




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. 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