



HSE ACUTE HOSPITAL SERVICES

2019

Listening, Responding and Improving

The HSE response to the findings of the
National Inpatient Experience Survey



Building a
Better Health
Service

Seirbhís Sláinte
Níos Fearr
á Forbairt

Thank you

Thank you to the people who participated in the National Patient Experience Survey 2019 (NPES 2019) and to their families and carers. Without your support, this survey would not have been possible.

The findings of NPES 2019, tell us what matters to you as patients and about the important improvements that can be made to improve hospital services across Ireland. The NPES 2019 allows us to explore how the patient voice has helped to change and improve hospital care for patients in the last year and the quality improvement priorities for 2020.

Thank you to all of the staff of the participating hospitals for encouraging patients to participate in the survey, and for their participation in the discussions and review of the feedback received and the development of the quality improvement response which is presented in this paper. The survey was overseen by a National Steering Group, a Project Team and a Project Board. We acknowledge the direction and guidance provided by the members of these groups.

The Quality Improvement Response, presented in this paper, was developed by an Oversight Group for Improving Patient Experience-Acute Hospitals, together with staff and managers from each participating hospital. We acknowledge the dedication and commitment of all participants to work in partnership and to develop meaningful plans designed to improve patient experience across all participating hospitals.

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New initiative



Existing initiative continues

Foreword

from CEO of the HSE

The National Patient Experience Survey (NPES) 2019 will be published on 25th November 2019. This is the third such report. It provides us with important insights about patients' perspectives on how they experienced treatment in our public hospitals. We need to take the time to understand and to reflect critically on what patients have told us, so that we can continue to improve our services.

There are many aspects of health and social care services in Ireland that we can be very proud of. Our healthcare staff are routinely praised for their hard work and empathy. NPES 2019 reported improvements in patient experience across all hospitals and Hospital Groups. While also describing areas where further attention is required, 84% of patients expressed satisfaction with the services that they received.

Learning is a core component of delivering safe and effective healthcare. Learning is achieved by, amongst other things, 'listening, responding and improving' – which are the areas of focus of this HSE report. We are constantly working to improve a patient's experience. Included in the report are examples of improvement initiatives and all of our hospitals now have quality improvement as part of their core work and purpose.

We are currently embarked upon a major change process in our healthcare system through Sláintecare. Our approach to reform will be defined by the adoption of a more participative approach. Over the coming years there will be many opportunities for patients, advocates and staff to become involved in co-designing the kind of health service that is required to meet the needs of our population.

I am pleased that we are continuing to register improvements in the delivery of acute care and that patients are positively responding to this. However, our acute hospitals are still under pressure and this too is reflected in the NPES 2019. In order to alleviate this pressure, we need to generate additional capacity in the community.

During the course of 2020 we will begin the process of moving towards a more regional healthcare structure which will devolve more authority to six new health regions and empower frontline staff to make more immediate decisions. Using a population-based approach will ensure that we focus relentlessly on preventing sickness, keeping people healthy and at home, and, when it is necessary, providing the highest quality hospital care.

On behalf of the HSE I wish to again acknowledge and thank the patients and families for their generosity in completing the survey which will be used as a learning platform for improvement in future years. I also thank the Oversight Group for Improving Patient Experience – Acute Hospitals, together with staff and managers from each participating hospital for developing this response, designed to improve patient experience across all acute hospital services in Ireland.

Finally I would like to acknowledge the initiative and collaboration of colleagues in the Health Information and Quality Authority and the Department of Health for partnering with us in the development of the National Patient Experience Survey Programme – a partnership which will flourish in the years ahead to the benefit of patients and our health services.

Mr. Paul Reid
Chief Executive Officer, Health Service Executive (HSE)

Introduction

Improving the hospital experience for patients and loved ones is at the heart of everything we do as individuals and as a collective working in acute hospital. The Results of the National Patient Experience Survey (NPES 2019) provide acute hospital services in Ireland with tangible evidence about what matters to patients, about their journey through Irish hospitals and real practical examples of areas for improvement.

For our patients, being treated with dignity and respect and being fully involved and treated as shared experts in the decision making about their care, are key factors for a positive experience. A true partnership between a patient and a healthcare professional means that a patient's values and preferences are understood and respected. Healthcare professionals, learn so much about health and illness, by listening to patients in an authentic way.

Patients, their families and/or carers want to feel enabled and empowered, listened to and involved in the decision making about their healthcare. Improved communication, together with clear information, being treated with dignity and afforded privacy, to discuss their care and treatment in at every stage of their journey, from admission to discharge, results in improved experience and outcomes of care.

Embracing a culture which promotes the importance of patient experience and patients as partners in their care, requires a deliberate and focused effort by management and leadership. Driving patient experience as a key priority into the day-to-day life of individual hospitals and the Corporate HSE, requires a commitment and a plan which informs us whether or not the plan is making an actual measurable difference for patients. I have established a team in the Acute Operations, whose role it is to actively engage with the findings, review each and every patient story and work in partnership with hospitals and Hospital Groups to oversee the implementation and advancement of this work.

As National Director of Acute Operations I am committed to ensuring that:

- a. the findings of the National Patient Experience Survey are used systematically to inform quality improvements priorities, at every level of the organisation; *and*
- b. leadership and support is provided for the implementation and resourcing of improvement initiatives across acute hospitals.

The HSE Acute Operations in 2019:

- c. Worked in partnership with the Department of Health to introduce the new Independent Patient Advocacy Service across acute hospital services;
- d. Demonstrated our commitment to listening and responding to patient feedback, through the publication of the quality improvement response, developed at hospital, Hospital Group and at corporate level 2019;
- e. Worked in partnership with patients, carers and families, to codesign improvement initiatives at a corporate and local level; *and*
- f. Ensured that the priorities of the NPES are aligned with work streams at a corporate level.

I welcome this opportunity to meaningfully engage with findings of the National Patient Experience Survey 2019. I am excited about building real and meaningful partnerships with patients and our community and I am committed to supporting the implementation of a programme of work designed to improve patient experience across acute hospital services. An action plan and a reporting structure supporting its implementation, will give us at the corporate acute hospital management team level the assurance required that we are making a real difference for patients across Ireland.

Liam Woods

National Director, Acute Operations, HSE

Acute Operations, HSE

Listening, Responding, Improving

Organisations that have improved patient experience demonstrate that there is no single path to success. Since the implementation of the National In-patient experience Survey in 2017, some common underlying elements can be seen across all hospitals that have made significant improvement. These elements include leadership, frontline ownership and the involvement of staff across the system, meaningful engagement with patients and family members, and a strong focus on organisational culture and staff empowerment.

Leadership: strong, committed senior leadership involvement in the National Patient Experience Survey has been integral to its success from the outset. HSE Acute Operations established an Oversight Group in 2017 to:

1. Review the findings of the National Patient Experience Survey.
2. Develop a systematic plan for improving Patient Experience across acute hospitals.

Frontline ownership and the involvement of staff: workshops and staff meetings were facilitated with Hospital Groups throughout 2017, 2018 and 2019 inviting staff, managers and subject matter experts to discuss the findings of the survey, to share examples of best practice across the system and to plan how we work together to develop and implement quality improvement plans that would make a meaningful difference to patients' experience. Support for staff to develop Quality Improvement Plans are empowering rather than directive, enabling people on the front line to innovate. Dedicated champions promoting the National Patient Experience Survey 2019 at hospital level and coordinating the response to the findings has made a huge difference to the progress already made. Increasing awareness amongst staff about findings.

Creating a win-win: the findings of NPES highlight what was positive in relation to patients experience together with specific issues which need to be addressed or improved. The balance of constructive feedback enables staff across the system to understand, digest and address improvement priorities as they have also received positive feedback about what is working well. This approach to promoting improvement empowers staff and strengthens the learning culture which leads to more sustainable and meaningful change and improvement.

Meaningful engagement of patients and families: the engagement of Family Carers Ireland in the development of a quality improvement response to the findings at a corporate level has demonstrated the importance of working in partnership with patients, carers their families and advocates. Patient Councils across hospitals will use the findings of NPES 2019 to continue to understand what matters to patients in their respective hospitals and to support improvement initiatives at local level.

A strong focus on our workforce including a focus on staff culture: staff wellbeing and work environment are intrinsically related to patient experience. Investing and prioritising staff wellbeing, reducing organisational stress and understanding the impact that burn-out has on staff wellbeing and in turn patient experience is paramount to making a difference. The National Acute Operations Division, are supporting the implementation of the National Healthcare Communication Programme, designed to build skills and capacity in this area. A secondary review of data relating to both patient and staff experience has highlighted the impact of staff experience on quality improvement.

Adequate resourcing, together with continuous measurement and incorporation of patient experience as a critical component of quality and patient safety will lead to sustained changes and improvement. The findings of NPES 2019 has highlighted the impact of improvement initiatives across acute hospitals including areas which require continuous focus and improvement.

Leadership and support – responding to the findings of the National Patient Experience Survey

The Oversight Group, chaired by the Deputy Director of Acute Operations and sponsored by the National Director for Quality, Verification and Assurance, includes representatives across the system who play a critical role in responding to the findings of the NPES. The Oversight Group, meet quarterly in 2019 to:

1. oversee the development and implementation of the agreed Quality Improvement Plan designed to improve patient experience across acute services;
2. facilitate shared learning on patient experience and best practice across the healthcare system;
3. facilitate team meetings and engagement with staff and patients across the system;
4. share the findings of the NPES 2019 across the system and to plan improvement programmes in response;
5. identify staff training and capacity requirements for improvement.

Members of the National Oversight Group include representatives from the following areas:

1. Hospital Group Representatives x 6
2. Nursing, Midwifery and Development
3. Human Resources Division
4. Communications
5. Quality Assurance and Verification
6. Health and Wellbeing – Healthy Ireland Representative
7. Quality Improvement Division
 - a. Emergency Department Quality Improvement-Microsystems
 - b. Cultures of person centeredness
8. Hospital Nutrition and hydration
9. Acute Operations, HSE
10. Values in Action
11. Older persons programme
12. Clinical Programmes and Strategy
13. Family Carers Ireland

We welcome this opportunity to meaningfully engage with findings of the NPES 2019. We are delighted to present the coordinated response to the findings of the NPES 2019, an action plan which highlights the engagement of all key stakeholders and a commitment for all involved to make a real and meaningful difference to patient experience in every hospital in Ireland.

Angela Fitzgerald
Deputy Director, Acute Operations

Patrick Lynch, National Director,
Quality Assurance and Verification



Messages of Support

Family Carers Ireland

There is no better way of improving our acute health services than by listening to what patients, their families and carers think, feel and experience throughout their hospital stay. Creating a culture across our hospitals where patients and their families feel supported, informed and engaged is not only a critical driver of the quality of the patient's experience, it has also been shown to promote healing, improve patient outcomes and reduce health care costs.

Family Carers Ireland welcomes the many quality improvement initiatives, projects and pilots that have been developed in response to the findings of the National Patient Experience Survey and the signs of improvement which we see and hear about from the families and carers we support. In particular we welcome the roll-out of the National Healthcare Communication Programme designed to support healthcare staff to learn, develop and maintain their communication skills when engaging with patients and their families; the introduction of a new independent Patient Advocacy Service and the training 100 Patient Advocates across the country who will support and guide patients and their families through their healthcare journey. It's heartening to see fresh thinking and innovative ways of tackling 'problem areas' traditionally associated with hospital care pathways including improving the patient experience in the Emergency Department, during admission and at hospital discharge.

Family Carers Ireland acknowledge the real commitment to improvement that each of these developments represent. Notwithstanding the progress that has been made, more remains to be done and so we offer our continued support to HIQA, the HSE, Hospital Groups and the newly formed Patient Advocacy Service to ensure the voice of families and carers are represented in all our quality improvement efforts.

Clare Duffy

Policy & Public Affairs Manager, Family Carers Ireland

Irish Patient Association

The Irish Patients' Association welcomes and supports the implementation of the National Patient Experience Survey Programme. The voice of patients experience is a powerful driver for learning and improvement in our healthcare system.

We are active participants on the HSE ED Task Force aiming to improve patients' experience of ED and the Consultant Appointment Advisory Committee to recommend new consultant posts. We are engaged with the Type C Committee to recommend that some public consultants engage in limited private healthcare practice.

In the area of patient safety we are active participants in the Antimicrobial Resistance and Infection Control Advisory Group. We actively support hospitals to improve patient experience by providing training and educational workshops and by advocating for patients across the system. By working in partnership with healthcare providers, listening and learning from patients experience, we can deliver a safer, patient centred quality healthcare system.

The Irish Patients' Association welcomes the introduction of the new independent Patient Advocacy Service and the training programme introduced to build the capacity of both advocates and staff, in Patient Safety Complaints Advocacy.

Stephen McMahon

Irish Patient Association





The HSE:

Listening, Responding, Improving

Healthcare teams, working across the HSE, are using the findings of the National Patient Experience Survey to understand what matters to patients and to inform priorities for improving patient experience across acute hospitals. Quality improvement initiatives implemented across acute hospital services in 2017 and 2018 have been demonstrated in the results of NPES 2019. Priority areas identified in the National Patient Experience Survey 2019 and how healthcare teams in the HSE will support one another to improve patient experience at local level, are outlined in this document. Each hospital has identified three specific priority projects in response to the results for their respective hospitals.

WHAT PATIENTS
SAID TO US

LISTENING RESPONDING
& IMPROVING

| | | |
|---|---|---|
| ADMISSION TO HOSPITAL  | Improve patients experience of ED, in particular: – waiting times; and – microsystems | <ul style="list-style-type: none"> • Providing patients with comfort packages whilst in ED. • Providing patients with hot meals, refreshments and beverages. • Promoting Patient Advocacy Services. • Targeting improvements in waiting times. • Improving processes and pathways for patients. |
| CARE ON THE WARD  | Improve care on the ward. | <ul style="list-style-type: none"> • Improving communication with patients at the bed-side. • Ensuring that patients have the opportunity to talk to someone on the staff about their worries and fears. • Improving hospital food, nutrition and hydration. |
| EXAMINATION DIAGNOSIS & TREATMENT  | Improve communication and information, during examination, treatment and diagnosis. | Promoting effective ward round and clinical communication amongst healthcare professionals. <ul style="list-style-type: none"> • Promoting the importance for patients to have time to discuss care and treatment with a doctor. • The involvement of patients in decisions about their care and treatment. • The opportunity, for patients to talk to a doctor for family or friends. |
| DISCHARGE OR TRANSFER  | Improve the discharge process, in particular, the provision of clear information for patients when they are being discharged. | <ul style="list-style-type: none"> • Improving written or printed information on what to do after leaving hospital, the danger signs to look out for and who to contact if something goes wrong. • Improving information on the side effects of medication. • Improving information on managing condition after discharge. |
| STAFF EXPERIENCE | Sustain and improve organisational culture. | <ul style="list-style-type: none"> • Promoting and sustaining a culture of dignity and respect for patients and a culture of care, compassion, trust and learning. |



Improving patient experience of Emergency Departments

Improving patient experience of Emergency Departments

Quality improvements projects are in place across all Hospital Groups with the aim of improving patient experience of Emergency Departments (ED). The findings of the National Patient Experience Survey have been reviewed by ED teams across all hospitals to ensure that the suggestions for improvements identified by patients are used to inform their quality improvement priorities at local level. Support for Hospital Groups in improving quality in ED is provided by Quality Improvement Division HSE in collaboration with the Emergency Medicine Programme.

The Quality Improvement Division is supporting the use of a quality improvement approach called Microsystems in Emergency Departments, this approach is designed to understand how every part of the patient journey can be improved. This work is currently occurring in the RCSI and the DML hospital groups and has commenced in the UHL hospital. Multi-disciplinary teams of ED staff are working together on quality improvement initiatives designed to improve patient experience.

The team's understanding of the patient experience has been enhanced greatly by the NPES 2017, 2018 and 2019 results. They have begun to examine the results and plan how to incorporate the findings into their improvement work. The teams have a planned approach to improvement and the survey findings are allowing them to keep the patient at the forefront of any improvements, while ensuring the patient experience will be a constant discussion piece at team meetings, a cultural shift that is exciting to observe.

There is a very rich amount of feedback from patients who present in Emergency Departments, which is very honest and revealing. The Quality Improvement Division, welcome this opportunity to use this information, have conversations about it, and find ways to improve patient experience.

Improving waiting times in Emergency Departments

The Emergency Department Taskforce, established to develop sustainable long-term solutions to ED overcrowding and has set out a range of time defined actions to (i) optimise existing hospital and community capacity; (ii) develop internal capability and process improvement and (iii) improve leadership, governance, planning and oversight, together targets to be achieved in relation to reducing wait times and patients waiting on trollies in ED. Examples of specific programmes of work across acute hospitals to improve wait times are outlined in respective hospital responses, attached. All hospitals are actively working towards reducing wait times in ED and achieving the targets set by the HSE. The HSE's monthly performance process reviews and challenges performance in relation to ED waiting times. There are a number of targeted projects already underway aimed at improving patient experience times in ED. The findings of the NPES 2019 will provide a further lens to examine patient experience times and will act an important lever for change.

Hospital Groups and Community Healthcare Organisations are preparing for how demand for healthcare services is managed over the winter period, by focusing on the following issues:

1. Planning and Escalation including, managing surges in demand, staffing capacity plans and rosters, dealing with the impact of severe weather
2. Patient Flow and Operations Management, including the importance of monitoring performance and working with all key stakeholders to manage patient flow
3. Maintaining Public Health including, the effective preparation for seasonal influenza and effective preparation for Norovirus and other Healthcare Associated Illnesses.



EXAMPLE OF BEST PRACTICE

Improving patient experience of Emergency Departments in Tallaght University Hospital

In 2018 dignity and respect was raised as an area needing improvement in the Emergency Department (ED) of Tallaght University Hospital (TUH).

When staff saw the results, there was a sense of disappointment and they quickly decided to take ownership of this issue recognising that this could not be fixed by monetary input but rather a change in how we go about our business. Staff understood what the patients were saying about their experience and took this on board.

Having a positive patient Experience in ED is very important to all ED staff. Patients having a good experience is a reflection of the care they receive from the staff in the department. ED staff are supported by management to implement change under quality improvement initiatives that will result in better outcomes for patients both through their experience and their treatment and care.

The Emergency Department Quality Improvement Working Group was established which gave the opportunity for the staff to drive solutions to problems within the ED. The membership of this group is made up of all levels of staff from ED as well as inviting external participation when required to drive change.

ED Waiting Area

Through feedback from the patient experience survey it was decided to look at the waiting area of the ED as an area to improve communication. We worked on an area at Reception that should only be entered by the patient to register in the ED. This will ensure there is adequate space for patient to give personal details without other patients overhearing. Information posters and a rolling electronic infogram has been placed in the waiting room giving out details of the process in ED, the triage nurse carries out a roll call at the start and end of every shift, along with re-triaging patients during the night gives the nurse time to reassess and reassure the patient, this also gives the nurse and patient time to communicate with each other.

Providing an equal standard of healthcare for deaf people in the Emergency Department

It has been well documented that deaf people face huge challenges when accessing healthcare. The aim of this project was to improve the experiences of deaf people when attending our ED by introducing initiatives to reduce inequalities and ensuring the highest standard of care is provided to all. The vision is to continually expand this project and apply a similar framework for people with various disabilities.

The objective of this project was to provide the multidisciplinary team with the guidelines and tools to care for deaf patients in the ED. This was achieved by creating a pathway for deaf patients attending the ED, providing deafness awareness training to staff and producing a comprehensive list of interpreting services available for ease of access for staff.

An initiative was developed to improve the service provided to deaf people when attending the ED. This involved creating a care pathway for when deaf people present to the ED, compiling a comprehensive list of interpreting services available and providing deafness awareness training to the multi-disciplinary team.

Feedback from the multidisciplinary team on the new initiatives has been very positive. Staff have reported through informal conversations that they are more aware of the needs of caring for deaf patients and that the pathway ensures that the deaf person does not get overlooked in a busy ED.

Improving outcomes of critically ill patients – A checklist to standardise the transfer of critically ill patients from the Adult Emergency Department

Transferring of patients has been identified as potentially one of the most risky and harmful processes, leading to adverse events and potentially affecting patient outcomes. As such, both the benefits and the risks have to be considered. Any patient transfer, whether within the hospital or out to another hospital should aim to maintain optimal patient health whilst ensuring continuity of care. However, in practice, patient transfers are carried out, with little preparation observed. Poorly organised and conducted transfers can significantly contribute to poor patient outcomes, resulting in increasing rates of morbidity and mortality amongst this cohort of patients. Upon critical appraisal of the research, checklist utilised prior to transfer of critically ill patients reduce adverse events. To this effect a checklist was devised to be completed for both inter and intra hospital transfers.

Review and Improvement of Total Turnaround Time (TTAT) of Pathology Results from a Busy Emergency Department. Adult Emergency Department Quality Improvement Group & Laboratory

A significant amount of medical decisions are based on results from the laboratory analysis of specimens. Within the Emergency Department (ED) quality improvement group it was identified that improvements could be made to enhance the process from sample labelling to having the result available on the OCS system. A collaboration between the ED quality improvement group & the laboratory took place. A SMART aim statement was established outlining the aim of this project which was to improve and streamline the efficiency of taking and sending bloods from a busy emergency department (ED) to the laboratory for the benefit of staff and patients. An audit template was developed and piloted. Following minor adjustments, an audit was completed over a ten day period across ED and the laboratory. During the audit the sample labelling process in ED was also observed.

- The team documented the process in ED for sending samples to the laboratory.
- A number of key issues within the process were identified and removed, these are highlighted by the addition of red X on the process step.
- Central to improvement was the introduction of ED specific canisters for the pneumatic tube system (PTS). Canisters were distinctively marked so they could be easily identified and returned to ED when available.
- Staff in the Hospital were notified of change via memo. The availability of canisters was audited for one month after introduction in October 2018. The contingency for unavailability of the PTS system is delivery of samples to the laboratory by portering staff.
- Following process improvements a re-audit of TTAT was completed. The average TTAT for samples from ED delivered through the PTS was 56 min with a SD of 22 min.

Protected Nursing Handover in the Emergency Department – A Quality Improvement Initiative

As a quality improvement (QI) group located in the Adult Emergency Department, it was identified that nursing handover during both morning and evening shifts was prolonged and having many interruptions. It was highlighted amongst the group that prolonged handovers could lead to delays in patient care, whilst interruptions could lead to mis-communication of information thus compromising patient safety. The Aim of this quality improvement project was to try and improve the handover process for the nursing team in the Emergency Department. The quality improvement group consisted of staff from the following disciplines: Medical, Nursing, HCAs, Clerical, Security, Patient Advocacy and Radiology.

Meetings took place 2 weekly in the department. Sub groups were devised to tackle the following areas i.e. Posters to inform patients & visitors of the restricted visiting times, updating of visitors passes, liaising with Patient Advocacy regarding complaints, education of staff, working with security & reception staff to enforce the restricted visiting time. Pre measurement, implementation & post measurement occurred. Pre & post measurement involved documenting the length of time handover took and how many interruptions were incurred during this time. Both took place over 1 week. Implementation phase involved education of all staff working in the dept. Implementation phase consisted of hanging posters in all areas, making an announcement 15 minutes prior to start of either shift and giving reception a list of patients who were allowed visitors.

Who is “Fit to Sit” in our Emergency Department?

Introduction

Prolonged bed rest leads to deconditioning of people over 80. The Gerontological Emergency Department Intervention (GEDI) team is involved in health promotion and maintenance of physical wellbeing starting in the emergency department (ED). “Fit to Sit” is a simple change in ED culture and attitude, promoting independence, maximising wellbeing and improving health outcomes. We aim to describe the prevalence of patients lying on trolleys who would be deemed fit to sit out on a chair prior to the commencement of the ‘Fit to Sit’ initiative.

Methods

An observational study was conducted prospectively, over five working days, to determine the proportion of patients present who were dressed and sitting out on a chair, opposed to wearing pyjamas (PJs) and lying on a trolley. Nursing staff familiar with each patient were asked whether or not the patient was fit to sit out in a chair. Statistical analysis was conducted with Microsoft Excel using the chi squared test to calculate differences between the two groups.

Results

Data was collected on 147 patients, median age 66 years (IQR 47-74). 82% were on a trolley and 18% in a chair. 33% were in their clothes, the remaining 67% were in PJs or hospital gowns. 45% of those who were deemed “fit to sit” were on a trolley. Patients 65 and older were more likely to be wearing PJs ($p=0.03$), but not more likely to be on a trolley ($p=0.23$). Patients in ED for greater than 12 hours were also more likely to be in PJs ($p=0.001$) and on a trolley ($p=0.057$).

Conclusion

Our study suggests that a significant proportion of ED patients are lying on trollies despite being deemed to be “Fit to Sit”. Introduction of an ED “Fit to Sit” programme may alleviate deconditioning and promote patient independence.

Staff at work in Tallaght University Hospital ED.





EXAMPLE OF BEST PRACTICE – CORK UNIVERSITY HOSPITAL, THE MERCY HOSPITAL CORK, UNIVERSITY HOSPITAL KERRY

National Improvement Programme, the Five Fundamentals Project:

The 'Five Fundamentals' programme is a national improvement programme for unscheduled care. The programme is reflective of national and international best practice and is similar to the 'Six Essential Actions' in NHS Scotland, an improvement programme that has been in existence for over fifteen years and continues to be implemented. However, while the 'Five Fundamentals' is now the principle improvement programme for unscheduled care, the level of available capacity means that only two hospitals in the South South West Group are involved in and supported by the programme, plans are underway with the Dublin Midlands Hospital Group regarding Midlands Regional General Hospitals in Portlaoise and Tullamore. The overall goal of this work is to support staff to deliver improved care between hospitals and community services which will result in improved patient experience and outcomes of care.

The five fundamentals of integrated care are:

1. Leadership and Governance between hospital and community services
2. Improving Operational Processes and Pathways pre Admission
3. Improving Operational Processes and Pathways post Admission
4. Integrated working between hospital and community services
5. Data and Business Intelligence used to inform progress

Cork University Hospital, Mercy Hospital Cork and University Hospital Kerry are vanguard sites for the Five Fundamentals progress. Constructive initiatives underway are the development of an integrated tracker to jointly monitor action on delayed transfers of care.

Active involvement and engagement of staff in the National Patient Experience Survey is critical to its success





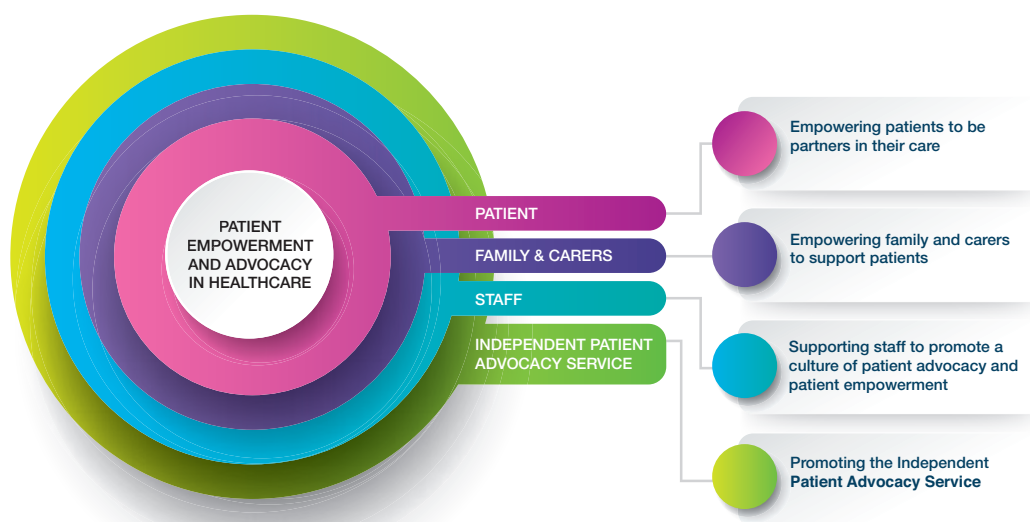
Improving care on the ward

Someone on the hospital staff to speak to about your worries and fears

The findings of the National Patient Experience Survey highlighted that a significant number of patients did not find someone on the hospital staff to speak to about their worries and fears whilst they were in hospital. Individual hospitals have reviewed this finding and will commence information and promotional campaigns at local level, to inform patients, about Patient Advice and Liaison services the availability of chaplaincy, nursing and volunteers. Staff and managers in respective hospitals are working together to improve support and reduce isolation for patients. Examples of best practice are highlighted below. This year the HSE welcomes the new independent Patient Advocacy Service which will provide advocacy support to patients who are in need of same.

A Framework for Promoting Empowerment Advocacy across Acute Hospitals

The HSE together with the Department of Health, has developed a plan to provide training to staff and patient advocates on a competency based training programme in patient advocacy. This programme of work commenced in 2018 and will be introduced across acute hospital services in 2019, providing clear sign-posting for patients in relation to appropriate advocacy services in the community and the promotion of patient support services in local hospitals.



A Framework for Promoting Empowerment Advocacy across Acute Hospitals

The HSE is supporting the introduction of the new Independent Patient Advocacy Service across acute hospitals in Ireland. Together with the delivery of a training programme for both staff and advocates in Patient Safety Complaints Advocacy and a number of patient empowerment initiatives, the HSE is working with all key stakeholders to build a culture across hospitals, which supports and enables patients to be fully involved in the decision making about their healthcare.

PATIENT:

Empowering patients to be partners in their care

The results of the NPES highlight that patients want to be more involved in their healthcare and treated as full partners in their care. Health information designed to empower patients to make informed decisions to be fully involved in the decision making about their health care will be further promoted. This work will be advanced in partnership with patients, their families and carers. The Safer to Ask series of patient leaflets encouraging patients to be actively involved in the decision making about their care are available across hospital sites on and the HSE website.



It's Safer to Ask leaflet series

A number of hospitals have implemented quality improvement programmes designed to enable and support patients to speak up about their care and to participate as full partners. The Safer to Ask Series highlighted here are examples of ways in which hospitals are inviting patients to be involved. Training for staff in healthcare communication skills encourages both doctors, nurses and all healthcare professionals to listen more to patients and to encourage patients to own their solutions, care plans and be more involved as shared experts in the decision making about their care.

FAMILY & CARERS:

Empowering and enabling families are carers to become more proactive care partners

Patients in their feedback about their experience highlight the need for their families and carers to be involved in the care. We are working in partnership with Family Carers Ireland to promote the importance of families and carers in healthcare and to build their skills and confidence so that they feel more empowered to become more proactive care partners.

STAFF:

Building the capacity of staff in patient safety complaints advocacy

A training programme for health care staff in patient safety complaints advocacy was developed in 2018. By 2020, over 100 advocates and health service employees will graduate with an accredited qualification (QQI level 7) as trained patient safety complaints advocates. This training programme addresses:

- Patients' rights in healthcare;
- Communication skills in healthcare;
- Resolving and learning from complaints; and
- Handling patient safety complaints and related issues.

The training programme is designed to build the capacity of healthcare staff and patient advocates to respond to patients and achieve better outcomes for patients.



Patient Safety Complaints Advocacy and National Healthcare Communication Programme promotional materials

INDEPENDENT PATIENT ADVOCACY SERVICE – commissioned by DoH

Welcoming and supporting the introduction of the new Independent Patient Advocacy Service

The Independent Patient Advocacy Service, enabled to support and empower patients to address their complaints or patient advocacy issues is welcomed by the HSE. Hospital managers and staff are actively engaging with the service and will promote the new Patient Advocacy Service to patients across all hospitals in Ireland. This new service will encourage patients to communicate with the health services first to resolve their complaint. The HSE will build positive relationships with the new independent PAS so that good communication is nurtured, and issues can be resolved efficiently for patients and so that lessons can be learned and services improved.

The commencement of the Patient Advocacy Service is an important development in designing and delivering a service around the needs of patients and service users.

The service is one of a number of initiatives to empower patients; enhance the accountability of the health services to service users; and develop a constructive, learning approach to addressing and resolving mistakes and poor quality in the health service.



EXAMPLE OF BEST PRACTICE - IRELAND EAST HOSPITAL GROUP

St. Luke's General Hospital Carlow-Kilkenny

Working in partnership with their local communities-an interview with volunteers and staff

The unique Mental Health Support Volunteers Initiative in St. Luke's General Hospital Carlow-Kilkenny is giving people with mental health difficulties much-needed support during their visits to the local Emergency Department. It can be extremely distressing for patients as they await their Mental Health Assessment. The need for a volunteer initiative came about as a response to these challenges.

After two years of planning, the Emergency Department Support Volunteers Initiative was launched in March 2017 at St. Luke's Hospital. The service is offered to patients attending the Emergency Department every Saturday between 8am and 8pm who require a Mental Health Assessment. A group of 12 volunteers are trained to sit with and support patients while they await their assessment – chat with and listen to them, make a cup of coffee, or accompany them for a walk etc.

Millie Ryan, who was on the Steering Group, is one of the volunteers who have committed their time to the project. She became involved through her experience with the local mental health group in Kilkenny. "A family member of mine has used the psychiatric facility in St. Luke's and I became involved with the forum, which is for service users and their family. We often spoke about the difficulties that a trip to the Emergency Department can bring for somebody with mental health problems, especially when they are on their own," explained Millie. "It was out of those experiences that we devised the initiative and started planning how to put it into action."

"If somebody needs us, the triage nurse in the ED will contact us and one of us will come in. It is not an onerous task in any way and it is fantastic that we have an opportunity to support somebody who needs us," said Millie. "A long wait in the Emergency Department can be very traumatic for somebody experiencing psychological or psychiatric problems. They could give up and go home or feel like it is just too much for them so it is important that they have a friendly face beside them to help them and just keep them company". She explained that there are strict criteria about when they would be called in.

We cannot underestimate the value that providing this support to people who are in distress can have. The service literally provides a listening ear, a smile, practical support such as making a phone call and a message to our patients that they have done the right thing by seeking help on their road to recovery," she said.



EXAMPLE OF BEST PRACTICE

Nenagh PALS volunteers a shining example of patient advocacy in UL Hospitals

UL Hospitals Group's Patient Advocacy Liaison Services (PALS) have been a crucial element of the Group's strategy to continually improve care standards and the patient experience across University Hospital Limerick, Ennis Hospital and Nenagh Hospitals.

PALS volunteers are the public face of the service, dressed in red tabards with an embroidered yellow logo, and have had a transformative impact on patient experience in our hospitals, serving in a diversity of roles, whether as way-finders, patient companions, information guides, and gatherers of anecdotal patient feedback.

For Virginia O'Dowd, a retired school teacher and former public representative who was once Town Mayor of Nenagh, volunteering for PALS has been an experience that has enriched her, almost incalculably so.

EXAMPLE OF BEST PRACTICE – NENAGH HOSPITAL *continued*

"PALS makes a huge difference to the hospital experience for patients. There are no other demands on us, so we can give total attention to the patients. We volunteers also get a huge amount out of it. I always come out feeling richer, somehow; I get more out of it than can be measured," Virginia explains.

PALS volunteers help to firmly situate the hospital within the community where it is located, which in turn puts patients, relatives and all visitors at their ease, helping to create a more user-friendly hospital experience.

Virginia reports that all the Nenagh PALS volunteers feel a huge sense of pride in Nenagh Hospital and its place in the local community. "Years ago, I was involved in the Nenagh Hospital Action Group, and when I see it now, with its bright, modern wards and refurbished facilities, I'm so proud of it. It's great to see people from all over the MidWest using it, from West Limerick, Clare, South Tipperary, the Kilkenny border, Tullamore and elsewhere," she said.

PALS also provides immediate feedback about care standards and other aspects of the patient experience. Virginia says the feedback from Nenagh patients is unanimously positive: "There is the greatest respect for staff. In PALS, we hear that from the patients every single day."

When a person requires hospital care, even the smallest act of kindness and support is significant, and this is at the core of the PALS ethos. "Sometimes, elderly people will be driven to the hospital, and of course, drivers cannot park outside the door, so we wait with their relative until the driver parks, and we also greet people who arrive in taxis. These are simple, reassuring things that make such a huge difference."

Virginia emphasises how important it is to be vigilant for patients who look as if they need a helping hand or a kind word when they arrive for a hospital appointment, which, for many, can be a disorienting or frightening experience.

She recalls being approached in a shop by an elderly man who thanked her for being his friend in the hospital. "I didn't recognise him at first, but then remembered him from some months ago. He'd come into the hospital alone, and looked ill and quite stressed. I asked if he needed help, and he told me he was there for an appointment, so I took him to admissions, got him a drink, and sat with him until he was called. I thought no more of it, but when I met him months later, he told me that on the day, he would have left if there hadn't been someone who made time for him. It was great to see the man looking so well and it shows the importance of PALS."

As a Befriender on the PALS volunteer team at Nenagh Hospital, Toomevara resident Polly Ryan has a more specific duty: "Meeting and greeting is my thing," beams Polly. "I'm not just there to show people how to find places, but also, if the patient wants, to sit and wait with them, chat, and help to take their mind off their appointments."

Once fearful of hospitals herself, Polly has discovered such trepidation affects all age groups: "You can read it in their faces. Sometimes, all they want is for you to sit and chat with them. So I'll talk about something I've been through. Hurling is a great subject, particularly with our Limerick patients. Young people, even when they're in with parents, might need someone else to chat to who can lighten things up a bit, because, well, I suppose Mammy might be worried as much as they are," Polly explains.

Polly is the ultimate people's person, and a force of nature who refuses to be brought down by the challenges life can present. "In 2008, I went into the hospital in Limerick on a Monday morning, had a mastectomy that afternoon, was discharged on Friday, and was out dancing at a Mike Denver show the following Monday night. We've all been to hospital for what I describe as personal NCTs. Most people don't want to come in for things like colonoscopies, and when I describe them as NCTs, something we don't like doing but have to, it helps to lighten the mood for them."

Nenagh Hospital Patient Advocacy Liaison Service (PALS) Volunteers, Polly Ryan (left) and Virginia O'Dowd.



The call to join the PALS volunteers three years ago came at the right time for Polly, who suddenly found herself at home alone after being married for 30 years, and mother to five sons who had left the nest.

Her love of people and volunteering and cheerful, friendly disposition, as well as her own experiences of the health system, makes Polly a natural fit for the role of PALS Befriender. "I used to have a fear of hospitals when I was a little girl, and having had five children, and come through cancer treatment, I know how terribly worrying it can be. I've always found that when you're feeling low or overwhelmed by it, all you need is a little bit of kindness, someone to tell you it will be all right, to hold your hand for a minute and calm you down. It makes such a difference."

A beacon of positivity, Polly recently returned from a holiday to the US, where she grabbed a window of opportunity during a stopover in Philadelphia to run up the steps immortalised by Sylvester Stallone in the 'Rocky' movies. She began running two years after her mastectomy, and celebrated five years free from cancer by running the Dublin City Marathon. She's also a keen long-distance walker. Polly's indefatigable spirit shines through all duties she undertakes with PALS.

Her love of dance meant that when staff were seeking a traditional set dancer to perform for patients on the wards during St. Patrick's Day celebrations in 2018, Polly stepped forward. "I danced on almost every ward in the hospital that time. There was a man playing reels on the mouth organ, and I was doing the dancing, and the patients all loved it."

"I love PALS, and I would do it every day if I could. All the staff are fantastic, and it's such a lovely hospital to work in. And I think people really appreciate it. A large number of patients will come back to us from time to time, just to say hello and say thanks for being there for them," Polly added.

Cathrina Ryan, Operational Director of Nursing at Nenagh Hospital, said that within four years, the PALS volunteers had become so much a part of service delivery, and were so embedded in Hospital culture and activities, that it would be "difficult to either recall or imagine the Hospital without them".

"As Virginia said, it's the dedicated attention to the patient, one-to-one, in an unrushed manner, that puts them on ease when they arrive at the hospital. Our patients are from Clare and Limerick in addition to our local patients, making the Befriender role invaluable to patients who may not have many visitors, and Polly has befriended patients, staff and visitors alike," Cathrina added.

EXAMPLE OF BEST PRACTICE – NENAGH HOSPITAL *continued*

Miriam McCarthy, Manager of Patient Advocacy Liaison Services across UL Hospitals Group, says that Virginia and Polly, and all PALS volunteers, create a multi-dimensional value to the hospitals in the Group.

“The presence of volunteers helps to demonstrate the role of hospitals in communities, and represents our willingness to enable members of the public to help us help our patients. They’re also an invaluable source of information, comfort and support for patients, and as they are not involved in delivering clinical care, add another dimension to the patient care experience in our hospitals,” Miriam added.

“I echo Cathrina Ryan’s comments about the volunteers in Nenagh Hospital. I personally cannot imagine our hospitals without volunteers, who bring a smile to my face every time I meet them. They serve as role models and set a high bar for all of us in our interactions with patients,” Miriam concluded.

For further information on PALS Volunteers in UL Hospitals Group, visit <https://bit.ly/2NBMWzV>



EXAMPLE OF BEST PRACTICE

Tallaght University Hospital Promoting Pastoral Care

Pastoral care recognises that the journey of making sense of our patient’s experiences embraces, the mind, body and spirit. The healthcare chaplains of the pastoral care team offer spiritual, emotional, religious and existential support for all our patients and staff. Pastoral team offer care whether or not patients follow a particular religion or none at all. Pastoral care encompasses how we understand the world and our place in it and what meaning we give to the events of our lives. They can accompany our patients on this journey, or simply provide an opportunity for patients to discuss how the experience of illness impacts on their lives. In the midst of the busy daily life of the hospital the pastoral care department provide a sanctuary of peace. The Chapel and the Contemplation room represent stability, peace and healing. These rooms are available to all for quiet, calm reflection and prayer, or simply to get away from it all for a few moments.

Improving hospital food and nutrition

Hospital teams sharing feedback and developing improvement plans

Hospital food, nutrition and hydration is recognised in acute hospitals as an essential priority for good quality patient care, both locally and at a national level. Every day there are approximately 10,500 patients in acute hospitals of which approximately 70% will be dependent on oral food and drinks as their sole source of nutrition. We listened to patients, staff and service for the development of The HSE Food, Nutrition and Hydration Policy for Adult Patients in Acute Hospitals. The Policy provides a framework for a standardised approach to food and nutritional care provision by all staff. It encompasses recommendations on nutritional screening and promotes a patient centred approach to delivery of services. It aims to improve the patient's experience of food and nutritional care in hospital.

An Implementation toolkit to support local implementation has also been developed. Acute hospitals will be adopting this toolkit for implementation of the policy which aims to:

- Improve the quality and safety of food and nutritional care in hospitals;
- Ensure that areas for improvement as recommended by the Health Information And Quality Authority are addressed;
- To improve patient experience;
- To support recommendations from the National Clinical Guideline (NCG): Nutrition Screening and Use of Oral Nutrition Support in the Acute Care Setting.

The HSE will progress the implementation of the National Food and Nutrition Policy launched in 2019. This policy was developed following large consultation with patients and service providers.

An Implementation Plan supported by a training programme will be developed in 2020. Nutrition & Hydration steering committees have been established in all Acute Hospitals. There is evidence from this survey that where these committees are in place, supported by Hospital management, patients identified improved hospital food and nutrition.



EXAMPLE OF BEST PRACTICE

Improving hospital food and nutrition for patients, St. James' Hospital

Background

St. James' Catering Department provides a patient service to 38 wards including in-patients, day wards and our Emergency Department. Our catering assistants interact and communicate with patients throughout the day and have a very good understanding of patients nutritional needs and potential improvements needed. Following the results of the first National In-patient Experience Survey in 2017 we started to review patient feedback and understand what changes needed to be put in place, we developed an improvement plan. In 2018 we were able to see if our improvements were making a difference to patients experience of their care on the ward.

What we did and early response:

We began an 18 month improvement journey to:

1. Listen to what matters to patient
2. Conducted patient satisfaction surveys regarding replacement meals, preferred meal times, how they rated our food and asked 100 patients about meal interruptions
3. Engaged with the patient representative group about our proposed new menu conducted surveys on a monthly basis giving up to date feedback and directing ongoing improvements
4. 64% of patients had received a menu card pre change with 94% receiving one post change.

We developed a new menu:

- Worked with clinical nutrition and speech and language therapy
- Looked at allergen and calorie content for all products served
- Considered food options for patients with ethnic, religious and cultural requirements
- Ensured patients nutritional and hydration needs were met and in line with policy
- Worked with suppliers to address matters such as salt content
- Ran tasting sessions with all catering assistants and Multi-Disciplinary Teams
- Developed a diet resource pack, which is available on each ward for catering staff to reference.
- Education pack with focus on food quality, presentation, temperature customer service was developed
- Provided training and education to all relevant staff and developed system whereby all new staff are trained
- Worked with clinical photography to create menu card.

Meal reversal:

- Piloted on 8 wards, looked at patient feedback and number of interruptions
- Introduced hospital wide in February 2019
- Reported increased patient satisfaction, less meal interruptions and overall enhanced experience with less patients off the ward for evening main meal.

Wastage:

- Food waste and plate waste was measured pre change of meal times. Measurement in one ward post change has shown significant decrease in food waste of 52%.
- We transformed our catering department with the introduction of new uniforms to coincide with the launch of our new menu and our successful changes in processes. We earned a bronze happy heart award as part of our staff canteen changes, looking after staff health and wellbeing as part of our efforts. In March 2019 we surveyed a further 250 patients with response rates continuing to improve. 95% of patients are happy with meal times, 94% were offered a choice, 98% of patients got or didn't require a replacement meal and 96% of patients rated our food as good or excellent.

What next:

- Our modified diet menu is at design phase with our clinical photographer and will be launched later this year
- We are investigating the use of technology to further enhance our service
- We are aiming to work towards gaining the silver happy heart award
- We will continue our monthly audits and use our patient feedback to continue our improvement work
- We continue to work with a project team improving signage at the bed space to ensure delivery of the right meals to the right patients.

This year in 2019, our patients have told us that our hospital food and meal-times had improved, we are going to continue to review our patient feedback and work to improve hospital food and nutrition for both patients and staff alike.



EXAMPLE OF BEST PRACTICE

Leadership for improving patient experience is critical to success – Ennis Hospital

Joy in work when reaching for excellence

We can make things happen in Ennis Hospital because there is a 'can do' attitude both from the leadership and the staff. The introduction of a solid management structure and removal of hierarchy has reached all staff disciplines and supported leadership at all levels which helps all our staff to go above and beyond for the patients in Ennis. Fundamental to leadership is knowing what your patients want, knowing what is important to your staff at work and building your team while having respect and trust within that team.

Investing with time in initiatives that are appropriate for the patients and staff are vital to change culture. Creating time to work out what is best to focus on for patients is critical.

The senior team walk the walk daily, know all the staff and support and grow the teams, they empower, value, listen to the staff support excellence in patient care through been present, listening and meeting patients and families.

This leads to the culture of change. We have that energy in Ennis and the culture has changed through the growth of the senior team, the ripple effect of the team and all department leads having a can do attitude, walking the walk and been visible to staff, patients and families.

Creating time to build the right team, spot talent and support, grow and respect the teams' driving force is a sound investment. I prefer to keep teams small as the smaller it is, the more they trust each other. A key question for us is who do we listen to? How many porters or housekeepers names do we know? In Ennis we know each staff member and what there interests are so we can grow and support that interest to invest in the service. Leadership in Ennis is creating extraordinary results through staff who enjoy their work.

The recent accolades of the Best patient experience results and best radiology department nationally is led by the Ethos. "The philosophy behind Ennis is that it's good to put the most important function at the heart of the building. Well, what's our most important function? It's the interaction of our employees. We have created a work environment for people to always be talking to each other." We realised that when people meet and talk to each other, when they make eye contact, things happen.

In Ennis, that acknowledging staff is vital, we acknowledge that they do great work, and they do it together. It doesn't matter whether they are the porter, nurse, or catering manager, what matters is the patient and the experience that the patient has in Ennis. Values in Action at work throughout that hospital is a huge support with rewarding and acknowledging staff; this acknowledgement empowers dynamic staff to take an extra step and go that extra five minutes for each patient and each other through walking the walk.

Having interest and caring for your staff will empower them to mind our patients. Ennis has a strong health and wellbeing team with active site initiatives which has brought staff together, network and work together. Initiatives like the hospital choir, music, set dancing during lunch enables staff to go that extra mile for each other which reflects on patient care.

Investing in strong initiatives like *What Matters to You (WMTY)* in Ennis Hospital - where we "*Stop seeing the patient. Start seeing the person*".

EXAMPLE OF BEST PRACTICE – ENNIS HOSPITAL *continued*

WMTY was first introduced in Ennis Hospital in 2017 to enhance person centred compassionate care and now all our medical inpatients are invited to participate in the initiative. Our patient's presenting complaint and health issues are a concern to them but in our experience they will measure their experience by the compassion and respect they received from staff.

The WMTY project is an appropriate initiative as it:

- Delivers patient centred care;
- Positive patient experience;
- Patient, family and staff engagement;
- Links with both HSE and organisational values;
- Compliments HSE's Values in Action (VIA) Project.

Maximising every patient contact, listening to what is important to the patient has enhanced the patient experience in Ennis. Very often it is very ordinary acts of kindness and compassion which resonate with our patients. Caring conversations are at the core of WMTY strengthening the relationships and meaningful connections which staff can develop with patients and their families. The patient perceives this approach to care as person-centred, which enables greater involvement and participation on their part, thereby resulting in more positive patient experiences.

The WMTY conversations and storyboards allow staff to get to know their patients beyond their medical ailments and can support a calmer environment for patients in an unfamiliar setting. The WMTY question encourages families to share patient information about routines at home, interests, mealtimes or other pertinent personal information. Hospitalisation can have an adverse impact on patients in this type of hospital as many are frail, over eighty years or suffering from dementia. Forming compassionate relationships between patients, their families and carers will improve patient experience and thereby contribute to positive patient outcomes.

It is essential that we:

- Ask What Matters;
- Listen to What Matters;
- Do What Matters.

WMTY ensures that the human connection in healthcare is not forgotten and that simple acts of kindness are the foundation of therapeutic relationships. WMTY has flourished in a hospital that leads with compassion, values staff and patients equally and is committed to developing honest relationships.

As the leader in Ennis, I do my best because I am counting on you counting on me!

Patricia O'Gorman, Director of Nursing, Ennis Hospital. Carol Cotter and Team, Ennis Hospital.





EXAMPLE OF BEST PRACTICE - IRELAND EAST HOSPITAL GROUP

Leadership for improving patient experience – Cappagh Hospital

In recent days I received feedback from HIQA on the National Patient Experience Survey 2019, and I am delighted to report that the Hospital scored an excellent overall rating of 9.1. This score is significantly above the national average [of 8.2] scores and represents an increase [of 0.2] on last years results. Furthermore, we attained excellent results across all stages of care. This strong performance validates the great work of our dedicated staff and reflects their extraordinary commitment to patient wellbeing, dignity and respect.

We place enormous value on the information provided by The National Patient Experience Survey. It enables us to see the Hospital from our patients perspective, to gain a deeper understanding of what matters to them, and to gauge their perception of our service. Their voice is central to the Hospital's strategic and operational decisions. By listening to them, we learn how we can improve the quality and delivery of our service, so that patients feel welcome, comfortable and confident in our care. Moreover, we recognise our patient's vulnerability, and we go to great lengths to treat their illness, offer reassurance, restore confidence and optimise recovery.

In 2017 and 2018, NPES feedback heightened our patient-focus, inspiring great ideas, enthusiasm, and impetus. Members of multiple disciplines were invited to input into service enhancements, and staff affected by proposed changes were meaningfully involved in the change process to ensure their success. We now have the benefit of 3 years data to benchmark performance, track trends and inform strategy and operations. And we look forward to evaluating the efficacy of initiatives implemented in response to past feedback so that we can refine our efforts.

This year, survey participation exceeded group and national averages, and I am proud to confirm that responses to questions on room cleanliness (Q10), privacy during examination and treatment (Q31) and treatment with dignity and respect (Q51) yielded excellent scores of 9.7. Overall, patient feedback suggests that the majority of our patients felt involved, informed and supported in their treatment and care.

I am encouraged to note that a number of the initiatives introduced following the 2017 and 2018 surveys are positively impacting score values.

I'm particularly pleased to see an improvement in staff identification and introduction metrics following the "Hello My Name is..." Initiative in 2018. This simple practice forms the basis of staff/patient relationships and is integral to the positive patient experience. I am also happy to report that our commitment to the provision of replacement meals for patients is tracking well, and food standards and choices enjoyed positive results.

Although patient testimonials were predominantly positive, we received a few constructive comments. In the coming weeks, we will examine the survey findings in granular detail and share metrics and testimonials with our staff. Everyone at the Hospital has a role to play in creating the positive patient experience, and we will unite to ensure that we, as individuals and as a collective are doing our best to meet the needs and expectations of our patients.

I am delighted to receive such affirming feedback; however, I believe there is always room for improvement. Our patients deserve the best care that we can offer, and through this survey, their voice will direct and guide us to deliver a premium patient experience for all.

Angela Lee, CEO, Cappagh Hospital





EXAMPLE OF BEST PRACTICE – SAOLTA HOSPITAL GROUP

HSE Health Passport for People with Intellectual Disability – to be extended for all patients and to encourage patients to be involved in their healthcare

To enable people with Intellectual Disability communicate their health care needs and to support safer care delivery the Nursing and Midwifery Planning & Development Unit (NMPDU) in the North West have over the last 2 years adapted, tested and evaluated a Health Passport. People with Intellectual Disability from HSE residential settings in both Donegal and Sligo were supported to use their Health Passport in both Letterkenny and Sligo University Hospitals. This work is supported by the Sláintecare Integration Fund and will be rolled out across Ireland with an initial focus on the Saolta University Hospital Group and Community Health Care Organisation 1. The HSE Health Passport is a communication tool designed to support people with Intellectual Disability express their needs when in a health care setting. It contains five sections, these are; All about me, Communication, Medical History, Looking after me & Keeping me safe and happy. Additionally, the HSE Health Passport will assist healthcare staff to get to know all about the abilities and needs of people with an Intellectual Disability who come into contact with a healthcare setting enabling them to provide better safer care by providing reasonable adjustments before undertaking any assessment, examination or treatment.

The HSE National Disability Office endorsed the northwest Health Passport and recommended its use for people with Intellectual Disability as they avail of healthcare services in acute hospitals, community healthcare organisations and primary care settings. In addition the National Disability Office requested that the passport is referred to as the HSE Health Passport in light of its transferability for other populations who require support to communicate their health needs.

HSE Health Passport Digital Awareness Campaign: To raise awareness and promote the roll out of the HSE Health Passport a digital awareness campaign via a high end cinematic production which comprises of a 5-minute short film was developed. Please see link below to HSE YouTube video on Health Passport and subsequent interview video from the launch.



<https://bit.ly/2NYV4f9> | <https://youtu.be/fplwkG900Zs>



EXAMPLE OF BEST PRACTICE - NAAS GENERAL HOSPITAL

Ask me 3 good questions for your good health

Ask Me 3® is an educational program that encourages patients and families to ask three specific questions of their providers to better understand their health conditions and what they need to do to stay healthy.

1. What is my main problem?
2. What do I need to do?
3. Why is it important for me to do this?

Designed by health literacy experts, Institute for Healthcare Improvement/National Patient Safety Foundation Boston, Massachusetts, USA. Ask Me 3 is intended to help patients become more active members of their health care team, and provide a critical platform to improve communications between patients, families, and health care professionals. This programme is planned for implementation in Naas General Hospital, Dublin Midlands Hospital Group.

EXAMINATION DIAGNOSIS & TREATMENT



Improving communications and information for patients during examination, treatment and diagnosis

Patients, their families or carers want to feel enabled and empowered, listened to and involved in the decision making about their healthcare. Put simply, better communication together with clear information, being treated with dignity and respect and afforded privacy, to discuss their care and treatment in at every stage of their journey, from admission to discharge, means better decisions, a better overall experience and better outcomes for patients. The Findings of the National Patient Experience Survey highlighted areas for improvement with respect to communications in healthcare during examination, treatment and diagnosis. Access to the real-time findings of the survey have been provided to healthcare professionals, enabling clinicians, managers and staff in each of the participating hospitals to view the findings for their respective areas and to understand what matters to patients at local level.



The National Healthcare Communication Programme

Providing leadership for improving communication skills of healthcare professionals

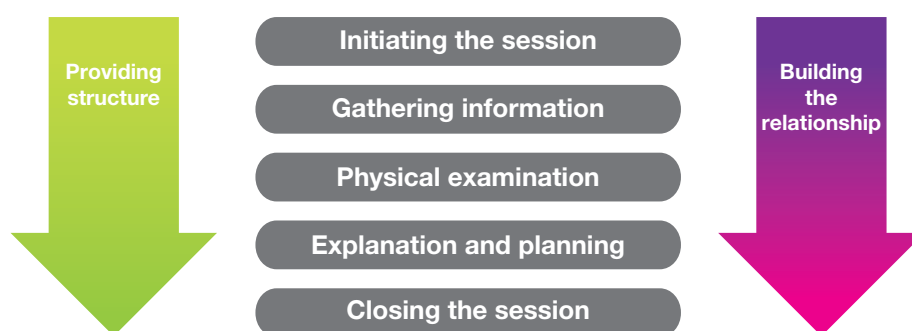
The NHCP is for all staff who deliver health and social care services in the HSE and will be delivered via four core workshop-based modules and a number of mini-modules. The workshops are designed to enable staff to take a skilled, sensitive and person-centred approach in all conversations with patients and their families. This programme is being implemented across all hospital groups in Ireland.



National Healthcare
Communication
Programme

The programme is based on the different elements of the Calgary-Cambridge Guide, a five-stage consultation model. This figure demonstrates the Calgary-Cambridge model diagrammatically and shows with the 5 horizontal bars the structure of any consultation. In addition to its five stages, there are two 'threads' that run throughout the consultation. These are called 'Building the relationship' and 'Providing structure'. Within each stage there are key consultation skills that should be applied to achieve the best outcomes from each interaction.

Calgary-Cambridge Guide



Module 1: Making Connections



The way we communicate is an important factor in how we interact with others, whether we are consulting with patients, interacting with colleagues, or simply having a conversation. The focus of the workshop is to work with participants to enhance their skills required to actively listen to and build rapport with patients and their families.

Module 2: Structuring the Consultation and Building Rapport



This workshop builds on the “Making Connections” workshop and introduces participants to the Calgary-Cambridge Guide, a five-stage consultation model, which is very patient-centred. The model is practical and incorporates the physical, psychological and social aspects of the consultation.

Module 3: Challenging Consultations



This workshop supports participants to learn and develop communication skills to deal with challenging patient-clinician communication: responding to strong emotions, delivering bad news, disclosure of an error and many other difficult clinical conversations.

Module 4: Communicating with Colleagues and Promoting Teamwork



This skill-building workshop is designed to enhance the ability of participants to communicate effectively with members of an interprofessional health care team.

Supplementary materials

Supplementary material (bespoke videos, prompt cards) are available online on Health Services Executive (HSE) website. (www.hse.ie/nhcprogramme)

Implementation

The implementation team for the programme consists of group four people with different backgrounds in Surgery, General Practice, Speech and Language Therapy/Learning & Development, Clinical Psychology with experience in communication skills training, medical education and clinical practice. Acute hospitals are invited to nominate staff to attend the training workshops. Senior clinicians (medical and nursing), health and social care professionals, administrative/learning and development staff have been nominated to attend. These nominees are then requested to facilitate NHCP workshops with staff on their own sites and provide leadership for improved communication skills at hospital level.

Training videos are available to demonstrate best practice in communication skills





To date the implementation team has delivered:

- 36 pilot workshops for each of the first three modules.
Note: Module 4 is currently being piloted (12 pilot workshops)
- 7 training workshops for each of the three modules (total = 21 workshops) have been delivered in the six hospital groups. (These are one day experiential/didactic workshop for each of the 4 modules followed by supervised training on site leading to independent training with support and follow-up according to trainers' requirements).
- Module 1 and 2 training workshops have been delivered for the Children's Hospital Ireland Hospital Group
- Module 1 training workshops have been delivered for the Maternity Services
- Mental health & disability services will begin programme roll-out in January 2020
- The implementation team are also delivering workshops to interns around the country & in individual hospital sites as requested
- Module 4 is currently being piloted on the 6 pilot sites and will be rolled out in quarter one of 2020.
- The programme has also been adapted for and delivered to the Patient Safety Complaints Advocacy Service (6 hour workshop).

National Healthcare Communication Programme team at work





EXAMPLE OF BEST PRACTICE

Letting patients know that we are listening, responding and improving – UL Hospitals

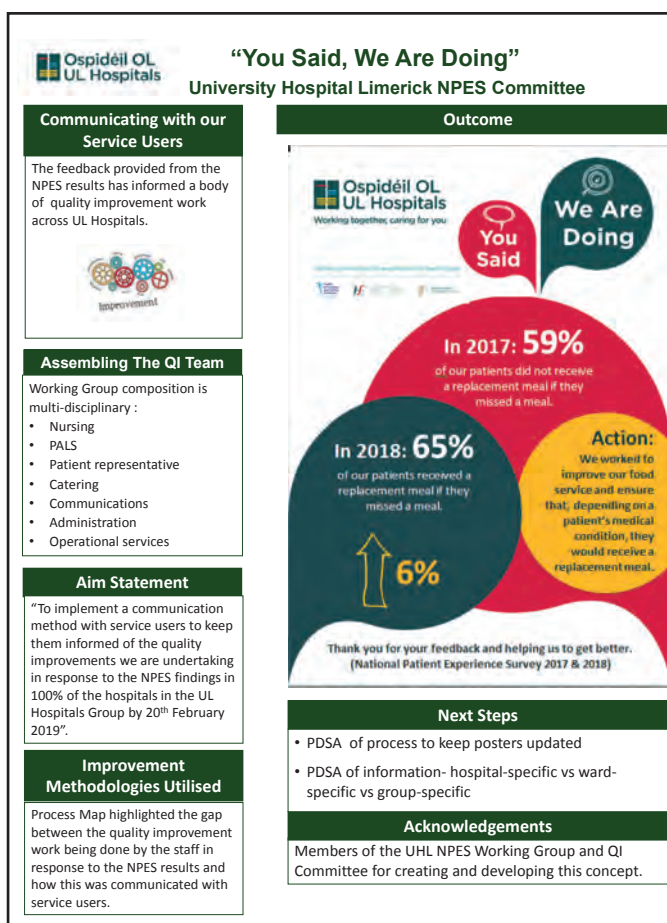
You Said. We Are Doing.

The feedback we have received from our patients through the NPES tells us what makes a difference to our patients' experience.

We wanted to show our patients that we are listening to their feedback and to demonstrate what we are doing in response.

In University Hospital Limerick, we designed posters called 'You Said, We Are Doing' which show what we have done in response to what our patients have said. These are displayed on the e-screens in public areas throughout the hospital and at ward level.

They have been rolled out to the other hospitals in the UL Hospitals Group.



Improving information for patients throughout the patient journey

A patient-centred approach to how we provide health information online

The findings of the National Patient Experience Survey highlight that patients need more information about their treatment, services and care when leaving hospital. The HSE has developed a digital roadmap in consultation with over 3000 patients, service users and public to provide the information they need to access and navigate the health service and manage and improve their own health and wellbeing. 2019 and 2020 will see an enhanced directory of services available online and a more patient-centred approach to how we communicate the health information our patients need online.

Online Citizen Health Guides

The Office of the Chief Clinical Officer together with the Digital team in the HSE's Communications Division are working to meet this need. The Online Citizen Health Guides project will deliver accessible and easy-to-understand online health information for patients.

Working with health professionals across the health service and patient representatives, the aim of this project is to produce and publish 300 new online health guides on HSE.ie by the end of 2020. The guides will cover the health topics the majority of people are searching for on HSE.ie and some of the most commonly prescribed medicines in Ireland.

Taking a patient-centred approach to how we provide health information online. This content is currently being prepared by the Digital team to ensure a reading age of 9-12 years using plain English and patient-centred content design methods.

Funding has been secured from the Sláintecare Integration fund to source subject matter experts needed to fact check this content. In-house subject matter experts, sourced through the National Clinical Programmes (NCPs), will also be asked to support this project. However, not all of the content is aligned to the NCPs, and so the funding will enable us to source additional SMEs as needed.

This project will be especially beneficial to the National Patient Experience Programme and:

- improve access to health information for patients and for the public
- enable hospital services to provide a consistent standard of health information which meets patient's needs.

We have a new Online Health Guide Governance Charter which will be supported by Online Health Guide Governance Board. The board includes a GP, pharmacist, patient experience lead and our head of digital. This will ensure our content remains accurate and safe for users, well into the future.

HSE Service Directory

The Digital team in HSE Communications are partnering with the Office of the Chief Information Officer's Access to Information Programme - and colleagues across the health service - to create a directory of HSE services.

This involves gathering service information from all HSE services into a database directory. Once these details are in the directory they can be published online wherever they are needed. It also means these details can be centrally maintained and kept up-to-date.

The first example of this will be published on a test site by the end of 2019.



DISCHARGE OR TRANSFER



Improving patient information and communication at discharge

Hospitals are improving patient communication about going home

The HSE has established a national team in 2019 to implement improvements for delayed discharges between hospital and community care. The purpose of this is to improve patients experience and outcomes of care. 'The HSE, Code of Practice for Integrated Discharge Planning', outlines the importance of providing patients with information about, what to do after leaving hospital, the danger signs to look out for, who to contact and follow-up in the community together with information on the side effects of medication. The findings of the survey have been shared with healthcare staff across the system at a national, Hospital Group and hospital level, to promote the importance of improving patient experience, engagement and communication during the discharge process. Many of hospitals participating in the NPES piloted innovative programmes to improve communication and information for patients going home.



EXAMPLE OF BEST PRACTICE - BEAUMONT HOSPITAL, RCSI HOSPITAL GROUP

Hospitals involving patients in decision making about going home

Quality Improvement Plans in relation to the provision of information for patients about going home from hospital, including information on managing your health after discharge, knowing who to contact if something goes wrong and the side effects of medication, are being advanced at hospital level. Individual hospitals have outlined in their attached plans key actions to improve information for patients on discharge, including the revision of patient information and addressing the specific issues identified in the survey. Examples of best practice have been shared across the system, the patient information leaflets here were developed here Beaumont Hospital and will be shared across the system.

This leaflet explains what you need to know about before going home from hospital. If you need help, please talk with a member of staff.

Planning your return home

To minimise delays, we need to make sure everything is organised for your return home as early as possible.

When you come into hospital your doctor will talk with you about how long (roughly) you can expect to stay.

Once you are well enough you will be discharged home.

If you are waiting transfer to a residential unit or require extra supports at home, such as new equipment, home adaptations or a home care package you may be transferred to an off site/step down facility (less acute) until everything is organised.

Who plans your discharge with you?

The doctor, nurse and other team members (e.g. Physiotherapist, Social Worker etc.) will talk with you about your discharge home. With your permission, they may also talk with your next of kin or carers.

On your discharge day

Our aim is to get your home as early as possible on your day of discharge. While you are waiting on any transport, letters, prescriptions etc, we will move you to our transit care unit. This is a comfortable and pleasant environment open from 7am with nursing staff present and where your care is continued until you are ready to leave the hospital.

About your medication

Medications are NOT supplied by the hospital. Please, make sure that you have your prescription and understand:

- What your medicine is for
- How often you need to take it
- How long you need to take it for
- If you do not understand your medication please ask a staff member and/or read the medication information leaflets in the medication pack.

Do you already receive care or services at home?

If so, do they know you are being discharged from hospital?

Going home checklist

There may be a number of things that may be helpful for you to check before you go home.

Before you go home

- ☐ Have you transport home?
- ☐ Have you your clothes and house keys?
- ☐ Is there food available at home?
- ☐ Has the heating being turned on?

Before you leave hospital

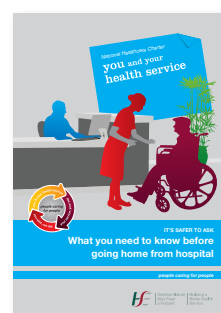
- ☐ Have you got your prescription?
- ☐ Do you need a letter for your doctor and/or public health nurse?
- ☐ Do you need a medical cert?
- ☐ Do you have stitches/clips that need to be removed by GP?
- ☐ Do you know if you are to come back to clinic?
- ☐ Do you know when you can return to work and normal activities?

Leaving Hospital

Most people are happy to return home to familiar surroundings. However, for some there may be mixed feelings as we can feel reassured and cared for while in hospital.

Tips to reduce any anxieties you may have leaving the hospital:

- Don't be hard on yourself. Going home does not necessarily mean you're fully back to yourself.
- People may be worried so if they ask, tell them a bit about your illness. You don't have to go into details.
- People will want to see you, restrict this as much as possible because you still need your rest for a few days.
- Ask for help. There is strength in asking for help when you need it.
- Pace yourself – focus on small goals. A little activity everyday is better than pushing yourself.
- Your GP, community pharmacist and your public health nurse are also available if you have any questions.



It's Safer to Ask leaflet
Developed by
Beaumont Hospital,
RCSI Hospital Group

Content of this leaflet was developed by Beaumont Hospital. 2019



The HSE National Quality Improvement Team launched a medication safety campaign in July 2019, which was developed in line with the World Health Organisation (WHO) Global Patient Safety Challenge "Medication Without Harm".

The aim of the campaign is to encourage those taking medication and their caregivers, to take an active role in managing their medication and to:

- Know your medicines and keep a list
- Check that you are using the right medicine the right way
- Ask your healthcare professional if you're unsure

The campaign materials include:

- My Medicines List template
- Posters
- Videos
- Website (www.safermeds.ie)

Michael Knowles, General Manager, Caitriona Gowing, Chief Pharmacist, Peter McDonagh, QPS Lead, Midlands Regional Hospital Portlaoise.



A social media campaign features messages using the hashtag #KnowCheckAsk across Twitter, Facebook, Instagram and LinkedIn.

Primary care and community health organisations are also promoting the campaign. Many hospitals, including Midlands Regional Hospital Portlaoise, Mayo University Hospital, University Hospital Kerry, Connolly Hospital Blanchardstown and Our Lady's Hospital Navan are using the resources and contributing to further roll out of the campaign at present, often as a focus of a medication safety week.

Hospital groups, including Dublin Midlands Hospital group are currently planning a group wide quality improvement initiative using the 'Know, Check, Ask' campaign.

The patient's medicines list can act as a focus for discussions and to help share information about medicines between patients and healthcare professionals. This work can help to improve medication safety in all healthcare settings, and can be helpful as an aid to medicines reconciliation at admission and discharge.

[illegible]

Criteria Led Discharge

Criteria Led Discharge refers to the 'discharge of patients from in-patient hospital care to home/community by registered nurses and midwives, health and social care professionals and junior medical staff who have the necessary knowledge, skills and competencies to review patients and initiate inpatient discharge. The process is supported by predetermined criteria which are developed with multi-disciplinary agreement and approved by the Consultant or delegated other who has the ultimate clinical responsibility for the patient'.

The key challenges that Criteria Led Discharge seeks to address are related to the quality and safety issues for patients who have unnecessarily extended length of stay in hospital, low volume discharges at weekends, poor communication and observance of planned/estimated dates of discharge.

Aim of this initiative is to ensure that:

1. Patients are discharged early in the day
2. Weekend discharge of patients where appropriate are increased
3. Variation in time of day/day of week of discharges are reduced
4. Patient experience of the discharge process is improved
5. Length of stay in hospitals is reduced for patients
6. Pressures on hospital bed capacity is reduced
7. Scheduled care cancellations are reduced.

Implementation of Criteria Led Discharge in hospitals has potential to improve patient flow and reduce readmissions, which may be a product of inefficient discharge planning. Furthermore, it will aim to provide value for money through improved efficiency. It is a multi-disciplinary approach where the responsibility of discharge is shared equally across medical, nursing and HSCP's professionals. It is integrated into discharge pathways in each hospital and not considered as a separate entity. All discharge approaches are patient centric and safe.

Criteria Led Discharge commenced in the following four hospital locations in Ireland in September 2018

1. Mayo University Hospital
2. University Hospital Limerick
3. Merlin Park University Hospital
4. South Infirmary Victoria University Hospital.

It is anticipated this initiative will lead to improved patient experience at the point of discharge. All 4 sites are at different stages of implementation. All have demonstrated a focussed and well organised approach to improving the discharge process for patients, ensuring strong local ownership and widespread stakeholder engagement hence increasing the likelihood of sustainability and success. Clinical and senior management support and leadership is key to success, this has been evident at all 4 sites most notably at the sites where the CEO and Directors of Nursing have directly engaged in the process providing robust leadership and direction.



EXAMPLE OF BEST PRACTICE - SOUTH/SOUTH WEST HOSPITAL GROUP

Criteria led discharge – South Infirmary Victoria University Hospital

In South Infirmary Victoria University Hospital (SIVUH) we are extremely proud of our success in safe discharge planning as reflected in our consistently high results in the National Patient Experience Survey.

The key to the success has been our multidisciplinary approach led by our Discharge Co-ordinators who have been innovative through a number of initiatives to promote safe and effective discharge:

- The Patient Discharge Advice Project was commenced in April 2019 following the findings of the previous National Patient Experience Survey which identified patients' request for improved discharge information following surgery.
- The main objective of the Patient Advice Discharge Project (PDAP) is to develop appropriate, current, evidence-based patient discharge information leaflets. A key organisational objective is to standardise the format, style and content of all discharge information leaflets across all surgical sites in the SIVUH.
- A particular Quality initiative implemented by the multidisciplinary team, led by the Discharge Co-ordinators is the "Home by 11am" project which is implemented throughout the hospital and promoted by posters on display.
- As an elective surgical hospital patients attend the Pre-Admission Assessment Unit (PAAU) a number of weeks prior to their elective surgery. A cohort of patients will also have an assessment via a telephone consultation with the relevant information leaflets set in the post. This affords patients the opportunity to discuss their elective surgery, what to expect on the day of surgery and what to expect on discharge and recovery at home. In addition, for specialties with a PAAU service, the Integrated Care Pathway for the patient commences at this point. Within the ICP is a robust discharge checklist that identifies the information the patient requires for a safe quality discharge process. Relatives/Carers of the patient for discharge are invited to engage in the discharge process.
- The Patient Status at a Glance Board (PSAG) is a visual patient information strategy or tool which increases communication, patient experience and patient flow and was implemented into the SIVUH as part of the productive ward programme. The board is used to display relevant patient information (using coded agreed symbols whilst anonymous). The SIVUH identifies the Date of Discharge for all patients during the admission process. This patient discharge date is entered onto the white board. All healthcare professionals in the area are aware of the patient discharge date and individual care is planned and evaluated in relation to achieving patient outcomes within this timeframe. This enables patients to set their own recovery targets within a specified timeframe (knowing their recovery date) whilst the family of the patient can prepare for this discharge date.

Improving organisational culture in healthcare

Health service staff often work in complex, challenging and potentially distressing situations. Working in health care carries an increased risk of burnout in comparison to other professions and it can also lead to increased boundaries and defences when dealing with patients. Evidence has shown that withdrawal from feelings or emotions can lead to a decrease in compassion and empathy which can decrease the ability to provide high quality care to patients. The HSE demonstrates its commitment to caring for staff and promoting compassionate leadership at every level of the organisation through the implementation and support for the following initiatives; the Caring Behaviours Assurance System; Values in Action; Cultures of Person-centeredness; *Schwartz Rounds*.

The findings of the National Patient Experience Survey 2017/18/19 highlight the continued need to promote a culture of person centredness and caring behaviours. Significant work is underway in the past 2 years to advance and support the implementation of this work across acute hospital services.

Caring Behaviours Assurance System

The Caring Behaviours Assurance System is in place in the Saolta hospital Group and is being implemented in the Dublin Midlands Hospital Group. A fundamental element of CBAS-I is that it addresses 'caring for patients and caring for staff' in equal measure; when staff are looked after effectively, their ability to care for their patients in a caring and compassionate manner is enhanced. It is an accountability system designed to engage individuals, teams and Executive Boards in achieving the national agenda for assuring the quality and safety of the care experience for patients, their families and for staff. It offers a mechanism for healthcare teams to provide assurance that care is delivered in a safe, quality, compassionate person-centred way from 'Bed to Board'.

HSE Programme Cultures of Person-centredness

The focus of the programme is twofold:

1. to develop facilitators within the system who can lead workplace culture change in the multiplicity of settings within the HSE; and
2. to enable a culture of person-centredness within the health and social care system that positively impacts on experience of people who use services, their families and staff.

Since this facilitator development programme started, 18 acute hospitals have engaged in the national programme. Staff in the Regional Hospital Mullingar are undertaking a bespoke one year programme, to develop facilitators who can drive person-centred culture change within the hospital. In collaboration with National HR, staff from a variety of disciplines are engaged and this work is running in parallel to the national programme.

What participants and their groups are currently learning on the programme

A key focus in developing workplace culture is on the embedded patterns that drive decision making and behaviours. The traditional narrow focus on 'care' is broadened to one that includes all workplace relationships, between staff as well as people who use the service and their families. This is complex work and participants are learning skills to enable teams to engage with their colleagues in critically looking at their practice, the workplace environment, and the patterns around how decisions about practice and the environment are made.

They are also developing skills to supportively challenge poor practice and sharing these skills with the groups they are working with.



EXAMPLE OF BEST PRACTICE – SAOLTA HOSPITAL GROUP, UL HOSPITALS GROUP, SOUTH/SOUTH WEST HOSPITAL GROUP

Schwartz Rounds promote compassionate care at the bedside

Schwartz Rounds provide a forum for staff from across an organisation to come together and share stories about care giving and the lived experience of working in a healthcare environment. The approach has been shown to improve staff wellbeing, resilience and teamwork and ultimately to lead to improved person-centred care. This approach to engaging and empowering staff is currently being implemented across a number of Hospital Groups including, Saolta, UL and South-South West Hospital Groups.

Schwartz Rounds promote 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. The *Schwartz Rounds* fits hand in glove with the HSE values. *Schwartz Rounds* demonstrate the HSE values as follows: Care, Compassion, Trust & Learning.

Schwartz Rounds

Care: *Schwartz Rounds* care for staff, providing an opportunity for staff to reflect on the emotional aspects of their work. The focus is on the human dimension of care.

Compassion: *Schwartz Rounds* embody an ethos of compassionate care and are called after Kenneth Schwartz, a Boston based lawyer who died of lung cancer. Before Kenneth died he wrote about the positive impact receiving compassionate care had on his journey and how it 'made the unbearable bearable' and at the same time he recognised the emotional cost to staff. By creating safe spaces for reflection, *Schwartz Rounds* give staff the opportunity to share emotional & psychological aspects of their work that may otherwise build up, causing stress and anxiety, impeding their ability to provide compassionate care.

Trust: Confidentiality associated with *Schwartz Rounds* is vital, while staff are encouraged to discuss themes within rounds, confidentiality relating to panelists stories is paramount. Staff members' trust in the confidentiality of the *Schwartz* process is very important to its success.

Learning: *Schwartz Rounds* encourage participants to gain insight into their professional experiences through storytelling. It highlights the importance of having a safe place to share and learn from each other. Rounds provide an opportunity for staff to reflect on the emotional aspects of their work and learn from this reflection. *Schwartz Rounds* are truly multidisciplinary.



EXAMPLE OF BEST PRACTICE – CORK UNIVERSITY HOSPITAL AND THE MATER UNIVERSITY HOSPITAL

Why we're trying to end 'PJ Paralysis'

#EndPJParalysis is a global social movement embraced by nurses, therapists and medical colleagues, to get patients up, dressed and moving.

Having patients in their day clothes while in hospital, rather than in pyjamas (PJs) or gowns, enhances dignity, autonomy and, in many instances, shortens their length of stay. For patients over the age of 80, a week in bed can lead to 10 years of muscle ageing, 1.5 kg of muscle loss, and may lead to increased dependency and demotivation. Getting patients up and moving has been shown to reduce falls, improve patient experience and reduce length of stay by up to 1.5 days. #EndPJParalysis puts the focus on quality of patient time and experience. It asks the question, "if you had 1,000 days to live, would you like to spend them in hospital?"

This initiative is being implemented across a number of acute hospital services in Ireland, including the Mater University Hospital and Cork University Hospital.

Values in Action in the UL Hospitals Group

Culture is something that we take very seriously in the health service. We understand that it sets the tone for the kind of workplaces we create for staff and the kind of interactions we have with patients and service users. Over the last three years we have made two big decisions in the health service to proactively shape a culture that will make the health service a better place to be for patients, service users and staff.

Firstly, we have translated our values of care, compassion, trust and learning into behaviours that everyone can adopt and, secondly, we have started a social movement to ensure that these behaviours become a way of life for us all and a visible part of our everyday actions in the health service.

The 9 behaviours that underpin Values in Action have been shaped by what (based on data from comments, complaints, patient forums, staff surveys etc) is currently 'good' in our culture and seeks to amplify this. Our behaviours have also been crafted to help us overcome shortcomings we know we need to address as shown through the National Patient Experience Survey, complaints, staff surveys etc. The behaviours have been tested with staff and patients/service users who widely considered them to be universal in that they apply irrespective of where in the health service you work. Everyone can do them and, when we do, they make a real difference for staff and for patients and service users.

This social movement for culture change, which we call Values in Action, began in the Mid West in the UL Hospitals Group and in the Mid West Community Healthcare in mid-2016 and is now also underway in the National Divisions and community services.

Our culture change effort is now well underway in some parts of the health service and is being led by staff from across all disciplines and backgrounds in these areas. These staff members are nominated by their peers as trusted and influential members of the service who have the power to create new 'norms' and shape the culture in their workplaces for the better. It's a bottom up approach to creating a culture change led by staff. We now have over 1,600 peer-nominated staff actively working to improve the culture in their area and we will need many more if we are to reach all parts of the health service and the 120,000+ staff.

Values in Action is already showing very promising results. We have learned that there is a significant appetite amongst staff to support and lead this movement throughout the health service. In order to learn what is changing in the culture, and at what rate, we carry out baseline culture assessments for each service area at the outset and changes are tracked as the programme progresses. To date, we have learned that at the end of the first year of Values in Action the prevalence of the 9 behaviours increases by an average of approximately 10%. By the end of the second year, as we are currently seeing in the Mid West, the behaviours begin to embed.

While we still have a significant way to go in shaping the culture of the health service, we are encouraged by the progress to date, led by staff, in changing the culture through the Values in Action behaviours.

You can find out more about Values in Action at:
www.hse.ie/valuesinaction



Engaging staff leads to improved patient experience

One of the main priorities of the People Strategy 2019-2024 is to promote Staff Engagement across the whole of the Health Sector thereby supporting services in the provision of quality healthcare. Listening to staff views and opinions so that we can improve the working lives of all staff, which will ultimately lead to better care for patients using our services.

Staff Survey – Your Opinion Counts 2018-2019

National HR undertakes a staff survey every two years, the latest of which was in 2018-2019. The aim of the survey, was “to assess current staff opinions in order to identify opportunities for improvement, which will help build a better health service for all”.

A total of 19,611 staff completed the survey which equated to a response rate of 15%. The Staff Survey “Your Opinion Counts” sought employees’ views on a range of themes concerning them directly such as culture and values, working environment, career progression and development, equality, diversity and inclusion, leadership direction and communications, staff engagement, managing change, terms and conditions and job satisfaction. Overall findings as well as customised reports issued to Hospital Groups, CHO’s and Voluntary Agencies.

Some of the findings included the following:

- 67% stated they intended to be working in the organisation in two years;
- 60% said communication was good within their team;
- 49% indicated that they were not satisfied with opportunities to express their ideas at work; and
- 45% of staff were dissatisfied with the extent to which their work was valued (Health Service Executive, 2018).

In terms of follow-up to the survey findings, each Hospital Group and Community Healthcare Organisation were encouraged to utilise the results of the survey to allow staff to input on what are the most pressing areas for improvement and to develop plans to address these areas. Using staff survey information to improve the working lives of all staff will ultimately lead to better care for our patients.

Engaging Health Staff An Action Plan 2019-2021 was developed by Organisation Design and Development as a response to the Staff Survey results 2018 with the aim of creating a better understanding of the importance and meaning of staff engagement and to enable good engagement practices to be shared widely across our health system.

<https://bit.ly/2Ota4Rk>

The desired outcome is that staff working in health services have a strong sense of connection to the service, take personal responsibility for achieving better outcomes and support team colleagues to deliver results which ultimately creates safer better healthcare for our patients. Conducting a regular staff survey and working with the delivery system to take actions based on the findings is central to achieving this goal.

Staff Engagement Forums

“ Staff are engaged when they feel valued, are emotionally connected, fully involved, enthusiastic and committed to providing a good service when each person knows what they do and say matters... and make a difference. Engaging staff clarity of goals and direction, staff contributing to overall themes and direction.

(Definition from National Staff Engagement Forum, 2016)

The National Staff Engagement Forum was established in 2016 to create a space for conversations about what matters to staff in terms of engagement and gather suggestions on how to improve it by building on existing approaches and continually looking for new ways to engage staff. The Forum membership is based on the proportional representation model. i.e. members represent all services, grades and areas from within the HSE. From a governance perspective the Forum is co-chaired by National Director Human Resources and National Director Quality Improvement.

The Forum has gone from strength to strength in establishing itself as a representative group of staff from within the HSE that can give valuable feedback for national documents and strategies that will have an impact on all staff. Local Staff Engagement Forums have also been established across the health service in both community and hospital settings.

Staff engagement is a workplace approach designed to ensure that staff are committed to their organisation's goals and values and are able to enhance their own sense of wellbeing.



When we care for staff, they can fulfill their calling of providing outstanding professional care for patients.

(West and Dawson, 2012)

High levels of engagement result from a combination of experiences at work which include: involvement in decision making, personal development and training, good management and leadership practices and a healthy, safe working environment.




EXAMPLE OF BEST PRACTICE – RCSI HOSPITAL GROUP

Raising awareness, engaging staff

RCSI Hospital Group has provided a focus for improving patient experience and quality improvement, by raising awareness, building consensus and clarifying areas for priority action as a result of the findings from NPES. A greater awareness and understanding amongst staff arising from the findings in relation to patient information and communication needs, has led to statistically significant improvement in RCSI Hospital Group. The importance of actively engaging all staff, clinical and non-clinical in the findings has highlighted the importance of sharing the detail of what patients said about their experience and engaging and empowering all staff at all levels of the organisation to drive and lead quality improvement and improved patient experience.

Active involvement and engagement of staff in the National Patient Experience Survey





Using the findings of the National Patient Experience Survey to design healthcare systems

The findings of the National Patient Experience Survey over the last 3 years have been used to inform and improve priorities at a National Level by teams working across the following areas: National Clinical Programmes and Integrated Care Programmes, Quality Improvement, the Office of Nursing and Midwifery Services Director, Human Resources, and Health and Wellbeing.

The design of the National Clinical Programmes and Integrated Care Programmes promote the voice of the patient for the successful design and delivery of healthcare, and welcome the National Patient Experience Survey, results which further afford the system to clearly hear this voice. These Programmes work closely with patient representatives and organisations to ensure that models of care and care pathways are designed to meet the patient needs. The Integrated Care Programmes further build on ensuring that a strong relationship is forged between the patient and their caregiver by promoting closer interactions at the point of care delivery through initiatives such as: out-of-hospital care which afford more time for discussion with patients and care givers, better care coordination across disease groups/specialities and provides opportunity for appropriate health and medication advice and or information to be given to all. All these are areas that were echoed through the NPES 2019.

Understand what matters to patients, involving patients in the community

The feedback from the National Patient Experience Surveys, was shared and presented to a meeting of patients and the voluntary sector by the Integrated Care Programme for Older Persons in the community. The findings of the survey were used to discuss ways in which we can work together to improve healthcare services for older people. Workshops were organised in local communities and invitations sent to the Age Friendly Alliance, Older Persons Council, interested older people, carers and third sector organisations. The purpose of these engagement meetings with was to prioritise areas for service improvement and to identify and recruit patient champions who will participate on project boards of service improvement in their local areas.

Leadership in Nursing and Midwifery

The Office of Nursing and Midwifery, Services Director, in partnership with Chief Directors of Nursing and Midwifery/Directors of Nursing will use the findings of the National Patient Experience Survey 2019 to prioritise and guide development work for nursing staff within acute hospitals. This work includes developing leaders, improving care and using the values of the organisation as a central focus. The findings of the NPES 2019 will be front and centre in nursing and midwifery practice and shared across the system to increase awareness of what's important to patients and families and key areas for improvement, and in particular the focus on the development of communication skills and patient education. Chief Directors of Nursing and Midwifery will work with frontline staff so that patients and families will receive the information they need, when they need it throughout their journey. Chief Directors of Nursing and Midwifery will prioritise areas for improvement and will continue to support frontline staff in services to undertake these improvements at a local level. The findings of the survey will inform the education and training that is designed and delivered nationally. The Caring Behaviours Assurance System© programme (CBAS) which is designed to promote safe caring behaviours within healthcare, supports staff to build their resilience and as a result creates a safe caring environment for all this work will continue to be supported in 2020. CBAS is being implemented across two Hospital Groups, Dublin Midlands Hospital Group and Saolta Hospital Group.

Improving and promoting health amongst patients and staff

Addressing the prevention and management of chronic disease is a pressing priority for the health service both in Ireland and internationally. The TILDA study has shown that 38% of Irish people over 50 years have one chronic disease and 11% suffer from more than one. The major chronic diseases of diabetes, cardiovascular and respiratory disease (over 65 years for respiratory disease) will increase by 40% (2007 – 2020) due to an ageing population and increased obesity. Incidence of all cancers in the Irish population are predicted to increase from more than 28,480 in 2014 to between approximately 60,000 to 65,000 cases in 2040.

The treatment of chronic diseases puts an unsustainable pressure on the current health services in acute hospitals creating unsustainable demands on hospital services and has many personal impacts on those suffering with chronic disease. These chronic diseases can be prevented through the promotion of positive health and wellbeing, adopting healthy lifestyle behaviours and making healthy choices. The *Sláintecare Implementation Plan 2018* recognises the key leadership role of the health system in driving a whole-system shift that places greater emphasis and value on prevention and keeping people well, and that over time will realise the vision of *Healthy Ireland*.

The Department of Health's cross governmental *Healthy Ireland Framework* and the HSE's Healthy Ireland in the *Health Services National Implementation Plan* provide a blue print on how prevention and management of chronic diseases can be addressed. An essential element in addressing both primary and secondary prevention is engaging health professionals in preventative activities as part of their routine clinical consultations, capitalising on the millions of opportunities that occur every day in consultations between our staff and service users to support health behaviour change for improved health outcomes.

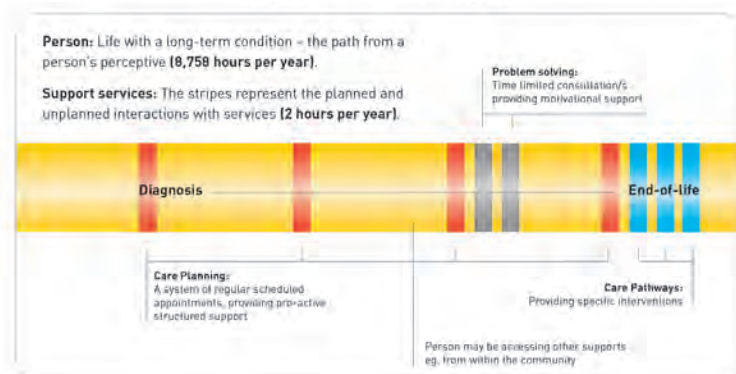
Making Every Contact Count – promoted across all hospital groups

Our services and our healthcare teams have enormous potential to influence the health and wellbeing of the millions of patients for whom we provide care. The HSE *Making Every Contact Count* plan sets out our approach for health service staff to capitalise on the opportunities that occur every day to promote health amongst patients. A new training programme is being rolled out in Irish hospitals to support staff to promote health amongst patients, including smoking cessation, alcohol addiction and the promotion of physical activity and healthy eating, the key risk areas for the development of chronic disease. *Making Every Contact Count* will result in the people who access our services on a daily basis being supported by our clinicians and frontline staff, in their efforts to make health behaviour changes in order to reduce their risk of developing a chronic disease.

Self-Care Support for patients in the community

Healthcare provided by professionals represents just the “tip of the iceberg” in supporting patients with chronic conditions. The majority of care for chronic conditions is provided by the person themselves. Enabling our health services to cope with the increased number of people living with chronic conditions, will depend on the extent to which people engage with their own health and health conditions.

Who's condition is it anyway?



Supporting and empowering people in managing their conditions as well as possible can improve quality of life and reduce the impact on health and the likelihood of complications, hospitalisations and deaths from these conditions. The NPES 2018/19 feedback shows the people using our service want to be empowered and know more on their condition and how to look after themselves particularly in the early days following discharge from hospital. Recognising this need our recently published 'Living Well with a Chronic Condition – the National Framework for Self-Management Support for Chronic Conditions: COPD, Asthma, Diabetes and Cardiovascular disease sets out how we in the health services and working with patients and our partners across the wider system, want to support people with chronic conditions. The appointment of Self-management Support Co-ordinators in each of the Community Healthcare Organisations is a key milestone now achieved for the implementation of this Framework. The self-management support coordinators have mapped existing services both in the community, voluntary, and acute settings, which support patients to self-manage. They are developing local directories of services enabling healthcare workers whether in the acute setting, or in community to refer, or to signpost patients, to services and sources of information that can help them to manage chronic conditions. These directories can be accessed at www.hse.ie/selfmanagementsupport. The coordinators are working with HSE digital communications to develop online information for patients, which will link to these services and resources, and encourage patients to access them appropriately. The coordinators are also working with stakeholders to increase provision of both disease specific and generic self-management support programmes - for example pulmonary rehabilitation for patients who have recently been admitted with chronic respiratory problems and generic chronic disease self-management support programmes which can benefit people with all chronic conditions. Work is ongoing nationally to increase provision and standardisation of self-management education for diabetes in the community.



EXAMPLE OF BEST PRACTICE - WATERFORD UNIVERSITY HOSPITAL

Self-Management Support Programme – South East COPD Peer and Exercise Support Groups

People living with breathlessness secondary to COPD, asthma and other related respiratory conditions are playing an important part in supporting themselves and others in their healthcare journey. They have collaborated with the South East Community Healthcare Health and Wellbeing team, local hospital and community respiratory teams, COPD Support Ireland, Siel Bleu, Wexford Sports partnership and fit walk Ireland to promote and support COPD peer support groups in the South East.

As a result the number of groups in 2019 grew from three to five with over 90 people each week participating in fun exercise classes especially tailored for people living with breathlessness. Groups also benefit from monthly education visits by respiratory and other health and social care professionals along with actively increasing social connections by linking other community groups. But most of all the groups provide peer support where members report “everyone is in the same boat” and “we have some laugh”.

Research has shown that well organised and supported respiratory peer support groups that are integrated into the healthcare pathway are cost effective and significantly improve quality of life and reduce unplanned GP visits and unplanned hospital admissions.



EXAMPLE OF BEST PRACTICE – UNIVERSITY HOSPITAL LIMERICK

Self-Management Support Programme – Cancer Thriving and Surviving Programme, UHL

Continuing to improve care for patients and listening to what our patients have said, University Hospital Limerick oncology staff have introduced the Stanford Self-Management Programme: 'Cancer Thriving and Surviving'. The programme was developed for people with chronic health problems and their significant others. Two trained Leaders facilitate workshops, one of whom is a health professional and the other is a non-health professional and cancer survivor.

With support from the Irish Cancer Society, Mid-West Cancer Foundation and the HSE, these workshops are delivered for two and a half hours, once a week, for six weeks, in a local hotel. The topics covered aim to support cancer survivors in the community once their treatment programmes have finished. Feedback has been overwhelmingly positive, from both participants and facilitators.

Improving Tobacco Management in our Health Services to improve patient experience and outcomes of care – promoted across all hospital groups

Tobacco Free Campus (TFC) policy implementation requires a whole-organisation approach and the buy-in of all management, staff and service users. Patient Experience Surveys has shown the desire for a smoke free environment across our health services.

Our patients expect to receive healthcare in a safe, risk free environment which includes Tobacco Free services. This is reflected in a variety of patient comments received through National Patient Experience Surveys. Concerns were aired in relation to:

1. Exposure to second hand smoke at hospital entrances;
2. Concerns about hygiene and cleanliness relating to indoor smoking particularly in patient toilets, cigarette litter, staff smoking in uniform, patients being wheeled out to smoke etc.

Our Tobacco Free Policy highlights the importance of identifying tobacco users and treating tobacco addiction as a healthcare issue. Studies have shown that smoking substantially increases the risk of developing systemic postoperative complications. This increase is seen most prominently in the heaviest smokers, with a risk that is twice as high as that for those who have never smoked.

The HSE endeavours to support patients with provide tobacco dependency with all of the support they need including advice, information and smoking cessation support to help deal with nicotine cravings during their hospital stay.

While the overall objective of tobacco management is focused on improving the health of our patients and staff and ensuring quality care for all, there are also benefits in terms of creating a safer and cleaner hospital environment. The Tobacco Free Ireland Programme ran a very successful quality improvement process in 2019 for tobacco management across our acute and community services and plan to work with services to improve and extend this work for 2020/2021.

Staff health and wellbeing – promoted across all hospital groups

International evidence shows that where there is a focus on staff health and wellbeing there is a positive improvement in the quality of services provided. The HSE being the largest employer in the country is building on this evidence for its own staff but also striving to be an exemplar employer for staff health and wellbeing. In 2015 *Healthy Ireland in the Health Services Implementation Plan* built on this evidence and identified staff health and wellbeing as one of its three priorities. For the past four years the HSE has invested in staff health and wellbeing with a focus on building a healthy workplace environment. The benefits of this investment is evident year on year showing a correlation between the focus on staff health and wellbeing and improved rates of patient experience during their stay. Hospitals who have made progress with increased positive feedback are also those who have a number of staff health and wellbeing initiatives underway. Choirs has been identified as a key contributor as it brings staff together from many areas in a hospital resulting in staff getting to know each other which is actually leading to good patient service. Listening to our patients and staff we continue to create smoke free environments, availability of nutritional foods and opportunities to be active. Patients have requested more access to walking areas when in hospital. Sli@Work is a project underway in a number of hospitals promoting walking areas which are for use by patients their visitors and staff. Of the 9,629 staff who participated in the *HSE Annual Steps to Health Challenge* 34% were from Hospitals – this would suggest a positive environment for walking in or around the workplace. Staff that are focused on their own health and wellbeing are more likely to engage with patients on topics which are key risk factors for their health and wellbeing such as alcohol, smoking, sedentary lifestyle and non-healthy eating.

Conclusion

Measurement and analysis of patients' experiences are essential to appreciating what is working well in healthcare, what needs to change, and how to go about making improvements.

The initiatives and changes mentioned in this report support our health services to build a culture and environment for patients and service users to have a positive experience when they come into contact with our health service. All health and social care systems must place people and patients at the centre of all they do. This means listening to the patient voice in the planning, design and implementation of services; supporting open and honest discourse on how services are provided; and building a sense of partnership between the people who use services and those who provide them. It also means understanding population need and the needs of groups with specific vulnerabilities, and designing services to respond to that need. The following points outline the key initiatives and ways in which the HSE will use the feedback received from patients to improve patient experience across acute hospital services in Ireland.

ADMISSION TO HOSPITAL



Improving patient experience of Emergency Department Reducing Emergency Department waiting times and improving communication and engagement with patient

The findings of the National Patient Experience Survey highlight a need to improve patient experience of ED services. Quality improvements projects are in place across all Hospital Groups with the aim of improving patient experience of ED services. The findings of the National Patient Experience Survey 2019 have been reviewed by ED teams across all hospitals to ensure that the suggestions for improvements identified by patients are used to inform their quality improvement priorities at local level (as outlined in the attached hospital responses). In addition to work being conducted by individual hospitals, support for Hospital Groups in improving quality in ED is provided by Quality Improvement Division, HSE in collaboration with the Emergency Medicine Programme.

CARE ON THE WARD



Improving care on the ward Improving hospital food and nutrition

The findings of the National Patient Experience survey highlight the need to improve hospital food and nutrition across all acute hospital services in Ireland. A thorough review of the NPES findings of the food related questions has been conducted by the Clinical Lead for Hospital Nutrition, who has also aided in the dissemination of results to catering managers nationally. This feedback will be used to prioritise key areas for improvement at both a national and local hospital level, including the development of the National Food and Nutrition Policy. Examples of how individual hospitals are improving hospital food and nutrition for patients are presented in the attached plans.

CARE ON THE WARD



Someone on the hospital staff to speak to about your worries and fears

The findings of the National Patient Experience Survey highlighted that significant numbers of patients did not find someone on the hospital staff to speak to about their worries and fears whilst they were in hospital. Individual hospitals have implemented improvement programmes in response to this issue at local level, to inform patients about patient advice and liaison services, the availability of chaplaincy, nursing and volunteers. Staff and managers in respective hospitals are working together to improve support and reduce isolation for patients.

Promoting patient advocacy

The HSE is working in partnership with the Department of Health to advance work in relation to the promotion of Patient Advocacy in 2019/20. This will include the promotion of the new Independent Patient Advocacy Service across acute hospitals in Ireland, clear sign-posting for patients in relation to appropriate advocacy services, the promotion of patient support services in local hospitals and the delivery of a training programme for key staff involved in advocacy roles and complaints handling.

EXAMINATION DIAGNOSIS & TREATMENT



Improving communications and information during, examination, diagnosis and treatment

Improving communications skills of healthcare teams

The need to improve the communication skills of healthcare professionals has been highlighted in the National Patient Experience Survey as a key priority. A National Lead has been assigned by the Director of HR to develop a programme of support for staff to enhance clinical and ward round communication in acute hospital services. This work was significantly advanced in 2019 with the introduction of the National Healthcare Communication Programme, delivering a training programme to staff across acute hospital services. In the Survey feedback, patients and their families reported that while there were many examples of care and compassion in acute hospitals there were also some problems with the communication between hospital staff and patients and their loved ones.

Improving health information for patients

The findings of the National Patient Experience Survey highlight that patients need more information about their health, treatment and care options, and support services in their communities for managing their health. The HSE has developed a roadmap in consultation with over 3,000 patients, service users and public to provide the information they need to access and navigate the health service and manage and improve their own health and wellbeing. 2019 and 2020 will see an enhanced directory of services available online and a more patient centred approach to how we communicate the health information our patients need online. We are working with health professionals across the health service to make sure we can provide that information in an accessible and understandable way. Plain English Guidance for communicating clearly and for producing clear information has been developed by the HSE Communications Division. Examples of how hospitals plan to improve patient information for patients are presented in the attached plans.

DISCHARGE OR TRANSFER



Improve information and communication during the discharge process

The HSE has established a national team in 2019 to implement improvements for delayed discharges between hospital and community care. The purpose of this is to improve patients experience and outcomes of care. *'The HSE, Code of Practice for Integrated Discharge Planning'*, outlines the importance of providing patients with information about, what to do after leaving hospital, the danger signs to look out for, who to contact and follow-up in the community together with information on the side effects of medication. The findings of the survey have been shared with healthcare staff across the system at a national, Hospital Group and hospital level, to promote the importance of improving patient experience, engagement and communication during the discharge process. Many of hospitals participating in the NPES piloted innovative programmes to improve communication and information for patients going home.

STAFF EXPERIENCE

Improve and sustain healthcare culture

Organisational culture is intrinsically related to patient experience; health service staff often work in complex, challenging and potentially distressing situations. Working in health care carries an increased risk of burnout in comparison to other professions and it can also lead to increased boundaries and defenses when dealing with patients. Evidence has shown that withdrawal from feelings or emotions can lead to a decrease in compassion and empathy which can decrease the ability to provide high quality care to patients. The findings of the National Patient Experience Survey 2019 highlight hospitals where support and investment is required to improve organisational culture. Examples of how individual hospitals are improving and sustaining healthy culture in healthcare are outlined in the attached plans.

The findings of the survey will be used to prioritise and guide development work for nursing staff within acute hospitals

The Office of Nursing and Midwifery Services Director, in partnership with Chief Directors of Nursing and Midwifery/Directors of Nursing, will use the findings of the National Patient Experience Survey 2019 to prioritise and guide development work for nursing staff within acute hospitals. Areas for improvement together with support for staff in services to undertake these improvements at a local level will be prioritised. The findings of the survey will inform the education and training, which is designed nationally.

The findings will be used to inform the work of health promotion and improvement

The results of the National Patient Experience Survey 2019 have identified areas for improvement which complement the work of teams involved in promoting health across health care services. Suggestions provided by patients about their care in hospitals together with solutions for promoting health in hospital will be used to inform improvement initiatives going forward.

Sharing learning across hospital groups

All Hospital Groups have supported and facilitated the development of a comprehensive response to the emerging priorities identified in the survey, individual Hospital Groups have demonstrated leadership on specific areas, such as working in partnership with patients, training future leaders in the importance using patient feedback, developing plain English patient information, and exploring ways in which we can meaningfully improve support for patients who have nobody to speak to in hospital about their worries and concerns. Projects of work underway and examples of best practice developed across all hospital groups in 2018/19 will be used to share learning, thus benefiting all hospitals and in turn all patients across Ireland.

Active involvement and engagement of staff in the National Patient Experience Survey is critical to its success



Saolta University Health Care Group



1. Galway University Hospital
2. Letterkenny University Hospital
3. Mayo University Hospital
4. Portlincula University Hospital
5. Roscommon University Hospital
6. Sligo University Hospital

We are very grateful to all the patients and their carers and families across the Saolta University Health Care Group for participating in this, the third National Patient Experience Survey. Our patients have provided us with really valuable feedback on their experience.

I would like to thank our staff across the Group who encouraged our patients to participate in this survey. Without the commitment and enthusiasm of our staff at the front line who explain the survey process to our patients, it would be very difficult, if not next to impossible to undertake this survey every year. I also want to thank all our staff who took the findings of the last two years' surveys and worked so hard to make improvements for our patients across our hospitals.



The 2019 survey results demonstrate that over 80% of our patients had a positive experience across our hospitals and this is something that we are very proud of. In particular across each of the Saolta Group hospitals the survey respondents highlighted the excellent care provided to them by our staff. We accept that there are a number of areas where we can improve and where our patients' experience has not been satisfactory. As in previous years we are committed to take the survey results, learn from them and respond to them.




We will continue to develop and roll-out patient-centred initiatives such as the Patient Advice Liaison Officers on our sites and education programmes for our staff in Communication and Advocacy. To support our patients we will embed the Butterfly Scheme for our patients with dementia and roll out Protected Mealtimes across all our hospitals to ensure that patients get the necessary time to have their meals without interruption.

We are striving to provide care in partnership with patients. This means that we no longer consider patients simply as passive recipients of the care that we provide, but as active partners in their own health. This survey allows us to partner with patients in a meaningful and structured way that allows us to critically examine the services we are providing and how we are providing them. We learn from what patients tell us that we are doing well and we learn also from where it is pointed out that we could be doing better.

Finally I would like to once again thank all our patients for their support and assure them of our commitment to continually strive to improve our services.




Tony Canavan
Chief Executive Officer, Saolta University Health Care Group
25th November 2019

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| ADMISSION TO HOSPITAL  | PATIENT EXPERIENCE: Improve patient experience of the Emergency Department. | 1. Galway University Hospital will continue to prioritise and focus all efforts on reducing the number of Patients on trolleys in the Emergency Department (ED), in line with the HSE target times. The senior hospital management team continues to plan and advance the development of a new ED building in GUH. | EMBEDDED |
| | | 2. The patient advice and liaison service will continue to support service users in the Emergency Department. Comfort packs continue to be provided to improve patient experiences in the department. | EMBEDDED |
| | | 3. All patients admitted in the ED awaiting admission to a bed are provided with a hot meal. | EMBEDDED |
| | | 4. Our team on improving patient flow have commenced work to improve the care pathways for patients who have cancer, this work which has already started in November 2019 will improve the process for patients being admitted, when they are going home and their care whilst they are in hospital. The overall aim of this work is to improve cancer patients flow and experience in our hospital. | NOV 2019-2020 |
| CARE ON THE WARD  | NUTRITION: Improve hospital food and nutrition. | 1. Catering staff continue to work closely with the nutrition and hydration committee introducing and improving initiatives in relation to hospital food and nutrition. | EMBEDDED |
| | | 2. The Protected Mealtimes initiative continues to be embedded in all ward/unit area. Patients who require assistance at meal times are being prioritised. | EMBEDDED |
| | | 3. Picture Card Menus are available to help patients decide about meal options available to them, with a two week rotation of menu choice, responding to what patients feedback about improving hospital food and nutrition. | EMBEDDED |
| | | 4. Menu choices have been improved and designed in partnership with patients and calorific count is also in place. | 2019 |
| | | 5. Regular audit and patients survey's undertaken on hospital food. | EMBEDDED |
| | | PRIORITY PROJECT | 2020 |
| | | 6. Our speech & language therapy department and our catering partners have extended meal choices for patients who require a modified diet. Close supervision is ongoing in relation to the delivery of twice daily water rounds to patients and ensures and support is given facilitating appropriate thickening for patients on modified fluids. | 2020 |
| | | 7. A communication tool to communicate dietary, hydration needs, including need for special diets, diet/fluid modification and need for assistance at mealtimes has been put in place to ensure that patients nutritional and hydration needs are fully met and to improve their overall health and wellbeing and to maximise their experience of care in the hospital. | 2019 |
| | | PRIORITY PROJECT | 2020 |
| | | 8. Patients who are at risk of malnutrition are identified and provided with a high count calorific diet to ensure that they do not deteriorate further and to enable them to improve their overall health, wellbeing and recovery. All hospital wards are participating in this important initiative. In 2019 dieticians commenced physical examinations as part of the assessment, this examination of the signs of malnutrition in patients allows us to identify the patients who require a high quality individualised nutritional care plan. | 2020 |
| | | 9. All patients who receive a nutritional assessment and care plan receive written information and diet sheets relating to their condition. In 2019, dietitians can now email information to patients at time of assessment. | EMBEDDED |
| | | 10. All patients who attended the cancer nutrition education session prior to commencing chemotherapy reported finding the session very good or excellent in content and delivery. | EMBEDDED |

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| CARE ON THE WARD  | COMMUNICATION: | 1. We continue to focus on improving communication across all of our healthcare teams aiming to improve patient flow and discharge planning in a more integrated way. | EMBEDDED |
| | | 2. Welcome to the ward and discharge poster boards have been installed on all ward/units to provide patients with information related to their inpatient stay and discharge, this information is available in both Irish and English and can be obtained on the Saolta Website and in all ward/unit areas. | 2019 |
| | | 3. We are developing more integrated patient care and discharge planning while continuously improving communication skills and teamwork. | EMBEDDED |
| | | 4. The 'End PJ Paralysis' campaign has been introduced in five ward areas and is supported by a multidisciplinary team approach to promote getting patients up, dressed and moving. Having patients in their day clothes while in hospital, rather than in pyjamas or gowns enhances dignity and autonomy. Getting patients up and moving has been shown to reduce falls, improve patient experiences, and reduce length of stay in hospital. It is planned to roll this initiative throughout the hospital. | 2020 |
| EXAMINATION DIAGNOSIS & TREATMENT  | COMMUNICATION: Provide more accessible health information to patients. | 1. All of our departments are continuing to improve patient information and written information leaflets. | EMBEDDED |
| | COMMUNICATION: Better communication skills and effective ward round communication from all healthcare staff. | 2. Training and support for staff in the importance of providing plain English, literature for patients is continuing. | |
| | | PRIORITY PROJECT | 2019-2020 |
| | | 1. Galway University Hospitals are actively promoting the importance of good communication skills amongst staff. GUH has actively partnering and piloting the communications training programme by involving patients and staff in the design of this work. This work will continue in 2020. | |
| DISCHARGE OR TRANSFER  | COMMUNICATION: Provide more information to patients at discharge. | 1. There will be a focus in 2020 on the HSE National Medication Safety Programme 'Know, Check, Ask' to encourage our patients to discuss their medicines with healthcare professionals and family. | 2020 |
| | | 2. Galway University Hospital will continue focus on improving the discharge process is in place, engaging with community services to empower patients to engage in relation to their discharge plans and date of discharge and medication safety. | EMBEDDED |
| | | 3. Our discharge coordinator works closely with the community team to ensure that there is continuity of care for patients between leaving hospital and accessing community services. Information sharing and team working between hospital and community teams is critical to the success of this work. | |
| PATIENT EXPERIENCE | DIGNITY & RESPECT AND PRIVACY: Improving and sustaining patient experience. | Hospital management will continue to support and implement hospital-wide programmes which will enhance patient experience, such as: | EMBEDDED |
| | | 1. Patient council representation of all non-clinical committees. | |
| | | 2. Supporting staff to undertake the newly introduced Certificate in Advocacy. | EMBEDDED |
| | | 3. The support for the role and function of patient advice and liaison services with an annual patient experience fair day held in April. | 2019-2020 |
| | | 4. Working in partnership with community groups and advocacy services to improve that patients experience in the hospital. | 2020 |
| | | 5. Continue to support and promote and value the roles of all staff through the '#Hello, my name is...' campaign. | EMBEDDED |
| | | 6. Support the embedding of the 'Nothing about me without me' initiative an education programme aimed at staff to improve patient experience. | EMBEDDED |
| | | 7. Support for 'Schwartz Rounds', which have had a positive impact on improving staff wellbeing which has an impact on improved person-centred care. | EMBEDDED |

WHAT PATIENTS
SAID TO USLISTENING RESPONDING
& IMPROVING

| PATIENT EXPERIENCE | DIGNITY & RESPECT AND PRIVACY: Improving and sustaining patient experience. | 8. Senior Management and Executive Walkabouts will continue to take place as part of the ongoing governance and accountability for improvement throughout Galway University Hospitals. | EMBEDDED |
|-----------------------|--|--|----------|
| | | 9. Developing links with external support groups and hospital staff providing information at public education sessions and learning events. | EMBEDDED |
| | | 10. The volunteer service continues to grow and is a key group within our hospital to improve our patient's experience. | EMBEDDED |

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| ADMISSION TO HOSPITAL  | PATIENT EXPERIENCE: Improve patient experience of the Emergency Department. | 1. Staff and managers in the Emergency Department (ED) will continue to work to increase self-awareness among staff and improve patient experience of ED. | 2019-2020 |
| | | 2. Comfort packs are available for all patients in ED, these packs include tooth brushes, socks, t-shirts and aids for sleeping. | |
| | | 3. There is a continuous focus on reducing the number of patients on trolleys in the ED, in line with the HSE target times. | |
| | | 4. An Assistant Director of Nursing is working full time on improving patient flow in the hospital. The aim of this work is to provide more efficient access to care and improved patient experience. | |
| CARE ON THE WARD  | NUTRITION: Improve hospital food and nutrition. | 1. We are continuing to promote a healthy culture for both staff and patients. This work is called 'Caring Behaviours Assurance System' and is designed to focus on improving patient experience and staff resilience. This is in place in two wards. | ONGOING |
| | | 2. 87% of patients in 2019 rated their hospital food as either 'good' or 'very good'. Our staff are working hard to improve hospital nutrition and catering for patients and staff alike. | |
| | | 3. In 2019/20 all patients admitted to hospital are assessed for being at risk of malnutrition. | |
| | | 4. 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. | |
| | | 5. We have made improvements to the times of patient meals, to respond to the changes which patients recommended in this years and last years survey. | |
| | | 6. We have put in place picture menus to enable patient to make their preferred choice of meal. This has improved the patient experience. | |
| | | 7. Patients who require assistance at meal-time are provided with additional support, the red tray initiative is in place to support this work. | |
| | | 8. The patient menu is continuously being improved. We conduct patient and staff surveys on a continuous basis to elicit feedback and measure the improvements that we are making. | |
| | | PRIORITY PROJECT | 2019/2020 |
| | | 9. '#Hello, my name is...' campaign to promote staff introductions has been put in place. | |
| | | 8. A patient advice and liason officer is being appointed in 2019 to provide leadership and support on improving patient experience in the hospital. | 2019/2020 |
| EXAMINATION DIAGNOSIS & TREATMENT  | COMMUNICATION: Increase awareness for patients of the supports available if they wish to speak to someone about their worries and concerns. | 1. Information for patients about support services available to them during their hospital stay has been improved. A campaign of awareness raising amongst patients about sharing concerns and speaking to staff about anything that they are worried about will be promoted. | EMBEDDED |
| | | PRIORITY PROJECT | 2019/2020 |
| | | 2. The National Healthcare Communication Programme will be implemented in 2020. The newly appointed PALS officer and a non-consultant hospital doctor will work together to provide leadership on improving communications across healthcare teams in the hospital. | |

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| EXAMINATION DIAGNOSIS & TREATMENT  | COMMUNICATION: Provide more accessible health information to patients. | 1. The PALS office will be prioritising patient information leaflets at University Hospital Letterkenny. | 2019-2020 |
| | | 2. A hospital patient information booklet is available and this is available in many languages. We will be delivering plain English workshops for staff to support them to further develop patient information. | |
| | | 3. Recommended sources for accessing evidence based patient information promoted amongst patients, to improve health information available to patients for their entire healthcare journey, from admission to discharge. | |
| DISCHARGE OR TRANSFER  | COMMUNICATION: Better communication skills and effective ward round communication from all healthcare staff. | 1. Intercultural training is provided for staff and continuous to be a key priority for improving patient experience. | ONGOING |
| | | 2. Healthcare staff conduct telephone interviews with patients a number of days after they return home. This is to check with patients that they are recovering well and to address any concerns that they may have. | ONGOING |
| | | PRIORITY PROJECT | 2020 |
| | | 3. We have adapted a patient information leaflet to encourage patients to be more involved about going home from hospital. This is to encourage patients to be more prepared when going home and to address any of their concerns. | |
| | COMMUNICATION: Provide more information to patients at discharge. | 4. A feedback initiative inviting patients to express what worked well and what could be improved upon is actively promoted at ward level. | |
| | | 1. A discharge lounge has been opened in 2019 and this had improved patient experience of the discharge process. | EMBEDDED |
| PATIENT EXPERIENCE | DIGNITY & RESPECT AND PRIVACY: 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"> – The continued work of the Patient Forum, patient member forums are actively involved in hospital committees. – The support for the role and function of Consumer Services Dept. – Programme on Caring Behaviours Assurance – Executive walk-about are planned to as part of ongoing governance and accountability for improvement. | ONGOING |
| | | 2. Ongoing Series of Education Programmes focusing on communication and information, and including topics such as bereavement, end of life care, breaking bad news, is available for staff. | |




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| ADMISSION TO HOSPITAL  | PATIENT EXPERIENCE: Improve patient experience of the Emergency Department, in particular clear information and communication. | PRIORITY PROJECT 1. We have started an quality improvement project in Emergency Department (ED) which is designed to improve patient experience by engaging all staff members. A patient experience advisor will work with the ED team to address priorities identified by patients in the National Patient Experience Survey. | Q4 2019 |
| | | 2. We are focusing on training on communication between staff and patient, and staff and staff. Utilising ISBAR approach. | 2019-2020 |
| | | 3. There is an ongoing focus on reducing the number of patients kept in the Emergency Department waiting for beds. | 2020 |
| | | 4. Comfort packs are available for patients in Emergency Department, we need ensure these are given to all patients with guidance to ask questions if they need more clarity on the condition or plan of care. | EMBEDDED |
| | | | |
| CARE ON THE WARD  | NUTRITION: Improve hospital food and availability of meals outside of normal meal times. Availability of staff when patients want to talk. | 1. Nutrition and hydration committee to put QI project together to address the finding on the wards relating to meals, looking at replacement meals and support with feeding. - Incorporating all elements of the protected meal times on all wards. - The hospital patient experience advisory committee are also progressing with a policy for family presence/visiting policy which will promote positive family involvement, with the expectation of better patient outcomes and support in personal care including nutrition and hydration support. | 2020 |
| | | | |
| | COMMUNICATION: Availability of staff when patients want to talk. | 1. The hospital management team with quality and patient safety manager is promoting the approach of "it is all of our roles to promote positive communication with patients" incorporating promotional posters and staff awareness. | Q1 2020 |
| | | 2. Mandatory training programme has been rolled out through MUH to help staff engage with patient at all contact levels for all grades of staff. | |
| | | 3. Compliance with uniform policy of wearing name badges so patient know who they are speaking to or in the company of. | |
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| EXAMINATION DIAGNOSIS & TREATMENT  | COMMUNICATION: Making the time with the patient effective in relation to explanation of condition treatment and results. | 1. MUH has mandatory patient engagement training program rolled out through the hospital which will promote positive patient experience. | Q3 2019 |
| | | 2. Targeted training on clinical handover is being run with medical and nursing staff led by the academic officer. This work is incorporating meaningful patient engagement utilising simulation and the use of ISBAR. | EMBEDDED |
| | | 3. A patient and family experience advisory committee now feeds into the hospital management team and are tasked with all of the above improvements. | |
| DISCHARGE OR TRANSFER  | COMMUNICATION: Patient need to be better equipped to self-care when discharged. Know there medication know there condition and who to contact if they need help. Patient need to start getting this information from when they are admitted so they are part of the plan. | PRIORITY PROJECT 1. MUH Patients Information Booklet has been updated in 2019 to incorporate information to help prepare patients for their discharge by better engagement during their patient stay. | Q4 2019 |
| | | PRIORITY PROJECT 2. The 'Know Your Medication' information booklets for patients has been designed and implemented this will be audited as part of the patient nursing metric in 2020. | 2020 |
| | | 3. Quality improvement project to be set for Q4 2019 on reduction of avoidable readmissions to help improve the process of discharge for patients. Led by nursing discharge manager. | Q4 |
| | | 4. Business case prepared for senior occupational therapist for the main medical wards to assist in patient discharge planning focusing patient centered approach to planning for care at home. | ONGOING |
| | | 5. Clinical nurse specialist are developing condition based patient information leaflets which will help with empowering patient with self-care this will be promoted in 2019-2020. | ONGOING |
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WHAT PATIENTS
SAID TO US



LISTENING RESPONDING
& IMPROVING



| PATIENT EXPERIENCE | DIGNITY & RESPECT AND PRIVACY: Improving and sustaining patient experience. | 1. Hospital management will continue to support and implement hospital-wide programmes which will enhance meaningful patient engagement, – The support for the role and function of patient experience advisors for committees and policy. | EMBEDDED |
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| | | 2. Mandatory training on meaningful patient engagement rolling out through MUH. | |
| | | 3. Promote the important of wearing name badges with name and role identified. | |
| | | 4. Continue to focus our QI on feedback from patients where areas of improvement are identified and areas of good practice can be shared. | |
| | | 5. Spread the values identified in the staff recognition awards to all departments and all patients. | |

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| ADMISSION TO HOSPITAL  | PATIENT EXPERIENCE: Improve patient experience of the Emergency Department, importance of promoting patient-centred care. | <ol style="list-style-type: none"> 1. Patient feedback about long-wait times in Emergency Department (ED) and about improving their experience of ED will continue as a key improvement priority in 2020. There will be a continuous and ongoing focus on reducing the number of patients on trolleys in the ED, and also reducing the wait times for patients in line with the HSE target times. 2. Comfort packs are now available for patients in ED, these packs include tooth brushes, socks, t-shirts and aids for sleeping, they are designed to improve patients experience and to improve their comfort levels in ED. 3. The findings of the patient experience survey have been shared with all staff including in ED in relation to; the importance of patient centred-care, dignity and respect and patient privacy we continue to be improved in ED. 4. A Patient Advice and Liaison Officer, has been appointed to work in Portiuncula Hospital. <p>A patient Council Group has been established. The first meeting occurred on the 10th October 2018. The purpose of the patient council is to ensure the patient and those communities served by Portiuncula University Hospital have a voice which is heard in the development and delivery of services. Service users are represented on non clinical committee, and are actively supported to participate in hospital activity through sitting on committees.</p> | 2019-2020 |
| CARE ON THE WARD  | NUTRITION: Improve hospital food and nutrition. | <ol style="list-style-type: none"> 1. Based on the feedback that we have received from patients about their experience of hospital food and nutrition in Portiuncula we have reassessed the choice of food for patients. We have now put in place a wider choice of options for evening meal. 2. If patients miss meals we ensure that we have a choice of meals offered to them. We have changed our menus to reflect this and to improve choices for patients. 3. Protecting meal-times is ongoing challenge especially in very busy wards. We communicate the importance of this at all of our team meetings so that everybody prioritises protected meal-times for patients and understands the importance of maintaining patients nutrition and wellbeing in hospital. 4. We are working with the catering, nursing and all staff to ensure that we improve communications about patients nutritional needs and to ensure that patients experience of hospital food and nutrition is improved. 5. We review all of the feedback from patients about hospital food and ensure that feedback is taken on board and used to improve patients experience of hospital care. | 2019-2020 |
| EXAMINATION DIAGNOSIS & TREATMENT  | COMMUNICATION: Increase awareness for patients of the supports available if they wish to speak to someone about their worries and concerns, patient privacy and reducing noise at night. | <ol style="list-style-type: none"> 1. A campaign of awareness raising amongst patients about sharing concerns and speaking to staff about anything that they are worried about will continue to be promoted. <p>PRIORITY PROJECT</p> <ol style="list-style-type: none"> 2. Six staff members of our hospital staff have been trained as facilitators in the National Healthcare Communications Skills Programme "Making Connections". Their role is to promote improved communication skills across the hospital amongst all staff and to provide leadership on communications amongst their peers. This work commenced in 2019 and will continue in 2020. The training programme will be delivered to all staff in the hospital in 2020. 3. An audit of telephone etiquette and an assessment of communication and helpfulness skills will take place across the hospital in November and December 2019, the purpose of this work is to promote awareness of how we engage with and respond to patients whenever they contact the hospital and also how well we communicate with one another. | 2019-2020 2019-2020 2019-2020 |


| EXAMINATION DIAGNOSIS & TREATMENT  | COMMUNICATION: Provide more accessible health information to patients. | PRIORITY PROJECT | 2019-2020 |
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| | | 1. Suite of Patient Information Leaflets for patients will be made available to all patients. These leaflets include information on procedures, pre-assessment, day of procedures, post-op advice and contact numbers if patients need to discuss their care or treatment with a healthcare professional. | |
| DISCHARGE OR TRANSFER  | COMMUNICATION: Better communication skills and effective ward round communication from all healthcare staff. | PRIORITY PROJECT | 2019-2020 |
| | | 1. Ongoing Series of Education Programmes focusing on communication and information, and including topics such as bereavement, patient advocacy, end of life care, breaking bad news has been prioritised and will continue to be a focus in 2020. | |
| PATIENT EXPERIENCE | DIGNITY & RESPECT AND PRIVACY: Improving and sustaining patient experience. | 2. Guidance on effective ward round communication will be available to staff together with a greater focus with all clinical team members on increasing time with patients to discuss their care and treatment. The National Healthcare Communications Skills Programme will be mandatory for all staff and implemented across the hospital in 2020. | |
| | | 1. Discharge Information Booklet has been finalised by Saolta Hospital Group and be made available to patients in Portiuncula, to address the needs identified by patients relating to what they should do after leaving hospital and the danger signs to look out for and who to contact if something goes wrong after leaving hospital. | |
| PATIENT EXPERIENCE | DIGNITY & RESPECT AND PRIVACY: Improving and sustaining patient experience. | <ul style="list-style-type: none"> Prior to discharge we are going to ensure that every patient has been given a discharge booklet and any additional information in relation to their condition that they need. Ensure patient/carer (where relevant) has plan for post discharge care e.g. PHN/OPD in relation to follow-up appointments and their medication needs. We are going to carry out an audit of discharge checklist on nursing documentation to make sure that this work is in place and working well for patients. Ongoing internal audit of patients ready for discharge will be carried out by the PALS officer. 'Welcome to the ward' posters give patients and relatives information about the ward, hospital initiatives, mealtimes visiting. | |
| | | 2. We plan to have patient information leaflets on various medical conditions in the first quarter of 2020 available to all patients. | |
| PATIENT EXPERIENCE | DIGNITY & RESPECT AND PRIVACY: Improving and sustaining patient experience. | 1. Hospital Management will continue to support and implement hospital-wide programmes which will enhance patient experience, such as: | 2019-2020 |
| | | <ul style="list-style-type: none"> Patient council representation of all non-clinical committees; We have advertised for additional patient, representatives for the patient council, We are in the process of developing a Volunteer service for the hospital, this will be in place December 2019/January 2020; The support for the role and function of Patient Advice and Liaison Services; The involvement of volunteers; Improve the involvement of families and carers by working in partnership with Family Carers Ireland; Promote and value the roles of all staff through the '#Hello, my name is...' campaign; 'Schwartz Rounds', proven to improve staff wellbeing, resilience and teamwork, and in-turn have an impact on improved person-centred care. Currently up and running in GUH. | |




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| CARE ON THE WARD  | NUTRITION: Improve hospital food and nutrition. | 1. A Nutrition and Hydration steering committee has been working very hard in Roscommon in 2019 with all staff including catering staff to improve hospital nutrition and catering for patients and staff alike | 2019-2020 |
| | | 2. The feedback received from patients in 2019 relating to hospital food has been reviewed in detail and inform continuous improvement, specifically in relation to choice of food options. | |
| | | 3. All patients admitted to hospital are continued to be assessed for being at risk of malnutrition. The objective is to identify patients who need higher calorific diets, to prevent further deterioration, 95-100% compliance with this objective in 2019 and 2020. | |
| | | 4. 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 whilst in hospital. Replacement meals are provided to those patients who missed a meal. | |
| | | 5. A feedback initiative inviting patients to express what worked well and what could be improved upon is actively promoted at ward level. | |
| EXAMINATION DIAGNOSIS & TREATMENT  | COMMUNICATION: Provide more accessible health information to patients. | 1. Recommended sources for accessing evidence based patient information will be promoted amongst patients, to improve health information available to patients for their entire healthcare journey, from admission to discharge. | 2019-2020 |
| | | 2. Patient information resources currently being finalised by Saolta Hospital Group are being made available to all patients. – Training for nursing staff in the hospital in the areas of care and compassion being delivered by retired nurses association 2019 and 2020. – Implement 'Know, Check, Ask', WHO medication safety campaign to improve patient safety in 2020. | |
| | COMMUNICATION: Improving communication skills and effective ward round communication from all healthcare staff, before and after procedures. | 1. Education Programmes focusing on communication and education continue to be implemented, including topics such as bereavement, patient advocacy, and end-of-life has been implemented in Roscommon. | 2019-2020 |
| | | PRIORITY PROJECT | 2020 |
| | | 2. Two staff members will participate on the Patient Safety Complaints Advocacy Training Programme in 2020. | |
| | | PRIORITY PROJECT | 2019-2020 |
| | | 3. We are going to ask patients on an ongoing basis commencing in 2020 to tell us about what is working well and what we could improve upon. This is to ensure that every patients feels heard and to provide more patient centred care at every point during the care journey. | |
| | | 4. A new palliative care facility jointly funded by the Irish Hospice Foundation has been recently refurbished and improved. Very positive feedback was received from patients and their families in 2019. | 2019-2020 |
| | | 5. Setting up a new quiet space/room to facilitate private family discussions this will be in place by year end 2019. | |
| | | 6. A specific ambient music system is in place in Roscommon Hospital in three specific ward areas, this system is designed to enhance patient privacy, it has made a huge difference to maximising patient privacy throughout the care journey, it is being extended to additional wards. This system builds awareness amongst all of our staff of the importance of patient privacy at every point in the care journey. | |
| | | 7. The National Healthcare Communication Programme promoting guidance on effective ward round communication will be available to staff together with a greater focus with all clinical team members on increasing time with patients to discuss their care and treatment in 2019 and beyond. | |

WHAT PATIENTS
SAID TO US

LISTENING RESPONDING
& IMPROVING



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| <p>DISCHARGE OR TRANSFER</p>  | <p>COMMUNICATION: Provide more information to patients at discharge.</p> | <p>1. Discharge Information Booklet has been completed by Saolta Hospital Group and will be made available to patients in Roscommon, to address the needs identified by patients relating to what they should do after leaving hospital and the danger signs to look out for and who to contact if something goes wrong after leaving hospital.</p> | <p>2019-2020</p> |
| <p>PATIENT EXPERIENCE</p> | <p>DIGNITY & RESPECT AND PRIVACY: Improving and sustaining patient experience.</p> | <p>PRIORITY PROJECT</p> <p>1. Hospital Management will continue to support and implement hospital-wide programmes which will enhance patient experience:</p> <ul style="list-style-type: none"> – Roscommon Hospital and the Roscommon Patient Council – The continued involvement of volunteers. | <p>2019-2020</p> |

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| ADMISSION TO HOSPITAL  | PATIENT EXPERIENCE: Improve patient experience of the Emergency Department. | PRIORITY PROJECT 1. We have introduced improvements in Emergency Department (ED) for frail, elderly patients to improve their experience of ED and to ensure that they access the care that they need efficiently. (This intervention will result in lower wait times) for frail elderly patients and improve their experience and outcomes of care. | 2020 |
| | | PRIORITY PROJECT 2. We have improved some of the cubicles in ED to ensure that they are more suitable for patients with Dementia. This is a continuing priority in 2020. | 2020 |
| | | 3. Healthier food options are now available to patients in the Emergency Department. An improved menu is available and information from Dieticians if required. | EMBEDDED |
| | | 4. The discharge lounge has opened to improve patient flow throughout the hospital and to reduce wait times for patients who are being admitted. | EMBEDDED |
| | | 5. A team of staff in ED continue to put in place and monitor the improvement of patient experience and patient care in ED. This is called Focus on Care. | ONGOING |
| CARE ON THE WARD  | COMMUNICATION: | 1. Refocus on ‘#Hello, my name is...’ | ONGOING |
| | | 2. Education and training continues for catering staff. | ONGOING |
| | | 3. Changes and improvements to menus for children have been put in place. | EMBEDDED |
| | | 4. Improvements to hospital food for parents have been put in place in Paediatrics Unit, it is called ‘grab and go’. | EMBEDDED |
| | | 5. The Hospital Patient Forum is in place, it was reviewed in 2019 and re-constituted. | EMBEDDED |
| | | 6. Patient feedback or comment cards are in place on all wards, inviting patients to give feedback about their experience. The feedback provided by patients is used to improve services on a real-time basis. | Q2 2020 |
| | | 7. ‘Patient Passport’ is a communication tool designed to empower patients to have conversations about their care, diagnosis and treatment, these resources include the: – Reach Care Pack - focus on Dementia patients – Passport for patients with an intellectual disability | ONGOING |
| | NUTRITION: Improve hospital food and nutrition. | 1. The hospital nutrition group review the findings of the patient survey and make improvements to hospital food based on what patients say matter to them. | 2019-2020 |
| | | PRIORITY PROJECT 2. There is a continued effort to improve meal-times for patients. This is to ensure that patients meal-time is protected and that their nutritional wellbeing is sustained whilst in hospital. | 2020 |
| | | 3. All Patients are assessed for risk of malnutrition to identify whether they require high calorific diets to build and sustain them whilst they are in hospital. | 2019-2020 |
| | | 4. Patients requiring assistance during meal-time are actively identified and provided with support and assistance. | 2019-2020 |
| EXAMINATION DIAGNOSIS & TREATMENT  | COMMUNICATION: Provide more accessible health information to patients. | 1. We are reviewing all patient information leaflets on conditions and treatments to ensure that the information is up to date and improved. | 2019-2020 |
| | | 2. Improvements in relation to communication about patient care during the handover phase is currently ongoing. Guidelines for improvement and education and training for all staff is being put in place. | |

WHAT PATIENTS
SAID TO USLISTENING RESPONDING
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| DISCHARGE OR TRANSFER | COMMUNICATION: Provide more information to patients at discharge. | 1. Patient Information Leaflets and Discharge Planning Leaflets are being actively promoted across all wards and shared with patients, this is being put in place to improve how we communicate with and provide information to patients. | EMBEDDED |
| | | 2. Improvements to how patients are being discharged from hospital and the leadership role of nurses is being supported in 2020. | Q3/4 2020 |
| | | 3. A review of medication management advice on discharge leaflets has been included. | EMBEDDED |
| PATIENT EXPERIENCE | DIGNITY & RESPECT AND PRIVACY: Improving and sustaining patient experience. | 1. Development of PALs officer in SUH is due in 2020. Two staff are currently participating in the training programme in Patient Safety Complaints Advocacy and the new Independent Patient Advocacy Service will be actively promoted amongst patients. | Q4 2020 |

RCSI Hospital Group











7. Beaumont Hospital, Dublin
8. Cavan and Monaghan Hospital
9. Connolly Hospital, Dublin
10. Louth County Hospital, Dundalk
11. Our Lady of Lourdes, Drogheda

Measurement of quality to drive improvement is one of the hallmarks of a high performing healthcare system. The RCSI Hospital Group already publishes a suite of performance metrics monthly on its website. The aim of publishing these metrics is to measure, track and generally guide performance in various dimensions of care across all clinical services. Patient experience information is a key component of these metrics.

Participation in the National Patient Experience Survey (NPES) is one of the methods the RCSI Hospital Group is using to collect patient experience information. This feedback will allow us to identify our strengths and weaknesses from a patient perspective and will assist in further driving quality improvement across services.

Ian Carter
Chief Executive Officer, RCSI Hospitals Group
25th November 2019


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| RAISING AWARENESS | We are continuing to engage with different groups of staff to brief them on the findings of the survey and facilitate workshops where there are robust discussions regarding actions for improvement to the system. | | 2019-2020 |
| ADMISSION TO HOSPITAL  | WAITING TIMES: Reduce Emergency Department waiting times. | The Emergency Department (ED) Team continues to ensure that patients are moved as quickly as possible from trolleys to beds in ward areas. | 2019-2020 |
| | CONTINUOUS IMPROVEMENT: | The team have key improvement projects underway to ensure the ongoing comfort and safety of patients as follows: <ul style="list-style-type: none"> - A docking station was put in place for wheelchairs to ensure there were no delays in finding one when needed. - A project is starting focusing on patients belongings and keeping them safe and accessible at all times while in ED. | ONGOING |
| | COMMUNICATION: | Work is underway to improve communication with patients who are waiting to be seen. This involves nursing staff updating patients on a regular basis in the waiting area as well as monitoring their vital signs and giving pain relief if required. | 2019-2020 |
| CARE ON THE WARD  | NUTRITION: Improve hospital food and nutrition. | The hospital has a well established Nutrition Steering Group whose focus is to improve the food given to patients which in turn supports good nutrition and promotes healing. Building on improvements identified in 2017 the focus of this group remains to: <ul style="list-style-type: none"> - Continue to review and refine the menu choices for patients, including looking at calorie content and healthy eating options. - Revise menu layout to make them more user friendly and provide a better description of meals for our patients. - Ensure that there is sufficient and appropriate food available for patients outside of scheduled mealtimes. - Design and conduct an audit to measure improvement. | ONGOING |
| EXAMINATION DIAGNOSIS & TREATMENT  | COMMUNICATION: Improving patient information. | PRIORITY PROJECT The Hospital wishes to improve patient information by designing and developing an 'information roadmap' for patients. This roadmap will outline what patients can expect throughout their hospital journey incorporating all stages of care. | Q1 2020 |
| | COMMUNICATION: Improving communication skills | PRIORITY PROJECT The Hospital wishes to enhance the ability of staff to communicate with and listen to patients. Four training modules are in place nationally. These modules are now being delivered to a wide range of staff across the hospital. The hospital is prioritising specific groups of staff to attend Module 4 of the National Programme which outlines how to deal with difficult issues. | 2019-2020 |
| DISCHARGE OR TRANSFER  | COMMUNICATION: Provide more information to patients at discharge. | PRIORITY PROJECT A project is in place to improve discharge planning. This will improve the process from a patient perspective. Training will be provided in LEAN quality improvement methods to key members of staff. There will be four sub groups of the overall project formed to progress individual work streams as follows: <ul style="list-style-type: none"> - Predicted date of discharge (PDD) work stream: This workstream aims to Improve the accuracy and utilisation of PDD based on an evidence base of ICD-10 codes and local length of stay data - Transit Care Unit (TCU) work stream: This workstream aims to improve the utilisation of the TCU for discharged patients. - Out-of-hours work stream: This workstream aims to improve the admission process for patients from the Emergency Department during the out of hours period. i.e. overnight and at weekends. - Care of the Elderly workstream: This workstream aims to improve the length of stay for patients on specialist geriatric wards. | Q4 2019 |
| PATIENT EXPERIENCE | DIGNITY & RESPECT AND PRIVACY: Improving and sustaining patient experience. | The hospital welcomes the annual findings from the National Patient Experience Survey which provides valuable feedback from patients on their experience of care in this hospital. This information will continue to be used to inform, identify and support improvement work for all areas. | EMBEDDED |



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| RAISING AWARENESS | We are continuing to engage with various groups of staff to inform them on the findings of the survey and facilitate learning regarding actions for improvement to your care. | | 2019-2020 |
| ADMISSION TO HOSPITAL  | WAITING TIMES: Reduce Emergency Department waiting times. Waiting times measured and reported. | <ol style="list-style-type: none">1. In our Emergency Department (ED) activity and waiting times are actively measured at 6 and 9 hour intervals by the senior management team. Any issues identified for patients are escalated.2. Each day we have a meeting where activity levels for our Emergency Department are reviewed.3. We have a process in place to oversee patient flow within the hospital on a daily basis.4. Patients are informed of waiting times in ED.5. A double triage system is proposed which will enable us to selectively review patients waiting in the Emergency Department. | ONGOING |
| CARE ON THE WARD  | NUTRITION: Improve hospital food and nutrition. | <ol style="list-style-type: none">1. We are briefing all disciplines of staff on the findings of this survey:<ul style="list-style-type: none">– We have actively posted survey results on digital media and results are also displayed on posters throughout the hospital.– We have an active Nutritional Steering Committee in place in our hospital.– We have put a process in place for provision of replacement hot meals to alleviate missed meals.– The menus have been reviewed and changed to ensure lunches are now freshly cooked.– All menus have been reviewed to contribute to the overall wellbeing and recovery of our patients.– We have provided education on nutrition for Healthcare Assistants and Catering staff.– We have introduced a new snack round for patients.– We are continuously auditing and surveying patient satisfaction on their nutritional needs and making appropriate changes.– Staff have been trained to provide for patients who require specific Feeding, Eating, Drinking and Swallowing needs in our hospital.2. Senior management continue to work on a system to ensure that patients will be undisturbed during Protected Mealtimes, medical staff will be encouraged to take their own meal breaks at this time. | ONGOING |
| EXAMINATION DIAGNOSIS & TREATMENT  | COMMUNICATION: A project to ensure patients are informed of risks and benefits of operations and procedures in a way they can understand. | PRIORITY PROJECT <ol style="list-style-type: none">1. The hospital is developing a list of patient information leaflets on all procedures undertaken in Interventional Radiology. These information leaflets will include the risks and benefits of each procedure.2. A video is being developed to provide information on colonoscopies and gastroscopies. This video will be displayed in the waiting area of the Endoscopy Unit.3. Patient consent forms are designed to obtain patients informed consent. They should aid in outlining the risks and benefits of procedures to patients. The hospital is currently reviewing and updating the current consent form. | <div>Q1 2020</div> <div>Q4 2019</div> <div>Q1 2020</div> |
| DISCHARGE OR TRANSFER  | COMMUNICATION: Provide more information to patients at discharge. | PRIORITY PROJECT <ol style="list-style-type: none">1. The hospital is developing and implementing a new discharge policy. The hospital will involve patients in the development of this policy.2. The Single Assessment Tool (SAT) is a comprehensive IT based standardised assessment used to assess the health and social care needs of people (primarily those over the age of 65 years) who may be looking for support from the HSE for community based/home care services or long term residential care. The hospital will implement training for staff on the single assessment tool.3. The hospital will launch a 'plan your discharge booklet' which will provide discharge information to patients. The hospital will also launch a patient information folder. | <div>Q1 2020</div> <div>Q1 2020</div> <div>Q4 2019</div> |



WHAT PATIENTS
SAID TO US

LISTENING RESPONDING
& IMPROVING

TIME-
SCALE

| DISCHARGE OR TRANSFER  | COMMUNICATION: | PRIORITY PROJECT | Q4 2019 |
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| CONTINUOUS IMPROVEMENT | COMMUNICATION: Winter flu vaccine actively promoted. | 1. The hospital will display an average length of stay (ALOS) for the top 20 medical conditions on the white board in the relevant ward. Medical and nursing staff can use this as a guide for informing patients of their estimated date of discharge. This will ensure clear information for patients on how long they are likely to be in hospital. The first part of this project in Q4 2019 will examine data from the HIPE System in order to establish ALOS for each condition. 2. A new proforma will be developed for use in medical rounds. This proforma will include estimated date of discharge. 1. There is a major campaign to encourage all staff to participate in the 'Active Flu' campaign. | EMBEDDED |





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| RAISING AWARENESS | We are continuing to engage with various groups of staff to inform them on the findings of the survey and facilitate learning regarding actions for improvement to your care. | | 2019-2020 |
| ADMISSION TO HOSPITAL  | WAITING TIMES: Reduce Emergency Department waiting times. | <ol style="list-style-type: none"> 1. We have opened a transit care lounge to facilitate timely discharge and therefore allow earlier access to a ward bed. 2. We have extended our working day for Patient Flow staff to 8pm daily, 7 days per week to improve efficiency. 3. A discharge cleaning team and portering services are now available. Earlier in the day to ensure that beds which patients have just left are prepared and ready for use. 4. We have introduced local arrangements to transfer patients to other care facilities early in the day, allowing access to a bed sooner. 5. The multidisciplinary team plan today for tomorrow in an effort to try and make sure that ward beds are used effectively and that patients admitted in Emergency Department (ED) get to a bed as soon as possible. 6. We have re-established core wards, meaning that patients are admitted. To their speciality ward the first time where possible. | ONGOING |
| CARE ON THE WARD  | NUTRITION: Improve hospital food and nutrition. | <ol style="list-style-type: none"> 1. We are raising awareness with all staff via team meetings about the importance of mealtimes and ensuring if a patient misses a meal they get a replacement meal. 2. We aim for all patients to be given a menu once admitted to a ward. 3. Information will be provided to patients so they are aware that choices and extra portions are available. 4. The evening tea service is being expanded and standardised. Evening tea services will be given from a trolley with a variety of snack options. 5. Skills in food presentation, allergens, therapeutic diets and food safety to be delivered to all catering assistants. 6. The catering department has started regular patient satisfaction surveys and audit of food service temperatures. 7. The catering department is improving their process for ensuring that hot meals/ snacks reach the patient quickly. | ONGOING |
| | COMMUNICATION: Improve the availability of information regarding medications. | <p>PRIORITY PROJECT</p> <ol style="list-style-type: none"> 1. The Hospital will provide education to staff on the importance of giving Patients the opportunity to discuss their medications including possible side effects and interactions, during their admission. 2. The Hospital will include a medication list in the standardised discharge information pack to prompt discussion with staff about medication safety at the time of discharge. 3. The Hospital will include a 'My Medications List' with appointment letters to allow you to prompt safe reconciliation of medications with your Doctor, Nurse or Pharmacist on admission to Hospital. 4. The Hospital will conduct an audit to assess patient information regarding medications. This will be carried out every year in order to monitor improvements. | 2019-2020 |

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| EXAMINATION DIAGNOSIS & TREATMENT  | COMMUNICATION: Improve the availability of information and encourage staff to ensure there is time and opportunity to ask questions and understand treatments. | <ol style="list-style-type: none"> 1. The Hospital will provide communication skills training for staff through the roll out of the module 1 of the National Healthcare Communication Programme. 2. Nursing Induction provides information and training to nurses commencing work in the hospital This programme will outline the channels of communication for patients via nursing teams and ward structures. 3. Patient feedback from the National Patient Experience Survey will be shared with all staff at various training events throughout the year. This will enhance staff awareness of the importance of being available to answer patient questions. | 2019-2020 |
| DISCHARGE OR TRANSFER  | COMMUNICATION: Ensuring patients feel they are involved in decisions about their discharge from hospital. | <div>PRIORITY PROJECT</div> <ol style="list-style-type: none"> 1. The hospital will provide training for staff around the essential elements of the patient discharge process. 2. The discharge information leaflet for patients will be updated. This leaflet will now include information on the appropriate person to contact after discharge if patients have any queries. 3. The hospital will develop a standardised discharge folder with essential information and provide one to every Patient on discharge. | 2019-2020 |
| PATIENT EXPERIENCE | DIGNITY & RESPECT AND PRIVACY: Improving and sustaining patient experience. | <ol style="list-style-type: none"> 1. We are supporting staff to care for patients and their families/carers by implementing staff support groups such as 'Schwartz Rounds'. 2. We continue to develop all our staff by enhancing and improving their clinical, leadership and communication skills. 3. We will continue to develop and implement person and family/carer centred care through learning and improving programmes for all staff. 4. We will continue to create opportunities to engage and listen to our patients and staff throughout the organisation with the aim to continuously improve our patients' journey. | EMBEDDED 2019-2020 |

WHAT PATIENTS
SAID TO US

LISTENING RESPONDING
& IMPROVING

TIME-
SCALE

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| RAISING AWARENESS | We are continuing to engage with different groups of staff to brief them on the findings of the survey and facilitate workshops where there are robust discussions regarding actions for improvement to the system. | 2019-2020 |
| ADMISSION TO HOSPITAL  | <p>WAITING TIMES: Reduce Emergency Department waiting times.</p> <p>1. We are working with all staff to ensure waiting times in the Emergency Department (ED) are consistently reduced.</p> <p>2. Increase number of available beds with opening of second ward in Phase 2.</p> | <p>ONGOING</p> <p>EMBEDDED</p> |
| CARE ON THE WARD  | <p>NUTRITION: Improve hospital food and nutrition.</p> <p>PRIORITY PROJECT</p> <p>The hospital want to improve patient experience at mealtimes. This will include staff assistance. Protected meal times means that patients are given the space, time and appropriate assistance to eat their meals.</p> <ul style="list-style-type: none"> Two wards have been identified to commence a project on protected meal times. A working group has been established. An audit will be carried out on both wards to determine the steps required to ensure patients receive protected mealtimes This project will require input from all disciplines involved in meal time – catering, radiology, support services, nursing, NCHDs, Consultants, AHPs and Clinical Facilitators. | Q2 2020 |
| EXAMINATION DIAGNOSIS & TREATMENT  | <p>COMMUNICATION: Improve the availability of information.</p> <p>PRIORITY PROJECT</p> <p>Patient health information will be improved throughout the patient journey:</p> <ul style="list-style-type: none"> The hospital is developing working groups in each specialty to identify any gaps in patient information. The hospital will develop a standardised template for patient information leaflets. The hospital will design patient information leaflets as required. | Q2 2020 |
| | <p>COMMUNICATION:</p> <p>1. We are promoting an initiative for all our staff to use when liaising with patients and their families/carers which is '#Hello, my name is...'. Every staff member has been provided with a name badge which they wear while on duty. This will ensure that patients and their families/carers know the names of the staff who are caring for them.</p> | EMBEDDED |
| DISCHARGE OR TRANSFER  | <p>COMMUNICATION: Provide more information to patients at discharge.</p> <p>PRIORITY PROJECT</p> <p>To improve discharge information for patients so that they know who to contact if they are worried about their condition or treatment following discharge.</p> <ul style="list-style-type: none"> The hospital is initiating a welcome pack on two wards. This welcome pack will contain a welcome to OLOL information leaflet. Discharge leaflets relevant to individual patients will be provided upon discharge. | Q2 2020 |
| STAFF EXPERIENCE | <p>WELLBEING: Improving staff wellbeing.</p> <p>1. We continue to develop all our staff by enhancing and improving their clinical, leadership and communication skills through continuous professional development.</p> | EMBEDDED |

12. Croom Orthopaedic Hospital
13. St. John's Hospital, Limerick
14. Ennis Hospital
15. Nenagh Hospital
16. University Hospital Limerick

The National Inpatient Experience Survey is by now firmly established as a key driver of quality improvement in our acute hospitals.

Over 1,000 patients who stayed at least one night in five of our hospitals during May 2019 completed the 61 questions. I thank each of them for sharing their experience with us. They have provided us with a rich store of data which we will use to improve services for our patients.




I also thank those patients who shared general observations and comments. In the main our patients have described, in their own words, excellent care provided by our doctors, nurses and allied health professionals. And they have shared their stories of the professionalism and attentiveness of the support staff who provide their meals and who work tirelessly to keep the care environment safe and clean.

Each day, our staff deliver outstanding levels of care to the people of the MidWest and it is heartening to see this reflected in the survey results.

It is important that we pay particular attention to those areas where our patients are less satisfied and even dissatisfied with our services. Overleaf you will read details of quality improvement plans we are putting in place to address areas of concern as identified by our patients.

Many of the understandable frustrations expressed by our patients will be addressed through the wider structural reforms of our healthcare system as set out in Sláintecare. But we know from the results of the National Inpatient Experience Survey over three years now that there are positive measures we can take in the short and medium term that can have a real impact on patient experience. We are committed to continuing this work. In every hospital and in every service, our staff are taking a keen interest in the survey results and in translating them into service improvement.



Professor Colette Cowan
Chief Executive Officer, UL Hospitals Group
25th November 2019

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| CARE ON THE WARD  | NUTRITION: Improve hospital food and nutrition for patients – paying special attention to those who missed meals as they were away from the ward for treatment or recovering from surgery. | <ol style="list-style-type: none"> 1. We are continuing to improve hospital food and nutrition for patients by ensuring that all patients who miss a meal are provided with a replacement meal. We have put policies in place called the 'Missed Meal Policy' and 'Protected Mealtime Policy'. This work continues to be monitored and implemented in 2020. 2. Meal times have been improved and there are protected meal times for breakfast and lunch every day for all patients. This is to ensure that patient's nutrition and wellbeing is sustained while they are in hospital. | EMBEDDED |
| | COMMUNICATION: Staff introductions. | <ol style="list-style-type: none"> 1. We are continuing to promote '#Hello, my name is...' campaign, whereby staff introduce themselves to all patients and say what their roles are. The purpose of this campaign is to improve patients experience by ensuring that all staff introduce themselves, say what their role is and develop and build a rapport with patients. | EMBEDDED |
| EXAMINATION DIAGNOSIS & TREATMENT  | COMMUNICATION: Continue to support patients so that they can speak to someone about their worries or fears | PRIORITY PROJECT <ol style="list-style-type: none"> 1. We will promote excellent communication between all staff and patients and their families through communications training programme by March 2020. What this means for patients is that communications between healthcare staff and patients will continue to be a focus for improvement in our hospital. | Q1 2020 |
| | COMMUNICATION: Improve patient health information provided to patients throughout their healthcare journey. | PRIORITY PROJECT <ol style="list-style-type: none"> 1. We will develop a 'Patient Information Booklet' by February 2020 and ensure that every patient who is admitted to Croom Hospital receives it. What this means for patients, is that patients and their families will have more information what to expect during their time in Croom Hospital and how to manage their care at home after being discharged from hospital. We will include information about danger signals to watch out for after patients go home and medication side effects in this information booklet. 2. Information packs will continue to be provided to all patients and their time in hospital and what to expect on discharge. | 2019-2020 |
| | COMMUNICATION: Promoting improved communication skills and effective ward round communication amongst healthcare professionals. | <ol style="list-style-type: none"> 1. Training continues to be provided for staff in 'Dealing with Bad News' and 'Final Journeys' and induction training for staff also addresses the importance of communication skills. 2. Communication between healthcare staff about patient care continues to be a focus. We are using white boards on the wards to help make this more effective. 3. We are implementing a medication safety campaign called 'Know, Check, Ask' to encourage both staff and patients to engage in conversations about medications, side effects and to minimise error in medication administration. | 2019-2020 |
| DISCHARGE OR TRANSFER  | COMMUNICATION: Improving access and distribution of written patient information about going home from hospital. | PRIORITY PROJECT <ol style="list-style-type: none"> 1. We will continue to involve patients in decisions about their discharge home from hospital every day. What this means for patients is that we will continue to listen and work with patients about their healthcare needs after discharge and established how best they can be supported. | 2019-2020 |
| PATIENT EXPERIENCE | DIGNITY & RESPECT AND PRIVACY: Improving and sustaining patient experience. | <ol style="list-style-type: none"> 1. A programme on organisational values, called 'Values in Action', continues to be implemented together with complimentary programmes, developing cultures of person-centeredness. 2. National Patient Safety Complaints Advocacy Training programme will take place from January 2020. | 2019-2020 |

WHAT PATIENTS
SAID TO USLISTENING RESPONDING
& IMPROVING

| PATIENT EXPERIENCE | DIGNITY & RESPECT AND PRIVACY: Improving and sustaining patient experience. | 3. The UL Hospitals Group Patient Council has recruited new members, drafted a new Terms of Reference and is working with staff to improve patient experience. | 2019-2020 |
|-----------------------|--|---|-----------|
| | | 4. Continue to use feedback from patients about what matters to them to continually improve and measure the success of the priorities identified by patients in the survey. | |
| | | 5. We are participating in support programmes to discuss and share difficult and stressful situations in healthcare which cause burn-out and high levels of stress at work - 'Schwartz Rounds'. | |
| | | 6. We will continue to collect and learn from patient stories. | |
| | | 7. UL Hospitals Group Patient and Public Participation Strategy launched. | |
| | | 8. The CEO of UL Hospitals is fully committed to implementing and supporting this plan. | |
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| CARE ON THE WARD  | NUTRITION: Improve hospital food and nutrition. | 1. Over the next year we are going to continue the improvements we have achieved on hospital food and nutrition for patients, by implementing Protected Mealtimes for patients and improving menu options. | 2019-2020 |
| | | 2. We are continuing to deliver training for all our healthcare staff; the Induction Training Programme for Nurses, Doctors, Health Care Assistants and Catering Staff in Nutrition and Hydration related topics. We will evaluate and update the training programme as required. | 2019-2020 |
| | | PRIORITY PROJECT | Q2/Q3 2019 |
| | | 3. A quality improvement plan has been developed to improve hospital food, nutrition and hydration for patients. One of these initiatives is designed to improve the nutritional options to patients who have difficulty in swallowing. This is to ensure that their nutrition wellbeing is sustained and improved while they are in hospital. | |
| | | 4. Implementation of the International Dysphagia Diet Standardisation Initiative (IDDSI). | Q4 2019-Q1 2020 |
| EXAMINATION DIAGNOSIS & TREATMENT  | COMMUNICATION: Improve supply of written patient information. | PRIORITY PROJECT | 2019-20 |
| | | 1. We ensure that every patient is given a copy of the hospital 'In Patient Information Booklet' on admission. Staff encourage patients to ask questions to their healthcare team about any aspect of their care, treatment or medications that they are uncertain about. | |
| | | 2. We have introduced the National Patient Communication Programme 'Making Connections', for our staff. This programme is designed to improve communication skills between staff and patients and improve overall patient experience. | |
| | | 3. We will continue to roll out of 'Make Every Contact Count' programme to improve health and wellbeing amongst patients. | |
| DISCHARGE OR TRANSFER  | COMMUNICATION: Improve the Discharge Planning Process. | PRIORITY PROJECT | Q4 2019-2020 |
| | | 1. Our healthcare staff will place a greater emphasis on the discharge planning process right through from patient admission to discharge to ensure a more seamless transition of care from hospital to home/community thus ensuring that all patients receive enough information, advice and support on how to safely care for themselves after leaving hospital. | |
| | | PRIORITY PROJECT | |
| | | 2. Encourage the patient and their family to read in particular the 'Going home' section in 'In-Patient Information Booklet'. Family and carers are welcome to attend when staff are providing the patient with information on how to safely care for themselves following discharge. | |
| PATIENT EXPERIENCE | DIGNITY & RESPECT AND PRIVACY: Improving and sustaining patient experience. | 1. Continue to use patient feedback and address areas identified for improvement. | ONGOING |
| | | 2. The Values in Action Programme is actively promoted across the hospital. | |
| | | 3. The Healthy Ireland Programme 'Every Contact Counts' will be implemented in 2019. | 2019-2020 |
| | | 4. The hospital CEO will use the NPES 2019 findings to inform Quality Improvement Priorities across the hospital. | ONGOING |

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| CARE ON THE WARD  | NUTRITION: Improve hospital food and nutrition for patients, especially for who missed meals because they were away from the ward for treatment or were recovering from surgery. | <ol style="list-style-type: none"> 1. A policy to ensure that all patients have protected time to eat their meals whilst in hospital has been put in place. There is an announcement in place to remind staff, patients and visitors of the importance of this policy. 2. We will continue to improve policy and practice to ensure that patients who have missed a meal are provided with a replacement meal and to ensure that all patients are receiving adequate nourishment and healthy food whilst in our care. 3. We serve snacks and drinks in the evening and these are also available throughout the night. 4. We are working with our colleagues and managers across the Hospital Group to develop the Nutrition and Hydration Policy for our patients and also working with catering managers to develop and improve policies and the hospital food service. | EMBEDDED |
| | COMMUNICATION: Increase number of staff wearing name badges and introducing themselves. | <ol style="list-style-type: none"> 1. Name badges are provided for all staff so that patients can easily identify staff and understand what their role is. All staff are encouraged to introduce themselves to patients – ‘#Hello, my name is...’ and to say what their role is. | EMBEDDED |
| EXAMINATION DIAGNOSIS & TREATMENT  | COMMUNICATION: Increase awareness for patients that support is available if they wish to speak to someone about their worries and concerns. | <ol style="list-style-type: none"> 1. Staff have received training and awareness raising about the importance of communication and giving time to patients to discuss their concerns through ‘What Matters to You’ initiative. | 2019-2020 |
| | | <ol style="list-style-type: none"> 2. We implemented a promotional campaign to encourage patients to speak up and seek help for their worries and concerns through the ‘productive Ward’ and ‘Values in Action’ initiative. | |
| | | <ol style="list-style-type: none"> 3. An Ennis Hospital Information Booklet is available for all medical inpatients. The Hospital Group is updating its website to improve communication for the public. | |
| | | PRIORITY PROJECT | |
| | | <ol style="list-style-type: none"> 4. We are developing further the PALS Volunteer ‘befriender’ role in December 2019. What this means for patients is that we will support patients better in hospital, to have a friendly person to talk to, listen to them and help pass the time while they are in hospital. | Q1/2 2020 |
| | COMMUNICATION: Improve health information provided to patients throughout their healthcare journey. | <ol style="list-style-type: none"> 1. Work is underway within the ULHG to make health information easier to read and understand, with patient representatives involved in this important initiative. This is called ‘Health Literacy’. | 2019-2020 |
| | | <ol style="list-style-type: none"> 2. Staff are encouraging patients to ask questions about their healthcare treatment, medication management and discharge planning. Patient information posters are visible in each room to promote patients to ask questions about their healthcare. | |
| | COMMUNICATION: Promoting improved communication skills and effective ward round communication with healthcare professionals and patients. | <ol style="list-style-type: none"> 1. Improving communication skills will continue to be a focus for all staff. We will continue to promote excellent communication between all staff and patients and their families through communications training, ‘What Matters to You’ and ‘Values in Action’ initiatives. What this means for patients is that we will communicate better with them and in a way that patient’s understand. | 2019-2020 |
| | | <ol style="list-style-type: none"> 2. New staff induction training includes a communication skills workshop. | |
| | | <ol style="list-style-type: none"> 3. Training provided for staff on ‘Dealing with Bad News’ and ‘Final Journeys’, which looks at communication and end-of-life care continues to be implemented. | |
| | | <ol style="list-style-type: none"> 4. We continue to use whiteboards for improving communication among staff on each ward. | |
| | | <ol style="list-style-type: none"> 5. Daily medical meetings allow safe handover and communication with Medical teams. | |

DISCHARGE
OR TRANSFER

COMMUNICATION:

Improving access and delivery of written information about going home from hospital for patients. Improve information:

- about discharge plans,
- how patients can best manage their health when they leave hospital,
- knowing about the purpose of medications and their side-effects; and
- who to contact if something goes wrong.

1. We shared the findings of the patient experience survey with all staff including the committee on Drugs and Therapeutics, for the purposes of developing plans on improving medication information for patients.
2. Patients are encouraged to be more involved in asking about medications and their plans for leaving the hospital – posters are on display in Ennis Hospital.
3. Information booklets for patients with relevant information before and after discharge are being developed.

PRIORITY PROJECT

4. We will develop a 'Patient Information Booklet' by February 2020 and ensure that every patient who is admitted to Ennis Hospital receives it. What this means for patients, is that patients and their families will have more information about what to expect during their time in Ennis Hospital and how to manage at home.
5. Patients are being provided with clear information about the danger signs to watch out for after discharge and who to contact if something goes wrong.
6. Community support programmes for patients to help them manage their health or chronic disease are promoted by the Clinical Nurse Specialist if appropriate.
7. Medication awareness programme launched with a focus on 'Know, Check, Ask' encourages both staff and patients to actively engage in conversations about medication safety, medication reconciliation.

2019-2020

Q1 2020



2019-2020



PATIENT
EXPERIENCE

DIGNITY & RESPECT
AND PRIVACY:
Improving and sustaining patient experience.

1. We are implementing support programmes for staff allowing them to discuss and share difficult and stressful situations in healthcare, are being implemented. One of these programmes is called 'Schwartz Rounds'. Mindfulness and stress management programmes for staff are being promoted.
2. National Patient Safety Complaints Advocacy Training programme will take place from January 2020. This will support staff in their roles handling patient safety and advocacy related issues.
3. The UL Hospitals Group Patient Council has recruited new members, they have drafted a new Terms of Reference and is working with staff to improve patient experience.
4. A programme focusing on the values and culture of the organisation, called 'Values in Action' is fundamental and successful in Ennis Hospital.
5. We will continue to ask and listen to patients about what is important to them, and work to implement these areas, through gathering patient stories and 'What Matters to You' programme is well established in Medical wards continuing to be rolled out in Peri-Op.
6. Ongoing awareness training around care at end-of-life, including communication and appropriate care is being sustained.
7. We will continue to build on the role of the Patient Council and include the voice of the patient in all our work.
8. UL Hospitals Group Patient and Public Participation Strategy launched.
9. The CEO of UL Hospitals is fully committed to implementing and supporting this plan.

2019-2020

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| CARE ON THE WARD  | NUTRITION: Continue to improve hospital food and nutrition for patients, especially for who missed meals because they were away from the ward for treatment or were recovering from surgery. | 1. We are continuing to improve hospital food and nutrition for patients. Patients who have missed a meal, are provided with a replacement meal. Meal-times are protected, to ensure that patient health and wellbeing is sustained while in hospital. 2. In response to patient's feedback we are going to serve the evening meal at a later time this year. 3. We serve extra food for late snack and drinks. 4. Patient and staff information leaflets have been implemented to promote the importance of healthy hospital food, nutrition and meal policies for patients. | 2019-2020 |
| | COMMUNICATION: Improve staff wearing name badges. | 1. Name badges have been provided for all staff and they are encouraged to introduce themselves and their roles to patients - '#Hello, my name is...' | EMBEDDED |
| EXAMINATION DIAGNOSIS & TREATMENT  | COMMUNICATION: Increase awareness for patients that support is available if they wish to speak to someone about their worries and concerns. | PRIORITY PROJECT | Q1 2020 |
| | | 1. We will promote excellent communication between all staff and patients and their families through communications training programme by March 2020. What this means for patients: communication will continue to be a focus for improvement to ensure that information is explained in a way that patients understand. | 2019-2020 |
| | | 2. The volunteer befriender role has been implemented to support patients who have nobody to talk to about their worries and concerns, it will continue to be implemented and supported. | |
| | | 3. Nenagh Hospital patient information booklet has been developed and is now available to patients. Information is provided about our Hospital services, discharge and medication management information. | |
| | | 4. Patient information leaflets have been implemented to improve the provision of health information for patients. This will help patients to have information they need in particular around infections. | |
| | | 5. More volunteers will be recruited for the Befriender role currently in Nenagh Hospital. | |
| | COMMUNICATION: Improve health information provided to patients throughout their healthcare journey. | PRIORITY PROJECT | Q1 2020 |
| | | 6. We will continue to enhance the quality of the interactions we have with our patients, and measure this through feedback via our PALS Volunteers. What this means for patients: we will work together to ensure that every patient has enough time with the staff caring for them to ask questions and understand their care plan. | 2019-2020 |
| | | 1. A policy to improve access to health information for patients was put in place in 2018. This policy supports the implementation and provision of plain English health information for all patients. 2. Staff will continue to encourage patients to ask questions about their healthcare treatment options and plans and involve patients in the decision making about their health. 3. The 'What Matters To You' programme encouraging patients to speak up about their needs has been implemented and rolled out in both inpatient medical wards. This promotes patient centered care – the provision of healthcare which is specific to patients needs. | |

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| EXAMINATION DIAGNOSIS & TREATMENT  | COMMUNICATION: Promoting improved communication skills and effective ward round communication with healthcare professionals and patients. | <ol style="list-style-type: none"> 1. New staff induction training includes a communication skills workshop. 2. Training provided for staff on 'Dealing with Bad News' and 'Final Journeys', which looks at communication and end-of-life care, continues to be implemented. 3. Whiteboards for improving communication among staff are in place on each ward. 4. Boards articulating what matters to patients have been implemented across the hospital, helping staff to understand what matters to patients and how they can deliver care which is patient-centred. | 2019-2020 |
| DISCHARGE OR TRANSFER  | COMMUNICATION: Improving access and delivery of written information about going home from hospital for patients. Improve information: <ul style="list-style-type: none"> – about discharge plans, – how patient's can best manage their health when they leave hospital, – knowing about medications; and – who to contact if something goes wrong. | <ol style="list-style-type: none"> 1. Based on the findings of the survey and patient feedback about the importance of improving medication information for patients, a team has reviewed all relevant information. <ul style="list-style-type: none"> – Patients who commence on a new drug will continue to be given a written current information sheet printed from HPRA (Health Products Regulatory Authority) website. 2. Medication awareness programme called 'Know, Check, Ask' encourages patients to engage with their healthcare team about questions that they may have about their medications. 3. 'Patient Information booklet' for patients with relevant information during their admission and after discharge has been developed and implemented. 4. Patients are provided with clear information about the danger signs to watch out for after discharge and who to contact if something goes wrong. | 2019-2020 |
| PATIENT EXPERIENCE | DIGNITY & RESPECT AND PRIVACY: Continuing to build on patient feedback and improve patient experience. | <ol style="list-style-type: none"> 1. An 18 bed unit with 16 single rooms opened in November 2018 which has enhanced patient privacy and dignity and respect for patients in Nenagh Hospital. 2. National Patient Safety Complaints Advocacy Training programme will take place from January 2020. This programme will support staff to handle patient safety and advocacy related matters to the best of their ability. 3. The UL Hospitals Group Patient Council has recruited new members, drafted a new Terms of Reference and is working with staff to improve patient experience. 4. Support programmes for staff allowing them to discuss and share difficult and stressful situations in healthcare, has commenced. One of these programmes is called 'Schwartz Rounds'. Also include mindfulness and stress management programmes for staff. 5. A programme focusing on the values and culture of the organisation, called 'Values in Action' is ongoing. 6. We will continue to ask and listen to patient's about what is important to them, through gathering patient stories and 'What Matters to You' programme. 7. Ongoing awareness training around care at end-of-life, including communication and appropriate care is provided. 8. UL Hospitals Group Patient and Public Participation Strategy launched. 9. The CEO of UL Hospitals is fully committed to implementing and supporting this plan. | 2019-2020 |
| | ENVIRONMENTAL HYGIENE: Hospital cleanliness and hygiene. | <div>PRIORITY PROJECT</div> <ol style="list-style-type: none"> 1. We will continue to monitor the high levels of cleanliness experienced in our hospital by patients. What this means for patients: patients and their families can be assured of a clean hospital environment, and feel supported to let us know if the standards are not as high as expected. | 2019-2020 |

ADMISSION
TO HOSPITALPATIENT
EXPERIENCE:

Improve patient experience of dignity & respect and privacy.

PRIORITY PROJECT

2019-2020

1. We will continue to work together to improve patient's experience of Emergency Department (ED). This work will focus on staff training and support, initially in the Emergency Department, and then throughout the various departments and wards in the hospital. This work will be implemented by December 2020. What this means for patients is that we will endeavor to treat every patient with dignity and respect, by improving patient privacy and how we communicate with patients during their hospital stay.

2019-2020

2. New ward areas have been developed to reduce patient waiting times. These include the Medical Assessment Unit which is now open 24/7; the Surgical Assessment Unit which increased to 8 beds; a new Surgical Short Stay Unit with 12 beds was opened.

3. End-of-life care area has been developed and is in use for bereaved families in the Emergency Department.

3. The 'Values In Action' programme continues to be implemented and we will continue to promote these values.

4. A quality improvement initiative is underway to improve the care experience of patients with dementia in the Emergency Department, including a member of the Patient Council.

5. Focus groups are planned to explore further patient experience in ED and opportunities to improve this.

COMMUNICATION:

Improve communication between patients and staff.

2019-2020

1. Communication training programmes for staff, including customer service training continues to be implemented and is available to all staff.

2. Communication screens and leaflet areas are now in place throughout the Emergency Department.

3. Staff in the Emergency Department are participating in the National Healthcare Communication Programme Module 1.

PATIENT SUPPORT:

Continue to enhance better patient support in ED.

2019-2020

1. PALS (Patient Advocacy & Liaison Services) Manager and volunteers are working in the Emergency Department, playing an important role to improve patient experience.

2. There is ongoing recruitment of volunteers in ED with a focus on patient support and information.

3. Information leaflets explaining the processes for triage in ED are available for patients.

4. Comfort packs with hygiene products and sleep masks are available for patients who require them; pillows and blankets also all monitored to ensure every patient who wishes has them.

5. Admitted patients in ED are provided with a 'Patient Information Booklet' and explained to them.




WAITING TIMES:

Improve wait times for patients in ED and patient flow when admitted to hospital.

2019-2020

1. Several projects underway to help ensure patients are treated by the right staff in a timely way are underway. Pathways for patients to avoid the need for hospital admission have been developed and are being implemented- these include DVT pathway and rapid access to out-patient clinics.

2. The use of 'Red to Green' communication tools between staff is aiming to improve patient experience of care, tests and discharge planning.

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| CARE ON THE WARD  | NUTRITION: Continue to improve hospital food and nutrition for patients, especially for who missed meals because they were away from the ward for treatment or were recovering from surgery. | 1. Menus have been improved and are personally distributed by catering staff – offer 2 hot choices regardless of nutritional requirements - lunch and supper. | 2019-2020 |
| | | 2. Allergens and calories for each recipe are available to support informed meal choices. | |
| | | 3. Ten different menus are available for patients in each of the 26 wards. | |
| | | 4. A new executive chef has commenced workign in our hospital and we are currently improving our menus for patients based on their feedback. | |
| | | 5. Patients who miss a meal are provided with a replacement meal. This is in accordance with the 'Missed Meal' and 'Protected Mealtime' policies. | |
| | | 6. Menus have been reviewed and made available to patients to help them choose their meals options. | |
| | | 7. Meal times have been reviewed and the evening meal has been moved to later time in response to patient requests. | |
| | | 8. Extra food is served for late snack and drinks. | |
| | COMMUNICATION: Improve staff wearing name badges and introducing themselves. | 1. Name badges have been provided for all staff. | 2019-2020 |
| | | 2. All staff are encouraged to introduce themselves to patients – <i>'#Hello, my name is...'</i> and their job. | |
| | | 3. Patient Council members will support the ongoing audit and implementation of this. | |
| EXAMINATION DIAGNOSIS & TREATMENT  | COMMUNICATION: Promoting improved communication skills and effective ward round communication with healthcare professionals and patients. | 1. The new staff induction training includes a communication skills workshop. | 2019-2020 |
| | | 2. Training provided for staff on 'Dealing with Bad News' and 'Final Journeys', looks at communication and end-of-life care and continues to be implemented. | |
| | | 3. Whiteboards for improving communication among staff are on each ward. | |
| | | 4. Electronic screens in key circulation points are in place with key information for patients. | |
| | | 5. 'Red to Green' | |
| | | 6. WHO 'Know, Check, Ask' video playing on e-screens. Posters displayed in clinical rooms for staff and public areas for patients across the group. | |
| DISCHARGE OR TRANSFER  | COMMUNICATION: Improving access and delivery of written information about going home from hospital for patients. Improve information: <ul style="list-style-type: none"> – about discharge plans, – how patient's can best manage their health when they leave hospital, – knowing about medications; and – who to contact if something goes wrong. | 1. We are working on an improved plan for or discharge prescription, which is a section that lists changes to medication etc. which may be beneficial for patients. | EMBEDDED |
| | | 2. A 'Patient Information Booklet' for admitted patients with relevant information about their hospital visit and information on how to manage on discharge has been developed and implemented. | |
| | | 3. Patients continue to be given clear information about the danger signs to watch out for after discharge and who to contact if something goes wrong. | |
| | | 4. Community support programmes for patients to help them manage their health or chronic disease, are promoted. For example, the 'Cancer Survive and Thrive' programme. | |

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| DISCHARGE OR TRANSFER  | COMMUNICATION: Demonstrating to patients that we are listening, responding and improving. | PRIORITY PROJECT 1. We will demonstrate our improvement plans to our patients by having 'You Said, We Are Doing' posters throughout all public areas and wards by December 2019. What this means for patients is that the actions taken by staff in response to their feedback will be clearly communicated throughout the hospital. | 2019-2020 |
| | | PRIORITY PROJECT 2. We will continue and build on briefing sessions for all staff at clinical level to raise awareness of what our patients have said and how we are responding. What this means for patients is that staff will be actively involved in how the feedback results relate directly to their care experience, and so aim to improve this. | 2019-2020 |
| PATIENT EXPERIENCE | DIGNITY & RESPECT AND PRIVACY: Continuing to build on patient feedback and improve patient experience. | 1. Support programmes for staff allowing them to discuss and share difficult and stressful situations in healthcare are being implemented. One of these programmes is called 'Schwartz Rounds'. Mindfulness and stress management programmes for staff, are also underway, part of the 'Healthy Ireland' initiatives. | 2019-2020 |
| | | 2. Programme focusing on the values and culture of the organisation, called 'Values in Action' is well underway with champions throughout all departments and wards. Focused awareness programmes continue to be implemented. | |
| | | 3. We continue to ask and listen to patients about what is important to them, through gathering patient stories and 'What Matters to You' programme. The latter has been advanced further across additional wards and in the Intensive Care Unit. | |
| | | 4. Ongoing awareness training around care at end-of-life, including communication and appropriate care, are in place. Projects are well underway to create more dignified spaces for patients and families at end-of-life, such as a dedicated end-of-life care room for patients on one ward and a paediatric remembrance area on the hospital Church. | |
| | | 5. We continue to build on the role of the Patient Council and include the voice of the patient in all our work. | |
| | | 6. A Clinical Ethics committee has been launched with its focus on supporting clinicians, families and staff in ethically challenging cases. | |
| | | 7. The dignity and respect of patients to ensure they have trust and confidence is central to all our daily work and improvement efforts. | |
| | | 8. The CEO of UL Hospitals is fully committed to implementing and supporting this plan. | |

South/South West Hospital Group



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| 17. Bantry General Hospital | 22. South Infirmary Victoria University Hospital, Cork |
| 18. Cork University Hospital | 23. South Tipperary General Hospital |
| 19. Kilcreene Orthopaedic Hospital | 24. University Hospital Kerry |
| 20. Mallow General Hospital | 25. University Hospital Waterford |
| 21. Mercy University Hospital, Cork | |

On behalf of the South/South West Hospital Group (S/SWHG) I would like to sincerely thank all patients across our hospitals who participated in this year's National Patient Experience Survey. The survey provides us with an important opportunity to review our services from a patient perspective, therefore providing valuable insights into their experience of our care. I would also like to take this opportunity to once again acknowledge and commend the staff across our hospitals for their daily hard work with patients and for their ongoing dedication to continuously improving the services in our hospitals.

For the third successive year, over 85% of patients reported that they had a 'good' or 'very good' overall experience in the majority of our hospitals, compared with 84% nationally. In three of our hospitals 93%, 98% and 100% of patients rated their overall experience as 'good' or 'very good'. I commend the work by managers and staff to achieve these positive ratings. It is important at the same time to note there is always room for improvement, which I acknowledge. Consequently, we have identified common areas for improvement across our hospitals, which we intend to target through collaborative projects and the effective sharing of systems and processes.




As in previous years, the Group continues to work with key hospital personnel in the further development of improvement programmes based on the feedback from the National Patient Experience Survey. I am delighted that the survey analysis has shown that the S/SWHG has achieved statistically significant improvements across the hospital group in the key areas of care on the ward and in discharge or transfer from hospital. These areas were identified for focused attention in the previous National Patient Experience Surveys and it is heartening to note the a year-on-year improvement.


The S/SWHG recognises the opportunity that the survey offers us to strengthen our position in improving the experience of our patients through collaboration between our individual hospitals, and collectively across the hospitals, their patients, carers and the public. We will continue to develop these relationships, working together to improve our care and the experience of our patients. One of our strategic goals remains to develop, support and progress a patient & public participation model for S/SWHG to guide and inform our quality improvement agenda.

As CEO of S/SWHG I remain fully committed to improving our patients' experiences of care and services. I wish to once again thank all staff and managers who championed the survey, encouraged patients to participate, reviewed the survey findings and developed the hospitals improvement plans. I would like to especially thank you, the patients, who provided your input to the survey. Your contribution continues to be invaluable and will be used to bring about improvements to our health service.

Mr. Gerry O'Dwyer
Chief Executive Officer, South/South West Hospital Group
25th November 2019



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| ADMISSION TO HOSPITAL  | PATIENT EXPERIENCE: Improve patient experience of medical assessment unit in Bantry General Hospital. | 1. Continuous Improvement is a priority of the Medical Assessment Unit, all members of the MAU team are working together on quality improvements designed to improve the patient experience of MAU. Feedback from the national Patient Experience Survey will help inform quality improvement measures for the MAU such as the importance of communication and privacy. | 2019-2020 ONGOING |
| | | 2. BGH is monitoring the key performance indicators for MAU to ensure that the National Targets set for MAU services are not exceeded. | |
| | | 3. A heightened <i>Winter Flu Vaccine</i> awareness campaign was implemented in 2018. A dedicated peer vaccination team is actively promoting a high uptake of the vaccination for 2019. | |
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| CARE ON THE WARD  | NUTRITION: Improve hospital food and nutrition. | 1. Mealtimes are protected in BGH to ensure that all patients receive adequate time to receive nutritious meals. This will contribute to their overall wellbeing and recovery. | ONGOING |
| | | 2. Patients admitted to BGH are assessed for risk of malnutrition within 24-hours. The MST screening tool was put in place in 2016 and practices are regularly audited to ensure compliance. | |
| | | 3. Along with the National Patient Experience Survey, BGH carries out an annual Patient Satisfaction Survey of food services. The results from both inform our quality improvement of the area. | |
| | | 4. In 2019 Oral Health assessment tool will be introduced to improve the overall nutritional health of our patients. | |
| EXAMINATION DIAGNOSIS & TREATMENT  | COMMUNICATION: Increasing awareness in relation to support available to patients who want to speak to someone about their worries and concerns. | PRIORITY PROJECT 1. Promotional campaign in relation to the role of all staff, availability of key staff (all clinical staff) who can engage with patients who feel they have no one to speak to about their worries or fears. Promotion of the National Advocacy service when launched on the 31st October 2019, promotional material and information available for staff and patients. | 2019-2020 |
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| | COMMUNICATION: Improve health information for patients. | PRIORITY PROJECT 1. Patient information leaflets developed which includes advice for patients post discharge and focuses on medication. | 2019-2020 |
| | | 2. Clinical handover (ISBAR) for nursing handover has commenced with the Clinical Development Coordinator reviewing the communication process. | 2019-2020 |
| | | 3. Share and promoting best practice guidance and building awareness amongst staff in relation to effective handover communication, including communication to patients before and after procedures. | 2019-2020 |
| | | 4. Open Disclosure Training rolled out and available for all staff. | 2019-2020 |
| | | 5. 'Falls' awareness group will continue to provide training and information to all staff on falls risk strategies. | 2019-2020 |
| | | PRIORITY PROJECT 6. Roll out of '#Hello, my name is...' campaign in 2020. This is designed to improve communications between Healthcare professionals and patients. | 2019-2020 |
| | COMMUNICATION: Training for healthcare teams to improve their communication skills and effective ward round communication. | 1. A training programme and guidance for staff on improving communications is being planned in 2019. | 1-2 YEARS |
| | | 2. The training programme on Open Disclosure is currently being implemented. | |

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| DISCHARGE OR TRANSFER  | COMMUNICATION: Provide more information to patients at discharge. | 1. The Careful Nursing Project is fully implemented in BGH, this involves a person centered care plan approach to all aspects of a patients admission and discharge. Discharge information section was amended in 2018 to reflect the feedback from the National Patient experience Survey, and improve the overall discharge process. | EMBEDDED |
| | COMMUNICATION: Letting patients know who to contact if something goes wrong. | 1. Patient discharge information leaflet developed with a focus on medication information and will include contact details if something goes wrong. | 6-12 MONTHS |
| | | 2. Bantry general hospital is committed to improving the patient experience and will work diligently with all staff to improve communication with patients at all phases of the patient journey. | ONGOING |
| | COMMUNICATION: Providing information on medication side effects. | 1. The hospital pharmacist provides information to patients commenced on New Oral Anti-coagulant treatment at the information sessions for patients after they have been discharged from the Stroke and Cardiac rehabilitation Unit. 2. Promotion of the 'Know your Meds' information leaflet to advice patients and families regarding their medications on discharge. | 2019-2020 |
| | COMMUNICATION: Improving the overall discharge planning process. | 1. BGH will continue to work with patients and families to improve the discharge process from hospital. The hospitals Patient forum Committee are currently rolling out a revised patient feedback leaflets which are available in a number of patient waiting areas throughout the hospital. | 2019-2020 |

ADMISSION
TO HOSPITALPATIENT
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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| CARE ON THE WARD  | 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. | EMBEDDED |
| | NUTRITION: Improve hospital food and nutrition. | PRIORITY PROJECT This has always been a focus for the hospital and work in this area is ongoing and will be continually monitored with improvements made in line with national programmes of work: 1. Successful pilots of Ward Catering Assistants on selected wards were completed. It is hoped to introduce and extend this service across all wards over 2020 - 2021. | 2019-2020 |
| | | 2. Dedicated dietician support in food services has been appointed to assist with menu development and analysis of nutritional content. | 2019-2020 |
| | | 3. Patients, who are at risk of malnutrition, continue to be identified and are benefiting from the work on the analysis of nutritional content (see 2. above), providing them with the most appropriate diet that supports them to improve their health and wellbeing. | |
| | | 4. The new Food, Nutrition and Hydration Policy has been published. The toolkit (published in March 2019) has been used to work on 20 new menus that are currently under development, catering for each specific nutritional need for all patients while ensuring presentation and taste are not compromised. These menus will be piloted on selected wards over the coming months. | |
| | | 5. Meal Plans will continue to be used to meet the requirement for patients identified with specific needs. | |
| | | 6. A Nutrition and Hydration Steering Committee has been set up and 3 main work streams with related subgroups have been identified: – Menu Planning and Development with representatives from Catering, Dietetics and Speech & Language Therapy (SLT); – Implementation of the IDDSI with representatives from Catering, Dietetics and SLT; – Nutritional Screening and Identification of patients requiring specific menus with representatives from Nursing and Dietetics. | |
| | | This work is constantly being evaluated and monitored to ensure that we are making a difference for patients. Evaluation to determine if the above changes impact on protein and calorie intake by patients is planned once the changes have been rolled out. Work on the implementation of the Food, Nutrition and Hydration policy (HSE) will include communication with patients about food services, food provision, and nutritional care. Communication between wards and the catering department will also be reviewed and revised. | |
| EXAMINATION DIAGNOSIS & TREATMENT  | COMMUNICATION: Increase awareness in relation to support available to patients who want to speak to someone about their worries and concerns. | Continue promotional campaign, designed to increase awareness amongst patients, in relation to the role of all staff, availability of staff, with whom they can engage with, for patients who feel isolated or who have nobody to speak to about their worries and concerns. This commenced in 2018 and will continue in 2019-2020 with the establishment of a Pastoral Council to assist the Chaplaincy service. The Clinical Pastoral Education Programme runs for six months each year and provides additional capacity for pastoral care to attend to patient's concerns and worries as part of their overall care in the hospital. | 2019-2020 |





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| EXAMINATION DIAGNOSIS & TREATMENT  | COMMUNICATION: 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 |
| DISCHARGE OR TRANSFER  | COMMUNICATION: 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 |
| | COMMUNICATION: 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 |
| | COMMUNICATION: 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 |
| | COMMUNICATION: 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. | ONGOING |
| | | 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. | |
| PATIENT EXPERIENCE | DIGNITY & RESPECT AND PRIVACY: 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. | |




| PATIENT EXPERIENCE | DIGNITY & RESPECT AND PRIVACY: Improving and sustaining patient experience. | PRIORITY PROJECT | |
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| | | 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 |

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| CARE ON THE WARD  | NUTRITION: Improve hospital food and nutrition. | 1. Feedback from patients about hospital food and nutrition is continuously reviewed, In 2019 we continued to work on improving hospital nutrition and choice of food in the hospital for patients and developing further special diets. | ONGOING |
| | | 2. Protected Mealtimes are observed for patients in Kilcreene, to provide patients with the opportunity to have nutritious meals and to sustain their wellbeing whilst in hospital. | |
| | | 3. Additional choices of fruit are offered to patients at all meals including healthy evening snacks. | |
| EXAMINATION DIAGNOSIS & TREATMENT  | COMMUNICATION: Improve the availability of information. | PRIORITY PROJECT 1. A priority for improving communications with patients in Kilcreene this year is the importance of staff introductions. All staff will be encouraged to introduce themselves and say what their role is. Clinical Nurse Managers will play a leadership role in promoting this initiative. | ONGOING |
| | | PRIORITY PROJECT 2. We shared the results of the patient experience survey with all staff to raise their awareness of our patients' feedback. We requested service managers to review and improve access to health information for patients, staff have developed: <ol style="list-style-type: none"> Patient Information Booklets including a revised Patient Admission Booklet; and Information on going home after hospital and post-operative care. The purpose of this work is to improve how we communicate with patients and improve access to relevant health information for patients. To advance this work further in 2019/20 and in response to patients feedback we are providing patients with evidence based relevant information about their healthcare procedures, care plans and self-management support after discharge from hospital. | 2019-2020 |
| | | 3. Information and education for patients Pre-Operative Assessment Clinic is prioritised. Patients are encouraged to retain this information in a patient-held file, so that they can readily access relevant information in relation to their care and treatment and self-management care after they have been discharged from hospital. | |
| | | 4. We continue to provide education and support to patients with regard to their chronic orthopaedic condition during their inpatient stay. This is to empower patients and build their confidence in how to manage how they cope after surgery. | |
| | | 5. There are patient information displays in both the waiting areas and clinical areas. | |
| | | 6. The Joint School provides pre and post-operative education on an outpatient basis to prepare patients for their surgery, and support them after discharge. The purpose of this education is to build the capacity of patients to manage their health post-surgery and to aid their recovery. | |
| DISCHARGE OR TRANSFER  | COMMUNICATION: Provide more information to patients at discharge. | 1. Ninety percent of our patients said that they received sufficient information on discharge about how to manage their condition after discharge. Our healthcare staff are continuously working hard to prioritise and improve patient experience and ensure that patients receive sufficient and clear discharge information. | ONGOING |
| | | 2. Patients are followed up with, again at 6 months post-surgery through the Joint School service, to evaluate how they are coping post-surgery and how they are managing after they have had a joint replacement. | |
| | | PRIORITY PROJECT 3. We are improving education and information for patients in medication safety and reconciliation, our medical and nursing staff are attending information sessions and working together with Pharmacy to respond to patients needs and to improve the information that patients require on medication safety and side effects. | 2019-2020 |



WHAT PATIENTS
SAID TO USLISTENING RESPONDING
& IMPROVING

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| DISCHARGE OR TRANSFER | COMMUNICATION: Provide more information to patients at discharge. | 4. The Medication Safety Committee continues a program of work on promoting good practice regarding medication safety, medication reconciliation and developing patient information materials for patients. | ONGOING |
| PATIENT EXPERIENCE | DIGNITY & RESPECT AND PRIVACY: Improving and sustaining patient experience. | 1. The Admission Waiting Area has been relocated so that patient privacy is improved during the admission process. | 2019-2020 |
| | | 2. Ongoing training is provided for all staff to equip them to appropriately respond to feedback at the frontline. Training on Your Service Your Say policy is provided as part of Patient Safety Program. | ONGOING |
| | | 3. The new Independent Patient Advocacy Service will be promoted in Kilcreene Orthopaedic Hospital. | 2020 |

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| ADMISSION TO HOSPITAL  | CONTINUOUS IMPROVEMENT: Continuous improvement in the Medical Assessment Unit. | 1. Continuous improvement is a priority of the Medical Assessment Unit, in Mallow General Hospital, we continue to increase self-awareness among staff and to engage in an improved experience for the patients, families. | 2019-2020 |
| | | 2. Progress made in relation to our performance in the Medical Assessment Unit, is consistently monitored, with the aim of continuously improving patient experience and outcomes of care. | |
| CARE ON THE WARD  | NUTRITION: Improve hospital food and nutrition. | 1. Mallow General Hospital, is improving hospital nutrition and catering for patients and staff alike. Additional choice for patients was introduced. Further work in this area continues in 2020. | 2019-2020 |
| | | 2. All patients admitted to hospital are assessed for being at risk of malnutrition, they are provided with food which is of high calorific balance to prevent further deterioration. Additional snacks have been introduced. | |
| | | 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. | |
| | | 4. Patients who require assistance at meal-time are provided with additional support. | |
| EXAMINATION DIAGNOSIS & TREATMENT  | COMMUNICATION: Increase awareness for patients of the supports available if they wish to speak to someone about their worries and concerns. | PRIORITY PROJECT | 2019-2020 |
| | | 1. Information for patients about support services available to them during their hospital stay will continue as a priority in 2020. A campaign of awareness raising amongst patients about sharing concerns and speaking to staff about anything that they are worried about will continue to be promoted. | |
| | COMMUNICATION: Provide more accessible health information to patients. | 1. Recommended sources for accessing evidence based patient information promoted amongst patients, to improve health information available to patients for their entire healthcare journey, from admission to discharge. | ONGOING |
| | COMMUNICATION: Better communication skills and effective ward round communication from all healthcare 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, is available for staff and staff are actively encouraged to part-take in this training. | ONGOING |
| | | 2. Guidance on effective ward round communication is available to staff. Together with training on effective ward round communication. | ONGOING |
| DISCHARGE OR TRANSFER  | COMMUNICATION: Provide more information to patients at discharge. | 1. All patient information leaflets will be reviewed and the content about "going home", with particular focus on medication management. | ONGOING |
| | | PRIORITY PROJECT | |
| | | 2. Review of all patient information leaflets and review content "contact details" if something goes wrong. | |
| | | 3. Project currently being undertaken on improving Discharge Planning. | |
| PATIENT EXPERIENCE | DIGNITY & RESPECT AND PRIVACY: Improving and sustaining patient experience. | Hospital Management will continue to support and implement hospital-wide programmes which will enhance patient experience, such as: | ONGOING |
| | | 1. The support for the role and function of Consumer Services Dept. | |
| | | 2. Promote and value the roles of all staff through the '#Hello, my name is...' campaign. | |
| | | 3. Sharing the comments and feedback from patients and service users amongst all staff. | |

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| ADMISSION TO HOSPITAL  | WAITING TIMES: Reduce Emergency Department waiting times. | 1. As part of the Five Fundamentals national project, all members of the Emergency Department (ED) team are working together on quality improvement programmes designed to improve patient experience of ED and to improve the patient experience of waiting times in MUH. | ONGOING |
| | | 2. It is a key priority for the MUH ED team to work together to meet the national wait times target. | |
| | | 3. The Winter Flu Vaccine is actively promoted to maintain high uptake and to prevent excessive demands in ED over the Winter Period. | |
| | | 4. MUH is actively working with the Special Delivery Unit on the 5 Fundamentals of Unscheduled Care. | |
| | | 5. Rapid Assessment & Treatment (RAT) is now operational 8am-6pm Mon to Thurs and 8am-6pm on alternative Fridays. | |
| | | 6. Ongoing pilot of combined acute & community Frailty Intervention Therapy (FITT). | |
| | | 7. Patient Comfort packs are provided to patients who need them. | |
| CARE ON THE WARD  | NUTRITION: Improve hospital food and nutrition. | 1. Patients are assessed for their risk of malnutrition and provided with meals of a significantly higher calorific count to sustain a healthy weight and to improve their wellbeing. | 2019-2020 |
| | | 2. Patients who have difficulties in swallowing will be provided with an improved menu of nutritious blended food to sustain their health and wellbeing. | |
| | | 3. Mealtimes – Matter (Protected Meal times) is an objective to be implemented across the MUH site. | |
| | | 4. Ongoing work on therapeutic menu auditing and development, benchmarked and developed in line with the Food Nutrition and Hydration Policy 2018. | |
| EXAMINATION DIAGNOSIS & TREATMENT  | COMMUNICATION: Increasing awareness in relation to support available to patients who want to speak to someone about their worries and concerns. | 1. The Patient Liaison Officer, together with the Pastoral Care team and hospital volunteers are promoting awareness amongst patients that they are available to patients to speak to them, about any worries or concerns that they may have. Hospital staff are being trained in the new Patient Safety Advocacy Service. | 2019-2020 |
| | | 2. The roles of key members of staff (including all clinical staff) and advocates will be promoted to help patients understand that they are not alone and that they can always speak to someone. SAGE advocates are active in the MUH. | |
| | | 3. MUH developing diverse ways of engaging with patients and their families in a dynamic way recognising patients as partners in their own care. | |
| | COMMUNICATION: Improve health information for patients. | 1. Patient information leaflets are reviewed and made available for all patients, as well as new sources of information when available. | 2019-2020 |
| | | 2. Information leaflets on specific health conditions will be made available to patients together with information on the hospital (patient information booklet; MUH website). | |
| | | 3. Recommended sources for sharing clear and evidence-based patient/health information will be promoted amongst patients. | |
| | | 4. A team of staff are currently reviewing the importance of patient involvement in decision making about their care, and promoting the National Consent Policy in MUH. | |

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| EXAMINATION DIAGNOSIS & TREATMENT  | COMMUNICATION: Improve communication skills and effective ward round communication amongst healthcare teams. | PRIORITY PROJECT 1. Ongoing education and training on the use of whiteboards to improve team communication and patient flow across the hospital. | 2019-2020 |
| | | PRIORITY PROJECT 2. Improve the process of clinical handover between all members of clinical Teams. | |
| | | 3. The campaign aimed at improving staff introductions ‘#Hello, my name is...’ has been implemented, it is designed to improve communications between healthcare professionals and patients and it was developed by a patient to improve patient experience in hospital. | |
| | | 4. Training is provided for staff on ‘Dealing with Bad News’ and ‘Final Journeys’ which looks at communication and end-of-life care. | |
| | | 5. The national healthcare communication programme focuses on communication between patients and staff at all levels and in all settings in the organisation – clinical and non clinical interactions with patients and their families. | |
| DISCHARGE OR TRANSFER  | COMMUNICATION: Improve access and distribution of written patient information about going home from hospital. | 1. Information leaflets on specific health conditions will be made available to patients together with information on the hospital. | 2019-2020 |
| | | 2. Information on hospital website will be improved. | |
| | | 3. A checklist for staff on discharge is in place and communication and patient information is prioritised at discharge. | |
| | | 4. The MUH are hosting an inaugural ACT (Acute and Community Together) for Integrated Care Information Day in November 2019. | |
| | COMMUNICATION: Letting patients know who to contact if something goes wrong. | 1. Patients are informed as part of the discharge process about the danger signs to look out for and who to contact if something goes wrong. | 2019-2020 |
| | | PRIORITY PROJECT 2. MUH is participating in the development of a standardised multidisciplinary transfer document between acute and community care. | |
| | COMMUNICATION: Providing information on medication side effects. | 1. A programme designed to promote medication safety is in development in the hospital. A medication safety working group has been established. | 2019-2021 |
| | | 2. MUH to review current information given to patients on the side effects associated with high risk medications on discharge. | |
| | | 3. The Drugs and Therapeutics Committee at the hospital will use patient feedback to inform plans on improving information on medication for patients. | |



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| CARE ON THE WARD  | NUTRITION: Improve hospital food and nutrition. | 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. 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. 3. – Protected meal times in place. – Menu choice available for all meals. – Replacement meals are available for patients who have missed a meal. 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. | 3-5 YEARS+ |
| | COMMUNICATION: Improve Communications and the wearing of name badges amongst staff. | 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. | 2019-2020 |
| | | PRIORITY PROJECT | 2019-2020 |
| | | 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. | |
| | | 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. | 2019-2020 |
| | | 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. | 2019-2020 |
| EXAMINATION DIAGNOSIS & TREATMENT  | COMMUNICATION: Increasing awareness in relation to support available to patients who want to speak to someone about their worries and concerns. | 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. | 2019-2020 |
| | COMMUNICATION: Improve Communications between healthcare professionals and patients. | 1. Clinical Handover project commenced for medical personnel with NCHD lead reviewing communication between the team. | 2019-2020 |
| | | 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. | |
| | | 3. The hospital has commenced a project to develop Statements of Purpose across wards, and departments that appropriately describes the services for patients. | |
| | | 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. | |
| | | 5. Provide training for staff to improve their communication skills and effective ward round communication. | |
| | | 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. | |



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| EXAMINATION DIAGNOSIS & TREATMENT | COMMUNICATION: Improve the provision of health information for patients. | PRIORITY PROJECT 1. SIVUH is a test site for the National implementation of Criteria Led Discharge project; this involves a multidisciplinary approach to discharge. 2. Work in partnership with our acute hospital colleagues to source additional evidence based patient information. | 2019-2020 |
| DISCHARGE OR TRANSFER | COMMUNICATION: Improve Communication and information for patients when they are being discharged from hospital. | 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. 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. 3. We are improving the overall discharge planning process. 4. "Open Disclosure" training is in place to educate staff on being open and honest when something goes wrong. 5. Procedure Specific Pilot Information Project is underway. 6. Theatre Quality improvement Programme (TQIP) projects have commenced in relation to theatre utilisation, start times & recovery. 7. To deliver appropriate current evidence-based patient information leaflets to all surgical patients on discharge from SIVUH. 8. To establish standardised format, style and content for all surgical leaflets. | 2019-2020 |
| PATIENT EXPERIENCE | DIGNITY & RESPECT AND PRIVACY: Improving and sustaining patient experience. | 1. Improving patient experience will be included on the agenda for team meetings and discussion forums. 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. 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. 4. Patient Engagement Framework under development | EMBEDDED |
| | | PRIORITY PROJECT 5. Volunteer Programme to be initiated in SIVUH to support patients while in the hospital. | 2019-2020 |
| | | 6. Improve the signage throughout the organisation to make the hospital more accessible to all. | 2019-2020 |
| STAFF EXPERIENCE | WELLBEING: Improving and sustaining staff wellbeing, as it integral to a positive patient experience. | 1. Overall findings relating to patient interactions with staff and HR related feedback. Improving staff experience and wellbeing initiatives designed to support staff. 2. Employee Assistance Program (EAP). 3. In house education and initiatives related to mental health & wellbeing and resilience. 4. Wellbeing initiatives including mental health awareness week. 5. Inhouse theme days e.g. healthy eating. 6. Occupational Health Support for staff. | EMBEDDED |



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| STAFF EXPERIENCE | 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 |
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| | | 8. Increasing numbers of staff trained as Dignity at Work program | |
| | | 9. 'Flu vaccine Programme in place with incentives for staff to improve uptake | |
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| ADMISSION TO HOSPITAL  | PATIENT EXPERIENCE: Improve Patient experience in the Emergency Department | <ol style="list-style-type: none"> 1. South Tipperary General Hospital is fully committed to improving patient experience in Emergency Care. 40 Additional Patient Beds are currently being planned and work is currently under construction. It is expected that 20 beds will be open initially in January 2020. 2. There is a continuous focus on a daily basis to monitor, manage and reduce the number of patients on trolleys in the Emergency Department (ED), this work is in line with the HSE target times. 3. South Tipperary General Hospital are a pilot site in the ED Task Force which develops suitable long term solutions to ED overcrowding. The Plan sets out a range of time defined actions to optimise existing hospital and community capacity and improve patients experience of ED. STGH are currently recruiting staff to commence this process. 4. Additional Advanced Nurse Practitioners have been appointed to focus specifically on the care of older people in hospital. Improved processes are also in place to improve the efficiency and wait times for patients from ED, accessing scans and out-patients, with a very specific focus on improving care for frail patients. 5. Patients in ED will be offered full hot and cold meals plus snacks and sandwiches throughout the day/evening/night. 6. Comfort (Squirrel) packs are available for all ED patients on admission. All patients in ED and in the Overflow area receive water dispensers throughout the day to ensure their comfort. 7. An Assistant Director of Nursing has been appointed to manage and improve Patient Flow throughout the hospital. 8. Designated Ultrasound slots available each morning for ED – early assessment and to improve patients experience in the hospital. 9. Team meetings take place three times every day by all members of staff across the hospital. PRIORITY PROJECT 10. The introduction of a project called the “5 fundamentals” is a priority in this hospital during 2020. Weekly meetings are held with a multidisciplinary team with representatives from the acute and community services to discuss delayed discharges of patients from hospital and how best to manage them. This approach is designed to will empower staff to improve patient flow using a planned approach. | 2019-2020 |
| CARE ON THE WARD  | NUTRITION: Improve hospital food and nutrition. | <ol style="list-style-type: none"> 1. Patients who require assistance at meal-time are offered red trays and appropriate assistance is provided. 2. Patient name panel available at bed side to display specified dietary needs for patients. STGH are currently adapting to the International Dysphagia Diet Standardisation (IDDSI). This process will commence November 2019. 3. N&H Group continue to focus on improvements at ward level. 4. All patients admitted to hospital are assessed for risk of malnutrition and a plan is put in place for patients at risk. 5. “Meal Times Matter” in STGH identify the importance of the availability of food for patients outside standard mealtimes. This is being facilitated with the help of additional Health Care Attendants throughout the hospital. 6. Menus displayed in A3 size outside all ward kitchens, this is to improve communication to patients about their menu options available to them. 7. STGH have reviewed the menu selection and improvement have been made in line with what patients have said in their feedback. Menu cards available on each ward, multicultural requirements are catered for. 8. Snacks and sandwiches available for patients on all wards. Sandwiches now also being offered to patients at 8pm. | 2019-2020 |



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| CARE ON THE WARD  | NUTRITION: Improve hospital food and nutrition. | 9. Their multidisciplinary presentation "All hands on deck" won staff in the hospital a Quality Day Award in 2019. | EMBEDDED |
| | | 10. Training for HCA's and Support Services staff is ongoing. | |
| | | 11. Ward kitchens have been refurbished. | |
| | | 12. Refurbishment of Medical 1 (28 bed Unit) has been completed. | |
| EXAMINATION DIAGNOSIS & TREATMENT  | COMMUNICATION: | 1. The "Safer To Ask" series of patient leaflets will be promoted in 2019 /2020 as a way of empowering patients to be more involved in the decision making about their care and treatment process. | 2019-2020 |
| | | PRIORITY PROJECT | |
| | | 2. Patients will be provided with clear information about complications to watch for post discharge and who to contact for information. | |
| | | PRIORITY PROJECT | |
| | | 3. Currently STGH is putting in place guidelines for improving team communications across the hospital. | |
| | | 4. 180 staff have been trained in the Open Disclosure. | EMBEDDED |
| | | 5. All nursing staff are allocated to caring for specific patients. The Chief Nurse Manager on each ward meets with each patient. | |
| | | 6. Patient Representative Service User Group is in place. Patient Representatives attended STGH Quality Day May 2019. Ongoing meetings continue with Patient Representative Service User Group. Patient Representatives are part of the Integrated Care Older Person Implementation Group. | |
| | | 7. The winning presentation for the Quality Day 2019 was a patient presenting "My Story". | |
| | | 8. STGH encouraging nurses to complete the Nurse prescribing Process currently STGH has 16 Nurse Prescribers in situ and 1 Nurse Prescriber awaiting registration. | |
| | | 9. An initiative of Health Promotion, Advice and Information bill boards were erected throughout STGH, OPD, ED, Paediatrics and Dietetics, Q4 2019. | 2019-2020 |
| | | 10. Support from Hospital Pastoral Care Ministry and Support Team. | |
| | | 11. Whiteboards for ward communication have been revised and updated with Clinical Nurse Manager and Bed Manager. | 2019-2020 |
| | | 12. '#Hello, my name is...' a programme designed to encourage staff to always introduce themselves to patients was introduced in 2018 and is continued to be implemented and promoted. | |
| | | 13. Staff in this hospital are currently undergoing training as facilitators for the National Healthcare Communication programme. | |
| | | 14. Ongoing Series of Education Programmes focusing on communication and information to increase staff awareness around patient communication needs including topics such as bereavement, end of life care, breaking bad news, is available for staff. | |
| | | 15. Ongoing findings relating to patients interacting with staff identify that improving staff experience and wellbeing initiatives designed to support staff is integral to a positive patient experience. This hospital has set up a Happy Healthy Hospital Group June 2019 launched "Wellbeing Wednesdays" for staff had the opportunity to experience Health and Wellness Coaching, Modern Stress Management, Kinesiology, Meditation, Acupuncture, Reflexology, Yoga, Havening Techniques and Hypnotherapy. | |




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| EXAMINATION DIAGNOSIS & TREATMENT  | COMMUNICATION : | 16. STGH hosted a Staff Health and Wellbeing Day on the 09th October 2019 where staff could access measurements of Weight, BP, BMI, Body Fat %, Blood Sugar level and obtain information on Smoking Cessation, Dietary Advice, Health Promotion, Breast Check, Men's Health, Health and Safety advice and Superannuation. Also available on this day was access to Flu Vaccine and Educational Sessions relating to Mindfulness, Coaching and Stress management. | 2019-2020 |
| | | 17. In addition to this the Happy Healthy Hospital Group in conjunction with the Friends of STGH have organised a staff, family service users and families engagement process with the local community and Tipperary GAA. A walk up Slievenamon is scheduled on the 19th of October 2019. | |
| | | 18. E-bulletins, newsletters distributed quarterly in STGH. | |
| | | 19. Q-Pulse currently being rolled out throughout STGH. | |
| | | 20. Hospital signage review is planned for 2020, the purpose of this work is to improve signage and access to the hospital for both patients and the public. | |
| | | 21. 180 staff have been trained in the Open Disclosure. | |
| DISCHARGE OR TRANSFER  | COMMUNICATION: Provide more information to patients at discharge. | 1. Discharge summary template is completed in real time to ensure the patient and GP receive a copy on discharge for all medical patients | ONGOING |
| | | 2. Medication reconciliation supported in the Discharge Lounge. | |
| | | 3. Discharge plans commences as part of the initial admission process. | |
| | | 4. Discharge Lounge available Monday – Friday with designated staff to check and enhance information provided on discharge to all patients. A Discharge Planner offers information and assistance and families on Long Term Care Options. Discharge Planner is available from Monday to Friday to assist patients and families with discharge arrangements. | |
| | | 5. Weekly meetings with Bed Management, Discharge Planning and Public Health in relation to long term care for patients and complex discharges takes place. | |

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| ADMISSION TO HOSPITAL  | PATIENT EXPERIENCE: Quality Improvement Initiatives designed to improve patient experience of ED. | PRIORITY PROJECT 1. We will continue to work on initiatives, the aim is to improve Emergency Department (ED) waiting times by ensuring patients are being streamed to the most appropriate area for care and treatment in a timely manner. | 2019-2020 |
| | | 2. As part of the Five Fundamentals National Project, all members of the ED team are working together on quality improvement programmes designed to improve patient experience of ED and to improve the patient experience of waiting times in UHK. | 2019-2020 |
| | PATIENT EXPERIENCE: Improving patient experience on admissions. | 1. A special focus on improving care for frail elderly patients has been developed in UHK. All acute and community services are working together to improve the experience of frail elderly. The aim is to ensure that frail elderly people receive optimal care in both community and hospital services. | 2019-2020 |
| | | PRIORITY PROJECT 2. Breakfast, lunch and evening tea is currently served to patients in ED who are going to be admitted to hospital. a. Healthy vending units with a supply of snacks/minerals/water and tea/coffee is now available in ED. | ONGOING |
| CARE ON THE WARD  | NUTRITION: Improve hospital food and nutrition. | 1. A review of the HSE's Policy on Hospital Nutrition and Hydration has been conducted by University Hospital Kerry and this work will lead to improvements for patients in relation to hospital food and nutrition. a. One of the priorities includes the provision of an improved diet for patients who have difficulties in swallowing. This work will improve their nutritional care and wellbeing in hospital. This is called the Dysphagia Diet Standardisation Initiative (DDSI), work commenced in November 2019. | Q1 2020 |
| | | 2. Patients needing assistance at mealtime - identified and noted by the use of a peach tray for each meal service. | 2019-2020 |
| | DEMENTIA: | 1. Dedicated nurses for Dementia Care, the frail elderly and ortho-geriatrics have been appointed (ANPs). | 2019-2020 |
| | | 2. The first Memory Support Clinic to support patients diagnosis with dementia commenced in January 2019. | 2019-2020 |
| | | 3. Virtual Phone Clinics commenced in July 2019 for patients and families who have difficulty attending for follow up Memory Support appointments. | 2019-2020 |
| | | 4. Improvements to facilities and patients rooms were put in place in September 2019 along with the introduction of an activity box and use of reminiscence therapy for patient wellbeing. | Q4 2019 |
| | | 5. Hospital and community teams are working together in an integrated way to improve care-pathways for patients with dementia. | EMBEDDED |
| | | 6. A 15 bedded unit for palliative care for patients has recently opened, this will improve the capacity in the hospital for patients and improve patient flow and patient care. | EMBEDDED |
| EXAMINATION DIAGNOSIS & TREATMENT  | COMMUNICATION: Increasing awareness in relation to support available to patients who want to speak to someone about their worries and concerns. | 1. A promotional campaign in relation to the role of all staff, and their availability to engage with patients who feel isolated or who have nobody to speak to about their worries and concerns, will be implemented - work in progress with chaplaincy and volunteer group. | 2019-2020 |
| | | PRIORITY PROJECT 2. The National Healthcare Communication Programme will be introduced for staff in University Hospital Kerry. | 2019-2020 |
| | COMMUNICATION: Improving the provision of health information. | 1. A programme designed to provide more accessible health information for patients is being developed. | 2019-2020 |

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| DISCHARGE OR TRANSFER  | COMMUNICATION: Improve the provision of health information on discharge. | 1. We are improving access and distribution of written patient information about going home from hospital. We are letting patients know who to contact if something goes wrong and information on medication side effects. | 2019-2020 |
| | | 2. An antibiotic leaflet has been prepared and is given to patients on discharge. | EMBEDDED |
| | | 3. 'Know, Check, Ask' for your safety medication campaign has commenced in UHK. This work supports patients to: Keeping track of their medicines and to improve communicates between healthcare professionals and patients about the medications that they are taking about and about the details to remember. | 2019-2020 |
| PATIENT EXPERIENCE | DIGNITY & RESPECT AND PRIVACY: Improving and sustaining patient experience. | 1. Caring for patients and caring for staff in equal measure; when staff are looked after effectively, their ability to care for their patients in a caring and compassionate manner is enhanced, the following programmes of work designed to improve both patient and staff experience are in progress: – Healthy Ireland Programme – Caring Behaviours Assurance System | ONGOING |
| STAFF EXPERIENCE | VALUES: Promoting organisational values. | 1. Together with the Quality Improvement Division, University Hospital Kerry commenced a programme seeking to value staff voices through Staff Listening Sessions and encourage creative problem solving through a quality improvement and Front Line Ownership, this work has positively impacted on both patient and staff experience. | ONGOING |

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| ADMISSION TO HOSPITAL  | WAITING TIMES: Reduce Emergency Department waiting times. | 1. Additional capacity for inpatients via the Dunmore Wing will positively impact on 'overcrowding' in the Emergency Department (ED). The new build will open on a phased basis commencing in Q4 2019. | Q4 2019-2020 |
| | | 2. The new Dunmore Wing will greatly increase single ensuite/isolation rooms for patients, this too will impact positively on wait times in the ED for patients who require isolation. | NEW |
| | | 3. There is ongoing focus on a daily basis to monitor, manage and minimise the numbers of patients waiting on trolleys in the Emergency Department. | NEW |
| | | 4. The Rapid Access and Minor Injuries services in the Emergency Department ensures swift turnaround for non-admitted patients in the Emergency Department. | NEW |
| | | PRIORITY PROJECT | |
| | | 5. UHW is utilising winter funding to enhance the patient experience in the Emergency Department. Additional therapy staff, Volunteers, Snacks and Beverages and a dedicated staff member for patients aged 75 years and older are some of the measures in place for Winter 2019 to improve the patient experience.. | NEW Q4 2019 |
| | | 6. A Medical Social Worker has commenced in the ED in UHW and works as part of a multidisciplinary team to provide early intervention and follow up. | 2020 |
| | | 7. Additional NCHDs are on duty out-of-hours and at weekends in UHW to support timely admissions and discharges, this will positively impact on the patient experience. | 2019-2020 |
| | | 8. A new Ortho Geriatrician has commenced in UHW, this service meets the needs of elderly people admitted with a fracture. | 2019-2020 |
| | | 9. A number of initiatives are ongoing to increase capacity in Diagnostics and improve patient access to Diagnostics, this impacts positively on wait times in the Emergency Department. | ONGOING |
| | | 10. The Patient Flow Steering Group continues to work on the identification and implementation of initiatives to monitor, measure and improve patient flow and the patient experience. | ONGOING |
| | | 11. UHW is undertaking an enhanced Flu Vaccination Programme in 2019, higher uptake is evident and this will ensure that staff are vaccinated and patients protected in the Emergency Department. | NEW |
| CARE ON THE WARD  | NUTRITION: Improve hospital food and nutrition. | 1. This is a significant area of focus for UHW with significant work undertaken and underway to improve the nutritional intake of patients including the provision of a choice of snacks to patients outside of mealtimes and further development of 'special diets'. | ONGOING |
| | | 2. Education is ongoing to improve repeat screening of nutritional status in patients who remain in the hospital longer than 1- 2 weeks. | ONGOING |
| | | 3. The meal service to ED has been improved – hot and cold meals are delivered locally and served more quickly with more choices available. | EMBEDDED |
| | | 4. A Nutrition and Hydration Steering Committee is in place and a Quality Improvement Plan has been developed. | NEW |

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| CARE ON THE WARD  | COMMUNICATION: To support patients to talk about their worries and concerns. | 1. The survey results have been presented and discussed at leadership for a in the hospital to heighten awareness and ensure strong leadership and oversight of University Hospital Waterford's commitment to improving the patient experience. | NEW |
| | | 2. Ongoing training and education supports staff in the areas of quality, risk and patient safety so that staff have awareness and that they are equipped to respond to patients' needs. | ONGOING |
| | | 3. Each room in the new South East Palliative Care Unit (bottom two floors in the Dunmore Wing) I have a "pull down bed" in each single room so that family members can be accommodated overnight. | EMBEDDED |
| | | 4. UHW has a long established Patient Partnership Forum, which continues to work on a number of initiatives to improve the patient experience. | ONGOING |
| EXAMINATION DIAGNOSIS & TREATMENT  | COMMUNICATION: Improving information for patients. | 1. 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. | EMBEDDED |
| | | 2. UHW continues to roll out the National Healthcare Communication Programme, local facilitators have been trained and these trained personnel will enable briefings and workshops for all staff to improve communication and information sharing to patients in UHW. | NEW |
| DISCHARGE OR TRANSFER  | COMMUNICATION: Improving patient information about going home from hospital. | 1. The Discharge Pack, which contains lots of information for patients to support their discharge and their recovery at home will available on all wards in 2020. | NEW |
| | | 2. UHW continues to support patients with chronic diseases to access education/information and support from community-based voluntary support groups e.g. COPD, Diabetes, Chest Pain. UHW has received funding for a number of Sláintecare Initiatives which will further enhance care and treatment for patients on discharge and in the community. | NEW |
| | | 3. UHW continues to promote healthy lifestyle and behaviours through our Patient Information displays in the Outpatient Department as well as in a number of inpatient areas. | EMBEDDED |
| | | 4. Cancer patients can also avail of high quality informational material via the Daffodil Centre in Main Foyer. | NEW |
| | | 5. UHW continues to grow the numbers of Clinical Nurse Specialists and Advanced Nurse Practitioners to support patients on discharge in terms of self-care and self-management post discharge. | NEW |
| | COMMUNICATION: Providing information on medication side effects. | 1. The Medication Safety Committee continues a program of work on promoting good practice regarding medication safety and developing patient information materials. | ONGOING |
| | | 2. 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). | ONGOING |
| | | 3. 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. | ONGOING |
| | | 4. 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. | ONGOING |
| | | 5. 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, falls prevention booklet etc. | ONGOING |

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| STAFF EXPERIENCE | WELLBEING: Improving staff wellbeing. | 1. UHW is undertaking an enhanced Flu Vaccination Programme in 2019, higher uptake is evident in Q4 2019. | NEW Q4 2019 |
| | | 2. The General Manager provides 'cakes' to 2 departments every Friday in recognition of their commitment to providing a quality service. | NEW |
| | | 3. The Physiotherapy Department ran a very successful Sli Na Sláinte Initiative in 2019 which was supported by Hospital Management and the South South West Hospital Group. | NEW |
| | | 4. Yoga, Pilates and various other staff health initiatives are offered on site. | EMBEDDED |
| | | 5. A Staff Bake-Off was held at Easter and it is intended to run a Christmas Bake-Off, both measures to support staff morale and wellbeing. | NEW |
| | | 6. A Staff Bereavement Support Service is being held in November 2019. | NEW Q4 2019 |
| | | 7. UHW has established a Staff Health and Wellbeing Committee, an initial output will be the Staff Wellness Day is planned for 2020. | NEW |
| | VALUES: Promoting organisational values. | PRIORITY PROJECT | NEW |
| | | 1. UHW is committed to improving the patient experience, to ensuring that all patients are treated with dignity and respect, to ensuring that patients are communicated with and are appropriately consulted about their care and treatment. To this end UHW will undertake a significant training and education programme in 2020 to heighten awareness amongst staff and support them in engaging with patients to build trust and confidence in the services we provide. | |
| | | PRIORITY PROJECT | NEW Q4 2019-2020 |
| | | 2. The General Manager is facilitating 'Town Hall' Sessions in December 2019 to share updates with staff and seek their support, input, and engagement moving forward to improve the services we provide, improve the engagement with patients and their families and promote all the good work that is undertaken in UHW every single day. | |
| | | 3. UHW will commence <i>Schwartz Rounds</i> in 2020. | 2020 |

Ireland East Hospital Group

Grúpa Ospidéal
Oirthear na hÉireann



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| 26. National Orthopaedic Hospital, Dublin | 31. St. Columcille's Hospital, Loughlinstown, Dublin |
| 27. Mater Misericordiae University Hospital, Dublin | 32. St. Luke's General Hospital, Kilkenny |
| 28. Midlands Regional Hospital, Mullingar | 33. St. Michael's Hospital, Dun Laoghaire |
| 29. Our Lady's Hospital, Navan | 34. St. Vincent's University Hospital, Dublin |
| 30. Royal Victoria Eye and Ear Hospital, Dublin | 35. Wexford General Hospital |

Informed by patient's experiences in our hospitals, staff and management have continued to respond by their commitment and unwavering focus to improve and provide better, safer patient-centred care, to the 1.1 million people we serve within the Ireland East Hospital Group. As a Group, together with our academic partner University College Dublin, we strive to be the national leader in healthcare delivery, improving the quality of healthcare and patient outcomes through education, training, research and innovation.

Succeeding in operational excellence and creating a seamless integration model, means putting patients at the centre of everything we do and developing and strengthening governance of the system to ensure staff are supported and engaged to solve problems and deliver the best possible care.

As CEO, I am committed to improving patient experiences of care and services and recognise how important it is to listen and respond to our patients' feedback. We recognise that patient experience surveys provide a snapshot of patient view of the care they receive, and take every opportunity during our improvement events and initiatives to ensure that patient engagement is core to the process and what we do by hearing the 'Voice' of the patient and understanding what matters to them. I am delighted that our hospitals have achieved good results, and overall the Group has achieved the best overall results for 2019. This indicates that hospitals have developed processes and systems to agilely respond to patient needs and improve the overall experience of care within IEHG, which must maintain and improve upon.

IEHG quality improvement work continues at pace across multiple sites, embedding better quality, patient centred care across the services. It has been wonderful to witness the significant work being carried out by staff and management on service improvement and quality initiatives to achieve better, safer, quality improvement processes in how they deliver care and services to patients.

Our transformation improvement journey enables everyone across the organisation to understand the daily challenges of frontline staff and work on the right problems and to connect strategies, objectives and performance to the actions of individual staff, teams and units, to improve our patients' journeys.

I would like to express my thanks and gratitude to the patients who provided their input to the survey. You have contributed to an invaluable body of work which is a key component in developing strategies for quality improvement of patient care across the service. I also wish to pay tribute to the commitment and hard work of all the staff across the group in delivering positive patient experiences, championing this survey, and we look forward to progressing the identified improvements over the coming months.

Ms Mary Day
Group Chief Executive, Ireland East Hospital Group
25th November 2019



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| ADMISSION TO HOSPITAL | PATIENT EXPERIENCE: Improve patient experience of ED. | PRIORITY PROJECT 1. We are currently reviewing the hospital admissions process; this will provide the patient with a seamless journey into and through the hospital. | 2019-2020 |
| CARE ON THE WARD | NUTRITION: Improve hospital food and nutrition. | 1. Over the next year, we will continue to strengthen the improvements we have achieved with patients' nutrition and hospital food as a result of implementing initiatives e.g. Protected Mealtimes, Replacement Meals and the Red Tray to identify patients requiring assistance at mealtimes. | ONGOING |
| | | PRIORITY PROJECT 2. We will undertake an audit assessment of the Hospital's Compliance with the Nutrition and Hydration guidelines using new toolkit and guidelines. This will identify if further actions are required. | Q1 2020 |
| | | 3. One of the initiatives that is being undertaken is to improve the diet for patients who have difficulties in swallowing. This work will improve their nutritional care and well being in hospital, this is called the International Dysphagia Diet Standardisation Initiative (IDDSI). | EMBEDDED |
| | | 4. We have also introduced a patient nutrition screening assessment for orthopaedic patients. This will improve the identification of 'at risk' patients who may require additional nutritional support. | EMBEDDED |
| | COMMUNICATION: Improve patient health information provided to patients throughout their journey including at discharge. | 1. We will introduce the National Patient Communication Programme 'Making Connections' for our staff. This programme is designed to improve communication skills between staff and patients and improve overall patient experience. | Q4 2020 |
| | | 2. We have developed a policy to assist staff in responding to suicide or suicide ideation. | Q4 2019 |
| | | 3. We are providing SafeTALK training for staff to improve communication between patients and staff. | EMBEDDED |
| | | 4. Open Disclosure Training for staff continues to ensure open and transparent communication between staff and patients. | EMBEDDED |
| EXAMINATION DIAGNOSIS & TREATMENT | COMMUNICATION: Improve access and information for patients when discussing their care and treatment with staff. | 1. We are committed to reducing the risk of infection to our patients with the introduction of Automated Hand Gel Sprayers at high risk doors within the hospital. | EMBEDDED |
| | | 2. We have developed a blood clot assessment for patients called 'Venous Thrombosis Emboli (VTE). This is currently been introduced to improve the early identification of patients 'at risk' of developing a blood clot. | Q4 2019 |
| | | 3. We have also implemented the National Orthopaedic Register (INOR). | EMBEDDED |
| DISCHARGE OR TRANSFER | COMMUNICATION: Improving the access and distribution of written patient information about going home. | PRIORITY PROJECT 1. We continue to promote initiatives to improving the patient experience of discharge, the following initiative is being introduced: – Post Acute Care (called 'PAC') education session for patients prior to their surgery. This patient education session includes information to patients about their procedure/surgery, after care, medication side effects information leaflet. The aim is to provide the patient with information and education to ensure a better experience of discharge from hospital. | EMBEDDED |
| | | 2. We are currently developing a new Wound Management Discharge leaflet, which will also educate patients on managing a wound when they go home. | Q4 2019 |





WHAT PATIENTS
SAID TO USLISTENING RESPONDING
& IMPROVING

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| PATIENT EXPERIENCE | CONTINUOUS IMPROVEMENT: | 1. The hospital is working to develop an onsite Shop for Service Users. | Q2 2020 |
| | COMMUNICATION: | 1. We are working on the redevelopment of the hospital website to make it more user friendly for patients, families and carers. | Q1 2020 |
| | | 2. Information on data protection will now be available on the hospital website for patients and families. | Q4 2019 |
| | DIGNITY & RESPECT AND PRIVACY: Improving and sustaining patient experience. | PRIORITY PROJECT | Q2 2020 |
| | | 1. A special focus on improving patient privacy and dignity and respect for patients and families, with the planned development of: <ul style="list-style-type: none"> – family room for patients of the ARU – redevelopment of high dependency unit. | 2021 |
| | | PRIORITY PROJECT | Q1 2020 |
| STAFF EXPERIENCE | WELLBEING: Improving staff wellbeing. | 1. Annual promotion and provision of the flu vaccine to all staff. | EMBEDDED |
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WHAT PATIENTS
SAID TO US


LISTENING RESPONDING
& IMPROVING

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SCALE

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| ADMISSION TO HOSPITAL  | PATIENT EXPERIENCE: Improve patient experience of ED. | 1. We will continue to work together on initiatives, the aim is to improve Emergency Department waiting times by ensuring patients are being moved to the most appropriate area for care and treatment in a timely manner. | EMBEDDED |
| | | PRIORITY PROJECT 2. A special focus on improving care for frail elderly patients is been developed in MMUH. All hospital and community services are working together to improve the experience of frail elderly. The aim is to ensure that frail elderly people receive optimal care in both community and hospital services. | 2020 |
| CARE ON THE WARD  | NUTRITION: Improve hospital food and nutrition. | 1. A review of the HSE's Policy on Hospital Nutrition and Hydration has been conducted by the Mater Hospital and this work will lead to improvements for patients in relation to hospital food and nutrition. a. One of the priorities includes the provision of an improved diet for patients who have difficulties in swallowing. This work will improve their nutritional care and wellbeing in hospital. This is called the Dysphagia Diet Standardisation Initiative (IDDSI), work commenced in November 2019. | Q1 2020 |
| | PATIENT EXPERIENCE: | 1. A refurbishment programme of the wards has led to improved hygiene and cleanliness standards throughout the hospital, this work will continue to the end of 2020. | Q4 2020 |
| EXAMINATION DIAGNOSIS & TREATMENT  | COMMUNICATION: Improve access and information for patients when discussing their care and treatment with staff. | 1. Patient information leaflets are been developed to improve the provision of health information for patients. This will help patients to have information they need about their condition, care and treatment. | EMBEDDED |
| | | PRIORITY PROJECT 2. We are promoting a medication safety campaign called 'Know, Check, Ask' to encourage both staff and patients to engage in conversations about medications, side effects and to improve the safe use of medicines. | 2020 |
| DISCHARGE OR TRANSFER  | CONTINUOUS IMPROVEMENT: | PRIORITY PROJECT 1. St. Brigid's ward staff members meet daily to discuss the patients care and plan for discharge to improve the patients experience when discharged from hospital. We are expanding this initiative to another ward and this work is currently in progress. | 2020 |
| PATIENT EXPERIENCE | DIGNITY & RESPECT AND PRIVACY: Continuing to build on patient feedback and improve patient experience. | 1. A national project focusing on promoting care, compassion and trust is been undertaken throughout the hospital, called National Person Centre Cultures of Care project. | EMBEDDED |
| | | 2. Support and advocacy to patients who are vulnerable or depend on others is available, to ensure that their rights, freedoms and dignity are promoted and protected. | EMBEDDED |
| | | 3. Family rooms on acute wards continue to be developed which enhance patient privacy and dignity and respect for patients and families. | 2020 |
| | | 4. A hairdressing & barber service for inpatients will commenced October 2019. | Q4 2019 |
| | | 5. We will continue to use feedback from patients about what matters to them to continually improve and measure the success of initiative/priorities identified by patients in surveys. | EMBEDDED |
| | | 6. Data protection awareness training is been provided for all staff, to improve data protection practices throughout the hospital. The Data Protection Policy has also been revised. | EMBEDDED |
| | | 7. We will promote the new Independent Patient Advocacy Service for Patients so that patients feel that they are fully supported and have access to independent advise about healthcare complaints or any concerns that they raise. | 2020 |





WHAT PATIENTS
SAID TO USLISTENING RESPONDING
& IMPROVING

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| STAFF EXPERIENCE | WELLBEING: Improving staff wellbeing. | 1. The MMUH undertaken several initiatives to promote staff health and wellbeing, which include: - Staff Health & Wellbeing Fair - Walking groups - Pilates & yoga classes - Football and - Social/drama events. | EMBEDDED |
| | | 2. The hospital is committed to recognising the great work and outstanding care provided by staff every day by acknowledging their contribution with the: - Annual Compassion & Sister John of the Cross Awards - Long Service Achievement Awards In 2019, Daisy Awards were introduced to value the clinical skill and especially the compassion nurses provide to patients and families throughout the year. | EMBEDDED |
| | | 3. A series of lunchtime talks on parenting for staff were provided by the hospital. | Q3/4 2019 |
| | | 4. We are participating in support programmes for staff allowing them to discuss and share difficult and stressful situations in healthcare which cause burn-out and high levels of stress at work - 'Schwartz Rounds'. | 2020 |

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| ADMISSION TO HOSPITAL  | PATIENT EXPERIENCE: Improving patient experience of ED. | 1. We will continue to work together with IEHG service improvement programme, to improve patients experience of Emergency Department (ED). This work will focus on patients receiving the most appropriate care and treatment in the right place at the right time. | EMBEDDED |
| | | 2. Hospital and community services working together have identified priorities for improving patients care with a focus on access to ED and the Medical Assessment Unit, the admission process and communication between both services. | EMBEDDED |
| | | 3. A programme of work with a special focus on improving care for frail elderly patients presenting to the hospital has been commenced called Mullingar Frailty Intervention Team (MFIT), in collaboration with our community colleagues. The aim is to ensure that frail elderly people receive optimal care in both community and hospital services | 2019-2020 |
| | | 4. With the introduction of dedicated next day ultrasound appointments for ED patients, this avoids the need for patients to wait unnecessarily in ED for their ultrasound. | EMBEDDED |
| | | 5. An improved referral form and process for Diabetic care and treatment has resulted in a reduced length of stay for our diabetic patients. | EMBEDDED |
| | | 6. We have introduced a daily Paediatric ED meeting (called a 'huddle') which allows for the early identification of potential children for admission which allows for an efficient plan of care and treatment to be delivered. | EMBEDDED |
| | | 7. A quality improvement initiative is underway to improve patients discharge summaries/reports, ensuring all relevant patient information is available to provide appropriate and timely care and treatment. | 2020 |
| | | 8. We have introduced a daily pre-theatre meeting to consider all activity scheduled for the following day to ensure patient flow requirements for ED are optimised. | EMBEDDED |
| CARE ON THE WARD  | NUTRITION: Improve hospital food and nutrition. | PRIORITY PROJECT | 2019-2020 |
| | | 1. Over the next year we are going to continue the improvements we have achieved on hospital food and nutrition for patients with the continued implementation of the new national Food, Nutrition and Hydration Policy for adult patients (November 2018). | |
| | | 2. All patients who miss a meal are provided with a replacement meal. | EMBEDDED |
| | | 3. A quality improvement initiative 'Making Mealtimes Matter' will be introduced in November 2019 to protect mealtimes and provide assistance to those required. The aim is to ensure patient's nutrition and hydration is prioritised while they are in hospital. | EMBEDDED |
| | | 4. We serve snacks twice daily between meals for all adult patients. | EMBEDDED |
| | | 5. We are working to introduce the new national policy for nutrition and hydration for adult patients to improve the hospital food service. Hydration audits on wards have been carried out with significant improvements. | EMBEDDED |
| | | 6. Revision of nutrition screening tool, to identify 'at risk' patients who may require additional nutritional support is in place. | EMBEDDED |
| | | 7. Identification Symbols to identify and communicate 'at risk' patients to staff has been introduced at ward level, with a plan to further develop this in 2020. | 2020 |
| | | PRIORITY PROJECT | 2020 |
| | | 8. We are also planning to change meals i.e. that the main meal is served in the evening with a lighter lunch option during the day as per patient survey findings. This also facilitates an improved nutritional intake with the provision of the main meal outside of routine clinical hours. | |

WHAT PATIENTS
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& IMPROVING

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| EXAMINATION DIAGNOSIS & TREATMENT | COMMUNICATION: Improve access and information for patients when discussing their care and treatment with a doctor. | PRIORITY PROJECT 1. We are introducing the National Patient Communication Programme 'Making Connections', for our staff. This programme is designed to improve communication skills between staff and patients and improve overall patient experience. | 2020 |
| | | 2. We have introduced the Shared Decision Making Process to promote patients, their families and staffs involvement in shared decision making on their care and treatment during their stay in hospital. | EMBEDDED |
| | COMMUNICATION: Improve the patient's confidence and trust of healthcare professionals providing their care. | 1. Name badges are provided to all staff so that patients can easily identify staff and understand what their role is. All staff are encouraged to introduce themselves to patients – '#Hello, my name is...' and to say what their role is. | EMBEDDED |
| DISCHARGE OR TRANSFER | COMMUNICATION: Improve access and communication of patient information regarding managing their condition after their discharge. | PRIORITY PROJECT 1. Patient information leaflets have been developed to improve the provision of health information for patients. This will help patients to have information they need about their condition, care and treatment. Work is underway on the Hospital website to include patient information for ease of access for patients, families and staff. | 2020 |
| | | PRIORITY PROJECT 2. Patient Discharge Leaflet with clear information about discharge and who to contact if something goes wrong is been developed. Each patient will receive this leaflet, and this will encourage the patient and their family to ask about their care and plan for discharge to improve the patients experience when discharged from hospital. | 2020 |

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| ADMISSION TO HOSPITAL  | PATIENT EXPERIENCE: | PRIORITY PROJECT 1. We will continue to work with the Ireland East Hospital Group service improvement team to improve the patient's journey. This work will focus on improving the patient's journey and experience through the hospital from the Emergency Department/Medical Assessment Unit to patients requiring planned surgery. We will continue to incorporate patient feedback directly into our service improvement plans to ensure that the patient's voice is central to our decision making. | 2020 |
| | | PRIORITY PROJECT 2. A continued focus is on improving patients Emergency Department (ED) waiting time and the Medical Assessment Unit (MAU) is now providing direct GP access for patients requiring care and treatment. | EMBEDDED |
| | | PRIORITY PROJECT 3. We are improving care for frail elderly patients in OLHN with the introduction of a Frailty Intervention Team for patients assessed in ED and MAU, to ensure that frail elderly people receive optimal care in both community and hospital services. | EMBEDDED |
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| CARE ON THE WARD  | NUTRITION: Improve hospital food and nutrition. | PRIORITY PROJECT 1. We are continuing to improve hospital food and nutrition for patients, we have introduced the 'Protected Mealtimes' initiative, to allow patients to have their meals uninterrupted and provide an atmosphere where staff can dedicate time to assist those who require help with their meals. | EMBEDDED |
| | | PRIORITY PROJECT 2. Specific areas of focus for 2020 will include the provision of suitable finger food to promote independence and ensure each patient achieved their individual correct dietary intake requirements. | 2020 |
| | COMMUNICATION: Improve information and communication to patients during their hospital stay. | 1. We will continue to work on a number of initiatives to ensure effective communication between staff and patients, these include: – Customer Service training – Staff induction – Breaking bad news – HR function sessions – Trust in Care – Making Every Contact Count – Hospital Information Booklet for patients | EMBEDDED |
| | | 2. A specific focus is to introduce the National Patient Communication Programme 'Making Connections', for our staff. This programme is designed to improve communication skills between staff and patients and improve overall patient experience. | 2020 |
| EXAMINATION DIAGNOSIS & TREATMENT  | CONTINUOUS IMPROVEMENT: Improve communication and involvement with patients about their care and treatment. | 1. We are continuing to introduce a quality improvement initiative for all staff, this is based on team development rooted in agile ways of working and will enhance staff communication and patient engagement about their care and treatment. | 2020 |
| | | 2. We continue to include the patient's experience and the 'voice' of the patient in our ongoing service improvement. This allows us to understand the needs of our patients when delivering care and treatment. | EMBEDDED |
| DISCHARGE OR TRANSFER  | COMMUNICATION: Provide more information to patients at discharge. | 1. A special focus is to continually improve the process and patient experience of safe discharge from hospital. Initiatives that have been undertaken include: - Appropriate and timely communication with patients re discharge date and time - Home by 11 - Improving planning and communication at ward level around the plan of discharge for patients. | EMBEDDED |

WHAT PATIENTS
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& IMPROVING


DISCHARGE OR TRANSFER



COMMUNICATION:

Provide more information to patients at discharge.

PRIORITY PROJECT

2. The work undertaken to provide optimal care to the frail elderly patients has resulted in improved and effective communication between community and hospital services.

PRIORITY PROJECT

3. We will introduce an electronic discharge summary letter to GP's. This will ensure that the patients GP will have all relevant patient information available to them electronically when the patient is discharged from hospital.

EMBEDDED




Q1 2020




WHAT PATIENTS
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LISTENING RESPONDING
& IMPROVING



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| CARE ON THE WARD | NUTRITION: Improve hospital food and nutrition. | PRIORITY PROJECT 1. The hospital will implement the HSE's policy on Hospital Nutrition and Hydration, this will lead to improvement for patients in relation to hospital food and nutrition. a. One of the initiatives planned for catering staff is refresher customer service training. | Q2 2020 |
| | | 2. Regular patient feedback regarding hospital food will be undertaken to measure ongoing improvement. | EMBEDDED |
| EXAMINATION DIAGNOSIS & TREATMENT | COMMUNICATION: Improve patients understanding of side effects of medications prescribed and what to expect to feel after an operation or procedure. | 1. We will continue to work on initiatives, the aim is to improve communication with patients. In advance of attending the hospital for surgery, an information booklet will be provided to patients about their planned surgery/procedure, after care and going home. | EMBEDDED |
| | | 2. We are introducing the National Patient Communication Programme 'Making Connections', for our staff. This programme is designed to improve communication skills between staff and patients and improve overall patient experience. | 2020 |
| | | 3. We are also actively promoting and encouraging the patient's role in their safety, working together to deliver safe and effective care. | EMBEDDED |
| DISCHARGE OR TRANSFER | COMMUNICATION: Provide more information to patients at discharge on the side effects of medication and danger signals to watch for. Improve communication with the family of someone close with the patient. | PRIORITY PROJECT 1. With the introduction of a patient information booklet, which included information on after care and going home. The aim is to improve the patients experience of discharge from hospital. | Q2 2020 |

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| CARE ON THE WARD  | NUTRITION: Improve hospital food and nutrition. | 1. We are continuing to improve hospital food and nutrition for patients, we have introduced the 'Protected Mealtimes' initiative, to allow patients to have their meals uninterrupted. This can support nutrition and contributes to patient's overall wellbeing and recovery. | EMBEDDED |
| | | 2. A review of the HSE's Policy on Hospital Nutrition and Hydration has been conducted by St. Columcille's hospital, and have introduced a suite of menus to ensure the patients receive meals with standardised dietary intake requirements. | EMBEDDED |
| | | 3. We have also introduced the 'Red Tray' initiative, the aim is to identify patients that require assistance at meal times is provided with additional support. | EMBEDDED |
| | COMMUNICATION: Provide information to patients during their care. | PRIORITY PROJECT | Q4 2019 |
| | | 1. We have introduced a Patient information leaflet and folder, which includes hospital information on who to contact if you have worries or concerns. Each patient will receive this leaflet, and this will encourage the patient and their family to ask about their care and plan for discharge to improve the patients experience when discharged from hospital. | |
| | | 2. We also now have patient information boards on all wards to assist in providing information to patient's and families about their care and treatment during their hospital stay. | Q4 2019 |
| EXAMINATION DIAGNOSIS & TREATMENT  | CONTINUOUS IMPROVEMENT: Provide/Improve clear explanation of test results. | PRIORITY PROJECT | 2019-2020 |
| | | 1. Patients (and families) will be encouraged to be more involved in asking about their care, treatment and plans for leaving the hospital, with the introduction of the '4 Questions' initiative. Designed to empower and enable patients to be more involved in the decision making about their care. | |
| | | 2. We will continue to work on a number of initiatives to ensure effective communication between staff and patients, which include end of life care. | Q3 2020 |
| | | 3. We are introducing the National Patient Communication Programme 'Making Connections', for our staff. This programme is designed to improve communication skills between staff and patients and improve overall patient experience | 2020 |
| | | 4. We will raise awareness with patients about medication safety in the patient information folder and displaying posters on all wards. | Q2 2020 |
| DISCHARGE OR TRANSFER  | COMMUNICATION: Improved access and distribution of written patient information about going home from hospital. | PRIORITY PROJECT 1. We will continue to improve the patients experience of discharge with ensuring all patients receive a patient information leaflet and check list including all appropriate discharge information, what to expect when you go home and who to contact if you have concerns. This will help patients and families to ask questions early about their discharge plan. | Q3 2020 |
| PATIENT EXPERIENCE | DIGNITY & RESPECT AND PRIVACY: Improving and sustaining patient experience. | 1. We are involved in a national project which evaluates and implements the appropriate level of nursing and healthcare assistant resource required to care for patients in a ward area. The aim will be to ensure all patients receives care and treatment in an effective and timely manner. | EMBEDDED |
| | | 2. We have raised awareness regarding telephone etiquette to improve communication between staff and patients and families and within the hospital. | Q1 2020 |
| | | PRIORITY PROJECT | EMBEDDED |
| | | 3. A new family suite was created to enhance family privacy and dignity and respect for the families of palliative/end of life patients. | |
| | | 4. We will continue to undertake Quality & Safety walk-arounds to provide ongoing governance and accountability for improvement of our services to deliver patient care. | EMBEDDED |

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| ADMISSION TO HOSPITAL  | COMMUNICATION: | 1. Initiatives underway to improve information provided to patients about services and location include, The Meet and Greet Volunteer Programme, established to support patients visiting the hospital and the Emergency Department Samaritan initiative. | EMBEDDED |
| | | 2. Paediatric supports have been established to include the Kare Bears and Children in Hospital Ireland Volunteer Programme (Paeds ward), the aim is to offer support and assistance to patients and families during their stay in hospital. | EMBEDDED |
| | | 3. The hospital will continue to engage and establish patient groups to ensure inclusion of all patients. | 2020 |
| | | PRIORITY PROJECT | 2020 |
| CARE ON THE WARD  | NUTRITION: Improve hospital food and nutrition. | 1. We are continuing to improve hospital food and nutrition for patients by ensuring that all patients who miss a meal are provided a replacement meal. We have put in place the 'Protected Mealtimes' initiative, to allow patients to have their meals uninterrupted. | EMBEDDED |
| | | 2. We will introduce a patient nutrition screening assessment; this will improve the identification of 'at risk' patients who may require additional nutritional support. | Q3 2020 |
| | | PRIORITY PROJECT | Q2 2020 |
| | COMMUNICATION: Improve patient communication regarding their care | 3. A project will be undertaken to improve hospital food, nutrition and hydration for patients with a review of existing patient menus. | 2020 |
| | | PRIORITY PROJECT | 2020 |
| | CONTINUOUS IMPROVEMENT: | 1. We will continue to work together with IEHG service improvement programme, to improve patients experience. This work has focused on patients receiving the most appropriate care and treatment in the right place at the right time. | ONGOING |
| | | 2. A special focus on improving care for frail elderly patients has been developed in SLGH. The aim is to ensure that frail elderly people receive optimal care in both community and hospital services. | ONGOING |
| DISCHARGE OR TRANSFER  | COMMUNICATION: Provide more information to patients at discharge. | 1. We continue to promote initiative to improving the patient experience of discharge, the following has been implemented: - Regular review of Planned Date of Discharge - Hospital Information booklet is provided to patients and families during their stay and encourage to ask about their plan of care and discharge. | EMBEDDED |
| | | 2. Written information on discharge is provided to patients relating to medication management, how to manage your condition at home and what to expect/do when a patient goes home – medication management, exercise, diet, what to do if you feel unwell etc. | EMBEDDED |
| | | PRIORITY PROJECT | Q2 2020 |
| | | 3. Patient information leaflets have been developed to improve the provision of health information for patients. This will help patients to have information they need about their condition, care and treatment. Work is underway on the Hospital website to include patient information for ease of access for patients, families and staff. | |

WHAT PATIENTS
SAID TO USLISTENING RESPONDING
& IMPROVINGTIME-
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| PATIENT EXPERIENCE | DIGNITY & RESPECT AND PRIVACY: Improving and sustaining patient experience. | 1. An additional 14-bedded ward was opened which has enhanced patient privacy and dignity and respect for patients in St. Luke's General Hospital. | 2019-2020 |
| | | 2. A designated area for initial assessment in the Acute Medical Assessment Unit will also ensure dignity and privacy for patients been assessed. | |
| | CONTINUOUS IMPROVEMENT: | 1. We will continue to monitor our patients journey to identify and take action(s) if any issues/delays occur during the patient's journey. | EMBEDDED |

WHAT PATIENTS
SAID TO USLISTENING RESPONDING
& IMPROVING

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| ADMISSION TO HOSPITAL | CONTINUOUS IMPROVEMENT: | 1. We will continue to improve patients experience of the Emergency Department, by introducing an emergency department electronic patient information board, providing both local area and departmental information regarding care and treatment available and community supports for patients. | EMBEDDED |
| | | 2. We have undertaken to develop Emergency Department patient information leaflets for patients attending for care and treatment. We have also introduced emergency department discharge cards providing contact information for the emergency department and alternative contact details out of hours if required. | EMBEDDED |
| | | 3. We have also introduced an Advanced Nurse Practitioner for unscheduled/ emergency care, to enhance the patient's pathway and experience from admission to discharge while in the Emergency Department. | Q4 2019 |
| CARE ON THE WARD | CONTINUOUS IMPROVEMENT: | 1. We have also introduced an Advanced Nurse Practitioner for the care of patients with: <ul style="list-style-type: none"> - Respiratory (breathing) problems - Care of the elderly (Gerontology) to enhance the patient's care and treatment pathway during their hospital stay | EMBEDDED |
| | | 2. Pharmacy service is now in place to review the medications (called Medicine Reconciliation) that patient are regularly taking on admission to hospital. The aim is to provide patients with the correct medications at all points of transfer within and between hospital and community services. | Q4 2019 |
| | | PRIORITY PROJECT | Q4 2019 |
| | | 3. Pharmacist is available to provide education for patients starting on blood thinning (anti-coagulant) medications. | Q4 2019 |
| | | PRIORITY PROJECT | Q4 2019 |
| | | 4. Patient education regarding medications and side effects is provided by the advanced nurse practitioner (Gerontology) prior to discharge. | Q4 2019 |
| EXAMINATION DIAGNOSIS & TREATMENT | PAIN MANAGEMENT: Improving the control of patient's pain. | 1. We will continue to improve the patients experience of pain management, with ongoing audit and review of pain assessment documentation based on assessment tools used by patients. | EMBEDDED |
| | | 2. We have also introduced a patient alert card for 'at risk' patients to developing blood clots, to improve the early identification of patients when attending hospital or other community services. | Q4 2019 |

WHAT PATIENTS
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& IMPROVING

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| ADMISSION TO HOSPITAL | WAITING TIMES: Reduce Emergency Department waiting times. | 1. We will continue to work to improve patient's experience of ED. Patient care pathways have been developed to support the patient's journey through the Emergency Department, including a stroke care pathway and a hip fracture pathway. Another pathway been developed will improve the care experience of frail elderly patients. | EMBEDDED |
| CARE ON THE WARD | NUTRITION: Improve hospital food and nutrition. | PRIORITY PROJECT 1. Evening time Snack: In response to patient's feedback, we will be exploring other options for an evening-time snack, potentially offering a snack pack. | 2020 |
| EXAMINATION DIAGNOSIS & TREATMENT | COMMUNICATION: Promoting improved communication skills and effective ward round communication with healthcare professionals and patients. | 1. A nursing quality improvement initiative (called ' <i>Intentional Rounding</i> ') is underway to improve the care experience of patients in our wards. The aim is to ensure that each patient's fundamental care needs are assessed and managed on a regular and consistent basis. | EMBEDDED |
| DISCHARGE OR TRANSFER | COMMUNICATION: Involvement in discharge planning and providing information to patient's and next of kin. | 1. Encourage the patient and their family to read the discharge leaflet and ask about their care and plan for discharge to improve the patients experience when discharged from hospital. | EMBEDDED |
| | | PRIORITY PROJECT 2. The patient's date of discharge to be placed over their bed. To promote effective discharge planning with patient and families. | Q2 2020 |
| | | PRIORITY PROJECT 3. Patients (and families) will be encouraged to be more involved in asking about their plans for leaving the hospital, with the introduction of the ' <i>4 Questions</i> ' initiative. | 2020 |
| PATIENT EXPERIENCE | ENVIRONMENTAL HYGIENE: | 1. Facility Management Audits (Tracers): We continue to carry out weekly audits, assessing the environment, hygiene standards, stock control and infection control compliance. | EMBEDDED |
| | DIGNITY & RESPECT AND PRIVACY: Improving and sustaining patient experience. | 1. Continue to use and share feedback from patients about what matters to them to continually improve and address any issues that arise. | EMBEDDED |

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| ADMISSION TO HOSPITAL | PATIENT EXPERIENCE: Improve patients experience of the Emergency Department. | 1. A special focus on improving care for frail elderly patients has been developed in WGH and will be piloted in Q4 2019. The aim is to ensure that frail elderly people receive optimal care in both community and hospital services. | EMBEDDED |
| | | PRIORITY PROJECT | Q3 2020 |
| | | 2. Programme of work is ongoing to develop patient information leaflets to improve the provision of health information for patients. This will help patients to have information they need about their condition, care and treatment. | Q1 2020 |
| | | PRIORITY PROJECT | Q1 2020 |
| | | 3. A quality improvement initiative is underway to improve communication between patients and staff in Emergency Department (ED) which clearly identifies the management, treatment and plan of care for patients on their admission. | EMBEDDED |
| | | 4. We have undertaken work together with IEHG service improvement programme in 2019, to understand how we can improve the patients experience of emergency admission to hospital. This work will focus on patients receiving the most appropriate care and treatment in the right place at the right time. | EMBEDDED |
| CARE ON THE WARD  | NUTRITION: Improve hospital food and nutrition. | 1. We are continuing to introduce a patient nutrition screening assessment on admission to hospital, ensuring that all patients are assessed, and additional nutritional support is provided if required. | ONGOING |
| | | PRIORITY PROJECT | Q1 2020 |
| | DIGNITY & RESPECT: Improving patients' personal needs. | 2. Meal times have been improved as there is a Protected Mealtime policy and Assisted feeding policy and regular audits are undertaken, the next audit is due in Q1 2020. | EMBEDDED |
| EXAMINATION DIAGNOSIS & TREATMENT  | COMMUNICATION: Provide support and information to patients during their hospital stay. | 1. A nursing quality improvement initiative has been undertaken to improve the care experience of patients in our wards. The aim is to ensure that each patient's fundamental care needs are assessed and managed on a regular and consistent basis as part of a meeting (called 'Huddle'), and additional help/support will be allocated to the ward if required. | EMBEDDED |
| | | 2. Patient /family meetings with the Consultant and team are arranged if requested to enable patients and their families to have adequate time to voice concerns and understand their condition, care and treatment and plan for leaving hospital. | Q4 2019 |
| | | 3. Routine ward round schedules have been developed and a standard for work has been implemented to improve information sharing with all staff about the patient's condition and plan of care and treatment, who are delivering care to the patient. | EMBEDDED |
| DISCHARGE OR TRANSFER  | COMMUNICATION: Improve access and distribution of written patient information about going home from hospital. | 3. Open disclosure policy has been implemented and ongoing training continues to ensure open and transparent communication between staff and patients. | EMBEDDED |
| | | 1. Social work service is now in place to support and assist patients that require support to be discharged from hospital. | EMBEDDED |
| | | PRIORITY PROJECT | Q4 2019 |
| | | 2. We are currently updating our Discharge leaflet and it will be included in patient's admission packs from Q4 2019, so patients and families have time to ask staff questions regarding the discharge plan. | EMBEDDED |
| | | 3. Daily review of patients planned date of discharge is undertaken to ensure patients, family and all staff are aware to improve the patients experience of discharge from hospital. | EMBEDDED |

WHAT PATIENTS
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| PATIENT EXPERIENCE | DIGNITY & RESPECT AND PRIVACY: Improving and sustaining patient experience. | PRIORITY PROJECT | Q1 2020 |
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| | | 1. Name badges will be provided in Q1 2020 to all staff so that patients can easily identify staff and understand what their role is. All staff are encouraged to introduce themselves to patients – <i>'#Hello, my name is...'</i> and to say what their role is. | |
| | | 2. We will continue to encourage feedback from patients through 'Your Service Your Say' feedback. | EMBEDDED |
| STAFF EXPERIENCE | WELLBEING: Improving staff wellbeing. | 1. The hospital is committed to staff wellbeing and has implemented a Great Place to Work Team and training currently underway for staff in Managing a Positive Workplace. | EMBEDDED |
| | | 2. Healthy Ireland Committee in place with a number of ongoing initiatives. | EMBEDDED |

Dublin Midlands Hospital Group



Dublin Midlands Hospital Group is committed to providing high quality health care and will continue to work in partnership with patients, staff and our community partners to improve services.

- 36. Midlands Regional Hospital, Portlaoise
- 37. Midlands Regional Hospital, Tullamore
- 38. Naas General Hospital
- 39. St. James' Hospital, Dublin
- 40. Tallaght University Hospital

On behalf of the Dublin Midlands Hospital Group I welcome the results of the 2019 National Patient Experience Survey. The DMHG hospitals in this survey include Tallaght University Hospital, Midland Regional Hospital Tullamore, Naas General Hospital, Midland Regional Hospital Portlaoise and St. James Hospital. On average these hospitals admit over 200 adults per day for inpatient care, the majority coming through our Emergency Departments. It is vitally important that our patients tell us about their experiences in hospital and where they identify problems, these are made known to managers and staff at every level. We can then prioritise the improvements which are valued by our patients.




This year's survey results again show that a vast majority of patients (91%) felt they were treated with dignity and respect and furthermore had confidence and trust in our staff. Patients said that we need to improve the information provided to them in relation to medication side effects and danger signals to watch out for when they are being discharged from hospital. In response to this, our Hospitals are concentrating this year to improve medication-related information on discharge. We will increase awareness of the "Know, Check, Ask" campaign and examine ways of bringing it into our day to day practice. Medication safety is a key priority for DMHG and patient feedback has an important role to play in how we achieve this goal.



New person-centred ways of working have been introduced. For example in the Midland Regional Hospital Portlaoise, the Catering Department serve meals on red trays to signal patients who might require assistance. All DMHG hospitals have introduced communication programmes so that our staff and patients can optimise consultations, for example in Midland Regional Hospital Tullamore, staff have partaken in the National Healthcare Communication Program. Management teams have also examined the hospital environment to identify what improvements can be made, for example in Tallaght University Hospital, two family rooms in the ED have been refurbished and further family rooms will be developed in every ward over time. DMHG hospitals have even examined holistic approaches to wellness in line with the Healthy Ireland programme that can positively influence inpatient hospital experience, for example Naas General Hospital have created a Hospital Music Project for patients and staff. Innovative teams in DMHG have looked beyond the hospital setting itself to identify improvements that can be made with our community partners and with other public bodies in order to care for those most vulnerable, the Inclusion Health Service in St. James Hospital is one such example.

All our improvement plans are motivated by a wish to improve the care given to our patients. To this end, I wish to sincerely thank the patients who willingly gave of their time to provide feedback in relation to DMHG hospital care. I also wish to thank our staff, who engaged whole heartedly with the survey by encouraging patients to participate and then by working diligently on quality improvement initiatives to improve services.

Trevor O'Callaghan
Chief Executive Officer, Dublin Midlands Hospital Group
25th November 2019






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| ADMISSION TO HOSPITAL  | WAITING TIMES: Reduce Emergency Department waiting times. | 1. In 2019 Midland Regional Hospital Portlaoise really focused on improving patients' experiences in the Emergency Department (ED). | EMBEDDED |
| | | 2. While Midland Regional Hospital Portlaoise received very positive feedback in relation to the treatment of patients with dignity and respect, we strive to build on this further by ensuring our environment accommodates patients with different needs. For example, in ED, we are developing a sensory area for distressed patients, including patients with dementia. | 2020 |
| | | 3. Our staff in the ED has a system to make sure that a patient who becomes suddenly unwell is reviewed quickly by a doctor. This is called the National Early Warning Score. This means that a patient is seen quickly by a doctor and reviewed regularly by a nurse which ensures that if further treatment is needed the patient can receive it as quickly as possible. | EMBEDDED |
| | | 4. Our staff in the ED examine the ways the department works to identify changes that can be made which will have an impact on patients. This is called the 'Microsystems Quality Improvement Collaborative'. This involves all staff who have input into ED systems coming together to plan ways of making things more efficient in ED. | ONGOING |
| | | PRIORITY PROJECT | 2019-2020 |
| | | 5. One of the examples of improvements in ED that has been brought into place as a result of Microsystems and patient feedback from the survey is the trial of "Take-home" medications. This involves providing patients who are seen out-of-hours with one day's supply of antibiotics to ensure that there is no delay in starting their treatment. These antibiotics are labeled fully with all the necessary information for safe use. | 2019-2020 |
| CARE ON THE WARD  | PATIENT EXPERIENCE: Improve and sustain the in-patient experience while on the ward. | 6. Our patients reported that improvements were needed in relation to the time spent in ED while transfer to the ward. Midland Regional Hospital Portlaoise has taken this on board and is planning on addressing this with the introduction of Comfort Packs. After a successful trial, these packs will be fully implemented from December 2019. Comfort packs include items such as anti-slip socks, toothbrush, toothpaste, refreshing wipes, eye mask and earplugs. | 2019-2020 |
| | | PRIORITY PROJECT | EMBEDDED |
| | | 1. Our patients highlighted some areas of improvement in 2019 for care received while on the ward in Midland Regional Hospital Portlaoise. The hospital, noting this feedback, will continue to work to make these improvements through various quality improvement programs such as 'What Matters to You' 'Dementia Friendly Initiatives' and 'Catch a Falling Star' initiatives. | |
| EXAMINATION DIAGNOSIS & TREATMENT  | COMMUNICATION: Improve the availability and time offered to patients to discuss their care & treatment with healthcare staff. | 2. The feedback we received in relation to the food our patients received while on the ward was really important for our Nutrition & Hydration Steering Committee. This committee includes staff from different areas such as catering, dietetics, nursing, quality improvement and speech & language. The committee used this feedback to build on our 'Protected Mealtimes' initiative and 'Red Trays' initiatives. Protected Mealtimes means that we aim to create a quiet and peaceful environment for patients during mealtimes. Red Trays initiative means that we know who requires assistance with their meal so that this assistance can be provided. | |
| | | 3. Given the hospital received a number of comments from patients in relation to sharing a ward with a member of the opposite sex, Midland Regional Hospital Portlaoise introduced a 'Bed Management Policy' in October 2019. | |
| | | 1. The Hospital is committed to rolling out the "Open Disclosure" program. This program is about how healthcare professionals communicate to service-users when things go wrong. Education sessions are being provided to all staff and this training is now mandatory. | 2020 |
| | | 2. The hospital is exploring the possibility of participating in the National Healthcare Communication Programme. This is a four-part training program, starting with the basics about communication. | 2020 |



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| EXAMINATION DIAGNOSIS & TREATMENT  | COMMUNICATION: Improve the availability and time offered to patients to discuss their care & treatment with healthcare staff. | 3. The Hospital is using the communication tool called ISBAR which is recommended in the <i>National Clinical Handover Guidelines</i> . This ensures that all relevant clinical information is communicated between healthcare staff when a service-user's care is being transferred from one ward to another or one clinical team to another. | EMBEDDED |
| | | 4. Some of our staff have been trained on the "Making Every Contact Count" Training. The hospital plans to use this concept in select areas to encourage our service-users to make healthy choices, for example smoking cessation. | EMBEDDED |
| | | 5. To facilitate earlier diagnosis and to improve patient experience and patient flow, in July, 2019 the hospital introduced a MRI service for in-patients (2 days per week). | EMBEDDED |
| | | 6. In October, 2018, for medication safety and medication management, the Pharmacy developed, for use by hospital staff, a medicines app which contains medication information. The app is available for download on all android devices and up-to-date information can be uploaded automatically. The app is available for use used for NCHD and nursing induction, education and training. | EMBEDDED |
| DISCHARGE OR TRANSFER  | COMMUNICATION: Provide more information to patients at discharge, including written information. | 1. Information at discharge is a key focus for management of Midland Regional Hospital Portlaoise based on the feedback received in the latest National Patient Experience Survey. | 2019-2020 |
| | | PRIORITY PROJECT | EMBEDDED |
| | | 2. The hospital is trialling an Electronic Discharge Summary from the patient information management system to see if this can be used across the whole hospital to improve the information we provide to our patients on their discharge from hospital. | |
| | | 3. The hospital is rolling out a "Discharge Envelope" which is essentially a checklist for staff to ensure that all the relevant documentation has been provided to the patient, enclosed in the envelope. | 2019-2020 |
| | | 4. The hospital will engage with promoting further the 'Know, Check, Ask' campaign. This is a national campaign which facilitates patients to keep an accurate copy of their medication list. These leaflets will also be given to patients at discharge. | 2019-2020 |
| PATIENT EXPERIENCE | DIGNITY & RESPECT AND PRIVACY: Improving and sustaining patient experience. | 5. A hospital information leaflet is currently being drafted to ensure that patients have all of the information required including a prompt around what danger signals to watch out for and what to do if an emergency arises. | Q4 2019-Q1 2020 |
| | | 1. The patients who completed the survey for Midland Regional Hospital Portlaoise were generally positive about their overall experience in the hospital. However, the hospital will build further on the suggested areas for improvement. | EMBEDDED |
| | | 2. Our Patient Advocacy Manager has been educated in Patient Safety Complaints Advocacy and is the link person for the hospital with the independent National Advocacy Service. | EMBEDDED |
| | | 3. Operationally, the hospital has made many infrastructural improvements which will contribute to an improved experience for our patients. These infrastructural improvements include the construction of a new corridor which results in reducing the number of people walking through the medical ward and thereby improving privacy and confidentiality. | EMBEDDED |
| | | 4. The hospital has opened a new Family Room which is a dedicated space for families experiencing bereavement and giving them privacy and dignity. | EMBEDDED |
| | | 5. With the support of local funding, the hospital has upgraded its Hospice Room. | EMBEDDED |
| | | 6. A capital project to upgrade the Mortuary Viewing Room is underway. | 2019-2020 |
| | | 7. In January, 2019 the hospital opened 5 beds in the Acute Medical Assessment Unit (AMAU) to improve patient experience and patient flow. | EMBEDDED |

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| PATIENT EXPERIENCE | DIGNITY & RESPECT AND PRIVACY: Improving and sustaining patient experience. | 8. To improve the patient flow and patient experience the hospital implemented 'board' rounds which take place Monday to Friday at 9 a.m. Nursing staff, Bed Management staff and a member of the medical team meets each morning to review and discuss patient clinical pathways. | EMBEDDED |
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| | | 9. The hospital is revising its Visiting Times Policy to ensure dedicated quiet time for healthcare professionals to work with and consult patients as well as time for patients to rest and recuperate. | 2019-2020 |



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| ADMISSION TO HOSPITAL  | <p>WAITING TIMES: Quality Improvement Initiatives designed to improve patient experience of ED.</p> <p>Communication processes regarding waiting times for treatment/admission/bed.</p> <p>Improving patient privacy through redesign.</p> | <p>ED Nursing and Medical Management Staff in the Midlands Regional Hospital Tullamore continue to implement quality improvements in Emergency Department (ED) to improve patient experience and to respond to the findings of the National Patient Experience Survey. An improvement system called Clinical Micro-Systems is currently being implemented in the Emergency Department. Some of the improvements being prioritised in 2020 include:</p> <ul style="list-style-type: none"> – A transit lounge and a discharge lounge have been opened to improve the flow of patients from ED and to prevent over-crowding in ED. – The opening of an AMAU allows for patients to be cared for outside of the Emergency Department and this also improves patient flow, minimises overcrowding and improves waiting times and delays in seeing patients most in need. – Training in Healthcare Communications amongst ED nursing and medical management will be prioritised in 2019/2020, this programme is in response to feedback from patients about the importance of communication and information for patients when they are in ED. – Changes have been made to the ED environment a redesign of patient waiting area was completed to improve patient flow and patient comfort. The development plan for ED includes consideration to maximise patient privacy and confidentiality and a reconfiguration of the ED. The areas adjacent to the ED have been decanted of staff to allow for this development. – Renewed focus on 'Customer Care' means that all staff will participate in Customer Care training schedule in place for 2019/2020. – The process of updating patients regarding their waiting times have been improved in the department. | EMBEDDED |
| CARE ON THE WARD  | <p>NUTRITION: Improve hospital food and nutrition.</p> <p>Ensuring nutritional adequacy of meals and menus.</p> <p>Develop menus in a way that supports healthy eating.</p> | <p>The hospital catering manager together with staff and managers from the hospital are reviewing a number of initiatives to improve hospital food and nutrition. This work includes:</p> <ol style="list-style-type: none"> 1. The standardisation and improvement of recipes and the nutritional status of each offering for patients. | 2019-2021 |
| | | <ol style="list-style-type: none"> 2. A review of how patients dietary/assistance needs need to be communicated to all relevant staff has been completed – we are currently putting in place a system that will help all staff understand what kind of assistance and support each patient needs. This will improve patients experience of hospital care and ensure that they receive the right assistance during meal-time whilst they are in hospital. | 2020 |
| | | <ol style="list-style-type: none"> 3. A focus group was established at MRHT with this patient group, and as a result of their work, the menu for modified consistency diet has been expanded and improved. | EMBEDDED |
| EXAMINATION DIAGNOSIS & TREATMENT  | <p>COMMUNICATION: Health literacy programme designed to provide more accessible health information for patients.</p> | PRIORITY PROJECT | |
| | | <p>The National Healthcare Communication Programme commenced this year in the Midlands Regional Hospital in Tullamore. Training in communication skills is designed to support staff to communicate with patients in a caring, supportive and effective way. This programme will enable staff to help patients to discuss their concerns and worries. The National Healthcare Communication Programme commenced in MRHT, with 'train the trainer' education and the programme will continue to be advanced in the hospital throughout 2020.</p> | 2020 |
| | | <ol style="list-style-type: none"> 1. Patient information leaflets are currently being reviewed and made available to patients. 2. Recommended sources for accessing evidence based patient information will be actively promoted. 3. Patient information at MRHT to be reviewed fully, and updated where necessary. 4. Staff at the Midlands Regional Hospital Tullamore will participate in the Patient Safety Complaints Advocacy training programme in January 2020, in response to an identified need for Patient Advocacy services to be developed at hospital. The MRHT will proactively promote the New Independent Patient Advocacy Service for Patients ensuring that patients rights are actively promoted and patients complaints are proactively addressed. | 1-3 YEARS |



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| EXAMINATION DIAGNOSIS & TREATMENT  | COMMUNICATION: Capacity building for healthcare teams to improve their communication skills and effective ward round communication. | 5. Regular "customer care" training in place for all hospital staff. | EMBEDDED |
| | | 6. Electronic process for improving communication sharing about patient care during handover has developed, this is being enhanced to allow its use for all medical/surgical handovers. Interdepartmental handover tool being rolled out. | 2020 |
| | | 7. Open Disclosure training programme is in place for all staff. | Q4 2019-2020 |
| DISCHARGE OR TRANSFER  | COMMUNICATION: Improving access and distribution of written patient information about going home from hospital. | 1. Patients feedback about the importance of health information on self-care after discharge from hospital, medication management and how to manage your health after you leave hospital has led to us working together across the hospital to build a bank of up-to-date information leaflets for patients being discharged. | 2-3 YEARS |
| | | 2. We are working together to improve the process by providing quality information to patients, their families, and primary care health professionals. We have developed discharge information leaflets and patient prompts encouraging patients to ask questions about their medications whilst they are in hospital. | EMBEDDED |
| | | PRIORITY PROJECT | 2020 |
| | | 3. A programme called 'Know, Check, Ask' encourages patients and families to be actively involved in their medication safety and medication reconciliation. | EMBEDDED |
| | | PRIORITY PROJECT | 2020 |
| | | 4. A discharge lounge allows for greater focus on communicating effectively to patients and families immediately prior to going home an opportunity to discuss medication management, and about who patients should contact if they have worries or concerns once they go home. | 2020 |
| PATIENT EXPERIENCE | DIGNITY & RESPECT AND PRIVACY: Improving and sustaining patient experience. | Improving patient experience also requires us to ensure that all healthcare staff are healthy and well and work in and care for patients in a safe and supportive environment. We have a number of programmes in place to support staff to care for patients to their fully potential. | 2019-2021 |
| | | 1. Schwartz Rounds which encourages staff to come together and discuss concerns and ways of working better as a team and supporting one another. | 2020 |
| | | 2. Caring Behaviours Assurance helps to build staff resilience and strength when always dealing with stressful and challenging work in healthcare. Programmes such as 'Values in Action' and 'Cultures of Person Centeredness' are also put in place to support staff. | EMBEDDED |
| | | 3. The Dementia friendly environment supports staff to provide excellence in care to patients with dementia the ASD friendly environment. | BEGUN |



| ADMISSION TO HOSPITAL  | WAITING TIMES: Reduce Emergency Department waiting times. | PRIORITY PROJECT | |
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| | | 1. Our patient's highlighted long waiting times in the Emergency Department (ED) as a key area for improvement in 2019. As a result, the hospital's management team in Naas General Hospital along with ED staff are working to improve patient experience times so that our patients receive care in a timely manner. | 2019-2020 |
| | | 2. In response to feedback from the survey, a team of staff from different specialities called 'the frailty intervention team' will prioritise the care of older frail patients who come to our ED. This team links frail patients to services in the community which may support the patient and reduce the need for ED attendances, decrease length of stay in hospital and improve patient care. | 2019-2020 |
| | | 3. Our staff in the ED have a system to make sure that a patient who becomes suddenly unwell is reviewed quickly by a doctor. This is called the National Early Warning Score. | EMBEDDED |
| | | 4. Our staff in the ED also examine their ways of working to identify things that can be improved which will have an impact on patients. This is called the 'Microsystems Quality Improvement Collaborative'. | EMBEDDED |
| | | 5. Our patient's reported the need for improved communication when in the waiting area and the hospital has taken this on board and is planning on addressing this by examining modes of communication and the type of information that will address this. | 2019-2020 |
| | | 6. In order to improve the environment in the waiting area, Naas General Hospital is planning to review facilities such as seating, food and drink and information. | 2019-2020 |
| CARE ON THE WARD  | PATIENT EXPERIENCE: Improve & sustain the in-patient experience while on the ward. | 7. Due to feedback from our patients, the hospital has started a virtual fracture clinic. This is a clinic whereby patients who have attended ED with suspected fractures have their case clinically reviewed by a specialist team. The Orthopaedic Consultant will review the patient's x-rays and will decide on what treatment the patient needs. The Nurse Specialist or Physiotherapist will then contact the patient and advise them of the doctors treatment plan and make arrangements for this care to occur. | EMBEDDED |
| | | 1. Our patients highlighted some areas of improvement in 2019 for care received while on the ward in Naas General Hospital. The hospital, noting this feedback, will continue to work to make these improvements through programs such as the productive ward, dementia project, falls collaborative and pressure ulcer to zero. | EMBEDDED |
| | NUTRITION: Improve hospital food and nutrition. | 2. One program that the hospital supports is called the Caring Behaviours Assurance System (CBAS). This involves a team of staff from different specialities that work in a ward or department coming together to brainstorm ways of improving their ways of working and putting these ideas into action. The team brings together nurses, care assistants, doctors, physiotherapists, pharmacists, health and social care professionals. These teams use patient feedback to identify which areas require improvement. Improvement plans can include changing the environment eg updating posters, changing the flooring, introducing noticeboards. | 2019-2020 |
| | | 1. While our patients provided very positive feedback about the food and catering they received while on the ward in Naas General Hospital, the hospital continues to build on this. Our clinical dieticians in conjunction with catering, nursing and speech and language therapists have developed a Nutrition Plan. This involves bringing in all the elements of the national policy relating to Food, Nutrition and Hydration. One of the things we do is that we ensure that patients can have their meals in a quiet environment, undisturbed by medical staff or visitors. We call this 'Mealtimes Matter'. We also provide specialist therapeutic diets to patients who need very specific types of nutrition and our dietetics department make sure that these diets are suitable and agreeable to the patient. | Q4 2019-2020 |
| | | 2. Every patient is screened within 24-hours of being admitted to a ward to ensure their individual nutritional needs. | 2019-2020 |



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| CARE ON THE WARD  | PATIENT EXPERIENCE: Improve & sustain the in-patient experience while on the ward. | 4. One of the specific aims of our Dietetics Department is to increase education to patients on parental nutrition. This is a highly specialist form of nutrition, given through the veins. We are currently developing a patient information leaflet on this topic. | Q4 2019-2020 |
| EXAMINATION DIAGNOSIS & TREATMENT  | COMMUNICATION: Improve the availability and time offered to patients to discuss their care & treatment with healthcare staff. | PRIORITY PROJECT 1. Naas General Hospital management notes that our patients highlighted the need to improve how our staff communicate with service users. Therefore, we will continue a communication programme for staff which involves multiple elements all described below. Our aim is to meet the information needs of patients in a way they can easily understand. | EMBEDDED |
| | | 2. The '#Hello, my name is...' campaign which is a person-centred approach to interactions between staff and service-users continues to be promoted across the hospital. This campaign encourages all staff to open their conversations with service-users and their families by saying "Hello, my name is..." | EMBEDDED |
| | | 3. The Hospital is committed to rolling out the "Open Disclosure" program. This program is about how healthcare professionals communicate to service-users when things go wrong. | 2020 |
| | | 4. The Hospital plans to using the communication tool called ISBAR which is recommended in the National Clinical Handover Guidelines. This ensures that all relevant clinical information is passed over from healthcare staff when a service-users care is being transferred from one ward to another or one clinical team to another. | EMBEDDED |
| | | 5. The hospital plans to participate in the National Healthcare Communication Programme. This is a four-part training program, starting with the basics about communication. | 2020 |
| | | 6. Key members of staff will be trained on the 'Making Every Contact Count' Training. The hospital plans to use this in select areas. The aim of this training is that it will encourage health promotion activities. | 2020 |
| | | 7. The hospital has created a specific communication tool called 'Ask Me 3' to encourage patients to ask their doctors questions during their Outpatient's Department appointments. This initiative will be expanded beyond the OPD as a mechanism for patients to initiate a conversation with their healthcare professional in order to obtain the information they require. | 2020 |
| | | 8. The Physiotherapy Department has introduced an "Electronic Appointment System". This will improve the number of patients that can be seen by Physiotherapy by increasing capacity within the appointment system. It will also improve the management of waiting lists by issuing appointment reminders via text messaging and make it easier for patient's to reschedule appointments. | Q4 2019-2020 |
| DISCHARGE OR TRANSFER  | COMMUNICATION: Provide more information to patients at discharge. | PRIORITY PROJECT 1. Naas General Hospital notes the key feedback from patients in 2019 in relation to communication at discharge. While the hospital had introduced a patient information leaflet earlier this year, this will be further promoted to ensure that all patients are offered this during the discharge process. This leaflet provides information addressing patient's needs on discharge. | 2019-2020 |
| | | 2. The Hospital will continue to ensure that a pharmacist reviews medication at discharge to make sure that any changes are communicated to the next care provider. | EMBEDDED |
| | | 3. The hospital will engage with promoting further the 'Know, Check, Ask' campaign. This is a national campaign which facilitates patients to keep an accurate copy of their medication list. These leaflets will also be given to patient's at discharge. | 2019-2020 |
| | | 4. The Medical Social Work Department in the Hospital has created leaflets for patients outlining support within the community e.g. Contact numbers for addiction services and for people experiencing domestic violence. | EMBEDDED |


| PATIENT EXPERIENCE | DIGNITY & RESPECT AND PRIVACY: Improving and sustaining patient experience. | 1. Our patients highlighted a number of areas requiring improvement in the 2019 survey and Naas General Hospital is committed to improving overall experience. | EMBEDDED |
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| | | 2. Naas General Hospital will continue to develop the role of our Volunteers, who have been engaged in various elements of hospital activities over the past number of years. Volunteers and their role will continue to be supported throughout the hospital. | |
| | | 3. Health Promotion Officer to work with Hospital Management to promote staff wellbeing. | |
| | | 4. Initiative to reduce waiting lists and waiting times for gastroenterology outpatients and to reduce the number of patients with IBS referred for endoscopic investigations. Development of a multidisciplinary integrated care pathway for IBS patients which is in keeping with best practice guidelines, eliminates the need for unnecessary invasive investigations, and provides a standard of care for patients which has been proven to increase patient wellbeing and satisfaction. | 2019-2020 |
| | | 5. Stroke/support self-management group. Supporting self-management is in keeping with the standards for person centered care and support, and better health and wellbeing laid out in the National Standards for Safer Better Healthcare. | 2019-2020 |
| | | 6. Following a successful pilot project, rollout of Hospital Music Project to promote awareness of the concept of music & health amongst staff and patients. | Q4 2019-2020 |
| | | 7. Education classes with multidisciplinary input e.g. the Bone Health Class includes education regarding diet, exercise, medication management and falls prevention. It is open to all target patients. Health DIY class; instill ways of patients making small sustainable changes to their diet and daily activity levels to primarily help OA joints. | 2019-2020 |
| | | 8. Two staff are currently participating in the training programme in Patient Safety Complaints Advocacy and the new Independent Patient Advocacy Service will be actively promoted amongst patients. | 2019-2020 |
| | | 9. Training in complaints handling is regularly provided for staff. | 2019-2020 |

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| ADMISSION TO HOSPITAL  | WAITING TIMES: 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"> 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. The need for increased community support in reducing delayed in-patient discharges and further investment in ED services have been escalated to the DMG Hospital Group. The risk is represented in the Hospital's risk register. 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. | 2019-2020 |
| CARE ON THE WARD  | ASSISTANCE: 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"> 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. | 2019-2020 |
| | NUTRITION: Improve hospital food and nutrition Reduce the occurrence of patients missing their meals and ensure an appropriate replacement is offered. | PRIORITY PROJECT We will continue to improve the provision of food and drinks to patients through the following activities: <ol style="list-style-type: none"> 1. Continued evaluation and modification of patient menus, with redesigned menu cards. 2. Ongoing roll-out of the transition of the time of patients' meal from early afternoon to evenings. 3. Ongoing Catering Staff training on all aspects of food preparation and delivery including quality presentation and service delivery. 4. Continue the 'Protecting Mealtime' initiative 5. Full implementation and assurance of the Hospital's Fasting Policy that minimises the risk of patients missing meals. 6. Ensure patient access to a range of replacement meals/snacks. | 2019-2020 |
| | HYGIENE The cleanliness of toilets & bathrooms will be improved. | PRIORITY PROJECT The hygiene and maintenance of patient's and public toilets will be improved through the following: <ol style="list-style-type: none"> 1. Refurbishment of the concourse public toilets scheduled to commence Q1 2020 2. A programme of refurbishing existing patient toilets in response to clinical area assessment findings. 3. Renewed approach to ward hygiene monitoring 4. Definition of cleaning specifications and schedules (Who-Does-What-When) for all Clinical Areas 5. Infrastructure deficits in the Hospital reflected in the risk register. | 2019-2020 |

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| EXAMINATION DIAGNOSIS & TREATMENT  | COMMUNICATION: Provide better information to patients and their families. | We will continue to improve communication with patients and their families and the information provided through the following activities: <ol style="list-style-type: none"> 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. 2. Communication will continue to be a theme in all presentations and workshops provided by Patient Experience Office team. 3. The provision of patient information leaflets for procedures will be a core element of implementation of the Hospital's consent policy. 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. | 2019-2020 |
| DISCHARGE OR TRANSFER  | COMMUNICATION: Patient & Family engagement and supporting communication 2019. | PRIORITY PROJECT 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: <ul style="list-style-type: none"> - Submission of a business case for pharmacist-provided discharge planning, with governance oversight by of the Pharmacy & Therapeutics Committee. This initiative would also address medication safety concerns and issues raised through GP feedback. - Systems improvements and staff education from medication safety events that occur at discharge - Enhanced nursing education around discharge medication management. - Monitoring and assurance of discharge prescribing and medication reconciliation through the Hospital's EMAR. - Development of enhanced patient information materials relating to prescribed medications. | 2019-2020 |
| | | PRIORITY PROJECT 2. Enhanced patient and family engagement in Discharge Management <ul style="list-style-type: none"> - 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. - Awareness will be increased among staff in all clinical areas on the need to involve family members (with patients' consent) in discharge planning and communication to help care for patients. - Discharge materials will include information of whom to contact if problems arise. - 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. | 2019-2020 |

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| ADMISSION TO HOSPITAL  | PATIENT EXPERIENCE: Improve patient experience of the Emergency Department. | <p>Tallaght University Hospital really focused on improving patients experience of Emergency Department (ED) in 2019. This year patients said that their experience was much improved. The following work was undertaken by staff and managers in ED and will continue to be prioritised in 2020.</p> <ol style="list-style-type: none"> Staff and Managers in TUH ED came together to review the feedback received from patients and they put in place the following initiatives to improve patients experience: <ul style="list-style-type: none"> A stabilisation plan for staffing levels in ED this means that the right complement and mix of healthcare staff are on duty in TUH ED, to respond to patients needs and improve their experience of care. We introduced the concept of re-triaging patients who are a long time waiting in the Emergency Department. There has also been a greater emphasis with staff keeping patients updated on what is happening in the Emergency Department. Staff go out to patients and make more regular announcements, keeping patients fully up to date with what is happening. This reduces patients worries and concerns. <p>PRIORITY PROJECT</p> <ul style="list-style-type: none"> The importance of effective communication with patients and keeping patients updated on progress is discussed at every morning meeting or Huddle with staff, this reminds staff on a daily basis to always communicate with patients well. <p>PRIORITY PROJECT</p> <ul style="list-style-type: none"> Training in Communication Skills for healthcare staff is prioritised in ED and will be a very important focus for improving patients experience in 2020. Improved privacy for patients whilst registering in ED has impacted positively on patients experience of ED. <ol style="list-style-type: none"> Bespoke digital signage has been developed and installed in the Emergency Department to explain to patients in the waiting area about their journey through the Emergency Dept. This work has improved how we have been able to communicate more effectively with patients and keep everyone updated on wait times in the ED. Nursing staff in ED continue to use a standardised communications plan called ISBAR to update each other when patients are being transferred from the care of one healthcare team to another, this approach provides staff with an opportunity to update patients on their care plan and to encourage patient to ask any questions about next steps and any worries or concerns that they may have. Reducing waiting times for patients who are waiting to be admitted as an inpatient is a continuous priority for Tallaght University Hospital. The ED has started the Rapid Assessment and Treatment Unit (RATU), this Unit provides easier access for patients to be seen earlier by a clinician and therefore an earlier decision can be made in relation to admitting patients and expediting their care. Two family rooms have been refurbished in Adult Emergency Department. The completion of this work has had a positive impact on patient experience. These rooms are designed to improve patient privacy and to respond to patients and families needs for improved dignity, respect and access to private space in ED. | 2019-2020 |
| CARE ON THE WARD  | NUTRITION: Improve hospital food and nutrition. | <ol style="list-style-type: none"> The Manna Catering Management system is being rolled-out which allows patients to order their meal choices in real-time. Their choices are more informed and details of ingredients, method of preparation, and allergen information are available. These measures enhance the patient's meal ordering and overall experience of nutrition during their stay in hospital. Nutritional analysis of all patient meal choices is provided on menus. A Hospital Patient Menu Information Booklet will be made available at each patient's bedside locker. A Patients Visual Menu for each patient will facilitate better understanding of meals in pictures, will aid language barriers, and will support in other challenging situations which may arise. | EMBEDDED |

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| CARE ON THE WARD  | NUTRITION: Improve hospital food and nutrition. | 5. Full review of "Modified Diet Menus" between Catering- Patient Food Services, Dietetics, Speech and Language has begun. New menu choices are in place for patients, and changes have been introduced to the sandwich menu for patients undergoing haemodialysis. 6. Protected meal times initiative has been implemented. | EMBEDDED |
| | HYGIENE: Improve cleanliness at ward level. | 1. The contracted cleaning hours in the hospital have been increased by 4 hours per day. 2. The frequency of cleanliness audits on wards will be increased to identify areas that need attention. 3. Clarity will be provided to relevant staff groups with regards to their roles in the hospital cleaning schedule. | EMBEDDED |
| | COMMUNICATION: Better communication skills and effective ward round communication from all healthcare staff. | 1. In 2019 we introduced the National Healthcare Communication Programme and are currently promoting this work across all disciplines of staff in the hospital. 2. In 2020 we will continue this Programme of Education programme. It is hoped that this will improve doctor interactions with our patients and the information that all healthcare professionals provide to patients. 3. The results of the NPES 2019 will be presented at Grand Rounds so that all of our doctors are fully aware of what matters to patients and the role that they each play in improving patients experience. 4. Our Communications Team have developed a new section on our TUH Website which includes useful information about our services and contacts for our patients: https://www.tuh.ie/Patient-Visitor-Services/Patient-Information/ | EMBEDDED |
| | EXAMINATION DIAGNOSIS & TREATMENT  | 1. There are pop up stands publicising our Pastoral Care Department now in place. These also remind patients that Pastoral Care are there for mind, body and spirit. | EMBEDDED |
| | | 2. Launch of the Patient Hand-book which will provide enhanced information to patients to include images of staff uniforms for all disciplines to help patient identify staff to whom they can direct their concerns. | Q1 2020 |
| | | 1. The hospital is working towards making Pastoral Care services more available to patients. Ensuring that patients have someone to talk to about their worries and fears and ensuring that patients know that they are never alone. | EMBEDDED |
| | | 2. Access to the Patient Advocacy Department for patients is now improved. The Patient Advocacy Dept. is situated at the front door of the hospital making it very accessible for patients to discuss any worries or concerns or to address any problems that they may have. The team in the PALs Department are participating in a formal training programme in Patient Safety Complaints Advocacy and will be working hard in 2020 to promote the new Independent Patient Advocacy Service for Patients. | EMBEDDED |
| | | 3. Patient Feedback boxes will be made available in the hospital atrium to facilitate patients who wish to provide feedback to the hospital. | EMBEDDED |
| | | 4. Staff introduce themselves to patients using the phrase 'Hello, my name is...'; in order that a clear introduction is offered to patients, to build rapport with patients and to ensure that patients know the role and names of all of the staff caring for them. | EMBEDDED |
| | Increase the feedback loop on Patient Experience both TUH and NPES on a constant ongoing basis re-enforcing the message surrounding communication. | 5. We have installed a large TV in the Atrium of the Hospital on which we will consistently publish the results of the NPES to both patients and staff over 2020. We will change the results on a continuous basis in an effort to get the results of all stages of care to our staff and patients. | 2019 |

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| EXAMINATION DIAGNOSIS & TREATMENT  | COMMUNICATION: Adequate time to be provided to patients to discuss their care and treatment with their doctor. | 1. Awareness raising amongst healthcare professionals in relation to providing adequate time for patients and their families to discuss their treatment with a doctor continue to be promoted and encouraged. | EMBEDDED |
| | DIGNITY & RESPECT AND PRIVACY: Patients should be given adequate privacy when being examined or treated. | 1. The importance of privacy as integral to sustaining and improving patient experience will be promoted amongst staff. | EMBEDDED |
| | | 2. The End of Life committee are designing and developing family rooms for each ward, one ward at a time to offer families space to rest, have refreshments in a quiet space whilst being close to their dying relative. | |
| | | 3. Two family rooms have been refurbished in Adult Emergency Department. | IN PLACE |
| | | 4. A viewing room in Adult Emergency Department is currently been developed. | IN PROGRESS |
| DISCHARGE OR TRANSFER  | COMMUNICATION: Provide more information to patients at discharge. | 1. The results of the NPES 2019 will be shared with all staff to encourage them to provide more information to their patients at discharge. There will be a particular focus on providing information to patients regarding who to contact if they are worried about their condition or treatment after they leave hospital, and how to manage their condition and their medications after discharge. A discharge information leaflet has now been developed and will be in circulation by end of 2018. | EMBEDDED |
| | | PRIORITY PROJECT | |
| | | 2. We have introduced a Patient Information Booklet which covers discharge information for our patients. This has been reviewed and approved by the Drugs and Therapeutics Committee in 2019. Patients will receive this from their nurse on admission. Elective patients will receive this with their admission letter. | Q1 2020 |
| | | PRIORITY PROJECT | |
| | | 3. Our Communications Team have developed a new section on our TUH website which includes information on discharge and My Medicines. https://www.tuh.ie/Patient-Visitor-Services/Patient-Information/ | EMBEDDED |
| | | 4. In 2020, the Pharmacy Department will put in place a medication reconciliation programme at the point of discharge for patients with complex health needs. The project will see clinical pharmacists review or complete discharge prescriptions with a view to improving accuracy. As part of this process the clinical pharmacist will discuss any changes to medications with the patient to ensure that patients fully understand their medications, the side effects and changes made if any to their prescription. | 2019-2020 |
| | | 5. Research conducted in Tallaght University Hospital was used in the WHO Medication Without Harm technical report on Medication Safety in Transitions of Care https://bit.ly/2rbK0ST . In Ireland, the HSE Safermeds quality improvement team's key campaign tool is a leaflet which was developed by and is already in use in Tallaght University Hospital, the My Medicines leaflet. | 2019 |
| PATIENT EXPERIENCE | DIGNITY & RESPECT AND PRIVACY: Improving and sustaining patient experience. | 1. Hospital Management will continue to support the roll-out and implementation of hospital-wide programmes which will enhance patient experience, such as: <ul style="list-style-type: none"> - '#Hello, my name is...' campaign has been introduced; - 'Schwartz Rounds', proven to improve staff wellbeing, resilience and teamwork, and in-turn have an impact on improved person-centered care. Currently up and running in the Paediatric Department. | EMBEDDED |

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Feedback

All feedback in relation to this report is welcome.

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