



## **Irish Heart Foundation**

### Quality Standards Review On-Site Report

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## 1.0 Introduction

This report has been produced following the first review of the recognised institutions(RI) processes that support the design, deliver and review of the Pre-Hospital Emergency Care Council’s (PHECC) approved courses. This is the first step in the quality improvement cycle as outlined in PHECC’s Quality Review Framework (QRF). The result of this review provides both PHECC and the RI with baseline information which will inform continuous quality improvement to be outlined in the institutions Quality Improvement Plan (QIP). The review was carried out with the underlying principle of the RI “Saying what they do, doing what they say and proving it with verifiable documented evidence”.

**Figure 1: The QRF Building Blocks:**



## 1.1 Institution Details

Name	Irish Heart Foundation
Profile	A national organisation, registered charity and a PHECC recognised institution since 2009.
PHECC courses being delivered	Cardiac First Response – Community Cardiac First Response – Community Instructor Cardiac First Response – Advanced Cardiac First Response – Advanced Instructor
Higher Education Affiliation	None
Address	50 Ringsend Road, Dublin 4

## 1.2 Reports Details

Date of on-site visit	13-09-16
Quality Review Panel (QRP)	
P Collins	QRP Chair – Independent
J Donaghy	QRP Member – Independent
K Walsh	QRP Member – PHECC
RI Representatives	
Brigid Sinnott	BLS Coordinator
Avril Doyle	Resuscitation Administrator
Sarah Cain	ACLS Training Coordinator
Date of Council Approval	15-09-2016

## 1.3 Scope of the Review

The review covered all aspects of the institution's activities associated with meeting the quality standards as outlined in the PHECC quality review framework. The Cardiac First Response (CFR) courses were selected to provide context.

## 2.0 Review Findings

### 2.1 Meetings and Discussions

Type	Comments
Entry Meeting	The QRP met with three representatives on arrival. Following introductions, the panel chairperson outlined the agenda for the visit and the process that would be followed.
Staff Discussions	Two members of staff present for the full review.
Learner Discussions	None
Exit Meeting	The QRP met with three representatives. There was also a brief meeting with the CEO. The results of the review were summarised and agreed. The panel outlined the next steps in the process and the meeting was closed.

### 2.2 Observation of Facilities and Resources

Area	Comments
Facilities	All the RIs training activities take place in external venues.
Resources	Affiliate Instructors are responsible for providing and maintaining appropriate resources for each course they deliver.

### **2.3 Evidence Reviewed – Documents/IT**

The records and systems listed below were reviewed and discussed throughout the on-site visit

- Website
- Organisational Chart
- Training Site Application Form
- CRM IT System
- Administration Guideline Manual
- Instructor Course Administration Guidelines
- Financial Records
- Mission Statement
- Complaints Procedure
- Evaluation Sheet

## 2.4 Quality Standards – Review

<b>Section One: Organisational Structure and Management</b>	
<b>Standard</b>	<b>QRP Findings</b>
1.1 Governance - The Institution has clear lines of authority and engages a system of accountability for PHECC approved courses.	The organisational chart was available for review. It is not clear from the organisational chart those responsible for the quality assurance of PHECC approved courses. However during discussions the RI representatives outlined how that responsibility is delegated. There was evidence to support this. The organisational chart is to be updated to clearly reflect how the organisation accommodates the delivery of PHECC approved courses. Course and results approval are followed as per PHECC guidelines. Evidence was provided that self-assessment has been carried out, with the PHECC Recognised Institution Self-Assessment Report (RISAR) and Quality Improvement Plan (QIP) being utilised. Contracts are in place with affiliated training sites. These were not available for review. During discussions and in their RISAR RI representatives outlined a comprehensive system of oversight of training sites and instructors. Evidence was provided of these activities taking place.
1.2 Management Systems and Organisational Processes - The Institution can show that it has well documented organisational processes in place to meet the needs of all stakeholders.	There is a documented policy and procedures for data protection and the RI has a designated data protection officer. The RI has a comprehensive IT system in place for the management of training site records. The database was reviewed and was found to be effective in managing faculty records. Computers are password protected and access is limited to authorised personnel. Hard copy records are stored in a secure location in the main office. Student records are maintained by each training site and were not available for review. Quantitative measures are in place to capture relevant information to inform practice. PHECC certification is carried out according to guidelines.
1.3 Management Responsibility - There is a clearly defined system in place showing who is responsible for ensuring the quality assurance of PHECC approved courses.	The BLS Training Coordinator has overall responsibility for the quality assurance of PHECC approved courses. During discussions the RI representative outlined how faculty are made aware of their responsibilities for the quality of PHECC approved courses. There was documented evidence to support this. There was evidence provided that internal verification has taken place. The internal verifier was present during the review process.
1.4 Self-Assessment,	During discussions and in their RISAR RI representatives



<p>External Evaluation and Improvement Planning - The Institution carries out internal assessment and engages in a quality improvement planning process (annually) which includes external evaluation.</p>	<p>outlined a range of quality assurance activities i.e. course reviews, faculty reviews etc. However at the time of review the RI has no documented quality assurance policy and associated procedures. RI representatives also stated in discussion and in their RISAR that they do not carry out structured annual evaluation of PHECC approved courses. However evidence was provided which showed that monitoring of PHECC approved courses takes place. Students are issued with course evaluation forms which are maintained by individual affiliated training sites. The PHECC RISAR and quality improvement plan were utilised for the self-assessment and will be updated with agreed actions following the review process.</p>
<p>1.5 Transparency and Accountability - The institution conducts its activities in an open and transparent manner.</p>	<p>The RI website and promotional material provides relevant information to allow potential students to make an informed choice about course participation. Additional information is the responsibility of affiliated training sites and is monitored by senior IHF staff. Course reports are completed by faculty associated with affiliated training sites and maintained for review by IHF staff.</p>
<p>1.6 Administration – Administration arrangements meet the needs of all stakeholder groups.</p>	<p>During discussions RI representatives outlined the procedures for course administration pre, during and post course. Evidence was provided to show these activities had been carried out. Administrative duties are carried out at head office and delegated to affiliate training sites as appropriate. The IT database was reviewed to verify these activities. Standardised administrative procedures are in place for all affiliated training sites and are outlined in the instructor course and supporting documentation. In addition administrative procedures are also outlined during the induction workshop for training site coordinators.</p>
<p>1.7 Financial Management - The institution manages its' finances in a responsible manner that meets the needs of all stakeholders.</p>	<p>The RI is fully compliant with all relevant financial requirements and PHECC has verified this prior to the on-site review.</p>

## Section Two: The Learning Environment

Standards	QRP Findings
2.1 Education and Training Mission Statement - The Mission of the Institution is appropriately focused with education and training as a core activity.	The mission statement is visible within the RI and is relevant to the provision of pre-hospital emergency care. The RI communicates its mission statement to all stakeholders through its website and on relevant documentation.
2.2 Communication with Students and Other Stakeholders - Two way communication systems are in place between faculty, students and other stakeholders as appropriate.	During discussions the RI outlined a comprehensive range of methods used to communicate with students and other stakeholders, including student evaluation forms, regularly scheduled meetings, instructor network, emails, etc. Evidence was provided to show that students have the opportunity throughout their course to meet with their instructor one to one to discuss any issues they may have.
2.3 Course Access, Transfer and Progression - Course information in clear, access is fair and consistent, with recognition of prior learning, as appropriate.	The RI has clear criteria documented for entry to PHECC approved courses. The website and promotional material provides potential students with sufficient information to make an informed choice about participation in a course. Additional information is available from each affiliated training site. During discussions and in their RISAR RI representatives stated that information on affiliated training site websites and relevant documentation is monitored by IHF staff. Information regarding Recognition of Prior Learning (RPL) is made available to relevant students as required. It was found to be in line with PHECC guidelines on RPL.
2.4 Equality and Diversity - There is a commitment to the provision of equal opportunities for students and faculty in compliance with relevant equality legislation.	At the time of review the RI had no documented equality and diversity policy. However during discussions RI representatives indicated that information regarding E&D was outlined in the programme administration policy. This was not available for review. There was no evidence that information and training on equality and diversity is provided to faculty. During discussions RI representative outlined and gave examples of how they accommodate individuals with additional support needs. At the time of review these activities were not recorded. Codes of practice are documented and made available to IHF staff.

<p>2.5 Complaints and Appeals - Complaints and Appeals Processes are open, transparent and accessible to students and other stakeholders.</p>	<p>The RI has documented procedures for complaints and appeals which were available for review. During discussions RI representatives outlined the process for complaints which are made available to all stakeholders through the website and relevant documentation. Complaints against affiliated training sites are dealt with at national level. Affiliated training sites are required to have their own complaints procedures in place. These are monitored by IHF staff.</p>
<p>2.6 Training Infrastructure - Courses are carried in an appropriate learning environment, sufficiently resourced in order to deliver training to the highest standards.</p>	<p>During discussions the RI representatives indicated that training is carried out externally in pre-approved premises. Premises selection criteria and resource requirements are documented in the course manual. Affiliated training sites are responsible for ensuring all facilities and resources are fit for purpose. They are also responsible for having relevant procedures in place for manikin hygiene. These procedures are monitored by provincial faculty and IHF staff. Provincial faculty provide reports to IHF staff on training site visits. Evidence was provided of monitoring visits by IHF staff.</p>
<p>2.7 Health and Safety - A safe and healthy environment exists in the institution.</p>	<p>The RI has a health and safety statement which is available to all stakeholders. During discussions and in their RISAR RI representatives stated that each affiliated training site must have a written health and safety statement in place and make it available for review by IHF staff. It is also the responsibility of affiliated training sites to ensure training is carried out in a safe environment. IHF staff and provincial faculty have responsibility for carrying out course reviews and onsite monitoring visits. Evidence was available to show these activities have taken place.</p>
<p>2.8 Social Environment - A positive, encouraging, safe, challenging and caring environment is provided for faculty and learners.</p>	<p>During discussions and in their RISAR RI representatives stated that during monitoring visits and a review of documentation students reported that they had positive experiences with affiliated training sites. They also stated that documentation viewed indicated that they were fully compliant with PHECC requirements on instructor/student ratios.</p>

### Section Three: Faculty Recruitment and Development

Standards	QRP Findings
<p>3.1 Organisational Staffing - All faculty are aware of their role and responsibilities when involved in the administration and/or delivery of a PHECC approved course and their conduct is professional at all times.</p>	<p>The Human Resources (HR) department within the IHF is responsible for the recruitment and development of IHF staff. The role and responsibility for the quality assurance of PHECC approved courses is outlined and delegated as appropriate. Each affiliated training site is responsible for ensuring they meet the faculty requirements to maintain PHECC course approval. IHF are responsible for monitoring these activities.</p>
<p>3.2 Faculty Recruitment - Faculty, are recruited on the basis of personal suitability, appropriate experience and qualifications.</p>	<p>A role description and selection criteria for each position is documented and available for review. During discussions and in their RISAR RI representatives stated that provincial faculty go through an interview process. There was no documented procedure in place or evidence to show these activities had taken place. Individual affiliated training sites are responsible for ensuring faculty recruitment is in line with documented criteria and IHF staff monitors instructor information.</p>
<p>3.3 Faculty Development and Training - Faculty are encouraged and supported to gain additional training/qualifications appropriate to their role in or with the institution.</p>	<p>There are no documented procedures in place for the continuous professional development of faculty. However during discussions RI representatives outlined a range of activities that take place for instructors, including up skilling workshops as required. They also stated that instructors must complete at least four courses during a two year period. During discussions the RI representative indicated that faculty members do receive an induction and any updates are communicated via email. There is evidence to indicate that induction had taken place. Instructors are provided with opportunities to highlight upskilling requirements through formal and informal meetings. There are records of these meetings. Faculty are encouraged to maintain their CPD through membership and affiliation with external agencies.</p>
<p>3.4 Communication with Faculty - Two way communication systems are in place between management and faculty.</p>	<p>During discussions and in their RISAR RI representatives described a range of formal and informal methods of communication between training sites, provincial faculty and management. These include; email, phone, informal and formal meetings, course reviews, monitoring visits etc. Evidence was provided to show these activities have taken</p>

	place. During discussions RI representatives also indicated the development of a digital strategy.
3.5 Work Placement and Internship - Host organisations (internship sites) are appropriate to the course content and learning outcomes to be achieved (NQEMT courses only).	Not Applicable
3.6 Faculty and Stakeholder Management - A system is in place to ensure appropriately qualified and experienced individuals are engaged by the institution.	The database was reviewed and the evidence provided indicated that faculty meet the minimum requirements set by PHECC to deliver courses. The system in place ensures that only instructors with valid certification all allocated to carry out courses. RI representatives also indicated that affiliated training sites are monitored by IHF staff and instructors are monitored by provincial faculty to be recertified every two years. These activities are documented. Faculty records are maintained and were available for review and were found to be accurate and up to date. Instructor details are recorded on relevant course documentation which is reviewed by IHF staff and provincial faculty during monitoring visits and course reviews.
3.7 Collaborative Provision - Appropriate contractual arrangements are in place with affiliated instructors.	There are signed contracts in place between the IHF and affiliated training sites. Each site has a responsibility within these contracts to ensure that faculty delivering PHECC approved courses meet the requirements for course approval. During discussions RI representatives stated that agreed quality assurance standards are outlined in the contract. The contract was not available for review. Representatives also indicated that students are made aware of each parties role in course provision.

## Section Four: Course Development, Delivery and Review

Standards	QRP Findings
<p>4.1 Course Development - Courses are designed to meet the requirements for PHECC approval and certification and reflect a commitment to quality improvement.</p>	<p>During discussions RI representatives outlined internal procedures for integrating PHECC approved courses into IHF programmes. Course material was reviewed which showed that appropriate activities were being carried out to allow students to meet the learning objectives. Timetables for courses are available for students. RI representatives also outlined the procedures for implementing updates and changes to courses i.e. update workshops. Evidence was provided indicating these activities have taken place. Course information is clearly stated and outlined on the website and promotional material. Documentation also indicated that appropriate student/tutor ratios are maintained.</p>
<p>4.2 Course Approval - There are clear guidelines for course approval.</p>	<p>The course approval process has been followed as per PHECC guidelines. All the information required for PHECC course approval has been supplied.</p>
<p>4.3 Course Delivery, methods of theoretical and clinical Instruction - Courses are delivered in a manner that meets students' needs and in accordance with PHECC guidelines.</p>	<p>The evidence viewed (course material) indicates that courses are delivered as per PHECC guidelines. IHF staff monitors course delivery through monitoring visits and provincial faculty course reviews. During discussions the RI representative indicated the student induction takes place. Attendance records are maintained for each course and are reviewed by provincial faculty and IHF staff. RI representatives stated that the evidence from visits indicated that all courses are delivered by appropriately qualified and certified instructors. Students are provided with the opportunity to meet with their instructor for feedback and remedial work if necessary.</p>
<p>4.4 Course Review - Courses are reviewed in a manner that allows for constructive feedback from all stakeholders.</p>	<p>There is no documented procedure in place for carrying out course reviews. However during discussions RI representatives outlined a series of activities that take place to review courses. Provincial faculty carry out course reviews as part of the instructor recertification process. Evaluation forms are circulated to all students by affiliated training sites and these are made available to IHF staff during monitoring visits. Student course evaluation forms were available for review. During discussions RI representatives indicated that instructor feedback is obtained through course reports. The RI has</p>

	submitted a quality improvement plan based on their self-assessment findings and will be updating this based on the findings from the external review.
4.5 Assessment and Awards - Assessment of student achievement for certification operates in a fair and consistent manner by all tutors and instructors in line with PHECC assessment criteria.	The evidence provided indicates that appropriate methods are used on all courses and it is clearly stated when PHECC assessment material is being used. Students are provided with assessment information prior to and during their course. RI representatives indicated that students are provided with reasonable accommodation on request from their training site. Responsibility for the security of assessment related material is delegated to affiliate training sites and monitored by IHF staff. Responsibility for the PHECC certification system is allocated to a named member of staff.
4.6 Internal Verification - There is a consistent application of PHECC assessment procedures and the accuracy of results is verified.	During discussions the RI representatives indicated that internal verification takes place. There was evidence to support this. However there are no documented procedures in place for internal verification. The internal verifier was present during the review process.
4.7 External Authentication - There is independent and authoritative confirmation of assessment and certification, where relevant, in accordance with PHECC guidelines.	External Authentication is currently carried out by PHECC.
4.8 Results Approval - A results approval process operates in the institution.	During discussions the RI representative indicated that the instructor checks the results and they are checked again by the administrator in the affiliated training sites. Once checked the results are made available to students and the certificates are issued.
4.9 Student Appeals - A process is in place for students to appeal their approved result.	At the time of review there is no documented appeals policy or procedures in place.

### **3.0 Conclusions and Outcomes**

The findings from the review indicate that the recognised institution met or part met 97% of the applicable quality standards set out in the PHECC quality review framework. There are policies and procedures in place that indicate a commitment to the quality assurance.

However a number of the policies and associated procedures need to be updated to reflect current practice and the relationship with affiliate training sites. The evidence also indicated that the controls around affiliates need to be strengthened to ensure the quality of PHECC approved courses is consistent across all courses and associated activities. The updates and revisions highlighted during discussions – when implemented – will ensure that the RI meets all the PHECC quality standards. The evidence provided would support the conclusion that the RIs activities when supported by appropriately focused and updated policies and procedures meet the requirements to carry out PHECC approved courses.



## **Appendix 1: Comments and Feedback from the Irish Heart Foundation**



**IRISH HEART  
FOUNDATION**  
Fighting Heart Disease & Stroke

50 Ringsend Road,  
Dublin 4, Ireland

Tel (01) 668 5001

Fax (01) 668 5896

Tel Cork (021) 450 5822

Fax Cork (021) 450 5374

Email [info@irishheart.ie](mailto:info@irishheart.ie)

Web [www.irishheart.ie](http://www.irishheart.ie)  
[www.stroke.ie](http://www.stroke.ie)

Heart & Stroke Helpline  
Local 1890 432 787

Kathleen Walsh  
Pre Hospital Emergency Care Council  
Abbey Moat House  
Abbey Street  
Naas  
Co Kildare

24<sup>th</sup> November 2016

Dear Kathleen,

Thank you for the opportunity to consider and make comment on the written report following your first visit to our premises since we became a Recognised Institution (RI) to review our quality standards. We had received no feedback to the submission of our Quality Improvement Plan submitted in early 2016 and limited feedback the previous year so welcomed the opportunity to discuss the steps we had undertaken to date to ensure our courses are delivered to the Pre Hospital Emergency Care Council's (PHECC's) required standard. Following completion of the review, we are in the process of adjusting and adding to some of our processes and thank you for the constructive suggestions which we were provided with during the review.

The following contains our initial comments and observations following this review and we would welcome further opportunities for constructive discussion regarding the delivery of PHECC certified Cardiac First Response (CFR) training through our programme at any stage.

## **Section One: Organisational Structure and Management**

### **1.1 Governance**

As discussed during the review, Brigid Sinnott, BLS Training Coordinator has overall responsibility for all of the BLS courses conducted by the Foundation and thus, overall responsibility of the quality assurance of all BLS courses including PHECC CFR courses. PHECC is one of several certifying bodies that we are affiliated to and her role requires quality assurance of any BLS training certified through any organisation. The specific functions and responsibilities of each staff member's roles within the Foundation are contained within the job description for their position and such responsibilities are not listed on the organisational chart. Please provide further clarity if this is not sufficient.

### **1.2 Management Systems and Organisational Processes**

Summary course information is supplied to the Foundation from our affiliated training sites for all courses conducted through the programme. The Foundation does not request submission of all the student paperwork for each course to us so this was not available for review during the meeting. However we would be happy to facilitate the opportunity for

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Mr. J. Massey  
Mr. G. McErlean

Prof. S. Murphy  
Mr. M. Murray  
Mr. J. O'Neill  
Dr. P. Oslizlok  
Prof. D. Sugrue

Medical Director  
Dr. A. Brown

Charity Registration No. Chy 5507

The Irish Heart Foundation is committed to best practice in fundraising and adheres to the *Statement of Guiding Principles* for Fundraising promoting transparency, honesty and accountability.

PHECC to visit one, if not several of our affiliated training sites in order to have the opportunity to review same.

#### ***1.4 External Evaluation and Improvement Planning***

We would welcome further clarity regarding the requirements for the required Quality Assurance Policy for the organisation. We had discussed and provided evidence of quality assurance activities we undertake and understand these need to be pulled together into a relevant document but would appreciate clarification regarding any key PHECC requirements for same.

### **Section Two: The Learning Environment**

#### ***2.4 Equality and Diversity***

As mentioned during the review, the Foundation does not place any restriction on a person undertaking any of the courses as long as they meet any course prerequisites as appropriate. All BLS and Heartsaver Manuals include wording similar to this, as does the American Heart Association Programme Administration Manual which is available to all IHF instructors online through the AHA Instructor Network. Also included in all manuals is reference to facilitating students with special needs. We would welcome additional information on what else is to be expected if there are no restrictions on attending or completing a course other than having completed the pre-course requisites and course completion requirements which are all listed for each course on our website and all appropriate course materials.

### **Section Three: Faculty Recruitment and Development**

#### ***3.2 Faculty Recruitment***

Additional policies will be introduced in regard to faculty management in the coming months and we value the discussions held around this topic during the review.

#### ***3.7 Collaborative Provision***

We had noted this point as being listed as met during the meeting but see it is recorded in the report as being part met. From reading the comments listed in the report we remain unclear as to what further information or actions are required from ourselves in order for it to become met so would appreciate further clarification.

### **Section Four: Course Development, Delivery and Review**

#### ***4.9 Student Appeals***

A misunderstanding regarding remediation and appeals processes was clarified during the review and although no appeals will be given at the level of CFR, we now understand a specific policy for this approach must be developed.

We will give you separate feedback on the process but just to note that Brigid's name was incorrectly spelt on the correspondence we received. It would be much appreciated if you could check/update your system so that her name is spelt Brigid Sinnott.

Finally, the Foundation values the longstanding and valuable relationship it has held with the Pre Hospital Emergency Care Council and hopes it continues to prosper in the years to come. Thank you again for taking the time to visit and review and we would welcome further discussion and feedback again at any point.

Please don't hesitate to contact us should you require any further information or clarification.

Yours Sincerely



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Brigid Sinnott  
**BLS Training Coordinator**



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Sarah Cain  
**ACLS Training Coordinator**