



HSE ACUTE HOSPITAL SERVICES

2018

# Listening, Responding and Improving

The HSE response to the findings of the  
National Patient Experience Survey



Building a  
Better Health  
Service

Seirbhís Sláinte  
Níos Fearr  
á Forbairt

## Thank you

Thank you to the people who participated in the National Patient Experience Survey 2018 (NPES 2018) and to their families and carers. Without your support, this survey would not have been possible.

The findings of NPES 2018, tell us what matters to you as patients and about the important improvements that can be made to improve hospital services across Ireland. The NPES 2018 allows us to explore how the patient voice has helped to change and improve hospital care for patients in the last year and the quality improvement priorities for 2019.

Thank you to all of the staff of the participating hospitals for encouraging patients to participate in the survey, and for their participation in the discussions and review of the feedback received and the development of the quality improvement response which is presented in this paper. The survey was overseen by a National Steering Group, a Project Team and an Advisory Group. We acknowledge the direction and guidance provided by the members of these groups.

The Quality Improvement Response, presented in this paper, was developed by an Oversight Group for Improving Patient Experience-Acute Hospitals, together with staff and managers from each participating hospital. We acknowledge the dedication and commitment of all participants to work in partnership and to develop meaningful plans designed to improve patient experience across all participating hospitals.

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# Foreword

## from Chief Clinical Officer

The National Patient Experience Survey (NPES) 2018 will be published on 26th November 2018. This is the second such report from this important survey. This HSE report, published on the same day, highlights how we have and will improve our services in hospitals in response to the experiences of patients throughout the acute hospital system.

Learning is a core component of safe and effective healthcare system. A key aspect to learning is 'listening, responding and improving' – the areas of focus of this HSE report. The findings of NPES 2018 report improvement in patient experience across all hospitals and Hospital Groups, while also describing areas for improvement. Examples of improvement initiatives are described and demonstrate how all hospitals include quality improvement as part of their core work and purpose.

In addition to the findings of NPES, we need to learn much from the cervical screening controversy in the areas of open disclosure and communicating with patients. This learning is being applied in our review of Open Disclosure Policy and our work in the area of communication between hospitals and patients. This work is aligned with our learning from other HSE programmes such as: *Your Service Your Say*, Patient and Family Engagement, *Your Voice Matters* (patient narrative) and the National Incident Management Framework.

I acknowledge and thank the patients and families for their generosity in completing the survey. It is important we learn from these experiences and use this learning as a platform for improvement in future reports.

I also thank the Oversight Group for Improving Patient Experience – Acute Hospitals, together with staff and managers from each participating hospital for developing this response, designed to improve patient experience across all acute hospital services in Ireland.

Finally I would like to acknowledge the initiative and collaboration of colleagues in the Health Information and Quality Authority and the Department of Health for partnering with us in the development of the National Patient Experience Survey Programme – a partnership which will flourish in the years ahead to the benefit of patients and our health services.

Dr Colm Henry

*Príomhoifigeach Cliniciúil Eatramhach Feidhmeannacht na Seirbhíse Sláinte*  
*Chief Clinical Officer, Health Service Executive (HSE)*

# Introduction

Improving the hospital experience for patients and loved ones is at the heart of everything we do as individuals and as a collective working in acute hospital. The Results of the National Patient Experience Survey (NPES 2018) provide acute hospital services in Ireland with tangible evidence about what matters to patients, about their journey through Irish hospitals and real practical examples of areas for improvement.

For our patients, being treated with dignity and respect and being fully involved and treated as shared experts in the decision making about their care, are key factors for a positive experience. A true partnership between a patient and a healthcare professional means that a patient's values and preferences are understood and respected. Healthcare professionals, learn so much about health and illness, by listening to patients in an authentic way.

Patients, their families and/or carers want to feel enabled and empowered, listened to and involved in the decision making about their healthcare. Put simply, better communication, together with clear information, being treated with dignity and respect and afforded privacy, to discuss their care and treatment in at every stage of their journey, from admission to discharge, means better decisions, a better overall experience and better outcomes for patients.

Embracing a culture which promotes the importance of patient experience and patients as partners in their care, requires a deliberate and focused effort by management and leadership. Driving patient experience as a key priority into the day-to-day life of individual hospitals and the Corporate HSE, requires a commitment and a plan which informs us whether or not the plan is making an actual measurable difference for patients. I have established a team in the Acute Operations, whose role it is to actively engage with the findings, review each and every patient story and work in partnership with hospitals and Hospital Groups to oversee the implementation and advancement of this work.

## **As National Director of Acute Operations I am committed to:**

- a. ensuring that the findings of the National Patient Experience Survey are used systematically to inform quality improvements priorities, at every level of the organisation
- b. ensuring that leadership and support is provided for the implementation and resourcing of improvement initiatives across acute hospitals.

## **The HSE Acute Operations in 2018:**

- c. Worked in partnership with the Department of Health to advance a plan on Patient Advocacy across acute hospital services
- d. Demonstrated our commitment to listening and responding to patient feedback, through the publication of the quality improvement response, developed at hospital, Hospital Group and at corporate level 2018.
- e. Worked in partnership with patients, carers and families, to co-design improvement initiatives at a corporate and local level.
- f. To ensure that the priorities of the NPES are aligned with workstreams at a corporate level.

I welcome this opportunity to meaningfully engage with findings of the National Patient Experience Survey 2018. I am excited about building real and meaningful partnerships with patients and our community and I am committed to supporting the implementation of a programme of work designed to improve patient experience across acute hospital services. An action plan and a reporting structure supporting its implementation, will give us at the corporate acute hospital management team level the assurance required that we are making a real difference for patients across Ireland.

Liam Woods  
*National Director, Acute Operations, HSE*



# Acute Operations, HSE

## Listening, Responding, Improving

Organisations that have improved patient experience demonstrate that there is no single path to success. Since the implementation of NPES in 2017, some common underlying elements can be seen across all hospitals that have made significant improvement. These elements include leadership, frontline ownership and the involvement of staff across the system, meaningful engagement with patients and family members, and a strong focus on organisational culture and staff empowerment.

**Leadership:** strong, committed senior leadership involvement in the National Patient Experience Survey has been integral to its success from the outset. The HSE Acute Hospital Division established an Oversight Group in 2017 to:

1. Review the findings of the National Patient Experience Survey.
2. Develop a systematic plan for improving Patient Experience across acute hospitals.

**Frontline ownership and the involvement of staff:** workshops and staff meetings were facilitated with Hospital Groups throughout 2017 and 2018 inviting staff, managers and subject matter experts to discuss the findings of the survey, to share examples of best practice across the system and to plan how we work together to develop and implement quality improvement plans that would make a meaningful difference to patients' experience. Support for staff to develop Quality Improvement Plans are empowering rather than directive, enabling people on the front line to innovate. Dedicated champions promoting the National Patient Experience Survey 2018 at hospital level and co-ordinating the response to the findings has made a huge difference to the progress already made. Increasing awareness amongst staff about findings.

**Creating a win-win:** the findings of NPES highlight what was positive in relation to patients experience together with specific issues which need to be addressed or improved. The balance of constructive feedback enables staff across the system to understand, digest and address improvement priorities as they have also received positive feedback about what is working well. This approach to promoting improvement empowers staff and strengthens the learning culture which leads to more sustainable and meaningful change and improvement.

**Meaningful engagement of patients and families:** the engagement of Family Carers Ireland in the development of a quality improvement response to the findings at a corporate level has demonstrated the importance of working in partnership with patients, carers their families and advocates. Patient Councils across hospitals will use the findings of NPES 2018 to continue to understand what matters to patients in their respective hospitals and to support improvement initiatives at local level.

**A strong focus on our workforce including a focus on staff culture:** staff wellbeing and work environment are intrinsically related to patient experience. Investing and prioritising staff wellbeing, reducing organisational stress and understanding the impact that burn-out has on staff wellbeing and in turn patient experience is paramount to making a difference. The National Acute Operations Division, are supporting the implementation of the National Healthcare Communication Programme, designed to build skills and capacity in this area. A secondary review of data relating to both patient and staff experience has highlighted the impact of staff experience on quality improvement.

**Adequate resourcing, together with continuous measurement** and incorporation of patient experience as a critical component of quality and patient safety will lead to sustained changes and improvement. The findings of NPES 2018 has highlighted the impact of improvement initiatives across acute hospitals including areas which require continuous focus and improvement.

# Leadership and support - responding to the findings of the National Patient Experience Survey

The Oversight Group, chaired by the Deputy Director of Acute Operations and sponsored by the National Director for Quality, Verification and Assurance, includes representatives across the system who play a critical role in responding to the findings of the NPES. The Oversight Group, meet quarterly in 2018 to:

1. oversee the development and implementation of the agreed Quality Improvement Plan designed to improve patient experience across acute services;
2. facilitate shared learning on patient experience and best practice across the healthcare system;
3. facilitate team meetings and engagement with staff and patients across the system;
4. share the findings of the NPES 2018 across the system and to plan improvement programmes in response;
5. identify staff training and capacity requirements for improvement.

## Members of the National Oversight Group include representatives from the following areas:

1. Hospital Group Representatives x 6
2. Nursing, Midwifery and Development
3. Human Resources Division
4. Communications
5. Quality Assurance and Verification
6. Health and Wellbeing – Healthy Ireland Representative
7. Quality Improvement Division
  - a. Emergency Department Quality Improvement-Microsystems
  - b. Cultures of person centeredness
8. Hospital Nutrition and hydration
9. Acute Operations, HSE
10. Values in Action
11. Older persons programme
12. Clinical Programmes and Strategy
13. Family Carers Ireland

We welcome this opportunity to meaningfully engage with findings of the NPES 2018. We are delighted to present the co-ordinated response to the findings of the NPES 2018, an action plan which highlights the engagement of all key stakeholders and a commitment for all involved to make a real and meaningful difference to patient experience in every hospital in Ireland.

Angela Fitzgerald  
Deputy Director, Acute Operations

Patrick Lynch, National Director,  
Quality Assurance and Verification

# Messages of Support

## Family Carers Ireland

*Family Carers Ireland* is pleased to continue to represent families and carers on the National Patient Experience Oversight Group and to work with HIQA, the Acute Hospital Division and the Hospital Groups to enhance patient experience and promote a culture of patient-and-family-centered-care across all our acute hospitals. Creating a patient-friendly environment; engaging patients and their carers in care decisions; enabling patients to have the support of family members and loved ones during their hospital stay and ensuring they feel supported, informed and engaged is not only the right thing to do, but has been shown to promote healing, improve patient outcomes and reduce health care costs. Family and carer involvement is therefore a critical driver of the quality of patient experience.

**During the past year *Family Carers Ireland* has worked closely with the HSE to drive measurable improvements in patient care. Initiatives have included:**

1. Ensuring the voice of families and carers are reflected in the work of the NPES Oversight Group and in the Quality Improvement Plans of each Hospital Group.
2. Creating a National Healthcare Communications Programme for all healthcare staff which will be rolled-out in six hospital sites in late 2018 with national roll-out in early 2019.
3. Improving the quality of digital information available to patients and their families.
4. Supporting the work of Patient and Family Councils across the Hospital Groups.
5. Helping families and carers build their skills and confidence so they feel empowered to become more proactive care partners.
6. Supporting hospitals in the co-design of family-friendly initiatives; sharing our expertise in relation to the supports and services available to help families.

*Family Carers Ireland* acknowledge the real commitment to improvement that each of these developments represent and the many instances of positive interactions with hospital staff, a warm smile or words of reassurance that made someone's hospital experience a little easier. Notwithstanding the progress that has been made, much remains to be done and we look forward to continuing to work with the National Patient Experience Oversight Group and are confident that together our efforts will deliver significant improvements for patients and their families.

Clare Duffy

*Policy & Public Affairs Manager, Family Carers Ireland*

## Irish Patient Association

The Irish Patients' Association welcomes and supports the implementation of the National Patient Experience Survey Programme. The voice of patients experience is a powerful driver for learning and improvement in our healthcare system.

We are active participants on the HSE ED Task Force aiming to improve patients' experience of ED and the Consultant Appointment Advisory Committee to recommend new consultant posts. We are engaged with the Type C Committee to recommend that some public consultants engage in limited private healthcare practice.

In the area of patient safety we are active participants in the Antimicrobial Resistance and Infection Control Advisory Group. We actively support hospitals to improve patient experience by providing training and educational workshops and by advocating for patients across the system. By working in partnership with healthcare providers, listening and learning from patients experience, we can deliver a safer, patient centred quality healthcare system.

Stephen McMahon

*Irish Patient Association*



# The HSE: Listening, Responding, Improving

Healthcare teams, working across the HSE, are using the findings of the National Patient Experience Survey to understand what matters to patients and to inform priorities for improving patient experience across acute hospitals. Quality improvement initiatives implemented across acute hospital services in 2017 have been demonstrated in the results of NPES 2018. Priority areas identified in the National Patient Experience Survey 2018 and how healthcare teams in the HSE will support one another to improve patient experience at local level, are outlined in this document.

WHAT PATIENTS SAID TO US

LISTENING RESPONDING & IMPROVING

<b>ADMISSION TO HOSPITAL</b> 	Improve patients experience of ED, in particular waiting times and communication with healthcare professionals.	<ul style="list-style-type: none"> <li>Improving patient wait times.</li> <li>Improving communications with patients in ED.</li> </ul>
<b>CARE ON THE WARD</b> 	Improve care on the ward.	<ul style="list-style-type: none"> <li>Improving hospital food and nutrition.</li> <li>Ensuring that patients have the opportunity to talk to someone on the staff about their worries and fears.</li> </ul>
<b>EXAMINATION DIAGNOSIS &amp; TREATMENT</b> 	Improve communication and information, during examination, treatment and diagnosis.	Promoting effective ward round and clinical communication amongst healthcare professionals. <ul style="list-style-type: none"> <li>Promoting the importance for patients to have time to discuss care and treatment with a doctor.</li> <li>The involvement of patients in decisions about their care and treatment.</li> <li>The opportunity, for patients to talk to a doctor for family or friends.</li> </ul>
<b>DISCHARGE OR TRANSFER</b> 	Improve the discharge process, in particular, the provision of clear information for patients when they are being discharged.	<ul style="list-style-type: none"> <li>Improving written or printed information on what to do after leaving hospital, the danger signs to look out for and who to contact if something goes wrong.</li> <li>Improving information on the side effects of medication.</li> <li>Improving information on managing condition after discharge.</li> </ul>
<b>STAFF EXPERIENCE</b>	Sustain and improve organisational culture.	<ul style="list-style-type: none"> <li>Promoting and sustaining a culture of dignity and respect for patients and a culture of care, compassion, trust and learning.</li> </ul>



# Improving patient experience of Emergency Departments

## Improving patient experience of Emergency Departments

Quality improvements projects are in place across all Hospital Groups with the aim of improving patient experience of Emergency Departments (ED). The findings of the National Patient Experience Survey have been reviewed by ED teams across all hospitals to ensure that the suggestions for improvements identified by patients are used to inform their quality improvement priorities at local level. In addition to work being conducted by individual hospitals, support for Hospital Groups in improving quality in ED is provided by Quality Improvement Division HSE in collaboration with the Emergency Medicine Programme.

The Quality Improvement Division is supporting the use of a quality improvement approach called Microsystems in Emergency Departments, this approach is designed to understand how every part of the patient journey can be improved. This work is currently occurring in the RCSI and the DML hospital groups and has commenced in the UHL hospital. Multi-disciplinary teams of ED staff are working together on quality improvement initiatives designed to improve patient experience. At the heart of this important work there is a focus on patient care and how to integrate the patient experience into the improvement work.

The team's understanding of the patient experience has been enhanced greatly by the NPES 2017/18. They have begun to examine the results and plan how to incorporate the findings into their improvement work. The teams have a planned approach to improvement and the survey findings are allowing them to keep the patient at the forefront of any improvements, while ensuring the patient experience will be a constant discussion piece at team meetings, a cultural shift that is exciting to observe.

There is a very rich amount of feedback from patients who present in Emergency Departments, which is very honest and revealing. The Quality Improvement Division, welcome this opportunity to use this information, have conversations about it, and find ways to improve patient experience.

## Improving waiting times in Emergency Departments

The Emergency Department Taskforce, established to develop sustainable long-term solutions to ED overcrowding and has set out a range of time defined actions to (i) optimise existing hospital and community capacity; (ii) develop internal capability and process improvement and (iii) improve leadership, governance, planning and oversight, together targets to be achieved in relation to reducing wait times and patients waiting on trollies in ED. Examples of specific programmes of work across acute hospitals to improve wait times are outlined in respective hospital responses, attached. All hospitals are actively working towards reducing wait times in ED and achieving the targets set by the HSE. The HSE's monthly performance process reviews and challenges performance in relation to ED waiting times. There are a number of targeted projects already underway aimed at improving patient experience times in ED. The findings of the NPES 2018 will provide a further lens to examine patient experience times and will act an important lever for change.

Hospital Groups and Community Healthcare Organisations are preparing for how demand for healthcare services is managed over the winter period, by focusing on the following issues:

1. Planning and Escalation including, managing surges in demand, staffing capacity plans and rosters, dealing with the impact of severe weather
2. Patient Flow and Operations Management, including the importance of monitoring performance and working with all key stakeholders to manage patient flow
3. Maintaining Public Health including, the effective preparation for seasonal influenza and effective preparation for Norovirus and other Healthcare Associated Illnesses.



## Improving care on the ward

### Someone on the hospital staff to speak to about your worries and fears

The findings of the National Patient Experience Survey highlighted that a significant number of patients did not find someone on the hospital staff to speak to about their worries and fears whilst they were in hospital. Individual hospitals have reviewed this finding and will commence information and promotional campaigns at local level, to inform patients, about Patient Advice and Liaison services the availability of chaplaincy, nursing and volunteers. Staff and managers in respective hospitals are working together to improve support and reduce isolation for patients. Examples of best practice are highlighted below.



#### Promoting Patient Advocacy across Irish hospitals

The HSE together with the Department of Health in 2018, has developed a plan to provide training to staff and patient advocates on a competency based training programme in patient advocacy. This programme of work commenced in 2018 and will be introduced across acute hospital services in 2019, providing clear sign-posting for patients in relation to appropriate advocacy services in the community and the promotion of patient support services in local hospitals.



#### St Luke's General Hospital Carlow-Kilkenny

##### Working in partnership with their local communities-an interview with volunteers and staff

The unique Mental Health Support Volunteers Initiative in St Luke's General Hospital Carlow-Kilkenny is giving people with mental health difficulties much-needed support during their visits to the local Emergency Department. It can be extremely distressing for patients as they await their Mental Health Assessment and it was from the need to address the problems they face that the volunteer initiative came about.

After two years of planning, the Emergency Department Support Volunteers Initiative was launched in March 2017 at St Luke's Hospital. The service is offered to patients attending the Emergency Department every Saturday between 8am and 8pm who require a Mental Health Assessment. A group of 12 volunteers are trained to sit with and support patients while they await their assessment – chat with and listen to them, make a cup of coffee, or accompany them for a walk etc.

Millie Ryan, who was on the Steering Group, is one of the volunteers who have committed their time to the project. She became involved through her experience with the local mental health group in Kilkenny. "A family member of mine has used the psychiatric facility in St Luke's and I became involved with the forum, which is for service users and their family. We often spoke about the difficulties that a trip to the Emergency Department can bring for somebody with mental health problems, especially when they are on their own," explained Millie. "It was out of those experiences that we devised the initiative and started planning how to put it into action."

The Steering Committee leading the initiative was made up of representatives from a number of groups and organisations including Mental Health Ireland, Kilkenny Bereavement Support Group, Teac Tom, the Samaritans, Family Carers Ireland, Advancing Recovery in Ireland, HSE Community Services, Mental Health Services, Department of Psychiatry and the Emergency Department, St Luke's.

A four-day training programme was devised and delivered specifically for this group of volunteers. It included the Safe Talk Programme, general information on mental health delivered by Mental Health Ireland, Active Listening delivered by the Samaritans, self-care and letting go, and training on the criteria and boundaries of the service. Volunteers also had an induction session in the Emergency Department.

"If somebody needs us, the triage nurse in the ED will contact us and one of us will come in. It is not an onerous task in any way and it is fantastic that we have an opportunity to support somebody who needs us," said Millie. "A long wait in the Emergency Department can be very traumatic for somebody experiencing psychological or psychiatric problems. They could give up and go home or feel like it is just too much for them so it is important that they have a friendly face beside them to help them and just keep them company". She explained that there are strict criteria about when they would be called in.

"The triage nurse wouldn't get us involved if somebody is being aggressive or if they are under the influence. And the staff at St Luke's have been brilliant. They give us the use of the kitchen or one of the other rooms so that we can chat to the people away from the main waiting area," she said. Millie added that she hoped the pilot scheme would get adopted in other hospitals around the country and even be extended to include elderly patients. "I think it would be great if we had something similar for the elderly who are making hospital trips by themselves," she said.

Deirdre Dunne, Volunteer Co-Ordinator at St Luke's, said the initiative had made a 'huge difference' to the people who present for Mental Health assessment to the Emergency Department "feedback from patients and staff has been very positive. We cannot underestimate the value that providing this support to people who are in distress can have. The service literally provides a listening ear, a smile, practical support such as making a phone call and a message to our patients that they have done the right thing by seeking help on their road to recovery," she said.



## The Volunteer Befriender Project UHL

The Befriending programme introduced in Nenagh hospital during 2018 is an activity which involves the development of relationships in which a trained volunteer gives time to provide informal support and encouragement to patients. Befriending relationships are based on trust, confidentiality and mutual involvement whereby both the volunteer befriender and service user gain from the relationships formed over time. Coming to the hospital can be an emotional and vulnerable time for people. Volunteers are engaged to offer support to patients, particularly those who are in-patients. The first volunteer roles, introduced in 2015, focussed on wayfinding and guiding patients around the hospital.

Following the results of the National Patient experience Survey in 2017, where 29% of patients reported that they had someone to talk to about their worries or fears, it was decided to make this a priority for action in Nenagh hospital. A 'befriender' volunteer role was developed, the aim of which is to reduce boredom and social isolation and to interact with patients who may feel lonely in order to improve their experience.

Their main tasks are to listen and chat with patients about their hobbies and interests, read newspapers and magazines with them, carry out crosswords and gather feedback on their experience. Most importantly, they also act as a confidante where a patient may feel shy in expressing any worries they have to the staff and bring this to the attention of staff on their behalf.

This has been a hugely positive development in Nenagh Hospital, rewarding for both patients and the volunteers. In 2018, the result of the question in the survey highlighted an improvement by 20%, this improvement has been accredited to the implementation of the Befriender programme in Nenagh.



## Tallaght University Hospital Promoting Pastoral Care

Pastoral care recognises that the journey of making sense of our patient's experiences embraces, the mind, body and spirit. The healthcare chaplains of the pastoral care team offer spiritual, emotional, religious and existential support for all our patients and staff. Pastoral team offer care whether or not patients follow a particular religion or none at all. Pastoral care encompasses how we understand the world and our place in it and what meaning we give to the events of our lives. They can accompany our patients on this journey, or simply provide an opportunity for patients to discuss how the experience of illness impacts on their lives. In the midst of the busy daily life of the hospital the pastoral care department provide a sanctuary of peace. The Chapel and the Contemplation room represent stability, peace and healing. These rooms are available to all for quiet, calm reflection and prayer, or simply to get away from it all for a few moments.

## Improving hospital food and nutrition

### Hospital teams sharing feedback and developing improvement plans

The findings of the National Patient Experience survey highlight the need to improve hospital food and nutrition across all acute hospital services in Ireland. A thorough review of the findings of the food-related questions has been conducted by the Project Lead of the Nutrition Policy Development Group, who has also aided in the dissemination of results to catering managers nationally.

The findings of the survey have been shared with healthcare staff across the system, including catering managers, hospital dietitians, Directors of Nursing and healthcare managers.

Individual hospitals have outlined their plans for improving hospital food and nutrition. Examples of improvements include the early screening and identification of patients at risk of malnutrition on admission, the provision of replacement meals for patients who have missed meals, the provision of additional support for patients who need assistance during meal-times, improving food choice and times for serving hospital meals are also addressed in many hospital locations. Working groups have been established across all hospitals to develop and implement plans for improving the standard of food and nutrition at hospital level.

### National leadership and guidance

In June 2017, a Clinical Specialist Dietitian was appointed to work across Acute Hospital Services in the HSE to lead on the development of a National Food and Nutrition Policy for patients, staff and visitors in acute hospitals. The aim of this work is to improve the quality and safety of nutritional care in acute hospitals and to ensure that through the provision of healthier food that we promote the health and wellbeing of patients, staff and visitors.

A team working at National Level, composed of all relevant staff including catering, (managers and chefs), dietitians, management, medical, nursing, occupational therapy speech and language have worked together to develop a food, nutrition and hydration policy for adult patients in acute hospitals. Support and guidance to aid implementation of the policy has been provided in an accompanying toolkit. The policy and toolkit are due for publication late Dec 2018/early 2019. The policy and toolkit will enable all to work together to improve nutritional standards for all hospital menus. It will aid establishing ways of working which ensure that patients' needs are met and that a nutrition service is provided to all from admission to discharge. A separate document has been produced by the Healthy Eating and Active Living Programme to address food and beverage provision for staff and visitors. HSE Minimum Nutritional Standards for food and beverage provision for staff and visitors in Irish Healthcare Settings (due publication December 2018/early 2019). It is recommended that Acute Hospitals implement these Minimum Nutrition Standards.



# Improving communications and information for patients during examination, treatment and diagnosis

Patients, their families or carers want to feel enabled and empowered, listened to and involved in the decision making about their healthcare. Put simply, better communication together with clear information, being treated with dignity and respect and afforded privacy, to discuss their care and treatment in at every stage of their journey, from admission to discharge, means better decisions, a better overall experience and better outcomes for patients. The Findings of the National Patient Experience Survey highlighted areas for improvement with respect to communications in healthcare during examination, treatment and diagnosis. Access to the real-time findings of the survey have been provided to healthcare professionals, enabling clinicians, managers and staff in each of the participating hospitals to view the findings for their respective areas and to understand what matters to patients at local level.



## The National Healthcare Communication Programme

### Providing leadership for improving communications skills of healthcare professionals

The results of the National Patient Experience Survey highlighted the need to provide support, training and guidance in relation to effective ward round communication and interactive engagement of patients at the bed-side. In response to this need, a National Lead has been assigned by the Director of HR to develop a programme of support for staff to enhance clinical and ward round communication in acute hospital services. This work was significantly advanced in 2018 with the introduction of the National Healthcare Communication Programme, delivering a training programme to staff across acute hospital services. In the Survey feedback, patients and their families reported that while there were many examples of care and compassion in acute hospitals there were also some problems with the communication between hospital staff and patients and their loved ones.



National Healthcare  
Communication  
Programme

Research evidence indicates that a healthcare team member's communication skills can have a profound impact on healthcare outcomes and on the experience of care for individuals and their families. The ability of healthcare staff to listen, explain and empathise can influence the individual's capacity to follow through with treatment recommendations and empower individuals and their families to find solutions to their health challenges. In addition, communication among healthcare team members can encourage good working relationships, job satisfaction and improve patient safety.

### The National Healthcare Communication Programme

The overall aim of this programme to improve the experience of patients and their relatives by supporting staff to take a sensitive and person-centred approach in all conversations with patients and their families. The Programme is under-pinned by the Core Values of Care, Compassion, Trust and Learning and builds on these values with a focus on Communication Skills. The Programme will build on the work already underway at national and local level and ensure there is an agreed framework for the learning, developing and on-going maintenance of core communication skills in healthcare. The Programme is experiential and consists of four modules.

## Programme Modules

Module 1: Making Connections

Module 2: Structuring the Consultation and Building Rapport

Module 3: Challenging Consultations

Module 4: Communicating with colleagues and promoting team work

Staff have different levels of knowledge, experience and skills for carrying out person-centred consultations, however all staff can reflect on their skills and perhaps identify areas for further learning and development. The National Healthcare Communication Group recommends that all non-clinical staff attend Module 1 and all clinical staff attend Modules 2, 3 and 4 of the programme. Progress through Modules 1-4 is not necessarily linear – some clinicians may want to extend learning covered in Module 2 before progressing on to other modules. A range of adult learning methodologies will be used including classroom-based modules, role play, reflective practice and group work.

*Staff in the Mercy University Hospital Cork participating in the National Healthcare Communication Programme*



## Open Disclosure

The HSE promotes and supports a culture of open, honest and transparent communication with patients (and their families/relevant person(s), as appropriate) when things go wrong in relation to their healthcare. The HSE operates a policy on open disclosure and an extensive implementation and training programme is ongoing across all health and social care services. There are numerous resources available on the HSE website ([www.hse.ie/opendisclosure](http://www.hse.ie/opendisclosure)) to support staff and services in relation to the implementation of the HSE's open disclosure policy and to support staff and patients when engaging in open disclosure discussions.

Open disclosure is the professional, ethical and humane response to patients involved in adverse events. It involves kindness, compassion and empathy towards all persons involved in/affected by adverse events in health care including patients, their families/relevant person(s) and staff.

The Civil Liability Amendment Act 2017 which commenced in September 2018 includes protective provisions for staff engaging in voluntary open disclosure discussions with patients and their families. The pending Patient Safety Bill provides for mandatory reporting and mandatory open disclosure of serious harm events. The open disclosure policy and related programme of support is being actively implemented across all HSE services, 31,000 staff have received this training to date.

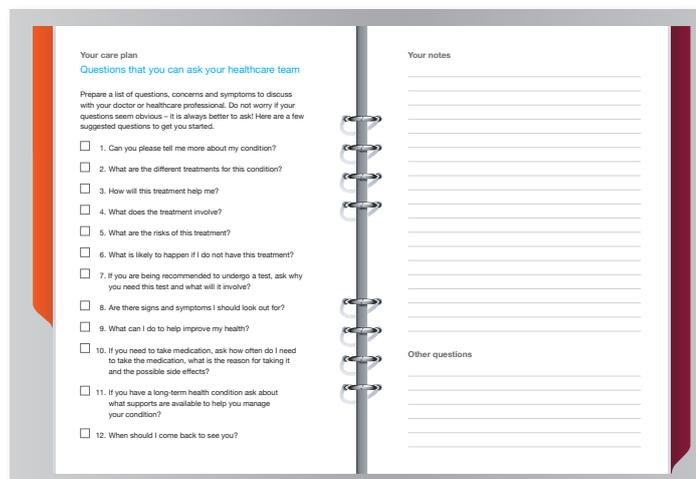


## Empowering patients

Health information designed to empower patients to make informed decisions to be fully involved in the decision making about their health care will be further promoted. This work will be advanced in partnership with patients, their families and carers. The Safer to Ask series of patient leaflets encouraging patients to be actively involved in the decision making about their care are available across hospital sites on and the HSE website.



It's Safer to Ask leaflets





## Ask me 3 good questions for your good health

### Implemented in Naas General Hospital

Ask Me 3® is an educational program that encourages patients and families to ask three specific questions of their providers to better understand their health conditions and what they need to do to stay healthy.

1. What is my main problem?

2. What do I need to do?

3. Why is it important for me to do this?

Designed by health literacy experts, Institute for Healthcare Improvement/National Patient Safety Foundation Boston, Massachusetts, USA. Ask Me 3 is intended to help patients become more active members of their health care team, and provide a critical platform to improve communications between patients, families, and health care professionals. This programme is planned for implementation in Naas General Hospital, Dublin Midlands Hospital Group.

## Improving information for patients throughout the patient journey

### Improving patient information

#### A patient-centred approach to how we provide health information online

The findings of the National Patient Experience Survey highlight that patients need more information about their treatment, services and care when leaving hospital. The HSE has developed a digital roadmap in consultation with over 3000 patients, service users and public to provide the information they need to access and navigate the health service and manage and improve their own health and wellbeing. 2019 will see an enhanced directory of services available online and a more patient-centred approach to how we communicate the health information our patients need online.

The Communications Division are working with health professionals and across the health service and Family Carers Ireland to ensure that patient information is provided in an accessible and understandable way. This will lead to:

- a. Improve access to health information for patients and for the public; and
- b. Enable hospital services to provide a consistent standard of health information which meets patient's needs.

Significant work has been achieved in 2018, an enhanced directory of services is available online and a more patient-centred approach to how we communicate the health information our patients need is being improved.

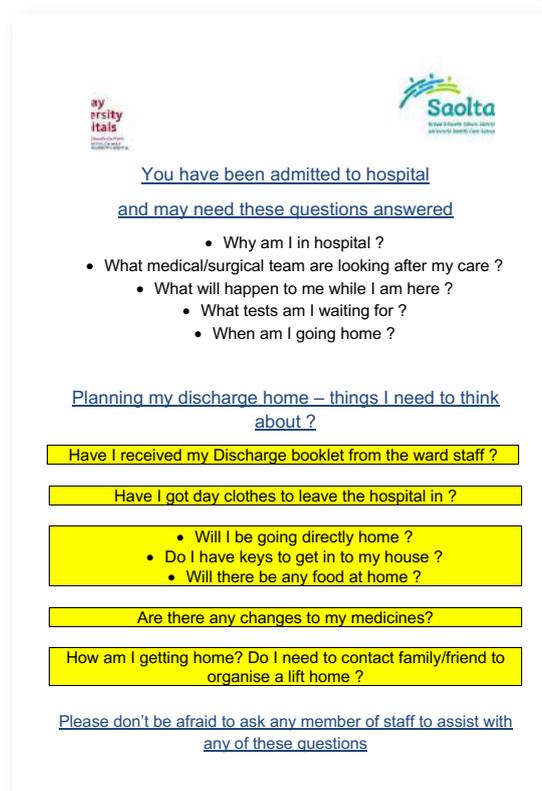
The aim of this work is to improve the standard of health information provided to patients throughout their journey from admission to discharge. This work will be continuing in 2019, with a focus on creating online patient guides – for before during and after hospital care. Research into user behaviour and best structure for clinical content, including, 1) symptoms and diagnosis 2) treatment 3) screening and vaccination and 4) self-management support for chronic conditions.

## Plain English Guidance for communicating clearly

Work is underway in relation to health literacy and improving the guidance to the system on communication. This is called Communicating Clearly and information can be found on [www.hse.ie/communicating-clearly](http://www.hse.ie/communicating-clearly). Further development and promotion of this work is planned for 2019.

## Leadership from Hospital Groups on developing accessible information for patients

A number of Hospital Groups have developed innovative programmes of work to provide more accessible health information to patients, this work is actively being shared across the system. A digital hub has been established to share all newly developed and evidence based patient information. Galway University Hospital, in partnership with patients, has reviewed written patient information leaflets and appointment letters for Outpatient Clinics to improve their readability and accessibility for patients.



You have been admitted to hospital and may need these questions answered

- Why am I in hospital ?
- What medical/surgical team are looking after my care ?
- What will happen to me while I am here ?
- What tests am I waiting for ?
- When am I going home ?

Planning my discharge home – things I need to think about ?

**Have I received my Discharge booklet from the ward staff ?**

**Have I got day clothes to leave the hospital in ?**

- Will I be going directly home ?
- Do I have keys to get in to my house ?
- Will there be any food at home ?

**Are there any changes to my medicines?**

**How am I getting home? Do I need to contact family/friend to organise a lift home ?**

Please don't be afraid to ask any member of staff to assist with any of these questions

DISCHARGE OR TRANSFER



# Improving patient information and communication at discharge

## The HSE, code of practice for integrated discharge planning 2008

'The HSE, Code of Practice for Integrated Discharge Planning 2008', outlines the importance of providing patients with information about, what to do after leaving hospital, the danger signs to look out for, who to contact and follow-up in the community together with information on the side effects of medication. The findings of the survey have been shared with healthcare staff across the system at a national, Hospital Group and hospital level, to promote the importance of improving patient experience, engagement and communication during the discharge process. Many of hospitals participating in the NPES piloted innovative programmes to improve communication and information for patients going home.



### Hospitals improving patient information

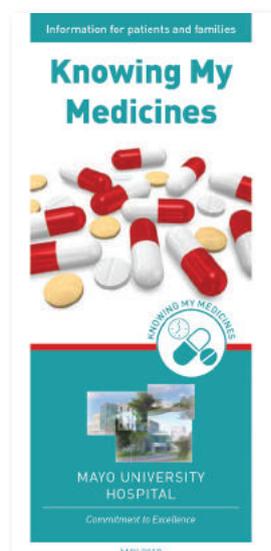


Quality Improvement Plans in relation to the provision of information for patients about going home from hospital, including information on managing your health after discharge, knowing who to contact if something goes wrong and the side effects of medication, are being advanced at hospital level. Individual hospitals have outlined in their attached plans key actions to improve information for patients on discharge, including the revision of patient information and addressing the specific issues identified in the survey. Examples of best practice have been shared across the system, the patient information leaflet here was developed by Saolta Hospital Group and is now made available to all patients on discharge.

### Providing patients with information about their medication

The HSE Communications Team are working in partnership with key stakeholders including the Health Products Regulatory Authority (HPRA) to promote the importance of accessible patient health information including information about medication safety. The HPRA provide a medicines product database including an up-to-date listing of all medicines that have been assessed by the HPRA and granted a licence so that they can be marketed in Ireland.

The list includes all prescription and over-the-counter medicines whether they are original brand-name medicines or generic versions. This on-line resource is used across hospitals in Ireland as a mechanism to provide accessible health information for patients on medications.



**MY MEDICINES** [Icons: printer, clipboard, phone, wheelchair, pill, clock]

My Medicines is a list of all the medicines you take and some of their details. To help us help you safely please fill in the My Medicines information on the back of this page and bring it with you when you come to Tallaght hospital. We also ask that you bring your medicines in their original boxes and containers if you have them along with you to the hospital.

To fill out My Medicines you need all your medicines in front of you including prescribed, over-the-counter and over the counter medicines. If you don't know what medicines you take or you need help filling out My Medicines, ask your pharmacist, doctor, friend or relative to help you.

Please fill in your details below and answer the question on allergies. Read the example on how to fill out My Medicines (on the back of this page) and then fill in the My Medicines table straight after.

**Details to be filled in**

Name: \_\_\_\_\_ Today's date is: \_\_\_\_\_  
 Date of birth: \_\_\_\_\_ My pharmacy is: \_\_\_\_\_  
 Phone number: \_\_\_\_\_ Phone number: \_\_\_\_\_  
 Name of next of kin and their phone number: \_\_\_\_\_ My family doctor is: \_\_\_\_\_  
 Phone number: \_\_\_\_\_  
 Are you allergic to any medicines? No  Yes  (If yes, please fill in the box below)

Please name the medicine you are allergic to:	Month:	Year:
When did this happen?		

This is a patient empowerment document and belongs to the patient. A copy can be filed in the Patient Healthcare Record.





## WHO Global Patient Safety Challenge

### Medication without Harm, aims to empower everyone to know about their medications and to reduce medication harm

Everyone, including patients and health care professionals, has a role to play in ensuring medication safety.

Building on the launch of the Global Patient Safety Challenge “Medication Without Harm”, WHO has developed a campaign to increase public awareness of the safety issues related to medication use and the need for safer medication practices. The campaign also aims to engage key stakeholders in the development and implementation of strategies for medication safety; and call for global solidarity and concerted action by all countries and international partners for reducing severe avoidable medication-related harm.

The HSE and the Department of Health is currently preparing for Ireland's response to the challenge. One of the key elements is “KNOW. CHECK. ASK”. This encourages and empowers both patients and their caregivers and health care professionals (for example nurses, physicians, pharmacists) to take an active role in ensuring safer medication practices and medication use processes including prescription, preparation, dispensing, administration and monitoring. Patients will be encouraged to maintain an accurate list of the medications that they are taking this programme of work is currently being implemented in Mayo University Hospital, it is planned to promote this programme of work across acute hospitals in 2019.



## Empowering patients, carers and families

Family Carers Ireland will continue to work with the HSE in helping hospitals develop new ways of engaging with families and carers by developing:

- a. Patient empowerment tools such as hospital discharge guides and patient decision aids, as well as promoting the use of existing tools;
- b. Providing information on rights and entitlements and providing a listening ear to carers struggling with the significant challenges that caring can bring through their national freefone Careline.



## Criteria Led Discharge

Criteria Led Discharge refers to the 'discharge of patients from in-patient hospital care to home/community by registered nurses and midwives, health and social care professionals and junior medical staff who have the necessary knowledge, skills and competencies to review patients and initiate inpatient discharge. The process is supported by predetermined criteria which are developed with multi-disciplinary agreement and approved by the Consultant or delegated other who has the ultimate clinical responsibility for the patient'.

The key challenges that Criteria Led Discharge seeks to address are related to the quality and safety issues for patients who have unnecessarily extended length of stay in hospital, low volume discharges at weekends, poor communication and observance of planned/estimated dates of discharge.

### Aim of this initiative is to ensure that:

1. Patients are discharged early in the day
2. Weekend discharge of patients where appropriate are increased
3. Variation in time of day/day of week of discharges are reduced
4. Patient experience of the discharge process is improved
5. Length of stay in hospitals is reduced for patients
6. Pressures on hospital bed capacity is reduced
7. Scheduled care cancellations are reduced.

Implementation of Criteria Led Discharge in hospitals has potential to improve patient flow and reduce readmissions, which may be a product of inefficient discharge planning. Furthermore, it will aim to provide value for money through improved efficiency.

Criteria Led Discharge Implementation has been implemented in the following four hospital locations in Ireland. It is anticipated this this initiative will lead to improved patient experience for patients at the point of discharge. The programme commenced in September 2018. It is planned to extend this programme further.

1. Mayo University Hospital
2. University Hospital Limerick
3. Merlin Park University Hospital
4. South Infirmary Victoria University Hospital.

# Improving organisational culture in healthcare

Health service staff often work in complex, challenging and potentially distressing situations. Working in health care carries an increased risk of burnout in comparison to other professions and it can also lead to increased boundaries and defences when dealing with patients. Evidence has shown that withdrawal from feelings or emotions can lead to a decrease in compassion and empathy which can decrease the ability to provide high quality care to patients. The HSE demonstrates its commitment to caring for staff and promoting compassionate leadership at every level of the organisation through the implementation and support for the following initiatives; the Caring Behaviours Assurance System; Values in Action; Cultures of Person-centeredness; Schwartz Rounds.

The findings of the National Patient Experience Survey 2017/18 highlight the continued need to promote a culture of person centredness and caring behaviours. Significant work is underway in 2018 to advance and support the implementation of this work across acute hospital services.

## Caring Behaviours Assurance System

The Caring Behaviours Assurance System is in place in the Saolta hospital Group and is being implemented in the Dublin Midlands Hospital Group. A fundamental element of CBAS-I is that it addresses 'caring for patients and caring for staff' in equal measure; when staff are looked after effectively, their ability to care for their patients in a caring and compassionate manner is enhanced. It is an accountability system designed to engage individuals, teams and Executive Boards in achieving the national agenda for assuring the quality and safety of the care experience for patients, their families and for staff. It offers a mechanism for healthcare teams to provide assurance that care is delivered in a safe, quality, compassionate person-centred way from 'Bed to Board'.

## HSE Programme to Enable Cultures of Person-centredness

The focus of the programme is twofold:

1. to develop facilitators within the system who can lead workplace culture change in the multiplicity of settings within the HSE; and
2. to enable a culture of person-centredness within the health and social care system that positively impacts on experience of people who use services, their families and staff.

Since this facilitator development programme started, 18 acute hospitals have engaged in the national programme.

Staff in the Regional Hospital Mullingar are undertaking a bespoke one year programme, to develop facilitators who can drive person-centred culture change within the hospital. In collaboration with National HR, staff from a variety of disciplines are engaged and this work is running in parallel to the national programme.

## What participants and their groups are currently learning on the programme

A key focus in developing workplace culture is on the embedded patterns that drive decision making and behaviours. The traditional narrow focus on 'care' is broadened to one that includes all workplace relationships, between staff as well as people who use the service and their families. This is complex work and participants are learning skills to enable teams to engage with their colleagues in critically looking at their practice, the workplace

environment, and the patterns around how decisions about practice and the environment are made. They are also developing skills to supportively challenge poor practice and sharing these skills with the groups they are working with.

The current activities include participants and their colleagues undertaking language exercises to look at the language they use day to day and whether or not it is person-centred, for example, are people referred to by bed/room numbers or diagnosis? Are collective names used where the person's name would be more appropriate, do they use pet names such as dear or love, girls, boys, lads etc instead of the patients/colleagues names?

Do we talk about 'feeding people' instead of assisting with meals or refer to someone coming back from theatre as 'the hip' /the hernia/knee etc. This is a powerful exercise to help raise awareness of how de-personalising some commonly used language can be. They are also gathering evidence and learning about their environment and whether or not it is conducive to enabling person-centred practices/care or not. This includes 'observations of practice' and 'environmental walk-about' to take a closer look almost with fresh eyes on the workplace environment and what it might feel like to experience that environment as a service user, family member of member of staff. Feedback is provided about observations, to colleagues as a way of identifying what is good about their practice and what could be better. The leading team speaks to and supports a positive patient and staff experience in our service.



## Raising awareness, engaging staff

RCSI Hospital Group has provided a focus for improving patient experience and quality improvement, by raising awareness, building consensus and clarifying areas for priority action as a result of the findings from NPES. A greater awareness and understanding amongst staff arising from the findings in relation to patient information and communication needs, has led to statistically significant improvement in RCSI Hospital Group. The importance of actively engaging all staff, clinical and non-clinical in the findings has highlighted the importance of sharing the detail of what patients said about their experience and engaging and empowering all staff at all levels of the organization to drive and lead quality improvement and improved patient experience.

### Active involvement and engagement of staff in the National Patient Experience Survey



## Schwartz Rounds promote compassionate care at the bedside

*Schwartz Rounds* provide a forum for staff from across an organisation to come together and share stories about care giving and the lived experience of working in a healthcare environment. The approach has been shown to improve staff wellbeing, resilience and teamwork and ultimately to lead to improved person-centred care. This approach to engaging and empowering staff is currently being implemented across a number of Hospital Groups including, Saolta, UHL and South-South West Hospital Groups.

*Schwartz Rounds* 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. The *Schwartz Rounds* fits hand in glove with the HSE values. *Schwartz Rounds* demonstrate the HSE values as follows: Care, Compassion, Trust & Learning.

### Schwartz Rounds

**Care:** *Schwartz Rounds* care for staff, providing an opportunity for staff to reflect on the emotional aspects of their work. The focus is on the human dimension of care.

**Compassion:** *Schwartz Rounds* embody an ethos of compassionate care and are called after Kenneth Schwartz, a Boston based lawyer who died of lung cancer. Before Kenneth died he wrote about the positive impact receiving compassionate care had on his journey and how it 'made the unbearable bearable' and at the same time he recognised the emotional cost to staff. By creating safe spaces for reflection, *Schwartz Rounds* give staff the opportunity to share emotional & psychological aspects of their work that may otherwise build up, causing stress and anxiety, impeding their ability to provide compassionate care.

**Trust:** Confidentiality associated with *Schwartz Rounds* is vital, while staff are encouraged to discuss themes within rounds, confidentiality relating to panellists stories is paramount. Staff members' trust in the confidentiality of the *Schwartz* process is very important to its success.

**Learning:** *Schwartz Rounds* encourage participants to gain insight into their professional experiences through storytelling. It highlights the importance of having a safe place to share and learn from each other. Rounds provide an opportunity for staff to reflect on the emotional aspects of their work and learn from this reflection. *Schwartz Rounds* are truly multidisciplinary.

Research from the US and feedback received from participating hospitals in Ireland shows that staff who attend *Schwartz Rounds* on a regular basis feel more engaged in their work, more compassionate in the care they deliver and better equipped to deal with challenging non-clinical situations.



### Why we're trying to end 'PJ Paralysis'

#EndPJParalysis is a global social movement embraced by nurses, therapists and medical colleagues, to get patients up, dressed and moving.

Having patients in their day clothes while in hospital, rather than in pyjamas (PJs) or gowns, enhances dignity, autonomy and, in many instances, shortens their length of stay. For patients over the age of 80, a week in bed can lead to 10 years of muscle ageing, 1.5 kg of muscle loss, and may lead to increased dependency and demotivation. Getting patients up and moving has been shown to reduce falls, improve patient experience and reduce length of stay by up to 1.5 days. #EndPJParalysis puts the focus on quality of patient time and experience. It asks the question, "if you had 1,000 days to live, would you like to spend them in hospital?"

This initiative is being implemented across a number of acute hospital services in Ireland, including the Mater Hospital and Cork University Hospital.

## Values in Action

Values in Action is about achieving long-term and sustainable culture change that will improve the experience of those who use, and of those who work in, our health services.

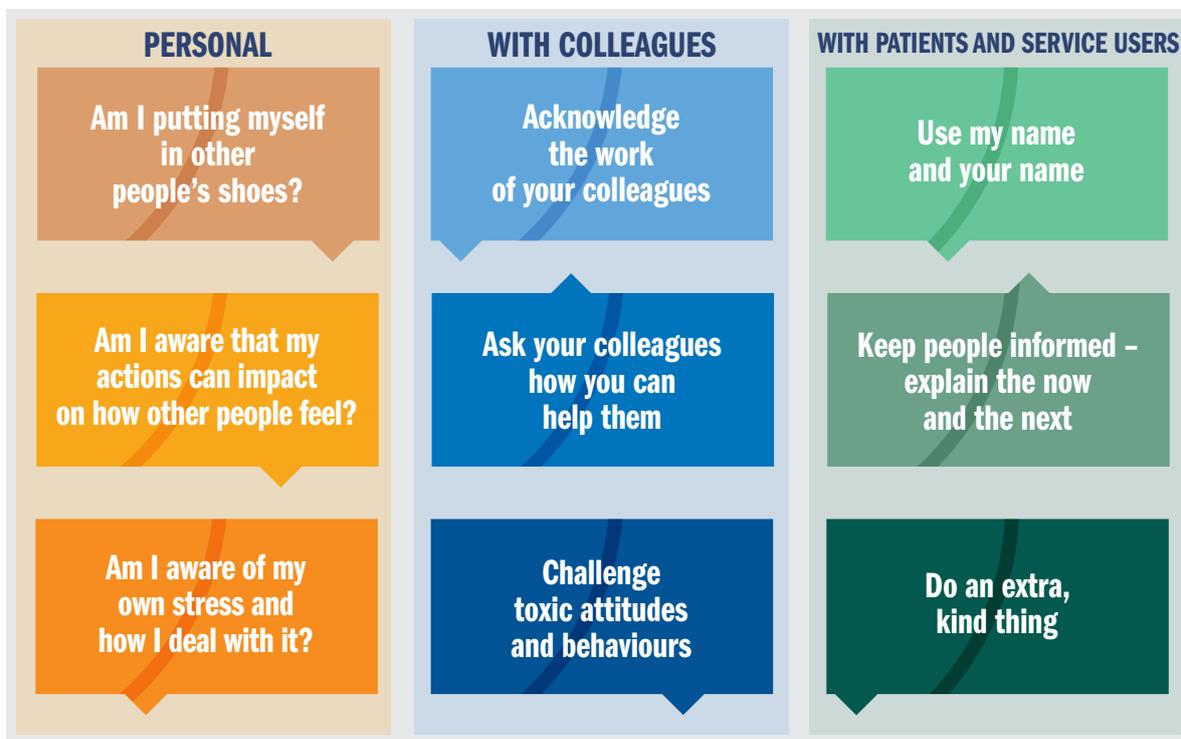
Values in Action uses a peer to peer approach to shaping the culture in the health service and is led by champions, who have been nominated by their colleagues, drawn from all grades, disciplines and professions from the health service. They are creating a bottom-up, grassroots movement to improve the culture in their workplaces and across the health service.

The behaviours that underpin Values in Action were informed by a comprehensive review of feedback from staff, patient and service user surveys, direct engagements and complaints. The nine behaviours have been designed in response to the common themes identified, and have been tested with staff and patients, all of whom agreed that living the behaviours would improve the experience of staff and service users.

Values in Action has been underway in the Mid-West in the UL Hospital Group and in Mid-West Community Healthcare since mid-2016 and is already showing very promising results. In 2018 Values in Action was introduced amongst a co-hort of Non-Consultant Hospital Doctors in 2018, promoting the importance of personal behaviours, behaviours with colleagues and with patients and service users.

In a short period of time it has gained significant traction and support across the system. The HSE has recently established a small team to bring this innovative approach to improving health service culture to other parts of the health service. Values in Action is mobilising staff and empowering them to lead the changes that we need to truly build a better health service. As one of the Values in Action Champion's puts it; "it's for ourselves and it's for our patients".

## VALUES IN ACTION



[@HSEvalues](http://www.hse.ie/valuesinaction)

**HSE** Building a Better Health Service | Seirbhís Sláin Níos Fearr á Forbairt



# Using the findings of the National Patient Experience Survey to design healthcare systems

The findings of the National Patient Experience Survey 2018 will continue to be used to inform and improve priorities at a National Level by teams working across the following areas: National Clinical Programmes and Integrated Care Programmes, Quality Improvement, the Office of Nursing and Midwifery Services Director, Human Resources, and Health and Well-being.

The design of the National Clinical Programmes and Integrated Care Programmes promote the voice of the patient for the successful design and delivery of healthcare, and welcome the National Patient Experience Survey, results which further afford the system to clearly hear this voice. These Programmes work closely with patient representatives and organisations to ensure that models of care and care pathways are designed to meet the patient needs. The Integrated Care Programmes further build on ensuring that a strong relationship is forged between the patient and their caregiver by promoting closer interactions at the point of care delivery through initiatives such as: out-of-hospital care which afford more time for discussion with patients and care givers, better care coordination across disease groups/specialities and provides opportunity for appropriate health and medication advice and or information to be given to all. All these are areas that were echoed through the NPES 2018.

## Understand what matters to patients, involving patients in the community

The feedback from the National Patient Experience Survey 2017, was shared and presented to a meeting of patients and the voluntary sector by the Integrated Care Programme for Older Persons. The findings of the survey were used to discuss ways in which we can work together to improve healthcare services for older people. Workshops were organised in local communities and invitations sent to the Age Friendly Alliance, Older Persons Council, interested older people, carers and third sector organisations. The purpose of these engagement meetings with was to prioritise areas for service improvement and to identify and recruit patient champions who will participate on project boards of service improvement in their local areas.

This work commenced in early 2018 by the Integrated Care Programme for Older Persons. Two workshops took place, one in North County Dublin with Beaumont Hospital and the second in the West of Ireland with Sligo University Hospital.

At these workshops patient experience feedback received through the National Patient Experience, together with other patient feedback were considered by service users, healthcare professionals and local authorities. Suggestions for improvement projects were selected for action. An example of one of these initiatives is to improve the co-ordination of services locally between communities and hospitals.

## Informing workforce planning

Integrated health workforce planning is set out in the Health Services People Strategy 2015-2018 to add value, attract and retain talent and deliver on organisational goals. The results of the National Patient Experience Survey 2018 will be reviewed together with information on integrated workforce planning to identify where there are particular areas which need additional support. The findings from both the National Staff Survey and the National Patient Experience Survey will be reviewed in 2018/19 to explore the co-relation between dimensions of both patient and staff experience at hospital level to understand the key priorities which effect both.

## Leadership in Nursing and Midwifery

The Office of Nursing and Midwifery, Services Director, in partnership with Chief Directors of Nursing and Midwifery/Directors of Nursing will use the findings of the National Patient Experience Survey 2018 to prioritise and guide development work for nursing staff within acute hospitals. This work includes developing leaders, improving care and using the values of the organisation as a central focus. The findings of the NPES 2018 will be front and centre in nursing and midwifery practice and shared across the system to increase awareness of what's important to patients and families and key areas for improvement, and in particular the focus on the development of communication skills and patient education. Chief Directors of Nursing and Midwifery will work with frontline staff so that patients and families will receive the information they need, when they need it throughout their journey. Chief Directors of Nursing and Midwifery will prioritise areas for improvement and will continue to support frontline staff in services to undertake these improvements at a local level. The findings of the survey will inform the education and training that is designed and delivered nationally. The Caring Behaviours Assurance System<sup>®</sup> programme (CBAS) which is designed to promote safe caring behaviours within healthcare, supports staff to build their resilience and as a result creates a safe caring environment for all this work will continue to be supported in 2019. CBAS is being implemented across two Hospital Groups, Dublin Midlands Hospital Group and Saolta Hospital Group.

## Improving and promoting health amongst patients and staff

Addressing the prevention and management of chronic disease is a pressing priority for the health service both in Ireland and internationally. The TILDA study has shown that 38% of Irish people over 50 years have one chronic disease and 11% suffer from more than one. The major chronic diseases of diabetes, cardiovascular and respiratory disease (over 65 years for respiratory disease) will increase by 40% (2007 – 2020) due to an ageing population and increased obesity. Incidence of all cancers in the Irish population are predicted to increase from more than 28,480 in 2014 to between approximately 60,000 to 65,000 cases in 2040.

The treatment of chronic diseases puts an unsustainable pressure on the current health services in acute hospitals creating unsustainable demands on hospital services and has many personal impacts on those suffering with chronic disease. These chronic diseases can be prevented through the promotion of positive health and wellbeing, adopting healthy lifestyle behaviours and making healthy choices. The *Sláintecare Implementation Plan 2018* recognises the key leadership role of the health system in driving a whole-system shift that places greater emphasis and value on prevention and keeping people well, and that over time will realise the vision of *Healthy Ireland*.

The Department of Health's cross governmental *Healthy Ireland Framework* and the HSE's *Healthy Ireland* in the *Health Services National Implementation Plan* provide a blue print on how prevention and management of chronic diseases can be addressed. An essential element in addressing both primary and secondary prevention is engaging health professionals in preventative activities as part of their routine clinical consultations, capitalising on the millions of opportunities that occur every day in consultations between our staff and service users to support health behaviour change for improved health outcomes.



### Making Every Contact Count

Our services and our healthcare teams have enormous potential to influence the health and wellbeing of the millions of patients for whom we provide care. The HSE *Making Every Contact Count* plan sets out our approach for health service staff to capitalise on the opportunities that occur every day to promote health amongst patients. A new training programme is being rolled out in Irish hospitals to support staff to promote health amongst patients, including smoking cessation, alcohol addiction and the promotion of physical activity and healthy eating, the key risk areas for the development of chronic disease. *Making Every Contact Count* will result in the people who access our services on a daily basis being supported by our clinicians and frontline staff, in their efforts to make health behaviour changes in order to reduce their risk of developing a chronic disease.

## Self-Care Support for patients in the community

Healthcare provided by professionals represents just the “tip of the ice-berg” in supporting patients with chronic conditions. The majority of care for chronic conditions is provided by the person themselves.

Enabling our health services to cope with the increased number of people living with chronic conditions, will depend on the extent to which people engage with their own health and health conditions.

Supporting and empowering people in

managing their conditions as well as possible can improve quality of life and reduce the impact on health and the likelihood of complications, hospitalisations and deaths from these conditions. The NPES 2018 feedback shows the people using our service want to be empowered and know more on their condition and how to look after themselves particularly in the early days following discharge from hospital. Recognising this need our recently published *National Self-Management Support Framework for Chronic Conditions: COPD, Asthma, Diabetes and Cardiovascular disease* sets out how we in the health services and working with patients and our partners across the wider system, want to support people with chronic conditions. The appointment of Selfcare Management Support Co-ordinators in 2017/18 each of the Community Healthcare Organisations is a key milestone now achieved for the implementation of this Framework.

### An example of a Self-Management Support Programme - Cancer Thriving and Surviving Programme, UHL

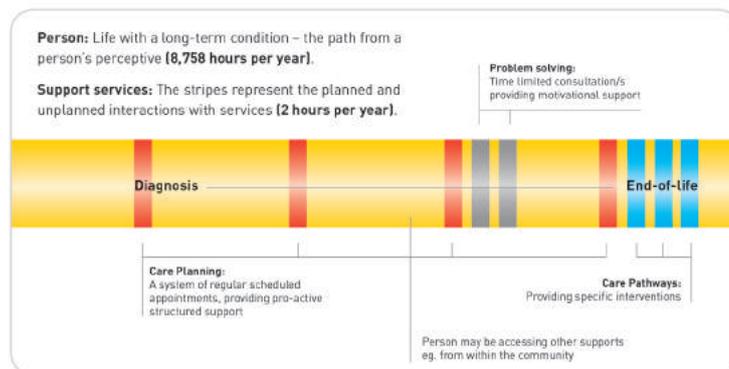
Continuing to improve care for patients and listening to what our patients have said, University Hospital Limerick oncology staff have introduced the Stanford Self-Management Programme: ‘Cancer Thriving and Surviving’. The programme was developed for people with chronic health problems and their significant others. Two trained Leaders facilitate workshops, one of whom is a health professional and the other is a non-health professional and cancer survivor.

With support from the Irish Cancer Society, Mid-West Cancer Foundation and the HSE, these workshops are delivered for two and a half hours, once a week, for six weeks, in a local hotel. The topics covered aim to support cancer survivors in the community once their treatment programmes have finished. Feedback has been overwhelmingly positive, from both participants and facilitators. Indeed, more facilitators are attending training in November 2018 to further support the sustained delivery of this programme.

### Staff health and wellbeing

*Healthy Ireland in the Health Services Implementation* plan recognised the importance of the health and wellbeing of our staff. A healthy staff is a happy staff and a health happy staff delivery a better and reduced risk service to our patients. This survey shows a correlation where sites have focused on the health and wellbeing of their staff and have received positive feedback from patients. We will continue to focus on staff health and wellbeing initiatives. Our aim for *Healthy Ireland* in the Health Service is to create Healthy Campuses where both staff and service users can enjoy a healthy environment which is smoke free, our canteens, shops and vending machines are offering healthy options, where there are walking paths and facilities to encourage cycling to work and where the healthy options is always visible and becomes the easy option. Five Hospital Groups and four five Community Healthcare Organisation Healthy Ireland Implementation plans now developed with implementation underway in all areas we have a good roadmap for achieving the *Healthy Ireland* goals and promoting health amongst patients.

Diagram 2: Who's condition is it anyway?



Active involvement and engagement of staff in the National Patient Experience Survey



# Conclusion

Measurement and analysis of patients' experiences are essential to appreciating what is working well in healthcare, what needs to change, and how to go about making improvements.

The initiatives and changes mentioned in this report support our health services to build a culture and environment for patients and service users to have a positive experience when they come into contact with our health service. All health and social care systems must place people and patients at the centre of all they do. This means listening to the patient voice in the planning, design and implementation of services; supporting open and honest discourse on how services are provided; and building a sense of partnership between the people who use services and those who provide them. It also means understanding population need and the needs of groups with specific vulnerabilities, and designing services to respond to that need. The following points outline the key initiatives and ways in which the HSE will use the feedback received from patients to improve patient experience across acute hospital services in Ireland.

## ADMISSION TO HOSPITAL



### Improving patient experience of Emergency Department Reducing Emergency Department waiting times and improving communication and engagement with patient

The findings of the National Patient Experience Survey highlight a need to improve patient experience of ED services. Quality improvements projects are in place across all Hospital Groups with the aim of improving patient experience of ED services. The findings of the National Patient Experience Survey 2018 have been reviewed by ED teams across all hospitals to ensure that the suggestions for improvements identified by patients are used to inform their quality improvement priorities at local level (as outlined in the attached hospital responses). In addition to work being conducted by individual hospitals, support for Hospital Groups in improving quality in ED is provided by Quality Improvement Division, HSE in collaboration with the Emergency Medicine Programme.

## CARE ON THE WARD



### Improving care on the ward Improving hospital food and nutrition

The findings of the National Patient Experience survey highlight the need to improve hospital food and nutrition across all acute hospital services in Ireland. A thorough review of the NPES findings 2018 of the food related questions has been conducted by the Clinical Lead for Hospital Nutrition, who has also aided in the dissemination of results to catering managers nationally. This feedback will be used to prioritise key areas for improvement at both a national and local hospital level, including the development of the National Food and Nutrition Policy. Examples of how individual hospitals are improving hospital food and nutrition for patients are presented in the attached plans.

## CARE ON THE WARD



### Someone on the hospital staff to speak to about your worries and fears

The findings of the National Patient Experience Survey highlighted that significant numbers of patients did not find someone on the hospital staff to speak to about their worries and fears whilst they were in hospital. Individual hospitals have implemented improvement programmes in response to this issue at local level, to inform patients about patient advice and liaison services, the availability of chaplaincy, nursing and volunteers. Staff and managers in respective hospitals are working together to improve support and reduce isolation for patients.

The HSE is working in partnership with the Department of Health to advance work in relation to the promotion of Patient Advocacy in 2018. This will include clear sign-posting for patients in relation to appropriate advocacy services, the promotion of patient support services in local hospitals and the delivery of a training programme for key staff involved in advocacy roles and complaints handling.

## EXAMINATION DIAGNOSIS & TREATMENT



### Improving communications and information during, examination, diagnosis and treatment

#### Improving communications skills of healthcare teams

The need to improve the communication skills of healthcare professionals has been highlighted in the National Patient Experience Survey as a key priority. A National Lead has been assigned by the Director of HR to develop a programme of support for staff to enhance clinical and ward round communication in acute hospital services. This work was significantly advanced in 2018 with the introduction of the National Communications Programme, delivering a training programme to staff across acute hospital services. In the Survey feedback, patients and their families reported that while there were many examples of care and compassion in acute hospitals there were also some problems with the communication between hospital staff and patients and their loved ones.

#### The National Healthcare Communication Programme

The overall aim of this programme to improve the experience of patients and their relatives by supporting staff to take a sensitive and person-centred approach in all conversations with patients and their families. The Programme is under-pinned by the Core Values of Care, Compassion, Trust and Learning and builds on these values with a focus on Communication Skills. The Programme will build on the work already underway at national and local level and ensure there is an agreed framework for the learning, developing and on-going maintenance of core communication skills in healthcare, 500 staff have participated in this training programme and 25 tutors have been trained to lead and deliver the programme in 2018.

**EXAMINATION  
DIAGNOSIS &  
TREATMENT**



**Improving health information for patients**

The findings of the National Patient Experience Survey highlight that patients need more information about their health, treatment and care options, and support services in their communities for managing their health. The HSE has developed a roadmap in consultation with over 3000 patients, service users and public to provide the information they need to access and navigate the health service and manage and improve their own health and wellbeing. 2018 and 2019 will see an enhanced directory of services available online and a more patient centred approach to how we communicate the health information our patients need online. We are working with health professionals across the health service to make sure we can provide that information in an accessible and understandable way. Plain English Guidance for communicating clearly and for producing clear information has been developed by the HSE Communications Division. Examples of how hospitals plan to improve patient information for patients are presented in the attached plans.

**DISCHARGE  
OR TRANSFER**



**Improve information and communication during the discharge process**

Organisational culture is intrinsically related to patient experience; health service staff often work in complex, challenging and potentially distressing situations. Working in health care carries an increased risk of burnout in comparison to other professions and it can also lead to increased boundaries and defenses when dealing with patients. Evidence has shown that withdrawal from feelings or emotions can lead to a decrease in compassion and empathy which can decrease the ability to provide high quality care to patients. The findings of the National Patient Experience Survey 2018 highlight hospitals where support and investment is required to improve organisational culture. Examples of how individual hospitals are improving and sustaining healthy culture in healthcare are outlined in the attached plans.

**STAFF  
EXPERIENCE**

**Improve and sustain healthcare culture**

Organisational culture is intrinsically related to patient experience; health service staff often work in complex, challenging and potentially distressing situations. Working in health care carries an increased risk of burnout in comparison to other professions and it can also lead to increased boundaries and defenses when dealing with patients. Evidence has shown that withdrawal from feelings or emotions can lead to a decrease in compassion and empathy which can decrease the ability to provide high quality care to patients. The findings of the National Patient Experience Survey 2018 highlight hospitals where support and investment is required to improve organisational culture. Examples of how individual hospitals are improving and sustaining healthy culture in healthcare are outlined in the attached plans.

## STAFF EXPERIENCE

### **The findings of the survey will be used to prioritise and guide development work for nursing staff within acute hospitals**

The Office of Nursing and Midwifery Services Director, in partnership with Chief Directors of Nursing and Midwifery/Directors of Nursing, will use the findings of the National Patient Experience Survey 2018 to prioritise and guide development work for nursing staff within acute hospitals. Areas for improvement together with support for staff in services to undertake these improvements at a local level will be prioritised. The findings of the survey will inform the education and training, which is designed nationally.

### **The findings will be used to inform the work of health promotion and improvement**

The results of the National Patient Experience Survey 2018 have identified areas for improvement which complement the work of teams involved in promoting health across health care services. Suggestions provided by patients about their care in hospitals together with solutions for promoting health in hospital will be used to inform improvement initiatives going forward.

## **Sharing learning across hospital groups**

All Hospital Groups have supported and facilitated the development of a comprehensive response to the emerging priorities identified in the survey, individual Hospital Groups have demonstrated leadership on specific areas, such as working in partnership with patients, training future leaders in the importance using patient feedback, developing plain English patient information, and exploring ways in which we can meaningfully improve support for patients who have nobody to speak to in hospital about their worries and concerns. Projects of work underway and examples of best practice developed across all hospital groups in 2018/19 will be used to share learning, thus benefiting all hospitals and in turn all patients across Ireland.

# Saolta University Health Care Group



1. Galway University Hospital
2. Letterkenny University Hospital
3. Mayo University Hospital
4. Portlinculla University Hospital
5. Roscommon University Hospital
6. Sligo University Hospital

On behalf of the Saolta University Health Care Group, I wish to express our sincere thanks to all our patients, carers and their families who participated in the 2nd National Patient Experience Survey 2018. Also, thank you to our staff for encouraging patients to participate in this important Survey, and who have worked extremely hard over the last year to implement the Quality Improvement Plans resulting from last year's findings. Their enthusiasm, encouragement and commitment is very much appreciated.

Last year's Survey provided the Hospital Group with a very clear insight into what our patients experienced during their stay in one of our seven hospitals. We were very satisfied that in 2018, over 80% of our patients had a positive experience in hospital. This is good news and something we as a Group are proud of. There were, however, areas where we did not perform as well as we would have liked and where the patient's experience was not satisfactory. As a Group, we are fully committed to listening, responding and improving. After the Survey results were published, we quickly established Working Groups in each hospital to develop Quality Improvement Plans to address areas of concern. I am pleased to say that tremendous work has been done throughout the year and some of the Improvement Plans have resulted in improved results in this year's Survey. There was huge engagement from all staff and key to that was the sharing of the findings across the Group and learning from each other. We are hosting a Patient Experience Conference in December and will showcase some of the great initiatives developed and now in place across the Group.

Once again, this year's Survey provides Saolta University Health Care Group with a further insight into the patient's experience in our hospitals. It provides us with a very clear picture of what is expected of us from a patient's perspective. We look forward to working in partnership with our patients in implementing new Quality Improvement Plans in the areas where improvement is needed. We fully accept that we must continuously learn and improve for the benefit of our patients. As CEO, I am fully committed to this and I know that all staff are fully supportive of this approach. We will continue to invest in patient-centered initiatives such as Patient Advice Liaison Officers, Caring Behaviour Assurance System (CBAS), "#Hello, my name is..." campaign, Butterfly Scheme, PJ Paralysis and many more.

We were delighted to participate in this year's Survey. We will ensure, through our Saolta Patient Experience Steering Group, that findings from all hospitals will be fully implemented.

We thank our patients for their support and look forward to working with them throughout the year.

**Maurice Power**  
*Chief Executive Officer, Saolta University Health Care Group*



WHAT PATIENTS SAID TO US

LISTENING RESPONDING & IMPROVING



<p><b>ADMISSION TO HOSPITAL</b></p> 	<p><b>PATIENT EXPERIENCE:</b> Improve patient experience of the Emergency Department.</p>	<ol style="list-style-type: none"> <li>1. A quality improvement programme, is being implemented in GUH supported by GE Finnermore. This programme is designed to improve the patient journey from ED to theatre. This improvement programme commenced in April 2017, it has led to significant improvements for patient experience, in particular wait times for:                     <ul style="list-style-type: none"> <li>- To be seen by a surgeon, access to theatre, access to radiology and to a bed.</li> <li>- The impact of this work is being realised for patients, positively impacting on their experience.</li> <li>- Patient Advice and Liaison support is provided in ED.</li> </ul> </li> <li>2. There is an ongoing and continuous focus in 2018, reducing the number of patients on trolleys in the Emergency Department, in line with the HSE target times.</li> <li>3. The continued implementation of the Caring Behaviours Assurance Programme includes the importance of improving dignity, respect and patient privacy as key drivers of a positive patient experience in ED.</li> <li>4. Roll out of the "Nothing about me without me" initiative an education programme aimed at staff to improve patient experience.</li> </ol>	<p>2018-2019</p>
<p><b>CARE ON THE WARD</b></p> 	<p><b>NUTRITION:</b> Improve hospital food and nutrition.</p>	<ol style="list-style-type: none"> <li>1. Catering staff have reviewed the findings of the NPES 2018 to continue improvement initiatives in relation to hospital food and nutrition.</li> <li>2. The Nutrition and Hydration Steering Group is established.</li> <li>3. Protected Mealtimes initiative is implemented.</li> <li>4. Support is being provided for patients who cannot feed themselves.</li> <li>5. Picture Card Menus have been developed to help patients decide about meal options available to them.                     <ul style="list-style-type: none"> <li>- Menu choices have been improved designed in partnership with patients and calorific count is also in place.</li> </ul> </li> <li>6. Patients who are at risk of malnutrition are identified and provided with a high count calorific diet to ensure that they do not deteriorate further and to enable them to improve their overall health, wellbeing and recovery. All hospital wards are participating in this important initiative.</li> </ol>	<p>ON GOING</p>
	<p><b>DIGNITY &amp; RESPECT AND PRIVACY:</b> Improve privacy for patients whilst being cared for on the ward and improving patient experience at night.</p>	<ol style="list-style-type: none"> <li>1. Awareness campaign on the importance of patient privacy, will be promoted amongst healthcare teams across GUH.</li> <li>2. Privacy has improved as a 75 bedded hospital block opened in 2017, this improve privacy for patients being cared for on the ward, as it has reduced overcrowding across the entire hospital.</li> <li>3. A programme of work will commence in 2019, to identify ways in which patient experience can be improved at night time.                     <ul style="list-style-type: none"> <li>- A review of night-time nursing capacity and identifying ways of reducing noise will be explored.</li> </ul> </li> </ol>	
<p><b>EXAMINATION DIAGNOSIS &amp; TREATMENT</b></p> 	<p><b>COMMUNICATION:</b> Increase awareness for patients of the supports available if they wish to speak to someone about their worries and concerns.</p>	<ol style="list-style-type: none"> <li>1. The promotion of the role of Patient Advocacy Department and allied professionals who play a role in supporting patients has been implemented.</li> <li>2. Promote Patient Advocacy support/Involvement of Volunteers.</li> <li>3. The role of volunteers will be promoted.</li> <li>4. MDT Simulation Training.</li> <li>5. A campaign of awareness raising amongst patients about sharing concerns and speaking to staff about anything that they are worried about will be promoted.</li> </ol>	<p>ON-GOING</p>

WHAT PATIENTS SAID TO US

LISTENING RESPONDING & IMPROVING

TIME-SCALE

<b>EXAMINATION DIAGNOSIS &amp; TREATMENT</b> 	<b>COMMUNICATION:</b> Provide more accessible health information to patients.	<ol style="list-style-type: none"> <li>1. Training for staff in the importance of providing Plain English, literature for patients and on how to write clearly is continuing.</li> <li>2. A policy on plain English (literacy policy) information for patients in way that enables and empowers them to be more involved in their healthcare, was launched and promoted across the hospital as standard setting for the production and presentation of patient health information. The purpose of this work is to improve health information available to patients for their entire healthcare journey, from admission to discharge.</li> <li>3. This work will be shared with colleagues across all acute hospital services, including patient information leaflets, which can be used across the system.</li> <li>4. The National Healthcare Communications Programme is being piloted in GUH, promoting best practice in communications skills across all disciplines.</li> <li>5. The model wards project is being implemented this includes; Safety pauses, handover guides reviewed and improved together with improved communications.</li> </ol>	<b>ON-GOING</b>
	<b>COMMUNICATION:</b> Better communication skills and effective ward round communication from all health-care staff.	<ol style="list-style-type: none"> <li>1. Ongoing series of education programmes focusing on communication and information, and including topics such as bereavement, patient advocacy, end of life care, breaking bad news.</li> <li>2. Guidance on effective ward round communication is available to staff.</li> </ol>	
<b>DISCHARGE OR TRANSFER</b> 	<b>COMMUNICATION:</b> Provide more information to patients at discharge.	<ol style="list-style-type: none"> <li>1. Discharge Information Booklet has been completed and made available to patients in GUH. This work has been developed in many languages to provide accessible information to all patient groups.</li> <li>2. The introduction of Medication Information Booklets was developed with Pharmacy in 2018 for each ward.</li> <li>3. Medical/Nursing staff ensure Patients have info prior to discharge.</li> <li>4. A focus on improving the discharge process is in place, including ongoing liaison with community PHNs empowering patients to engage in relation to their discharge plans and date of discharge and medication safety.</li> </ol>	<b>ON-GOING</b>
<b>PATIENT EXPERIENCE</b>	<b>DIGNITY &amp; RESPECT AND PRIVACY:</b> Improving and sustaining patient experience.	<ol style="list-style-type: none"> <li>1. Hospital Management will continue to support and implement hospital-wide programmes which will enhance patient experience, such as:                             <ul style="list-style-type: none"> <li>- Patient council representation of all non-clinical committees;</li> <li>- The continued work of the Patient Council;</li> <li>- The support for the role and function of Patient Advice and Liaison Services;</li> <li>- The involvement of volunteers and the Arts Council;</li> <li>- Improve the involvement of families and carers by working in partnership with Family Carers Ireland;</li> <li>- Promote and value the roles of all staff through the '#Hello, my name is...' campaign;</li> <li>- 'Schwartz Rounds', proven to improve staff wellbeing, resilience and teamwork, and in-turn have an impact on improved person-centred care. Currently up and running in GUH.</li> <li>- Dignity at work initiatives.</li> <li>- Executive Walkabouts will continue to take place as part of the ongoing governance and accountability for improvement.</li> </ul> </li> </ol>	<b>ON-GOING</b>

WHAT PATIENTS SAID TO US

LISTENING RESPONDING & IMPROVING



<p><b>ADMISSION TO HOSPITAL</b></p> 	<p><b>PATIENT EXPERIENCE:</b> Improve patient experience of the Emergency Department.</p>	<ol style="list-style-type: none"> <li>1. An improvement Programme in the Emergency Department will continue to work to increase self-awareness among staff and to engage in continuous improvement in the department to provide an improved experience for the patients, families, and the care teams (ED Micro-systems).</li> <li>2. Comfort packs are available for patients in ED, these packs include tooth brushes, socks, t-shirts and aids for sleeping.</li> <li>3. There is an ongoing focus on reducing the number of patients on trolleys in the Emergency Department, in line with the HSE target times.</li> <li>4. The National Healthcare Communication Programme will be implemented in 2019 to focus on improving communications skills of all staff in ED.</li> <li>5. Focus on improving patient experience through the implementation of the initiative entitled "nothing about me with-out me".</li> <li>6. Continued implementation of Caring Behaviours Assurance System designed to focus on improving patient experience and staff resilience.</li> <li>7. Assistant Director of Nursing appointed to lead on Patient Flow, working with multi-disciplinary teams to improve processes and pathways.</li> </ol>	<p>2018+</p>
<p><b>CARE ON THE WARD</b></p> 	<p><b>NUTRITION:</b> Improve hospital food and nutrition.</p>	<ol style="list-style-type: none"> <li>1. A Nutrition and Hydration steering committee has been established at Letterkenny University Hospital, with the aim of improving hospital nutrition and catering for patients and staff alike.</li> <li>2. All patients admitted to hospital are assessed for being at risk of malnutrition.</li> <li>3. The protected meal-times policy is implemented and supported hospital wide to give patients protected time to eat their meals so this can improve their food intake and nutrition. This also contributes to their overall wellbeing and recovery.</li> <li>4. We have made improvements to the times of patient meals, to respond to the changes which patients recommended.</li> <li>5. We have developing picture menus to enable patient to make their preferred choice.</li> <li>6. Patients who require assistance at meal-time are provided with additional support, the red tray initiative is in place to support this work.</li> <li>7. The patient menu is currently under review, patient and staff surveys are ongoing to elicit feedback and to measure progress.</li> </ol>	<p>ON-GOING</p>
<p><b>EXAMINATION DIAGNOSIS &amp; TREATMENT</b></p> 	<p><b>COMMUNICATION:</b> Increase awareness for patients of the supports available if they wish to speak to someone about their worries and concerns.</p>	<ol style="list-style-type: none"> <li>1. Information for patients about support services available to them during their hospital stay will be enhanced. A campaign of awareness raising amongst patients about sharing concerns and speaking to staff about anything that they are worried about will be promoted.</li> <li>2. The National Healthcare Communications Programme will be implemented in 2019.</li> </ol>	<p>ON-GOING</p>
	<p><b>COMMUNICATION:</b> Provide more accessible health information to patients.</p>	<ol style="list-style-type: none"> <li>1. Establish all types of Patient information leaflets available in University Hospital Letterkenny.</li> <li>2. A hospital patient information booklet is available and this is available in many languages. We will be delivering plain English workshops for staff to support them to further develop patient information.</li> <li>3. Recommended sources for accessing evidence based patient information promoted amongst patients, to improve health information available to patients for their entire healthcare journey, from admission to discharge</li> </ol>	<p>ON-GOING</p>

WHAT PATIENTS SAID TO US

LISTENING RESPONDING & IMPROVING



<p><b>DISCHARGE OR TRANSFER</b></p>	<p><b>COMMUNICATION:</b> Better communication skills and effective ward round communication from all health-care staff.</p>	<p>1. Ongoing Series of Education Programmes focusing on communication and information, and including topics such as bereavement, end of life care, breaking bad news, is available for staff.</p>	ON-GOING
		<p>2. Intercultural training is provided for staff.</p>	2018
		<p>3. Team progressing work on improving Clinical Handover.</p>	ON-GOING
		<p>4. The National Healthcare Communication Programme will be implemented in 2019, promoting effective ward round communications and engagement with patients throughout their stay in hospital.</p>	ON-GOING
		<p>5. A feedback initiative inviting patients to express what worked well and what could be improved upon is actively promoted at ward level.</p>	
		<p>6. '#Hello, my name is...' campaign planned for further roll out in 2018.</p>	
	<p><b>COMMUNICATION:</b> Provide more information to patients at discharge</p>	<p>1. All patient information leaflets about discharge and the content about "going home from hospital" are being reviewed.</p>	ON-GOING
		<p>2. The hospital admission, transfer and discharge policy", is currently under review.</p> <ul style="list-style-type: none"> <li>- A discharge lounge is being opened, handover and discharge processes improved</li> <li>- Engagement with patients in relation to going home.</li> </ul>	
<p><b>PATIENT EXPERIENCE</b></p>	<p><b>DIGNITY &amp; RESPECT AND PRIVACY:</b> Improving and sustaining patient experience.</p>	<p>1. Hospital Management will continue to support and implement hospital-wide programmes which will enhance patient experience, such as:</p> <ul style="list-style-type: none"> <li>- The continued work of the Patient Forum, patient member forums are actively involved in hospital committees.</li> <li>- The support for the role and function of Consumer Services Dept.</li> <li>- Promote and value the roles of all staff through the '#Hello, my name is...' campaign.</li> <li>- Programme on Caring Behaviours Assurance.</li> <li>- The Role of PALS at hospital level</li> <li>- Executive walk abouts are planned to as part of ongoing governance and accountability for improvement.</li> </ul>	ON-GOING

WHAT PATIENTS SAID TO US

LISTENING RESPONDING & IMPROVING



<p><b>ADMISSION TO HOSPITAL</b></p> 	<p><b>PATIENT EXPERIENCE:</b> Improve patient experience of the Emergency Department, in particular clear information and communication.</p>	<ol style="list-style-type: none"> <li>1. There is an ongoing focus on reducing the number of patients on trolleys in the Emergency Department, in line with the HSE target times.</li> <li>2. Awareness raising in relation to the importance of effective clinical communication and the provision of plain English and timely information will be promoted in MUH, ED.</li> <li>3. An improvement Programme in the Emergency Department will continue to work to increase self-awareness among staff and to engage in continuous improvement in the department to provide an improved experience for the patients, families, and the care teams (ED Micro-systems).</li> <li>4. Comfort packs are available for patients in ED, these packs include tooth brushes, socks t-shirts and aids for sleeping.</li> <li>5. The introduction of the Butterfly Scheme for patients with dementia and a local champion for person centred care.</li> </ol>	<p>2018+</p>
<p><b>CARE ON THE WARD</b></p> 	<p><b>NUTRITION:</b> Improve hospital food and nutrition.</p>	<ol style="list-style-type: none"> <li>1. Catering staff continue to review the findings of the NPES to help understand better what improvements can be made to hospital food and nutrition.</li> <li>2. Protected Mealtimes have been introduced.</li> <li>3. Support is being provided for patients who cannot feed themselves.</li> <li>4. Picture Card Menus have been developed to help patients decide about meal options available to them.</li> <li>5. A Strategy for the provision of nutrition and hydration has been developed to improve hospital nutrition overall.                     <ul style="list-style-type: none"> <li>- Menu choices + Calorific Count will be provided.</li> </ul> </li> <li>6. Patients who are at risk of malnutrition are identified and provided with a high count calorific diet to ensure that they do not deteriorate further and to enable them to improve their overall health, wellbeing and recovery. All hospital wards participate in this important initiative.</li> </ol>	<p>ON-GOING</p>
<p><b>EXAMINATION DIAGNOSIS &amp; TREATMENT</b></p> 	<p><b>COMMUNICATION:</b> Increase awareness for patients of the supports available if they wish to speak to someone about their worries and concerns.</p>	<ol style="list-style-type: none"> <li>1. The promotion of the role of Patient Advocacy Department and allied professionals who play a role in supporting patients will be implemented.</li> <li>2. The role of volunteers is actively promoted and implemented.</li> <li>3. A campaign of awareness raising amongst patients about sharing concerns and speaking to staff about anything that they are worried about will be promoted.</li> </ol>	<p>ON-GOING</p>
	<p><b>COMMUNICATION:</b> Better communication skills and effective ward round communication from all health-care staff.</p>	<ol style="list-style-type: none"> <li>1. Ongoing Series of Education Programmes focusing on communication and information, has been delivered to staff.</li> <li>2. A patient and family engagement implementation committee is in place.</li> <li>3. Guidance on effective ward round communication will be available. to staff. Including information about providing understandable explanations, of diagnosis and test results, providing families and carers with opportunities to speak to members of the clinical team.</li> </ol>	<p>ON-GOING 2018+</p>

WHAT PATIENTS SAID TO US

LISTENING RESPONDING & IMPROVING



<p><b>DISCHARGE OR TRANSFER</b></p>	<p><b>COMMUNICATION:</b> Provide more information to patients at discharge.</p>	<ol style="list-style-type: none"> <li>1. Discharge Information Booklet has been completed.</li> <li>2. The "Know Your Medication" information booklets for patients has been designed and implemented.</li> <li>3. A criteria led discharge project is underway.</li> <li>4. Medical /Nursing staff ensure Patients have info prior to discharge.</li> <li>5. Discharge plans in patient charts will be reviewed to see, what information was provided to patients on discharge.</li> <li>6. Patients will be provided will clear information about who to contact after they leave hospital if they are worried about their condition or treatment.</li> </ol>	<p><b>ON-GOING</b></p>
<p><b>PATIENT EXPERIENCE</b></p>	<p><b>DIGNITY &amp; RESPECT AND PRIVACY:</b> Improving and sustaining patient experience.</p>	<ol style="list-style-type: none"> <li>1. Hospital Management will continue to support and implement hospital-wide programmes which will enhance patient experience, such as:             <ul style="list-style-type: none"> <li>- The continued work of the Patient Council</li> <li>- The support for the role and function of Patient Advice and Liaison Services</li> <li>- Role of patients and family representatives on patient partnership projects:                 <ul style="list-style-type: none"> <li>o Medication safety</li> <li>o Developing patient stories</li> <li>o Assisted decision making</li> <li>o Criteria led discharge</li> </ul> </li> <li>- Promote and value the roles of all staff through the '#Hello, my name is...'</li> <li>campaign.</li> <li>- Promote 'Schwartz Rounds', a proven method to improve staff wellbeing, resilience and teamwork, and in-turn have an impact on improved person-centred care. Currently up and running in MUH.</li> <li>- In partnership with Patient Experience Advisors and education programme is planned for staff in relation to co-production and inclusion of patient advisors in all aspects of hospital governance and accountability.</li> </ul> </li> </ol>	<p><b>ON-GOING</b></p>

WHAT PATIENTS SAID TO US

LISTENING RESPONDING & IMPROVING



<p><b>ADMISSION TO HOSPITAL</b></p> 	<p><b>PATIENT EXPERIENCE:</b> Improve patient experience of the Emergency Department, importance of promoting patient-centred care.</p>	<ol style="list-style-type: none"> <li>1. There is an on-going focus on reducing the number of patients on trolleys in the Emergency Department, in line with the HSE target times.</li> <li>2. Comfort packs are available for patients in ED, these packs include tooth brushes, socks, t-shirts and aids for sleeping.</li> <li>3. The findings of the patient experience survey have been shared with all staff including in ED in relation to the importance of patient centred-care, dignity and respect and patient privacy.</li> <li>4. A Patient Advice and Liaison Officer, has been appointed to work in Portiuncula Hospital.</li> </ol> <p>A patient Council Group has been established. The first meeting occurred on the 10th October 2018. The purpose of the patient council is to ensure the patient and those communities served by Portiuncula University Hospital have a voice which is heard in the development and delivery of services. Service users are represented on non clinical committee, and are actively supported to participate in hospital activity through sitting on committees.</p>	<p><b>ON-GOING</b></p>
<p><b>CARE ON THE WARD</b></p> 	<p><b>NUTRITION:</b> Improve hospital food and nutrition.</p>	<ol style="list-style-type: none"> <li>1. A Nutrition and Hydration steering committee established at Portiuncula, with the aim of improving hospital nutrition and catering for patients and staff alike.</li> <li>2. The feedback received from patients relating to hospital food have been reviewed in detail, feedback relating to food choices, vegetarian options and help at meal-times will be prioritised.</li> <li>3. All patients admitted to hospital are assessed for being at risk of malnutrition. The objective is to identify patients who need higher calorific diets, to prevent further deterioration.</li> <li>4. The protected meal-times policy is implemented and supported hospital wide to give patients protected time to eat their meals so this can improve their food intake and nutrition. Replacement meals will be provided to those patients who missed a meal.</li> <li>5. The choice of foods available will be reassessed in conjunction with the Nutrition and Hygiene Committee.</li> <li>6. Meal replacement is available, however management will promote better communication of the service to patients.</li> <li>7. In collaboration with Nurse managers we will revisit protected meal times to ensure the availability of staff to support patients with eating.</li> </ol>	<p><b>ON-GOING</b></p>
<p><b>EXAMINATION DIAGNOSIS &amp; TREATMENT</b></p> 	<p><b>COMMUNICATION:</b> Increase awareness for patients of the supports available if they wish to speak to someone about their worries and concerns, patient privacy and reducing noise at night.</p>	<ol style="list-style-type: none"> <li>1. A campaign of awareness raising amongst patients about sharing concerns and speaking to staff about anything that they are worried about will be promoted.</li> <li>2. A programme of improvement in relation to promoting patient privacy will be prioritised, to ensure that patient dignity and respect is improved.</li> <li>3. Noise at night was highlighted by some patients, this will be addressed in conjunction with Saolta Hospital Group.</li> <li>4. We will implement the National Healthcare Communication Programme             <ul style="list-style-type: none"> <li>- This one-hour workshop will be available to all service providers, attendance is mandatory, a record of attendance will be maintained.</li> <li>- The Director of Nursing has facilitated a staff member to attend the training workshop.</li> <li>- This is a key priority arising from the first National Patient Experience Survey</li> </ul> </li> </ol>	<p><b>ON-GOING</b></p>

WHAT PATIENTS SAID TO US

LISTENING RESPONDING & IMPROVING



<b>EXAMINATION DIAGNOSIS &amp; TREATMENT</b> 	<b>COMMUNICATION:</b> Provide more accessible health information to patients.	<ol style="list-style-type: none"> <li>1. Recommended sources for accessing evidence based patient information promoted amongst patients, to improve health information available to patients for their entire healthcare journey, from admission to discharge.</li> <li>2. Patient information leaflets are currently being reviewed, to included:                         <ul style="list-style-type: none"> <li>- Writing only what is meaningful and practical.</li> <li>- Leaflets will compliment face to face discussions with patients-not replace them.</li> <li>- Use images and Colour where possible to make meaning clearer-example, How to Identify Ward Staff by Uniform.</li> <li>- Use simple language-using everyday phrases for medical jargon, example Hypertension – high blood pressure.</li> <li>- Service user from Patient Council is actively involved in our leaflet development.</li> </ul> </li> </ol>	ON-GOING
	<b>COMMUNICATION:</b> Better communication skills and effective ward round communication from all health-care staff.	<ol style="list-style-type: none"> <li>1. Ongoing Series of Education Programmes focusing on communication and information, and including topics such as bereavement, patient advocacy, end of life care, breaking bad news has been prioritised.</li> <li>2. Guidance on effective ward round communication will be available to staff together with a greater focus with all clinical team members on increasing time with patients to discuss their care and treatment.</li> <li>3. We will implement the National Healthcare Communications Programme on "Structuring the Consultation and Building Rapport".                         <ul style="list-style-type: none"> <li>- This three -hour workshop will be available to all providers of clinical care, attendance is mandatory, a record of attendance will be maintained.</li> <li>- The overall aim of this programme is to improve the experience of patients and their relatives by supporting clinical staff to take a sensitive and person-centred approach in all conversations with patients and their families. The programme aims to support all Clinicians to consult efficiently, effectively and with compassion.</li> </ul> </li> <li>4. The Director of Nursing has facilitated a staff member to attend the training workshop.</li> <li>5. This is a key priority arising from the first National Patient Experience Survey.</li> </ol>	ON-GOING 2018+
<b>DISCHARGE OR TRANSFER</b> 	<b>COMMUNICATION:</b> Provide more information to patients at discharge.	<ol style="list-style-type: none"> <li>1. Discharge Information Booklet has been completed by Saolta Hospital Group and will be made available to patients in Portiuncula, to address the needs identified by patients relating to what they should do after leaving hospital and the danger signs to look out for and who to contact if something goes wrong after leaving hospital.</li> <li>2. Written discharge information to be reviewed with the suite of leaflets under review.</li> </ol>	ON-GOING
<b>PATIENT EXPERIENCE</b>	<b>DIGNITY &amp; RESPECT AND PRIVACY:</b> Improving and sustaining patient experience.	<ol style="list-style-type: none"> <li>1. Hospital Management will continue to support and implement hospital-wide programmes which will enhance patient experience, such as:                         <ul style="list-style-type: none"> <li>- Patient council representation of all non-clinical committees;</li> <li>- The continued work of the Patient Council;</li> <li>- The support for the role and function of Patient Advice and Liaison Services;</li> <li>- The involvement of volunteers;</li> <li>- Improve the involvement of families and carers by working in partnership with Family Carers Ireland;</li> <li>- Promote and value the roles of all staff through the '#Hello, my name is...' campaign;</li> </ul> </li> <li>2. 'Schwartz Rounds', proven to improve staff wellbeing, resilience and teamwork, and in-turn have an impact on improved person- centred care. Currently up and running in GUH.                         <ul style="list-style-type: none"> <li>- All staff to undertake Dignity and respect programme on HSEland .ie</li> <li>- Reactivate '#Hello, my name is...' campaign – wearing of name badge to be monitored by management</li> <li>- Review Telephone Etiquette</li> <li>- Continue with and monitor attendance at Caring Behaviour Assurance Systems (CBAS) refresher and updates</li> <li>- Continue with Schwartz Rounds.</li> </ul> </li> </ol>	ON-GOING

WHAT PATIENTS SAID TO US

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<p><b>CARE ON THE WARD</b></p> 	<p><b>NUTRITION:</b> Improve hospital food and nutrition.</p>	<ol style="list-style-type: none"> <li>1. A Nutrition and Hydration steering committee established in Roscommon, with the aim of improving hospital nutrition and catering for patients and staff alike.</li> <li>2. The feedback received from patients relating to hospital food have been reviewed in detail and inform improvements made, specifically in relation to choice of food options.</li> <li>3. All patients admitted to hospital are assessed for being at risk of malnutrition. The objective is to identify patients who need higher calorific diets, to prevent further deterioration, 95-100% compliance with this objective in 2018.</li> <li>4. The protected meal-times policy is implemented and supported hospital wide to give patients protected time to eat their meals so this can improve their food intake and nutrition. Replacement meals are provided to those patients who missed a meal.</li> <li>5. A feedback initiative inviting patients to express what worked well and what could be improved upon is actively promoted at ward level.</li> </ol>	<p>ON-GOING</p>
<p><b>EXAMINATION DIAGNOSIS &amp; TREATMENT</b></p> 	<p><b>COMMUNICATION:</b> Provide more accessible health information to patients.</p>	<ol style="list-style-type: none"> <li>1. Recommended sources for accessing evidence based patient information will be promoted amongst patients, to improve health information available to patients for their entire healthcare journey, from admission to discharge.</li> <li>2. Patient information resources currently being developed by Saolta Hospital Group are being adapted for Roscommon and made available to all patients.</li> </ol>	<p>ON-GOING</p>
<p><b>DISCHARGE OR TRANSFER</b></p> 	<p><b>COMMUNICATION:</b> Provide more information to patients at discharge.</p>	<ol style="list-style-type: none"> <li>1. Discharge Information Booklet has been completed by Saolta Hospital Group and will be made available to patients in Roscommon, to address the needs identified by patients relating to what they should do after leaving hospital and the danger signs to look out for and who to contact if something goes wrong after leaving hospital.</li> </ol>	<p>ON-GOING</p>
<p><b>PATIENT EXPERIENCE</b></p>	<p><b>DIGNITY &amp; RESPECT AND PRIVACY:</b> Improving and sustaining patient experience.</p>	<ol style="list-style-type: none"> <li>1. Hospital Management will continue to support and implement hospital-wide programmes which will enhance patient experience:                             <ul style="list-style-type: none"> <li>- Roscommon Hospital, will appoint and embed the Roscommon Patient Council;</li> <li>- The support for the role and function of Patient Advice and Liaison Services is underway.</li> <li>- The continued involvement of volunteers;</li> <li>- Promote and value the roles of all staff through the '#Hello, my name is...' campaign.</li> </ul> </li> </ol>	<p>ON-GOING</p>

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<p><b>ADMISSION TO HOSPITAL</b></p>	<p><b>PATIENT EXPERIENCE:</b> Improve patient experience of the Emergency Department.</p>	<ol style="list-style-type: none"> <li>1. An Improvement Programme in the Emergency Department will continue to work to increase self-awareness among staff and to engage in continuous improvement in the department to provide an improved experience for the patients, families, and the care teams (ED Micro-systems).</li> <li>2. A Focus on Care Group has been set up to led out on Quality Improvement in ED. This includes; Improved vising policy for ED; Dementia friendly programme and cubicle being developed</li> <li>3. Options for out of hours' patient food for evening admissions are being reviewed.</li> <li>4. Comfort packs are available for patients in ED, these packs include tooth brushes, socks, t-shirts and aids for sleeping.</li> <li>5. There is an ongoing focus on reducing the number of patients on trolleys in the Emergency Department, in line with the HSE target times.</li> </ol>	<p><b>ON-GOING</b></p>
<p><b>CARE ON THE WARD</b></p>	<p><b>NUTRITION:</b> Improve hospital food and nutrition.</p>	<ol style="list-style-type: none"> <li>1. Ongoing focus on hospital food through the commitment and work of the Nutrition and Hydration steering committee established at SUH, with the aim of improving hospital nutrition and catering for patients and staff alike.</li> <li>2. All patients admitted to hospital are assessed for being at risk of malnutrition. The objective is to identify patients with eating disorders or patients who may need dietetic advice/support.</li> <li>3. The protected meal-times policy is implemented and supported hospital wide to give patients protected time to eat their meals so this can improve their food intake and nutrition. This also contributes to their overall wellbeing and recovery.</li> <li>4. Consultation on menu choices is in place in conjunction with the catering team, dietician and patient representatives.</li> <li>5. Ongoing education sessions take place between catering and dietetic staff in relation to the quality and variety of hospital food and patients feedback about hospital food.</li> <li>6. Staff also receive education on patients who require special diets (i.e. Diabetic, Coeliac).</li> <li>7. A feedback initiative inviting patients to express what worked well and what could be improved upon is actively promoted at ward level.</li> <li>8. "What Matters to Me" initiative has been implemented on the medical ward, encouraging patients to articulate their needs and to improve their experience.</li> </ol>	<p><b>ON-GOING</b></p>
<p><b>EXAMINATION DIAGNOSIS &amp; TREATMENT</b></p>	<p><b>COMMUNICATION:</b> Increase awareness for patients of the supports available if they wish to speak to someone about their worries and concerns.</p>	<ol style="list-style-type: none"> <li>1. A campaign of awareness raising amongst patients about sharing concerns and speaking to staff about anything that they are worried about will be promoted.</li> </ol>	<p><b>ON-GOING</b></p>
	<p><b>COMMUNICATION:</b> Provide more accessible health information to patients.</p>	<ol style="list-style-type: none"> <li>1. Establish all types of Patient information leaflets available in SUH.</li> <li>2. Patient information leaflets will be reviewed and updated where necessary and further leaflets will be developed where need is identified.</li> <li>3. Recommended sources for accessing evidence based patient information promoted amongst patients.</li> <li>4. The purpose of this work is to improve health information available to patients for their entire healthcare journey, from admission to discharge.</li> </ol>	<p><b>ON-GOING</b></p>

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<b>EXAMINATION DIAGNOSIS &amp; TREATMENT</b> 	<b>COMMUNICATION:</b> Better communication skills and effective ward round communication from all health-care staff.	1. Ongoing Series of Education Programmes focusing on communication and information, and including topics such as bereavement, end of life care, breaking bad news.	ON-GOING
		2. Team progressing work on improving Clinical Handover across all specialties'.	2018+
		3. Guidance on effective ward round communication will be available to staff, in line with the National Healthcare Communication Programme.	ON-GOING
<b>DISCHARGE OR TRANSFER</b> 	<b>COMMUNICATION:</b> Provide more information to patients at discharge.	1. All patient information leaflets are being reviewed by the patient forum and the content about "going home"	ON-GOING
		2. Review of all patient information leaflets and review content of same re "contact details" if something goes wrong, this information to be given to patients by the pharmacist before discharge.	
		3. Project currently being undertaken on improving Discharge Planning, nurse led discharge programme is being implemented on a phased basis. Discharge checklist is being improved.	
		4. Medication management advice for patients has been reviewed.	
		5. Monthly monitoring and evaluation plan for measuring the improvement of patient discharge is ongoing.	
<b>PATIENT EXPERIENCE</b>	<b>DIGNITY &amp; RESPECT AND PRIVACY:</b> Improving and sustaining patient experience.	1. Hospital Management will continue to support and implement hospital-wide programmes which will enhance patient experience, such as: <ul style="list-style-type: none"> <li>- The continued work of "Friends of the Hospital".</li> <li>- The support for the role and function of Patient Advice and Liaison Services.</li> <li>- The involvement of volunteers.</li> <li>- Promote and value the roles of all staff through the '#Hello, my name is...' campaign.</li> <li>- 'Schwartz Rounds', proven to improve staff well-being, resilience and teamwork, and in-turn have an impact on improved person- centred care.</li> <li>- Programme on cultures of person-centredness.</li> <li>- Caring Behaviours Assurance Programme is being implemented.</li> <li>- Hospital Patient Forum are involved in all improvement programmes</li> <li>- Training has been provided to frontline staff in complaints handling.</li> <li>- Continued Senior Executive Quality and Safety Walk Arouns.</li> </ul>	ON-GOING

# RCSI Hospital Group



7. Beaumont Hospital, Dublin
8. Cavan and Monaghan Hospital
9. Connolly Hospital, Dublin
10. Louth County Hospital, Dundalk
11. Our Lady of Lourdes, Drogheda

Measurement of quality to drive improvement is one of the hallmarks of a high performing healthcare system. The RCSI Hospital Group already publishes a suite of performance metrics monthly on its website. The aim of publishing these metrics is to measure, track and generally guide performance in various dimensions of care across all clinical services. Patient experience information is a key component of these metrics.

Participation in the National Patient Experience Survey (NPES) is one of the methods the RCSI Hospital Group is using to collect patient experience information. This feedback will allow us to identify our strengths and weaknesses from a patient perspective and will assist in further driving quality improvement across services.

**Ian Carter**

Chief Executive Officer, RCSI Hospitals Group

WHAT PATIENTS SAID TO US

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<p><b>RAISING AWARENESS</b></p>	<p>We are continuing to engage with different groups of staff to brief them on the findings of the survey and facilitate workshops where there are robust discussions regarding actions for improvement to the system.</p>		<p><b>ON-GOING</b></p>
<p><b>ADMISSION TO HOSPITAL</b></p> 	<p><b>WAITING TIMES:</b> Reduce Emergency Department waiting times.</p>	<p>The Emergency Department Team continues to ensure that patients are moved as quickly as possible from trolleys to beds in ward areas.</p>	<p><b>ON-GOING 2018/19</b></p>
	<p><b>CONTINUOUS IMPROVEMENT:</b></p>	<p>The team have key improvement projects underway to ensure the ongoing comfort and safety of patients as follows:</p> <ul style="list-style-type: none"> <li>- A docking station was put in place for wheelchairs to ensure there were no delays in finding one when needed.</li> <li>- A project is starting focusing on patients belongings and keeping them safe and accessible at all times while in ED.</li> </ul>	<p><b>ON-GOING 2018/19</b></p>
	<p><b>COMMUNICATION:</b></p>	<p>Work is underway to improve communication with patients who are waiting to be seen. This involves nursing staff updating patients on a regular basis in the waiting area as well as monitoring their vital signs and giving pain relief if required.</p>	<p><b>ON-GOING 2018/19</b></p>
<p><b>CARE ON THE WARD</b></p> 	<p><b>NUTRITION:</b> Improve hospital food and nutrition.</p>	<p>The hospital has a well established Nutrition Steering Group whose focus is to improve the food given to patients which in turn supports good nutrition and promotes healing. Building on improvements identified in 2017 the focus of this group remains to:</p> <ul style="list-style-type: none"> <li>- Continue to review and refine the menu choices for patients, including looking at calorie content and healthy eating options.</li> <li>- Revise menu layout to make them more user friendly and provide a better description of meals for our patients.</li> <li>- Ensure that there is sufficient and appropriate food available for patients outside of scheduled mealtimes.</li> <li>- Design and conduct an audit to measure improvement.</li> </ul>	<p><b>ON-GOING</b></p>
<p><b>EXAMINATION DIAGNOSIS &amp; TREATMENT</b></p> 	<p><b>COMMUNICATION:</b> Improve accessibility to information in relation to diagnosis, condition, treatment and expectations.</p>	<p>We provide planned and acute services to a wide variety of specialties. Since receiving the 2017 survey results and building on these improvements in 2018, the feedback given by our patients is being used to review, update and develop information pertaining to diagnosis, condition and treatment.</p> <ul style="list-style-type: none"> <li>- We are ensuring that individual specialties are being informed of our patients' feedback so that they can improve the information that is provided. A number of information leaflets have been developed/updated since 2017.</li> <li>- We will continue to enhance the availability of user friendly information across a variety of sources.</li> <li>- The hospital is a pilot site for the National Healthcare Communication Training Programme which aims to improve a healthcare team member's communication skills which can have a profound impact on the experience of care for patients and their families.</li> </ul>	<p><b>ON-GOING</b></p>
<p><b>DISCHARGE OR TRANSFER</b></p> 	<p><b>COMMUNICATION:</b> Provide more information to patients at discharge.</p>	<p>As a major university teaching hospital we discharge patients to many different locations, such as; home, rehabilitation units, other local/regional hospitals and long-term care residential facilities. The hospital Discharge Committee is using this resounding feedback to develop its work plan for 2018/2019 to include:</p> <ul style="list-style-type: none"> <li>- Reviewing the information provided to patients on their discharge overall and in speciality areas.</li> <li>- A general discharge leaflet has been developed and is currently being launched which will be given to all patients prior to discharge. This leaflet will include a checklist for patients and staff to support a safe discharge.</li> </ul>	<p><b>ON-GOING</b></p>
<p><b>PATIENT EXPERIENCE</b></p>	<p><b>DIGNITY &amp; RESPECT AND PRIVACY:</b> Improving and sustaining patient experience.</p>	<p>The hospital welcomes the annual findings from the National Patient Experience Survey which provides valuable feedback from patients on their experience of care in this hospital. This information will continue to be used to inform, identify and support improvement work for all areas.</p>	<p><b>ON-GOING</b></p>



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<p><b>RAISING AWARENESS</b></p>	<p>We are continuing to engage with different groups of staff to brief them on the findings of the survey and facilitate workshops where there are robust discussions regarding actions for improvement to the system.</p>		<p><b>ON-GOING</b></p>
<p><b>ADMISSION TO HOSPITAL</b></p> 	<p><b>WAITING TIMES:</b> Reduce Emergency Department waiting times.</p> <p>Waiting times measured and reported.</p>	<ol style="list-style-type: none"> <li>1. In our Emergency Department activity and waiting times are actively measured at 6 and 9 hour intervals by the Senior Management Team. Any issues identified for patients are escalated.</li> <li>2. Each day we have a meeting where activity levels for our Emergency Department are reviewed.</li> <li>3. We have a process in place to oversee patient flow within the hospital on a daily basis.</li> <li>4. Patients are informed of waiting times in ED.</li> <li>5. A double triage system is proposed which will enable us to selectively review patients waiting in the Emergency Department.</li> </ol>	<p><b>ON-GOING</b></p>
<p><b>CARE ON THE WARD</b></p> 	<p><b>NUTRITION:</b> Improve hospital food and nutrition.</p>	<ol style="list-style-type: none"> <li>1. We are briefing all disciplines of staff on the findings of this survey:                     <ul style="list-style-type: none"> <li>- We have actively posted survey results on digital media and results are also displayed on posters throughout the hospital.</li> <li>- We have an active Nutritional Steering Committee in place in our hospital.</li> <li>- We have put a process in place for provision of replacement hot meals to alleviate missed meals.</li> <li>- The menus have been reviewed &amp; changed to ensure lunches are now freshly cooked.</li> <li>- All menus have been reviewed to contribute to the overall well-being &amp; recovery of our patients.</li> <li>- We have provided education on nutrition for Healthcare Assistants and Catering staff.</li> <li>- We have introduced a new snack round for patients.</li> <li>- We are continuously auditing &amp; surveying patient satisfaction on their nutritional needs and making appropriate changes.</li> <li>- Staff have been trained to provide for patients who require specific Feeding, Eating, Drinking &amp; Swallowing needs in our hospital.</li> </ul> </li> <li>2. Senior Management are in the process of working on a system to ensure that patients will be undisturbed during Protected Mealtimes, Medical staff will be encouraged to take their own meal breaks at this time.</li> <li>3. The National Draft Policy for Nutrition will be ready for implementation in the hospital in 2019.</li> </ol>	<p><b>ON-GOING</b></p> <p><b>ON-GOING</b></p> <p><b>2019+</b></p>
<p><b>EXAMINATION DIAGNOSIS &amp; TREATMENT</b></p> 	<p><b>COMMUNICATION:</b> Information on medication effects and side effects will be provided to patients while in hospital.</p>	<ol style="list-style-type: none"> <li>1. We have put in place an education programme to enable medical staff to counsel patients on newly prescribed medications.</li> <li>2. Patient information leaflets are now available on the Hospital Staff Hub which is accessible by staff on every computer terminal within departments ensuring easy printing. These information leaflets can be used by staff to counsel patients on the medications.</li> <li>3. We have introduced Anticoagulation Counselling Service throughout the hospital for patients who require this service.</li> <li>4. Clinical Nurse Specialists continue to support their patient cohort with good communication on medication.</li> <li>5. There is an ongoing inventory of medication leaflets being compiled. All patient information leaflets are in the process of being standardised.</li> </ol>	<p><b>ON-GOING</b></p>

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<p><b>DISCHARGE OR TRANSFER</b></p>	<p><b>COMMUNICATION:</b> Provide more information to patients at discharge.</p>	<ol style="list-style-type: none"> <li>1. We have a multidisciplinary group to focus on the discharge letter and discharge prescriptions for patients on discharge.</li> <li>2. We have in place a policy on the management of patients who are commenced on New Oral Anticoagulant (NOAC), Direct Oral Anticoagulants (DOAC) and Warfarin medications. Where possible Pharmacy Staff provide counseling services to patients on NOAC &amp; DOAC medication. Hospital approved information leaflets on NOAC &amp; DOAC are available in the clinical areas.</li> <li>3. We have added patient information leaflets when available to our Hospital Medicines Management Policy.</li> <li>4. We now have contact details for the hospital in all Discharge letters should patients have any concerns upon discharge.</li> <li>5. We have established a "Getting you home" campaign.</li> <li>6. Audit of GP's re discharge letter planned</li> <li>7. Discharge policy needs to be completed and implemented</li> <li>8. Information leaflet drafted for patients on preparing for discharge</li> </ol>	<p><b>ON-GOING</b></p>
<p><b>CONTINUOUS IMPROVEMENT</b></p>	<p><b>COMMUNICATION:</b> Winter flu vaccine actively promoted.</p>	<ol style="list-style-type: none"> <li>1. There is a major campaign to encourage all staff to participate in the Active flu campaign.</li> </ol>	<p><b>ON-GOING</b></p>

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<p><b>RAISING AWARENESS</b></p>	<p>We are continuing to engage with different groups of staff to brief them on the findings of the survey and facilitate workshops where there are robust discussions regarding actions for improvement to the system.</p>		<p><b>ON-GOING</b></p>
<p><b>ADMISSION TO HOSPITAL</b></p> 	<p><b>WAITING TIMES:</b> Reduce Emergency Department waiting times.</p>	<ol style="list-style-type: none"> <li>1. We have opened a transit care lounge to facilitate timely discharge and therefore allow earlier access to a ward bed.</li> <li>2. We have extended our working day for Patient Flow staff to 8pm daily, 7 days per week to improve efficiency.</li> <li>3. A discharge cleaning team and portering services are now available. Earlier in the day to ensure that beds which patients have just left are prepared and ready for use.</li> <li>4. We have introduced local arrangements to transfer patients to other care facilities early in the day, allowing access to a bed sooner.</li> <li>5. The multidisciplinary team plan today for tomorrow in an effort to try and make sure that ward beds are used effectively and that patients admitted in ED get to a bed as soon as possible.</li> <li>6. We have re-established core wards, meaning that patients are admitted. To their speciality ward the first time where possible.</li> </ol>	<p><b>ON-GOING</b></p>
<p><b>CARE ON THE WARD</b></p> 	<p><b>NUTRITION:</b> Improve hospital food and nutrition.</p>	<ol style="list-style-type: none"> <li>1. We are raising awareness with all staff via team meetings about the importance of mealtimes and ensuring if a patient misses a meal they get a replacement meal.</li> <li>2. We aim for all patients to be given a menu once admitted to a ward.</li> <li>3. Information will be provided to patients so they are aware that choices and extra portions are available.</li> <li>4. The evening tea service is being expanded and standardised. Evening tea services will be given from a trolley with a variety of snack options.</li> <li>5. Skills in food presentation, allergens, therapeutic diets and food safety to be delivered to all catering assistants.</li> <li>6. The catering department has started regular patient satisfaction surveys and audit of food service temperatures.</li> <li>7. The catering department is improving their process for ensuring that hot meals/snacks reach the patient quickly.</li> </ol>	<p><b>ON-GOING</b></p>
<p><b>EXAMINATION DIAGNOSIS &amp; TREATMENT</b></p> 	<p><b>COMMUNICATION:</b> Improve the availability of information and encourage staff to ensure there is time and opportunity to ask questions and understand treatments.</p>	<ol style="list-style-type: none"> <li>1. We are examining the patient information we currently provide to see where gaps exist so that we can ensure that all patients are provided with information on their condition and treatment in a way that is easy for them to understand.</li> <li>2. We are engaging with all staff to ensure that patients are given adequate time to discuss their condition and treatment and ask questions.</li> <li>3. Training for staff in communication, patient advocacy, end of life care and breaking bad news is provided regularly.</li> <li>4. Information for patients about support services available to them during their hospital stay will be enhanced.</li> <li>5. A campaign of awareness for patients about sharing concerns and speaking to staff about anything that they are worried about will be promoted.</li> </ol>	<p><b>ON-GOING</b></p>
	<p><b>COMMUNICATION:</b> Improve the availability of information regarding medications.</p>	<ol style="list-style-type: none"> <li>1. We are ensuring that whenever possible information on medications is delivered in a way that is easy to understand and provided at the earliest opportunity.</li> </ol>	<p><b>ON-GOING</b></p>

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<p><b>DISCHARGE OR TRANSFER</b></p>	<p><b>COMMUNICATION:</b> Ensuring patients feel they are involved in decisions about their discharge from hospital.</p>	<ol style="list-style-type: none"> <li>1. We will provide education to staff around the importance of the discharge process.</li> <li>2. We are engaging with staff to ensure that patient needs on discharge are discussed with patients and families at the earliest opportunity and that patients and their families are aware of the predicted date of discharge.</li> <li>3. We are re-developing a discharge leaflet to help raise awareness with Patients and their families around the discharge process, to give them pointers about what questions to ask about their care to empower them to get involved in decisions about their care.</li> </ol>	<p><b>ON-GOING</b></p>
	<p><b>COMMUNICATION:</b> Ensuring patients know who to contact if worried and what they should and shouldn't do once home.</p>	<ol style="list-style-type: none"> <li>1. We are working to ensure patients are aware what to do if they have any concerns after discharge.</li> <li>2. We are identifying if we have any gaps in the written information we provide patients in order to make improvements.</li> </ol>	
<p><b>PATIENT EXPERIENCE</b></p>	<p><b>DIGNITY &amp; RESPECT AND PRIVACY:</b> Improving and sustaining patient experience.</p>	<ol style="list-style-type: none"> <li>1. We are supporting staff to care for patients and their families/carers by implementing staff support groups such as 'Schwartz Rounds'.</li> <li>2. We continue to develop all our staff by enhancing and improving their clinical, leadership and communication skills.</li> <li>3. We will continue to develop and implement person and family/carer centred care through learning and improving programmes for all staff.</li> <li>4. We will continue to create opportunities to engage and listen to our patients and staff throughout the organisation with the aim to continuously improve our patients' journey.</li> </ol>	<p><b>ON-GOING</b></p>

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<b>RAISING AWARENESS</b>	We are continuing to engage with different groups of staff to brief them on the findings of the survey and facilitate workshops where there are robust discussions regarding actions for improvement to the system.		<b>ON-GOING</b>
<b>ADMISSION TO HOSPITAL</b> 	<b>WAITING TIMES:</b> Reduce Emergency Department waiting times.	1. We are working with all staff to ensure waiting times in the emergency department are consistently reduced.	<b>ON-GOING</b>
		2. Increase number of available beds with opening of second ward in Phase 2.	<b>ON-GOING</b>
<b>CARE ON THE WARD</b> 	<b>NUTRITION:</b> Improve hospital food and nutrition.	1. We are carrying out a review of our menu selections to ensure patients have a choice of a meal.	<b>ON-GOING</b>
		2. We are raising awareness with all staff so if a patient misses a meal they will ensure patients get appropriate nutrition.	
		3. We are ensuring there are healthy snacks available between main meals.	
		4. Information will be provided to patients so they are aware that choices and extra portions are available.	
		5. Skills in food presentation to be enhanced among the catering assistants.	
		6. New Hygiene Services Manager with remit for catering due to commence early November, 2018.	<b>NOV 2018</b>
		7. Audits of snacks provided and menu selections to recommence. Nutrition and Hydration working Group to reestablish to oversee the above.	<b>DEC 2018</b>
<b>EXAMINATION DIAGNOSIS &amp; TREATMENT</b> 	<b>COMMUNICATION:</b> Improve the availability of information.	1. Patient health information provided will be improved throughout the patient journey.	<b>ON-GOING</b>
		2. We are engaging with all staff to ensure that patient needs on discharge are discussed with patients and families at the earliest opportunity.	<b>ON-GOING</b>
		3. We are enhancing supports to fully enable patients to leave by 12 noon on the day of discharge. This will assist patients to arrive home or to their discharge destination during day time.	<b>ON-GOING</b>
		4. We are working to ensure patients are aware what to do if they have any concerns after discharge.	<b>ON-GOING</b>
		5. We are improving the availability of information on medications. We are also working to ensure this information is provided to patients and families at the earliest opportunity.	<b>ON-GOING</b>
		6. We are working to ensure patients are aware what to do if they have any concerns after discharge.	<b>ON-GOING</b>
		7. Poster presentation of survey to be displayed. Feedback information to be delivered to relevant staff.	<b>ON-GOING</b>
		8. Design questionnaire for telephone survey for the Acute Surgical Assessment Unit with subsequent follow up telephone calls.	<b>DEC 2018</b>
		9. We are improving the availability of information on medications. We are also working to ensure this information is provided to patients and families at the earliest opportunity.	<b>ON-GOING</b>
	<b>COMMUNICATION:</b>	1. We are promoting an initiative for all our staff to use when liaising with patients and their families/carers which is '#Hello, my name is...' Every staff member has been provided with a name badge which they wear while on duty. This will ensure that patients and their families/carers know the names of the staff who are caring for them.	<b>DONE</b>
2. We will allow time for patients and their families/carers to ask questions during ward rounds.	<b>ON-GOING</b>		

WHAT PATIENTS SAID TO US

LISTENING RESPONDING & IMPROVING



<b>EXAMINATION DIAGNOSIS &amp; TREATMENT</b> 	<b>COMMUNICATION:</b> Improve the availability of information.	3. We are working to ensure staff communicate effectively with one another and with patients by promoting use of structured communication tools such as SBAR (Situation Background Analysis Recommendations).	NOV 2018
		4. Discharge Information Packs will be piloted by end of November 2018.	ON-GOING
		5. FAQs for discharge planning to be laminated for each patient's bedside.	ON-GOING
<b>DISCHARGE OR TRANSFER</b> 	<b>COMMUNICATION:</b> Provide more information to patients at discharge.	1. We are supporting staff to care for patients and their families/carers by continuing staff support groups such as 'Schwartz Rounds'.	Q1 2019
		2. We will continue to improve patient and staff experience through 'patient safety walk arounds' by the DON and GM.	ON-GOING
		3. We will continue to develop and implement person and family/carer centered care through learning and improving programmes for all staff.	ON-GOING
<b>STAFF EXPERIENCE</b>	<b>WELLBEING:</b> Improving staff well-being.	1. We continue to develop all our staff by enhancing and improving their clinical, leadership and communication skills through continuous professional development.	ON-GOING

12. Croom Orthopaedic Hospital
13. St. John's Hospital, Limerick
14. Ennis Hospital
15. Nenagh Hospital
16. University Hospital Limerick

## Foreword from Ms Colette Cowan CEO UL Hospitals Group for National Patient Experience Survey

In only its second year, the National Patient Experience Survey is already proving an invaluable driver for service improvement at UL Hospitals Group.

The active engagement of patients in service evaluation and development is extremely important to us.

This is achieved through formal structures and policies such as the Patient Advocacy and Liaison Service, the Patient Council and the Patient and Public Participation Strategy. In addition, we involve patients collectively and individually, through focus groups and the complaints process, as opportunities arise.

The NPES is another means through which we can improve the patient experience and I would like to thank the 1,155 patients, carers and relatives who took the time out to document their experiences: positive, negative or mixed.

In addition, I would like to thank our staff for taking the time to engage patients and explaining to patients the importance of maximising participation in this quality initiative.

There were many encouraging results for the Hospital Group in 2018. It is important to note that the experience of the majority of patients in UL Hospitals and across the country is a positive one. This is a tribute to the dedication, professionalism and kindness of our staff.

Of course, we must not lose sight of the essential purpose of the exercise, to drive service improvements. For the people who develop and implement quality improvement plans, it is encouraging to see the improved response in 2018 around admissions in UHL; the use of name badges group-wide; cleanliness and meals and mealtimes.

It is clear from the results that new or refined plans are required in areas such as the ED experience, discharge planning; communication and patient information leaflets.

The health of the Irish population is improving and key to that is a sincere partnership between healthcare organisations and the population they serve.

**Professor Colette Cowan**  
*Chief Executive Officer, UL Hospitals Group*

WHAT PATIENTS SAID TO US

LISTENING RESPONDING & IMPROVING



<b>CARE ON THE WARD</b> 	<b>NUTRITION:</b> Improve hospital food and nutrition for patients – paying special attention to those who missed meals as they were away from the ward for treatment or recovering from surgery.	1. 'Missed Meal Policy' & 'Protected Mealtime Policy' has been implemented. 2. We are continuing to monitor and support this by working together and working with our patients. 3. Meal times have been reviewed, the evening meal is being reviewed in response to patient requests. 4. Patient feedback is sought about the food at different times in the year.	2018-2019
	<b>COMMUNICATION:</b> Improve staff wearing name badges.	1. Name badges have been provided for all staff. 2. We are continuing to promote '#Hello, my name is...' campaign with staff introducing themselves and their roles.	2018-2019
<b>EXAMINATION DIAGNOSIS &amp; TREATMENT</b> 	<b>COMMUNICATION:</b> Increase awareness amongst patients in relation to support if they wish to speak to someone about their worries and concerns. Support opportunities for patients to speak with nursing staff.	1. The National Healthcare Communications Training Programme is planned to be delivered in 2019. This will support staff, through training and awareness raising, about the importance of best practice communication and giving time to patients to discuss their concerns. 2. Promotional Campaign to encourage patients to voice any worries or concerns they may have. 3. Continue to promote independent advocacy services such as SAGE.	2018-2019
	<b>COMMUNICATION:</b> Improve patient health information provided to patients throughout their healthcare journey.	1. Focus groups with patients to determine their health information needs are planned for 2018 and 2019. This will help ensure that the patients are well informed and empowered to ask questions about their care. 2. Information packs are provided to all patients at pre-operative assessment about expected length of stay and information requirements for discharge. 3. Review information leaflets in line with Health Literacy policy to support 'Plain English', making the patient information easier to read and understand.	2018-2019
	<b>COMMUNICATION:</b> Promoting improved communication skills and effective ward round communication amongst healthcare professionals.	1. Staff induction training includes a communication skills workshop. 2. 'Dealing with Bad News' and 'Final Journeys' training provided for staff. 3. Whiteboards for Ward communications, provided in each ward.	2018-2019
<b>DISCHARGE OR TRANSFER</b> 	<b>COMMUNICATION:</b> Improving access and distribution of written patient information about going home from hospital.	1. Findings from the patient experience survey continue to be shared with Drugs and Therapeutics committee focusing on the feedback relating to medication concerns on discharge. 2. Conduct a focus group with patients about their discharge health information needs. 3. Ensure that patients are involved in decisions about their discharge, have clear information about the danger signs to watch out for after discharge and who to contact if something goes wrong. 4. Promote community support programmes for patients to help them manage their health or chronic disease.	2018+

WHAT PATIENTS SAID TO US

LISTENING RESPONDING & IMPROVING



<b>PATIENT EXPERIENCE</b>	<b>DIGNITY &amp; RESPECT AND PRIVACY:</b> Improving and sustaining patient experience.	1. Support programmes for staff to discuss and share difficult and stressful situations in healthcare which cause burn-out and high levels of stress at work have started in UHL- these are called 'Schwartz Rounds'.	<b>2018-2019</b>
		2. Programme on Organisational Values, called Values in Action, and a programme to support the development of cultures of person-centeredness continue to be delivered.	
		3. Continue to use feedback from patients about what matters to them and patient stories to inform decision-making.	
		4. We will continue to collect patient stories during their admission to Croom Hospital and respond appropriately to this feedback.	
		5. We will continue to build on the role of the Patient Council and include the voice of the patient in all our work.	
		6. The CEO of UL Hospitals is fully committed to implementing and supporting this plan.	

The CEO of UL Hospitals is fully committed to implementing and supporting this plan.

WHAT PATIENTS SAID TO US

LISTENING RESPONDING & IMPROVING



<b>CARE ON THE WARD</b> 	<b>NUTRITION:</b> Improve hospital food and nutrition.	1. We have improved the menu for patients with renal disease to ensure enough balance, variety and choice.	2018
		2. The creation of high protein, high calorie menu for all patients identified as high risk, for malnutrition continuously being developed and monitored.	2018
		3. Protected mealtimes will continue to be supported and monitored. Improvements have been sustained during 2018.	Q1 2019
		4. Staff rotas have been amended in 2018 to ensure that sufficient support and assistance is provided to patients during meal-times.	
<b>EXAMINATION DIAGNOSIS &amp; TREATMENT</b> 	<b>COMMUNICATION:</b> Improve supply of written patient information.	1. An information booklet for in-patients has been updated and made available to patients. – Patients are encouraged to ask questions about their care and treatment, patient prompts have been incorporated into the revised and improved patient booklet, which all patients received upon admission to hospital.	2018
		2. A patient advocate has been invited to deliver education sessions for staff on communications skills.	ON-GOING
	<b>COMMUNICATION:</b> Increase awareness amongst patients to speak to someone about their worries and fears.	1. Information aimed at patients encourages and invite patients to speak to staff about their worries and fears, this patient prompt is incorporated into the information provided to patients upon admission	ON-GOING
		2. Clinical nurse specialists and staff nurses take more time to ask patients if there is anything they would like to discuss, and they are increasing their visibility across the hospital.	
		3. Leadership through the medication safety committee, promote the importance of staff explaining and providing information on all new medicines to patients.	
		4. Awareness raising amongst staff about providing information to patients in concise and understandable ways and then repeating key information throughout the patient stay to ensure that patients understand all relevant information about their health and follow-up care.	
	<b>COMMUNICATION:</b> Promoting improved communication skills and effective ward round communication amongst staff.	1. Workshops on staff induction continue to will raise awareness and provide information for staff on the importance of communication as a priority for improving patient experience.	ON-GOING
		2. Education Sessions for staff on how to “Break Bad News” will continue.	
		3. Awareness raising in relation to the importance of patient privacy is being promoted. Ensuring that the environment is conducive to discussion and that patients privacy is respected.	
4. Patient prompts made available to patients encourage patients to ask questions and to seek as much information as they need in relation to their care and treatment.			
<b>DISCHARGE OR TRANSFER</b> 	<b>COMMUNICATION:</b> Improve the Discharge Planning Process.	1. Staff are actively encouraging patient /family involvement in discharge planning process.	ON-GOING
		2. Patient prompts designed to encourage patients and their families are incorporated into information booklets provided to patients and encourage patients to be actively involved and engaged in discharge planning and their arrangements for going home.	
		3. All clinical staff are encouraged to inform patients and nominated family members in accessible language about the patients health condition and invite patients to take part in the care practices to support their competence and confidence in care giving at home.	
		4. The in-patient information booklet informs patients about who the patient is to contact if they have a problem following discharge from hospital. Patients will be provided with written information about the warning signs to look out for and who to contact if there is a problem after discharge.	



WHAT PATIENTS SAID TO US

LISTENING RESPONDING & IMPROVING



<b>PATIENT EXPERIENCE</b>	<b>DIGNITY &amp; RESPECT AND PRIVACY:</b> Improving and sustaining patient experience.	1. Continue to use patient feedback and address areas identified for improvement.	<b>ON-GOING</b>
		2. The Values in Action Programme is actively promoted across the hospital.	
		3. The Healthy Ireland Programme "Every Contact Counts" will be implemented in 2019.	
		4. The hospital CEO will use the NPES 2018 findings to inform Quality Improvement Priorities across the hospital.	

The CEO of UL Hospitals is fully committed to implementing and supporting this plan.

<p><b>CARE ON THE WARD</b></p> 	<p><b>NUTRITION:</b> Improve hospital food and nutrition for patients, especially for who missed meals because they were away from the ward for treatment or were recovering from surgery.</p>	<ol style="list-style-type: none"> <li>1. We have reviewed mealtimes – the evening meal has been moved to later time as patients have asked.</li> <li>2. We continue to improve practice to ensure that patients who have missed a meal are provided with a replacement meal and to ensure that mealtime is protected, in line with the 'Missed Meal' and 'Protected Mealtime' policies.</li> <li>3. We serve extra food for late snack and drinks.</li> <li>4. Patient feedback is sought about the food at different times in the year.</li> </ol>	2018-2019
	<p><b>COMMUNICATION:</b> Increase number of staff wearing name badges and introducing themselves.</p>	<ol style="list-style-type: none"> <li>1. All staff have been provided with a name badge.</li> <li>2. All staff are encouraged to introduce themselves to patients – '#Hello, my name is...' and their role.</li> </ol>	2018-2019
<p><b>EXAMINATION DIAGNOSIS &amp; TREATMENT</b></p> 	<p><b>COMMUNICATION:</b> Increase awareness for patients that support is available if they wish to speak to someone about their worries and concerns.</p>	<ol style="list-style-type: none"> <li>1. Staff will receive training, as part of the National Healthcare Communication Programme, focusing on building rapport and consultation skills.</li> <li>2. We are planning a promotional campaign to encourage patients to speak to someone about their worries and concerns.</li> <li>3. We will continue to provide appropriate information leaflets in suitable areas for patients, and ensure that the core leaflets, as identified by a Working Group, are available for all.</li> <li>4. The volunteer service will be reviewed to consider further development to provide support to patients in hospital and someone to talk to.</li> </ol>	2018-2019
	<p><b>COMMUNICATION:</b> Improve health information provided to patients throughout their healthcare journey.</p>	<ol style="list-style-type: none"> <li>1. Work is underway to make health information easier to read and understand, with patient representatives involved in this important initiative. A 'UL Hospitals Health Literacy Policy' is planned for launch in Q4 2018 to support the 'plain English' production of information for patients.</li> <li>2. Staff are encouraging patients to ask questions about their healthcare treatment options and plans. The "safer to ask" series of patient leaflets will be promoted as a way of empowering patients to be more involved in the decision making about their care.</li> <li>3. An information pack is provided to all patients before their operation about how long they can expect to stay in hospitals and what they need to know about going home.</li> </ol>	2018-2019
	<p><b>COMMUNICATION:</b> Promoting improved communication skills and effective ward round communication with healthcare professionals and patients. We will work together to ensure patient shave enough time to discuss their concerns with doctors, nurses and other health professionals.</p>	<ol style="list-style-type: none"> <li>1. New staff induction training includes a communication skills workshop.</li> <li>2. Training provided for staff on 'Dealing with Bad News' and 'Final Journeys', which looks at communication and end-of-life care.</li> <li>3. Whiteboards for improving communication among staff on each ward.</li> <li>4. The National Healthcare Communication Training Programme will be implemented in 2019, looking at developing skills around building rapport and consultation.</li> <li>5. We are developing notice boards with information for patients. Patients have been and will continue to be involved in developing this work.</li> </ol>	2018-2019

WHAT PATIENTS SAID TO US

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<p><b>DISCHARGE OR TRANSFER</b></p> 	<p><b>COMMUNICATION:</b> Improving access and delivery of written information about going home from hospital for patients. Improve information:</p> <ul style="list-style-type: none"> <li>- about discharge plans,</li> <li>- how patients can best manage their health when they leave hospital,</li> <li>- knowing about the purpose of medications and their side-effects; and</li> <li>- who to contact if something goes wrong.</li> </ul>	<ol style="list-style-type: none"> <li>1. We will hold focus groups with patients to find out more about their discharge health information needs.</li> <li>2. We will link with colleagues in other hospitals to see how we can best improve the discharge process for patients.</li> <li>3. We are sharing the findings of the patient experience survey with all staff including the committee on Drugs and Therapeutics, for the purposes of developing plans on improving medication information for patients.</li> <li>4. Posters are displayed in all clinical rooms encouraging patients to ask about their medications- we will continue to support patients to do this.</li> <li>5. Information booklets for patients with relevant information before and after discharge are being developed.</li> <li>6. Patients will be provided with clear information about the danger signs to watch out for after discharge and who to contact if something goes wrong.</li> <li>7. Community support programmes for patients to help them manage their health or chronic disease will be promoted.</li> </ol>	<p>2018-2019</p>
<p><b>PATIENT EXPERIENCE</b></p>	<p><b>DIGNITY &amp; RESPECT AND PRIVACY:</b> Improving and sustaining patient experience.</p>	<ol style="list-style-type: none"> <li>1. We are implementing support programmes for staff allowing them to discuss and share difficult and stressful situations in healthcare, are being implemented. One of these programmes is called 'Schwartz Rounds' - this has started in UHL. Mindfulness and stress management programmes for staff are available as part of Healthy Ireland initiatives.</li> <li>2. A programme focusing on the values and culture of the organisation, called 'Values in Action' is well underway with a strong leadership presence locally.</li> <li>3. We will continue to ask and listen to patients about what is important to them, and work to implement these areas, through gathering patient stories and 'What Matters to You' programme.</li> <li>4. On-going awareness training around care at end-of-life, including communication and appropriate care is being sustained.</li> <li>5. We will continue to build on the role of the Patient Council and include the voice of the patient in all our work</li> <li>6. The CEO of UL Hospitals is fully committed to implementing and supporting this plan.</li> </ol>	<p>2018-2019</p>

The CEO of UL Hospitals is fully committed to implementing and supporting this plan.

<b>CARE ON THE WARD</b> 	<b>NUTRITION:</b> Continue to improve hospital food and nutrition for patients, especially for who missed meals because they were away from the ward for treatment or were recovering from surgery.	<ol style="list-style-type: none"> <li>1. Patients who have missed a meal are provided with a replacement meal. Mealtimes are protected, to ensure that patient health and well-being is sustained while in hospital. This is in accordance with the 'Missed Meal Policy' and 'Protected Mealtimes Policy'.</li> <li>2. We have reviewed mealtimes – the evening meal time is being looked at in response to patient requests.</li> <li>3. We continue to serve extra food for late snack and drinks.</li> <li>4. We have developed an information leaflet for patients to inform them of mealtimes and visiting times and other important information about their stay in hospital.</li> <li>5. Patient feedback is sought about the food at different times in the year.</li> </ol>	2018-2019
	<b>COMMUNICATION:</b> Improve staff wearing name badges.	<ol style="list-style-type: none"> <li>1. Name badges have been provided for all staff.</li> <li>2. All staff are encouraged to introduce themselves and their role to patients - '#Hello, my name is...'</li> </ol>	2018-2019
<b>EXAMINATION DIAGNOSIS &amp; TREATMENT</b> 	<b>COMMUNICATION:</b> Continue to support patients to speak about their worries and fears. Support them to ask questions when they don't understand.	<ol style="list-style-type: none"> <li>1. The National Healthcare Communication Training Programme will be rolled out for all staff, helping support better communication with patients about diagnosis and results and what they mean.</li> <li>2. The PALS Volunteer 'Befriender' role, to support patient who may have worries or fears, or have no one else to talk to, has been implemented with great success. It will be evaluated this year and further developed.</li> <li>3. More volunteers will be recruited for this 'Befriender' role.</li> <li>4. Patient information leaflets addressing all key aspects of the patients journey and health will be consistently available for patients to support them in managing their own health.</li> </ol>	2018-2019
	<b>COMMUNICATION:</b> Improve health information provided to patients throughout their healthcare journey.	<ol style="list-style-type: none"> <li>1. A health literacy policy has been developed and will be launched in Q4 2018. This policy supports the implementation and provision of plain English health information for all patients.</li> <li>2. Staff will continue to encourage patients to ask questions about their healthcare treatment options and plans.</li> <li>3. The 'What Matters to You' programme encouraging patients to be involved in discussing what is important to them in their healthcare journey has been implemented and continues to be supported.</li> </ol>	2018-2019
	<b>COMMUNICATION:</b> Promoting improved communication skills and effective ward round communication with healthcare professionals and patients.	<ol style="list-style-type: none"> <li>1. New staff induction training includes a communication skills workshop.</li> <li>2. Training provided for staff on 'Dealing with Bad News' and 'Final Journeys', which looks at communication and end-of-life care, continues to be implemented.</li> <li>3. Whiteboards for improving communication among staff on each ward.</li> <li>4. Boards articulating what matters to patients will be implemented across the hospital.</li> </ol>	2018-2019

WHAT PATIENTS SAID TO US

LISTENING RESPONDING & IMPROVING



<p><b>DISCHARGE OR TRANSFER</b></p>	<p><b>COMMUNICATION:</b> Improving access and delivery of written information about going home from hospital for patients. Improve information:</p> <ul style="list-style-type: none"> <li>- about discharge plans,</li> <li>- how patient's can best manage their health when they leave hospital,</li> <li>- knowing about medications; and</li> <li>- who to contact if something goes wrong.</li> </ul>	<p>1. The Drugs and Therapeutics committee have reviewed and are developing an information leaflet for patients based on the findings of the survey. They are using patient feedback to inform plans on improving medication information for patients.</p>	<p>2018+</p>
		<p>2. Patients who commence on a new drug will continue to be given a written current information sheet printed from HPRA (Health Products Regulatory Authority) website.</p>	
		<p>3. Patients will be encouraged to be more involved in asking about medications and their plans for leaving the hospital- posters are on display to encourage this.</p>	
		<p>4. Information booklets for patients with relevant information before and after discharge have been developed and will continue to be promoted.</p>	
		<p>5. Patients are provided with clear information about the danger signs to watch out for after discharge and who to contact if something goes wrong.</p>	
		<p>6. We will work with colleagues other hospitals to ensure patient discharge information is effective and supportive for patients and their families.</p>	

<p><b>PATIENT EXPERIENCE</b></p>	<p><b>DIGNITY &amp; RESPECT AND PRIVACY:</b> Continuing to build on patient feedback and improve patient experience.</p>	<p>1. An 18 bed unit is opening in November 2018. This will enhance patient privacy and dignity and respect for patients in Nenagh Hospital.</p>	<p>2018-2019</p>
		<p>2. Mindfulness and stress management programmes for staff are also available as part of <i>Healthy Ireland</i>, as there is a strong link between staff well-being and patient experience.</p>	
		<p>3. A programme focusing on the values and culture of the organisation, called 'Values in Action' is ongoing.</p>	
		<p>4. We will continue to ask and listen to patients about what is important to them through the 'What Matters to You' programme.</p>	
		<p>5. Ongoing awareness training around care at end-of-life, including communication and appropriate care is provided.</p>	
		<p>6. The CEO of UL Hospitals is fully committed to implementing and supporting this plan.</p>	

The CEO of UL Hospitals is fully committed to implementing and supporting this plan.

WHAT PATIENTS SAID TO US

LISTENING RESPONDING & IMPROVING

TIME-SCALE

<b>ADMISSION TO HOSPITAL</b> 	<b>PATIENT EXPERIENCE:</b> Improve patient experience of dignity & respect and privacy.	<ol style="list-style-type: none"> <li>1. A new Emergency Department opened in May 2017.</li> <li>2. A designated 'End of Life Care' area is currently being finalised.</li> <li>3. The Values in Action programme, helping to support cultures of support and openness is continuing to be implemented with champions in the Emergency Department and throughout the hospital.</li> <li>4. The new Emergency Department is more spacious, with numerous private cubicles and treatment areas. This new facility has made a significant difference for patients, improving their privacy and dignity in the Emergency Department service.</li> </ol>	2018-2019
	<b>COMMUNICATION:</b> Improve communication between patients and staff.	<ol style="list-style-type: none"> <li>1. Communication training programmes for staff, including customer service training, has been developed and implemented and is available to all staff.</li> <li>2. Communication screens and leaflet areas are now in place throughout the new Emergency Department.</li> <li>3. Staff in ED are participating in the National Healthcare Communication Programme pilot.</li> </ol>	2018-2019
	<b>PATIENT SUPPORT:</b> Continue to enhance better patient support in ED.	<ol style="list-style-type: none"> <li>1. PALS (Patient Advocacy &amp; Liaison Services) Manager and volunteers are working in the new Emergency Department, playing an important role to improve patient experience.</li> <li>2. There is ongoing recruitment of volunteers in the Emergency Department.</li> <li>3. Information leaflets explaining the processes for triage in Emergency Department are available for patients.</li> <li>4. Comfort packs with hygiene products are available for patients who require them.</li> </ol>	2018-2019
	<b>WAITING TIMES:</b> Improve wait times for patients in ED.	<ol style="list-style-type: none"> <li>1. Several projects underway to help ensure patients are treated by the right staff in a timely way are underway. These are called 'Unscheduled Care', 'Kaizen' and 'Patient Experience Time' projects. These quality improvement initiatives aim to improve patient flow in the Emergency Department.</li> <li>2. Training for staff in these areas is also being provided.</li> <li>3. Extra beds are available with a short stay ward recently opened.</li> <li>4. Plans are well underway for a new 96-bed wing.</li> </ol>	2018-2019
<b>CARE ON THE WARD</b> 	<b>NUTRITION:</b> Continue to improve hospital food and nutrition for patients, especially for who missed meals because they were away from the ward for treatment or were recovering from surgery.	<ol style="list-style-type: none"> <li>1. Patients who miss a meal are provided with a replacement meal. This is in accordance with the 'Missed Meal' and 'Protected Mealtime' policies.</li> <li>2. Menus have been reviewed and made available to patients to help them choose their meals options.</li> <li>3. Meal times have been reviewed and the evening meal has been moved to later time in response to patient requests.</li> <li>4. A tannoy system is in place to inform visitors and staff of the protected mealtimes policy.</li> <li>5. Extra food is served for late snack and drinks.</li> <li>6. Menus have been improved and are personally distributed by catering staff</li> <li>7. Patient feedback is sought about the food at different times in the year.</li> </ol>	2018-2019
	<b>COMMUNICATION:</b> Improve staff wearing name badges and introducing themselves.	<ol style="list-style-type: none"> <li>1. Name badges have been provided for all staff.</li> <li>2. All staff are encouraged to introduce themselves to patients – '#Hello, my name is...' and their job.</li> </ol>	2018-2019



WHAT PATIENTS SAID TO US

LISTENING RESPONDING & IMPROVING



<p><b>EXAMINATION DIAGNOSIS &amp; TREATMENT</b></p>	<p><b>COMMUNICATION:</b> Continue to support patients to ask questions about their healthcare and speak about any worries or fears they may have.</p>	1. UHL is a pilot site for the National Healthcare Communications Training Programme. Best practice communication in supporting patients when in hospital and effective partnership in their care is promoted.	2018-2019
		2. A promotional campaign is being planned to encourage patients to speak up and seek help for their worries and concerns.	
		3. Members of the Pastoral Care team play a key role in the multi-disciplinary team in supporting patients who have worries or fears. Their role is being promoted on an ongoing basis.	
		4. Information leaflets, addressing key areas of health relating to the patient's journey, are made available in suitable areas for patients.	
		5. A successful pilot of a volunteer 'Befriender' role has been carried out; further recruitment is planned.	
	<p><b>COMMUNICATION:</b> Improve health information provided to patients throughout their healthcare journey.</p>	1. Work is underway to make health information easier to read and understand with patient representatives involved. The 'UL Hospitals Health Literacy Policy' will be launched in Q4 2018.	2018-2019
		2. Staff are encouraging patients to ask questions about their healthcare treatment options and plans.	
		3. Leaflets are available throughout the hospital relating to all key aspects of general health and patient wellbeing- this work has been piloted in UHL since the survey results in 2017 with significant input from patients and families.	
	<p><b>COMMUNICATION:</b> Promoting improved communication skills and effective ward round communication with healthcare professionals and patients.</p>	1. The new staff induction training includes a communication skills workshop.	2018-2019
2. Training provided for staff on 'Dealing with Bad News' and 'Final Journeys', looks at communication and end-of-life care and continues to be implemented.			
3. Whiteboards for improving communication among staff are on each ward.			
4. Electronic screens, as a result of patient feedback, in key circulation points are being planned.			
5. The National Healthcare Communication Programme will be rolled out to all staff in 2018 and beyond.			
<p><b>DISCHARGE OR TRANSFER</b></p>	<p><b>COMMUNICATION:</b> Improving access and delivery of written information about going home from hospital for patients. Improve information:</p> <ul style="list-style-type: none"> <li>- about discharge plans,</li> <li>- how patient's can best manage their health when they leave hospital,</li> <li>- knowing about medications; and</li> <li>- who to contact if something goes wrong.</li> </ul>	1. A focus group with patients to find out more about their discharge health information needs has been completed.	ON-GOING
		2. The findings of the survey informed the development of a leaflet with the Drugs and Therapeutics committee, with the aim of improving medication information for patients.	
		3. Patients who commence on a new drug are given a written current information sheet printed from HPRA (Health Products Regulatory Authority) website.	
		4. An information booklet for patients with relevant information before and after discharge has been developed- it has been piloted with patients and is due for launch in Q4 2018.	
		5. Community support programmes for patients to help them manage their health or chronic disease, have been implemented- one such example is the 'Survive and Thrive' Programme for Cancer patients following their treatment.	

WHAT PATIENTS SAID TO US

LISTENING RESPONDING & IMPROVING

TIME-SCALE

<p><b>PATIENT EXPERIENCE</b></p>	<p><b>DIGNITY &amp; RESPECT AND PRIVACY:</b> Continuing to build on patient feedback and improve patient experience.</p>	<p>1. Support programmes for staff allowing them to discuss and share difficult and stressful situations in healthcare are being implemented. One of these programmes is called 'Schwartz Rounds'. This has commenced in UHL since October 2018 and is held monthly. Mindfulness and stress management programmes for staff, are also underway, part of the <i>Healthy Ireland</i> initiatives.</p>	<p>2018-2019</p>
		<p>2. Programme focusing on the values and culture of the organisation, called 'Values in Action' is well underway with champions throughout all departments and wards. Focused awareness programmes implemented throughout the year.</p>	
		<p>3. We continue to ask and listen to patients about what is important to them, through gathering patient stories and 'What Matters to You' programme. The latter has been advanced further across additional wards and in the Intensive Care Unit.</p>	
		<p>4. Ongoing awareness training around care at end-of-life, including communication and appropriate care, are in place. Projects are well underway to create more dignified spaces for patients and families at end-of-life, such as a dedicated end-of-life care room for patients on one ward and a paediatric remembrance area on the hospital Church.</p>	
		<p>5. We continue to build on the role of the Patient Council and include the voice of the patient in all our work.</p>	
		<p>6. A Clinical Ethics committee has been launched with its focus on supporting clinicians, families and staff in ethically challenging cases.</p>	
		<p>7. The dignity and respect of patients to ensure they have trust and confidence is central to all our daily work and improvement efforts.</p>	
		<p>8. The CEO of UL Hospitals is fully committed to implementing and supporting this plan.</p>	
<p>The CEO of UL Hospitals is fully committed to implementing and supporting this plan.</p>			

# South/South West Hospital Group



17. Bantry General Hospital
18. Cork University Hospital
19. Kilcreene Orthopaedic Hospital
20. Mallow General Hospital
21. Mercy University Hospital, Cork
22. South Infirmary Victoria University Hospital, Cork
23. South Tipperary General Hospital
24. University Hospital Kerry
25. University Hospital Waterford

On behalf of the South/South West Hospital Group (S/SWHG) I would like to thank all patients across our hospitals who participated in this year's National Patient Experience Survey. The survey offers us a measure on the culmination of the work over the last two years and I would like to take this opportunity to again acknowledge and commend the hard work undertaken by staff in our hospitals who with patient groups are creating many of the improvements to our services.

Across the majority of our hospitals over 85% of patients said they had a 'good' or 'very good' overall experience, compared with 84% nationally. In three of our hospital 95%, 96% and 98% of patients rated their overall experience as 'good' or 'very good', I commend the work by managers and staff to achieve this rating whilst also recognising that we need to learn from the teams in these hospitals to improve the overall experience for all patients who attend our hospitals.

I am also delighted that the survey analysis has shown that the S/SWHG has achieved statistically significant improvements across the hospital group in three areas – care on the ward; examinations, diagnosis & treatment; and discharge or transfer from hospital. These results give us indications that hospitals have developed processes and systems that have led to improvements in the overall patient experience within S/SWHG. This provides a strong foundation for hospitals within our group to support each other. The group continues to work with key hospital personnel in the further development of improvement programmes.

The S/SWHG is currently developing its strategy direction. Following the review of the findings of last year's survey, the group recognised that the survey offered us an opportunity to strengthen our position in improving the experience of our patients through our hospitals working together. Therefore one of our strategic goals is to develop meaningful partnership with patients, their families, carers, advocacy groups and the public to realise our common vision as co-creators of healthcare and as a central tenet of our communication policy. To this end our intention over the coming years will be to develop, support and progress a patient & public participation model for S/SWHG and to further develop transparency and candour in the delivery of improvements in healthcare.

As CEO of S/SWHG I am committed to improving the patient experiences of care and services. I wish to once again thank all staff and managers who championed the survey, encouraged patients to participate, reviewed the survey findings and developed the hospitals improvement plans. I would like to especially thank all patients who provided their input to the survey. You have contributed to an invaluable body of work which will be used to bring about improvements to our health service.

**Mr. Gerry O'Dwyer**  
Chief Executive Officer, South/South West Hospital Group



WHAT PATIENTS SAID TO US

LISTENING RESPONDING & IMPROVING



<p><b>ADMISSION TO HOSPITAL</b></p> 	<p><b>PATIENT EXPERIENCE:</b> Improve patient experience of medical assessment unit in Bantry General Hospital</p>	<ol style="list-style-type: none"> <li>1. Team members of the Medical Assessment Unit, will continue to work to increase self-awareness among staff, and to engage in continuous improvement in the department to provide an improved experience for the patients, families, and the care teams.</li> <li>2. A Medication Administration Quality Improvement Project was undertaken by staff which improved medication safety for patients being seen at the Medical Assessment Unit.</li> <li>3. Nursing staff are undertaking study with a view to carry out and implement further quality improvement initiatives aimed at both staff and patients.</li> </ol>	<p>1-2 YRS</p>
<p><b>CARE ON THE WARD</b></p> 	<p><b>NUTRITION:</b> Improve hospital food and nutrition.</p>	<ol style="list-style-type: none"> <li>1. A Nutritional Care Committee, with multi-disciplinary representation, has been established for three years. The work of the Group includes policy, audit and improvement to hospital food nutrition and catering practices.</li> <li>2. The committee with oversee the implementation of the new HSE Food, Nutrition and Hydration Policy for Adult Patients, Staff and Visitors due to be finalised by Q\$ 2018.</li> </ol>	<p>6-12 MTHS</p>
<p><b>EXAMINATION DIAGNOSIS &amp; TREATMENT</b></p> 	<p><b>COMMUNICATION:</b> Increasing awareness in relation to support available to patients who want to speak to someone about their worries and concerns.</p>	<ol style="list-style-type: none"> <li>1. The hospital Chaplaincy together with staff will lead on a promotional campaign in relation to the role of all staff who can engage with patients who feel isolated or who have nobody to speak to about their worries and concerns. This work is in progress.</li> </ol>	<p>1-2 YRS</p>
<td data-bbox="343 976 568 1350"> <p><b>COMMUNICATION:</b> Improve health information for patients.</p> </td> <td data-bbox="568 976 1353 1350"> <ol style="list-style-type: none"> <li>1. Patient information leaflets in relation discharge is currently in progress as part of the nursing quality improvement project.</li> <li>2. Recommended sources for accessing evidence based patient information are being promoted.</li> <li>3. Patient information leaflets for care before and after an operation have been completed and they are available to patients.</li> <li>4. Information for patients and their families in relation to preventing falls in elderly patients is being improved. A falls awareness week was run by the hospital in October 2018. The local policy and patient information leaflets have been developed and are available.</li> </ol> </td> <td data-bbox="1353 976 1481 1350"> <p>6-12 MTHS</p> </td>	<p><b>COMMUNICATION:</b> Improve health information for patients.</p>	<ol style="list-style-type: none"> <li>1. Patient information leaflets in relation discharge is currently in progress as part of the nursing quality improvement project.</li> <li>2. Recommended sources for accessing evidence based patient information are being promoted.</li> <li>3. Patient information leaflets for care before and after an operation have been completed and they are available to patients.</li> <li>4. Information for patients and their families in relation to preventing falls in elderly patients is being improved. A falls awareness week was run by the hospital in October 2018. The local policy and patient information leaflets have been developed and are available.</li> </ol>	<p>6-12 MTHS</p>
<td data-bbox="343 1350 568 1585"> <p><b>COMMUNICATION:</b> Training for healthcare teams to improve their communication skills and effective ward round communication.</p> </td> <td data-bbox="568 1350 1353 1585"> <ol style="list-style-type: none"> <li>1. A training programme and guidance for staff on improving communications is being planned in 2019.</li> <li>2. The training programme on Open Disclosure is currently being implemented.</li> </ol> </td> <td data-bbox="1353 1350 1481 1585"> <p>1-2 YRS</p> </td>	<p><b>COMMUNICATION:</b> Training for healthcare teams to improve their communication skills and effective ward round communication.</p>	<ol style="list-style-type: none"> <li>1. A training programme and guidance for staff on improving communications is being planned in 2019.</li> <li>2. The training programme on Open Disclosure is currently being implemented.</li> </ol>	<p>1-2 YRS</p>
<p><b>DISCHARGE OR TRANSFER</b></p> 	<p><b>COMMUNICATION:</b> Provide more information to patients at discharge.</p>	<ol style="list-style-type: none"> <li>1. The nursing individualised care plan for all patients has been amended to incorporate a section for patients or their care givers to sign that they have received and understood the discharge information and advice given to them.</li> <li>2. Discharge information leaflet for patents is currently being developed as part of the Nursing Quality Improvement Project.</li> </ol>	<p>DONE</p> <p>6-12 MTHS</p>
<td data-bbox="343 1783 568 1989"> <p><b>COMMUNICATION:</b> Letting patients know who to contact if something goes wrong.</p> </td> <td data-bbox="568 1783 1353 1989"> <ol style="list-style-type: none"> <li>1. Patients will be informed about who they should contact if something goes wrong, after they leave hospital, this information will be contained in the new patient information leaflet on discharge (in progress).</li> <li>2. The stroke and cardiac rehabilitation programmes provide follow up and advice after patients have been discharged. Individual and group sessions information and information sessions are held with patients.</li> </ol> </td> <td data-bbox="1353 1783 1481 1989"> <p>6-12 MTHS</p> <p>ON-GOING</p> </td>	<p><b>COMMUNICATION:</b> Letting patients know who to contact if something goes wrong.</p>	<ol style="list-style-type: none"> <li>1. Patients will be informed about who they should contact if something goes wrong, after they leave hospital, this information will be contained in the new patient information leaflet on discharge (in progress).</li> <li>2. The stroke and cardiac rehabilitation programmes provide follow up and advice after patients have been discharged. Individual and group sessions information and information sessions are held with patients.</li> </ol>	<p>6-12 MTHS</p> <p>ON-GOING</p>

WHAT PATIENTS SAID TO US

LISTENING RESPONDING & IMPROVING



<b>DISCHARGE OR TRANSFER</b> 	<b>COMMUNICATION:</b> Providing information on medication side effects.	1. The hospital pharmacist provides information to patients commenced on New Oral Anti-coagulant treatment at the information sessions for patients after they have been discharged from the Stroke and Cardiac rehabilitation Unit.	<b>6-12 MTHS</b>
		2. A patient information leaflet is currently being developed by the medication safety committee to advice patients and families regarding their medications on discharge.	
	<b>COMMUNICATION:</b> Improving the overall discharge planning process.	1. The Medical Consultant discusses feedback on discharge issues with all new doctors at three monthly orientation sessions.	<b>ON-GOING</b>

WHAT PATIENTS SAID TO US

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<b>ADMISSION TO HOSPITAL</b> 	<b>PATIENT EXPERIENCE:</b> Quality Improvement Initiatives designed to improve patient experience of ED.	<ol style="list-style-type: none"> <li>All members of the ED teams are working together on quality improvement programmes (ED micro-systems) designed to improve patient experience of ED.</li> <li>Training is provided to staff to support them to implement the quality improvement programme and to make meaningful improvements to patient experience in ED.</li> <li>Patient Comfort packs are provided to patients who need them.</li> <li>A heightened Winter Flu Vaccine awareness campaign was implemented for 2018 to promote a high uptake of the vaccination.</li> </ol>	ON-GOING
	<b>WAITING TIMES:</b> Introduction of new systems of work to reduce the time patients spend in the ED.	<ol style="list-style-type: none"> <li>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.</li> <li>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.</li> <li>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.</li> <li>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.</li> <li>The Thoracic Lung surgical pathway has been revised.</li> <li>Patient Flow 18 was updated to include the implementation of the 5 fundamentals of unscheduled care.</li> <li>An Ambulance Arrival System has been implemented in the ED.</li> </ol>	ON-GOING
	<b>COMMUNICATION:</b> Management of complaints.	<ol style="list-style-type: none"> <li>Complaints are dealt with in a timely fashion and patient feedback and complaints are welcomed.</li> <li>ED are putting new suggestions boxes in the department to capture complaints, compliments and comments from patients.</li> <li>An information leaflet was developed for ED patients.</li> </ol>	ON-GOING
<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: <ol style="list-style-type: none"> <li>The hospital piloted ward catering assistants in 2018 on selected wards.</li> <li>The Hospital undertook a revision of all Menu's in 2018.</li> <li>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.</li> <li>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.</li> </ol> This work is constantly being evaluated and monitored to ensure that we are making a difference for patients.	1-2 YRS

WHAT PATIENTS SAID TO US

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<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.	<ol style="list-style-type: none"> <li>1. Patient information leaflets are being reviewed, updated and made available.</li> <li>2. Encouraging and promoting use of Surgical information leaflets.</li> <li>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.</li> </ol>	ON-GOING
<b>DISCHARGE OR TRANSFER</b> 	<b>COMMUNICATION:</b> Improving access and distribution of written patient information about going home from hospital.	<ol style="list-style-type: none"> <li>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.</li> </ol>	ON-GOING
	<b>COMMUNICATION:</b> Letting patients know who to contact if something goes wrong.	<ol style="list-style-type: none"> <li>2. Patients will be informed about who to contact after they leave hospital, when things go wrong, this work is underway.</li> </ol>	ON-GOING
	<b>COMMUNICATION:</b> Providing information on medication side effects.	<ol style="list-style-type: none"> <li>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.</li> </ol>	ON-GOING
	<b>COMMUNICATION:</b> Improving the overall discharge planning process.	<ol style="list-style-type: none"> <li>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.</li> <li>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.</li> <li>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.</li> </ol>	ON-GOING
<b>PATIENT EXPERIENCE</b>	<b>DIGNITY &amp; RESPECT AND PRIVACY:</b> Improving and sustaining patient experience.	<ol style="list-style-type: none"> <li>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 &amp; psychological aspects of their work that may otherwise build up, causing stress and anxiety.</li> <li>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.</li> <li>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.</li> <li>4. Training will be provided for key staff in the area of quality improvement, for example supporting Participation in the Quality Diploma programme.</li> <li>5. Encouraged patient participation in patient engagement and consultation sessions.</li> <li>6. The hospital continues work on ensuring patients are admitted to appropriate wards.</li> </ol>	ON-GOING

WHAT PATIENTS SAID TO US

LISTENING RESPONDING & IMPROVING



<p><b>CARE ON THE WARD</b></p> 	<p><b>NUTRITION:</b> Improve hospital food and nutrition.</p>	<ol style="list-style-type: none"> <li>1. The survey results were reviewed by the Nutrition and Hydration Committee who continue to work on initiatives regarding patients experience of food in the hospital e.g. snack menus, and developing further special diets.</li> <li>2. Protected Mealtimes are observed in Kilcreene.</li> <li>3. Additional choices of fruit are offered to patients at all meals.</li> <li>4. Evening snacks are offered to patients.</li> </ol>	<p><b>ON-GOING</b></p>
<p><b>EXAMINATION DIAGNOSIS &amp; TREATMENT</b></p> 	<p><b>COMMUNICATION:</b> Improve the availability of information.</p>	<ol style="list-style-type: none"> <li>1. The survey results have been brought to key leadership for a e.g. EMB, Safety and Quality Executive Steering Committee and the KROH Quality Improvement Working Group. Each level was asked to identify improvement plans for their services in response to our patients' feedback.</li> <li>2. We shared the results of the patient experience survey with all staff to raise their awareness of our patients' feedback. We requested service managers to review what is available, in relation to health information for patients, to identify deficits and work with their teams to address improvement priorities. As a result, they have developed a new multidisciplinary Joint Information Booklet (includes text and picture post-op exercises and FAQs), a revised Patient Admission Booklet, and information on planning for their discharge.</li> <li>3. A new Information Pack is given to patients at the Pre-Operative Assessment Clinic. It is patient-held, so that patients gather information relevant to their condition/intervention.</li> <li>4. We continue to provide education and support to patients with regard to their chronic orthopaedic condition during their inpatient stay.</li> <li>5. There are patient information displays in both the waiting areas and clinical areas.</li> <li>6. The Joint School provides pre and post operative education on an outpatient basis to prepare patients for their surgery, and support them after discharge.</li> </ol>	<p><b>ON-GOING</b></p>
<p><b>DISCHARGE OR TRANSFER</b></p> 	<p><b>COMMUNICATION:</b> Provide more information to patients at discharge.</p>	<ol style="list-style-type: none"> <li>1. We asked staff to ensure that patients receive sufficient and clear discharge information. In discussion, it seems that the shorter length of stay impacts on patients' opportunity to ask their consultant questions. This is a QIP for 2019.</li> <li>2. Patients are now followed up again at 6 months post surgery through the Joint School service.</li> <li>3. It is planned to improve the clinical pharmacy service to Kilcreene in 2019. This will improve our ability to meet patients' needs for medication information on discharge.</li> <li>4. The Medication Safety Committee continues a program of work on promoting good practice regarding medication safety and developing patient information materials in Kilcreene.</li> </ol>	<p><b>ON-GOING</b></p>
<p><b>PATIENT EXPERIENCE</b></p>	<p><b>DIGNITY &amp; RESPECT AND PRIVACY:</b> Improving and sustaining patient experience.</p>	<ol style="list-style-type: none"> <li>1. Seating has been secured so that visitors have chairs at the bedside. This was in response to feedback from NPES 2017.</li> <li>2. The Admission Waiting Area has been relocated so that patient privacy is improved during the admission process.</li> <li>3. Ongoing training is provided for all staff to equip them to appropriately respond to feedback at the frontline. Training on Your Service Your Say policy is provided as part of Patient Safety Program.</li> </ol>	<p><b>ON-GOING</b></p>

WHAT PATIENTS SAID TO US

LISTENING RESPONDING & IMPROVING



<b>ADMISSION TO HOSPITAL</b> 	<b>CONTINUOUS IMPROVEMENT:</b> Continuous improvement in the Medical Assessment Unit.	1. Continuous improvement is a priority of the Medical Assessment Unit, in Mallow General Hospital, we continue to increase self-awareness among staff and to engage in continuous improvement in the unit to provide an improved experience for the patients, families.	2018	
		2. Monitoring of progress made in relation to our performance indicators set for the Medical Assessment Unit, are consistently assessed.	ON-GOING	
<b>CARE ON THE WARD</b> 	<b>NUTRITION:</b> Improve hospital food and nutrition.	1. A Nutrition and Hydration steering committee was established at Mallow General Hospital, with the aim of improving hospital nutrition and catering for patients and staff alike. Additional choice for patients was introduced. Further work in this area continues.	ON-GOING	
		2. All patients admitted to hospital are assessed for being at risk of malnutrition, they are provided with food which is of high calorific balance to prevent further deterioration. Additional snacks have been introduced.		
		3. The protected meal-times policy is implemented and supported hospital wide to give patients protected time to eat their meals so this can improve their food intake and nutrition. This also contributes to their overall wellbeing and recovery.		
		4. Patients who require assistance at meal-time are provided with additional support.		
<b>EXAMINATION DIAGNOSIS &amp; TREATMENT</b> 	<b>COMMUNICATION:</b> Increase awareness for patients of the supports available if they wish to speak to someone about their worries and concerns.	1. Information for patients about support services available to them during their hospital stay will be enhanced. A campaign of awareness raising amongst patients about sharing concerns and speaking to staff about anything that they are worried about will be promoted.	ON-GOING	
		<b>COMMUNICATION:</b> Provide more accessible health information to patients.	1. Recommended sources for accessing evidence based patient information promoted amongst patients, to improve health information available to patients for their entire healthcare journey, from admission to discharge.	ON-GOING
			<b>COMMUNICATION:</b> Better communication skills and effective ward round communication from all health-care staff.	1. Ongoing Series of Education Programmes focusing on communication and information, and including topics such as bereavement, end of life care, breaking bad news, is available for staff.
2. Guidance on effective ward round communication will be available to staff. Together with training on effective ward round communication.	2018+			
<b>DISCHARGE OR TRANSFER</b> 	<b>COMMUNICATION:</b> Provide more information to patients at discharge.	1. All patient information leaflets will be reviewed and the content about "going home", with particular focus on medication management.	ON-GOING	
		2. Review of all patient information leaflets and review content of same re "contact details" if something goes wrong.		
		3. Project currently being undertaken on improving Discharge Planning.		
<b>PATIENT EXPERIENCE</b>	<b>DIGNITY &amp; RESPECT AND PRIVACY:</b> Improving and sustaining patient experience.	Hospital Management will continue to support and implement hospital-wide programmes which will enhance patient experience, such as:	ON-GOING	
		1. The support for the role and function of Consumer Services Dept.		
		2. Promote and value the roles of all staff through the '#Hello, my name is...' campaign.		
3. Sharing the comments and feedback from patients and service users amongst all staff.				

WHAT PATIENTS SAID TO US

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<p><b>ADMISSION TO HOSPITAL</b></p> 	<p><b>WAITING TIMES:</b> Reduce Emergency Department waiting times.</p>	<ol style="list-style-type: none"> <li>All members of the ED teams are working together on quality improvement programmes designed to improve patient experience of ED and to improve the patient experience of waiting times in MUH.</li> <li>MUH is monitoring wait times in ED to ensure that the National Targets set for ED services are not exceeded.</li> <li>The Winter Flu Vaccine is actively promoted to maintain high uptake and to prevent excessive demands in ED over the Winter Period.</li> <li>MUH is actively working with the Special Delivery Unit on the 5 Fundamentals of Unscheduled Care.</li> <li>MUH ED implemented a 3 month pilot of Rapid Assessment &amp; Treatment (RAT) in July 2018, plan is to continue this pilot for a further 3 months.</li> <li>Ongoing pilot of combined acute &amp; community Frailty Intervention Therapy (FITT).</li> <li>Patient Comfort packs are provided to patients who need them.</li> </ol>	<p><b>ON-GOING</b></p>
<p><b>CARE ON THE WARD</b></p> 	<p><b>NUTRITION:</b> Improve hospital food and nutrition.</p>	<ol style="list-style-type: none"> <li>Patients who are at risk of being malnourished will be identified and a nutritional menu designed to improve their health and wellbeing, will be provided for them. MUST screening tool is currently being rolled out.</li> <li>Nutritional menu (high protein/high energy) which is tailored to the patient specific nutritional needs is reviewed on a yearly basis.</li> <li>Mealtimes will be protected in the hospital to ensure that all patients, receive adequate time and opportunity to receive nutritious meals. Introducing Meal Time Matters – focus on assisted feeding.</li> </ol>	<p><b>12 MTHS+</b></p>
<p><b>EXAMINATION DIAGNOSIS &amp; TREATMENT</b></p> 	<p><b>COMMUNICATION:</b> Increasing awareness in relation to support available to patients who want to speak to someone about their worries and concerns.</p>	<ol style="list-style-type: none"> <li>The Patient Liaison Officer, together with the Pastoral Care team and hospital volunteers are promoting awareness amongst patients that they are available to patients to speak to them, about any worries or concerns that they may have.</li> <li>The roles of key members of staff (including all clinical staff) and advocates will be promoted to help patients understand that they are not alone and that they can always speak to someone.</li> <li>MUH developing diverse ways of engaging with patients and their families in a dynamic way recognising patients as partners in their own care.</li> </ol>	<p><b>ON-GOING</b></p>
	<p><b>COMMUNICATION:</b> Improve health information for patients.</p>	<ol style="list-style-type: none"> <li>Patient information leaflets are reviewed and made available for all patients, as well as new sources of information when available.</li> <li>Information leaflets on specific health conditions will be made available to patients together with information on the hospital (patient information booklet; MUH website).</li> <li>Recommended sources for sharing clear and evidence based patient/health information will be promoted amongst patients.</li> <li>A team of staff are currently reviewing the importance of patient involvement in decision making about their care, and promoting the National Consent Policy in MUH.</li> </ol>	<p><b>ON-GOING</b></p>

WHAT PATIENTS SAID TO US

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<p><b>EXAMINATION DIAGNOSIS &amp; TREATMENT</b></p> 	<p><b>COMMUNICATION:</b> Improve communication skills and effective ward round communication amongst healthcare teams.</p>	<ol style="list-style-type: none"> <li>1. Guidance of effective ward round communication will be shared with all staff.</li> <li>2. Improved processes for communication between healthcare teams during handover periods will be improved.</li> <li>3. The campaign aimed at improving staff introductions ‘#Hello, my name is...’ has been implemented, it is designed to improve communications between healthcare professionals and patients and it was developed by a patient to improve patient experience in hospital.</li> <li>4. Training is provided for staff on ‘Dealing with Bad News’ and ‘Final Journeys’ which looks at communication and end-of-life care.</li> <li>5. MUH is a pilot site for the National Healthcare Communication skills training programme.</li> </ol>	<p><b>1-2 YRS</b></p>
<p><b>DISCHARGE OR TRANSFER</b></p> 	<p><b>COMMUNICATION:</b> Improve access and distribution of written patient information about going home from hospital.</p>	<ol style="list-style-type: none"> <li>1. Information leaflets on specific health conditions will be made available to patients together with information on the hospital.</li> <li>2. Information on hospital website will be improved.</li> <li>3. A checklist for staff on discharge is in place and communication and patient information is prioritised at discharge.</li> </ol>	<p><b>1-2 YRS</b></p>
	<p><b>COMMUNICATION:</b> Letting patients know who to contact if something goes wrong.</p>	<ol style="list-style-type: none"> <li>1. Training and policy for staff on “open disclosure”, which is about letting patients know who to contact and about being open and honest when something goes wrong, is in place in MUH.</li> <li>2. Patients are informed as part of the discharge process about the danger signs to look out of and on who to contact if something goes wrong.</li> </ol>	
	<p><b>COMMUNICATION:</b> Providing information on medication side effects.</p>	<ol style="list-style-type: none"> <li>1. A programme designed to promote medication safety is in development in the hospital. A medication safety working group has been established.</li> <li>2. Information on medication side effects will be made available to patients.</li> <li>3. The Drugs and Therapeutics Committee at the hospital will use patient feedback to inform plans on improving information on medication for patients.</li> <li>4. The MUH will continue to develop information leaflets for patients with relevant information before and after discharge from hospital.</li> </ol>	<p><b>2-3 YRS</b></p>
<p><b>PATIENT EXPERIENCE</b></p>	<p><b>DIGNITY &amp; RESPECT AND PRIVACY:</b> Improving and sustaining patient experience.</p>	<ol style="list-style-type: none"> <li>1. The Values in Action Programme, designed to improve both patient and staff experience, and the organisational culture is being implemented, together with other programmes aimed at increasing awareness of the importance of dignity and respect and patient privacy.</li> <li>2. Hospital lead in Value &amp; Culture was appointed in August 2018.</li> </ol>	<p><b>ON-GOING</b></p>

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<b>CARE ON THE WARD</b> 	<b>NUTRITION:</b> Improve hospital food and nutrition.	<ol style="list-style-type: none"> <li>In 2018 SIVUH Nutrition Committee was expanded to include hydration steering committee and is now called the Nutrition and Hydration Committee.</li> <li>Quarterly meetings of Nutrition and Hydration steering committee multidisciplinary team including representation from department of dietetics, catering, nursing and quality.</li> <li>In 2018 senior dietitian from SIVUH was on the National steering committee that developed the draft national nutrition policy which once approved will be implemented in SIVUH.</li> <li>Protected meal times in place.</li> <li>Menu choice available for all meals.</li> <li>Replacement meals are available for patients who have missed a meal.</li> <li>Ongoing patient satisfaction survey on hospital food is used to monitor progress made in relation to how we are improving on hospital food and nutrition for patients</li> </ol>	<b>3-5 YRS+</b>
	<b>COMMUNICATION:</b> Improve Communications and the wearing of name badges amongst staff.	<ol style="list-style-type: none"> <li>All staff now has name badges as part of the '#Hello, my name is...' campaign. This was designed to improve communications between Healthcare professionals and patients.</li> <li>A total of 15 information sessions on '#Hello, my name is...' campaign were delivered to staff from all categories throughout the hospital. This captured over 300 staff thus far. The information session has now become part of the Hospitals Global Induction Training to educate new staff on the importance and goals of the campaign. A total of 900 name badges issued to date.</li> </ol>	<b>1 YEAR</b>
<b>EXAMINATION DIAGNOSIS &amp; TREATMENT</b> 	<b>COMMUNICATION:</b> Increasing awareness in relation to support available to patients who want to speak to someone about their worries and concerns.	<ol style="list-style-type: none"> <li>Promotional campaign in relation to the role of all staff, availability of key staff who can engage with patients who feel isolated or who have nobody to speak to about their worries and concerns.</li> </ol>	<b>1-2 YRS</b>
	<b>COMMUNICATION:</b> Improve Communications between healthcare professionals and patients.	<ol style="list-style-type: none"> <li>Clinical Handover project commenced for medical personnel with NCHD lead reviewing communication between the team.</li> <li>The hospital is providing training and education for staff on the Assisted Decision Making Capacity Act. This is to prepare for supported decision making across the hospital.</li> <li>The hospital has commenced a project to develop Statements of Purpose across wards, and departments that appropriately describes the services for patients.</li> <li>Share and promote best practice guidance and build awareness amongst staff in relation to effective ward round communications, including improving communication before and after procedures.</li> <li>Provide training for staff to improve their communication skills and effective ward round communication.</li> <li>Training for staff on Dealing with Bad News which looks at communication and end-of-life. A staff member has undertaken training in Delivering Bad News.</li> </ol>	<b>1-3 YRS</b>
	<b>COMMUNICATION:</b> Improve the provision of health information for patients.	<ol style="list-style-type: none"> <li>SIVUH is a test site for the National implementation of Criteria Led Discharge project; this involves a multidisciplinary approach to discharge.</li> <li>Work in partnership with our acute hospital colleagues to source additional evidence based patient information.</li> </ol>	<b>1-2 YRS</b>

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<p><b>DISCHARGE OR TRANSFER</b></p> 	<p><b>COMMUNICATION:</b> Improve Communication and information for patients when they are being discharged from hospital.</p>	<ol style="list-style-type: none"> <li>1. Access and the distribution of written patient information about going home from hospital will be improved. All patients are given information on contacts post discharge.</li> <li>2. Patients will be provided with information pertaining to medication side effects on which they have been commenced while in hospital or if current medications are affected by procedures.</li> <li>3. We are improving the overall discharge planning process.</li> <li>4. "Open Disclosure" training is in place to educate staff on being open and honest when something goes wrong.</li> <li>5. Procedure Specific Pilot Information Project is underway.</li> <li>6. Theatre Quality improvement Programme (TQIP) projects have commenced in relation to theatre utilization, start times &amp; recovery.</li> </ol>	<p>1-2 YRS</p>
<p><b>PATIENT EXPERIENCE</b></p>	<p><b>DIGNITY &amp; RESPECT AND PRIVACY:</b> Improving and sustaining patient experience.</p>	<ol style="list-style-type: none"> <li>1. Improving patient experience will be included on the agenda for team meetings and discussion forums.</li> <li>2. We will be reviewing, programmes of work which have made a difference for patients in other hospitals with a view to implementing them in the South Infirmary Hospital.</li> <li>3. The SIVUH is committed to improving patient experience and will work diligently with all staff to improve communication with patients and to improve the patients' journey.</li> <li>4. Patient Engagement Framework under development</li> </ol>	<p>ON-GOING</p>
<p><b>STAFF EXPERIENCE</b></p>	<p><b>WELLBEING:</b> Improving and sustaining staff well-being, as it integral to a positive patient experience.</p>	<ol style="list-style-type: none"> <li>1. Overall findings relating to patient interactions with staff and HR related feedback. Improving staff experience and well-being initiatives designed to support staff.</li> <li>2. Employee Assistance Program (EAP).</li> <li>3. In house education and initiatives related to mental health &amp; wellbeing and resilience.</li> <li>4. Wellbeing initiatives including mental health awareness week.</li> <li>5. In house theme days e.g. healthy eating.</li> <li>6. Occupational Health Support for staff.</li> <li>7. In house HR Training to line managers to support their own staff and to utilize policies correctly.</li> <li>8. Increasing numbers of staff trained as Dignity at Work program</li> <li>9. 'Flu vaccine Programme in place with incentives for staff to improve uptake</li> </ol>	<p>ON-GOING</p>

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<p><b>ADMISSION TO HOSPITAL</b></p> 	<p><b>PATIENT EXPERIENCE:</b> Improve Patient experience in the Emergency Department</p>	<ol style="list-style-type: none"> <li>1. 40 Additional Beds/ Unit currently under construction</li> <li>2. There is an on-going focus on reducing the number of patients on trolleys in the Emergency Department, in line with the HSE target times.</li> <li>3. ADON for Patient Flow in place</li> <li>4. CNM II for Overflow in place</li> <li>5. Frailty Pathway in place in ED</li> <li>6. Access to CNS Respiratory available for early assessment in ED</li> <li>7. Additional Advanced Nurse Practitioner posts (ANP) in place to enhance the care of older persons</li> <li>8. Integrated Care of the Older Persons (ICPOP) Team assisting with more prompt assessment for the care of the elderly</li> <li>9. Designated Ultrasound slots available each morning for ED</li> <li>10. Hub Meetings take place three times each day</li> <li>11. ED patients offered full hot and cold meals plus snacks and sandwiches throughout the day/evening/night</li> <li>12. Comfort (Squirrel) packs are available for all ED patients on admission to overflow.</li> </ol>	<p>Q2 2019</p> <p>ON-GOING</p> <p>IN PLACE</p>
<p><b>CARE ON THE WARD</b></p> 	<p><b>NUTRITION:</b> Improve hospital food and nutrition.</p>	<ol style="list-style-type: none"> <li>1. All patients admitted to hospital are assessed for risk of malnutrition.</li> <li>2. A Nutrition and Hydration (N&amp;H) steering committee established at STGH has implemented and driving a number of initiatives within the past year. Focusing on specific themes. Study day scheduled for the 28th of November to revise progress on themes.</li> <li>3. Training for HCAs and Support Services staff scheduled for November 2018 in relation to diet ordering systems at ward level.</li> <li>4. Menus displayed in A3 size outside all ward kitchens.</li> <li>5. Patients who require assistance at meal-time are offered red trays.</li> <li>6. Patient name panel available at bed side to display specified dietary needs for patients.</li> <li>7. STGH have improved the menu selection. Menu cards available on each ward. Multicultural requirements are catered for. Food and meal satisfaction survey carried out by Catering Management.</li> <li>8. Protected meal time pilot survey carried out.</li> <li>9. Snacks and sandwiches available for patients on all wards.</li> <li>10. N &amp; H Group continue to focus on improvements at ward level. Trial carried out in relation to holding soup to observe if patients would eat their full dinner and dessert.</li> <li>11. Ward kitchens have been refurbished.</li> <li>12. Refurbishment of Medical 1 (28 bed Unit) underway Q4 2018 to improve patient environment.</li> </ol>	<p>STUDY 28 NOV</p> <p>IN PLACE</p> <p>ON-GOING</p> <p>IN PLACE</p> <p>IN PLACE</p> <p>ON-GOING</p> <p>RESULTS AWAIT</p> <p>IN PLACE</p> <p>ON-GOING</p> <p>IN PLACE</p> <p>ON-GOING</p>

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<p><b>EXAMINATION DIAGNOSIS &amp; TREATMENT</b></p> 	<p><b>COMMUNICATION:</b></p>	<ol style="list-style-type: none"> <li>Promotional campaign in relation to the role of all staff, availability of key staff who can engage with patients who feel isolated or who have nobody to speak to about their worries and concerns.</li> <li>'#Hello, my name is...' was introduced in 2018.</li> <li>The "safer to ask" series of patient leaflets will be promoted as a way of empowering patients to be more involved in the decision making process.</li> <li>Newsletter post care and information leaflets for all patients introduced in Q3 2018.</li> <li>Ongoing Series of Education Programmes focusing on communication and information to increase staff awareness around patient communication needs including topics such as bereavement, end of life care, breaking bad news, is available for staff.</li> <li>Community Intervention Team (CIT) and OPAT working closely with the hospital to assist with early supported discharges. Numbers of interventions have increased from 15 to 20 per week in 2018.</li> <li>Patients provided with clear information about complications to watch for post discharge and who to contact for information.</li> <li>Patient Representative Service User Group in place. Patient Engagement workshop planned for 22nd November 2018.</li> <li>Communication newsletter for publication for December 2018.</li> <li>Hospital signage review planned for 2019.</li> <li>Support from Hospital Pastoral Care Ministry and Support Team.</li> <li>Effective clinical handover proposed pathway.</li> </ol>	<p>IN PLACE</p> <p>IN PLACE</p> <p>ON-GOING</p> <p>ON-GOING</p> <p>ON-GOING</p> <p>ON-GOING</p> <p>IN PLACE</p> <p>ON-GOING</p> <p>IN PLACE</p> <p>DUE</p> <p>IN PLACE</p> <p>ON-GOING</p>
<p><b>DISCHARGE OR TRANSFER</b></p> 	<p><b>COMMUNICATION:</b> Provide more information to patients at discharge.</p>	<ol style="list-style-type: none"> <li>Preparing for discharge planning commences as part of the initial admission process.</li> <li>Discharge summary template is completed in real time to ensure the patient and GP receive a copy on discharge for all medical patients.</li> <li>Weekly meetings with Bed Management, Discharge Planning and Public Health in relation to long term care for patients and complex discharges.</li> <li>Discharge Planner available from Monday to Friday to assist patients and families with discharge arrangements.</li> <li>Discharge Lounge available Monday – Friday with designated staff to check and enhance information provided on discharge.</li> <li>Medication reconciliation supported in the Discharge Lounge.</li> <li>The referral process is in place for public health support in the community.</li> </ol>	<p>IN PLACE</p>

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<b>ADMISSION TO HOSPITAL</b> 	<b>PATIENT EXPERIENCE:</b> Quality Improvement Initiatives designed to improve patient experience of ED.	1. The feedback received in the patient experience survey, about their recent experience in ED will be used to inform the issues which need to be addressed, such as wait times, communication and the importance of privacy in ED.  A Rapid Access Treatment (RAT) programme was introduced to deal with less complex presentations and expedite referrals. It runs 4 days weekly at present. Business case pending for extra staffing registrar and nurse in order to expand to 7 days a week.	1-3 YRS
		2. A programme of work, called, The Clinical Microsystems Programme, is being planned in the Emergency Department, staff have received training and this work is designed to increase self-awareness among staff, and to engage them in continuous improvement in the department to provide an improved experience for the patients, families, and the care teams. Remains at planning stage.	
	<b>PATIENT EXPERIENCE:</b> Improving patient experience on admissions.	1. We have put in place a programme to assess the expected length of stay for patients admitted for care or treatment which was not planned. This is to help us manage the capacity of the hospital better and to improve patient experience. – Unscheduled Care Group, ground work to identify discharge barriers. Has been replaced with the nationally backed Five Fundamentals of Care	6 MTHS
<b>WAITING TIMES:</b> Understanding the reasons why patients are not able to be discharged.	1. Work will be carried to understand and identify barriers to Early Discharge the team working with frail elderly patients are carrying out an intervention which is being piloted in ED – Frailty Intervention Team (FIT) comprised of Physiotherapy, Occupational Therapy and Speech and Language Therapy members assess this cohort of patients in ED. It ensures supports for those who are discharged and early intervention for those who are admitted. Candidate ANPs also liaise with the FIT team.	ON-GOING	
<b>CARE ON THE WARD</b> 	<b>NUTRITION:</b> Improve hospital food and nutrition.	The Food and Nutrition Group, together with the support the Lead on Hospital Nutrition and Hydration, are planning and currently implementing improvements to the hospital food and nutrition. We will ensure that:	3-6 MTHS
		1. Adequate and suitable food and nutrition for ED patients, is available on a 24-hour basis. Installation of vending machines in the waiting room to provide snacks and hot drinks.  2. Healthy vending machines for patients and relatives is in place.  3. We will review catering facilities and personnel in ED on an ongoing basis. – Business case at an advanced stage to provide a dedicated catering service for admitted patients in the ED.  4. Working towards improving catering facilities meets in line with national standards.  5. We are improving ways in which we provide assistance to patients during meal times, "Assisted Meal Times". Nutrition and Hydration group adopted policy of 'assisted mealtimes' to incorporate 'Protected Mealtimes'. Also piloting 'red trays' on the medical floor.	6-12 MTHS
<b>EXAMINATION DIAGNOSIS &amp; TREATMENT</b> 	<b>COMMUNICATION:</b> Increasing awareness in relation to support available to patients who want to speak to someone about their worries and concerns.	1. A Promotional campaign in relation to the role of all staff, and their availability to engage with patients who feel isolated or who have nobody to speak to about their worries and concerns, will be implemented.- work in progress with chaplaincy and volunteer group.  2. We will assess the effectiveness of this initiative, auditing patient needs in relation to this issue, to understand if a hospital social worker or patient advice and liaison staff is required to work in this area.	1-2 YRS

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<b>EXAMINATION DIAGNOSIS &amp; TREATMENT</b> 	<b>COMMUNICATION:</b> Improving the provision of health information.	1. A programme designed to provide more accessible health information for patients is being developed. Patient information leaflets will be reviewed and made available.  2. Recommended sources for accessing evidence based patient information will be promoted. Candidate ANPs for the Older person and volunteer group piloted reminiscing therapy and deconditioning activity workshops.	<b>1-3 YRS</b>
	<b>COMMUNICATION:</b> Improve communication skills of healthcare professionals.	1. Training and support will be sourced to promote and encourage staff to improve their communication skills., Capacity building programme and related policy scoped and implemented.  2. Best practice guidance on effective ward round communication, the importance of communication as an important determinant of patient experience will be promoted. Time for patients to discuss care and treatment will be highlighted amongst all clinical staff. Introduction of Careful Nursing is pending.	
<b>DISCHARGE OR TRANSFER</b> 	<b>COMMUNICATION:</b> Improve the provision of health information on discharge.	1. We are improving access and distribution of written patient information about going home from hospital. We are letting patients know who to contact if something goes wrong and information on medication side effects.  2. An antibiotic leaflet has been prepared and is given to patients on discharge.	<b>ON-GOING</b>
<b>PATIENT EXPERIENCE</b>	<b>DIGNITY &amp; RESPECT AND PRIVACY:</b> Improving and sustaining patient experience.	1. Caring for patients and caring for staff in equal measure; when staff are looked after effectively, their ability to care for their patients in a caring and compassionate manner is enhanced, the following programmes of work designed to improve both patient and staff experience are in progress: <ul style="list-style-type: none"> <li>- 'Schwartz Rounds'</li> <li>- Healthy Ireland Programme</li> <li>- Caring Behaviours Assurance System</li> <li>- VIA-Values in Action, living the values of the organisation and spreading good behaviour.</li> <li>- Mindfulness course initially for nursing has been rolled out to all disciplines.</li> </ul>	<b>ON-GOING</b>
<b>STAFF EXPERIENCE</b>	<b>VALUES:</b> Promoting organisational values.	1. Together with the Quality Improvement Division, University Hospital Kerry commenced a programme seeking to value staff voices through Staff Listening Sessions and encourage creative problem solving through a quality improvement and Front Line Ownership, this work has positively impacted on both patient and staff experience.	<b>ON-GOING</b>

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**ADMISSION TO HOSPITAL**



**WAITING TIMES:**  
Reduce Emergency Department waiting times.

1. An additional Medical Registrar is on duty at weekends in UHW. This is a pilot project aiming to expedite patient admissions and discharges.
2. The WICOP initiative between the hospital and community continues to work on improving the pathway of care for elderly frail patients. Additional OT and PT resources have joined the team and there are 2 Advanced Nurse Practitioners in training.
3. The Older Persons Care Committee (multi-disciplinary) is working on a number of projects to improve the experience of older patients with dementia – when they come into the acute hospital setting.
4. UHW now has an ortho-geriatrics service which meets the needs of elderly people admitted with a fracture. Specific assessments and treatments are initiated during the acute phase of care aiming to prevent further fractures.
5. We plan to include a Medical Social Worker in the ED multidisciplinary team to provide early intervention and follow up.
6. A number of initiatives are in progress to improve access to diagnostics – especially diagnostic imaging, as we know this can delay patient flow. Short and longer term solutions are in progress.
7. Some additional key diagnostic imaging equipment has recently been installed (a 2nd CT and 2nd mammogram) in UHW. We anticipate approval for additional staff to operate these, as identified in the Estimates 2019 process.
8. The Patient Flow Steering and Project Groups continue their work to identify, understand and respond to issues as they emerge. New projects this year are to establish a nurse-led PICC line insertion service for patients who could go home on IV antibiotics. There is also a plan for an agreed admission pathway for patients from OPD/other services.
9. Following an audit of bottlenecks in the ED admissions process, the ED portering service has been improved to reduce delays in patient transfer.
10. A Nurse to Nurse Bed Side Handover now improves quality and safety of the patient care transfer between ED and the ward.
11. A particular focus at present is to enhance and support increase patient discharges throughout the weekend periods.
12. We continue to review the care needs/discharge plans of complex patients who are in hospital longer than 14 days. The next phase of this process is to review patients who are in the hospital for more than 7 days, so that their discharge needs can be proactively managed.
13. The case reviews above interface with the weekly UHW/Community Complex Delayed Discharge Forum which enables cross sector support for discharges with complex care requirements
14. We have further developed the Ward White Board to include key information for each patient e.g. falls risk. This means all members of the multidisciplinary team are aware of specific care needs of their patients and of their discharge plan.
15. This year there is increased capacity in the Waterford Caredoc Community Intervention Team (CIT) - which enables early supported discharge or admission avoidance for Waterford patients.
16. Patients from South Tipperary, Carlow and Kilkenny who use south east specialty services provided in UHW, can be supported by CIT services in or near their homes. We hope to have a Wexford CIT next year which will support Wexford patients.
17. Patients who require long term antibiotics can be supported at home through a collaboration between UHW and the local Community Intervention Team. This is part of the national OPAT program.

**ON-GOING**

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<p><b>ADMISSION TO HOSPITAL</b></p> 	<p><b>WAITING TIMES:</b> Reduce Emergency Department waiting times.</p>	<p>18. A new patient information leaflet has been developed which includes a checklist for discharge. This will be used initially in the Discharge Lounge to ensure patients leave the hospital with the information they need to support their recovery.</p> <p>19. New processes of care are being established in line with national guidance, to provide for those patients who present to UHW with, or who come in contact with a HCAI during their inpatient stay. Infection prevention and control have improved their surveillance, screening and follow up care processes – to ensure that patient flow and patient care are optimised. Patient Information materials have been developed to support patients/families in this event.</p> <p>20. The addition of the Dunmore Wing in 2019 will provide additional single rooms. This will improve the privacy experienced by our patients. UHW will also gain additional isolation facilities for patients with infection control needs. Seven rooms in the new build will provide high specification isolation conditions.</p> <p>21. The Dunmore Wing will enable improved End of Life care in UHW. Inpatient care will be offered through the Specialist Palliative Care Unit and outpatient care in the newly established Palliative Day Care Service.</p> <p>22. A Project Group is working on how UHW can optimize services for all patients when the new build is commissioned.</p> <p>23. Members of the UHW Paediatric Team are currently enrolled in the SAFE initiative in Royal College of Physicians. They are planning to undertake 2-3 high value projects for the Paeds Service for 2019, which will improve safety and quality in their services.</p>	<p><b>ON-GOING</b></p>
<p><b>CARE ON THE WARD</b></p> 	<p><b>NUTRITION:</b> Improve hospital food and nutrition.</p>	<p>1. The survey results were reviewed with the UHW catering staff and a number of actions agreed in response to the feedback from our patients.</p> <p>2. Two Catering Supervisors now visit all wards on a daily basis to gather patient feedback and develop quality improvement projects based on their findings.</p> <p>3. The survey results were reviewed by the Nutrition and Hydration Committee, who continue to work on initiatives regarding patients experience of food in the hospital e.g. snack menus, and developing further special diets.</p> <p>4. Additional education has been delivered over the past year to nursing staff in order to improve repeat screening of nutritional status in patients who remain in the hospital longer than 1- 2 weeks.</p> <p>5. The meal service to ED has been improved – hot and cold meals are delivered locally and served more quickly.</p>	<p><b>ON-GOING</b></p>
	<p><b>COMMUNICATION:</b> To support patients to talk about their worries and concerns.</p>	<p>1. The survey results have been brought to key leadership fora. Presented and discussed at:</p> <ul style="list-style-type: none"> <li>– Executive Management Board</li> <li>– Safety and Quality Executive Steering Committee</li> <li>– Directorate QSR meetings</li> <li>– CNM2 and CNM3 nursing meetings</li> </ul> <p>Each group requested to identify improvement plans for their services in response to our patients’ feedback.</p> <p>2. Ongoing targeted training supports service managers and ward managers in the various aspects of quality, safety and risk management so that they are equipped to respond to patients’ needs.</p> <p>3. Weekly training is offered to equip all staff to appropriately handle feedback at the frontline. Training on Your Service Your Say policy provided as part of Patient Safety Program.</p> <p>4. The existing family rooms (one on each floor and one in ED) are being upgraded. This is a joint initiative with the Hospice Friendly Hospital agency. This will improve the comfort and privacy for families at difficult times.</p>	<p><b>ON-GOING</b></p>

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<p><b>CARE ON THE WARD</b></p> 	<p><b>COMMUNICATION:</b> To support patients to talk about their worries and concerns.</p>	<ol style="list-style-type: none"> <li>5. There will be two additional family rooms in the new Dunmore Wing.</li> <li>6. Each room in the new South East Palliative Care Unit (to open in Q3 2019) will have a "pull down bed" in the single room so that family members can be accommodated overnight.</li> <li>7. UHW has a long established Patient Partnership Forum, which continues to work with us on a number of projects.</li> </ol>	<p>ON-GOING</p>
<p><b>EXAMINATION DIAGNOSIS &amp; TREATMENT</b></p> 	<p><b>COMMUNICATION:</b> Improving information for patients.</p>	<ol style="list-style-type: none"> <li>1. The survey results have been brought to the staff through a number of avenues – ebulletin, newsletter, briefing sessions, and through Directorate meetings.</li> <li>2. All current Patient Information Leaflets are now available to all staff across the services in UHW, through the Q Pulse document management system. We continue to develop the suite of information leaflets available.</li> <li>3. UHW is a pilot site for a national communication skills development project, the National Healthcare Communication Programme. Local facilitators have been trained and will provide a suite of briefings and workshops to all staff in Q4 and throughout 2019.</li> <li>4. We have requested assistance from Corporate Communications in order to access and improve the University Hospital Waterford and Kilcreene webpages.</li> </ol>	<p>ON-GOING</p>
<p><b>DISCHARGE OR TRANSFER</b></p> 	<p><b>COMMUNICATION:</b> Improving patient information about going home from hospital.</p>	<ol style="list-style-type: none"> <li>1. The UHW Safety and Quality Executive reviewed the NPES 2018 results, and identified as a priority the need to improve information to patients on their discharge, as our patients have told us this is what they want.  The Discharge Checklist is a first step to achieving this, and will be piloted in November.</li> <li>2. We continue to support our patients who have chronic diseases to access education/information and support from community-based voluntary support groups e.g. COPD, Stroke, Ankylosing Spondylitis.</li> <li>3. We will continue to promote healthy lifestyle and behaviours through our Patient Information displays in each OPD and some inpatient areas. Materials are good quality products from HSE INFORM Unit.</li> </ol>	<p>ON-GOING</p>
	<p><b>COMMUNICATION:</b> Providing information on medication side effects.</p>	<ol style="list-style-type: none"> <li>1. The Medication Safety Committee continues a program of work on promoting good practice regarding medication safety and developing patient information materials.</li> <li>2. It is planned to improve the clinical pharmacy service to cover all clinical areas in 2019. This will improve our ability to meet patients' needs for medication information. A national review of pharmacy staffing levels has indicated these should be augmented in UHW.</li> <li>3. Each patient leaves UHW with their Inpatient Discharge Prescription, which lists their medications on discharge. It is copied to their GP and their Health Care Record (HCR).</li> <li>4. The Medication Safety pharmacist provides education sessions to staff across the services on medication safety issues – so that staff can counsel patients more effectively on medication side effects.</li> <li>5. Ward staff are asked to give patients the medicines.ie information sheet for each of their medications – if the patient requests more information in preparation for discharge.</li> <li>6. We have further developed a range of specialty services patient information packs e.g. Methotrexate patient information pack for Rheumatology, chemotherapy regime pack for Cancer services, managing lymphedema after breast surgery, falls prevention booklet etc.</li> </ol>	<p>ON-GOING</p>

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<b>STAFF EXPERIENCE</b>	<b>WELLBEING:</b> Improving staff well-being.	1. Flu vaccination clinics are provided this year by peer vaccinators. This model is working very effectively to improve staff uptake.	<b>ON-GOING</b>
		2. Yoga, Pilates and various other staff health initiatives are offered on site.	
	<b>VALUES:</b> Promoting organisational values.	1. The annual UHW Quality Improvement Conference was held in May 2018. Over 50 abstracts were submitted and this indicated that more than 150 staff were actively involved in quality improvement projects in the previous 12 months.  Some of these projects have now won awards in national arenas e.g. Stroke service, PJ Paralysis, Nurse-led PICC line service for cancer patients, the DNAR pilot, and the establishment of a specialized geriatric oncology service.	<b>ON-GOING</b>
		2. The Hospital Theatre Group will again stage their annual comedy production this winter. Participation is hospital-wide and part of our culture over the past number of years.	

# Ireland East Hospital Group

Grúpa Ospidéal  
Oirthear na hÉireann



26. Cappagh National Orthopaedic Hospital, Dublin
27. Mater Misericordiae University Hospital, Dublin
28. Midlands Regional Hospital, Mullingar
29. Our Lady's Hospital, Navan
30. Royal Victoria Eye and Ear Hospital, Dublin
31. St. Columcille's Hospital, Loughlinstown, Dublin
32. St. Luke's General Hospital, Kilkenny
33. St. Michael's Hospital, Dun Laoghaire
34. St. Vincent's University Hospital, Dublin
35. Wexford General Hospital

## Delivering Quality, Safe, Patient Centred Care is at the core of the Ireland East Hospital Group

The Ireland East Hospital Group (IEHG) recognises the need for the development of a healthcare system that is sustainable and capable of delivering consistently high-quality services. The Group is committed to this ambition through the delivery of sustainable improvement utilising Lean in healthcare transformation. Our staff have been working tirelessly to ensure the recommended improvements from 2017 were implemented during 2018. These improvements will guarantee that the 1.1 million people we serve will receive quality and safe patient centred care. We wish to thank those patients who participated in the National Patient Experience Survey (NPES). We very much welcome their feedback.

For the second year in a row we are delighted our hospitals have achieved good results and I would like to pay tribute to the hard work and dedication of all the staff across the Hospital Group in delivering positive care experiences. However, we are cognisant that there are still improvements to be made and that this survey, acts as a measure to help us identify the areas we need to help our hospitals improve.

By continuing to use our Service Improvement Methodology we will achieve our key strategic target of delivering a sustainable and high-quality healthcare system at the lowest cost to the public.

The 2018 NPES results remind us that our own healthcare transformation vision is still on course. We must remember – that in line with the Slaintecare report – “patient needs come first in driving safety, quality and the coordination of care.”

### In 2019 we want to improve our NPES results while also focusing on:

1. Improving patient and staff experience and patient outcomes
2. Enhance capability of our hospitals to deliver operational excellence
3. Develop and enhance continuous improvement capabilities
4. Optimise patient flow and resource utilisation

Finally, I'd like to express my thanks and gratitude again to the patients from across the Hospital Group who took the time to provide their input into the survey. We also encourage all of our patients to give us feedback to help us improve the service we provide.

Ms Mary Day  
Group Chief Executive, Ireland East Hospital Group



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<b>CARE ON THE WARD</b> 	<b>NUTRITION:</b> Improve hospital food and nutrition.	1. Initiatives have been implemented to improve patient's nutrition and hospital food, including new patient mealtimes, Protected Mealtimes & Red Tray to identify patients requiring assistance at mealtimes.	ON-GOING
		2. Replacement Meals Initiative in place to patients who are away from ward during meal times.	
		3. Audits will be undertaken against the Essence of Care audit tool	Q2 2019
		4. Nutritional Screening (MUST Score) introduced for ARU patients and to be rolled out for orthopaedic patients.	
		5. Report findings of the patient experience survey to the Nutrition & Hydration Committee to action.	
	<b>COMMUNICATION:</b> Improve patient health information provided to patients throughout their journey including at discharge.	1. Healthcare Professionals to Participate in communication Skills Training.	Q2 2019
		2. Explore and provide communication workshops/ training for staff.	
		3. Capacity building programme and related policy to be scoped and implemented.	Q3 2019
4. Make all discharge leaflets available on the hospital website			
<b>DISCHARGE OR TRANSFER</b> 	<b>COMMUNICATION:</b> Improving the access and distribution of written patient information about going home.	1. Ensure all discharge leaflets are available on the hospital website.	Q2 2019
	<b>CONTINUOUS IMPROVEMENT:</b> Improving the overall Discharge from Hospital Process.	1. Discharge Planning has been introduced in Pre-Assessment Clinic. 2. Identification of Frailty – Assessment Tool introduced in Pre-Assessment Clinic.	ON-GOING
<b>PATIENT EXPERIENCE</b>	<b>DIGNITY &amp; RESPECT AND PRIVACY:</b> Improving and sustaining patient experience.	1. Implementation of Schwartz Rounds.	Q4 2019
		2. Development of a Family Room for patients of the ARU	
		3. Redevelopment of HDU	
		4. Redevelopment of Hospital Admissions	
		5. Development of an onsite shop for service users	

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<p><b>ADMISSION TO HOSPITAL</b></p> 	<p><b>PATIENT EXPERIENCE:</b> Improve patient experience of ED.</p>	<ol style="list-style-type: none"> <li>1. Initiatives to improve the patients journey through the ED to ensure patients (medical &amp; surgical) are being moved to the most appropriate area of treatment in the hospital. These initiatives have been enhanced by the introduction of the "Acute Floor Project", which has further improved the patient journey on the appropriate pathway of care. The Bed on Time project is specifically focussing on reducing Patient Experience PET times in the ED.</li> </ol>	<p><b>ON-GOING</b></p>
<p><b>CARE ON THE WARD</b></p> 	<p><b>NUTRITION:</b> Improve hospital food and nutrition.</p>	<ol style="list-style-type: none"> <li>1. The "Green Tray" project is aimed at improving a patient's nutritional experience in response to their identified nutrition, hydration and assistance requirements. Auditing of this project has commenced to inform further development/improvement.</li> <li>2. "Right Meal, Right Patient" project currently on hold until the HSE/International Dysphagia Diet Standardisation Initiative roll out plan is disseminated.</li> </ol>	<p><b>ON-GOING</b></p>
	<p><b>PATIENT EXPERIENCE:</b></p>	<ol style="list-style-type: none"> <li>1. The Department of Nursing carry out a survey focusing on patients experience of nursing care.</li> <li>2. The Hospital launched a project called "End PJ Paralysis", its objective is to enable patients in hospital to mobilise, dress and move around to prevent them from deconditioning during their stay.</li> <li>3. Hygiene and cleanliness of the hospital and ward environment is our priority. We will continue to monitor compliance through increased auditing by the Hygiene Services team and Contract Cleaning Management team.</li> <li>4. Daily cleaning of toilets/bathroom and associated patient equipment has been increased to ensure full compliance with hygiene standards.</li> </ol>	<p><b>ON-GOING</b></p>
	<p><b>COMMUNICATION:</b></p>	<ol style="list-style-type: none"> <li>1. The Irish Medical Council information booklet "Working with your Doctor-useful information for patients" was introduced to patient areas in 2018.</li> <li>2. A number of patient information leaflets were developed to inform and educate patients on interventional procedures. Further leaflets will be developed where need is identified.</li> </ol>	<p><b>ON-GOING</b></p>
<p><b>DISCHARGE OR TRANSFER</b></p> 	<p><b>CONTINUOUS IMPROVEMENT:</b></p>	<ol style="list-style-type: none"> <li>1. The Quality improvement project which focused on improving discharge process for patients who require offsite rehabilitation following discharge (OMEGA Project) was completed and is in control phase in 2018 with improvements to the patient journey sustained over 2017/2018.</li> <li>2. A Black Belt project to specifically address communication processes around discharge is underway.</li> <li>3. A quality improvement project on discharge/transfer has been initiated via the RCPI Diploma in Leadership and Quality in Healthcare</li> </ol>	<p><b>ON-GOING</b></p>
<p><b>PATIENT EXPERIENCE</b></p>	<p><b>DIGNITY &amp; RESPECT AND PRIVACY:</b> Improving and sustaining patient experience.</p>	<ol style="list-style-type: none"> <li>1. Re-routing your journey, is a quality improvement initiative which will explore alternative pathways for frail older persons who present to the Emergency Department to prevent avoidable admission with a view to alternative options in the Community.</li> <li>2. The Mater Hospital is part of the National Person Centre Cultures of Care Project, the focus of which is on promoting care, compassion and trust throughout the service.</li> <li>3. In circumstances where patients are vulnerable, or depend on others, there is a need to ensure that their rights, freedoms and dignity are promoted and protected. The SAGE Committee was established in 2016 and through support and advocacy, they will ensure the preference of a patient can be heard and acted on; independently of family service provider or systems interests.</li> <li>4. Family rooms on the acute wards continue to be developed to enable confidential and sensitive conversations between staff, patients and their families.</li> </ol>	<p><b>ON-GOING</b></p>

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<p><b>PATIENT EXPERIENCE</b></p>	<p>DIGNITY &amp; RESPECT AND PRIVACY: Improving and sustaining patient experience.</p>	<p>5. A Quality and Leadership project was undertaken to develop a process for patients and families' involvement in decision making around Long Term Care. This project has commenced with Neurology patients.</p>	<p>ON-GOING</p>
<p><b>STAFF EXPERIENCE</b></p>	<p>WELLBEING: Improving staff well-being.</p>	<p>1. The hospital is committed to staff well-being and holds a Staff Health &amp; Wellbeing Fair as part of Mission Awareness Week. Also initiatives to promote physical activity include walking groups, Pilates &amp; yoga classes, football and social/drama events.</p> <p>2. The annual Compassion Awards and Sister John of the Cross Awards recognises and acknowledges the great work and outstanding care provided by staff every day.</p>	<p>ON-GOING</p>

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<b>ADMISSION TO HOSPITAL</b> 	<b>PATIENT EXPERIENCE:</b> Improving patient experience of ED.	1. Regional Hospital Mullingar are working together with IEHG group service improvement programme, to improve patient flow and reduce patient wait times. This initiative involves streaming patients to the appropriate areas for medical assessment, diagnostic investigation and intervention if required.	ON-GOING
		2. During the hours of Streaming, patients are greeted at point of entry by a senior nurse/decision maker and depending on patient suitability in line with the criteria set by Clinical Director for the Acute Medical Assessment Unit (AMAU). If the criteria are met, the patient will be directed to the AMAU therefore resulting in avoiding the Emergency Department. The right patient in the right place at the right time receiving the right treatment	ON-GOING
		3. The hospital and local community services have come together to identify priorities for improving care with a particular emphasis on acute floor access (ED and MAU), the admission process and improving communication with community partners. <ul style="list-style-type: none"> <li>- Key priorities are to develop standardised processes to ensure identification of frailty at the front door with a rapid and robust response mechanism.</li> <li>- The Mullingar team are achieving 100% screening of all presentations to ED aged 75 years and over with screening now fully embedded in the triage process which triggers a Comprehensive Geriatric Assessment (CGA).</li> <li>- It is planned for other Health and Social Care Professionals to attend the Emergency Department to perform assessments on patients at an earlier point of the patient pathway to further improve the patient experience during their hospital stay.</li> </ul>	ON-GOING
<b>CARE ON THE WARD</b> 	<b>NUTRITION:</b> Improve hospital food and nutrition.	1. Improving choice, nutritional value and availability of meals for patients is the focus of the Hospitals Nutrition and Hydration Committee and initiatives involving a replacement meal if you have missed a meal, protecting time for patients to have their meals and scheduling of meal times are in progress.	ON-GOING
<b>EXAMINATION DIAGNOSIS &amp; TREATMENT</b> 	<b>COMMUNICATION:</b> Improve access and information for patients when discussing their care and treatment with a doctor.	1. The hospital's Person Centredness Programme are planning to introduce the Shared Decision Making Process to promote patients, their families and staffs involvement in shared decision making on their care.	Q4 2019
	<b>COMMUNICATION:</b> Improve the patient's confidence and trust of healthcare professionals providing their care	2. Introduction of the Shared Decision Making Process through the Person Centredness Programme for greater interaction between staff, patients and their families to build on a foundation of trust.  3. Continue involvement in the '#Hello, my name is...' initiative with all new staff provided with badges on commencement of employment.	ON-GOING
<b>DISCHARGE OR TRANSFER</b> 	<b>COMMUNICATION:</b> Improve access and communication of patient information regarding managing their condition after their discharge.	1. Up to 100 Patient Information Leaflets or Guides for patients have been developed.  2. Revision of the Patient Discharge Leaflet is ongoing with emphasis on information on whom to contact should patients have concerns.  3. Work continues on the expansion of the Hospital website with links to patient information currently being explored along with making the Leaflets available on the Shared Drive on each Ward Desktop for ease of access for Ward staff.  4. Discussions with Managers and their staff to commence to ensure all relevant information available is provided to patients during their stay and prior to their discharge.	NOV 2018-FEB 2019

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<b>ADMISSION TO HOSPITAL</b> 	<b>PATIENT EXPERIENCE:</b>	1. The multidisciplinary team continue to work with the Ireland East Hospital Group service improvement team to improve patient's journey. Improvement work is ongoing in relation to the Emergency Department, Medical Assessment Unit and surgical pathway to enhance the patient's journey and experience.	ON-GOING
		2. Initiatives have also been implemented to improve time patients wait to be assessed and be seen by clinical staff in the Emergency Department.	ON-GOING
<b>CARE ON THE WARD</b> 	<b>NUTRITION:</b> Improve hospital food and nutrition.	1. Initiatives have been undertaken to improve the patients experience, Protected Mealtimes have been relaunched and are working well.  2. Calorie counting has now been completed for all meal menus and Nutritics package are in place when required.	ON-GOING
	<b>COMMUNICATION:</b> Improve information and communication to patients during their hospital stay.	1. The hospital has developed a numbers of training programmes for staff to ensure effective communication with patients, these include: <ul style="list-style-type: none"> <li>- Customer Service training</li> <li>- Staff induction</li> <li>- Breaking bad news</li> <li>- HR function sessions – Trust in Care</li> <li>- Making Every Contact Count.</li> </ul> 2. SAGE advocacy service is actively promoted for vulnerable patients.	ON-GOING
<b>EXAMINATION DIAGNOSIS &amp; TREATMENT</b> 	<b>CONTINUOUS IMPROVEMENT:</b> Improve communication and involvement with patients about their care and treatment.	1. A quality improvement initiative involving all members of the healthcare team was introduced in 2018, this is a model of team development rooted in agile ways of working and will enhance staff communication and patient engagement about their care and treatment.	Q4 2019
		2. Ongoing service improvement work identifies the patient experience and 'voice' of the patient to enhance the understanding of the needs of service users when delivering care.	ON-GOING
<b>DISCHARGE OR TRANSFER</b> 	<b>COMMUNICATION:</b> Provide more information to patients at discharge.	1. Initiatives that will improve the process for discharging patients is a key priority for the hospital. These include appropriate and timely communication with patients re discharge date and time: Home by 11. Improving planning and communication at ward level around the plan of discharge for patients.	ON-GOING
		2. As part of the Frailty programme, work has been undertaken to improve communication with community partners when planning patient discharge.	
		3. Introduction of the electronic discharge summary letter to GP's.	Q1 2019

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<p><b>CARE ON THE WARD</b></p> 	<p><b>NUTRITION:</b> Improve hospital food and nutrition.</p>	<ol style="list-style-type: none"> <li>1. 'National Nutrition and Hydration Policy' to be implemented to ensure patient's needs are met.</li> <li>2. Continue patient satisfaction survey on hospital food to be conducted at regular intervals to inform improvements with nutrition.</li> <li>3. Refresher customer service training is planned for catering staff in 2019.</li> </ol>	<p>2019</p>
<p><b>EXAMINATION DIAGNOSIS &amp; TREATMENT</b></p> 	<p><b>COMMUNICATION:</b> Improve patients understanding of side effects of medications prescribed.</p>	<ol style="list-style-type: none"> <li>1. Staff to inform and support their patients with good communication on medication and expected side effects when prescribing &amp; administering medication while in hospital.</li> <li>2. Medication leaflets will be developed for the 'most frequently' prescribed medications.</li> <li>3. Further initiatives will be explored through medicines governance group</li> </ol>	<p>ON-GOING</p>
<p><b>DISCHARGE OR TRANSFER</b></p> 	<p><b>COMMUNICATION:</b> Provide more information to patients at discharge.</p>	<ol style="list-style-type: none"> <li>1. Staff to re-address patient concerns about their condition on discharge.</li> <li>2. Staff will engage in the Communication Skills training programme to improve communication with patients during their admission and discharge.</li> <li>3. Ensure patient information leaflets regarding their condition and/or treatment are provided to patients.</li> <li>4. Information leaflets for patients on discharge will be reviewed to include more information on what to expect and who to contact in the hospital on discharge.</li> </ol>	<p>2019</p>

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<b>CARE ON THE WARD</b> 	<b>NUTRITION:</b> Improve hospital food and nutrition.	1. Replacement meals are available for patients who missed a meal as is a snack menu. We will advertise and communicate the availability of these to patients and staff.	ON-GOING
		2. Hospital to explore options of light menu for patients who may miss meals due to appointments/investigations.	6 MTHS
		3. Continue our internal audit and feedback from patients to review menus and taste.	12 MTHS
	<b>COMMUNICATION:</b> Provide information to patients during their care.	1. Patient information leaflet to be launched in November 2018. This includes information on who to talk to if you have worries or concerns.	NOV 2018
		2. Patient Liaison Officer aims to meet all new patients admitted to the hospital and provides information on services and support.	ON-GOING
		3. Development of a key worker role for a patient and Care Planning meetings with patients to be rolled out across the hospital.	ON-GOING
<b>EXAMINATION DIAGNOSIS &amp; TREATMENT</b> 	<b>COMMUNICATION:</b> Provide/Improve clear explanation of test results.	1. Explanation of test results to be highlighted to staff and awareness created regarding appropriate information communicated to patient regarding test results	6 MTHS
<b>DISCHARGE OR TRANSFER</b> 	<b>COMMUNICATION:</b> Improved access and distribution of written patient information about going home from hospital.	1. A patient information leaflet and check list including all appropriate discharge information, what to expect when you go home and who to contact if you have concerns, is to be finalised and implemented.	6 MTHS
		2. The roll out of key worker role and care planning meetings for all inpatient areas will support improved communication.	ON-GOING
<b>PATIENT EXPERIENCE</b>	<b>DIGNITY &amp; RESPECT AND PRIVACY:</b> Improving and sustaining patient experience.	1. The hospital is a pilot site for a national project which evaluates and implements the appropriate level of nursing and healthcare assistant resource required to care for patients in a ward area. 2. Canteen services have been extended to all visitors and patients and we have re-established day rooms on all the wards. 3. Improvement initiatives to enable patients' access to quiet/private areas and reduce noise in clinical areas are currently in progress. 4. Hospital has commenced the process of becoming a Hospice friendly Hospital.	ON-GOING

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<b>ADMISSION TO HOSPITAL</b> 	<b>COMMUNICATION:</b>	<ol style="list-style-type: none"> <li>1. Initiatives underway to improve information provided to patients about services and location include, The Meet and Greet Volunteer Programme, established to support patients visiting the hospital and the Emergency Department Support Volunteer initiative. In addition, paediatric supports have been established to include the Kare Bears and Children in Hospital Ireland Volunteer Programme (Paeds ward).</li> <li>2. Forums/groups continue to be established to ensure inclusion of all patients and a patient partnership forum has also been established.</li> <li>3. It is also planned to improve signage for patients, in conjunction with the development of a hospital information booklet.</li> </ol>	<b>ON-GOING</b>
<b>CARE ON THE WARD</b> 	<b>NUTRITION:</b> Improve hospital food and nutrition.	<ol style="list-style-type: none"> <li>1. Continue to raise awareness of the Protected Mealtimes initiative.</li> <li>2. Development of a Plate Pals Guidelines to enable hospital volunteers to assist at mealtimes.</li> <li>3. Patients who missed a meal will be provided with a replacement meal.</li> </ol>	<b>ON-GOING</b>
	<b>COMMUNICATION:</b> Improve patient communication regarding their care	<ol style="list-style-type: none"> <li>1. Introduce the National Healthcare Communications programme for clinical and non-clinical staff to enhance staff communication and patient engagement.</li> </ol>	<b>ON-GOING</b>
	<b>CONTINUOUS IMPROVEMENT:</b>	Working with the Ireland East Hospital Group Service Improvement Team on a number of projects/events including: <ol style="list-style-type: none"> <li>1. Development of front door Frailty pathway to enable early identification and appropriate management of the older person.</li> <li>2. A dedicated ward for Frail Older Patients called the GEMS Unit has been established.</li> <li>3. Development of streaming pathways on the acute floor and cohorting of surgical and medical patients to appropriate wards.</li> </ol>	<b>ON-GOING</b>
<b>DISCHARGE OR TRANSFER</b> 	<b>COMMUNICATION:</b> Provide more information to patients at discharge.	<ol style="list-style-type: none"> <li>1. Continue to promote Planned Date of Discharge across the hospital.</li> <li>2. Regularly review and update the hospital information booklet and hospital website as required.</li> <li>3. Identify a more suitable location for the discharge lounge.</li> <li>4. Written information for patients on discharge relating to medication management , how to manage your condition at home and what to expect/do when a patient goes home – medication management, exercise, diet, what to do if you feel unwell etc.</li> <li>5. Patient information leaflets were reviewed and standard information for the top five conditions patients present with was developed.</li> </ol>	<b>ON-GOING</b>
<b>PATIENT EXPERIENCE</b>	<b>DIGNITY &amp; RESPECT AND PRIVACY:</b> Improving and sustaining patient experience.	<ol style="list-style-type: none"> <li>1. A 14-bedded ward was opened to create more capacity for patients being admitted over the winter period.</li> <li>2. Daily commination hub has begun to plan and monitor discharges from wards, to inform timely and appropriate access to beds for admitted patients.</li> <li>3. Introduce Dignity at work training for all staff.</li> </ol>	<b>ON-GOING</b>
	<b>CONTINUOUS IMPROVEMENT:</b>	<ol style="list-style-type: none"> <li>1. Continue with the development of the MRI project</li> </ol>	<b>2018-2019</b>

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<b>ADMISSION TO HOSPITAL</b> 	<b>CONTINUOUS IMPROVEMENT:</b>	<ol style="list-style-type: none"> <li>1. The Quality Street Project continues to improve patients experience using all patient feedback methods, which has led to a range of patient engagement initiatives been introduced, like the '#Hello, my name is...' project.</li> <li>2. Patients have become more actively involved in their admission and now complete an information form while in the waiting room about their presenting condition and is reviewed by the triage nurse when they are being assessed.</li> <li>3. An evening tea trolley has been introduced for both patients in the department and in the waiting room.</li> </ol>	<b>ON-GOING</b>
<b>CARE ON THE WARD</b> 	<b>CONTINUOUS IMPROVEMENT:</b>	<ol style="list-style-type: none"> <li>1. The hospital is involved in the Productive Ward Initiative. This project focuses on improving ward efficiencies and reduce activities that are wasteful at a local level.</li> <li>2. Recent appointments of candidate Advanced Nurse Practitioners for Gerontology, Respiratory and Unscheduled care will enhance the patients care pathway during their hospital stay and will include an in-hospital smoking cessation programme for patients.</li> </ol>	<b>ON-GOING</b>
<b>EXAMINATION DIAGNOSIS &amp; TREATMENT</b> 	<b>PAIN MANAGEMENT:</b> Improving the control of patient's pain.	<ol style="list-style-type: none"> <li>1. Continue use of pain assessment tools to assist staff in the evaluation of patient pain &amp; provision of pain management programme for staff on induction and regular basis</li> </ol>	<b>ON-GOING</b>
	<b>CONTINUOUS IMPROVEMENT:</b>	<ol style="list-style-type: none"> <li>1. Pillar Talk – Induction training for Non-Consultant Hospital Doctors on the Pillars of the Healthcare charter – initiating quality-based conversation, which will enhance patient engagement and Children First (Safeguarding) programme training is also ongoing for staff.</li> <li>2. The hospital is currently participating in both the COPD and Frailty national programmes to enable early identification and appropriate management of the patient and is also actively involved in the Flu strategy 2018.</li> </ol>	<b>ON-GOING</b>
	<b>COMMUNICATION:</b> Improve communication and information both pre and post /regarding procedures and operations.	<ol style="list-style-type: none"> <li>1. Patient Information leaflets are currently under review and will include reviewing the existing information provided to patients in relation to 'high volume' procedures and operations.</li> </ol>	<b>ON-GOING</b>
<b>PATIENT EXPERIENCE</b>	<b>DIGNITY &amp; RESPECT AND PRIVACY:</b> Improving and sustaining patient experience.	<ol style="list-style-type: none"> <li>1. Quality Initiatives designed to improve patient experience and their involvement in their discharge include: providing patients on discharge with a printed copy of information including their diagnosis, treatment they received and planned follow up care.</li> <li>2. The hospital worked with Ireland East Hospital Group service improvement team and implemented the White Board Initiative, this will now be rolled out across the hospital.</li> <li>3. Pharmacy staff continue to work with patients prior to discharge to improve their understanding about their prescribed medication(s).</li> <li>4. All patient information leaflets are currently under review and areas are being identified where information is required to be developed.</li> </ol>	<b>ON-GOING</b>

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<b>ADMISSION TO HOSPITAL</b> 	<b>DIGNITY &amp; RESPECT AND PRIVACY:</b> Improving and sustaining patient experience.	1. Examination rooms are available in the Emergency Department to ensure patients' privacy during examinations and procedures.	ON-GOING
	<b>QUALITY IMPROVEMENT:</b>	1. Comfort packs containing wet wipes, toothpaste, toothbrush, non-slip socks, eye mask and ear plugs continue to be provided to patients in the Emergency Department.	ON-GOING
	<b>WAITING TIMES:</b> Reduce Emergency Department waiting times.	1. Care pathways have been developed through the Emergency Department, including a stroke care pathway and a fracture pathway. Other pathways are in development such as a Frailty Care Pathway.	ON-GOING
<b>CARE ON THE WARD</b> 	<b>NUTRITION:</b> Improve hospital food and nutrition.	1. For patients who were unable to eat during scheduled mealtimes, replacement meals are made available. Patients who are due to have a procedure are offered a light diet menu card.	ON-GOING
		2. Successful implementation of a quality improvement project focusing on identifying and helping patients who require assistance with their meals ("the red tray initiative").	
		3. Menu cards have been modified to reflect no added salt or sugar, that food is cooked freshly on site, and to inform patients about protected mealtimes, allergens and food safety.	
<b>EXAMINATION DIAGNOSIS &amp; TREATMENT</b> 	<b>COMMUNICATION:</b> Providing support to patients who do not have someone to speak to about their worries and concerns.	1. An information leaflet called 'Time to Care, Time to Visit' was developed for patients. This includes images of different uniforms to enable patients to identify staff and help them to direct their concerns.	ON-GOING
		2. A pastoral care drop-in service is available between 2pm-3pm Mon-Fri.	
	<b>COMMUNICATION:</b> Promoting improved communication skills and effective ward round communication with healthcare professionals and patients.	1. A programme of training (ASSIST model) for staff continues to be provided to enable staff to address patients' concerns and complaints more effectively.	ON-GOING
		2. The Nursing Department continues to implement the Careful Nursing Model which puts the patient at the centre of their care.	
		3. Intentional rounding (a structured process where nurses carry out regular individualised checks with patients) is currently being trialled and evaluated.	
		3. Intentional rounding (a structured process where nurses carry out regular individualised checks with patients) is currently being trialled and evaluated.	
<b>DISCHARGE OR TRANSFER</b> 	<b>COMMUNICATION:</b>	1. A Discharge Lounge is open from 7am to 7.30pm Mon-Fri to facilitate prompt discharge of patients.	ON-GOING
		2. The hospital has a dedicated Assistant Director of Nursing in charge of Patient Flow.	
		3. A patient information leaflet has been developed for all patients on discharge, including information about what to expect on discharge from the hospital and points of contact.	

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PATIENT EXPERIENCE	DIGNITY & RESPECT AND PRIVACY: Improving and sustaining patient experience.	<ol style="list-style-type: none"> <li>1. The Senior Management Team are actively involved in leading a programme of Patient Safety 'tracers', designed to follow a patient's experience of a specific pathway of care.</li> <li>2. Themes identified from complaints and feedback are reviewed at the hospital's Quality &amp; Patient Safety Executive meeting each month. This meeting is attended by members of the Senior Management Team</li> <li>3. The hospital delivers Open Disclosure workshops and briefing sessions to staff. This supports our staff in utilising an open, timely and consistent approach to communicating with patients, building trust following an adverse event.</li> <li>4. The hospital operates a 'no wrong door' approach to receiving complaints and feedback.</li> </ol>	ON-GOING

<b>ADMISSION TO HOSPITAL</b>	<b>PATIENT EXPERIENCE:</b> Improve patients experience of the Emergency Department.	1. Development of front door Frailty pathway to enable early identification and appropriate management of the older person.	ON-GOING
		2. Programme of work is ongoing to develop patient information leaflets thus ensuring staff and patients have access to the appropriate information.	ON-GOING
		3. A new form will be implemented (ED Proforma) to improve communication between patients and staff which clearly identifies management, treatment and plan of care for patients on their admission.	Q2 2019
		4. A quality improvement plan is underway to improve the patients journey through ED.	ON-GOING
<b>CARE ON THE WARD</b> 	<b>NUTRITION:</b> Improve hospital food and nutrition.	1. Initiative to assess patient's nutritional status (MUST tool) on admission to hospital has been piloted and hospital wide roll out is currently ongoing.	ON-GOING
		2. Assisted feeding policy is in place and an audit will be undertaken in late 2018.	Q4 2018
		3. Protected times for patients to have their meals without interruption is now fully implemented and will be audited to in late 2018 to identify further improvements around this initiative.	Q4 2018
	<b>DIGNITY &amp; RESPECT:</b> Improving patients' personal needs.	1. Identification of patients requiring assistance with activities of daily living will be incorporated into the early morning navigation hub, ensuring resources are appropriately allocated.	2019
<b>EXAMINATION DIAGNOSIS &amp; TREATMENT</b> 	<b>COMMUNICATION:</b> Provide support and information to patients during their hospital stay.	1. To enable patients and their families to have adequate time to voice concerns and understand their condition and care plan, meetings are scheduled on request with the Consultant and team.	ON-GOING
		2. Nurses managers are working with medical teams and scheduling word rounds to ensure that a member of the nursing team is present to improve information sharing about the patient's condition and plan of care.	ON-GOING
		3. Communication Skills training programme for staff will be explored. The use of a communication (ISBAR) tool will be implemented.	2019
		4. Open disclosure policy to ensure open and transparent communication between staff and patient has been implemented and briefing sessions are ongoing for staff.	ON-GOING
<b>DISCHARGE OR TRANSFER</b> 	<b>COMMUNICATION:</b> Improve access and distribution of written patient information about going home from hospital.	1. Information leaflets for patients on discharge have been updated to include more information on what to expect and who to contact in the hospital on discharge.	ON-GOING
		2. Patients discharge prescription now includes a section which outlines changes to the patient's medication since admission.	
		3. Discharge leaflet will be included in admission pack, so patients and families have time to ask staff questions regarding the discharge plan.	
		4. A focus on informing patients of their planned date of discharge is being undertaken by staff to ensure patients are kept up to date on their discharge plan.	
<b>PATIENT EXPERIENCE</b>	<b>DIGNITY &amp; RESPECT AND PRIVACY:</b> Improving and sustaining patient experience.	1. We will continue to seek feedback from patients, encouraging patients to complete the "your service, your say" forms for patients.	Q2 2019
		2. The hospital plans to undertake a patient food survey early in 2019 to identify further improvements which can be made for patients regarding food choice and availability.	Q2 2019
		3. A family room was opened in the Emergency Department in May 2018.	2018

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STAFF EXPERIENCE	WELLBEING: Improving staff well-being.	<ol style="list-style-type: none"> <li>The hospital is committed to staff well-being and has implemented a Great Place to Work Team and training currently underway for staff in Managing a Positive Workplace.</li> <li>Mindfulness lunchtime meditation sessions are planned for Q2 2019 and the availability of a quiet room for staff is planned for next year.</li> <li>Healthy Ireland Committee in place with a number of ongoing initiatives.</li> </ol>	ON-GOING  2019  ON-GOING

# Dublin Midlands Hospital Group



36. Midlands Regional Hospital, Portlaoise
37. Midlands Regional Hospital, Tullamore
38. Naas General Hospital
39. St. James' Hospital, Dublin
40. Tallaght University Hospital

On behalf of the Dublin Midlands Hospital Group I welcome the results of the 2018 National Patient Experience Survey. This is the second national survey and the results are very encouraging.

The overall response rate for the hospital group improved in 2018. The majority of patients who participated in the survey (97%) felt they were treated with dignity and respect and they (98%) had confidence and trust in our staff, this is very good news. Patients said that we need to improve the information provided to them in relation to medication side effects and danger signals to watch out for when they are being discharged from hospital. Staff continue to work to improve these aspects of care.

Staff have developed information booklets for patients and are involving patients more in their care and in their discharge process. Staff are also working hard to improve communication, through implementation of person centred initiatives such as the Caring Behaviours Assurance System (CBAS) and the provision of enhanced Pastoral Care and Advocacy Services. In addition, hospitals are working to improve food and nutrition for patients.

I wish to sincerely thank the patients who willingly gave of their time to provide feedback in relation to the services we provide. This feedback is very valuable and helps us to learn what is important to patients and what changes are required to improve our patient's experience of our services. The results of the survey will be shared with our staff.

I also wish to thank our staff, who engaged whole heartedly with the survey encouraging patients to participate and also by working diligently on quality improvement initiatives to improve services. Quality Improvement Plans were developed by each hospital following the 2017 Survey and these plans have now been reviewed and updated to take into account the results of the 2018 survey.

Dublin Midlands Hospital Group is committed to providing high quality health care and will continue to work in partnership with patients and staff to improve services.

Trevor O'Callaghan  
*Chief Executive Officer, Dublin Midlands Hospital Group*

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<b>ADMISSION TO HOSPITAL</b> 	<b>WAITING TIMES:</b> Reduce Emergency Department waiting times.	1. Staff in ED are continuing work to improve ED waiting times. Ongoing monitoring is in place to ensure improvements are being made.	ON-GOING
		2. The Clinical Microsystems Programme is being implemented in the Emergency Department, it is designed to increase self-awareness among staff and to engage in continuous improvement in ED, thereby enabling an improved experience for the patients, families and the care teams.	ON-GOING
		3. Appointment of a 2nd Advanced Nurse Practitioner in the ED will facilitate in reducing waiting times for certain cohorts of patients.	Q4 2018
<b>CARE ON THE WARD</b> 	<b>NUTRITION:</b> Improve hospital food and nutrition.	1. The 'Red Tray' initiative, designed to support patients who need assistance during meal-time has been implemented and will be reviewed to evaluate its effectiveness.	Q1 2019
		2. The 'Protected Mealtimes' initiative has been implemented and will be reviewed to evaluate its effectiveness.	Q1 2019
		3. The timing and spacing of meals will be reviewed to ensure meals are provided at regular intervals which are aligned to patients' needs.	Q1 2019
		4. 'Make Every Moment Count' initiative will be implemented to support patients to make healthy lifestyle choices.	Q1 2019
		5. Similar to 2018, a Nutrition & Hydration Awareness Week will be scheduled for 2019.	2019
<b>DISCHARGE OR TRANSFER</b> 	<b>COMMUNICATION:</b> Provide more information to patients at discharge.	1. The 'Discharge Planning' Working Group will continue its work to improve hospital processes around patient discharge, with a particular focus on providing: <ul style="list-style-type: none"> <li>- Written/printed information (about what to do/not to do after discharge) will be developed</li> <li>- Advice regarding signs/symptoms to observe post discharge will be provided to patients</li> <li>- Advice to patients regarding who to contact if they are worried about their condition or treatment after they leave hospital.</li> </ul>	ON-GOING
<b>PATIENT EXPERIENCE</b>	<b>DIGNITY &amp; RESPECT AND PRIVACY:</b> Improving and sustaining patient experience.	1. The hospital will continue its implementation of hospital-wide programmes which will enhance patient experience including the: <ul style="list-style-type: none"> <li>- Caring Behaviours Assurance System</li> <li>- Programme on Cultures of Person Centredness</li> <li>- 'What Matters to Me' initiative designed to encourage patients to highlight their needs and to ensure that they have a positive hospital experience.</li> </ul>	ON-GOING
		2. The 'Dementia Friendly' Working Group will continue its work to investigate how patient experience can be improved, commencing with improved infrastructural changes.	ON-GOING
		3. Infrastructural changes to enhance patient privacy will commence in Q4 2018.	STARTS Q4 2018
		4. A 'Visitor Policy' Committee will be established to review the visiting policy and ensure patients' needs and wishes are prioritised.	Q4 2018
		5. 'Comfort packs' for admitted patients on trolleys will be supplied in ED.	Q4 2018
		6. Information Booklet for (admitted) patients will be developed.	Q2 2019
<b>STAFF EXPERIENCE</b>	<b>WELLBEING:</b> Improving staff well-being.	1. The hospital will continue to implement hospital-wide programmes which will enhance staff experience: <ul style="list-style-type: none"> <li>- Healthy Ireland Programme</li> <li>- Caring Behaviour Assurance System</li> <li>- Programme on Cultures of Person Centredness</li> </ul>	ON-GOING
		2. The hospital will provide opportunities for continuous professional development of staff	ON-GOING
		3. The results of the recent staff survey will be reviewed and a QI Action Plan developed based on the survey findings.	Q1 2019

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<b>ADMISSION TO HOSPITAL</b> 	<b>WAITING TIMES:</b> Reduce Emergency Department waiting times.	1. Continue to work with staff to improve ED waiting times. Ongoing monitoring to ensure improvements are being made.	ON-GOING
		2. Processes of communication to be improved with a renewed focus on "Customer Care". – regular "customer care" training now in place for the hospital. This will run each quarter, with all staff across disciplines encouraged to attend. First two sessions have been run in 2018.	2018
		3. The Clinical Microsystems Programme in the Emergency Department will continue to work to increase self-awareness among staff, and to engage in continuous improvement in the department to provide an improved experience for the patients, families, and the care teams. Staff have initiated a process to ensure that waiting patients receive regular updates on their expected waiting times.	ON-GOING
		4. The Emergency Department patient waiting area, and treatment areas will be reviewed and redesigned to improve the patient experience. The redesign of the area has been agreed, and is to be begun before year end.	2018-2019
<b>CARE ON THE WARD</b> 	<b>NUTRITION:</b> Improve hospital food and nutrition.	1. The choice of meals offered to patients will be reviewed and improved on - The modified consistency meal choices have been changed in collaboration with a patient focus group.	ON-GOING
		2. Nutritional content of meals will be analysed and improved upon to ensure the nutritional adequacy of meals and menus - nutritional analysis of meals has begun.	ON-GOING
		3. The specific dietary requirements of patients based on preference, tolerance and religious practice will be taken into account through the establishment of a communication processes with patients. This process has begun through the modified diet improvements, and the model of engagement with patients will continue.	ON-GOING
		4. Menus will be developed in a manner which supports healthy eating for patients - Nutritional Analysis and recipe adjustment based on results will support healthy eating.	ON-GOING
		5. The process by which patients who need additional assistance with their meals are identified will be reviewed and improved. Assistance during meal times will be prioritised.- The process of identification of patient needs has been reviewed, with a proposal for change finalised.	ON-GOING
<b>EXAMINATION DIAGNOSIS &amp; TREATMENT</b> 	<b>COMMUNICATION:</b> Increase awareness for patients of the supports available if they wish to speak to someone about their worries and fears.	1. A promotional campaign will be rolled out in relation to availability of key staff who can engage with patients who feel isolated or who have nobody to speak to about their worries and concerns.	ON-GOING
		<b>COMMUNICATION:</b> Provide clear answers and information in response to questions about operations and procedures.	1. A programme will be designed to improve the accessibility of health information for patients: <ul style="list-style-type: none"> <li>- Patient information leaflets will be reviewed and made more widely available;</li> <li>- review of documentation underway</li> <li>- Recommended sources for accessing user-friendly evidence- based information will be promoted to patients.- pilot being undertaken as part of a COPD initiative, using recommended sources on the internet for assisting patients in using the correct inhaler technique.</li> </ul>
	2. A review of ward-round processes will be undertaken.		2018
		3. A "Customer Care" training schedule will be developed and implemented to improve communication between staff and patients. – regular "customer care" training now in place for the hospital. This will run each quarter, with all staff across disciplines encouraged to attend. First two sessions have been run in 2018.	2018

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<p><b>DISCHARGE OR TRANSFER</b></p>	<p><b>COMMUNICATION:</b> Provide more information to patients at discharge.</p>	<p>1. The hospital will develop a process by which quality information will be provided to patients, their families, and other health-care professionals at the time of discharge, including information such as who to contact if something goes wrong and providing information about medication side effects.</p>	ON-GOING
		<p>2. A high quality, standardised discharge letter will be developed to communicate with other health-care professionals about a patient's hospital admission.</p>	ON-GOING
		<p>3. The hospital will aim to improve access and distribution of written patient information about going home from hospital by building a bank of up-to-date information leaflets for patients. – Qpulse currently being rolled out in the hospital, which will allow for the development of a "bank" of leaflets.</p>	2018
		<p>4. Appropriate staff will engage with patients in relation to the medications they are taking, and any changes that have been made at key points in the patients journey (Medication Reconciliation) - Pharmacy Department are actively recruiting staff.</p>	2-3 YEARS
	<p><b>COMMUNICATION:</b> Involve patients in decisions about their discharge from hospital.</p>	<p>1. There will be a drive to increase awareness of the importance of involving patients in decisions about their discharge from hospital. – The hospital discharge team has been enhanced, allowing for earlier and more meaningful involvement of patients in their discharge process</p>	ON-GOING
<p><b>PATIENT EXPERIENCE</b></p>	<p><b>DIGNITY &amp; RESPECT AND PRIVACY:</b> Improving and sustaining patient experience.</p>	<p>1. Hospital Management will support the roll-out and implementation of hospital-wide programmes which will enhance patient experience, such as:</p> <ul style="list-style-type: none"> <li>- Caring Behaviours Assurance System which aims to assure the delivery of safe care to patients at the point of care;</li> <li>- Values in Action Programme that empowers staff to lead the changes needed to build a better health service; - a number of staff have initiated events based on the Values in Action Programme</li> <li>- Programme on Cultures of Person Centeredness to lead culture change and develop person-centred practice for patients;</li> <li>- 'What Matters to Me' initiative with a focus on improving the service provided to patients by gaining a better understanding of the things that are really important to them;</li> <li>- 'Schwartz Rounds', proven to improve staff wellbeing, resilience and teamwork, and in-turn have an impact on improved person- centred care. – Facilitator and Clinical lead have been identified and trained, first round to take place before year end.</li> </ul>	2018-2020

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<b>ADMISSION TO HOSPITAL</b> 	<b>WAITING TIMES:</b> Reduce Emergency Department waiting times.	1. The Hospital's Unscheduled Care Working Group, chaired by the newly appointed Operations Manager, will continue to work with front-line staff to improve patient experience times for patients attending our Emergency Department and to ensure care is delivered within an agreed evidence based clinical model of care.	ON-GOING
		2. The Frailty Intervention Team will prioritise review of elderly patients for admission avoidance and prompt progress through the Emergency Department.	ON-GOING
		3. Further development of Infection Prevention Control diagnostics and management will improve patient flow through the Emergency Department and reduce waiting times for all patients.	2018-2019
		4. Engagement with roll-out of the National Early Warning Score to the Emergency Department will allow for early identification of the deteriorating patient, which in turn will expedite the patient's plan of care.	2018-2019
		5. Quality improvement work, called micro-systems is being implemented to continue to provide an improved experience for patients, families and staff in ED.	ON-GOING
<b>CARE ON THE WARD</b> 	<b>NUTRITION:</b> Improve hospital food and nutrition.	1. Launch of 'Mealtimes Matters' initiative will improve the patient's mealtime experience and contribute to better nutritional outcomes.	2018-2019
	<b>PATIENT EXPERIENCE:</b> Improve & sustain the in-patient experience while on the ward.	1. The Hospital will continue to roll-out and support programmes which contribute to a better patient experience: <ul style="list-style-type: none"> <li>- Caring Behaviours Assurance System</li> <li>- Productive Ward</li> <li>- Dementia Project</li> <li>- Pressure Ulcer to Zero &amp; wound care management.</li> </ul>	ON-GOING
<b>EXAMINATION DIAGNOSIS &amp; TREATMENT</b> 	<b>COMMUNICATION:</b> Improve the availability and time offered to patients to discuss their care & treatment with healthcare staff	1. The Hospital will develop a comprehensive communication programme for staff, meeting the information needs of patients in a way they can easily understand. The focus will be: <ul style="list-style-type: none"> <li>- Health literacy - providing accessible health information for all patients</li> <li>- Open disclosure-promoting open and transparent communication when error occurs</li> <li>- ISBAR - the National Clinical Handover Guidelines are implemented</li> <li>- Making Every Contact Count-encourages staff to promote health amongst patients</li> <li>- Resilience training for staff is designed to promote health and well-being amongst staff.</li> </ul>	2018-2019
		2. The 'Ask Me 3' initiative will be rolled-out as a mechanism for patients to initiate a conversation with their healthcare professional in order to obtain the information they require.	2018-2019
<b>DISCHARGE OR TRANSFER</b> 	<b>COMMUNICATION:</b> Provide more information to patients at discharge.	1. The hospital will develop a patient information booklet providing information addressing patient's needs on discharge, including issues such as who to contact if they are worried about their condition or treatment after they leave hospital; how to manage their condition and their medications after discharge.	2018-2019
		2. The Hospital will continue to build on the provision of enhanced clinical pharmacy input at discharge by providing information about medicines on discharge to all patients, their family/carers, their GP and community pharmacist, as required. There will be a particular focus on changes to medicines (stopped, changed or started).	ON-GOING
<b>PATIENT EXPERIENCE</b>	<b>DIGNITY &amp; RESPECT AND PRIVACY:</b> Improving and sustaining patient experience.	1. The '#Hello, my name is...' initiative will be fully implemented across the hospital.	ONGOING
		2. The role of the Volunteers (patient advocates) will continue to be supported throughout the hospital.	ON-GOING
		3. Hospital Management will support quality improvement initiatives identified through local patient experience surveys and audits.	ON-GOING
		4. The Hospital's lead for the National Staff Survey 2018, will review the findings, and develop quality improvement initiatives that will further improve the patient experience.	2018-2019

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<b>ADMISSION TO HOSPITAL</b> 	<b>WAITING TIMES:</b> Reduce Emergency Department waiting times.	<ol style="list-style-type: none"> <li>We are continuing to implement and monitor the effectiveness of the multiple programmes underway to improve the experience of patients attending the hospital and minimise preventable waiting times. These include, but are not limited to the following:               <ul style="list-style-type: none"> <li>'Home First': A multidisciplinary team based in the ED that provides prompt assessment for frail elderly patients in order to accelerate their access to appropriate treatment and/or admission avoidance services where appropriate.</li> <li>Implement the 'Acute Floor' model of care that will enhance patient's timely access to established pathways of care in the Hospital or admission avoidance services where appropriate.</li> <li>Expand the use of the Interactive Whiteboard and Electronic Patient Record (Implemented October 2018) in the Emergency Department. Having access to reliable current and accurate patient information at the point-of-care delivery will provide for safer, effective and more efficient delivery of care</li> <li>Further develop the 'Inclusion Health' initiative which supports discharge planning and appropriate supports for homeless persons.</li> <li>Continue to investment in infrastructure and technology improvements that bring efficiencies in the Emergency Department (e.g. more Telemetry (heart monitoring) stations).</li> <li>Continue with the Daily Discharge Planning Ward Rounds so that the early and safe discharge of patients who have completed their care journey is facilitated.</li> <li>Promote the use of the Discharge Lounge to facilitate patients who have been discharged from the ward.</li> <li>Continue to facilitate the Admissions on the Day of Surgery initiative to improve access for those awaiting admission.</li> </ul> </li> </ol>	<b>ON-GOING</b>
<b>CARE ON THE WARD</b> 	<b>ASSISTANCE:</b> Provide timely assistance to patients who require help accessing the bathroom & toilet.	<ol style="list-style-type: none"> <li>We will continue to promote awareness amongst staff of the importance of providing timely assistance to patients who need help accessing the bathroom or toilet.</li> </ol>	<b>ON-GOING</b>
	<b>NUTRITION:</b> Improve hospital food and nutrition.	<ol style="list-style-type: none"> <li>We will introduce improved patient menus with multiple appetising and nutritious choices that enable all patients to meet their nutritional needs and preferences and include the following:               <ul style="list-style-type: none"> <li>Food options for patients with personal dietary choices e.g. Vegetarian, Vegan etc.</li> <li>Food options for patients with religious and cultural needs e.g. Halal, Kosher</li> <li>Food options for patients with specific clinical needs e.g. swallowing impairments, kidney disorders, gluten-intolerance etc.</li> </ul> </li> </ol>	<b>ON-GOING</b>
		<ol style="list-style-type: none"> <li>We will improve the menu information provided to patients to assist them in selecting suitable choices.</li> </ol>	<b>Q1 2019</b>
	<b>NUTRITION:</b> Reduce the occurrence of patients missing their meals and ensure an appropriate replacement is offered.	<ol style="list-style-type: none"> <li>We are changing our meal delivery times so that patients receive their main meal in the evening when there are less interventions and interruption (introduced in 25% of our wards)               <ul style="list-style-type: none"> <li>We will continue with our 'Protecting Mealtime' initiative</li> <li>We will implement a Fasting Policy that includes arrangements for minimising the risk of patients missing meals</li> <li>We will provide access to a range of replacement meals/snacks and ensure that all staff knows how to access and provide these to patients.</li> </ul> </li> </ol>	<b>ON-GOING</b>
<b>COMMUNICATION:</b> Ensure patients receive prompt and easily understandable answers to their questions.	<ol style="list-style-type: none"> <li>We will continue to raise awareness and share guidance with staff about the importance of effective communication.</li> </ol>	<b>ON-GOING</b>	

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<p><b>EXAMINATION DIAGNOSIS &amp; TREATMENT</b></p> 	<p><b>HYGIENE:</b> Cleanliness of toilets &amp; bathrooms must be improved.</p>	<p>1. We will continue to improve hygiene and maintenance of the patient's toilets and bathrooms through the following activities:</p> <ul style="list-style-type: none"> <li>- Using improved equipment and materials while building new and refurbishing existing patient toilets and bathrooms in response to findings from pan-hospital assessment (Undertaken March 2018)</li> <li>- Continue to update the Cleaning Specifications and Schedules (Who-Does-What-When) for all Clinical Areas.</li> <li>- Continue to assess, assure and improve compliance with environment hygiene and maintenance standards.</li> </ul>	<p><b>ON-GOING</b></p>
<p><b>DISCHARGE OR TRANSFER</b></p> 	<p><b>COMMUNICATION:</b> Provide more information to patients at discharge.</p>	<p>1. We will establish a multi-disciplinary working group to identify suitable opportunities to improve access to information (verbal, written and/or electronic) for patients that better meets their needs at the time of discharge from the Hospital.</p>	<p><b>ON-GOING</b></p>

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<b>ADMISSION TO HOSPITAL</b> 	<b>PATIENT EXPERIENCE:</b> Improve patient experience of the Emergency Department.	1. Bespoke digital signage has been developed and installed to explain to patients in the waiting area about their journey through the Emergency Dept.	DONE
		2. Nursing staff use a standardised template ISBAR handover tool at each handover, staff in the ED carry out bedside handover therefore, this is an opportunity for staff to update patients on their care plan and the patient to ask any questions.	ON-GOING
		3. Patients waiting on an inpatient bed are an ongoing focus of the hospital. The ED has started the Rapid Assessment and Treatment Unit (RATU), this gives an earlier time to be seen by clinician and therefore an earlier decision.	ON-GOING
		4. Play Your Part Campaign will be launched in 2019. This will engage patients and staff in the role they play on their healthcare journey.	2019
		5. Two family rooms have been refurbished in Adult Emergency Department.	DONE
<b>CARE ON THE WARD</b> 	<b>NUTRITION:</b> Improve hospital food and nutrition.	1. The Manna Catering Management system will be rolled-out which will allow patients to order their meal choices in real-time. Their choices are more informed and details of ingredients, method of preparation, and allergen information are at an advanced stage. These measures enhance the patient's meal ordering and overall experience of nutrition during their stay.	ON-GOING
		2. Nutritional analysis of all patient meal choices will be provided on menus.	ON-GOING
		3. A Hospital Patient Menu Information Booklet will be made available at each patient's bedside locker.	ON-GOING
		4. A Patients Visual Menu for each patient will facilitate better understanding of meals in pictures, will aid language barriers, and will support in other challenging situations which may arise.	ON-GOING
		5. Full review of "Modified Diet Menus" between Catering- Patient Food Services, Dietetics, Speech and Language has begun. New menu choices are in place for patients, and changes have been introduced to the sandwich menu for patients undergoing haemodialysis.	ON-GOING
		6. Protected meal times initiative has been implemented.	ON-GOING
	<b>HYGIENE:</b> Improve cleanliness at ward level.	1. The contracted cleaning hours in the hospital have been increased by 4 hours per day.	DONE
		2. The frequency of cleanliness audits on wards will be increased to identify areas that need attention.	ON-GOING
		3. Clarity will be provided to relevant staff groups with regards to their roles in the hospital cleaning schedule.	ON-GOING
	<b>COMMUNICATION:</b> Better communication skills and effective ward round communication from all health-care staff.	1. Ongoing Series of Education Programmes focusing on communication and information, and including topics such as bereavement, patient advocacy, report writing, roles and responsibilities, end of life care, breaking bad news, is being provided for staff.	ON-GOING
		2. Training for staff in relation to communication skills has been implemented and will be continued.	ON-GOING
		3. Work is ongoing on an Improving Ward Rounds quality improvement programme.	ON-GOING
<b>EXAMINATION DIAGNOSIS &amp; TREATMENT</b> 	<b>COMMUNICATION:</b> Increase awareness for patients of the supports available if they wish to speak to someone about their worries and concerns.	1. There are pop up stands publicizing our Pastoral Care Department now in place. These also remind patients that Pastoral Care are there for mind, body and spirit.	Q1 2019
		2. Launch of the Patient Hand-book which will provide enhanced information to patients to include images of staff uniforms for all disciplines to help patient identify staff to whom they can direct their concerns.	Q1 2019

WHAT PATIENTS SAID TO US

LISTENING RESPONDING & IMPROVING



<p><b>EXAMINATION DIAGNOSIS &amp; TREATMENT</b></p> 	<p><b>COMMUNICATION:</b> Increase awareness for patients on how to play their part in their patient journey.</p> <p>Increase the feedback loop on Patient Experience both TUH and NPES on a constant ongoing basis re-enforcing the message surrounding communication.</p>	<p>3. The hospital is working towards making Pastoral Care services more available to patients.</p> <p>4. Improved access to the Patient Advocacy Department for patients.</p> <p>5. Patient Feedback boxes will be made available in the hospital atrium to facilitate patients who wish to provide feedback to the hospital.</p> <p>6. Staff will introduce themselves to patients using the phrase ‘#Hello, my name is...’, in order that a clear introduction is offered to patients.</p> <p>7. Play Your Part Campaign will be launched in 2019. This will engage patients and staff in the role they play on their healthcare journey. This will include a Patient Discharge Leaflet/Checklist. This is for the patient to fill out.</p> <p>8. Develop ongoing feedback loop to Interns/Senior House Officers and Consultants with regard to the results of patient experience survey and Tallaght Hospital patient feedback throughout 2019.</p> <p>9. It is planned to locate a very large screen in the main atrium of hospital to provide all information pertaining to patients and patient feedback. It is planned to engage the services of a Digital Design Agency to assist in designing content.</p>	<p>ON-GOING</p> <p>ON-GOING</p> <p>ON-GOING</p> <p>ON-GOING</p> <p>2019</p> <p>2019</p> <p>2019</p>
<p><b>DISCHARGE OR TRANSFER</b></p> 	<p><b>COMMUNICATION:</b> Provide more information to patients at discharge.</p>	<p>1. The results of the NPES 2018 will be shared with all staff to encourage them to provide more information to their patients at discharge. There will be a particular focus on providing information to patients regarding who to contact if they are worried about their condition or treatment after they leave hospital, and how to manage their condition and their medications after discharge. A discharge information leaflet has now been developed and will be in circulation by end of 2018.</p> <p>2. Guidance will be issued to doctors on effective ward rounds and help informed planned discharge.</p> <p>3. It is planned to introduce drug reconciliation at discharge (we currently have a procedure where a pharmacist attends the patient in the ward to do a drug reconciliation on admission)</p>	<p>ON-GOING</p> <p>ON-GOING</p> <p>2019</p>
<p><b>PATIENT EXPERIENCE</b></p>	<p><b>DIGNITY &amp; RESPECT AND PRIVACY:</b> Improving and sustaining patient experience.</p>	<p>1. Hospital Management will continue to support the roll-out and implementation of hospital-wide programmes which will enhance patient experience, such as:</p> <ul style="list-style-type: none"> <li>- ‘#Hello, my name is...’ campaign has been introduced;</li> <li>- ‘Schwartz Rounds’, proven to improve staff wellbeing, resilience and teamwork, and in-turn have an impact on improved person-centered care. Currently up and running in the Paediatric Department.</li> </ul>	<p>ON-GOING</p>
	<p><b>COMMUNICATION:</b> Adequate time to be provided to patients to discuss their care and treatment with their doctor.</p>	<p>1. Awareness raising amongst healthcare professionals in relation to providing adequate time for patients and their families to discuss their treatment with a doctor will be promoted and encouraged.</p>	<p>ON-GOING</p>
	<p><b>DIGNITY &amp; RESPECT AND PRIVACY:</b> Patients should be given adequate privacy when being examined or treated.</p>	<p>1. The importance of privacy as integral to sustaining and improving patient experience will be promoted amongst staff.</p> <p>2. The End of Life committee are designing and developing family rooms for each ward, one ward at a time to offer families space to rest, have refreshments in a quiet space whilst being close to their dying relative.</p> <p>3. Two family rooms have been refurbished in Adult Emergency Department.</p> <p>4. A Viewing room in Adult Emergency Department is currently been developed.</p>	<p>ON-GOING</p> <p>ON-GOING</p> <p>DONE</p> <p>2019</p>

# Acknowledgements

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## **Feedback**

All feedback in relation to the development of the co-ordinated plan in response to the findings of the NPES is welcome.

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