



WHAT PATIENTS SAID TO US

LISTENING RESPONDING & IMPROVING




CARE ON THE WARD 			
	<p><b>NUTRITION:</b> Improve hospital food and nutrition.</p>	<ol style="list-style-type: none"> <li>1. Quarterly meetings of Nutrition and Hydration steering committee multidisciplinary team including representation from department of dietetics, catering, nursing and quality. The purpose of their work is to oversee the improvement of hospital food, nutrition and hydration for patients and staff alike.</li> <li>2. 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>3. – Protected meal times in place. – Menu choice available for all meals. – Replacement meals are available for patients who have missed a meal.</li> <li>4. 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>	3-5 YEARS+
	<p><b>COMMUNICATION:</b> Improve Communications and the wearing of name badges amongst staff.</p>	<ol style="list-style-type: none"> <li>1. 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> </ol>	2019-2020
		<p style="text-align: center;"><b>PRIORITY PROJECT</b></p> <ol style="list-style-type: none"> <li>2. 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>	2019-2020
		<ol style="list-style-type: none"> <li>3. Updating our current system in conjunction with training records to capture new staff as well as current staff needing replacement badges through a hospital Quality Management System.</li> </ol>	2019-2020
<ol style="list-style-type: none"> <li>4. Two staff members to undertake competency based training programme (Special Purpose award, Level 7) which has been commissioned by the DOH as part of an overall/wider response to improve complaints handling at hospital level. We will be promoting the independent Patient Advocacy Service to patients.</li> </ol>		2019-2020	
<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. 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>	2019-2020
	<p><b>COMMUNICATION:</b> Improve Communications between healthcare professionals and patients.</p>	<ol style="list-style-type: none"> <li>1. Clinical Handover project commenced for medical personnel with NCHD lead reviewing communication between the team.</li> <li>2. 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>3. The hospital has commenced a project to develop Statements of Purpose across wards, and departments that appropriately describes the services for patients.</li> <li>4. 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>5. Provide training for staff to improve their communication skills and effective ward round communication.</li> <li>6. 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>	2019-2020



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<p><b>EXAMINATION DIAGNOSIS &amp; TREATMENT</b></p> 	<p><b>COMMUNICATION:</b> Improve the provision of health information for patients.</p>	<p><b>PRIORITY PROJECT</b></p> <ol style="list-style-type: none"> <li>1. SIVUH is a test site for the National implementation of Criteria Led Discharge project; this involves a multidisciplinary approach to discharge.</li> <li>2. Work in partnership with our acute hospital colleagues to source additional evidence based patient information.</li> </ol>	<p>2019-2020</p>
<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 utilisation, start times &amp; recovery.</li> <li>7. To deliver appropriate current evidence-based patient information leaflets to all surgical patients on discharge from SIVUH.</li> <li>8. To establish standardised format, style and content for all surgical leaflets.</li> </ol>	<p>2019-2020</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><b>PRIORITY PROJECT</b></p> <ol style="list-style-type: none"> <li>5. Volunteer Programme to be initiated in SIVUH to support patients while in the hospital.</li> <li>6. Improve the signage throughout the organisation to make the hospital more accessible to all.</li> </ol>	<p>EMBEDDED</p> <p>2019-2020</p> <p>2019-2020</p>
<p><b>STAFF EXPERIENCE</b></p>	<p><b>WELLBEING:</b> Improving and sustaining staff wellbeing, 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 wellbeing 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. Inhouse theme days e.g. healthy eating.</li> <li>6. Occupational Health Support for staff.</li> </ol>	<p>EMBEDDED</p>

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<b>STAFF EXPERIENCE</b>	WELLBEING: Improving and sustaining staff wellbeing, as it integral to a positive patient experience.	7. In house HR Training to line managers to support their own staff and to utilise policies correctly.	2019-2020
		8. Increasing numbers of staff trained as Dignity at Work program	
		9. 'Flu vaccine Programme in place with incentives for staff to improve uptake	