






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

ADMISSION TO HOSPITAL 	WAITING TIMES: Reduce Emergency Department waiting times.	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.	ON- GOING
		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.	
		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.	
		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.	
		22. A Project Group is working on how UHW can optimize services for all patients when the new build is commissioned.	
		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.	
CARE ON THE WARD 	NUTRITION: Improve hospital food and nutrition.	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.	ON- GOING
		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.	
		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.	
		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.	
		5. The meal service to ED has been improved – hot and cold meals are delivered locally and served more quickly.	
	COMMUNICATION: To support patients to talk about their worries and concerns.	1. The survey results have been brought to key leadership fora. Presented and discussed at: <ul style="list-style-type: none"> – Executive Management Board – Safety and Quality Executive Steering Committee – Directorate QSR meetings – CNM2 and CNM3 nursing meetings Each group requested to identify improvement plans for their services in response to our patients' feedback.	ON- GOING
		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.	
		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.	
		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.	

CARE ON THE WARD 	COMMUNICATION: To support patients to talk about their worries and concerns.	<ol style="list-style-type: none"> There will be two additional family rooms in the new Dunmore Wing. 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. UHW has a long established Patient Partnership Forum, which continues to work with us on a number of projects. 	ON-GOING
EXAMINATION DIAGNOSIS & TREATMENT 	COMMUNICATION: Improving information for patients.	<ol style="list-style-type: none"> The survey results have been brought to the staff through a number of avenues – ebulletin, newsletter, briefing sessions, and through Directorate meetings. 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. 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. We have requested assistance from Corporate Communications in order to access and improve the University Hospital Waterford and Kilcreene webpages. 	ON-GOING
DISCHARGE OR TRANSFER 	COMMUNICATION: Improving patient information about going home from hospital.	<ol style="list-style-type: none"> 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. 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. 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. 	ON-GOING
	COMMUNICATION: Providing information on medication side effects.	<ol style="list-style-type: none"> The Medication Safety Committee continues a program of work on promoting good practice regarding medication safety and developing patient information materials. 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. 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). 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. 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. 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. 	

WHAT PATIENTS
SAID TO USLISTENING RESPONDING
& IMPROVING

STAFF EXPERIENCE	WELLBEING: 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.	ON- GOING
		2. Yoga, Pilates and various other staff health initiatives are offered on site.	
	VALUES: 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.	ON- GOING
		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.	