

Quality and Safety Committee

Meeting Minutes

21st January 2020, PHECC office @ 10:00am

Present

Shane Mooney (Chair)
Pamela Skerritt
Fiona McDaid
David O'Connor
Michael O'Reilly

Apologies

David Bradley
Ciarán McCullagh

Non-Attendance

Brigid Sinnott
Cathriona Molloy
Willie Wade

In Attendance

Jacqueline Egan, PHECC PDO
Ricky Ellis, PHECC PDO
Brian Power, PHECC PDO
Margaret Bracken, PHECC Committee Officer
Omar Fitzell, EMT CPC Coordinator (Agenda item 7 only)

Teleconference

Tess O'Donovan
(Absent for agenda items 4,
5, 6 and 8)

1. Chair's Business

The Chair welcomed the members and wished everybody a happy new year. Apologies were noted. Tess O'Donovan attended via teleconference. Correspondence from the Irish Heart Foundation to the PHECC Director advising of their withdrawal from any involvement in any PHECC Committees, in response to Council's decision to reject IHF's annual grant application, was brought to the attention of the Committee. Brigid Sinnott, IHF patient representative on the Quality and Safety Committee, is no longer a member of the Committee. As a consequence, a vacancy exists as per 3.2 in the terms of reference for the Committee; One representative from a non-government organisation (NGO) with a community focus (generic).

The Chair asked the members to forward any recommendations they might have for a replacement patient representative to Jacqueline Egan, as there has not been any attendance or contact with the patient representative despite correspondence by PHECC.

Infrequent or non-attendance by certain members at Committee meetings was highlighted. Jacqueline Egan stated that under the current terms of reference 'attendance at each meeting is expected but no less than 75% is acceptable' and this is not being adhered to. The Chair advised that a review of the terms of reference for all PHECC Committees is currently being carried out as part of a governance review and no immediate action will be taken. Non-attendance at meetings will be addressed when the review is finalised and approved by Council.

2. Draft Meeting Minutes September 2019

The draft minutes from the Quality and Safety Committee meeting of 30th September 2019 were reviewed and agreed.

Resolution: That the Quality & Safety Committee approve the minutes of the meeting held on 30th September 2019.

Proposed: Fiona McDaid

Seconded: David O'Connor

Carried without dissent

2.1 Matters Arising

Agenda item 4.1 DNR;

- An update was sought on the recommendation from the Committee to the Medical Advisory Committee 'that DNR be changed to DNAR on the PHECC DNR Clinical Practice Guidelines and all necessary documentation.' Brian Power clarified that this recommendation will be presented to the MAC at their meeting on 30th January.
- Michael O'Reilly, who was not present at the September meeting, sought clarification on the recommendation from the Committee to the Education and Standards Committee 'that Level 1 training on the Palliative Care Competence Framework be included in the new PHECC Education and Training Standards and consideration be given to including Level 2 training for appropriate PHECC practitioners.' Brian Power clarified. All healthcare professionals, except PHECC practitioners, were included in the HSE Palliative Care Competence Framework. Level 1 provides an awareness of palliative care and training should be provided for all PHECC practitioners. Level 2 is an intermediate level of palliative care for health care professionals who interact with palliative care patients in the course of their duties. Level 2 should be incorporated into paramedic and advanced paramedic training. Levels 1 and 2 are non-specialist palliative care practitioners. Level 3 is for specialist palliative care practitioners, typically doctors, nurses and other healthcare professionals, providing palliative care services.

Jacqueline Egan relayed that she and Fiona McDaid wrote to the Palliative Care Competence Framework Steering Group to request inclusion of PHECC practitioners in the next edition of the Palliative Care Competence Framework, as agreed at the September Committee meeting. A response is awaited.

A discussion ensued. The Chair stated that all PHECC practitioners should have a basic awareness of palliative care which is invaluable. He noted that the palliative care CPG developed by the Medical Advisory Committee has not been adopted by NAS and DFB. Brian Power advised that the MAC, which includes representatives from NAS and DFB, spent a year and a half consulting with the Palliative Care Programme, ICGP and ED consultants, to develop a PHECC palliative care policy document which was approved by Council. He highlighted the importance of implementation of the CPG in the interest of patient care and avoiding unnecessary transport of palliative care patients to an ED.

Michael O'Reilly stated that DFB are finding it difficult to provide this level of care for patients at the moment due to resource issues. It was agreed that; a) a 'refusal of transport' for such patients is not appropriate, and b) with the proper documentation from the patient's medical team, hospice or palliative care team and c) a robust handover process in place, practitioners would be enabled to make informed decisions regarding the management of the palliative care patient. This would also provide direction to the patient's family. Brian highlighted that the facts are that where a patient is at home to die, the family are aware of this and the GP and hospice team are aware of this, but yet because the palliative care CPGs have not been implemented the decision making by PHECC practitioners to treat the presenting symptoms and not transport the patient to an ED is a challenge.

The Chair stated that the current situation is not ideal, and it is clear that it is an organisational failure. A standardised form similar to the National Ambulance Service (NAS) form which is used for paediatric palliative care patients at home to die could be useful.

Following discussion, the Committee agreed to;

1. write to the Chair of the MAC requesting an update on the implementation of the palliative care policy and CPG for PHECC registered practitioners, informing them that the palliative care package is needed for these patients. Question if the MAC or PHECC are to be tasked with developing a suitable training package or adopting the current Palliative Care Competency Framework which is in place for all healthcare practitioners.
2. write to the Medical Director of NAS and DFB advising of the ongoing concern of this Committee and seek information regarding future plans they have to implement the palliative care CPG and associated policy. In addition, seek a response regarding their requirement for PHECC to review the current palliative care training package, with consideration being given to adapt it for use by PHECC registered practitioners, or develop a new training package.

3. Skills and knowledge to support best practice

3.1 Licensed CPG Provider Notification Process

Revised and updated Draft LIS020_Licensed CPG Provider Notification Process V 2 was included in the meeting papers for consideration by the Committee. Ricky Ellis, PHECC Programme Development Officer, provided an overview. Information around licensed CPG providers requirement to report 'Certain Events' have been expanded. The members reviewed the draft document. The differences between medication management and medication administration was noted.

Following discussion, the Committee agreed the following amendments to the draft document.

1. Timeframe for reporting – replace 'As soon as practicable' with 'Within 1 calendar month'.
2. Certain Events - the individual items to be reworded as follows;
 7. 'Should any PHECC Practitioner have their privilege status adjusted.'
 8. 'If any reportable events have occurred with relation to medication administration.'
 9. 'The death of a registrant.'

Ricky Ellis will make the amendments as agreed and present to Council.

Subsequent to discussion the following recommendation to Council was agreed.

Resolution: That the Quality & Safety Committee recommend LIS020_Licensed CPG Provider Notification Process to Council for approval subject to the changes agreed.

Proposed: Michael O'Reilly

Seconded: David O'Connor

Carried without dissent

3.2 Draft Hand Hygiene Policy

A discussion document 'Draft Hand Hygiene and the Use of Alcohol Based Hand Gel' prepared by Ricky Ellis and Governance Validation Framework assessor Mairead Twohig was included in the meeting papers. Ricky Ellis provided an overview. The Governance Validation Framework assessments have revealed a lack of consistency in the approach to infection prevention and control within the wider community of PHECC licensed CPG providers. Evidence gathered during the GVF assessments is pointing towards the need to address this to ensure that there is consistency and adherence with National and International Guidelines.

In all referenced international and national guidelines alcohol gel-based products is the recommended product of choice to be used within the health care setting. The Committee were asked to give guidance in this matter to support the GVF assessment process.

The members discussed. The Committee recommend that Council approve the guidelines as set out in the draft paper. It was also recommended that, should Council approve, a directive be issued to all PHECC RIs/ATIs and licensed CPG providers with instruction to utilise alcohol-based hand gel with immediate effect, and advising that the risk remains with the organisations if there is any alteration to this advice. A selection of supporting material, i.e. National Standards etc will be communicated with the directive.

Subsequent to discussion the following recommendation to Council was agreed.

Resolution: That the Quality & Safety Committee recommend the 'Guidelines for hand hygiene in Irish healthcare settings', which include the use of alcohol-based hand gel, to Council for approval, and thereafter, a directive to be issued to all PHECC recognised institutions/approved training institutions and licensed CPG providers to switch to alcohol-based hand gel with immediate effect.

Proposed: Fiona McDaid **Seconded:** Pamela Skerritt

Carried without dissent

3.3 CPG Categorisation and Implementation Guidance

PHECC CPG Categorisation and Implementation Guidance document was included in the meeting papers for information. Ricky Ellis briefed the members. On 14th June 2018 Council withdrew from granting exemptions to licensed CPG providers. This led to an instruction to the Medical Advisory Committee to review current CPGs and provide guidance to licensed CPG providers regarding the implementation of CPGs. The resulting guidance document was presented and approved by Council at their November 2019 meeting. Ricky informed the meeting that arrangements will be made to distribute the guidance document to all PHECC RIs/ATIs and licensed CPG providers.

3.4 The Introduction of Treat and Referral into Ireland – presentation

Brian Power presented a synopsis of his report on 'the introduction of treat and referral into Ireland' to the Committee. The full report was presented to the Medical Advisory Committee at their November 2019 meeting, and the Committee recommended supporting the development of an enhanced range of treat and referral CPGs, including but not limited to hypoglycaemia and seizure management, to Council for approval. The full report and MAC recommendation will be presented to Council at their February meeting. The members thanked Brian.

Subsequent to discussion the following was agreed.

Resolution: That the Quality & Safety Committee endorse the implementation of treat and referral into Irish practice.

Proposed: David O'Connor **Seconded:** Pamela Skerritt

Carried without dissent

* Tess O'Donovan left the meeting

4. Medical Direction and Scope of Practice

4.1 Aid to Decision Making Capacity

Following a query received from a Dublin Fire Brigade Officer regarding aid to decision making capacity, suggested additional wording for the PCR, PCR Information Standard and PCR Guidebook was considered at the September 2019 Committee meeting. The Committee agreed that the recording of a narrative be added. Included in the meeting papers was a draft narrative with wording from the Declined Treatment and/or Transport section of the 2017 Field Guide and additional wording from Martin O'Reilly, DFB Officer, for consideration.

The members discussed the question of when a practitioner's duty of care ceases and who is responsible for patients who are lacking in decision making capacity. Brian Power advised that duty of care ends when the patient refuses care and another healthcare professional or An Garda Síochána takes responsibility for the patient. He suggested that capacity should be assessed for every patient encountered which would make practitioners more aware and not only when the patient refuses care.

Following discussion, the consensus was that the narrative needed to be strengthened and amended wording was agreed as follows.

If 'Yes to all of the above, the patient has demonstrated decision-making capacity, their decision must be respected however, capacity can change with an evolving medical episode.

If 'No' to any of the above, the patient lacks the capacity to make that decision at that time and is deemed not to possess current decision-making capacity. The practitioner's duty of care remains until the patient is handed over to the care of another health professional or the Garda Síochána has taken responsibility for the patient.

'If you are concerned about patient welfare, contact patient's GP/relative/Gardai' was accepted without any changes.

The Committee directed that PHECC seek legal advice to ensure that the amended wording protects the practitioner.

5. Information Standards leading to data collection and to clinical audit

5.1 Draft Council Policy on PHECC Patient Reports Usage

Jacqueline Egan made the agreed amendments to the Draft Council Policy on PHECC Patient Reports Usage as agreed at the September 2019 Committee meeting. Revised draft document was included in the meeting papers for further review. Ms Egan highlighted the changes. The fact that PHECC is not the processor or the controller responsible for the patient information recorded on the patient reports has been incorporated into the policy. Recommended retention periods for patient care reports have been included. Fiona McDaid advised that retention periods for data relating to human blood should be added to the agreement of the members. Ms McDaid will send the data to Ms Egan for inclusion in the draft policy document.

Subsequent to discussion the following recommendation to Council was agreed.

Resolution: That the Quality & Safety Committee recommend the Draft Council Policy on PHECC Patient Reports Usage to Council for approval, with the addition of retention periods for data relating to human blood.

Proposed: Pamela Skerritt

Seconded: David O'Connor

Carried without dissent

5.2 ACR review – update

As agreed at the September 2019 meeting a survey was circulated to the Quality and Safety Committee members requesting feedback regarding additional requirements they may have for the next edition ACR. Pamela Skerritt circulated the survey to the members of the Joint Voluntary and Auxiliary Committee. The results of the survey were included in the meeting papers. Three responses were received. The feedback from those three responses is that the current edition ACR is fit for purpose and no improvements or additions were suggested. As there were no further responses it was agreed to make necessary changes to align with the 2016 standard but no additional changes to be considered at this time. The ACR will be reviewed again in line with future three year cycle revisions to the ACR Standard.

6. Criteria for Registration

6.1 Draft Return to Practice - framework for consideration V0.2

At the September 2019 meeting the Committee recommended the draft Return to Practice Framework to the Education and Standards Committee for their consideration and review, subject to the changes agreed. Thereafter a joint recommendation from both Committees will be made to Council for approval as a minimum standard. Jacqueline Egan informed the members that, following discussion at their November 2019 meeting, the Education and Standards Committee agreed that the draft return to practice framework requires further discussion and review. It was agreed to convene a small group of both Committees. Chris O'Connor, Niamh O'Leary and Paul Lambert volunteered from the Education and Standards Committee to join the subgroup.

In response to an email circulated to the members of the Quality and Safety Committee requesting nominations to join the subgroup, Ciarán McCullagh, Fiona McDaid and Pamela Skerritt volunteered. A meeting date of 15th January was proposed but due to lack of availability of members for this date a new meeting date is to be scheduled and circulated. Jacqueline Egan advised that the role of PHECC Programme Development Officer for Education and Standards has been filled but not commenced yet.

6.2 Complaints Procedure

Included in the meeting papers was email correspondence from Ciarán McCullagh regarding PHECC complaints procedure, thresholds and requirements to engage with fitness to practice. As stated in the correspondence there is no process for PHECC to request information from NAS/other licensed CPG providers on clinical and non-clinical complaints and no process for PHECC to seek referrals to FTP.

As Ciarán McCullagh was absent from the meeting it was agreed to defer this agenda item to the next Committee meeting for discussion.

6.3 Fitness to Practice self-referral

Correspondence sent to the PHECC Registrar, Barry O'Sullivan, from a PHECC practitioner who has self-referred for fitness to practice was included in the meeting papers for information. Jacqueline Egan stated that there is currently no PHECC process in place for fitness to practice self-referral by a practitioner. The Committee discussed and issues regarding misuse of Protocol 37 and deployment of resources was highlighted. Brian Power relayed that the Priority Dispatch Committee have reviewed and updated the EMS Priority Dispatch Standard which includes Protocol 37 and deployment of resources. The Standard will be recommended to Council at their February meeting.

7. CPC

7.1 Update from EMT CPC Coordinator

Following agenda items 1 and 2, an update on EMT CPC was presented by Omar Fitzell, EMT CPC Coordinator. It is expected that e-portfolio with an instructional video will launch early in February and will be uploaded to the PHECC website on the website hub. A calendar of events will be uploaded also for quick reference. Twelve roadshows will take place beginning the third week of February and ending the first week in May. Discussion and questions from the members followed. It was noted that providing evidence of 12 patient contacts is challenging for practitioners, and there are issues with receipt of PHECC CFR-A certificates. Jacqueline Egan will look into the matter regarding supply of CFR-A certificates to the RIs/ATIs. The Committee thanked Omar.

8. AOB

There being no other business the meeting concluded at 13:30 approximately.

The Chair thanked everyone for attending.

The next meeting of the Quality and Safety Committee will be 7th April 2020 @ 10:00am in the PHECC offices.

Signed:



Date: 12th June 2020