




<b>ADMISSION TO HOSPITAL</b> 	<b>WAITING TIMES:</b> Included in SJH QIP by NPES in 2019 Reduce the length of time patients wait in the Emergency Department(ED) for admission to a ward.	<ol style="list-style-type: none"> <li>1. Waiting times in the Emergency Department (ED) reflect national and local challenges in matching ED resources with service demand. ED attendances have increased 2% since last year and delayed hospital discharges have contributed to avoidable patient delays for admission in the ED. Funding has been allocated from within the Hospital's existing budget to increasing registrar-level medical staffing in the ED to reduce patient delays.</li> <li>2. Multiple programmes continue to improve the experience of patients attending the ED and minimise preventable waiting times. These include, but are not limited to the 'Home First' multidisciplinary team providing prompt assessment for frail elderly, the 'Inclusion Health' initiative for homeless persons, in-patient discharge planning, improved monitoring data through information systems that include the ED Interactive Whiteboard and Electronic Patient Record.</li> </ol>	2019-2020
<b>CARE ON THE WARD</b> 	<b>ASSISTANCE:</b> Included in SJH QIP by NPES in 2017 Provide timely assistance to patients who require help accessing the bathroom & toilet.	<ol style="list-style-type: none"> <li>1. This is a core element of essential patient care, reflected in the training of nursing staff and healthcare assistants. A specific improvement initiative is not indicated at this time.</li> </ol>	2019-2020
	<b>NUTRITION:</b> Improve hospital food and nutrition Reduce the occurrence of patients missing their meals and ensure an appropriate replacement is offered.	<p style="text-align: center;"><b>PRIORITY PROJECT</b></p> <p>We will continue to improve the provision of food and drinks to patients through the following activities:</p> <ol style="list-style-type: none"> <li>1. Continued evaluation and modification of patient menus, with redesigned menu cards.</li> <li>2. Ongoing roll-out of the transition of the time of patients' meal from early afternoon to evenings.</li> <li>3. Ongoing Catering Staff training on all aspects of food preparation and delivery including quality presentation and service delivery.</li> <li>4. Continue the 'Protecting Mealtime' initiative</li> <li>5. Full implementation and assurance of the Hospital's Fasting Policy that minimises the risk of patients missing meals.</li> <li>6. Ensure patient access to a range of replacement meals/snacks.</li> </ol>	2019-2020
	<b>HYGIENE</b> The cleanliness of toilets & bathrooms will be improved.	<p style="text-align: center;"><b>PRIORITY PROJECT</b></p> <p>The hygiene and maintenance of patient's and public toilets will be improved through the following:</p> <ol style="list-style-type: none"> <li>1. Refurbishment of the concourse public toilets scheduled to commence Q1 2020</li> <li>2. A programme of refurbishing existing patient toilets in response to clinical area assessment findings.</li> <li>3. Renewed approach to ward hygiene monitoring</li> <li>4. Definition of cleaning specifications and schedules (Who-Does-What-When) for all Clinical Areas</li> <li>5. Infrastructure deficits in the Hospital reflected in the risk register.</li> </ol>	2019-2020
<b>EXAMINATION DIAGNOSIS &amp; TREATMENT</b> 	<b>COMMUNICATION:</b> Provide better information to patients and their families.	<p>We will continue to improve communication with patients and their families and the information provided through the following activities:</p> <ol style="list-style-type: none"> <li>1. We will undertake more detailed review of the barriers and enablers of effective patient communication based on NPES findings, direct patient feedback and complaints, consultation with our Patient Representative Group, staff feedback and observation exercises, pending resources available to support this work.</li> <li>2. Communication will continue to be a theme in all presentations and workshops provided by Patient Experience Office team.</li> <li>3. The provision of patient information leaflets for procedures will be a core element of implementation of the Hospital's consent policy.</li> <li>4. Awareness of NPES data relating to information about patients' conditions, treatments and reasonable expectations after procedures will be promoted with clinical staff, especially through the work of nurses undertaking advanced care roles, who have expertise in patient communication and specialist care.</li> </ol>	2019-2020

WHAT PATIENTS SAID TO US

LISTENING RESPONDING & IMPROVING



<p><b>DISCHARGE OR TRANSFER</b></p>	<p><b>COMMUNICATION:</b> Patient &amp; Family engagement and supporting communication 2019.</p>	<p><b>PRIORITY PROJECT</b></p> <p>1. Medication Reconciliation at Discharge. The Hospital will aim to reduce the proportion of (29.8% of NPES respondents) concerned about their knowledge of the medication side effects to watch for when they went home through a multi-modal programme that will include:</p> <ul style="list-style-type: none"> <li>- Submission of a business case for pharmacist-provided discharge planning, with governance oversight by of the Pharmacy &amp; Therapeutics Committee. This initiative would also address medication safety concerns and issues raised through GP feedback.</li> <li>- Systems improvements and staff education from medication safety events that occur at discharge</li> <li>- Enhanced nursing education around discharge medication management.</li> <li>- Monitoring and assurance of discharge prescribing and medication reconciliation through the Hospital's EMAR.</li> <li>- Development of enhanced patient information materials relating to prescribed medications.</li> </ul>	2019-2020
		<p><b>PRIORITY PROJECT</b></p> <p>2. Enhanced patient and family engagement in Discharge Management</p> <ul style="list-style-type: none"> <li>- Extended hours of access to the Discharge Lounge (to 20:30 hours) will increase the numbers of patients discharged through this route, enabling more patients to access specialist clinical expertise in discharge communication in a dedicated clinical environment.</li> <li>- Awareness will be increased among staff in all clinical areas on the need to involved family members (with patients' consent) in discharge planning and communication to help care for patients.</li> <li>- Discharge materials will include information of whom to contact if problems arise.</li> <li>- Communication around discharge is identified as a priority area in current and future improvement initiatives and service development, such as the Trinity St James's Cancer Institute.</li> </ul>	2019-2020