NOCA STRATEGY 2017-2020



EXCELLENT HEALTHCARE FOR IRELAND SHAPED BY GOOD INFORMATION





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ABOUT NOCA

The National Office of Clinical Audit (NOCA) was established in 2012 to create sustainable national clinical audit across the Irish healthcare system. NOCA is funded by the Health Service Executive Quality Improvement Division (HSE QID), governed by an independent voluntary Board and operationally supported by the Royal College of Surgeons in Ireland (RCSI).

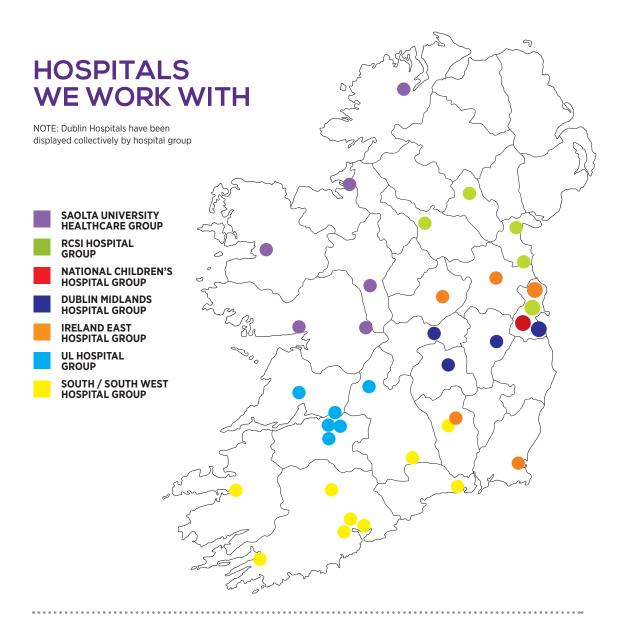
Internationally, clinical audit is a recognised approach to improving the quality of patient care and improving outcomes. In the UK, the Healthcare Quality Improvement Partnership (HQIP) runs over 30 national clinical audits on behalf of the National Health Service (NHS) and Sweden has over 100 national clinical audits. The Australian Orthopaedic Association National Joint Replacement Registry (AOANJRR) has been in place for nearly 20 years.

Working with the HSE and the Department of Health (DoH) through its National Clinical Effectiveness Committee (NCEC), NOCA designs, establishes and supports a portfolio of national clinical audits based on national priorities that include burden of care, variation of care, availability of clinical standards and economic benefit.

NOCA advocates for change at a national level, arising from key findings in our audits. We do this by working with senior decision makers at both policy and operational levels within the Irish healthcare system.

NOCA promotes transparent reporting and publishes national annual reports for each of its audits as well as providing regular reports to hospitals.

National clinical audit, while still relatively new in Ireland, is recognised by those who deliver and manage healthcare as a key component to improve healthcare through the systematic collection and analysis of data that assesses if the level of care provided meets the required standards.



SAOLTA UNIVERSITY HEALTHCARE GROUP

Galway University Hospitals Letterkenny University Hospital Mayo University Hospital Portiuncula University Hospital Roscommon University Hospital Sligo University Hospital

RCSI HOSPITAL GROUP

Beaumont Hospital Cavan General Hospital Connolly Hospital Louth County Hospital, Dundalk Monaghan Hospital Our Lady of Lourdes Hospital, Drogheda Rotunda Hospital Dublin

NATIONAL CHILDREN'S HOSPITAL GROUP

Our Lady's Children's Hospital Crumlin Tallaght Hospital (Paediatrics) Temple Street, Children's University Hospital

DUBLIN MIDLANDS HOSPITAL GROUP

Coombe Women & Infants University Hospital Midland Regional Hospital Portlaoise Midland Regional Hospital Tullamore Naas General Hospital St James's Hospital, Dublin Tallaght Hospital (Adult)

IRELAND EAST HOSPITAL GROUP

Cappagh National Orthopaedic Hospital, Dublin Mater Misericordiae University Hospital Midland Regional Hospital Mullingar National Maternity Hospital Our Lady's Hospital, Navan Royal Victoria Eye and Ear Hospital, Dublin St. Columcille's Hospital, Loughlinstown St. Luke's General Hospital, Kilkenny St. Michael's Hospital, Dun Laoghaire St. Vincent's University Hospital Wexford General Hospital

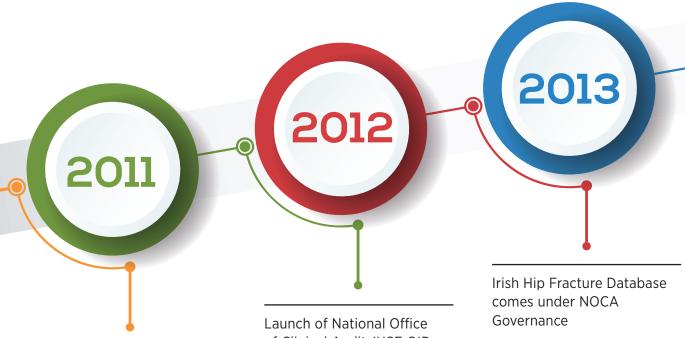
UL HOSPITAL GROUP

Croom Hospital
Ennis Hospital
Nenagh Hospital
St John's Hospital, Limerick
University Hospital Limerick
University Maternity Hospital Limerick

SOUTH / SOUTH WEST HOSPITAL GROUP

Bantry General Hospital
Cork University Hospital
Cork University Maternity Hospital
Kilcreene Regional Orthopaedic Hospital
Mercy University Hospital
Mallow General Hospital
South Infirmary Victoria University Hospital
South Tipperary General Hospital
University Hospital Kerry
University Hospital Waterford

MILESTONES 2011-2016



Irish Audit of Surgical Mortality Scoping

of Clinical Audit (HSE QID & RCSI collaboration)







Irish Hip Fracture

Database IHFD

Major Trauma Audit commences in 12 hospitals

MTA Major Trauma Audit







Alignment of National Perinatal Epidemiology Centre (NPEC) to NOCA to provide assisted governance



Roll out of National Audit of Hospital Mortality (NAHM) begins

NAHM National Audit of Hospital Mortality

National ICU Audit goes live in first hospital - Mater Misericordiae University Hospital ICU & HDU

ICU Irish National ICU Audit

Inaugural NOCA Conference held in RCSI

Irish Hip Fracture Database National Report 2013 and Irish Hip Fracture Database National Report 2014 published Irish National Orthopaedic Register (INOR) goes live in first hospital – South Infirmary Victoria University Hospital



Irish Hip Fracture Database National Report 2015 published

Major Trauma Audit received National Clinical Effectiveness Committee (NCEC) endorsement

NATIONAL CLINICAL EFFECTIVENESS COMMITTEE

Major Trauma Audit NCEC National Clinical Audit No. 1

Inaugural Major Trauma Audit National Report published

Inaugural National Audit of Hospital Mortality Report published

HOW NATIONAL CLINICAL AUDIT WORKS

The Commission on Patient Safety and Quality Assurance established by the DoH, defined clinical audit as: 'a clinically led, quality improvement process that seeks to improve patient care and outcomes through the **systematic** review of care against explicit criteria and to act to improve care when standards are not met' (2008, p.152).

The Commission also recognised clinical audit as a key and essential component of clinical governance stating that it: '...constitutes **the single most important** method which any healthcare organisation can use to understand and ensure the quality of the service that it provides' (2008, p. 12).

Ultimately, the intention of clinical audit is to nurture an ambition to address clinical issues in a way that enables all those involved to see an audit process as integral to improving patient care and outcomes, delivering transparency and learning from peers.

National clinical audit is a key quality improvement process that all hospitals and hospital groups should actively use in addition to the many other quality improvement processes that may include a dedicated local quality improvement office, local clinical audits, review of complaints, infection rates and waiting times.

National clinical audit measures against national and international standards, identifying areas of excellence and of concern. Shared learning and recommendations for improvement are part of this process.

Patients and the public can be assured of confidentiality as our systems and processes meet the highest international standards in relation to data protection and security.

Each audit focuses on a unique area of healthcare such as hip fracture, major trauma, hospital mortality, ICU care and joint replacements. Governance structures are established both in NOCA and locally in each hospital to oversee the management and sustainability of the audit. All our audits are led at a hospital level by clinicians and supported by their management teams.

Each audit, when fully implemented across all participating sites, also publishes an **annual national report** that includes a set of key findings and recommendations

NOCA also provide regular reports to each hospital and group enabling them to assess their performance throughout the year.

Accountability rests with each hospital and group to use this information to understand how they are performing and what improvements are required.

SYSTEMATIC REVIEW OF CARE COLLECT RELIABLE DATA **REVIEW AGAINST STANDARDS TRANSPARENT REPORTING IMPROVE PATIENT CARE** & OUTCOMES

MESSAGE FROM NOCA'S GOVERNANCE BOARD CHAIR AND EXECUTIVE DIRECTOR

NOCA is continuing on its journey to help transform the Irish healthcare system through national clinical audits.

We are delighted to present you with NOCA's Strategy 2017 to 2020, which sets out our aspirations and goals for NOCA and the supporting capabilities and structures needed.

Our strategic direction will be based around the needs of the Irish healthcare system and will focus on the following goals:

- Be the recognised and trusted body in Ireland to drive quality improvement through national clinical audit.
- Develop a sustainable infrastructure for national clinical audit.
- Enable those who deliver and manage healthcare to measure and improve the quality of care using national clinical audit.
- · Expand the national clinical audit portfolio.
- · Be a visible and innovative organisation.

NOCA will champion the use of national clinical audit data to support and drive improvements in clinical care and patient outcomes and we will ensure that we provide a service that is relevant to our stakeholders' priorities.

We are passionate about the work we do and look forward to working with all our stakeholders to achieve our vision: **Excellent healthcare for Ireland shaped by good information**

Prof. Conor O'Keane

Chair, NOCA Governance Board

J. Conor O'Keone

Ms Collette Tully

Executive Director, NOCA



NOCA STRATEGY 2017-2020



NOCA IS A YOUNG, LEAN AND DYNAMIC ORGANISATION FOCUSED ON BEING WELL-INFORMED OF THE ADVANCES IN THE IMPROVEMENT OF HEALTHCARE AND THE GENERATION OF INFORMATION FROM RELIABLE DATA.

INTRODUCTION

NOCA is one of many organisations managing healthcare data at a national level. The Health Information and Quality Authority (HIQA) maintain a register of over 200 national health and social care data collections. Other organisations include the National Cancer Registry, Royal College of Physicians of Ireland (RCPI) Endoscopy, Radiology and Pathology Quality Improvement Programmes and the Health Research Board.

Collection of data at a national level in healthcare is a 'busy highway' and while limited by the lack of a national electronic health record to ease the burden of data collection, the need is obvious and reflected in the existing number of data collections. The healthcare system, like any organisation, needs good information to know how it is performing.

NOCA is a young, lean and dynamic organisation focused on being well-informed of the advances in the improvement of healthcare and the generation of information from reliable data. It is Ireland's only dedicated national clinical audit organisation based around the structure of an independent board and clinically led audit governance committees. Our strong relationships with the HSE and the DoH also support us in our aim of embedding national clinical audit across the healthcare system.

Based on our experience to date, NOCA is well placed to take on a leading role in the following:

- Embedding national clinical audit as part of a quality improvement culture used by those who manage and deliver healthcare.
- Maintaining a portfolio of national clinical audits based on national priorities and across the spectrum of healthcare that includes acute hospitals, mental health, primary care of chronic conditions and ambulance service.
- Designing, implementing and managing new national audits often with complex IT solutions required.
- Advising on governance structures, data quality / security and local and national reporting for national clinical audits.
- Providing education and support to those who collect and use national clinical audit data, including the patients.
- Advancing national clinical audit through research and collaboration.

DEVELOPMENT OF THE STRATEGY

The NOCA Strategy 2017 to 2020 has been developed in a spirit of collaboration led by a working group with the following members:

Conor O'Keane, Chair, NOCA Governance Board

Collette Tully, NOCA Executive Director

Ken Mealy, NOCA Clinical Director

Phillip Crowley, NOCA Governance Board HSE QID National Director

Sean Tierney, NOCA Governance Board RCSI Representative

Deirdre Madden, NOCA Governance Board Public Representative

Marina Cronin, NOCA Staff Representative

NOCA worked with Corporate Community in the development of this strategy document.

A collective intelligence workshop facilitated by the Ignite Group took place in March 2016. A group of 35 of stakeholders took part, including NOCA staff, clinicians, Governance Board members, Hospital Audit Coordinators, HSE Quality Improvement Division (QID), HSE Office of the Chief Information Officer (OoCIO), HSE Healthcare Pricing Office (HPO) and Department of Health (DoH). The aim of this workshop was to identify the key priorities that should be addressed in the strategy and are as follows:

- Mature and embed the use of NOCA audit information in hospitals so that they can better understand how they are performing and therefore recognise areas of excellence and also areas they need to improve.
- Use national clinical audit to further develop a culture of quality improvement in the healthcare system.
- Solidify NOCA's independence from HSE, RCSI and DoH.
- Greater commitment from HSE and DoH to national clinical audit that includes long term funding for the NOCA office.
- Funding required from the HSE to support the collection and use of audit data locally in hospitals.
- Promote the use of national clinical audit data for multiple purposes including research and best practice tariffs.
- Ensure NOCA's data is of high quality, secure and used appropriately.
- Clear understanding of the standards required of a NOCA audit.
- Develop high quality IT solutions for data collection and reporting with excellent user interfaces and maximum reliability.

The strategy for the next four years is to consolidate, nurture and build on NOCA's success to date so that it can expand its audit portfolio, increase awareness and use of national clinical audit data to improve the quality of healthcare, reward best practice, aid research and influence national policies.

NOCA will engage in public awareness programmes to ensure the purpose of clinical audit as an improvement exercise is fully understood by all stakeholders, including patients, the public and those who work in healthcare and the media.

OUR STAKEHOLDERS

The data we produce in our audits is for the benefit of our stakeholders and therefore we must understand their needs.

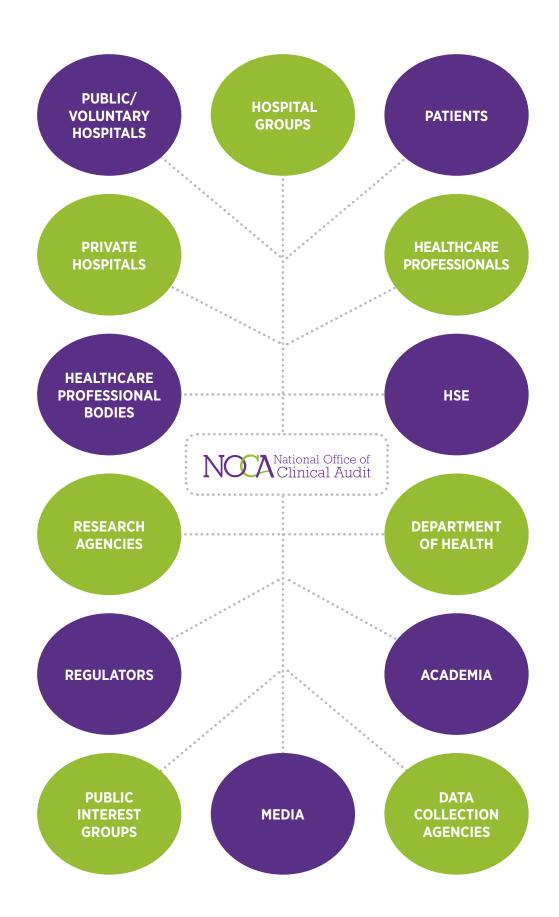
NOCA works in close collaboration with a broad range of stakeholders, who educate, plan, manage and deliver healthcare in Ireland.

To ensure we meet the needs of our stakeholders we will:

- Reflect national priorities across the whole healthcare system in our portfolio of audits.
- Convene interdisciplinary conversations on emerging themes and data analysis.
- · Actively capture feedback to improve our services.
- Ensure our publications are accessible to all our stakeholders.

We also wish to recognise our current key delivery partners who include:

- DoH National Patient Safety Office via the National Clinical Effectiveness Committee (NCEC)
- HSE Health Intelligence Unit (HIU)
- HSE Healthcare Pricing Office (HPO)
- HSE Office of the Chief Information Officer (OoCIO)
- HSE Quality Improvement Division (QID)
- Intensive Care National Audit and Research Centre (ICNARC)
- National Perinatal Epidemiology Centre (NPEC)
- Paediatric Intensive Care Audit Network (PICANet)
- The Royal College of Surgeons in Ireland (RCSI)
- Trauma Audit and Research Network (TARN)



OUR VISION, MISSION & VALUES STATEMENT

OUR VISION

Excellent healthcare for Ireland shaped by good information



OUR MISSION

Establish and maintain a portfolio of prioritised national clinical audits across the Irish healthcare system;

Provide reliable and timely information to those who use, manage and deliver healthcare;

Promote and support the use of clinical audit as a fundamental component of improving healthcare.



OUR VALUES

Our values are reflected in how we work and interact with others.



INDEPENDENCE

While funded by the HSE and operationally supported by RCSI, the NOCA Governance Board operates with complete independence to ensure secure, reliable and transparent information is provided to those who use, manage and deliver healthcare.

NOCA will maintain an independent voice and continue to act as an honest and objective commentator in relation to key findings, trends, gaps in data provision and opportunities for improvement.

INTEGRITY

Integrity and trust is essential in what we do from our relationships with our stakeholders and colleagues through to developing audit methodologies, data collection & analysis, data security, and publication of reports.

COLLABORATION

We know that the best solutions come through collaboration where we benefit from the knowledge and experience of our partners.

EXCELLENCE

We aim for the highest professional standards when systematically measuring, analysing and disseminating national clinical audit data.

REFLECTING OUR VALUES

These values will be reflected in our practice through focusing on the following:

Our audit standards

We ensure that all our audits adhere to the NOCA standards in relation to governance, data quality, data security and reporting. We also align to standards set for national audit by the NCEC, HIQA data quality standards and the HSE QID quality improvement framework. All NOCA audits also adhere to both national and international best practice clinical standards that include National Institute of Clinical Excellence (NICE) guidelines, British Orthopaedic Association Blue Book Standards (2007) for hip fractures, ICNARC and TARN.

Our people

We will continue to provide an excellent working environment that supports professionalism and collegiality for all our employees. NOCA respects diversity, provides flexible working arrangements and offers learning and development opportunities to encourage recruitment and retention.

Patient and public involvement

The NOCA patient and public involvement (PPI) framework involves patients and the public in national clinical audit through:

- Membership on NOCA governance structures at committee and board levels
- Document review to ensure publications are accessible to all readers
- System testing to ensure they are user-friendly, where applicable
- · Active participation in NOCA events and conferences

Promote the use of national clinical audit data

We continually promote the use of national clinical audit data across a number of our stakeholder groups including DoH, HSE, hospitals, hospitals groups, academia, regulators, and professional bodies both nationally and internationally.

Communicating the quality improvement message

Our key message to all stakeholders is that all healthcare systems require a variety of good information to understand how they are performing and what they need to improve. National clinical audit is one of many quality improvement processes that can provide this information. To move away from a short term reactionary system to one that actually improves, national clinical audit cannot be adversarial or blame inducing, but instead must exist in a safe environment that acknowledges improvements are required and learnings should be shared.



OUR STRATEGIC GOALS

GUIDED BY OUR MISSION AND INFORMED BY OUR ENGAGEMENT WITH KEY STAKEHOLDERS WE HAVE PRIORITISED THE FOLLOWING STRATEGIC GOALS FOR THE NEXT FOUR YEARS



1

BE THE RECOGNISED AND TRUSTED BODY IN IRELAND TO DRIVE QUALITY IMPROVEMENT THROUGH NATIONAL CLINICAL AUDIT

1	Strengthen our statistical / epidemiology expertise in NOCA through recruitment, establishing a training programme for all staff and setting up a panel of experts in the area of national clinical audit.
2	Enhance our data quality standards to ensure best practice standards are applied.
5	Publish a NOCA national clinical audit principles and standards booklet.
4	Adhere to the HIQA Information management standards for national health and social care data collections.
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SUCCESS

NOCA is known for its expertise and reliability in regard to national clinical audit.



- Implement a process to 'audit the audits' meeting objectives, data set review, chart reviews.
- Partner with other national clinical audit organisations and experts to share learnings.
- Promote the use of national clinical audit data across the system to include research, activity based funding and KPI reporting.

DEVELOP A SUSTAINABLE INFRASTRUCTURE FOR NATIONAL CLINICAL AUDIT

1	Establish processes to prioritise and fund the national clinical audit portfolio based on national need across the whole spectrum of healthcare – hospital, primary care, mental health and ambulance service.
2	Define NOCA's role in relation to supports for existing national registers and audits outside of NOCA's governance.
3	Secure longer term funding and contractual arrangement to support NOCA's strategic development.
4	Advocate for greater resources in hospitals to collect and use national clinical audit data as currently data completeness is affected and clinical staff have limited time to improve services.
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SUCCESS

NOCA is positioned as the home of national clinical audit with suitable knowledge and structures in place to meet the needs of the system.



- Complete a study on the burden of data collection for our audits to minimise the impact on hospital clinical staff and streamline where appropriate. This study will also include a review of existing resources used to extract data from medical records and their efficient co-ordinated use.
- Collaborate with HSE OoCIO to ensure that the planned electronic health record will meet national clinical audit requirements.
- Ensure the Health Information and Patient Safety (HIPS) Bill meets the needs of national clinical audit.
- Establish various models to design, implement and govern national clinical audits that support the expansion of the NOCA national clinical audit portfolio.

3

ENABLE THOSE WHO DELIVER AND MANAGE HEALTHCARE TO MEASURE AND IMPROVE THE QUALITY OF CARE USING NATIONAL CLINICAL AUDIT

1	Develop enhanced reports for hospitals, hospital groups and HSE management e.g. online dashboard, trending, patterns, comparison.
2	Develop training supports for clinical staff using national clinical audit to drive improvement.
3	Advise and support the use of national clinical audit as an integral element of quality improvement in hospitals and hospital groups.

SUCCESS

National clinical audit reports are a normal part of performance review by hospitals, their groups and national directors.



Ensure key findings and recommendations from our national reports are reviewed and actioned at both a local and national level as required.

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- Enable sharing of learnings arising from NOCA national clinical audits.
- Advocate for local clinical audit education and training to support quality improvement.

EXPAND THE NATIONAL CLINICAL AUDIT PORTFOLIO

1	Complete the implementation of the National Intensive Care Unit Audit (ICU) and the Irish National Orthopaedic Register (INOR) by end 2018.
2	Develop a pipeline of new prioritised national clinical audits.
3	Establish a funding model to support new audits commencing in 2018.

SUCCESS

Expanded portfolio of national clinical audits in place that address the greatest need across the healthcare system as a whole.



- Seek the resources to commence the Irish Audit of Surgical Mortality (IASM) once the HIPS bill is in place.
- Achieve NCEC ministerial endorsement for existing NOCA audits.
- Develop a model for private hospitals to implement existing audits where applicable.

BE A VISIBLE AND INNOVATIVE ORGANISATION

1	Develop NOCA's communication strategy that incorporates all our stakeholders.
2	Redesign NOCA website and launch the NOCA newsletter.
3	Fully utilise social media to promote NOCA.
4	Establish a national clinical audit day.
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SUCCESS

All our stakeholders have greater awareness and understanding of NOCA and national clinical audit.



- 5 Publish an annual report.
- 6 Mature our patient and public involvement across NOCA.

- Foster a learning culture in NOCA so that we sustain a high performing and expert team with diverse skills and perspectives at all levels of the organisation.
- Establish a process to actively engage with our stakeholders to capture feedback on our services led by the Governance Board.

IMPLEMENTATION OF THE NOCA STRATEGY 2017 TO 2020

The NOCA Strategy 2017 to 2020 is a four-year strategy that defines the aims and objectives of the organisation at a high level. NOCA operates on a calendar year basis, with funding provided annually by the HSE. Accordingly, the strategy will be implemented through four successive annual plans from 2017 to 2020.

We have defined our strategy and four year implementation plan at a high level. NOCA will produce detailed annual operational plans that identify the activities to be undertaken by the organisation.

The Governance Board of NOCA will oversee implementation of these annual plans, as well as ensuring regular oversight of the NOCA strategy. Using this approach, the Governance Board will maintain the flexibility to adapt to changing circumstances or take corrective action as required.

Over the next four years, NOCA will publish an annual update on the implementation of the strategy.

REFERENCES

British Orthopaedic Association and British Geriatrics Society, (2007). *The care of patients with fragility fracture*. London: British Orthopaedic Association.

Department of Health and Children, (2008). *Building a Culture of Patient Safety. Report of the Commission on Patient Safety and Quality Assurance*. Dublin: Stationery Office.











