





<b>ADMISSION TO HOSPITAL</b> 	<b>PATIENT EXPERIENCE:</b> Quality Improvement Initiatives designed to improve patient experience of ED.	1. All members of the ED teams are working together on quality improvement programmes (ED micro-systems) designed to improve patient experience of ED.	ON-GOING
		2. Training is provided to staff to support them to implement the quality improvement programme and to make meaningful improvements to patient experience in ED.	
		3. Patient Comfort packs are provided to patients who need them.	
		4. A heightened Winter Flu Vaccine awareness campaign was implemented for 2018 to promote a high uptake of the vaccination.	
	<b>WAITING TIMES:</b> Introduction of new systems of work to reduce the time patients spend in the ED.	1. Systems were designed and implemented in April 2017 through a new ambulatory care service, to increase efficiency and reduce the time waiting in ED has made a difference to patients, improving their experience and reducing waiting times.	ON-GOING
		2. Dedicated space with dedicated nursing and medical staff and ongoing monitoring has been provided. Ambulatory Care Service Point has been created on the hospital management system to facilitate the directional flow of patients, facilitated by a work list which improves the patient experience times.	
		3. The Peri-operative Surgical Assessment Unit is now open from 7.00am – 6.00pm, Monday to Friday and this facilitates a timely transfer of patients out of the ED for patients requiring surgical review. This is supported by the appointment of two Consultants in Acute General Surgery and dedicated nursing staff.	
		4. A dedicated Trauma Floor has been developed and a new Hip Fracture Pathway has been introduced resulting in the reduction of the waiting time for a patient to access a bed.	
		5. The Thoracic Lung surgical pathway has been revised.	
		6. Patient Flow 18 was updated to include the implementation of the 5 fundamentals of unscheduled care.	
		7. An Ambulance Arrival System has been implemented in the ED.	
	<b>COMMUNICATION:</b> Management of complaints.	1. Complaints are dealt with in a timely fashion and patient feedback and complaints are welcomed.	ON-GOING
		2. ED are putting new suggestions boxes in the department to capture complaints, compliments and comments from patients.	
		3. An information leaflet was developed for ED patients.	
<b>CARE ON THE WARD</b> 	<b>NUTRITION:</b> Improve hospital food and nutrition.	This has always been a focus for the hospital and work in this area will be continually monitored and improvements made in line with national programmes of work:	1-2 YRS
		1. The hospital piloted ward catering assistants in 2018 on selected wards.	
		2. The Hospital undertook a revision of all Menu's in 2018.	
		3. Patients who are at risk for malnutrition, are being identified and are provided with an appropriate diet to support them to improve their health and well-being.	
		4. The final pilot for the Food Service Project commenced in October 2018 and will continue for two months with a view to rolling out across the hospital.	
		This work is constantly being evaluated and monitored to ensure that we are making a difference for patients.	

<b>EXAMINATION DIAGNOSIS &amp; TREATMENT</b> 	<b>COMMUNICATION:</b> Increase awareness in relation to support available to patients who want to speak to someone about their worries and concerns.	Promotional campaign, designed to increase awareness amongst patients, in relation to the role of all staff, availability of staff, with whom they can engage with, for patients who feel isolated or who have nobody to speak to about their worries and concerns commenced in 2018 with the establishment of a Pastoral Council to assist the Chaplaincy service.	1-2 YRS
	<b>COMMUNICATION:</b> Review and improve patient information leaflets.	1. Patient information leaflets are being reviewed, updated and made available. 2. Encouraging and promoting use of Surgical information leaflets. 3. Citizens Information Clinic is established in CUH. This service provides practical, up-to-date information to patients/families. Continuous feedback is provided and additional services will be provided if and when required.	ON-GOING
<b>DISCHARGE OR TRANSFER</b> 	<b>COMMUNICATION:</b> Improving access and distribution of written patient information about going home from hospital.	1. A health information booklet, for patients with information about going home from CUH, and outlining the process for transfer to another hospital is being developed.	ON-GOING
	<b>COMMUNICATION:</b> Letting patients know who to contact if something goes wrong.	2. Patients will be informed about who to contact after they leave hospital, when things go wrong, this work is underway.	ON-GOING
	<b>COMMUNICATION:</b> Providing information on medication side effects.	3. Patient information leaflets for high alert drugs, will be reviewed by the Medication Safety Officer, for plain English and suitability for providing information on the side effects of medication.	ON-GOING
	<b>COMMUNICATION:</b> Improving the overall discharge planning process.	4. A team of staff are dedicated to focus on improving patient flow. This work involves improved linkages with community services, improving communications between teams, improving processes for discharging patients during weekends, and constant monitoring and follow-up of progress made. 5. A dedicated Clinical Nurse Manager was appointed to the ED to work full time on the Patient Flow project and to support the Unscheduled Care Team Lead. 6. A discharge leaflet was developed and is given to each patient. Designed in plain English it aims to empower the patient to ask questions prior to discharge.	ON-GOING
<b>PATIENT EXPERIENCE</b>	<b>DIGNITY &amp; RESPECT AND PRIVACY:</b> Improving and sustaining patient experience.	1. Meetings amongst staff, called, 'Schwartz Rounds', have been set up in CUH, to promote compassionate care at the bedside while also supporting staff to share emotional & psychological aspects of their work that may otherwise build up, causing stress and anxiety. 2. Patient Focus groups previously held in out-patients, will be introduced in other areas to capture patient feedback about their experience and ideas for improvement. 3. We will continue to undertake patient experience surveys across different departments, displaying results on the ward and promote the importance of patient and family engagement, and transparency in healthcare. 4. Training will be provided for key staff in the area of quality improvement, for example supporting Participation in the Quality Diploma programme. 5. Encouraged patient participation in patient engagement and consultation sessions. 6. The hospital continues work on ensuring patients are admitted to appropriate wards.	ON-GOING