

WHAT PATIENTS SAID TO US

LISTENING RESPONDING & IMPROVING



**ADMISSION TO HOSPITAL**



**PATIENT EXPERIENCE:**  
Quality Improvement Initiatives designed to improve patient experience of ED.

**PRIORITY PROJECT**

1. CUH is working within the Five Fundamentals of Unscheduled Care, which is a clinical transformation framework to improve patient flow. This includes, amongst others Emergency Department (ED) projects and egress projects, to improve patient experience and waiting times.
2. All members of the ED teams continue to work together on quality improvement programmes (ED micro-systems) designed to improve patient experience of ED.
3. Training is provided to staff to support them to implement the quality improvement programme and to make meaningful improvements to patient experience in ED.
4. Patient Comfort packs continue to be provided to patients who need them.
5. A heightened *Winter Flu Vaccine* awareness campaign was implemented again for 2019 to promote a high uptake of the vaccination.

2019-2021

ONGOING

**WAITING TIMES:**  
Introduction of new systems of work to reduce the time patients spend in the ED.

1. Systems were designed and implemented in April 2017/2018 through a new ambulatory care service, to increase efficiency and reduce the time waiting in ED. In 2019 the CUH team have been working closely with the Five Fundamentals Team to plan Unscheduled Care improvement work within the Framework.
2. Refurbishment of the Paediatric and Adult at front of house in the ED to provide a dedicated rapid assessment and treatment area with dedicated nursing and medical staff. Ambulatory Care Service Point will be created to facilitate the directional flow of patients.
3. Emphasis on integration with our Community Partners – FIT Team (Frail Intervention Team) commenced in January 2019 and work continues to enhance the service.  
Discussion underway as part of the Winter Initiative for 2019/2020 to have an enhanced assessment area to meet the needs of the increasing presentations of the older patient cohort.  
The need for inpatient medical beds has been identified and approval sought from the National Office.
4. The Peri-Operative Surgical Assessment Unit is now open from 7am – 6pm, 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 the Consultants in Acute General Surgery and dedicated nursing staff in collaboration the National Surgical Care Programme.
5. The introduction of the dedicated Trauma Floor with the new Hip Fracture Pathway has resulted in the reduction of the wait times for patients to access beds. Close monitoring is in place to ensure wait times continue to be met.
6. The Thoracic Lung surgical pathway has now been embedded and work is currently underway to apply the learning to other pathways.
7. An Ambulance Arrival System has been implemented in the ED.

ONGOING

**COMMUNICATION:**  
Management of complaints.

1. Every effort is made to deal with all complaints appropriately and within a timely fashion. Patient feedback and complaints are welcomed and highlight issues as they arise, promoting learning across the hospital.
2. Patients are encouraged to use the suggestion boxes in ED department to capture complaints, compliments and comments from patients in a timely manner.
3. Information leaflets developed for ED patients under ongoing review and update.

ONGOING



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<b>EXAMINATION DIAGNOSIS &amp; TREATMENT</b> 	<b>COMMUNICATION:</b> Review and improve patient information leaflets.	1. Patient information leaflets are being reviewed, updated and made available.	2019-2020		
		2. Continued encouragement and promotion of surgical information leaflets.			
		3. Citizens Information Clinic is established in CUH. This service provides practical, up-to-date information to patients/families. Continuous feedback is provided and additional services will be provided if and when required.	ONGOING		
<b>DISCHARGE OR TRANSFER</b> 	<b>COMMUNICATION:</b> Improving access and distribution of written patient information about going home from hospital.	1. Work on the development of the health information booklet, for patients with information about going home from CUH, and outlining the process for transfer to another hospital continues.	ONGOING		
		<b>COMMUNICATION:</b> Letting patients know who to contact if something goes wrong.	1. Continued work around informing patients on who to contact after they leave hospital, when things go wrong.	ONGOING	
			<b>COMMUNICATION:</b> Providing information on medication side effects.	1. A multidisciplinary working group has been established to develop a patient information leaflet (PIL) regarding medication management in CUH. The PIL prompts patients to ask specific questions of healthcare professionals regarding their medicines. Space is provided on the PIL for patients to document any new medicines started in hospital, including possible side-effects associated with these medicines.	ONGOING
				<b>COMMUNICATION:</b> Improving the overall discharge planning process.	1. 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.
2. 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.					
3. 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. During 2019, this leaflet was advertised to all patients on the Cardiology Step Down Unit, as part of a quality improvement project, led by the CNM2 on the ward, to ensure that 100% of patients received the leaflet by making it a routine part of the ward admission process.					
4. In 2019 a poster was designed with the Discharge Lounge details that is now displayed beside the whiteboard on every ward to help maximise timely referrals to this service.					
<b>PATIENT EXPERIENCE</b>	<b>DIGNITY &amp; RESPECT AND PRIVACY:</b> Improving and sustaining patient experience.	1. The 'Schwartz Rounds' for staff continue to take place in CUH, promoting 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.	ONGOING		
		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.			

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PATIENT EXPERIENCE	DIGNITY & RESPECT AND PRIVACY: Improving and sustaining patient experience.	PRIORITY PROJECT	
		3. A 10 week course 'An Introduction to Clinical Pastoral Education for Healthcare Professionals', run in conjunction with UCC, is provided twice a year for multidisciplinary professionals. This course provides learning on Compassionate Care, Whole-person Care, Reflective Practice, Spiritual Care and Empathy.	2019-2020
		4. Training provided for key staff in the area of quality improvement, for example supporting Participation in the Quality Diploma programme.	ONGOING
		5. A QI Social Movement has been launched across the hospital with staff from all areas becoming involved. This movement will provide opportunities for sharing learning and mentoring staff in quality improvement projects and initiatives.	2020
		6. Work on CUH becoming an 'Autism Friendly Hospital' has commenced. An example of work completed to date includes 'before' staff surveys prior to commencement. Awareness and education sessions are being organised for staff. An 'after' staff survey will be undertaken and will feed into work that is planned.	2019-2020
		7. Encouraged patient participation in patient engagement and consultation sessions as opportunities arise.	ONGOING
		8. The hospital continues work on ensuring patients are admitted to appropriate wards.	ONGOING
		9. Training has commenced for the introduction of Quality and Safety Walk-Rounds.	6 MONTHS - 1 YEAR
		10. The introduction of Safety Huddles using the White Boards which will enhance patient experience.	BEGUN
		11. Complaints Management training provided.	ONGOING