

Statement of Purpose:

Irish National Intensive Care Unit Audit - Paediatric

Document Name:	Statement of Purpose: Irish National Intensive Care Unit Audit - Paediatric
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Title	Irish National Intensive Care Unit Audit - Paediatric
Year established	Data collection in the Republic of Ireland commenced 2010. This audit came under the governance structures of NOCA in February 2013.
Web address	http://www.noca.ie
Managing Organisation	National Office of Clinical Audit (NOCA)
Aim	The aim of the Irish National Intensive Care Unit Audit - Paediatric (INICUA) is to benchmark and support quality improvements across Paediatric Intensive Care Units (PICUs) in Ireland. This is done in partnership with Paediatric Intensive Care Audit Network (PICANet) in England.
Objectives	<ul style="list-style-type: none"> • Measure the quality of care in Children's Health Ireland (CHI) at Crumlin and CHI at Temple Street, and benchmark them against other PICUs across the UK. • Provide data on the epidemiology and complexity of care provided for each patient. This has the potential to link in with best practice tariffs reimbursement in the future. • Improve the quality of data for the Hospital Inpatient Enquiry by providing data on diagnosis and procedures arising while the patient is in PICU. • Support Irish and international research to enhance patient care. • Make recommendations based on validated data.
Overall function & Purpose	The overall purpose of INICUA - Paediatric is to improve critical care services provided to patients by measuring the quality of care and outcomes against pre-determined standards, using data from the UK and Republic of Ireland as a whole as a benchmark.
Target population	In general, data are presented for children aged 0–16 years, however data are also presented in separate tables for patients who are 16 years and older and treated in a PICU.
Data providers	Health Service Organisation: CHI at Crumlin PICU CHI at Temple Street PICU The Irish Paediatric Acute Transport Service (IPATS)

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Governance and Managing Structure

The NOCA Governance Board is an independent voluntary board, convened to oversee and guide the strategic direction of NOCA. The NOCA Board has the authority to issue directions to NOCA Management with regard to the various clinical audit streams.

Individual NOCA audits are governed by a Governance Committee, which makes strategic decisions relation to the audit, and oversees operational plans. The Governance Committee includes relevant clinical and management stakeholders and two patient representatives.

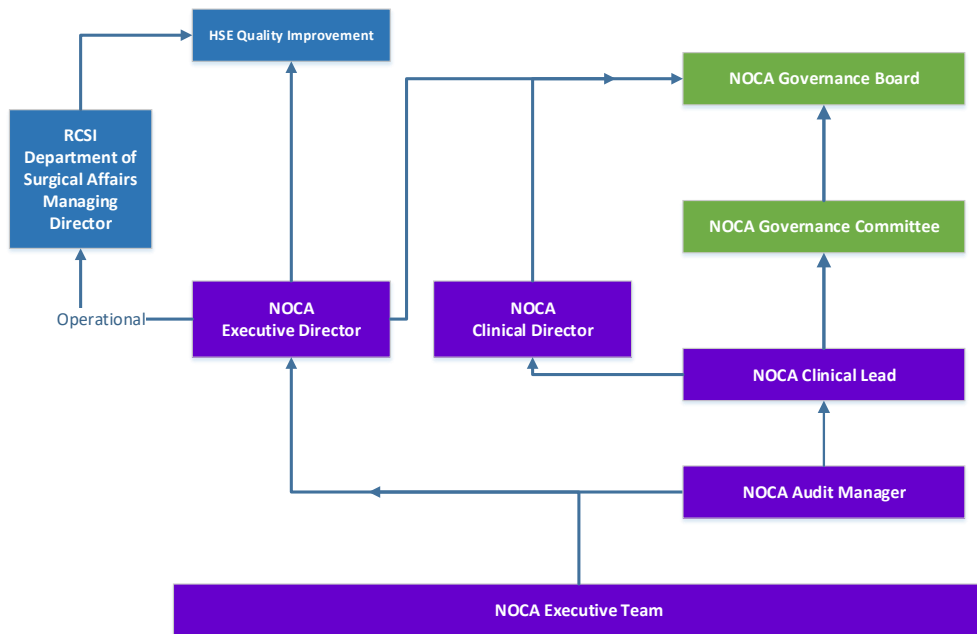



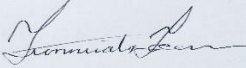

FIGURE 1: GOVERNANCE AND MANAGEMENT TEAMS FOR NOCA AUDITS

NOCA Governance Structure ■ NOCA Management Structure ■ External reporting ■

Legal basis

1. Service Level Agreement (SLA) between Royal College of Surgeons in Ireland (RCSI) and the HSE Quality Improvement Division. This SLA sets out the administrative and operational management of NOCA including costs and deliverables per audit.
2. HSE Contract with Hospitals. NOCA is identified in HSE contracts with hospitals as an entity with which hospitals should work (Schedules 1 and 2).
3. NOCA has an agreement in place with PICANet containing standard contractual clauses relating to the UK leaving the EU.

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National Legislation & Standards	<p>The National Clinical Audit complies with the following national legislation and standards;</p> <ul style="list-style-type: none"> • Data Protection Act (2018) • HIQA Information Standards for National Health & Social Care Data Collections (2017) • HSE National Consent Policy (2017) • HSE Model of Care for Paediatric Critical Care (2019)
Inter-national Legislation & Standards	<p>INICUA - Paediatric complies with the following:</p> <p>Inter-national legislation: European Union General Data Protection Regulation 2018</p> <p>PICANet quality indicators:</p> <ul style="list-style-type: none"> • Quality Indicator 1: Case ascertainment and timeliness of data submission • Quality Indicator 2: Retrieval mobilisation times from in house admissions • Quality Indicator 3: Number of qualified nurses per bed • Quality Indicator 4: Emergency readmissions within 48 hours • Quality Indicator 5: Mortality in PICU • Quality Indicator 6: Number of catheter-related bloodstream infections • Quality Indicator 7: Number of ventilator-associated pneumonia • Quality Indicator 8: Out of hours discharge to the ward
Source of funding	NOCA is funded by HSE Quality Improvement Team to implement national clinical audit.
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Signatures responsible parties	
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Signatures responsible parties	
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