

Sustainable Preparedness of the NHLIU through implementation of a Quality Dashboard

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Background

The National High Level Isolation Unit (NHLIU) forms a central component of a national multi-disciplinary approach to HCID management. It is governed by international standards, and ensuring that these standards are met is critical to safe functioning of the unit. This project aims to develop and implement a quality dashboard which aims to allow (i) summarising of Key Performance Indicators (KPIs) (ii) rapid alerting of critical deficiencies and (iii) ease of reporting to internal and external collaborators.

Methodology

There are three main phases for this project - referencing the Quality Implementation Frame (QIF) - this can be referred on Figure 1. Guidelines from European Centre for Disease Prevention, European Network of Infectious Diseases, John Hopkin’s and current NHLIU’s readiness checklist provided KPI standards.

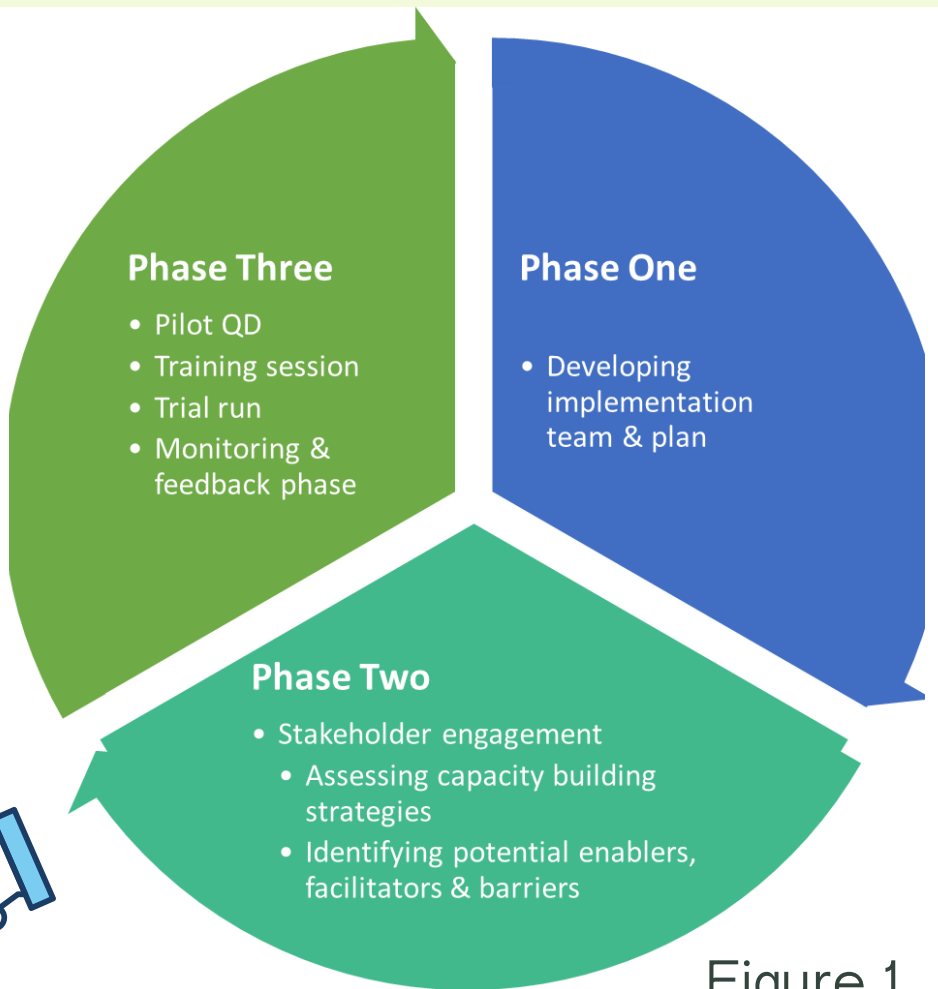


Figure 1

Results

Phase One

A thematic analysis of international guidelines, alongside an assessment of NHLIU’s organisational and governance structure identified four common themes – staff wellbeing, unit maintenance, operational management and clinical care.

Phase Two

A scoping interview was completed to carry out a needs, capacity, and fitness assessment. A secondary outcome within this was to gauge stakeholders’ buy-in, and to identify potential facilitators and barriers. Factors that would influence QD’s implementation were identified: importance of simulation exercises, engagement of leaders and frontline workers, technological support and training sessions upon implementation. Potential barriers included risk escalation requiring cross-directorate working, organisational approach and avoiding redundancy with internal workflow.

Phase Three

There are 84 KPIs in the pilot QD, of which 16 are critical to be maintained ready. The KPIs are owned by relevant stakeholders and are categorised into the four domains identified during thematic analysis. An initial CFIR analysis of current influences upon QD implementation was done and shown on Figure 2. MEG(TM) has been chosen as the platform for QD implementation due to stakeholders’ familiarity, usability, technical support, and additional relevant capacities. A snapshot of the MEG(TM) is shown in Figure 3.

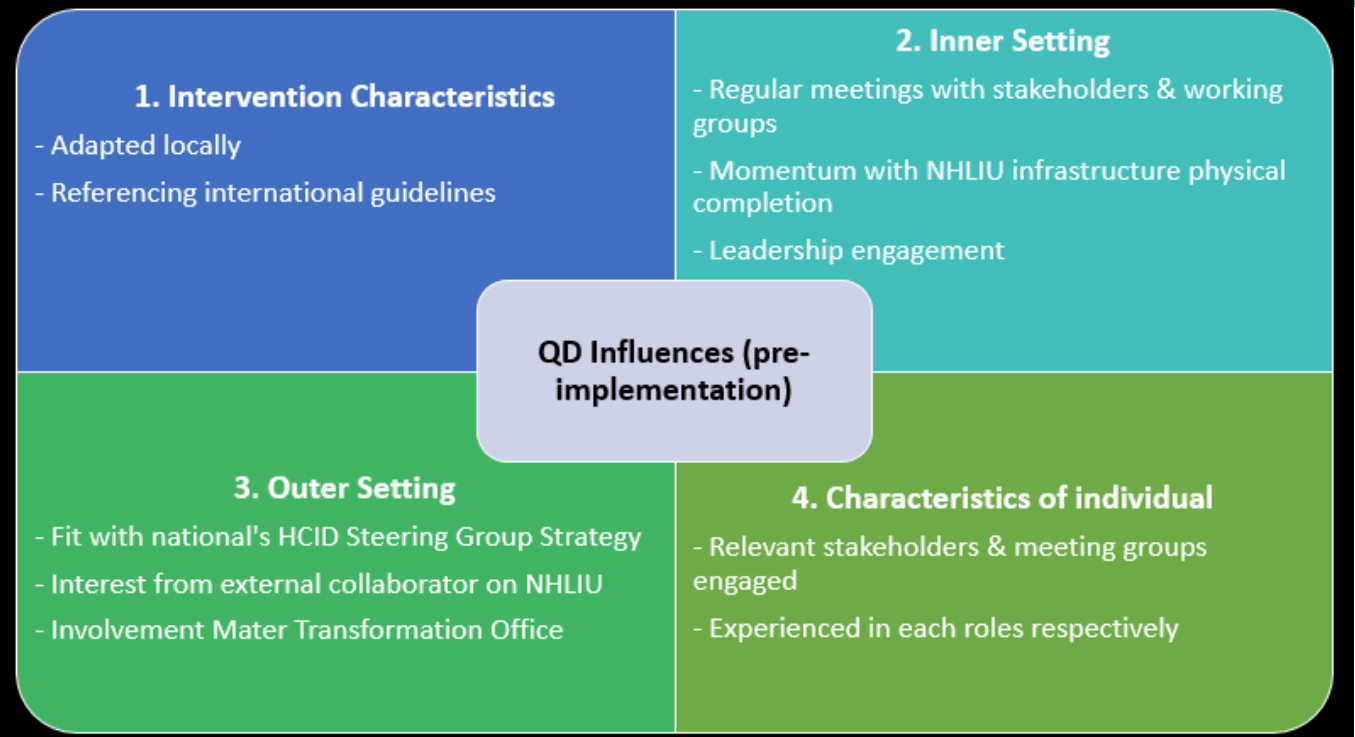


Figure 2

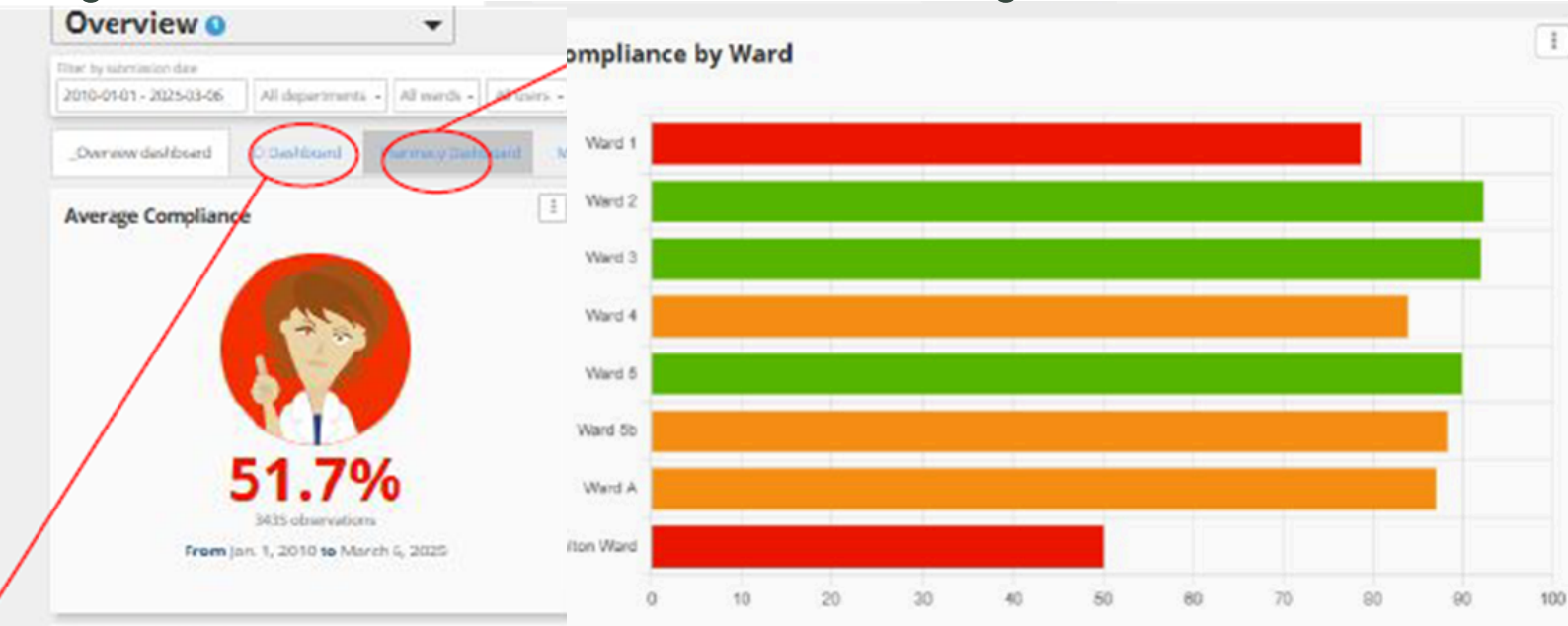


Figure 3

Conclusion

The QD has had positive stakeholders’ engagement and allows visualisation of KPIs according to stakeholder themes. Implementation of the QD will contribute to sustainable preparedness of NHLIU against emerging health threats. It will be embedded within the quality governance structure of the broader hospital group but allow national multi-disciplinary visibility of this important component of Ireland’s Health Protection Strategy.

References

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