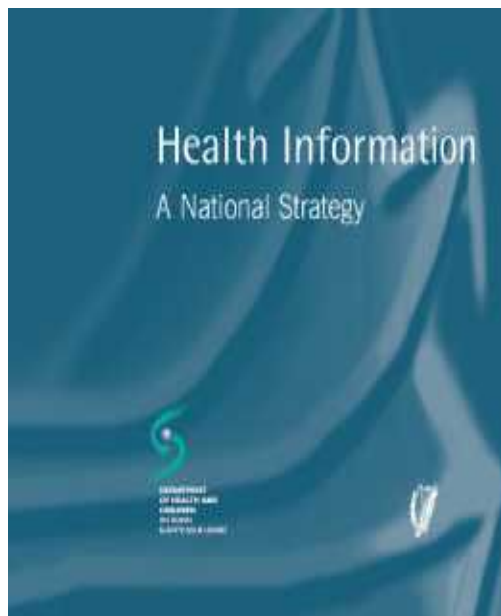
The role of the EHR in interoperability standards



Current work programme

- Update National Health Information Strategy
- Health information standards
- Information governance framework
 - Including unique patient identifier
- Integrate information into quality and safety framework

National Health Information Strategy



- Published 2004
- Pre-dates establishment of HIQA and HSE
- 27 Actions: HIQA leading/involved in 20
- Needs to be updated roles and responsibilities clearly identified
- Action Plan to be developed and implemented

Inter-agency group on health information

- Established April 2008
- DoH&C, HSE, HIQA
- Remit
 - Agree a common vision and principles;
 - Agree roles;
 - Outline terms of reference for a forum for wider engagement in relation to ICT.

Health information standards

Health information standards

- Why do we use standards?
 - Safety
 - Quality
 - Efficiency
- Health information standards at different levels:
 - Data definitions
 - Coding, classification and terminology
 - Information exchange between information systems (“interoperability”)
 - Electronic Health Record

An example:

Developing a standard electronic discharge summary

1. Define the clinical concepts to be included in the discharge summary
2. Specify the standard to be used to define the clinical concepts
3. Specify the data items which make up each clinical concept
4. Define the meaning of each data item

5. Define the coding standard to be used for the data items
6. Specify the structure/format of the discharge summary
7. Specify the mechanism to be used to “package” the summary so that it can be sent from sender and can be “unpacked” by the receiver.

Standards

- **National Steering Group for Health Information Standards**
 - HIQA (chair), DOH&C, HSE, NSAI, The National Cancer Registry & ESRI and other stakeholder groups
 - Health information standards in respect of data definitions, clinical concepts and terminologies, coding and classification systems, messaging, and the EHR
 - How? Review existing standards (audit) & prioritise areas of standards development

Information governance

Information governance

- Concerns the requirements, standards and best practice that apply to the handling of personal information
- Information Bill
 - Sets down the legal framework for health information sharing;
 - Primary and secondary uses;
 - Unique patient identifier;
 - Bill scheduled for early 2009.

Unique patient/client/health identifier

- Health Information Strategy proposed use of PPSN
- Data Protection Commissioner (and others) had problems especially with respect to its use in the private sector

Unique patient/client/health identifier continued

- Joint project between HIQA and HSE
- Phase 1:
 - definition, benefits, current identifiers in use in Ireland, lessons learned from other countries, criteria for choosing
- Phase 2:
 - evaluation of alternatives against criteria

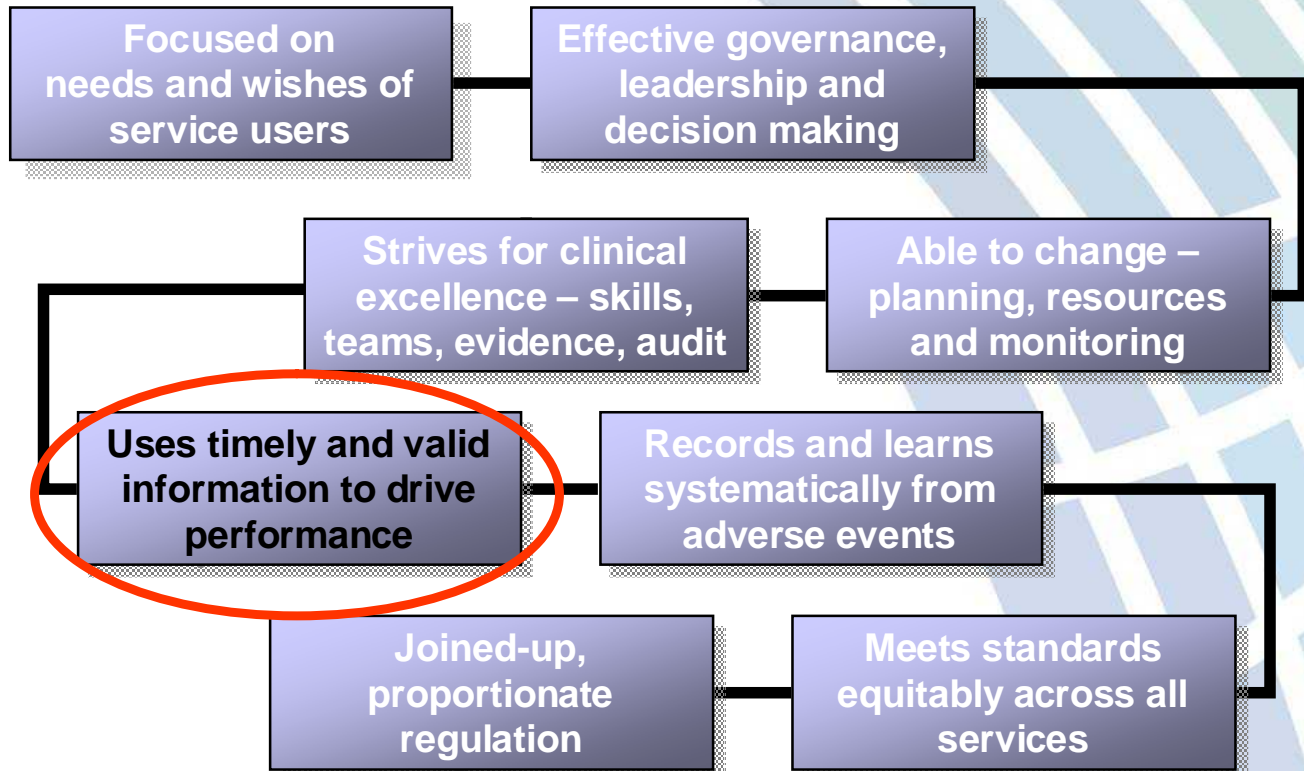
Sample criteria for selection of UPI

- Accessible
- Assignable
- Atomic
- Concise
- Content-free
- Controllable
- Cost-effective
- Deployable
- Disidentifiable
- Focused
- Governed
- Identifiable
- Incremental
- Linkable
- Longevity
- Mappable
- Mergeable
- Networked
- Permanent
- Public
- Repository-based
- Retroactive
- Secure
- Splittable
- Standard
- Unambiguous
- Unique
- Universal
- Usable
- Verifiable

Source: *Standard Guide for Properties of a Universal Healthcare Identifier*, ASTM.

Integrating health information into the quality and safety framework

A safe, high quality system...



Integrating information into quality and safety framework

- KPIs and minimum data sets
 - Emergency Departments
 - Cancer minimum data set (with National Cancer Registry)
 - Infection control
- Gather information prior to assessment
- Inform process
- Validate self-assessment

Identifying gaps

- Audit of current major health information sources
- Benchmark coverage
- Define target health information framework
- Develop plan for filling gaps

Other issues

- Health Information Portal
- National Health Data Dictionary

Managing expectations



Adapted from NEHTA, Australia

Building bridges is difficult!





Thank you!